

**Yap State
Comprehensive
Cancer Control Plan
2007 - 2012**





FOREWARD MESSAGE

Mogethin, Sa Hadafa, Ifa Sengam, Ifa Usum, Alii, Mabuhay and Hello!

On behalf of the Yap Cancer Coalition we are pleased to present the first ever Yap Comprehensive Cancer Control (CCC) Plan for the State and People of Yap for 2007-2012.

This plan is the result of three years of planning with various stakeholders within Yap and abroad. It took place with critical support funding from the United States Centers for Disease Control and Prevention National Comprehensive Cancer Control Program (NCCCP) Cooperative Agreement # U55/CCU923887 awarded to the University of Hawaii Department of Family Medicine & Community Health from 06/30/2004-06/29/2007 under the direction of Dr. Neal A. Palafox, MD, MPH – Principal Investigator, Vanessa S. Wong, MD – Project Director and Lee Buenconsejo-Lum, MD – Project Advisor.

We also take this opportunity to dedicate this plan to the memory of Dr. Victor A. Ngaden, a physician at the Yap State Memorial Hospital who was an active member of the cancer coalition and instrumental in the planning stages of developing this cancer plan. Dr. Ngaden was also one of the founding members of the Cancer Council of the Pacific Islands (CCPI) under the Pacific Cancer Initiative, which started in 2002.

We are grateful for the planning process that took place and for all the assistance and input we have received to get to this point and we thank you all for your continued interest in helping us work towards reducing the cancer burden in the State of Yap.

Mr. Peter Tairuwepiy
Chairman
Yap Cancer Coalition

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Letters of Support



THE GOVERNOR



February 14, 2007

His Excellency Joseph J. Urusemal
President
Federated States of Micronesia
Palikir, Pohnpei FM 96941

Dear Mr. President:

I would like to bring to your attention a cancer needs assessment on the prevailing spread of cancer-related illnesses concluded in 2003 in the State of Yap. The assessment, I've been informed, found that cancer is one of the leading causes of death in our State, the most common sites in order of prevalence being liver, lung, oral, breast, cervical and prostate cancer. While cancer has never been a priority in the State's health agenda, perhaps due to the common perception that cancer incidence here is relatively low compared to other diseases, we would like to make the issue a priority at this time due to some real efforts and apparent willingness in our local communities to deal with the issue.

For the past two years, our community-based coalition, a non-profit, non-government organization, has been working diligently holding monthly meetings in an effort to develop a Comprehensive Cancer Control (CCC) Plan that is relevant to the community needs of our people. Coalition members include representatives from our Departments of Health Services and Education, as well as the private sector, local media, church leadership, various government agencies and a number of cancer survivors.

I am supportive of the efforts by the Yap Cancer Coalition, which has been working these past months under the direct auspices of the Waab Community Health Center in conjunction with the Department of Health Services. Cancer is clearly among the leading causes of death in the State of Yap, and is the one disease most commonly resulting in the lengthiest in-patient service care at our State Hospital. Cancer patient treatment is also very costly to our Medical Referral Program. And with our limited resources, many challenges exist locally that impact our ability to deliver the types of care our people deserve.

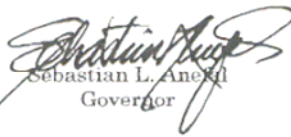
COLONIA, YAP, WESTERN CAROLINE ISLANDS FSM 96943
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His Excellency Joseph J. Urusemal
Page 2.

It is to this end that we are pleased to offer strong support to local efforts in helping to ensure the State Government must work together with the National Government and other external partners in effectively implementing the Yap State Cancer Plan. Such concerted effort, we believe, can go a long way toward finding ways to better implement or re-enforce existing health-related policies and legislations by providing a minimum set of cancer screening and treatment services to all of our people, and maximizing the impact of training programs that our health personnel can receive from within or outside of the FSM.

Please accept this letter, therefore, as indication of our full support and endorsement of the Yap CCC Plan for inclusion in the FSM March 2007 application for the U.S. Centers for Disease Control and Prevention "National Comprehensive Cancer Control Program" (NCCCP) implementation grant. Thank you.

Sincerely,



Sebastian L. Aneki
Governor

cc: Secretary, Department of Health, Education and Social Affairs

COLONIA, YAP, WESTERN CAROLINE ISLANDS FSM 96943
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THE STATE OF YAP
DEPARTMENT OF HEALTH SERVICES
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FEDERATED STATES OF MICRONESIA 96943



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March 1, 2007

His Excellency Joseph J. Urusemal
President
Federated States of Micronesia
Palikir, Pohnpei, FM 96941

And

Honorable Secretary Nena S. Nena
Secretary of Health
Department of Health, Education and Social Affairs
FSM National Government
Palikir, Pohnpei, FM 96941

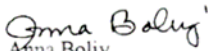
**RE: FSM Comprehensive Cancer Control Program Implementation Grant Application
CDC-RFA-DP07-703**


Dear Mr. President and Secretary Nena:

This letter serves to officially designate the FSM National Department of Health, Education and Social Affairs (DHESA) as the bona fide agent to apply for the NCCCP Implementation grant. Because of the unique relationship between the FSM state of Yap and the FSM National Government, the need to closely collaborate in our resource-limited setting and because our state is ineligible to apply for the CDC's National Comprehensive Cancer Control Program (NCCCP), we are in strong support of your application for the NCCCP Implementation Grant.

As stated in the FSM Health officers resolution 07-1-02, the comprehensive cancer control coalitions of four FSM States of Chuuk, Kosrae, Pohnpei and Yap have worked together with the FSM National coalition and DHESA to put forth the application. We are committed to working together with FSM DHESA, FSM National Coalition, as well as the other FSM State Directors and State CCC Coalitions to promote, advocate and garner community and political support for the individual State and National CCC plans. We, through the Wa'ab Community Health Center, will implement our State CCC plan, which also includes close collaboration and planning for several FSM Nationwide strategies (health workforce training for cancer, feasibility studies for certain diagnostic and treatment options, data quality improvement initiatives).

We look forward to working with you to reduce the high burden of cancer facing the people of the FSM.


Anna Boliy
Acting Director, of Health Services
Yap State, FSM


Peter Tanuwepiy
Chairperson
Yap State Cancer Control Coalition



'Imi Hale
Native Hawaiian Cancer Awareness
Research & Training Network
A Program of Papa Ola Lōkahi

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Honolulu, HI 96813
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March 14, 2007

Ms. Anna Bolij
Director of Health
Department of Health Services
P.O. Box 148
Colonia, Yap FSM 96943

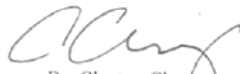
Aloha Ana,

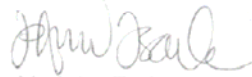
'Imi Hale Native Hawaiian Cancer Network ('Imi Hale), a program of Papa Ola Lōkahi, strongly supports the Yap's Comprehensive Cancer and Cancer Registry grant application to CDC. These grants will continue to build Yap's capacity and expand existing efforts cancer prevention and control. This program addresses priorities that strongly resonate in the Yap communities, where cancer health care disparities are significant.

'Imi Hale is one of 25 Community Network Programs, funded by the Center to Reduce Cancer Health Disparities, NCI. Our program is beginning its eighth year and has been involved in the Breast and Cervical Cancer Control programs in Hawaii, Palau and American Samoa at multiple levels. We provided and will continue to provide the following

- tailored cancer education materials
 - resources and assistance for culturally relevant educational campaigns
 - training and technical assistance in community organization and outreach
- Health Services. Your staff continues to provide a significant service to the people of the state of Yap and we are proud to be your working partners.

Sincerely,


Dr. Clayton Chong
Principal Investigator


Ms. JoAnn Tsark
Director

*Halekani, in Hilo, Hawaii, was the family home of Hawaiian composer Helen Keolu Keolu. It was a gathering place for family, friendship and music.
'Imi Hale is supported by a grant from the National Cancer Institute.



Comprehensive Cancer Control Plan: Information for Communities

Introduction Sections:

- What is cancer?
Normal cells are what make up all of your body. Sometimes normal cells begin to grow unusually and turn into bad cells, which hurt your body. Cancer is a group of bad cells that are growing together in your body. If left untreated cancer can lead to death.
- Why do people get cancer?
There are many reasons why different people get different cancers. Some kinds of cancer are caused by things people do. Smoking can cause cancers of the lungs, mouth, throat, bladder, kidneys and several other organs, as well as heart disease and stroke. While not everyone who smokes will get cancer, smoking increases a person's chance of getting the disease. Drinking a lot of alcohol has also been shown to increase a person's chance of getting cancer of the mouth, throat, and some other organs. This is especially true if the person drinks and smokes (American Cancer Society).
- What is comprehensive cancer control?
Comprehensive cancer control is a shared process through which a community and its partners work together to reduce the burden of cancer (Center for Disease Control).

Prevention Section:

- What is cancer prevention?
Cancer prevention is making better choices in your life to reduce your risk of developing cancer. Some of these choices include eating a healthy diet of fresh fruits and vegetables, getting exercise like walking around everyday, and not putting harmful chemicals in your body through tobacco and alcohol.

Early Detection Section:

- What is early detection for cancers?
Early detection of cancer involves going to see a doctor when you start to feel the smallest symptom of an illness. If you are able to catch the cancer sooner your chances of treating and surviving the cancer are greatly increased.
- Where should you go for screening and how often?
Screening for cancer can be done at any local hospital as long as you tell your doctor that you would like to be screened for a certain cancer. Different cancers should be screened for at different times, it is important to talk to your doctor about a regular screening schedule.



Comprehensive Cancer Control Plan: Information for Communities

Treatment Section:

- How is cancer treated when found?
If cancer is found in your body there are many ways that it needs to be treated. In most cases you will be sent off island to Hawaii or the Philippines where they have very well developed ways to treat you. The first step usually involves removal of the cancer through surgery, which should then be followed by chemotherapy and radiation therapy or both.
- What is chemotherapy?
Chemotherapy involves taking certain drugs that will find all of the bad cancer cells in your body and destroy them. It is important to take chemotherapy because the cancer cells can live far away from a removed tumor.
- What is radiation therapy?
Radiation therapy involves putting safe amounts of radiation into your body to help shrink and kill cancer cells.
- Why does cancer need to be removed?
If you do not remove cancer from your body it will continue to grow and kill off your healthy normal cells and can eventually lead to death.
- Why is follow-up treatment important?
It is important to follow the treatment schedule given to you by your doctor so that you can remove and destroy cancer in your body before it is too late to treat you. Following the treatment schedule on time can save your life.

Palliative Care/Quality of Life Section:

- What is palliative care?
Palliative care is treatment that relieves symptoms, such as pain, but is not expected to cure the cancer. Its main purpose is to improve the patient's quality of life.
- How can families help improve cancer patients' quality of life?
Cancer patients and survivors need much support from their family. It is important for families to try to learn about the cancer that is hurting their loved ones so that they can help in treatment and care decisions.



Comprehensive Cancer Control Plan: Information for Communities

Analogies:

Breadfruit Tree- (Kosrae)

In Micronesia there is a disease that affects breadfruit trees. The disease starts by only affecting one fruit on the tree and if you catch it early and remove the bad fruit the tree will be fine. If you don't pay close enough attention to your tree and the disease is not caught early enough it will spread rapidly through the entire tree and eventually kill the tree and a large source of food for your family. The breadfruit tree is like your body and the disease is like cancer. If you take care of your body and catch the signs and symptoms of the disease early enough you can save your life.

Water in the Pipes- (Yap)

When you chew betelnut and/or tobacco, drink alcohol, or smoke tobacco, the bad chemicals in these do not just stay in your mouth and lungs. They go into your blood very quickly and spread throughout your entire body. Imagine the water pipes in a building or in a house. If you put poison in one of the pipes it will go into all of the pipes and all of the rooms in the building or house. This is like your body and when you smoke, chew, or drink you put dangerous chemicals in all of the parts of your body. These chemicals/poisons cause all types of cancer, like stomach, breast, and brain cancer, not just mouth and lung cancer.

VISION STATEMENT

To minimize the incidence of cancer and the number of deaths due to cancer in Yap State, Federated States of Micronesia.



MISSION STATEMENT

To conduct public awareness activities on cancer, cancer risk factors, the impact of cancer and its risk factors on overall health and the importance of screening and early detection.

Ensure availability of adequate and affordable medical supplies necessary for cancer screening and treatment efforts.

