



Life is Sacred | Keep it Sacred

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Partner Agencies



Inter-Tribal Council Michigan



California Rural Health Board



Great Plains Tribal Chairmen's Health Board



SouthEast Alaska Regional Health Consortium

CDC 2016 American Indian and Alaska Native Cancer Summit

Traverse City to Host 2016 Cancer Summit

Sault Ste. Marie, MI – The Centers for Disease Control and Prevention (CDC) 2016 Summit titled “Looking Back and Looking Ahead: The State of Cancer Control in American Indian and Alaska Native Communities” will be held for current CDC grantees on April 26-28 at the Grand Traverse Resort in Traverse City, Michigan.



The Summit is funded by the Centers for Disease Control and Prevention - Department of Cancer Prevention and Control (DCPC) and is intended to bring current grantees together to provide a forum to address topics of concern for all DCPC programs including commercial tobacco, cancer screening and patient navigation, HPV vaccination, obesity, physical activity, and nutrition. This grantee summit will involve reviewing and comparing data from 2005 and now in 2015-2016, bring together experts in the field to provide a forum for open dialogue, review challenges and barriers, learn about and share successes and opportunities, and develop a work plan for the next ten years with goals for work in American Indian and Alaska Native communities. A report will be developed during the summit.

Invited guest speakers include: Linda Richardson, MD, MPH (CDC); David Espey, MD (CDC and IHS); Melissa Jim, (IHS); Linda Burhansstipanov, DrPH, MPH (Native American Cancer Research); and

Durado Brooks, MD (American Cancer Society).

The National Native Network (NNN) is taking a lead role in coordinating the summit for CDC grantees in Traverse City, Michigan. The NNN is administered by the Inter-Tribal Council of Michigan, Inc. (ITC); headquartered in Sault Ste. Marie, Michigan.

"We are aiming to look back over the past ten years to review how we have progressed and plan for our future. This summit will be the the opportunity to convene CDC grantees and tribal cancer programs round what we have done and what challenges we will address moving forward," said Noel Pingatore, NNN Principle Investigator and ITC Health Education and Chronic Disease Department Director.

According to the National Cancer Institute, cancer incidence rates from 2000 to 2009 decreased among both men and women for every racial and ethnic group, except for American Indian and Alaska Native population. Death rates for the most common cancers of lung, colon, and prostate among men decreased in all racial and ethnic groups except among American Indian and Alaska Native men. Among women, death rates of lung, breast, and colorectal cancers decreased in all racial and ethnic groups except American Indian and Alaska Native women.

"The initial CDC Cancer Summit was in 2005," said Joshua Hudson, NNN Program Manager. Hudson continues "so much work has been done thus far, but we still have much more work to do in order to reverse these disparities."

More information is available at www.KeepItSacred.org. The NNN can also be liked at [facebook.com/KeepItSacred](https://www.facebook.com/KeepItSacred) and can be followed on Twitter @KeepItSacred.

National Jewish Health Launches Commercial Tobacco Program Customized for American Indians

Native American Commercial Tobacco-users wanting to quit can call the American Indian Commercial Tobacco Quitline, 1-855-372-0037. National Jewish Health has launched a new program aimed at reducing commercial tobacco use among American Indians. Although adult American Indian commercial tobacco users express a strong interest in quitting, research shows they have lower quit rates and are among the least successful in maintaining long-term abstinence. The American Indian Commercial Tobacco Program serves men, women, and elders in all tribal nations.

For more information on the American Indian Commercial Tobacco Quitline, visit KeepItSacred.org/Quitline

Callers can receive:

Up to 10 coaching calls per quit attempt with a dedicated Native coach

8 weeks of nicotine replacement therapy with combination medication as an option

Focus on commercial tobacco use

Open to men, women, and elders of all ages and tribal nations

The quitline will gladly help pregnant women, callers under 18, and callers looking to quit smokeless tobacco.

