



Life is Sacred | Keep it Sacred

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Inter-Tribal Council Michigan



California Rural Health Board



Great Plains Tribal Chairmen's Health Board



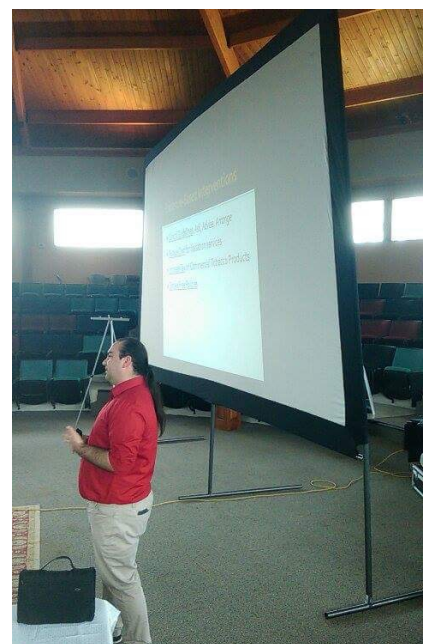
SouthEast Alaska Regional Health Consortium

## National Native Network presents to USET

CATAWBA INDIAN NATION, S.C. - The National Native Network (NNN) traveled to the Catawba Indian Nation near Rock Hill, South Carolina to present at the United South & Eastern Tribes (USET) annual sub-grantee meeting on March 10, 2016.

The presentation allowed the NNN to connect with USET for the first time in a formal face-to-face meeting. According to their website, [USETinc.org](http://USETinc.org) "USET is an inter-tribal organization with 26 federally-recognized Tribal Nation members. While defined as a regional organization USET has developed into a nationally prominent and respected organization due to its broad policy platform and influence on the most important and critical issues facing all of Indian Country."

"The NNN recognizes USET's strength and is excited to begin working with USET" said Joshua Hudson, NNN Program Manager with Inter-Tribal Council of Michigan and member of the Bay Mills Indian Community. He continues "the goal is to reconnect the resources of the NNN with the great work in health and wellness that



USET is doing.”

Inter-Tribal Council of Michigan Communications Specialist and Sault Ste. Marie Tribe of Chippewa Indians member Mike Willette presented on the communications efforts of the NNN. “Our communications efforts are a key component of the NNN” said Willette. He continues “we have such great resources through our website, social media ,webinars, and e-newsletters to operate as a platform to communicate to tribal organizations and health professionals about the importance of tobacco cessation and cancer prevention among our American Indian and Alaska Native population. These are resources that are able to be shared all throughout Indian Country.”

The NNN currently has partners across the country with California Rural Indian Health Board, Inc; Great Plains Tribal Chairmen’s Health Board; and SouthEast Alaska Rural Health Consortium.

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



## Tribal Tobacco Tax Survey

### [Original Article & Link to Survey](#)

SAULT STE. MARIE, Mich. - The National Indian Health Board, National Native Network, and Public Health Law Center are collaborating on a series of publications dealing with various aspects of tribal regulation of commercial tobacco products. Our first publication will focus on the taxation of commercial tobacco products, including electronic cigarettes. We hope that these publications will be useful for tribal officials and advocates seeking to exercise tribal sovereignty to address the public health problems posed by commercial tobacco products.

Important things to know about this survey:

Your input is important. The data will be used to assess how Tribes are exercising sovereignty related to commercial tobacco and to develop informational and educational materials on these topics.

The survey takes very little of your time. It should take most people less than 10 minutes to complete. This short survey is totally voluntary. You can choose to skip any question or stop taking the survey at any time.

*We are requesting the most knowledgeable person regarding tribal-state agreements and taxes provide answers to this survey.*

Your answers are secure and confidential. Your answers will be anonymous; we cannot identify you by your name unless you share that information with us. No names will be published in reports or other publications using this data unless you give us your permission. The survey data will be collected and stored in a secure, electronic system managed by MPH. At the conclusion of the survey, the data will be securely transferred electronically to only the agencies participating in this project.

