



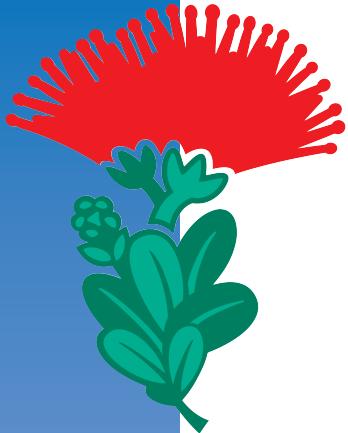
# HAWAII CANCER PLAN 2004-2009



*Developed by the  
Hawaii Comprehensive  
Cancer Control Coalition*

*"Bringing people together to  
coordinate cancer prevention,  
early detection, treatment, sup-  
port and research efforts to  
improve the quality of life for  
residents of Hawaii"*

# Aloha kakou,



*The Lehua,  
is the first blossom  
to appear on  
a new lava flow...  
a symbol of hope  
and new life*

We are very proud of the accomplishments of the Hawaii Comprehensive Cancer Control Coalition in developing the state's first Comprehensive Cancer Control Plan. The plan was created by a group of diverse, focused, and compassionate individuals dedicated to saving lives and improving the quality of life for individuals affected by cancer.

Hawaii Comprehensive Cancer Control Plan is intended as a road map for the next five years to achieve reductions in cancer rates and to improve health outcomes and quality of life for all individuals, families, and communities touched by cancer. We are encouraged by the progress already achieved and mindful that much work needs to be done. The battle against cancer will require the collective effort, cooperation and collaboration of communities, public and private organizations, and individuals to achieve our state vision of "No More Cancer".

I commend the Hawaii Comprehensive Cancer Control Coalition for their excellent work. Hawaii can significantly change the course of cancer through a coordinated effort of organizations working together in a comprehensive, statewide approach to cancer control. There is no doubt that developing and implementing a state cancer plan that addresses the state's cancer burden requires a new way of thinking and working. Lasting partnerships have been developed and strengthened as a result of this strategic plan. We are grateful for those participants and individuals who facilitated the production of this blueprint for action and look forward to ongoing collaboration as we move to implementation of the many objectives of this plan.

Chiyome Leinaala Fukino, MD  
*Director*  
*Hawaii State Department of Health*

# Dear Residents of Hawaii

Although cancer death rates are falling in Hawaii, cancer remains the second leading cause of death in our state, following cardiovascular disease. Effective cancer prevention and control requires an integrated planning process.

The Hawaii Comprehensive Cancer Control Coalition is pleased to present you with the Hawaii Cancer Plan 2004-2009. This plan outlines goals and priorities that will assist Hawaii in making further progress toward reducing the burden of cancer in the present and future. The "No More Cancer" Strategic Plan provides the state with a comprehensive, integrated plan of action that highlights strategies targeting cancer education, prevention, screening, early detection, diagnosis and treatment, and quality of life concerns that include pain management, medical costs, and access to supportive care. To produce this Plan, the Hawaii Comprehensive Cancer Control Coalition examined the current burden of cancer as well as risk factors that contribute to cancer in Hawaii and came to a consensus to establish priorities for the next five years.

This Plan is merely the beginning. As science and practical experience grow, new challenges, innovative tools, and more effective strategies will emerge based on the changing needs of our state's residents. This Plan is intended to be a living, dynamic road map, used by organizations, communities, and individuals to create, implement, and sustain activities to reduce the cancer burden throughout the state. Hawaii's Cancer Plan will involve many sectors of our society, including community-based organizations, medical insurance companies, social groups, the fields of social work, nursing, medicine and education, local public health agencies and state and local government in addition to many individuals across our unique state.

*Thank you for using the Hawaii Cancer Plan. The Hawaii Comprehensive Cancer Control Coalition invites you to join us in our ongoing efforts to further reduce the impact of cancer in Hawaii.*

Ginny Pressler, M.D.

Virginia Pressler, M.D.  
HCCCP Coalition Chairperson

Carolyn Gotay, PhD.

HCCCP Coalition Vice Chairperson

# Table of Contents

Director's Message	Inside Cover
Chair & Vice Chair Message	1
Acknowledgements	3
Comprehensive Cancer Control Strategies For Hawaii <i>Executive Summary</i>	8
Overview	11
The Face of Cancer in Hawaii	12
How Cancer Affects the Citizens of Hawaii	13
Comprehensive Cancer Control Approach to Hawaii's Cancer Problem	15
The Process Used to Develop this Section of this Document	16
NO MORE CANCER	17
<i>The Cancer Vision Statement for the State of Hawaii</i>	
Goals	18
Guiding Principles	19
Crosscutting Issues and Strategies	20
Priority Issues and Recommendations For Each Goal Area	20
TAKE ACTION!	35
<i>To Advance Cancer Control 2004-2009</i>	
The Evolution of Hawaii Comprehensive Cancer Control	36
8 Take Action Strategies 2004-2005	51
Conclusion	53
References	54
Coalition Participant Interest Form	55

COVER PHOTO: RON DAHLQUIST, COURTESY OF HAWAII VISITORS BUREAU

# Acknowledgments

## HAWAII COMPREHENSIVE CANCER CONTROL COALITION

### Members:

Lehua Abrigo, *Papa Ola Lokahi, Inc.*

Alice Adee, MD, *Hospice of Hilo-Hawaii*

Mark Ah Sing, *Tripler Army Medical Center*

Ellen Akaka, MD, *Ke Ola O Hawaii*

Cheryl Albright, PhD,  
*Cancer Research Center of Hawaii*  
*University of Hawaii*

Gary Allen, *Hawaii Business Health Council*

Noa Emmett Aluli, MD,  
*Molokai Family Health Center*

Rep. Dennis A. Arakaki,  
*Hawaii State House of Representatives*

Lloyd Y. Asato, *Office of Rural Health*  
*Hawaii State Department of Health*

Amy Asselbaye, *Office of Congressman Neil*  
*Abercrombie, U.S. House of Representatives*

Sylvia Au, MS, CGC, *Genetics Program*  
*Hawaii State Department of Health*

Rep. Emily Auwae,  
*Hawaii State House of Representatives*

Lulu Bagnol, MPH, CHES, *Breast and*  
*Cervical Cancer Control Program*  
*Hawaii State Department of Health*

Sen. Rosalyn H. Baker, *Hawaii State Senate*

Sheila Beckham,  
*Waianae Coast Comprehensive*  
*Health Center*

Jeffrey Berenberg, MD,  
*John A. Burns School of Medicine*  
*University of Hawaii*

Kim Kuulei Birnie, *Papa Ola Lokahi, Inc.*

Charlene Blair,  
*Hawaii Primary Care Association*

R. Kekuni Blaisdell, MD,  
*John A. Burns School of Medicine*  
*University of Hawaii*

Carol Boback, *Office of Sen. Suzanne*  
*Chun Oakland, Hawaii State Senate*

John D. Boyer, MD, *Queen's Medical Center*

Kathryn Braun, DrPH, *Papa Ola Lokahi, Inc.*

Jonathan Brookfield,  
*Stacy Brookfield Cancer Foundation*

Lee Ellen Buenconsejo-Lum, MD,  
*Pacific Association for Clinical Training*  
*John A. Burns School of Medicine*  
*University of Hawaii*

Sen. Jan Yagi Buen, *Hawaii State Senate*

Polly Busby, *Maui District Health Office*  
*Hawaii State Department of Health*

Cynthia Cabot, MPA,  
*Healthy Hawaii Initiative*  
*Hawaii State Department of Health*

Victoria Calvin, *Hospice of Kona*

Kevin Cassel, BA, *National Cancer*  
*Institute's Cancer Information Services*

Darlena Chadwick, RN, MSN,  
*Hawaii Pacific Health*

Michael Chaffin, MD,  
*Kaiser Permanente Medical Center*

Susan Chandler, PhD, *Director's Office*  
*Hawaii State Department*  
*of Human Services*

Clifford Chang, MPH, CHES,  
*Hawaii Community Foundation*

Sandra Chang, RN, BSN  
*Chronic Diseases Section*  
*Hawaii State Department of Health*

Clayton Chong, MD,  
*St. Francis Medical Center*

Rev. Frank Chong, MSW, MDiv,  
*Individual Participant*

Sen. Suzanne Chun Oakland,  
*Hawaii State Senate*

Tina Clothier,  
*American Cancer Society*  
*Hawaii Pacific, Inc.*

Dorothy Coleman, RN, MS,  
*Cancer Research Center of Hawaii*  
*University of Hawaii*

Jay Conley, *Hospice Hawaii*

Charlene Cuaresma, MPH, *National Cancer*  
*Institute's Cancer Information Services*

Kristine Wallerius Cuthrell, MPH, RD,  
*Cancer Research Center of Hawaii*  
*University of Hawaii*

Chris Dein-Gaughen,  
*Hawaii Tobacco-Free Partnership,*  
*West Hawaii*

Paul DeMare, MD,  
*Pacific Radiation Oncology*  
*Queen's Medical Center*

Roger Drue, *Board of Directors*  
*Kapiolani Medical Center*

Travis Fernandez, *Student*

Ed Fess, MD, *Consultant*

Ines Finin, APRN-CNS,  
*Kapiolani Medical Center*  
*for Women and Children*

Joan Foley, BSN,  
*Spark Matsunaga Veterans Clinic*

Susan Forbes,  
*Hawaii Health Information Corporation*

Beth Freitas, RN, MSN, OCN,  
*Queen's Medical Center*

Chiome Leinaala Fukino, MD,  
*Director's Office*  
*Hawaii State Department of Health*

Sen. Carol Fukunaga, *Hawaii State Senate*

Olga Geling, PhD, *Department of Public*  
*Health Sciences and Epidemiology*  
*John A. Burns School of Medicine*  
*University of Hawaii*

Rebecca Gladu, MD, *Family Practice*  
*Residency Program John A. Burns School*  
*of Medicine University of Hawaii*

Marc T. Goodman, PhD, *Hawaii Tumor*  
*Registry, Cancer Research Center of Hawaii*  
*University of Hawaii*

Carolyn Gotay, PhD, (Vice Chairperson)  
*Cancer Research Center of Hawaii*  
*University of Hawaii*

Joshua Green, MD, *Kau Hospital*

Michael Green, CTR,  
*Cancer Research Center of Hawaii*  
*University of Hawaii*

Euwilde Greenleaf,  
*Personal Parenting Assessment Services*

Sister Francine Gries,  
*St. Francis Healthcare System*

James L. Grobe, Jr., MD,  
*Queen's Medical Center*

Scott Y. Grosskreutz, MD, *Hawaii Breast*  
*Society, HRA Women's Imaging Centers*

Jana Hall, PhD, MBA, *Hawaii Pacific Health*

Ronald Halpern,  
*Compassion in Dying of Hawaii*

Patricia Hamamoto,  
*Hawaii State Department of Education*

Kathleen Hanai-Lee, MSW, LSW,  
*Hawaii Children's Cancer Foundation /*  
*Tripler Army Medical Center*

Jean Hankin, DrPH,  
*Cancer Research Center of Hawaii*  
*University of Hawaii*

Brenda Hernandez, PhD, MPH,  
*Cancer Research Center of Hawaii*  
*University of Hawaii*

Paula Higuchi BA  
*National Cancer Institute's*  
*Cancer Information Services*

Guy K. Hirayama, *Maui Medical Group, Inc.*

Robert Hirokawa, MPH,  
*Hawaii State Asthma Control Program*  
*Hawaii State Diabetes Prevention*  
*and Control Program*  
*Hawaii State Department of Health*

# Acknowledgments

- Benda Ho, RN, MS, *Hospice of Hilo*  
Reginald Ho, MD,  
*Straub Clinic and Hospital*  
Karin Hohman,  
*Strategic Health Concepts, Inc.*  
Laura Hoque, MD,  
*Kapiolani Women's Center*  
Terri Imada, APRN, ANP-C,  
*St. Francis Medical Center*  
Lola Irvin, MEd,  
*Tobacco Settlement Fund Management*  
*Hawaii State Department of Health*  
Mae Isonaga, RD, MPH, *American Cancer Society Hawaii Pacific, Inc.*  
Brian Issell, MD,  
*Cancer Research Center of Hawaii*  
*University of Hawaii*  
Susan Jackson, PhD,  
*Hawaii State Department of Health*  
Stephen P. Jiang, MSW, ACSW,  
*American Cancer Society*  
*Hawaii Pacific, Inc.*  
Lila Johnson, RN, MPH, CHES,  
*Tobacco Prevention*  
*and Education Program*  
*Hawaii State Department of Health*  
Judy Jonas, PhD, RD,  
*American Cancer Society, Texas Division*  
Ann Jones, *American Cancer Society, Hawaii Pacific, Inc.*  
John T. Kaizuka,  
*Hawaii District Health Office*  
*Hawaii State Department of Health*  
Gary K. Kajiwara, *Kuakini Medical Center*  
Pat Kalua, RN, BSN, MAOM,  
*St. Francis Medical Center*  
Momi Kamau, RN, MPH  
*Maternal and Child Health Branch*  
*Hawaii State Department of Health*  
Lana Kaopua, PhD  
*Cancer Research Center of Hawaii*  
*University of Hawaii*  
Rep. Bertha C. Kawakami,  
*Hawaii State House of Representatives*  
Tom Kean, *Strategic Health Concepts, Inc.*  
Mark Kimbrell, MD, *Hospice Hawaii*  
Gregg Kishaba,  
*Hawaii State Asthma Control Program*  
*Hawaii State Department of Health*  
Kent Kitagawa, MPH,  
*Breast and Cervical Cancer*  
*Control Program*  
*Hawaii State Department of Health*  
Ann H. Kobayashi, *Honolulu City Council*  
Jeannette Kojane, MPH, *Consultant*  
Lillian B. Koller,  
*Hawaii State Department*  
*of Human Services*  
Carol Kostubo, RN, MS, MPH,  
*Kapiolani Medical Center*  
*for Women and Children*  
Daryl Kurozawa, MD,  
*Kona Community Hospital*  
Carrie Kuwada, *Hawaii District Health Office*  
*Hawaii State Department of Health*  
Gregory LaGoy, MD,  
*Hospice Maui*  
Morris K. Lai, PhD,  
*Curriculum Research*  
*and Development Group*  
*University of Hawaii*  
Dew-Anne Langcaon, CPA, MACC,  
*Hawaii Pacific Health*  
Lissa Lang, RN, BSN, OCN, *American Cancer Society Hawaii Pacific, Inc., Kauai Unit*  
John Lederer, MD,  
*Pacific Radiation Oncology*  
*Queen's Medical Center*  
Florence Lee, *American Cancer Society*  
*Hawaii Pacific, Inc.*  
Jodi Leslie, MPH, RD,  
*Nutrition and Physical Activity Section*  
*Hawaii State Department of Health*  
Julian Lipsher, MPH, CHES,  
*Tobacco Prevention*  
*and Education Program*  
*Hawaii State Department of Health*  
Clifton Liu, PharmD,  
*St. Francis Medical Center-West*  
Tonya Lowery-St. John, MPH  
*Tobacco Prevention*  
*and Education Program*  
*Hawaii State Department of Health*  
Jay Maddock, PhD,  
*Department of Public Health Sciences*  
*John A. Burns School of Medicine*  
*University of Hawaii*  
John McComas, MPH, *AlohaCare*  
Rep. Bob McDermott,  
*Hawaii State House of Representatives*  
John McDonnell, MD,  
*Hawaii Medical Association*  
Sandra McGuinness,  
*Maui Tobacco-Free Partnership*  
George McPheeters, MD,  
*Straub Clinic and Hospital*  
Michelle Meredith, *Kapiolani Breast Center*  
*Kapiolani Medical Center*  
*for Women and Children*  
Ronald L. Metler, MD,  
*Kauai District Health Office*  
*Hawaii State Department of Health*  
Judy Mikami, RN, MPH,  
*Na Puuwai Native Hawaiian Health*  
Charles Miller, MD,  
*Kaiser Permanente Medical Center*  
Catherine Morris, Esq, JD, CPC,  
*Hawaii Society of Clinical Oncology*  
Paul Morris, MD,  
*Hawaii Society of Clinical Oncology*  
Suzanne Murphy, PhD, RD,  
*Cancer Research Center of Hawaii*  
*University of Hawaii*  
Analika Nahulu, *Office of Hawaiian Affairs*  
Jo-Anna Nakata, *Individual Participant*  
Juanita Namahoe, *Na Puuwai, Molokai*  
Gretchen Neal, MPH, *American Cancer Society Hawaii Pacific, Inc.*  
Mea Neal,  
*Leukemia and Lymphoma Society*  
Claudio R. Nigg, PhD,  
*Department of Public Health Sciences*  
*John A. Burns School of Medicine*  
*University of Hawaii*  
Wendy K. Nihoa, BSW, MAOM,  
*Hawaii Comprehensive*  
*Cancer Control Program*  
*Hawaii State Department of Health*  
Patricia Nishimoto, BSN, MPH, SN,  
*Tripler Army Medical Center*  
Rep. Scott Y. Nishimoto,  
*Hawaii State House of Representatives*  
Marina Nogues, MS,  
*Hawaii State Diabetes Prevention*  
*and Control Program*  
*Hawaii State Department of Health*  
Abraham Nomura, MD, DrPH,  
*Cancer Research Center of Hawaii*  
*University of Hawaii*  
Susan Oliver, RN, *Hospice of Kona*  
Alvin T. Onaka, PhD,  
*Office of Health Status Monitoring*  
*Hawaii State Department of Health*  
David O'Riordan, PhD,  
*Cancer Research Center of Hawaii*  
*University of Hawaii*  
Rep. Marcus R. Oshiro,  
*Hawaii State House of Representatives*  
Chris Pablo, Esq,  
*Kaiser Permanente Medical Center*  
Neal Palafox, MD, *Department of Family*  
*Practice and Community Health*  
*John A. Burns School of Medicine*  
*University of Hawaii*

