

- Good morning. Good morning. You're listening to Ability Radio, you and your life. My name is Amelia Headley LaMont, the executive director of the Disability Rights Center, and I am joined this morning by my co-host, Iris Bermudez. Iris, good morning.

- Good morning, Amelia. Good morning, Virgin Islands.

- And how are you?

- We're fine.

- Yeah. We're very...

- We're fine.

- We're fortunate. And we, and our thoughts and prayers are with the folks in Texas who is experiencing a pretty significant weather. So we always have to keep our eye on that.

- Yes.

- And at some point, we probably, we'll reiterate the show having to do with emergency preparedness. You can never be too prepared, you know, when situations like this arrives.

- Exactly. Exactly.

- But this morning, we're gonna talk about something that is also something that we need to be more aware of and prepared, and that is the topic of Zika.

- Absolutely.

- It's...

- It's here and it's here to stay for a while.

- Yeah. That, and we're learning that. Our office of the Disability Rights Center recently received a grant from HERSA. What does HERSA stand for, do you know?

- Health...

- Resources.

- ...Resources...

- Services.

- Services Administration.

- Got it, good. I hate throwing out acronyms and we don't know what they mean. But in any event, the Centers for Disease Control has been very, what, prolific in issuing a lot of health advisories and information. And as we learn the effect of the impact that this mosquito can have on, you know, an individual, we will share that information with the general public.

- Including long-term?

- Long-term.

- Yeah.

- Tell us a little bit about Zika. What do we need to know about that virus?

- Well, the top five things according to the Center for Disease Control is that Zika primarily spreads through infected mosquitos and you can also get Zika through sex, which a lot of folks didn't know. In other words, if you're having sex and your partner is infected, ten to one, you might get infected, too.

- Oh.

- Number two, the best way to prevent Zika is to prevent mosquito bites. That's kind of hard in the tropical community, but there are things that people can do to prevent being bitten by mosquitos and we'll talk about that in a while. Number three, Zika is linked to birth defects. And we know that based on what we've been seeing about the babies being born with microcephaly, small head. And number four, pregnant woman should not travel, pregnant women should not travel to areas with risk of Zika. And number five is returning travelers infected with Zika can spread the virus through mosquito bites. Some of the basics include how Zika spreads, and it, and according to CDC, you need to protect yourself and your family from mosquito bites all day and all night, whether you are inside or outside. And I think in the Virgin Islands, we have a tendency of having plants in tires, kind of thing, and then we collect water in there, and that's where they breed. And even if it's not a Zika mosquito, it could be any other mosquito that would, you know, breed in containers that we have outside the house. Or sometimes, even inside because I found mosquito eggs in my plants inside my water-based plants and I've had to change them continuously.

- Wow, that's, these are very sobering times, and one needs to be well aware of what prevention we can, you know, engage in. We will be taking a short break in a little bit, but let's go back to, you mention something about the symptoms, Iris. Can we elaborate a little bit on that?

- The symptoms are...

- Symptoms, most common symptoms of the Zika infection. That way, people will know, you know, what to look out for.

- Okay. Symptoms are headaches, look out for headaches. Rash, rash is very obvious so you know that if you have headaches, rash, and or muscle pain, which is another symptom of Zika. If you have joint pain, fever, and red eyes, those are the main symptoms of Zika. So many people infected with Zika, you won't have symptoms, or you might have only mild symptoms. The most common symptoms like are what I just said, fever, rash, headache, joint pain, red eyes, and muscle pain. And these symptoms can last for several days to a week. Usually, they're not, people aren't sick enough to go to the hospital, and they rarely die of Zika. But once a person has been infected with Zika, they are likely to be prevent, protected from future infections, which, in a sense, it's a good thing, but you, we still have to practice prevention so that you don't get stung by, I mean, bitten by a Zika mosquito.

- Or any mosquito for that matter.

- Or any mosquito for that matter, exactly, exactly.

- Yeah. And again, the thought is that it's only limited or the concern, the risk is, our initial focus was women who are pregnant.

- Uh-hmm.

- But it does extend beyond, you know, women who are of childbearing age.

- Childbearing age, yeah. And according to the Department of Health, most cases that are confirmed by age full within the 20 to 39 years. And even 40 to 59 years, which, you know, it's a little over the childbearing age, but 20 to 39 years old, ladies, you need to be careful. How we prevent Zika, well, we

wear long-sleeved shirts and long pants. I know it's hot, we're in the tropics, a lot of humidity, but you wanna be protected, you stay in places where there's air conditioning, and window and door screens to keep mosquitos outside. I think now we're very up-to-date in terms of having screens in most of our houses. I don't think there's any, hardly any house that doesn't have screens.

