

Speaker 1:

Thank you for joining us for Tim Talk. This week, we continue our look back at the best and most compelling moments of our first year of podcasts. Our guests have come from various backgrounds and places, including Northern Light Health employees and members of our own communities. We've covered a range of topics, all tying back to social and medical justice. Here now is President and CEO of Northern Light Health, Tim Dentry

Tim Dentry:

To you, our valued listeners, thank you for the time and attention you've devoted to Tim Talk and more importantly, towards our shared goal to achieve medical and social justice for everyone. We'll begin this part two of our most memorable moments with a special episode to dispel myths about domestic violence. Trisha Mercer, Associate Vice President for Medical Group Practice Management, and Anne Marie Williams, Associate Vice President of Patient Care Services at Northern Light Eastern Maine Medical Center both volunteered their experiences with domestic violence.

Trisha Mecer:

Thank you, Tim. I think for me, joining this podcast was important so that if I could help one person, one person being a colleague, one person being a coworker, then it was really important to come here and join this group and talk about some of the realities of domestic violence. And a couple of those realities that I like to really talk about is that domestic violence doesn't discriminate in terms of socioeconomic class. I think for me, people who didn't know that I had been in a domestic violence situation would say, "Gee, I never knew that you were in that situation. How is it that you as a strong woman, educated, how is it that you were in that situation?" So, my first message is that it could happen to anyone of us, and secondly, to really look at domestic violence and think of it not only as physical, sexual, but the emotional piece of domestic violence.

Ann Marie Williams:

Thank you so much for having all of us here today. I think the most important message that I have is that when you're in this situation, the only one who really doesn't believe that you're there is you, and that your friends and family are... They can see it, but they're helpless to help you. They're standing by waiting, but they can't do it for you.

Speaker 1:

Tim also tackled the issue of religious diversity in healthcare with a series of guests from different faiths, including Rabbi Learner from Congregation Bethel in Bangor, a reform Jewish congregation, Melissa Skeen, Vice President of Mission Integration at Northern Light Mercy Hospital, which has Catholic roots, Pastor Jerry Mick of the non-denominational Crosspoint Church in Bangor, and Omar Conte the community outreach coordinator for the Islamic Center of Maine in Orono.

Rabbi Learner:

So, to Jewish ears, you save the expression holiday season, and we actually think September, October, when the major Jewish holidays take place. We, of course, know that the holiday season we talk about now is December. Hanukah, Christmas, and many others. Hanukah on the Jewish calendars, actually technically a minor holiday. While it is a great family holiday, fun gifts, from a religious perspective, it's minor.

Melissa Sken:

So, beyond our patient's symptoms and their chronic conditions and diagnoses, we want to know them as people. We want to know how their medical conditions impact their life, their families, and their spirits. So, how do we prepare our colleagues to embrace religious diversity and spirituality to ensure that healing and comfort is part of our person-centered care? Does spirituality have a place at Northern Light Health?

Pastor Jerry Mick:

So, we are really concerned about helping the vulnerable. Really, Tim, one might consider the outcasts of our society that people don't really care about. But we do because we believe that every person is a special creation of God. Every single person, no matter if they live in the penthouse or the outhouse is important because the Bible says that we're created in the image of God. So, that's just one aspect of our ministry.

Omar Conte:

We need people to get together and talk with each other, understand one another. Oftentimes, we get this a lot when we do interfaith dialogues with civic groups or other religious faiths, especially with Christianity and Judaism, that people become very surprised to know that we do have a lot in common of these faith traditions and the stories that are so common between us. And when they hear these stories from us, sometimes they're surprised that you also believe this type of stories. Do you believe in Mary? Do you believe in Jesus Christ? May peace be with them, and do you believe in the angel Gabriel? And they become quite surprised that... You can see people up and set up and start to pay attention more because now they're hearing something that is familiar to them as well.

