Title: Patient Navigation: Increasing Breast and Cervical Cancer Screening among Tongan Women in Los Angeles County.

Project Purpose: To increase cancer screening, treatment, and support for Tongan American women aged 40 years and older through cancer-related patient navigation (PN) services.

Rationale: Tongan Americans are one significantly underserved Pacific Islander (PI) population in Southern California. In 2010 there were 18,329 Tongan residing in California: 19.2% had less than a high school degree, 47.8% were foreign born, 74.8% spoke a language other than English, 23.2% had limited English proficiency, and 22.4% had incomes below the poverty level. Patient Navigation has the potential to increase timely utilization of cancer prevention, early detection and treatment services among Pacific Islander and other ethnic minority populations. However, few such navigators exist in Pacific Islander community-based settings.

Implementation: California State University Fullerton and the Tongan Community Service Center (TCSC) implemented the PN program over a 2-year period. The goals of the program were to: 1) implement cancer-related patient navigation for Tongan women in Southern California to increase breast and cervical screening, 2) establish a navigation protocol and network of resources to encourage and guide patients through screening processes, and 3) assist underserved Tongan and other PI women in overcoming barriers to care, and improve health access and healthy behaviors. These aims were achieved by performing the following activities: 1) identify and address barriers to screening, 2) develop provider collaboration, 3) provide screening support, and 4) reinforce education. The project hired a qualified, bilingual/bicultural and reputable female Tongan with strong ties to the community as the navigator.

Results: A total of 94 women received PN services. The participants were primarily aged 40 years and older (73%), married (64%), and Tongan (78%). Approximately one-third of participants received a pap screening within two years prior to navigation. Nearly one-third of participants aged 40+ received a mammogram within two years prior to patient navigation. Following patient navigation, pap screenings increased from 26.2% to 53.2% and among participants aged 40+ mammogram screenings increased from 29.1% to 62%. With regards to PN services, scheduling and coordination of screening appointments were the most frequent services provided (34%) followed by appointment reminders (18%), and encouragements to get screened (10%). The average number of contacts the patient navigator had was 2.4 times per participant. Four major barriers to screening were identified: lack of medical insurance (39.4%), lower educational levels (35%), language limitations (30%), and undocumented immigration status (27.7%).

Lessons Learned: This study demonstrated the screening needs of an underserved population, and highlighted the importance of PN in supporting women to get screened. Moreover, the results suggest that difficulty accessing healthcare is a primary barrier to screening. Therefore, despite the 2011 Patient Protection and Affordable Care Act that would expand health access, without the supportive services that patient navigation offers, Tongan and other communities will remain underserved.

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