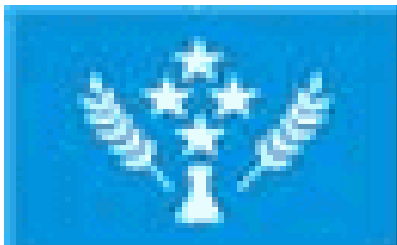


# Kosrae Comprehensive Cancer Control Plan



2007 — 2012

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## ***VISION***

*Cancer Free Kosrae*

## ***MISSION***

*To bring the community together, coordinate and enhance cancer prevention, early detection, treatment, support and research efforts to improve the quality of life for the people in Kosrae.*



**GOVERNMENT OF KOSRAE**

**Office of the Governor**

**Post Office Box 158**

Kosrae, Federated States of Micronesia 96944

Telephone: 691-370-3002/3003..Facsimile: 691-370-3162

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October 10, 2007

Len Wo:

Cancer is now the fourth leading cause of death in Kosrae. If we fail to take the right steps now, it will become the leading cause of death in Kosrae within the next ten years. We have the opportunity to prevent this if we do the right things.

The 2007-2012 Kosrae Comprehensive Cancer Control Plan sets out what is needed to address the burden of cancer and the reduction of cancer incidence and mortality in Kosrae during the next five years.

Reduction in the rates of cancer in Kosrae will be accomplished through lifestyle changes that eliminate tobacco use, improving dietary habits, increase physical activity, maintain a healthy weight, increase the adherence to early detection cancer screening test, and increase the receipt of appropriate and timely cancer treatment.

I commend the Kosrae Comprehensive Cancer Control Partnership for developing this very thorough and much needed action plan for the State of Kosrae. The Kosrae Comprehensive Cancer Control Partnership is comprised of a diverse group of organizations and partners that brought together their collective knowledge and expertise for the good of all Kosraeans. It is my hope that this plan will become the driving force behind cancer control activities in the State.

It is incumbent upon the citizens of Kosrae to work together as people and as a State to reduce the cancer burden through promotion of healthier lifestyle choices, detection of cancer in the earliest stages, effective and culturally appropriate cancer treatment, and promoting the highest quality of life for cancer patients and their families. The Kosrae Comprehensive Cancer Control Partnership has shown that working together, we can realize our vision of a "Cancer Free Kosrae". I encourage you to become involved in the implementation of the Kosrae Comprehensive Cancer Control Plan for 2007-2012.

Sincerely,

Robert J. Weilbacher  
Governor

/mia

**"SHAPING TOMORROW TODAY"**

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## BACKGROUND

### Historical Background

Kosrae was originally populated by people sailing ocean-going canoes from other parts of the Pacific. By the time the first Europeans landed on Kosrae in 1824, the descendants of these early settlers had evolved a complex feudal society.

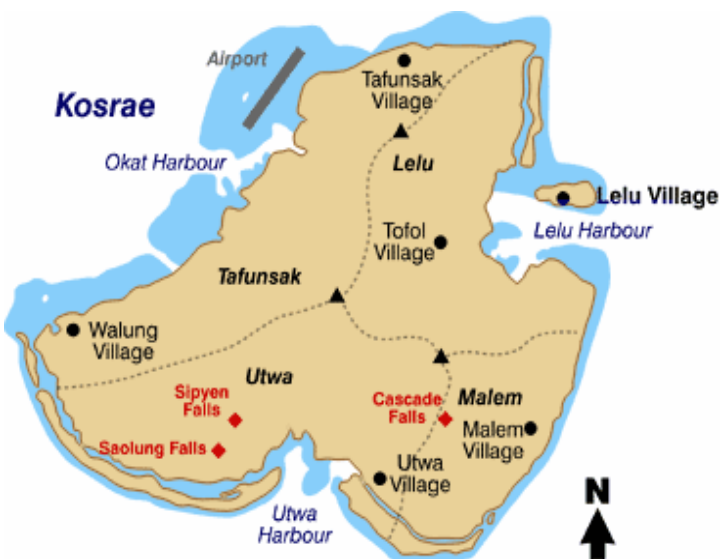
The King and royal court lived in Lelu, a small island connected to the main island by a hand made causeway. Lelu was primarily man-made and surrounded by high walls built from volcanic basalt. Today the remnants of these walls are one of the archaeological wonders of the Pacific.

New traditions evolved over time. New England missionaries arrived on Kosrae (via Hawaii) in 1852 and over a period of years successfully converted the majority of Kosraeans to Christianity. Now, Kosrae is one of the most devout and conservative of the Micronesian islands. Kosrae is famous for the choral singing which developed as an off shoot of the Christian conversion. Today many people continue to prepare food, build houses, farm, fish and carve canoes and other tools as they have for hundreds of years.

### Demographics

One of four states that constitute the Federated States of Micronesia (FSM), Kosrae has been described as Tahiti without development. There are several small, associated islands on its surrounding reefs. It is the second largest inhabited island in the FSM after Pohnpei, with a total land area of 42.3 square miles. About 70% of the land mass is mountainous, only 30% is habitable.

The state is divided into 4 municipalities: Lelu, Malem, Utwa and Tafunsak. Tofol is the capital located in the municipality of Lelu. A majority of the government buildings and offices, Kosrae State Hospital, the sole high school and offices of private businesses including Continental Air Micronesia, Bank of the FSM and the FSM Development Bank are all located in Tofol.



Walung with a population of 200 is isolated and only accessible by a half-hour boat ride at high tide. Paved roads connect all other communities and it is possible to drive from one end of the island to the other in just 2 hours.

Kosrae has the smallest state population in the FSM with 7,686 people (2000 est.) that make up 7.2% of the FSM population. The median age of the population is 19.2 years. There are a total of 1,087 households with a median of 6.9 persons per household.

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

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

## Culture

Kosraean is closely related to the Micronesian languages of Chuuk, the Marshalls, and Pohnpei. It is spoken in the home, at work, and in other arenas. English is spoken in schools and government establishments and when meeting foreigners. Kosraean belongs to the Austronesian language family, as do all of the Micronesian languages.

Education is highly emphasized by both parents and teachers. Kosraean children begin school at the age of six with Kosraean as the language of instruction until third grade when basic English reading begins. Attendance at public elementary schools is free and compulsory while entrance into public secondary schools is determined by examination. The following subjects are taught in Kosrae's public schools: English Language Arts, Cultural Studies, Science, Mathematics, Social Studies, Health, and Vocational and Physical Education.

Kosraean customs have changed since first contact with European explorers, however many of the attitudes and values still exist today. Missionaries discouraged certain traditional practices that they deemed inappropriate; nevertheless, some aspects of the culture still thrive among Kosraeans. For example, older people must be treated with respect when met. It is also customary to invite strangers to eat at mealtime. Feasts and food giving were once a common form of tribute to the king, but the practice has continued as a family custom. This cultural practice is especially important at weddings, a child's first birthday, and funerals. Kosraean children have a deep sense of pride that usually is hidden. The elders usually consider quiet children to be "good" children.

Kosraean culture is not "self" oriented but "group" oriented to the extended family and the community. Responsibilities to the family are central to everyday life and supporting both immediate and extended family members is highly valued. This "group" orientation flows through to the decision making, so that decisions are made for the benefit of the group rather than for the individual. It can also be seen in voluntary work where there is extensive co-operation and support for community groups.

### Healthcare

The Kosrae State Department of Health Services (DHS) is responsible for operating the Kosrae State Hospital and providing primary care and preventative services. The Kosrae State Hospital has an emergency room, outpatient clinics, inpatient wards, surgical suites, a dental clinic, a pharmacy, laboratory and X-ray services, and health administration and data management offices. By Kosrae State law, no patient can be denied care, and hence all patients who need hospital-based care are admitted. Only 17% of Kosraeans are insured (predominantly government employees and their dependents), so most Kosraeans must pay for care in cash or labor. Even if they can afford to pay, they are charged only 8% of the absolute cost of the care rendered.

Complex medical cases cannot be treated at Kosrae State Hospital, and physicians may ask the Medical Referral Committee (MRC) to consider sending a patient to an off-island medical facility. The MRC is chaired by the Director of Health and comprised of physicians and hospital administrators. Meetings are held on a case-by-case basis to determine whether a patient will be transferred to another facility for care. Patients must have a good prognosis. If an off-island referral is approved and the person is insured, the insurance will pay up to \$50,000 of the bill. If the person is uninsured, the care is paid for by the government with the understanding that the patient will pay back 50% of the total cost. There are limited funds available for the off-island medical referral program and often funds are depleted before all necessary cases can be addressed.

