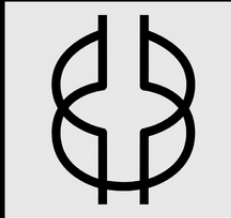




Issue: Summer 2022

# #theHealthyDose



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## RELAX...REWIND...RECHARGE...RENEW RECAP

Dr. Jacqui Watson DO, MBA - President/  
Chief Strategic Officer

ROCKHOUSE Hotel, Negril, Jamaica, played host to the inaugural HCI mncWell Retreats from April 21-25, and wow, did we *rock dah house*. The maiden cohort, who named themselves Class of ZENRock, were blissfully transported from a mind FULL to MINDful over the 5day/4night wellness escape in tropical paradise.

A dynamic group of 10 diverse, powerful and positive women signed up for the exclusive and expertly curated themed retreat. After the mncWELLcome RELAXception and Drumming for Wellness night cap session, we all breathed a collective *Ohm*, quickly bonded and settled in to effortlessly, yet intentionally, be immersed in mindful, nutritional and cardio fitness activities over the days ahead. *more on page 2.*





## Class of ZENRock



The ZENRockstars, as I affectionately refer to them, all channeled their inner chakra's and participated in daily yoga and meditation, ohm'd and spahhed, trekked the Canaan Mountains of Westmoreland for a unique farm-to-table experience, and learned what the term organic truly means, joined in on Exxotic Beachbootcamp fitness activities, and Zen'd, sipped and painted their way to true nirvana. Everyone left refreshed, re-energized, and chanting the mncWell mantra - **relax; rewind; recharge; renew** - and resoundingly asking for a REPEAT.

A big THANK YOU to our partners on the ground: Charlotte Wallace, Rockhouse and Skylark Hotels; Alecia and Mark, Zimbali Farms; Orlando, our Drumming for Wellness coach; Canaan Wallace Photography; Marc-Maurice Frankson, Designs by Marc; Michele Lewis, SandandStone Meditation, Raniel and Deniece, Exxotic Fitness Beach Gym, and Lattecha Willocks. A very special shout-out is due to HCI program manager and @mncWellretreats coordinator extraordinaire, Lydia Carr, and HCI Intern, Courtni Foster, for all of their hard work and contributions toward making our inaugural retreat such a success. And lastly, but by no means least, to the dynamic group of phenomenal women who took this maiden journey with me, THANK YOU!! And, I heard your chants for a repeat, so, ONWARD to mncWell2023! *more on page 6*

*Testimonials : Each activity took on a different experience... and also some activities created a new challenge.*

*I thought the activities were very well curated...sign me up for 2023!*



# COVID's Toll on Mental Health

Amha Selassie MS, CPM - VP / Chief Regulatory and Compliance Officer

## May is Mental Health Month

The mental health issues triggered by the Covid 19 pandemic are likely to continue to have a growing impact on the health and wellbeing of residents and will pose a significant challenge to the health care delivery system. Mental health problems may also lead to an increase in physical ailments.

Long-term health effects of Covid, workplace restrictions, closure of schools, isolation, quarantine, lack of insurance and access to medical care, and bereavement were the main causes for the increased risk of psychiatric illness. The psychosocial effects of the pandemic are also likely to affect some segments of the population more than others. The literature indicates that mental health issues associated with Covid include anxiety, depression, fear, isolation, and anger. The patients that are most affected include the elderly, children, those without social support systems, as well as those who have existing mental health issues. While a lot of attention is paid to the physical health conditions of Covid, the mental health consequences of the disease are not given the necessary emphasis. There is, therefore, a need to develop comprehensive Covid specific intervention strategies that are tailored to segments of the population that are vulnerable and those that are underserved. States, cities, and counties have to strengthen services at the local level and develop comprehensive crisis prevention and intervention systems. Policies, plans and programs have to be developed and updated to meet the challenges of evolving changes in Covid.