American Indian Commercial Tobacco Quitline

1-855-372-0037

KeepItSacred.org/Quitline



AMERICAN INDIAN
Commercial Tobacco Program

National Jewish Health, the nation's leading respiratory hospital, is the largest nonprofit provider of tobacco cessation services in the nation. Its QuitLogix tobacco cessation programs are now available to approximately 66 million people.

Research shows that American Indians are more likely to use commercial tobacco and have more difficulty quitting than those in other racial and ethnic groups. National Jewish Health has also observed that American Indian quitline callers have lower rates of engagement and utilization of quitline services than other callers to state quitlines.

"There is strong support both among National Jewish Health collaborators and in the literature about the need for better evidence-based protocols for this underserved population," said Amy Lukowski, PsyD, clinical director of Health Initiatives at National Jewish health. "To date, effective tobacco cessation programs are designed specifically for a heterogeneous population of American Indians do not exist."

The American Indian Commercial Tobacco Program is a dedicated coaching program with Native coaches providing a culturally sensitive coaching protocol. Tobacco use is a cultural and spiritual staple in the American Indian community. Additionally, coaches will work to build increased rapport by reducing initial intake questions, increasing length of coaching calls and focusing intervention on the journey rather than a specific quit date. For the American Indian program, the goal is reduced use of commercial tobacco products rather than complete tobacco cessation. The American Indian tobacco cessation program will be a dedicated webpage, KeepItSacred.org/Quitline and phone number 1-855-372-0037, and culturally sensitive printed materials as well as a text and email program.

National Jewish health opened its first quitline in collaboration with the state of Colorado in 2002, and has now served more than one million people interested in quitting the use of tobacco. The 15 states now served by National Jewish Health Quitlogix are Alabama, Arkansas, Colorado, Kentucky, Massachusetts, Michigan, Montana, Nevada, New Hampshire, North Dakota, Ohio, Pennsylvania, Rhode Island, Vermont, and Wyoming.

QuitLogix is an evidence-based cessation program that includes telephonic counseling, and integrated website, email, text messaging, and a mobile app. The intensive one-on-one program offers quit plans customized for each participant. Many of the state and other quitting operated by National Jewish Health offer nicotine-replacement therapy as a part of the program. Information and coaching are available in English and Spanish.



NNN Technical Assistance Webinars

National Native Network technical assistance webinars are hosted on the last Tuesday of every other month from 3-4 PM Eastern time. The next webinar will be March 29th.

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.

Podcasts

We are adding podcasts to our resource line-up. Inter-Tribal Council of Michigan staff Josh Mayo is interviewing tribal experts in the field of public health and will release podcasts in the new year. Featured experts include Dr. Donald Warne from North Dakota State University, Dr. Linda Burhansstipanov from Native American Cancer Research, and the NNN Board of Directors.

Only 3 to 5 percent of people trying to quit tobacco on their own are successful. Approximately 35 percent of people using the National Jewish Health QuitLogix program quit and remain tobacco free six months later.

National Jewish Health is the leading respiratory hospital in the nation. Founded 117 years ago as a nonprofit hospital, National Jewish health today is the only facility in the world dedicated exclusively to groundbreaking medical research and treatment of patients with respiratory, cardiac, immune, and related disorders. Patients and families come to National Jewish Health from around the world to receive cutting-edge, comprehensive, coordinated care. To learn more, click here. For original article, click here.

SUCCESS STORY: You Can Quit Smoking At Any Age

*By Tammi Meissner -
SEARHC*

Wrangell, AK - My Grandma Yvonne (Bakke) Stough, started smoking in 1942 at the age of 17. Grandma said, "I started smoking because everybody smoked. Back then we didn't know it was bad for you."



She married my Grandpa Richard Stough, in 1949. He smoked an average of 3 packs a day. "We were married for 54 years. He died in 2003 from smoking. He had lung cancer." Grandpa did not stop smoking even while he was dying and had to be on oxygen. Even though grandpa was dying from his addiction to smoking, grandma kept smoking. She too was addicted.

In 2011 grandma had a massive heart attack and almost died. While in the intensive care unit at the hospital used nicotine patches to help grandma with her powerful urge to smoke.

