

American Indians and Alaska Natives (AIANs) have been documented as a population with high rates of cancer mortality in comparison to other racial and ethnic groups in the United States. During a time when other populations in the United States are experiencing improvements in cancer outcomes, cancer disparities in AIANs persist. The disparities in cancer outcomes in this diverse population can be attributed to a complex constellation of factors, which include access-to-care, economic, medical, and individual barriers, and mistrust and disenfranchisement.

#### AT A GLANCE

- AIANs are a diverse population, consisting of 573 culturally distinct tribes, nations, and pueblos.
- For AIANs who seek cancer care, complex barriers to care can have institutional, economic, cultural, and social contexts.
- When providing cancer care to AIANs, the challenges of health-care access within a context of social determinants and societal factors should be considered.

#### KEYWORDS

American Indians; Alaska Natives; social determinants of health

#### DIGITAL OBJECT

#### IDENTIFIER

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# American Indians and Alaska Natives

## Resolving disparate cancer outcomes

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American Indians and Alaska Natives (AIANs) comprise about 1.3% of the total U.S. population (U.S. Census Bureau, 2020). Although clustered together under one designation, each of the 573 federally recognized AIAN tribes, nations, and pueblos has its own distinct cultural and historic profile. In addition to subpopulations that are federally recognized, many more tribes have state recognition or are unrecognized throughout the country.

The diversity within AIAN individuals is further reflected in the growing urban, or non-reservation-dwelling, AIAN population. About 70% of AIANs do not live on the land associated with their tribal affiliation (Bird et al., 2007; Urban Indian Health Institute, 2013). Although this urban AIAN population may not live on reservations, AIAN cultures persist within these non-reservation-dwelling communities, reflecting the high level of connectivity and cultural resilience demonstrated by these AIAN communities and providing insight into this population's ties to their indigenous identities and core values (Levy, Biess, Baum, Pindus, & Murray, 2017).

Many AIANs access health care via the Indian Health Service (IHS), particularly those living on or near tribal communities. The IHS is a treaty-guaranteed healthcare system that was negotiated in exchange for the vast swaths of land and associated natural resources taken from AIAN nations during the early colonization period of what is now the United States

(Kaur, Burhansstipanov, & Krebs, 2013). The IHS provides limited primary care and some specialty services, with access ranging widely depending on location. In some regions, AIAN tribes have chosen to use IHS funds to create their own health clinics or care facilities, but the overall outcomes tend to mirror those of their IHS counterparts, with provision of primary care and some specialty care. For individuals who need cancer care, AIANs require referral outside of the IHS system for treatment from an oncology care provider, except for the few who have access to one of the two tribally run oncology clinics in the country (Salish Integrative Cancer Center, serving the Puyallup Tribe, and the Specialty Care Center, on the Navajo Nation). The referral process for receiving specialty care through the IHS can be complex and time-consuming, creating delays for individuals who require follow-up and treatment for suspected malignancies. The budget for specialty care is limited and, depending on location, may not cover screening, diagnostic, or treatment-related costs. It is based on a formula that prioritizes "life-or-limb" care over nonemergent healthcare needs (U.S. Commission on Civil Rights, 2018).

#### Epidemiology

Although mortality rates have improved in most racial and ethnic groups, AIANs still experience significant disparities in oncology outcomes (Emerson et al., 2017; White et al., 2014). Unlike other racial and ethnic groups, AIAN cancer incidence and mortality rates vary based on