

# OVERVIEW OF NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)

CENTERS FOR DISEASE CONTROL AND PREVENTION, DEPARTMENT OF HEALTH AND HUMAN SERVICES



THE NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Stacy De Jesus  
Islands Program  
PIHOA Executive Board Meeting  
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# MISSION AND VISION

## Vision

Healthy people in healthy communities

## Mission

To help people and communities  
prevent chronic diseases and promote health and  
wellness for all



# PRIMARY RISK FACTORS

TOBACCO, DIET, PHYSICAL INACTIVITY, ALCOHOL

- Heart disease
- Stroke
- Cancer
  - Lung
  - Oral/pharyngeal
  - Colon
  - Breast
- Type 2 diabetes
- Obesity
- Chronic kidney disease
- Osteoarthritis
- Poor reproductive outcomes
  - Infertility
  - Low birth weight
  - SIDS
- Chronic lung disease
- Dental cavities





# CDC'S APPROACH TO NCDS: WHO, WHAT, WHERE, HOW, AND WHY

## WHAT WE DO

- Provide leadership and technical assistance
- Monitor chronic diseases, conditions, and risk factors
- Conduct and translate research and evaluation to enhance prevention
- Engage in health communication
- Develop sound public health policies
- Implement prevention strategies

## WHO WE WORK WITH

- State, tribal, territorial, and local governments
- National, state, and local non-governmental organizations

## WHERE WE DO IT

- Communities
- Workplaces
- Schools and academic institutions
- Health care settings
- Child care settings
- Faith organizations
- Homes

## HOW WE DO IT

### EPIDEMIOLOGY AND SURVEILLANCE

- Provide data and conduct research to guide, prioritize, deliver, and monitor programs and population health

### ENVIRONMENTAL APPROACHES

- Make healthy behaviors easier and more convenient for more people

### HEALTH SYSTEM STRATEGIES

- Improve delivery and use of quality clinical services to prevent disease, detect diseases early, and manage risk factors

### COMMUNITY-CLINICAL LINKS

- Ensure that people with or at high risk of chronic diseases have access to quality community resources to best manage their conditions

## The Four Domains

## WHY WE DO IT

- Healthier environments
- Healthier behaviors
- Greater health equity
- Increased productivity
- Lower health care costs
- Increased life expectancy
- Improved quality of life

- **LESS TOBACCO USE**
- **LESS OBESITY**
- **LESS HEART DISEASE AND STROKE**
- **LESS CANCER**
- **LESS DIABETES**
- **LESS ARTHRITIS**
- **MORE PHYSICAL ACTIVITY**
- **BETTER NUTRITION**
- **BETTER ORAL HEALTH**
- **HEALTHIER MOTHERS AND BABIES**
- **HEALTHIER KIDS**

# PURPOSE OF DP14-1406 (TOBACCO/DIABETES PROGRAM)

- Support implementation of cross-cutting, unified approaches that:
  - Promote health
  - Prevent and control tobacco use, diabetes, and heart disease
  - Promote healthy pregnancy and infancy through primary and secondary prevention of NCDs
- Coordinate activities that increase capacity and address common risk factors
- Reduce administrative and reporting requirements
- Develop NCD plans and establish organizational structure to collect and use surveillance data, and develop evaluation plans



