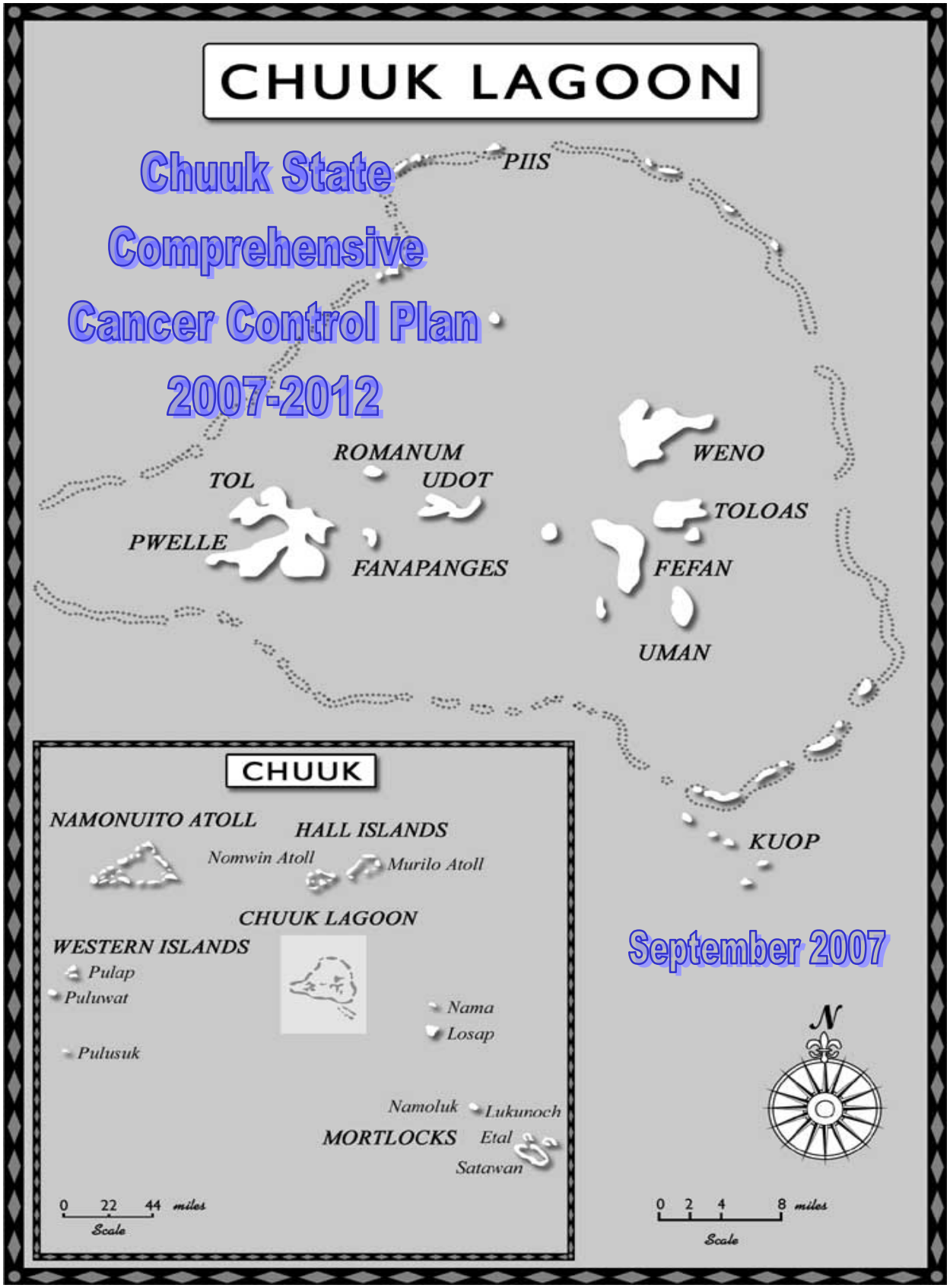
CHUUK LAGOON
Chuuk State Comprehensive Cancer Control Plan 2007-2012
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My Fellow Chuukese:

In spite of the sophisticated advances in medicine and technology today, more than five million people die from cancer alone each year. That's more than 13,000 people dying from cancer everyday or 9 people die every minute. For us in Chuuk, cancer is the number three leading cause of deaths. Many of us have been impacted by the burden and tragedy of cancer. And with the high prevalence and increasing number of tobacco, betel nut, and alcohol users amongst our youths and young adults today, we are guaranteed an even more devastating cancer situation within the next three decades and beyond, if we do not do something about it today.

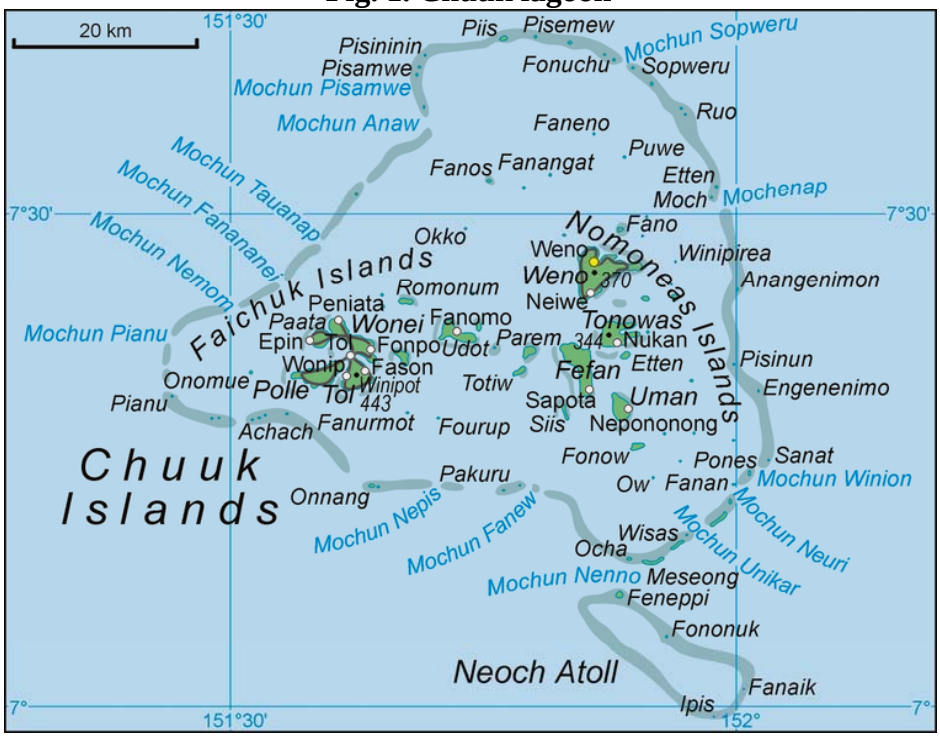
Effective cancer prevention and control require collaborative planning and coordination of activities, financial and human resources, community and political support. The Chuuk State Comprehensive Cancer Control and Prevention Coalition (C-5) has taken on that task. Over the past three years they have been working diligently to forge a workable plan that we can use to prevent and reduce cancer and its disparities, and to improve the quality of life for our cancer patients. With the Chuuk State Comprehensive Cancer Control and Prevention Plan, there is hope and there is a feeling of "oneness" as we (Chuukese) face the reality of a deadly disease silently taking away our people at an unprecedented rate. By joining all our efforts, singing the same song, and walk the same walk, we can truly ensure a successful plan that will create greater hopes for a cancer-free Chuuk.

Governor Wesley W. Simina

BACKGROUND

Geography and Transportation

Fig. 1. Chuuk lagoon



The main population center of Chuuk State is the Chuuk Lagoon, a large archipelago with mountainous islands surrounded by a string of islets on a barrier reef. Chuuk State has a total land area of 49.2 square miles and includes seven major island groups. The two major geographical and dialectic divisions of the Chuuk Lagoon are Faichuuk, the western islands, and Nomoneas, the eastern islands. Chuuk State also includes several more sparsely populated "outer island" groups, including the Mortlock Islands to the southeast, the Hall Islands to the north, Namonweitos to the northwest, and the Pattiw Region to west.

In many areas the islands are small. A health dispensary or school may be only a mile away on the map, but inaccessible by foot or road because of a mountain is in between the patient and the dispensary. In order to reach the school or dispensary, one must travel 2-3 miles around a reef on a boat and go around a few more miles to reach these dispensaries/schools. During bad weather it is even more difficult within such islands. Continental Airlines provides air services between Weno and the other state centers 3-4 times a week, with round trip tickets costing over US$ 300.00. The FSM also has Caroline Island Airlines (a smaller airplane seating 5-7 passengers) which belongs to the FSM, flying within and between Pohnpei and Chuuk and 3 outer islands in Chuuk The flight schedules are not routine. With the rise in fuel costs, the cost of transportation also has gone up ($160 round-trip to the outer islands) and has made it difficult for people to travel by air. A government field trip ship, donated by the Chinese Government, serves as transportation and cargo between the outer islands and the State Center, Weno. Lack of funding for maintenance of ships is particularly problematic here in Chuuk.

Many motorboats serve as unsafe “taxis” (with 10-15 people) between Weno and the neighboring islands in the Chuuk Lagoon. Public health and educational outreach teams have to

coordinate their trips together and go on smaller supply ships. Most people cannot afford the airfare; some do not have relatives in the State center or are afraid to travel by small boat over 100+ miles of open ocean and so they do not seek secondary health care and die at home.

Demographics and Economics

The total resident population of the FSM is 107,008, of which 50.1% (53,595) live in Chuuk, the most populous state. About 30% of the population lives on the main island of Weno, 50% on the "intermediate islands" of the Chuuk Lagoon, and 20% live on the outer islands.

Chuuk has the youngest population of all the FSM states with a median range of 18.5 years. Notably, in spite of its young population structure, Chuuk apparently has a cancer burden found in much older age groups.

Chuuk faces the greatest economic and infrastructure hardships of the four states of the FSM. Significant financial deficits, a dearth of trained health personnel resources, and incompatibilities of local and western land use expectations has left many parts of Chuuk underdeveloped. The pothole ridden roads and the daily electrical power outages in Chuuk's capitol are clear indicators of the lack of dependable infrastructure. According to the 2000 census, only 10% of rural households in Chuuk have electricity (includes solar power and generator). In the capitol of Weno (urban), only 72% have electricity.

Despite unfavourable living conditions, the people of Chuuk remain strong. What they may be lacking in monetary support, they make up for it in community wealth through family ties, culture and traditions.

