

# Challenges in American Indian Lung Cancer Screening

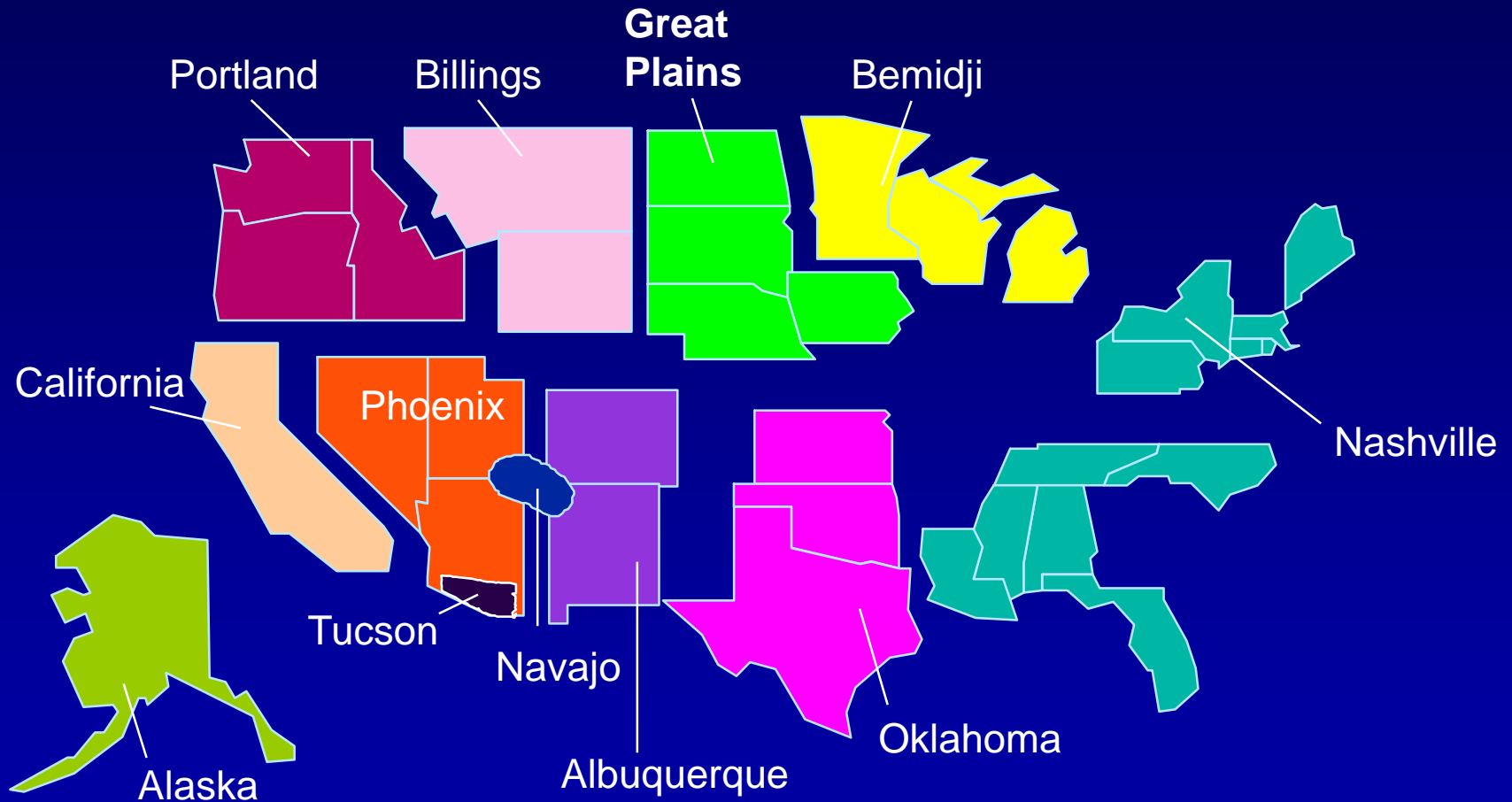
**2015 Dialogue for Action  
Baltimore, MD  
April 23, 2015**