BACKGROUND

Yap, the western-most state of the Federated States of Micronesia (FSM) is located in the western Caroline Islands midway between Guam and the Republic of Palau and is some 8,410 miles west of California. Yap has a population of 11,200 (Year 2000 Preliminary FSM Census). It is the second least populated of the 4 FSM states. Sixty-five percent of the population resides on Yap Proper, which consists of four islands connected by roads, waterways and bridges. Yap Proper includes the town of Colonia, Yap's capital, which has a population of about 1000. Stretching 600 miles east of Yap Proper are 78 outer islands, of which 18 are inhabited. Including the outer islands, the state of Yap covers approximately 500,000 square miles of ocean yet consists of only 45.8 square miles of land area. Transportation between Yap Proper and 3 of the outer atolls is via small airplanes. The other islands are serviced by cargo ships and/or the Micro Spirit which runs every 6 weeks. There are four indigenous language groups in Yap State: Yapese, Ulithian, Woleaian and Satawalese (GRIMES 1996). Communication between island groups most often takes place in English.

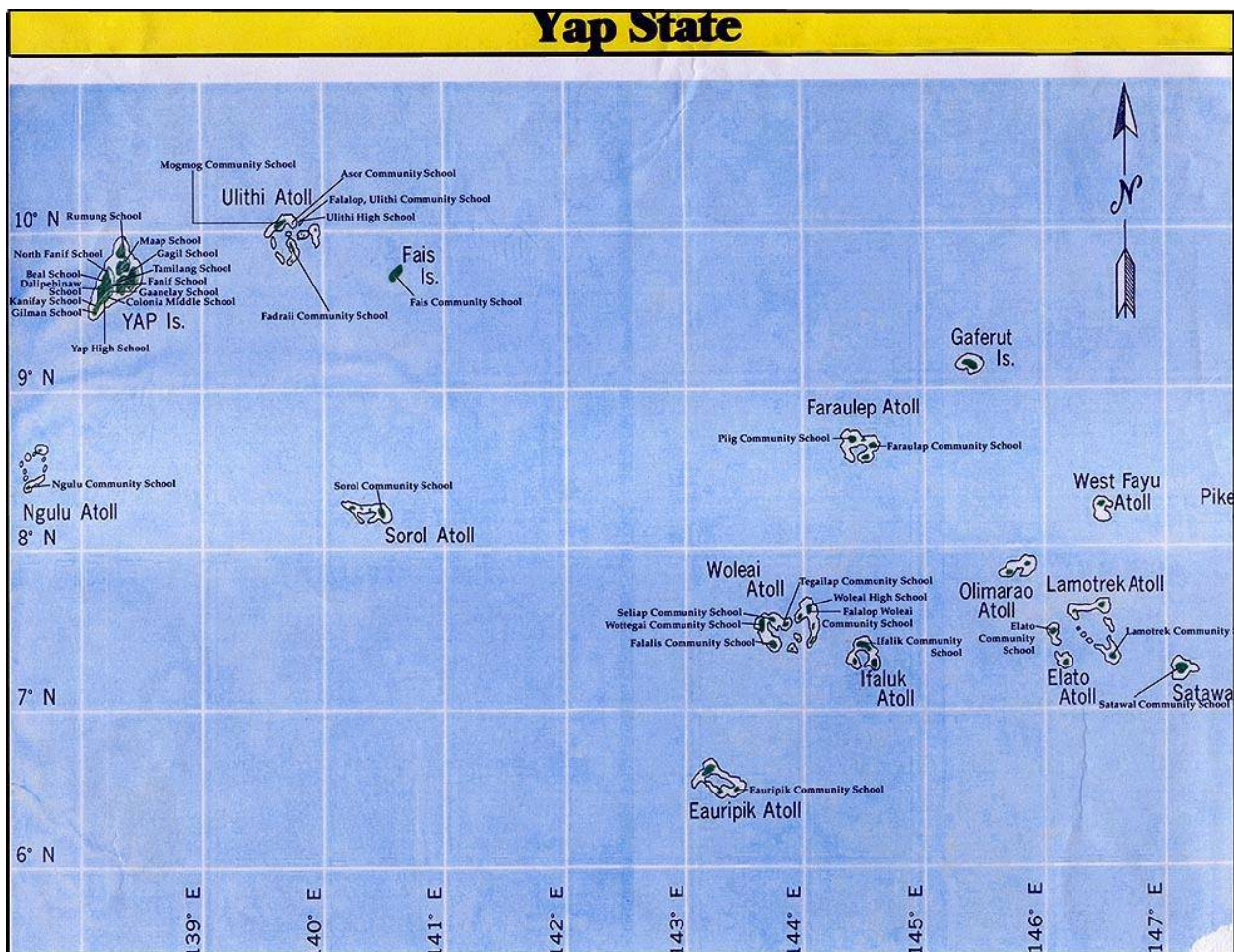


Figure a. Yap State (Yap Proper and Outer Islands)

Table 1. Selected demographic, health and economic indicators for FSM

	Chuuk	Kosrae	Pohnpei	Yap	FSM	U.S.
Total Population	53,595	7,686	34,486	11,241	107,008	
Youth as % of total population			52.8%		55% 0-19 yrs 33% 0-9 yrs	
Living in state centers	No public transportation				23%	
Living in intermediate islands/areas	Access to state centers by small boat or 4-wheel drive vehicle				54%	
Living in outer islands	Access to state centers by small boats because larger (safer) ships do not run consistently				22%	
Infant mortality					29.16/1000*	6.43/1000
	Chuuk	Kosrae	Pohnpei	Yap	FSM	U.S.
Life expectancy					70.05 yrs	77.85 yrs
GDP per capita	\$1,246	\$2,336	\$2,845	\$3,076	\$2,032	\$43,500*
Health care expenditures, per capita	\$80 (1999)	\$169 (2001)	\$117 (2001)	\$125 (2001)	\$147 ^	\$5,711^
Medical referral costs % of total health budget ¹	35%	9%	12%	15%	14%	
Total expenditure on health as % of GDP					7.6% ^	15.2% (2003)
Population below poverty					26.7%	12%*
1998 avg annual household income	\$9,819	\$15,100	\$11,783	\$13,075	\$11,240	\$46,326 (median 2005)
2000 Median wages	\$3,446	\$6,346	\$5,521	\$3,665	\$4,618 (Median household income)	
% households with electricity - rural	9.6%	100%	33.7%	54.4%	30.4%	
% Adults >25 yrs high school graduate or higher					31.7%	84%

Data is from the FSM Census 2000, FSM Statistics Division, unless otherwise noted

^ from 2006 WHO WPRO Statistical Tables

*from the World Factbook, 2006 estimates

U.S. Data is from the CIA World Factbook, accessed 3-10-07, unless otherwise noted

<https://www.cia.gov/cia/publications/factbook/geos/us.html>

Traditional Yapese society still dominates and is organized as a complex system of clans, castes and village units ruled over by chiefs. Today, the chiefs share power with elected leaders. The state constitution gives chiefs, and in particular the Council of Pilung and the Council of Tamol, veto power over much of the legislation passed by Legislature, while the traditional leaders in the village councils make most of the policy decisions at the village level. Most of the population is Catholic and the influence of the church remains strong. Each church has an established working council of members who are responsible for organizing and coordinating church activities in their respective communities.



HEALTHCARE SYSTEM

Yap Memorial Hospital in Colonia is the only hospital in Yap and is directly accessible only to those residents who live in Yap Proper. According to the Yap 2000 Census 91% of the Yap Main Island population is uninsured. Residents who live on the outer islands find access difficult due to limited transportation. The field ship (MS Microspirit) sails about every 6 weeks when in service originating in Yap and takes about 2 weeks for a roundtrip with designated stop over in some major island groups, not all. Other cargo ships that can also carry passengers sail infrequently. Only three of the outer islands (Woleai, Ulithi, Fais) have runways. These islands are serviced irregularly by Pacific Missionary Aviation (PMA), which offers reduced fee medical evacuations. While this air service is a travel option for residents of the islands mentioned, most Outer Island people prefer to travel on the cheaper field-trip ship. With the exception of two islands, which have electricity, none of the 18 outer islands has running water, electricity or proper sanitation.

Yap Memorial Hospital has 25 beds, 10 doctors including 1 obstetrician/gynecologist, 1 anesthesiologist and 1 surgeon. The hospital has an emergency room, outpatient clinics, inpatient wards, surgical suites, a dental clinic, pharmacy, laboratory, X-ray services, physical therapy services and health administration offices, including offices for data and statistics. The hospital does have a ventilator but no dialysis unit. Plain film x-rays and ultrasound are the only tests performed by radiology. There is no mammography equipment in the state. Additional diagnostics include a colposcope, endoscope, laparoscope and hysteroscope but no flexible sigmoidoscope or colonoscope.

There are no private health providers or other clinics in Yap or the outer islands, only the main central Yap State Hospital in Colonia and the 17 dispensary sites in the outer islands and the four newly established community health centers on Yap Proper.

Yap has 17 outer island dispensaries, of which two – Ulithi and Woleai - have been designated "super dispensaries". In May 2004, doctors were posted permanently to each, and more extensive pharmacy stocks have been provided. The other 15 outer island dispensaries or aid posts are served by health assistants with limited backgrounds. In fact, most were trained on the job by people who were trained on the job. Only the most basic health care services are available at these sites; consultation with the doctors at Ulithi, Woleai or at the hospital is necessary for any complicated medical care. Services of the two "super dispensaries" include dispensing of medications, minor suturing, deliveries and patient admissions. They have equipment for limited or basic laboratory work but no lab technicians. Meanwhile, the other dispensaries primarily dispense medications to treat common ailments. The doctor assigned to Ulithi conducts daily morning reports by radio with the outer island dispensaries and has used a combination of radio and face-to-face sessions to deliver six College of Micronesia dispensary manager program courses since August 2004. A major upgrade of solar and radio systems in the outer island dispensaries was completed in July 2006 and has improved radio contact, which is sometimes weak for some of the stations. Communication by the outer island dispensaries with the central



or main hospital on Yap Proper is by radio or VHF.

The Yap State health budget is supported by three sources – US Compact of Free Association Health Sector grants, US Federal programs and local revenue. Yap’s comprehensive cancer control (CCC) efforts, as part of the FSM National and Regional CCC efforts, also supports the recommendations of the Compact of Free Association Health Sector Strategic Development Plan (SDP). CCC efforts include enhancing existing Department of Health Services (DHS) infrastructure through collaboration, coordination, sharing and efficient utilization of limited resources while evaluating the process and outcomes throughout.

HEALTHCARE WORKFORCE

Yap has 10 physicians (including 2 now assigned to outer island dispensaries in Ulithi and Woleai); 32 nurses who are hospital based, of whom 16 are “practical” nurses (i.e. without formal training) and 10 nurses who are public health based; 3 nurse midwives; 1 dentist; 7 dental nurses; 24 health assistants (health assistants staff outer island dispensaries); 3 medexes; 6 Med Lab techs; 1 pharmacist; 4 pharmacy techs; 4 radiology techs; 3 health inspectors; and 1 rehab specialist. Yap has no nurse practitioners, dental assistants, dieticians, patient educators or social workers. Twelve community health workers have recently completed training to provide outreach services for the new Wa’ab Community Health Center (WCHC) project (a US 330 grant funded CHC with four new health center sites in the main island of Yap).

Health assistants play a key role in providing education and primary care all throughout Yap state, but more importantly on the outer islands where access to any healthcare is exceedingly limited. Health assistants are the first point of contact for the community. They must be a high school graduate, complete a one year training course, or have partial or complete nurse training. The health assistants examine, diagnose, and treat patients with limited capabilities and refer them to a secondary facility if they do not have the knowledge or skill to provide the required treatment. They routinely conduct clinics in a range of public health areas including diabetes and hypertension, well baby and family planning. They also undertake screening and treatment referrals and are responsible for providing education on disease prevention and health promotion.

