Announcer:

Ahead on Tim Talk, empowering pregnant, homeless women seeking asylum and a better life. We explore that issue through the lens of health equity.

Tim Dentry:

Welcome, loyal listeners. Welcome back to another season of Tim Talk, which is now part of our healthy, happy, and wise podcast series designed to heal, inspire, and inform you. I hope this finds you healthy, I hope this finds you happy, I hope it finds you wise and I hope we can add some wisdom to that as well today. I'm your host, Tim Dentry, CEO of Northern Light Health, and I hope you'll join me and our guests, my colleagues as we explore issues of medical and social justice.

We begin this season with a conversation about health equity. Emily Tolman, our associate vice president of Health Equity and Access will explain what health equity is and why it is so important. In other words, Emily will talk the talk. She also walks the walk, but we're going to ask her to talk the talk today. Then Melissa Skahan, our vice president of Mission Integration at Northern Light Mercy Hospital will show us what health equity looks like when we put it into action. And so Melissa will be helping us understand walking the walk. Emily and Melissa, thank you both for being here.

Melissa Skahan:

Thank you much for having us.

Emily Tolman:

Thank you, Tim, so much.

Tim Dentry:

Terrific. So as I said, we're going to start with Emily. So Emily, start us off by explaining to our listeners, what is health equity?

Emily Tolman:

Thank you for this opportunity, Tim. I'm very excited to talk to everybody about the importance of healthcare, its impacts within our community and across our healthcare systems. I first want to talk to you about what does health equity mean? And I think one really important to talk about to our communities and to our audience is that health equity aims to achieve an environment in which everyone has an opportunity to live the healthiest life possible. A lot of times we talk about our underserved populations when we refer to health equity, but again, I want to emphasize the importance that health equity is really looking at all individuals in this work.

Another thing I want to talk about as well is this requires creating audacious and bold goals. We really want to look at removing obstacles to health, which involves tackling societal issues and concerns such as poverty, homelessness, improving access to care, creating resources for individuals, creating a safe environment, which includes social connections and belonging. This work is urgent and many forces are converging on this.

When we start to think about health in regards to health equity, we have to think about it holistically. This involves physical, behavioral, social factors in order to create that holistic environment and wellbeing. And when we think about that, we really have to think about how do we create opportunities for all and what is an opportunity? An opportunity really looks at creating access to goods, services and

a sense of belonging. And when we speak of opportunities, one of the words that comes up a lot in health equity is the importance of identifying health disparities.

So just to kind of make this clear for the audience, I really wanted to tell you all what is a health disparity? And I really like the Healthy People 2030 definition. It's a particular type of health difference that is closely linked with social, economic and environmental disadvantages. And as we look at this, it's closely linked to demographics such as gender, age, sexual orientation, and geographic location. And why this is important is often we use health disparities as a way to enable us to measure progress towards health equity.

There's two other important components that I also want to raise as well as we learn to understand the meaning of health equity. The first is process, the process of reducing disparities in health and its determinants. We hear the words social determinants of health a lot. I want to explain that the word determinant is very final and finalized, and I like to refer to it as social drivers because drivers, we can change and adapt. The second one is outcome. This is the elimination of social disparities in health and its social drivers. All this is very integral and healthcare and health equity as we assess.

And what are social drivers? Social drivers are nonmedical factors. These factors influence health outcomes and conditions in which people work, live, grow, and age. Social drivers are directly related to the lack of opportunities and resources that I previously talked about, and these are very important as they impact and help us protect, improve and maintain health. And again, this requires being curious, taking on risks, trying new things, learning and developing new approaches as we go.

Tim Dentry:

Excellent, Emily, very comprehensive and very thoughtful. And to our listeners, I just want to add a little color commentary to what Emily just said as well from a broader Northern Light Health perspective and vision and direction. You know what? We talked not too long ago. Remember COVID? Remember you believe it. It's been almost four years since it first arrived at our doorsteps. And remember those first frantic months? I could say frantic years I guess, but a big thing that we were beginning to discover is pockets of outbreaks would happen. They were happening in a lot of the places. The most highest risk that Emily just pointed out. They were happening in homeless shelters. So in one Mercy Hospital, in one Home Care and Hospice of Northern Light to help out. They were in areas where maybe the environment wasn't as safe, areas of poverty, et cetera. Those were the early outbursts.

Some even thought, "Well, it's probably going to be limited to that. So I guess that's not my worry." I never heard anyone say, "I guess that's not my worry." We know what the rest of the story is. There was no one that was spared. And so the big lesson learned... We've got to learn a lesson as healthcare caregivers. We've got to learn a lesson from that. And the lesson is we cannot be like healthcare from decades ago or even just a few years ago where well, people come to us, we'll take care of their surgeries, take care of their deliveries, take care of... We'll wait for them to come to us. We can't wait for people to come to us. We have to have a deeper obligation and a deeper sense of commitment to those that we serve. And so reducing disparities, changing social drivers, all the things that Emily was just talking about, that needs to be our new, sorry to use this term, but battle cry. That needs to be what we are trying to learn the most about. And that's the really key part of this too. It makes us a better learning organization.