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

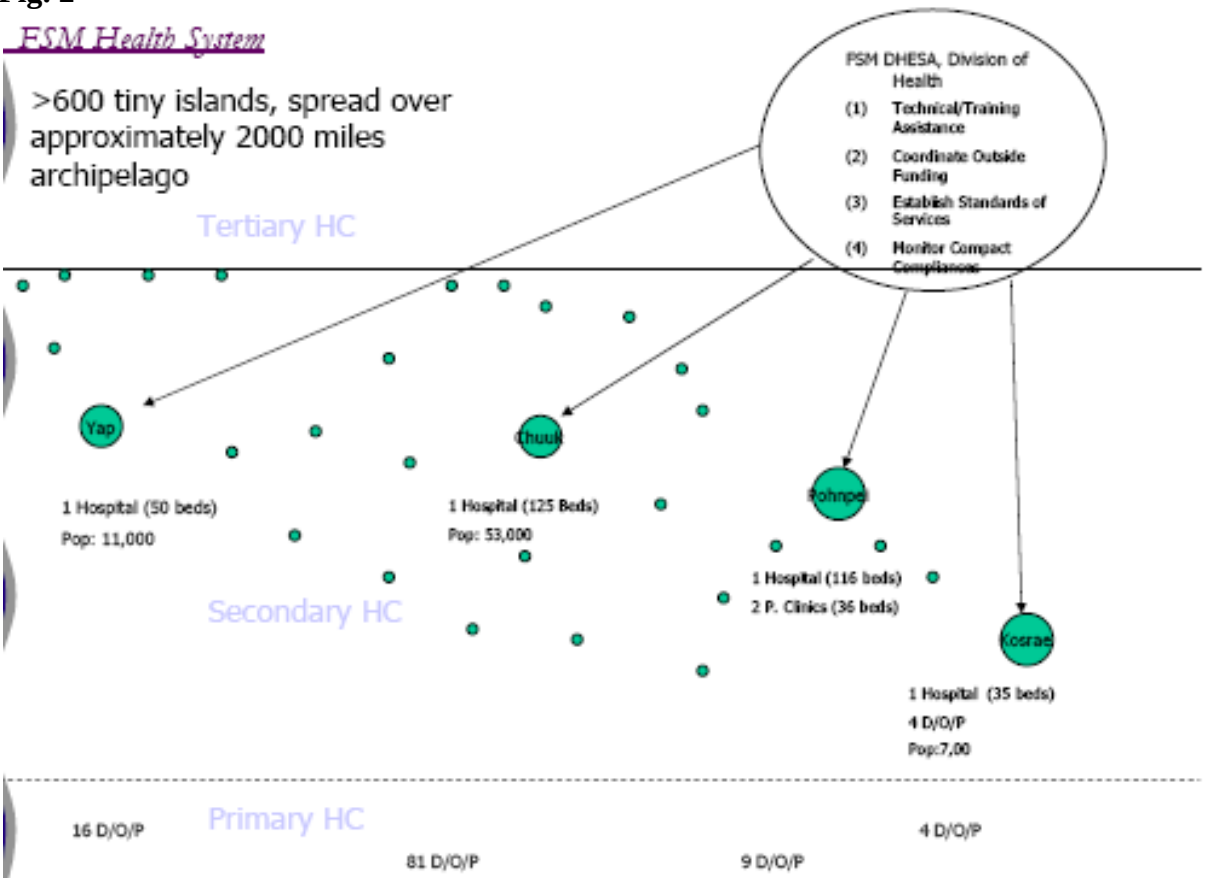
	Chuuk	Kosrae	Pohnpei	Yap	FSM	U.S.
Total Population	53,595	7,686	34,486	11,241	107,008	
Youth as % of total population	**53.7%**		52.8%		55% 0-19 yrs 33% 0-9 yrs	
Living in state centers	No public transportation				23%	
Living in intermediate islands/areas	Access to state centers by small boat or 4-wheel drive vehicle				54%	
Living on 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%*
	Chuuk	**Kosrae**	**Pohnpei**	**Yap**	**FSM**	**U.S.**
1998 average 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

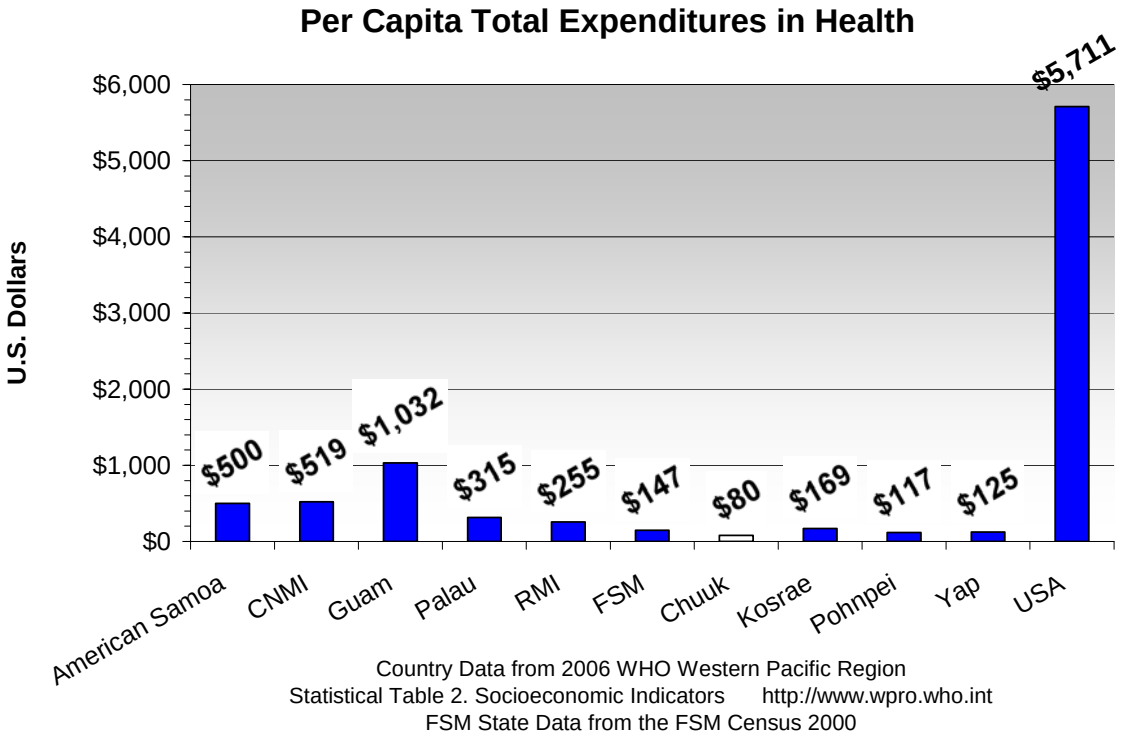
HEALTH CARE

Chuuk State Department of Health Services consists of several divisions: Hospital, Primary Health Care, Dental, and Administrative. Each State's Department of Health Services is linked to the FSM National Department of Health, Education and Social Affairs (HESA)[2].

Fig. 2



The Chuuk Department of Health Services (DHS) operates the Chuuk State Hospital on Weno and 78 community health dispensaries located in the outer islands of Chuuk. The annual per-capita expenditure of health care in Chuuk is the lowest of any of the USAPINs, at $80 per the FSM Economics division (2000) or less than 1.5% of the US annual per capita expenditure on health care.



The State Hospital has a limited capacity in their inpatient units, single operating room, surgical ward, maternity ward, laboratory, radiology, and outpatient departments. There are 21 physician / health care providers and 109 nurses, none of which are US trained working for Chuuk's DHS. The health system is geared to manage acute medical problems. Diagnosis of many chronic illnesses, including cancer, is often made late in the course of the disease. There is no capacity in the country to make a tissue diagnosis of cancer and the present health budget in Chuuk does not afford us the option of even sending pap smears off-island for processing. So, there have been no pap smears performed in over 2 years.

The Chuuk DHS is tasked with also providing public health services in remote areas of the state. Healthcare services in the intermediate and outer island communities include treatment of common diseases. Dispensaries are staffed by health assistants who consult with physicians at Chuuk State Hospital using single, sideband radios. Complex medical problems, which cannot be cared for on the outer islands, are triaged to the urban hospital. These patients are transported by boats or small planes, depending on the location, as there are only three small airstrips. There is no diagnostic equipment, such as x-ray machines, ultrasounds, or laboratory tests which are available on the intermediate and outer islands where 80% of the population reside.

Healthcare is also provided by local healers and midwives or trained traditionally. Health services are largely government subsidized, and co-payments by patients are based on their ability to pay.

A hospital based Medical Referral Committee (MRC) determines if particular medical cases would benefit from medical treatment out of country (Hawaii, Guam, Philippines). MRC referral costs were previously subsidized by the government, but reductions of funds have ended this practice. The MRC typically does not refer cases in which costs of treatment will be high and treatment benefit will be low, such as liver failure, end stage renal disease, and many advanced cancers.

CANCER IN CHUUK

Cancer is the third leading cause of mortality in Chuuk. Lung, cervical, stomach, breast, and uterine cancer top the cancer lists. In this setting, Chuuk lacks comprehensive cancer prevention, education, screening, or treatment programs. Cancer programs, those that exist, are sporadic in the urban capitol and non-existent to 80% Chuuk's population which resides on the intermediate and outer islands of Chuuk.

The cancer care infrastructure in Chuuk is best understood in terms of available cancer screening. There is no access to mammography in Chuuk or the FSM, and cervical cancer screening on a systematic basis was last performed in 2002. The resources and equipment necessary for simple screening and care for cancer related issues is severely lacking. Often a cancer diagnosis is a death sentence.

Health care providers find that most Chuukese do not associate cancers with their diet, lifestyle and behaviors. There is no program to consistently disseminate cancer information regarding cancer risk factors and cancer's negative impact on the patient, the family, the community, and the country.

Outreach to the intermediate and outer islands of Chuuk is limited by the absence of qualified health educators, island geography, sparse budgets and unreliability of the government transportation (field-trip ships) to distant sites. When cancer program personnel have the necessary resources to travel, coordination of the outreach activities to the distant sites and follow-up required after the outreach is completed can be complex. Weather conditions often affect outreach work as winds and rough seas make small boat travel uncomfortable and unsafe.

Communication systems to the outer islands are unreliable. Additionally, if the community is successfully contacted, an individual intimately familiar and trusted by that community is needed to prepare and organize the community for the outreach team. Traditional land tenure issues are such that outreach to outer islands requires consent of the leadership of that island—which may require weeks to months. The implications for effective cancer outreach services are: the technical communication infrastructure needs improvement and community liaisons are needed as a formal part of the outreach preparations and team.

Cultural factors can pose a problem for particular health education or screening programs. Speaking about medical issues involving birth control or sexual behaviors are frequently not permissible in public settings, especially with mixed (females and males) audiences. In situations

as these, the audiences must be split. The implication for health planning is that both males and females are needed for each outreach team.

The support for the outreach teams is not a cheap proposition. The average cost for an employee performing outreach to the nearby islands would be: $15.20 per day ($1.90/hr x 8 hrs) per person, 30 gallons of gasoline $126 ($4.2/gal x 30), and 6 pints of outboard motor oil $18.00 ($3/pint) each day. There is a $25 dollar allowance for each employee per day to cover his immediate needs for that trip. Many nurses do not make more than $6,000 per year.

