

## National Native Network



### Network Mission

The mission of the NNN is to enhance the quality and performance of public health systems to reduce commercial tobacco-related illnesses and cancer disparities among American Indian and Alaska Native (AI/AN) populations.

The NNN is administered by the Inter-Tribal Council of Michigan and directed by a Board of four Partner Tribes and Tribal Organizations.

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### Health Burden of Cancer on American Indians and Alaska Natives:

- Cancer is a leading cause of death among AI/AN populations
- AI/AN cancer data is limited and may underestimate rates
- AI/ANs face inequities in cancer incidence and mortality; AI/ANs have not seen the progress in cancer control that Non-Hispanic Whites have
- AI/AN cancer incidence and mortality rates vary greatly by region and gender
- Lung cancer is the most common cause of cancer death among AI/ANs
- AI/ANs have high rates of smoking, obesity, physical inactivity and low rates of cancer screening and consumption of fruits and vegetables.
- AI/AN cancer incidence rates are often *significantly greater* than rates of Non-Hispanic Whites:

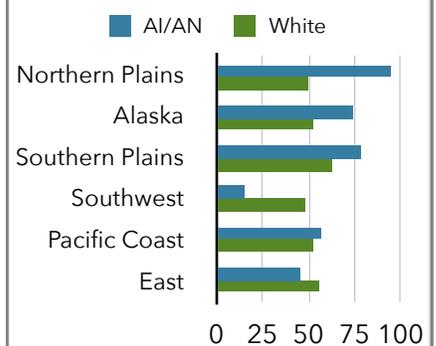
**Lung Cancer:** up to 88% greater  
[Women in the Northern Plains]

**Cervical Cancer:** up to 97% greater  
[Women in the Northern Plains]

**Liver Cancer:** up to 254% greater  
[Women in the Northern Plains]

**Colorectal Cancer:** up to 144% greater  
[Women in Alaska]

**Lung and Bronchus Cancer Death Rates 1999 - 2009\***



### Health Burden of Commercial Tobacco Use:

- AI/AN commercial tobacco use varies by Tribe and region and data is limited
- Overall, 38.5% of AI/AN smoke commercial tobacco, almost double the national average of 18.1% for all races
- Tribe-specific data shows smoking rates from 28% to 71.5% , initiation before age 8, and regular smoking during the tween and teen years
- Smoking is linked to 6 of the top 8 causes of death among AI/AN
- Other smoking-related health burdens disproportionately affect AI/AN communities, such as infant mortality, diabetes, and asthma
- Traditional tobacco is different than commercial tobacco and is used in sacred ways by many Tribes (see page 2)

Sources: American Journal of Public Health: June 2014 Vol 104, No. S3; YRBS - U.S. 2013, CDC 2014; MMWR Vol. 63 No. 4, June 13 2014; AI ATS Survey Manual, CDC 2008; AI-ATS Report, Inter-Tribal Council of MI 2012; American Journal of Public Health: November 2009, No. 99.

\*Per 100,000 persons, Contract Health Service Delivery Areas, see Plescia et al, 2014, Table 1.



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### Traditional Sacred Tobacco Use vs. Commercial Tobacco Use:

Traditional tobacco is and has been used in sacred ways by many Tribes for centuries. Its use differs by Tribe: some use only the tobacco plant *Nicotiana* and some use mixtures of other plants. Traditional tobacco is grown and used in cultural ways and may be burned or smoked. Commercial tobacco is produced for recreational use by companies, contains chemical additives, and is linked with death and disease. It is sometimes erroneously used in place of traditional tobacco for ceremonies.

### AI/AN Cancer and Commercial Tobacco Health Disparities Priorities

Topic	What Works	Recommendations
<b>AI/AN Cancer and Commercial Tobacco Health Disparities</b>	<p>Tribal-led program development, implementation, and enforcement with culturally-appropriate goals and methods, using tribe-specific data;</p> <p>Partnerships and collaboration among national, tribal, state, and local programs;</p> <p>Tribal National Networks, Tribal Epidemiology Centers, Inter-Tribal Organizations, Tribal Comprehensive Cancer Control Programs, and Tribal Support Centers for Tobacco Control provide community-specific and culturally tailored services and technical assistance to Tribes and facilitate collaboration among tribal, federal, state, and local programs in cancer and commercial tobacco use prevention and control.</p>	<p>Continue and expand tribal-specific funding opportunities with consideration of tribal health and governance system structures in determining eligibility criteria, goals, and objectives</p> <p>Continue and expand tribal community capacity-building priorities in CDC and other federal agency missions.</p> <p>Continue and expand funding opportunities for Tribal National Networks, Epidemiology Centers, Inter-Tribal Organizations, CCCPs, and Support Centers for Tobacco.</p> <p>Consider formal cancer control structures in every IHS area to ensure collaborations in epidemiology and translational research occur among state and tribal public health authorities.</p>
<b>AI/AN Cancer and Commercial Tobacco Use Data</b>	<p>Improved methods and collaboration on State cancer registry linkages with I.H.S. and Tribal health system patient records;</p> <p>Tribal National Network, Epidemiology Centers, Inter-Tribal Organizations, Tribal CCCPs, and Tribal Support Centers for Tobacco collect, analyze, and translate epidemiological data for tribal use;</p> <p>Implementation of GPRA measures tracking cancer screening and tobacco cessation delivery in I.H.S. and tribal health programs;</p> <p>Improved racial classification procedures;</p> <p>American Indian Adult Tobacco Survey and Tribal BRFSS provide rigorous data via culturally appropriate methods to accurately measure and identify priorities for tribal communities.</p>	<p>Reduce AI/AN health data inaccuracies by:</p> <ul style="list-style-type: none"> <li>• Employing survey methods that use larger AI/AN population sample sizes than national data collection methods currently use or oversample AI/AN populations (NHIS, State BRFSS)</li> <li>• Avoiding data aggregation to allow clarity in cultural and geographic variation</li> <li>• Avoiding AI/AN population data grouping as ‘other races’ in datasets</li> <li>• Employing culturally appropriate survey methods, i.e. AI ATS and Tribal BRFSS</li> </ul> <p>Improve availability of funding and partnerships to pursue culturally appropriate and scientifically rigorous data collection methods such as the AI ATS and Tribal BRFSS.</p>

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