

Keep It Sacred | Life Is Sacred

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Northern California Teens Work to Reduce Commercial Tobacco Use in Films

SACRAMENTO - In California, nearly 34% of the American Indian/Alaska Native Population uses commercial tobacco, compared to 14% of the total population statewide. The top two causes of death among the AIAN population is cardiovascular disease and lung cancer, in which commercial tobacco use is a contributing factor. With the support of United Indian Health Services, the Teen Advisory Group developed a way to help prevent commercial tobacco use among teens.

Challenge

Youth who are exposed to smoke in movies are more likely to begin smoking themselves. In the early 2000's, smoking depicted in films started to decrease, however, in 2010, commercial smoking began to increase. In 2010, a third of the top grossing films for families and children depicted commercial tobacco use.

Photo: United Indian Health Services PSA Facts



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Letter from the Director

The National Native Network (NNN) and its Tribal Partners have been incredibly busy during these past summer months. The NNN Partners have focused on meeting the objectives identified in the work plan, and from the success stories we have been reading and sharing, their work efforts have definitely been demonstrated. The NNN has increased our visibility through our website visits, visitors enrolling to become members of the NNN site, Facebook "likes" and retweeting of posts on Twitter.

In June, Program Specialist Robin Clark and I were able to visit the proud Lumbee Tribe of North Carolina and learn firsthand the activities and accomplishments of April Bryant, Lumbee Tribe Program Manager and NNN Board of Directors member. We sincerely appreciated the time spent with April, the Lumbee Tribal Chairman Paul Brooks, staff of the Lumbee Tribe, and also the opportunity to take in the opening day of the "Lumbee Homecoming". Our visit to Pembroke, North Carolina, definitely showed us when positive energy and efforts go into a project, exciting opportunities can occur! We are hoping to visit with the California Rural Indian Health Board (CRIHB) within the next month, and visit with Jackie Kaslow and Chris Cooper to learn about the impacts they are making for California Tribes/tribal people, and also observe their current projects.



On July 21st, Jackie Avery (Centers for Disease Control Office on Smoking and Health, Public Health Advisor) and Nikki Hayes (CDC Division of Cancer Prevention and Control, Branch Chief), conducted a site visit at the Inter-Tribal Council of Michigan (ITCMI) to meet with ITCMI staff (Noel Pingatore, Robin Clark and Derek Bailey) regarding the National Native Network. We appreciate the ITCMI staff that participated during the day long visit, and also thank L. John Lufkins, Executive Director, for his warm welcome. We also



want to thank our NNN Partners (Great Plains Tribal Chairmen's Health Board, the Cherokee Nation, the Lumbee Tribe of North Carolina, the California Rural Indian Health Board, and the SouthEast Alaska Regional Health Consortium) that called in to participate and share their respective work efforts and accomplishments. Also, our gratitude to Osiyo Communications (Shawn Arthur and Seth Huntley) for skyping in to share on their activities on behalf of the NNN.

We ask that you continue to visit our website, www.KeepItSacred.org, to learn more about the National Native Network. We also encourage you to like, and follow, us on Facebook to follow our activities and to be kept up to date on relevant information, upcoming informational webinars, and opportunities that might assist you in both your personal and professional lives.

Miigwetch (thank you),

Derek J. Bailey, MSW
Program Director
National Native Network



Northern CA Teens Reduce Commercial Tobacco Use... continued

This means that movies with a rating of G, PG, and PG-13 depicted commercial tobacco use. Those youth that are exposed to the most smoke in scenes are twice as likely to begin smoking when compared to youth that have seen the least amount of commercial smoking in films.



Solution

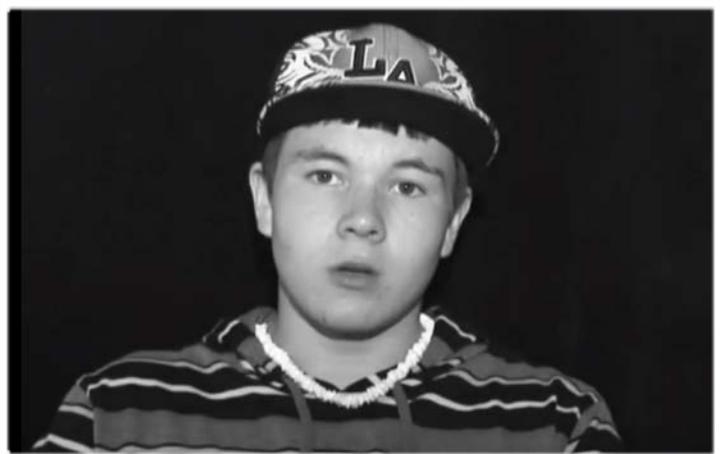
In 2012, United Indian Health Services along with their Teen Advisory Group began to address this issue. The teens started by creating storyboards about traditional tobacco, commercial tobacco, and the dangers of second hand smoke. This allowed them to create 3 Public Service Announcements. They also created a short film about smoking and the influence of film on choosing to smoke commercial tobacco.

