

# Native American Cancer Research (NACR) Corporation: “Native American Cancer Disparities and Health Inequities” Fact Sheet for Public Health Professionals and Interested Community Members



- Most health disparities can be addressed / overcome
- Some, like biological sex, cannot
- Native peoples can become healthy again (like our ancestors)
- Now you know, Now you can



**Lance Nakose Allrunner**  
**Comanche Nation**  
**11-30-68 to 03-05-2010**

## What is a “health disparity” population?

- A population is significantly different from others in regards to the overall rate of disease:
  - Incidence
  - Prevalence
  - Morbidity
  - Mortality
  - or survival
- as compared to the health status of the general population.

Ref. The Minority Health and Health Disparities Research and Education Act of 2000



## What are “health inequities?”

- Health conditions that are:
  - Unnecessary
  - Avoidable
- and therefore unjust.

Ref. The World Health Organizations



## What are examples of “determinants” of health that affect health inequities?

- Geographic region
- Environment
- Occupation
- Biological Gender, Race, Age, Sexual orientation
- Disability
- Socio-economic situation
- Health literacy
- Access to health care
- Access to affordable healthy food

| Table 1: Selected Demographics  | AIAN     | US All Races |
|---|----------|--------------|
| Median Age  | 29       | 35           |
| Median Income (M)   | \$28,900 | \$37,100     |
| Median Income (F)   | \$22,800 | \$27,200     |
| Living below Federal Poverty  | 25.70%   | 12.40%       |
| High School Grad (or GED)   | 71%      | 80%          |
| Census 2000 Special Reports, We the People: American Indians and Alaska Natives in the United States, Census Bureau, Washington, DC, 2006 |          |              |

This Fact Sheet is dedicated to Lance Allrunner, former Native Brother and tobacco educator for Native American Cancer Research Corporation (NACR), Denver, CO

AIAN American Indian / Alaska Native  
BRFSS Behavior Risk Factor Surveillance Survey  
F Female

IHS Indian Health Service  
M Male  
NHW Non-Hispanic White

Barnes, P.M, P.F. Adams and Eve Powell-Griner. 2010. Health Characteristics of the American Indian or Alaska Native Adult Population: United States, 2004-2008. National Health Statistics Reports. Number 20, March 9. 2010  
<http://www.cdc.gov/ncha/data/ad/ad356.pdf>

5. No data for "East" in Steele et. al; use data from Denny Clark H, Holtzman Deborah, Cobb, Nathaniel. Surveillance for Health Behaviors of American Indians and Alaska Natives: Findings from the Behavioral Risk Factor Surveillance System, 1997-2000. Morbidity and Mortality Weekly Report, August 1, 2003.

## How does BRFSS over-estimates health coverage for AIANs?

🗳️ US NHW 88.3%

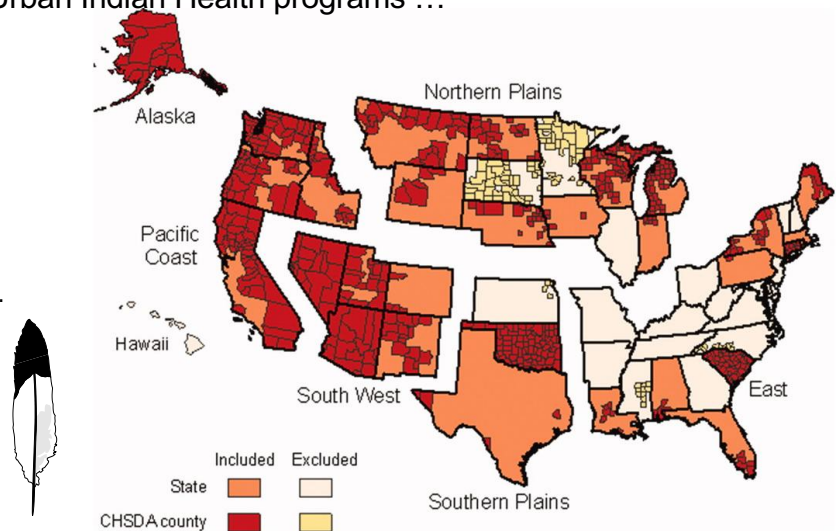
🗳️ AIANs 75.6%

⚙️ Most AIANs consider IHS or tribal programs to be health insurance. But, according to the US Census, IHS and tribal health programs are NOT health insurance.

⚙️ When NACR staff conducted exit interviews with AIAN community members who were taking part in BRFSS at a national AIAN conference, more than 1/2 who responded “yes” to having health insurance, actually only had IHS / Tribal / Urban Indian Health programs ...

⚙️ Thus, BRFSS probably overestimates by 1/3 or 33% according to NACR’s data.

🗳️ Access to services varies among AIANs. For example, California has highest number of federally recognized AIs, yet <5% access and use IHS / Tribal / Urban Indian health services (Seals BF, Burhansstipanov L, Satter DE, Chia JY, Gatchell M. California American Indian and Alaska Natives Tribal Groups, Care Access and Utilization of Care: Policy Implications. Journal of Cancer Education Spring 2006; 21; 1 (Suppl) pp S15-S21.PMID: 17020497)



