



Network for Cancer Control Research Among American Indian and Alaska Native Populations

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Indian Health Service Overview and Update

by

Robert G. McSwain
Acting Director
Indian Health Service

Good afternoon. Thank you for inviting me to speak here today on the progress the Indian Health Service (IHS) is making in promoting cancer control and prevention in Indian Country. We are continually working, in partnership with Tribes and tribal organizations, to reduce cancer rates and support the search for a cure. Today I would like to give an update on IHS policies and initiatives that relate to reducing cancer rates.

At the forefront of IHS policy are our three main health initiatives: Health Promotion and Disease Prevention, Chronic Care, and Behavioral Health. These initiatives fully support both the Department of Health and Human Services' (HHS) vision of a healthier nation and the IHS goal of healthier Indian people. These initiatives are directed at reducing health disparities among Indian people through a coordinated and systematic approach to preventive health, including, of course, reducing cancer rates.

The goal of the Health Promotion and Disease Prevention Initiative is to create healthier American Indian and Alaska Native communities by developing and implementing effective health promotion and chronic disease prevention programs. Prevention is the foundation of any effective health program, and it has always been an important part of our efforts at the IHS in building healthier Indian communities and families. The underlying principle of prevention in the IHS is that the best health promotion programs are those that are developed in consultation with our key stakeholders, the American Indian and Alaska Native people. We know that

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listening to those who are most affected by the outcomes helps us to best target the specific needs of each community.

The Health Promotion/Disease Prevention initiative provides many opportunities for cancer control and prevention through community pilot projects and partnerships with state and local efforts.

Today I'd like to address some of what the IHS is doing for cancer prevention throughout Indian Country. This includes:

- Promotion of breast and cervical cancer screening – Government Performance and Results Act (GPRA) indicators certainly help with this. The IHS does a large volume of pap tests and the rate of mammograms is increasing steadily.
- Promotion of the HPV vaccination (Gardasil) for girls to prevent cervical cancer. This vaccine is covered by Vaccines for Children.
- Promotion of colo-rectal cancer screening, which is also a GPRA measure. A project is underway to train mid-level staff to do Flexible Sigmoidoscopies. And research is being carried out to determine whether a new fecal immunochemical test is appropriate for use in the IHS patient population. There are also other activities in progress to increase the basic screening rates.
- Promotion of the Hepatitis B vaccine in childhood is also proving useful in preventing liver cancer related to Hepatitis B. This vaccine already has made a huge difference in Alaska, where liver cancer was once much more common.

Smoking still remains the number one cause of cancer and death for American Indians and Alaska Natives. Tobacco abuse kills more Native people than injuries, STDs, HIV, TB, alcohol, and drug abuse combined.

I think it is important at this point to distinguish between the occasional use of tobacco for traditional or ceremonial purposes, which is not harmful to health, and the habitual or addictive use of commercial tobacco products, which have definitely been shown to be very harmful, even lethal, to human beings.

There are ongoing efforts throughout Indian Country to combat tobacco abuse. Some IHS facilities have smoking cessation clinics, and we are working to improve their performance and share the related technology with other sites. The volunteer-run IHS tobacco control task force is working to make clinical tobacco cessation and nicotine addiction treatment available in all Indian health system clinics.

I am also excited to hear that some of the powerful non-profit organizations in tobacco control are interested in working with the IHS and with tribal communities. In order to effectively combat lung cancer and other chronic conditions, we must address a host of factors. This requires active partnerships with tribal, federal, state, and private organizations. This is why the IHS has established many partnerships with private and public entities. And we are open to creative relationships with any organization that genuinely wants to help in Indian Country.

Currently limited federal funding includes grants from the Centers for Disease Control (CDC) Office on Smoking and Health and a grant from the American Legacy Foundation. CDC's Office on Smoking and Health funds several Tribes to do community-based tobacco

prevention. This mixed array of funding is an example of how the IHS creatively expands our limited funds to do the best possible job we can.

Our overall problem with commercial tobacco abuse is significant: nearly 41% of American Indians and Alaska Natives are smokers. This is the highest rate of tobacco use among every age, ethnic, and gender category in the U.S. Between 1983 and 2002, adult smoking rates in the U.S. fell in all racial and ethnic groups, except for American Indians and Alaska Natives.