**Donald Warne, MD, MPH**

***Oglala Lakota***

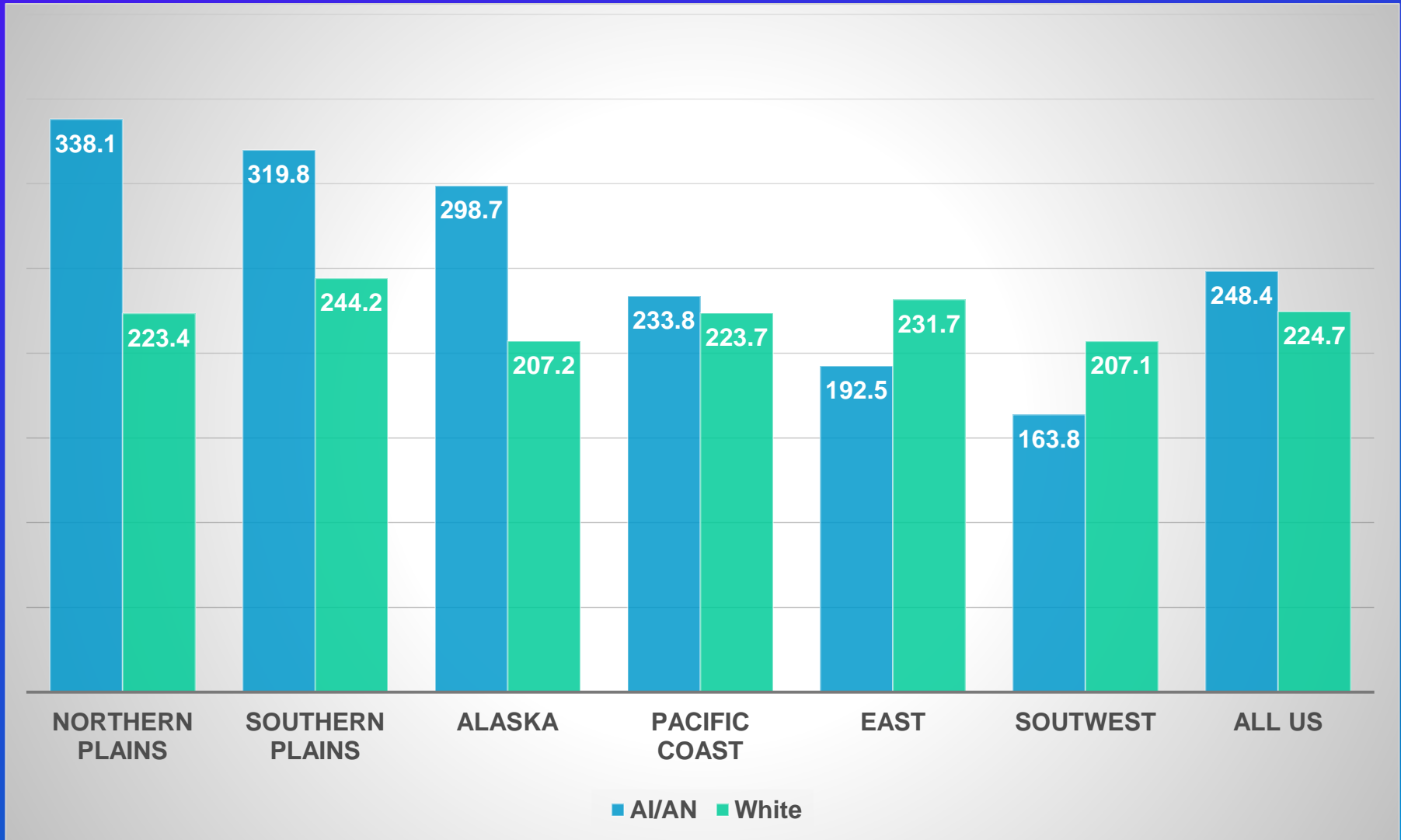
**Chair, Department of Public Health  
North Dakota State University**

