

Capacity Building for Cancer Awareness in Hawaii's Foreign-born Filipino Communities

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Abstract

Community-based capacity building for cancer awareness, screening, diagnosis, treatment and survivorship is an integral component in addressing existing disparities apparent in many minority and underserved populations. Empowering community leaders within Hawaii's Filipino immigrant community to increase awareness about cancer was the focus of a collaborative partnership between Asian American Network for Cancer Awareness, Research and Training (AANCART) and the National Cancer Institute's Cancer Information Service. A model curriculum was developed and tailored from existing resources and presented in a series of workshops designed in a "train-the-trainer" format. A total of 35 Filipino community leaders were trained and subsequently hosted community forums, which were designed to increase general awareness about cancer and promote regular cancer screening among Filipinos on the islands of Oahu and Kaua'i. Significant increases in knowledge related to cancer and prevention guidelines were apparent as a result of these community-wide efforts. In addition, the forums provided an opportunity for leaders and stakeholders within the Filipino community to engage in thoughtful inquiry related to existing barriers that prevent the dissemination of accurate cancer information, and also it also enabled them to engage in facilitated discussions about opportunities to empower community members in order to educate others. This collaborative partnership and the resulting community-based intervention created the foundation for future efforts to increase cancer screening rates among Filipino immigrants, with a potential to impact and reduce existing cancer disparities in this population. (PHD 2007 Vol 14 No 1 Pages 57 - 65)

Background

The traditional Filipino proverb, "You cannot get to where you are going without looking to where you came," encompasses a cultural paradigm that speaks to the importance of acknowledging and appreciating a shared history, in an effort to enhance a shared future. This paradigm guided efforts to impact the health and wellness of Filipino immigrants in Hawai'i through a community-based process of shared leadership, reflection and education. It is through this collective process that a broader understanding of the unique health beliefs and attitudes of communities can be established and utilized to affect and improve the health of populations and communities with disparate health indicators.

In Hawai'i, foreign-born Filipinos are less likely than U.S.-born Filipinos and other Asian populations

in the state to; participate in cancer screening, be diagnosed at an early stage of cancer, and survive greater than five years from diagnosis.¹ According to data from the Hawai'i Medical Service Association (HMSA), Hawai'i's largest medical insurance provider, Filipinos represent the largest percentage of patients lost to follow-up for mammography and pap tests in the state (personal communication, R. Pang, HMSA, May 2004). Additionally, a recent quality of life study among individuals diagnosed with cancer indicated that Hawai'i's Filipino cancer survivors described a poorer quality of life, and were less likely than other populations to follow through with physicians' prescribed treatment plans.²

In order to address these disparities, the Hawai'i site of the National Cancer Institute (NCI)-funded Asian American Network for Cancer Awareness, Research and Training (AANCART Hawai'i) partnered with the NCI's Cancer Information Service, Pacific Region (CIS Pacific) to develop, implement and evaluate a community-centered cancer awareness curriculum integrated within Hawai'i's Filipino community. Initial efforts to address these disparities focused on cancer education and awareness outreach within the Filipino

communities on the islands of Oahu and Kaua'i through community-based participatory educational forums and training sessions. This article recounts the process of development, implementation and evaluation that took place to increase Filipino community awareness and knowledge about cancer through these efforts.

Review of Literature (A)

Addressing cancer disparities through community-based participatory interventions has been shown to be an effective strategy for engaging and empowering Asian American/Pacific Islander (AA/PI) communities. These efforts share several key theoretical underpinnings relevant to community development theory that guide their development and integration within various community groups. First, a successful effort must enable and encourage empowerment for both the individual and community.³ In Sacramento, California, for example, efforts to engage the Hmong community in learning about cancer prevention and screening eventually resulted in regular, ongoing educational sessions about cancer, facilitated by Hmong women and sustained within the Hmong community.⁴ Not only is the community empowered by the development of leadership among their individual members, but the Hmong community has also embraced the education of its members about cancer through a culturally relevant paradigm.

