



Life is Sacred | Keep it Sacred

Inside this Issue

NNN@Tobacco Summit.....	2
Tribal Success Story.....	3
FDA Interim Policy.....	4
"Culture of Health".....	5
Opportunities.....	5
Events.....	5

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

Rates of New Melanomas Have Doubled Over Last 3 Decades

Melanoma rates doubled between 1982 and 2011 but comprehensive skin prevention programs could prevent 20 percent of new cases between 2020 and 2030, according to this month's [Vital Signs](#) report.

Skin cancer is the most common form of cancer in the U.S., and melanoma is the most deadly type of skin cancer. More than 90 percent of melanoma skin cancers are due to skin cell damage from ultraviolet (UV) radiation exposure. Melanoma rates increased from 11.2 percent per 100,000 in 1982 to 22.7 per 100,000 in 2011. The report notes that without additional community prevention efforts, melanoma will continue to increase over the next 15 years, with 112,000 new cases projected in 2030. The annual cost of treating new melanoma cases is projected to nearly triple from \$457 million in 2011 to \$1.6 billion in 2030.

"Melanoma is the deadliest form of skin cancer, and it's on the rise," said CDC Director Tom Frieden, M.D., M.P.H.

"Protect yourself from the sun by wearing a hat and clothes that cover your skin. Find some shade if you're outside, especially in the middle of the day when the dangerous rays from the sun are most intense, and apply broad-spectrum sunscreen."

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





National Native Network represented at 2015 Alaska Tobacco Control Alliance Summit

Seeing old friends at this annual conference was just one of the draws. The 2015 ATCA Summit was informative and regenerative. Dr. Stan Glantz, the American Legacy Foundation Distinguished Professor and Researcher of Tobacco Control, gave a rousing plenary talk on Electronic Nicotine Delivery Devices (ENDS). As we are now learning, the tobacco solution used in e-cigarettes contains a toxic chemical found in antifreeze and several cancer-causing chemicals, such as nitrosamines. When the aerosol is exhaled, it can poison the air for by-standers.



Cancer was also the topic of the presentation given by Edy Rodewald, SEARHC Tobacco Program Manager and National Native Network (NNN) Board member. The title of the talk was Commercial Tobacco Use and Health burdens on American Indians and Alaska Natives. This session was part of NNN's goal of education and outreach for cancer risk reduction among American Indian and Alaska Native People (AI/AN).

Smoking prevalence among Alaska Native adults remains disproportionately high. Alaska Natives smoke at twice the rate of non-Natives. For Alaska Natives, lung cancer is the leading cause of death. The lung cancer death rate for Alaska Natives exceeds US rates and the lung cancer incidence rate is not declining as seen in the US population. But while there are fewer everyday smokers, lower consumption, stronger knowledge of dangers/harm of tobacco use, and higher desire to quit, we know that today's highly nicotine-efficient cigarettes and the patterns of smoking them are more addictive than ever.

Nationally, smoking is linked to 6 of the top 8 causes of death among the AI/AN population. Lung cancer incidence rates by Indian Health Services (HIS) region in the United States rank Alaska as second highest, with only Northern Plains Tribes being higher. Janet Kelly, Cancer Surveillance Director at the Alaska Native Tribal Health Consortium (ANTHC) Alaska Tumor Registry partners with SEARHC to understand cancer patterns so we can develop effective cancer prevention interventions. Alaska is unique in that we are able to identify Alaska Native people fairly well in our sparsely populated state, so our data tends not to be under-reported. Alaska has been doing good cancer surveillance with Alaska Native people since the 1970s. The value of accurate data is the ability to see trends; know where to target services; provide needed screening like Colorectal Cancer screening; observe impacts; and evaluate outcomes. The audience seemed surprised to see these high cancer rates and it is hoped this information will filter to Tribal decision makers to implement strong tobacco prevention and control policies.



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:

June 30: Physical Fitness in Indian Country

July 28: Colorectal Cancer Screening: FluFIT/FluFOBT - In Partnership with American Cancer Society

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.

One Less Puff

A tribal tobacco policy success story – The confederated tribes of Warm Springs, Oregon

This is an interview that was conducted with Scott Kalama, the Tribal Tobacco Prevention Coordinator for the Warm Springs tribe.