Specifically, strategies should include the following:

- 1) Develop surveillance and monitoring mechanisms for early detection of the risks of emotional distress and prevalence of post-traumatic disorders;
- 2) Develop guidelines for intervention, with particular emphasis on vulnerable populations;
- 3) Establish hotlines and utilize social media and online services;
- 4) Develop and utilize public education programs;
- 5) Strengthen and improve the delivery of care and develop comprehensive approaches that involve stakeholders;
- 6) Incentivize primary care, emergency care, and mental health providers to work more closely together and to share strategies and experiences;
- 7) Ensure availability of and access to appropriate therapies and medications; and
- 8) Since the long-term effects of Covid are evolving, regularly assessing community needs and assets.

HCI Health Education and Health & Wellness consultants are ready to assist you with your program needs

the REEL on



Dr. Norvell Coots

Dr. Michael Boyne

Michelle Lewis

Lattecha Willocks

Charlotte Wallace

Annalysa Gayle

## THE #TAKE10 REEL REVIEW. December 2021- June 2022

Interesting folks doing great things in their own places and spaces discussed a wide range of topics with HCI president, Dr. Jacqui Watson. From Myths and Facts about Covid, with Drs. Norvell Coots, CEO of Holy Cross Health in Silver Spring, MD, and Dr. Michael Boyne, University of the West Indies, Jamaica, to chats with mncWell Retreats Partners in Wellness, Michele Lewis, CEO of Sand and Stone Meditation, about the important role meditation plays in health and wellness, Lattecha Willocks on the power of Art in Wellness, and Charlotte Wallace, Director of Rockhouse Hotel, who was excited to play host for our inaugural mncWell Retreats event and highlighted all the reasons why Rockhouse was THE perfect destination for our launch. Finally, June was an extra special session as #TAKE10 guest, award winning reporter and news anchor AnnaLysa Gayle, flipped the script and interviewed Dr. Watson about the launch of her family's new philanthropic project, The RalRosa Foundation, @ralrosafoundation, established to raise funds to improve access to quality healthcare, primarily in Jamaica and the Washington DC metropolitan region. RalRosa's inaugural Rum & Rose Charitable fundraiser was held on June, 25, 2022, and was a tremendous success.

**We're on summer recess July and August and we'll be back in September. Happy Summer!**

# Evidence-Based and Promising Practices for Telehealth: Tips for Healthcare Providers

Sshune Rhodes, MHA, FACHE - VP/ Virtual Health Officer



According to the American Telemedicine Association (ATA), patient satisfaction surveys and claims data from Centers for Medicare & Medicaid Services (CMS) and private health plans demonstrate that many Americans have come to see telehealth as one of the most positive improvements to our nation's healthcare system in recent memory. Importantly, a majority of U.S. voters believe Congress should protect their ability and choice to see a provider via telehealth post-pandemic. A letter was sent from 336 organizations calling for Congress leadership to advance permanent telehealth reform with a specific priority focused on passing permanent, evidence-based telehealth legislation for implementation in 2024. Virtual care is now a fundamental part of the U.S. healthcare system, and it will improve patient access to high-quality care well beyond the COVID-19 pandemic. (Americantelemed.org, ATA Press Releases, 1/31/22)

So, what does this mean for telehealth providers? Envisioning telehealth post pandemic, what should healthcare providers do in order to stay ready, and be prepared? Developing a continuity action plan is key, here are three important beneficial tips and steps to consider and keep handy in the event of an emergency:

## • Telehealth Credentialing/Privileging

Ensure telehealth is a part of your organization's provider credentialing, privileging, and on boarding process. Credentialing and privileging new providers can be a lengthy process however; it serves as a layer of protection for patients by ensuring telehealth providers are compliant with state regulations and organizational policies. Virtually all states require physicians providing telehealth services to be licensed in the state of the patient receiving care. Further, every site delivering telehealth services must fully credential the physician (Ruralhealthinfo.org, Licensing and Credentialing of Telehealth Programs, 5/21/19). Including and providing telehealth privileging for all new physician hires aim for a more proactive onboarding process.

