Regional Road Map
for Ending the Epidemic of Non-Communicable Diseases
In the United States Affiliated Pacific Islands

Version 9
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WHY A ROAD MAP?

The USAPI NCD Road Map is in urgent response to the epidemic of non-communicable diseases, including diabetes, cancer, cardiovascular disease and chronic respiratory disease, that are ravaging small island communities in Guam, Palau, the Commonwealth of the Northern Mariana Islands, the Marshall Islands, American Samoa and the Federated States of Micronesia, collectively known as the United States Affiliated Pacific Islands (USAPI). The USAPI have among the highest rates of NCDs and their risk factors in the world.

Through PIHOA Resolution 48-01, the Pacific Island Health Officers Association makes a strong case that these small communities are in a fight for their survival due to the epidemic of NCDs. The Resolution declares a “regional state of health emergency.” By doing so, PIHOA leadership recognized that only by elevating the NCD epidemic to the level of an emergency is it likely to receive the whole-of-society attention, coordination and resources equal to the threat posed by NCDs.

Since the NCD Declaration was issued, other key leadership bodies in the Pacific—including the Micronesian Chief Executives Summit, the Association of Pacific Island Legislatures, the 9th Pacific Ministers Meeting, the 5th Micronesian Traditional Leaders Conference and others—have issued their own urgent declarations. These policy level commitments have helped set the stage for the far more difficult but essential task of mobilizing society in response to the NCD crisis.

The real challenge remains ahead: Translating high-level policy declarations into commitments, actions and resources that effectively assist local communities with stopping the NCD epidemic. The USAPI NCD Road Map just begins to address this challenge. It develops logically from a question asked by leadership: If our response to other kinds of emergencies such as tsunamis and communicable disease epidemics benefit significantly from a unique framework for mobilizing and organizing people—the incident command system used for emergency preparedness is the best known example—what kind of mobilization framework, if any, does the NCD emergency demand? This question is being asked at both the regional and local levels.

The NCD Road Map is the regional response to this question. It attempts to identify and leverage the unique opportunities of regionalism—of collective, organized, cross-border action—for the benefit of local communities in a state of emergency. At least two important standards can be used to measure the value of such regionalism: 1) Does the collective action provide greater value and return on investment for a local community than having that community—or health system or health professional or health association—act independently? 2) Does the collective action support and strengthen, rather than weaken or contradict, local action? We believe that the collective actions identified below meet these standards and leverage the best of regionalism.

Since the NCD Declaration was first issued, there have been some benchmarks in mobilization. They include:
1. April 2011: The 50th meeting of the Pacific Island Health Officers Association in the Republic of Palau, where the idea of a regional mobilization road map was first proposed. Over 90 participants—among them executive leadership from health, ten regional health associations, key development partners, and representatives from colleges and ministries of education—met in plenary and small groups to begin mapping a regional response. The **Guideposts to Navigation** below consist of twelve recommendations that participants discussed, debated, and finally agreed to. Occurring early in a regional process, this effort was designed to increase alignment and understanding among diverse leaders in health and education that NCDs are indeed a significant threat to the survival of small Pacific island communities. The 50th PIHOA meeting also sowed the seed for the creation of the USAPI Health Leadership Council (HLC), providing the first opportunity for PIHOA Affiliate Members—sister associations in health and education—to ask how they can work together efficiently and effectively to help mobilize an NCD response. The HLC is now a key organizing mechanism for this road map. Also during this meeting, the education and development partners drafted their first contribution to the road map.

2. November 2011: The 51st PIHOA Meeting in Honolulu, where eleven regional associations identified their commitments to NCD mobilization. Each association presented and refined its own NCD objectives and actions—more than 75 in all, addressing a range of health and education functions, from pharmacy services to policy interventions to cancer treatment. Viewed in total, these commitments gave us our first glimpse of the opportunities, not just for the individual actions of each association, but also for coordinated mobilization across associations. In addition, at this meeting, the Terms of Reference for a USAPI Health Leadership Council was first drafted, health leaders discussed the central role of policy in NCD response, and PIHOA refined its strategic plan.

3. May 2012: The Health Leadership Council met in Honolulu, refined its Terms of Reference, and began mapping opportunities for effective collaboration. Members identified three kinds of actions: 1) the actions of individual associations, accountability for which is in the reporting to one another; 2) actions of associations that depend on other associations to succeed (for example, to improve NCD drug formularies, the pharmacy association must work with the medical association, whose members do the prescribing); and 3) shared, cross-cutting objectives that benefit most from collective action. The HLC identified policy, surveillance, communications, and standards as domains for collective action.

Those familiar with GPS technology know that its success depends on frequent software updates that help ensure its maps reflect the changing landscape of roads and landmarks. Similarly, this NCD Road Map needs regular updates, to reflect accurately the evolving consensus and degree of mobilization within various groups, such as the Education Committee, the Development Partners, and the Health Leadership Council. The current document is just a “snap shot” of however far along stakeholders are at any one time. For this reason, we anticipate updating the Road Map at least twice annually, to track the success of our collective response to the NCD crisis.
Dear Sirs and Madams,

I write to thank you again for the recent tour of your island community – an unexpected highlight among my duties thus far as Secretary General. Your staff were gracious and patient, allowing me to wander freely and linger as long as I chose. As I mentioned at the time, I had the opportunity to visit there much earlier in my career – nearly twenty years ago, shortly after the 50th Meeting of the Pacific Island Health Officers Association. While the community was not without some measure of health, prosperity and vitality at that time, the transformation during the intervening years has been dramatic. I was moved to write this letter to describe to you what I saw.

I went first to the nearest school. While I was pleased to observe several instances of healthy lifestyles being taught and demonstrated in classrooms, and educational materials being sent home for the benefit of the rest of the family, I was astonished to witness that physical education is now a daily requirement for schoolchildren of all grade levels.

Passing a newsstand, I read in the local newspaper that the few remaining motorists are complaining about the shrinking size of roads due to wider sidewalks and abundant trails for walking and bicycling. I also walked along sidewalks that were not there years before on secondary streets, and noticed the absence of the many stray dogs that had once haunted those streets.

Instead, the streets were full of active, vibrant, healthy people without obvious physical limitations. I saw many groups of older people, walking and talking as friends or as family. In the park I watched grandparents walking next to small children who were riding their bicycles as their parents ran or played tennis. Did I somehow fail to notice such numbers of active seniors during my previous visit? Twenty years ago, were the elderly too ill to be outdoors, too fragile to be ambulatory – or were they simply not there?

I passed yards with abundant household gardens full of nutritious indigenous vegetables. I stopped to talk with three generations of one family, working side by side in their garden to harvest the bounty for the table they share. They assured me that healthy foods have become the norm in household refrigerators, on restaurant menus, school cafeterias, and in church fellowship halls. Still, I resolved to keep exploring to see for myself.

Passing a row of restaurants I noticed a great diversity of cuisines but no fast food chains. At the local grocery stores and markets I found astonishingly few nutrition labels, because there were so few packaged, processed foods. Instead the shelves and cases were full of fish from your waters, fruit from your trees, and vegetables from your soil, accessible and affordable in all their bright colors. Out of curiosity I asked for a Coca-Cola, only to be told that the nearest store that sold it was ten miles away. Not unavailable, but I would have to want it badly to get it.

My walking tour was notable for many of the things I did not see. There were no ashtrays. No cigarette butts, or stains from betel nut or tobacco juice. No advertisements for alcohol or tobacco.

When we reached the island’s hospital, I admit I was struck by the number of empty beds in long-term wards, an entire wing scheduled for closure, and the sheer inactivity of the emergency room personnel. Were they in fact bored? Some thought may need to be given to the possibility that your workforce of capable medical professionals, cultivated and trained so successfully over the past twenty years, is now
larger than it needs to be. Certainly the waitlist of medical residents hoping to become doctors and nurses in the USAPI will need to postpone those hopes for the foreseeable future.

The people of your community impressed me with their vibrancy and moved me with their dignity. Most often, I could not help but smile in response to their many smiles.

I have heard non-communicable disease referred to as a “silent, creeping threat.” Indeed, such diseases can impose silence in many forms: the helplessness of depression, the self-consciousness of obesity, the persistent courage of a battle against cancer, the shame of substance abuse, and the gnawing dread of heart disease. Perhaps these diseases will always be with us to some degree, despite our ongoing efforts. However, it struck me as I walked your streets, visited your homes and places of work, observing life in your markets and parks and schools, that I no longer heard such silence. I mainly heard laughter. Thank you for sharing this gift.

Sincerely yours,

Secretary General
The United Nations
MONITORING AND EVALUATION

For most strategies, frameworks and plans, monitoring and evaluation (M&E) comes toward the end of a table of contents. In this case, monitoring and evaluation is a central function of the “mobilization framework” documented in the NCD Road Map. Hence, it is discussed earlier.