- Yeah, because a lot of us don't have air conditioning, so let's take that off the table right now. But screening is important.

- Screening is important.

- Right.

- You have, you could treat your clothing and your gear with permethrin or [ inaudible ] has treated items.

- Uh-hmm.

- You can use Environmental Protection Agency-registered insect repellants, but always follow the product label instructions. That's very important. Do not use insect repellants on babies younger than two months on. That's very important because you don't know what kind of side effects or, you know.

- I think you, any parent would have to be very concerned about what, you know, chemicals they wanna put on themselves or their babies for that matter.

- Right, right. Mosquito netting, which we're all accustomed to, can be used to cover babies younger than two months old, and carriers, strollers, or cribs in order to protect them from mosquito bites. And us adults, you know, most, we all sleep under or some of us sleep under mosquito bed net, if air-conditioned or screened rooms are not available or if sleeping outdoors.

- Now, just to share some brief statistics before we go to a break, there is, we have at least, and then one of the things we've learned that there are over 250 cases of Zika-positive pregnancies in the territory. That's pretty significant.

- That's very significant, given that the, our population is a hundred six thousand.

- Right.

- Four hundred sixty-five individuals, I believe that's what it is.

- More or less.

- More or less, yeah.

- [ inaudible ]

- Yeah. Of the changes, yeah, yeah.

- All right. Well, we're gonna take a little break and we'll be right back. You're listening to Ability Radio. We're back. You're listening to Ability Radio, you and your life. My name is Amelia Headley LaMont. I'm joined this morning by my co-host, Iris Bermudez. We had a little topical issue with respect to the Zika virus and lo and behold, we are visited by a nurse by the name of Janis Valmond. She is a Doctor of Public Health. She's a research coordinator for the School of Nursing at the University of Virgin Islands. We're delighted to have you this morning. Good morning.

- Good morning, everyone.

- Well, you can certainly give us some indication of, well, I don't know if this is a fair question, how are we faring with respect to public health? How's that for a zinger this morning.

- Oh, yeah. That is a zinger. My best answer is we have many opportunities available to us in the territory, to do something about public health and CERC likes to be part of that solution.

-Excellent.

- Uh-hmm.

- Well, tell us about yourself, Dr. Valmond. I understand you have a very extensive educational background, work-related background, can you share that with us, and let us know what brings you to this profession actually.

- I guess I should have been prepared for this. I really came to talk about CERC, but I will go ahead and tell you about myself.

- Just a little bit.

- Yes, just, whereas the Caribbean Exploratory Research Center where I work is located within the School of Nursing, my background actually is in Health Promotion and Behavioral Sciences on Public Health. So, I graduated from UVI or CVI with my Bachelors in Biology some time ago. Went on to earn the master's degree in Biology and then pursued Public Health. So, previously worked at the Department of Health in Health Planning and was involved in developing Healthy People 2010 while I was there. Decided to go back and change gears a little bit and switched from planning to actually Health Promotion and Behavioral Sciences with the focus on adolescent health, because having worked in the Department of Health and having raised a daughter and in, interact with many adolescents in the territory, I thought that that was an area of health that was a little bit neglected and I fell in love with adolescents, so I wanted to work with adolescents. So, in terms of my work at CERC, so I have been working at the Caribbean Exploratory Research Center since May 2014 as a research coordinator. And I brought to the center, that background in Public Health. We have a very small but dedicated staff. We are fortunate to be augmented however by having access to a wonderful pool of resources named UVI students. So we use students a lot in our research activities because if we had to do it ourselves, we would not make it. So we are very, very fortunate. That's why I say every time there are opportunities to be tapped into and the university is one of those.

- Yeah. We had one of your students this summer. That's why your name came up because he is very dedicated to you.

- And that was?

- Michael Rosario.

- Michael Rosario.

- Michael, absolutely, one of our bright stars.

- Yeah, he's gone on to do some amazing things, yeah.

- One of our bright stars. And I will talk a little bit about one of the students I have this summer, not totally off-script because it's still about what I do and what CERC does, that might segue right into what is the Caribbean Exploratory Research Center of Excellence.

- Sure.

