

# 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



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# Background

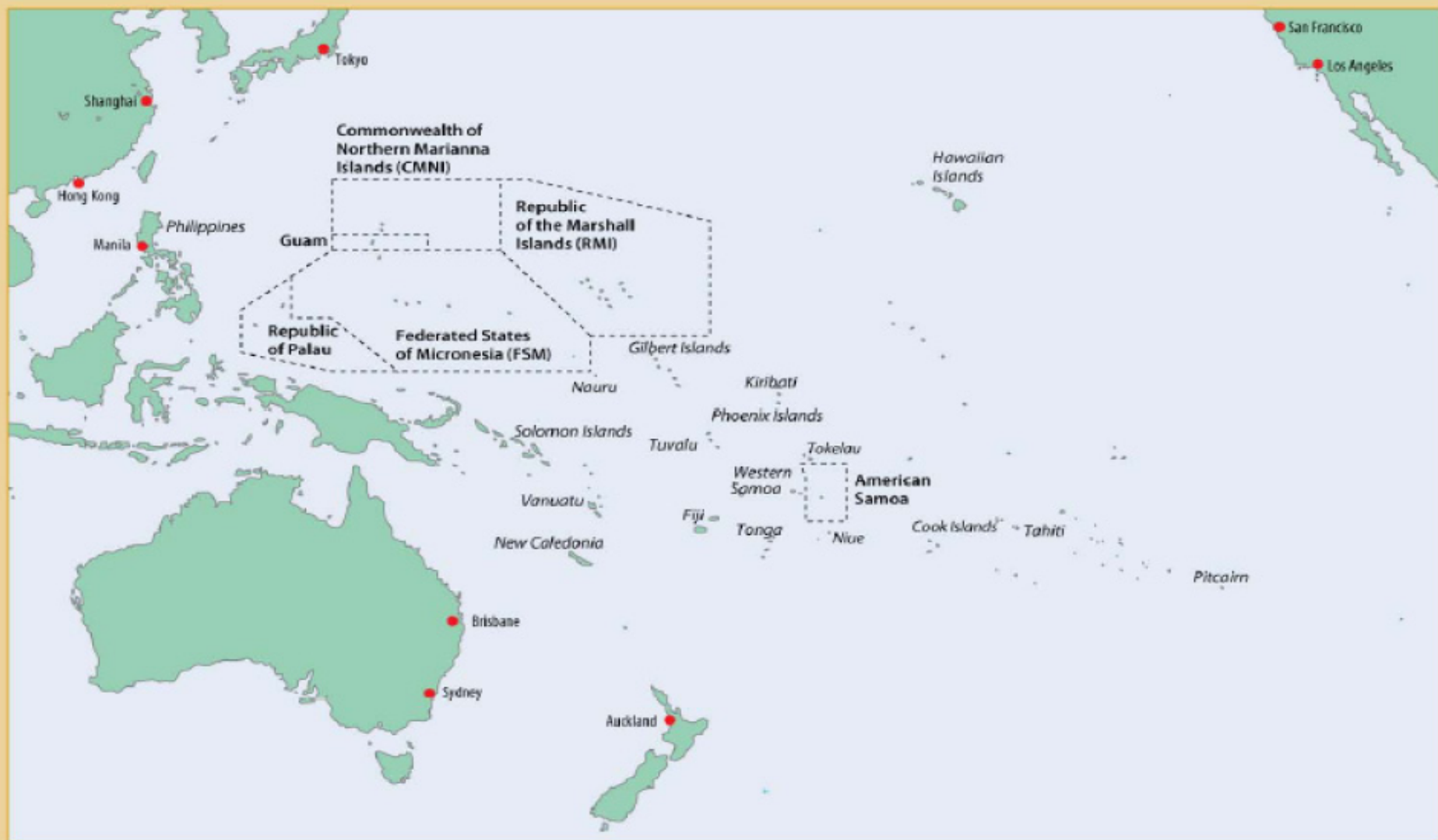
- **US Affiliated Pacific Islands: Federated States of Micronesia, Commonwealth of the Northern Mariana Islands, Republic of Marshal Islands, Palau, Guam, American Samoa**
- **Cancer 2<sup>nd</sup> most common cause of death**
- **Lack of culturally appropriate preventive services and severe challenges in the health infrastructure**



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# Geographic Area



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# 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



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# 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



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# Recruitment and Sampling

Participants were the PRCC members comprised of:

- CCPI members
- CCC coordinators



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# Data Collection

Self administered questionnaire:

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



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# 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



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# PRCC Questionnaire

**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**



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# 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.



