

Paper #219100

Pacific Cancer Programs Performance Management Plan and Online Database; An evaluation framework based on the Socio-Ecological Model

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Background: The Department of Family Medicine and Community Health and Office of Public Health Sciences collaborate with the US Affiliated Pacific Islands (USAPI) to plan, implement and evaluate the Regional Comprehensive Cancer Control Program, the Pacific Regional Central Cancer Registry and the Pacific Center of Excellence in the Elimination of Disparities funded by the US Centers for Disease Control and Prevention. The cancer burden in the resource-limited and culturally-rich USAPI is among the highest in the world. Limited access to screening, late-stage diagnosis and premature death are common, resulting in severe cancer disparities.

Theoretical Framework & Methodology: The Pacific Cancer Programs Performance Management Plan (PMP) was developed with the Cancer Coalition for the Pacific Islands and the USAPI Comprehensive Cancer Control Coordinators to structure the complex regional evaluation framework. The online data base that supports the PMP is being field tested in all ten USAPI to track progress and outcomes across two intersecting dimensions; first, the multiple levels of change defined by the Socio-Ecological Model (e.g. policy, organization, community, and individual) and second, the three levels of program implementation (e.g. Pacific region, USAPI jurisdictions and community projects).

Results and Implications: For each SEM level a capacity profile is created from multiple indicators. The capacity profiles map progress by aggregating data for the region, for each island jurisdiction and for the community projects. The utilization of these tools should help explain the changes in outcomes associated with reducing cancer disparities in the resource constrained USAPI.

Paper #220066

Federated States of Micronesia National Breast and Cervical Cancer Standards: Developing & implementing resource appropriate policy

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Significance: Chronic disease morbidity and mortality in the Pacific Islands exceed US rates, including cancers. The Pacific Center of Excellence in the Elimination of Disparities and the former Cancer Information Service collaborated with the Federated States of Micronesia Department of Health and Social Affairs, the four State Departments of Health Services and Comprehensive Cancer Control Programs (CCC) to develop resource-appropriate National Breast & Cervical Cancer (B&CC) Standards.

Objective: The objectives of the September 2008 technical meeting were to review evidence-based and resource-appropriate sources and draft the B&CC standards for prevention, early detection, diagnosis, treatment, and care to create national policy, improve practice and reduce cancer disparities.

Methods: Thirty-five government and private stakeholders participated in a consensus-driven consultative process. Local senior health professionals were resource persons. The CCC Coordinators presented their Assets' Mapping results, chaired the sessions, and facilitated group discussions.

Results: Draft standards were agreed for 'core', 'expanded' and 'desired' levels and endorsed as the first national health policy by the Directors of Health in March 2009.

Discussion/Conclusions: Preparations to implement the new standards began immediately. To increase cervical cancer screening and treatment, 12 clinicians were trained in Visual Inspection with Acetic Acid (VIA) who then trained 20 health assistants in Pohnpei and Yap. The Pohnpei Womens' Advisory Council trained 60 community leaders who outreached in 56 villages. The FSM Ad Hoc Training Committee has developed a national curriculum plan. The Community College is reviewing modules for their associate degree courses. B&CC screening has increased significantly in recent months.

Paper #223551

A Culturally Relevant Palliative Care Curriculum: Developing human resources for health in the US Affiliated Pacific Islands

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Significance: In the US Associated Pacific Islands (USAPI) cancer is often diagnosed late and treatment options are few where traditional practices of caring for loved ones support home-based care. Since 2008, the USAPI Comprehensive Cancer Control Programs (CCCP) have collaborated with the Pacific Center of Excellence in the Elimination of Disparities (Pacific CEED) and NCI's Cancer Information Service (CIS) to strengthen community programs and health services for cancer survivorship and palliative care.

Methods: A series of workshops took place in Honolulu, California, Commonwealth of the Northern Marianas, and Palau with USAPI Cancer Coordinators, Cancer Coalition members, cancer survivors, policy makers, and community members leading to the development of a regional palliative care

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curriculum. The curriculum's core content was piloted in April 2009 during a 2.5 day course in Honolulu and field-tested in Palau in July 2009.

Results: The culturally relevant self-instructional curriculum contains eight modules including client-provider communication and pain management. The curriculum balances didactic, experiential and problem-based learning techniques. Content is based on the pilot courses, course evaluations and cultural knowledge, professional skills and teaching expertise of Kokua Mau, Hawaii's Hospice & Palliative Care Organization and Department of Family Medicine & Community Health.

Implications: The palliative care curriculum is one of Pacific CEED's curriculum initiatives destined for USAPI community colleges which includes the Federated States of Micronesia's national breast & cervical cancer curriculum, the Palau Ministry of Health's College of Health training & licensure program and formative research in Yap on cultural beliefs and practices about death and dying.

