

Patient Navigation Training in the Republic of the Marshall Islands

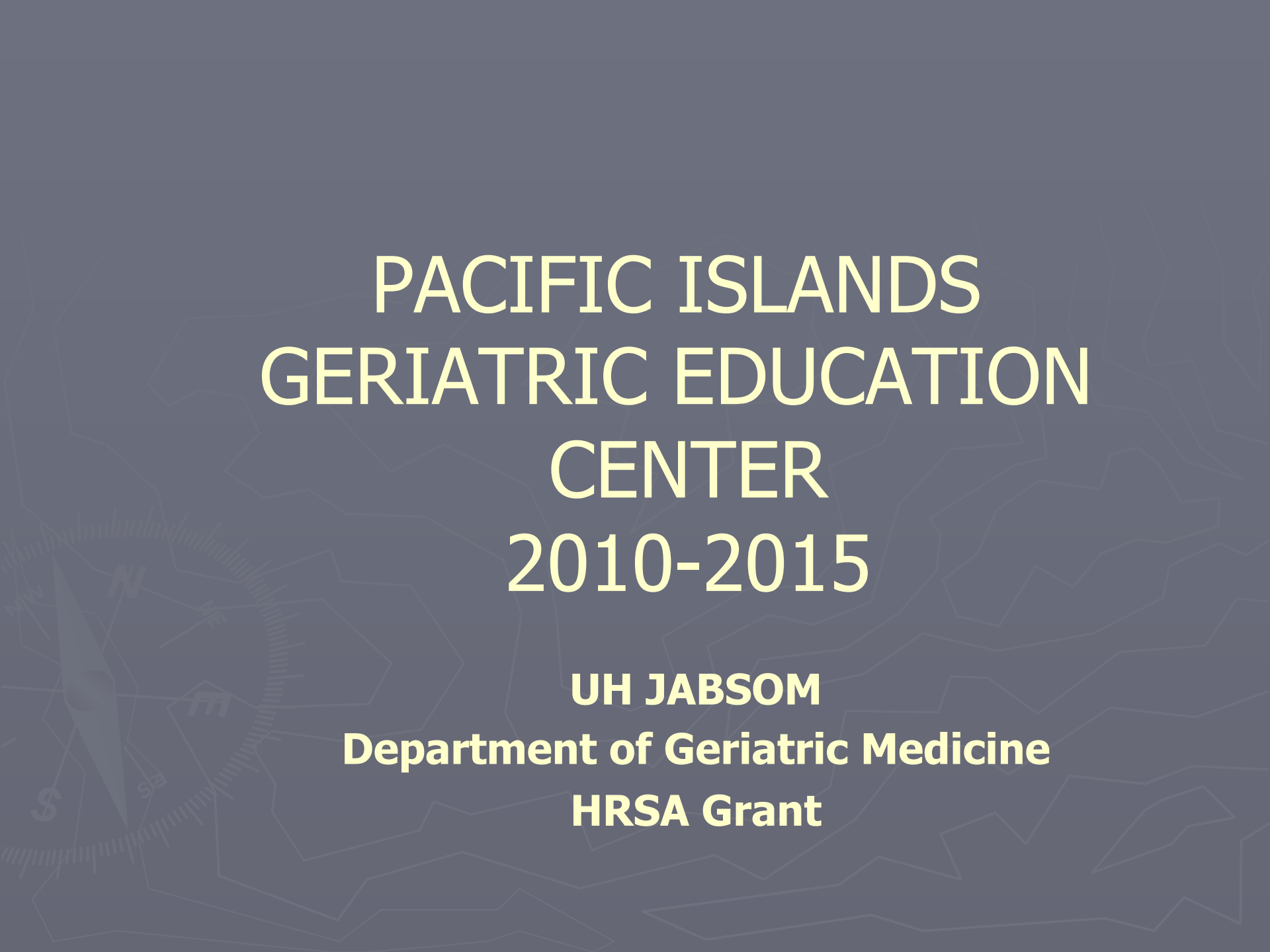
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JABSOM

Learning Objectives

- ▶ Explain some of the challenges to cancer screening in RMI
- ▶ Develop a deeper understanding of the Marshallese culture
- ▶ Understand training initiatives and curriculum on patient navigation