The people of Chuuk are ready for a change in cancer care. Many have expressed a strong desire for community involved educational outreach for prevention and early detection. In Chuuk, a successful cancer program would open many doors for further development in all forms of infrastructure and would improve the quality of life for all.

CANCER BURDEN

There is no cancer registry in Chuuk or in the FSM. In 2002-03, with support from the National Cancer Institute under the leadership of Dr. Neal Palafox, a cancer infrastructure needs assessment was performed in Chuuk and in each of the USAPIN jurisdictions. The assessment teams met with leaders in the curative and preventive services to compile cancer-related data from death certificates, hospital records and off-island referral databases. In addition, the teams also asked health staff to assess the gaps in existing programs and services for cancer. After appropriate verification and clearances, the assessments were published in a special issue of the *Pacific Health Dialog* on cancer in the Pacific[3]. These assessments form the basis of Chuuk State's determination of priority cancers. A summary table of the six leading causes of cancer death, by site, for varied time periods is below. The reporting time period varies from state to state because the Assessment teams used the best available data at the time (in other words, data prior to the reporting period were either unavailable, so incomplete or so flawed that it was not worthy of reporting). FSM (National) data is based on cleared death certificates for the period 1990-2003 and mortality rates were calculated using the population estimates from 1990-2003. The National data is the official reporting for the country. Despite severe data quality issues in 1990-1998, a longer time period was chosen to calculate the country mortality rates because the overall number of cases is so small. Keep in mind that there is no capacity in the FSM to diagnose colon cancer and that diagnostic capacity is limited for all cancers in general.

Table 2. Leading Cancer Deaths by Site (from 2002-03 NCI Pacific Cancer Initiative Cancer Needs Assessments[4])

	Chuuk [2000-2002] (% of cancer deaths)	**Kosrae** [1998-2002]	**Pohnpei** [1998-2002] (% of cancer deaths)	**Yap** [1998-2002] (% of cancer deaths)	**FSM*** [1990-2003] (Mortality rate per 100,000 pop)
Total pop (FSM Census 2000)	53,595	7,686	34,486	11,241	107,008
# of cancer deaths in time period	51	11: 5 male, 6 female (no cancer predominant)	68	52	722
Rank 1	Lung (27.5%)	(M) Prostate, colon, sinus, parotid, skin SCC; (F) ovarian, thyroid, breast, cervical, lung, renal	**Cervical** (14.7%)	Liver (23.1%)	Lung (46)
Rank 2	Cervical (7.8%)		**Lung** (13.2%)	Lung (21.2%)	Liver (23)
Rank 3	Stomach (7.8%)		**Liver** (8.8%)	Oral (7.7%)	Oropharynx (20)
Rank 4	Uterus (7.8%)		**Gastric** (7.4%)	Breast (7.7%)	Prostate (20)
Rank 5	Prostate (7.8%)		**Prostate** (5.9%)	Cervical (5.8%)	Cervix (19)
Rank 6	Head/Neck (5.9%)		**Nasopharyngeal** (5.9%	Prostate (5.8%)	Breast (16)

*FSM data from FSM Health Statistics Office, DHESA

EVOLUTION OF THE PLAN

Chuuk is one of four states which composes the FSM, which in turn is part of a unique family of 6 US associated Pacific island nations. The reality of the Chuuk's geographic, political and economic environment necessitates planning in context of those spheres of influence. Therefore Comprehensive cancer planning in accounted for cancer care systems required at the state, national and Pacific regional levels.

The related and synergistic cancer plans that will serve Chuuk are: Chuuk State CCP, FSM National CCC Plan USAPIN Pacific Regional CCCP. This degree of comprehensive cancer planning reflects the dearth of health resources in Chuuk, Chuuk's absence of a meaningful infrastructure to address cancer, and the necessity for Chuuk, the FSM, and the Pacific region to coordinate plans for cancer care.

The evolution of Chuuk state CCCP will be described in greater detail below. The evolution of FSM CCP is detailed in that plan. The USAPIN regional CCP is added to the Chuuk state plan. The Pacific regional plan is designed to complement the Chuuk state and the FSM national comprehensive cancer plans. What Chuuk State, and the FSM will have a difficult time

accomplishing because of limited resources, small size or distant location—the regional cancer plan will address. The Pacific regional plan allows more possibilities through synergism and economies of scale for comprehensive cancer prevention and treatment. Without a regional plan much less will be possible to address cancer in each individual jurisdiction in the Pacific.

The interlinked comprehensive cancer plans involving Chuuk, and the entire USAPIN, were developed largely through funding from the National Cancer Institute (NCI) and Centers for Disease Control (CDC). During the early 90's, Health Officials from the USAPIN noted a steady increase in far advanced cancers. Two Pacific regional health organizations the Pacific Islanders Health Officers Association (PIHOA), an association of directors of health) and the Pacific Basin Medical Officers Association (PBMA), an association of Physicians from the USAPIN) recognized the increase in cancer rates, however there were no available resources to systematically examine the problem.

Physicians from the Department of Family Medicine and Community Health University of Hawaii (UH) who were working with health care sectors of the USAPIN advocated to multiple agencies on behalf of the USAPIN. The objective was to obtain resources to understand the epidemiology of cancer in the Pacific and to institute necessary preventive and treatment measures. In 2001, the NCI's Center to Reduce Health Disparities funded the Pacific Cancer Initiative (PCI), in response to the Pacific request. The intent of the PCI was to develop an organization and strategy to assess /address the burden of cancer in the USAPIN.

A Cancer Council of the Pacific Islands (CCPI), composed of two members from the each Pacific jurisdiction's Department of Health, was formed to address USAPIN cancer burdens through the PCI. Through the PCI comprehensive cancer needs assessments were completed in the USAPIN. The findings of the cancer assessments suggested that extensive state, national, and regional comprehensive cancer planning would be required to address the USAPIN burden of cancer.

In 2004 the University of Hawaii in partnership with the CCPI and USAPIN applied and received the Pacific CDC Comprehensive Cancer Planning grant. The USAPIN and CCPI moved towards framing a comprehensive cancer plans for the 4 states of the FSM, 6 Pacific National plans, and assessing the need for a regional cancer registry.

Hiring of Chuuk's cancer coordinator and the formation of a cancer coalition to develop Chuuk's CCP began within three months after CDC funding was received. The cancer coordinator was one of Chuuk's two representatives to the CCPI. Most of the data that was utilized to develop the framework of the plan was referenced from the jurisdiction specific cancer assessments performed under the PCI two years earlier.

The University of Hawaii developed a data and program matrix in 2004 that served as a reference and tool to facilitate the planning process in year one. Prevention, risk reduction, diagnosis, treatment, and quality of life and data issues were developed for the cancers that had the highest morbidity and mortality in Chuuk.

The initial cancer coalition in Chuuk, composed of ten members, met every other month. Although very astute and community based, they found it difficult to sustain a working relationship with the CDC and the coordinator. Many members expected to receive sitting fees for meetings. The budget and planning process was prohibitive to this request.

Seven of the original ten coalition members resigned in February and March 2006. Before departure they had completed the data and program matrix, and developed most of the cancer plan except for all the quality of life and data portions of the plan.

New members were recruited and joined the cancer coalition between April and June 2006. Chuuk's cancer coalition now has 30 members representing 20 communities-based, faith-based, and government-based individuals or organizations. The members were selected for their areas of expertise, their ability to advocate for their community, and their dedication to the comprehensive cancer planning process in Chuuk.

At the first general meeting of new members in June 2006, the coalition selected a core group to continue the planning process. This group reported to the larger coalition for their input and approval. The Coalition meetings were run by an elected chairperson. In September 2006 three additional members joined the coalition. Since September 2006 there have been two general meetings and multiple core meetings. Decision making was based on majority vote. Meeting venues and agenda were decided upon by the Coalition and arranged by the Cancer Program staff.

The FSM national comprehensive cancer plan was developed with the input from Chuuks' cancer coordinator and Chuuk's coalition leadership. At a regional level, there were several face to face meetings of all members of the CCPI. The cancer coordinators from each FSM state, the FSM national government and Pacific jurisdiction worked with the CCPI and UH to develop the regional plan.

Technical assistance was provided by the UH over the 3 years planning process to develop a coalition, provide assistance with understanding the available cancer data, provide assistance with the planning process, trouble shoot difficulties with particular areas of plan, and to review the plan as it developed in Chuuk. The UH took a lead role in facilitating the meeting between the FSM states and the FSM national government, and facilitated the regional cancer planning with the CCPI.

CHUUK STATE COMPREHENSIVE CANCER CONTROL PLAN
GOALS, OBJECTIVES, STRATEGIES

VISION

To have a cancer free Chuuk

MISSION

To Decrease Cancer Burden and Disparity in Chuuk by increasing cancer public awareness and education; improving early detection and treatment, improving the quality of life for cancer patients; and improving our cancer data collection and utilization through a regional cancer registry

OVERALL BACKGROUND

"The challenges are many, and the resources are limited. We will not be able to save the lives of all our cancer patients, but if we could save one, that will make a world of difference"! ***Dr. Kino S. Ruben, first Director of the Chuuk Comprehensive Cancer Control Program.***

The 2001-2002 cancer needs assessment in Chuuk revealed that cancer was the third leading cause of mortality in Chuuk. Many of Chuuk's people remain unaware of the burden of cancer in Chuuk and are unable to relate these results with their lifestyle, diet, habits, and behaviors. Most of the people of Chuuk people do not understand what cancer is, its risk factors and its negative impact on families, the community and the country.

Public systems for mass communication about health issues are limited The single public broadcasting radio station only operates from 7:00 am to 11:30 am each day due to power limitations. There are only a few health educators, and none dedicated to cancer awareness and education programs. The public school systems do not have regular health education curricula. Chuukese now enjoy their western type lifestyles, and are consumers of unhealthy western products and foods. The have lost many of their valuable traditions which promoted healthy lifestyles and diets. The consequences of this change have resulted in a surge of chronic illnesses, including cancer which the present health system is unprepared.

New systems to deal with cancer in Chuuk are needed. These include modes of cancer education, prevention, risk reduction, treatment, caring for the people and the families who suffer from cancer, and improving cancer data management. A comprehensive cancer plan which accounts for the economy, geography, culture, disparity, available human resource, and the level of infrastructure development is needed.

Note: In the United States, in most cases, when one talks about outreach transportation, we think cars, trains, trucks, and other land transportation. In Chuuk, we think boats and canoes.

PREVENTION

Westernization brought in many new habits to the islands, many of which contribute to the increase in non-communicable diseases. Alcohol and tobacco (chewing and smoking) are widely used by the islanders and Western foods have replaced most of the local foods, fueling the increase of chronic diseases in the islands. Several different National health surveys had been conducted and the analysis has not yet been completed. This baseline data is needed to understand non-communicable disease/cancer risk factors and will provide a measure for cancer prevention program success.