# TWO PRONG APPROACH



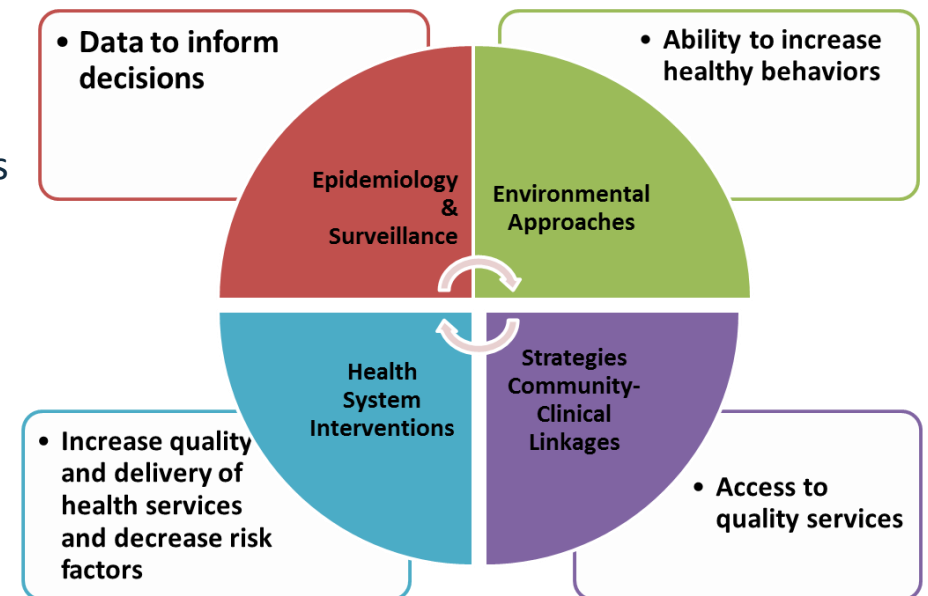
## Capacity Building Phase – Years 1-2

- Develop NCD plans
- Establish organizational structure
- Develop monitoring and surveillance plans and identify surveillance needs
- Develop evaluation plans



## Implementation Phase – Years 3-5

- Increase cross-cutting approaches
  - epidemiology
  - surveillance
  - environmental approaches
  - health systems changes and clinical-community linkages (e.g. surveillance, screening, evaluation, data systems).



# OTHER CDC SUPPORT FOR NCDS

- NCD epidemiology and surveillance
  - Regional epidemiologist
  - Data for Decision Making (DDM)
  - NCD Hybrid Surveys
  - Behavioral risk Factor Surveillance System (BRFSS)
- Comprehensive Cancer Program
- Breast and Cervical Cancer Program
- Cancer Registry
- Block Grant – enhance coordination, flexible





# HIGHLIGHTS

- Chronic Diseases Self-Management Program (CDSMP)
- Brief Tobacco Intervention (BTI)
- State Tobacco Activities Tracking and Evaluation System (STATE)
- Data for Decision Making (DDM)
- Monitoring and Surveillance Plans
- NCD Dashboards
- NCD Hybrid Survey
- Epi Aids
- Improved coordination and collaboration





# COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS (CNMI)

## NON-COMMUNICABLE DISEASES & RISK FACTOR HYBRID SURVEILLANCE

### REPORT



2016

## Breast and Cervical Cancer Screening in Palau: Have We Improved Early Detection and Survival?

Irish M. Tutii; Christine Roseveare MPH; Kerri Viney PhD, MPH; Haley L. Cash PhD, MPH;  
Tmong Udui MPH; and Edolem Ikerdeu MA

### Abstract

The Breast and Cervical Cancer Early Detection Program (BCCEDP) was first introduced in Palau in 1997. The program's aim is to recruit and screen women for early detection of breast and cervical cancers. An assessment of this screening program was conducted to evaluate its effectiveness, including impact on stage of diagnosis and survival time of patients diagnosed with breast and cervical cancers through both screening and clinical diagnosis. A retrospective cohort study using secondary data from 2004-2013 was conducted. There were 45 women diagnosed with breast or cervical cancer. Due to the small number of cases, a comparison of two time periods was made (2004-2008) and (2009-2013). There were more cancer cases detected through screening (26%) in the earlier time period (2004-2008), as compared to those diagnosed through screening (8%) in the later time period (2009-2013), though this difference was not statistically significant ( $P= .09$ ). The proportion of breast and cervical cancers diagnosed at an earlier stage (0-3) may have decreased between the two time periods (42% to 23%,  $P= .3$ ). A greater proportion of women who were diagnosed between 2004-2008 lived longer than 2 years (58%), than women who were diagnosed between 2009-2013 (39%;  $P= .23$ ). The screening program has not shown improvement over the years despite

if women were aged 18 years and older, or were sexually active they were eligible for clinical breast examination and Pap smear testing once a year. Women aged 50 to 74 years old were eligible for a yearly mammogram. In 2012, the eligibility criteria changed to only include women aged 21-64 years for clinical breast examination and Pap smear testing every three years, and a yearly mammogram for women aged 40-74 years.<sup>7</sup> There has never been an income requirement to be eligible for this program. The major goal of the screening program is to reach women who are underserved, uninsured, or under-insured who are rarely or never screened. Due to the fact that all women in Palau fall into these categories, all women in Palau are eligible for the program. This program is promoted through community meetings and the media. Screenings are performed by health care providers in the central public health clinic, community health centers in the outlying states, and in one local private