CANCER BURDEN IN YAP

A study that examined cancer prevalence in Micronesia for the years 1985-1998 found that Yap had the highest rates of liver (24.4 cases per 100,000) and oral cancer (22.1 cases per 100,000) in the region.²

A cancer needs assessment was conducted in Yap in spring 2003. As Yap State does not have a centralized cancer registry, data on cancer cases were obtained from three unrelated data sources: 1) death certificates, 2) hospital admissions and discharge records, and 3) hospital referral

records and medical referral committee records, which list cancer cases referred to outside hospitals. From 1998 through 2002, 298 death certificates were filed. For both genders combined, cancer was the leading cause of death (17.4%). Males were overrepresented, comprising 201 (67.4%) of the 298 deaths. Among males, 15% of the deaths were due to cancer. Of the total 97 female deaths between 1998 through 2002, 23% were due to cancer. Other leading causes of death include pneumonia, heart disease and renal failure. The leading causes of cancer death during that same time period were liver, lung, oral, breast, cervical and prostate. Many of the leading causes of cancer deaths have potentially modifiable risk factors (hepatitis B and C, alcohol use, tobacco and betelnut use, early sexual activity) and have therefore been identified as targeted areas for prevention activities.³

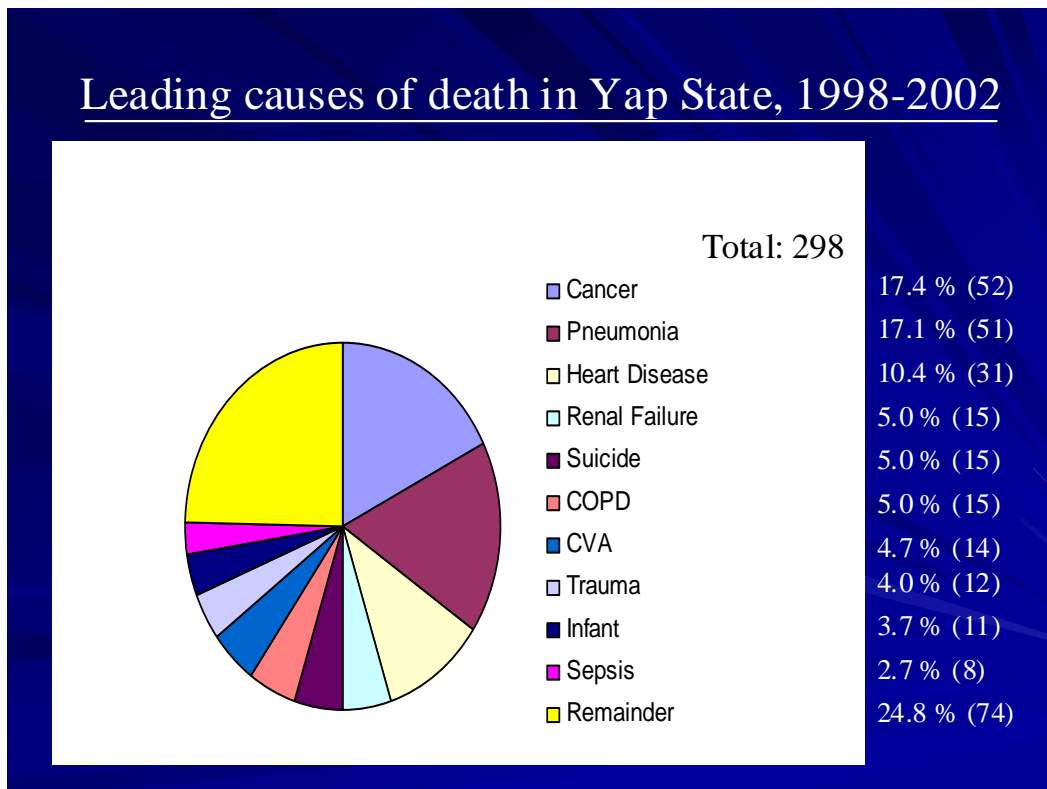


Figure b. Leading causes of death in Yap State, 1998-2002. Yap State DHS.

Cancer deaths in Yap State, 1998-2002

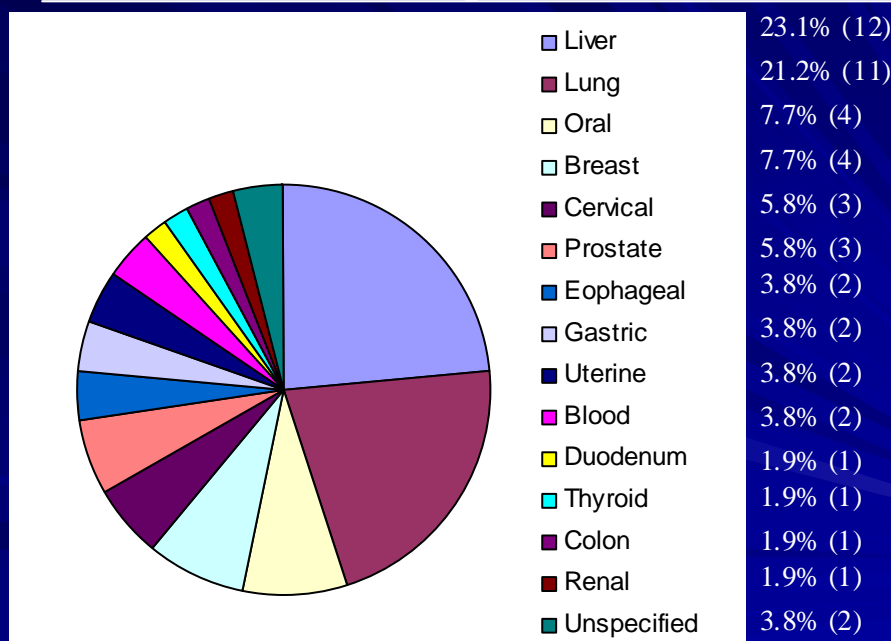


Figure c. Leading causes of cancer death in Yap State, 1998-2002. Yap State DHS.

Survivor Story

Like many others on the island of Yap, JT spent most of his life fishing, taking care of his land, and chewing betelnut. In 2000, JT began feeling pain and discomfort in his face and when he went to see the doctor in the hospital he was diagnosed with oral cancer. JT was nervous about seeking treatment for the cancer so he waited 6 months before he decided to see the doctor again. After being referred to the Philippines for care JT stayed for three months undergoing surgery and radiation therapy. When he returned home he began using traditional medicine to help follow up his treatment. In 2002 JT returned to his doctor for a follow up visit to see how his body was doing to fight off the cancer. JT was told that the cancer had spread throughout his body and that unfortunately this time his insurance would not pay for him to go off island for treatment because his life expectancy was less than five years.

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Possibly, one of the greatest contributors to the current cancer burden in Yap state is betel nut use. The International Agency for Research on Cancer (IARC) regards betel nut as a known human carcinogen. In countries and communities where betel nut is consumed extensively, there are vastly higher levels of oral cancer. According to the World Health Organization (WHO), betel nut chewing without tobacco also leads to oral cancer. The Bureau of Health Promotion (BHP) reports that betel nut chewing, which is addictive, is entering younger age groups. In Yap, the habit has been passed down through generations and provides a cultural link to the past. General observations made on school children show that those in mid elementary school years are already being exposed to betel nut chewing with tobacco.

Although differing from the neighboring nations and states, Yap does share the problem of inadequate primary care available to the community. Thus,

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Despite this devastating news JT did not give up. He decided to use traditional medicine to keep fighting off the cancer as long as he could. JT is still fighting and wants the people of his island to learn that cancer is not about bad luck and that they shouldn't be afraid and wait to seek care from their doctor. He wants the hospital to improve their ability to catch the cancers sooner. Most of all he wants everyone to work together to keep fighting cancer.

prevention through educational campaigns and awareness is the most effective tool in combating the growing cancer problem. Geographic isolation of the outer islands of Yap also creates many obstacles in delivering either educational campaigns or minimal screening.

Unfortunately, at the current time, the fundamental cancer awareness/education materials are not available to the community. Many individuals afflicted with cancer, and some survivors, share the same story that they had no understanding of their cancer and did not know how or where to seek out

more information. Even the healthcare providers in the local healthcare facilities lack the necessary continuing education and training to provide up to date cancer care.

Health Statistics in Yap are collected and compiled by Health Statistics Technicians. These include birth and death certificates, hospital admission and discharge data, and outpatient data. Challenges to the system of data collection include: 1) lack of/shortage of staff for collecting and compiling health data; 2) lack of accountability and tracking of the data; and 3) no reliable method of backing-up the data. Establishment of a cancer registry may address some of these problems. Additionally, the registry would enhance comprehensive cancer control activities by providing accurate and timely data to address the cancer burden in Yap.


Growing social and environmental health problems, including rising prevalence rates of non-communicable diseases such as cancer, rising rates of cigarette and alcohol consumption and the threat of natural disasters like typhoons which lead to epidemics such as dengue fever, all complicate the health situation on Yap.

The state of Yap has very limited resources and a wealth of challenges: continued dependence on outside funding sources, administrative organizational challenges, a very limited health care budget and unique language and geographical barriers. These factors, individually and collectively, pose great challenges to effective and consistent delivery of essential and basic health care services.

The intense traditional values in Yap state may seem to pose some challenges in addressing the cancer burden. However, the Yap Comprehensive Cancer Control Program can utilize these well established societal rules to benefit their effort. The communities on Yap are enormously proud of their state and the strength of their traditions. In this way, Yap state has the capacity to come together as one community to work towards the vision of minimizing the incidence of cancer and the number of deaths due to cancer.

"People in Yap will usually sit quietly and will not explore to find the right information. This information needs to be offered freely."

-Genevieve Tinngig



Yap has identified six cancers that will be the focus of the comprehensive cancer control plan. In order of the leading cancer cause of death from years 1998-2002: liver (23%), lung (21.2%), oral (7.7%), breast (7.7%), cervical (5.8%), and prostate cancer (5.8%).

YAP COMPREHENSIVE CANCER CONTROL PROGRAM

The Yap CCC Program aims to complement existing public health programs in delivery of services by coming together in a collaborative effort to incorporate cancer awareness, prevention and screening activities. The current public health programs, such as Substance Abuse and Mental Health, Immunization, Family Planning, Sexually Transmitted Infections, Non-Communicable Diseases and Maternal Child Health all cover aspects of lifestyle behavior related to risk factors for developing cancer including tobacco and alcohol use, nutrition, obesity and lack of physical exercise to name a few. Very often, the obstacles to maximize delivery of these services are insufficient manpower and lack of effective coordination among all stakeholders. It is hoped that the Yap CCC Program can take the lead in this coordination effort and be proactive rather than reactive.

The Yap CCC Program will ensure that all the goals, objectives and strategies within the Yap CCC Plan are achieved in a timely manner according to the plan framework. We are focused on ***prevention*** through public education and awareness of cancer as a disease and the associated risk factors. We will expand our ***early detection*** efforts by doing more outreach work and screening. We can improve access and delivery of cancer ***treatment*** to all of Yap's citizens, especially those in the outer islands. We are determined to help cancer patients and their families have the best possible ***quality of life*** with the help of a support network. To accomplish all of this and more, we must also enhance and expand our existing data collection and ***data quality*** by establishing a cancer registry program.

Our message needs to be visible in all of the island communities, in the health care system, within churches, within schools and within the workplace. Our plan cannot target only the mainstream population, which is Yap Proper, but must also include the underserved and at risk populations in the Outer Islands of Yap.

"There isn't enough information for our community to know how to make better choices about their lifestyle."

-Elizabeth Laayow

COLLABORATIVE PARTNERSHIPS

Yap is aware of the importance of appropriate collaboration between groups. This is evidenced by the connection between the Wa'ab Community Health Center (WCHC) and the Yap State Department of Health Services. All the public health programs (Maternal and Child Health, Immunization, Non Communicable Disease, etc...) work closely with the WCHC to carry out their objectives. This includes collaborating with the CHC to develop appropriate clinical protocols for the treatment of diabetes, well baby checks and prenatal care programs. The public health programs also rely heavily on the CHC's Community Health Workers to track down contacts and un-immunized children and to screen for diabetes and hypertension. The current cooperation between the DHS and WCHC has been a powerful tool at improving the health of Yap. Because the Yap CCC Program will be under the WCHC, all these existing linkages will be available for utilization by the cancer program.


Yap Area Health Education Center (AHEC) program is conducting training for dispensary managers, clinical nurses, pharmacy techs, X-Ray techs, community health workers, public health nurses and program managers, using curricula brought to Yap from regional colleges. College foundation courses in math, science, and English are also being given at Yap State Hospital to support the college programs. Yap AHEC is an important partner for CCC efforts in terms of providing training, cross training and re-training of existing health personnel covering all aspects of the continuum of cancer care.

