



## Reducing Cancer Disparities for and with Native Hawaiians

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### Overview

Advances in cancer care, prevention education, and the relatively widespread availability of routine screening for many types of cancer are credited with the unprecedented decline in overall age-adjusted cancer mortality rates of recent years.<sup>1,2</sup> However, not all segments of the U.S. population have benefited from these advances and disparities or differences in cancer incidence, prevalence, and mortality, are experienced by certain ethnic/racial and medically underserved groups.<sup>1,3</sup> Native Hawaiians, whose ancestors settled the Hawaiian Archipelago prior to 1778, are among those groups most heavily burdened by unequal suffering and death from cancer.<sup>1,3</sup> This update briefly details current incidence and mortality rates experienced by Native Hawaiians, identifies considerations for developing interventions, and highlights efforts of the Prevention and Control Program of the Cancer Research Center of Hawai'i and its community partners to improve cancer outcomes with and for Native Hawaiians.

### Native Hawaiians and the Cancer Burden

Residents of the State of Hawai'i enjoy some of the best health indicators in the U.S., including the longest life span and the lowest cancer mortality rate of any other state (161.6 per 100,000 to the national average of 206.0 per 100,000).<sup>1</sup> Yet against this generally salutary backdrop exist less than favorable cancer outcomes for Hawai'i's indigenous people. In national comparisons, Native Hawaiian men rank second highest in overall cancer mortality rates (African Americans are first) and Native Hawaiian women are tied with their African American counterparts for the second highest mortality rates (Alaska Natives are first).<sup>2</sup>

Native Hawaiians, including those of full and part-Hawaiian ancestry, comprise 19.8% of Hawai'i's population and are the second largest ethnic group. In comparison to other major ethnic groups (Caucasians, Japanese, Filipino, Chinese) in the state, Native Hawaiians experience the highest overall cancer incidence and age-adjusted mortality rates, as well as one of the highest incidence rates of cancers diagnosed in late stages.<sup>1</sup>

Three malignancies—breast (female), colon and rectum, and lung and bronchus—contribute substantially to the Native Hawaiian cancer burden.<sup>1</sup> Native Hawaiian men have the highest incidence rates for lung and bronchus cancer and Native Hawaiian women have the highest incidence and mortality rates for breast cancer. Native Hawaiian men and women have the highest mortality rates for lung and bronchus cancer, as well as cancer of the colon.

### Considerations in Reducing Disparities

Cancer disparities are often reported by ethnic categories with ethnicity generally used as a proxy for socioeconomic status (SES)

and/or cultural norms and mores.<sup>4</sup> The relationship of ethnicity, SES, culture, and health outcomes may be a meaningful one for furthering the understanding of cancer disparities and developing strategies to reduce the cancer burden among Native Hawaiians. Moreover, Native Hawaiians share a distinct cultural tradition, a unique history of socioeconomic and political disadvantage, patterns of low health services and preventive screening utilization, and some of the poorest health indicators in the state, as well as in the nation.<sup>5</sup> As such, there is a need to better understand how these cultural, historical, and demographic variables affect cancer prevention, etiology, and treatment. Thus, the challenge of reducing cancer disparities among Native Hawaiians is a complex one, *albeit*, critical and urgent to the nation's overall health. The National Cancer Institute (2004)<sup>2,6</sup> affirms its commitment to reduce the burden of cancer among all segments of the population and identifies the need for research in two related areas: First, to increase theoretical and conceptual understanding of the ways in which social position, economic status, health services delivery, and cultural beliefs and practices influence current disparities; Second, to develop, implement, and integrate effective interventions aimed at prevention and control of cancers that contribute to the disproportionate burden of suffering and death borne by ethnic minorities and the medically underserved.

