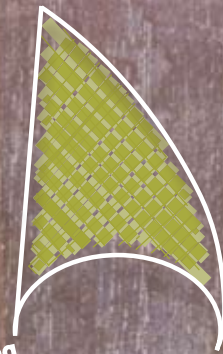




WINCART

Weaving an Islander Network for Cancer Awareness Research and Training



THE COLLABORATIVE
PAST PRESENT FUTURE

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WELCOME & ACKNOWLEDGEMENTS



Since 2005, we are proud to share that the Weaving an Islander Network for Cancer Awareness, Research and Training (WINCART) Center spearheaded so many wonderful collaborative community-based efforts to reduce cancer health disparities among Chamorros, Marshallese, Native Hawaiians, Samoans and Tongans. We are especially grateful to the many community organizations and university institutions that contributed to the successes highlighted in this report, including the following:

- ʻĀinahau O Kaleponi Hawaiian Civic Club
- California Chamorro Breast Cancer Survivors Alliance
- California State University, Fullerton
- California State University, Northridge
- Claremont Graduate University
- Empowering Pacific Islander Communities
- Guam Communications Network, Inc.
- Orange County Asian and Pacific Islander Community Alliance
- Orange County Health Care Agency
- Pacific Islander Community Council
- Pacific Islander Health Partnership
- Samoan National Nurses Association
- St. Joseph Hospital of Orange
- Sons and Daughters of Guam Club
- Tongan Community Service Center/ Special Service for Groups
- Union of Pan Asian Communities
- University of California, Irvine
- University of California, Los Angeles
- University of California, Riverside
- University of Southern California

In addition, we are grateful to the many community advisory members from Los Angeles, Orange, and San Diego counties who advised and guided WINCART's work: Charlene Kazner, Coral Na'auao Kenolio, Reverend Time Laufile, Maile Letuli, Calista Lokboj-Makraro, Sean Navarro, Reverend Sepulona Tanuvasa, Susan Shinagawa, Joseph Taumua, and Nusa Vaifale. Finally, we thank all of the community and family members who participated in WINCART's many activities. It is for you that we created these programs and services, with the hopes that they will continue to increase the health of our Pacific Islander communities in the future.

We dedicate this report to those we lost to cancer, who inspire us to continue working for healthy and empowered Pacific Islander communities. Please visit our website at wincart.fullerton.edu for a complete listing of all main activities and products.

*Si yu`us ma`ase, komol tata, mahalo nui loa,
fa`afetai tele lava, and malo `aupito,*

PAULA HEALANI PALMER & SORA PARK TANJASIRI
PRINCIPAL INVESTIGATORS

ABOUT WINCART

Weaving an Islander Network for Cancer Awareness, Research and Training Center

WINCART was founded in May 2005 and served approximately 135,000 Native Hawaiians and Pacific Islanders who live in the Southern California counties of Los Angeles, Riverside, Orange, San Bernardino, and San Diego. Our mission was to reduce cancer health disparities in five of the largest Southern California Pacific Islander populations – Chamorros, Marshallese, Native Hawaiians, Samoans, and Tongans – through increasing cancer awareness, collaborative research programs, and providing valuable leadership and training opportunities. The specific aims of the Center/Network were to:

- Develop and implement programs to increase cancer awareness among Pacific Islanders.
- Understand and address the smoking cessation needs of young adult Pacific Islanders.
- Explore community knowledge, attitudes, and beliefs regarding biospecimen collection and research.
- Create opportunities to increase the number of well-trained Pacific Islander researchers through trainings, mentorship, and participatory research projects.
- Facilitate the development of research grants that address the cancer needs of Pacific Islanders, with a focus on primary prevention (obesity and tobacco), access, navigation, and survivorship.

The WINCART Center/Network was one of 25 Community Network Programs funded by the National Cancer Institute's (NCI) Center to Reduce Cancer Health Disparities (CRCHD) through grant numbers 5U01CA114591 and 5U54CA153458. The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of the NCI CRCHD.



PACIFIC ISLANDERS in SOUTHERN CALIFORNIA

DEMOGRAPHICS

Pacific Islanders represent a wide diversity of ethnic populations, with over 19 census defined groups each of which has its own culture, language, traditions, health, outlook, political viewpoint, and migration history. Some Pacific Islander populations have close ties to the U.S. territories and jurisdictions in the Pacific, including American Samoa, Guam, and the Republic of the Marshall Islands. Other groups, such as Tongans, migrated from their small island nations in search of higher earnings to support family back home.

- According to the U.S. Census Bureau, California's Native Hawaiian and Pacific Islander population grew 29% between 2000 and 2010¹
- Pacific Islander populations grew from more than 110,000 to nearly 140,000 during 2000 to 2010

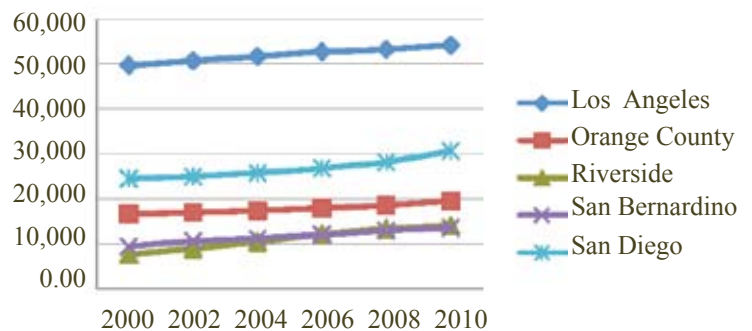
Native Hawaiian and Pacific Islander Population
and Growth in Southern California³

County	Number	Change from 2000 to 2010
Los Angeles	54,169	9%
Orange	19,484	17%
Riverside	14,108	86%
San Bernardino	13,517	44%
San Diego	30,626	25%
Total	131,904	

Population by Ethnic Group in
Southern California 2010
(includes Imperial and Ventura counties)²

Ethnic Group	Number
Samoan	37,373
Native Hawaiian	36,990
Guamanian or Chamorro	23,960
Tongan	7,146
Marshallese	778

Native Hawaiian and Pacific Islander Population
and Growth in Southern California, 2000-2010



¹ U.S. Census Bureau (2012). The Native Hawaiian and Other Pacific Islander Population: 2010. Retrieved from: <http://www.census.gov/prod/cen2010/briefs/c2010br-12.pdf>

² U.S. Census Bureau, "American FactFinder", <http://factfinder.census.gov>

³ Asian Americans Advancing Justice (2013). Asian Americans, Native Hawaiians and Pacific Islanders in California. *A Community of Contrasts*, 59-60



Hafa Adai! Chamorros are those with ancestry to the indigenous people of Guam and the Commonwealth of the Northern Mariana Islands (CNMI). The Chamorro people are a very close-knit community both on the island and on the mainland; their health beliefs and traditions are family/community-oriented. Because Western medical practices differ from Chamorro health views, Chamorros are less likely to report an illness and engage in patient-doctor relationships.

DEMOGRAPHIC PROFILE

According to the 2010 U.S. Census Bureau, nearly 148,000 Guamanians or Chamorros live in the United States. California has the most Guamanians/Chamorros living outside of Guam and the CNMI with over 23,000 residents in Southern California (excluding Imperial and Ventura Counties).^{1,2} While almost one-third of the total population lives in California, over half of all Guamanians/Chamorros live in several other states across the country. This shows that their population is more geographically dispersed than the other largest Pacific Islander groups.¹ Unfortunately, 10% of Guamanian/Chamorro families in California are below the poverty line, and 20% have less than a high school degree.³ The Guamanian/Chamorro population thus represents underserved populations in regards to health and cancer care services.

CULTURE

Pre-colonial Chamorro society had traditional healers called *makahnas*, male spiritual and herbal doctors that served the ancient Chamorros' health-care needs.⁴ The *makahnas* ceased to exist after the Spanish began to rule Guam and inflict their way of living onto the Chamorro people. To maintain the health of the Chamorro community and avoid succumbing to foreign medicine, the *suruhanas*—females who learned native remedies from family—continued to practice herbal healing.⁴ Sadly, the Chamorros eventually lost power over their land and freedom to practice their healing traditions as more countries began to colonize Guam and bring foreign diseases that could only be treated by Western medicine.

Today, Chamorro attitudes and beliefs about health are greatly influenced by their cultural norms, societal values, and prior exposure to the Western healthcare system.⁴ In Western society, doctors urge individuals to take responsibility of their health by regularly getting check-ups and screenings from healthcare professionals. In contrast, Chamorros prefer to seek medical care and advice from their own families, especially elders, whom they can trust and learn from. Chamorros also value their sense of autonomy and view illness as a social stigma. When given medical advice and treatment, some refuse to feel dependent and accept that they are sick; thus they do not follow doctor's orders. Overall, many may tend to bypass visiting their doctors due to unfamiliarity and distrust with western healing practices.

HEALTH

The breast is the most common site for cancer among Chamorro women. One study showed that in a given year, only 25% of Chamorro women had a mammogram and only 27% performed monthly breast self-examinations (BSE), both important practices for early detection.⁵ Very little literature is found on the cancer risks of Chamorro males. A 2004 study assessed the colorectal risk factors of 100 Chamorro men in the United States and found that 74.4% of them were up to date with their cancer screenings. Although the results indicated that the study sample reported a high rate of health promotion through lifestyle, the nationwide averages were much lower.⁶ For Chamorros still living on the CNMI, cancer is the “second leading cause of death.”⁷

¹ U.S. Census Bureau (2012). The Native Hawaiian and Other Pacific Islander Population: 2010. Retrieved from: <http://www.census.gov/prod/cen2010/briefs/c2010br-12.pdf>.

² U.S. Census Bureau, “American FactFinder”, <http://factfinder.census.gov>.

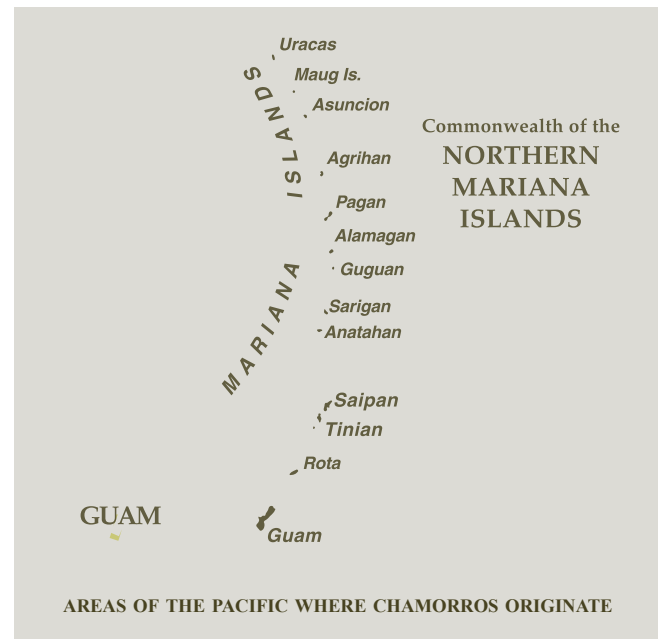
³ Tanjasiri, S. P., Sablan-Santos, L., Merrill, V., Quitugua, L. F. & Kuratani, D. G. (2008). Promoting breast cancer screening among Chamorro women in Southern California. *Journal of Cancer Education*, 23: 10-17.

⁴ Torres, Linda Therese. (2011). *Health Behaviors in the Chamorro community: Beliefs and practices in nutrition and physical activity*. California State University, Long Beach.

