

Announcer:

In this episode of Tim Talk, Tim speaks with Leana Amaez, manager of diversity, equity, and inclusion at Maine's Department of Health and Human Services, about racial disparities in the spread of coronavirus and what the state is doing to address them.

Tim:

Thank you for joining us for Tim Talk. I'm Tim Dentry, president and CEO of Northern Light Health. Through this podcast, we hope to break down barriers, embrace diversity, and focus on issues of racial, social, and medical justice. Our guest today is Leana Amaez, the manager of diversity, equity, and inclusion at the Maine Department of Health and Human Services. Before she assumed that post, Leana was a director of pro bono services at Pine Tree Legal Assistance, a statewide nonprofit organization, committed to providing high quality, free, civil, legal assistance to low income people in Maine, an important position, important organization. Prior to that, she was associate dean of students for diversity inclusion at Bowdoin college, where she served as an advocate for underrepresented students and worked to develop programs and practices that ensured an equitable campus experience for all students. Leana, what a great background, and everything you're doing right now is so important. It's a pleasure to have you on our show.

Leana:

Thank you for having me, pleasure to be here.

Tim:

Absolutely. Of course, we are recording this still in the pandemic. Here we are in May of 2021, and COVID has cast such a spotlight on some of the inequities and social determinants of health that have affected racial and ethnic minority groups disproportionately. We at Northern Light Health, I mean, we've been right there with the state entities, with other health systems, private practices, volunteers, you name it. So much of what we have most recently gone through is everything we're doing for mass vaccination sites, for example. They've been very successful in nine different locations across the state and have created such a positive [French 00:02:21] and partnership. It's all the thing that we hope, we as caregivers, that we could create, in any experience, of providing health and providing a hand for those that are in our community with us.

Tim:

We know that in experiencing that, that there are some that because of social determinants, they aren't as, we aren't as easily accessible, even by opening our doors in the way we have, along those lines. It's really a very deep experience that we're trying to learn from right now. Through DHHS contact tracing efforts during COVID-19, you have been able to track demographics, such as race and ethnicity, of all COVID cases. I'm sure you have other ways in which you've quantitatively analyzed, if you will, those that have been sadly, impacted by COVID directly, by the virus directly. Can you share with our audience what you've uncovered by looking at the data?

Leana:

Happy to. The data is telling, but I always like to start when we're talking about data to talk about what the data doesn't show us. What the data can't show us is what we learn when we talk to communities. What we learn when we talk to communities is really what does it look like on the ground for individuals

experiencing the impacts of COVID, whether it's because they themselves or a family member has become ill, or whether it's because they're living in a time where services are limited, where their children haven't been in school. The data only tells us so much, sometimes. What the data does tell us, however, is that social determinants of health matter. Social determinants of health are really important indicators for health outcomes. Health outcomes, when it comes to COVID-19, were not proportionate to the population's diversity that we know in Maine.

Leana:

What we saw early in the pandemic was wildly disproportionate rates of COVID-19 in IPOC communities, and in particular, in the black community. What we know is that that has lessened, that disparity has lessened over time, but at its peak, a quarter of our cases were from the black and Latinx community. That's really a startling statistic in a state that boasts only about, is about 94% white, to have at any point in this pandemic seen a percentage of cases that high occurring in the IPOC community. That was really a wake-up call for many people. It shows us what many in public health already knew and what communities certainly already knew, which is that if we don't invest in communities and in the wellness of communities and their organizations and leaders to help be partners in ensuring that communities are well, have meaningful access to critical healthcare, that we are really not going to be able to address, not just COVID-19, but a number of other health matters and health issues in our state.

Leana:

COVID, I think, really did lay bare inequities that existed long before the pandemic, and hopefully will provide an opportunity, one that sadly has also meant a lot of loss and a lot of pain, but hopefully in the end, an opportunity for us to really focus our efforts on what health equity can look like in the state of Maine.

Tim:

Thank you. I love that what the data tells us and also what the data doesn't tell us and looking deeper along those lines. One thing that became really clear as we began to roll out the vaccine, again, was that so many... we reached out to other community organizations. I mean, what Mercy has done, for example, in Portland and South Portland, and Northern Light Home Care and Hospice in their pop-up clinics and going to those that are home bound, et cetera. We felt so great about extending that effort because healthcare at the hospital side, which much of my experience is in, has done tremendous things for so many people, obviously not just here, but you know, everywhere across the country. We are a footprint, but sometimes we're a static footprint. We're not a moving, we're not moving feet. We're a footprint waiting for people to come to us.

Tim:

That's why now, and it's so much more challenging because we're pivoting from those sort of fixed mass vaccination sites, kind of like a hospital. You come to us, but we're realizing that was only good for so far, so long, so much into it, and there was still another 50% to care for, to provide for. We're pivoting to equity and outreach. That's why, what you're talking about... If you look at that as sort of a microcosm of overall health needs, I think it really does point out that we, as caregivers, and the hospital system, obviously, we have physician practices, as I said, homecare and other kinds of things, but the lesson is driven home so much more personally now. That it takes a lot more than just waiting for people to come to us at mass vaccination sites. That's felt great, but now let's get out to where people really need us and people really care for us. Along those lines, let me just ask you what your experience is, in terms of

staying with the COVID vaccination, in underserved areas and disproportionately affected areas. What has your observation, what has your experience been?