At the Cancer Research Center of Hawai'i (CRCH), University of Hawai'i, we are dedicated to understanding the fundamental causes of disparities experienced by Native Hawaiians and other diverse peoples living in the state. The CRCH Prevention and Control Program brings a multi-disciplinary group of scientists and healthcare professionals together to collaborate in understanding the multiple and complex factors influencing disparities. Such understanding serves as a basis for the development and testing of interventions to prevent cancer and improve control of disease once it is diagnosed. In the CRCH Prevention and Control Program our overall aims and activities include:

- Decreasing cancer incidence and avoiding excess mortality through interventions that encourage routine use of early detection screening, promote behaviors to reduce cancer risk, and facilitate access to participation in clinical drug trials.
- Improving patient outcomes through the development of effective disease management and comprehensive clinical care.
- Enhancing the quality of life experienced by cancer patients, survivors, and their significant others through effective supportive care services that are culturally acceptable and community-relevant.

## Collaboration in Research for and with Native Hawaiians

National and state initiatives emphasize the important role that communities have in eliminating disparities.<sup>1-3,5,6</sup> Application of Community-Based Participatory Research (CBPR) principles<sup>7</sup> into intervention research seems especially relevant for Native Hawaiians because of their reluctance to be research “subjects” or “guinea pigs.”<sup>5</sup> Native Hawaiians have not always benefited from past research conducted in their communities and in some instances, have even been harmed; such experiences have fostered caution and distrust of research.<sup>5</sup> As indigenous Hawaiian communities and groups have grown in organizational strength and capacity, they have advocated for re-mediation of the historic power imbalance in conventionally conducted research and have insisted upon meaningful collaboration characterized by respect for community expertise, shared leadership, and tangible benefits to community residents; namely those values associated with CBPR.<sup>5,7</sup>

Research partnerships involving members of affected communities, as well as health care professionals and university-based researchers may have a profound impact on the development and implementation of effective interventions. The positive potential of such a partnership was exemplified in the landmark Wai‘anae Cancer Research Project,<sup>8</sup> a five-year study funded by the National Cancer Institute to test a culturally tailored, community-based intervention aimed at promoting adherence to routine screening guidelines and medical follow-up to suspicious and abnormal screening results. Study findings strongly suggest that this intervention derived from Native Hawaiian social mores and informed by community residents across all phases of the intervention, offered the prospect of reduced breast and cervical cancer mortality for Native Hawaiian women living in a socioeconomically disadvantaged, yet culturally rich community.

Current efforts of the CRCH Prevention and Control Program build on knowledge gained from this study and on the positive relationships forged through collaborative work with the Wai‘anae community and other Native Hawaiian community-based health organizations. As a direct result, we are engaged in active collaborations with ‘Imi Hale—the Native Hawaiian Cancer Awareness Research and Training Network funded by the National Cancer Institute’s Special Populations Network—and other community-based organizations serving predominantly Native Hawaiian groups. Examples of our collaboration for and with Native Hawaiian communities are many<sup>5,9</sup> and include:

- Descriptive studies of knowledge, attitudes, and practices (KAPs) associated with cancer treatment trials among oncologists and among physicians serving predominantly Native Hawaiian patient populations, and Native Hawaiian survivors’ perceptions of barriers and support to treatment seeking.
- Technical assistance and ongoing scientific support to assess needs, further strategic planning, and develop a community-based research infrastructure (i.e., ‘Imi Hale) aimed at improving cancer outcomes among Native Hawaiians.
- Mentorship to advance the scientific careers of a cadre of Native Hawaiian researchers currently engaged in pilot intervention studies to increase colorectal and breast cancer screening,

to enhance patient skills in accessing treatment-related information, and to enhance social support and coping with cancer diagnosis and treatment among patients and families. Notably, these studies integrate salient Hawaiian values and practices and actively involve Native Hawaiian organizations and social networks.


## Conclusions

Reducing the cancer burden through prevention and control interventions for and with Native Hawaiians is a priority for the CRCH Prevention and Control Program. While current research to reduce the unequal suffering and death experienced by Hawai‘i’s native people is in a relatively early stage of development, a critical foundation is being laid for future interventions that may effectively address differences in cancer outcomes. To advance this work, continuing collaboration between CRCH and its community partners is essential. In the journey to discover effective means for addressing disparities among Native Hawaiians, we are optimally, guided by the traditional native wisdom: “*Ho‘okahi ka ‘ilau like ana*” or “Wield the paddles together—work together” [10].

For more information on the Cancer Research Center of Hawai‘i please visit our website at [www.crch.org](http://www.crch.org).

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