



# New Mexico Chronic Disease Prevention Council Meeting

## *Health Promotion/Disease Prevention Overview*

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June 15, 2021

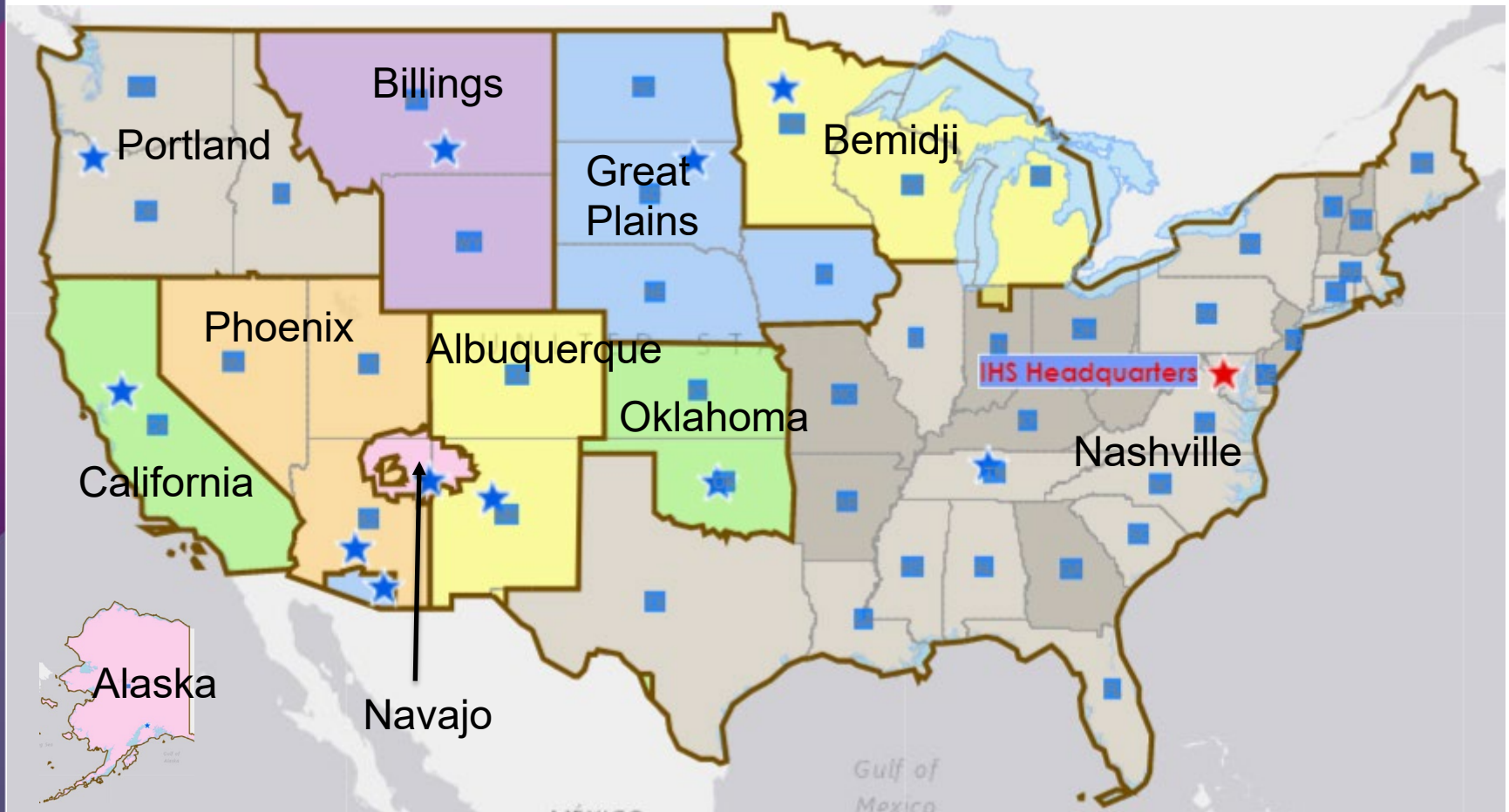


# Outline

- Background
- Strategic Plan and Priorities
- Prevention Strategies
  - Physical Activity
  - Commercial Tobacco Use
  - Cancer Prevention
  - Collaborative Partners

# Area HP/DP Coordinators

- 11 Area HP/DP Coordinators





# Background

- Significant health disparities among American Indian/Alaska Native
  - Cardiovascular Disease
  - Cancer
  - Diabetes
- Many of these health conditions and diseases are related to lifestyle behaviors
  - physical inactivity, commercial tobacco use, and poor diet



# 2019-2023 HP/DP Strategic Plan

## Priorities

- Increase Physical Activity for All Ages
- Reduce Commercial Tobacco Use Among Youth & Adults
- Strengthen Partnership and Collaboration to Increase Cancer Awareness and Screenings
- Promote Health and Well-being Through Partnerships and Collaborations

