Sociocultural Considerations in Advancing Cancer Prevention and Control in Low Resource Settings: US Affiliated Pacific

IOM Workshop on Cancer Control in Low Resource Settings

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Neal A. Palafox MD MPH
Department of Family Medicine and Community Health
John A. Burns School of Medicine
University of Hawaii
Outline

- US Affiliated Pacific Island Jurisdictions (USAPIJ)

- Socio-cultural determinants of pop health and ca control
  - history
  - economic & global relationships
  - Indigeneity, cultural trauma

- Operational Framework for Cancer Prevention and Control
  - Principles, Process, Structure

- Recommendations
USAPI
WHAT/WHERE

*United States*
Flag Territories and Commonwealth
  Guam

*Affiliated Pacific Island Nations*
  American Samoa
  Commonwealth of the Northern Mariana Islands (CNMI)

*Freely Associated States (FAS)*
  Federated States of Micronesia (FSM)
  Republic of the Marshall Islands (RMI)
  Republic of Palau (ROP)
Low Resource Setting

• Relative to?
  – Industrialized nations in a global economy
  – difficult to compete
  – economic dependence

• Pop: Fiji 900,000, Kosaie 8,000, RMI 55,000

• Geographically isolated & small land mass
  – RMI: 772,000 sq miles of ocean; 70 sq mi land
  – Tx, Ca, Minn, Ut, Ariz
### USAPI Per Capita Total Expenditure on Health

(in Purchasing Power Parity (PPP) terms, International $ for FSM, RMI, AS, GU, USA)
(in unadjusted USD for CNMI and Palau)

<table>
<thead>
<tr>
<th>Country</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am Samoa</td>
<td>$500</td>
</tr>
<tr>
<td>CNMI</td>
<td>$92</td>
</tr>
<tr>
<td>Guam</td>
<td>$1,032</td>
</tr>
<tr>
<td>Palau</td>
<td>$702</td>
</tr>
<tr>
<td>RMI</td>
<td>$374</td>
</tr>
<tr>
<td>Chuuk</td>
<td>$140</td>
</tr>
<tr>
<td>Kosrae</td>
<td>$440</td>
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<tr>
<td>Pohnpei</td>
<td>$380</td>
</tr>
<tr>
<td>Yap</td>
<td>$260</td>
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<tr>
<td>FSM</td>
<td>$453</td>
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<tr>
<td>WPRO</td>
<td>$531</td>
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<tr>
<td>USA</td>
<td>$8,233</td>
</tr>
</tbody>
</table>


CNMI $5M FY13 budget for CHCC/53,883 popn (2010) in USD not adjusted
Palau $14.4M FY12 budget/20,518 popn (2010 est) in USD not adjusted
Cancer Burden in Pacific

• Hepatitis B 15%-18% carrier rates
• CNMI: highest adoles smoking rates US
• Cervical Ca incidence highest worldwide
• Obesity prev rates highest worldwide
• US Nuclear weapons testing and CA
• Infrastructure to address cancer limited
Indigenous Peoples

• Ancestors lived in area before “settlement” or formation of modern state borders

• History: Colonization of Pacific
  • Spain, Germany, Britain, France
  • Japan, United States

• Current: Identifies collective with particular rights in national and international courts
Implications of Colonization

• Creates classes of people: Indigenous often disadvantaged
  • Often numerical majority

• Land rights changed
  • belonged to collective over time vs individual ownership
  • land was foundation of culture
    • Food, nutrition, lineage, health, life
    • Land rights: moral ownership of land (indigeneity)
Implications of Colonization

• Motivation:
  – Normalization and de-normalization of behaviors
    • Identity removed or changed
  – Diseases / Illness patterns
    • associated with colonizer
    • Indigenous health systems supplanted by Western medical systems

• Standards of health care not equitable
Colonization

- Health promotion (e.g., CA prevention and control) is linked to social justice
  - Equity of access and resources
  - Equity of health outcomes
  - Health achieved through self determination
Cultural Trauma

• loss of identity / meaning, associated with a traumatic event(s) affecting a group of people

• Identity formation of a group of people is grounded in collective memory of the event(s)
  – Not have to be present or alive at time

• Eg. Slavery and Black American identity; Illegal Annexation of Hawai‘i and Native Hawaiian identity; colonization of Pacific
Nuclear Legacy
Nuclear Weapons testing Marshall Islands, 1946-1956
Nuclear Legacy

• 1946-1958 67 Nuclear Detonations
• Equivalent in megatons to 7200 Hiroshima Bombs (1.2 Hiroshima bombs/day for 12 years of testing)
• 2004 NCI Cancer Report
Future trends in

Cyclones
More severe
Drought
More widespread

Hundreds of Ebeye residents maximize the distribution site where trucks fill a 70,000 gallon water holding tank.
Cultural Trauma

• Transmits through generations
• Affects relationships
  – Trust violated
  – Collective Identity strengthened and formed
  – Identity of perpetrator part of collective memory
  – Difficult to wash out over time
USAPIJ Ca Control Framework

• 1. Principles

• 2. Process (Function)

• 3. Structure (Form)
1. Principles

- Indigeneity / cultural assets
- Protecting Indigenous health
  - Indigenous people centered
  - promote self efficacy
- social justice
- development
2. Process

- building trust & relationships
- participatory community engagement
- development
  - capacity building
  - cultural framework
    - cancer control is performed in a cultural context
3. Structure

– Local CA Coalitions
  • community and institutional stakeholders
  • planning and Implementation

– Regionalization
  • regional CA coalition
    – Economy of scale
  • Planning and Implementation
CANCER COUNCIL OF THE PACIFIC ISLANDS (CCPI) 2003
Pacific Cancer Council of the Pacific Islands
(Advisory Board)

University of Hawaii Dept. of Family Medicine
(administrative, technical assistance)

Regional Comp Cancer

Regional Cancer Registry

Pacific Center of Excellent in the Elimination of Disparities
(Pacific CEED)

International Partners with PIHOA (SPC, WHO)

University of Hawaii Office of Public Health Sciences

Pacific Islands Health Officers Association (PIHOA)
Overarching advisory

U.S. National Partnership for Comprehensive Cancer Control

Pacific Cancer Coalition
U.S. Affiliated Pacific Island (USAPI) jurisdictions

American Samoa

Micronesian Community Network & Micronesian Health Advisory Council (Hawaii)

Kosrae
Chuuk
Pohnpei
Yap

FSM

RMI

Guam

CNMI
What has Worked

• Regionalization (Collective Solutions)
  – Tobacco Policies
  – Screening Standards for Breast and Cervical Cancer
  – Resource Appropriate Health Technology
  – Human Resource Development
  – Cancer Registry
  – Active Research (betel nut, cervical cancer)
  – Utilizing and Strengthening Existing Collaboratives, Platforms and Assets (NCD, Tobacco)
  – capacity building
USAPI Cancer Programs 2015
Recommendations

• Successful CA Prevention and Control in USAPIJ:
  – Foundational Knowledge
    • History and colonization
    • Indigeneity and cultural trauma
    • Know your own bias
  – cultural trauma moves through generations and is the identity of the collective
  – build trust (cultivate / maintain relationships)
  – plan that moves towards social justice (eg. health equity)
Fashioning our own house: a research journey Julie Kaomea (2004, p.43)

• Above all else, indigenous research should be about healing and empowerment. It should involve the return of dignity and the restoration of sovereignty, and it should ultimately bring formerly colonised communities one step further along the path of self-determination. We should think on these factors as they apply to our own research, and if and when we decide to proceed, we should do so humbly, in an effort to serve.
Lifting a heavy burden together
References


References


References


