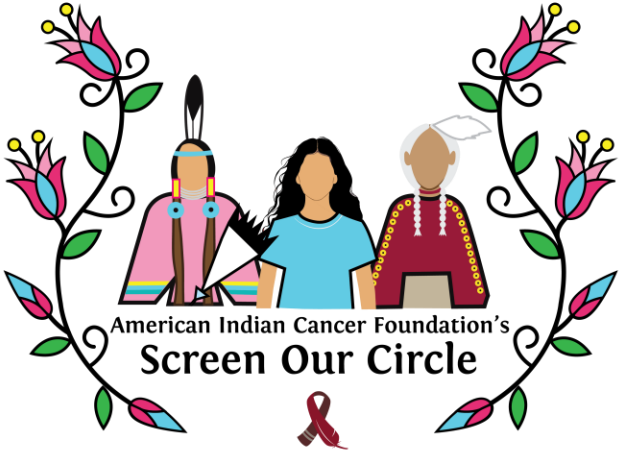
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Jessica Deaton, RN, BSN, MHA, Nurse Project Manager
Emily Bobyock, MPH, Epidemiologist

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What is the goal of NBCCEDP?

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American Indian Cancer Foundation

A national non-profit established to address tremendous cancer inequities faced by American Indian and Alaska Natives.

Mission:

To eliminate cancer burdens on American Indian families through education and improved access to prevention, early detection, treatment and survivor support.



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Our Vision

Our vision is a world where cancer is no longer a leading cause of death for American Indian and Alaska Natives.

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Our Approach

We believe…

Native communities have the wisdom to find the solutions to health inequities, but are often seeking the organizational capacity, expert input and resources to do so.



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Food For Thought

How are you serving and supporting American Indian/Alaskan Native Women?

If you aren't currently screening AI/AN women, what would you need to reach that community?

How can we compliment/support each other's work and not duplicate?

How can we work together better to ensure EVERY woman gets the screenings and care they need?

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It's our responsibility.

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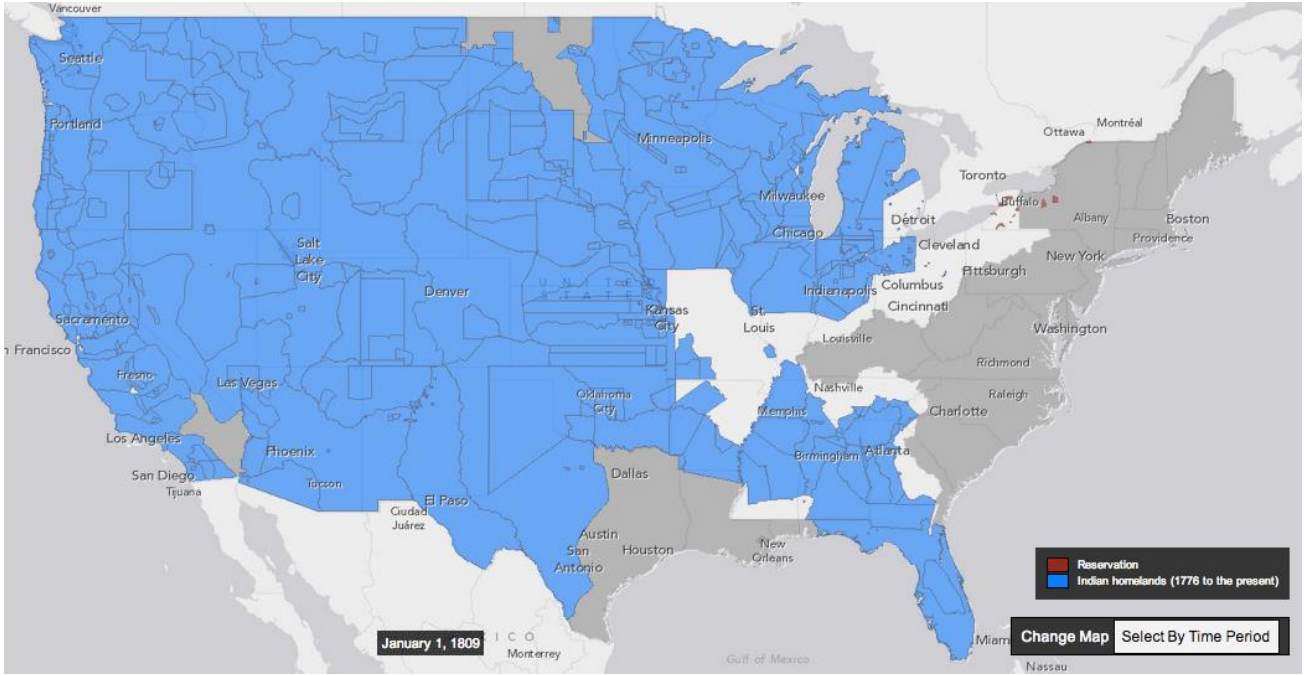
Understanding Historical Trauma



