GETTING TO KNOW THE US AFFILIATED PACIFIC ISLAND COMMUNITY HEALTH CENTERS

Pacific Islands Primary Care Association



Introduction

The Pacific Islands Primary Care Association (PIPCA) is the recipient of a Health Resources and Services Administration (HRSA) grant to provide training and technical assistance to community health centers in the US-Affiliated Pacific Islands (USAPI). Section 330 of the Public Health Service Act created and authorized the health center program and permits HRSA to make grants to health centers.

The six US-Affiliated Pacific Islands include:

- ► American Samoa
- Commonwealth of the Northern Marianas Islands (CNMI)
- ► Federated States of Micronesia (FSM)
- ► Guam
- ▶ Republic of the Marshall Islands (RMI or the Marshall Islands)
- ▶ Republic of Palau (ROP or Palau)

Although the region is collectively referred to as the USAPI each place is unique in many ways. Due to the differences in history, size, population, time zones, connectivity, and relationship to the US, they each have distinct challenges affecting the delivery of primary health care. This differs from the diversity between U.S. states. Some of the differences fall upon the lines of territories versus independent countries, although not always. Some have more resources or populations, others have different languages, laws, and people. Their economies are differentiated from Hawaii and the U.S. in that the vast majority of people are low income. All of the CHCs serve patient populations in which 95-100% are below 200% of the federal poverty level.

Community health centers are located on Kosrae, a rural island with 6,000 people, as well as Guam, the commercial center of Micronesia with a population of more than 150,000. The diversity between the USAPI leads to different health care delivery systems. The information on the following pages supports getting to know the health centers individually as well as part of the USAPI region.

To appreciate their true location and distance from the continental U.S., a map of the Pacific Ocean and location of all the community health centers in the USAPI is presented on the next page.

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Geographic Location

The community health centers in the US-Affiliated Pacific Islands serve a vast geographic area, spanning five time zones and crossing the international date line.

Micronesian islands are located west of the international date line, a day ahead of the U.S. The Pacific region maintains the same time when daylight savings time goes into effect on the continental U.S.

Community Health Centers operate in each of the nine locations shown on the map below.



Distance to Washington DC

- ► American Samoa 6,997 miles
- Commonwealth of the Northern Marianas Islands (CNMI) 7,790 miles
- Federated States of Micronesia (FSM)
 - Chuuk **7,971 miles** Kosrae -**7,558 miles** Pohnpei **-7,707 miles** Yap - **8,409 miles**
- ► Guam 7,935 miles
- ▶ Republic of the Marshall Islands (RMI) 7,049 miles
- Republic of Palau (ROP) 8,651 miles

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Relationship with the U.S.

Individuals born in the U.S. territories of the CNMI and Guam are U.S. citizens. Those born in American Samoa are U.S. nationals, but not U.S. citizens. Residents of the territories, even U.S. citizens, cannot vote for U.S. President.

Individuals born in the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau, collectively referred to as Freely Associated States (FAS), are not U.S. citizens or nationals. Although not U.S. citizens, they serve in the U.S. Military, and at high per capita rates.

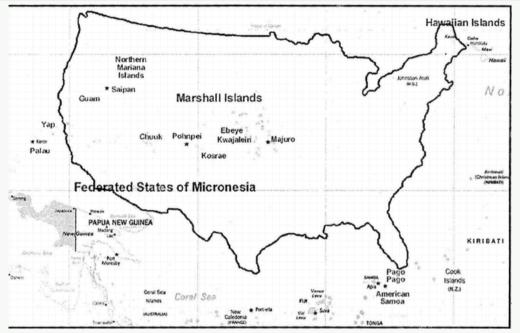
The FSM and RMI entered into Compacts of Free Association (COFA) with the United States in 1986. Palau entered into a similar Compact of Free Association (COFA) with the United States in 1994.^{1,2,3} The COFA Agreements were last renewed in 2024. These maintain a military and strategic alliance between the U.S and each independent nation. The agreements give the U.S. exclusive rights to maintain defense assets in the lands and waters of these nations. The United States military has a presence on Guam and on Kwajalein Atoll in the Marshall Islands. COFA nations receive funding and services from the U.S. government which support health, education and infrastructure.

