

Life is Sacred | Keep it Sacred

		_
Inside	this	SSILE

Media Resource Guide	1
Upcoming Webinar	.2
Another Smokefree Apt	3
New Year Fresh Start	.8
Infographics	11
Opportunities1	17
Events	17

Partner Agencies



Inter-Tribal Council of Michigan



California Rural Indian Health Board



Great Plains Tribal Chairmen's Health Board

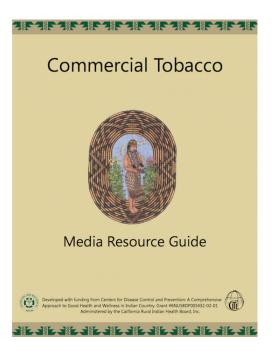
₹SEARHC

SouthEast Alaska Regional Health Consortium

Commercial Tobacco Media Resource Guide

CRIHB developed "Commercial Tobacco Media Resource Guide" for use with tribal, state, and national levels

DOWNLOAD HERE



The California Rural Indian Health Board (CRIHB) developed the Commercial Tobacco Media Resource Guide. It is a great resource for healthcare professionals to identify education materials and resources that are available at tribal, state, and national levels. Please feel free to distribute through your social

media outlets, listservs, and websites.

The health effects of commercial tobacco use are well known. The 2014 Surgeon General's Report laid out several effects. Cigarette smoking has been linked to many cancers including lung, colon, breast, and liver cancer. Smokers are also at a higher risk of a second

primary cancer. Smoking is the primary cause of Chronic Obstructive Pulmonary Disease (COPD). There is a higher risk of developing diabetes for smokers versus non-smokers. For pregnant women, there is a relationship between smoking and ectopic pregnancy. Smoking contributes greatly to cardiovascular disease including strokes and heart attacks. The leading causes of death for AI/AN is cardiovascular disease and cancer.

There are also health hazards linked to secondhand smoke exposure. Secondhand smoke exacerbates asthma in children and increases the risk of ear infections. Exposure increases the risk of stroke in adults. Secondhand smoke exposure has also been linked to lung cancer.

Save the Date - Upcoming NNN Technical Assistance Webinar

E-cigarettes and the Community

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.



Presented by: Muhammad Sohab Arif, MPH; Health Educator; California Rural Indian Health Board

Title: E-cigarettes and the Community

Date: Tuesday, March 7, 2017

Time: 3 - 4 PM, EST

Learning Objectives:

- 1. Differentiate between traditional and commercial tobacco/e-cigarettes.
- 2. Identify FDA approved cessation resources from other products on the market.
- 3. Explain and communicate the harms of e-cigarettes to their patients.

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

FULL DETAILS AND REGISTRATION HERE: http://keepitsacred.itcmi.org/2016/12/nnn-webinar-e-cigarettes-and-the-community/

Another Apartment Goes Smoke-Free in Wrangell

By Dan Rudy of Wrangell Sentinel

ORIGINAL ARTICLE HERE

WRANGELL, Alaska - Another housing unit has officially gone smoke-free, according to the SouthEast Alaska Regional Health Consortium's local health promotion department.

This fall the new owners of the Stikine Native Organization building on Front Street - colloquially known as the SNO building to locals - formally made the building's apartments smoke free. SEARHC health educator Tammi Meissner pointed out the move makes it the first private residential complex in town to register its policy with the state.

In September, the Wrangell Senior Apartments formally went smoke-free as well, instituting an outdoor buffer around its residences. Filing through SEARHC, Meissner said the management of both properties benefit from state-provided signage and inclusion on the housing listing at www.smokefreehousingak.org

She explained the move was beneficial, in that it helps protect the lungs and property of others.

"Especially in multi-unit housing, ventilation is not conducive to reducing smoke," Meissner explained. This can lead to neighbors' unwanted exposure to second-hand smoke, which can be particularly problematic for children and people with health issues.

"It's the idea that those people who don't smoke don't have to breathe in the chemicals of second-hand smoke," she stated.

The announcement follows momentous changes made at the federal level which would limit tobacco use in and around public housing.