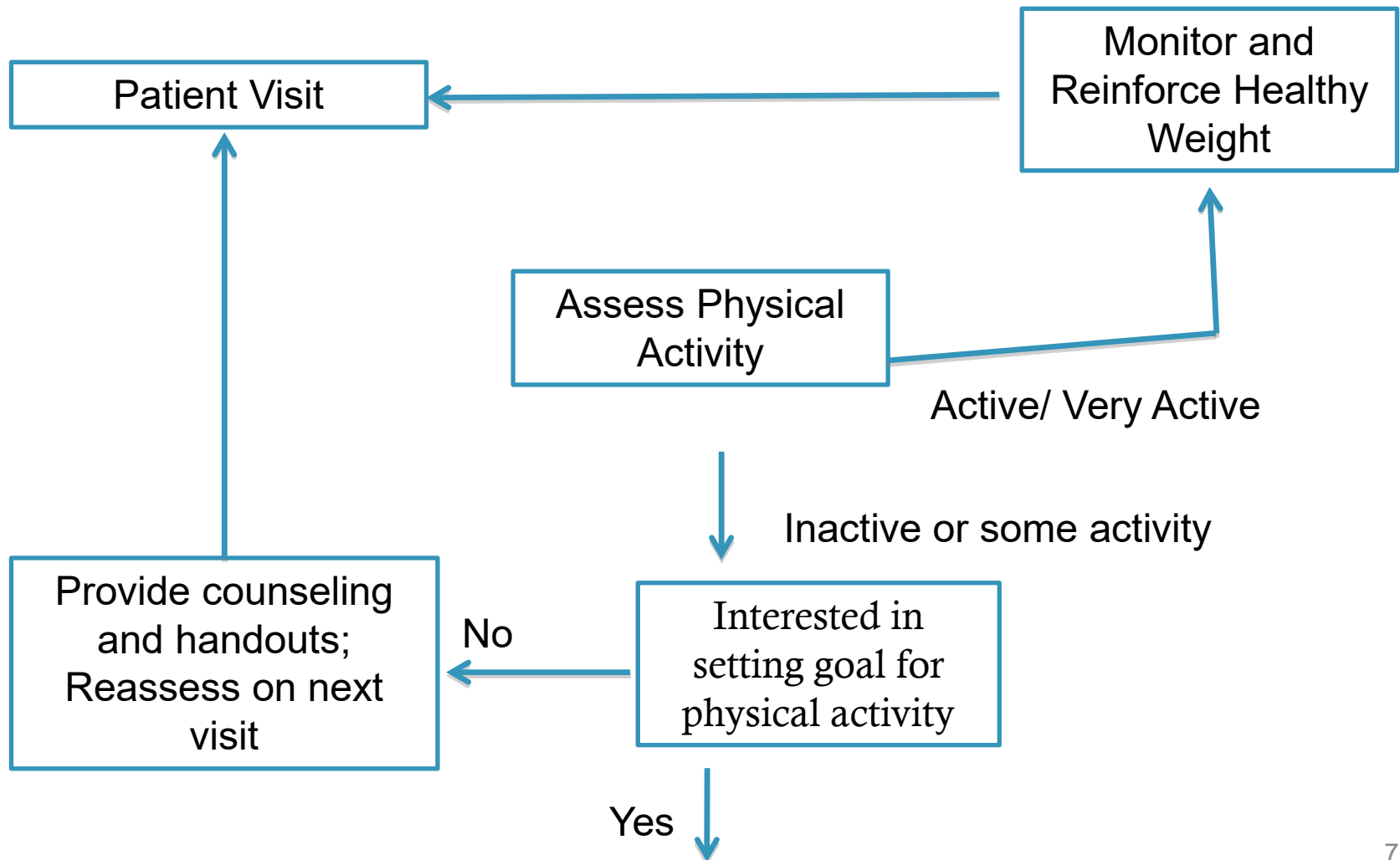


# Priority 1: Increase Physical Activity for all Ages.

## Strategies

- Quarterly webinar on best/promising practices focusing on physical activity and healthy eating.
- Updating the worksite wellness circular. All 12 IHS Area has a worksite wellness policy established.
- Area HP/DP-C are planning and implementing physical activity events and activities in the I/T/Us.
- Physical Activity Assessment & Documentation

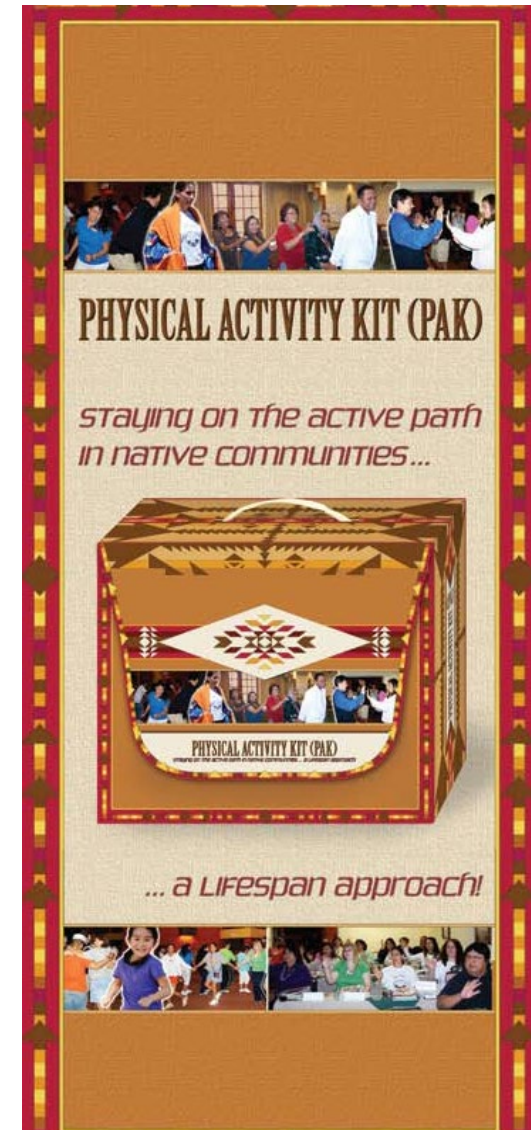
# Physical Activity Assessment & Documentation (6 years & older)



# Strategies – Move For Wellness

## Physical Activity Kit

- Partnership with the University of New Mexico and IHS Head Start, CHR and Nutrition programs.
  - Across the lifespan activities
- Promoting moderate to vigorous physical activity
- Incorporated Modified American Indian Games and Dances.
- Can be implemented in the school, Head Start, youth organization, elderly center, etc.







## **Priority 2: Reduce Commercial Tobacco Use among Youth & Adults**

# Traditional vs. Commercial Tobacco

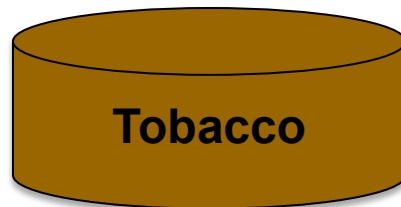
## Traditional Tobacco Use

- Sacred or ceremonial use for religious or medicinal purposes
- Used as an offering to a elder, healer, or others as a sign of thanks or respect

## Commercial Tobacco Use

- Recreational and habitual use

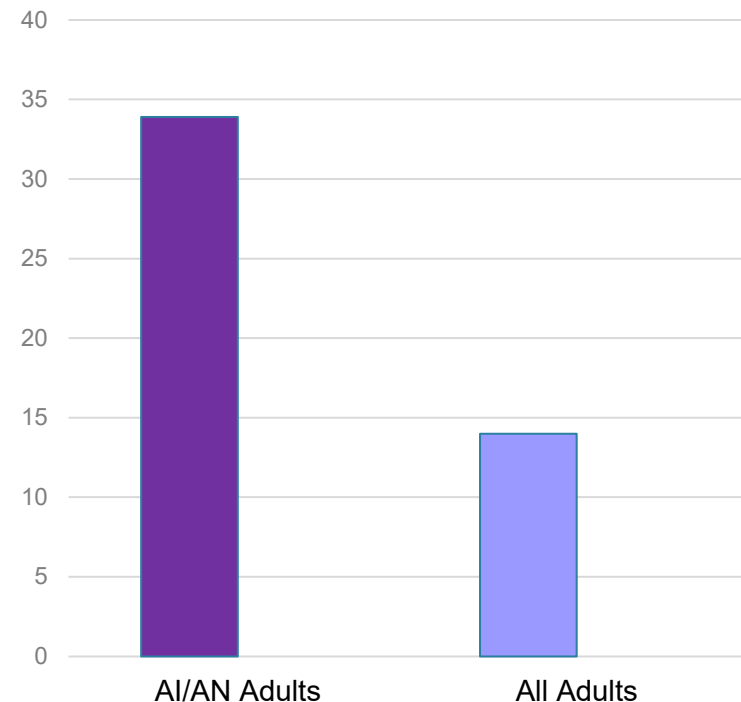
# Commercial Tobacco use



# Tobacco Usage

- An estimated 34.3 million people, or 14.0% of all adults (aged 18 years or older), in the United States smoke cigarettes.
- 33.9% of AI/AN adults in the United States smoked cigarettes.