- It's a center funded by a grant from the National Institute of Minority Health and Health Disparities, has been in existence for a little over 10 years, first as an export center, and then exploratory basically means that we were funded to do some type of exploratory research. And part of that effort is very focused on working with students and it's expanding information and about, an education about health disparities, what they are, how they affect populations, and how can we find a way to identify what health disparities in the territory. So I had a student this summer, and last spring, as a, as a work-study student who was fascinated with the Zika virus and where it is in the territory. So we had the GIS course which is the mapping, the geo information system and he decided to try and track the prevalence of Zika in the territory by a state. So he is very, very focused on identifying the states, working with the Department of Health to collect, to gather the identified data that he could use to do, generate his maps. So we're hoping, and he has already presented it at one symposium and we're hoping he can do that again for us at the Health, the 10th Health Disparities Institute that we are holding in October. So again, a little bit along the path of Michael, I mean, the kid, students come, they're so dedicated, they're so focused and they are so smart and they know what's new, so I'm like, "Anything I don't know, I want you to share with me."

- That's right.

- What year is he?

- He's actually a rising sophomore.

- Oh my goodness, that's pretty good.

- Yes, very good, yes.

- Wow, that's like [ inaudible ]

- So, as we're talking about the Zika, it is finding that there are certain hotspots that, where they might have more prevalence and more, and it's not the places that we thought. Like for example, there's a spot in Saint John, we thought it was gonna be somewhere where there was more population but it's not. It's like in the rural areas that's showing that there's more prevalence. So he wants to deep, dig it dipper to look at what's happening with the pregnant and the prevalence of Zika and the pregnant, the positive cases I should say in the pregnant population, so he hopes to continue that study.

- Oh, I'd love to see the results of that study because...

- Exactly, we are all waiting.

- ...it will really help formulate those communities that we need to go into.

- Exactly.

- Oh, wow. That's amazing.

- So we have a settled a partnership with Michael and we shall continue it and that is one, that is one of the things that CERC, I will keep saying CERC because you kind of well imagine Caribbean Exploratory Research Center is a mouthful. So we're, the acronym is CERC so we call it ourselves CERC. CERC is very, very much into getting, partnering with community groups and organizations to help us identify health disparities and the key, one of the key fact aspects of that is the need for valid and reliable data on the population and we could go into that for hours.

- What other areas of health disparities are you looking at, just for example?

- For example, one of the main studies that CERC has been conducting over the past several years is really into intimate partner violence where initial study was conducted in the territory that found that we

have a little bit of a disparity, where we had, 32% of women had experienced intimate partner violence whereas in the US it's like 22%.

- Ouch.

- Wow.

- So therefore, based on that, in the second of phase of the [ inaudible ] cycle, a team of excellent consultants who work with CERC from various universities will have been onboard from day one actually as an advisory board. They, along with the center director, developed an intervention. So they took two mainland-based interventions, modified them for using the territory. Lots of help, lots of focus group discussions to find out what should be the story, what the message would like. We use local actors in the videos and develop an intervention that we are in the final phases of right now. It's a randomized controlled trial, a clinical trial registered with NIH. So, it's really a big deal for us to get the study completed. So we're in the final phases of that intervention. We hope to have some data by mid to late next year in terms of what we found, didn't work because if it did work and with all the rigors of the research methods that we have to apply then it's something that they can say, "Okay, maybe it can be adopted in the local community to help women who are in relationships of intimate partner violence." So we call it the Empowered Sisters Project.

- Oh, wow. That's amazing.

- So by intervention, what, in laywoman's terms, what do you mean? How would that be applied?

- Exactly. So on any, an intervention can be, I, as an individual, I love sweets, I love cake, I love sugar, right? But all the evidence points to the fact that too much sugar and too many sweets are not the best thing for your health. So I go a nutritionist and nutritionist puts me on a program that says, "Okay, today you're gonna eat so much, so much." And that's an intervention. Anytime you can offer a solution or an opportunity to not, I do air quotes folks, fix a problem that you have an opportunity to intervene. So, in this case example for the Empowered Sisters Project, we have individuals who are in relationships and don't know how to handle, how to be safe I mean, we're not, we are, as you know, we are not going to tell you, "Leave your partner." That is not what we do. What we do is provide for you some tips and some information who want to build yourself, oneself advocacy so you can come to the right decisions for yourself, give you some tips on how to be safe, now, to be safe with your children and if you're in that type of relationship, so that's an intervention. So, for example, for Empowered Sisters Project, participants who agree, one, have to provide voluntary consent to be in the study, they do a survey on a, on a tablet and it randomize, based on their responses, they're randomized either into intervention or control.

- Uh-hmm.

- The intervention group gets three sessions where a trained researcher provides the information, shows them some videos, talks to them about the study.

- Uh-hmm.

- Then, the control group just get it.

- Uh-hmm.

