

Building Healthy Island Communities: The Fight Against NCDs in the US-Affiliated Pacific

September, 2018 - ASTHO Meeting



A Mark Durand MD MPH

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Pacific Island Health Officers Association



1995- Yanuca Island, Fiji, First Meeting of Pacific Islands Health Ministers

“The **Healthy Islands Concept** involves continuously identifying and resolving priority issues related to health, development and well-being by advocating, facilitating and enabling these issues to be addressed in partnerships among communities, organizations and agencies at local, national and regional levels”



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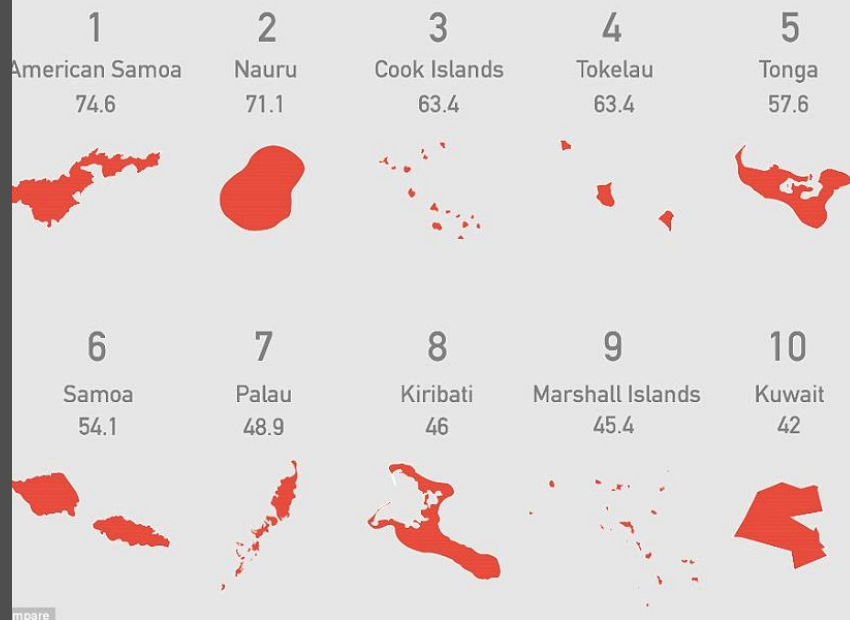
“The Healthy Islands Concept involves continuously identifying and resolving priority issues related to **health, development and well-being** by advocating, facilitating and enabling these issues to be **addressed in partnerships among communities, organizations and agencies at local, national and regional levels**”

“The ASTHO President’s Challenge calls on state territorial, local and tribal health officials to build **healthier, more resilient communities** by **supporting investments in community-led, place-based approaches**”

