

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 2016 Partner Meeting**

*NNN Conducts Strategic Planning for 2016-2017*

NNN Partners Left to Right, Josh Hudson (ITCMI), Noel Pingatore (ITCMI), Shannon Laing (MPHI), Richard Mousseau (GPTCHB), Sohab Arif (CRIHB), LaTisha Marshall (CDC), Lauren LaPine (MPHI), Kendra Roland(GPTCHB), Kris Rhodes (AICF), Chris Sams (ITCMI), Edy Rodewald (SEARHC), Dawn Newman, Certified Meeting Facilitator



MINNEAPOLIS, Minn. – The National Native Network (NNN) held their annual partner meeting on October 27 and 28, 2016 in Minneapolis, Minnesota with partners from the SouthEast Alaska Regional Health Consortium, California Rural Indian Health Board, Great Plains Tribal Chairmen’s Health Board, Michigan Public Health Institute, and Inter-Tribal Council of Michigan, Inc.

The annual meeting is an opportunity for the NNN partners to review the progress of the previous year’s work and make adjustments and plan for the next year’s activities in coordination with the Network’s Mission Statement. The focus of the meeting centered around what substantial actions need to take place in the next year and reach the NNN’s mission to enhance the quality and performance of public health systems to reduce commercial tobacco-related and cancer disparities among American Indian and Alaska Native populations. The partners centered the efforts and planning on engaging, improving, and elevating public health practices in Indian Country relating to tobacco and cancer related health disparities as the means of achieving the NNN mission.

In recapping the NNN's previous year's efforts, Mike Willette, enrolled member of the Sault Ste. Marie Tribe of Chippewa Indians and Communications Specialist with Inter-Tribal Council of Michigan, Inc. offered a communications report; Tess Weber offered a Research Presentation looking at Michigan Tribal Communities and incidence rates of tobacco and alcohol related cancers; as well as a social network analysis for the reach of the National Native Network given by Shannon Laing and Lauren LaPine of Michigan Public Health Institute.

"The partners identified that having a couple of days to just strategically map our actions for this upcoming year," said Joshua Hudson, enrolled member of the Bay Mills Indian Community and NNN Program Manager with the Inter-Tribal Council of Michigan. Hudson continues, "With each of us coming together from across Indian Country, we are able to really identify the impacts we can make on both the local and national levels."

According to the Centers for Disease Control and Prevention (CDC), American Indians and Alaska Natives have a higher risk of experiencing tobacco-related disease and death due to high prevalence of cigarette smoking and other commercial tobacco use. American Indian and Alaska Native youth and adults have the highest prevalence of cigarette smoking among all racial and ethnic groups in the U.S. Quitting rates are relatively low among American Indians and Alaska Natives compared to other racial and ethnic groups according to the CDC.

## Save the Date - Upcoming NNN Technical Assistance Webinar

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### *Lung Cancer Screening in Indian Country*

**CLICK HERE FOR FULL DETAILS AND TO REGISTER**

SAULT STE. MARIE, Mich. – The Inter-Tribal Council of Michigan's National Native Network present a webinar series: Cancer Risk Reduction in Indian Country.

**Title:** Lung Cancer Screening in Indian Country

**Date:** Tuesday, November 22, 2016

**Time:** 3 - 4 PM, EDT

**CONTINUING EDUCATION UNITS PENDING**

**REGISTER NOW: <http://keepitsacred.itcmi.org/2016/11/nnn-technical-assistance-webinar-lung-cancer-screening-in-indian-country/>**



### **Presenters:**

(Left to Right)

Kristine Rhodes, MPH of American Indian Cancer Foundation

Abbie Bednaud, MD of University of Minnesota

Cindy Langhorne of Caring Ambassadors

Patrick Roberts

**Learning Objectives:**

TBA

**Target Audience:** Physicians, nurses, health educators, administrators, and support staff working with American Indian and/or Alaska Native communities.



## National Native Network Welcomes Sohab Arif, MPH

### *Arif accepts offer from California Rural Indian Health Board as Health Education Specialist II*

SACRAMENTO, Calif. - The National Native Network (NNN) would like to congratulate and welcome Muhammad Sohab Arif, MPH as the Health Education Specialist II with the California Rural Indian Health Board (CRIHB) in Sacramento, California.

Before moving to Sacramento, Sohab grew up in a rural area of Pakistan. This allowed him to experience close community relations similar to those experienced by rural Native Americans and Alaska

Natives.

"This experience made me much more receptive of the health disparities faced by rural communities," Sohab commented.

To help him properly address these disparities, he received his Masters of Public Health (MPH) from University of California Davis. In graduate school, Sohab was the smoke and tobacco free ambassador, where he worked on both policy development and implementation.

In conjunction with Sohab's responsibilities with CRIHB, he has also been appointed to the Board of Directors for the National Native Network. The NNN has three partner organizations strategically spread across Indian Country including the SouthEast Alaska Regional Health Consortium, Great Plains Tribal Chairmen's Health Board, and the California Rural Indian Health Board. In his role with CRIHB, Sohab will be representing the NNN on a national level educating, presenting, and implementing commercial tobacco and cancer prevention policies along the mission and duties of the NNN.

More information on the NNN 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), followed on Twitter @KeepItSacred and followed on LinkedIn.



## NNN Technical Assistance Webinars

The next National Native Network technical assistance webinar is Tuesday, November 22.

Presenters:

Kristine Rhodes, MPH  
Abbie Bednaud, MD  
Cindy Langhorne  
Patrick Roberts

**[CLICK HERE TO REGISTER AND FULL DETAILS.](#)**

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.

## ARCHIVE - National Native Network Webinar Series: Native Cancer Wellness

*October's NNN webinar featured Kerry Hawk Lessard, MAA, Executive Director of Native American Lifelines of Baltimore*

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

SAULT STE. MARIE, Mich. - The National Native Network held their regular webinar series on October 31, 2016. Kerry Hawk Lessard, MAA, Executive Director of Native American Lifelines of Baltimore presented for the NNN with her presentation titled "Did Our Ancestors Eat Buffalo Chicken?: Decolonizing Practices in Urban Indian Health."



By the end of the webinar, participants will be able to:

1. Conceptualize the link between historical trauma and contemporary American Indian health outcomes.
2. Employ successful community interventions around the topics of food sovereignty, decolonized eating practices, and overtly indigenist strategies to combat significant health concerns in Native communities such as diabetes, cardiovascular disease, obesity, emotional health, and resilience.
3. Create culturally-grounded health and wellness programs appropriate for and desirable to the specific needs of their communities.

