



Life is Sacred | Keep it Sacred

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Partner Agencies



Inter-Tribal Council of Michigan



California Rural Indian Health Board



Great Plains Tribal Chairmen's Health Board



SouthEast Alaska Regional Health Consortium

Standing on the Shoulders of Our Ancestors: Surviving and Thriving Beyond Cancer

By Linda Burhansstipanov, MSPH, DrPH (Cherokee Nation)



Flashback: During NACR's 2001 American Indian/Alaska Native (AI/AN) Survivorship Conference, the AI/AN survivors shared their personal cancer stories. Tina Aguilar (Wasco/Warm Springs) spontaneously wrote a poem as she was listening to participants share their stories. While attending the Spirit of EAGLES conference held in partnership with Seneca Nation in Buffalo, NY, I was reminded of Tina's powerful poem and reflected, "then" and "now". So, 16 years later, how are our AI/AN survivors faring? Overall, the majority of our people are winning the battle Tina refers to and most are transitioning from being a "patient" to a "survivor" to a "thrivers". Part of this transition is letting go of the anger, frustration, fear, etc., from the cancer experience ... to allow yourself to being to be "free" (again) and to accept that cancer does not identify you; that there is hope and happiness and to rejoice each day for the

gifts the Creator grants us all.

By what right do I dare make such statements? Because NACR has the largest AI/AN cancer survivorship support program (>1,000) and data based on patients who have taken the time and effort to complete a very long survey about their quality of life (QOL). We started doing this work in 1996. The name of this program is "Native American Cancer Education for Survivors" or "NACES" for short (<http://natamcancer.org/naces.html>). NACES started as a research grant, evolved into support, informational program. It is a web-based, quality of life survivorship education program that originally was designed for breast cancer patients. However, so many of our people have cancers other than cancer, our team supported or expanded much, but not all (such as the side bar on "story-tellers" is limited to breast only) of the information to multiple types of cancer that affect both men and women. The website is free. There also is a toll-free number (1-800-537-8295) to talk with one of NACES Survivorship Navigators (also called, "Native Sisters"). NACES is supported by volunteers (which is why it may be a few days before you receive a call-back and why some information needs to be updated).

The NACES web pages average 800 visitors daily and 941 AI/AN survivors and 244 family members of survivors have completed the NACES QOL survey (n=1,185). Of these, most are female and almost half (46%) have high school or less education. The majority of survivors live in the Northern and Southern Plains and the Southwest. More than half of the survivors were diagnosed and treated for cancer five or more years ago (with 10% diagnosed more than 20 years ago!).

About 1/3 (37.1% live in the urban area and 1/3 (33.6% live on a reservation) and 18.5% live in a rural community, but not a reservation, and 10.9% move back and forth between the city/rural/reservation. Slightly more than half (53.4%) are full bloods.

Access to cancer care remains a challenge. Also, half (48.7%) travel more than 100 miles ONE WAY to access care and because of the quality of our highways, this travel takes more than two hours of driving time. Unfortunately, only 12% were able to access care through Indian Health Services (purchased referred care, commonly called "contract health services"). Most have obtained cancer care services through Medicaid (because about half of our patients are younger than 50 years old when diagnosed with cancer), Medicare, the Veterans Administration or Indigent Care programs. When asked to rate their QOL, the majority of our survivors answered "excellent, good or okay":

Physical QOL = 82.6%

Social QOL = 85.0%

Emotional QOL = 81.1%

Spiritual QOL = 92.1%

So what do these data mean for our people? Treatments are improving significantly and most, but not all of our survivors are living beyond the cancer experience. We need more people helping newly diagnosed patients get into quality care as soon as is feasible. Many of our survivors continue to have late or long-term side effects from the cancer or cancer treatments and need help to reduce their symptoms and to improve their QOL. And, we need more survivorship support programs and efforts in our local communities. Our team has had the honor of working with AI/AN survivors for more than 21 years and there is no work that we have done that is as rewarding as educating, caring for and supporting these people and their families. Join the efforts!

“Sharing Hearts of Survivors” – Tina Aguilar

Sitting and listening to stories being told, women and men from all tribes young and old each has a story of cancer to share with all others. Listen what is said by each sister and brother. This dreaded disease that’s claimed many lives, is still trying tis best to break up husbands and wives. it doesn’t care of age, race, and gender. Only that it can find a body to enter. God has placed compassion on many hearts here. One day there will be a cure for those we hold dear. Do not give up – there’s too much at stake. With God’s help, we will win this fight – Piece of cake!