- And then in the end, we look and analyze the data. So it's a really, really awesome study that we've been completing for the territory and we look forward to the outcomes. In terms of other interventions, on the more remote type of plane, anytime we provide health education, that's part of attempting to do an intervention.

- So, your research, you know, as you said, takes a, well, it depends what type of research you're doing because when I was researching you, [ laugh ] I looked at all this research that to me seems very

complicated, you know, not being a researcher like yourself. And it's really good that you're doing this because we do need data, because data leads to more funding.

- Very often, they, almost a direct correlation.

- Exactly. And if we don't have data, you can't get funded because you have to justify why you want funding.

- Right.

- And you have to have that statistic available. But can you talk just a little bit about the research itself, that whole process, because it's, to me, layperson, seems very complicated.

- There are so many aspects to research and at CERC we, one of the things we were able to do as part of the center mission was to develop a course in health disparities at the University of the Virgin Islands, where we, students learn all about health disparities and that's one of, that helps us get one mission, to raise awareness about the issue of health disparities. In terms of the research process, there are different types of research that we conduct, qualitative research is where you get stories. You get, you conduct focus group discussions and from that information, you try to determine if there are common themes that are bubbling up across groups that might say, "Okay. That might be a factor here." Barriers to healthcare for example might show up as a, as a theme. Or ability to, or access to healthcare, that might show up as a theme. Or perceptions that healthcare is not necessary or not [ inaudible ] that might be a theme.

- Okay.

- As an example, I'm not saying it's a real one. [ laugh ]

- Oh, I know.

- But in terms of the other types of research that we conduct which is more quantitative, you'll hear that term, where we actually, this is the way you do surveys.

- Uh-hmm.

- Hmm.

- And we have been fortunate to conduct a needs assessment for the Saint Thomas East End Center, where we looked at, we conducted a survey in the schools, eighth and, with eighth and eleventh graders, looking at their healthy lifestyle, then the nutrition and physical ability behaviors, and assessing a void in obesity in that population.

- Uh-hmm.

- We looked at the household community of, the two housing communities served by East End and conducted the Behavioral Risk Factor Surveillance System with that population. So, that was quantitative. And we also did a lot of town hall meetings, focus group discussions, came from [ inaudible ] so you call that a mixed methods research where you use two types of methods.

- Okay.

- Or you can do one study but all you do is a survey. And I'm excited to say, I don't know if [ inaudible ] is gonna let me upstage him, but we have been waiting for the Behavioral Risk Factor Surveillance System data now for a while because we did not conduct that survey, which is a national survey that tracks health of the populations, in adult population, and we had not conducted it since 2010. So we were really excited that the Department of Health and kudos to Commissioner Davis and the folks at the Chronic Disease Program who pushed and we have had a 2016 BRFSS, so we are excited to get hold of that data, I just

got to it yesterday evening. So, we are excited to get hold of that data and then really see how we can look at the possible evidence for disparities because now we can, because it's done in the nation, we can look at it's exactly the same survey. So if we have, for example, 50% overweight and obesity, and they have, you know, 30% in, on the mainland, we know we have a disparity.

- We have a disparity.

- So whereas the perception is that we do, we need the data to back it up.

- Right.

- And that's where we are, trying to get, make inroads into that area, partnering with different groups, Department of Health, Department of Human Services to conduct research on the population level. So...

- You made mention of a phrase, "control group." What does that mean?

- It means that group does get, is the comparison group that we're gonna compare to the experimental, see if, what we, didn't work, so they don't get the actual intervention. They just get, like, health and information, and those types of things.

- Just the general stuff?

- Yes, yes.

- Okay.

- Uh-hmm.

- And that's standard in terms, I'm just using that as an example but any study, intervention study, usually needs that to be, because then how are we gonna say...

- Compare?

- Right.

- Compare. Yeah, yeah. Could you give a very simple definition of health disparities? You mentioned it, but we want the listening audience to understand what that really means.

- Absolutely. A health disparity, what is the simplest way? It occurs when there's a difference in health outcomes for, one group compared to another, in simple words.

- Simple words.

- For example, yes.

- Okay.

- For example, in the territory of the Virgin Islands, if our rate of obesity, I'll just, again, use an example.

- Example, uh-hmm.

- Is 70% and it's 60% on the US mainland, we are, because that is not a good outcome.

- Right.

- If we were 20% and they're 30%, there's a disparity but we're okay with that one. Okay. Then, the US mainland has to work hard on eliminating it, so the whole Healthy People 2020, I don't know if you're familiar with the program.

- Yes, we are.

