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“Making do, as best as we can” Cancer in American Samoa: Qualitative Methods and Results

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ABSTRACT

Purpose/Background: The United Nation outlines a blueprint for addressing social determinants of health (SDOH), reconciling disparities between and within countries. Indigenous people living in Small Island Developing States like the U.S. territories experience health disparities. In American Samoa (AS), SDOH involving political, social, and data limitations provide challenges to in-country research and health services delivery capacity including cancer prevention and treatment. For example, in AS less than 7% of age-eligible adults participated in colorectal cancer (CRC) screening, while the Healthy People 2020 target is 70% screened. In 2004 a cancer awareness and service needs assessment in AS funded by the National Cancer Institute reporting descriptive qualitative results was published. Cancer specific resources, as a SDOH, was found to be lacking in AS. As a response to building cancer resources, the American Samoa Community Cancer Coalition (ASCCC), a community-based organization in AS, partnered with academic researchers in Hawaii and California. In 2015 the Indigenous Samoan Partnership to Initiate Research Excellence (INSPIRE) conducted by the ASCCC was funded through the National Institute of Minority Health Disparities to improve research capacity addressing colorectal cancer disparities.

Objective: To obtain an updated cancer resources assessment, a similar qualitative methodology was conducted in 2015-2016. This abstract reports on the methods and results of an updated cancer resources qualitative assessment assessing cancer resources in AS and SDOH to compare progress and priorities in cancer prevention and treatment since the 2004 assessment.

Materials & Methods: A semi-structured interview guide derived from a priori codes related to cancer services and needs was co-developed by the INSPIRE community and academic research team covering areas from the 2004 assessment: data, personnel and training, equipment and supplies, prevention and treatment programs and services. INSPIRE researchers used this

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interview guide comprised of four questions, interviewed and audio-recorded each session. 10 key informant interviews and two focus group (N=9) were conducted. Thematic coding followed Braun and Clarke’s six step framework that involved two coders, an AS based community researcher, and an academic Hawaii based researcher, which strengthened coding from varying perspectives. A Hawaii based academic INSPIRE co-investigator served as the coding arbiter. Key informants provided rich discussion on the cancer services landscape in AS with some interviews lasting up to 90 minutes.

Results: Preliminary results indicate that key informants discussed themes around medical services, personnel, and communication and collaboration as common resource limitations in cancer prevention and treatment in AS. “I feel that screening is an area that we can improve, and we have the capability to improve that, but there is very poor coordination, and it’s almost like screening something that, is broken, and there is no continuity and no communication.”

Discussion/Conclusion: This qualitative assessment demonstrates some improvements on cancer prevention, treatment, resources, and SDOH, but barriers still remain since the 2004 needs assessment. Further development and planning are needed to problem solve, including identifying effective strategies, to increase cancer awareness and prevention.