It took roughly two years for grandma to recover the majority of her muscle strength, coordination, and cognitive impairments from the massive heart attack. During this period of time, she was in long term care and the Sitka Pioneer Home where they worked with her to learn how to feed herself, to strengthen her muscles and heal mentally from

her heart attack. With the assistance of the nicotine patches, grandma chose to quit smoking even though she had many opportunities to smoke.

In 2013 grandma moved back to Wrangell, Alaska and moved in with my mom and dad (her son). She lives half of the year in our small island town and the other half she lives with them, remotely in a cabin, on the Stikine River. She is in a wheel chair but exercises her legs daily to maintain strength so she can get in and out of her wheel chair without assistance. This is quite exciting since she is 91 years old. A lasting effect of her years of smoking is that she has COPD. It is managed daily with three medications.

My family is so proud of Grandma Stough for quitting smoking after 74 years from 1942 to 2011. My aunt and I have estimated that over the course of the 74 years, she smoked 50,370 packs of cigarettes.

Grandma says "I am proud that I quit smoking when I was 86 years old. I am also proud that my 3 children do not smoke, only 1 of my 8 grandchildren smoke and none of my 8 great-grandchildren smoke. I tell anyone I see smoking to stop because it is going to kill you!"

If you use tobacco, you can quit. There is help available at 1-855-372-0037 with the American Indian Commercial Tobacco Quitline. If you are a Health Care provider, please refer patients to tobacco treatment at whatever age. A combination of counseling and medication has been proven to be most effective.

My grandma is a 91 year old strong, loving, and wonderful Tlingit woman. We are so blessed that she survived her heart attack and continues to share stories and her love with all of us.



Tobacco Control and American Indian Cancer Policy

Sault Ste. Marie, MI - The National Native Network held their regular webinar series on February 9, 2016. Dr. Donald Warne, MD, MPH presented for the NNN with his presentation titled "Tobacco Control and American Indian Cancer Policy."

The three objectives of the webinar are:

Identify patterns of American Indian commercial tobacco use.

Identify patterns of American Indian cancer mortality.

Recognize the role of health care professionals working with tribal leadership in creating tobacco control policy.

[CLICK HERE FOR DOWNLOADABLE SLIDES.](#)

[CLICK HERE FOR WEBINAR VIDEO ARCHIVE.](#)



SUCCESS STORY: Great Plains Tribal Chairmen's Health Board is Increasing Access to Chronic Disease Programs in Tribal Communities

Summary:

Heart disease, cancer, and diabetes are the three leading causes of death for American Indian/Alaskan Natives aged 55 or older. Chronic disease among the American Indian/Alaskan Native communities affects their quality of life and ability to cope with having a chronic disease. The Great Plains Tribal Chairmen's Health Board currently has two staff trained in the Chronic Disease Self-Management Program (CDSMP) who will have the capabilities to go out into our tribal communities once they become a Master Trainer. This program is meant to help individuals to effectively deal with chronic disease such as diabetes, arthritis, hypertension, and lung disease. The staff, Jennifer Willias and Cole Hunter, will be assisted with lay leader trainings and will become Master Trainers by September 2015. Once they become Master Trainers they will have the capabilities to go into our tribal communities to offer trainings.

Challenge:

The American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. Disease of the heart, malignant neoplasm, unintentional injuries, and chronic lower respiratory diseases are leading causes of American Indian and Alaska Native deaths (2006-2008). American Indians and Alaska Natives born today have a life expectancy that is 4.2 years less than the U.S. population (73.7 years to 78.17 years, respectively).

Solution:

This clinical strategy and community linkage benefit the tribes that we work with. Assisting with the needs of 18 tribes and tribal communities in the four-state region of South Dakota, North Dakota, Nebraska, and Iowa; GPTCHB addresses the health necessities of its members by assisting in accessing health-related programs and resources.