# ACKNOWLEDGEMENTS

- Laeton Pang, MD, MPH,  
*Pacific Radiation Oncology  
St. Francis Medical Center*
- Lorrin Pang, MD, MPH,  
*Maui District Health Office  
Hawaii State Department of Health*
- Ann Pobutsky, PhD,  
*Community Health Division  
Hawaii State Department of Health*
- Paran Pordell, MPH, CHES,  
*Hawaii Comprehensive  
Cancer Control Program  
Hawaii State Department of Health*
- Rose Ann Poyzer, *Home Care Hospice Healthcare Association of Hawaii*
- Virginia Pressler, MD, MBA, FACS,  
(Chairperson)  
*Hawaii Pacific Health*
- Flory Quarto, RN, MPH  
*Public Health Nursing Branch  
Hawaii State Department of Health*
- Susan Redpath, *Hawaii Affiliate of the Susan G. Koman Breast Cancer Foundation*
- Ken Robbins, MD,  
*Straub Clinic and Hospital*
- Hali Robinett, MPH,  
*National Cancer Institute's Cancer Information Services*
- Charles Roessler, MA, *Tobacco-Free Kauai*
- Linda M. Rosen, MD, MPH  
*Hawaii State Department of Health*
- Paul Ross, APRN, ANPCS, MA,  
*Oncology Services  
St. Francis Medical Center*
- Susan Saka, MEd,  
*Curriculum Research and Development Group  
University of Hawaii*
- David Sakamoto, MD,  
*State Health Planning and Development Agency*
- Florentina Salvail, MS,  
*Behavioral Risk Factor Surveillance System  
Hawaii State Department of Health*
- Lisa Sanchez-Johnsen, PhD,  
*University of Hawaii*
- Adeline Sasaki, *Kauai District Health Office  
Hawaii State Department of Health*
- Jane Sharkey, RN, *Hospice Hawaii, Oahu*
- Sangita Sharma, PhD, RPHNutr,  
*Cancer Research Center of Hawaii  
University of Hawaii*
- Leimomi Shearer, *Hui Malama Ola No  
Oiwi, Hawaii Island*
- Sharon Shigemasa, RN, MS,  
*Cancer Research Center of Hawaii  
University of Hawaii*
- Sharon Sirling, BSN, RN,  
*Maternal and Child Health Branch  
Hawaii State Department of Health*
- Hardy Spoehr, *Papa Ola Lokahi, Inc.*
- Merle Sprague, MD, *Radiation Oncology  
Tripler Army Medical Center*
- Valerie Starkey, RN, *Na Puuwai, Molokai*
- Nancy Strach, LSW,  
*Oncology, St. Francis Health Services*
- Ken Sumida, MD, *St. Francis Medical Center*
- Neal Sutherland, MD, *Kauai Hospice*
- Mary Jo Sweeney,  
*Kauai Rural Health Association*
- Elizabeth Tam, MD, *Department of Medicine  
John A. Burns School of Medicine  
University of Hawaii*
- Tina Tamai, JD, MPH *Tobacco Prevention and Education Program  
Hawaii State Department of Health*
- Allison Taylor, MS, *Genetics Program  
Hawaii State Department of Health*
- Sister Beatrice Tom,  
*St. Francis Medical Center*
- Caryn Tottori,  
*Office of Health Status Monitoring  
Hawaii State Department of Health*
- Leo L. Trinidad, MD,  
*United Filipino Council of Hawaii*
- Jo Ann Tsark MPH, *Papa Ola Lokahi / Imi Hale*
- Arthur Ushijima, *Office of the President Queen's Medical Center*
- Ray Vara, *Straub Clinic and Hospital*
- Robert Walker, *Office of the President Castle Medical Center*
- Roger D. Watanabe,  
*Department of Parks and Recreation  
City and County of Honolulu*
- Jonathan Weisul, MD,  
*St. Francis Medical Center*
- Misae Wela, RN, MS, *Hospice of Hilo-Hawaii*
- Carl Wilhelm-Vogel, MD, PhD,  
*Cancer Research Center of Hawaii  
University of Hawaii*
- Lynne Wilkens, DrPH,  
*Cancer Research Center of Hawaii  
University of Hawaii*
- Robert Wilkinson, MD,  
*Kapiolani Medical Center for Women and Children*
- Myra Williams, MPH, *Care Management  
Hawaii Medical Service Association*
- Suasin Winlove, MD,  
*St. Francis Medical Center*
- Vanessa S. Wong,  
*Department of Family Practice and Community Health  
John A. Burns School of Medicine  
University of Hawaii*
- Danette Wong Tomiyasu, MBA,  
*Chronic Disease Management and Control Branch  
Hawaii State Department of Health*
- Betty Wood, PhD,  
*Public Health Block Grants Management  
Hawaii State Department of Health*
- Barbara Yamashita, MSW,  
*Community Health Division  
Hawaii State Department of Health*
- Tracie Yoshimoto,  
*Hawaii Tobacco Control Coalition  
Hawaii State Department of Health*
- Karleen Yoshioka,  
*Hawaii District Health Office  
Hawaii State Department of Health*
- Jackie Young, PhD, *American Cancer Society Hawaii Pacific, Inc.*
- Ken Zeri, RN, MS, CRNH, *Hospice Hawaii*
- Deborah Zysman, MPH,  
*Coalition for a Tobacco-Free Hawaii*

## 2001 GOVERNOR'S BLUE RIBBON PANEL

Jonathan Brookfield  
 Rev. Frank Chong, MSW, MDiv  
 Paul DeMare, MD  
 Reginald Ho, MD

Brian Issell, MD  
 Pat Kalua, RN, MAOM  
 Carol Kotsubo, RN, MS, MPH

Chris Pablo, Esq  
 Virginia Pressler, MD, MBA, FACS  
 Sharon Shigemasa, RN, MS

Carl Wilhelm-Vogel, MD, PhD  
 Robert Wilkinson, MD  
 Jackie Young, PhD

## 2003-2005 STEERING COMMITTEE

**HCCCP Coalition Chair:**  
 Virginia Pressler, MD, MBA, FACS

**HCCCP Coalition Vice Chair:**  
 Carolyn Gotay, PhD

**Committee Members:**

Sen. Rosalyn H. Baker  
 Travis Fernandez

Stephen P. Jiang, MSW, ACSW  
 Ann Jones  
 Jay Maddock, PhD

Rep. Scott Y. Nishimoto  
 Chris Pablo, Esq  
 Jo Ann Tsark, MPH

Myra Williams, MPH  
 Barbara Yamashita, MSW

## 2003 WORK GROUPS

### **COST/INSURANCE**

**Leader:** Myra Williams, MPH

**Members:**

Gary Allen  
 Polly Busby

Jo-Anna Nakata

Marina Nogues, MS

Lorrin Pang, MD, MPH

### **DATA/SURVEILLANCE**

**Leader:** Ann Pobutsky, PhD

**Members:**

Michael Green, CTR  
 Brenda Hernandez, PhD, MPH

Robert Hirokawa, MPH  
 Tonya Lowery-St. John

Alvin T. Onaka, PhD  
 Paran Pordell, MPH, CHES  
 Susan Saka, MEd

Lisa Sanchez-Johnsen, PhD  
 Caryn Tottori

### **DIAGNOSIS/TREATMENT**

**Co-Leaders:** Kent Kitagawa, MPH • Sharon Shigemasa, RN, MS

**Members:**

Mark Ah Sing

John D. Boyer, MD  
 Kevin Cassel, BA

Darlena Chadwick, RN, MSN  
 Ines Finin, APRN-CNS

Gretchen Neal, MPH

### **EARLY DETECTION**

**Co-Leaders:** Terri Imada, APRN, ANP-C • Flory Quarto, RN

**Members:**

Sylvia Au, MS, CGC  
 Charlene Cuaresma, MPH

James L. Grobe, Jr., MD  
 Lissa Lang, RN, BSN, OCN

Paul Morris, MD  
 Virginia Pressler, MD, MBA, FACS  
 Sharon Sirling, BSN, RN

Leo L. Trinidad, MD  
 Jonathan Weisul, MD

### **PREVENTION**

**Leader:** Claudio R. Nigg, PhD

**Members:**

Joan Foley, BSN  
 Jean Hankin, DrPH  
 Lola Irvin, MEd

Stephen P. Jiang, MSW, ACSW  
 Lila Johnson, RN, MPH, CHES  
 Gregg Kishaba

Carrie S. Kuwada  
 Jodi Leslie, MPH, RD  
 Julian Lipsher, MPH, CHES

Jay Maddock, PhD  
 Charles Roessler, MA  
 Roger D. Watanabe

# Action Leadership Committees

## QUALITY OF LIFE

**Leader:** Jeannette Kojane, MPH

### Members:

Amy Asselbaye  
Rev. Frank Chong, MSW, MDiv

Jay Conley  
Travis Fernandez

Rebecca Gladu, MD  
Carol Kostubo, RN, MS, MPH

Neal Palafox, MD  
Paul Ross, APRN, ANPCS, MA

## RESEARCH

**Co-Leaders:** David O'Riordan, PhD • Hali Robinett, MPH

### Members:

Kristine Wallerius Cuthrell, MPH, RD  
Carolyn Gotay, PhD

Jean Hankin, DrPH  
Paran Pordell, MPH, CHES

Paul Ross, APRN, ANPCS, MA  
Florentina Salvail, MS

Sangita Sharma, PhD, RPHNutr  
Jo Ann Tsark, MPH

## UNIFORM ACCESS

**Co-Leaders:** Lloyd Y. Asato • Analika Nahulu

### Members:

Sen. Rosalyn H. Baker

Judy Mikami, RN, MPH  
Adeline Sasaki

Danette Wong Tomiyasu, MBA  
Barbara Yamashita, MSW

Jackie Young, PhD

## 2004 ACTION TEAMS

## COST/INSURANCE

**Co-Leaders:** Darlena Chadwick, RN, MSN • Scott Y. Grosskreutz, MD

### Members:

Rev. Frank Chong, MSW, MDiv

Ed Fess, MD  
Olga Geling, PhD

Stephen P. Jiang, MSW, ACSW  
Kent Kitagawa, MPH

Michelle Meredith

Olga Geling, PhD  
Michael Green, CTR

Brenda Hernandez, PhD, MPH  
Robert Hirokawa, MPH  
Alvin T. Onaka, PhD

Paran Pordell, MPH, CHES  
Susan Saka, MEd  
David Sakamoto, MD

Florentina Salvail, MS  
Caryn Tottori

## DATA/SURVEILLANCE

**Leader:** Ann Pobutsky, PhD

### Members:

John D. Boyer, MD  
Lee Ellen Buenconsejo-Lum, MD

Charlene Cuaresma, MPH  
James L. Grobe, Jr., MD  
Terri Imada, APRN, ANP-C

Stephen P. Jiang, MSW, ACSW  
Kent Kitagawa, MPH  
Carrie Kuwada

Juanita Namahoe  
Virginia Pressler, MD, MBA, FACS

## EARLY DETECTION

**Leader:** Myra Williams, MPH

### Members:

Lola Irvin, MEd  
Stephen P. Jiang, MSW, ACSW  
Gregg Kishaba

Carrie Kuwada  
Jodi Leslie, MPH, RD  
Julian Lipsher, MPH, CHES

Sandy McGuinness  
Marina Nogues, MS  
Lorrin Pang, MD, MPH

Tina Tamai  
Deborah Zysman, MPH

## PREVENTION

**Leader:** Claudio R. Nigg, PhD

### Members:

Lola Irvin, MEd  
Stephen P. Jiang, MSW, ACSW  
Gregg Kishaba

Carrie Kuwada  
Jodi Leslie, MPH, RD  
Julian Lipsher, MPH, CHES

Sandy McGuinness  
Marina Nogues, MS  
Lorrin Pang, MD, MPH

Tina Tamai  
Deborah Zysman, MPH

# Comprehensive Cancer Control Strategies For Hawaii

## ***Executive Summary***

Cancer is the second leading cause of death in our nation, causing 25% of all deaths each year (ACS, 2004). Last year, more than 5,000 Hawaii residents were told they have cancer (Hawaii Cancer Facts & Figures 2003-2004). In over a six-year period in Hawaii (1995-2000), close to 10,400 of our neighbors lost their lives to this disease. Cancer continues to take a terrible toll on the state, year after year; however, advances in research have brought us to the point where cancer is no longer the automatic death sentence it once was. Today there are over 10 million cancer survivors, not just the individual diagnosed with cancer, but their family, friends, and caregivers (2002). Scientific evidence suggests that it may be possible to reduce cancer deaths by up to one-third by preventing tobacco use, improving nutrition and maintaining a body weight within the recommended range (Hawaii Cancer Facts & Figures 2003-2004). Due to advances in scientific research and

clinical practices as well as increased patient access to clinical trials, the number of residents surviving cancer and defeating it continues to grow in our state.



Hawaii can significantly change the course of cancer through a coordinated effort of organizations working together in a comprehensive, statewide approach to cancer control. Developing and implementing a state cancer plan that comprehensively addresses a state's cancer burden requires a new way of thinking. No single organization has the capacity to address all of Hawaii's cancer control needs. Therefore, during the months of October 2002 - January 2003, approximately 75 key leaders from cancer, health care, and community organizations throughout the state came together for a

series of four meetings sponsored jointly by the American Cancer Society, The Cancer Research Center of Hawaii, and the Hawaii State Department of Health. The overall purpose of the four meetings was to develop a strategic plan that included a common comprehensive cancer control vision for the state of Hawaii and to identify corresponding goals, challenges, and strategies. Framed by guiding principles and overarching crosscutting strategies that include health parity and cultural competency as well as coordination and collaboration, this plan reflects the diversity of the participants and the diversity of our island state. The following eight goals were determined to be the top priorities that will advance cancer control in Hawaii. These goals are:

- Goal 1: Prevention** - Prevent cancer from occurring, especially through education and behavior change strategies.
- Goal 2: Early Detection** - Detect cancer at its earliest stages and assure coordination with cancer management services.
- Goal 3: Diagnosis/Treatment** - When cancer is detected, manage cancer with the most current and effective treatments available.
- Goal 4: Quality of Life** - Assist cancer patients and their loved ones in achieving the highest quality of life available to them.

**Goal 5: Research** - Promote research to advance the capabilities in Hawaii for prevention, early detection, treatment, and quality of life.

**Goal 6: Data/Surveillance** - Improve and maintain a high quality surveillance system on all aspects of cancer to ensure informed decision-making.

**Goal 7: Uniform Access** - Achieve uniform access to cancer services on each island and within each population group.

**Goal 8: Cost/Insurance** - Address cost and payment coverage issues for cancer-related services. Subsequently, 99 strategies were identified to address the eight goal areas and became the cornerstone for the statewide cancer planning during the second year.

In year two, the Coalition prioritized the 99 strategies of the strategic plan to create the "Take Action!" section of the cancer plan. This section includes 22 of the strategies for addressing cancer priorities in Hawaii over the next 5 years.

