



Life is Sacred | Keep it Sacred

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Hannahville Indian Community YMCA Partnership Supports Employee/Membership Wellness



The Hannahville Indian Community's Community Health Department formed a ground-breaking initiative to increase employee and member access to health and fitness resources and guidance. The Hannahville Indian Community contracted with the local YMCA to bring a personal trainer into the tribal clinic to lead group exercise classes and personal training sessions, offered free to tribal employees and members. The program expanded into a comprehensive Employee Wellness Program offered under a formal partnership between the Hannahville Indian Community and YMCA, in cooperation with the Tribe's insurance carrier, Blue Cross Blue Shield.

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Letter from the Director

Fall greetings from the National Native Network (NNN), and on today's date (10/13/14) we wish everyone a "Happy Indigenous People's Day"! The strength of Indian Country is shown daily in numerous ways; advocating for healthcare policies and practices, pushing back against attacks on our tribal sovereignty, creating cultural learning and awareness opportunities, and working diligently for the wellbeing of future generations. We thank all that are "in the trenches" focused on not only these mentioned areas but other concentrated efforts as well.

During the month of August, the NNN was able to present at two meetings held with tribal leaders and health professionals. We were able to co-present at the CDC Tribal Advisory Committee meeting on the smoking and tobacco use panel. Our presentation was titled, "American Indian and Alaska Native Population Smoking Rates", and the co-presenter, Dr. Brian King's (Office on Smoking and Health) was titled, "E-Cigarettes: Health & Policy Implications". We were encouraged by the questions, comments and responses received from our presentation. Also, we presented again to the Midwest Alliance of Sovereign Tribes summer meeting that was held in August. Again, response was very positive with many appreciative of the awareness of the National Native Network's efforts and accomplishments for Indian Country. The NNN was also asked to be a part of an NPR interview story, "Casinos Worry As More Navajo Communities Go Smoke-Free", and can be heard [here](#). This past week we were interviewed for a potential Indian Country Today story but has yet to be drafted.

We would like to formally introduce Lisa Abramson who is our new NNN Program Evaluator. Lisa has a strong program and grant evaluation background, as well as her work history for the Inter-Tribal Council of MI. As we begin working on our 2nd year of funding, we appreciate efforts that our NNN Partners provided during the first year, and we know that through these accomplishments we grow stronger for those that we are funded by CDC to serve. We must remember, through our combined efforts, lives are positively impacted with potentially life changing behaviors.

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.

Miigwetch (thank you),

Derek J. Bailey, MSW
Program Director
National Native Network



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. The other six networks are listed below with their websites; we are partnering with them on efforts and outreach, have 'liked' them on Facebook, and follow them on Twitter - please do so too, if they speak to you and your community.

- ✦ National Alliance for Hispanic Health - [Nuestras Voces](#)
- ✦ Asian Pacific Partners for Empowerment, Advocacy, and Leadership - [Reaching Asian Americans Pacific Islanders through Innovative Strategies to Achieve Equity in Tobacco Control and Cancer Prevention](#)
- ✦ [National African American Tobacco Prevention Network](#)
- ✦ Centerlink The Community of Lesbian, Gay, Bi-sexual, and Transgender Centers - [LGBT HealthLink](#)
- ✦ National Council for Behavioral Health - [National Behavioral Health Network](#)
- ✦ Community Anti-Drug Coalitions of America - [Geographic Health Equity Alliance](#)
- ✦ [Patient Advocate Foundation](#)

Hannahville Indian Community YMCA Partnership...continued

Challenge

The Hannahville Indian Community (HIC) reservation is located in a small, rural area. The nearest fitness facility is 20 miles away, and public transportation is not regularly available. HIC Clinic data revealed that almost 75% of patients were overweight or obese, 21% had diabetes, and about 25% had hypertension. Repeated research shows the benefit of regular physical activity; however, with limited access, not many of the community members were getting the activity recommended.

Solution

The first goal was to offer free employee and community member exercise classes and personal training sessions. HIC recruited a personal trainer to work for the Tribe as a consultant, through the YMCA. This personal trainer began leading weekly group exercise classes at the HIC Health Clinic, Hannahville Indian School, and the community center. Personal training was also offered to interested employees and community members.

