RMI CANCER PLAN 2022-2027

Minimizing the Impact of Cancer and Improving the Quality of Life of Communities in the Marshall Islands

The RMI Cancer Coalition (RCC) is a statewide partnership of organizations and individuals committed to reducing the impact of cancer in the Marshall Islands. Convened by the Ministry of Health National Comprehensive Cancer Control Program in 2004, the group has made progress in effecting policy, system, and environmental changes to create healthier families and communities.

Republic of the Marshall Islands

MINISTRY OF HEALTH AND HUMAN SERVICES

National Comprehensive Cancer Control Program (CCC)

Program Director: Ms. Neiar Kabua

National Breast and Cervical Cancer Early Detection Program (BCC)

Program Manager: Ms. Suzanne Phillipo

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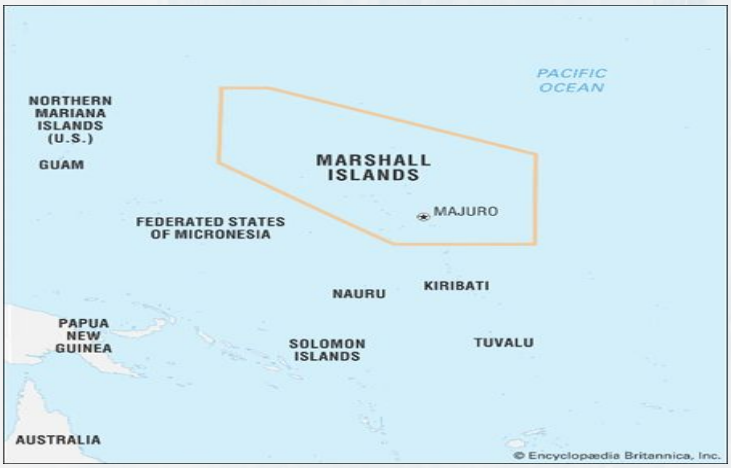
INTRODUCTION

Brief Description of the Marshall Islands

The Republic of the Marshall Islands is located in the central northern Pacific, between 4° and 19° north latitude and between 160° and 175° east longitude. The country lies in two parallel chains of 29 low-lying atolls and islands: the Eastern Ratak (Sunrise) and the Western Ralik (Sunset). The Marshall Islands has an Exclusive Economic Zone of about 750,000 square miles. According to the 2011 RMI census, the population was 53,158 persons with about 27,243 males (51.2%) and 25,915 females (48.8%). The annual population growth rate is 0.4% over the past five years. Prior to the census, there were projections that the population would be between 50,000 to 60,000 people but because of massive migration in recent years, it is estimated that about 11,000 Marshallese have already left the country.

A key feature of the RMI population distribution has been the dominance of two atolls, Majuro and Kwajalein, which accounts for 74% of the country's population. Only about 1 out of 4 now resides in other atolls or most often referred to as 'outer islands.' The 'outer islands' communities are underserved areas in terms of health and education service compared to the two main atolls. This is mainly due to geographical challenges. Flight schedules are unreliable, and some islands can only be reached by boat.

RMI[67]	
Political status with U.S.A.	Freely Associated
Total Population	53,952
Land surface area (sq. km)	181
Coastline (sq. km)	376
Public transportation	None
4-year University or College	None
2-year College	X
Hospitals	1
Regularly occurring continuing education program for physicians or nurses	Both, Project ECHO
Health expenditures per capita	$643
Age Structure	0-14 years: 39.9% (male 11,186/female 10,367) 15-24 years: 18.5% (male 5,112/female 4,864) 25-54 years: 34.6% (male 9,382/female 9,287) 55-64 years: 4.9% (male 1,419/female 1,250) 65 years and over: 2% (male 540/female 545)
Birth Rate (live births)	1.4 births/1,000 population
Death Rate	0.3 deaths/1,000 population
Life Expectancy	total population: 70 years



Burden of Cancer

Cancer remains the third leading cause of death in the Marshall Islands. On average, there are 33.4 cancer-related deaths per year. In terms of incidence, there is a steady rate of new cancer cases with an average of 60.4 cases a year (range 40-73) and a crude incidence rate of 157.5/100,000.

THE PLANNING PROCESS

How the Plan was Crafted

The RMI Comprehensive Cancer Control Program staff led the planning effort. First, a planning committee composed of selected RMI Coalition members was formed to spearhead the process.

The team reviewed program evaluation reports, conducted assessments, and analyzed data in order to propose key objectives and strategies to the rest of the coalition. After five planning meetings, the coalition gave approval to 12 key objectives and corresponding strategies and activities on prevention, screening and early detection, and survivorship.