**PACIFIC ISLANDS
GERIATRIC EDUCATION
CENTER
2010-2015**

**UH JABSOM
Department of Geriatric Medicine
HRSA Grant**

PIGEC – HRSA Grant

- ▶ To assist USAPI health leaders develop and deliver appropriate training
- ▶ To provide technical support
- ▶ To improve services to the elderly

PIGEC – USAPI Vision

- ▶ Healthier World – One trainer at a time



PIGEC – USAPI Mission

- ▶ Promote training in geriatric education to improve healthcare to the elderly and homebound in USAPI

Republic of Marshall Islands

- ▶ 7 N 171 E
- ▶ Over 1200 islands and inlets
- ▶ Total 70 square miles of land and 750,000 square miles of Pacific ocean
- ▶ Population 60,000

Background RMI

- ▶ The burden of cancer and NCDs is increasing in the RMI
- ▶ Patients and families especially those living on the outer islands need help in accessing care

Castle Bravo

Hydrogen Bomb Test 1954



Age-adjusted cancer incidence RMI, 1985-1994

Site	RMI		US	
	Male	Female	Male	Female
▶ Lung	314	122	82	40
▶ Cervix		278		48
▶ GI	22	43	12	5
▶ Liver	72	72	5	2
▶ Breast		149		110
▶ Urinary tract	18	81	43	14
▶ Oral	55	9	16	6
▶ Prostate	32		51	
▶ Thyroid	?	46	3	6
▶ Total	563	883	466	342

Barriers to early cancer screening

- ▶ Limited public awareness and education
- ▶ Limited resources
- ▶ Low manpower
- ▶ Poverty
- ▶ Low health literacy
- ▶ Lack of transportation
- ▶ Challenges in seeking off-island referrals

Cultural Barriers

- ▶ Cultural norms (women are reluctant to be examined by male providers, or by a family member, or close family friend especially in small tightly-knit communities)
- ▶ Cultural orientation on fatalism regarding cancer
- ▶ Providers are expatriates from the Philippines and do not speak the language

2009 a survey was conducted on 287 women in Kwajalein atoll

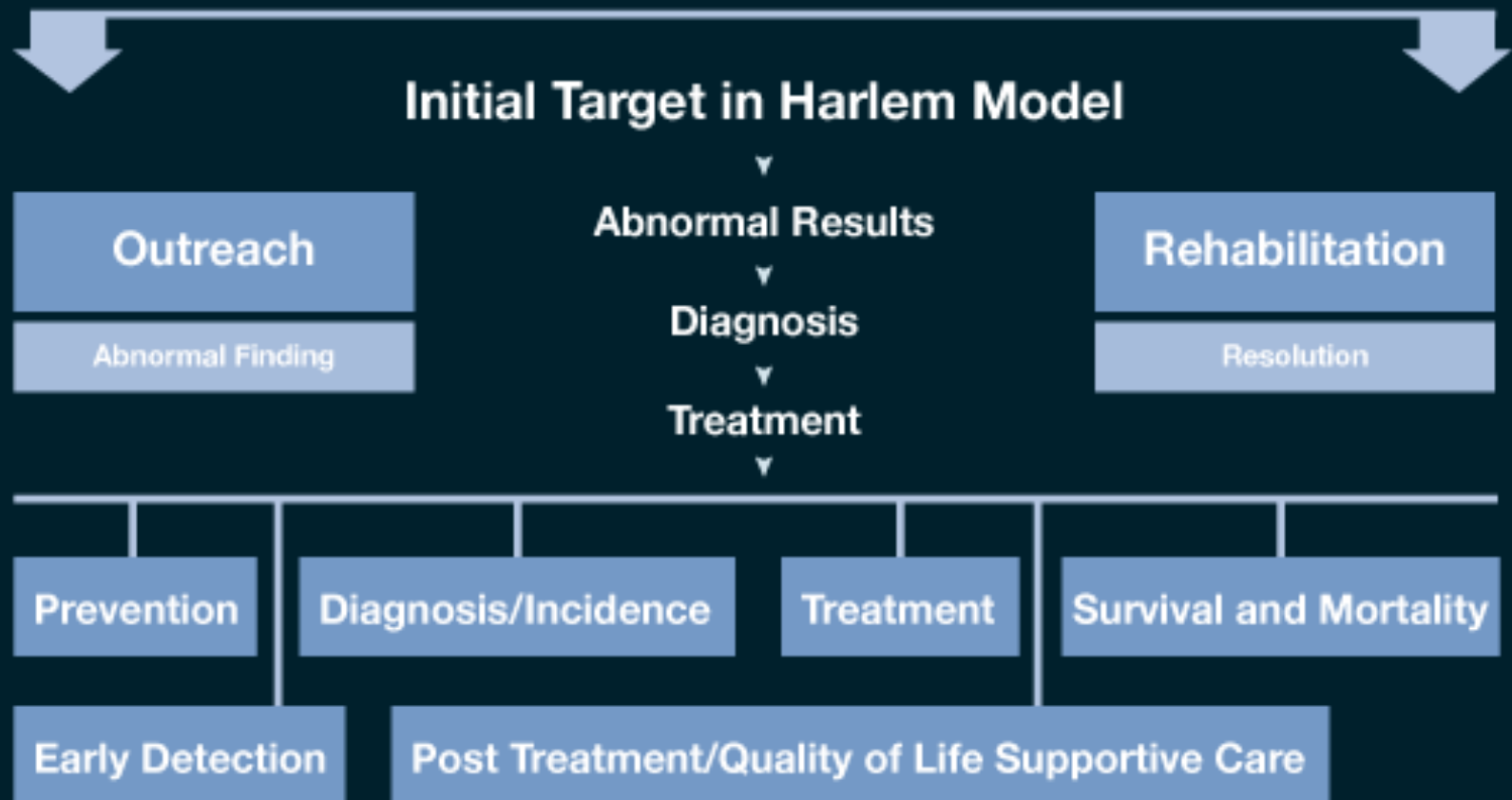
- ▶ 80% have little knowledge on breast and cervical cancer
- ▶ 40% have never performed a breast self-examination
- ▶ 72.66% never had a clinical breast examination
- ▶ 31% never had a pap smear and the remainder 69% it was more than 5 years ago
- ▶ only 45% would allow themselves to be examined by a male provider
- ▶ 96.86% would prefer a female provider to do breast and cervical cancer screening
- ▶ 26.5% would not prefer a non-Marshallese health provider even if they are females
- ▶ 92% would prefer that a female Marshallese health provider do the screening

