THIRD THURSDAY WEBINAR SERIES

Date: February 18, 2021
Title: Race & Health Equity

134 MAIN STREET, MONTPELIER, VERMONT, 05602
TEL.: 802-223-7898
WWW.VTMD.ORG
CME DISCLAIMER

In support of improving patient care, this activity has been planned and implemented by the Robert Larner College of Medicine at the University of Vermont and the Vermont Medical Society. The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The University of Vermont designates this internet live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Please watch your email from the Vermont Medical Society providing directions for claiming CME credit.

CME credit must be claimed within 30 days of participating in the event.
VERMONT MEDICAL SOCIETY THIRD THURSDAY WEBINAR SERIES FY 2021 - RACE & HEALTH EQUITY

Speakers: Rebecca Bell, M.D.

Planning Committee Members:
Jessa Barnard, ESQ, Catherine Schneider, MD, Stephanie Winters & Elizabeth Alessi

Purpose Statement/Goal of This Activity: Please join Dr. Bell for a discussion on the task force created by the AAP Vermont Chapter on race and health equity. This session will discuss AAP-VT’s process thus far to support pediatricians and other child health providers in addressing this issue.

Learning Objectives:
1. Provide guidance and resources for practices working towards creating a culturally safe medical home.
2. Review resources and guidance for families experiencing racism and screening tools and guidance offered by pediatricians.
3. Discuss guidance and resources provided to families to promote anti-racism.

Disclosures:
Is there anything to Disclose? Yes ☐ No ☐

Did this activity receive any commercial support? Yes ☐ No ☐

(The CMIE staff do not have any possible conflicts)

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Creating a task force
Optimizing clinical practice
Forming working groups and objectives
Keeping it local and listening to VT voices
Compensating community consultants
Expert sources: acknowledge, amplify, compensate
Setting up listening sessions
Lessons learned so far
Discussion
I have no conflicts of interest to disclose

I am not an expert on race and health equity (but there are many experts locally and nationally – support them!)

I have no answers

This is the beginning of a discussion about how we can address race and health equity in our own practice, in our state, in our profession

At minimum, we should do no harm in this effort
Vermont Medical Society pronounces systemic racism a public health threat

We are watching these tragic events unfold during the COVID-19 global health pandemic, where in Vermont and across the nation, incidence of more severe illness is disproportionately impacting certain racial and ethnic populations and exposing the uneven access to care that leads to disparities in health outcomes. The VMS is committed to addressing bias in health care, as evidenced by our policy from 2018,[1] in which we resolve to support systems designed to combat biases within the health care system and to work to mitigate the unequal treatment of patients and health care professionals.
VERMONT MEDICAL SOCIETY RESOLUTION

Recognizing and Addressing Bias Within the Health Care System

*As adopted at the VMS Annual Meeting on October 27, 2018*

RESOLVED, The Vermont Medical Society will educate its members to recognize and combat bias in the health care delivery system towards patients on the basis of race, gender, ethnicity, sexual orientation, disability, socioeconomic status, age and other demographic characteristics; and be it further

RESOLVED, The Vermont Medical Society will educate its members regarding recognizing and combating bias in the health care system towards health care professionals from their patients and peers on the basis of race, gender, ethnicity, sexual orientation, disability, socioeconomic status, age and other demographic characteristics; and be it further

RESOLVED, The Vermont Medical Society will support the development and implementation of organizational processes and support systems designed to mitigate biases within the health care system and to work to mitigate the unequal treatment of patients and health care professionals.
DEFINING THE ISSUE

Racism is a social determinant of health that impacts health status of children, adolescents, and their families.