Results:

Participants who took Chronic Disease Self-Management Program demonstrated significant improvements in exercise, ability to do social and household activities, less depression, fear and frustration or worry about their health, reduction in symptoms like pain, and increased confidence in their ability to manage their condition. This would be especially beneficial to the American Indian/Alaska Native populations. This will enable our elders in our communities to learn how to manage their chronic disease while becoming more self-sufficient and a blue to possibly extend their life expectancy. Topics covered in the program include: exercise, nutrition, coping skills, communication with physicians and other healthcare providers, stress management/relaxation, setting realistic goals, strategies for living with a chronic condition and how to deal with frustration, fatigue, pain, isolation, how to integrate new techniques and activities into a plan for living well, how to better work in partnership with your health care team, and how to write advance directives.

Sustaining Success:

The success of implementing the Chronic Disease Management Program will be demonstrated through the following once implemented within our tribal communities:

- Increased exercise
- Better coping strategies and symptom management
- Better communication with their physicians
- Improvement in their self-rated health, disability, social and role activities, and health distress
- More energy and less fatigue
- Decreased disability
- Fewer physician visits and hospitalizations

Quotes:

"I would like to take my hat off to the people who have stepped up to the plate to actually participate in something that is in almost every walk of life considered kind of strange...so I think those participants are a very strong partner in this and what they brought is the commitment to living a healthier life with their diabetes and or other chronic conditions." - Master Trainer, Focus Group participant



Elizabeth Peratrovich Day

Juno, AK - SouthEast Alaska Regional Health Consortium (SEARHC) and other Alaska Native organizations take an annual paid holiday on February 16 to honor the life and accomplishments of Elizabeth Peratrovich. This date was established by the Alaska Legislature as the anniversary date of the signing of the Alaska Anti-Discrimination Act of 1945, a bill which Elizabeth, a Tlingit activist, is credited with getting passed.

A grand president of the Alaska Native Sisterhood (ANS) during the time that she lobbied to have the anti-discrimination bill passed into law, Elizabeth and her husband Roy lobbied passionately to eliminate the blatant discrimination policies faced by Alaska Natives. Until the bill passed, many Alaska businesses wouldn't

serve Natives and treated Natives as second-class citizens.

The bill faced harsh opposition in the senate. One senator asked his fellow legislators, "who are these people, barely out of savagery, who want to associate with us whites with 5,000 years of recorded civilization behind us?" Elizabeth Peratrovich was listening from the Senate gallery and requested the opportunity to address the Senate from the gallery. In a calm voice she said "I would not have expected that. I, who am barely out of savagery, would have to remind gentlemen with 5,000 years of recorded history behind them of our Bill of Rights." When Elizabeth concluded her speech, the room burst into applause.

Elizabeth's dramatic response to a Senator when asked if she thought the proposed bill would eliminate discrimination is legendary. She said "no law will eliminate crimes, but at least you as legislators can assert to the world that you recognize the evil of the present situation and speak your intent to help us overcome discrimination." Her extraordinary testimony was met with a wild burst of applause from the gallery and senate floor alike. The Alaska Senate passed the Alaska Anti-Discrimination Act on February 9, 1945 by 11

votes for and 5 votes against the bill. This was the first such law passed anywhere in America, and ten years before Brown versus Board of Education. Elizabeth Peratrovich's efforts helped to preserve equality and justice for all Alaskans regardless of race, creed, and ethnic background.



