



AMERICAN SAMOA

Comprehensive Cancer Control

Summary Plan 2007-2012



Developed by the:
American Samoa Community
Cancer Coalition

*“Coordinate cancer prevention, early
detection, treatment, support, and
research efforts to improve the quality of
life for American Samoa’s residents”*

Membership

The American Samoa Community Cancer Coalition is comprised of committed organizations and individuals that can contribute to reducing the cancer burden in American Samoa. As a member, you and/or organization will have the opportunity to collaborate with others in regards to cancer control issues such as:

- Opportunity to participate in a work group/implementation committee.
- Nominate priorities or projects for implementation.
- Partner with members with share interests.
- Listing and link on the ASCCC website.
- And much more....

Foreword



Talofa,

The American Samoa Community Cancer Coalition is pleased to provide this **summary** of the first Comprehensive Cancer Control Plan for American Samoa. With the establishment of cancer being diagnosed as the second leading cause of death on our island, a call for action was made and the brainstorming for this plan began in June of 2004. In order to produce this plan, the American Samoa Community Cancer Coalition examined the current cancer burden and disparities that have been affecting the territory and established priorities for the next five years (2007-2012). This plan outlines the basic foundation of how cancer prevention, early detection, diagnosis/treatment, quality of life, data collection/surveillance and costs will be conducted in American Samoa.



This summary only represents the beginning of Comprehensive Cancer Control in the territory and will help to *coordinate* and *integrate* all resources locally and nationally. By streamlining our resources this way, we begin to fill in “gaps” in our health care system. Gaps that individuals slip through and eventually don’t receive the proper or necessary care that they deserve.

With this plan, we also make two commitments to all of our residents. These commitments are the guiding principles for the American Samoa Community Cancer Coalition. First, to continue with our best efforts as a community based organization to fill these gaps, either on local or national levels, for the future of our residents. Secondly, to continue on our foundation that Comprehensive Cancer Control is structured on partnership and collaboration. We hope that as you read this plan you create a commitment of your own that helps yourself and others on and off island, fight this disease.

Fa’afetai Lava,

The American Samoa Community Cancer Coalition Board of Directors

Introduction

Definition of Comprehensive Cancer Control....

The Centers for Disease and Control define Comprehensive Cancer Control (CCC) as “an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation.”

CCC uses a comprehensive, or broad, approach towards cancer control because of the existence of gaps in service delivery and coverage, includes major forms of cancer, all population groups, and all geographic regions. Thus the scope of CCC involves a diverse group of stakeholders who must coordinate their efforts. For this reason, the partnership of stakeholders involved in developing a CCC plan should also be broad. Usually coordinated efforts occur in a context of a formal collaboration across multiple disciplines and organizations.

Since 1998, the number of programs participating in the NCCCP has increased from 6 to 65. Ninety-nine percent of the 65 CCC programs are in various stages of implementation.

Effective strategies for reducing cancer deaths and the number of new cases of cancer include ensuring that evidence-based screening tests and treatments are available and accessible, and reducing behavioral and environmental risk factors.

The First Step of Comprehensive Cancer Control in American Samoa....

We recognize that *our* strongest trait is *our* commitment to each other through unity and community service. It may be best explained by Margaret Mead “*they are... always ready, and obligated by custom to aid*” (Mead, 1928).

Together with this and the fundamentals of CCC, we realized that the best way to achieve our goals was to

form a community based organization allowing for a diverse group of stakeholders able to collaborate and implement CCC. As a result, in 2004 we created the American Samoa Community Cancer Coalition (ASCCC).

Development of a Comprehensive Cancer Control Plan....

The ASCCC began the planning process in 2004. Through funding from the Centers for Disease and Control, funding was made available from the University of Hawaii through a regional collaboration with the United States Pacific Island Nations (Federated States of Micronesia, Republic of the Marshall Islands, Commonwealth of the Northern Mariana Islands, Guam and American Samoa) to begin the planning process. Throughout the entire process, technical assistance was provided by the Department of Family Practice and Community Medicine at the John A. Burn School of Medicine, University of Hawaii, Cancer Council of the Pacific Islands, and Papa Ola Lokahi.