American geopolitical interests in the Pacific region, particularly the expanding engagement in the region by China and North Korea, underlie the strategic importance of these agreements for American foreign policy.

In recent years, Compact assistance has represented 25% and 33% of the RMI and FSM government budgets respectively.¹ In the health sector, the dependence on COFA financing is even greater: in FY 2019, Compact health sector grants represented 68% and 28% of expected government health expenditures in FSM and RMI respectively. Most of these health sector funds in both FSM and RMI go to recurrent operational expenses for hospitals, such as personnel, medical equipment, or electricity.²

Regional Background

The USAPI population is approximately 450,000 spread across 107 inhabited islands covering an expanse of ocean larger than the continental United States. When the continental U.S. is superimposed over these Pacific Islands, Hawai'i is located where Maine is, American Samoa lies further south than Florida, and the Republic of Palau, the westernmost jurisdiction, lies off the coast of southern California.



The US-Affiliated Pacific Islands developed unique cultures, histories and languages over thousands of years. European contact eventually led to their relationship with the U.S.

American Samoa is a U.S. territory in the southern hemisphere. The U.S. formally occupied the islands in 1900.

Guam was ceded to the U.S. in 1898 after the Spanish American War. After experiencing major battles under Japanese occupation during World War II, Guam officially became a U.S. territory in 1950.

What is now The Commonwealth of the Northern Mariana Islands, Palau, the Federated States of Micronesia and the Marshall Islands were initially controlled by Spain, then Germany and passed to Japan after World War I. They were the sites of many battles between Japan and the U.S. during World War II. Following WW II, the islands became part of the UN Trust Territory of the Pacific Islands (TTPI), administered by the U.S. In 1978, the Commonwealth of the Northern Mariana Islands became a U.S. territory and Palau became an independent country. In 1979, the TTPI districts of Kosrae, Pohnpei, Chuuk, and Yap ratified a new constitution to become the Federated States of Micronesia. The Marshall Islands became an independent country in 1979.³

Factors that Affect Health

Because of their location and factors related to economic and cultural development, these islands have higher rates of chronic diseases and premature death compared to other U.S. population groups. Contributing factors include:⁴

- Healthy food access: Isolated jurisdictions may have limited access to fresh produce because their economies have moved away from farming and fishing. Shipping costs for these foods make them unaffordable for most residents.
- Public health infrastructure: Island jurisdictions have limited staff with public health training. Distance from the continental United States can make in-person training unfeasible. Technology limitations, such as reliable internet connections and phone lines, can limit access to virtual training and other technical assistance.
- Health care systems: Some of the factors that limit preventive health care are shortages of health care workers, an emphasis on hospital-based acute care, and the enormous costs of sending patients off-island for specialized care.
- Social determinants of health: Historical traumas such as colonialism have contributed to poverty, unemployment, and poor housing, conditions that are known to increase the risk for unhealthy behaviors and chronic diseases.
- Natural disasters: Typhoons often result in loss of water, electricity, housing, and health services.
- Health insurance: Coverage differs from the 50 U.S. states in several ways. The Affordable Care Act does not apply to the entire region. Medicaid and Medicare are only available in the U.S. Territories. Medicaid in the territories operates with an annual ceiling on federal financial participation and territories historically have exceeded their annual funding allotments. The FAS have few or no health insurance options available.

Community Health Centers in the USAPI

Community health centers (CHCs) are an important part of the health care system in the U.S. territories and Freely Associated States (FAS), providing access for low-income and vulnerable residents. CHCs in the USAPI serve 1 in 5, whereas CHCs in the US serve 1 in 11. While all health centers provide primary care and preventive medical services, they also fill in gaps in the health care system, offering a range of other services, including dental, vision, mental health and substance use disorder, and pharmacy services. Additionally, some health centers in the FAS serve as the primary outpatient centers for their respective islands.

There are nine health center organizations (three in the territories and six in the FAS) that operate over 35 clinic sites. All have been designated by the U.S. government as medically underserved areas eligible for federal grants. CHCs conduct needs assessments to identify the priorities of the communities they serve. Their governing boards are comprised of a majority of patients served by that health center.

Health Center Patients, Services, and Financing

Reflecting higher rates of poverty in the territories, 87% of health center patients had incomes at or below the federal poverty level (FPL) and 98% had incomes at or below 200% FPL. In comparison, 68% of health center patients in the 50 states and DC had incomes at or below FPL and 91% had incomes at or below 200% FPL. 5

In part because of higher poverty, the majority of health center patients in the territories are covered by Medicaid. Citizens of the FAS are not eligible for Medicaid and consequently, 81% health center patients in the FAS are uninsured.⁵

The most prevalent health conditions among patients are heart disease and diabetes with many patients being classified as obese. The economic effects of COVID-19, lack of jobs, and endemic poverty are the most significant social issues.

USAPI Territories

The health systems in the three U.S. Territories in the Pacific most resemble the U.S. system. Each territory has a Medicaid program and non-governmental health care options. However, similar to the rest of the USAPI, tertiary care is unavailable and must be sought through off island referral.

Commonwealth of the Northern Mariana Islands

Commonwealth of the Northern Mariana Islands (CNMI) is a chain of 14 islands in the Northwestern Pacific Ocean. The three southern islands – Saipan, Tinian, and Rota – are inhabited and Saipan is the largest and most populated.

- Population ~47,000
- Land area 176.5 sq mi
- Ethnicity 23.9% Native Chamorro, 4.6% Native Carolinian
- Language English

Kagman Community Health Center is an independent non-profit organization with three sites, two on Saipan and one on Tinian. Kagman CHC is a Patient Centered Medical Home.

- CHC Patients ~3,500
- Best served in another language -17%
- Below 200% FPL 100%

Guam

Guam has become the commercial and population hub of the Micronesian region, and is the largest, most populated island in the USAPI.

- Population ~154,000
- Land area 212 sq mi
- Ethnicity 37.3% Native Chamorro
- Language English

Guam Community Health Center has two sites, one in the Northern region and one in the Southern region. The CHC is a collaboration between the Guam Department of Public Health & Social Services and the Guam CHC Board. Guam CHC is a Patient Centered Medical Home.

- CHC Patients ~9,000
- Below 200% FPL 98%
- Uninsured 22.5%

American Samoa

American Samoa is a group of five islands and two coral atolls in the South Pacific Ocean and is part of the Polynesian region.

- Population ~50,000
- Land area 77 sq mi
- Ethnicity 92.6% Native Samoan
- Languages Samoan, English

The American Samoa Community Health Center (ASCHC) has five service delivery sites located throughout three islands. The ASCHC is a collaboration with the American Samoa Department of Health and the ASCHC Board.

- CHC Patients ~23,000
- Below 200% FPL 100%

Freely Associated States

Republic of the Marshall Islands, Republic of Palau, and Federated States of Micronesia are distinct, independent countries. They have different languages, laws and health systems. 98-100% of FAS CHC patients are best served in their native language, rather than English.

Republic of the Marshall Islands

The Republic of the Marshall Islands is the easternmost of the Micronesian nations, located 2400 miles west of Hawaii. It is composed of 29 atolls and five single coral islands.

- Population ~55,000 (Kwajalein Atoll - ~9,500)
- Land area 70 sq mi (Kwajalein Atoll - ~ 6 sq mi)
- Ethnicity Marshallese
- Language Marshallese

The Ebeye Community Health Center is located on Kwajalein Atoll. Services are provided at the main health center located on the island of Ebeye as well as at four smaller sites throughout Kwajalein Atoll. The CHC is a collaboration between the Ebeye Ministry of Health and the Ebeye CHC Board.

- CHC Patients ~7,000
- Best served in another language - 100%
- Below 200% FPL 100%
- Uninsured 100%

Republic of Palau

The Republic of Palau is the westernmost of the Micronesian nations, located 1000 miles from the Philippines. It is composed of 340 islands with five major populated islands.

- Population ~18,000
- Land area 180 sq mi
- Ethnicity Palauan
- Language Palauan

Palau Community Health Center operates eleven service sites throughout the islands of Palau. It is a collaboration between the Palau Ministry of Health and the Palau CHC Board.

- CHC Patients ~14,000
- Best served in another language - 98%
- Below 200% FPL 96%
- Uninsured 94%

Freely Associated States

Federated States of Micronesia

FSM is composed of four island states: Chuuk, Kosrae, Pohnpei, and Yap, comprised of 607 islands (65 inhabited) in the North Pacific Ocean. The country extends 1,700 miles, from Kosrae in the east to Yap in the west. The total estimated population of all four states is 106,000. The nation is located across two time zones, Kosrae and Pohnpei in one while Chuuk and Yap are in another.

Chuuk

Chuuk is comprised of seven major volcanic island groups within the Chuuk Lagoon and 24 outer-island atolls – approximately 290 islands.

- The most populous state ~54,000
- Land area 49 sq mi
- Ethnicity Chuukese, Micronesian
- Languages Chuukese, English

The Chuuk Community Health Center operates three service delivery sites. The CHC is a collaboration between the Chuuk Department of Health Services and the Chuuk CHC Board.

- CHC Patients ~4,500
- Best served in another language 100%
- Below 200% FPL 100%
- Uninsured 83%

Kosrae

Kosrae is comprised of one volcanic island.

- The least populous state ~6,000
- Land area 42 sq mi
- Ethnicity Kosraean, Micronesian
- Languages Kosraean, English

The Kosrae Community Health Center is an independent CHC that operates three service delivery sites.

- CHC Patients ~2,500
- Best served in another language 99%
- Below 200% FPL 100%
- Uninsured 60%

Pohnpei

Pohnpei is comprised of one large volcanic island and six inhabited atolls. Pohnpei is the the FSM national capital and the largest island in FSM.

- Population ~34,000
- Land area 133 sq mi
- Ethnicity Pohnpeian, Micronesian
- Languages Pohnpeian, English

The Pohnpei Community Health Center is an independent CHC that operates one clinic site.

- CHC Patients ~15,500
- Best served in another language 98%
- Below 200% FPL 100%
- Uninsured 48%

Yap

Yap is comprised of four large volcanic islands, seven small islands and 134 atolls of which 19 are inhabited.

- Population ~11,000
- Land area 46 sq mi
- Ethnicity Yapese, Micronesian
- Languages Yapese, English

The Wa'ab Community Health Center operates a clinic at the hospital in Colonia and four additional service sites. The CHC is a collaboration between the Yap Department of Health Services and the Wa'ab CHC Board.

- CHC Patients ~4,500
- Best served in another language 100%
- Below 200% FPL 99%
- Uninsured 80%

Quick Reference to US Affiliated Pacific Islands[°]

Jursidiction	American Samoa	CNMI	Guam	FSM	Palau	RMI
Political Status	Territory	Territory	Territory	Sovereign (except military)	Sovereign (except military)	Sovereign (except military)
U.S. Citizens	No (U.S. Nationals)	Yes	Yes	No	No	No
Vote for U.S President	No	No	No	No	No	No
Reside/Work /Travel in the U.S.	Yes	Yes	Yes	Yes	Yes	Yes
Serve in the U.S. Military	Yes	Yes	Yes	Yes	Yes	Yes
Medicaid/ Medicare Eligible	Yes, capped	Yes, capped	Yes, capped	No	No	No
Affordable Care Act Eligible	No	No	No	No	No	No
Number of CHC sites	5	3	2	12	11	5

References

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- 3. Islands We Serve. U.S. Department of Interior. https://www.doi.gov/oia/islands
- 4. US Territories and Freely Associated States. CDC Office of Island Affairs. https://www.cdc.gov/islandaffairs/territories-states.html
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- 6. Island Areas 101. Association of State and Territorial Health Officials. https://www.astho.org/topic/territories-freely-associated-states/island-areas-101/

Additional sources:

- Census Bureau, 2020 Census Results, Island Areas https://www.census.gov/programssurveys/decennial-census/decade/2020/2020-census-results.html
- HRSA UDS Health Center Program Awardee Data https://data.hrsa.gov/tools/datareporting/program-data

The information provided in this resource is for general informational purposes only. It is not a complete description of all information related to community health centers or the U.S. Affiliated Pacific Islands. Information was current at time of publishing in May 2024, but may not constitute the most up-to-date information after that time.

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