- Forced Removal and Land Loss
- Residential Boarding School Era
- Medical Mistrust and Experimentation
- Broken Treaties and Federal Policies

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Forced Removal and Land Loss



https://www.slate.com/blogs/the_vault/2014/06/17/interactive_map_loss_of_indian_land.html?fbclid=IwAR1b1u8ReMcweRYDjpTtl0XhmfPqI6O_CwFphQhk23m6MocylEEb_hELcew

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Residential Boarding School Era

Children as young as 3 years old were forcibly removed from their home to attend these schools

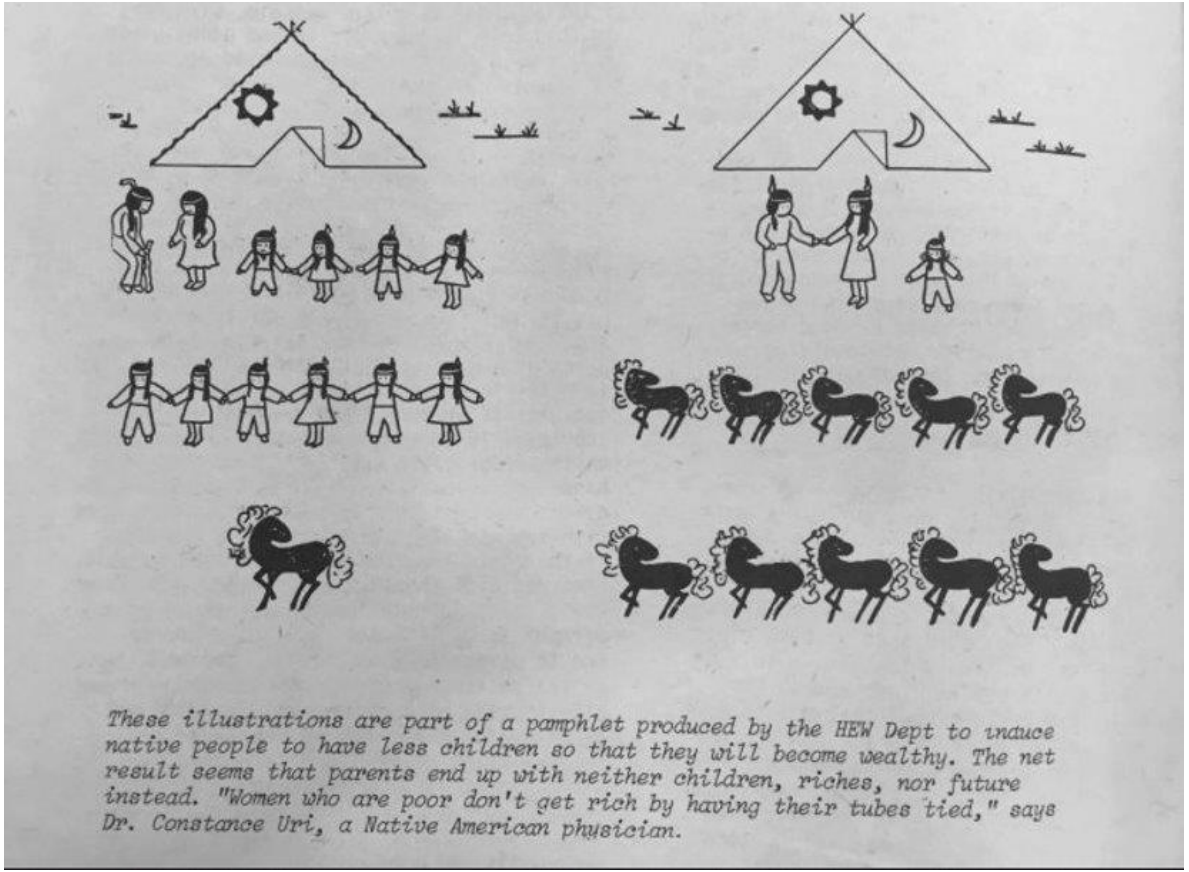
Many of them experienced physical, sexual, emotional, and verbal abuse

Culture, language, identity were stripped away…



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Medical Mistrust & Experimentation



https://www.niwrc.org/restoration-magazine/november-2020/past-and-current-united-states-policies-forced-sterilization

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Broken Treaties and Federal Policies

More than 370 treaties have been signed between the US government and tribes.

