

Announcer:

In this episode of Tim Talk, a conversation with Dr. Seleipiri Akobo about White Fragility.

Tim Dentry:

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 social justice and medical justice. We want to come up with solutions by tapping into the many voices of diversity that comprise our healthcare system. This podcast provides a forum for our guests to ask questions of me and for me to ask questions of them. Our goal is to create a collective understanding of the issues that exist and find a better path forward. I'm joined now by Dr. Seleipiri Akobo, a hospitalist with Northern Light AR Gould Hospital in Presque Isle. Thank you for joining me here today, Dr. Akobo.

Seleipiri Akobo:

I'm glad we hear Mr. Dentry. Thank you for having me.

Tim Dentry:

Absolutely. Dr. Akobo, I've been reading and listening a lot since we began these discussions regarding social and medical justice a few weeks ago. One book was referred to me by a pediatrician in Ellsworth and also by my dear daughter, Emily, a social worker in Washington, DC. The book is titled White Fragility. It poses the premise that it is hard for white people to talk about racism. Noting it is extremely difficult for a person of color to discuss painful and personal experiences in a group setting other than with his or her community.

Tim Dentry:

Most white persons, other than the extreme, will virtually never admit to having any racist tendencies. So one should not ask or expect people of color to lead the way or provide solutions. White people hold the problem, so goes the premise, and must work towards a solution. Further and I quote from this book, "Giving us white people feedback on our racism is risky for people of color, so we can consider feedback a sign of trust." So my questions are twofold. First, do you agree with the premise that people like me should not be so bent on hearing and learning from people of color and following their lead for the reasons that I just expressed?

Seleipiri Akobo:

Thanks once again, Mr. Dentry for this conversation and I'll also for your willingness to listen. In answer to your question, I'm also going to throw this out that I am speaking from my lived experiences and maybe some experiences of my friends and family members, but not necessarily as an authority on black and indigenous people of color, race issues. That been said, I think that when you think about the question, it is important to note that people in general, there are different places or points on the continuum of readiness to discuss race issues. And this actually stems from how much digging into these issues can be a trigger. The reason being that for a lot of people, their realities and their experiences might not be palatable. And so, when these things have to come out and when they talk about it could be pretty painful.

Seleipiri Akobo:

So when you think of it that way, I think it then, if we're trying to buy into the premise of the book, behooves Caucasians or white people who are friends, our colleagues, our allies and progressives in general to literally do the work, at least try, start somewhere, work on yourself, try to work on some of the points that DiAngelo did talk about in the book. Whether it's the moral binary trying to make a decision on what's to define or how to define the issue, the umbrage that comes with some of it. And also, just in general, the guilt maybe and borrowing the word you use maybe the fragility. In doing that, then people are at a place where they're ready to have the conversation because what we've noticed is if these conversations are had prematurely, they kind of sometimes can lead to breakdown of the already existing relationships.

Seleipiri Akobo:

And so, I think that doing the work ahead of time is important. But then I would also want to add that people shouldn't stop in just reading DiAngelo's book, which I think is great by the way, but they should actually do more. There's so many other books out there that have been written by black and other minorities on this very issue. And I think that reading those books can actually add to the discourse. And I can give you or actually throughout a couple of options, some of these books that I think are great. I might think a book that was written by Ibram Kendi, How to Be an Antiracist and then there's also, So You Want to Talk About Race by Ijeoma Oluo and Dr. Cornel West, who a lot of people know also has a great called Race Matters. And then I think there's also another one called Race Talk by Derald Wing Sue.

Seleipiri Akobo:

I think these books can also give a lot of insight. And I think even in DiAngelo's book, she actually some of the topics and some of the important points that we're discussing some of this books like this throughout.

Tim Dentry:

That's terrific Dr. Akobo, and I loved so much of what you just shared and some of the things I jotted down are start somewhere, work on yourself and make oneself ready to have the conversation. Those are really powerful thoughts. And thank you for those references to those books. We're keeping a list of... We're developing a library and so we'll make sure they're in the library.

Tim Dentry:

I've also so learned that I should engage not only my colleagues of color, but really based on what you and I were just talking about, but also white persons. So I've heard many stories of subtle and blatantly hurtful acts inflicted on others. I heard the word micro insensitivities for the first time, the other day and it just really clicked a lot in my thinking. And it refers to words, phrases, body, language, et cetera, that may seem inconsequential to one party but can be very hurtful to the receiver, to the recipient. What would you like to say to those who send out micro insensitivities, but really think they have nothing to change?

Seleipiri Akobo:

When I think of this question, two thoughts come to mind, intention versus impact. I think it behooves us to think of what impact we're having and on the people who we're relating with and people on the receiving end, regardless of what our intent is. And when I think of that as a black woman or just one who's actually lived some of these things, I think of my experiences on a daily, on a regular and people

like me, and by that I mean black people and the indigenous people of color and many other minorities, from when we leave our houses every day to literally when we get back, there is always reminders. There are these little things that keep telling you, of reminding you of the systems that exist, right? Whether it's you literally walking in a grocery store, you're at the gas station trying to get gas, you're constantly reminded of some of these little things.