The teens attended the American Indian Film Festival planned to ask the Film Institute to adopt one of following policies: Show an anti-tobacco ad before films that showed commercial tobacco use; Not show films that have tobacco product placement in them that exploit American Indian/Alaska Native culture and/or images; Not show films that depict youth under the age of 17 using commercial tobacco. Unfortunately, they were not able to get an audience with the board, however, this did not deter their work.

The teens and United Indian Health Services also worked in the community to get resolutions that supported their efforts to raise awareness about commercial tobacco use in films. They received resolutions from Resighini Rancheria, Smith River Rancheria, United Indian Health Services, Northern California Indian Development Council, Inc.'s Wellness Committee, California Rural Indian Health Board, and Humboldt County Tobacco Education Network.

Future Directions

Although the Teen Advisory Group was unsuccessful in getting the American Indian Film Institute to adopt a policy around commercial tobacco in films, they were able to successfully get resolutions to support their work. Their hope is to see other tribes and youth advisory groups create resolutions and move forward with this work. The teen advisory group and UIHS have developed a blueprint to continue this work and develop their own Public Service Announcements. If you are interested in continuing this work, please contact Wendy Rinkel at (709) 464-2919 Ext. 5041



Written by Chris Cooper, Health Education Specialist II, California Rural Indian Health Board.

Photos from United Indian Health Services.

NNN TA Webinars

This month, the NNN continues our Cancer Risk Reduction Webinar Series. We are pleased to work with the Indian Health Service Clinical Support Center (accredited sponsor) to offer continuing education credits to physicians and nurses for select webinars!

August 20: Lung Cancer Screening, led by Dr. Robert Chapman, Josephine Ford Cancer Center, Henry Ford Health System; Dr. Divyakant Gandhi, McLaren Greater Lansing Cardiothoracic and Vascular Surgeons; Dr. Sunil Nagpal, West Michigan Cancer Center

August 26: Breast Cancer in Indian Country, led by Dr. Jackie Miller, CDC National Breast and Cervical Cancer Early Detection Program; and Dr. Arica White, CDC DCPC Epidemiology

September 30: Cervical Cancer and HPV, led by Meg Watson, CDC DCPC Epidemiology

October 28: Liver Cancer and Hepatitis, led by Dr. Brian McMahon, Alaska Native Tribal Health Consortium Liver Disease and Hepatitis Program and CDC Arctic Investigations Program

November 25: Colorectal Cancer, led by Dr. David Perdue, American Indian Cancer Foundation

NNN webinars are the last Tuesday of the month, 3-4pm EST.



CRIHB Collaborates with State of California MediCal Incentives to Quit Smoking

SACRAMENTO - In February of this year, the California Rural Indian Health Board (CRIHB) began working with the Medi-Cal Incentives to Quit Smoking (MIQS) program to promote the MIQS quit incentives to California's American Indian communities. The MIQS program offers a \$20 gift card to eligible Medi-Cal members who call the Quit Line and complete the first counseling session through December 2015. Free nicotine replacement packages are also mailed directly to the caller's home; eliminating the need to see a doctor and obtain a prescription. This benefits many California tribal members that are trying to quit smoking, as access to health and pharmacy services may be limited on or near the Reservation/Rancheria.

The collaborations between CRIHB, MIQS and other important agencies such as the State Indian Health Program and the California Comprehensive Cancer plan program resulted in a culturally reflective postcard and poster to advertise the MIQS quit incentives. CRIHB identified the most appropriate clinic contact at each Tribal Health Program site and designated staff engaged in commercial tobacco cessation work. A package of 500 postcards and posters were mailed out to all Tribal Health Programs in California in early May. In July, MIQS reported a 22% increase in Medi-Cal patient calls to the Quit Line.

Medi-Cal Members: Special Offer to Help You Quit Smoking.

When you call, have your Medi-Cal ID card ready.