The Pacific Resources for Education and Learning (PREL) service center in Yap which is headquartered at the Hawaii based PREL will also be another important partner through its health education programs which aim to address the knowledge and skills needed to lead healthy, productive lives. The Yap CCC Program will work in partnership with PREL towards enhancing the current educational activities within the schools in Yap in terms of content, consistency, accessibility and cultural appropriateness

In addition to collaborating with Yap-based organizations, Yap DHS has worked with foreign non-profit organizations to help support the existing health care systems in Yap. For example, the Yap DHS has worked with a Hawaii based NGO, Oceania Community Health (OCH), to provide additional supplies to the hospital. Through this initial partnership, Yap DHS then connected OCH with Yap AHEC to provide

Survivor Story

GT has lived in Yap proper most of her life. She has always tried to be healthy and make healthy choices in her life. In 1990, while taking a shower GT noticed a very small lump smaller than the size of a pea in her breast. Instead of waiting for the lump to go away, GT went to the hospital to make sure the lump wasn't something dangerous like cancer. The doctors decided to do a minor surgery to remove the lump and send it to Hawaii for more tests to be run, and ten days after her surgery the tests from Hawaii came back to show that GT has very early stages of breast cancer. GT was sent to Hawaii for her care and because she had gone in so quickly to have the lump examined her treatment was much more successful. While in Hawaii she attended cancer patient support groups and was thankful to have others to help her through the difficult time. When she returned to Yap GT realized that on her island there is no place for a cancer patient to find the answers to important questions about treatment and no group exists to support cancer patients and survivors. Nearly fifteen years has past since GT's diagnosis and treatment and there is still no information and support for cancer patients on island. GT feels that this must be changed soon before the cancer problem in Yap becomes any worse.



trainers for health education programs. This experience of bringing other groups to provide extra support will be utilized for the Yap cancer program as well.

DESCRIPTION OF COALITION/DECISION-MAKING

The funding for the newly established cancer program in Yap, as well as throughout the entire U.S. Associated Pacific Island region were first channeled through Papa Ola Lokahi (POL) from the National Cancer Institute (NCI) and the Department of Family Medicine and Community Health (DFMCH), John A. Burns School of Medicine, University of Hawaii (UH) from the Centers for Disease Control and Prevention (CDC). Papa Ola Lokahi and the Department of Family Medicine and Community Health, John A. Burns School of Medicine University of Hawaii have been instrumental in providing technical assistance to the infrastructure of the Yap Comprehensive Cancer Control Program.

Representatives from Papa Ola Lokahi and the Department of Family Medicine and Community Health, John A. Burns School of Medicine conducted a cancer needs assessment in Yap in spring 2003, which was funded by the NCI. Findings revealed that cancer was the leading cause of death in Yap during the 5-year period from 1998-2003, yet cancer-related awareness, prevention, detection, and treatment services were extremely limited. A number of needs were identified and an action plan was developed based on five priority areas: 1) establish a cancer registry; 2) increase public awareness of cancer and its risk factors; 3) expand cancer screening and detection programs; 4) expand training opportunities for clinical staff; and 5) purchase of much needed equipment and supplies. This initial action plan served as the foundation for the development of the Yap Comprehensive Cancer Control Plan.

In 2004, the University of Hawaii Department of Family Medicine and Community Health entered into a cooperative agreement with the CDC, on behalf of the U.S. Associated Pacific Island Nations (American Samoa, Commonwealth of the Northern Mariana Islands, Guam, the Federated States of Micronesia and the Republic of the Marshall Islands), for comprehensive cancer control planning. The DFMCH subcontracted Yap State to undertake comprehensive cancer control planning activities, including formation of a community coalition and development of a comprehensive cancer control plan.

Through the CDC Cooperative Agreement, the University of Hawaii DFMCH and Strategic Health Concepts developed a step-by-step workbook to help the coalitions learn the CCC process while developing their plans. Several technical assistance site visits were conducted by the UH DFMCH team and reverse site visits to Hawaii were also made to further refine the plan.

In addition to the local comprehensive cancer control plan, members of the Yap Cancer Coalition have been involved in the concurrent development of a national plan for the Federated States of Micronesia as well as a regional plan for all of the U. S. Associated Pacific Island Nations. These important partnerships have demonstrated the value and significance of leveraging resources in resource limited settings.

The Yap State comprehensive cancer control planning group has an eleven member coalition. Members of the coalition represent a diverse cross section of key, experienced local citizens within our tiny community including educators, legislators, health care workers, business owners and cancer survivors. The mixed racial and gender composition of the coalition comprising of both Yap Main Island (YMI) and Yap Outer Island (YOI) men and women will serve to ensure that any cancer control activities done in Yap, within the limits of our meager resources and funds, are available to citizens across Yap Proper and the Outer Islands.

The Yap Cancer Coalition formed in 2004 with the first few meetings dedicated to coalition building and electing the board members. There was a temporary interruption in the planning process due to program staffing issues but since then, the coalition has been meeting on a regular basis to develop this comprehensive cancer control plan.

The Yap Cancer Coalition group meets at least once a month but on occasion convenes additional meetings when necessary. Since September 2005, the coalition has held 16 meetings to develop the plan. Presently, the cancer coordinator and the Cancer Council of the Pacific Islands (CCPI) members are primarily responsible for researching, collecting, collating, compiling and presenting information and data to the coalition at the monthly meetings. It is during this time that members offer their opinions, suggestions, recommendations and feedback. Goals, objectives and strategies were developed around priority areas. Ad hoc workgroups were developed to further refine the details of various objectives and strategies. The plan will be reviewed on an annual basis and updated based on new evidence, changing priorities and available resources. This comprehensive cancer control plan reflects the hard work and dedication of the Yap Cancer Coalition for all the residents of Yap State, Federated States of Micronesia.

Survivor Story

Several years ago GP noticed a small bump on her chest. The bump didn't cause much pain, but it simply felt numb and slightly uncomfortable to touch. When she went to go see the doctor about the bump she was told it was just a small boil and that it would go away on its own. GP had a feeling that the bump wasn't a boil, but she trusted the doctor and believed that it would probably go away. Some months later the bump was still there and causing more discomfort and so she went back to the doctor. This time the doctor ran more tests and it was determined that GP had lymphoma cancer. At the time GP knew nothing about cancer and had no idea where to find more information about her disease and the treatment. The doctor referred GP to the Philippines where she made 7 journeys back and forth until finally the cancer was under control. GP now recalls that the hardest part was not all of the travel or even the treatment itself, but the lack of education and support that her family needed during the entire treatment time. She believes that most of all cancer patients and their families need support, encouragement, and love and that there needs to be a place on Yap where families can go and receive all of these things.

"People think that cancer is caused from bad luck and that there is no logic or reason behind it."

-Joe Tharngan

"Both the family and the patient need treatment because these are the people who are at home with the patient."

-Julie Waathan



THE YAP CANCER PLAN

VISION STATEMENT


To minimize the incidence of cancer and the number of deaths due to cancer in Yap State, Federated States of Micronesia.

MISSION STATEMENT

To conduct public awareness activities on cancer, cancer risk factors, the impact of cancer and its risk factors on overall health and the importance of screening and early detection. Ensure availability of adequate and affordable medical supplies necessary for cancer screening and treatment efforts.

Goals, Objectives, Strategies & Outcomes for Cancer Prevention

One of the greatest barriers to establishing and coordinating prevention programs in Yap state is the dissemination of educational materials and information. In terms of media capabilities there are very limited services available on Yap Proper. There is only one government television channel provided by the telecommunications department, which is only accessible by subscribers to the local TV services for \$25.00 per month. The lone government radio station currently offers FM services that do not reach the residents of the outer islands. However, in March 2007, the government AM service was restored and its frequency can be heard statewide although the propagation signal is weak in some of the farther outer islands. There is no newspaper produced per se in the state, but the government does publish an adhoc department newsletter, which circulates internally within the government and the originating department. There is one privately owned newsletter, put together by a non-government, non-profit organization that is published biweekly.



At this time there is no cancer related information available to the public in print, television or radio format. Only patients that are seen within the health care system are given information and education regarding their health. To initially address this lack of information, the Yap Cancer Coalition began producing a monthly newsletter in May 2006. The coalition has also been utilizing the government radio FM and AM services to conduct interviews and radio spots on cancer related issues in an attempt to start generating awareness of the cancer burden among Yap residents.

Culturally, Yap has many male and female gender taboos, which often hinders discussion of sensitive topics relating to anatomy or gender specific diseases. This dilemma obviously makes general public awareness campaigns extremely difficult.

GOAL: Prevent cancer before it occurs through public awareness, health education, outreach and pursuit of favorable State and National Government laws and policies.

OBJECTIVE 1

By 2009, increase public awareness on the six main cancers identified in Yap, along with their risk factors and the importance of screening.

Baseline: Currently, public awareness is limited to individual patients seen at the hospital and ad hoc radio spots.

Strategy 1.1 Develop a multimedia cancer communication public awareness campaign for all the identified cancers and their risk factors for dissemination to the public via radio, television and print media.

Outcome 1.1 More informed population with timely and consistent access to current cancer information and trends through a variety of media.

Measure 1.1 Existence of a timeline and work plan for cancer message development and number of messages distributed.

Strategy 1.2 Identify several reliable and reputable cancer related resource material providers to assist in providing printed materials, audio visuals materials, and other relevant materials that can be adapted for use in local public awareness campaign efforts.

Outcome 1.2 Reliable and accurate source of current cancer information and trends available for dissemination to the public in vernacular.

Measure 1.2 # and variety of materials available for translation.

Strategy 1.3 Identify and recruit a small core group of competent individuals conversant in Yapese and Outer Island vernaculars to translate cancer information and adapt cancer materials from English into local languages to ensure cultural appropriateness.

Outcome 1.3 Translation team of experts contributing to ensuring all cancer issues are better understood by more people because language is no longer a barrier.

Measure 1.3 MOA between translators and the CCC program.

Strategy 1.4 Initiate discussions with FSM telecommunications provider on cost of setting up a cancer information telephone hotline to provide public information on cancer types in Yap, the signs and symptoms, their associated risk factors and locally available treatment options.

"My family didn't understand that the cancer was a serious sickness."
-Grace Pitnag

Outcome 1.4 24 hour automated general cancer information telephone hotline available for public use.

Measure 1.4 An operational hotline.

Strategy 1.5 Observe annual cancer-related events such as "World Health Day" in April, "National Women's Week" and "No Tobacco Day" in May and "National Men's Week" in June and "World Food Day" in October to promote cancer awareness via a variety of public activities and displays.

Outcome 1.5 Greater community participation and involvement in cancer awareness.


Measure 1.5 # of community events observed and # of participants registered at each.

OBJECTIVE 2

By 2009, improve upon and strengthen collaboration, coordination and communication efforts with partners within the Yap State Hospital Public Health Programs whose activities impact cancer control.

Baseline: There is no effective coordinated and comprehensive system of primary and preventive care across programs.

Strategy 2.1 Work with the Substance Abuse program to build upon current tobacco and alcohol prevention and control efforts to reduce the impact of



tobacco (smoking and chewing) and alcohol use on cancer among youth 21 years old and under.

Outcome 2.1 More coordinated anti-tobacco and anti-alcohol approach targeting youth populations statewide.

Measure 2.1 # of school and youth presentations and workshops conducted per year.

Strategy 2.2 Conduct one tobacco and alcohol education/presentation/survey per year in all the middle schools and high schools and at the college on the YMI and in the YOI.

Outcome 2.2 Anti-tobacco and anti-alcohol messages reaching youth earlier to counteract peer pressure to use due to youth being more informed on the dangers and these activities are also a source of feedback on the extent of the impact tobacco and alcohol has on our youth.

Measure 2.2 # of presentations and record of participants; survey results.

Strategy 2.3 Create public messages tailored to adults on the dangers of tobacco chewing/smoking and alcohol and the importance of being positive healthy role models for our youth.

Outcome 2.3 More adults choosing to be more responsible in presence of youths and discouraging their youths from using tobacco and alcohol.

Measure 2.3 # of messages and # of outlets for those messages.

Strategy 2.4 Create awareness among parents and their school aged children on the dangers of second hand smoke (SHS) in cars, homes and enclosed places via dissemination of information kits and fliers to parents with student quarterly report cards.