The NCD Road Map documents commitments by various stakeholders and provides a “snapshot” of current commitments in total. By doing so, it helps leaders identify and leverage potential synergies across stakeholders and assists partners with avoiding duplication and contradictions. Once we as participants in the NCD Road Map have negotiated and refined each of our respective roles, objectives, and tasks, the next major challenge within a “mobilization framework” is to help keep everyone on task; in short, to keep us focused and accountable.

This role can be as simple as asking: Asking on a regular basis how each of the stakeholders have progressed in their stated objectives and actions and providing a venue where accountability matters and where all of us are motivated by the scrutiny of our peers. The USAPI Health Leadership Council is well positioned to play this “asking” role. In addition, where progress lags, the HLC can be an effective venue for problem solving: How is a particular stakeholder doing? Do its objectives need revising? Can any of us help the other with barriers to progress? What needs to be done to move the agenda forward? Focused and facilitated engagement based upon such questions, coupled with diligent follow up by stakeholders and their various secretariats, will significantly increase the likelihood that the road map will succeed.

The NCD Road Map does not include a comprehensive and complex M&E framework. Each of the stakeholders is responsible for developing its own M&E for its own objectives. In the case of technical working groups for surveillance, policy and standards, the HLC should expect each to recommend an M&E framework for its appointed task. In the case of other stakeholders, HLC can assist by:

- Securing technical assistance for associations and stakeholders with weak M&E plans.
- Ensuring accountability by demanding regular reporting on progress from all stakeholders
- Providing a dynamic and supportive venue for associations and other stakeholders to identify and address barriers to progress.

The HLC will request that road map participants report their progress, in writing, on a [quarterly] basis and that the HLC Secretariat compile and summarize these submissions as a clear, coherent document that helps identify which stakeholders may need assistance with moving their agenda forward. This report should be completed at least a week prior to an HLC call or meeting.

The ultimate demonstration of the effectiveness of the NCD Road Map is a significant reduction in NCDs and their risk factors. Since rates of risk factors such as tobacco, alcohol, physical inactivity, and poor diet tend to respond more quickly to interventions than disease rates, risk factor indicators proposed by the USAPI Technical Working Group for NCD Surveillance should serve as the measure of success for this NCD Road Map. Therefore, the product of this working group—the USAPI/PIHOA Consensus NCD Surveillance Framework—is included in the appendix. Finally, the Guideposts to Navigation that follow—forced through intensive consensus building among more than 90 stakeholders in April 2011—can provide a helpful less formal compass to the HLC and other stakeholders on an ongoing basis as they assess progress.
GUIDEPOSTS TO NAVIGATION

These “navigation guideposts”—or recommendations—were developed during the 50th PIHOA meeting in April of 2011, by more than 90 participants, including development partners, regional associations, health sector leaders, and educators from colleges and departments of education, as well as a few community NGOs. They reflect a group consensus and are intended as “guideposts” to help evaluate regional and local efforts: Are we on the right path? Where might we be weak? Are we getting close to our collective vision?

Policy

1. Create healthy public policies throughout all sectors, in keeping with the Healthy Island Vision, developed by the Pacific Healthy Ministers in Yanuca, Fiji in 1995 and reaffirmed by same in Madang, PNG, in 2009:
   - 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 ocean which sustains us is protected
2. NCD prevalence constitutes an emergency throughout the region, requiring urgent and coordinated response. NCDs are an emergency, and should be treated as such.
3. Advocate for NCDs to be placed on the US national emergency management agenda.

Prioritization / Resource Allocation

4. Direct resources and activities to protect children and future generations, empowering them to live healthy lifestyles by addressing the priority risk factors, including diet, physical activity, tobacco, and alcohol.
5. Transform our health systems to protect and empower the current generation by addressing the “Big Four” NCDs – cardiovascular disease, diabetes, cancer, and chronic respiratory disease.1

Systems Strengthening

6. Engage the government leadership to address the NCD crisis, using a whole-of-society response.
7. Build the capacity of the health system to address the NCD crisis.
8. Strengthen NCD-related information systems.
9. Develop human resources to prevent and control the NCD emergency.

Mobilization

1 Multiple participants argued for some mention of mental health/depression, and several mentioned obesity as a priority.
10. Mobilize sufficient resources to address the NCD emergency, and ensure sustainable resources to prevent its recurrence.

11. Increase engagement of the full community – all of society, involving all sectors and jurisdictions, from local to regional.

12. Build and strengthen mechanisms for regional sharing and collaboration across all groups involved regionally with addressing NCDs.
THE USAPI HEALTH LEADERSHIP COUNCIL

Background: The USAPI Health Leadership Council (HLC) was first proposed in November 2011 and formalized in June of 2012 to respond to the emerging health issues affecting all of the US-Affiliated Pacific Islands (USAPI). As necessary, the Council will accommodate possible future changes in priorities, recognizing that the Council will focus on NCDs initially but that it may be appropriate for the focus to shift or expand over time as progress is made and other priorities emerge.

The Mission of the HLC is to mobilize a regional response to promote healthier Pacific lifestyles. Its goal is to provide an effective mobilization framework that supports each council member with implementing regional activities that address emerging health issues within the region, especially in the domains of Policy, Communications, Standards and Surveillance.

Members:
1. American Pacific Nursing Leaders Council
2. Association of USAPI Laboratories
3. Association of USAPI Pharmacies
4. Cancer Council of the Pacific Islands
5. Health Information Systems SWAT Team
6. Northern Pacific Environmental Health Association
7. Pacific Basin Dental Association
8. Pacific Basin Medical Association
10. Pacific Chronic Disease Coalition
11. Pacific Island Health Officers Association
12. Pacific Islands Primary Care Association
13. Pacific Partners for Tobacco Free Islands
14. Quality Assurance Officers/ Performance Improvement Managers

Guiding Principles: Members of the HLC are committed to working together by adhering to the following guiding principles:
• We value and respect each member
• We engage in direct and honest communication with each other
• We are transparent regarding decision making, roles and interests
• We participate in shared decision making
• We think and act as a unified collaborative
• We trust each other to remain true to our goals/objectives and strategies
• We agree to think and act comprehensively on health issues
• We value and respect diversity of our organizations

Contact:
Chief Councilor: George Cruz, CNMI
Email: george_c@marianashealth.com
Assistant Chief Councilor: Va’a Tofaeono, American Samoa
Email: vtofaeono@gmail.com
Secretary Councilor: Clarette Matlebb, Palau
Email: mclarette@ymail.com
USAPI Health Leadership Council

Goal & Objectives

The objectives of the Health Leadership Council have been evolving since first and initial discussions at the 50th PIHOA meeting in Palau in April 2011. The objectives were further elaborated at the 51st PIHOA meeting in November 2011, the first HLC meeting in May 26-27, 2012 in Honolulu and then updated further at the 52nd PIHOA meeting in June 11, 2012 in Guam. The objectives fall into three categories:

- **Association Objectives**, which are objectives specific to a single association only. Each member of the HLC was asked to work with its own members to develop consensus Association Objectives specific to its area of expertise. For example, the pharmacy association was asked to develop objectives relevant to NCD-related drugs and pharmacy services.

- **Partnership Objectives**, which are individual association objectives that nonetheless require collaboration with other associations for their success. For example, if the pharmacy association wishes to encourage standardization of NCD drug formularies across the jurisdictions, they will need to work closely with the Pacific Basin Medical Association, whose members do the prescribing.

- **Shared Objectives**, which are objectives and initiatives that are shared and cut across all associations. NCD-related Policy, Surveillance, Communications and Standards are four domains the HLC is uniquely positioned to address, given the cross cutting nature of its membership and the dependence of each of these domains on multiple health sector stakeholders. The shared objectives are presented first, below.

**Goal:** Provide an effective mobilization framework that supports each council member with implementing regional activities that address emerging health issues within the region, especially in the domains of Policy, Communications, Standards and Surveillance.

**Shared Objective 1: NCD Policy & Law**
- Support the development of a recommended, comprehensive package of NCD policy and law that are the minimum necessary for stopping the NCD epidemic.
- Advocate for the endorsement and adoption of the NCD policy package at the regional and jurisdictional levels.
- Support the implementation and enforcement of the NCD policy package regionally and locally.

**Shared Objective 2: NCD surveillance**
- Support the development of regional NCD core surveillance indicators that effectively assess progress toward ending the NCD epidemic.
- Advocate for the adoption of regional NCD core surveillance indicators both regionally and locally.

**Shared Objective 3: NCD standards**
- Review evidence-based NCD standards for practice (e.g., prevention, treatment, palliation) and systems (e.g., registries, certifications)
- Endorse evidence-based NCD standards
- Support the adoption of evidence-based NCD standards across region and professions.

