



Vermont  
Medical  
Society

2020-2021

THIRD THURSDAY  
WEBINAR SERIES

12:00 *pm* to 1:00 *pm*



## **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](http://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)*<sup>TM</sup>. 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

Did this activity receive any commercial support? Yes No

*(The CMIE staff do not have any possible conflicts)*

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# Health Equity a VMS Priority

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## AAP-VT TASK FORCE ON RACE & HEALTH EQUITY

Rebecca Bell, MD, MPH  
AAP-VT Chapter  
VMS Webinar  
2.18.21

# OVERVIEW

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

# DISCLAIMER & SOME OPINIONS

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



Tue, 06/02/2020 - 12:39pm --

**Vermont Business Magazine** The physicians and physician assistants of the Vermont Medical Society (VMS) denounce the recent brutal and senseless acts of violence towards Black people by law enforcement officers and acknowledge the impact systemic racism has in driving adverse health outcomes in Vermont and across the nation.

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<sup>2</sup>, 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.



# 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?



**Stephanie Winters, Deputy Executive Director**

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

# PEDIATRICS<sup>®</sup>

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

From the American Academy of Pediatrics Policy Statement

## The Impact of Racism on Child and Adolescent Health

Maria Trent, Danielle G. Dooley, Jacqueline Dougé, SECTION ON ADOLESCENT HEALTH, COUNCIL ON COMMUNITY PEDIATRICS and COMMITTEE ON ADOLESCENCE

Pediatrics August 2019, 144 (2) e20191765; DOI: <https://doi.org/10.1542/peds.2019-1765>

## 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

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## How Pediatricians can address and ameliorate the effects of racism on children and adolescents

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- 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.

# OPTIMIZING CLINICAL PRACTICE

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



# VT VOICES, STORIES OF 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

**F**rom 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



AAP-VT Task Force on Race and Health Equity **.XLSX** ☆ 📁 ☁

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1				
2		<b>Link</b>	<b>Notes</b>	
3		<a href="#">Brave Little State "Why is Vermont So Overwhelmingly White?"</a>	History and personal interviews, including experiences as youth of color in VT.	
4		<a href="#">What does racism look like in VT?</a>	Vermont Edition	
5		<a href="#">Breakdown in Bennington</a>	VPR series examining the story of Kiah Morris, the second black woman to be elected to the VT legislature, and her resignation after becoming the target of a white nationalist who lives in her district.	
6		<a href="#">Kiah Morris speaks</a>	Kiah Morris speaks about her experiences as a black women in Vermont	
7		<a href="#">Earl Ransom speaks</a>	Earl Ransom speaks to VPR about life as a black dairy farmer in VT	
8		<a href="#">Why are there so many African-Americans Incarcerated in Vermont?</a>	Brave Little State	
9		<a href="#">Racism – And Anti-Racism – In Vermont</a>	VT Edition, interview with Xusana Davis	
10		<a href="#">Talking with kids (and parents) about systemic racism</a>	VT Edition, with educators	
11		<a href="#">But Why: A discussion about race and racism</a>	A podcast for kids	
12		<a href="#">Representation Fatigue</a>	Kiran Wiqar, VT Youth, on representation fatigue	
13		<a href="#">Muslim Girls Making Change</a>	VT youth on VPR	
14		<a href="#">Chistel Tonoki speech</a>	High school senior at CVU 2020 graduation speech	
15		<a href="#">Someday I will rest but for now, I am a Black father</a>	Marlon Fisher, board member of Dad Guild	
16				

# 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?

# COMPENSATION

## 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

## AAP News

AAP groups, members honored at Annual Leadership Forum

April 18, 2019

### **Outstanding Chapter awards**

#### *Small Chapter - Vermont*

Jill Rinehart, M.D., FAAP, president

Rebecca Bell, M.D., FAAP, vice president

Stephanie Winters, executive director



Winners of Outstanding Chapter Awards gather during the Annual Leadership Forum. Bottom row



# 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



## 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

AP

**Anu Partap, MD**

Medical Director, Health Equity  
Cook Children's Health Care System  
Fort Worth, Texas

# Racial Socialization



## Commentary

### Helping families navigate race issues should be ongoing conversation

by **Arthur T. Anderson, M.D., MPH, MSHS, FAP**  
and **Angie W. Ellison, Ph.D., MSc, FAP**

As pediatricians, we have committed our lives to ensuring the well-being of all children. We have taken a stand against health hazards such as childhood poverty and gun violence. However, when it comes to racial-based violence, we have remained silent.

Although the Academy has provided resources on race issues on its website (<http://bit.ly/1U3M419>), additional advocacy, education and action need to be initiated, given the massive rates of race-based deaths. It is time for us, as pediatricians, to take a strong stand against the violence that is blighting the lives and sense of security of our young Black patients.

Pediatricians occupy a strategic position between families who face race-based victimization and the medical establishments charged with protecting all children. As providers within complex systems, we understand that broken systems often pose a greater threat than the individual people within those systems. A structural position must be addressed with systemic-level solutions. The current crisis has generated a moment in which the pediatric institutions may leverage its critical position and professional influence on the behalf of all racially and ethnically marginalized children.

