CDC 2016 Cancer Summit Report

Looking back and looking ahead: Collaborating to advance cancer control in American Indian and Alaska Native communities

FULL REPORT HERE

The Planning Committee is proud to release a report on the Centers for Disease Control and Prevention (CDC) 2016 Cancer Summit, Looking Back and Looking Ahead: The State of Cancer Control in American Indian and Alaska Native Communities. The summit convened current and former Division of Cancer Prevention and Control (CDPC) tribal grantees from five CDC regions, CDC staff and Comprehensive Cancer Control National Partnership members from April 26 to 28, 2016 at the Grand Traverse Resort in Traverse City, Michigan.

The summit provided a forum for open dialogue about topics of interest as well as an opportunity to work together in teams to
collaboratively identify priority areas and strategies for cancer prevention control in Indian Country for the
next decade. This summit followed the September 2005 summit in Tucson, Arizona and the June 2009
summit in Denver, Colorado.

Keynote speakers and panelists provided information and insight at the beginning to set the tone for
succeeding discussions among DCPC Tribal grantees by CDC regions. These discussions culminated in the
creation of action plans to improve outcomes in cancer control for American Indian and Alaska Native
communities over the next ten years.

This report, developed by George Washington University (GW) Cancer Center, summarizes summit
proceedings, presentation highlights and key decisions made by attendees, as well as evaluation results
completed and generated by attendees. To view the photo gallery, media release and speaker
presentations, visit National Native Network.

CLICK HERE FOR FULL REPORT

Alaska Native Tribal Health Consortium & Community Health
Aide Program releases Online Cancer Education Modules

REPORT AND MODULES HERE

We have eight interactive, online cancer education modules with helpful resources and activities free of
charge for CHA/Ps, community health workers, and anyone interested in learning more about cancer. The
modules are approved for 2 hours of CHA/P continuing education.

Each module was created with input from Alaska Community Health Aides/Practitioners (CHA/Ps), and
content experts. Learn ways to prevent cancer, decrease cancer risks, and if diagnosed with cancer, to live
well along the cancer journey.

The modules were developed for CHAPs, but community health workers, and people who want to learn
more about cancer can benefit! All are invited to take the modules! To begin learning, go to http://
anthc.remote-learner.net/

Once at the login area, you will have to register one-time to enter the CHAP distance Learning Network, and
sign-in to complete each different module. You can complete each different module. You can complete
modules in any order at your own pace. If you leave the module before you finish it, it will remember where
you left off when you log back in. Any questions? Feel free to contact one of the instructors:

Melany Cueva, RN, EdD
Phone: 907-729-2441
mcueva@anthc.org

Laura Revels, BA
Phone: 907-729-2906
ljrevels@anthc.org

www.keepitsacred.org
Protect the Skin
You're In

Northern Plains
Comprehensive Cancer Control Program on Sun Safety and Skin Cancer

American Indians have the second highest rate of skin cancer. There is a common misconception that individuals with darker skin are not at risk for getting skin cancer due to the pigment of their skin. It is true that darker skin contains more melanin making it harder for UV rays to filter through the skin, but nonetheless there is still a risk for EVERYONE. Skin cancer does not discriminate; young or old, male or female, fair skin or dark skin; it can happen to anyone in all walks of life.

What do we know?

Skin cancer is the most common cancer in the United States, more so, American Indian/Alaska Natives had the highest rates of getting melanoma of the skin in 2012 (CDC, 2012). It only takes 15 minutes for the sun's ultraviolet (UV) rays to damage your skin. One of the easiest ways to prevent skin cancer is to limit your exposure to UV skin from the sun or artificial light such as tanning beds. With the summer solstice fast approaching (June 20th) it is vital to think of protecting your skin against the harmful rays of the sun. Protect your skin as you get ready for pow-wows, rodeos, basketball, baseball, softball, golf, fishing, camping, hiking, bbqs, picnics, and other outdoor activities. Sun safety shouldn’t just be practiced in the summertime, it should be year-round. UV rays can penetrate your skin on bright and sunny days and also when it is cloudy or hazy. Don’t forget that UV rays can reflect off of surfaces like water, sand, cement, or snow.