The FSM Congress recently ratified the WHO Framework Convention on Tobacco Control, which commits the country to increase legislation, policy and enforcement of anti-tobacco efforts. Chuuk State Legislation has created ineffectual and inadequately enforced laws aimed to prevent smoking in the hospitals, dispensaries, classrooms, conference rooms and meeting halls. All taxes on alcohol and tobacco collected go to the State General Fund in Chuuk. These issues need to be addressed.

The infrastructure, economy, and geography of Chuuk are such that prevention will be the mainstay of cancer control. It is sustainable and requires the least technology...With the amount awarded to the Chuuk CCCP (18% of proposed budget) this year is makes it necessary to reprioritize our objectives and strategies. Therefore, instead of going to all the islands of Chuuk for cancer awareness and education, the cancer health outreach teams will focus on the 17 large islands in the Chuuk Lagoon area, which holds approximately 80% of Chuuk's population. Besides all the risk factors are high in the Lagoon area compared to the outer islands.

Goal 1: Prevent cancers which are associated with the highest morbidity and mortality rates in Chuuk from occurring. (liver, lung, cervical, stomach, breast, cervical, uterine, prostate)

Objective 1: Increase cancer awareness and education (risk factors reduction, prevention, and resources) outreach in Chuuk by June 30, 2008.

Baseline: Presently, there are no regular cancer awareness and education programs addressing cancer risk reduction, prevention, and screening in Chuuk.

Strategy 1.1: Develop partnerships with local community leaders, churches, traditional leaders, health coalitions, and local health advocacy groups to help with cancer awareness and education by November 2007.

Strategy 1.2: Do cancer awareness and education outreach throughout the State of Chuuk

Strategy 1.3: Hire two cancer health outreach coordinators/educators (one from Nomoneas; one from Faichuk), who will do cancer awareness and education in their respective communities.

Strategy 1.4: Identify means to support adequate fuel for 37 community outreach trips to the Lagoon islands by May 2008.

Strategy 1.5: Purchase or procure the use of a US Coast Guard approved standard out board engine boat to transport the outreach teams to all regions in Chuuk by May 2008.

Strategy 1.6: Utilizing culturally appropriate cancer messages, the cancer health outreach coordinators/educators will deliver 4 cancer health education and awareness programs on the local radio station.

Strategy 1.7: Distribute cancer awareness and education materials to the public sector (stores, public areas, schools, community centers) three times by December 2008.

Strategy 1.8: Complete a training session for the health assistants on how to utilize cancer awareness and education materials in all seven regions by December 2009.

Strategy 1.9: Identify and support seven community leaders, one from each of the seven regions, to coordinate cancer education and awareness out reach by February 2009.

Objective 2: Work with FSM national and Chuuk State policy makers to identify, develop and or strengthen legislation/policies which would reduce cancer through risk reduction, awareness, and prevention by July 2008.

Baseline: There are only few policies in place in Chuuk which address cancer prevention and risk reduction. Although there is presently a sales tax on alcohol and tobacco at the FSM National Level, there is no specific amount or percentage that is provided to health care services.

Strategy 2.1: Advocate for and support the introduction of concurrent Chuuk state legislation with the FSM National Government to increase the sales tax on tobacco and alcohol and to designate a specified portion of the tax to support activities of the Chuuk State Comprehensive Cancer Control and Prevention Program by 2008.

Strategy 2.2: Work with Chuuk Tobacco Free Coalition to inform policy makers of then need for expanded anti-tobacco laws and other cancer-related issues.

Objective 3: Decrease the amount of smoking and oral tobacco use amongst youth and adults by 15% by 2012.

Baseline: Although several health surveys have been recently completed, the baseline data on rates of tobacco, alcohol, and betel nut use amongst adults and youth is not presently available.

Establishing a baseline through the recent Chuuk surveys and subsequently moving towards reducing the tobacco use rates is necessary to reduce tobacco related cancers.

Strategy 3.1: Obtain the results of the World Health Organization (WHO) STEPwise tobacco use rates survey which was completed in August and September of 2006 in Chuuk.

Strategy 3.2: Complete representative focus group and key informant surveys in Chuukese youth and adults regarding knowledge, attitudes, behaviors, and practices of tobacco use, alcohol, and betel nut use by December 2008.

Strategy 3.3: Work with the Chuuk Department of Education, Chuuk Department of Health to develop culturally appropriate tobacco prevention strategies, utilizing the information from the surveys, focus group, and key informant surveys by May 2009.

Strategy 3.4: Do anti-tobacco use in all island communities

Objective 4: Work with the Department of Health Education and Social Affairs (HESA) and FSM National Government and international partners to perform a cost-benefit analysis on a HPV vaccination program in Chuuk, by the December 2008.

Baseline: There is currently no baseline data to determine whether of not an HPV program in Chuuk is feasible, cost-effective, and sustainable.

Strategy 4.1: Work with current CDC vaccination program to provide HESA accurate information on existing infrastructure, costs, coverage rates and anticipated needs for an adolescent HPV immunization program by November 2007.

Strategy 4.2: Obtain the technical support and expertise necessary to evaluate and determine whether or not an HPV vaccination program would be cost effective, culturally appropriate and sustainable in Chuuk by May 2008.

Strategy 4.3: Complete the HPV vaccination evaluation process by November 2008.

Objective 5: Develop an awareness and education campaign for community leaders regarding healthy eating and nutrition as it relates to cancer by May 2008.

Baseline: There is currently no baseline data on eating and nutrition habits in Chuuk State.

Strategy 5.1: Develop an awareness and education campaign for community leaders regarding healthy eating and nutrition as it relates to cancer by May 2008.

Strategy 5.2: Work with the Chuuk Department of Education to expand nutrition and healthy eating habits education programs in schools and head start programs by December 2008.

Strategy 5.3: Develop awareness and education program regarding healthy eating habits and nutrition for the Agriculture Department in Chuuk to promote and increase production of nutritious local foods by December 2008.

Strategy 5.4: Develop awareness and education program directed towards the communities in Chuuk to promote healthy nutrition and dietary nutrition and promote and increased production of local foods by the end of December 2008.

Strategy 5.5: Develop awareness education program directed toward Chamber of Commerce and business sector regarding the impact of dietary habits and unhealthy foods on cancer by December 2008.

Strategy 5.6: Advocate to the Agriculture Department in Chuuk to promote an increase in local food production by providing seedlings and technical assistance to farmers.

SCREENING AND EARLY DETECTION

In Chuuk state most cancer cases detected are in late stages (of the disease). Because of the geographic and economic barriers, some patients were never presented to health providers and died at home. For example screening for cervical and breast cancers is not well established and has many challenges including the inadequacy of supplies for health providers to perform pap smears. Some times when the kits are available, there is no support to send the specimens to off island laboratories for examination. As well, mammography services are not available. There are no pathologists in the entire FSM. The insistent application of local medicine where it's no longer appropriate has caused some patients to come to the clinics later than usual, hence, late diagnosis.

GOAL 2: Detect cancer at the earliest possible stage in Chuuk.

Objective 1: Increase the capacity to provide breast and cervical cancer screening in Chuuk by March 2009.

Baseline: Presently, pap smears and clinical breast exams are done by two OB/GYN doctors, one nurse practitioner, and two Public Health doctors in the capitol of Weno. There is no local laboratory support for cancer screening.

Strategy 1.1: Collaborate with Chuuk's Department of Health to acquire and provide the necessary technical assistance to retrain hospital based staff physicians and nurse midwives to perform clinical breast examinations and pap smears by December, 2008.

Strategy 1.2: Collaborate with Chuuk's Department of Health to acquire and provide the technical assistance necessary to train health assistants in the outer islands and Public Health nurses to perform clinical breast examinations and pap smears by June, 2008.

Strategy 1.3: Collaborate with Chuuk's Department of Health to establish cancer screening clinics in the Public Health Department and in the outer island communities' health dispensaries by March 2009.

Strategy 1.4: Work with and support FSM HESA in the application for CDC Breast and Cervical Cancer Early Detection Program funding.

Strategy 1.5: Work with National and Regional CCC efforts to improve and implement cancer-related training opportunities for existing health workers that impact cancer control.

Strategy 1.6: Collaborate with the other FSM states, the FSM national government, and other Pacific jurisdictions to develop a functional and sustainable system of regional processing of pathology/laboratory biological specimens that cannot be processed in Chuuk.

Objective 2: Improve the capacity for breast cancer screening through mammography in Chuuk and the FSM by November 2009.

Baseline: The FSM, including Chuuk, has never had a mammography unit available to its women. There are several infrastructure, technical, and financial issues which must be addressed to make mammography technology practical and sustainable. A mammography feasibility study for the FSM is needed.

Strategy 2.1: Work closely with FSM national government and other partners to conduct a cost-benefit analysis for a mammography services in FSM and Chuuk by December 2008.

Objective 3: Work with the FSM National Government to complete a human resources for health (HRH) plan that addresses the human resource needs (number of personnel, areas of expertise , cancer related training) that are required for appropriate cancer diagnoses and treatment in the FSM, by December 2009.

Baseline: Currently there is no HRH plan that exists in Chuuk state for health planning and addressing cancer in particular. .

Strategy 3.1: Work with the Chuuk Department of Health to identify provide the FSM National Government with a prioritized list of healthcare workers needed to maintain a high quality, technically appropriate and sustainable cancer diagnosis and treatment program in Chuuk by December 2007.

TREATMENT

One of the major challenges in the early treatment of cancer lies in the fact that most of the Chuuk cancer cases were detected in the later stages of the disease due to the lack of cancer screening.

There are no cancer treatment capabilities besides general surgery in the only hospital in Chuuk. Limited numbers of gynecologic surgeries are performed. All the cancer cases who have received treatment have been treated off-island, through either the Pacific Islands Health Care Project at the Tripler Army Medical Center (previously) or rarely through the off-island referral system. Tripler is now generally NOT accepting cancer cases, especially at advanced stages.

The cost of cancer treatment is the most costly of all the aspects of the cancer case, and most of the patients cannot afford the cost of treatment; they remain at home to die. The nationwide insurance company, MiCare, will only consider sending stage 1-2 cancer patients off-island. Approximately 20% of the FSM population is covered by MiCare. The rest (80%) are not covered and cannot afford to pay for their healthcare needs.

The Chuuk State government allocates $100,000 for the entire off-island referral budget (all conditions, not only cancer). Most patients do not have insurance. Only a few go off island on their own to seek treatment.

GOAL: To be able to treat and medically manage every cancer patient, as early as possible, with the most cost effective, practical, and evidence based therapies.

Objective 1: Improve the capacity to provide surgery on island for gynecologic cancers by December 2009.

Baseline: Currently, the medical staff in Chuuk are not able to perform conizations for diagnostic or curative purposes due to lack of appropriate medical equipment and up to date training. Hysterectomies and other gynecological surgeries are only performed in emergent situations.