Tobacco Dependence: Prevalent, Lethal, and Neglected as a Chronic Disease

*By Edy Rodewald, PHD, SEARHC Tobacco Program Manager -
February 2, 2016*

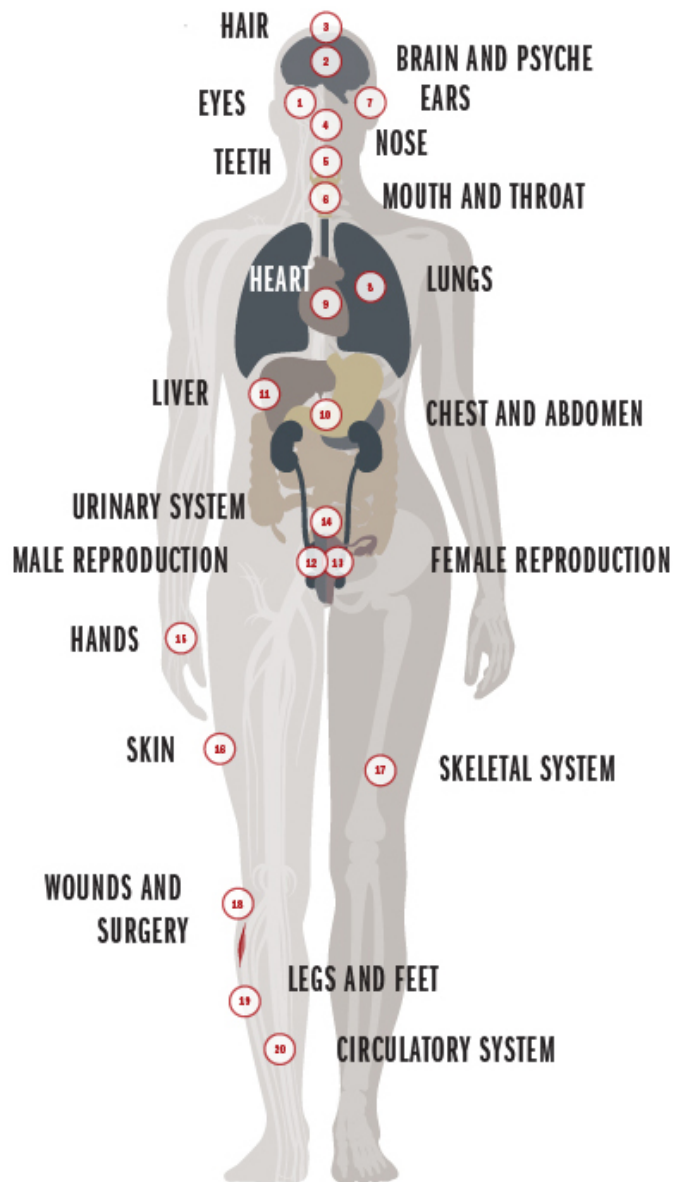
Juno, AK - On February 2, 2016, SEARHC presented at the 33rd Annual Alaska Health Summit in Anchorage, entitled "Health Across the Generations." Sessions focused on ways the public health community can support and promote optimal health and wellness across the life span, including health policy and systems change, the social and economic determinants of health, interdisciplinary partnerships, research, and evaluation. A session on tobacco-related illnesses and cancer disparities among the American Indian and Alaska Native (AI/AN) populations seemed more than appropriate. Why is this issue important? Nationally, adult smoking rates dropped from 21% in 2005 to about 18% in 2013. AI/AN people have the highest rates of smoking, smokeless tobacco, cigar use, and use of more than one tobacco product, of any major U.S. racial or ethnic group. Overall, 38.5% AI/AN continue to smoke commercial tobacco, more than double the national average. Smoking is a public health crisis in many American Indian and Alaska Native communities and it is a health equity issue. Many Americans' lives and health have improved but some groups (like AI/AN) have not. This unequal health burden on the AI/AN people has been largely ignored.

In Alaska we are seeing diseases that were not historically common among Alaska Natives. Lung cancers, which are 90% attributable to cigarette smoking, are the leading cause of death for Alaska Natives. Smoking is linked to 6 of the top 8 causes of death among AI/AN. While every other race has seen decreases in cancer mortality over the last two decades, some AI/AN cancer mortality rates have increased. Other diseases caused by tobacco include higher rates of heart disease and strokes (1 in 5), respiratory disease (8 in 10), higher infant mortality, diabetes, and asthma. We need policy, systems and environmental change to end this tobacco epidemic.

In Alaska more than half of all 229 Tribes have passed Tribal Resolutions to protect their embers from secondhand smoke, encourage smokers to quit, and discourage youth from starting tobacco use. But health care systems, including health insurance and good surveillance systems are also needed to intervene with this epidemic. Alaska recently approved Medicaid expansion. The Affordable Care Act and Medicaid now cover proven effective medications and counseling to help people quit tobacco. Environmental change is needed. Things like removing gratuitous smoking from movies; limiting tobacco advertising (sponsorships, promotions, and giveaways especially using electronic media; banning tobacco sales in pharmacies; ensuring implementation of tobacco-free campuses in schools and universities, health care campuses, and public outdoor places can all be part of the solution.

