<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter from Eileen Whalen</td>
<td>2</td>
</tr>
<tr>
<td>A Champion for the Champions</td>
<td>2</td>
</tr>
<tr>
<td>Opening Our Perspectives Ryan Polly’s Life Journey Fuels His Work</td>
<td>3</td>
</tr>
<tr>
<td>“The Right Thing to Do” A Conversation with Laurie Gunn, VP,</td>
<td>4–5</td>
</tr>
<tr>
<td>Employee, Patient &amp; Family Experience</td>
<td></td>
</tr>
<tr>
<td>Serving New Americans</td>
<td>6</td>
</tr>
<tr>
<td>Taking a Stand on the Detention of Immigrant Children</td>
<td>7</td>
</tr>
<tr>
<td>The UVM Children’s Hospital Pediatric New American Clinic</td>
<td>7</td>
</tr>
<tr>
<td>Project SEARCH Shines Spotlight on Success</td>
<td>8</td>
</tr>
<tr>
<td>Leadership Training Program Supports EDI Work</td>
<td>9</td>
</tr>
<tr>
<td>A Personal Journey Fuels Professional Success</td>
<td>10</td>
</tr>
</tbody>
</table>
Dear Colleagues:

Welcome to the June issue of ONE. This issue is devoted exclusively to our Equity, Diversity and Inclusion work – a cross-organizational effort to recognize our differences, make all feel welcome, and encourage communication and collaboration.

Our focus on this work resonates with who we are as an organization - and what we aspire to be. The UVM Medical Center is built on the concept of equity, one that has been in the news a bit more of late, but one that is timeless. In this issue, you will learn about the many ways in which we are addressing the differences that define us, and working together to improve systems so that all of us who work here and all those who come to us for care feel valued and respected.

I hope you will take the time to read this issue, to better understand what we are doing, why we are doing it and what it means for our future.

Eileen Whalen, MHA, RN
President, UVM Medical Center

Rising to Our Potential

Growing up in South Carolina, Stephen Graves found an extended family at Mt. Moriah Church.

But he noticed something that didn’t seem quite right: a nearby church with a similar name had an all-white congregation. He asked his mother: why are we separate if we worship the same God?

It’s a question that captures the tumult of generations, and one that ended up bringing Stephen to the UVM Medical Center to manage our Equity, Diversity and Inclusion program.

As Stephen began thinking about college and a career, his father, who was principal of a local vocational school, nudged him towards health care. At first, he considered sports medicine and physical therapy, but he wasn’t sure he had the stomach for hands-on clinical care.

Through his college years, certain individuals made an impression: a former vice president at a local hospital spoke about the importance of serving humanity; during an internship at a disabilities and special needs facility, he learned about the importance of team morale. Finally, a professor showed a chart outlining the disparities in patients with diabetes: black patients are three times as likely to have an amputation.

“Our professor said, ‘it’s our job to fix these disparities.’”

These experiences provided the foundation for Stephen’s sense of purpose. “My hope is for all of us to draw strength in recognizing and appreciating our differences as a means to improve health, and ultimately, rise to our full potential.” As program manager, he will work with the EDI team to ensure that the programs are robust, outcomes are being improved, and that we are recruiting and retaining a diverse community of employees.

“I feel like this job is the manifestation of my life experience,” he says. “It’s what I’m supposed to be doing.”
A constellation of emotions and life passages frame Ryan Polly’s passion for promoting diversity, equity and inclusion in health care.

As a trans man who has experienced the technological advances of health care – and the sometimes uncomfortable moments that arise from biases and misunderstandings – Ryan believes that each one of us has an opportunity and a responsibility to learn how to treat one another in terms of who we really are.

Ryan’s personal story begins in San Diego, then veers north to the Pacific Northwest, where, growing up with a strong, compassionate mother he was given many opportunities to experience and cherish a breadth of diversity.

