

FEDERATED STATES OF MICRONESIA

# Comprehensive Cancer Control Plan

2013 - 2018

**way forward**



FSM Department of Health and Social Affairs

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*The President*  
*Palikir, Pohnpei*  
*Federated States of Micronesia*

**Message from H.E. President Mori**

My Fellow Citizens,

Ran Annim, Kaselehlie, Mogethin and Lenwo to all.

It is my pleasure to share with you all a message on cancer in this Comprehensive Cancer Control and Prevention (CCCCP) Plan for the whole Nation of the FSM that covers the next 5 years. There is no doubt that cancer is a serious illness that poses enormous threat to the health of our people and the growth of our Nation. It has now secured the number two spot in mortality cases. Additionally, cancer contributes to the abrupt rise in medical costs in the Nation. For instance, in 2012 the importation of pain medication has gone over the country's allotment threshold due to the increase in pain management and treatment of cancer patients. Cancer causes pain and suffering among our people hence we need to unite in our efforts to combat its burden in our Nation.

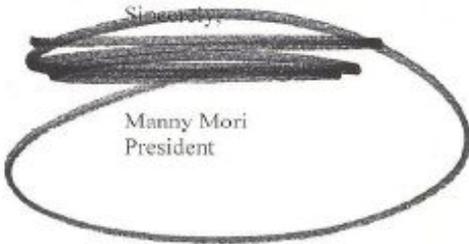
Before 2000, there were no infrastructures in place to address the burden of cancer. After the initial works on cancer research in 2002, the urgency to mitigate the threat of this illness was evident, thus the health sector began work with its partners in building capacity to effectively address this not only local but global disease in 2005. In 2006, the first FSMCCCCP plan was developed and its implementation began in 2007 to 2012. As a living document, the current FSM CCC Plan 2013-2018 is an updated version of the previous plan. The participation, commitment, and dedication of local partners such as the State Coalitions and Community groups further contribute to the progress in the control and prevention of cancer.

This FSM CCC Plan is a result of the collaborations among the 5 departments of health services and the local and external partners. Its purpose is to make sure there is a basis for quality services in control and prevention of cancers and its function is to guide the implementers of these services so they are up to par and practical to the level of resources that we have at our disposal both within and outside our Nation.

I applaud the collaborative work exerted by the programs and partners to fight against cancer and I join the State Governors in urging the people of this Nation to join hands in the fight against cancer.

Thank you very much.

Sincerely,



Manny Mori  
President



## THE GOVERNOR

November 01, 2012

His Excellency Manny Mori  
President  
Federated States of Micronesia  
Palikir, Pohnpei, FM 96941

**RE: Support for FSM Comprehensive Cancer Control 5-Year Plan 2013-2017**

Dear Mr. President:

I present my compliments and warm greetings from the people of the State of Yap in conveying the support and deep appreciation by this administration for the above-referenced five-year FSM Cancer Control Plan, developed recently in partnership with the various Cancer Programs and Community Coalitions at both the FSM National and State levels.

I am advised the Yap Comprehensive Cancer Control Program with its community coalition partners along with counterparts in the three FSM sister states, have diligently worked under the guidance of the FSM National CCC Program and are ready to take part in rolling out this new 5-year plan on World Cancer Day in 2013.

The State of Yap and its people are fully committed to continue working with the FSM Department of Health and Social Affairs, FSM National CCC Program and Coalition, state health directors and CCC Programs and Coalitions, and their Chronic Disease Program partners to marshal community and political will to support and continue the CCC efforts nationwide over the next five years.

Finally, we look forward to working collectively with you and other stakeholders and partners in our region to reduce the widespread high burden of cancer and all non-communicable diseases (NCD's) affecting our people in the Federated States of Micronesia.

With personal regards, I remain

Sincerely,



Sebastian L. Anefal  
Governor

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Greetings from the State of Pohnpei!

Cancer is a serious illness and a financial burden in Pohnpei State. It is considered as one of the major causes of death and remains a major source of financial health burden on Pohnpei's struggling economy. There is much energy, pain, and sacrifice exerted from patients and family member of cancer victims and more effort is needed from health service providers, communities, and individuals, which can positively influence the outcome of the disease. As we are aware, moving forward and learning from our past experiences, we realize that tackling this major public health issue requires a sustainable commitment, collaboration, and an integrated approach at all levels of care in order to improve the quality of life for individuals affected by cancer.

I am pleased to endorse the Federated States of Micronesia Cancer Plan. This plan aims to provide each state with a road map and guide that can be utilized by health service providers, organizations, communities, and individuals towards prevention, early detection, treatment, and quality of life improvement for people affected by cancer in the FSM. This plan was developed by a group of diverse individuals, experts, survivors, and health care providers in many sectors of government and nongovernmental organizations, and other agencies from all FSM States that make up the National Cancer Coalition (NCC).

The National and State's previous five-year work plans which were implemented in each state and throughout the nation were focused on each state's unique goals, objectives and strategies, were prioritized for implementation. After the last Cancer Director's meeting and United States Pacific Islands Council meetings, which were held in Atlanta and Honolulu in 2011, a plan on an updated process for FSM States and National cancer plans was suggested. Workgroups in each state were established to collect and review available information, reassess goals and objectives and make changes, updates and additions. After that, the workgroups convened again and identified common FSM priority objectives and met with groups from the other states where they chose state specific priority for year one, developed work plans and identified resource needs.

The Center for Disease Control (CDC) helped the Federated States of Micronesia for funding, technical and other sources. I wish to take this opportunity to express our gratitude for all the support from the CDC. I commend the National Cancer Coalitions for their collaborative hard work during past years to develop a practical cancer plan for the Federated States of Micronesia. I also would like to extend our appreciation to our facilitating partners in this major health milestone. With practical innovative ideas, we are preparing ourselves to face challenges in health that cannot be controlled individually, but rather in integrative and collaborative approach. Hence, I hereby urge the people of Pohnpei to support the content of this plan as we mobilize and prepare for the implementation of the Federated State of Micronesia Comprehensive Cancer Control Plan.

Ni wahu,

John Ehsa  
Governor  
Pohnpei State



*JOHNSON S. ELIMO*  
*Governor*

*RTIS G. HELDART*  
*Lieutenant Governor*

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November 17, 2012



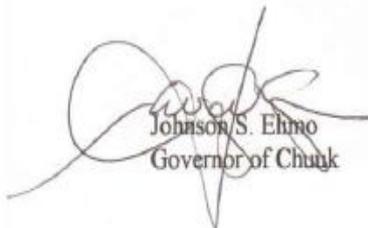
As we began the second five-year cycle of our Comprehensive Cancer Control and Prevention Agreement, I wish to take this opportunity, on behalf of all Chuukese, to thank the United States Government and the Centers for Disease Control and Prevention Division of Comp Cancer Control and Prevention for providing the essential resources to help us devise amiable ways to deal with the cancer epidemic in our islands. We will continue to be effective members of the global anti-cancer coalition, domestically and internationally, to the best of our ability.

This second five-year cycle of the NCCCP will certainly enhance continuation of efforts made during the first cycle, and this is very encouraging because we have seen apparent changes in the behaviors and in the level of cancer awareness and knowledge of the Chuukese people. New policies from the family, community, and government levels have also been implemented. Last year I declared a state of emergency for Chuuk State due to the NCDs, including cancer.

There is a new perspective on public health. The old rhetoric of "health is the responsibility of the Department of Health" is being replaced by the ultimate moral theme: "Health is no longer the responsibility of the Department of Health, but that of the individual, the family, the community and the government".

I highly support the FSM National CCC Plan to continue efforts to control and prevent the spread of cancer and the other NCDs in the islands.

Sincerely,



Johnson S. Elimo  
Governor of Chuuk



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Greetings from the Island of the Sleeping Lady!

Executive Order 2012-03 was issued on April 17, 2012 declaring a State of Health Emergency due to the epidemic of Non-Communicable Diseases in Kosrae.

Cancer continues to be the fourth (4<sup>th</sup>) leading cause of death in Kosrae and are among the top three causes for off island referral. The Department of Health Services spent more than 50% of its budget for management of cancer and other NCDs.

The Kosrae Comprehensive Cancer Control Plan for 2007-2012 contributed a lot to successful implementation of policies, systems changes and environmental approaches toward prevention and control of cancer as well as other NCDs in Kosrae.

The Kosrae Governor's Office and the People of Kosrae State support the FSM Cancer Plan for 2013 -2018 which has streamlined the planning process and will improve program coordination among State and National through shared National Goals and Objectives and state specific activities.

The FSM Cancer Plan for 2013 - 2018 will serve as a guideline for "Kosrae Wolana", the umbrella healthy lifestyle coalition established by my office to develop the NCD Emergency Response Plan in Kosrae for 2013 -2018.

I express our sincere "Kulo Ma Lulap" to the Center for Disease Control and other Regional and National Partners for their continued support toward cancer control and prevention in the US Affiliated Pacific Islands and specifically FSM and Kosrae State.

We stand ready to support and ensure successful implementation of the FSM Cancer Plan for 2013 - 2018.

Kulo Ma Lulap.

  
Lyndon H. Jackson  
Governor, Kosrae State

"SHAPING TOMORROW TODAY"

## FSM CANCER STEERING COMMITTEE

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### **Greetings from the FSM Cancer Steering Committee!**

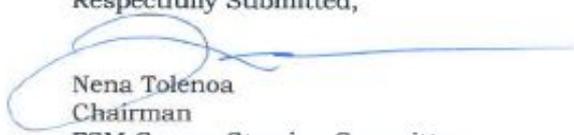
We congratulate the FSM Comprehensive Cancer Control Program and their partners in the development of the FSM Cancer Plan for 2013-2018.