The Department of Housing and Urban Development on November 30 adopted the stance that public housing developments across the country would need to provide residents with a smoke-free environment. This followed input from the public, including housing and public health organizations, tenants and public housing agencies (PHAs).

In its announcement, HUD explained the final rule will require 3,100 PHAs to implement smoke-free policies within 18 months of its adoption, prohibiting the use of smoke-producing tobacco products in all living units, indoor common areas and offices. The ban would extend outdoors, to within 25 feet from buildings, as well as playgrounds and other common areas.

Rationales given for the change are to improve the health of more than 2,000,000 public housing residents, including 760,000 children; save an estimated \$153 million in costs linked to smoking through healthcare, building maintenance and fire damage; and to benefit elderly tenants, who inhabit 500,000 of the 940,000 units likely to be affected.

Not covered under the new policy would be e-cigarettes. Following that announcement, on December 8 the U.S. Surgeon General reported e-cigarette usage could be a concern among the nation's youth and young adult population. It was the first comprehensive federal review of the devices' impact, many of which deliver nicotine to users. The effects of nicotine exposure to body development and cognitive function are



NNN Technical Assistance Webinars

The next National Native Network technical assistance webinar is Tuesday, March 7, 2017.

Presented by: Muhammad Sohab Arif, MPH

CLICK HERE TO REGISTER AND FULL DETAILS.

For more information or to register for a webinar, visit us on <u>Facebook</u>, <u>Linked-In</u>, and <u>www.keepitsacred.org</u>.

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.

well documented, in addition to concerns raised that the addictive substance "can prime young brains for addiction to other drugs, such as cocaine and methamphetamine." The report also cited statistics that in 2015, one in six high school students were reported to have used the devices during the preceding month.

"That's important because there's never really been a report out," Meissner said of the report. "Now it reinforces that. It reinforces the idea that our kids aren't smoking cigarettes, but they're still smoking e-cigarettes."

Due to the holiday season, SNO Building owners Randy and Carol Churchill were unavailable for comment on the new policy.

ORIGINAL ARTICLE

ARCHIVE - National Native Network Webinar Series: Motivational Interviewing Approach to Public Health

Edy Rodewald, PhD, Health Educator, of SouthEast Alaska Regional Health Consortium presented the National Native Network Technical Assistance Webinar on Tuesday, December 20, 2016

CLICK HERE FOR WEBINAR ARCHIVE.

SAULT STE. MARIE, Mich. - The National Native Network held their regular webinar series on December 20, 2016. Edy Rodewald, PhD, Health Educator of SouthEast Alaska Regional Health Consortium presented for the NNN with her presentation "A Motivational Interviewing Approach to Public Health."

Learning Objectives/Outcomes:

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

- 1. Examine the empirical support for using Motivational Interviewing in the health care setting.
- 2. Identify the importance of using the "spirit" of Motivational Interviewing.
- 3. Apply the general principles of Motivational Interviewing to assist patients to modify health behavior to achieve best health outcomes.

CLICK HERE FOR WEBINAR ARCHIVE.



Laura's Quit Story

By Tammi Meissner, Health Educator, SEARHC

"On December 10, 2015, my grandson was born. On January 24, 2016 I went to the ER with the flu after fighting pneumonia for most of December. The decades of smoking made my immune system weak and my lungs compromised which also led to my severe asthma. When I ended up in the ER, I decided that I didn't want to be a Grandma who had to drag around an oxygen tank to breathe. Since quitting tobacco my overall health has improved. I can breathe easier, the smokers cough is gone and I rarely use an inhaler for my asthma. I taste more, I don't stink like smoke and most important, I will be around longer to see my grandson grow up. Also, now I can spoil my grandson with the money I save on from not buying cigarettes and the extra time I have! On January 24, 2017, i will be celebrating my one year quit anniversary."

American Indians and Alaska Natives suffer from much higher rates of asthma than any other ethnic group. The incidence of asthma among American Indian and Alaska Native children is 20% higher than any other ethnic group and AmericanIndian/Alaska Native adults are 60% more likely to be diagnosed with the asthma compared to adults in other ethnic groups.

