2012 Pacific Global Health Conference

Ala Moana Hotel
Honolulu, Hawaii

Cancer Council of the Pacific Islands: Building Capacity for Community-based Cancer Prevention, Control and Evaluation in the USAPI

October 9, 2012

Cancer Council of the Pacific Islands
Pacific Regional Comprehensive Cancer Control Program
Pacific Regional Central Cancer Registry Program
Pacific Center of Excellence in the Elimination of Disparities
Department of Family Medicine & Community Health
John A. Burns School of Medicine, University of Hawaii
Learning Objectives

Upon conclusion of this session, the learner will be able to
1) Describe the evolution of comprehensive cancer control efforts in the USAPI
2) State at least 5 accomplishments or changes seen across multiple levels of the socioecological model of health
3) Describe at least three key lessons learned for successful collaborative work
4) List at least three key collaborators and resources needed to reduce disparities in non-communicable disease and cancer indicators in the USAPI
Four components

• CCPI and Regional Cancer Program Development
• Success stories in cancer and NCD control in the USAPI
• Reducing NCD health disparities in the USAPI: Next steps
  o Health Leadership Council
  o CCPI
CCPI and Regional Cancer Program Development

Lee Ellen Buenconsejo-Lum, MD

Pacific Regional Comprehensive Cancer Control Program
Pacific Regional Central Cancer Registry Program
Pacific Center of Excellence in the Elimination of Disparities

Department of Family Medicine & Community Health
John A. Burns School of Medicine, University of Hawaii
PRE-PACIFIC CANCER INITIATIVE

access
awareness
screening
diagnosis
treatment
Palliative care
TOBACCO-FREE AREA

PROHIBITING SMOKING IN GOVERNMENT BUILDINGS

PENALTY:
- FINE OF NOT MORE THAN $100.00
- IMPRISONMENT FOR 30 DAYS.
- BOTH

PROJECT: STATE TOBACCO FREE COALITION
Timeline

- **Physician, PIHOA and Palafox advocacy**
  - 1990s

- **NCI / NIH funding**
  - 2002

- **CDC Comp Cancer planning**
  - 2004-2007

- **CDC Regional CCC, Regional Registry, Pacific CEED**
  - 2007-2012
U.S. Federal Funding for Pacific Cancer Control Efforts

Fiscal Year Ending

Thousands

Pacific Cancer Assessments

NCI/NIH Pacific Cancer Initiative
U.S. Federal Funding for Pacific Cancer Control Efforts

Fiscal Year Ending

Thousands

2002 2003 2004 2005 2006 2007 2008

HRSA Pacific Assn for Clinical Training
CDC CCC - Planning
NCI/NIH Pacific Cancer Initiative

PACT Human Resources for Health workforce & CE assessments
Cancer Registry Assessment
U.S. Federal Funding for Pacific Cancer Control Efforts

Thousands

Fiscal Year Ending

2002 2003 2004 2005 2006 2007 2008

- CDC NPCR Regional Registry
- HRSA Pacific Assn for Clinical Training
- CDC CCC - Planning
- NCI/NIH Pacific Cancer Initiative
U.S. Federal Funding for Pacific Cancer Control Efforts

Fiscal Year Ending

Thousands

2002 2003 2004 2005 2006 2007 2008

$0 $500 $1,000 $1,500 $2,000 $2,500 $3,000 $3,500 $4,000

CDC CCC Regional Implementation

CDC CCC Jurisdiction Implementation

CDC NPCR Regional Registry

HRSA Pacific Assn for Clinical Training

CDC CCC - Planning

NCI/NIH Pacific Cancer Initiative
Pacific Cancer Control Programs & Partners

Cancer Council of the Pacific Islands (Advisory Board)

- U.S. National Partnership for Comprehensive Cancer Control
- Pacific Cancer Coalition (technical assistance)
- University of Hawaii Cancer Center
- Partnership with University of Guam
- Hawaii Tumor Registry
- Pacific Cancer Research Group
- International Partners with PIHOA (SPC, WHO)
- University of Hawaii Dept. of Family Medicine (administrative, technical assistance)
- Regional Comp Cancer
- Regional Cancer Registry
- Pacific Center of Excellent in the Elimination of Disparities (Pacific CEED)
- Micronesian Community Network & Micronesian Health Advisory Council (Hawaii)
- University of Hawaii Office of Public Health Sciences

Overarching advisory

- Pacific Islands Health Officers Association (PIHOA)

