

NCD SURVEILLANCE IN THE U.S. AFFILIATED PACIFIC ISLANDS

Presenting on behalf of PIHOA:

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November 20, 2019



Pacific Islands Health Officers Association
Board Resolution #48-01

*“Declaring a Regional State of Health Emergency
Due to the Epidemic of Non-Communicable Diseases
in the United States-Affiliated Pacific Islands”*

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

NCD MONITORING AND SURVEILLANCE PLANS

2019

American Samoa

CNMI

Guam

FSM National

Chuuk

Kosrae

Pohnpei

Yap

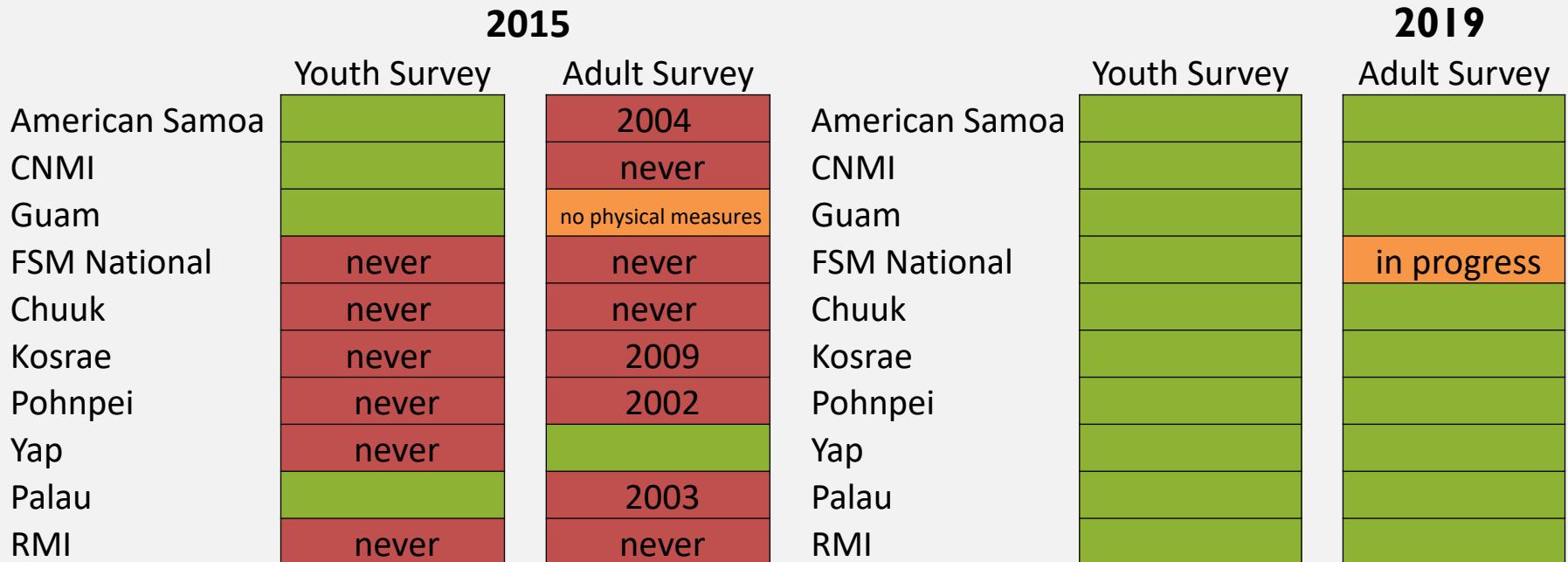
Palau

RMI

M&S Plans



ADULT/YOUTH SURVEYS



HYBRID SURVEY PROGRESS

COMMONWEALTH OF THE
NORTHERN MARIANA ISLANDS (CNMI)

NON-COMMUNICABLE DISEASES
& RISK FACTOR HYBRID
SURVEILLANCE

REPORT



2016

Report developed by: Rita Della Cruz and Haley Cash

Palau Hybrid Survey
FINAL REPORT



2017

Republic of the Marshall Islands
Hybrid Survey
FINAL REPORT



2018

Report prepared by: Sarah Ritz and Dr. Haley Cash

American Samoa
Adult Hybrid Survey



2019

Kosrae
Federated States of Micronesia
Adult Hybrid Survey



2019

Preparing:



