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Announcer:

Welcome back, loyal listeners, and welcome new listeners. We are planning for season five of Tim Talk, a podcast in the Happy, Healthy, Wise podcast series produced by Northern Light Health that focuses on medical and social justice. If you are new to Tim Talk or a longtime listener, we have a treat for you, a best of season four episode.

Melissa Skahan:

And the intent is to move these families from crisis to thriving.

Dr. Lisa Fitzpatrick:

We're doing a terrible job at demystifying health information.

Darmita Wilson:

They're people. We want to serve them, and we want to do it to the best of our ability.

Dr. Nicole Kelm:

And I think it's really important for us to really understand that health equity is a team sport and needs to be integrated across your organization.

Announcer:

In our first episode of season four, we explored an exciting new partnership at Mercy Hospital called the Francis Ward Home that is providing housing, medical care, and educational opportunities to pregnant homeless women seeking asylum in Maine's largest city.

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 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.

Tim Dentry:

That is fabulous, and 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.

Announcer:

We also talked with Dr. Lisa Fitzpatrick, founder and CEO of Grapevine Health about her mission to improve health literacy through relatable, understandable, trustworthy health communication.

Dr. Lisa Fitzpatrick:

We're doing a terrible job at demystifying health information because these terms, they're so prevalent. Television, I mean, if you look at any drug ad on television, it has so many multi-syllable words that

people would have to go and look up on Google if they could figure out how to spell it. We take it for granted people know what these words are.

A woman asked me on the street, she said, "This is the thing I'm having. What kind of doctor do I need to go to?" So I had to explain the difference between a rheumatologist and a hematologist and an oncologist because we say, "Oh, I'm going to refer you to the gastroenterologist," but the person may not say, "Oh, what kind of doctor is that? And what did they do?" So I think just being mindful that we can communicate amongst ourselves as healthcare providers and medical people and we understand each other, but that doesn't mean that other people, or the people we're taking care of really understand what we're talking about.

Announcer:

In episode three, we had a great time talking to one of our talented physician assistant students from Morehouse School of Medicine and Darmita Wilson, vice President of medical education and research about our clerkship program with Morehouse and historically Black medical school in Atlanta, Georgia.

Hillary Birago:

So yes, rural health is similar to what you said. For me, it's more so access to receiving adequate healthcare because a lot of the times we're always trying to treat the problem rather than the patient. And that's what I feel like people think of rural health is okay, these people that live out in wherever, however many miles away from the nearest hospital, we're trying to make sure that their COPD is taken care of or their heart failure is taken care of. Okay, but what about the actual person? What can we do for the actual person? I really want to get out into those rural communities and let them know that there are people out here that are willing and want to treat you, want to take care of you as a person, want to get to know you want to make sure that you're good. That's my whole spiel on that.

Tim Dentry:

That's a wonderful spiel, Hillary. What about the actual person is what you said, and that is wonderful. And you also touched on trust, and that really strikes a chord with me because like everything that's meaningful in life without trust, it's just really, really difficult. And again, I think in this day and age, we need to earn trust. We need to work harder for trust, and it sounds like this is a way to bridge that is what you're saying to me and to our listeners. Darmita, how about you? Rural health? What do you think of?

Darmita Wilson:

Oh, wow. We don't have enough time to talk about it, but for me, I think I agree with you a hundred percent, Tim, starting with trust, but looking at trust from a perspective of just health equity for all people. If we truly believe that healthcare is a right, and I do, I think that it's important coming from a system like Northern Light Health and what it really means to be a part of a community that we focus on not only health equity in terms of patient access, quality care, but we take care of the whole individual as Hillary indicated, that's a part of that building that trust and letting them know how we feel about them. They're people. We want to serve them, and we want to do it to the best of our ability.

Announcer:

Our final podcast to the season was a family affair and quite a talented family that includes Dr. Judith Josiah-Martin from the University of Maine School of Social Work, and her daughters Dr. Lauren Bouchard, an obstetrics gynecology physician from Cleveland, Ohio, and Dr. Nicole Kelm, public health practitioner from Washington D.C. They covered minority health disparities. Let's first hear from Dr. Bouchard.

Dr. Lauren Bouchard:

So in my mind, it's not something that's in the distance past. It's something that continues to have rippling effects and there are instances where patients are still experiencing racism at this time. It's not just a historic phenomenon, but some of the successes I've had in my role as the co-chair of the Council on Diversity, Equity and Inclusion for the OB-GYN Institute is really focusing on a culture shift. So a lot of the expectations in a lot of institutions has been really just having an annual or biannual anti-racism or anti-bias training that's mandatory. Sometimes it's an online module, sometimes it's in person, but similar to the way that we didn't train to do our jobs in a one-hour online module once a year, that, unfortunately, in my estimation, is insufficient and changing the course of the care that we give to patients.

So in my role, we try to make sure that anti-racism, anti-bias ideas and principles and best practices are percolated through all of the aspects of what we do both for our professional staff and for our patients. So that includes talking about it with our training programs, with our residents, with our PA and nurse, NP and midwife students talking about it at our journal clubs, really integrating these practices into all of our quality improvement protocols, such as our peer review process, debriefs after adverse events, mortality and morbidity conferences with the questions of diversity, equity, inclusion.

Announcer:

And here's Dr. Kelm's take on the same issue.

Dr. Nicole Kelm:

Tim, I work on the other side of the spectrum here. So I work for a large consulting firm where we support organizations all across the healthcare industry and dealing with some of these issues around health disparities and medical justice.

But I do think the key word that we all have to keep in mind is that de-siloing. I think very often this work gets put on the desk of a DE&I officer or a HR and talent leader or a community liaison or our social worker teams. And I think it's really important for us to really understand that health equity is a team sport and needs to be integrated across your organization. So looking at what are you doing for your own staff? What are you doing for your patients? What are you doing in community and what are you doing as part of the ecosystem writ large to really advance these priorities at scale? Because we can talk about things that improve the individual patient experience, but we also need to be looking very closely at the structural components. How do we actually create a system that has accountability built in so it is easy for people to recognize bias, it is easy for people to recognize when disparities are occurring and address them in concrete ways?

Announcer:

And in her remarks, Dr. Josiah Martin keyed in more narrowly on the issue of maternal mental health.

Dr. Judith Josiah-Martin:

And I'd love to echo that because we know that particularly in the Black female, Black women experience a higher prevalence rate of maternal mental health conditions such as postpartum depression, anxiety, higher rates than what we see in the regular U.S. population and usually their symptoms are unreported and untreated and undressed and we know structural and social determinants of health are usually risk factors that also contribute to what turns out to be the outcomes in the maternal situation or when they show up at hospitals.

We know that prenatal care for many individuals, particularly at the poverty line, whether they have insurance or not, is also a contributing factor and that's embedded in social discriminatory practices that do not engage them in prenatal services. And when we're looking at the rural nature of Maine having

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access to prenatal clinic services, follow-ups. And I'm really liking the rise of doulas and midwifery across the country that's also a successful intervention to help to address some of these disparities.

Announcer:

That's a brief recap of season four. If we piqued your interest, you can find full episodes by visiting northernlighthouse.org/HealthyHappyWise, and get ready for our new season. We start airing new episodes in January. And remember, we are also on Apple, YouTube and Spotify, which makes it easy for you to listen on the go on your favorite app.