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

## Alaska Native Tobacco Prevention Community Toolkit

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### [DOWNLOAD TOOLKIT HERE](#)

The Alaska Native Tobacco Prevention Toolkit is for community grantees of the State of Alaska, Tobacco Prevention and Control Program and anyone who seeks to work with tribes in their journey to become tobacco-free.

This toolkit shares resources and ideas for working within a variety of settings in tribal communities, such as health clinics and schools. The purpose of this toolkit is to guide you through the process of how, as a grantee, you can assist a tribe, a tribal organization, or a tribal business in working towards implementation of evidence-based tobacco prevention strategies. The toolkit was prepared by the State of Alaska Tobacco Prevention and Control Program and the Alaska Native Tribal Health Consortium (ANTHC) tobacco technical assistance team.

As you work with different tribal communities or tribal organizations, you will come to understand how each one is unique and may require more or less effort as they work to establish a smokefree and tobacco-free policy.



### Smoking Isn't Taking Care of Yourself

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*By Leah Todd, SEARHC Health Educator*

JUNEAU, Alaska - Andra grew up watching her parents smoke. It seemed normal to her. At nine years old, she tried her first cigarette. She smoked off and on until she quit for her pregnancy. Andra became a non-smoker for the next thirty years. But six years ago, during a stressful divorce, she took up smoking again.

Smoking causes a permanent rewiring of the brain to crave nicotine and the associated smoking behaviors. Even after 30 years, nicotine haunts people in their most vulnerable moments. Divorce can trigger relapse because smoking may feel like the only way to cope. However, smoking is not a solution to stress, and can in fact worsen episodes of depression or anxiety.

Before she knew it, Andra was back into her nicotine addiction. She noticed her asthma worsening and had trouble sleeping. She often woke up in the middle of the night from the sickening smell of cigarettes.

Two years ago, she began to think, "It's time to take care of myself." She was fed up with her difficulty breathing and the smell of smoke on her clothes. With the support of her non-smoking boyfriend, Andra made the decision to quit for herself - for good. She overcame cravings and urges because it wasn't on her mind anymore. She said, "All of a sudden I had something better to do."

Now, Andra, a non-smoker, is thankful she didn't give up on herself. "If I didn't quit I wouldn't be here for my grandson." Andra tells her story to empower other smokers to keep trying. "It's important to take care of yourself. Smoking isn't taking care of yourself."

Talk to your doctor about quitting smoking and increase your chances of success. You can also call Alaska's Tobacco Quit Line at 1-800-QUIT-NOW.

## CRIHB Develops CHANGE Toolkit

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*Community Health Assessment aNd Group Evaluation (CHANGE) Action Guide provides guidance for tribal communities.*

### **CLICK HERE TO DOWNLOAD TOOLKIT**

This document is an adaptation of the Centers for Disease Control and Prevention's (CDC) Community Health Assessment aNd Group Evaluation (CHANGE) Action Guide: Building a Foundation of Knowledge to prioritize Community Needs. This document shifted the information in the CHANGE Action Guide to provide guidance for tribes, tribal health programs, and tribal organizations in implementing policy, systems, and environmental (PSE) strategies to reduce chronic disease. Prior to implementing these strategies it is suggested tribal communities convene a Tribal Community Team (TCT). The team serves to provide guidance, support and insight. Implementing a culturally-competent and community sensitive strategy is essential to successful PSE change. Definitions of underlined terms can be found in the section titled "Understanding Terms."

PSE interventions are intended to:

- Implement Policy change including the passing of laws, ordinances, resolutions, mandates, regulations, or rules. Examples: Passing an ordinance allowing residents to plant community gardens in vacant lots, worksites establishing a policy that prohibits sugar-sweetened beverages from being served at meetings and events.
- Create systems change involving change made to the infrastructure, rules, or systems within an organization. Systems change and policy change often work hand-in-hand. Examples: Train nurses, case-managers, and pharmacists in behavioral approaches that can improve patient adherence to diabetes medications.
- Implement environmental change which is a change made to the physical environment. Examples: Increasing access to cool drinking water in public places, posting no smoking signs, and creating environments that encourage physical activities such as walking and biking.

This guide intends to:

- Provide the opportunity to strengthen partnerships among tribes, local health departments (LHDs), schools, hospitals, clinical providers, and other community organizations;
- Direct clinics and tribes to additional resources available from the CDC and other public health agencies and tribal health programs;
- Provide PSE strategies for various sectors of the tribal community to address physical activity, nutrition, and chronic diseases.

## NNN Represented at Fifth Annual Alaska Plants as Food and Medicine Symposium

*By Tammi Meissner*

ANCHORAGE, Alaska – The Fifth Annual Alaska Plants as Food and Medicine Symposium was held in Anchorage on September 11 – 13. This year's theme was "Preserving Our Bounty." My dad, a Tlingit Elder, and I felt honored for the opportunity to network with other stakeholders who use and preserve traditional Alaskan plants.

During the two and a half day symposium, we listened to motivating lectures and participated in hands-on classes. Topics at the symposium focused on the use of traditional plants and how to integrate them as part of a holistic lifestyle and into wellness organizations. Participants including elders, healthcare workers of every level of medicine, and laypeople aided us in gaining a personal and communal knowledge base of harvesting, preparing, and using Alaskan plants as food and medicine.

The symposium also provided opportunities to share and learn in the areas of self-sufficiency, sustainability and ensuring future generations will have access to the skills to use plants in traditional ways. With this new knowledge and connection with other stakeholders we (a tribal elder and tribal community member) hope to pass on the information we gathered to our own communities. During the breakout sessions, I was able to share the National Native Network's Traditional Foods Resource Guide with other stakeholders, which can be viewed [HERE](#).

I highly recommend attending the Annual Alaska Plants as Food and Medicine Symposium for the gain of personal knowledge but also in broadening networks with others involved in holistic wellness. You can contact Kim Aspelund at the Alaska Native Tribal Health Consortium, 907-729-3639 or [apfm@anthc.org](mailto:apfm@anthc.org) for more information.



### Our Tobacco Story

*Inter-Tribal Council of Michigan, Inc. developed a report designed to help health educators, program coordinators, and policy makers in tribal communities.*

**[CLICK HERE TO DOWNLOAD REPORT](#)**

Between 2005 and 2015, five tribal communities in Michigan conducted a series of community based surveys called the American Indian Adult Tobacco Survey (AIATS). Results of these surveys revealed striking health disparities related to

commercial tobacco use, including:

In most communities, the average age of smoking initiation was between 13 and 15 years old.