Collecting Data:



Planning:



2015 NCD SURVEILLANCE TRENDS

USAPI NCD Core Surveillance Indicators*	Tobacco		Alcohol	↑BMI	Diseases (adult)	Deaths (30-69 years)		Chronic Lung	Diabetes	Cardiovascular		
	Chew- youth	Cigs- youth	Chew- adult	Alcohol Youth	↑BMI Youth	HTN Adult	↑Cholesterol Adult	DM Adult	All Cause	Cancer		
Am Samoa	↓	-	↑	-	↓		↑		○	○	○	○
CNMI	↓	○	↓	○	↓		↑		○	↑	↑	○
Chuuk Kosrae Pohnpei Yap												
	○	○	○	○	○		○	○	↓	↑		
Guam	↓	○	○	-	↓	↑	↑	○	↑	↑	○	
Palau	↓	↑	↓	↓	↓	○	○	↓	↑	↑	↑	
RMI	○		↑	↑								

2019 NCD SURVEILLANCE TRENDS

USAPI NCD Core Surveillance Indicators*		Tobacco		Alcohol		↑BMI		Diseases (adult)		Deaths (30-69 years)		Chronic Lung			
		Adult	Youth	Adult	Youth	Adult	Youth	DM	HTN	All Cause	↑Cholesterol	Chronic Lung	Diabetes	Cardiovascular	Cancer
Am Samoa		↓	↓	↑		↓	-	↑	○	↑	↓	○	○	○	○
CNMI		↓	○	↓	○	↓	-	↑	-	-	-	○	↑	↑	○
FSM	Chuuk	-	○	-	↓	-	○	-	↓	↓	-	↓	○	↑	○
	Kosrae	○	-	○	-	↓	-	○	-	-	-	○	○	○	○
	Pohnpei	↑	-	↑	-	↑	-	↑	-	-	-	○	○	○	○
	Yap	○	○	○	○	○	○	○	○	↓	↑	-	○	○	○
Guam		↓	○	○	-	↓	↑	↑	○	↑	↑	↑	↑	↑	○
Palau		↓	↑	↓	↓	↓	○	○	↓	↓	○	↑	↑	↑	○
RMI		○	○	↑	↑	-	↑	-	↑	↑	↑	↓	↓	↑	↓

MANA DASHBOARD

- Monitoring Alliance for NCD Action
- PICTs organizations and agencies committed to and active in NCD monitoring and surveillance
- Add value, share, debate and look for opportunities for work together to address gaps
- 31 health indicators covering 4 areas:
 - **Leadership and Governance, Preventive Policies on Tobacco, Alcohol, Nutrition, Physical Activity, Health Systems Response Programs and Monitoring**
 - Annual reviews and updates based on local initiatives per PICTs

SCORECARD

Category	2018 American Samoa MANA Dashboard		Status and strength	WHO Equivalent Indicator #
Leadership and governance				
	G1a	Multi-sectoral NCD taskforce	★	No Equivalent
	G1b	National strategy addressing NCDs and risk factors	★★	4
	G1c	Explicit NCD indicators and targets	★★	1 (part)
Preventive policies				
Tobacco	T2a	Tobacco excise taxes	★★	5a
	T2b	Smoke-free environments	★★★	5b
	T2c	Tobacco health warnings	★	5c
	T2d	Tobacco advertising, promotion and sponsorship	★	5d
	T2e	Tobacco sales licencing	★★★	No Equivalent
	T2f	Tobacco industry interference	★	
Alcohol	A3a	Alcohol licencing to restrict sales	★★★	6a
	A3b	Alcohol advertising	★	6b
	A3c	Alcohol taxation	★	6c
	A3d	Drink driving	★	No Equivalent
Food	F4a	Reducing salt consumption	★	7a
	F4b	Trans-fats	★	7b
	F4c	Unhealthy food marketing to children	★	7c
	F4d	Food fiscal policies	★	No Equivalent
	F4e	Healthy food policies in schools	★	No Equivalent
	F4f	Food-based dietary guidelines	★	
Physical activity	PA5a	Compulsory physical education in school curriculum	★★★	8
Enforcement	E6a	Enforcement of laws and regulations related to NCD risk factors	★	
Health system response programmes				
	HS-Care7	National guidelines for care of main NCDs	★	9
	HS-Access8a	Essential drugs	★	10 (part)
	HS-Access8b	Smoking cessation	★	No Equivalent
	HS-Baby9a	Marketing of breast milk substitutes	★	7d
	HS-Baby9b	Baby Friendly Hospital	★	No Equivalent
	HS-Baby9c	Maternal nutrition and breast feeding	★	
Monitoring				
	Mon-Adult10a	Population risk factor prevalence surveys - adults	★	3
	Mon-Adoles10b	Population risk factor prevalence surveys - youth	★	No Equivalent
	Mon-ChildGrowth10c	Child growth monitoring	★	No Equivalent
	Mon-Mortality10d	Routine cause-specific mortality	★	2

