



57th PIHOA Board Meeting Minutes

9-13 March 2015

Koror, Republic of Palau

Attendance Day 1: Executive and Associate Members: Secretary Vita Skilling (FSM), Minister Gregorio Ngirmang (Palau), Minister Phillip Muller (RMI), Director Livinson Taulung (Kosrae, FSM), Mrs. Josie O'Mallan (Guam and proxy for Director Jim Gillan), Director Paulino Rosario (Pohnpei, FSM), Director Julio Marar (Chuuk, FSM), Acting Director Mr. Dominic Taruwemai (Yap, FSM), Warren Villagomez (proxy for CEO Muna, CNMI). **PIHOA Secretariat:** Emi Chutaro, Regie Tolentino, Candy Lum, Billie Hiraishi, Mark Durand, Greg Dever, Vasiti Uluiviti, and Dr. Angela Techur-Pedro. **Guest Speakers:** Karl Ensign (ASTHO) and Tebuka Toatu (SPC).

Attendance Day 2: Executive and Associate Members: Secretary Vita Skilling (FSM), Minister Gregorio Ngirmang (Palau), Minister Phillip Muller (RMI), CEO Esther Muna (CNMI), Director Livinson Taulung (Kosrae, FSM), Mrs. Josie O'Mallan (Guam and proxy for Director Jim Gillan), Director Paulino Rosario (Pohnpei, FSM), Director Julio Marar (Chuuk, FSM), Acting Director Mr. Dominic Taruwemai (Yap, FSM), Jesse Tudela (CNMI), Warren Villagomez (CNMI). **Affiliate Members:** Clifford Chang (PIPICA), Arielle Buyum (PIPICA), and Dr. Louisa Santos (PBDA). **PIHOA Secretariat:** Emi Chutaro, Regie Tolentino, Candy Lum, Billie Hiraishi, Mark Durand, Greg Dever, Vasiti Uluiviti, and Dr. Angela Techur-Pedro. **Guest Speakers:** Johnny Aldan (APNLC), Dr. Kristine Qureshi (APNLC), Francis Termeteet (AUL), Manasa Mainaqelelevu (AUL), Edolem Ikerdeu (MOH Palau/CCPI), Robert Ramarui (PPEC), Alex Ngrairingas (PBHCC), Augusta Rengiil (PCDC), Kavekini Neidiri (FNU), Dr. Debbie Ngemaes (MOH Palau), Chris (MOH Palau), Vicky Rayle (CDC OSTLTS), Dr. Sevil Huseynova (WHO CLO Northern Pacific), and Dr. Isimeli Tukana (Peleliu Health Center). **General Attendees:** Eric Blank (APHL), Dr. Haley Cash (CDC), Peter Judicpa (CDC), Bill Gallo (CDC), Karl Ensign (ASTHO), Bertha Taijeron (Guam DPHSS), Judith Won Pat (APIL), Clarette Matlab (MOH Palau), Subroto Banerji (Region IX), Bill Gallo (CDC), Capt. Cathy Wasem (Region IX), Jon Perez (SAMSHA), Annabel Lyman (FCA), Fancilynn Solomon (FSM DHSA), Amanda Turowski (CDC/ASTHO), Isan Mekou (MOH Palau), Gaafar Uherbelau (MOH CAP), Kale Decherong (PCHC), Jennifer Anashrasi (MOH Palau), Marleen Ngirametuker (MOH Palau), Mate Tukanakomonan (PCHC), Alex Ngrirangas (BHD MOH), Columbo Sakuma (CDU MOH), Antomette Menu (MOH BOH), Wilfred Elcheser (CHC), Karolina Tukana (CHC), and Mana Muncal (BNH).

Attendance Day 3: Executive and Associate Members: Secretary Vita Skilling (FSM), Minister Gregorio Ngirmang (Palau), Minister Phillip Muller (RMI), CEO Esther Muna (CNMI), Director Livinson Taulung (Kosrae, FSM), Mrs. Josie O'Mallan (Guam and proxy for Director Jim Gillan), Director Paulino Rosario (Pohnpei, FSM), Director Julio Marar (Chuuk, FSM), Acting Director Mr. Dominic Taruwemai (Yap, FSM), Jesse Tudela (CNMI),

Warren Villagomez (CNMI). **Affiliate Members:** Clifford Chang (PIPICA), Arielle Buyum (PIPICA), and Dr. Louisa Santos (PBDA). **PIHOA Secretariat:** Emi Chutaro, Regie Tolentino, Candy Lum, Billie Hiraishi, Mark Durand, Greg Dever, Vasiti Uluiviti, and Dr. Angela Techur-Pedro. **Guest Speakers:** Karl Ensign (ASTHO), Bertha Taijeron (Guam DPHSS), Judith Won Pat (APIL), Peter Judicpa (CDC), Dr. Then Hancock (CDC), Dr. Haley Cash (CDC), Mimi Larzelere (CDC), Amanda Bryant (CDC), Clarette Matlab (MOH Palau), Subroto Banerji (Region IX), Bill Gallo (CDC), Capt. Cathy Wasem (Region IX), and Jon Perez (SAMSHA). **General Attendees:** Johnny Aldan (APHL), Dr. Kristine Qureshi (APNLC), Francis Termeteet (AUL), Manasa Mainaquelelevu (AUL), Edolem Ikerdeu (MOH Palau/CCPI), Robert Ramarui (PPEC), Alex Ngiraingas (PBHCC), Augusta Rengiil (PCDC), Kavekini Neidiri (FNU), Dr. Debbie Ngemaes (MOH Palau), Dr. Sevil Huseynova (WHO CLO Northern Pacific), Eric Blank (APHL), Annabel Lyman (FCA), Katie Sellers (ASTHO), Fancilynn Solomon (FSM DHSA), Amanda Turowski (CDC/ASTHO), Kale Decherong (PCHC), Jennifer Anashrasi (MOH Palau), Marleen Ngirametuker (MOH Palau), Alex Ngirangas (BHD MOH), Columbo Sakuma (CDU MOH), Antomette Menu (MOH BOH), Wilfred Elcheser (CHC), and Karolina Tukana (CHC).

Attendance Day 4: Executive and Associate Members: Secretary Vita Skilling (FSM), Minister Gregorio Ngirmang (Palau), Minister Phillip Muller (RMI), CEO Esther Muna (CNMI), Director Livinson Taulung (Kosrae, FSM), Mrs. Josie O’Mallan (Guam and proxy for Director Jim Gillan), Director Paulino Rosario (Pohnpei, FSM), Director Julio Marar (Chuuk, FSM), Acting Director Mr. Dominic Taruwemai (Yap, FSM), and Warren Villagomez (CNMI). **PIHOA Secretariat:** Emi Chutaro, Regie Tolentino, Candy Lum, Billie Hiraishi, Mark Durand, Greg Dever, Vasiti Uluiviti, and Dr. Angela Techur-Pedro. **Guest Speakers:** Dr. Thane Hancock (CDC Preparedness), Dr. Haley Cash (CDC Chronic Disease/TEPHINET), Subroto Banerji (Region IX), Bill Gallo (CDC), Capt. Cathy Wasem (Region IX), Erik Blank (APHL/AUL), and Manasa Mainaquelelevu (AUL).

Day 1 – Monday, 9 March 2015 / Closed Meeting Executive and Associate PIHOA Members and Invited Guest Presenters Ngarachamayong Cultural Center		
Agenda Item	Discussion	Decisions Made / Action Needed
	Morning Coffee and Fruits / PIHOA Board Member Registration	
	Opening Prayer: Dr. Livingston Taulung, Kosrae State Department of Health Services	
Welcome and Acknowledgements: Secretary Vita Skilling, FSM Secretary of Health & Emi Chutaro,	Secretary Skilling welcomed the PIHOA board members, associate and affiliate members, PIHOA staff and guest speakers. Secretary Skilling thanked Emi for putting together the 56 th PIHOA Board meeting minutes. Emi thanked the Palau Ministry of Health, Minister Ngirmang and Edolem Ikerdeu for hosting the PIHOA meeting and setting up the meeting logistics with Regie Tolentino. Emi announced that Director Nua is unable to attend the meeting, Dr. Ngemaes will	

Executive Director, PIHOA Secretariat	be joining us this afternoon, and that CEO Muna and Director Rosario will be joining us on Wednesday.	
Review and adoption of the 56 th PIHOA Meeting Minutes: Secretary Skilling, PIHOA Board President	Secretary Skilling called the meeting to order at 9:01am. Secretary Skilling asked members to review the minutes and suggest changes if needed. Minister Ngirmang moved to adopt the minutes; seconded by Dr. Taulung.	Minutes adopted.
Review and adoption of the 57 th PIHOA Meeting Agenda: Secretary Skilling, PIHOA Board President	Secretary Skilling suggested to take a look at the agenda and have a discussion if anyone had any issues with the agenda. Emi suggested the board review day three of the 56 th PIHOA meeting and what is to be discussed, such as pending items to highlight those core discussion items and whether board members want to continue with these initiatives, or create new priorities for this meeting. No changes requested. Minister Ngirmang moved to adopt the agenda; seconded by Dr. Taulung	Agenda adopted.
PIHOA Financial Report: Candy Lum, PIHOA Finance Officer, and Emi Chutaro, Executive Director, PIHOA Secretariat	<ul style="list-style-type: none"> • Candy Lum provided a presentation on PIHOA’s financial review on total income, expenditures, deficits, grants, accounts receivable, accounts payable, net assets, etc. • Warren Villagomez asked why there was a huge decrease in expenditures from 2011-2013 to 2014-2015 – Emi reported that it’s because in 2013 HRSA got slashed by half and in 2014 NPHII funding was ending one year prematurely. Basically, PIHOA is operating on the carry-over of NPHII and deficits from 2011 are also carrying over throughout the years. However, there are many expenses that cannot be charged towards grants and financial assistance from other resources such as membership dues might have to be used. • Candy Lum added two main concerns regarding the 5-year analysis of revenue vs expenditures (2011-2015): <ul style="list-style-type: none"> ○ First, membership dues are not being paid on time, or at all. As of June 30th 2014 (audit statements) the long outstanding receivable 90 days past due was \$108,000. That means that PIHOA has \$108,000 that they did not receive. PIHOA needs the membership dues because that is one of the main funding sources to cover basic operations because PIHOA cannot get the money from grants. Candy added that the 	

	<p>90 days past due also includes board dues that have been cumulating since 2010, these are not just one year membership dues, these are multi-year.</p> <ul style="list-style-type: none"> ○ Second, in regards to the lab reimbursable fund (LRF), the problem PIHOA is facing is that the billing is too slow to get reimbursed, and they cannot bill to get reimbursed quickly. Sometimes PIHOA gets unpaid. Sometimes PIHOA gets information late and then they have to send the invoices late and many times there were issues with departments already closing their Financial FY, so they cannot pay. Emi discussed that for LRF expenses, the difficulty of dealing with United and other specimen vendors is that we have to pay up front with PIHOA funding to get the specimens out to outside diagnostic labs, and then have to invoice jurisdictions to reimburse. PIHOA is not getting reimbursed in a timely manner. Emi also mentioned that this is a similar situation with the board dues - there are accounts that haven't been paid since 2009 and 2010 and it's building up every year (i.e. reduction in net assets over time). ● Secretary Skilling commented on the issue of overdue membership fees and LRF expenses – Dues and LRF those are USAPI responsibilities, but those are also the responsibilities of the congress and legislature - if they haven't heard about what is owed, it is the responsibility of the health agency to let them hear. If there are any past dues from 2007, members should make a new legislature or resolution to pay off these dues. Need to support one another and take responsibility that there are issues with cash flow. ● Minister Ngirmang asked if we are sending financial statements to everyone and suggest PIHOA start charging interests as an option of penalty fees. ● Emi reported that in December 2014 updated membership dues were sent to the board and members as well as an updated amount for LRF dues in the PIJ. ● Director Marar suggest sending statements every month directly to the directors and ministers. ● Warren Villagomez proposed the board to update their current point of contact to improve the LRF dues process. ● Emi added that it becomes very sticky when we have direct costs comprising 40% or more of grant budget - so restricted to try and maintain 40% of grants. Emi continued on the idea of 	
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	<p>applying for federal indirect cost rate with a US federal agency (HHS Region IX), with the hope by that next FY to put in an indirect cost rate that will improve PIHOA's financial position.</p> <ul style="list-style-type: none"> • Emi said that PIHOA is trying to make sure to meet its obligations and technical support to sustain this finance issue. Emi made the following statements: <ul style="list-style-type: none"> ○ NPHII grantees were told in Feb 2014 that the grant will be ending 1 year ahead of schedule; ○ Congress as a whole is actually decreasing their funding to the USAPIS (many USAPIS are not fully spending down their federal grants, so harder for those providing TA to support USAPIS to justify additional funding); ○ We need to look at other (non-federal) funders to resolve this issue – need to diversify PIHOA's funding base; and ○ Board membership need to consider what role they want the PIHOA Secretariat to play, and commit to invest in PIHOA accordingly. • Minister Muller suggested that the next two meetings be in Honolulu so it'll save some money. Secretary Skilling states that since we do not have money to finance maybe the jurisdictions should take the responsibility self-fund to meetings. • Emi reported that PIHOA applied for the DOI (director technical assistance grant), submitted in June 2014. Emi is 80% sure we might get this. Initial response from Honolulu office has been positive and they are currently reviewing our proposals. This would be \$500K per year for 3 years. PIHOA also applied to CDC PICH funds, unfortunately they have been prioritized to the 50 states. • Josie O'Mallan suggested that PIHOA approach Guam representatives. It's happened many times that grants were going to be approved but haven't because of the lack support in the legislature. Warren suggest we go to different voting levels to lobby. • Emi asked the board to describe what their level of commitment to seek potential funders? Should we come up with some kind of communique that is signed off by each board member? • Secretary Skilling asked if there are any other funding sources that PIHOA is looking into? Emi reported that CDC Preparedness is considering looking at other options to direct funding 	
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	<p>to PIHOA – i.e. a sole vendor contract that will help support the CDC staff that is working with PIHOA and to assist PIHOA office management operations. At the same time, PIHOA is working with CDC to finalize a limited eligibility cooperative agreement. Emi stated that a general cooperative agreement of this kind opens the door for other CDC programs to funnel money directly to PIHOA.</p> <ul style="list-style-type: none"> • Secretary Skilling asked how can the board help and opening the floor to other board members on these concerns: • Director Taulung suggested that membership dues go up a little higher. As membership of PIHOA in the next 5 years it should be maintained better and the possibility to cost out the realities of what can be spent. Director Taulung also brought up two questions; one, how can we the board and associated members contribute? And two, if the dues were increased, what is a reasonable number? Emi stressed that the increase in membership dues could assist PIHOA funding because can use dues to fund certain costs that cannot be covered under federal grants. • Minister Ngirmang suggested to talk about raising costing for membership dues as an action item on Thursday. 	<p>Membership dues to be further discussed on Thursday.</p>
<p>Presentation and Discussion – USAPI Representation within ASTHO Karl Ensign,</p>	<p>ASTHO’s Senior Director of Planning and Evaluation, Karl Ensign provided an update on what had been discussed in the last PIHOA meeting and any updates since with ASTHO.</p>	