Another key feature of community development theory reflected in similar interventions with AA/PI populations is enhancing community competence while creating critical consciousness.³ According to Lindsey and colleagues,³ two necessary elements in community consciousness are: "1) stimulating people to think critically and to identify problems and new solutions; and 2) providing a process through which the community can discuss its own issues in the most productive way possible". Choudry⁵ found that a project to enhance health promotion behaviors by focusing on "emancipatory knowledge and self-understanding" among South Asian women was successful in not only increasing awareness about health and facilitating behavior change, but also in enhancing feelings of empowerment at the individual and community levels.

Finally, successful interventions based on community development theory reflect a commitment to addressing issues relevant to the needs and interests of the community. For example, the NCI-funded 'Imi Hale - Native Hawaiian Cancer Awareness, Research and

Training network conducted a comprehensive needs assessment with various segments of Hawai'i's Native Hawaiian community.⁶ The results of their needs assessment were then used within a community-based participatory research framework to create targeted interventions that were directly responsive to the needs, interests and desires of community members. Fong and colleagues⁶ acknowledged that this approach to addressing the needs of the Native Hawaiian community "demands continuous assessment of needs, concerns, and issues of power and control, followed by the appropriate course corrections and improvements."

The ability of these approaches to successfully garner support and facilitate broader awareness of health issues in these PI communities channeled AANCART Hawai'i's efforts in a similar modality. A "Cancer 101" curriculum was developed through a partnership between CIS Pacific and AANCART Hawai'i with assistance from an experienced local consultant, and focused on basic education about cancer, ways to prevent cancer, and various cancer screening recommendations. The use of a curriculum-based model for integration into community-level trainings and seminars has been demonstrated to be successful in other cancer education interventions.^{4,7}

Further, establishing a train-the-trainer approach to information dissemination is consistent with basic tenets of adult learning, in that the capacity of the members of the community is enhanced so that community members themselves become facilitators in the cancer education process. Variations on a core Cancer 101 curriculum have been integrated within the community education process with Chamorros, American Indians and Alaska Natives, among others (personal communication, T. Guthrie, June 27, 2006). These factors were considered in the development of the forums, and guided the structure and key components of the workshops.

Cancer Awareness Forums (A)

Leadership (B)

Enlisting a broad and diverse cadre of leaders with roots within Hawai'i's Filipino community was key to both the planning and implementation of the cancer awareness forums. Thirty-five Filipino leaders were first generation Filipino cancer survivors, family caregivers, nurses, physicians, business leaders, and academicians who were recruited to provide input used to tailor a cancer awareness curriculum and to become multilingual presenters and facilitators. Most were members of

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Filipino professional, health, business or academic organizations, civic groups, and churches with ties to local, state, national and international networks. These leaders provided insight into linguistic barriers, as Ilokano, Tagalog, Visayan and Pampanga were among their first languages. Establishing ownership and pride in the cancer awareness curriculum and the overall intervention was key to later recruitment efforts and resulted in high participation rates in the forums.

Role-play was effective in the Kaua'i train-the-trainers program, implemented for presenters and multilingual facilitators, and was scheduled a few weeks prior to the community forum. The entire curriculum was presented at the first train-the-trainers exercise, with opportunities to obtain community feedback to improve the trainer's

Cancer 101 curriculum was enhanced by feedback from the Filipino community trainers, who recommended the use of graphics whenever possible, as well as culturally-tailored metaphors, in order to provide simple, yet accurate explanations of cancer concepts. In addition, images of the Filipino leaders, themselves, were also integrated into the curriculum in order to ensure visual appeal and cultural relevance.

The curriculum consists of five modules that were presented by a team of medical professionals and lay community leaders through (Microsoft®) PowerPoint (PPT) slide-enhanced lectures, complete with scripts in the trainer's training manual, and small group discussions facilitated by multilingual community leaders. At the onset of each cancer module, a brief,

Table 1. Cancer 101 Curriculum

Module No.	Title	Learning Objectives: Upon completion of this module, participants will be able to:
1	What is Cancer?	describe how cancer develops and identify different types of cancer.
2	Cancer Screening and Early Detection	understand why screening and early detection is important.
3	Cancer Diagnosis	understand what is meant by the term "biopsy," understand how cancer is diagnosed and why staging is important, and recognize disparities in the staging of cancers among Filipinos.
4	Cancer Risk and Risk Reduction	explain the meaning of "risk factor," explain how risk factors can affect the development of cancer, identify cancer risk factors for Filipinos, and describe what can be done to reduce cancer risk.
5	Cancer Treatment	recognize how different cancers are treated, understand why side effects commonly occur during cancer treatment, and understand the purpose of a clinical trial.