Tribal employees and community members learned about the exercise classes through posters and emails shared across HIC buildings and community events. The Community Health Department organized wellness challenges for employees and community members, which increased participation in classes and personal training sessions, as well as physical activity across the community. One example of a wellness challenge was called Holiday Trimmings. The Holiday Trimmings program challenged people to either lose or maintain their weight during the holidays with weekly weigh-ins over 9 weeks. The 57 people who completed the challenge lost a total of 115 pounds.

Funding for these activities was made possible by the CDC STEPS grant. This grant was awarded to HIC to promote health and disease prevention. When funding for this grant ended in 2007, HIC received another CDC grant, REACH US, to work on promoting healthy behaviors. Throughout the following years, supplemental funding for fitness equipment and events has been available through various grants, including the Special Diabetes Program for Indians and Health Promotion and Disease Prevention.



Sustainability

In 2008, HIC used the REACH US funding to hire a community member as a Community Outreach Worker and purchase exercise equipment for an employee and community gym. The Community Outreach Worker was able to work one-on-one with community members on the reservation to support increased physical activity and other health behavior improvement. While working for HIC, the Community Outreach Worker pursued classes at the local YMCA and became certified as a personal trainer. This allowed HIC to provide their community with a personal trainer in-house with sustainable,

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NNN Technical Assistance Webinars

We are pleased to work with the Indian Health Service Clinical Support Center to offer continuing education credits to physicians and nurses for our Cancer Risk Reduction Webinar Series!

October 28: Chronic Hepatitis B, C, and Hepatocellular Carcinoma - Etiology, Risk Factors, and Primary and Secondary Prevention, led by Dr. Brian McMahon, Medical and Research Director, Alaska Native Tribal Health Consortium Liver Disease and Hepatitis Program; CDC Arctic Investigations Program

November 25: Colorectal Cancer, led by Dr. David Perdue, Medical Director, American Indian Cancer Foundation

NNN webinars are the last Tuesday of each month:

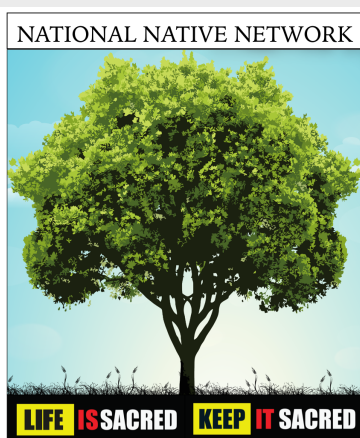
11-12 pm Alaska Time

12-1pm Pacific Time

1-2 pm Mountain Time

2-3 pm Central Time

3-4pm Eastern Time



Hannahville Partnership...continued

on-going funding under the Indian Health Service budget. HIC located the exercise clinic in a spare office in the tribal vocational rehabilitation building, which became an interim employee gym. In 2010, HIC renovated the Health Center and created a large room for a fitness center, which is used by employees and community members. While HIC set out to increase physical activity and well-being one community member at a time, they created strong partnerships and laid the foundation for a sustainable program.

Continued Growth

In 2010, the HIC administration formed a multi-disciplinary wellness council in order to form a comprehensive employee wellness program. HIC pursued the program as a proactive way to support employee health, chronic disease prevention, and as means for cost savings in medical expenses. Utilizing the existing partnership with the YMCA, HIC worked with the YMCA to run the program. The Tribe's insurance carrier, Blue Cross Blue Shield, supported the pursuit of the Employee Wellness Program by enhancing programming with their online health education and support. Now, the YMCA runs the Employee Wellness Program in partnership with the Hannahville Indian Community. The program is incorporated in the insurance benefit structure, and those who chose to participate receive a lower deductible health insurance. While operating the program, it was found that there was a need for increased access to fitness facilities, and so another facility was built. Currently, employees and community members can use the fitness center at the tribe's casino, which is open 24 hours a day and staffed by a YMCA trainer.

If you would like to hear more information about the process that Hannahville Indian Community used to create, support, grow, and sustain their Community and Employee Wellness Program, contact Erin Davis at erin.davis@hichealth.org

Written by:

Robin Clark, National Native Network

Erin Davis, Hannahville Indian Community

Photos provided by Erin Davis, Hannahville Indian Community

Health System Changes Lead to Educating and Referring More Smokers to Cessation Services

SACRAMENTO - According to the 2011-2012 California Health Interview Survey, the American Indian Alaskan Native (AIAN) smoking rate is 26%. The top two causes of death among the AIAN population are cardiovascular disease and lung



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cancer, and in both commercial tobacco use is a contributing factor. Nearly half the smokers in California begin using commercial tobacco before the age of 14, and 75% before the age of 18. Sonoma County Indian Health Project (SCIHP), a clinic in Sonoma County, California serving American Indians and Alaska Natives, was no exception. In 2007, only 17.5 % of their patients in the medical department were screened for commercial tobacco usage, and of those who were identified and counseled, 4% quit. Through their efforts since that time, those numbers have substantially improved.