Strategy 1.1: Acquire technical assistance through national, regional, and international resources to develop a plan to provide the equipment, infrastructure and training for appropriate gynecologic cancer surgery in Chuuk by February 2009.

Strategy 1.2: Provide appropriate CPD (Continuing Professional Development) activities for current gynecologic surgical care and medical services to surgical and health care personnel staff.

Objective 2: Modify the off-island medical referral process so that patients with suspected or early stage cancers will be able to receive appropriate cancer treatment in a timely fashion, by 2012.

Baseline: There are very few cancer treatment therapies available in Chuuk. Chuuk government offers a medical referral program whereby cancer patients in Chuuk are sent to out- of- country treatment centers. This program is extremely resource limited. The decision making criterion is unclear as to what types/stages of cancer will have priority in this program.

Strategy 2.1: Advocate to establish policies and guidelines for out-of –country cancer care based on the most cost –effective use of resources and cancer treatment outcomes.

Strategy 2.2: Advocate establishing the Chuuk Medical Referral Committee to have the authority to approve off-island referrals utilizing the established policies and guidelines.

Strategy 2.3: Advocate for the appropriation of FSM National and Chuuk State governments funds for cancer cases with a five year survival rate greater than 50%.

QUALITY OF LIFE AFTER DIAGNOSIS

Maintaining an adequate quality of life for cancer patients is presently very under-supported. All cancer patients lack the basic support services they need (i.e. pain medicines, regular follow-ups, community support, etc) for palliative care. Except for a few, they live and pass on "without notice", and often cancer goes unreported on their death certificates.

GOAL: To provide the best quality of life to cancer patients, cancer survivors, and their families that is practical and attainable in Chuuk.

Objective 1: Provide coordinated community support services for cancer patients and their families by 2009.

Baseline: Presently, there are no support programs for cancer patients or their family members in Chuuk state.

Strategy 1.1: Identify volunteer counselors from healthcare providers, clergymen, traditional healers and community interested community members who will provide counseling and identify a community based support system for cancer patients and their families.

Strategy 1.2: With assistance from the Pacific Cancer Information Services and other partners, develop appropriate educational materials to provide the patients and families up-to –date information regarding their cancer diagnosis.

Objective 2: Establish a cancer patient navigation system by 2011.

Baseline: Once diagnosed, there is no system to assist cancer patients to locate the available resources, support, and medical care to insure the best possible treatment and health care in a timely fashion.

Strategy 2.1: Develop and deliver a community education and awareness program regarding the purpose, function, utility of a patient navigation system in Chuuk by December 2007.

Strategy 2.2: Develop an effective cancer tracking system for abnormal laboratory tests, suspected and known cancer cases by 2008.

Strategy 2.3: Hire a patient advocate / navigator who will identify and assist cancer patients and their families with all aspects of cancer treatment and care in Chuuk by December 2009.

Objective 3: Increase the access to appropriate pain medications for cancer patients whereby at least 75% of patients with cancer in Chuuk receive sufficient pain medication by December 2010.

Baseline: Currently pain medications are not available to cancer patients on a regular basis in Chuuk. Pain medications are not a priority in Chuuk and availability is unpredictable. Additionally, medical care providers do not have current training in the most effective and appropriate use of pain pharmaceuticals. .

Strategy 3.1: With the assistance of the National government and/or other partners, complete an assessment of pain medication need, utilization, procurement, cost and inventory management by December 2008.

Strategy 3.2: Work with the Director of Department of Health Services (DHS), HESA and other regional partners to ensure an adequate supply of pain medications.

Strategy 3.3: Provide awareness and educational materials regarding the appropriate use of local and traditional medicines for pain and other symptoms due to cancer (constipation, nausea, anxiety, depression wounds) to health care providers in Chuuk by December 2008.

CANCER-RELATED DATA MANAGEMENT

Health data in Micronesia, including cancer data has been very under-reported. The major issues with data is attributed to: 1) incomplete inpatient discharge forms/records; 2) there is no specimen protocol to follow (from preparation to receiving and logging results); 3) Improper completion of death certificates by health assistants and physicians; 4) not logging of lab results when received; 5) Miscoding of diagnosis. To improve the cancer data collecting system, doctors need to complete their discharge forms; a specimen collection/preparation protocol needs to be established; cancer patients need to be followed and helped; all specimen results have to be logged at a central point; and cancer registrars/data clerks need to be trained on ICD-10. Present health statistics personnel need basic health information management skills and knowledge in order to establish and maintain a good cancer registry.

GOAL: To improve cancer-related health data systems in Chuuk state.

Objective 1: Conduct in-service education and awareness training for health workers on the importance of having a cancer registry and data collection system by December 2008.

Baseline: There is a general lack of awareness of health services staff on the utility, purpose, and multidisciplinary effort required to improve cancer-related care.

Strategy 1.1: Conduct educational sessions on the importance of establishing and maintaining a cancer registry and the importance of each member of the health teams so that training and quality improvement activities are better accepted.

Objective 2: Establish a formal cancer registry in coordination with the USAPIN Regional Cancer Registry by 2009.

Baseline: Currently, Chuuk Hospital does not have a cancer registry or any trained personnel to support a cancer registry. Cancer cases are intermittently recorded in several separate locations including logbooks, laboratory tracking systems, medical records and with the office of vital statistics. There is no systematic approach to tracking cancer data in Chuuk.

Strategy 2.1: Identify an in-country data clerk/registrar (who would serve as the primary point of contact for the Regional Cancer Registry) by December 2008.

Strategy 2.2: 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 by December 2009.

Objective 3: Develop and establish a data-related quality improvement system by December 2009.

Baseline: There is program for improving cancer-related data in Chuuk at the present time.

Strategy 3.1: Establish a data quality assurance committee composed of the Cancer Coordinator, Chuuk cancer data manager, State Epidemiologist, Director of Health Statistics Office in Chuuk, Director of the Medical Records Office in Chuuk by December of 2008.

Strategy 3.2: Develop and train physicians and nurses on a medical charting system that requires completion of inpatient discharge forms.

Strategy 3.3: Develop a protocol for identifying, logging, physician notification, reporting and tracking, cancer specimens

Strategy 3.4: Work with National Bioterrorism, PIHOA Regional lab coordinator and/or experts to conduct quality improvement training for hospital and public health staff to develop cancer data flow protocols.

Strategy 3.5: On a quarterly basis, the Chuuk cancer data manger will obtain cancer data from private clinics and FSM National HIMS.

Objective 4: With the assistance of the University of Hawaii, CDC, and the Hawaii Tumor Registry begin providing relevant foundational, health information (HIM) and registry-

specific training to appropriate personnel that would be involved in the flow of information to a local and regional cancer registry, by mid-2008.

Baseline: Most medical records staff do not have foundational training to extract information from the charts or code properly.

Strategy 4.1: 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.

Strategy 4.2: Utilize the training modules from the CDC/NAACCR website for medical records and physicians.

Objective 5: Develop an organized method to ascertain more cancer-related information through existing mechanisms of data collection in Chuuk to enhance cancer program planning and evaluation.

Baseline: There a several demographic and health surveys that are ongoing or planned in Chuuk. The present survey instruments do not include cancer-related information. Important cancer information may be provided through these survey instruments.

Strategy 5.1: Collaborate with the Census administrators to include relevant fields in the 2010 FSM Census.

Strategy 5.2: Collaborate with Household Survey administrators to include relevant fields in the next administration of the survey.

Strategy 5.3: Collaborate with the Stepwise survey administrators at the State and FSM National Government to include relevant fields in the subsequent versions of the STEPS survey.

Implementation Plan

The Chuuk Cancer Coalition, soon with 34 members, will work with Chuuk's Department of Health to insure that the CCP is implemented in a timely and culturally acceptable manner. The present coalition officers and members have indicated a willingness to participate with implementing and maintaining the plan. The coalition is aware that internal assessment of the coalition to insure robust community representation, active member participation, member advocacy, and sustainability of the coalition is necessary.

The coalition will remain a community based organization, although it will also have quasi-government links with the Department of Health. The core planning group will serve as the Steering Committee for the Coalition. The Steering committee has the function to monitor the progress and evaluations of the CCP implementation, and to keep the cancer coalition informed of evaluation process and results. The larger coalition will be responsible make recommendations and necessary program changes as indicated by evaluation outcomes. Changes in prioritization of particular objectives or strategies in the present CCP will be decided by the coalition members through informed discussion, and evaluation results.

For the first Program year, there will be a weekly meeting for the Chuuk CCCP Program staff where ideas and challenges will be discussed for improvements and resolution. Monthly reporting to the Coalition and the Director of Health is a must during the first year of the Chuuk CCCP.

The cancer coalition will meet at least twice a year to evaluate the progress of Chuuk's CCP. The Steering Committee will meet on an ad hoc basis, and also once every two months with the Cancer Program Director for the first two years of implementation.

Administration

The Chuuk State Cancer Program, a division of Chuuk's Department of Health, will house and implement Chuuk's CCP. The Cancer Program Director will be the administrative head of the Chuuk State Cancer Program and be accountable to the Director of Health. The cancer coalition in Chuuk will be the advisory body to the Chuuk State Cancer Program. The personnel hired through this grant will be part of the Chuuk State Cancer Program, accountable to the Program Director.

The Chuuk State Cancer Program will be responsible to track, and put into operation, the objectives and strategies outlined in the CCP. The initial year will be guided by the Workplan with the support of it's partners. It will develop a detailed activity timeline and ensure all logistical needs and resources are available in order that planned projects begin in a timely manner.

Management

The Program Director shall make sure all activities are done according to the CCP. The Cancer Health Outreach Coordinators shall submit activity reports to the Program Director no later than two working days after each completed outreach trip. The Program Director will review and analyze every trip report and makes comments and recommendations to the Coalition, who will have the responsibility to update and revise the Plan as necessary. Amendments to the implementation plan must also be approved by the Director of Health Services.

All reports of Program activities and amendments to the Chuuk cancer plan will be reported to the CDC on a quarterly basis by the Program Director, through the Chuuk Director of Health and the FSM NCCCP Coordinator. All Program needs, inquires, and concerns will follow this same channel of communication.

Technical support for the implementation of the Chuuk cancer plan will be handled through the CDC and the University of Hawaii.