<p>ASTHO Senior Director of Planning and Evaluation</p>	<ul style="list-style-type: none"> • Secretary Skilling said she is concerned about communicating to get information across from the Pacific to ASTHO in the mainland. Asked if a representative needs information from the Pacific, does she/he need to travel everywhere to get the information? Second question asked how we can strengthen the communication on improving the information? Also, made a comment on having to represent our region specifically. • Minister Ngirmang said that Secretary Skilling’s concerns are important to strengthen communication and how it would make sense to have a representative in the region. • Minister Muller suggest that have a representative from both the Pacific and the Atlantic. • Karl Ensign mentioned that part of the proposal would have an alternating representative one term from the Pacific and the one term from the Atlantic. • Dr. Livingston was concerned about collecting information from the Pacific and the Atlantic and communicating this information to the mainland. If there can be 2 ex-officio representatives, one from Pacific and one from Atlantic, that’ll be a good start. Dr. Livingston asked what the current representation looks like now? • Karl Ensign shared that Regional 9 only has Jim Gillan for Guam. • Mr. Ensign shared that there are a number of things ASTHO can consider to effectively communicate with USAPI and Puerto Rico. Her role as a regional representative to improve this issue. • Karl Ensign stated that there are two issues here: 1) current regional representation for the Pacific and Atlantic; and 2) communication with one representative gathering information from the Pacific and Atlantic. • Secretary Skilling asked if there is a way that the representatives from the Pacific and Atlantic get together once a year and go over forum for the USAPI and Atlantic to go over common issues so they are represented? • Mr. Shawn Polk (ASTHO, via TC) shared that there are already weekly informal conference calls in certain regions that makes it a great way to inform each other on updates and common interests. 	
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	<ul style="list-style-type: none"> • Warren Villagomez & Minister Muller shared that Jim Gillan is doing a great job at the ASTHO meetings and that the USAPIs will strengthen and better link up the communication efforts within the island jurisdictions. • Secretary Skilling shared that USAPI representatives are going to be coming to the ASTHO meetings anyway, so giving an extra day where USAPI and Atlantic officials meet and go over common interests could also be possible. • Katie Sellers (ASTHO, via TC) shared that she will try to arrange a dinner, formal all day meeting, whatever is helpful we can do. • Dominic Taruwemai asked about the possibilities of creating an office of USAPI and Atlantic representatives? • Karl Ensign mentioned that this would be a great idea to get a way for the representatives to meet and communicate about common interests/updates. Karl Ensign asked if we do create a representative for the Officio is there interests in the Pacific? • Secretary Skilling asked if an Ex-officio member is defined as an ex officer of ASTHO member? And how would one be eligible? • Karl Ensign shared that they are not past presidents so USAPI representatives could definitely participate in the Ex-officio position. • Secretary Skilling said the problem with the communication is not just the time zone, skype conference calls for the USAPI has poor connection, as well as time zones and technology issues. I think we were under utilizing the assistance from ASTHO. Having a representative from USAPI in ASTHO is a really good idea. • Emi said the needs within our islands are great. Emi asked how do you effectively coordinate and draw that technical support knowing the contributions each technical provider can assist with? How can this voice be heard best across multiple forums? Suggest that this is a perfect way to start. Another suggestion was to lobby and advocate during Capitol Hill Day (supported by ASTHO) to Congress because those are the kinds of people that you could lobby with to get that support for the USAPIs within the Senate and House of Representatives. Emi said having continuity is where ASTHO can really assist us to advocate and promote the needs of the USAPIs. 	
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	<ul style="list-style-type: none"> Minister Muller said that we can push our representatives in D.C. to better advocate for the USAPI. Minister Muller states that the issue is that a lot of the new representatives in D.C. don't know where the USAPIs, so thinks we need to use our ambassadors to make new friends for the USAPIs. 	
<p>USAPI NCD Emergency Response – Continuing the Momentum</p> <ul style="list-style-type: none"> Regional NCD Emergency Response Timeline Drafting legislation in support of the NCD Policy Commitment Package and Toolkit/ Arnold and Porter, LLD NCD Law and Policy Summit <p>Emi Chutaro & Temengil Temengil, Special Assistant to the Minister of Health, Palau MOH</p>	<p>Emi gave a brief overview of where we are at in regards to the NCD response timeline, drafting legislation support for the NCD policy commitment package and Toolkit, hemodialysis assessment findings, and an update on the NCD Law and Policy Summit and Toolkit.</p> <ul style="list-style-type: none"> Secretary Skilling commented that they completed their health summit in August for the health framework in the next 10 years and hemodialysis was not part of that framework. Everything is emphasized on access to universal health, having access to preventive and primary care and that's what they were looking for and asking the government to spend their money on. Dr. Dever commented on the letters from the President and singling out hemodialysis, mentioned that if you look at that letter, there's a threat, there might be an effort to break the contract in Hawaii and Guam who are claiming adverse impact. Emi mentioned that this threat will raise a lot of legal issues if the US government let us use that money for hemodialysis. There are a lot of uncertainty for the future of hemodialysis and health in the USAPIs in the future. There are other ways that we can improve and address this issue of hemodialysis better and NCD response. Secretary Skilling asked Minister Ngirmang how was Palau sustaining hemodialysis? Minister Ngirmang said that there is a discussion about getting more dialysis machines and Palau also went to the Philippines and got cleaning machines to try and reduce the cost, maybe \$2 per cycle. Emi suggested that there is a critical need to reassess whole health system and associated costs and revenue to see what other income sources can better allocated. Believes that it may mean to reform how we finance healthcare overall. Going back to the NCD Law & Policy summit, there's potential to re-allocate funds through legislative decisions. For example, an 	<p>NCD Policy & Law Summit – pending item for continued discussion and f/up</p>

	<p>NCD Trust can be formed – Guam example. Emi believes there are innovative ways to work out the costs of what can really be feasible through other means.</p> <ul style="list-style-type: none"> • Secretary Skilling said in FSM they give the patients a choice in regards to dialysis. It'll be a way of giving them a choice. Secretary Skilling thinks there are people who would prefer not to go on dialysis. So, giving the people in FSM and other jurisdictions the choice should be an option. • Dr. Ngemaes said that if we are talking about prevention, she thinks that they put a lot of our effort on the primary preventions and forget there are secondary preventions. Dr. Ngemaes suggested that we have to put a lot of our effort on prevention in terms of intervention and how to deal with it and people who are already dialysis. • Dr. Livingston said from an ethical standpoint he'll continue dialysis, but from a clinical standpoint, he would not. The intent is to prevent you from getting early diabetes, so we need to do something now. He mentioned that the other issue is to focus on the primary and secondary preventions so we do not get to the early term. • Dr. Ngemaes said the interventions we have to make sure that if they are already under dialysis to make sure they're taking their medication, etc. • Secretary Skilling said that the NCD programs in the islands have not been addressing the pre-conditions. PIHOA should set up a policy to address the prevention. • Emi discussed the NCD Law & Policy Summit and how policy and legislature is a critical area to address NCDs to have long-term impact for better NCD management, etc. Emi said everyone has committed to addressing risk factors through policy and legislation, and there is much progress on tobacco and alcohol – but, there still needs to be more to be done, especially in nutrition and physical activity. Emi asked if there is local USAPI data on the impact of the NCD policies legislated to date? Emi also noted need to keep track of what has been done and track results and impact thus far. It is critical to bring together the USAPI leadership, and seeing where we can all work together to help continue the NCD policy and legislation (i.e. Law and Policy Summit). • Emi introduced current contract negotiations with Arnold and Porter, LLP Law Firm, and mentioned how one of their members has been a very big advocate for PIHOA and their 	
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	<p>work with NCD policies. Emi said they want to support PIHOA and want to know how they can be of further help. Arnold and Porter will be providing assistance pro bono. As a start, Emi said one of the critical tools missing from the NCD Policy Toolkit is policy and legislative templates. Emi mentioned they were willing to draft legislative templates aligned to the USAPI NCD Policy Commitment Package.</p> <ul style="list-style-type: none"> • Dr. Durand said there are things that are unusual with trade out here. Dr. Durand mentioned a couple years ago, Samoa banned importation NCD related issues and he thought the law firm would be a great way to help with the grunt and detailed work of how this is going to work out for the NCD policy summit. • Emi suggested the jurisdictions give PIHOA updates and success stories on NCD progress and whatever they have. Emi said there's a group with the law firm that is used just to lobby, and that some of these guys are very vocal representatives that can provide tips and ways to lobby with our respective officials. 	
<p>PIHOA Initiative Update – Human Resources for Health: Dr. Greg Dever, PIHOA Regional HRH Coordinator</p>	<p>Dr. Dever gave an update on various projects and organizations such as the Pacific Basin Dental Association Meeting, the PIHOA-ASTHO-CDC Human Resource Management Project, Human Resources Management Coaching, other public health training activities with a Nursing BA, and the University of Arizona Western Region Public Health Training Center. Dr. Dever said the main issue is that USAPI education systems are not robust enough for USAPI students to be successful in this field of study. He suggested a communique from PIHOA to better develop education in the health sector in the USAPIs be drafted. He suggest there needs to be a more energetic approach to incorporate into the community colleges to develop a solid and successful foundation of sciences and training.</p> <ul style="list-style-type: none"> • Minister Ngirmang asked if we should look at the high school graduates if it is an issue in the sciences? • Dr. Dever commented and said it's mainly elementary school because when they get to high school the student's interest in the field drops, and the pipeline program also starts in elementary school. Dr. Dever added that if going to crack the issue of the shortage of dentist and physicians in the USAPI, have to try to develop on a regional basis, programs that will 	

	<p>actually stick at an early stage in the child’s life. Dr. Dever suggested to together a communique to develop a bridging program for USAPI students to survive in the health field.</p> <ul style="list-style-type: none"> • Dr. Taulung said that Kosraes has been getting support and training from PIHOA and Palau in regards to the HRM project. Dr. Taulung summarized Kosraes progress when looking at HRM and how the staff has been trying to utilize the software to really develop that process. Dr. Taulung also mentioned that the same issues with the math and science foundation also occur with the children in Kosrae. Dr. Taulung asked what the first step towards improving this issue be? • Dr. Dever said many schools are given conditions and if they do not meet certain requirements and/or are threatened to close the school/program, getting support from the chief executive would be a great way to start improving the issue. • Secretary Skilling said the system doesn’t work and the English comprehension is their main issue. She mentioned that there should be an education committee because it’s not only a math and science issue, but an English barrier issue for the student’s comprehension. • Dr. Dever & Emi suggested PIHOA develop a communique for an education committee where we can make a statement and share it with other people because there needs to be a policy commitment to improve the issue of the accredited schools, programs, and teachers. 	
<p>PIHOA Initiative Update – Primary Care Office: Dr. Angel Techur-Pedro, PIHOA PCO Coordinator</p>	<p>Dr. Angela Techur-Pedro presented the PIHOA PCO update for a new 5-year project (2014-2019). The objectives are to develop and implement a USAPI statewide primary care needs assessment (SPCMA) to describe access/lack of health access, record data for HIPSA & MUAP, and improve technical assistance and collaboration by expanding access to primary care. She reviewed the data book that will be used for recording the data for this project. There are distinct steps to access to primary care that will be emphasized in this data book and they include: coverage, service timeliness and workforce development. The HRSA grant requires the activity of a data book as a requirement for funding be completed by Dec. 31, 2015. This data book will show the similarities and differences across the USAPIS in relation to the service, service timeliness and workforce development with primary care physicians, dentists and mental health professionals. Data from Palau has already been completed and a little data collected in Guam and CNMI.</p> <ul style="list-style-type: none"> • Dr. Ngemaes asked who is going to use this book? 	

	<ul style="list-style-type: none"> • Dr. Techur-Pedro said part of the HRSA grant with PCO is producing this data book for funding purposes. Anyone who wants to use it can also use it. Emi added that the purpose of this data is indeed to complete the HRSA funding requirement because if you are recognized as a medically underserved area they need the book and the data to prove it. • Secretary Skilling asked how we benefit from this data book? • Dr. Dever replied saying this data was designed to take a look at “another resource of data.” One of the benefits is to justify HPSA so the jurisdictions can offer a salary that is beneficial. Now if you’re in a high HPSA area, you can have assigned a scholarship recipient in the loan repayment program. • Emi request the board review the data book and keep in mind that one specific way the book will be used is with external stakeholders and funding resources such as ASTHO and the legal advisors as a collective data resource for the USAPIS. 	<p>Tabled for further discussion on Thursday.</p>
<p>PIHOA Initiative Update – Laboratory Strengthening: Vasiti Uluiviti, PIHOA Regional LS Coordinator</p>	<p>Vasiti Uluiviti gave a report on the outcomes of the recent Regional lab meeting, activities of lab quality management systems, and updates on USAPI medical lab workforce, the USAPI surveillance, Guam public health lab and the PIHOA progress and highlights.</p> <ul style="list-style-type: none"> • Director Marar asked how soon can see progress with level 2? Is it going to be too expensive to get lab equipment? What is the timeframe to improve the Guam lab? • Vasiti explained level 1 is just at the USAPI level like a reference lab in Guam and that there will be a discussion in the Thursday session. • Josie O’Mallan said right now it’s just getting things in place in Guam (in discussion with PIHOA, etc.) with focus on staff training for level 2 testing capabilities and able to do public health lab surveillance. Guam continues to do improvements on their infrastructure. • Vasiti suggested to further discuss lab issues in the Thursday session and to keep in mind that without quality lab, physician assistants, etc., cannot be accurate. Need quality labs. 	<p>Tabled for further discussion on Thursday.</p>
<p>PIHOA Initiative Update – Health</p>	<p>Dr. Mark Durand went over HIS/QI and PI updates + HIS extension services and highlights for the past 6 months, such as recruitment of Drs. Haley Cash and Thane Hancock to work with PIHOA</p>	

