

# Can American Indian and Alaska Native (AIAN) populations ever have a sufficient research base for best practices?

**Brenda Seals, PhD, MPH, MA<sup>1</sup> & Paula Marchionda, MD, MPH, BSN<sup>2,3</sup>**

<sup>1</sup>Rides Over Mountains Consulting, Highstown, NJ. <sup>2</sup>Native American Cancer Research, Denver, CO

<sup>3</sup>University of Colorado Anschutz Medical Campus, Aurora, CO

## INTRODUCTION

- ▶ Minority populations often experience important health disparities and carry an unequal burden of disease
- ▶ Poverty, lack of access to health care and high risk factors for disease characterize many minority populations and exacerbate health disparities
- ▶ Health promotion targeting majority populations may not reach small groups, especially if they are culturally unique
- ▶ Significant improvements in minority health can make a big difference

## METHODS

- ▶ US major health agencies relevant for American Indian and Alaska Native health were included
- ▶ Agencies searched: National Cancer Institute (NCI), Centers for Disease Control & Prevention (CDC), Substance Abuse and Mental Health Administration (SAMHSA), Agency for Healthcare Research Quality (AHRQ), and Indian Health Services (IHS)
- ▶ Search criteria included:
  - ▶ Cancer prevention, detection and services topics
  - ▶ Focus on AIAN population
  - ▶ Reported on significant health outcomes
  - ▶ Success stories, best practices and evidence-based interventions were searched

## RESULTS

### CDC Success Stories

3 Success stories were identified on the CDC web site:

1. Alaska Native Tribal Health Consortium:  
(<http://www.cdc.gov/cancer/ncccp/pdf/success/Alaska.pdf>)
  - ▶ Cancer survivorship, described Camp Coho, a one day program for Alaska Native children to better understand cancer loss and grief, attended by 20 children
2. Fond Du Lac:  
(<http://www.cdc.gov/cancer/ncccp/pdf/success/FondduLac.pdf>)
  - ▶ Early Detection, described new partnerships that increased mammogram screening for underserved AIAN women
3. Cherokee Nation  
(<http://www.cdc.gov/cancer/ncccp/pdf/success/CherokeeNation.pdf>)
  - ▶ Risk Reduction, described a colorectal education event where 235 people toured a Super Colon. Outcome results were not reported

## SAMHSA

- ▶ The One Sky Center was highlighted for improving prevention and treatment options for AIANs using a Native programs directory  
([http://www.samhsa.gov/SAMHSA\\_News/VolumeXIII\\_5/article10.htm](http://www.samhsa.gov/SAMHSA_News/VolumeXIII_5/article10.htm))
- ▶ Of 19 prevention programs identified, most covered HIV or leadership. Project Venture addressed tobacco prevention
- ▶ Cancer related success stories included:
  - ▶ Retailers reducing cigarette sales to youth but no data for natives  
([http://www.samhsa.gov/SAMHSA\\_News/VolumeXIII\\_5/article11.htm](http://www.samhsa.gov/SAMHSA_News/VolumeXIII_5/article11.htm))

## AHRQ

- ▶ A recent review of studies for closing health disparities gaps included 11 studies (<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=1243>)
- ▶ None of the studies provided information for American Indians
- ▶ Another review included promotion of physical activity for AIAN tribes and documented increases in walking among 125 AI older adults (<http://www.ahrq.gov/research/minorfind3.htm>)

## IHS

- ▶ From the AHRQ research brief: (<http://www.ahrq.gov/research/aminbrf.htm#diabetes>)
- ▶ 88 IHS funded diabetes care programs completed a checklist for IDERP recognition
- ▶ Only 9 of the programs fulfilled enough criteria to qualify for Level 2 in 2001
- ▶ New funding increased this to 37 programs with IDERP recognition in 2009
- ▶ Many individual diabetes success stories provide models (<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIIdeasInspirations>)
- ▶ Impact program stories for improved quality provided information for improving numbers of patients served ([http://www.ihs.gov/ipc/index.cfm?module=dsp\\_ipc\\_resources\\_case](http://www.ihs.gov/ipc/index.cfm?module=dsp_ipc_resources_case))

## CONCLUSIONS

- ▶ Most best practice documents provided information about strategies to increase participation but few outcomes were reported
- ▶ A paucity of data exists to improve health disparities for AIAN populations relevant to cancer control

## RECOMMENDATIONS

- ▶ More US funding is needed to document outcomes for AIAN and increase the number and range of programs providing best practices and success stories
- ▶ A national database for federally funded programs would be helpful for those looking to identify relevant AIAN intervention, early detection and treatment cancer programs
- ▶ Federal agencies need to partner with tribes and tribal organizations to identify and disseminate best practices and success stories