For free support to quit tobacco, call or enroll online with Alaska's Tobacco Quitline at 1-800-QUIT-NOW or the American Indian Commercial Tobacco Program at 1-855-372-0037.

Surgeon General Reports Youth and Young Adult E-Cigarette Use Poses a Public Health Threat

FOR ADDITIONAL RESOURCES CLICK HERE

A new report from the U.S. Surgeon General raises public health concerns about e-cigarette use among U.S. youth and young adults. The report comes amid alarming rates of youth and young adult use of e-cigarettes; in 2015, about 1 in 6 high school students used an e-cigarettes in the past month. The report finds that, while nicotine is a highly addictive drug at any age, youth and young adults are uniquely vulnerable to the long-term consequences of exposing the brain to nicotine, and concludes that youth use of nicotine in any form is unsafe. The report also finds that secondhand aerosol that is exhaled into the air by e-cigarette users can expose others to potentially harmful chemicals.

Today's report, which was written and reviewed by more than 150 experts, is the first comprehensive federal review of the public health impact of e-cigarettes on U.S. youth and young adults. These devices are referred, to by the companies themselves, and by consumers as "e-cigarettes," "e-cigs," "cigalikes," "e-hookahs," " mods," "vape pens," "vapes," and "tank systems." The report uses the term "e-cigarette" to represent all of the diverse products in this rapidly diversifying product category. In addition to documenting the evidence on the health risks of e-cigarettes among young people, the report describes industry influences on e-cigarette use and outlines potential actions to prevent youth and young adults from the harms of e-cigarette use.

"All Americans need to know that e-cigarettes are dangerous to youth and young adults," said U.S. Surgeon General Dr. Vivek H. Murthy, in releasing the report. "Any tobacco use, including e-cigarettes, is a health threat, particularly to young people."

Call to Action

In light of the fact that about 1 in 6 high school students used in e-cigarette in the past 30 days in 2015, the report issues a Call to Action to prevent e-cigarette use and related harms among America's young people.

Those recommended actions include:

continuing to regulate e-cigarettes at the Federal level to protect public health,

raising and strongly enforcing minimum age-of-sale laws for all tobacco products, including e-cigarettes,

incorporating e-cigarettes into smoke-free policies,

regulating e-cigarette marketing,

sponsoring high-impact media campaigns to educate the public on the harms of e-cigarettes among young people, and

expanding research efforts related to e-cigarettes.

"Protecting our nation's youth from the harms of tobacco and nicotine is a top priority for HHS and this Administration. And this report, outlining the harms of e-cigs and providing clear steps to reduce their impact on our kids, is an important step in our fight," said Secretary of Health and Human Services Sylvia Burwell. "We cannot let the enormous progress we've made toward a tobacco-free generation be undermined by e-cigarettes and other emerging tobacco products."

Major Conclusions from the Report

E-cigarettes are a rapidly emerging and diversified class of products typically delivering nicotine, flaverings, and other additives to users via inhaled aerosol.

E-cigarette use among youth and young adults has become a public health concern.

E-cigarettes are now the most commonly used tobacco product among youth. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including combustible tobacco products such as cigarettes.

The use of products containing nicotine poses dangers to youth, pregnant women and fetuses. The use of products containing nicotine in any form among youth, including e-cigarettes, is unsafe.

E-cigarette aerosol is not harmless. it can contain harmful and potentially harmful ingredients, including nicotine.

E-cigarettes are marketed by promoting flavors and using a wide variety of media channels and approaches that have been used in the past for marketing conventional tobacco products to youth and young adults.

Action can be taken at the national, state and local levels to reduce youth and young adult use of ecigarettes.

"We need parents, teachers, health care providers, and other influencers to help make it clear that ecigarettes contain harmful chemicals and are not okay for kids to use" Dr. Murthy said. "Today's report gives them the facts about how these products can be harmful to young people's health."

A new interactive website containing key information from the report, written especially for parents and adult influencers of youth, is available at <u>e-cigarettes.SurgeonGeneral.gov</u>.