The draft was submitted to the Ministry of Health leadership for approval, and the plan was officially presented on June 16, 2022, during the Annual Cancer Summit.

RMI Cancer Coalition Members in the Planning Process

Ministry of Health Cancer Program

CCC Program Director (N. Kabua)
BCC Program Manager (S. Phillipo)
RCC Coordinator (T. Tomeing)
CCC Coordinator (B. Hazzard)
Patient Navigator (T. Simon)
Patient Navigator (T. Patrick)
Cancer Registrar (A. Langbata)
REACH Program (L. Johnson)
Technical Assistance (R. Trinidad)
Program Evaluator (N. Aitaoto)

Partner Clinics and Clinicians

Chief of Staff (R. Maddison)
Medical Director (F. Underwood)
Physician Champion (M.L. Paul)
ECHC Medical Director (C.C. Thein)
OB-GYN Majuro (I. Lapidez)
OB-GYN Ebeye (C. Rivera)
Surgeon Majuro (R. Catillo)
Surgeon Ebeye (F. Bondad)
Survivorship PCP (R. Morales)
Radiologist (M. Calderon)
OIHS Director (A. Nathan)
Laboratory (P. Lalita)

Program Partners

NCD Program (L. Peren)
RH Program (C. Johnny)
STD-HIV (A. Sibok)
Immunization (R. Samson)
Dental Majuro (Nathan, Briand)
Dental Ebeye (Bantol, Dequito)
OHHPS (E. Anzures)
Medical Referral Office (H. Jetnil)

Community Partners

MIBCS (A. Pinho)
KDC Chairman (R. Alfred)
KDC Executive Director (M. Sakaio)
WUTMI Director (D. Momotaro)
Cancer Survivors Group (K. Joseph)
Cancer Survivors Group (M. Attari)
MIEPI Director (T. Smith)
MIMA (F. Bukida)
Youth to Youth in Health (K. Joseph)
DOE Clinic (T. Jack)
177 Health Clinic (R. Lareza)
RMI Nuclear Commission (A. Tibon)
MIMS (M.L. Paul)
KIJLE (L. Tibon)
Public School System (E. Rakinmeto)
Salvation Army (H. Hampton)

OBJECTIVES & STRATEGIES

// PRIMARY PREVENTION

Objective 1
Reduce the prevalence of obesity

Strategies (Adopted from the RMI NCD Plan 2019-2024)

1.1 Reduce consumption of sugar-sweetened beverages
1.2 Increase consumption of healthy foods and decrease consumption of unhealthy foods
1.3 Increase production and consumption of local foods
1.4 Increase public awareness of healthy lifestyles
1.5 Increase infrastructure and access to physical activity
1.6 Increase physical activity of children and youth
1.7 Increase physical activity of adults

Objective 2
Reduce the prevalence of tobacco use

Strategies (Adopted from the RMI NCD Plan 2019-2024)

2.1 Improve policies and legislation against tobacco and betel nut
2.2 Increase warnings about the dangers of tobacco use
2.3 Promote quitting (tobacco)

Objective 3
Increase Human Papilloma Virus (HPV) Vaccination

Strategies

3.1 Vaccination programs in schools
3.2 Vaccination requirements for school entry policy
3.3 Home visits to increase community access to vaccination services (out-of-school)

PRIMARY PREVENTION

Objective 4
Increase Hepatitis B Virus (HBV) Vaccination

Strategies

4.1 Childhood vaccination programs including home visits
4.2 Adult vaccination programs especially for high-risk individuals
4.3 Hepatitis B treatment

Objective 5
Increase Condom Use

Strategies

5.1 Increase public awareness of condom benefits
5.2 Increase distribution of condoms in youth

SCREENING & EARLY DETECTION

Objective 6
Increase risk-appropriate screening for Breast Cancer

Strategies

6.1 Patient navigation services
6.2 Reduce structural barriers to increase community access to screening
6.3 One-on-one and group education to increase community demand for screening
6.4 Provider Assessment and Feedback to increase service delivery
6.5 Client reminders to increase screening and follow-up care
6.6 Small media to increase demand for screening

// SCREENING & EARLY DETECTION

Objective 7
Increase risk-appropriate screening for Cervical Cancer

Strategies

7.1 Patient navigation services
7.2 Reduce structural barriers to increase community access to screening
7.3 One-on-one and group education to increase community demand for screening
7.4 Provider Assessment and Feedback to increase service delivery
7.5 Client reminders to increase screening and follow-up care
7.6 Small media to increase demand for screening

