

Announcer:

In this episode of Tim Talk, Tim and Chris McLaughlin discuss the unique healthcare challenges faced by LGBTQ+ youth and families.

Tim Dentry:

Thank you for joining us for Tim Talk. I'm Tim Dentry, president and CEO of Northern Light Health. I welcome you to join me for a frank discussion about diversity. Our goal is to create a collective understanding of the issues that exist and find a better path forward. Before I introduce you to our guest and dive into our latest topic, I wanted to update you on our newly formed Northern Light Health Diversity, Inclusion and Equality Council. The council met for the first time in August and adopted a council charter. We will begin monthly meetings and develop a preliminary work plan and 16 month system goal at our next meeting coming up. It's good to see our work getting started. Now, when we launched Tim Talk, we began discussing issues of race.

Tim Dentry:

We are expanding into a new topic for discussion as we explore social and medical justice for LGBTQ+ community. Our first guest for this topic is Chris McLaughlin, a licensed clinical social worker, associate vice president community and pediatric services for Northern Light Acadia Hospital, and a member of the LGBTQ+ community. Thank you for joining me here today, Chris.

Chris McLaughlin:

Thank you, Tim. It's good to be with you.

Tim Dentry:

As someone who identifies as a member of the LGBTQ+ community, what can you share about your experiences as both a consumer of healthcare and as a professional working and healthcare serving Northern Light Health and the communities we serve? Why is this important to you?

Chris McLaughlin:

Thanks Tim. It's an honor being here today and talking with you and the listeners and talking so openly about a topic that sometimes isn't talked so openly about. To share some of my personal experience as a kid, I've got to tell you, I wasn't the most athletically inclined as a kid. I didn't have to do the sports physicals that other kids around me were doing season after season. So, my relationship with my doctor was really based on some minor checkups or other minor treatments for strep throat or other kind of kid-like infections. However, when I think about my experience very recently, it's striking to me that I've considered myself to be out with my medical provider just recently, just in the last several years. It seems strange to me, I've been out as gay for the last 25 or so years and have been with my now husband for 10 of those years, yet my comfort level with identifying as a gay man in my doctor's office has really been a fairly recent phenomenon.

Chris McLaughlin:

And I also think about the numbers of kids and families that I've worked with at Northern Light Acadia Hospital and across my whole career in this behavioral health field, and I'm struck at how much has changed for these kids today compared to when I was growing up, but also how much things have really sadly stayed the same. I remember what it was like having to answer questions about whether I had a

girlfriend in school or why I was always playing with the girls at recess. And I remember name-calling and teasing and that feeling of being an outsider in a world that I didn't fit into. But more importantly, I also remember the immense and unconditional love, support and compassion that my family and friends have showed me over the years. And I truly consider myself blessed to be surrounded by the people that I have in my life.

Chris McLaughlin:

So, Tim, as an answer to your question about my "why," I have to say that across my professional experience, I have seen that there are so many LGBTQ+ kids out there who are struggling without the same sort of supports that I had. For many of these kids, their out therapist has been their only access to supportive role models and adults showing them any kind of compassion. And I'm also struck by the number of parents and families that I've worked with, who so desperately want to understand what their kids are going through, but they just can't find the right words. They need our help too. So, these are the experience that have shaped me and shaped my work and shaped the advocacy that I feel so compelled to do on their behalf.

Tim Dentry:

Chris, thank you for sharing your personal reflections. And that was really great listening to the things that you were saying and expressing feelings of feeling like an outsider, or you said teasing, I think bullying, I guess they're one and the same, a variation on the theme, but that's exactly why we want to listen and learn. And that's exactly why this is so important in our journey of Northern Light, having a culture of caring for one another. So thank you. Thank you for that. Your career's been focused on addressing the behavioral health needs of children and families and what a gift you have brought to our communities and families. What are some of the unique healthcare challenges faced by LGBTQ+ youth and families, and why are these families at risk, in your experience?