Racism exists in Vermont and adversely effects health outcomes

Racial diversity is growing among the population of children and adolescents in Vermont

There is increasing interest among white families in teaching anti-racism to their children

Pediatricians and other providers caring for children require support/resources to address racism and its impact on their patient population
CALL FOR TASK FORCE

Statewide call among pediatric healthcare providers

25 total members: 20 pediatricians, 2 NPs, 1 social worker, 1 student, 1 family advisor

Why a task force?
Vermont Medical Society Deputy Executive Director

Executive Director of the:
- American Academy of Pediatrics Vermont Chapter
- Vermont Academy of Family Physicians
- Vermont Ophthalmological Society
- Vermont Orthopaedic Society
- Vermont Psychiatric Association
- Vermont Society of Anesthesiologists
- American College of Surgeons Vermont Chapter

Program administrator for the Vermont Medical Society Education and Research Foundation Physician Leadership Program

Chair of the American Academy of Pediatrics Executive Directors Steering Committee
TASK FORCE OBJECTIVES

Guidance and resources for healthcare providers to improve the care of BIPOC patient populations

Guidance and resources for practices working towards creating a culturally safe medical home

Resources for families experiencing racism and screening tools and guidance for pediatricians

Guidance and resources for families to promote anti-racism
How Pediatricians can address and ameliorate the effects of racism on children and adolescents

▪ Optimizing clinical practice
▪ Optimizing workforce development and professional education
▪ Optimizing systems through community engagement, advocacy, and public policy
▪ Optimizing research
How Pediatricians can address and ameliorate the effects of racism on children and adolescents

- Optimizing clinical practice
- Optimizing workforce development and professional education
- Optimizing systems through community engagement, advocacy, and public policy
- Optimizing research
OPTIMIZING CLINICAL PRACTICE

Create a culturally safe medical home where the providers acknowledge and are sensitive to the racism that children and families experience by integrating patient- and family-centered communication strategies and evidence-based screening tools that incorporate valid measures of perceived and experienced racism into clinical practice.

Use strategies such as Raising Resisters approach during anticipatory guidance to provide support for youth and families to:

- (1) recognize racism in all forms, from subversive to blatant displays of racism
- (2) differentiate racism from other forms of unfair treatment and/or routine developmental stressors
- (3) safely oppose the negative messages and/or behaviors of others; and (4) counter or replace those messages and experiences with something positive.
OPTIMIZING CLINICAL PRACTICE

Train clinical and office staff in culturally competent care according to national standards for culturally and linguistically appropriate services.

Assess patients for stressors (eg, bullying and/or cyberbullying on the basis of race) and social determinants of health often associated with racism (eg, neighborhood safety, poverty, housing inequity, and academic access) to connect families to resources.

Assess patients who report experiencing racism for mental health conditions, including signs of posttraumatic stress, anxiety, grief, and depressive symptoms, using validated screening tools and a trauma-informed approach to make referrals to mental health services as needed.

Integrate positive youth development approaches, including racial socialization, to identify strengths and assess youth and families for protective factors, such as a supportive extended family network, that can help mitigate exposure to racist behaviors.
Infuse cultural diversity into AAP-recommended early literacy-promotion programs to ensure that there is a representation of authors, images, and stories that reflect the cultural diversity of children served in pediatric practice.

Encourage pediatric practices and local chapters to embrace the challenge of testing best practices using Community Access to Child Health grants and participation in national quality-improvement projects to examine the effectiveness of office-based interventions designed to address the impact of racism on patient outcomes.

Encourage practices and chapters to develop resources for families with civil rights concerns, including medicolegal partnerships and referrals to agencies responsible for enforcing civil rights laws.

Encourage pediatric-serving organizations within local communities, including pediatric practices, hospitals, and health maintenance organizations, to conduct internal quality-assurance assessments that include analyses of quality of care and patient satisfaction by race and to initiate improvement protocols as needed to improve health outcomes and community trust.
WORKING GROUPS

1. Clinical practice

2. Clinical environment/culture

3. Resources for parents
WORKING GROUP #1: CLINICAL PRACTICE

Audience: pediatricians and other health care providers who care for children

Possible deliverables would include specific guidance for:

- addressing race as part of anticipatory guidance
- assessing patients for stressors associated with racism to connect families to resources
- assessing patients who report experiencing racism for mental health conditions ...to make referrals to mental health services
- identify strengths and assess for protective factors
- identify clinical resources to improve care of patients with black and brown skin
WORKING GROUP #2: CLINICAL ENVIRONMENT/CULTURE