Most people started smoking regularly by the time they turned 17.

Smoking rates among adults ranged from 34% to 72%.

Tribal members who smoked were more likely than non-smokers to have chronic health conditions like high blood pressure and diabetes.

This evidence reflects what some community members have referred to as an “epidemic” of commercial tobacco use. Community members have used this evidence to strengthen their response to commercial tobacco use through formal programs, policies, and educational efforts. While the mechanisms of the AIATS are well-documented, what’s missing from the literature are stories of how tribal communities have created lasting change using data. This report tells the story of how Michigan tribal communities turned health data into sustainable action.

## The Cigarette Butt Cycle

*Cigarette butts don't just go away.*

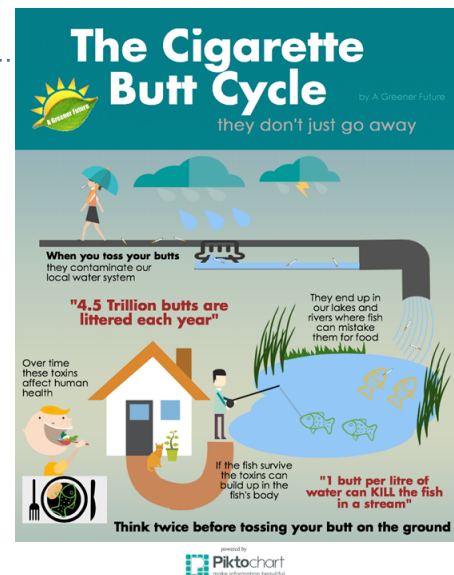
[CLICK HERE TO DOWNLOAD GRAPHIC](#)

**4.5 trillion cigarette butts.** That’s how many are littered each year around the world. Cigarette butts are toxic to our oceans animals and to us.

These days everyone knows that smoking cigarettes is not healthy for your body, but the knowledge of what butts do too ocean animals is less common. Cigarette filters are made of cellulose-acetate, which is not biodegradable. A one liter bottle with one cigarette butt was on display at the annual “By The Sea” Arts & Seafood Festival held in Coffman Cove, Alaska. According to San Diego State University Public Health Professor Tom Novotny, “Even one butt in a liter of water can kill the fish in a period of 96 hours.”

The 5th annual Arts & Seafood Festival was held in Coffman Cove, Alaska, Friday, August 12th and Saturday, August 13th. “The mission of the festival is to celebrate our marine-based lifestyle with an authentic seaside fair. In bringing together gifted local vendors and performers with local and visiting patrons. The festival seeks to promote support for the arts and to create a sustainable market for the Prince of Wales Rainforest Artists and Artisans. It also promotes fish enhancement so that tomorrow’s harvest will be as fine and plentiful as the benefit we enjoy today. The Arts and Seafood Festival is a proud host of the Prince of Wales Farmers Market providing consumers an ever-expanding opportunity to buy wholesome, locally-grown foods and products.” The description quoted from the festival Facebook page is “capturing the furtherance of, increasing the awareness in, and sharing the importance surrounding our Rainforest Islands Arts and Oceanic lifestyle”.

Tammi Meissner, SEARHC Tobacco Policy and Health Educator hosted a booth at the festival focused on the consequences of cigarette butt litter in the ocean with handouts and laminated visuals such as “The Cigarette Butt Cycle by A Greener Future”. She also had a hands-on interactive tidal animal tank, where children and adults could pick up or observe starfish, crabs, muscles, eels, hermit crabs, snails, etc. The hands-on tank was a big hit. It provided a visual and tactical interactive display that led to conversations, on the cycle of how cigarette butts toxins can be ingested by ocean animals, whole or through particles, over





the years as butts breakdown. Ocean animals like crabs and salmon can then filter toxins into their systems and transmit the toxins to humans when the animals are eaten. Over time these toxins can affect human health.

It is time to stop the "Butt Cycle." There needs to be a shift in individual and collective thinking to classify cigarette butts as toxic waste and they should be disposed of in a way that does not hurt our environment.

Article by Tammi Meissner, POW and Wrangell Health Educator and Tobacco Policy

Sources:

<http://www.agreenerfuture.ca/>

Ed Joyce, KPBS News, 5/1/09

[www.cigwaste.org](http://www.cigwaste.org)

Handout:

The Cigarette Butt Cycle by A Greener Future

Contact information for the "By The Sea" Arts & Seafood Festival in Coffman Cove, AK:

Facebook: [https://www.facebook.com/artsandseafoodfestival/?ref=page\\_internal](https://www.facebook.com/artsandseafoodfestival/?ref=page_internal)

Website: <http://www.ccalaska.com/>

Address: PO Box 18047, Coffman Cove, Alaska 99918 Phone: (907) 329-2233

## Don't Start. You're Not Missing a Thing.

### *Shannon James shares her commercial tobacco quit story.*

Ninety percent of smokers started before the age of 19, and almost a quarter of them started by the age of 10. The younger children are when they first try smoking, the more likely they are to become regular tobacco users and the harder it will be to quit. Shannon was one of those kids. She tried her first cigarette because it was "cool." At 19, when she could legally buy a pack, she began to smoke regularly.

Over the next 20 years, Shannon smoked about 3-4 cigarettes per day, and easily smoked six times that amount when she went to bars. For her, drinking and smoking went hand in hand. She shared up to two packs per night with friends, and quickly noticed the financial drain from smoking. As a young adult, Shannon knew smoking could also cause serious health effects. She says, "You don't see it when you're in your twenties, but when it's hard to breathe just walking up a flight of stairs, you know it's bad."

Shannon witnessed her aunt, a smoker, struggle with chronic obstructive pulmonary disease (COPD). Cigarette smoking is the leading cause of COPD. This condition makes it progressively harder to breathe due to irreversible lung damage, and is the third leading cause of death in the United States. COPD also increases the risk of other problems like heart disease and lung cancer. There is no cure for it.

Shannon knew she had to quit for her health and her kids, and over the years she tried to quit several times. Motivated to keep up on family hikes and play with her grandchildren, Shannon persisted. Her



granddaughter would say, "Grandma, you stink!" and it kept her on track. Every time Shannon resisted a cigarette, she knew she was one step closer to better health and more time with family.

One year ago, Shannon became a non-smoker for good. When she quit, she kept her hands busy and mind at ease with beading. She also drank more water to help manage cravings. Ultimately, the encouragement and support from her children and grandchildren, along with a focus on her future health, helped Shannon succeed.