- Sets the nation's goals and we are, our aim is to try and achieve those goals. Unfortunately, in many cases for the VI, we don't even know what our numbers are.

- Uh-huh.

- And that's, CERC is, therein lies the opportunity, right?

- [ inaudible ] to do, right.

- I talked about, yes. Yes.

- Oh, that's amazing. That is amazing. Is there any health situation where we're doing okay? [ laugh ] I know you haven't done all the research to prove that.

- Right, right, exactly. That's the challenge.

- Okay.

- So, in about a year, when we have looked over that BRFSS data, not even a year, maybe less than that, and then, we can actually, what we're planning to do is look at some of it and just run some analysis and see what we can find, and provide clearly some kind of a report that we can use and especially, and we use the information in our classes with our students, you know. We encourage students to do research on the, on the data that is available and that way, again, augmenting what we do with that they do because as students, they also have to go through the rigorous process of using the proper research methods and guided by us, the staff.

- And then you're gonna let us know what that said so you can come back on the show.

- Yes.

- What is BRFSS?

- The Behavioral Risk Factor Surveillance System is a national survey that tracks the health behaviors and outcomes for the, on a population level.

- Yeah.

- And the territory participate this, it's funded through CDC, Centers for Disease Control and Prevention.

- Yeah.

- And we have traditionally participated in that survey. And that is one of the challenges also that faces us and that we are not part of many of the national health surveys.

- Surveys.

- Right.

- The list is extensive in terms of the ones we are not part of. In fact, because of us coming here and to check, "Okay. What disability data is available on the Virgin Islands," and I brought you, unfortunately, a

listing of US Virgin Island Disability Status and Types, and for the majority of the indicators, it's not available.

- Yeah.

- Uh-hmm.

- So, we need to fix that and find a way. So my, I was coming to ask you having, being with this, working in this population, what data and who was collecting data on this population. If we could find that out, we could also make that part of what, because one of the things we're thinking about trying to develop is what we call a common data set.

- Uh-hmm.

- Where everybody who's collecting data might be collecting the, asking the same five, six, seven questions.

- Yeah.

- And then, they're unique questions for the population. And that way, if there is a way that we can get some kind of central data repository, probably, preferably in the Department of Health, and there is some movement towards that, we could go a long way to answering some of the questions related to health disparities. In the meantime, what CERC is doing is trying to increase awareness so we are always at the act there, providing information, sharing information on different health issues and health conditions. We, which, we accept invitations like yours and I must thank you very much for the opportunity getting in on Saturday morning.

- [ laugh ]

- [ laugh ] Yeah. We hear that quite often.

- Yes. But I could not turn down the opportunity to come in and, again, and a chance to talk about CERC, meet you, and probably create a new linkage because we do not have that linkage with the, well, let me take that back. [ laugh ] I think there is some work with, on Saint Thomas with the Regional Health Equity Council that there is someone there who works at Disabilities on that council, but I'm hoping from CERC's standpoint that we can build that relationship and create another linkage with the community. And that fits well with what I do because in addition to being the direct, research coordinator, the CERC is organized in corps so there's a community engagement and outreach corps and I'm the director of that corps. So as part of that corps, I need to get out in the community and that's part of public health, right? It's a huge part of public health.

- Right.

- You can't be a public health official sitting behind your desk. That's clear. But hopefully, with time and with inroads as we grow, we can build, we can change the landscape related to disabilities and health, and data system where we can actually answer some of these health indicators, right? Like, is there a problem with, what are the health risk behaviors that are prevalent in our disability population? Are they, are they getting the screenings that they need? What are the barriers and costs? Are there, are there issues related to that? And the only way to do that is by conducting surveillance, constant data collection, so we can see what's happening in the population because sometimes, perception does not meet reality.

- Right. In my, you know, random attempts to do [ laugh ] research, I did come across a site and I'm wondering if it's something you're familiar with, whether it's even valid, and I think it's an entity called Growth Online and it had Virgin Islands statistics on it.

- Growth, is that really, is that, was that for the community federally qualified health centers?