The first steps for developing a CCC plan began with deciding upon principles that would guide us in establishing goals and objectives that would be Specific, Measurable, Attainable, Realistic, and have a Timeframe (SMART). Stakeholders from the ASCCC developed these following guidelines:

All decisions will be made by the best available data. Most data that was used was ascertained by a cancer needs assessment completed in 2004.

Although most objectives are to improve or develop cancer programs or systems, an assessment of these programs or systems must be completed first. These were to be reflected in the action steps of each individual goal.

Coordination and collaboration is pivotal in the completion of a comprehensive cancer control plan. At some time, every resident in American Samoa will be touched by cancer. This makes the



responsibility of cancer control for everyone in American Samoa – its

institutions, organizations, individual citizens, families, businesses and communities.

When available, state-of-the-art knowledge, technology, and practices will be the foundation for all strategies and actions the plan promotes.

Equal access to cancer services must be available to all residents. This insures that the approach is comprehensive.

Cultural competency by health professionals and health systems in American Samoa is a key ingredient for the success of this plan.

The plan actively supports the recommendations and strategies found in other territorial plans that address cancer-related issues (e.g., the American Samoa Tobacco Prevention and Control Plan)

The cancer plan will be a road map of the efforts needed in American Samoa to reduce the cancer burden. Priorities will be set on greatest needs and most achievable, realistic strategies and actions. Due to the lack of data, strategies and actions will be based upon a five-year time span. This will allow for changes to be made as data becomes more available.

Some cancer efforts are currently underway in American Samoa. The territorial cancer plan will identify existing efforts and strive not to duplicate those efforts, but rather where appropriate, to build, enhance, and expand on them, for the benefit of all people in American Samoa.

The Guiding Principles for a Comprehensive Cancer Control Plan....

With these guidelines in place, coalition members decided upon six priorities. The first four of these priorities dealt with the changing of cancer rates in American Samoa. The last two dealt with enhancing the infrastructure of American Samoa's cancer control. It was then decided that the

coalition would divide into six workgroups that represented the cancer priorities and developed objectives, strategies, and actions for achieving these priorities. The cancer priorities that were agreed upon were:

Changing Cancer rates in American Samoa

Prevention

- Decrease Tobacco Smoking
- Educate the public regarding nutrition
- Increase the levels of physical activity

Early Detection

- Increase screening rates.
- Increase the screening capacity of health professionals.
- Maintain screening supplies.

Diagnosis/Treatment

- Decrease the amount of time a patient spends between diagnosis and treatment.
- Increase the healthcare capacity for treatment on island.
- Increase the laboratory capacity for diagnosing cancers on island.

Quality of Life

- Educate and improve quality of life services
- Assure that all cancer programs and services are comprehensive
- Reduce the financial burden

Enhancing Infrastructure of American Samoa's Cancer Control

Data

- Develop/improve the collection of set data
- Improve linkages
- Identify and implement new ways of turning data into action

Cost

- Reduce the financial burden for patients and/or their families.



Prevention Goal: Prevent cancer from occurring with an emphasis on education and behavior changes.

Objective 1.1

Decrease the number of teens in grades 9-12 who have used any tobacco product by 10%

Strategies:

- Decrease illegal tobacco sales to minors.
- Raise awareness of Tobacco quit-line.
- Raise cigarette tax.

Objective 1.2

Increase the number of workplaces that are smoke free by 50%.

Strategies:

- Support smoke-free workplaces to local business owners.
- Eliminate smoking in all government buildings.

Objective 1.3

Increase the amount of healthier foods offered in schools.

Strategies:

- Develop policies within DOE using the ACS on Nutrition and Physical Activity for Cancer Prevention and the "5-A-Day" Program.
- Educate public school food preparers on health diets.
- Provide bottled water in public schools.

Objective 1.4
Increase education and behavior strategies that deal with increased consumption of fruits and vegetables.

Strategies:

- Develop interventions that involve cultural norms.
- Nutritional values for menu items must be posted.
- Support "5-A-Day" program.

Objective 1.5
Increase the overall physical activity of American Samoa residents.

Strategies:

- Involve local traditional and or religious leaders in increasing physical activity.
- Educate teens on the importance of physical activity.
- Develop workplace education materials.
- Assess public school health policies and programs.



Early Detection Goal: Detect cancer at its earliest stages when there are no symptoms and treatment leads to a higher cure

Objective 2.1

Increase screening rate by 30% for Breast, Cervix, Prostate, Colon, and Lung Cancers.

