



Susan G. Komen for the Cure®  
Hawai'i Affiliate



2009

## Acknowledgements

Sandy Diego	University of Hawai‘i Graduate Student and Komen volunteer; Member, Komen Hawai‘i Community Profile Team
Michelle Meredith	Hawai‘i Affiliate Grants Chair
Paulette Williams	Hawai‘i Affiliate Volunteer Chair
Donna Amrich	Hawai‘i Affiliate Education Co-Chair
Crissy Terawaki Kawamoto	Partnership Program Coordinator, National Cancer Institute Cancer Information Service Pacific Region; Member, Komen Hawai‘i Community Profile Team
Chad Morita	Hawai‘i State Department of Health
Key Informants	All Providers and Survivors, too numerous to list
Statisticians	Hawai‘i Medical Service Association (HMSA)

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# Executive Summary

## Introduction

Approximately 800 cases of female invasive breast cancer are diagnosed in Hawai‘i each year. This statistic does not include breast cancers that have not invaded or penetrated surrounding tissues. Hawai‘i is unique in that there is no major racial or ethnic group.

## Overview Demographic and Breast Cancer Statistics Key Findings

Hawai‘i is unique in that there is no majority racial or ethnic group. Asians, Caucasians, and Native Hawaiians/Pacific Islanders are the major racial groups. Among Asians, the most common ethnic groups are Chinese, Japanese, and Filipinos, while Native Hawaiians are the most common ethnic group among Pacific Islanders. Among females in Hawai‘i, breast cancer is the second leading cause of cancer deaths in all racial/ethnic groups, with the exception of Japanese women.

## Overview of Programs and Services Key Findings

The major hospitals, facilities, and resources are concentrated in the urban areas of O‘ahu. Maui County is served by only two mammography providers; the largest island, Hawai‘i, is served by three mammography units, Kaua‘i has two. The remaining residents of Moloka‘i, Lana‘i, and Ni‘ihau must travel to another island for their mammograms. Rural women must drive hours, fly, or take boats to receive screening. Rural areas are home to the poorest and yet most ethnically diverse populations. This region is also the highest risk area for suboptimal breast health. Transportation is a barrier to screening, diagnosis, treatment, aftercare, and support within isolated populations, especially areas such as Lana‘i and Moloka‘i.

## Overview of Exploratory Data Key Findings

While data indicates that Hawai‘i’s breast cancer incidence rates are on a decline, this incidence rate is not steady across Hawai‘i’s diverse counties. The rural and more sparsely populated counties showed a considerably higher incidence rate. This data also indicates that breast cancer mortality for Hawai‘i is also on the decline, but again, this is not evenly distributed throughout the state.

## Narrative of Affiliate Priorities

The Hawai‘i Affiliate will focus on three priorities over the next two years:

- The Hawai‘i Affiliate has little or no presence on the neighbor islands, and currently there is not any neighbor island representation on the affiliate board. It is recommended the affiliate recruit Board members and/or volunteers from the neighbor islands as well and/or work to

create liaison positions on the neighbor islands that will work to network there on the behalf of Komen.

- While there are some partnerships between the Hawai‘i Affiliate and other organizations, many programs are conducted by organizations and agencies (e.g., American Cancer Society, ‘Imi Hale) working independently throughout the state, including the Komen Hawai‘i Affiliate. It is recommended that the Affiliate work to create new relationships with these organizations on the neighbor islands as well as on O‘ahu. Another relationship to be created will be with the state legislature.
- In order to increase the rates of recommended cancer screening tests obtained by residents of Hawai‘i, education on the importance and benefits of screening tests should be provided to the public. Sources the Affiliate should consider looking further into would be television, the Internet, and participation in health fairs on all islands.

### **Affiliate Action Plan**

#### Community Partnership

Presently there is not enough collaboration between organizations across various disciplines in the state. The Hawai‘i Affiliate should look to do the following:

- Establish a relationship link with the neighbor islands.
- Establish stronger working relationships with the following organizations:
  - American Cancer Society
  - National Cancer Institute Cancer Information Service
  - State Department of Health
  - Asian American Network for Cancer Awareness, Research and Training
  - Native Hawaiian Cancer Network (‘Imi Hale)
  - Pacific Islander Cancer Control Network
  - Hawai‘i Comprehensive Cancer Control Coalition

#### Existing Grant Solutions

The Hawai‘i Affiliate Grant Committee has begun to tailor grant selection to meet priorities in Hawai‘i:

- In the review process, they are inviting peers from neighbor islands to participate in the grant awarding process. Awarding grants with regards to our neediest populations for focus to funding programs.
- They are phasing in evidenced-based criteria in the selection of the grantees for 2009.
- The grant committee will consider opportunities to offer training in evidence-based programs such as partnering with CIS Pacific to present *Using What Works* workshop to existing and future candidates, as well as offering grant writing workshops.

#### Needed Grant Opportunities

- The 2009 grantees encompass a wide venue of programs and services to meet the needs of Hawai‘i’s population. Unfortunately, due to the state’s geographical situation (islands separated by ocean), the programs that would potentially benefit the entire state are often confined to one or two islands, consider offering on-site grant writing training opportunities to organizations providing breast health and breast cancer treatments on the neighbor islands.

### Marketing/Fund Raising

The Hawai‘i Affiliate does not have a fundraising chair, and the only fundraiser is the Race for the Cure®, a special event. Recruiting for this position would likely lead to an increased in-flow of funds and would therefore benefit the state as a whole. This person should aspire to:

- Raise funds with integrity, honesty and truthfulness;
- Act according to the highest standards and visions of the Komen organization;
- Put philanthropic mission above personal gain;
- Value the privacy and interests of all those affected by our actions;
- Inspire others through a sense of dedication and high purpose;
- Demonstrate concern for the interests and well being of those affected by our actions;
- Affirm, through personal giving, a commitment to philanthropy and its role in society;
- Foster cultural diversity and treat all people with dignity and respect; and
- Adhere to the spirit as well as the letter of all applicable laws and regulations.
- Transparency and accountability and communicating to the community, which consists of potential donors, about how funds are being used

### Public Policy Efforts

The Hawai‘i Affiliate needs to become more involved at the local level with legislation and advocating for disparate populations. By developing relationships with key legislators at the local level the affiliate will be able to:

- Protect state funding for BCCCP screening at the present level.
- Ensure that access to health care continues to be available for indigent and other disparate population identified as high risk for cancer.
- Support legislation that may be introduced by other organizations containing an association to breast cancer prevention and treatment that can be aligned with Komen’s overall goals.

Developing these relationships can be accomplished by the following methods:

- Organizing patients, survivors, and volunteers from Komen to write, email or phone their local and Congressional representatives.
- Affiliate members contact the key legislators via phone, email, or fax to introduce themselves.
- Continue to participate with the Susan G. Komen for the Cure® Advocacy Alliance.
- Create Champions for the Cure Community Day at the State Capitol.

- Affiliate schedules appointments with legislators and presents them with Photovoice in Hawai‘i.
  - Photovoice is a project to bring survivors, co-survivors and other concerned community members together to enhance the awareness to cultural, social, and financial conditions that prevent people in the communities from accessing or utilizing breast health care in Hawai‘i. Through the project stories, a video and postcard booklets are created to provide a compelling visual message about the conditions affecting some of the lives of the people in Hawai‘i.

#### Education and Outreach

Continue to provide educational outreach to communities spreading awareness to the public on the importance of breast health and screening.

- Conduct patient and public education about the importance of cancer screening with emphasis that screening saves lives.
  - Provide grants to aid various health organizations in providing health fairs in their area.
  - Involve representatives from target population groups in the development and planning of education and training.
  - Translate education materials such as brochures and posters, into different languages.
  - Partner with various other organizations to assist with supporting booths at health fairs across the islands.

## Introduction

### **Affiliate History**

In 1995, the first Komen Hawai'i Race for the Cure® was held in Honolulu with 800 participants. By 2006, the 12th Annual Komen Race for the Cure® grew to over 7300 registered participants and raised over \$200,000.

The Hawai'i Affiliate, established in Honolulu in 1999, is actively raising funds and public awareness about breast cancer and breast health. The Hawai'i Affiliate celebrated its 4<sup>th</sup> annual Survivors Conference. The Affiliate invites the current grantees to provide both education and awareness to their programs. Survivors are treated to a day of celebration, education, gifts, networking, and food.

