

PACIFIC CEED PROMISING PRACTICES AND PROGRESS REPORT

Project Name/Title:

“Pilot Program Geared to Develop Culturally Competent Practices against Breast and Cervical Cancer in Kwajalein Atoll”

Project Date/Duration:

April 1, 2010 to September 30, 2010

Jurisdiction/Island/Village:

Ebeye, Kwajalein Atoll, Republic of the Marshall Islands

Audience Reached:

Marshallese women residing in Kwajalein Atoll
Kwajalein Atoll Healthcare Services Staff/Volunteers

- Practical Nurses (Public Health and Clinical)
- Health Education Staff
- Reproductive Health Program Staff
- Zone Volunteers
- Women Volunteers
- Local Cancer Coalition

Contact Name/Info:

Richard M. Trinidad, MD
Medical Director
Kwajalein Atoll Healthcare Services (Ebeye CHC)
E-mail: rmt_bonestock@yahoo.com

Photos:



Through the project – seven female Marshallese practical nurses underwent comprehensive training on Breast and Cervical Cancer including screening skills on Pap Smear Testing and Clinical Breast Examinations.

Participant Quotes:

“The Breast and Cervical Cancer project is a blessing and a gift to the ladies of Kwajalein Atoll. I wouldn’t be able to gain the knowledge on the importance of screening if not for the project.”

- Jebonta Kaious (Patient)

“After the training – I was able to navigate more than 70 women from my own community to get their pap smears and breast exams done early. As I was going house to house to disseminate leaflets, women were really surprised to get this kind of information at their doorstep. It had a strong impact in the community that women are now able to talk to each other to come together for screening.”

- Majjet Bolkeim (Zone Volunteer/Trainee)

“I am proud to be a part of this project as a BCC Trainee supervisor and lecturer for the Zone Volunteers’ training. This is a great wave that carried lots of women in the community toward cancer awareness and early detection. I salute all the trainees for their enthusiasm and dedication.”

- Dr. Cho Cho Thein (Family Physician/Trainer)



On-the-job skills training and quality assurance measures were included in the project. The OB-Gynecologist also received a refresher's course in Pap Smear Cytology screening through the project.



Several women zone volunteers were trained to provide BCC health education; distribute BCC health leaflets; conduct BCC surveys; and to navigate women in the community towards early detection of Breast and Cervical cancers.



Part of the project is to visit the outer island communities and utilize the newly-trained BCC staffs and zone volunteers to conduct BCC screening and community awareness on these isolated areas.

"There are so many good things that we have accomplished through this project. I am proud to say that Ebeye is getting more and more ladies to come in for breast and cervical cancer screening. Thanks to the CEED Legacy Project."

- *Alosiana Abner (Cancer Program Coordinator, Ebeye)*

"The training was very comprehensive but it is all worth it. Because now, I know that I have the necessary knowledge and skill, and that I feel confident that I can serve my people well through what I learned"

- *Loritha Neptali (BCC Trainee/PHC Division)*

Since the time the project was introduced to the Cancer Coalition – it really triggered our hearts because we know that most of our Marshallese women who died of Breast or Cervical cancer are not aware of their disease before it was too late. As one of those who really enjoyed volunteering for this project, I strongly encouraged that this endeavor is continued and extended throughout the Marshall Islands."

- *Calvin Juda (Cancer Coalition Member/Volunteer)*

"I am a Zone Volunteer who was trained to disseminate health leaflets and to navigate women towards early screening. I want to praise this project because it gave a lot of women in the community understanding of the importance of prevention and screening against breast and cervical cancer. Much Mahalo."

- *Jackie De Brum (Zone Volunteer)*

"I got involved in this project when I started to see lots of women come to the clinic for pap smears. I decided to contribute to the project by encouraging any women in their childbearing years that come for any consultations to have their pap smears taken too. From what I observed – most of the women were very happy about this project and can't even wait to get their test results."

- *Connie Jack, RN (OPD Supervisor)*

"One of the best training I ever had so far. I will use the skills I acquired through the training in helping my people. I wish we could have similar trainings like this in the future."

- *Malia Samson (BCC Trainee/Clinical Division)*

"This project has set a good example for the people of Ebeye. I have been involved in it and had seen many things that has been done through the project."

- *Mr. Noland De Brum (Chairman, Local Cancer Coalition, Ebeye)*

"The project has set an example for other BCC prevention programs and has enhanced the capacity for local female workers to help in reducing the burden of cancer in the RMI."

- *Neiar Kabua (RMI National Cancer Program Coordinator)*

"The project was very successful and had a strong impact in the community. And I also believe that this will lead to significantly better health outcomes. Glory and praise to our Lord and Savior Jesus Christ."