So how can we protect our skin? The CDC recommends the following:

• If you are out in the sun, try and seek shade whenever possible. More importantly try and stay out of the sun during those midday hours (between 10 AM and 4 PM)

• Choose clothing that will cover your arms and legs if you are in the sun.

• Wear a hat so that you can protect your face, head, ears, and neck.

• Wear sunglasses that wrap around and block both UVA and UVB rays.

• Apply sunscreen that has a minimum of SPF 15.

*Remember to have fun but don’t forget to take the proper precautions when you are in the sun!
National Native Network Newsletter
August 15, 2016

National Native Network Webinar Series: Native Cancer Wellness

July’s NNN webinar featured Dr. Kriststina Gowin, Roberta Basch, and Dr. Eiko Klimant of the Salish Cancer Center presenting on Native Cancer Wellness

SAULT STE. MARIE, Mich. - The National Native Network held their regular webinar series on July 26, 2016. The team from the Salish Cancer Center, Dr. Kriststina Gowin, Roberta Basch, and Dr. Eiko Klimant presented for the NNN with their presentation titled “Native Cancer Wellness.”

The three objectives are:

1. Identify the unique challenges of the Native American cancer patient population.

2. Examine the integrative model of oncology care.

3. Recognize the benefits of combining traditional healing services in the care of Native American cancer patients.

CLICK HERE TO VIEW WEBINAR AND DOWNLOAD PRESENTATION

National Native Network Podcast Episode One

LISTEN TO PODCAST HERE

Presenting the inaugural National Native Network podcast. This podcast features a conversation with Richard Mousseau from the Great Plains Tribal Chairmen’s Health Board, a partner agency of the National Native Network. During this podcast we discuss the work that GPTCHB and Richard in particular do to promote health in the Great Plains region and some of the obstacles that can be faced while working with promoting Tribal health and wellness.

www.keepitsacred.org
GPTCHB Prevention Programs host 2016 Cancer Symposium

By Tori Whipple, Program Manager
Great Plains Tribal Chairmen’s Health Board

The Great Plains Tribal Chairmen’s Health Board Prevention Programs Host 2016 Cancer Symposium

The Great Plains Tribal Chairmen’s Health Board Prevention Programs held a Cancer Symposium on May 17 - 19, 2016 in Rapid City, SD. This event provided an opportunity for individuals in the Northern Plains region to learn more about cancer prevention, screening, and survivorship. This symposium brought together a diverse group of stakeholders across the Cancer Continuum and provided opportunities for networking and discussion, and exchanging ideas and best practices that will lead to future progress.

The 2016 Cancer Symposium provided an opportunity to organizations and individuals such as American Indian Cancer Foundation, Black Hills Special Services, Walking Forward, American Cancer Society, Native American Cancer Research Center, Defenders of the Black Hills, and Cancer Survivors to discuss cancer disparities as we move to improve the health of our American Indian population. NCI (Grandma) Marie Randall was also in attendance and led a water ceremony as well a prayer along with the Knife Chief Drum Group who assisted in the Opening Ceremony. This event would not have been possible without the collaborations of amazing organizations, like hose listed above, who work hard for the health and well-being of our people.

About the Great Plains Tribal Chairmen’s Health Board

The Great Plains Tribal Chairmen’s Health Board (GPTCHB) is dedicated to serving the health and wellness needs of the tribal members it represents. Assisting with the needs of 18 tribes and tribal communities in the four-state region of South Dakota, North Dakota, Nebraska and Iowa, GPTCHB addresses the health necessities of its members by assisting in accessing health-related programs and resources.

In addition to advocacy on behalf of the represented tribal members, the organization also provides critical health promotion and education outreach services through its various programs and departments. Furthermore, the health board advocates nationally for improved Indian Health policies on behalf of the tribes and tribal communities it represents, which comprise nearly 170,000 individuals.

For more information, please call the toll-free Great Plains Tribal Chairmen’s Health Board at 800-745-3466 or visit the website at http://www.gptchb.org/.
Making Small Changes for Healthier Families

By Mallory Black of Native Health News Alliance

SAN DIEGO - It’s summertime across Indian Country. That means sunflowers, tomatoes, sweet grass and squash are popping all over the Lower Sioux Indian Community garden.