The survey will close on Friday, April 29, 2016. We thank you for your commitment to tribal public health! If you have any questions about this project or about the online survey, please feel free to contact one of us:

Questions about the survey:

Shannon Laing, Michigan Public Health Institute  
[slang@mphi.org](mailto:slang@mphi.org)

Questions about the project:

Michael Freiberg, Public Health Law Center  
[michael.freiberg@mitchellhamline.edu](mailto:michael.freiberg@mitchellhamline.edu)

-or-

Robert Foley, National Indian Health Board

Questions or technical assistance with tribal tobacco or cancer prevention and control strategies:

Joshua Hudson, National Native Network: [www.KeepItSacred.org](http://www.KeepItSacred.org)

[jhudson@itcmi.org](mailto:jhudson@itcmi.org)

**[CLICK HERE TO CONTINUE TO SURVEY](#)**

FACT: YOU LOVE YOUR BABY.  
YOU CAN QUIT SMOKING.

 **AMERICAN INDIAN**  
Commercial Tobacco Program

**1.855.372.0037**

**Help and support is just a phone call away.**

Our specially trained American Indian coaches offer free one-on-one cessation counseling for pregnant smokers. They understand that quitting is about so much more than just not smoking and that so often feelings of stress and guilt can play a huge role in wanting to, but not being able to quit. It's worth the health of you and your unborn child to give them a call.



The American Indian Commercial Tobacco Program is free of cost – call today!

**LET THIS BE YOUR REASON**

**American Indian Commercial Tobacco Program (AICTP) Now Available! - 1-855-372-0037**

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](http://KeepItSacred.org/Quitline)



## 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 May 31st.

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).

## 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.

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.

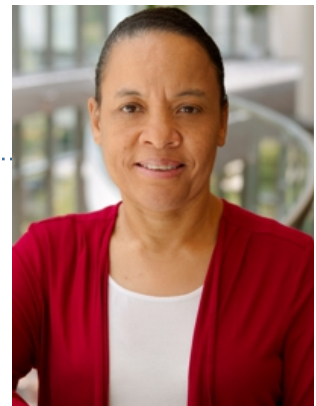
Research shows that American Indians are more likely to use commercial tobacco and have more difficulty quitting than those in other racial and ethnic groups. National Jewish Health has also observed that American Indian quitline callers have lower rates of engagement and utilization of quitline services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

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](http://KeepItSacred.org/Quitline) and phone number 1-855-372-0037, and culturally sensitive printed materials as well as a text and email program.

## UPDATE: American Indian/ Alaska Native Cancer Summit

*Keynote Speakers: Lisa C. Richardson, MD, MPH; David Espey, MD; and Jeffrey Henderson, MD, MPH*

SAULT STE. MARIE, Mich. - The American Indian/Alaska Native Cancer Summit takes

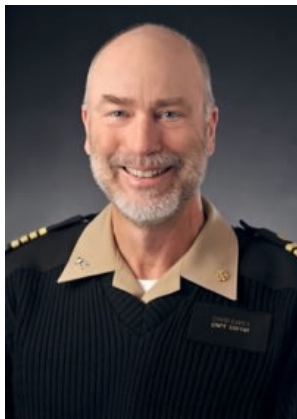


place in the Grand Traverse Resort in Traverse City, Michigan April 26-28, 2016. The theme of the event is "Looking Back and Looking Ahead: Collaborating to Advance Cancer Control in American Indian/Alaska Native Communities."

The keynote speakers for the event include Lisa C. Richardson, MD, MPH; David Espey, MD; and Jeffrey Henderson, MD, MPH.

Lisa C. Richardson, MD, MPH is the director of CDC's Division of Cancer Prevention and Control (DCPC). As director of DCPD, she provides leadership and direction for all scientific, policy, and programmatic issues related to four national programs: the Colorectal Cancer Control Program, the National Breast and Cervical Cancer Early Detection Program, the National Comprehensive Cancer Control Program, and the National Program of Cancer Registries. Dr. Richardson's public health services includes the following: medical director for the National Breast and Cervical Cancer and Early Detection Program (1997-1998), medical officer in CDC's division of Blood Disorders (1998-2000) and later served as the division director, faculty member at the University of Florida in Medical Oncology collaborating with the Florida Cancer Data System funded by CDC's National Program of Cancer Registries (2000-2004), medical officer in the DCPC's Epidemiology and Applied Research Branch (2004), team lead for Scientific Support and Clinical Translation Team supporting the National Comprehensive Cancer Control Program (2006-2009). From 2010 to 2013, Dr. Richardson served as DCPC's Associate Director for Science and helped set scientific priorities to maintain high-caliber integrity in public health activities.

