



Pacific CEED Promising Practices & Progress Report Form

Project Name/Title: Understanding the role of cultural hierarchy and religion in the Chuukese community of Guam, to develop culturally relevant cancer education material and delivery mechanisms.

Project Date/Duration:
Sept 22, 2009 Focus Group Discussion

Jurisdiction/Island/Village:
Guam

Audience Reached:
Focus Group – 8 Chuukese women (1 survivor, 1 caregiver)

Training Program will be focused on Chuukese women

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History/Background:

What is the identified need for this project? Does the project build on an existing project? Was the project adapted from a model used elsewhere? What is the history of the project?

Guam data consistently shows that cancer incident rates are high in members of the Chuukese community. It is also noted that when diagnosed, cancer is already at a late-stage and is often terminal for this community.

Additionally, there have been no efforts to document the Chuukese cultural beliefs and practices related to healthcare. Guam continues to see an increase in the number of Chuukese who are making Guam their home.

Goal and Objectives:

What is the overall goal of this project? What are the project's priority objectives? Which Comprehensive Cancer Control Plan objective does this project address?

The goal of this project was to better understand how health related messages should be delivered to the Chuukese community in ways that are relevant and most useful to them. This would, in turn, help to create best practices that ACS and other organizations could use in their outreach to the Chuukese community.

This project supports Guam's Comprehensive Cancer Control Plan's Education Goal H, Objective 1, Strategy 1.4: Develop or acquire culturally appropriate cancer education materials for Guam.

Planning & Development:

What data or reports were used to help plan the project? Who are the project partners and what are their roles? What was the planning process? What 'evidence' or models or theories of change influenced the project design?

Data was gathered from the Guam Cancer Registry related to cancer incidence and mortality rates in the Chuukese community. Additionally, demographic information was consulted to identify which villages had the highest population of Chuukese residents to determine where focus groups should be held.

Project partners included Guam's Comprehensive Cancer Control Coalition. Members included, Cerina Mariano, Dr. Annette David, Angelina Mummert, Gil Sugitan. This group met to plan the focus group session and develop questions. Group members also were responsible for connecting the ACS office with their contacts in the Chuukese community (to recruit participants for the focus groups). Partners also helped in reviewing the data collected.

Implementation:

What are the project's primary activities? How were the activities carried out? Who implemented the project activities? What partners were involved? How did the community participate? What materials or products or deliverables were created? (i.e. brochure, video, PSA, etc.)

The project's primary activity was to host focus groups to ultimately develop an action plan and education material relevant to the Chuukese community. The focus group was carried out with help from the Guam CCC Coalition. Dr. Annette David facilitated the session for women. Gil Sugitan facilitated the men's group, however only one male participant attended.

Members of the Chuukese community were invited to participate through their involvement with a Chuukese community group at the University of Guam. Additionally, the Guam Field Office also invited Chuukese cancer survivors, caregivers and their families to attend.

No materials were created as a result of the focus group; however it was identified that a training program needed to be developed to train Chuukese women and men to deliver health information and prevention messaging to their peers.

Evaluation:

What are the key results and/or outcomes (expected and unexpected)?

As expected, there were a number of factors that hindered access to not only medical care, but also health information. Some of these included:

Attitudes – medical care is not considered a priority for most of the Chuukese community. For example, in their islands, it is common practice for an expectant mother to see a midwife only before she gives birth. The concept of going to a doctor for regular care is new and not understood to residents who move to Guam.

Participants also stressed that Chuukese beliefs about body image differ greatly from the rest of the community. In their culture to be skinny and slim means you are poor or sick. In their culture, "being fat" is acceptable – it shows that you are healthy and are wealthy, since you have money to eat.

Accessibility to care – The distance between islands (in Chuuk) and cost of transportation – further contributes to medical care not being a priority. In Chuuk, residents are confronted with having to take a boat to another island for care, which has led to the community's reliance on traditional healers, called Sousafei, instead of doctors.

Gender – In the Chuukese community, women should not be receiving medical care from men. Additionally, there are many things that women and men do not talk to each other about. Women also do not provide caregiving assistance to men. Men however are considered the decision makers in medical care issues that effect women in their families.

Language – in addition to the lack of translation services at Public Health Centers, there are also different dialects of the Chuukese language spoken from island to island.

See attached focus group notes for more specifics.

Lessons Learned:

**What are the strengths and weaknesses of the project? How could this project be improved?
What recommendations do you have for others who want to replicate the project?**

The major strength of this project is that information was collected regarding Chuukese cultural practices and beliefs related to their understanding of health information and accessing medical care.

This project made it clear that creating a few educational pieces in their native language would be a good first step, but it was not going to be enough. The delivery of information is going to be most effective to this community if delivered by their own peers, and a training program needs to be developed to make this possible.

Unfortunately, we were not successful in completing additional focus group sessions because we relied on the support of partners for their help with facilitation. Additionally, our efforts to engage a group of visiting medical students in our project fell short when their time on Guam was shortened and more clinic hours were included in their schedules.

To improve our efforts and ability to communicate with participants, we should have had a translator as part of our team and would make that recommendation to anyone considering focus groups as a means of collecting information.

Additionally, identifying a venue to host this community was a challenge. The Mangilao community center was identified as a good location to meet (and participants confirmed this), however, because the center was outdoors, it was too noisy (and our audio recording for the men's group was inaudible for transcription).

Funding for this conference was made possible by a cooperative agreement from the Centers for Disease Control and Prevention, REACH US through Pacific CEED, Department of Family Medicine and Community Health, JABSOM, University of Hawai'i, award number 5U58DP000976. The views expressed in the materials or publications or by speakers and trainers do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government