Paper #225307

Cancer Council for the Pacific Islands: Outcomes & implications of the regional coalition self-assessment

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Significance: The Pacific Center of Excellence in the Elimination of Disparities (Pacific CEED) is governed by the Cancer Council of the Pacific Islands (CCPI), a regional coalition representing health sector leadership from the US Affiliated Pacific Islands (USAPI). CCPI provides regional planning, policy guidance and program coordination for the 10 USAPI Comprehensive Cancer Control Coalitions, the Regional Comprehensive Cancer Control Program (RCCP) and the Pacific Regional Central Cancer Registry (PRCCR).

Objective: Pacific CEED is funded by REACH US to support the regional coalition and evaluate cancer prevention and control activities and outcomes in the Pacific region and the USAPI.

Methods: The CCPI is conducting a self-assessment to evaluate satisfaction with coalition functioning, perception of sustainability and regional leadership for cancer prevention and control, and the role of regionalism for integrating all chronic disease prevention and control in the Pacific. The assessment design includes a self-administered questionnaire and telephone interview for CCPI members, Pacific Cancer Programs staff and partners (e.g., University of Hawaii, Pacific CEED, RCCCP, PRCCR, WHO, SPC) and US national cancer partners (e.g., C-Change). Measures were derived from tools validated by other CEEDs and the coalition literature.

Results and Implications: Results will identify characteristics related to regional coalition functioning in the Pacific's unique cultural context, sustainability of community initiatives for underserved populations in

resource challenged environments, and the capacity of a representative coalition in fostering cohesive 'regionalism' in a geographically expansive region. The results of this assessment have important implications for future funding and program models in the Pacific.

Paper #226858

Applying Community Based Participatory Research & Partnership Principles to Reduce Cancer Disparities in the Pacific: Lessons Learned from the Cancer Council of the Pacific Islands and Regional Partnership Evaluation

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Significance: Community Based Participatory Research Principles require that public health programs commit to a long-term process and sustainability fully involving community as partners. Applying CBPA principles in the geographical expanse of the US Affiliated Pacific Islands (USAPI) is a tremendous challenge, even where strong cultural traditions support community planning and decision-making. The REACH US Pacific Center of Excellence in the Elimination of Disparities, in partnership with the USAPI and Regional Comprehensive Cancer Control Programs aims to adhere to CBPA principles to reduce cancer disparities in the 10 USAPI jurisdictions.

Methods: This multi site, multi level, multi program regional initiative requires collaboration and coordination among the jurisdictions and Pacific regional organizations to successfully reduce the cancer burden. CBPR Principles and Partnership Principles are the focus of the Pacific CEED partnership evaluation. The regional Cancer Council of the Pacific Islands (CCPI) and Pacific Cancer Partnership evaluation includes self-administered questionnaires and telephone interviews.

Results & Implications: Implementation of a multi level, multi site, multi program cancer prevention and control initiative in a geographically expansive region is complex. This complexity is particularly challenging for implementing community based participatory and partnership principles. The results of the regional coalition and partnership evaluation will be presented, including sustainability factors. Implications for the cancer initiative will be discussed in light of the US Pacific historical and community context. Findings will inform the extent CBPA & Partnership in a unique geographic, cultural, and organizational environment contribute to sustainability of the regional cancer prevention and control initiative.

Paper #225671

Assets Mapping Palliative Care: The US Affiliated Pacific Islands Build on Strengths in Resource-limited Settings

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Significance: In the US Affiliated Pacific Islands (USAPI) cancer is often diagnosed late and treatment options are few due to limitations in human and material resources. Since 2008, the USAPI Comprehensive Cancer Control Programs (CCCP) have collaborated with Pacific Center of Excellence in the Elimination of Disparities (Pacific CEED), University of Hawaii and NCI's Cancer Information Service (CIS) to strengthen community programs and health infrastructure for cancer survivorship and palliative care. CCCP leadership recognizes the importance of palliative care in home-based and in-hospital services to ensure quality care, dignity and support through the end of life.

Methods: A series of palliative care workshops and trainings have been held in the Pacific since 2008. To help USAPI Comprehensive Cancer Coordinators and Coalitions design programs that build on cultural resilience and existing strengths rather than on deficits, Pacific CEED created a tool to 'map' local assets. The tool is user-friendly and helps program planners select existing resources, identify gaps, avoid duplication and make decisions to prioritize filling the gaps.

Results: The tool has been well received and adapted for various USAPI workshops. Analysis of assets mapping results shows the USAPI have strong families and faith-based communities which can contribute to health programs. Participants are often surprised to learn of previously unidentified resources and collaboration opportunities.

Implications: Assets Mapping can be a powerful planning and decision-making tool to enable the USAPI and potentially other resource-constrained settings to acknowledge their strengths and implement resource-appropriate programs thus increasing the likelihood of success.