

## Pacific CEED Promising Practices & Progress Report

**Project Name/Title:**

Mobilization of Micronesian Communities in Hawaii for Health Equity

**Project Date/Duration:**

Ongoing since July 2009

**Jurisdiction/Island/Village:**

State of Hawaii

**Audience Reached:**

Micronesians in the State of Hawaii & in Micronesia  
Multiple state providers

- public health nurses
- social workers
- outreach workers
- health professionals
- politicians
- policy decision makers
- lawyers

Hawaii's general public

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**Photos:**

**Micronesians & supporters rally in front of the State of Hawaii Capitol building against the Hawaii Department of Health Services plan to cut them off from the MedQuest program, August 2009**


**Participant Quotes:**

Below is one of many stories that document Micronesians fight for health equity published in the Honolulu Advertiser on August 8, 2009:

*Nearly 100 members of the Micronesian community and its supporters held a rally last night at the state Capitol to demand that the state and federal governments come up with sufficient funds to continue health care benefits for Micronesians living in Hawai'i.*

*The rally was organized by Micronesians United and drew dozens of migrants from Micronesia, the Marshall Islands and Palau who receive health care coverage through the state's Quest Medicaid program. Several elected officials and representatives from social services organizations also joined the rally.*

*At issue is the nearly 7,500 non-U.S. citizens, many from these Pacific Island nations, who will see their medical coverage switched from the Quest program to a basic medical plan on Sept. 1. The move, the state said, will free up about \$15 million annually that will be used to expand prescription drug coverage for Medicaid clients.*

*The state typically receives reimbursements from the federal government for payments the state makes for U.S. citizens, but receives a low percentage for care*

**Members of various Micronesian action groups (including those from the neighboring islands) & supporters at Hawaii Health Equity Summit, Honolulu, September 2009**



**Micronesian Health Advisory Coalition members undergoing training by Hawaii Alliance of Non-Profit Organizations (HANO), September 2009**



provided to noncitizens. The state said it covers \$90 million in health care services annually, but receives reimbursement of between \$10 million and \$11 million.

To deal with the huge difference in outlay, the state created a new program, Basic Health Hawai'i, to serve the people who legally reside here but aren't eligible for federally supported care.

But the new plan, critics say, will not pay for treatment of serious illnesses, such as cancer and kidney diseases.

Manuel Sound, a former lieutenant governor of Chuuk State, moved to Hawai'i seven years ago because he could not receive dialysis treatments in his native Chuuk. If the state puts him on the basic health plan, he said, he will no longer be able to afford the treatments.

"I'm worried," the 69-year-old father of seven said. "I will get poisoned, then I'll start digging a grave here or wait until I die and then they'll send me home in a box if I stop dialysis."

Sound said he wants the federal government to live up to its end of the Compact of Free Association by paying the state for its health care costs. The Compact provides U.S. economic assistance to these nations, formerly the Trust Territory of the Pacific Islands, and access to many domestic programs. In exchange, the U.S. gets defense and other rights in these nations.

"I hope they will find the money to adjust the basic plan, which is not enough for anything at all," he said.

U.S. Rep. Neil Abercrombie last week successfully included an amendment to a bill that would give the state matching funds for Medicaid to Compact migrants, or about \$15 million annually.

Sisan Suda, an officer with Micronesia United, said he appreciated Abercrombie's effort and hoped that it will be enough to care for the people in need.

"This is a federal obligation," said Suda, 69. "The state is an extension of the federal government and Micronesians are asking the United States through the state of Hawai'i to meet its obligation."

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**History/Background:**

The relationship between the United States and Micronesia is deeply rooted to at least World War II when the US obtained administrative oversight of the region and later declared it as strategic trust of the United States under the UN Security Council. The US also set up a military base in the Marshall Islands and carried out its Nuclear Weapon Testing Program from 1946 to 1958 of 67 atomic bombs. It's estimated that the total yield power of these nuclear devices is equivalent to that of 7200 Hiroshima bombs.

It was during this testing period that the people of the Marshall Islands were exposed to the many direct and indirect effects of nuclear radiation and fallout. Multiple islands and atolls, as well as the lagoons and ocean around them, were contaminated by nuclear fallout. The Marshall islanders depended on the land as well as the ocean around them for their subsistence. As a result of the US Nuclear Weapons Testing Program, the land and water of many of the islands and atolls were contaminated. People were uprooted from their home atolls. Many of the inhabitants on atolls downwind were irradiated. Radiation is associated in being the cause of at least 22 known cancers. A 2004 National Cancer Institute report noted that there were another 530 excess cancers to be expected as a result of the nuclear testing.

The United States and the sovereign governments of Federated States of Micronesia and Marshall Islands signed into law the compact of free association (COFA) in 1986 with Palau following suit in 1994. This allowed the citizens of these freely associated states unrestricted travel to the United States and access to health and education benefits. However, COFA migrants became ineligible for Medicaid coverage in 1996 when the Personal Responsibility and Work Opportunities Reconciliation Act was signed into law.