⁵ Tanjasiri, S. P. & Sablan-Santos, L. (2001). Breast cancer screening among Chamorro women in Southern California. *Journal of Women's Health & Gender-based Medicine*, 10(5):479-485.

⁶ Wu, P.L., Sadler, G. R., Nguyen, V., Shi, M., Cruz, L. A., Blas, F. G., & Borja, M. R. (2004). Cancer risk factor assessment among Chamorro men in San Diego. *Journal of Cancer Education*. 19(2):111-116.

⁷ Tseng, C. W., Omphroy, G., Songsong, J. M. & Shearer, R. (2004). Cancer in the Commonwealth of the Northern Marianas Islands (CNMI). *Journal of Community Health and Clinical Medicine for the Pacific: Pacific Health dialogue*, 11(2), 23-29.





Yokwe Yok! Marshallese are descendants of the indigenous Micronesian people of the Marshall Islands, located in the central Pacific Ocean. The Marshallese hold certain cultural beliefs that create barriers to health promotion and cancer screening. Consequently, data on Marshallese cancer incidence and risk is difficult to find.

DEMOGRAPHIC PROFILE

The Marshallese population has more than tripled in size between 2000 and 2010, growing from less than 7,000 to more than 22,000 residents in the United States.¹ Although Hawaii, Arkansas, and Washington boast the largest Marshallese populations¹, California has more than 1,700 Marshallese residents. Southern California is home to nearly half of the state's Marshallese population with 495 Marshallese living in Orange County alone and estimates of 500-700 Marshallese church members in Costa Mesa.

CULTURE and HEALTH

The Marshallese share cultural beliefs that create barriers to cancer screenings and health promotion. In their culture, having a high tolerance for pain is greatly valued. This causes Marshallese patients to ignore illness symptoms for long periods of time and not seek professional treatment until the pain is unbearable. This cultural notion that governs their overall healthcare beliefs and behaviors is known as “present crisis-oriented health care”.² For example, public discussion of the female body and reproductive health is not practiced among Marshallese women. Thus, many do not seek health care unless they are pregnant, or in crisis.³ If professional treatment is sought out, “present crisis-oriented health care” may determine whether patients continue to receive treatment and care. Even after receiving care many may discontinue medications and other treatment and/or follow-up once their symptoms have ceased.²

Marshallese greatly rely on their migrant networks for health care, given the mutual trust and importance of interdependency within their culture. Networks comprise extended family, co-ethnic friends, and fellow church members, and play a significant role in the health care process by helping patients determine whether or not they need to seek medical attention and when to receive it. Family members and authoritative laypersons (i.e. church leaders) provide Marshallese patients with their personal health advice and even accompany them to doctor appointments for cultural and linguistic support. Despite these benefits, the dependence Marshallese have on these networks may become detrimental to their health. They can be given inaccurate medical information and receiving professional help is delayed as scheduling doctor appointments depends on the availability of relatives or friends rather than the patient's immediate health care needs.

These health practices are most common among older Marshallese and those from the outer Marshallese Islands, where cultural traditions are stronger and access to health care is rare.² The majority of Marshallese in the U.S. primarily seek treatment from western health care systems when diagnosed with a chronic illness. They seldom use traditional home remedies and practices for mild, non-threatening illnesses partly due to limited availability of them in the States.

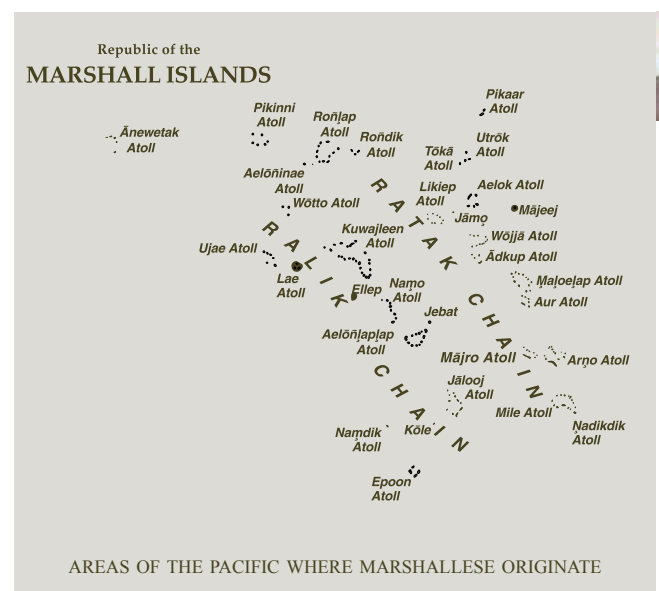
Unfortunately, data on Marshallese cancer incidence and risk is difficult to find. However, in a study conducted in 2004, researchers found that cancer was the second leading cause of death in the Republic of the Marshall Islands; the top five cancer sites included lung, cervix, liver, naso/oropharynx, and breast.⁴

¹ U.S. Census Bureau (2012). The Native Hawaiian and Other Pacific Islander Population: 2010. Retrieved from: <http://www.census.gov/prod/cen2010/briefs/c2010br-12.pdf>.

² Choi, J. Y. (2008). Seeking health care: Marshallese migrants in Hawai'i. *Ethnicity & Health* 13(1), 73-92.

³ Briand, G. & Peters-Pak, R. (2010). Community commentary: Cultural considerations for breast and cervical cancer, Education among Marshallese women in the Continental U. S. In Print, *Californian Journal of Public Health*, 8 (supplement):84-89.

⁴ Kroon, E., Reddy, R., Gunawardane, K., Briand, K., Riklon, S., Soe, T., & Balaoing, G.A.D. (2004). *Cancer in the Republic of Marshall Islands*. Pacific Health Dialogue, 11(2), 70-77.





Aloha! Native Hawaiians are a Polynesian ethnic group consisting of the indigenous people (and their descendants) of the Hawaiian Islands. Their health beliefs and practices have been impacted by Western culture through the colonization of Hawai'i. Since then, Native Hawaiians have faced adverse health conditions and struggle to seek proper treatment today.

DEMOGRAPHIC PROFILE

California is second to Hawai'i for having the largest Native Hawaiian population in the United States. According to the 2010 U.S. Census Bureau, there are over 527,000 Native Hawaiians in the country¹, with 75,000 of them living in California.² Approximately 49% of the state's Native Hawaiians are women⁶. Most NH people speak English, although many also speak the Hawaiian language.³

CULTURE

Prior to colonization, Native Hawaiians lived peacefully in a thriving environment where they believed that nature and health were interconnected. Their traditional healing practices emphasized a philosophy known as *lōkahi*, the belief that order and harmony between people, nature, and gods would lead to good health and prosperity.⁴ Native Hawaiians believed that without *lōkahi*, there is illness.

In 1778, American and European Westerners traveled to Hawai'i to promote Christianity and the Western lifestyle. They brought with them foreign diseases and attempted to abolish the Hawaiian language, music, dance, agriculture, and healing practices. Over time, the islands of Hawai'i were invaded and conquered by the U.S. and European countries.⁵

Most Native Hawaiians have grown accustomed to the use of both Western and traditional medicine by traditional healers in a multidimensional, holistic approach to life and health.⁶ Some patients, however, are suspicious of Western health practices due to the historical and cultural trauma experienced through the colonization of Hawai'i.⁴ As a result, Native Hawaiians have a tendency to distrust Western providers and infrequently participate in clinical interactions unless they deem it is necessary. These health beliefs and behaviors cause adverse health effects that Native Hawaiians continue to face today.

HEALTH

The leading causes of death for Native Hawaiians in California are heart disease (29%), cancer (22%), diabetes (7%), and stroke (6%).² During 1990-2008, the top five diagnosed cancers among Native Hawaiian males were prostate, lung, colon/rectum, non-Hodgkin lymphoma, and stomach cancer. The top five diagnosed cancers among Native Hawaiian females were breast, lung, uterine corpus, colon/rectum, and pancreas.⁷ Native Hawaiian women have the highest mortality rate due to breast cancer in the nation. All-site cancer mortality rates for Native Hawaiians are the second highest in the U.S., following African Americans.¹

The prevalence of diabetes amongst Native Hawaiians is also disproportionately high. Native Hawaiians are five times more at risk for diabetes between the ages of 19-35 (11%) compared to non-Hawaiians (2%).⁸ Life expectancies at birth for Hawaiian males (71.5 years) and females (77.2 years) are lower than for white men and women in the U.S.^{9,8}

¹ U.S. Census Bureau (2012). The Native Hawaiian and Other Pacific Islander Population: 2010. Retrieved from: <http://www.census.gov/prod/cen2010/briefs/c2010br-12.pdf>.

² U.S. Census Bureau, "American FactFinder", <http://factfinder.census.gov>.

³ California Endowment (2010). Ethnic Health Assessment for Asian Americans, Native Hawaiians, and Pacific Islanders in California. Retrieved from: <http://www.apiahf.org/sites/default/files/PA-factsheet06-2010.pdf>.

⁴ Hilgenkamp, K. & Pescaia, C. (2003). Traditional Hawaiian Healing and Western Influence. *California Journal of Health Promotion*, 1(Hawaii), 34-39. Retrieved from: http://www.cjhp.org/volume1_2003/issuehi-textonly/34-39-hilgenkamp.pdf

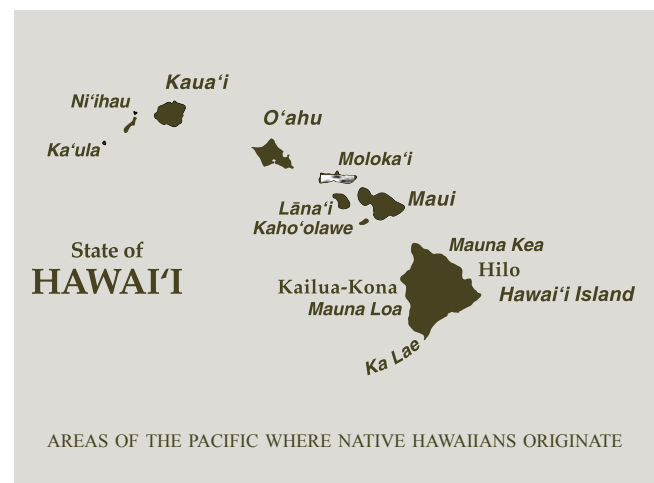
⁵ Wergowske, G., & Blanchette, P. L. (2001). *Health and health care of elders from Native Hawaiian and other Pacific Islander backgrounds*. Retrieved from: <http://www.stanford.edu/group/ethnoger/nativehawaiian.html>.

⁶ Kamaka, M. L., Paloma, D. S., & Maskarinec, G. G. (2011). Recommendations for Medical Training: A Native Hawaiian Patient Perspective. *Hawaii Medical Journal*, 70(11 Suppl 2), 20-24.

⁷ Liu, L., Noone, A.-M., Gomez, S. L., Scoppa, S., Gibson, J. T., Lichtensztajn, D., Miller, B. A. (2013). Cancer Incidence Trends Among Native Hawaiians and Other Pacific Islanders in the United States, 1990-2008. *JNCI Journal of the National Cancer Institute*, 105(15), 1086-1095. Retrieved from: <http://doi.org/10.1093/jnci/djt156>.

⁸ White House Initiative on Asian Americans & Pacific Islanders (2010). Fact Sheet: What You Should Know About Native Hawaiians and Pacific Islanders (NHPI's). Retrieved from: <https://www2.ed.gov/about/inits/list/asian-americans-initiative/what-you-should-know.pdf>.

