

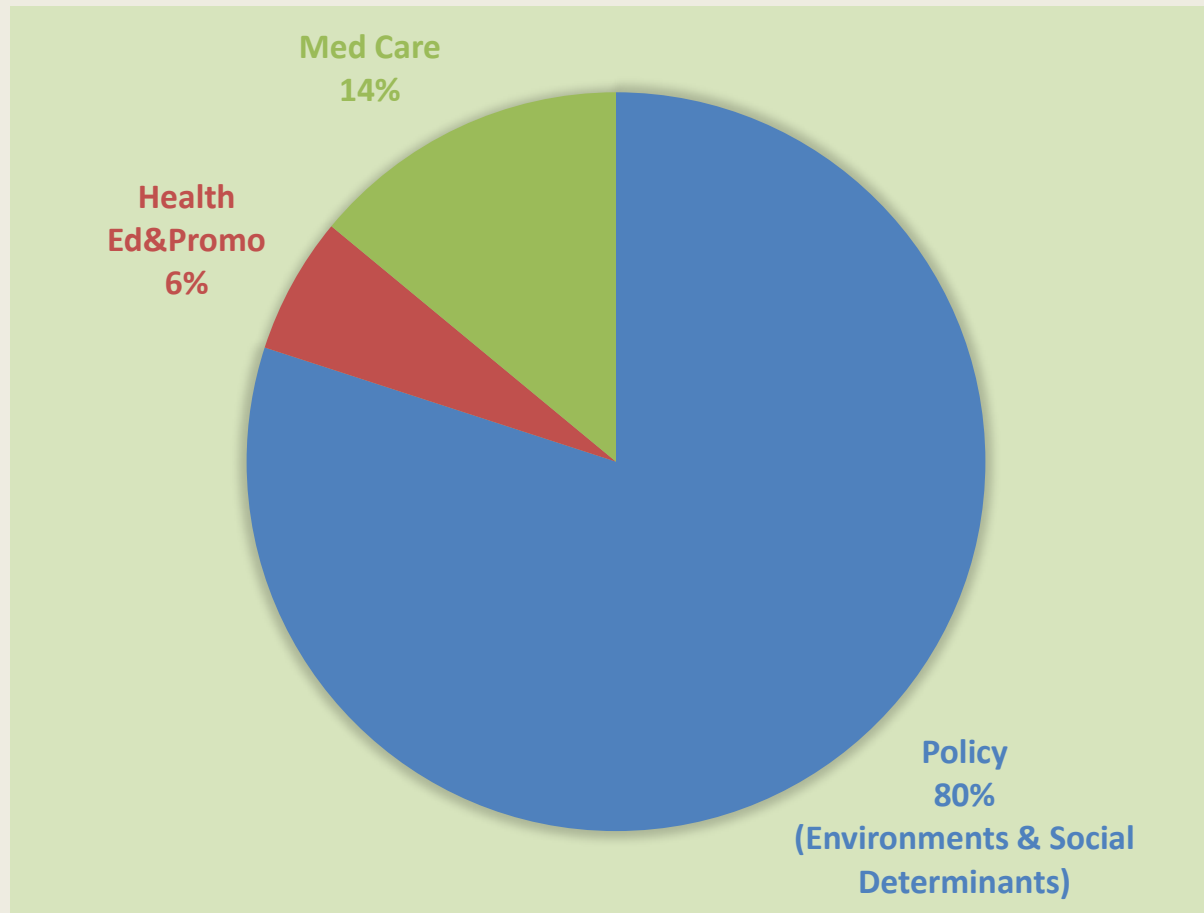
Pacific Healthy Islands Vision

- children are nurtured in body and mind;
- environments invite learning and leisure;
- people work and age with dignity;
- ecological balance is a source of pride;
- the oceans that sustain us are protected.