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# Data Analytical Methods: Collaboration Measures

- Levels of collaboration: frequency of category
- Frequency of communication and contribution to cancer prevention and control: Compute average score



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# PRCC Self Assessment Results

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

Characteristics	June 2010			May 2012			P	# of items	alpha
	n	X	sd	n	X	sd			
Communication	20	<b>3.9</b>	0.56	14	<b>4.3</b>	0.51	0.139	6	0.833
Respect	20	<b>3.9</b>	0.60	14	<b>4.2</b>	0.44	0.127	6	0.905
Decision Making	20	<b>3.5</b>	0.62	13	<b>4.1</b>	0.50	<b>0.007**</b>	3	0.679
Partnership	19	<b>3.8</b>	0.53	12	<b>4.1</b>	0.46	0.142	7	0.870
Organization	20	<b>3.8</b>	0.77	14	<b>4.0</b>	0.56	<b>0.000***</b>	5	0.804
Satisfaction	20	<b>3.7</b>	0.71	14	<b>4.1</b>	0.58	0.081	5	0.912
Regionalism	20	<b>3.6</b>	0.50	14	<b>4.0</b>	0.53	0.072	4	0.702
Sustainability	17	<b>3.6</b>	0.46	13	<b>4.0</b>	0.45	<b>0.041*</b>	7	0.780
Resource Sharing	19	<b>3.5</b>	0.73	12	<b>3.9</b>	0.60	0.186	4	0.816

1-5, strongly disagree – strongly agree



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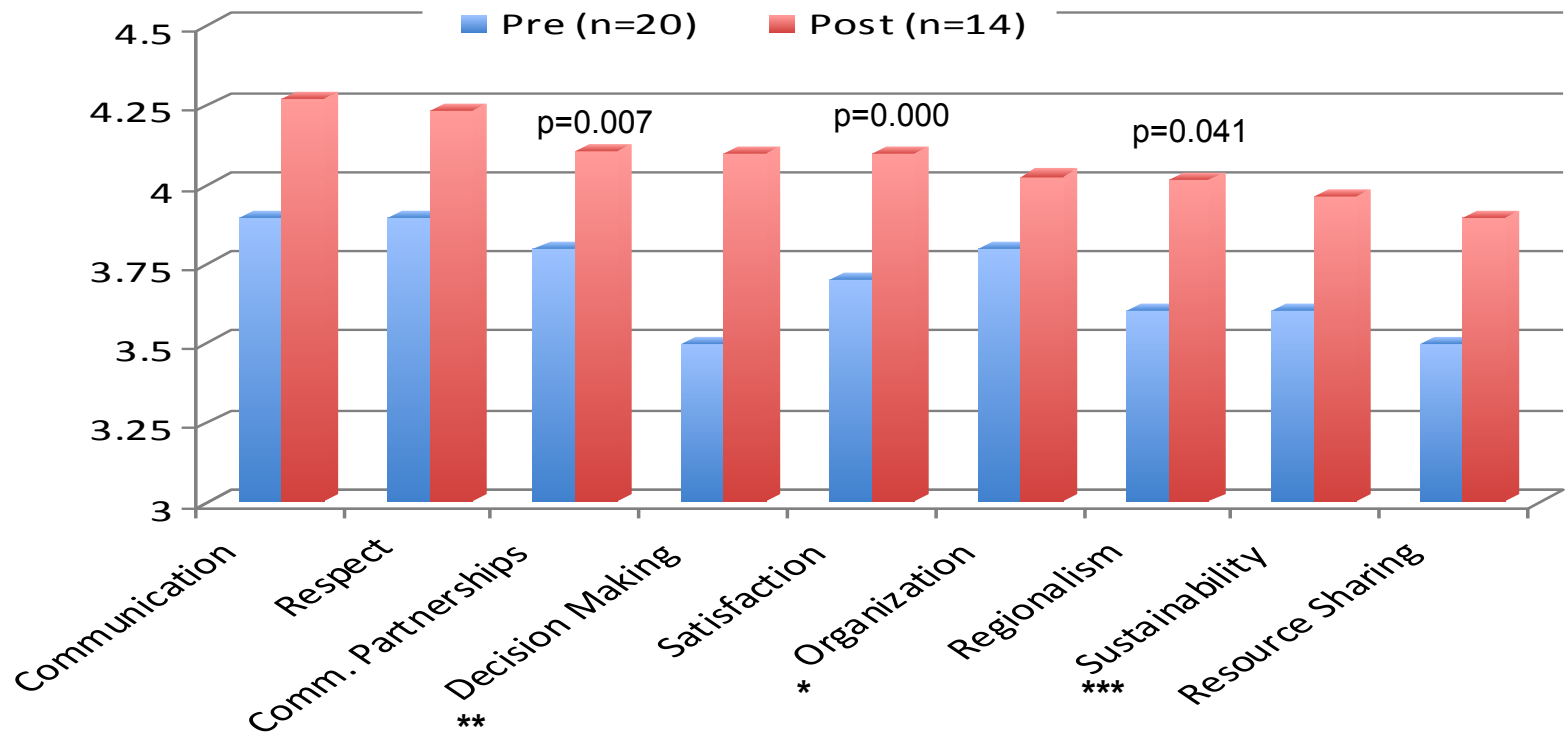
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# PRCC Assessment Results