Like the <u>Surgeon General on Facebook</u>, follow the Surgeon General on Twitter <u>@Surgeon_General</u>, and sign up for HHS Email Updates



SEARHC Media Contact - Stacy Smith, SEARHC Public Relations Specialist

JUNEAU, December 8, 2016 - The SouthEast Alaska Regional Health Consortium (SEARHC) welcomes the U.S. Surgeon General's (SG's) report *Know the Risks: E-cigarette Use Among Youth and Young Adults.* This report highlights how e-cigarettes have the potential to cause lasting harm to the health of young users, especially their brain development, which continues until age 25.

This is the first report, written and reviewed by more than 150 experts, to be issued by the Federal Government that comprehensively reviews the public health issue of e-cigarettes and the impact of these products on young people. The report focuses on the history, epidemiology, and health effects of e-cigarette use among youth and young adults; the companies involved with marketing and promoting these products; and existing and proposed public health policies regarding the use of these products by youth and young adults.

The 2015 Alaska Youth Risk Behavior Survey (YRBS) asked students if they used e-cigarettes. "Of the 1,500 Alaska high school students who took the anonymous, biennial survey, nearly one in five (18%), reported they had used e-cigarettes in the past month, surpassing conventional cigarette use, reported at 11%. " Martha Pearson, SEARHC Health Promotion Director noted "e-cigarette liquid, usually with child-friendly flavoring, usually has nicotine, but e-cigarette products can also be used as a delivery system for marijuana and other illicit drugs."

The SG's report ends with a *Call to Action*, asking parents, teachers, health care providers, and other influencers to help make it clear that e-cigarettes contain harmful substances and are not okay for kids to use" Dr. Murthy said. A Tip Sheet for Parents about how to talk about e-cigarettes with their kids can be found at E-cigarettes. Surgeon General.gov Suggestions include knowing the facts, taking time to listen to your kids, and setting a positive example by being tobacco-free.

"If we know that kids think e-cigarettes are not smoking and e-cigarettes are OK and they're a better alternative to smoking, we need to let them know that they are just as harmful, and perhaps more harmful,

than smoking cigarettes and chewing tobacco" echoed Valerie Davidson, Commissioner of the Alaska Department of Health and Social Services.

As Dr. Murthy put it, "Your kids are not an experiment. Protect them from e-cigarettes."

Countdown to Quitting

Make 2017 your year to quit.

Making a New Year's resolution on January 1 can be one of the most exciting things about ending one year and starting the next. If you're one of the nearly 7 in 10 U.S. smokers who want to quit, why not make a resolution to get started in 2017? Smoking is the leading cause of preventable disease and death in the United States, and quitting now can cut your risk and leave you feeling stronger and healthier.



Beatrice, a former cigarette smoker living in New York, made the decision to quit in 2010. She had smoked regularly since the age of 13 and finally quit for good after 25 years of smoking. Beatrice's greatest motivator was her son, who wrote her a letter at age 11 asking her to quit. "When I was going through the process of quitting, that letter was very motivating for me," she says. She encourages anyone who wants to quit smoking to do it – and to get help. Beatrice found additional support online from friends who encouraged her to stay smoke-free, as well as from her family. "You're going to need support, because it's not always easy," she says, "but the main thing is, you really have to want to quit." In the video titled, "I told everyone I stopped smoking," from CDC's "Tips from Former Smokers" campaign, Beatrice describes some of the quitting techniques that helped her recognize and avoid her smoking triggers. Although it was hard to do, by making a plan and sticking to it, she beat her addiction to cigarettes and stopped smoking for good.

Develop a Quit Plan

Like Beatrice, most smokers who want to quit try several times before they succeed, but you an take steps that can improve your chances. Planning ahead is a major part of successfully quitting smoking. smokefree.gov offers details on how to create an effective quit plan, including:

Picking a quit date. Starting the new year smokefree is a great idea.

Letting loved ones know you're quitting so they can support you.

Listing your reasons to quit smoking.

Figuring out what triggers make you want to smoke so you can avoid them, especially during the early days.