**Shared Objective 4: Communication and Coordination**
- Ensure effective communications and coordination for NCD response among regional health associations across the region.
- Ensure that HLC speaks with a clear, articulate voice in regional NCD discussions.
American Pacific Nursing Leaders Council

Established:  
Mission:  
Membership:  
Contact: Johnny Aldan, CNMI  
Email: johnnya@nmcnet.edu

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Actions</th>
<th>Suggested Measures</th>
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</table>
| 1. To assist in collaboration with educational systems for educational needs. | 1. Collaborate with educational system on training curriculum to address clinical practice and nursing competency and other educational needs;  
2. Disseminate information to APNLC Board of Directors;  
3. Coordinate and Follow up with APNLC Board of Directors;  
4. Present recommended training curriculum to address clinical practice, nursing competency and other educational needs to membership for approval | # of meetings held with the education partners  
Completed recommended training curriculum implemented within 1 year of approval |
| 2. To assist in identifying clinical and competency standards for NCD. | 1. Literature review on evidence based clinical procedure and nursing competency standards to assess BMI;  
2. Disseminate information to APNLC Board of Directors;  
3. Coordinate and Follow up with APNLC Board of Directors;  
4. Present proposed clinical practice procedure and nursing competency standards to membership for approval | # of (documented) evidence based clinical practice procedure and standards for nursing competency  
Approved clinical practice procedure and standards for nursing competency. |
| 3. To assist in the identification of training and retraining methods | 1. Literature review on evidence based clinical practice procedure and nursing competency format;  
2. Disseminate information to APNLC Board of Directors;  
3. Coordinate and Follow up with APNLC Board of Directors;  
4. Present draft BMI standards to membership for approval | # of (documented) training and retraining methods identified  
# of / an approved document of BMI standards |
| 4. To develop and maximize use of APNLC website. | 1. Develop APNLC website;  
2. Post and update information regarding jurisdictional activities, including NCD;  
3. To evaluate the use of the website. | Periodic (quarterly/6 monthly/annually) updates posted on APNLC website  
Periodic evaluation (annually) of the use of website |
5. To pilot the feasibility of a concerted action plan to role model for healthy lifestyle.

1. Pilot strategy to model healthy lifestyle: “Adopt a child” for healthy living: capacity development based on topics identified in 2010-2011;
2. Undertake feasibility study across jurisdictions based on maternal/child health NCD;
3. Submit CBPR proposal addressing NCD topic

6. To promote jurisdictional programs for nurses to be role models in NCD.

1. Stimulate awareness and of the image of nurses regarding NCD and introduce healthy lifestyle concepts;
2. Each jurisdiction operationalize lifestyle concepts, implements and evaluates.

7. To support in the establishment of NCD standards to monitor BMI/Childhood obesity by July 2012.

1. Literature review on available NCD standards (CDC, WHO);
2. Disseminate information to APNLC Board of Directors;
3. Coordinate and Follow up with APNLC Board of Directors;
4. Present draft BMI standards to membership for approval

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<tr>
<th>Partnership Objectives:</th>
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<tbody>
<tr>
<td>1. Partner with associations to develop protocols and practice and competency standards to share staff across jurisdictions when emergencies arise</td>
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<tr>
<td>2. Partner with associations to support the development of competency standards and training for NCDs</td>
</tr>
<tr>
<td>3. Partner with Education Committee on curriculum for clinical practice and nursing competency</td>
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<td>4. Partner with PBMA on identifying x-rays and other needs</td>
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<tr>
<td>5. Work with development partners like CDC and WHO to identify support for nursing practice standards</td>
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<td>6. Partner with PIHOA to support with developing minimum standards for nurses working cross jurisdictions</td>
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<td>7. Partner with NPEHA to insist on enforcement of all policies and redirect resources for enforcement</td>
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<td>8. Partner with AUL on NRGs available</td>
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<td>9. Partner with PBMA on referrals</td>
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<td>10. Partner with PIHOA on funding and support</td>
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Association of USAPI Laboratories

Established: 2009

Mission: To strengthen lab network in the USAPI countries through information sharing and open communication, to promote excellence in laboratory services through collaboration and implementation of lab quality management system criteria, to serve as a resource and a focal group for the USAPI laboratories, and to impact future health planning and organization in the region through lab-based surveillance and activities.

Membership: Membership in this organization is open to all USAPI laboratories. All members may participate in meetings and other activities planned by the association. In a broad sense, the members are represented by the four voting officials on a biannual basis.

Contact: Maria Marfel, Yap State, FSM
Email: MMarfel@fsmhealth.fm

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<tr>
<th>Objectives</th>
<th>Actions</th>
<th>Suggested Measures</th>
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<tr>
<td>Continue to enhance inter and extra AUL communications</td>
<td>Continue to participate in scheduled AUL conference calls at least 4 times/year (AUL – PIHOA by Mar, Jun, Jul 2012 – 2013)</td>
<td>Indicator #1: Number of AUL conference call per year Indicator #2: Copy of the conference call minutes</td>
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<td>Participate in conference calls with AUL partners whenever needed (AUL – Partner – PIHOA by Dec 2012 – Nov 2013)</td>
<td>Indicator #1: Number of HLC and other conference call AUL participated in per year. Indicator #2: copy of the conference call minutes</td>
</tr>
<tr>
<td>Ensure continuous development of the USAPI medical lab workforce</td>
<td>All current USAPI lab techs to undertake NCD lab courses offered through Pacific Paramedical Training Center (PPTC) through the Pacific Open Health Learning Network (POHLN)</td>
<td>Number of lab staff in the USAPI who completed the courses and certified.</td>
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<td></td>
<td>Promote the medical lab profession among high school and college students in the USAPI Countries</td>
<td>Indicator #1: Successful Lab Open Days in the 10 USAPI labs (by Oct 2012) Indicator #2: A list of winners of oratory speeches and poster presentations from the 6 USAPI Countries (by Dec 2012). Indicator #3: Announcement of the overall USAPI winners for the oratory speeches and poster presentation at the 53rd PIHOA meeting (by Feb 2013) Indicator #4: Number of high school &amp; college students enrolled in the medical educational/study programs by Dec. 2013.</td>
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<td></td>
<td>Plan for the training of cytology screeners in the USAPI</td>
<td>Indicator #1: An approved plan with budget for the cytology training program</td>
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<td><strong>Ensure lab-based surveillance of the selected NCDs</strong></td>
<td><strong>Presentation of the cytology training plan to the PIHOA BoD</strong></td>
<td><strong>Indicator #2: AUL receives endorsement of plan from PIHOA.</strong></td>
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<td>Format collection of lab data on diabetes, CVDs, CRDs and cancer</td>
<td>Indicator #1: Develop a uniform NCD lab workload statistic reporting form</td>
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<td>Submit NCD to a centralized location at agreed scheduled times</td>
<td></td>
<td><strong>Indicator #2: Agreed location for NCD lab data collection.</strong></td>
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<tr>
<td>Analyze lab data to capture on agreed basic important information for sharing with AUL partners and PIHOA</td>
<td></td>
<td><strong>Indicator #3: quarterly lab based surveillance reports of selected NCDs submitted to agreed location and shared with partners and PIHOA</strong></td>
</tr>
<tr>
<td>Share the lab based surveillance report with AUL partners and PIHOA</td>
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<tr>
<th><strong>Ensure the availability of continuous QA programs for the selected NCD tests</strong></th>
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<tr>
<td>Continue to participate in the PPTC or CLIA external quality assessment programs (proficiency test surveys) 2x a year</td>
<td></td>
<td><strong>Indicator #1: Participate with passing scores in both proficiency test surveys</strong></td>
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<tr>
<td>Conduct inter-laboratory EQA program (blind test rechecks) among USAPI labs 2x</td>
<td></td>
<td><strong>Indicator #2: Correct correlation (passing scores of 80% or above) of tests results between labs.</strong></td>
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<td></td>
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<td><strong>Indicator #3: Number of blind test rechecks among USAPI labs (2x once in the first half and second in the second half of the year)</strong></td>
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<tr>
<th><strong>Ensure the availability of lab testing capacities for NCDs in the USAPI</strong></th>
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<tr>
<td>Conduct an assessment of NCD (diabetes, CVDs, SRDs, cancer) of lab testing capacities in the USAPI</td>
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<td><strong>Indicator #1: Assessment report of current NCD tests available in each USAPI labs,</strong></td>
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<tr>
<td>Compile a listing of the minimum required lab tests required for the selected NCD tests to be available in each USAPI lab</td>
<td></td>
<td><strong>Indicator #2: An inventory of lab supplies &amp; test reagents for the NCD tests</strong></td>
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<tr>
<td>Compile the standard required minimum inventory of lab supplies and test reagents for the required NCD tests</td>
<td></td>
<td><strong>Indicator #3: AUL receives endorsement from PIHOA.</strong></td>
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<tr>
<td>Advice AUL partners and PIHOA BoD of the listing of the minimum required lab tests required for the selected NCD tests to be available in each USAPI lab</td>
<td></td>
<td><strong>Indicator #4: Amount ($) and % of annual (and of strategic plans) budget allocated for standard minimum lab testing requirements for each USAPI by AUL, its partners, the jurisdictions and PIHOA</strong></td>
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**Partnership Objectives:**
1. Partner with associations to align microbial testing
2. Support associations that need lab testing
3. Partner with associations for technical support to purchase supplies and other tasks
4. Develop lab-based surveillance
5. Support standardization of labs across region and develop lab testing standards.
6. Partner with PBMA to develop minimum lab tests consistent with practice standards
7. Partner with Pharmacy to align antibiotic susceptibility testing within formularies
8. Partner with PBHCC and PCDC for required lab testing
9. Work with development partners to purchase needed lab equipment and supplies and ensure that information systems are in place.
10. Partner with PIHOA to help develop standardized format for NCD-related lab data
11. Partner with PCDC to review AUL’s role with CDEMS
12. Ensure standardization of reports and make data requests consistent with the standards
13. Partner with PIHOA to support AUL communications (calls, meetings) & regular communications among groups (HLC)
14. Partner with APNLC on pre-analytical testing for the lab (lipid profile—standards for nurse support pre-testing patient prep)
15. AUL: Extend standards to point of care testing
Connection of USAPI Pharmacies

