Lessons learned from the Spirit of E.A.G.L.E.S.
Judith Salmon Kaur
Mayo Clinic, Rochester, MN

Historical reference
• There was a time when cancer was rare in American Indians
• THAT TIME IS PAST!!

Current Perspectives
• U.S. Population: 2.4 million Native American (American Indians and Alaskan Natives).
• There are 558 federally recognized tribes/nations in 34 states - languages, religions.
• 65% of the population are located in urban areas/cities.

HEALTH DISPARITIES
• 1987-1993: LEADERSHIP INITIATIVES DEVELOPED BY CONGRESS
• 1999: IOM REPORT TO CONGRESS
• 2000: RFA FOR SPECIAL POPULATIONS NETWORKS
• 2001: CENTER TO REDUCE CANCER HEALTH DISPARITIES

HISTORY OF CANCER RESEARCH
• 1937: NATIONAL CANCER INSTITUTE ACT SIGNED INTO LAW
• 1971: NIXON’S WAR ON CANCER BEGINS/SEER ESTABLISHED
• 1984: “HECKLER REPORT” IDENTIFIES DISPARITIES
• 1990: OFFICE OF MINORITY HEALTH

COMMUNITY NETWORKS PROGRAMS
• 25 FUNDED
• BUILDING INFRASTRUCTURE
• INCREASING MINORITY RESEARCHERS
• “PARTICIPATORY RESEARCH”
• PRIORITY TO INCREASE OUTREACH FOR CLINICAL TRIALS
## All Sites Cancer Mortality Rates, Both Sexes, 1994-98

<table>
<thead>
<tr>
<th>Rate</th>
<th>All IHS</th>
<th>All US</th>
</tr>
</thead>
<tbody>
<tr>
<td>129.4</td>
<td>166.7</td>
<td></td>
</tr>
</tbody>
</table>

- Rate per 100,000 per year, adjusted to 1970 U.S. population
- ** Denotes a rate significantly higher (lower) than the U.S. rate.

## Lung Cancer Mortality Rates, Both Sexes, 1994-98

<table>
<thead>
<tr>
<th>Rate</th>
<th>All IHS</th>
<th>All US</th>
</tr>
</thead>
<tbody>
<tr>
<td>33.7</td>
<td>48.3</td>
<td></td>
</tr>
</tbody>
</table>

- Rate per 100,000 per year, adjusted to 1970 U.S. population
- ** Denotes a rate significantly higher (lower) than the U.S. rate.

## Breast Cancer Mortality Rates, Females, 1994-98

<table>
<thead>
<tr>
<th>Rate</th>
<th>All IHS</th>
<th>All US</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1</td>
<td>24.2</td>
<td></td>
</tr>
</tbody>
</table>

- Rate per 100,000 per year, adjusted to 1970 U.S. population
- ** Denotes a rate significantly higher (lower) than the U.S. rate.

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**Oklahoma Tobacco Helpline**

1-800 QUIT NOW

- ↑ calls to the Oklahoma Tobacco Quitline in Cherokee Nation from 22.5% in 2006 to 26.2% in 2007

---

**Cherokee-specific billboards promoting the Oklahoma Quit Line for Mayes, Delaware, and Sequoyah counties.**

**Tobacco Addiction is not Tradition**

Oklahoma Tobacco Helpline 1-800 QUIT NOW

Cherokee Nation

HEALTHY NATION

(904) 850-0203
CHANGING CANCER PATTERNS IN MINORITIES

- STILL EXCESS OF CANCERS RELATED TO INFECTIONOUS ETIOLOGIES (CX, GASTRIC, LIVER)
- INCREASING RATES OF THE MOST COMMON CANCERS (BREAST, COLON, LUNG)

DEMOGRAPHICS COUNT!

HIGH PREVENTION POTENTIAL

IMPEINDI TSUNAMI

GAO Report, August 2006:
"Barriers to mammography in rural, some urban areas"

- Mammo Closures >> Openings, 2001-2004:
- Access Problems:
  - ¼ of US counties, and 60% of North Dakota counties: no mammography
FUTURE NEEDS AND DIRECTION
• INFRASTRUCTURE BUILDING
• IMAGING RESEARCH TO BRING AFFORDABLE AND ACCESSIBLE SCREENING
• RESEARCH ON MODELS OF CARE
• DATA TO INFORM COMMUNITIES FOR PRIORITIZATION

QUOTE
"KNOWING IS NOT ENOUGH; WE MUST APPLY,
WILLING IS NOT ENOUGH, WE MUST DO! ...GOETHE"

RESEARCH NEEDS
• BIOLOGICAL
• PSYCHOLOGICAL
• SOCIAL

ARE WE MOVING FORWARD?
NCMHD MISSION

To promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities. In this effort, the NCMHD will:

- conduct and support basic, clinical, behavioral and social science research
- promote development of research infrastructure and training
- foster emerging programs
- disseminate information
- reach out to minority and other health disparity communities.

NCMHD Active Programs

- Minority Health and Health Disparities International Research Training awards support young scientists conducting scientific research abroad.
- Research Infrastructure in Minority Institutions grants support research and strengthen the biomedical research capability of eligible institutions.
- Small Business Innovation Research/Small Business Technology Transfer Program grants to small businesses and to partnerships between small businesses and nonprofit research institutions to bring innovative technologies to market designed to empower health disparity communities to achieve health equity through health education and disease prevention.

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Health Status

- Disparities in general wellness
- Disparities in certain diseases & conditions
- Disparities in impact of lifestyle
- Disparities in community-wide health