

Barriers (yawn)

American Indian / Alaska Native Cancer Program Barriers

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Barriers to AIAN Participation in Cancer Programs

Workshop Objectives: By the end of the session, the participant will be able to:

1. Identify barriers that affect effective and culturally respectful AIAN cancer program recruitment, outreach, messages, materials, and support.
2. Identify AIAN cancer program barriers that have changed since 1987.



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Linda B's Barriers' Research Tirade

- LB Pet Peeve: wasting limited cancer monies on creating yet another study to list barriers that are documented in more than 100 reports and studies
- The only barriers than have changed in last 20 years are:
 - Internet (access to info and resources)
 - Healthcare System (or lack of insurance)



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Linda B's Barriers Tirade

- Public Health Professionals AND COMMUNITY MEMBERS *KNOW* the barriers
- We do NOT know how to address the barriers in culturally respectful strategies
 - The strategies vary for each local community and require local tailoring of the interventions to address the barriers
- Please do not waste limited tax dollars to fund any more studies of barriers that are already well documented



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Linda B's Barriers Tirade (continued)

- For those who feel the need to see *SOME* of the barriers' research findings, they are listed on the following slides
- Because these findings are incredibly old and over-reported, we will not spend any time discussing these unless a participant needs clarification of what the finding means related in Indian Country issues



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- ☒ Cancer services not being delivered as a continuum of care
 - ☑ Lack of prevention, screening, follow-up, adequate training, timely initiation of treatment, end-of-life care
- ☒ Cancer service providers allowing racism and other biases to affect their job performance
- ☒ Community's distrust of cancer prevention and early detection services when received from those not within their own

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- ☒ Community's distrust of cancer prevention and early detection services when received from those not within their own community
- ☒ Cultural, religious and traditional tribal beliefs that are not always compatible with evidence-based or best-available medical practices

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- ☒ Inability to access services because of cost barriers, including
 - ☑ lack of or under-insured
 - ☑ lack of ability to take time off work
 - ☑ physical barriers
 - ☑ geographic isolation
 - ☑ lack of transportation
 - ☑ inconvenient hours of clinical services
 - ☑ frailty or physical disability

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- ☒ Competing life demands
- ☒ Lack of awareness or ability to derive benefit from available services (due to language differences, low literacy, or impairments).
- ☒ The need for social support -- defined as emotional, informational, appraisal, and instrumental support

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- ☒ Lack of clear communication about differing understandings of health and disease between patient and provider
- ☒ Fear
- ☒ Lack of language, education and acculturation
- ☒ Perceived racial, economic and gender bias

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- ☒ Lack of having a regular doctor
- ☒ Lack of cultural competence on the part of healthcare providers
- ☒ The list continues with barriers that are
 - ☑ policy based
 - ☑ poverty related
 - ☑ psychosocial
 - ☑ sociocultural
- ☒ The following are SOME references for such research findings.

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Administrative Barriers

- Access to care, including screening services and referral to quality treatment
- Funding for services
- Staff Turnover and/or Lack of Qualified Native Staff to carry out grant(s)
- Reservations not supporting enrolled tribal members who live in urban areas; and/or Tribal Jealousy

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Administrative Barriers

- Lack of support for treating state-recognized; non-US-federally recognized tribal members
- Patients who are Canadian Aboriginals and need BCC programs
- Long Travel Distances to cancer treatment
- IHS interference with urban Indian clinics operations

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Administrative Barriers

- Leadership issues in Indian health programs including needing to prioritize tribal funds
- Title V relevant to BCC
- Small numbers living in diverse regions
- Providing services to AIAN homeless people or medically underserved Natives who have been treated poorly in the past and refuse to return to healthcare system

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Administrative Barriers

- Dealing with Natives who refuse western medicine and solely rely on traditional Indian medicine (Indians who seek help from bogus self-proclaimed, Spiritual Healers).

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Barriers to AIAN cancer programs (NACR articles that include description of barriers or the interventions that were implemented to address the barriers)

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Barriers to AIAN cancer programs (NACR articles cont.)

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Barriers to AIAN cancer programs (NACR articles cont.)

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Non-Native-Specific Barriers' Studies

(thank you Linda U. Krebs, RN, PhD, AOCN, FAAN)

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- ☛ Cornelius LJ, Smith PL, Simpson GM: What factors hinder women of color from obtaining preventive health care? *American Journal of Public Health* 92:535-9, 2002
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