Strategies:

- Conduct mass media campaign.
- Expand current outreach strategies.
- Educate local employers the importance of screening.
- Develop policy mandating all ASG employees undergo cancer screening.

Objective 2.2

Increase screening capacity of healthcare providers.

Strategies:

- Develop screening recommendations.
- Develop culturally competency curriculum for healthcare providers.
- Develop curriculum for providers focusing on importance of screening.

Objective 2.3

Maintain available screening tools in stock for screening activities.

Strategies:

- Inventory current medical supplies for screening materials that are housed at LBJ Tropical Medical Center and dispensaries that offer screening.



Treatment Goal: As soon as cancer is detected, assure that the most current and available treatments are used.

Objective 3.1
Decrease the amount of time a patient spends between diagnosis and treatment.

- Strategies:
- Create a central point of information on off-island resources related to cancer.
 - Increase provider knowledge of off-island resources.

Objective 3.2
Increase healthcare capacity regarding cancer treatment.

- Strategies:
- Provide training through VTC in interpreting/reading radiological films.
 - Increase the number of nurses trained in chemotherapy.
 - Develop MOA with PACT to develop curriculum for training healthcare providers on best practices for each cancer site.

Objective 3.3
Increase the laboratory capacity in regards to diagnosing cancer.

- Strategies:
- Locate funds that aid in obtaining equipment, supplies, and reagents.
 - Conduct a feasibility study for the possibility of hiring a pathologist specializing in Histochemistry.



Quality of Life Goal: Improve the ability for patients to enjoy a normal life while receiving cancer treatment.

Objective 4.1

Increase the capacity of quality of life services available on island.

Strategies:

- Maintain and support a cancer survivor's support group.
- Assure programs and services approach cancer as a chronic disease.
- Educate providers regarding quality of life services available on island.
- Educate patients on available quality of life services off-island.
- Conduct a feasibility study pertaining to establishment of a comprehensive cancer team/patient navigator.

Objective 4.2

Increase the accessibility of the quality of life services available on island.

Strategies:

- Establish a central point for information regarding quality of life services on island.
- Coordinate mass media campaign focusing on quality of life services.
- Lessen the financial burden on cancer patient and/or family members.



Data Collection Goal: Improve and maintain a high quality data collection system assuring correct decision making.

Objective 5.1
Ensure complete reporting by all providers diagnosing or providing treatment to cancer patients.

Strategies:

- Develop MOA with PACT to develop CME curriculum based on ICD-10 or equivalent, and CPT coding.
- Select two members, one from LBJ and one from DOH, to attend online training to receive CTR certification.
- Advocate to Fono to amend current legislation requiring CTR certification.
- Assess available software to maximize cancer data collection.
- Develop strategic plan to move at least 75% of all current medical records from paper to electronic.

Objective 5.2
Ensure access to all records that would identify cancer cases.

Strategies:

- Integrate chosen software into VISTA system that is in place with DOH and LBJ.

Objective 5.3
Protect confidentiality of all cancer data reported.

Strategies:

- All activities and projects to be approved by LBJ Compliance Office.
- All employees involved must attend required HIPAA training.
- Standardize the collection and categorization of cancer data.

Objective 5.4
Establish the format, quality requirements, completeness, and timeliness of required data.

Strategies:

- Develop format that will be used in the VISTA software, assuring and easier abstraction.
- Certified CTR's will maintain membership within the NAACR.



Cost Goal: Lessen the financial impact of cancer treatment on patients and their loved ones.

Objective 6.1

Ensure the availability of cost effective cancer treatment to our underserved population.

Strategies:

- Conduct a feasibility study specifically answering the question if cancer treatment on or off-island would be more cost effective. Study to include, but not limited to:
 - Location of diagnosis.
 - What is the national average cost of treatment.
 - What are the current services that are available on island.
 - Does the strategic health plan include upgrading current services available and/or bring new technologies to the territory.
- Conduct a feasibility study that will review the reimbursement of services at LBJ, Study to include but not limited to:
 - What is the average cost of diagnostic services on island.
 - What is the average cost of reimbursement that the patient is responsible for.
 - What is the cost of non-reimbursable services that are available.
 - Is there funding for those who are below the federal poverty level and for those above.