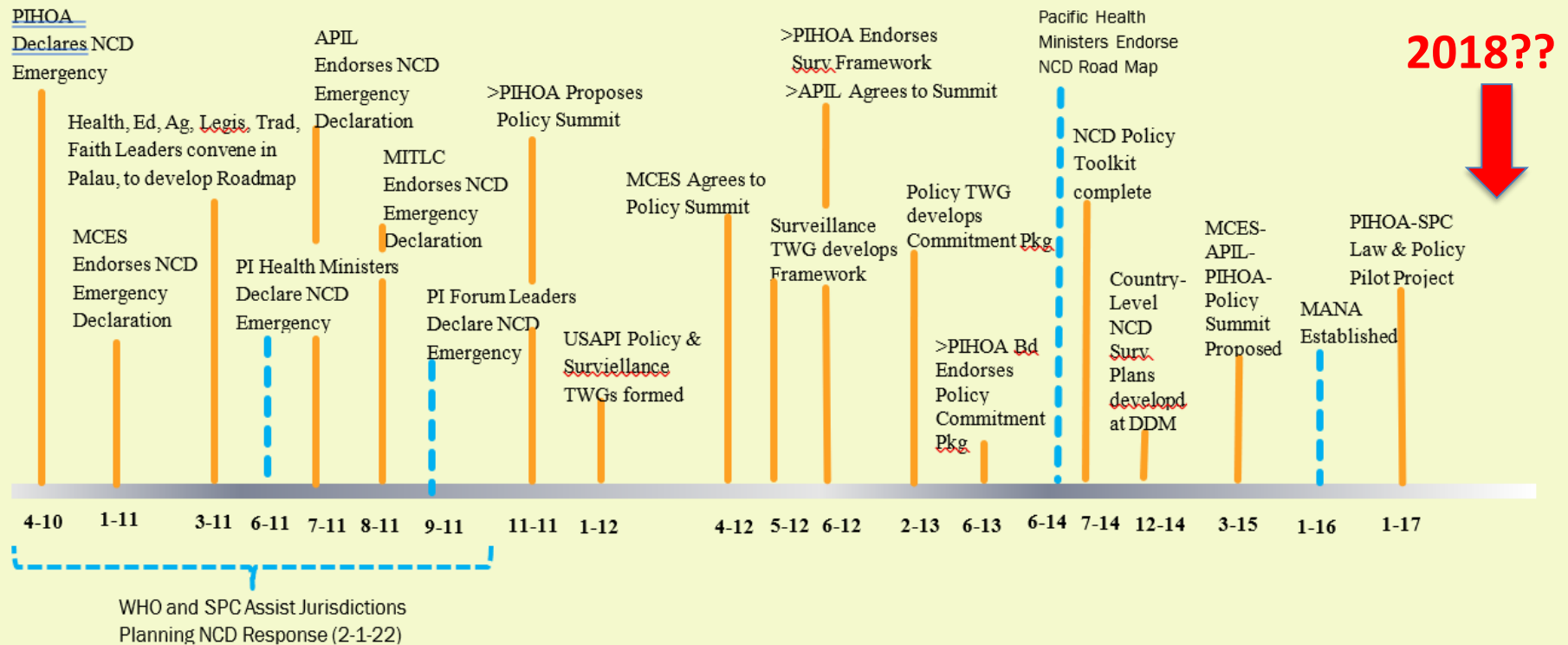
Focus on youth- Focus on environments

NCD Burden- Impact of Interventions



Sources: Franks P, et. al. JAMA, 27(6):737-741. 1993.
McGinnis J, et. al. Health Affairs. 21(2) 2002
(as reported by Palafox, N)

Timeline, PIHOA Regional NCD Response, 2010-18



MCES=Micronesian Chief Executive Summit; APIL=Assn of Pacific Island Legislators; TWG=technical working group; HLC=USAPI Health Leadership Council; MITLC=Pacific Islands Traditional Leaders Council; USAPI=US Affiliated Pacific Islands; MANA=Pacific Monitoring Alliance for NCD Action

THE COMMITMENT:
Fifteen Essential Policies for Reversing the
Epidemic of Non-Communicable Diseases
in PIHOA jurisdictions



Risk Factor: Tobacco

- Commitment 1: Increase taxes on tobacco products (to extent needed to offset costs)*
- Commitment 2: Pass and enforce model comprehensive smoke-free air acts *
- Commitment 3: Restrict all forms of tobacco product advertising*
- Commitment 4: Establish and sustain tobacco cessation programs

Risk Factor: Alcohol

- Commitment 5: Restrict all forms of alcohol advertising*
- Commitment 6: Restrict access to alcohol*
- Commitment 7: Increase taxes on alcohol (to extent needed to offset costs)*

Risk Factor: Poor Nutrition

- Commitment 8: Implement policies that reduce salt consumption
- Commitment 9: Implement policies that reduce sugar consumption
- Commitment 10: Implement policies that reduce fat consumption
- Commitment 11: Implement policies that promote breastfeeding
- Commitment 12: Implement policies that promote local food systems

Risk Factor: Lack of Physical Activity

- Commitment 13: Develop the built environment to promote physical activity
- Commitment 14: Promote physical activity in the work place
- Commitment 15: Promote physical activity in the schools

Figure 1-

NCD Surveillance Framework

Every 1-2 Years

*-Is the NCD response
being implemented?
-Is it succeeding?*

Youth Risk Factors

- 30 day Tobacco use prevalence
 - 30 day Alcohol use prevalence
 - Overweight + Obesity prevalence
- (YRBS, GSYS, or local school survey grades 9-12)

Core Policies Uptake

(per NCD Response M&E Plan)

Every 3-5 Years

*- More detailed feedback
to adjust routine
strategy and confirm
success*

Adult Risk Factors

- 30 day Tobacco use prevalence
- 7 day problem alcohol use prevalence
- Overweight + Obesity prevalence
- HTN, DM, High Cholesterol prevalence

(25-64 yo-NCD Steps, or face-to-face BRFSS with physical measurements)