Dr. Richardson received her medical degree and Bachelor of Science from the University of North Carolina at Chapel Hill and her Master in Public Health from the University of Michigan, School of Public Health. Her public health knowledge and expertise has well-positioned her for leading DCPC.



David Espey, MD graduated from medical school at Wake Forest University and completed training in internal medicine at the University of New Mexico in 1989. He worked with Doctors without Borders and with the Indian Health Service (IHS) in Gallup, NM before joining the Centers for Disease Control and Prevention in 1993 as an epidemic Intelligence Service Officer. From 1995-2000 he was assigned to the New Mexico Department of Health to support chronic disease prevention and control programs. Since 2000 he has collaborated with the IHS and American Indian and Alaska Native (AI/AN) health programs on cancer surveillance, cancer control programs and AI/AN mortality communities. Dr. Espey has also worked to improve mortality data for AI/AN. From February through July, 2014, Dr. Espey was acting Director for DCD's Division of Cancer Prevention and Control.

Since August of 2014 he has been playing a lead coordinating role and working closely with grantees of CDC's Good Health and Wellness in Indian Country grant program.

Jeffrey Henderson, MD, MPH is Lakota and an enrolled member of the Cheyenne River Sioux Tribe. Dr. Henderson acquired both his Bachelor's and medical degrees from the University of California, San Diego. After completing a residency in Primary Care Internal Medicine at the University of Washington, Dr. Henderson moved to Eagle Butte, South Dakota in 1992, where he served as Clinical Director of the PHS Indian Hospital there. He returned to Seattle in 1994 to pursue his Master's training in Public Health,



after which he moved to the Black Hills of western South Dakota and returned to work in primary care once again for the Indian Health Service.

In 1998, Dr. Henderson began his transition to public health and epidemiology, joining the well-known Strong Heart Study as a co-investigator. Also in 1998, Dr. Henderson founded the Black Hills Center for American Indian Health, a community-based non-profit organization whose mission is to enhance the wellness of American Indians through research, service, education, and philanthropy. The Center has met with considerable success, garnering over \$20 million through 24 peer-reviewed health research grants and contracts, largely from NIH and CDC; providing well-paying jobs and benefits for more than 40 reservation-based tribal members; and injecting over \$5 million directly into impoverished reservation communities.

When not working, Dr. Henderson can be found spending time with his beautiful wife and two children, dancing and singing at pow-wows, riding his bicycles and motorcycles, and skiing and hiking throughout the Black Hills.

"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 so much more work to do in order to reverse these disparities."



## Gambling with our Health

Sault Ste. Marie, MI - The National Native Network held their regular webinar series on March 29, 2016. Isaiah Brokenleg, MPH presented for the NNN with his presentation titled "Gambling with our Health."

The three objectives of the webinar are:

1. Attendees will know what theoretical win is.
2. Attendees will be able to articulate the age and preferences for a smoke free environment.
3. Attendees will be able to tell three differences between commercial tobacco and traditional tobacco.

[CLICK HERE FOR DOWNLOADABLE SLIDES.](#)

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

## National Native Network discusses E-Cigarette Regulation



ATLANTA, Ga. - The National Native Network (NNN) traveled to Atlanta, Georgia to present at the National Indian Health Board 2016 National Tribal Public Health Summit on April 13, 2016. The presentation was a collaborative workshop and co-presented with July Ralston Aoki, J.D., Staff Attorney with Public Health Law Center, William Mitchell College of Law. The presentation was titled "Drafting Tribal Laws to Regulate

E-Cigarettes as an Emerging Public Health Concern.”

