Objective 1: by the end of this session, the participant will be able to:

- Summarize the need for culturally appropriate actions based on the historical perspective of Native American populations.

2000 U.S. Census: Numbers of AIAN

- American Indian and Alaska Native (AIAN) population is increasing at about 1.8% a year.
- 2.2 million reported AIAN Race “alone” (4.1 million AIAN alone or in combination with other race(s)).
- 28% increase in “AIAN alone” since 1990 Census.

2000 U.S. Census: Where AIAN Live

- 43% of AIAN lived in the West.
- 31% lived in the South.
- 17% lived in the Midwest.
- 9% in the Northeast.
- Approximately 64% live in urban areas.

Note the areas of elevated number of AIANs = Places unequal burden on states that have high numbers of AIANs.

2000 U.S. Census: Largest Tribal Nations

- American Indian tribes with 50,000 or more individuals:
  - Cherokee
  - Navajo
  - Choctaw
  - Blackfeet
  - Chippewa
  - Muscogee
  - Apache
  - Lumbee

2000 U.S. Census: States with >100,000

- States with more than 100,000 AIAN residents:
  - California (628,000)
  - Oklahoma (392,000)
  - Arizona
  - Texas
  - New Mexico
  - New York
  - Washington
  - North Carolina
  - Michigan
  - Alaska
  - Florida

Combined, these states have 62% of the total AIAN population.
2000 U.S. Census: States with 1.5+%

Number of states where the AIAN population as a proportion of the total population exceeded the national average of 1.5%:
- Alaska (19 percent)
- Oklahoma (11 percent)
- New Mexico (10 percent)
- The other 16 states: AZ, CA, CO, ID, MT, NV, HI, OR, UT, WA, WY, KS, MN, ND, SD, NC

Census 2000: Federally and State Recognized Tribal Nations

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

2000 Census: Health Insurance

Less than half of AIANs living in urban areas have private health insurance
- Most AIANs (as well as non-Natives) erroneously call IHS “health insurance”, but it is NOT
- AIANs self-report having health insurance on surveys based on error of calling IHS “health insurance”

Urban Indian Health Organizations Nationwide

(34)

2% of the total IHS budget is for urbans; half of this is for mental health/drugs

Uniqueness of AIAN History

All or almost all cultures throughout history experience some form of:
- Violence
- Domination
- Slavery
- Annihilation

These cultures all have something “unique” about their experiences and survival

Today’s training is to explain what some of those “unique” events are within the Natives’ story
**Tribal Sovereignty**
- Tribes are governments that have authority with regard to their members.
- Tribes existed prior to the U.S. and made treaties with colonial powers, states, and the U.S.
- Nations within a nation.

**Government-to-Government Relationship**
- Tribes are treated as governments by the federal government.
- Protocols
- Tribal consultation.

**Federal Definition of AIAN**
The term “Indian” as used in secs. 461-466, 470-473, and 475, 476-479 of this title shall include all persons of Indian descent who are members of any recognized Indian Tribe now under Federal jurisdiction and all persons who are descendents of such members who were, on June 1, 1934, residing within the present boundaries of any Indian reservation, and shall further include all other persons of one-half or more Indian blood...Eskimos and other aboriginal peoples of Alaska shall be considered Indians. Indian Reorganization Act, June 18, 1934, c. 576, & 19, 48 Stat. 988.

**How does the Federal Govt Identify AIANs?**
- Tribes establish criteria for membership
  - 1/4 tribal blood, BIA Standard
  - a descendant of a tribal member
  - or a person recognized by the tribal members as a member.
- Alaska Native: The term collectively refers to Eskimos, Aleuts, and American Indians who are indigenous to Alaska.

**Self-Identified Data Sources**
- “American Indian” This includes enrolled members of Federal and/or State recognized tribes as well as people who identify themselves as “American Indian”. Includes surveys such as:
  - U.S. Census
  - Behavioral Risk Factor Surveillance Survey (BRFSS) and Youth Risk Behavior Survey (YRBS)
  - National Health Interview Survey

**What are the differences in the American Indians history?**
- Since the formation of the union, the U.S. has recognized Tribal governments as sovereign nations.
- The federal government has enacted numerous statutes and regulations that establish and define who an Indian is and their relationship to the federal government.

Thank you, Lauren Tancona, CDC for the use of the slide.
Indians are not just...

... a minority

... a special interest group

... a political party

Thank you, Lauren Tancona, CDC for the use of the slide

The American Indian Cancer Collaborative for Women’s Health [U57 DP001138]

Early Diseases
After European Contact

Manifest Destiny Adopted as Federal Policy

"... It is the right of our manifest destiny to over spread and to possess the whole of the continent which Providence has given us for the development of the great experiment of liberty and federative development of self government entrusted to us. It is right such as that of the tree to the space of air and the earth suitable for the full expansion of its principle and destiny of growth."

The American Indian Cancer Collaborative for Women’s Health [U57 DP001138]

Federal Indian Policy

1608-1830 Treaty Making
1830-1850 Removal Policy
1850-1871 Establishment of Reservations
1871-1928 Assimilation and Allotment Era
Indian Reorganization Act of 1934
1943 – 1968 Termination
1968 – Present – Self Determination

Native American Cancer Research
AIAN Demographics, Cancer Data, Historical Trauma

Removal Policy: Nez Perce

Indian Lands: 1492 to Present

Indian Boarding School System
- Existed between 1870 - PRESENT
- Movement attributed to Manifest Destiny philosophy
- Mission: to educate Indian children and assimilate them into the European language and culture.