Established: 2010
Mission: Pharmacists, Pharmacy Technicians, and Pharmacy Logistical Clerks
Membership: Contact: Clarette Matlab, Palau
Email: mclarette@ymail.com

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<th>Objectives</th>
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<tr>
<td>Increase awareness for importance of treatment adherence and compliance; Collaboration and Partnering with Providers and Health team workers</td>
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<tr>
<td>Affordability of NCD drugs</td>
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<tr>
<td>Develop NCD therapeutic guidelines</td>
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<tr>
<td>Ensure NCD drugs are of quality, affordable and available at all times</td>
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<tr>
<td>Continuing Education to Health professionals on importance of patients’ adherence to treatment and compliance to appointment.</td>
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<tr>
<td>Good Prescribing and Dispensing Practice; develop policies regarding refills 1) only until next appointment; 2) if missed appointment, make appointment and refill to the date; 3) No refill after six months unless seen by physician</td>
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<tr>
<td>National or Territorial Drug Policy on non-taxability, insurance or fees for NCD drugs. Mandate availability of funds at all times for NCD drugs.</td>
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<tr>
<td>Establish a Drug and therapeutic committees to form and Essential drug list</td>
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<tr>
<td>Align formularies to develop a regional formulary. Improve procurement skills and knowledge to prevent outage of drugs</td>
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<th>Suggested Measures</th>
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<tr>
<td>Annual review/forum of health professionals’ experiences of treatment adherence &amp; compliance</td>
</tr>
<tr>
<td># &amp; % of patients identified as adhering to treatment and complying to appointment</td>
</tr>
<tr>
<td>Review annually for changes (additions or deletions)</td>
</tr>
<tr>
<td>Quarterly and yearly data on % of availability of NCD drugs</td>
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Partnership Objectives:

1. Partner with PBMA to establish NCD therapeutic guidelines to establish a listing of minimum essential drugs for NCD.
2. Partner with AUL on antibiotic susceptibility for antibiotic rational prescribing on NCD related infections.
3. Partner with PIHOA for continued assistance setting up conference calls for quarterly meetings.
4. Partner up with PIHOA, WHO and other international agencies for financial and technical supports.
5. Partner with CCPI on funding for facilities for, and training on administration of cytotoxic drugs.
6. Partner with APNLC to strengthen knowledge on pharmacology of NCD drugs and skills on drug counseling.
Cancer Council of the Pacific Islands

Established: 2002
Mission: Vision: A cancer free Pacific. Long term Regional goals include developing a sustainable regional collaboration to oversee cancer control efforts and set minimum recommended indicators for cancer control, developing a regional cancer registry, and developing local capacity for effective CCC program planning, implementation and evaluation, developing systems of care that are culturally- and resource appropriate and promoting rational policies addressing the social determinants of health and health disparity and common risk factors for cancer and other NCD.
Membership: Up to three per jurisdiction. CCPI Director’s are designated by their respective Minister/Secretary/Director of Health: 1 representing the Public Health sector & 1 representing the Clinical sector. Comprehensive Cancer Control Program Coordinator is also a CCPI Director
Contact: Va’a Tofaeono, American Samoa
Email: vtofaeono@gmail.com

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<th>Objectives</th>
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<th>Suggested Measures</th>
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<tr>
<td><strong>Prevention 1:</strong> By the end of year 2, develop collaborative relationships with NCD coalitions and/or programs and other partners to develop consistent messages around four major risk factors. <em>(PIHOA NCD area: Primary Prevention)</em></td>
<td>Participate in meetings to inventory existing messaging across NCDs and formulate consistent, evidence-based messaging around four major risk factors; Adoption of and marketing by collaborating partners to implement key messages; Establish local and regional network to market the prevention messages; Begin to identify resources to develop prevention products.</td>
<td>By the end of year 2, a consistent, evidence-based messaging around the four major risk factors is adopted and marketed by at least 80% of the collaborating partners</td>
</tr>
<tr>
<td><strong>Prevention 2:</strong> By June 2013, begin to collaborate with NCDs and other partners to review and amend existing policy (as needed) and develop new policies for prevention targeting four major NCD risk factors. <em>(PIHOA NCD area: Policy)</em></td>
<td>Share an inventory of current <em>(cancer)</em> NCD policy agendas across the region; Participate in meetings to share and discuss collaborations and support for current NCD policy agendas; <em>(Participate in) Collaborative development of policies</em></td>
<td>By June 2013, review and amend at least 4 existing policies relating to the 4 major NCD risk factors (alcohol, tobacco, physical inactivity and nutrition) # of new policies developed for prevention targeting four major NCD risk factors.</td>
</tr>
<tr>
<td><strong>Screening 1:</strong> By the end of Year 1, implement, analyze and report on results of an assessment of cancer and chronic disease screening</td>
<td>Participate in a project committee to implement assessment and oversee project;</td>
<td># of reports on cancer and chronic disease screening standards &amp; guidelines generated</td>
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</table>
### Screening 2: By the end of Year 1, CCPI, in coordination with NCD partners, will sponsor an annual call for nominations of best practices and model programs to improve access to NCDs and cancer screening services. *(PIHOA NCD area: Secondary/Tertiary Prevention and Care)*

- Assist in the development of a survey assessment tool;
- Assist in collecting, analyzing, and reporting on response data
- Participate in the *cancer* NCD screening best practice model program regional committee;
- Assist to establish a call for nominations process, including determining minimum criteria for nomination, to include outcome data, level and extent of collaboration with partners, adaptability & transferability;
- Promote the submission of best practice abstracts
- # / % of programs to improve access to NCDs and cancer screening services that have been submitted and / or nominated as best practices and model

### Screening 3: By the end of Year 2, develop REGIONAL faith-based partnerships and develop faith-based program activities that address cancer and NCDs. *(PIHOA NCD area: Collaboration/Network/Partnering)*

- Assist in determining existence of, interest/ feasibility to develop a way to engage faith-based partnerships at a regional level (i.e., regional council of churches)
- # of meetings held with faith-based organizations to engage them in working to address cancer and NCDs.
- Number of partnership MOAs signed with faith-based organizations to engage them in working to address cancer and NCDs.