Chris McLaughlin:

Thanks Tim. I believe that it's so important to understand some of the issues that sexual and gender minority youth and families experience when they're trying to access healthcare. So, here's what we know. Youth who identify as LGBTQ+ have higher rates of suicide, both attempted and completed and rates of substance use when compared to heterosexual and their cisgendered peers. And cisgender is a word that we use to describe those individuals who have a gender identity that both matches their birth sex and who they feel like they are as a person from a gender perspective. These are kids who experience rates of depression and anxiety, bullying, homelessness, family rejection, tobacco use, eating disorders, obesity, sexual victimization, and on and on, that are higher than their peers.

Chris McLaughlin:

And we all know here at Northern Light Health the negative health outcomes that are associated with these concerns. These youth are more likely to report sexual behaviors that put them at increased risk for HIV and other STDs, pregnancy and the health issues that can be associated with these conditions if gone untreated, like some forms of cancers, sterility, heart disease, or damage to other organs. And so, what's important for me to say is that, those of us who work with this population don't credit the sexual orientation or the gender identity for these statistics. Rather, these are outcomes that are a result of shame and stigma that our society, including those of us who are well-intentioned in the healthcare setting, impose upon them.

Chris McLaughlin:

So, when sexual and gender minority youth are subjected to any number of these seemingly innocent transgressions in their healthcare experience, like being misgendered by their provider or a provider making assumptions about whether they have boyfriends or girlfriends, or when there's a lack of LGBTQ+ representation in lobbies and exam rooms, it only exacerbates the feelings that these kids have of guilt and worthlessness and isolation and rejection, and it leads them to avoid their medical appointments. They avoid seeking treatment when they should. They can't be honest with healthcare providers when asked about what their sexual practices are. They can't own their sexual orientation or gender identity, and they maybe are not always honest on screening forms.

Chris McLaughlin:

Simply put, the engagement that these kids have with their healthcare providers is not where we need it to be to improve their overall health and wellness. And recently there is some studies of some medical students and pediatricians around the country that also show us that there is a lack of education and comfort level in providers working with this population of kids. These studies show elements of both implicit and explicit bias on behalf of the provider that almost certainly impacts the care of this population. So, Tim, we have a lot to learn still about how to create safe and affirming spaces for LGBTQ+ youth and their families in provider offices and medical practices all over the system in the state. This is a population that is begging us for increased competency and more compassion.

Tim Dentry:

Thank you, Chris. I love those words, safe and affirming spaces. And thank you for putting into such human terms. What we have talked about in a big broad title, medical equality and justice, but to put it in those kinds of personal terms, especially for the LGBTQ+ community, thank you for that. And my hope is that we at Northern Light become one of the best in the country in identifying, treating, and caring for such individuals. Thank you for that. I also want to take the opportunity now, Chris, to hear what's foremost on your mind with this very central issue. And what would you like to ask of me?

Chris McLaughlin:

Yeah. I appreciate the opportunity to be able to ask questions like this. With what I just shared about this idea of competency and the need for more compassionate, affirming care, I'm curious about the sort of investments in regards to time and finances here at Northern Light Health, that we might be able to commit to ensure that staff at every level of the organization have access to the resources they need to only enhance their skills and to better serve the needs of this population of kids.

Tim Dentry:

Thanks. Great question. So, I would really start with the commitment to leadership time and making this a priority. And we're doing that in these podcasts. We're doing that in making sure that all of our member organizations with their human resource executives, our clinical executives, our chief quality officer here, for example, has medical justice and equality as a top issue. I sent her actually, some advanced ideas that I've received from some of the literature and articles that you attached for me. She already has that, she's already reading it. So, one is leadership because it always has to start with that. If it's going to have legs, if it's going to have endurance and not just a one-time podcast that people forget about, no way that that's going to happen, so that's number one.