The Division of Preventive Health Services of the DHS provides services in nine key areas as specified in the State Preventative Health Plan (2001-2006). These include: 1) maternal and child health; 2) immunizations; 3) non-communicable disease; 4) communicable disease; 5) AIDS prevention; 6) mental health promotion and substance abuse prevention; 7) STD control and prevention; 8) environmental health; and 9) family planning. Eight programs receive funds from the U.S. government. The Division provides services through five community clinic centers, at seven schools, at the jail, and to home-bound residents. It also sponsors preventative health workshops.

## CANCER IN KOSRAE

With such a small population on such a small and contained island it would be easy to believe that maintaining the healthcare needs of the population would be simple. Local foods are readily available, there are nearly enough qualified physicians to provide care, and the hospital is functional and of course well maintained. Yet there is still a major health crisis developing in this peaceful paradise. Infant mortality and tropical diseases are not what plagues Kosraeans; it is the New World illness that is rapidly lowering the life expectancy of the population. Like every nation in the Pacific Basin, diabetes and cancer are the leading non-communicable diseases afflicting the population. The high prevalence of these diseases is undoubtedly linked to changes in diet and lifestyle choices over the past fifty years in the Pacific. This information is neither new nor surprising, but the question to ask now is, what is to be done to stop this problem?

Kosraeans are hard workers and understand that the labor is worth the reward. Family members of cancer survivors in Kosrae have stated that if there was something they could specifically change about cancer care in the state it would be cancer education. There is a desire to know how to prevent losing more family members and how they can protect their children from a similar fate in the years to come. There is much potential for highly successful cancer education and prevention campaigns with community support through local churches and community groups. The main advantage that the state of Kosrae possesses is its small, but dense, population size which enables the DHS to more easily monitor and provide care to the community. Thus, in Kosrae the infrastructure is in place, the work ethic is there, the community support and buy-in is abundant. The components that hold this state back from becoming an outstanding example of successful health care are access to sustainable resources and the proper guidance.

According to a 2003 cancer needs assessment conducted by the Department of Family Medicine and Community Health at the John Burns School of Medicine, University of Hawaii, cancer was the eighth-leading cause of death in Kosrae. There is no cancer registry in Kosrae or in the FSM. This lack of a formal cancer data collection system might account for the misleadingly low number of cancer cases. Additionally, the lack of diagnostic capabilities on island might contribute to missing cancer diagnoses.

Deaths from cancer comprised approximately five percent of all deaths in Kosrae from 1998 through 2002. Of the 11 cancer deaths on record for 1998 through 2002, six cases occurred in women and five in men. The types of cancers included prostate, ovarian, thyroid, colon, sinus,



breast, parotid, lung, renal, and squamous cell carcinoma of the hand (Table 2). No single cancer type dominated.

**Table 2. Leading Cancer Deaths by Site** (from 2002-03 NCI Pacific Cancer Initiative Cancer Needs Assessments<sup>6</sup>)

	<b>Chuuk</b> [2000-2002] (% of cancer deaths)	<b>Kosrae</b> [1998-2002]	<b>Pohnpei</b> [1998-2002] (% of cancer deaths)	<b>Yap</b> [1998-2002] (% of cancer deaths)	<b>FSM*</b> [1990-2003] (Mortality rate per 100,000 popn)
Total popn (FSM Census 2000)	53,595	7,686	34,486	11,241	107,008
# of cancer deaths in time period	51	<b>11: 5 male, 6 female (no cancer predominant)</b>	68	52	722
Rank 1	Lung (27.5%)	<b>(M) Prostate, colon, sinus, parotid, skin SCC; (F) ovarian, thyroid, breast, cervical, lung, renal</b>	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

More recent data from the Kosrae State Hospital Medical Record Division from 2003 through 2005 has indicated that cancer is now the fourth leading cause of death in Kosrae (Table 3.).

**Table 3. Causes of Death 2003 – 2005**

*Kosrae State Hospital Medical Records*

1. Diseases of circulatory system
2. Diabetes or its complications
3. Respiratory illnesses
- 4. Cancer**
5. Infections
6. Suicide & Injury
7. Perinatal & GI diseases
8. Ill-defined etiology
9. Nutritional diseases
10. Liver/GB diseases

Cancer is primarily a disease of adults in mid-life or older and cancer mortality increases sharply with age. As the population in Kosrae ages, the burden of cancer is expected to increase significantly.

## **EVOLUTION OF COMPREHENSIVE CANCER CONTROL PLANNING IN KOSRAE.**

Physicians and chief health officers in the Pacific began having conversations in the 1990's surrounding the increasing number of patients dying from cancer. These discussions led to advocacy efforts on behalf of the U.S. Associated Pacific Island jurisdictions. Initial funding for cancer control activities came from the NCI's Center to Reduce Cancer Health Disparities, under the direction of Dr. Harold Freeman. These funds were channeled through Papa Ola Lokahi, a Native Hawaiian Health organization, and were utilized to 1) form the Cancer Council of the Pacific Islands (CCPI), a group of Pacific Islanders tasked to head the Pacific Cancer Initiative, 2) formally assess and document the cancer needs in this region and 3) develop a plan for addressing the cancer burden.

Representatives from Papa Ola Lokahi and the Department of Family Medicine and Community Health, John A. Burns School of Medicine University of Hawaii conducted cancer needs assessments throughout the US Associated Pacific between 2002-2003. Findings for Kosrae initially indicated that cancer was the 8<sup>th</sup> leading cause of death in this state. However, subsequent data reveal that cancer appears to be the 4<sup>th</sup> leading cause of death in Kosrae. The assessments also found that services for cancer, from prevention through treatment, data collection and training were extremely limited and if they existed were uncoordinated. There were several recommendations as a result of these assessments. The CCPI designated three priority areas for Kosrae: 1) establish a cancer registry, 2) increase public awareness about cancer risk, prevention and detection and 3) expand cancer screening and detection programs.

In June 2004, the University of Hawaii, entered into a cooperative agreement with the U.S. Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, on behalf of 5 of the 6 USAPIN, including the FSM. This grant from the National Comprehensive Cancer Control Program (NCCCCP) allowed the cancer control planning efforts to begin.

In July 2004, the Kosrae State Department of Health Services formed a steering committee comprised of the Director of Health Services, Cancer Council of the Pacific Island member, Chief of Staff, Administrator- Preventive Services representing Health Services. For community representation, the Kosrae Women's Development Coordinator, Vice Chairman of the Council of Pastors and Chairman of the Health and Social Affairs Committee of the Kosrae State Legislature were assembled. The steering committee identified all sectors of the community that should be represented on the Kosrae Cancer Coalition. More than thirty organizations were identified and sent a membership interest survey and a commitment form. In July 2004, the first coalition meeting was held in which officers were selected and the official name of the coalition was adopted. All participants agreed that the coalition should be known as the Kosrae Comprehensive Cancer Control Partnership. The Kosrae Comprehensive Cancer Control Partnership is represents diverse backgrounds and different sectors of the community, which include – government agencies; institutions of higher learning; faith community; local

government; community organizations; media; private sector; policy makers and interested individuals and survivors.

## **DEVELOPMENT OF COMPREHENSIVE CANCER CONTROL PLAN**

The Kosrae Comprehensive Cancer Control Partnership held seven large coalition meetings since its establishment to develop the Kosrae Comprehensive Cancer Control Plan. There were also countless phone calls, emails, faxes and meetings of smaller workgroups as well as one on one meetings between members and the coordinator in between meetings for plan development.

The first phase in the development process for the plan focused on increasing partner's awareness and understanding of the CDC's comprehensive approach to cancer control, the basics of cancer and the burden of cancer in Kosrae. Phase two of plan development was the strategic planning component. The Partnership agreed on the vision and mission statements and the organizing framework for cancer control through group activities utilizing multi-voting, brainstorming and other tools from the CDC Comprehensive Cancer Control Guidebook. The third phase involved the drafting of goals, objectives and strategies across the whole continuum of cancer care. Extensive discussions, revisions and changes were made to the proposed short-term and long-term goals, measurable objectives and strategies to arrive at the current version. Finally, partners identified and committed support to implementation of specific strategies in the Kosrae Comprehensive Cancer Control Plan.