Key:

...	No data reported
	Not present
	Under development
	Present
Strength of action/implementation (star rating only assigned if 'Present')	
★	Low
★★	Medium
★★★	High

National strategy addressing NCDs and risk factors

G1b. A comprehensive, multi-sectoral national strategy addressing NCDs and risk factors is operational

		Status	Evidence: Documented statement/paragraph, source and <u>weblink</u>
...	No Data		
	There is no current national multi-sectoral strategy for tackling NCDs		
	There is evidence that a national multi-sectoral strategy is under development OR one exists but is not operational		
	A multi-sectoral NCD strategy has been developed (either standalone or part of a wider national health plan) to cover at least two individual diseases (cardiovascular disease, diabetes, cancer, respiratory disease) and two risk factors (tobacco, alcohol, nutrition, physical activity), AND is operational		
★	A multi-sectoral NCD strategy has been developed, is operational, and covers at least four individual diseases and four risk factors		
★★	As for ★, and 1 of the items listed below	★★	<p>"Rowing Together to a Healthier American Samoa: Strategic Action Plan for Non-Communicable Disease Prevention & Control 2013"</p> <p>Integration and multi-sectoral/multi-disciplinary collaboration – The plan acknowledges and builds on earlier initiatives, and emphasizes multi-sectoral and multidisciplinary partnerships to achieve common health goals. It takes into account the various existing action plans that address specific NCD risk factors or chronic diseases, and seeks to incorporate these into an overall strategic approach. Because several critical actions for NCD prevention and control lie outside the sphere of the health sector, the plan reaches out to other sectors and the community, to engage their interest and seek their active participation in planning, implementation and monitoring.</p>
★★★	As for ★★, and demonstrates engagement of non-health agencies in development of strategy, has a monitoring and surveillance plan, and 1 other item from the list below.		
	<ul style="list-style-type: none"> Includes comprehensive set of policies and actions translated from agreed global, regional and national frameworks Evident responsibilities, timelines and accountability mechanisms Evident budget allocations (in plans or government budgets) Evident monitoring and surveillance plan 		