The NACES Team

(people who created information on the branches and leaves and/or supported NACES):

Linda U. Krebs, Lisa Harjo, Mark Dignan, Kate Jones, Judith S. Kaur, DeeAnn DeRoin, Jennie Joe, Caren Trujillo, Maxine Brings Him Back, Janis and Daniel Petereit

DOWNLOAD Standing on the Shoulders of our Ancestors

NNN & IHS HP/DP Webinar — Traditional Tobacco

The Inter-Tribal Council of Michigan’s National Native Network with Indian health Service Health Promotion & Disease Prevention present a webinar series: Cancer Risk Reduction in Indian Country.

Title: Traditional Tobacco

Presenter: Terra Houska, Tobacco Health Educator, Great Plains Tribal Chairmen’s Health Board

Date: Wednesday, November 29, 2017

Time 3-4 p.m. EST

Register: <https://attendee.gotowebinar.com/register/4864455331429576195>

Learning Outcomes/Objectives:

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



NNN Technical Assistance Webinars

The National Native Network produces their webinar series "Cancer Risk Reduction in Indian Country" several times a year. Check out our website for the latest information.

For more information or to register for a webinar, visit us on [Facebook](#), [Linked-In](#), and www.KeepItSacred.org.

Podcasts

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

1. Examine the cultural and spiritual importance of traditional tobacco employed by the Lakota/Dakota.
2. Differentiate between traditional tobacco and commercial tobacco health effects.
3. Educate tribal communities on the harmful health effects of commercial tobacco use and assist with identifying resources for prevention and control.

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

After registering, you will receive a confirmation email containing information about joining the webinar.

Funding for this webinar was made possible by the Centers for Disease Control and Prevention DP13-1314 Consortium of National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities. Webinar contents do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Continuing Education:

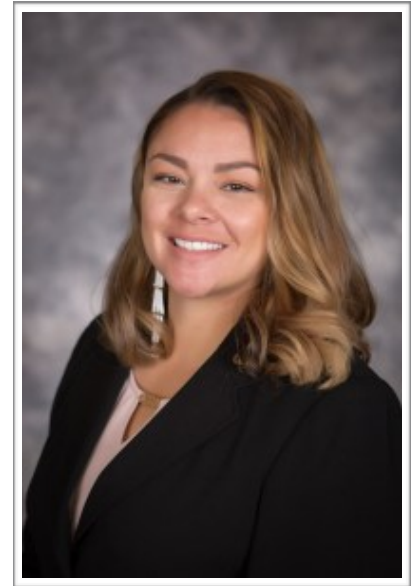
To obtain a certificate of continuing education, you must be registered for the course, participate in the webinar in its entirety and submit a completed post-webinar survey. The post-webinar survey will be emailed to you after the completion of the course. Certificates will be mailed to participants within four weeks by the Indian Health Service (IHS) Clinical Support Center.

Accreditation:

The Indian Health Service Clinical Support Center is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity is designated 1.0 contact hour for each hour of participation.

Faculty Disclosure Statement: As a provider accredited by ACCME, ANCC, and ACPE, the IHS Clinical Support Center must ensure balance, independence, objectivity, and scientific rigor in its educational activities.



Terra Houska, Tobacco Health Educator at Great Plains Tribal Chairmen's Health Board.

Course directors/coordinators, planning committee members, faculty, reviewers and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. All those who are in a position to control the content of this educational activity have completed the disclosure process and have indicated that they do not have any significant financial relationships or affiliations with any manufacturers or commercial products to disclose.

No commercial interest support was used to fund this activity.

Space is limited.

After registering, you will receive a confirmation email containing information about joining the webinar.

[View System Requirements Here.](#)



Great Plains Smokeout Challenge!

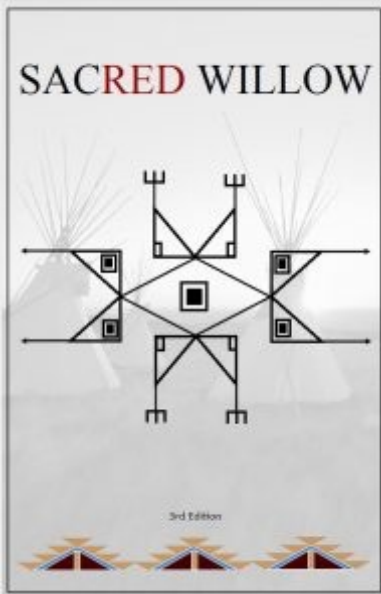
Great Plains Tribal Chairmen's Health Board is joining the American Cancer Society in the year's Great American Smokeout on November 16, 2017. This Challenge is open to all the Tribes of the Great Plains (SD, ND, NE, IA). Please contact Terra Houska for more information and your free quit kit! Prizes for those who stay smoke free for 30 consecutive days.

•43.8% of American Indian/Alaska Native (AI/AN) adults reported current use of commercial tobacco

in 2013.