So Emily, what you just framed up for everyone is fabulous. I wanted to make sure that our listeners understood it also from the point of view of Northern Light's vision and direction. And so thank you for that.

Melissa, to you, Mercy Hospital. My goodness, I just mentioned one just almost offhanded way, but it wasn't offhanded. My goodness, Mercy just going into the most challenging of places, home care and hospice, going into the most challenging of places and people and meeting their needs on their terms, on their streets, on their unsafe environments possibly and those kinds of things. So we have so much to be grateful for to Mercy in delivering this. I pride myself and I believe that when I'm retired one day and I look back on the most impactful times in my career, I'm going to think of the COVID times and I'm going to think of the Mercy folks going in and helping out the way that you did. We led the state, we led the state in that effort day one. So Mercy is doing some remarkable things to ensure fair and equal access to healthcare. Can you tell us a little bit more about what this looks like? And I understand there's a new endeavor you've called the Frances Warde Home, so please include that as well. So take it away, Melissa.

Melissa Skahan:

Absolutely. So I'll begin with the Frances Warde Project, and it truly is the result of the coming together of multiple partners in response to poor maternal child health outcomes for communities of color. The city of Portland had convened a task force in response to concerning stories of late term miscarriages, women in labor presenting to hospitals with no prenatal care, discharges from hospitals to local gymnasiums with a newborn in tow, and many women with no access to postpartum care, primary care or pediatric care. The women discussed were predominantly new Americans, homeless, food insecure, traveling alone, and often undiagnosed untreated chronic health conditions, all of which furthered their vulnerability of their health status. This partnership brought together leadership of the Mills Administration, Maine State Housing, Community Housing of Maine, which is a wonderful partner, long-term partner of Northern Light Health, the Sisters of Mercy, and the John T. Gorman Foundation and Northern Light Mercy.

In a mere few weeks, we were able to formalize a plan to repurpose a former convent of the Sisters of Mercy, and we invited a new partner, In Her Presence. In Her Presence is a wonderful ethnic-based community organization with deep expertise in empowering women and they were asked to staff this project. So they are providing 24/7 staff at the Frances Warde Home. As this came about, we, Mercy Hospital staff really responded in a significant way, painted and readied this property in very short order. We were able to welcome our first family in June and today at this location we have 15 women, 20 children, two remain pregnant, and we have seven pregnant homeless women on our wait list. It is a vibrant community that is one very focused on active learning together. It is that notion of being curious and really trying to understand what we as a health community can do better is a part of the day-to-day activity at Frances Warde.

Tim Dentry:

That is beautiful. Thank you so, so much. And a couple of things that just really struck home with me. I love the legacy connection, a former convent of the Sisters of Mercy. That just is fabulous. I love the public-private partnership that's involved in it. This isn't just about, oh, if we don't go out and do something, that's not going to happen. Or you know what? Those other folks aren't holding up their end of the bargain. We've formed this partnership and the people impact that you just shared is amazing, and it's not what you hear these days, is it? When it comes to vulnerable people that are in these kinds of situations that they're being cared for in such a loving and beautiful way. So listeners, dig into this a little bit more and share this around your dinner tables and share this around those that you interact with of the wonderful, wonderful work that we do.

Melissa, let me ask you a follow-up question on that.

Melissa Skahan:

Sure.

Tim Dentry:

Is this the beginning of something that's even broader and grander?

Melissa Skahan:

Well, I really believe that again, we are actively learning as we go, and the intent is to move these families from crisis to thriving. I think the fascinating thing that we are witnessing is true transformation. We ensure that all basic needs are met and that each resident has access to seamless care. Watching what would be a very high risk or vulnerable population stabilize and then begin to transform through that capacity building is amazing to watch. We watch women very quickly learning to navigate our complex system of healthcare. They attend English language learning classes on site. We have digital literacy classes on site. We've added a new partner in the healthcare system of care, cultural doulas. So these doulas really become part of the care team that they're really helping us to understand as a community of providers what we need to do better. We want to make sure...

One of the most compelling stories as it relates to this population was that they did not trust healthcare. And so the opportunity to really ensure that we develop a trust-filled relationship is before us. I do believe that we will understand better how to serve diverse women in greater Portland and potentially share learnings more broadly. One piece I did not mention is we have five languages in play. So this is a multilingual environment. Some of the women do not share language, but yet the beautiful and just palpable sense of community between those women, even though they do not share language is remarkable. It's a vibrant learning community right now. We really want to make sure that we ensure that all questions are answered, all health information is understood. And moreover that these women who were concerned about trusting us truly shape their healthcare at Mercy and that we share broadly that information.

Tim Dentry:

That is fabulous. They did not trust us, and you just gave examples of how we're earning and building that trust because that's what it's all about. That's fabulous. And isn't that Emily, at the heart and soul of health equity? Is earning and building that trust. Anything, Emily, you would like to share, any perspective in terms of what Melissa just shared?