The 2000 US Census revealed that there were 8,725 Micronesians living in Hawaii. This is considered by many to be an underestimation. In 2008, it was estimated that there are now 12,215 Micronesians residing in the state of Hawaii. Reasons for emigration include economic opportunity, employment, medical and subsistence (Graham, 2008).

With the increasing number of COFA migrants to Hawaii and the 1996 PRWORA rendering COFA migrants ineligible for Medicaid coverage, it's been estimated that Hawaii spends more than \$101 million per year on services to COFA migrants and is only reimbursed \$10-11 million per year by the federal government.

### **Goal and Objectives:**

- To form a non-profit Micronesian Health Advisory Coalition, comprised of Micronesian professionals with health-equity focus
- To rapidly mobilize Micronesian communities in Hawaii to prepare for and present at the Hawaii Health Equity Summit and develop key contributions to the State's Health Equity Strategy
- To publicly advocate against the implementation of Basic Health Hawaii Plan
- To educate Micronesians residing in the state of Hawaii on health issues affecting them
- To advocate for Micronesians residing in the State of Hawaii on current health inequity issues
- To collaborate with other Micronesian interest groups, including Micronesians United, Micronesian Community Network, Nations of Micronesia, Micronesian Culture Awareness Project

### **Planning & Development:**

Below is the list of multiple partners that were instrumental in 1) the formation of the Micronesian Health Advisory Coalition and its inherent goals of organizing community champions and

professionals and pursue its development of a non-profit status; 2) the organization of Micronesian leaders/advocates to attend the 2009 Hawaii Health Equity Summit; 3) the organization of effective advocacy among COFA migrants against the Basic Health Hawaii Plan; and 4) the future planning to train Micronesians to become certified translators in alignment with the National Standards on Culturally and Linguistically Appropriate Services (CLAS)

<b>Partner</b>	<b>Role</b>
Micronesians United (MU)	Active partner is public advocacy for Micronesian health equity & in public rallies against proposed Basic Health Hawaii Plan
Micronesian Community Network (MCN)	Primary Hawaii-based Pacific CEED subcontractor. Obtained additional funds from Pacific CEED to support MHAC members to attend Hawaii Health Equity Summit and to sponsor trainings with HANO (Hawaii Association of Non-Governmental Organizations)
Nations of Micronesia (NOM)	Network of health providers who are strong supporters of Micronesian clients/issues
Micronesians United – Big Island	Active partner who advocate for Micronesians health equity and educate the public on Micronesian issues on the Big island
Pacific CEED	Strong supporter of MHAC & major funder of activities including HANO training and logistical costs of MHAC attendees to the Health Summit
Hawaii Alliance for Non-profit Organizations (HANO)	Provided training for MHAC in organizing to acquiring non-profit 501(C)(3) status
Hawaii Public Health Association (HPHA)	Organizer of Hawaii Health Equity Summit dedicated to improving public health. Offered discount HPHA membership to 5 MHAC leaders & champions.
Lawyer for Equal Justice (LEJ)	Legal Counsel for COFA migrants who filed the case for TRO against the state's implementation of the Basic Health Hawaii
JABSOM Department of Family Medicine and Community Health	Actively participates in meetings, hearings, testimonies, presentations in various avenues to bring light to the COFA migrant issues
Hawaii Department of Health (HDOH)	Employs several members of the Micronesian communities and advisors and act as source of information/resource
Volunteer Resource Center of Hawaii (VRCH)	Fiscal Agent for MCN and MHAC (Round Two Legacy Projects grantees)
University of Hawaii's Center for Interpretation and Translation Services (UH-CITS)	Will provide training for trainees of Micronesian Language Access Program to increase certified Micronesian translators/interpreters
Hawaii State Breast and Cervical Cancer Program (BCCP)	Partner to pilot test the trainees of the Micronesian Language Access Program

## Implementation:

- 1) Formation of the Micronesian Health Advisory Coalition and its inherent goals of organizing community champions and professionals and pursue its development of a non-profit status:
  - First meeting of interested community leaders, advocates, professionals was organized by Barbara Tom in July 2009
  - Interim officers were elected among the group with plans for regular meetings & invitations to other interested community leaders
  - It was through the Pacific CEED contract with MCN (with VRCH as fiscal agent) that MHAC was able to hire HANO for non-profit training (see photo)
  
- 2) Mobilization of Micronesian leaders/advocates to attend the 2009 Hawaii Health Equity Summit in Honolulu, September 10-12, 2009:
  - Strategic planning meetings & teleconferences with colleagues on the neighbor islands took place from July 2009 to prepare strategic priorities for Hawaii Health Equity Summit
  - Recruitment of other Micronesians leaders including those from the Neighbor Islands
  - It was through the Pacific CEED contract with MCN (with VRCH as fiscal agent) that MHAC was able to mobilize & organize representation for the Health Summit (see photo)
  