- *Richard M. Trinidad, MD (Medical Director/Project Manager)*

History/ Background:

Cancer is on the rise and has been consistent as one of the leading causes of deaths in the Marshall Islands. Recent data showed that Breast and Cervical cancers are two of the most common types accounting for 20% and 17% of the cancers recorded, respectively. Unfortunately, data also showed that despite the availability of safe, effective, and inexpensive breast and cervical cancer screening services – majority of the women never or rarely get screened. In Kwajalein Atoll, only around 1% of the target population gets Pap Smears annually. Consequently, most cases of breast and cervical cancers are diagnosed late.

Several factors play a role to the low cancer screening rates. There is limited awareness and education in the community regarding breast and cervical cancer. A low manpower resource in the health center which is the sole healthcare provider in the entire Kwajalein Atoll is also a factor. Cultural norms also often delay entry to health intervention – many women are reluctant to seek BCC screening because they fear examination by male providers or by a family member or a close family friend (as in the case of small, tightly-knit communities like Ebeye). Most Marshallese also lack adequate English language proficiency which is a barrier between providers and patients.

A survey was done on 287 women which revealed the following: (1) around 80% have no or little knowledge on breast and cervical cancer; (2) around 40% have never performed self-breast examination; (3) around 72.66% never had a clinical breast examination; (4) that 31% never had a pap smear and most if ever had it more than 5 years ago; (5) that only 45% would allow themselves to be examined by a male provider while 96.86% would prefer a female provider to do BCC screening; (6) that 26.5% would not prefer a non-Marshallese provider even if they are females; (7) and that an overwhelming 92% would prefer the most a Marshallese female health provider to do the screening.

Unfortunately, all of the health center staff who can and perform Pap Smear testing regularly were female expatriates. Additionally, there were only two expatriate male surgeons performing the clinical breast exams. There were no health educational materials in the Marshallese language. Additionally, because communities are scattered in several islands and can only be reached by boat – there were health disparities between outer-island communities where access to healthcare is limited compared to those living in the major urban areas.

There was a great need to address these barriers and develop culturally and linguistically appropriate strategies against Breast and Cervical cancer in the community.

Goals and Objectives:

The vision of the RMI Comprehensive Cancer Control Plan is to deliver innovative, accessible and community-based cancer control and prevention services. It is also geared to decrease the incidence of cancer by encouraging prevention programs and early detection through appropriate screening services – empowering clients by providing high-quality, culturally-relevant, and linguistically-appropriate evidence-based health education and services; and to seek partnership and collaborations in the community.

The overall goal of this project is to develop and pilot a culturally-competent and strategic approach in improving primary prevention and early detection of Breast and Cervical cancer by addressing the identified gaps and barriers.

- To increase to at least seven (7) the number of female Marshallese health staff who can competently perform clinical breast examination and/or pap smear testing; and provide appropriate health education on Breast and Cervical Cancer by May 2010
- To significantly increase (by at least 200%) the annual number of patients screened for breast and cervical cancer by October 2010
- To produce and distribute at least 3,000 Marshallese health information materials on Breast and Cervical Cancer by October 2010
- To perform a comprehensive community-based survey on Breast and Cervical cancer by May 2010

Planning and Development:

Through the baseline wide-based community survey performed – we were able to identify the major barriers against prevention and early detection of Breast and Cervical cancer. These major barriers include (1) limited and culturally-inappropriate man power resource; (2) lack of community awareness on breast and cervical cancer; and (3) limited capacity of the health center to address the demands including underserved areas in the atoll.

The strategic plan of this project was tailored based on these barriers:

- To improve manpower resource and provide culturally-relevant approaches
 1. To conduct a training for seven (7) female Marshallese staff on BCC screening
 2. To provide a two-stage on-the-job training for the BCC trainees
 3. To ensure quality in terms of skill and knowledge of the BCC trainees through a two-stage evaluative method
- To increase community awareness through linguistically-appropriate methods
 1. To create and distribute health information leaflets and posters in the Marshallese language
 2. To train and utilize Zone and Cancer Coalition volunteers in disseminating information and health materials on Breast and Cervical cancer in the community
 3. To form partnerships (traditional leaders, church leaders, women's groups, volunteers) to support community awareness initiatives
- To increase BCC screening rates by addressing weaknesses in the health services
 1. To ensure that CBE and Pap Smear testing services are readily available at any time in the health center
 2. To conduct outer-island outreach visits for community awareness and BCC screening services
 3. To train and utilize Zone volunteers on patient navigation towards early detection services
 4. To address pap smear cytology screening gaps for early diagnosis

Implementation:

Breast and Cervical Cancer Training of Seven Female Marshallese Staffs:

- Seven female Marshallese practical nurses from both the primary health and clinical divisions of the bureau were strategically identified to undergo the training.
- The Pacific CEED technical assistance team was contracted and conducted a comprehensive didactic and skill training on April 21-23, 2010 (pre-test and post-test given; training survey done)
- The trainees underwent an on-the-job training from April 24 to May 12 under the supervision of the OB-GYN, Family Physician, and Reproductive Health Nurse (evaluation form for each trainee made)
- Second stage supervised skill evaluation was done on September 2010 (evaluative checklist used)
- DELIVERABLES: List of 7 Marshallese healthcare workers for the training; draft training outline and copy of actual training material used; pre-test and post-test results; evaluative report of supervisors; results of checklist of the second supervised skill evaluation; promising practices report

Community Awareness activities:

- Leaflet and poster designs were made; and around 4,000 health leaflets in the Marshallese language were produced and distributed between May to September 2010
- BCC trainees were trained on how to use and distribute leaflets properly on May 2010
- Seven female Zone Volunteers and two female Cancer Coalition members were trained on Breast and Cervical Cancer and on the use of the health leaflets on June 23-25, 2010
- Posters produced and displayed on September 2010
- DELIVERABLES: Design and final copy of posters and leaflets; list of zone volunteers and references; dissemination plan; minutes of meeting with cancer coalition; sustainability plan and promising practices report

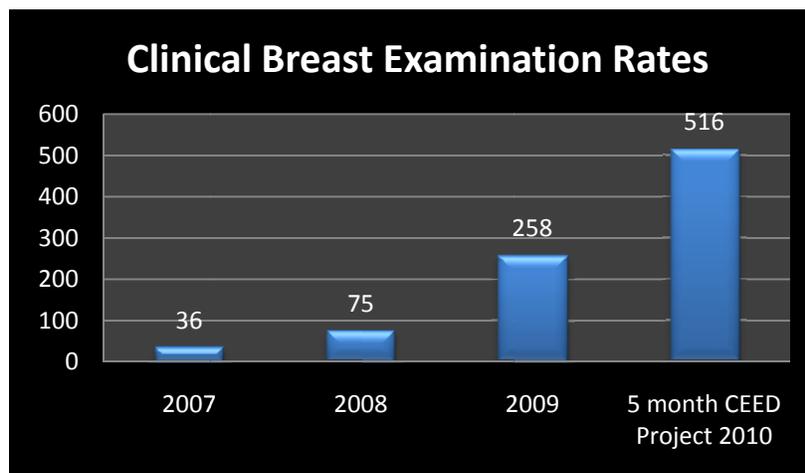
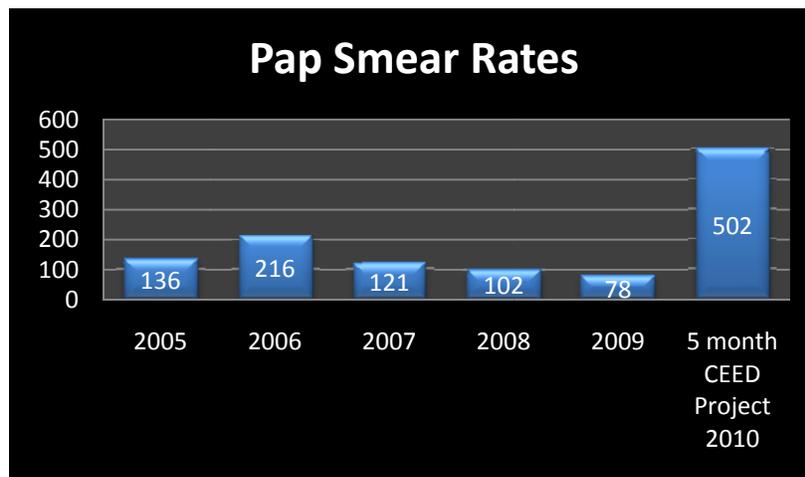
Other Activities with Direct Impact on Increasing Breast and Cervical Cancer Screening Rates:

- Seven female Zone volunteers were trained on navigation of women towards early detection; and performed the work from August 2010 until present
- Outer-island outreach visits were made on September 2010; conducted BCC campaign in the area; distribution of leaflets; navigation of patients; and BCC screening (Pap Smear and Clinical Breast Examination) services provided in the area. Around 156 people from the community in Santo attended the campaign night.
- In-house OB-Gynecologist underwent refresher's course on Pap Smear cytology to facilitate early-recognition or pre-cancerous lesions on-island and facilitate management
- Community-based BCC survey done on June 2010 to support baseline findings
- DELIVERABLES: outreach reports; certificate of cytology refresher's course; patient navigation list; results of survey; promising practices report

Evaluation:

Key Outcomes Based on Indicators:

1. Increase the number of female Marshallese health staff who can competently perform Breast and Cervical cancer screening.
Baseline: 0 After CEED Project: 6
2. To significantly increase (by at least 200%) the annual number of patients screened for breast and cervical cancer by October 2010.