The FSM Cancer Steering Committee (FSMCSC) fully endorsed the plan and are confident that the streamlined planning process and format will greatly contribute toward improved implementation of strategies and reporting in the federation.

The FSM Cancer Steering Committee has actively participated in the initial planning and actual planning activities at the National and State level in the development of the updated FSM Cancer Plan.

We express on behalf of Cancer Coalitions our appreciation to the Center for Disease Control and other National Partners for their continued support in cancer control and prevention efforts in the FSM.

Respectfully Submitted,



Nena Tolénoa  
Chairman  
FSM Cancer Steering Committee

## Dedication

This is dedicated to those who make the cancer journey. Our hope is that their pain and suffering teach us as a people of this great nation how we can travel this journey together to reduce the cancer burden in our nation. May God help us on this journey.

## Acknowledgments

We thank the following people for their assistance in coordinating, reviewing, updating and producing this Comprehensive Cancer Control Plan for the Federated States of Micronesia: Karin Hohman and Leslie Givens (Strategic Health Concept), Dr. Kino Ruben, Pertina Saimon, Martina Reichhardt, Nena Tolenoa and X-ner Luther (CCCCP Coordinators).

Special thanks extends to Dr. Vita Skilling, Secretary DHSA, Susan White, Project Consultant CDC, members of National Cancer Coalition, members of Chuuk State Cancer Coalition, members of Kosrae State Cancer Coalition, members of Pohnpei State Cancer Coalition, members of Yap State Cancer Coalition, members of the Steering Committee, and local and regional partners for their time and shared resources in the production of FSM's Comprehensive Cancer Control Plan.

Kalahngan, Kinisou, Kammagar, Kulo and thank you very much!

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## Introduction

**The Federated States of Micronesia (FSM) has carefully developed this comprehensive cancer control plan to effectively address the cancer burden and challenges in our nation.** This plan has been developed using:

- **Data** that tells us the scope and depth of the FSM cancer burden and its related problems
- **Experience** from the past five years of implementing our first comprehensive cancer control plan
- **Input** from stakeholders across the nation, including our Non-Communicable Disease (NCD) partners who are concerned about many of these same issues
- **Knowledge** about our strengths, our challenges and our opportunities
- **Hope** that we can create a better, healthier, and cancer-free nation for our children, families, friends and neighbors

**The overall goal of this plan is to reduce the burden of cancer in the Federated States of Micronesia.**

Within this plan, there are **specific goals** related to each point in the continuum of cancer control: from prevention to survivorship. Each goal has **measurable objectives** that have been identified to help measure our progress in achieving the goals. Corresponding to each objective there are specific **evidence based strategies** that will help us make real and lasting change.

**As we developed this comprehensive plan, we followed several guiding principles,** which we view as the beliefs and truths that are important to the successful creation as well as the implementation of the plan.

**We will:**

- Use data and existing information to identify cancer problems
- Coordinate and collaborate with other programs (such as NCD partners) and regional, national, state and community organizations who also are interested in working towards a healthier, cancer-free FSM
- Not duplicate other's efforts, but rather recognize and value the work of others in our nation and communities and we will strive to enhance and expand others' efforts that are also important to our goals
- Build on the strengths of the policies, programs and efforts that already exist as well as learn from the lessons experienced in building those strengths
- Track, measure and communicate our efforts and our progress so we know if we are being successful
- Seek to address issues of cancer and cancer-risk health disparities among our populations

And finally, we will use this plan to guide our efforts, to make decisions about our resources, to measure our progress and to change the course of cancer in FSM.

**We invite you to join us as we diligently work towards a cancer-free nation.**

FSM National Cancer Coalition  
Chuuk Cancer Coalition  
Kosrae Cancer Coalition  
Pohnpei Cancer Coalition  
Yap Cancer Coalition

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## Cancer in the Federated States of Micronesia

Cancer remains one of the top three killers in FSM. Cancer mortality in 2010 was 45 and cancer morbidity in 2011 was 465. As we improve community awareness and the number of people who are screened for cancer, we expect our number of cancer survivors to rise. Deaths from all non-communicable diseases (which includes cancer) occurred at a rate of 704 per 100,000 in 2008, which is almost double the U.S. rate of 418 per 100,000 for the same time period.<sup>1</sup> Additionally, the economic costs of cancer are a burden on communities and the health care system. Between 2007-2008, health expenditures in the FSM increased by 4.6%, bringing the ratio of health care spending to GDP spending to 13.6%.<sup>2</sup> The FSM as a whole spends less than \$500 per person per year for all health services. This is in contrast to the United States per capita health expenditure rate of over \$7,600.<sup>3</sup>

The World Health Organization has developed a Federated States of Micronesia Country Health Information Profile 2010. This profile is an excellent summary of the FSM's geography, economic status, health care system and health data. It can be found in Appendix 1 of this plan or at <http://www.wpro.who.int/countries/mic/2010/chips.htm>

In the FSM, health disparities within our population and each of our states is a unique and daunting challenge. Population disparities such as low social-economic status, health literacy and language barriers combined with health care system disparities such as availability, accessibility and culturally relevant information, services and treatment are our greatest challenges. The issue of disparities in the FSM has several dimensions. A few of these unique challenges are illustrated below:

- Health Insurance: Only XX citizens have health insurance and even with insurance, the access to services and quality care is limited. In this CCC plan, we have strategies to address this challenge.
- Remote populations: Land and sea travel both on and among our islands can be difficult and at times impossible because of undeveloped roads, the distance between islands, and the unpredictability of the seas. Chuuk, Yap and Pohnpei have several outer island populations, some with their own unique cultures, languages, and decision-making rules and systems. Because of limitations with travel, resources, technology, and workforce, these populations often suffer greater challenges accessing information, programs, clinical treatment and care. In this CCC plan, we have strategies to address these challenges.
- Access to Quality Care: Throughout the entire FSM, there are limited services and capabilities to adequately screen and treat for cancer. There are no mammography services in the nation. The capability of reading pap smears results has not existed. Patients diagnosed at advanced stages of cancer – which are most FSM cancer patients – are not referred off-island out of the nation for treatment because there are no funds to support the high cost and low likelihood of survival even with treatment. In this CCC plan, we have strategies to address these challenges.
- Workforce Development: A lack of educational and training facilities and opportunities for health care workers and allied health professionals result in challenges related to the quantity, quality and value of health professionals available in the FSM, especially as they relate to providing cancer information, services and treatment. Minimal resources, a declining workforce and a humble health care system contribute to the challenges of developing and maintaining a

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<sup>1</sup> World Health Organization, World Health Statistics, 2011

<sup>2</sup> [http://www.wpro.who.int/countries/mic/2010/national\\_health\\_priorities.htm](http://www.wpro.who.int/countries/mic/2010/national_health_priorities.htm), accessed March 1, 2012

<sup>3</sup> World Health Organization, World Health Statistics, 2011

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strong workforce in the cancer field. In this CCC plan, we have strategies to address these challenges.

Despite these significant and unique challenges, the FSM CCC program and coalitions have made significant progress in addressing cancer and its risk factors across the FSM. By wisely using and leveraging monetary, people and information resources, strides have been made that have exceeded expectations. The following section describes a few of those accomplishments.

## **2005 - 2012 Progress in Comprehensive Cancer Control**

Prior to 2005, there was no infrastructure in place to coordinate cancer prevention and control services. There were no cancer screening programs, cancer care services were limited and cancer registries were nonexistent. Several important accomplishments have occurred since 2005.

### **Accomplishments Across the FSM**

- The FSM National Comprehensive Cancer Control Program (NCCCP) and CCC programs in each of the four FSM states were established in 2005 in response to the need to build the capacity of cancer prevention and control in FSM. With the infrastructure (program, plan and coalition) created by the establishment of the FSM NCCCP and each of the state CCC Programs, cancer services are now well coordinated and collaborated.
- Through collaborative efforts with the University of Hawaii, cancer registries are established in each of the four states and are linked to the USAPI Pacific Regional Central Cancer Registry in Guam.
- A “National Standards of Practice for Breast and Cervical Cancer” was created to guide the development of uniform training modules and policies in prevention, early detection, treatment and palliative care for breast and cervical cancer. This National Standards of Practice is a tangible product of collaborative work among programs and partners, including the World Health Organization (WHO), the Secretariat of the Pacific Community (SPC), and the Pacific Center of Excellence in the Elimination of Disparities (Pacific CEED) and the Regional Pacific CCC program.
- A National Palliative Care Training of Trainers was held in Kosrae and tailored towards clinicians to update knowledge and skills in improving palliative care services in FSM. Participants in the training were tasked to train cancer care providers upon returning to their respective States.
- Advocacy for 7th Yap State Legislature resulted in the passage of Yap State Law #7-75, a comprehensive clean indoor air act banning smoking in all government buildings, vehicles and vessels and any private business used for public purposes including taxi’s, restaurants and bars, etc. and within 50 feet of any open entrance, exit or window of said buildings.
- In Yap, annual cancer screenings for women (oral, breast and cervical, colorectal), and men (oral, prostate, colorectal) were established during National Women’s Health Week in May and National Men’s Health Week in June with Division of Public Health partners and Wa’ab Community Health Center.
- The HPV vaccine was introduced and implemented into Yap with the Immunization Program and Wa’ab Community Health Center partners.
- Training of health assistants on Visual Inspection with Acetic Acid (VIA) was also done in some states to improve the scope and quality of cervical cancer screening. While one state has begun using VIA as the primary screening method in cervical cancer, others are in the process of adopting it. It is important to note that cervical cancer screening by VIA complements the Pap

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smear-based screening that is administered by the Maternal and Child Health (MCH) programs and mostly performed in the main hospitals and public health clinics. VIA is most useful for the remote areas of FSM where Pap smears are difficult to do properly and it is not possible to sustain an active screening program. The above-mentioned trainings complied with the FSM National Standards of Practice for Breast and Cervical Cancer.

