

# Cancer Council of the Pacific Islands: speaking with one voice

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## Cancer in the Pacific

Cancer is the second leading cause of death for many of the Pacific Islands jurisdictions associated with the United States (US), yet none of these jurisdictions has the capacity to adequately educate about, screen for, and treat cancer. Cancer screenings are not done in a methodical manner due to dwindling health care budgets and consequent changes in priorities for health care delivery within jurisdictions. Tobacco control measures are nowhere near western standards, and we can anticipate disastrous outcomes if actions are not taken immediately. Many of the jurisdictions lack health personnel knowledgeable in cancer and in planning and implementing cancer control measures. Because of this, most cancers are seen and diagnosed late in the disease process, and cancer has the potential to be the number-one killer in the region. In spite of a close political association with US, disparities in health care delivery and outcomes between US and US-associated Pacific Island jurisdictions are widening. Thus, there has been a pressing need to establish an organization of indigenous leaders to address the cancer-related health needs in the Pacific Islands.

## The Pacific Cancer Initiative

Through an existing cooperative agreement with Papa Ola Lōkahi (UOI CA 86105), the Center to Reduce Cancer Health Disparities (CRCHD) of the National Cancer Institute (NCI) and the National Center on Minority Health Disparities (NCMHD) of the National Institutes of Health funded

the "Pacific Cancer Initiative." Leadership for the initiative is provided by Dr. Neal A. Palafox, Professor and Chair of the Department of Family Practice and Community Health of the John A. Burns School of Medicine at the University of Hawai'i (U.H.) and Nia Aitaoto, MPH of Papa Ola Lōkahi serves as the Program Coordinator.

The overarching goal of this Pacific Cancer Initiative is to address the cancer health needs in the US-associated Pacific, which includes six jurisdictions: the Republic of the Marshall Islands (RMI); the Republic of Palau (Palau); the Federated States of Micronesia (composed of the four states of Chuuk, Kosrae, Pohnpei, and Yap); Commonwealth of the Northern Mariana Islands (CNMI); and the U.S. territories of Guam and American Samoa. The Pacific Cancer Initiative plans to achieve the goal by:

- 1) Creating and maintaining a team that can articulate the cancer health needs of indigenous Pacific Islanders,
- 2) Using the team to strengthen and sustain community capacity in the jurisdictions, and
- 3) Advocating to include Pacific Islanders in the programs and services of the National Cancer Institute and National Institutes of Health that address those needs.

## The Cancer Council of the Pacific Islands

The team that was created in 2003 to articulate the cancer health needs is called the Cancer Council of the Pacific Islands (CCPI). Representatives from each jurisdiction were selected by the health directors/secretaries/ministers, and they represent the clinical, public health and administrative divisions of their jurisdictions (Table 1). CCPI provides a forum for sharing information and data, facilitating cancer prevention and control discussion, and identifying resources to address priority concerns.

Once formed, the CCPI elected officers and established goals and objectives for both the region and for the individual jurisdictions. The main goals of CCPI are to reduce the number of cancer cases and deaths and improve the quality of life of cancer patients through the systematic and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, and palliation, making the best use of available resources. CCPI believes that strong advocacy, especially at a time when there is an increasing focus on disparities in health care both in US and in the US-

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**Table 1. Membership of the Cancer Council of the Pacific Islands (CCPI)**