Having places you can turn to for help right away, including the free resources listed below.

Use Free, Effective Resources

There are many free resources for people trying to quit smoking:

- <u>1-800-QUIT-NOW</u> (1-800-784-8669) or <u>1-855-DEJELO-YA</u> (1-855-335-3569 (for Spanish speakers). This free service offers a lot of resources, including coaching, help with making a quit plan, educational materials, and referrals to other resources where you live.
- <u>Smokefree TXT</u>. This 24/7 texting programs ends encouragement, advice, and tips to help smokers quit smoking for good. To get started, just text QUIT to 47848, answer a few questions and you'll start receiving messages.
- Online help. This Tips from Former Smokers web page provides helpful online quit resources.
- <u>Smokefree App</u>. The <u>QuitGuide</u> is a free app that tracks cravings, moods, slips, and smokefree progress to help you understand your smoking patterns and build the skills needed to become and stay smokefree.

Find a Medication That's Right for You

You can also talk to your health care provider about medicines that may help you quit smoking.

Because cigarettes contain nicotine, a powerfully addictive drug, when you first quit, your body may feel uncomfortable until it adjusts. This is known as withdrawl, and there are medications that can help lessen this feeling and urge to smoke. Studies show that smokers who use medicine to help control cravings, along with coaching from a quitline, in a group, or from a counselor, are much more likely to succeed than those who go it alone. Talk to your doctor, pharmacist or other health care provider before using any medications if you:

- Are pregnant or nursing
- Have a serious medical condition
- Are currently using other medications
- Are younger than 18

Many options are available if you are considering using medications to help you quit smoking. The most common smoking <u>medications</u> are nicotine replacement therapies (NRTs), which give your body a little of the nicotine that it craves without the harmful chemicals found in burning cigarettes. Examples of Food and Drug Administration-approved NRTs that you can buy over the counter include:

- Nicotine patches
- Nicotine gum
- Nicotine lozenges

NRTs that need a prescription include nicotine inhalers and nasal spray. Your doctor can also prescribe medication that does not contain nicotine (such as bupropion and varenicline) to help you quit smoking completely.

Although quitting was difficult for Beatrice, and she had made several attempts, today she has more energy than when she smoked. You too can begin a healthier life in 2017 by making a quit plan, using free resources, and finding a smoking medication that's right for you. Even if you don't smoke yourself, you can use this article to help a friend or family member become smokefree in 2017!

More Information

- Quit Smoking (CDC fact sheet)
- What you need to know about smoking (CDC fact sheet)
- Let's Make the Next Generation Tobacco-Free: Your Guide to the 50th Anniversary Surgeon General's Report on Smoking and Health



Pictured left to right, Josh Mayo of National Native Network, Maddy Gallegos of Inter-Tribal Council, Brenda Brining of Bay Mills Health Center, and Joshua Hudson of National Native Network

NNN Represented at Dance Shawl Workshop

Historical Trauma, Mammogram Screening, and Infant Safe Sleep discussions at workshop

SAULT STE. MARIE, Mich. – The Inter-Tribal Council of Michigan, Inc. hosted a Dance Shawl Workshop on Friday, November 18, 2016. The workshop was an opportunity for partners from the Sault Ste. Marie Tribe of Chippewa Indians' "Uniting Three Fires Against Violence" and the Bay Mills Health Center to discuss Historical Trauma and Domestic Violence; Myths, Fears, and Excuses about Mammograms; and Infant Safe Sleep while the participants were also making their own dance shawls.

Raeanne Madison, Community Action Program Manager of Inter-Tribal Council of Michigan, Inc. provided the shawl teaching and fringe instructions and also provided a presentation on the importance of Infant Safe Sleep. Hali McKelvie, Community Outreach Specialist and Rachel Carr, Policy Specialist of Sault Ste. Marie Tribe of Chippewa Indians provided a presentation on Historical Trauma and the lingering effects on domestic violence today. Brenda Brining, LPN, Community Outreach Worker of Bay Mills Health Center provided a presentation drawing on her personal experience on the myths, fears, and excuses about mammograms.

