

**Pacific Center of Excellence in the Elimination of Disparities (CEED)**  
**Site Visit Report for American Samoa: July 6-10, 2008**

**Training/Technical Assistance Team:**

- Angela Sy, DrPH, Department of Public Health Sciences, John A. Burns School of Medicine, UH
- James Rarick, MPH, National Cancer Institutes Cancer Information Service, Pacific Region
- (Tricia Eisdmoie, MPA, Cancer Registry Coordinator and Michael Green, Cancer Research Center Tumor Registry conducted a site visit July 11-15.)

**Terms of Reference of Site Visit:**

1. To facilitate a workshop on Change Theory in Health Communications for CCC Coalition members and partners, designed to apply practical skills to implement CCC and other health promotion strategies, and to identify appropriate outcome measures for the evaluation of health communication programs.
2. To assist the CCC Coordinator in evaluating the American Samoa Year 2 CCC plans.

**Summary of activities:**Workshop Content:

James Rarick and Angela Sy conducted a two day workshop on Change Theory in Health Communications (Attachment A: Change Theories in Health Communication Workshop Agenda). Attendees were representatives of five public health programs that are also members of the CCC, including the following four programs within the Department of Health--Maternal & Child Health Program, Immunization Program, Breast & Cervical Cancer Prevention Program, and Tobacco Control Program. Three individuals at the training were from the American Samoa National Nurses Association, which has recently established educational outreach activities for Breast & Cervical Cancer in American Samoa through another CEED project based in Southern California. (See Attachment B: List of American Samoa Training Participants). This outreach program in American Samoa is also funded in part from a grant from the U.S. Department of Interior.

Day one of the workshop consisted of an overview of training objectives and resource materials, and content covered theory in health promotion and health behaviour, and then applying each theory to health issues (Attachment C: Change Theory in Health Communication).

- Each participant was provided with a copy of the National Cancer Institute's *Making Health Communication Programs Work* and *Theory at a Glance*, and a resource packet which included an NCI brochure that provides instructions on how to navigate the NCI website.
- How to locate and download the training resource materials directly from the NCI website was demonstrated to the class.
- Major health communication change theories were presented, and these theories were based on those presented in *Making Health Communication Programs Work* and *Theory at a*

*Glance.* (See Attachment D: Theories of Change and Health Communications Practice: Bridging the Gap.)

- The last part of the session involved a class activity where different mock health scenarios were presented for participants to apply how theories are used alone or in combination to design health communication programs. The class was presented with questions about a health scenario for them to become more familiar with each theory and its application in planning and evaluating health programs. (See Attachment E: Applying the theories and intervention models to bridge the theory-practice gap).

Day two focused on designing health communications programs.

- The use of various channels when designing communication strategies (interpersonal, organizational, community, mass media, and digital formats) and the use of a social marketing approach to planning and implementing health communication programs was covered. Content was based on *Making Health Communication Programs Work*. (See Attachment F: Selecting and Creating Media Messages).
- Following the presentation of information participants worked in self-selected groups to apply the information they had been given to the design of a theory-based health communication strategy. A 5-step planning template was provided for this purpose (Attachment G: Template for Using Theory in Health Communications Planning).
- Having participants self select groups also encouraged partnership across various program representatives on issues of mutual interest.
- Each of the plans was then presented to the entire group. Topics that were chosen were:

#### Evaluation TA with CCC Coordinator

Angela Sy, Pacific CEED evaluator, provided individual TA with Va`a Tofaeono, American Samoa CCC Coordinator, on evaluating the CCC Year 2 workplan. The Pacific CEED Performance Measure Reference Sheet was used as the basis of this TA. (See Attachment H: Performance Measure Reference Sheet.) Va`a and Angela selected 2 objectives from the workplan as examples on how to develop performance measures using the performance measure reference sheet. After they worked through these objectives, Va`a selected two more CCC priority objectives and worked with Angela to develop performance measures on those objectives.

#### **Site Visit Evaluation**

#### Workshop Results

A total of seven written evaluations were completed by participants. The main reason for the low number of completed evaluations was that while most of the programs listed above had more than one participant attending over the course of the two day training, in most cases only the program manager completed the evaluation at the end of the workshop. Results for the written evaluations are described in Attachment I: Theories of Change & Health Communication: Workshop Feedback Results.

In addition to the written feedback, verbal feedback was solicited so that participants could hear each other's feedback and build off of each other's impressions. Participants were asked what

they liked most about the workshop, and what might be done to improve future training of this type. (See Attachment I: Theories of Change & Health Communication: Workshop Feedback Results.)

### Evaluation and General TA

The Pacific Cancer Projects Site Visit and Monitoring Form was completed by the following parties:

- Angela and James for the evaluation and general TA
- Tricia Eidsmoe and Michael Green for cancer registry TA which immediately followed Angela and James' visit
- Va`a Tofaeno and Angelina Stevens the American Samoa CCC coordinator and cancer registry coordinator, respectively.

(See Attachments J1-3: Pacific Cancer Projects Site Visit and Monitoring Forms)

Overall the site visits accomplished the goals and expectations of all parties with ratings for "3" or "4." Additional feedback also indicated that goals and expectations were met by all parties.

Feedback on Angela and James site visit:

- Angela indicated that, for the most part, the visit provided an overview of the individual and combined Pacific Cancer Projects, and Va`a agreed that an overview was provided (Attachment J1 and J2).
- Va`a and Angelina also indicate that, for the most part, they introduced and oriented the UH PCP Team to the Comprehensive Cancer Control Partnerships and to their national plans (Attachment J2).
- Other tasks that both parties agreed were accomplished was a format, via the Performance Measurement Reference Sheet, that will help evaluate the CCC workplan and make it easier to extract that data and input it into the annual CCC Interim Progress Report and end of year report.

Feedback on Tricia and Michael Cancer Registry site visit:

- Angelina and Va`a indicated that for the most part, that they provided input to the Regional Pacific Registry reporting formats, while Tricia and Michael indicated that they provided an overview of the American Samoa Cancer Registry as well as the Pacific Region Central Cancer Registry (Attachments J2 and J3)
- Tricia and Michael also indicated that they were (Attachment J3):
  - a) Introduced and oriented to the newly hired registrar to the different LBJ Hospital and the Dept. of Public Health departments and staff.
  - b) Lines of communication were established and developed between: Cancer Registrar, LBJ Hospital Department Head and the AS Breast and Cervical Program at the Dept. of Public Health.
  - c) Data sources were identified within LBJ Hospital and the Dept. of Health that the registrar will routinely review and add to the registry data base.

In summary, Va`a and Angelina noted that the tasks that were performed from both TA groups, i.e., James/Angela and Tricia/Michael accomplished all tasks that were needed for this visit (Attachment J2).

### **Summary and Recommendations and Next Steps**

The format and TA content offered at this site visit met the needs of the coalition and its partners. The coalition expanded its partnerships through the training workshop. The workshop was helpful for health promotion professionals in planning and evaluating their programs. Individual TA provided on evaluating the CCC workplan was also helpful, especially using the Performance Measurement Reference Sheets.

#### **Recommendations:**

- Offer further health communications change theory and evaluation workshops to additional partners and program managers, as was recommended by participants. (This workshop may also be helpful if offered in other jurisdictions as well.)
- Follow up with Va`a regarding progress of developing workplan evaluation plans, based on the Performance Measurement Reference Sheet. (Again, apply this individual TA format using the Reference Sheets with other CCC coordinators.)
- Further steps are also needed and recommended in regard to the cancer registry including introductions, orientations, and establishing MOUs with critical departments and staff.