Jurisdiction	Representatives
CCPI President	Kamal Gunawardane, M.D., Ministry of Health (CCPI Pres.)
American Samoa	Victor Tofaeono, M.D., LBJ Tropical Medical Center Margaret Seseapasara, American Samoa Department of Health
Commonwealth of the Northern Mariana Islands	Robin Shearer, M.D., Commonwealth Health Center Jocelyn Songsong, Commonwealth Health Center
Federated States of Micronesia – Chuuk State	Kolid Keybond, M.O., Chuuk Department of Health Kino Ruben, M.O., Chuuk Department of Health
Federated States of Micronesia – Kosrae State	Vita Skilling, M.O., Kosrae Department of Health Livinson Taulung, M.O., Kosrae Department of Health
Federated States of Micronesia – Pohnpei State	John Hedson, M.O., Pohnpei State Hospital, Ministry of Health Wincener David, Pohnpei Department of Health Services
Federated States of Micronesia – Yap State	Victor Ngaden, MBBS, Yap Department of Health Services Richter Yow, M.O., Yap Department of Health Services
Guam	Robert Haddock, DVM, MPH, Dept of Public Health and Social Services Gil Suguitan, Dept of Public Health and Social Services
Republic of Belau	Omdiderengul Francisca Soaladaob, M.D., Ministry of Health Yorah Demei, RN, MPH, Ministry of Health (CCPI - VP)
Republic of the Marshall Islands	Kennar Briand M.D., Ministry of Health Sheldon Riklon, M.D., Ministry of Health
Other Resources	Hawai'i: Neal Palafox, M.D., MPH, John A. Burns School of Medicine; Jo Ann Tsark, MPH, Papa Ola Lōkahi; Nia Aitaoto, MPH, Papa Ola Lōkahi Ebeye: Tin Soe, MD, PhD, Ebeye Community Health Center; Grace Balaoing, MD, Ebeye Community Health Center

associated Pacific, would strengthen the resource availability and help sustain cancer control activities in the Pacific. CCPI's strategies for addressing cancer include:

1. Building regional networks and partnerships for cancer control;
2. Promoting the collection of cancer health data to better assess the cancer burden, guide program development, and evaluate activities;
3. Promoting organized, evidence-based interventions for early detection of common cancers in the region such as cervical and breast cancers;
4. Developing guidelines for cancer control and program management, such as for tobacco control programs, nutrition programs, and exercise programs;
5. Advocating for a rational approach to effective treatments for potentially curable cancers within jurisdictions and in the region, possibly through a regional cancer treatment center; and
6. Supporting low-cost and culturally sensitive care for individuals with terminal cancer, including pain relief and palliative care.

## Accomplishments to date

The Pacific Cancer Initiative and the CCPI have been very active since its inception. Here are some of the accomplishments.

## Cancer needs assessments

The first step for the Pacific Cancer Initiative was to assess the cancer burden, cancer-care infrastructure, and cancer-care needs of each jurisdiction. Thus, from December 2002 to June 2003, medical residents and faculty from the Department of Family Practice and Community Medicine at the University of Hawai'i John A. Burns School of Medicine conducted needs assessments in nine locales—American Samoa, Guam, Commonwealth of the Northern Mariana Islands (CNMI), the Republic of Belau (Palau), Republic of the Marshall Islands (RMI), and the four states of the Federated States of Micronesia: Chuuk, Kosrae, Pohnpei, and Yap. The researchers met with key informants in medicine and public health to compile cancer-related data, assess the existing programs and resources, and identify gaps. The initial assessments were reviewed by the CCPI delegates, and each was rewritten in manuscript style. CCPI members edited and augmented the manuscripts and worked with their respective health departments and ministries to obtain approval for their publication. These manuscripts are included in this issue of the *Pacific Health Dialog*.

## Meetings

The CCPI has met five times since its inception. The first meeting was held in Honolulu, Hawai'i in June 2003 in

conjunction with the Global Public Health conference sponsored by the Hawai'i Public Health Association. Staff of the Center to Reduce Cancer Health Disparities (CRCHD) of the National Cancer Institute, Frank Jackson and Jane Daye attended this meeting, along with Betty Lee Hawks from the federal Office of Minority Health, and a number of Pacific-based health care providers. Participants reviewed the first drafts of the needs assessments. Dr. Kennar Briand (RMI), Ms. Dellina Lieto (CNMI), Mr. Simao Nanpei (Pohnpei), Dr. Victor Ngaden (Yap), Dr. Vita Skilling (Kosrae) and Dr. Victor Williams Tofaeono (American Samoa) each presented on the cancer statistics, concerns, and priorities in their home countries. Conference attendees also learned about the geography, history, demographics, politics and health status of each of the US-associated Pacific Islands. Pacific delegates also had an opportunity to connect with the medical residents and faculty who conducted the assessments and to meet representatives from Cancer Research Center of Hawai'i, the Pacific Health Research Institute, the Pacific Islander Cancer Control Network, the American Cancer Society, and the Tripler Army Medical Center.