The Education Committee has been implementing the model program "Scouting for the Cure" for the past 3 years. 2008 was the first time it was implemented on Kaua'i. Within this model program, the girls make mastectomy pillows. We then deliver them to Kaiser, Straub, Queens, HMC and Kuakini Cancer Clinics and now Wilcox Memorial. The Education Committee also creates and delivers Care Totes to the clinics for the newly diagnosed breast cancer patient. So far this year we have delivered 20 to Kaiser Moanalua, 10 to Kuakini, 15 to HMC. In the past, we have sent Totes to Kaiser Maui Clinic, Maui Cancer Clinics, and Big Island Clinic.

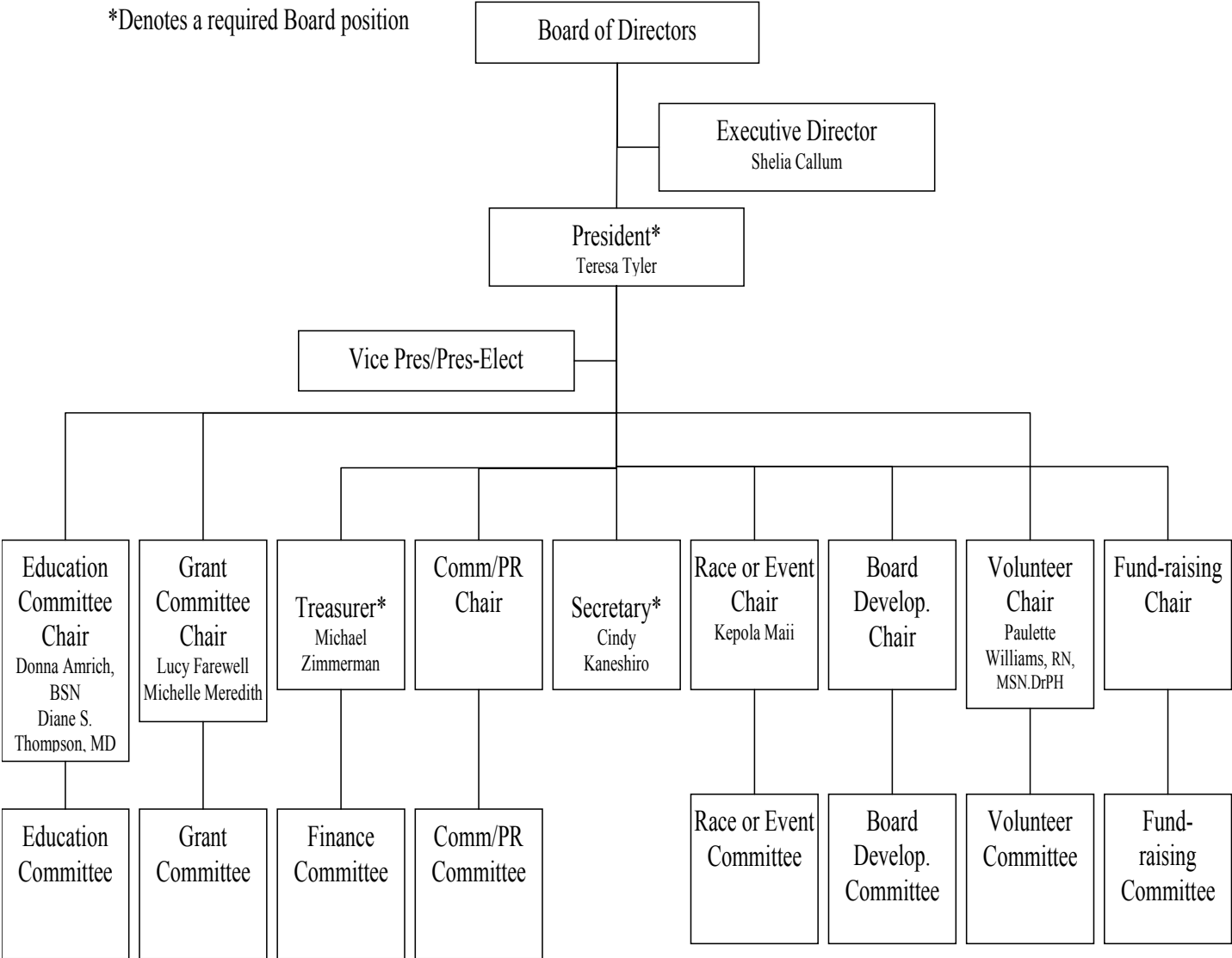
In 2008, the Komen Hawai'i Affiliate granted over \$253,000 to local programs throughout the islands that provide early detection and treatment of breast cancer, as well as breast health education and outreach. Recipients of funds included the American Cancer Society; Bay Clinic, Inc.; the Lana'i Women's Center; Kokua Kalihi Valley; Moloka'i General Hospital; Hamakua Health Center; Kapi'olani Breast Center; Hawai'i Medical Center; Waikiki Health Center; and Wilcox Memorial Hospital.

The Hawai'i Affiliate supports and collaborates with Hawai'i health care providers and the Affiliate's grantees in the implementation of culturally sensitive education, screening, and treatment programs.

The Affiliate's vision is to assist Hawai'i's women to take responsibility for and participate in the highest level of breast health care, regardless of their ethnicity and/or socioeconomic status.

# Affiliate Organizational Chart

\*Denotes a required Board position



The Hawai'i Affiliate Board of Directors is almost entirely staffed on a volunteer basis. Only the Executive Director receives compensation for serving on the Board.

## Description of Service Area



The affiliate region for the Hawai'i Affiliate of Susan G. Komen for the Cure® includes the entire state of Hawai'i. Hawai'i is unique in that the state's population is distributed over seven of the eight major islands (Hawai'i, Maui, Moloka'i, O'ahu, Lana'i, Kaua'i, and Ni'ihau; Kaho'olawe was once used for military testing and is not suitable for occupation). The major hospitals, facilities, and resources are concentrated in urban areas of O'ahu. Maui County, which includes Maui, Moloka'i, and Lana'i, is served by only two mammography providers, both in urban Wailuku on Maui. The largest island (in size/sq miles), Hawai'i, is served by three mammography units, while Kaua'i has two. Residents on the remaining islands – Moloka'i, Lana'i, and Ni'ihau – must travel to another island for screening.

### Purpose of Report

Hawai'i is unique in that the state's population – 1,285,498, per 2006 estimate by the U.S. Census Bureau – is distributed over several islands that are separated by miles of ocean. O'ahu is the most densely populated of the islands, with 72% of the state's residents; the remaining 28% of the population reside primarily on the islands of Maui, Kaua'i, Hawai'i (the Big Island), Lana'i, and Moloka'i. As a consequence, most of the major hospitals, facilities, and resources are concentrated mainly in the urban centers of O'ahu. Rural areas are home to the poorest and most ethnically diverse populations. Several factors, including language barriers, decreased socioeconomic status, and lack of culturally appropriate care lead to serious health disparities in these communities. Studies demonstrate that these rural populations, due in part to issues of access, are at increased risk for a number of chronic diseases.

## Demographic and Breast Cancer Statistics

### Data Source and Methodology Overview

Demographic information was gathered from the United States Census Bureau ([www.census.gov](http://www.census.gov)). Information regarding cancer incidence and mortality was gathered from the National Cancer Institute's State Cancer Profiles ([www.statecancerprofiles.gov](http://www.statecancerprofiles.gov)), which provides data for each state – and the U.S. as a whole – by cancer type. Supplemental information was provided by the Hawai'i State Department of Health's 2007 Behavioral Risk Factor Surveillance Survey (BRFSS) ([www.hawaii.gov/health/statistics/brfss](http://www.hawaii.gov/health/statistics/brfss)) and statisticians at Hawai'i Medical Service Association (HMSA), a Blue Cross Blue Shield member, Hawai'i's largest private medical insurance provider.

### Overview of Key Demographic & Breast Cancer Statistics at State and County Level

#### Overall Demographics

Per 2006 U.S. Census Bureau estimates, the following table represents Hawai'i's ethnic breakdown:

Table 1. Ethnic Breakdown, State of Hawai'i.