## PRCC Characteristics

Scale: 1-5, strongly disagree-strongly agree

### Self-Assessment Mean Scores



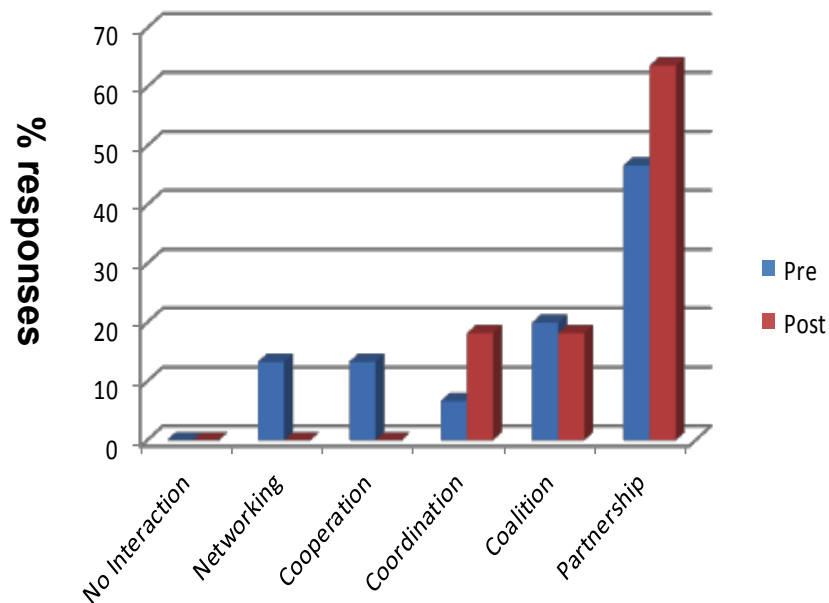
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# Levels of Collaboration Results