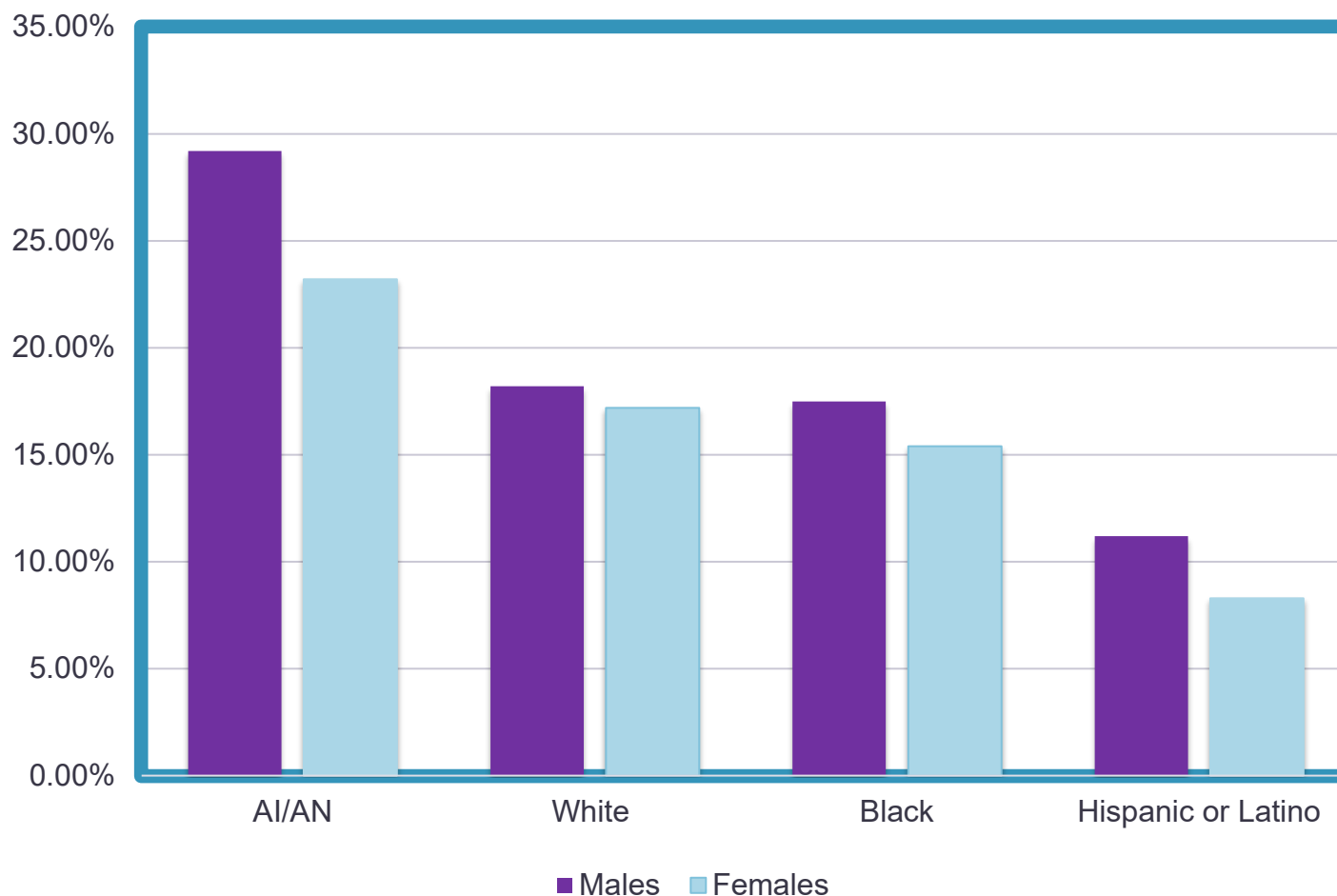
**Percentage of Adults Who Smoke in the U.S.**



Centers for Disease Control and Prevention (2017)

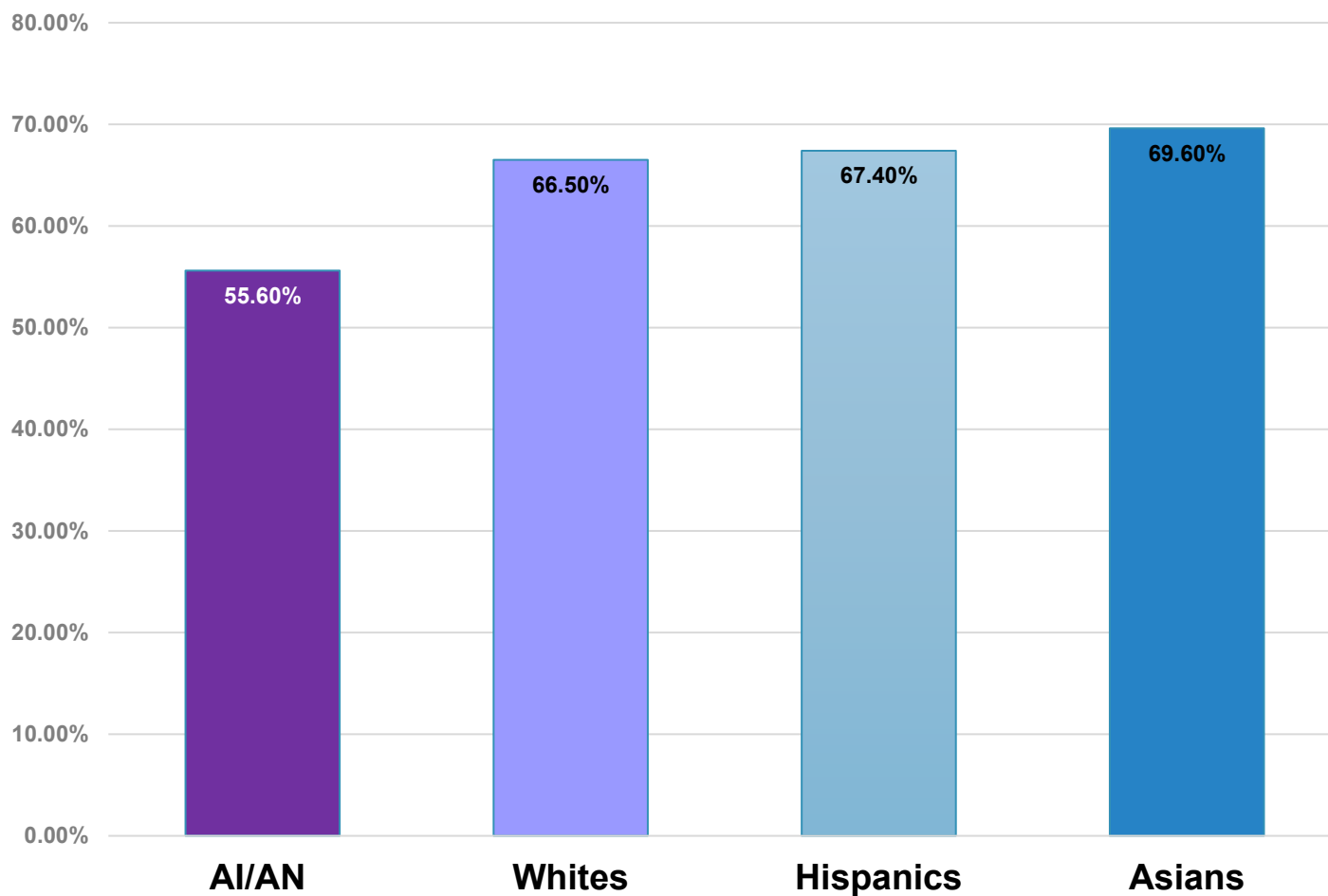
<https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html>

## Cigarette Smoking Prevalence Among Adults by Gender & Ethnicity



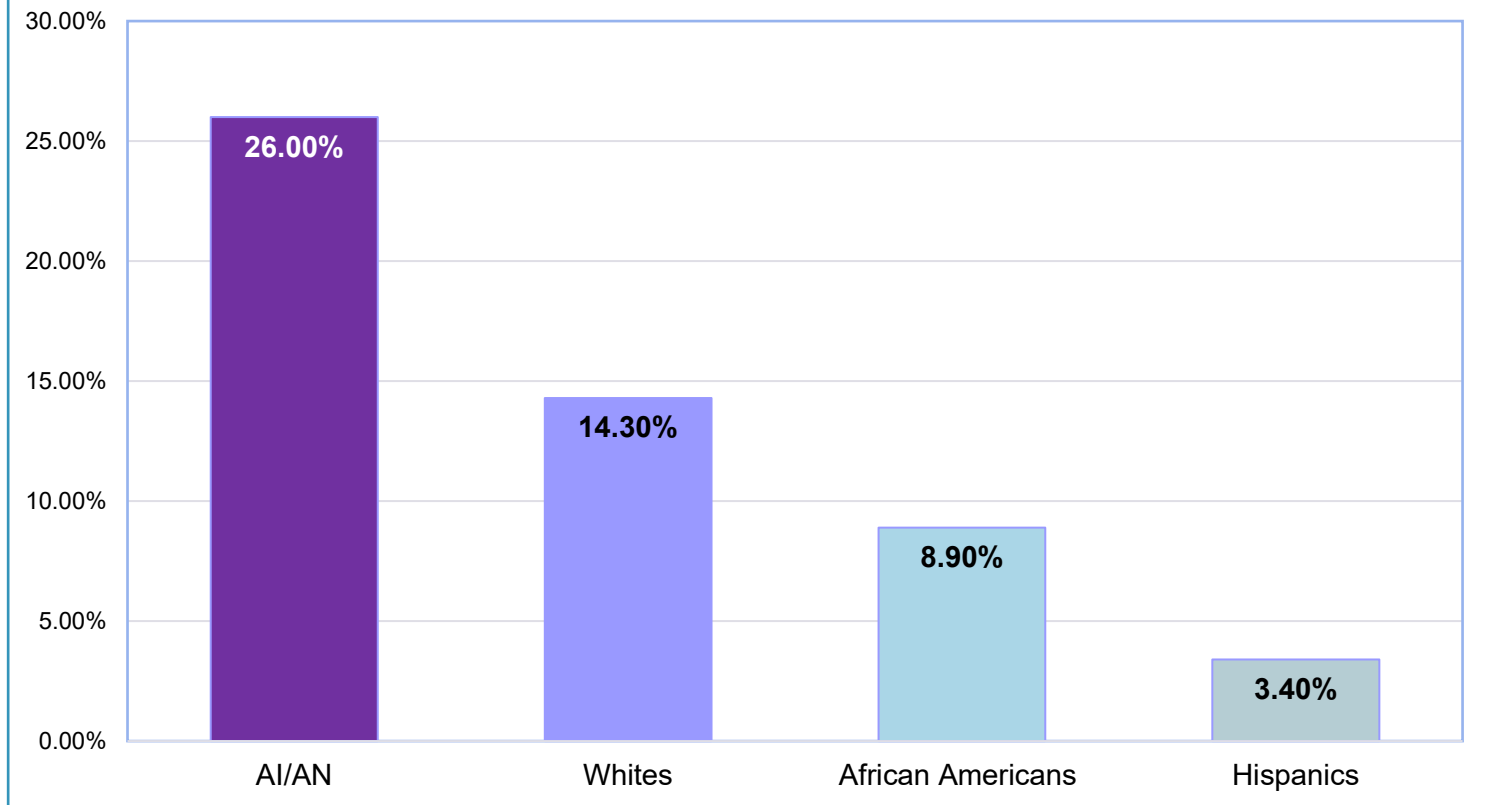
Source: <https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html>

## Quitting Rates by Ethnicity



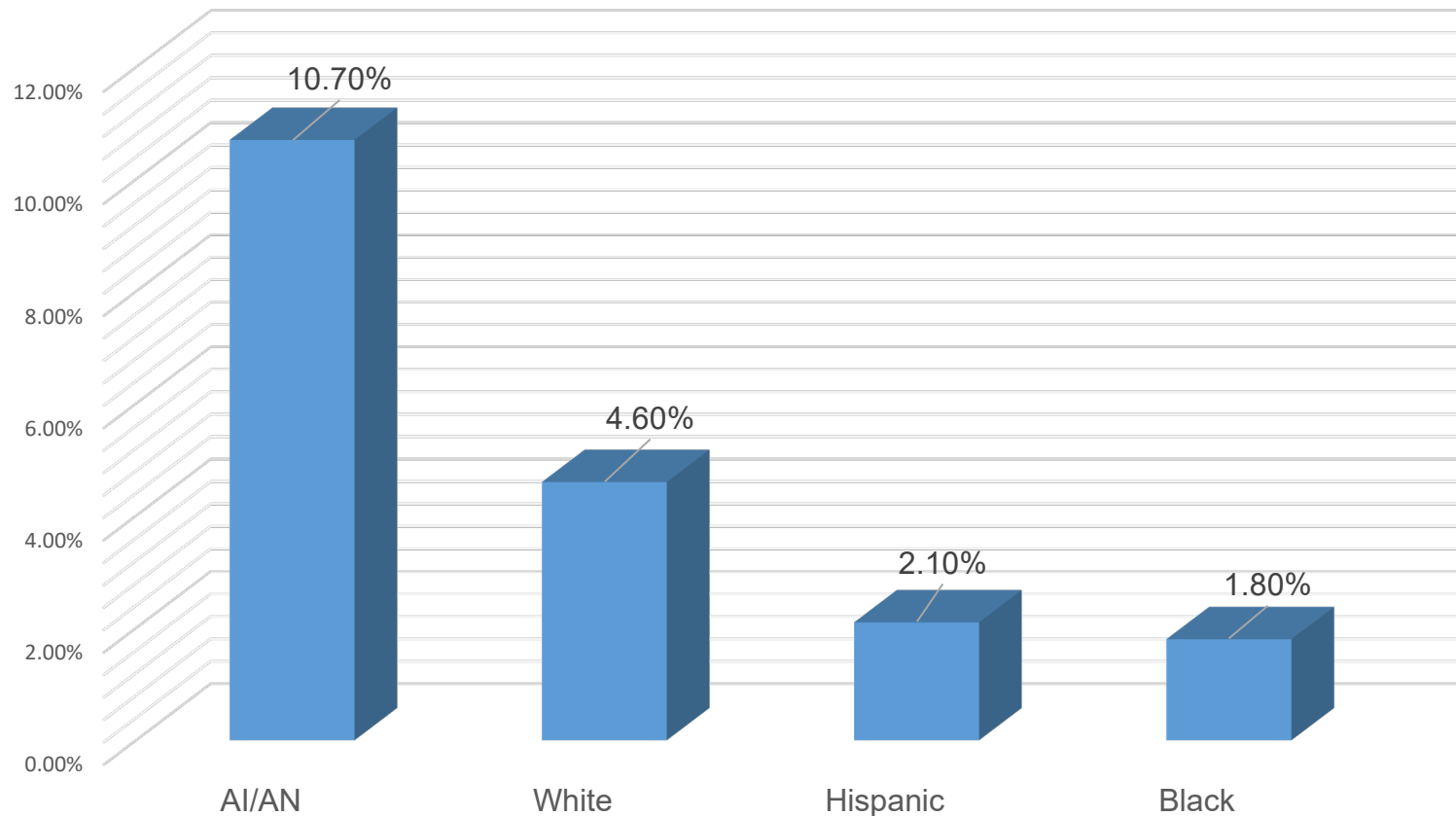
Source: CDC <https://www.cdc.gov/tobacco/disparities/american-indians/index.htm>

## Smoking During Last 3 Months of Pregnancy Among Women by Ethnicity



**Source:** Cobb et al. *American Journal of Public Health*, April 22, 2014 .

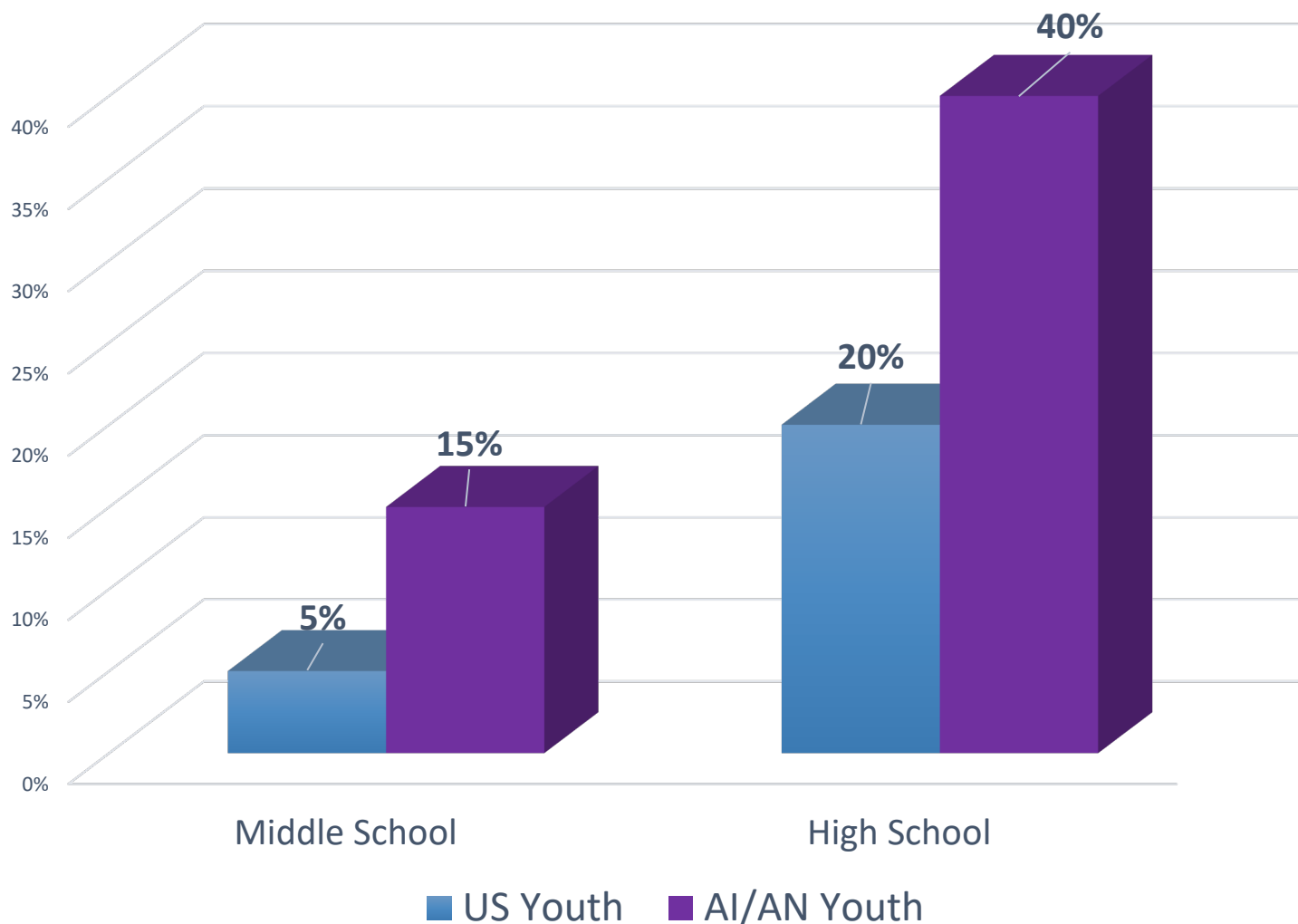
# E-Cigarette Use Among Adults by Ethnicity



Source CDC: (2015) <https://www.cdc.gov/nchs/products/databriefs/db217.htm>



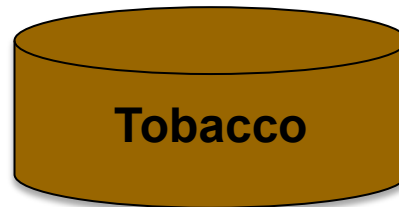
# E-Cigarette Use Among Youth



Source: CDC Morbidity and mortality weekly report Surveillance summaries (Washington, DC : 2002). 2019;68(12):1-22

# Smokeless Tobacco

- 6.6% among AI/AN adults vs 3.5% among non-AI/ANs



Source: (2017) <https://www.cdc.gov/mmwr/volumes/66/wr/mm6650a2.htm>

# 2017 Meeting to Develop a Tobacco Plan

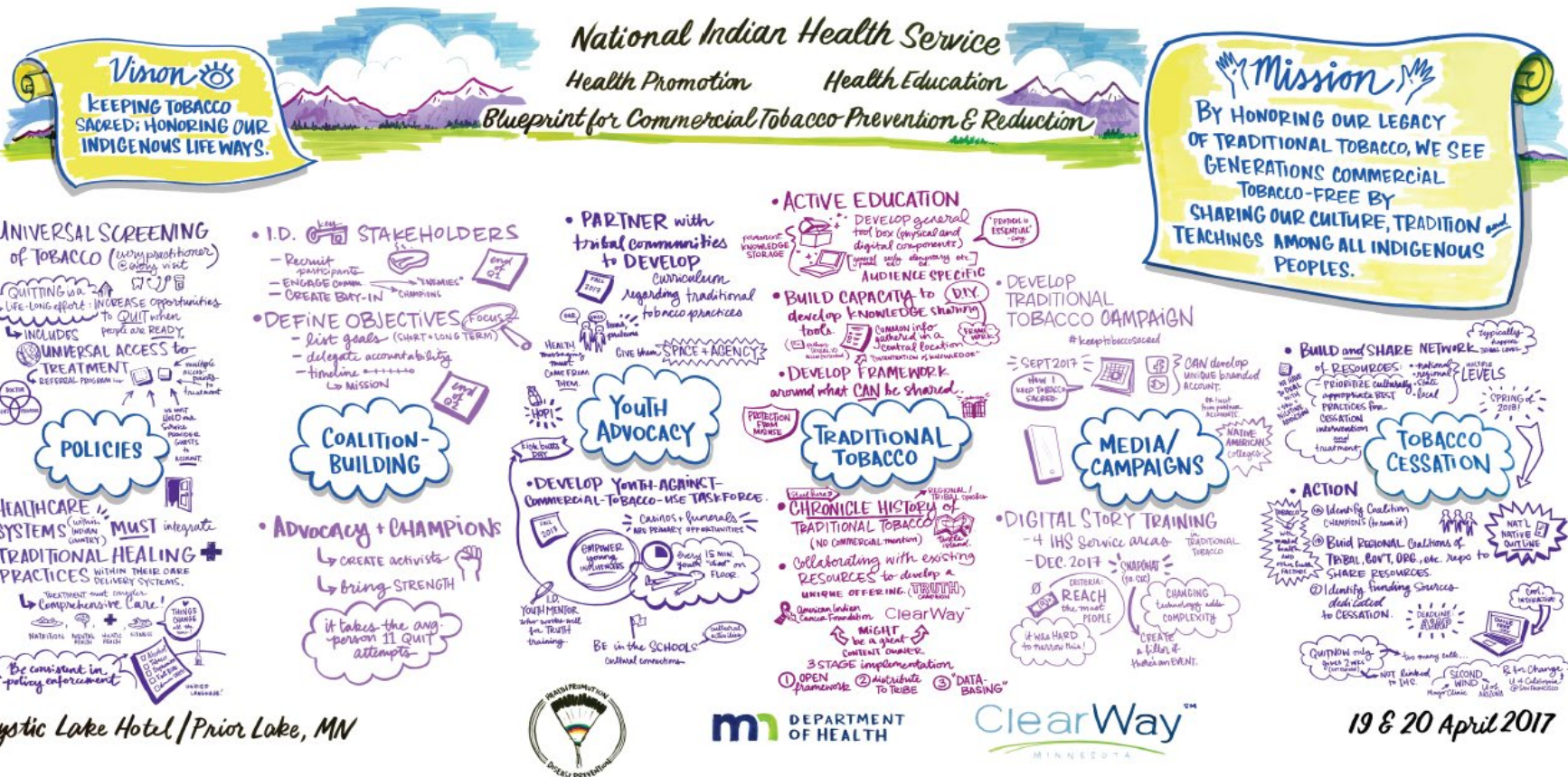


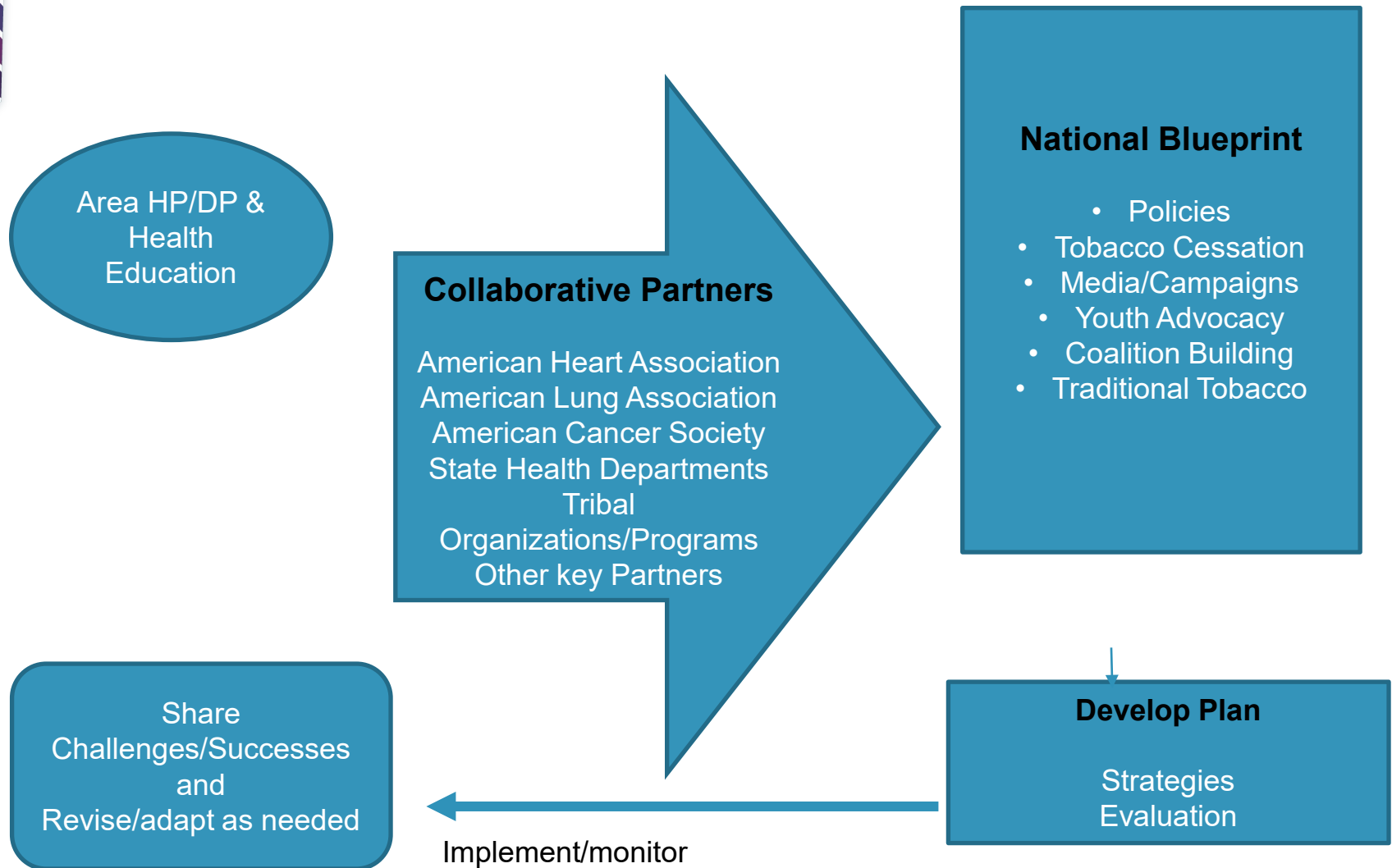
## **Vision**

*Keeping Tobacco Sacred: Honoring our Indigenous Lifeways.*

## **Mission**

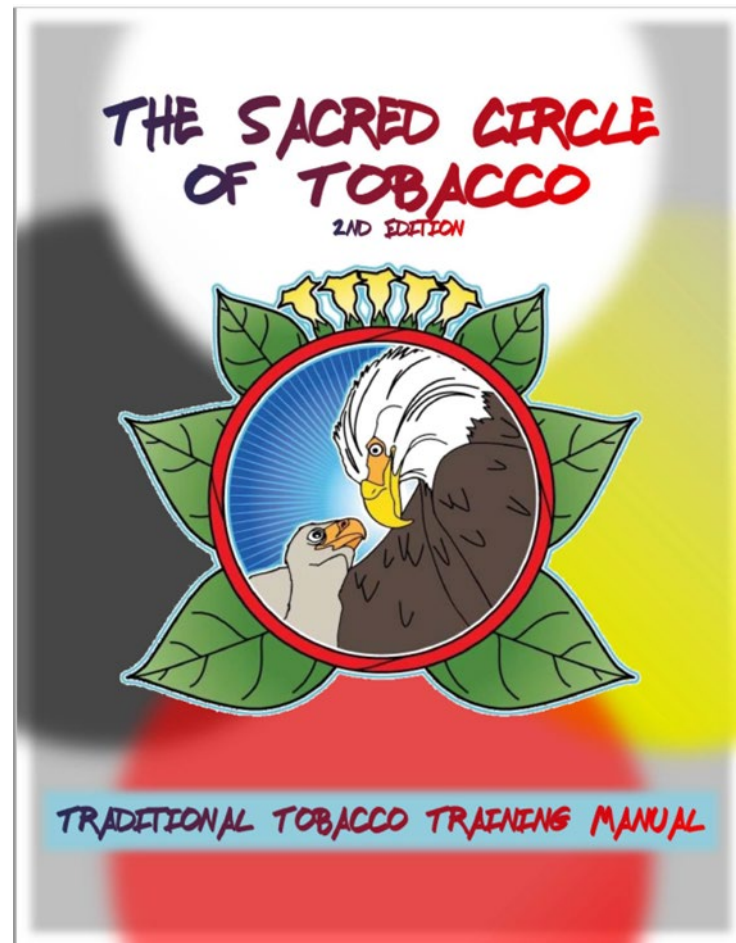
*By Honoring our Legacy of Traditional Tobacco, We See Generations Commercial Tobacco-Free by Sharing Our Culture, Traditions and Teachings Among all Indigenous People.*





# Prevention & Intervention Strategies

- Youth Advocacy



# History of the Sacred Circle of Tobacco

## Key Individuals:

- Vicky Augare  
(Blackfeet/Cree)
- Nyleta Belgarde (Ojibwe)
- Daniel Fox  
(Lakota/Arikara)
- Kathy Reddies  
(Assiniboine/Sioux)
- Danny Vollin (Salish)
- Cary Youpee  
(Sioux/Assiniboine)

## Key Organizations:

- Montana Tobacco Use Prevention Program
- Combined Coalition for Urban Indian Health
  - Great Falls Indian Family Health Clinic
  - Helena Indian Alliance
  - Missoula Indian Center
- University of Montana – Missoula