Eight of the 22 strategies have been selected for implementation throughout 2004 - 2005. Combined, the "No More Cancer" Strategic Plan and the "Take Action!" sections make up the Hawaii Cancer Plan in its entirety. The eight strategies consist of:

## 8 Take Action Strategies, 2004 - 2005

**Prevention Goal: Prevent Cancer from occurring, especially through education and behavior change strategies.**

1. Establish mandatory physical education policies in all schools in Hawaii.
2. Adopt, adapt, and implement proven behavior change interventions targeting increased consumption of fruits and vegetables.
3. Engage in efforts to create norms that positively support smoke-free behavior.
4. Implement "Healthy Foods" policies in schools.

**Early Detection Goal: Detect cancer at its earliest stages and assure coordination with cancer management services.**

5. Conduct patient and public education about the importance of cancer screening with the emphasis that screening saves lives.
6. Develop and conduct health care provider trainings on screening guidelines and the need to talk with patients about the guidelines.

**Data/Surveillance Goal: Improve and maintain a high quality surveillance system on all aspects of cancer to assure informed decision-making.**

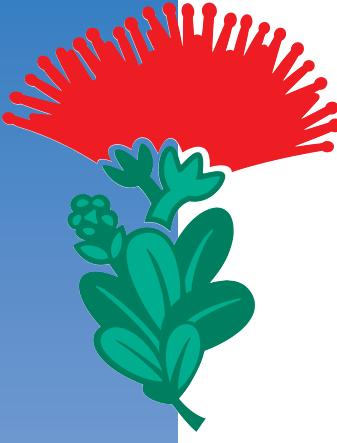
7. Develop a process to share and disseminate information regarding uses of the health data. To assess the cancer problem in Hawaii, our state needs to begin with the best available data.

Five major sources of data are:

- Death certificates;
- Hospital discharge summaries;
- Hospital and physician office pathology reports;
- Hawaii Tumor Registry (SEER) data;
- Behavioral Risk Factor Surveillance System (BRFSS)



PHOTO BY: SRI MAIAVA, COURTESY OF HAWAII VISITORS BUREAU



### **Cost/Insurance Goal: Address cost and payment coverage issues for cancer-related services.**

8. Fund a study that is specific to Hawaii to answer the following questions:
  - What is the average cost of providers to deliver treatment? (chemotherapy, radiation, doctors, hospital stay, etc.).
  - What do health plans reimburse for and how does it differ by health care plan?
  - What is/is not covered by insurance plans?
  - What is the cost of non-reimbursable services such as seeing social workers, obtaining psychological services, or participating in patient navigation programs, etc.?
  - What are the differences between hospital based service reimbursement and medical office service reimbursement-and why?
  - What are the differences between reimbursement and the actual cost of services?
  - What is the funding pool? And how should it be prioritized?
  - What is the list of all the services that comprise cancer diagnosis and treatment?
  - What funding is available for the uninsured and underinsured? Is part of the cost transferred to the insured?
  - What barriers limit access to care due to insurance coverage limitations?
  - Are there other medical economic models?
  - Identify where money can come from to fund prevention and education. (Recommendation 8.2b)
  - Determine the most efficient allocation of resources, e.g., funding the 'front-end' – by spending the same overall amount of money, but putting the money into prevention instead. (Recommendation 8.3a)

---

*Early Hawaiians used the wood to carve sacred temple artifacts.*

---

This Plan is only the beginning. As science and practical experience grow, new challenges, new tools and new strategies will emerge. The intent of this plan is to provide a roadmap for organizations, communities, and individuals to create, implement, and sustain activities to reduce the cancer burden throughout Hawaii. To track progress of the plan, Action Teams will provide regular status updates and the cancer plan will be revisited and updated as state priorities change. Hawaii's Cancer Plan will involve many sectors of our society including community-based organizations, medical insurance companies, social groups, and the fields of social work, nursing, medicine, nutrition, and education, local public health agencies and state and local government in addition to many individuals across our unique state.

The Coalition envisions a Hawaii with "No More Cancer" and this plan is the first step toward that vision!

## Overview

The Hawaii Comprehensive Cancer Control Coalition is a consortium of organizations and individuals with interests in the prevention and control of cancer in Hawaii. The Coalition's membership is more than 100 individuals strong, representing over 75 agencies, stakeholders, and programs from around the state.

The first four meetings of the Hawaii Comprehensive Cancer Control Coalition in 2003 resulted in the creation of the 2003 Hawaii Comprehensive Cancer Control Strategic Plan. The strategic plan outlines eight cancer goal areas with a total of 99 strategies. As would be expected, most of these goals are being addressed to varying degrees, but have not yet been fully achieved.

The Coalition proceeded in the latter part of 2003 and in 2004 to focus on prioritizing the 99 strategies outlined within the "No More Cancer" strategic plan. Work groups created in the first year of cancer control planning represented eight different focus areas consisting of Prevention, Early Detection, Diagnosis and Treatment, Quality of Life, Research, Data/Surveillance, Uniform Access, and Cost/Insurance. The work groups prioritized strategies on the following criteria:

- *Impact:* The strategy will have a significant impact on the cancer burden if implemented.
- *Feasibility:* It is feasible to begin implementing the strategy in the first year of the plan.
- *Progress:* Significant progress in implementing the strategy can be made during the initial year of the plan.
- *Pacesetting Ability:* The strategy, if implemented, will set a stage for other strategies to be implemented in future years of the plan.

The prioritization process resulted in 22 recommended strategies to advance state cancer control through 2009. The work groups also developed the rationale for selection, action steps, and expected outcomes. These are included in the detailed reports in the Take Action section of this monograph.

The 22 strategies were further prioritized, using the same criteria noted above, to derive the eight strategies for implementation in 2004 and 2005.

In 2004, four Action Teams were formed to develop plans for implementation of the eight strategies beginning in 2004.

The Coalition believes that there has never been a better opportunity for individuals and members of various organizations and networks to come together to comprehensively addresses Hawaii's cancer burden.

Thank you for using the Hawaii Cancer Plan. We would like to invite you to join our efforts to further reduce the impact of cancer here in Hawaii. If you would like to join this effort please complete, and send in, the form at the end of this document.

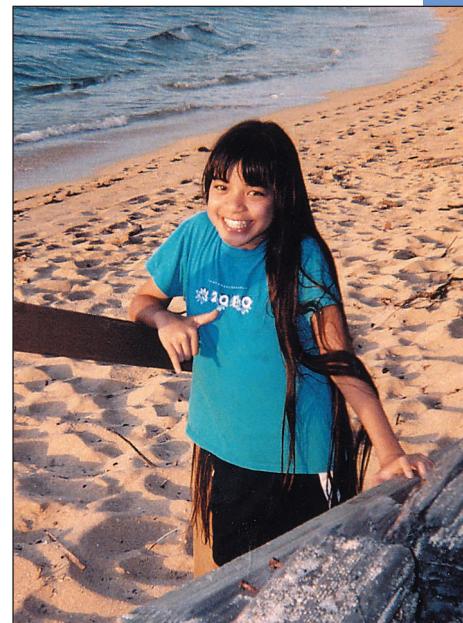


PHOTO BY: GENNY MONIZ

## The Face of Cancer In Hawaii

Each year, more than 5,000 of Hawaii's residents are diagnosed with cancer and 1,800 of these individuals will die from the disease. The cancer burden is disproportionate for specific population groups. The four leading cancers in Hawaii are lung, colorectal, breast, and prostate cancers. As Figure 1 illustrates, lung cancer incidence rates are highest among Native Hawaiian and Filipino males. Native Hawaiian women have the highest incidence of breast and lung cancers with Caucasian females being the second most affected group for these cancer types.

Native Hawaiians, Caucasians, and Filipinos have the highest cancer mortality rates in the state. As demonstrated in Figure 2, Native Hawaiian males and females have the



PHOTO BY: DANITOMIYASU

servings of fruits and vegetables per day, more than half of this number do not engage in regular physical activity and are overweight, and 189,000 are smokers.

Inadequate screening for cancers such as breast, cervical, prostate, and colorectal, in addition to low enrollment in cancer clinical trials further contribute to the state's current cancer dilemma. The geographical characteristics unique to the state (urban and rural areas on multiple islands) hinder uniform access to cancer diagnosis and treatment for residents of Hawaii.

highest rates of lung cancer mortality, Native Hawaiian females have the highest mortality from breast cancer, and Caucasian males have the highest mortality from prostate cancer. Major sites of cancer incidence and mortality within the state of Hawaii by sex are further depicted in Figures 3 and 4.

Specific behaviors, such as tobacco use, poor diet, and lack of regular physical activity directly impact the cancer burden in Hawaii. The most recent Hawaii Behavior Risk Factor Surveillance System (BRFSS) data suggest that over 720,000 adults do not eat five

# How Cancer Affects The Citizens of Hawaii

**Figure 1. Cancer Incidence Rates (leading sites) in Hawaii**

		Caucasian Rate	Chinese Rate	Filipino Rate	Hawaiian Rate	Japanese Rate	Total Rate
Lung	Male	78.3	61.2	85.4	96.9	55.8	71.8
	Female	53.0	29.9	32.3	64.1	23.2	37.6
Colorectum	Male	65.3	52.3	70.9	55.9	82.8	67.8
	Female	43.3	45.5	33.7	41.4	52.0	44.4
Stomach	Male	13.1	12.6	18.2	21.8	33.0	22.6
	Female	6.9	10.2	8.1	12.4	14.6	11.6
Melanoma	Male	62.8	0.4	3.1	2.6	1.7	20.5
	Female	29.8	1.2	0.7	2.2	2.2	10.2
Breast	Female	149.6	109.8	93.1	162.4	133.2	128.3
Corpus Uteri	Female	22.2	16.0	22.5	33.6	25.0	24.1
Prostate	Male	155.6	130.9	143.5	100.5	113.0	127.4

Rates are average annual rates per 100,000, age-adjusted to the 2000 US standard population. Incidence Rates: 6 year average 1995-2000. Source: Hawaii Tumor Registry at the Cancer Research Center of Hawaii

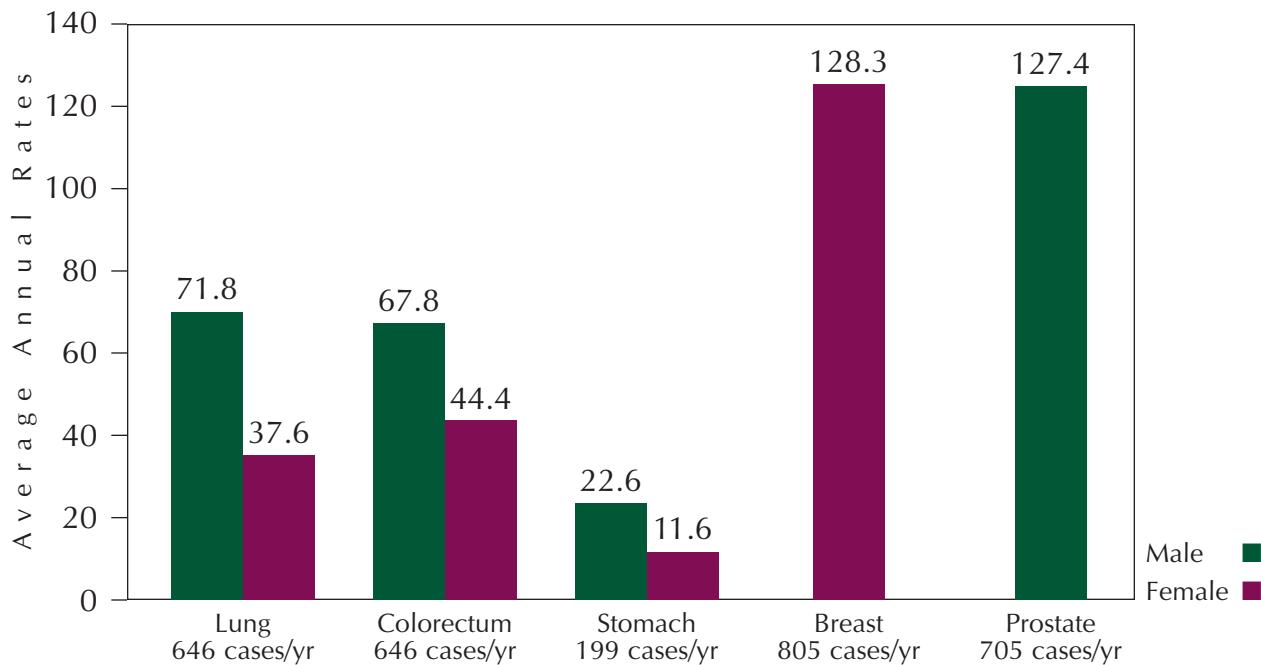
**Figure 2. Cancer Mortality Rates (leading sites) in Hawaii**

		Caucasian Rate	Chinese Rate	Filipino Rate	Hawaiian Rate	Japanese Rate	Total Rate
Lung	Male	47.4	49.7	54.1	75.9	38.5	50.6
	Female	30.2	22.6	20.4	48.2	14.4	24.8
Colorectum	Male	15.7	11.3	15.6	24.0	20.8	18.3
	Female	10.7	11.2	9.0	14.2	12.3	11.7
Stomach	Male	3.6	4.7	6.9	14.8	19.9	12.3
	Female	3.2	5.9	3.3	9.1	8.5	6.6
Pancreas	Male	7.5	10.9	10.2	11.0	10.8	10.5
	Female	4.9	8.5	6.4	12.0	9.0	8.2
Breast	Female	22.6	14.9	14.2	31.0	12.2	18.1
Prostate	Male	23.5	13.7	22.6	21.9	14.2	19.9

Rates are average annual rates per 100,000, age-adjusted to the 2000 US standard population. Mortality Rates: 6 year average 1995-2000. Source: Hawaii Tumor Registry at the Cancer Research Center of Hawaii

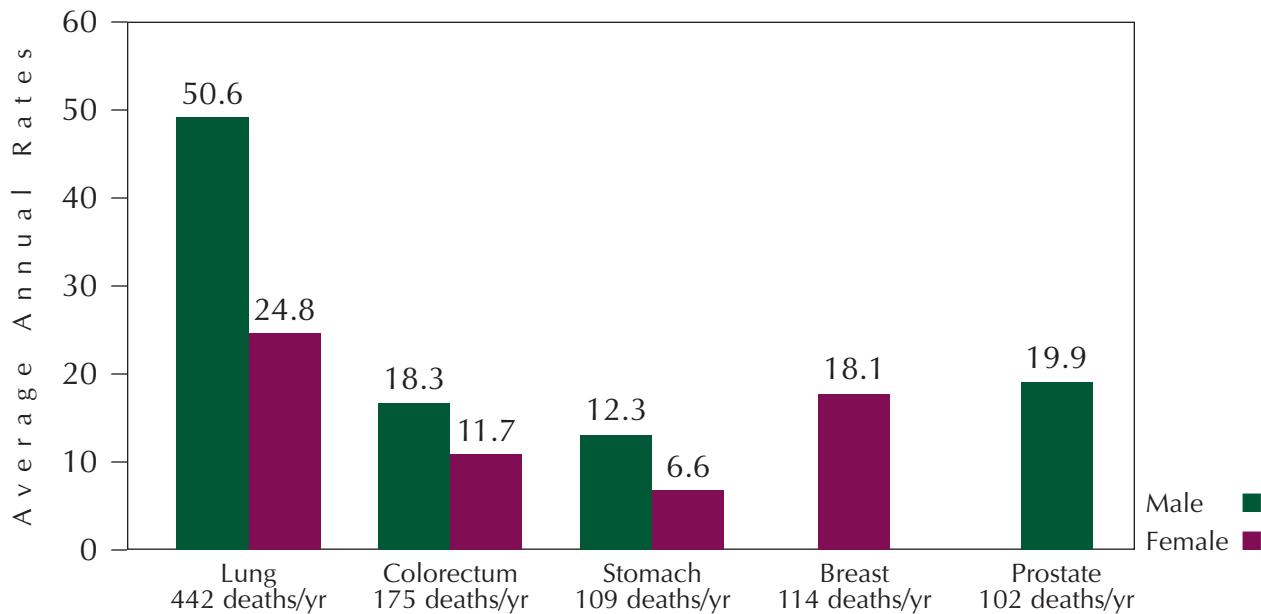
# Cancer Rates

**Figure 3: Cancer Incidence Rates and Counts by Sex  
(Leading Sites) in Hawaii, 1995-2000**



Counts are average annual. Rates are per 100,000 and are age-adjusted to the 2000 US population. Source: Cancer Research Center of Hawaii, Hawaii Tumor Registry.