- Cardiovascular disease is the leading cause of death among AI/AN.
- Lung cancer is the leading cause of cancer deaths among AI/AN.
- Smokers are at a higher risk of developing diabetes.
- 400,000 deaths in a year are attributed to smoking.
- One pack a day for an entire year is the same amount as a trip for one person to go to Disney World!
- Smoking-related illness costs more than \$300 billion each year.
- Direct medical care for adults costs \$170 billion each year.
- \$5.6 billion in lost time at work due to secondhand smoke exposure.

- Smokers hike up the cost of insurance premiums that effect all non-smokers.
- Learn more about Great Plains Tribal Chairmen's Health Board.



Sacred Willow Book

[DOWNLOAD BOOK HERE](#)

The Great Plains Tobacco Prevention Project developed the Sacred Willow Book to share stories about traditional tobacco. Traditional tobacco is tobacco and/or other plant mixtures grown or harvested and used by American Indians and Alaska Natives for ceremonial or medicinal purposes. There is a variety of "traditional tobacco" that the different tribes of the Great Plains use, in this book traditional tobacco is referred to as the plants that the Lakota/Dakota use as offering, smoking during prayer and ceremony. The book also describes the burdens of commercial tobacco and information about the Great Plains Region.

[DOWNLOAD BOOK HERE](#)

Healing

By Sobab Arif, MPH, California Rural Indian Health Board

To cure is to relieve an individual of symptoms of a disease or a condition. To heal is to make the person healthy again. The cure usually focuses on the disease, but the focus of healing is on the person. Achieving wellness and healing necessitates the wellbeing of the body, mind, and the spirit. Treatment subsists not only in modern medicine but also in traditional healing practices, and chasing away the darkness by restoring light to our sacred ways.

This year, the 37th Annual Traditional Indian Health Gathering, hosted by the California Rural Indian Health Board, Traditional Indian Health Committee, and in partnership with Jackson Rancheria was held at Chaw'se Indian Grinding Rock State Historic Park. A sacred fire with traditional tobacco and sage burned for four days in the roundhouse at Chaw'se. Around the fire, traditional dancers and singers shared good medicine. Elders provided invaluable insight on community needs and why it is important to look back to our ancestors for support and guidance. As the smoke rose, it carried our prayers to the creator. That was healing.

Like many others, I prayed for those who are suffering from commercial tobacco and drug abuse. I also prayed for those who have loved ones suffering from commercial tobacco abuse. Tharon P. Weighill Sr. (Chumash) described my feeling towards tobacco by saying, "Tobacco can both give life and take life. It is a very powerful, potent, and magical being whose properties can cause great harm when abused. The flip side is that tobacco can also provide great healing when not abused." Having seen many loved ones lose their lives to commercial tobacco and then seeing traditional tobacco bring healing to many around me brought forward conflicting feelings. Immersed by good medicine and tearing up from a thousand prayers, Weighill's words became much clearer as I walked away from the roundhouse.

Realizing the importance of traditional tobacco was a powerful and personal experience. When I was a young boy, I was always the one to run to the store and buy cigarettes for my grandfather. He later passed away due to a cardiovascular disease. I might have had the chance to find healing for my grandfather if I had attended traditional tobacco ceremonies instead of being exposed to commercial tobacco.

There is also healing in knowledge. Knowing that I am not at fault for bringing cigarettes to my grandfather. There is healing in knowing that I can fight commercial tobacco by introducing the younger generations to traditional tobacco before they get exposed to Big Tobacco company advertisements. To heal our communities from this chronic public health issue, we should focus the healing at two levels. It is important to provide healing to those who are already suffering from commercial tobacco abuse. It is even more important to prevent the next generations from the traps of commercial tobacco companies. Utilizing this multifaceted approach requires communities to help find healing by promoting cessation curricula and enacting policies, systems and environmental changes that promote a community of wellness and traditional living. After all, we need to recognize the good medicine around us and chase away the darkness by restoring light to our sacred ways.

Tribal Community and Clinical Linkages

By Sobab Arif, MPH, California Rural Indian Health Board

The primary goal of health organizations is to increase the health and wellbeing of their community. Accomplishing this goal becomes easier when health care providers, community organizations, and the community are connected. This is why Tribal organizations like National Native Network and California Rural Indian Health Board inspire to increase community and clinical linkages between Tribes and Tribal health clinics.

Connections between patients, families, caregivers, Tribal health care providers, health care systems, public health organizations, and other community resources are known as Tribal community and clinical linkages. Providing quality healthcare requires a diverse team of health professionals with a mission to coordinate services that increase access to community wellness programs and preventive services. Bringing together a multitude of stakeholders and different perspectives allows the community to have access to multiple ways of addressing health issues and finding healing. It is crucial that Tribal clinics incorporate traditional practices and wisdom to their wellness programs or collaborate with other community organizations that offer such services.