At the same time, he always felt that something was off. He wasn’t quite comfortable with who he was, but he couldn’t identify why. It wasn’t until after his mother had died, when he was in his early 20s and struggling, that he met a trans person at an Alcoholics Anonymous meeting. From that moment, he says, “I just knew.”

Fairly soon after, he began thinking about transitioning – but there was some trepidation. He had two young children, and he worried that they would suffer repercussions of this transformation. While working with a therapist, Ryan was asked, “do you want to teach your kids to live an honest, authentic life, or would you rather they watch you live a lie?” A question that gave Ryan the strength to move forward.

In his mid-20s, Ryan went through the medical and surgical process to transition from female to male embodiment. In 2008 he moved to Vermont, where, after first taking a job in radiology with Fletcher Allen, he transferred to Learning and Development. He’s been there ever since.

As manager of Leadership, Learning and Equity, Diversity and Inclusion, Ryan feels that his life experience – as a trans man, as a father and step-father to five children, and as a patient – gives him a strong foundation for his work.

He feels strongly that acknowledging and understanding our differences is only a part of what it means to become a more equitable and inclusive organization. “It’s equally important to be aware of and to challenge our biases, because we all have them.”

Looking forward, he is excited about the roll-out of the Equity, Diversity and Inclusion five-year strategic plan. As that work unfolds, he hopes to see an opening of perspectives for all of us.

“I like to think of it as being more heart-centric in everything we do. My dream is that, in learning to be more aware of our biases and in being more inclusive, we can have even better outcomes.”

RYAN POLLY
MANAGER OF LEADERSHIP, LEARNING AND EQUITY, DIVERSITY AND INCLUSION
“The Right Thing to Do”

A Conversation with Laurie Gunn, VP, Employee, Patient & Family Experience

Q: How did we start down this road for the Equity, Diversity and Inclusion (EDI) Program?
A: There really wasn’t one moment or epiphany – it was a series of things. One of the biggest drivers was that our community was changing. As the largest private employer and provider of health care in the state, it was becoming obvious that we needed to change as well. As we started on this journey toward creating a more formal framework, we were not surprised to find a lot of people in our organization and at our partners at the University of Vermont, who were already doing this work both internally and in the community. We have so many passionate and focused colleagues who have been making a difference in health equity, patient experience and our own internal culture in so many ways.

We wanted to support and advance the work already being done by creating an underlying infrastructure, where everyone starts from the same place and you build from there. We knew that we needed to make equity, diversity and inclusion a value and an expectation.

Honestly, when I stepped in to lead this work as the executive sponsor over four years ago, my focus was much more about making sure we had all the right programs in place. I’ve grown so much and have been touched personally by all I’ve learned and experienced in this work. I have a much deeper appreciation for why it’s so important. I realize that there is a deep human need to be seen, heard and respected for who we are as unique and amazing individuals. It’s the desire to create a sense of belonging and inclusion that drives me now. I recognize if we succeed in this work it’s much less about our “programs” and much more about the way we are made to feel when we step into this organization every day, whether we provide care or receive it.

Q: How does this work connect with our efforts to provide patient- and family-centered care?
A: The core concepts of patient- and family-centered care are dignity, information sharing, participation and collaboration. These elements are also the foundation for the work of diversity and inclusion. It’s about understanding someone, their background, their beliefs, their hopes and fears and engaging them fully, so they feel respected and valued. So, for me, EDI is an essential is part of providing patient- and family-centered care. We have to understand ourselves, each other as colleagues, as well as our patients and families. If we don’t do that work, if we don’t have a culture where each of us feels valued and respected, we can’t be fully inclusive as a community.

Some of this goes back to the platinum rule, which takes the golden rule – “treat others as you would like to be treated” - one step further: treat others as THEY want to be treated. Because not everyone is the same, and not everyone has the same expectations around what’s important to them and makes them feel cared about and accepted.