Outcome 2.4 Increasingly, less children exposed to secondhand smoke in enclosed spaces and greater combined parent and child awareness on the dangers of SHS.

Measure 2.4 # of schools participating, # of SHS information kits handed out, # of parents responding to questions in those kits.

Strategy 2.5 Work with the Dental Health Program to promote oral cancer awareness with each patient encounter.

Outcome 2.5 All dental patients seen receiving timely and relevant information on oral cancer risk factors during routine dental check ups.

Measure 2.5 MOA with dental health program, # of complete patient questionnaire forms collected.

Strategy 2.6 Screen every dental patient for signs of oral cancer during routine check ups and provide relevant information as necessary.

Outcome 2.6 Every patient screened showing signs of potential oral cancer detected earlier.

Measure 2.6 # of patients encountered equals the number of patient questionnaires collected.

Strategy 2.7 Provide dental health training for prevention and screening to all dental health assistants in all the dispensaries and community health centers in YMI and YOI.

Outcome 2.7 All dental health assistants trained and able to dispense oral health information confidently and also able to conduct oral screenings.

Measure 2.7 # of trainings and review of test results.

Strategy 2.8 Liase with the Sexually Transmitted Infections (STI) Program to share data and incorporate cancer awareness in its activities emphasizing the relationship between Hepatitis B, Alcohol and Liver Cancer.

Outcome 2.8 More effective public education on STI's in general but more specifically Hepatitis B and its link to liver cancer. Data sharing is also a source of baseline data and feedback.

Measure 2.8 MOA for data sharing and tracking, # of cancer related activities.

Strategy 2.9 Encourage and assist the STI program to actively promote safe sex within the general community with a particular emphasis on high school and college students.

Outcome 2.9 Greater percentage of the general population and especially the targeted youth population aware of the importance of safe sex and its role in reducing a persons risk of contracting Hepatitis B, HPV and HIV, which are linked to cancer.

Measure 2.9 Conduct semi-annual random surveys with target population to see if they are getting the necessary information.

Strategy 2.10 Liase with the State's only college to develop an onsite roving clinic to provide information on STI's, their risk factors and their link to cancer, especially cervical cancer among women.

Outcome 2.10 At risk population having greater and timely access to educational and clinical services.

Measure 2.10 Operational roving clinic staffed with relevant health personnel and adequate supplies and health promotion materials, # of users recorded.

Strategy 2.11 Develop and promote safe sex educational materials and presentations targeted toward high school and college students including the importance of screening.

Outcome 2.11 More readily available and accessible safe sex materials for use by this high-risk demographic population.

Measure 2.11 # of relevant safe sex materials and presentations available and utilized.

Strategy 2.12 Complete inventory of other existing relevant public health programs and private/NGO programs including budget and scope of work so areas for shared resources and collaborations can be identified.

Outcome 2.12 Improved communication and coordination among existing programs and services to make cancer prevention efforts more cost effective.

Measure 2.12 # of MOA's, MOU's and # of shared collaborations undertaken.

Strategy 2.13 Identify other State and National agencies whose resources can be utilized for cancer prevention efforts.

Outcome 2.13 Regular exchange of information and statistics between the State and National government agencies for better planning.

Measure 2.13 # MOA's between partner agencies.

Strategy 2.14 Identify regular venue for meetings to review all collaborations to further cancer prevention efforts.

Outcome 2.14 Efforts of key partners monitored and visible to the public.

Measure 2.14 # of meetings, meeting minutes and attendance records.

OBJECTIVE 3

By 2010, establish collaborative partnerships with relevant non-health government agencies and community entities, which can help facilitate delivery of cancer prevention

and control efforts (such as awareness and education) as part of outreach to the wider population.

Baseline: Limited or minimal community involvement in public health issues.

Strategy 3.1 Develop faith based programs that promote healthy lifestyle choices with emphasis on links to cancer which will be channeled through various established church councils and religious bodies in the YMI and YOI.

Outcome 3.1 Cancer control efforts reaching congregations comprising a diverse cross section of the population in a consistent and appropriate manner.

Measure 3.1 Existence of an MOA, # of church sites participating in faith based programs on YMI and YOI, # of faith based programs available.

Strategy 3.2 Work with State educational agencies and other family oriented programs to create awareness on healthy lifestyle habits earlier in the younger population (proper nutrition, regular physical activity, anti-tobacco and alcohol messages).

Outcome 3.2 Healthy lifestyle habits, particularly the importance and benefits of proper nutrition and regular physical activity communicated to the young earlier.

Measure 3.2 # of MOA's, # of schools providing regular nutrition and physical education classes.

Strategy 3.3 Liase with YMI and YOI dispensaries and community health centers to conduct breast and cervical health education and presentations to female patients on site and within their communities.

Outcome 3.3 More women receiving timely breast and cervical health education to achieve optimum health in these areas.


Measure 3.3 # of presentations at each site, # of participants at each presentation.

Strategy 3.4 Liase with YOI Council of Chiefs to get their support to endorse all cancer control and cancer related efforts in their respective islands.

Outcome 3.4 More receptive populations in the currently underserved outer island communities responsive to CCC efforts due to approval of the chiefs.

Measure 3.4 Existence of an MOA endorsing CCC efforts, # of chiefs participating in CCC efforts in their respective islands.

Strategy 3.5 Liase with FSM Health Department to ensure the availability of adequate Hepatitis B vaccine immunization supplies.



Outcome 3.5 Adequate Hepatitis B vaccine stocks for newborns.

Measure 3.5 # of HBV available on island.

Strategy 3.6 Increase the rate of Hepatitis B immunization coverage for newborns
State wide.

Outcome 3.6 Improved immunization coverage of newborns.

Measure 3.6 # of HBV in stock, # of HBV administered equals the # of births recorded each year.

Strategy 3.6 Identify ways to ensure immunization coverage rate of newborn babies is at least 90% at any given time for YMI and YOI populations.

Outcome 3.6 All newborn babies able to access HBV immunization in a timely manner.

Measure 3.6 # of MOA's with relevant agencies that impact delivery of service.

Strategy 3.7 Develop mechanisms for administering the HBV vaccine in YOI populations which is currently low to non-existent in some islands.

Outcome 3.7 More newborns in YOI being vaccinated.

Measure 3.7 # of HBV shots administered in participating dispensary and community health center sites.

Strategy 3.8 Encourage more women in the YOI to give birth at one of the three main YOI dispensary sites closest to them for access to the HBV for their newborns.

Outcome 3.8 More births recorded at the three main YOI dispensary sites with simultaneous rise in administration of the HBV.

Measure 3.8 # of HBV shots equals the # of births in the YOI.

Strategy 3.9 Work with the FSM Department of Health Services, National Government and relevant international agencies to conduct a cost-benefit analysis on introducing the HPV vaccine into the existing immunization program.

Outcome 3.9 Feasibility study undertaken.

Measure: 3.9 Feasibility report tabled to the National and State governments.



OBJECTIVE 4

By 2012, work with State and National policy makers to review and strengthen health and life promoting policies relevant to cancer control efforts.

Baseline: There are laws regarding sales of tobacco and alcohol to minors but they are not strictly enforced and fines are too low to deter offenders.

Strategy 4.1 Do an inventory with relevant State and National government agencies (health, education, legislature, congress, etc) on the current laws or policies impacting health.

Outcome 4.1 An established list of laws that can be used as a guide to the extent cancer control efforts can go within legal limits as grounds for enforcement to give legitimacy to activities.

Measure 4.1 # and list of relevant laws that can be strengthened.

Strategy 4.2 Advocate for strengthening of current State tobacco law by exploring the possibility of increasing the fine amount for selling tobacco to minors as a way to deter vendors from breaking the law.

Outcome 4.2 Reduced tobacco sales to minors the success of which can be determined by twice yearly random inspections of stores, which must be 80% compliant with the “no selling to minors” policy.

Measure 4.2 Passage of revised tobacco law fine amount, # of random store inspections with record of compliance.

Strategy 4.3 Advocate and work towards having tax payable on imported tobacco and tobacco products increased by 10%.

Outcome 4.3 Reduced tobacco sales to general population overall, the success of which can be determined by a drop in the dollar amount of the annual imports from previous years.

Measure 4.3 Tobacco tax increased.

Strategy 4.4 Gather support for enactment of a public policy to ban smoking in designated public places to reduce exposure to secondhand smoke.

Outcome 4.4 Passage of a law banning smoking in enclosed places like schools, vehicles, within office buildings, stores, restaurants, etc to minimize secondhand smoke exposure.

Measure 4.4 Passage of bill on smoking ban in public places.

Strategy 4.5 Explore the possibility of developing a policy banning drinking of alcohol in certain public places.

Outcome 4.5 Decreased acceptability of public drinking.

Measure 4.5 Passage of policy on banning of drinking alcohol in public places.

Strategy 4.6 Increase sales tax on alcohol.

Outcome 4.6 Reduced alcohol use measured by reduced sales reported annually by retailers.

Measure 4.6 Alcohol tax increased.

Goals, Objectives, Strategies & Outcomes for Screening and Early Detection

In the Yap State Hospital system, limited screening and early detection for cancer is currently being performed. The public health programs offer Yap Proper patients, which comprise 60% of the population, limited lab and healthcare services. The Yap outer islands only have 17 dispensaries, each staffed by one permanent health assistant. Six of those dispensaries have a female birthing attendant who also serve as facilitators for women's health education and awareness for the female members of the communities. There is no pathologist in the state and most diagnostic tests are limited by supply shortages and insufficient lab facilities.

GOAL: If cancer occurs, to find it early.

OBJECTIVE 1

By 2008, increase public awareness on the importance of regular screening and the screening methods available for early detection of certain cancers including Breast, Cervical and Prostate Cancer.

Baseline: Currently no public awareness or education materials for people living in the YOI and limited awareness and education materials for people living on YMI. On YMI information is disseminated to referral patients only on an ad hoc basis through public health clinics.

Strategy 1.1 Support the development and distribution of relevant health messages regularly via multimedia (radio, television, print, billboards and outreach work) on the importance of screening and the methods of screening.

Outcome 1.1 Screening messages reaching cross-section of population often and in a timely manner so public can make more informed decisions.

Measure 1.1 # of health messages developed, # of health messages distributed, # of participating media.

Strategy 1.2 Increase women's awareness on the risk factors and symptoms for breast and cervical cancer and the need for regular screening.

Outcome 1.2 Increasingly more women gaining knowledge on the important issues relating to their breast and cervical health and choosing to go for screening.

Measure 1.2 # of women with a cervix screened.

Strategy 1.3 For Prostate Cancer, create awareness on the existence of this disease, its signs and symptoms and its screening methods.

Outcome 1.3 More educated and informed male population on prostate cancer.

Measure 1.3 # of presentations to men only groups, # of participants attending the presentations.

Strategy 1.4 Disseminate information on prostate cancer via multimedia and relevant community groups.

Outcome 1.4 More men visiting YMI hospital and in the YOI dispensaries requesting information on the disease.


Measure 1.4 # of men presenting to hospital and dispensary sites given prostate specific health information.

OBJECTIVE 2

By 2009, begin to see an increase in the breast, cervical and prostate cancer screening rates in Yap.

Baseline: Currently no breast and cervical screening done in the YOI. On YMI only 65 pap smear tests done in 2006 and limited clinical breast exams (CBE) with referral patients presenting in public health clinics (Family Planning Program).

Strategy 2.1 Train, retrain and cross train all dispensary health care workers on how to perform both clinical breast exams (CBE) and pap smears and also to be able to teach self-breast exams (SBE) to women.



Outcome 2.1 All dispensary workers (YMI and YOI) trained and comfortable with doing pap smears and CBE and teaching SBE.

Measure 2.1 # of trainings, # of participants and their test results, # of certificates awarded.

Strategy 2.2 Increase the number of pap smears and clinical breast exams performed and self-breast exams taught to women living on YMI.

Outcome 2.2 More women presenting at the hospital for breast and cervical cancer screening.

Measure 2.2 # of eligible women screened at all participating health sites.

Strategy 2.3 Initiate cervical cancer screening in the YOI dispensaries.

Outcome 2.3 Women having access to screening which they currently don't have.

Measure 2.3 # of YOI dispensary sites conducting pap smears, # of eligible women screened.

Strategy 2.4 Determine the number of pap smear test kit supplies needed annually by the entire state in collaboration with the Yap State Hospital.

