This toolkit was supported in part by the National Cancer Institute Center to Reduce Cancer Health Disparities, grant number U01CA114591. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the National Cancer Institute Center to Reduce Cancer Health Disparities.
# Table of Contents

I. **Background on Colorectal Cancer and Pacific Islanders** ........................................... 2

II. **Development of the Pacific Islander Colorectal Cancer Education Toolkit** ................. 3
   A. *Identifying the Need* ............................................................................. 3
   B. *The Community-Based Participatory Research Approach* ..................... 4
   C. *Theoretical Approach* ......................................................................... 4
   D. *Cultural Tailoring of Materials* ................................................................. 5

III. **Using the Pacific Islander Colorectal Cancer Education Toolkit** ................................. 6
    A. *Education Tools* .................................................................................. 7
    B. *Education Protocols and Evaluation Tools* ............................................ 8

IV. **Appendices** *(on enclosed CD)* .................................................................................. 10

V. **Acknowledgements** ...................................................................................................... 11
1. **Background on Colorectal Cancer and Pacific Islanders**

Pacific Islanders suffer from high rates of cancer and cancer mortality in the United States and its territories; however, the absence of accurate Pacific Islander-specific data inhibits our understanding of ways to prevent or mediate this disease. Limited cancer epidemiology data for this population suggest that colorectal cancer is a major cancer for both sexes of Pacific Islanders. For instance, a study of Samoans and Hawaiians living in California and Hawai`i, using data from the Los Angeles County/University of Southern California Cancer Surveillance Program (1972-1989) and the Hawai`i Tumor Registry (1981-1990), found that cancer of the rectum was the fifth most prevalent cancer site for Samoan men in California, sixth for Samoan women in California, second for Samoan women in Hawai`i, and third for Hawaiian men in Hawai`i.\(^1\) This toolkit was developed to educate Pacific Islanders in Southern California about the importance of early colorectal cancer screening.

II. Development of the Pacific Islander Colorectal Cancer Education Toolkit

The Pacific Islander Colorectal Cancer Education Toolkit is a product of an education, prevention and screening campaign developed and implemented with Pacific Islander community leaders and academic researchers, utilizing the principles of community-based participatory research (CBPR). These CBPR principles include close partnerships between community members and academic researchers in all phases of study design, intervention development, collection and interpretation of data, and the dissemination of results.

A. Identifying the Need

In September 2006, Pacific Islander community-based organizations and leaders collaborated with academic institutions and researchers on identifying a critical cancer issue that needed to be addressed in Pacific Islander communities. This collaboration was part of the National Cancer Institute Center to Reduce Cancer Health Disparities’ Community Networks Program called WINCART: Weaving an Islander Network for Cancer Awareness, Research and Training. The aims of WINCART are to increase cancer-related education, research and training among Pacific Islanders.

(specifically Chamorros, Marshallese, Native Hawaiians, Samoans and Tongans) in Southern California. WINCART community and scientific partners guided the design of this colorectal cancer education toolkit, with the goal of increasing colorectal cancer knowledge and awareness in order to (1) promote health dialog among Pacific Islander community members, (2) dispel myths and address taboos about cancer, (3) increase patient-initiated conversations with health providers regarding colorectal cancer screenings, and (4) ultimately encourage early participation in colorectal cancer screenings.

B. The Community-Based Participatory Research Approach

In 2007, WINCART partners collaborated on the design of this colorectal cancer education toolkit. A work group was established to ensure that the outcomes of the colorectal cancer campaign would be culturally appropriate for the Pacific Islander community. The purpose of the work group was to jointly develop the goals, messages and materials for the campaign. The work group consisted of five community partners representing the Chamorro, Marshallese, Native Hawaiian, Samoan, and Tongan communities. They advised on and designed the key education messages, specifically guiding the incorporation of Pacific Islander cultural values and beliefs, and the importance of family-oriented messages into the overall education components. In addition, the work group pretested the education materials, trained community health educators, and developed evaluation methods. The group also recommended appropriate mechanisms for outreach and education of community members on colorectal cancer using the newly developed materials.

C. Theoretical Approach

The two colorectal cancer messages in this toolkit are: “Ask your doctor about colorectal cancer screening;” and “Do it for your family and yourself.” Previous research found that having a healthcare provider recommend colorectal cancer screening is one of the strongest predictors of patient screening behavior, but that

these medical procedures are not recommended equally across ethnic groups. According to Katz and colleagues (2004), good patient-provider communication coupled with patient knowledge about colorectal cancer improved participation in colorectal cancer screenings. The work group incorporated the scientific findings on healthcare provider messages with Pacific Islander cultural beliefs regarding the importance of taking care of family.

D. Cultural Tailoring of Materials

The work group recommended the development and cultural tailoring of all education and evaluation materials. These materials include:

- An informational handout based on the NCI’s “What You Need To Know About Cancer of the Colon and Rectum”;
- Two short videos portraying Pacific Islander cancer survivors and leaders promoting the two colorectal cancer messages;
- In-language flipcharts to educate community members about colorectal cancer and early detection methods;
- In-language bookmarks that briefly summarized the two key colorectal cancer messages;
- A resource list of providers who perform colorectal cancer screenings;
- Pre- and post-surveys to assess changes in colorectal cancer knowledge, attitudes, and intentions to talk to a provider and obtain a screening.

---

7 National Cancer Institute, What you need to know about cancer of the colon and rectum. 2006.
The materials were developed and targeted to Pacific Islanders through the use of the following strategies:⁸

- **Constituent involvement**, which is based upon equitable participation of both academic and community participants in the development of the toolkit;

- **Peripheral images**, such as cultural items (e.g., pandanus weaved mats, tapa cloths and palm trees), vibrant colors and island landscapes;

- **Sociocultural cues**, including references to faith, religion, ethnic pride, and collectivism;

- **Evidential statements** that highlight Pacific Islander-specific cancer statistics;

- **Linguistics considerations**, involving use of Pacific Islander words (for Native Hawaiians) or complete in-language translations (for Chamorro, Marshallese, Samoan and Tongan).

