



Guest Editors' Message

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The six US-affiliated Pacific Islands (USAPI) are comprised of American Samoa, Commonwealth of the Northern Mariana Islands (CNMI), Federated States of Micronesia (FSM), Guam, the Republic of the Marshall Islands (RMI), and the Republic of Palau.¹ These Pacific Island Nations are experiencing a public health crisis because of the alarmingly high rates of non-communicable diseases (NCD), such as diabetes and cardiovascular disease.² NCD are a pandemic in USAPI, with the prevalence of overweight and obesity exceeding 90% and diabetes approaching 50% in some areas. Despite these alarming statistics, no formal systematic assessment has been completed in the USAPI to ascertain the extent of the NCD pandemic and the public health and medical systems' capacity to deal with this crisis — until now.

Presented in this seminal issue of the *Hawai'i Journal of Medicine & Public Health* on the "State of Non-Communicable Diseases in the US-affiliated Pacific Islands" are a series of assessments regarding NCD conducted between 2009 and 2012 across 10 locations in the USAPI. The purposes of these assessments were: (1) to estimate the prevalence of and morbidity and mortality rates due to NCD, with an emphasis on diabetes and its complications, and (2) to ascertain the current condition of the government, clinical, and public health infrastructure, services, policies, guidelines, and programs to address the NCD pandemic in the Pacific. To meet these objectives, Dr. Henry Ichiho and his investigative team from the Pacific Chronic Disease Coalition (PCDC)³ have compiled and sifted through large volumes of data from government, public health, and medical reports, records, policies, and program materials as well as conducted interviews with key stakeholders and convened groups of administrators and clinicians to prioritize the major issues. The results of, and recommendations based on, these extensive and comprehensive assessments are presented in this issue.

In conducting their assessments, Dr. Ichiho and his team were guided by a conceptual model of a comprehensive system for chronic disease prevention and control developed by Dr. Ichiho (see Figure 1 in the Introduction and Methods article of this issue). Briefly, the model considers four broad systems, with multiple components, that are involved in NCD prevention and control:

(1) Administrative System [eg, legislation, policies, funding and resources], (2) Service System [eg, prevention education and outreach, screening, and treatment], (3) Data System [eg, NCD registry and data collection, analysis, and reporting], and (4) Support Systems [eg, continuing education, pharmacy, and laboratory services]. To adequately address NCD prevention and control, all of these systems and their components need to be not only in place but operate in synergy with each other. For example, a good data collection, analysis, and reporting system can inform targeted legislation (and its monitoring) to address NCD. Improved legislation can lead to better preventive measures (eg, screenings for early detection) and improved clinical care. The quality of clinical care is determined by the availability of well-equipped and capable diagnostic laboratories and pharmacies. All of these systems' components were the foci of these assessments.

The first article in this issue, titled *Assessing the System of Services for Chronic Diseases Prevention and Control in the US-affiliated Pacific Islands: Introduction and Methods*, provides the background and rationale for the assessments, and the assessment strategies and methods employed, for the subsequent articles in this issue. Following are ten articles that describe the population and geography of the specific USAPI site where the assessment was completed and the report on their NCD findings and recommendations for that site. The ten sites were American Samoa; CNMI; the FSM island states of Chuuk, Pohnpei, Kosrae, and Yap; Ebeye and Majuro in RMI; Guam; and Palau. Each article is dense with valuable information about the extent of known NCD in that area, the clinical and public health capacity to address them, and the identified NCD priorities and needs. The final article of this issue, titled *Assessing the Health Care System of Services for Non-Communicable Diseases in the US-affiliated Pacific Islands: A Pacific Regional Perspective*, compares and contrasts the collective findings and summarizes the priorities and immediate needs to adequately address NCD in each area, recognizing their political and socio-cultural diversity.

These articles document the changing demographics and rising prevalence of cardiometabolic syndrome (eg, hypertension, obesity, and hyperlipidemia) and diseases (eg, diabetes

and heart disease) in both adults and youth across the ten island sites. They also document the inadequacies and challenges of the current medical and public health systems in the USAPI to effectively prevent and treat NCD. However, these articles identify the priorities for addressing these inadequacies and challenges and provide valuable recommendations to strengthen the current infrastructure. Some of these recommendations call for improved health planning data systems, targeted health policies, community-based prevention programs, improving the standards and guidelines for diagnosis and treatment, de-fragmentation of clinical care, and assuring continuity of and a team approach (public health and clinical) to comprehensive care.

Importantly, the articles strongly highlight the social determinants of health — how colonization, compulsory acculturation, poverty, exploitation, discrimination, and insensitive US Federal actions (at times inaction) can adversely impact the health of a population. The most horrific and concrete example of how US policy has adversely impacted the health of people in this region is the thermonuclear weapons testing in the Marshall Islands conducted between 1946 and 1958. Not only did these testing destroy the ecosystem of nearby islands and atolls, making them uninhabitable, they led to a remarkably high rate of cancers in people of the RMI.^{1,4,5} It is important to note that the ancestors of the people of these Pacific Island Nations represented here in this issue were once a healthy, thriving, and robust people who developed a socio-cultural and socio-political system consistent with their island ecosystem and available resources, worldviews, and aspirations. However, centuries of wars, occupation, and

exploitation by foreign powers (Germany, Spain, Japan, and United States) have dismantled their once affluent way of life. We hope that policy makers and public health and medical professionals will find these reports valuable in addressing a human rights obligation — eliminating the NCD pandemic in the Pacific Region.

Acknowledgements

The authors would like to extend their gratitude to the community partners of the PILI 'Ohana Project and the Department of Native Hawaiian Health of the John A. Burns School of Medicine, the National Association of Chronic Disease Directors, the Pacific Chronic Disease Coalition, and Papa Ola Lōkahi for their support of Dr. Henry Ichiho and his investigative team (listed as co-authors in this issue). Funding for the assessments were made available from the National Institute on Minority Health and Health Disparities (NIMHD) of the National Institutes of Health (NIH), award number R24MD001660. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Minority Health and Health Disparities (NIMHD) of the National Institutes of Health.

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