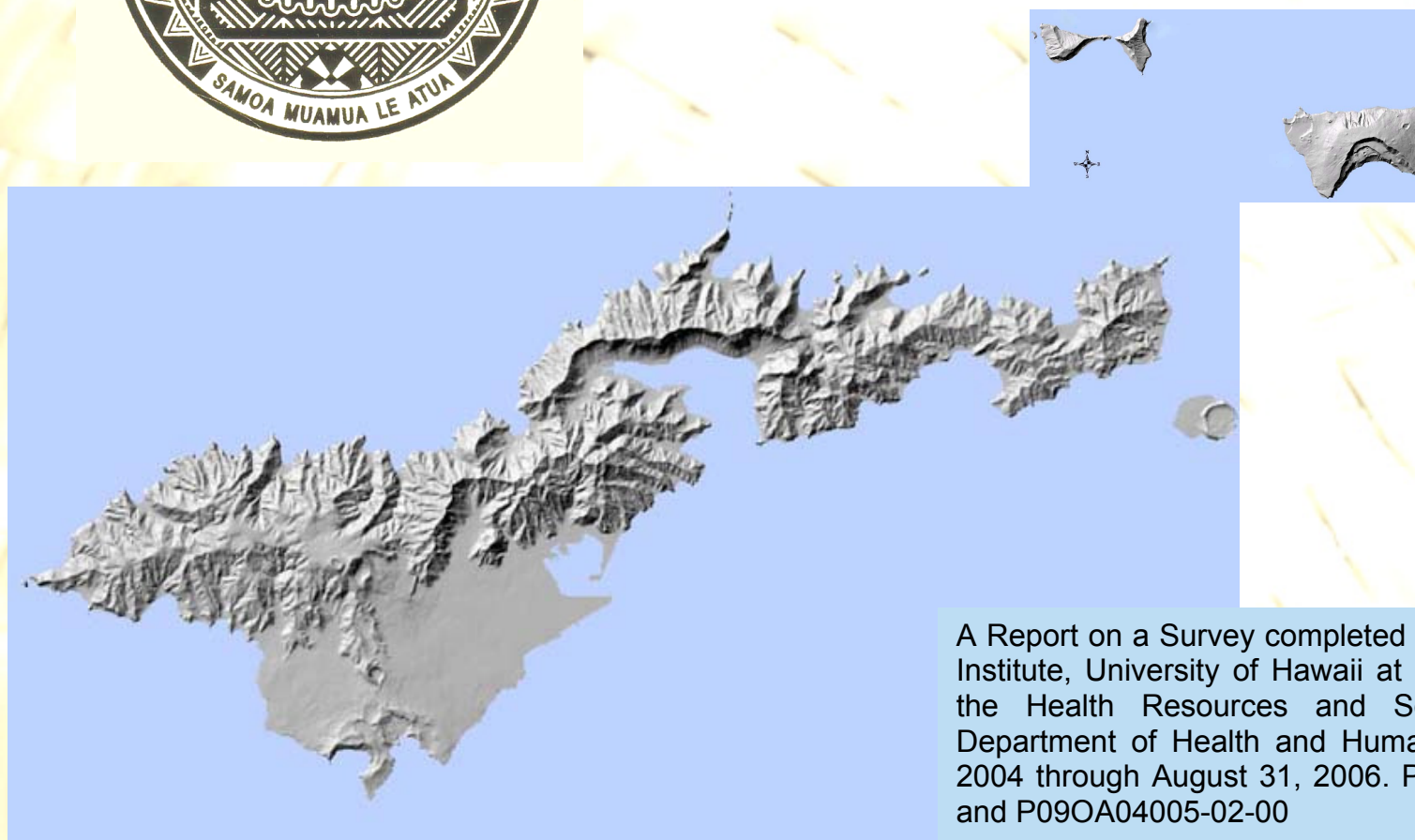


American Samoa Health Survey, 2005



Executive Summary



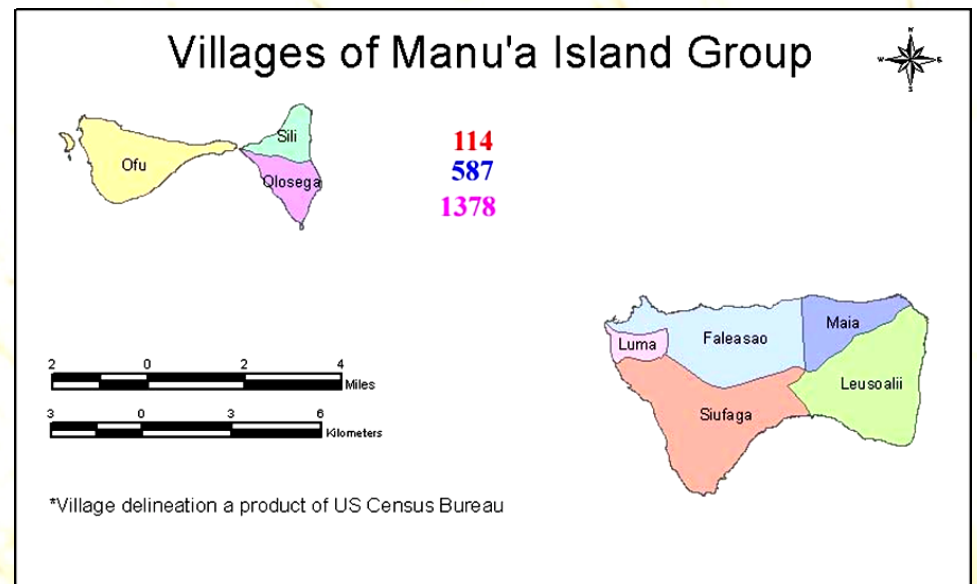
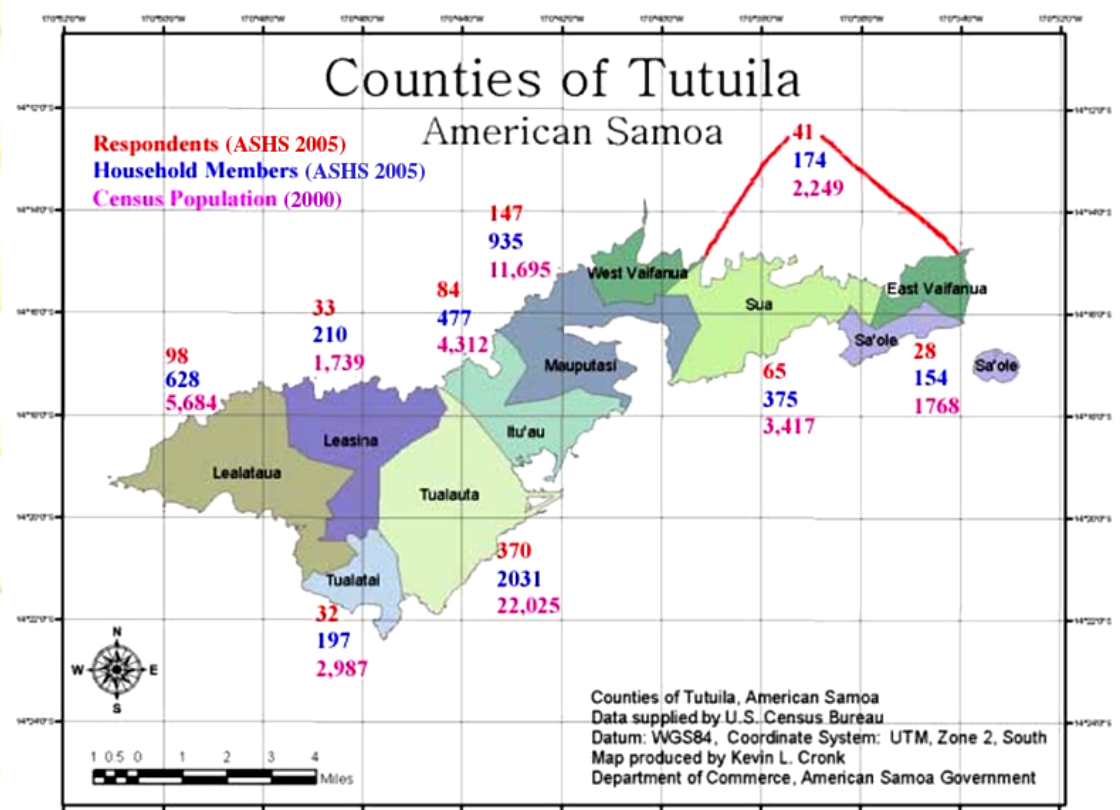
A Report on a Survey completed by the Social Science Research Institute, University of Hawaii at Manoa, as part of a grant from the Health Resources and Services Administration of the Department of Health and Human Services from September 1, 2004 through August 31, 2006. Projects 1 P09OA04005-01-00 2 and P09OA04005-02-00

Introduction

The report is intended to provide the reader with a brief understanding of the findings of the American Samoa Health Survey (ASHS), 2005. The basic data included in the report are from the ASHS, 2005. Additional data have been inserted from other sources where appropriate, to allow the reader reference points to better understand the findings in the context of Pacific health in the year 2005. Those data come from the US Census, the Hawaii State Behavioral Risk Factor Surveillance System and the Hawaii State Health Interview Survey.

Data for this report were collected during November, 2005 by students from the American Samoa Community College, supervised by Ms. Okenaisa Fau'olu, and using a sample created by Mr. Vai Filiga and his staff at the Department of Commerce. The cleaning and initial processing of the data were conducted by Mike Levin of the US Census Bureau in collaboration with the Department of Commerce Staff.

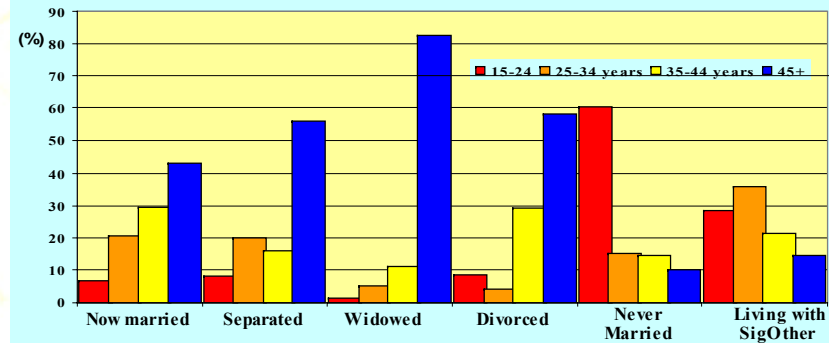
The SSRI Research Team designed and completed the Questionnaire with input from all stakeholders. Analyses of results and production of this report was by the SSRI Research Team.



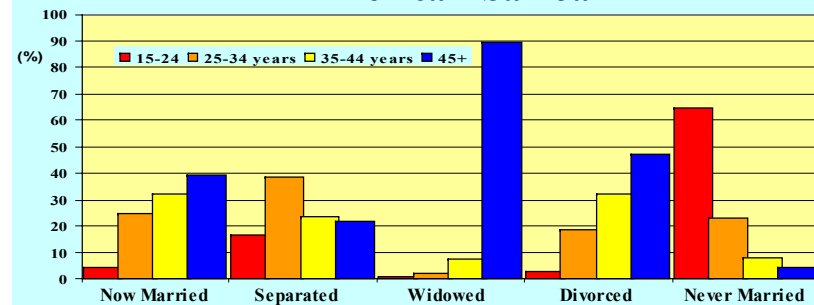
Sample

The sample of respondents used for this report is not representative of the population of American Samoa. While the site of the interview was drawn as a simple random sample, the person interviewed at each site was not randomly selected. In part, this was a result of the budget of the project, where there simply were not enough funds to allow for the number of visits necessary to interview a randomly selected individual. Secondly, the information being collected required that the person interviewed be knowledgeable about the family living in the home and be able to appropriately respond to the questionnaire in either Samoan or English. As a result, our sample is more likely to be female, younger, and to be married than the general population of the territory. The sample collected on Tutuila was approximately a 10% sample of housing units and on Manu'a it was approximately a 50% sample of housing units. When the data are considered for territory-wide analyses, the differing sampling fractions are accounted for through a process called weighting.

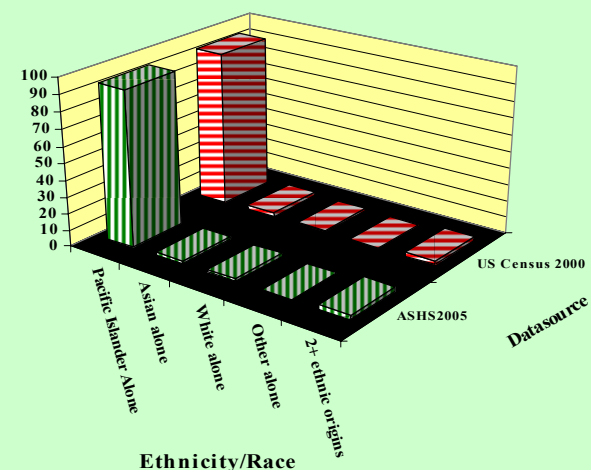
ASHS2005 Age by Marital Status, percents



US Census 2000, Age by Marital Status, American Samoa



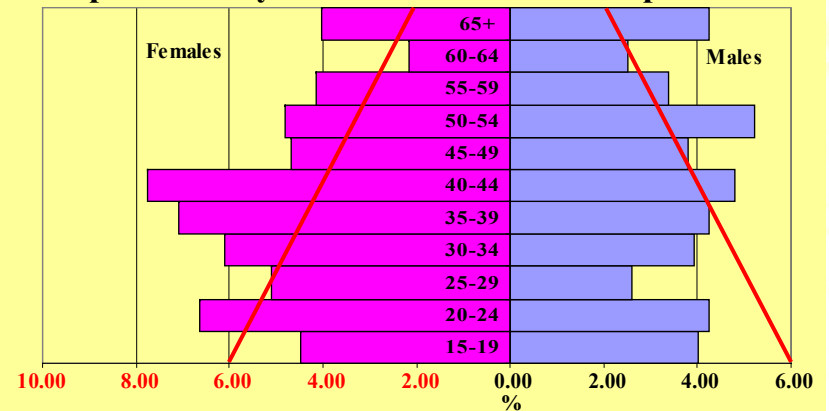
US Census 2000 and ASHS2005, Ethnicity



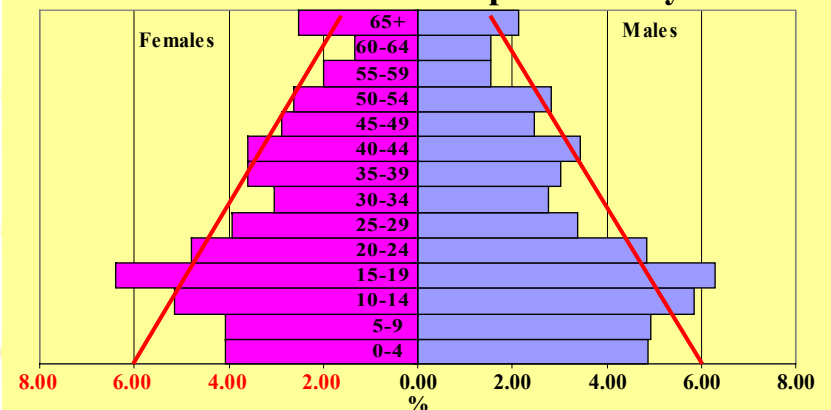
The Sample - Comparisons

- No children were selected for the interviews
- More women and elders than younger persons and men. (Interviews were conducted during the day when women and elders were most likely to be home)
- There were fewer children in households than expected (perhaps they have been sent to off-island relatives for their education)
- Both males and females between 20 – 44 years of age were not present in the households (most likely this group have gone elsewhere seeking higher education and employment)
- The 2000 Census shows more children than the household sample (perhaps they were reported as in the family while in reality they were with off-island relatives)
- The Census still shows fewer residents between 15 and 39 years of age, both male and female, suggesting an out migration during these ages
- Larger numbers of elders than expected (Greater success in maintaining health for longer life)

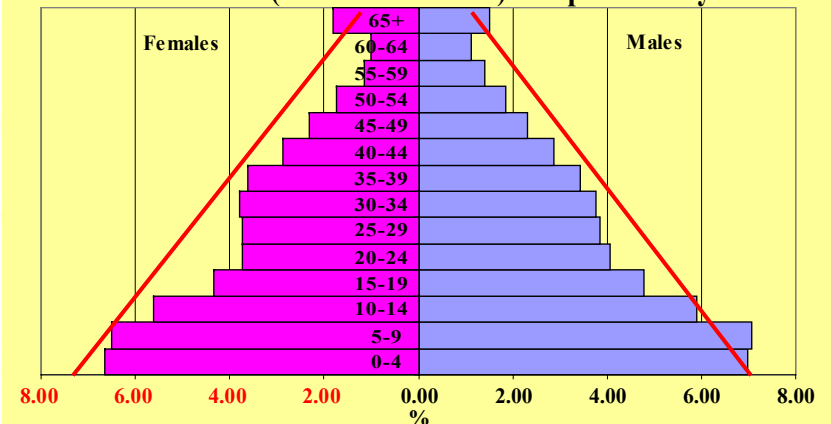
Population Pyramid - ASHS2005 Respondents



ASHS2005 Household Population Pyramid



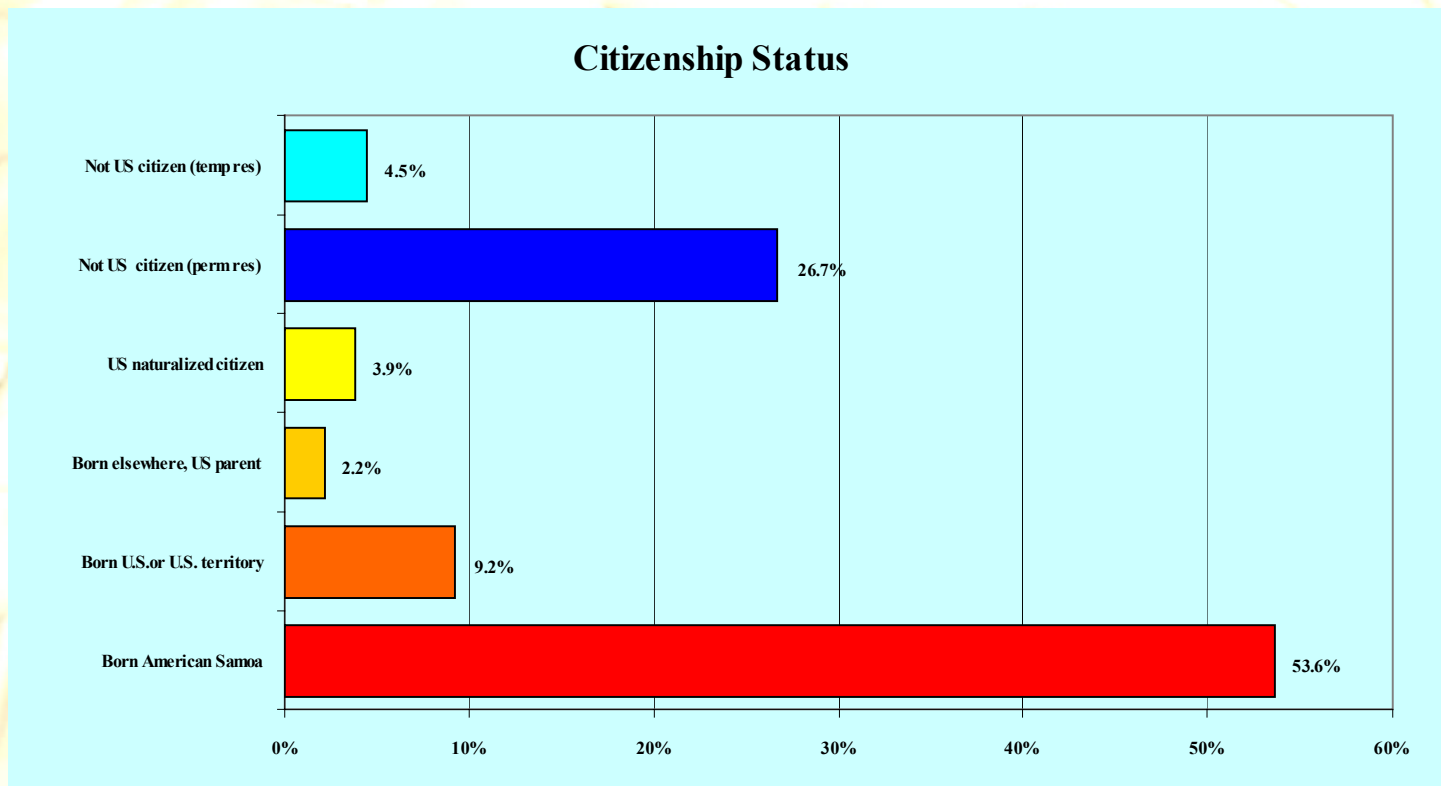
2000 US Census (American Samoa) - Population Pyramid



Citizenship

An ongoing concern, as voiced by the media and others in American Samoa, is the citizenship of people living in the territory. The issue emerges as an important one because the canneries, seen as a vital part of the economy of the territory, employ nearly 5,000 migrant workers from Samoa who are sponsored for employment into American Samoa by friends and family members. These workers earn the minimum wage (less than \$4.00 per hour) working in dangerous conditions, without health care access, and in fear of deportation should they not be able to continue with their jobs for any reason.

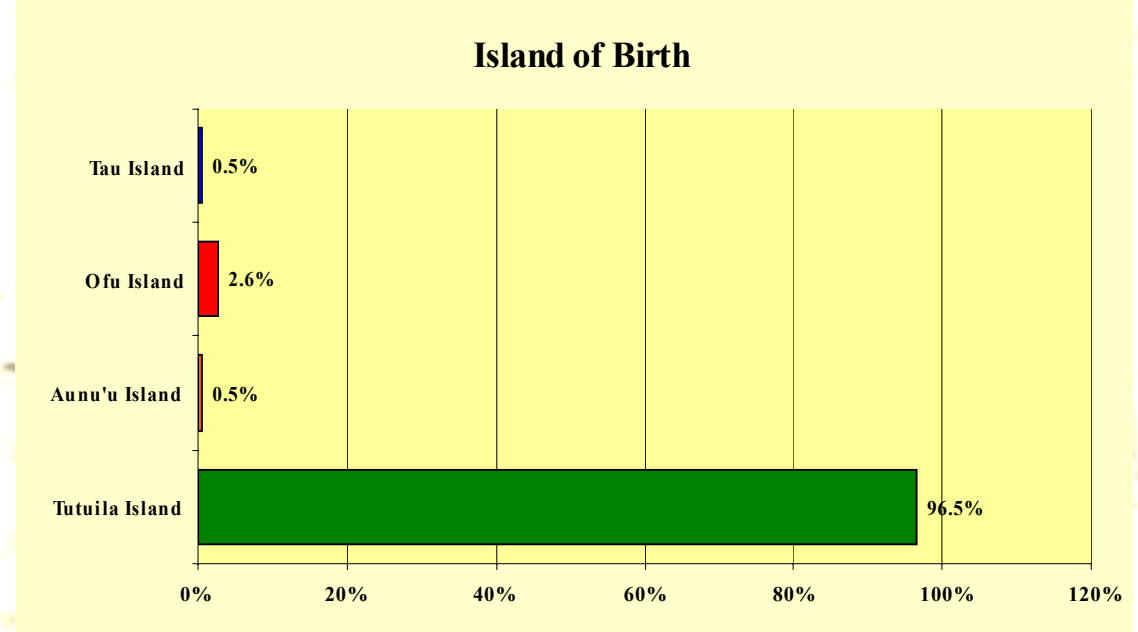
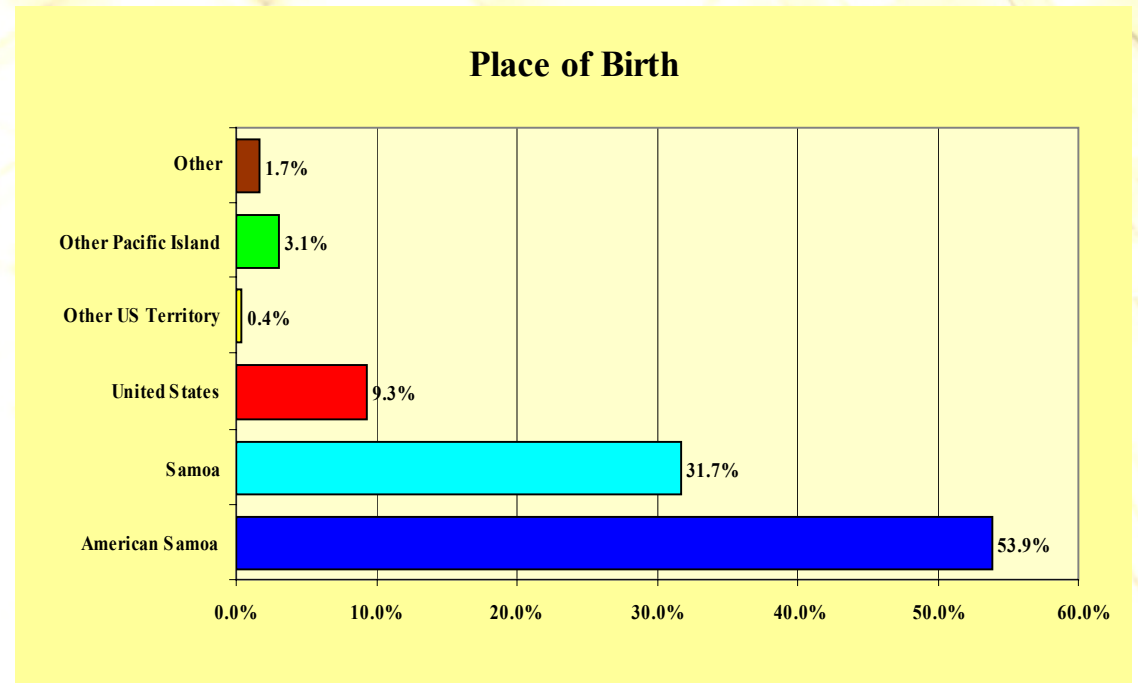
This survey collected data from citizens and non-citizens, and legal residents and non-legal residents. In fact, 1 in 5 respondents were not citizens or residents!



Place of Birth

In a manner similar to the discussion on citizenship, where people were born and for those born in American Samoa, the island of their birth are shown in the charts to the right. A total of 53.9% of respondents were born in American Samoa, a further 31.7% were born in independent Samoa. Less than 10% were born in the US, 3.5% from other Pacific Islands and other US Territories, and the rest are not known.

Of those born in American Samoa, 96.5% were born on Tutuila, 3.1% on Manu'a Islands, and 0.4% were born on Aunu'u Island.

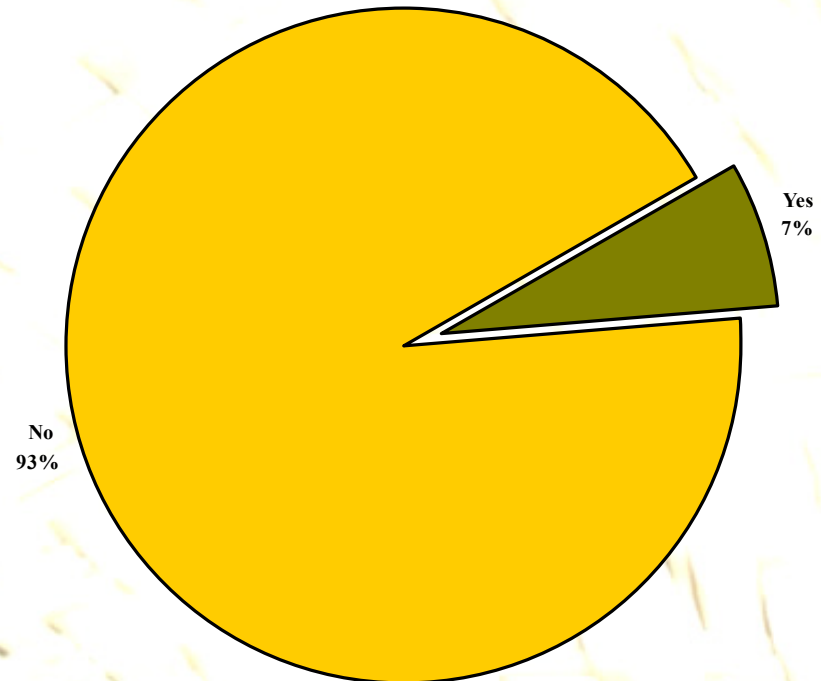


Veteran Status

The territories of the United States are fiercely loyal to the nation and are always over represented in the ranks of the military of the nation. This is particularly true of the population of the Territory of American Samoa.

In response to the question stated in the title of the chart to the right, 7% of the respondents indicated that they were indeed veterans. In examining the health system of American Samoa, it is important to note that the Veterans Affairs Department will soon be opening a health clinic in Pago Pago. That new clinic, plus the medical coverage that American Samoa's veterans already have makes them unique among the population in terms of health care access both in American Samoa and abroad.

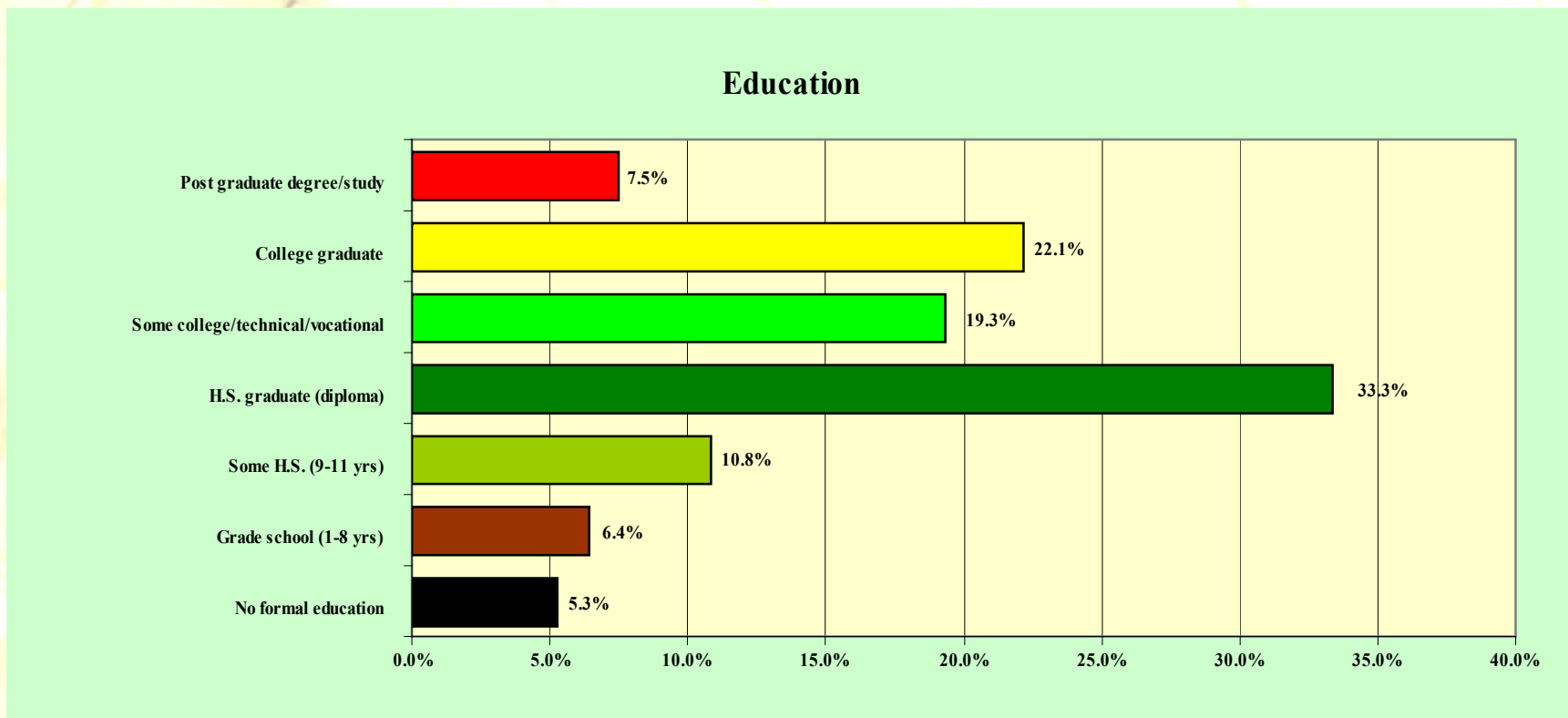
Have you ever served on active duty with the uniformed services of the United States of America?



Education*

No doubt in part because of the opportunity afforded veterans of the US Military and the high enlistment rates of the American Samoan population, the education levels among our respondents are high. Over 80% of the respondents have a high school education or better.

A continued focus on education, including a health-oriented curricula throughout the formal educational programs of the territory, will provide a real opportunity to assist the next generation to gain real advantages in both learning and health!

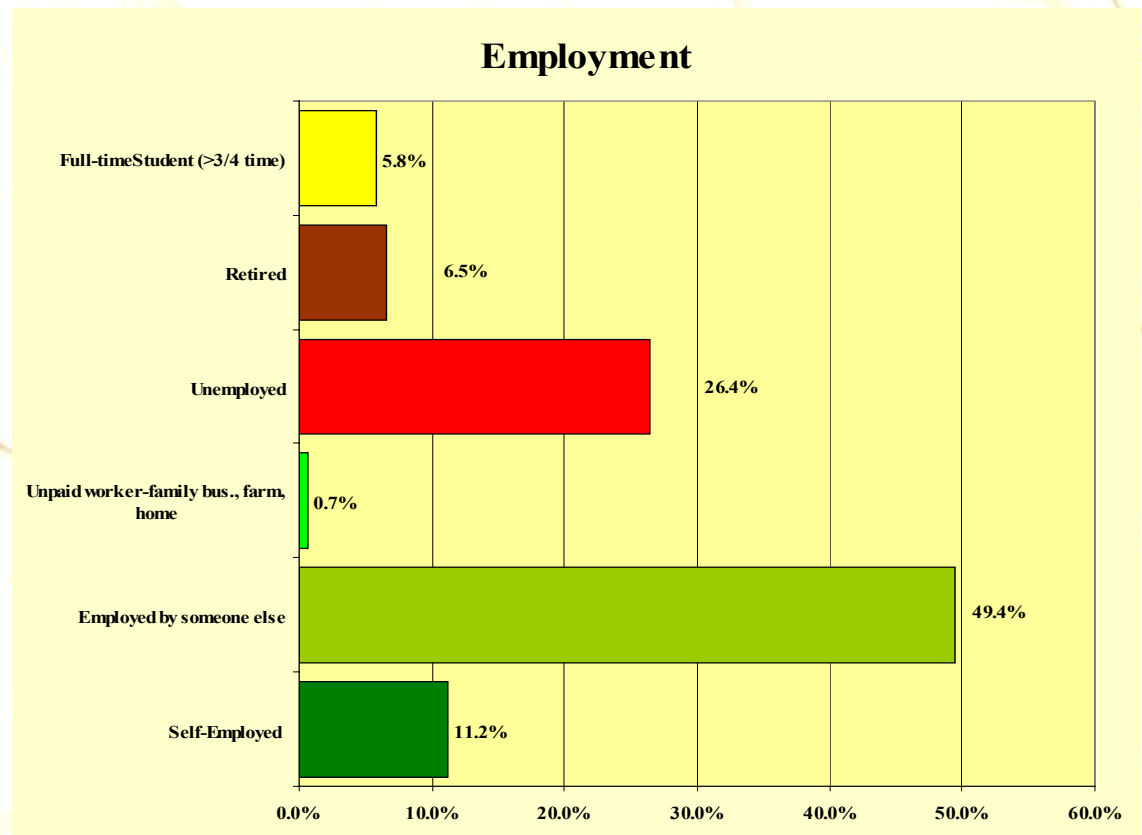


*Education is reported only for those older than 24 years

Employment

Employment opportunities within the territory are very limited. In terms of health care access, few jobs means little employment-based health insurance. Those employers who are not government or quasi government agencies, or the canneries (most of which do not participate in health insurance programs with their respective staff*) are mainly small businesses with limited resources to undertake any employee benefit plans. Further, the low salaries paid by all employers, especially by the canneries and small businesses, do not allow for surplus money to be available for employees to contribute to any meaningful health plan.

As can be seen from the chart to the right, 49.4% of those in the employment sector work for someone else, 26.4% are unemployed.

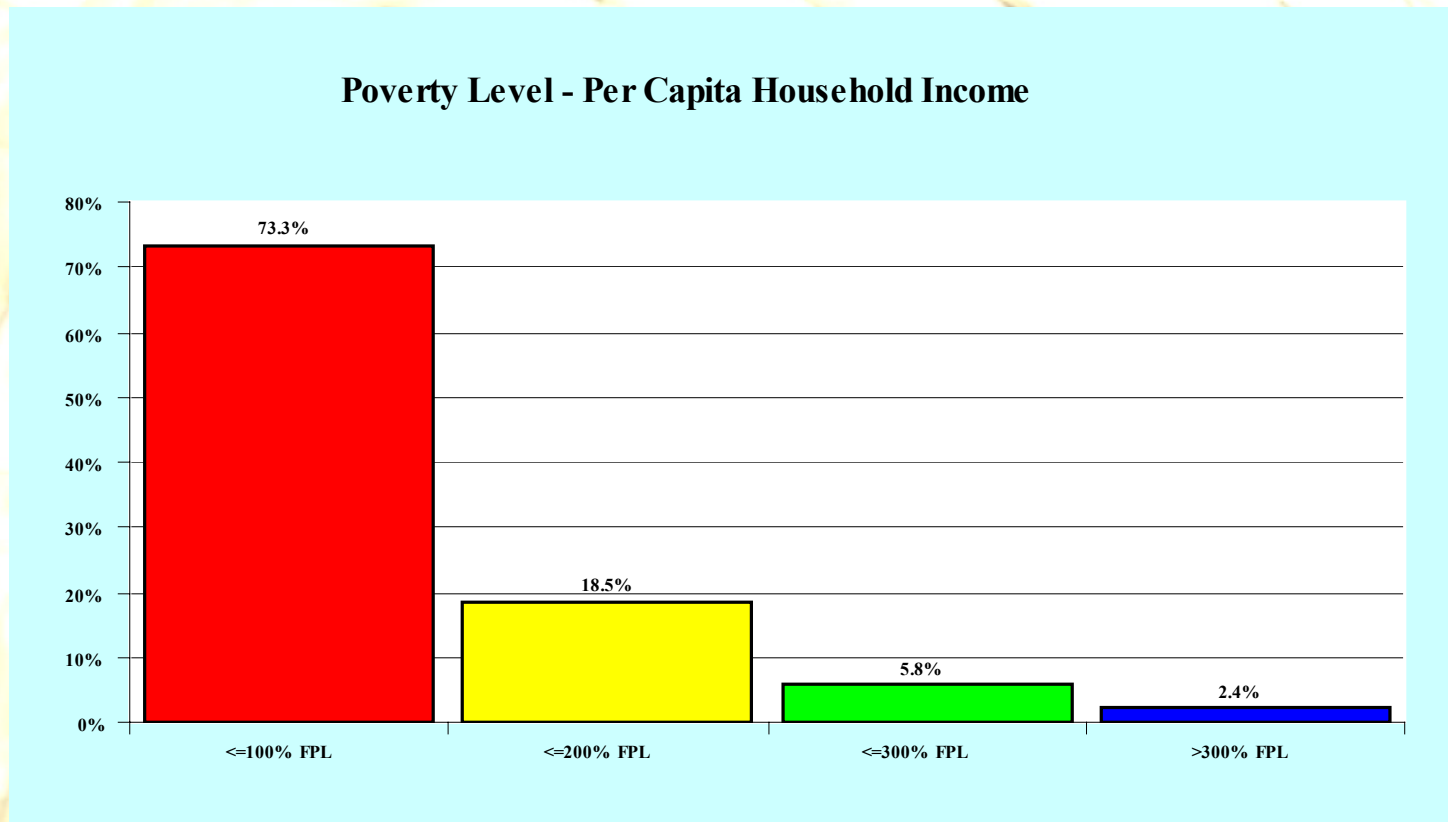


* DBAS, ASPA, ASTCA, Blue Sky, and the management at the canneries have limited health insurance plans to cover off-island health care. Off-Island companies such as Hawaiian Air, Bank of Hawaii, etc. have health plans similar to those offered in their home countries.

Per Capita Household Income

Incomes in American Samoa are low! The minimum wage in American Samoa ranges between \$2.91 and \$3.51 per hour depending on the industry to which it is applied. It is estimated that there are approximately 17,000 people in the labor force with about 4,500 of them employed by the territorial government, 5,000 employed by the canneries, and the balance distributed across the private sector employers involved in service and hospitality industries.

Family size in American Samoa tends to be larger than elsewhere in the nation. The 2000 US Census found that an average of just over 6 persons resided in each and every household in the territory. The combination of these two factors suggests that a large proportion of the territory's population are living at or below the individual federal poverty level. The chart below presents these data. While the US Census (2000) shows about 61% of residents below the poverty line, among our sample, 73.3% report household incomes and family sizes that place them below the poverty line.

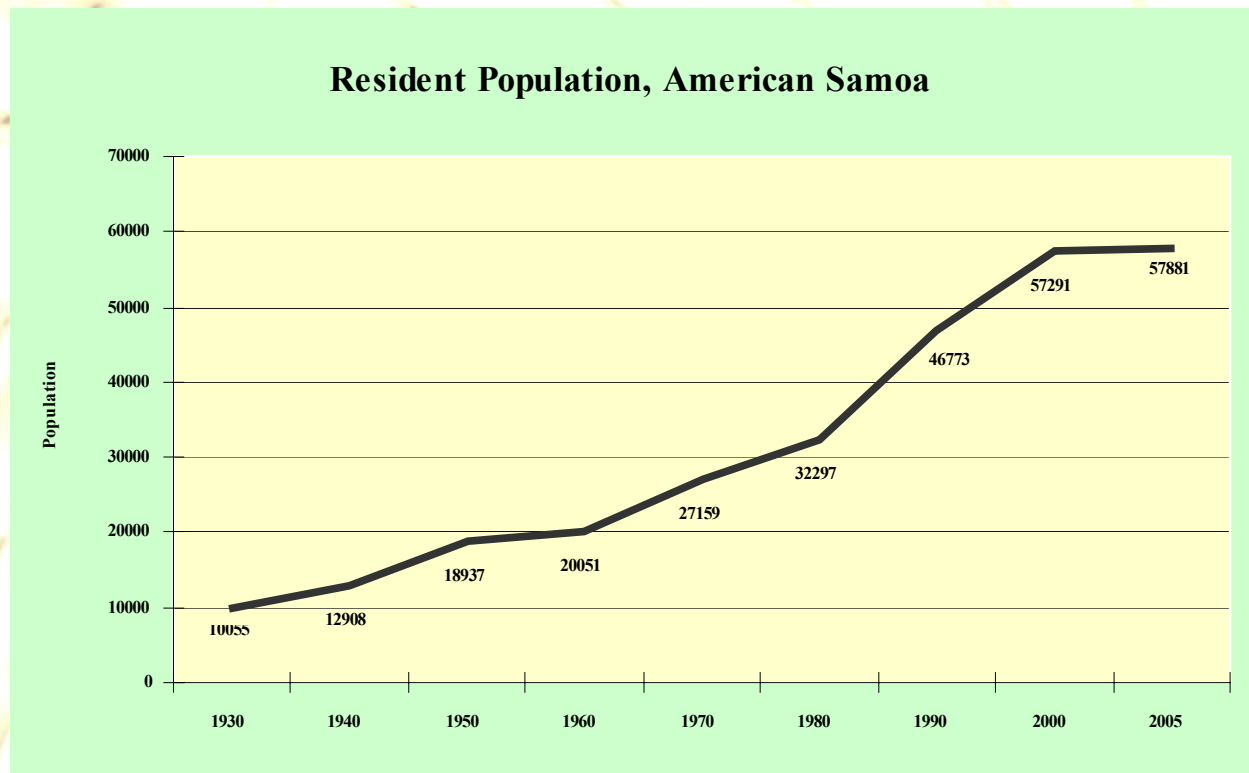


Population Distribution

The apparent steady growth in the population of American Samoa is clear from the following chart. The tapering off of the growth after 2000 may be an artifact of the reporting or estimating system and will not be adjusted until the 2010 census.

Since population is a driver of health care use, it would be expected that the utilization of the local health system will also have increased. In examining the chart below, the population has grown from 10,000 in 1930 to nearly 59,000 in 2005. A similar growth in the use of the health care system would be expected.

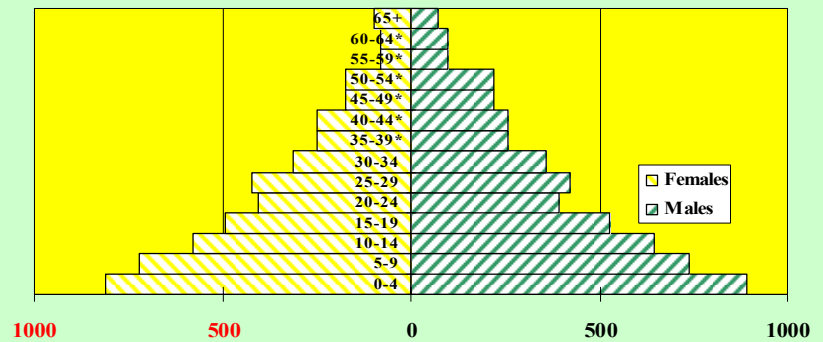
Data from the 1930 – 2000 Census produces the growth line for the territory. More revealing however, is the collection of population pyramids over the years showing the changing nature of the American Samoan population. It is important to look at the shift in sex ratio as well as overall age sex composition of the population since that provides the planning evidence for future projections. It also provides the health planners with information with which to predict future use of the health care system.



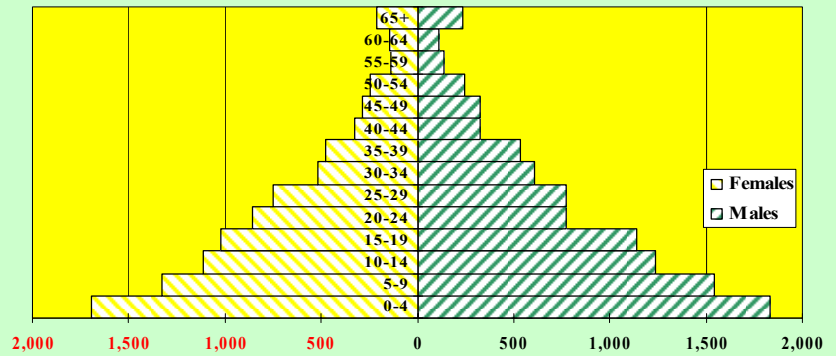
Population pyramids show the changes in population growth over time. In addition the changes in population distribution for age and gender are shown over time.

In the pyramids presented on this page, the 1930 data, show the range of population for both males and females as 0 to 1000. In the 1950 data the range is from 0 to 2000, and in 1970 it is 0 to 2500. For 2000, the range is from 0 to 5000. With that in mind, it appears that the 1950 pyramid shows a more typical “developing country” distribution than that of 1930. A large young population was present with very few elders. By 1970, an indentation at the age 20 – 39 levels shows the likelihood that these prime wage earners left for employment leaving their children behind with older relatives. By the 2000 census, the outflow of males had slowed but females were still leaving and at younger ages. At the same time, the youngest age groups were now leaving the territory, perhaps with their mothers.

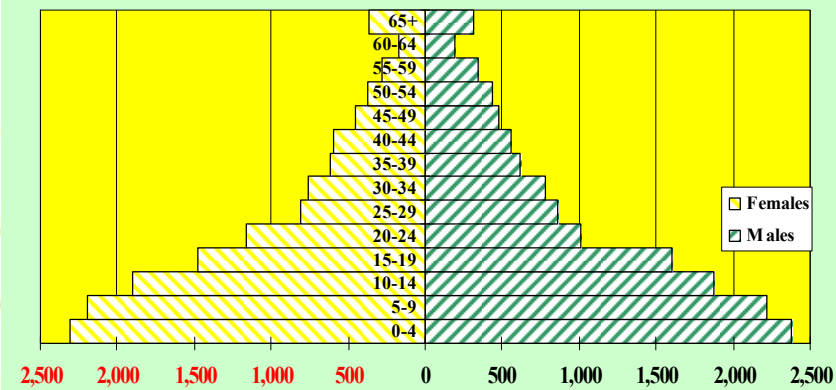
Population Distribution, by Gender, 1930



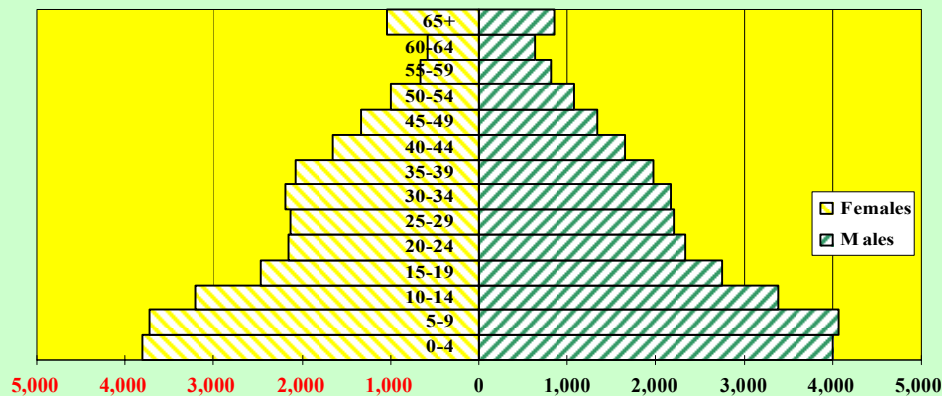
Population Distribution by Gender, 1950

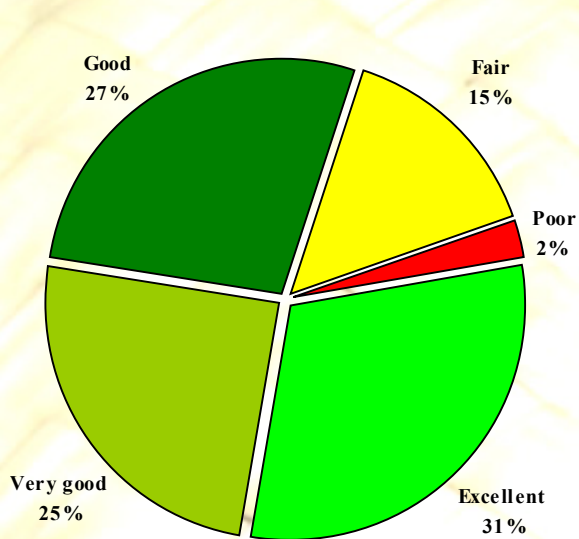


Population Distribution by Gender, 1970

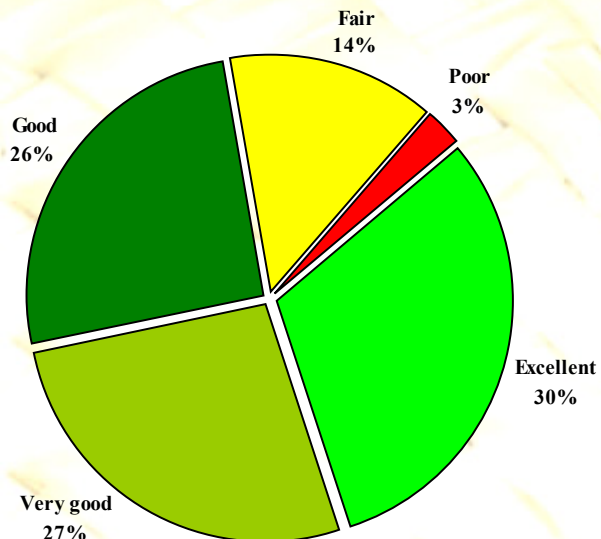


Population Distribution by Gender, 2000

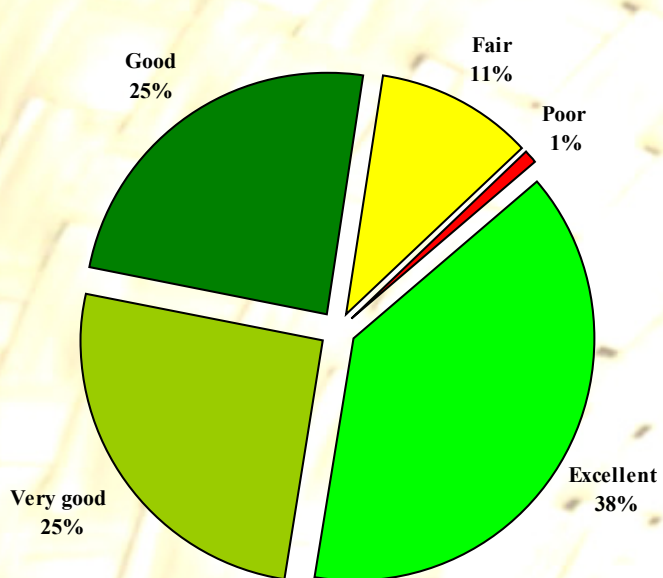




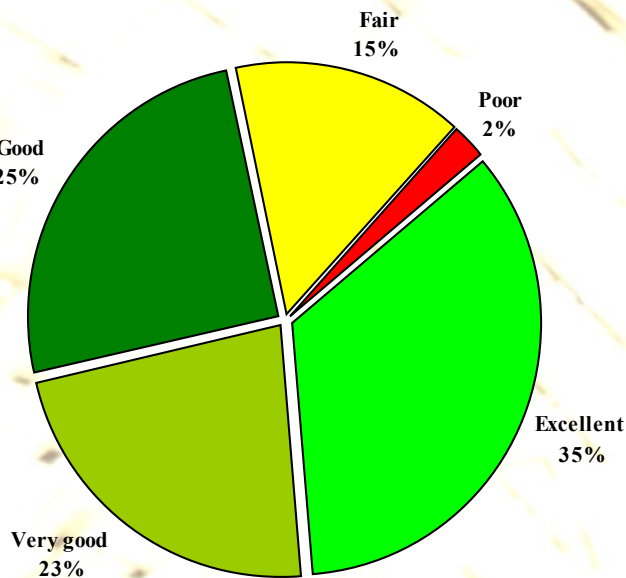
Tutuila Island



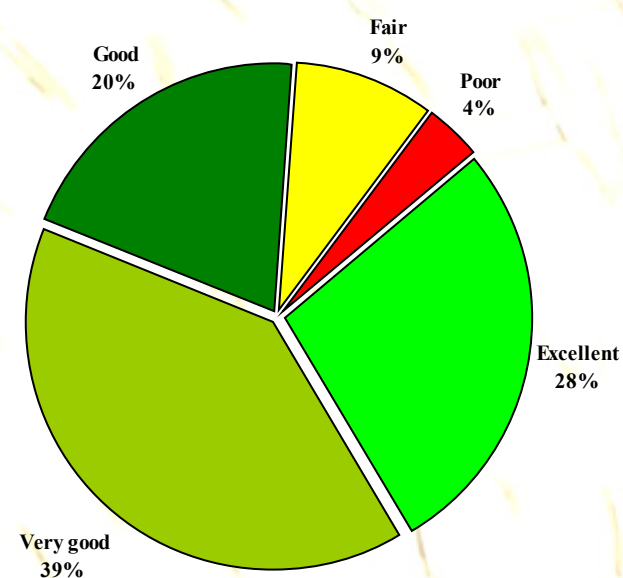
Manu'a Island



Western District



Central District



Eastern District

The Question:

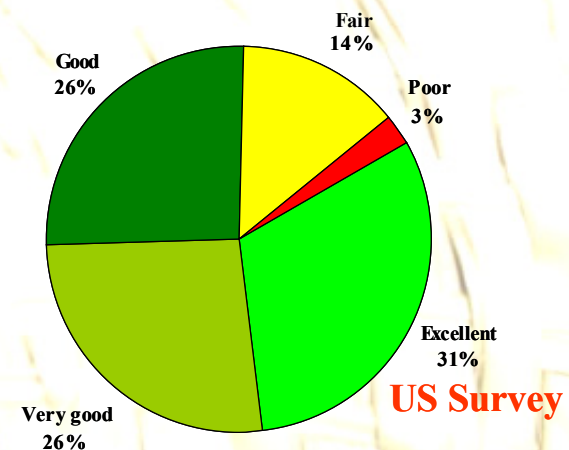
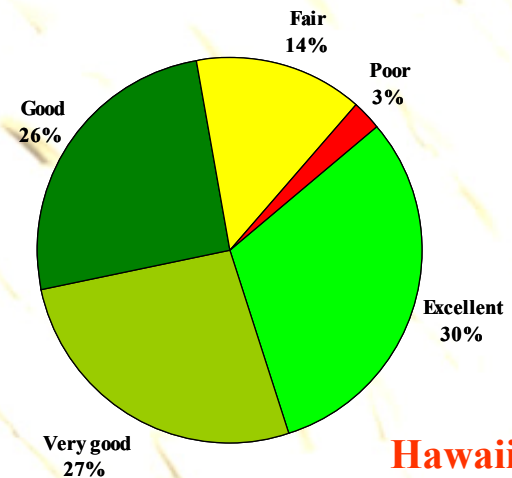
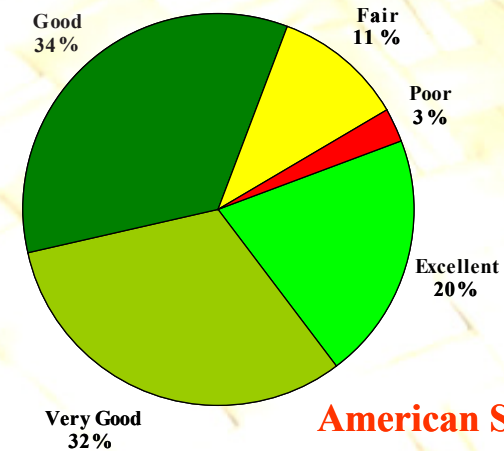
Would you say your health is: Excellent, Very Good, Good, Fair, or Poor? These two pages compare areas of American Samoa to other areas and to Hawaii and the Nation.

Health Status

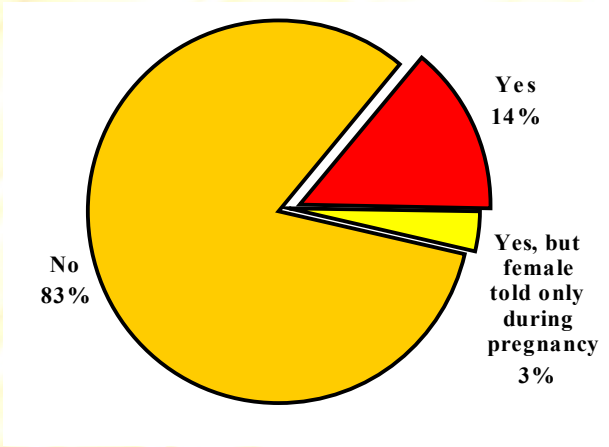
Eighty-three percent of the respondents to this survey said that they perceived their health to be “Excellent”, “Very Good” or “Good” in response to the question, “*Would you say that in general your health is:*.” In the 2005 Hawaii BRFSS and in the 2005 National HIS, 86.4% and 93% respectively responded the same way to the same question.

These findings are of some significance to those working in the health industry in that they challenge the dominant belief of many that “everyone is sick”. With such a high proportion of the population feeling that they are in good health, the opportunity to launch wellness initiatives that will enhance their health status must be seen as a potential way to contain health costs into the future.

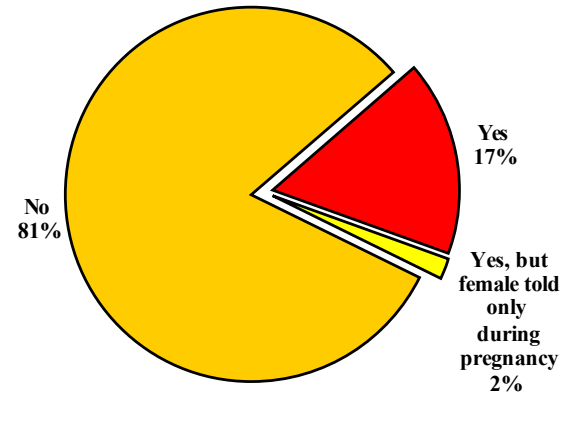
As will be seen in the following examination of the acute and chronic health status of the population, not everyone is healthy and yet the prevalent feeling is that at the individual level, people are able to see themselves as in excellent or at least good health.



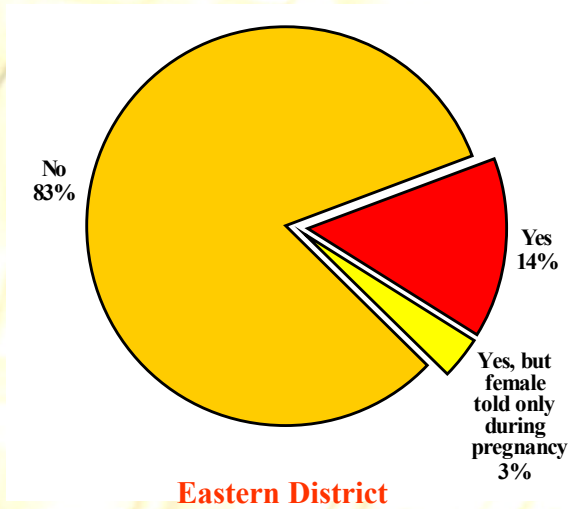
Chronic Conditions



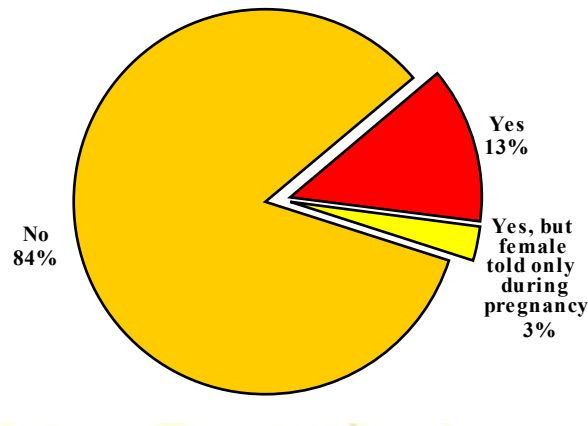
Tutuila



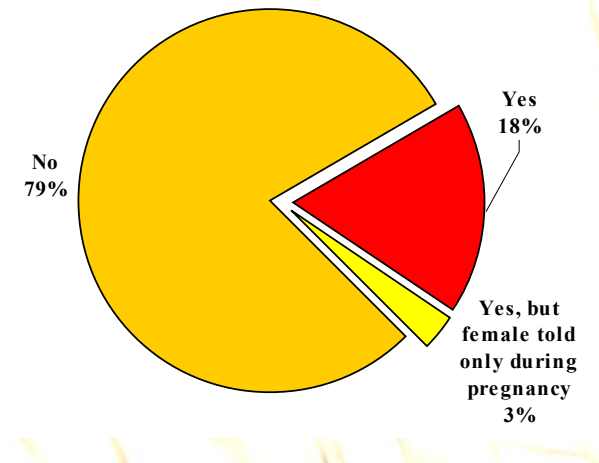
Manu'a



Eastern District



Central District



Western District

The Question:

Have you ever been told by a doctor that you have diabetes?

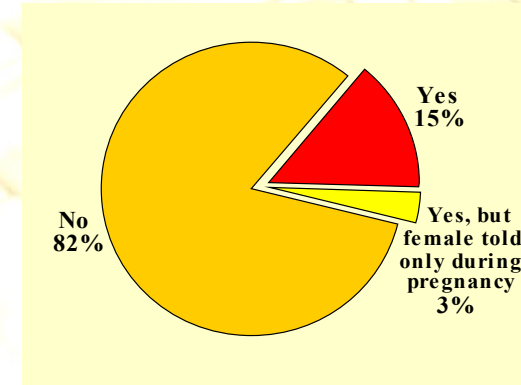
Diabetes mellitus is a health condition in which the body produces insufficient insulin to effectively process sugars and starches consumed by people with this disease. Untreated diabetes may result in amputation, blindness, and kidney disease requiring renal dialysis for the patient to live. Because most diabetes occurs after many years of asymptomatic presence in the body, only about 1/3 to 1/2 of all diabetes has been diagnosed at any point in time. Much diabetes can be adequately controlled with diet and exercise. Many diabetics, however, require medications in the maintenance of their disease.

On some occasions, pregnant women will develop “gestational diabetes” that closely resembles diabetes mellitus except that there is no history of the condition prior to the pregnancy and after birth, signs and symptoms of diabetes disappear.

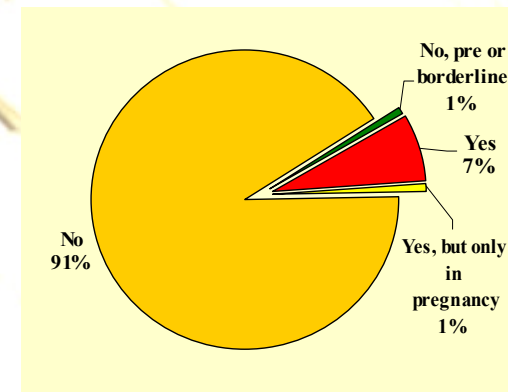
Diabetes is also related to high blood pressure, obesity, and sedentary life styles and there is a clear and persistent hereditary aspect to the disease.

You can see that the presence of diabetes is higher in American Samoa than in the rest of the United States or in the State of Hawai’i.

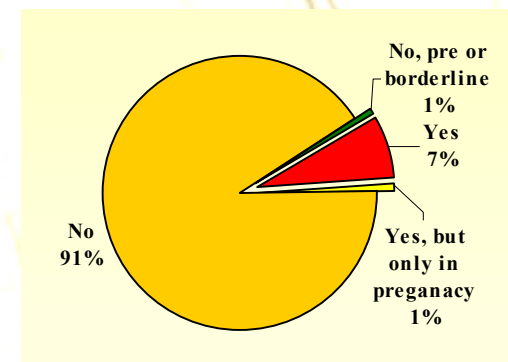
It is important to note that worldwide, it is recognized that the number of persons diagnosed with diabetes represents less than 1/2 of the true number with the disease at any point in time.



American Samoa



Hawaii



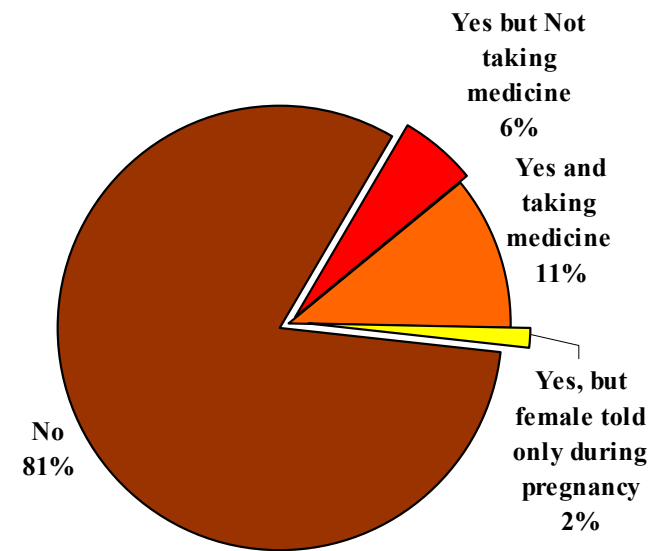
US Survey

Hypertension (or high blood pressure) is a condition in which the ratio between systolic and diastolic blood pressure exceeds 140/90 mm Hg*. Secondary hypertension is hypertension that is believed to be the result of another disease such as diabetes.

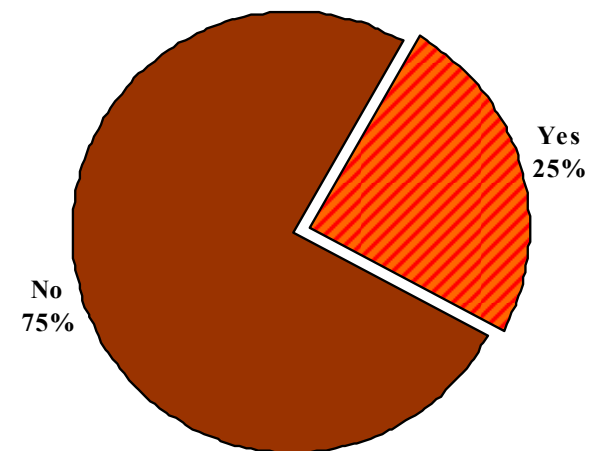
Clinical measures were not taken in this survey. Instead respondents were asked if they had ever been told by a health provider that they had hypertension or high blood pressure.

In this survey, 16.9 % of respondents said they had been told they had hypertension and a further 1.5 % were women told this only during pregnancy. These data are lower than the same indicators for Hawaii.

While it is possible that the true rates are lower, given the diabetes rates and the levels of obesity, it is most likely that the proportions who have had their blood pressure checked is lower in American Samoa.



American Samoa

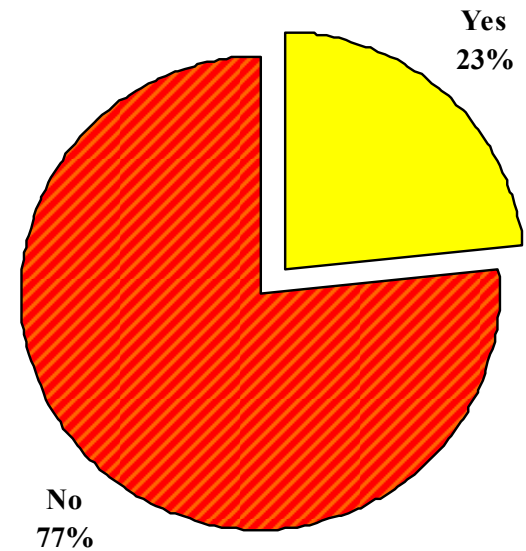


Hawaii

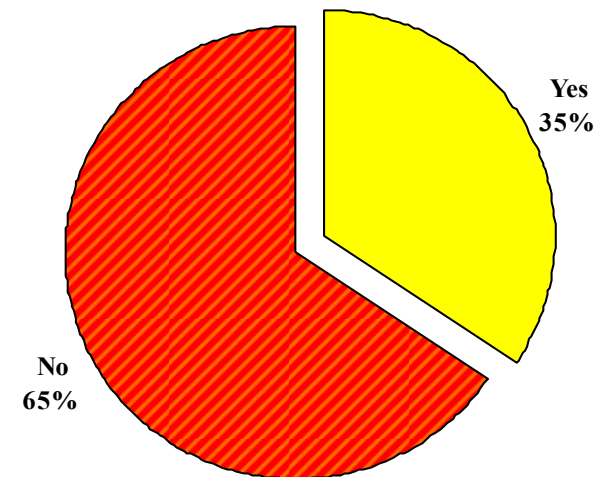
*Measured in millimeters of mercury, a measure of pressure

Cholesterol is a soft, waxy substance found in all parts of the body. This includes the nervous system, skin, muscle, liver, intestines, and heart. It is made by the body and also obtained from food products in the diet. Cholesterol is manufactured in the liver for normal body functions, including the production of hormones, bile acid, and vitamin D. It is transported in the blood to be used by all parts of the body. However, when there are high levels of cholesterol in the blood, problems arise in terms of heart disease and arteriosclerosis. In general, the desired level of serum (blood) cholesterol is less than 200 mg/dl of blood. If one has a higher level they are likely to be diagnosed with “high cholesterol” or “high blood cholesterol”.

People in American Samoa were asked if they had been told they had high cholesterol by a health provider and 23% responded that they had been. For those in Hawaii, 34.5% were told they had high cholesterol. Our American Samoa sample was somewhat younger than the general population which may in part explain the low levels. Also, only 29% of the respondents had their cholesterol tested but in Hawaii 80% had it done. It is likely that the American Samoa data underestimate the extent of high cholesterol.



American Samoa

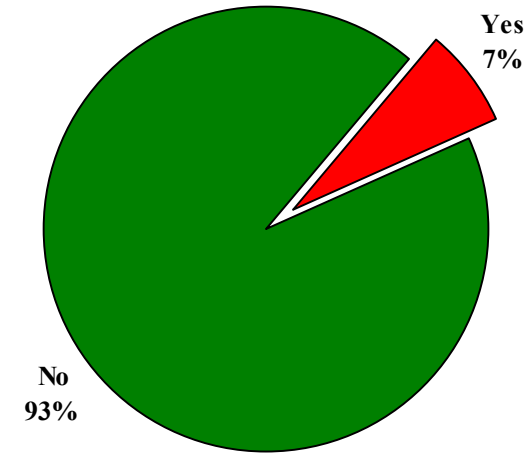


Hawaii

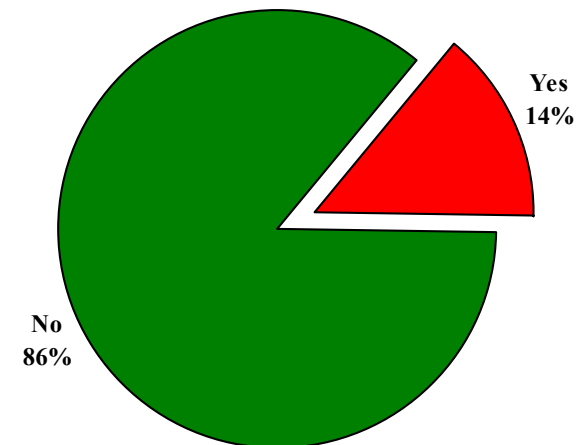
Asthma is an inflammatory disorder of the airways, characterized by periodic attacks of wheezing, shortness of breath, chest tightness, and coughing.

Most people with asthma have periodic wheezing attacks separated by symptom-free periods. Some asthmatics have chronic shortness of breath with episodes of increased shortness of breath. Other asthmatics may have cough as their predominant symptom. Asthma attacks can last minutes to days, and can become dangerous if the airflow becomes severely restricted.

In sensitive individuals, asthma symptoms can be triggered by inhaled allergens (allergy triggers), such as pet dander, dust mites, cockroach allergens, molds, or pollens. Asthma symptoms can also be triggered by respiratory infections, exercise, cold air, tobacco smoke and other pollutants, stress, food, or drug allergies.



American Samoa

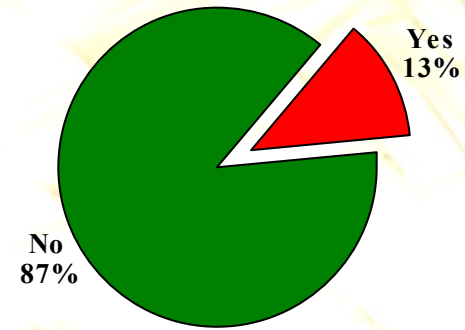


Hawaii

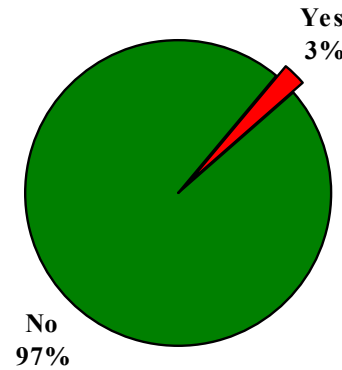
Asthma is found in 3-5% of adults and 7-10% of children. Half of the people with asthma develop it before age 10, and most develop it before age 30. Asthma symptoms can decrease over time, especially among children.

Respondents were asked if they had been told by a health provider that they had asthma. In this sample 7.3% responded that they had been told that they had asthma.

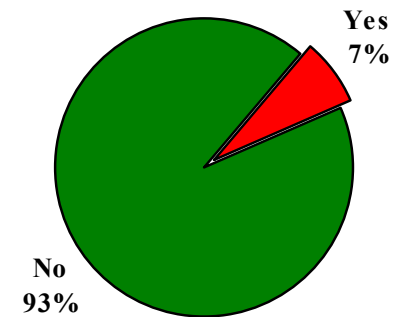
Comparatively, the American Samoa rate is about half the rate for Hawaii (14%) as well as lower than the national rate of 13%. Given the similarity in environmental pollens and the higher levels of dusts and other contaminants in American Samoa, it is most probable that the low rates are again an artifact of the health care system's inability to detect and diagnose the condition.



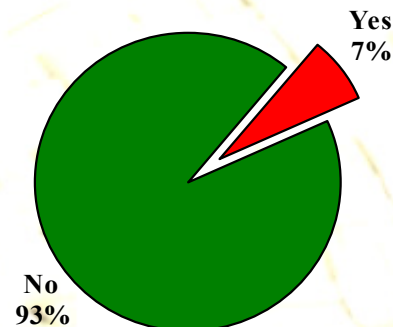
US Survey Data



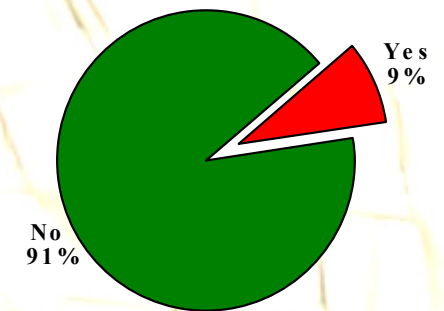
Manu'a



Western District

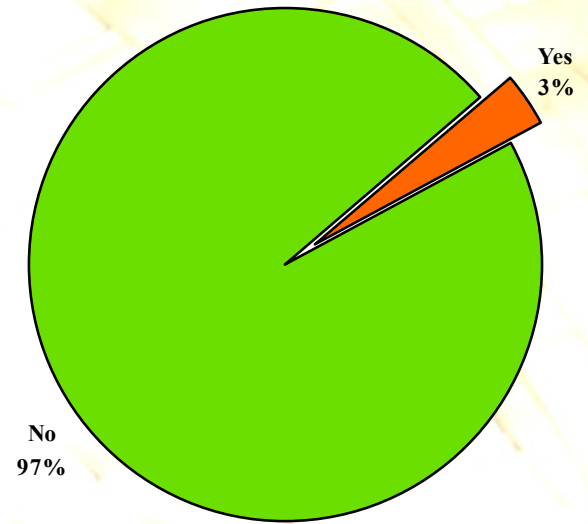


Central District

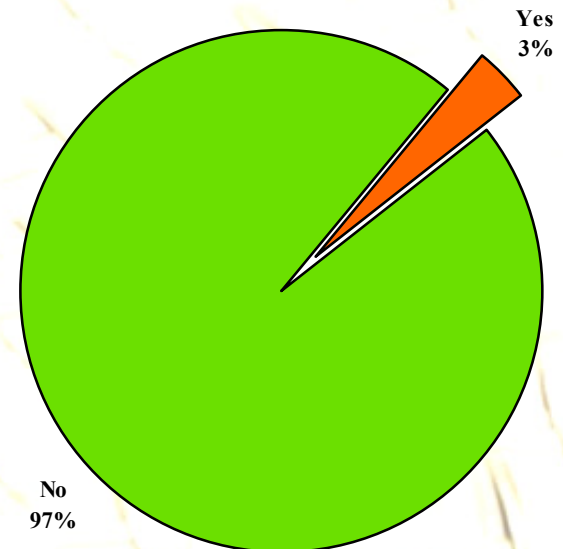


Eastern District

A Heart Attack occurs when the blood supply to part of the heart muscle itself -- the myocardium -- is severely reduced or stopped. The medical term for heart attack is myocardial infarction. The reduction or stoppage happens when one or more of the coronary arteries supplying blood to the heart muscle is blocked. This is usually caused by the buildup of plaque (deposits of fat-like substances), a process called atherosclerosis. The plaque can eventually burst, tear or rupture, creating a "snag" where a blood clot forms and blocks the artery. This leads to a heart attack. A heart attack is also sometimes called a coronary thrombosis or coronary occlusion. If the blood supply is cut off for more than a few minutes, muscle cells suffer permanent injury and die. This can kill or disable someone, depending on how much heart muscle is damaged.



American Samoa



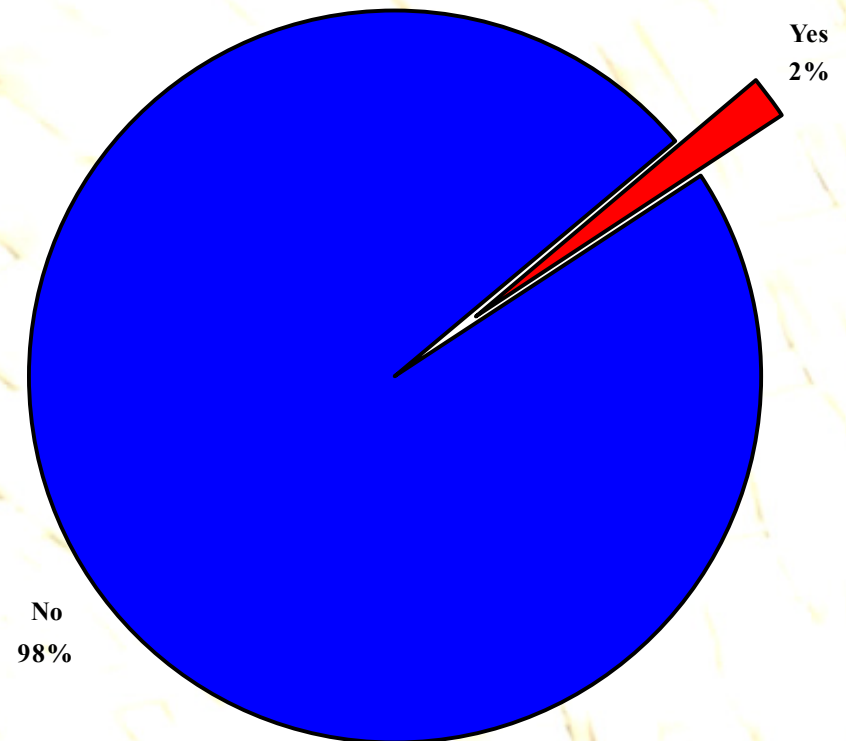
Hawaii

A Stroke occurs when a blood vessel (artery) that supplies blood to the brain bursts or is blocked by a blood clot. Within minutes, the nerve cells in that area of the brain are damaged, and they may die within a few hours. As a result, the part of the body controlled by the damaged section of the brain cannot function properly.

An ischemic stroke is caused by a reduction in blood flow to the brain. This can be caused by a blockage or narrowing in an artery that supplies blood to the brain or when the blood flow is reduced because of a heart condition or another ailment.

A hemorrhagic stroke develops when an artery in the brain leaks or bursts and causes bleeding inside the brain tissue or near the surface of the brain.

In the respondent data from the American Samoa Health Survey, 2005, 2% of respondents said they had been told by a health provider that they had a stroke.



Body Mass Index – Normal Distribution

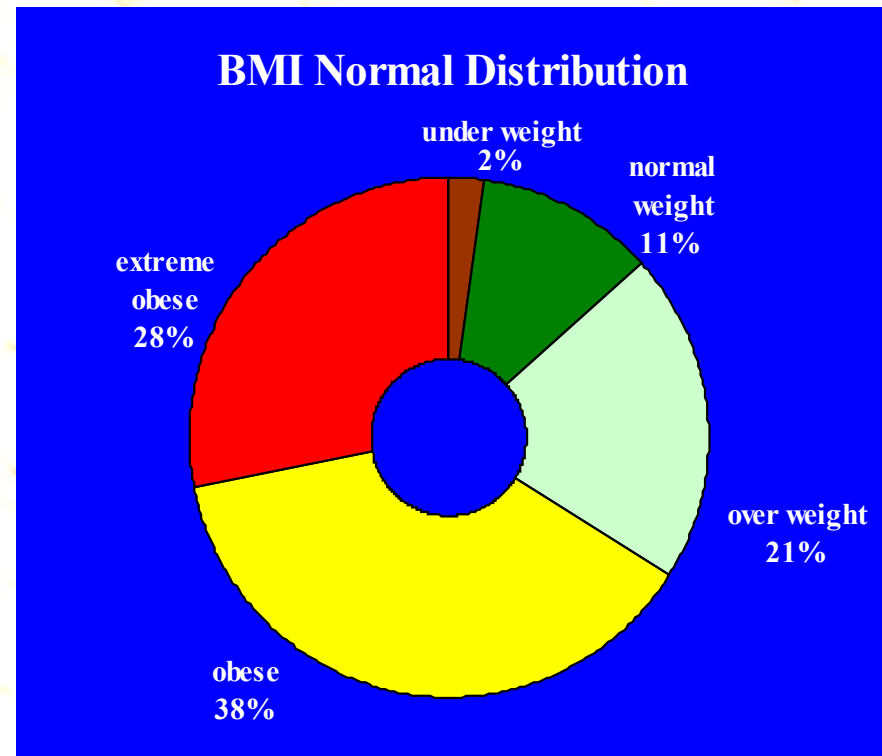
The Body Mass Index is the most commonly used measure of physical proportion involving both height and weight. Its calculation is done as follows:

$$\frac{\text{(Weight in pounds)}}{\text{(Height in inches)}^2} * 703$$

The standard or normal categories of the BMI are:

- Under 19 = under weight
- 20 – 24 = normal weight
- 25 – 29 = over weight
- 30 – 39 = obese
- > 40 = extreme obese

Using the normal distribution of BMI scores, 66% of all respondents were in the obese and extreme obese categories.

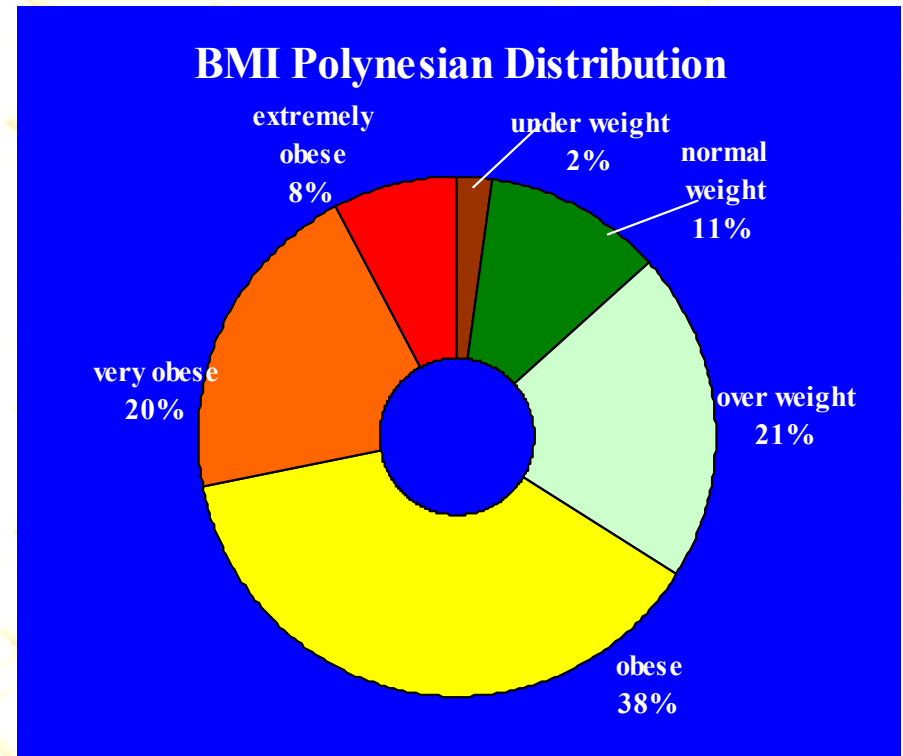


Body Mass Index – Polynesian Distribution

The Body Mass Index has been criticized because it does not account for the higher bone density that is present in Polynesian populations. As a result of additional research, a revised set of categories of the BMI has been produced for Polynesians. These are:

- < 19 = under weight
- 20 – 24 = normal weight
- 25 – 29 = over weight
- 30 – 39 = obese
- 40 – 49 = very obese
- >50 = extremely obese

In this chart, it is important to note that, even with the Polynesian adjustment to the BMI categories, fully 66% of the respondents were in the obese, very obese or extremely obese categories.



Risk Behaviors

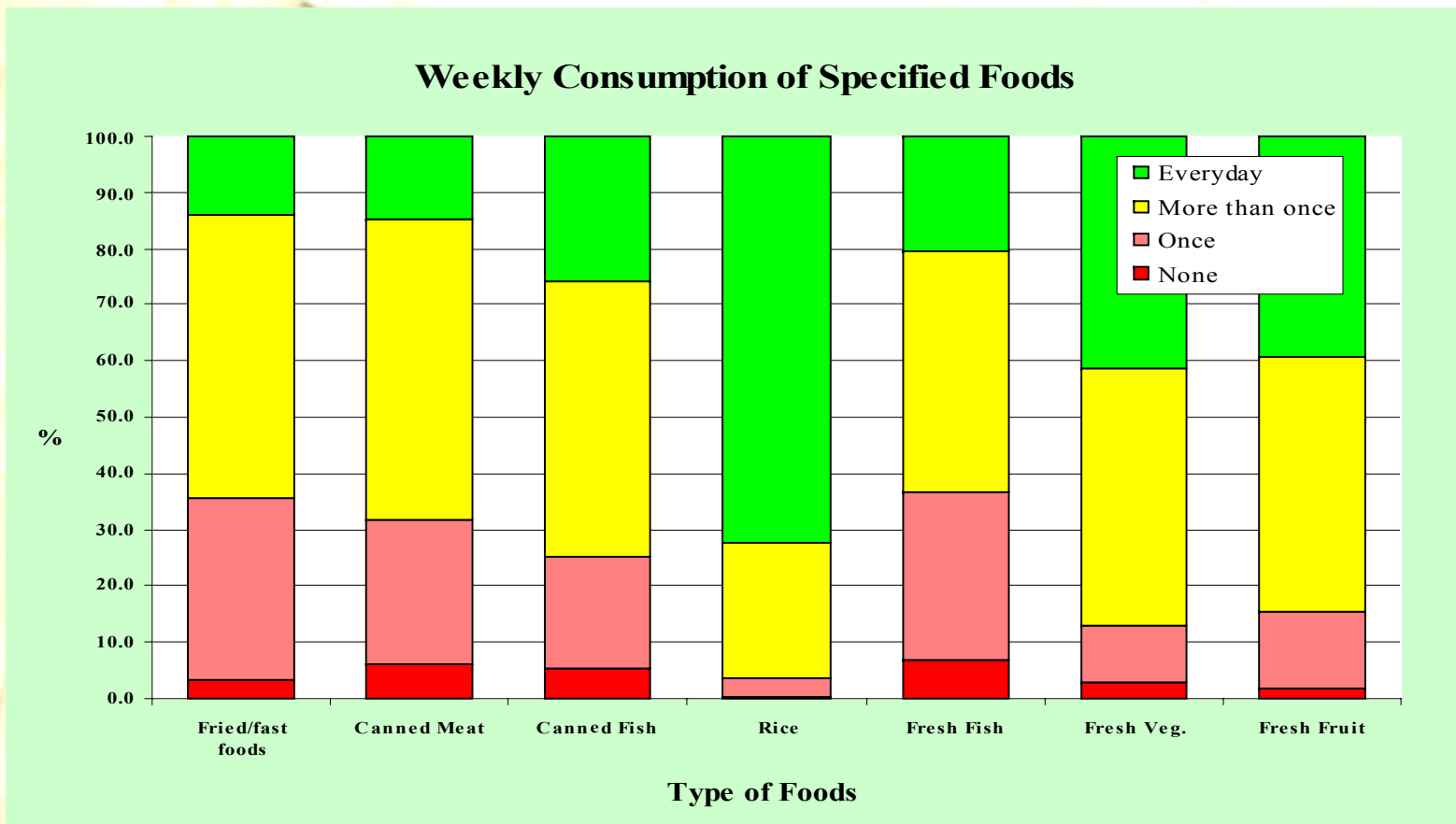
In considering the potential costs for health care in American Samoa it is important to look at what the people are doing to improve, protect and promote their health, and what they are doing to decrease their risk for bad health outcomes. The Centers for Disease Control has created an array of indicators of health risk behaviors and administer them across the nation annually through the Behavioral Risk Factor Surveillance System.

The following data are presented from the American Samoa Health Survey, 2005 along with comparable data from Hawaii and the US to increase the reader's sense of where American Samoa fits with respect to these items.

Dietary

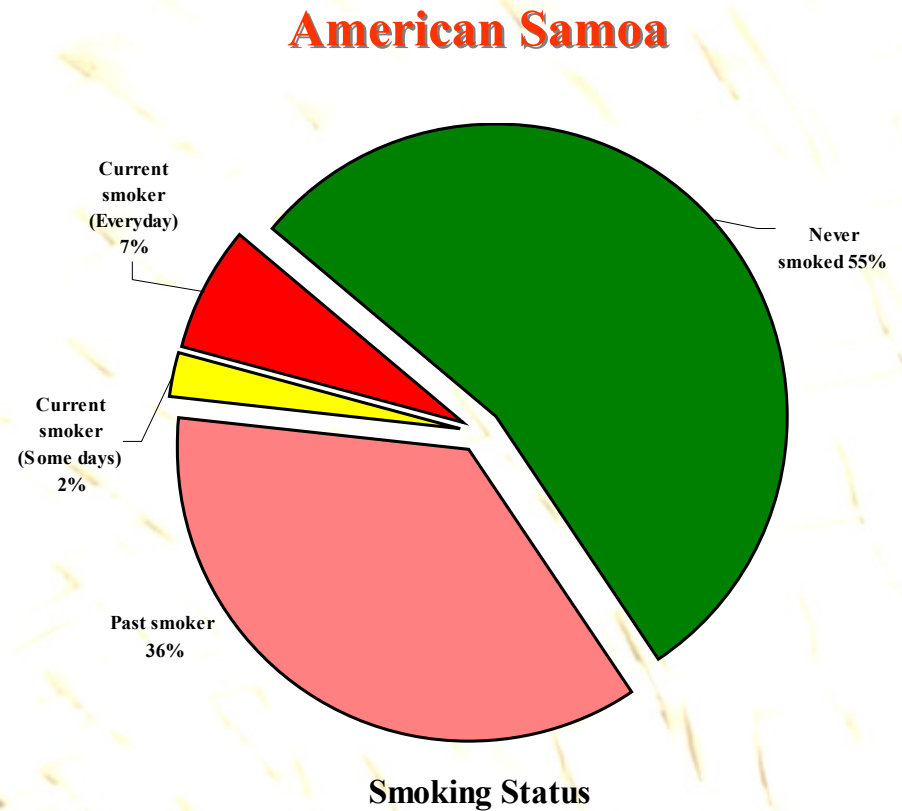
As will be seen in the many charts that follow, American Samoa needs to be seriously concerned about what and how much food they eat. The chart on this page contains respondents' data about what foods they consume weekly. Daily foods are shown in green and are made up of rice, fresh vegetables and fruit (good things), followed by canned fish, fresh fish (good if not fried), canned meat, and fried foods, in that order.

While we did not collect information about the methods of preparation nor the serving sizes, given the rates of diabetes and the extreme levels of obesity in the community, dietary intake needs to be a matter for everyone's concern.

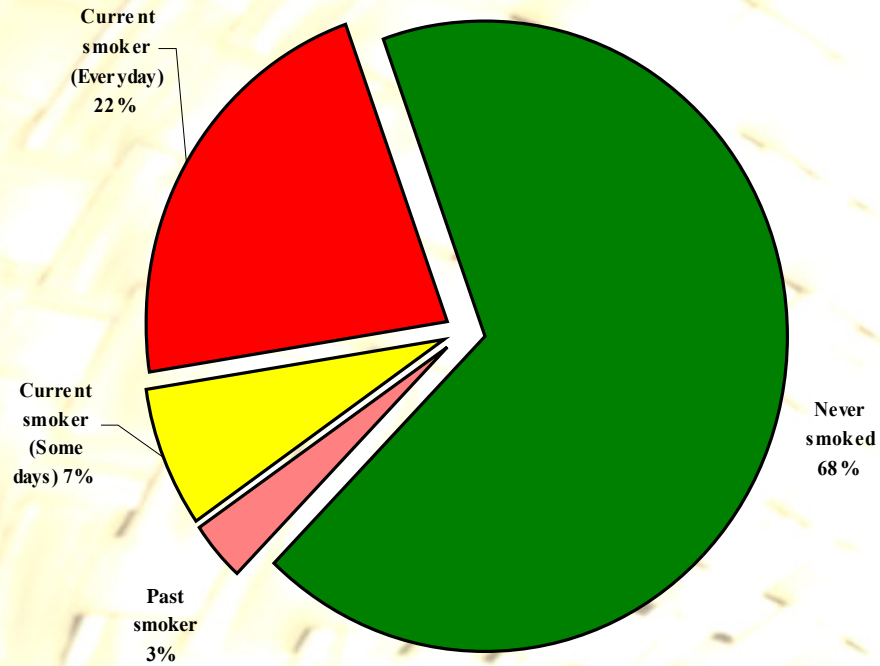


Tobacco Use

Thirty-two percent of respondents in American Samoa said that they had been smokers at some time in their lives. These data are lower than the comparable data for the US (46%) and Hawaii (43%). The charts show the very high proportion of “Ever Smokers” who have continued to smoke. Given the irrefutable evidence about the dangers of smoking and of second hand smoke, this should be a major concern for American Samoa.

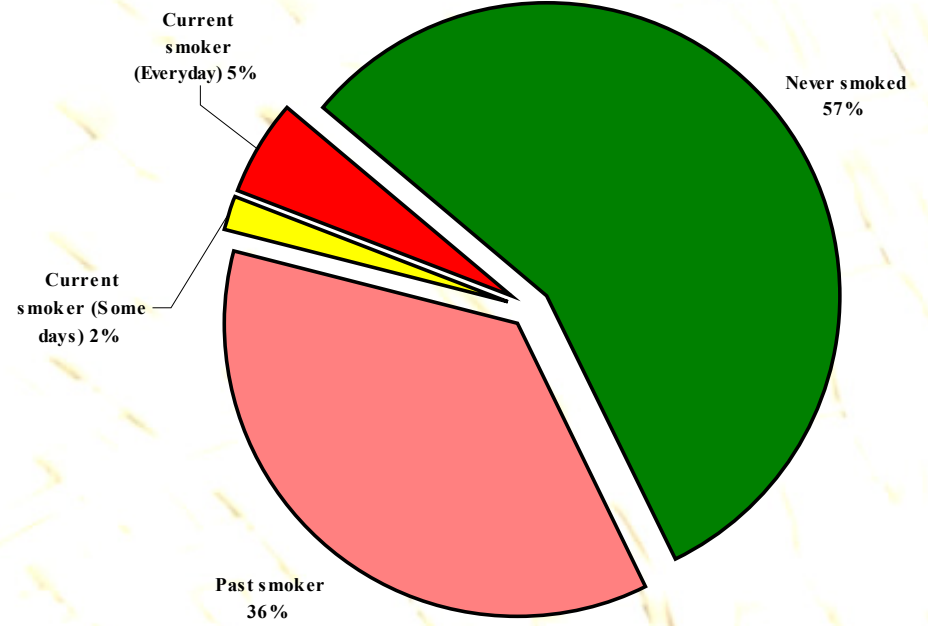


United States



Smoking Status

Hawaii

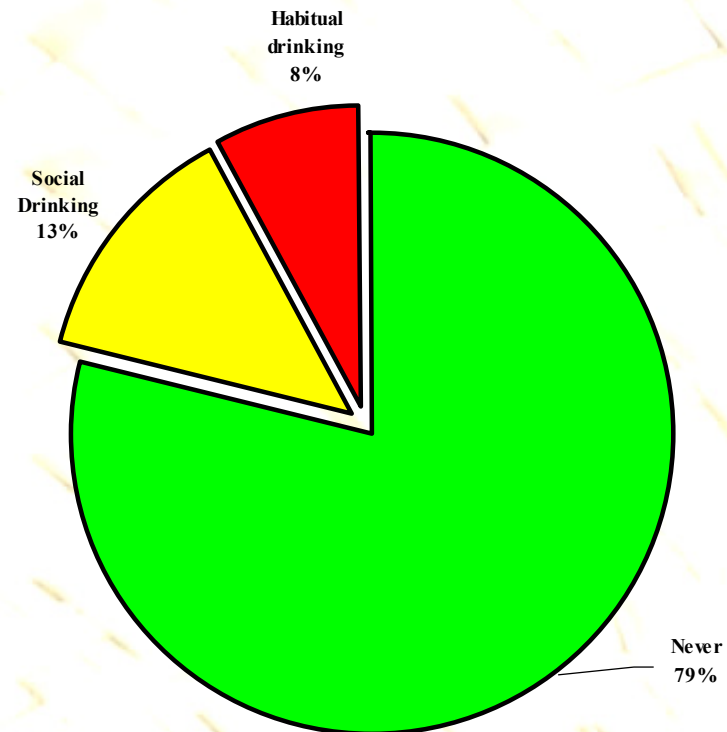


Smoking Status

Alcohol use

Alcohol consumption has been described as providing some medicinal effects when used in moderation. The determination of who is a drinker and who is not is often done by asking about consumption patterns, beginning with light/social drinkers, then heavy drinkers, and finally binge drinkers. In all these categorizations, only those who said they had ever had a drink of alcohol were included.

In American Samoa, 78.8% of the population indicate that they do not and have never consumed alcohol. On the chart to the right, 12% indicate that they consume at least one drink of alcohol less than 2 times per week, 9% of respondents indicate that they consume at least one drink of alcohol at least two times per week for the last 30 days.



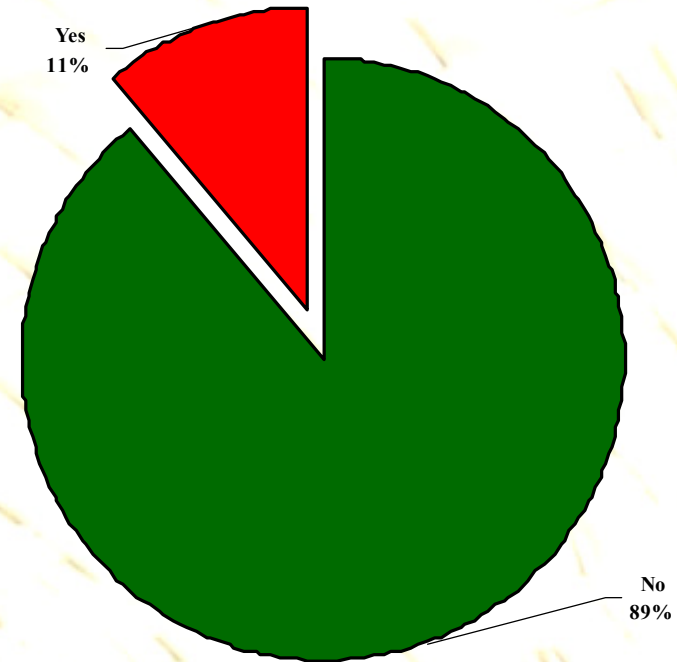
SOCIAL DRINKING – is defined as consuming at least one drink of alcohol less than twice per week in the past thirty days.

HABITUAL DRINKING – is defined as consuming at least one drink of alcohol at least twice per week in the past thirty days.

Heavy Drinking

Beyond the level of social drinking, the heavy drinkers consume more than one drink at a sitting at least every other day or three times per week. While 89% of respondents either do not drink or drink socially.

Heavy drinking is seen as a prelude to binge and chronic drinking and should be addressed during the individual's most active years!

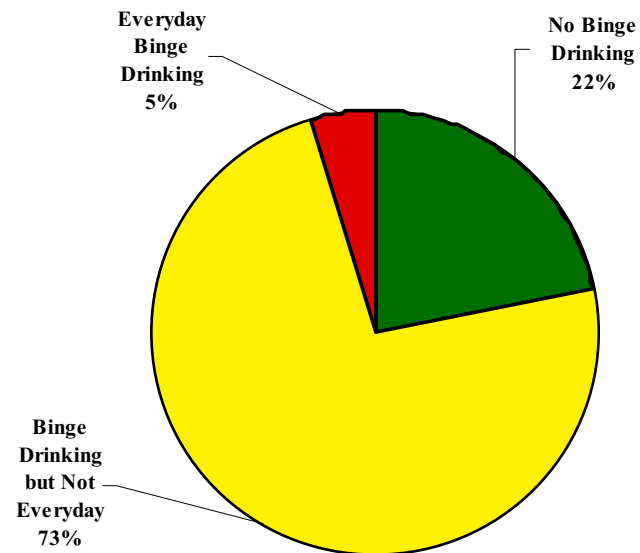


Binge Drinking

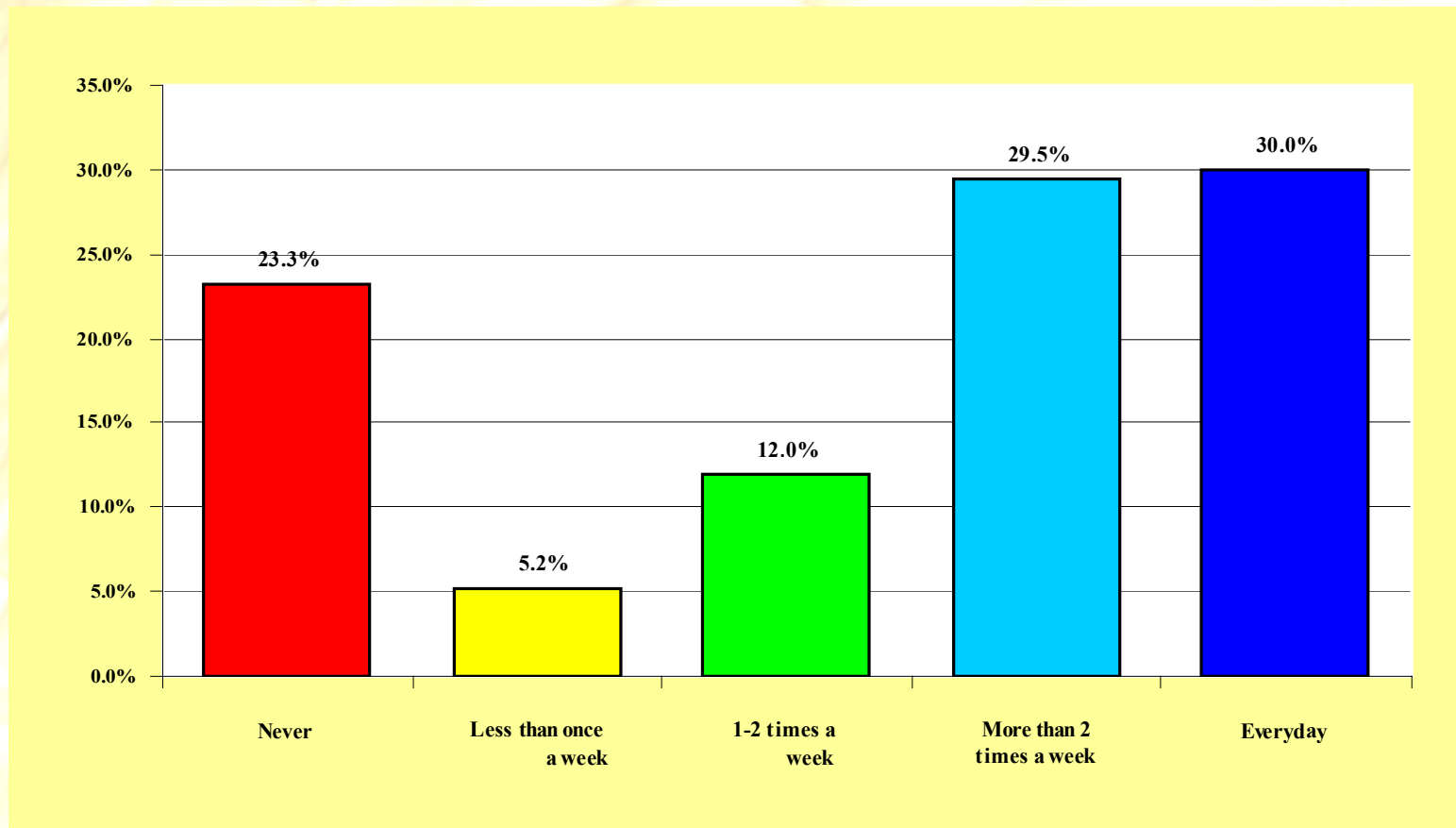
Binge drinking is defined as the consumption of 5 or more drinks of alcohol at a single sitting, once or more over a thirty day period. Binge drinking is seen as a substantial risk to the health of adults, resulting a variety of alcohol related diseases such as cirrhosis of the liver and Korsakov's syndrome, as well as elevated rates of accidents and injuries and deaths where alcohol impaired the individuals responses to danger.

In American Samoa, those who drink often partake in binge drinking! Of those who drink, nearly 4 in 5 binge drink at least one time per month. In addition, 5 % claim to binge drink daily.

Unlike many other substances of abuse, excessive use of alcohol results in serious and costly health problems that develop over 20 or more years. The current rates of alcohol abuse assure higher health costs into the future.



Exercise



Exercise information was collected in this survey by asking respondents to report on the frequency of exercising on a monthly basis, not including that done at work. While 23.3% of respondents indicated that they did not exercise at all, 39% said they did so on a daily basis.

The survey did not delve into the nature of the exercise, nor the duration of the exercise sessions. The fact that people in American Samoa are making a conscious effort to exercise is something that can be encouraged and developed as part of a community wellness effort.

Public Health Functions

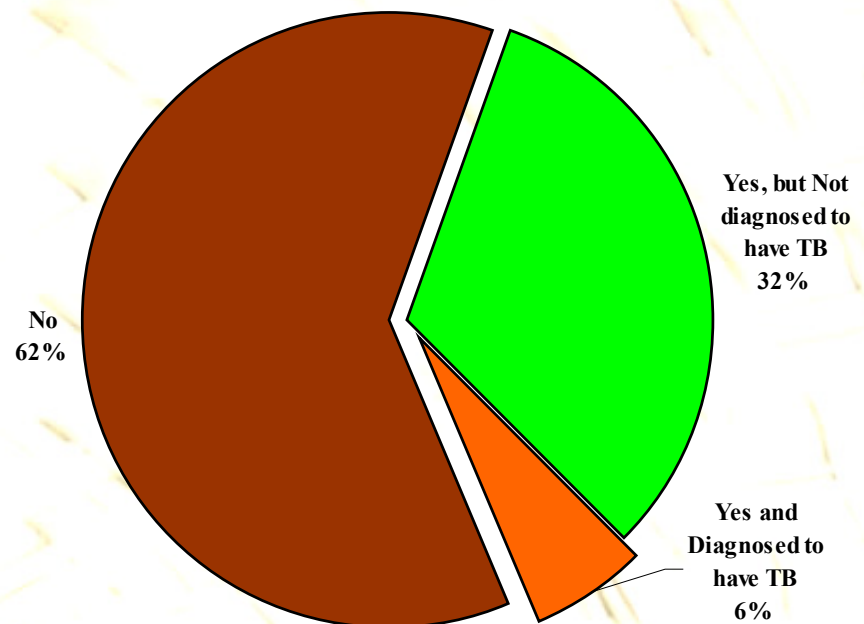
Tuberculosis (commonly shortened to TB) is an infection caused by the bacterium *Mycobacterium tuberculosis*, which most commonly affects the lungs but can also affect the central nervous system, lymphatic system, circulatory system, genitourinary system, bones and joints.

Tuberculosis is one of the most deadly and common major infectious diseases today. TB is one of the top four infectious killing diseases in the world: TB kills 1.7 million, and malaria kills 2-3 million annually.

Only 38% of the respondents to this survey had ever been tested for TB and a total of 6% of the respondents had been tested and told that they had TB.

The provision of TB Testing is a function of the Department of Public Health in American Samoa. Since the data collected relate to lifetime occurrences, the fact that less than 2 in 5 respondents in American Samoa have ever had a TB test suggests quite strongly that the DOH is not reaching the general population in its outreach efforts. It further suggests that since TB Clearance is commonly required by law for those persons in continual public contact such as teachers or food handlers, that the population in American Samoa have greater risk for contracting TB than those living in places where the monitoring and detection systems for tuberculosis are strong.

Tuberculosis Testing

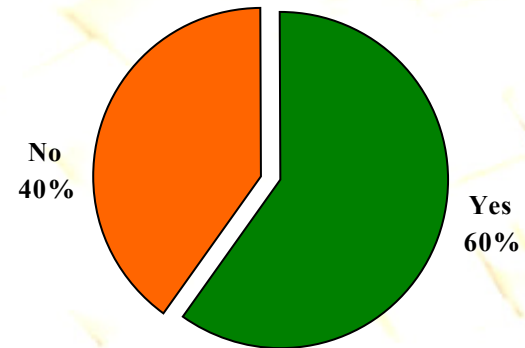


American Samoa

Flu shots are strongly recommended by the Centers for Disease Control and Prevention as well as the Territorial Health Department for those over 65 years of age and persons at risk due to compromised immune systems such as diabetics and persons with HIV.

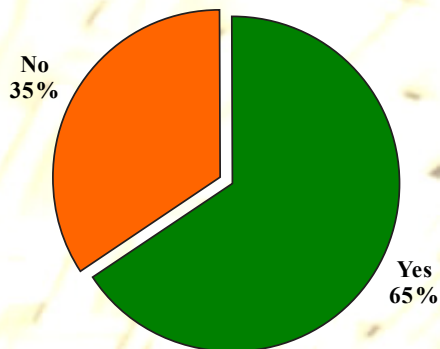
Respondents told us that about 1/3 of them had ever had a flu or pneumonia shot in the past year. However, when the data are further analyzed and the CDC and DOH criteria are applied, only 14.3% of those receiving shots were over the age of 65. Of those aged 65 and over, only 59.6% received shots.

Flu or Pneumonia Shot >65 Years old



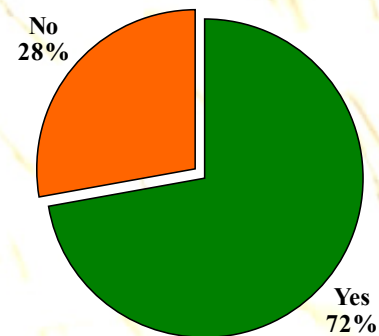
American Samoa

Flu Shots >65 Years Old



National Survey Data

Flu Shot >65 Years old



Hawaii

Fofo use

	For Yourself			For Your Parent			For Your Child		
	Self	Fofo	Hosp	Self	Fofo	Hosp	Self	Fofo	Hosp
Cold	64.4	2.4	33.2	48.4	3.2	48.3	47.6	2.2	50.2
Boil	34.8	34.6	30.6	28.2	36.0	35.8	27.8	32.6	39.6
Bloody Stool	8.0	4.8	87.2	5.1	4.7	90.2	5.3	4.0	90.8
Eye Care	21.9	4.5	73.6	19.3	4.7	76.0	18.1	3.9	78.0
Skin Care	17.1	8.3	74.1	15.1	7.8	77.1	14.3	6.4	79.3
Sela*	10.0	3.1	86.9	5.3	4.1	90.6	5.6	4.0	90.5
Mai**	25.2	59.1	15.7	21.1	63.5	15.4	21.2	61.5	17.4
Pain	50.5	9.2	40.2	44.2	10.1	45.8	41.1	9.1	50.2
Tumor	5.1	2.0	92.9	2.7	2.0	95.3	2.9	2.4	94.7

Note: * Sela - breathlessness
 ** Mai - spirit diseases

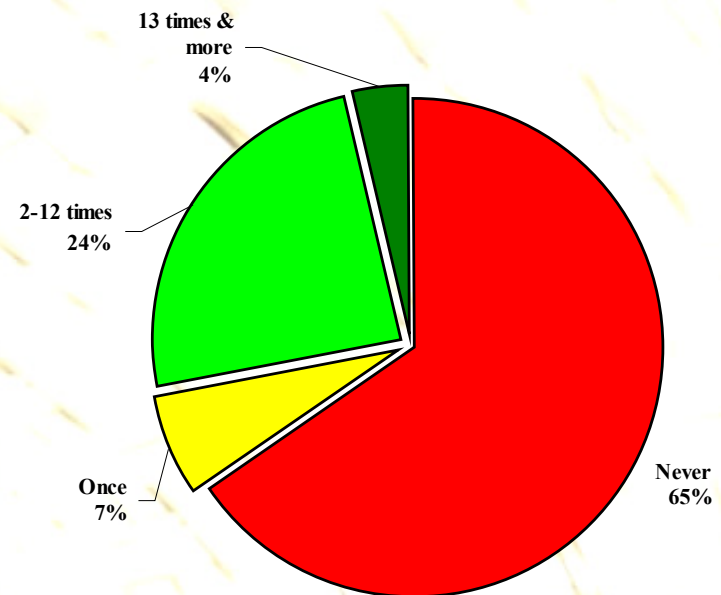
Fofo Use

While the previous page showed that respondents make conscious decisions regarding their use of the Fofo, this chart shows how many times in the last year, respondents said they used the services of the Fofo.

Choice of service provider, given health condition and patient type, showed that it was more likely that the hospital would be chosen for the respondent's child than for the respondent's parent or for the respondent themselves, with some exceptions.

The average respondent use of the Fofo was 2.12 visits per year. That information, compared to a similar question being asked in the 1985 American Samoa Survey of the Population, showed that while in 2005, 35% of the respondents had visited the Fofo at least once a year, in 1985, that number had been 14.4%.

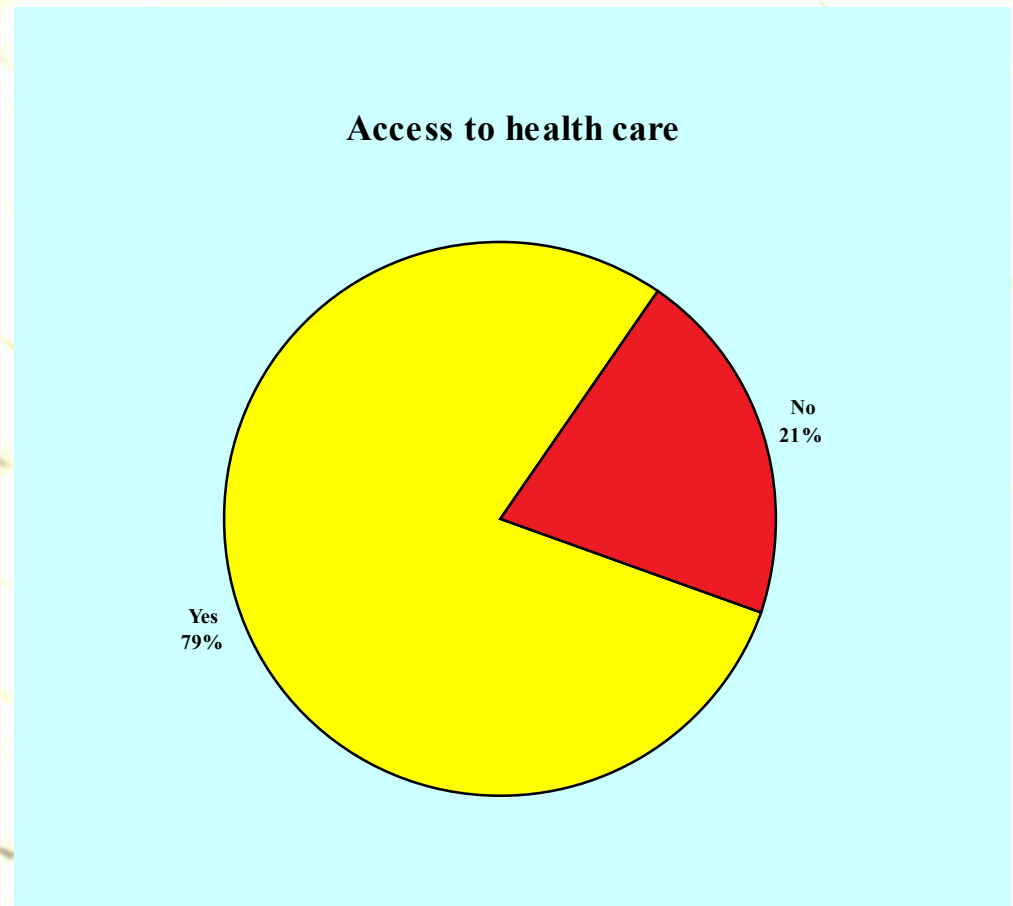
How many time have you visited a Fofo or Taulasea during the last year?



Health Care Access

For there to be a healthy population, it is essential that the population have access to appropriate health care when they need it. Some of the factors that prevent access to care are the cost of care, the distance to care, the amount of time spent waiting to be seen, the confidence the patients have in the quality of care offered and the competency of the providers of care.

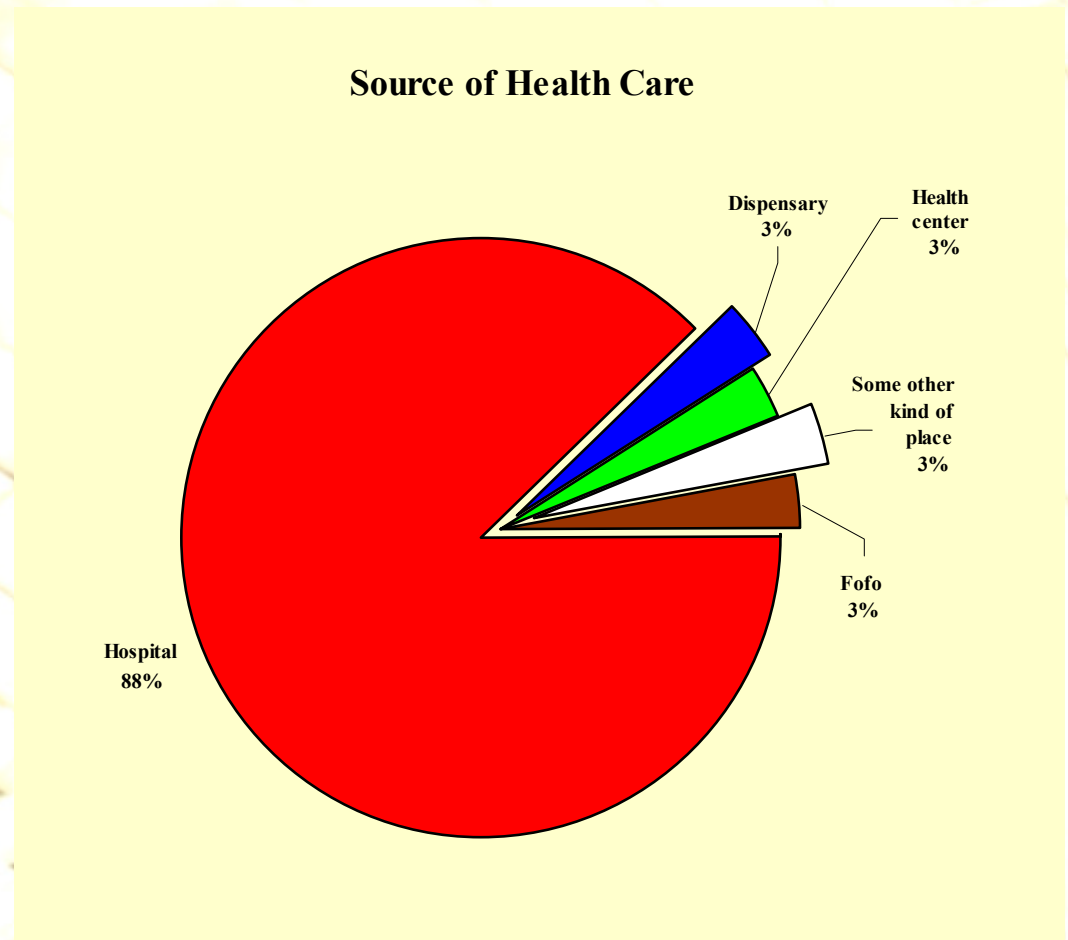
Nearly 4 in 5 respondents said that they had access to health care. Since this survey was completed during the implementation of an increased user fee schedule at LBJ Hospital, it would seem that people understood that even if they could not afford the care at LBJ, they would receive it. In other words, whether they could afford it or not, people felt that they had access to health care.



Source of Care

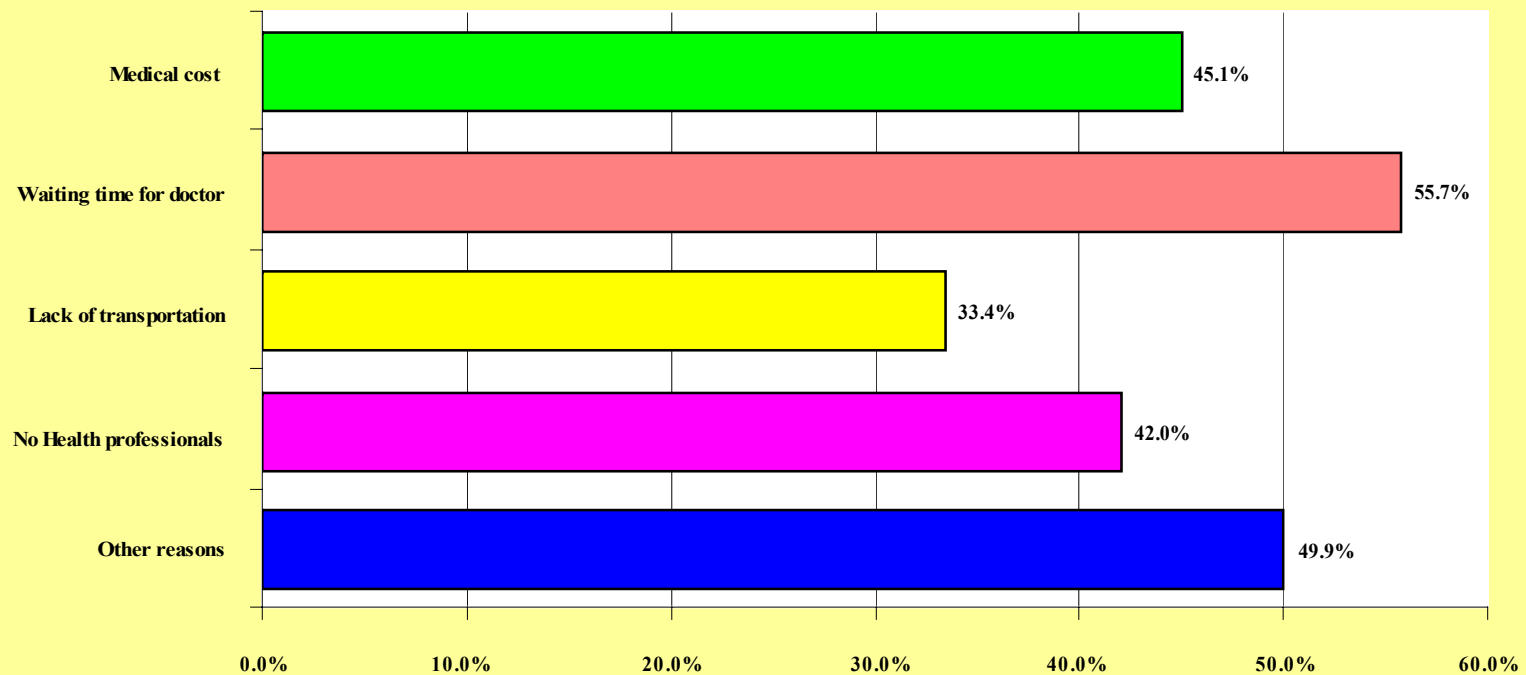
Clearly, the LBJ Tropical Medical Center is the primary source of health care for American Samoa, even those on Manu'a. Almost equally ranked in second place were the dispensaries, the health center, the Fofu and some other kind of place.

It is important to note that the provision of general health care through a hospital is probably the most expensive way to provide health care. Hospitals are not designed to be efficient providers of care to chronic disease patients nor to those in need of primary care. The provision of primary care and care for chronic diseases is precisely what the health center in Tafuna is designed to do. It does not provide inpatient care, just outpatient care using primary care providers to meet the needs of patients attending the center.



Reasons for no access to health care often include factors related to the financing of health care (Affordability), the distance one lives from the primary source of care (Availability), the extent to which the source of care is able to make the patient feel comfortable (Accommodation) with the quality and quantity of health care (Acceptability). To a large degree, many of these factors are met by the provision of health care that requires a minimum of waiting for service, the presence of competent and qualified practitioners, and either affordable user fees or health insurance. Equally important is the sense that health care must be provided as close to the patient as possible and that minor and less acute care can be provided by primary care clinics, reserving the emergency room and hospital for the most severe cases. In this survey, waiting time, other reasons, medical cost, lack of doctor or nurse, and lack of transportation, in that order, were the most important reasons cited.

Reason for No Access to Health Care

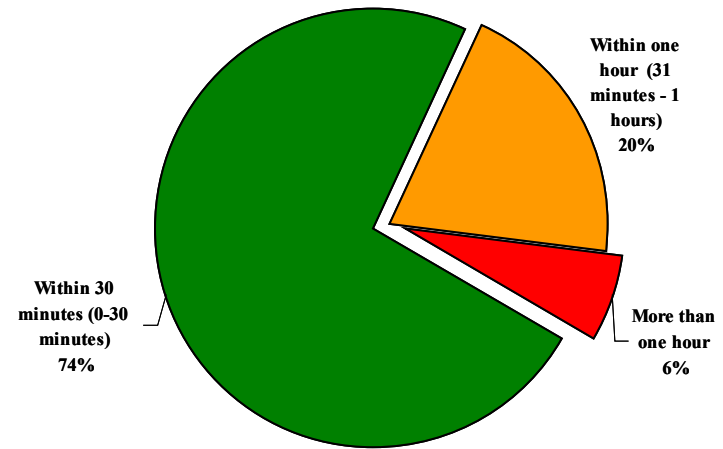


Distance from source of care is an important indicator of the use of health care and the patient's satisfaction with the experience of seeking care. For most, distance is not measured in miles or kilometers but in time – hours and minutes from home to care site.

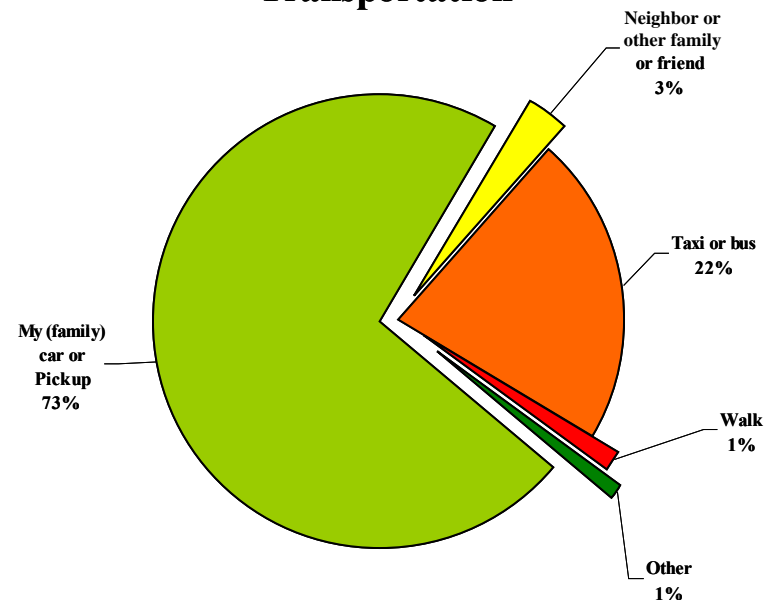
American Samoa has only one hospital. For the past 40 years this has been the primary place people go for care. For those living in the immediate vicinity of the LBJ Tropical Medical Center, the physical distance is short, while for those living on Manu'a, the time to get to care is great.

Nearly three-quarters of respondents travel to their source of care by family car or pickup. The next largest transportation type was for bus or taxi. Anecdotal stories abound of people leaving for the hospital at 5 in the morning to avoid the long line ups in the emergency department!

Distance to Care



Transportation



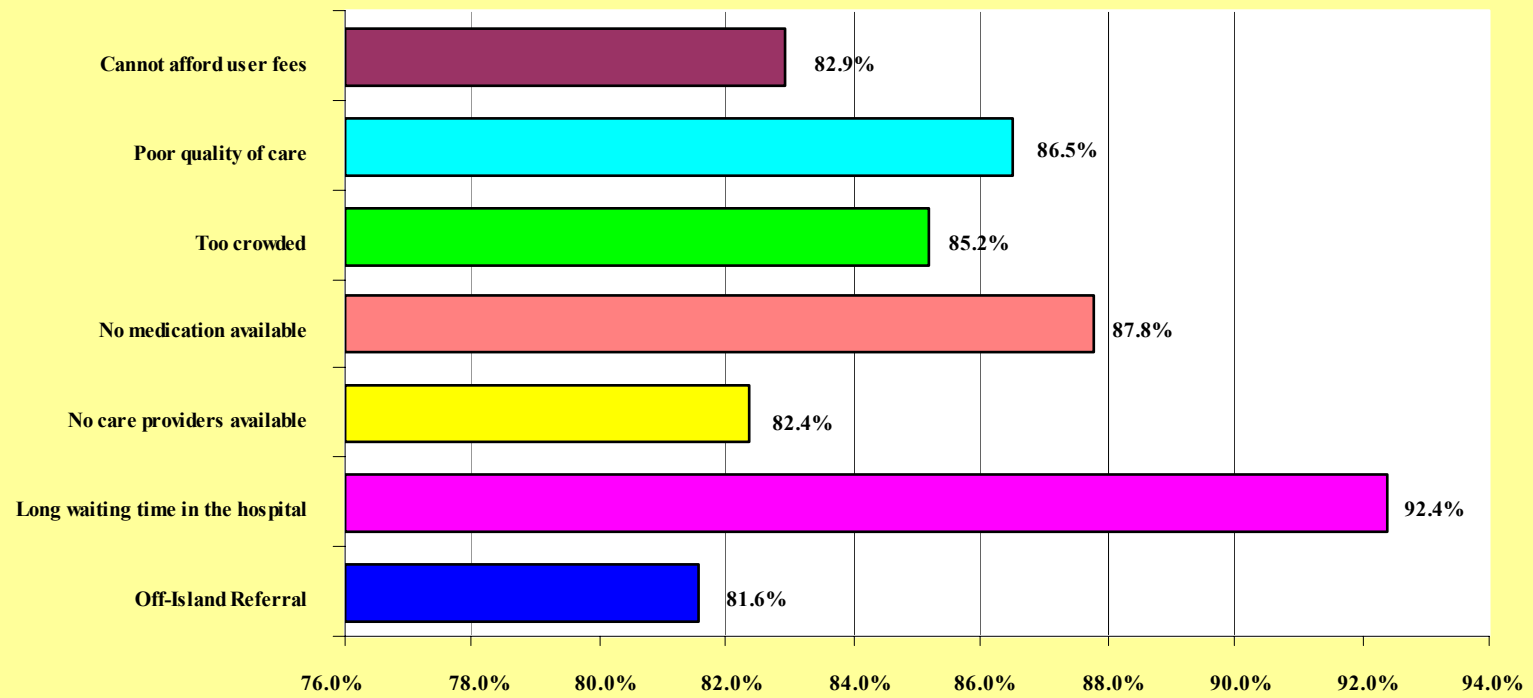
Problems at LBJ

The timing of the survey coincided with the decision by the American Samoa Health Authority to raise the user fees for LBJ and also with a period in which the pharmacy at the hospital was unable to fill prescriptions due to a lack of drugs. As a result, it was expected that many opinions would be voiced regarding the problems at LBJ.

In the following chart, the percentages presented are the accumulated percents across the seven different responses that could be provided for the question: “The following is a list of problems that have been identified at the LBJ hospital. In looking at the list, please rank all that apply from the most important to the least important for you.

The most common response was: long waiting time in the hospital; followed by no medication available; then, poor quality of care, cannot afford user fees, too crowded, no care provider available, and off-island referrals.

Problems at LBJ

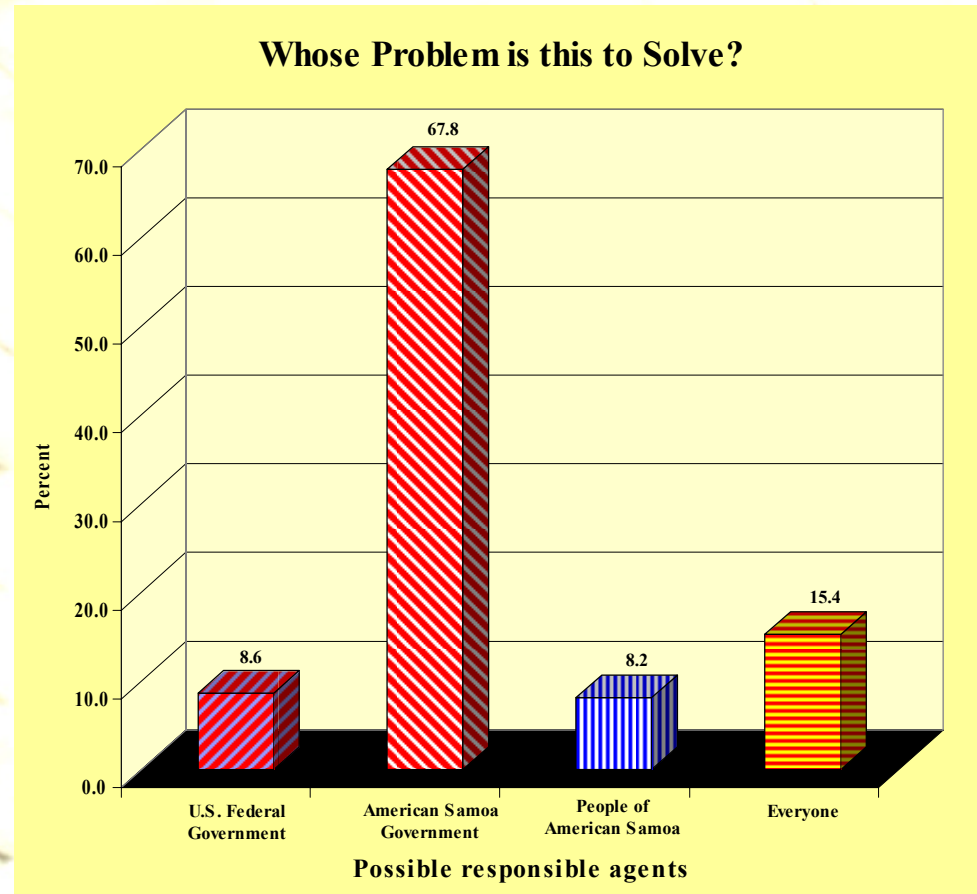


Whose problem is this to solve?

The nature of the problems expressed with respect to the LBJ Tropical Medical Center suggest that the respondents to this survey believe that the problems are not just monetary. There is consistency in the responses directing responsibility for solving the hospital's problems clearly to the door of the American Samoa Government and with a secondary responsibility being that of "Everyone"!

While this does not specify the actions that need to be taken, a quick review of the previous page on the "Problems at LBJ Hospital" certainly affords some insight as to possible starting points.

Finally, the fact that the problems were not identified as being just money, even during implementation of the new user fee schedule, suggests a broader solutions agenda than merely health insurance and taxation. Consideration of health system reform would also seem worthy of discussion!

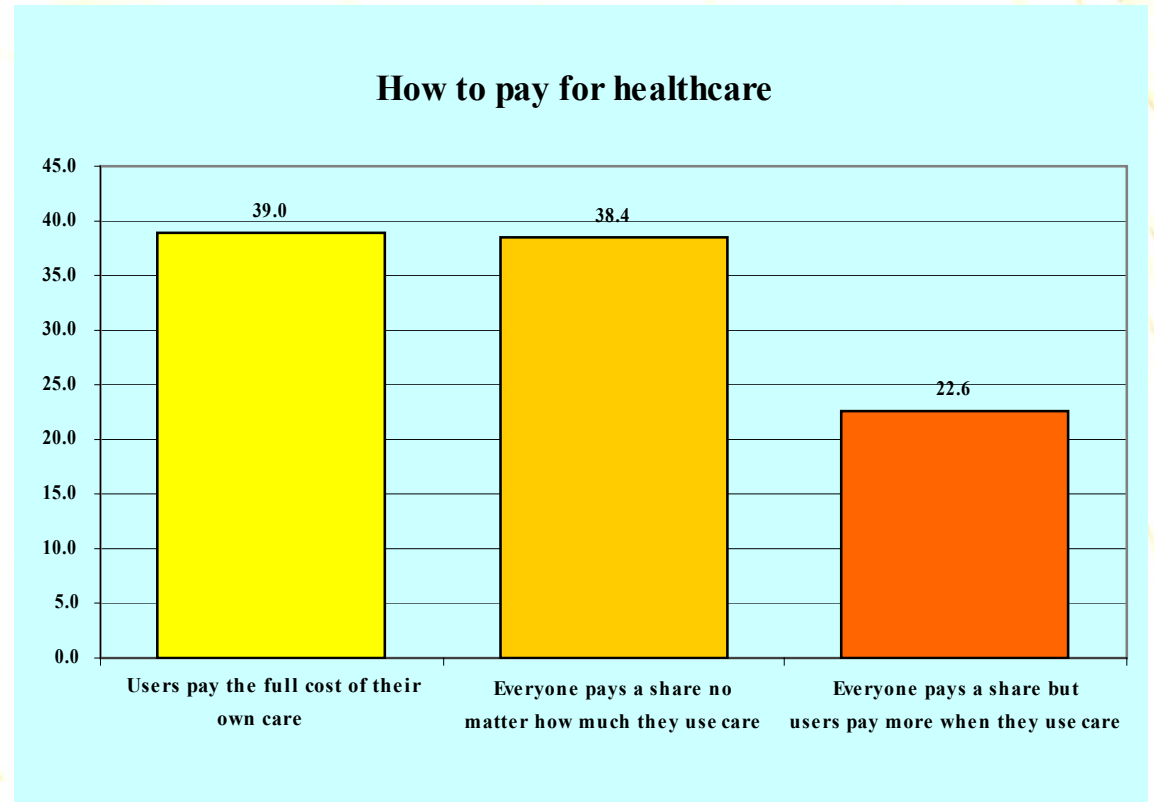


Paying for health care

There are obviously many ways that a society can pay for its needed health care. For some, the best way to pay is for everyone to pay the full cost of their own care. This solution would require that those who could not afford the full costs would either go without care or be subsidized by the rest of society.

For others, the best way to pay is for everyone to pay an equal share no matter how much care they use. This could be accomplished through taxation, allowing those with more to pay more of the costs than those with less could afford.

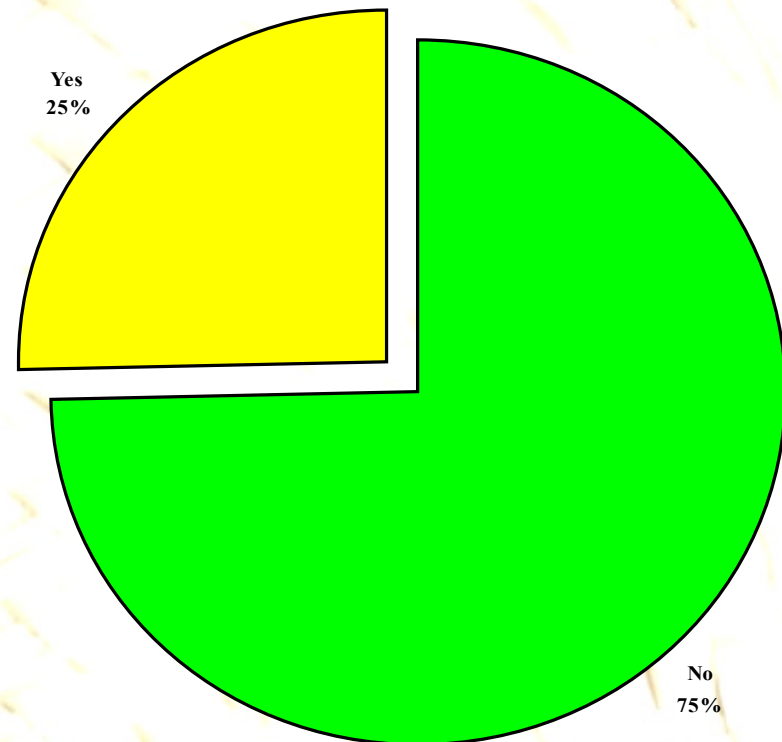
The final arrangement for the payment of health costs is when everyone pays a share of the total costs of health care but those who use the health care pay more to cover those extra costs. Those extra fees are often called user fees. The payment of the total costs of health care are usually borne through taxation or health insurance.



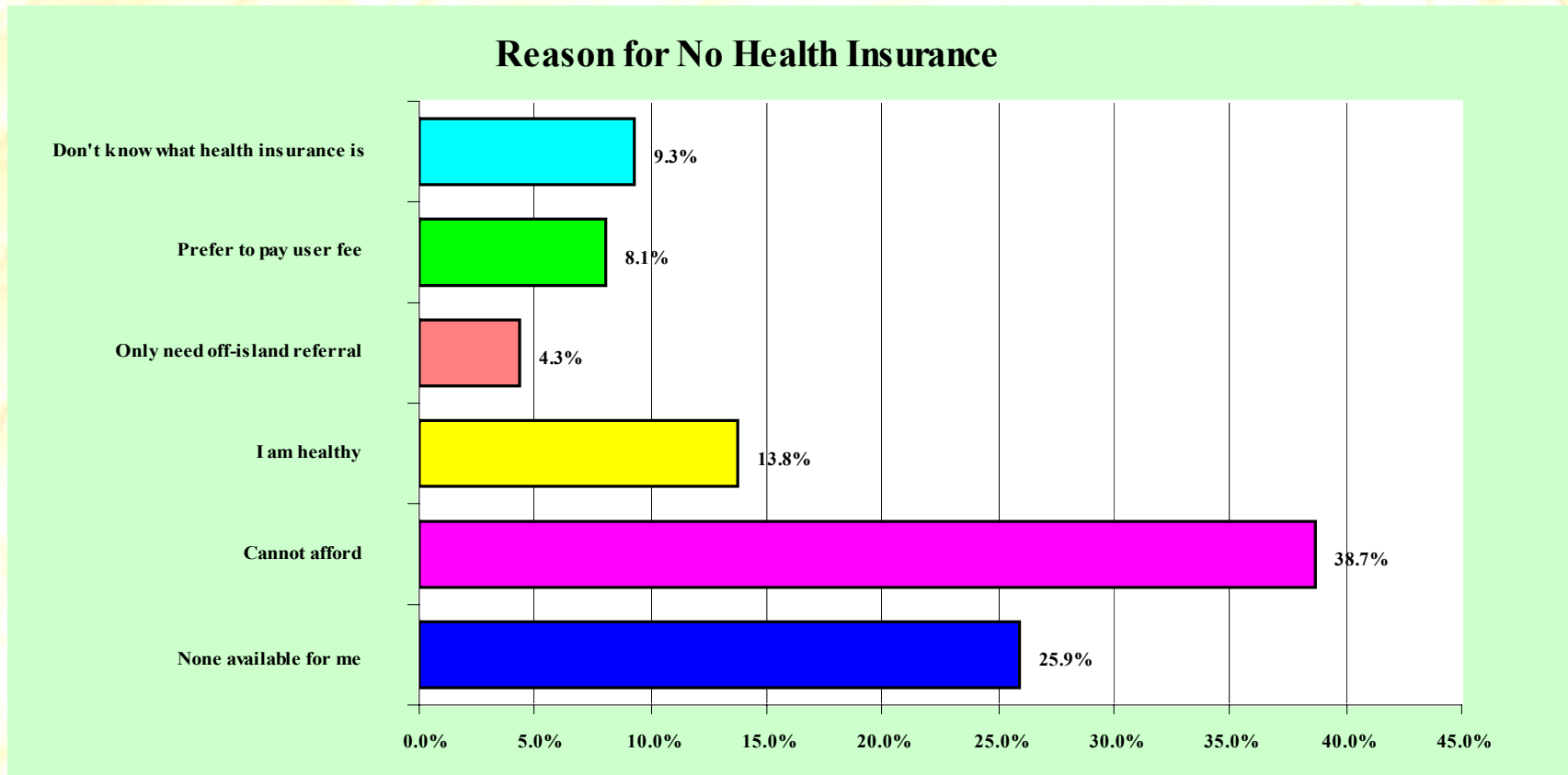
Health Insurance

Health Insurance Status - people were asked if they had health insurance as part of the ASHS2005. Twenty-five percent said that they did which is at odds with the ASG stated proportion of less than 10%. However, if the 4% of the population over the age of 65 and eligible for Medicare benefits, the 7% who are veterans and eligible for veterans benefits are added to the approximate 3% who are eligible for Social Security Disability Benefits, the sum of 25 percent is attained. It is probable that the people in American Samoa understand the concept of health insurance to include Medicare, Veterans, and Social Security Disability benefits—not only private health insurance.

Health Insurance Status



Reason for No Health Insurance



Health insurance is very expensive for most Americans. In fact, well over 10% of the average American's income is spent on health expenses annually. That proportion of expenditure spent on health care has increased more rapidly than income increases over the past decade with an annual average increase of 4.9% per year over the decade.

The most common reason respondents said they did not have health insurance was that they could not afford it. In checking the cost of health insurance with HMSA in Hawaii we were told that \$3,500 per year for a single person and \$10,000 per year for family coverage were considered as basic health insurance.

Conclusions

The results of the American Samoa Health Survey presented in this report provide you with important information upon which to base your planning for Coverage for All in American Samoa.

One of the most striking findings is the risk to the health of present and future generations expressed in the high rates of disease and risky behaviors. The chronic disease burden of diabetes, stroke, and heart attack point to the need for extremely expensive health care for hospitalization, medications, surgeries, and dialysis. The dramatic levels of risky behavior expressed in smoking, binge drinking, unhealthy diet, and obesity mean that the disease burden will continue to rise into the future, along with the need for increasingly expensive care.

Simply providing additional funding for health care or insurance coverage will not solve the problems inherent in the risk to health. Actuarial analyses will provide you with projections of the costs for future care, but by simply considering the results of the household survey, you can safely predict that costs will continue to outpace available funding.

More importantly, Coverage for All without an accompanying decrease in health risks, will leave the population of the territory of American Samoa to suffer the results of ill health and premature death both now and into the future. It is important to initiate changes to the health system and the health lifestyles of the territory that will lead not just to Coverage for All in American Samoa but also to an affordable, effective and quality-driven health system and to Wellness for All in American Samoa as a heritage for future generations.

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