## **List of Attachment**

1. Attachment A: Change Theories in Health Communication Workshop Agenda
2. Attachment B: List of American Samoa Training Participants
3. Attachment C: Change Theory in Health Communication
4. Attachment D: Theories of Change and Health Communications Practice: Bridging the Gap
5. Attachment E: Applying the theories and intervention models to bridge the theory-practice gap
6. Attachment F: Selecting and Creating Media Messages
7. Attachment G: Template for Using Theory in Health Communications Planning
8. Attachment H: Performance Measure Reference Sheet
9. Attachment I: Theories of Change & Health Communication: Workshop Feedback Results
10. Attachments J1-3: Pacific Cancer Projects Site Visit and Monitoring Forms

Attachment A: Change Theories in Health Communication Workshop Agenda

**Pacific Center of Excellence in the Elimination of Disparities (Pacific CEED)  
Change Theory in Health Communications Workshop  
July 8-9, 2008  
Pago Pago, American Samoa**

**DRAFT AGENDA**

Tuesday, July 8th

9:00 Introductions and Overview

Overall Training Session Objectives:

- i) Define health communications as changing knowledge, attitudes and behaviors
- ii) Describe realistic outcomes that can be brought about by effective health communications strategies
- iii) Provide an overview of change theory in health education and communications.
- iv) Identify health communication goals and strategies that will support American Samoa's Comprehensive Cancer Control plan
- v) Develop/Enhance theory-based communications strategies for cancer prevention and control projects
- vi) Identify evaluation features of CCC health communication programs

9:30 Creating a framework for your health education messages

Session Objectives:

1. Describe six steps of the planning process
2. Define realistic health communication objectives
3. Define specific audiences
4. Explore communications settings, channels and activities
5. Identify potential partners and collaborators
6. Describe the process for developing a communication strategy and drafting communication and evaluation plans

(Note: This section will be drawn primarily from the first Chapter of Making Health Communications Work, and will provide background for group activities to follow)

10:30 – Break

10:45 Theories of Change & Health Communication Practice; Bridging the gap

Session Objectives:

1. Introduce/review health promotion theories that explain 'change' for individuals, communities, and for organizations
2. Learn the key features of different theories of change and how they can inform the design of health communication interventions
3. Test how to apply a change theory to design a health communication intervention to bridge the 'theory-practice' gap, e.g. that ensures a program design that is effective and likely to deliver intended outcomes.
4. Provide concrete examples of the successful application of change theory in the area of cancer prevention and control

5. Identify resources for developing effective health communications projects

11:45 Lunch Break

1:15 Health Communications Planning and Strategy Development

Session Objective:

7. Introduce Asset Mapping Exercise (identifies communication strategies that work best in the population you serve within the five major communication channels: Interpersonal, Organizational, Community, Mass Media, Digital Media)

Activities:

1. Review Comprehensive Cancer Control plan and identify major health communication goals and strategies
2. Identify appropriate change theory for each health communication strategy
3. Identify existing and potential partners who can assist in getting messages out to target audience
4. Complete Asset Mapping Exercise for each CCC health communication strategy.

(Note: this is intended to be a hands-on activity, probably best accomplished in smaller groups which will provide participants to work on topics which they are most interested in, with CEED trainers and CCC Program staff serving as facilitators for group work)

2:30 – Break

2:45 – Small Group Reports on results of planning exercise.

3:30- Next Steps – Overview of Day 2

Closing

Wednesday, July 9<sup>th</sup>

9:00 am Selecting and Creating Media and Messages

Session Objectives:

1. Develop draft health communications messages and concepts based on results of group planning activities completed on day 1.
2. Recognize strengths, weaknesses and features of communication channels.
3. Identify health communication presentation formats.
4. Create draft communication messages

10:30 Break

10:45 Evaluation – Making a difference, achieving results

## Attachment B: List of American Samoa Training Participants

## Contact list from American Samoa

| <b>Name</b>        | <b>Phone number</b> | <b>Email</b>   | <b>Organization</b>                       |
|--------------------|---------------------|--|---|
| Vaa Tofaeono       | 684-633-4559        | vtofaeono@gmail.com  | ASDOH-CCC                                 |
| Anaise M Uso       | 684-633-4616        | anaiseuso@gmail.com  | ASDOH-MCH                                 |
| Eti Uiagalelei     | 684-699-8464        | euiagalelei@hotmail.com  | ASDOH Immunization                        |
| Jacki Tulafono     | 684-633-4616        | jtulafono@gmail.com  | ASDOH-MCH                                 |
| Lampati Solaita    | 684-633-4559        | <a href="mailto:lauso139@gmail.com">lauso139@gmail.com</a>     |   |
| Moirra Wright      | 684-633-2135        | asbcedp@gmail.com  | ASDOH-BCCEDP                              |
| Farrah Lesa        | 684-633-7475        | <a href="mailto:farrablesa@yahoo.com">farrablesa@yahoo.com</a> | ASDOH-Tobacco                             |
| Tupu Hunt          | 684-633-5344        | tupuhunt@hotmail.com   | Samoan National Nurses Association (SNNA) |
| Lupi Leason        | 684-633-5344        | lupileason@yahoo.com   | SNNA                                      |
| Lauiraola M Fosler | 684-633-5344        | olafuatagavi@yahoo.com   | SNNA                                      |
| Rosita Alailimautu | 684-633-7223        | Rasita.alailimautu@gmail.com                                   | ASDOH-MCH                                 |
| Inoke Siasau       | 684-633-4616        | isiasau@hotmail.com  | ASDOH-MCH                                 |

Attachment C: Change Theory in Health Communication

### Change Theory in Health Communication

Pacific Center of Excellence in the Elimination of Disparities (CEED)  
John A. Burns School of Medicine, University of Hawaii

In Partnership With

The American Samoa Comprehensive Cancer Control Program

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### Workshop Facilitators:

James Rarick, MPH  
National Cancer Institute's Cancer Information Service, Pacific Region

Angela Sy, DrPH  
Assistant Professor, Office of Public Health Studies  
John A. Burns School of Medicine, UH

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### The Power of Partnership

Implementation of the Pacific Regional Comprehensive Cancer Control Plan, the Pacific Regional Central Cancer Registry, and CEED

3

### Planning and Strategy Development

Various activities being undertaken by USAPI CCCPs

- Develop school-based nutrition education for cancer prevention
- Promote breast & cervical cancer screening
- Increase use of tobacco quitline
- Educate public about risk reduction for cancer
- Increase number of partners willing to contribute to CCC effort
- Translate information about cancer into local language
- Develop culturally appropriate information about cancer

4

### Objectives

- Provide a working definition of health communication
- Familiarize participants with health communication planning resources
- Recognize the role of theory in creating effective health communication strategies
- Explore and Enhance theory-based communications strategies that are applicable to cancer prevention and control projects in American Samoa

5

### Reference Resources

6

7

8

9

10

### Good Health Communication Alone Can...

- Increase the intended audience's knowledge and awareness of a health issue, problem, or solution
- Influence perceptions, beliefs, and attitudes that may change social norms
- Prompt action
- Demonstrate or illustrate healthy skills
- Reinforce knowledge, attitudes, or behavior

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### Good Health Communication Alone can...

