

Transcript Part 1

Michael Heminger:

Welcome to the Friday edition on KIDE Hoopa Tribal Radio this week, For Your Health.

Our guests are Yolanda Latham.

Yolanda Latham

My name is Yolanda Latham and I work for Partnership Health Plan of California. I am the tribal liaison and I am happy to be here with you today. I am also an enrolled tribal member of the Hoopa Valley tribe and that's who I am.

Michael Heminger

and Dr Robert Moore.

Robert Moore

Hi, my name is Robert Moore. I am a family physician and I am the Chief Medical Officer for Partnership Health Plan of California, which is the medical managed care plan serving northern California. I worked for many years at a community health center in Napa where I still live and I am super excited to be visiting the Hoopa Valley this week.

Michael Heminger

So you've kind of gone up and down the river so far. So this is you're in Hoopa and you were in Weitchpec earlier.

Robert Moore

Yeah, actually I started last week. I did a canoe ride at the mouth of the Klamath River with a couple of nice members of the Yurok tribe and then went to the brush dance at Sue Meg over the weekend, I'm not, I'm not young enough to stay up all night, but I did enjoy seeing the first three rounds and enjoyed seeing that, experiencing that.

And then, then this week, this last few days, I've come over the, over the mountains to the warmer areas here, visited the, the health center and also both health center. They also went over to visit the, United India Health Center clinic over in in Weitchpec. So it was really excited and you have a real gem. The K'imaw Medical Center is a real gem. And the staff are amazing and it's really impressive to see that whole center.

Michael Heminger

So you are primarily involved in the partnership. Can you explain what partnership is?

Robert Moore

Sure. So, the federal government established the Medicaid program back in 1960 in the early 1960s. And California's version of the Medicaid program is called MediCal. And MediCal in the last couple of decades

has moved towards having an intermediary called the Managed Care Plan between the state and all of the doctors and hospitals that provide the care and our Managed Care Plan in Northern California's Partnership Health Plan. It's a community based not for profit.

So, our board of our board of commissioners. There is 40 board of commissioners from all over Northern California that sort of set the policy in the budget of the health plan including Liz Laura O'Rourke, who is the Chief Executive Officer of United Indian Health. She's on our board and she's the first Native person to be on our board. And so she represents the, the interests of the American Indian community on that board.

And so, we, we contract with the individual clinics and doctors as well as hospitals and other, other *health care providers, transportation services to provide that health care delivery system, long term care, hospice, all sorts of services.* The one thing that the state retain a couple of things the state still retains is dental coverage is still through the state directly and pharmacy coverage is now through the state directly as well. But partnership in Humboldt County also provides is the intermediary for the substance use disorder benefit and for mild to moderate mental health services as well.

Michael Heminger

Ok. So, since medical, OK, we were talking earlier as we always do before these things. You are involved with Medical through the partnership and there was a concern that a lot of people will take advantage of their tribal medical coverage or medical center as opposed to going through Medical and that is probably not a really ideal situation because there are different pots of money and different and there's, there's only so much to go around in the different pots. And so if you're able to spread it out a little bit more you can, take advantage, you can get your, your needs met greater without running out.

Robert Moore

Yeah, it is the, the federal government has a responsibility to provide health care to members of enrolled tribes and as well in urban areas as well. And, but that has been historically underfunded. And so if you rely on the federal funding to provide the health care services, then your local health care clinic won't have as much resources.

Now, several years ago the California decided that they would cover fairly good rates of reimbursement for medical services provided to medical patients seen at tribal health centers. And so when, if an individual tribal member who would qualify for medical, because they don't have, a high income decides to, if they say, well, you know, it's the federal government's responsibility. I want to use my federal, that funding stream for my health care. I do not, I do not choose to sign up for Medic Medical. You're not, no one forces can force you to.

Then the, the tribe is having the tribal health centers using that, that federal money directly to take care of them. If they enroll in Medical, then the tribe can actually bill the state and draw down that money. And it gives them more resources for the services that are not covered by the state because the state are the state Medical doesn't cover everything that tribal health centers provide. And also, it allows, gives them resources to expand and offer new services and better services.