“We have some really nice tomato plants, and the strawberries came in good,” describes Beth O’Keefe, a member of the Lower Sioux Indian Community of the Mdewakanton Band of Dakota in Minnesota. “I’m not sure about the cucumbers, but there are some beans and squash that have come up, too.”

O’Keefe, who lives within the rural Lower Sioux Indian Reservation about 100 miles west of Minneapolis, chairs the Lower Sioux Health and Human Services Advisory Committee - an 8-person working group selected by community members - which aims to boost healthy eating and reintroduce indigenous foods back into the community.

In March, the group organized a kickoff event with about 100 community members to share knowledge and input for the garden, which was officially planted across from the tribe’s recreation center and next door to the Woniya Kini treatment facility in June.

O’Keefe said the garden serves as a gathering space that speaks to the interconnectedness of the Lakota people - or Mitakuye Oyasin, Lakota saying meaning, 'All are related.”

“When my cousin who lives next door to me does better, I’m going to do better,” O’Keefe said. “So when all of these people in our community eat better and take better care of themselves, it’s going to be better for all of us.”

While the garden is just beginning to take root, it reflects one of the subtle yet powerful environmental changes stirring pride within the Lower Sioux Community.

In collaboration with the American Indian Cancer Foundation (AICAF), the Lower Sioux Indian Community is developing a sustainable food system policy to improve community health outcomes.

The multi-year partnership is part of AICAF’s American Indian Resources for Tribal health Equity project, which revolves around partnering with tribal communities to advance health equity and normalize healthy eating, physical activity and commercial tobacco cessation in tribal communities.

Amanda Dionne, project coordinator at AICAF and an enrolled member of both the Northern Cheyenne Tribe and the Turtle Mountain Band of Chippewa Indians, says planting the sustainable garden is one example of the committee’s work brought to life.

“The garden is an environmental change where people can be active and grow healthy foods, and it also symbolizes community and togetherness,” Dionne said. “It’s fulfilling a purpose and nourishing families. I think it touches closer to what they’re going through in their community.”

www.keepitsacred.org
Some of the health issues affecting the Lower Sioux Community are not uncommon in other Native American communities, including high rates of diabetes, obesity, high blood pressure and heart disease, said Stacy Hammer (Lower Sioux), a registered dietician and coordinator of the Lower Sioux Diabetes Program.

“Most of the issues can be attributed to diet, coupled with lifestyle choices,” she added.

Because obesity, diabetes and heart disease are all associated with a higher risk for cancer, Hammer said the committee is actively working to educate community members that these issues can be avoided through a healthy diet and regular exercise.

Hungry for Change

In the beginning, committee members laid a foundation for their work by narrowing down what they believed were the primary causes of the health issues in their community.

Chief among them were policy and environmental issues, like how health and wellness were perceived by members of the community, the kinds of foods being served at powwows and other events, and the lack of access to convenient, healthy foods.

Hammer said tribal members often voice challenges in finding healthy snack alternatives in particular.

“That is something the community has said they would love to have is more convenient access, so that they can walk to the convenience store and grab fresh fruit,” Hammer said.

In addition to asking stores to provide healthier snacks and planting a sustainable garden, other objectives guiding the advisory committee’s work include:

• Encouraging the tribal council to change policies that prioritize healthier foods at meetings, gatherings, and events
• Offering healthier food and beverage options in all vending machines on the reservation
• Creating opportunities for learning by offering classes in traditional foods, gardening, and harvesting
• Asking tribal members to bring healthy dishes to feasts powwows, and events

Through these efforts, the committee hopes to create a mind shift for all members of the community to adopt healthier lifestyles.

Inspiring Community-Driven Change

In addition to their work, Hammer, who also serves on the committee, has introduced a new menu for the tribe’s Elder Nutrition Program.

Lower Sioux seniors are served at the local casino, so Hammer partnered with their chefs to offer healthier, low-sodium meals.

“There’s actual cooking going on in that kitchen now,” Hammer said. “I’m getting some good feedback from the elders saying they’re happy and that they feel like they’re getting a nutritious meal once a day.”

