IMPROVING LUNG CANCER SCREENING IN THE AMERICAN INDIAN AND ALASKA NATIVE COMMUNITY

A TOOLKIT FOR PROVIDERS AND COMMUNITY MEMBERS

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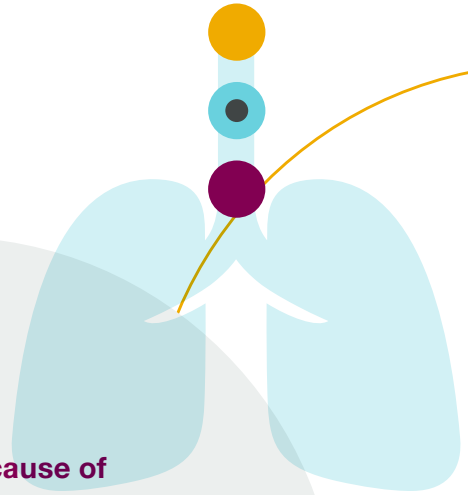
TABLE OF CONTENTS

FOR CLINICS AND PARTNERS

OVERVIEW

This toolkit is a culturally tailored educational resource designed to raise awareness about lung cancer in American Indian and Alaska Native (AIAN) communities. It serves healthcare professionals, community partners, and AIAN people by providing actionable, respectful, and inclusive educational materials and resources.



Why It Matters

Lung cancer is the **#1 cause of cancer death** for AIAN communities.[1]

Screening can save lives if cancer is found before it becomes deadly.[2]

Lung cancer **screening rates are the lowest** among AIAN people compared to other races and ethnicities.[3]

More than 1 in 4 AIAN adults smoked cigarettes in 2020.[4]

The Goal

Help improve lung cancer screening awareness among AIAN communities.

You can make an impact. Encourage AIAN community members to **know the risks and how to get screened for lung cancer**.

LUNG CANCER IN AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES

There are 574 federally recognized AIAN Tribal Nations in the US[5]

Over 9.1 million people identify as AIAN, either alone or in combination with other races.[5]