Speaker 1:

As black history month approached, Tim's dynamic guest included, longtime civil rights activist, James Varner, who attended the Million Man March in Washington, DC, and listened to Dr. Martin Luther King's I Have a Dream speech.

James Varner:

Let us pick up his cross. Let us continue his work, and let us understand this Black Lives Matter movement and the reason why it exists. It is not saying that black people are any better than any other people. It is saying we are the same as human beings, and we deserve to have the same treatment as other human beings regardless of the color of their skin. You know? And it is the opposite of what white privilege is doing, which says that you, as a person being white, you deserve some special treatment. If you're driving in a automobile, you're not stopped because of the color of the skin, but I am stopped because of the color of skin. We just need to be inspired by Dr. King's life and his dream for this country. His dream for this country, where one day... In that speech, he says, "One day we will sit down at the table of justice and little black boys and black girls and white boys and white girls will sit down at the table of justice and love one another and realize that we're all the same."

Tim Dentry:

Today, we have a very special individual for you to meet. Our guest, and it is my honor to introduce him, is Dr. Clive Calendar, a renowned transplant surgeon and professor at Howard University in Washington, DC.

Dr. Clive Calendar:

First, the information that we gathered was not made known to the black community. They weren't unaware of the fact that they were in such great need of transplants. That because of their predilection to hypertension and diabetes, they needed organs more than any other ethnic group in the United States.

Speaker 1:

In his next series, Tim talked with Dr. Kimberly Whitehead, Vice President, and Chief of Staff at the University of Maine about diversity, equity, and inclusion initiative at Maine's flagship university.

Dr. Kimberly Whitehead:

We have a four-point charge. The first part is to look at structural impediments to diversity, equity, and inclusion. So, what are the areas of systemic racism and other structural impediments to DEI at U Maine and U Maine Machias? Our second part of our charge was to look at visions and operations integration. So, what are the major university planning documents and processes, including our strategic visions and values framework, our define tomorrow initiatives? Are they sufficiently focused on the values of diversity, equity, and inclusion? Also, looking at data and measurement. What data should the university be collecting and reviewing to guide our work?

Speaker 1:

The next episode featured a compelling history lesson by Dr. James Fullwood about racism and segregation in the medical profession.

Dr. James Fullwood:

It was probably, I would say, about seven years ago, I started traveling to Nigeria specifically three, four times a year. And my perception of what healthcare should be was very siloed because of my experience here in the United States. That's all I had really seen outside of visiting other countries. But spending time in West Africa, it afforded me the opportunity to learn the history, understand how their systems of healthcare developed, and that made me begin to think about our own development of our healthcare system in the United States. Because how we look back on our history, it determines how we engage our present. The West African or rather the Nigerian healthcare entity was specifically built to benefit the crown in Britain. It was a colony much like the United States was colonized to benefit the crown in Britain. And it was the first true development of what we call a work health system

Speaker 1:

In a series of podcasts focused on Native American culture, Tim's guests discussed perceptions of Western medicine by Native American cultures and discussed initiatives to create culturally informed treatment models for Native American communities in Maine.

Tim Dentry:

Our guest today is Pam Hand, a Northern Light Health employee in information systems infrastructure administration and billing. And for today's discussion, very importantly, she is Yanktonai Dakota, and a tribal member of Crow Creek Reservation, South Dakota, which is part of the [Oshati Shuckoween 00:11:03], which is the Council of Seven Fires. Generally referred to as a Sioux nation. Pam, it's a distinct pleasure that I have right now to have you on our show.

Pam Hand:

Thank you for having me, Tim. It's a pleasure to be here. Starting off, I think it's important to explain a little bit about the concept of Native American spirituality. In many Native American languages, there is no word for religion because spiritual practices are a part of everyday life, part of our daily life. They are necessary for the harmony and balance or wellness of the individual, the family, the clan, and the community. Healing and worship are considered one in the same. Although spirituality has played an essential part of healing for most of mankind, modern medicine has embraced a Western view of the human body where wellness is more of an engineering problem and the body is the sum of discreet parts rather than a complex whole. This might be accepted as the norm today, but it's in complete contrast to the Native American tradition where the spirit is connected to healing. Neither approach is wholly sufficient in modern times, and many Native American groups have adopted their healing beliefs and practices to work in tandem with modern medicine and technology through integration.

