



COLORS OF CARE

*TAKING PRIDE IN AUTHENTICITY AND WELL-BEING FOR ALL
AT HOLY CROSS HEALTH*



HOLY CROSS HEALTH'S
LGBTQIA+
NEWSLETTER

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INVISIBLE BURDENS: THE MENTAL HEALTH IMPACT OF “PROFESSIONAL MASKING”

Editor's Note

BY CANDACE BUSTAMANTE, BSN, RN, BSc

May is Mental Health Awareness month, a time where we're encouraged to check in on how we're doing. But for LGBTQIA+ people, especially those in healthcare, that question isn't always black and white. It's not just *how* we're doing, but *who we're allowed to be* while doing it.

Many of us know what it's like to “mask” in professional settings. We downplay our relationships, sidestep pronouns, avoid conversations that could reveal too much. For some, this becomes so habitual that it's hard to notice when we're doing it. But the mental toll is evident. Constant self-monitoring, or what many call “professional masking”, can drain our energy and isolate us from the very communities who can provide us with mental health support. Over time, it can chip away at our authenticity, our ability to form meaningful connections, and even our joy.

In healthcare, where the stress is already high, the hypervigilance of self-editing can add another layer of burnout for LGBTQIA+ colleagues and patients. It's not always about blatant discrimination. Sometimes it's about not being seen at all.

But within this reality, lies a powerful, often underutilized tool: community.

The LGBTQIA+ community has always managed to find a way to connect between policies, in the gaps, behind closed doors, and beyond assumptions. Whether it is a reassuring nod from a fellow colleague, a shared joke about matching rainbow lanyards, or a waiting room poster that quietly affirms someone's pronouns, these little moments matter and have significant weight. These moments remind us that we are not alone.

This Mental Health Awareness Month, we're not just highlighting mental health struggles, but the things that keep us going. Joy, chosen family, solidarity, hope, and unapologetic authenticity

aren't luxuries, but central to our mental health and well-being.

It is important to note that we are more than our traumas. Resilience is not just about surviving discrimination, but creating spaces where we can flourish. Flourishing looks like bringing our full selves to work, to our patient care, and to community without fear, without exhaustion, and without apology.

So let this month be more than just a campaign. Use this time to check-in with ourselves and each other. Ask where can we unmask, even just a little bit? How can we create space for someone else to be seen? And what would it mean to prioritize joy, not just endurance?

Mental health is more than just therapy or policy. It's the culture we create, the stories we share, and it's the everyday courage it takes to live out loud in spaces not always built for us.

This May, let's honor that courage. Let's keep showing up for ourselves and for each other with connection and compassion. Because joy isn't the opposite of struggle. It's just part of the way through. 🌈

Candace Bustamante, BSN, RN, BSc is the Clinical Education Coordinator for the Community Health & Well-Being Department. With a diverse healthcare career spanning 17+ years, she is dedicated to fostering inclusivity, health, and community connection. With a passion for creating programs that make healthcare accessible and approachable, she brings both heart and expertise to her work. When not working on initiatives to improve community well-being, Candace enjoys exploring new recipes, uplifting others, and finding common ground in unexpected places.



CHOOSING GRATITUDE AS A MENTAL HEALTH STRATEGY

BY MARY CARTER WARREN, D.MIN

"At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us." This is one of my favorite quotes, attributed to the Nobel prize-winning Renaissance man, Albert Schweitzer. So many parts of this speak to me.

"At times our own light goes out..." It doesn't say our own light dims or flickers, but rather it goes out. Like the darkness of the night, like the darkness of our spirits when we can't sleep, like the "dark night of the soul" described by the Spanish mystic St. John of the Cross, it is often hard to negotiate life in the dark, haunted by the unknowability of where we are or where we are going. The proverbial "light at the end of the tunnel" assumes we can see or know that light.

"...and is rekindled by a spark from another person." We can't rekindle the light ourselves, but it is rekindled by a spark from another. Who has rekindled my light over the course of my life? How was it rekindled – by kindness, by a gesture, by a stranger, by an affirmation, by a child's laughter, by an undeserved mercy? The kindness of a third-grade teacher, the laughter and joy of a child, the deep embrace of a loved one, the inclusion by a stranger in a new environment, the silent non-judgmental listening of a friend – all sparks in the darkness.

"Each of us has cause to think with deep gratitude of those who have lighted the flame within us." A call to gratitude for those who have lit the flame. From a spark to a flame. Take a moment to stop and think of those sparks, some of them purposeful and some of them accidental or circumstantial. Hold in your mind that person, living or dead, who lit that flame within you. Then take a moment to think of the times you have been that spark for

others, and imagine in this crazy world we live in, how you might be the spark for another. How might I choose to affirm the goodness in someone I encounter, whether or not I know their story? How might I choose kindness to

"HOW MIGHT I CHOOSE TO AFFIRM THE GOODNESS IN SOMEONE I ENCOUNTER, WHETHER OR NOT I KNOW THEIR STORY?"

another when cynicism about who they are is easier? What if I imagined myself full of sparks of love and creativity and generosity just waiting to bring light to those whose lights have gone out? What if every person who reads this or shares this imagined this? What a world it would be! 🌈

Mary Carter Warren, D.Min., serves as the Mission Leader at Holy Cross Health, where she oversees Mission Integration Essential Services, including ethics, spiritual care, and ministry formation, while collaborating with leadership to advance the organization's Catholic healthcare mission. She played a key role in establishing the Legacy Program, which nurtures the spirituality of colleagues and educates them on the values of Catholic healthcare.