The Kosrae Comprehensive Cancer Control Partnership adopted by-laws and articles of incorporation that sets out all procedures and processes for membership, leadership selection and replacement, voting, prioritization, etc. The by-laws established an Executive Committee comprising of presiding officers of the partnership and appropriate representatives from the Health Department to conduct business on behalf of the organization when needed. It is the Executive Committee that will oversee and continually review and evaluate the plan for needed revision or changes.

## **VISION**

*Cancer Free Kosrae*

## **MISSION**

*To bring the community together, coordinate and enhance cancer prevention, early detection, treatment, support and research efforts to improve the quality of life for the people in Kosrae.*

## **GOALS**

1. Reduce the cancer burden through promotion of healthier lifestyle choices.
2. Detect cancer in the earliest stages.
3. Provide effective and culturally appropriate cancer treatment.
4. Promote the highest quality of life for cancer patients and their families.
5. Improve the cancer data collection system.

## **PREVENTION**

Prevention means eliminating or minimizing the causes of cancer. This approach offers the greatest public health potential and the most cost-effective long-term method of cancer control. Prevention emphasizes not only the risks associated with cancer but also the protective factors.

The Kosrae Comprehensive Cancer Control Partnership (KCCCP) is focused on the following: tobacco control, healthy diet, physical activity and avoidance of obesity, immunization against human papilloma virus (HPV) and hepatitis B virus, and health education.

Proposed strategies and objectives address gaps in prevention services and builds upon strengths in the system to establish a more coordinated approach to prevention of cancer in the state. Proposed prevention activities are appropriate in a resource scarce community like Kosrae.

### **GOAL 1: REDUCE THE CANCER BURDEN THROUGH PROMOTION OF HEALTHIER LIFESTYLE CHOICES.**

#### ***Tobacco***

Eighty to ninety percent of lung cancers are attributable to tobacco use. A substantial proportion of cancers in the oral cavity, pharynx, larynx, pancreas, kidney, esophagus, bladder and likely stomach and cervix is also attributable to tobacco. Tobacco smoke contains approximately 4000 chemicals of which 438 can produce cancer. Non smokers who breathe in the smoke of others (also called secondhand smoke or environmental tobacco smoke) are also at increased risk for lung cancer.

Tobacco use and exposure to environmental tobacco smoke is very high in Kosrae. Prevalence of youth tobacco use is 62.8% among 9th-12<sup>th</sup> graders. Fifty-one percent live with someone who smokes. Almost 50% of households in Kosrae have a smoker living in it.

Majority of existing prevention services for tobacco are focused mainly on awareness and education targeting young people and compliance checks on sales to minor law. There is a gap in cessation services and a need to strengthen existing laws on tobacco. More sustained and comprehensive awareness programs need to be established to complement prevention efforts. Although there is no formal tobacco cessation program in Kosrae, many people in Kosrae manage to quit tobacco use through an existing church process called “Etawi”. It is this church-based process that we are hoping to build upon and strengthen in our efforts. Policies need to be set to discourage tobacco use in public places and to sustain and support prevention efforts.

***Objective 1.1 By 2009, provide support and assistance to people who want to quit tobacco use through establishment of faith-based tobacco cessation and support programs in at least four churches in Kosrae.***

*Baseline: No Existing Programs in 2006*

Strategy 1.1.1 Identify and adapt evidence-based tobacco cessation programs from partners such as American Cancer Society and Cancer Information Services.

Outcome: Culturally relevant cessation program modified for use in Kosrae

Measure: Copy of Modified Cessation Program

Strategy 1.1.2 Provide training to identified indigenous trainers on facilitation of tobacco cessation program,

Outcome: Increased Skills and knowledge on facilitation for staff

Measure: Training evaluation and report

Strategy 1.1.3 Collaborate with churches on integration of tobacco cessation and support programs.

Outcome: Cessation service delivery expanded and improved

Measure: # of cessation workshops, # of Participants, survey results

***Objective 1.2 By 2012, create a smoke-free environment through introduction and strengthening of laws regarding tobacco exposure and sales.***

*Baseline: Sales to Minor Law exists*

Strategy 1.2.1 Advocate for Clean Indoor Air Legislation.

Outcome: Exposure to cancer risk factor minimized

Measure: Copy of Bill and Regulation ; Committee Reports

Strategy 1.2.2 Advocate for legislative ban of single sales of tobacco products.

Outcome: Target number for letter and petition drive reached before deadline

Measure: # of signed letters; # of signatures on petition

Strategy 1.2.3 Advocate for FSM Congress to earmark certain percentage of sin tax for cancer prevention and treatment

Outcome: Additional resources secured for cancer services  
Measure: congressional appropriations, budget allocation

Strategy 1.2.4 Advocate for increased penalty for non-compliance with sales to minor law.

Outcome: Increased compliance with law  
Measure: public safety records

***Objective 1.3 By 2012, inform everyone in the population, tobacco users and non-users, of the risks of tobacco use and cancer***

*Baseline: No Comprehensive Education Program Available*

Strategy 1.3.1 Collaborate with partners, such as Cancer Information Services, to develop appropriate cancer education and awareness modules and materials

Outcome: Culturally Relevant training modules; Increased awareness  
Measure: Copy of Training Modules; survey results

Strategy 1.3.2 Hire and train community educators to facilitate workshops and one on one awareness sessions on tobacco and cancer.

Outcome: Properly trained staff ;service delivery improvement  
Measure: Training Report and evaluation; Log of activities

Strategy 1.3.3. Identify one community youth group to provide tobacco and cancer awareness through drama, skits and other mediums in the community

Outcome: Empowered youth contributing toward prevention of cancer  
Measure: Log of activities; Survey results

Strategy 1.3.4 Design promotional materials such as brochures, billboards and other printed mediums to promote prevention of tobacco use and cancer.

Outcome: Increased awareness and motivation level for healthy choices in community  
Measure: Survey results, Screening data, Focus group minutes

Strategy 1.3.5 Support prevention and intervention activities of the Kosrae Tobacco Program and Substance Abuse and Mental Health Program.

Outcome: Improved collaboration and coordination among programs  
Measure: Meeting minutes, progress reports

***Nutrition***

Some patterns of food intake may be casually related to cancer while others may protect against the disease. Dietary factors may be associated with about 20% of cancers in developing countries (Key et. al). Serious consideration should be given to dietary modification as a means of preventing cancer.

With modernization and transition from a subsistence to a cash economy, lifestyle changes have occurred causing people to move away from consumption of healthy local foods to more unhealthy imported foods such as turkey tails and red meat. The Land Grant Program at the College of Micronesia – Kosrae Campus provides community workshops on nutrition and meal planning on a limited basis. Skills training and incentives to adopt healthier eating habits need to be promoted to members in the community.

***Objective 1.4 By 2012, Kosrae State Government will recognize the importance of dietary factors in cancer etiology and establish policies and programs addressing dietary modification for prevention of cancer.***

***Baseline:***     *No policies specifically addressing dietary modifications in 2006*

Strategy 1.4.1 Develop training modules on causes of cancer targeting policy makers with assistance from partners in year 1.

Outcome:     Well informed and more supportive policy makers;  
Increased political support

Measures:     Copy of Modules; Cancer Prevention policies; Survey results

Strategy 1.4.2 Conduct series of training sessions on cancer etiology and dietary modification for policy makers and elected officials at state and municipal level in year 2.

Outcome:     Awareness program implemented as planned; Well informed population

Measure:     # of awareness materials; workshop evaluation; Survey result

Strategy 1.4.3 Develop and implement advocacy activities on policies promoting dietary modification in year 2 and 3.

Outcome:     Increased consumption and production of fruits and vegetables

Measure:     Survey results; Farmers Market Data

Strategy 1.4.4 Conduct awareness campaign on importance of dietary modification for cancer prevention in collaboration with College of Micronesia Land Grant Program in year 1.

Outcome:     Increased policy support for dietary modification

Measure:     # of policies adopted

Strategy 1.4.5 Collaborate with appropriate government agencies and community organizations to establish community gardening and farmers cooperative to increase production and consumption of fruits and vegetable in year 1 and 2.