Mortality

- All-cause mortality 30-69yo
- Cause specific mortality 30-69 yo
 - Cancer
 - CVD
 - COPD
 - Diabetes

(Vital Stats & Census)

As Needed

*-Supplemental and
special studies to
test & refine
strategies*

Cancer Registry

Food Access Surveys

Environment Surveys

Economic Impact Studies

Regulation Compliance Surveys

Health System Capacity Surveys

Hospital & Outpatient Encounter Data

Health Service Quality and Coverage

Criteria for declaring an end to the NCD Epidemic:

All three core youth risk factors showing a decline sustained for at least 3 years in all USAPI

NCD Core Data Updates Since Oct, 2017

Completeness based on the USAPI NCD Monitoring and Surveillance Framework

USAPI NCD Core Surveillance Indicators*	Tobacco				Alcohol	↑BMI	Deaths (30-69 years)				
	Cigs- youth	Cigs- adult	Chew- y	Chew- a	Yo		All	Cancer	Cardiovascular	Diabetes	Chronic Lung
Am Samoa									✓	✓	✓
CNMI							✓	✓	✓	✓	✓
FSM	Chuuk						✓	✓	✓	✓	✓
	Kosrae						✓	✓	✓	✓	✓
	Pohnpei						✓	✓	✓	✓	✓
	Yap						✓	✓	✓	✓	✓
Guam					✓	✓	✓	✓	✓	✓	✓
Palau		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
RMI		-	✓	-	-	✓	-	✓	✓	✓	✓

**USAPI Core Indicators
Completeness
104/144 (72%)**

✓ = Data up to date - = Data not udt = New, pas

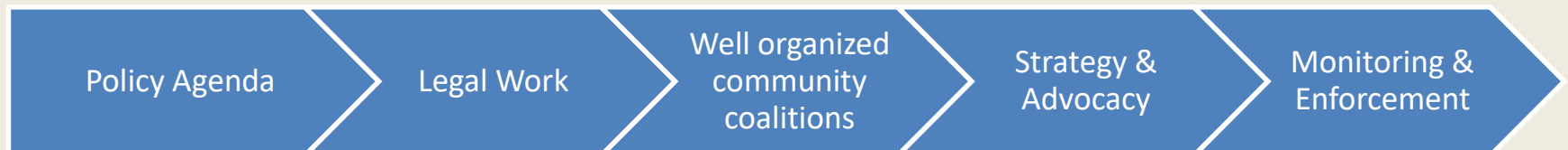
BEST PRACTICE NCD POLICIES, USAPI-2017

	Guam	CNMI	RMI	FSM	Palau	Am Samoa
TOBACCO, BETEL NUT & ALCOHOL CONTROL						
Tobacco Tax (to 75% of purchase price)						
Age to purchase tobacco to 21 years						
Non-interference (companies and government)						
Betel nut import, sales and usage restriction						NA
Smoke-free air acts in public places						
Tobacco advertising, store display						
Tobacco labeling						
Alcohol advertising, display						
Alcohol taxes (to 75% of purchase price)						
Age to purchase alcohol to 21 years						
UNHEALTHY DIET & PHYSICAL ACTIVITY						
Policy on school food and beverages						
School food and beverage standards						
Tax on sugar-sweetened beverages						
No sale of sugar-sweetened beverages in schools						
Labeling of food and beverages						
No promotion of food and beverages in schools						
MEASURES TO PROMOTE PHYSICAL ACTIVITY						
Require physical education in schools						
CREATION OF HEALTHY SCHOOLS						
30min/day of physical education						
Healthy food only in schools and provide healthy alternatives						
Tobacco, Alcohol & Betel Nut Free schools						
School Health Curriculum- Elementary, Middle & High School						
OTHER MEASURES						
Directing "sin taxes" to fund health promotion						
NCD "Policy Score":	11/22	6/22	3/22	5/22	7/22	7/21

**USAPI NCD Policies
Overall Score = 39/132 (30%)**

Why Policies Don't Get Adopted

- 1) “Piecemeal approach” to choosing policies
- 2) Legal drafting gets stuck in AG or Leg Counsel’s offices
- 3) NCD policies cause pain- especially to business
- 4) Public does not insist that lawmakers act
- 5) Other sectors (e.g. schools) not on-board
- 6) Even when adopted, enforcement is weak



SPC-PIHOA NCD Laws & Policy Project

Part A (PIHOA):

- NCD Policy Mapping (vs. USAPI Policy Commitment Package)
- MANA Dashboard

Part B (SPC):

- Assistance drafting laws and regs

Counterparts: *MOH/DHS, NCD Community Coalition, Legislators, AG*

Some work in 3 sites so far:

- American Samoa
- FSM
- CNMI



Funding: CDC NCCDPHP and SPC

Making progress →
Lessons learned
from NCD
Surveillance

**Requires regional
staffing, funding, time**