When Native people face higher cancer mortality, lower life expectancy, and chronic disease incidence, it's not accidental, it's the result of systemic neglect rooted in broken treaties and policy failures.



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Why This Matters Today

Understanding this history is essential for anyone working with Native communities. It's not just about the past, it's about ongoing accountability and the need to fulfill promises that have never been fully met.



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AICAF's Lens

Each woman screened is more than a number, she is a keeper of our culture, language, stories, and traditions. She is important to someone. She is someone's someone. Our team is driven to ensure she gets timely, knowledgeable and culturally competent care.

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Why AICAF?

AICAF was originally awarded funding in 2017 under DP17-1701, we're now on year 10 of receiving this grant funding

- We're funded to work Nationally across the United States to screen any eligible woman with a focus on AI/AN women.
- Our goal is to partner with small clinics that may have limited capacity or lack of established screening systems. Rather than taking a one-size-fits-all approach, we provide tailored technical assistance, build sustainable workflows, strengthen partnerships, and adapt our support to fit each clinic's unique resources, challenges, and community needs. This flexibility is where we have the greatest impact.
- We want to work to fill the gaps where care isn't being met and services are difficult, we will take the time to build the relationships and gain the trust

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Understanding AICAF's Role: Filling the Gaps



- Fill gaps in screening access
- Build clinic capacity
- Meet clinics where they are
- Provide culturally responsive support
- Complement existing partners
- Strengthen long-term sustainability

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What The Data Shows



- Cancer is the 2nd leading cause of death among American Indians and Alaska Natives (AI/AN)
- AI/AN peoples have an 18% higher risk of dying from cancer compared to non-Hispanic White peoples.[1]
    - Due in part to late-stage diagnoses caused by screening gaps.
- Many IHS facilities lack on-site mammography technology.[2]
    - Great distances to comprehensive cancer centers and diagnostic services.
- There are no full-time oncologists within the Indian Health Service system.

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What The Data Shows...

- Stigma around cancer, fear of talking about cancer.
- AI/AN have overall lowest life expectancy among all racial/ethnic groups.
  - 70.1 years vs 78.4 years for all races in 2023.[3]
- AI/AN patients are more likely to delay or forego treatments due to costs.
- AI/AN populations face even greater financial toxicity due to underinsurance, lack of coverage for specialty care outside of IHS, and limited access to financial navigation support.
  - In 2024, an estimated 81% of AI/AN people had health insurance vs 92% of the total US population.[3]

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Data Considerations

- Data Sovereignty
- EHR and staff challenges
- Misclassification
    - Mortality rate data comes from death certificates
    - AI/AN often underrepresented or included in “other”
    - Methods for Improving the Quality and Completeness of Mortality Data for American Indians and Alaska Natives - PMC