⁹ Moy, K. L., Sallis, J. F., & David, K. J. (2010). Health Indicators of Native Hawaiian and Pacific Islanders in the United States. *Journal of Community Health*, 35(1), 81-92. Retrieved from: <http://doi.org/10.1007/s10900-009-9194-0>.





Talofa! Samoans have lineage to the indigenous people of Sāmoa, the islands located in the South Pacific between Hawaii and New Zealand. They have a unique, cultural lifestyle that governs their attitudes and behaviors toward Western medicine and health-related practices. As a result, Samoans may not choose to partake in cancer screenings and other prevention methods.

DEMOGRAPHIC PROFILE

Samoans are the second-largest population of Pacific Islanders in the United States.¹ Over 30% of the country's Samoan population lives in California with more than 35,000 Samoans residing in Southern California.² A considerable percentage (32%) of Samoans fall under the federal poverty line³ and many are less likely to have a high school diploma (22%) or a Bachelor's degree (11%) than any other ethnic group except Latinos.⁴ About 11% of Samoan American households are linguistically isolated, which is twice the rate of Pacific Islanders in general.³

CULTURE

Samoans have a unique lifestyle called *fa'a Samoa* that reinforces native traditions and influences their health views and behaviors. It distinguishes the Samoan community from all other Pacific Islander groups with its foundation of the *nu'u* (village) — the basic social and political unit of Samoan society — and *aiga* (family).⁵ The *nu'u* stresses that Samoans should live their life based on what the *nu'u* considers acceptable and benefits the greater good of the *aiga*.⁵ It is essential that family members participate in *fa'alavelave* (social functions) and are given responsibilities that contribute to both family and the village. Today, the church takes place of the *nu'u* as a central part of the Samoan lifestyle and community.⁵

One study revealed that Samoans living in Los Angeles, Honolulu, and American Samoa often do not take preventative measures against illness because it is perceived

as a sign of weakness.⁹ Having good health is highly praised in Samoan culture as it gives one strong status within the community.⁵ When one is seen visiting a doctor, it is assumed that they are sick and therefore, incapable of supporting their family and community. As a result, Samoans may refrain from prevention methods to avoid the risk of being criticized for their presumed health status. Samoans also believe that discussing personal health issues with healthcare professionals is taboo. Medical examinations of private areas on the body (ie. breasts, rectum, etc.) are considered inappropriate, for these parts should only be viewed and touched by the individual and/or significant other.⁵ Hence, Samoans may feel uncomfortable with the idea of an “outsider looking in” and avoid cancer screenings and other early detection procedures.

HEALTH

Along with obesity, diabetes, and cardiovascular disease, cancer is a leading health issue affecting the Samoan community.

The five most commonly diagnosed cancers for Samoan males are prostate, lung, colon/rectum, liver and stomach. Prostate cancer trends between 1990 and 2008 steadily increased amongst Samoan men by 0.9 percent each year, while annual rates of lung and liver cancer decreased by 1.3% and 1.0%.⁶ A significant improvement in stomach cancer incidence was observed with a 9.8% decrease while colon/rectum rates remained stable over the 18-year period. The five most commonly diagnosed cancers among Samoan females are breast, uterine corpus, lung, colon/rectum, and stomach. Observed trends between 1990 and 2008 included an increase in breast, uterine corpus, and colon/rectum cancer rates by 2.7, 7.3, and 5.7%, respectively.⁶ By contrast, lung cancer decreased by 1.5% and stomach cancer by 6.7%.⁶

Breast cancer is the main cancer affecting Samoan women in California, comprising of nearly 27% of all cancer cases.⁷ With their lifestyle and cultural beliefs acting as barriers to early detection and follow-up, breast cancer screening rates amongst Samoan females living in Los Angeles are below recommended guidelines. Studies show that only 33% had ever received a mammogram and 63% a Pap smear.⁸

¹ U.S. Census Bureau (2012). The Native Hawaiian and Other Pacific Islander Population: 2010. Retrieved from: <http://www.census.gov/prod/cen2010/briefs/c2010br-12.pdf>.

² U.S. Census Bureau, “American FactFinder”, <http://factfinder.census.gov>.

³ Asian Americans Advancing Justice (2013). Asian Americans, Native Hawaiians and Pacific Islanders in California. *A Community of Contrasts*, 65-66.

⁴ Asian Americans Advancing Justice (2014). Native Hawaiians in California. *A Community of Contrasts*, 10-12.

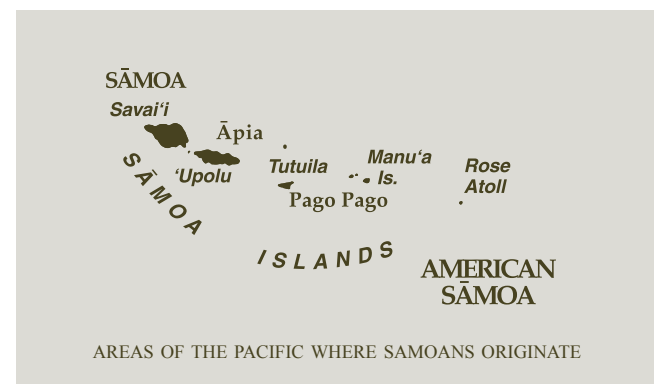
⁵ Puaina, S., Aga, D., Pouesi, D., Hubbell, A. (2008). Impact of traditional Samoan lifestyle (*fa'a Samoa*) on cancer screening practices. *Cancer Detection and Prevention*, 32(1), 23-28.

⁶ Cancer Prevention Institute of California (2013). Cancer Incidence Trends among Samoans in the United States, 1990-2008. Retrieved from: http://www.cpic.org/files/PDF/Cancer_Registry/Fact_Sheets/Samoans_American_Cancer_Fact_Sheet.pdf

⁷ Mishra, S. I., Luce-Aoelua, P., Wilkens, L. R., and Bernstein, L. (1996). Cancer incidence among indigenous populations: The experience of American Samoans. *Cancer*, 78, 1553-7.

⁸ Mishra, S. I., Luce-Aoelua, P., and Hubbell, F. A. (1998). Knowledge of and attitudes about cancer among Asian American and Pacific Islanders. *Journal of Health*, 6(2):277-285.

⁹ Mishra, S. I., Luce-Aoelua, P., and Hubbell, F. A. (2001). Breast cancer screening among American Samoan women. *Preventive Medicine*, 33, 9-17.





Malo e Lelei! Tongans are people whose heritage derives from the indigenous people of the Kingdom of Tonga, where 36 of the 169 islands are inhabited. Tongan people suffer from high rates of chronic diseases and poor health behaviors associated with westernization. Barriers to good health include cost, language, cultural views, lack of cancer awareness and prevention, all of which hinder Tongans' access to healthcare.

DEMOGRAPHIC PROFILE

Over 57,000 Tongans live in the United States, with nearly 40% of the population residing in California.^{1,2} About 32% of Tongans in Southern California live in poverty and 59% are low-income, in comparison to all other racial groups.³ They live in densely populated urban environments, where it is typical in their community for multiple families to live under one roof in order to minimize expenses. Young adults in these households are often encouraged to prioritize work over education. Consequently, Tongans are often less likely to have a high school diploma⁴ and have one of the highest rates of limited English proficiency (21%) among all Pacific Islander ethnic groups.³ Community leaders believe that Tongan Americans have difficulty accessing health care due to these barriers.

CULTURE

Tongans follow a concept called “*tauhi vaha’a*,” which means, “If I take care of you, you take care of me.”⁶ This concept embodies the central role that family and church play in their community and lifestyle. With many generations of relatives living in one household, it is convenient and comfortable for Tongans to receive medical attention and health advice from one another. Professional health care is typically sought only when symptoms seem severe; preventative care is often disregarded.

Tongans also accept the idea that the fate of their health is predetermined and there is nothing they can do to change it. In a study of Tongans' perceptions of cancer, participants believed that there was little that they could do to prevent or cure a disease⁶, accepting that death is their fate. The idea that diseases inevitably lead to death is common in their

culture. Family members may request that doctors to refrain from diagnosing loved ones with cancer as they believe that doing so will diminish the patient's will to live. With this fatalistic attitude, Tongans may become reluctant toward screenings and/or delay treatment.

HEALTH

Tongans suffer from high incidence rates of chronic diseases such as cardiovascular disease, diabetes, and cancer.⁵ Due to their cultural beliefs and barriers to receiving access to health care, Tongans are at increased risk of having poor health status. Several studies have shown that lack of knowledge of diseases and their prevention methods have a significant effect on their health.

In a study regarding Tongan Americans breast cancer knowledge and screening rates, 40% of all women surveyed said that they had performed breast self-examination (BSE), 26% had received clinical breast examination, and 25% had obtained a mammogram. As for having annual check-ups, only 12.9% of Tongan women had yearly clinical breast examinations and 10.2% had yearly mammograms.⁶ More than half of the sample believed that a mammogram was only needed in the event that a lump was found. Additionally, Tongan participants expressed the belief that breast cancer is caused by illegal use of drugs, trauma to the breast, and even breast feeding.⁷

¹ U.S. Census Bureau (2012). The Native Hawaiian and Other Pacific Islander Population: 2010. Retrieved from: <http://www.census.gov/prod/cen2010/briefs/c2010br-12.pdf>.

² U.S. Census Bureau, “American FactFinder”, <http://factfinder.census.gov>.

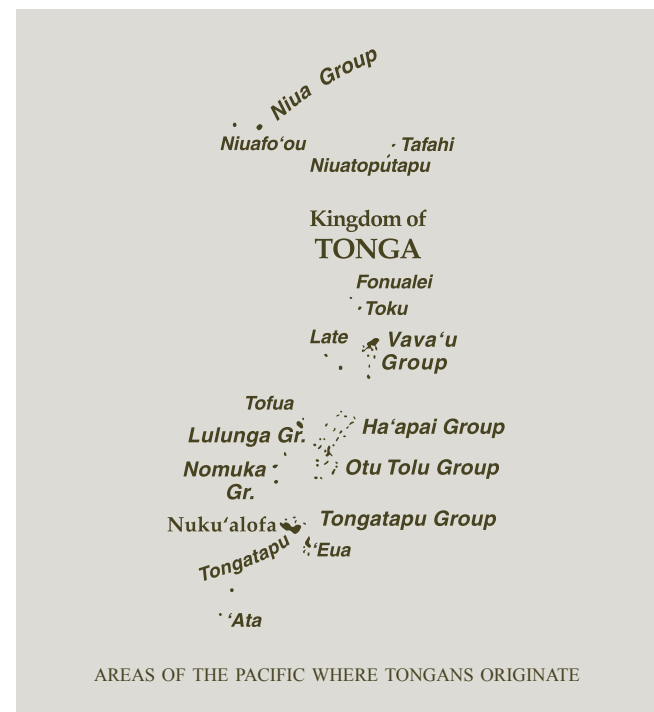
³ Asian Americans Advancing Justice (2013). Asian Americans, Native Hawaiians and Pacific Islanders in California. *A Community of Contrasts*, 65-66.

⁴ Asian Americans Advancing Justice (2014). Native Hawaiians in California. *A Community of Contrasts*, 10-12.

⁵ Tui'one, V., Tulua-Tata, A., Hui, B., Tisnado, D. (2010) Development of the Tongan American Health Professionals Association: Sharing, Mentoring, and Networking for Community Health. *California Journal of Health Promotion*, 8, 73-83.