script included in the training manual. Teams of trainers were formed to present the contents of each module. A dress rehearsal was conducted one day prior to the cancer forum during which designated community leaders presented the entire curriculum. This role-play session provided substantive questions, discussion and feedback on curriculum content, skills building in public speaking, group facilitation, group dynamics, and the need for community partnerships to address cancer disparities. In contrast, designated community trainers and facilitators on Oahu received small group and one-on-one instruction, due to competing priorities, schedules, and a short project implementation period.

Content (B)

An adapted version of a basic "Cancer 101" education curriculum served as the core educational content for the forums. This curriculum adapted for Hawai'i's Filipino communities was based on two separate cancer education curricula, one originally developed and evaluated by the NCI-funded Spirit of EAGLES network in the American Indian community, and a second curriculum utilized to educate Hmong medical interpreters in California. The

but compelling personal story about cancer screening, risk factors, diagnosis and staging, treatment options or community resources was shared by a Filipino cancer survivor, family caregiver, or healthcare provider. The titles and learning objectives of each of the five modules in the Cancer 101 curriculum are depicted in Table 1.

Structure (B)

Each forum lasted approximately five hours, including a complimentary lunch provided for all attendees. Pre- and post-forum evaluations measuring knowledge and attitudes related to cancer and health promotion were administered at the beginning and conclusion of each training. Filipino cultural values were exemplified throughout the various segments of the workshops, examples of which include an opening blessing, acknowledgement of lay community leaders with presentation of traditional leis,¹ and the integration of a traditional Filipino folk song encouraging a spirit of cooperation and community.

¹ Hawaiian cultural garlands or wreaths of flowers worn around the neck.

While the Cancer 101 PPT slideshow was the central focus of the forums, interactive components were also integrated into the trainings and served to engage participants and sustain commitment. For example, following the presentation on cancer disparities, leaders initiated a dialog with participants to identify possible causes and to solicit strategies for community partnerships to address these health issues. Multilingual facilitators led small group discussions, and worksheets were available in participants' packets for written or verbal input. In addition, community organizations and cancer care providers displayed exhibits and distributed educational materials during the forums.

Participation (B)

Recruitment of participants was accomplished using a variety of methods, including word of mouth, organizational networks, and media. A local radio station serving Hawai'i's Filipino community promoted the forums through live interviews with community leaders, and produced and aired a 30-second public service announcement to encourage participation. Social organizations, community councils, and a local civic club recruited forum participants from their membership.

In all, a total of 108 community members attended the two forums. Filipinos comprised 80%, or 86 of 108 forum participants. Others participants were Japanese (6), Chinese (4), Caucasian (7), Hawaiian (2), Vietnamese (1), Samoan (1), and South Asian Indian (1). In attendance at both forums were Filipino community leaders, who represented an array of organizations and professions, including multilingual Filipino nurses and physicians (13), and representatives of Filipino civic, business, professional and women's groups (43). Additional participants included multi-ethnic health professionals from healthcare organizations and programs in the public and private sectors (22), Filipino educators and university officials (7), and Filipino community members (5). In addition, a significant number of Filipino adult residential care home operators attended (18), motivated by

the offer of a certificate of participation for continuing education credits. Because Hawai'i's Filipino-operated care home community is well organized and widely networked, and because the majority of those who staff care home facilities are Philippine-born women, the care home industry proved to be a key partner in this effort to increase cancer awareness and knowledge in Hawai'i's Filipino community.

Feedback (A)

Approximately 60% of forum participants (65) completed a written baseline knowledge assessment prior to their participation in the forum, plus another knowledge assessment following the forum. The survey included 13 true/false statements related to cancer screening, diagnosis, and treatment, and was based on specific key facts within the Cancer 101 curriculum. Significant increases ($p < .05$) in knowledge were apparent on three knowledge variables. First, the data analyses indicate an increase from 92% on the pre-test to 100% on the post-test of respondents answering correctly that "metastasis is how cancer spreads." Analyses indicate an increase from 72% to 98% of respondents answering correctly that "staging determines the extent of the cancer in the body." Finally, survey results showed an increase from 72% to 98% of respondents answering correctly that "people should get at least 30 minutes of exercise each day." Table 2 depicts the results of the forum pre- and post-tests.