- No. This was a national entity.
- Growth does not sound familiar to me.
- Just [ inaudible ]
- Uh-uh, what we...
- I will find it because I was stunned to see and they, they've had some numbers for, you know, heart disease, hypertension, and did a comparison in the Virgin Islands with the national.
- Oh, US?
- Yes.
- Okay.
- I was surprised.
- Yeah.
- And, yeah. I, in fact, I saved it on my desktop.
- Oh, that would be awesome. Yes.
- I've, I'll share that with you...
- We're always looking...
- ...because I'm, you know, it made me wonder where did they get the information. [ laugh ]
- Right. Exactly.
- So...
- If it's, if it's mortality data, which is deaths and live births, they can get that through CDC because we report all of our data to the Centers for Disease Control and Prevention.
- Uh-hmm.
- So, that's available in the public domain. Anybody can access that information, and that's one of our go-to entities, the CDC.
- Yeah.
- And that's where the BRFSS comes from, the Behavioral Risk Factor Surveillance System. Another survey that we're hoping to reinstate in the territory is the Youth Risk Behavior Surveillance System. We have not done that since 2003.
- Hmm.
- So, CERC is working ferociously with Department of Health to try and get that done in the very, very, near future.
- And what's that called again?

- The Youth Risk Behavior Surveillance System.

- Okay.

- And that, again, as you can well imagine, it service middle school and high school students on the risk behaviors.

- [ laugh ] That's interesting because one of the questions we wanted to ask you was what sociological determinants of health have you found that may be impacting adolescents and their families in the Virgin Islands. [ laugh ]

- We have not found it yet. Not necessarily. I'm just joking. But we have an idea. We have hypothesis of some of them.

- Okay.

- And like I said, we had, we did a very, a small sample of students and, on the East End of Saint Thomas which we are not necessarily able to generalize for the entire USVI youth population, but some of the issues we found was that the rates of overweight and obesity were high in 11th grade as it was 41% overweight and obese. The girls were the most at risk at 27% of the girls were obese. We looked at in terms of the, of the factors, physical, how much physical activity they perform. We did not collect data on SES, but we hope to be able to, if we do this on the nationals, on the territorial scale, that will be one of the factors we'd attempt to and some of the social determinants as you're, well outside of the individual, right?

- Right, right.

- So, what, do they have access to healthy foods, do they have access to physical activity, and those types of issues.

- Right.

- And we hope to be able to do, to do that type of work in the near future.

- Oh, okay. Wow. What are culturally relevant measures and how are they used?

- I can give you an example. The very, I told you we conducted a survey with the youth in the, in Saint Thomas in the middle school and high school over there. We used our survey called the School Physical Activity and Nutrition Survey.

- School?

- School Physical Activity and Nutrition Survey-USVI. That survey has been used. It's a 91-item survey for the high school and it, there's also version for fourth graders which is shorter, clearly. And it has been used in the State of Texas for several years to track determinants of overweight and obesity in the school age population. So, that survey about, in 2013, I received a mini-grant of, to conduct a pilot study to modify that survey for use in the territory. So, what we did was we conducted, we had eighth graders because it's, there are two, there are two instruments. So, there's one that can be completed by eighth and eleventh graders, same reading level. So, we conducted focus group discussions with a sample of a thirty-two eighth grade students on Saint Croix. So, we have them come in, complete the survey by the standard protocol that is completed and then afterwards, we have them tell us how they felt about the survey, you know, what should we change. And they told us. [ laugh ]

- I'm sure they did. [ laugh ]

- They sure did. They told us exactly. So what we did, we then modified that instrument to be relevant for the territories. For example, one of the questions was, where do you, why does your family purchase fresh fruits and of course the examples were Costco, Walmart, you know. No. We have to change that because if I went and give [ inaudible ] that survey, they'll look at me like, they'll dismiss me. They're just like, "I'm, you know, you're not talking to me."

- Yeah.

- So, I mean, that's a simple example. They gave us other examples. For example, for the foods, right? So the survey includes a 29-item dietary recall that asked them, what did they eat the day before? Well, clearly the Texas survey did not ask them if they ate johnnycake or if they ate, you know. Yeah. Seriously and...

- [ inaudible ] [ laugh ]

- Exactly. So, they told us. So, we were able to tweak that survey to make it more relevant. So, that would be considered a culturally relevant measure. So, then you can use it over and over again with children in the territory and they, it will make more sense to them.

- Okay.

- And that for, that's just an example.

- Okay.

- They, the intervention we talked about, that would become to their culturally modified because it was developed here using...

- For use...

- Right. For use here.

- ...here, in the Virgin Islands.

- Using people from the Virgin Islands and that's the, so, those are two examples I could give you.

- Did you use or were there any children with disabilities involved in that [ inaudible ]

- No.

- No?

- No.

- Okay.

- Exactly.

- Okay. Then, that's what you were saying you wanna do?

- Exactly.

- Okay.

- Exactly. You have more and more, again, and we know there are disparities, there are documented these disparities nationally, related to individuals with disabilities.

- Yeah.

- Okay. So, how do we join that movement to get the awareness out there and get the data that we need.

- Okay.