- 3) Organization of effective advocacy among COFA migrants against the Basic Health Hawaii Plan:
  - Meetings were held among MHAC members, other Micronesian groups (such as MU, MCN, NOM, Pa Emman Kabjere), Department of Human Services, key state legislators
  - Solicitation of involvement/increase awareness of key COFA government officials
  - COFA migrant testimonies at state hearings & informational sessions
  - COFA migrant rallies at the state Capitol organized by Micronesians United (see photo)
  - Attempts to meet/have a voice with the Governor & her administration
  - Retaining the services of Lawyers for Equal Justice to file for TRO
  
- 4) Future planning to train Micronesians to become certified translators in alignment with the National Standards on Culturally and Linguistically Appropriate Services (CLAS):
  - Rapid submission and receipt of Pacific CEED Legacy Projects Award

## Evaluation:

A wide scope of key health equity policies and actions in the State of Hawaii were impacted by this project. The outcomes resulting from the various aspects of the project illustrate the productive achievements.

- 1) Formation of the Micronesian Health Advisory Coalition:
  - Completed HANO training of 12 members of MHAC on September 18, 2009
  - Based on the group's core values, the following Mission Statement was developed:
 

*"The Micronesian Health Advisory Coalition, through its collaborative leadership and guided by our unique cultural values, advocates for the health and well-being of Micronesians to improve their quality of life in seeking justice and equality for the Pacific community"*
  - Discussed overview of best practices in board governance
  - Identified & prioritized critical action steps
  
- 2) Participation in the 2009 Hawaii Health Equity Summit:
  - 22 participants sponsored by MHAC/MCN/PCEED/HPHA attended the Health Summit
  - Induction of MHAC members into HPHA
  - Active participants and key contributors to the State's Health Equity Strategy

- 3) Organization of COFA migrants against the Basic Health Hawaii Plan:
  - TRO granted by Federal Court against the state's proposed implementation until next hearing in early 2010
  - Active advocacy of COFA governments to reverse 1996 PRWORA & to increase Compact Impact Funds
  - Increased awareness of Micronesian health issues
  - Increased activity of Micronesian action groups
  - Formation of a "new" Compact Impact Task Force
- 4) National Standards on Culturally and Linguistically Appropriate Services (CLAS):
  - Rapid submission and receipt of Legacy Projects Award
  - Micronesian Language Access Program (MLAP) is seen as an essential step in "Micronesians helping themselves and as resource for others"
  - Current active recruitment for the first class of MLAP to start in January 2010

### **Lessons Learned:**

#### Strengths:

- Micronesian owned concerns & issues
- Strong Micronesian support network in Hawaii
- Brought increased awareness to Micronesians health, educational, and social issues in Hawaii
- Launched new community action groups, such as Micronesian Health Advisory Coalition
- Revived & energized existing Micronesian action groups
- Pulled the diverse Micronesian communities together to focus on common health concerns
- Brought attention to Micronesian issues at various levels of the government
- Encouraged COFA governments to take a more active stance on matters concerning Micronesians in HI and in the Continental US
- Micronesian groups and citizens used as resources
- Increased collaboration among Micronesian groups and others, such as UH-CIT, Pacific CEED, Hawaii's BCCP
- Retention of Lawyers for Equal Justice for COFA migrants
- Engaged full support of the Hawaii Legislators, namely Rep John Mizuno, Sen Suzanne Chun Oakland, and Sen Kalani English
- Support of the Hawaii Congressional Delegates in Neil Abercrombie, Daniel Akaka, and Daniel Inouye

#### Weaknesses/Challenges:

- Misconceptions, misunderstandings, stereotyping among the Micronesian communities as well as the general public in Hawaii persist
- Time away from work, families to attend the Hawaii Health Equity Summit, meetings, hearings, informational sessions
- Raised misunderstanding between various Micronesian groups
- There are still Micronesians in the community that are misinformed or unaware of the issues
- Legal challenges and unknowns
- COFA migrants not given a voice with the Governor and her administration
- The State's plan to pursue Basic Health Hawaii despite multiple hearings, rallies, and letters

#### Recommendations:

- Support MHAC's pursuit in acquiring non-profit status through funding for TA in drawing up its articles of incorporation and bylaws

- Pacific CEED's continued support with the Legacy Projects Grant for the first class of MLAP to start in January 2010
- Continue to establish and solidify partnerships with other community action groups
- Continue to work with COFA governments (counsel generals) to work with the US federal government in reversing the 1996 PRWORA to deem COFA migrants eligible for Medicaid
- Continue to work with state legislators, congressional leaders, other community stakeholders to advocate against the state's Basic Health Hawaii plan
- Implement original COFA Task Force Report to increase support services for FAS citizens through preventive care *by CLAS standards*

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