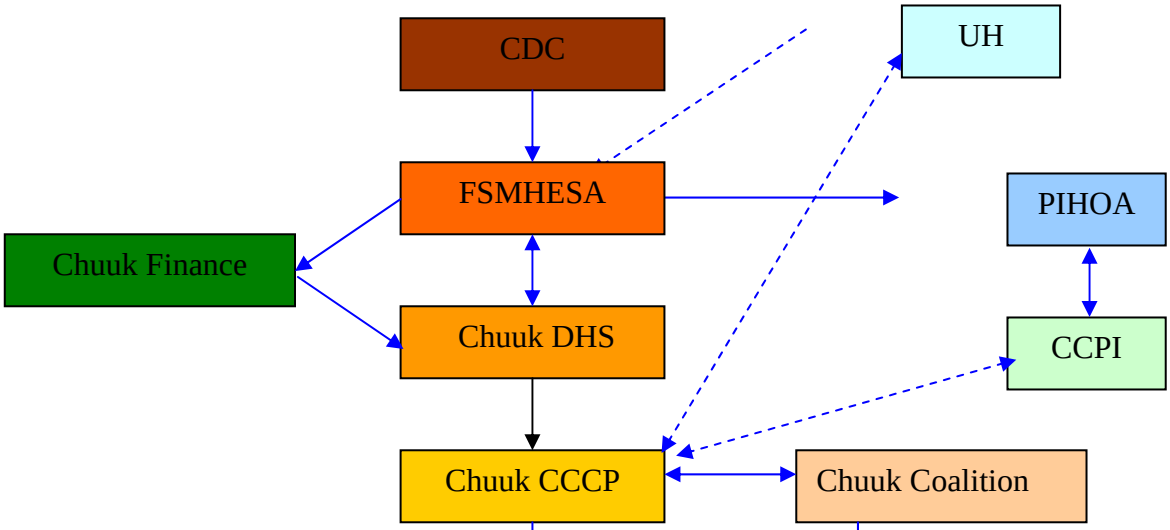
Associated Funding Sources and Partners:

There are seven US Federally funded public health programs in Chuuk at the present time. They include: the MCH, Family Planning, Immunization, TB/Leprosy, NCD, Children with Special Needs, HIV/STI. A smoking prevention program exists both at the national and state levels. These programs are CDC funded. The HIV/STI and TB/Leprosy programs also receive support from WHO and the Australian Government.

The programs above which will have a direct interface with cancer programs are the MCH, Family Planning (cervical and breast cancer screening), and Immunization (hepatitis B and possible cervical cancer vaccine). Collaboration will be maintained with these programs and coordinated by the Director of Health.

The NCI, through the Center of Health Disparities has funded many of the regional cancer activities. C-Change has just funded a small mini-grant ($5000) in Chuuk, and the University of Hawaii will continue technical assistance with implementation activities.

Chuuk State Comprehensive Cancer Control and Prevention Implementation Flow Chart



Fiscal Management: The CDC awards the grants to the FSM HESA, which sub-allots the FSM States to actually implement their respective plan and pays the grants to the State Finance Office. The State Finance obligates the grant money dependent on the Program needs and as prescribed in the CCCP. The Chuuk Finance, the FSM HESA, and the Chuuk DHS can communicate, but only the FSM HESA communicates to the CDC on fiscal matters.

Administrative Management: Each FSM CCC Program shall be autonomous with the technical assistance from the FSM HESA and/or the CDC. The UH, PIHOA and CCPI will serve as guiding and advisory bodies to the Chuuk CCC Plan. The Chuuk Program Director directs the overall activities of the Chuuk CCCP with the guidance and assistance of the Director of Health and the Chuuk State Cancer Coalition. All support staff report to the Program Director, who, in tern, reports to the CDC through the DHS and the FSM HESA.

- Program Director
- Fiscal/Admin Manager
- Data Registrar
- Info Specialist
- Outreach Coordtrs
- Housekeeping
- Boat Operator

Evaluation

Evaluation will be an integral part of the CCCP implementation. The Coalition Steering Committee and the Program Director will function as the evaluation committee. They will be responsible for developing and carrying out the evaluation plan. Appropriate assessment instruments and methods for evaluation will be developed by Chuuk State Cancer Program. Outside technical assistance for evaluation, where necessary, will be identified and arranged through the State Cancer Program.

The evaluation plan will assess the major components that are required for successful implementation of Chuuk's Comprehensive Cancer Control Plan:

1. Chuuk's Cancer Coalition
    - Partnership development and collaboration
    - Function and utility
    - Representation
    - Communication
    - Membership participation and satisfaction
    - Maintaining infrastructure requirements
2. Chuuk's CCC Plan
    - Flexibility
    - Comprehensiveness
    - Meeting infrastructure needs of Chuuk State Cancer Program
3. Implementation Process
    - Timeliness of implementation of strategies and objectives
    - Maintaining stated mission
    - Maintaining organizational function and integrity
    - Addressing and implementing changes in the plan in a timely manner
    - Sustaining the evaluation and implementation process

Results of evaluation will be filed as an annual report. This report will be shared with the coalition and other local, national and regional partners.

APPENDICES

ABBREVIATIONS USED

AHD ……. Adolescent Health and Development Health
CCC…….. Comprehensive Cancer Control
CCCP…… Comprehensive Cancer Control Plan
CCPI…….. Cancer Council of the Pacific Islands
CD……. Communicable diseases
CDC…….. Center for Diseases Control or Communicable diseases control
CHC ……. Community Health Center
CNMI ……... Commonwealth of the Northern Mariana Islands
COPD…… Chronic obstructive pulmonary diseases
CPD …….. Continue professional Development
EPIC…….. Economic Policy Implementation Council
FSM …….……. Federated State of Micronesia
HIMS……. Health Information Management System
HPV …….. Human Papilloma Virus
HRH …….. Human Resources for Health
ICD ……... International Classification of Diseases
ICD9……..... International Classification of disease coding version 9
ICD10…… International classification of disease coding version 10
IDD ……... International Direct Dialing
MCH/FH…… Maternal Child Health /Family Health
MRC …….. Medical referral Committee
LOS…… Length of stay for hospital inpatients
MOU……. Memorandum of Understanding
NCCCP…….. National Comprehensive Cancer Control Plan
NCD……... Non-communicable diseases
NCI……..... National Cancer Institute
NHSO…… National Health Statistics Office
NIH……..... National Institute of Health
PCC …….. Pohnpei Cancer Coalition
PCP ……... Pohnpei Cancer Program
PHCS …… Primary Health Care Services
PIHOA …….. Pacific Islands Health Officers Association
PSDHS …….. Pohnpei State Department of Health Services
QA …… Quality Assurance
RMI …….. Republic of the Marshall Islands
TB ……..…Tuberculosis
TTPI……..…. Trust Territory of the Pacific Islands
UH ……..… University of Hawaii
U.S…….. United States
USAPIN……...United States Affiliated Pacific Island Nation
WHO ……...World Health Organization

GLOSSARY OF TERMS

CCCP…….Comprehensive Cancer Control Plan is an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation.

Dispensary…….primary health care facility located in the communities and outer-islands. Operate 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.

EPIC…..……...Economic Policy Implementation Council. It is a body made up of the President, Vice President, all the four (governors, speakers of all the legislatures of state and national).

Intermediate islands……refers to lagoon islands, islands within the state lagoon, on the atoll reefs that can be reached by motor boats and canoes with 20 minutes to 3 hours of ride.

MiCare……. National Health Insurance Plan: It is for national employees and their families and relatives. It is open to any FSM citizens who work or employee by government and private businesses of the FSM within and outside of the FSM.

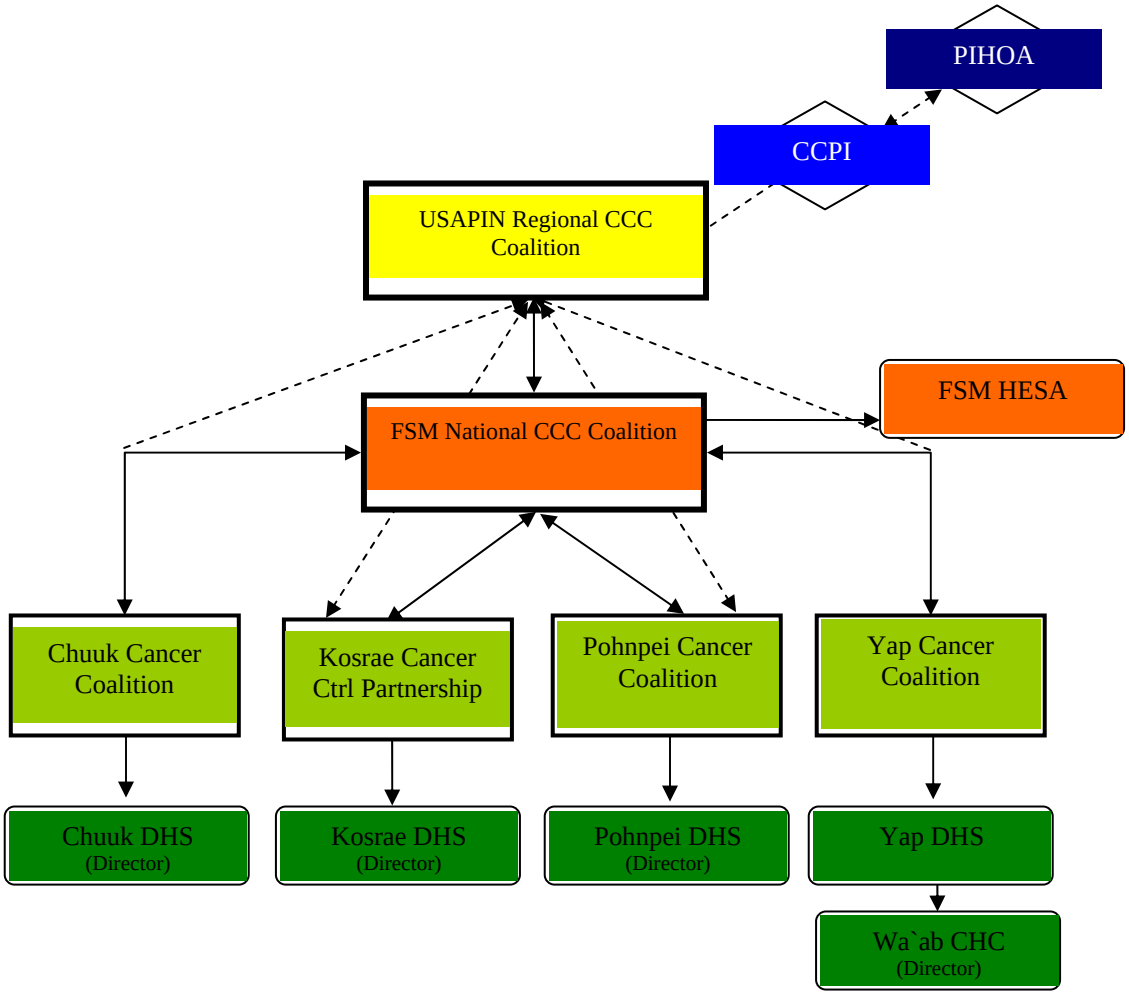
Outer-islands…….islands located outside the state center, only can be reached by small planes and ships. To travel on ship or bigger boat will take 6-24 hours.