Community and clinical linkages increase access to valuable resources which enhances the lives of all members of the community and leads to patients receiving holistic healthcare. One remarkable example of a Tribal community and clinical linkages is Greenville Rancheria Tribal Health Program (GRTHP). GRTHP's

physicians, dentists, nurses, community health representatives (CHR), and other clinicians work together as a team to better the lives of their community. I experienced this cohesiveness firsthand during multiple encounters with their staff, clinicians, and their executive director. One aspect that stood out the most at GRTHP was the integration between different departments. After assessing a patient, clinicians make a direct referral to their wellness programs such as the Second Wind Smoking Cessation, Living Well, Diabetes Talking Circle, Chronic Disease Self-Management, CHR home visits, Dental Department, and the 1-800-NO-BUTTS California Smokers Helpline. The linkages do not stop there. To support their community, GRTHP has also networked with Tehama County Drug & Alcohol-Perinatal Program and the County's Tobacco Coalition. By leveraging resources and identifying expertise in the community, GRTHP sets an example of holistic healthcare for other Tribal clinics. Partnering with Magazines like "Enjoy-Northern California Living" shows the resourcefulness of GRTHP. Their June 2017 edition educated the community about the harms of commercial tobacco as well as listing many prevention and cessation resources. Healthcare access, quality, and competency increases when Tribal clinics respond to the concerns and needs of their community by partnering with appropriate organizations.

Thinking outside of the box and working with nonconventional partners demonstrates GRTHP's ability to adapt and provide services that address the needs of their community. Every community has unique needs, strengths, and weaknesses. Communities can identify these weaknesses and develop linkages that can fill the gaps in healthcare delivery. Establishing and maintaining these linkages leads to better health outcomes for everyone in the community.

Award-Winning Documentary Looks at Native Americans' Complex Relationship with Tobacco

WATCH VIDEO HERE

Tobacco use has been dropping in Minnesota for years, but there is one community where nicotine addiction remains stronger than ever.

"In the Upper Midwest, the smoking rate among mainstream Minnesotans is about 14 percent," said Adam Kintopf, senior communications manager for the anti-smoking nonprofit ClearWay Minnesota. "Among American Indians, however, the smoking rate is 59 percent. These are communities that are experiencing really high rates of cancer, heart disease, any number of tobacco-related diseases. It is a big priority for us to do work where it's needed most."

In past years, ClearWay launched several public awareness campaigns in Indian Country about the dangers of working and ways to quit, but each met with limited success.

"We had not seen the kind of results that we had seen from our work with other communities," Kintopf said. In search of ways to have a bigger impact, ClearWay held a series of meetings of the American Indian community, asking for support and guidance in trying to understand the dynamics of doing anti-smoking outreach in Indian Country.

Native community members did not hold back their criticism of the campaigns, Kintopf said: "We learned a lot of lessons about what we'd been doing wrong."

Some of the things that Native community members told ClearWay staff that they had been doing wrong, Kintopf said, included, "looking in from the outside rather than doing a true collaboration with Indian

communities, not letting them be the driver to improve their people's health. We learned that we needed to change our approach."

Let Native people lead

Kris Rhodes, CEO of the Minneapolis-based American Indian Cancer Foundation, said that Native people have good reason to be suspicious of public awareness campaigns produced and directed by people of European ancestry.

If a smoking-cessation campaign is going to work in the Native community, she explained. "It has to be a tribally driven solution. As Native people, we have this beautiful medicine called tobacco, yet it is killing us because it is being misused. As a community, we need to get a handle on it. That means reclaiming tobacco as our own."

Thanks to this kind of advice, ClearWay, which was born in part out of funds awarded in the \$6.5 billion tobacco settlement of 1998, has tried several innovative approaches to combating nicotine addiction in the state's American Indian communities.

"We give grants to Indian reservations to run tobacco-cessation education and secondhand smoke education," Kintopf said. "We did an advertising campaign called, "Keep Tobacco Sacred." We've organized art shows around the ideas of rejecting commercial tobacco use."

But ClearWay organizers felt that there was still more that could be done.

"What we wanted to do was to put together a piece that would simultaneously resonate with people in Indian Country, but also educate outsiders about the unique dynamic of tobacco in Indian Country," Kintopf said.

ClearWay had already worked with Twin Cities PBS (TPT) to produce other documentary programs about the tobacco industry, so staff decided that they'd like to produce a documentary that focused on traditional tobacco's roots in Native communities, and on Native-led efforts to encourage community members to turn their backs on the use of commercial tobacco.

The resulting production, titled "Reclaiming Sacred Tobacco," was produced by Leya Hale, a St. Paul-based Dakota/Dine' filmmaker with experience working on Native-led anti-smoking campaigns.

Hale's community connections, filmmaking experience and deep knowledge of the topic were key to getting the project off the ground, Kintopf said.