- Show the benefit of behavior change
- Advocate a position on a health issue or policy
- Increase demand or support for health services
- Refute myths and misconceptions
- Strengthen organizational relationships

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**Communication combined with other strategies can:**

- Cause sustained change in which an individual adopts and maintains a new health behavior or an organization adopts and maintains a new policy direction
- Overcome barriers/systemic problems, such as insufficient access to care

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**Health Communication cannot...**

- Compensate for poverty, inadequate health care or access to health care services
- Produce sustained change in complex health behaviors without the support of a larger program for change
- Be equally effective in addressing all issues or relaying all messages

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**Communication Can Affect Multiple Types of Change**

- Individuals
- Groups
- Organizations
- Communities
- Society

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**National Public Health Performance Indicators**

- Essential Service #3 – Inform, Educate and Empower People about Health Issues

Does the SPHS design and implement health communication and health education/promotion programs?

*If so,*

- 3.1.1.1 Are health communication programs theory-based or evidence-based?
- 3.1.1.2 Are health education/promotion programs theory-based or evidence-based?

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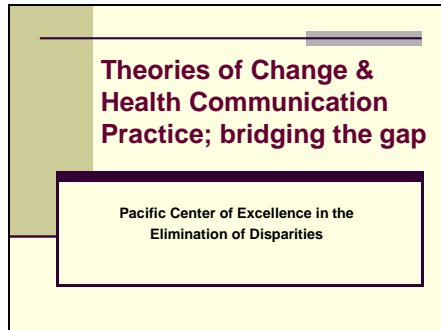


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- What health issues are you particularly interested in, and;
- What do you want to get out of this training

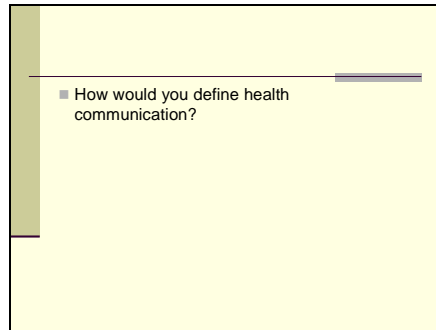
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Attachment D: Theories of Change and Health Communications Practice: Bridging the Gap

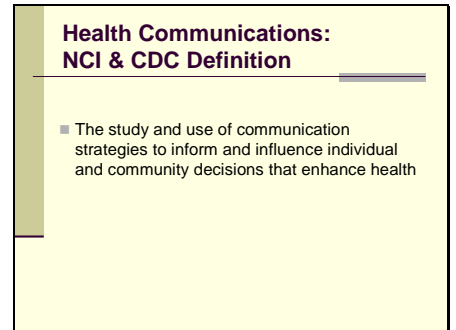


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**Reference slide 3**

The NCI and CDC define health communication as the study and use of communication strategies to inform and influence individual and community decisions that enhance health. (From: *Making Health Communication Programs Work*. NCI. Bethesda, 2001)

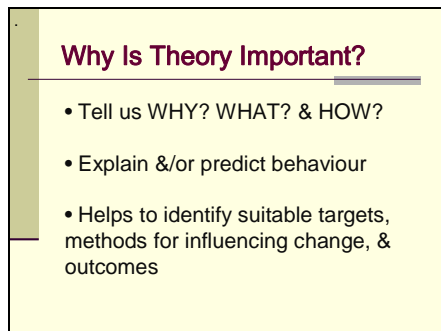


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**Reference slide 3**  
So we see health communication defined as a strategy, a technique, an art, and a science – but all related to the process of *informing*. In contrast, health education is concerned not only with informing, but also with fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health. The audience for health education and health communication is the same - individuals, groups, or communities.

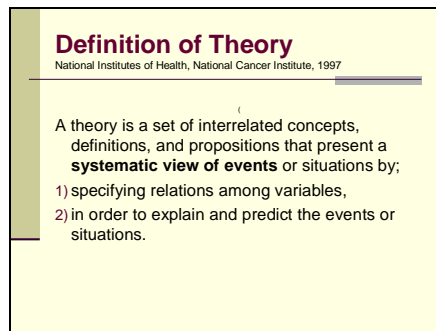


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**Why Is Theory Important?**

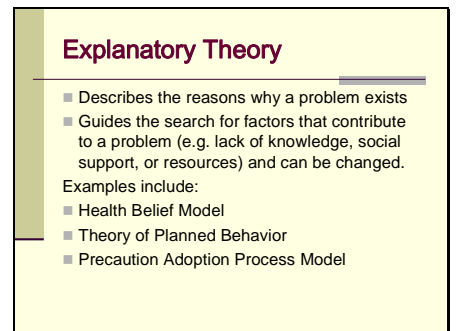
- Provide tools for moving beyond intuition to evaluate health interventions based on understanding of behavior
- To identify most appropriate
  - Evaluation outcomes
  - Which indicators to monitor and measure
- Helps evaluators be explicit about their assumptions of why a program is working



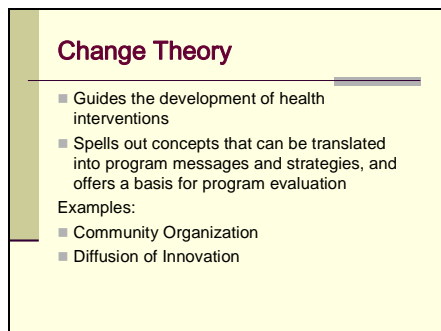
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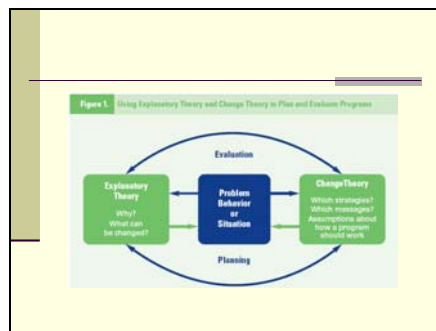
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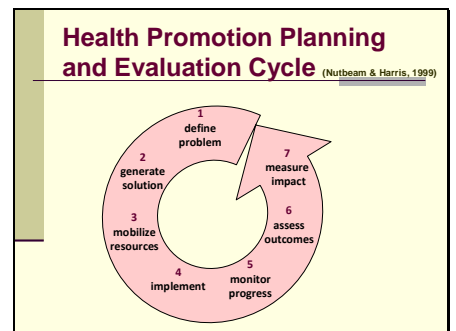
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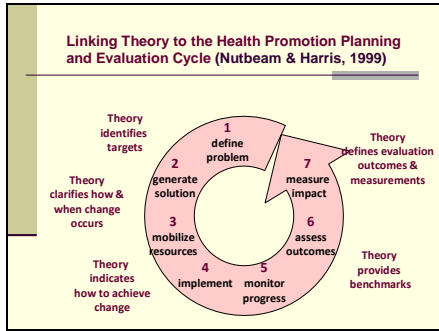
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### Stages of Change (Individual)

DeClemente & Prochaska, 1982

- behavioural change is a process
- individuals are at different levels of readiness
- individuals can enter or exit at any point and often 'recycle' through the process

|                        |  |
|------------------------|--|
| Pre-contemplation      | Unaware of problem                           |
| Contemplation          | Thinking about a change                      |
| Decision determination | Making a plan to change                      |
| Action                 | Implementation of action plan                |
| Maintenance            | Continuation of desired actions or repeating |
| Termination            | No temptation – 100% efficacy                |

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### Health Belief Model (Individual)

Hochbaum, Rosenstock, Becker, Kirscht, 1974

- developed in 1950's to explain health-related behaviour
- became a useful framework for designing change strategies

|                          |   |
|--------------------------|---|
| Perceived susceptibility | Opinion of chances of acquiring a condition                                 |
| Perceived severity       | Opinion of how serious the condition  |
| Perceived benefits       | Opinion of the efficacy of the advised action to reduce risk or seriousness |
| Perceived barriers       | Opinion of tangible & psychological costs                                   |
| Cues to action           | Strategies to activate 'readiness'  |
| Self-efficacy            | Confidence in one's ability to take action                                  |