Table 2: Pre- and Post-Test Results

Item	% Correct (Pre)	% Correct (Post)	p value
Metastasis is how cancer spreads. (T/F)	92%	100%	.046
Filipinos have the highest rates of breast, lung, and prostate cancer. (T/F)	94%	100%	.083
Some early cancers may not have any symptoms. (T/F)	96%	93.9%	.564
A biopsy is the surgical removal of a small piece of tissue. (T/F)	100%	100%	1.00
Staging determines the extent of the cancer in the body. (T/F)	72%	98%	.001
Risk factors are conditions that increase the chance that cancer might occur. (T/F)	100%	98%	.317
People should get at least 30 minutes of exercise each day. (T/F)	72%	98%	.001
Another word for something that causes cancer is carcinogen. (T/F)	92%	94%	.564
The type of treatment does not depend on ethnicity or race. (T/F)	86%	88%	1.00
Chemotherapy and hormonal therapies are systemic treatments. (T/F)	78%	88%	.102
Two forms of radiation therapy are called internal and external. (T/F)	62%	66%	1.00

While the pre- and post-test results indicate that participants had a high level of knowledge about several cancer topics prior to their participation in the forum, these results provide a launching pad for initiating discussion about cancer and screening with foreign-born Filipino Hawai'i residents. Qualitative feedback from the training participants indicates a high level of interest in the content, as well as in expanding the reach of the training to other foreign-born Filipinos in Hawai'i that would not be reached by traditional information channels. The open-ended training evaluation inquired about specific aspects of the training related to structure and content. The qualitative feedback indicated that participants appreciated the simplified content of the Cancer 101 curriculum, and specifically benefited from the information that was presented on early detection, screening, treatment, and clinical cancer trials. In terms of the presentation of the information, participants noted that the slides, overheads, and printouts were clear and helpful in understanding the information presented in each module of the curriculum. Further, attendees also felt that the speakers were interesting and presentation of cancer information through stories was appreciated by several respondents. Finally, many participants responded that both small group and open discussions were useful in learning about cancer and networking to discover available resources within the community.

Several participants provided suggestions related to structure and content. For example, some felt that a longer workshop was needed to elaborate on specific cancer topic areas. Reinforcement of information was suggested through the availability of a follow-up workshop. Other participants suggested the need for more group discussions during the workshop. Additional audiences who could benefit from the information presented during the forums, such as Filipino youth, were recommended to receive the Cancer 101 training. To reach Filipino youth, respondents suggested training teachers and student leaders, and partnering with the Department of Education and community groups and organizations working with youth. Working Filipino adults were also identified as target audiences; hotel personnel, restaurant managers, care home providers, health professionals, union leaders, and other work-related organizations were suggested as avenues to reach this community. Many participants emphasized the importance of conducting additional forums to educate small groups of Filipino leaders by incorporating small group discussion and problem solving with community

members. Finally, other participants highlighted the need for linguistically appropriate messages for Filipino immigrants.

Discussion (A)

The cancer education forums conducted on the islands of Oahu and Kaua'i were successful in eliciting interest and garnering support among members of the Filipino community, a medically underserved population in Hawai'i facing cancer-related disparities as compared to other ethnic groups in the state.

Although success of the forums can be attributed to a number of factors that were important in the design and implementation of the project, three of these elements were central to the overall success of the intervention. First, the forums embodied key features of community development theory, including focus on developing the skills and knowledge of community leaders to expand the capacity of the Filipino community to address its cancer needs, and to discuss disparities in a constructive and solution-focused setting. The forums empowered natural leaders within the Filipino community to vocalize a commitment to the health and wellness of their communities, thus enhancing the reach and importance given to educational messages about cancer and health promotion.