U.S. Affiliated Pacific Island (USAPI) jurisdictions:
- FSM: Kosrae, Chuuk, Pohnpei, Yap, FSM
- Guam
- CNMI
- American Samoa
- Palau
"Start with the end in mind"

-- Steven Covey, “7 Habits of Highly Effective People”

But know which ocean you’re swimming in
Assessments

- Lack of systems to prevent and control cancer and NCD
- Inadequately trained health (and related) workforce
- Uncoordinated or lacking data
- Leading cause of death = NCD (Diabetes, CAD, Tobacco-related)
- Cancer 2\textsuperscript{nd} or 3\textsuperscript{rd} leading cause of death in most areas
- Resource inappropriate testing/screening
- Duplicative systems
- Vertical programmatic silos, not well or at all coordinated or collaborative
PACIFIC REGIONAL COMPREHENSIVE CANCER CONTROL PROGRAM (PCCCP)

- Secretariat for CCPI
- CCC Infrastructure maintenance – TA, training, pacificcancer.org
- Partnerships, mobilize local and external support
- Promote meaningful data use and linkages
- Synergy with PIHOA HRH
Minimum Indicators - Regional CCC Plan

- By 2012, each jurisdiction will achieve completed hepatitis B vaccination series in 90% of 2 year old children

- By 2009, jurisdictions without mammography will demonstrate a 10% increase above their baseline the number of women over 50 who are offered clinical breast exams annually

- By 2012, each jurisdiction will demonstrate a 10% increase above their baseline the number of women age 18-65 who have a cervix who are offered cervical cancer screening at least every 3 years*

  - *Presumes cytology-based screening; FSM and RMI adopting VIA + pap
Minimum Indicators – Regional CCC Plan

• By 2017, each jurisdiction will demonstrate a 10% increase above their baseline the number of women 50 and older or those at high-risk, who are offered a mammogram annually

• By 2017, each jurisdiction will demonstrate a 10% increase above their baseline the number of men and women 50 and older who are offered a CDC-recommended colorectal cancer screening test
Pacific Regional Central Cancer Registry (PRCCCR)

- Staff & infrastructure development – training, jurisdiction & regional registries
- Legislative and policy mandates
  - Jurisdiction / UOG / Hawaii data sharing agreements
- Quality focus
  - Helping to drive improvement of entire HIM and vital statistics
PRCCR: 2007-2012 “Planning” successes

- New / revised legislation in 4 jurisdictions to enable reporting of cancer cancers to Ministries of Health
- Customized data collection software to include basic chronic disease co-morbidity and risk-reduction fields
- Leveraged resources with NCI MI/CCP U56/U54
- Linkages with CDC BCCEDP MDE (4 of 6 jurisdictions)
- Linkages with jurisdiction chronic disease efforts
- Hire / training of cancer registry staff
- QA processes for case ascertainment
  - synergy with PIHOA / jurisdiction QA / Performance Improvement initiatives)
- Jurisdiction able to write local reports for multiple purposes
- 2007+ Data reported consistently to CDC
Health care providers record patient information and diagnosis.

Hospital-based cancer registrar abstracts patient information into uniform data sets and checks for an existing record for each patient.

Patient data are aggregated on a state level, and then sent to national registries (SEER or NPCR).

National data are only as good as state, territorial and local data.

**ISSUES:** Small sample size / cell suppression in U.S. Data Set (public use)
Jurisdictions retain their own clean data, granular info down to village level (if desired)
Potential for geospatial analysis (GIS software free + TA (through WHO/Secretariat of the Pacific Communities).
## Shared goals with PIHOA Public Health Infrastructure Improvement grant

<table>
<thead>
<tr>
<th><strong>PRCCCR (Registry)</strong></th>
<th><strong>PIHOA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Effective and practical policies &amp; procedures for management of quality data</td>
<td>• Increase capacity to routinely evaluate &amp; improve effectiveness of (everything) to improve NCD control</td>
</tr>
<tr>
<td>• QA, Medical Records, interdepartmental collaboration</td>
<td>• Address gaps in epi and health information systems (vital stats, registries, use of surveys for NCD assessment)</td>
</tr>
</tbody>
</table>
Pacific Center of Excellence in the Elimination of Disparities (CEED)

Written to supplement and build on CCC and NPCR:

- Capacity building – resource development, partnership, leadership & training, multi-level evaluation
- Evidence-into-practice
- Systems change – policy and legislation
Pacific CEED