Outcome 2.4 Adequate supply of pap smear test kits for YMI and YOI female populations.

Measure 2.4 # of pap smear kits in stock on island.

Strategy 2.5 Determine a system for storage and transportation of pap smears to and from the YOI.

Outcome 2.5 All YOI dispensaries capable of receiving, storing and transporting pap smear slides to and from the islands.

Measure 2.5 # of MOA's with relevant agencies and programs, # of YOI dispensaries stocking pap smear kits.

Strategy 2.6 Encourage early prostate cancer screening for men over 50 years old.

Outcome 2.6 Gradual increase in the number of 50 years + men coming for screening.

Measure 2.6 # of men screened at participating health sites.

Strategy 2.7 Make PSA tests available at minimum cost.

Outcome 2.7 PSA tests affordable.

Measure 2.7 # of PSA tests available in stock.

Goals, Objectives, Strategies & Outcomes for Treatment

In Yap State, there are no health care professionals that are specifically trained to provide cancer care and thus, the knowledge and understanding of the disease is very limited. Cancer patients who can afford to leave the state are often referred off-island. For those who are financially unable to cover the costs on their own, there is a limited local medical referral budget and the patient must have above a 50% survival chance to receive supplementary funds. There is no patient navigation system in place to help guide patients through the cancer care continuum, beginning with diagnosis, through treatment and into survivorship. Traditional medicine options are often practiced within the community but because of cultural taboos, information regarding the specifics of the treatments is often kept secret.

GOAL: When cancer is diagnosed, to treat every patient with the latest most effective therapies available locally.

"I didn't understand the treatment and I was too afraid so I never went. Now the cancer is spread all over my body and I do what I can each day to live through the pain and be with my family."

-Anonymous

OBJECTIVE 1

By 2012, improve local access and delivery of comprehensive cancer care to 90% of the Yap State population.

Baseline: Access to cancer care and treatment is only immediately available to the YMI population, which represents 60% or 2/3 of the total Yap State population.

Strategy 1.1 Educate and train health professionals in respective cancer sites identified in the Yap State CCC Plan so they can deliver appropriate medical/surgical interventions locally.

Outcome 1.1 More qualified health personnel from health aides to physicians able to administer treatment covering the YOI and YMI.

Measure 1.1 # of trainings, # of participants, # of certificates awarded.

Strategy 1.2 Ensure adequate medicines and supplies on hand to treat cancer patients by improving and making more effective current administrative systems.

Outcome 1.2 Fully stocked pharmaceutical and medical supplies division.



Measure 1.2 Regular reports on inventory stocks.

Strategy 1.3 Implementation of better pain management and control measures.

Outcome 1.3 Patients receive quality care and treatment in a timely manner.

Measure 1.3 Creation of a cancer treatment protocol with emphasis on pain management, patient feedback from questionnaires

Strategy 1.4 Acquire sufficient financial resources over the years to ensure cancer programs are continually implemented by applying for alternate sources of funding.

Outcome 1.4 Variety of sources of funding to carry out Yap cancer programs and activities.

Measure 1.4 # of new or additional funding partners.

Strategy 1.5 Solicit % revenue from State and National Government from increased alcohol and tobacco import and sales taxes.

Outcome 1.5 Governmental sources of funding to contribute towards Yap cancer programs and activities.

Measure 1.5 Passage of legislation and opening of an escrow account for revenue from increased taxes.

Strategy 1.6 Raise funds through community fundraiser activities.

Outcome 1.6 Community contribution to cancer fundraising.


Measure 1.6 Dollar amount raised annually.

Strategy 1.7 Liaise with the FSM National Government to improve diagnostic capability by establishing links to a qualified pathologist in the region to diagnose cases from tests done in Yap.

Outcome 1.7 More timely reporting of diagnostic results to initiate appropriate treatment plans with current turn around time improved.

Measure 1.7 Copies of correspondence between relevant stakeholders and signing of a contract with a regional laboratory.

Strategy 1.8 Determine feasibility of shared resources with the other FSM states in finding an international medical team with relevant personnel and



equipment willing to service the State and ask other States to help fund the medical mission. Medical missions can be rotated between States annually.

Outcome 1.8 At least once a year medical mission to one of the FSM States to engage in cancer screening and treatment efforts.

Measure 1.8 Entry of medical mission into the FSM and the # of patients seen by the medical mission.

Strategy 1.10 Reassess the role of health assistants in the dispensaries so they can help improve cancer diagnosis, treatment and referral at the community level.

Outcome 1.10 Health assistants in all dispensaries on YMI and YOI are able to facilitate basic cancer education, diagnosis, treatment and referral.

Measure 1.10 # of trainings, record of participants at trainings, initiation of cancer related activities in the continuum of cancer care.

Strategy 1.11 Explore maximizing the use of the colposcopy machine, possibly in two outer island super dispensaries.

Outcome 1.11 More timely screening of patients and better confirmation of diagnosis.

Measure 1.11 Use of colposcopy machines in the two YOI dispensary sites.

Strategy 1.12 Identify reputable traditional medicine practitioners and create a contact list to be made available for patients who choose alternative cancer treatment.

Outcome 1.12 Patients offered alternative treatment options by traditional healers.

Measure 1.12 List of traditional medicine practitioners and their contact information available for use by patients who choose this option and the # of patients utilizing this service.

Goals, Objectives, Strategies & Outcomes for Quality of Life/Survivorship

Survivorship and issues of quality of life are concepts not well known to most cancer patients in Yap State. Once patients are diagnosed with cancer, they are often left to their own devices in terms of palliative care, counseling, and cancer care information. Palliative care and pain management medicines are extremely limited in supply throughout the state and very often stocks run out. There are no established support groups or survivors groups in Yap state.

GOAL: To assist patients in having the best possible quality of life.

"People in Yap do not know about cancer, we need something like a workshop for each village."

-Toribius Bomtani

OBJECTIVE 1

By 2009, create a community support network of interested individuals and groups willing to include cancer patients and their families in their respective activities.

Baseline: Presently there is no formal support structure or network within or outside the health care system for cancer patients.

Strategy 1.1 Identify various community groups (eg: cancer survivors, faith-based, women, and youth groups) interested in including cancer patients in their activities.

Outcome 1.1 Greater choice of potential activities cancer patients can participate in when they desire to make their last days enjoyable.

Measure 1.1 # of registered and active support groups.

Strategy 1.2 Offer training to individuals willing to facilitate cancer support groups.

Outcome 1.2 More people in the community trained to provide informed support outside of the formal hospital setting.

Measure 1.2 # of interested individuals trained and educated on local cancer issues.

OBJECTIVE 2

By 2012, develop a program to support and guide cancer patients, survivors, family and friends to address physical, mental, spiritual and practical issues.

Baseline: Currently, the Yap State Hospital has no cancer patient/survivor program.

Strategy 2.1 Encourage the Yap State Department of Health Services to provide regular refresher training for all physicians and nurses on the six cancer sites identified in Yap, the risk factors and the available treatment options.

Outcome 2.1 More patients/survivors and family members having timely access at a central location with any available physician or nurse to latest information on their specific type of cancer and any new innovations and treatments available. This information sharing will allow families of cancer



patients/survivors to be more understanding and mindful of their support role in this critical time of need.

Measure 2.1 Existence of a patient/survivor guide book or information kit.

Strategy 2.2 Provide each cancer patient/survivor at the completion of treatment with an “end of treatment” summary.

Outcome 2.2 Patient fully informed with records of their cancer situation and status.

Measure 2.2 # of patient summaries released equals the number of cancer patients diagnosed and treated at any given time.

Strategy 2.3 Educate patients to reduce cancer risks through modification of behavioral risk factors.

Outcome 2.3 Patients making informed and healthier lifestyle decisions.

Measure 2.3 # of positive feedback from cancer patient encounters.

Strategy 2.4 Expand spiritual support for cancer patients and their families who are hospitalized for lengthy periods of time.

Outcome 2.4 Patients feeling more encouraged and at peace.

Measure 2.4 # of religious counseling services provided to patients and recorded at the nursing station equals the number of cancer patients admitted at any given time.


Strategy 2.5 Develop a standard nutrition guide for patients during and after treatment.

Outcome 2.5 Patients able to make healthier eating choices and improve sustenance during their time of illness.

Measure 2.5 Existence of the nutrition guide booklet or information kit, # booklets distributed equals the number of cancer patients treated at any given time.

Goals, Objectives, Strategies & Outcomes for Data Quality

Vital statistics are maintained at the State level, but mortality data is cleared and compiled by the National Government. There is no specific cancer data collection system and most cancer cases are found from death certificates or manual log books kept by physicians. Data that has been collected is often incomplete and in some cases duplicated. The DHS information system is



uncoordinated and fragmented and is not conducive to effective planning and this is an area that needs to be strengthened.

The cancer needs assessment from 2003 determined that much of the inconsistency in data management and medical records can be attributed to the lack of specific training in this area. To improve the data collection system and ensure that gaps no longer exist, Yap State must work closely with the FSM National Government as well as the region to establish a formal cancer registry program and provide the composite training necessary to maintain and sustain it.

GOAL: To Improve cancer-related data collection systems.

OBJECTIVE 1

Establish a formal cancer registry by 2009 in coordination with the development of the USAPIN Pacific Regional Central Cancer Registry.

Baseline: Currently, Yap Hospital does not have a cancer registry or any personnel trained to work with such a registry. Cancer cases are recorded manually in a logbook.

Strategy 1.1 Identify the in-country data clerk/registrar (who would serve as the primary point of contact for the Regional Cancer Registry).

Outcome 1.1 Dedicated staff and focal person for registry-related data.

Measure 1.1 Personnel records.

Strategy 1.2 Establish appropriate protocol and procedures to ensure an accurate and reliable screening, recording, tracking, treatment, and discharge summaries for all identified and suspect cancer patients.

Outcome 1.2 Updated policies and procedures, which staff can refer to.

Measure 1.2 Record review

OBJECTIVE 2

By December 2008, increase public and health workforce awareness on the importance of having a cancer registry

Baseline: Presently there is no formal registry operating in Yap.

Strategy 2.1 Conduct educational sessions on the importance of establishing and

maintaining a cancer registry, the important role that each member of the health team plays (patients and health technicians) so that training and quality improvement activities are better accepted.

Outcome 2.1 The public and health personnel will be more aware of their role in the big picture and how their input will contribute to more effective data collections, which in turn will give rise to better planning for prevention and other areas.

Measure 2.1 # of MOA or data exchange agreements with private providers; improved attendance at continuing education/training sessions

OBJECTIVE 3

By mid-2008, begin providing relevant foundational, health information management (HIM) and registry-specific training to appropriate personnel that would be involved in the flow of information to a cancer registry.

Baseline: Currently no trained cancer registry health personnel.

Strategy 3.1 Work with the local community college and/or other experts to conduct basic foundational training in human anatomy, physiology, medical terminology, chart review and health record coding for the medical records personnel.

Outcome 3.1 Medical records technicians who are better trained to collect information for the HIM and cancer registry databases.

Measure 3.1 Less errors or need for clarification when health information manager or cancer registrar does QA checks.

Strategy 3.2 Work with National Bio-terrorism, PIHOA Regional lab coordinator and/or other experts to conduct quality improvement training for hospital and public health staff and to develop data flow protocols.


Outcome 3.2a Staff in each department who better understand and are able to contribute to ongoing QA activities.

Measure 3.2a Employee performance measure.

Outcome 3.2b Improved quality of data that is produced by each department

Measure 3.2b Less missing or incorrect entries in information logs (tracking of reports).

Outcome 3.2c More standardized data flow policies across the region.



Measure 3.2c Review of data flow policies, at least semi-annual reports from data clerks/registrars regarding complete information to cancer abstract.

Strategy 3.3 Utilize the training modules from the CDC/ NAACR website for medical records and physicians.

Outcome 3.3 Staff will be trained in registry basics even before ‘experts’ come in; reduced financial impact on health budget.

Measure 3.3 Review of test results at the end of each module.

OBJECTIVE 4

By the end of 2008, utilize the HIMS to acquire more complete cancer case reporting.

Baseline: Unknown rates of completion in cancer reporting as current system relies on other physicians remembering to notify the cancer physician of any and all cancer cases encountered.

Strategy 4.1 Utilize the WebPlus abstract fields in the development/modifications of existing HIM databases.