Audience: pediatric and family medicine clinics, hospitals, residential facilities

Possible deliverables:
- glossary of terms/concepts for healthcare providers
- resources for providers for further self-directed learning (e.g. scaffolded anti-racism resources)
- Train clinical and office staff in culturally competent care according to national standards for culturally and linguistically appropriate services
- Tailored guidance on creating more inclusive space — visits to practices
- lots of input from family advisors and youth needed here
- Photovoice project — community-based participatory research to document and reflect reality
WORKING GROUP #3: RESOURCES FOR YOUTH AND FAMILIES

Audience: patients and caregivers

Possible deliverables:
- Resources for BIPOC patients and families with focus on local supports (community partners)
- Resources for white parents raising non-white children
- Resources geared towards white families to promote anti-racism
Markers recognize people enslaved by Ethan Allen’s daughter in Burlington

By Ellie French
Sep 14 2020

Paul Growald, left, and the Rev. Arnold Thomas install stopping stones honoring the memory of Lavinia and Francis Parker. Photo by Ellie French/VTDigger

From 1835 to 1841, Lucy Caroline Hitchcock, Ethan Allen’s daughter, enslaved a woman named Lavinia Parker and her son Francis to do housework at her home at Main and Pine streets in Burlington.
Citing harassment

Rutland NAACP leader leaves home following harassment

By KEITH WHITCOMB JR. Staff Writer  Sep 11, 2020  📰 5

Tabitha Moore of the Rutland Area NAACP gives a speech in June in Rutland’s Main Street Park during the Black Lives Matter protest.

Photo by Jon Olender

WALLINGFORD — The leader of the Rutland County chapter of NAACP is leaving her home following months of racially motivated harassment targeting her and her young family members.
REPORT OF THE EXECUTIVE DIRECTOR OF RACIAL EQUITY

JANUARY 15, 2021

PREPARED BY
Xusana R. Davis, Esq.
Executive Director of Racial Equity

SUBMITTED TO THE GENERAL ASSEMBLY
Senate Committee on Government Operations
House Committee on Government Operations
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<td>2</td>
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<td><strong>Link</strong></td>
<td><strong>Notes</strong></td>
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<td>3</td>
<td>Brave Little State &quot;Why is Vermont So Overwhelmingly White?&quot;</td>
<td>History and personal interviews, including experiences as youth of color in VT.</td>
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<td>What does racism look like in VT?</td>
<td>Vermont Edition</td>
<td>Vermont Edition, examining the story of Kiah Morris, the first black woman to be elected to the VT legislature, and her resignation following becoming the target of a white nationalist who lives in her district.</td>
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<td>Breakdown in Bennington</td>
<td>Kiah Morris speaks</td>
<td>Kiah Morris speaks about her experiences as a black woman in Vermont.</td>
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<td>Kiah Morris speaks</td>
<td>Earl Ransom speaks</td>
<td>Earl Ransom speaks to VPR about life as a black dairy farmer in VT.</td>
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<td>But Why: A discussion about race and racism</td>
<td>A podcast for kids</td>
<td>A podcast for kids.</td>
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<td>Representation Fatigue</td>
<td>Kiran Wieg, VT Youth, on representation fatigue</td>
<td>Kiran Wieg, VT Youth, on representation fatigue.</td>
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<td>Muslim Girls Making Change</td>
<td>VT youth on VPR</td>
<td>VT youth on VPR.</td>
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<td>Chisel Tonoki speech</td>
<td>High school senior at CVU 2020 graduation speech</td>
<td>High school senior at CVU 2020 graduation speech.</td>
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<td>14</td>
<td>Someday I will rest but for now, I am a Black father</td>
<td>Marlon Fisher, board member of Dad Guild</td>
<td>Marlon Fisher, board member of Dad Guild.</td>
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COMPENSATION CONSIDERATIONS

