

DEI newsletter

SEPTEMBER

THE SOS DEI COMMITTEE: YEAR ONE

In the last year, SOS formed its DEI Committee. Since the inception of the DEI Committee, the committee has established a purpose and committed to the NYS Business equity pledge, made handbook adjustments (tattoos, hair color, piercings, adding gender-inclusive verbiage, sneakers, etc.), started monthly company education via the DEI newsletter, and began to look at and revamp our hiring practices (where are we posting ads, what message are we sending in the ads, etc). The DEI Committee continues to work towards a more inclusive, supportive, positive work environment for SOS.

DEI Purpose Statement

SOS as a medical practice and a contributor to the local community is committed in its support of diversity, equity, and inclusion. SOS seeks to build patient and team-member relationships among individuals of all ages, races, ethnicities, genders, and sexual identities that fully represents many cultures, backgrounds and viewpoints and thereby cultivate a culture of tolerance where all feel welcome.

DEI Committee Members

Shelly DeVries, Primary nurse to Dr. Battaglia

Yolanda Brown, Gatekeeper, site 18

Helena Capone, Team Lead Patient Reps, Site 14

Victoria Rolls, Spine Scheduling Supervisor Site 15

Melissa Patnella, DPT Site 23 and SODS

Melissa Butler, NP

Daniel Wnorowski, MD

Naven Duggal, MD

Michael Humphrey, CEO

Cheryl Holdrege, Director of HR

Nicole Chidsey, Marketing, Communications, & Relations Manager

Diana Jones, RN Sr Manager

And a warm welcome to our newest DEI Members:

Lindsay Brown ("LB"), Assistant Manager for SODS PACU

Courtney Druschel, Patient Greeter site 14

Robecca Schermett, ASC Facility Biller

Renee Mulholland, Facility Biller Heritage One Day Surgery Center

Jenna D White, Patient Representative site 14

The SOS DEI committee recognizes that there is still a need for development in the understanding and prioritization of diversity, equity, and inclusion within our company. If you have any thoughts, questions, or concerns regarding this, please reach out to any of the DEI members listed above.

September is National Suicide Prevention Month

START THE CONVERSATION

Talking about mental health and suicide can be an uncomfortable and uncertain topic that can bring up different feelings, beliefs, and attitudes for everyone. Changing the Narrative on Mental Health and Suicide, empowers conversations to start in the hopes to change perceptions of mental health towards hope and resilience.

- Having conversations around mental health can sometimes be uncomfortable, but it can also make a big difference. Not sure where to start? Check out these tips and tools from [Seize the Awkward](#) to help you start the conversation and what to do during and after the conversation.
- Changing the narrative of how we talk about mental health and suicide can decrease the risk of people experiencing struggles and increase the likelihood that they will seek help! This resource on [Safe Messaging Around Suicide](#) will provide guidance on how to safely talk about mental health and suicide.

CHECK IN ON YOURSELF

We all experience tough days or even weeks due to physical, emotional, financial, or social problems. This means that sometimes we experience mental health struggles. When we experience struggle, it is important to learn how to listen to ourselves, body, feelings, and thoughts. Understanding how we are affected by life's stressors and struggles, will help us to identify when and how to reach out for help.

- Support your health by building your own resource toolkit. [The JED Foundation](#) has resources related to specific feelings and experiences people struggle with. Check it out and fill up your resource toolkit with new knowledge and coping strategies.
- Taking a [mental health screening](#) is one of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition. Mental health conditions are treatable, and healing is possible.
- You don't have to go through struggles on your own. The [988 Suicide & Crisis Lifeline](#) has resources available to help yourself find hope, help and healing no matter your level of need.

YOU MATTER. DIAL 988.

- 988 is the Suicide & Crisis Lifeline that offers 24/7 access to trained crisis counselors who can help people experiencing mental health related distress. That could be: thoughts of suicide, mental health or substance use crisis, or any other kind of emotion distress.
- People can call or text 988 or chat [988lifeline.org](#) for themselves or if they are worried about a loved one who may need crisis support.
- To reach the Veterans Crisis Line, dial 988 and press 1. Calls will route to the same trained Veterans Crisis Line responders. The Veterans Crisis Line will still be available by chat ([VeteransCrisisLine.net/Chat](#)) and text (838255).
- 988 Fact sheet: <https://www.samhsa.gov/sites/default/files/988-factsheet.pdf>

FOR HELPING OTHERS

- If someone you know is struggling emotionally or having a hard time, you can be the difference in getting them the help that they need. The [988 Suicide & Crisis Lifeline](#) has resources on some warning signs that may help you determine if they need help, and resources on how you can help them.
- Offering support is one of the best things that we can do to help friends, family, and colleagues through difficult times. However, it can sometimes feel uncomfortable, daunting, or just plain awkward. The Roadmap to [Friends Supporting Friends](#) that gives ideas on what support can look like, how to offer support, and where to begin.
- If you think someone is thinking about suicide, assume you are the only one who will reach out. [The American Foundation for Suicide Prevention](#) has resources available on what to do when someone is at risk and ideas on how to manage mental health conditions.