Outcome 4.1 Appropriate information can be gathered prior to development of the formal registry.

Measure 4.1 Review of HIM database entry form or reports.

Strategy 4.2 Establish a policy and procedure to regularly obtain a list of patients with cancer diagnosis from HIMS (eg: lab results, patient visits).

Outcome 4.2 Improved cancer case findings.

Measure 4.2 Monthly reports of cases.



Implementation Plan

The Wa'ab Community Health Center (WCHC) Governing Board, an autonomous community board in the State of Yap, is the umbrella organization under which the three year CCC planning process has taken place and it will continue to be the legal entity under which the Yap State CCC plan activities will be implemented.

The present CCC coordinator employed by the WCHC governing board is an integral part of the current Yap State Cancer Coalition, which comprises ten members representing areas of health, education, legislature, private business, survivors, church and traditional leaders and other government agencies.

The Cancer Coalition ten will be the Steering Committee for the CCC implementation process in terms of advice and support in setting priorities for goals, objectives, strategies, outcomes and evaluation and will report to the WCHC Board on the CCC plans implementation progress. The Cancer Coalition Steering Committee also includes two members of the Cancer Council of the Pacific Islands (CCPI) who are on the coalition. Both members are physicians with the Yap State Department of Health Services and will be providing regular technical assistance and advice towards the CCC implementation process.


As the WCHC Board's representative, the Cancer Coalition Steering Committee will serve as an advisory body to the Yap State Department of Health Services for CCC efforts in Yap.

The Yap State Cancer Coalition is a part of the FSM National Cancer Coalition. Additionally, the YCC is also collaborating with the Regional USAPIN Cancer Coalition, whose regional oversight and coordinating cancer body is the CCPI, which is an affiliate member of the Pacific Islands Health Officers Association (PIHOA). PIHOA is the advisory body to the Pacific Cancer Coalition. Regular communication between the state, FSM National and the Regional CCC programs will ensure that all plans are moving forward in a collaborative manner.

The CCC program will also utilize the services of the DOH dispensary health assistants in the outer islands and the Community Health Center health workers on Yap main island in its community health education, awareness and screening efforts through an in-kind agreement with the DOH services and the Community Health Center Boards.

For operational purposes, the Yap State Cancer Coalition Steering Committee will meet at least once a month to monitor progress on implementation of the CCC plan activities. In the event that not all members are able to attend copies of all minutes and any other business will be circulated to the members so they are kept abreast of the process. The WCHC Board also meets at the end of each month and the CCC Program Director is responsible for reporting to the Board on CCC implementation activities.

Each quarter, the CCC Program Director is also required to submit CCC reports to the Yap DOH as part of the contractual agreement between the WCHC and the DOH. Additionally, once a year, a meeting of all CCC partners, stakeholders and the Yap Cancer Coalition Steering



Committee will take place to assess CCC progress in the first year and to make suggestions or recommendations for consideration for the next project year. In addition to the above-mentioned scheduled activities, the CCC program staff will communicate daily via a variety of means in order to ensure accomplishment of the CCC plan activities.

The CCC program staff will utilize all available media (radio, television, billboards) to promote its activities. It will continue with the production of its monthly newsletter, conduct community presentations and utilize all other public health program coordinators, dispensary health assistants and the community health workers in the delivery of information and services to the people.

Coalition membership will be assessed at least twice a year through surveys. New members will be continuously recruited and the coalition will try to maintain its current members.

Evaluation plan

Frequent evaluation with necessary adjustments in the plan will be done to allow the Yap Comprehensive Cancer Control Program to best meet Yap's cancer needs. The evaluation process will be done on five levels.

(1) Quality Assurance Audits (Quarterly):

The cancer plan will develop a quality assurance model similar to the one that currently exists in the Wa'ab Community Health Center (WCHC). A list of evaluation targets will be developed by the steering committee in coordination with CCCP Director. Quarterly audits will be carried out by the WCHC quality assurance manager to make sure that the cancer plan is meeting these goals. A grade will be given with a target outcome of 80% or better.


(2) Collaborative Partnership and Community Report Cards (Quarterly):

A report card will be developed to assure that the Yap CCC Program is communicating, responding and advancing with its constituents. These will be more qualitative than the Quality Assurance, but will require the Yap CCC Program to respond to issues that are brought up. Please see draft report card in appendix. This will be compared to memorandums of agreements (MOA) drafted with partners. MOA's will be modified as needed annually.

(3) Case Review (Biannual):

Twice a year, selected cancer cases will be reviewed. This will include a morbidity and mortality presentation done by the medical staff, as well as a case overview and family/patient interview by the Yap CCC Program. This will allow the program to perform a holistic analysis of the cancer cases, including prevention, diagnosis, treatment and follow-up, rehabilitation, palliation and quality of life. Insights gained will allow the program to be modified to be more effective for the Yap community.

(4) Yap Cancer Assessment (Every Two Years):



Every two years, a complete cancer survey (resembling the one conducted in 2003) will be completed. This will allow the cancer program to respond to changing cancer burden in the state. As the cancer registry in Yap improves, this cancer assessment will be conducted yearly.

(5) Activity Evaluations

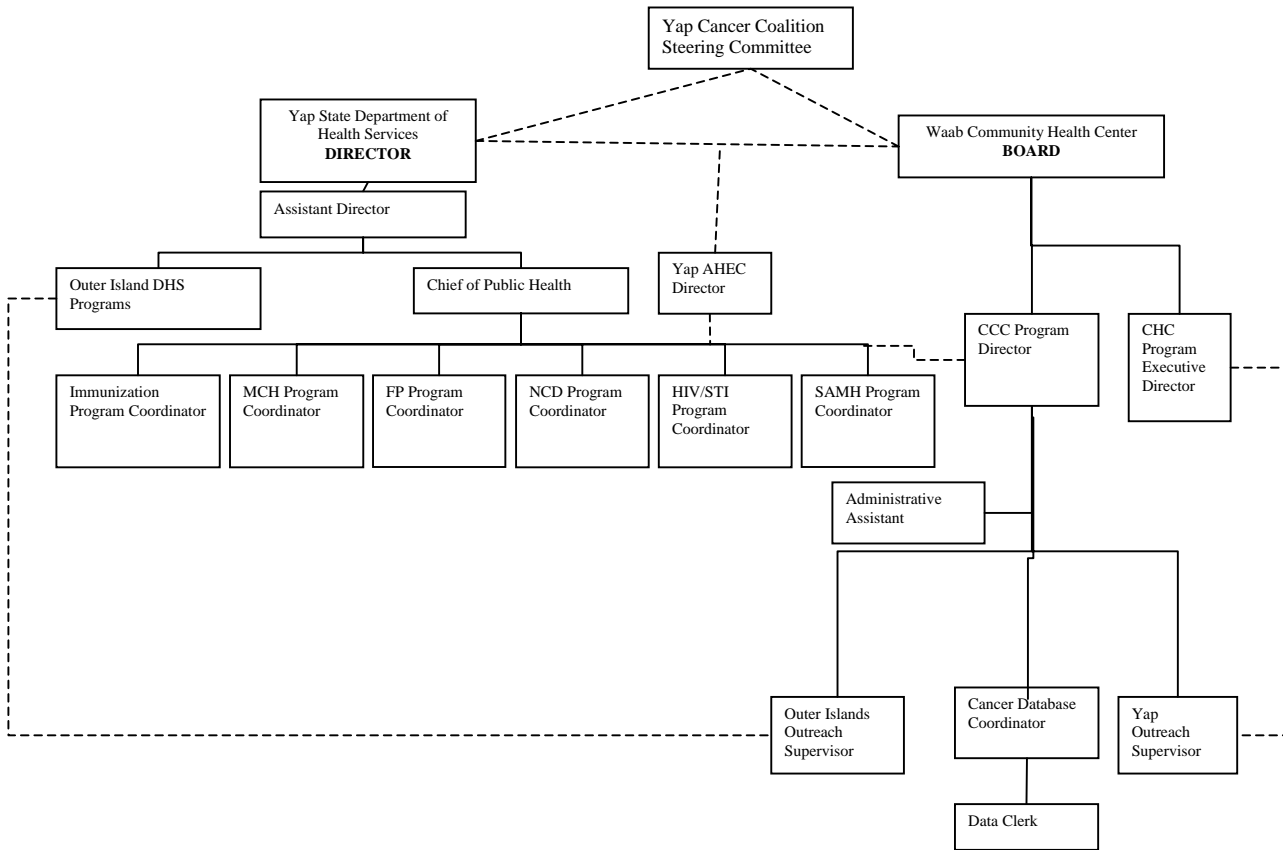
For each activity/meeting, a short questionnaire will be completed by participants. This will allow immediate and constant feed back on all activities. The analysis of these results will be done by the CCCP administrative assistant and shared with the program and coalition.

Utilizing these five methods of evaluation, the cancer program will revisit the Yap Comprehensive Cancer Control Plan annually and make pertinent adjustments. This will ensure that the CCC plan remains effective and relevant for the Yap community.

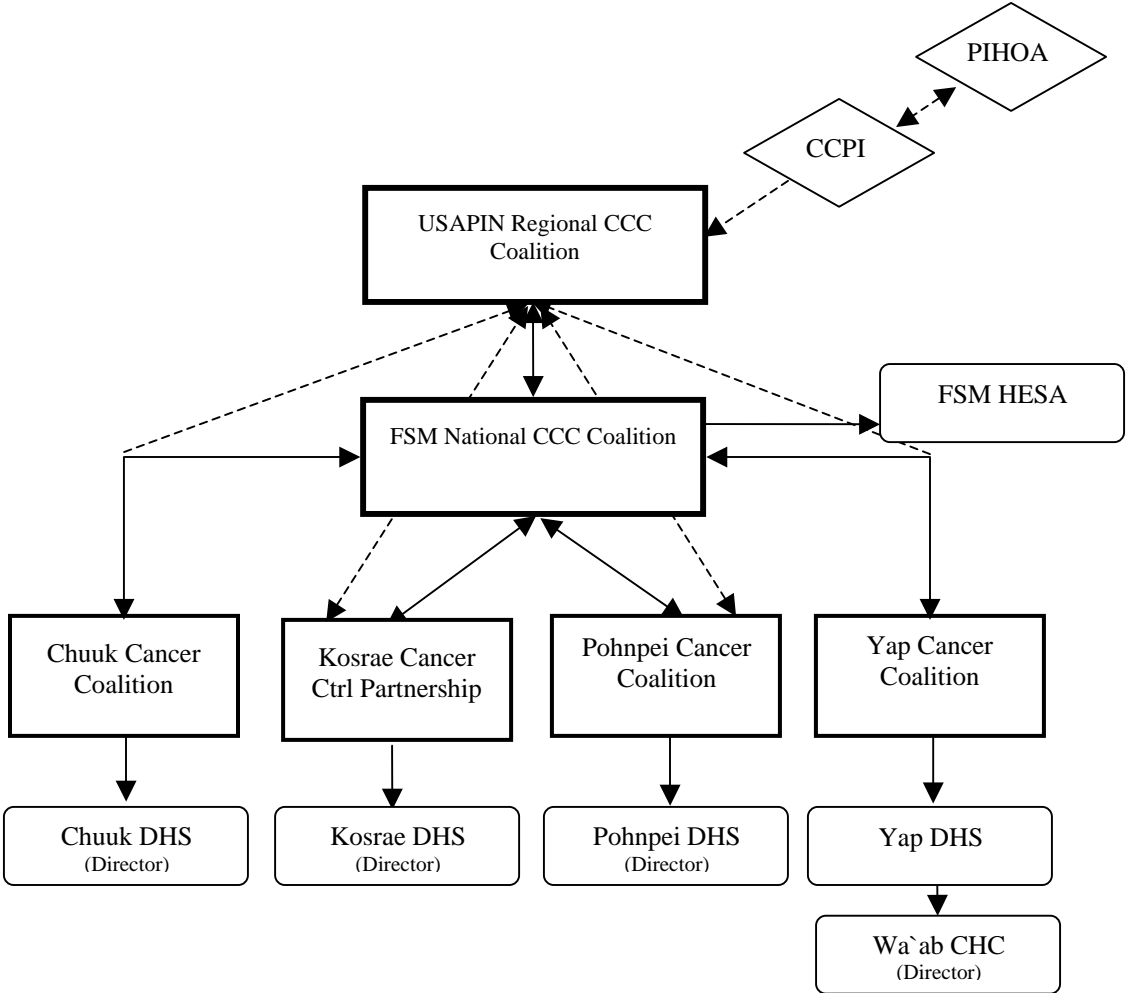
APPENDICES

YAP STATE CANCER COALITION			
Coalition Member	Area of Expertise	Community Affiliations and Interests	Coalition Member by Race Yap Main Island (YMI) or Yap Outer Island (YOI) and Gender
Peter Tairuwepiy, Chairman	Historian and Former Senator	YOI Men's group, youth sports, newsletter, environment and agriculture, Yap State Bar Assoc.	YOI – Male
Senator James Mangefel	Senator	Fanif Church group and Member of the WAAB Board of Directors	YMI – Male
John Kadaanged	Social Security Manager	Tomil Youth Ministry	YMI – Male
Alodia Paul	Dental Nurse	Yap Women's Association and Outer Island's Women's groups	YOI – Female
Santiago Palemai	Education - teacher, head start, disability coordinator	Member of people with special needs groups and Fechaulap atoll community group	YOI - Male
Robert Yangerluo	College Instructor	Youth counselor on drugs and alcohol	YOI – Male
John Pong	Businessman	Ronuw Mens Group and Waab Community Health Center Vice Chairman	YMI – Male
Genevieve Tinngig	Legal Secretary	Ariap Women's Group Cancer Survivor's Group	YMI – Female
Bernie Minginug	COM-Land Grant – Ext Officer	Member of the Yap Women's Association (YWA) the Yap Interagency Nutrition and Education Council (YINEC)	YMI – Female
Dr. Victor Ngaden, CCPI Technical Advisor	Physician	Yap Medical Association member	YMI – Male
Dr. A.Richter Yow, CCPI Technical Advisor	Physician	Member of Yap Medical Association and Aff Youth group	YMI – Male