Seleipiri Akobo:

And one analogy that I can think of is the fact that you have a little sore on your leg, a wound somewhere in your body, and maybe every hour, every second, someone just keeps putting in salt. Now think of how painful that is. And it's like you never really have time to recover. And that's exactly how micro insensitivities or microaggressions can be in our daily lives. So it's like sometimes you can't run away from it, sometimes it's even in your house, it's the people you employ to do things for you. It's the people you work with. So it's very extensive. So when you think of it in that way, these microaggressions or insensitivities, they're pretty heartfelt to people on the receiving end. And they have pretty long-term impact on the lives of these people, whether it's in the life expectancy.

Seleipiri Akobo:

I think there are data that actually showed that a lot of African Americans by the time they're 25 years, already have shorter life expectancy when you compare to other people. It impacts the way that these people thrive and live their lives, so it's important. I think that's the way to think about it, intent versus impact.

Tim Dentry:

Thank you. That's really powerful. Those minds, I really registered those words that you shared in my thinking, that is very true. And so many people, and I would include myself, maybe don't have that sensitivity, that those kind of reminders are always there for a lot of other people. So thank you for that feedback. I want to take the opportunity now to hear what's foremost on your mind with regard to these issues, what would you like to ask me?

Seleipiri Akobo:

So I'm going to say thank you again for this conversation. Before I ask the question, I'm also going to speak and say that I do understand that you have a pretty tough job because I feel like at least when we talk about this, there's this intersectionality of you being a white male, but then you're also the CEO of this network and so you have lots of responsibility. So I do understand that it puts you in quite a, there's a lot on your shoulders, I guess is what I'm trying to say.

Seleipiri Akobo:

So that being said though, I know that Northern Light Health mission statement talks about we make healthcare work for you. And just because I know that you're here and you're willing to listen, I'm trying to find out who are the you referred to in this statement? And then just based on the current claim, what are the people saying to you and all the leaders in the system? Are you listening and are they welcome to share or continue to share their input?

Tim Dentry:

Great. Great questions. First on your first question, who was the you in making healthcare work for you, when it began, maybe it was a more comprehensive definition was considered, but the way we talked about it and tried to live it out was that making healthcare work for you meant the patients that we served and the families that we served. Then though so, here's a year or so later, I found myself as an applicant for the chief executive officer position. And tomorrow will be the three month mark of that time. But as I was going through my preparation and really trying to put in writing, what is the mark I would like to leave on our organization? What would be the legacy that I would leave as a CEO? I really, and I have this in writing, I expanded it that you would include the communities that we serve. So not just the patients that present themselves to your door or what have you, but the communities that we are in, where we are really community treasures there.

Tim Dentry:

So the you is the communities, but secondly, all of our 12,000 colleagues, so everyone that is part of Northern Light. And that's why to me, this was such a natural stand that we had to take for racial and social and medical justice issues. Because to me, it's about all three of those. It's about who we care for, the individual patients one at a time, within the context of the communities where we serve them. And we all have roles in the community that's not just at work or at home, we're part of the community and we are all in this together. So we need to make sure that each and every person is totally valued and feels part of this family, let's make it a family. You don't have a pecking order in a family, you have a family. And so, I felt we needed to take a stand on this.

Tim Dentry:

So that's number one of who the you is, it's all the above, all three of those. Secondly, what are people saying to me and others? Well, first of all, we're just getting started. So I love it when I hear guidance and thoughts of work on yourself and prepare yourself for the conversation and keep that going. It is so true, but here's some examples of what I have heard predominantly first and foremost from everyone is, "Thank you. Thank you for stepping into this, it's not easy." I'll hear from other people that have family members in other health systems that are saying, "I wish our leaders would take a stand on this." Two examples that I would hear from a lot of individuals or doctors taking care of patients that hear from their patients of just engaging in the conversation.

Tim Dentry:

We're hearing micro insensitivities and macro insensitivities to be frank. So hearing a lot of those personal, it's in a personal context, and that's why I think we're going to sustain this because it's not some framework, some distant non-pulse kind of an issue. It's a very heartfelt, it's a visceral issue with everyone, so let's work on that with a positive way. Really good advice, "Keep using this to unite us because in this topic of discussion around the country, it's divisive, it's polarizing and it's not uniting. So Tim use this authority that you have or this influence that you can have as the CEO to unite us." And so, I'm really trying to see how we can do that. So am I listening? Absolutely. I'm learning along the way for sure, from people like you and others.