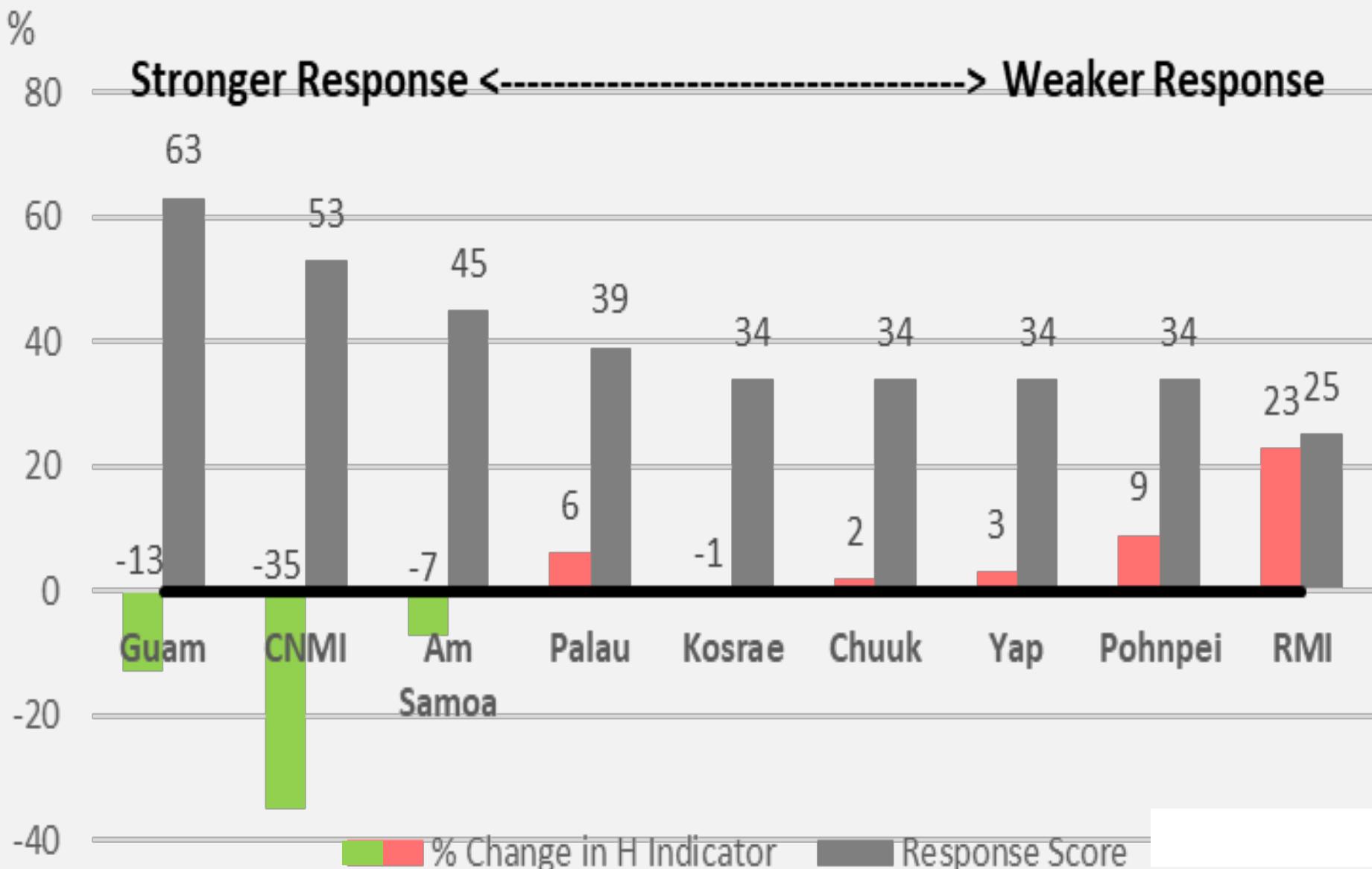
2019

USAPI NCD Progress Update

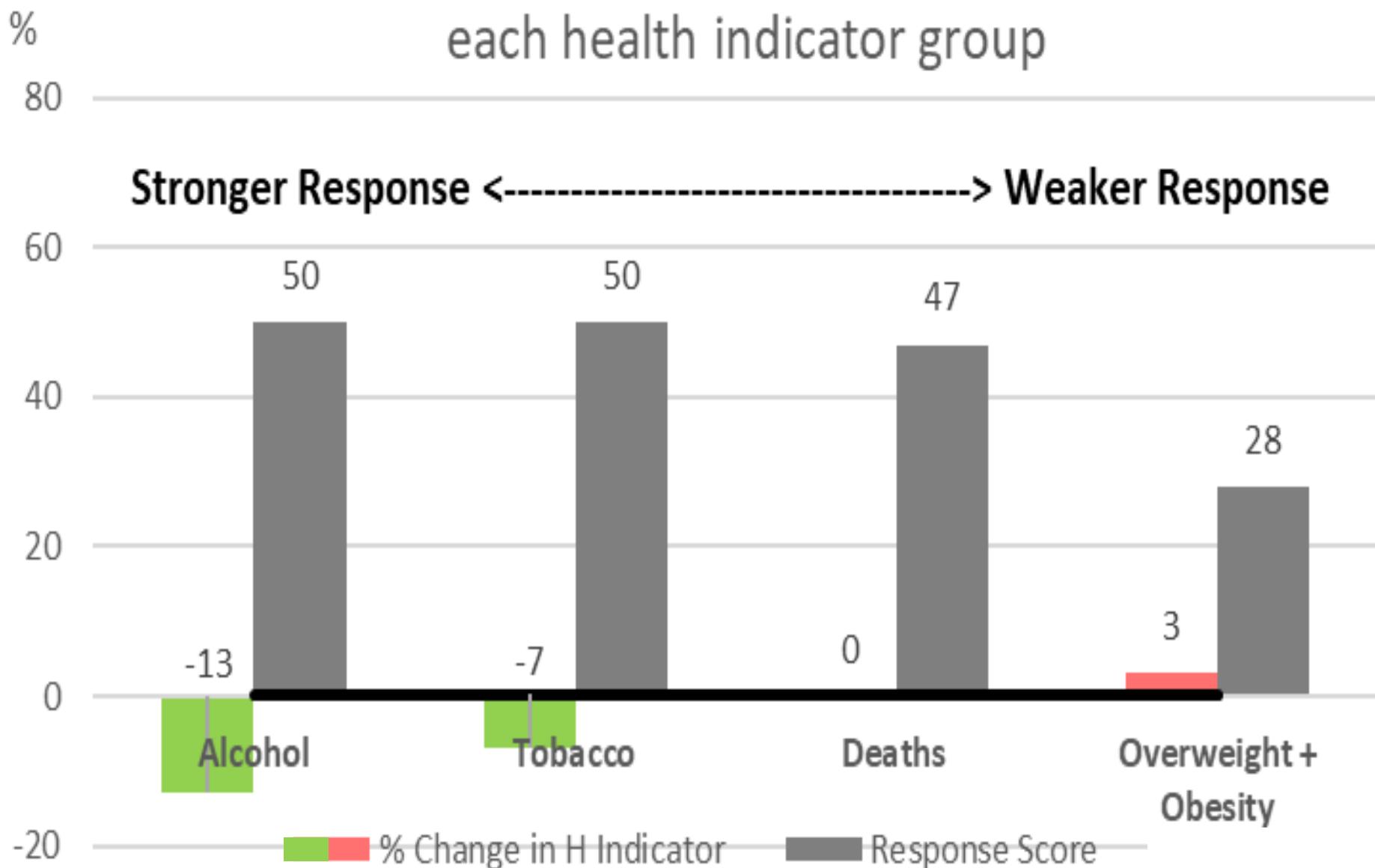


Submitted by Drs Mark Durand & Haley Cash

For Each Jurisdiction: Overall strength of response score vs. Avg % change in health indicators



For US API Together: Strength-of-response score for each determinant of health vs. Avg % change in each health indicator group