Outcome:     Increased awareness and policy support

Measure:     # of policies adopted; focus group minutes

### ***Physical Activity***

Obesity is epidemic in many developed countries and is increasingly becoming a concern in

many developing countries. Obesity is defined by WHO as a body mass index of  $>30\text{kg/m}^2$ . The fundamental causes of obesity and overweight are societal, resulting from an environment that promotes sedentary lifestyles and over-consumption of high caloric foods. Excess body weight and physical inactivity account for approximately one quarter to one third of cancers of the breast, colon, endometrium, kidney and esophagus. Obesity cannot be prevented or managed, nor physical activity promoted, solely at the level of the individual. Governments, the food industry, the media, communities and individuals all need to work together to modify the environment so it is less conducive to weight gain (IARC, 2001).

Kosrae has received considerable attention for the alarming rates of overweight and obesity on the island. According to the Rockefeller Study (2000), on Kosrae, 88% of adults aged 20 or older are overweight ( $\text{BMI} > 25$ ), 59% are obese ( $\text{BMI} > 30$ ), and 24% are extremely obese ( $\text{BMI} > 35$ ). There are no organized physical activity programs on Kosrae. The weekly schedule of activities for the local population involves a lot of physical activity but people are not really looking at it as a prevention activity that can prevent diseases such as cancer. As a result they are not motivated to do it consistently for the health benefits.

***Objective 1.5 By 2012, increase proportion of adults maintaining a Body Mass Index (BMI) of 18.5kg to 25 kg/m<sup>2</sup>***

*Baseline: 88% of adults – BMI >25 (Rockefeller Study in Kosrae, 2000)*

Strategy 1.5.1 Develop and implement physical activity promotion programs in the four major communities in Kosrae in year 1.

Outcome: Increased physical activities

Measure: survey results; screening logs

Strategy 1.5.2 Conduct awareness campaign on benefits of physical activity utilizing different mediums with appropriate messages targeting the different sectors of the community beginning in year 1.

Outcome: Well informed and motivated population engaging in physical activity

Measure: Survey results; screening logs

Strategy 1.5.3 Build at least one walking trail to promote walking as an excellent form of physical activity in Kosrae in year 2.

Outcome: Improved access for physical activity

Measure: Interview and focus group

Strategy 1.5.4 Sponsor annual sports competition that promote physical activity and require months of preparation starting in year 1.

Outcome: Physically active population; Increased promotion for KCCCP and cancer prevention

Measure: Participants listing; Event report

***Objective 1.6 By 2009, establish at least one employee wellness program in Kosrae.***



*Baseline: Legislative Branch Wellness Program*

Strategy 1.6.1 Identify and adapt evidence based employee wellness programs.

Outcome: Culturally appropriate wellness program for employees

Measure: Focus group minutes; survey results

Strategy 1.6.2 Recruit interested employer to pilot program in Kosrae.

Outcome: Increased community empowerment

Measure: MOA, Progress Report

Strategy 1.6.3 Train facilitator for program.

Outcome: Increased local capacity for cancer services

Measure: Training module, evaluation, reports

Strategy 1.6.4 Expand program based on success of pilot project.

Outcome: Program delivery improvement

Measure: # of participants, program implementation and monitoring report

***Objective 1.7 By 2012, increase the number of adopted policies supporting healthy lifestyle choices..***

*Baseline: None exist in 2006*

Strategy 1.7.1 Develop and implement physical activity and health awareness programs targeting policymakers in Kosrae.

Outcome: Increased political support

Measure: # of policies adopted; interviews

Strategy 1.7.2 Identify champions among policy makers and recruit them for advocacy activities.

Outcome: Additional cancer advocate identified

Measure: Advocacy activity report; interviews

Strategy 1.7.3 Encourage policymakers to introduce and adopt policies supporting healthier lifestyle choices.

Outcome: increased support for healthier lifestyles

Measure: # of policies introduced/adopted

### ***Infectious Agents***

The sexually transmitted human papilloma viruses (HPV) are now recognized as the principal cause of cancer of the uterine cervix (IARC, 1995). Infection with this virus is quite common.

With the high teenage pregnancy rate in Kosrae, HPV should be a major concern in the prevention of cancer. There is no data on HPV infections since we do not have the capacity to

conduct HPV screening on island. Immunization coverage for children is more than 90% in Kosrae and we will be collaborating with the immunization program to integrate the HPV vaccine with the existing vaccine schedule.

***Objective 1.8 By 2012, complete feasibility study on HPV vaccine in collaboration with FSM National Government, Regional and International Partners.***

*Baseline: Vaccine not available in 2006*

Strategy 1.8.1 Work with FSM National government on implementation of HPV vaccine feasibility study.

Outcome: Cost analysis study implemented as planned

Measure: Study report

***Health Education***

Although cancer has been around for a long time, the awareness level of risk factors is quite low. This lack of information often leads to unhealthy decisions. Currently, there is no coordinated ongoing education and awareness program on cancer prevention. There are existing public health programs targeting risk factors but their activities are often sporadic and uncoordinated.

Despite these challenges, the Kosrae Comprehensive Cancer Control Partnership is empowered by a supportive environment and positive processes in the community that will complement and support implementation of objectives and strategies to address cancer risk factors.

***Objective 1.9 By 2012, develop a sustainable, coordinated multi-sectoral cancer awareness program in Kosrae***

*Baseline: None exist in 2006*

Strategy 1.9.1 Identify and adapt model awareness and media campaign programs in year 1.

Outcome: Culturally appropriate program identified

Measure: Focus group minutes, survey result, copy of revised program

Strategy 1.9.2 Develop and field test awareness and promotional materials by the end of year 1.

Outcome: Materials widely accepted and have huge impact in community

Measure: # of educational material; focus group minutes and survey

Strategy 1.9.3 Provide training for community outreach workers on delivery of materials and facilitation of community workshops on cancer in year 2.

Outcome: Well trained staff for service delivery improvement

Measure: # of participants, training program evaluation

Strategy 1.9.4 Recruit interested community organizations to deliver awareness activities in year 2.

Outcome: Increased community empowerment and mobilization  
Measure: # of organizations; progress reports

Strategy 1.9.5 Sponsor cancer promotion activities through recognition and observance of designated days, weeks and months for specific cancer sites and cancer prevention activities starting in year 1 and continuing throughout the 5 year period.

Outcome: Increased cancer awareness and promotion  
Measure: Event report and evaluation; survey result

## **GOAL 2: DETECT CANCER IN THE EARLIEST STAGES.**

### ***Screening and Early Detection***

Early detection of cancer is based on the observation that treatment is more effective when the disease is detected earlier in its natural history, prior to the development of symptoms, rather than in an advanced stage.

A decision to implement early detection in health services should be evidence-based. There are two principal components of early detection programs for cancer: education to promote early diagnosis and screening. Only those interventions for which there is sufficient evidence on efficacy and cost-effectiveness should be implemented.

The majority of cancer cases in Kosrae are diagnosed and detected at an advanced stage. Although the island is small and has a population of less than nine thousand, it has its share of the same types of cancers found in more developed countries. Unfortunately, the diagnostic capability and screening infrastructure that currently exists is extremely limited. The only screenings that are available are clinical breast exams and pap smears targeting mainly the Maternal Child Health patient population. Pap smear slides are sent off-island for lab analysis which further compounds the problem. The majority of the population is not well-informed about the early signs and symptoms of cancer.

Despite these challenges, we will take advantage of the smallness of our island and address cultural barriers through utilization of outreach activities that enable us to service those at higher risk within their homes and communities.

### ***Objective 2.1 By 2008, establish baseline data on awareness level of cancer signs and symptoms and cancer screening.***

*Baseline: Baseline pending survey in year 1*

Strategy 2.1.1 Collaborate with FSM National Government on implementation of WHO STEP survey on NCD risk factors in year 1.

Outcome: Cancer risk factors prevalence established  
Measure: Survey results

### ***Objective 2.2 By 2009, develop and implement community-based cancer awareness program***

***based on survey result.***

***Baseline:***      *Sporadic awareness programs available*

Strategy 2.2.1 Identify and train community educators to provide one on one awareness in community in year 1.

Outcome:      Majority of cancers detected earlier

Measure:      Clinic Data

Strategy 2.2.2 Educate community members about changes to watch for and what to do if they notice signs and symptoms specifically on cervical, breast, oral, lung, prostate, liver and colon cancer.