### Treatment 1: By 2014, complete a comprehensive assessment in each USAPI to determine current and future on-island and in-region treatment capacity for common cancers and complications of NCDs *(PIHOA NCD area: Secondary/Tertiary Prevention and Care)*

- Provide existing literature, reports, surveys, and previous assessments from all 9 Jurisdictions;
- Assist in developing a guide/compilation of literature review of existing data and reports;
- Assist in developing an assessment tool;
- Assist in implementing the assessment tool, reporting and dissemination of findings
- # of USAPI jurisdictions with on-island treatment capacity for common cancers and complications of NCDs
- # of USAPI jurisdictions in need of treatment capacity for common cancers and complications of NCD

### Treatment 2: Through 2017, continue to advocate with PIHOA to develop a process for the capacity building of treatment for cancer and end-stage NCD patients from the USAPI. *(PIHOA NCD area:)*

- Assist in development of proposal to PIHOA to develop a HRH process that will eventually result in an increase in-region treatment options for cancer and end-stage NCD patients
- A process for the capacity building of treatment for cancer and end-stage NCD patients from the USAPI is developed by...
<table>
<thead>
<tr>
<th>Secondary/Tertiary Prevention and Care</th>
<th>2017</th>
<th>Annual increase in in-region treatment options for cancer and end-stage NCD patients through to 2017</th>
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<tr>
<td>Treatment 3: By 2017, provide Technical Assistance with resources including an adaptable curriculum to implement a more consistent approach to manage pain and end-of-life care for the USAPI jurisdiction’s clinical staff {PIHOA NCD area: Secondary/Tertiary Prevention and Care}</td>
<td>Assist with recommending other palliative care or pain management curriculum or material; Assist in identifying the most suitable curriculum to be adopted; Participate in the initial training of trainers; Participate and promote annual clinician trainings (CMEs will be available) on pain management and end of life care</td>
<td># of USAPI jurisdiction’s clinical staff participating in the ToT of managing pain and end-of-life care Annual clinician trainings (CMEs will be available) on pain management and end of life care</td>
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<tr>
<td>QOL/Survivorship 1: By June 2014, a care giver curriculum will be adopted and disseminated {PIHOA NCD area: Secondary/Tertiary Prevention and Care}</td>
<td>Provide input on the adaptation of a Caregiver Curriculum; Assist CCPI in dissemination of the care giver curriculum</td>
<td># / % of care givers in possession of the care giver curriculum</td>
</tr>
<tr>
<td>QOL/Survivorship 2: By June 2014, conduct a USAPI “Train the Trainer” workshop on the caregiver curriculum {PIHOA NCD area: Secondary/Tertiary Prevention and Care}</td>
<td>Assist in Identifying trainees &amp; trainers; Participate in conducting the training</td>
<td># of participants trained on the caregiver curriculum</td>
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<tr>
<td>QOL/Survivorship 3: By December 2017, identify resources for jurisdictions to develop a resource- and jurisdiction-appropriate patient navigation system {PIHOA NCD area: Secondary/Tertiary Prevention and Care}</td>
<td>Assist in conducting a needs assessment for a patient navigation system in each jurisdiction to inform the regional need</td>
<td>Conduct a needs assessment for a patient navigation system in each jurisdiction, by December 2013 Amount of resources (monetary and non-monetary) identified to develop a resource- and jurisdiction-appropriate patient navigation system</td>
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<td>QOL/Survivorship 4: By June 2015, all jurisdictions will adopt a policy to allow for jurisdiction-, resource- and culturally-appropriate provision of end-of-life care to dying patients {PIHOA NCD area: Policy}</td>
<td>Assist in identifying Technical Assistance resources to assist in each Jurisdiction</td>
<td># of jurisdictions who adopt a policy to allow for jurisdiction-, resource- and culturally-appropriate provision of end-of-life care</td>
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Partnership Objectives:

1. Prevention (common messaging): Partner with PPTFI, PCDC, Maternal child Health programs, PIPCA and other associations on prevention promotion (addressing risk factors) and evidence-based messaging.

2. Prevention (consistent policy): Participate (as requested) in PIHOA TWG on NCD Policy

3. Screening (assessment of cancer and NCD screening standards and guidelines) Obtain information from PCDC, PPTFI, PIPCA, MCH, PBMA, PBDA, APNLC, PBHCC and/or local programs to determine baseline. Build on/augment work of TWG Surveillance, which focused on population-wide public health measures. Focus of CCPI plan is more on clinical/shorter term indicators / prevalence

4. Screening (best practices): Partner with PCDC, PPTFI, PIPCA, MCH, PBMA, PBDA, APNLC, PIHOA

5. Screening (faith-based regionalism?): Partner with PIPCA, PPTFI, PCDC

6. Treatment (treatment capacity): Partner with PCDC, PBMA, PBDA, APNLC, PBHCC, PIHOA, Education subcommittee, PIHOA Board (individual MOH/DOH info on Overarching Health Strategic plan, HRH plan, HRH numbers)

7. Treatment (palliative care): Pharmacists, PBMA, APNLC, PBHCC, PIPCA, PCDC (coordinate palliative / end-of-life care with Chronic Care Model)

8. Data/Evaluation: Associations re: participating in partnership evaluation; QA/QI regional working group. CDC, PIHOA, HIS group re: TA and training in community-based program planning and evaluation
Health Information Systems SWAT Team
(Informal Community of Practice)

Established:
Mission:
Membership:
Contact: Dr. Mark Durand, PIHOA
Email: durand@pihoa.org

Objectives | Actions | Suggested Measures
---|---|---
NCD Core Indicators | SWAT to provide TA to interested USAPI on the ID of minimum NCD indicators | # of NCD Core Indicators developed
NCD Mortality (vital stats) | SWAT to provide HIS short course to NCD program managers | # of core courses identified for the HIS short course
NCD Surveillance | SWAT could be the tech team to work with WHO, SPC, CDC, etc to see the feasibility of having a quick, cheap, yet useful NCD surveillance for risk factors | Establish and pilot a regional NCD surveillance system and evaluate it at the end of the second year

Partnership Objectives:

None submitted
Northern Pacific Environmental Health Association

Established: September 24, 2003
Mission: Establishment and maintenance of closer ties and encourage exchange of information amongst members, promote, support continued education/training of personnel, and maintenance of EHS and infrastructure & strengthening of data collection, reporting standards and uniform HIS.
Membership: Micronesian Islands of Kiribati, Nauru, RMI, FSM, Guam, CNMI & Palau
Contact: John Tagabuel, CNMI
Email: john.tagabuel@dph.gov.mp

By December 31, 2015, all NPEHA members will locally and regionally strengthen the role of environmental health in responding to Non-Communicable Disease (NCD) and in the process improve environmental health foundations by leveraging opportunities available through NCD.

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<tr>
<td>Engage the World Health Organization (WHO) and the United Nation’s Food and Agriculture Organization in identifying effective strategies for using environmental health standards, either legal standards or voluntary standards developed in partnership with industry, to reduce NCDs and their risk factors in member states.</td>
<td>Encourage NPHEA members to actively engage NCD coalitions to advocate for the important role of environmental health in NCD response. Advocate with the Pacific Island Health Officers’ Association, U.S. Centers for Disease Control and Prevention, Secretariat of the Pacific Commission, WHO, and other development partners for access to resources currently available for NCD response, and where such resources do not exist, that resources allocated to support the role of environmental health in NCD response. Develop a one page advocacy document that clearly identifies the current and potential role of environmental health in NCD.</td>
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Partnership Objectives:

None submitted
Pacific Basin Dental Association

Established:  
Mission:  
Membership:  
Contact: Louisa Santos,  
Email: reikomega15@yahoo.com  
I_santos@palau-health.net

NCD Goal: Ensure that oral health is effectively addressed in local and regional NCD response.

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| Endorse PIHOA’s Regional Emergency Declaration for NCDs | Activities:  
- Initiate training & updating all dental staff about the links between NCD and dental health including risk factors, management, and prevention using evidenced-based information.  
Initial steps:  
- Inform all PBDA members about PIHOA’s Emergency NCD Declaration; ensure that PBDA Dental Directors/Chief Representatives are fully aware of the contents of both the Declaration and USAPI NCD Road Map.  
- Request and secure distance and face-to-face training for PBDA members on the link between NCDs and Oral Health, from the Health Resources and Services Administration, the Pacific Chronic Disease Coalition and other resources.  
- Encourage linkages between PBDA members and their local NCD coordinators and coalitions, for training and updates on NCDs and the link between oral health and NCDs.  
- Share among PBDA members progress made on the previous steps during PBDA calls and meetings, |  |
| Collaborate with other health programs and organizations to address NCDs in the region targeting health workforce and the community | Activities:  
1. Improve role modeling and policies to promote good healthy life styles among the dental workforce  
2. Develop awareness and encourage distribution of oral health prevention/education methods addressing NCD and oral health in the community.  
3. Help facilitate the integration of NCD- |  |
related oral health into local NCD initiatives and plans.