Joshua Hudson, NNN Program Manager with Inter-Tribal Council of Michigan says, “E-cigarettes have become tremendously popular - analysts predict that sales will surpass conventional commercial cigarettes within the next decade. Because they usually contain highly addictive nicotine, with no manufacturing standards, and can be used for other drugs, there is great uncertainty about their public health effects. Initial attempts to regulate e-cigarettes at the US federal level were unsuccessful, leaving a regulatory void but for Tribal, state and other jurisdictions. As a result, in some jurisdictions, children may be able to purchase and use e-cigarettes, and they are not subject to other commercial tobacco control laws.”

Hudson continues, “This provides an opportunity for Tribes to exercise their sovereignty to protect public health by regulating e-cigarette sales and use as they deem appropriate.”

The presentation identified policy options that Tribes could consider such as prohibiting them as drug paraphernalia, restricting use, and taxation; provide tips on drafting appropriately tailored policies; and share lessons learned from other jurisdictions.

The learning objectives of the workshop were:

- 1) Participants will be able to describe Tribal law options for regulating e-cigarettes.
- 2) Participants will be able to demonstrate how and why existing local and state tobacco control laws often fail to regulate e-cigarettes effectively.
- 3) Participants will be able to analyze different approaches for effectively regulating e-cigarettes to achieve Tribal public health policy goals.

The NNN currently has partners across the country with California Rural Indian Health Board, Inc.; Great Plains Tribal Chairmen’s Health Board; and SouthEast Alaska Rural Health Consortium.

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



## Returning to Tradition

*Honoring traditional tobacco and health serve as big motivators for some Native Americans to quit commercial tobacco.*

**[By Mallory Black/ Native Health News Alliance - ORIGINAL ARTICLE HERE](#)**

SAN DIEGO, Calif. - A little over a year ago, Pernell-Thomas Begay made a New Year’s resolution to stop smoking cigarettes.

"I was 29 at the time and I thought, 'Wow, I'm going to be 30,' so definitely it was kind of an age factor and knowing full well that [smoking] was bad for you," he remembers.

Begay, a Navajo college student who lives in Albuquerque, New Mexico, began smoking nine years ago after a friend offered him a cigarette.

After one previous attempt to quit, he decided it was time to talk with his dad about his habit; that conversation that finally put things into perspective.

"He just talked to me about how tobacco is sacred for the Navajo and that it's abused nowadays, and we were just talking about how it was used as medicine, [for] ceremonial purposes and how it was used as payment to tribal medicine men," Begay said. "Taking that point of view - that mindset - seeing the tobacco for sacred and something that shouldn't be abused, it kind of helped me more not to smoke cigarettes."

His dad helped in other ways, too, serving as the foundation for what he calls his 'support network,' including his sister, elders and other people in the community who encouraged him to quit smoking for good.

For generations, Native Americans have grown and used traditional tobacco for medicinal, religious and ceremonial purposes. An old Lakota tradition says the spirits enjoy the smell of traditional tobacco smoke. Another Blackfeet story says tobacco calms the spirit and brings peace, health and unity.

Kathy Wilcutts is a Lakota sacred pipe cultural educator with the Southern California American Indian Resource Center (SCAIR). She said the connection Native Americans have with tobacco is the same connection they have to Mother Earth - and one of the biggest reasons tobacco has played a part of ceremonies for so long.

"To me, [traditional tobacco] is energy - energy that we can utilize when we use those sacred plants," Wilcutts said.

But over the years, traditional tobacco has become harder to come by in parts of Indian Country, especially for those living in urban areas, according to Dana Kingfisher, tobacco program coordinator at the Missoula Urban Indian Health Center and a member of the Blackfeet Nation.

She said this lack of access forces some Native Americans to substitute with commercial cigarettes.

This switch-up is sending mixed signals about the dangers of commercial tobacco to Native communities, said Diana Bigby, another member of the Blackfeet Nation and program manager of the Tobacco Use Prevention Program in Montana's Fort Belknap Indian Community.