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### Social Learning theory (Individual)

Albert Bandura, 1977

- Most human behaviour is learned through interaction with other humans within a complex social systems.
- The cognitive process helps humans interpret the meaning of events within past experience, current feelings, future expectations

|                        |  |
|------------------------|--|
| Reciprocal determinism | Behaviour changes result from interaction between person & environment, change is bi-directional |
| Behavioural capability | Knowledge & skills to influence behaviour  |
| Expectations           | Beliefs about a likely action  |
| Self-efficacy          | Confidence in ability to take action and persist in action                                       |
| Observational learning | Beliefs based on observing others and/or visible physical results                                |
| Reinforcement          | Responses to a person's behaviour that affect the chances of recurrence                          |

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### Diffusion of Innovations (Org./Community)

Everett Rogers, 1984

- 4 elements; innovation, communication channels, time, social system
- 5 steps in innovative decision process: knowledge, persuasion, decision, implementation, confirmation **CHAMPIONS**

|                    |   |
|--------------------|---|
| Relative advantage | Degree to which innovation is perceived as better than what it replaces                   |
| Compatibility      | How consistent innovation is with values, habits, experience, needs of potential adopters |
| Complexity         | How difficult innovation is to understand and/or use                                      |
| Trialability       | Extent to which innovation can be experimented with before commitment to adopt            |
| Observability      | Extent to which innovation provides tangible or visible results                           |

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### Socio-ecological Theory

Dalgren & Whitehead, 1991

|               |   |
|---------------|---|
| Intrapersonal | Knowledge, attitudes, beliefs, personality                                      |
| Interpersonal | Family, friends, peers who provide social identity, support & role              |
| Institutional | Rules, regulations, policies, informal structures (constrain or promote)        |
| Community     | Social networks, norms among individuals, groups & organisations                |
| Public policy | Local, regional, national policies, laws that support healthy action & practice |

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### Organizational change; Stage Theory

Goodman, Steckler, Kegler in Glanz, K, 1997

|                                       |  |
|---------------------------------------|--|
| Problem definition (awareness stage)  | Problems recognised and analysed, solutions sought & evaluated                                     |
| Initiation of action (adoption stage) | Policy or directive formulated, resources are allocated for starting change(s)                     |
| Implementation of change              | Innovation is implemented, reactions occur, and role changes occur                                 |
| Institutionalisation of change        | Policy or programme becomes entrenched in the organisation, new goals and values are internalised. |

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### Communication-behaviour change (Interpersonal)

McQuire, 1989

|                         |   |
|-------------------------|---|
| 5 communication inputs  | Source, message, channel, receiver, destination   |
| 12 steps towards change | <ol style="list-style-type: none"> <li>1. exposure</li> <li>2. attention</li> <li>3. interest</li> <li>4. understanding</li> <li>5. skills acquisition</li> <li>6. attitude change</li> <li>7. memorisation</li> <li>8. recall</li> <li>9. decision-making</li> <li>10. behaviour change</li> <li>11. reinforcement</li> <li>12. maintenance</li> </ol> |

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- ### Community Change Theory
- Rothman & Tropman, 1987, Minkler, 1997, 1980, Freire, 1986
- Models of community organization
  - locality development – ownership & participation
  - social planning – task-oriented, expert-driven
  - social action – process, building capacity
  - promoting community competence
  - creating critical consciousness in community

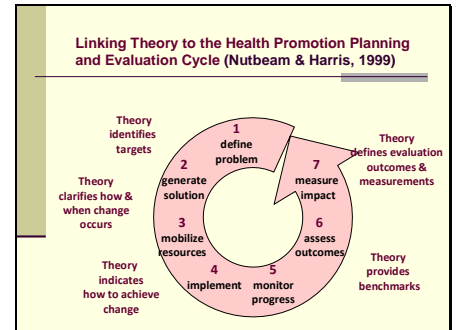
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- ### 'Fitting' the theory to the Health Communication practice
- Is it logical?
  - Is it consistent with everyday observations?
  - Is it similar to those used in previous successful program examples?
  - Is it supported by research in the area or related area? (e.g. Is it evidence-based?)

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- ### Breast Feeding Program Example
- Evaluate breast feeding promotion program
  - Design survey to evaluate KAB related to breast feeding
    - Respondents who think those important to them would approve or disapprove of breast feeding—subjective norms
    - Likelihood of respondents who will maintain breastfeeding for 1 year(?)—behavior intentions

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Attachment E: Applying the theories and intervention models to bridge the theory-practice gap

### **Theories of Change & Health Communication & Health Promotion Interventions;**

Applying the theories and intervention models to bridge the ‘theory-practice’ gap

As you work through each scenario, think about the ‘health promotion planning and evaluation cycle’. Think about the different ‘change theories’ and think about how good planning and a good theory can help you design an effective health communication intervention. There may be more than one theory that ‘fits’ the problem or situation for each scenario, depending on the ‘change’ you want to achieve.

#### **Group 1 – Health Belief Model**

*Scenario:*

The prevalence of chlamydia among adolescent girls has significantly increased in recent years. Chlamydia and other sexually transmitted infections, if left undiagnosed and untreated, can lead to serious reproductive and other health problems with both short-term and long-term, including infertility. Like the disease itself, the damage that chlamydia causes is often "silent." Few young women and men know the potentially devastating consequences and are aware of the risks. Few young women and young actively seek diagnosis and treatment of sexually transmitted infections, including chlamydia. Untreated infection in women can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). This happens in up to 40 percent of women with untreated chlamydia. PID can cause permanent damage to the fallopian tubes, uterus, and surrounding tissues. The damage can lead to chronic pelvic pain, infertility, and potentially fatal ectopic pregnancy (pregnancy outside the uterus). Women infected with chlamydia are up to five times more likely to become infected with HIV, if exposed. To help prevent the serious consequences of chlamydia, screening at least annually for chlamydia is recommended for all sexually active women age 25 years and younger. All pregnant women should have a screening test for chlamydia.

*Questions:*

1. Define the population at risk and the level of risk.
2. How can you use the Health Belief Model to design an effective programme? How will you get the target population to understand and accept they are susceptible (at risk)? How will you get them to understand the serious consequences of the disease?
3. How will you get young girls to take action, i.e. to seek diagnosis and treatment? What about their partners?

#### **Group 2 - Diffusion of Innovations**

*Scenario:*

There are about 6 million new cases of genital HPV in the United States each year. It is estimated that 74% of them occur in 15 to 24 year olds. HPV prevalence is even more prevalent in some Pacific Island Nations as is cervical cancer. HPV affects both females and males. HPV

transmission can happen with any kind of sexual and/or genital contact with someone who has HPV, e.g. sexual intercourse is not necessary. Cervical smears (pap smears) are recommended for early detection and treatment. The USAPI are working to ensure all women have access to regular pap smears. However, the uptake of this important screening and early detection technology is lower than expected. Even with the introduction of the HPV vaccine in the USAPI, regular pap smears will continue to be the recommended screening standard.

