- Good morning. Good morning. This is Ability Radio, you and your health. My name is Amelia Headley LaMont, and this morning I am joined by Iris Bermudez. Good morning, Iris.

- Good morning.

- How are you?

- I'm fine, thank you.

- It's another lovely Saturday in the beautiful US Virgin Islands. This program is brought by the VI Lottery, "Making a Difference" program. We welcome comments from you, our listening audience. You can call in when you are able at 713-1079. A little bit of ground rules, which we go over every program. We request that there'd be no use of names, no personal attacks, no unfounded allegations, product pitches, no profanity, and we don't give medical advice. So we won't be able to respond to questions asking for such. This morning, what we're going to do is, you know, you may be aware that in the past programs we've been focusing on Medicare, touched a little bit on Medicaid. And what we haven't covered is Medicare rights and protections.

- Yeah.

- So Iris, I'd like to explore a little bit of that. What are your rights?

- Sure. Medicare rights and protections in Original Medicare are very important for the beneficiaries, and the caregivers, and the coming of agers to understand because this is where if something doesn't go as well as I think it should or as it should, then they have these rights and protections to assist them. And one of the things of the Affordable Care Act was to implement protections, more protections for the Medicare population. Under Original Medicare, and I'm gonna be specific with the rights and protections on Medicare in the Original Medicare since that's the type of service that's provided in the Virgin Islands since we don't have health plans and Medicare Advantages Plans. But basically, sorry, beneficiaries have the right that protects them when they get healthcare. They make sure the beneficiaries get the healthcare services the law says they can get. It protects them against unethical practice and protects their privacy. As we've mentioned before, Amelia, beneficiaries have the right to be treated with respect and dignity, and this is very important and is very crucial because of, the Affordable Care Act again has made it so that the healthcare that beneficiaries receive is patient-centered. What we mean by that is that the patient is part of that treatment process. The patient has a voice in terms of, "Well, why do I have to do this? Why is this important? Please explain." So there's supposed to be a relationship with the beneficiary and the provider.

- Now, when we talk about the Affordable Care Act, it also, with some, in our political world refer to as Obamacare.

- Yes.

- It's the same thing?

- It's the same thing.

- Okay.

- It's the same thing. But as I have mentioned before, the Affordable Care Act was basically implemented to provide insurance coverage for those that had no insurance. So if you're a Medicare beneficiary, you were, you were, you know, you had coverage, so you didn't have to worry about, "Should I go into Obamacare or not?" Because it's basically for the uninsured or the underinsured.

- Okay.

- Now, one of the, one of the things about the rights and protection is that the beneficiary gets information they can understand, in a language they can understand, get answers to their Medicare questions, get emergency care when needed, where needed, and that's medically necessary, and we've already gone over what medically necessary means, that you need it, that you need treatment that you need for. When you go to emergency room, this is something that, you know, you're having pain, you've had an accident, you know, and you need to get care. One of the things that we've also covered during the show is that sometimes people who didn't have any insurance would wait until the last possible moment to go to the emergency room when their pain was just too much to bare and they would expect to get treatment. And of course, most hospitals in United States and in the Virgin Islands are required to treat the patient regardless of ability to pay.

- Right.

- But let's not use the emergency room for that, let's use it for emergencies. Beneficiaries have the right to learn about their treatment options in the clear language they can understand. Some beneficiaries don't speak English, so they should be able to get those services in the language they can understand. They have the right to file a complaint and they have the right to appeal the denial of a treatment or payment. And we're gonna be talking about the differences between a complaint and an appeal.

- Now, where would they make this appeal or this complaint? Where would they bring it?

- To the, for, the Virgin Islands is serviced by the First Coast Services Option contractor, what we call a Medicare Administrative Contract or MAC. And they are the ones that provide payments to the Virgin Islands. So it starts there when the Medicare Summary Notices received by the beneficiaries that outlines the services they receive, the payment that was made, whether or not they agree or disagree. And if they agree or disagree, then there is a section on the Medicare Summary Notice where they can send back to the contractor, "Well, I disagree with this and I need to appeal this payment."

- So, First Coast, this is this entity, that's the entity that would send you the Medicare summary statements?