⁶ Asian & Pacific Islander American Health Forum & Asian & Pacific Islander National Cancer Survivors Network (2010). Tongan Americans & Cancer Health Brief, 2010. Retrieved from: http://www.apiahf.org/sites/default/files/CD_Healthbrief03a_2010.pdf.

⁷ Tanjasiri, S. P., LeHa'uli, P., Finau, S., Fehoko, I. & Skeen, N. A. (2002). Tongan-American women's breast cancer knowledge, attitudes, and screening behaviors. *Ethnicity and Disease*, 12, 284-290.



PREVENTION PROGRAMS

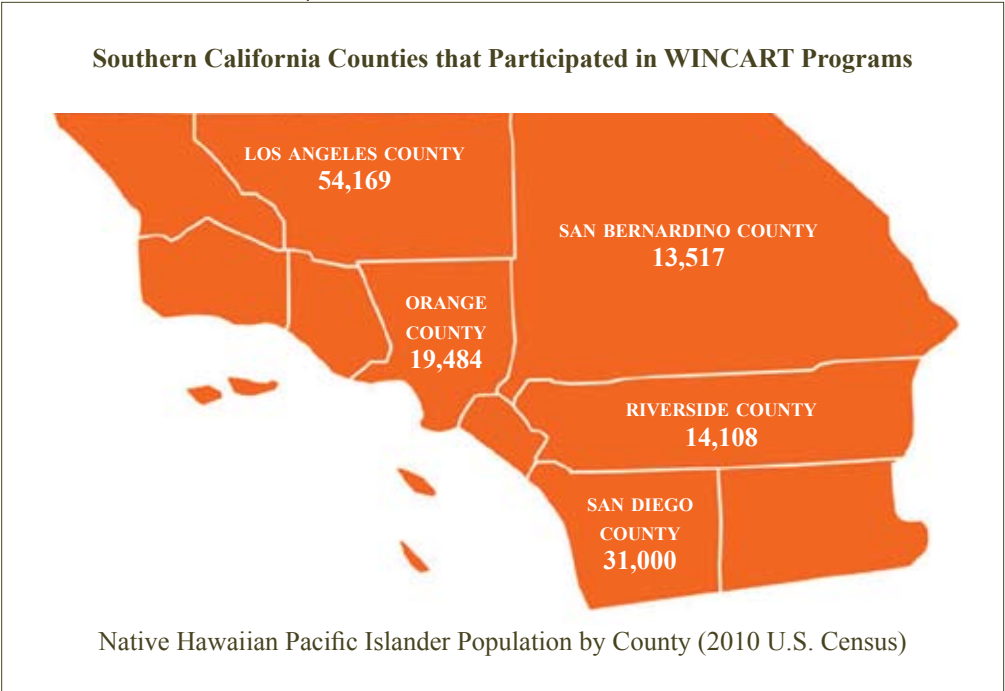
Pacific Islanders are particularly vulnerable to the development of chronic diseases, which account for the majority of their morbidity and mortality. In addition to suffering disproportionately from cancer, Pacific Islanders are more likely than most other racial and ethnic groups to have one or more risk factors for heart disease, such as a history of smoking, being overweight/obese or sedentary, and having an unhealthy diet.

For over a decade, WINCART’s community partners and academic researchers have collaborated on the development, implementation, evaluation, and dissemination of educational materials and health promotion programs aimed at reducing the risk of cancer and other chronic disease. Pacific Islander communities in Southern California have benefitted from WINCART’s participatory methods, in which community members contributed to the identification of health needs and development of disease prevention programs.

WINCART’s cancer education outreach activities, many of which were tailored to specific Pacific Islander communities (e.g. Chamorro, Marshallese, Native Hawaiian, Samoan, and Tongan), emphasized early detection through screening for colorectal, breast, and cervical cancers and promotion of healthy lifestyle activities through distribution of educational toolkits, pamphlets and videos, and workshops at various sites, including festivals, churches, social gatherings, and special events.

WINCART’s community-based participatory research programs have addressed important cancer-related issues in Pacific Islander communities, including understanding the barriers to participation in genetic research (Biospecimen Research Project and Pacific Islander Biospecimen Education and Collection Project), increasing physical activity through a culturally tailored 10-minute dance video (Let’s Move! for Pacific Islanders), and promoting smoking cessation for young adults (Motivating Pasifika Against Cigarettes & Tobacco (MPACT)).

The emphasis that WINCART placed on collaboration along with its holistic approach and understanding of the environmental, social, and personal factors affecting health and disease facilitated community wellness and empowerment. In this section of the report, we highlight some of WINCART’s achievements.



PREVENTION PROGRAMS

CANCER OUTREACH & EDUCATION

CANCER OUTREACH & EDUCATION TEN YEARS OF PACIFIC ISLANDER COMMUNITY LEADERSHIP IN ADDRESSING CANCER DISPARITIES

WINCART originally evolved from another program with our community partners that focused upon breast and cervical cancer prevention: Promoting Access to Health for Pacific Islander and Southeast Asian Women (PATH for Women). PATH was identified as a Centers for Disease Control, Racial and Ethnic Approaches to Community Health Across the United States model to reduce racial and ethnic health disparities (REACH 2010 and REACH US).

PATH for Women was started in 1999 and several of the WINCART partners were also members of this collaborative. Through the breast and cervical cancer prevention work conducted on REACH, enormous disparities in health for Native Hawaiian and Pacific Islanders were identified. PATH community partners approached the PATH community-based participatory researchers to help lead a new collaborative focused upon cancers in Pacific Islander communities. As a result of the disparities identified by PATH and a lunchtime discussion with the researchers, WINCART was formed. The group decided to apply for National Cancer Institute funding utilizing a similar model to the PATH for Women project for WINCART's community outreach work.

WINCART was originally funded in 2005 to promote community-based approaches to cancer prevention. During the first five years of WINCART, cancer prevention (diet, physical activity, and smoking), cancer screening (breast, cervical, and colorectal), cancer diagnosis, treatment, and survival were addressed by the community partners. WINCART partners utilized community-based participatory research methods to understand barriers to cancer prevention and community needs in order to develop cancer prevention campaigns. Two education toolkits were developed, *Samoan Cancer 101 Education Tool Kit* and *Community-Centered Approach to Developing and Pilot-Testing a Colorectal Cancer Education Campaign for Pacific Islanders in California*, both of which were utilized for education and outreach events. In the first five-year period, more than 800 community education workshops and outreach events were held educating more than 67,000 community members.

WINCART was successfully granted another five years of funding to focus upon community-based participatory research including improving knowledge and screening rates, developing a biospecimen campaign, improving cancer prevention outcomes, and increasing capacity of health systems to serve Pacific Islander communities. The community partners continued to develop new education materials and social media tools to support the community to gain access to prevention and treatment opportunities. Fifty-one education materials were developed including an obesity prevention campaign, Let's Move! for Pacific Islanders, a biospecimen education campaign, and a tobacco cessation program.

During this time, the community partners focused on providing more intensive education and patient navigation services to ensure access to health and screening services for uninsured and underinsured community members. Patient navigation services were provided to more than 2,500 community members to gain access to cancer screening, diagnostic, follow up, and treatment services. On average, each community member received 29 hours of navigation services. Navigation services included, medical interpretation, assistance with appointments and paperwork, assistance with insurance, transportation, social support, access to mental health, improved communication with providers, patient assistance with screening and treatment compliance, and education to the patient and his/her family members.

Through their combined efforts, WINCART's community partners have reached almost 100,000 Pacific Islanders in Southern California and beyond. Several community organizations, cancer partnerships, and cancer survivor groups evolved from WINCART. WINCART community partners also influenced local, statewide, and national policies including helping to sponsor a state bill to promote disaggregation of health data. In addition, WINCART community partners worked with Empowering Pacific Islander Communities (EPIC) on a data report and a policy blueprint presented to legislators in Washington DC highlighting the cancer and health disparities of Native Hawaiian and Pacific Islander communities.

WINCART resulted in ten years of Pacific Islander community leadership in addressing cancer disparities through community-led cancer prevention and education campaigns, increased access to screening and treatment, improved health care systems to address Pacific Islander needs, increased Pacific Islander community leadership in policy and decision-making systems, and promoted policy change at local, state, and national levels to address cancer disparities among Native Hawaiian Pacific Islander communities. WINCART was able to improve the knowledge and health-seeking behaviors of the community while also improving health care systems and policies to decrease Pacific Islander cancer disparities.

PREVENTION PROGRAMS



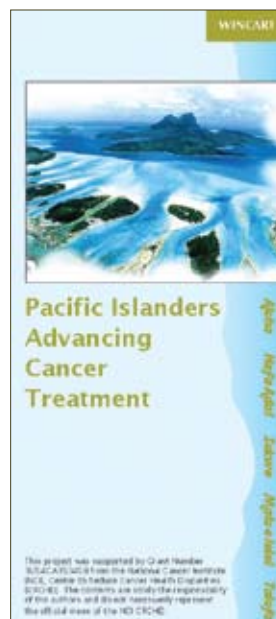
8 Ways to Reduce your Risk for Cancer

Ocho na manera para un ribaha i chansa-mu put atrebi nu i kanset

- 1 Maintain healthy weight**
Sustieni i libran brinabu-mu
- 2 Get at Least 30 minutes of physical activity each day**
Na' kalamten tataotao-mu maskeseha trenta minutos gi ha'ani
- 3 Don't smoke**
Munga chumpa
- 4 Eat a healthy diet**
Chocho maolek na ne'ngkanno'
- 5 Limit alcohol consumption**
Midi i ginemen-mu aguayente
- 6 Protect yourself from the sun**
Protehi hao gi somnak
- 7 Protect yourself and your partner from sexually transmitted diseases**
Protehi hao yan i gachong-mu nu i chetnot umadalle
- 8 Routine screening for early detection**
Otdinariu na inatan para u ma sodda' taftaf

For more information about screening contact:
Guam Communications Network, 562.989.5690, 619.946-4899, www.guamcommnet.org
Union of Pan Asian Communities, 619.232.6454 ext. 837, www.upacsd.com
<http://wincart.fullerton.edu/>

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PREVENTION PROGRAMS

PHYSICAL ACTIVITY

LET'S MOVE! FOR PACIFIC ISLANDER COMMUNITIES

The WINCART Let's Move! for Pacific Islanders –
A Physical Activity Program to Empower Healthy Pacific Islander Communities to be Active Every Day!

The Pacific Islander community experiences high obesity and low physical activity levels. Data from the 2009 California Health Interview Survey found that 32% of Pacific Islanders in California were obese and 38% were overweight.¹ In addition, national data revealed that 48.5% of Native Hawaiians and Pacific Islanders were overweight, and 34.7% were obese, further concluding that Pacific Islanders are 30% more likely to be obese than non-Hispanic Whites.²

As a way to promote physical activity among Pacific Islander communities, the WINCART Center created *Let's Move! for Pacific Islanders*. This program was implemented in community settings (such as churches, social clubs, organizations, and cultural groups), with the long term goal of reducing obesity-related cancers among Pacific Islanders, and the shorter term objective of increasing the frequency of moderate and vigorous physical activity among PI adults in community settings. *The key component of the Let's Move! for Pacific Islanders* program was the 10-minute exercise break, which represented the culture, music, and movements of the Pacific Islands.