If you would like help organizing a Dance Shawl Workshop, feel free to contact Raeanne Madison.

For more information, visit www.itcmi.org .



COMMERCIAL TOBACCO USE



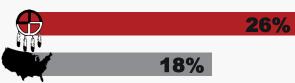
More than

1 in 4

Al/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 Al/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.

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

AI/AN women had fewer early staged cancer diagnoses and more late stage cancer 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**

L50 mins of moderate intesity 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





84%

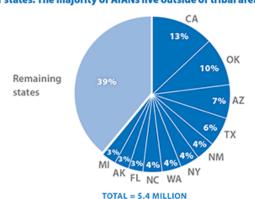
HEALTH AND HEALTH CARE FOR AMERICAN INDIANS AND ALASKA NATIVES (AIANS)

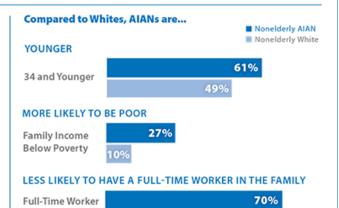
As of 2015, **5M** people or **2%** of the U.S. population identified as AIAN alone or in combination with another race



Under treaties and laws, the U.S. has a unique responsibility to provide certain rights, protections, and services to AIANs, including health care

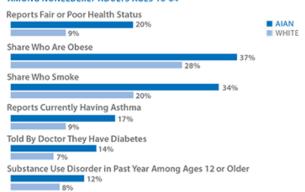
AlANs live across the United States, but over 60% reside in 11 states. The majority of AlANs live outside of tribal areas.





AIANs have significant health needs.

AMONG NONELDERLY ADULTS AGES 18-64



Although the Indian Health Service (IHS) provides services to AIANs, health coverage is important for AIANs.



in Family

 IHS is the primary vehicle through which the federal government provides health services to AIANs.



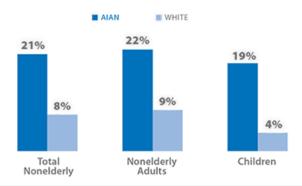
• IHS has historically been underfunded to meet the health care needs of AIANs.



 Enrolling AlANs in health coverage, including Medicaid or Marketplace coverage, expands their access to services and increases revenues to IHS and Tribal facilities.

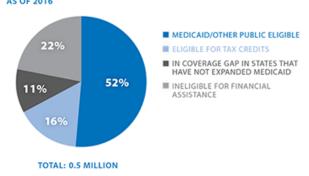
AIANs are significantly more likely than Whites to be uninsured.

UNINSURED RATES AS OF 2015



Enrollment efforts could increase coverage among the many uninsured AIANs who are eligible for coverage.

ELIGIBILITY FOR ACA COVERAGE AMONG NONELDERLY UNINSURED AIANS AS OF 2016



THE HENRY J.
KAISER
FAMILY
FOUNDATION

Authors: Petry Ubri and Samantha Artiga for the Kaiser Family Foundation.

Source: Original source information and data are available at http://kff.org/infographic/health-and-health-care-for-american-indians-and-alaska-natives-aians. Please cite as Kaiser Family Foundation, Health and Health Care for American Indians and Alaskan Natives (AIANs).

(Washington, DC: Kaiser Family Foundation, November 2016), http://kff.org/infographic/health-and-health-care-for-american-indians-and-alaska-natives-aians.



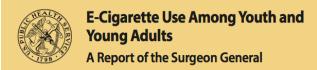
Please join us as a we host a Twitter **#PapChat** in recognition of Cervical Cancer Awareness Month this January.

Cervical Cancer in American Indians

Tuesday, January 24

1PM-2PM CST





Fact Sheet

This Surgeon General's report comprehensively reviews the public health issue of e-cigarettes and their impact on U.S. youth and young adults. Studies highlighted in the report cover young adolescents (11-14 years of age); adolescents (15-17 years of age); and/or young adults (18-25 years of age). Scientific evidence contained in this report supports the following facts:

E-cigarettes are a rapidly emerging and diversified product class. These devices typically deliver nicotine, flavorings, and other additives to users via an inhaled aerosol. These devices are referred to by a variety of names, including "e-cigs," "e-hookahs," "mods," "vape pens," "vapes," and "tank systems."