As a non-smoker, Shannon doesn't get sick as often anymore and she loves to get outside with her kids. She says, "The kids wanted to hike at Sandy Beach, and I couldn't do it. Now I can. Now I'm bugging them to go with me." For giving up cigarettes, she gained so much more, and inspired her kids and grandchildren to never start. She is proud that her daughter does not smoke. She tells Shannon, "Mom, I have good lungs. I want to keep my good lungs."

Shannon hopes to inspire other young people to stand up to peer pressure, consider their long-term health, and reject commercial tobacco. Looking back, she says, "smoking really does affect you - your lungs, teeth, skin, overall health. Just because you don't feel it, it doesn't mean it doesn't harm you. Just don't do it. You're not missing a thing."



## Wrangell Senior Apartments Go Smoke-Free

### *Wrangell Senior Apartments go smoke-free!*

By Tammi Meissner, Health Educator, SEARHC Health Promotion

No-smoking policies are rare in public housing. This is especially troubling because it affects disadvantaged and vulnerable populations who have little choice when it comes to tobacco smoke exposure. In 2008-2009, 32% of households in public housing included elderly persons. Wrangell Senior Apartments is leading the

way for policy and practice change for Wrangell's seniors.

In apartments, secondhand smoke seeps through light fixtures, electrical outlets, ventilation systems and doorways that are part of shared residential spaces.

Nonsmokers who are exposed to secondhand smoke at work or home increase their risk of heart disease by 25-30% and risk of lung cancer by 20-30%

Heating, ventilation and air conditioning systems alone do not control secondhand smoke exposure. In fact, these systems may distribute to secondhand smoke throughout the building.

Smoking in multi-unit housing is a fire hazard and poses the risk of injury or death to all tenants, including nonsmokers.

Smoke-free housing is important because it improves tenant satisfaction, improves tenant health and reduces operating costs for owners. The cost to rehab an apartment where smoking is prohibited versus apartments where smoking is allowed has a monetary impact. It can cost anywhere from \$1,800 to \$3,500 to clean and turn over an apartment.

The Wrangell Senior Apartments board members and tenants agreed that creating a healthy smoke-free environment was a priority as well as reducing the costs to rehab apartments. It was clear, board members and tenants agreed that everyone has the right to breathe clean air. This was evident because all board members supported a smoke-free multi-unit housing policy and there was not one complaint from the 24 leased units of the Senior Apartments in regards to becoming smoke-free.

The board voted to post notices for two months, giving time for tenants to become aware and comfortable with the new smoke-free policy before it took effect on August 1st. Quit Line material was provided to the tenants by Tammi Meissner for those who decided it was time to quit. One tenant took advantage of the new policy and used August 1st as her quit.

A comprehensive smoke-free housing policy that included electronic nicotine devices was signed and as of August 1, 2016 the Wrangell Senior Apartments became smoke-free. This is the largest multi-unit housing that has gone smoke-free in Wrangell. The Partnership for a Tobacco Free Southeast and SEARHC would like to congratulate the Wrangell Senior Apartments for passing a policy that creates a healthier living environment for our seniors and those that visit them.

Remember, there is no risk-free level of secondhand smoke. Eliminating smoking indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure.

Article written by Tammi Meissner, POW and Wrangell Health Educator and Tobacco Policy

If you are interested in additional information on smoke-free housing or for samples of smoke-free housing policies, visit [Alaskatca.org](http://Alaskatca.org) or call 1-888-474-4635. If you are looking for smoke-free housing in Alaska check on the web at [www.alaskasmokefreehousing.org](http://www.alaskasmokefreehousing.org).

## You Don't Have to Quit Alone

*Don of Klawock, Alaska is a Tlingit Alaska Native and has been a successful non-smoker for one year.*

By: Tammi Meissner, SEARHC Health Educator

WRANGELL, Alaska - Don tried his first cigarette at 17 and experimented with cigarettes because he didn't want to be an "outcast" from his older friend who smoked. Eventually, Don was smoking 8-10 cigarettes a day and at the age of 29 he decided to quit. He was a successful non-smoker for 8 years. Don became a smoker again when he was 37 and continued until last year when he asked himself, "Why am I doing this? I have a wife and two adult children that need and love me. I want to be here for them longer."

Don didn't want to be powerless to tobacco. he knew nicotine was an addiction. Don reached out to a SEARHC co-worker who referred him to Alaska's Tobacco Quit Line. Don received calls from Quit Line coaches who shared ideas and helped him develop a quit plan. He also received nicotine patches to help reduce his urges to smoke.





After using patches for a few months, Don switched to using toothpicks and chewing gum to keep the remaining urges at bay. Don felt supported as Quit Line coaches called him twice weekly. "We discussed possible challenges I could face, they called when they said they would, and gave me pointers on ways to manage urges." Don also received support from his family and friends.

Now, Don is a non-smoker, and will be tobacco free for one year on November 27th. he is happy his senses of taste and smell have improved and he is no longer powerless to tobacco. Don shared his story to empower other smokers and to praise Alaska's Tobacco Quit Line for their support in his journey.

Don encourages other tobacco users to use the Quit Line. Don says, "First you have to admit nicotine is an addiction and don't be afraid to ask for help. you don't have to quit alone."

Alaskans can call Alaska's Tobacco Quit Line at 1-800-QUIT-NOW or enroll online at <http://alaskaquitline.com/>. Talking with your doctor about quitting smoking and using FDA-approved cessation medication can increase your chances of success.

American Indians may also call the American Indian Commercial Tobacco Program (AICTP) at 1-855-372-0037 for culturally-tailored help. For more information visit <http://www.keepitsacred.org/quitline>.

Don is Tlingit from Klawock, Alaska.

## Digital Stories - Four Digital Stories and Discussion Guides on Commercial Tobacco in Navajo Ceremonial Settings

*Navajo healers offer their views on the history, role, and impact of commercial tobacco in ceremonial settings as well as solutions and policies for controlling the use of commercial tobacco within these settings.*

### **VIEW DIGITAL STORY VIDEOS HERE**

This educational video series depicted traditional Navajo healers' views on the history, role, and impact of commercial tobacco in ceremonial settings, as well as solutions and policies for controlling the use of commercial tobacco within these settings, is now available online. These free videos and corresponding discussion guides can be used by health educators, community health and tobacco control practitioners, school teachers, community leaders and others working towards healthy indigenous communities.

The four digital stories and discussion guides are available at <http://cair.arizona.edu/video-resources>.

Individual links to the videos on YouTube, with the link to the discussion guides found in each video's description, are next to the title of each digital story **HERE**.