Q: Can you give an example of how a focus on diversity and inclusion can improve our culture?
A: Inclusion is a powerful thing. The phrase often heard in patient care is “nothing about me without me.” This can just as easily be applied...

Continued on page 5
within our own departments and work areas. As leaders we need to demonstrate how we value and appreciate the talents of our staff by engaging and trusting them to help create innovative ideas and solutions to enhance patient and family experience, advance quality and operational improvements and refine and influence the cultural experience for all members of this organization.

Regardless of our role, we also need to challenge ourselves to seek out perspectives that may be very different from our own. Being curious and open to those different perspectives not only improves outcomes, but it enhances our relationships. It’s about stepping out of our comfort zone to welcome different ways of thinking and value different voices.

Q: Any final thoughts?
A: I want to re-focus on the “why” of this work. This is not something we’re doing because we have to do it. We are doing this because it’s the right thing to do! We understand that if our staff, clinicians and leaders truly feel a sense of belonging, engagement and pride they will stay with us, love what they do and create the best possible experience for our patients and families.

“And, equally important, when we hire someone who comes from a different background, do we make them feel valued for their unique perspectives or do we expect them to just fit right in with the status quo”

LAURIE GUNN

Read the EDI Strategic Plan
What is the University of Vermont Medical Center’s Equity, Diversity and Inclusion Strategic Plan, and how does it affect the future of the UVM Health Network?
Learn all about our Equity, Diversity and Inclusion Strategic Plan.
Questions? Email edi@uvmhealth.org

COMPLIANCE & PRIVACY DEPARTMENT INFORMATION
The UVM Medical Center has established a confidential disclosure mechanism through its Integrity and Compliance Hot Line, a toll-free telephone line, to enable employees, residents, staff and patients to report instances of noncompliance and/or make inquiries on compliance issues. The Compliance Hot Line can be reached at: (800) 466-7131 or (802) 847-9430.

FACES of The University of Vermont Medical Center

ISLANE LOUIS, RN
Staff Nurse II
Inpatient Psychiatry
“My philosophy of care is rooted in my undeniable devotion to go hand-in-hand with patients in their journey to recovery.”
Serving New Americans

Economic, social and political disparities have defined the lives of many patients at the UVM Children’s Hospital Pediatric New American Clinic.

One of the many concepts guiding Andrea Green, MD, in her work for the clinic is the concept of “cultural safety.” Dr. Green says her role – and that of the clinic team – is to demystify the relationship between caregiver and patients, shifting the dynamic so that the relationship is shared between the family and the caregiver, and patients can feel free to be their authentic selves with their providers.

This shift not only improves the relationship between caregiver and the patient and family – it makes for better care overall.

“Everyone loves their children,” says Dr. Green. “Everyone would do anything to protect their children. That is universal. It is our responsibility as caregivers to partner with these families to help them protect their children. Earning their trust is an essential part of this equation.”

This work extends beyond hospital walls. The team recently put on its 5th annual New American Safety Festival, where providers offer information on car seat and bicycle safety and other aspects of daily life. Camp Splash was started by a former Pediatric resident, John Cole, MD, in partnership with the YMCA, to help refugee kids learn to swim.

“All Are Welcome” Symbolism is an important part of their work as well. Late in 2016, Dr. Green partnered with Burlington High School (BHS) International Club to develop an “All Are Welcome” Symbol that would demonstrate support for our refugee population. The BHS students developed the symbol of a dove sitting in a nest of hands, symbolizing migration, peace, and welcoming.

That symbol is now on display at the UVM Children’s Hospital Pediatric Primary Clinic and in shops and schools throughout the state and around the country. Dr. Green and Radhika Tamang, a BHS student, presented the symbol and the work behind it at the American Academy of Pediatrics (AAP) Annual Leadership Forum in 2017, where all 50 states are represented. As a result, and with the support of the AAP Section on Pediatric Trainees, the symbol is now on display at hospitals as far away as California.

