



Social Determinants of Health: Cancer Risk Among American Indian & Alaska Native Populations

SUMMARY OF SUBJECT MATTER EXPERT PANEL: FEBRUARY 22, 2022

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Social Determinants of Health (SDOH) are “the conditions in the environment where people live, learn, work, worship, and play” that affect a wide range of health and quality of life outcomes and risks. They account for 30-55% of health outcomes and have an important influence on health inequities, which are the unfair and unforgivable differences in health status among a population (Healthy People 2030 and the World Health Organization).

The disproportionate impact of inequities on the health of American Indian and Alaska Native (AI/AN) populations in the United States is well documented.¹⁻⁴ Persistent health inequities contribute to significant disparities in cancer incidence and morbidity across and between AI/AN populations and other racial and ethnic populations.³⁻⁵ The National Association of Chronic Disease Directors (NACDD) and the International Association for Indigenous Aging (IA²), in partnership with the Centers for Disease Control and Prevention (CDC), hosted a panel of subject matter experts to discuss existing research, promising practices, and strategies in cancer prevention research. In addition to the panelists, Dr. Stephanie Melkonian, epidemiologist with the CDC, provided an overview of recent research examining how the SDOH are incorporated into cancer risk research. The findings, which will be submitted for publication, indicate that gaps exist in our understanding of the SDOH as drivers of cancer disparities in this population. Race, gender, and place were the most commonly extracted variables. Future research may incorporate historical and cultural factors into a more tailored health equity framework for AI/AN populations. The following is a summary of the panelists' responses to the audience Q and A.

What findings from the research on social determinants of cancer risk among AI/AN populations stood out most?

- The lack of research exploring the intersectionality of disparities and how they impact health. We need to explore more than just health equity, but also look to education equity, employment equity, and others.
- The need for consistent terminology and methodology to measure the SDOH in research. The research must be mixed methods so the qualitative data can help us make sense of the quantitative data.

Expert Panelists



Linda Burhansstipanov,
DrPH, MSPH
(Cherokee Nation)
Director, Native American
Cancer Research
Corporation



Melissa Buffalo, MS
(Meskwaki and Dakota)
CEO, American Indian
Cancer Foundation



Kevin Pottie, MD, MCISc,
CCFP, FCFP
Ian McWhinney Research
Chair in Family Medicine,
Professor in Family
Medicine, Western
University



- The focus on barriers that are not easily removed, for example place and how communities can take innovated approaches to address upstream issues.

With nearly 80% of the AI/AN population living in an urban setting, what is important to understand for future SDOH and cancer prevention research?

- It is first important to understand that "urban", in this context often means that they live off Tribal lands and not necessarily in a city. Access to care is not necessarily better for so-called urban Indians.
- Oftentimes the same barriers exist for both urban and reservation populations, they just look a little different. For example, transportation can be a barrier for both populations. For those who utilize public transportation, the number of times they must switch bus lines can be a barrier, to others, it might be the lack of public transportation, the distance, or gas prices.
- Lack of access to care is the real problem, especially care that is culturally competent. There are only 41 urban Indian organizations, and if there isn't an urban clinic or Indian Health Service available nearby, then they'll need Medicaid or another insurance.

"While it's easy to focus on the numbers, these statistics represent the symptoms of the problem rather than the cause." – National Indian Council on Aging AI/AN Health Disparities Fact Sheet

Are there examples of local indigenous projects that have done a good job of addressing health inequities?

- Patient navigators who are trusted by the community help bridge the gap between the patient's needs and the healthcare provider while being a constant resource for the patient.
- A lot of Tribal communities culturally tailor resources and educational materials to meet their community's needs, such as using their traditional language.
- Elder in-Residence programs have elders available to support patients during their medical appointments.

How would you spend \$1M to address cancer prevention?

Hire and train patient navigators in more tribal communities to accompany patients at their appointments and be with them throughout their treatment.

Educate the healthcare system to be culturally competent when working with the AI/AN population.

Work with communities to reduce stigma and normalize conversations on cancer.

"We know what works, our communities have the solutions and the knowledge, it is just getting the funding and opportunity to do that work."



What indicators have been / can be used to better understand historical trauma, resiliency, and the SDOH?

- Epigenetics (the study of how your behaviors and environment can cause changes that affect the way your genes work) can be used to trace chronic health conditions through generations. Epigenetics, alone, isn't enough, though. It is also important to understand the story behind data, which is why mix-methods research is so important.
- Indicators should be examined from a strengths-based approach. It is important to understand the community assets, such as connection to culture and the community, and to not always focus on the deficiencies.

"It's not just about being in awe of resilience...we have to say that this is just unfair and people deserve to be given the resources that they need to build their communities and to build their initiatives." – Dr. Kevin Pottie

Are there programs to guide indigenous students into the medical field and then come back to provide care to their own culture?

- Indians into Medicine, Northwest Native American Research Center for Health, Association of American Indian Physicians, National American Indian Nursing Association, American Indian, Alaska Native, Native Hawaiian Caucus, American Public Health Association.

References

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Community Engagement

Without community readiness and willingness, there's no point in doing the work.

Even after you get started, the community has to work hand-in-hand with every step of the research.



There is not a grant-by-grant solution to address health equity. It takes years of both community and researcher commitment.

Look for the strengths in the community, the strengths in the culture.