"The approach we took in putting this production together was very different than the other films we did with TPT. We wanted to approach this project with the utmost respect and patience for the Native way of doing things, which can be different from the way non-Indian people approach a project. We wanted this film to be created and owned by Minnesotan American Indian people."



Kris Rhodes, CEO of the Minneapolis based American Indian Cancer Foundation, is featured in "Reclaiming Sacred Tobacco."

A message in film

When Hale, who works as an associate producer at TPT, learned about “Reclaiming Sacred Tobacco,” she was thrilled.

“I’ve always wanted to do a production around that topic,” she said “it was perfect timing. When they came to see if I was interested in producing the film, I was immediately on board. It is a passion project.”

Hale, who grew up in Southern California but relocated to the Twin Cities several years ago because of the large urban Native population here, used connections she’d built as a youth anti-tobacco organizer for the Division of Indian Work to find a large list of organizers and activists willing to take part in her film. She interviewed subjects around the state, on rural reservations and in urban neighborhoods.

“This was one of the easiest projects I’ve ever worked on,” Hale said. “It went really smoothly. Everyone involved in the project was really accommodating.”

As part of the production, Hale built an advisory board that worked closely with her on every aspect of the film. “We had elders from the community that we got to work with as cultural advisers,” she said. “they saw rough cuts along the way and gave us encouragement that we were on the right track.”

Hale felt that even though they were well aware of the serious tobacco addiction that plagues the state’s Native community, the subjects in “Reclaiming Sacred Tobacco” were also hopeful that her project could help American Indians look at tobacco use from a different perspective.

“Everyone told me that they trusted me, and they were happy that there was a Native person producing it,” she said. “They wanted this project to succeed.”

The film, which premiered earlier this year, is already seeing success. It has been screened at several Native film festivals around the country. This fall, it was named Best Topical Documentary of the year at the Upper Midwest Emmy awards.

While that award was satisfying, Kintopf said, what’s been even more satisfying is the reaction “Reclaiming Sacred Tobacco” has received in the state’s Native community.

“We hosted a premiere event with people who had been interviewed in the film,” he said. “That was the real test, to watch their faces and to have people come up to us afterward and say, ‘Thank you. Nobody gets it. You did.’ The Emmy was a great honor, but the reaction from Native people who’ve seen it was worth more to us than any Emmy could ever be. The film Leya produced was even better than I could’ve imagined.”

From religion to addiction

Tobacco has deep ties to Native American culture. Before Europeans came to North America, tobacco was solely considered a sacred part of religious ceremonies. When tobacco companies began marketing the substance for commercial sale and adding addictive substances to the blend, rates of addiction among all Americans, but particularly Native Americans, began to rise.

Add to that the fact that 100 years ago, it was illegal in this country for Native people to practice their traditional religious ceremonies, said Rhodes. It creates a perfect storm.

"Until 1978, when the American Indian Religious Freedom Act passed, American Indian people had to find a way to practice their spirituality in secret, in ways that they wouldn't get them arrested," she said. "One of those ways was to use commercial tobacco as part of their ceremonies. When you start using that commercial tobacco, things go downhill. You know how addictive that is."

Rhodes said she thinks that "Reclaiming Sacred Tobacco" is "already having a big impact in the community. What we know for sure is the mainstream solutions haven't worked. Those solutions may have brought the smoking rate down in other populations, but they just haven't touched American Indians. The smoking rate for us is higher than it's ever been."

This production, which is being aired on local public television stations, used as part of trainings in several Native-run businesses and is also on repeat loop at community medical centers, sends a powerful message of self-reliance and potential, Rhodes said. She hopes that Native people who see the film will turn away from commercial tobacco use and instead embrace traditional tobacco's ritual power.

"The way I use tobacco on a daily basis is as an offering on the ground. Other people put it in waster or in fire," Rhodes said. "I say a prayer and I put my tobacco down as an offering." It is a healing practice, she explained, a way to take traditional tobacco's power back for good.

Minnesota's Native American Health Advocates use Old Games as New Cures for Obesity

ORIGINAL ARTICLE FROM Star Tribune by Allie Shah HERE

The players stood on the field in a circle, passing burning sage to one another.

One by one, they waived their lacrosse sticks over the thick, sweet-smelling smoke.

Then they faced off, ready to start play on a recent Sunday at Corcoran Park in Minneapolis. Sasha Houston Brown tossed up the ball. The other players jumped for it – raising their sticks toward the sky and shouting excitedly "to let Creator know we're playing," Houston Brown said.

For them, it is more than a game. It's medicine.

The prescription for better health for Native Americans lies in returning to their roots, Houston Brown and Lisa Skjefte believe. The Minneapolis women are among a new generation of native health advocates working to improve community health by reviving the active lifestyle for their ancestors.

"We had all of this down," Skjefte said. "We know how to survive."