Tim Dentry:

With me today is Dr. Benjamin Worth a family medicine provider at the Penobscot Nation's Indian Island Health Center, where he has been since 2010. In addition to family medicine, he has a specialty in medication-assisted treatment for opioid use disorder. Dr. Worth is part of the Northern Light Family Residency Program. He has lived in Maine for most of the last 25 years, but grew up in Minnesota and is a member of the Winnebago tribe. He is one of the driving forces behind [Maqui 00:13:16], Dr. Worth, welcome.

Dr. Benjamin Worth:

Thank you, Tim.

Tim Dentry:

Also joining me is Dr. Lewis Mehl-Madrona, who practices both family medicine and psychiatry, and is a nationally recognized expert on narrative medicine and has co-authored papers on the role of culture and treating patients of Inuit and First Nation populations in Canada. He is also of Native American descent, as his mother is Cherokee and his father is of the Lakota tribe. We are fortunate to have him at Northern Light Family Medicine residency as well. Dr. Mehl-Madrona, welcome

Dr. Benjamin Worth:

Maqui, we actually did an assessment basically at all of the different tribal clinics. There's the Penobscot Nation. That's where I work. There's the two Passamaquoddy tribes at Indian Township and in Pleasant Point, and then the Miꞌkmaq up in Presque Isle, and then the Maliseet in Houlton. One thing I noticed that after each visit that we did, I noticed that there was sweet grass present in every... every time we sat together, and that's where the idea of braiding all of these initiatives, all these efforts together into one braid really came from.

Dr. Lewis-Mehl:

And I think it gets that culture as medicine, which is a phrase that circulates in Indian country. And so, healthcare that incorporates culture is more effective and more accepted than healthcare that ignores culture. So, having sweet grass in the room, in many contexts, smudging is a part of healthcare. Having elders involved is a part of healthcare. Incorporating language. I consult to the Wabanaki health and wellness MAT program, and one of the most popular groups for their MAT patients is beading group

because everyone wants to bead. And it's amazing what people talk about while they're doing things with their hands. So, that's just a small example of bringing culture into medicine. So, I think that's what makes it just is when it's not divorced from the people, but it grows out of the people.

Speaker 1:

The nation has experienced an unsettling surge of tragic violence directed toward the Asian community due to the COVID-19 pandemic. Not only did Northern Light Health condemn the violence, but Tim wanted to open a dialogue with members of our Northern Light Health community of Asian heritage. Thailand-born, Omm Stilwell, a psychiatric clinician at Northern Light Health Acadia Hospital, and John [Pascool 00:16:06], or Mack as he goes by, is a registered nurse in the critical care unit at Northern Light Eastern Maine medical center, who hails from the Philippines.

Dr. Omm Stilwell:

I would say that there's been a number of people that would frequently ask me, "Where are you from?" And if I told them from Southern Maine or when I was living in Bangor, Bangor, they would say, "But yes, where are you from really?" with the implication that someone who looks the way I do is not actually local. And in many ways, I truly am.

Tim Dentry:

So, here's a question. As a nurse, you've experienced some cultural differences in caring for patients. For example, at end of life, you shared that story with me. So, can you share that experience with our listeners?

John Pascool:

We cater most of the comfort patients in the hospital. Having comfort care is like taking care of patient through their end of life. You help them pass away. So, one time I had this... I was new. Maybe two months new. I had a comfort patient. That was my first patient. And it was very tough for me to handle the patient. It's very uncomfortable to give the medications for the patient. Because as a Filipino nurse, our goal was to heal people, to get them better, to make sure they go back to their families. They say we never say die. We keep fighting till the end. That was very tough for me.