"There's a specific purpose for traditional tobacco - it's for prayers, for offerings, to honor somebody and positive things like that," Bigby said. "Then there's commercial tobacco, where there's a lot of negative effects on your health, the environment, so be conscious of the differences between the two."

Instead of offering commercial cigarettes, Wilcutts suggests using other natural elements like dried flowers, cedar and sage, if traditional tobacco is unavailable.

What matters, she said, is the spiritual connection one makes with the plants.

'It's never too late'



Commercial tobacco use isn't anything new in Indian Country. According to the Centers for Disease Control and Prevention, American Indians and Alaskan Natives have the highest prevalence of cigarette smoking compared to all other U.S. groups, but more than have say they want to quit.

Judy Krejce, and Ojibwe from Minnesota's White Earth Reservation, had her first cigarette when she was 12 years old. Both of her parents smoked, as well as most of her siblings.

Krejce attempted to quit smoking cigarettes 25 years ago, but eventually she gave in to the temptation to continue the habit.

Determined, she quit again last summer. Like Begay, she wanted to respect the spiritual connection with tobacco and something else: herself.

"I wanted to quit because I was starting to get worried about my health," said Krejce, now 62 and smoke-free. "I didn't want to go end up on oxygen."

It's no secret that commercial tobacco can lead to severe respiratory problems like asthma and lung disease, but it can also lead to heart disease, cancer, and increased risk and complications of diabetes and stroke.

From health to spirituality, to family and respect, there are many motivators inspiring Native people to kick the habit. But despite the increased awareness of the health impact of smoking cigarettes, commercial tobacco use continues to be one of the leading factors in health problems facing Native Americans today.

Krejce said the first key to quitting smoking is the smoker acknowledging they are mentally ready to overcome the temptation and then allowing that knowledge to keep them motivated.

"Today when I think about it, and I do - I still think about having a cigarette once in a while, once a day probably - it doesn't linger, I don't let it linger," Krejce said. "I just go, 'Remember why you want to quit,' and then it's gone."

Begay, a former high school cross country athlete, started running again after he quit, and says that keeps him motivated to stay smoke-free.

"Here in Albuquerque, I've ran three or four 5K races, so it's just looking at my next race and improving my time for the next 5K, and [I do] simple exercises when I get a craving," Begay said.

Bigby said running and other exercises can help recent smokers stay motivated. She also suggests smelling cinnamon sticks - not using e-cigarettes as an alternative.

Julie DePhilippis is an Aleutian youth coordinator for SCAIR's tobacco use prevention education program. While she works primarily with Native youth, she said no matter what age, it's always worth trying to quite - especially for those concerned about their health.

"What's really amazing is your body repairs [its] self over time," DePhilippis said. "I tell participants... 'if you don't quit now, you're less likely to get that stroke from smoking and other stuff as well.' It's never too late. It's pretty amazing what your body can do."

Her advice for quitting? "Stay busy," she said.

Chewing gum, eating hard candy or exercising to get a boost of feel-good adrenaline can all be effective in place of smoking commercial tobacco or e-cigarettes.

"Try to find something you like to do even if it's 30 minutes a day," DePhilippis added. "Stick to it and do it."

## You Can Help Prevent Colorectal Cancer

### *SEARHC Presents on Colorectal Cancer Screening for Sidewalk Mini Health Fair*

WRANGELL, Alaska - In preparation for colorectal cancer awareness during the month of March, Tammi Meissner, SEARHC Health Educator, partnered with the Public Health Nurse, Tari Esposito, in Wrangell, Alaska for a Sidewalk Mini Health Fair on Saturday, February 27, 2016.

While the Wrangell Public Health nurse focused on providing flu shots, Mrs. Wrangell Public Health nurse focused on providing flu shots, Mrs. Meissner focused on providing the community of Wrangell with information on what colorectal cancer is and when recommended screening should start. All but one person who stopped by the inflatable Mr. Colon was surprised to find that the recommended screening age for Alaska Natives is 40 and non-Alaska Natives age 50.