<b>Ethnicity</b>	<b>% of Population</b>
Caucasian	28.6%
African American	2.5%
American Indian/Alaska Native	0.5%
Asian	40.0%
Native Hawaiian/Pacific Islander	9.1%
Mixed (2 or more ethnicities reported)	19.4%

While the Asian population in Hawai'i is large, it is important to note that this group is made up of a number of specific Asian ethnicities, which includes Japanese, Chinese, Koreans, Filipinos, and others. Many of these groups immigrated to Hawai'i at different times; therefore, their levels of acculturation (including English proficiency) vary widely.

#### Breast Cancer Statistics

While the National Cancer Institute's State Cancer Profiles (<http://statecancerprofiles.gov/>) indicates that Hawai'i's breast cancer incidence rates have been on a steady decline since prior to 2000 (data available through 2005), it is important to note that the incidence rate is not steady across Hawai'i's diverse counties. As shown in Table 2, urban Honolulu County, which supplied most of the state's breast cancer cases between 2001 and 2005, had an incidence rate similar to

the state's; however, rural and more sparsely populated Hawai'i County's incidence rate was considerably higher.

Table 2. Age-adjusted Breast Cancer Incidence Rates for Hawai'i, 2001-2005.

<b>County</b>	<b>Annual Incidence Rate over rate period</b> (cases per 100,000)	<b>Average Cases per Year</b>	<b>Rate Period</b>
Hawai'i State	126.0 (122.2 - 129.8)	1,098	2001-2004
Hawai'i County <sup>1</sup>	132.6 (122.1 - 143.8)	150	2001-2004
Honolulu County <sup>1</sup>	126.2 (121.8 - 130.8)	785	2001-2004
Maui County <sup>1</sup>	124.8 (113.5 - 136.9)	113	2001-2004
Kaua'i County <sup>1</sup>	110.1 (95.1 - 126.8)	49	2001-2004
Kalawao County <sup>1</sup>	*	fewer than 4	2001-2004

Created by statecancerprofiles.gov on 02/09/2009, 2:34 pm.

<sup>1</sup> Source: SEER November 2007 submission.

\* Data have been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 cases were reported in a specific area-sex-race category.

State Cancer Profiles also indicates that Hawai'i's breast cancer mortality rate is on a steady decline; however, once again, it should be noted that mortality, like incidence, is not evenly distributed throughout the state. Table 3 shows that while Hawai'i County possesses the highest rates in both incidence and mortality, Maui County's mortality rate is not far behind, even though it has the state's second lowest incidence rate.

Table 3. Age-adjusted Breast Cancer Death Rates for Hawai‘i, 2001-2005.

<b>County</b>	<b>Annual Death Rate over rate period</b> (cases per 100,000)	<b>Average Deaths per Year</b>	<b>Rate Period</b>
Hawai‘i State	18.0 (16.6 - 19.4)	129	2001-2004
Hawai‘i County <sup>1</sup>	21.6 (17.6 - 26.4)	20	2001-2004
Honolulu County <sup>1</sup>	16.6 (15.1 - 18.3)	86	2001-2004
Maui County <sup>1</sup>	21.5 (16.9 - 26.9)	15	2001-2004
Kaua‘i County <sup>1</sup>	20.8 (14.7 - 28.8)	8	2001-2004
Kalawao County <sup>1</sup>	*	fewer than 4	2001-2004

Created by statecancerprofiles.gov on 02/09/2009, 2:34 pm.

<sup>1</sup> Due to data availability issues, the time period used in the calculation of the joinpoint regression model may differ for selected racial groups or counties.

\* Data has been suppressed to ensure confidentiality and stability of rate estimates.

Overall, Hawai‘i's breast cancer deaths have remained near or below the Healthy People 2010 objective since 1993, and well below U.S. rates. Rates for the counties generally fluctuate greatly due to the small total number of deaths attributed to breast cancer. When breast cancer death rates for all neighbor island counties, counties with the exception of Honolulu County, are compared to Honolulu, the rates are consistently higher in those counties. Neighbor island breast cancer death rates have been decreasing since the 1998-2000 period. Currently, both Honolulu and neighbor island breast cancer death rates are similar to or better than the goals set for Healthy People 2010.

### Breast Cancer Screening Statistics

The Behavioral Risk Factor Surveillance System (BRFSS) is a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors in the adult population (18 years of age or older) living in households. BRFSS field operations are managed by state health departments, who follow guidelines provided by the CDC. These health departments participate in developing the survey instrument and conduct the interviews either in-house or through use of contractors which used computer-assisted telephone interviewing. Health departments use the data for a variety of purposes, including identifying demographic variations in health-related behaviors, targeting services, addressing emergent and critical health issues, proposing legislation for health initiatives, and measuring progress toward state and national health objectives. In order to provide adequate sample sizes for smaller geographically defined

populations of interest, some states sample disproportionately from strata defined to correspond to sub-state regions.

In the Hawai‘i State Department of Health’s 2007 Behavioral Risk Factor Surveillance Survey (BRFSS), 3,793 women ages 18 and over responded to a question asking whether they had ever had a clinical breast exam (CBE). Table 4 shows the breakdown of affirmative responses by county.

Table 4. Ever Had a Clinical Breast Exam (Women Ages 18+), by County, HI-BRFSS 2007.

County	Responded Yes (%)
Hawai‘i State	3,403 (87.8%)
Honolulu County	1,500 (88.0%)
Hawai‘i County	791 (87.6%)
Kaua‘i County	334 (84.8%)
Maui County	778 (88.0%)

The women tallied above were then asked when they had had their most recent CBE. The results are shown in Table 5, below.

Table 5. Most Recent Clinical Breast Exam (Women Ages 18+), by County, HI-BRFSS 2007.

County	<1 Year (%)	1 to <2 Years (%)	2+ Years (%)	Unknown Time (%)
Hawai‘i State	2,382 (63.2%)	462 (11.9%)	530 (11.9%)	29 (0.8%)
Honolulu County	1,112 (65.2%)	195 (11.8%)	179 (10.1%)	14 (0.8%)
Hawai‘i County	523 (57.8%)	117 (12.9%)	146 (16.2%)	5 (0.7%)
Kaua‘i County	232 (59.9%)	42 (9.7%)	59 (15.0%)	1 (0.2%)
Maui County	515 (58.3%)	108 (12.0%)	146 (16.7%)	9 (1.0%)

In addition to breaking up data by county, the BRFSS also displays data by sociodemographic categories. For analysis, ethnicity is classified as White (Caucasian), Hawaiian, Filipino, Japanese, or other. Table 6 shows the breakdown of women who have ever received a CBE, by ethnicity.

Table 6. Ever Had a Clinical Breast Exam (Women Ages 18+), by Ethnicity, HI-BRFSS 2007.

<b>Ethnicity</b>	<b>Responded Yes (%)</b>
Caucasian	1,424 (94.6%)
Hawaiian	505 (91.0%)
Filipino	411 (76.4%)
Japanese	699 (89.3%)
Other	353 (81.2%)

Again, the women who responded in the affirmative were asked when they had had their most recent CBE. The results are displayed in Table 7.

Table 7. Most Recent Clinical Breast Exam (Women Ages 40+), by Ethnicity, HI-BRFSS 2007.

<b>Ethnicity</b>	<b>&lt;1 Year (%)</b>	<b>1 to &lt;2 Years (%)</b>	<b>2+ Years (%)</b>	<b>Unknown Time (%)</b>
Caucasian	994 (68.7%)	200 (13.3%)	221 (12.0%)	9 (0.7%)
Hawaiian	338 (61.4%)	80 (13.8%)	85 (15.6%)	2 (0.2%)
Filipino	289 (53.2%)	59 (12.1%)	58 (10.0%)	5 (1.1%)
Japanese	525 (70.0%)	67 (7.5%)	96 (10.5%)	11 (1.3%)
Other	232 (55.5%)	55 (13.4%)	64 (11.9%)	2 (0.5%)

It is important to note that women ages 18 and 19 were included in this sample. These women are not included in the recommended age range for screening via CBE.

Also in the 2007 BRFSS, 2,691 women ages 40 and over reported that they had ever had a mammogram (out of 2,906 women total). Table 8 shows the breakdown of these women by county.

Table 8. Ever Had a Mammogram (Women Ages 40+), by County, HI-BRFSS 2007.

County	Responded Yes (%)
Hawai'i State	2,691 (92.6%)
Honolulu County	1,173 (93.0%)
Hawai'i County	629 (90.9%)
Kaua'i County	281 (92.7%)
Maui County	608 (92.0%)

Those who responded “yes” to the above question were then asked when they had had their most recent mammogram. As shown in Table 9, while Honolulu County had the largest percentage of women ages 40 and over who were up-to-date with their mammograms, none of the counties reported a within-two-years compliance rate higher than 78%.