Challenge

A group of employees from several departments at SCIHP in Santa Rosa, California felt it was a priority to reduce the incidence of smoking among their patients and employees. There were also feelings from clinicians and support staff that they could no longer permit smoking on the SCIHP campus because it endangered the health of everyone, especially children and elders, and presented an environment that passively condoned this addiction. This led the former CEO to assign the task of creating a smoke-free campus policy and the associated services needed to support community members to quit using tobacco for non-traditional reasons. The next step was to provide an effective assessment intervention in the limited amount of time that a Provider in the Medical Department has with a patient, when there are multiple issues to address.

Solution

In 2008 a committee of Native and non-Native staff and community members was formed to address this issue- to create respectful, gradual change and solid policy resulting in a smoke-free environment. With hands on support from the local health department tobacco coordinator the committee gathered information from the community through surveys and interviews while educating them on both the need for the policy and on the importance of a gradual and transparent, community-led process of implementation. As a result of this process there emerged the need to provide resources to patients and employees who wanted to quit.

The goal was to develop an in-house system to support those who want to quit smoking. First, the California Rural Indian Health Board (CRIHB) provided three trainings on-site to share the dangers and solutions to secondhand smoke. A short time later, CRIHB provided their Second Wind smoke cessation training, a curriculum developed for treating AIAN community members. This helped SCIHP gain understanding about how to affect change with individuals and groups within the AIAN community. Additionally the local health department supported training staff in the current evidence based interventions for smoke cessation. A social worker and a registered nurse who merged several smoke cessation curricula, integrating cultural components of the talking circle, prayer/meditation and ceremony, led the initial group classes. Classes were open to patients as well as employees to reach as many people as possible. In later classes, a pharmacist and Primary Care Provider joined the class teachers to ensure that nicotine replacement therapies and other medications could be offered to assist the quitting process. Posters were put up, and employees and patients could self- refer to the program. A system for referral was put in place in the Medical Department as well. Medical Staff were given a training in the 5 A's (Ask, Advise, Assess, Assist, Arrange Follow-up). The Medical Assistants and Nurses practiced through role-

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Health System Changes... continued

playing to become familiar with and at ease with asking patients about tobacco use.

The protocols now include the Medical Assistant asking at every visit about tobacco use, and if positive, the patients are given information about the danger of smoking/benefits of quitting. If the patients want to quit they are given information about the California Helpline and/or our in-house tobacco cessation counselor. The Medical Assistant can make this referral. If the patients are not ready to quit, they are given tobacco education materials and told that the clinic is there to help them when they are ready. To systematize and standardize the process, a screening template in the electronic health record prompts the tobacco assessment. When providers see the patient they can further discuss the issue, provide brief education, and if appropriate, pharmaceutical support. Screening for tobacco begins at age five and is done every single visit. All patient rooms have quit flyers and smoking cessation resources available. These are re-stocked monthly. Furthermore, patients are asked about their secondhand smoke exposure. If a household member is exposing the patients to second hand smoke, they are asked if they would like resources to support that person in quitting.

Currently, the clinic is moving from group-level to individual-level cessation counseling. Clients are scheduled by the front desk staff for the weekly smoking cessation counseling clinic. They are told that they do not quit on their first visit. This initial visit is considered an opportunity to develop an individual smoking cessation plan. This has decreased the numbers of no-shows on the first visit. If patients miss the first session, they are sent a warm letter encouraging them to quit as well as explaining resources that are available, including on-line support. After patients successfully quit, follow-up is done with them by telephone for support and relapse prevention.

The tobacco cessation counselor frequently audits a random selection of electronic health records to ensure the assessment, education and referral process is being done regularly and correctly. The counselor brings up issues at weekly staff meetings so that issues can be addressed and remediated quickly, and to ensure the staff is educating and documenting in a consistent manner. Staff members over the years have received further education through American Lung Association's Freedom from Smoking Program, and the Mayo Clinic Tobacco Cessation Specialist Program.