Outcome:      Service delivery improved

Measure:      Log of activities, progress report

***Objective 2.3 By 2012, increase breast and cervical cancer screening coverage by 20% from baseline.***

***Baseline:***      *10% of 18 and older female population in 2005 received a clinical breast exam and pap smear (MCH log)*

Strategy 2.3.1 Design and implement awareness program using American Cancer Society's Friend to Friend program as a model in year 1.

Outcome:      Service delivery improved

Measure:      Log of activities, progress report

Strategy 2.3.2 Collaborate with FSM National on implementation of HRH training scheme emphasizing screening specific training.

Outcome:      Increased capacity for screening

Measure:      survey result, training report and evaluation

Strategy 2.3.3 Secure additional resources to expand screening program through coordination at state, national and regional levels and collaboration with partners.

Outcome:      Increased support and expansion of services

Measure:      request for assistance, grant application, technical assistance

Strategy 2.3.4 Support regional effort to improve training of health providers.

Outcome:      local capacity improvement

Measure:      training plans, # of trainees

Strategy 2.3.5 Work with FSM National to conduct feasibility study on mammography by 2009.

Outcome:      Cost efficiency of mammography services determined

Measure:      study report and findings

**Objective 2.4** *By 2012, complete feasibility study on screening for oral, prostate and colon cancer in Kosrae*

**Baseline:** *No feasibility studies conducted in Kosrae.*

Strategy 2.4.1 Seek assistance from external partner to conduct feasibility study on appropriate screenings

Outcome: Cost efficiency of mammography services determined

Measure: study report and findings

Strategy 2.4.2 Implement study findings and recommendations

Outcome: screening services established with appropriate protocols and guidelines

Measure: study report and findings

**GOAL 3. PROVIDE EFFECTIVE AND CULTURALLY APPROPRIATE CANCER TREATMENT**

***Treatment***

While the basic principles of treatment are the same throughout the world, the emphasis of treatment will depend upon local patterns of the disease. The specific treatment approaches adopted in each country will also depend on the availability of human, physical and financial resources as well as the political will to make changes.

The limited capacity in Kosrae to screen, diagnose and treat cancer often results in patients presenting with cancers at advanced stages, high numbers of patients being referred off-island for cancer care and patients going untreated. This increases the burden on an already limited health care budget and depletes primary healthcare service dollars. We do not have the capacity to initiate chemotherapy treatment or chemotherapy maintenance for patients returning home. Taking into consideration our small population, limited infrastructure and limited resources it is imperative upon us to conduct a feasibility study on the best treatment system to have in place before investing limited resources on building local capacity.

**Objective 3.1** *By 2010, determine the best cancer treatment options for Kosrae.*

**Baseline:** *Currently, limited treatment options; advanced cases referred off-island if funds available.*

Strategy 3.1.1 Secure technical assistance to conduct feasibility study on cancer treatment system for Kosrae in year 1

Outcome: Most appropriate treatment option identified

Measure: feasibility study report and findings

Strategy 3.1.2 Work with the FSM National Government to complete a human resources for health (HRH) plan that takes into account the diagnostic and treatment needs for cancer patients in the FSM.

Outcome: Sustainability plan developed

Measure: copy of plan, project report, etc.

Strategy 3.1.3 Support the regional effort to establish cancer referral center for US Associated Pacific Islands.

Outcome: referral cost minimized

Measure: referral budget; MOA;

***Objective 3.2 By 2010, establish a formal relationship with at least one organization to provide ongoing/recurring medical outreach to assist with certain cancer screening, diagnosis and treatment.***

*Baseline: No formal relationships exist*

Strategy 3.2.1 Identify cancer treatment services that are not currently available in-state so that specific assistance can be requested in year 1

Outcome: needed cancer services identified

Measure: assessment report

Strategy 3.2.2 Identify and recruit organization willing to provide recurring medical mission through collaboration and coordination with FSM National Government and Local, National and International Partners.

Outcome: gap in access and disparity minimized

Measure: needs assessment report, mission report and findings

Strategy 3.2.3 Expand networking through participation in regional and international conferences and forums.

Outcome: increased exposure and promotion of cancer and KCCCCP.

Measure: conference proceeding reports, correspondences

***Objective 3.3 By 2012, establish sustainable financing mechanism for cancer treatment option identified in objective 3.1***

*Baseline: Limited off-island referral budget*

Strategy 3.3.1 Secure technical assistance from FSM National Government, National Cancer Partners and international agencies such as WHO, ADB, UICC or system development in year 1.

Outcome: technical expertise secured

Measure: contract, term of reference

Strategy 3.3.2 Upgrade local capacity in grants management and fundraising through training, fellowship and internship with National Cancer Partners such as American Cancer Society, C-Change, Lance Armstrong Foundation and other identified organizations willing to provide support in year 1.

Outcome: local capacity upgraded

Measure: training and fellowship report and evaluation, # of successful grant application

Strategy 3.3.3 Advocate for dedicated funding source through taxation and contribution to set up Kosrae Cancer Fund in year 2.

Outcome: sustainable funding mechanism established

Measure: copy of authorizing legislation

Strategy 3.3.4 Train administrative staff on performance based budgeting to increase health sector grant funding for cancer services in Kosrae in year 2

Outcome: Increased funding support for cancer

Measure: budget allocation

***Objective 3.4 By 2012, increase use of traditional methods to provide relief of suffering from cancer***

*Baseline: No data on use of traditional healing methods*

Strategy 3.4.1 Increase public and health care provider awareness of efficacious traditional healing methods for cancer-related symptoms in year 1

Outcome: Low cost alternative identified

Measure: Survey result; directory of traditional healing methods

Strategy 3.4.2 Establish the Kosrae Traditional Healers Association as a partner in identification process of treatment options and alternatives

Outcome: Low cost alternatives identified

Measure: Survey result; Meeting minutes; directory of available options

**GOAL 4. PROMOTE THE HIGHEST QUALITY OF LIFE FOR CANCER PATIENTS AND THEIR FAMILIES.**

***Quality of Life***

Palliative care is an approach that improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

With limited resources it is not logical to provide extremely expensive therapies that may benefit only a few patients, while the majority of patients presenting with advanced disease and urgently in need of symptom control must suffer without relief. Additionally, we must ensure that there is a ready supply of the necessary pain and palliative medications at all times.

Kosrae is blessed with a close-knit society and involvement of the extended family system which is conducive to providing palliative care.

***Objective 4.1 By 2010, enhance the capacity of extended families to provide caregiver support for family members with cancer***

*Baseline: Currently, no caregiver programs exist*

Strategy 4.1.1 Identify and adapt model caregiver training to be utilized locally in year 1.

Outcome: Culturally appropriate training identified

Measure: Training Module; Focus group minutes

Strategy 4.1.2 Hire patient navigator to provide home-based services and assist and train family members as caregivers in year 1.

Outcome: Service delivery improvement

Measure: Monitoring form, log of activities, clinic data

Strategy 4.1.3 Provide caregiver training utilizing the “train the trainer” method in year 2.

Outcome: Local capacity improvement

Measure: Pre and Post test; training evaluation; # certified

Strategy 4.1.4 Partner with Kosrae Women’s Association to expand services by year 2.

Outcome: Improved access to needed care; empowered women population

Measure: Progress report; log of activities

Strategy 4.1.5 Establish the Kosrae Cancer Survivor’s Support Group as a partner in caregiver services by year 3.

Outcome: Increased survivorship support

Measure: Member’s Log; Meeting Minutes; Activities report

***Objective 4.2 By 2012, provide adequate pain and palliative medications to every cancer patient whenever they need it.***

*Baseline: Currently, no formal palliative care program exists*

Strategy 4.2.1 Conduct assessment to obtain accurate estimation of pain and other palliative medications needed.

Outcome: Better inventory management

Measure: inventory report; prescription form; pharmacy log

Strategy 4.2.2 Coordinate with FSM National Government to provide training on inventory management and requisition process to technical staff.

Outcome: Better inventory management

Measure: training evaluation and report, requisitions, inventory

Strategy 4.2.3 Coordinate with FSM National Government training for physicians, nurses and pharmacy staff regarding palliative care.

Outcome: Well trained workforce; service delivery improvement



Measure: Pre and Post test; Annual appraisals; QA reports

Strategy 4.2.4 Collaborate with local, national and international partners to secure needed resources for palliative care.