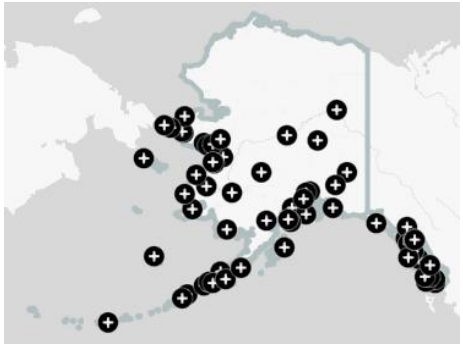
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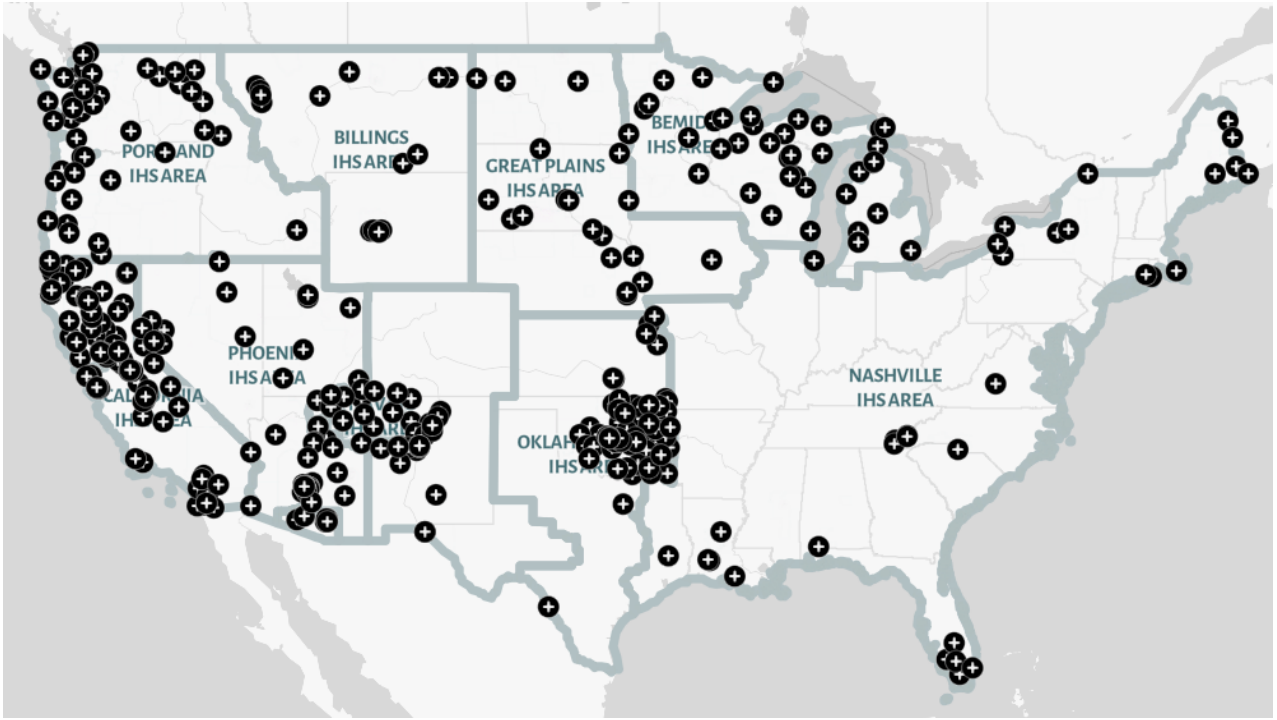
Indian Health Service Areas



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Indian Health Clinics





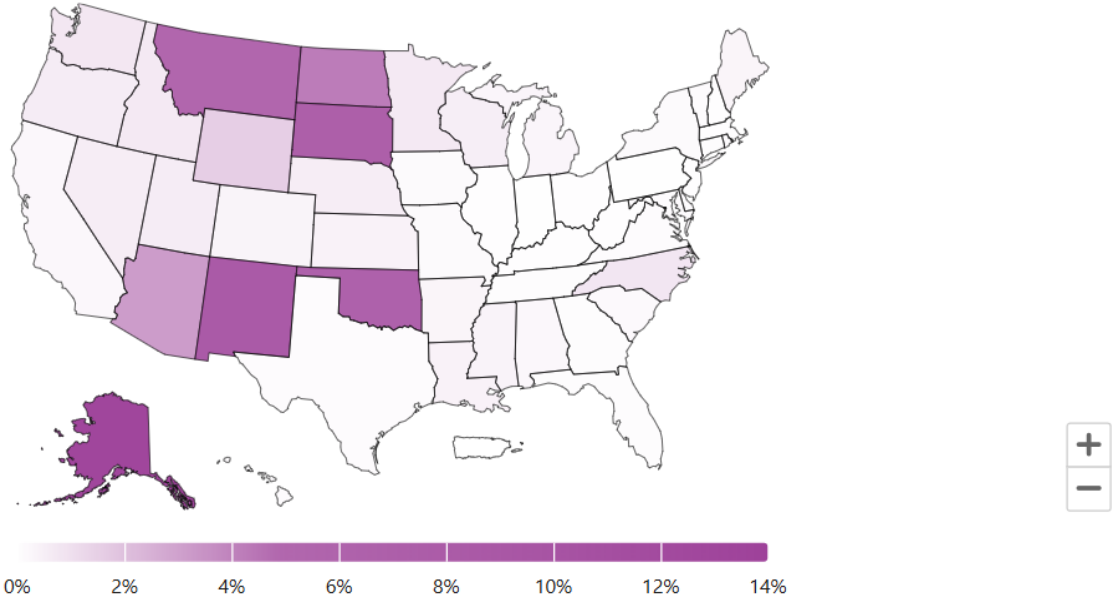
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Where Do American Indians/Alaska Natives Live?