Breast & cervical cancer disparities in the USAPI and among USAPI residents in Hawaii and the mainland

- Socio-ecological model (SEM) & community-based participatory approaches across multiple levels of SEM
- NCD and cancer risk-reduction model
- Direct technical assistance to build capacity across all sectors and related health programs
- Legacy Project / small grants program
  - community projects linked to CCC
  - document and disseminate promising practices and/or the evidence base for replication throughout the USAPI.
Pacific CEED

- Curriculum and courses (in select areas) relevant to achieving minimum standards for the spectrum of B&CC control
- Evaluation framework & performance reporting database to track progress for key regional, jurisdiction & project indicators
  - CCC, Registry and CEED
- Support regional Quality Assurance/Quality Improvement Initiative managed by PIHOA
## Snapshot of baseline cervical cancer screening

Data Sources: ^Census 2000, *NBCCEDP reports 2004-09, CCPI mtg pre-work, ~jurisdiction cancer registry 2007-2008 unless otherwise noted

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th># F age 20-64^</th>
<th># pap done (2004-09)</th>
<th># CIN2+ pap</th>
<th>Age-adj rate of abn pap</th>
<th>#cervical ca or CIN3~</th>
<th># +VIA/#VIA done</th>
</tr>
</thead>
<tbody>
<tr>
<td>AmSamoa *</td>
<td>~13,600</td>
<td>3136* (5%)</td>
<td>0.4</td>
<td>&lt;16</td>
<td>NR~</td>
<td>n/a</td>
</tr>
<tr>
<td>CNMI*</td>
<td>~26,000</td>
<td>3299* (2.5%)</td>
<td>&lt;16</td>
<td>2.0</td>
<td>26*</td>
<td>n/a</td>
</tr>
<tr>
<td>Guam*</td>
<td>~42,000</td>
<td>2127 (1%)</td>
<td>&lt;16</td>
<td>2.0</td>
<td>19*</td>
<td>n/a</td>
</tr>
<tr>
<td>Palau*</td>
<td>~6,400 (2005)</td>
<td>5122 (16%)</td>
<td>25</td>
<td>2.5</td>
<td>53*</td>
<td>n/a</td>
</tr>
<tr>
<td>RMI</td>
<td>~20,000</td>
<td>2414 (2008) (12%)</td>
<td>7/6~ (3/1 CIS)</td>
<td>n/a yet</td>
<td></td>
<td></td>
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<tr>
<td>Ebeye</td>
<td></td>
<td></td>
<td></td>
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<td>n/a yet</td>
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<tr>
<td>Chuuk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a yet</td>
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<tr>
<td>Kosrae</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a yet</td>
</tr>
<tr>
<td>Pohnpei</td>
<td></td>
<td></td>
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<td>n/a yet</td>
</tr>
</tbody>
</table>
Cervical Cancer Screening and Prevention (HPV/CC)

- Evaluating the Costs and Impact of new and emerging technologies
  - Systematic approach to evaluating present and future cancer-related programs and research
  - DCPC, STI, Immunization, REACH US
  - CCC, Registrar, STI, Immuniz, MCH, Coalition leaders
Sample of preliminary findings

**PROVIDERS**

- Majority knowledgeable of HPV, vaccine and effectiveness
- Variation in knowledge of vaccine dosing schedule and side effects
- About a third (31%) thought that the vaccination may encourage risky sexual behavior
- Concern about vaccinating without certainty of adequate supply for all doses
- Variation in awareness or application of established evidence-based screening guidelines or best practices
- Majority supportive of innovative CC screening methods (besides Pap)

**CERVICAL CANCER PROGRAM**

- Little knowledge of coverage goals and targets (regardless of type of screening)
- Need to improve education of program staff (and providers) regarding management of abnormal screening tests, pre-cancerous lesions, screening guidelines/standards (intervals, age range)
- Large training need for outreach workers, vaccinators, screening personnel, readers of Pap slides, performers of colposcopy, biopsy and cryotherapy
- Other than program database and cancer registry, inconsistent use of standardized national coverage surveys
- Cancer registries have difficulty obtaining detailed treatment information
Sample of preliminary findings

• COMMUNITY STAKEHOLDERS
  o Average acceptability of vaccine
  o Most unsure of impact of vaccine program on other public health priorities
  o Many barriers to Pap testing
  o Majority would be interested in VIA if offered and felt women would be accepting of VIA