- E-cigarettes are battery-powered devices that heat a liquid into an aerosol that the user inhales.
- The liquid usually has nicotine, which comes from tobacco; flavoring; and other additives.
- E-cigarette products can also be used as a delivery system for marijuana and other illicit drugs.

E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including cigarettes and other burned tobacco products.

- In 2015, more than 3 million youth in middle and high school, including about 1 of every 6 high school students, used e-cigarettes in the past month. More than a quarter of youth in middle and high school have tried e-cigarettes.
- Among high school students, e-cigarette use is higher among males, whites, and Hispanics than among females and African-Americans.
- There is a strong association between the use of e-cigarettes, cigarettes, and the use of other burned tobacco products by young people. In 2015, for example, nearly 6 of 10 high school cigarette smokers also used e-cigarettes.
- Research has found that youth who use a tobacco product, such as e-cigarettes, are more likely to go on to use other tobacco products like cigarettes.

E-cigarette use among youth and young adults has become a public health concern. In 2014, current use of e-cigarettes by young adults 18-24 years of age surpassed that of adults 25 years of age and older.

- Among young adults 18-24 years of age, e-cigarette use more than doubled from 2013 to 2014. As of 2014, more than one-third of young adults had tried e-cigarettes.
- The most recent data available show that the prevalence of past 30-day use of e-cigarettes was 13.6% among young adults (2014) and 16.0% among high school students (2015).
- The most recent data available show that the prevalence of past 30-day use of e-cigarettes is similar among middle school students (5.3%) and adults 25 years of age and older (5.7%).
- Among young adults, e-cigarette use is higher among males, whites and Hispanics, and those with less education.

The use of products containing nicotine poses dangers to youth, pregnant women, and fetuses. The use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe.

- Many e-cigarettes contain nicotine, which is highly addictive.
- The brain is the last organ in the human body to develop fully. Brain development continues until the early to mid-20s. Nicotine exposure during periods of significant brain development, such as adolescence, can disrupt the growth of brain circuits that control attention, learning, and susceptibility to addiction.
- The effects of nicotine exposure during youth and young adulthood can be long-lasting and can include lower impulse control and mood disorders.
- The nicotine in e-cigarettes and other tobacco products can prime young brains for addiction to other drugs, such as cocaine and methamphetamine.

U.S. Department of Health and Human Services

Opportunities

• Employment Opportunity - American Indian Cancer Foundation - Administrative Coordinator - Closes February 3, 2017 - LEARN MORE

Events

January 24, 2017 - Ask the Expert - Sharing What Works: Comprehensive Cancer Control Coalition membership and Leadership - LEARN MORE AND REGISTER

January 24, 2017 - Twitter Chat - #PapChat - Hosted by American Indian Cancer Foundation - MORE INFORMATION

January 23-29, 2017 - National Drug and Alcohol Week

January 1-31, 2017 - Cervical Health Awareness Month

January 1-31, 2017 - Birth Defects Prevention Month

March 7, 2017 - NNN WEBINAR: E-cigarettes and the Community – FULL DETAILS & REGISTER HERE

March 14, 2017- Spring Tobacco Control Institute- LEARN MORE AND REGISTER

March 22-24, 2017 - National Conference on Tobacco or Health - Austin, TX- LEARN MORE AND REGISTER

April 19-21, 2017 Conference - 2017 Dialogue for Action on Cancer Screening & Prevention - <u>LEARN</u> MORE & 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

Follow us on social media:

facebook.com/KeepItSacred, twitter.com/KeepItSacred, linkedin.com/company/keepitsacred

This publication was supported by the Cooperative Agreement number 5NU58DP004979-03-00 from 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.

The National Native Network is administered by the Inter-Tribal Council of Michigan, Inc., 2956 Ashmun Street, Sault Ste. Marie, MI 49783

(906) 632-689 www.itcmi.org