- Yes. After every service, every service the beneficiary receives from a Medicare provider that's built to Medicare, they will receive a Medicare Summary Notice that outlines the date the service was provided, who provided the service, how much Medicare paid, and how much the beneficiary owes that provider, that 20% deduct, coinsurance, or even the deductible if they have a med for the year.

- So in the Virgin Islands, it's this entity that's called First Coast that the beneficiary would deal with, not CMS directly.

- Not…

- [inaudible] from Medicaid, Medicare services, it's First Coast.

- First Coast.

- And I think some of us, a lot of us and myself included, I'm gonna have to become familiar with these contractors that do, or that perform these kinds of services.

- Right. And that's one thing about CMS that we haven't touched on yet. The organizational structure of the agency, which is huge, and how we are, the CMS work is divided into four different, four different programs. And first, you have the fee for service Original Medicare and everything that goes into, providing that type of service, Original Medicare. Then you have the Medicare Advantage, which is another part of the Medicare structure, CMS structure that provides that type of service. Then you have the Medicaid division or structure that provides, works with the states and with the territories to provide that medical assistance service in the states and in the territories. And then you have the quality care services that provides another type of service for the Medicare beneficiaries as well as for doctors,

hospitals, because they survey our Medicare contractors or Medicare providers by, you know, working with them, surveying their agencies, surveying their entities, finding out if they're meeting conditions of participation, and if they're, you know, what are they doing with the services that they provide to our beneficiaries. Just like what we had here not too long ago, that the CMS staff that does the handle serving certification came into the hospital in St. Croix.

- Correct. Right.

- That's another part of what the structure is about. So it's, and we're talking about 10 regional offices, nationally. Virgin Islands falls under the New York Regional Office, so it's a lot of information that beneficiaries really don't have to worry about other than their Medicare.

- Good.

- A, B, C and D. And who pays for what, and who can I contact when I need help for understanding this much better.

- Okay. Excellent, excellent. Okay. Well, I suspect we still have a lot more to learn.

- We certainly do. And that's the beauty of this program, that we come here every Saturday to try to give you a little bit of, you know, the information that, like, I've been saying from the get go, our beneficiaries, particularly our caregivers, very important, and are soon to be Medicare beneficiaries need to understand that even though you retire, you still should try to make yourself knowledgeable about what's out there, what's available, who to contact, when to contact, because some of these appeals have some little deadline here that we're gonna have to get into later on. But I noticed that we have someone here today, what's this?

- Yeah. I'm delighted to say that. Yes, we are pleased to have a representative from the VI family partners. I know I'm mispronouncing the name. Good morning, Karen.

- Good morning, Amelia.

- How are you?

- From Virgin Islands Partners from, for Healthy Communities.

- That's right. It was formally VI Perinatal, and that's…

- That's correct.

- …the name I still cling to. So forgive me for my, you know, inappropriate introduction.

- Oh, that's quite all right. A lot of people still know us by that, an acronym, so…

- Okay, good. I understand that the purpose of the Virgin Islands Partners for Healthy Communities is to reduce infant mortality, promote healthy birth outcomes for high-risk pregnant residents diagnosed with diabetes and/or high blood pressure, is that still the purpose of the group or has it been expanded somewhat more?

- That is still the same purpose of the group. I mean, at the end of the day, our real focus is on providing access to care. And once people are in care providing the, excuse me, the supportive services that they need in order to be in compliance with whatever their medical regimen is.

- All right. Well, tell us what kind of programs that the, your organization has, that would be very helpful to learn.

- Well, as you mentioned, we work with high-risk pregnant, we also work with people with chronic disease. And our focus is, beyond getting people into care, is sitting down with them and looking at what are their basic needs. They may have needs that are not being met. Usually, there are a lot of reasons they may not be into care. And at the end of the day, as I said, our focus is really on improving health outcomes for those who are being challenged with those types of situations as you were, probably awareness, many people are aware chronic disease is, remains on the rise in our community despite the many interventions, and programs, and outreach that's being done in terms of educating our population, helping people understand why it is so necessary in these times to have a healthy lifestyle because regardless of medical needs, if you do not have the resources and the understanding in order to make the necessary changes in your lifestyle that is producing these situations, then you will still be in a relatively difficult situation.

- So your primary audience are pregnant women?