The four pillars of the *Let's Move! for Pacific Islanders* program were to: 1) identify a site champion; 2) engage in the 10-minute exercise video at every group meeting; 3) establish a group policy to promote physical activity; and 4) provide an environment that supports physical activity. Once individuals were introduced to *Let's Move! for Pacific Islanders*, they were also encouraged to use the video at home, at work, or with their families and friends, in addition to educating others about the importance of physical activity to promote overall good health, prevent the onset of cancer, and improve and prolong cancer survivorship.

After an evaluation of the *Let's Move! for Pacific Islanders* pilot, which included eight community and faith-based organizations and groups and 101 Pacific Islander adults, the WINCART Center developed the *Let's Move! for Pacific Islanders* program toolkit, with the goal of further introducing physical activity in community settings in California and beyond.

Included in the *Let's Move! for Pacific Islanders* toolkit are:

- *Let's Move!* flyer
- *Let's Move!* video DVD (also available online: http://wincart.fullerton.edu/cancer_edu/ToolkitLetsMove.htm)
- Organization policy change agreement
- *8 Ways to Reduce Cancer* posters
- *Let's Stretch!* posters
- Certificate of completion (for participating organizations that implement the program)
- Pre- and post-tests for participating organizations and individuals

Evaluation results of the pilot implementation of the *Let's Move! for Pacific Islanders* program revealed that 1) the program was easily implementable in organizations and groups with varying levels of capacity and experience in implementing physical activity programs; and 2) individual participants (n=101) were able to increase their physical activity levels and intended to continue to engage in physical activity in the future. Prior to the program, only one organization had a physical activity program and none of the organizations had ever implemented an evidence-based physical activity program. At baseline, 52% of participants were not physically active. Participants increased the number of days they engaged in medium-intensity physical activity from 2.09 to 2.90 days/week. Post-pilot, 82% of participants indicated that they intended to continue to engage in physical activity for at least the next 6 months.

In designing a program that recognized the unique cultural elements of Pacific Islander communities, positive outcomes included changes in behavior and attitude towards physical activity.

"The older folks really liked the posters because they were in our language. We had some people who weren't part of the youth group who participate in Let's Move! because they saw the posters everywhere and became interested in the program."

—PASTOR PENIAMINA TAITO
UNITED SAMOAN CHURCH
OF CARSON, CA

"It was nice to have a champ on because after some of our meetings the last thing I wanted to do was 'workout' but Naite did a good job of encouraging us and reminding us it was only 10 minutes."

—MOANA MAKAKAUFAKI
FAMILI PE TAHA
TONGAN COMMUNITY

"For us, it was easier to do a verbal agreement because sometimes not everyone knows what a policy change is. So, instead of us all signing a piece of paper, we agreed to walk after our Bible Study meets and also do the DVD at home."

—GRETA BRIAND
MARSHALLESE COMMUNITY
LEADER

"My favorite thing about the implementation of Let's Move! at the United Samoan Church of Carson was their inclusion of youth all the way to the elders. The original target group was the youth but the program ended up including adults and elders who bought into the excitement of their champion and utilized the tools provided to further their reach. That to me was so typical of our communities, sharing something good with the whole family." —MELEVESI FIFITA

¹ California Health Interview Survey, CHIS 2009. Los Angeles, CA: UCLA Center for Health Policy Research, January 2009.

² CDC 2012. Summary Health Statistics for U.S. Adults: 2011. Table 31. Retrieved from http://www.cdc.gov/nchs/data/series/sr_10/sr10_256.pdf

³ LaBrecche, M., Cheri, A., Custodio, H., Fex, C., Foo, M., Lepule, J., May, V., Orne, A., Pang, J., Pang, V., Sablan-Santos, L., Schmidt-Vaivao, D., Surani, Z., Talavou, M., Toilolo, T., Palmer, P., Tanjasiri, S. (2015). Let's Move for Pacific Islander communities: An evidence-based intervention to increase physical activity. *Journal of Cancer Education*, 31(2): 261-267.

PREVENTION PROGRAMS

BIOSPECIMEN RESEARCH

BIOSPECIMEN RESEARCH EXPLORING KNOWLEDGE, ATTITUDES & BELIEFS

The WINCART Biospecimen Research Project –
Interviews with community members to understand knowledge, attitudes and beliefs about biospecimen research among Pacific Islanders.

The WINCART Biospecimen Research Project was a two-year community-based participatory research (CBPR) pilot project designed to investigate the knowledge, attitudes, and beliefs that Pacific Islanders hold towards biospecimen collection, use, and banking, all of which can help in medical diagnosis of diseases like cancer and heart disease. Pacific Islanders were the focus of this research because not enough of Pacific Islanders participate in biospecimen-related research even though they have high rates of certain cancers like cervical, breast, and lung cancer. Scientists currently do not understand why Pacific Islanders have high rates of certain diseases but believe it is related to lifestyle, diet, and genetics. They are hoping to get more Pacific Islanders involved in research so that they can learn more about Pacific Islanders and eventually understand the causes of these diseases.

A total of sixty adults age 21 years or older were interviewed by trained Pacific Islanders working in different community agencies. About half of the sample consisted of cancer survivors with an average age of 61 years.¹ They were interviewed about their knowledge concerning biospecimen research, what they thought about biospecimen collection, if and how their culture affects their beliefs about biospecimen research, their willingness to donate their biospecimen samples if asked, and information that they wanted from academic researchers or medical professionals. Based on these 60 interviews, WINCART found that:

- Pacific Islanders supported biospecimen research and understood that it could benefit them and their families.
- Many Pacific Islanders were willing to donate their biospecimen samples if asked.
- Reasons that may prevent Pacific Islanders from donating their biospecimen samples included fear of pain, fear of finding out that they have an illness or disease, spirituality or religious beliefs and distrust of the research process.²
- Pacific Islanders wanted more biospecimen-related outreach and education within their communities to gain support for research and increase participation in future projects.



Based on these findings, the Biospecimen Pilot Project and the WINCART Community Outreach Program developed materials, such as presentations and brochures to educate the community about biospecimen research. Since 2012, we have published journal articles, attended conferences, conducted educational presentations, and developed more projects to share these findings with both the academic and Pacific Islander communities.

IMPORTANT KEY TERMS

- BIOSPECIMEN: Hair, nail, blood, saliva, urine or other samples taken from the body.
- COMMUNITY BASED PARTICIPATORY RESEARCH (CBPR): A research process in which both academic and community partners work equally together
- KNOWLEDGE, ATTITUDES & BELIEFS: What you know, how you feel and what you believe in.

¹ Kwan P., Briand G., Lee C., Lepule J., Pang, J., Sabado, M., Santos, L., Tanjasiri, S., Tui'one, V., Etimanti, V., and Palmer, P. (2014) "Use of a Community Based Participatory Research Approach to Assess Knowledge, Attitudes and Beliefs on Biospecimen Research among Pacific Islanders" *Health Promotion Practice*. 15(3): 422-430.

² Kwan P., Briand G., Lee C., Lepule J., Llave K., Pang, K., Sabado M., Santos L., Tanjasiri S., Tui'one V., Schmidt-Vaivao D., and Palmer P. (2015). Reservations to Participate in Biospecimen Research among Pacific Islanders. *California Journal of Health Promotion*. 13(3): 27-33.

PREVENTION PROGRAMS

BIOSPECIMEN RESEARCH

THE PACIFIC ISLANDER BIOSPECIMEN EDUCATION & COLLECTION (PIBEC) PROJECT

The WINCART PIBEC Project – *Using culturally-tailored educational materials to improve education and awareness of biospecimens and biospecimen research.*

Pacific Islanders have one of the highest rates of cancer, cardiovascular disease, diabetes, and substance use compared with other racial and ethnic groups.^{1,2} Pacific Islanders are also less likely than other groups to donate their biospecimens (e.g. hair, blood, urine, saliva, nails, etc.) for genetic and other biomedical studies, which presents a significant barrier to cancer and other disease-related research. Research studying cancer risk factors in particular have not had high participation rates from Pacific Islanders which makes it difficult to draw many conclusions.^{3,4}

To address this issue, the WINCART Center partnered with five community-based organizations to create the Pacific Islander Biospecimen Education and Collection (PIBEC) project aimed to improve knowledge and understanding of biospecimens and biospecimen research among adult Pacific Islanders in Southern California.

The project included culturally-tailored educational materials created in collaboration with community leaders from multiple Pacific Islander communities (Chamorro, Marshallese, Native Hawaiian, Samoan, and Tongan). The materials consisted of a short 8-minute educational video, an informational brochure, and a Frequently Asked Questions (FAQ) sheet.

In 2015, Pacific Islanders in Southern California over the age of 18 were invited to participate in the PIBEC study.

After project staff gave participants an overview of the study, those who agreed to participate were shown the 8-minute educational video and given the informational brochure to review. They were then given the opportunity to take part in an optional second study where they could donate a saliva sample. The saliva sample would be housed safely in a biorepository until members of a Pacific Islander advisory committee agreed to use the sample for research benefitting Pacific Islander health.

Prior to donating, participants were asked not to eat or drink anything, chew gum, or use tobacco for 30 minutes before providing a saliva sample. Before deciding whether to donate, a saliva donation FAQ sheet was given to the participants to review ensuring that participants would fully understand what they would be agreeing to by donating a saliva sample. If participants did agree to donate, they were given a small tube to spit into that collected their saliva safely and without contamination.

A total of 226 self-identifying Pacific Islanders were recruited to participate in the PIBEC project. After viewing the educational materials, 97.8% of participants agreed to also donate a saliva sample to be used in future Pacific Islander health-related research citing various reasons such as having a family history of cancer, having friends with cancer, and wanting to help science and their community. Additionally, a majority of participants found the educational materials very informative, as shown in the table below.

Overall, through a successful collaboration between WINCART and its community partners, we were able to raise awareness and understanding about biospecimens and the importance of biospecimen donation in Pacific Islander communities.

How would you rate the biospecimen education materials you just saw?

	Very Informative	Informative	Somewhat Informative	Not Informative
Short video	67.4%	29.4%	2.3%	0.9%
Brochure	62.4%	34.3%	2.8%	0.5%
FAQ Sheet	66.4%	32.3%	1.3%	0.0%

¹ Office of Minority Health. Profile: Native Hawaiians and Pacific Islanders. 2015. Retrieved from <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=65>

² Liu, L., Noone, A., Gomez, S., Scoppa, S., Gibson, J., Lichtensztajn, D., Fish, K., Wilkens, L., Goodman, M., Morris, C., Kwong, S., Deapen, D., Miller, B. (2013). Cancer incidence trends among native Hawaiians and other Pacific Islanders in the United States, 1990-2008. *J Natl Cancer Inst*, 105(15):1086-1095.

³ Murthy, V., Krumholz, H., Gross, C.. (2004). Participation in cancer clinical trials: race-, sex-, and age-based disparities. *JAMA*, 291(22):2720-2726.

⁴ Chlebowski, R., Chen, Z., Anderson, G., Rohan, T., Aragaki, A., Lane, D., Dolan, N., Paskett, E., McTiernan, A., Hubbell, F., Adams-Campbell, L., Prentice, R. (2005). Ethnicity and breast cancer: factors influencing differences in incidence and outcome. *J Natl Cancer Inst*, 97(6):439-448.