<p>Information Management Systems PIHOA Initiative Update – Quality Improvement / Performance Improvement: Dr. Mark Durand, PIHOA Regional HIS and PI Coordinator and Dr. Kristine Qureshi, PIHOA QI and Nursing Consultant</p>	<p>and regionally, submission of a full DDM-FETP curriculum and delivery strategy proposal to FNU, pilot testing of DDM3 with multiple completed data set analyses and multiple partnerships with other organizations showing that profile as an organization and brand is pretty strong in the region. Dr. Durand suggested the board to consider endorsement of REU, communique to CDC and partners if endorsed and for individual board member consideration to nominate EpiTech candidates for your agency and development of REU agreement. The goals for the next six months are to update framework, update progress profile, bring some of the DDM participants through entire DDM series to Epi Tech certification, switch into high gear with capacity building as a unit and identify stable, core funding for DDM-SHIP to allow wider dissemination of EpiTech. Board considerations are guidance on re-covering the USAPI technical working group to review and update the USAPI NCD monitoring and surveillance Framework, possible endorsement and communique on concept brief for a regional Epi capacity building unit and framework, re-covering the USAPI technical working group to review and updating the USAPI NCD monitoring and surveillance framework, whether USAPI NCD products are still relevant.</p> <p>Dr. Kris Qureshi gave a summary, outcomes, updates, and lessons learned for the International Council of Nurses. Emphasized on the idea of programs focused on leadership and management skills for the following reasons:</p> <ul style="list-style-type: none"> ○ Organizational change requires support from the top ○ Leadership is not the same as management ○ Managers need to be supervised, managed and supported. Stay on target and on task, have barriers addressed along the way ○ Most managers know the principles and mechanics of QI, but some are not formally supervised and or lack of the organizational support to really effect improvement change. ○ Managers should be focusing on efforts on the priority areas of senior management that are linked to the strategic plan ○ Sustainability requires abilities to hand off projects and assure accountability <ul style="list-style-type: none"> ● Dr. Ngemaes suggest we delegate staff members to update NCD surveillance and policy profile so make it easily understandable across the jurisdictions. Dr. Durand mentions that it 	
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	<p>is people who are data literate, who understand data reports, and who can operate to make reports standardized because it's for data literacy.</p> <ul style="list-style-type: none"> • Secretary Skilling asked how the projects should be ongoing and endorsed to match the organizations strategy? If you're the chief nurse, the responsibilities won't have time to assure quality of nursing services. • Dr. Qureshi shared that she's seen how Chief Nurses have a significant role to play in quality and overseeing projects and carrying out the quality of the projects, even if they're not doing the work, delegating others to lead and manage the project for you. This is where management needs to be present. She also thinks that it needs to be tailored and specific so it is much more appropriate. 	
Mr. Tebuka Toatu, Laboratory Specialist, SPC Northern Pacific Office	<p>Mr. Tebuka Toatu gave an SPC initiative update, research, evidence and information program (REI) with a brief epidemiology overview as of February 2015. Mr. Toatu also mentioned the Pacific Public Health Surveillance Network (PPHSN) as a voluntary network of countries and territories and institutions and organizations that is dedicated to promotion of public health surveillance and response. PPHSN services include: PacNet – alert communication, LabNet – verification and identification, EpiNet – investigation and response and PICNET – infection control.</p> <ul style="list-style-type: none"> • Secretary Skilling asked are you able to give us the completed report from the micro games? • Mr. Toatu – Yes, we will send you the information. 	
Meeting Closure and Announcements	Secretary Skilling adjourned the meeting at 6:10pm.	
Day 2 – Tuesday, 10 March / Open Meeting Executive, Associate and Affiliate PIHOA Members and Guests Ngarachamayong Cultural Center		
Time / Agenda Item	Discussion	Decisions Made / Action Needed
	Morning Coffee and Fruits / Registration for Invited Guests	
	Dr. Livingston Taulung opened the meeting with a prayer.	

<p>Strategic Partnerships</p> <p>Panel Presentations and Discussion: PIHOA Affiliate/Partner Highlights (15 minutes each + 15 minutes Q&A)</p> <ul style="list-style-type: none"> • American Pacific Nursing Leaders Council (APNLC) • Association of USAPI Labs (AUL) • Pacific Islands Primary Care Association (PIPCA) <p>Cancer Coalition of the Pacific Islands (CCPI)</p>	<p>Johnny Aldan, President and Dr. Kristine Qureshi (APNLC) – Mr. Aldan and Dr. Qureshi introduced APNLC and key areas to focus on NCD’s: 1) Increasing the engagement of nursing in the prevention, detection and management of NCD’s, 2) Nursing Education to cultivate HR for health, professional nursing education, continuing education and nursing support staff. APNLC is working very hard to upgrade the nursing education in the USAPIS. Key activities include: Chief Nurses Committee that will focus on nursing leadership and management.</p> <p>Francis Termeteet, Lab Manager in Palau (AUL) presented an overview of the USAPI laboratories, mission and vision of AUL and the strengths and challenges in the medical labs. Goals that support the objectives are: Strengthening the lab network in the USAPI countries through information sharing and open communication, developing jurisdictional national laboratory policies and plans for Dec. 2014, implementing LQMS in the USAPI Labs and maintain NCD surveillance activities</p> <p>Mr. Manasa Mainaqelelevu (AUL) followed Francis’ presentation by presenting the weaknesses such as: the lack of jurisdiction resources, the challenging transportation issues, the communication gaps between lab and dept. ministries of health, the low salaries and incentives for trained laboratory professionals, the jurisdictional laws that impede laboratory operations, and the retention of qualified laboratory professionals. So how can PIHOA assist the AUL? 1) Consistent support in maintaining its capabilities and strength and 2) Resolving its weaknesses and be an influential mediator</p> <p>Mr. Clifford Chang, Executive Director (PIPCA) went over strategic partnerships: PIPCA update and key issues which include: 1) A brief overview of the PI CHC HRSA Operational Site Visits and resulting corrective requirements, 2) All the federally funded community health centers receive HRSA OSV at the midpoint of their 3 year project, 3) all 7 pacific island health centers 4) any unmet program requirements become grant conditions, and 5) Ministers and Directors have key roles in the resolution of the grant conditions.</p>	<p>N/A</p>
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Mr. Clifford Chang presented New Access Point Funding Update, 1) FY15 applications dues in October 2014, 2) Kosrae successfully submitted an application, congratulations to Dr. Livingston, 3) Applications are still in the review process, 4) Pohnpei CHC worked very hard but was not successful, and 5) Continuing to work with Chuuk. Federal CCH Funding Update: 1) CHC Fiscal Cliff – sept. 2015, 2) Health Center’s federal funding is financed through a mix of annual discretionary appropriations and mandatory funding appropriated through the mandatory health care fund, 3) National Health Service Corps, and 4) NACHC Policy and Issues Forum.

Ms. Edolem Ikerdeu, Member (CCPI) highlighted a recap of CCPI, distribution of cancers in the USAPI, highlights and updates as well as success stories. UH has been very instrumental with moving CCPI forward, HRH, Cancer Surveillance in brutality reporting, training in certain areas, Pacific Cancer Council Programs and Partners breakdown, Distribution of Cancers in the USAPI: USAPI Top 12 cancers, 2007-2011 and CCPI Success Stories such as the NCD policy toolkit and the new REACH program

- Secretary Skilling emphasized on continued education and asked if there is a scheduled competency exam that they take when they graduate from nursing school?
- Mr. Aldan replied yes, there are standards that USAPI nurses have to pass. Dr. Qureshi added that one thing very briefly to add is one of the projects is to develop a career ladder that will articulate what are the level of competency for nurses as they advance up the latter.
- Minister Muller asked Mr. Aldan if they have funding available for the students?
- Mr. Aldan explained that APNLC do provide a little scholarship for nurses who want to pursue a degree in nursing. It’s not that much but they do have that available. APNLC does understand that going to schools is very expensive, so APNLC wants to ask the ministries of health that when they do your annual budget reports please consider APNLC.
- Secretary Skilling is concerned with the nurse shortage in the jurisdictions and wants prospective nurses to be qualified and do a great job for the people in the USAPI.
- Director Marar asked Mr. Aldan and Dr. Qureshi what he can do to try and get our local capacity of nurses? Is there any funding source from APHL that can at least send one or two nurses to each jurisdiction?

	<ul style="list-style-type: none"> • Dr. Qureshi recommend the group consider the standard of the nursing, when they graduate and come into the workforce from an organization that has no specific standard. • Secretary Skilling asked Mr. Chang, why is there a push to apply now instead of waiting? • Mr. Chang replied that it is my understanding the funding will run out so an effort right now would benefit. • Dr. Livingston made a comment on behalf of Kosrae that this process wasn't an easy task but they did get them an extension on the application and Dr. Livingston really like to thank PIPCA and everyone who helped with this. • Director Marar said there was a mention of the reach project for our employees, for all the federal programs, is the REACH is confused about how the people are hired because the staff at UH hires them and other things? • Ms. Ikerdeu said for every one of us, we we're just rushing to get everything together and so most of the CCPI members didn't want to be burdened to run administrative stuff so UH just took over that. 	
<p>Strategic Partnerships Panel Presentations and Discussion: PIHOA Affiliate Highlights (15 minutes each + 15 minutes Q&A)</p> <ul style="list-style-type: none"> • Pacific Post-Secondary Education Council (PPEC) • Pacific Basin Dental 	<p>Mr. Robert Ramarui, Palau Community College Dean of Academic Affairs (Pacific Postsecondary Education Council [PPEC]) discussed the purpose of PPEC which is to encourage and develop regional planning of postsecondary education throughout the Pacific, serve as a forum to address common education issues, encourage and sponsor sharing of resources and expertise among member institutions, work as a unit in promoting the uniqueness of pacific people and seek recourses dedicated to major needs. Because of political obstacles, recognition and accreditation has been a huge challenge for us. Challenges include, geography as a barrier, evolving definitions of good practice that raise requirements for accreditation, inappropriate local government control or influence, governance issues, inadequate development for institutional leaders and potential leaders, underprepared entering students and insufficient scale to permit effective operations.</p> <p>Dr. Louisa Santos, President (Pacific Basin Dental Association [PBDA]) discussed a meeting in 2013 in Fiji when PBDA organized a dental and oral health framework (DENTAL/ORAL HWF CPD FRAMEWORK) and have been very successful utilizing the</p>	

<p>Association (PBDA)</p> <ul style="list-style-type: none"> • Pacific Basin Behavioral Health Collaborating Council (PBHCC) • Pacific Chronic Disease Coalition (PCDC) • Fiji National University (FNU) 	<p>framework. One of PBDA’s achievements is that American Samoa has had the training through Pennfoster and has graduated from the program. A few challenges is absolute shortages of trained health professionals and many of the current health workforce individuals being under-trained. Also mentioned the PBDA Meeting in January 2015 in Honolulu, Hawaii where election of new officers were made, revisit by-laws, NCD action plan, and PBDA literacy action plan was conducted.</p> <p>Mr. Alex Ngiraingas, Member (Pacific Behavioral Health Collaborating Council) talked about workforce development by building capacity and sustainability, for example, outgoing and incoming staff. SAMHSAs administrator, Pamela Hyde made an assessment to close the gap on health disparities. Also touched on SAMHSA – Center for Excellence. Asked PIHOA to help build PBHCC capacity in the pacific.</p> <p>Ms. Augusta Rengiil, Executive Director (Pacific Chronic Disease Council) discussed the Council of National Association of Chronic Disease Directors (NACDD) and the lessons learned that will help improve the NCD framework, the motto of “changing practices, changing lives” by changing socio-demographic factors, including population aging, economic growth. Combating NCDs requires multi-sectional partnerships as well. The pilot design, tailored after the HRSA health disparities included three major components; CCM, learning process and quality improvement cycles. We would like to have support from PIHOA members so we can have additional resources and be able to take care of any patients with any chronic disease problem in the USAPIs.</p> <p>Mr. Kavekini Neidiri, Lecturer-BPHN Palau Community College Program (FNU College of Medicine, Nursing and Health Sciences). Mr. Neidiri went over the different nursing programs offered at FNU and the conceptual framework.</p> <ul style="list-style-type: none"> • Minister Ngirmang asked a question to the Director of UH school of medicine, if we could have the same mode, as seen in the programs on nursing and a few were longer and or shorter than the time needed to complete at UH. Is that feasible in our jurisdictions? 	
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	<ul style="list-style-type: none"> • Mr. Kavekini said it depends on the program you are looking at, and sometimes it'll be different for certain students. • Mr. Aldan said that with him being from CNMI, he was wondering if he went to FNU with the accreditation and he gets his degree there, can he go back to Saipan and be a nurse in CNMI? If yes, great, if no how can we improve that? • Mr. Kavekini said it depends on the jurisdictions, but policy makers are trying to change the accreditation and standard for jurisdictions, but at the time CNMI is very hard to work with regarding RN who come from FNU. • Minister Muller said the issue of NCD isn't only related to health care, but it involves many other departments/organizations, such as education and schools. So what's the next step? • Ms. Rengiil said originally the NCD response and framework with PIHOA was being used to address all audiences not just health. Community support is one of the elements of the chronic care model and training others on the ways to prevent NCDs has also been ongoing. • Minister Muller comments to FNU and said he thinks they have a really good collaboration between the jurisdictions. He said that the retired nurses and teachers from FNU come to our jurisdictions is being conducted. Minister Muller thinks that collaboration with government to government is very useful. • Dr. Dever asked a question to Dr. Santos for the framework with the PBDA education, is this something you want PIHOA to endorse and look at for oral health workforce framework? • Dr. Santos said maybe the next PIHOA meeting we can discuss this because FSM is doing a training (sending 1-2 representatives to Pohnpei for the training) at the time, so we still need to get everything together. • Dr. Livingston asked a question to FNU saying he doesn't know if the BA in nursing has taken off in FNU or spread throughout the jurisdictions and proposed to extend the programs at FNU to other jurisdictions. Is there any ways to work that out? • Secretary Skilling asked a question to PPEC saying, are there discussions with your group of those in charge of high school working on this unpreparedness for college issue? 	
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	<ul style="list-style-type: none"> • Mr. Ramarui replied saying yes, PPEC have addressed this problem with the ministry of education, developing courses to teach the teachers how to better teach mathematics and English. English is a course to teach students coming into the college how to be English literate. 	
Palau Ministry of Health: COIIN	<p>Dr. Debbie Ngemaes, Palau Ministry of Health Representative - Went over the Collaborative Improvement and innovative network (CoIIN) to Reduce Infant Mortality. The purpose is just to bring awareness to people on the process of CoIIN. A study found that for 1,000 babies in the pacific basin in 2008-2012, 14.6 died before their first birthday. What is CoIIN? It's a network of self-motivated people with a shared vision for change, enabled on the web to collaborate in achieving a common goal by sharing ideas, information and work. We have members from – FSM, Guam, Palau, CNMI, RMI, American Samoa</p> <ul style="list-style-type: none"> • Secretary Skilling said the COINN summit made us look back into the brutalities so I thank you for your comments. • Dr. Ngemaes asked if any of the jurisdictions if they've had success stories. • Dr. Livingston said that Kosrae really done a lot of work and reassessing the maternal child program related to infant brutality issue, and thanks Dr. Ngemaes for sharing this. • Secretary Skilling thanked Dr. Sevil to have a representative to come here and facilitate the whole prenatal care delivery system. Secretary Skilling also said we need to figure out a way to measure the data. • Dr. Seville said she will give PIHOA an update after they are done. 	
Palau Ministry of Health: Traditional Medicine	<p>Palau Ministry of Health Representative – Chris ? discussed his research on traditional medicine in Palau that has been conducted in collaboration with Dr. Dever. Emphasized the holistic approach to health and integrative approach to health focusing on the possible sources of health problems in the pacific, focus of healthcare, rising cost of healthcare and the benefits of traditional medicine for life-style based disease. Integrative approaches to addressing these challenges, focused on healthcare and cultural/traditional practices are relevant to health.</p>	