**BY KEEPING TOBACCO SACRED**

Join National Native Network on November 17th (Great American Smokeout Day) to remind those around us that traditional tobacco is not commercial tobacco. Use the hashtag #IKeepItSacred and tell us what you do instead of using commercial tobacco. The goal is to bring awareness to the staggering rates of commercial tobacco use among AI/AN and the adverse health risks associated with it.



**RESPECT TRADITIONAL TOBACCO. REJECT COMMERCIAL TOBACCO**



**1 in 4**

More than 1 in 4 AI/AN adults currently smoke commercial tobacco.

**Sacred Tobacco**

When used appropriately, traditional tobacco is not associated with addiction and adverse health impacts. The care and respect involved in the preparation and use of traditional tobacco are part of centuries of tradition that connect today's youth, adults, and elders with those generations ago. Continued use of traditional tobacco supports a good life and a healthy community today and for future generations to come

**IT BEGINS WITH US. ENSURE THE HEALTH OF OUR FUTURE GENERATIONS.**

#IKeepItSacred by coordinating a shawi workshop

# LUNG CANCER

is the biggest cancer killer in both men and women.

Every year, about  
**200,000** people  
are diagnosed and  
**150,000** people die.

Cigarette smoking  
is the **#1 cause**  
**of lung cancer.**  
It is linked to  
**80% to 90%**  
of all lung cancers.

## Quitting smoking at any age can lower the risk of lung cancer.

You should talk to your doctor about lung cancer screening if you have never been diagnosed with lung cancer and are:

- Between 55 and 80 years old
- A current heavy smoker or a former heavy smoker who quit less than 15 years ago
- Not currently experiencing signs or symptoms of lung cancer (diagnostic testing may be recommended for people who have signs or symptoms)

The decision to get screened is one you should make with your doctor.

Screening is not recommended for people who:

- Have a condition that greatly limits how long they may live
- Are not willing to have surgery for lung cancer



The benefit of lung cancer screening is that it may find cancer early, when it is more treatable. There are also significant harms. If a suspected cancer is found, it can lead to invasive tests like biopsies, which can cause infections, bleeding, and collapsed lungs.

## There are resources and support for all lung cancer survivors.

<http://www.cdc.gov/cancer/lung>

<http://www.cdc.gov/cancer/survivorship>



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

CS269161-B

# Healthy Eating and Physical Activity Among American Indian and Alaska Natives in California



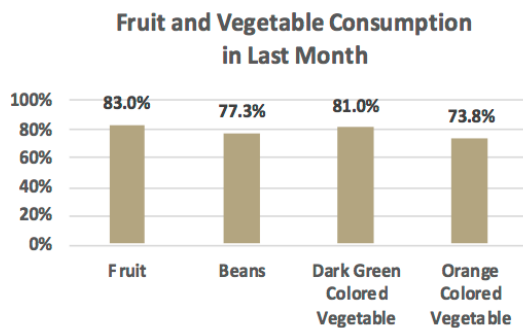
A fact sheet by the CRIHB Research and Public Health Department

September 2016



Cancer is the leading cause of death among American Indians and Alaska Natives (AIAN) in California.<sup>1</sup> There are several ways to reduce the risk of getting cancer. The most accepted way to reduce the risk of developing cancer is to engage in a healthy lifestyle. Besides not using commercial tobacco and reducing alcohol consumption, other parts of a healthy lifestyle include eating healthy and being physically active.<sup>2</sup> Eating healthy includes regular consumption of fruits and vegetables. Between 2012 and 2013, the California Tribal Epidemiology Center (CTEC) conducted the California Tribal Behavioral Risk Factor Community Survey (CTBRFCS) throughout the AIAN community in California. The survey looked at several behaviors that impact health. The survey included questions on fruit and vegetable consumption as well as physical activity.

### Fruit and Vegetable Consumption



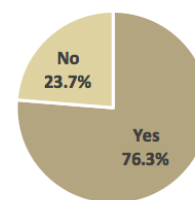
Fruits and vegetables are low in calories and are filled with vitamins and minerals and fiber.<sup>3</sup> The USDA recommends eating 2-4 servings of fruit per day and 3-5 servings of vegetables per day.<sup>4</sup> For respondents, 83.0% had at least one serving of fruit in the last month, while 77.3% had a serving of beans, 81.0% had a dark green colored vegetable, and 73.8% had an orange colored vegetable. Further analysis showed there were some differences in consumption based on age, gender, income, and education level. Older respondents were more likely to have eaten an orange vegetable compared to younger respondents. Men reported eating fruits, dark green

vegetables and other vegetables more than women. Middle income residents were more likely to report eating beans compared to low or high income respondents. There was a higher respondent level to eating dark green vegetables among those at the highest education level compared to the lower education levels.

### Physical Activity

Being physically active reduces the risk of developing colon and breast cancer.<sup>5</sup> The United States Surgeon General recommends that people do at least 30 minutes of physical activity for 5 days a week.<sup>6</sup> According to the CTBRFCS, 76.3% of respondents participated in some form of physical activity such as walking, gardening, running, calisthenics, or playing golf for exercise in the last month. There were no differences in response by age, gender, income, educational level, or body mass index (BMI) Category.

### Physical Activity in Last Month



## Healthy Eating and Physical Activity Among American Indian and Alaska Natives in California



A fact sheet by the CRIHB Research and Public Health Department

September 2016



### Notes

The CTBRFCS was conducted by CTEC from 2012-2013 throughout California. It is a Tribally adapted version of the Behavior Risk Factor Surveillance System. Respondents were over the age of 18 and a total of 973 self-reported AIAN completed the survey. It is one of the largest samples of AIAN in California. The Summary Report of the CTBRFCS can be found at: <https://crihb.org/wp-content/uploads/2016/01/CTBRFCSSummaryReport.pdf>.

Data for this fact sheet came through a CTEC Technical Assistance Request to analyze the CTBRFCS data of vegetable and fruit consumption, as well as physical activity, by the variables of gender, age, income, education level, BMI category, and transportation. The data was analyzed with Statistical Package for Social Sciences (SPSS) software.

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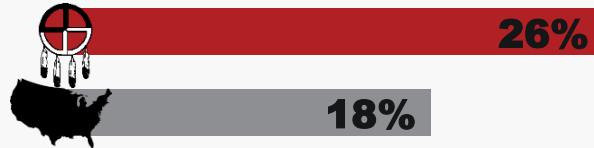


# COMMERCIAL TOBACCO USE



More than  
**1 in 4**  
AI/AN adults  
smoke cigarettes.