- Other collaborative efforts led to the first FSM National Tobacco Policy Summit in 2010. The Summit prompted participants to develop action plans using the WHO Framework Convention on Tobacco Control (FCTC) initiatives for each state. This led to the passing of the clean indoor air act in all four states.
- A FSM National Annual Chronic Disease Summit was created for programs under the NCD umbrella to build partnership and enhance collaboration in fighting the chronic disease dilemma. This collaboration among NCD programs provides a framework to implement a unified and effective action plan and support the goals of CCC in FSM.
- In 2009, a statewide awareness campaign on breast and cervical cancer was conducted by the Pohnpei Comprehensive Cancer Control Program (CCCCP) in collaboration with the Pohnpei Women's Advisory Council. This was partially supported with funding and training from the Pacific CEED. This collaborative project was well received by the communities and could be replicated throughout FSM.
- Kosrae's CCC accomplishments over the past five years have included: Increased community engagement in healthy lifestyle promotion resulting from Kosrae Comprehensive Cancer Control Partnership advocacy, the Kosrae Clean Indoor Air Act, the Kosrae Healthy Local Food Utilization Policy, the Kosrae Cancer Survivors Association, the Kosrae Healthy Lifestyle Fund and the Kosrae HPV Vaccine Program.

There are many more examples of community-based state CCCC success stories throughout the FSM – in tobacco, nutrition, breast and cervical cancer screening, physical activity, work-site wellness (healthy weight contests) and creation of policies around tobacco and worksite health (no smoking, tobacco or betel nut in the workplace, healthy foods in the government workplace or government events). All of these accomplishments demonstrate how the FSM NCCCCP with the state CCC Programs and coalitions have increased our capacity to address the cancer burden in FSM.

We look forward to expanding our list of accomplishments as we implement our new 2013-2018 FSM Comprehensive Cancer Control Plan.

## **The CCC Plan**

- This CCC plan contains cancer goals, objectives and strategies for the FSM Nation and each of the four States
  - Goals - the major transformations achieved through CCC efforts
  - Objectives - what must be accomplished along the way in order to achieve the goals
  - Evidence Based Strategies - how the objectives will be achieved. Strategies are based on research or proven best practices.
- The plan addresses the full cancer continuum - Prevention, Screening / Early Detection, Diagnosis and Treatment, Survivorship and Quality of Life
- The plan includes strategies related to policies, programs, workforce development, data and research to address cancer problems

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### **FSM Data Sources Used to Develop the CCC Plan**

Several existing data sources were used for the CCC plan to determine cancer and cancer risk factors in FSM. Some sources provide national data and serve as good indicators of the issues facing the population across all the FSM states. These data sources are:

- Federated States of Micronesia country profile, World Health Organization (WHO), 2011
- Federated States of Micronesia health databank, World Health Organization (WHO), 2011
- Federated States of Micronesia Centers for Disease Control and Prevention (CDC) Global Youth Tobacco Survey (GYTS), 2007
- Federated States of Micronesia Health Resources Services Administration (HRSA) Maternal Child Health (MCH) Needs Assessment, 2006
- Pacific Region Cancer Registry
- Pacific Chronic Disease Coalition Assessment for Capacity and Needs for Diabetes in FSM

In addition, some states have data sources that were used to indicate specific state information. These are:

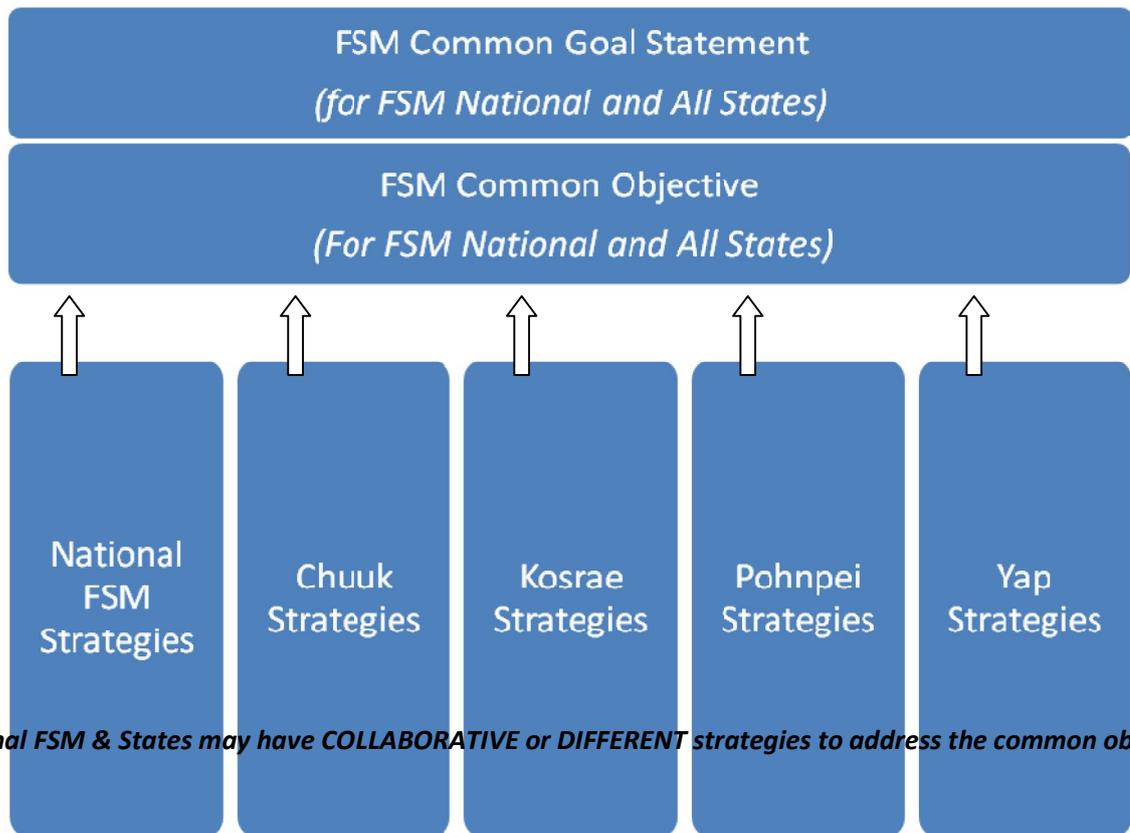
- State of Pohnpei, Federated States of Micronesia World Health Organization (WHO) STEPS survey conducted in 2002, published in 2008
- Kosrae 2009 Youth Tobacco Mini-Survey
- Kosrae 2010 Assessment of Household Food Security
- Yap 2008-2009 State Cancer Prevention and Control Program, Outer Island Household Survey
- Yap 2006-2007 Wa'ab Community Health Center Household Survey
- Yap Immunization Registry

New data sources are being developed that will be used in subsequent years of this plan to measure and track cancer risk factors as well as cancer incidence and mortality rates. These are:

- STEPS survey data for Chuuk, Yap and Kosrae have been collected, but State reports have not been generated as of March 2012
- FSM Behavioral Risk Factor Surveillance Survey (will be piloted in Kosrae in 2012)

We recognize the importance of data in comprehensive cancer control work and we are working to improve and increase our reliable data sources. Data collection strategies appear in several of the objectives throughout the FSM CCC plan. The CCC FSM Cancer National and State Programs, along with their CCC coalitions wish to collaborate and coordinate with their stakeholders, national and state organizations and other health related programs across FSM to assist in the standardized collection of data so that the health data we all use in FSM is reliable, relevant and recent.

## The 2013-2018 FSM CCC Plan



*National FSM & States may have COLLABORATIVE or DIFFERENT strategies to address the common objectives*

### How the Plan Will Be Implemented

- We will work together as a nation on common goals and objectives.
- Some of our strategies to address common goals and objectives may be done together, and some strategies will be efforts that are implemented in just one or two states or by the national government.
- The CCC coalitions in each state and the national FSM CCC Coalition will be responsible for implementing the plan.
- We will work with other programs, organizations and people that have similar goals and efforts, such as the NCD programs throughout the FSM.

# Prevention

**FSM Goal:** To prevent cancer from occurring

**Brief Problem and Opportunity Statement:** In FSM preventable and or early detectable cancers are the leading causes of mortality. This is due in part to the lack of awareness on cancer and the limited availability of cancer services. Therefore, Prevention has become our primary approach in reducing the cancer burden in FSM.

## Objectives and Strategies

### Objective 1: Reduce tobacco use and resulting harm among the FSM population

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baseline</b>					
X% tobacco use among adults	Males: 22.4% Females: 12.4% Total: 17.5%	22% ages 15 and older	31.6% ages 25-64	57% ages 15-36 of those surveyed use tobacco	32% ages 25-64 of those surveyed use tobacco
X% tobacco use among youth	<i>(source: WHO NCD FSM Health Profile, 2011)</i>  <u>Youth ages 13-15</u> 46.2% currently use any tobacco product 28.3% currently smoke cigarettes 37.0% currently use other tobacco products  <i>(source: GYTS FSM 2007)</i>	<i>(source: Yap Proper Household Survey 2006-07)</i>	<i>(source: Pohnpei NCD Risk Factors STEPS Report, 2008)</i>	<i>(source: The 2009 Kosrae Youth Tobacco Mini-Survey)</i>	<i>(source: FSM (Chuuk) NCD Risk Factors STEPS Report, 2007)</i>
<b>Target</b>					
By 2018, decrease tobacco use among adults by 5%					
By 2018, decrease tobacco use among youth by 5%					

## Strategies

### Policy, System and Environmental Change Strategies

- Related to FCTC Article 8 - Protections from Exposure to Smoke & Tobacco: Where there are no penalties or low penalties, increase penalties as a disincentive and enable States to deputize others to enforce

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- Related to FCTC Article 16: Tobacco Sales to and by Youth, 16: Strengthen enforcement & penalties, and enable States to deputize others to enforce.
- Related to Article 5.3: Relating to Industry Interference: Review the WHO Guidelines for Implementation of Article 5.3 and determine processes for FSM National and all States to implement the recommendations in the guidelines
- Revisit and resurrect packaging & labeling legislation, making revisions where appropriate, i.e. graphics.
- Revisit legislation banning single/partial sales of tobacco, and move it through to enactment
- Revisit advertising and sponsorship legislation and close loopholes
- In Chuuk, advertising/sponsorship legislation has been introduced and passed in one house, but hasn't been enacted. Work to mobilize to move the legislation through to enactment.