Table 9. Most Recent Mammogram (Women Ages 40+), by County, HI-BRFSS 2007.

County	<2 Years Ago(%)	2+ Years Ago (%)	Unknown Time (%)
Hawai'i State	2,184 (75.9%)	496 (16.3%)	11 (0.4%)
Honolulu County	972 (77.3%)	197 (15.3%)	4 (0.3%)
Hawai'i County	503 (72.1%)	121 (18.0%)	5 (0.9%)
Kaua'i County	223 (73.6%)	58 (19.0%)	-
Maui County	486 (72.8%)	120 (18.8%)	2 (0.3%)

Similar to how the clinical breast exam practices could be classified by ethnicity, so could mammography. Table 10 shows the breakdown of women who said they had ever received a mammogram, by the ethnic categories provided by the 2007 Hawai'i BRFSS data:

Table 10. Ever Had a Mammogram (Women Ages 40+), by Ethnicity, HI-BRFSS 2007.

Ethnicity	Responded Yes (%)
Caucasian	1,125 (93.1%)
Hawaiian	335 (91.8%)
Filipino	335 (90.9%)
Japanese	640 (94.5%)
Other	250 (90.0%)

Again, as stated above, the women who responded that they had ever had a mammogram were asked when they had last had one. The results, by ethnicity, are displayed in Table 11.

Table 11. Most Recent Mammogram (Women Ages 40+), by Ethnicity, HI-BRFSS 2007.

<b>Ethnicity</b>	<b>&lt;2 Years Ago(%)</b>	<b>2+ Years Ago (%)</b>	<b>Unknown Time (%)</b>
Caucasian	908 (76.0%)	215 (17.0%)	2 (0.1%)
Hawaiian	265 (76.1%)	70 (15.8%)	-
Filipino	275 (74.0%)	60 (16.9%)	-
Japanese	535 (78.6%)	97 (14.7%)	8 (1.2%)
Other	197 (72.5%)	52 (17.4%)	1 (0.2%)

In addition, Hawai‘i Medical Service Association (HMSA), an independent licensee of the Blue Cross and Blue Shield Association and Hawai‘i's largest private insurance provider, reported that a median of 74.5% of eligible members received screening mammograms in 2008. This percentage is consistent with the numbers reported in the 2007 BRFSS.

**Demographic and Breast Cancer Findings and County/Counties of Interest:**

In terms of ethnicity – at least in terms of the range of ethnicities that are available through the BRFSS data – it is clear that Filipino women (Filipinas) lag behind other ethnic groups in Hawai‘i in terms of ever having had breast cancer screening, both with clinical breast exams and with mammograms. In addition, Filipinas’ numbers fell below those of the other ethnic groups in terms of having had a mammogram within the recommended screening interval. Native Hawaiians also reported lower rates of ever having had mammograms than did Caucasians and Japanese.

The Affiliate decided to focus on the state as a whole because of the way Hawai‘i's largely ethnic minority population is dispersed over the main islands. It is, essential that programs and services address disparities across the state. Some special attention may be paid to Hawai‘i County, as the largest incidence and mortality rates for breast cancer exist there. Mammography rates were also lowest in Hawai‘i County. Maui County also has a high breast cancer mortality rate, despite its relatively low incidence rate, and it is possible that interventions here may be effective in addressing this. Even though Honolulu County generally has the “best” numbers in terms of mortality and screening rates, it is important that programs are also attended to because it is the most populous of the counties.

## Programs and Services



### **Data Source and Methodology Overview**

Breast health key informants were identified by cross-referencing information provided in the previous Hawai'i Affiliate Community Profile, the grant awards file, and a list of community contacts provided by the National Cancer Institute's Cancer Information Service (CIS) Pacific Region. The Community Profile team contacted each of the programs to determine whether they were still providing services, and to verify contact information. A provider survey was created on Survey Monkey ([www.surveymonkey.com](http://www.surveymonkey.com)) and distributed via e-mail. Among the questions on the survey was one that asked what kind of services each organization provided. Information was supplemented by a neighbor island needs assessment conducted by CIS Pacific in 2008.

### **Programs and Services Overview**

#### Key Informants

Of the breast health professionals who responded to the key informant survey, eight represented various medical facilities (hospitals and clinics) throughout the state, two represented American Cancer Society (ACS) field offices, three represented branches of the Native Hawaiian Health Care System, and one represented a research organization. Between the different organizations, a wide range of special/priority populations were covered, including Native Hawaiians, Filipinas, Pacific Islanders, African Americans, Hispanics, the homeless, cancer survivors, low income populations, mentally challenged persons, rural communities, lesbians/bisexuals, migrant workers, uninsured/under-insured, and the military. The facilities also offered a wide range of

services, including clinical screening services, diagnostic services, treatment services, educational materials, support services, client management, and follow-up care.

### Kaua‘i County

Kaua‘i County consists of the islands of Kaua‘i and Ni‘ihau.

#### *Island of Kaua‘i*

Kaua‘i has only one on-island medical oncologist, who sees patients four days a week. Three oncologists from O‘ahu visit the island on a rotating basis and see patients at the Kuhio Medical Center and Kaua‘i Medical Clinic in Lihue, the county’s urban center. In recent years, chemotherapy was relocated from clinics around the island to Wilcox Memorial Hospital, with the exception of home-based services provided by Hawai‘i Home Infusion Associates. No radiation therapy is currently available on island at this time, so Kaua‘i patients in need of radiation treatment must travel to O‘ahu.

Oncologic services are not available for Kaiser Permanente patients on Kaua‘i, so Kaiser patient’s also travel to O‘ahu for cancer treatment.

Ho‘ola Lahui Hawai‘i is the county’s branch of the Native Hawaiian Health Care System on Kaua‘i.

The American Cancer Society operates a field office in Lihue.

#### *Island of Ni‘ihau*

Ni‘ihau is a small island with a population of 160 people. No oncologic services are available on island, so cancer patients either travel to Kaua‘i for treatment or may receive some treatment when public health nurses travel to Ni‘ihau from Kaua‘i.

### Honolulu County (consists of the island of O‘ahu)

O‘ahu is home to the most comprehensive cancer screening, imaging, and treatment in the state of Hawai‘i. Medical facilities include the Kapi‘olani Medical Center for Women & Children, Straub Clinic & Hospital, The Queen’s Medical Center, Hawai‘i Medical Centers East and West, the Kaiser Foundation Hospital, Wahiawa General Hospital, the Rehabilitation Hospital of the Pacific, and Tripler Army Medical Center, as well as many medical clinics.

In addition to mammography, breast ultrasound, MRI, and PET scanning are available. Breast cancer treatment, both in terms of chemotherapy and radiation, are available at a number of facilities, some of which also host patient navigator programs which help guide patients through their diagnosis and treatment.

Nurse Practitioner Terri Imada operates a high risk breast cancer program out of Kapi‘olani Medical Center for Women and Children. This program works with women at high risk for

developing breast cancer and assists them in developing individualized surveillance plans. Imada also travels to the neighbor islands to enroll women there in the program.

Several key cancer-related organizations that serve Hawai‘i and the Pacific region are based on O‘ahu:

The University of Hawai‘i Cancer Research Center of Hawai‘i (CRCH) is one of 64 National Cancer Institute-designated cancer centers in the U.S. It is also home to a Minority-Based Community Clinical Oncology Program, which enrolls patients into and monitors patients on cancer clinical trials. Both basic and population-based research are conducted at CRCH. The mission of CRCH is to reduce the burden of cancer through research, education, and service with an emphasis on the unique ethnic, cultural, and environmental characteristics of Hawai‘i.

The American Cancer Society Hawai‘i Pacific, Inc., has its headquarters in Honolulu. The Hawai‘i Pacific Office is part of the High Plains Division of ACS and offers many of the services provided by ACS nationwide, including community outreach and patient services such as the Cancer Survivors Network and Reach to Recovery. ACS also provides financial assistance to cancer patients traveling to O‘ahu for oncologic services, including airfare vouchers and discounted lodging. ACS maintains field offices on Maui and Kaua‘i, as well as in East and West Hawai‘i on the Big Island.