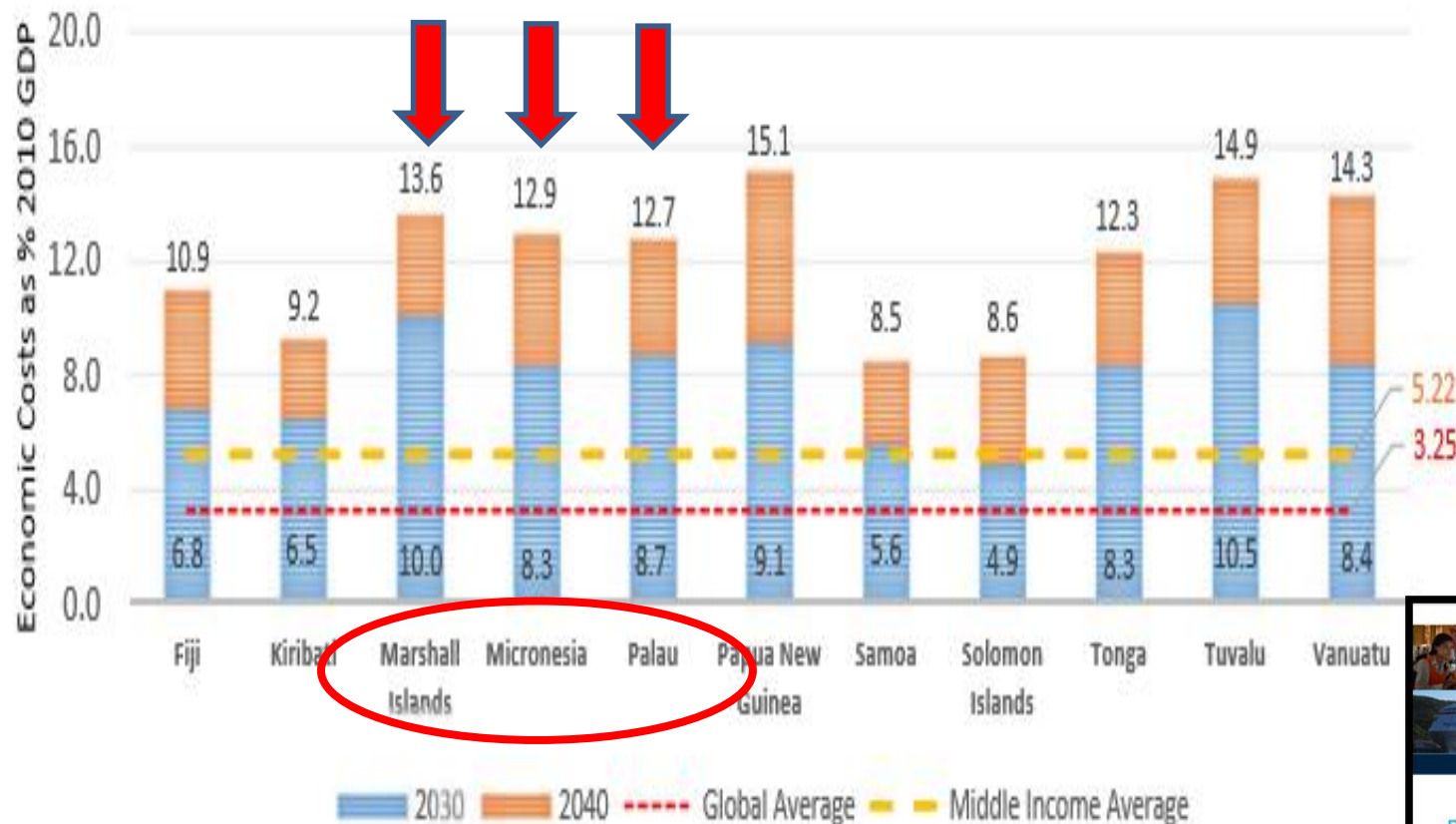


Top 10 Most Obese Nations (%)