# IHS Areas



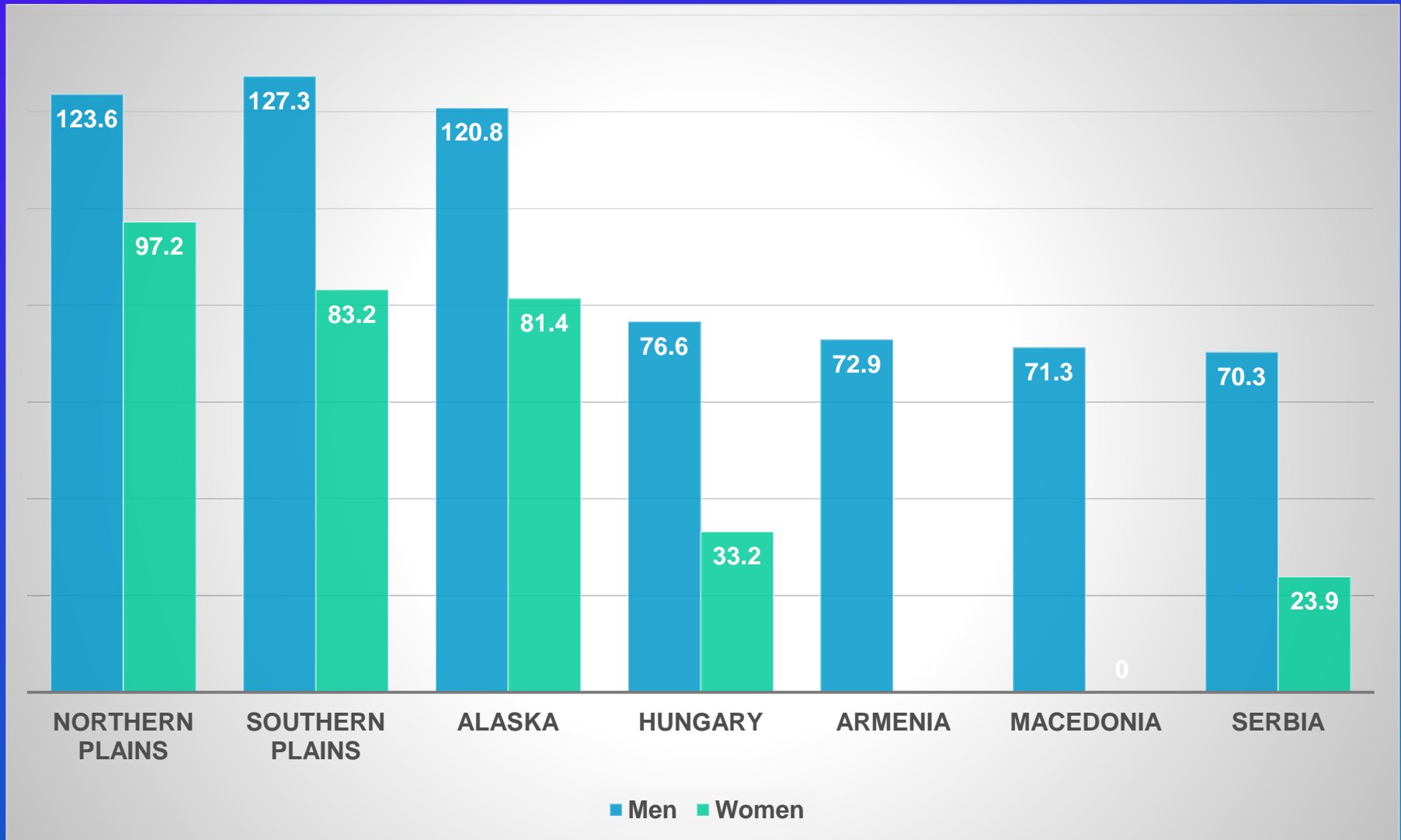
# Cancer Death Rates

(Rate per 100,000 population)

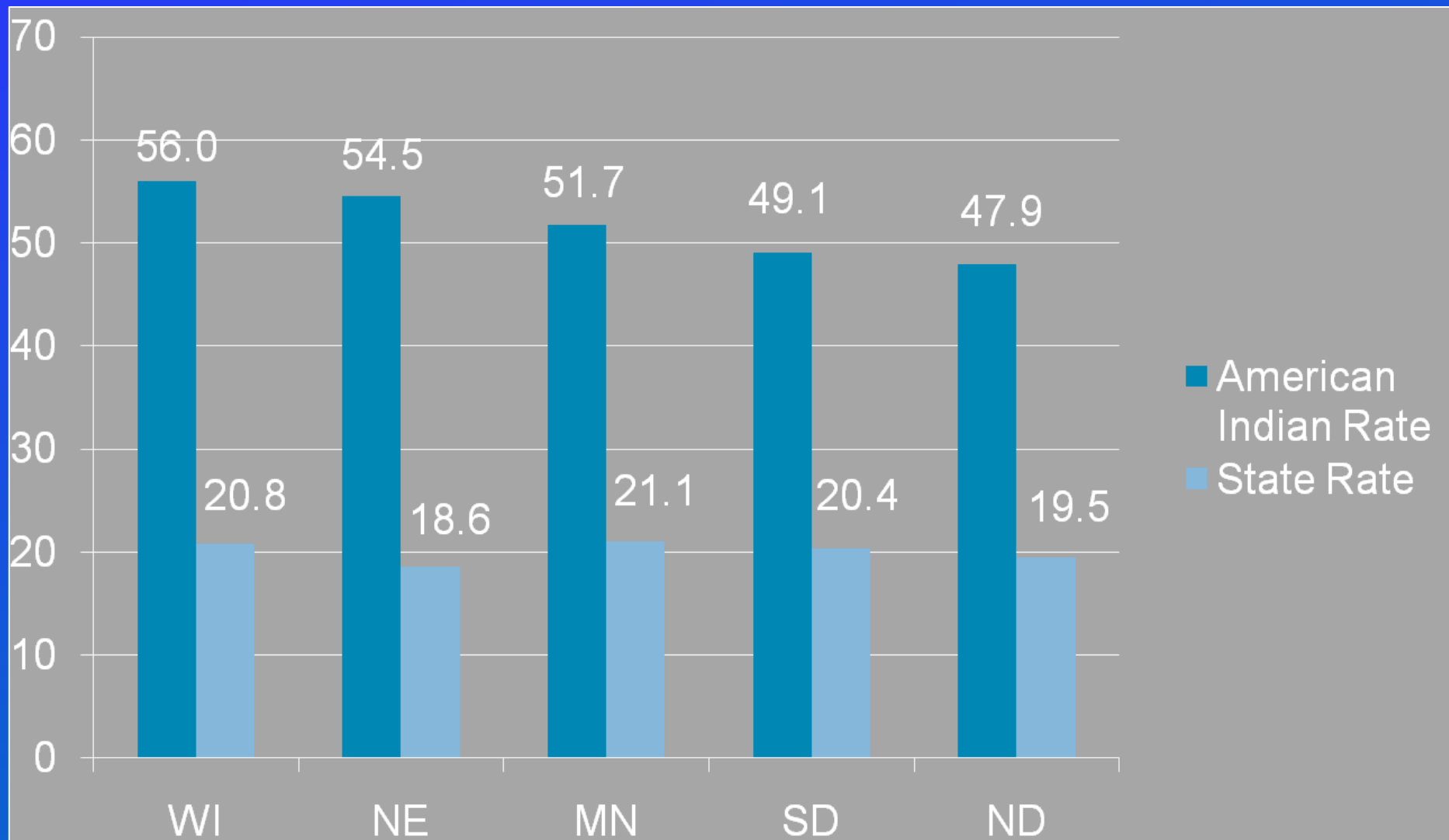


# Worldwide Lung Cancer Incidence

(Rate per 100,000 population)



# Smoking Disparities by State



# Traditional Tobacco ≠ Commercial Tobacco

Traditional Tobacco



Commercial Tobacco



# AMERICAN INDIAN HEALTH POLICY

- Do people have a legal right to healthcare in the US?
- Over \$2.5 trillion spent annually on healthcare in the US
- Over 45 million uninsured people in the US in 2010—over 8 million new enrollees under ACA (Marketplace and Medicaid expansion)