- High-risk pregnant clients and they can be across the child-bearing age span. And we look at people, we serve people who have diabetes or hypertension on the complications that may come with them. And so basically, we serve clients across the lifespan, men and women, and we help them to get additional, I shouldn't say necessarily additional, but these had become tools that are required to navigate our system in the, in these times starting with health insurance, because that has been a, an obstacle to a lot of people being in care. One of the huge benefits of the Medicaid expansion has been to get a lot of people on public health insurance that previously did not qualify. As you know, our status can be somewhat limiting and our ability to get people insured at one time, the income cap to qualify for Medicaid was $5,500 for one person for a family of four that look like $8,500.

- Right.

- So, I mean, just do the math, you can understand how a lot of people that certainly needed that service would not qualify.

- That, that's perfect because that's one of the questions I had for you, Karen. How does program work with the Medicaid program, understanding that in the past, it was like $5,500 and now they've raised that cap a little more, so more, so more people now qualify for the program, and how does your program work with the Medicaid? How's the referral process here? Do they send them to you or you send them to them? Or, I think that one of the things that we're doing here is trying to help the public understand who to go to and where and what the process is.

- That's an excellent question. We get clients through referral. We are located in both public health clinics, being Charles Harwood Medical Complex as well as Frederiksted Health Center. We collaborate with them. We are very appreciative of them providing space for our staff so that we are actually located onsite. We also, recently through the efforts of Dr. Griffith prior to his departure, got reinstated that the hospital in terms of having an office there, we continued over the years to collaborate with the hospital. However, we were not onsite. So, clients come into our program through referral and outreach. We actually do canvass the community, going door-to-door, looking for people. Our focus tends to be low income populations. And because at the end of the day, I think they are probably the most costly and a lot of people don't realize that. A lot of people don't understand that we are all interconnected because you may say, "Well, that's not an issue for me because I have insurance." And you don't understand that much of the uncompensated care that was actually driving the hospital bankrupt had to do with people who are uninsured or underinsured, who cannot necessarily, sometimes you have insurance, but they can't meet their deductibles, or sometimes people are insured, but the cost of that insurance reduces them almost to poverty because their salaries aren't very high. And for us, that would be somebody who is underinsured. And so, they don't go to in care. They are a lot of times are much sicker, so when they finally do show up at the hospital, they require extended hospitalization and a lot of other services, and who pays for that?

- We do.

- Right. We do. Any efforts with respect to prevention, I know that there's, you know, we have a serious issue in the territory in regard to diabetes, hypertension. And I'm wondering whether there's a health education component. You did speak on health education or about that, I was curious what does that consist of.

- For us, that, first and foremost, we, starts with sitting down with the client and really doing an assessment of the information that they do have, the living situation that they are in, because it's not enough to talk to someone about healthy eating if they don't have the resources in order to be able to buy the foods that they need. Or sometimes with our elderly clients, they don't have family support, they don't have access to healthy foods. It's easy to say to someone, "Well, you should be eating this." Sometimes clients know what they should be eating, but again, economic limitations, inability to actually shop regularly and many other things is you cannot, you can already know, "Well, I should be eating fresh produce, I should be doing this, and I should be doing that." But again, I may only have transportation to shop once or twice a month and, which tends to be a lot of processed foods and things that you can store. And unfortunately, when you, sometimes around the first part of the month, I would suggest to a lot of people to actually go to the supermarkets and look at people's carts and look at what they're buying and, you know, that that's what they consuming. And you can see how a lot of people are kind of set up by the whole system for chronic disease and many other ailments because they don't have the resources in order to be able to buy healthy foods. Let's face it, there's been a lot of changes in our food supply and just the way that food is available over the years that has contributed to the rise of chronic disease. Because once upon a time, I think that it was probably cheaper to purchase unprocessed foods and there's been a real shift. If you try now to buy organic foods and foods that are not processed, it's very expensive. And these are some of the realities that our clients face. So, we talk to them about budgeting, we talk to them, we provide, as a program, additionally what we do provide is transportation to and from your medical appointment because again, that can be a barrier for some people. We also have a pharmacy assistance program for people who cannot afford their medications, who do not qualify for health insurance because there's, while the expansion has increased access to public health insurance, there are still a lot of people who are left out, who I, sometimes, I guess, we call the working poor or people who just, they don't make enough to be able to afford it, but they don't certainly have too much, make, their income is too high still to qualify. So, for those populations, we have a pharmacy assistance program where we can actually, if they qualify, get their medications for free to, for, from, we linked with pharmaceutical companies and we can actually get those medications mailed directly to them.