- We're ready.

- Right. Especially when the federal government under this administration is seeking to decrease funding for education, that becomes a real serious problem.

- It does. It does. And health.

- And health, yeah. Absolutely.

- And health. To your health. Well, we're going to take a short break and we'll be right back. You're listening to Ability Radio, you and your life. We're back. You're listening to Ability Radio, you and your life. I'm your co-host Amelia Headley LaMont joined by Iris Bermudez. And our special guest today is Dr. Janis Valmond which is a Doctor in Public Health, Research Coordinator for the UVI School of Nursing. One of the things that we talked about was whether we had reliable statistical information on the disability community here in the Virgin Islands. I have been reminded by my colleague, my esteemed colleague Archie Jennings that yes, indeed we do. We've had information that was culled by the Northeast ADA Center out of Cornell University and they provide, provided the territory a breakdown of individuals with disabilities by household from the 2010 census, and we will happily share that information with you.

- Right. And that's, exactly. So, in trying to do a little bit of research on what is the national landscape just on disability-related content in national household surveys, I found that the census of the consumer expenditure surveys, survey of consumer finance, we're on, on, participating is the census, on the surveys that [ inaudible ] I thought had substantial information, we participated in the Behavioral Risk Factor Surveillance System but even that survey, there is in terms of when it includes disability related content.

- Uh-hmm.

- So, for the 2015 survey BRFSS, there was one optional module with two questions related to disabilities and that was not included. There's one disability, one of objectives of the, of Healthy People 2020, it is included as a key focus area. So, there, even national, there's a need to expand focus on addressing disparities affecting disabilities and so, again, here is the opportunity. So, I look forward to that, maybe something that I might even be able to replicate as a follow-up, to see where we are in terms of those types and then to find out if it's included in the community survey which is conducted by the Eastern Caribbean Center. And that's done as a follow-up to the census, to track populations between the decennial census. So, there might be some opportunities to explore in terms of looking at the population.

- Okay.

- And you might be able to get some information from the Department of Education Special Education Program.

- Yes.

- Since there, they service the special education children, I mean, I'm talking children who grew up to or who can stay in school until 21.

- Yes. They're an excellent source as well as the Department of Health [ inaudible ]

- Yes, Department of Health as well.

- So that's what's happening, I thought to bring the groups together to find out, to address our different populations and see where we can...

- And we have a call. Good morning.

- Good morning, this is Nicole Ross.

- HI, Nicole Ross, how are you?

- Good, thank you.

- We have a guest, our guest did arrive. Her name is Janis Valmond. She's the research coordinator for the School of Nursing. So, in addition to Zika outreach and information, she's very well-versed in gathering data here in the territory for families and whatnot. Do you have a question or a comment?

- Yeah. I, I'm a new mother and I just noticed that when I had my baby at the hospital, there's not a lot of information, if any, when you have a baby given to you as a new mother about Zika. And since they, they're not testing in the third trimester, I was just wondering if there are gonna be any new outreach efforts that way.

- Nicole, uh-hmm?

- Yes.

- Yes. I can't speak to what's happening at the hospital but I know the Department of Health is really, really pushing to get the word out and do some outreach related to Zika and that might be your best avenue. But raising that issue is valid, and I think probably, hopefully somebody else is listening or we can find a way, I mean, I mean, research and just try to help you, but it's good to know and thank you for bringing it up, and that's probably something that the hospital needs to be aware of.

- That may be a potential focus group.

- Yes. There you'd go. But all the best for the new baby.

- Thank you very much. Thank you.

- Thanks for calling.

- Thanks for calling.

- Okay.

- Yeah. Health education, I mean, I'm curious as to then your outreach focus as far as subject. Is it, is it disparities related or is it, like you, as you just talked about the issue respectively, obesity, what kinds of topics do you focus on, you know, with regards to health education in your department.

- Right now, like I said, we, there, I'm glad you brought this up. One of the initiatives that CERC did very early on in the first phase, even before I came on board, is develop what we call the Health Education Toolkit and that toolkit is available online at the CERC website, on, under UV, the main UVI website and it really addresses all, we don't have a limitation on the type of health education topic that we address. Again, being aware that we probably impacted negatively by, you know, in several domains because, again, not having the valid available data, we can't assume anything. So, what we do for example is provide education on walking, you know, why it's important to walk, the right education and material on healthy eating, nutrition. Know your numbers, you know, know what your cholesterol is, your heart rate,

you know, those types of issues. And the purpose of the Health Education Toolkit is to get information out to the community that would help increase the knowledge of what, you know, healthy lifestyle initiatives we should be doing, how we should be living, and also to let us know about health disparities, what they are and therefore if we can and where in [ inaudible ] domains, whether it's work, home, school that we can be aware of what they are and therefore more prone to take action to help reduce those health disparities because it takes all of us to do that.