So I'd, I'd encourage people. I know that it is an issue of sovereignty and an individual choice. But just to think about that you're giving your, your local health center more resources by, by applying and getting me if you qualify for it. So I would encourage that.

Yolanda. Do you have anything to add on that?

Yolanda Latham

Yeah, the Manage MediCal is always seems to be kind of a mystery to most people who, you know, when I introduced myself. 'Hi, I'm Yolanda. I'm from Partnership Health Plan.' They're like, oh, what are you selling me? So, I tell them, oh, I'm not selling you anything. You actually have to qualify to be part of the work that we do.

So I, I explained it to them in a way that says, you know, when you work for a private company, they give you a set of benefits and you, you sign up for health care and then you get a card in the mail and, and all these really wonderful things for preventative care. Well, for folks that receive me, it's the same thing. Now, we're able to have a member services for them. We're able to have preventative education and we're able to assist them in their journey of health.

One of the things that we pride ourselves on is ensuring that the member feels like, you know, I'm going to be able to get health care. I don't have to be afraid that these bills are going to bury me. That, you know, getting care shouldn't be difficult. You know, when you don't feel good, you should be able to say, can you help me with this as I apply? Is there a way I can talk to you over the phone and you can enter it for me? Those are the kind of things that we do at our health plan. And we do have amazing people that work with us.

But more importantly, it's a service, you know, we're serving communities all over California and most of us, I would say we enjoy doing it, you know, serving your community is, is really top of the list of the things you can do in life. So, you know, that's what I always say about our health plan. It's, we're not a typical health plan.

We don't, you know, profit off of anything. We're really out there for service and to serve the communities.

Michael Heminger

And so, qualifying for Medicare has changed or medical. Excuse me? Well, I guess, well, that's there, there's a good question. What's the difference between Medicare and MediCal?

Robert Moore

That's a great one. So, they were both created around the same time in the, in the early 1960s, about 60 years ago. Medicare is intended for people who are older and also people who are disabled. So, that you have to, or you qualify by turning a certain age or if you're disabled when you have to be certified as being disabled to get Medicare. Medicaid is for low income and with the Affordable Care Act, sometimes called Obamacare adding in covered California which covers people with a little higher income.

It's part of that continuum of cover between accepted plans that are commercial plans that are in, you would get through your insurance. If you, if you're employed and you have employer provided insurance or cover California, which is kind of an intermediate and then MediCal which is now based just on

income. It used to be, if you had resources, let's say you have, you know, you've said you've been frugal and you've slowly over your lifetime, saved up \$10,000 for retirement or for something, eventually you wouldn't be able to qualify for Medicare unless you spent all that. That's not true anymore. Now, that Medical is based on your income, not on your assets. So that's, that's an important, that may be something you were worried about why you didn't get it in the past.

But you can now apply. And if you're interested in applying the, the Medical application is not through partnership, it's through the counties. And I do you know if K'imaw has an eligibility worker on their site? I bet they do.

Yolanda Latham

They do. The way our health plan works is that a social service agency or I call it point of care agency will screen you for a registration process and they'll screen you for income limits to see what you qualify for. One of the amazing things that's happening now is that when you get screened, you're not just getting screened for me, you're getting screened for w you're getting screened for, you know, food stamps, you're getting, you're getting screened for other programs with,

Michael Heminger

It's a one-stop shop

Yolanda Latham

Yeah, I mean, in, in the eighties, that was never, that was never an option. And I just want to, you know, let families know out there that are listening. You know, if you go in and get screened, you'll, you'll find out if you're eligible for other programs other than just Medicaid, you know, MediCal in California. But you'll get a set of programs that will assist you in, in your journey. So I, I think it's, it's changed quite a bit.

Michael Heminger

So, ok, so you mentioned you know, the disabled are also eligible for Medicare. How does SDI work in with that, or is that something like Apples and oranges?

Robert Moore

No, you're right. Usually, people who qualify for SDI will qualify for Medicare. Usually, I just, I wouldn't say 100% because there's always exceptions. But generally, you need to be disabled for a certain period of time before your Medicare kicks in. I forgot whether it's six months or two years, somewhere in that range.