• FOCUS GROUPS
  o Varied understanding of cervical cancer risks, HPV, vaccine, screening - including in communities where significant outreach campaigns or school-based vaccination occurred
  o General support of HPV vaccine
  o Barriers to screening: costs, shame, fear, access
  o In communities where VIA performed, prefer this over Pap because results are known immediately
  o Mixed feelings about HPV DNA self-testing (concern they might do the test incorrectly)
Preliminary recommendations

• May need to adjust educational strategies for providers, program staff and communities
• Additional on- and off-island resources are needed to assist jurisdictions in
  o Determining the most cost-effective screening method, intervals, targets and coverage goals
  o Improving program and data management/analysis for immunization and cervical cancer screening programs
• Continued exploration of obtaining lower-cost HPV DNA testing / self-testing kits
Pacific Cancer Programs

- PCCCP
- PRCCR
- Pacific CEED

HPV & Cervical cancer
Success stories in cancer and NCD control in the USAPI

Nena Tolenoa

Cancer Council of the Pacific Islands Board member
Kosrae State Comprehensive Cancer Control Program Coordinator
Kosrae State NCD Program Administrator
Registry and HPV-related Successes

- Covered in previous slides – new policies, expanded programs in surveillance and screening
- Much work to do in training / capacity building and systems-strengthening
  - Individual, SYSTEMS
- Increased visibility/awareness of USAPI strengths (and potential application to other settings)
  - International Agency for Research on Cancer – Caribbean cancer registry development

Regional CCC-related successes

- Tremendous leveraging of resources between all Pacific Cancer Programs and external partners
- Increased visibility, awareness and action at US National level
  - C-Change, CCC National Partnership, Intercultural Cancer Council, National Cancer Institute (Global Health Initiative), NIH, CDC
- [www.pacificcancer.org](http://www.pacificcancer.org) – Pacific-related resources
Pacific CEED
Legacy & Local Projects
• Community organizations [501(c)(3), NGO, chartered] in collaboration with comprehensive cancer control coalition in their jurisdiction
• Breast, cervical cancer and/or related determinants
  o Tobacco, traditional foods/nutrition, national policy or standards, survivorship, faith-based interventions

Pacific CEED
Promising Practices Reports
Pacific CEED Promising Practices:

Each Pacific CEED Legacy Project and Local Project (or direct grant) is required to prepare a Promising Practices report to document its project model, share lessons learned and report on outputs and outcomes for dissemination to other partners and colleagues in the Pacific and elsewhere.

- **Tasi le Ola (One Life): A 5-part Breast Cancer Prevention Radio Drama, Legacy Project - American Samoa. (2009)** - (pdf 129 KB)

- **Understanding the Role of Cultural Hierarchy and Religion in the Chuukese Community of Guam, Legacy Project - Guam. (2009)** - (pdf 95 KB)

- **Mobilization of Micronesian Communities in Hawaii for Health Equity, Local Project - Hawaii. (2009)** - (pdf 156 KB)

- **NCD Workshop to Evaluate 1st 5 Years Strategic Plan and Draft the Next 5 Years NDC Strategic Implementation Plan, Local Project - Palau. (2009)** - (pdf 106 KB)

- **Training on Cancer Affecting Women & Practical Solutions for Early Detection & Information Dissemination Project, Legacy Project - Pohnpei, FSM. (2009)** - (pdf 315 KB)

- **Healthy Lifestyles, Local Project - Republic of the Marshall Islands, Majuro. (2009)** - (pdf 300 KB)


- **COM FSM Chuuk Youth Risk Behavior Survey Training Workshop and Pilot Surveys, Local Project - Chuuk, FSM. (2010)** - (pdf 76 KB)

- **Micronesian Health Advisory Coalition Interpreter/Translator Training Project, Legacy Project - Hawaii. (2009 - 2010)** - (pdf 232 KB)

- **Pohnpei GO LOCAL Community Awareness on Diet and Lifestyle to Help Prevent Cancer, Local Project - Pohnpei, FSM. (2010)** - (pdf 254 KB)

POLICY AND SYSTEMS CHANGES IN THE USAPI: Three Examples

Federated States of Micronesia
  National Standards of Practice for Breast & Cervical Cancer Prevention, Early Detection, Diagnosis, Treatment & Palliative Care

Federated States of Micronesia
  National Tobacco Policy

Republic of the Marshall Islands
  National Standards of Practice for Breast, Cervical, & Colorectal Cancer Screening
Technical Consultative Meeting to develop FSM B&CC Client Management Guidelines:

• 8/29/08 – 9/2/08 in Pohnpei, FSM: technical meeting to develop National Breast and Cervical Cancer Client Management Guidelines for Prevention, Early Detection, Diagnosis, Treatment and Care in the Federated States of Micronesia (FSM).