Hawai'i Journal of Medicine & Public Health

## Guam NCD Action Team Status

Guam NCD Consortium

Guam NCD Consortium Data & Surveillance Action Team

### NCD Risk Factors, Youth and Adults<sup>1</sup>

Measurement	Baseline 2011	Current 2013	Change	Target	Control Measures <sup>2</sup>	
Youth Current Smoking	21.9%	20.2%	↓	18%	Increase tobacco taxes by 100% by December 2018.	X Not Yet!
Adult Current Smoking	30.5%	26.5%	↓	25%	To remove all Exception in Tobacco Control Mandate.	X Not Yet!
Youth Current Drinking	24.7%	23.5%	↓	22.2%	Establish Tobacco Cessation Resources as part of the Worksite Wellness Program.	X Not Yet!
Youth Binge Drinking	13.6%	12.7%	↓	12.2%	Responsible Alcohol sales and Services Act.	✓ Done
Adult Current Drinking	41.8%	40.9%	↓	37.6%	Increase number of policies and laws that encourage healthy environmental conditions.	X Not Yet!
Adult Binge Drinking	18.3%	20.9%	↑	16.5%	Establishing Standardized protocols for clinicians to conduct alcohol screening and referrals.	X Not Yet!
Adult Heavy Drinking	6.8%	7.0%	↑	6.1%		
Adult Participating in 150 Minutes or More of Aerobic Physical Activity Per Week	48.0%	48.7%	↑	52.8%	Improve infrastructure that promotes physical activity	X Not Yet!
High School Students Not Physically Active at Least 60 Minutes Per Day on 5 or More Days	62.6%	62.7%	↑	56.3%	Increase Physical Education Requirements in Schools	X Not Yet!
High School Students Not Physically Active at Least 60 Minutes Per Day on All 7 Days	78.2%	76.5%	↓	70.4%	Implement Worksite Wellness Programs	X Not Yet!
Youth Obesity	23.6%	23.2%	↓	21.2%	Promote initiatives that increase availability of and accessibility to fruits and vegetables.	X Not Yet!
Adult Obesity	27.4%	27.0%	↓	24.7%	Establish local public/private partnerships to initiate interventions to reduce salt intake.	X Not Yet!
Fruit and Vegetable Consumption	16.2%	21.3%	↑	-	Establish policies that promote breastfeeding.	X Not Yet!

### Diabetes, Cancer, Stroke, Hypercholesterol, Hypertension<sup>2</sup>

Measurement	Baseline 2011	Current 2013	Change	Target
Ever diagnosed with diabetes (adults)	9.9%	14.1%	↑	
Ever diagnosed with other types of cancer (adults)	1.8%	2.7%	↑	
Ever diagnosed with a stroke (adults)	3.2%	2.6%	↓	
Ever diagnosed with hypercholesterol (adults)	33.1%	38%	↑	
Ever diagnosed with hypertension (adults)	20.8%	29.6%	↑	