CALIFORNIA
SMOKERS' HELPLINE
1-800-NO-BUTTS

*Some conditions apply. One gift card per person, per year. While supplies last.
© 2014 UCSD. Funded by CMS. MIQS10-02/14

www.NoButts.org/Medi-Cal

CRIHB is continuing to work with MIQS by identifying service agencies outside of Tribal Health Programs where postcards may be

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CRIHB Collaborates with MediCal Incentives to Quit.. continued

handed out to individuals who currently use commercial tobacco and want to quit. Programs include Social Services, Behavioral Health, Alcohol and Drug counseling, Elder Services, Education, Domestic Violence, TANF, and ICWA. By providing materials to community agencies, it expands the reach to tribal members who may not access the Tribal Health Programs. CRIHB and MIQS are also reaching out to rural clinics in tribal areas that tribal members may use outside of their system. The posters and postcards will be going out in early-October.

This collaboration has benefitted both CRIHB and MIQS. MIQS has introduced CRIHB to other state agencies to partner with. CRIHB has helped MIQS to increase their understanding of traditional tobacco and commercial tobacco use in California Indian Country. With MIQS being a participant at CRIHB conferences, the MIQS program has had an opportunity to outreach to Tribal Health Programs and Tribal Leaders directly.

Written by Chris Cooper, Health Education Specialist II, California Rural Indian Health Board.

Reclaiming Healthy Food Systems in Indian Country

With funding from the W.K. Kellogg Foundation, the First Nations Development Institute launched the Native Agriculture & Food Systems Initiative to help Tribes and native communities strengthen their local food systems, build food security and improve health and nutrition. Read more about it [here](#) and on the First Nations Development institute's website at www.firstnations.org.



Cherokee Nation Collaborates with State of Oklahoma Tobacco Cessation Counseling Reimbursement

TAHLEQUAH - The Cherokee Nation is the second largest Indian Tribe in the United States and the largest Indian Nation in the state of Oklahoma. Oklahoma has the second highest population of Indian people residing in a state (273,230). Combined, Indian tribes are the fourth largest employer in the state. There are more than 300,000 Cherokee tribal citizens.

The Cherokee Nation Community Health Promotion has made it a priority to work on the development, implementation, and monitoring of policy, systems and environmental change strategies that have impact on the prevention of chronic disease. In the last 10 years Cherokee Nation Health Services has specifically focused on strategies related to promoting physical activity, preventing exposure and use of commercial tobacco and increasing access to healthy food options. Cherokee Nation is working closely with municipalities, worksites, schools, communities, and health care settings to plan and implement these priority strategies that not only target tribal citizens but all people living in the CN tribal service area.

Challenge

Cherokee Nation Community Health Promotion believes that the key to reaching Native American who reside within Cherokee Nation who use commercial tobacco is through utilizing the EMR (Electronic

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Medical Records). Documentation was strictly not enough to get help for patients who use commercial tobacco. The steps to getting help were more resourceful through partnerships with the Oklahoma State Department of Health, the Oklahoma Healthcare Authority and Cherokee Nation to assist with counseling and referrals to the free 1-800-Quit Line. These would assist in helping Cherokee Citizens to quit commercial tobacco abuse. SoonerCare Benefits identified under these partnerships provided resources back to the Cherokee Nation to better help patients.

Methods

Cherokee Nation Community Health Promotion has partnered with the State of Oklahoma to implement policy, systems, and environmental changes for over 20 years. This partnership will offer a reimbursement to designated providers who work with eligible patients to make a tobacco quit attempt.

The following guidelines detail specific requirements within the Sooner Care™ Benefit.

- ◆ Each attempt may include up to 4 counseling sessions with a max of 8 sessions per 12 months
- ◆ Providers must use the 5 A's in counseling patients
 - ◆ Asking the patient to describe their smoking use
 - ◆ Advising the patient to quit
 - ◆ Assessing the willingness of the patient to quit
 - ◆ Assisting patient with referrals, plans to quit
 - ◆ Arranging for follow-up
- ◆ Sessions must occur in the provider office and or outpatient setting
- ◆ Smoking and Tobacco Use Cessation Counseling is a covered service when performed by physicians, physician assistants, advanced registered nurse practitioners, certified nurse midwives, dentists, and specific nursing staff.
- ◆ It is reimbursed in addition to any other appropriate global payment for obstetrical care, PCP care coordination payments, evaluation and management codes or other appropriate services
- ◆ It must be a significant identifiable service, separate from other services provided that day
- ◆ Medical record documentation must include: a separate process note with patient specific information addressing 5 A's counseling; start and end times performing the service and signature with credentials of the direct service provider.