- And that's, that was gonna be one of my questions. So, then you mentioned in your brochure here pharmaceutical assistance. And I was gonna ask you, how does that work when they don't qualify for Medicare? Is it also based on income or lower income and [inaudible] eligibility criteria?

- Exactly. Exactly. It is based on income and that is a service we offer to the entire community. You do not have to be enrolled in our program in order to apply for that service.

- It's pretty good.

- How does an individual present themselves for your assistance? Where do they go?

- If they are not referred and we, they do not know where we are located, they can call our offices. They can reach us at 713-8083. And the person answering the phone will be able to direct them as to how they can get enrolled in the program if they qualify. As I said, we target low income populations, but for us, we use federal guidelines in terms of what is low income. A person, their income may look like, well, they have, you know, enough but you have to factor in their living situation, how many dependents they have. Our goal is really to do everything we can do to get people into care and provide the education that they need in order to make healthier choices.

- This is fascinating because you mentioned seniors. I, when I first heard about this program, I thought, "Okay. So, they deal with pregnant women." I said, "Oh, but then she mentioned seniors." So could you talk about your, the range of ages that you provide service to and to everybody then?

- That's a great question. I think that we are, well, we are very much associated with the high-risk pregnant population because that's the population when the organization began that was being served. And when the program began, it was actually a healthy star project that was ended, reducing the infant mortality rate in the territory, which we were very successful in doing. And I don't want the organization to say, "Well, we did this because there is nothing that we have done that we have not accomplished in collaboration with other entities. We work very closely with the Department of Health, with the Federally Qualified Health Centers, with the hospitals, with other providers, because again, no one entity can do this alone. And the program was very successful in reducing the infant mortality rate, and that kind of made us ineligible for further funding for that program. So, what happened is that we received federal funding, which was for the healthy communities access program and that's how we expanded to include chronic disease. We continue to work with that high-risk pregnant population because again, we look at a continuum of care that is across the lifespan. And if you really want to focus on a community being healthy, then that starts preconception. You know, a mother's health is very tied into the health of her children as well as her ability to provide a healthy environment for the child to grow and to thrive.

- Good morning. This is Ability Radio, you and your health, brought to you by VI Lottery, "Making a Difference." I'm Amelia Headley LaMont and joined today with, by Iris Bermudez and Karen Hunt who is with the Virgin Islands Partners for Healthy Communities. Karen, you have shared a lot of information that we have not been made aware of. And I wanted to follow-up with just a quick question. Are your services also available to the St. Thomas, St. John district?

- Yes, they are. And we are located at the community health center in Schneider Regional. In St. Thomas, unfortunately though, we only serve the high-risk pregnant population. We also work with St. Thomas East End Medical Center as well. And I need to first of all commend and thank the Virgin Islands government because once our federal funding ran out, they have continued to fund the program. And of course, we have experienced, whether or not, a lot of the nonprofits have experienced and that is cuts due to our economic situation in the territory. However, we are still very, very grateful that we have been able to continue to provide the services to the community.

- Karen, you talked about so many different things and this is, this is wonderful. You also mentioned the Federally Qualified Healthcare Centers, medical homes, what does that mean to the listening public?

- When the program began, that was one of our key goals and that was it, it's really funny that you would ask that question because that being a goal and of course because we collect data on our populations and much of our services are driven by the data. What we found was that many people in the territory actually did have a medical home, but they weren't necessarily using that medical home. You have to realize, and the public I'm sure understand especially the public that you uses public health services that there are a lot of misconceptions. There have been a lot of improvements I would say in the arena of public health insurance because this is a, I mean a public health providers because this is a small community. A lot of times, some of the barriers or things like, you know, "well, I don't want them to know my business." People have a lot of concerns about confidentiality. Sometimes, they may not be greeted with the most cordial ethics on the part of providers. We…

- It's a nice way to put it. [laughs]

