Pacific Regional Cancer Coalition: Follow Up Outcomes and Implications of the Regional Coalition Assessment

Pacific Global Health Conference
October 9, 2011

Pacific Center of Excellence in the Elimination of Disparities
(Pacific CEED)
Department of Family Medicine & Community Health
John A. Burns School of Medicine, University of Hawaii
Funding

- Funding for this project was made possible by a cooperative agreement from the US Centers for Disease Control and Prevention, REACH US through Pacific CEED, award number 5U58DP000976
Authors and Affiliations

- Angela Sy, DrPH, Office of Public Health Sciences and Pacific CEED, John A. Burns School of Medicine, University of Hawaii at Manoa, Honolulu, HI
- Johnny Hedson, MBBS, MMed(Surg), Pohnpei Department of Health Services, Pohnpei State, FSM and Cancer Council for the Pacific Islands President, Pohnpei, Micronesia
- Ahnate Lim, MA, Department of Psychology, University of Hawaii at Manoa, Honolulu, HI
- Lee Buenconsejo-Lum, MD, Department Family Medicine and Community Health, John A. Burns School of Medicine, University of Hawaii, Mililani, HI
- Neal Palafox, MD, MPH, Department of Family Medicine and Community Health, University of Hawaii, John A. Burns School of Medicine, Mililani, HI
Background

- US Affiliated Pacific Islands: Federated States of Micronesia, Commonwealth of the Northern Mariana Islands, Republic of Marshal Islands, Palau, Guam, American Samoa

- Cancer 2\textsuperscript{nd} most common cause of death

- Lack of culturally appropriate preventive services and severe challenges in the health infrastructure
Aim

- To assess progress and potential for regional coalition and partnership building
- Compare from initial assessment conducted June 2010
- According to the goals of
  - CDC Comprehensive Cancer Coalition (CCC) and REACH US Coalition and Partnership Principles,
  - Regional CCC 5-year Plan 2007-2012
  - Regional objectives for the Pacific Cancer Programs
Methods

The CCPI President and Regional CCC Co-PI provided guidance and feedback through the phases of this project.

a) Development and planning of the internal and external assessment approaches and methods (Adapted from B-Free CEED, NYU coalition evaluation tools)

b) Identification and selection of samples for the internal and external assessment

c) Initial introduction and recruitment of participants

d) Review and interpretation of results

e) Presentation of findings
Recruitment and Sampling

Participants were the PRCC members comprised of:

- CCPI members
- CCC coordinators
Data Collection

Self administered questionnaire:

- June 2010 CCPI meeting in Honolulu
- May 2012 CCPI meeting in Honolulu
PRCC Questionnaire

• 10 measures of coalition characteristics: satisfaction, communication, respect, decision-making, organization/structure, partnership principles, regionalism, resource sharing, regional partnerships and sustainability (Adapted from B-Free CEED, NYU coalition evaluation tools)

• 47 questions total

• Likert 1-5, strongly disagree – strongly agree
Measures of collaboration with regional partners: Regional Comprehensive Cancer Control, Pacific CEED, Pacific Cancer Registry, PIHOA, ACS, C-Change

- Levels of collaboration (Frey et al., 2006)
- Frequency of communication (Harris et al., 2008) – June 2012 only
- Contribution of regional partners to cancer prevention and control – June 2012 only
Data Analytical Methods: Coalition Characteristics

- Quantitative data entered or exported into SPSS.
- Questions combined for each scaled measure to create single measures of coalition and partnership characteristics.
- Chronbach’s alpha computed.
- Means of the scaled measures were computed.
Data Analytical Methods: Collaboration Measures

- Levels of collaboration: frequency of category

- Frequency of communication and contribution to cancer prevention and control: Compute average score
## PRCC Self Assessment Results

### Mean Scores for Coalition Characteristics: June 2010 and May 2012

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>June 2010</th>
<th>May 2012</th>
<th>P</th>
<th># of items</th>
<th>alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>X</td>
<td>sd</td>
<td>n</td>
<td>X</td>
</tr>
<tr>
<td>Communication</td>
<td>20</td>
<td>3.9</td>
<td>0.56</td>
<td>14</td>
<td>4.3</td>
</tr>
<tr>
<td>Respect</td>
<td>20</td>
<td>3.9</td>
<td>0.60</td>
<td>14</td>
<td>4.2</td>
</tr>
<tr>
<td>Decision Making</td>
<td>20</td>
<td>3.5</td>
<td>0.62</td>
<td>13</td>
<td>4.1</td>
</tr>
<tr>
<td>Partnership</td>
<td>19</td>
<td>3.8</td>
<td>0.53</td>
<td>12</td>
<td>4.1</td>
</tr>
<tr>
<td>Organization</td>
<td>20</td>
<td>3.8</td>
<td>0.77</td>
<td>14</td>
<td>4.0</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>20</td>
<td>3.7</td>
<td>0.71</td>
<td>14</td>
<td>4.1</td>
</tr>
<tr>
<td>Regionalism</td>
<td>20</td>
<td>3.6</td>
<td>0.50</td>
<td>14</td>
<td>4.0</td>
</tr>
<tr>
<td>Sustainability</td>
<td>17</td>
<td>3.6</td>
<td>0.46</td>
<td>13</td>
<td>4.0</td>
</tr>
<tr>
<td>Resource Sharing</td>
<td>19</td>
<td>3.5</td>
<td>0.73</td>
<td>12</td>
<td>3.9</td>
</tr>
</tbody>
</table>

