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.

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)

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
Barriers (yawn)

- 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 community
- Cultural, religious and traditional tribal beliefs that are not always compatible with evidence-based or best-available medical practices

Barriers (yawn)

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Barriers (yawn)

- 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

Barriers (yawn)

- 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

Barriers (yawn)

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


Burhansstipanov L & Olsen SJ. Cancer Prevention and early detection in AIAN populations; Clinical Journal in Oncology Nursing: 2004: 8: 2: 182-186

Barriers to AIAN cancer programs (NACR articles cont.)


Barriers (yawn)

Non-Native-Specific Barriers’ Studies
(thank you Linda U. Krebs, RN, PhD, AOCN, FAAN)


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Frank-Stromborg M and Olson SL: Cancer Prevention in Diverse Populations: Cultural Implications for the Patient, Provider, and Health Care System

Non-Native-Specific Barriers’ Studies
(thank you Linda U. Krebs, RN, PhD, AOCN, FAAN)

NIH Trials don’t enroll enough women to allow analysis, GAO says in report. NCI Cancer Letter. May 12, 2000: 26: 19: 3-6.


Non-Native-Specific Barriers’ Studies
(thank you Linda U. Krebs, RN, PhD, AOCN, FAAN)


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