#### Program Strategies

- Facilitate coordination among tobacco and cancer programs
- Strengthen and support faith based cessation services on island

#### Workforce Development

- Provide training on health policy enforcement and monitoring

#### Data / Research

- Establish and improve data collection strategies and monitoring system to evaluate success of tobacco control efforts

**Objective 2: Decrease the percentage of the FSM population that is obese**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baseline</b> % of the population that is obese (and overweight)	<b>Obese</b> Males: 28.1% Females: 53.2% Total: 40.6%  <i>(source: WHO NCD FSM Health Profile, 2011)</i>	<b>Adult Proper:</b> 36% obese <i>(source: Yap proper household survey 2006-2007)</i>  <b>Adults Outer Island:</b> 41.4% obese  <i>(source: Yap State Cancer Prevention and Control Program, Outer Island Household Survey 2008-2009)</i>	42.6% obese  <i>(source: Pohnpei NCD Risk Factors STEPS Report, 2008)</i>	66.2% obese  <i>(source: Kosrae Community Health Clubs Initiatives 2011)</i>	47.3% obese  <i>(source: FSM (Chuuk) NCD Risk Factors STEPS Report, 2007)</i>
		<b>Youth Yap Proper:</b> 32% (overweight and obese) <i>(source: Yap proper household survey 2006-2007)</i>  <b>Youth Outer Island:</b> 33.8% (overweight and obese)  <i>(source: Yap State Cancer Prevention and Control Program, Outer Island Household Survey 2008-2009. (Personal communication, May 2011)</i>			
<b>Target</b> By 2018, decrease by 3% the number of adults and 5% the number of youth who are obese					

**Strategies**

Policy, System and Environmental Change Strategies

- Enforce existing laws on food policy
- Support passage of drafted food policy legislation
- Increase availability of healthier food and beverage choices in schools through policy change
- Establish policies for healthy foods at meetings and events
- Establish policies to secure sidewalks for walking and bicycling on street
- Establish physical activity and/or physical education requirements in schools

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- Advocate for tax and licensing exemption for local food vendors
- Advocate for legislation mandating confinement or leashing of dogs
- Establish subsidy program for local food producers and consumers
- Establish and maintain a Committee on Food Policy at the National level

#### Program Strategies

- Facilitate national and state coordination among physical activity, nutrition and cancer programs
- Promote traditional sports and dancing activities in communities and villages
- Establish walk to school programs (such as Safe Routes to Schools program as a model)
- Increase awareness of the importance of nutrition and physical activity in all areas of the community, such as schools and churches
- Promote and initiate home gardening / farming activities in the community
- Organize sport activities involving the whole community
- Provide sports equipment / gear for school and community activities

#### Workforce Development

- Expand the Lifestyle Modification Project (LMP) model to Government and Private employees
- Increase number of staff completing Secretariat of the Pacific Community (SPC) physical activity training curriculum in Kosrae
- Increase Communication for Behavioral Impact (COMBI) certified NCD staff in Kosrae

#### Data / Research

- Develop data collection system to monitor production and consumption of healthy local food
- Develop data collection system to monitor physical activity level of the population

**Objective 3: Reduce the misuse of alcohol and resulting harm among the FSM population**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baseline</b> % of adults who report excessive alcohol consumption	48 adults, (4 female, 44 males) reported in 2010 for alcohol abuse  <i>(source: Personal communication with Esther Nedlic, FSM SAMH Program)</i>	34% of adults report alcohol consumption  <i>(source: Yap Proper Household Survey 2006-07)</i>  44% of 320 males and females from grade 9-12 reported using alcohol in past 30 days use  <i>(source: Yap High School Substance Abuse Use Survey)</i>	28.7% of adults report alcohol consumption  <i>(source: Pohnpei NCD Risk Factors STEPS Report, 2008)</i>	TBD	17.7% of adults report alcohol consumption  <i>(source: Chuuk NCD Risk Factors STEPS Report, 2007)</i>
<b>Target</b> By 2018, decrease both adult and youth excessive alcohol consumption by 5%					

**Strategies**

Policy, System and Environmental Change Strategies

- Advocate tax increase in alcohol import

Program Strategies

- Facilitate national and state coordination among substance abuse/mental health and cancer programs
- Develop and disseminate more IEC materials (pamphlets, brochures, billboards, and posters) in the community
- Train community leaders, government officials and the community as a whole on the misuse of alcohol
- Support the Strategic Prevention Framework - State Incentive Grant (SPF-SIG) program in each state that focuses on underage drinking and driving.

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**Objective 4: Increase the percentage of the FSM population who are immunized against HPV**

	National	Yap	Pohnpei	Kosrae	Chuuk
<p><b>Baseline</b></p> <p>% of girls aged 9-18 who have had HPV 1, HPV2 and HPV3 vaccinations</p>	<p>17.82%</p> <p>(Note: This does not include Chuuk State)</p> <p>(source: Personal Communication w/Kosrae Cancer Registrar and Pohnpei State Immunization)</p>	TBD	<p>44% of girls aged 9-18 who have completed HPV vaccine</p> <p>(source: Pohnpei Immunization Program report)</p>	<p>67.29% of girls aged 9-10 have completed HPV vaccine</p> <p>(source: KSA 2009-2010 report on HPV vaccination, Feb 2012)</p>	TBD
<p><b>Target</b></p> <p>By 2018, increase the % of girls aged 9 years who have completed the HPV vaccine series</p>		60%	70%	100%	30%

**Strategies**

Policy, System and Environmental Change Strategies

- Facilitate national and state coordination among immunization, STD and cancer programs
- Establish school policies mandating vaccination

Program Strategies

- Consider focus on immunization of boys - begin discussions about this and identify barriers
- Increase awareness on vaccination of HPV
- Provide incentives for completion of vaccine series

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**Objective 5: Increase the percentage of the FSM population who are immunized against Hepatitis B**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baseline</b> X % of infants have received the Hep B vaccine		Hospital Births: 100% of infants born in 2000 (hospital births) Outer Islands: Unknown  <i>(source: Yap Hep B vaccination report, Jan., 2012)</i>	Hospital Births: 93% of infants have received Hep B vaccine Outer Islands: Unknown  <i>(source: PHC Immunization Program report, 2007 data)</i>	Hospital Births: 88% of infants have received Hep B vaccine   <i>(source: KSA Hep B vaccination report, Feb., 2012)</i>	Hospital Births: TBD  Outer Islands: Unknown
<b>Target</b> By 2018, increase the % of infants who receive the Hep B vaccine full series.		Hospital Births: 100%  Outer islands: 60%	Hospital Births: 100%  Outer islands: 20%	Hospital Births: 100%	Hospital Births: 100%  Outer islands: 50%

**Strategies**

Program Strategies

- Facilitate national and state coordination among immunization and cancer programs
- Increase awareness on vaccination of Hepatitis B

**Objective 6: Reduce betel nut use and resulting harm among the FSM population**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baseline</b> % of adults who chew betel nut		86% of both children and adults chew betel nut daily  <i>(source: Yap Proper Household Survey 2006-07)</i>	26.9% of adults age 25-64 chew betel nut daily  <i>(source: Pohnpei NCD Risk Factors STEPS report, 2008)</i>	11% were less than 9 years of age when they first chewed betel nut and 63% use tobacco products when they chew betel nut  <i>(source: KSA data report to National, February 2012)</i>	22.5% of adults age 25-64 chew betel nut daily  <i>(source: FSM (Chuuk) NCD Risk Factors STEPS survey, 2007)</i>
<b>Target</b> By 2018, decrease both youth and adult betel use by 5%					

**Strategies**

Policy, System and Environmental Change Strategies

- Establish legislation on betel nut use

Program Strategies

- Facilitate national and state coordination among tobacco and cancer programs and with the Dept. of Education
- Increase development and dissemination of information, education, and communication (IEC) materials and strategies in the community (e.g., community centers, picnic areas, public areas) family settings, and school facilities (e.g., classrooms, toilet areas, playground) and offices.