Results

Cherokee Nation already had in place the Oklahoma Help Quit Line Fax Referral system, so utilizing the EMR will be a better resource when assisting with referrals and provide the counseling. The template is a resource designed by the Oklahoma State Department of Health in documenting patient counseling. EMR will also provide resources to collect data on the number of referrals documented.

Written by June Maher, Tobacco Prevention Specialist, Cherokee Nation

5 A's of Tobacco's Cessation Counseling



Client's Name: Physician Billing Codes: 99406 - (3-10 min.)
 99407 - (10+ min.)
 Dental Billing Code: D1320 - (3-10 min.)
Providers are encouraged to refer patients to the Oklahoma Tobacco Free Helpline

Visit Date	Start Time	1	2	3	4
ASK every patient every time (1 minute)	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day)
ADVISE all tobacco users of the consequences (1 minute)	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day)
ASSESS willingness to make a quit attempt (1 minute)	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day)
Assist with treatment and referrals (3+ minutes)	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day)
Arrange follow up (1 minute)	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day) 	<ul style="list-style-type: none"> ◆ Does Not Smoke ◆ Recently Quit ◆ Light Smoker (less than 25 cigarettes a day) ◆ Heavy Smoker (25+ cigarettes a day)
Comments:	<input type="text"/>				
End Time	<input type="text"/>				
Provider Signature	<input type="text"/>				
Credentials	<input type="text"/>				

Gambling with Our Health

Smoke-Free Policy Would Not Reduce Tribal Casino Patronage



Isaiah "Shaneequa" Brokenleg, MPH, Teresa K. Barber, MEd, Nancy L. Bennett, BS, Simone Peart Boyce, PhD, Valarie Blue Bird Jernigan, DrPH

Background:

Tribal sovereignty exempts tribal casinos from statewide smoking bans.

Purpose:

To conduct a tribally-led assessment to identify the characteristics of casino patrons at Lake of the Torches Resort Casino in Lac du Flambeau WI and their preferences for a smoke-free casino.

Methods:

A survey was administered from April to August 2011 to a stratified random sample of 957 members of the casino players club to assess their preferences for a smoke-free casino. These members were categorized into three groups: those who reported being likely to (1) visit more; (2) visit less; or (3) visit the same if the casino prohibited smoking. They were characterized by age, education, sex, race/ethnicity, annual income, players club level, and reasons for visiting the casino. Statistical analyses were conducted on weighted data in October to December 2011. Weighted logistic regression was calculated to control for potential confounding of patron characteristics.

Results:

Of the 957 surveyed patrons, 520 (54%) patrons were likely to visit more; 173 (18%) patrons to visit less; and 264 (28%) patrons were indifferent to the smoke-free status. Patrons more likely to prefer a smoke-free casino tended to be white, elderly, middle class and above, and visit the casino restaurants. Patrons within the lower tiers of the players club, almost half of the players club members, also showed a higher preference for a smoke-free casino.

Conclusions:

This tribal casino would likely realize increased patronage associated with smoke-free status while also contributing to improved health for casino workers and patrons.

Please click [here](#) to download the full document as an Adobe acrobat document. (264KB)

Upcoming Events

August 12 American Cancer Society Circle of Life Professional Development Call 2PM CT: Model of a Successful Tribal QI Program, Jenelle Elza, Red Cliff Band of Lake Superior Chippewa; Conference line 1-888-512-3142, passcode 01726298#

August 12 - 14 CDC Tribal Advisory Committee Meeting and Consultation, hosted by the Tribes of the Bemidji Area and CDC/ASTDR; Traverse City, MI

August 13-14 Coordinator Camp 2014 hosted by the Youth Engagement Alliance for Tobacco Control

August 20 NNN Technical Assistance Webinar Special Event 3-4 PM EDT: Lung Cancer Screening, Dr. Robert Chapman, Dr. Divyakant Gandhi, and Dr. Sunil Nagpal

August 26 NNN Technical Assistance Webinar 3-4 PM EDT: Breast Cancer in Indian Country, Dr. Jacqueline Miller and Dr. Arica White, CDC

September 3 National Colorectal Cancer Roundtable Evaluation 101 Training Series Part 3 2-3:15 PM EDT: How to Evaluate Activities Intended to Increase Awareness and Use of Colorectal Cancer Screening

September 8-11 National Indian Health Board 31st Annual Consumer Conference, hosted by Navajo Nation; Albuquerque, NM

September 30 NNN Technical Assistance Webinar 3-4 PM EDT: Cervical Cancer and HPV in Indian Country, Meg Watson, CDC

If you have an event or article that you'd like to be included in the next National Native Network newsletter or on our website at www.keepitsacred.org, email admin@keepitsacred.org.

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