**Questions:**

1. Define/describe the target population. Define the primary goal. Discuss whether there are sub-segments of the target population that find it particularly difficult to seek and obtain cervical screening. Explore the possible reasons why these women do not seek screening.
2. What about men? What is their role in increasing access to screening? What is the role of men in reducing HPV prevalence?
3. Consider key features of your strategy and describe how your strategy will address the primary concepts of the Diffusion of Innovations theory; relative advantage, compatibility, complexity, trialability, and observability.
4. What health communication channels will be the most effective? How will you address any social system issues or cultural issues, the constraints as well as those that are supportive?
5. Again consider the sub-segments of the target population and identify where the sub-segments are likely fall on the 'adoption' continuum; innovators, early adopters, late adopters, and laggards.

**Group 3 – Social Learning Theory**

*Scenario:*

In the Pacific region, tobacco consumption remains high. Many Pacific Island governments support tobacco-free environments and some have tobacco taxation legislation to help reduce tobacco consumption. Most Pacific Island governments have adopted the Framework Convention on Tobacco Control (FCTC), the WHO's global primary prevention treaty against tobacco. Nevertheless, tobacco use especially among Pacific Islands youth continues to increase. Some social norms and traditions appear to support tobacco use, for example in the case of mixing tobacco with betel nut.

**Questions:**

1. What can Pacific governments (and/or NGOs) do to generate interest in and motivate youth to use not use tobacco? What are your main objectives, using Social Learning Theory?
2. What main strategies, using Social Learning Theory, might work? What health communication channels, including the community and private vendors, might you recruit to help you with your campaign?
3. Briefly outline a strategy for addressing behavioural capacity, expectations, self-efficacy, observational learning, and reinforcement, the key concepts of Social Learning Theory.
4. Do you think this is the best theory for addressing this particular problem? What other theories would you recommend to address the tobacco challenge in addition to Social Learning Theory?

#### **Group 4 – Organisational Change – Stage Theory**

*Scenario:*

Nutrition is recognized to be one of the key risk factors for cancer and numerous other chronic diseases. Evidence shows that life-long healthy dietary behaviours are initiated at an early age. Young children have a limited understanding and appreciation for the ‘future’, including the future health risks that don’t appear until much later in life. Changing individual eating habits is one approach to improving nutrition, but there may be other approaches as well, to help create a supportive environment for nutritious food.

Questions:

1. How would you define the problem according to Organisational Change –Stage Theory? Who/what is the target and why?
2. Where would you begin to initiate action? How does this issue relate to other health related behaviours or to other consumer issues?
3. What strategies would you use to increase access to nutritious foods? To increase the consumption of nutritious foods?
4. What will it take to ‘normalize’ healthy nutrition in the island society?

#### **Group 5 – Intersectoral Action – Organisational change theory**

*Scenario:*

The Department of Health has proposed an Executive Order to eliminate open fires from all villages by the year 2010 in response to the increasing air pollution and the elevated risk of chronic respiratory infections and potentially cancer. The Department of Health is offering \$250 to each household towards the cost of converting their open fires to a safer alternative, such as transporting the material to a remote part of the island for incineration. Many households are on fixed incomes and many don’t have any means of transporting their burnable waste. For these people, the Department of Health’s decision will result in a significant hardship.

Questions:

1. What is the problem? What is the object of change?
2. Where would you begin to initiate action?
3. How would you use a number of different organisations from different sectors to help address the problem?
4. Can you see the benefits of applying more than one theory to help design an effective intervention or campaign that will reduce open fires and the subsequent exposure to smoke that is potentially toxic?

#### **Group 6 – Intersectoral Action – Organisational change theory**

*Scenario:*

The local Budweiser factory has just announced it is closing with the loss of up to 150 jobs. Unemployment among active, healthy adults is already unacceptably high. You expect that the unemployment that results from the closing of the factory will have a significant impact on the

health of the employees, their families as well as for all people in the town. You are the senior health promoter.

Questions:

1. Define the population at risk and the level of the risk.
2. How could you use the theoretical framework of inter-sectoral action to address the health effects of this major change to the town?
3. Who would you work with? What would your key goals be? How would you create sustainable action?

Attachment F: Selecting and Creating Media Messages

**Selecting and Creating Media and Messages**

Pacific Center of Excellence in the Elimination of Disparities


1

**Objectives**

- Recognize strengths, weaknesses and features of communication channels.
- Identify health communication presentation formats.
- Create draft communication messages

2

**Handouts**



- Communication Channels and Activities: Pros and Cons
- Building Communications Messages Worksheet

3

**Question**

What is Health Communication?



4

**Health Communications: NCI & CDC**

- The study and use of communication strategies to inform and influence individual and community decisions that enhance health

5

**Communication and Partnership Projects**


- Communication can be the **project**

**-OR-**

- Communication can be a **component** of a larger health education program

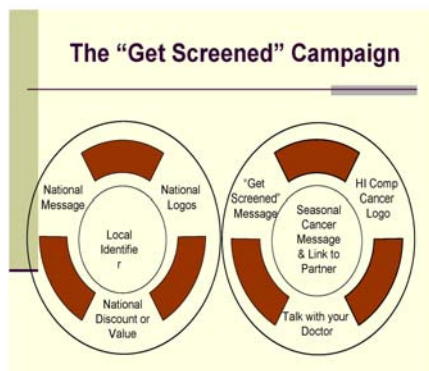
6

**“Crossroads” Youth Tobacco Prevention Play**



Loeb, KJ, Matsunaga, DS, & Yamahara, K. (2001). Health Education Theatre: A review of the Literature, from A Guide for Developing Youth Education Theatre. Honolulu.

7



8

**Health Communication Encompasses...**

- Edutainment
- Health journalism
- Interpersonal communication
- Media advocacy
- Organizational communication
- Risk communication
- Social communication
- Social marketing

9

### Health Communication Can...

- For an individual:
  - Raise awareness
  - Provide motivation and skills
  - Affect or reinforce attitudes
- For the community:
  - Influence the public agenda
  - Advocate for policies and programs
  - Promote change in environments
  - Improve delivery of health care services
  - Encourage norms that benefit health

10

### Health Communication cannot...

- Compensate for poverty, inadequate health care or access to health care services
- Produce sustained change in complex health behaviors without the support of a larger program for change
- Be equally effective in addressing all issues or relaying all messages

11

### Health Communication can...

- Cause sustained change
- Overcome barriers/systemic problems, such as insufficient access to care

...but only when combined with other strategies.

12

### Multiple Methods of Influence

- Media literacy
- Media advocacy
- Public relations
- Advertising
- Education entertainment
- Individual and group instruction
- Partnership development

13

### Effective Campaign Design

- Conduct formative research
- Use theory
- Segment audience
- Use a message design approach that is targeted to and likely to be effective with the audience
- Place messages in channels widely viewed by the target audience
- Strategically position campaign messages within the selected channels

14

### User Centered /Audience Centered

Communication activities should reflect;

- the audience's preferred formats, channels, and contexts and
- the realities of people's everyday lives, and their attitudes and beliefs, and lifestyles.

15

### Interpersonal

- Fact sheets
- Physician pads
- Slides
- Videos with discussion guides
- Telephone information
- Tailored letters or newsletters

16

### Interpersonal

- Fact sheets
- Physician pads
- Slides
- Videos with discussion guides
- Telephone information
- Tailored letters or newsletters

17

### Organizational



18

### Community

- Displays
- Posters
- Bill inserts, in /on shopping bags
- Community newsletters
- Exhibits
- Handouts for meetings
- Spokesperson training materials

19

### Community

**1 out of every 8 women on this bus will be affected by breast cancer in her lifetime. Talk to your doctor about getting a mammogram.**

**1-800-4CANCER**

20

### Mass Media

- Direct-mail letters, brochures
- Magazine and newspaper articles
- Newspaper inserts
- Posters/ Brochures
- Radio, TV, print advertisements

21

### Mass Media

22

### Digital Media

- Ads on Web sites
- E-mail messages
- CD-ROMs / DVD
- Interactive quiz or game on Web site

23

### Digital Media

24

### Weighing the Pros and Cons of Channels

- Will the channel and activity **reach** and **influence** the intended audience?
- Are the channel and activity **acceptable** to and **trusted** by the intended audiences?
- Is the channel **appropriate** for conveying the message at the desired level of simplicity or complexity?
- Does your program have the **resources** to use the channel?

