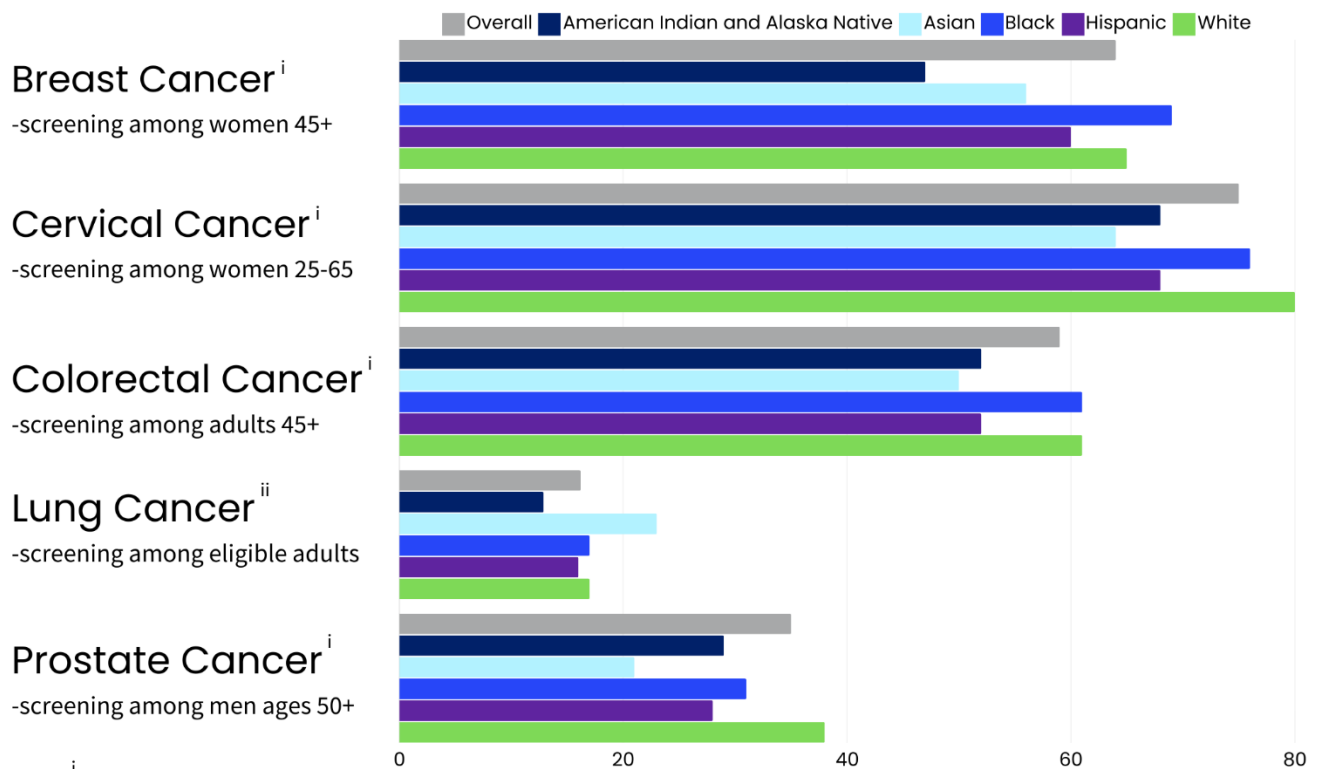


## Just the Facts: Cancer Screening Disparities Among American Indian and Alaska Native People

In 2020, an estimated 9.7 million people identified as American Indian and Alaska Native, representing about 3% of the U.S. population.<sup>i</sup> Nationally, American Indian and Alaska Native people have the highest incidence of and mortality from cancers of the colorectum, kidney, liver, and lung and bronchus than any population.<sup>ii,iii</sup> American Indian and Alaskan Native people have the highest incidence rates for cervical cancer and American Indian and Alaska Native people and Black people have the highest cervical cancer mortality rates.<sup>ii</sup>

Early detection of cancer through screening can improve survival and reduce mortality by detecting cancer at an early stage when treatment is more effective, and in the case of cervical and colorectal cancers, prevent it outright by identifying precancerous lesions. There are evidence-based screening recommendations for breast, cervical, colorectal, lung, and prostate cancers. The most recent data show breast and lung cancer screening rates were lowest among American Indian and Alaska Native people compared to other race and ethnicities, and below all race and ethnicities combined for cervical, colorectal, and prostate cancer screening.<sup>iv,v</sup>

### Up-To-Date Cancer Screening Prevalence in the U.S. by Race/Ethnicity in 2021



<sup>i</sup> American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2023-2024*.

<sup>ii</sup> Henderson LM, Su IH, Rivera MP, Pak J, Chen X, Reuland DS, Lund JL. Prevalence of Lung Cancer Screening in the US, 2022. *JAMA Netw Open*. 2024 Mar 4;7(3):e243190. doi: 10.1001/jamanetworkopen.2024.3190. PMID: 38512257; PMCID: PMC10958241.

Cancer screening disparities for American Indian and Alaska Native people largely reflect long-standing systemic racism that has resulted in limited access to quality care, including cancer screening.<sup>iii,vi</sup> Many of these cancer disparities could be reduced by increasing access to high-quality cancer prevention, early detection, and treatment.

## ACS CAN's Position

The American Cancer Society Cancer Action Network (ACS CAN) works to ensure everyone has a fair and just opportunity to prevent, detect, treat, and survive cancer. ACS CAN advocates for policies to improve access to screening for American Indian and Alaska Native people by:

- ❖ Ensuring all health insurers provide coverage without patient cost sharing for evidence-based preventive services, including all follow-up testing;
- ❖ Supporting increased funding levels for the Indian Health Service to reduce health disparities for American Indian and Alaska Native communities;
- ❖ Increasing federal and state funding for cancer prevention programs, like the National Breast and Cervical Cancer Early Detection Program (NCCEDP) and the Colorectal Cancer Control Program, which aim to increase screening rates in communities that are limited-income, underserved, underinsured, and uninsured; and
- ❖ Increasing access to patient navigation services for cancer prevention and care.

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<sup>i</sup> U.S. Census Bureau. 2020 Census Redistricting data (Public Law 94-171) Summary File.

<sup>ii</sup> American Cancer Society. *Cancer Facts & Figures 2024*. Atlanta: American Cancer Society; 2024.

<sup>iii</sup> The American Cancer Society published a Special Section on Cancer in the American Indian and Alaska Native population in the 2022 Cancer Facts & Figures that is available online at <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-special-section-aian.pdf>.

<sup>iv</sup> American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2023-2024*.

<sup>v</sup> Henderson LM, Su IH, Rivera MP, Pak J, Chen X, Reuland DS, Lund JL. Prevalence of Lung Cancer Screening in the US, 2022. *JAMA Netw Open*. 2024 Mar 4;7(3):e243190. doi: 10.1001/jamanetworkopen.2024.3190. PMID: 38512257; PMCID: PMC10958241.

<sup>vi</sup> United States. Government Accountability Office. Indian health service: health care services are not always available to Native Americans: report to the Committee on Indian Affairs, U.S. Senate. Washington, D.C.: United States Government Accountability Office, 2005.