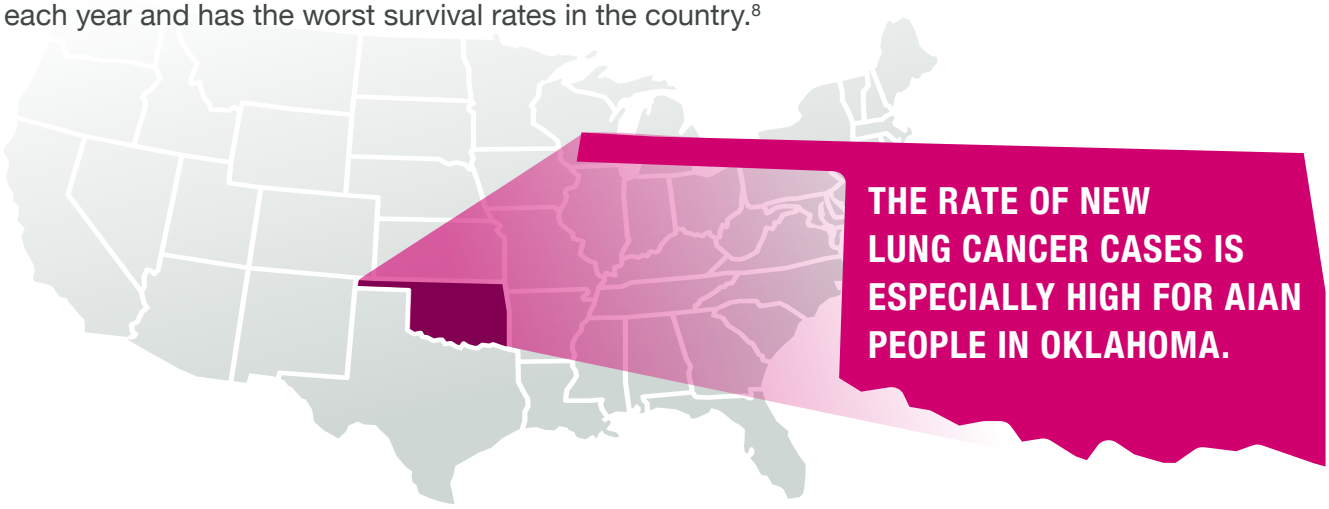
WHY LUNG CANCER IS A GREATER RISK FOR AIAN PEOPLE

- **Cigarette smoking is more common** among AIAN people than other groups[6]
- Lung cancer is the **#1 cause of cancer death** among AIAN people[1]
- **Compared to other groups, AIAN people have**
  - Lowest rates of lung cancer screening[3]
  - Higher rates of lung cancer[1]
  - Lower life expectancies[7]

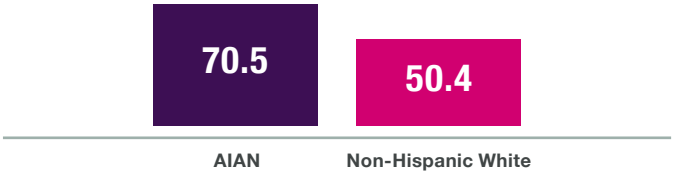
Learn more: CDC: American Indian and Alaska Native Lung Cancer Facts

ZOOM IN ON OKLAHOMA

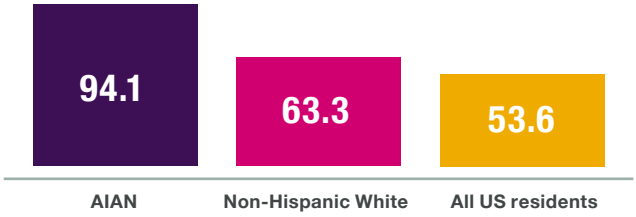
Lung cancer outcomes look different at the local level. For example, Oklahoma ranks second to last in the country for lung cancer screening.[8] The state sees higher-than-average rates of new cases each year and has the worst survival rates in the country.[8]



Oklahoma lung cancer mortality cases per 100,000[9]



New lung cancer cases per 100,000[8]



Want to learn about other states? Visit the American Lung Association's State of Lung Cancer data here.

WHO SHOULD BE SCREENED FOR LUNG CANCER?

People who[10]:

- Are 50 to 80 years old, *and*
- Have a 20 pack-year smoking history, *and*
- Are currently smoking or quit in the last 15 years

What: Screen for lung cancer with low-dose computed tomography (CT).

How often:
Every year

Learn more about the United States Preventive Services Task Force's lung cancer screening guidelines.

Use the Lung Decision Precision tool to help determine your patient's eligibility.

What is a pack-year?

A pack-year is a way of measuring the cumulative amount of cigarette smoking over a lifetime. To calculate it, multiply the average number of packs (20 cigarettes = 1 pack) of cigarettes smoked per day by the number of years smoked.

A 20 pack-year, for example, means:

One pack a day for **20 years**, or

Two packs a day for **10 years**

If you suspect lung cancer in your patient based on clinical assessment or initial chest radiography, **a diagnostic CT scan with contrast** may be indicated.[11]