Staggering rates of obesity and diabetes among Native Americans have led to shortened life spans. Native adults are twice as likely to be diagnosed with diabetes as is the general population, according to the U.S. Centers for Disease Control and Prevention.

Diets worsened when Native Americans were forced to live on reservations and government commodities replaced the nutrient-rich, natural foods they were used to eating. Physical fitness waned as lacrosse was lost to the Indigenous people who invented it.

"It was something that was very deliberately taken from us," Houston Brown said.

But now, Native Americans are reclaiming the game and playing it as their ancestors did to support good health.

"It brings out people who would not normally come out for sports," said Houston Brown, 30, a leading voice for the revival of lacrosse among Native Americans. "We know each other's kids and each other's families. It build community, which is the foundation of health in many ways."

Across town, Skjefte led a group of fellow Native women last month on a brisk walk around Lake Calhoun, which is also known by its Dakota name, Bde Maka Ska. Meanwhile, other Native women raced canoes. Skjefte smiled at the sight of hundreds of participants in the Kwe Strong Triathlon – an event she co-founded six years ago to encourage Native women and girls to be healthy and strong.

"We want to transform fitness in a Native way," Skjefte said.

Two women, one passion

Getting the Native American population to exercise more isn't easy.

"In our communities, we see a lot of our people struggling still," said Skjefte, a citizen of the Red Lake Nation Band of Ojibwe.

Going to the gym can feel foreign. But stepping into a canoe and being outside, that's natural, she said.

"By going back to these traditional activities, it seems like [these are] natural pathways. We don't have to convince anyone to get into a canoe. They want to."

The idea for the Kwe Strong Triathlon came to Skjefte while she was on a long run.

"I could just see all the women on the lake. I could see us canoeing together," she said. "I knew that canoeing would be the thing that would make it ours."

Houston Brown's passion for lacrosse began when she was a student at Blake High School. At the time, she didn't know about the game's origins. After graduating from Carleton College, she learned that it was invented by Native Americans, which led her to start playing again.

Her effort to resurrect the traditional game feeds her larger passion for Indigenous health and wellness.

"I keep coming back to that," said Houston Brown, whose mother is of Russian ancestry and whose father is Dakota, Santee Sioux. "If we are not well spiritually, emotionally and physically, we aren't able to participate in other spheres."

She speaks from harrowing personal experience. When she was in college, she was sexually assaulted. Strength training and physical activity played a key role in her physical and mental recovery, she said.

"Over the course of many years, therapy and ceremony, I began to heal," Houston Brown said. "Learning to be present in my body, to appreciate all that I am physically capable of doing and connecting with other women around health is truly what has allowed me to thrive."

She stays in shape by running, playing Creator's game and lifting weights. She leads strength training classes on a weekly basis that are open to Native women and, especially, girls. Making intergenerational connections, she explained is linked to better health outcomes and is a part of the culture.

Game was a game-changer

Back at Corcoran Park, the oldest player on the field this day was in his early 50s and the youngest was a 9-year-old boy.

"The feeling you get when you move through seven or eight people and score, the rush you feel – it's amazing," said David "Bezh" Butler, 36, a regular at the lacrosse gatherings.

Picking up the sport was a game-changer for his health. He used to spend his free time in his Minneapolis home playing video games. Then he heard about a lacrosse practice and decided to try it.

"When I first came, I didn't know anybody," he said. And he couldn't keep up with everyone. "I was running out of air," he said.

But he stuck with it and soon, Butler was playing for four hours at a stretch. During that time, he says, he dropped 40 pounds.

"It really made me think about my health," he said. "It really centered me."

Japanese Company Gives Non-Smokers 6 Extra Holiday Days a Year to Compensate for Cigarette Breaks

[FULL ARTICLE from MSNBC.com HERE](#)

A Japanese company has granted non-smoking members of staff an additional six days of paid holiday a year after they complained they work more than colleagues who take cigarette breaks.

Marketing firm Piala Inc. introduced the new policy in September after members of staff expressed frustration over some colleagues going on smoking breaks throughout the day.

And since bosses announced the rule two months ago, 30 employees have taken advantage of the extra paid leave.

Hiroataka Matsushima, a spokesman for the company, told The Telegraph: "One of our non-smoking staff put a message in the company suggestion box earlier in the year saying that smoking breaks were causing problems.

"Our CEO saw the comment and agreed, so we are giving non-smokers some extra time off to compensate."

He said non-smoking employees were frustrated because the office is located on the 29th floor of a Tokyo-based office block so anyone wanting a cigarette would need to travel down to the basement, taking up around 15 minutes of working time.

The CEO of the company, Takao Asuka, told Kyodo News that he hoped the incentive would encourage people to quit smoking.

It has so far helped four people to give up smoking.