**Figure 4: Cancer Mortality Rates and Counts by Sex  
(Leading Sites) in Hawaii, 1995-2000**



Counts are average annual. Rates are per 100,000 and are age-adjusted to the 1970 US population. Source: Cancer Research Center of Hawaii, HTR and Hawaii DOH, OHSM.

# Comprehensive Approach To Cancer in Hawaii

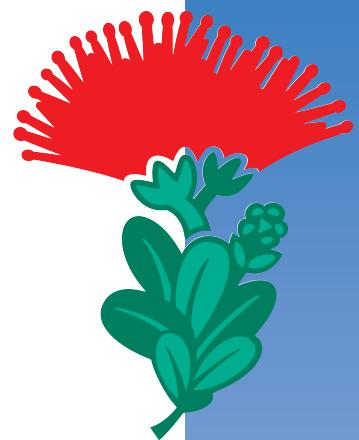
Hawaii has a wide array of effective programs designed to reduce the burden of cancer on the people of Hawaii. These programs span the spectrum of the cancer disease continuum. For example, Hawaii cancer programs include: programs designed to prevent cancer from occurring (e.g., youth tobacco use prevention programs); to detect cancer at the earliest stage, (e.g., breast cancer screenings such as mammograms); to provide access to state-of-the-art treatment programs (e.g., cancer clinical trials); and to have programs focused on improving the quality of life of cancer patients, survivors, and their families (e.g., support groups and hospice).

Many of these programs are conducted by organizations and agencies working independently throughout the state. This approach provides an opportunity to leverage the resources and knowledge gained from these individual cancer efforts to create a more comprehensive and interconnected approach to the cancer problem in Hawaii.

Many states across our nation are beginning to address their state cancer problem with a comprehensive cancer control strategy. These states are finding both tangible and intangible benefits of leveraging their individual programs into a more coordinated and synergistic cancer control approach. These benefits include:

- Enhancing and integrating the strengths of 'site specific' programs (e.g., breast cancer, skin cancer, prostate cancer, etc.) to help create a stronger and broader cancer program.
- Decreasing the likelihood of duplication of effort among cancer programs.
- Responding to increased public interest in a holistic approach rather than segmented care for the individual diseases, cancer sites, or risk factors.
- Establishing new program opportunities across the complete spectrum of disease (prevention, early detection, diagnosis and treatment, palliation, survivorship, and end of life).
- Creating a unified vision that allows the public, state leaders, and organizations interested in the cancer problem to see gaps as well as opportunities in addressing the cancer burden in their state.
- Advocate for disparate populations as identified by surveillance data.

This comprehensive approach will more effectively address cancer as well as enhance the quality of life of individuals, families, and our communities.



---

*The flower  
was used  
to help relieve  
severe pains  
of childbirth.*

---

## The Process Used To Develop This Section of This Document

Developing and implementing a state cancer plan that comprehensively addresses a state's cancer burden requires a new way of thinking and working together. No single organization within the state has the capacity to address all of Hawaii's cancer control needs. Therefore, leaders of these organizations can benefit from engaging in a process that involves a shared vision and a commitment to new levels of coordination and cooperation.

During the months of October 2002 - January 2003, approximately 75 key leaders from cancer, healthcare, and community organizations throughout the state were brought together for a series of four meetings sponsored jointly by the American Cancer Society and the Hawaii State Department of Health's Hawaii Comprehensive Cancer Control Program. The overall purpose of the four meetings was to develop a common comprehensive cancer control vision for the state of Hawaii and to identify corresponding goals, challenges, and strategies.

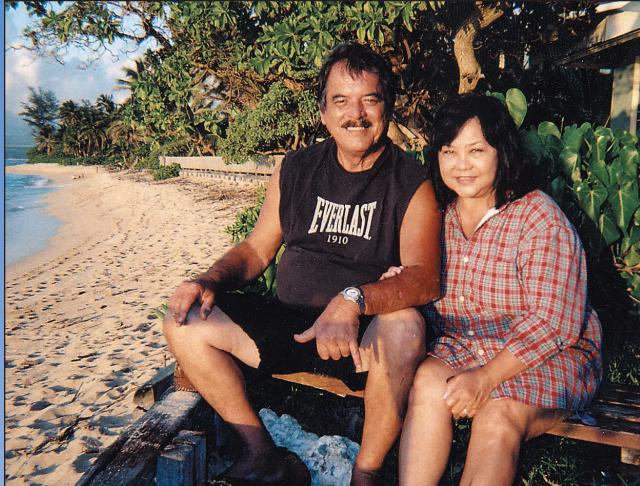


PHOTO BY: EZRUM NIHOA

- The work done by the team who attended the American Cancer Society / Center for Disease Control Comprehensive Cancer Control Leadership Institute in December of 2001.
- The Governor's Blue Ribbon Panel on Cancer Care in Hawaii, Final Report, May 2002.

The "No More Cancer" Strategic plan is the cornerstone of the more detailed action plan.

This Strategic Plan Section contains goals, issues, and recommended strategies that were used to progress towards a comprehensive cancer plan for the state of Hawaii. Phase two of the planning included:

- Identify on-going activities in each of the goal areas.
- Identify major barriers in reaching the cancer goals.
- Prioritize the issues and strategies and assure alignment with guiding principles and crosscutting issues.
- Identify specific approaches and tasks needed for each issue and corresponding strategies.
- Create an infrastructure to assure the successful implementation of the plan.

# NO MORE CANCER STRATEGIC PLAN



## 2003 Work Groups

---

Cost/Insurance  
Diagnosis/Treatment  
Prevention  
Research

Data/Surveillance  
Early Detection  
Quality of Life  
Uniform Access

# Goals

## **Changing Cancer Rates in Hawaii:**

- Goal 1:** Prevent cancer from occurring, especially through education and behavior change strategies.
- Goal 2:** Detect cancer at its earliest stages and assure coordination with cancer management services.
- Goal 3:** When cancer is detected, manage it with the most current and effective treatments available.
- Goal 4:** For cancer patients and their loved ones, assist them in achieving the highest quality of life available to them.

## **Enhancing Hawaii's Cancer Control Infrastructure**

- Goal 5:** Actively encourage and promote research to advance the capabilities in Hawaii for prevention, early detection, treatment, and quality of life.
- Goal 6:** Improve and maintain a high quality surveillance system on all aspects of cancer to assure informed decision-making.
- Goal 7:** Achieve uniform access to cancer services on each island and within each population group.
- Goal 8:** Address cost and payment coverage issues for cancer-related services.



PHOTO BY: JOE SOLEM, COURTESY OF HAWAII VISITORS BUREAU

# Guiding Principles

***Comprehensive cancer control in Hawaii is guided by the following principles:***

- Decision-making will be driven by the best available data.
- Data will be used to identify disparities in the cancer burden among Hawaii residents and plans will be made to reduce those disparities.
- Coordination and collaboration are essential to achieving the goals of this plan and assuring implementation. By working together, more can be done to reduce the cancer burden in Hawaii than could be accomplished if we continue our individual efforts.
- Application of state-of-the-art knowledge, technology, and practices will be the foundation for all strategies and actions the plan promotes.
- Cancer and its impact on the people and population of Hawaii are social justice issues. We must diligently seek equal access to comprehensive cancer services for all people in Hawaii.
- Cultural competency by health professionals and health systems in Hawaii is a key ingredient for the success of this plan.
- The plan actively supports the recommendations and strategies found in other statewide plans that address cancer-related issues (e.g., the Statewide Tobacco Prevention and Control Plan, the Governor's Blue Ribbon Panel Report).
- Everyone in Hawaii will be touched at some time by cancer. Thus, cancer control is the responsibility of everyone in Hawaii—its institutions, organizations, individual citizens, families, businesses, and communities.
- The cancer plan will be a road map of the efforts needed in Hawaii to reduce the cancer burden. Priorities will be set within the plan to act on the greatest needs and most achievable, realistic strategies and actions.
- Many worthwhile and effective cancer efforts are currently underway in Hawaii and throughout the nation. The state cancer plan will identify existing efforts and strive not to duplicate those efforts, but rather, where appropriate, to build, enhance, and expand on them, for the benefit of all citizens in Hawaii.



PHOTO BY: JOE SOLEM, COURTESY OF HAWAII VISITORS BUREAU

## Crosscutting Issues and Strategies

Crosscutting issues and strategies emerged during the course of the meetings. These issues and strategies are defined as 'crosscutting' because they cross several of the goal areas. The following issues and strategies were classified as crosscutting:

- Centralized Functions and Resources: The group identified the need for a centralized, statewide mechanism and clearinghouse to coordinate and integrate a variety of cancer efforts within the state of Hawaii. These include: cancer navigator programs, care coordinators, physician resources, data resources, clinical trial information, and website information.
- Coordinated Education: Coordinated and collaborative efforts to educate the public, health professionals, and diverse populations are necessary to deliver strong messages in an effective and efficient approach.
- Advocacy: A coordinated effort to engage in advocacy and policy development is recommended as a critical function needed in order to achieve the goals of the state cancer plan.
- Cultural Competence: Cancer prevention and control messages, interventions, screening programs, treatment, and all aspects of care should be developed and effectively delivered in a culturally competent manner to address Hawaii's diverse ethnic population. Parity in Hawaii's health professional workforce must be achieved and coupled with cultural competency so that successful implementation occurs.
- Defined Roles: Role clarification of all parties that contribute and participate in cancer care is needed to reduce conflicts, duplication of efforts, and impasses on critical issues. An open dialogue on roles and responsibilities could mitigate problems and smooth implementation of the state cancer plan. In addition, it is important to acknowledge of the various organizations and individuals who contribute to the success of the plan.
- Dedicated Cancer Implementation Resources: The need for identifying and mobilizing resources will be critical to achieve the important goals in the state cancer plan. A specific strategy to secure these resources is crucial to assure implementation, accountability, and progress in the state cancer plan.

## Priority Issues and Recommendations For Each Goal Area

Participants met in workgroups to examine data in each of the eight goal areas to discuss issues and to recommend strategies to address these issues. This section should be viewed as a starting point for the state's action plan. It is expected that this planning document will be open for modification - one that will evolve, grow, and become more comprehensive over time.

**Goal 1: Prevent cancer from occurring, especially through education and behavior change strategies.**

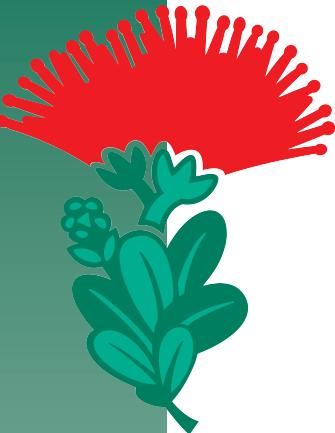
**Issue #1:** Tobacco use by the citizens of Hawaii, especially in certain population groups, remains at an unacceptable level.

**Suggested Recommendations (not prioritized):** The following recommendations are based on these desired outcomes:

- Prevent youth initiation of tobacco use.
- Increase adult cessation efforts.
- Eliminate exposure to second-hand smoke.
- Eliminate disparities of tobacco use among population groups.
- Reduce the influence of the tobacco industry.

- 1.1a Increase the price of tobacco by raising the cigarette tax.
  - Assure that the revenue from cigarette taxes is used for tobacco prevention efforts.
- 1.1b Enact and enforce smoke-free workplace policies.
  - 100% of workplaces should be smoke-free, including restaurants, bars, and nightclubs.
- 1.1c Engage in efforts to create norms that positively support smoke-free behavior.
  - Develop culturally-appropriate messages that promote a smoke-free environment and lifestyle.
  - Partner with existing health promotion efforts, such as the Healthy Hawaii Initiative's **Start.Living.Healthy.** Campaign.
  - Emphasize both smoke-free and litter-free environments such as beaches, (e.g. Hanauma Bay and Waikiki Beach), bus stops, and within cars and homes.
- 1.1d Engage in youth education from preschool through high school.
  - Promote media literacy to youth. For example, speak with youth at schools about tobacco ads and the industry's tactics and influence. This can be empowering to youth at a time when they yearn to be empowered.
  - Collaborate with the teen telephone hotline.
  - Work collectively within the community to promote the Great American Smokeout annual event as a way to get Hawaii's youth to become active ambassadors of health.
- 1.1e Offer cessation interventions to a broad range of individuals needing these services: youth, pregnant women, adults, older adults, persons with chronic diseases, and diverse populations.
  - Cessation interventions should be evidence-based
  - Cessation interventions should identify effective stress management strategies and confront the root causes of tobacco use.
  - Nicotine replacement options need to be covered by third-party payers.
  - Tap into existing programs that can teach parents about healthy living (e.g., Healthy Start).

**Issue #2:** The nutritional intake and overall diet of Hawaii citizens needs to be improved to decrease the risk of obesity, cancer, and other chronic diseases. The citizens of Hawaii consume too much fat, too much sugar, and too few vegetables and fruits, resulting in an increased prevalence of overweight and obese youth and adults.



### **Suggested Recommendations (not prioritized):**

---

- 1.2a Adopt, adapt, and implement proven behavior change interventions targeting increased consumption of fruits and vegetables.
  - Educate the public regarding the importance of healthy diets to prevent and reduce the effects of many chronic diseases.
- 1.2b Address price, availability, and awareness in order to increase the likelihood that people in Hawaii will choose healthy foods for themselves and their families.
  - Eliminate taxes on locally grown fruit and vegetables to encourage eating fresh and healthy foods.
  - Develop partnerships with the food industry (manufacturers, restaurants, fast food restaurants, grocery stores, etc.) and work together on healthy food awareness campaigns and promotions.
- 1.2c Implement "Healthy Food" policies in schools.
  - Develop and implement school policies that limit and replace foods with low nutrient value (e.g., soda, candy, chips, etc.). Policies should address foods available in vending machines, the cafeteria, fundraising efforts, class meetings, and parties.
- 1.2d Develop culturally appropriate education and interventions.
  - Fund the development and implementation of interventions that address cultural norms and food preferences.
  - "Nutrition" programs should emphasize the use of local vegetables and fruits as well as highlight healthy food preparation and local recipes.
  - Adapt the "5-A-Day" program to include local foods and preparations (e.g., stir fry, lau lau, stews, etc.).
  - Promote Organic when appropriate.

**Issue #3:** Overall, the citizens of Hawaii engage in too little physical activity, which contributes to high rates of obesity, chronic disease, and cancer. Promote and support regular physical activity since it has been shown to improve an individual's health.

*The root is used to treat earache, and nose and throat discomfort.*

---

### **Suggested Recommendations (not prioritized):**

---

- 1.3a Establish mandatory physical education policies in all schools in Hawaii.
  - Partner with the Hawaii Department of Education to develop and implement physical education policies.
  - Assure that physical education is truly "active", by encouraging the adoption of an active PE curriculum, (e.g., individual or small group activities rather than large group activities - which often results in 'waiting time').
  - Promote skills that support a lifetime of physical activity.
  - Encourage an increase the number and types of physical activity options available to students in class.
  - Partner with the Hawaii Department of Education to encourage the development of curriculum that requires families to do physical activities as "homework" activities.
- 1.3b Promote physical activity / fitness-friendly communities and environments.
  - Work with state and county transportation agencies to increase the availability and safety for individuals to be physically active within Hawaii's communities. For example, develop policies for physically active 'friendly' streets.
  - Promote parks, streets, community activities, and events that encourage different types of physical activity (e.g., walking, running, swimming, bicycling, paddling, basketball, tennis, surfing).

- 1.3c Adopt or adapt, and implement proven physical activity behavior change interventions.
- Promote an increased awareness and educate the public on the importance of regular physical activity.
  - Promote the guidelines for recommended levels of physical activity.
  - Communicate strategies on how physical activity can be integrated into everyday activities with family and friends.
  - Create tailored messages targeted at different groups' readiness to adopt regular physical activity.
- 1.3d Create and implement worksite wellness programs and physical activity opportunities.
- Approach sedentary workplaces with strategies such as walking groups and corporate challenges.
  - Study energy expenditures of various job types, (clerical vs. construction vs. hotel employees, etc) in order to gather local data on this issue.