Data / Research Strategies

- Support funding support for betel nut research in Guam, Saipan and Hawaii to include FSM States

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## Early Detection and Screening

**FSM Goal:** When cancer does occur, to detect it as early as possible

**Brief Problem and Opportunity Statement** *(to be added)*

### Objectives and Strategies

**Objective 1: Improve the capacity to screen for breast and cervical cancer across the FSM**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baseline</b> # of providers are trained to provide breast and cervical cancer screening (clinical breast exam, pap smear, VIA)		13 trained  <i>(source: CCC coordinator count)</i>	22 trained in VIA 2009  <i>(source: Pohnpei state OBGYN report, 2012)</i>	2 trained in VIA  <i>(source: CCC coordinator count)</i>	11  <i>(source: CCC coordinator count)</i>
<b>Target</b> Increase the # of providers who are trained to provide breast and cervical cancer screening (clinical breast exam, pap smear, VIA)		Maintain	22	10	66 (one in each dispensary)

### Strategies

#### Policy, System and Environmental Change Strategies

- Update state policies and procedures to reflect the National breast and cervical cancer standards
- Educate providers on existing standards and offer curriculum
- Create policy to require pap smear after positive VIA screening result
- Advocate clinical services exemption policy on screening (Free screening)

#### Program Strategies

- Identify vendors that are able to assure availability of kits at all times
- Implement VIA Screening in Kosrae
- Establish a program for people to purchase their own pap smear kits

#### Workforce Development Strategies

- Create and convene a group of experts to assist in addressing problems with breast and cervical cancer screening
- Provide VIA training to public health and community outreach workers

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- Educate Health Care providers on breast cancer standards, offer curriculum
- Assign full time GYN/Physician for Public Health
- PCEED work with women group (PWAC) and train the trainers

Data / Research Strategies

- Incorporate screening data into cancer registry for tracking and surveillance

**Objective 2: Improve FSM capacity to process and interpret pap smears and tissue specimens in-country**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baselines</b>					
X # of laboratory technicians trained to read pap smears	No current FSM capacity	No current capacity	No current capacity	No current capacity	No current capacity
X # of medical personnel trained to use a colposcope		2	17 staff 1- GYN Physician 1-Nurse Practitioner 15- Health Assistants and staff nurses  (Source: GYN Training report)	1	TBD
X # of pathologists or cytotechnologists available in-country		0	0	0	0
<b>Targets</b>					
Increase by X # of lab techs trained to read pap smears	2 lab techs will be hired at the national level and will read pap smears for all of FSM				
Increase by X # of medical personnel trained to use colposcope		Add 1 (Total will be 3)	Add 3 (Total will be 20)	TBD	TBD
Increase by X # of pathologists or cytotechnologists available in-country	1 pathologist will be hired for all FSM states				

**Strategies**

Workforce Development Strategies

- Fully implement the FSM national plans to hire staff to process and interpret pap smears and tissue specimens
- Identify staff, roles and responsibilities in each state to work with the national staff that that is being hired
- Secure funding for off island cytology training

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**Objective 3: Increase the number of women age 20-39 who receive clinical breast examinations every three years, and every year starting at age 40**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baseline</b> % of women receiving clinical breast exams		12% of women aged 20-39 have received CBE(200 received CBE/1607 eligible)	21%	TBD	TBD
<b>Target</b> By 2018, increase by X % the number of women receiving clinical breast exams		Increase to 70%	Increase to 50%	Will determine a target once baseline is identified	Will determine a target once baseline is identified

**Strategies**

Policy, System and Environmental Change Strategies

- Advocate for clinical preventive services exemption policy
- Establish policies to include breast screening when women come for any medical checkup at the hospital or dispensaries.

Program Strategies

- Work with women's groups to increase awareness (model the existing CEED program)
- Designate a cancer screening day in health clinics/dispensaries
- Collaborate with other programs to provide community based screening services

Data / Research

- Collaborate with cancer registrar on data collection on women screened

**Objective 4: Increase the number of women ages 25-45 who are screened for cervical cancer with VIA at least every 5 years**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baseline:</b> % of women aged 25-49 have been screened for cervical cancer	<b>By Paps in 2010</b>  6% of women age 25-49 received paps	19% of women age 25-49 received paps	6% of women age 25-49 received paps  <i>(source: (FP annual report, MCH records &amp; Private clinic report)</i>	17% of women age 25-49 received paps	6% of women age 25-49 received paps
	<b>By VIA in 2010</b> 2.6	0	15% women age 25-49 received VIA  <i>(source: Private Clinics, FP annual &amp; GYN Reports)</i>	0	0
<b>Target:</b> By 2018, increase to X% the number of women screened for cervical cancer with VIA at least every 5 years		70%	50%	10%	10%

**Strategies**

Policy, System and Environmental Change Strategies

- Establish policies and procedures to assure women with abnormal VIA results receive appropriate follow up (according to National Standards of Practice for B&C Cancer)
- Advocate for clinical preventive services exemption policy
- Establish policies to provide free VIA screening to all women

Program Strategies

- Designate a cancer screening day in health clinics/dispensaries
- Involve women in developing cervical cancer screening awareness efforts in the areas of one-to-one education, small media and client reminders
- Work with women's groups to increase awareness of the need for cervical cancer screening (enhance and expand previous FSM CEED project)

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- Facilitate coordination among CCC and Maternal and Child Health programs and other key stakeholders
- Collaborate with other programs to provide community based screening services

#### Workforce Development Strategies

- Provide training using FSM National Standards of Practice for Breast and Cervical Cancer module/curriculum on visual inspection with acetic acid (VIA)
- Secure support for VIA refresher training for clinical staff
- Train at least one worker at every dispensary in the state (Chuuk)

#### Data / Research

- Establish a VIA (and CBE) screening form to collect standardized data
- Develop tracking mechanism for females vaccinated with HPV Vaccine in Kosrae

**Objective 5: Increase colorectal cancer screening in every FSM state**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baseline</b> Is there colorectal cancer screening in the state?		Yes – FOBT screening started to be offered in 2011 during women’s and men’s health weeks	No	No	No
<b>Target</b> By 2018, there will be colorectal cancer screening in the state		Yes, maintain screening and expand reach	Yes	Yes	Yes

**Strategies**

Policy, System and Environmental Change Strategies

- Develop policies and procedures for a CRC screening program
- Establish clinic for colorectal cancer

Program Strategies

- Determine and document the program and clinical elements needed to do colorectal screening (FOBT) and develop plans to implement those elements for a screening program

Workforce Development Strategies

- Provide training to state cancer program staff and key clinical staff regarding elements of CRC screening

Data / Research

- Collaborate with cancer registrar on data collection and monitoring

**Objective 6: Increase oral cancer screening in every FSM state**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baseline</b> Is there oral cancer screening in the state?		Yes – Oral cancer screening is offered during the women’s and men’s health weeks	No	No	No
<b>Target</b> By 2018, there will be oral cancer screening in the state		The program will be maintained	Yes	Yes	Yes

**Strategies**

Policy, System and Environmental Change Strategies

- Develop policies and procedures for an oral cancer screening program

Program Strategies

- Facilitate national and state coordination among dental/oral health and cancer programs
- Determine and document the program and clinical elements needed to do oral cancer screening and develop plans to implement those elements for a screening program

Workforce Development Strategies

- Provide training to state cancer program staff and key clinical staff regarding elements of oral cancer screening

Data / Research

- Collaborate with cancer registrar on data collection and monitoring

**Objective 7: Increase the percentage of FSM population who are screened for Hepatitis B**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baselines</b>					
# of providers trained to perform Hep B test (blood test)		5 laboratory staff	7 PNI hospital lab technicians <i>(source: Hospital Laboratory supervisor report)</i>	3 laboratory staff	TKK hospital, number TBD
A program exists to encourage people to get screened		No	Immunization Program- 1 Staff Nurse <i>(source: Pohnpei Immunization Program report)</i>	Immunization Program	TBD
<b>Targets</b>					
By 2018, increase to X the # of providers trained to perform Hep B test		Maintain current number	Maintain current number	Maintain current number	TBD
By 2018, a program exists to encourage people to get screened		Yes	Yes	Yes	TBD

**Strategies**

Policy, System and Environmental Change Strategies

- Revise and update policy and procedure for screening program

Program Strategies

- Work with partners to identify who is not being screened and target those populations
- Expand Hepatitis B screening to other programs (NCD, etc.)

Workforce Development Strategies

- Provide training to state cancer program staff and key clinical staff regarding recommended screening methods and technology

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## Treatment

**FSM Goal:** When cancer is detected, to provide and assure access to quality cancer treatment

**Brief Problem and Opportunity Statement** *(to be added)*

### Objectives and Strategies

**Objective 1: Improve the ability of health providers to provide quality cancer care on island, especially for Stage 1 and Stage 2 breast and cervical cancers**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baselines</b>					
# of providers are trained to provide quality cancer treatment (chemotherapy treatment, chemo maintenance, radiation)		2 physicians receive “on the job” training	2 <i>(source: Hospital Chief of Administration report)</i>	No	Yes
# of facilities are equipped to offer quality cancer treatment services		1 facility	2 facilities <i>(source: Hospital Chief of Administration report)</i>	1 facility	1 facility
<b>Targets</b>					
By 2018, increase to X the number of providers trained to provide quality cancer treatment		3	5	1	TBD
By 2018, increase to X the number of facilities equipped to offer quality cancer treatment		1	1	maintain	TBD

### Strategies

#### Policy, System and Environmental Change Strategies

- Revise educational and training policies to accommodate longer term off island training

#### Program Strategies

- Collaborate with partners to secure needed and appropriate diagnostic equipment

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### Workforce Development Strategies

- Provide workforce development and training using the FSM National Breast and Cervical Cancer Standards curriculum
- Train health providers on diagnostic screening skills, pain management and clients and family cancer counseling
- Organize attachment or study tours with off island institutions
- Explore sponsorship for off island diagnostic training opportunities

### Data / Research

- Conduct inventory of training needs

**Objective 2: Improve the off-island medical referral process so that more un-insured patients with suspected or early stage cancers will receive timely quality care**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baselines</b>					
% of cancer patients receive off-island referral for appropriate treatment within # days		39.4% of cancer patients in 2010 were referred for off-island for treatment within 21 days  <i>(source: Medical Referral Coordinator, (Personal communication, May 2011))</i>	TBD	25% of 36 referrals were for cancer.  <i>(source: Kosrae MICARE office)</i>	TBD
A process (including financial resources) is in place to refer un-insured patients for off-island care		Yes	Yes  <i>(source: Hospital Chief of Administration Office report)</i>	Yes	TBD
<b>Targets</b>					
By 2018, increase to X % the number of cancer patients who receive off-island referral for appropriate cancer treatment within # days		Increase by TBD% Days: 14	Increase by 10% Days TBD	Increase by TBD% Days: 21	Increase by TBD% and Days: TBD
A process (including financial resources) is in place to refer un-insured patients for off-island		maintain	maintain	maintain	TBD