	<p>Chris discussed that the solution would be to move towards traditional medicine by showing academic-trained doctors that some natural treatments are good too. An example would be Mali – plants for Malaria. Traditional Medicines Study in Palau was conducted via ethno-pharmacology survey and retrospective treatment outcome study. IRB process – concerns was safety of the participants (3 steps suggested by clinicians with this study). Parts of the study include using traditional medicines to lower blood glucose levels and insulin secretion levels.</p> <ul style="list-style-type: none"> • Mr. Aldan asked Chris because you are dealing with human subjects did you have to go through some type of approval? • Chris replied yes, we had to go through a 3 step process from clinicians and get IRB approval • Mr. Aldan asked Chris if he is aware of anything else going on in the northern pacific? • Chris replied and said a lot of people are looking for natural ways to improve health, but they have no data and scientific facts that will prove it. His objective is to move towards health, not necessarily for product, but to promote health. • Secretary Skilling asked a series of questions; do you go by weight? How do you measure the amount of plants/leafs you use? What is the best methods to use? • Chris replied and said it really depends on the family you come from and your culture as well as how they've used it over the years. Chris couldn't really tell you a specific method and measurement of certain plants because there's no right answer, just how your family did it. • Secretary Skilling asked if it's already been proven, do we still have to report it? What's the purpose of this study? • Chris replied and said it seems so, these days people just go straight to the hospital before they try to help themselves with traditional medicine. We're using scientific methods, but we are taking a holistic approach. • Dominic Taruwemai said the research that Chris has done is very interesting and asked how else would Chris want PIHOA to help and if there's additional information/ways the board and secretariat can contribute to this study and the next action items that need to be implemented? 	
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	<ul style="list-style-type: none"> • Chris said hopefully they can use this as protocol and if PIHOA/the jurisdictions want he can give methodology to share the findings to health professionals in the jurisdictions. • Secretary Skilling asked multiple questions; how do you go about the protocol of intellectual property with this study? Should we (PIHOA board) promote these recipes to the point where they are bought by people/families and make some money off of their intellectual property with their names on them? • Chris said that they have to publish the common recipes and rewrite the people’s names next to them as reference with their permission. Chris said license therapy, an institute/online might be a possible solution with intellectual property issues. • Dominic Taruwemai commented on what Chris said it’s going to be affordable if they put it out to the public now, but down the road how will the price be affected? (for example, purchasing traditional medicines) • Chris said they are also small people with a small population so it doesn’t’ really take much to create these traditional medicines, they just have to utilize their resources wisely. • Dr. Dever asked Chris to explain what IRB is? • Chris commented that IRB is the institutional review board to make sure you protect the rights and safety of the subjects that have to go through multiple officials and pass a course understanding the rights and safety of your participants. 	
<p>Maternal and Childhood Obesity in the USAPIs: Current research and data Maternal Obesity and Birth Outcomes Study</p>	<p>Dr. Angela Techur-Pedro discussed maternal pre-pregnancy obesity as a key link of intergenerational risk of obesity in childhood and later life: A life course approach study. The issues being researched is the rising prevalence of obesity and chronic disease in the USAPI and Palau. According to a Wall Street Report – Palau is the 5th highest country in obesity. Local leadership concerns by Dr. S. Kuartei and President Manual Mori, FSM President also face the same problems in their jurisdictions. Purpose of research study – to investigate the possibility that maternal nutritional health (WHO defined BMI categories), etc. Rationale of Research Study – existing prevention. Objective of the Research is to describe the prevalence of maternal pregnancy, etc. Results: prevalence of maternal pre-pregnancy nutritional status (graph) and association of pre-pregnancy Obesity and High Birth Weight. Findings show a high prevalence if overweight and</p>	<p>N/A</p>

	<p>obesity among women, high prevalence of childhood overweight and obesity and pre-pregnancy obesity associated with increased odds of high birth weight and increased risk of childhood overweight and obesity in Palau.</p> <ul style="list-style-type: none"> • Dominic Taruwemai asked for the costs and if it's associative for obesity and pre-pregnancy, can we do more to improve that stage? • Dr. Techur-Pedro said she cannot say its costs because we're associated and yes, that's the goal and hoping to go into more interventions. • Dr. Ngemaes asked if Dr. Techur-Pedro seen any relationship with a child that was born big and a child that's born at 5 years old give her data collection? • Dr. Techur-Pedro said that's something she still needs to look into from her research. • Dominic Taruwemai asked if you have a mother who is obese, you're saying that the baby wouldn't have a chance at not being obese? • Dr. Techur-Pedro said that there has been no study in the islands like that but in Indian and Europe, they looked at the nutritional status of pre-pre-pregnant women during the time. 	
<p>Preventive Health and Health Service (PHHS) Block Grant</p>	<p>Dial- in: Vicky Rayle, Public Health Advisor and Project Officer, CDC OSTLTS</p> <p>Vicky called in via skype (Preventative Health and Health Services Block Grant [PHHS BG]) went over history, basics, and health program areas FY14 showing the breakdown of the costs used for health care charges. There are some very unique confusing effects of the block graph and how to utilize the funds. Changes at CDC include: that in 2014 the grant moved to OSTLTS and the project officer for all of Region 9 PHHS Block Grants grantees. PHHS BG Coordinators in the USAPI reported that many of the clock coordinators are new to the role and in the future we're going to have a meeting to bring the block grant coordinators to Atlanta to have the opportunity to improve CDC and the things we can do better/suggestions. Ms. Rayle suggested the board to consider the outcomes you get from the block grant as the block grant meeting coming up in April and maybe at the next PIHOA meeting to further discuss this Block grant.</p>	

	<p>Bill Gallo encouraged the jurisdictions and their leadership to get involved with this program. Bill Gallo suggested the jurisdiction leaders work closely with Vicky, CDC, and ASTHO, ask questions, give feedback and suggestions, even as a resource.</p> <p>No questions/comments.</p>	
<p>Panel Discussion: WHO Package of Essential NCD Interventions (PEN) and Palau experience with PEN implementation</p>	<p>Dr. Sevil Huseynova (WHO CLO Northern Pacific) discussed a set of 9 voluntary global NCD targets for 2025, NCD progression and implications for prevention and control, the NCD road map report, and protocol for primary care. The objectives of WHO PEN include; assisting low resource setting and support countries. Many risk factors coexist in the same individual with NCD - Better management of those at high absolute risk and prevent complications and PAHO Cardiovascular risk factor as well as the approach to NCDS with include diagnosis, honesty in communication, low tech etc.</p> <p>Dr. Tukana (Peliliu Health Center) discussed some facts about Pelelu islands, data of population, 2014 screening for WHO-PEN screening, PEN Tools used, and risk levels WHO-PEN Exclusion Criteria. Results – PEN 2014 include screened 112 individuals and 60.2% of the target population, age of participants breakdown is mainly Palauan, one Phillipino and one Bangladesh. Medical history, physical exam, review of symptoms, risk factors with alcohol, tobacco, etc., body mass index and distribution, blood cholesterol levels, random blood sugar charts and summary, blood pressure, and cardiovascular risk levels were indicated. Outcomes were very effective and engaged individuals. Challenges were behavior changes and supplies.</p> <ul style="list-style-type: none"> • Mr. Aldan described that dealing with NCD’s is a very hard thing to do and also dealing with it politically. Mr Aldan said we need to deal with our lawmakers so they can create policies on NCD prevention. Mr. Aldan asked if it’s possible with all the WHO training funding, why don’t WHO take that money and buy NCD meds and send it to the jurisdictions? • Dr. Sevil said that first you have to have government policy before you start using finds from WHO for training because WHO doesn’t provide funding for training. It 	

	<p>should be a governments responsibilities, not WHO's. The PEN is one of the most effective roles for it.</p> <ul style="list-style-type: none"> Secretary Skilling thanks WHO for the PEN and says to the board that now it's our responsibility to implement this into our jurisdictions. 	
<p>Open Discussion: Strategic Partnerships for the USAPI NCD Emergency Response: Continuing the Momentum</p> <ul style="list-style-type: none"> Pacific NCD Partnership Pacific Heads of Health Pacific MANA Coordination Team Pacific Ministers of Health WHPRO RCM in Guam in October 2015 	<p>Emi started the discussion with summarizing the topic of broadening pacific collaboration and networking in responding to health priorities in the USAPIS.</p> <ul style="list-style-type: none"> Secretary Skilling said we need to work with each other better and look at collaboration and partnerships at a higher level within the jurisdictions. Emi said one of the efforts that the PIHOA secretariat doing is utilizing the PIHOA Regional NCD Response Timeline showing where we started with the NCD emergency in 2010 until today and what we've done these last five years. The roadmap really highlighted the need to strengthen multi-sectoral. Where we are at now is at the process of developing the NCD Policy Summit, so a strategy is to collaborate with different agencies to present the NCD roadmap and timeline for example like SPC in 2014 presented at SIDs in Samoa and other regional forums. The Micronesian Chief Executive Summit is also a place where collaboration is important with agencies such as PIHOA, WHO, CDC AND SPC. Emi gave an overview of the Heads of Health Meeting in Suva, Fiji (February 2015) - Yanuca Island Declaration on Health in the Pacific in the 21st Century – Healthy Islands, Healthy People was declared in 1995 and endorsed by the Pacific Health Ministers. A few objectives was to focus on the importance of children being nurtured in body and mind as well as creating environments that invite learning and leisure. The review looked at some of the achievements such as lessons learned that was noted at the heads of health meeting, governance, management (a few issues with management), and information and indicators. Emi shared the two important healthy island review recommendations: 1) looking at health care (what does it mean to be able to sustain our health services with the limited amount of things available to us) and 2) They actually invited PIHOA as a third agency to directly support the PHMM and the HOH meetings. Emi mentioned that there's a sub-committee within the heads of health forum for the Monitoring 	

	<p>Alliance for NCD Action (MANA). The WHO representative requested that PIHOA be part of the MANA coordination team. Linkage and opportunities include USAPI professional associations and agencies. Emi asked how can we effectively communicate and strengthen the work of the other agencies, transferring it up to the heads of health and ministers of health? How do we use this potential opportunity of representation into the heads of health and how do we make that mechanism effective to ensure the great work of every one of you gets recognized, reported and hopefully funded? How do we also bring our friends in the Northern Pacific and up to the heads of health? For the sake of time, Emi asked the board to think about these questions and a discussion can be done on Thursday.</p> <p>No questions/Comments.</p>	
Meeting Closure and Announcements	Secretary Skilling, PIHOA Board President adjourned the meeting.	6:20pm
Day 3 – Wednesday, 11 March 2015 Morning – Open Meeting / After Lunch – Closed Meeting Ngarachamayong Cultural Center		
Time / Agenda Item	Discussion	Decision Made/Action Needed
	Morning Coffee and Fruits	
	Secretary Skilling opens the meeting and Director Rosario opens with a prayer.	
ASTHO Strategic Planning Assistance	Karl Ensign presented the ASTHO strategic planning assistance that include an increase of outreach and agreement July 2013-2018 and showed a Strategic Planning Overview that can also be found on the ASTHO website. Discussed three stages of the plan including, 1) prepare stage – organize, mission & vision, scan environment, 2) plan stage – strategize, work plans and 3) implementation stage – evaluate, revise. The strategic plan is narrowly focused on the road of public health	