Outcome: Increased sustainability of program

Measure: budget allocation; # of grants secured

## **GOAL 5. IMPROVE THE CANCER DATA COLLECTION SYSTEM.**

### ***Cancer Data***

Kosrae does not have a centralized cancer database. Cancer cases are documented in several unrelated data sources which include death certificates, inpatient and outpatient records, operating room logbook and a computerized tracking system.

*Baseline: There is no existing surveillance system for cancer.*

***Objective 5.1 By 2008, establish a reliable in-country centralized cancer database which is linked to a Regional Central Cancer Registry.***

Strategy 5.1.1 Hire an in-country data clerk/registrar (who would serve as the primary point of contact for the Regional Cancer Registry) and designate a lead medical records technician

Outcome: Program staffing need filled

Measure: Job description; application; log of activities; reports

Strategy 5.1.2 With the guidance of the USAPIN Regional Cancer Registry staff, establish formal data sharing agreements with referral hospitals and laboratories, and established Central Cancer Registries in Hawaii, Guam and Manila

Outcome: Improved tracking of medical records for referred cases

Measure: MOA; copy of procedures

Strategy 5.1.3 Develop policies and procedures to enhance reporting of cancer cases diagnosed in private hospital or clinicians

Outcome: Improved reporting of cancer cases

Measure: MOA; policies

Strategy 5.1.4 Establish appropriate protocol and procedures to ensure accurate recording of risk factors, screening efforts/results, diagnostic work-up of suspected and known cancer cases, treatment rendered, outcome of treatment, and other co-morbidities for all identified and suspect cancer patients.

Outcome: Improved cancer tracking system

Measure: procedures; MOU; Medical records

Strategy 5.1.5 With the assistance of the Regional Cancer Registrar, develop a quality assurance program for verifying that information recorded in the registry is accurate

Outcome: Data quality improved  
Measure: QA measures; evaluation reports

***Objective 5.2. By December 2007, increase public and health workforce awareness on the importance of having a cancer registry.***

Strategy 5.2.1 Conduct educational sessions on the importance of establishing and maintaining a cancer registry, the important role that each member of the health team plays (patients and health technicians) so that training and quality improvement activities are better accepted.

Outcome: Highly informed and motivated staff  
Measure: training report and evaluation; QA reports

***Objective 5.3 By mid-2008, begin providing relevant foundational, health information management (HIM) and registry-specific training to appropriate personnel that would be involved in the flow of information to a cancer registry.***

Strategy 5.3.1 Work with the local community college and/or other experts to conduct basic foundational training in human anatomy, physiology, medical terminology, chart review and health record coding for the medical records personnel

Outcome: More capable and properly trained staff  
Measure: training report and evaluation; QA reports

Strategy 5.3.2 Work with National Bioterrorism, PIHOA Regional lab coordinator and/or other experts to conduct quality improvement training for hospital and public health staff and to develop data flow/management protocols

Outcome: Well trained and capable staff  
Measure: training report and evaluation; survey results

Strategy 5.3.3 Utilize the training modules from the CDC/ NAACR website for medical records staff and physicians.

Outcome: Local capacity upgraded  
Measure: # completed training, # certified

Strategy 5.3.4 Utilize the WebPlus abstract fields in the development/modifications of existing HIM database

Outcome: Improved data management  
Measure: database evaluation

## Implementation Plan

The Executive Committee of the Kosrae Comprehensive Cancer Control Partnership and the Department of Health Services will oversee implementation of the Kosrae Comprehensive Cancer Plan.

Action groups on Prevention, Early Detection, Treatment, Quality of Life, Data and Fundraising will be formed to implement the plan components. Many partners have committed themselves to implementing specific strategies from the plan.

The Kosrae Comprehensive Cancer Control staff will continue to manage the CCC program, coordinate implementation activities and maintain communication between the program, the coalition and the community. Media coverage, through radio, TV and print, for implementation activities is a significant component of the communication plan. Plans are also in the works to develop a newsletter and a website. Additionally, the program staff will be responsible for maintaining communication with the other states, FSM National and the Regional CCC Program at the University of Hawaii.

Quarterly meetings of the Executive Committee will be held to review progress and monitor plan implementation and needed revisions. An annual meeting/conference of all members of the partnership will be held to share successes, challenges, barriers and revisit plan priorities and needed changes based on annual evaluation reporting. Priorities for the first year were determined by considering the cancer burden and available resources and level of support. These factors will continue to impact future versions of the plan in addition to evaluation results and emerging research and evidence-based strategies.

The partnership has been successful to date but recruitment of new members is ongoing.

It is through the efforts of the Kosrae Comprehensive Cancer Control Partnership that we may begin to address the burden of cancer in our state. This plan serves as the roadmap to a “Cancer Free Kosrae.”

## **Evaluation plan**

The Kosrae Comprehensive Cancer Control Program has been successful to date because they have evaluated the planning process and made changes when appropriate. Evaluation will continue to be an essential component as we set out to implement our cancer control strategies.

The program director and the Executive Committee will take the lead in developing and implementing the evaluation plan for the Kosrae Comprehensive Cancer Control Program. Partners will be involved throughout the whole process. The evaluation results will be important in the decision-making process to make programmatic improvements and update and re-prioritize the plan as necessary.

Initially, the emphasis of evaluation will be on process measures and short-term outcomes. As the program moves along, we can begin to measure intermediate and longer-term outcomes. The current membership will be assessed on a semi-annual basis to determine satisfaction, gaps in the membership, sharing of ideas and concerns. The implementation process will also be evaluated to determine if programmatic changes need to be made or if we need to reprioritize based on new data.

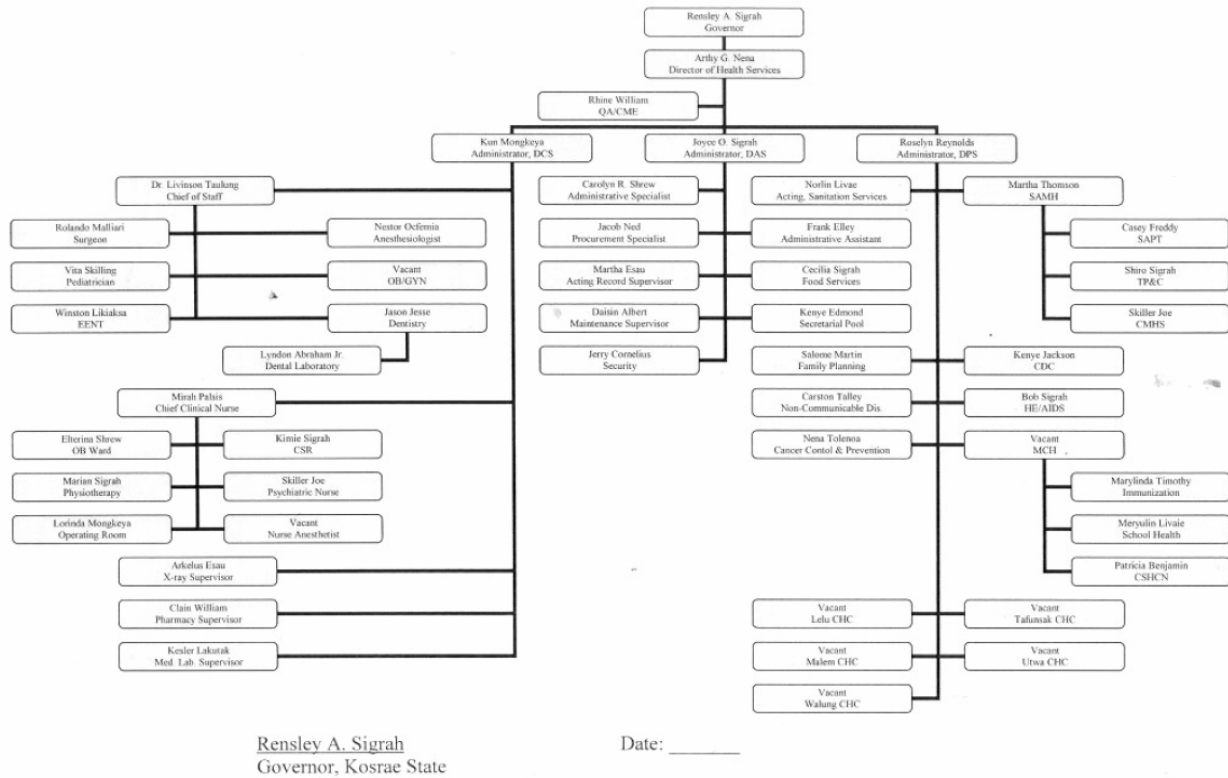
The evaluation plan will reflect the measures for specific activities within each component of the plan. Results of this comprehensive evaluation will be compiled into an annual report and shared with the coalition and other local, national and regional partners.