People who stopped by to check out Mr. Colon (the blow up colon) were informed about colorectal cancer risk factors you can change, such as diet, physical activity, not smoking, and limiting alcohol to no more than 2 drinks a day for men and 1 drink for women. Mrs. Meissner also shared the colorectal cancer risk factors you cannot change such as a personal history of colorectal cancer, a personal history of inflammatory bowel disease, family history of colorectal cancer or adenomatous polyps (these polyps are the kind that can become cancerous), having an inherited syndrome such as familial adenomatous polyposis (FAP and Lynch syndrome), your

racial and ethnic background and having type 2 diabetes.

Mrs. Meissner also let the community know that colorectal cancer is the leading cause of new cases of cancer among Alaska Native people. Colorectal cancer is the second leading cause of cancer deaths among Alaska Natives and that it can be prevented through screening. Colorectal cancer often has no symptoms so a colorectal exam is important to stay healthy!

You can help to prevent colorectal cancer! Support yourself, family, and friends by remembering or reminding yourself and others to get screened if you or they are Alaska Native and over 40 or 50 if non-Alaska Native, or have a family history of colorectal cancer. People talk to your provider about getting screened today!



**American Indian  
Cancer Foundation.**

## **Colorectal Cancer in American Indians can be prevented through Screening and Awareness, American Indian Cancer Foundation Says**

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MINNEAPOLIS, Minn. - During colorectal cancer awareness month in March, the American Indian Cancer Foundation (AICAF) encourages people to get screened for colorectal cancer and share information about colorectal cancer in their communities.

Colorectal cancer is the second most common cancer in American Indians after lung cancer and colorectal cancer is 53% higher in Northern Plains American Indians than in non-Hispanic whites. Only 39 percent of people ages 50-75 in Indian Health Service areas have been screened for colon cancer compared to 59 percent of the overall US population.

"Although colorectal cancer screening rates have been increasing, our communities can do better," AICAF community health worker Joy Rivera said. "Colorectal cancer is preventable through screening and if found early, nine out of ten people survive."

AICAF urges all people to recognize colorectal cancer awareness month in the following ways:

**Wear Blue.**

Wear blue to honor colorectal cancer warrior and survivors on Friday, March 4 for Dress in Blue Day, hosted by the Colon Cancer Alliance. Check out [dressinblueday.org](http://dressinblueday.org) for more information.

**Learn.**

Discover resources on colorectal cancer in American Indians at [americanindiancancer.org/colon](http://americanindiancancer.org/colon).

**Share.**

Tell your friends and family about colorectal cancer. Encourage them to seek screening and to adopt healthy habits.

**Get Screened.**

Talk to your health care provider for advice and information on colorectal cancer screenings.

**Join our community.**

Like the American Indian Cancer Foundation on Facebook, follow us on Twitter, and sign up for our newsletter.

**Donate.**

Any amount helps the American Indian Cancer Foundation continue to raise colorectal cancer awareness, increase early detection and build a network for American Indians and Alaskan Natives.

# SACRED TRADITIONAL TOBACCO FOR HEALTHY NATIVE COMMUNITIES

## A BALANCED COMMUNITY FOR HEALTH

- ▶ Tribal leadership support & engagement
- ▶ Cultural connectedness & healing
- ▶ Community engagement
- ▶ Youth leadership & youth-led advocacy



AICAF is proud to share the “Sacred Traditional Tobacco for Healthy Native Communities” infographic developed as part of the Tribal Health Equity project. The goal of this project is to eliminate cancer burdens by engaging tribes, families and individuals to develop community-based solutions rooted in traditional teachings. Tobacco control in American Indian communities is complex. In order to effectively change norms around harmful use of tobacco and improve health in American Indian communities, efforts need to be broad and comprehensive across the entire community. This graphic promotes strategies that tribal communities can use to encourage healthy living the use of sacred tobacco. If you would like copies to display in your community, please contact Melanie Plucinski at [mplucinski@aicaf.org](mailto:mplucinski@aicaf.org).

# GOING SMOKEFREE MATTERS CASINOS



Every worker deserves to breathe smokefree air. Casino, bar, and restaurant workers are more exposed to toxic secondhand smoke in their jobsite compared to other segments of the U.S. workforce.