Not to scale



Projections: Economic Burden of NCDs as a Proportion of GDP, 2030 and 2040



BACKGROUND PAPER
Pacific Possible:
Health & Non-Communicable Diseases

Shashoua Day, Ian Anderson, Erika-Taka Brunton-Mckee

Source: Pacific Possible- Health and NCD in the Pacific- World Bank 2016

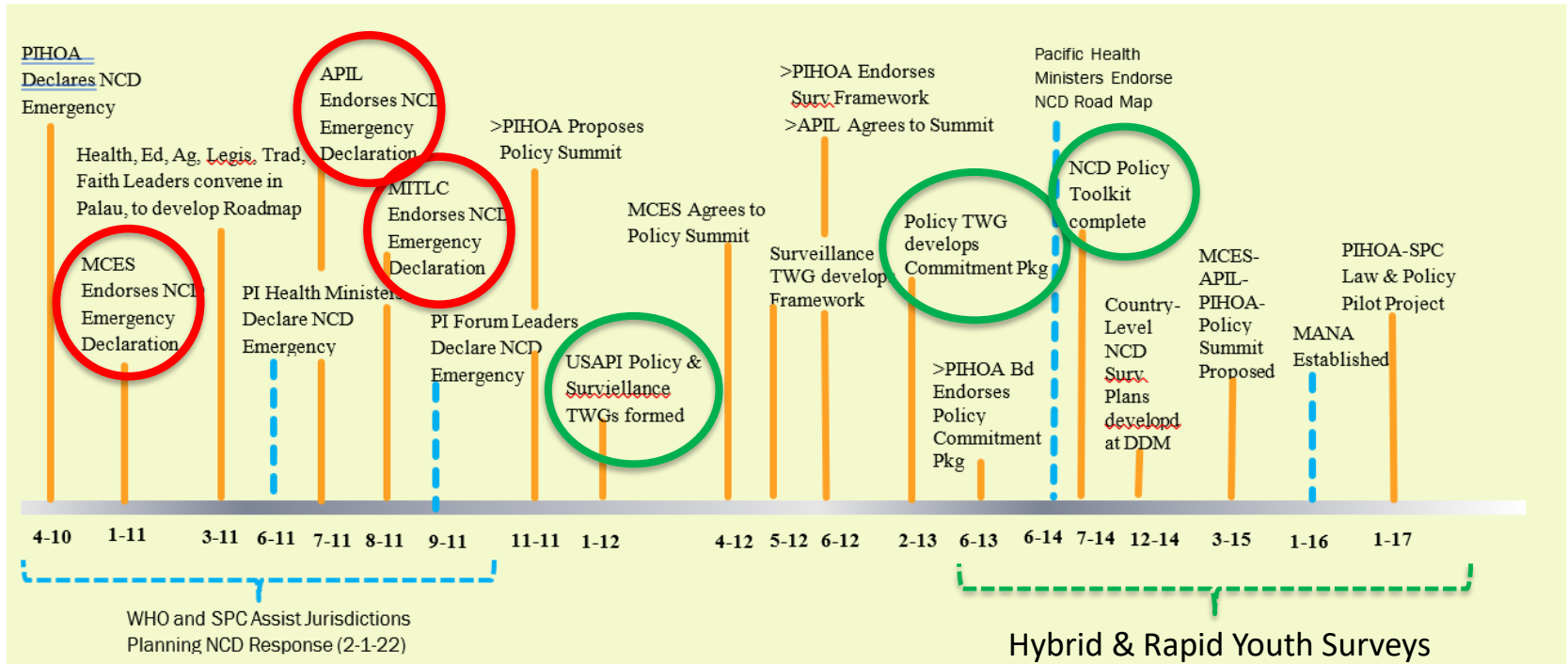


Pacific Islands Health Officers Association

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”*

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

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

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How NCDs Develop

Risk Factors

- Tobacco
- Alcohol
- Obesity

Diseases:

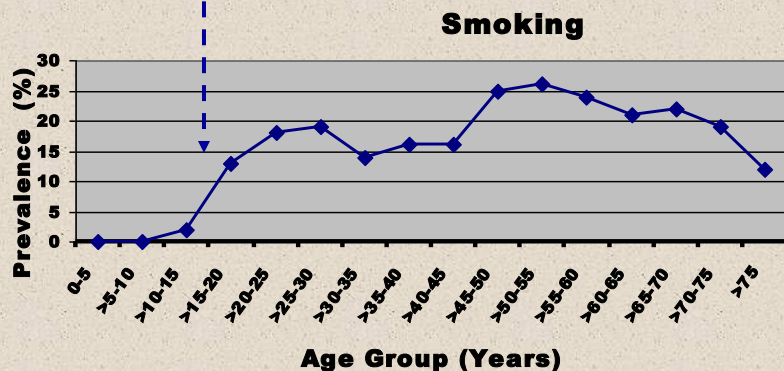
CVD
Cancer
Diabetes
COPD
(HTN)
(Lipids)

Deaths

- COPD
- Heart+Stroke
- Cancer
- Diabetes

Age of Smoking:

starts in late teens in Yap



Age of Drinking in Yap

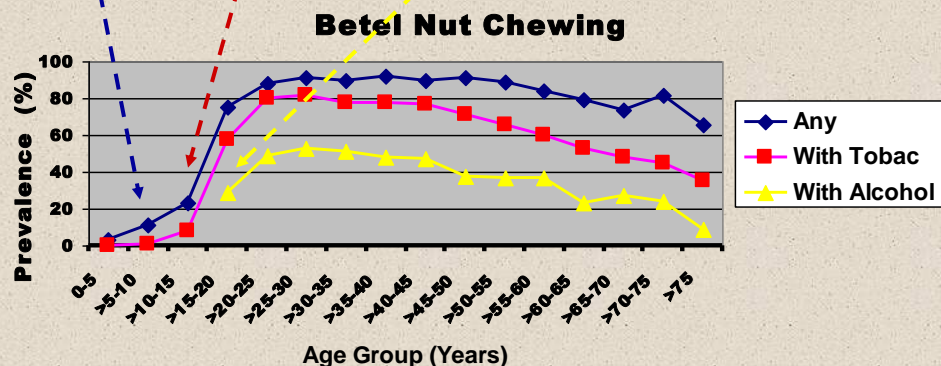
-Starts, late teens

- Problem drinking starts in the 20s.