‘Imi Hale is the Native Hawaiian Cancer Network. Launched in 2000, ‘Imi Hale is a program of Papa Ola Lōkahi, a nonprofit consortium of Native Hawaiian health organizations, and serves as one of the National Cancer Institute’s 25 Community Networks Program sites. Per their website, the organization “collaborates with local, state, national, and international partners to reduce cancer incidence and mortality among Native Hawaiians and Pacific Islanders through the establishment of a core organizational infrastructure that: 1. Promotes cancer education and awareness; 2. Supports cancer research and training, and the development of indigenous researchers; 3. Facilitates policy development and implementation of evidence-based information into cancer prevention and control practices to reduce cancer health disparities” ([www.imihale.org](http://www.imihale.org), accessed March 2, 2009). In addition to maintaining core staff on O‘ahu, ‘Imi Hale provides funding for positions in the Native Hawaiian Health Care Systems offices on the neighbor islands.

### Maui County

Maui County consists of the islands of Maui, Moloka‘i, and Lana‘i.

### *Island of Maui*

One non-Kaiser medical oncologist services this county full-time and has offices in Wailuku and Lahaina. Two medical oncologists visit from O‘ahu on a rotating basis. Maui County is also serviced by two on-island radiation oncologists. Chemotherapy is only available at Maui Memorial Hospital. Radiation therapy is available in Wailuku at Maui Memorial Hospital, Island Radiology, and Maui Clinic. Diagnostic radiology services are also available, but not for all types of cancer.

Kaiser Permanente members have one medical oncologist, with chemotherapy available at the Wailuku clinic. Radiation services are available at Maui Memorial Hospital, through a contractual agreement.

Care coordination for some uninsured and underinsured patients is handled by Hui No Ke Ola Pono, Maui's Native Hawaiian Health Care System. In terms of cancer screening and prevention, Hui No Ke Ola Pono assists women who are eligible to receive services through the CDC-funded, DoH administered Breast and Cervical Cancer Control Program (BCCCP). Unfortunately, Maui still has a significant proportion of non-U.S. citizens, mostly Hispanics and Filipinas, who do not qualify for MedQuest or BCCCP services.

The American Cancer Society operates a field office in Wailuku.

### *Island of Moloka'i*

There are no oncologists practicing on Moloka'i. Chemotherapy is available at a clinic operated by Moloka'i General Hospital (MGH), which is part of The Queen's Health Systems, a not-for-profit corporation established in 1985 to bring expanded healthcare capabilities to the people of Hawai'i and the Pacific basin. However, most Moloka'i patients travel to Honolulu for treatment at The Queen's Medical Center because only two chemotherapy chairs are available at MGH. Radiation therapy is administered on O'ahu or Maui. Mammograms are available at MGH.

Several organizations coordinate cancer care on Moloka'i. Patient navigators work with patients at MGH. In addition to coordinating some air and ground transportation, as well as lodging, for cancer patients, Na Pu'uwai, Moloka'i's Native Hawaiian Health Care System, refers patients to the Moloka'i Cancer Fund and the American Cancer Society for financial assistance. Home-based nursing care is available through Nursing Without Walls and Care Resources.

### *Island of Lana'i*

No breast cancer treatment services are available on Lana'i. Clinical breast exams, but not mammograms, are available. Women must take a 45- to 55-minute ferry to Maui for mammography or treatment services; treatment is also available on O'ahu if women prefer to take a 30-minute plane at a cost of approximately \$150 (roundtrip) to travel.

Each year, Ke Ola Hou 'O Lana'i (the Lana'i unit of Na Pu'uwai) hosts a cancer screening day, where patients receive free CBE, Pap smears, fecal occult blood testing, digital rectal exams, prostate specific antigen testing, and oral cancer screening. An educational component related to cancer is also offered at this event. Ke Ola Hou 'O Lana'i also works together with Straub Lana'i Family Health Center and Hui No Ke Ola Pono to coordinate care to assist women in receiving mammograms on Maui by transporting them via car and interisland ferry: Ke Ola Hou 'O Lana'i sets up appointments and takes care of ground transportation once women obtain their ferry tickets from Straub, and Hui No Ke Ola Pono takes care of the financial aspect of the medical services obtained. Women are eligible for free transportation if their medical insurance does not cover it.

## Hawai'i County

Hawai'i County encompasses the island of Hawai'i, the largest island in the Hawaiian archipelago, and referred to by Hawai'i residents as the Big Island. Because East, North, and West Hawai'i are geographically separated from each other by volcanoes, the sections of this island will be analyzed separately.

### *West Hawai'i*

A medical oncologist sees non-Kaiser patients at Kona Community Hospital (KCH) three days a week. Chemotherapy is also available through the outpatient infusion center here, as well as through West Hawai'i Home Health Services. Two radiation oncologists split their time between Hilo in East Hawai'i and Kona in West Hawai'i, and radiation therapy services are available through a clinic affiliated with KCH.

Kaiser Permanente operates an outpatient clinic in Kona, where a medical oncologist visits twice a month, but this medical oncologist is scheduled to retire in 2009. Chemotherapy services are available at this clinic, and radiation therapy is available locally through a contract Kaiser has with another company.

Hui Mālama Ola Nā 'Ōiwi, the Big Island's Native Hawaiian Health Care System, has 11 patient navigators who service Native Hawaiian cancer patients islandwide. However, as of 2008, only one patient navigator was committed to serving West Hawai'i.

The American Cancer Society operates their West Hawai'i field office in Kona.

### *North Hawai'i*

A medical oncologist services non-Kaiser patients through another physician's office in Waimea about once a week. Chemotherapy and radiation are not available in Waimea; patients usually travel to Kona, a 40-mile trip one way, for these treatments. Kaiser Permanente has a clinic in Waimea, but no oncologic services are offered there.

### *East Hawai'i*

East Hawai'i is serviced by a full-time medical oncologist who operates out of the Hawai'i Pacific Oncology Center (HPOC), which is affiliated with Hilo Medical Center. Two radiation oncologists are also affiliated with HPOC, and two radiation oncologists visit from The Queen's Medical Center on O'ahu, as well. Chemotherapy and radiation therapy are available through HPOC.

Kaiser Permanente operates an outpatient clinic in Hilo, where the same medical oncologist who visits the Kona clinic also sees patients twice a month; again, however, this oncologist is planning to retire in 2009. Chemotherapy services are available at this clinic, and radiation therapy is available through a contract that Kaiser has with HPOC.

Mammography services are available at the Women's Imaging Center, which is operated by Hawai'i Radiologic Associates, Ltd., in Hilo.

Hui Mālama Ola Nā 'Ōiwi has patient navigators who service Native Hawaiian cancer patients in this region. The American Cancer Society also operates their East Hawai'i field office in Hilo.

### **Partnerships and Grant Opportunities**

In 2008, the Hawai'i Affiliate partnered with the following organizations by providing grants to assist in aid to address breast cancer:

#### **AMERICAN CANCER SOCIETY (O'ahu)**

Friend to Friend Keychain Project: ACS has requested this money for the purpose of buying the supplies needed to produce 15,000 key chains by volunteers for distribution to local health care organizations for the purpose of promoting dialogue regarding breast care health and the importance of early breast cancer detection. The culturally appropriate ipu key chains are made up of various size beads representing the different size lumps found through breast cancer screening methods.

#### **BAY CLINIC, INC. (Hawai'i)**

New Breast Cancer Screening Clinic for Medically Underserved Women: This project will initiate the first specialized women's health clinic in rural East and South Hawai'i Island especially targeted toward at-risk women of Native Hawaiian/Asian American/and Other Pacific Island descent. The purpose of the program is to decrease barriers to care and increase the number of women receiving breast cancer screenings.

#### **HAMAKUA HEALTH CENTER (Hawai'i)**

The Breast Health Project: This project is intended primarily to fund mammograms and follow-up diagnostics procedures for 75 uninsured/under-insured women of North Hawai'i.

#### **HAWAI'I MEDICAL CENTER FOUNDATION (O'ahu)**

Breast Cancer Screening for Medically Underserved Women ages 40 – 49: This project will provide free mammograms and clinical breast exams for asymptomatic women ages 40 – 49 at two sites: Hawai'i Medical Center East (Nu'uano) and West ('Ewa Beach).

#### **KOKUA KALIHI VALLEY (O'ahu)**

Breast Cancer Prevention for the Women of Kalihi Valley: This community-based program will include outreach to women where they live, work, and worship.