**Initial Steps:**
- Encourage each dental department to develop their own “healthy work place plan” to include, for example, exercise programs, incentives for healthy diet, bans on tobacco and betel nut chewing, “biggest loser” contests, etc.
- Share healthy work place plans and activities during PBDA calls and meetings.
- Include NCD-related Oral Health Education among the topics addressed by the PBDA 12 Month Action Plan on Community Oral Health Literacy.
- Share NCD-related Oral Health Education tools, resources and successes among PBDA members, during calls and meetings.
- Encourage PBDA members to partner with their local NCD Coordinator to include NCD-related oral health guidelines, education and services in local NCD plans and initiatives.

| Develop and adopt an accessible system/medium whereby PBDA members can share successes and challenges experienced on NCD related dental efforts. | **Activities:**
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<td>• Identify resources and support for developing a PBDA website</td>
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<td>• Update the website regularly (at least twice a year) to report on developments, achievements, and challenges relevant to NCDs and the USAPI NCD Road Map.</td>
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<td>• Post PBDA archives and oral-health related NCD materials and reports on a PBDA website or link.</td>
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<td>• Identify one or two PBDA members who will work with the PIHOA Webmaster to achieve the previous action step within the next few months.</td>
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<td>• Identify PBDA website design, functions and content at the next PBMA meeting.</td>
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**Partnership Objectives:**

*None submitted*
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| Adapt or Formulate Standards of Care and Practice Guidelines for NCD and its related complications that is applicable to our region. | Gather different evidence based guidelines for practice in the prevention and management of NCDs  
Adapt and endorse these guidelines to the jurisdictions different medical associations.  
Review current practice and gather new evidence-based guidelines for practice in the prevention and management of NCDs.  
Agree on timeframe for such a review whether yearly, every 2 years, every 3 years, etc. | # & % of evidence base guidelines gathered for adaptation and formulation of the Standards of Care and Practice Guidelines for prevention and management of NCD and its related complications  
Conduct at least an annual review of practice guidelines of the prevention and management of NCDs |
| Advocacy for community education for politicians to support and strengthen ongoing NCD emergency declaration and make legislations and directives to address the present NCD problem. | Train other health personnel in teaching the community about NCDs and its risk factors.  
Give presentations to government officials and politicians about the present status of NCD in the region and why they should support and formulate steps to address this problem. | # of other health personnel trained in teaching the community about NCDs and its risks factors  
% of politicians who support the NCD emergency declaration and / or make legislations and policies to address the NCD problem |
| PBMA endorses PIHOA’s Declaration addressing NCDs | PBMA will ensure all directions coming from the roadmap/PIHOA will be acknowledged and information will be forwarded to each jurisdiction.  
Inform members informed or if necessary, secure consent for the next step in the plan, as the next step directly involves the members | PIHOA’s Declaration addressing NCDs is endorsed by more than 50% of the PBMA members. |
| We must upgrade and update human resources for health training (basic and continuing education) to address NCDs | Continuing Medical Education of Doctors regarding management of NCD  
Encourage students especially High school graduates to pursue courses in Medicine and related health fields. Doctors and/or other health care workers from each jurisdiction should speak at the high schools and community on the benefits of a career in health care.  
Formulate hands-on summer training for high school students to work alongside doctors, nurses, pharmacists, laboratory technicians, and other health care professionals | # & % of doctors who are enrolled in medical education programs in management of NCD  
# & % of high school and college students enrolled in courses in Medicine and related health fields.  
# of available hands-on summer trainings for high school students in the health care field. |
|---|---|---|
| With the shortage of Physicians in the Jurisdictions and also deaths of Physicians from NCD related causes, PBMA must maintain health and wellness among its members by reducing risk factors and support for the Health workforce physician who has NCD. | Formulate the initial health survey for the members. Survey should include doctors’ and health workforces demographics, present state of health, past and current medical problems, medication use, present risk factors and risk-taking behavior  
Define adopt physical measures for present health. Formulate what baseline physical measurements, laboratory or ancillary procedures are needed in order to provide an insight on the present health status of the members  
Define clinical outcome measures based on the goals for the health of the members and would characterize success or failure.  
Reduction of Risks and Maintenance of Health (e.g., Tobacco Use Cessation, Limitation of Alcohol Use, Maintain or Achieve Normal BMI) by the members. Prepare the data management and analysis system to be used. This should include how to manage data in such a way that anonymity and confidentiality is assured. Number codes could be used and the names linked to the code numbers should only be obtainable within the member association (e.g. YMA, CMA, BMA). | # of health and wellness sessions / forums held to discuss NCD issues affecting member physicians and the health workforce  
# of physical measures; baseline physical measurements, laboratory or ancillary procedures; and clinical measures developed to monitor health of members  
Annual decrease (%) from baseline, of physicians and the health workforce who report practicing a NCD risk factor(s). |
**Partnership Objectives:**
1. Standard guidelines for managing patients with chronic disease
2. AUL: Minimum surveillance/testing
3. Pharmacy: Formulary, necessary pharmaceuticals, supplies
4. PBMA: Death certificates/verbal autopsy (including ICD coding – important issue for PCDC)
5. Work with HLC to help PBMA develop a dynamic NCD agenda for July meeting
The Pacific Behavioral Health Collaborating Council

**Established:** 1997  
**Mission:** To provide a formalized partnership amongst participating U.S. affiliated Pacific Island Jurisdictions to collaborate on common areas of need; to network and share information and resources related to substance abuse and mental health services.  
**Membership:** Single State Agency government-appointment Directors (or designees) of substance abuse and/or mental health representing the three (3) U.S. Flag Territories of American Samoa, Guam and the commonwealth of the Northern Mariana Islands, and the U.S. Affiliated nations of the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau.  
**Contacts:** Julia Alfred (Incoming Council President – RMI), Barbara “Bobbie” Benavente (Vice-President - Guam), Kathryn McCutchan Tupua (Incoming Council Secretary - AS), Everlynn Temengil (Secretary – Palau)  
**Email:** bbena@teleguam.net; rmissasapt@gmail.com; ktupua@gmail.com; Temengil.ej@gmail.com

**NCD-Related Goals & Objectives**  
PBHCC desires to provide improved quality of life and access to services by those underserved populations. Priority Issues include:

1. **Regional Collaboration and Strategic Plan Implementation** – To share resources and to provide support to one another through a formally recognized regional organization. Collaboration provides an avenue for a unified Pacific voice in presentation of mental health and substance abuse issues affecting the islands, and as funding and technical support for common concerns is sought.

2. **Workforce Development and Building Local Capacity** – To provide necessary and viable support systems for professional, paraprofessional and community resource development. To assist each jurisdiction in policy direction and grant applications and to access professional network to assist members in achieving capacity building and sustainability. To address current needs in community integration and inclusion relative to prevention, treatment and recovery and mental health disaster preparedness and response. To promote training, certification and professional development in the fields of practice within each Pacific Jurisdiction.  
**To continue to expand and build surveillance workforce capacity.**

3. **Cultural Competence – Evidence-Based Practices** – To facilitate access to and appropriate use of traditional and cultural value systems and services. To be sensitive to the surrounding environments, available resources, clash of cultures, generational gaps, economical issues and language barriers through the development of culturally-based indigenous practices specific for Pacific Islanders. To add a different dimension to Evidence-Based Practices.

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<tr>
<td>Increase regional Collaboration and Strategic Plan Implementation – To share resources and to provide support to one another through a formally recognized regional organization. Collaboration provides an avenue for a unified Pacific voice in presentation of mental health and substance abuse issues affecting the islands, and as funding and technical support for common concerns is sought.</td>
<td>Recognized and listed as an affiliate and collaborating partner</td>
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<tr>
<td>To increase the number of trained and certified treatment counselors, prevention specialists and clinical supervisors providing behavioral health services in the region</td>
<td>Provide opportunities to complete required content-specific coursework for ICRC certification in-country or across the region</td>
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<tr>
<td>Build on existing SPF SIG work that identifies prevalent risk factors related to tobacco and alcohol use/abuse by youth and adults</td>
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<tr>
<td>Provide regional and local support of the MTDP project including supervision, mentoring, financial assistance, access to program resources, training and information for enhancement of the MTDP focus area and trainer development process</td>
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<td>Coordinate opportunities for MTDP teach-backs in-country including performance review and evaluation of trainer</td>
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1. Number of Certified behavioral health providers (substance abuse prevention, treatment and mental health) in the region

2. Number of MTDP certified Trainers in the region

3. Number of paraprofessionals trained in behavioral health.

| Accelerate adoption and implementation of culturally adapted EBPs that target prevalent risk factors related to tobacco and alcohol use/abuse by youth and adults | Build on existing SPF SIG work that identifies prevalent risk factors related to tobacco and alcohol use/abuse by youth and adults |
| Identify any data gaps and need for additional survey/surveillance data that is missing |
| Update individual strategic plans to include applicable culturally adapted EBPs; identify any EBPs common across islands |
| Develop an implementation plan at a local community level leveraging every available resource to further NCD response |
| Work with Chronic Disease coalition to develop a tool kit for training community coalition leaders on risk factors specific to top four chronic diseases as identified in NCD road map; support prevention planning process related to each NCD disease and target prevalent risk factors pertinent to |