All education materials were reviewed by the work group and pretested via six focus groups with Pacific Islander adults, age 50 years and older. The materials were pretested to assess: understandability and readability of written materials, acceptability of peripheral images, clarity of education messages, appropriateness of sensitive information, and suggestions for improvement.

---

III. Using the Pacific Islander Colorectal Cancer Education Toolkit

The Pacific Islander Colorectal Cancer Education Toolkit is intended for use by Pacific Islander community-based educators to promote colorectal cancer awareness, prevention and screening among adults 50 years of age and older. The culturally appropriate materials and messages can be used in one-on-one and group education settings. This toolkit can also be used for other populations; however, we recommend adaptation of the materials for cultural appropriateness and relevancy. All materials are available in pdf form in the appendix of this toolkit. (Appendix)

A. Education Tools

The following print materials are available on the enclosed CD that accompanies this toolkit:

- **Video**: A 60-second and 5-minute video in English are to be used to sensitize Pacific Islander adults to the importance of colorectal cancer screening.

- **Flipchart**: The flipchart is available in English (for Native Hawaiians), Chamorro, Marshallese, Samoan and Tongan, and includes information about:
  - The impact of colorectal cancer on the Pacific Islander community;
  - Colorectal cancer risk factors and symptoms;
• Prevention and treatment options, including information on the possibility of curing colorectal cancer if detected early;

• A description of common screening tests;

• Questions to ask doctors about colorectal cancer screening.

• **Bookmark:** The bookmark is available in English (for Native Hawaiians), Chamorro, Marshallese, Samoan and Tongan, and contains information to reinforce the information provided in the flipchart. It serves as reminder of the campaign’s two key health messages: 1) “Ask your doctor about colorectal cancer screening” and 2) “Do it for your family and yourself.”

• **Sample resource list:** The list provides information on the locations of colorectal cancer screening providers in Southern California. This sample list should be tailored to the services that are currently available in the geographic region where education and screening will take place.

**B. Education Protocols and Evaluation Tools**

Surveys were developed specifically to assess the effectiveness of the education campaign and are administered before and after each education workshops to assess participants’ knowledge and attitude about colorectal cancer, and intention for screening. All surveys were translated in Chamorro, Marshallese, Samoan and Tongan.
The enclosed CD also includes a step-by-step education protocol to help guide Pacific Islander community health educators in implementing the education session. The protocol includes:

- A process form that lists seven (7) steps to complete the education workshop;
- Sign in sheet;
- Pre- and post-education surveys (in English, Chamorro, Marshallese, Samoan and Tongan).
IV. Appendices

List of Documents on the CD

1. Colorectal Cancer Education Process Form
2. Colorectal Cancer Education Sign-in Sheet
3. Pre- and Post-Education Surveys (in English, Chamorro, Marshallese, Samoan and Tongan)
4. Video – 60 seconds and 5 minutes (in English)
5. Flipchart (in English, Chamorro, Marshallese, Samoan and Tongan)
6. Bookmark (in English, Chamorro, Marshallese, Samoan and Tongan)
7. Resource List
8. Colorectal Cancer Informational Handout (in English, Chamorro, Marshallese, Samoan and Tongan)
V. Acknowledgements

We are grateful to all community members of the WINCART work group (Linda Guevara with Guam Communications Network, Jonathan (Tana) Lepule with Union of Pan Asian Communities, Jane Ka`ala Pang and Victor Kaiwi Pang with Pacific Islander Health Partnership, and Peta Fakasi‘i`eki and Vanessa Tui`one with Tongan Community Service Center/Special Services for Groups, as well as the WINCART scientific partners who helped to inform the campaign development. Special thanks to Kathryn L. Braun and JoAnn Umilani Tsark for their support and guidance. Thank you also to ROYCE Entertainment Group LLC for the development of the video. Given the high Pacific Islander cancer morbidity and mortality, we dedicate this project to the legacy of those who have experienced cancer, and their families, communities, friends and loved-ones who support them.

Contributing WINCART staff members include Sora Park Tanjasiri, Paula Healani Palmer, Alek Sripipatana, Zul Surani, Jacqueline Tran, Michelle Wong, Ruth Peters and Khushbindar Kaur Lally. This toolkit was supported in part by the National Institutes of Health, National Cancer Institute Center to Reduce Cancer Health Disparities grant number U01CA114591. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Center to Reduce Cancer Health Disparities.
The goal of the National Cancer Institute Center to Reduce Cancer Health Disparities’ Community Networks Program called **WINCART: Weaving an Islander Network for Cancer Awareness, Research and Training** at California State University, Fullerton is to reduce preventable cancer incidence and mortality among five Pacific Islander communities (Chamorros, Marshallese, Native Hawaiians, Samoans, and Tongans) in Southern California. WINCART aims to: (1) identify multilevel barriers to cancer control among Pacific Islanders; (2) improve access to and utilization of existing cancer prevention and control services for these communities; (3) conduct community-based participatory research; (4) increase the number of Pacific Islander researchers through training, mentorship, and research projects; (5) sustain community-based education, training, and research activity via enhanced government and organizational collaborations; and (6) disseminate research to aid in the reduction of health disparities among Pacific Islander communities. For more information please go to http://wincart.fullerton.edu or email us at wincart@fullerton.edu.
This toolkit was supported in part by the National Cancer Institute Center to Reduce Cancer Health Disparities, grant number U01CA114591. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the National Cancer Institute Center to Reduce Cancer Health Disparities.