## APPENDICES

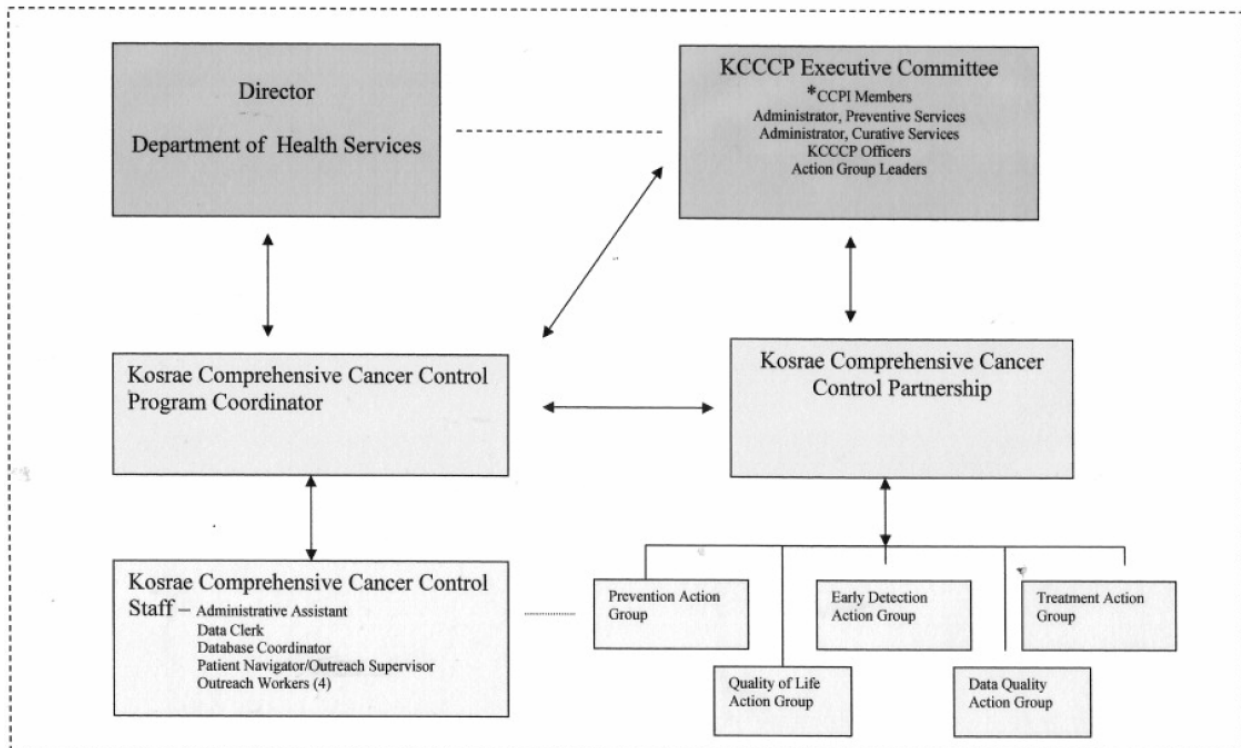
### Kosrae Comprehensive Cancer Control Partnership

Name	Position	Agency	Sector	Plan Component	KCCCP Position
Bob Skilling	Senator, Chairman H&S	Kosrae State Legislature	Policy Makers	Policy Approaches, Fund	Chairman
Witson Phillip	Manager	FSM Telecom	Private	Awareness	Vice Chair.
Cansilina Kalwin	Administrative Officer	FSM Delegation Office	Policy Makers	Policy Approaches	Secretary
William Palik	Administrative Officer	Dept. of Administration	Government Agency	Budgeting, fiscal	Treasurer
Maker Palsis	Sports Administrator	Office of Community Affairs	Government Agency	Physical Activities	Member
Filmore Timothy	Manager	Kosrae Broadcast Authority	Government Agency	Awareness	Member
Kenye Killin	Assistant Director	COM - Land Grant	Government Agency	Nutrition	Member
John Martin	Senator, Chairman W&M	Kosrae State Legislature	Government Agency	Policy Approaches	Member
Shra Alik	Administrator	Kosrae Women Program	Non Gov. Agency	Prevention	Member
Misima Mongkeya	President	Kosrae Youth Development	Non Gov. Agency	Prevention	Member
Mary Sighah	School Nurse	Dept. of Education	Government Agency	Awareness	Member
Atalia Jackson	Administrative Assistant	Kosrae Small Business Center	Government Agency	Policy	Member
Cathrine Ronny	Secretary	Housing Renovation	Government Agency	Policy	Member
Nena Tolenna	Coordinator	Kosrae Senior Citizens	Non Gov. Agency	Prevention	Member
Marstella Weston	Family Member	Private	Survivors	Awareness	Member
Hiroshi Ismael	Pastor	Kosrae Congregational Church	Faith Organization	Awareness	Member
Randolph Jonathan	President	Latter Day Saints	Faith Organization	Awareness	Member
JoJo William	Pastor	Pentecostal Church	Faith Organization	Awareness	Member
Dokowe George	Coordinator	Adolescent Reproductive Health	Government Agency	Prevention	Member
Shiro Sighah	Coordinator	Kosrae Tobacco Program	Government Agency	Prevention	Member
Meryulin Livaie	Coordinator	School Health Program	Government Agency	Prevention	Member
Carston Talley	Coordinator	Non Communicable Disease	Government Agency	Prevention	Member
Solome Martin	Coordinator	Family Planning	Government Agency	Early Detection	Member
Roslyn Reynold	Administrator	Preventive Services	Government Agency	Prevention	Member
Kun Mongkeya	Administrator	Curative Services	Government Agency	Treatment	Member
Dr. Livingston Taulung	Physician	CCPI	Policy Makers	Treatment	Member
Dr. Vita Skilling	Physician	CCPI	Policy Makers	Treatment	Member
Johnson Taulung	Mayor	Municipal Government	Policy Makers	Prevention	Member
Fred Skilling	President	Chamber of Commerce	Private Sector	Prevention	Member
Sterling Skilling	Manager	Moylan Insurance	Private Sector	Treatment	Member
Sepe L Jackson	Manager	MiCare	Private Sector	Treatment	Member
Martha Esau	Supervisor	Medical records	Government Agency	Data	Member

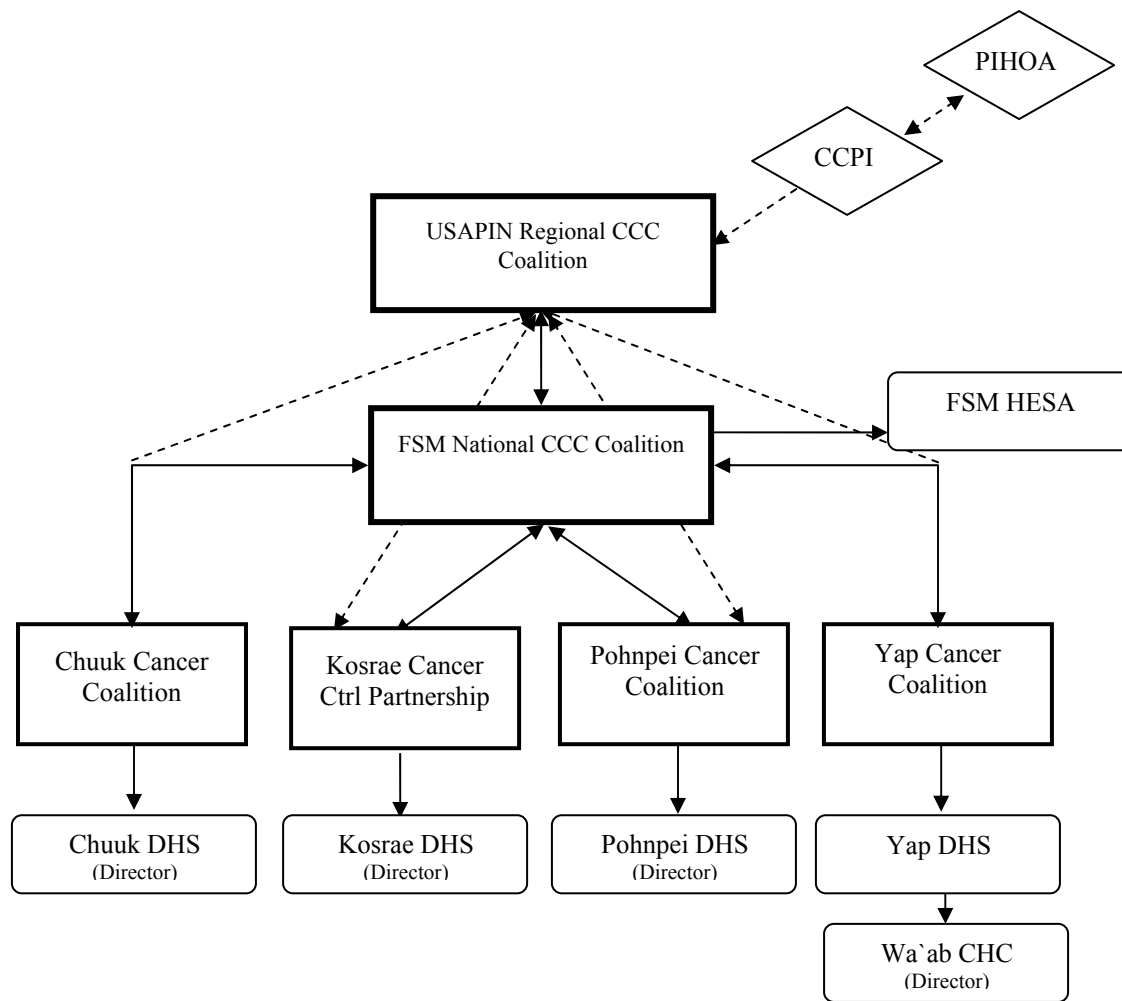
## Organizational Chart of the Kosrae Department of Health Services