## • Telehealth staffing

In the event of an emergency or crisis, reassign existing staff who may have work capacity to provide additional manpower to meet the need. Given available human resources, look for staffing opportunities from within your organization especially those who are trained in emergency response. Once staff identified, provide the appropriate telehealth training.

## • Telehealth education

Develop telehealth education modules for telehealth providers and staff as part of annual mandatory education. Provide consistent educational opportunities to keep providers familiar and current with the telehealth process. Schedule periodic mock check-in calls during downtime to stay abreast of telehealth platform and equipment. This can be accomplished by establishing a bi-annual or quarterly check-in cadence.

On May 11, 2022, the World Health Organization (WHO) Independent and Advisory Committee reported the COVID-19 pandemic has exposed failings in pandemic preparedness and response and a shortfall in health security and equity across the world. Nevertheless, there have been numerous examples of global solidarity and collaboration, and remarkable progress in research and development. Developing a post pandemic continuity action plan setting telehealth providers up for success should be every organization, healthcare facility, or site's priority.

Is your organization in need of our expert advice on how to develop your telehealth programs and services? Send me an email [sshune.rhodes@healthconceptsintl.com](mailto:sshune.rhodes@healthconceptsintl.com)

# The Social Determinants of Maternal and Child Health

Courtnei S. Foster - HCI Spring/Summer Intern



*Courtnei Foster is the Spring/Summer 2022 intern at Health Concepts International. She hails from Montego Bay, Jamaica where her passion for healthcare, neuroscience and a life of service was nurtured. She earned her Bachelor of Science in Biology with dual minors in Chemistry and Health Education (Maternal and Child Health concentration) from Howard University in 2020. Since then, she has been a neuroscience research technician at Children's National Hospital where she studies how congenital heart disease and subsequent cardiac surgery affect the rapidly developing brain in neonatal populations. Courtnei is a hopeful child neurologist who will begin her medical journey at Georgetown University School of Medicine this Fall 2022.*

Testimonial: "My Health Concepts International (HCI) internship has been a rewarding experience. Through HCI, I was able to gain a comprehensive look at the health and healthcare industry as I was granted the opportunity to delve into the clinical, public health, health policy, philanthropic and wellness sectors of the health ecosystem. I was able to work independently, explore my specific interests and learn valuable information from leaders across healthcare sectors. The professional skills I further developed throughout this internship will be carried with me to all future endeavors".

A society's success can be measured by the extent to which the social needs of its most vulnerable groups are met. Children and pregnant women are two of the most vulnerable groups in society, and based on the infant and maternal mortality rates, society is failing to meet their needs.

According to the CDC, infant mortality is the death of an infant under 1 year old. The infant mortality rate is the number of infant deaths for every 1,000 live births [1]. In 2017, the infant mortality rate for the United States was 5.8 and 7.8 for the District of Columbia [2]. The WHO states that maternal mortality is the death of a woman while pregnant or within one year of termination of pregnancy by any cause related to or aggravated by pregnancy. The maternal mortality rate is the number of maternal deaths per 100,000 live births [3]. Between 2014-2018, the 5-year maternal mortality rate for the United States was 28.4 and 44.0 for the District of Columbia [4].

Although the United States of America is one of the most developed countries in the world, it ranks lower than some less developed nations when we compare infant and maternal mortality rates [5]. The United States' position on this list is influenced less by available resources and more by the engrained societal inequalities. To address these issues we have to acknowledge that health does not occur in silos, but instead, it is influenced by the social conditions in which people live and work. This means that when we look at maternal and child health, we also need to take into account the level of care that is accessible, financial stability, education status, insurance status and how these factors are further influenced by race.

To illustrate, an expecting mother who is poor/uninsured will receive less pre and post natal care because of financial limitations. If she also lives in a rural area then she may not live in close proximity to health clinics and may lack the means to get there. If she happens to also have a lower level of education, she may not be aware of or be able to access information that would help improve her pregnancy outcome. Additionally, if she is Black, her circumstances become significantly more complicated. Therefore, if we as a society want both mother and child to be healthy during and after pregnancy, we need to improve their social circumstances during these periods. This means expanding medicare, implementing social and financial support services for pregnant women in resource limited areas, and expanding health education programs.

