



Title: Promoting Colorectal Cancer through Patient Navigation among Tongan Americans in Orange County, CA (Project 7)

Project Purpose: To increase community awareness of and screening for colorectal cancer (CRC) among Tongan Americans age 50 years and older in Orange County, California.

Rationale: Cancer, an unnecessary and debilitating disease, disproportionately affects Pacific Islanders. Early detection allows for timely treatment and increases chances for survival; for instance, pre-CRC cells can be detected thereby preventing the onset of cancer. However, screening rates among Pacific Islanders are alarmingly low compared to other racial/ethnic groups. Patient navigation, which has been shown to promote screening behavior, can be utilized to increase screening and early detection rates among Pacific Islanders and other medically underserved communities.



Implementation: A Tongan American community health educator (CHE), who was familiar with the culture and language engaged in outreach and education activities throughout Orange County. An intergenerational approach was used and shown to be successful; an elder male within the community was identified as the “champion.” This “champion” gave credibility to the education and spoke from personal experience about receiving CRC screening thereby increasing relations with community members. Participants were recruited from CRC educational workshops, which were held at churches, one-on-one meetings, community clinics, and community-based organizations. After recruitment into the patient navigation program, the CHE assessed participant’s health history and

barriers to screening. At the time of intake the CHE collected demographic data from participants using client intake forms. All data collection instruments and procedures were approved by the California State University, Fullerton Institutional Review Board.

Results: A total of 52 participants received navigation services from the CHE. The average age of participants was 54.79 years (SD = 10.99). All participants were Tongan, a majority of which spoke primarily Tongan (80.8%). Further, a majority did not have a primary care physician (92.3%), health insurance (86.5%), did not have a place to go for healthcare services (53.8%), and last visited a doctor longer than two years ago (56%). There were 10 participants who received colonoscopies and of the 20 FOBT kits that were distributed, zero were sent for processing.

Lesson Learned: Building trust among faith-based leaders and medical providers took a significant amount of time and was important to the success of the program. Further, following patient navigation, the community had a greater sense of comfort seeing a doctor regularly. Discussing CRC opened the door for discussion about health and well-being. However, before we could address cancer barriers and facilitate CRC screening, co-morbidities such as diabetes had to be addressed. Lastly, it was found that doctor recommendations are significant within the Pacific Islander community; this may have future implications regarding the administering of FOBT kits and the community’s response.

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