	<p>Ms. Bertha Taijeron, Performance Improvement Manager (Guam DPHSS) discussed seven steps used at the Guam DPHSS similar to the ASTHO strategic planning assistance:</p> <p>1) Organize - Guam DPHSS Core Planning Team, assess health departments with accreditation and for that to occur we have to develop a community health improvement plan, to have an organizational strategic plan. The team organized the strategic plan and what's important with their feedback. 2) Mission – why we exist, our purpose, vision - what we want to see, what do we want to be known for? So we went through small group work and too what we wanted by rating what we liked. Came up with mission and vision as a team and developed a values system. 3) Scan Environment - there was a number of documents to prepare GDHPSS for ASTHO. They provided information from presentations from different divisions (i.e. division of public health & social services, environmental health, public welfare, senior service, public health) and they have a file with all the various plans, reports, documents that have been recently produced. ASTHO reads over all of these files and come up with a presentation for each of the divisions. Why we do this is because each division can see what they have in common, differences, etc. Then ASTHO and the divisions (DPHSS) came up with their S.W.O.T analysis. This is where we came up with the priorities of what we need to focus on for the next few years and once we have the priorities organized, we have a reality check. Do we have the necessary staff, time and resources to maintain and execute this plan? 4) Develop Work Plans - We came up with three priorities that will be implemented for the next three years. With the three priorities, we came up with the Guam DPHSS work plan organizing the milestones and responsibilities for each priority organized by year. Priority 1 – develop workforce, Priority 2 – Modernize IT and Support Systems and Priority 3 – Improve Organizational Structure and Procedure. 5) Evaluate stage - performance management system – organized by priority, data, tracking goals by year and see how we are doing over time. We can see if we are making improvements over the years. 6) Communication Strategy for DHPSS Strategic Plan - We came up with a communications plan on how we will execute everything using the proper channels of communication, utilizing the appropriate target audiences.</p>	
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	<ul style="list-style-type: none"> • Capt. Wasem complemented Guam for what they've done under the NPHII program. With the loss of funding under the NPHII program, Guam has done a great job of continuing the objectives set out. Capt. Wasem asked what do you see in Guam's future with continuing this plan without the NPHII grant? • Josie O'Mahllan (Guam DPHSS) replied saying there is a great invested interest in the continuation of this plan that emphasizes the support in leadership, an invested interest in QI performance improvement, the strong involvement and engagement of the staff, the value in what was requested from the staff, we also asked staff to write down all of the training they've participated in just to see that they have key training on for the job and with the work of the staff, the council and the divisions, we are hoping to improve this. • Minister Ngirmang said regarding the 5 year period, does that mean the strategic plan will be conducted for 5 years and after 5 years it'll be done again? • Ms. Taijeron said yes, we decided that we plan for 5 years because realistically we wanted to make sure that we can actually get done within the time so we have time to really focus on each of the priorities. • Karl Ensign said most of the strategic plan is focused on the three to four year period so we can really stress each issue and solution on a realistic time scale. In terms of reviewing, we want to use the last year to reorganize the process. • Director Muller asked if there is any other support system you have to manage this strategic plan as you'll need a lot of support with this ambitious plan? • Karl Ensign said unless you have a strategic plan, leadership and staff there shouldn't be a strategic plan. But there's a huge dedication from staff in Guam DPHSS as well as ASTHO to manage and it's a shared collective interest. ASTHO does have funding now to provide this support. • Ms. Taijeron said the performance and improvement office in Guam, as long as I have the support from the leadership and the each head division I think I can get through with this strategic plan as well as ASTHOs support and achieve the priorities. • Director Muller said it's so difficult to implement a strategic plan because Kosrae does not have the support with funding and staffing so we appreciate this 	
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	<p>information from Guam so we can find a common goal on how we can improve that in the small jurisdictions.</p> <ul style="list-style-type: none"> • Mr. Aldan wanted to discuss if there's an option for the next phase of options to improve perhaps legislative because sometimes the challenges are external in terms of the health department? • Ms. Taijeron said with the top three priorities some of them are related with the external departments and we are meeting with them to discuss the strategic plan. • Karl Ensign shared that this goes back to the S.W.O.T. analysis and ASTHO is actually focusing on the external and internal partners and how they play a role in the strategic plan because it's not enough to have just internal but focus also on external partners. • Capt. Wasem asked if there are examples on the state side that this is not only a public health strategic plan, for examples ownership across government agencies? • Karl Ensign replied yes, that the strategic plans talks about logical steps we need to complete it and we can do that with external departments. • Ms. Ikerdeu said that last year we did some strategic planning for NCDs where the entire community was actually invited. Would you include other community stakeholders to get involved in the strategic planning process? • Karl Ensign mentioned the community health improvement plan and suggested to use it as a strategic plan focuses more on the public health planning and after that we will work with other planning processes where we organize who will be involved. • Ms. Taijeron said with the community health assessment we did identify the key stakeholders that need to be involved in the process and we did invite them and engage them have discussions with them to go over the top health priorities. For the strategic plan it was mainly internal for the department and after that was done we brought the information to the external stakeholders. • Dominic Taruwemai asked if this strategic planning tool can be adopted to the community assessment? • Ms. Taijeron replied and said there's a lot of planning being done and a lot of community stakeholder meetings, going through the data and identifying some of 	
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	<p>the listing data. But the strategic plan will help with the community health assessment.</p> <ul style="list-style-type: none"> • Secretary Skilling mentioned that smaller jurisdictions like FSM have to have the community stakeholders to execute a strategic plan from here. Secretary Skilling wanted to say that its looks so easy when Guam does it and it’s a great example of what you are doing with the strategic planning that other jurisdictions can use as a guidance. • Dr. Taulung said Kosrae state has also done a strategy planning and he thinks the challenge for Kosrae is the implementation. Dr. Taulung asked how do you prioritize how you implement the goals/priorities you have to execute the plan? • Karl Ensign said for ASTHO it’s been about prioritizing leadership and you break down the priorities and work towards a common goal. • Ms. Tajeron said although NPHII is ended, we are still going through with this plan and that ASTHO will also be there financially to support Guam DPHSS. 	
<p>Strategic Partnerships Strategic Engagements for Health with USAPI Executive and Legislative Branch Leadership Association of Pacific Island Legislators and (APIL)Micronesia Chief Executives (MCES)</p>	<p>Speaker Judith Won Pat, President, APIL discussed how to build relationships with policy makers in the legislative system to implement and executive key resolutions with PIHOA. As a regional health organization PIHOA should work with APIL to push forward their initiatives and execute their initiatives. Although PIHOA has been very successful with APIL for passing resolutions for NCD’s, APIL meets two times a year and PIHOA needs to find a legislature in APIL to be a fighter and create a resolution on behalf of PIHOA in the legislative system. I recommend that PIHOA work with APIL that address specific costs. PIHOA should write the resolutions that have specific resolutions because they have the data. Ways to do this before we lobby are to meet with lawmakers, be prepared with data so you learn who is for and against your arguments, build a base of people who are organized and prepared to deliver testimonies that are research base, do media outlets to gain more public support, find a face to put on the bill (i.e. Natasha bill) attaching a face and a story will help assist the bill and anticipate the opposition by considering who will come and speak against you and what they will say. You have to compare for compromise.</p>	

	<ul style="list-style-type: none"> • Warren Villagomez said all the jurisdictions have laws related to NCDS. In CNMI, we may have laws, enforcement for penalties is not there. Mr. Villagomez said, because these two are legal substances (alcohol/tobacco), would it be okay to create a penalty to create a bill/law that can address these two legal substances? • Judith Won Pat said enforcement is always a big problem. As a legislature and speaker of the area, she makes her own rules for her staff with policies. For example, her staff has to be 20 feet away from a building entrance that prohibits smoking. • Bill Gallo said sometimes the language in these laws gets confusing, sometimes it's difficult to understand. Mr. Gallo asked, can APIL come in and provide assistance for example with technical assistance? • Judith Won Pat said she knows some of the resolutions Guam passes may not be applicable in all the jurisdictions unlike Hawaii, Guam and CNMI. But Guam is building a bureau to help in legislation based on the resolutions being passed with resolutions that have been passed in the regions to take them as a model to get a list of what it is that you want. So all she can do with others is sharing technical assistance. • Bill Gallo asked is there any kind of clearing house across the water for legal initiatives in laws? • Judith Won Pat commented, when we meet, we all have our own secretariats, the hosting island will provide legal consul to make sure that they are in essence with the region. Won Pat said we want to create a movement towards having representatives from each government jurisdictions as well. 	
<p>Strategic Partnerships Panel Presentations: CDC technical staff placements co-located at PIHOA Guam Office (15 minutes each): Introductions,</p>	<p>Mr. Peter Judicpa, Public Health Advisor (CDC Immunization) discussed the type of engagement CDC is having with PIHOA and the project officer who comes out in the jurisdictions to conduct research (30 days) to bring the data they've conducted. Challenges mentioned so far include time zones and tele-conferences that need to happen. Mr. Judicpa said the immunization side of CDC have been discussing how better to serve the USAPI and PIHOA came to the picture because they stand out as a single organization that served the same jurisdictions CDC serves. Although CDC might not have public advisors in each jurisdiction, having a few in a few jurisdictions would be easily accessible for the health representatives. Mr. Judicpa said since CDC is in the</p>	

<p>program scope of work, and updates</p> <ul style="list-style-type: none"> • CDC Immunization • CDC Chronic Disease <p>CDC Preparedness Strategic Partnerships Panel Discussion: CDC technical staff placements co-located at PIHOA Guam office and harmonization with PIHOA Regional Initiatives</p>	<p>pacific, they are more accessible in regards to the flow of communication and delivery of information with the USAPIs.</p> <p>Dr. Thane Hancock, Career Epidemiology Field Officer (CDC Preparedness) discussed health concerns in the pacific such as chronic & infections, environmental health and the surveillance system. Dr. Hancock introduced the Career epidemiology field officer (CEFO) Program and how it works to strengthen local surveillance. Challenges with CEFO include multiple Jurisdictions and travel issues. Opportunities with CEFO include experienced epidemiologist dedicated in the Pacific Islands to strengthen regional collaboration. Dr. Hancock said the CEFO work plan prioritization is based on PIHOA board recommendations, tailored for jurisdictional needs and an emphasis on building capability in epidemiology (systems improvement and work force development).</p> <p>Dr. Haley Cash, NCD Epidemiologist (CDC Chronic Disease / TEPHINET) discussed the role of an NCD Regional Epidemiologist. She focused on the lacking data to support the NCD epidemic in the regions, how her position is contracted through TEPHINET and funded through CDC with the PIHOA office space support. Dr. Cash’s main goal is to increase capacity for NCD surveillance in the USAPIS (ongoing surveillance, etc.). Primary roles include assisting USAPIS with identifying and analyzing existing NCD data resources. Dr. Cash will aim for capacity assessments and reports to be done by April 2015. Future Goals of NCD Surveillance among the USAPIs include organizing student internships in the region and trying to help the jurisdictions hire full time epidemiologists.</p> <ul style="list-style-type: none"> • Minster Muller said the restrictions in part of the grants are made for only US jurisdictions and sometimes it’s difficult for RMI to utilize NCD related programs, events, and funding in general because it is expensive to develop and get to the communities. Minister Muller asked if this is something that can be adjusted to fit into the island? • Mr. Judicpa said with a cooperative agreement it’s a prescribed program where there’s certain objectives and activities developed. So the collaboration opportunities are being discussed with the jurisdiction project officers. Mr. Judicpa 	
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	<p>said CDC is open to engaging in that and CDC also has Bill Gallo that has more experience with cooperative agreement. Whether it comes from a cooperative agreement or departments, bringing in collaborative funding is a solution Mr. Judicpa suggest the jurisdictions loo into. Another Mr. Judicpa made is suggesting to have physical opportunities to discuss funding issues in the specific jurisdictions in the future as certain funds are restrictive in matters.</p> <ul style="list-style-type: none">• Dr. Taulung said he’s not sure if FSM got the report when CDC was on the ground. Two issues were that once people came in and got their first dose of measles and second for the measles outbreak, Kosrae didn’t have the report. Dr. Taulung said if CDC does the final report it would be really helpful to us to have access to the document in the long-term.• Mr. Judicpa Peter said CDC will be working with Louisa Helpenburger to discuss the outreach campaigns in all three FSM states and collecting all the data that’s been done. He will also facilitate organizing the lessons learned and reports will be conducted.• Mrs. Josie O’Mallan asked if there are any plans to have a replacement for Mary (CDC) in the region?• Mr. Judicpa said there is going to be recruitment efforts in Atlanta of what needs to be done and where, maybe a few public health representatives in the pacific. The intent though is for CDC to continue the work Mary started and CDC is looking for a replacement as well.• Dr. Ngemaes said regarding the campaign on the vaccination of children, what’s the view of CDC in the small islands of immunization for children?• Dr. Judicpa said CDC’s view on vaccinations is based on vaccine that they are safe and the best sign of defense to diseases.• Secretary Skilling said it’s a really big help to have Dr. Hancock and Cash because Peter used to be the one epidemiologist in the region but CDC has been really helpful. Secretary Skilling said she looks forward to the funding from and its flexibility to help the jurisdictions and acknowledges the assistance CDC gave during the measles outbreak.	
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	<ul style="list-style-type: none"> • Dr. Hancock said all of these challenges and issues is what makes it unique. It's an exciting time when CDC brings assistance into the Pacific and what he's hoping to bring is advocacy. • Dr. Cash said these changes won't happen overnight but she's hoping to be advocates for CDC and be able to make these changes over time with a bigger CDC team in the jurisdictions. 	
<p>Panel Discussion: WebIZ Immunization and Data-Sharing</p>	<p>Dr. Durand said immunization outbreaks have become a health issue in the islands for a while now and the biggest issue is the hassle for the staff to deal with the vaccination for people who are from the jurisdictions because majority of the time they don't bring their immunization records as a reference, so health officials do not have records to work with. Another hassle mentioned by Dr. Durand is contacting the health offices in the jurisdictions trying to locate health records and not having and progress. Dr. Durand said with WebIZ you are able to go into a database online to record and review the immunization records of individuals from the jurisdictions because it will all be available online. Dr. Durand suggest the PIHOA Board issue a policy statement amongst the jurisdictions and develop a data sharing system.</p> <p>Mr. Judicpa, Public Health Advisor (CDC Immunization) said CDC first checked with PIHOA council to go over HIPPA regulations and privacy issues for the move towards WebIZ as well as initiating a memo and request to review by PIHOA from Dr. Melinda Watson.</p> <p>Dr. Taulung said in regards to data sharing, the challenge right now is for example, trying to track the immunization of a child in Kosrae who was born in Seattle. Dr. Taulung shared how difficult it was to track the child's health records after he obtained measles and if this child was immunized because they could not find the resources outside of the jurisdiction. Dr. Taulung said this specific example is a challenge of not only getting data information on immunizations within the jurisdictions but from the continental U.S. as well.</p> <p>Mrs. O'Mallan said that she noticed that there is an effort for better data collection so there can be a sharing of patient information across jurisdictions, but her concern is in</p>	

regards to HIPPA and if there is a breach, are there hefty penalties? Mrs. O'Mallan stated that there are other ways to share data via email and PDF version and wanted to note that the breach is a big concern for her.

Dr. Durand said that there are ways to get HIPPA certified to ensure that it provides protection against liability for health providers.

Ms. Larzelere said that this will help the jurisdictions improve the immunization by establishing an online collaborative record keeping system to enable the programs to achieve multiple goals.

Ms. Bryant shared the goal for the first year is to ensure that all jurisdictions are on the same version of WebIZ software by getting every one of the same versions that way it's going to be easier to develop requirements for individual and collective enhancement of the software and implement any data sharing amongst the jurisdictions.

Ms. Larzelere added that for some of the activities to support and implement data sharing across the different programs, we first need to get everyone on the same version of the WebIZ software. Ms. Larzelere said that their first step is to update all the jurisdictions on the same version of WebIZ.

Minister Ngirmang asked if there is any particular version and if we could get an update on current inventory amongst all the jurisdictions regarding what version they all have?

Ms. Larzelere said all of the USAPIs agreed on what version to be implemented and three have already been upgraded to that version, the other three jurisdictions have some hardware and quick updates pending to take place in order for the updated version to be successfully installed. Ms. Larzelere mentioned how the factors affecting their upgrade depend upon their availability of funding, the amount of time to purchase the software and complete the process.