Objective 8
Increase risk-appropriate screening for Colorectal Cancer

Strategies

8.1 Patient navigation services
8.2 Reduce structural barriers to increase community access to screening
8.3 One-on-one and group education to increase community demand for screening
8.4 Provider Assessment and Feedback to increase service delivery
8.5 Small media to increase demand for screening

Objective 9
Increase risk-appropriate screening for Oropharyngeal Cancer

Strategies

9.1 Improve the use of evidence-based clinical guidelines for screening
9.2 Provider Assessment and Feedback to increase service delivery
9.3 Small media to increase demand for screening

// SURVIVORSHIP

Objective 10
Increase public knowledge of the burden of cancer survivorship and issues faced by survivors

Strategies

10.1 Teach survivors how to access available information
10.2 Educate health providers on survivorship issues from diagnosis to end-of-life care
10.3 Develop and disseminate information on cancer and survivorship to the public
10.4 Educate decision-makers about issues faced by survivors

Objective 11
Improve survivorship care and use of survivorship care plans

Strategies

11.1 Develop, test, and maintain patient navigation or case management programs
11.2 Implement evidence-based care plans that include all stages of cancer survivorship
11.3 Set policies that will improve survivorship care and support programs
11.4 Improve the use of clinical guidelines in survivorship care
11.5 Establish multidisciplinary teams of health care providers

Objective 12
Improve Palliative Care Services

Strategies

12.1 Assess and enhance the provision of palliative care services to cancer survivors
12.2 Develop, test, and maintain case management programs for optimum care
12.3 Educate healthcare providers about end-of-life care

MEASURES AND TARGETS

PREVENTION

Objective	Performance Measures	Data Source
Reduce the prevalence of obesity	By 06.30.27, decrease adult obesity rate from 44% to 39%. By 06.30.27, maintain youth obesity rate at 7.3%	Hybrid Survey Rapid Youth Survey
Reduce the prevalence of tobacco use	By 06.30.27, decrease the percentage of adults who use tobacco of any type from 38% to 33% By 06.30.27, decrease the percentage of youth who are current smokers from 17.6% to 13%	Hybrid Survey Rapid Youth Survey
Increase HPV vaccination	By 06.30.27, increase percentage of adolescent females aged 13-15 years that have completed the 2-dose HPV vaccination series from 45% to 57.5%	OHPPS
Increase HBV vaccination	By 06.30.27, increase HBV vaccination rate of children by 2 years of age in RMI from 88% to 90% By 06.30.27, increase HBV vaccination rate of children by 2 years of age in outer islands from 73% to 80%	OHPPS
Increase Condom Use	By 06.30.27, decrease the percentage of youth that are sexually active who did not use condom from 67.5% to 60%	Rapid Youth Survey

SCREENING & EARLY DETECTION

Objective	Performance Measures	Data Source
Increase risk-appropriate screening for **breast cancer**	By 06.30.27, increase the percentage of women aged 40-64 who have had a mammogram within the past 2 years from 16% to 21% By 06.30.27, increase the percentage of women aged 50-74 who have had a mammogram within the past 2 years from 22% to 25%*	Chart Review (UDS) 5-year average Hybrid Survey
Increase risk-appropriate screening for **cervical cancer**	By 06.30.27, increase the percentage of women aged 21-65 who had pap test within the past 3 years from 25% to 40% By 06.30.27, increase the percentage of women aged 21-65 who had pap test within the past 3 years from 34% to 40%*	Chart Review (UDS) 5-year average Hybrid Survey
Increase risk-appropriate screening for **colorectal cancer**	By 06.30.27, increase the percentage of adults aged 50-75 who had pap test within the past 3 years from 10% to 17% By 06.30.27, increase the percentage of adults aged 50-75 who had pap test within the past 3 years from 23% to 25%*	Chart Review (UDS) 5-year average Hybrid Survey

* secondary measure

SURVIVORSHIP

Objective	Performance Measures	Data Source
Increase public knowledge of the burden of cancer survivorship and issues faced by cancer survivors	By 06.30.27, increase the average Quality of Life (QOL) scores of cancer survivors from 4.56% to 7.06%	Cancer Survivor Survey using City of Hope QOL Scoring Tool
Improve care of survivors and use of survivorship care plans	By 06.30.27, increase the percentage of patients diagnosed with cancer in the past 2 reporting years that have reported having a treatment summary and survivorship care plan from 33% to 50%	BRFSS Cancer Survivor Survey or Chart Audits
Increase use of palliative care services	By 06.30.27, increase the percentage of cancer patients in the past 2 reporting years without any cancer treatment receiving palliative care from 60% to 75%	Chart Audits

ACKNOWLEDGEMENTS

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