American Indian/Alaska Native Population Map

Hover over each state to see 2024 ACS five-year population estimates for American Indians/Alaska Natives. The percentages displayed are in relation to the total population of that state.

Double-click each U.S. state to visit its Department of Health website and learn more about state-level health policies, programs, and resources.



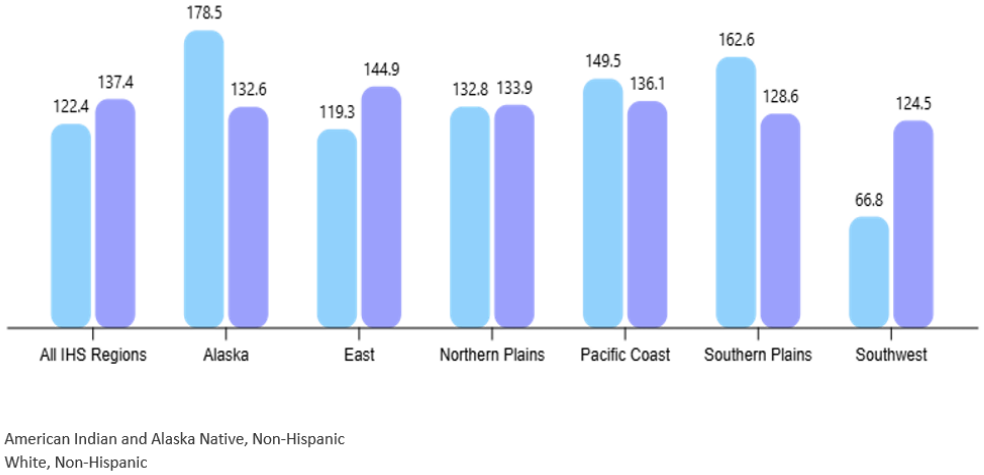
American Indian and Alaska Native Health | Office of Minority Health

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Breast Cancer Incidence Rates

Rate of New Cancers by IHS Region, United States, 2019-2023

Female Breast, American Indian and Alaska Native, Non-Hispanic and White, Non-Hispanic, Female
Rate per 100,000 females



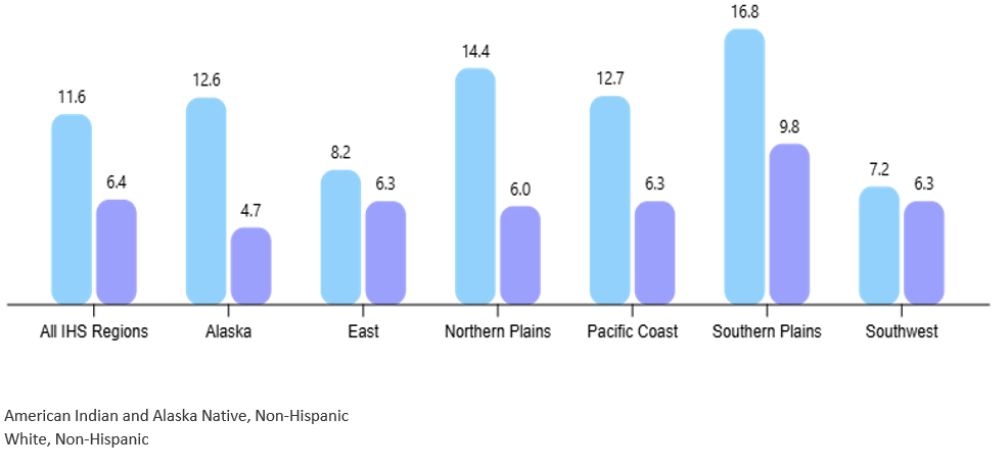
Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in June 2026.

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Cervical Cancer Incidence Rates

Rate of New Cancers by IHS Region, United States, 2019-2023

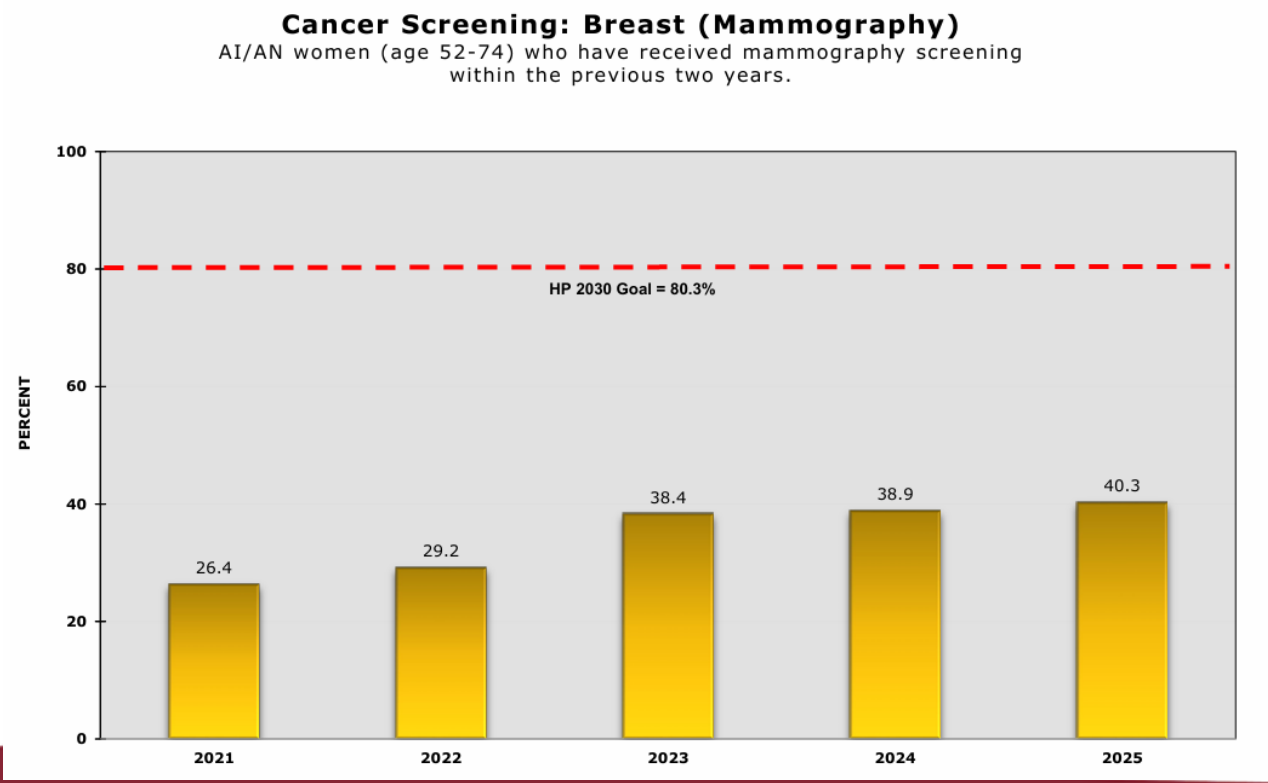
Cervix, American Indian and Alaska Native, Non-Hispanic and White, Non-Hispanic, Female
Rate per 100,000 females



Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in June 2026.

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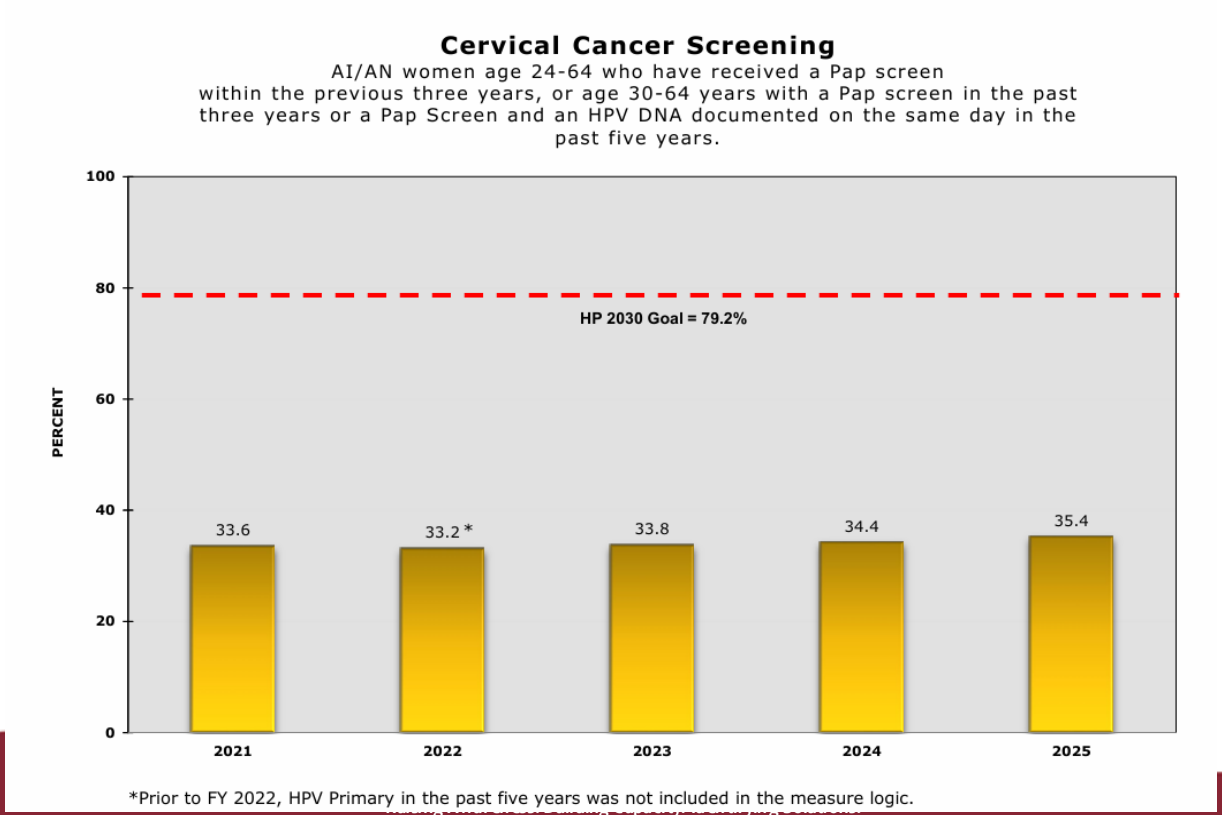
Screening Rates In Indian Health



Raising Awareness. Building Capacity. Identifying Solutions.

FY 2025 IHS GPRA/GPRAMA National and Area Results

Screening Rates In Indian Health



FY 2025 IHS GPRA/GPRAMA National and Area Results

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Funding In Indian Health Services

- IHS delivers services to 2.8 million AI/AN's, about 1/3rd of the AI/AN population in the US.[2]
- IHS is a payer of last resort: facilities seek reimbursement from third-party insurers when applicable (including Medicare and Medicaid).[4]
- IHS has been chronically underfunded throughout it's over 70-year history
- Receives less money per capita compared to any other federally funded healthcare program.[4]
    - 2017 IHS per capita spending: $4,078 vs $8,109 for Medicaid, $13,185 for Medicare, $10,692 for VHA, and $8,600 for federal prisoners.[4]
- IHS often runs out of funding for specialty services during the fiscal year, leaving patients to pay out of pocket, use insurance, or go without care.[4]
    - Programs denied or deferred almost $552 million for about 120,000 eligible patients in 2022.

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AICAF Approach

Culture is prevention

- Knowing our partners know their community best
- Value partners knowledge and expertise
- Supporting trusted health professionals
- Walking with innovation
- Customized support for each partner
- Meeting our partners at least every other week



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AICAF Approach Cont.

Screen Our Circle works directly with AI/AN Tribal, Urban, and IHS Clinics

- Direct reimbursement to the clinics for services to help stretch funding
- Assist with MOUs for outside services (mammograms, diagnostic services)
- Complete site visits to build community trust, understand community barriers, and process map
- Bi-weekly meetings with TA, education, resources, and any other support
- Meet them where they are and move at their speed, supporting efforts that make sense to them

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Opportunities for Stronger Partnerships with State Programs

- Strengthen communication
- Share information and data
- Align resources
- Leverage funding strengths
- Expand screening access
- Create a seamless patient journey



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Helping Tribal/Urban Clinics Succeed