Activities include: 1) Breast health awareness for 800 through participation in community health fairs and events; 2) Breast health education provided to at least 120 women through churches, community organizations, the Kokua Kalihi Valley main clinic, and homes; 3) Peer-to-peer programs will encourage at least 25 women to recruit friends and family members to receive breast cancer screenings; and 4) mammography services for 50 women.

#### KAPI'OLANI BREAST CENTER (O'ahu)

Prevention of Breast Cancer in Hawai'i's High Risk Women: This grant will help fund the only integrated program in Hawai'i to offer cancer risk reduction to high risk women, aimed at preventing breast cancer. It will provide access to this program those women who lack medical insurance, giving special emphasis to better integrating this prevention program into Native Hawaiian and Pacific Islander communities.

#### LANA'I COMMUNITY HEALTH CENTER (Lana'i)

Breast Health, Education, and Screening: Funding this project will provide free clinical breast exams, breast health education, and educational materials to meet the needs of the women of Lana'i, with a focus on the Filipina, Native Hawaiian, and other Pacific Island populations. Because there is no mammography on the island, referrals are made, and patients are transported to either Maui or O'ahu for services.

#### MOLOKA'I GENERAL HOSPITAL (Moloka'i)

Moloka'i General Hospital Breast Cancer Enhancement: The purpose of this grant is to improve the continuity of breast care on Moloka'i and decrease the time interval from diagnosis to treatment by overcoming factors such as geography isolation, insufficient health care resources, economics, limited cancer knowledge, and lack of motivation. A patient navigation system will assist Native Hawaiian women of Moloka'i (62% of the population of Moloka'i is Native Hawaiian or part Native Hawaiian) to get culturally appropriate assistance.

#### WAIKIKI HEALTH CENTER (O'ahu)

Breast Health Services Targeting Medically Underserved Women: This funding is to provide breast health services to the following underserved populations: homeless, Native Hawaiians, Filipinos, Samoans, Tongans, and Micronesians. Staff reflects ethnicities and cultural backgrounds of populations served, and the program combines Western medicine and traditional Hawaiian healing practices.

#### WILCOX MEMORIAL HOSPITAL (Kaua'i)

Women's Health Program: This program will provide breast cancer screening to uninsured women in need of a mammogram or breast ultrasound test. An outreach program will enroll 40 uninsured women age 35 and older to help them access early breast cancer screening.

Grants are solicited and proposals are due in November. They are given to the grant committee to review for compliance. Proposals are then distributed to an independent committee of reviewers selected from the community. These reviewers read and rate each proposal sent to them by the grant committee, then they meet in February to discuss and rank the applications. The review committee then makes a recommendation as to which programs should be funded and which should not. The grant committee makes every effort to have representation from the neighbor islands as well as O‘ahu and to include breast cancer survivors on the review committee.

The ranked list of applications (the slate of grants) is submitted to the Affiliate Board of Directors for approval. Once the slate has been approved and the amount of money available to fund grants is determined, applicants can be notified as to whether their program has been funded. Once practices or programs are awarded a grant, they receive half of the grant money at the signing of the contract in April. The awardees must also complete a midyear report, providing a short summary describing outcomes and accomplishments of the project thus far. The report must describe the program’s progress toward meeting the objectives outlined and include the number of people served during the period. The grantees also must list any other sources of support. If for some reason the grantee falls below 25% of their projected outcomes, the grant committee meets with the grantee to re-evaluate the program’s goals. After the grant committee has reviewed the midyear report and deemed progress acceptable, the grantee receives the second portion of the grant funds. To date, this Affiliate has not had a program or services fail to address or meet the priorities they had listed on the grant application.

Going forward, the grant committee will strive to award funds to evidence-based programs, beginning by asking for appropriate information on the RFP and application. Workshops adapting such programs such as the National Cancer Institute’s *Using What Works* to current and potential grantees, is being considered. The grant committee also will consider offering a grant writing workshop.

### **Promising Practices and Evidence-Based Programs**

This year, the Hawai‘i Affiliate has partnered with several new programs in its target area, as well as some of its former programs. The following are examples of projects recently funded by the Komen Hawai‘i Affiliate:

**No Ka Wāhine Health Fair:** Funds will finance a Health Fair at the primary care facility in downtown Hilo for Native Hawaiians, Pacific Islanders, and Filipina women in East Hawai‘i. This fair will bring together physicians and organizations to provide breast cancer education, organizations with resources for cancer diagnosed women, and follow-up support systems.

**West Hawai‘i Community Health Center: Reaching Out to South Kona Marshallese and Native Hawaiian Women:** This project will extend breast health education and services to Marshallese and Native Hawaiian women, who rank high among those with unmet breast health needs. Emphasis will be on the uninsured and under-insured and focus on two breast health events, in partnership with community and church leadership to provide education in an optimal environment for these groups.

## **Public Policy Perspective**

### **BCCCP**

The Hawai'i Breast and Cervical Cancer Control Program (BCCCP) was established in 1993 through a cooperative agreement with the Centers for Disease Control and Prevention to provide breast and cervical cancer screening services under the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Excluding skin cancer, breast cancer is the most common cancer among American women and is second only to lung cancer as a cause of cancer related death. Many of these deaths, which will occur disproportionately among women of ethnic minority and low-income groups, could be avoided by making cancer screening services available to all women at risk. The mission of the BCCCP is to provide:

- Breast and cervical cancer screening services to medically under-served women
- Appropriate referrals, and when necessary, appropriate diagnostic follow-up, case management and assurances for medical treatment
- Public information and education programs to increase the use of breast and cervical screening services
- Education to health professionals to improve the breast and cervical screening process
- Mechanisms to monitor the quality of the breast and cervical screening process
- Linkages with key partnerships

The Hawai'i Department of Health's BCCCP partners with nine community clinics, hospitals, and organizations to provide breast and cervical screening services to women 50 to 64 years of age who are low income (at or below 250% of the federal poverty level) and have no or insufficient health insurance, particularly Native Hawaiian and Filipino women.

From June 30, 2006 through June 29, 2007, Hawai'i's BCCCP screened 1,080 women for breast and cervical cancers and diagnosed 12 cases of breast cancer.

In accordance with state policy, only those who receive screening services through Hawai'i's NBCCEDP-funded breast and cervical cancer early detection program are eligible for treatment through Medicaid. In February 2009, the State Department of Health recruited Florlinda Taflinger to serve as coordinator for cancer programs, which includes BCCCP and the State Comprehensive Cancer Control Program. These programs come under the umbrella of the Chronic Disease Management and Control Branch, which is coordinated by Danette Wong Tomiyasu.

### **Federal Government**

All members of Hawai'i's Congressional delegation are members of the Democratic Party.

Hawai'i's senior U.S. Senator is Daniel K. Inouye. Inouye has been serving in the Senate since 1962. He currently serves as Chair of the Senate Appropriations Committee and is a member of the Committees on Commerce, Science, and Transportation; Indian Affairs; and Rules and Administration. He is also a member of a number of subcommittees, including the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.

Daniel K. Akaka holds the junior U.S. Senate seat. In addition to being a member of the Senate Rural Health Caucus, he is also a member of the Committees on Veterans' Affairs, Armed Services, Homeland Security and Governmental Affairs, and Indian Affairs. Akaka has served in the Senate since 1990.

Hawai'i has two seats in the U.S. House of Representatives, currently occupied by Neil Abercrombie (1<sup>st</sup> District) and Mazie Hirono (2<sup>nd</sup> District). Abercrombie has served in the House since 1991 and is Chair of the House Armed Services Subcommittee on Air and Land Forces; he also serves as a member of the Armed services Committee, the House Natural Resources Committee and the Fisheries, Wildlife, and Oceans Subcommittee, as well as having representation on the Hawai'i Comprehensive Cancer Control Coalition. Mazie Hirono, who once served as Honorary Chair for the Hawai'i Race for the Cure®, has served in the House since 2007. Hirono serves on the Education and Labor Committee and the Transportation and Infrastructure Committee.

### State Government

On the local level, Hawai'i's government comprises 25 senators and 51 representatives, headed by Republican Governor Linda Lingle. While the Hawai'i Affiliate has a strong working relationship with elected officials on the federal level, the same relationships fail to exist at the state level.