	<p>Secretary Skilling asked if one of the purposes is for sharing data and getting information of clients from one jurisdiction, what happens when there is a delay in report when one jurisdiction does not finish the report and the receiving jurisdiction is stuck? Secretary Skilling asked if the data sharing information is incomplete t one end, what processes may be in place for the quality check be in place with the web registry? Secretary Skilling also asked if CDC anticipates any plans to how the registry does QT checks?</p> <p>Ms. Bryant said each program should have data quality in order to audit the information in to the system and will have something to fix and make data updates. Ms. Bryant added how there is also an element of the data completeness on whether or not all immunizations are being submitted to the IM to reassure the accurate data is collected.</p> <p>Ms. Larzelere said CDC can also provide information to assist with the accuracy of the data collection and making sure it is complete.</p> <p>Secretary Skilling asked if in terms of FSM, would that be a connection with the national office, the four states and who authorizes it? Secretary Skilling summarized her confusion on whether or not they anticipate this data sharing from other jurisdictions go through the national office, the states or through the individual FSM states themselves. Secretary Skilling said no data is authorized unless it goes through the national system and a few FSM challenges include other IT and logistical issues that needs assistance with to bring her registry up and how the isolated islands like Yap will be reporting to the national level. Secretary Skilling’s concern is how in their jurisdictions in order for everything to be sent out they have to be vetted and go through their national government so the need for assistance is not only Web IZ but getting through the infrastructure issues.</p> <p>Ms. Larzelere said the users at the different states have access to WebIZ so the programs already have data that is being entered and the only issue would be the internet activity.</p>	
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	<p>Director Rosario said an issue they are facing in Pohnpei is that the data is missing and is not even updated. Director Rosario added that he thinks the people organizing the data needs to make it more active for the users so it can be an effective registry, but first the data sharing needs to be updated.</p> <p>Mr. Taruwemai said his main concern is that it's a web based program and dependent upon internet may be most challenged in slowing down the process of data sharing. Amanda said internet connectivity is an issue, not just with speed but bandwidth, and its infrastructure needs to be improved on how to better capture and have the WebIZ structure available appropriately and accessibly in every jurisdiction.</p> <p>Ms. Larzelere noted that next week there will be a meeting in Guam for members on the immunization team of the WebIZ product for training on the new version of WebIZ. Ms. Larzelere shared that all the individuals who will be assisting with the WebIZ update and implementation will be trained on how to complete it effectively. State immunization coordinators will also be attending this training.</p>	
<p>Panel Discussion: Regional Pharmaceuticals Formulary</p>	<p>Clarette Matlab, Palau MOH Chief Pharmacist said cost and availability of the drugs are the biggest issues. The issue is to find the cheapest quality supplier of drugs from a buyer to a supplier inbound so the costs can be done and be accessible to the islands.</p> <p>Mr. Subroto Banerji, Senior Advisor for the Office of the Pacific Health (Region IX HHS OASH) said that having an objective for readily access and quality drugs/supplies is Region IX's focus. Mr. Banerji asked if there is an opportunity for PIHOA to do a little thought gathering to propose back to the board a plan B to use that to identify some data, costing data as well as implementation data to make an objective for the next PIHOA meeting to make a next step section. Mr. Banerji also summarized how cost savings budget is the ultimate goal so the jurisdictions have an essential medication list with a core list of medications and supplies as a great first step because that is the economic analysis to figure out. Mr. Banerji also mentioned a long-term goal linked to pool procurement where they can work with vendors in Guam that can help the</p>	

	<p>warehousing services with a variety of medications and supplies, therefore, they can manage air support and the items will be available.</p> <p>Director Rosario, Director of Health PNI State DHS said we need to maybe come up with a formulary for each of the jurisdictions that can cut costs and improve the quality and access to supplies.</p> <p>Minister Ngirmang said for Palaus last formulary it was developed in 2006. Minister Ngirmang mentioned that now Palau has a few committees that use the formulary with information on the type of medicines in that formulary and convince the MOH to put certain products in and take certain products out. The drug and medicine committee from there created a formulary that created a list of appropriate drugs for Palau that was able to cut costs using the formulary (330 drugs in that formulary). Minister Ngirmang said it's saving Palau a lot of cost and time and it's also a list that is manageable so the doctors have it as a resource and they do not have to go out and buy it if it's on that list.</p> <p>Mr. Banerji said this is an idea of value and objective of reducing stock out and having access to readily available and cost effective supplies. Mr. Banerji recommend Board members consider to interact and connect with the representations in their jurisdictions to work towards a formulary or work to access information to hear from the jurisdictions on their process of receiving and distributing. Mr. Banerji states that this is a great solution on access to resources in a cost-effective quality way because the board will be able to get that data to analyze and provide support to give recommendations back to the jurisdictions.</p> <p>Director Rosario suggest giving the board 3-4 months as it may be too late to come up with a formulary.</p> <ul style="list-style-type: none">• Minister Ngirmang asked how do the jurisdictions can proceed with the information, looking at some sort of regional distribution center so we can distribute it to the	
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	<p>users in the region? Minister Ngirmang suggest PIHOA move forward with this since this idea is cost-saving.</p> <ul style="list-style-type: none"> • Mr. Warren Villagomez commented and said CNMI is also going through a regional formulary because they have noticed the cost savings. • Dr. Ngemaes said she’s supportive but is concerned about where we are going to get the medications because if they are U.S. made drugs it’s going to very expensive and people will go to the USAPIs because they’re cheaper. Another issue Dr. Ngemaes mentioned is having the same jurisdictions use the same drug providers from the same places. • Secretary Skilling said another thing to know is that it has to be FDA approved and certified. Secretary Skilling also suggest we make a good decisions on cost effective supplies and assure the staff has the procurement and 80% of drugs at 80% of the time. Secretary Skilling asked who’s going to fund the cost of sustaining the warehouse? • Mr. Banerji said the idea behind the warehouse came from a cost analysis connecting with some private vendors in Guam who already do this. Mr. Banerji suggest the jurisdictions look at working with private vendors that are working through pool procurement because if they can get the pool estimating and show the costing with the vendor, that’s what they can use to fund the warehouse. • Mr. Bill Gallo said it’s difficult to listen to this and not be such an urgent issue to everyone because he’s blown away by the huge amount of difference from the hospital budgets compared to the public health costs. Mr. Gallo said this is an area where so much savings can be done and suggest the board make this a huge priority. • Dr. Taulung said his decision is to pursue it because his staff in Kosrae is currently reviewing our formulary and acknowledge your presentation. • Secretary Skilling said PIHOA has no problem endorsing it, but request Region IX give a plan B or plan to move towards this solution and the warehouse. 	
<p>Panel Discussion: US Federal Grants – Issues, concerns and root causes</p>	<p>Emi Chutaro discussed the USAPI Grants breakdown throughout 5 years and some of the developments in the jurisdictions enabling or disabling. Emi showed a chart with the breakdown of the total award, total expenditures, and the fund utilization rate. Emi said that biggest issue she noticed is the underutilization of grants.</p>	

Mr. Bill Gallo discussed how most of the jurisdictions are eligible for the funds, but the downside is the FOA and the challenges that often deal with healthcare. Mr. Gallo said CDC has more resources in the Pacific now, which solves one very important part with the lack of data issue. Mr. Gallo said he thinks that PIHOA should also focus on things like basic management, leadership, contracting, personnel recruitment, and procurement.

Secretary Skilling asked if there's any data on how long it takes from a procurement to actually finishing?

Mr. Gallo said the communication issues within the USAPI is something we need to improve. Mr. Gallo said when we talk about grant effectiveness, his job is to bridge that gap from the USAPI to Atlanta, and vice versa. Mr. Gallo wanted to hear from PIHOA and board members on the procurement grant, how he is performing with his position in grant management and what they would you like to see?

Mr. Banerji gave a grants management update (DATA/FFATA) with the self-context and key legislations that include the FFAT (Federal Funding Accountability and Transparency Act) and the DATA (Digital Accountability and Transparency Act). Mr. Banerji said the goal of all these acts are to improve the ability to track funding and part of the two acts forced agencies to put data out there. I'm sharing this because it shows outcomes and one of the most advocacy outcomes is effective utilization of funding to make sure dollars are used effectively.

Capt. Wasem asked the Board and the public for feedback on challenges that they see so we can work towards solutions.

CEO Muna said CNMI has some issues in regards to experience and training, for example, speaking to the project officer and the staff was very frustrating. CEO Muna suggest

	<p>more constant communication with the project members and the jurisdiction of what is expected of them as a solution for this issue.</p> <p>Mr. Gallo said one thing to understand about CDC grant officers is that they deal with project managers and their first thought is that they work directly with you. Mr. Gallo suggest as a group to create a list of questions about when a new grant comes up for example, the expectations of the grant manager.</p> <p>Capt. Wasem said you may have one project officer who's working with 7-10 grantees and with HRSA you may have one grant officer working with 40. Capt. Wasem suggest investing more time to work with grant officers and managers to do more intensive training.</p> <p>CEO Muna asked if there's a possibility of training maybe from your side in oppose to grant management/officers?</p> <p>Mr. Banerji answered saying what's important to consider is making the case of not continuing training because if we're going to train without having a decent framework of how to operate grants then we don't know if the training is being effective as it could be. For example, working within that organizational structure may be effective as well as the training.</p> <p>Mr. Perez said grants are difficult to understand and keep up with, from language barriers all the way to financial management pieces. Mr. Perez mentioned one of the things that need to be done do is going through for example, the training of pacific staff. Mr. Perez summarized how SAMHSA doesn't have people who are out in the jurisdictions like CDC, but SAMHSA does have a travel budget for people to come out and support. Mr. Perez mentioned another big issues, which is walking through the application, report and grant with grant officers. Mr. Perez mentioned that they found that people knew what they wanted but there was really a feeling of not being able to express themselves appropriately. Mr. Perez said that what SAMHSA learned from that</p>	
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	<p>is that the project officers are telling you what you need to do but it's a means of method to go through the grant process with your project officer, not just the contract officer.</p> <p>Mr. Gallo suggest using PIHOA to advocate with international and domestic partners as well as with the jurisdictions government executives. Mr. Gallo said by using PIHOA for that purpose jurisdictions will achieve an economy of scale. Mr. Gallo also suggested hiring more people/a group possibly to manage all of these grants and the tedious work it takes to manage every single grant. Mr. Gallo said by working with your jurisdiction government and representatives don't forget that the reporting is very important. Secretary Skilling said there has to be a meeting to talk about the grant application before it's passed but her biggest issue is the timeline before submitting the application to Congress because by the time the grant application is due it takes a very long time for her to get the grant back. Secretary Skilling acknowledges that the process is good, but she's just slow. Secretary Skilling gave an example on how the reporting has to go to finance, but if they are missing from two states, they have to go over it again. Secretary Skilling said the process is there and we have to learn how to work with it.</p> <p>Mr. Gallo pointed out how Secretary Skilling said the process is good, but mentioned if anyone ever put the process on a chart and seen how long it takes to achieve it. Mr. Gallo also said that you don't see a plan B or back-up plan in the jurisdictions because if someone's not available there's no one to draw down the process.</p> <p>Mr. Banerji asked if PIHOA has something similar as the president laid out this sort of process that they follow with managing the grant process and if everyone is following a reimbursement and then draw down process?</p> <p>Emi said for federal grants it's in reimbursement process as well as a few grants in advancement and it varies depending on the grants.</p>	
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	<p>Mr. Taruwemai said in allocation of carry-over funds/grants it was done in October but just received it last month and stressed the issue of sometimes not being able to do anything when it comes to the delay in the grant application process.</p> <p>Mr. Gallo said a lot of times what is not happening is that the people responsible for this process aren't aware of this delay and suggest we assure that everyone along the way who is responsible to this delay needs to be aware of the effects they have.</p> <p>Dr. Ngemaes asked if they were based on the need of the population for the FOA guidelines?</p> <p>Capt. Wasem said it comes from what is written into the law and what the agency writes into that and how there are ways to work with the agency before they start writing the guidelines for the FOA.</p> <p>Mr. Gallo said majority of the time it's not health representatives who are making these decisions.</p> <p>Mr. Banerji said CDC is not the only agency that feels that pain. Mr. Banerji mentions other agencies who are going through the burden of administration challenges that makes sense in D.C. but takes more administrative time in the islands.</p> <p>Mr. Gallo said organizing multiple administrative bodies in each grant would also help improve the grant process.</p> <p>Emi said the jurisdictions can start coming together to clear what the needs are for an effective grant process and taking all of the issues to representatives to organize technical working groups for the USAPIs would be the next step.</p> <p>Ms. Ikerdeu said one of the things that grant managers face is that there's so many completed priorities that they just don't have enough time in the day to complete. Ms.</p>	
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	<p>Ikerdeu suggest the jurisdictions negotiate indirect costs for example, but maybe some of those things are something to consider by working together and putting some flexibility into using multiple channels.</p> <p>Mr. Gallo said multiple channels is also a very good idea that would potentially have a lot of good feedback. Technology has to be a high priority in these jurisdictions and it shouldn't be that way.</p> <p>Mrs. O'Mallan said the same issue was raised by HHS that there are challenges in regards to recruitment because processes from start to finish can take 6-12 months mainly because what is required. Mrs. O'Mallan said the challenge is also getting individuals to apply. Mrs. O'Mallan asked who is going to implement the programs?</p> <p>Mr. Gallo said carry-over about contracts and recruitment because they take personal effort to go over the process and mentioned that you can probably invest in that type of process. Mr. Gallo also suggest representatives contact their counter-part in Hawaii to see the process they've come up with.</p>	
<p>Strategic Partnerships: Regional IX HHS support to the USAPIs</p> <ul style="list-style-type: none"> • HHS Data (not include CDC): OPC Report • SAMSHA / PBHCC partnerships • Communications Protocol 	<p>Mr. Perez discussed an overview of SAMSHA. Mr. Perez shared the SAMHSA Forecast and what they've been able to do by putting a grant forecast together which shows an annual projection of when the grants are due, the program descriptions, eligibility information, award size, and number. Mr. Perez shared a meeting with a regional team where they discussed what is it that SAMSHA really needs to make the next steps for behavioral health. Mr. Perez focused on SAMHSA receiving the Pacific Behavioral health collaborating council one-year 147,000 planning grant to develop a comprehensive plan to establish a Center of Excellence for the Pacific Region that focuses on four main areas: workforce development and training, infrastructure development, financial management and accountability and grants administration. Mr. Perez asked PIHOA and Board members to sit down with SAMHSA leadership to go over deliverables for these four areas and work collaboratively.</p>	

<p>and engagement with HHS Policy Group</p>	<ul style="list-style-type: none"> • Director Rosario said right now Phonpei is working toward creating their own private clouds/storage area for getting their funding approved by OIA using 2015 funding to move towards a better infrastructure and he thinks this will really help towards that effort. • Dr. Taulung asked if it will be outside of Behavioral health field? • Mr. Perez said SAMSHA is just focusing on behavioral health but have been talking about NCD for the last two days and a lot of those issues fall under behavioral health. Mr. Perez suggest that if we bring some of the agencies together, SAMSHA can develop and pull off bits and pieces into the infrastructure. • Mr. Taruwemai said in regards to workforce development and training, it's something that the FSM states lack and he thinks that it would be nice to put together a plan by incorporating what SAMSHA is doing. • Secretary Skilling said sometimes it's hard to work this into the government, so this is really good for FSM because every year she has to work with the limited amount of people assisting and this idea of strengthening grants administration is something FSM really needs assistance within its jurisdiction. • Mr. Gallo said these folks are wonderful teammates and if we all work together that needs to get back to Mr. Perez and vice versa to please use CDC. • Secretary Skilling said because the federal programs require that each grant has a fiscal officer, you always get a new officer for each grant and integration is really great. However, Secretary Skilling said we still have to look at the states and see if there's assistance in every one of those places because what we are lacking is the actual staff that we have. Secretary Skilling also noted that we need additional back-up assistance for when staff is absent in these smaller islands that have about two doctors in one hospital, etc. 	
<p>General Discussion, Meeting Closure and Announcements</p>	<p>PIHOA Board President – Secretary Skilling move that we continue the discussions from today first thing tomorrow morning. Secretary Skilling closed the meeting.</p>	<p>6:30pm</p>
<p>Day 4, Thursday, 12 March 2015 Morning – Closed Meeting / After Lunch – PIHOA Executive Board Retreat 8:00am – 12pm</p>		

Palau Aquarium Conference Room

	Morning Coffee and Fruits	
	Morning Prayer done by Mr. Rosario and meeting Called to Order and Roll Call done by Secretary Skilling at 8:15am.	
Continued from Day 3 - Strategic Partnerships Panel Discussion: CDC technical staff placements co-located at PIHOA Guam office and harmonization with PIHOA Regional Initiatives	<p>Questions/Comments (continuation from day 3)</p> <ul style="list-style-type: none"> • Director Rosario said right now Phonpei is working toward creating their own private clouds/storage area for getting their funding approved by OIA using 2015 funding to move towards a better infrastructure and he thinks this will really help towards that effort. • Minister Ngirmang asked if there was a way to access what CDC is doing with PIHOA? • Emi said that the PIHOA website has a calendar with what CDC is doing • Mr. Gallo said there are also many restrictions for the travel for Dr. Cash and Hancock because CDC has a whole new set of requirements when planning travel. • Secretary Skilling asked how does it make it easier from the current situation with CDC? • Mr. Gallo said the current situation doesn't allow a few new requirements, however in emergency situations/outbreaks, CDC can mobilize and make an exception. • Secretary Skilling said a lot of our issues with carry-over is the lack of management to clean up internal issues. Secretary Skilling asked if management is what was needed, why did we chose to pick two epidemiologist instead of another managers? • Mr. Gallo said CDC has never really focused on management because of what was needed are epidemiologist but CDC is now seeing that we need management as well, and that's what we need to take back to Atlanta. • Emi said communiques from the 55th PIHOA meeting had the idea behind more support from CDC came about because we identified needs. • Secretary Skilling asked why CDC was in Guam? • Mr. Gallo said it costs CDC 3X to work out of an office internationally. 	

