A GLIMPSE OF HEALTH CHALLENGES IN THE USAPI

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# Challenges

## Diversity:

**Geography/Political/Social/Cultural/Economic**

<table>
<thead>
<tr>
<th></th>
<th>ROB</th>
<th>Guam</th>
<th>CNMI</th>
<th>FSM</th>
<th>RMI</th>
<th>Am Samoa</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Land mass Sq km</strong></td>
<td>458</td>
<td>572</td>
<td>458.9</td>
<td></td>
<td></td>
<td></td>
<td>2566</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>Y</td>
<td>C</td>
<td>P</td>
<td>K</td>
</tr>
</tbody>
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Health Outcomes

• Infant Mortality: (RMI - 4 x US) (ROB - 4 x US) (FSM - 6 x US)

• Longevity: (RMI 64 yrs) (FSM 65 yrs) (ROB 67 yrs) (US 77 yrs)

• Malnutrition and Vitamin A Def
Estimated Gross Domestic Product (GDP) per Capita:
RMI (2011): $3,169
Palau (2011): $8,730
FSM (2011): $2,852
USA (2011): $48,422
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Annual Budget</th>
<th>#Acute Beds</th>
<th>$Acute Bed/Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>USAKA-Kwajelein</td>
<td>$5.3 mil</td>
<td>13</td>
<td>$1116</td>
</tr>
<tr>
<td>WGH-Hi</td>
<td>$33 mil</td>
<td>69</td>
<td>$1300</td>
</tr>
<tr>
<td>LBJ</td>
<td>$29 mil</td>
<td>120</td>
<td>$662</td>
</tr>
<tr>
<td>Majuro</td>
<td>$2.7 mil</td>
<td>100</td>
<td>$73</td>
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<tr>
<td>Ebeye</td>
<td>$280,000</td>
<td>35</td>
<td>$21</td>
</tr>
</tbody>
</table>
Burden of Cancer in USAPI’s

Mortality: Under-Reported?

1st: Yap, Palau

2nd: Am.Samoa, RMI, CNMI, Guam, Pohnpei, Chuuk

8th: Kosrae- inconsistently reported data

Cervical Cancer – commonest type: Pap Smear Screening rate (PNI): 450/year for 7,000 eligible women Or 6% (compare to 82% average US National)! 42 positive for cancer or 9.3%! 
Regional Challenges

• Geographic isolation
  – Cost, distance, multiple time zones

• Lack of Infrastructure
  – Telecommunications, space, manpower

• Varied political climate
  – Local, regional, global
Challenges

• Funding Environment
  – CDC, NIH, Compact

• Personnel
  – Human resource Development

• Expectations
  – Plan vs. Results

• Political Environment
  – Local Elections
  – National (Compact)
Summary of USAPI Efforts
Model-Community Based Participatory Planning

- Patient / consumer centered
- Not institution/provider centered
- Community Participation
- Capacity building and sharing credit
- Equal Power Base of stakeholders
- Indigenous review
- Common good
Pacific CCC Program Goals

• Strengthen and expand regional collaboration, planning and advocacy affecting all aspects of cancer control

• To diagnose cancer in individuals as early as technically possible within the USAPIN

• To improve the capacity to treat cancer effectively within the USAPIN

• To collect, analyze and report accurate cancer-related data across the region
Pre-CCPI

Problems with Management at Jurisdictional level: Pohnpei

- No CCC Plan
- Lack of political direction
- Lack of Back Up Systems in the hospital:
  - Tumor markers, Cytology, Histology, Culposcopy, Colonoscopy.
- Time factor & Cost/specimen off island: $120-650.00 from 3 weeks to 3 months or more!
- Persistent need for complete treatments off-island
- Limited Choice/s for Management
  - Personnel/Equipment/Inadequate palliative care for terminally ill cancer patient
- Lack of Local Research
- Poorly Informed Community
Pacific Cancer Initiative Grant

2002-2007

- NIH / NCI Health Disparities Offices
  - Development grant
- UH- PI and Papa Ola Lokahi - Admin
- CCPI formed
- Jurisdiction CA assessments completed
- Regional CA planning started
PCI Accomplishments

- Preliminary Assessments: Manuscripts published in Pacific Health Dialog Sept 2004, 9 - individual Jurisdiction assessments
- Formalize CCPI
- 2 - CDC awards for Comprehensive Cancer Planning Grants
Comprehensive Cancer Control Planning

• Involves both a regional plan and jurisdiction plans

• Why a Pacific Regional Cancer Plan
  – Economy of scale
  – Synergism
  – Cost Effective
  – One voice
  – National Partners ability to work with and justify expenditures with larger numbers / larger impact
Cancer Council of the Pacific Islands
Acknowledgements

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CCPI members
Pacific Cancer Control staff