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care.					
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**Strategies**

Policy, System and Environmental Change Strategies

- Advocate for revisions to the referral procedures so they may better accommodate early stage cancer referral needs
- Advocate for tax increase legislation to support appropriate cancer treatment options
- Tap into sin tax or other related taxes in order to pay for referral services needed

Program Strategies

- Establish sustainable financing mechanism for cancer treatment options
- Incorporate cancer services into NCD home bound services
- Establish an alternative financing mechanism for uninsured cancer patients

Workforce Development Strategies

- Coordinate training on health foundation management

Data / Research

- Collaborate with cancer registrar on data collection and monitoring of referral patients
- Develop tracking and monitoring system for fund utilization

**Objective 3: Establish formal relationships with non FSM organizations that can assist with ongoing / recurring on-island screening, diagnosis and treatment for certain cancers**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baseline</b> # of relationships with organizations that exist now	None	None	None	None	None
<b>Target</b> By 2018, a relationship with at least one organization will be established	Yes - and the relationship will benefit all states				

**Strategies**

Policy, System and Environmental Change Strategies

- Develop model Memorandum of Understanding (MOU) language for FSM medical mission relationships that are established

Program Strategies

- Conduct assessment of needed specialized services and develop solicitation plan

Data / Research

- Establish tracking and monitoring methods and systems for any FSM medical missions

**Objective 4: Support and ensure formal quality assurance mechanisms so that needed diagnosis and treatment supplies and equipment are available and functional**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baseline</b> % of supplies and equipment are available for cancer treatment when needed	Unknown	Unknown	Unknown	Unknown	Unknown
<b>Target</b> By 2018, 100% of supplies and equipment are available for cancer treatment when needed					

**Strategies**

Policy, System and Environmental Change Strategies

- Coordinate a review of procurement policy and procedure and revise if needed

Program Strategies

- Coordinate training on the procurement and inventory system

Workforce Development Strategies

- Identify needs and secure technical assistance for the procurement and inventory system

Data / Research

- Collaborate with Quality Assurance staff on performance audit

## Quality of Life and Survivorship

**FSM Goal:** To provide the highest quality of life possible to cancer patients, survivors and their families

**Brief Problem and Opportunity Statement** (to be added)

**Objectives and Strategies**

**Objective 1: Ensure that cancer patients are getting pain and palliative care services**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baselines</b>					
Pain and palliative care policies and procedures are currently in place	No	No	No <i>(source: CCC palliative care training &amp; GYN report)</i>	No	No
X % of providers are aware of/trained in appropriate use of pain/palliate care therapies		13	2 <i>(source: CCC palliative care training &amp; GYN report)</i>	TBD	TBD
Pain medications and palliative care services are available and offered appropriately to all cancer patients.		Unknown	Unknown	Unknown	Unknown
<b>Targets</b>					
By 2018, pain and palliative care policies and procedures for providers will be established	Yes	Yes	Yes	Yes	Yes
By 2018, increase to # the number of providers who are aware of/trained in appropriate use of pain/palliative care therapies		maintain	TBD	TBD	TBD
Pain medications and palliative care services are available and offered appropriately to all cancer patients.		Yes	Yes	Yes	Yes

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## **Strategies**

### Policy, System and Environmental Change Strategies

- Advocate for patient care legislation
- Advocate for insurance coverage and discount on pain medication

### Program Strategies

- Collaborate with quality assurance staff to develop policy and procedures on access to and providing pain and palliative care services

### Workforce Development Strategies

- Train health workers on the palliative care modules based on the FSM National Breast and Cervical Cancer Standards
- Provide pain management training to appropriate staff

### Data / Research

- Conduct an assessment of the cancer patient's pain medication need

**Objective 2: Provide coordinated community support services for cancer patients, survivors, families and friends to address physical, mental, spiritual and practical issues**

	National	Yap	Pohnpei	Kosrae	Chuuk
<b>Baselines</b>					
# of community support services currently offered (list) to cancer patients/caregivers		1	None  <i>(source: CCC &amp; Support Services' Staff monthly report)</i>	1	TBD
A mechanism or designated person exists to coordinate community support services		None	1  <i>(source: CCC Coordinator report)</i>	50% person to provide support survivorship	TBD
<b>Targets</b>					
By 2018, increase the number to X # of community support services currently offered to cancer patients/caregivers		2	4	2	TBD
By 2018, a mechanism or designated person exists to coordinate community support services		Yes	Yes	Increase to full time staff	Yes

**Strategies**

Policy, System and Environmental Change Strategies

- Establish procedures to refer cancer patients and their caregivers to existing support services in the community
- Advocate for insurance coverage and discount of cancer patient supplies, services and medication
- Advocate for leave policy revisions to accommodate patient and caregiver needs

Program Strategies

- Create a community cancer survivorship program
- Involve cancer survivors and caregivers to develop support activities and programs that best meet their needs
- Develop a template for a survivor care plan that would indicate the type of clinical and community support services available to cancer patients and their care givers in each state
- Incorporate cancer services into NCD home bound services

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- Establish partnerships with appropriate community organizations to provide support

#### Workforce Development Strategies

- Train health care workers on the on existing patient and caregiver support modules/curriculum (developed for FSM National Standards of Practice for Breast and Cervical)

#### Data / Research

- Establish a data collection system to track the impact of support services on survivors quality of life

## **Appendices**

Appendix 1: Federated States of Micronesia Country Health Information Profile 2010

Appendix 2: State Descriptions and Accomplishments

## Appendix 1: Federated States of Micronesia Country Health Information Profile 2010

# MICRONESIA, FEDERATED STATES OF

## 1. CONTEXT

### 1.1 Demographics

The Federated States of Micronesia contains 607 volcanic islands and atolls scattered over 1 million square miles of the Pacific Ocean. The land area totals 704.6 square kilometres with 7192 square kilometres of lagoon area.

There are four states in the federation: Chuuk, Kosrae, Pohnpei and Yap. From east to west, Kosrae has 111.9 square kilometres of land, Pohnpei contains 345.5 square kilometres among six islands, and Chuuk includes six major island groups with a total land area of 127.4 square kilometres. Chuuk proper is a complex of 98 islands (14 mountainous volcanic islands and 24 outer low islands and atolls). Yap state includes Yap proper and 15 outer islands, with a total land area of 118.9 square kilometres.

In 2009, the estimated population of the Federated States of Micronesia was 107 973, 37% of whom were below 15 years old, while 4% were 65 years and over. The average age of the population is estimated to be 18.9 years, and for every 100 females, there are about 101 males. It is estimated that despite migration, primarily to the United States of America and its territories, the population has increased by 0.9% since 2000. Approximately 49% of the population lives in Chuuk state, 32% in Pohnpei, 11% in Yap and 8% in Kosrae, with almost 23% living in urban areas.

### 1.2 Political situation

The Federated States of Micronesia is a constitutional federation of four states: Chuuk, Kosrae, Pohnpei, and Yap. The capital is located in Palikir, Pohnpei. The constitution provides for three separate branches of government at the national level: executive, legislative and judicial. It has a Declaration of Rights, similar to the Bill of Rights of the United States of America, specifying basic human rights standards consistent with international norms.

The Congress is unicameral and has 14 senators, one from each state, elected for a four-year term and 10 who serve two-year terms, whose seats are apportioned by population. There are no formal political parties. The President and Vice-President are elected to four-year terms by the Congress. Elections were last held in March 2007 and in May 2007. Congress elected Emmannel Mori as president and Alik L. Alik as Vice-President.

The Division of Health is part of the Department of Health and Social Affairs. The Secretary of the Department of Health and Social Affairs is a cabinet-level position, nominated by the President and requiring congressional confirmation.

### 1.3 Socioeconomic situation

Economic activity consists primarily of subsistence farming and fishing. Primary farm products include black pepper, tropical fruits and vegetables, coconuts, cassava, betel nuts, sweet potatoes, pigs and chicken. The islands have few mineral deposits worth exploiting, except for high-grade phosphate. The potential for a tourist industry exists, but the remote location, lack of adequate facilities, and limited air connections hinder development.

In November 2002, the country experienced a further reduction in future revenues from the Compact of Free Association, the agreement with the United States of America by which Micronesia received US\$ 1.3

## **Appendix 2: State Descriptions and Accomplishments**

### **Chuuk State**

According to the study done by the University of Hawaii in 2003, cancer was the third leading cause of deaths in the FSM State of Chuuk. Although there has not been a recent similar study done in Chuuk, the trend of the NCDs seem to be increasing. The same top five cancers (lung, liver, breast, cervical, and oral) are growing (Chuuk Cancer Registry) .

The Chuuk Comprehensive Cancer Control & Prevention Program started five years ago. Its main goals with objectives were to improve community awareness and education on cancer and the other NCDs. It believes that the community people respond positively to health programs when they are empowered with information and knowledge. Full credit to its efforts, we have seen some small positive changes in behaviors, policies, and in the environment. Many people have stopped smoking; communities banned smoking in their meeting halls and other public places and buildings. The only Chuuk State Department of Health Services declared its entire compound drug-free; and the Governor Declared Chuuk State in a state of emergency because of the NCDs.