	<ul style="list-style-type: none"> • Dr. Cash said as far as site visits go, she sees ongoing projects in all of the jurisdictions and thinks having a contact person in the area is really helpful as well as. • Emi asked if the PIHOA board has to write a formal letter to the office in Atlanta about Dr. Hancock and explain why we need to resolve the 30 day issue? • Dr. Hancock said if his position is really going to work, it's going to highly depend on PIHOA. • Capt. Wasem said if the request comes from PIHOA and there's a negotiation process with the board (i.e. Dr. Hancock needs 30 days), maybe CDC can set up a schedule for an "on request of travel." Capt. Wasem said if that is part of the process for Dr. Hancock's travel and if it's not it should be one of the things to think about. • Dr. Hancock said whether its NCDS or CDS, get a good idea of your outcomes and bring them to CDC. • Capt. Wasem said several of the high schools have programs, so if you could expose and educate students to what epidemiologist does that'll be great. • Mr. Gallo said CDC doesn't have good data in the jurisdictions, so CDC can only know where we are starting from, where we are going, and then we can measure CDC's progress. • Dr. Ngemaes asked if the jurisdictions are going to be working around certain guidelines with CDC so we know our priorities? • Ms. Ikerdeu said she likes the idea of the group of people getting together to jot down the priorities for the jurisdictions. Ms. Ikerdeu asked who from MOH would be the ideal people to work together to identify the priorities for the next year or to work with? • Dr. Cash suggest using the technical group would be a really good idea. • Mrs. Uluiviti said regarding human war, she thinks the public health does not help with clinical health and a focus could be improving that. 	
Continued from Day 3 - Strategic Partnerships:	Mr. Banerji and Capt. Wasem discussed Health Resources & Service Administration Select Programs in the USAPI such as Community Health Centers (BPHC), Primary Care Office (PCO), Maternal and Child Health (MCHB) and Health Workforce Grants (BHW).	

<p>Regional IX HHS support to the USAPIs</p>	<p>These are all the workforce grants that are working towards objectives to improve health in the USAPIs.</p> <p>Mr. Banerji gave a review of the grants related to the outer pacific report (FY14), how federal funding will include sharing opportunities for the use of this data, the HHS-PIHOA Communication and HHS policy group changes.</p> <p>Capt. Wasem discussed the U.S. Accountable Care Act, Obama Care, insurance issues in Hawaii, veterans living in the territories & FAS, and the assessment by VA contractor. Capt. Wasem told the Board to think about this question throughout her presentation, is there anything in the jurisdictions to capture data on military/veterans residing in the USAPIS? Capt. Wasem said this will be a good way to show that you are providing care for this many veterans where the VA would be relieved, etc.</p> <ul style="list-style-type: none"> • Dr. Dever –said PIHOA has been funded through the Dept. of Interior and whatever data there is it kind of spreads everywhere so there is no specific control over the data processed back and forth. Dr. Dever suggest in the future there should be a discussion to have some entity to manage all the data compiled in the USAPI. • Dr. Techur-Pedro said in regards to the COPPA residents in Hawaii, she hasn't heard about the 96% is based on a person's income with providers like Kaiser covering the co-pays, through the support with the ambassadors. • Minister Muller ask what the eligibility requirements are for Obamacare act? Minister Muller also asked if there is a way that Region IX and/or PIHOA can or is doing outreach work on education in the community on this? Minister Muller asked what kind of education programs/activities has the connector done? • Capt. Wasem said the connector staff has actually done a great education effort by creating brochures, gathering at churches, and specific community meetings and have been very successful within the jurisdictions. Capt. Wasem also said another outreach way is health insurance education and collaboration with a better way to prepare literacy information. Capt. Wasem said an example, would be how we have representatives from the jurisdictions who are translating the education materials in 	
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	<p>the local languages. Capt. Wasem said a good idea is to have a member from the connector to come to the next PIHOA meeting, that's something to think about.</p>	
<p>Guam Regional Public Health Laboratory: Update on recent AUL Meeting in Guam and general discussion of opportunities, issues and concerns identified</p>	<p>Erik Blank introduced a Department of Defense project, the possibility of using their budget to build a public health laboratory in Guam. Mr. Blank said to get to that point they wanted the assessment done both for the public health needs on the island in Guam and also thinking of the regional needs in the public health laboratories on each island. Mr. Blank said the goal for the first year of that project was to conduct that on island assessment and then organize a stakeholders meeting. Mr. Blank summarized the island assessment that was conducted towards the end of October and the stakeholders meeting that include all the affiliates of the USAPIs, as well as the CDC, DoD, and Hawaii State Lab. Based on these assessments, AUL understood that the goal is to improve on Guam and in the regions, public health laboratory services. Mr. Blank said AUL is focusing now on developing a business plan with three options; one, to do nothing, two, possible renovations of the existing facilities, and three, new construction.</p> <ul style="list-style-type: none"> • Minister Ngirmang asked how long AUL is looking at for this process and if there is going to be cost associated with the area? • Mr. Blank said AUL is looking at planning and design, so it might take 2-3 years and they will be serving the jurisdictions as a regional resource. Mr. Blank said if AUL buildS a capacity to address the needs for Guam then they will have the needs to address the needs of the other jurisdictions in the region and he suggest that be an issue that to address in PIHOA and the Board. • Mrs. O'Mallan said as Guam continues their testing capabilities, turning to PIHOA as the one to assist in extending this to the other islands is an option. • Dr. Handcock said it'll really make a great difference and it'll be really helpful to have lab shipments in and out on a timely matter so we can get the response faster. Dr. Hancock said there's a lot of delay to get samples out to CDC and suggest maybe facilitating some training opportunities in the lab as a start. • Mr. Gallo said the measles outbreak would've been easier if CDC had easy and faster ways to get the samples. 	

<p>Open discussion/ Communiques and Resolutions</p>	<p>1. Raising membership dues – Emi reviewed the discussion on raising membership dues as well as paying off outstanding dues. Emi advised that their discussion was to raise membership dues from \$15,000 to \$20,000 and \$500 to \$1,000.</p> <ul style="list-style-type: none"> a. CEO Muna felt that for CNMI, as the dues pile up, they face the predicament of “should we buy medical supplies or pay for the dues,” and of course CNMI buys the medical supplies. Discussed how when CNMI has the money they just pay, but when they don’t, their balance just starts to pile up. b. Secretary Skilling said that it’s very difficult because it used to be under the operating budget and we had about \$40,000 that we haven’t paid for two years. When FSM National moved from an operational budget to subsidies, it worked, so that might be something other jurisdictions can look into. c. Emi suggested that the jurisdictions make partial payment when they are able to. There are also pending payables in the PIHOA system, and those would continue to carry-over. Emi also stated that she will look at additional expenses to cut down costs, for example rental costs for cars, hotels, travel arrangements, office supplies, etc. d. Minister Muller suggested that the outstanding dues be paid up by the time next year’s fees are due. e. Dominic Taruwemai asked what would happen if the dues are not paid by that time? An idea is to set a timeline of why jurisdictions are not able to pay. Looked at on a case to case by basis, not necessarily to be paid off by next year, but maybe in the next two years with a timeline. f. Dr. Liv Taulung said that there has to be some type of enforcement, I don’t want someone to be suspended, but some consequences must be enforced. g. Emi suggested drafting up an official letter coming from the board president that states that you would like to draft a payment plan with a timeline would be realistic to not paying off the dues. h. CEO Muna suggest board members work closely with jurisdiction representatives as well as writing a letter to their governor, presidents, etc., on the dues. 	<p>No objections noted to</p>
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	<ul style="list-style-type: none"> i. Emi suggest that making the acknowledgements on a case to case basis with a sense of urgency to show jurisdiction leaders the value and benefits of the jurisdictions for being a member of PIHOA. j. Candy Lum asked board members if they can pay off their dues by the end of the PIHOA FY15 June 30th? k. Secretary Skilling suggested that everyone try to pay off their outstanding dues by June 30th. l. Dr. Liv. Taulung said that it would be easier for him to pay the outstanding dues off as a contract with deliverables. m. Minister Ngirmang suggest CEO Muna/secretary takes this and develops something for the next meeting. <p>2. Develop a communique for an education committee at MCES – Emi suggest we hold off on developing a communique for an education committee at MCES until the next MCES meeting so we have a better understanding on what to include.</p> <p>3. PCO workbook endorsement – Emi reviewed the presentation and discussion of the PCO workbook during Dr. Techur-Pedro’s presentation. The endorsement of the PCO workbook was already discussed amongst the board members during Dr. Techur-Pedro’s presentation. PCO workbook was approved and endorsed by 6 members.</p> <p>4. Appointment of lab quality in each USAPI lab – Vasiti summarized their discussion on having a specialist at each lab in the jurisdictions. The board liked the idea with the assistance from Vasiti to help choose the best person for each labs. Vasiti will be able to provide a directory of lab quality and provide an update at the next board meeting.</p> <p>5. Reinstating the USAPI Technical Workgroup – Dr. Durand reviewed their discussion on reinstating the USAPI technical workgroup, as well as volunteering to connect with the organizations such as CCPI. Board endorses Dr. Durand’s comment.</p>	<p>increase executive membership fees to the original \$20K and new fees for associate members at \$1K. Fees to be effective in upcoming FY.</p> <p>No objections noted.</p> <p>Approved.</p> <p>Approved.</p> <p>Approved.</p>
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	<p>6. Epi Cohort - Dr. Durand asks for the boards guidance received for a clearly defined cohort of Epi Technicians to be trained under DDM/SHIP. Recommended by Minister Ngirmang that the board endorse it.</p> <p>7. Board guidance received on USAPI contributions to the Regional PIHOA Lab Reimbursable Fund. Reviewed PIHOA Resolution 57-01. Board endorsed to the \$2K-\$3K be put into the LRF as recommended by AUL. Board agrees that the deadline be June 20th, 2015. Dr. Liv Taulung suggested Vasiti send a contract type of bill to help with the LRF.</p> <p>8. PIHOA Board member guidance received on HOH recommendation to include PIHOA as a third technical agency to support Pacific Ministers of Health. All board members in favor of support at HOH.</p> <p>9. PIHOA board member guidance received on inclusion of PIHOA on MANA Coordination Team under the governance of the HoH Sub-Committee (MANA/WHO invitation to PIHOA). Secretary Skilling suggest she send out a message of when board members can have a conference call because the board wants more clarity on this before making an approval. Comments will be sent to the secretariat by March 30th.</p> <p>Emi reviewed board communiques/resolutions from this meeting.</p> <ol style="list-style-type: none"> a. Resolution 57-01: Lab Preparedness – Concerning lab preparedness among PIHOA member states to support shipping Ebola and other highly infectious disease specimens for public health reference laboratory testing, and other emergent outbreak response situations. b. Communique 57-02: HHS Communications – Proposed communication process between US Department of Health and Human Services and USAPI Health Departments. (endorsed) c. Communique 57-03: Regional Formulary – Concerning the importance of establishing an appropriate and effective regional formulary to benefit and 	<p>Approved.</p> <p>PIHOA Resolution 57-01 approved.</p> <p>Approved.</p> <p>Tabled for further discussion.</p> <p>Resolution 57-01 approved and signed.</p> <p>Communique 57-02 approved and signed.</p> <p>Communique 57-03 approved and signed</p>
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	<p>support effective, efficient and equitable delivery of clinical and public health services in the USAPIS. Adopted.</p> <p>d. Resolution 57-01: Concerning the strengthening of math, English, sciences, and study skills in ways to develop education help with successful career training.</p> <ul style="list-style-type: none"> • Minister Ngirmang said that the FNU program feedback from MOH was that the instructors coming out of Fiji (accent, terminology was different) was very difficult. He agrees with the way to strengthen our schools, but we have to look at the language barriers. • Dr. Dever answered to Minister Ngirmang on how it might be some issues with language, but it has to do with the fact that they are underprepared. The challenge also is that students and also teachers who go to the mainland and never come back. • Minister Ngirmang recommended to take a look at 57-01 again and get back to it in the next meeting. • Secretary Skilling suggested that at the next board meeting, the board move forward with getting started at PCC. 	<p>Tabled for further revision.</p>
<p>Final Remarks, Meeting Closure and Announcements</p>	<p>PIHOA Board President adjourned the meeting at 2:30pm, March 11, 2015</p>	<p>2:30pm</p>

These minutes are verified as reviewed and endorsed by the PIHOA Board Executive Officers:

Ms. Esther Muna, Secretary/Treasurer

Date

ATTACHMENT 1: Final 57th PIHOA Meeting Agenda



57th PIHOA Executive Board Meeting

9-13 March 2015

Koror, Republic of Palau

MEETING AGENDA

Meeting Objective: To convene senior and deputy health leadership from the Territory of American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Territory of Guam, the Republic of the Marshall Islands and the Republic of Palau to discuss issues of regional significance, and by the end of the meeting, decide on critical priorities forward through official communiques, resolutions and recommendations.

