

## CUSTOMIZING HHS SUPPORT TO THE US AFFILIATED PACIFIC ISLANDS HHS Paper for the March 2011, IGIA Senior Plenary Session

### **Issue:**

Ensuring adequate public health capacity in the US Affiliated Pacific Islands (USAPI) requires unique and custom-tailored approaches to meet the unique health challenges in the region.

### **Background:**

While the USAPI receives significant funding from HHS for public health programs, this funding is often very specific and programmatic in nature, and does not necessarily address the basic public health infrastructure issues facing these jurisdictions. U.S. Department of Health and Human Services (HHS) funding to the USAPI comes primarily from domestic grant programs that often presume a level of existing public health infrastructure typically found on the mainland. The USAPI jurisdictions, however, are much smaller, more geographically dispersed, and have significantly fewer resources than the states. As a result, programmatic outcomes in the USAPI become much more difficult to achieve, even though the amount of program-specific funding may seem adequate based on current allocation methodologies.

### **HHS response:**

HHS works closely with our partners in the USAPI to address these deficiencies in core public health capacity in a variety of ways, including: 1) combining and streamlining grant programs; 2) providing special funding for cross-cutting functional areas of public health like laboratory services; and 3) most recently, providing National Public Health Improvement Initiative (NPHII) cooperative agreement funding to build core public health capacity within departments and ministries of health.

**Streamlining Grant Programs:** The Center for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Procurement and Grants Office have worked together with input from health officials in the USAPI to identify a way to simplify the application process and administrative requirements for 3 separate grant programs administered by NCCDPHP. As a result, CDC was able to consolidate the grants programs related to diabetes control, tobacco prevention, and behavior risk factor surveillance for the USAPI to provide greater flexibility, reduce administrative work loads, and encourage program integration.

**Supporting Laboratory Services:** Much of the USAPI has severely limited public health laboratory capacity that affects the jurisdictions' ability to identify, diagnose and respond to health threats. The limited lab capacity also affects the region's ability to respond to emerging diseases. This issue is not only important to the population of the USAPI but also to the US mainland, since the USAPI is a corridor between the US mainland and Southeast Asia, where many significant emerging infections have originated in recent years. To help addressing these challenges, CDC has funded a Laboratory QI Consultant position with the Pacific Island Health Officers Association who provides training, lab assessment and logistic support to the USAPI.

**Implementing the National Public Health Improvement Initiative (NPHII):** The USAPI jurisdictions were major recipients of CDC NPHII cooperative agreement funding through the Affordable Care Act in 2010. This funding supports public health infrastructure enhancement, including for performance improvement, health information technology, workforce development, policy capacity and systems development. The six USAPI jurisdictions each received \$100,000 to support the establishment of performance management offices and the hiring of a performance improvement manager. In addition, 5 of the 6 jurisdictions successfully competed for a much larger portion of competitive funding using the Pacific Island Health Officers Association (PIHOA) as their bona fide agent. As a result, PIHOA received over \$1.6 million to expand regional efforts in developing greater capacity for health information technology, workforce development, and public health systems improvement.