



3, 2, 1 GO!

PRACTICAL SOLUTIONS FOR ADDRESSING CANCER CARE DISPARITIES:

Findings from the Hawaii Society of Clinical Oncology

INTRODUCTION

As the most multiracial state in the U.S., Hawaii is comprised of 8 major islands with over 1.4 million residents.¹ Approximately 70% of the population lives in the state capital of Honolulu, on the Island of Oahu.² Native Hawaiian and Pacific Islanders are largely isolated geographically, often limiting health data on this population, as well as their ability to obtain needed services. These issues, among other social determinants of health, contribute to various health disparities.

According to data from National Cancer Institute SEER-funded Hawaii Tumor Registry, Native Hawaiian and Pacific Islander women have a cancer rate of 482 per 100,000,

the highest of all ethnicities, while men in this population group have the second highest incidence compared with all ethnicities at 431 per 100,000.³ Data on these disparities are also often made less visible due to aggregation with data on Asian American population groups.

Representation of Native Hawaiian and Pacific Islanders in health care providers is yet another issue that contributes to the quality of care received by patients. This population is the least represented ethnic group in U.S. medical schools.⁴ They also make up less than 1% of applicants and matriculants each year.⁵



METHODOLOGY

To address these disparities and identify gaps in care for Native Hawaiian and Pacific Islander patients, the Hawaii Society of Clinical Oncology (HSCO) and other Chapter Members of the Association of Community Cancer Centers (ACCC) participated in an education program: **3, 2, 1 Go! Practical Solutions for Addressing Cancer Care Disparities**. The State Society was tasked with aggregating 3 “go-to” resources to advance equity in cancer care, defining 2 recommendations to eliminate disparities in care, and identifying 1 major gap in care that they want to address. The Center for Community Solutions (CCS) was

contracted to facilitate 2 focus groups with patient advocacy organizations and providers to gather insights on disparities and suggestions for solutions during this process.

Participants were recruited via email with a guide summary describing the purpose of the project. The guide was created collaboratively with CCS, ACCC, and HSCO. The patient advocacy organizations focus group was convened on August 18, 2022, and the provider focus group took place on August 29, 2022.

FINDINGS

Participants from both focus groups supported the development of the following suggestions to help eliminate cancer care disparities for Native Hawaiian and Pacific

Islander patients. This is not an exhaustive list, but the resources and recommendations herein offer a starting point to provide better care and support to patients in Hawaii.

GAP TO BE ADDRESSED (1)

Various gaps in advancing healthy equity in Hawaii were shared throughout both focus group discussions. The following identifies potential gaps that could serve as a focus for HSCO as they finalize this phase of the project.

Geography

Geography was the top concern expressed by participants in both focus groups. They shared that the majority of specialists for patients can only be accessed on the major islands of Hawaii and that smaller islands may often have only 1 doctor, causing disparities in accessibility and quality of care. It is often too costly for some patients to get to the larger islands to access this care, as the best way to commute between islands is by air or medical evacuation. Commuting by bus and car can take hours, and many already lack access to these transportation options.

Lack of Trust

Lack of trust was the second major concern of participants in both focus groups. They expressed that providers often lack understanding of Native Hawaiian and Pacific Islander culture and the history behind the mistrust of providers. Examples of important cultural principles include individuals' connection to nature and belief that it is sacred, as well as its use to promote healing and wellness. Western medicine, participants shared, does not often integrate disciplines of holistic medicine, causing many patients from this population to feel misunderstood and uncomfortable with providers who do not understand or acknowledge this important pillar of their culture.

Family connection and involvement was also stressed as an important part of Native Hawaiian and Pacific Islander cultures. Groups shared that providers can often have rules that prevent interaction with family members during care, and that this contributes to mistrust. They also shared that some patients, especially the older adult population, will not seek care or complete follow-up with providers who do not allow them to bring family members.

In addition, language barriers for many can add to mistrust of providers. Translation services are often not comprehensive, as they are limited in the languages offered, such as English or Spanish.

Insurance Coverage

Another major concern that groups shared was the disparities in cancer care due to the type of health coverage that patients have, or lack thereof. For instance, participants shared that patients that have health coverage through Kaiser Permanente may be able to have access to more options for oncology providers and other helpful support offered through its "Quest" program. However, Kaiser Permanente is only offered to patients on certain major islands, so many do not have this insurance and are covered by other Medicaid plans, limiting their cancer care options.

In addition, undocumented Tongan and Samoan immigrants on some islands are often unable to receive services due to the inability to obtain health care coverage.

RECOMMENDATIONS TO ELIMINATE DISPARITIES IN CARE (2)

The following recommendations have been offered to provide options for HSCO to choose from as it narrows its efforts to 2 areas of focus.

Representation in Care

Both focus groups shared that seeing more representation of the Native Hawaiian and Pacific Islander population in provider options would help to reduce patient mistrust. The major concern is that patients in this population do not feel that their culture is acknowledged or understood when receiving care, leading to disconnection during care. Having providers who have similar life experiences to patients can ease their discomfort and lead to improved quality of care. ACCC could work with medical universities to subsidize, attract and retain Native Hawaiian and Pacific Islander providers practicing oncology through tuition subsidization, a relaxation of testing standards, and expenses paid for underrepresented medical students and/or guaranteed positions within medical systems upon graduation.