Because the Cancer 101 content is directly relevant to addressing the specific disparities that exist within Hawai'i's Filipino community, this educational intervention and programs that build off this foundation have tremendous potential to succeed and impact the health and wellness of the larger community. For example, equipped with knowledge gained in Module 1: "What is Cancer?" participants were able to dispel myths and misconceptions about cancer based on specific religious and cultural beliefs. Similarly, by focusing specifically on screening and diagnosis in Modules 2 and 3, participants not only learned about the recommended guidelines for detecting cancer early, but also faced relevant facts and statistics about late diagnosis within the Filipino population in Hawai'i. A second key element of success was that the forum not only allowed participants to learn about cancer and the effects of cancer on people in their own community, but it most importantly facilitated an essential dialogue, in the participants' own languages, between community leaders, healthcare professionals, and lay persons about

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how to address cancer disparities. This opportunity, above all else, is vital to the empowerment of the Filipino community and to the eventual eradication of disparities in cancer screening and diagnosis.

The third key feature that contributed ultimately to the success of the forums was the commitment to collaboration demonstrated by organizations involved in the project, especially the alliance established between CIS Pacific and AANCART Hawai'i. This mutually beneficial partnership blended AANCART Hawai'i's unique and expanding community relationships with CIS Pacific's expertise in ensuring the accuracy and quality of the curriculum, training and evaluation components of the forums. It should be noted that a well-trusted PI trainer and consultant, who had previously established relationships with Kaua'i's Filipino leaders, brought credibility to the forums, AANCART, and its partners. Her involvement served to jump-start forum planning and implementation efforts on the neighbor island of Kaua'i. It was this unique blending of skills, expertise and trust that contributed to the sustainability of the relationships with organizations and individuals resulting from the forums.

Without the combined efforts of the Filipino community, AANCART Hawai'i, CIS Pacific, and other contributing partners, it is unlikely that the forums would have had the reach and impact still visible many months after the first forum was conducted.

Conclusion (A)

This project served to build AANCART's visibility and credibility in Hawai'i's Filipino community, as the forums were the first of several projects and pursuits coordinated by AANCART Hawai'i. In addition to building the capacity of Filipino community leaders to deliver and discuss cancer disparities, the forums laid the groundwork for the integration and involvement of a number of individuals and community groups committed to cancer education and health promotion. As a result of the forums, new partnerships were established with several key organizations, which led to subsequent grant funding for research interventions targeting mammography screening in Filipino communities.

Specifically, three major projects were a direct outgrowth of the forums' successes in developing new and sustainable community partnerships. First, a partnership with the HMSA and the University of Hawai'i's Cancer Research Center of Hawai'i resulted

in an intervention to increase and improve doctor-patient communication related to mammography screening in primary care settings within Filipino communities across the island of Oahu. This intervention aims to increase regular mammography screening among first generation Filipinas over age 40, and uses a combination of ethnic media and incentives to boost screening rates in this population.

A second ongoing project aims to translate breast cancer education materials into Ilokano and Tagalog for inclusion in the internet-based Asian and Pacific Islander Cancer Education Materials (APICEM) web portal, jointly sponsored by AANCART and the American Cancer Society (ACS).² Representatives from the Filipino Community Center, the University of Hawai'i Ilokano Language, Literature and Film Program, University of Hawai'i Tagalog Language and Literature Program, ACS and the Hawai'i Comprehensive Cancer Control Program join AANCART Hawai'i in this effort.

A third project builds on ACS's nationwide "Tell A Friend" program, known in Hawai'i as "Friend to Friend," which also aims to increase mammography screening. This intervention will focus on multiple generations of Filipina immigrants and will utilize strategic cultural events and social networks to disseminate information about health and breast cancer screening, thus reaching a segment of the Filipino community that has not been moved to action by mainstream cancer screening campaigns.

Finally, to sustain and continue the growth of these and other interventions addressing health disparities in the Filipino community, many of the Filipino leaders involved as forum trainers and facilitators are now committed members of AANCART Hawai'i's Advisory Council. Future efforts will build on the success of these educational forums and the strength of the resulting partnerships, while shared resources from within and outside the Filipino community will address existing cancer disparities in this community.

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² The APICEM web portal is accessible via the AANCART and ACS websites at www.aancart.org/apicem and www.cancer.org/apicem, respectively.

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13 years ago in Pacific Health Dialog, R. F. Schultz stated, "It is ironic that while children are acknowledged to be our most valuable resources, they also represent the most vulnerable group within any community...."