• Convened by FSM Department of Health and Social Affairs with the State Departments of Health Services for Kosrae, Chuuk, Pohnpei and Yap to develop National Client Management Guidelines for integrating breast and cervical cancer prevention and early detection, diagnosis, treatment, survivorship and palliative care
Participants from all 4 States & FSM National reviewed, discussed and reached agreement on a set of resource-appropriate practice standards designed to:

1. Increase and sustain the practice of health promoting behaviors to reduce cancer incidence
2. Increase the uptake of early detection behaviors and services to diagnose cancer early
3. Increase access and uptake to treatment and palliative care to improve the QOL for people living with cancer
4. Improve systems linkages to ensure patients are effectively guided through an integrated continuum of cancer prevention, early detection, diagnosis, treatment & care
Resource-Appropriate Evidence-Based Standards Across the Prevention-to-Care Continuum

• Internationally recognized, resource appropriate standards
  – Breast Health Global Initiative (BHGI)
  – Alliance of Cervical Cancer Prevention (ACCP)
  – World Health Organization (WHO) tailoring standards and interventions to three levels:
    – Core, Expanded and Desirable

• Goal: cost-effective, culturally-relevant and resource-appropriate decisions

• CDC Comprehensive Cancer Control planning framework
  – Six building blocks which span the full continuum of prevention and early detection, diagnosis and treatment, and quality of life (palliative care)
<table>
<thead>
<tr>
<th>Resource Level</th>
<th>Services</th>
</tr>
</thead>
</table>
| **Core**       | Screen with VIA (Visual Inspection with Acetic Acid)  
• Ages 25 to 45, at least twice in a lifetime  
• Referral for Pap test after pre-cancerous cells detected with VIA (until treatment with cryotherapy available)  

Opportunistic screening with Pap test as resources permit |
| **Expanded**   | Screen with VIA and treat pre-cancerous lesions with cryotherapy (single visit or two-step)  
• Ages 25 to 45, every 5 years |
| **Desirable**  | Screen with Pap test  
• Start at age 25 or 3 years after vaginal intercourse  
• Screen every 2 years  
• Screen every 5 years after 3 consecutive normal test results  

No further screening for:  
• Women age > 60 if no abnormal test in the preceding 10 years  
• Women with total hysterectomy if indication for removal was not related to treatment of cervical dysplasia  

HPV DNA Testing |
<table>
<thead>
<tr>
<th>Resource Level</th>
<th>Services</th>
</tr>
</thead>
</table>
| **Core**       | Breast Health Awareness: education with breast self-examination (BSE)  
|                | • Monthly BSE beginning at age 20  
|                | Clinical Breast Examination (CBE)  
|                | • Every 3 years ages 20-39, and every year starting at age 40  
|                | Target Outreach/education encouraging CBE for at-risk groups (with family history)  |
| **Expanded**   | Expanded education to women of reproductive age  
|                | Diagnostic Ultrasound  
|                | Diagnostic Mammography  
|                | Opportunistic mammographic screening  |
| **Desirable**  | Population-based mammographic screening  
|                | • Beginning at age 40  |
Putting standards into practice: Prevention

Pacific CEED Legacy Project:
• Train-the-Trainers in Pohnpei
• 60+ women leaders trained

Core competencies:
• Understand B&CC Risks
• Methods of Prevention
• Methods of Early Detection
• Seeking early treatments

Trainees motivated village women in Pohnpei to seek CBE and VIA by providing B&CC information and education
Putting standards into practice: Early detection and treatment

VIA Training of Trainers:
• 2 reps from 4 states joined Jhpiego training in Manila, PI in March 2009
• 18 HA and 4 NP trained in Pohnpei, FSM in August 2009; training ongoing in dispensaries and PH clinics nationwide
• FSM CCC, Pacific CEED & National and local funding support
B&CC Curriculum Development Project

Standard Training Modules to build Human Resource Capacity:

• Prevention (complete)
  – 1) ABCs of Cancer
  – 2) Healthy Eating and Weight Control
  – 3) Physical Activity
  – 4) Tobacco
  – 5) Alcohol
  – 6) Breast and Cervical Cancer: Sexual Health
  – 7) Social Determinants of Health