YAP STATE CANCER COALITION ORGANIZATIONAL CHART



Organizational Relationships and Communication between FSM National and States



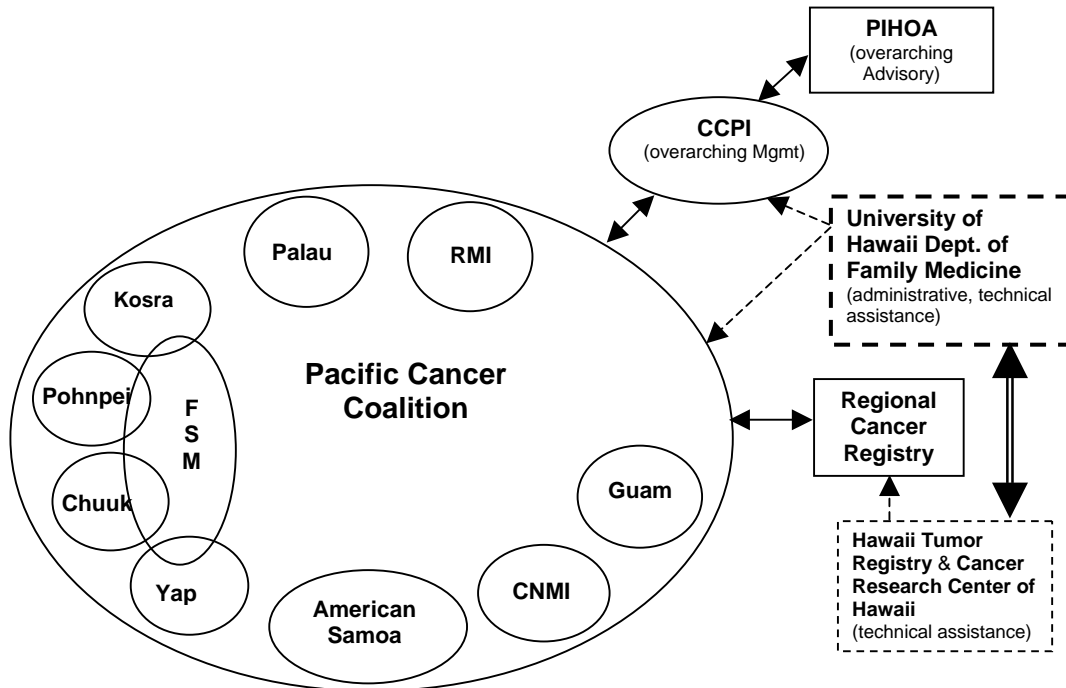
FSM National Meetings and Regional CCC Meetings

With other relevant meetings (proposed/tentative)

Jul 2007	Aug	Sept	Oct	Nov	Dec	Jan 2008	Feb	Mar	Apr	May	Jun
	NCC			NCC			NCC			NCC	
	NCD			NCD			NCD			NCD	
	DM			DM			DM			DM	
							HP				
	CDC			REG							
CCPI				CCPI					CCPI		
PIH		CCCLI			CCCLI				PIH		?CDC
PBMA				RREG						NPCR	NAACCR

NCC = National Cancer Coalition; NCD = Non-communicable disease strategic planning; DM = FSM Directors' Meeting; HP = FSM Annual Health Policy Meeting; CDC = CDC NCCCP / Cancer Conference, Aug 13-17, 2007; REG = Regional meeting; CCPI = CCPI meetings; PIH = PIHOA mtg; CCCLI = Pacific Comprehensive Cancer Control Leadership Institute; NPCR = CDC Natl Program of Cancer Registries PD mtg; RREG = Regional Registry mtg/training; NAACCR = North American Association of Central Cancer Registries annual meeting, Denver, CO.

Pacific Cancer Coalition (USAPIN Regional CCCC)



Partner/Community Report Card on Yap Comprehensive Cancer Control Program

Communication

<p>In the past 3 months, how often have you been up dated on the cancer program's activities?</p>	<p>Please Circle: Not at all Rarely Sometimes Regularly All the time Comment:</p>
<p>Are you able to reach the Cancer Program if you need something?</p>	<p>Please Circle: Not at all Rarely Sometimes Regularly All the time Comment:</p>
<p>In the last 3 months about how often have you spoken/e-mailed with the cancer program?</p>	<p>Please Circle: Not at all Rarely Sometimes Regularly Too Much Comment:</p>
<p>Is there anything you think is necessary to improve the communication between the cancer program and your group?</p>	<p>Comment:</p>

Please list the items/ goods/ or additional work you have done to support the Yap Comprehensive Cancer Control Program this past quarter.

<over>

Partner/Community Report Card on Yap Comprehensive Cancer Control Program

Programs

How many cancer programs/projects are you aware of?	Please List:
What programs do you think have been making a positive impact on your community/group?	Please List:
What programs do you think have been ineffective in helping the community/group?	Please List:
What other programs would you like to see the cancer program implement?	Please List:

General

What more would you like to see the cancer program do for your group/community?	Comment:
Are there any issues with the cancer program that need to be addressed?	Comment:
What other suggestions do you have for the cancer program?	Comment:
How helpful has the cancer program been for your group/community and Yap in general?	Comment:

ACKNOWLEDGMENTS

The first Yap State Comprehensive Cancer Control Plan is the product of committed and dedicated individuals, representing different parts of the community, volunteering their time to discuss, collaborate and develop a plan to serve as a guide for what cancer care could be like and should be like in Yap. Through many efforts within and beyond the state, Yap as well as the other U.S. Associated Pacific Island jurisdictions can be proud of the unique regional collaboration that has evolved through this planning process and could serve as a model for other parts of the world.

Sincere thanks go out to those who contributed to putting this plan together for Yap State, FSM.

Yap Cancer Coalition Members (see member list on page 45)
Cancer Patients, Survivors and their family members who took part in scheduled interviews
Waab Community Health Center (WCHC) Board
WCHC Cancer Coordinators – Martina Reichhardt and Jacqueline Pong
Department of Health Services, Yap State
Office of the Governor, Yap State
Radio V6AI, Yap State
Traditional Council of Chiefs (Tamol and Pilung)
John S. Hagileiram, SJ, Vicariate Office of Yap
Dr. W. Thane Hancock

With special recognition going to the following individuals for their priceless input, commitment and dedication to bringing this plan to fruition with their technical assistance:

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Papa Ola Lokahi

U.S. Centers for Disease Control and Prevention, Division of Cancer Prevention and Control
Cancer Information Services – Pacific Region

As with most things in the Pacific, this grant was not a product of one individual, but the input of a whole community. We are thankful to all and know this will put us in position to lessen the cancer burden on our community in Yap.

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Snapshot of the CCC Planning Process



Photo 1 Founding members of the Cancer Council of the Pacific Islands (CCPI) established in 2002



Photo 2



Photo 3

FSM National Cancer and CCPI Regional Cancer meetings in Pohnpei, November 2006 (photos 2 to 4)



Photo 4



Photo 5 FSM Coordinators Meeting with the University of Hawaii and Strategic Health Concepts consultants in Honolulu, Hawaii in May 2006.

Visit by University of Hawaii Anthropologist to conduct interviews with cancer patients, survivors and family members in Yap in October 2006



Comprehensive Cancer Control Leadership Institute with US National Cancer Partners held in Los Angeles, California in June 2007 and attended by Pacific Island Jurisdiction Cancer Coordinators



Cancer Conference held in Atlanta, Georgia in August 2007



CCPI meeting in Honolulu, Hawaii in August 2007



Pacific Comprehensive Cancer Control Leadership Institute in Guam attended by Yap Cancer Coalition Delegation, FSM National and State Coalitions and other Pacific Island Jurisdictions in September 2007



ACRONYMS or ABBREVIATIONS USED

AHEC.....	Area Health Education Center
CBE.....	Clinical Breast Exam
CCC.....	Comprehensive Cancer Control
CCCP	Comprehensive Cancer Control Program
CCPI.....	Cancer Council of the Pacific Islands
CDC	Center for Disease Control and Prevention, Division of Cancer Prevention and Control
DHS.....	Department of Health Services
DOH.....	Department of Health
DFMCH	Department of Family Medicine and Community Health, John A. Burns School of Medicine
FSM.....	Federated States of Micronesia
HBV	Hepatitis B. Vaccine
HIV	Human Immunodeficiency Virus
HIMS.....	Health Information Management Systems
HPV.....	Human Papilloma Virus
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NAACR.....	North American Association of Central Cancer Registries
NCI.....	National Cancer Institute
NGO.....	Non-government Organization
OCH.....	Oceania Community Health
PIHOA	Pacific Islands Health Officers Association
PMA.....	Pacific Missionary Aviation
POL.....	Papa Ola Lokahi
PREL.....	Pacific Resources for Education and Learning
PSA	Prostate Specific Antigen
QA.....	Quality Assurance
SBE.....	Self Breast Exam
SDP	Strategic Development Plan
SHS	Second Hand Smoke
STI.....	Sexually Transmitted Infection
UH.....	University of Hawaii
USAPIN	United States Affiliated Pacific Island Nation
VHF.....	Very High Frequency transceiver
WCHC.....	Waa'b Community Health Center
WHO.....	World Health Organization
YMI.....	Yap Main Island
YOI	Yap Outer Island



DEFINITIONS

- 1. Outer-islands ----- islands located outside the state center, only can be reached by either small plane and or ship. To travel on ship or bigger boat will take anywhere from 10 hours to the closest island to a week to the furthest island.

- 2. Dispensary ----- primary health care facility located in the outer-islands. Usually operated by 1 and /or 2 health assistants (a male and a female), usually runs 5 days a week, 8 hours a day from Monday to Friday.

- 3. Community Health Center ----- primary health care facility located in four major municipalities on Yap main island that facilitate outreach programs visiting the communities, provide first aid and dispensing of basic medicines. Usually staffed by one doctor, a nurse and several community health workers and open Mondays to Fridays.

- 4. MiCare ----- National Health Insurance Plan: It is open to any FSM National or State government employees including non-government or private employees living within or outside FSM.



REFERENCES

¹ Table 1. Pacific Islands Health Officers Association (PIHOA) Data Matrix, 2001

² Palafox N, Yamada S, Ou A, Minami J, Johnson D, Katz A, “Cancer in Micronesia,” *Pacific Health Dialog*, Volume 11, Number 2, September 2004

^{3,4,5} Taoka S, Hancock WT, Ngaden V, Yow AR, Durand AM, “Cancer in Yap State, Federated States of Micronesia,” *Pacific Health Dialog*, Volume 11, Number 2, September 2004
