

Announcer:

In this episode of Tim Talk, Northern Light Health President and CEO, Tim Dentry and Dr. Olamide Sobowale discuss how to find and address racial inequality in healthcare.

Tim Dentry:

Thank you for joining us for Tim Talk. I'm Tim Dentry, President and CEO of Northern Light Health. I'm here to talk, yes, but more importantly, I am here to listen. We have all been doing a lot of talking and not enough listening these days. Now is the time to change that. We need to listen to those who have not been heard for far too long. The goal of this podcast is to break down barriers, open our hearts and minds to diversity, and focus on issues of social justice and medical justice.

Tim Dentry:

Let me start by explaining what we are doing right now to address this issue at Northern Light Health. We will have dialogue sessions via Zoom that I will conduct with our colleagues of color, LGBTQ+, international colleagues, and other diverse groups. We will schedule these frequently enough and at various times of day, so that everyone who wants to participate, can do so. Our human resource leaders and their member presidents from around the state as part of Northern Light Health will also conduct dialogue sessions so we can best problem solve in our local communities.

Tim Dentry:

And we will bring you these podcasts that feature people within our system who can help us learn what we need to know to advance justice within our system. This, right now, marks the start of that conversation to bring about meaningful change. I'm joined now by Dr. Olamide Sobowale, an ob-gyn with Northern Light Women's Health, who happens to be our first guest and will also serve as a consulting producer for future podcasts. Thank you for joining me here today, Dr. Sobowale.

Dr. Olamide Sobowale:

Thanks for having me, Mr. Dentry.

Tim Dentry:

Can you please explain what medical justice is, from your eyes, as a physician?

Dr. Olamide Sobowale:

Sure. And thank you, Mr. Dentry, for the introduction. Medical justice really falls on under the category of medical ethics, and there are four principles within medical ethics. The first being autonomy, second justice, third beneficence, and fourth is nonmaleficence.

Dr. Olamide Sobowale:

Today, we're going to talk really about medical justice. And when you're talking about justice, you're really referring to the element of fairness when a physician or a provider, any provider, is making a medical decision. And these involve the fair distribution of scarce resources, new treatments, fairness in the decisions that you make for surgeries or procedures. And also at the same time, you have to uphold the applicable laws and legislations that you work within.

Dr. Olamide Sobowale:

When you look at healthcare, Black patients are usually more likely to experience more complications than white patients. When you adjust for variables, like education and socioeconomic status, the outlook still doesn't improve. There are numerous examples, and one of them that I'll talk about today is of Serena Williams, because I'm an ob-gyn, like you stated. And Serena Williams, who had a baby about a year or so ago, she had to argue with her healthcare team in order to be appropriately treated. She ended up being diagnosed with multiple clots and a pulmonary embolism that could have killed her.

Dr. Olamide Sobowale:

And I gave that example because it's an example of a possible maternal mortality, which really is the definition... or the definition of maternal mortal is the rate that women die during or soon after childbirth. And in the US, it's one of the worst compared with other first world countries. Black women are three times more likely to die in childbirth than white women, and that leads me to my first question for you. What role can Northern Light Health play in addressing these racial inequalities in health care, most of which lead to worse outcomes for people of color?

Tim Dentry:

Thank you. That's a great question, and I think through the COVID-19 pandemic, we have shown that healthcare providers are more than just taking care of patients when they come in to our emergency department or other services that we have. We have to be connected to what is going on in the community, and I think the community has looked to all healthcare providers and Northern Light providers in particular, as leaders in their community health during this crisis, so they've counted on us.

Tim Dentry:

So we are now, I believe, seen as more of a leader in their lives and the things that are challenging their lives, and what COVID has brought to the attention of everyone right now is you cannot ignore these kinds of issues because they will affect your life and your health and your family's life and health. So I believe that we need to, therefore, step up and be even more of a societal leader.

Tim Dentry:

Now, I will absolutely tell you that we need to create that kind of an initiative and that kind of focus in our medical leadership, in our training, in the way that we look at what kind of information we track, all the metrics that we have, and continuing education and conferences and discussion. We haven't talked about this issue of medical justice in a racial context, so I think we have a very big role that we can play. And I also believe that very few healthcare organizations have done that. So I do not want to be here with you today to say, "We're doing it" because we're not, especially not the way that we can, but I know that the way that all of our and our entire organization, not just our clinicians, but our entire organization has stepped up to this COVID crisis.

Tim Dentry:

And now, as I am opening up dialogue on racial injustices and social injustice, people are opening their minds and stepping up and doing a lot with that in ways that they haven't done before. I'm very confident that we'll be able to figure out ways in which we can be far more of a community leader to assure that these kinds of medical prejudices are really addressed within our health system.

Tim Dentry:

And so as I've stated earlier, we all need to do more listening. So I'd like to take this opportunity to listen to what else you would like to say. And in your experience, what have you seen that the system has done or should do with regard to addressing racial inequalities and what can we all do together better?

Dr. Olamide Sobowale:

So I think the short answer for me, anyway, is I'm not quite sure. You just spoke about how there are opportunities in our system that we probably need to address and places that we really haven't investigated more, and we should investigate them a little bit thoroughly, and I agree with that. And when you talk about systemic racism, it's hard to pinpoint what's being done to address it when you're not really aware it's even happening sometimes or you can't even prove it.