ADDITIONAL RISK FACTORS FOR LUNG CANCER

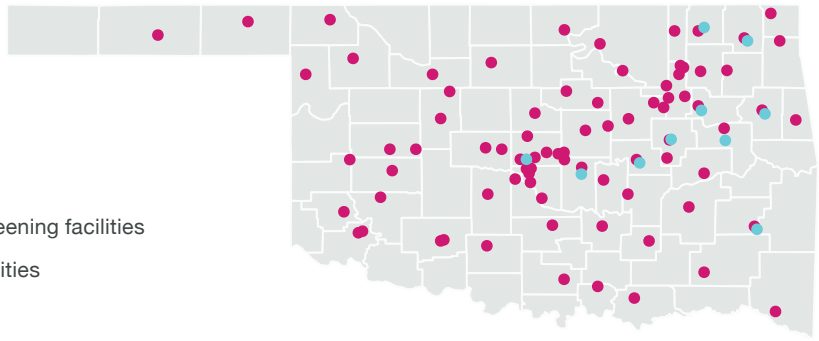
- **Veterans.** Members of the military are more likely to smoke than civilians, increasing their risk of lung cancer.[12] AIAN people serve in the U.S. armed forces five times more than the national average[13]
- **Secondhand smoke.** Breathing in the smoke of others, or secondhand smoke, is the third most common cause of lung cancer in the US[14]
- **Exposure to radon.** Many Tribal lands have high radon levels due to abandoned uranium mines and naturally occurring uranium[15]

Learn more about Lung Cancer Screening for AIAN Veterans.

GOING THE DISTANCE FOR LUNG CANCER SCREENING

AIAN communities often face geographic barriers to screening. According to a recent study, 44 miles was the mean distance between AIAN tribes and the nearest lung cancer screening center.[16]

To make screening more accessible, this map highlights facilities in Oklahoma that provide low-dose CT scans. To view addresses and contact information for these Oklahoma sites, visit Oklahoma Lung Cancer Screening Site list. (Note: Some Indian Health Service sites may offer lung cancer screening but are not included on this list. Ask your Indian Health Service facility if they provide lung cancer screening.)



- Lung cancer screening facilities
- Indian Tribal facilities

Looking for screening centers in other states? Use the American College of Radiology's Lung Cancer Screening Locator Tool.

For many community members, especially older ones, getting to a screening appointment can be difficult. The Native Elder Service Locator helps connect Native American Elders with transportation to healthcare, along with other vital support like employment services, food pantries, and caregiver programs.

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BARRIERS TO HEALTH

Barriers to lung cancer screening, detection, and treatment can prevent AIAN people from living their healthiest lives. Let's take a look at some of these barriers.

Barrier: Lack of trust

A lack of trust in healthcare systems can deter people from seeking care.[17] Going back hundreds of years, weaponization of Western science and medicine and the erasure of AIAN identity have eroded that trust among AIAN people.

These practices have included:

- Intentional smallpox transmission[18]
- Eugenics via forced sterilization[19]
- Unethical research practices against Havasupai Tribal members[19]
- Eradication of cultural practices and Tribal sovereignty[19]

> *Tribal sovereignty is "the ability to govern and to protect and enhance the health, welfare, and safety of Tribal citizens within Tribal territory.[20]*

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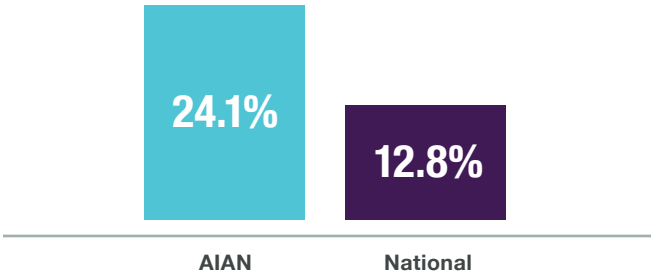
Barriers: Poverty, unemployment, and food insecurity

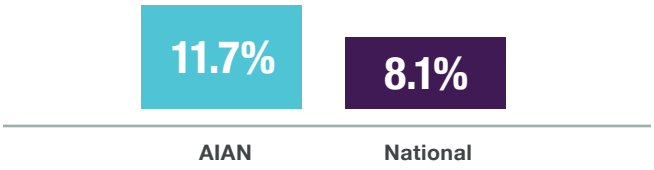
Health outcomes are affected by social, health, and economic indicators like access to housing, transportation, job opportunities, and food. Depending on a person's access, these indicators can promote well-being and quality of life or contribute to health disparities and inequities.[21]