Leana:

The state has been partnering throughout this pandemic with a number of community based organizations. Really, those are the organizations with community health outreach workers, cultural brokers and interpreters, who are in the community and have been for quite some time. With respect to the pandemic, for the last year, providing social services to support folks who are affected by COVID-19, particularly those who need to isolate or quarantine. We transitioned quite a bit of those partnerships to assist us with vaccine, once it was time. Those partners have really been instrumental in helping us to understand both what's happening on the ground and what the needs are for their communities. We're seeing a number of different things, we're seeing, certainly, there is, much like the broader population, there are some who are ready and some who really need more information in order to think about getting vaccinated for them and their families.

Leana:

I think there's two, there's two questions there. One is one of access, and what does meaningful access mean? I think you touched on that when you talked about Northern Light's own pivot from these larger vaccination sites now to a more local distribution. It really is what does meaningful vaccine look like in various communities? Meaningful vaccine access. It's not sometimes just having one place that has enough vaccine appointment availability, but it's having that place be located well. If you don't have a car, how will you get there? Having free transportation for folks who need it, having hours that work for hourly employees who can't afford to take a day or a few hours off of work in order to get vaccinated, much less then have to get their children vaccinated soon thereafter? To have cultural brokers and interpreters available, on site, to help them understand the documents that they're being asked to sign and the process they're being asked to go through, is one really big component that we are hearing a need for.

Leana:

That has to also come in partnership with trusted community members. Who is the messenger for all of those things, matters as well, who is sharing information and education and outreach? It's one thing for there to be flyers from the CDC or even ads on your television but it's another thing for that to reach communities in a way that they can trust. There's lots of really good reasons why communities did not have a great deal of confidence in the vaccine. Some of them are what you see throughout the population. Some of them are really questions about the science and development of the vaccines. How could it be so fast? What does this do in my body? All legitimate and good questions, but also legitimate and good questions are the concerns that are unique to underserved populations, in particular populations of color, who have had really traumatic experiences with healthcare in the past and with government in the past.

Leana:

Whether they be immigrants, asylees, and refugees, or whether they have been in this country for generations. Almost to a community, they can point to a time in their history where healthcare and government were not a trusted source of information for them. In fact, where healthcare and government were dishonest or exploitative of their communities. With that context, we have to understand that there is a good and justifiable reason for the hesitance that is in the community, and

really partner with community to deliver education and outreach and deliver solutions for vaccination that makes sense for the community, and that enable them to take in information from trusted sources and make decisions for themselves and for their families.

Tim:

That's great. Thank you. Many of these podcasts, I have talked with people who when we are identifying some source of area where we could improve, or area where, in the past experiences, have led to people to not be as engaged as we would want to as caregivers. The universal, sort of common ground, that some of the people that have participated in these podcasts, like yourself, have suggested is really to listen and to find out from them, what is it that makes them, makes it work for them. Here at Northern Light, that's really what our whole promise is, and that is to make healthcare work for you. That's it. Those are our words, to make healthcare work for you. What my hope is and what we're really striving for is to make sure, and you said it just beautifully, that if there are, those that we are serving, which is everyone.

Tim:

First, we need to make sure that that's not just who shows up at our doors, but it's everyone, and it's in partnership with communities, and it's in partnership with those that are homebound, or maybe don't have even those kinds of support structures. I love that term cultural brokers. Well, each individual has their own background, their own self worth, and that's what we need to connect to. That's where the culture of caring for one another is one of the main themes that we have, that is the whole Northern Light family, but caring for one another, meaning all of our communities, because that's what we're really in the mission of doing. So few organizations do that, I think, but there's a new head of one of our prominent health systems in the state of Maine. He and I were talking this week, comparing some very positive notes about why we're both here in Maine and what we're trying to do and what we're trying to influence.

Tim:

I love it. He said, "So what other things would you, are on your mind along those lines?" I was thinking of you, Leana, because we had just met, and we had just had our get to know each other session before, obviously, this recording. I said, "I love the fact that here in Maine," and I truly believe this, "we can be one of those unique states," I'm not sure it exists actually, "but we can be one of those unique states where public and private partnerships happen, and competition is not about chasing healthcare economics." It's about maybe competing to be the best quality and the most accessible and the most embracing of others and not competition that gets in the way of doing that, but makes us better at doing that and to do that in true partnership.

Tim:

For example, with everything we've done with DHHS and CDC, with Northern Light I want to find ways to explore doing that in a deeper way. What's great is I have caregivers on my team that are working with caregivers on your team and Commissioner Lambrew's team and through the governor, et cetera. I'm very confident that we can be that kind of system that really has that kind of partnership.

Leana:

Absolutely. I think that's so well said and so inspiring to hear from healthcare, that desire to really bring medicine local and help. Again, access is one thing, but meaningful access is another. When we talk

about public health, it's just that, it's public. It has to go to communities and to communities in a way that makes sense for those communities and really adds value to their lives. It's really wonderful to see this focus at Northern Light, you've all been such wonderful partners throughout this vaccine effort. It's definitely been an all hands on deck throughout the state. We do, we need our partners in healthcare and we need our partners in community. It's really quite something when those two can come together. The example I will give, from my perspective, has been health equity pop-up clinics that have happened throughout this state.

Leana:

It really has been, 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. 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. 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. 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.

Tim:

Absolutely. I hope another lasting effect is the great relationships that have been built and people that we've met along the way, but that continues in the future, way post-pandemic, such as yourself, Leana. Thank you so much.

Leana:

Thank you. My pleasure.

Tim:

Thank you for being my honored guest here today. I truly, deeply mean that. Thank you to you, our podcast listeners, until next time I'm Tim Dentry, encouraging you to listen and act to promote our culture of caring, diversity and inclusion. Thank you.

Announcer:

Thank you for listening to this episode of Tim Talk. If you enjoy this podcast, please join us on May 27th for a conversation with Northern Light Health's own director of diversity, equity and inclusion, Marwa Hassanien.