



Increasing Receipt of Cancer-related Services in Vulnerable Indigenous Pacific Populations: Strengthening Local Health Systems and Health Care Worker Capacity

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Background/Community Site

Description
 The US territories [American Samoa (AS) and Guam], a commonwealth [Northern Mariana Islands (CNMI)] and three sovereign freely associated states [Republic of the Marshall Islands (RMI), Federated States of Micronesia, and the Republic of Palau] make up the United States Affiliated Pacific Islands (USAPI). The USAPI jurisdictions cross five time zones, are culturally, economically, and linguistically diverse.

The populations in AS, CNMI and Guam are resource challenged in comparison to Hawai'i and the continental US. While Guam is the most developed and westernized among the USAPI jurisdictions, its resources for cancer screening and cancer treatment are insufficient. The cancer screening, diagnostic, and treatment options are significantly less in AS and the CNMI compared to Guam. There are severe health disparities compared to the US noted in the figure below. The extreme isolated island geography, resource limited socio-economic environment, poor health care access, and lack of a trained health workforce are associated with increasing non-communicable disease rates and poor health outcomes.

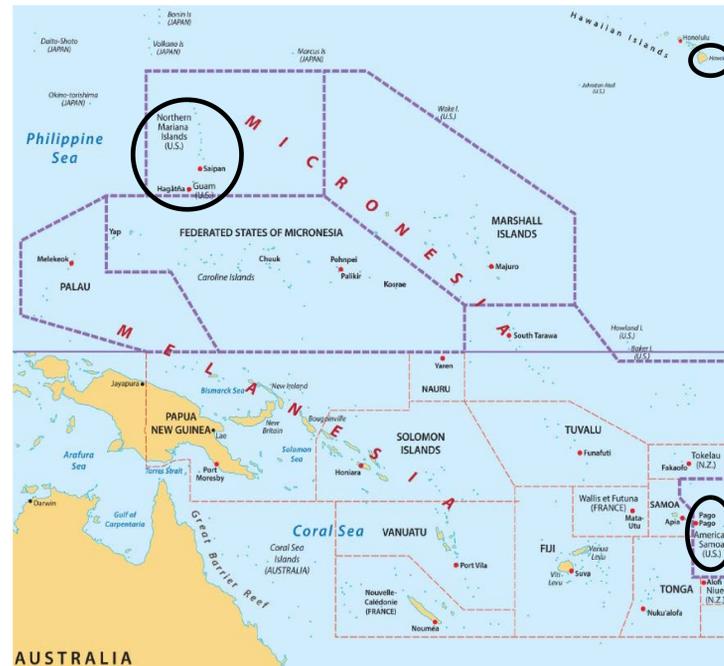
Ocean View district on Hawai'i Island has a large migrant Marshallese community from the RMI. Many are from the Enewetak Atoll, a testing site for the US atmospheric Pacific Nuclear Weapons Testing Program where 43 atomic bombs were detonated between 1946-1958. The peoples from Enewetak, often called "Nuclear Nomads", migrated as a community to Ocean View. Many parts of their home islands remain contaminated from the nuclear testing era. Other Marshallese communities have been moving to Hawai'i seeking health care, job, and education opportunities. With the isolation of Ocean View (no running water, economically depressed, poor access to health care services, lack of dependable transportation, and no health providers in close proximity), health disparities are significant. Although legal migrants, they are not eligible for Federal Medicaid.

Purpose

The University of Hawai'i, John A. Burns School of Medicine (JABSOM), Department of Family Medicine and Community Health Pacific Cancer Programs has been addressing cancer health disparities in the US Pacific over the last 20 years. Our mission is to achieve equity in cancer outcomes for Pacific Islanders in Hawai'i and the USAPI by improving cancer prevention and control program delivery, enhancing cancer health workforce training, and improving health organizational capacity for cancer care, research, policy, and environmental changes.

The cancer-related health care needs in the Pacific rural communities are significant. There is a shortage of primary health care services and inadequate cancer screening, which leads to many cancers being diagnosed at advanced stages and poor 5-year survival rates. USAPI patients are sent off-island for care, resources allowing, because treatment is limited on the islands. Many die before they return home and others are told that their cancer is beyond curative treatment. In the most rural and geographically isolated communities, treatable cancers may not be diagnosed and patients suffer at home without any clinical support or palliative care.

This project is designed to mobilize and harmonize existing partnerships, resources, and expertise in Hawai'i and the USAPI to improve cancer care access and cancer outcomes for indigenous Pacific populations. Project activities are focused in 4 Pacific Islander communities: AS, CNMI, Guam and Ocean View, HI.