<p>| 1. Number of federally recognized and registered Pacific EBPs. |
| 2. # of well documented Pacific EBPs adopted into education tracks and curriculums. |
| 3. # of Pacific EBPs being implemented by Pacific communities. |</p>
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<tr>
<th>Strengthen infrastructure for Territorial Epidemiological Outcomes Workgroups</th>
<th>Develop and implement workforce development plan specific to building local capacity for epidemiological work including surveying and analysis, sampling, data collection, data analysis and reporting</th>
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<td>Identify resources/support needed to strengthen TEOW capacity to provide updated Epi Profiles on a regular basis and include outcome measures/indicators specific to NCD response</td>
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<td>Identify role and responsibilities of TEOW as it relates to surveillance needed for NCD response, at both local and regional levels</td>
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<td>Support policy and program efforts to integrate behavioral health and primary care</td>
<td>Access national resources to assist with policy development for integration of primary care and behavioral health; work with PIHOA, PBMA to develop and enhance opportunities for collaboration at regional and local levels</td>
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<td>Identify existing models, protocols and administrative processes that have been proven effective with Pacific Islander communities</td>
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<td>Maximize on lessons learned by jurisdictions which selected SBIRT as MTDP focus area</td>
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<td>Develop a coherent proposal for SAMHSAs funding that supports integration projects and roll out across the region</td>
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<tr>
<td>Apply SPF process (public health approach) to NCD response at local and regional level</td>
<td>Maximize on existing infrastructure developed through SPF Process (5 steps) and update/revise strategic plan to include NCD response</td>
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<tr>
<td>Improve community outreach and education to promote overall healthy lifestyles and behavioral change</td>
<td>Work with public health and education counterparts to standardize educational information regarding tobacco and alcohol use; agree to use the same content when conducting community outreach and in health/science classes in schools; implement prevention programs that teach resiliency skills and healthy decision making.</td>
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<td>At the jurisdiction level, have an outreach education toolkit developed and used</td>
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Partnership Objectives:

1. Integrate training and screening for behavioral health across region
2. Partner with PBMA to develop training for screening and treatment services in addressing addictions
3. Partner with Coalitions to ensure that laws and services are in place for behavioral health.
4. Ensure that standards, guidelines and protocols are in place
5. Partner with Pharmacy to develop Formulary related to behavioral health needs.
6. Partner with PPTFI on issues related to tobacco-cessation
7. Partner with APNLC to assist with developing practice standards for addiction
8. Identify strategy for expanding epidemiological (epi) working groups to include additional NCDs
9. Partner with PBMA and AUL to establish minimum tests needed for treatment of alcoholic patients
10. Partner with Pharmacy to address palliative care prescription drug abuse.
### Pacific Chronic Disease Coalition

**Established:** 2008  
**Mission:** We are representatives from the United States Associated/Affiliated Pacific Islands’ health systems and communities striving to bridge the gap in disparities by reducing the chronic disease burden, sharing and mobilizing resources, and recognizing the uniqueness of our communities and peoples.  
**Membership:**  
**Contact:** Yorah Demei, Palau  
**Email:** ncdpalau4@gmail.com

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<th>Objective</th>
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<td>Develop and implement a plan to adapt a Lifestyle Education for the USAPI’s</td>
<td>Develop and implement a plan to adapt a Lifestyle Education for the USAPI’s.</td>
<td>Lifestyle education plan developed and implemented in the USAPI region within 1st year of completion</td>
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| Evaluating pilot training and introducing to other USAPI jurisdictions | Develop a large scale training on NCD Collaborative for all 10 US affiliated Islands that include a minimum of 4-5 learning sessions over a two-three year period that will cover the prevention and control of chronic diseases/Non-Communicable Diseases (NCD’s) such as diabetes, pre-diabetes, heart disease, stroke, cancer, cardiovascular, hypertension, asthma, arthritis, depression; the risk factors of smoking, nutrition, physical activity, and obesity; and whatever fits the overall regional NCD initiatives | A minimum of 4-5 learning sessions on prevention and control of chronic diseases/Non-Communicable Diseases (NCD’s) conducted over a two-three year period for the 10 USAPIs  
Evaluation conducted at mid-term and end of the pilot training |
| Implementing the NCD Collaborative and chronic disease electronic management system (CDEMS) to be piloted in the Federated States of Micronesia | Provide NCD Collaborative/CDEMS training to Federated States of Micronesia: Chuuk, Kosrae, Pohnpei, and Yap | Number of CDEMS training provided to FSM  
All 4 states of FSM use CDEMS  
# of progressive/periodic reports of the pilot |

**Partnership Objectives:**

1. Partner with all associations to create comprehensive holistic chronic disease care processes in place  
2. Partner with associations to ensure that CHCs are upgraded to be able to do chronic disease care in the area working closely to incorporate services for diabetics  
3. Partner with PBMA to develop guidelines and standards – secondary prevention – primary prevention needs to be added  
4. Assist each association with identifying their role and assessing capacity
Pacific Island Health Officers Association

Established: 1986
Mission: PIHOA’s mission is to improve the health and well-being of USAPI communities by providing, through consensus, a unified credible voice on health issues of regional significance.
Membership: Senior Health Officials from the USAPI
Contact: Cerina Mariano, Guam
Email: cerinam@pihoa.org

Association Objectives & Activities

The PIHOA Strategic Plan FY2013 – FY2017, as applied to PIHOA Resolution 48-01, serves as PIHOA’s objectives and actions for the NCD Road Map. To see the plan, go to: www.pihoa.org

Partnership Objectives:
- Support the development and work of the USAPI Health Leadership Council
Pacific Islands Primary Care Association

Established:
Mission:
Membership:
Contact: Clifford Chang, Hawaii
Email: cchang@pacificislandspca.org

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| By Dec 2013, support the PI jurisdictions in being able to effectively measure the required clinical quality measures required by HRSA CHC program (both within the CHCs and the Departments/ Ministries of Health, as desired) (or should the measure not be appropriate for the USAPI, develop an alternative): (see below) | 1. Assess where each CHC is with regards to implementing the particular clinical area measured by the clinical quality measure, and being able to track and report on this.  
2. Assess which Department/Ministry of Health would like to adopt these clinical quality measures beyond the CHCs.  
3. Based on this assessment, develop the PIPCA training and TA plan to assist the CHCs in being able to effectively track and report on these measures. | # of clinical quality measures as required by HRSA CHC that are adopted and/or developed by the PI jurisdiction Department/Ministry of Health  
# of clinical quality measures as required by HRSA CHC that are reported by the PI jurisdictions  
# of meetings held to develop the PIPCA training and TA plan to assist the CHCs in being able to effectively track and report on these measures. |

| By 2014, working in conjunction with regional partners (e.g. PBMA, APNL, PBDA, CCPI, PCDC, PPTF) provide training and TA, as needed and requested to strengthen the CHC clinical capacity to address obesity, diabetes, hypertension, and tobacco use, including tobacco used in conjunction with betel nut (becoming stronger “patient centered medical homes”). | Based on the assessment, develop a training, TA and implementation plan for each one of the PI CHCs. | # of meetings held to develop the training, TA & implementation plan to strengthen CHC clinical capacity.  
# of trainings and TA provided  
# of participants trained |

| By 2014, working in conjunction with regional partners (e.g. | Based on the assessment, develop a training, TA and implementation plan for | # of meetings held to develop the training, |
| | | |
| | | |
PBMA, APNLC, PBDA, CCPI, PCDC, PPTFI) provide training and TA, as needed and requested to strengthen the CHC CHW outreach and prevention education to address obesity, diabetes, hypertension, and tobacco use, including tobacco used in conjunction with betel nut (becoming stronger “patient centered medical homes”).

By 2014, working in conjunction with PBDA, provide training and TA, as needed and requested, to strengthen the CHC oral health treatment, preventive care, and screening, including for pre-cancerous lesions in adolescents and adults (becoming stronger “patient centered medical homes”).

Association Objectives & Activities

- % of pregnant women beginning prenatal care in the 1st trimester;
- % of children with 2nd BD during the measurement year with appropriate immunizations;
- % of women 21-64 years of age who received one or more tests to screen for cervical CA;
- % of pregnant women beginning prenatal care in the 1st trimester;
- % of children with 2nd BD during the measurement year with appropriate immunizations;
- % of women 21-64 years of age who received one or more tests to screen for cervical CA;
- % of patients age 2-17 years who had a visit during the current year and who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year;
- % of patients age 18 years or older who had their Body Mass Index (BMI) calculated at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented;
- % of patients age 18 years and older who were queried about tobacco use one or more times within 24 months;
- % of patients age 18 years and older who are users of tobacco and who received (charted) advice to quit smoking or tobacco use;
- % of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long term control medication or an acceptable alternative pharmacological therapy during the current year;
- % of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent;
- % of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90;
- % of births less than 2,500 grams to health center patients;
- % of patients 18 years and older with a diagnosis of CAD prescribed a lipid lowering therapy (based on current ACC/AHA guidelines);
- % of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA), or who had a diagnosis of Ischemic Vascular Disease (IVD) and who had documentation of use of aspirin or another antithrombotic during the measurement year;
- % of adults 50 to 75 years of age who had appropriate screening for colorectal cancer (includes colonoscopy ≤ 10 years, flexible sigmoidoscopy ≤ 5 years, or annual fecal occult blood test).