# Partners for TSCOT 2<sup>nd</sup> Edition

## Key Individuals:

- CoCo Villaluz  
(Hidatsa/Assiniboine/Chamorro)
- Lori New Brest (Pikuni)
- Alberta Becenti (Navajo)
- Joe Law  
(Klamath/Siletz/Northern Cheyenne)
- Suzanne Nash (Ojibwe)
- Jacquie Arpan (Oglala Lakota)
- Joshua Hudson (Ojibwe)

## Key Organizations:

- National Native Network
- ClearWay Minnesota
- Indigenous Peoples Task Force
- Indian Health Service



## Mission & Goals of TSCOT

- The primary mission is to reinforce the traditional uses of tobacco by AI/AN people by educating youth of the spiritual and cultural significance of tobacco
- Goals are to:
  - Educate youth to understand and identify the positive aspects of keeping tobacco sacred
  - Develop youth as leaders and advocates



# Introduction

- Some of the things the youth will learn and practice while being a participant in the SCOT experience include:
  - Meeting other teens and gaining a sense of belonging
  - Learning about the history of tobacco and its special relevance to AI/AN cultures
  - Learning and practice teaching, organizational, and leadership skills



## Introduction (continued)

- Developing youth-led *Action & Lesson Plans* to guide the delivery of a unique message
- Learning to reach out to their peers, schools, leaders, and communities
- Planning and conducting a community education project focused on commercial tobacco use prevention
- Gain important skills as a leader and an advocate
- Having FUN!


