



OHA Health Equity Program
around
Vaccination Efforts with COFA
Pacific Islanders in Oregon

Trauma Warning



Today we will be discussing some facts of history that are graphic and disturbing.

It is important to recognize you may feel upset or begin feeling emotional during this presentation.

It might be important to talk to a friend, go for a walk or do something to help you after today's presentation.

Presenters



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Disclosure Statement



None of the planners for this activity have relevant financial relationships to disclose with ineligible companies.

Learning Objectives



- Identify ways that language, culture and history contribute to population health and wellness disparities for individuals in the COFA community.
- Understand how language and communication barriers can create safety risks for effective medication use and patient care.
- Assess the effectiveness of different team composition and interprofessional collaboration techniques in reaching this population and improving health outcomes.
- Describe how continuous quality improvement methods were used to recognize, assess and navigate cultural and structural factors to improve access and health outcomes for COFA islanders.

Pre-Test Questions



1. Why would members of the COFA community have mistrust for government vaccination programs?
2. What are some examples of effective interprofessional collaboration for this community?
3. How did the vaccine planning team apply CQI processes? Which changes made vaccination more approachable for COFA islanders?
4. What was the most effective solution to bridge the language gap for COFA islanders?

Video: Republic of the Marshall Islands at the 2024 UN Human Rights Council



• On 4 October, Ariana Tibon-Kilma, chairperson of the Republic of the Marshall Islands National Nuclear Commission, addressed the UN Human Rights Council at its 57th session during an enhanced interactive dialogue on the nuclear legacy in the Marshall Islands.

• <https://www.youtube.com/watch?app=desktop&v=K87MkXo9POs>

What does COFA mean?

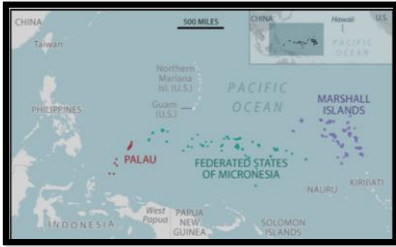
What is the Compact Exactly?

Compact of Free Association (COFA)

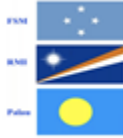


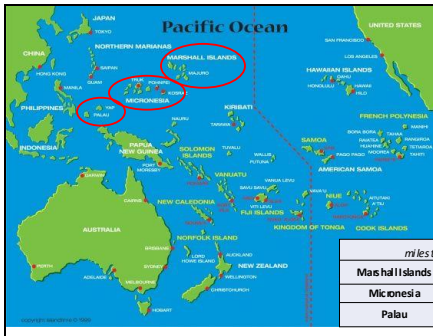
A military and economic treaty between the United States and the different COFA Nations (Federated States of Micronesia, Republic of the Marshall Islands and Republic of Palau), that ended the islands status as trust territories of the United States under the United Nations territorial trusteeship agreement.

Compact of Free Association (COFA) Countries



- Federated States of Micronesia
 - Yap
 - Kosrae
 - Chuuk
 - Pohnpei
- Republic of the Marshall Islands
- Republic of Palau





For better geographical awareness:

	MI	OR
M Marshall Islands	2,387	4,795
Micronesia	3,694	5,805
Palau	4,727	6,583

COFA Medicaid Benefits



- 1986 – Under the original COFA Agreements (1986), COFA migrants are eligible for Medicaid as lawfully present migrants.
- 1996 – COFA islanders left out of Medicaid coverage due to “federal oversight”.
- 1997 to 2020 – a total of 19 different bills are introduced at the federal level aiming to reinstate Medicaid to COFA islanders. None pass.
- 2020 – Medicaid benefits restored to COFA islanders due to COVID pandemic reforms.
- 2024 – The newest compact signed on March 9, 2024, continues to preserve the Medicaid benefits and further expands safety net services including SNAP and TANF.

Where are the COFA People in Oregon?



- COFA people live in at least 22 of Oregon's 36 counties. These are the counties with the largest populations:
 - Portland Metro Region
 - Woodburn
 - Salem
 - La Grande – EOU connection
- Over the last decade the COFA population in Oregon has increased by 300%

Cultural Considerations/Guidance:



- The Compacts of Free Association encompass three distinct nationalities with separate but related cultures.
 - COFA refers to a federal agreement with the government.
 - Individuals and families prefer to be called Micronesian or their nationality (Chuukese, Marshallese, Palauan, Yapese, Pohnpeian, etc.)
- These cultures and societies highly value family obligations, respect for elders, and communal living and principles.
 - The focus on family obligations could look like physically caring for the old and young, taking in family members, or paying bills for a family member.
 - Some people may have an additional sense of responsibility to support family members and send money home.


Cultural Considerations/Guidance:



- Religion is important to many COFA islanders. Churches and faith-based organizations are often central hubs for the community and a good venue to conduct outreach to individuals.
- People may prefer to work with interpreters and/or providers of the same sex for certain topics and types of care.
- Individual contact and location information may change frequently.
 - People move for jobs and to support family so their addresses change
 - Financial limits and technology issues can result in changed phone numbers and email addresses
 - Having multiple methods of contact, knowing a client's church affiliation or a child's school, or being able to reach family members can help alleviate this issue.


History and Health Disparities

History and Health Disparities



- What effects do foreign wars and occupations have on the people and the environment?
- What types of health disparities are common in this population? Why?
- How do people experience health care on the islands?
- What are their migration patterns between islands and the mainland? Why do people move?
- What happens when people try to get health care services? What are the main barriers to accessing health care?
- COVID-19 pandemic – what types of experiences did COFA islanders have, what were the resulting outcomes?

Health Disparities and Barriers to Care



- Highest rates of cancer in the world.
- Among the highest suicide rates in the world.
- Many elders who come to the US mainland for medical treatment don't get care in time.
- Many language barriers, systemic barriers to care on the mainland
- Household structures, extended family support, living arrangements and changing contact information can result in benefit ineligibility
- When you must feed your family, surviving is your biggest priority in that moment

Language and Communication Barriers



- How do communication barriers create vaccine safety risks?
 - Language
 - Translations and interpreters
 - Plain English
 - Misinformation and disinformation
 - Sources of information
- Patient Care – language and culture barriers in a clinical setting
- Effective medication use – informing about, delivering and after-care for vaccinations

OHA Vaccination Events

Vaccination Events




- Describe the events – how did we plan events and conduct outreach? What worked, what didn't work?
- How are these events different from other large-scale public health events?
- How did you help people understand vaccine information and make choices?



Effective Community-Centered Approach

What did we do to center the COFA community in this vaccine campaign?


- Team composition
- Interprofessional Collaboration
- Techniques Used
- Resulting health outcomes



Outreach and Awareness

What did we do to improve awareness of the vaccine campaign?

- Many COFA people have difficulty understanding complex government programs that are unfamiliar to them and presented in English only.
- Be sensitive to cultural and time concept differences.
- Offer language and culturally appropriate supports.
- Create materials in their languages.
- Ensure Medicaid application assistance is offered in their language.
- Expand use of Traditional Health Workers (examples: peer supports, CHWs)
- Offer resources for food security and health related social needs (SNAP, WIC, TANF, free legal services local food banks, clothing support, linking to housing programs)

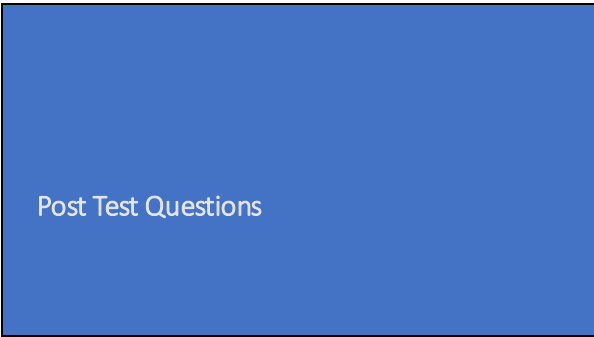


Continuous Quality Improvement



What did we do to improve our vaccinations and events?

- Debriefing with community reps after first event
- Working alongside community
- Plan, Do, Check, Act
- Listening and being willing to change



Post Test Questions

Post-Test Questions



1. Why does this community have mistrust for government vaccination programs?
 - a. History of US military occupation, including nuclear testing, resulting in illnesses and US government cutting health benefit agreements in 1996.
 - b. Information about COVID and vaccines isn't routinely available in their native languages.
 - c. Vaccines are provided in a variety of unfamiliar places and patients won't know anyone on site.
 - d. **All of the above**
2. Which of the following examples is NOT an effective interprofessional collaboration for this community?
 - a. Utilizing the same teams for events to ensure consistency in support and rapport
 - b. **Not listening, walking out of the room, being curt and abrupt, cultural ignorance or lack of self-awareness, not being willing to improve**
 - c. Humility in leadership, fostering empathy and connection, and including community advocates at every stage of event planning and operations.
 - d. Following a greeting and interception model and holding space for education and informed consent.

Post-Test Questions



3. What are three key changes to events that improved vaccination rates because of ongoing CQI review?
 - a. Holding events only in Portland, ice cream, and treat bags
 - b. *Lots of culturally-specific food, repetition of events at same location, having dedicated interpreter staff on site*
 - c. Pop-up events, signage only in English, no smartphones allowed
 - d. Limiting event hours, advertising in the print newspaper, offering only hot coffee to drink
4. What was the most effective solution to bridge the language gap with this community?
 - a. *Dedicated staff, especially interpreters, that accompanied patients through entire process*
 - b. ChatGPT
 - c. Google Translate
 - d. Using a remote interpreter service over Zoom

Additional Resources

Additional Resources

Resource	Link
U.S. Department of the Interior website about the Compacts of Free Association	https://www.doi.gov/oia/compacts-of-free-association
International news article about Pacific Islander migrants and US Healthcare	https://theediplomat.com/2023/04/pacific-islander-migrants-are-caught-in-the-tangled-web-of-us-healthcare-policies/
American Public Health Association article about mortality rates for COFA migrants in Hawaii	https://ajph.aaphublications.org/doi/10.2105/AJPH.2020.305687
National Health Law Program article about Pacific Islanders, Medicaid access and COVID-19 outcomes	https://healthlaw.org/pacific-islanders-fight-covid-19-and-historical-in-equities-with-community/

COFA Background and Historical information:

- [Atomic Testing in the Marshall Islands](#)
- [Pacific Islander Stories from Oregon](#)
- [They Did Not Realize We Are Human Beings](#)
- [Migration in the Midst of a Pandemic: A Case Study of Pacific Islanders in Oregon](#)
- [Compacts of Free Association Strategic Assessment from ICAAD \(2020\)](#)
- [A Historical and Contemporary Review of the Contextualization and Social Determinants of Health of Micronesia Migrants in the United States \(2021\)](#)



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More educational videos:



- [Atomic bomb tests carried out on the Bikini Atoll \(re-mold explosion\)](#)
- [Congress's Role: sequences from "Trinity and Beyond" 70th Anniversary Tribute](#)
- [Impact of Nuclear Bomb on the USS Gilliam | Drain The Oceans | National Geographic UK](#)
- [7 Surprising Facts about the Nuclear Bomb Tests at Bikini Atoll](#)



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COFA Community Based Organizations in Oregon:

- MANIT - <https://manit.org/>
- CANN - <https://cann.us/>
- MIC - <https://www.micoregon.org/>
- OMCA - <https://www.oregonmarshallese.org/home>
- Utopia - <https://www.utopiaportland.org/>
- Living Islands - <https://livingislands.org/>



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