- Now, where would this be found? You said the UVI website.

- Yes.

- You have...

- Where to find it?

- Yes.

- <http://cercuvu.com>, C-E-R-C-U-V-I, .com.

- C-E-R-C-U-V-I .com.

- U-V-I .com.

- All one word?

- All one word.

- Okay.

- And Health Education Toolkit is a link. You simply click on that and there's a lot of information there available.

- And CERC stands for Caribbean Exploratory Research Center.

- One of the things we are very proud of, another opportunity we take to spread information and do dissemination about health disparities. CERC has successfully held a health disparities institute every year. Last year, it was a one-year institute on climate change and health. This year it should be a two-and-half day institute at the Frenchman's Reef in Saint Thomas and the theme is Increasing Health Equity and Improving Health Outcomes for Marginalized Families and Communities. And the focus is going to be on health literacy, climate change, and health policy. Because we're aware that without policy and the champion at the highest level, we probably would not make the inroads that we need to make. So, we are always including the legislature, the policy makers, the heads of the major departments that work to education, health, human services, and so on, and public works, believe it or not, who are involved in the, creating an environment for a healthy lifestyle, that will eventually help reduce health disparity. So, just in wrapping up my focus on health promotion and behavioral sciences, I do, when I deal with looking at interventions and how to approach the community about a healthy lifestyle, the focus is on the healthy lifestyle. If you eat the right amount of fruits and vegetables, less carbs, and do your physical activity, eventually that weight will be okay. So, you don't have, you know, but if you do the healthy lifestyle promotion, that's the focus. So, we try to keep it on the positive side and not create this automatic barrier because there's still stigmas around overweight and obesity and disability, mental and physical. So we try to focus on the healthy lifestyle promotion, the health education aspect of it that we're hoping that by doing that, the information gets to everyone and everyone can take action. So, there's a call to action for all of us, to be mindful of our healthy lifestyles, and I think the rest will fall in place and the most vulnerable among us, the disabled, the children, the elderly.

- The elderly, yeah.

- Are the ones that we have to be starting to pay more attention to.
- Now, would there be a registration required for this event?
- Yes.
- Okay.
- It's all on the CERC website.
- And the CERC website is, again?
- cercuvi.com, C-E-R-C-U-V-I, all one word, .com.
- I'm intrigued that there's mentioning of climate and I'd like to do a little plug for one of the trainings that the Disability Rights Center is gonna be doing. We'll be having two workshops on emergency preparedness on, at, and the presentations will be at the Small Business Development Center, SBDC. One, the first one will be in Saint Thomas on September 1st and the second one will be in Saint Croix at SBDC, Small Business Development Center on September 6th. Call 776-4303 for more information about the emergency preparedness workshop and Dr. Valmond, you've brought some pretty significant information here today. I would love to have a copy of these registration forms and I'm seeing you're flipping some other items, something on heat exposure. Oh, she came with a folder.
- She came with a folder.
- [ laugh ] Okay.
- She was ready for us, okay. [ laugh ]
- That folder is an example of some of the types of information that we give out and the agricultural fair has information. Of course, Choose MyPlate is so popular in terms of what types of information for kids, for young, and adults. There's information on AIDS, there's information on the studies that we're doing. So, and there's a fact sheet on health disparities, what is health disparity, and so on, how you can identify it. So, that's something that we give out every year at the Ag Fair and we engage, we don't just give it out. We engage the community in talking about the different things and climate change is one of the big ones. Our, one of our hugest supporters is Dr. Laverne Raxter and that is her baby, and it's gonna be a big part of the institute in October.
- Do you find people are receptive to that topic?
- Yes, actually.
- They don't view it as something remote?
- No, no.
- Bourgeois issue?
- No. Not at all. We're feeling it every day. I think this has been the hottest August on the record.
- Wow.
- Okay, I don't doubt it. It has been...
- Yes, it has been.

- ...remarkable.

- Yes.

- Well, folks, I'd like to thank you so much for this stimulating discussion. We must bring you back.

- We must.

- Thank you for the opportunity and we're, look forward to working and partnering with you.

- Excellent.

- Thank you. Folks, it's been a pleasure as always. You're listening to Ability Radio, you and your life. This program was brought to you by VI Lottery, Making a Difference. Until next week.

- Thank you.

- Thank you, this was...