***Goal 2: Detect cancer at its earliest possible stages and assure coordination with cancer management services.***

**Issue #1: Universal screening for major cancer sites (colorectal, breast, oral, skin, lung) should be promoted and conducted in Hawaii.**

**Suggested Recommendations (not prioritized):**

- 2.1a Address cultural issues in various population groups and how those issues influence the population's colorectal, breast, oral, skin, and lung cancer screening behavior.
- Engage community leaders within Hawaii who are trusted within specific ethnic communities and are familiar with the culture to be involved in communication and community outreach efforts to promote the use of cancer screening tests. This is especially true for breast cancer screening in women.
  - Emphasize prostate and lung cancer screenings within the Filipino population.
  - Locate funds to conduct research on cultural competency issues.
  - Partner with the University of Hawaii and other identified institutions in the development of culturally appropriate interventions.
- 2.1b Require all detection recommendations (as outlined by ACS, NCI, or the U.S. Preventive Health Services Task Force) to be paid for by third party payers.
- Develop a mechanism to determine which organizational screening recommendations to adopt and promote. Engage in developing and passing a legislative mandate to accomplish this.
  - Utilize community citizens to lobby for this legislation, especially cancer survivors or those families directly affected by cancer.
  - Identify what screening tests are currently adequately covered by which insurance groups. For those that are not covered, encourage insurance groups to agree to voluntary coverage.
  - Support education of insurance payers on the importance of coverage and adherence to screening recommendations, requirements, and standards.
- 2.1c There must be strong and direct linkages to screening services and timely treatment of patients diagnosed with cancer.
- Ensure federally funded programs and / or funded state legislation for the timely treatment of cancer. This should be inclusive of patient navigation services to ensure timely and quality care from diagnosis to resolution.

**Issue #2: In order to increase the rates of recommended cancer screening tests obtained by residents of Hawaii, education on the importance and benefits of screening tests should be provided to the public as well as to health care providers.**

**Suggested Recommendations (not prioritized):**

---

- 2.2a Conduct patient and public education about the importance of cancer screening with the emphasis that screening saves lives.
  - Develop and implement a mass media campaign.
  - Consider the American Cancer Society Tell-A-Friend program as a model education program.
  - Develop strategic partnerships with various ethnic groups in order to build relationships, understand the issues, and develop programs.
  - Develop and implement culturally specific education campaigns that address screening methodology, available resources, and insurance coverage.
  - Work with specific population groups to develop train-the-trainer programs.
  - Utilize free services from the media for awareness campaigns.
  - Work with worksites and employers to assist them in understanding the importance of the issue and promoting cancer screening to their employees. For example, employers could support cancer screening by allowing employees to receive mammograms during the work day at a clinic or onsite with the use of a mobile mammography unit.
- 2.2b Develop and conduct health care provider training on screening guidelines and the need to talk with patients about the guidelines.
  - Specific providers to receive training would include:
    - Primary care physicians
    - OB / GYN physicians
    - Radiologists
    - Oncologists
    - Nurses
    - Mammography Technicians
    - Nutritionists
    - Social Workers
    - Health Care Provider students, such as medical students and nursing students
    - Community Outreach Workers
- 2.2c Ensure a high level of cultural competency (awareness/sensitivity) in all public and health care professional education and trainings that occur.
  - Involve representatives from target population groups in the development and planning of health care professional education and training. Look to existing models that have shown success such as the American Cancer Society program, Ka Lokahi Wahine, a culturally competent curriculum for health care professionals when treating Native Hawaiian women.
  - Translate education materials, such as brochures and posters, into different languages.
  - Ensure presentations to target populations are conducted by individuals who speak the same language as the audience and who are familiar with the cultural beliefs of that target population.
  - Ensure adequate follow-up and referral when cancer is detected through screening.

**Issue #3:** Residents have unequal access to recommended screening services, which burdens rural, indigent, and specific medically underserved and ethnic populations. Accessibility to care is hindered by lack of transportation, insurance, providers, screening equipment, services, and a shortage of health care professionals that understand the languages, cultural beliefs, and practices of our multi-ethnic population.

**Suggested Recommendations (not prioritized):**

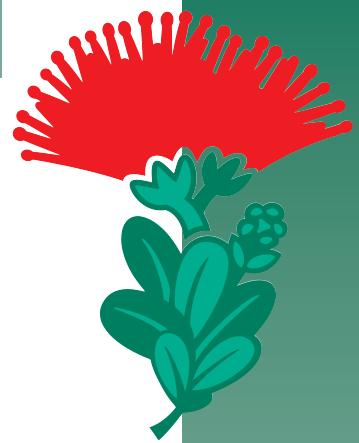
- 2.3a Increase provider availability and reduce transportation barriers by utilizing existing health care providers and community health centers to conduct screening services.
- Physician shortages are most prevalent among subspecialties such as gastroenterology, urology, and oncology.
  - Establish telemedicine capabilities between islands and health care providers.

**Goal 3: When cancer is detected, manage it with the most current and effective treatments available.**

**Issue #1:** A lack of coordinated and timely state-of-the-art cancer treatment with patients who have cancer exists. This is a significant issue for Hawaii's rural as well as its urban areas.

**Suggested Recommendations (not prioritized):**

- 3.1a Create a coordinated and centralized uniform point of information and service access for patients and their providers.
- Develop a statewide referral system to a 'care coordinator'. The care coordinator would provide individual with disease specific assistance and would be knowledgeable about the resources available.
  - The 'care coordinator' would be available to anyone in the state.
  - The American Cancer Society or the National Cancer Institute's Cancer Information Service at the Cancer Research Center of Hawaii may be good points of contact for this service.
  - This service must be referral-based and have systems in place for assuring central coordination and quality assurance.
- 3.1b Increase physician knowledge on best practices of cancer care for each site by providing physician education.
- Physician education must be current and have established communication methods for keeping physicians informed on an ongoing basis.
  - Education should encourage physicians to provide treatment according to current protocols and to encourage participation in clinical trials.
  - A desirable dissemination method would set up a central point of access and would set standards and protocols.
  - Establish and disseminate clinical algorithms and clinical guidelines for provision of care.
  - Involve the University of Hawaii John A. Burns School of Medicine in the development of this recommendation by preparing future physicians to provide effective, current, and compassionate cancer care.
- 3.1c Establish a statewide standard of service (STOS) to assure consistency in cancer treatment and equity in care across all ethnic and income groups throughout the state.



*Lehua Honey is made from the Lehua blossoms of the Ohia tree.*



*As development takes place in Hawaii, the Obia forests are receding.*

- 3.1d Encourage a multidisciplinary approach to cancer care by establishing and conducting tumor-specific boards.
- Not all hospitals have tumor boards, therefore utilize strategies such as telemedicine technology, or conference calling to link providers and caregivers with other health care providers – especially within rural areas.
  - Tumor boards could be rotated statewide in order to assure consistency and increase knowledge and application of best clinical practices.
  - Locating funding for this as well as a central organization to take this responsibility on is needed.
- 3.1e Increase the availability of one-on-one patient and family education.
- Patients should have access to one-on-one counseling and educational assistance to help them navigate and filter through the vast amount of information that exists.
- 3.1f Assure social workers can provide their patients with linkages to support groups and additional resources for all cancers.
- Patients should be able to talk to other patients or survivors who have had the same diagnosis at the same stage and who are undergoing similar treatment. This is often done via telephone, Internet, or support group meetings.
- 3.1g Establish a web site for improving access to information for physicians, nurses, social workers, case managers, patients, and families.
- An existing web site (rather than creating a new one) could be enhanced to improve access to cancer information, including Hawaii state specific information such as screening, treatment and counseling resources and insurance information, etc.
  - Recognizing that all persons do not have access to the Internet or do not wish to use the Internet, case managers would remain a key information contact person.
  - This web site would not address social justice and access issues.
- 3.1h Eliminate financial disincentives for collaboration among physicians, health care centers, and insurance companies that provide cancer care. Enact state legislation that supports these measures.
- At times insurance coverage creates adverse incentives for physicians to work together.
  - There is a need for reimbursement to be based on quality outcomes rather than things such as site of care, (e.g., providing chemotherapy in offices vs. hospitals).
  - Establish mechanisms for systematic feedback to physicians and hospitals on quality control, measures, and outcomes.
- 3.1i Establish infrastructure and support systems to facilitate physicians' ability to provide quality care.
- Act on the Governor's Blue Ribbon Report recommendations to: 1) establish a comprehensive cancer center; 2) assure coordinated approaches to cancer care, screening, treatment, and quality of life issues; and 3) establish an outpatient cancer center in partnership with community partners. \*See also Goal 3, Issue 3
- 3.1j Assure that patients who are eligible for clinical trials are enrolled in a trial where available.
- This could be done via a care coordinator.

**Issue #2: Treatment disparities due to geography exist. This issue needs to be eliminated.**

**Suggested Recommendations (not prioritized):**

---

- 3.2a Conduct a feasibility study to implement and achieve an electronic medical record system for the state that is in compliance with HIPAA regulations.
- 3.2b Establish videoconferencing opportunities and availability.
  - Videoconferencing can be used for tumor boards (see Recommendation 1.4 in this goal area) and consultations. This methodology can provide consistency and equality in cancer care throughout the state.
- 3.2c Creating electronic solutions to address the lack of coordinated and timely cancer treatment with patients who have cancer (Issue #1).
  - This includes previously mentioned strategies such as linking patients to a care coordinator and implementing tumor boards across the state.
  - The purpose of this recommendation is ultimately to eliminate disparities in cancer treatment.
- 3.2d Identify and communicate volume threshold for quality control.
  - The number of cases that a surgeon or hospital performs is a direct link to quality outcomes. Minimal volumes have been established by medical societies to assure quality outcomes.
- 3.2e Create a support system for patients and their families traveling to Honolulu.
  - For example, traveling expenses such as hotel stays transportation to and from treatment sites, and airfare.
  - Engage insurance carriers in this dialogue.
  - Identify opportunities for subsidies.
- 3.2f Identify which treatment services are appropriate at each site.
  - Determine if there should be Satellite sites or Centers of Excellence.
- 3.2g Develop culturally tailored approaches to cancer care.
  - Religion and culture can limit, enhance, and/or multiply treatment options that are acceptable to patients.
  - Identify and train caregivers who can relate to and connect with specific cultures.
  - Improve recognition of the mind/body/spiritual aspects of care.
  - Improve access to complementary and holistic care.
  - Increase health care providers' knowledge of complementary care. Often cancer patients are using complementary or alternative medicine and treatments but are not informing their health care team.
- 3.2h Provide physician education and continuing medical education, as well as, continuing education for nurses and social workers.
- 3.2i Provide assistance for the statewide tumor registry - help small hospitals.

**Issue #3: There is a lack of availability of clinical trials as well as enrollment in clinical trials by eligible patients.**

**Suggested Recommendations (not prioritized):**

---

- 3.3a Increase the availability and enrollment in phase I, II, and III clinical trials.
- 3.3b Create satellite facilities for access to clinical trials or a 'mother ship' model.
  - Develop a system for the central coordination of enrollment in clinical trials with decentralized access to clinical trial care through satellites.

- 3.3c Educate the public, patients, and health care providers on all aspects of clinical trials.
- 3.3d Create a centralized Institutional Review Board (IRB).
- 3.3e Coordinate administration and data support for statewide satellite facilities.
  - Address funding for staff, infrastructure, and operations.
- 3.3f Establish physician incentives and eliminate financial disincentives for physician participation in clinical trials.
  - Make available clinical trial support staff.
  - Create finder's fees or commissions for enrolling patients in clinical trials. This could also be in the form of staff support.
  - Funding of satellites could be based on accrual to clinical trials.
- 3.3g Establish ancillary help to facilitate participation in clinical trials.
  - Ancillary help could be nurses and clerical assistants to keep data current as well as graduate and medical students doing internships in the subject of clinical trials.
  - Establish electronic access to updated clinical trials.
- 3.3h Develop partnerships with educational institutions, such as medical schools, universities, cancer organizations, community-based hospitals, and clinics.
- 3.3i Obtain institutional support of clinical trials by employing strategies such as implementing incentives for putting patients on clinical trials, developing institutional policies, mentoring of MDs, conducting CME training for MDs, etc.
- 3.3j Develop a mass media campaign that promotes screening and clinical trials.

***Goal 4: For cancer patients and their loved ones, assist them in achieving the highest quality of life available to them.***

**Issue #1:** There is a need to educate patients and improve their accessibility to a better variety of quality of life services such as symptom management (nausea, fatigue, vomiting, depression, etc.), pain management, palliative care, and end-of-life care and services.

**Suggested Recommendations (not prioritized):**

- 
- 4.1a When a patient is diagnosed with cancer, identify the patient and the family's needs regarding quality of life desires and expectations.
    - Provide access to a 'care coordinator' as soon as a patient is diagnosed. The care coordinator would be a paid staff person who asks quality of life questions, including financial issues and helps a patient navigate the cancer care issues they will face. The relationship with the 'care coordinator' would be ongoing vs. a one-time meeting. The 'care coordinator' is knowledgeable about community and state resources.
    - A volunteer / companion should be available to patients as they go through their cancer treatments and as other needs arise during their care.
    - There is not much data on quality of life in cancer patients; therefore, additional quantitative data are desired.
    - Location of a treatment facility is important to patients.
    - Elevate the importance of discharge planners and their role in a cancer patient's care.

4.1b Conduct a resource assessment to determine what is currently available to patients regarding quality of life services.

- Create an inventory of what services and resources are available, and where they are located.
- Identify a research center to conduct this assessment as well as one group to pull together all the existing information and research together.
- Locate any existing information on this subject. The American Cancer Society has done community assessments that may contain this type of information. Also, identify other states that have done similar assessments and look at their results.

**Issue #2:** **Cancer patients can benefit greatly from a broad range of health and quality of life services. Often these services are either not available or not located at one location. A great need exists to assure there are health care settings/oncology centers that provide comprehensive cancer programs and services.**

**Suggested Recommendations (not prioritized):**

4.2a Establish comprehensive cancer programs and services that:

- Approach cancer as a chronic disease rather than an acute illness.
- Are available to all patients regardless of insurance coverage or financial status.
- Address the unique characteristics of Hawaii, including demographics, cultural diversity, and geography.
- Include a ‘navigator-type’ program that provides the patient with one-on-one assistance to navigate the health care system after a cancer diagnosis.
- Provide services such as: patient education, reducing post treatment impact, spiritual support, services and resources to minimize the financial impact of cancer care, family counseling, connection to support systems, and genetic counseling.
- Identify other models throughout the country to examine, including the American Cancer Society Navigator Program.
- Propose population based studies to determine what additional service and capacity is needed to better address the needs of cancer patients and their families.

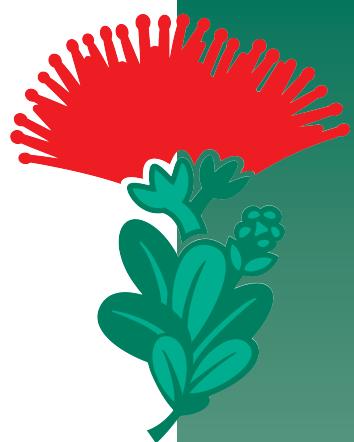
4.2b Obtain stakeholder buy-in for establishing oncology centers that provide comprehensive cancer services.

- Buy-in includes funding, professional expertise, advice, and participation.
- Stakeholders should see the opportunities to bring their strengths to the table.
- Stakeholders include physicians, patients, survivors, cancer organizations, community organizations, insurers, payers, etc.

**Issue #3:** **Cancer care should not have a dramatic economic impact on a patient or their family. Therefore, measures should be taken to reduce any financial burden to the patient and family because of a cancer diagnosis and treatment.**

**Suggested Recommendations (not prioritized):**

4.3a Define and communicate this problem using personal stories and real life experiences.



*The dominant tree in the rainforest canopy is the ohia.*

- Include aspects of the financial impact on the individual patient, the family, the facilities that were or were not available to the patient, the effect that the geographic location of treatment had on the patient and any insurance coverage issues.
  - Identify any existing data on the financial impact that cancer has on individuals and families.
- 4.3b Propose legislation to counteract the negative financial impact that cancer care can have on patients and their families.
- Promote universal access to cancer services. For example, in Hawaii if you are pregnant you get access to MedQuest insurance coverage immediately.
  - Assure that no legislation is passed that would take away the requirement of employer-mandated health insurance.
  - Encourage the state to change reimbursement policies in MedQuest and Medicaid – so that no patient is left untreated.

**Goal 5:** *Actively encourage, promote, and disseminate research to advance the capabilities in Hawaii for prevention, early detection, treatment, and quality of life.*

**Issue #1:** There is a lack of new investigators, particularly from priority populations.

**Suggested Recommendations (not prioritized):**

- 5.1a Develop training for new and potential investigators; including graduate and undergraduate education.
- 5.1b Provide mentoring programs to navigate the research process.
- 5.1c Support science and research within high schools, particularly science fair activities.