As community buy-in grows, the committee hopes small, subtle changes like these will eventually spur turnaround of health issues.
This summer, committee members are moving forward in drafting their first-ever tribal wellness policy for the community.

Some ideas under consideration include offering incentives for food vendors to serve healthy, indigenous foods at powwows and gatherings, and for stores to stock healthier, more nutritious foods and beverages.

O'Keefe said she hopes their work extends beyond the boundaries of their reservation and from one generation to the next. By creating a policy framework for change, the committee wants to serve as inspiration for more tribes to follow suit.

“Our most important resources are our members of the Native community,” O'Keefe said. “All of us on the committee feel like we're all being heard, and I see everybody's involvement in this. It's not just one of us. you can really see where everybody has a voice.”

This story was produced by the Native News Alliance with support from the American Indian Cancer Foundation.

Download the story, infographic and images at no cost:  http://bit.ly/2b8l5U0

**MMWR Report - Some Racial, Ethnic Groups Continue Smoking Cigarettes at Higher Rates**

Substantial disparities found among American Indians/Alaska Natives, Korean and Puerto Rican Americans

CLICK HERE FOR FULL REPORT AND GRAPHICS

Despite a significant decline in overall adult cigarettes making since 1964, disparities in cigarette smoking remain among racial and ethnic population groups, according to a new study from the Centers for Disease Control and Prevention (CDC) published in the Morbidity and Mortality Weekly Report (MMWR).

For example, current (past 30-day) cigarettes making during 2010-2013 was lower among Asians overall (10.9 percent) compared with Whites (24.9 percent). But among Asian sub-groups, the prevalence of current cigarette smoking ranged from 7.6 percent among Chinese and Asian Indians to 20.0 percent among Korean Americans. The American Indian/Alaska Native population had the highest prevalence of cigarette smoking at 38.9 percent. The findings in this study show the importance of identifying higher rates of tobacco use across within racial/ethnic population groups to better understand and address differences in tobacco use among U.S. adults.

Larger sample size for racial/ethnic subgroups

Estimates of cigarette smoking prevalence are usually presented in aggregate for racial of ethnic populations, such as Asian or Hispanic, because sample sizes are too small to provide estimates among racial/ethnic subgroups within these populations. To get a large enough sample size for this study, researchers aggregated data from the National Survey on Drug Use and Health collected between 2002-2005 and 2010-2013 to assess cigarette-smoking prevalence among 6 racial and ethnic population groups and 10 select subgroups in the United States.
“Even though the overall cigarette-smoking rate is declining, disparities remain among racial and ethnic groups and within subgroups,” said Bridgette Garrett, Ph.D., associate director for health equity in the CDC’s Office on Smoking and Health. “Looking beyond broad racial and ethnic population categories can help better focus the strategies that we know work to reduce tobacco use among sub-groups with higher rates of use.’

Additional survey results

Additional results from the study include:

Among Whites, current cigarette smoking prevalence was 27.7 percent in 2002-2005 and 24.9 percent in 2010-2013

Among Blacks, current cigarette smoking prevalence was 27.6 percent in 2002-2005 and 24.9 percent in 2010-2013

Among American Indian/Alaska Natives, current cigarette smoking prevalence was 37.1 percent in 2002-2005 and 38.9 percent in 2010-2013

Among Native Hawaiian or Other Pacific Islanders, current cigarette smoking prevalence was 31.4 percent in 2002-2005 and 22.8 percent in 2010-2013.

Among Asians, the current cigarette smoking prevalence was 14.5 percent in 2002-2005 and 10.9 percent in 2010-2013. Within that group were Chinese (7.6 percent in 2010-2013), Asian Indian (7.6 percent in 2010-2013), Japanese (10.2 percent in 2010-2013), Filipino (12.6 percent in 2010-2013), Vietnamese (16.3 percent in 2010-2013), and Korean (20.0 percent in 2010-2013).

Among Hispanics, current cigarette smoking prevalence was 23.9 percent in 2002-2005 and 19.9 percent in 2010-2013. Within that group were Central or South American (15.6 percent in 2010-2013), Mexican (19.1 percent in 2010-2013), Cuban (19.8 percent in 2010-2013), and Puerto Rican (28.5 percent in 2010-2013).