“It started here in Burlington – and now you can see it around the country,” says Dr. Green. “But more important, it’s a symbol that speaks to the power of testimonial therapy. In the process of developing and advocating for this symbol, kids who were really afraid to speak out have found their voice.”

"It’s a symbol that speaks to the power of testimonial therapy. In the process of developing and advocating for this symbol, kids who were really afraid to speak out have found their voice.”

ANDREA GREEN, MD
Taking a Stand on the Detention of Immigrant Children
By Rebecca Bell, MD, MPH

We at the UVM Medical Center and our Children’s Hospital stand with our colleagues from around the country in opposing the inhumane detention of immigrant children at the southern border.

The recent enactment of a “zero tolerance” policy by the Trump administration has resulted in an alarming increase in the detention of children crossing this border. Since May, over 2,000 children have been separated from their parents, and while the Trump administration has promised to end the forceful separation of children from parents, it is currently vowing to continue the practice of placing families in detention.

The negative effects of detention - and the toxic stress that it causes - are well-known to pediatricians and child health experts. Further, it is important to remember that the vast majority of children crossing the southern border are fleeing violence. Placing families in detention centers or separating children from their parents only adds to an incredibly traumatic situation.

As pediatricians, we bear witness every day to the incredibly powerful bond between parents and children. We know that parents are willing to go to great lengths to provide them with a safe and nurturing environment. Instead of detaining and separating families, children and their parents should be placed in community-based case management programs while navigating our legal immigration system. In the past, these programs have allowed children to learn and grow in a supportive environment.

We thank our political leaders who have spoken out against this mistreatment of children at the border, and we urge the Vermont Congressional Delegation to vote against the Border Security and Immigration Reform Act and against any legislation that allows for prolonged detention of children or rolls back protections for asylum seekers.

Learn more about the effects of toxic stress on children.

Rebecca Bell, MD, MPH, is a pediatric critical care physician at the UVM Children’s Hospital, an assistant professor of Pediatrics at the Larner College of Medicine and vice president-elect of the Vermont Chapter of the American Academy of Pediatrics.

“Placing families in detention centers or separating children from their parents only adds to an incredibly traumatic situation.”

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LAUREL AUDY, RN
Palliative Care Specialist, Palliative Care

“I love this work that I do – it is the epitome of the ‘art and science’ of medicine. Sometimes I am the teacher; but mostly I am the student.”
The UVM Children’s Hospital Pediatric New American Clinic

Throughout the year, the UVM Children’s Hospital Pediatric New American Clinic goes beyond check-ups and vaccinations to help refugees learn how to cope with the unfamiliar risks of life in the US. Here, some images from their 5th annual New American Safety Festival.
Project SEARCH Shines Spotlight on Success

Starting in August of this year, UVM Medical Center will become an official Project SEARCH host site, offering a group of high school seniors with developmental disabilities the opportunity to serve in unpaid internships in areas around the organization, learning specific marketable work skills.

This program is made possible through the collaborative efforts of UVM Medical Center, South Burlington High School and the Howard Center, and aims to demonstrate how this inclusive work experience benefits us all.

The Project SEARCH program will be piloted in the following areas: Facilities, Nutrition Services, Finance, Supply Chain and Human Resources. Each of the interns – who are selected through a competitive process that includes an interview and job skills test – will participate in three 10-week internships in the areas identified above.

The criterion for acceptance reflect the primary goal of the program, which is to ensure success for the participants and for the organization. “We are looking at things like, do they have the basic skills to build on?” says Cathie Buscaglia, of the Howard Center. “Can they take direction? We want to set them up for success.”

Framing the workday will be classroom support, with a teacher and two career coaches from the Howard Center, who provide direction and coaching, tailored to each participant’s needs.

The goal is to help these young people find competitively paying jobs with a minimum of 16 hours per week by the end of the year.