Antoinette Aguirre, Northwest Portland Area Indian Health Board's Cancer Prevention Coordinator had the opportunity to ask Scott some pointed and informative questions about organizing the first smoke free pow wow at Warm Springs.

Q: How did you accomplish your success?

Scott: I first contacted the powwow committee and presented the idea of having a smoke free powwow. The head of committee, Mackie Begay, agreed to the idea. I stressed and emphasized the idea of raising awareness on the difference between traditional and commercial tobacco. After he agreed I began using the local newspaper Spilyay Tymoo and the tribal radio station KWSO to spread the word. I also reached out to other State Tobacco Prevention Education and Prevention (TPEP) Specialists for more information. My state liaison for the TPEP program pointed me in the right direction utilizing a toolkit that was developed by a previously funded tobacco program: the Native American Rehabilitation Association (NARA). This tribal toolkit is to promote a smoke free powwow and is available on the Smoke Free Oregon website. I began following the information that was provided in the toolkit on how to approach the public on the topic. It was very clear about stating traditional tobacco is allowed and distinguished the definitions of commercial and traditional tobacco.

Commercial tobacco refers to products for recreational and habitual use that larger tobacco companies manufacture and sell for a profit.

Traditional tobacco is the original, gifted and sacred tobacco used by many American Indian tribes that are strictly for spiritual, cultural and ceremonial use. It ensures the continuance of the Native way of life.

I began posting signage around the building where the powwow would be hosted, stating it will be a smoke free event. I made sure to do this a month and a half prior to the event to allow the public fair notice. The estimated cost was minimal; it was mostly signage, paper handouts to vendors/participants and my time.

Q: Environmental context and barriers to success?

Scott: My program is one of the Oregon's TPEP which was launched in 1997 with a clear and simple mandate- to reduce tobacco-related illness and death. Since its inception, TPEP has been a comprehensive

program addressing the issues of commercial tobacco use, and Oregon Anti-Tobacco efforts are saving lives and money. It is also part of the Health Promotion and Chronic Disease Prevention Section in the Center for Prevention and Health Promotion at the Oregon Health Authority.

The barriers I faced were public readiness on smoke free powwows. I overcame this by conducting a local survey to see if the public would support such an event. The survey generated a lot of positive feedback and stressed the importance of protection from secondhand smoke.

Q: Key results or implications of success?

Scott: I believe the most important result was inviting Coates Kokes film crew down to film the success of the powwow. It showed the traditional side of The Confederated Tribes of Warm Springs and how we can make a difference by taking a stand against commercial tobacco use. I was also able to send a message that by placing a Native American image on a pack of commercial cigarettes; it does not make the product traditional. It's a tactic to recruit new smokers. It is also an example of exploiting our culture. I am of course referencing the American Spirit brand of cigarettes

Q: Since the program was implemented, how is life different for program recipients?

Scott: It is now a normal occurrence for a tribal member in the community to come and tell me they quit because it's more of a hassle to smoke with the smoke free policies in place. This is a great success seeing my tribal and community members kicking the habit and living healthier lives.

Q: What are the next steps that need to be taken to further or continue this effort?

Scott: The next steps are to continue to raise awareness around tobacco use and to prevent future generations from abusing what is considered sacred to Native Americans.

Q: What were the key elements that made this a success? What would you do differently?

Scott: The key elements to success were the Simnasho and Warm Springs communities, Oregon willingness to support the efforts of a smoke free powwow. In addition, the powwow participants were extremely respectful of the smoke free powwow signage.

The next time I do this, I will have more handouts on traditional tobacco and information on tribal tobacco rates.

Antoinette Aguirre: "I would like to thank Scott for doing this interview and congratulate him and the tribe for their success on the first smoke free powwow"

FDA Interim Enforcement Policy for Recently Issued “Demonstrating the Substantial Equivalence of a New Tobacco Product: Response to Frequently Asked Questions”

FDA announced an interim enforcement policy as it considers new comments on the [Demonstrating the Substantial Equivalence of a New Tobacco Product: Responses to Frequently Asked Questions](#) guidance. The policy is effective immediately and can be found in footnote #1 of the guidance. Comments on the guidance and interim enforcement policy, may be submitted at any time for FDA consideration.

