



Cancer Incidence and Mortality Patterns among Indigenous Populations

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Abstract

Indigenous populations worldwide face unique health challenges, including higher cancer incidence and mortality rates compared to non-Indigenous populations. This article examines the patterns of cancer incidence and mortality among Indigenous peoples, highlighting contributing factors such as genetic predispositions, lifestyle factors, and access to healthcare. By understanding these disparities, we can develop targeted public health strategies to improve cancer outcomes in these communities.

Keywords: Indigenous populations; Cancer incidence; Cancer mortality; Public health; Genetic predispositions

INTRODUCTION

Cancer is a leading cause of death globally, with significant disparities in incidence and mortality rates among different population groups. Indigenous populations, including Native Americans, First Nations, Inuit, Métis, Aboriginal Australians, and Māori, often experience higher cancer burdens compared to non-Indigenous populations. These disparities are influenced by a complex interplay of genetic, environmental, and socioeconomic factors [1].

Indigenous populations across the world share common historical and contemporary experiences of colonization, marginalization, and social inequities, which contribute to their distinct health profiles. The historical trauma and ongoing socioeconomic disadvantages faced by these communities have a profound impact on health outcomes, including cancer. For instance, limited access to healthcare services,

populations. Studies have identified specific genetic mutations and polymorphisms that are more prevalent in certain Indigenous groups, which may increase their risk of developing particular cancers. However, the lack of comprehensive genomic studies in these populations limits our understanding of the full extent of genetic influences on cancer risk.

Lifestyle and environmental factors significantly impact cancer incidence and mortality among Indigenous populations. High rates of tobacco use, alcohol consumption, poor diet, and physical inactivity are common risk factors. Environmental exposures, such as proximity to industrial sites and contaminated water sources, also contribute to higher cancer rates. Addressing these modifiable risk factors through culturally tailored public health interventions is crucial for reducing cancer burden in these communities [5].

Access to quality healthcare services is a major determinant of cancer outcomes. Indigenous populations often face significant barriers to accessing healthcare, including geographic isolation, lack of culturally competent care, and socioeconomic disadvantages. These barriers result in lower rates of cancer screening, late-stage diagnoses, and suboptimal treatment, all of which contribute to higher cancer mortality rates [6]. Improving healthcare access and quality for Indigenous populations requires targeted policies and investments in healthcare infrastructure and workforce training.

Cancer incidence and mortality patterns among Indigenous

populations highlight significant health disparities driven by a combination of genetic, lifestyle, and healthcare access factors. To address these disparities, it is essential to implement culturally appropriate public health strategies that focus on prevention, early detection, and improved access to quality healthcare. By prioritizing the health needs of Indigenous populations and addressing the root causes of cancer disparities, we can work towards achieving health equity and improving cancer outcomes for these communities.

A. *Journal of Cancer Research*
None

C. *Journal of Cancer Research*
None

References

1. Brinjikji W, Luetmer PH, Comstock B, Bresnahan BW, Chen LE (2015) Systematic literature review of imaging features of spinal degeneration in asymptomatic populations. *AJNR Am J Neuroradiol* 36: 811-816.
2. Ma Y, Liang L, Zheng F, Shi L, Zhong B (2020) Association Between Sleep Duration and Cognitive Decline. *JAMA Netw Open* 3: e2013573.
3. Mathus-Vliegen EMH (2012) Obesity and the elderly. *J Clin Gastroenterol* 46: 533-544.
4. *Association of Adverse Childhood Experiences With Accelerated Epigenetic Aging in Midlife.* *JAMA Netw Open* 6: e2317987.
5. Peracino A (2014) Hearing loss and dementia in the aging population. *Audiol Neurootol* 1: 6-9.
6. Zhang J (2021) Dietary Diversity and Healthy Aging: A Prospective Study. *Nutrients* 13: 1787.