One promising approach that pediatricians can employ to address these issues of discrimination is cultural socialization. Studied for decades in the social sciences, cultural socialization refers to the process by which children learn to navigate race issues. It has chiefly been explored in the work of minority parents who help their children adjust to a racially biased world.

However, there is a role for each of us to play, actively and passively, in raising parents and non-parent alike. Children receive race-based messages, both verbal and nonverbal, from a variety of sources. The recent coverage of violence against Black men, women and children has certainly communicated a negative and racially charged message. Unfortunately, silence and inaction communicate a message as well, one of indifference at best or apathy at worst.

The good news is that negative messages about race may be addressed with healthy racial socialization messages. These messages can be integrated into the usual anticipatory guidance that pediatricians provide for families. For instance, one well-studied racial socialization strategy is called cultural pride socialization. This strategy helps children to learn and value their cultural heritage. It has been associated with improved academic, behavioral and mental health outcomes for children of all ages. Discussions of race (one might argue) helps parents help children understand the stereotyped images of people of color. Providers may offer that parents introduce positive cultural representations in the context they can receive child school materials.

A second racial socialization strategy is called preparation for bias. In addition to raising children about the potential for race-based bias, this strategy requires the discussion of coping tactics. The research focused on outcomes for young children, but studies show that adolescents benefit academically and emotionally. Pediatricians can discuss this information with parents whose children receive positive for race-based bullying or differential treatment.

It is important to note that a different kind of racial socialization—parentification of children—provides warnings of race-based victimization without coping strategies. This has been found to be detrimental to the children of various ages. Parents should be guided away from protection of children, limited to self-advocacy.

Just as conventional anticipatory guidance gives several office visits with iterative dialogues, helping parents and children navigate race issues should be an ongoing conversation. Providers should strive to meet family needs in this area and provide resources. Some parents may prefer resources and education approaches that provide such critical information on cultural differences or culture on the subject of race, but the evidence base is less clear for these topics.

Many groups offer resources and support to parents and families who are either victims of racial violence or experience difficulty navigating racial issues, including the NMAA Child's Defense Fund and the National Urban League. Collaboration also is needed with other groups of child health professionals such as psychologists, nurse practitioners and family medicine physicians. Partnering with these groups can directly see outreach efforts and assist on building strategies and more formalized communication. The formation of these partnerships is a means for their expansion.

As pediatricians, our core values recognize discrimination as a social evil. When it comes to the health of all AAP members, we support the development of policies and action plans that address issues of discrimination with all patients and families. When pediatricians engage these difficult topics with parents, we begin the important work of transforming a negative dialogue of racialized victimization into a collective celebration of this country's increasing diversity.

*Dr. Anderson is an assistant professor at the University of California, Riverside School of Medicine, and a health policy executive at RAND Corporation. Dr. Ellison is an assistant professor at the Children's Hospital of Philadelphia, Perelman School of Medicine at the University of Pennsylvania. Drs. Anderson and Ellison are members of the Academy Pediatric Association Race in Medicine Special Interest Group.*



Dr. Anderson Dr. Ellison

- 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



Maria Trent, MD, MPH  
Bloomberg Professor of Pediatrics & American Health  
Division of Adolescent/Young Adult Medicine  
Johns Hopkins University

*Janie Ward, the Skin We're In, 2002*



Title	Speaker(s)	Info	Notes	Slides available?	WG #1 use?	WG#2 use?	Did you submit evaluation?	Work cited in AAP-VT deliverables?	Compensate individuals as a task force?
							BB		
L2200- Peds 21: Fighting racism to advance child health equity: a call to action	Rhea Boyd, MD	Abolishing racism: A call to action		yes			BB		
	Maria Trent MD	The impact of racism on child and adolescent health		yes			BB		
	Tiffani Johnson, MD	A is for Anti-Racist: how pediatricians can promote racial justice through clinical practice		yes			BB		
	Jyothi Marbin, MD	Building diversity and inclusion in pediatric medicine: a journey of personal and institutional transformation		yes			BB		
H3802- COCM Program: Human rights, youth policing, and advocacy: making the message resonate	Shaquita Bell, MD	Criminalization of Native American youth victims of human trafficking		yes			BB		
	Janna Gewirtz O'Brien, MD	Issues and strategies to overcome discriminatory practices in school-based discipline		yes			BB		
P3702 Policing as a pandemic of trauma: healing, storytelling, and justice seeking	Cornell William Brooks, JD, MDiv	Youth of color navigate a world that is not always fair or friendly. Pediatricians care for youth who have been physically or emotionally hurt following encounters with law enforcement. A growing body of data and outcry from pediatrician and youth advocates have shined a light on this public health crisis.		no			BB		
Dermatoses in Children of Color	Latanya Benjamin, MD	Faculty will discuss dermatoses occurring in more darkly pigmented skin. Photographs of cases will be used to highlight specific differences.		yes			BB		
L4104 - Communication strategies to advocate for children in immigrant families	Olanrewaju (Lanre) Falusi, MD			yes			BB		
	Anisa Ibrahim, MD			yes			BB		
H2602- Council on immigrant child and family health program: fostering multilevel resilience among children in immigrant families	Beth Dawson-Hahn, MD	Effects of migration on child and family health outcomes		yes			BB		
Psychosocial adversity and supporting immigrant families in pediatric practices	Lisa Fortuna, MD			yes			BB		



## **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 sessions 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