- We have a lot to do I think in the territory overall in terms of customer service and recognizing that these are our consumers. Not only are they are part of our community, but they are a valuable part of the whole process. That's the only reason any of us are here is because of the consumers and that has always been one of the driving forces of our mission. And that is to treat everyone with compassion, dignity, and respect befitting of how we would want to be treated. We promote cultural competency, not only throughout our own systems and how that looks for us is that we always have someone who is bilingual, who speaks Spanish at our sites. We've been fortunate enough to actually be able to usually have some staff who also speak Patois because that is what our community looks like and sometimes that is also a huge barrier for people if they don't speak the language. And sometimes people don't understand over the years when we have more funding, we were, funding, we were able to offer more services to providers because we not only work with clients, we also work with the provider community. We try to be

the bridge across organization. We are very clear that we cannot functioned in our little silos, and not interact, and try to improve the quality of care on the side of the provider. So in the past, we actually did trainings. We actually found a provider, a trainer of trainer so to speak, that could get people certified in Spanish medical translation. A lot of people don't realized that it's more than just being fluent in a language in order to be able to provide medical translation. You have to understand terminology. Sometimes, you have situations and I would imagine you still do where family member will bring a child with them, keeping the child out of school. I mean, and I can understand if they feel like they have no one else that can assist them, but to put that type of responsibility on a child to translate, you know, medical information to a parent. It can be very, very risky as well as just anybody that you'd find and a lot of people don't understand that when you interpret, you have to interpret precisely what that person is saying. You can't, sometimes, I've had people and they kind of wanna maybe make it a little more pleasant was being said on one side or another [laughs] and they found out, no, you can, you cannot do that. That's what interpretation means so and we also have offered cultural competency training in the past as well to all of our providers because you have to be respectful of other people's culture.

- Yes.

- Sometimes we make a lot of assumptions about other people and like I said that focus on treating people with respect, and acknowledging day or valuable and important. And those are the types of things that helps retain. It's not enough just to bring people into care. We have to sustain their participation and their care. And as well as on the other side, give people responsibility for their own health.

- Exactly.

- Because that's the type of work that we do with our clients. We get, for us high risk in case did that, I haven't made that clear which I don't think I did really speak to. What is a high risk client for us in terms of pregnancy and what that looks like, it, first of all, anybody 19 or under, we look at as high risk. It could be someone who had a previous caesarian, previous fetal deaths, spontaneous abortion or who has gestational spacing of one year or less. You know, and may have STDs, obesity or a chronic disease, has had multiple birth. Sometimes there are certainly social risk factors maybe they're on a domestic violent situation or homelessness or, you know, extreme types of poverty, substance abuse, family issues, poor living conditions. All of those things would qualify that person to receive our services if they were pregnant as well as being on the upper end of the age spectrum and they're pregnant. And so when that happens what we, when those clients present, our first goal is to engage the client to try and meet them where they are, to not put judgments on them, to not make them feel like they have to meet a certain criteria in terms of their life and where they are in their life. And sit down and actually let them know this is a partnership. And that's why it's called partners because we collaborate with you. We are not, we don't have the magic wand. We don't come into your life with the approach of, "Okay. Here we are and we ride in on a white horse. And we're gonna fix everything in your life", that would be nice and that was so surreal, maybe I'd want one of those too. But we try to help people understand at the end of the day first and foremost, you are responsible for your own health. And to shift that so that they can be then become their own best advocates for their health because if you are pregnant that means that not only are you gonna have to learn how to advocate for your health, you're gonna have to learn how to advocate for your child's health. And with our, the younger population, one of our main focus is to is to help them have a reproductive life plan. Help them probably have a vision for their future family. It's interesting our society and how we prepare, many of us prepare. We prepare our children for their future goals. We wanna make sure that they get an education in all of the things that we think will equip them with the strengths and the tools that they'll need to navigate life financially. At the end of the day, though, I would suggest that family is gonna be more important to you across the lifespan than any of those other things and all too often we look at family or pregnancy, kind of, like a, "oops" rather than as a plan. And I mean I can understand that. I had a oops myself, but it really and truly why is it that we're not sitting down with our children and sing. You know what? Family is gonna be, probably be the most important thing to you across your life, let's have a plan. You can modify this plan. You can change this anyway that you want. It's your plan because it's your life and without any type of judgment or prescription that it should look like this or it should look like that, but first and foremost, let's sit down and look at what you want. How old do you wanna be when you have

your first child? Do you wanna have a husband? Do you wanna have a partner who is employ? Do you want, what do you want your living situation to look like when you start this process.