Emily Tolman:

Absolutely. I think what Melissa has done and Mercy is showing is that this is something that we've started in one area, and as you alluded to Tim, this is something hopefully we can spread across the state because there is need everywhere for this. And so I love the fact that this community is being built. We're able to meet medical needs, social needs, et cetera. And so this is a journey. We're on our journey and we hope to just keep expanding. So this is a great way for us to see, learn, do the act of learning that Melissa has indicated and take it and just spread it.

I'd like to add something to that as well. In follow up to Melissa's response about community health workers, I wanted to further expand upon some of the other things that we're doing around the system. We added a question to our social determinants of health questionnaire that asked if patients would like assistance with any of the barriers identified in the assessment. This went live in June. Since then, we've had over a thousand individuals indicate that they wanted to be contacted to aid them in resolving

social needs they've encountered. Formal outreach was performed by our Northern Light Health community care team and community health workers.

Tim Dentry:

Very good. So Melissa, Emily, before we begin to wind down this great podcast, thank you again so much for participating today. Are there other thoughts that you'd like to share with our listeners? Anything at all? Any sort of last perspective?

Emily Tolman:

Yes, Tim, I would like to. I'd like to share some I items that we're doing at Northern Light as well to advance health equity. I wanted to give some clear examples of performance improvement that many of our member organizations are doing across our system. And just to highlight a few, there's many, but I wanted to highlight a few that we're working on as well.

One of them is looking at, we often talk about readmissions, so readmissions to our hospital. How do we look at that? What's the why behind that? Why are these people being discharged to home and coming back to our facilities within 30 days? And so we're currently doing a pilot project as we speak, and we really wanted to examine readmissions through the lens of health equity. And how we're doing that is we're looking at a small pilot of patients that were readmitted on an inpatient status and pulling out pieces. So we're looking at their social determinants of health. We're looking at were they positive for any of those responses? And our small pilot, what we've shown is that 41% of the patients that we looked at had at least one positive response in our social determinants of health assessment.

We also are bringing in the patient voice. We are following up with those patients with a phone call and asking them a questionnaire. We're asking them did they receive the education? Did they have a follow-up appointment with their primary care practitioner? Did they receive their medications on time? Did they have any issues with that? So pulling in that patient perspective is giving another view through that lens of health equity. Really taking that and saying, we have this data from our medical record, we have this data of why they've returned, but from their perspective, what was lacking in nature. And so that is really bringing a whole different perspective in doing that.

And then another key thing is that we're really starting to look at health outcomes and quality metrics. So we are pulling in the demographics of age, gender, and also looking at geographical areas as well, and then pulling in quality metrics. So we're looking at hypertension, we're looking at COPD, we're looking at heart failure and bringing in social determinants surrounding that as well. And linking those together and to really look to see what is driving those things and what can we do to help improve those health outcomes. And as we know, health outcomes, it takes a while to do this. This is something that's not going to happen overnight, but as we invest and further investigate the why behind this, this is really going to improve the overall health in our community as well.

Tim Dentry:

Thank you, Emily. That's terrific and those are great added examples. I think our listeners understand that this is really deep and pervasive and culture enhancing to Northern Light Health and what our mission is. Thank you. Melissa.

Melissa Skahan:

Yes, absolutely. I think what Emily really highlighted is the role of patient voice in health equity. So a critical role that Northern Light has expanded and is vital at the Frances Warde Project is the role of

community health workers and that cultural doula to ensure that every question is answered, every decision is really rooted in what the patient would like to see. Watching women at Frances Warde who come to us initially exhausted, often withdrawn, appearing very fragile, in a very short amount of time after connecting with a community health worker begin to receive the necessary healthcare services and their basic needs are met. There is this... It's almost like a rebirth. It's a transformation. And watching them go from a place where they are really withdrawn to then this vibrant, wonderful leader within the Frances Warde Home.

It also is amazing to watch 13 new infants join that community and have each one of them really be described as thriving. So those critical players, ensuring that patient voices is present, ensuring that you have those right cultural brokers in play, the community health worker role is vital. And to be curious providers, that's what we really talk about a lot. We want to really learn as we're providing this comprehensive care to people from all over the world.

Tim Dentry:

Thank you so much. That's fabulous. And for both of you, those are great perspectives and words to end on.

Melissa and Emily, thank you each so much for being part of this podcast episode and sharing more on the important work that you are doing and so many other people on our greater team. Thank you to our podcast listeners as well. Thank you for listening to us. This has been an excellent conversation that I hope you learn from and this is good use of your time as well.

Until next time, I'm Tim Dentry, encouraging you to listen and act to promote our culture of caring, diversity, and inclusion that starts with caring for one another. Thank you.

Announcer:

Thank you for listening to this episode of Tim Talk. Please join us next month for a new episode. There are several ways you can tune into Tim Talk. New episodes are posted to our website at northernlighthealth.org/podcast. We are also on Google, Apple, and Spotify.