



Life is Sacred | Keep it Sacred

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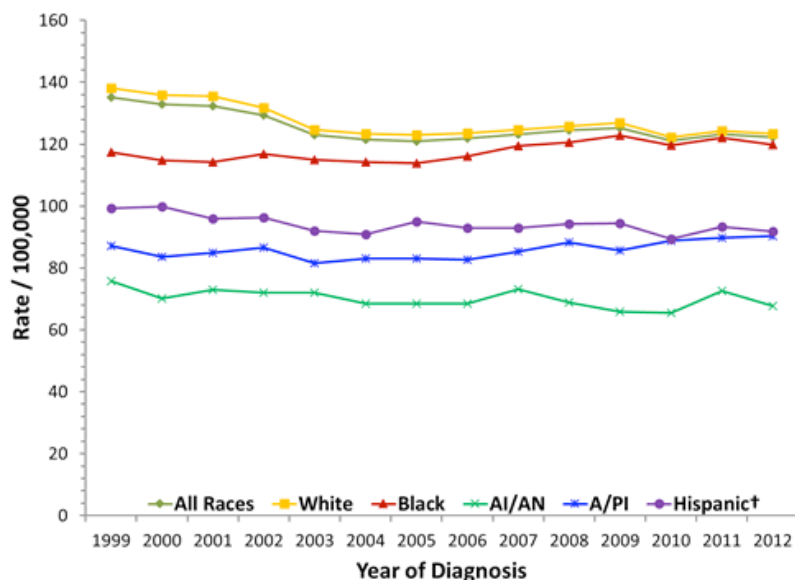
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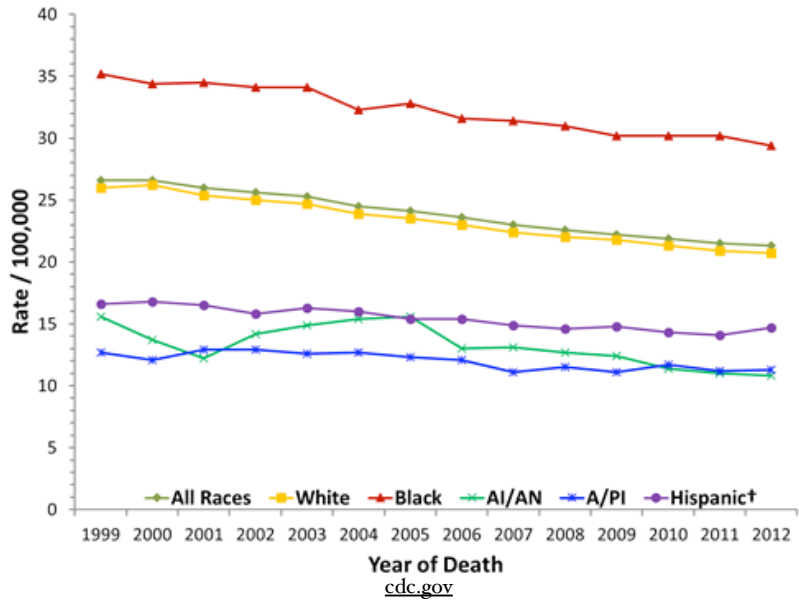
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## Breast Cancer Screening and Diagnosis Still an Issue in Indian Country

October is Breast Cancer Awareness Month and while AI/AN populations have a low rate of diagnosis of this disease AI/AN women are more likely to be diagnosed with late stage breast cancer lowering their chance of survival. AI/AN women have lower screening rates for breast, non-Hispanic Whites, as well as cervical and colorectal cancer. Breast cancer is the second leading cause of cancer mortality among AI/AN women and AI/AN have the second highest breast cancer death rate of all ethnicities.

There is a need for increased rates of screening among AI/AN women to detect cancer earlier and there also needs to be greater





access to quality care after diagnosis. Events such as the Pink Shawl Project can be useful tools to increase awareness and encourage community members to get screened.

## Northern Valley Indian Health’s Successful Mammogram Screening Program

Northern Valley Indian Health (NVIH) is a non-profit Tribal Corporation that was founded in 1971 by a group of Northern California Native American Tribes seeking to re-establish health services for American Indians in Northern California. NVIH currently operates clinics in Chico, Willows, Woodland, and Red Bluff, California while also maintaining a Children’s Health Center and Mobile Dental Clinic. The consortium of tribes currently includes: Mechoopda Indian Tribe of Chico Rancheria, Grindstone Indian Rancheria of Wintun-Wailaki Indians of California, Yocha Dehe Wintun Nation of California, and the Cortina Band of Wintun Indians of California.



