

The *ʻOhana* Day Project—A community approach to increase cancer screening



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Background

- Native Hawaiians in Hawaii have the highest cancer mortality rates in Hawaii.
- There are some Hawaiians who don't get cancer screening as recommended and there are some Hawaiians who don't get screened at all.

Purpose of the intervention study

To assess the feasibility and effectiveness of a family-focused and culturally tailored cancer screening intervention for rural dwelling, under-screened Native Hawaiians to increase cancer awareness and screening rates.

The Intervention

- Components
 - **Community and resource mobilization**
 - **Pre-event preparation**
 - **'Ohana Day event**
 - **Post event follow-up**

Community Mobilization

- Partner with existing and strongest Hawaiian health organization on the island
- Identify resources needed to supplement a rural island with limited resources (medical staff, public health staff, clinical supplies)
- Partner with community members to train all participants on the protocols of the event
- Share information with community at every step
- Recruitment and pre-registration

Recruitment & Registration

- Native Hawaiian outreach workers staffed tables at local grocery stores or other places locals gather to recruit participants and fill out pre-test questionnaires and consent forms.
- FOBT kits and PSA requisitions were also given out to be completed before attending the event.

'Ohana Day Event - Steps 1 & 2

1. Offering Basics: Cancer 101 lecture and discussion by a Native Hawaiian physician to cover recommended cancer screening guidelines.
2. On-site screening provided for breast, prostate, testicular, skin, and oral cancers.

Note: All screenings done by Native Hawaiian Physicians (14 volunteer MDs).

'Ohana-Day Event - Steps 3 &4

3. Following screening, Kauka provide individual and family cancer risk assessment and counseling.
4. Referrals are made on-site for follow-up with participants who have suspicious or abnormal screening-test findings.

'Ohana Day Event - Steps 5 &6

5. Referrals are made for cancer screenings not available at the event (mammograms, etc.) along with advice to make cancer-smart lifestyle changes.
6. Event includes time for sharing food, friendship, and music.

Post-Event Follow-Up

- 1-month later: Individualized letter sent that included the screening and follow-up recommendations that the participant received at the event.
- 3-months later: Post-test questionnaires were mailed to participants to assess cancer screening behavior following the event.
- 6-months later: Phone calls will be made to all participants who have not completed the follow-up recommendations to determine how to support follow through.

Key requirements that are necessary to recruit NATIVE HAWAIIANS to such an event

- Community involvement in the planning and implementation of the activity
- Presence of Native Hawaiian staff and health personnel in the activity
- Attention to and integration of Hawaiian cultural beliefs and practices in the process and activities
- Focus of family and the family group versus the individual
- Responsibility and commitment to disseminate information and results back to the community

Theoretical Approach

Native Hawaiians are more family-oriented and collectivistic than Caucasian Americans, and *`ohana* (extended family) and *kokua* (helping) are important cultural values that support health and wellness.

Hypothesis:

A family-oriented, culturally appropriate cancer screening event will increase Native Hawaiian participation in cancer screening.

Participants:

- Native Hawaiian residents of a small, rural community with a large proportion of Native Hawaiians
- 51 % of the women and 72% of the men were over age 55
- On the day of the event, 34 men and 39 women attended to participate in the screening and awareness activities. Of the people who attended, 59% were Native Hawaiian.

Measures:

- Change in adherence to recommended cancer screening
- Community involvement and participation

Methods:

- Pre- and post-tested on screening behavior
- Participated with established Native Hawaiian organizations to recruit, implement and evaluate this project
- Integrated cultural activities in mobilization process and screening event
- Involved Native Hawaiian physicians and Native Hawaiian volunteers to staff the event

Analysis:

- Analyzed data using SPSS by gender to reflect gender-specific cancer screening tests
- Pre-post-event differences were tested using the McNemar's matched pair chi square test

Participants up to date with recommended cancer screening before (baseline) and after (follow-up) attending `Ohana Day

Gender and Age appropriate cancer screening exam	Baseline	Follow-up	McNemar's Chi-square
Males			
Prostate cancer screening (age 40+, n=33)	13 (39%)	32 (97%)	13.1 (p<0.001)
Colorectal cancer screening (age 50+, n=28)	11 (39%)	21 (75%)	8.1 (p<0.01)
Females			
Clinical breast exam screening (age 40+, n=38)	18 (69%)	38 (100 %)	18.1 (p<0.001)
Mammogram screening (age 40 +, n=38)	20 (67%)	23 (85%)	1.3
Colorectal cancer screening (age 50+, n=25)	9 (35%)	19 (73%)	8.1 (p<0.01)

Mahalo to Kauka participants

- Dr. Clayton Chong
- Dr. Bill Thomas
- Dr. Kalani Brady
- Dr. Miriam Chang
- Dr. Lu'ukia Ruidas
- Dr. Momi Ka'ano`i
- Dr. Neal Palafox
- Dr. Emmett Aluli
- Dr. Martina Kamaka
- Dr. Lawrence Burgess
- Dr. David Rico
- Dr. Blane Chong
- Dr. Kawika Liu
- Dr. Bill Ahuna
- Dr. Natalie Relles

MAHALO

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