At **26%**, that's  
**1.5 times**  
greater than the US smoking rate.



Out of the 10 leading  
**causes of death**  
among AI/AN, 6 of them  
have been  
**linked to smoking.**



Smoking commercial tobacco can damage every part of your body. Poisons in cigarette smoke weakens the body's immune system.



Smoking commercial tobacco causes cancer, heart disease, stroke, lung diseases, diabetes, and many other life-threatening diseases.



People who stop smoking commercial tobacco greatly reduce their risk for cancer, heart disease, lung disease, and early death.

**There are health benefits from quitting smoking at any age.**

## WHAT YOU CAN DO



### Tobacco users

- Call the quitline today (1-800-QUIT-NOW) for information, advice, support, and referrals to help you quit. The sooner you quit, the sooner your body can begin to heal, and the less likely you are to get sick from commercial tobacco use.
- Never smoke commercial tobacco in your home, vehicles, or around nonsmokers, especially children, pregnant women, and persons with heart disease or respiratory conditions.
- Ask a health provider or traditional healer for help quitting.



### Community members

- Make your home and vehicles 100% smoke-free 24/7 from commercial tobacco smoke.
- Don't start, if you aren't already using commercial tobacco.
- Tell your community leaders you support commercial tobacco control programs and smoke-free policies in all indoor air environments.
- Teach children about the health risks of smoking commercial tobacco and secondhand smoke.
- Encourage friends, family, and coworkers to quit. Support them in their efforts.



### Health care providers

- Ask your patients if they use commercial tobacco; if they do, help them quit.
- Advise all patients to make their homes and vehicles 100% smoke-free 24/7 from commercial tobacco smoke.
- Make quitting commercial tobacco part of an overall approach to health and wellness.
- Advise nonsmokers to avoid secondhand smoke exposure, especially if they are pregnant or have heart disease or respiratory conditions.
- Refer patients to recommended resources and support groups.



### Community leaders

- Fund comprehensive commercial tobacco control programs.
- Designate all indoor air environments 100% smoke-free from commercial tobacco smoke.
- Increase the price of all commercial tobacco products.
- Implement hard-hitting media campaigns that raise public awareness of the danger from commercial tobacco use and secondhand smoke exposure.
- Reduce commercial tobacco use by making these products less accessible, affordable, and desirable.



*This infographic was supported by the Cooperative Agreement Number DP004979 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.*

# Take Care Of Yourself, GET SCREENED.

Breast cancer is the **2nd** leading cause of death in AI/AN women.

AI/AN women had fewer early staged cancer diagnoses and more late stage cancer than other races.

Cervical cancer is **69%** higher in AI/AN women than other races.

So what can you do?

**Ages 21 +**

Pap Test every 3 years

**Ages 45+**

Mammogram annually

**Quit**

smoking & drinking alcohol

**Eat Healthy,**

**Get Active**

150 mins of moderate intensity exercise per week recommended

**\*Need help quitting smoking?**

**Call the American Indian Commercial Tobacco Program to talk to a compassionate Native American coach.**

**1-855-372-0037**





**Respect**  
**TOBACCO**  
**OUR 1ST MEDICINE**

There is no safe use of commercial tobacco.  
Using tobacco commercially is not traditional.

For the health of you and your future  
generations, call today.

**1-855-372-0037**  **AMERICAN INDIAN**  
Commercial Tobacco Program



# Admiring the Fighters

If you or a loved one has been diagnosed with cancer, knowing what to expect and making plans to proceed can help create a less stressful situation.

### GET THE FACTS

Write down questions and concerns before your appointments and bring them with you.

What kind of cancer do I have?

Can my cancer be treated?

What are my treatment options?

Where is the cancer? Has it spread?

## MAINTAIN A HEALTHY LIFESTYLE

### Healthy Diet

Nutrition is an important part of cancer treatment. Eating the right foods before, during, and after can help you to feel better and to stay stronger.

### Adequate Rest

Helps manage the stress and fatigue of the cancer and its treatment.

### Exercise

Studies suggest that people who participate in some physical exercise during treatment not only cope better but may also live longer.

### Fatigue

One of the most common and distressing side effects of cancer treatments.

Hair loss is a common side effect from chemotherapy treatments.

## BE PREPARED FOR CHANGES

Cancer survivors face physical, emotional, psychosocial, spiritual and financial challenges as a result of their diagnosis and treatment.

Financial burdens may arise as result of diagnosis.

Additional costs of medicines, travel costs, etc.

A cancer diagnosis is a lifelong ordeal. Treatment recovery can last months, sometimes even years.

## DEVELOP YOUR OWN COPING STRATEGIES

Highs and lows of cancer are experienced not only by those diagnosed but also family members, friends, and caregivers.

FIND A SOURCE OF SPIRITUAL SUPPORT

KEEP A JOURNAL TO HELP ORGANIZE YOUR THOUGHTS

WHEN FACED WITH A DIFFICULT DECISION LIST PROS AND CONS

For more information regarding your cancer diagnosis visit: [www.mayoclinic.org](http://www.mayoclinic.org), [www.cancer.gov](http://www.cancer.gov), [www.cancer.org](http://www.cancer.org), [www.cdc.gov](http://www.cdc.gov)

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## Frequently Asked Questions About Cancer For Native Americans and Alaska Natives



**Cancer** is the name for diseases that happen when cells—the normal small units that make up the human body—start to grow too fast in an unhealthy way. Normal cells get a signal from the body to stop growing, but cancer cells don't get this signal. They keep growing, and may form a group of cells called a tumor. Sometimes, cancer cells break off from the tumor and spread to other parts of the body.

### Is cancer serious?

Some cancers can cause serious illness and even death, while other cancers grow slowly and do not need treatment. Most cancers that are serious can be treated, and some can be cured. Cancer affects different people in different ways. If you have been told you have cancer, talk to your doctor about which treatment options are right for you.

### Will I get cancer?

Cancer is the second leading cause of death among Native Americans and Alaska Natives. Anyone can get cancer, but some people have a higher risk. We can control some risks. For example, we know that smoking causes many kinds of cancer, and quitting smoking can lower your risk of getting these cancers. Other risks we can't control, like getting older or having a family history of cancer.

Native Americans and Alaska Natives get most kinds of cancer at lower rates than white people. But rates of stomach, liver, cervix, kidney, and gallbladder cancers are higher among these groups.

### How can I lower my risk?

#### Things You Can Do

- Be active and exercise, and keep a healthy body weight.
- Learn about hepatitis B and HPV shots, which can prevent cancer.
- Talk to your doctor about getting screened for breast, cervical, and colon cancers.
- Protect yourself from the sun when you're outdoors.