In 2011, GPRA data showed that the NVIH rate for breast cancer screening of Native women 52-64 was 42%. This was below the IHS California Area Office (CAO) and the National IHS average. NVIH’s Community Health staff held early cancer detection screening awareness classes and provided outreach to those needing mammograms. If women did not have insurance, NVIH staff helped them sign up for California’s Every Woman Counts program. They also arranged for transportation to the imaging center. The approach was aimed at addressing what was thought to be the primary barriers for women completing recommended mammogram screenings; distance to the imaging center (an hour away for some) and/or not having a way to pay for the screen. However, mammogram screening rates were not increasing.

In July 2011, NVIH decided that a new approach was needed. With the support of NVIH Executive Director, Inder Wadhwa, NVIH partnered with North State Imaging (NSI) in Chico, California to host a Native Women’s Mammogram Day. NSI blocked an entire afternoon schedule for NVIH clients to have mammogram



Native Women's Wellness Council

screenings (50 appointment slots) and offered the use of their staff conference room to hold "the event". Activities included a healthy lunch, beading, and presentations on the importance of early cancer detection. Invitations went out to all Native clients age 40+. The event was an afternoon for women to socialize and get mammograms completed. Forty-five women attended; some needing their mammogram completed, and some that were current on mammograms. This mix of the group allowed peers in the community to discuss fears about mammograms and answer other questions. At this event, providers also gave Clinical Breast Exams so women would be eligible for mammograms through Every Woman Counts. For those that were in need of a mammogram, one was completed. The event was a success. Twenty-five women received a mammogram screening.

Since the first event, five more Mammogram Days have been held. Each event resulted in 35 -50 women receiving a mammogram screening. Community Empowerment grant funding from the American Cancer Society provided support for three Mammogram Days, a Women's Wellness Conference, a women's health-focused digital storytelling workshop and a Think Pink Day Gathering . Thanks to these efforts, NVIH saw their mammography screening rate rise from 42% in 2011 to 65.8% in 2013. Northern Valley Indian Health has shared their approach with other clinics in California. One clinic replicated components of this program with similar results.

Improved screening rates are only part of the story. In the development and implementation of the program, a very organic thing happened. The women attending these events, in meeting with one another and sharing their stories, developed a sisterhood. This sisterhood led to the development of the Native Women's Wellness Council. The council of community members who are also patients of NVIH work with the clinic to develop an action plan to increase awareness on early cancer detection, increase culturally appropriate resources, and increase activities around Native women's health and wellness. Members of the council regularly speak to the community and tribal leadership on these issues, and help provide training. In involving the community, the community and the clinic have taken ownership of the issues in women's health and work together collaboratively to address the issues.

For more information about this project please contact Vicki Shively, RN, PHN, MPA or Sherron Prosser, RN PHN, at Northern Valley Indian Health, (530) 934-5431.



## 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.

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

## We Are Hiring

The National Native Network is currently seeking a new Program Director.

Requirement of a Masters of Public Health or equivalent. Please see the attached description for full details and how to [apply](#).

We are also seeking a Program Coordinator. Bachelors Degree required. Visit [here](#) to see the full job description.

## National Cancer Survivorship Resource Center Issues New CRC Cancer Survivorship Care Guidelines

A collaboration between the American Cancer Society and The George Washington University Cancer Institute, the National Cancer Survivorship Resource Center (NCSRC) has published new guidelines for post-treatment care for colorectal cancer patients. The article, which can be found [here](#), details the importance of follow-up care to not solely focus on surveillance for cancer reoccurrence but to also to screen for and treat the long-term effects of the cancer treatment.

## Walk for Hope A Success at NIHB Consumer Conference

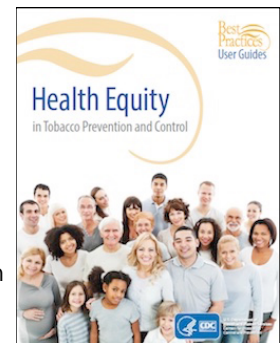
There was a great turn out for the Walk for Hope fitness event September 23rd at the National Indian Health Board's Consumer Conference in Washington D.C. There were 47 participants who walked close to a mile (about 0.84 miles) through Washington, DC. Participants got cheers of support as they walked by a few people when they told them we were walking to promote quitting smoking and keeping tobacco sacred.