PREVENTION PROGRAMS

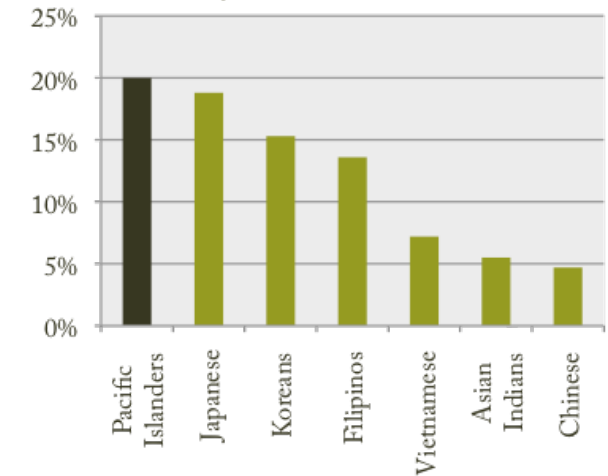
TOBACCO CESSATION

MOTIVATING PASIFIKA AGAINST CIGARETTES & TOBACCO

The WINCART MPACT Program – *An Online Tool to Help Pacific Islanders Quit Smoking*

Smoking is a critical health issue in the Pacific Islander community. In the United States, Pacific Islanders have the highest rates of smoking among Asian-Pacific Islanders.¹ Pacific Islanders also have higher rates of smoking than the general population.² The good news though is that most Pacific Islanders want to stop smoking and if they quit before they are 40 it reduces the chance of early death by 90%.³

Comparing Cigarette Use Among Asian-Pacific Islanders¹



Comparing Cigarette Use Between Pacific Islanders and the General Population²



In an effort to address this important health issue, the WINCART Center partnered with six Pacific Islander community organizations. Together, they created Motivating Pasifika Against Cigarettes & Tobacco (MPACT)--a culturally-tailored program designed to help Pacific Islanders between the ages of 18 and 30 quit smoking.

The program used an interactive website (<http://wincartmpact.com/>) accessed through Facebook that consisted of 8 'islands'. Each island provided answers to important questions about quitting smoking. Pacific Islander smokers also received facts and tips by text message.

Island	Question
Hope	What happens when I smoke?
Change	What happens if I quit smoking?
Power	How do I resist cigarette cravings?
Peace	How do I deal with stress after I quit smoking?
Strength	What if I am at a party and I want to smoke?
Chill	What if I am at work and I want to smoke?
Love	How can I get help from family and friends?
Freedom	What happens if I relapse?

Example Text Messages

"Fast fact: Within 2 days of quitting, your sense of smell and taste improves."

"If you smoke 2 packs a week, it'll cost you more than \$600 a year! That's a lot of bills you can pay."

"Wait 5 minutes for cravings to pass. Keep your mouth busy with mints, raw veggies, candies, or sunflower seeds."

"Try meditation. It helps to relieve stress and is easy to do. Find a quiet place, close your eyes, and breathe in and out."

PREVENTION PROGRAMS

TOBACCO CESSATION

Between 2013 and 2015, 151 Pacific Islander smokers tested the MPACT program. The responses were overwhelmingly positive.

Island	Liked	Disliked
Hope	97.4%	2.6%
Change	98.6%	1.4%
Power	90.5%	9.5%
Peace	92.9%	7.1%
Strength	92.7%	7.3%
Chill	85.2%	14.8%
Love	96.1%	3.9%
Freedom	97.9%	2.1%

Statement	Agree	Disagree
"MPACT understood my culture and way of life."	87.9%	12.2%
"The Pacific Islander theme of MPACT helped me to stay engaged with the program."	89.2%	10.8%
"MPACT's text messages were helpful to my quit smoking effort."	82.3%	17.7%

After 2 months, over 20% of the Pacific Islanders who used MPACT had quit smoking. In contrast, only 13.3% of 157 Pacific Islanders who had used another online program (<http://www.ffsonline.org/>) had quit smoking. In addition, female Pacific Islanders who completed all 8 MPACT islands reported significantly lower levels of stress and depression than female Pacific Islanders in the other group.

By tapping into the spirit and knowledge of Pacific Islanders, the WINCART Center and its community partners successfully implemented a program with the ability to reduce cigarette use and save lives.



¹ Mukherjee, A., Wackowski, O., Lee, Y., Delnevo, C. (2014) Asian American, Native Hawaiian and Pacific Islander tobacco use patterns. *Am J Health Behav*, 38(3):362-369.

² Centers for Disease Control and Prevention. CDC - National Adult Tobacco Survey (NATS) - Smoking & Tobacco Use. (2016). National Adult Tobacco Survey URL: http://www.cdc.gov/tobacco/data_statistics/surveys/nats/.

³ Jha, P., Ramasundarahettige, C., Landsman, V., Rostron, B., Thun, M., Anderson, R., McAfee, T., Peto, R. (2013) 21st century hazards of smoking and benefits of cessation in the United States. *N Engl J Med*, 368(4):341-350.

TRAINING MENTORSHIP

WINCART Training Program

The overall goal of WINCART's training program was to build a critical mass of scientists and health professionals, particularly researchers from Pacific Islander and other racial/ethnic minorities, with in-depth scientific expertise and complementary skills in conducting cancer health disparities research using community-based participatory research (CBPR). Pacific Islanders and other racial/ethnic minorities are woefully underrepresented as students in public health education and as investigators in health-related research. According to 2000 data from the Association of Schools of Public Health, while 76.7% of public health doctoral students were white, ethnic minorities were notably underrepresented (10% Asian, 7.9% African American, 4.5% Hispanic, and 0.7% Native American)); no data were available for Pacific Islanders (Pasick, Otero-Sabogal, Nacionales & Banks, 2003). Furthermore, Pacific Islander investigators are significantly underrepresented in federally-funded education and research projects. For instance, of the 150,369 federally-funded health-related grants from 1986-2000, only 0.2% involved Asian Americans or Pacific Islanders (Ghosh, 2003). Not surprisingly, of the 10 million articles in MEDLINE from 1966 to 2000, only 0.01% involved Asian American or Pacific Islander health. Outside of WINCART there was no Pacific Islander-focused program in the continental U.S. to train early career investigators in CBPR and cancer health disparities.

WINCART's model of research training included the following groups of trainees:

1. High school and undergraduate students – training about CBPR and how WINCART applied CBPR to work with Pacific Islander communities in Southern California;
2. Master and doctoral students – exposure to CBPR research through the combination of academic and community research involvement and mentorship;
3. Post-doctoral and early stage investigators – mentorship in diversity supplement-supported independent research pilot projects;
4. Established investigators – mentorship in collaborative CBPR research project development, implementation and evaluation.

High school and undergraduate student CBPR training.

Conversation about the need to develop the younger generation of Pacific Islander professionals began as early as 2005 and later came to fruition as WINCART spearheaded the development of the Pacific Islander Pipeline program. Initiated through funding provided by the National Cancer Institute and later supported by The California Endowment, the Pacific Islander Health Careers Pipeline Program was created to encourage and support young Pacific Islanders interested in the health field by providing opportunities for education, training, and exposure to the field. A total of 20 students were trained and supported through the program in 2009 and 2010.



In addition, WINCART developed an innovative, web-based CBPR training program consisting of a 4-module introduction to CBPR, 6-module development of WINCART's CBPR center, and 4-module understanding of culture and Pacific Islander communities. The curriculum also included pre-training assessment, quizzes to demonstrate knowledge gains, and post-training assessment. Over three years, hundreds of students participated in WINCART's CBPR training, and also learned about opportunities to continue training through training institutes and programs across the country.

Master and doctoral student research involvement and mentorship. Students interested in getting involved in WINCART-based CBPR projects were matched with WINCART community or academic researchers to increase their CBPR knowledge and skills, and provide opportunities to learn by: a) shadowing community leaders engaged in CBPR community outreach and research; b) rotating through the Community Outreach Program to understand how community-based best practices are developed, implemented and evaluated; c) attending research project planning meetings to observe and participate in how CBPR issues are integrated into study design, implementation and/or analysis; and d) attending monthly WINCART partner meetings to discuss ongoing CBPR issues. During WINCART's 10 years, masters and doctoral students participated in research exposure and mentorship activities, working on topics such as:

- Physical activity among Samoans (Ms. Leilua Satele)
- Cancer beliefs among Samoans (Mr. Seumaninoa Puaina)
- Nutrition in Native Hawaiians (Dr. Rebekkah Ngewa)
- Spirituality and cancer survivorship among Samoans (Dr. Melanie Sabado)

Postdoctoral and early stage investigators. WINCART researchers worked directly with postdoctoral and early stage investigators to develop CBPR proposals investigating a myriad of Pacific Islander cancer health disparities topics such as:

- Breast cancer navigation (Dr. Diana Tisnado)
- Lymphedema and breast cancer (Dr. Nellie Sgambelluri)
- Incidence of cancer among Pacific Islanders (Dr. Sela Panapasa)
- Correlates of cancer screening (Dr. Alek Sripipatana)
- Creating the Pacific Islander physical activity questionnaire (Dr. Karen Moy)
- Biospecimen donation beliefs and behaviors (Dr. Patty Kwan)

Established investigators. Lastly, WINCART spearheaded or mentored established researchers in collaborative CBPR research project development, implementation and evaluation, resulting in successfully-funded studies investigating the following:

- HIV and HPV (Dr. Anthony DiStefano)
- Physical activity and nutrition (Dr. Archana McEligot, Dr. Karen Moy, and Dr. Lenny Wiersma)
- Behaviors and beliefs relating to diet in Native Hawaiians (Dr. Archana McEligot)
- Smoking cessation for young adults (Dr. Paula Healani Palmer)
- Pap testing among Chamorros, Samoans and Tongans (Dr. Sora Tanjasiri)

From 2005 to 2015, WINCART trained hundreds of high school and undergraduate students, dozens of graduate and pre-doctoral students, and postdoctoral/early stage/established researchers. The majority of our trainees were ethnically diverse, and their efforts resulted in conference presentations, published papers, grants proposals, and funded grant studies. Most importantly, their work lives on in the development of new research collaboratives and innovative studies that continue to address ongoing cancer health disparities in Pacific Islander and other communities.

TRAINING TRAINEES

WINCART Training Program



Throughout WINCART's ten years, the center helped train countless community members, students, postdoctoral researchers, and faculty on community-based participatory research and Pacific Islander communities. Both community leaders and university researchers served as trainers, and many trainees served as project leaders of pilot research studies (indicated with an asterisk). We are proud of all of their efforts and accomplishments, as well as their continued dedication to improving the lives of Pacific Islanders throughout Southern California and beyond.