And so, and, and a person can have both Medicare and Medical. If they're disabled and low income, then they can have both or if they're older and have low income, they can have both. And Medicare is considered the first payer and then me kicks in afterwards. If there's something that Medicare doesn't cover

Michael Heninger

Well, being an older gentleman, I don't quite qualify for Medicare yet. But I noticed that they, they do when I do have to go to different appointments, they want you to bring the insurance. Of course, I have, you know, the insurance to the tribe, but they also kind of look for the different pots of money that you

can pull from. So, in, in, with K'imaw, there's PRC sometimes PRC gets involved, sometimes it just comes directly out of my regular insurance. But as I get older, I'm 62 now, probably going to retire in about five years. I think I can, I can retire at 68. So I am, I'm really, my ears are active to make sure what can I do there. So, you are in favor of an approach to health care that is more preventative rather than, well, let's fix that. Well, you can fix it ahead of time and, fix it before it gets broke.

Robert Moore

Yeah, no prevention is, is always as I also have a degree in public health and Yolanda has a great interest in, in public health as well. And, and one of the big principles of public health is not to just look at the individual patient, but to look at the population. And another principle is to try to identify opportunities for, for prevention and there's many different levels of prevention.

So, in, in that we could, we could talk about, I know that one big issue that is affecting the entire state in the country right now, but especially has hit hard in Indian country are the issues of teenage depression, *suicide and substance use disorder*.

Those are. And so one of the questions is, you know, the yes, treatment is important and we have, you have actually really good treatment options here. Early detection is important. And I, as I was driving around, I saw signs, you know, that recommending that, you know, that, that people don't start and if they do to refer their family. So I think there's seems to be a good culture right now in your community to I to know that there are resources available and to try to refer folks.

But primary prevention is something that's a longer, it's the long game and figuring out ways to make sure that our, our kids are, are in an environment where they're less exposed to experimental, experimenting with drugs or they have an environment that is nurturing and offers mentorship opportunities, leadership training so that they have good self-esteem. And want to that, that's a prevention technique that is very powerful.

And fortunately, in my, in my last week, in becoming more attuned to some of your some of the ceremony and, and tribal practices that's very well aligned with this movement to really embrace traditional tribal culture. The, when a person takes the time to learn and the discipline to learn about a certain ceremony and the way that that is performed and that is actually a prevention method.

They're, they're, they're, they're keeping their brain working on something productive. They're using their entire brain. That's a social interaction which is helps prevent depression and the, the part of their brain that that is helps them empathize with other people and not be self-centered is also activated.

So, I, I really applaud, that's something I really appreciate is that embracing traditional culture. I, I know that there's a history in the United States of really trying to suppress that. And that's really unfortunate because that tradition, culture was a prevention, it was a protection against depression, substance use disorder and, and suicide. So, so I think that really being proud of that of those traditions is, a strong way of prevention that I wanted to bring up.

Yolanda Latham

I want to bring up the cultural aspects of health care. You know, modern medicine is useful. I always know that modern medicine is useful and it do wonderful things, especially for surgery, cardiology, things like that. But culturally, the cultural aspects of health are important for social, you know, the social

cohesion of a community, the interconnectedness, the things that science sometimes doesn't measure, you know, happiness and feeling, the sense of belonging. And you know, the time you spend with between elders community and watching different ceremonial dances and learning about different ways to gather whether it be food or for baskets or hearing people tell stories of maybe they were down somewhere trying to gather something and fell, but giggled about it. You know, all those things create these amazing opportunities to be a cohesive unit.

And that to me feels like a space of healthiness, it feels like. It seems like a lot of folks find a community in that and that's prevention that's doing the I call it healthy living lifestyles. It's living in a way that strengthens yourself. It builds your self-esteem, your confidence, your ability to articulate and connect with other people. Socialization is a big, is a big deal in Indian country and being around other people is probably one of the most exciting and preventative things that we do.

