NATIVE HAWAIIAN/ PACIFIC ISLANDER CANCER AND TOBACCO RESEARCH

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STATE OF NH/PI CANCER/TOBACCO RESEARCH

NH/PI cancer research and knowledge lags behind other racial/ethnic groups

- Including Asian Americans

We know less about NH/PI cancer than other groups

STATE OF NH/PI CANCER/TOBACCO RESEARCH

Due to:

- Smaller NH/PI population sizes
- Mistaken aggregation with AAs
- Challenges in engaging NH/PIs in health research
  - Cultural mistrust, language barriers, non-culturally responsive research methods

NH/PI HEALTH DISPARITIES

NH/PIs have profound health disparities.

- For nearly every chronic health condition including diabetes, heart disease, stroke, and cancer
- Severe disparities in mental health and substance use disorders

HEALTH DISPARITIES BEGAN AFTER WESTERN COLONIZATION

- Despite having over 700,000 NH in Hawaii before colonization, by 1900s less than 24,000 NH survived.
- Due to post-annexation oppression, NH have lower incomes and education, are more likely to be uninsured, homeless, and incarcerated. (Kaparra et al., 2021)

Native Hawaiians have the shortest lifespan of any racial/ethnic group in Hawaii

NH/PI ARE AT ELEVATED RISK FOR CANCER

- The top three cancers in NH/PIs are: prostate (men) – breast (women), lung, and colorectal cancers. (CDC, 2021)
- For NH/PI men, lung and liver cancer are the leading causes of death. (Medina et al., 2021)
  - Samoan and Native Hawaiian men are 8x and 2.4x more likely than Whites to develop liver cancer. (Mishra et al., 2004)

NH/PI ARE AT ELEVATED RISK FOR CANCER

- For NH/PI women, lung and breast cancer are the leading causes of death. (Medina et al., 2021)
- NH/PI women have 41% higher overall cancer mortality versus White women. (Medina et al., 2021)
  - Including for breast, cervical, and endometrial cancer.

NH/PI ARE AT ELEVATED RISK FOR CANCER

- Unique biological factors that increase their cancer risk (Marchand et al., 2008; Ndugga-Kabuye & Issaka, 2019)
  - Includes more aggressive tumor growth than other groups
  - Maori and PI participants had larger breast cancer tumors, higher grade tumors, and more involved lymph nodes versus other New Zealanders (Weston et al., 2008)

NH/PI CANCER TREATMENT BARRIERS

- Numerous barriers to timely cancer diagnosis & treatment: (Tsark & Braun, 2009)
  - Lack of knowledge about cancer (screening, risks, symptoms, prognosis)
  - Fatalistic beliefs about cancer
  - Lack of access to cancer care (e.g., insurance, rural access)
  - Lack of culturally responsive cancer services

NH/PI CANCER BARRIERS

Thus, NH/PIs typically present for treatment at later, harder-to-treat stages of disease. (Tsark & Braun, 2009)

HO`OKELE I KE OLA (NAVIGATING TO HEALTH)

48-hour cancer navigator curriculum to reduce barriers to cancer treatment for NH/PI in Hawai‘i

- Designed and funded by *Imi Hale,* an NCI community network program based in Hawai‘i

Curriculum designed using CBPR process (Braun et al., 2008)

1. Interviews with 5 outreach staff and 20 cancer care providers
2. Discussion groups with 45 cancer survivors and family members on 5 islands
3. Surveys with 200 outreach workers and family members
4. Technical assistance with national cancer navigator program

HO`OKELE I KE OLA

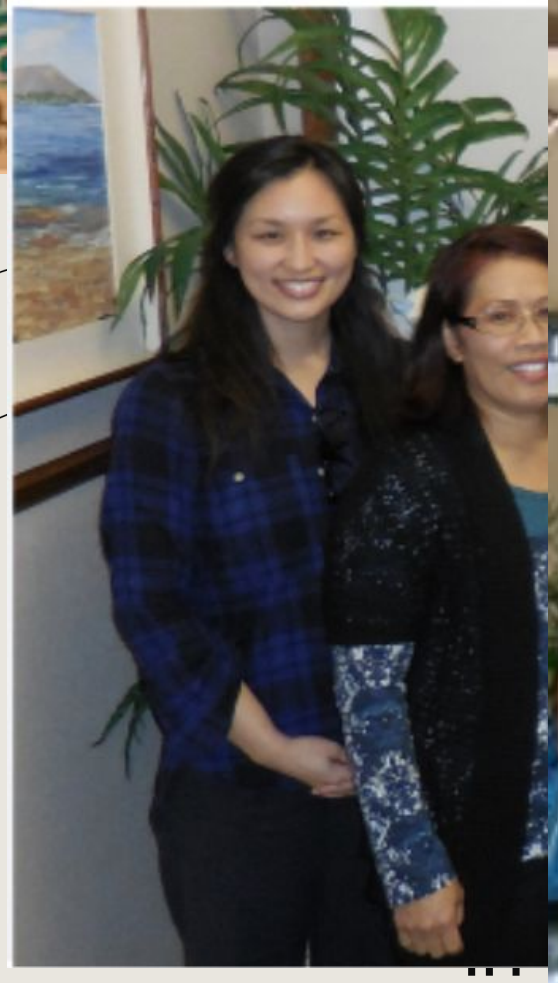
- Cancer = Death Sentence
- Doctors provided menu of treatment options without enough information to make good choices
- Patients and families wanted navigator to teach them about cancer, help access insurance and services, connect with support networks
- Concerned about being seen as burdensome or “stupid” to others (doctors, nurses, navigators)