## Legal Basis for Federal Services to American Indians and Alaska Natives

- ✓ United States Constitution
- ✓ The Snyder Act of 1921
- ✓ The Transfer Act of 1954
- ✓ Indian Sanitation Facilities and Services Act of 1959
- ✓ The Indian Self-Determination and Education Assistance Act (enacted 1975)
- ✓ Indian Health Care Improvement Act of 1976
- ✓ The Indian Alcohol and Substance Abuse prevention and Treatment Act of 1986
- ✓ The Indian Child Protection and Family Violence Prevention Act of 1990

*This is not an all-inclusive list.*

### TREATY WITH THE POTAWATOMI NATION, 1846.

#### Wichetas:

To-sa-quas, (White Tail.)  
Cho-wash-ta-ha-da, (Runner.)  
Kow-wah, (Shirt Tail.)  
Wich-quas-is, (Contrary.)  
His-si-da-wah, (Stubborn.)  
Towa-karroes:  
Ke-chi-ko-ra-ko, (Stubborn.)  
Nes-ho-chil-lash, (Traveller.)  
Na-co-ah, (Dangerfield.)  
Ka-ra-ko-ris, (Deceiver.)  
Ha-ke-di-ad-ah, (Gallant Man.)  
Wha-cha-ash-da, (Looker-on.)  
Wash-le-doi-ro-ka, (Don't you do so.)  
Te-ah-kur-rah, (Lightman.)  
Sar-rah-de-od-a-sa, (Straight Looker.)

Wacoos:  
A-qu-a-gosh, (Short Tail.)

(To each of the names of the Indians is affixed his mark.)

Ho-hed-orah, (Long Ways over the River.)

Chos-toch-ka-a-wah, (Charger.)  
Cha-to-wait, (Ghost.)

#### Secretaries:

Thomas J. Wilson,  
Isaac H. Du Val.

#### Witnesses:

Robt. S. Neighbors,  
Hugh Rose,  
Jno. H. Rollins,  
Thomas J. Smith,  
E. Morehouse.

#### Interpreters:

Louis Sanches,  
John Conner,  
Jim Shaw.

### TREATY WITH THE POTAWATOMI NATION, 1846.

Whereas the various bands of the Pottowautomie Indians, known as the Chippewas, Ottawas, and Pottowautomies, the Pottowautomies of the Prairie, the Pottowautomies of the Wabash, and the Pottowautomies of Indiana, have, subsequent to the year 1828, entered into separate and distinct treaties with the United States, by which they have been separated and located in different countries, and difficulties have arisen as to the proper distribution of the stipulations under various treaties, and being the same people by kindred, by feeling, and by language, and having, in former periods, lived on and owned their lands in common; and being desirous to unite in one common country, and again become one people, and receive their annuities and other benefits in common, and to abolish all minor distinctions of bands by which they have heretofore been divided, and are anxious to be known only as the Pottowautomie Nation, thereby reinstating the national character; and

Whereas the United States are also anxious to restore and concentrate said tribes to a state so desirable and necessary for the happiness of their people, as well as to enable the Government to arrange and manage its intercourse with them:

Now, therefore, the United States and the said Indians do hereby agree that said people shall hereafter be known as a nation, to be called the Pottowautomie Nation; and to the following

*Articles of a treaty made and concluded at the Agency on the Missouri River, near Council Bluffs, on the fifth day of June, and at Pottowatomie Creek, near the Osage River, south and west of the State of Missouri, on the seventeenth day of the same month, in the year of our Lord one thousand eight hundred and forty-six, between T. P. Andrews, Thomas H. Harvey, and Gideon C. Matlock, commissioners on the part of the United States, on the one part, and the various bands of the Pottowautomie, Chippewas, and Ottawas Indians on the other part:*

ARTICLE 1. It is solemnly agreed that the peace and friendship which so happily exist between the people of the United States and the Pottowautomie Indians shall continue forever; the said tribes of Indians giving assurance, hereby, of fidelity and friendship to the Government and people of the United States; and the United States giving, at the same time, promise of all proper care and parental protection.

June 5 and 17, 1846.

9 Stat. 862.

Ratified, July

1846.

Proclaimed, July

1846.

Preamble.

Peace and friendship to continue forever.