Tobacco is a preventable killer. Comprehensive Cancer Control can collaborate with Tobacco Control, the Network of Tribal organizations can leverage resources, data, services, policies, systems, and environmental approaches to commercial tobacco use prevention and control can be tailored to individual Tribes. All of

The Bad News: Tobacco causes disease and disability to almost every organ.



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this work can draw strength from Tribal traditions, knowledge, and community ways. This is a winnable battle.

New Articles, Reports and Publications

- ♦ **Gambling with our Health**, The American Journal of Preventative Medicine published an article called Gambling with our Health in September 2014.
- ♦ **Evaluation of Cancer Incidence in the Appalachian Region**, An updated evaluation of cancer incidence in the Appalachian Region was published today in Cancer Epidemiology, Biomarkers & Prevention.

Opportunities

EMPLOYMENT OPPORTUNITY: Project Coordinator - Research for Indigenous Community Health Center (RICH) - University of Minnesota, College of Pharmacy, Duluth - [FULL DETAILS](#).

CONFERENCE OPPORTUNITY: Registration Deadline February 17, 2016 - Date June 12-17, 2016 - Madison, Wisconsin - The Health Equity Leadership Institute (HELI) is an intensive weeklong "research boot camp." HELI is focused on increasing the number of researchers engaged in health disparities/health equity research who are competing successfully for tenure track and leadership positions. HELI's mission is to support and advance the career development of underrepresented minority investigators committed to the elimination of health disparities. [REGISTER HERE](#).

TRAINING OPPORTUNITY: March 8, 2016 - ND Quitline Training Overview for Providers - 5A's Basic Tobacco Cessation Training - Turtle Mountain Band of Chippewa - This accredited program teaches brief interventions with an emphasis on the use of commercial nicotine products used within Native American communities. The program offers culturally responsive treatment strategies to intervene with Native peoples dependent on commercial nicotine products. Certification candidates receive adapted multimodal educational tools specific to Native American health. For more information, contact tori.whipple@gptchb.org or Neil Charvat at njcharvat@nd.gov.

TRAINING OPPORTUNITY: March 10, 2016 - ND Quitline Training Overview for Providers - 5A's Basic Tobacco Cessation Training - Spirit Lake Tribe - This accredited program teaches brief interventions with an emphasis on the use of commercial nicotine products used within Native American communities. The program offers culturally responsive treatment strategies to intervene with Native peoples dependent on commercial nicotine products. Certification candidates receive adapted multimodal educational tools specific to Native American health. For more information, contact tori.whipple@gptchb.org or Neil Charvat at njcharvat@nd.gov.

TRAINING OPPORTUNITY: March 18-20, 2016 - IHS Native American Cancer Support Leadership Training - Albuquerque, NM - Hyatt Place - Uptown Hotel. Training is offered free of charge for American Indians interested in developing cancer survivorship activities in their communities. Travel scholarships are available. Scholarships will include travel to attend the training, hotel accommodations, per diem and any baggage or parking fees associated with travel. Please contact Kendra Christensen for application and information at kendra.christensen@gptchb.org.

TRAINING OPPORTUNITY: March 30, 2016 - Sisseton-Wahpeton Oyate - 5A's Basic Tobacco Cessation Training - SD Quitline Training - This accredited program teaches brief interventions with an emphasis on the use of commercial nicotine products used within Native American communities. The program offers culturally responsive treatment strategies to intervene with Native peoples dependent on commercial nicotine products. Certification candidates receive adapted multimodal educational tools specific to Native American health. For more information, contact tori.whipple@gptchb.org or Neil Charvat at njcharvat@nd.gov.

