



## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

**Eloy S. Inos**  
Governor

**Jude U. Hofschneider**  
Lieutenant Governor

### **DIRECTIVE No. 6**

**DATE:**           **APRIL 18, 2013**

**TO:**             **ALL DEPARTMENTS AND AGENCIES**

**FROM:**        **GOVERNOR**

**SUBJECT:**    **Non-Communicable Disease Emergency Directive**

**WHEREAS**, a Regional State of Health Emergency on Non-Communicable Diseases (NCDs) in the United States-Affiliated Pacific Islands has been declared by the Pacific Island Health Officers Association (PIHOA) in May 2010 by its Board Resolution #48-01, and endorsed by the Micronesian Chief Executives, Micronesian Presidents, Association of Pacific Islands Legislatures, Micronesian Traditional Leaders Council and Micronesian Chief Justices; The Nadi Statement on NCDs in the Pacific was crafted by the World Health Organization (WHO) and was supported by Secretariat of the Pacific Community (SPC) in February of 2011, declaring a serious NCD crisis in the Pacific. This statement was endorsed in Honiara, Solomon Islands on August 2011 by the Pacific Islands Ministers of Health Meeting and by the Pacific Islands Forum in New Zealand. The Nadi Statement was then endorsed at the United Nations High Level Meeting which was held in September 2011 reinforcing that the burden of NCDs have escalated on a global scale.

**WHEREAS**, the CNMI is home to more than 55,000 people who live primarily on three of the 14 islands with a total land area of 176.5 square miles spread out over 264,000 square miles of ocean in the northwestern Pacific Ocean;

**WHEREAS**, the health burden in the CNMI have transitioned to non-communicable diseases. This is a result of the changes that the CNMI has gone through over time in its journey toward modernization as access to technologies have led to more sedentary lifestyles; access to high calorie processed imported food, tobacco and alcohol is made easier; and the movement away from traditional lifestyles which require more physical activities and access to traditional foods.



**WHEREAS**, NCDs are sometimes called chronic or lifestyle-related diseases. The top NCDs in the CNMI are heart disease, cancer, stroke, chronic respiratory disease, diabetes, depression, and unintentional injuries. NCDs are preventable and have fewer complications with early intervention. Many of the risk factors for NCDs can be effectively alleviated with known strategies and models of care. Modifiable determinants of NCDs include lifestyle factors (tobacco use, alcohol abuse, poor nutrition and lack of physical activity) and social environmental determinants (physical, political, social, economic, cultural, spiritual, behavioral, and mental environments). Obesity, high blood pressure, hypertension and hyperlipidemia are measureable and modifiable intermediate risk factors. Non-modifiable determinants include age, gender (men are more vulnerable) and genetics, although even genetic expressions can be modified by lifestyle.

**WHEREAS**, NCDs cause a significant loss in longevity, quality of life, and loss in workforce productivity in the CNMI. The current generation is dying prematurely or losing functionality because of NCDs and there is no sign of improvement in the foreseeable future if status quo approaches are maintained.

**WHEREAS**, the NCD burden can be expected to worsen significantly over the next generation, and will adversely affect the youth in the CNMI population. There is a critical need to shape effective health policies and improve the general attitude of the CNMI community on disease prevention and health promotion, and if not, the NCD burden can be expected to worsen.

**WHEREAS**, given the escalating surge of NCDs and the heavy financial burden associated with NCD treatment, the CNMI healthcare system will be greatly challenged to meet the overall health and medical needs of the CNMI community. It is incumbent on us as a community to address and begin the process to reduce the instances of NCDs if we are to survive as a community.

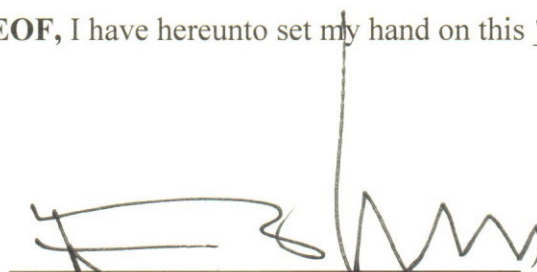
**WHEREAS**, 7 out of every 10 deaths in the CNMI are due to NCDs and/or NCD risk factors. The Commonwealth Health Center's (CHC) Dialysis Center reported a 126% increase in newly registered renal dialysis patients in 2012 compared to the previous year; with majority of the patients having Diabetes Type II and hypertension; majority are of Chamorro and Carolinian descent, the indigenous people of the Northern Marianas; and wherein CHC, the only hospital in the CNMI, is one of two renal dialysis center sites on the island of Saipan; As of January 2013, CHC reported a total of 107 renal dialysis patients at the Dialysis Center. In 2008, 45% of our 7-10 year old children were found to be obese or overweight. Obese children may experience immediate health consequences which can lead to weight-related health problems in adulthood. Obese children and teens have been found to have risk factors for cardiovascular disease (CVD), including high cholesterol levels, high blood pressure, and abnormal glucose tolerance. Millions of dollars go to our Medical Referral Program for off-island medical care annually. In the years 2009 to 2011, 2,839 patients were sent off-island and 5,641 patients from Rota and Tinian were referred to Saipan for medical care costing the CNMI Government about \$19.5 million for medical referral costs in that three year span. About 90% of the cases referred for medical care are due to NCDs.

**WHEREAS**, the future of the CNMI is highly dependent on having an effective and far reaching community-driven strategy towards this NCD crisis. This NCD crisis threatens our very existence and must be treated like an approaching typhoon or tsunami. We must, without delay, build an action plan with immediate implementation. CNMI's health is best managed by the CNMI community at large and this must be the central strategy as we set our course into the future in responding to this crisis and as we move into a potential national state of health emergency on NCDs for the next 5 to 10 years.

**NOW, THEREFORE, I, ELOY S. INOS**, Governor of the Commonwealth of the Northern Mariana Islands, do hereby direct as follows:

1. Establish a CNMI NCD Emergency Committee within 30 days to oversee the implementation of NCD related strategies across various sectors;
2. Initiate an Economic Impact Assessment on NCDs, which will be spearheaded by the CNMI NCD Emergency Committee developing community-wide benchmarks to be followed and tracked over time;
3. Develop an Integrated Plan of Action for dealing with NCDs in a manner that truly involves the ownership and participation of the "whole of society";
4. Initiate a NCD Surveillance System that looks at providing timely interval data necessary to monitor and manage the crisis and will include monitoring risk factors of NCDs;
5. All government sectors, non-governmental agencies, statutory bodies and civil society will proactively assist in efforts to address the NCD crisis.

**IN WITNESS WHEREOF**, I have hereunto set my hand on this 18<sup>th</sup> day of April, 2013.



**ELOY S. INOS**  
Governor