System allows for task force members to be compensated

Does not allow for community consultant reimbursement

We must take active role in ensuring more equitable compensation

How else can we compensate?
  - Title, role, opportunities for mentorship?
July AAP-VT board meeting:
Chapter executive board voted to use small chapter award to go towards compensating non-AAP-VT members and focus group members

Compensation is transparent with everyone receiving equal hourly rate
SUPPORTING OUR SOURCES

Creating content is not free, requires time and expertise

Additionally creating content that addresses racism requires emotional labor
ACKNOWLEDGE, AMPLIFY, COMPENSATE OUR SOURCES

Acknowledge
- Directly link to the work others have done

Amplify
- share on social media
- Recommend speakers
- Subscribe, review, and rate podcasts and books

Compensate
- Purchase books
- Make a donation
- Become a paid subscriber
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<th>Link</th>
<th>Brief description</th>
<th>VT-specific?</th>
<th>For child health providers?</th>
<th>For families?</th>
<th>For patients?</th>
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<th>WG 2?</th>
<th>WG 3?</th>
<th>Ideas to amplify, compensate</th>
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<td>3</td>
<td>Scaffolded anti-racist resources</td>
<td>working document to facilitate growth for white folks to become allies and anti-racists, organized by stage of white identity</td>
<td>yes</td>
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<td>donation links in document</td>
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<td><a href="https://www.theconsciouskid.org/">https://www.theconsciouskid.org/</a></td>
<td>Education, research, policy org dedicated to equity and promoting healthy racial identity development in youth</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
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<td><a href="https://www.patreon.com/theconsciouskid">https://www.patreon.com/theconsciouskid</a></td>
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<td>Action and allyship</td>
<td>Guide by Vermont State Racial Equity Advisory Panel. Not a lot that is health-specific, but ideas for advocacy at the community level.</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td></td>
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<td>Vermont state resource</td>
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L2200 - Peds 21: Fighting Racism to Advance Child Health Equity: A Call to Action

Rhea Boyd, MD, MPH, FAAP
Pediatrician, Public Health Advocate, and Scholar
Palo Alto Medical Foundation, The California Children’s Trust, COCM
San Francisco, California

Tiffani J. Johnson, MD
Assistant Professor of Emergency Medicine
UC Davis
Davis, California

Maria Trent, MD, MPH, FAAP
Chief, Division of Adolescent and Young Adult Medicine Bloomberg Professor of Pediatrics and American Health
Johns Hopkins Schools of Medicine and Public Health
Baltimore, Maryland

Jyothi Marbin, MD, FAAP
Associate Clinical Professor
Department of Pediatrics, UCSF
San Francisco, California
P3702 - Policing as a Pandemic of Trauma: Healing, Storytelling, and Justice Seeking

Plenary Speaker(s)

Cornell William Brooks, JD, MDiv
Professor
Harvard Kennedy School of Government
Cambridge, Massachusetts
Disclosure: No Financial Relationships Disclosed

H3802 - Council on Communications and Media Program

Human Rights, Youth Policing, and Advocacy: Making the Message Resonate

Speaker(s)

Shaquita Bell, MD
Medical Director - Center for Diversity and Health Equity
Seattle Children's Hospital
Seattle, Washington
Disclosure: No Financial Relationships Disclosed

Janna R. Gewirtz O'Brien, MD, FAAP
Adolescent Medicine Fellow
University of Minnesota
Minneapolis, Minnesota
Disclosure: No Financial Relationships Disclosed
L4104 - Communication Strategies to Advocate for Children in Immigrant Families

Faculty(s)

Olanrewaju (Lanre) Falusi, MD, FAAP
Medical Director of Advocacy Education; Assistant Program Director
Children's National Hospital, District of Columbia
Disclosure: No Financial Relationships Disclosed

Anisa M. Ibrahim, MD, FAAP
Pediatrician
University of Washington
Tukwila, Washington
Disclosure: No Financial Relationships Disclosed