### **Programs and Service Findings**

Kaua'i County, which consists of the islands of Kaua'i and Ni'ihau, has one medical oncologist with rotating oncologists from O'ahu and no radiation facility. Honolulu County has the most comprehensive cancer screening, imaging, and treatment in the state. Maui still has a significant proportion of non-U.S. citizens, mostly Hispanics and Filipinos, who do not qualify for MedQuest or BCCCP services. On Moloka'i, though several organizations coordinate cancer care, there are no oncologists practicing on the island. No breast cancer treatment services are available on Lana'i. Clinical breast exams, but not mammograms, are available. On the Big Island, there are 11 patient navigators who service Native Hawaiian cancer patients islandwide, but as of 2008, only one was committed to serving West Hawai'i.

In accordance with state policy, only those who receive screening services through Hawai'i's NCCEDP-funded breast and cervical cancer early detection program are eligible for treatment through Medicaid. This may impact certain populations who, while they may be able to afford screening, may not be as able to afford the cost of treatment.

The Hawai'i Affiliate has strong government ties at the national level. To engage in advocacy and policy development at the state level, the Affiliate may wish to focus on and partner with local-level politicians such as Senator Rosalyn Baker, Consumer Protection Chair; Senator Suzanne Chun-Oakland, Human Services Chair and member of the Hawai'i Comprehensive Cancer Control Coalition; Senator Donna Kim, Ways and Means Chair; and Senator David Ige, Health Chair. In the House of Representatives, the Affiliate should seek to partner with Representative John Mizuno, Human Services Chair; Representative Robert Herkes, Consumer

Protection Chair; Representative Marcus Oshiro, Finance Chair; and Representative Ryan Yamane, Health Chair.

## Exploratory Data



### **Data Sources and Methodology Overview**

The purpose of collecting exploratory data was to determine how women in Hawai‘i – a unique population – get their breast health information (so as to understand the best ways to reach them), to find out which special populations are being serviced, and to inventory the various services are already provided by different organizations within the community. Data were collected via key informant surveys, which were conducted on paper among breast cancer survivors and other women at the 2008 Hawai‘i Race for the Cure® (RFTC), as well as among local breast health workers via Survey Monkey. Informants were selected randomly at RFTC, and 17 women completed the survey. In order to gather the widest range of responses possible among breast health providers, an e-mail was sent to over 50 health professionals generated with the assistance of Cancer Information Service Pacific Region staff, asking potential informants to complete the interview via Survey Monkey. Fourteen people, including oncologists, oncology nurses, Native Hawaiian outreach workers, and representatives from community agencies, responded to the online survey, which was created with the assistance of the Cancer Information Service Pacific Region; half were from O‘ahu, and the rest were from the neighbor islands.

### **Exploratory Data Overview**

#### Race for the Cure® Surveys

Seventeen women, of whom 15 were breast cancer survivors, responded to a paper-based key informant survey at the 2008 Hawai‘i RFTC in Honolulu (heretofore referred to as “RFTC

informants”). When asked to rate the most effective ways of disseminating breast health information in their communities, these women rated the following as the top five methods:

1. Television
2. Internet
3. Health fairs
4. Newspaper
5. Presentations

Other means of communicating information included bus advertisements, videos, church bulletins, brochures, and radio announcements, in descending order of preference. When asked which people in their personal networks they felt were the most credible/trustworthy sources for health information, RFTC informants identified the following in descending order of preference: nurses or other allied health professionals, medical doctors, hospital/clinic staff, pharmacist, family, friends, religious leaders, and nontraditional healers.

RFTC informants identified the following as priority populations in need of outreach, again in descending order of priority: low income populations, the working poor, the underinsured, the elderly, Native Hawaiians, those with disabilities or special needs, Asians, African Americans, and Hispanics.

When asked to rank barriers that kept women in their communities from getting routine breast health care, RFTC informants identified fear as the most popular highly ranked barrier, followed by a lack of knowledge (on the part of the community) regarding breast health, lack of insurance and/or other finances, language barrier, lack of access to facilities, hours of operation of facilities, lack of knowledge regarding where to go for services, inability to take time off from work, lack of transportation, lack of child care, and lack of services for undocumented immigrants.

### Breast Health Specialist Surveys

Fourteen breast health workers (heretofore referred to as “key health informants”) responded to a brief, Web-based key informant survey hosted at [surveymonkey.com](http://surveymonkey.com). The organizations they represent offer a range of products and services to women in Hawai‘i, including educational materials (13), support services (11), clinical screening services (10), client management (8), follow-up care (8), and treatment services (5); other services include service-oriented research interventions, transportation assistance, nutritional supplements, patient navigation, and screening reminders. Target client populations include Native Hawaiians (12), Filipinas (12), low income (11), uninsured/under-insured (11), Pacific Islanders (9), cancer survivors (9), and those living in rural areas (9).

Key health informants indicated that the women they serve were most likely to seek breast health information from nurses, clinic staff, and/or other health professionals even more frequently than they would from their physicians. Brochures and newspaper/community papers were identified as the most effective ways to disseminate breast health information.

With regard to why women in their communities were likely to avoid seeking breast health services, key health informants indicated that fear was the biggest factor, followed closely by cost and lack of transportation. One informant in a rural area noted a shortage of primary care physicians through which referrals could be made and with whom patients could receive follow-up services. Language also served as a service barrier in some communities.

Per their responses, key health informants noted that funding would be the most needed resource in helping their organizations provide breast health care to women in their respective communities. Other needs included educational services, assistance with outreach to special populations, and promotional support.

### Themes

Both RFTC informants and key health informants acknowledged fear as the biggest barrier for women in Hawai'i to overcome in order to seek breast health services. Cost also ranked highly as a barrier to service among both populations surveyed.

Agreement was also found between the two groups regarding where Hawai'i women were likely to seek their health information. Key health informants identified nurses and other allied health professionals as the main points of contact for women within their communities, and indeed, these were the people in whom RFTC informants personally placed the most trust and credibility. While physicians were also identified among both groups as reliable sources of information, it was clear that nursing-level staff were the "go to" people.

There was considerable dissonance between the two groups of informants regarding the best method through which to reach Hawai'i women with breast health information. While key health informants identified brochures and newspapers as the best methods, RFTC informants felt that television, the Internet, and health fairs worked better than newspapers, and brochures ranked second-to-last in their preferences.

### **Exploratory Data Findings**

The community profile team interviewed lay persons, including breast cancer survivors, at the 2008 Hawai'i Race for the Cure®, as well as key informants among the breast health community via Survey Monkey on the Internet. RFTC informants provided important information as to why their community peers may fail to seek breast health services (fear was the highest ranked response), who they personally trust for health information (nursing and allied health professionals ranked highest), and how to best reach women in Hawai'i with breast health information (television and Internet ranked highest). They also identified low income populations and the working poor as the highest priority populations in terms of needing outreach.

Key health informants provided insights from the medical community's point of view. Similar to RFTC informants, they identified fear as the number one reason for which women in Hawai'i fail to seek breast health services, and nurses and other non-physician health professionals as the primary sources from whom Hawai'i women would seek health information. Key health

informants identified brochures and newspapers as the most effective ways of reaching women in their communities, which differed from the RFTC informants' recommendations. The greatest need identified by key health informants for helping their organizations provide breast health care was funding.

## Conclusions

### Target Area Findings

#### Disparities: Geographic and Ethnic

According to data provided by the National Cancer Institute's State Cancer Profiles (2001-2005) and the State of Hawai'i Brief Risk Factor Surveillance Survey (2007), largely rural Hawai'i County, despite its smaller population, has the highest breast cancer incidence and mortality rates in the state. In addition, Hawai'i County has the lowest mammography rates in the state. Maui County also has a high mortality rate due to breast cancer, despite its comparatively low incidence rate.

In terms of ethnicity, Filipinas had the lowest rates of breast cancer screening among the ethnicities classified in the 2007 BRFSS, both in terms of clinical breast exams and mammography; their numbers also fell below those of the other ethnic groups in terms of having had mammograms within recommended screening intervals. Native Hawaiians also reported lower rates of ever having had mammograms than did Caucasians and Japanese.

#### Service-Related Disparities by County

##### *Kaua'i County*

Kaua'i County has one full time oncologist. The island of Kaua'i currently has two mammography units. Future plans for Kaua'i include a new radiation treatment center (no radiation therapy is currently available on island) and a women's health center. The Komen Hawai'i Affiliate has granted funds to one organization, Wilcox Memorial Hospital, for its Breast Care Program. No other partnerships or representation currently exist in Kaua'i County.

