Policy & Partnership Strategies to Improve

Early Cancer Screening Access

for Urban Native Communities

Why Early Detection Matters for Urban Indian Communities

Cancer remains an important health burden and data points to disparities in both cancer diagnosis and screening.

Cancer Burden

2nd leading cause of death among non-Hispanic American Indian and Alaska Native (AI/AN) people[1]

Cancer Disparities

Urban AI/AN respondents reported **higher diagnoses** than urban White respondents[2]

Screening Gaps

Urban AI/AN respondents reported **lower** mammography and prostate-specific antigen testing[3]

Cancer Burden[4]

Compared to non-Hispanic White people, non-Hispanic AI/AN people had incidence rates that were:

2.5x higher for gallbladder cancer	**2.4x** higher for liver and intrahepatic bile duct cancer	**2.0x** higher for stomach cancer	**1.9x** higher for kidney and renal pelvis cancer

Overall incidence of 472.9 per 100,000 AI/AN people v. 456.1 non-Hispanic White people.

Barriers to Cancer Screening

Across the common screenings, reported prevalence was lower for non-Hispanic AI/AN people.

For urban AI/AN patients, the challenge is not just one barrier, it is an accumulation of barriers.



Health System and Culture

- Long waits for specialists
- Limited culturally competent information/care
- Distance from traditional medicine
- Barriers to family inclusion

Access and Transportation

- Traffic congestion
- Transportation expenses
- Long commutes using public transport



UIOs' Role in Cancer Screening

Many UIOs provide cancer screening as part of their services:

46.3% offer cancer screenings	**48.8%** offer mammography/breast cancer screenings	**46.3%** offer cervical cancer screenings	**12.2%** offer colorectal cancer screenings

Policy Opportunities to Improve Screening Access

Targeted investments and policy changes can help remove key barriers and expand early cancer detection for urban Indian communities.

Transportation Funding: Assist patients in getting to and from cancer screenings and follow-up care

- **Include transportation as an allowable expense** in government and philanthropic programs with UIOs as eligible recipients
- **Provide dedicated funding** specifically for patient transportation for UIOs
- **Address long distances, traffic congestion, and transportation costs** for urban AI/AN patients

Cancer Program Investment: Strengthen screening, navigation, and follow-up services at UIOs and within federal programs

- **Support UIO inclusion** in federal cancer screening initiatives and improved data collection initiatives
- **Support increased funding** for the Improving Native American Cancer Outcomes initiative

Indian Health System Funding: Ensure sustained, flexible funding to meet the cancer care needs of urban Indian communities

- **Support increased funding for the Indian Health Service budget**, including increased funding for the Urban Indian Health line item
- **Support permanent full federal Medicaid reimbursement** (100% Federal Medical Assistance Percentage) for services provided by UIOs

References:

1. AI/AN Cancer Data Summary; CDC (2026); Blewett et al. (2026), 2025 NHIS
2. *Id.*
3. *Id.*
4. AI/AN Cancer Data Summary; CDC/NCI. Incidence: 2019–2023 PRCDA counties (not urban-only). Mortality context: 2024.