Characteristics of the Boarding School Experience
- Forced separation of children from communities
- Physical, sexual, emotional abuse by caretakers
- Exposure to infectious diseases, resulting in illness and death

Characteristics of the Boarding School Experience (cont.)
- Extreme diet changes.
- Children who didn’t go home, took on the characteristics of their caretakers.

Key Points In Indian History
- 1802 - War Department
- 1824 - Bureau of Indian Affairs (BIA)
- 1849 - BIA moved under Department of Interior
- 1887 - The General Allotment or Dawes Act
- 1924 - Indian Citizenship Act of 1924 (41 Stat. 408)
- 1934 - Indian Reorganization Act
- 1940’s – 1980’s Indians fought for the right to vote
- 1953 - Termination Act
- 1968 – Self-Determination (PL 93 -638)

Native American Cancer Research
Many Contemporary (within last 40 years) Events

- 1968 American Indian Movement and Alcatraz Island – reclaiming disserted federal lands as per federal law
- 1970’s sterilization of American Indian women without informed consent
- Many other events (NY / Canada Mohawk siege; Rosebud; Wounded Knee (recent event, not the original event)

Objective:
Distinguish among factors affecting AIAN racial misclassification.

[Note: Results in under-counting of AIAN health / cancer issues that subsequently results in under-funding of AIAN programs]

Cancer Data Issues

- Collapsing the diverse smaller population groups into an “other” racial category ...
  “Other” racial data
- Lose all racially specific information and cultural relevance
- “Are of no use when attempting to develop, assess, and monitor public health programs and services”

Most Common Reasons for Racial Misclassification

1. Use of Spanish surnames to determine race / ethnicity
2. Subjective use of personal observation by the data collector
3. AIAN not a response category in medical records (e.g., hospital, health clinic)
Objective: Delineate AIAN regional cancer incidence and mortality differences.

Most Common Reasons for Racial Misclassification

4. Imprecise and inconsistent definitions of AI
5. Changing self-identification
6. Tribe formerly “unrecognized”

7. Tribal enrollment blood % ordinances changing
8. Tribal enrollment ordinances re: Paternal or Maternal lineage

AIAN Cancer Incidence Data (finally)

Thank You!

CHSDA Counties = IHS Contract Health Service Deliver Areas

Incidence Rates (1999-2004)*

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>So. Plains</th>
<th>No Plains</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>368.4</td>
<td>475.9</td>
<td>492.6</td>
</tr>
<tr>
<td>Breast</td>
<td>85.3</td>
<td>134.4</td>
<td>115.7</td>
</tr>
<tr>
<td>Cervix</td>
<td>9.4</td>
<td>7.4</td>
<td>14.1</td>
</tr>
<tr>
<td>Colon</td>
<td>46.3</td>
<td>50.8</td>
<td>60.2</td>
</tr>
<tr>
<td>Kidney</td>
<td>17.9</td>
<td>11.8</td>
<td>21.3</td>
</tr>
<tr>
<td>Lung</td>
<td>48.5</td>
<td>58.6</td>
<td>87.1</td>
</tr>
<tr>
<td>Prostate</td>
<td>105.4</td>
<td>154.4</td>
<td>156.7</td>
</tr>
</tbody>
</table>
Cancer incidence among AI/AN’s, though generally lower than for the Non-Hispanic White (NHW) population, is rising rapidly.

In 3 of the twelve regions of the Indian Health Service, cancer incidence rates are equal to that of the dominant white population:
- Alaska
- Northern Plains
- Southern Plains

Current Smoker
- US 31% AIAN vs. 22.8% NHW
- Region 33.2% S. Plains, 40.1% N. Plains

Ever told have diabetes
- US 12.4% AIAN vs. 6% NHW
- Region 12.6% S. Plains, 13.0% N. Plains

Obese (CDC defn. BMI => 30.0 kg/m2)
- US 29.0% AIAN vs. 20.8% NHW
- Region 30.9% S. Plains, 31.0% N. Plains

Health care coverage
- US 75.6% AIAN vs. 88.3% NHW
- Region 71.8% S. Plains, 77.2% N. Plains

Note cancers other than breast, cervix, colon, lung and prostate
This is why AIAN comprehensive cancer plans cannot be limited to only those sites!

Note the % of AIANs summarized in report is extreme overestimate
64+% live in urban areas and those data are not included in the reports
limited to AIANs WHO USE IHS CLINICAL FACILITIES WITH PREVIOUS 3 YEARS

Note the horizontal scale fluctuates for each cancer site and can be misleading.
Omissions

- Note: both childhood and adult leukemia increasing among AIAN
- Childhood under-reported due to children not admitted to a children’s Hospital and symptoms misdiagnosed as diabetes
- Brain cancer increasing among all races

The American Indian Cancer Collaborative for Women’s Health [U57 DP001138]

Barriers that affect AIAN ability to create, access or use cancer prevention and control programs

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 that have changed in last 20 years are:
  - Internet (access to info and resources)
  - Healthcare System (or lack of insurance)


Haverkamp et al, Cancer mortality among AIAN: Regional Differences, 199-2003, IHS, Rockville, MD 2008

Table 1: Definition of geographic regions, corresponding IHS service population, total AIAN population of states included in regions, and service population percentage for the period 1999-2003.

Note: population estimates are from projections and annualized for the period 1999-2003 (IU).

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


Native American Cancer Research
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 NACR website.

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.