Tim Dentry:

So, we will always be committing the time to make sure that we are expressing this in a way where people feel that we are creating safe and affirming spaces to even talk about it. In fact, especially to talk about it. Secondly, as a system and every member giving that time, therefore we're going to have nuances, different ways that it's going to impact the communities that we care for, geographic communities that we care for, depending on that member. That's why we don't want to have one-size-fits-all, or have an I-TRAIN, whatever that's called. Go online, do this. Oh, hey, I got an A in this one. No, that's not what we're talking about, because it might be very, very different in the community of patients that we care for that within that community, the LGBTQ+ community, that may be totally different than, it might be in Portland, or might be in Presque Isle.

Tim Dentry:

But we need to make sure that all leaders are assessing that in their communities. Here's the really good news, specifically when you mentioned finances and that is everything I just said, and then everything we then need to do to back that up with action. It's not a high costly kind of a thing. We just need to build it into what we do and build it into our own personal growth and knowledge as practitioners and as leaders. And I think doing that, it's not going to break the bank. In fact, if anything, it's going to make us more valuable to so many more people in so many different ways. So any anyone saying, "This is a really good idea, but we can't afford it because we got other things to..." No, that does not apply in this situation.

Tim Dentry:

The key though, is the content, what is it that we're going to be sharing and helping people learn and absorb and think differently and do differently when they are talking with patients and others. So, how do we make sure that we are a learning organization for our practitioners who they learn more about it so they can be more tuned in.

Chris McLaughlin:

That's awesome. Everything you said was just music to my ears. I couldn't stop shaking my head enough. It's awesome. So, along those same lines than, Tim, I also think about some of the ways that Northern Light Health might be able to better partner with LGBTQ+ parents, patients, families, and their allies, to ensure that all of our buildings, all of our practices everywhere around the state, we are welcoming and again, affirming to all sexual and gender identifications. And I wonder your thoughts on that.

Tim Dentry:

Yeah. My overwhelming thought, Chris, is that with these kinds of discussions and this attempt to really... It's a self-reflection and we want everyone to really reflect on this and really learn and think, "How can I be doing this differently?" It all leads right into what we have been promising, our Northern Light promise of making healthcare work for you. And I've always had a bit of a wrestling match inside on that because I'm thinking, "Okay, well, how we make that more than just a marketing campaign?" And I think we're doing that in really profound and excellent ways. We're really trying to make it meaningful to each and every colleague that we have, the 12,000 plus colleagues that we have in our system. But what's really great about what we're doing right now and opening up this dialogue on diversity and inclusion and equality and now, especially in this key component of that with LGBTQ community, is that now hopefully we'll be defining "making healthcare work for you," meaning the community, the LGBTQ+ community.

Chris McLaughlin:

That's great. That's really awesome.

Tim Dentry:

So therefore, we need to do that without bias. And training sessions, survey results, et cetera, the things that we're putting into place now are going to help with that. And again, we're even better now that we are raising awareness of the sensitivities within the community. I think we're actually just starting, just beginning that. So, I hope that we'll be able to open up people's minds and they'll be able to look at things in better and different ways. I think that, predominantly we have a very caring, caregiver workforce and very caring frontline staff. And it's really this applies to everyone. And if we can help people have greater sensitivity and understand how they can interact and be more open-minded and be more caring, regardless of which community someone might be in. That's my hope and that's what we're driving toward. And we've got the framework to do it.

Chris McLaughlin:

And we have the leaders to do it. And this is a great opportunity to share these thoughts and ideas with leaders across the whole organization. So, I appreciate that.

Tim Dentry:

Absolutely. So, that will wrap up this episode of Tim Talk. Chris, thank you for joining me here to continue this conversation a very unique way. And thank you our podcast listeners as well. Until next time, I'm Tim Dentry, encouraging you to listen and act to promote our culture of caring, diversity and inclusion for one and for all. Thank you.

Announcer:

Thank you for listening to this episode of Tim Talk. If you enjoy this podcast and would like to learn more about this subject, you can find additional information at northernlighthealth.org/podcast.