AIAN people have the U.S.'s highest poverty and unemployment rates. Additionally, about 1 in 4 AIAN individuals experience food insecurity, and this rate is even higher among rural AIAN communities.[22]

Poverty[23]



Unemployment[23]

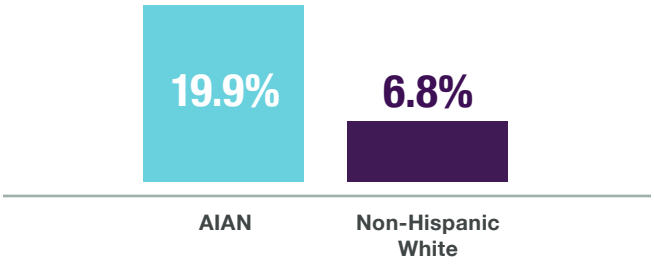


Why? Because of historical mistreatment, AIAN communities often experience health inequities. Health equity is the state in which every person has a fair and just opportunity to be as healthy as possible.[24] Working toward health equity requires addressing these disparities and removing barriers.[24]

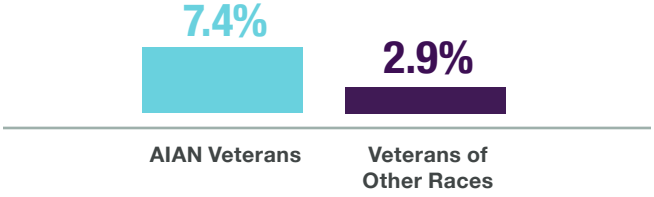
Barrier: Low rates of insurance coverage

Without insurance coverage, obtaining needed healthcare is difficult. In 2022, 19.9% of AIAN people under age 65 were uninsured, compared to 6.8% of non-Hispanic white people.[25] As of 2017, AIAN veterans are more likely to lack health insurance than veterans of other races (7.4% vs 2.9%).[26]

Who is more likely to be uninsured?[25]



Which veterans are more likely to be uninsured?[26]



TRIBAL COLLABORATION AND OUTREACH BEST PRACTICES

ENGAGING WITH AIAN COMMUNITIES

You can help raise awareness about lung cancer screening among AIAN people in your community through in-person and virtual outreach. This toolkit includes a two-page flyer on page 17 you can share with your community electronically or by printing out double-sided.

DISTRIBUTING INFORMATION ABOUT LUNG CANCER

Community health events: Participate in local outreach opportunities relevant to lung cancer screening, such as Tribal health fairs, mobile screening events, Inter-Tribal Council meetings, National Lung Cancer Awareness Month, or National American Indian Heritage Month.

Partner with trusted groups: Look for opportunities to partner with organizations that Tribal communities already trust. This includes organizations with Tribal affiliation or endorsement that provide culturally grounded services, have a long-term community presence, and/or are recognized by Tribal and national Native networks.

Social media: Use your clinic's outreach and communication channels, including social media platforms or newsletters, to distribute information about the importance of screening.

Below are sample social media posts you can tailor based on your communities and share:

Are you over 50, have a history of smoking, and currently smoke or have quit in the last 15 years? You may be eligible for lung cancer screening. Talk to your healthcare provider today.

Did you know that lung cancer is the number one cause of cancer death for American Indian and Alaska Native people? Early screening can save lives. If you're 50 or older and have a history of smoking, ask your healthcare provider about lung cancer screening.

Lung cancer is the leading cause of cancer death among American Indian and Alaska Native people, yet screening rates are the lowest of any group.

We can change that. If you're 50 or older, talk with your provider about a yearly lung cancer screening.

AIAN veterans serve our country at 5x the national average. They also face higher risks of lung cancer than civilians.

If you are 50 to 80 years old and have a history of smoking, talk to your provider about yearly screenings.

CULTURAL AWARENESS

When you engage with AIAN communities on health topics, follow these best practices in order to be culturally sensitive, and thus, more effective. Remember that each Tribal community is distinct.