HO`OKELE I KE OLA

- Knowledge: About major cancer tests, treatments, clinical trials, side effects, and end-of-life options
- Resources: Must know about medical, social, and financial resources
- Communications: Able to define and communicate their role and maintain confidentiality

HO`OKELE I KE OLA

Ho‘okele i ke Ola Cancer Patient



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WINCART (TANJASIRI & TRAN, 2008)

- Funded by NCI in 2005
- Guided by Advisory and Scientific Boards
- Focus on Southern California NH/PI populations, primarily:
  - Native Hawaiians
  - Samoans
  - Tongans
  - Chamorro
  - Marshallese

WINCART

- Mission to reduce cancer health disparities through:
  - Creating a partnership network of NH/PI organizations and researchers
  - Increase cancer awareness and reduce smoking
  - Develop research grants to address cancer needs of NH/PIs
  - Create leadership and training opportunities for PI researchers/students

WINCART OUTCOMES (TANJASIRI & TRAN, 2008)

- In just 2 years, partners held over 223 events.
  - Educated 27,886 individuals on cancer-related topics (tobacco, obesity, cancer screenings)
  - Partners obtained over $300,000 in cancer control grants.

WINCART OUTCOMES

- **Resulted in the development of multiple interventions and programs**
  - Let's Move program to increase physical activity (Breche et al., 2016)
  - Online smoking cessation program (Kwan et al., 2017)
  - *Kane* Group for men's health (Sripipitana et al., 2010)
  - *Nan Nena's mammogram* (Manglona et al., 2018)

NH/PI HEAVILY USE TOBACCO

- In the 1990's, 42%-58% of NH/PI men ever used tobacco. (Lew & Tanjasiri, 2003)
- 25 years of CDC data revealed that 23% and 8% of NH/PI youth reported past 30-day and daily smoking. (Subica & Wu, 2018)
  - 3rd highest smoking rates of any group.

NH/PI HEAVILY USE TOBACCO

- In 2019 data with NH/PI young adults (18-30 years):
  - 52% of young adults regularly smoked
  - 20% screened positive for tobacco addiction (Subica et al., 2020)

PARTICULARLY DURING COVID-19

- 31% of NH/PI adults reported lifetime smoking
- **22% reported current smoking during COVID-19**
  - Exceeds the 14% current smoking rate for U.S. general population & mirrors the 23% smoking rate for Indigenous AI/ANs

HO'OUNA PONO

Culturally grounded school-based curriculum for preventing substance use in Native Hawaiian youth

Designed using CBPR approach (Helm et al., 2013)

1. Focus groups with NH boys and girls
   - Identify situations where drug offers occur
2. Surveys assessing situations and specific pressures to use
3. Workshops with key stakeholders to assess refusal strategies
   - Youth, educators, parents, cultural leaders

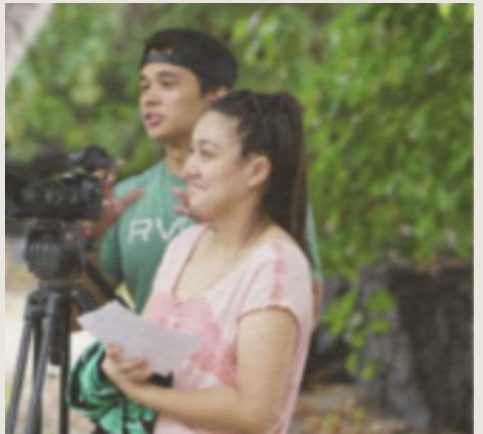
HO'OUNA PONO

- Created 9 lesson curriculum using brief video vignettes of Hawaiian youth facing realistic drug-related situations.
  - Build youth's resistance skills to drug offers

https://sites.google.com/site/hoounapono/resources/videos/video-2

HO'OUNA PONO

- Pilot studies with 213 students found youth maintained use of drug resistance strategies during 6-month follow-up. (Okamoto et al., 2016)
- Intervention study with 374 students found decreased cigarette, e-cigarette, and hard drug use. (Okamoto et al., 2020)



LESSONS LEARNED

- Narrative interventions (i.e., use stories) appear to be ideal and preferred choice for NH/PIs.

LESSONS LEARNED

Must engage NH/PI communities at all stages of the program dev. process

Increases likelihood interventions will be community accepted and effective

LESSONS LEARNED

1. Problem identification.
2. Causes and root causes of problems.
   - Allows us to know where and how to intervene.
3. Design appropriate strategies to address identified problems.
   - Must be culturally responsive.

PARTNERING WITH NH/PI COMMUNITIES

DEVELOP RELATIONSHIPS	ASSESS NEEDS	DISCUSS WITH NH/PI EXPERTS	IMPLEMENT & EVALUATE	DISSEMINATE
Identify NH/PI community Identify appropriate partner in community Contact the NH/PI partner	Engage community in needs assessment Builds trust Ensures responding to true community needs Allows community to provide insight	Advisory Councils Helps to interpret data and findings Steer program and strategies toward cultural competency Design program	Implement program within communities Utilize NH/PI staff or peers (e.g., cancer navigators, informal providers) Evaluate program outcomes (provider, patient)	Present findings back to community partner Assist partner in messaging findings to key stakeholders (community, elected officials) Partners are key for disseminating program and findings widely


THANK YOU!