Kris Rhodes spoke before the event on behalf of AICAF, encouraging keeping tobacco sacred. Stacy Bohlen also said a few words on behalf of NIHB and shared her story of how difficult it has been for her to stop smoking herself.

## CDC Releases New Best Practices User Guide on Health Equity

The Centers for Disease Control has released a new Best Practices User Guide I entitled Health Equity in Tobacco Prevention and Control. The guide, which can be found [here](#), covers topics pertaining to the factors that relate to commercial tobacco-related disparities, policy interventions and implementation for promoting health equity and resources. The Health Equity in Tobacco Prevention and Control can be a useful tool in striving toward health equity in

commercial tobacco prevention control programs. Check out pages 21-22 for information regarding working with Native communities, which features input from the National Native Network.



## Commercial Tobacco Usage Still Large Disparity For American Indians and Alaska Natives

The CDC has updated their information on the disparities of [AI/AN Commercial Tobacco Use](#).

American Indian and Alaska Native Individuals still have the highest rate of commercial tobacco use among all ethnic groups with 43.8% of AI/AN adults using commercial tobacco.

- 40.2% reported Cigarette usage
- 5.4% reported Smoke-less tobacco usage
- 6.7% reported Cigar usage

AI/AN also have the lowest reported desire to quit of all ethnic groups with 52.1% of AI/AN commercial tobacco users reporting a desire to quit, compared to 69.4% of non-Hispanic Whites and 74.1% of African Americans. Find more information on rates, surveillance and cessation resources at [www.keepitsacred.org](http://www.keepitsacred.org).

### New Articles, Reports and Publications

- ✦ [Frequency of Tobacco Use Among Middle and High School Students – United States, 2014](#), CDC Morbidity and Mortality Weekly Report
- ✦ [Combustible and Smokeless Tobacco Use Among High School Athletes – United States, 2001-2013](#), CDC Morbidity and Mortality Weekly Reports
- ✦ [Single mastectomy is a more cost-effective treatment for nonhereditary cancer in one breast than removing both breasts](#), Science Daily
- ✦ [High School Students' Use of Electronic Cigarettes Vaporize Cannabis](#), American Academy of Pediatrics
- ✦ [Genetic test identifies which breast cancer patients can avoid chemotherapy](#), Medical News Today
- ✦ [U.S. cervical cancer screening practices show room for improvement](#), Medical News Today
- ✦ [Researchers develop effective program targeting first-degree relatives of colorectal cancer survivors](#), Medical News Today
- ✦ [Vital Signs: Improvements in Maternity Care Policies and Practices That Support Breastfeeding – United States, 2007-2013](#), CDC Morbidity and Mortality Weekly Report

### Opportunities

**EXHIBITION OPPORTUNITY:** Native Voices: Native Peoples' Concepts of Health and Illness is accepting applications for consideration to host the exhibit. The exhibition "explores the interconnectedness of wellness, illness and cultural life for Native Americans, Alaska Natives and Native Hawaiians." This opportunity is open to libraries with tribal college libraries and tribal libraries being requested to apply. Up to 104 sites will be selected and there is a \$250 programming grant for selected sites. For more information and to register visit [here](#).

**FUNDING OPPORTUNITY:** The Robert Wood Johnson Foundation Culture of Health Prize is currently accepting applications to honor communities that have shown that they place a priority on health and have made commitments to make changes in their communities for healthier living. The 10 chosen communities will be awarded with \$25,000 cash prize. Tribes are eligible to apply. For more information [click here](#).

**FUNDING OPPORTUNITY:** The U.S. Department of Housing and Urban Development is accepting applications for the Indian Community Development Block Grant until October 22. The grant funding can be used to for projects relating to housing construction, housing rehabilitation, services relating to health, drug abuse, education among others. For more information visit [here](#).

# Breast Cancer Screening, Diagnosis and Treatment

## WOMEN

### 1. Before testing (screening)

- ◊ Know if you should be tested and why.
- ◊ Know the right age to start getting tested.
- ◊ Make an appointment with your doctor, or find one, to talk about the test.
- ◊ Talk with your doctor or nurse about any concerns.
- ◊ Have close friends and family support you in getting tested.
- ◊ Schedule your mammogram appointment, taking work, home, language, and getting there into account.



## DOCTORS AND NURSES

### 1. Before testing (screening)

- ◊ Have a good clinic record system that reminds you which patients are due for testing.
- ◊ Talk with each patient about her risk of breast cancer, the benefits and risks of testing, and the right age to start testing.
- ◊ Answer questions from your patient about her concerns—costs, cultural barriers, fears, etc.
- ◊ Identify where she can get the test done.
- ◊ Have the office staff remind your patient of her upcoming appointment.