- So let me ask you this, are you, is this something that your organization develops…

- Oh, we do what the…

- …in conjunction with the patient…

- We do with every single client that enrolled in our…

- …of written life plan. Wow.

- ..it is a written life plan and it is…

- That's interesting.

- …and it is their plan at one point…

- I'd love to see a copy.

- When again, I can, I can…

- A template of course.

- [laughs]

- No, I can certainly give one of those to you. And because there was a point at which I was really becoming a little agitated when I was starting to see a lot of 14 year-olds presenting pregnant. We developed this initiative where we were actually going into the schools and you, and doing these with students because again prevention.

- Yeah.

- Prevention is certainly worth more than a thousand pounds of cure.

- Right.

- And we actually went to the schools and many of them, the ones that we approached were all for the principles, let's say, oh, no, I have this many pregnant girls come. Excuse me. And we would do it in conjunction with the nurse, the school nurses and we would actually have presenters and presenters around the same age. I mean a little older certainly, but younger people and what we would start with is a family tree.

- Uh-hmm.

- And we would sit with the student and we would give them a family free, tree. And we would talk to them about lineages, and we would, you know, let them fill out their own tree, and help them look at, okay. I'm from a long line of what and who? People who have what type of skills, what type of life situations. It's not that they, we can first start with that is you don't just dropout of the sky, you come from, you inherit a whole wealth of information that goes back many generations. That's why sometimes, you will see people all of a sudden, they may have a child who's diabetic and they'll say, "well, nobody in my immediate family had diabetes or hypertension or anything like that." But then if you go back intergenerationally and begin to look, you will find a lot of characteristics. And then we take them to, and so they go up both sides and what sometimes would be just very heartbreaking with children who might not be able to go up one side

or the other. They may, in other words, they may know their mother's immediate family, their grandparents.

- It's true.

- But their father, they may have very little information about. And we need to make sure that our children do know their lineages, that they do know their family history because they carry genes from all of this.

- I noticed in your notes. You made reference to self-esteem so I'm wondering how does that come into play with the developing of the reproductive life plan.

- Oh, that's still key. One of the things that we observe, let me just say this. The students were very receptive to this information. They really enjoyed it because once we did the family tree with them, we would talk to them about do they wanna be a parent someday and if they did. And most would wanna be parents and then we would then say it to them because that's the practicality. Okay. If you're sexually active right now and you don't wanna be a parent today, what are you doing to prevent conception? So we would have that dialog because I really believe in the capacity of our young people to make good choices and decisions, but you need good information in order to be able to do that and sometimes because it's very interactive, our presentations. And when you hear some of the things that they think is true and no, again this is not if you think you're pregnant, drinking a lot again is not going to take care of that. And, you know, to really have an open and honest discussion with them and many of them. And that's what we really wanted. We wanted them to get information and then make choices and decisions, and we would have quite a few that at the end of the presentation, they would say, I remember one time we had a young lady say, "You know, this really has made me think", because she said she had, she's 16 years old. She had a boyfriend and she said, "You know after this, I know I'm not ready to be sexually active." Because, of course, as a young person, you don't look at the consequences because really and truly your brain a lot of times it isn't even developed enough to really understand the long-term consequences of choices and decisions you may make at 14, 15, even 16 years old. And she said, "You know, but after really thinking about all of this," she said, "I wanna go to college. I wanna do this, I wanna do that." And she said, in fact, "I'm wondering, I might not even be ready for a boyfriend right now. Much less be sexually active." And of course, that's each individual's assessment of their lives but again, we help them. We give them a budget for the first year of life for the average infant. You know, this is about how much money you will need. These are the types of things that you're going to need but usually, it's something they've never thought about in that way. And they are amazed, like, "I can plan this?" And it's, "Yes, of course, you can."