Principles of Patient Navigation – Dr. Harold Freeman

- ▶ Patient-centric healthcare service delivery model
- ▶ The core function of patient navigation is the elimination of barriers to timely care across all segments of the healthcare continuum

Patient Navigation Across the Health Care Continuum

Patient Navigation



What types of barriers does Patient Navigation seek to eliminate?

- ▶ Financial barriers (including uninsured and under insured)
- ▶ Communication barriers (such as lack of understanding, language/cultural)
- ▶ Medical system barriers (fragmented medical system, missed appointments, lost results)
- ▶ Psychological barriers (such as fear and distrust)
- ▶ Other barriers (such as transportation and need for child care)

RMI OBJECTIVES

- ▶ To create a culturally appropriate navigation curriculum for RMI
- ▶ To train lay volunteers from NGOs and faith-based organizations to become navigators
- ▶ To build capacity in RMI to provide navigation to persons with cancer, terminal illness, and other chronic advanced diseases

Cultural Competency

- ▶ Ministry of Health included Neiar Kabua, Cancer Coordinator and Shra Kedi, NCD Department
- ▶ Expert Marshallese physicians Dr. Sheldon Riklons and Dr Aina Garstang
- ▶ Dr Richard Trinidad from Ebeye was consultant
- ▶ PIGEC Faculty Dr. Ritabelle Fernandes, Associate Professor, University of Hawaii, Dr. Shellie Williams, Assistant Professor, University of Chicago
- ▶ Mr. Riano Nazareth, navigator from Kokua Kalihi Valley and alumni of CMI

Recruitment

- ▶ Local organizations such as cancer survivors support group, Salvation Army, Latter Day Saints, Jieikne, Bat-Kan Weto, Drenlik Weto, Youth to Youth in Health, Kabile, and Ministry of Health were trained
- ▶ Direct outreach and fliers to these organizations led to high participation

Training

- ▶ RMI Ministry of Health in partnership with the John A Burns School of Medicine, Department of Geriatric Medicine, University of Hawaii conducted a 5 day Navigation Training Workshop from 26 – 30 March, 2012

40 Hour Curriculum

- ▶ Day 1 Cancer 101
- ▶ Day 2 Palliative Care 101
- ▶ Day 3 Caregiving 101
- ▶ Day 4 Navigation 101
- ▶ Day 5 Setting up a navigator Program

Translations, Interpretation

- ▶ **Communication
(Kenono/Bok Melele
Ko Kin Naninmij In
Ebbal)**
- ▶ Armij ro ewor wutame
in Ebbal ibbeir ekka an
bin air komeleleik ir
make im/ak melele kin
ro jet.