### 2. Getting a mammogram test

- ◊ Keep your appointment.
- ◊ If the doctor does not call you back in a week, call the office to ask for the results.



### 2. Getting a mammogram test

- ◊ Help your patient understand what she needs to do during the test.
- ◊ Answer her questions before and during the test.
- ◊ Get results quickly and promptly call your patient.

### 3. If the 1st test suggests cancer

- ◊ The results may be normal, not normal, or somewhere in-between. Try not to panic or worry.
- ◊ Ask what the mammogram results mean.
- ◊ If the results are not normal, a breast ultrasound or biopsy may be recommended. Talk with your doctor and nurses about the results and the next steps.
- ◊ Make and keep follow-up appointments.
- ◊ Ask your close friends and family for support.



### 3. If the 1st test suggests cancer

- ◊ If possible, assign a patient navigator to your patient.
- ◊ Talk with your patient about the next set of tests.
- ◊ Answer questions about your patients' concerns.
- ◊ Refer her promptly for the next test or to the next doctor.
- ◊ Remind your patient of her upcoming appointments.
- ◊ Schedule a follow-up appointment, regardless of the results of the next test.

### 4. If the doctor tells you it's cancer

- ◊ Ask all the questions you want. The doctor, nurse, and staff are there to help you understand and make good decisions about next steps.
- ◊ Expect to be referred to a cancer specialist who will discuss the best treatment options and take over your care for a while.
- ◊ Ask your close friends and family for support.



### 4. As soon as you know it's cancer

- ◊ Know the next step(s) and why they are needed.
- ◊ Refer your patient promptly to a cancer specialist.
- ◊ Keep track of her progress so she continues to see the cancer specialist(s) and gets all necessary therapy.
- ◊ Work with a patient navigator, if possible.

**FUNDING OPPORTUNITY:** The Nike N7 program is accepting applications for the N7 Fund grant until Nov. 15th at 11:59pm PST. The grant awards up to \$10,000.00 for tribes to use towards programs focused on physical activity and wellness. For more information and to apply visit [n7fund.com](http://n7fund.com).

**CALL FOR PROPOSALS:** Open call for proposals for the 29th Annual Research & Policy Conference on Child, Adolescent & Young Adult Behavioral Health, the deadline is October 30th at 5pm EST. The Indian Country Child Trauma Center is a partner for this conference and there will be a Native American Track with workshops and presentations for AI/AN communities. For more information about the conference visit [cmhconference.com](http://cmhconference.com) and for information about submitting a proposal click [here](#).

## Events

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

**October 19 Society for Public Health Education (SOPHE)** webinar Use of Legal Action in Health Education; 3-4pm EST

**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 20 Society for Public Health Education (SOPHE)** webinar Tobacco21: Increasing the Minimum Age; 12-1:30pm EST

**October 20 Society for Public Health Education (SOPHE)** webinar The Importance of Health Education Specialists: Valuing the Discipline of Skilled Professionals; 2-3pm EST

**October 21 Society for Public Health Education (SOPHE)** webinar Health Education Today: Partnering for Success; 2-3pm EST

**October 21 Indian Health Service Health Promotion and Disease Prevention** webinar: Driving Positive Change Using MPOWER Strategies in Tribal Tobacco Programming: How We Did it and How You Can Too!; 3-4pm EST

**October 23 Society for Public Health Education (SOPHE)** webinar Partnering for Success Improving Health Outcomes through Clinical-Community Linkages: New & Emerging Roles of Health Education Specialists; 2-3pm EST

**October 26 Food and Drug Administration** Virtual Tribal Consultation on Tobacco Retailer Compliance Check Inspections; 1-3pm EST

**October 26-29 First Nations Development Institute and Oneida Nation of Wisconsin** Food Sovereignty Summit; Green Bay, WI

**October 27-29 Healthy Native Communities Partnership** National Gathering; San Diego, CA

**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@itcmi.org](mailto:nnn@itcmi.org)



Nathan, Age 54  
Oglala Sioux  
Idaho

Secondhand smoke at work triggered Nathan's severe asthma attacks and caused infections and lung damage. If you or someone you know wants free help to quit smoking, call **1-800-QUIT-NOW**.

#CDCTips



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention  
www.cdc.gov/tips



Pictures From the National Indian Health Board 2015 Walk for Hope (see page 4)

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