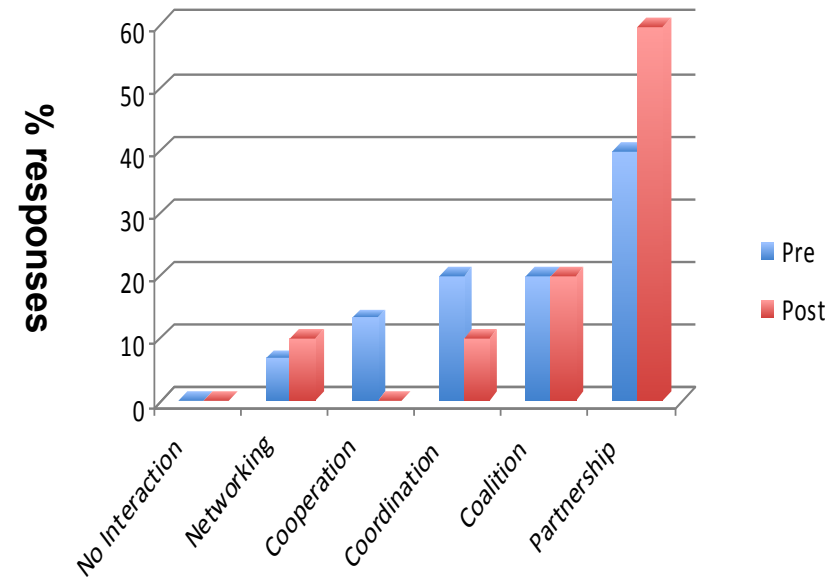
## Between PRCC and:

### Regional Comp Cancer



Levels of Collaboration

### Pacific CEED



Levels of Collaboration



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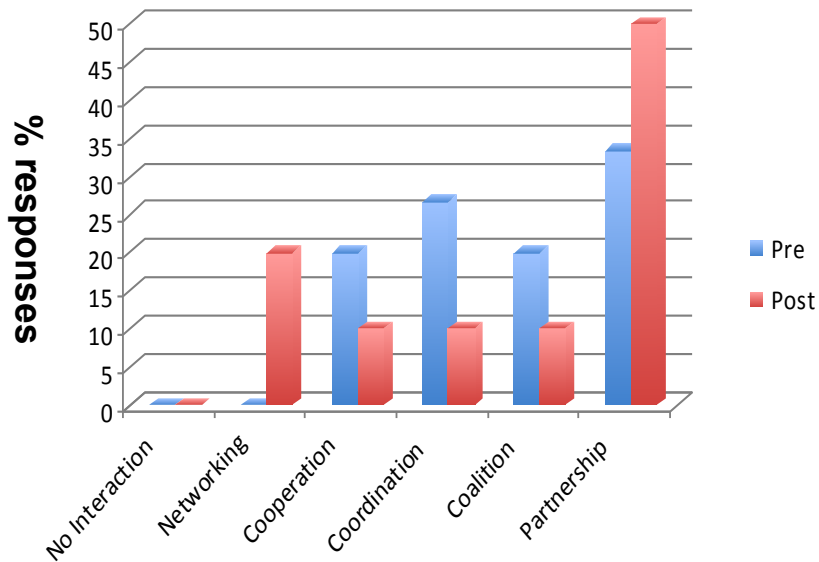




# Levels of Collaboration Results

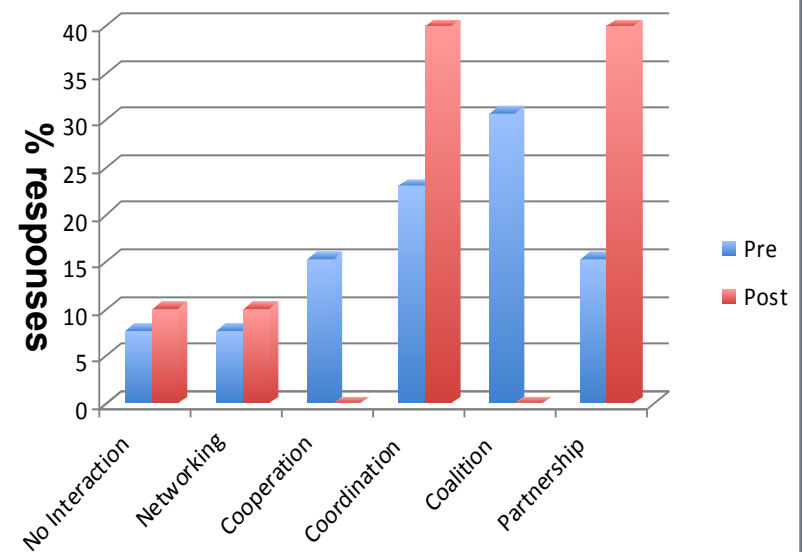
## Between PRCC and:

Pacific Cancer Registry



Levels of Collaboration

PIHOA



Levels of Collaboration



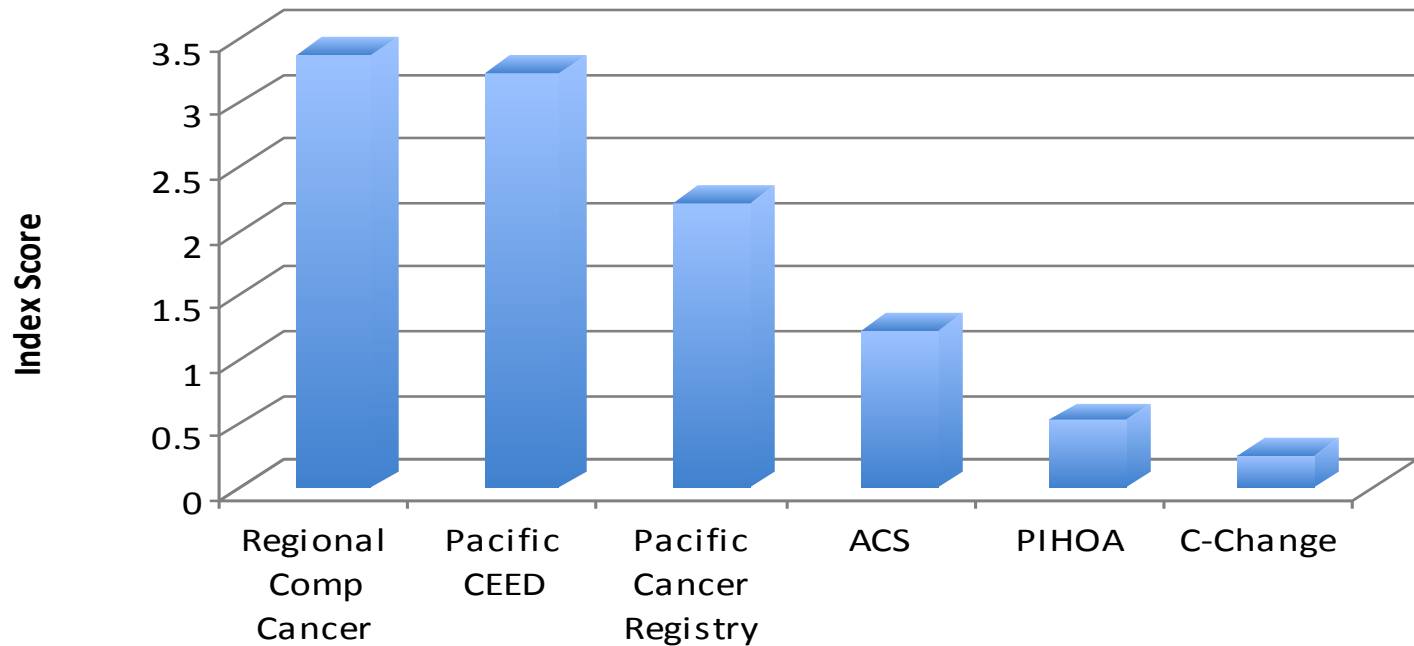
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# Levels of Communication

Between PRCC and:

## Contact Frequency (2012)



Index score created from frequency categories: none, yearly, quarterly monthly, weekly, daily

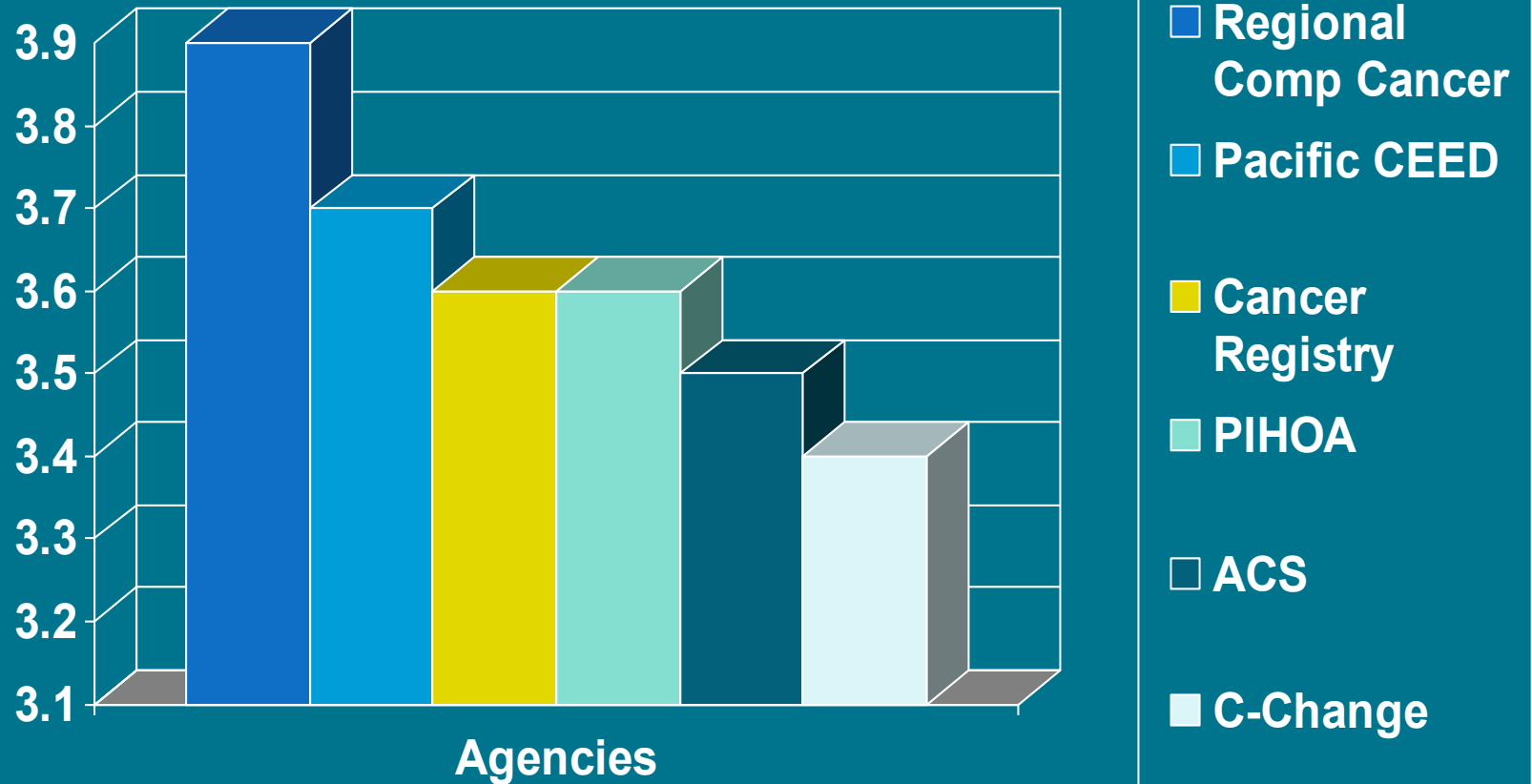


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# Contribution to Cancer Prevention and Control Initiatives



0-4 = not at all – very much



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# 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



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# 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



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# 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



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# 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



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# 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



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# 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



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*Mahalo  
Si Yu'us Ma'ase  
Olomwaay  
Fa'a Fetai Tele Lava  
Msuulaang  
Kulo Malulap  
Komagar  
Kalangan  
Kilisou Chapur  
Kommol Tata*

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