Marshallese Team

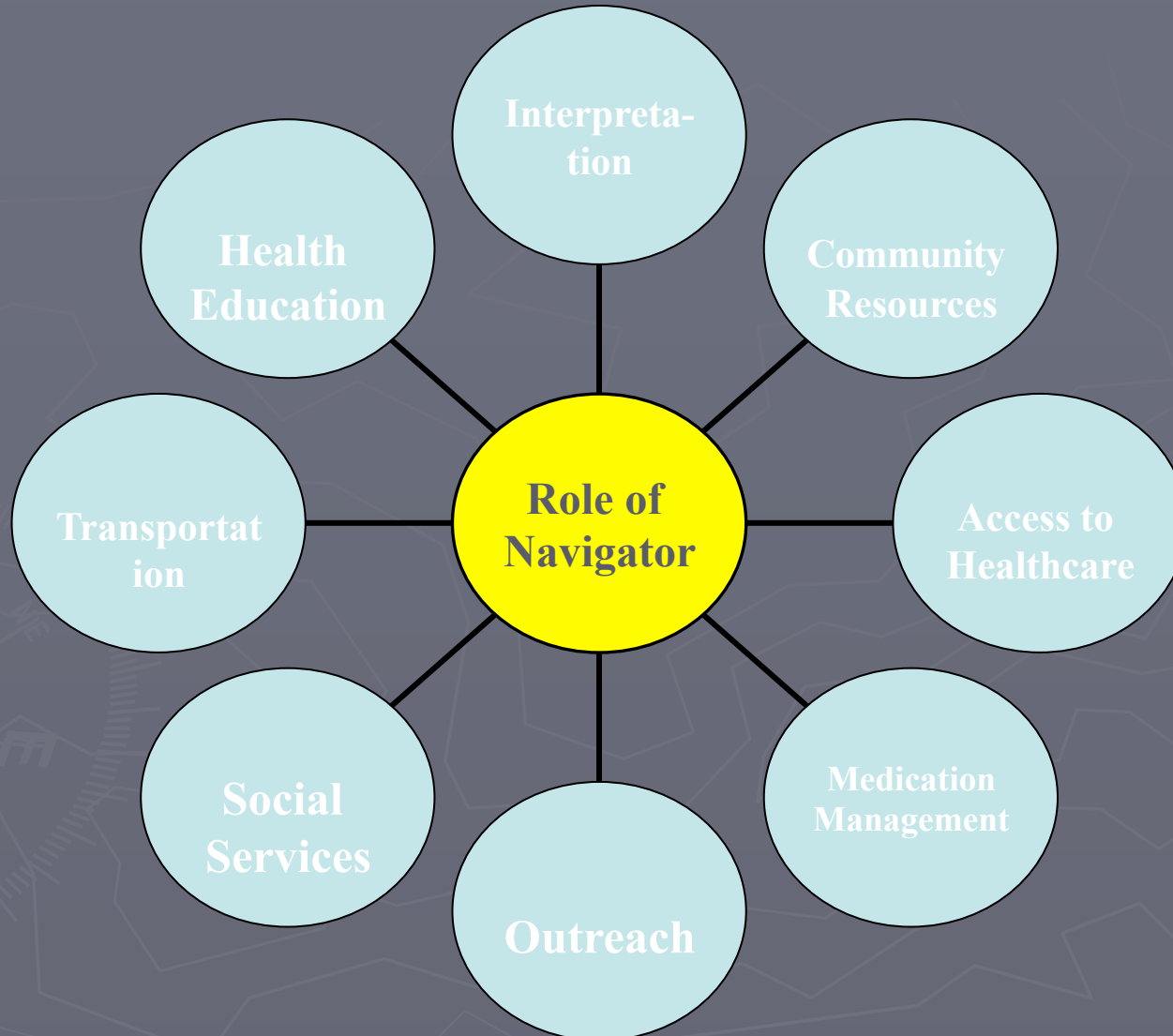
- ▶ Marshallese physicians
- ▶ Rehabilitation staff
- ▶ Off Island Referrals
- ▶ Social Security MISSA
- ▶ NGO – WUTMI Daisy Momotaro
- ▶ Churches - Salvation Army
- ▶ Outer Islands Health System