Robert Wood Johnson Foundation commits \$25 Million For “Culture of Health” Research

Robert Wood Johnson Foundation announced an initial \$25 million commitment over the next three years to fund innovative research on policies, laws, system interventions, and community dynamics that improve health and well-being, with emphasis on sectors not typically associated with health, such as transportation and housing.

FDA Announces New Compliance Training Video for Tobacco Retailers

Today, FDA released a new compliance training video for tobacco retailers in American Indian and Alaska Native Communities that addresses FDA's age and ID requirements when selling regulated tobacco products. Because American Indians and Alaska Natives have the highest prevalence of smoking compared to any other population in the U.S., FDA developed a retailer training video specifically for Tribal audiences.

The video explains FDA's age and ID requirements to help retailers comply with federal laws. Retailers must not sell regulated tobacco products to anyone under the age of 18 and must verify date of birth by requesting photo ID of anyone under the age of 27. These FDA regulations are designed to keep tobacco out of the hands of kids.

Watch the [video](#) to learn more about rules related to FDA's tobacco age and ID requirements and visit our [Retailer Training and Enforcement webpage](#) for more compliance information and training videos.

Opportunities

GRANT OPPORTUNITY: Legacy is offering grants of \$5,000 to public community colleges, including tribal colleges, to support efforts to advocate for, adopt, and implement a 100% smoke-free or 100% tobacco-free policy. Applications are due by August 6, 2015. For more information, visit www.legacyforhealth.org/CCIGrant or call 202-454-5555 or email communitycollege@legacyforhealth.org.

GRANT OPPORTUNITY: The Begay III Foundation's national program, Native Strong: Healthy Kids, Healthy Futures has announced its [2015 “Seeds of Native Health” Promising Program Grant Request](#) for Proposals. The deadline for applications is July 20, 2015. Preference will be given to applicants in Wisconsin, Minnesota, North and South Dakota.

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

CALL FOR ABSTRACTS: The North American Quitline Consortium is accepting abstracts for their upcoming conference, *The Future of Quitlines: Refining and Redefining Our Practices for Success!*. The sessions can be presentations, either 45 or 90 minutes, or discussions, 60 or 90 minutes. Deadline for proposals is June 24 and notification and confirmation of attendance is by July 10. For more information email Linda Bailey, lbailey@naquitline.org or click [here](#).

CALL FOR ABSTRACTS: The American Public Health Association is accepting Late-Breaker Abstracts for the 2015 APHA Annual Meeting in Chicago from Oct. 30-Nov. 4. They will be accepting abstracts for the Integrative, Complementary and Traditional Health Practice section until 11:59pm PST on July 12. For more information click [here](#).

Events

June 23 National Council for Behavioral Health Integrating Tobacco Cessation Tools and Practices within Behavioral Health Settings; Webinar, 2:30-4pm EST

June 28-July 1 National Congress of American Indians 2015 Mid Year Conference & Marketplace; St. Paul, MN

June 30 Smoking Cessation Leadership Center Tobacco Use in the LGBT Community: Preconceptions, Challenges & Experiences; Webinar, 2-3:30pm EST

June 30 National Native Network NNN TA webinar "Physical Fitness in Indian Country"; 3-4pm EST

July 14-15 National Tobacco Prevention Institute Working Together for Commercial Tobacco-Free American Indian/Alaska Native (AI/AN) Communities; Albuquerque, NM

July 28 National Native Network NNN TA webinar "Colorectal Cancer Screening: FluFIT/FluFOBT - in Partnership with the American Cancer Society"; 3-4pm EST