25

### Social Marketing Approach

- Consumer behavior is the bottom line
- Programs must be cost effective
- All strategies begin with the customer
- Interventions involve product, price, place, and promotion
- Market research is essential to designing, pretesting, and evaluating intervention programs
- Markets are segmented to reach the intended audience by developing strategies that are attuned to their wants and needs
- Competition for an audience's attention to the message is recognized

26

### The Four P's Of The Marketing Mix

- **Product**
- **Price**
- **Place**
- **Promotion**

27



28

- ### Selecting and Creating Messages
1. Review existing materials
  2. Develop and test message concept
  3. Develop materials
  4. Pretest materials

29

- ### 1. Review Existing Materials
- Are the messages accurate, current, compete, and relevant?
  - Are the materials appropriate for the intended audience?
  - Are the materials likely to meet the communication objectives?
  - Are the materials available and affordable?
  - Can the materials be adapted?

30

- ### 2. Develop Message Concepts
- Typically done by a "creative team"
  - Based on a creative brief
  - Theoretical underpinnings
  - Types of appeal
    - Positive, humorous, fear
- 

31

- ### 2. Test Message Concepts
- Done with intended audience
  - To identify which messages work best
    - The strongest appeal and potential for effect
    - Confusing terms or concepts
    - Language used by intended audience
    - Weaker concepts that should be eliminated
    - New concepts

32

- ### 3. Decide What Materials To Develop
- Formats:**
- Fact sheets
  - Booklets, brochures
  - Videos
  - Newsletter
  - Posters
  - Direct mail letters

33

- ### 4. Develop Messages and Materials
- Ensure the message is accurate
  - Be consistent
  - Keep it simple and clear
  - Be relevant to the intended audience
  - Be credible
  - Be appealing
  - Feature the action you want the audience to take

34

- ### 5. Pretest Messages and Materials
- Liking
  - Personal relevance
  - Acceptability
  - Believability
  - Behavioral intent

35

- ### Evaluation Begins Here!
- Formative – concept testing, message testing, pretesting
  - Process - implementation/outputs
  - Outcome - short-term/long-term

36

**Example:**

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**Adaptation of:**

"Increasing Breast and Cervical Cancer Screening Among Filipino American Women"

**To the:**

"The Hawaii Medical Service Association Project to Increase Mammography Adherence in Filipino Women"

37

**Assessment**

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- Used quantitative data from Hawaii Insurer
- Focus groups conducted locally in several venues
- Gatekeeper interviews

38

**Issues**

---

**Attitudes**

- Physical pain associated with procedure
- Negative emotions associated with mammogram

**Knowledge**

- Misconceptions
- Lack understanding of the importance of early detection
- Fear of cancer diagnosis

**Logistical**

- Many work multiple jobs, transportation issues

**Competing priorities**

- Broad category, including time constraints, navigation issues, and aversive effects of pain.

39

**Theoretical Framework**

---

**Adherence Model**

40

**Creative concepts**

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**Key Messages**

- It's worth it.
- Your health is wealth.
- Stay healthy.
- Dance more.
- Talk about it.
- Make life easier.
- Give your family peace of mind.

**Strategic Communication Messages**

- Making time to take care of your health can be difficult. But the best way to protect.
- Your family depends on you everyday. Taking care of your health is the best way to be sure you will be there for them when they need you. A mammogram every year helps protect you and your family.
- Mammograms can find cancers early, when it can be cured. Protect your self and your family. Have a mammogram once a year.
- Once time is never enough.

41

**Interventions**

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- Group 1: Targeted Multi -Media Campaign
- Group 2: Targeted Promotional Posters/Brochures in Clinic Setting + Targeted Media Campaign
- Group 3: Incentive for Mammography Screening + Targeted Promotional Posters/Brochures in Clinic Setting + Targeted Media Campaign

42

**Questions / Comments**

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43

**Thank You**

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Attachment G: Template for Using Theory in Health Communications Planning  
 Pacific Center of Excellence in the Elimination of Disparities (CEED)  
**Using Theory in Health Communications Planning**

**Health Issue:**

| 1. Assessment: What activities will be done to help define the problem? | 2. Generate a solution: What Theories will you use to develop intervention strategy? | 3. Mobilize resources: What assets to you have to address the problem? | 4 . Implement: What communications channels will you use?  | 5. Evaluate outcomes/results: What are your measures of success? |
|---|--|--|--|--|
|   |  |  |  |  |
|   |  |  | Interpersonal:<br><br><br><br><br><br><br><br><br><br>Organizational<br><br><br><br><br><br><br><br><br><br>Community<br><br><br><br><br><br><br><br><br><br>Mass Media<br><br><br><br><br><br><br><br><br><br>Digital |  |

**Performance Measurement Reference Sheet**

|  |
|--|
| <b>Objective:</b>                                    |
| <b>Measures of Effectiveness</b>                     |
| <b>Performance Measure:</b>                          |
| <b>Definition:</b>                                   |
| <b>Unit of Measure:</b>                              |
| <b>Plan for Data Acquisition</b>                     |
| <b>Data Collection Method:</b>                       |
| <b>Method of Acquisition:</b>                        |
| <b>Data Source:</b>                                  |
| <b>Frequency/timing of Data Acquisition:</b>         |
| <b>Responsible Individual:</b>                       |
| <b>Planning/Implementation Barriers</b>              |
|  |
| <b>Evaluation Barriers</b>                           |
| <b>Planning:</b>                                     |
| <b>Implementation:</b>                               |
| <b>Plan for Data Analysis, Review, and Reporting</b> |
| <b>Analysis Plan:</b>                                |
| <b>Person(s) Responsible:</b>                        |
| <b>Presentation &amp; Reporting:</b>                 |

Data Collection Methods:

- Document Review
- Product Review
- Interview
- Focus Groups
- Observation
- Surveys
- Questionnaire
- Surveillance systems (Database, BRFSS, health information systems, etc.)

**Theories of Change & Health Communication**  
American Samoa, July 8-9, 2008  
Workshop Feedback Results

Purpose:

The purpose of the two-day workshop was twofold:

1. To strengthen selected partnerships with the CCC from health associations and organizations, for example, Samoan National Nurses Association. The workshop also aimed to reinforce Comprehensive Cancer Coalition's partnership with other participants from health associations and organizations.
2. Enhance skills and knowledge on how to use health theory to address individual, organizational change, and community behavior changes as well as policy changes to implement a health strategy.

The workshop was attended by twelve selective individuals from health associations and organizations (*See Table 1: Participation List*). Seven participants completed the workshop feedback form.

What participants benefited

Participation's satisfaction from the workshop was very high. (*See Table 2: Responses to the benefit from the workshop*). All the participants who provided feedback, indicated that they strongly agreed or agreed with all except one of the questionnaire items that asked about the extent participants benefitted from the workshop. None of them indicated that they disagreed with any of the items listed in the questionnaire. Participants were also satisfied with the presenters and materials presented.