**Issue #2:** There is a need to expand research opportunities to increase cancer prevention and control research.

**Suggested Recommendations (not prioritized):**

- 5.2a Improve connectivity between researchers, research money, and resources.
- 5.2b Conduct cultural competency training.
- 5.2c Ease navigation of the IRB process.
- 5.2d Develop and enhance partnerships between institutional organizations, the community, and funders.
- 5.2e Increase opportunities for communities to have input in identifying research priorities.
- 5.2f Propose population based studies which will elucidate more information about cancer risk and preventive factors (detailed studies); house to house survey?

**Issue #3:** There is a need to improve the dissemination of evidence-based practices. For example, translating data findings and research results into practice, services, and policy.

**Suggested Recommendations (not prioritized):**

- 5.3a Develop mechanisms for sharing data and research results at the state and community level.

- 5.3b Increase community based participatory research.
- 5.3c Develop and enhance community partnerships and opportunities for group consensus around emerging issues.
- 5.3d Develop forums to discuss emerging issues.
- 5.3e Identify measures of success for all screening programs.

***Goal 6: Improve and maintain a high quality surveillance system on all aspects of cancer to assure informed decision-making.***

**Issue #1:** There is a need for the collection of detailed race data and an agreement on the set of definitions for collapsing this data into categories.

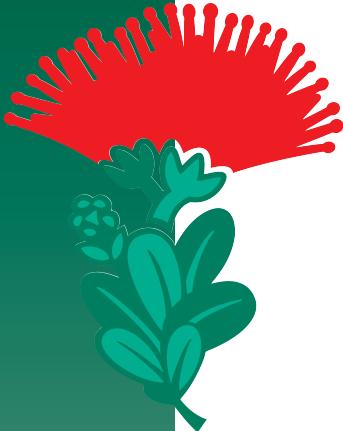
**Suggested Recommendations (not prioritized):**

- 6.1a Encourage broader participation in the Department of Health data collection standardization process; include participation from hospitals, universities, insurance companies, and private and not for profit businesses.
- 6.1b Request that the Department of Health establish a policy on standardizing the collection and categorization of ethnicity data.
  - Currently, there is movement within the Department of Health towards achieving this recommendation.
- 6.1c Develop a process to have an ongoing relationship between census personnel and Hawaii researchers who collect ethnicity data.
  - The output would be local input into national procedures and forewarning of upcoming changes.
- 6.1d Establish a process to communicate to program data managers and researchers the standard ways of collecting and using data, without dictating the manner of data collection.
  - For example, some groups will need to collect data on specific Pacific Islander groups and others will not. This is satisfactory as long as there are guidelines for collapsing groups in a similar manner.
  - Encourage groups that are not currently collecting ethnicity-specific data to do so.
  - Develop and communicate a framework that every project should be able to collect data they want and to understand how to collapse the data into standard groups.

**Issue #2:** There is a need for better linkages and systems to capture data among all parts of the data system.

**Suggested Recommendations (not prioritized):**

- 6.2a Create a data warehouse that is capable of linking death records, birth records, tumor registry records, insurance claims data, discharge data, and available clinical data (e.g., clinical trials and physician data).
  - There needs to be a procedure for insuring confidentiality and security - meeting all HIPAA rules.
  - This warehouse would be strictly for research and surveillance purposes - not for patient management.



The lehua symbolizes resilience. The lehua has the ability to plant itself in opposing conditions and is one of the first trees to grow on new lava flows. The Hawaiian value associated with the lehua is booma (perseverance). We envision a community of resilient learners who persevere in all situations

- The Hawaii Outcomes Institute is providing staff and funding for the startup of this idea.
- The warehouse will identify available data and who has authority for linkage and/or release, and who has authority to house linked data.
- The first round of this start-up will include BRFSS, Vital Statistics (birth and death records), DHS data, and YRBSS (youth smoking).
- It is desired that the data warehouse strive to be as broad as possible and linked to other data sources.

**Issue #3: There is a need to identify and implement better ways to turn data into action.**

**Suggested Recommendations (not prioritized):**

- 6.3a Develop a process to share and disseminate information regarding uses of the health data.
  - This could start with the users of the data warehouse.
  - Increasing the awareness of the data available and resources to the community will help drive better project planning for the government, health care agencies, and employers.
- 6.3b Work with the Department of Education and workplaces to disseminate accurate data.
  - Encourage schools and workplace wellness programs to use data.
  - The data warehouse could create training modules for using data in schools, workplace programs, and community groups
  - SEER and BRFSS websites are examples of methods for data dissemination.
- 6.3c Develop tips for the media on how to use data.

**Goal 7: Achieve uniform access to cancer services on each island and within each population group.**

**Issue #1: There is a need to increase the cancer capacity throughout the state, both by building programs and by building linkages to programs.**

**Suggested Recommendations (not prioritized):**

- 7.1a Identify an agency to coordinate partners in all communities.
- 7.1b Improve linkages among health care agencies and providers and increase the collaboration among them.
- 7.1c Educate and train health professionals regarding resource agencies (i.e., Cancer Research Center of Hawaii-Cancer Information Services, American Cancer Society).
- 7.1d Medical and other health fields' curricula should include cancer data and information.
- 7.1e Share training opportunities among agencies.

**Issue #2: There is a need to have culturally competent health care providers in all communities.**

**Suggested Recommendations (not prioritized):**

- 7.2a Recruit, train, and support community people in the health professions.

- 7.2b Conduct cultural competency training for existing health professionals and students.

**Issue #3:** Often finances are a burden to cancer care – this should not be the case. Strategies should be identified to minimize this impact.

**Suggested Recommendations (not prioritized):**

- 7.3a Advocate for preventive, basic, and new treatments and devices - of traditional and complementary origin.
- 7.3b Advocate for basic nutritional counseling, preventive care, screening, counseling, and follow-up.
- 7.3c Identify resources that assist with:  
Initial expenses  
Budgeting  
Navigating the cancer care system  
Treatment
- 7.3d Advocate for federal responsibility for CFA migrants from US-associated Pacific eligible for Medicaid and Medicare.
- 7.3e Advocate for reimbursement for care-related expenses such as travel, transportation, accommodations, drugs, etc.

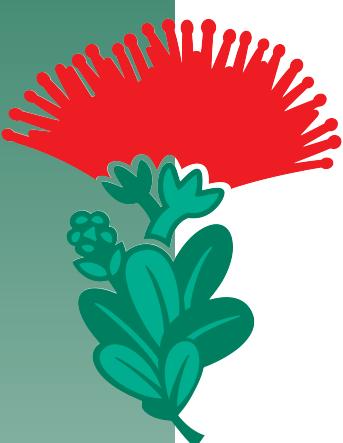
**Goal 8: Address cost and payment coverage issues for cancer related services.**

**Issue #1:** There is a need to address the question, 'Is reimbursement not sufficient for cancer care?'

**Suggested Recommendations (not prioritized):**

- 8.1 Fund a study that is specific to Hawaii to answer the following questions:
1. What is the average cost of providers to deliver treatment?  
(Chemotherapy, radiation, doctors, hospital stay, etc.)
  2. What do health plans reimburse and how is it different by plan?
  3. What is covered by insurance plans and what is not?
  4. What is the cost of non-reimbursable services such as social workers, psychological services, patient navigation programs, etc.?
  5. What are the differences between hospital based service reimbursement and medical office service reimbursement – and why?
  6. What is the difference between reimbursement and the actual cost of services?
  7. What is the funding pool? And how should it be prioritized?
  8. What is the list of all the services that comprise cancer diagnosis and treatment?
  9. What funding is available for the uninsured and underinsured? Is part of the cost transferred to the insured?
  10. What barriers limit access to care due to insurance coverage limitations?
  11. Are there other medical economic models? How does Hawaii compare to the cost and coverage in other states? If big discrepancies, why?

**Issue #2:** There is a need to fund the cost of non-reimbursable cancer care, prevention, screening, research infrastructure, and psychosocial infrastructure.



#### **Suggested Recommendations (not prioritized):**

---

- 8.2a Identify the cost / benefit (averted cost of treatment and YPLL) of preventive services.
- 8.2b Identify where money can come from to fund prevention and education.
- 8.2c Study quantifiable outcomes of prevention programs.
- 8.2d Address the issue that smoking cessation services are not reimbursable.
- 8.2e Identify alternative professional providers that can be reimbursed to provide preventive care.
- 8.2f Identify which disease management programs and psychosocial care services are covered by health insurance.

#### **Issue #3: There is a need to increase the efficiency of the distribution of resources.**

#### **Suggested Recommendations (not prioritized):**

---

- 8.3a Conduct a study to determine the most efficient allocation of resources, e.g., funding the 'front-end' – by spending the same overall amount of money, but putting the money into prevention instead.
  - The study should answer:
    - Is it not enough money, or is it just poorly distributed?
    - If it is not enough money, then where can new money come from?  
For example, a supplemental tax on cigarettes to fund cancer care.
- 8.3b Advocate for tort reform – making sure the money from healthcare is used to support treatment or more cancer research for more people.
  - This is one way to increase the pool of money available to cancer care by reducing the cost of litigation, malpractice insurance, and legal fees.
  - This may be an access issue – having physicians stop performing certain procedures due to the risk.
  - Defensive medicine is also an issue – physicians order more tests, not do experimental treatment, etc.
- 8.3c Identify funding for case coordinators / social workers for both pediatrics and adult cancer care.
  - This is especially needed for rural patients and uninsured or underinsured patients.
  - Determine if there is federal funding available for this.
- 8.3d Increase the ability of independent practitioners to have access to resources.
  - For example, federal funding for South Pacific Islanders seeking care in Hawaii.
  - There is an aging physician population without new physicians entering the state – we need to establish succession planning in MD training, and establish recruitment and retention strategies such as housing, education, etc.
  - Increase neighbor island access to MD specialists.
  - Provide coverage for physicians to travel to neighbor islands.
  - Expand the use of telemedicine technologies.
  - Conduct employer and union education on health care benefits. The outcome of this would be improved decision making on the selection of health plans.
- 8.3e Institute an enforcement-type strategy to increase patient compliance with their obligations under their health care plan to make their co-payments.

# TAKE ACTION!

## *To Advance Cancer Control 2004-2009*



### 2004 ACTION TEAMS

---

Cost/Insurance • Data/Surveillance  
Prevention • Early Detection

# The Evolution of Hawaii Comprehensive Cancer Control

## *It's all about the strategies*

Hawaii Comprehensive Cancer Control (HCCC) planning represents a complex, constantly evolving initiative that is shaped and colored by the combined knowledge, experiences, and commitment of a conglomerate of individuals from a variety of backgrounds who came to the cancer planning table with different expectations, agendas, and viewpoints. Some worked with one another for the first time in order to share resources and insights that would take Hawaii closer to better defining the burden of cancer on its residents. Coalition members shared the vision of creating a Hawaii with "No More Cancer".

The Comprehensive Cancer Control planning process, or CCC provides an opportunity for key stakeholders to work with one another to coordinate cancer prevention, early detection, treatment, support and research efforts in order to improve the quality of life for Hawaii's diverse residents.

The following illustration specifically addresses the CCC planning process from a strategic point of view. In Capacity Building Year 1, stakeholders, partners, and concerned citizens came together to create a strategic plan, which is located in the front of this document. The creation of the strategic plan resulted in the identification of 99 specific strategies that relate to eight focus areas: Prevention, Early Detection, Diagnosis & Treatment, Quality of Life, Research, Data/Surveillance, Uniform Access, and Cost/Insurance. Each of the 99 strategies addresses a specific issue and includes suggestions by which to address the issue comprehensively. Upon closer examination of each strategy, it was apparent that many of the strategies required in-depth involvement from a team of experts for successful implementation to occur within a 5-year time frame.



It was decided that addressing all 99 strategies at once was not the most suitable manner in which to move forward with comprehensive cancer control planning efforts. Therefore, in Capacity Building Year 2, the Coalition's eight Work Groups spent a considerable amount of time analyzing, further defining, and prioritizing the 99 strategies based on feasibility, sustainability, and precedence setting, or the ability for one strategy to pave the road for additional strategies to be accomplished in the future. In the end, the coalition identified 22 strategies. However, realistically implementing the 22 strategies required resources that were unavailable. As a result, in the latter part of Year 2, the entire Coalition came to a consensus to focus on eight specific strategies to implement and take action.

The Take Action! section of this document includes two lists: the "22 Priorities to Advance Cancer Control through 2009," and the "8 Priorities to Advance Cancer Control in 2004-2005." Both lists expand upon the contents of the strategic plan to include a rationale for selection, suggested action steps, and expected outcomes.

The Hawaii Comprehensive Cancer Coalition will continue its work to implement and monitor this plan. It is the hope of the Coalition that through collaborative and coordinated efforts, the plan's goals and objectives will be achieved, and the burden of cancer in Hawaii will be significantly reduced.

## 22 PRIORITIES TO ADVANCE CANCER CONTROL THROUGH 2009

### ***Goal 1: Prevent cancer from occurring, especially through education and behavior change strategies.***

**Issue #1** Tobacco use by the citizens of Hawaii, especially in certain population groups, remains at an unacceptable level.

**Issue #2** Overall, the citizens of Hawaii engage in too little physical activity, which contributes to a high rate of obesity, chronic disease, and cancer. Promote and support regular physical activity since it has been shown to improve an individual's health.

**Issue #3** The nutritional intake and overall diet of Hawaii citizens need to be improved to decrease the risk of obesity, cancer, and other chronic diseases. The citizens of Hawaii consume too much fat, too much sugar, and too few vegetables and fruits, resulting in an increased prevalence of overweight and obese youth and adults.

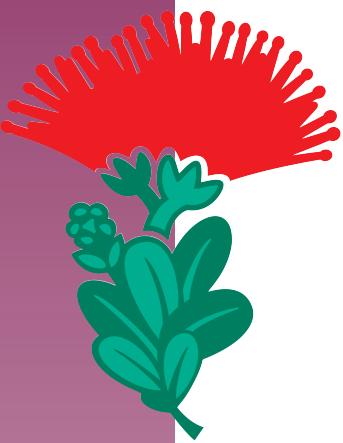
### **Prevention Strategy #1**

---

1.3a Partner with the Department of Education to encourage establishment of Physical Education (P.E.) requirements all schools in Hawaii. (Refer to Issue #3)

#### **Rationale**

Physical Activity – Colon Cancer, Breast Cancer, (possibly Prostate Cancer), Other Chronic Diseases (Diabetes, Obesity, etc.), physical and mental benefits, and lifelong habits/skills.



## Key Action Steps

### STEP 1: Develop guidance document - problem, need, and rationale.

- Identify current DOE PE policies. Identify partners from other health fields (cardiovascular, elderly care, diabetes, etc) who target similar interventions.
- Research data/evidence of P.E. - health and academic link.
- Identify "model" P.E. programs locally and nationally,
- Develop recommendations re: implementing mandatory P.E. requirements (best practice to less stringent).
- Identify possible barriers to establishing mandatory P.E. policies.

### STEP 2: Establish relationships with DOE and DOH – agreement/support is necessary to implement strategy.

- a. Identify/contact key players (e.g., DOE-DOH Coordinated School Health Program, P.E. Resource Teachers, teacher advocates for P.E., etc.).
- b. Develop group members' roles/responsibilities.
- c. Identify how these relationships will provide positive change to the existing DOE P.E. policy.
- d. Identify other stakeholders who need to be a part of this (UH, HHI, HMSA, etc.)
- e. Begin dialogue with DOH administration, especially our administrators who may have differing views re: mandatory P.E. policies.

### Expected Outcomes

All children (K-12) will participate in regular physical activity and P.E. in school. Support a lifetime of physical activity. Improve individuals' overall health and lead to a decrease in obesity, chronic disease, and cancer rates.

## Prevention Strategy #2

- 1.2a Adopt, adapt, and implement proven behavior change interventions targeting increased consumption of fruits and vegetables. (Refers to Issue #2)

### Rationale

Fruit and vegetable intake – decreases risk of certain cancers and other diseases.  
Proven interventions – maximize effectiveness.

## Key Action Steps

Work with Hawaii 5-a-Day Coalition, and other relevant/interested agencies  
Provide support to develop a Hawaii 5-a-day assessment and strategic plan:

- Develop list of all Hawaii Fruit and Vegetable programs.
- Highlight the successful programs. Identify partners from other health fields (cardiovascular, elderly care, diabetes, etc) who target similar interventions.
- Develop list of successful national Fruit and Vegetable programs.
- Include recommendations for these programs to be adopted by programs in Hawaii.
- Literature search of successful Fruit and Vegetable interventions.
- Assist searching/applying for implementation funding.

### Expected Outcomes

Increased fruit and vegetable consumption among all people living in Hawaii by increasing awareness, motivation, availability, affordability and accessibility to fruit and vegetables.