##### *Honolulu County*

O'ahu is home to the most comprehensive cancer screening, imaging, and treatment in the state. In addition to mammography, breast ultrasound, MRI, and PET scanning are available. Breast cancer treatment, both in terms of chemotherapy and radiation, are available at a number of facilities, some of which also host patient navigator programs. The majority of the Affiliate's grants are concentrated here, as well as all Affiliate staff and volunteers.

##### *Maui County*

Maui County consists of the islands of Maui, Moloka'i, and Lana'i. Care coordination for some uninsured and underinsured patients is handled on Maui through Hui No Ke Ola Pono, part of the Native Hawaiian Health Care System. Maui still has a significant proportion of non-U.S. citizens, mostly Hispanics and Filipinos, who do not qualify for MedQuest or BCCCP services. There are no oncologists practicing on Moloka'i. Patient navigators work with patients at MGH, which is made possible through their affiliation with The Queen's Medical Center. No breast cancer treatment services are available on Lana'i; as far as screening goes, clinical breast exams, but not mammograms, are available. The Komen Hawai'i Affiliate has granted funds to the

Moloka‘i General Hospital. There is no other Affiliate partnership or representation in Maui County.

### *Hawai‘i County*

Two radiation oncologists split their time between Hilo in East Hawai‘i and Kona in West Hawai‘i, and radiation therapy services are available through a clinic affiliated with Kona Community Hospital. Kaiser Permanente operates outpatient clinics in Kona and Hilo, where a medical oncologist had been visiting, but this medical oncologist is scheduled to retire in 2009. Chemotherapy and radiation are not available in Waimea; patients usually go to Kona for these treatments. The Hawai‘i affiliate has offered funds to three new programs developing on the Big Island for the 2009 grant year. There Affiliate has no representation in Hawai‘i County.

### Exploratory Data Findings

Lay informants, including breast cancer survivors, at the 2008 Hawai‘i Race for the Cure®, as well as people in various positions in the breast health community provided information through a key informant survey. Both types of informants identified fear as the number one reason for which women in Hawai‘i fail to seek breast health services, although cost was another important factor. Members of both parties also named nurses and other non-physician health professionals as the “go to” people from whom Hawai‘i women would most likely seek their health information. While breast health key informants identified brochures and newspapers as the most effective ways of reaching women in their communities with breast health information, lay informants ranked television and the Internet as being most effective.

### **Putting the Data Together**

The state's population is distributed over several islands that are separated by miles of ocean. O‘ahu is the most densely populated of the islands, with 72% of the state's residents; the remaining 28% of the population reside primarily on the islands of Maui, Kaua‘i, Hawai‘i (the Big Island), Lana‘i, and Moloka‘i. Rural areas are home to the poorest and most ethnically diverse populations. Several factors, including language barriers, decreased socioeconomic status, and lack of culturally appropriate care lead to serious health disparities in these communities.

It was decided to focus on the state as a whole because of the way Hawai‘i's largely ethnic minority population is dispersed over the main islands. It is, therefore, essential that programs and services address disparities across the state.

### **Selecting Affiliate Priorities**

Surveillance data, review of grant proposals and key informant surveys was used to select priorities for the affiliate to review and work on. This was then presented to the board for their review and suggestions. The following are suggested:

- Komen has little or no presence on the neighbor islands: All Board members reside on O‘ahu. It is recommended the affiliate recruit Board members and or volunteers from the

neighbor islands as well and/or work to create liaison positions on the neighbor islands that will work to network there on the behalf of Komen.

- While there are some partnerships between the Hawai‘i affiliate and other organizations, many programs are conducted by organizations and agencies (e.g., American Cancer Society, ‘Imi Hale) working independently throughout the state, including the Komen Hawai‘i Affiliate. It is recommended that the Affiliate work to create new partnerships with these organizations on the outer islands as well as on O‘ahu. This approach will provide an opportunity to leverage the resources and knowledge gained from these individual efforts to create a more comprehensive and interconnected approach to the breast cancer problem in Hawai‘i. Also the affiliate will work to create a partnership with the state legislature.
- In order to increase the rates of recommended cancer screening tests obtained by residents of Hawai‘i, education on the importance and benefits of screening tests should be provided to the public. Sources the Affiliate should consider looking further into would be the television, the Internet, and participation in health fairs on all islands.

### **Affiliate Action Plan**

#### Community Partnership

Presently there is not enough collaboration between organizations across various disciplines in the state. The Hawai‘i Affiliate should look to do the following:

- Establish a relationship link with the neighbor islands.
- Establish stronger working relationships with the following organizations:
  - American Cancer Society
  - National Cancer Institute Cancer Information Service
  - State Department of Health
  - Asian American Network for Cancer Awareness, Research and Training
  - Native Hawaiian Cancer Network (‘Imi Hale)
  - Pacific Islander Cancer Control Network
  - Hawai‘i Comprehensive Cancer Control Coalition

#### Existing Grant Solutions

The Hawaii Affiliate Grant committee has begun to tailor grant selection to meet priorities in Hawaii.

- In the review process, they are inviting peers from neighbor islands to participate in the grant awarding process.
- They are phasing in evidenced-based criteria in the selection of the grantees for 2009.
- The grant committee will consider opportunities to offer training in evidence-based programs such as partnering with CIS Pacific to present *Using What Works* workshop to existing and future candidates, as well as offering grant writing workshops to neighboring islands.

### Needed Grant Opportunities

The 2009 grantees encompass a wide venue of programs and services to meet the needs of Hawai'i's population. Unfortunately, due to the state's geographical situation (islands separated by ocean), the programs that would potentially benefit the entire state are often confined to one or two islands.

Have the grant committee work as a liaison to network programs on different islands so that they may organize among themselves a more comprehensive and interconnected approach to fighting breast cancer in Hawai'i

### Marketing/Fund Raising

The Hawai'i Affiliate does not have a fundraising chair, and the only fundraiser is the Race for the Cure®, a special event. Recruiting for this position would likely lead to an increased in-flow of funds and would therefore benefit the state as a whole. This person should aspire to:

- Raise funds with integrity, honesty and truthfulness;
- Act according to the highest standards and visions of the Komen organization;
- Put philanthropic mission above personal gain;
- Value the privacy and interests of all those affected by our actions;
- Inspire others through a sense of dedication and high purpose;
- Demonstrate concern for the interests and well being of those affected by our actions;
- Affirm, through personal giving, a commitment to philanthropy and its role in society;
- Foster cultural diversity and treat all people with dignity and respect; and
- Adhere to the spirit as well as the letter of all applicable laws and regulations.
- Transparency and accountability and communicating to the community, which consists of potential donors, about how funds are being used

### Public Policy Efforts

The Hawai'i Affiliate needs to become more involved at the local level with legislation and advocating for disparate populations. By developing relationships with key legislators at the local level the affiliate will be able to:

- Protect state funding for BCCCP screening at the present level.
- Ensure that access to health care continues to be available for indigent and other disparate population identified as high risk for cancer.
- Support legislation that may be introduced by other organizations containing an association to breast cancer prevention and treatment that can be aligned with Komen's overall goals.

Developing these relationships can be accomplished through several methods:

- Organizing patients, survivors, and volunteers from Komen to write, email or phone their local and Congressional representatives.
- Affiliate members contact the key legislators via phone, email, or fax to introduce themselves.
- Create Champions for the Cure Community Day at the State Capital.
- Continue to participate with the Susan G. Komen for the Cure® Advocacy Alliance.

- Affiliate schedules appointments with legislators and presents them with Photovoice in Hawai‘i.
  - Photovoice is a project to bring survivors, co-survivors and other concerned community members together to enhance the awareness to cultural, social, and financial conditions that prevent people in the communities from accessing or utilizing breast health care in Hawai‘i. Through the project stories, a video and postcard booklets are created to provide a compelling visual message about the conditions affecting some of the lives of the people in Hawai‘i.

#### Education and Outreach

Continue to provide educational outreach to communities spreading awareness to the public on the importance of breast health and screening.

- Conduct patient and public education about the importance of cancer screening with emphasis that screening saves lives.
  - Provide grants to aid various health organizations in providing health fairs in their area.
  - Involve representatives from target population groups in the development and planning of education and training.
  - Translate education materials such as brochures and posters, into different languages.
  - Partner with various other organizations to assist with supporting booths at health fairs across the islands.