Below is a partial list of those we trained including their terminal degrees and years of involvement in WINCART:

Mohammed Aftab	2013-2016
Kristina Beasley, BS	2013-2014
Lizette Blanco, MPH, PhD	2011-2012
Ashley Cheri, MS	2011-2013
Harold Custodio, MPH	2014-2016
Jocelyn Delfino	2009-2010
Jan Eichenauer, MS	2006-2008
Caroline Fifta	2009-2020
Ualani Ho'opai, MPH	2012-2014
Sandy Hu, MPH	2012-2013
Patty Kwan, PhD*	2011-2016
Cindy Lin, MPH	2011-2012
Karen Llave, BS	2013-2014
Heather Maynard, BS	2011-2012
Archana McEligot, PhD*	2007-2009
Falelima Miller	2009-2010
Karen Moy, PhD*	2007-2009
Daisy Nguyen, MPH	2009-2010
Don Nguyen, MPH	2009-2010
Dung Nguyen, MPH	2012-2014
Hanh-Tien Nguyen, MPH	2011-2013
Mandy Nguyen, BS	2013-2014
Lianne Nacpil, MPH	2007-2010
Rebekkah Ngewa, MPH, DrPH	2007-2009
Ciara Paige, MA	2012-2014
Sela Panapasa, PhD*	2007-2009
Cayla Patel, BS	2013-2014
Cheng Peng, MPH	2012-2014
Nicole Porter, PhD	2012-2013
Seumaninoa Puaina, MPH	2005-2007
Nicole Robello, MA	2011-2012
Melanie Sabado, MPH, PhD	2007-2009
Charles San Nicolas	2009-2010
Leilua Satele, MS	2005-2007
Nellie Sgambelluri MD*	2008-2010
Rochelle Sino, MPH	2013-2014
Christina Speck, BS	2012-2013
Alek Sripipatana, PhD*	2007-2009
Roger Sur, MPH	2011-2013
Melody Swen, BA	2012-2014
Nasya Tan, MPH	2012-2016
Jacqueline Tran, DrPH	2005-2009
Toaono Vaifale, BA	2009-2010
Helen Yandall	2009-2010
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LESSONS LEARNED & EPILOGUE

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National Institutes of Health,
National Cancer Institute,
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of the authors and do not necessarily represent
the official views of the NCI CRCHD.



While this report summarizes the many successes of WINCART over the past ten years, as is the case with any collaborative we faced many challenges that required creativity, innovation, and most of all trust in each other that we could overcome to reach our mission of healthier and empowered Pacific Islander communities. Along the way we learned much from each other, including the tremendous wisdom of our community collaborators and the complementary expertise of community and university researchers.

Equally important, we learned to constantly return to the values of community-based participatory research principles to guide us when times became challenging.¹ These values included: 1) equitable partnerships to advise not only on research, but also on governance, budgetary needs, strategic directions, and program design and implementation; 2) building upon strengths and resources within communities to inform research studies and education campaigns; 3) using holistic approaches to address intransigent health needs; 4) disseminating findings through multiple channels, including back to community participants, organizations, and through social media in addition to typical university journals; and 5) promoting a long-term view commitment to implementation and sustainability through individual training and organizational capacity development.

Across all of our efforts, we recognized the importance of focusing on prevention and early detection to slow cancer health disparities while community members are still healthy. So many individuals and organizations contributed to our countless prevention-oriented data collection, program design, videos and other materials development, evaluation, and dissemination. Only selected efforts are highlighted in this report, and there may never be the ability to identify all of the subsequent successes spawned by WINCART's many research, education, and training activities.

Finally we must all continue to train the next generation of Pacific Islander and other community members and university students to ensure that the pipeline from elementary to postdoctoral education continues to lift all who want to learn and contribute back to the work of promoting health for all. We still have much to learn, and look forward to those who come after us to take these lessons and improve upon these campaigns to ensure that the next generation is healthier than the one before.

¹ Braun, K., Nguyen, T., Tanjasiri, S., Campbell, J., Heiney, S., Brandt, H., Smith, S., Blumenthal, D., Hargreaves, M., Coe, K., Ma, G., Kenerson, D., Patel, K., Tsark, J., & Hebert, J. (2012). Operationalization of community-based participatory research principles: assessment of the National Cancer Institute's Community Network Programs. *American Journal of Public Health*, 102 (6): 1195-1203.

WINCART ADMINISTRATION

- WINCART commenced with funding (2005-2010) from the National aCancer Institute
- WINCART governance policies and its Community Advisory Board were established
- WINCART's website was launched
- <http://wincart.fullerton.edu/>

OUTREACH AND TRAINING

- Community partners supported 32 outreach events, reaching 7,675 individuals in Chamorro/Guamanian, Marshallese, Native Hawaiian, Samoan, and Tongan Communities.

OUTREACH AND TRAINING

- WINCART hosted 24 attendees, including 9 cancer survivors and first time participants, at the Intercultural Cancer Council's 10th Biennial Symposium, Washington DC

EVENTS

- WINCART Community Partners Retreat: "*Empowered and Healthy Pacific Islander Communities*," Santa Ana
- WINCART's "*First Year Reflection*" event, California Endowment, Los Angeles

FUNDED PROJECTS

- *Informal and Formal Support and Needs Among Samoan Survivors* funded by: California Breast Cancer Research Program (CA BCRP)
- *Cancer Incidence in Pacific Island Populations in the US Principal* funded by: National Cancer Institute

OUTREACH AND TRAINING

- Community partners held 223 outreach events reaching 27,866 individuals in Native Hawaiian Pacific Islander communities throughout Southern California
- WINCART spearheads efforts advocating for the disaggregation of data for Pacific Islanders
- WINCART establishes the student pipeline for health careers and requests additional support from The California Endowment to support the Pacific Islander Health Pipeline Program.

2005

EVENTS

- (Aug. 29) WINCART Kickoff Event, Carson Community Center

PRESENTATIONS

- (July 18 – 20) Community Networks Cancer Health Disparities Summit, National Cancer Institute, Rockville, Maryland
- The American Public Health Association 133rd Annual Meeting & Exposition, Philadelphia, PA.

2006

PRESENTATIONS

- The Office of Minority Health Symposium, Washington, DC.
- The Intercultural Cancer Council 10th Biennial Symposium, Washington DC.
- Community-Campus Partnerships for Health 9th Conference, Minneapolis, MN.
- California REACH 2010 Conference, Los Angeles, CA.
- Asian Pacific Islander Health Forum Health Summit, San Francisco, CA
- American Public Health Association 134th Annual Meeting & Exposition, Boston, MA

PUBLICATIONS AND MATERIALS

- Kagawa-Singer, M., Tanjasiri, S. P., Lee, S. W., Foo, M. A., Nguyen, T. N., Tran, J., & Valdez, A. (2006). Breast and cervical cancer control among Pacific Islander and Southeast Asian women: Participatory action research strategies for baseline data collection in California. *Journal of Cancer Education*, 21(1), S53-S60.

2007

FUNDED PROJECTS

- *Pacific Islander Health Pipeline Program* funded by: The California Endowment
- *Physical Activity & Nutrition among Pacific Islander Youth: An Exploratory Study* funded by: National Cancer Institute
- *Cancer Related Risk Factors among Pacific Islanders in California* funded by: National Cancer Institute
- *Projected Incidence of Cancer Among Pacific Islanders Living in California* funded by: National Cancer Institute
- *Behavior and beliefs related to diet in Native Hawaiians in Southern California* funded by: National Cancer Institute
- *Creating the Pacific Islander Physical Activity Questionnaire (PIPAQ)* funded by: National Cancer Institute

PUBLICATIONS AND MATERIAL

- Tanjasiri, S. P., Tran, J. H., Palmer, P. H., & Valente, T. W. (2007). Network analysis of an organizational collaboration for Pacific Islander cancer control. *Journal of Health Care for the Poor and Underserved*, 18, 184-196.
- Tanjasiri, S.P., Tran, J.H., Palmer, P.H., Foo, M.A., Hannemann, M., Lee, C., Sablan-Santos, L., & Sripipatana, A. (2007). Developing a Community-Based Collaboration to Reduce Cancer Health Disparities among Pacific Islanders in California. *Pacific Health Dialogue*, 14(1), 119-172.

FUNDED PROJECTS

- *Lymphedema and Pacific Islander Breast Cancer Survivorship* funded by: National Cancer Institute

PRESENTATIONS

19 presentations at 7 conferences:

- WNCART Network Meeting, San Diego, CA 3 PRESENTATIONS
- American Public Health Association 136th Annual Meeting & Expo, San Diego, CA. 11 PRESENTATIONS
- Cancer, Culture and Literacy: Methodologies and Best Practices for Addressing Cancer Health Disparities, Tampa, FL.
- Asian American, Native Hawaiian & Pacific Islander Cancer Survivorship Conference: Dispelling Myths, Reducing Disparities & Providing Hope, San Francisco, CA.
- NCI Cancer Health Disparities Summit: Eliminating Cancer Health Disparities through Science, Training and Community, Bethesda, MD.
- NIH Health Disparities Summit, December 2008.
- The California Endowment, Center for Healthy Communities, Los Angeles, CA.

FUNDED PROJECTS

- *Summer Research Experience for Pacific Islander Students* (ARRA funding)
- *Research on HIV/AIDS Related Cancer among Racial/Ethnic Minority and Underserved Person in the U.S.: Exploring the Intersection between HIV and HPV among Pacific Islanders* (Admin Supplement)
- *Increasing Cancer Screening, Treatment and Support in the Tongan Community through Patient Navigation*. (ARRA funding)

2007

2008

2009

PRESENTATIONS

- Asian Pacific American Community Research Roundtable conference, Los Angeles, CA.
- Global Pacific Health Conference, Honolulu, HI.

PUBLICATIONS AND MATERIALS

- hu, K. C., Chen, M.S., Dignan, M.B., Taylor, E., Partridge, E., & Community Network Program Principal Investigator (2008). Parallels between the development of therapeutic drugs and cancer health disparity programs: Implications for disparities reduction. *Cancer*, 113(10), 2790-2796.
- Tanjasiri, S.P., & Tran, J.H. (2008). Community capacity for cancer control collaboration: Weaving an islander network for cancer awareness, research and training for Pacific Islanders in Southern California. *Cancer Detection and Prevention*, 32(1), S37-40. PMID: PMC2719104
- Tanjasiri, S.P., Sablan-Santos, L., Merrill, V., Flores Quitugua, L., & Goo Kuratani, D. (2008). Promoting breast cancer screening among Chamorro women in Southern California. *Journal of Cancer Education*, 23(1), 10-17. doi: 10.1080/08858190701821386. NIHMSID: 480266

PRESENTATIONS

18 presentations at 7 conferences:

- American Association for Cancer Research (AACR) The Science of Cancer Health Disparities. Carefree, AZ.
- He Huliau - A turning Point. Eliminating Health Disparities in Native and Pacific Peoples: Cardiometabolic Disease, Costa Mesa, CA. 2 PRESENTATIONS
- American Association for Cancer Research (AACR) The Science of Cancer Health Disparities. Carefree, AZ. 2 PRESENTATIONS
- 4The Office of Minority Health's 3rd National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health 2009, Washington DC.
- NCI/CRCHD CNP Meeting, Rockville, MD. 3 PRESENTATIONS
- 2009 California REACH US Conference, Long Beach, CA. 7 PRESENTATIONS
- American Public Health Association 137th Annual Meeting & Expo, Philadelphia, PA. 2 PRESENTATIONS

WINCART ADMINISTRATION

- WINCART received additional funding (2010-2015) from the National Cancer Institute to continue its outreach, education, and research programs.
- 2 Community Advisory Groups with 12 members were established

OUTREACH AND TRAINING

- Developed a comprehensive cancer materials database and identified gaps for educating Pacific Islanders
- Identified three cancer sites as the focus for the 2011 education campaign - breast, cervical, and colorectal cancer
- Developed and distributed a Pacific Islander Colorectal Cancer Education Toolkit
- 7 master's level trainees participated in WINCART projects

PUBLICATIONS AND MATERIALS

A total of 19 articles were published:

- 10 articles in a Special Issue on Cancer Control among Pacific Islanders in the *Californian Journal of Health Promotion*
- 2 articles in the "He Huliau Special Issue" of the *Hawai'i Journal of Public Health*
- 7 other articles published
- Developed cultural competence videos to train cancer disparities researchers on the cultural histories and considerations for working with Pacific Islanders in Southern California
- Developed and distributed a Pacific Islander Colorectal Cancer Education Toolkit