## AIAN Cancer Screening, IHS BRFSS

IHS BRFSS 2000-2006

|   | F                      | F                     | M  | M                       | F      |
|---|------------------------|-----------------------|--|-------------------------|--------|
|   | Mammogram <sup>1</sup> | Pap test <sup>2</sup> | Prostate-Specific Antigen (PSA) <sup>3</sup> | Colorectal <sup>4</sup> |        |
| US NHW  | 76.00%                 | 84.00%                | 58.00%                                       | 55.80%                  | 52.40% |
| All AIAN CHSDA  | 69.40%                 | 78.00%                | 48.40%                                       | 45.00%                  | 43.60% |
| Alaska  | 75.90%                 | 87.50%                | 28.70%                                       | 42.90%                  | 55.10% |
| Northern Plains   | 67.90%                 | 80.40%                | 44.90%                                       | 34.90%                  | 50.90% |
| East  | 71.20%                 | 78.30%                | 49.70%                                       | 54.20%                  | 44.50% |
| Southern Plains   | 66.40%                 | 74.50%                | 54.90%                                       | 43.40%                  | 45.30% |
| Pacific Coast   | 69.90%                 | 77.70%                | 49.00%                                       | 37.60%                  | 36.20% |
| Southwest   | 66.30%                 | 79.60%                | 41.50%                                       | 35.80%                  | 39.70% |
| Steele CB, Cardinez CJ, Richardson LC, Tom-Orme L, Shaw K. Surveillance for Health Behaviors of American Indians and Alaska Natives (AIAN)—Findings from the Behavioral Risk Factor Surveillance System, 2000-2006, CANCER 2008; 113;S5: 1131-1141. PMID: |                        |                       |  |                         |        |
| 1. within 2 years, females 40 and older   |                        |                       |  |                         |        |
| 2. Within 3 years (females without hysterectomy)  |                        |                       |  |                         |        |
| 3. Within 1 year, Males, 50-75 years  |                        |                       |  |                         |        |
| 4. Fecal Occult Blood Test (FOBT) within 1 year or endoscopy within 5 years for 50 and older  |                        |                       |  |                         |        |

## Inquiring Minds want to know:

🗳️ Why do AIAN data differ so greatly from region to region (as compared to much less variations among NHW regional data)?

AIAN and NHW Regional Cancer Incidence Differences, age-adjusted rates, 1999-2004

|                 | AIAN<br>F | NHW<br>F | AIAN<br>F       | NHW<br>F | AIAN<br>M  | NHW<br>M | AIAN<br>F | NHW<br>F | AIAN<br>M | NHW<br>M | AIAN<br>F | NHW<br>F |
|-----------------|-----------|----------|-----------------|----------|------------|----------|-----------|----------|-----------|----------|-----------|----------|
|                 | Breast    |          | Lung & Bronchus |          | Colorectal |          | Cervix    |          |           |          |           |          |
| US NHW          |           | 134.8    |                 | 59.2     |            | 87.6     |           | 43.8     |           | 60.4     |           | 7.5      |
| All AIAN CHSDA  | 84.7      |          | 48.0            |          | 68.0       |          | 41.6      |          | 51.5      |          | 9.4       |          |
| Alaska          | 139.5     | 135.6    | 78.9            | 59.9     | 116.5      | 84.8     | 106.2     | 40.6     | 98.5      | 61.4     | 9.2       | 6.0      |
| Northern Plains | 112.2     | 130.5    | 97.4            | 52.0     | 115.5      | 86.7     | 60.4      | 45.3     | 79.8      | 62.0     | 11.3      | 7.5      |
| East            | 69.1      | 132.8    | 45.2            | 45.2     | 45.4       | 94.5     | 34.6      | 46.9     | 35.5      | 65.9     | 8.2       | 7.7      |
| Southern Plains | 115.2     | 130.0    | 68.6            | 62.9     | 108.7      | 109.1    | 54.4      | 43.4     | 68.9      | 63.5     | 14.1      | 9.2      |
| Pacific Coast   | 74.5      | 142.5    | 47.0            | 60.9     | 56.5       | 82.4     | 34.8      | 42.0     | 35.5      | 56.4     | 6.9       | 7.0      |
| Southwest       | 50.4      | 127.2    | 10.3            | 56.9     | 22.1       | 78.1     | 17.6      | 40.3     | 26.7      | 56.1     | 7.9       | 7.5      |

## Great Diversity among Tribal Nations

- 🪸 More than 560 federally recognized tribal Nations
  - ⊕ In addition, several hundred more tribes are state recognized, but not federally recognized
  - ⊕ State recognized tribes are not eligible for IHS, most federally supported education programs, etc.
- 🪸 217 Native languages spoken today



## Which states have more than 100,000 AIAN residents?

- |                        |                |
|------------------------|----------------|
| 🪸 California (628,000) | 🪸 Washington   |
| 🪸 Oklahoma (392,000)   | 🪸 No. Carolina |
| 🪸 Arizona              | 🪸 Michigan     |
| 🪸 Texas                | 🪸 Alaska       |
| 🪸 New Mexico           | 🪸 Florida      |
| 🪸 New York             |                |
- Combined, these states have 62% of the total AIAN population

## Which American Indian tribes have 50,000 or more enrolled members?

- |             |            |
|-------------|------------|
| 🪸 Cherokee  | 🪸 Chippewa |
| 🪸 Navajo    | 🪸 Muscogee |
| 🪸 Choctaw   | 🪸 Apache   |
| 🪸 Blackfeet | 🪸 Lumbee   |

### Interventions Need to:

- 🪸 Go beyond identifying and listing barriers
- 🪸 Address all cancers rather than limit program only to screenable cancers (breast, cervix, colon, lung, prostate)
- 🪸 Go beyond collecting survey data
  - ⊕ “We have been surveyed to death!”
- 🪸 Include tribal elder / leaders’ guidance on priority topics
- 🪸 Integrate traditional, healthy AI culture and behaviors
- 🪸 Result in increased / improved services and programs that survive beyond the grant

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## For more information, contact

Native American Cancer Research Corporation (NACR)

3022 South Nova Road

Pine, CO 80470-7830

Phone: 303-838-9359

<http://www.NatAmCancer.org>