Dermatoses in Children of Color

Latanya T. Benjamin, MD, FAAP
Pediatric dermatologist / Medical Director
Young Skin, P.A.
Coral Springs, Florida
L3100 - Talking to Kids About Racism

**Ashaunta T. Anderson, MD, MPH, FAAP**
Assistant Professor of Pediatrics
University of Southern California
Altadena, California

**Howard Stevenson**
Constance Clayton Professor of Urban Education
Human Development and Quantitative Methods Division, Professor of Africana Studies Director, Racial Empowerment Collaborative Director, Forward Promise
Philadelphia, Pennsylvania

L3400 - Protecting Children: Health Impact of Law Enforcement Violence

**Rhea Boyd, MD, MPH, FAAP**
Pediatrician, Public Health Advocate, and Scholar
Palo Alto Medical Foundation, The California Children’s Trust, COCM
San Francisco, California
L3403 - Mitigating Implicit Biases in Child Abuse Reporting

Tiffani J. Johnson, MD
Assistant Professor of Emergency Medicine
UC Davis
Davis, California

L3500 - Bias Towards Indigenous Patients and Families in Healthcare Settings

Melissa Lewis, PhD, LMFT
Assistant Professor
University of Missouri School of Medicine

Disclosure: No Financial Relationships Disclosed
H3805 - Section on Minority Health, Equity, and Inclusion Program
Dissecting Health Disparities: Examining the Intersection of Policy, Law, and Racism

Alden M. Landry, MD
Assistant Dean, Office for Diversity Inclusion and Community Partnership
Harvard Medical School
Boston, Massachusetts

Aswita Tan-McGrory, MBA, MSPH
Director
The Disparities Solutions Center at Mass General Hospital
Boston, Massachusetts

Joel Teitelbaum, JD
Associate Professor of Public Health and Law
George Washington University

Disclosure: No Financial Relationships Disclosed

P4300 - Practicing Socially-Responsive Pediatrics: Why Health Equity Begins in Communities Not Clinics

Omolara Thomas Uwemedimo, MD, MPH
CEO, Strong Children Wellness
Associate Professor of Pediatrics, Zucker School of Medicine at Hofstra/Northwell
New Hyde Park, New York
P4302 - Anti-Racism in Health Care

Ibram X. Kendi
Andrew W. Mellon Professor in the Humanities at Boston University

H4403 - Joint Program: Council on Child Abuse and Neglect and Section on Minority Health, Equity, and Inclusion

Taking a Time Out: Cultural Approaches to Discipline

Elizabeth T. Gershoff, PhD
Amy Johnson McLaughlin Centennial Professor
University of Texas at Austin
Austin, Texas

Allison M. Jackson, MD, MPH, FAAP
Associate Professor of Pediatrics
Children's National Hospital
Washington, District of Columbia

Anu Partap, MD
Medical Director, Health Equity
Cook Children's Health Care System
Fort Worth, Texas
Racial Socialization

- Cultural Pride Reinforcement
  - Improved academic, behavioral, and emotional outcomes
- Preparation for bias
  - Adolescents benefit academically & emotionally
- Promotion of mistrust
  - Negative impacts on children
Prepare to Talk About It: Raising Resister Strategy