The most helpful part from the workshop

Most of the participants indicated that putting theories into practice for health communication, making strategies, and implementing program evaluation was the most helpful part of the workshop (N=4). A participant pointed out that the most useful part of the training was being able to apply local example into the theories. Another commented that the training provided him/her the method on how to approach the target population. (*See Table 3: What was the most helpful about the workshop*). Verbal feedback by participants indicated that understanding the target audience and working with other partners help contribute to an effective program. Participants learned that planning and evaluation should be considered at the same time (*See Table 4: What did you learn from the workshop?*).

Further suggestion for the workshop

Some participants wanted the workshop to be offered again to their department heads or other agencies, because they found the information very helpful (N=2). Participants also indicated that they would like more practical examples on how to apply the theories into practice in other areas beside Samoa and California (N=2). (*See Table 5: What changes would you make to the workshop? What would you like to have covered that was not?*)

### Conclusion

All of the participants highlighted that the two- day workshop was very informative and useful for their program implementation. The training helped develop their skills in applying health's theories to evaluate and plan health programs. In addition, it helped to develop their professions. More importantly, the workshop helped them to strengthen their partnership with Comprehensive Cancer Coalition. Further suggestions involved continuing to providing additional training to others and providing examples from other locations.

**Table 1: Contact list from American Samoa**

| <b>Name</b>        | <b>Phone number</b> | <b>Email</b>   | <b>Organization</b>                       |
|--------------------|---------------------|--|---|
| Vaa Tofaeono       | 684-633-4559        | vtofaeono@gmail.com  | ASDOH-CCC                                 |
| Anaise M Uso       | 684-633-4616        | anaiseuso@gmail.com  | ASDOH-MCH                                 |
| Eti Uiagalelei     | 684-699-8464        | euiagalelei@hotmail.com  | ASDOH Immunization                        |
| Jacki Tulafono     | 684-633-4616        | jtulafono@gmail.com  | ASDOH-MCH                                 |
| Lampati Solaita    | 684-633-4559        | <a href="mailto:lauso139@gmail.com">lauso139@gmail.com</a>     |   |
| Moira Wright       | 684-633-2135        | asbccedp@gmail.com   | ASDOH-BCCEDP                              |
| Farrah Lesa        | 684-633-7475        | <a href="mailto:farrahlesa@yahoo.com">farrahlesa@yahoo.com</a> | ASDOH-Tobacco                             |
| Tupu Hunt          | 684-633-5344        | tupuhunt@hotmail.com   | Samoan National Nurses Association (SNNA) |
| Lupi Leason        | 684-633-5344        | lupileason@yahoo.com   | SNNA                                      |
| Lauiraola M Fosler | 684-633-5344        | olafuatagavi@yahoo.com   | SNNA                                      |
| Rosita Alailimautu | 684-633-7223        | Rasita.alailimautu@gmail.com                                   | ASDOH-MCH                                 |
| Inoke Siasau       | 684-633-4616        | isiasau@hotmail.com  | ASDOH-MCH                                 |

**Table2: Responses to the benefit from the workshop**

| <b>Evaluation Question: “Do you feel this training....”</b>   | <b>Strongly Agree</b> | <b>Agree</b> | <b>Disagree</b> | <b>Mean</b> | <b>Standard Deviation</b> |
|---|-----------------------|--------------|-----------------|-------------|---------------------------|
| increased your ability to solve health issues?  | 3                     | 4            |                 | 3.43        | 0.535                     |
| developed useful skills?  | 4                     | 3            |                 | 3.57        | 0.535                     |
| increased your knowledge on how to use theory to address individual behavior change?                                    | 2                     | 5            |                 | 3.29        | 0.488                     |
| increased your knowledge on how to use theory to address organizational change in your health communication strategies? | 4                     | 3            |                 | 3.57        | 0.535                     |
| increased your knowledge on how to use theory to address community and policy changes to implement a health strategy?   | 3                     | 4            |                 | 3.43        | 0.535                     |
| <b>Evaluation Question: “Do you feel that.....”</b>   |                       |              |                 |             |                           |
| the theories of change scenarios used on day 1 were helpful?  | 3                     | 3            | 1               | 3.29        | 0.756                     |
| the health issue planning exercise on day 2 provided you with information that you can use in your future work?         | 4                     | 3            |                 | 3.57        | 0.535                     |
| you have the ability to use theory to plan your health programs?  | 2                     | 5            |                 | 3.29        | 0.488                     |
| you have the ability to use theory to evaluate health programs?   | 4                     | 3            |                 | 3.57        | 0.535                     |
| the resources provided were useful?   | 6                     | 1            |                 | 3.86        | 0.378                     |
| the trainers presented the content so that it was easy to understand?   | 4                     | 3            |                 | 3.57        | 0.535                     |
| the trainers adequately responded to questions and feedback   | 4                     | 3            |                 | 3.57        | 0.535                     |
| the training provided the opportunity to partner or network with other organizations?                                   | 4                     | 3            |                 | 3.57        | 0.535                     |
| the training strengthened my organization’s partnership with the CCC?   | 3                     | 4            |                 | 3.43        | 0.535                     |
| Overall workshop satisfaction index (alpha=0.90)  | n/a                   | n/a          | n/a             | 3.50        | 0.54                      |

**Table3: What was the most helpful part of the workshop**

| <b>Response Category</b>  | <b>Number of Responses (N=7)</b> |
|---|----------------------------------|
| Putting theories into practice (planning) for health communication, making strategies, and evaluating program | 4                                |
| Being able to use local examples within the models  | 1                                |
| Learning about different ways/different theories that possibly improve one's own program.                     | 1                                |
| The theories that enable us to know how to approach our target population                                     | 1                                |

**Table 4: What did you leant from the workshop? (Feedback verbally)**

1. Different theory construct
2. Improve program better service
3. New theory grasp absorb
4. Working with others helps make effective program
5. Social marketing useful, useful evaluation
6. Theory on how to approach to cut down wasted time
7. Multimedia rather than one on one
8. Evaluation angel
9. Understand audience
10. Collaboration among discipline
11. Lots of work to be done
12. Systematic
13. Evaluation to see of working improved
14. Good timing to plan, collaborate evaluation
15. Think of planning and evaluation at the same time

**Table5: What changes would you make to the workshop? What would you like to have covered that was not?**

| Response Category  | Number of Responses (N=7) |
|--|---------------------------|
| Give out more examples of theories applied towards other programs and not just the one about Samoa and mammogram in California   | 2                         |
| How to go from theory to evidence based intervention when communication message is complete  | 1                         |
| The workshop is very helpful and would like to attend another one. It was also important that other agencies and programs were involved as we shared ideas and so that we could work together to send the same message | 1                         |
| Longer days  | 1                         |
| The information provided was very informative that it should also be provided to department heads/directors because it could make a difference in policy changes   | 1                         |

Attachment J1: Pacific Cancer Projects (PCP) Site Visit Monitoring Form

**Comprehensive Cancer Control, Regional Pacific Registry, and Pacific Center of Excellence in the Elimination of Disparities (CEED)**

**Instructions:** This form is designed to be completed by 1) the UH team and 2) the jurisdiction hosting, one form for each. This monitoring tool is part of the PCP Performance Measures Plan for tracking progress and reporting results for the Pacific Cancer Projects.