SEPTEMBER IS NATIONAL DEAF AWARENESS MONTH

DEAF AND HOH COMMUNITY

The Deaf and Hard of Hearing (HoH) community is complex. The rich diversity within this community is determined by how an individual identifies. There are variations in how a person becomes deaf or hard of hearing. Many folks also consider their level of hearing, age of onset, educational background, communication methods, and cultural identity when identifying themselves. How people label themselves is extremely personal. For example, some people believe that the term "people with hearing loss" is inclusive and efficient. However, some people who were born deaf or hard of hearing do not think of themselves as having "lost" their hearing. Therefore, terms are continuously evolving, but the most commonly accepted are "deaf," "Deaf," and "hard of hearing."

THE DIFFERENCE BETWEEN DEAF AND dEAF

The National Association of the Deaf (NAD) refers to the distinction between Deaf and deaf as "the lowercase deaf when referring to the audiological condition of not hearing, and the uppercase Deaf when referring to a particular group of deaf people who share a language – American Sign Language (ASL) – and a culture." Further, hard-of-hearing (HoH) can denote a person with a mild-to-moderate hearing loss. It can also represent a deaf person who doesn't have or want a cultural affiliation with the Deaf community. Individuals can choose an audiological or cultural perspective depending upon their comfort level, mode of communication, and acceptance. Whatever way an individual decides to identify, the NAD makes it clear that they welcome all Deaf, deaf, hard of hearing, late-deafened, and deaf-blind Americans.

THE EVOLUTION AND VARIATION OF SIGN LANGUAGE

According to the World Federation of the Deaf, there are more than 200 signed languages used worldwide! Many people do not realize that sign language is not universal. Like spoken language, sign languages develop naturally within countries and communities. Sign languages are fully realized, complex languages featuring intricate grammar, syntaxes, and vocabularies. Furthermore, sign languages are divergent in countries that share the same spoken language. For example, English has three varieties: American Sign Language (ASL), British Sign Language (BSL), and Australian Sign Language (Auslan). Or consider the Spanish sign languages. Spanish Sign Language (LSE or SSL) is different in Europe and the Americas. Consequently, in Mexico, they use Mexican Sign Language (LSM). Lastly, within the Americas, there will also be further variations such as the development of Black ASL (BASL) here in the United States.

HOW TO SUPPORT THE DEAF COMMUNITY

During National Deaf Awareness Month, we encourage supporting the D/deaf community. Here are some examples:

- Recognize the achievements of deaf people, including famous deaf individuals.
- Learning ASL, even the basics, shows your family, friends, colleagues, and the community that you value their thoughts and feelings. Register here for HASA ASL classes.
- Understand that deaf and HoH individuals are just as capable, able, and intelligent as hearing individuals. While there is a difference between how D/deaf and (HoH) folks communicate, it is not a handicap or disability. Don't make assumptions, and treat everyone with compassion and equity.

LEARN MORE:

<https://www.nad.org/resources/american-sign-language/community-and-culture-frequently-asked-questions/>

<https://wfdeaf.org/who-we-are/>

<https://blog.yorks.ac.uk/mydeafculturesblog/2021/05/13/what-are-the-differences-between-asl-and-bsl/>

https://mexico.sil.org/language_culture/signed-languages-mexico

<https://projecthbw.ku.edu/uncategorized/black-american-sign-language-basl/>

https://deafunity.org/article_interview/8-famous-deaf-people-who-changed-the-world/

World Gratitude Day – September 21

Giving someone a quick note of gratitude is quick and easy, but can have a lasting, positive impact on a person's day.

The SOS DEI Committee asks that we all celebrate world gratitude day by reaching out to a coworker and expressing your appreciation to them for something positive they add to your work life or work environment.

SOS is grateful to all its employees for their hard work and dedication, every day!

If you have any questions about the content of this newsletter, have suggestions for future topics, or would like to contribute to the DEI newsletter, please contact the DEI newsletter editor in chief, Melissa Patnella, at melissa.patnella@sosbones.com OR any of the DEI committee members.