## Kosrae Comprehensive Cancer Control Program



## Organizational Relationships and Communication between FSM National and States

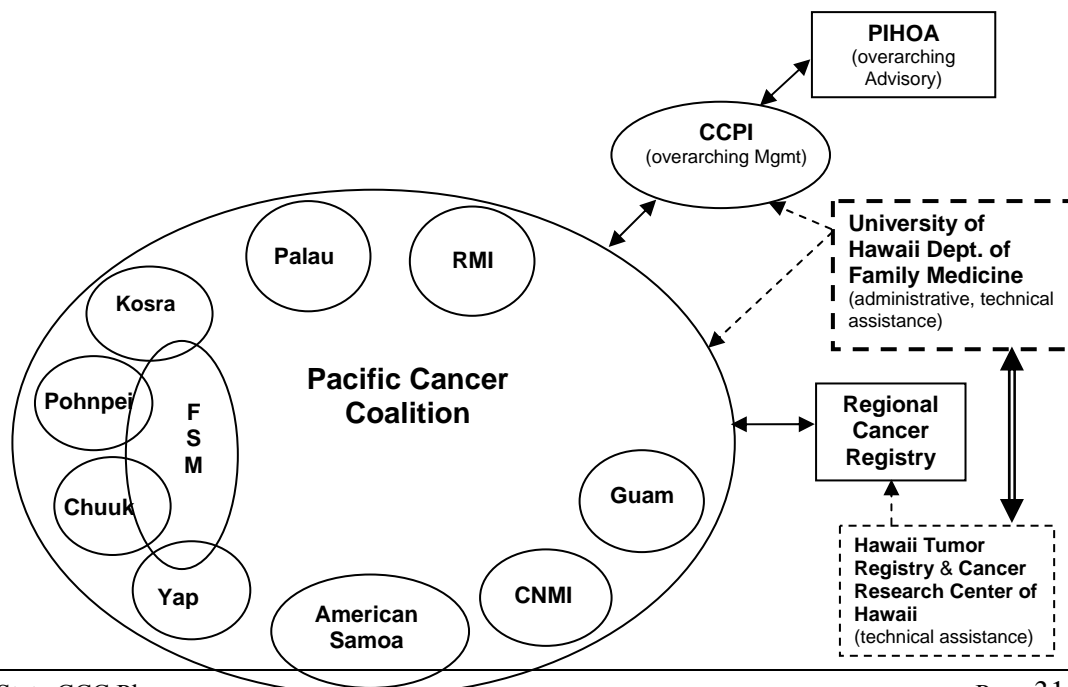


**FSM National Meetings and Regional CCC Meetings  
With other relevant meetings (proposed/tentative)**

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

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

**Pacific Cancer Coalition (USAPIN Regional CCCC)**





## ACKNOWLEDGMENTS

The development of the 2007 – 2012 Kosrae Comprehensive Cancer Control Plan is the result of ongoing collaboration among organizations and individuals who are committed to addressing the cancer burden in Kosrae. Many have dedicated their time and expertise to establishing the Kosrae Comprehensive Cancer Control Partnership since 2005. Special thanks and recognition are extended to the members of the steering committee established to spearhead these efforts. Without their vision and insight, KCCC would not have been successful.

### CCC Steering Committee:

- |                        |                           |
|------------------------|---------------------------|
| ▪ Director Arthy Nena  | ▪ Reverend Hiroshi Ismael |
| ▪ Dr. Livinson Taulung | ▪ Ms. Shra Alik           |
| ▪ Dr. Vital Skilling   | ▪ Senator Bob Skilling    |

The Director of Health Services, Mr. Arthy Nena, provided the leadership and the guidance which made possible the adoption of the Comprehensive Cancer Control approach by the state government and the establishment of the Kosrae Cancer Control and Prevention Program. These have set the stage for the development of the Kosrae Comprehensive Cancer Control Plan and the establishment of the Kosrae Comprehensive Cancer Control Partnership.

The staff of the Department of Family Medicine and Community Health, John A. Burns School of Medicine at the University of Hawaii and Strategic Health Concepts deserves special recognition for providing technical assistance which made possible the completion of the Kosrae Comprehensive Cancer Control Plan. Their dedication, patience and perseverance will always be cherished and should motivate us to give our best when implementing the plan.

### University of Hawaii John A. Burns School of Medicine Department of Family Medicine and Community Health

- |                           |                    |                   |
|---------------------------|--------------------|-------------------|
| ▪ Neal Palafox, MD, MPH   | ▪ Vanessa Wong, MD | ▪ Alan Ou, MD     |
| ▪ Lee Buenconsejo-Lum, MD | ▪ Ms. Erika Strong | ▪ Ms. Ernel Roque |

### Strategic Health Concepts

- |                |                    |                    |
|----------------|--------------------|--------------------|
| ▪ Mr. Tom Kean | ▪ Ms. Karin Hohman | ▪ Ms. Leslie Given |
|----------------|--------------------|--------------------|

Additionally, the following organizations also contributed to the successful planning process and subsequent development of this plan:

- Papa Ola Lokahi
- Cancer Information Services – Pacific Region
- Centers for Disease Control and Prevention, Division of Cancer Prevention and Control

Finally, a big “Kulo Ma Lulap” to these KCCCP members for their energy, interest and dedication to Comprehensive Cancer Control and Prevention in Kosrae. These hardworking and committed individuals formed the core planning group.

Witson Phillip .....	FSM Telecommunication Corp.
Cancelina Kephass .....	Kosrae Congressional Delegation
McDonald Ittu .....	Kosrae Congressional Delegation
William Palik .....	Dept. of Administration
Filmore Timothy .....	V6AJ Radio
Maker Palsis .....	Office of Sports and Recreation
Nena S. Tolenoa .....	Senior Citizens Organization
Rusian Tolenoa .....	Latter Day Saints
Adalia Jackson .....	Kosrae Small Business Center
Kenye Killin .....	College of Micronesia
Mishima Mongkeya .....	Kosrae Youth Development Ass.
Sen. John Martin .....	Kosrae State Legislature
Roslyn Reynold .....	Preventive Services – Dept. Health
Kun Mongkeya .....	Curative Services – Dept. Health
Martha Esau .....	Medical Records – dept. Health
Solome Martin .....	Family Planning Program
Calina Ittu .....	MCH Program
Meryulin Livaie .....	School Health Program
Merlinda Timothy .....	Immunization Program
Cecilia Sigrah .....	Nutrition Program
Carston Talley .....	NCD Program
Shiro Sigrah .....	Tobacco Program

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- 
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