“We know smoke-free policies, hard-hitting media campaigns, higher prices for tobacco products, and promotion of cessation treatment in clinical settings are proven to reduce tobacco product use,” said Corinne Graffunder, Dr.P.H., director of CDC’s Office on Smoking and Health. “If fully implemented and enforced, these strategies could help reduce tobacco use, particularly among racial and ethnic populations with higher rates of use.”

Tobacco use is the leading cause of preventable disease and death in the United States, responsible for more than 480,000 premature deaths annually. And for each death, there are about 30 Americans suffering from a tobacco-related disease. Native American smokers can get free help by calling 1-855-372-0037, or going online to www.smokefree.gov.

Just Released: The Patient Navigation Barriers and Outcomes Tool

CLICK HERE FOR MORE INFORMATION AND TOOL

The George Washington University (GW) Cancer Center is pleased to announce the launch of a brand new tool. The Patient Navigation Barriers and Outcomes Tool (PN-BOT) is a customizable, free, Excel-based data entry management and reporting product designed for oncology patient navigation programs. “We are...
excited about the PN-BOT’s potential to capture the value of navigation to advance the field,” said Mandi Pratt-Chapman, associate center director for patient-centered initiatives and health equity at the GW Cancer Center.

Navigation programs can use the PN-BOT to document, track and generate simple reports on information such as:

- Patient volume
- Patient demographic profiles
- Cancer treatment profiles
- Timelines of cancer care
- Barriers to care and steps to reduce barriers
- Navigation caseload and time
- Navigation services provided
- Patient outcomes

**Learn more about the PN-BOT and download it today HERE!**

If you have any questions or feedback about the tool, please contact us at navigation@gwu.edu. The department of the PN-BOT was funded by a generous grant from Genetech.

**CDC Journal Article: Tobacco Use, Secondhand Smoke, and Smoke-Free Home Rules in Multiunit Housing**

**Higher use and exposure among certain racial and socioeconomic groups**

**CLICK HERE FOR FULL ARTICLE, GRAPHICS AND DOWNLOADS**

Americans living in multiunit housing, such as apartments and condominiums, are more likely to use tobacco products and less likely to have smoke-free home rules than people living in single-family housing, according to a new study by the Centers for Disease Control and Prevention.

Published in the American Journal of Preventive Medicine, this is the first national study to document these comparisons. CDC researchers also found about 34 percent of multiunit housing residents who have adopted voluntary smoke-free home rules have recently been exposed to secondhand smoke that entered their living unit from nearby living until or shared areas.

Using data from 2013-2014 National Adult Tobacco Survey, researchers found that 25 percent of adults ages 18 years and older who lived in multiunit housing used a tobacco product, compared with 19 percent of adults in single-family homes. Additionally, about 20 percent of adults in multiunit housing used combustible tobacco products, which are a source of secondhand smoke exposure; combustible tobacco products use among single family home adults was about 14 percent.
“These findings how the importance of protecting all above who live in multiunit housing through smoke-free building policies and access to tobacco cessation resources,” said Corinne Graffunder Dr.P.H., director of CDC’s Office on Smoking and Health. “Smoke-free rules help reduce secondhand smoke exposure among nonsmokers, prevent smoking initiation among youth and adults, support tobacco cessation among current smokers, and reduce the social acceptability of smoking.”

Disparities in tobacco use were also observed across population groups. Use of any tobacco product in multiunit housing was highest in their respective demographic categories among men, adults 45-64, non-Hispanic blacks, unmarried adults, lesbian, gay, and bisexual adults, people living in the Midwest, people with a high school diploma but no college education, and persons with annual household income less than $20,000.

The study found that 81 percent of multiunit housing units had smoke-free home rules, compared with 87 percent of single-family homes. Among multiunit housing residents with smoke-free home rules, 34 percent reported that secondhand smoke involuntarily entered their homes from somewhere else in or around the building. Almost 8 percent reported secondhand smoke entered their homes every day, and 9 percent reported secondhand smoke entered a few times a week.