Signed into Chuuk State Law No. 11-12-17 is the tobacco comprehensive law which includes banning of smoking in all government buildings, public transports, community meeting halls, bars and restaurants. It also bans selling of tobacco to minors and single cigarette selling. This law also bans the promotion by billboard advertisement of tobacco and raffle-for-prices by tobacco whole and retail sales. So, although the prevalence of cancer in Chuuk is still climbing, we are hopeful that our present and continued efforts will show some positive results in the years to come. We are continuing our community outreach in the peripheral communities in spite of all the challenges we face from day to day.

The Chuuk CCC Program is still in the process of abstracting and updating cancer cases in its Cancer Registry. Until the process is done, the true or near true picture of the cancer situation in Chuuk will be revealed. The University of Hawaii is diligently guiding and helping the Chuuk Cancer Registry. Hopefully, this Registry, like the rest of the Pacific cancer registries, will be up and running, providing the accurate cancer data we need to guide us in our program planning and implementation.

## KOSRAE STATE

Cancer is the fourth (4th) leading cause of death in Kosrae since 2003 – 2010. Leukemia, Breast, Lung and Colon are the most common cancers in Kosrae in 2007-2011 as indicated by Kosrae Cancer Registry data.

Kosrae Youth Tobacco Mini Survey indicates a 41% prevalence rate for youth smoking. Selective obesity and overweight data from Community Health Club participants is showing an 80% obesity rate among participants. Data from the Kosrae Household Food Security survey indicates a decade long stability in the food system in Kosrae, showing increased consumption of energy dense imported food that are high in fat, salt, sugar and other chemicals over fresh healthy local food.

Establishment of baseline data and implementation of population based surveys and research projects coordinated through five years of Comprehensive Cancer Control in Kosrae enable us to paint a very clear portrait of the cancer landscape in Kosrae compare to pre CCC years. Following are major accomplishments of CCC in Kosrae from 2007-2012:

- Increased Community Engagement in Healthy Lifestyle Promotion resulting from Kosrae Comprehensive Cancer Control Partnership advocacy
- Kosrae Clean Indoor Air Act
- Kosrae Healthy Local Food Utilization Policy
- Kosrae Cancer Survivors Association
- Kosrae Healthy Lifestyle Fund
- Kosrae HPV Vaccine Program

We are proud of our success in CCC but we are mindful that we are facing a chronic disease epidemic in the next five years. Improvement in Chronic Disease Coordination in Kosrae during the last five years has empowered us to strategically plan our war on chronic disease and cancer in Kosrae. We are confident and better equip to implement our comprehensive cancer control efforts in the next five years.

## POHNPEI STATE

Pohnpei State in the Federated States of Micronesia is the capital of Federated States of Micronesia (FSM). The largest island in the Eastern Caroline Islands, Pohnpei state consists of a large volcanic island, Pohnpei, and six inhabited atolls, with most of its 133 square miles on Pohnpei Island. Pohnpei proper is encircled by a series of inner fringing reefs, deep lagoon waters, and an outer barrier reef with a number of islets found immediately offshore. According to the most recent estimates the population of FSM is about 105,500, with approximately 35,000 (Population Census, 2010) in Pohnpei State.

Cervical Cancer is the leading cause of death in Pohnpei which lead to major cause of cancers include; lung, oropharynx, breast and prostate. The major risk factors were chewing tobacco and smoking cigarette. [**\*Pohnpei data from Cancer Registry, Pohnpei Hospital Record**]

The Pohnpei Comprehensive Cancer Control Program is responsible for coordinating the development and implementation of the comprehensive cancer control and prevention plan and in maintaining the Pohnpei Cancer Coalition, which is designed to help alleviate the suffering amongst the Pohnpei community and its residents. The Coalition's Steering Committee serves as the decision-making body for the coalition, with input from the general membership and results of evaluations. Committee members include the Cancer Council of the Pacific Islands (CCPI) delegates, coalition officers, implementation team leaders and the program director.

Strategies are implemented primarily by implementation teams representative of the major components of the CCC plan: Prevention, Early Detection, Treatment, Quality of Life, Data Quality and Disparities.

The coalition met six times a year which also indicated the number of participants during the meetings. There were evaluations distributed to coalitions to rate the level of the meetings. The Pohnpei Coalition has a meeting standard agenda to follow every time they meet included; Main goals of the meeting, Review/Approval of minute from last meeting (date), Standing items were the Program process, activities since last meeting, Major barriers encountered (and how coalition can help), Coordinate activities with other programs and coalitions, Progress on revision of Pohnpei, National CCC plan (2012-2017), Trip, Training reports, Reports from Core Cancer Workgroup, Discussion of action plan, Update from other coalition and programs (FSM National CCC, Pohnpei State Tobacco and NCD. The coalition initiated CDC established a group of 5-7 key partners; To gather and review available data and information, Re-assess the Pohnpei CCC plan goals and objectives and identify common FSM , Identify unique state and National government goals and objectives.

The Program is under the auspices of the Primary Health Care Services Division of the Pohnpei State Department of Health Services (PSDHS). With the Pohnpei Cancer Program in place, there is much anticipation that the efforts of related existing cancer control and prevention programs will be coordinated. Many of these programs (i.e. Tobacco Coalition, MCH, STI/HIV, etc.) are active partners of the Pohnpei Cancer Coalition. On September 2011 the three coalitions, Cancer, Tobacco and NCD established a NCD coalition which compromised the active members of the three coalitions. A draft bylaw was developed and still in process of finalizing.

There were challenges amongst the coalitions while working collaboratively to combat the chronic diseases in Pohnpei. The teams were able to conduct meetings and discussed on-going activities, but not able to work together due to work constraints and other duties as assigned for these individuals. There were recommendations made during the last coalitions meeting regarding coordination and with National and other FSM States including Tobacco and Diabetes in addressing these challenges in the five years. The recommendation was the FSM Cancer plan to have one common goal and objectives and different strategies to meet each objectives. Even though, the practice is new and challenging, the cancer Coalitions found its own way to tangle the implementation by working with Tobacco and Diabetes program and coalitions. Each State's strategy identification was based on the categories of Policy, Program, workforce and data/research. There were strategies identified for Pohnpei State to achieve the FSM common goal and objectives.

## **ACCOMPLISHMENTS**

- An established a formal cancer registry in conjunction with the USAPIN Pacific Regional Central Cancer Registry. This was guided effective planning of CCC efforts and improved cancer related data collection system which focused all cancers. This system was coordinated and data was collected from private health clinics and dispensaries so that cancer information was enhanced.
- Meeting was conducted with health providers on VIA and pap smear screening using the FSM standard on Breast and Cervical Cancer Screening to increase the number staff to participate in cancer screening (Pap smear, Visual Inspection Acidic Acid (VIA)) and prevention (Human Papilloma Virus vaccination) in Public clinics and dispensaries. Improved data collection and established database for VIA and Pap smear for programs 'accessibility and availability for reporting.
- Improved referral of patients between health department, Public Health, dispensaries and private clinics. There was also mobile clinic on Reproductive health clinics and other

necessary clinics such as antenatal, STI/HIV, Family planning, VIA, Pap smear, physical exam and women wellness screening at the college of Micronesia was established.

- VIA screening was conducted in 3 dispensaries on Pohnpei during Women's Health week, the GYN doctor and nurses conducted training of trainers on B&CC information dissemination to 60 + women and trained 22 health assistants on B&CC screening. As of now, two community clinics (dispensaries), One outer island clinic and one college

**Outcomes: VIA – April 16, 2009 – Dec.15, 2011**

Year	Total women seen at clinic	No. women underwent VIA	No. women with negative	No. women with positive
2009	154	145	126	2
2010	215	208	183	13
2011	130	117	81	11
Total	499	470	390	26

Pacific CEED Project (Pohnpei Women Advisory Council, Legacy Project, and PWAC Second Training: Women’s Groups & Community Participation on Oct 2008 –Sept 2009. Minitrainings in 58 villages to motivate women to seek CBE & VIA.

**Strong Partnerships**

- The Pohnpei Diabetes Program worked collaboratively with Tobacco and Cancer Program through SPC 2-1-22 project and established an initiative called “Lifestyle Modification Project” which consisted of high risk health staffs on NCDs. This project was implemented for 12 weeks which the three programs identified staffs from NCD, Cancer, Tobacco and Pohnpei Island Food.
- The Cancer Program worked collaboratively with NCD, Tobacco, Island Food of Pohnpei and Coalitions and established a core working group under NCD.
- Worked with Department of Education and coordinated cancer awareness activities and conducted awareness in 3 schools and 10 communities.
- The village-wide tobacco ban in Enpein Powe is indeed a community based endeavor in taking ownership of the vital role in promoting healthy lifestyle

The National cancer Program trained one Gynecological physician doctor and hospital medical head nurse to palliative care training for one week in Kosrae to continue training to country health providers and survivors on palliative or survivorship care. The GYN doctor was volunteered to develop a draft palliative care training module to be inserted in the college nursing school curriculum.