Home Visits Help Strengthen Maternal, Infant Health in Native American Communities

ORIGINAL ARTICLE BY Katie Pearce of John Hopkins University [HERE](#)

A baby's first laugh, in Navajo culture, is cause for formal celebration. Whoever provokes that milestone moment wins the privilege of hosting a "first laugh ceremony" to mark the infant's full arrival into the earthly world.

"That laugh sounds to the world, 'This is me and this is who I am,'" says Crystal Kee, a Navajo health educator based in Chinle, Arizona.

Though the tradition is unique to the Navajo, Kee finds it resonates across a variety of American Indian communities that take part in Family Spirit, a home-visiting program that supports maternal and infant health.

Image caption: "There is a thirst for some connection to the culture, and the ways our ancestors and people have always thought," says Crystal Kee.

"There is a thirst for some connection to the culture, and the ways our ancestors and people have always thought," says Kee, who works as a training and implementation manager for Family Spirit.

The program was designed both for and by Native tribal communities. It grew out of the Johns Hopkins Center for American Indian Health in the mid-1990s, when program leaders began working in partnership with the Navajo Nation and White Mountain Apache and San Carlos Apache tribes.

Today Family Spirit is active in more than 100 tribal communities across 16 states, with the Hopkins center—part of the Bloomberg School of Public Health—disseminating the model to affiliate health centers and organizations.

The program trains people from the local community to deliver regular one-on-one home visits to mothers (and often fathers, too) from pregnancy through the first three years of the child's life. The general goal is to share best practices for parenting and early childhood health, covering topics like budgeting and breastfeeding.

But because the program is so personalized, it often wades into deeper issues the families are facing, such as employment challenges or drug abuse. Kee notes that opioid and methamphetamine problems are on the rise for tribal communities, requiring "patience and care" from Family Spirit home visitors while they "remain neutral."

And since many participants in Family Spirit are still in their teens and early 20s, the program often grapples with the risks and complexities of parenting at a young age.

With evidence showing successful outcomes—including decreases in depression and emotional problems for mothers, and reduced behavioral problems for their children—Family Spirit has expanded over the years beyond its initial rural settings in Arizona and New Mexico. It's now used in several urban communities with American Indian populations, including in Oakland, California, and Oklahoma City.

Beyond that, the program is showing promise even for non-tribal communities—an adapted model has served low-income, predominantly black or Latino populations at sites in St. Louis and Chicago, according to Kee.

"We get a lot of requests for translating the curriculum into Spanish," she says.

In addition to reaching out to other populations, Nicole Neault, a field manager for Family Spirit, says future directions may include digitizing the curriculum and continuing to build an offshoot model, Family Spirit Nurture, that targets childhood obesity.

Image caption: Family Spirit trains people from the local community to deliver regular home visits to new mothers (and fathers, too) from pregnancy through the first three years of the child's life.

One critical factor for the future of this program, however, rests in a funding decision Congress must make over the next few days.

Family Spirit and other models like it have relied on funding support from the federal Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, program, which was first authorized in the 1980s but is now set to expire by the end of September. As of last week, the debate in Congress was ongoing about the best ways to continue with MIECHV.

For Family Spirit, the end of MIECHV funding would be a huge loss for many of its community affiliates, according to Neault.

Kee, speaking on this issue with the Native America Calling radio program last week, touted the value of Family Spirit in reducing the health disparities for tribal communities throughout their lifetimes—thus reducing long-term costs for healthcare and social services.

In a conversation The Hub, Kee emphasized the make-or-break impact home visits can have for parents and their children.

"Sometimes you are the only person who is being the cheerleader, in a sense, for these families," she says. "Sometimes you're the only person who's telling them they're doing good."

Articles, Publications, and Research

- [MMWR Quickstats – E-Cigarettes](#)
- [Tobacco Product Use Among Adults - United States, 2015](#)
- [Changes in Self-Reported Smokefree Workplace Policy Coverage Among Employed Adults - United States, 2003 and 2010-2011](#)
- [Vital Signs: Trends in Incidence of Cancers Associated with Overweight and Obesity - United States, 2005-2014](#)

Opportunities

- [Community Foods Projects Competitive Grant Program, USDA National Institute of Food and Agriculture Applications - Due December 4, 2017](#)
- [CDC Funding Opportunity - "Cooperative Agreement for Emergency Response: Public Health Crisis Response" - Due December 11, 2017](#)
- [Funding Opportunity - National Leadership Academy for the Public's Health - Due January 12, 2018](#)
- [Funding Opportunity - Robert Wood Johnson Foundation - Policies for Action: Policy and Law Research to Build a Culture of Health - Due December 31, 2018](#)

Events

[November 16, 2017](#) - Great American Smokeout - [LEARN MORE](#)

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

[November 29, 2017](#) - National Native Network & IHS HP/DP Webinar - "Traditional Tobacco" - [LEARN MORE AND REGISTER](#)