# Indian Health System 1955-1975



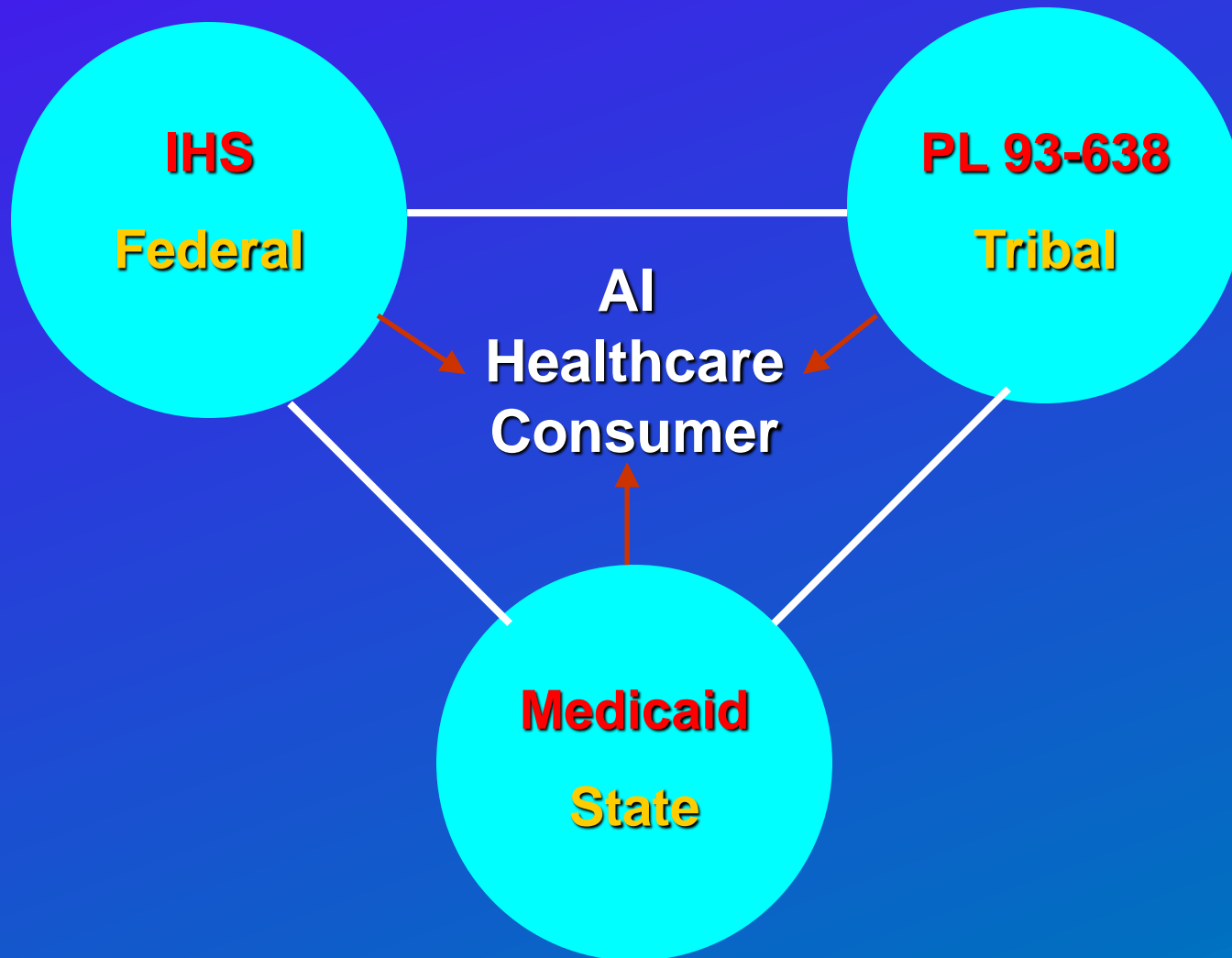
**IHS**

**Federal**

# Indian Health System 1975-1985



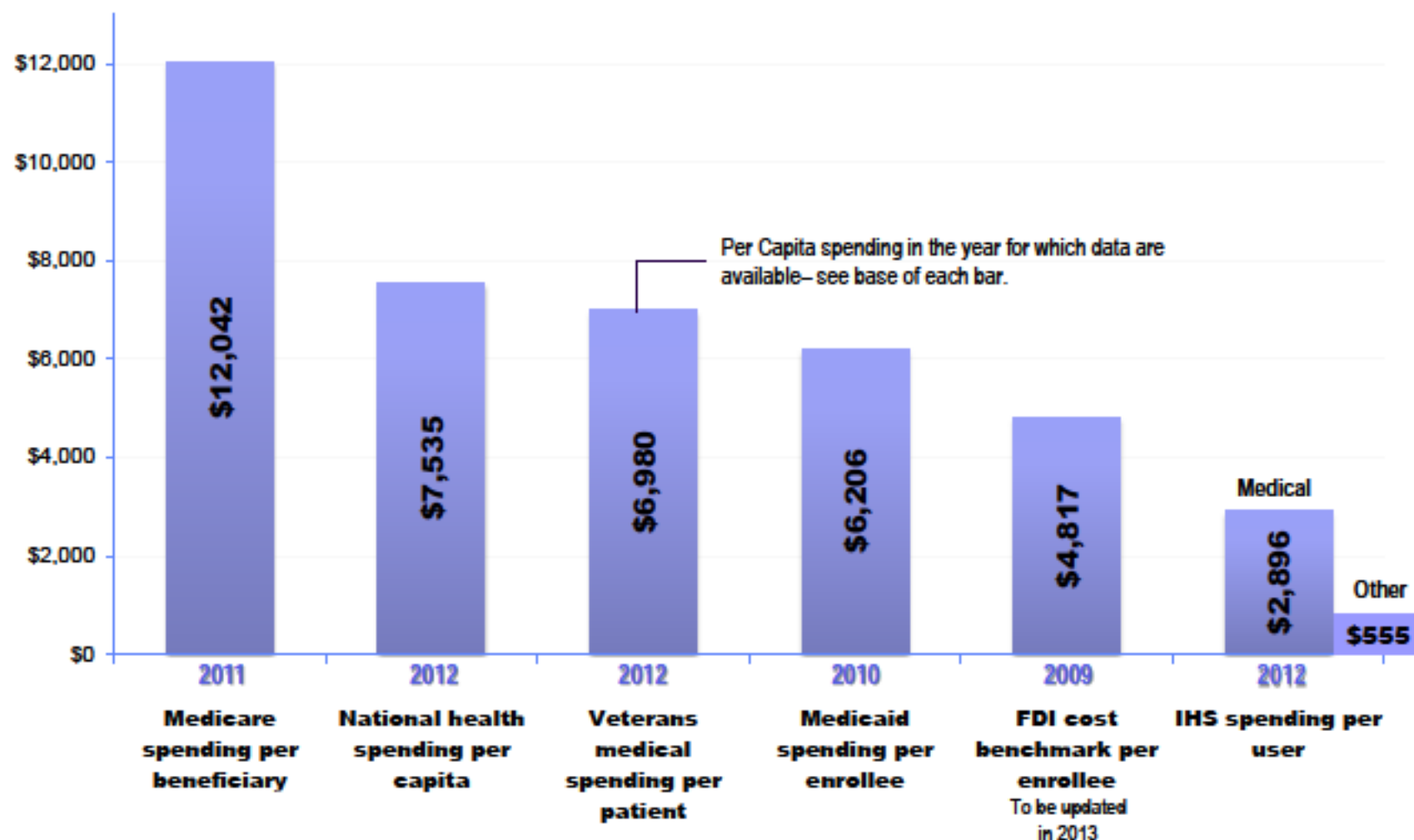
# Indian Health System



*Health Sector*



# 2012 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita



See page 2 notes on reverse for data sources and extrapolation assumptions.  
1/8/2013

# Will ACA Improve AI Cancer Control?

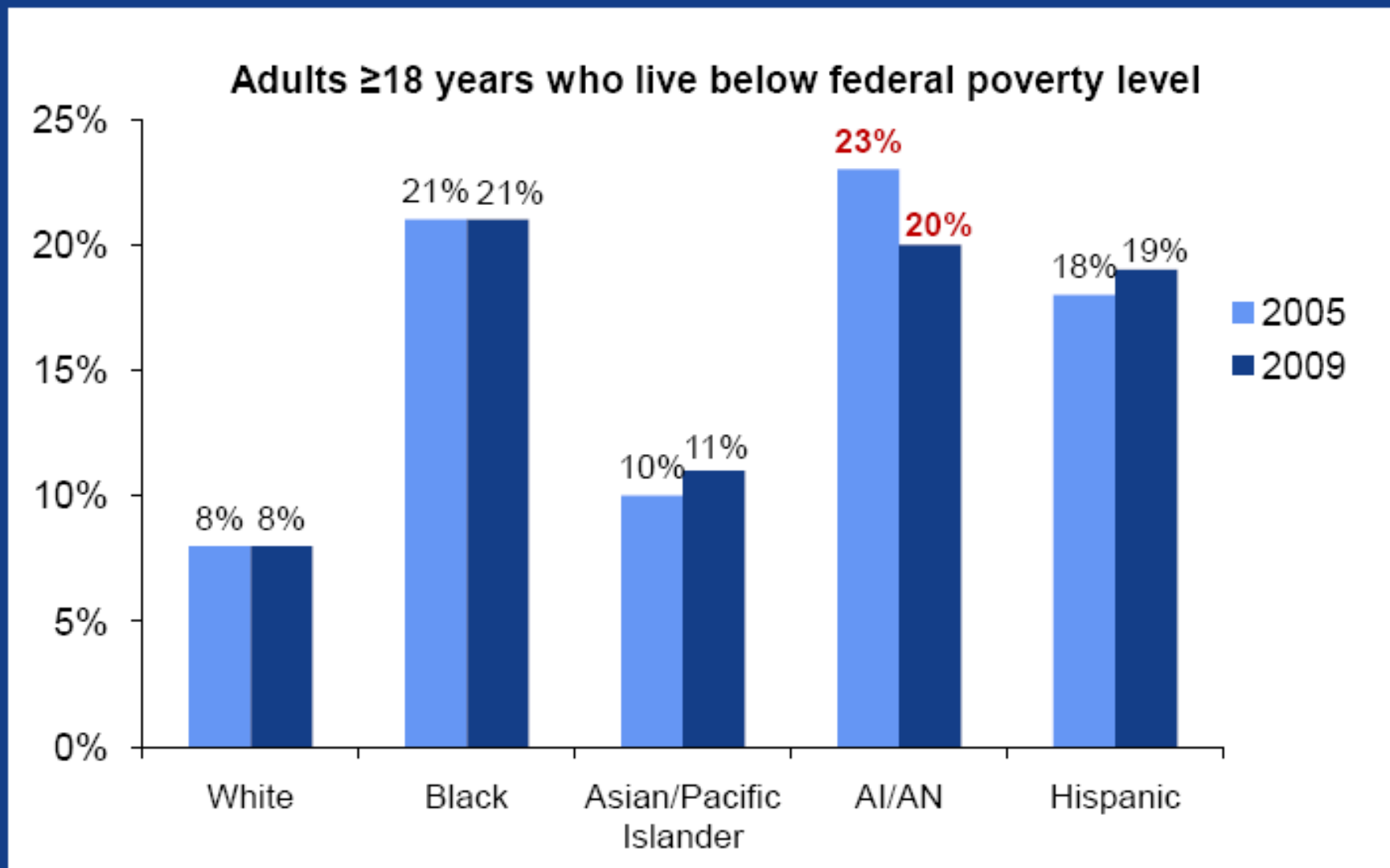
- **AI/ANs face some of the worst health disparities with significant regional differences in cancer disparities.**
- Insurance companies could discriminate against up to 129 million Americans with pre-existing conditions.
- Premiums had more than doubled over the last decade, while insurance company profits were soaring.
- **IHS does not have the resources needed to address the AI/AN cancer burden—CHS/PRC dependence.**
- **IHS is NOT Insurance...**