Understand that tobacco is used both ceremonially and commercially.[27]

Ensure transparency by remaining clear about goals, benefits, risks, patient rights, and the role of Tribal oversight.

Acknowledge the historical harms caused by unethical research and institutional practices.[19]

Consult and learn from Tribal partners, who can provide valuable guidance.

Work with trusted messengers, such as Tribal leaders, local community health workers, Tribal health program workers, local Indian Health Service leaders, or local advocacy organizations.

Tailor materials and imagery to each tribe's identity, tradition, and language. Where appropriate, use indigenous art and symbols representative of the Tribal community or nation you are trying to reach.

True partnership takes time. **Respect Tribal sovereignty, consultation, and oversight** in your outreach.

Learn more about the role of tobacco in AIAN communities:

- American Lung Association: Addressing Commercial Tobacco Use in Indigenous Communities
- Keep It Sacred: The Differences Between Traditional and Commercial Tobacco

CASE STUDY:
NATIVE AMERICAN CENTER OF CANCER HEALTH EXCELLENCE

The Native American Center of Cancer Health Excellence (NACCHE) at the University of Oklahoma Health Sciences Campus Stephenson Cancer Center was established in 2023. NACCHE's mission is to improve cancer prevention and survival in Native American populations through multilevel, comprehensive approaches that are rooted in principles of bidirectionality and respect for Tribal sovereignty. NACCHE's work includes research, outreach, education, training, access, and policy development in Native American communities. Central to its success is the Tribal Advisory Council, which guides all NACCHE activities to ensure culturally respectful and community-centered approaches.[28]

NACCHE leads the "Improving Cancer Outcomes in Native American Communities" (ICON) program, a five-year, $17.2 million grant from the National Institutes of Health awarded in 2024.[29] ICON directly addresses Tribal-identified priorities: enhancing cancer prevention, expanding screening access, and improving care coordination.

NACCHE is successful because of partnerships between:

- Tribal Nations
- Urban Indian health centers
- Indian Health Service
- Oklahoma University researchers, faculty, and staff

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PROVIDER RESOURCES

CULTURAL TRAINING FOR HEALTHCARE PROVIDERS

The following resources are available to help healthcare providers and community leaders learn about the unique cultural attributes of AIAN communities.

- Indian Health Service: Trauma Informed Care Processes Guide
- Fred Hutch Cancer Center Office of Community Outreach & Engagement: Initiating Indigenous Cancer Health Equity Report, 2023
- The University of Oklahoma's Stephenson Cancer Center: Native American Community Outreach and Engagement initiatives
- CITI Program: Research with Native American Communities: Important Considerations When Applying Federal Regulations
- Warne D, et al. "Barriers and unmet needs related to healthcare for American Indian and Alaska Native communities: improving access to specialty care and clinical trials." *Frontiers in Health Service*. 2025
- Office for Human Research Protections. Department of Health and Human Services. Supporting Ethical Research Involving American Indian/Alaska Native Populations Virtual Workshop. 2021

SMOKING CESSATION INTERVENTIONS

To help support smoking cessation, share these resources with community members.

- American Indian Cancer Foundation: Quit Connections
- American Indian Cancer Foundation: Lung Cancer Signs & Symptoms
- American Indian Cancer Foundation: E-Cigarettes Are Not Our Tradition
- SmokefreeNATIVE: Text message program that provides 24/7 support
- Oklahoma Tobacco Helpline: Call 1-800-QUIT-NOW or visit OKhelpline.com

AMERICAN INDIAN AND ALASKA NATIVE PUBLIC HEALTH DATA RESOURCES

- The CDC offers a self-guided Tribal Public Health Data Advancement Toolkit that Tribal public health authorities can use to assess data system capacity, create action plans, and identify priorities
- The Urban Indian Health Institute's Data Collection Toolkit contains best practices for health-related data collection and sharing within communities
- Research and Evaluation materials from the American Indian Cancer Foundation support research and evaluation to support communities designing and implementing health solutions
- Leaders can also consult Tribal Epidemiology Centers or the CARE Principles for Indigenous Data Governance
- Lung Decision Precision is a shared decision-making tool for providers to discuss the benefits and harms of Lung Cancer Screening