[November 29, 2017](#) - WEBINAR - 2018 Clinical Scholar Applicants - A Robert Wood Johnson Foundation Program - [REGISTER HERE](#)

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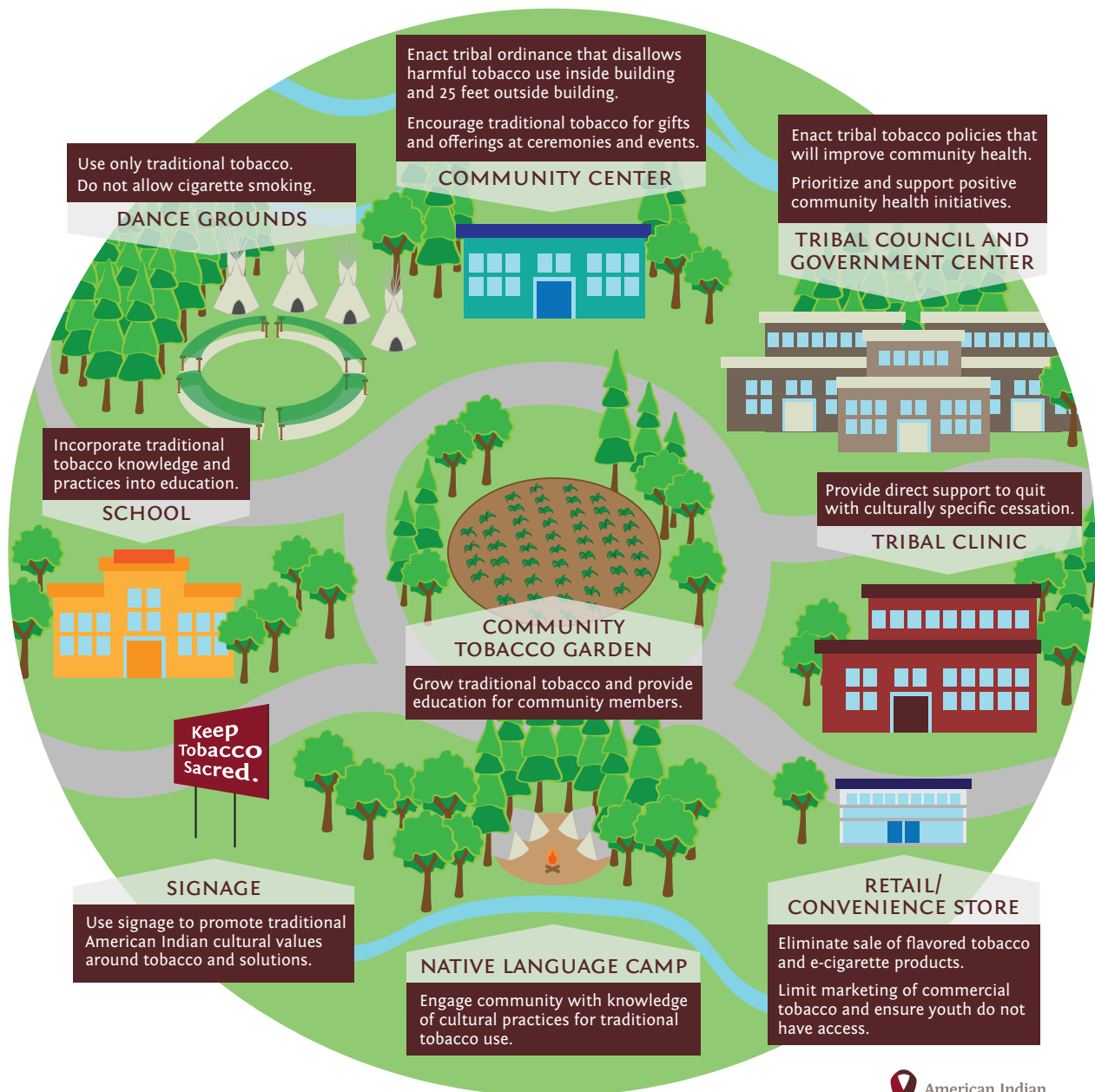
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- ▶ Cultural connectedness & healing
- ▶ Community engagement
- ▶ Youth leadership & youth-led advocacy



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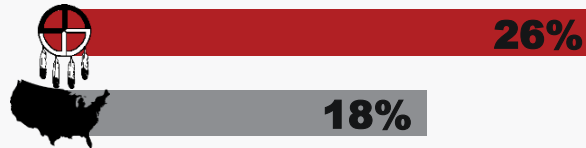


COMMERCIAL TOBACCO USE



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.



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In 2015, about
49 million (1 in 5)

U.S. adults used tobacco products every day or some days.
Cigarettes were the most commonly used product.

About **9.5 million**
adults used two or
more tobacco products.



CDC.gov/quit

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