Tim Dentry:

Are people welcome to share their input? Absolutely. So that's why this was one idea that I have that I think there are many ways for people to share their ideas. This is one, we have big Zoom rooms that have a lot of people and I make ensure that every organization, every community, back to our definition of you, every community where we serve, we have chat rooms that are going on, Zoom rooms to make

sure that we're receiving a lot of input. I'm going to have a steering committee, is comprised of people from throughout the organizations. So we're going to keep finding interesting ways to continue to engage. I think that I touched on all of your questions I believe.

Seleipiri Akobo:

You did a great job, Mr. Dentry. It's nice that you are having the conversation and it shows that you're willing to have the conversation. So thank you, I appreciate it. So in light of what you have said, I have another question that actually ties into the fact that given that racism be it institutionally and socially, is an overarching issue, a problem around the country right now. What steps will be or are in place at Northern Light Health to help mitigate this issue? And then how do you think that the progress and impacts of metric and we measure it with?

Tim Dentry:

Yeah. Thank you. Great questions again. So steps first all, it is exactly this and having the conversation, but it cannot end then. One of the early on feedback that I received that really led my actions from there was, "Okay, we can tell you get it, you get the issue, you are listening, but so what are you going to do about it?" And so, that's what we want to do. So first is engagement, awareness, dialogue. And I just let you know some of the examples of ways in which we're doing that. And so, we're going to continue with those group dialogues and community specific dialogues, these kinds of engagements and that kind of thing.

Tim Dentry:

Second is, we are taking a very close look at all of our policies and practices, hiring, recruitment, performance reviews, what disciplinary factors are in place, sort of code of conduct, making sure that it includes the way that we would show sensitivity to each other and value each other. So that kind of review from a human resource point of view is really important. Training sessions, and I just think we're identifying ways in which we can do this for all 12,000 staff, but it needs to be ongoing. It probably should be for groups as well that have a lot affinity groups, work in certain units or what have you. And I think there's different ways to do that than someone goes online and does an e-training course. We've got to have more substance than that. So we're looking at substantive ways to do that.

Tim Dentry:

I like one suggestion for example is that in patient safety, and I'm a big advocate of that, and a lot of my training before I came to Northern Light was in quality and patient safety. And people talk patient safety, but most people felt, "I already get patient safety. I already do that." Almost analogous, not identical by any stretch, but analogous to this topic. I don't do that, the other people are doing those things. But we started sharing patient stories of ways in which care might have slipped, maybe we didn't step up the way we could have or didn't coordinate. And so, we learned from that so we shared the story. So we shared a lesson that we learned. And I think I've suggested to our team that we do the same kind of thing in the topic of racial, social and medical justice.

Tim Dentry:

Let's tell a story of an insensitivity that we heard, that people felt, experience or expressed, or even why someone feels like, well, we don't have an issue there, but let's point out something that maybe open up their minds. So we're doing those kinds of improvements as well. Clinical justice, I'm very interested in learning more about. So we have a new chief quality officer for Northern Light that will begin to at the

end of July, Navneet Marwaha, Dr. Marwaha. And she came from our clinical affiliation with Mass General. We've talked about this and so how can we use, for example, the new Cerner system? We can do more harvesting of data and things of that nature.

Tim Dentry:

Let's start asking the question of where are... We have quantitative measure or understanding of where we would approach that clinical justice, medical justice and access issues and things like that. So I really look forward to seeing what we can learn along those lines. The last example on those lines I would share is, we're conducting right now a baseline survey. So it's not complicated, it doesn't dig deep into sociological kind of metrics or things of that nature, but it gives us a good starting point, a good sense of where do we think we stand right now on this essential issue. And then we can track that over time. We can resurvey people and see if there are improvements.

Tim Dentry:

So that's one answer to six months from now and a year from now to 10 years from now. The clinical health metrics will be able to track. And we're doing much of that right now, but not really that is specific to any one population, one group of our population. So I absolutely believe we have Cerner and our informatics folks working on that, other ways that we can determine Hemoglobin A1c levels and those kinds of things. And the long-term perspective is really on retention and recruitment. So by doing this, are we impacting our or turnover of staff, especially people of color and others in our organizations? Can we really take a look at that and see are less people leaving, are more people joining?

Tim Dentry:

And hopefully, the answer to the former question is no, more people are staying. And we are actually an attracted organization because we are taking these stands and we are making that kind of a healthy environment for everyone to raise their family and practice their profession. So I think that's we can always do more, but I think those are the ways in which I would answer those great questions. And I hope that struck a chord for you. That will wrap up this episode of Tim Talk. Dr. Akobo again, thank you so much for joining me here to continue this conversation. It enriches this whole effort so much and I learned so much.

Seleipiri Akobo:

Thank you, Mr. Dentry. It was most definitely a pleasure.

Tim Dentry:

And thank you to our podcast listeners as well. And 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 very much.

Announcer:

Thank you for listening to this episode of Tim Talk. If you enjoyed this podcast and would like to learn more about this subject, you can find additional information [@northernlighthealth.org/podcast](https://northernlighthealth.org/podcast).