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## YAP STATE

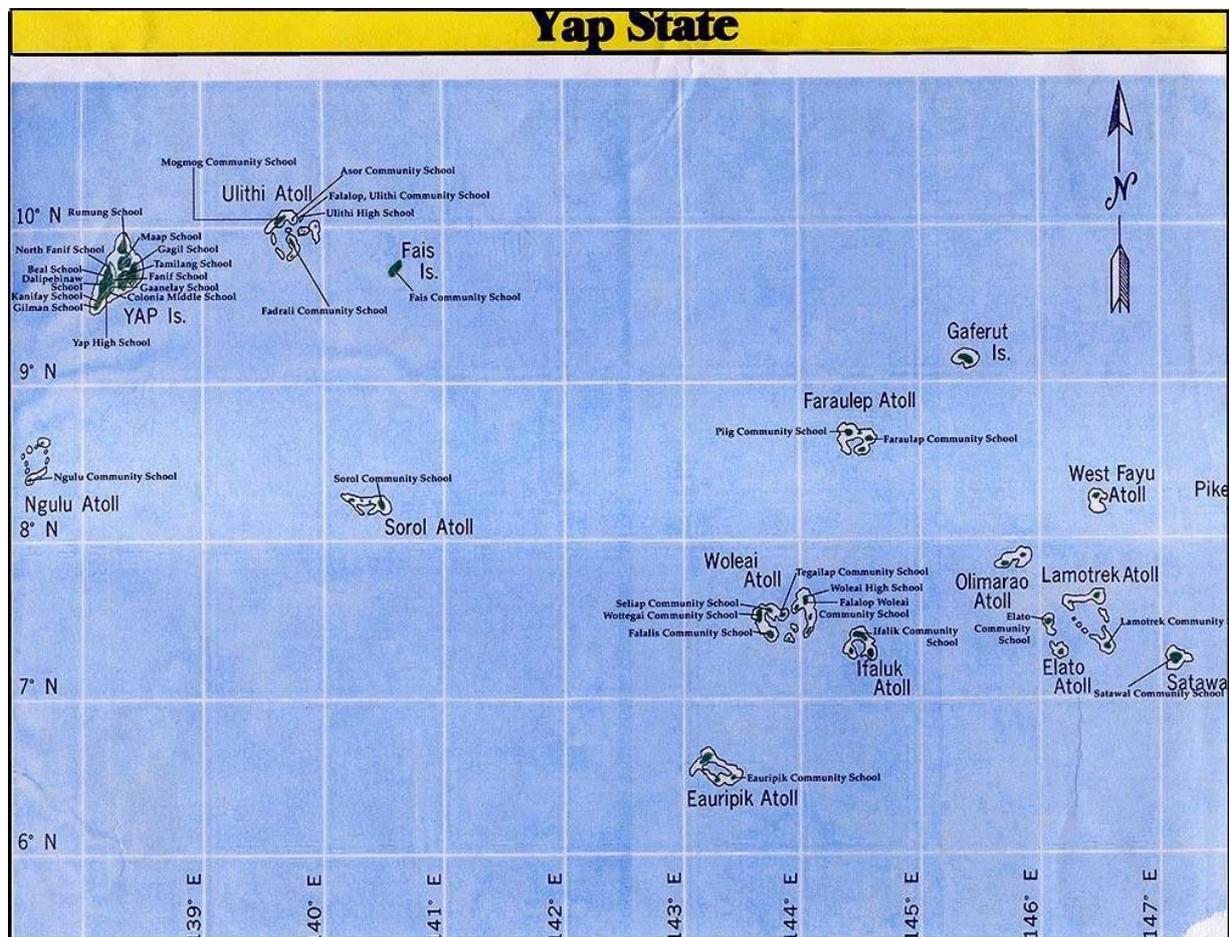


Figure A. Yap State (Yap Proper and Outer Islands)

Yap, the western-most state of the Federated States of Micronesia (FSM) is located in the western Caroline Islands midway between Guam and the Republic of Palau and is some 8,410 miles west of California. Yap has a population of 11,376 (Year 2010 Preliminary FSM Census). It is the third most populated of the 4 FSM states. Sixty-five percent of the population resides on Yap Proper, which consists of four islands connected by roads, waterways and bridges. Yap Proper includes the town of Colonia, Yap's capital, which has a population of about 1000. Stretching 600 miles east of Yap Proper are 78 outer islands, of which 18 are inhabited. Including the outer islands, the state of Yap covers approximately 500,000 square miles of ocean yet consists of only 45.8 square miles of land area. Transportation between Yap Proper and 2 island chains of the outer atolls is via small airplane. The remaining islands are serviced by the government's sole cargo ship which is very unreliable due to regular breakdowns hence making timely health service delivery challenging. There are four indigenous language groups: Yapese, Ulithian, Woleaian and Satawalese (GRIMES 1996). Communication between the different island groups most often takes place in English, a second language which often is a barrier to effective health communication when addressing the various communities.

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## **CANCER BURDEN**

Cancer is a costly disease for Yap and the burden is growing. Efforts over the past five years by the cancer program and coalition to create education and awareness in the health care setting and community has put the spotlight on cancer and its risk factors and the need to take a multi-sector approach to combating it.

Five years ago, a visit to the doctor did not immediately include consideration for a cancer diagnosis. Today physicians have made it a priority consideration in all patient encounters. Cancer registry data shows that the incidence of new cancer cases is high for a small State like Yap. In 2007, there were (30 new cases), 2008 (23), 2009 (28), 2010 (23) and 2011 (31).

The order of top six cancers in Yap has changed from the year 2002 to the year 2011. In 2002, the top six cancers were liver, lung, oral, breast, cervix and prostate in this order. In 2011 the order has changed, it is oral, lung, liver, cervical, breast and prostate. In 2011 the top six cancer sites increased with 7 new oral cancer cases followed by lung (3), liver (2), cervical (3), breast (3) and prostate (2).

In 2010, a search of 64 completed death certificates at the Yap State Hospital revealed that cancer was the leading cause of death with 11 cases (17%). In 2011, a study of 39 completed death certificates shows that 9 (23%) were cancer deaths making cancer the second leading cause of death in Yap to heart disease. However, if we include the incomplete death certificates in the count it would surpass heart disease making cancer the number cause of death in Yap in 2011.

The cancer registry data shows that of 19 deceased oral cancer patients 100% chewed betelnut with tobacco, 84% were known smokers and alcohol drinkers and over half were diabetic. Of 29 deceased lung cancer patients 89% smoked, 86% chewed betelnut with tobacco and 27% were diabetic. Of 18 deceased liver cancer patients 94% were alcohol drinkers, 22% were positive for Hepatitis B and 33% were diabetic.

Quite a significant amount of the Yap State Hospital's medical referral program budget is spent on the cost of cancer patient treatment for a few and is unsustainable given the incidence of new cancers being diagnosed each year.

## **CHALLENGES**

Growing social and environmental health problems, including rising prevalence rates of non-communicable diseases such as cancer and diabetes, rising rates of cigarette and alcohol consumption and the threat of natural disasters like typhoons which lead to epidemics such as dengue fever, all complicate the health situation on Yap.

The state of Yap has very limited resources and a wealth of challenges: continued dependence on outside funding sources, administrative organizational challenges, a very limited health care budget and trained workforce and unique language and geographical barriers. These factors, individually and collectively, pose great challenges to effective and consistent delivery of essential and basic health care services.

## **ACCOMPLISHMENTS IN THE PAST FIVE YEARS**

The Yap Cancer Program has strong and supportive coalition members and partners be it individuals or groups. The Cancer Coalition consists of 10 dedicated people representing different sectors in society. The gender and racial composition of the coalition is also evenly balanced and made up of women and

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men from Yap main island and the Yap Outer Islands. Their primary role is to advocate for and on behalf of the program with partners to address the cancer continuum of care from prevention to screening, diagnosis and treatment and survivorship.

Coalition members have successfully put cancer “on the map” in Yap. Major accomplishments include but are not limited to:

1. Advocacy for Yap State Leadership support of the FSM Congressional Act 15-64 requiring the establishment of an FSM Cancer Registry making cancer a reportable disease.
2. Advocacy for 7<sup>th</sup> Yap State Legislature to pass Yap State Law #7-75 a comprehensive clean indoor air act banning smoking in all government buildings, vehicles and vessels and any private business used for public purposes including taxi’s, restaurants and bars, etc and within 50feet of any open entrance, exit or window of said buildings.
3. Participation in collaborative process with tobacco and diabetes partners in the development of the first ever FSM Breast and Cervical Cancer National Standards of Practice which were endorsed by all the State Directors of Health in the four States of FSM.
4. Participation in developing curricula in the continuum of care for Breast and Cervical Cancer to ensure the FSM BCC National Standards are implemented.
5. Establishment of annual cancer screenings for women (oral, breast and cervical, colorectal), and men (oral, prostate, colorectal) during National Women’s Health Week in May and National Men’s Health Week in June with Division of Public Health partners .
6. Introduction and implementation of the HPV vaccine into Yap with Immunization Program and Wa’ab Community Health Center partners.
7. Trained two physicians and 11 health assistants in the Visual Inspection with Acetic Acid (VIA) cervical cancer screening method.
8. Annual observation of World Cancer Day (WCD) on February 4 each year with cancer survivors taking part in creating awareness by sharing their testimonies live at the event and on radio; creating public service announcements for cancer risk factors; engaging all elementary and high school students to participate in an essay competition on the WCD theme; getting cancer survivors to share their healthy local food recipes as a way of promoting consumption of healthy local foods and also fundraise for their treatment. Sporting activities are also offered during this event including secondhand smoke mannequin demonstrations and free health screening for blood pressure, blood sugar, hemoglobin and obesity. All this is possible with the dedication and support of our Cancer Coalition, Survivors, Yap Interagency Nutrition Education Council, Tobacco Program, Wa’ab Community Health Center, Yap Sports Office and State Media Division. All partners in the fight against non-communicable diseases.
9. Conducted an Outer Island Household Survey in the 17 neighboring islands with Health Assistants support to get baseline data on the alcohol, tobacco and betelnut consumption use, cervical cancer screening checks and other social issues that may affect good health.
10. Produce a program newsletter for public consumption highlighting the achievements and activities of the Cancer Program and Coalition/Partners including registry data on the incidence and types of cancer.

The Yap Cancer Program and Coalition and their manifold community partners are committed to continue to address the continuum of cancer care issues to help the community take charge and be responsible for their own health by way of policy, systems and environmental changes in the years to come and to build on the firm foundation already established to encourage behavior change enabling

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people to make healthier choices and live longer and more productive lives because they are healthy and strong.