MY EXPERIENCE WORKING WITH PIHOA

SUMMER 2015 INTERNSHIP

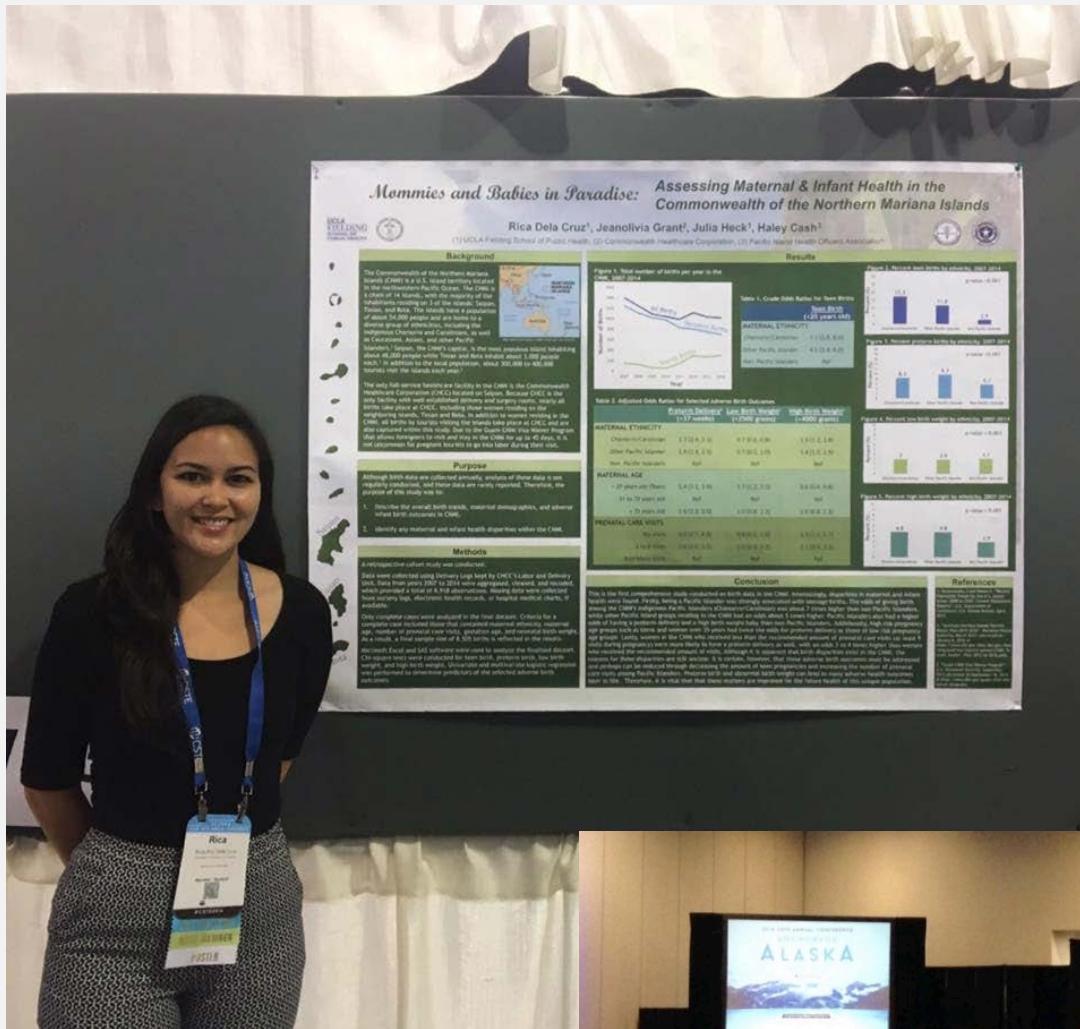


Assessing Maternal and Infant Health in the Commonwealth of the Northern Mariana Islands (CNMI)

2007-2014

Rica Dela Cruz
MPH Candidate – Epidemiology
UCLA Fielding School of Public Health

October 2015



ORIGINAL RESEARCH

Disparities in Adverse Perinatal Outcomes Among Pacific Islanders in the Commonwealth of the Northern Mariana Islands

Rica Dela Cruz, MPH^{1,2}; Jeanolivia Grant, MD, MPH¹; Julia E. Heck, PhD, MPH²; Haley L. Cash, PhD, MPH³

Accessible Version: www.cdc.gov/pod/issues/2018/17_0385.htm

Suggested citation for this article: Dela Cruz R, Grant J, Heck JE, Cash HL. Disparities in Adverse Perinatal Outcomes Among Pacific Islanders in the Commonwealth of the Northern Mariana Islands. Prev Chronic Dis 2018;15:170385. DOI: <https://doi.org/10.5888/pod15.170385>.

PEER REVIEWED

Abstract

Introduction

Although other studies have found evidence for perinatal health disparities among Pacific Islanders in other regions, no studies have evaluated racial/ethnic disparities in adverse perinatal health outcomes in the small US island territory of the Commonwealth of the Northern Mariana Islands (CNMI).