**Partnership Objectives:**

Pacific Partners for Tobacco Free Islands

Established: 2008
Mission: Our mission is to weave together our resources, appropriate practices and experiences and drawing strength from our cultures and relationships for a Tobacco-Free Pacific
Membership:
Contact: George Cruz/Becky Robles, CNMI
Email: george_c@marianashealth.com
becky_mexi@yahoo.com

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| Reduce the Risk Factors relating to NCD’s, specifically Tobacco use, such as onset of cigarette use, second hand smoke, chewing w/tobacco, etc. | Assist Partners by providing Annual Advance Tobacco Cessation Certifications to increase the number of Tobacco Cessation Counselors to provide support for those who want to quit | Annual # of Advance Tobacco Cessation Certifications provided to partners
   & % of registered clients who indicate quitting tobacco use
   # of partners who support and implement the Clean Door Air Act, SIN Tax, etc. |
|                                                                           | Assist Partners by providing consistent Brief Tobacco Intervention Trainings & follow up on the use of BTI within the community |                                                                                  |
|                                                                           | Assist Partners in promulgating policies & rules relating to Clean Door Air Act, SIN Tax, etc. |                                                                                  |
|                                                                           | Establish a Standard & Consistent Data & Surveillance infrastructure; as well as, a Systems Assessment for the Region |                                                                                  |
|                                                                           | Have Annual Face-To-Face Working Meetings with Partners, and to maximize meetings, by having meetings coincide with other Coalition Meetings |                                                                                  |
|                                                                           | Provide Technical Assistance to Local Coalitions to promote Sustainability, Empowerment & Leadership |                                                                                  |

Partnership Objectives:
1. Partner with PCDC and CCPI on cross training for tobacco cessation counselors, and to integrate diabetes, cancer, etc. into the tobacco cessation curriculum.

2. Partner with PIPCA, PBDA, CCIP, and PCDC to continue training of Brief Tobacco Intervention throughout the Pacific, in front line staff and providers, including schools. Assist with carrying the same theme (e.g., healthy living).

3. Partner with PBHCC to work on addressing habit of tobacco users in home, work, social gathering, keep same theme. Assist with advanced tobacco training at each jurisdiction.

4. Partner with NPEHA to assist in enforcement of clean indoor air act; no second hand smoke, etc. and help redirect sin tax funding to fund enforcement.

5. Partner with Pharmacy to increase pool of available NRT’s for tobacco cessation programs.

6. Partner with PBMA and APNLC to work with continuous training and follow up on BTI, increase referrals to tobacco cessation programs; and provide advanced tobacco training.

7. Partner with APNLC and PBMA on training in smoking cessation.

8. Partner with PIHOA for funding.

9. Partner with associations on the dissemination of standards for smoking cessation.

10. Partner with PBHCC to work together to include advanced tobacco training, cross training for tobacco cessation counselors, and curriculum.

11. Partner with associations to advocate for consistent tobacco data collection and explore opportunities to integrate tobacco questions into any existing data gathering tools.
Established:
Mission:
Membership:
Contact: Dr. Mark Durand, PIHOA
Email: durand@pihoa.org

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<td>Assume responsibility of monitoring.</td>
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<td># of periodic (quarterly; 6 monthly; annual) and/or progressive reports produced</td>
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<td>Develop performance management plan for Road Map.</td>
<td>Develop performance management plan for Road Map.</td>
<td># of meetings held to develop a performance management plan for the Road Map.</td>
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<td>By the end of the 1st year, have a list of performance indicators for the Road Map.</td>
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Partnership Objectives:
DEVELOPMENT PARTNERS

Contact: John Walmsley, Region IX HHS, San Francisco
Email: John.Walmsley@hhs.gov

1. Assist jurisdictions with developing efficient and effective policies that significantly increase healthy outcomes
   A. Build skills in NCD policy and law development
   B. Increase regional, national and international coordination to implement NCD policies at all levels and support a “health in all policies” approach.
   C. Strengthen advocacy for NCD policy and law
   D. Support the development of relevant NCD policy briefs within each jurisdiction, as requested

2. Support the development of performance-driven, accountable, and evidence-based health systems.
   A. Support the development of NCD-related Human Resources for Health, including the identification of appropriate skill mixes for health professionals.
   B. Adopt / translate NCD-related core competencies
   C. Support performance management, including planning, evaluation, asset management and cost analysis within health systems.
   D. Integrate systems of care and public health with other supporting sectors.
   E. Support the development and adoption of appropriate Health Information Management Systems

3. Support innovative and diverse funding models that produce sustainable funding
   A. Support the development and implementation of appropriate taxes and surcharges on unhealthy food, tobacco, and alcohol.
   B. Support the development of appropriate insurance systems

4. Help align interests of chief executives, chief health officers, and legislative leaders
   A. Assist top leaders with developing the leadership and management skills they need to address the NCD crisis; include executive coaching.

5. Improve NCD response coordination among development partners
   A. Implement a coordinated stewardship effort among all development partners; improve communications, through regular meetings and calls, as necessary to support development partner objectives; ask PIHOA to take the lead with ensuring integration and coordination among development partners
   B. Support the inclusion of NCDs on the United Nations Development Assistance Framework for all three Freely-Associated State
6. Support the development of robust and efficient NCD surveillance system where data is lacking
   A. Foster agreement on a standard list of indicators for the big four NCDs.
   B. Strengthen, support and improve integration among appropriate NCD surveillance instruments, such as STEPS and BRFSS
   C. Support the scaling up of the implementation of the Chronic Disease Electronic Management System (CDEMS)
   D. Support the inclusion of cross sectorial proxy data, such as trade and tax data, as part of surveillance.

7. Support the development of comprehensive communications strategies within the jurisdictions and the region, focusing on behavioral and environmental change
   A. Support training and mentoring in strategic communications, as requested.
   B. Support the development and implementation of comprehensive strategic communications plans and infrastructure

Participating Agencies:
EDUCATION PARTNERS/COMMITTEE

Contact: Dr. Greg Dever, Palau
Email: gregd@pihoa.org

1. Support the development of formal NCD-related education initiatives for 0 through 12.
   A. Require a minimum of 20 minutes per day of organized physical activity at all grade levels
   B. Encourage brief, organized, physical activity before each class
   C. Develop(3a), implement (3b), and monitor physical education and nutrition standards for each grade level – for both students and teachers
   D. Work with stakeholders (students, families, community, teachers, specialists, stakeholders, traditional leaders) to develop school wellness plans – to include food safety and policy - for each school
   E. Develop (a) and regulate (b) school meal programs – require (c) servings of fresh fruit and vegetables (funding issue)
   F. Develop school gardens/ agricultural / extension programs
   G. Professional development for teachers and school staff regarding nutrition
   H. Solicit parent and community buy-in – disseminate information regarding NCDs and healthy lifestyles
   I. Disseminating NCD/health lifestyle information, raising awareness, and advocating for change
   J. Promote the image of nursing

2. Support the development of formal NCD-related education initiatives for Institutions of Higher Education
   A. Review curriculum of existing programs; identify curricular gaps
   B. Develop NCD education programs for the non-health students
   C. Engage NGOs and MoHs directly – build better relations; need for cross-disciplinary approaches – agriculture, medical, marine, education, sciences, - departments and gov. organizations etc. Trainings across sectors – emphasis on integrated education
   D. Attract students into health careers (AHEC, TRIO, Upward Bound, Talent Search); Address compensation issues: salaries & benefits
   E. Develop pathways, majors, minors, certificates, customized curriculum
   F. Faculty development: research strengths, policy work and development, pedagogy (faculty incentives)
   G. Institute shared curricular planning across IHEs; articulation agreements (Pohnpei Accord, Palau Protocol)
   H. Promote, conduct and disseminate research - collaboratively

3. Help strengthen the capacity of nurses and the nursing profession to address the NCD crisis.
   A. Integrate nutrition concepts & skills across the curriculum in all disciplines
   B. Partner and collaborate with community-based clinics, educational agencies, community agencies, NGOs, traditional leaders to disseminate NCD info
   C. Practice what we preach - modeling behavior, mentor others
   D. Advocate for policy changes (e.g. breastfeeding, food controls (ex. gov. interventions regarding imported foods & drinks, food safety)
   E. Influence policymakers to review and adjust classification and salary structures for nurses and to invest in nursing (salaries & benefits), support community outreach, etc.
   F. Advise stakeholders about NCD activities; disseminate information on NCDs
4. Increase community awareness and engagement in NCD response
   A. Engage traditional leaders and healers, community leaders, women’s groups, men’s groups, churches to promote healthy lifestyles and NCD awareness
   B. Involve PTA, teachers, parents, church leaders, traditional leaders and healers, and other stakeholders in developing nutrition curriculum
   C. Develop youth-to-youth teaching programs, role-models and mentoring programs
   D. Conduct and disseminate nutritional analyses of local foods (research & analysis)

Education Committee Members: