

Minutes

Clinical Advisory Panel Members					
Yutonah Bowes	Northwest Human Services	P	Annie Willems	Pacific Northwest Doulas	A
Dr. Julie Broyhill	Legacy Medical Group, Woodburn	P	Staff		
Dr. Noelle Carroll	Polk County Health Services	E	Andrea Dabler	Willamette Health Council	P
Manu Chaudhry	Capitol Dental Care	P	Justin Hopkins	Willamette Health Council	P
Dr. Tony Germann	Yakima Valley Farm Workers Clinic	P	Stephanie Jensen	Willamette Health Council	P
Lavinia Goto	Northwest Senior & Disability Services	P	Rachel Lakey	Willamette Health Council	P
Neda Grant	Liberty House	P	Josie Silverman-Méndez	PacificSource	P
Dr. Matthew Hatler	Salem Pediatric Clinic	P	Guests		
Dr. Mark Helm	Childhood Health Associates of Salem	P	Cassandra Vigil	PacificSource	P
Russ Huffman	Salem Health Medical Group	P	Christine Lewis	PacificSource	P
Jacob Johnston	Northwest Human Services – West Salem Clinic	A	Kathleen Jonathan	COFA Alliance National Network (CANN)	P
Cydney Nestor	Marion County Health & Human Services	P	Iris Bicksler	PacificSource	P
Dr. Jason Phillips	Kaiser Permanente Northwest, Lancaster	P	Jana Halligan	PacificSource	P
Dr. Bhavesh Rajani	PacificSource	P			
Katrina Rothenberger	Marion County Health & Human Services	A			
Dr. Bruce Sellers	Neighborhood Dentistry for Kids	P			
Jacqui Umstead	Polk County Health Services	P			

P – present; E – excused; A - absent

Agenda Item	Discussion	Follow-up
Welcome/ Introductions	Dr. Rajani, Co-Chair, called the meeting to order and welcomed everyone. Participants indicated their attendance in the chat.	
2020 preventive visit data for the Marion-Polk CCO	<p>Overall preventive visits are lower than last year due to the pandemic.</p> <p>PacificSource Marion-Polk CCO does not have access to prior data, being a new CCO for this region.</p> <p>Looked at the data through a REAL-D (this information is taken from the OHP enrollment form making the data a little spotty)</p> <p>Questions to ask ourselves when looking at the data is what specific barriers are these populations facing.</p>	
Caring for the Pacific Islander/COFA community	<p>Kathleen Jonathan a board member from COFA Alliance National Network and works for Keizer school district presented a history of the Compact of Free Association (COFA) and a community perspective. Dr. Phillips from Kaiser presented a history and the clinical perspective. For additional information please see presentation.</p> <p>History</p>	

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	<p>COFA was an agreement made between the United States and the Federated States of Micronesia which includes Yap, Chuuk and Pohnpei and Kosrae; The Republic of the Marshall Islands which includes Eniwetok, Bikini, Rongelap, Kwajalein and Majuro; and the western island of Palau (Republic of Palau).</p> <p>The United States was conducting nuclear testing in the Marshall Islands with large bombs being detonated in 1946 over Bikini and Enewatak and in 1954 the Castle Bravo. Testing continued until 1958. There were 46 bombs detonated in total, some underwater and some above ground.</p> <p>A new study started after worst contamination in the history of the American testing which was called "Study of Response of Human Beings exposed to Significant Beta and Gamma Radiation due to Fall-out from High-Yield Weapons" also known as Project 4.1.</p> <p>In 2005, approximately 2000 Marshallese were receiving compensation from the US government for illness related to the radiation exposure.</p> <p>In the Marshall Islands, stories and history are transmitted in songs, and thyroid cancer has affected many elders and has made this challenging because of the loss of their singing voice. The agricultural changes took a toll on the islands</p> <p>Benefits Benefits, including food stamps, TANF, Medicare, Medicaid, ACA/Obamacare subsidies, etc. are not given to members of the COFA states who live in the US by federal law since 1996. COFA members pay all state and federal taxes. Up until December 2020, no bills have been had progressed or passed under democratic or republican lead congresses.</p> <p>December 2020 COVID package passed by Congress, the COFA population is now not excluded from Medicaid. They became eligible in March, 2021. There will be a transition from ACA plans supported by Oregon premium assistance to OHP (since the premium assistance program requires that people be denied OHP).</p> <p>Five Key Success in Working with Marshallese and Chuukese Patients</p> <ul style="list-style-type: none"> • Motivation (finding it--here and now vs prevention) • Language (Translation logistics, ESL, shame using translators, and difficulty with lack of concepts and words in native language) • Diet (basic education and how it relates to health) • Exercise (concept of it and incorporating it into daily life) • Assessing and removing socioeconomic barriers to care <p>Cultural Considerations</p> <ul style="list-style-type: none"> • Back on the islands the healthcare system is simple and poor that does not have insurance. • In America letters are sent and the literacy level of the COFA community is relatively low. • Their phone numbers change as they have to determine what to pay. • The COFA population is resilient. <p>Navigation Kapiolani Mickey, RAC is a certified Chuukese Community Health Worker. She is contracted with Impact NW and working with Kaiser. There is a need for more</p>	

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	<p>especially having at least one per island.</p> <p>Questions</p> <ul style="list-style-type: none"> • The total population of the COFA community is unknown. In the Keizer school district, there are about 1067 Pacific Islanders, 300 Marshallese, and 250 Chuukese students. • Salem area has one of the largest if not the largest COFA population. 	
Adjourn meeting	Dr. Rajani adjourned the meeting.	