FUNDING OPPORTUNITY: Deadline April 4, 2016 - Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2016 Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts. Anticipated Award Amount: Up to \$325,000 per year. [LEARN MORE.](#)

TRAINING OPPORTUNITY: April 6, 2016 - ND Quitline Training Overview for Providers - 5A's Basic Tobacco Cessation Training. - Standing Rock Sioux Tribe - This accredited program reaches brief interventions with an emphasis on the use of commercial nicotine products used within Native American communities. The program offers culturally responsive treatment strategies to intervene with Native peoples dependent on commercial nicotine products. Certification candidates receive adapted multimodal educational tools specific to Native American health. For more information, contact tori.whipple@gptchb.org or Neil Charvat at njcharvat@nd.gov.

TRAINING OPPORTUNITY: April 7, 2016 - ND Quitline Training Overview for Providers - 5A's Basic Tobacco Cessation Training - Ft. Berthed - Three Affiliated Tribes - This accredited program teaches brief interventions with an emphasis on the use of commercial nicotine products used within Native American communities. The program offers culturally responsive treatment strategies to intervene with Native peoples dependent on commercial nicotine products. Certification candidates receive adapted multimodal educational tools specific to Native American health. For more information, contact tori.whipple@gptchb.org or Neil Charvat at njcharvat@nd.gov.

FUNDING OPPORTUNITY: Deadline April 8, 2016 - HRSA Funding Opportunity: Telehealth Network Grant Program - Estimated Total Program Funding: \$6,000,000. Expected Number of Awards: 20 - Eligible applicants include rural or urban nonprofit entities that will provide services through a telehealth. Each entity participating in the networks may be nonprofit or for-profit entity. Faith-based and community based organizations, and tribal organizations are eligible to apply. [LEARN MORE.](#) The purpose of the Telehealth Network Grant Program (TNGP) is to demonstrate how telehealth networks in rural, frontier, and underserved communities are used to : (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making. In particular, we wish to encourage telehealth services delivered through school-based health centers/clinics (SBHC), particularly those serving high-poverty populations. [APPLY HERE.](#)

TRAINING OPPORTUNITY: Early Bird Deadline, March 11, 2016 - Standard Deadline, April 8, 2016, Event April 11-13, 2016 - NIH 7th Annual National Tribal Public Health Summit: Achieving Health Equity: Re-envisioning Tribal Public Health for Seven Generations. [REGISTER HERE.](#)

TRAINING OPPORTUNITY: 2016 Cancer Symposium - May 17-19, 2016 - Rapid City, SD - Best Western Ramkota Hotel - for more information, please contact tori.whipple@gptchb.org.

Events

February 17, 2016 WEBINAR - The LOOP: Health Equity in Tobacco Control Program at UC - San Francisco - [REGISTER HERE](#)

February 1-29, 2016 American Heart Month - [MORE INFORMATION](#)

March 10, 2016 World Kidney Day - [MORE INFORMATION](#)

March 16, 2016 National Kick Butts Day - [MORE INFORMATION](#)

March 17-19, 2016 EVENT - California Conference of American Indian Education - 39th Annual California Conference on American Indian Education - Red Lion Hotel, Redding, California - [MORE INFORMATION](#)

April 6-8, 2016 - EVENT - 2016 Dialogue for Action: Progress & Prospects in Cancer Screening & Prevention - Baltimore, MD - Renaissance Baltimore Harborplace Hotel - [REGISTER HERE](#)

April 5-7, 2016 - EVENT - Good Health and Wellness in Indian Country: California - Klamath, California. Conference topics include: Creating Healthy Work Environments; Supporting Healthier Communities; Community Gardening; Promoting Healthy Policies - Tobacco, Physical Activity & Food. [REGISTER HERE](#)

April 11-13, 2016 - 2016 Tribal Health Summit - Atlanta, Georgia. Hosted by the National Indian Health Board. [REGISTER HERE](#)

April 26-28, 2016 - Centers for Disease Control and Prevention 2016 Summit - Looking Back and Ahead: The State of Cancer Control in American Indian and Alaska Native Communities - Atlanta, Georgia. Hosted by the National Indian Health Board. [MORE INFORMATION](#)

April 1-30, 2016 - Minority Health Month - [MORE INFORMATION](#)

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

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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