### The Surgeon General concluded:

- There is **no risk-free level** of secondhand smoke<sup>1</sup>
- Separating smokers from nonsmokers **cannot control exposure** to secondhand smoke<sup>1</sup>
- **100% smokefree workplace policies** are the only effective way to eliminate secondhand smoke exposure in the workplace.<sup>1</sup>

### Secondhand smoke can cause:



Heart disease



Lung Cancer



Respiratory disease



Adverse effects on the health of infants and children<sup>2</sup>

Exposure to secondhand smoke causes an **estimated 41,000 deaths** from lung cancer and heart disease among adults each year in the United States.<sup>3</sup>

### Smoke-free Policies:



- **Improve** Air Quality
- **Improve** Health
- **Receive Public Support**

- **Reduce** Secondhand Smoke Exposure
- **Reduce** Smoking
- **Result** in High Levels of Compliance



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

CS260251-D

## National Institute for Occupational Safety and Health (NIOSH)

NIOSH recommends establishing smokefree areas that protect from secondhand smoke and electronic cigarette emissions including:<sup>4</sup>



All indoor areas  
without exceptions



All areas immediately outside building  
entrances and air intakes



All work vehicles

## Tips from Former Smokers Story:



### Nathan "I never smoked a day in my life!"

Nathan, a Native American and member of the Oglala Sioux tribe, never smoked cigarettes. For 11 years, he worked at a casino that allowed smoking. Secondhand smoke contains dangerous chemicals. The exposure to secondhand smoke caused him to develop allergies and serious infections that triggered asthma attacks, eventually causing permanent lung damage called bronchiectasis. Nathan's lung damage led to his death on October 17, 2013. He was 54.

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## ELECTRONIC NICOTINE DELIVERY SYSTEMS **KEY FACTS**

### Youth use of ENDS continues to rise rapidly in the U.S.

From 2011 to 2014, **past 30-day use** of e-cigarettes increased



**9x** for high school students  
(1.5% to 13.4%)

and more than **6x** for middle school students (0.6% to 3.9%)



**Nearly 2.5 million** U.S. middle and high school students were **past 30-day e-cigarette users** in 2014



including about **1 in 7** high school students.<sup>1</sup>

In 2013, more than **a quarter of a million** (263,000) middle and high school students who **had never smoked cigarettes had ever used e-cigarettes.**<sup>2</sup>

Most adult ENDS users also smoke conventional cigarettes, which is referred to as "dual use."



In 2012/2013, 1.9% of adults were **past 30 day e-cigarette users**, including **9.4% of conventional cigarette smokers.**<sup>3</sup>

Among adult **past 30 day e-cigarette users**, **76.8% were also current cigarette smokers** (i.e., "dual users") in 2012/2013.<sup>3</sup>

**Nicotine poses dangers to pregnant women and fetuses, children, and adolescents. Youth use of nicotine in any form, including ENDS, is unsafe.**<sup>4,5</sup>

- Nicotine is highly addictive.<sup>4</sup>
- Nicotine is toxic to developing fetuses and impairs fetal brain and lung development.<sup>4,5</sup>
- Poisonings have resulted among users and non-users due to ingestion of nicotine liquid, absorption through the skin, and inhalation.<sup>6</sup> E-cigarette exposure calls to poison centers increased from one per month in September 2010 to 215 per month in February 2014, and over half of those calls were regarding children ages 5 and under.<sup>6</sup>
- Because the adolescent brain is still developing, nicotine use during adolescence can disrupt the formation of brain circuits that control attention, learning, and susceptibility to addiction.<sup>5</sup>
- According to the Surgeon General, the evidence is already sufficient to warn pregnant women, women of reproductive age, and adolescents about the use of nicotine containing products such as smokeless tobacco, dissolvables, and ENDS as alternatives to smoking.<sup>4</sup>



U.S. Department of  
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## New Articles, Reports and Publications

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- ◆ **Gradual Versus Abrupt Smoking Cessation: A Randomized, Controlled Noninferiority Trial**, NCBI examines the success of quitting smoking by gradual compared with abrupt quitting.
- ◆ **MCC Tool of the Month - National Minority Cancer Awareness Week: April 10-16**, To better prepare and promote National Minority Cancer Awareness Week, use this resource!