“The Surgeon General has concluded there is no safe level of exposure to secondhand smoke. Opening windows or using ventilations systems does not effectively eliminate secondhand smoke exposure in multiunit housing,” said Brian King, Ph.D., deputy director of research translation in the CDC’s Office on Smoking and Health and co-author of the study. “Exposure to secondhand smoke from cigarettes causes more than 41,000 deaths among nonsmoking adults each year, and about $5.6 billion annually in lost productivity caused by premature death.”

Since 2009, the U.S. Department of Housing and Urban Development (HUD) has encouraged public housing authorities to implement smoke-free policies on their properties. In 2010, HUD issued similar guidance to owners and managers of multi-family housing rental assistance programs, such as Section 8. On November 12, 2015, HUD proposed a policy for U.S. public housing that, if implemented or proposed would prohibit the use of “lit” tobacco products (cigarettes, cigars, or pipes) in all living units, indoor common areas, administrative offices, and all outdoor areas within 25 feet of housing and administrative office buildings. As of October 2015, several hundred public housing authorities across the U.S. had already instituted such policies.

Additionally, 22 communities in California have enacted laws that prohibit smoking in all multiunit housing, including living units, in both government subsidized and privately owned multiunit housing. A growing number of owners and managers of multiunit housing have also voluntarily implemented smoke-free policies on their properties.
How Mortality Data Fails Native Americans

The latest data from the CDC finds that death certificates often misclassify American Indians and Alaska Natives as white.

ORIGINAL ARTICLE By Kate Wheeling of Pacific Standard HERE

It’s no secret that the Indian Health Service, the federal agency tasked with providing health-care services to American Indians and Alaska Natives, is underfunded and overburdened; Native Americans are more likely to die from liver disease, diabetes, homicide, suicide, and respiratory diseases than the general population in the United States. But a new report from the Centers for Disease Control and Prevention finds yet another variance in the death certificates of Native Americans: Their race is often misclassified.

The study compared date of self-reported race classification from current population surveys and death certificates. Here are some highlights:

• While race classification tended to be near perfect for white and black populations in the three decades between 1979 and 2011, only slightly more than half of American Indians or Alaska Natives were correctly identified as such on their death certificates over the same period.

• Between 1999 and 2011, Hispanic and Asian or Pacific Islander populations experienced a decrease in misclassification, down to 3 percent from 5 and 7 percent, respectively. Over the same period, misclassification remained at 40 percent for American Indian and Alaska Native populations.

• The majority of misclassified American Indians and Alaska Natives are erroneously classified as white.

• The authors point to one common culprit for the errors: funeral directors, who typically fill out race and ethnicity information on death certificates. Directors should turn to the deceased’s family members for this information, the authors write, but too often rely on observation alone.

• Two factors made errors less likely: a foreign country of birth, and certain geographic regions. Funeral directors must fill out a country of birth on death certificates, which could hint at the deceased’s actual ethnicity. And the greater the population of a particular race in a given region, the greater the likelihood that a funeral director will be familiar with the population, or belong to the minority group himself, increasing the odds of accurately recording a person’s race.

Mortality trend data can provide researchers and policymakers with valuable information health status of different populations, and can help pinpoint targets for intervention. But the data is only as valuable as its accuracy, and the large amount of misclassification of race on death certificates has the potential to undercut any insights gleaned from death records.
TOBACCO USE AND SECONDHAND SMOKE EXPOSURE IS HIGH IN MULTIUNIT HOUSING

- About 80 million (1 in 4) people in the US live in multiunit housing, such as apartments.
- Many who live in public housing are especially affected by secondhand smoke, including children, the elderly, and people with disabilities.
- About 8 in 10 multiunit housing residents choose to make their own homes smoke-free.
- About 20 percent of adults in multiunit housing use combustible tobacco products, which are a source of secondhand smoke exposure.

Among multiunit housing residents with smoke-free home rules, 34 percent report that secondhand smoke involuntarily enters their homes from somewhere else in or around the building.

There is no safe level of secondhand smoke exposure

Secondhand smoke can travel within multiunit housing and common areas through doorways, cracks in walls, electrical lines, ventilation systems and plumbing.