• Read it
• Name it
• Oppose it
• Replace it

Janie Ward, the Skin We’re In, 2002
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<tr>
<th>Title</th>
<th>Speaker(s)</th>
<th>Info</th>
<th>Notes</th>
<th>Slides available?</th>
<th>WG #1 use?</th>
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<tr>
<td>L2200- Peds 21: Fighting racism to advance child health equity: a</td>
<td>Rhea Boyd, MD</td>
<td>Abolishing racism: A call to action</td>
<td>yes</td>
<td>yes</td>
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<td>call to action</td>
<td>Maria Trent MD</td>
<td>The impact of racism on child and adolescent health</td>
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<td></td>
<td>Tiffani Johnson, MD</td>
<td>A is for Anti-Racist: how pediatricians can promote racial justice</td>
<td>yes</td>
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<td></td>
<td>Jyothi Marbin, MD</td>
<td>Building diversity and inclusion in pediatric medicine: a journey</td>
<td>yes</td>
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<td>H3802- COCM Programs: Human</td>
<td>Shaquita Bell, MD</td>
<td>Criminalization of Native American youth victims</td>
<td>yes</td>
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<td>rights, youth policing, and advocacy: making the message resonate</td>
<td>Janna Gewirtz O’Brien, MD</td>
<td>of human trafficking</td>
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<td>Issues and strategies to overcome discriminatory practices in</td>
<td>yes</td>
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<td>P3702 Policing as a pandemic of trauma: healing, storytelling, and</td>
<td>Cornell William Brooks, JD, MDiv</td>
<td>Youth of color navigate a world that is not always fair or friendly.</td>
<td>no</td>
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<td>Pediatricians care for youth who have been physically or emotionally</td>
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<td>hurt following encounters with law enforcement. A growing body of</td>
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<td>data and outcry from pediatrician and youth advocates</td>
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<td>Dermatoses in Children of Color</td>
<td>Latanya Benjamin, MD</td>
<td>Faculty will discuss dermatoses occurring in more darkly pigmented</td>
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<td>skin. Photographs of cases will be used to highlight specific</td>
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<td>Olanrewaju (Lamie) Fekuti, MD</td>
<td></td>
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<td>H2602: Council on immigrant child and family health program:</td>
<td>Anita Ibrahim, MD</td>
<td></td>
<td>yes</td>
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<td>fostering multilevel resilience among children in immigrant families</td>
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<td></td>
<td>Beth Dawson-Hahn, MD</td>
<td>Effects of migration on child and family health outcomes</td>
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<td>Psychosocial adversity and supporting immigrant families in</td>
<td>Lisa Fortuna, MD</td>
<td></td>
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Vermont Chapter

INCORPORATED IN VERMONT

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Diversity, Equity & Inclusion (DEI)
Listening & Learning Sessions

Prepared for: American Academy of Pediatrics Vermont Chapter
Racial Equity Task Force
By: Stephen Graves, Senior DEI Consultant, All In Consulting
October 20, 2020
Appendix: Biography

Stephen Graves, MHA

Stephen is a Diversity, Equity, & Inclusion Consultant, Facilitator, and Strategist. He is from Greenwood, South Carolina.

He has over a decade of experience working with communities across multiple dimensions of diversity in various capacities. He has previous healthcare experience, working at the Medical University of South Carolina (Charleston, SC), Novant Health (Charlotte, NC), and the University of Vermont Medical Center (Burlington, VT). He has led projects involving DEI strategic planning, cultural humility training, language access, employee resource groups, among others.

Throughout his career, Stephen has proven to be both a systems-thinker and tactical implementer. He has a warm presence and unique ability to create safe spaces where people feel open to be authentic. He gently guides clients to see opportunities in the midst of challenges and view problems as potential for growth. His philosophy is to lead and support clients with kindness, respect, and patience.

Stephen completed his Masters in Health Administration at the Medical University of South Carolina and holds an Executive Certificate in Strategic Diversity and Inclusion Management from Georgetown University.
LISTENING SESSIONS

Two listening session in December (12/8/20 and 12/14/20) with VT BIPOC youth

Facilitated by Stephen Graves

Dr. Maya Strange, Child and Adolescent Psychiatrist, also joined

Participants shared experiences with medical home/medical care

Themes:
- Language barrier especially with parents
- More anticipatory guidance/support around sexual health and mental health
- Lack of diversity of providers
- Micro-aggressions
- If asking about experiences of racism/discrimination will need training and context
NEXT STEPS

Review Listening Session findings with full Task Force
Working groups to review deliverables
Plan for additional Listening Sessions in the spring
Will need to focus on ongoing training, identifying practice champions
Role of community consultant in voluntary tailored review for practices?
GUIDING PRINCIPLES

We are all learning

We have a lot of work to do

There are experts nationally and within our community – we should seek out and amplify their work

Acknowledge, Amplify, and Compensate our sources