Coalition Members as of August 30, 2007

#	Name	Per/Prs Address	Organization	Title &Position
1	Mr. Junior Nomau	Weno/Neuo	Health Services	Public Info Officer
2	Mr. Mino Rudolf	Weno/Wichap	Community	Community leader
3	Florence Stanley	Weno/Mwan	CSL; Women Church Group	Assistant Clerk; member
4	Mr. Domingko Asor	Uman /	Talent Search of UOG	Coordinator; Educator
5	Mrs.Dorthy Olopey	Tonowas/Kuchuwa	CSL; Church Group	Secretary; member
6	Mrs. Taeko Robert	Uman /	Attorney General Office	Prosecutor
7	Mr. Isael Neth	Fefen/	Personnel Office	Assistant Chief
8	Mr. Leonardo Era	Fefen/	Fefen Elementary; Church; CB Radio Club	Teacher; Minister; CB Radio Club Controller
9	Mrs. Kiky Kanemoto	Siis/	Saramen Chuuk Academy; Women's Group	Staff; member
10	Mrs. Marine William	Eot/	Chuuk State Legislature; Church (women's group)	Secretary; Adviser/member
11	Mr. Dito Bossy	Weno	Church; Community	Deacon; Cancer Survivor
12	Mr. Rimiuo Runte	Polle/Chukuram	Education; Community; CB Radio Club	Principal; Youth Advisor; CB Radio operator
13	Capt. Mike Setile	Weno/Namoluk	Public Safety	Police Specialist
14	Mr. Santa Ezra	Wonei/Penieta	School; Community; CB radio Club	Teacher; comm. leader
15	Dr. Rita Mori	Weno/Fefan	Hospital Health Provider	OB/GYN Specialist
16	Dr. Kennedy Remit	Weno/Losap	Hospital Health Provider	Surgeon
17	Dr. Alex Galandez	Weno/PI	Hospital Health Provider	Internist
18	Dr. Dorina Fred	Weno	Public Health Provider	Clinician
19	Mr. Kirion Salvador	Satowan/	Special Education Program	Teacher Specialist
20	Mrs. Ansina B. Kony	Polowat/Nantaku	COM Land Grand; Chuuk Women' s Advisory Committee	D.O.E Specialist; member, CWAC
21	Mr. Binasito Hauk	Tol/Foup	Tol Foup Catholic Church	Youth Adviser
22	Mr. Season Dereas	Uman/	Mental Health; Church	Tobacco Antagonist; Pastor; counselor
23	Mr. Soar Walter	Udot	Community	Deputy Mayor; Pastor
24	Ms. Eleanor Setik	Weno/Lekinioch	Public Health; HIV/AIDS	Coordinator
25	Mr. Anthony Mori	Weno	Air Micronesia	Manager, Chuuk Office
26	Keswick Matus	Weno, Peniesene	Chuuk State Legislature	Member
27	Mr. Nicholas Isacc	Tol/Foup	Chuuk State Hospital	Lab Technical Specialist
28	Mr. Rufus Petewon	Tol/Wichukuno	Chuuk State Legislature	Clerk; Pastor; Comm. Leader
29	Mr. Joakim Wasan	Siss	Community	Activist
30	Mr. Tracy Souleng	Weno	Historical Preservation Office	Deputy Chief

31	Dr. Abram Ichin	Weno	Health Services Administration	Deputy Director
32	Rep. Kenruo Nero	Weno/Polle	CSL	Chairman, HEW Comm.
33	Rev. Noha S. Ruben	Namoluk/Weno	Department of Education	Chief of Federal Programs
34	Mr. Anther Phillip	Oneop/Weno	Mayors Council	Chairman
35	Dr. Kino S. Ruben	Chuuk Cancer Program P.O. Box 609 Weno, Chuuk FM 96942 Phone: (691) 330-6490 Email: cepinet@mail.fm Mobile: (691) 930-6940	Dept. of Health Services	Program Director; Focal Point PPHSN; Physician

Organizational Relationships and Communication between FSM National and States

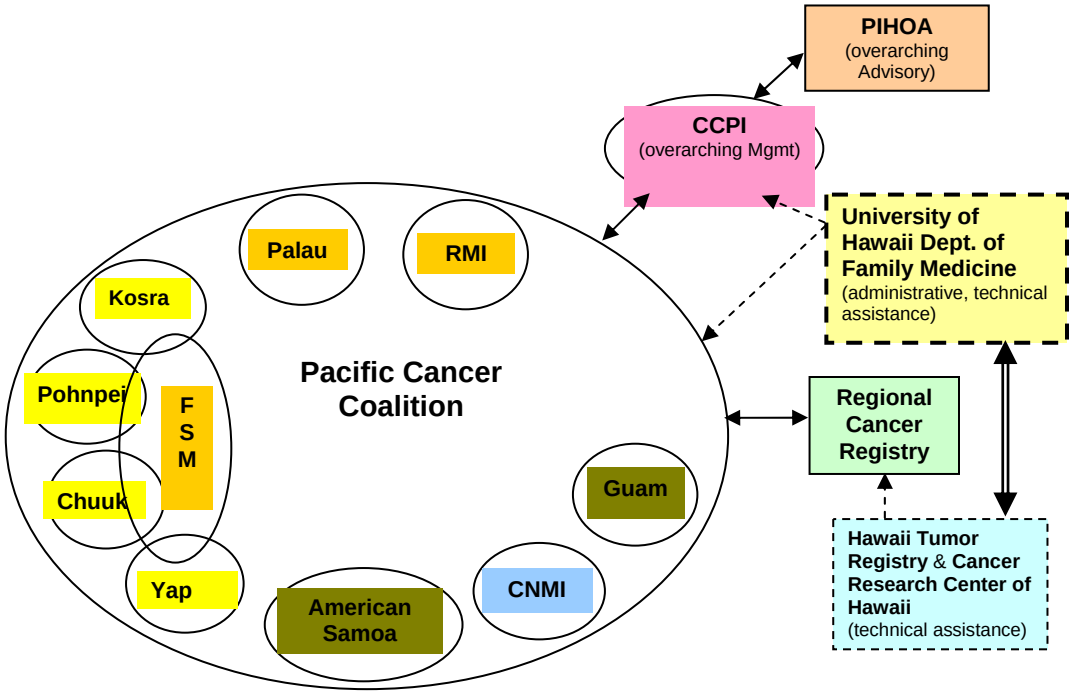


FSM National Meetings and Regional CCC Meetings
With other relevant meetings (proposed/tentative)

Jul 2007	Aug	Sept	Oct	Nov	Dec	Jan 2008	Feb	Mar	Apr	May	Jun
	PBMA									**NCC**	
	CDC									NCD	
	NCC									DM	
	CCPI										
		CCCLI							**CCCLI**		
		NCD							**CCPI**		
PIH		DM							NCD		**?CDC**
										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)



ACKNOWLEDGMENTS

The development of the Comprehensive Cancer Control Plan for Chuuk State is the result of an ongoing collaboration among Chuuk Cancer Coalition members and stakeholders. Many have dedicated their time and expertise in the development process. Without their hard work and dedication, Chuuk would not have a sound and realistic plan to combat the cancer burden Chuuk faces. Special thanks go out to Dr. Kino S. Ruben and those who help put this plan together.

Without the continued support of the following offices, organizations and institutions and businesses, the Chuuk State Comprehensive Cancer Control Plan would not have been successfully developed:

Chuuk Cancer Coalition (Individual names can be found in the appendix above)
Department of Health Services, Chuuk State
Office of the Governor, Chuuk State
Chuuk State Legislature
Chuuk Medical Association
Chuuk Nurses Association
Truk Travel Unlimited
AWM Enterprises
The Division of Public Affairs, Chuuk Government
The Health Assistant Training Program Trainees of 2005-2007
Strategic Health Concepts
University of Hawaii, John A. Burns School of Medicine
Papa Ola Lokahi
Office of the Attorney General, Chuuk State
Center for Disease Control and Prevention, Division of Cancer Prevention and Control
COM-FSM Chuuk Campus
Chuuk Women Advisory Council
Chuuk Tobacco Prevention and Control (of the Substance Abuse and Mental Health Services)
The Chuuk Mayors Conference Leadership
Chuuk State Department of Education
The Churches of Chuuk (All denominations)

Great appreciation is due to the following persons for their tremendous consultation work in the development process of the plan. We are grateful to all of them.

Dr. Neal Palafox
Dr. Lee Buenconsejo-Lum
Dr. Vanessa Wong
Ms. Ernel Roque
Ms. Erika Strong
Mr. Tom Kean
Ms. Karin Hohman
Ms. Leslie Given

The Dito Bossy Story

The Dito Bossy Story

Years ago Dito Bossy was a strong community organizer, public relations officer, and hard working farmer on the island of Weno. Now on medical retirement, DB lives a quiet life with his wife and four children.

In 2003 Ditto began having severe headaches and he noticed a big change in his hearing. During that time he heard of a visiting doctor who was on island so he went to see the doctor about his sickness. Without the proper tools the doctor was unable to diagnose a problem with DB, but he suspected that it could be bone cancer in the face. The doctor informed Ditto that he should go see another doctor in Hawaii right away. Without insurance, Ditto was left to pay for his trip to Honolulu on his own. It took him four months to raise the money for a plane ticket to Honolulu, although he was afraid to go alone without his wife who he knew he needed during this difficult time.

Once he arrived in Hawaii the visiting doctor's possible diagnosis was confirmed. Ditto was thankful and appreciative of the services that the hospital in Honolulu provided him, but was dissatisfied by the way the physicians treated him. He felt that the doctors did not understand how he was feeling and they frequently came off as cold and not comforting. Ditto wished he could be with his family and talking to doctors in his own language from his own culture. After 8 months of treatment in Honolulu, Ditto was told his cancer was in remission and that he could return home to his island and family.

Now when Ditto was asked what he would like to see changed in cancer care in Chuuk he says, "I would like to see cancer diagnosis, treatment, and follow-up improved. I wish that more medicine was available for cancer patients here. Most of all I wish that the community would come together to help support cancer patients, their families, and our cancer program."

"KINISSOU CHAPUR. AI TONG NGENIKEMI MEINISIN" – Dito Bossy

THE BOY and THE STARFISH

A boy was running around on the beach throwing starfish into the ocean. (The starfish were caught by the extreme low tide). A passerby curious about the little boy's activities and asked, "What are you doing young man?" "I am trying to save these starfish from drying out from the sun", answered the little boy. "You cannot save all of those creatures, young man", said the passerby. "I may not be able to save all of them, but if I save one or two, that will make a big difference", said the little boy.