## Opportunities

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**SCHOLARSHIP OPPORTUNITY:** Applications will be accepted until April 30, 2016. The Truth Initiative (formerly the Legacy Foundation) is offering college and graduate students a chance to earn one of two \$5,000 scholarships for demonstrating their commitment to community service and the use of creative arts to reduce tobacco use in priority populations. The “Dr. Alma S. Adams Scholarship for Outreach and Health Communications to Reduce Tobacco Use Among Priority Populations” is named for Dr. Alma S. Adams, a gifted artist, public servant, and founding board member of Truth Initiative who is currently serving as a member of Congress representing North Carolina’s 12th Congressional District. Two scholarships will be awarded to support students pursuing undergraduate or graduate study at an accredited institution of higher learning in the U.S. If you know of a worthy student who’s been using their creativity to inspire others to be tobacco-free, please share this application with them. Awardees will be notified June 30, 2016. Visit Truth Initiative’s Website for more information about applications: [CLICK HERE](#). Or email [adamsscholarship@truthinitiative.org](mailto:adamsscholarship@truthinitiative.org).

**AMERICORPS INDIAN TRIBES FUNDING OPPORTUNITY:** Application Deadline - Wednesday, May 4, 2016, 2016 at 5:00 PM EDT. Intent to apply deadline Wednesday, April 20, 2016 [HERE](#). The AmeriCorps funding opportunity for federally recognized Indian Tribes is designed to target resources on a core set of challenges: disaster services, economic opportunity, education, environmental stewardship, healthy futures, and veterans and military families. For more information, [CLICK 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](mailto:tori.whipple@gptchb.org).

## Events

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**April 20-22, 2016 Southeastern Colorectal Cancer Symposium 2016** - The goal of this symposium is to increase colorectal cancer screening rates in the Southeastern states (Florida, Georgia, South Carolina, North Carolina, Virginia, Kentucky, Louisiana, Mississippi, Arkansas, Texas, Tennessee, and Alabama) through regional collaboration and sharing of success stories. Deadline to register March 21, 2016. [VIEW FLIER HERE](#). [REGISTER HERE](#).

**April 1-30, 2016 Minority Health Month** - For more information, [CLICK HERE](#).

**May 1-7, 2016 - National Physical Education & Sport Week** - For more information, [CLICK HERE](#).

**May 8-14, 2016 - National Women’s Health Week** - For more information [CLICK HERE](#).

**May 24, 2016 - Webinar: Improving Colorectal Cancer Screening Rates Through Systems Changes** - Featuring Dr. Durado Brooks - A training for Federally Qualified Health Centers, Indian Health Service Units, and Tribal Health Facilities - Contact Shannon Bacon at 705-433-7593 or [shannon.bacon@cancer.org](mailto:shannon.bacon@cancer.org) . [VIEW FLIER HERE](#).



**May 26, 2016 - Webinar: The Triangulum: Tobacco, Marijuana, and E-Cigarettes** – Panel: Kelvin Choi, Ph.D., National Institute of Minority Health and Health Disparities; Susan Weiss, Ph.D., National Institute of Drug Abuse; Suzaynn Schick, Ph.D., University of California San Francisco; Mary Rezk-Hanna, N.P., University of California Los Angeles; Discussant: Kenneth Warner, Ph.D., University, Michigan; Moderator: Phillip Gardiner, Dr.P.H., University of California Office of the President, Tobacco Related Disease Research Program - [REGISTER HERE](#).

**May 1-31, 2016 - Stroke Awareness Month** - For more information, [CLICK HERE](#).

**May 1-31, 2016 - Global Employee Health an Fitness Month** - For more information, [CLICK HERE](#).

**May 31, 2016 - World No Tobacco Day** - For more information, [CLICK HERE](#).

**May 1-31, 2016 - National High Blood Pressure Education Month** - For more information, [CLICK HERE](#).

**June 14-16, 2016 - UP4Health Summit 2016** - For more information, [CLICK HERE](#).

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)

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