Opening windows and using fans does not completely remove secondhand smoke.

Heating, air conditioning and ventilation systems cannot eliminate exposure to secondhand smoke.
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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www.keepitsacred.org
Smokefree Protection in the South: Is Your Community Smokefree?

A comprehensive smokefree law prohibits smoking in ALL indoor areas of private worksites, restaurants, and bars.

**WHAT PERCENT OF RESIDENTS ARE PROTECTED BY A COMPREHENSIVE SMOKEFREE LAW?**

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*States that remove or limit local government to enact local policies that protect people from secondhand smoke.

**NO LEVEL OF SECONDHAND SMOKE EXPOSURE IS SAFE.**

Secondhand smoke kills more than 400 infants and 41,000 adult nonsmokers† every year in the U.S. Smokefree laws and policies are proven ways to protect nonsmokers from the harms of secondhand smoke exposure.

†Infant deaths include those due to Sudden Infant Death Syndrome. Deaths among nonsmoking adults include those due to lung cancer and heart disease.


58 million U.S. nonsmokers are still exposed to secondhand smoke.
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

*Need help quitting smoking?
Call the American Indian Commercial Tobacco Program to talk to a compassionate Native American coach.
1-855-372-0037
New Articles, Reports and Publications

✦ CDC REPORT - Tobacco Use, Secondhand Smoke, and Smoke-Free Home Rules in Multiunit Housing, CDC Report published July 13, 2016

Events

August 17, 2016 WEBINAR - NACDD Cancer Council Communications Training - REGISTER HERE
August 17, 2016 Partnerships at Play: State and Local Collaborations to Facilitate Community-clinical Linkages for Colorectal Cancer Screening - REGISTER HERE
August 15-17, 2016 Native Patient Navigator’s Basic Training - Denver, CO - MORE INFORMATION
August 22, 2016 WEBINAR: Using Immunization Information Systems to Increase HPV Vaccination Uptake - REGISTER HERE
August 29, 2016 WEBINAR - Helping Cancer Survivors to End Tobacco Use and Improve Health Outcomes REGISTER HERE
August 29, 2016 CYBER-SEMINAR - Helping Cancer Survivors to End Tobacco use and Improve Health Outcomes - 2 - 3 PM - MORE INFORMATION
August 31, 2016 Empowering Health 5K Run/Walk - Rapid City Memorial Park Bandshell - Presented by Great Plains Tribal Chairmen’s Health Board - MORE INFORMATION
August 30-31, 2016 - National Tribal Forum: For Excellence in Community Health Practice - Northern Quest Resort and Casino, Spokane, Washington - A gathering that celebrates Tribal Achievements and Innovations in Creating Healthier Communities. - Contact Luella Azule at lazule@npaihb.org or 503-416-3263. VIEW Flier HERE. MORE INFORMATION.
August 30 - September 1, 2016 - Direct Service Tribes 13th Annual National Meeting & 6th Annual GPTCHB Health Summit - Rushmore Plaza Holiday Inn, Rapid City, SD - MORE INFORMATION
September 19-22, 2016 - 2016 National Tribal Health Conference (33rd Annual Consumer Conference) - Talking Stick Resort - Scottsdale, Arizona - MORE INFORMATION
September 24, 2016 - Family Health and Fitness Day USA - MORE INFORMATION

September 26-27, 2016 - First Annual Conference on Native American Nutrition - Mystic Lake Casino Hotel, Prior Lake Minnesota - REGISTER HERE

September 29, 2016 - World Heart Day - MORE INFORMATION

September 1 - 30, 2016 - Healthy Aging Month - MORE INFORMATION

September 21-24, 2017 - Spirit of EAGLES National Conference “Changing Patterns of Cancer in Native Communities - Niagara Falls, NY - For more information regarding the conference, please visit www.nativeamericanprograms.net or contact Marcy Averill at averill.marcy@mayo.edu

FOR MORE AND THE LATEST EVENTS, VISIT KEEPITSACRED.ORG
If you have an event or opportunity to share in the next NNN Newsletter, please call or email the National Native Network team at 906-632-6896 x108 or nnn@itcmi.org

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