- You touched on something very interesting, is it, what are you doing to prevent conception? I had a similar, a situation with a family member and we were in a store purchasing slacks and he joked with me and said, "What about condoms?" And I said, "Fine." The condoms were placed under lock and key. It was not something that you can easily access. And in my mind, if can go and get a series of slacks easily but I had to be escorted to the pharmacy section with security, heavy security for condoms. I, there's something wrong with this picture I think.

- Well, I guess I'm so accustomed to how it is in the clinics that I wasn't even aware that was the situation because they are readily available. And of course, in our situation, like I said, that was one population and intervention that we've done in the past or presentation and that would be, that's something we would love to continue doing because again, information, a lot of times, they don't even necessarily have a good understanding of the anatomy of all of it. Much less an understanding, you know, let's be honest with ourselves, of course, you know, having a sexual drive in your, you know, adolescence, that is very normal. There is nothing abnormal about that and we don't see to change anybody's values or beliefs, we want to partner with their families and whatever their belief systems are but to, again, to help them understand what they can do in a healthy way. And first and foremost, in response to your question, they, condoms are readily available in all of the public health clinics that I have been in here. In fact, [inaudible] they're actually at the reception desk and they usually have a basket full of condoms.

- Okay.

- And, but the most, the key piece that you pointed out is self-esteem. Valuing of self, understanding especially for our young females . I could sit here for hours and tell you stories that we're just, your jaw would just drop as far as just lack of readiness for parenthood. Just clueless, thinking it's almost, I wouldn't say thinking is like a dolly but having really no clear understanding of the enormous responsibility that having a child is as well as understanding that every time I have unprotected sex, unless there is some physiological reason that I cannot get pregnant, I'm basically saying I wanna have a baby and I'm basically saying, mmm, and maybe along with that, give me an STD or two. And a lot of our younger population, just based on the number of pregnancies. I mean, at one time, I used to say, "If I have another condom-broke-baby, you know, I just wish I could get a dollar for each one that, well, the condom broke, okay." Really? But I'm just saying, if you value yourself, that's where it begins and for female's understanding, you have one of the most precious resources that humankind can have, not, well, I used to, I used to be able to say this but I don't know if can say this so emphatically now. Once upon a time, I used to be able to say, "Nobody gets in here that doesn't come through a female. No one gets into this world, seriously, that doesn't come through a female body but that, of course, there's been some changes and, the only superficially aware of that but I think there are some couple of alternatives but they're not broad-based at this point. So it's still pretty much the overwhelming majority of people who come into this life, come through you. I mean, can you imagine just, if our young females understood how precious that its, how powerful that really is. And the understanding of, you should guard those gates like Fort Knox.

- Yes.

- And what I mean by that is that be very discriminating about who you allow to come into you because this is, this is almost sacred. This is where life comes from. What could be more sacred really than that. But apart from that, understanding that you, yourself, are important are valuable because how do you now pass this pass one to a child? How do you now reinforce all of those thing for this child to let this know that this child know and everyone around you that this child is to be honored, this child is to be loved, this child is to be well-fed, educated, and taken care of.

- Uh-hmm. Now, Iris had asked you a question earlier and I don't know if we had a clear understanding as to what this term meant. What do mean by a medical home?

- Oh, I'm very sorry. I do digress, I do digress. A medical…

- [laughs]It's okay. This has been fascinating.

- [laughs] It's been interesting, yes.

- A medical home is a provider when you receive your primary care. Again, one of our focuses is to reduce people's reliance on the emergency department for their primary care. It's the appropriateness of care. Some, that's part of the education as well. Some people don't understand that if you do prevention, you are in care, you do see a provider regularly. Usually, that cut, sometimes even eliminates your use of the emergency department. So that means that you get regular checkups, that you are on top of your health. You keep your appointments and that you are following the advice of your medical provider and what we did find out, I'm very sorry, Amelia, like I said, is that people, a lot of people, when you, we thought they weren't in care and you would go and they would actually be registered at one client or the other and, I mean, at one clinic or the other and actually have a file but maybe sometimes, they hadn't been in 20 years, 15 years. There was a lot of misinformation about the cost of care or that they couldn't see a provider if they didn't have the money to pay for it at the time so we try to educate in all of those areas but it's to make sure that you have a medical home. Meaning a home where you receive your primary care on a regular basis. And one thing I was also, that also wanted to mention when you talked about prevention in terms of pregnancy. Of course, when we see a client, they're already pregnant but what we do work on with that client is inter-conception care

- Uh-hmm.