# ACA Title I and II

- **I: Affordable and Available Coverage**
  - The Three-Legged Stool
    - Insurance Market Reform
    - Individual Mandate/Responsibility
    - Premium & Cost Sharing Subsidies
  - State Insurance Exchanges, “Marketplace”
  - Employer Responsibility (>50 employees)
- **II: Medicaid & CHIP**
  - National Eligibility floor of 138% FPL (Medicaid Expansion)
  - Federal Financing 90% plus (FMAP)
  - Uniform Eligibility and Enrollment Standards
  - CHIP Extension through 2019

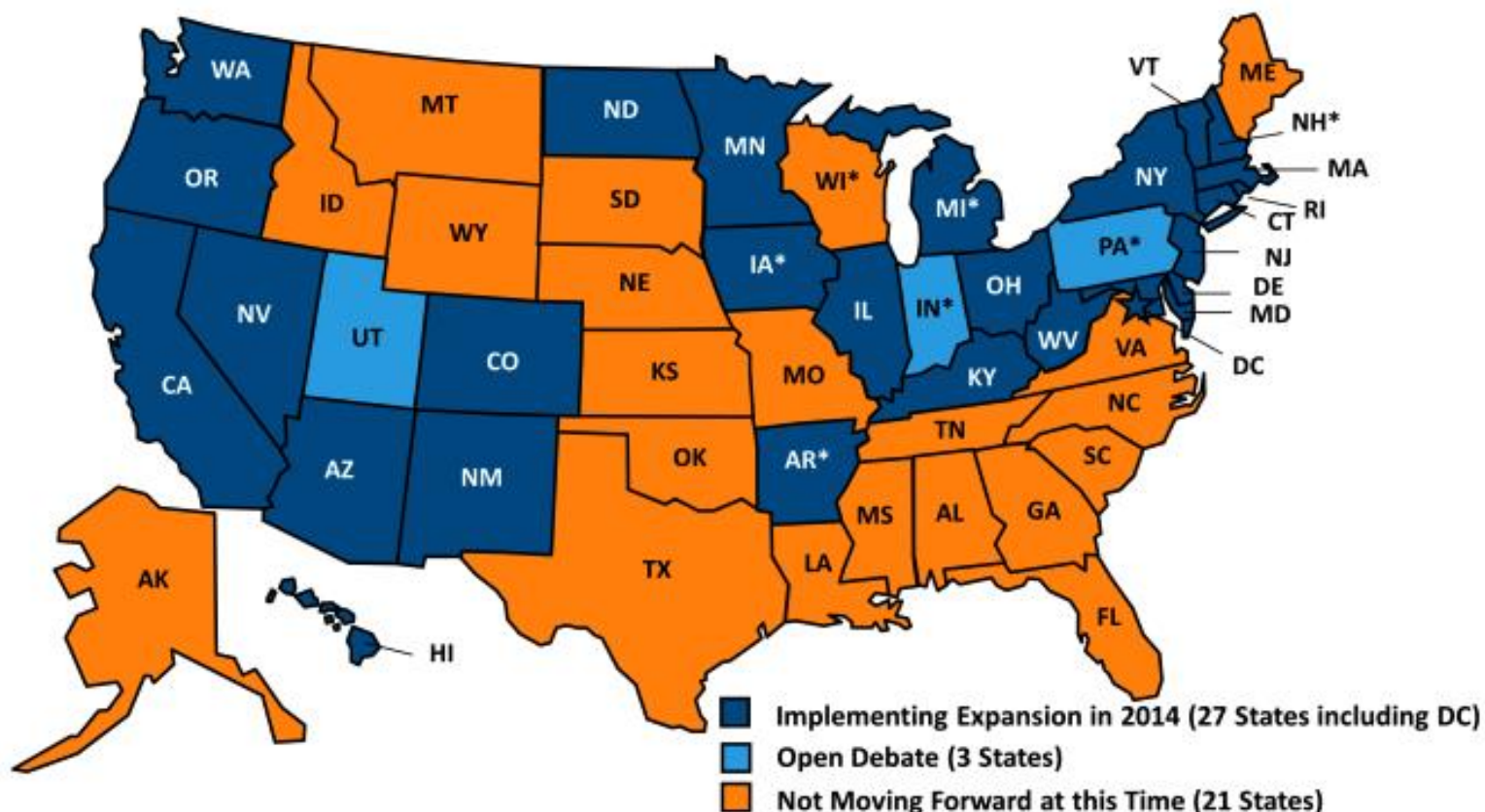


# 2.5 times as many AI/ANs as whites live below poverty level



Source: CDC Health Disparities and Inequalities Report 2011, MMWR, Vo. 60

# Current Status of State Medicaid Expansion Decisions, 2014



NOTES: Data are as of June 10, 2014. \*AR and IA have approved waivers for Medicaid expansion. MI has an approved waiver for expansion and implemented in Apr. 2014. IN and PA have pending waivers for alternative Medicaid expansions. WI amended its Medicaid state plan and existing waiver to cover adults up to 100% FPL, but did not adopt the expansion. NH has passed legislation approving the Medicaid expansion in Mar. 2014; the legislation calls for the expansion to begin July 2014.