Due to these improvements, SCIHP has gone from screening 17.5 % of patients in 2007 to 79.8 % of all patients last year. In the 2013-2014 GPRA year 2,782 patients received tobacco screening. There were 636 identified commercial tobacco users who were given counseling, referral and/or cessation medication, and of those 10% have quit for six months or more.

Future Directions

SCIHP is looking at ways to further improve their tobacco cessation program. SCIHP aims for 100% documentation of smoking exposure, appropriate counseling, and offering of resources at every Medical visit. Staff are also looking at ways to improve coordination with other departments, such as Native Beginnings (a program for pregnant women) and the Behavioral Health Department, to provide the most comprehensive care for vulnerable populations such as pregnant women and those with mental health issues. Quitting smoking is one of the most important prevention strategies available for clients on their journey toward health. Simple changes in protocol can have a dramatic impact on the health and well-being of individuals and the greater community.

Written by Jean Farmer, RN, Allison Whitmore, LCSW, and Chris Cooper, M.Ed.

For more information, contact the Sonoma County Indian Health Project or the California Rural Indian Health Board.



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Navajo Nation President Shelly Issues Executive Order No. 12-2014 for Smoke Free Workplace

WINDOW ROCK, AZ - The right to fresh air in the workplace.

Navajo Nation President Ben Shelly signed Executive Order No. 12-2014 into law and said it was to protect the health of tribal employees.

“The use of commercial tobacco at is prohibited at all interior spaces operated by the Executive Branch,” President Shelly said. “This includes a distance of 25 feet from all entrances, windows and ventilation systems.”

Initially, Executive Order 02-2011 was implemented on April 26, 2011. The new order clarifies and supersedes the previous

document. An exception to the new law is the use of mountain tobacco, or Hozhooji Dzil Natoh.

Pete Nez was instrumental and elated the executive order was signed into law. “We are here to protect the people and to talk about the steps that are needed in order to move our people toward living a more healthier life,” Nez said. He lauded the efforts of the Blacks Hills Center for American Indian Health, which has been fighting colon and lung cancer, tuberculosis, obesity and diabetes.

Thomas Walker, president of the Navajo Health Coalition, said the authorities granted to the president are the shield and protector for the Navajo people. “Our tongue, or words, can protect the people. Mr. President, the use of your executive order directive, with the weight of the policymaking authority will be used to shield the people employed by the Navajo Nation in their workplaces,” Walker said. He said the Team Navajo Coalition also deserved recognition for their work and advocacy.

Vice President Rex Lee Jim praised the coalition for being persistent in revising the order to not only allow provisions for the health of Navajo employees, but to also give proper consideration for the traditional tobacco used in Navajo ceremonies.

“It is important that we do what we need to do to ensure our people have access to quality workplaces and ensure that they are not exposed to secondhand smoke,” Vice President Jim said. “Thank you for working with us and let’s continue to work together.”

Title 2 of the Navajo Nation Code, specifically Subsection 1005 (A) provides that, “The President of the Navajo Nation serves at the Chief Executive Officer for the Executive Branch of the Navajo Nation government with full authority to conduct, supervise, and coordinate personnel and program matters.”

This includes the enumerated power of issuing an executive order for the purpose of interpreting, implementing or giving administrative effect to statutes of the Navajo Nation.

Contact:

Rick Abasta, Communications Director, Office of the President and the Vice President, Navajo Nation
Phone: 928-871-7884; Email: rickyabasta@navajo-nsn.gov



Navajo Nation President Ben Shelly signed the executive order on August 14, 2014. Photo by Rick Abasta/Office of the Navajo Nation President

Notawaseppi Huron Band of the Potawatomi Protects Community with Commercial Tobacco Code

When presented with data on Nottawaseppi Huron Band of the Potawatomi Indians (NHBP) smoking rates, tribal staff and leadership decided to be proactive in protecting the health of their membership and employees, now and for the next seven generations. Partnering with the Inter-Tribal Council of Michigan's Tribal Support Center and using the CHANGE tool, NHBP staff formed a special Tobacco Coalition to investigate and develop commercial tobacco policies and to provide education and raise awareness of the dangers of commercial tobacco use. Within one short year, the Nottawaseppi Huron Band of the Potawatomi moved from having no written commercial tobacco control policies to passing a ground-breaking, comprehensive Commercial Tobacco Free Buildings; Public and Private Worksites and Public Places Code.