#### Progress

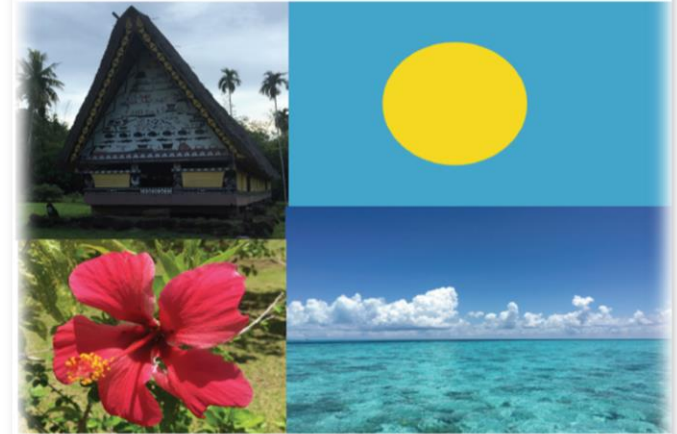
Getting Better  
 Getting Worse

References:  
 1- YRBS, BRFSS, GDOE BMI data, Guam Comprehensive Wellness Program Employee Interest Survey  
 2- BRFSS  
 3- Policies from Guam Legislature

Acknowledgements: NCD Consortium Action Teams

Produced by:  
 Paulino, Y., PhD., Paulino, H., Uncangco, A., Rosadino, G.  
 For Further Information: Rose Zetabala (871)735-7304

## Palau Hybrid Survey FINAL REPORT



2017

# ATTENTION RESIDENTS

YOU MAY BE ASKED TO PARTICIPATE IN THE  
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM “PLUS” SURVEY




# ZIKA CONTRACEPTION ACCESS ACTIVITIES

- Environmental scan of access to and availability of contraception services was conducted January-May 2017
  - Insufficient number of healthcare providers trained in client-centered contraceptive counseling and long-acting reversible contraception (LARC) insertion and removal within the USAPI
- 3-day training was conducted in June 2017 in Honolulu, HI
  - 25 representatives from family planning programs and healthcare providers
  - Participants were trained on CDC's contraception guidelines, barriers and approaches to implementing strategies for access to contraceptive services, and insertion and removal techniques for IUDs and implants.
  - Completed Action Plans to identify goals and strategies to improve access to contraception in their respective jurisdictions.
  - Each USAPI jurisdiction reported substantial achievements since the conclusion of the training and continue to do so.
- Health Communication Messaging for American Samoa and CNMI
  - Focus groups informed the development of culturally appropriate communication materials related to the prevention of unintended pregnancy in context of Zika
  - "Begins with Me" campaign encourages women to learn about the benefits of birth control as part of their overall health.
  - Posters, brochures, patient materials, Facebook posts, Radio PSA scripts



## CNMI Campaign



**BEGINS  
WITH  
ME**

We have talked about starting a family, but right now, I want to make sure I'm doing all I can to stay healthy, especially when it comes to my reproductive health.

We went to the Family Planning Clinic to learn about all the birth control options available on Island, and I chose a method that will help me stay healthy and protected until we are ready.

To learn more about your birth control options, call **670-234-8950**  
ext 3351



**BEGINS  
WITH  
ME**

For a healthy future, I need to do all I can today. That includes taking care of my reproductive health.

At the Family Planning Clinic, I learned about the many birth control options available on Island that are at low or no cost and the staff helped me find a method that fits my health needs and future plans.

Now I can stay healthy and protected for when I'm ready to start a family.

To learn more about your birth control options, call **670-234-8950**  
ext 3351

## American Samoa Campaign



**BEGINS  
WITH  
ME**

For a healthy future, I need to do all I can today. That includes taking care of my reproductive health.

At the American Samoan Family Planning Clinic, I learned about the many birth control options available on Island that are at low or no cost and the staff helped me find a method that fits my health needs and future plans.

Now I can stay healthy and protected for when I'm ready to start a family.

To learn more about your birth control options, call **684-633-1222**  
ext 324, 325, 326, 328



**BEGINS  
WITH  
ME**

We have talked about starting a family, but right now, I want to make sure I'm doing all I can to stay healthy, especially when it comes to my reproductive health.

We went to the American Samoan Family Planning Clinic to learn about all the birth control options available on Island, and I chose a method that will help me stay healthy and protected until we are ready.

To learn more about your birth control options, call **684-633-1222**  
ext 324, 325, 326, 328

# THANK YOU!

[www.cdc.gov/chronicdisease](https://www.cdc.gov/chronicdisease)

For more information, contact CDC: 1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348

Stacy De Jesus: [sdejesus@cdc.gov](mailto:sdejesus@cdc.gov)



**THE NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION**

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