PI jurisdiction: American Samoa  
 Name(s) of host:

Date of visit: July 7 – 15, 2008  
 Name of visitor(s): Sy, Rarick, Eisdmoe, Green

**Rate the extent to which each purpose of the site visit was met according to the scale below and indicate your follow up actions & timeframe.**

| Purpose Not met   | 1 | 2 | 3 | 4 | Purpose Met        | Follow-up actions & timeframe   |
|-------------------|---|---|---|---|--------------------|---|
| Purpose of visit: |   |   |   |   | Extent purpose met |   |
| 3.                |   |   |   |   |                    | <u>Actions:</u><br><br><u>Timeframe:</u>  |
| 4.                |   |   |   |   | 3                  | <u>Actions:</u> Introduced cancer projects to coalition members & partners @ theory & evaluation workshop<br><u>Timeframe:</u> Accomplished |
| 5.                |   |   |   |   |                    | <u>Actions:</u><br><br><u>Timeframe:</u>  |
| 6.                |   |   |   |   | 1                  | <u>Actions:</u> This was not an objective for this site visit and was not covered<br><br><u>Timeframe:</u>                                  |

7. Please list OTHER tasks related to your cancer projects you felt were accomplished during this site visit:

Workplan Evaluation

Strengthening organizational partnerships through the theory & evaluation workshop—representative had an opportunity to meet each other and learn more about each other’s work.

Workplans

Introduced Performance Measurement Reference Sheets to help guide planning of evaluating CCC workplans

8. Please list tasks that you would have like accomplished for your cancer projects during this site visit.

**Thank you for your feedback.**

Please choose one: Visitors copy: \_\_\_\_\_X\_\_\_\_\_ Jurisdiction copy: \_\_\_\_\_

**Comprehensive Cancer Control, Regional Pacific Registry, and Pacific Center of Excellence in the Elimination of Disparities (CEED)**

**Instructions:** This form is designed to be completed by 1) the UH team and 2) the jurisdiction hosting, one form for each. This monitoring tool is part of the PCP Performance Measures Plan for tracking progress and reporting results for the Pacific Cancer Projects.

PI jurisdiction: American Samoa

Date of visit: July 7 – 15, 2008

Name(s) of host: Va’a Tofaeono/Angelina Stevens

Name of visitor(s): Sy, Rarick, Eisdmoe, Green

**Rate** the extent to which each purpose of the site visit was met **according to the scale below** and indicate your **follow up actions & timeframe.**

| Purpose Not met   | 1 | 2 | 3 | 4 | Purpose Met   |                    |  |
|-------------------|---|---|---|---|---|--------------------|--|
| Purpose of visit: |   |   |   |   |   | Extent purpose met | Follow-up actions & timeframe  |
| 9.                |   |   |   |   | Introduced and oriented the UH PCP Team to the Comprehensive Cancer Control Partnerships and to their national plans  | 3                  | <u>Actions: N/A</u><br><u>Timeframe:</u>   |
| 10.               |   |   |   |   | Provided or obtained an overview of the individual and combined Pacific Cancer Projects.  | 3                  | <u>Actions: N/A</u><br><u>Timeframe:</u>   |
| 11.               |   |   |   |   | Sought or gave input to the Regional Pacific Registry reporting formats, including the co-morbidity/ risk factor checklist for the Regional Pacific Registry.                         | 3                  | <u>Actions: Va’a and Angelina will work with both LBJ and DOH staff to develop the necessary documentation asked for by both the CEO and privacy compliance officer at LBJ.</u><br><u>Timeframe: 9/31/08</u> |
| 12.               |   |   |   |   | Oriented CCCs or received adequate information on the CEED \$20,000 sub-contract mechanism and discuss priorities, e.g. policy, infrastructural, community support, prevention, etc.. | 1                  | <u>Actions: There was no need to mention this topic at this time.</u><br><u>Timeframe:</u>   |

13. Please list OTHER tasks related to your cancer projects you felt were accomplished during this site visit:

A format that will help evaluate the CCC workplan and make it easier to extract that data and input it into the annual CCC Interim Progress Report and end of year report.

14. Please list tasks that you would have like accomplished for your cancer projects during this site visit.  
The tasks that were performed from both TA groups accomplished all tasks that were needed for this visit.

**Thank you for your feedback.**

Please choose one: Visitors copy: \_\_\_\_\_ Jurisdiction copy: \_\_\_\_X\_\_\_\_\_

**Comprehensive Cancer Control (CCC), Pacific Region Central Cancer Registry (PRCCR), and Pacific Center of Excellence in the Elimination of Disparities (CEED)**

**Instructions:** This form is designed to be completed by 1) the UH team and 2) the hosting PIJ, one form for each. This monitoring tool is part of the PCP *Performance Management Plan* for tracking progress and reporting results for the Pacific Cancer Projects.

PI Jurisdiction: America Samoa  
 Host Name(s): Nina Stevens, Va’a Tofaeono

Visit dates: July 10 – 15, 2008  
 Visitor name(s): Tricia Eidsmoe, Michael Green

**Rate** the extent to which each purpose of the site visit was met **according to the scale below** and indicate your **follow up actions & timeframe.**

| Purpose Not met  | 1 | 2 | 3 | 4 | Purpose Met        |   |
|--|---|---|---|---|--------------------|---|
| Purpose of visit:  |   |   |   |   | Extent purpose met | Follow-up actions & timeframe   |
| 15. Introduced and oriented the UH/HTR Team and the newly hired registrar to the different LBJ Hospital and the Dept. of Public Health departments and staff.                  |   |   |   | 3 |                    | <p><u>Actions:</u> Continue to meet with departments and staff (i.e. Director of Health, Off-Island Referral officer, Vital Statistics Registrar) that play a critical role in the data collection process to establish good working relations &amp; familiarize them with the terms of the registry/data collection.</p> <p><u>Timeframe:</u> Continuous</p> |
| 16. Provided or obtained an overview of the American Samoa Cancer Registry as well as the Pacific Region Central Cancer Registry.  |   |   |   | 4 |                    | <p><u>Actions:</u> Review supportive documents and gain a comprehensive understanding of the Cancer Registry, locally and regionally; Continue to become familiar with Abstract Plus software.</p> <p><u>Timeframe:</u> 1 – 2 weeks</p>   |
| 17. Established/developed lines of communication between: Cancer Registrar, LBJ Hospital Department Head and the AS Breast and Cervical Program at the Dept. of Public Health. |   |   |   | 4 |                    | <p><u>Actions:</u> Establish an MOU between LBJ and the Dept. of Health in terms of data collection and sharing of information.</p> <p><u>Timeframe:</u> 2 – 4 weeks</p>  |
| 18. Identified data sources within LBJ Hospital and the Dept. of Health that the registrar will  |   |   |   | 4 |                    | <p><u>Actions:</u> Obtain ID badge from LBJ in order to access various records/data, become familiar with electronic health record</p>  |

|   |  |   |
|---|--|---|
| routinely review and add to the registry data base. |  | system (CPRS), schedule a routine with Judith Payes (Medical Records); start to enter data into Abstract Plus.<br><br><u>Timeframe:</u> 4 – 6 weeks |
|---|--|---|

19. Please list OTHER tasks related to your cancer projects you felt were accomplished during this site visit: Discussed the current issues that DOH and LBJ are facing in terms of sharing data, gained an overview of the CPRS system & its faults, also gained an insight of how individual cancer cases are handled among the different departments at LBJ.
20. Please list tasks that you would have like accomplished for your cancer projects during this site visit: Introductions/Orientations with critical departments/staff such as the Director of Health, Coordinator for Health Information Services, Vital Statistics office/registrar, Off-island referral officer, and medical clinic and OB/GYN clinic staff/doctors.

Please choose one: Visitors copy: \_\_\_\_\_ Jurisdiction copy: \_\_\_\_\_

***Thank you for your feedback.***