# Tobacco Prevention Campaign



**KEEP TRADITIONAL  
TOBACCO  
— SACRED —**

Sacred tobacco has been used by American Indian people for prayer, healing, and ceremonial purposes. If you need help to quit commercial tobacco use, please contact your Tribal or Indian Health Service clinic or call 1-800-QUIT-NOW (1-800-784-8669).

Text "NATIVE" to 47848 if you or someone you know wants to quit smoking. You will receive tips, advice, and encouragement to overcome challenges and stay motivated.

**KEEP TRADITIONAL  
TOBACCO  
— SACRED —**

<u>Sacred Tobacco</u>	<u>Commercial Tobacco</u>
Spiritual	Profit driven
Natural, found in nature	Unnatural, contains harmful chemicals
Used for prayer, healing, and ceremonial purposes	Used as a personal choice
No chemical additives	Contains additives that may cause cancer, heart disease and diabetes
Used with good intentions	Used to support a harmful habit

You can also text "NATIVE" to 47848 if you or someone you know wants to quit smoking. You will receive tips, advice, and encouragement to overcome challenges and stay motivated.

# Tobacco Prevention Campaign (continued)







# Tobacco Assessment & Referral

- Screens patients who are 6 years & older for tobacco use (including vaping) & exposure to secondhand smoke
  - Refer patients to cessation services

# Smokefree.TXT messaging

- Collaboration with the National Cancer Institute



Smokefree.TXT messaging program  
Text **NATIVE** to 47848





# Basic Tobacco Intervention Skills Certification (BTIS)

- University of Arizona Health Care Partnership
  - 5 As Model
  - Culturally adapted for AI/AN population
- Train-of-Trainers model to increase local capacity
  - Since 2015, IHS has trained more than 1000 individuals (I/T/Us) BTIS and more than 100 BTIS Instructors



# IHS Task Force on Vaping

- Multi-disciplinary team
  - To improve assessment and documentation of e-cigarettes and vape users
  - To provide culturally appropriate educational materials focusing on e-cigarettes and vaping




## Policies

- Area IHS HP/DP Coordinators are working with Tribes to draft policies

## Webinars

- Best & promising practices
  - Archived for later viewing



## **Priority 3: Strengthen partnership and collaboration to increase cancer awareness and screenings**

# Cancer Prevention Campaign

- Posters
- Fact sheets

**Protect yourself!  
Get tested for breast cancer**



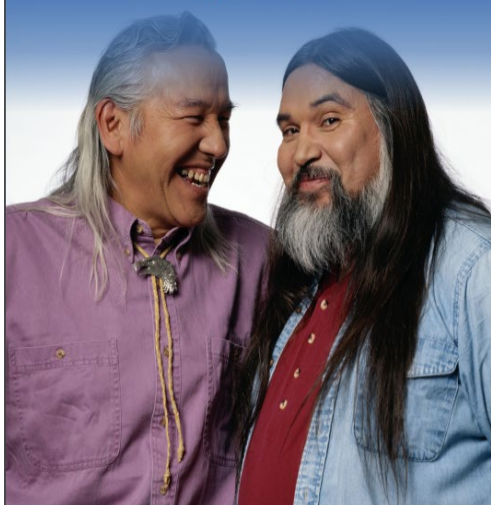
**If you have a family history of breast cancer, you should talk to your health care provider.**

**If you are 50 to 74 years old, you should have a mammogram every two years.**


Talk to your health care provider or call your local IHS, tribal or urban Indian health clinic to schedule a mammogram.



**Protect your prostate!**



**If you are 55-69 years old, you should talk to your health care provider or call your local IHS, tribal or urban Indian health clinic.**



**WHAT IS LIVER CANCER?**

- Cancer that starts in the liver.
- It starts when cells in the body begin to grow out of control.



**Who gets liver cancer?**

- The average age of diagnosis for liver cancer is 63 years old.
- Twice as many men get liver cancer than women.

**What are the symptoms?**

- Sometimes there are no symptoms in the early stage.
- Later stage symptoms include weight loss, stomach pain, nausea and vomiting, and yellowing of the skin and eyes.
- Stomach swelling and bloating.
- Pain on the right side of the stomach or shoulder blade.
- Swelling of liver and spleen.
- Feeling tired and weak most of the time.

**Can it be found early?**

- Sometimes it is hard to find liver cancer early because signs and symptoms may not appear until it is in its later stages.
- At this time, there are no early tests for people who are at average risk.

**What to do if you are at increased risk for liver cancer.**

- Those with chronic hepatitis B or C infections should get them treated.
- Any patient who has a family history of liver cancer and/or has been diagnosed with cirrhosis, regardless of age, should be regularly tested for conditions that may lead to liver cancer.
- Liver disease may progress more rapidly in people who are co-infected with HIV and/or hepatitis B, C or D, and they are also at greater risk for developing liver cancer, so regular screening is essential.

**What can I do to reduce my risk?**

- Avoid use of commercial tobacco.
- Get to and maintain a healthy weight.
- Get hepatitis B vaccine to lower one's risk for liver cancer.
- Get tested for hepatitis C, and get it treated if you have it.
- Avoid drinking too much alcohol.

**What tests are available?**

Talk to your doctor about which test are right for you.

- Blood tests may show an abnormal liver function.
- Imaging tests (x-ray, ultra sound) take pictures of the inside of your body.


**If you are 18-79 years old, talk to your health care provider or call your local IHS, tribal or urban Indian health clinic to schedule a test for Hepatitis C.**





## Cancer Prevention (continued)

- Best/promising practices quarterly webinars (archived)
- Provide Circle of Life training (American Cancer Society)
- Working with I/T/Us to increase colorectal cancer screening
- Promote physical activity and healthy eating



## Priority 4: Promote health and well-being through partnerships and collaborations

- IHS Area Priorities
  - Mental Health First Aid
  - COVID related activities
  - Suicide prevention
  - Digital Stories
  - Indigenous Food
  - Opioid prevention
  - Community gardening



# Contact Information

## Indian Health Service

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