Challenge

Tribe-specific rates of current smokers in Michigan have ranged from 34% to 72% of the population (AI Adult Tobacco Survey, 2010-2012); much higher rates than the estimated 23% of the general population rate of current smokers reported by the Michigan Behavioral Risk Factor Survey (2012). Knowing the current smoking rates of tribal membership, the NHBP Community Health Department assigned a dedicated and motivated community health/clinic nurse to work with the Tribal Support Center on implementing the Community Health Assessment and Group Evaluation (CHANGE) tool tobacco modules. A first step in the process was to create a Tobacco Coalition, which included tribal community members and staff from a broad spectrum of tribal departments such as health, housing, early childhood development, and tribal leadership who reported to a larger tribal Journey to Wellness Coalition. By working through the CHANGE tool tobacco modules, the Community Health Department found that while there were verbal smoke-free building policies, NHPB had no written or enforceable commercial tobacco control policies. Vice Chair Jamie Stuck said "I remember thinking of our members and staff having to walk through the smoky entrances and exits of our buildings, where people congregated to smoke. We needed to protect the health of community members and staff, protecting non-smokers and encouraging cessation."

Solution

The NHBP Community Health Department with assistance from the Tobacco Coalition pursued tribal community outreach, sharing tribal surveillance data, raising awareness of the dangers of commercial tobacco, and opening dialogues about the importance of using traditional tobacco appropriately. Community Health Department staff gave presentations to the Tribe's Elders Committee and government and health clinic staff, providing outreach and seeking input on community needs and ideas for commercial tobacco policy development. Using results from the CHANGE tool modules, the Community Health Department worked with the Tribe's Legal Department to begin developing culturally-appropriate commercial tobacco control policies, including youth, vending machines, advertising, sponsorship, and commercial tobacco-free zones.

Throughout the policy development process, the Tobacco Coalition and Tribal Council were updated on the progress. Rather than developing one policy, the team of Departments and Coalition members developed a code of policies "to ensure that all Tribal members, family, friends, employees, and Tribal guests, and the next seven generations are not exposed to commercial tobacco use including secondhand



NHBP youth outside of tribal building. Photo by Kathy Mackety

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Nottawaseppi Huron Band... continued

smoke or to the uses of commercial tobacco products” and was “not intended to restrict the use of ceremonial and/or traditional tobacco use” (NHBP, 2012). The comprehensive code touched nearly every department in NHBP government and enacted protections for youth from exposure to commercial tobacco products and influences, to prevent them from starting to use commercial tobacco for non-ceremonial/traditional recreational use. The draft code was brought before NHBP Tribal Council and approved to be posted on the Tribe’s website for a comment period of thirty days. Tribal members did use this opportunity and the community outreach activities conducted earlier by the Community Health Department and Tobacco Coalition to give input on the policies of the code. Community members shared widespread support for the policies. Bill Brooks, Tribal Legal Council, said “I was pleasantly surprised at how quickly the tribal community recognized the health benefits of commercial tobacco control, acknowledged the appropriate use of tobacco and defined the rightful place of tobacco in the community. This Code was developed to improve the health of adults and change the behavior of youth.” On December 20, 2012, the Nottawaseppi Huron Band of Potawatomi Tribal Council passed Title VIII – Judiciary; Law & Order Chapter 15 – Commercial Tobacco-Free Buildings; Public and Private Worksites and Public Places Code.

Commercial Tobacco Free Buildings Code Highlights

- Recreational commercial tobacco use is prohibited in all NHBP Buildings, with few exceptions, and within 50 feet of building entrances and windows, and along select walkways
- No Commercial Tobacco Use and the international “No Smoking” symbol signs shall be clearly posted in every building or area where commercial tobacco use is prohibited
- All used tobacco products must be disposed of in cigarette urns or trash receptacles in designated areas
- No more than 25% of hotel rooms at the NHBP gaming facility may be designated “Smoking”*
- Recreational commercial tobacco use is not authorized in rental homes owned by the Tribe
- Tobacco product advertising is prohibited outside of the specific retail outlet
- Tribal entities are prohibited from accepting tobacco industry sponsorship for any community event
- Non-casino employees are prohibited from wearing clothing or other items that bear tobacco company brand logos at schools or other community events and venues during work hours
- Tobacco product sale to minors and minor possession for recreational use are prohibited
- Vending machines, individual cigarettes, candy cigarettes and tobacco-like candy, tobacco “blunts” are prohibited at government locations
- Clear violations and penalties described for adults and minors, enforcement by Tribal Police and Court

Since implementing the code, NHBP has embraced and even surpassed code guidance. While the code provides that no more than 25% of hotel rooms in the NHBP gaming facility shall be designated as “Smoking Rooms” the Tribe has designated all NHBP gaming facility hotel rooms as “Non-Smoking Rooms.” The Tribe has also expanded their gaming floor by adding a non-smoking slot area.