Dr. Olamide Sobowale:

So I think if each member organization can be a little bit more transparent or investigate these areas, it'll actually help to go about creating a level-playing field for everybody in the organization. And I think actively acknowledging the diversity within your employees, within your patients, is also another good step. The biggest example for me, in order to educate people and make differences among people not scary is Black History Month.

Dr. Olamide Sobowale:

I've been here for almost four years and only once was there ever a mention of Black History Month in the system. And that was after I'd contacted someone to ask if there was going to be anything done and then something was written, really like a footnote on the Internet on the very last day of the month. So I think just acknowledging things that most people know a little bit about, but not enough about, I think would be a good first step. And I don't know if anything was done this year. I can't remember to my knowledge.

Dr. Olamide Sobowale:

But lastly, I also think taking a look at the demographics of the employees and the patients. And in that way, you determine why it seems like there's no real visible minority and leadership positions at the hospital or even why certain patients experience a little bit more regarding complications versus other patients. It can enable the system to address these inequalities better.

Dr. Olamide Sobowale:

But my last question for you, Mr. Dentry. Earlier last week, you had sent a comprehensive email talking about Northern Light Health's response to the recent events across the country. What practices have you identified at Northern Light Health that you believe need to be changed or need to become more inclusive. And then, what steps are you taking to change them?

Tim Dentry:

Yeah. Great question. Thank you so much. You know, part of the guidance as I've sought guidance from a lot of people and talked to them about how can we really make an and impactful long-term, sustainable difference? And how can we make sure that it's not just something I write or someone writes. And then, we feel good about it and turn around and nothing changes. How can we really make sure we are great leaders in this area? Because I'm not sure where there are great leaders in this area, to be honest with you, but I've been talking to a lot of people.

Tim Dentry:

And the first advice that I've gotten from one of my, my greatest mentors in this topic, is it took a long time to get to this kind of situation where we're in, centuries, if you will. And most of our lifetimes have not been inconsistent with what you have described and what we know we need to address right now. And it's going to take... so give yourself some time. Don't expect this is going to be something that turns around tomorrow. But first of all, be because if we did, it would not turn around tomorrow.

Tim Dentry:

So, the number one thing that we need to do, and that I'm doing on multiple fronts, and I gave some examples in my introductory comments. Let's find lots of ways that we're going to be listening and engaging. Let's also do the tangible kinds of things, like let's look at our hiring practices and our performance reviews and our disciplinary policies and our code of conduct.

Tim Dentry:

One of the first yeahbuts, so I've gotten a lot of yeahbuts on this. "Oh, it's a good thing to do, Tim. Of course, we need to do that. Of course, we need to treat everybody equally, but you know what, we have a very... Our minority percent is much higher than it is in the state, and we don't have a problem here." I'm like, "How do you know we don't have a problem here?" And then it's, "Yeah, but patients treat our people of our providers of color really bad. What are you going to do about that?"

Tim Dentry:

"Well, I don't know right now exactly what we're going to do about that. But I promise you, we're going to do something about that because when that happens, we need to show all of our colleagues that we are all in this together, so we're going to be at the side of providers that are... or anyone, housekeepers, et cetera, throughout the organization, people in environmental services, and engineering and laboratory, and you name it, anyone that is faced with that, we need to show our support.

Tim Dentry:

So that's really key is how we engage in this going forward. What practices have we therefore identified at this point, it's really that fundamental first step of the practice of listening. And that might sound shallow. I don't see it as shallow. I see it as we're going to really find this out because if we go in, if we approach that answer with, "I know exactly the four things we're going to change "and then, "Oh, that's it. Now we can go back to whatever." No, that's not it.

Tim Dentry:

I want to make sure we have a practice of really locking this in place, so that people know this is not an issue that's going to go away. We're going to be creative. And we're going to find ways that we're going to work together on this. I'll give you an example on the medical justice side of things. We all have been reading about that for a long, long time. Not just here. I know it from other organizations I was in. Johns Hopkins is where I came from, and they had tremendous studies and tremendous leaders in the medical field that had written some amazing studies on this, papers on this.

Tim Dentry:

And it's been a big issue for a long time. I frankly... Here's my one admission. I didn't think I could really make a difference in that. I thought, "Well, that's not right. And that's odd, but I don't think I could

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necessarily impact that. But today, I was on a call with the State of Maine, DHHS Commissioner, Jeanne Lambrew, and she just published an article on this. And I said, "Dr. Lambrew, by the way, I want to work with you on that. When we're through past the emergency response of COVID, and we can really say, "Now, what else can we work on together?"

Tim Dentry:

I want to work with you on this because I want Northern Light, I want all of us feel so proud of the organization we work with and for, that we are doing something about this issue that not many people deal with. So she's going to step up and work with us along those lines. And so that's one thing I look forward to. So frankly, my questions are growing and my list is growing, and not answers or to do's that we can say we've done on practices that need to change right now.

Tim Dentry:

That will wrap up this episode of Tim Talk. Dr. Sobowale, thank you so much for joining me here to start the conversation. Thank you to you, our podcast listeners as well, and in until next time. I'm Tim Dentry, encouraging you to listen and act and care about those that you work with to promote our culture of caring diversity inclusion that starts with caring for one another. Thank you.

Announcer:

Thank you for listening to this episode of Tim Talk. We hope you will join us again.