FUTURE CONSIDERATIONS

UNDERSTANDING LUNG CANCER AND CLINICAL TRIAL PARTICIPATION AWARENESS IN YOUR COMMUNITY

Below are sample questions to use in discussion with your American Indian or Alaska Native community members about their understanding of lung cancer and clinical trial participation.

- Did you know lung cancer rates are higher among American Indian and Alaska Native people than other groups?
- Did you know that lung cancer screening rates are lowest among American Indian and Alaska Native people?
- Do you know the eligibility criteria for lung cancer screening?
- Have you or someone you know ever been invited to join a clinical trial? How was that experience?
- Have you ever participated in a clinical trial? If yes, would you do so again? Why or why not?
- What would make you feel confident that a clinical trial is safe for you or your community to participate in?
- What kinds of support would you need (for example, transportation, childcare, flexible scheduling) to be able to take part in a clinical trial?
- Do you feel like you know enough about clinical trials that you would be willing to participate in one, if offered? What questions do you have?

In your conversations, be sure to emphasize the positive actions that people can take. Screening saves lives and support is available. It's also never too late for someone to quit using tobacco.

CLINICAL TRIALS

Clinical trials study new treatments compared to the standard of care at no cost to the participant. Because of clinical trials, lung cancer treatments have become more advanced.[30]

However, a history of mistreatment and shared trauma prevents many AIAN people from participating. **AIAN people make up less than 1% of clinical trial participants**—the lowest representation of any ethnic group in the U.S.[31] This underrepresentation is significant, as AIAN communities carry higher burdens of certain diseases like lung cancer. Also, clinical discoveries may not be applicable to populations who aren't represented in research studies, and they may miss the opportunity to benefit from treatment innovations.

Importantly, when AIAN people are included in research, the knowledge gained can not only help improve individual care but also has the potential to strengthen the health of their families and communities. This is why establishing trust by following recommended guidelines for respectful engagement is so critical.

Here are resources for finding clinical trial opportunities:

- **ClinicalTrials.gov:** The most comprehensive public listing of clinical trials in the U.S.
- **Partnerships with Tribal Epidemiology Centers, Indian Health Service (IHS), and Native-focused research networks:** These may list opportunities more relevant to AIAN populations.
- **AstraZeneca Studies:** https://www.trialandyou.com/en-US

In addition to following the Tribal Collaboration and Outreach Best Practices section of this toolkit, here are some additional suggestions for approaching your AIAN patients about clinical trials:

- **Ask about any concerns** or questions the patient may have about clinical trials so you can address them
- **Use culturally sensitive language**—emphasize choice, transparency, and respect for Tribal values.
- Highlight that **participation is always voluntary** and that declining does not affect standard medical care.
- **Share how the trial results may benefit AIAN communities** and contribute to health equity.

PROVIDE FEEDBACK

We'd like to hear from you! Was this resource helpful in your discussions with AIAN community members about lung cancer? Was there anything we missed? Please share any feedback or questions with your AstraZeneca account director.

FOR COMMUNITY MEMBERS

EVERY NATIVE LIFE IS SACRED, AND LUNG CANCER SCREENING SAVES LIVES

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If you or someone you love is or has been a smoker, you can help yourself, your family, and your community by learning about lung cancer screening.

Lung cancer screening is recommended for people over 50 who are or have been smokers. Talk to your doctor about lung cancer screening and additional eligibility criteria.

- **Cigarette smoking is more common** among American Indian and Alaska Native (AIAN) people than other groups.[6]
- Lung cancer is the **#1 cause of cancer death** among AIAN people.[1]

If you're eligible, getting screened is a way to honor yourself, your ancestors, and future generations.