• Palliative Care Curriculum (complete)
  – All modules piloted in Kosrae in 2011 with health care providers from the 4 states & FSM Nat’l
  – Served to facilitate state-based palliative care training and systems planning

• Breast and Cervical Cancer Diagnosis (incomplete)

• Funded by Pacific CEED
Federated States of Micronesia
National Tobacco Policy

- Community: FSM (Country), 4 States
## Youth Smoking, FSM

<table>
<thead>
<tr>
<th></th>
<th>Ever smoked cigarettes, percent (CI)</th>
<th>Initiated smoking &lt; age 10, percent (CI)</th>
<th>Current cigarette smoker, percent (CI)</th>
<th>Currently use other tobacco products, percent (CI)</th>
<th>Ever chewed betel nut, percent (CI)</th>
<th>Used tobacco with betel nut, percent (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FSM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>56.2 (49.7 - 62.6)</td>
<td>26.3 (21.8 - 31.3)</td>
<td>36.9 (29.9 - 44.5)</td>
<td>41.8 (34.6 - 49.3)</td>
<td>67.0 (60.4 - 73.7)</td>
<td>52.6 (46.0 - 59.1)</td>
</tr>
<tr>
<td>Female</td>
<td>34.7 (29.9 - 39.7)</td>
<td>20.5 (14.9 - 27.5)</td>
<td>19.8 (15.9 - 24.5)</td>
<td>32.1 (27.3 - 37.4)</td>
<td>55.6 (49.9 - 61.3)</td>
<td>43.5 (40.1 – 47.0)</td>
</tr>
</tbody>
</table>

- 2 out of 5 boys and 1 out of 5 girls in FSM currently smokes.
- 1 in 4 smokers started before the age of 10 years.
- Over 60% of youth have chewed betel nut, and nearly half used tobacco with betel nut.
## Youth Smoking, Western Pacific Region

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Current Use of Any Tobacco (%)</th>
<th>Current Smoking</th>
<th>Smoking before age 10 (%)</th>
<th>Other tobacco products used (%)</th>
<th>Want to Quit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNMI</td>
<td>2000</td>
<td>62.4</td>
<td>39.2</td>
<td>31.0</td>
<td>52.7</td>
<td>80.0</td>
</tr>
<tr>
<td>Guam</td>
<td>2002</td>
<td>27.8</td>
<td>22.6</td>
<td>13.4</td>
<td>-</td>
<td>75.7</td>
</tr>
<tr>
<td>FSM (overall)</td>
<td>2007</td>
<td>---</td>
<td>28.3</td>
<td>24.3</td>
<td>37.0 (47.6*)</td>
<td>86.5</td>
</tr>
<tr>
<td>FSM (Kosrae)</td>
<td>2007</td>
<td>47.3</td>
<td>29.6</td>
<td>-</td>
<td>47.3</td>
<td>85.5</td>
</tr>
<tr>
<td>Cambodia</td>
<td>2003</td>
<td>8.8</td>
<td>5.5</td>
<td>-</td>
<td>4.2</td>
<td>87</td>
</tr>
<tr>
<td>Philippines</td>
<td>2003</td>
<td>-</td>
<td>15.0</td>
<td>12.7</td>
<td>8.2</td>
<td>88.2</td>
</tr>
</tbody>
</table>

Source: Global Youth Tobacco Surveys, 1999-2007

*Tobacco with betel nut*
Federated States of Micronesia
National Tobacco Policy

• FSM National Tobacco Control Policy Summit

Conduct a state-by-state and national assessment of tobacco control policies to assess compliance with the Framework Convention on Tobacco Control (FCTC) guidelines (FAS are signatories to this global health treaty)

Convene a Tobacco Policy Summit to:

- review the results of the assessment and evidence-based policy recommended by the FCTC
- advocate for minimum standard policies in tobacco control for state and national adoption
- identify strategies to support and advocate for the adoption and implementation of national and or state legislation to ensure full compliance with the FCTC guidelines as a signatory to this global treaty.
Federated States of Micronesia
National Tobacco Policy

Outcomes

- Assessment tool(s) developed to assess tobacco policies and guidelines at municipal, state and national levels currently in use.