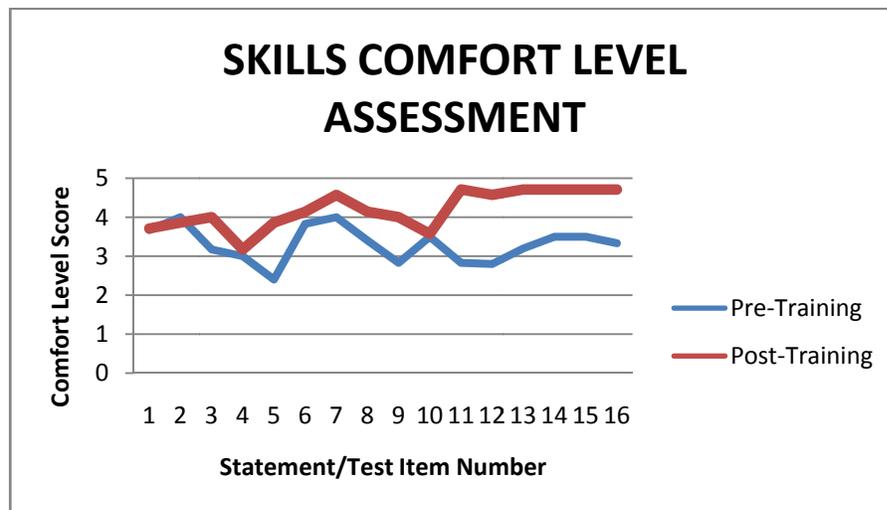


3. To produce and distribute at least 3,000 Marshallese health information materials on Breast and Cervical Cancer by October 2010
After CEED Project: more than 3,000 BCC health leaflets were appropriately distributed

Key Outcomes Based on Evaluative Measures:

Breast and Cervical Cancer Training for Marshallese Staff:
Methods Used:

- Knowledge Assessment (Pre-test and Post-test comparison)
Result: correctness improved in 30 out of 35 items; all students have improved post-test scores compared to pre-test scores; cumulatively, mean correctness improved by 13.48% (pre-test mean: 56.32% and post-test mean: 69.8%)
- Skills Assessment/Comfort Level (Skill Comfort Questionnaire)
Result: significant increase in cumulative mean comfort level score; most significantly on items 11-16 which measures comfort level in actual BCC screening techniques



**Mean Comfort Level Cumulative Score Improved by 0.89
(Pre-Training Mean = 3.31 and Post-Training Mean = 4.20)**

- Skills Assessment – 2nd stage (Evaluation Checklist/Quality Assurance Checklist)
Results: All six trainees passed the quality assurance evaluative measures. Each trainee was required to conduct their skills with 20 patients each and be graded by assigned supervisors. Scores also revealed that confidence level has significantly increased from their last evaluation.
- Training Effectiveness (Training Evaluation Form)
Results: The trainees' evaluation on training provided revealed very good to excellent scores on all 16 parameters. Highest scores were given to lectures on "Principles of Communication and Counseling" and in the "On-The-Job" training section.

Lessons Learned:

Strengths:

- Strong project model which is to bring forward Marshallese women by incorporating women in training for breast and cervical cancer screening
- Project is clearly committed to culturally relevant materials in local language and reflects understanding of cultural aspects and beliefs
- Involvement of local people and raises capacity to provide health services from within the culture and its sustainability
- Evaluative measures is well-developed with clear measurable objectives and indicators; data collection and analysis were well-developed
- Very strong impact in the community
- Strong partnerships formed through community-based approaches
- Project model addressed gaps in the health services
- Strong participation of volunteers and health staffs
- Quality assurance and improvement is incorporated in the project
- Objectives are SMART
- Project model has a strong chance to be sustained
- Have a potential to be a benchmark for developing culturally-appropriate project models against other cancer prevention programs

Weaknesses:

- Technical assistance was critical to develop training
- Implementation was highly-dependent on project management; leadership should have involved more people
- Health center not completely prepared to meet demands of mass screening (in high volume)
- May need to develop more concrete sustainability plans
- Failed to measure impact to project of some of the activities
- Very short timeframe to deliver planned activities

Recommendations:

- Understanding and assessment of NEEDS is critical to achieve the greatest impact
- Consider project's cultural relevance
- Involve various stakeholders in designing a project
- Give appropriate time to plan and design the project model; set SMART objectives
- Should consider including VIA (Visual Inspection with Acetic Acid) as an integral part of Cervical Cancer Screening
- Utilize technical assistance to ensure high-quality training designs
- Utilizing community volunteers has strong impact in the outcomes; ensure activity cost is considered when taking this path
- Patient navigation should be developed as a separate project model