Anticipated Meeting Outcomes:

Day 1 – Closed

- Review and adoption of 56th PIHOA Meeting Minutes and 57th PIHOA Meeting Agenda
- Review of PIHOA Secretariat Financial Report – decision for adoption and/or revision
- Discussion and decision on accountability measures for membership dues and the Lab Reimbursable Fund (LRF)
- Discussion and recommendation on USAPI representation within ASTHO governing structure
- PIHOA Board updated on USAPI NCD Emergency Response to date, USAPI NCD Policy Toolkit and drafting of legislative templates
- PIHOA Board members updated on PIHOA Regional Initiatives:
 - Board guidance received on future of PIHOA Secretariat work on QI/PI Initiative
 - Board guidance received on Concept Brief for a Regional Epi Capacity Building Framework
 - Board guidance received on re-convening the USAPI Technical Working Group to review and update the USAPI NCD Monitoring and Surveillance Framework
 - Board guidance received for a clearly defined cohort of Epi Technicians to be trained under DDM/SHIP
 - Board guidance received on USAPI contributions to the Regional PIHOA Lab Reimbursable Fund

Day 2 – Open

- PIHOA Board members updated on PIHOA affiliate member activities, achievements and recommendations for PIHOA Board consideration – recommendations put forth on strengthening collaborative partnerships with PIHOA affiliate agencies

- PIHOA Board members updated on Palau progress and activities for COIIN and Traditional Medicine
- PIHOA Board members briefed on CDC’s Preventative Health and Health Services (PHHS) Block Grant
- PIHOA Board members briefed on USAPI Maternal Obesity and Birth Outcomes study
- Discussion and agreement on future directions for WHO PEN implementation in the USAPIs
- PIHOA Board members have identified opportunities for strategic engagement in a wider regional forum (i.e. Healthy Islands Review, NCD Pacific Partnership, Pacific Heads of Health, MANA, Pacific Heads of Health Meeting and WHPRO RCM)
 - PIHOA Board member guidance received on HoH recommendation to include PIHOA as third technical agency to support Pacific Ministers of Health
 - PIHOA Board member guidance received on inclusion of PIHOA on MANA Coordination Team under the governance of the HoH Sub-Committee (MANA/WHO invitation to PIHOA)

Day 3

Open

- PIHOA Board members introduced to and briefed on PIHOA-hosted CDC staff placements’ regional work
- Agreement on strategic priorities and harmonization with PIHOA Initiatives for PIHOA-hosted CDC staff placements PIHOA Board members briefed on ASTHO’s strategic planning assistance to the USAPIs
- PIHOA Board members have identified opportunities for improved engagement with MCES and APIL

Closed

- Discussion and agreement on next steps with the WebIZ and Data-Sharing Agreement
- Discussion and agreement on next steps for Regional Pharmaceuticals Formulary
- Discussion and agreement on next steps in addressing US federal grant issues
- Discussion and identification of opportunities for the USAPIs from Region IX HHS
- Discussion and agreement on next steps for ASTHO-funded Strategic Resource Management training
 - Board commitment on clearly defined cohort of individuals to attend intensive Strategic Resource Management trainings in 2015 and 2016

Day 4 – Morning Only / Closed

- Board discussion and agreement on next steps on the Guam Regional Public Health Laboratory
- Review and approval of PIHOA board resolutions and communiques

Afternoon – Executive Board Member Retreat

Day 5 – Morning Only / PIHOA Secretariat and CDC Placement Staff Meeting

Day 1 – Monday, 9 March 2015 / Closed Meeting Executive and Associate PIHOA Members and Invited Guest Presenters		
Time	Agenda Item	Presenter/Facilitator
8:00 – 8:30am	Morning Coffee and Fruits / PIHOA Board Member Registration	
8:30 – 8:45am	Opening Prayer, Welcome Remarks and Roll Call	FSM Secretary of Health Dr. Vita Skilling, PIHOA Board President
8:45 – 9:15am	Review and adoption of 57 th PIHOA Meeting Agenda and 56 th PIHOA Meeting Minutes	FSM Secretary of Health Dr. Vita Skilling, PIHOA Board President
9:15 – 10:15am	PIHOA Financial Report Board Membership Dues Lab Reimbursable Fund	Candy Lum, PIHOA Finance Officer and Emi Chutaro, PIHOA Executive Director
10:15 – 10:30am	MORNING BREAK	
10:30 – 11:15am	Presentation and Discussion – USAPI Representation within ASTHO	1) Mr. Karl Ensign, ASTHO Senior Director of Planning and Evaluation on behalf of Dr. Katie Sellers, ASTHO Chief of Science and Strategy 2) Dial-in: Katie and ASTHO officials
11:15am – 12:00pm	USAPI NCD Emergency Response – Continuing the Momentum <ul style="list-style-type: none"> Regional NCD Emergency Response Timeline Drafting legislation in support of the NCD Policy Commitment Package and Toolkit/ Arnold and Porter, LLD NCD Law and Policy Summit 	1) Emi Chutaro 2) Temengil Temengil, Special Assistant to the Minister of Health, Palau MOH
12:00 – 1:00pm: LUNCH		
1:00 – 1:45pm	PIHOA Initiative Update – Human Resources for Health	Dr. Gregory Dever, PIHOA Regional HRH Coordinator
1:45 – 2:30pm	PIHOA Initiative Update – Primary Care Office	Dr. Angela Techur-Pedro, PIHOA Regional PCO Coordinator

2:30 – 3:15pm	PIHOA Initiative Update – Laboratory Strengthening	Vasiti Uluiviti, PIHOA Regional LS Coordinator
3:15 – 3:30pm	AFTERNOON BREAK	
3:30 – 4:15pm	PIHOA Initiative Update – Health Information Management Systems	1) Dr. Mark Durand, PIHOA Regional HIS and PI Coordinator 2) Mr. Tebuka Toatu, Laboratory Specialist, SPC Northern Pacific Office
4:15 – 5:00pm	PIHOA Initiative Update – Quality Improvement / Performance Improvement	1) Dr. Mark Durand 2) Dr. Kristine Qureshi, PIHOA QI and Nursing Consultant
5:00 – 5:30pm	Meeting Closure and Announcements	FSM Secretary of Health Dr. Vita Skilling, PIHOA Board President and Regie Tolentino, PIHOA Office Administrator
Day 2 – Tuesday, 10 March / Open Meeting Executive, Associate and Affiliate PIHOA Members and Guests		
Time	Agenda Item	Presenter/Facilitator
8:00 – 8:30am	Morning Coffee and Fruits / Registration for Invited Guests	
8:30 – 9:00am	Morning Prayer, Call to Order and Roll Call	FSM Secretary of Health Dr. Vita Skilling, PIHOA Board President
9:00 – 10:15am	Strategic Partnerships Panel Presentations and Discussion: PIHOA Affiliate/Partner Highlights (15 minutes each + 15 minutes Q&A) <ul style="list-style-type: none"> • American Pacific Nursing Leaders Council (APNLC) • Association of USAPI Labs (AUL) • Pacific Islands Primary Care Association (PIPICA) • Cancer Coalition of the Pacific Islands (CCPI) 	1) Johnny Aldan, President and Dr. Kristine Qureshi, Member 2) Mr. Manasa Mainaqelelevu, President 3) Mr. Clifford Chang, Executive Director 4) Ms. Edolem Ikerdeu, Member
10:15 – 10:30am	MORNING BREAK	

10:30am – 12:00pm	<p>Strategic Partnerships</p> <p>Panel Presentations and Discussion: PIHOA Affiliate Highlights (15 minutes each + 15 minutes Q&A)</p> <ul style="list-style-type: none"> • Pacific Post-Secondary Education Council (PPEC) • Pacific Basin Dental Association (PBDA) • Pacific Basin Behavioral Health Collaborating Council (PBHCC) • Pacific Chronic Disease Coalition (PCDC) • Fiji National University (FNU) 	<ol style="list-style-type: none"> 1) Mr. Robert Ramarui, Palau Community College Dean of Academic Affairs 2) Dr. Louisa Santos, President 3) Mr. Alex Ngiraingas, Member 4) Ms. Augusta Rengiil, Executive Director 5) Mr. Kavekini Neidiri, Lecturer-BPHN Palau Community College Program, FNU College of Medicine, Nursing and Health Sciences
12:00 – 1:00pm: LUNCH		
1:00 – 1:30pm	Palau Ministry of Health: COIIN	Palau Ministry of Health Representative
1:30 – 2:00pm	Palau Ministry of Health: Traditional Medicine	Palau Ministry of Health Representative
2:00 – 2:30pm	<p>Maternal and Childhood Obesity in the USAPIs: Current research and data</p> <ul style="list-style-type: none"> • Maternal Obesity and Birth Outcomes Study 	Dr. Angela Techur-Pedro
2:30 – 3:00pm	Preventive Health and Health Service (PHHS) Block Grant	Dial- in: Vicky Rayle, Public Health Advisor and Project Officer, CDC OSTLTS
3:00 – 3:15pm AFTERNOON BREAK		
3:15 – 4:15pm	Panel Discussion: WHO Package of Essential NCD Interventions (PEN) and Palau experience with PEN implementation	<ol style="list-style-type: none"> 1) Dr. Sevil Huseynova, WHO CLO Northern Pacific 2) Dr. Cathering Decherong, Medical Director, Palau Community Health Center 3) Dr. Tukana, Peliliu Health Center
4:15 – 5:15pm	<p>Open Discussion: Strategic Partnerships for the USAPI NCD Emergency Response: Continuing the Momentum</p> <ul style="list-style-type: none"> • Pacific NCD Partnership • Pacific Heads of Health <ul style="list-style-type: none"> ○ Pacific MANA Coordination Team • Pacific Ministers of Health 	Emi Chutaro

	<ul style="list-style-type: none"> • WHPRO RCM in Guam in October 2015 	
5:15 – 5:30pm	Meeting Closure and Announcements	FSM Secretary of Health Dr. Vita Skilling, PIHOA Board President and Regie Tolentino
6:30pm	PIHOA and Palau MOH-sponsored Dinner	Palau Royal Resort – all guests invited
Day 3 – Wednesday, 11 March 2015 Morning – Open Meeting / After Lunch – Closed Meeting		
Time	Agenda Item	Presenter/Facilitator
8:00 – 8:30am	Morning Coffee and Fruits / Registration	
8:30 – 8:45am	Call to Order, Roll Call and Announcements	FSM Secretary of Health Dr. Vita Skilling, PIHOA Board President
8:45 – 9:30am	ASTHO Strategic Planning Assistance	<ol style="list-style-type: none"> 1) Mr. Karl Ensign 2) Ms. Bertha Taijeron, Performance Improvement Manager, Guam DPHSS
9:30 – 10:15am	Strategic Partnerships Strategic Engagements for Health with USAPI Executive and Legislative Branch Leadership <ul style="list-style-type: none"> • Association of Pacific Island Legislators and (APIL) Micronesians Chief Executives (MCES) 	<ol style="list-style-type: none"> 1) Speaker Judith Won Pat, President, APIL 2) Emi Chutaro
10:15 – 10:30am	MORNING BREAK	
10:30 – 11:15am	Strategic Partnerships Panel Presentations: CDC technical staff placements co-located at PIHOA Guam Office (15 minutes each): Introductions, program scope of work, and updates <ul style="list-style-type: none"> • CDC Immunization • CDC Chronic Disease • CDC Preparedness 	<ol style="list-style-type: none"> 1) Mr. Peter Judicpa, Public Health Advisor, CDC Immunization 2) Dr. Haley Cash, NCD Epidemiologist, CDC Chronic Disease / TEPHINET 3) Dr. Thane Hancock, Career Epidemiology Field Officer, CDC Preparedness
11:15am – 12:00pm	Strategic Partnerships Panel Discussion: CDC technical staff placements co-located at PIHOA Guam office and harmonization with PIHOA Regional Initiatives	<ol style="list-style-type: none"> 1) Mr. Bill Gallo, Associate Director for Insular Area Support, CDC OSTLTS 2) Mr. Peter Judicpa 3) Dr. Haley Cash

		<ol style="list-style-type: none"> 4) Dr. Thane Hancock 5) Dr. Mark Durand 6) Emi Chutaró
12:00 – 1:00pm: LUNCH		
1:00 – 1:45pm	Panel Discussion: WebIZ Immunization and Data-Sharing	<ol style="list-style-type: none"> 1) Dr. Mark Durand 2) Peter Judicpa, Public Health Advisor, CDC Immunization 3) Dial-in Mimi Larzelere, Project Officer, CDC National Center for Immunization and Respiratory Diseases 4) Dial-in Amanda Bryant, Public Health Analyst, CDC National Center for Immunization and Respiratory Diseases
1:45 – 2:30pm	Panel Discussion: Regional Pharmaceuticals Formulary	<ol style="list-style-type: none"> 1) Emi Chutaró 2) Subroto Banerji, Senior Advisor for the Office of the Pacific Health - Region IX HHS OASH 3) Director Paulino Rosario, Director of Health PNI State DHS 4) Clarette Matlab, Palau MOH Chief Pharmacist
2:30 – 3:15pm	Panel Discussion: US Federal Grants – Issues, concerns and root causes	<ol style="list-style-type: none"> 1) Emi Chutaró 2) Bill Gallo 3) Subroto Banerji 4) Capt. Cathy Wasem, Senior Program Management Officer, US Public Health Service Commissioned Corps
3:15 – 3:30pm	AFTERNOON BREAK	
3:30 – 4:30pm	Strategic Partnerships: Regional IX HHS support to the USAPIs <ul style="list-style-type: none"> • HHS Data (not include CDC): OPC Report • SAMSHA / PBHCC partnerships 	<ol style="list-style-type: none"> 1) Captain Cathy Wasem 2) Jon Perez, Regional Administrator for SAMSHA Regional IX HHS

	<ul style="list-style-type: none"> • Communications Protocol and engagement with HHS Policy Group 	3) Subroto Banerji
4:30 – 5:15pm	ASTHO Project Updates – Strategic Resource Management and Executive Leadership Development	Emi Chutaro
5:15 – 5:30pm	General Discussion, Meeting Closure and Announcements	PIHOA Board President
6:30pm	Palau MOH and Shin Kong Hospital-sponsored dinner*	Palau Pacific Resort – by invitation only
Thursday, 12 March 2015 Morning – Closed Meeting / After Lunch – PIHOA Executive Board Retreat		
8:00 – 8:30am	Morning Coffee and Fruits	
8:30 – 8:45am	Morning Prayer, Call to Order and Roll Call	PIHOA Board President
8:45 – 10:00am	Guam Regional Public Health Laboratory: Update on recent AUL Meeting in Guam and general discussion of opportunities, issues and concerns identified	Vasiti Uliviti, Manasa Mainaqelelevu, and Eric Blank, APHL Senior Director of Public Health Systems
10:00 – 10:15am	MORNING BREAK	
10:15 – 11:45am	Open Discussion, Communiqués and Resolutions	PIHOA Board President and Emi Chutaro
11:45am – 12:00pm	Final Remarks, Meeting Closure and Announcements	PIHOA Board President
12:00 – 5:00pm	Lunch and PIHOA Executive Board Member Retreat	Rock Islands
Friday, 13 March 2015 PIHOA Secretariat Staff and CDC Placement Retreat 8:00am – 12pm Venue – TBA		

**Disclaimer: Shin Kong Hospital's joint sponsorship of the dinner with the Palau MoH does not constitute endorsement and/or promotion of Shin Kong Hospital as a regional service provider by the PIHOA Board membership and Secretariat staff.*

ATTACHMENT 2 – PIHOA Resolution 57-01

ATTACHMENT 3 – PIHOA Communique 57-02

ATTACHMENT 4 – PIHOA Communique 57-03