- 2 resolutions for tobacco control endorsed by Summit participants

- Each of the 4 States and FSM National developed an action plan for collaboration and advancement of tobacco control and prevention
Tobacco Policy

• Kosrae State, FSM
  – Single sales ban (passed)
  – Clean Indoor Air Act (2010)

• American Samoa, Guam
  – Clean Indoor Air Act (passed)

• Chuuk State, FSM
  – Sale to minors (passed)
  – Single sales ban
  – No smoking in government buildings
  – Allocation of small portion of sin tax toward DHS awareness/outreach program
Republic of the Marshall Islands
National Standards of Practice for Breast, Cervical, & Colorectal Cancer Screening

• Ebeye/KAHCB Legacy Project
  o trained Marshallese nurses to provide breast and cervical cancer screening
  o Institutionalized standards for cervical cancer screening
  o Very successful

• Recognize need for National Standards

• Next project trained community women’s group to serve as outreach workers and navigators to screening & follow-up
Republic of the Marshall Islands
National Standards of Practice for Breast, Cervical, & Colorectal Cancer Screening

- Pre-legacy project: 1% of eligible women in Kwajalein Atoll, RMI receive annual Pap smear. Increased by 200% in 2 years. Less than 10% of women across the country receive Pap smears.

- 2 major population centers with Ministry of Health hospitals/clinics, but Ebeye/KAHCB also has a HRSA-funded CHC → different standards

- Barriers to screening include cultural preconceptions and discomfort with the predominantly non-Marshallese male health providers.
Republic of the Marshall Islands
National Standards of Practice for Breast, Cervical, & Colorectal Cancer Screening

Highlights of RMI Policy Change Efforts

- Lack of uniform guidelines for breast & cervical cancer screening across RMI as indicated in results of Legacy Project
- Workshop convened August, 2010 with framework similar to FSM Client Management Guidelines Workshop
- Developed Standards of Practice based on CORE, EXPANDED, and DESIRABLE levels of Implementation
- Included Colorectal Screening in initial Standards
- Endorsed by the RMI Secretary of Health in December 2010
- Updating cervical cancer screening guidelines in 2012 to use VIA for rural parts of the country; Pap as available; revising target ages and screening intervals based on cancer registry data
Intended Impact of Systems & Policy Changes in the USAPI

- Effect improvements in access to screening and early detection for breast and cervical cancer
- Lead to development of tobacco control policy
- Impact disparate health indicators in the USAPINs
Associated Impact of USAPI Systems Change Efforts

- Strengthens effectiveness of healthcare workforces
- Addresses health disparities
- Empowers communities / provides avenues for community involvement in healthcare problem-solving
- Broader global impact through development of systems and policy change models for low-resource regions
Other types of community-based success stories

• Faith-based: tobacco cessation, BCC screening
• Partnerships with agriculture and school sectors: healthy foods, farming
• Community-driven cultural change: local foods at government functions
• Workplace & community wellness: Biggest loser, healthy food, physical activity competitions
• Survivorship: Radio dramas, survivor support groups, survivor outreach programs, changes in hospital or government policy/legislation regarding family support, allowing natural death
• Tobacco policies: all jurisdictions with at least one new policy and/or enacted legislation regarding clean indoor air, smoking in public places, sale of single-stick cigarettes
• Curriculum: Palliative Care, program planning and evaluation, B&CC
Promising Practices Reports


Take home message

- Involve the community in every aspect
  - Identification of the issue, planning, development, resource-seeking, implementation, evaluation
- Broad-based, multi-sector partnerships is critical to success
Reducing NCD health disparities in the USAPI: Next steps

Va’a Tofaeono

Cancer Council of the Pacific Islands Board member
American Samoa Comprehensive Cancer Control Program Coordinator
Vice-Councilor, USAPI Health Leadership Council
Most cancers preventable and related to NCD risk factors.
A Western Pacific Framework for Integrating NCD Efforts

Preventive/PHC

Common Risk Factors
1. Tobacco
2. Diet
3. Physical activity
4. Alcohol

Intermediate Risk Factors
1. High BP
2. High sugar
3. High lipids
4. Overweight

Noncommunicable Diseases
1. Cardiovascular
2. Cancer
3. Diabetes
4. COPD

Curative $$$$
On May 25, 2010 the Pacific Island Health Officers Association (PIHOA) declared a Regional State of Health Emergency in the USAPI due to the epidemic of NCDs.

Development of NCD - Roadmap

- Draft Form
- Linked to Emergency Declaration
  - Addresses:
    - Natural Disaster vs. Health Epidemic
    - Establishes Mobilization Framework
  - Coordinates and Collaborates local and regional efforts
- Priority Objectives and Strategies developed by Pacific regional leadership, organizations and or affiliates.
Policy

“navigation guideposts” were developed during the 50th PIHOA meeting in April of 2011, by more than 90 participants, including development partners, regional associations, health sector leaders, and educators from colleges and departments of education, as well as a few community NGOs.

• Create healthy public policies throughout all sectors, in keeping with the Healthy Island Vision.

• NCD prevalence constitutes an emergency throughout the region, requiring urgent and coordinated response. NCDs are an emergency, and should be treated as such.

• Advocate for NCDs to be placed on the US national emergency management agenda.
Prioritization/Resource Allocation

“navigation guideposts” were developed during the 50th PIHOA meeting in April of 2011, by more than 90 participants, including development partners, regional associations, health sector leaders, and educators from colleges and departments of education, as well as a few community NGOs.

- Direct resources and activities to protect children and future generations, empowering them to live healthy lifestyles by addressing the priority risk factors, including diet, physical activity, tobacco, and alcohol.
- Transform our health systems to protect and empower the current generation by addressing the “Big Four” NCDs – cardiovascular disease, diabetes, cancer, and chronic respiratory disease.
Systems Strengthening

“navigation guideposts” were developed during the 50th PIHOA meeting in April of 2011, by more than 90 participants, including development partners, regional associations, health sector leaders, and educators from colleges and departments of education, as well as a few community NGOs.

- Engage the government leadership to address the NCD crisis, using a whole-of-society response.
- Build the capacity of the health system to address the NCD crisis.
- Strengthen NCD-related information systems.
- Develop human resources to prevent and control the NCD emergency.
Mobilization

“navigation guideposts” were developed during the 50th PIHOA meeting in April of 2011, by more than 90 participants, including development partners, regional associations, health sector leaders, and educators from colleges and departments of education, as well as a few community NGOs.

- Mobilize sufficient resources to address the NCD emergency, and ensure sustainable resources to prevent its recurrence.
- Increase engagement of the full community – all of society, involving all sectors and jurisdictions, from local to regional.
- Build and strengthen mechanisms for regional sharing and collaboration across all groups involved regionally with addressing NCDs.
Regionalism in the USAPI

- Many regional organizations affiliated with PIHOA
  - Work of the organization is intended to improve some aspect of health
  - Some organizations well-established (>20 years APNLC, PBMA: >10 years: CCPI, PIPCA; <2 years: Pharmacy, Lab)
  - Many organizations’ work is tied to categorical / vertical CDC or HHS funding
  - Some organizations’ structures require collaboration with other sectors
  - Some directly focused on NCD issue, some are service providers, others are central to NCD prevention but do not have it as a core organizational mission
- Not well coordinated
- Varying resource and capacity among organizations
Regional Structure

USAPI Health Leadership Council

PIHOA SECRETARIAT

PIHOA
CCPI
PIPCA
PBHCC
PHARM
LAB
PBMA
APNLC
PBDA
Ex-Off
Other
Resource Committee
3 Tiered Approach towards Implementation

- **Tier 1: Association Objectives**, which are objectives specific to a single association only.

- **Tier 2: Partnership Objectives**, which are individual association objectives that nonetheless require collaboration with other associations for their success.

- **Tier 3: Shared Objectives**, which are objectives and initiatives that are shared and cut across all associations.
  - Policy
  - Surveillance
  - Communications
  - Standards
Next steps: CCPI

• Regional CCC Plan 2012-2017 requires more overt collaboration in prevention, screening, palliative / end-of-life care

• Similarities and synergies with PIHOA and HLC priorities
  o Similar / more uniform prevention policies and messaging
  o Standards for clinical screening for NCD and cancer
  o Surveillance needs
  o Minimum regional indicators / guidelines for certain conditions
  o Improved mortality reporting
  o Palliative care curriculum for health providers, then the rest of the system and community
  o Availability of medications for palliative care
  o Improved understanding of in-region capacity for treatment of cancer and end-stage NCD conditions

• Need for monetary and human resources to accomplish all of this
Lessons learned

• Regionalism is key: leverage resources, economies of scale, speaking with one voice
• Building common ground
• Shared vision
• Even with disparate missions, infrastructures, capacity, resources, external funders and advisors – it is still possible to find some common goals to work toward
• Importance of maintaining one’s own identity (individual, organizational, jurisdiction)
• Community-based and community-driven
• Data and evaluation that are useful