There are significant regional and age differences in smoking rates. Tribes in the Northern Plains and Alaska are much more likely to be habitual smokers than in the Southwest. Unfortunately, recent studies have shown that youth in the Southwest are smoking more than their parents did, and Indian youth in middle school and high school were more likely than those from other racial/ethnic groups to have smoked cigarettes during the last month. American Indians and Alaska Natives also begin smoking earlier than any other group. Also, American Indian and Alaska Native women smoke more during pregnancy than other groups. This unhealthy practice can have profound impacts not only on the mother but on her unborn child as well.

The consequences of such high smoking rates are easy to see. In Alaska, lung cancer incidence is quite a lot higher than U.S. White rates, while in the Southwest, where smoking rates are much lower, it is relatively rare. Smoking has also been shown to contribute to many chronic illnesses and conditions, including heart disease and diabetes – two very serious health problems in Indian Country.

The habitual abuse of commercial tobacco by American Indian and Alaska Native people is causing devastating health problems. We are well aware that there is no single clinical intervention today that can reduce illness, prevent death, and increase the quality of life more than effective prevention and treatment of nicotine addiction.

In a special section of the *Annual Report to the Nation on the Status of Cancer 1975-2004 Featuring Cancer in Native Americans and Alaska Natives*, which was released last October, some worrisome trends concerning American Indian and Alaska Native populations were identified. For example, incidence rates for cancers with poor prognosis such as liver and gallbladder cancer, and common cancers such as lung, colorectal, and cervical cancer were higher in American Indian and Alaska Native populations than in non-Hispanic whites. There were substantial differences in cancer rates among American Indian and Alaska Native populations by region, with particularly high rates in Alaska and the Plains, where smoking rates are higher, as I noted a moment ago. The report also noted that American Indians and Alaska Natives were also much more likely to live in poverty and be obese, and less likely to have health insurance and have undergone routine cancer screenings.

We have found that chronic disease has replaced acute illness as our dominant health problem; and that chronic disease is now the principal cause of disability and of clinic visits and the use of health services in general. As I noted earlier, tobacco use can cause or worsen many chronic conditions. Chronic disease issues are currently the focus of many health care efforts, both in Indian Country and across the nation. That is why I selected Chronic Care as the one of the three IHS initiatives that I mentioned earlier.

In order to address all the diverse elements that contribute to overall good health the IHS has adopted a Chronic Care Model to help guide our health care efforts. This model of chronic care highlights the importance of an informed, interactive patient in the health care process.

A part of this initiative, the Innovations in Planned Care Collaborative has brought together 14 IHS, tribal, and urban sites to work together with our partner, the Institute for Healthcare Improvement, to bring about foundational changes in how they deliver care. This is not an “experiment.” Improvements and lessons learned will be shared across the Indian health system for others to use.

As we implement these changes in our clinical systems, Dr. Nat Cobb and the Tobacco Task Force are providing us with models for tobacco cessation that will fit into the larger context of chronic care management.

In terms of screening and treatment policy, the IHS in general follows national guidelines. Grants from CDC for breast and cervical cancer screening now go directly to a number of Tribes, which has increased screening rates. CDC funding also goes to the IHS through reimbursements for pap smears and mammograms by state grantees. Dr. Cobb also worked closely with CDC staff on the framework of the *National Breast and Cervical Cancer Early Detection Act*, which specifically mentioned Indian people as a group that would benefit greatly from this legislation. Other CDC grants for Comprehensive Cancer Control also are given to several Tribes. The IHS gladly serves as a partner with CDC on this project.

The culmination of the CDC-IHS collaboration represents important progress in providing critical data for describing the burden cancer causes in the AI/AN population nationwide and regionally. Commitment to maintaining these efforts for continued improvements on the misclassification of AI/AN race in cancer registries will provide more accurate information for cancer control, guide public health policy, and generate hypotheses for etiologic research in the future.

I believe the progress on all of the related legislation, policies, and initiatives that I have reviewed for you this afternoon will help reduce the rates of cancer and other chronic conditions among American Indians and Alaska Natives.

Thank you for your attention and your interest in the health and welfare of Indian people.