1-5, strongly disagree – strongly agree
PRCC Assessment Results

PRCC Characteristics

Scale: 1-5, strongly disagree-strongly agree

**Self-Assessment Mean Scores**

- Communication
- Respect
- Decision Making
- Satisfaction
- Organization
- Regionalism
- Sustainability
- Resource Sharing

Pre (n=20) vs Post (n=14)

- Communication: p=0.007
- Respect: p=0.000
- Decision Making: p=0.000
- Satisfaction: p=0.000
- Organization: p=0.000
- Regionalism: p=0.000
- Sustainability: p=0.000
- Resource Sharing: p=0.000

**John A. Burns School of Medicine**
University of Hawai‘i at Manoa

[REACHU.S. logo]
Levels of Collaboration Results

Between PRCC and:

**Regional Comp Cancer**

<table>
<thead>
<tr>
<th>Level</th>
<th>No Interaction</th>
<th>Networking</th>
<th>Cooperation</th>
<th>Coordination</th>
<th>Coalition</th>
<th>Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre</strong></td>
<td>0</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td><strong>Post</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pacific CEED**

<table>
<thead>
<tr>
<th>Level</th>
<th>No Interaction</th>
<th>Networking</th>
<th>Cooperation</th>
<th>Coordination</th>
<th>Coalition</th>
<th>Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Post</strong></td>
<td>0</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>40</td>
<td>50</td>
</tr>
</tbody>
</table>

Levels of Collaboration
Levels of Collaboration Results

Between PRCC and:

**Pacific Cancer Registry**

- No Interaction
- Networking
- Cooperation
- Coordination
- Coalition
- Partnership

% responses

**PIHOA**

- No Interaction
- Networking
- Cooperation
- Coordination
- Coalition
- Partnership

% responses

Levels of Collaboration

Levels of Collaboration

---

John A. Burns School of Medicine
University of Hawai‘i at Manoa

---

REACH U.S.
Racial and Ethnic Approaches to Community Health Across the U.S.
Levels of Communication

Between PRCC and:

Contact Frequency (2012)

Index score created from frequency categories: none, yearly, quarterly monthly, weekly, daily
Contribution to Cancer Prevention and Control Initiatives

0-4 = not at all – very much
Summary-PRCC Functioning

2010
- Low of 3.5 for decision making (SD=0.62) and resource sharing (0.74)
- High of 4.0 for communication (SD=0.56) and respect (SD=0.60)

2012
- Low of 3.9 for resource sharing (SD=0.61)
- High of 4.3 for communication (SD=0.51)
Summary-PRCC Functioning

Statistically significant improvements in

- Organization (p=0.000)
- Decision making (p=0.007)
- Sustainability (0.041)
Summary - PRCC Regional Collaborations

Consistent measures of collaboration strongest from

- Regional Comprehensive Cancer Control
- Pacific CEED
- Pacific Cancer Registry
- American Cancer Society
- C-Change
Summary-
PRCC Regional Collaborations

- Strength of collaborations increased accordingly from June 2010 results

- 64% indicated they had a “partnership” with RCCC

- 40% indicated they were in “coordination” or “partnership” with PIHOA
Discussion

- Continued increasing positive trend in all internal coalition functioning scores, some statistically significant

- Resource sharing still considered a challenge while members are still most satisfied with communication
Discussion

- Statistically significant increases in “organization” and “decision making” indicate that PRCC members view improvements in the coalition organizational structure.

- Members also view improvement in its structure and initiatives of the Pacific Regional Cancer Coalition continue beyond the funding period.
Discussion

• “Partnership” is defined as “Frequent communication is characterized by mutual trust” (Frey et al., 2006)

• PRCC members indicated their collaboration with other regional cancer prevention and control partners as “partnership”

• Among partners, collaboration with RCCC had the most responses (60.0%, N=7)

• PIHOA was the only partner where some thought that it was in “coordination” - “Frequent communication and...
Discussion

- Frequency of communication and extent the PRCC thought partners contributed to cancer prevention control was consistent with patterns in levels of collaboration

- CDC support partners were more collaborative than non-CDC supported partners
Conclusions

- As a coalition, the PRCC is functioning well including improvements according to internal characteristics, i.e., organization, decision making, sustainability.

- External collaborations occur more with CDC supported regional partners.
Recommendations

- Maximize what is working in the coalition structure, e.g., organization and decision making, to continue to implement its goals.

- Continue to strengthen resource sharing within PRCC membership to move toward functioning as a regional initiative toward cancer prevention and control.

- Examine ways to strengthen external partnerships not supported by funding structures and other mechanisms.
Mahalo
Si Yu’us Ma’ase
Olomwaay
Fa’a Fetai Tele Lava
Msuulaang
Kulo Malulap
Komagar
Kalangan
Kilisou Chapur
Kommol Tata

www.pacificcancer.org
Pacificceed.gmail.com