

Adapting “Cancer: Thriving and Surviving” program to a culturally diverse community

Cancer: Thriving and Surviving (CTS) Program



A 6-week workshop developed by Stanford University

2.5 hours per session, 1 session per week

A practical, interactive curriculum that offers opportunities for discussion and problem solving in a supportive setting. Topics include:

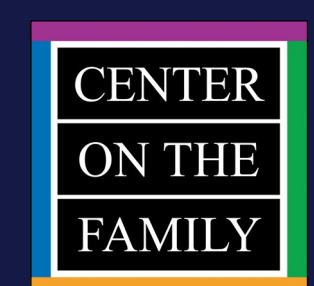
- Fear of recurrence, changes in body image
- Dealing with negative emotions
- Communicating with family and friends, and the healthcare system
- Action planning, problem-solving, decision-making
- Healthy eating
- Appropriate exercise for maintaining and improving strength and endurance
- Making decisions about treatment and complementary therapies
- Working more effectively with healthcare providers



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hawaiihealthyaging.org



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3 key steps

to replicate CTS to culturally diverse community

1

Examine the program and identify which parts you can modify

Original Study: Risendal BC, Dwyer A, Seidel RW, Lorig K, Coombs L, Ory MG. Meeting the challenge of cancer survivorship in public health: results from the evaluation of the chronic disease self-management program for cancer survivors. *Front Public Health*. 2015 Apr 27;2:214. doi: 10.3389/fpubh.2014.00214. PMID: 25964922; PMCID: PMC4410485.

	Original study	Our community	Modifiability
Participants' characteristics (Cancer and treatment, age, gender, ethnicity, etc.)	Aged 21 - 79; diagnosed with cancer; underwent radiation, surgery, or chemotherapy, but not inactive treatment. • Aged 50-64: 48% • Female: 78% • White: 86% • <1yr since diagnose: 43% • Breast cancer: 39%	Older adults (60+) diagnosed with cancer, and their caregivers • Aged 50-64: 37%, 65+: 50% • Female: 77% • White: 47%; Asian: 23% • <1yr since diagnose: 38%; 1-3 yrs ago: 35% • Breast cancer: 52%	Yellow light
Marketing & recruitment strategies	Engaged with cancer center staff and distributed brochures at medical offices, homes, survivor events, and through media.	Partner with community organizations that serve cancer survivors, through word-of-mouth, PSA, and flyers.	Green light
Content, scheduling	Six 2.5 hours sessions led by 2 facilitators who were already trained in CDSMP and were also cancer survivors.	Added informational session for registration & data collection. Used local examples (e.g., no reference to snow) and local phrases and terms (e.g., Ohana, aloha)	Yellow light
Setting	In Colorado, no incentives, average class size was 8.2 participants. Completion rate: 84%.	In Hawai'i, served healthy food/potluck. Average class size is 9.9 participants. Completion rate: 74%	Green light
Evaluation	Had a comparison group. Data collection at baseline (n=169) and 6-month (n=117: 69%). Used Stanford CDSMP Evaluation Tool.	No comparison group. Data collection at the same time points (baseline n=129 and 6-month n=33; 35%). Some offered reunion session. Used the same evaluation tool.	Green light

Key

Red light – DO NOT CHANGE

Substantially shortening programs, deleting activities, or contradicting the intent of the program.

Yellow light – ADAPT WITH CAUTION

Changing the sequence of activities or equipment, or translating program into another language.

Green light – GO AHEAD!

Making minor changes to update materials or make them more culturally appropriate.

2

Monitor implementation fidelity

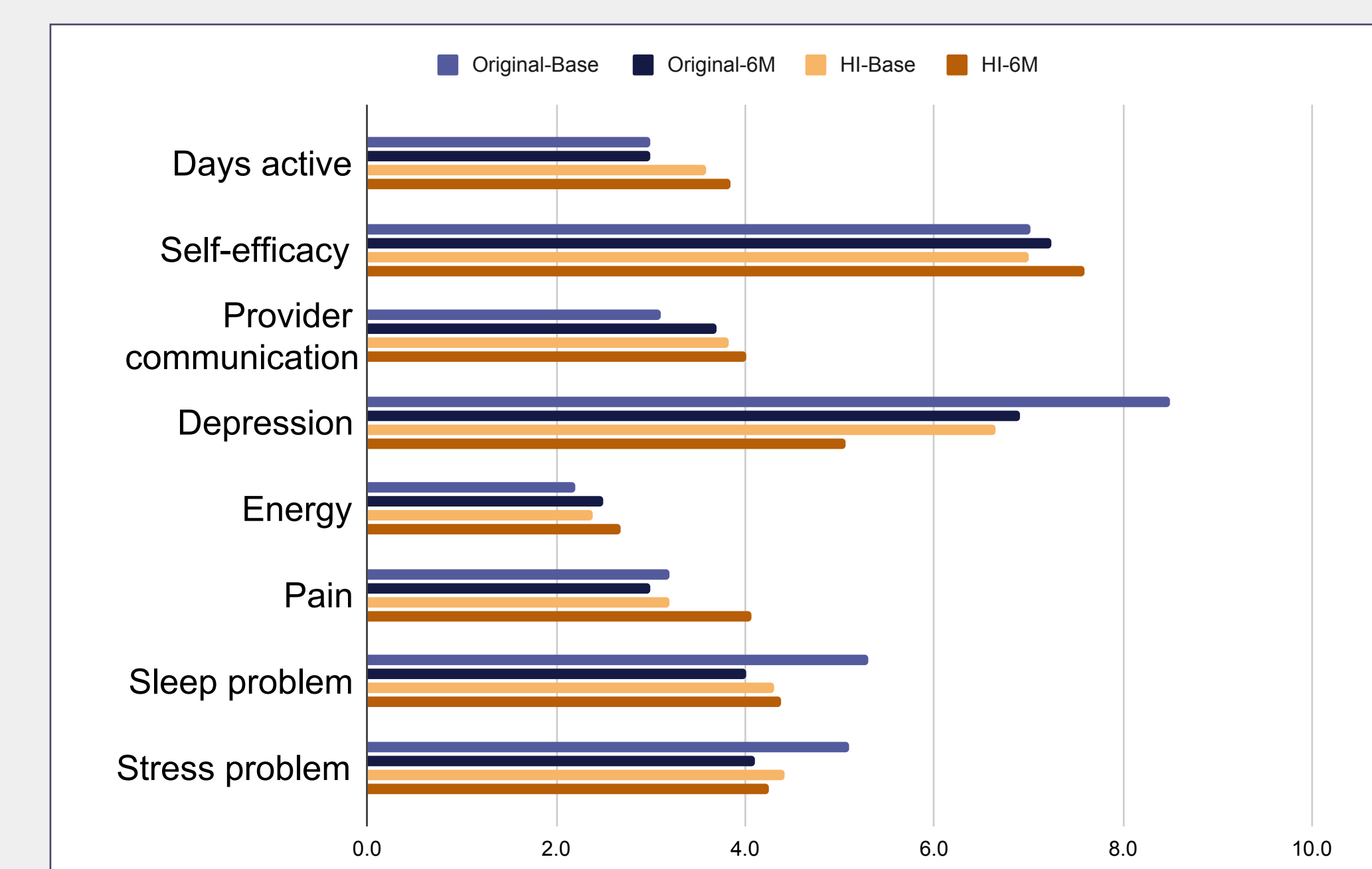
3-page evaluation form adapted from other states.



- Find the right amount/frequency of monitoring.
- Establish reliability among all monitors.
- Be friendly when monitoring the workshop.
- Make the evaluation easy for the monitors and leaders.

3

Evaluate outcomes



- Our findings showed similar trends of positive outcomes (n=33).
- Improvements were found in # of days active, self-efficacy, communication with provider, depression, energy, and stress problems.
- Pain and sleeping problems showed negative outcomes. Need to look into these further with a larger sample size.

Conclusions



CTS can be adapted to “fit” our cultures.



It can be replicated with fidelity.



It can achieve the same “good outcomes” the CTS program intended to achieve.

Acknowledgments

We acknowledge the Hawai'i Healthy Aging Partnership, a coalition of the Executive Office on Aging, the Area Agencies on Aging, the Department of Health, the University of Hawai'i, and service providers dedicated to expand health promotion options for older adults in Hawai'i.