Cultural Awareness Training of Providers

Several participants felt that cultural awareness training was needed among providers. They shared that there was a need for providers to learn about and recognize the history behind medical mistrust for Native Hawaiian and Pacific Islander patients, and to understand what was most important to them when receiving care. In addition, groups shared that there are various community organizations that serve and are trusted by communities that could help providers to better understand the population and how to develop trust with them.

Translation Services

Participants described Hawaii as a “melting pot” of many cultures. For this reason, health care systems must be able to accommodate the many languages that are represented in patient populations. It can be difficult for patients to trust a provider when they are unable to understand

them, in addition to the arduous task of dealing with their prognosis. Translation services enable providers to better communicate pertinent information leading to better health, and can foster increased understanding with patients, helping to build trust. Providers could conduct a specific audit of available translation services and conduct a quality improvement project on this issue to make availability greater and more efficient.

Offering Patient Education to Improve Health Literacy

There was a general concern that patients often have low health literacy levels, further exacerbating other gaps in obtaining screening, navigation, and other needed health services. As providers work to improve patients’ health literacy, they empower them in decision-making regarding their care, which can contribute to building trust and improving the quality of care patients receive. Groups offered multiple suggestions for how to promote patient education.

One suggestion was to place primary care providers at satellite offices in order to help offer education and support. Another was to coordinate a service like Kaiser Permanente’s “Quest” team in which community health workers would go into patients’ homes who have other health insurance providers and connect with them in their communities to conduct screenings and offer patient navigation. This would be especially helpful in more remote areas with low access to care and other services and could help to reduce barriers created by geography and lack of transportation. One last suggestion was for larger health care systems to connect with navigators who are already serving in communities to better coordinate services and patient education for those receiving specialty care. Groups shared that connecting to navigators who already have relationships with patients in the community could help providers build rapport and lead to increased trust with patients.

RESOURCES TO ADVANCE EQUITY IN CANCER CARE (3)

Language Services Hawaii

Language Services Hawaii provides communication services for many ethnicities, cultural backgrounds, and languages supporting government agencies, non-profits, and companies with interpretation needs both written and oral.

Papa Ola Lokahi

Participants also mentioned that local organizations, nonprofits, and/or churches have been a resource in providing services to the community, especially because they have built a closer connection and trust with community members. They can provide events, such as health fairs, to allow individuals to receive information and screenings, while having the benefit of bringing their families.

Papa Ola Lokahi was one such organization mentioned. It provides workshops and other programming to create

awareness of Native Hawaiian culture and healing practices. This could offer aid to providers seeking to improve their understanding of patients' cultural values. Principles taken from these workshops could then be incorporated into treatment to build trust and improve quality of care.⁶

Lions Club International

Lions Club International was another association that was shared and was praised as a helpful resource that is active in the community. It provides a global network of volunteers and grants to plan and complete various community service projects that focus on supporting families with pediatric cancer patients. These can often include improving health care facilities or lodging, strengthening access to transportation for appointments, providing half-day retreats to families, or planning recreational entertainment for pediatric patients.⁷

CONCLUSION

Participants in both groups offered a helpful perspective into how to help reduce cancer disparities for Native Hawaiian and Pacific Islanders. Both groups emphatically offered that building trust with patients would encourage them to obtain treatment sooner and greatly improve the quality of care that they receive. They also shared that reducing barriers created by geography and inadequate health insurance, or the lack thereof, was imperative.

Some of the suggestions offered to combat these disparities included: 1) having more representation of the population in providers; 2) giving providers cultural awareness training on the values of Native Hawaiian and Pacific Islanders

in regards to family, nature in healing, and the history behind medical mistrust; 3) offering more comprehensive translation services to reduce language barriers, and 4) improving health literacy by offering patient education on topics regarding cancer and navigation services through community health workers and other nonprofits that are already active in communities and have built trust with patients.

As providers work to better understand and incorporate the cultural values of their patients into treatment, and collaborate with trusted community organizations, patients can be empowered and receive a better quality of care.

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Founded in 1996, the **Hawaii Society of Clinical Oncology (HSCO)** is the largest oncology professional organization in the state and a powerful community of oncologists, nurse practitioners, physician assistants, pharmacists and other multidisciplinary care providers involved in the treatment of patients with cancer. HSCO develops innovative member-driven resources that address local and national challenges of care and delivery and prepare each member of the multidisciplinary care team to face the shifting healthcare landscape head-on. As a Chapter Member of the Association of Community Cancer Centers (ACCC) and a State Affiliate of the American Society of Clinical Oncology, HSCO members receive valuable educational content and tools designed to respond to national challenges and trends. For more information, visit acc-cancer.org/state-societies/Hawaii. Follow us on Twitter @OSSatACCC or LinkedIn @Oncology State Societies at ACCC.

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