Future Directions

News of the Code’s passing has spread across Michigan and other Tribes have expressed interest in using and adapting NHBP’s Code to develop comprehensive and culturally-appropriate commercial tobacco control policies within their own governments. The implementation and evaluation of the NHBP’s Code is currently under way within the NHBP government. Access the code on the Nottawaseppi Huron Band of the Potawatomi’s website: www.nhbpi.com/sovereignty/tribal-code/

For more information, contact:

Rosalind Johnson, Medical/Health Director, Nottawaseppi Huron Band of the Potawatomi (269) 729-4422
Deana Knauf, Inter-Tribal Council of Michigan’s Tribal Support Center for Tobacco (906) 632-6896

Written by Deana Knauf, Inter-Tribal Council of Michigan, and Robin Clark, National Native Network

Opportunities

FDA is requesting nominations for voting members to serve on the Tobacco Products Scientific Advisory Committee, Office of Science, Center for Tobacco Products. Nominations received on or before December 8, 2014, will be given first consideration for membership. View the [Federal Register](#)

National Institutes of Health is seeking nominations for 17 TCAC members: 12 area representatives and 5 national at-large members. Contact Kathy Etz, Ph.D., Senior Advisory for Tribal Affairs to the NIH Principal Deputy Director, NIHTribalCommittee@od.nih.gov

Upcoming Events

October 14 American Cancer Society Circle of Life Professional Development Call 2PM CT: Treating Tobacco Dependence: Introduction to 5A Model; Conference line 1-888-512-3142, passcode 01726298#

October 16 5th Annual Tobacco Prevention and Wellness Symposium [Ain Dah Yung Center](#); St. Paul, MN

October 23 CDC S&E Webinar 3-4 PM ET: [Building Capacity Through Public Health Infrastructure](#)

October 28 CDC NCCDPHP Webinar 2-3:30 PM ET: [CDC's Clear Communication Index](#)

October 28 NNN Technical Assistance Webinar 3-4 PM ET: [Chronic Hepatitis B, C, and Hepatocellular Carcinoma: Etiology, Risk Factors and Primary and Secondary Prevention](#), Dr. Brian McMahon, ANTHC

October 29 Cancer Care Webinar 1:30-2:30 PM ET: [Advances in the Treatment of Cervical Cancer](#)

October 30 Cancer Care Webinar 1:30-2:30 PM ET: [Update on Early Stage Breast Cancer](#)

October 30 CDC S&E Webinar 3-3:30 PM ET: [Collaborating with Cross-Chronic Disease Programs](#)

November 4 Cancer Care Webinar 1:30-2:30 PM ET: [Advances in the Treatment of Lung Cancer](#)

November 5-8 8th Annual Conference on Health Disparities [Reducing Health Disparities Through Sustaining and Strengthening Healthy Communities](#); Long Beach, CA

November 9-12 American Association for Cancer Research Conference [The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved](#); San Antonio, TX

November 11 Cancer Care Webinar 1:30-2:30 PM ET: [Highlights of the Affordable Care Act](#)

November 13 American Cancer Society Circle of Life Professional Development Call 2PM CT: [Nutrition](#)

November 13 IHS Bemidji Area HPDP Partnership in Health Webinar 2-3 PM CT: [Freeing American Indian Communities from Commercial Tobacco](#)

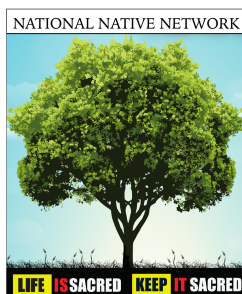
November 13-14 N-Nurse Symposium [Born Through Our Culture](#); Flagstaff, AZ

November 18 Cancer Care Webinar 1:30-2:30 PM ET: [For Caregivers-Practical Tips to Cope w/Lung Cancer](#)

November 20 Great American Smokeout [American Cancer Society](#)

November 25 Registration Deadline [FDA Workshop on Electronic Cigarettes and Public Health](#)

November 25 NNN Technical Assistance Webinar 3-4 PM ET: [Colorectal Cancer](#)



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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.itcml.org