You know, I've lived in Hoopa majority of my life. One of the things that was always a struggle and that I've heard other people talk about is the isolation, you know, being so isolated at the in Hoopa. We're pretty far from a lot of folks. So you have to drive a bit to get to a neighbor's house or go visit or to a birthday party. You really have to coordinate together to make that social connection occur.

And so, I think after the COVID-19, you know, returning to our cultural pathways, it feels like we're kind of getting our nice little reset and reminded of the importance of those healthy living ways of talking socializing, sharing, being kind to one another. I am not going to sugar coat it and say everybody's like that. It's just not like that.

But there are folks out there that really do, really live the life. They go out and gather, they really do connect with other people. You know, they're, they're hanging fish, they're catching surf at the beach, you know, they're doing these amazing things and I, I, I think as I get older, I realize, was it prevention?

I didn't have a term in the nineties. But I know that as, as an adult now, I knew, I know now that those things kept me from doing other things that could have potentially made my life different today. And so I think that, you know, returning to those traditional pathways is really important and supporting them and utilizing and helping other people understand how important it is to our communities and how healthy it is.

But, you know, I always say, you know, when you try to measure social, social things, it's kind of *qualitative versus quantitative*. You know, *that's always an interesting discussion*.

Michael Heminger

So human connection is very important. Let's talk about the opposite, social media.

Robert Moore

Yeah, and, and this is a national problem, not just affecting Indian country but affecting the United States as a whole. There's been the, the Surgeon General in the last month has declared the recommendation that social media should carry a warning for teenagers that it could, it increases depression anxiety, suicide rates. And so it's that strong, it's, it's reminded me of, you know, the Surgeon General's first warning was against tobacco products in the 1960s. And now they're now ...

This is not done lightly. The Surgeon General doesn't just wake up one day and decide to, to do this. There's a whole process behind it. So that's pretty monumental. And so I think that and, and so tackling this is a community, a community act, not all use of social media, not all use of smartphones is bad, can be very productive. But the key is to work as a community, work as parents with our kids or as mentors with our kids to ensure that cyber bullying is, is controlled that that that people are not so anxious that they're spending time away from interacting with people.

So when again, when I went to the Sue Meg, I was so impressed, I didn't see a single teenager looking at a smartphone that entire I was there for six hours. Not once, not once we adults were, were texting each other.

Michael Heminger

It's hard to get a signal down there too.

Robert Moore

Yeah. Well, that's true. That may be a blessing, right? And so it may be a protective effect.

But figuring out how that allows them to interact because remember they were in, when they're in the dance house, they have to be totally attuned with each other. And I think that if you take a bunch of kids who are kind of using smartphones a lot and on social media all the time, they would never be able to do that, they would not be able to accomplish that. So, there is a so that's something to be aware of.

And I think that having those conversations, talking to the schools about what we, what they can do to help, help with it and teaching the kids to be smart users of media as, as a class or as a, as a specific training in their, in probably in middle school is a good time to start tackling that are some practices.

I'm not an expert in that, but I'd say that's the, the fact that the Surgeon General recommended. It means that I as a doctor, you know, need to talk, need to talk about this. So, one, a value of a lot of Native culture is humility and Yolanda is a very humble person, but we are so lucky to have her. She's interacting with all the tribes.

Michael Heminger

You should be proud of how humble you are.

Robert Moore

No, I'm not, I'm gonna says she would never say this but she's working with, you know, we have, we have 21 tribal health centers in Northern California that partnership works with. And the number of, of tribes depends on how you define them. But we're between 20 to 50 different tribes and, and she is very dedicated to this work and her everyday work, as I've had a chance to interact with her this week, she's dedicated to being a mentor to everyone she talks to and meets and it's just, it's inspiring.

So, it's, it's that, that every day, every day, we interact with people. And if we choose to interact with people in a positive way, we can make, make our, our, our homes and environment a better place. Anyway, that's, that, that's my, my takeaway.

But in terms of self-esteem in young people, when I was canoeing on the, on the mouth of the Klamath river, there was, there were two young men who are my canoers. They were paddlers. One's name was

Kobe and the other was Gus. And Kobe was a real jokester. He's from Weitchpec. And they're both young men.

