

Cervical Health Awareness Month: Highlighting American Indian + Alaska Natives

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Treaties and promises have come to characterize the relationship between American Indian and Alaska Native tribes (AI/AN), and the United States government. One of those promises: the provision of healthcare in perpetuity as compensation for ownership of their land.

The federal responsibility for American Indian healthcare was **codified** in the **Snyder Act of 1921** and the **Indian Health Care Improvement Act of 1976**. Both provide legislative authority to the Indian Health Service (IHS)—a **federal agency** within the Department of Health and Human Services responsible for providing health services to AI/AN. However, major barriers continue to affect the level of equitable care AI/AN can access.

Although the agency's **vision** is centered around developing “healthy communities and quality health care systems through strong partnerships and culturally responsive practices,” it does not provide specialty care. Before Tuba City Regional Health Care Corporation in Tuba City, Arizona, opened its doors in 2019, there was no **cancer clinic** on any AI/AN reservation in the US. Consequently, any member of the **574 federally recognized** AI/AN tribes in the US would have to travel hundreds of miles to receive specialty care, including anti-cancer treatment. This care gap is one of the reasons why AI/AN women are over **1.5 times** more likely to develop cervical cancer when compared with White women. It is also why recognizing January as Cervical Health Awareness Month remains important.

Eliminating Inequities

In the past, cervical cancer was a common cause of cancer-related death for women in the US. However, the rise of prevention and screening programs in the country reduced the death rate by more than **50%** since the mid-1970s. But a look at the global picture tells a different story.

According to the World Health Organization (WHO), cervical cancer is still the **4th most common** form of cancer among women worldwide. The disease is **commonly diagnosed** in women between the ages of 35 and 44, with the average age being 50. In 2018, 300,000 women lost their lives to cervical cancer and nearly **90% of those deaths** happened in countries with a lower gross domestic product. Similar socioeconomic disparities exist in the US as AI/AN women are 4 times more likely to die from cervical cancer than White women.

Time is the most valuable currency in cancer care, and the cervical cancer mortality rate among AI/AN women reflects this. AI/AN populations are often diagnosed with cancer at later stages of the disease, resulting in the **lowest survival rate** for almost all cancer types of any population in the US. Screening is particularly important in cervical cancer care as it has a **91% survival rate** if diagnosed at an early stage. In fact, the WHO wagers that screening **70% of women by age 35**, and again at 45, is one part of a three-pronged approach to eliminate the disease within the next century. This goal is supported by **findings** from the American Cancer Society which revealed that cervical cancer rarely occurs in women who have been regularly screened before turning 65 years of age. Increasing the screenings rate of the AI/AN population begins by improving their access to care.

Improving Access to Care

The human papillomavirus (HPV) vaccine was **developed in 2006**. Since then, rates of cervical cancer incidence have dropped significantly among vaccinated women. One **study** conducted from 2006 to 2017, revealed a 90% reduction in cervical cancer incidence in vaccinated women compared to unvaccinated women. AI/AN women **have the highest rates** of HPV-related cancer, which indicates they are vaccinated at a lower rate.

The evidence is compelling: improving access to screening and vaccination services would significantly improve the cervical health of AI/AN women. Understanding this, the American Indian Cancer Foundation annually **hosts** #TurquoiseThursday—a national digital cervical cancer awareness campaign characterized by wearing turquoise clothing and jewelry. This year, it fell on January 18, but the mission to improve the cervical health of AI/AN women should be a lasting endeavor, built on a new and better promise to intentionally deconstruct barriers to care through partnerships rooted in trust.