Beyond that, though, there are the immeasurable benefits for all involved. Buscaglia has seen immense rewards for staff working alongside these young people. “From their first day to their graduation, it is truly amazing to see these students be transformed by this experience. But, in addition, it’s also been rewarding for the people working alongside these students. It’s remarkable to see!”

MYKA MCKINNON, LNA
Licensed Nurse Assistant
Inpatient Ortho/Urology

“Being an LNA has always been my heartfelt passion. I know I can make a difference by caring for people with compassion, understanding and a positive attitude. Doing this can empower others.”

A Project Search employee working at The Edge in South Burlington.
Leadership Training Program Supports EDI Work

The Compass Leadership Program is an interactive, collaborative process designed for leaders at the UVM Medical Center. Many of the themes in the program center around creating spaces of connectedness and a sense of belonging, where participants can feel safe being vulnerable. These are synonymous with the spaces that we’re trying to create/enhance through the EDI efforts.

Hear from some leaders about how the Compass Program training has helped them create an environment of inclusion:

“It has been a great experience overall and it is bringing my team closer together as we all become more authentic with each other.”

EVE JOHNSON
MANAGER, NURSING WORKFORCE

“The Compass program helped me develop as a leader by promoting open and effective communication through actively listening to what each person has to say as well as understanding how they feel. This has allowed members of my team to grow as individuals and together as a team by feeling comfortable being themselves; while knowing and respecting that each of us comes from a different background and walk of life. This has helped foster an environment where individual ideas and contributions have sparked innovation collectively as a team.”

NATE JEWETT
MANAGER, NETWORK AND TELECOMMUNICATIONS

“I was on the Compass team that explored ways of building trust and having vulnerability with each other to build connections, so that you can be the leader that you want to be. It was transformational.”

SUSIE POSNER-JONES
DIRECTOR, DEVELOPMENT POPULATION HEALTH INITIATIVES
A Personal Journey Fuels Professional Success

For many of us, accepting who we are is a long and difficult road, marred by insecurity and angst. So it was for Kevin Richmond, whose struggle to come to terms with his identity has lent an unexpected richness and depth to his life, both personally and professionally.

Growing up Deaf, Kevin had difficulty when he began experiencing symptoms of blindness as a result of Usher syndrome, an inherited condition that affects hearing and vision. Initially he was reluctant to identify as DeafBlind. “I wasn’t comfortable with it,” he says today, “and I felt isolated and alone as I grappled with defining myself in those terms.”

It was during a trip to Seattle, where Kevin underwent a “cultural immersion” in what it means to be DeafBlind – that he, quite literally, turned his life around. “I spent two weeks learning about what’s effective for DeafBlind people, and I learned how to rely on support services. It was a revelation,” he says.

Kevin’s journey has informed a robust career, first teaching ASL at UVM and working with the UVM Medical Center to help us improve access for our Deaf and DeafBlind population. “It’s so important to do this education in hospital settings,” he says. “In some cases, the issue of access can be the difference between life and death.” He’s now also on the board of the Usher Syndrome Coalition, where he assists in producing videos for outreach and training.

From this experience, Kevin has started his own business, ASL and DeafBlind Consulting and Services, LLC, through which he hopes to help organizations around the country provide education for staff in how to provide full access for the Deaf and DeafBlind populations. “It’s really about consciousness-raising,” he says. “In a way it’s about giving people a sense of what it would be like to be in my shoes. There’s tremendous value in sharing that perspective.”

HELPING OUR PATIENTS IDENTIFY COMMUNICATION NEEDS

Working in consultation with the local Deaf community, Language Access Services has helped us develop cards that allow our patients and family members to identify their communication needs. The cards, which look like a typical business card, provide contact information for our Office of Patient and Family Advocacy and our Interpreter Coordinator. On the back of the card, you can check a box indicating whether you are Deaf, DeafBlind or Hard of Hearing, and indicate other needs.

“It’s so important to do this education in hospital settings. In some cases, the issue of access can be the difference between life and death.”

KEVIN RICHMOND