Methods

We used retrospective cohort data on 8,427 singleton births from 2007 to 2014 at the Commonwealth Healthcare Corporation (CHCC), the only hospital in the CNMI. We used multivariate logistic regression to estimate risk for preterm birth (<37 weeks) and macrosomia (>4,000 g) among the racial/ethnic groups in the CNMI.

Results

Indigenous CNMI mothers (Chamorros and Carolinians, hereinafter Chamorro/Carolinian) and other Pacific Islander mothers were significantly more likely to have a preterm birth than Chinese mothers (adjusted odds ratio [AOR] = 2.7; 95% confidence interval [CI], 2.0–3.6 for Chamorro/Carolinians and AOR = 2.9; 95% CI, 2.1–4.1 for other Pacific Islanders). Additionally, Chamorro/

Carolinian mothers and other Pacific Islander mothers were also significantly more likely to deliver babies with macrosomia (AOR = 2.4; 95% CI, 1.7–3.5 and 2.3; 95% CI 1.4–3.6 respectively) than Filipino mothers.

Conclusion

Although underlying causes for these disparities are still unknown, these findings add to the limited knowledge on maternal and neonatal health among Pacific Islanders and provide support for further research and intervention development to aid in reducing racial/ethnic disparities of perinatal health in the CNMI.

Introduction

The Commonwealth of the Northern Mariana Islands (CNMI) is a US island territory in the northwestern region of the Pacific Ocean. The CNMI is a chain of 14 islands with almost all inhabitants residing on 3 of the islands: Saipan, Tinian, and Rota. These islands have a total population of approximately 54,000 and are home to diverse races/ethnicities, which include the indigenous CNMI Pacific Islanders (Chamorros and Carolinians), other Pacific Islanders (Palauans, Marshallese, Chunkese, Pohnpeians, Kosraeans, Yapese, Samoans, and Hawaiians), Asians (Filipinos, Chinese, Japanese, Koreans, Thais, Indians, Bangladeshi, and Nepalese), and other races and nationalities (American whites, African Americans, and Russians) (1). In addition to the resident population, about 300,000 to 400,000 tourists visit the islands each year (2). Approximately 1,000 births occur in the CNMI annually among CNMI residents and nonresident tourists combined (3).

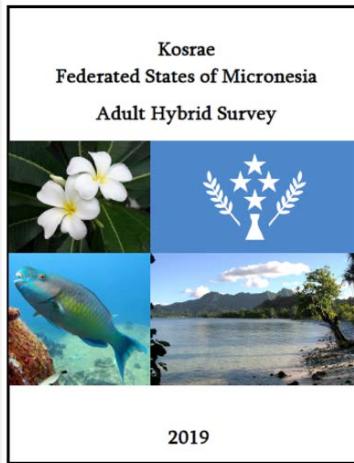
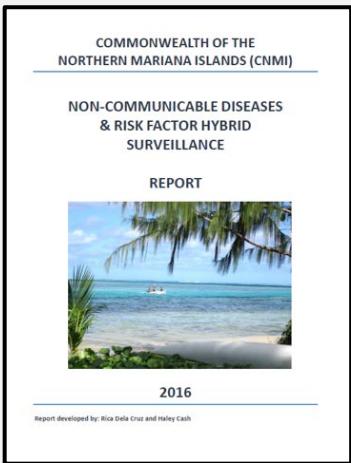
The perinatal health status of Pacific Islander women and their newborns in the CNMI is understudied. Studies conducted in other island jurisdictions show that indigenous Pacific Islanders overall appear to have poorer health outcomes than non-Pacific Islander populations, including increased risk of chronic diseases



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INVOLVEMENT WITH NCD SURVEYS

Completed Reports:



Assisted with Data Collection & Will Prepare Report:



AHEC PACIFIC EXPERIENCE



CURRENT AND FUTURE GOALS

- Complete my PhD
- Continue to work in the USAPIs and improve the health of our people!



Kammagar

Kinisou Chapur

Mahalo

Kalahngan

Fa'afetai

THANK YOU

Kulo

Si Yu'us Ma'ase

Mesulang

Komol Tata

Olomway