EFERENCES

[1] Pacific Islands Health Officers Association (PIHOA) Data Matrix, 2001
[2] Diagram of FSM Health System from Honorable Nena S. Nena, Secretary, Department of Health, Education and Social Affairs, FSM. *"Compact Impact on Health: Federated States of Micronesia"* Presented at the 2005 Pacific Global Health Conference, June 15, 2005.
[3] Tsark JU, Braun KL, Palafox NA, Finau SA, eds. Cancer in the Pacific. *Pacific Hlth Dialog* September 2004; 11(2): 17-77. (Ichiho H, David W, Wong V, Hedson J. Pohnpei State Cancer Assessment, page 40-49)

ARTICLES OF INCORPORATION

(Non-Profit)

We, the undersigned members and officers of the Chuuk Cancer Control Coalition Council, Federated States of Micronesia, acting as incorporators of an organization for purposes other than pecuniary profit in accordance with applicable laws of the Federated States of Micronesia and Chuuk State Government adopt the following Articles on Incorporation and By-laws.

Article I: Name of Organization

Section 1.1: The name of this organization shall be known officially as the Chuuk Cancer Control Coalition Council (C-5).

Article II: Form of Organization

***Section** 2.1:* The Chuuk Cancer Control Coalition Council (C-5) shall be a non-profit organization under the Laws of the Federated States of Micronesia and the Chuuk State Government.

Article III: Purposes

Section 3.1: The Chuuk Cancer Control Coalition Council is established for the purpose of developing a comprehensive cancer control and prevention implementation plan (CCCPIP) for the Chuuk State Department of Health Services Comprehensive Cancer Control and Prevention Program. Such Plan will be included in the Department's Health Plan of 2006. Upon completion of the CCCPIP, the Chuuk Cancer Control Coalition Council shall remain as the advisory body to the Program.

Article IV: Offices

Section 4.1: The principle office of the C-5 shall be located at the Department of Health Services, P.O. Box 400, Weno, Chuuk FM 96942. The C-5 may have other offices as it may determine necessary from time to time.

Article V: Duration

Section 5.1 The duration of the Chuuk Cancer control Coalition Council is perpetual, unless sooner dissolved in accordance with applicable laws or by act of the Chuuk Cancer Control Council, a quorum being present.

1. **Initial Officers. The initial officers of the Corporation shall be as follows:**

   Chairman: Domingko Asor

   Vice Chairman: Rufus Petewon

   Secretary/Treasurer: Ansina B. Kony

Said officers shall serve in the Coalition Council in the manner provided by the C-5 By-laws and the Articles of Corporation.

_____ Date: _____
Domingko Asor, Chairman

_____ Date: _____
Rufus Petewon, Vice Chairman

_____ Date: _____
Ansina B. Kony, Secretary/Treasurer

Subscribed to and sworn before me this _____ day of _____ **2007**

Official Seal

_____
Notary Public/Clerk of Court

BY-LAWS

THE CHUUK CANCER CONTROL COALITION COUNCIL

Article I: Membership

Section 1.00: Regular M embers

Regular Membership may be open to any and all individuals who are bona fide citizens of the Federated States of Micronesia and legal domiciliary residents of Chuuk State (currently residing in Chuuk State). Membership shall be at least ten (10) and not to exceed fifty (50).

Section 1.01: Associate Members

Associate membership may be open to any and all individuals and/or interest groups who are willing to support and promote the goals and objectives of the Comprehensive Cancer Control and Prevention Program in the Communities. All associate members shall be recommended by the Program and approved by the Chuuk Cancer Control Coalition Council.

Section 1.02: Termination of Membership

Section 1.03: Termination by Resignation

Any member may resign by submitting a letter of resignation to the chairperson or any other officers of the C-5 who shall accept it as effective forthwith after consulting with the Program Manager.

Section 1.04: Termination by change of Residence

Any member who changes his/her residence from Chuuk to any of the other FSM states for two or more months must resign from his/her membership.

Section 1.05: Termination for Derelict of Duties

With a majority vote of the Council members, the C-5 may terminate any member of derelict of duties or if he/she misses three consecutive meetings without notifying the Chairperson.

Section 1.06 Terminations at the Discretion of the C-5

The C-5 may, at its discretion, terminate any member for cause, with a 2/3 vote of its members.

Section 1.07 Right of Members upon Termination

All rights of members of the C-5 shall cease upon termination of membership.

Section 1.08: Vacancy in Membership of the C-5

When a vacancy occurs in membership of the C-5, the chairperson shall, with the recommendation of the Cancer Prevention and Control Program, appoint a person to fill the vacancy. Such an appointment shall be concurred by 2/3 of the C-5 membership.

Section 1.09: Members' Obligations

Each individual member of the C-5 by assuming or accepting office, acknowledges and accepts the following personal obligations and responsibilities:

a. **Loyalty**: Each member accepts the principles of the council's unity and subordination of self-interest. This calls for the subordination of selfish or personal interest to achieve C-Five purposes, adherence to the policy-making and legal functions of the council, supporting majority decisions, identifying with council's policies and actions.

b. **Conflict of Interest:** Where a member has personal or fiduciary interest in a contract or transaction on which the council is the ruling committee, either directly or indirectly, the member shall disclose the existence of such interest, describe the nature therefore, and abstain from acting thereon. Such contracts or transactions shall be either void or void able because of this responsibility or interest.

c. **Confidentiality:** All members shall deal with all matters in strict confidentiality except when it is a public record.

d. **Participation:** Each member has a responsibility to participate actively in the oversight of the program through meeting attendance, reviewing adequate information, reviewing documentation, and completing delegated activities.

e. **Dues:** Monthly dues for all C-5 members shall be $5.00 dollars payable to the Secretary/Treasurer at the end of each month.

Section 1.10: Immunity

a. No members of the C-5 shall be liable for debts, liabilities, or obligations of the Program. The Program shall not be liable for debts, liabilities, or obligations of the C-5.

Article II: Meeting of Members

Section 2.01: Place

Meetings of the C-5 shall be held at the Department of Health Service conference room or at such other places as may be designated from time to time by the chairperson. In the event where Program resources are required, such designated meeting venue shall concurred by Program.

Section 2.02: Meetings

Meetings of members duly called and noticed shall be held from time to time as provided herein. Meetings of members shall be presided over by the Chairperson. Staff for the Cancer Prevention and Control Program shall take minutes of all C-5 general meetings. In the event where Program Staff are not available, the presiding officer shall appoint a C-5 member instead.

Section 2.03: Voting

Each member is entitled to cast one vote on each matter submitted for voting at a meeting of members. Voting may be by showing of hands or by ballots.

Section 2.04: Regular Meetings

Regular meetings of the C-5 shall be held once a month at 9:00 am or at a time that the Chairperson and Vice Chairperson shall designate, after prior consultation with members in a previous meeting.

Section 2.05: Special Meeting

Special meetings of the C-5 may be called by the Chairperson, or by the Vice Chairperson to be held at a time and place within Chuuk as may be fixed with due regards to the propinquity of the special meeting called.

Section 2.06: Notice of Meetings

Notice of the time and place of meetings of members shall be provided to all members, either by written notice or oral communication, specifying the place, day and hour of the meeting and the general nature of the business to be transacted at such meeting.

Section 2.07: Quorum

At least 2/3 of all members present constitute a quorum.

Section 2.08: Polling of Members

Transactions of urgent businesses that cannot wait may be done by polling of members by the Chairperson **and** the Program Manager. Results of such polling shall be disseminated to the members in the same manner.

Section 2.9: Order of Business

The order of business for the C-5 shall be as follows:

1. Call to Order
2. Prayer
3. Roll Call
4. Reading and approval of minutes
5. Communications
6. Reports
7. Unfinished business
8. New Business
9. Miscellaneous business
10. Announcement
11. Adjournment

ARTICLE III: OFFICERS

Section 3.01: Officers

There shall be three officers for the organization who are: 1. Chairperson; 2. Vice Chairperson; 3. Secretary/Treasurer

Section 3.02: Elections and Term of Office

The officers of Chuuk Cancer Control Coalition Council shall be elected for a two-year term by the members at a regular meeting or at a special meeting called and held for such a purpose.

Section 3.03: Vacancies

In the event of a vacancy in the office of the Chairperson for whatever reasons, the Vice-Chairperson shall assume the duties and responsibilities of the Chairperson. A vacancy in any of the other offices, due to the death, resignation, removal, disqualification, or otherwise shall be filled by an election at a meeting to members called and held for that purpose.

Section 3.04: Powers and Duties of the Chairperson

The Chairperson shall, subject to the control of the members, supervise and control the affairs of Chuuk Cancer Control Coalition Counsel. The Chairperson shall perform, in general, all duties incident to the office of Chairperson and such other duties as may be required by law, by the Articles of Incorporation, or by these By-Laws, or which may be delegated to him/her from time to time in resolutions or other written directives of the members.

Section 3.05 Powers and Duties of the Vice-Chairperson

The Vice-Chairperson shall perform all duties and exercise all powers of the Chairperson when the Chairperson is absent, or is otherwise unable to act. The Vice-chairperson shall, in general, perform all duties incident to the office of the Vice chairperson.

Section 3.06 Powers and Duties of the Secretary/Treasurer

The Treasurer shall deposit such funds; shall keep and maintain adequate and correct accounts of the Organization; keep records of its properties and business transactions; shall render reports and accountings to the other Officers and Members, and shall, in general, perform all duties incident to the office of Secretary/Treasurer and such other duties as may be required by law, by the articles of Incorporation, or by these By-Laws, or which may be delegated by the officers and members of Chuuk Cancer Control Coalition Counsel.

Section 3.07: Establishment of C-5 Account

The C-5 shall establish a bank account for the Organization and the Secretary/Treasurer shall deposit and keep records of the said account.

Section 3.08: Contracts

The Chairperson, or a designated officer, may enter into a contract or execute any instrument in the name and on behalf of Chuuk Cancer Control Coalition Council upon prior approval of the majority of the members. The C-5 shall not in any way bind or make contracts for the Chuuk State Comprehensive Cancer Program.

ARTICLE IV: Books and Records

Section 4.01: Books and Records

The Secretary/Treasurer shall maintain and update the books for the C-5, including fiscal accounting of C-5 funds and shall have the same desire to open business with the bank(s).

ARTICLE V: Fiscal Year

Section 5.01: Fiscal Year

The fiscal year of the Chuuk Cancer Control Coalition Council shall begin on the first of July, each year, and shall end on June 30th the following year.

ARTICLE VI: Seal

Section 6.01: Official Seal

The C-5 shall adopt an official seal for the Organization, which shall contain the name of the Organization, the Organization flower (*Toong*), and such other contents as the C-5 may decide.

ARTICLE VII: Amendment of Bylaws

Section 7.01. Amendment of Bylaws

These Bylaws may be amended by a vote of two-thirds (2/3) of the members at a meeting duly noticed and held for such purpose.

In witness whereof, we have hereunto set our hands this _____ day of _____ 2007.

_____
Domingko Asor, Chairperson

_____
Rufus Petewon, Vice Chairman

_____
Ansina B. Kony, Sec/Treasurer

Subscribed and sworn to before me this _____ day of _____ 2007

Official Seal

_____
Notary Public/Clerk of Court