

**Republic of the Marshall Islands
Non-Communicable Disease Program**

Workplan Year 2 (2015-2016)

Revised: May 3, 2015

Capacity Building Phase (Applicants are expected to achieve all Capacity Building performance measures within the initial 24 month period and support and maintain thereafter. (Please see Table 1 page 43 in FOA). Funded recipients must report progress on all performance measures of the capacity building phase.)					
Year 2 Recipient Commitment Activities					
	Capacity building	Linking of other NCD's	Performance Measures	Technical Assistance Requested	Time Frame
Strategy 1: Develop and implement an achievable, practical national NCD plan that includes strategies to improve a range of chronic diseases, conditions and risk factors.	<p>Year 1*: Partner with the NCD Coalition to conduct a community assessment to inform the NCD plan.</p> <p>Year 2: Partner with the NCD Coalition to develop the NCD Plan</p> <p>* Year 1 activities not completed so will continue to implement them in Year 2</p>	<ul style="list-style-type: none"> • CCCP (Cancer) • MCH (Maternal Child Health) • REACH Project • Health Promotion. 	<ul style="list-style-type: none"> • Performance Measure 1: Existence of an updated NCD plan to guide the work • Performance Measure 2: Effective strategies from the NCD plan are incorporated in the annual work plan • Performance Measure 3: Evidence of collaboration on the implementation of the plan with other CDC programs and other agencies 	<ul style="list-style-type: none"> • Island Team to review the first draft of the NCD Plan • Training on how to develop a strategic plan that fits the Pacific culture and context. 	March 29, 2014 - March 28, 2019,
Accomplishment (Year 2)/Progress	Key partners	Lead Personnel	Barriers Encounters	Areas for Improvement in Year 3	Status (met/in progress/ not started)
1.1: By 3/28/16, increase the number of NCD plans from 0 to 1.	<ul style="list-style-type: none"> • NCD Coalition • NCD Evaluation Task Group • Other MOH Programs 	Charlynnne Alfred (NCD Coordinator)			
1.2: By 3/28/16, increase the number of PSE interventions in the NCD plan from 0-12.	<ul style="list-style-type: none"> • NCD Coalition • NCD Evaluation Task Group • Other MOH Programs 	Charlynnne Alfred (NCD Coordinator)			

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	Capacity building	Linking of other NCD's	Performance Measures	Technical Assistance Requested	Time Frame
<p>Strategy 2: Establish a chronic disease prevention and health promotion organizational structure to improve efficiency, impact and performance within existing programs.</p>	<p>Year 1: Identify issues that will improve program management and implementations through the MACE Tool and SWOT Analysis.</p> <p>Year 2: Work with staff, MOH Administrators and NCD Coalition to address findings and recommendations from the MACE tool and SWOT analysis.</p>	<ul style="list-style-type: none"> • CCCP (Cancer) • MCH (Maternal Child Health) • REACH Project • Health Promotion. 	<ul style="list-style-type: none"> • Performance Measure 1: Number of new or improved processes toward efficiency, and elimination of duplicated efforts across categorical programs. • Performance Measure 2: Established staffing structure and specific functions/responsibilities supportive of a coordinated and collaborative approach to chronic disease prevention and health promotion. • Performance Measure 3: Existence of a fully developed training plan with specific milestones. • Performance Measure 4: Communication of the new organization structure to staff. 	<p>CDC Team to understand our local context and culture (through monthly calls and webinars).</p>	<p>March 29, 2014 - March 28, 2019,</p>
Accomplishment (Year 2)/Progress	Key partners	Lead Personnel	Barriers Encounters	Areas for Improvement in Year 3	Status (met/in progress/ not started)
<p>2.1: By 3/28/16, Maintain community Non-Government Organizations (NGOs) subcontracts to implement Workplan activities from 6 to 6.</p>	<ul style="list-style-type: none"> • MOH Administrators • Other RMI Government Agencies (Ministry of Finance and the Attorney General's 	<p>Charlyne Alfred (NCD Coordinator)</p>			

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	<ul style="list-style-type: none"> Office) • NCD Coalition • RMI NGOs 				
2.2: By 3/28/16, Identify training needs of staff and NCD Coalition members.	<ul style="list-style-type: none"> • Staff • NCD Coalition • NGOs • Evaluation Task Group 	Charlynnne Alfred (NCD Coordinator)			
	Capacity building	Linking of other NCD's	Performance Measures	Technical Assistance Requested	Time Frame
Strategy 3: Collect and use surveillance and epidemiology data to develop, implement and evaluate chronic disease prevention and health promotion objectives, educate the public and stakeholders, and to demonstrate impact of program improvement. Outcomes.	<p>Year 1: Assessment of available data and data needs.</p> <p>Year 2: Develop NCD Surveillance and Epidemiological Data Plan</p> <p>Years 2-5: Collect and use data to develop implement and evaluate activities.</p>	<ul style="list-style-type: none"> • CCCP (Cancer) • MCH (Maternal Child Health) • REACH Project • Health Promotion. 	<ul style="list-style-type: none"> • Performance Measure 1: Establish baseline data to support measurement of progress and outcomes. • Performance Measure 2: Establish collection, storage, use, dissemination and program sharing process for data. • Performance Measure 3: Evidence that surveillance and epidemiology data are used to plan, implement, and evaluate strategies in the proposed work plan. 	Chronic disease epidemiologist.	March 29, 2014 - March 28, 2019,
Accomplishment (Year 2)/Progress	Key partners	Lead Personnel	Barriers Encounters	Areas for Improvement in Year 3	Status (met/in progress/ not started)
3.1 By 3/28/16, increase the number of NCD Surveillance and Epidemiological Data Plan from 0 to 1.	<ul style="list-style-type: none"> • MOH NCD Programs • MOH Data Center (Edlen Azures) • MIEPI • NGOs 	Dr. Trinidad (MOH/NCD Program Consultant)			

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	Capacity building	Linking of other NCD's	Performance Measures	Technical Assistance Requested	Time Frame
Strategy 4: An active NCD Coalition with participation from a cross section of governmental and non-governmental sectors.	<p>Year 1: Form NCD Coalition and conduct training on PSE Interventions and assessments.</p> <p>Year 2: Conduct training on how to develop a strategic plan</p> <p>Years 3-5: Continue training and coalition capacity building.</p>	<ul style="list-style-type: none"> • CCCP (Cancer) • MCH (Maternal Child Health) • REACH Project • Health Promotion. 	<ul style="list-style-type: none"> • Performance Measure 1: Evidence of an active NCD Coalition with representative participation from a cross section of governmental and non-governmental sectors, to include existing chronic disease control coalition with the ability to undertake communication, policy and community mobilization efforts. 	<ul style="list-style-type: none"> • Coalition building training that fits our culture and context (e.g., Pacific Diabetes Today and AAPCHO Vulnerable Population Project). 	March 29, 2014 - March 28, 2019,
Accomplishment (Year 2)/Progress	Key partners	Lead Personnel	Barriers Encounters	Areas for Improvement in Year 3	Status (met/in progress/ not started)
4.1: By 3/28/16, increase the number of coalition meetings from 6 to 8 to (a) build capacity and (b) plan, implement and evaluate activities.	<ul style="list-style-type: none"> • NCD Coalition • NCD Evaluation Task Group 	Charlyne Alfred (NCD Coordinator)			
	Capacity building	Linking of other NCD's	Performance Measures	Technical Assistance Requested	Time Frame
Strategy 5: Establish or enhance and implement an evaluation plan to measure program outcomes and monitor program progress	Years 1-5: Engage community stakeholders in evaluation to develop and implement and evaluation plan.	<ul style="list-style-type: none"> • CCCP (Cancer) • MCH (Maternal Child Health) • REACH 	<ul style="list-style-type: none"> • Performance Measure 1: Existence of an evaluation plan to measure and monitor progress towards achievement of programmatic objectives. • Performance Measure 2: Designated staff assigned to oversee 	None	March 29, 2014 - March 28, 2019,

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toward achievement of programmatic objectives and long term impact on specific chronic disease conditions and risk factors.		<ul style="list-style-type: none"> Project Health Promotion. 	evaluation activities.		
Accomplishment (Year 2)/Progress	Key partners	Lead Personnel	Barriers Encounters	Areas for Improvement in Year 3	Status (met/in progress/ not started)
5.1: By 3/28/16, maintain the number of coalition members engaged in evaluation activities (through the Evaluation Task Group) from 6-6 .	<ul style="list-style-type: none"> NCD Coalition NCD Evaluation Task Group 	Dr. Aitaoto (MOH Evaluator)			
5.2: By 3/28/16, increase the number of annual evaluation plans (Yr2 Evaluation) from 1 to 2 .	<ul style="list-style-type: none"> NCD Coalition NCD Evaluation Task Group 	Dr. Aitaoto (MOH Evaluator)			
5.3: By 3/28/16, increase the number of annual evaluation reports (Yr1 Evaluation) from 0 to 1 .	<ul style="list-style-type: none"> NCD Coalition NCD Evaluation Task Group 	Dr. Aitaoto (MOH Evaluator)			
	Capacity building	Linking of other NCD's	Performance Measures	Technical Assistance Requested	Time Frame
Strategy 6: Establish environmental approaches to promote health, support and reinforce healthful behaviors.	Year 1: Assessment Year 2: Finalize Plan Years 3-5: Implement an Evaluate NCD Plan	<ul style="list-style-type: none"> CCCP (Cancer) MCH (Maternal Child Health) REACH Project Health 	<ul style="list-style-type: none"> Performance Measure 1: Select at least ONE diabetes and ONE tobacco strategy and corresponding performance measure from the Environmental approach section. 	None	March 29, 2014 - March 28, 2019,

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		Promotion.				
Accomplishment (Year 2)/Progress	Key partners	Lead Personnel	Barriers Encounters	Areas for Improvement in Year 3	Status (met/in progress/ not started)	
NOTE: See Domain Activities Below.						
Domain 1: Epidemiology and Surveillance (Applicants must select at least one strategy and one corresponding activity from both Tobacco and Diabetes). Table 2 Page 44 of the FOA)						
Year 2 Recipient Commitment Activities	Diabetes	Tobacco	Linking of other NCD's	Performance Measures	Technical Assistance Requested	Time Frame
<p>Strategy: Conduct surveillance and monitor the enactment of policies and laws related to <u>tobacco control</u>.</p> <p>Activity 6.1T: Conduct survey of existing local and jurisdiction-wide tobacco related policies and laws and establish a monitoring system to capture the enactment of new tobacco related policies and laws.</p>		X	<ul style="list-style-type: none"> • CCCP (Cancer) • REACH Project • Health Promotion. 	<p>Short-term</p> <ul style="list-style-type: none"> • Evidence of surveillance and monitoring system for tobacco related policies and laws • Published page for the jurisdiction on the policy section of the online OSH STATE highlights <p>Intermediate</p> <ul style="list-style-type: none"> • Documentation of number, type and population reach of tobacco-related policies and laws • Evidence of dissemination of surveillance and monitoring results <p>Long-term</p> <ul style="list-style-type: none"> • Evaluation results showing the impact and reach of tobacco-related policies and laws on the population 	None	By 3/28/16
<p>Strategy: Conduct surveillance and monitor the enactment of policies and practices related to <u>diabetes and associated risk factors</u>.</p>	X		<ul style="list-style-type: none"> • CCCP (Cancer) • REACH Project • Health 	<p>Short-term</p> <ul style="list-style-type: none"> • Evidence of collecting data to be used for diabetes specific surveillance and to help establish baselines 	Chronic disease epidemiologist.	By 3/28/16

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<p>Activity 6.1D: Conduct diabetes specific surveillance such as BRFSS, STEPS, CDEMS, or other as appropriate.</p>			<p>Promotion.</p>	<ul style="list-style-type: none"> Evidence of monitoring system for diabetes related policies and practices and to help establish baselines. <p>Intermediate</p> <ul style="list-style-type: none"> Evidence of analysis of data to identify program priorities and needs Evidence of dissemination of monitoring results of diabetes related policies and practices. <p>Long-term</p> <ul style="list-style-type: none"> Evaluation results showing the impact and reach of diabetes-related policies and practices on the population 		
Accomplishment (Year 2)/Progress	Key partners	Lead Personnel	Barriers Encounters	Areas for Improvement Year 3	Status (met/in progress/ not started)	
<p>6.1T.1: Conduct survey of existing local tobacco related policies and laws.</p>	<ul style="list-style-type: none"> MOH Data Center (Edlen Azures) MIEPI 	<p>Dr. Trinidad (MOH/NCD Program Consultant)</p>				
<p>6.1D.1: Develop a plan for surveillance (BRFSS-STEPS hybrid survey) to include budget, resources needed and timeline.</p>	<ul style="list-style-type: none"> MOH Data Center NCD Coalition MIEPI 	<p>Dr. Trinidad (MOH/NCD Program Consultant)</p>				

Domain 2: Environmental Approaches that Promote Health (Applicants must select at least one strategy and one corresponding activity from both Tobacco and Diabetes. Page 45 of the FOA)

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Year 2 Recipient Commitment Activities	Diabetes	Tobacco	Linking of other NCD's	Performance Measures	Technical Assistance Requested	Time Frame
<p>Strategy: Increase awareness of dangers of tobacco use and promote quitting</p> <p>Activity 6.2T: Implement hard hitting health communication/media campaigns that increase awareness of the dangers of tobacco use, promote quitting and change social norms related to tobacco use.</p>		X	<ul style="list-style-type: none"> • CCCP (Cancer) • REACH Project • Health Promotion. 	<p>Short-term Process</p> <ul style="list-style-type: none"> • Increased number and diversity of key partners necessary to make progress on key outcome measures. • Evidence of development and implementation of an annual plan that addresses staff/partner training, community outreach, health & partner communication etc., that includes information on the dangers of tobacco use and positive health impact of quitting. • Evidence of monthly communication with jurisdiction level internal and external partners AND with network of local community partners. • Evidence of campaign related earned media efforts at local and island jurisdiction level (e.g., letters to the editor, relevant health education information in newspapers, newsletters, TV and radio and news programs) <p>Outcome</p> <ul style="list-style-type: none"> • Increased level of confirmed awareness of anti-tobacco messages • Increased awareness and knowledge of the dangers of tobacco use. • Increased calls to jurisdiction- 	List of health communication/media campaigns best practices.	By 3/28/16

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				<p>based Quitline.</p> <ul style="list-style-type: none"> • Increased use of evidence-based cessation services within the jurisdiction • Increased support to decrease young people's access to tobacco. • Increased awareness among parents about the importance of discussion tobacco use with their children <p>Intermediate</p> <ul style="list-style-type: none"> • Increased numbers and proportion of tobacco users who have made a quit attempt. • Increased numbers and proportion of tobacco users who have made a recent successful quit attempt <p>Long-term</p> <ul style="list-style-type: none"> • Reduced consumption of tobacco products • Reduced tobacco use prevalence rate. 		
<p>Strategy: Provide support to increase access to healthy local foods and beverages.</p> <p>Activity 6.2D1: Provide support for educating and informing policy makers and the public about the benefits of physical activity for preventing and controlling diabetes and related complications.</p>	X		<ul style="list-style-type: none"> • CCCP (Cancer) • REACH Project • Health Promotion. 	<p>Short-term:</p> <p><u>Process</u></p> <ul style="list-style-type: none"> • Evidence of collaboration with partners who have lead responsibility for increasing access to healthy local foods and beverages (e.g., participate in coalition, assist with plan development, etc.) <p><u>Outcome</u></p> <ul style="list-style-type: none"> • Number of communications/products to promote efforts of the collaborative to policy makers and the public (e.g., PSAs, newsletters, facts 	List of Best Practices.	By 3/28/16

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				<p>sheets, etc.)</p> <p>Intermediate:</p> <ul style="list-style-type: none"> Increased percentage of adults or youth who increase consumption of nutritious local foods. <p>Long-term:</p> <ul style="list-style-type: none"> Decreased percentage of adults or youth who are overweight or obese. 		
<p>Strategy: Provide support to increase access to community based physical activity.</p> <p>Activity 6.2D2: Provide support for educating and informing policy makers and the public about the benefits of physical activity for preventing and controlling diabetes and related complications.</p>	X		<ul style="list-style-type: none"> CCCP (Cancer) REACH Project Health Promotion. 	<p>Short-term:</p> <p><u>Process:</u></p> <ul style="list-style-type: none"> Evidence of collaboration with partners who have lead responsibility for increasing access to physical activity (e.g., participate in coalition; assist with plan development, etc.) <p><u>Outcome:</u></p> <ul style="list-style-type: none"> Number of communications/products to promote efforts of the collaborative to policy makers and the public (e.g., PSAs, newsletters, fact sheets.) <p>Intermediate</p> <ul style="list-style-type: none"> Increased percentage of adults and youth who have increased physical activity through walking. <p>Long-term:</p> <ul style="list-style-type: none"> Decreased percentage of adults and youth who are overweight or obese. 	None	By 3/28/16
Accomplishment (Year 2)/Progress	Key partners	Lead Personnel	Barriers Encounters	Areas for Improvement Year 3	Status (met/in progress/ not started)	

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6.2T.1: Develop the 'tobacco' health communication/media campaign plan (this will be part of the RMI NCD plan)	<ul style="list-style-type: none"> • NCD Coalition • NCD Evaluation Task Group 	Leilani (Tobacco Lead)			
6.2D1.1 Develop the 'healthy local foods and beverages' education plan (this will be part of the RMI NCD plan)	<ul style="list-style-type: none"> • NCD Coalition • NCD Evaluation Task Group 	Carlinda (Diabetes Coordinator)			
6.2D2.1 Develop the 'physical activity' education plan (this will be part of the RMI NCD plan)	<ul style="list-style-type: none"> • NCD Coalition • NCD Evaluation Task Group 	Carlinda (Diabetes Coordinator)			

Domain 3: Health System Interventions (*Applicants must select at least one strategy and one corresponding activity from both Tobacco and Diabetes. Table 2Page 51of the FOA*)

Year 2 Recipient Commitment Activities	Diabetes	Tobacco	Linking of other NCD's	Performance Measures	Technical Assistance Requested	Time Frame
<p>Strategy: Increase the number of health care providers and health care systems following the Public Health Services (PHS) guidelines for treating tobacco dependence.</p> <p>Activity 6.3T: Increase the number of health care providers/stystems that fully integrate tobacco use treatment into the clinical and community health workflow</p>		X	<ul style="list-style-type: none"> • CCCP (Cancer) • REACH Project • Health Promotion. 	<p>Short-term Process</p> <ul style="list-style-type: none"> • Increased number and diversity of key partners necessary to make progress on key outcome measures. • Evidence of development and implementation of an annual plan that addresses: staff/partner training, health care professional and allied health provider training and communication etc, that includes the need to fully integrate tobacco treatment into the clinical 	None	By 3/28/16

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				<p>and community health workflow.</p> <ul style="list-style-type: none">• Evidence of monthly communication with jurisdiction level internal and external partners AND with network of local community partners.• Evidence of communication to health care professionals and allied health providers related to the need to fully integrate tobacco treatment into the clinical and community health workflow (e.g., relevant health education information in newsletters, health radio, news programs, etc.) <p><u>Outcome</u></p> <ul style="list-style-type: none">• Increased numbers and proportion of adults who have been asked if they use tobacco by a health care professionals• Increased numbers and proportion of tobacco users who have been advised to quit by a health care professional.• Increased numbers and proportion of tobacco users who have been asked if they are willing to make a quit attempt by a health care professional• Increased numbers and proportion of tobacco users referred by a health care provider to the jurisdiction's DOH/MOH Quitline/cessation services.• Increased numbers and proportion of pregnant women who report that a health care professional advised them to quit smoking during a		
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				<p>prenatal visit.</p> <ul style="list-style-type: none"> Increased numbers and proportion of health care systems that have provider reminder systems in place for addressing tobacco use. <p>Intermediate</p> <ul style="list-style-type: none"> Increased numbers and proportion of tobacco users who have made a quit attempt Increased numbers and proportion of tobacco users who have made a recent successful quit attempt Increased use of evidence-based cessation services within the jurisdiction. <p>Long-term</p> <ul style="list-style-type: none"> Reduced consumption of tobacco products Reduced tobacco-use prevalence by adults Reduced tobacco-use prevalence among young people Reduced tobacco use prevalence by pregnant and post partum women. 		
<p>Strategy: Increase implementation of quality improvement processes in health systems to improve diabetes care.</p> <p>Activity 6.3D: Create or sustain a team approach for diabetes prevention and management based on an evidence-based model.</p>	X		<ul style="list-style-type: none"> CCCP (Cancer) REACH Project Health Promotion. 	<p>Short-term</p> <p><u>Process:</u></p> <ul style="list-style-type: none"> Evidence of collaboration with partners to offer workshops or other training/TA opportunities on using CDEMS (or other registries) for continuous quality improvement. <p><u>Outcome</u></p> <ul style="list-style-type: none"> Number of health care systems adopting use of CDEMS (or other registries) for continuous quality improvement. 	None	By 3/28/16

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				<p>Intermediate</p> <ul style="list-style-type: none"> • Increase percentage of adults with diabetes who receive foot exams, A1c testing, and blood pressure monitoring as recommended in the clinical preventive services guidelines. <p>Long-term</p> <ul style="list-style-type: none"> • Decreased percentage of adults with diabetes with A1c > 9 • Decreased percentage of adults with diabetes with lower extremity amputations. 		
Accomplishment (Year 2)/Progress	Key partners	Lead Personnel	Barriers Encounters	Areas for Improvement Year 3	Status (met/in progress/ not started)	
6.3T.1: Develop the tobacco-use integration plan (this will be part of the RMI NCD plan)	<ul style="list-style-type: none"> • NCD Coalition • NCD Evaluation Task Group • Health Care Providers 	Leilani (Tobacco Coordinator)				
6.3D.1: Develop the diabetes care improvement plan (this will be part of the RMI NCD plan)	<ul style="list-style-type: none"> • NCD Coalition • NCD Evaluation Task Group • Health Care Providers 	Carlinda (Diabetes Coordinator)				
Domain 4: Community-Clinical Linkages (Applicants must select at least one strategy and one corresponding activity from both Tobacco and Diabetes).Page 54of the FOA)						

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Year 2 Recipient Commitment Activities	Diabetes	Tobacco	Linking of other NCD's	Performance Measures	Technical Assistance Requested	Time Frame
<p>Strategy: Promote a tobacco-free/smoke free community environment</p> <p>Activity 6.4T: Educate healthcare professionals, allied health workers and public of the need for tobacco and smoke free environments throughout the community including comprehensive 100% tobacco-free health care facilities, schools and community events.</p>		X	<ul style="list-style-type: none"> • CCCP (Cancer) • REACH Project • Health Promotion. 	<p>Short-term Process</p> <ul style="list-style-type: none"> • Increase the number and diversity of key partners necessary to make progress on key outcome measures • Evidence of development and implementation of annual plan that addresses: staff/partner training, health care professionals and allied health provider training, communication etc that includes information on the need for tobacco and smoke free community environments. • Evidence of communication to partners, health care professionals and allied health providers related to the need to increase tobacco and smoke free community environments (e.g., newsletters, health radio news programs, etc.) • Evidence of engagement by health care professionals and allied health workers in educating patients and public about the need for tobacco free and smoke free community environments. • Evidence of related earned media efforts at local and island jurisdiction level (e.g., letters to the editor, Op Ed articles, relevant health education information in newspapers, newsletters, TV and radio news programs) 	None	By 3/28/16

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				<p><u>Outcome:</u></p> <ul style="list-style-type: none"> • Increased number or proportion of schools or school districts report the implementation of 100% tobacco free policies. • Increased number or proportion of schools or school districts that support cessation interventions for students and staff who use tobacco. • Increased perceived compliance with tobacco-free policies in schools • Increased number or proportion of schools or school districts with policies that regulate display of tobacco industry promotional items • Decrease extent of tobacco industry sponsorship of public and private events. • Increased number and proportion of community events that prohibit the use of tobacco products • Increased number of 24/7 100% tobacco free health care facilities • Increased number of health care facilities that provide evidence-based cessation services to patients and staff <p>Intermediate</p> <ul style="list-style-type: none"> • Reduced initiation of tobacco use by youth and young adults • Increased numbers and proportion of tobacco users who make quit attempts • Increased numbers and proportion of tobacco users that make recent successful quit attempts. <p>Long-term</p>		
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				<ul style="list-style-type: none"> • Reduced consumption of tobacco products • Reduced tobacco use prevalence rate 		
<p>Strategy: Increase use of health care extenders in the community.</p> <p>Activity 6.4D: Increase community outreach for blood pressure and blood glucose management and referral (i.e., worksite, church, other traditional gathering places/functions).</p>	X		<ul style="list-style-type: none"> • CCCP (Cancer) • REACH Project • Health Promotion. 	<p>Short-term Process</p> <ul style="list-style-type: none"> • Increased number of and diversity of key partners necessary to make progress on key outcome measures <p>Outcome</p> <ul style="list-style-type: none"> • Number of community outreach events for blood pressure and blood glucose management and referral <p>Intermediate</p> <ul style="list-style-type: none"> • Increased percentage of adults with diabetes who receive foot exams, A1c testing, and blood pressure monitoring as recommended in the clinical preventive services guideline <p>Long-term</p> <ul style="list-style-type: none"> • Decreased percentage of adults with diabetes with A1c>9 	None	By 3/28/16
Accomplishment (Year 2)/Progress	Key partners	Lead Personnel	Barriers Encounters	Areas for Improvement Year 3	Status (met/in progress/ not started)	
6.4T: Develop the tobacco-free community environment plan (this will be part of the RMI NCD plan).	<ul style="list-style-type: none"> • NCD Coalition • NCD Evaluation Task Group 	Leilani (Tobacco Coordinator)				
6.4D: Develop the diabetes community outreach plan (this will be part of the RMI NCD plan).	<ul style="list-style-type: none"> • NCD Coalition 	Carlinda (Diabetes Coordinator)				

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