So, it's sort of a tribute. He said that, you know, some people think that, you know, he said the Karuk tribes, one of the biggest tribes, maybe the biggest tribe in California in terms of number. And we have, but we're one of the poorest tribes, you know that there's, we, our casino doesn't make it, bring in very much money.

And, and I, I drove by it. There were like two cars in the lot.

It doesn't, it's not a and, and but he said, but if we think about like rich and poor in a different way and here we are, we're on the Klamath River. It's beautiful, right? The trees, the birds, the, the seals. If you think this, my land makes me rich. And I'm, I'm actually a richer person than a lot of people who have money.

That's, that's a, that's a sense of self-worth and pride. That is what we need to have. Because if people feel that poverty makes them feel less self-esteem and not worthy, then that's, that's a bad. But if you can switch it and say, listen, I'm a steward of this environment, of the, of, of this land and I feel really proud of, of the, of the work I do to be that steward that gives them self-esteem, pride and it's a protection against substance use disorder and makes them happy and, and joke.

And then he said, oh yeah, I'm gonna be dancing in the, in the, in the brush dance later tonight.

And so again, he's, he, it didn't surprise me that, that, that he's also a person that, that participates in ceremony and has that connectedness with his, with his fellow tribal members. So, and I'm hoping since I'm new at this, I know you, you've lived this for your whole life, but I wanted you to hear from me how impressed I am with that and how valuable I think as a doctor and a public health person, how valuable that is for your health and your community.

So sometimes it, if you're around it all the time, you take it for granted and it's nice to hear, you know, someone from the outside sort of admiring that.

Yolanda Latham

So, the, I always say that actually, you know, I grew up with, you know, we didn't have a lot of money per 'se but we didn't know what we didn't have. You know, so we were raised in a space of, you know, natures everywhere, you know, all these beautiful things. And, so I've never felt without. And so now as I'm an adult, I realize there's so much wealth in the way we live in the way we think.

And I think that, you know, that's where modern world meets, you know, Indian country because, you know, I, I believe there was a young lady, her name was Josie in high school. McKinley, she went to McKinley High. She did this amazing thing called living in two worlds. And that for native people, we live one foot in culture and then one foot in the modern world and that we have to find balance within those worlds and that it's difficult for, you know, American Indian students and populations to find that space of, ok, where can I find, you know, my self-esteem in both spaces, you know, so you learn to navigate pretty young and, and you realize how rich you are when you go out to the mountains and you drive through them and, and how vast they are and how many birds are out there.

No, I don't know that people don't do that anymore. You know, take rides into the mountains and look around and go put their feet into the river. I know our elders don't get that option very often because, you know, they're limited in their mobility. But we are rich with the river, the Trinity and the Klamath. We're very wealthy with our creeks. We're wealthy with the lake being, you know, where it's at. I don't know a lot of people who use it, but, you know, when they do, at least it's there and then we have the ocean.

So we're surrounded probably 45 minutes from any type of water and, and, you know, whenever I leave California, I think, man, where's the closest creek in the water? I always start panicking. Like, oh, I'm leaving my homeland. I always say I gotta grab my passport to leave California.

But we are wealthy and, and I'm glad that you, you see it, it's, there's really, you know, when, when kids say they're bored, I'm like, oh my gosh, how can you be bored? There's so much to do, you know, and you know, better not to say in front of an elder, you say you're bored and you'll be sweeping, cleaning, you know, cleaning out old canning jars and they'll find something for you to do.

Robert Moore

I think to some extent, teenagers like to feel a little oppressed, right? Because they're trying to assert their independence from their parents and, and, so my kids are all grown but when they were teenagers and living in Napa, that's where the city of Napa, which is, you know, they have bowling alleys and little restaurants and movie theaters and all sorts of things. But they always complained that, oh, there's nothing to do in Napa. So, it seems like that's a, that's a common.

But that, that just, you know, it's almost hard to respond to it because if you build a new something they'll still say, oh, that's not good enough teenage angst.

Michael Heminger

Our discussion was pretty far ranging. So, we will have a part two of this program next week, the Friday edition is a public affairs presentation of KID E Hoopa Tribal Radio. We thank you for joining us.