If the infant and maternal mortality rates of a population are high, then this indicates that the social needs of that population are not being satisfactorily addressed. If we want to reduce these mortality rates then we must work towards identifying the factors that adversely affect maternal and child health outcomes and implementing programs that effectively mitigate these issues.

## Reference:

[1] <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

[2] <https://www.cdc.gov/nchs/pressroom/states/dc/dc.htm>

[3] <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4622>

[4] [https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency\\_content/Maternal%20Mortality%20Review%20Committee%20Annual%20Report\\_Finalv2.pdf](https://ocme.dc.gov/sites/default/files/dc/sites/ocme/agency_content/Maternal%20Mortality%20Review%20Committee%20Annual%20Report_Finalv2.pdf)

[5] <https://www.cia.gov/the-world-factbook/field/maternal-mortality-ratio/country-comparison>

## MONKEYPOX: A CAUSE FOR CONCERN?

As if we haven't had enough with COVID, a new virus is on the horizon called Monkeypox (MPX). Though we certainly hope that it will be nothing like COVID, it's good for us all to be proactive and continue to exercise good hygiene and responsible behavior. MPX, per the CDC, is a pox virus, related to smallpox and cowpox. It generally causes pimple or blister-like lesions and flu-like symptoms such as fever, chills, headache, and malaise. Lesions are most often found on arms, legs, and the genital and perianal areas. MPX is spread through close contact- direct physical contact with the lesions -as well as respiratory secretions. Most cases so far have been associated with sexual contact in primarily MSM communities, including gay and bisexual men. Severe pain is the most common reason for hospitalization. The good news is that MPX is a self limiting disease and we do have a vaccine that can be used for treatment. Keep informed by checking the [cdc.gov](https://www.cdc.gov) website.



**DRUM ROLL PLEASE!!!**

RELAX  
**mncWELL**  
*mynextchapterWELL Retreats*  
**2023**  
 RENEW  
 REMIND  
 RECHARGE

**SAVE THE DATES**  
**mncWell2023**

**4.19.2023 - 4.23.2023**  
**5 days | 4 nights**

**TREASURE BEACH, Jamaica, W.I.**

**Registration begins 10.01.2022.**  
 Limited slots

**To express an interest in reserving  
 your yoga mat send an email to  
 info@healthconceptsintl.com by  
 9.30.22**

**Our Giving Pledge**

Lydia Carr, HCI Program Manager

**WHAT WE BELIEVE!**

- \*We Believe that Giving is Good for Your Health.
- \*We Believe in making investments that make a BIG IMPACT on our communities.
- \*We Believe that making substantial contributions of Time, Resources, or Dollars to worthy causes are effective ways for us to fulfill our vision.
- \*We Believe that Education is a fundamental human right, not a privilege, and investing in the education of a student is an investment in the future.

At HCI, we take PRIDE in GIVING because we believe that GIVING is good for your health and wellbeing. **The Jamaican Howard University Affinity Network (JHUAN)** or 'J1' is one of our worthy philanthropic causes. I happen to serve on the JHUAN scholarship committee proudly, Dr. Watson chairs the fundraising committee, and HCI intern, Courtni Foster, was a two-time awardee.

J-1 was established in 2018 with the mission to serve the Jamaican student community at Howard University through scholarships, mentoring and career development. Since its establishment, J1 has raised over \$130,000 USD and provided more than 25 scholarships to high-performing well deserving students.

The J-1 signature fundraiser event, **HUes of Blue**, will take place at the residence of the Jamaican Ambassador in Chevy Chase, MD on Saturday, October 1, 2022. Please consider supporting by becoming a donor at <https://www.jhuan.org/become-a-donor/> and, if you can, join the celebration as we welcome a new cohort of brilliant scholars.



**Our Vision**

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