WINCART ADMINISTRATION

- Publications and Dissemination sub-committee was established
- Decision making, representation, and communication protocols were developed
- 24 Steering Committee, Executive Committee, Core planning meetings, and Community Advisory meetings took place

2010

2011

RESEARCH

- Developed a Smartphone platform to collect real time information about why and when young adult Pacific Islanders smoke to assist in development of a smoking cessation program
- Mobile lab was created to provide technical assistance for community partners using laptops and phones for smoking cessation research

PRESENTATIONS

8 presentations at 3 conferences:

- He Huliau, Waikiki, HI. 3 PRESENTATIONS
- 3rd Annual Disparities Summit of the American Association of Cancer Researchers, Miami, FL.
- American Public Health Association 138th Annual Meeting & Exposition, Charlotte, NC. 4 PRESENTATIONS

OUTREACH AND TRAINING

- 8 trainings with 102 individuals to increase knowledge, attitudes, and skills regarding cancer health disparities
- NCI's 8 Way's to Reduce Your Risk of Cancer messaging was translated and posters were created to meet the needs of the Chamorro, Hawaiian, Marshallese, Samoan, and Tongan communities
- WINCART reached 80,000 community members with 8,800 materials distributed; over 6,000 individuals received cancer specific education.
- 600 policymakers were educated about the specific needs of the Pacific Islander community, specifically, disaggregated data and resources.
- 11 trainees (masters, pre-doctoral, or post-doctoral career level) participated in WINCART activities

EVENTS

- (Sept. 17-18) – 4th Annual Pacific Islander Festival (PIF) at Huntington Beach, CA
 - Health Information and Resource Booth - includes 15 – 20 LA-OC Healthcare Agencies and services, Veterans Administration, local FQHC or Community mobile health van for health screenings: glucose, cholesterol, anemia, B/P, skin evaluation
- (April 2) WINCART supports 1st annual Native Hawaiian and Pacific Islander Youth Fitness and Health Day @ UCLA; over 1,000 community members participated
- (May 7) WINCART supports the first annual Asian Pacific Islander Community Walk in Fullerton, CA

RESEARCH

- 60 individuals participated in the Biospecimen Pilot study to determine knowledge, attitudes, and beliefs regarding genetic research

WINCART ADMINISTRATION

- 22 Center Steering Committee, Community Advisory Group, Executive Committee and Core Planning meetings took place

AWARDS

- WINCART received the 2013 *Outstanding Community Partnership Award* from the UCI Institute for Clinical and Translational Science (ICTS) for its collaborative and impactful cancer health disparities work with Pacific Islander communities

OUTREACH AND TRAINING

- 264 Pacific Islander adults received breast and cervical cancer patient navigation services
- 4,888 community members were educated on the importance of cancer prevention, treatment, and research
- 3 biospecimen 101 trainings were conducted in Southern California

RESEARCH

- 64 young adult smokers completed a pilot study on smoking behaviors and past quit smoking attempts; findings will inform the development of a cell phone, computer assisted smoking cessation program

PRESENTATIONS

22 posters and presentations at 10 conferences:

- 8th Biennial Cancer, Culture & Literary Conference, Clearwater, FL. 2 PRESENTATIONS
- 12th Biennial Symposium on Minorities, the Medically Underserved & Health Equity, Houston, TX. 4 PRESENTATIONS
- NCI/CRCHD Community Networks Program Centers Program Meeting, Bethesda, MD. 5 PRESENTATIONS
- Native Hawaiian and Pacific Islander Health Disparity & Health Equity Conference, Los Angeles, CA. 2 PRESENTATIONS
- American Public Health Association 140th Annual Meeting & Exposition, San Francisco, CA. 4 PRESENTATIONS

2011

2012

PRESENTATIONS

16 poster and oral presentations at 4 conferences:

- REACH US CA & Beyond Conference, Carson, CA. 5 PRESENTATIONS
- CRCHD Program Meeting, Rockville, MD. 7 PRESENTATIONS
- American Association for Cancer Research 102nd Annual Meeting, Orlando, FL. 3 PRESENTATIONS
- American Public Health Association 138th Annual Meeting & Exposition, Washington, DC

PUBLICATIONS AND MATERIALS

- 3 articles were published
- Completion of materials inventory that identified 89 Pacific Islander cancer-related materials, 50% of which were developed by NCI CNPCs (including WINCART, Imi Hale, and AANCART)

EVENTS

- (Sept. 15-16) – 5th Annual Pacific Islander Festival (PIF) at Huntington Beach, CA
 - Health Information and Resource Booth - includes 15 – 20 LA-OC Healthcare Agencies and services, Veterans Administration, local FQHC or Community mobile health van for health screenings: glucose, cholesterol, anemia, B/P, skin evaluation
- (April 28) – NHPI Cancer Survivors – “Cancer, Cultures, & Pacific Islanders” with Dr. Juliet McMullin
 - Dr. Patty Kwan & Zul Surani “Biospecimen Study”
- 200+ NHPI Survivors, families, advocates in attendance

- American Association for Cancer Research Conference, San Diego, CA.
- Southern California Conference for Undergraduate Research, Camarillo, CA.
- Cancer, Cultures and Pacific Islanders Meeting 2012, Costa Mesa, CA.
- 2012 International Research Congress on Integrative Medicine and Health, Portland, OR.
- 44th Asian Pacific Academic Consortium for Public Health Conference, Colombo, Sri Lanka.

PUBLICATIONS AND MATERIALS

7 articles were published

- WINCART’s Community-Based Participatory Research (CBPR) Online Training Program was completed and launched
- Biospecimen education and training materials were created and disseminated

WINCART ADMINISTRATION

- 17 Center Steering Committee, Community Advisory Group, Executive Committee and Core planning meetings took place

OUTREACH AND TRAINING

- Pilot testing of the *Let's Move! for Pacific Islanders* intervention with 7 organizations and 101 individuals in Southern California.
- Dissemination of the *Let's Move! for Pacific Islanders* toolkit to over 15 community and faith-based organizations and groups in California and Utah via in-person and webinar trainings
- Re-launch of WINCART's *Community-Based Participatory Research (CBPR) Online Training Program* to students, health professionals, and community leaders; 75 individuals have completed the program to date.
- (October) Cervical Cancer Toolkit Released
- 17 trainees participated in WINCART activities

PRESENTATIONS

7 presentations and posters at 4 conferences:

- University of California San Diego U54 Fifth Annual Reception and Poster Session, San Diego, CA.
- American Association for Cancer Education International Cancer Education Conference, Seattle, WA.
- American Public Health Association 141st Annual Meeting and Exposition, Boston, MA. 3 PRESENTATIONS
- 6th AACR Conference on the Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, Atlanta, GA. 2 PRESENTATIONS

OUTREACH AND TRAINING

- Dissemination of over 1,000 WINCART Let's Move! for Pacific Islanders Toolkits and DVDs
- 11 trainees participated in WINCART activities

EVENTS

- (Sept. 20-21) – 7th Annual Pacific Islander Festival (PIF) at Huntington Beach, CA
- Health Information and Resource Booth - includes 15 – 20 LA-OC Healthcare Agencies and services, Veterans Administration, local FQHC or Community mobile health van for health screenings: glucose, cholesterol, anemia, B/P, skin evaluation

2013

EVENTS

- (Sept. 15-16) – 6th Annual Pacific Islander Festival (PIF) at Huntington Beach, CA
 - Health Information and Resource Booth - includes 15 – 20 LA-OC Healthcare Agencies and services, Veterans Administration, local FQHC or Community mobile health van for health screenings: glucose, cholesterol, anemia, B/P, skin evaluation
- (Nov. 2) – Komen Breast Tissue Bank – Partnership with Indiana Cancer Center, Komen OC
- (April 20) – NHPI Cancer Survivors – “Recovery & Hope” – Zul Surani, CHE and Mary Aalto, Cancer Survivor
 - Norris Cancer Center
 - 150+ NHPI Survivors, families, advocates in attendance

PUBLICATIONS AND MATERIALS

- 4 articles were published

RESEARCH

- Roll out of *Motivating Pasifika Against Cigarettes and Tobacco (MPACT)*, a smoking cessation program for young adult Pacific Islanders in five Southern California communities

2014

PRESENTATIONS

9 presentations at 6 conferences:

- Minority Health and Health Disparities Grantees' Conference, National Harbor, Maryland.
- He Hui'au Conference, in Kapolei, HI.
- California State University, Fullerton Student Creative Activities and Research Day, Fullerton, CA.
- Annual CNPC Program Meeting, Bethesda, MD. 2 PRESENTATIONS
- American Public Health Association 142nd Annual Meeting and Exposition, New Orleans, LA. 2 PRESENTATIONS
- 7th AACR Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, San Antonio, Texas. 2 PRESENTATIONS

PUBLICATIONS AND MATERIALS

- 3 articles published
- WINCART **Let's Move! for Pacific Islanders** published on the CES4Health website
- Development of educational materials and protocols for WINCART's *Pacific Islander Biospecimen Education and Collection Project (PIBEC)*
- 316 young adult Pacific Islanders, mostly Tongan and Samoan, completed the *Motivating Pasifika Against Cigarettes and Tobacco (MPACT)* program.

BIOSPECIMEN PROJECT SUCCESS

- PIBEC started and finished recruitment in 2015 with a total of 219 participants recruited. (227 including WINCART Staff).
- The Pacific Islander Biorepository was created/established in 2015.

PRESENTATIONS

- American Public Health Association 143rd Annual Meeting and Exposition, Chicago, IL.
 - *Biospecimen Education in Pacific Islander Communities: A Weaving an Islander Network for Cancer Awareness, Research, & Training (WINCART) Center Study.*
- (Film festival presentation) *Supporting Out Women - Pacific Islander Women's Pap Testing Project.*

PUBLICATIONS AND MATERIALS

- Kwan, P., Briand, F., Lee, C., Lepule, J., Llave, K., Pang, K., Sabado, M., Santos, L., Tanjasiri, S., Tui'one, V., Schmidt-Vaivao, D., & Palmer, P. (2015). Reservations to Participate in Biospecimen Research among Pacific Islanders. *Californian Journal of Health Promotion*, 13(3), 27-33.
- LaBreche, M., Cheri, A., Custodio, H., Fex, C.C., Foo, M.A., Lepule, J.T., Tui'one May, V., Orne, A., Pang, J.K., Pang, V.K., Sablan-Santos, L., Schmidt-Vaivao, D., Surani, Z., Fifita Talavou, M., Toilolo, T., Palmer, P.H., & Tanjasiri, S.P. (2015). Let's Move for Pacific Islander Communities: An Intervention to Increase Physical Activity. *Journal of Cancer Education*. doi: 10.1007/s13187-015-0875-3

2014

2015

EVENTS

- (Sept. 19-20) – 8th Annual Pacific Islander Festival (PIF) at Huntington Beach, CA
 - Health Information and Resource Booth - includes 15 – 20 LA-OC Healthcare Agencies and services, Veterans Administration, local FQHC or Community mobile health van for health screenings: glucose, cholesterol, anemia, B/P, skin evaluation
- (Oct. 24) – NHPI Cancer Survivors – WINCART "A Decade of Partnership, Work on Pacific Islander Cancer Disparities" by Dr. Sora Tanjasiri, Garden Grove Women Civic Club

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Leilani Beck
Harold Custodio
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