#### Things You Can Avoid

- Don't smoke, and avoid smoke from other people's cigarettes.
- Don't drink too much alcohol.

### More Information

Division of Cancer Prevention and Control  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention

4770 Buford Hwy NE, Mailstop F-76, Atlanta GA 30341  
800-CDC-INFO (800-232-4636) • TTY: (888) 232-6348  
[www.cdc.gov/cancer/](http://www.cdc.gov/cancer/) • Twitter: @CDC\_Cancer

National Center for Chronic Disease Prevention and Health Promotion  
Division of Cancer Prevention and Control



**HPV**  
also known as Human Papillomavirus

**A**s parents, you do everything you can to protect your children's health for now and for the future. Today, there is a strong weapon to prevent several types of cancer in our kids: the HPV vaccine.

**HPV and Cancer**

HPV is short for Human Papillomavirus, a common virus. In the United States each year, there are about 17,500 women and 9,300 men affected by HPV-related cancers. Many of these cancers **could be prevented with vaccination**. In both women and men, HPV can cause anal cancer and mouth/throat (oropharyngeal) cancer. It can also cause cancers of the cervix, vulva and vagina in women; and cancer of the penis in men.

For women, screening is available to detect most cases of cervical cancer with a Pap smear. Unfortunately, there is no routine screening for other HPV-related cancers for women or men, and these cancers can cause pain, suffering, or even death. **That is why a vaccine that prevents most of these types of cancers is so important.**

**More about HPV**

HPV is a virus passed from one person to another during skin-to-skin sexual contact, including vaginal, oral, and anal sex. HPV is most common in people in their late teens and early 20s. Almost all sexually active people will get HPV at some time in their lives, though most will never even know it.

Most of the time, the body naturally fights off HPV, before HPV causes any health problems. But in some cases, the body does not fight off HPV, and HPV can cause health problems, like cancer and genital warts. Genital warts are not a life-threatening disease, but they can cause emotional stress, and their treatment can be very uncomfortable. About 1 in 100 sexually active adults in the United States have genital warts at any given time.

**DISEASES and the VACCINES THAT PREVENT THEM**  
Updated July 2015

**HPV vaccination is recommended for preteen girls and boys at age 11 or 12 years**

All preteens need HPV vaccination so they can be protected from HPV infections that cause cancer. Teens and young adults who didn't start or finish the HPV vaccine series also need HPV vaccination. Young women can get HPV vaccine until they are 27 years old and young men can get HPV vaccine until they are 22 years old. Young men who have sex with other men or who have weakened immune systems can also get HPV vaccine until they are 27.

HPV vaccination is a series of shots given over several months. The best way to remember to get your child all of the shots they need is to make an appointment for the remaining shots before you leave the doctor's office or clinic.

**Is the HPV vaccine safe?**

Yes. HPV vaccination has been studied very carefully and continues to be monitored by CDC and the Food and Drug Administration (FDA). No serious safety concerns have been linked to HPV vaccination. **These studies continue to show that HPV vaccines are safe.**

The most common side effects reported after HPV vaccination are mild. They include pain and redness in the area of the arm where the shot was given, fever, dizziness, and nausea. Some preteens and teens may faint after getting a shot or any other medical procedure. Sitting or lying down for about 15 minutes after getting shots can help prevent injuries that could happen if your child were to fall while fainting. ▶



**Why does my child need this now?**

HPV vaccines offer the best protection to girls and boys who receive all three vaccine doses and have time to develop an immune response **before** they begin sexual activity with another person. This is not to say that your preteen is ready to have sex. In fact, it's just the opposite—it's important to get your child protected before you or your child have to think about this issue. The immune response to this vaccine is better in preteens, and this could mean better protection for your child. ❖

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Serious side effects from HPV vaccination are rare. Children with severe allergies to yeast or latex shouldn't get certain HPV vaccines. Be sure to tell the doctor or nurse if your child has any severe allergies.

### Help paying for vaccines

The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger who are uninsured, Medicaid-eligible, or American Indian/Alaska Native. Learn more about the VFC program at [www.cdc.gov/Features/VFCprogram/](http://www.cdc.gov/Features/VFCprogram/)

Whether you have insurance, or your child is VFC-eligible, some doctors' offices may also charge a fee to give the vaccines. ■

### Jacquelyn's story: "I was healthy—and got cervical cancer."

When I was in my late 20's and early 30's, in the years before my daughter was born, I had some abnormal Pap smears and had to have further testing. I was told I had the kind of HPV that can cause cancer and mild dysplasia.

For three more years, I had normal tests. But when I got my first Pap test after my son was born, they told me I needed a biopsy. The results came back as cancer, and my doctor sent me to an oncologist. Fortunately, the cancer was at an early stage. My lymph nodes were clear, and I didn't need radiation. But I did need to have a total hysterectomy.

My husband and I have been together for 15 years, and we were planning to have more children. We are so grateful for our two wonderful children, but we were hoping for more—which is not going to happen now.

The bottom line is they caught the cancer early, but the complications continue to impact my life and my family. For the next few years, I have to get pelvic exams and Pap smears every few months, the doctors measure tumor markers, and I have to have regular x-rays and ultrasounds, just in case. I have so many medical appointments that are taking time away from my family, my friends, and my job.

**Worse, every time the phone rings, and I know it's my oncologist calling, I hold my breath until I get the results. I'm hopeful I can live a full and healthy life, but cancer is always in the back of my mind.**

In a short period of time, I went from being healthy and planning more children to all of a sudden having a radical hysterectomy and trying to make sure I don't have cancer again. It's kind of overwhelming. And I am one of the lucky ones!

Ultimately I need to make sure I'm healthy and there for my children. I want to be around to see their children grow up.

I will do everything to keep my son and daughter from going through this. I will get them both the HPV vaccine as soon as they turn 11. I tell everyone—my friends, my family—to get their children the HPV vaccine series to protect them from this kind of cancer. ❖



### What about boys?

HPV vaccine is for boys too! This vaccine can help prevent boys from getting infected with the types of HPV that can cause cancers of the mouth/throat, penis and anus. The vaccine can also help prevent genital warts. HPV vaccination of males is also likely to benefit females by reducing the spread of HPV viruses.