Group Discussions

- ▶ Vision Statement:
Drijo Im Ukoj

Call to work together in advancing mutual affairs and is an essential principle upon which Marshallese communities revolve

Role of a Navigator



Results - Demographic characteristics of trainers (N = 34)

No.	Variable	Frequency (%)
1.	Gender Male Female	1 (2.94) 33 (97.06)
2.	Age 20-29 30-39 40-49 50-59 60 or older	5 (14.71) 5 (14.71) 14(41.18) 8 (23.53) 2 (5.88)
3	Profession Non-governmental organization Faith-based Sunday school teachers Health educator and outreach Zone volunteers Cancer support group Nurses Other professionals Missing/unknown	11 (32.35) 6 (17.65) 4 (11.76) 2 (5.88) 2 (5.88) 1 (2.94) 1 (2.94) 6 (17.65)
4.	Education (n = 26) Elementary or secondary school High school diploma Associate degree Baccalaureate	11 (42.31) 13 (50.00) 1 (3.85)

Participant Satisfaction Survey (N = 25)

No.	Training Evaluation	Mean
1	The seminar leaders made the sessions interesting and comfortable	4.76
2	The seminar leaders made efficient use of time	4.8
3	The seminar leaders adequately assessed my understanding of the material	4.96
4	The content was appropriate for my level of training	4.72
5	The content of the sessions had practical value	4.68
6	Overall quality of the conference	4.88

Feedback and Comments

- ▶ *“This conference gave many insights on patient care as well as caregiving, it was a good experience coming to this workshop”*
- ▶ *“The patient navigator workshop was excellent and it helped us more on how to deal and help those in our home especially those in our community. The workshop also gave us a better understanding of cancer and a caretaker”*

Statistical Tests

- ▶ To assess changes in attitudes and knowledge, we compared pre- and post-values from the questionnaires using paired t-tests

ATTITUDES VARIABLE	PRE (mean \pm SD)	POST (mean \pm SD)	CHANGE (mean \pm SD)	p value
QA1	4.21 \pm 1.38	4.63 \pm 0.88	0.42 \pm 1.14	0.0863
QA2	3.63 \pm 1.41	4.13 \pm 1.12	0.5 \pm 1.32	0.0761
QA3	3.71 \pm 1	3.92 \pm 1.02	0.21 \pm 1.02	0.3277
QA4	3.71 \pm 1.23	4.13 \pm 1.08	0.42 \pm 1.47	0.1788
QA5	4.08 \pm 1.1	4.13 \pm 0.9	0.04 \pm 1.27	0.8735
QA1-5 composite Mean score	3.87 \pm 0.92	4.18 \pm 0.64	0.32 \pm 0.8	0.0641

KNOWLEDGE VARIABLE (SUM SCORE)	PRE (mean \pm SD)	POST (mean \pm SD)	CHANGE (mean \pm SD)	p value
QK6	0.5 \pm 0.51	0.58 \pm 0.5	0.08 \pm 0.5	0.4259
QK7	0.5 \pm 0.51	0.75 \pm 0.44	0.25 \pm 0.44	0.0109
QK8	0.33 \pm 0.48	0.21 \pm 0.41	-0.13 \pm 0.61	0.3277
QK9	0.75 \pm 0.44	0.83 \pm 0.38	0.08 \pm 0.65	0.5385
QK10	0.88 \pm 0.34	0.96 \pm 0.2	0.08 \pm 0.41	0.3277
QK6-10 composite Mean score	0.59 \pm 0.18	0.67 \pm 0.22	0.08 \pm 0.25	0.1535

Successes

- ▶ 35 Navigator trained
- ▶ Well attended and well received
- ▶ Willing to volunteer their time
- ▶ MOH will hire a navigation coordinator

Challenges

- ▶ Translations were not accurate
- ▶ Pre and post test questions were difficult to understand
- ▶ Low health literacy
- ▶ Limited English proficiency

Sustainability

- ▶ Navigator coordinator will be hired in 2012
- ▶ Navigators will be matched with zone nurses
- ▶ 1- 2 patients will be assigned according to zones

Conclusion

- ▶ The navigators will reduce barriers and improve access to care for persons with cancer and other terminal illness



Kommol Tata



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