

LESSONS FROM THE FIELD

Lessons from Yap - Changing Government and Cultural Practice Through Public Health Policy

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Abstract

The heavy burden of non-communicable diseases (NCD) in Yap State, Federated States of Micronesia overwhelms the resources of this small population. Traditional cultural practices strongly influence all aspects of life, especially in the remote outer islands. The traditional Chiefs must grant permission to perform any type of health outreach or services for about one-third of the population. One key cultural practice promotes tobacco and alcohol use. The Yap Comprehensive Cancer Control Program, in collaboration with other entities in public health, systematically engaged the traditional Chiefs, resulting in a landmark policy that paved the way for other system and environmental interventions to reduce the risks of developing NCD.

Keywords

non-communicable diseases, traditional culture, Pacific islands, prevention, policy

Issue

The burden of non-communicable diseases (NCD), especially cancer, is high in Yap State having a small population of 11,376 people¹ with growing incidences of not only cancers but also diabetes, hypertension, heart disease, stroke, kidney failure, and more recently gout.^{2,3} All of these affect labor productivity and quality of life, eventually leading to disability and early death. For such a small population, the very survival of the people of Yap is threatened by the presence of growing NCDs.

Thirty-five percent of this population resides on 18 outer island atolls spread across 600 miles of ocean, east from the main island of Yap.¹ These islands are still very much traditionally and culturally oriented with subsistence living, where the power and influence of the Chiefs are still intact and central to community life.

However, the health of these island populations is tenuous, with the effects of climate change affecting food security and causing more reliance on the import of unhealthy western foods into these islands. In addition, the use of tobacco and alcohol is high in these small island populations and often employed as a medium of exchange for community work within the islands and also for visitors to the islands.

An unpublished Household Survey conducted in the outer islands from 2008-2009 showed that half of the population aged 15 years and over chewed betel nut with tobacco, 43% smoked tobacco, and 28% drank alcohol.⁴ Over half of adult cancers are tobacco-related (54%) with lung cancer as the leading cancer for outer island males and ranked fourth in the outer island female population.⁵

One traditional practice is called “Kaptel-Wa”. This is the offering of tobacco and often alcohol as part of a cultural tribute to the Chiefs of each island when first meeting the Chief to pay respect, and secondly, to inform them of the planned activities. This is the time-honored pathway to be assured of the Chief’s approval and assistance and to engage the community in whatever activity one visiting the island has planned. In essence, any program that has work to carry out in these islands is required to fulfill this obligation.

This chiefly practice, while historically traditional in nature, directly encourages and promotes tobacco and alcohol use by all. The customary practice of traditional and locally grown tobacco has predominantly been replaced by western imported tobacco, which is more toxic.

Description

By directing efforts towards the creation and implementation of policies that contribute to enabling systems and environments that allow for people to make or receive healthier lifestyle choices and options, there is hope to slow the NCD tidal wave over time.

The Yap Comprehensive Cancer Control (CCC) Program, along with the Yap Department of Health Services (DHS) and Public Health partners, set out to engage traditional leaders in health education and health promotion meetings over a year sharing on the NCD burden and how the traditional leaders can contribute to the well-being of their people by rethinking some of their practices.

Yap, being a predominantly cultural and traditional society following certain norms and practices, is made up of the main island of Yap and 18 inhabited outer islands only reachable

by one ship that services these islands 4 times annually. Only two islands have small airstrips and can receive small planes weekly. There is a third island that has a runway which is not operational at this time.

Historically and traditionally, the chiefs yield great power in community affairs and their influence permeates all of society, so it is only natural to engage them as key stakeholders in preserving the health and well-being of their people. With only approximately 4000 people living on the 18 outer islands, the NCD impact could portend the demise of the entire population.

The government and traditional leadership were engaged to enable them to recognize the NCD crisis in Yap as well as the rest of the Federated States of Micronesia (FSM) nation and the Pacific region. Focusing on NCDs enable the Yap DHS to have the mandate to call on other agencies to ensure that a “health-in-all-policies” approach is at the forefront of all governmental efforts starting with the DHS.

Methods

The primary objective was to engage traditional and government leaders and policy makers to recognize their role and responsibility in health prevention and promotion efforts in the context of population survival and dwindling limited resources. There was a need to recognize the unsustainable current entrenched practices and the need to develop stronger policies that can effect systems and environmental changes that impact behavior towards positive and healthier choices.

This was approached by arranging face-to-face meetings with relevant traditional and government leaders and policy makers collectively and separately to educate them about the current practices of health services and programs offered in the outer islands and on the main island and future plans to have each outer island take ownership of its own community health.

The people and programs in attendance at the various face-to-face meetings were the Cancer Program staff and Division of Public Health Program coordinators working for Maternal Child Health, Family Planning, Immunization, Tobacco, Behavioral Health, and Wellness and Diabetes. These partners met with traditional and government leaders and policy makers from the outer island communities to share and provide updates on health services, programs, and projects in the outer islands with an emphasis on the growing NCD burden. In light of the limited resources that are reducing each year under the United States Compact of Free Association agreement with the FSM, the need is to shift focus from treatment of disease to prevention of disease.

Results

The outcome of the various face-to-face meetings was the passage of COT Resolution # 2015-1, which was adopted during the Council of Tamol’s (COT) Second Biannual Session on July 16, 2015. This Resolution directs all government agencies to ensure that no cigarettes, alcohol, or drugs are to be used as “Kaptel-Wa” for any work carried out in the 18 outer islands. This Resolution is a landmark decision by the traditional COT as it recognizes the important role of traditional chiefs in taking the first step to ensure the health of the future generation by changing this chiefly practice and making way for a new norm.

Three months after this historical decision by the COT Chiefs, another policy milestone was achieved. This was the issuance of Executive Order #2015-03 on October 12, 2015 by the Governor of Yap State declaring a state of health emergency due to the epidemic of NCDs in the State of Yap. This Executive Order gave power to the Director of Health Services to align all policies, programs, services, and activities of the Department to curb the incidence of NCD with emphasis on prevention rather than curative measures. It also calls on all other government departments and agencies to work with Yap DHS to address the NCD crisis.

Following this collective empowerment, additional policy changes were adopted. In December 2015, the Yap DHS made the decision to change its outer island medical referral feeding program from store food to local foods only via a coupon system. Under the feeding program, patients can redeem the coupons for local food from authorized participating vendors who sell local food produce instead of canned food and rice.

In addition, the Yap DHS also imposed a partial betel nut chewing ban in all patient service areas and strictly enforces the no smoking policy in the hospital compound or within 50 feet of its open entrances, exits, windows, and doors.

Conclusions

This policy effort is significant in that slowly, traditional, governmental, and policy leaders are recognizing the growing burden of NCD on the social and economic fabric of life and realizing that the government does not have the means and resources for treatment but should focus on prevention and self-help. The policies (resolution, executive order, and department policy) are outcomes of the education, awareness, and advocacy efforts by the collaborative partners beginning in 2015.

Lessons Learned

Regular face-to-face meetings with traditional and government leaders in small island settings is the most effective means by which to educate and inform them of health issues affecting the islands' populations.

In addition, there are four languages in Yap, so it is important that the health team is comprised of staff who can communicate in the local language of the leaders for transfer of knowledge to take place with increased understanding and appreciation of the problem at hand.

It is also important to widely disseminate the Resolution to all of the community by word of mouth, radio, emails, and posting in public places so that they are aware. By doing so, everyone becomes an enforcer of the Traditional Council of Chiefs decision because no one wants to be seen as publicly breaking the Chiefs rules.

Conflict of Interest

None of the authors identify any conflict of interest.

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