Learn more about HPV and HPV vaccine at [www.cdc.gov/hpv](http://www.cdc.gov/hpv)

For more information about the vaccines recommended for preteens and teens:

**800-CDC-INFO (800-232-4636)**  
<http://www.cdc.gov/vaccines/teens>



# HPV Vaccine for Preteens and Teens

Last updated JULY 2015

## Why does my child need HPV vaccine?

This vaccine is for protection from most of the cancers caused by human papillomavirus (HPV) infection. HPV is a very common virus that spreads between people when they have sexual contact with another person. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, throat cancer, and genital warts in both men and women.

## When should my child be vaccinated?

The HPV vaccine is recommended for preteen boys and girls at age 11 or 12 so they are protected before ever being exposed to the virus. HPV vaccine also produces a higher immune response in preteens than in older adolescents. If your teen hasn't gotten the vaccine yet, talk to their doctor about getting it for them as soon as possible.

HPV vaccination is a series of shots given over several months. The best way to remember to get your child all of the shots they need is to make an appointment for the remaining shots before you leave the doctor's office or clinic.

## What else should I know about HPV vaccine?

Girls need HPV vaccination to prevent HPV infections that can cause cancers of the anus, cervix, vagina, vulva, and the mouth/throat area. Boys need HPV vaccination to prevent HPV infections that can cause cancers of the anus, penis, and the mouth/throat area. HPV vaccination can also prevent genital warts.

HPV vaccines have been studied very carefully. These studies showed no serious safety concerns. Common, mild adverse events (side effects) reported during these studies include pain in the arm where the shot was given, fever, dizziness and nausea.

Some preteens and teens might faint after getting the HPV vaccine or any shot. Preteens and teens should sit or lie down when they get a shot and stay like that for about 15 minutes after the shot. This can help prevent fainting and any injury that could happen while fainting.

Serious side effects from the HPV vaccine are rare. It is important to tell the doctor or nurse if your child has any severe allergies, including an allergy to latex or yeast. HPV vaccine is not recommended for anyone who is pregnant.

HPV vaccination is recommended by the Centers for Disease Control and Prevention (CDC), the American Academy of Family Physicians, the American Academy of Pediatrics, and the Society for Adolescent Health and Medicine.

## How can I get help paying for these vaccines?

The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are not insured, Medicaid-eligible, American Indian or Alaska Native. You can find out more about the VFC program by going online to [www.cdc.gov](http://www.cdc.gov) and typing VFC in the search box.

## Where can I learn more?

For more information about HPV vaccines and the other vaccines for preteens and teens, talk to your child's doctor or nurse. More information is also available on CDC's Vaccines for Preteens and Teens website at [www.cdc.gov/vaccines/teens](http://www.cdc.gov/vaccines/teens).

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

- ♦ **PUBLICATION: Tobacco-Related MMWR Quickstats**, CDC's National Center for Health Statistics published October 27, 2016.
- ♦ **ARTICLE: CDC Recommends Only Two HPV Shots for Younger Adolescents**
- ♦ **ARTICLE: Advancing Smoke-Free Policy Adoption on the Navajo Nation**
- ♦ **MMWR REPORT - State-Specific Prevalence of Current Cigarette Smoking and Smokeless Tobacco Use Among Adults - United States, 2014**
- ♦ **ARTICLE: NCBI - The Tribal Tobacco Education and Policy Initiative: Findings From a Collaborative, Participatory Evaluation, October 2014.**
- ♦ **ARTICLE: HPV Vaccination Coverage Data**
- ♦ **MMWR REPORT - National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years - United States, 2015**
- ♦ **MMWR REPORT - Tobacco Advertising and Promotional Expenditures in Sports and Sporting Events Adults - United States, 1992-2015**

## Opportunities

- **Funding Opportunity: Tribal Public Health and Climate Change - Closes November 30, 2016 - LEARN MORE.**
- **Funding Opportunity: EPA EJ Small Grants Available - Closes January 31, 2017 - LEARN MORE.**

## Events

**November 15, 2016** - Vital Signs Downhill Teleconference: Partnering to Reduce Tobacco-Related Cancers - Dial in: 800-857-0764 Passcode: 795-4414

**November 16, 2016** - Treating Commercial Tobacco Dependence in Clinical Settings - [LEARN MORE AND REGISTER](#)

**November 17, 2016** - Great American Smokeout - [MORE INFORMATION](#)

**November 17, 2016** - Webinar - 2016 Webinar Series Promoting Healthy Eating and Active Living through Partnerships and the National Prevention Strategy Presented by Region VIII Federal Partners: The Role of State, local and Tribal Governments. - [LEARN MORE AND REGISTER](#)

**November 17-20, 2016** - Event - Academy of Oncology Nurse Navigators and Survivorship Conference - [LEARN MORE AND REGISTER](#)

**November 29, 2016** - WEBINAR - Cancer Caregiving in the Community - [LEARN MORE AND REGISTER](#)

**November 30, 2016** WEBINAR - "Lung Cancer Screening: Who, What, Where, When, and Why" - [REGISTER HERE](#)

**November 1-30, 2016** American Diabetes Month - [MORE INFORMATION](#)

**November 1-30, 2016** Native American Heritage Month - [MORE INFORMATION](#)

November 1-30, 2016 COPD Awareness Month - [MORE INFORMATION](#)

November 1-30, 2016 Lung Cancer Awareness Month - [MORE INFORMATION](#)

December 1, 2016 WEBINAR: SAVE THE DATE - Updated NCCRT Evaluation 101 Toolkit Webinar - [MORE INFORMATION](#)

December 8, 2016 WEBINAR: NCCRT Presents Familial Risk and Colorectal Cancer Screening- [REGISTER HERE](#)

December 8, 2016 - EVENT: NIHB Tribal Health Presidential Transition Summit - [LEARN MORE AND REGISTER](#)

December 13, 2016 - WEBCAST: Local therapy issues from surgical decision making to long-term side effects. - [LEARN MORE AND REGISTER](#)

March 22-24, 2017 National Conference on Tobacco or Health - Austin, TX - [REGISTER HERE](#)

June 6-8, 2017 National Indian Health Board: 8th Annual National Tribal Public Health Summit - Anchorage, Alaska - [MORE INFORMATION](#)

September 21-24, 2017 Spirit of EAGLES National Conference "Changing Patterns of Cancer in Native Communities - Niagara Falls, NY - [MORE INFORMATION](#)

November 27-28, 2017 - EVENT - Cancer Survivorship Symposium - [LEARN MORE AND REGISTER](#)

[FOR MORE AND THE LATEST EVENTS, VISIT KEEPITSACRED.ORG](#)

[SIGN UP FOR OUR NEWSLETTER HERE: http://keepitsacred.itcmi.org/about-us/contact-our-team/](#)

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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