Scan this QR code to view resources

RESOURCES AND SUPPORT

There are many educational resources that can help with navigating healthcare systems, smoking cessation and more.

Lung Cancer Symptoms, Screening, and Survivorship

- American Indian Cancer Foundation: Signs and Symptoms of Lung Cancer
- American Indian Cancer Foundation: Lung Cancer Screening
- Veterans Affairs: Lung Cancer Screening for AIAN Veterans
- US Preventive Services Task Force: Lung Cancer Screening Eligibility Criteria

Finding Care

- Indian Health Services: Finding Care
- Indian Health Services: Purchased/Referred Care
- Healthcare.gov: Health Coverage for American Indians & Alaska Natives

Smoking Cessation Support

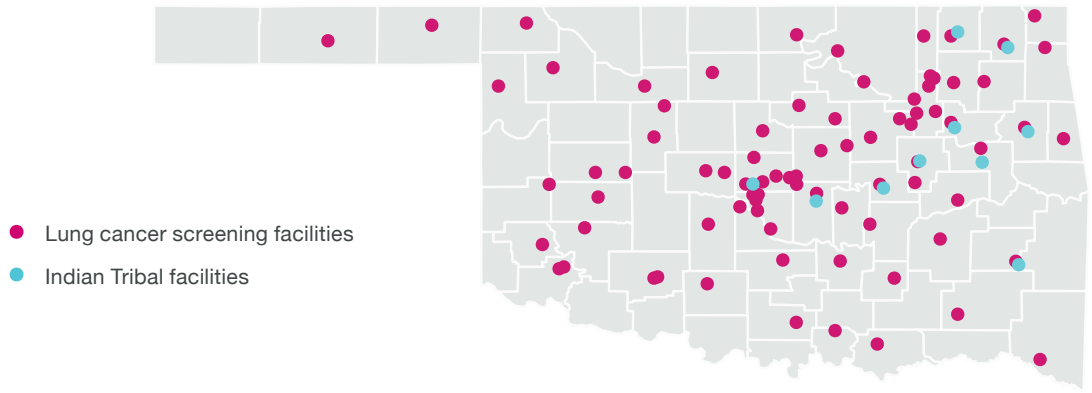
- American Indian Cancer Foundation: Quit Connections
- Oklahoma Tobacco Helpline: Call 1-800-QUIT-NOW or visit OKhelpline.com
- SmokefreeNATIVE: Text message program that provides 24/7 support

Stories from American Indian and Alaska Native People with Lung Cancer

- American Cancer Society: Cancer Stories of Indigenous People
- A Breath of Hope: Lung Cancer in the Native American Community

Screening Sites

To make screening more accessible, this map highlights facilities in Oklahoma that provide low-dose CT scans. To view addresses and contact information for these Oklahoma sites, visit the Oklahoma Lung Cancer Screening Site list. (Note: Some Indian Health Service sites may offer lung cancer screening but are not included on this list. Ask your Indian Health Service facility if they provide lung cancer screening.)



Sample Social Media Posts

Want to educate others in your community about lung cancer risks and screening? Here are some sample posts to share on your social media platforms.

Do you know the warning signs of lung cancer? Early detection is key. To learn more about lung cancer screening, visit americanindiancancer.org/lung-cancer.

Did you know lung cancer is the #1 cause of cancer death for Native Americans? Screening can catch it early. See if you're eligible: americanindiancancer.org/lung-cancer.

If you're 50-80 years old and have a history of smoking, you may be eligible for lung cancer screening. Share this with someone who might not know—it could save a life. To learn more visit, americanindiancancer.org/lung-cancer/.

Tobacco is a sacred part of our traditions, but commercial tobacco threatens our health. Let's promote healthy lung practices and raise awareness about lung cancer. Learn more: keepitsacred.itcmi.org/tobacco-and-tradition/traditional-v-commercial.

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