The second meeting was held in August 2003 in Majuro, Republic of the Marshall Islands and provided time for Pacific participants to review the completed assessments and prioritize recommendations. Clinical and public health representatives from each jurisdiction discussed cross-cutting regional issues and prioritized those issues with their unique in-country concerns, and began developing strategies to address the burden of cancer in the Pacific.

The third meeting was held in November 2003 in Pohnpei, Federated States of Micronesia. At this meeting, CCPI members identified and agreed to regional and country-specific priorities and initiated program implementation plans to address priority concerns. There was consensus at this meeting to formalize this group to be called the Cancer Council of the Pacific Islands (CCPI), and to conduct the next meeting in Hawai'i where the focus would be on identifying supporters to assist with addressing regional and country-specific priorities.

The fourth meeting was held in February 2004 in Honolulu. The focus was to identify and meet with agencies that could lend expertise and resources to support the identified regional and country specific cancer priorities. Dr. Harold Freeman, the CRCHD Director, and staff Frank Jackson and Jane Daye attended. Dr. Freeman articulated CRCHD's commitment to the Pacific Cancer Initiative and acknowledged the important contribution of the CCPI. Representatives from Centers for Disease Control and Prevention (CDC), the Pacific Islander Cancer Control Network (PICCN), the Cancer Research Center of Hawai'i, the Pacific Island Health Officer's Association (PIHOA), 'Imi Hale - Native Hawaiian Cancer Network,

Pacific Health Research Institute (PHRI), Papa Ola Lōkahi, and the University of Hawai'i attended to extend their support for CCPI and its course. CCPI membership also agreed to submit a regional application for the CDC's comprehensive cancer control planning grant in March 2004.

The most recent meeting was in July 2004 at the annual NCI Cancer Health Disparities Summit in Washington DC. At the invitation of the Center to Reduce Cancer Health Disparities, 12 members of the CCPI attended and presented at the plenary session on cancer concerns in their respective areas. CCPI members also had the opportunity to share their collective concerns with Senator Daniel Akaka and his staff; Dr. Patrick De Leon of Senator Inouye's Office; and staff of the Medical Center at the National Institutes of Health. Convening in Washington D.C. also provided time to discuss the new grants and resources and strategize action plans for implementation.

### **Implementation activities**

An RFA process has been developed and technical assistance is being provided to assist jurisdictions in submitting planning proposals to address the cancer prevention and control priority areas identified in the assessments. Papa Ola Lōkahi is the mechanism for delivering funds to the Pacific jurisdictions through sub-contracts. In the year 2004, the CCPI is focusing on cancer capacity building that utilizes regional and jurisdiction specific approaches. Regionally, the Pacific Basin will address how it can increase the capacity of laboratory and cancer registries, strengthen its human resources through training and continuing medical education, and address issues in cancer medical care.

### **Expected outcomes**

The Pacific Cancer Initiative is bringing to light region-specific cancer health issues and the daily circumstances faced by the peoples of the US-associated Pacific. The CCPI, in partnership with NCI's CRCHD, the NCMHD, Papa Ola Lōkahi, and the University of Hawai'i, will translate this information into a strategic action plan to address the cancer needs in the Pacific. These completed needs assessments serve as the foundation for this plan. It is anticipated that an adequate response to the needs identified will require the implementation of a network of individuals and partnering organizations to provide sustained support and maintain a continuum of effective interventions over an indefinite number of years. Fortunately, the CCPI allows small jurisdictions to join forces to speak with one voice that is being heard across the US. ■