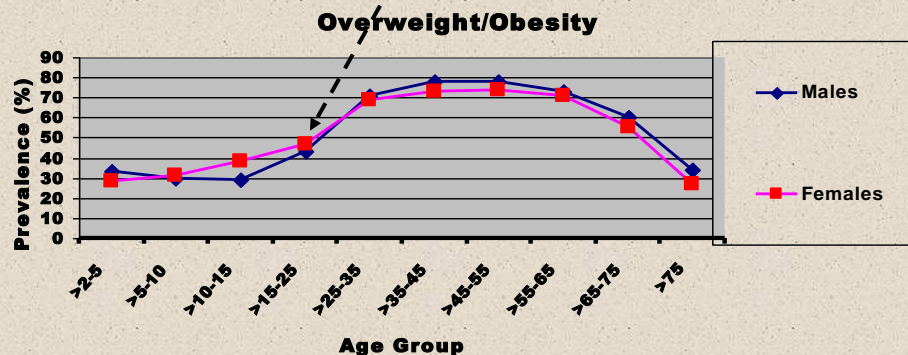


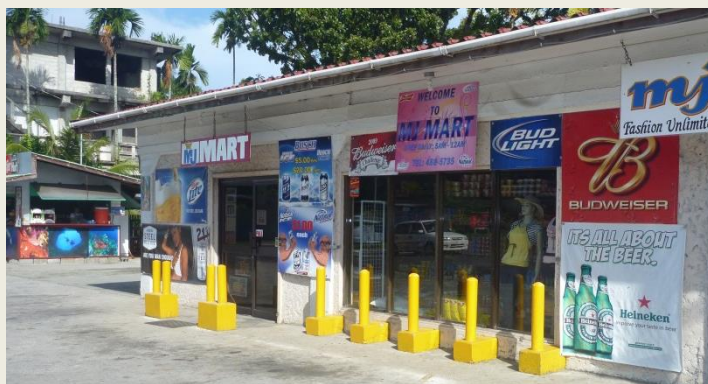
-Chewing Betel Nut starts in childhood

-Mixing tobacco and alcohol starts in teens



Overweight and Obesity are a BIG problem for all age groups, but especially after 15 years old







How NCDs Develop

Environment & Social

Youth Risks

- Tobacco
- Alcohol
- Obesity

Adult Risks

- Tobacco
- Alcohol
- Obesity

Diseases:

CVD
Cancer
Diabetes
COPD
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Deaths

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NCD Progress Update																		
Indicator→		Tobacco				Alcohol		↑BMI		Diseases (adult)			Deaths (30-69 years)					# improved vs. worse↓
		Cigs- youth	Cigs- adult	Chew- youth	Chew- adult	Youth	Adult	Youth	Adult	HTN	DM	↑Cholesterol	All Cause	Cancer	Cardiovascular	Diabetes	Chronic Lung	
Jurisdiction↓		↓	-	↑	-	↓	-	↑	-	-	-	-	○	○	○	○	○	2 vs 2
CNMI		↓	○	↓	○	↓	-	↑	-	-	-	-	○	↑	↑	○	↓	4 vs 3
FSM	Chuuk	-	○	-	↓	-	○	-	↓	↓	-	↓	○	↑	○	○	○	4 vs 1
	Kosrae	○	-	○	-	↓	-	○	-	-	-	-	○	○	○	○	○	1 vs 0
	Pohnpei	↑	-	↑	-	↑	-	↑	-	-	-	-	○	○	○	○	○	0 vs 4
	Yap	○	○	○	○	○	○	○	○	↓	↑	-	○	○	○	○	○	1 vs 1
Guam		↓	○	○	-	↓	↑	↑	○	↑	↑	↑	↑	↑	○	○	↓	3 vs 7
Palau		↓	↑	↓	↓	↓	○	○	↓	↓	○	○	↑	↑	↑	↑	○	6 vs 5
RMI		○	○	↑	↑	-	↑	-	↑	↑	↑	↓	-	↓	↑	↓	↓	4 vs 7
# improved vs. worse→		1 SA 4	1 SA 0	3 SA 2	1 SA 2	1 SA 5	2 SA 0	4 SA 0	1 SA 2	2 SA 3	3 SA 0	1 SA 2	2 SA 0	4 SA 1	3 SA 0	1 SA 1	0 SA 3	

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Out of 144 Measurements:

25 – Improved

29 – Worse

48 – No Change

36 – Not Adeq Data

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10 – Improved
16 – Worse

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9 – Improved

2 – Worse

9 – Improved
2 – Worse

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3 – Improved

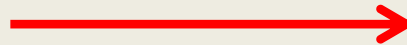
4 – Worse

3 – Improved
4 – Worse





Policies



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 foods

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 [reconsider]
- Commitment 15: Promote physical activity in the schools

*WHO "Best Buys"

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 restrictions						NA
Smoke-free air acts in public places						
Tobacco advertising, store display & promotion						
Tobacco labeling						
Alcohol advertising, display & promotion						
Alcohol taxes (to 75% of purchase price)						
Age to purchase alcohol to 21 years						
UNHEALTHY FOODS MEASURES						
Policies that reduce salt consumption (salt/sodium						
Sugar sweetened beverages tax						
Taxes on turkey tails, SPAM, corn beef and other						
No sales of foods containing trans fats.						
Sabelling that shows the nutritonal content of						
No promotion of breast milk substitutes						
MEASURES TO INCREASE PHYSICAL ACTIVITY						
Require & fund sidewalks						
CREATION OF HEALTHY SCHOOLS						
30min/day physical education						
Healthy foods only in schools and provide healthy						
Tobacco, Alcohol & Betel Nut Free schools						
School Health Curriculum- Elementary, Middle &						
OTHER MEASURES						
Directing "sin taxes" to fund health promotion						
NCD "Policy Score":	11/22	6/22	3/22	5/22	7/22	7/21

Best Practice NCD Policies, USAPI- 2018

Guam

CNMI

RMI

FSM

Palau

Am
Samoa

TOBACCO, BETEL NUT & ALCOHOL CONTROL

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Betel nut import, sales and usage restriction

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Smoke-free air acts in public places

Tobacco advertising, store display

Tobacco labeling

Alcohol advertising, display

Alcohol taxes (to 75%)

Age to purchase

UNHEALTHY

Policy

Subsidy

Tax

No sale

Label

No promotion of

No promotion of

MEASURES TO PROMOTE PHYSICAL ACTIVITY

Require

CREATION OF SCHOOLS

30min/day of education

Healthy food only in schools and provide healthy

Tobacco, Alcohol & Betel Nut Free schools

School Health Curriculum- Elementary, Middle &

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%)

The Bad News

- Obesity, which is driving the epidemic, is not yet coming under control overall
- Mortality & disease prevalence indicators continuing to worsen
- Our community engagement is mainly directed to health education
- Most of the proven effective measures → policy interventions are still not in place





Reasons for Hope

- Smoking and alcohol prevalence are showing some improvements
- We are making more progress with youth than adults
- For the first time, we are seeing modest decrease in child obesity in one jurisdiction (Guam)
- Surveillance is improving – picture is becoming clearer
- Pacific Islands Health Leaders are natural leaders in the fight against NCDs

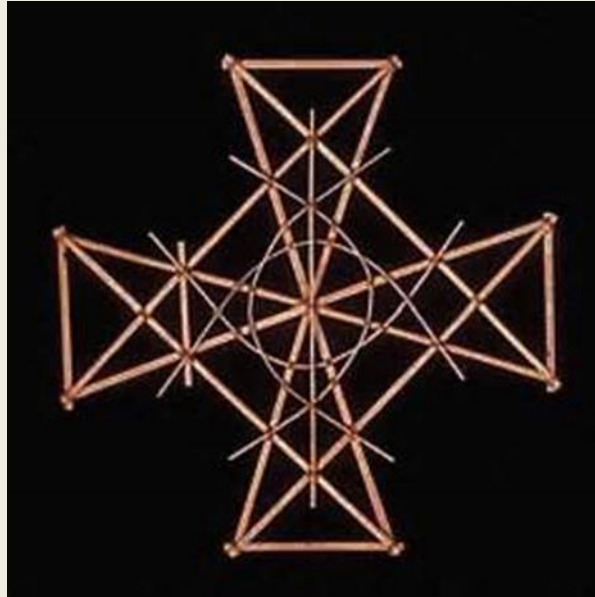
Pacific Healthy Islands Vision

- 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.





**Kammagar-Kulo-Kalangan-Kinisou-Komol-
Olomwaay-Si Yu'us Ma'ase- Fa'afetai-
Thank You**



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ASTHO