SOURCES: States implementing in 2014 and not moving forward at this time are based on data from CMS [here](#). States noted as "Open Debate" are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid expansion bill in at least one chamber of the legislature.

# Contract Health Services / Purchased and Referred Care

IHS is not insurance—the agency contracts for health services not provided internally.

***“Don’t get sick after June”***



Now, with additional options for health insurance, more contract health dollars will be available to meet the health care needs of Indian Country.

But, we need AI/ANs to enroll...

# PRC Medical Priorities

- **Level I** —Emergent/Acutely Urgent Care Services
- **Level II** —Acute Primary and Preventative Care Services  
*(including cancer screening)*
- **Level III** —Chronic Primary and Secondary Care Services
- **Level IV** —Chronic Tertiary Care Services
- **Level V** —Excluded Care Services

# New Opportunities to Consider

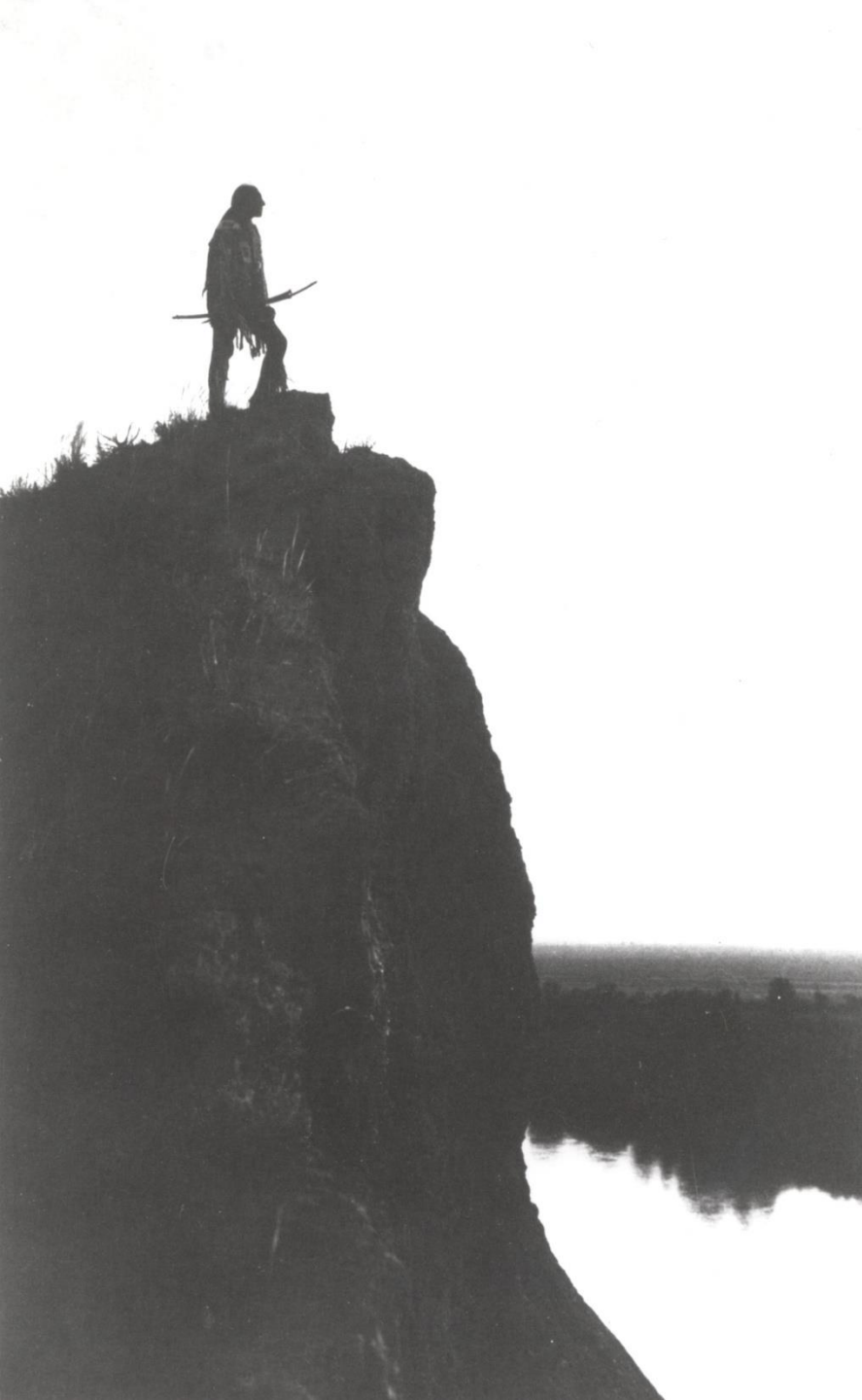
## Next Steps:

- Need “Feasibility Study of using 638-contracted PRC funds for Marketplace cost-sharing for tribal members”
- Establish CBA / ROI
- May *eliminate* the need for PRC and expand access to screening
- Lung Cancer Disparities Research
- Lung Cancer Screening Clinical Trial









Donald Warne

[donald.warne@ndsu.edu](mailto:donald.warne@ndsu.edu)