Population Size	Am Samoa 55,519 ¹	CNMI 53,883 ⁹	Guam 159,358 ¹⁶	Marshallese in Ocean View 4,437 ²⁴	US 325,719,178 ³¹
Life expectancy at birth (years)	72.7 ²	76.4 ¹⁰	78.7 ¹⁷	*72 ²⁵	79 ³²
Education attainment	18% no HS diploma, 48.3% HS ³	37% HS or GED ¹¹	21% no HS diploma, 35% HS or GED ¹⁸	*57% no HS diploma, 24.8% HS ²⁶	13% no HS diploma, 27.5% HS ³³
Per capita total health expenditures	\$500 ⁴	\$92 ¹²	\$1,032 ⁴	*\$651 ²⁷	\$8,845 ²⁷
% enrolled in Medicaid	79% of pop below 200% FPL ⁵	30% ¹³	21% ¹⁹	50-53% ²⁸	21% ³⁴
Poverty rate	79% ⁵	55.7% ¹⁴	22.9% ²⁰	*52.7% ²⁹	12.7% ³⁵
Cancer per 100,000 (US std pop)	78.4 ⁶	112.1 ⁶	282.6 ⁶	*214.5 ⁶	456.7 ⁶
% cancer diagnosed stage 3 or higher	90% ⁶	74% ⁶	71% ⁶	*69% ⁶	unknown
Tobacco use (smoke / smokeless)	23.6% ⁷	25.2% / 19.1% ¹⁵	25.1% ²¹	*37.8% ³⁰	15.5% ³⁶
Overweight / Obesity	22.8% / 62.9% ⁷	34.7% / 29.2% ¹⁵	36.2% / 28.3% ²²	*28.4% / 44.1% ³⁰	32.8% / 37.9% ³⁷
Diabetes	47.3% ⁸	18.7% ¹⁵	10.8% ²³	*26.8% ³⁰	9.4% ³⁸

*Data is based on the Marshallese in the RMI and used as a surrogate due to the lack of granular data in Hawai'i

Goal & Objective

The long term **goal** is to ensure appropriate, timely and sustainable cancer care is provided to the priority populations.

The primary project **objective** is to increase timely access to resource appropriate cancer-related services (screening, diagnosis, treatment survivorship, palliative care) in AS, CNMI, Guam and Ocean View, HI.

Strategies

The three overall strategies are:

1. Strengthen local health system / community collaboration around telehealth and cancer control
2. Provide cancer-related education and cancer case management opportunities for local health care providers via telehealth platforms
3. Train community health workers to improve access to care for their vulnerable populations

Year 1 Intervention

Steering Committee

- Assembled and convened steering committee meetings, which included key representatives from the health department, hospitals, community health clinics, legislature, and community in AS, CNMI and Guam
- Analyzing cancer health capacity using existing survey instruments from AS, CNMI and Guam
- Met with Marshallese community leaders on the Big Island, along with RMI Consul General and staff, and Ocean View partners to assist with telehealth outreach



Meeting with health clinic staff and Marshallese community leaders in Ocean View

Conversing with partners from American Samoa regarding infrastructure and potential telehealth policies



Telehealth Policy and Capacity

- Reviewed existing telehealth-related legislation/policy and infrastructure in AS, CNMI and Guam related to comprehensive cancer care
- Conversing with health and community leadership, local cancer coalitions in AS, CNMI and Guam about preliminary priority policy strategies and guidance for policies, procedures and legislation needed to develop cancer education for the community and local providers, improve community cancer navigation, and to develop a cancer case management strategy through telemedicine and telehealth

Cancer telehealth thru new & existing curricula and through Project ECHO

- Prioritized educational topics for physicians, nurses, community health workers, etc. and developed learning objectives
- Recruiting health care providers to facilitate telehealth curricula and Project ECHO sessions/case management: UH (JABSOM, UH Cancer Center, School of Nursing and Dental Hygiene), and MD Anderson Cancer Center
- Health care providers and community health workers will receive continuing education credit or certificate for regularly scheduled series

Cancer Telehealth Topics

There will be monthly telehealth / Project ECHO sessions starting on Thursday, April 18, 2019 (HST). There are 32 sessions planned for the next 2 1/2 years on a wide spectrum of cancer control topics. These didactic sessions include case studies.

- ❖ Prevention
 1. Cancer 101
 2. Nutrition
 3. Physical activity
 4. Tobacco / e-cigarettes
 5. Alcohol
 6. Hepatitis B Virus
 7. Human papillomavirus immunization
 8. Obesity / weight
 9. Behavioral change
- ❖ Screening
 1. Cervical cancer
 2. Breast cancer
 3. Colorectal cancer
 4. Oral cancer and betel nut
 5. Lung cancer
 6. Prostate cancer
 7. Endometrial cancer
 8. Liver cancer
- ❖ Treatment
 1. General overview, chemotherapy, radiation
 2. Side effect management, outpatient, inpatient
 3. Delivering bad news
- ❖ Survivorship
 1. What is it?
 2. Guidelines – healthy lifestyle, other screenings
 3. Stress reduction
- ❖ Palliative Care
 1. Overview/Introduction
 2. Pain management
 3. Constipation, nausea, wound care
 4. Shortness of breath, anorexia
 5. Care shortly before death
 6. Essentials of Communication
 7. Spirituality
 8. Caregiver issues
 9. Goals of care discussion

Discussion

Working framework: community engagement and participatory development.

- AS, CNMI, Guam and Ocean View communities are at various stages of readiness with technology capacity, program development, cancer education, and/or cancer case management.
- Each of the 4 communities have unique challenges with telehealth technology and their political, economic, and cultural environments.
- Frequent on-site visits to Ocean View are necessary for partnership building, community engagement, and project implementation.

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- CNMI: Commonwealth Healthcare Corporation
- Guam: Department of Public Health and Social Services and Guam Alternative Lifestyle Association, Inc.
- Hawai'i: Ka'u Rural Health Community Association, Inc. and Marshallese community