### **Prevention Strategy #3**

---

- 1.1c Engage in efforts to create norms that positively support smoke-free behavior.  
 (Refers to Issue #1)

#### **Rationale**

- Smoking - 30 % of all cancer deaths; nearly 90 % of lung cancers.
  - also associated with cancers of the mouth, pharynx, larynx, esophagus, pancreas, cervix, kidney, and bladder.
- Secondhand smoke - 3,000 cancer deaths nationwide.
- Hawaii - 1 in 5 adults are current smokers.
- Higher rates - Native Hawaiians, low-income, and Neighbor Island residents.
- About 1 in 5 households in Hawaii has an adult who smokes.

#### **Key Action Steps**

- Support local tobacco control coalition
  - Strong local smoke-free ordinances (Maui and Kauai)
- Support local enforcement of clean indoor air legislation

#### **Expected Outcomes**

Increase the number of counties with clean indoor air legislation for all worksites

#### **Key Action Steps**

- Enact state legislation banning smoking in all public and private worksites

#### **Expected Outcomes**

- Bring Act 245 (328K.2) to current public health standards

#### **Key Action Steps**

Design education/awareness program aimed at families regarding the dangers of exposure to smoke in homes.

#### **Expected Outcomes**

Increase the number of households with a smoker that reports the household is smoke-free.

#### **Key Action Steps**

1. Design education/awareness program aimed at families regarding the dangers of exposure to smoke in automobiles.
2. Collaborate with Safe Infant Seat campaign to provide information and reminders for smoke-free automobiles

#### **Expected Outcomes**

Increase the number of households with a smoker that report their personal vehicles are smoke-free

#### **Key Action Steps**

1. Increase the trainings (in brief intervention and specialist categories) of individuals who can support or assist smokers to quit.
2. Collaborate to develop a quit line.
3. Promote increased coverage by public and private insurance of pharmacotherapy and counseling services for smokers.
4. Promote health professional proficiency in identifying smokers during clinical visits and offering brief interventions.
5. Create media campaign to focus on smoking cessation.

### ***Expected Outcomes***

Increase the number of smoking cessation resources and services

### **Prevention Strategy #4**

1.2c Implement "Healthy Food" policies in schools. (Refers to Issue #2)

#### ***Rationale***

- Childhood obesity is increasing at epidemic proportions throughout the nation.
- Obesity has been identified as a risk factor for certain cancers
- Foods high in fat and/or sodium have been linked to increased risk of acquiring certain cancers.
- Foods available in schools, i.e., fundraisers, school clubs, snack stores, etc., currently do not have to meet any specific nutritional standards.
- Foods obtained through these venues are typically high calorie, high in fat, sugar, and/or sodium content.

#### ***Key Action Steps***

1. Develop partnerships with relevant organizations (i.e., Department of Education, Kapiolani Medical Center, Hawaii Medical Services Association, American Cancer Society, American Heart Association, PTSAs, etc.).
2. With these partnerships, assist in developing an assessment of the nutrition school environment and a strategic plan, including information on:
  1. Existing school food policies.
  2. Who are the "decision-makers" in schools who determine and establish policies pertaining to food availability, choice, and nutrition.
  3. Who enforces school food policies and how are they enforced.
3. Once an assessment and strategic plan are completed, work with the partnerships in implementing "Healthy Food" policies through identified key strategies in Hawaii's schools.

### ***Expected Outcomes***

- Increased number of Hawaii schools that implement and enforce "Healthy Food" policies.
- Increased number of "Healthy Food" policies in Hawaii schools. See example policies in guidance document.

### ***Goal 2: Detect cancer at its earliest stage and assure coordination with cancer management services.***

**Issue #1** Proven universal screenings for major cancer sites (colorectal, breast, etc.) should be promoted and conducted in Hawaii

**Issue #2** In order to increase the rates of recommended cancer screening tests obtained by residents of Hawaii, education on the importance and benefits of screening tests should be provided to the public as well as to health care providers.

**Issue #3** Residents have unequal access to recommended screening services, which burdens rural, indigent, and medically underserved and ethnic populations. Accessibility to care is hindered by lack of transportation, insurance, providers, screening equipment, services, and a shortage of health care professionals who understand the cultural beliefs and practices of our multi-ethnic population.

## **Early Detection Strategy #1**

- 2.2a Conduct patient and public education about the importance of cancer screening with the emphasis that screening saves lives. (Refers to Issue #2)

### **Rationale**

- Groups with the lowest percentage of early diagnosis for the following cancers are:
  - Colorectal cancer: Native Hawaiian (39%), Filipino (43.8%), Japanese (44%)
  - Breast Cancer: Native Hawaiian (63.3%), Filipino (64.1%)
  - Prostate cancer: Filipino (70%), Native Hawaiian (77.6%), and Caucasian (77.6%)
  - Cervical cancer: Filipino (39%), Chinese (40%), and Native Hawaiian (57.4%)
  - Among Asian groups in Hawaii, foreign-born Asians, when compared to U.S.-born Asians and Caucasians, have a lower percentage of early diagnosis of cancer.

### **Key Action Steps**

1. Form and/or strengthen strategic partnerships with key ethnic groups.
  - Establish relationships with key leaders and organizations within ethnic groups.
  - Establish partnerships to coordinate and leverage resources with service providers associated with key ethnic groups (refer to assets list).
  - Establish partnerships with high schools through higher education minority and health-related programs.
2. Provide labor force stakeholder education to help create best management practices for good health and good business through early detection and screening services.
  - Work in partnership with insurance carriers who promote screening activities (i.e., HMSA Health Pass, Castle Medical Center program, Kaiser Permanente).
  - Work with employers to provide time off for employees to be screened.
  - Work with employer Health and Safety Departments to develop strategies and incentives to promote screening and help establish "Family Days".
3. Promote a public education campaign to continuously educate residents about the importance of screening.
  - Mass media campaign (i.e., newspaper, T.V., radio, sporting events, early detection/screening guidelines in monthly bills from electric company, gas or water company, ethnic media.)
  - American Cancer Society
  - Cancer Information Service
  - Department of Health
  - Asian American Network for Cancer Awareness, Research and Training
  - Native Hawaiian Network for Cancer Awareness, Research, and Training (Imi Hale)
  - Pacific Islander Cancer Control Network
4. Establish inventory of accessible and affordable screening services.
  - Compile data on available screening services and cost.

### **Expected Outcomes**

Increase the percentage of people who get screened every year for all cancers.

## **Early Detection Strategy #2**

- 2.2b. Develop and conduct health care provider trainings on screening guidelines and the need to talk with patients about following guidelines. (Refers to Issue #2)

### **Rationale**

Studies have shown that patients whose health care providers tell them about the importance of early detection and regular cancer screening are more likely to get screened.

### **Key Action Steps**

1. Provide professional education based on survey results of a physician and allied health care provider needs assessment on screening guidelines (conferences, written materials, computer-based education).
2. Establish tracking systems of patients and when screenings are needed.
3. Establish best management practices for a reminder system and serving individuals who are lost to follow-up.
4. Establish incentive program for health care practitioners who do an outstanding job providing screening services.
5. Develop partnerships with multi-lingual healthcare professionals and ethnic stakeholders to leverage resources for professional education.

### **Expected Outcomes**

All health care providers (especially primary care providers, nurse practitioners, physicians' assistants, public health educators) will educate and support patients to follow established cancer screening guidelines in ways that are comprehensible and culturally appropriate.

### ***Goal 3: When cancer is detected, manage cancer with the most current and effective treatments available.***

**Issue #1** A lack of coordinated and timely cancer treatment with patients who have cancer exists. This is a significant issue for Hawaii's rural as well as its urban areas.

**Issue #2** Disparities of treatment due to geography exist. This issue needs to be eliminated.

**Issue #3** There is a lack of availability of clinical trials as well as enrollment in clinical trials by eligible patients.

## **Diagnosis & Treatment Strategy #1**

- 3.1a. Create a coordinated and centralized uniform point of information and service access for patients and their providers. (Refers to Issue # 1)

### **Rationale**

A central point of access to both information and resources is vital for cancer patients to have consistent, high quality services statewide.

### **Key Action Steps**

1. A comprehensive statewide evaluation of the current health care system pertinent to cancer diagnosis and treatment must first be conducted.
2. Central points of access that are accessible to patients and physicians across the state must be developed, including but not limited to a website and county-based navigators.

***Expected Outcomes***

Patients and their physicians will be able to access the most appropriate diagnosis and treatment information and resources statewide.

**Diagnosis & Treatment Strategy #2**

- 3.1c. Establish a statewide standard of services (STOS) to assure consistency in cancer treatment and equity in care across all ethnic and income groups throughout the state. (Refers to Issue #1)

***Rationale***

Assure that all patients are treated with the highest standards of care appropriate to their circumstances.

**Key Action Steps**

(see strategy #1)

***Expected Outcomes***

(see strategy #1)

**Diagnosis & Treatment Strategy #3**

- 3.2g Develop culturally tailored approaches to cancer care. (Refers to Issue #2)

***Rationale***

Assure that all patients receive health care that is culturally appropriate and acceptable.

**Key Action Steps**

1. Include questions in the evaluation not only pertaining to clinical practices but also to cultural practices that may be used in the community.
2. Post this information on the website as well as train health care providers and patient navigators about these practices.

***Expected Outcomes***

Patients and their caregivers will decide on mutually agreeable courses of medically and culturally appropriate treatment options.

***Goal 4: Assist cancer patients and their loved ones in achieving the highest quality of life available to them.***

**Issue #1** There is a need to educate patients and improve their accessibility to a better variety of quality of life services such as symptom management (nausea, fatigue, vomiting, depression, etc.), pain management, palliative care, and end-of-life care and services.

**Issue #2** Cancer patients can benefit greatly from a broad range of health and quality of life services. Often these services are either unavailable or not centrally located. A great need exists to assure there are health care settings / oncology centers that provide comprehensive cancer programs and services.

**Issue #3** Cancer care should not have a dramatic economic impact on a patient or their family. Therefore, measures should be taken to reduce any financial burden to the patient and family because of a cancer diagnosis and treatment.

## **Quality of Life Strategy #1**

- 4.1b. Conduct a resource assessment to determine what is currently available to patients regarding quality of life services. (Refers to Issue #1)

### **Rationale**

- Currently there is no one place for patients and their families to access information.
- People spend lots of time and effort attempting to learn and/or navigate the system and often miss important services or information that is available if they knew where to look.
- Doctors often do not have information at their fingertips nor do they know where to advise patients to start their search.

### **Key Action Steps**

1. Research what entities already have a list of services or resources available.
2. Send e-mail out to entire HCCCC distribution list asking for assistance.
3. Contact American Cancer Society and The Cancer Research Center of Hawaii.
4. Develop a user friendly, multi-accessible resource book for Cancer patients
5. Use resource list from HCCCP workgroups as a starting point.

### **Expected Outcomes**

- Patients with access to good, accurate, timely information and pertinent, economically appropriate services will have an improved quality of life.
- They will experience less stress, can allow themselves to spend more time and effort on healing, and will be better able to cope with the potentially overwhelming demands of cancer diagnosis and treatment.
- Families and friends can aid the person in accessing services which will lead to a more cost effective approach to cancer care, as people understand how to navigate the system and learn what services are available.

## **Quality of Life Strategy #2**

- 4.3a. Define and communicate this problem using personal stories and real life experiences. (Refers to Issue #3)

### **Rationale**

- Personal stories and testimonials make a tremendous impact on decision and policy makers as they highlight and illustrate the realities of cancer.
- Too often, the personal, human experiences of dealing with cancer from the perspective of patient and family are left out of the decision making process.
- By including real people with genuine stories, policy decisions that impact lives become more targeted, increasingly appropriate, and most valuable to residents affected by cancer.

### **Key Action Steps**

1. Ask HCCCP distribution list to help with compiling personal vignettes for collection.
2. Contact American Cancer Society and Cancer Research Center of Hawaii for stories.
3. Ask selected physicians for patients' stories.
4. Contact survivor groups, bereavement counselors, and support groups for pertinent stories
5. Target cancer patients and ask them to share testimonials.
6. From these, combine and develop a Cancer Story Book for publication and dissemination to be compiled and edited by this group with input and suggestions from cancer patients and survivors.

## **Expected Outcomes**

1. Specific quality of life issues affecting the quality of lives of people affected by cancer, both patient and family will take a central place in planning efforts.
2. Services and programs will address actual needs rather than perceived needs.

### ***Goal 5: Promote research to advance the capabilities in Hawaii for prevention, early detection, treatment and quality of life.***

**Issue #1** There is a lack of new investigators, from priority populations.

**Issue #2** There is a need to expand research opportunities to increase cancer prevention and control research.

**Issue #3** There is a need to improve the dissemination of evidence-based practices. For example, translating data findings and research results into practice, services, and policy.

## **Research Strategy #1**

- 5.3a Develop mechanisms for sharing data and research results at the state and community levels.

### **Rationale**

1. The need for baseline data in order to become informed of what is going on in the state with respect to cancer and other health-related research.
2. There is no centralized point to obtain Hawaii-specific cancer research.

### **Key Action Steps**

1. A website that would serve as a portal to obtaining cancer related data. Identify leading stakeholders with resources for Information Technology (IT) support, development, management, and evaluation. This would provide direct links to, for example, BRFSS, Hawaii Outcomes Institute's Community Profiles, Hawaii Tumor Registry/SEER Data, US Census data, Cancer PLANET.
2. Create a clearinghouse for historical as well as ongoing research taking place in Hawaii.
3. A statewide calendar listing cancer presentations, events, seminars, conferences, etc.

## **Expected Outcomes**

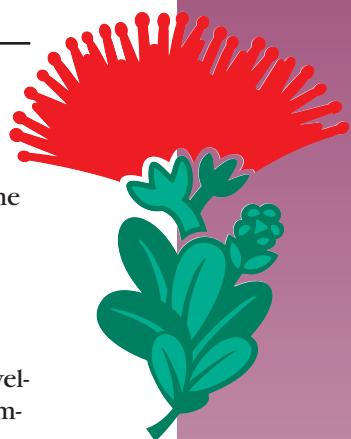
1. Identified research issues of importance/relevance and prioritized needs through quarterly forums with Hawaii's Communities.
2. Enhanced communication between researchers and the community.
3. Greater awareness of statewide cancer activities.
4. Improved access to sources of cancer data.
5. Informed decisions based on the best evidence available in the state.

## **Research Strategy #2**

- 5.2d Develop and enhance cooperative research and training between institutions, communities, and sponsors.

### **Rationale**

There is presently not enough collaboration between organizations across various disciplines in the state. Also, there is a need for research focused on minority groups as well as increasing continuing education options for researchers.



*Hawaiian  
Mythology:  
Picking of the  
Lehua flowers  
can cause it  
to rain.*

**Key Action Steps**

1. Host quarterly forums for research stakeholders in the state.
2. Establish Memorandums of Understanding (MOUs) that define the specific roles of communities and institutions, for example, establish a Speaker's Bureau, Mentorship Committee, and Internship Program.

**Expected Outcomes**

1. Increased opportunities for training researchers, particularly minority researchers.
2. Increased number of research projects that address community concerns.
3. A broader base for multi-disciplinary, collaborative research (increased participation from communities and representatives of special population groups).

**Data/Surveillance*****Goal 6: Improve and maintain a high quality surveillance system on all aspects of cancer to assure informed decision-making.***

**Issue #1** There is a need for the collection of detailed race data and an agreement on the set of definitions for collapsing these data into categories.

**Issue #2** There is a need for better linkages and systems to capture data among all parts of the data system.

**Issue #3** There is a need to identify and implement better ways to turn data into action.

**Data/Surveillance Strategy #1**

- 6.1b. Request that the Department of Health establish a policy on standardizing the collection and categorization of ethnicity data. (Relates to Issue #1).

**Rationale**

This strategy has been tabled for further discussion by the work group.

**Key Action Steps**

Need to coordinate this with the Office of Health Equity (OHE), Office of Health Status Monitoring (OHSM), Behavioral Risk Factor Surveillance System (BRFSS) and other surveys/records.

**Expected Outcomes**

Standardization of race/ethnicity data across all surveys/records etc.

**Data/Surveillance Strategy #2**

- 6.2a. Create a cancer data warehouse that is capable of linking death records, birth records, tumor registry records, insurance claims data, discharge data, and available clinical data (e.g., clinical trials and physician data). (Relates to Issue #2)

**Rationale**

Passive surveillance by the Hawaii Tumor Registry (HTR) (re: tumors/ pathology) is not enough when active surveillance (gleaning information from other inter-departmental state records) is possible (vital records, tax records, voter registration etc.)