Speaker 1:

As the year came to a close, Tim renewed the focus on medical justice for underserved communities, as it relates to the COVID-19 pandemic. His guest was Leanna [Ammaz 00:17:47], the manager of diversity, equity, and inclusion at the Maine Department of Health and Human Services.

Lanna Ammaz:

The data does tell us, however, is that social determinants of health matter, and that social determinants of health are really important indicators for health outcomes. And health outcomes, when it comes to COVID-19, were not proportionate to the population's diversity that we know in Maine. What we saw early in the pandemic was wildly disproportionate rates of COVID-19 and BIPOC communities, and the state's role has been pretty simply to match. Just to match folks, to match community-based organizations to providers who are willing to bring vaccine to communities in a space that makes sense for them and alongside trusted leaders in those communities.

Lanna Ammaz:

And it's been pretty remarkable to see and hear from communities who've hosted these both and to hear from providers who've been a part of that. And the community hosts will tell you, "I talked to someone who said there's no way they would've gone anywhere else." It had to come locally. It had to come to their town, to their church, to their mosque, to their community center, for it to make sense for their family and for providers to see that and see just how effective they can be in administering healthcare. That locally, I think has... I hope is a lasting effect.

Speaker 1:

Mara Hassan, Northern Light Health Director of Diversity, Equity, and Inclusion wrapped up season one. She focused on her job with DEI and a major policy change that she is helping to implement at Northern Light Health.

Tim Dentry:

So, in addition to all of the excellent work you're doing with education and awareness, and I really appreciate that, and I know that a lot of our staff have participated in that. We also have an exciting provider anti-discrimination policy. Let me pause on that for our listeners and give a bit of background.

Tim Dentry:

So, when we started this whole journey for diversity, equity, and inclusion, I started with multiple forums of listening sessions. And it would be people that joined our team within the last however many years, or different geographic areas, different backgrounds. All sorts of diversity of people that I listened to. And that was one of the examples that I heard loud and clear from our staff was that a lot of times they were treated with less than respect by the patients and families they're caring for, and to the point where they would expect to have a different caregiver just because of their heritage, religious background, ethnic background, color, et cetera.

Mara Hassan:

You know, and you're absolutely right, Tim. It was clear that we really needed a core belief embedded system-wide and a system-wide policy. And this great work was done to create the policy. It was reviewed by our legal team. And then Dr. [Marvaha 00:20:55], our chief quality officer, and I worked together to continue to make improvements to it before it was finally approved by our DEI council.

Mara Hassan:

We've had system-wide training for all our leaders who were rolling it out to their staff members. We explained the rights patients have and do not have, which includes disrespecting the rights of other patients, families, and staff. We do not accept requests for substitution of care from providers or workforce members, as you described, based on social identity characteristics of race and national origin, gender identity, disability, age, or sexual orientation. We understand that discriminatory statements often come from a place of fear and lived experiences, but it does not make them acceptable, of course. We have a zero-tolerance policy that we are committed to as an organization, and we make it clear that discrimination and prejudice have no place here. Policies such as this one are truly an important part of our culture of caring and caring for one another.

Tim Dentry:

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This concludes our retrospective of year one of Tim Talk. I hope you are enlightened, challenged, and motivated to join in the effort to embrace diversity, equity, and inclusion at Northern Light Health and in your daily lives. I thank you for sharing this journey with me. We'll take a short summer break and be back with new engaging content this fall. We're thinking about that kind of content all the time. We will continue this conversation and strive to shine the light on people, issues, and ideas with the goal of opening minds and hearts and bringing us closer together in service to our communities and to each other. Until then, I'm Tim Dentry asking you to be kind to one another and embrace our culture of caring that starts with caring for one another. Thank you. Have a great summer.