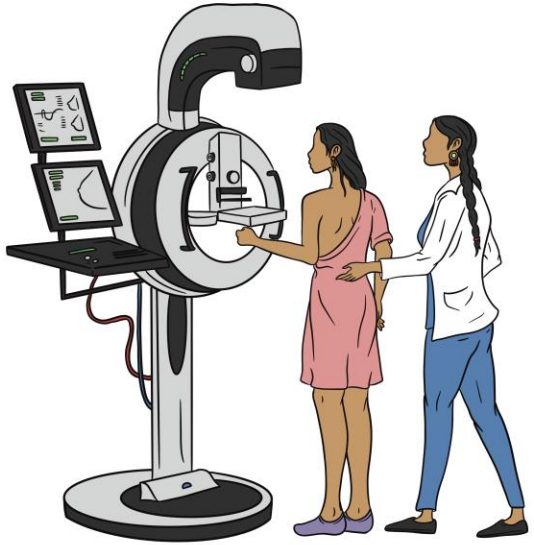


- Build trust through communication
- Increase funding transparency
- Clarify partner roles
- Coordinate support
- Keep patients at the center

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Maximizing Limited Funding Through Collaboration

- Maximize every funding dollar
- Align partner strengths
- Expand screening capacity
- Invest strategically
- Increase completed screenings
- Share one common goal

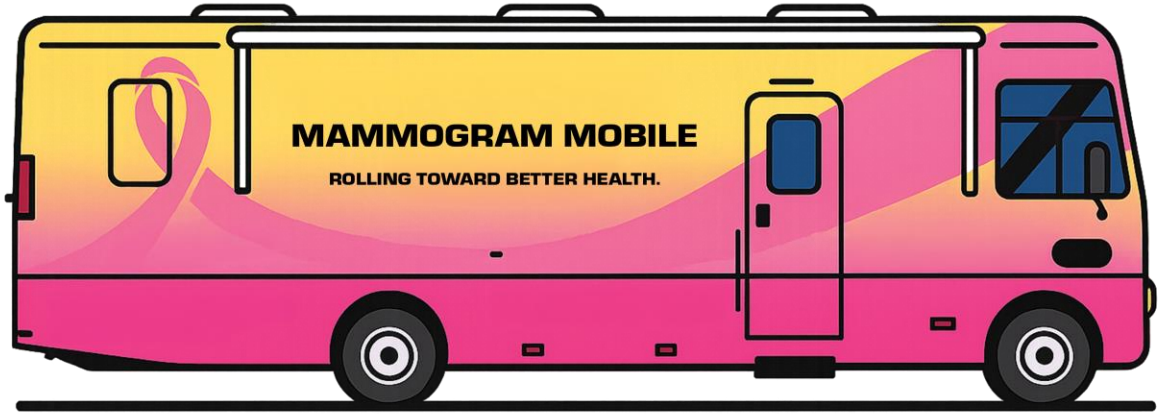


Work toward a shared goal: ensuring every eligible woman has access to life-saving screening.

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Growing Stronger Together

- Share smart practices
- Strengthen AI/AN data
- Share culturally tailored resources
- Build referral networks
- Learn from one another
- Improve patient outcomes



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Success Is Shared

- There is room for every partner to succeed.
- Every organization brings unique strengths to this work.
- Collaboration expands our collective impact.
- Our greatest success is measured by the women we reach together.
- **When every eligible woman receives the screening and care she needs, we all succeed.**



Thank You

Contact us at:
Jdeaton@aicaf.org
Ebobyock@aicaf.org



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The Opportunity Starts Today

- How do I do this work and collaborate better?
- How can you build/strengthen one new partnership?
- Identify one gap and how you can address it.
- How are you going to get more women screened?
- Do you have clinics and communities in mind that you can't reach that we may be able to?
- How can we both support each other in this work?

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References

1.Kratzer, T.B., Jemal, A., Miller, K.D., Nash, S., Wiggins, C., Redwood, D., Smith, R. and Siegel, R.L. (2023), Cancer statistics for American Indian and Alaska Native individuals, 2022: Including increasing disparities in early onset colorectal cancer. CA A Cancer J Clin, 73: 120-146. https://doi.org/10.3322/caac.21757

2.Erdrich, J., Woriax, H.E., Thomas, A. *et al.* Hidden in the Data: Breast Cancer Patterns, Gaps, and Challenges for Native American Women. *Curr Breast Cancer Rep* **18**, 4 (2026). https://doi.org/10.1007/s12609-025-00629-7

3. American Indian and Alaska Native Health | Office of Minority Health

4. Increasing Funding for the Indian Health Service to Improve Native American Health Outcomes | Mercatus Center

5. Patients Suffer When Indian Health Service Doesn't Pay for Outside Care - KFF Health News

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