### **Key Action Steps**

1. Need to determine what cancer data are currently available for linkages;
2. Need to determine access and regulatory issues with respect to obtaining information;
3. CRCH-HTR (Cancer Research Center Hawaii-Hawaii Tumor Registry) will compile a "wish list" about what data they would like from all state agencies.

### **Expected Outcomes**

Increased state surveillance capabilities.

### **Data/Surveillance Strategy #3**

---

- 6.3a. Develop a process to share and disseminate information regarding uses of the health data. (Relates to Issue #3)

### **Rationale**

Cannot proceed with any other strategies until this one is (re)established.

### **Key Action Steps**

1. Inter agency Policies and Procedures and Memorandums of Agreements/Understanding (MOA/MOU) need to be (re)established.
2. Need to spell out processes and procedures for sharing data (MOU's etc);
3. Inter-departmental access issues need to be addressed (not just DOH) as well as hospitals (HHSC and HHIC), and insurance companies.

### **Expected Outcomes**

Increased coordination and facilitation of research.

### **Uniform Access**

***Goal 7: Achieve uniform access to cancer services on each island and within each population group.***

**Issue #1** There is a need to increase the cancer capacity throughout the state, both by building programs and by building linkages to programs.

**Issue #2** There is a need to have culturally competent health care providers in all communities.

**Issue #3** Often finances are a burden to cancer care – this should not be the case. Strategies should be identified to minimize this impact.

### **Uniform Access Strategy #1**

---

- 7.1a Identify an agency to coordinate partners in all communities. (Relates to Issue #1)

### **Rationale**

Visible lead entity willing to collaborate and coordinate partners statewide.

### **Key Action Steps**

1. Explore what it would take to establish formal or informal relationships.
2. Develop proposal to ACS.
3. Develop RFP based on needs/gaps.

### ***Expected Outcomes***

The American Cancer Society coordinates partners within all communities based on the 7 field offices statewide.

### **Uniform Access Strategy #2**

- 7.3c Identify resources that assist with: \*initial expenses \*budgeting \*navigating the cancer care system \*treatment. (Relates to Issue #3)

### ***Rationale***

Access to services being provided as well as boundaries, strengths, weaknesses & gaps within established system.

### ***Key Action Steps***

Identify stakeholders (\*starting list: DOH District Health Offices, FQHC, County and State Rural Health Associations, Native Hawaiian HC Systems on all islands, Cancer Research Center, CIS/NCI, DOH BCCCP, Prostate Cancer Clubs/Support Groups, Cancer Support Groups, Business Partnerships-transport, Private Sector Health Facilities, Education Programs, AHEC, Work Force Hui, Philippine Consulate, General, United Filipino Community Council, Kauka Hui, Oncologist Association). Create an inventory of current services available, future plans to improve services, and identify barriers to achieving services at an optimum level.

### ***Expected Outcomes***

- Make an inventory of current services
- Create a library of resources and services available

### **Uniform Access Strategy #3**

- 7.1b Improve linkages among health care agencies and providers and increase the collaboration among them. (Relates to Issue #1)

### ***Rationale***

Access among services and their boundaries, strengths, weakness and gaps currently being provided.

### ***Key Action Steps***

1. Map current relationships
2. Map optimal relationships addressing gaps and weaknesses.

### ***Expected Outcomes***

Improve system of care Navigational map for cancer services

### ***Cost/Insurance***

***Goal 8: Address cost and payment coverage issues to cancer-related services.***

**Issue #1** There is a need to address the question, 'Is reimbursement not sufficient for cancer care?'

**Issue #2** There is a need to fund the cost of non-reimbursable cancer care, prevention, screening, research infrastructure, and psychosocial infrastructure.

**Issue #3** There is a need to increase the efficiency of the distribution of resources.

## **Cost/Insurance Strategy #1**

- 8.2a. Identify the cost/benefit of preventive services. Note: Prevention is inclusive of primary and secondary care (i.e.: 5-a-day Campaign, Immunizations, Screenings, etc.). (Relates to Issue #2)

### ***Rationale***

Prevention is less costly than treatment. However, among prevention models currently utilized and applied to further health, it is imperative to identify the most cost effective services.

### **Key Action Steps**

1. Review literature to determine possible Return on Investment (ROI) models.
2. Select model for Return on Investment (ROI should address the key variables: Magnitude of Investment; Time Involved; Uncertainty and Sustainability, such as cost and savings distribution).
3. Measure impact using the model (either/both depending on the design and stakeholders needs; ROI ).

### ***Expected Outcomes***

1. Increased use of appropriate (cost aversion/true dollar savings) prevention methods such as screening tests, 5-a-day, immunizations, etc.
2. Reduced state incidence of late stage cancers - mid-to-long-term outcomes.
3. Reduced state morbidity - long-term-outcomes.
4. Establish acceptable standardized ROI model – long-term-outcomes.

## **Cost/Insurance Strategy #2**

- 8.2c. Study quantifiable outcomes of prevention programs. (Relates to Issue #2)

### ***Rationale***

Documenting the tangible results of prevention efforts will allow for advocacy around this issue. Understanding the benefits of prevention programs will help to quantify the effectiveness of current prevention programs

### **Key Action Steps**

1. Survey current prevention programs (local)
2. Review outcomes data
3. Document cost comparison of prevention vs. late-stage therapy
4. Study costs associated with prevention
5. Identify new partner opportunities
  - a) Schools
  - b) Worksites
  - c) Churches

### ***Expected Outcomes***

1. Completed report on current prevention programs (outcomes & cost data).
2. Select Program (based on best practices and ROI model).
3. Implement (pilot)
4. Evaluate
5. Sustainability ("marketplace incentives").

### Cost/Insurance Strategy #3

- 8.1. Fund a study that is specific to Hawaii to answer the following questions (Relates to Issue #1):**
- (1) What is the average cost of providers to deliver treatment? (chemotherapy, radiation, doctors, hospital stay, etc.)
  - (2) What services do health plans reimburse for and how is it different by health care plan?
  - (3) What is/is not covered by insurance plans?
  - (4) What is the cost of currently non-reimbursable services such as scheduling appointments with social workers, obtaining psychological services, or participating in patient navigation programs, etc.?
  - (5) What are the differences between hospital based service reimbursement and medical office service reimbursement - and why?
  - (6) What are the differences between reimbursement and the actual cost of services?
  - (7) What is the funding pool? And how should it be prioritized?
  - (8) What is the list of all services that comprise cancer diagnosis and treatment?
  - (9) What funding is available for the uninsured and underinsured? Is part of the cost transferred to theinsured?
  - (10) What barriers limit access to care due to insurance coverage limitations?
  - (11) Are there other medical economic models?
  - (12) Identify where money can come from to fund prevention and education. (Recommendation 8.2b)
  - (13) Determine the most efficient allocation of resources, e.g., funding the 'front-end' - by spending the same overall amount of money, but putting the money into prevention instead. (Recommendation 8.3a)

#### **Rationale**

Because of the unique geographic and demographic variables in Hawaii conduct a robust study to collect all the data and give perspective to the total dollar costs including impact on employer and public sector costs.

#### **Key Action Steps**

- 1. Determine funding sources
- 2. Apply for Grant
- 3. Conduct Study and create a real time database.
- 4. Analyze data (to answer questions put forth).
- 5. Compile analysis
- 6. Publish results

#### **Expected Outcomes**

- 1. Complete a comprehensive study that quantifies costs of care to include employee absenteeism as well as employee productivity estimates.
- 2. Introduce policy changes that foster best care outcomes.

## 2004 - 2005

The full Coalition selected a realistic number of strategies to focus their efforts on with respect to initiating implementation through 2005. The following 8 strategies emerged as Hawaii's top cancer priorities to be implemented in 2004-2005:

**Prevention Goal: Prevent Cancer from occurring, especially through education and behavior change strategies.**

1. Establish mandatory physical education policies in all schools in Hawaii.
2. Adopt, adapt, and implement proven behavior change interventions targeting increased consumption of fruits and vegetables.
3. Engage in efforts to create norms that positively support smoke-free behavior.
4. Implement "Healthy Foods" policies in schools.

**Early Detection Goal: Detect cancer at its earliest stages and assure coordination with cancer management services.**

5. Conduct patient and public education about the importance of cancer screening with the emphasis that screening saves lives.
6. Develop and conduct health care provider trainings on screening guidelines and the need to talk with patients about the guidelines.

**Data/Surveillance Goal: Improve and maintain a high quality surveillance system on all aspects of cancer to assure informed decision-making.**

7. Develop a process to share and disseminate information regarding uses of the health data. To assess the cancer problem in Hawaii, our state needs to begin with the best available data.

Five major sources of data are:

- Death certificates;
- Hospital discharge summaries;
- Hospital and physician office pathology reports;
- Hawaii Tumor Registry (SEER) data;
- Behavioral Risk Factor Surveillance System (BRFSS) reports.



PHOTO BY: SRI MAIAVA, COURTESY OF HAWAII VISITORS BUREAU

**Cost/Insurance Goal: Address cost and payment coverage issues for cancer-related services.**

8. Fund a study that is specific to Hawaii to answer the following questions:
- (1) What is the average cost of providers to deliver treatment? (chemotherapy, radiation, doctors, hospital stay, etc.).
  - (2) What do health plans reimburse for and how does it differ by health care plan?
  - (3) What is/is not covered by insurance plans?
  - (4) What is the cost of non-reimbursable services such as seeing social workers, obtaining psychological services, or participating in patient navigation programs, etc.?
  - (5) What are the differences between hospital based service reimbursement and medical office service reimbursement – and why?
  - (6) What are the differences between reimbursement and the actual cost of services?
  - (7) What is the funding pool? And how should it be prioritized?
  - (8) What is the list of all the services that comprise cancer diagnosis and treatment?
  - (9) What funding is available for the uninsured and underinsured? Is part of the cost transferred to the insured?
  - (10) What barriers limit access to care due to insurance coverage limitations?
  - (11) Are there other medical economic models?
  - (12) Identify where money can come from to fund prevention and education. (Recommendation 8.2b)
  - (13) Determine the most efficient allocation of resources, e.g., funding the ‘front-end’ – by spending the same overall amount of money, but putting the money into prevention instead. (Recommendation 8.3a)



PHOTO BY: SRI MAJAVA, COURTESY OF HAWAII VISITORS BUREAU

## Conclusion

Cancer is not an acute illness but a chronic disease with physical, psychological, social, and financial ramifications upon diagnosis. The negative impact of cancer permeates each and every community, family, and individual that comprise Hawaii's unique population.

A definitive and comprehensive statewide prevention and control system must exist in order to decrease cancer morbidity, mortality, and disparities in the state of Hawaii. Cancer affects everyone, regardless of age, sex, socioeconomic status, and ethnicity, but state cancer data clearly demonstrate ethnic disparities with respect to early detection, diagnosis, and treatment of cancer. Native Hawaiians have higher mortality rates for breast, lung, and colorectal cancers than any other ethnic group in the state.

An intense, multifaceted statewide coalition has united over 100 health agencies and individuals dedicated to reducing the burden of cancer on the citizens of Hawaii. Together, their discussions, deliberations, and decisions have identified goals, the strategic directions, and initial recommendations for action to eliminate this burden and realize the vision, our vision, for the State of Hawaii...

**...No More Cancer!**

## References

American Cancer Society. Cancer Facts & Figures 2004. Atlanta, GA:American Cancer Society; 2004.

Aziz N. Cancer survivorship research: challenge and opportunity. *The Journal of Nutrition*. 2002;132(II):3494S-3503S.

Calle, E., Rodriguez, C., Walker-Thurmond, K., Thun, M. Overweight, obesity, and mortality from cancer in a prospectively studied cohort of US adults. *The New England Journal of Medicine*. 2003;348:1625-38.

Curry S., Byers T., Hewitt M. Fulfilling the Potential of Cancer Prevention and Early Detection, *The Institute of Medicine*, 2003.

Leigh SA. Defining our destiny. In: Hoffman B, ed. *A Cancer Survivor's Almanac: Charting the Journey*. Minneapolis, MN: Chronimed Publishing; 1996: 261-271.



PHOTO BY: JOE SOLEM, COURTESY OF HAWAII VISITORS BUREAU

Data for this document provided by The Cancer Research Center of Hawaii (CRCH), Hawaii Department of Health Behavioral Risk Factor Surveillance System (BRFSS) Section, American Cancer Society (ACS), and the Office of Health Status Monitoring (OHSM).

### Quote Sources:

- 1) <http://www.enchantedfantasies.com/quilt3.html>
- 2) <http://www.hapalampsofhawaii.com/ohialehua.htm>
- 3) [http://www.trekearth.com/gallery/North\\_America/United\\_States/photo6317.htm](http://www.trekearth.com/gallery/North_America/United_States/photo6317.htm)
- 4) <http://www.medicineatyourfeet.com/plantindexo.html>
- 5) <http://www.smithfarms.com/honey.asp>
- 6) <http://www.alternative-hawaii.com/hacul/wellness.htm>
- 7) <http://www.ohia.com/ohia/roadshows/sky/fashion/rainfor.htm>
- 8) <http://www.kauaibeachpress.com/Roadside.html>
- 9) <http://kms.kapalama.ksbe.edu/students/2007/1065071/plantproject/introduction.html>
- 10) <http://kms.kapalama.ksbe.edu/teams/lehua/>

# Coalition Participant Interest Form

The implementation and maintenance of a Comprehensive Cancer Control Plan for Hawaii depends upon the commitment of organizations and individuals from across the state, which are interested in cancer.

Please take a few minutes to complete this form. This is an opportunity for you to offer your organization's support and commitment to cancer control efforts as well as identify other potential partner organizations to participate in these efforts aimed at reducing the burden of cancer in Hawaii.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

- Yes, my organization/I am interested in participating in Hawaii's cancer control efforts.
- Yes, my organization/I am interested in taking a leadership role in Hawaii's cancer control efforts.
- Yes, my organization/I am interested in participating in Hawaii's cancer control efforts on an as needed basis.

Please indicate your area of interest:

Action Teams:

- Prevention
- Early Detection
- Cost/Insurance
- Data/Surveillance

Cross-Cutting Issues:

- Coordinated Education
- Advocacy
- Cultural Competence
- Centralized Functions and Resources
- Defined roles
- Dedicated Cancer Implementation Resources

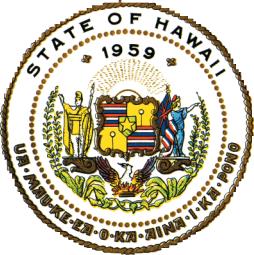
Please complete and send this form to:  
HCCCP, 601 Kamokila Blvd., Room 344, Kapolei, HI 96707

You may also fax your responses to  
HCCCP Coordinator @ (808) 692-7461  
Or contact the program office at (808) 692-7480  
to obtain an email address to mail your responses.



## OHIA LEHUA

The Ohia Lehua Legend - There was once two lovers, Ohia and Lehua. So handsome was Ohia that Pele wanted him for herself. Pele tries to steal Ohia from Lehua but he refuses so Pele turns him into an ugly tree, Lehua tries to convince the other gods to turn Ohia back into a man but they can't, instead, they turn Lehua into a beautiful flower and put her on the Ohia tree, according to this legend, when someone picks these flowers off the tree it begins to rain which symbolize the tears that Lehua shed for her love Ohia.



**Linda Lingle**, Governor, State of Hawaii  
**Chiyome Leinaala Fukino, M.D.**,  
Director, Hawaii State Department of Health

**Published by:**

The Hawaii State Department of Health  
Community Health Division  
Chronic Disease Management and Control Branch  
Hawaii Comprehensive Cancer Control Program.

**For more information call:**

Hawaii Comprehensive Cancer Control Program  
at (808) 692-7480  
<http://www.state.hi.us/doh/resource>

**Funded by:**

The U.S. Centers for Disease Control  
and Prevention (CDC).

*This publication was supported by Cooperative  
Agreement Number U55/CCU922046-02 from CDC. Its  
contents are solely the responsibility of the authors and  
do not necessarily represent the official views of CDC.*

*Nondiscrimination in Services: We provide access to our  
activities without regard to race, color, national origin  
(including language), age, sex, religion, or disability.  
Call the Hawaii Comprehensive Cancer Control Program  
at (808) 692-7480 or our departmental Affirmative  
Action Officer at Box 3378, Honolulu, HI 96801-3378  
or at (808) 586-4616 (voice/tty) within 180 days of  
a problem.*