- Making sure they have good gestational spacing.

- Uh-hmm. Wow. We're gonna take another brief break and we'll be back shortly.

- You're tuned in to Ability Radio, You and Your Health. Yes, we can and we're learning how we can from the Virgin Islands partners for health communities. Karen Hunt is our guest this morning. Karen, you provided us with a lot of information. What more can you share with us with respect to the work that you're doing?

- Well, I, like I was talking about before, our focus is at healthy community. How can we together have a healthier community? And like I said, that starts pre-conception and that goes into the grade. There's an enormous because I say enough about your senior population as well and I think I heard as I was coming in, conversation about caregivers and providers. There's an enormous number of seniors in our community that are in very difficult situations because they don't necessarily have the family support. And sometimes even when they have family, the family doesn't have the resources. We have a growing population that is experiencing Alzheimer's and Dementia and even with the best of resources, those can very difficult. Diseases to manage and take care of but much less if you are resource-limited. And I have to acknowledge the changes that have happened over the years in terms of families, in terms of community support, and why is it so crucial now for everyone to understand the rights and how to advocate for their healthcare and how to have those protective forces that will assist you, depending on, because any of us can have any catastrophic situation so they set us at any time but if you have information again, they used to say this is the Information Age. And I used to wonder, well, what does that really going to mean but who has access to information, who can utilize because it isn't just access to information and resources. Sometimes, I'd like at in one of the discussions we were having with our staff was looking at, because we look at nutritional needs of children, we talked to the families, we passionately promote breastfeeding for our moms and explain to them why and get them to passionately advocate with their friends and anybody else that they know of child bearing age, about the importance because those protective factors begin with breastfeeding and helping people to understand that you don't necessarily have the, if you do, you're very fortunate if you have the same resources that people had in the past of an extended family. Extended family support a community that was very actively involved with all the children because no matter much we may want to separate and distance ourselves, they really are all our children. And if our children grow up feeling uncared for and unappreciated and not valued, then we talk about the rise of conscienceless children. We talk about all the things that are going on and what's wrong with these children. I don't know any children who first of all have access to importation of guns or importation of major drugs. So whatever we may see with our children, we have to look at ourselves, we have to look at the adults because the children only mimic in pattern what it is that they see.

- Right and you brought up, you've brought up so many great points that Amelia and I had been talking when we, you know, since we started to show about the rights and protections. About the need to provide information to the community, who to go to, what resources are available and one of the things that I've captured, you know, listening to you, Karen is that, yeah, you really touched on a lot of the healthcare services that are available in the community. You work in partnership which is excellent and with other providers and that continuum of care seems to be ongoing with you in your program so it seems to me that your services never really end and that was one of my questions; when do you terminate those services? [laughs]

- That is a very important question because with our pregnant clients, we usually separate by, let me say this, there's design and then, there's reality. Fortunately, we are not, I'm the program director and with certainly, the stuff has to present the case. We don't just terminate people because they've timed out but it would, for pregnant, it's three months postpartum for our people with chronic disease. It usually a four or five-month stay because again, we are trying to equip you so that you can be the, your own best advocate that you have the information that you need if, at nothing, at best to go find out the information you need, to go find out where the services are that you need. Go find out, you know, where can I find? Where can I access? And it's, it really starts with that. It really starts with understanding. You have the capacity to do all these things.

- Well, I can certainly say that on behalf of the Disability Rights Center, if there's any materials that you would for us to assist with disseminating because we plan to be at the fair. This [inaudible] good. I would welcome a cross for legislation of information in disregard. This is excellent.

- Oh, wonderful. Thank you so much.

- Let me also suggest that if you're, didn't quite get everything that Karen said which was a lot today and Iris which was a lot, we will have this show recorded and placed on our website which is drcvi.org. You will see a series of podcast for this show and the other shows that our program has done. Have a great morning. Thank you so much for joining us. Karen, thank you. This has been phenomenal.

- Oh, thank you so much for having us in here.

- And Iris, thank you. You facilitated this and you're enormous wealth and Medicare, I welcome and I really appreciate your collaboration. Have a good day.

- Thank you.

- Thank you.