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

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

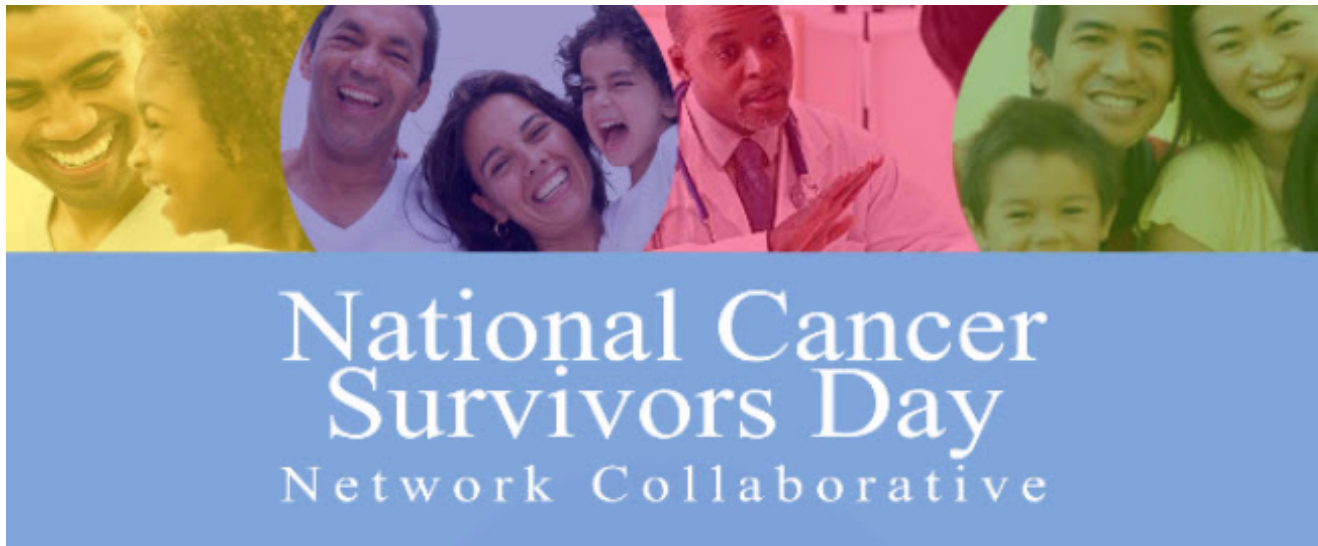
October 5-6 Danya Institute National Conference on Tackling Tobacco and Vulnerable Populations; Bethesda, MD

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

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@itcmi.org

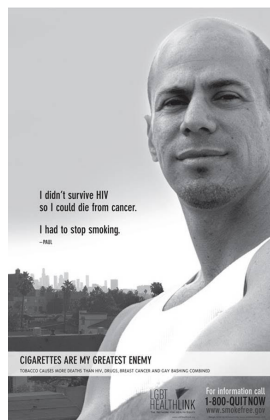


Inspiring Hope. National Networks Collaborate to Address Cancer Disparities

As the eight national CDC-funded networks for tobacco and cancer prevention, we would like to collaboratively express our support for [National Cancer Survivors Day](#) by illustrating the impact that cancer has among the diverse minority populations we serve. Most importantly, though, we want to celebrate the progress made to improving the quality of life and survivorship of those affected by cancer. Our networks are committed to reducing the prevalence of cancer and addressing cancer-related health disparities. We welcome you to download our fact sheets and learn more about the research, training, initiatives and programs that are helping thousands to [#CelebrateLife](#).



The National Native Network offers cancer-related [webinars](#) each month for tribal population serving agencies. [Learn More.](#)



HIV-positive men have higher smoking rates, a leading cause of cancer. [LGBT HealthLink](#) provides support. [Learn More.](#)



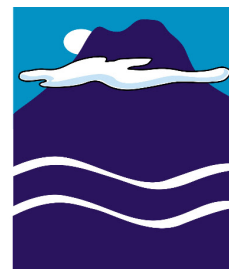
[NAATPN](#) works with the Deep South Network for Cancer Control to increase cancer screening rates African Americans in southern states. [Learn More.](#)



Join [NBHNTB](#) for updates on the upcoming a webinar on cancer survivorship & care planning on Aug 25. [Learn More.](#)



The [GHE Symposium](#) (Sept. 10-11) features sessions on geographic disparities and optimal health for cancer survivors. [Learn more.](#)



APPEAL

Join the [Asian and Pacific Islander National Cancer Survivors Network \(APINCSN\)](#). [Learn More.](#)



[Hispanics](#) are substantially less likely to receive early detection and treatment for cancer, such as preventive screenings. [Learn More.](#)



Individuals with no health insurance are more likely to be diagnosed with advanced stages of cancer and less likely to survive their disease. [Learn More.](#)



Learn more about the [CDC's National Comprehensive Cancer Control Program](#) and the [Office of Smoking and Health](#).



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