With a doctorate in ministry and over 25 years of experience in education and peacebuilding, she has also served as founding director of the Center for Peace and Justice at St. Thomas University and held leadership roles with the School Sisters of Notre Dame.



WHO ME?

IMPLICIT BIAS AND YOUR PRACTICE

Provider's Perspective

BY KIM SAISWICK, EdD, RN, LMHC

According to the American Psychological Association, "Implicit bias, also known as implicit prejudice or implicit attitude, is a negative attitude, of which one is not consciously aware, against a specific social group."

And, we all have it. We may not know it, recognize it, or fess to it – but it is there. It is shaped by experience and based on our learned associations between qualities and social categories, including race and/or gender. Your perceptions and behaviors can be influenced by the implicit biases you hold – even if you don't think or aren't aware that they are present.

Implicit biases can be described as a 'gut reaction' that occurs within milliseconds. It's an unconscious attitude and beliefs that are present in our feelings, behaviors, and judgement. We are unaware of these, and they can directly affect healthcare outcomes. And that is one reason why it is imperative that they be surfaced, and you become aware of what they are and how they might impact the care you give to your patients.

Healthcare is a setting where implicit biases are very present. Racial and ethnic minorities and women are subject to less accurate diagnoses, curtailed treatment options, less pain management, and worse clinical outcomes (Chapman, Kaatz, & Carnes, 2013).

Additionally, Black children are often not treated as children or given the same compassion or level of care provided for White children (Johnson et al., 2017).

It becomes evident that implicit biases infiltrate the most common sectors of society, making it more important to question how we can remove these biases.

Individuals may hold implicit biases against members of the LGBTQ+ community. Again, that does not necessarily mean that these opinions are voiced outwardly or even consciously recognized. Rather, these biases are unconscious. A simple example could be asking a female patient if she has a husband, assuming her sexuality and that heterosexuality is the

norm or default. Instead, you could ask your patient if she has a partner. Several other forms of implicit biases fall into categories ranging from weight to ethnicity to ability that come into play in our healthcare practice every day.

The prevalence of implicit bias is very common, as everyone holds unconscious biases to some degree. Removing these biases is a challenge, especially because we often don't even know they exist, but research reveals potential interventions and provides hope that implicit biases can decrease. Improving self-awareness, undergoing bias training, and diversifying your experiences and interactions are some helpful steps to recognize your existing biases.

By actively working to recognize and reduce implicit bias, healthcare professionals can foster a more equitable and affirming environment for everyone, and especially their LGBTQ+ patients. 🌈

If you would like to learn more about your implicit biases, visit Harvard University's "Project Implicit," <https://implicit.harvard.edu> and take one of their (18) tests. All tests are anonymous, safe, free, and scored with interpretation at the end.

Kim Saiswick, EdD, RN, LMHC serves as vice president of Community Health and Well-Being for Holy Cross Health. In her role, she leads, develops, and oversees the implementation of policy, system and environmental change strategies, as well as programs and outreach strategies, in communities throughout the non-profit hospital's service area. Involved with local and statewide policy making boards and community networks, Kim has worked alongside community peers and colleagues to advocate for LGBTQ+ health equity, ending systemic racism, change and improvement in health-related systems, with a special focus on vulnerable, disenfranchised individuals and families.



LEGISLATIVE SESSION UPDATE: WEEK 9 – MAY 5, 2025

Legislative Lens

BY JOEY WYNN, MBA

The legislature concluded its policy work on Friday, May 2nd. However, legislators must come back to complete their only constitutional duty, passing a balanced state budget before July 1, 2025. Late Friday evening, the legislature passed [HCR 1631](#), a concurrent resolution extending the 2025 Regular Session of the Florida Legislature until 11:59 p.m. on Friday, June 6, 2025.

Property Tax Committee: The Florida House of Representatives [announced](#) the creation of the [Select Committee on Property Taxes](#), aiming to develop tax relief proposals for homeowners; co-chaired by Rep. Overdorf (R-Stuart) and Rep. Lopez (R-Miami). It will examine reforms to ease the rising cost of homeownership across Florida. Proposals under review include referendums on eliminating homestead property taxes, new homestead exemptions up to \$1 million for longtime and senior residents, and changes to assessment caps on property value increases. They held the first organizational meeting on [Friday, May 2](#).

Legislation of Interest (listed alphabetically):

Breast Cancer – State Group Insurance Program Coverage for Diagnostic and Supplemental Breast Examinations – [SB 158](#) by Sen. Lori Berman (D-Boynton Beach) prohibits the state group insurance program from imposing enrollee cost-sharing liability for diagnostic breast examinations and supplemental breast examinations. *SB 158 was approved by the Senate, 38-0, was approved by the House 116-0 and next goes to the Governor. If approved, the act will take effect January 1, 2026.*

Diabetes Management In Schools – [HB 597](#) by Rep. Toby Overdorf (R-Stuart) authorizes school districts or charter schools to acquire and maintain a supply of undesignated glucagon to treat students with diabetes who experience a hypoglycemic emergency. *CS/CS/CS/HB 597 was approved by the Governor and takes effect July 1, 2025.*

Medical Debt – [HB 547](#) by Rep. Partington (R-Daytona Beach) provides an exception to the requirement that hospitals and ambulatory surgical centers provide 30 days' notice to consumers before selling their debt. The exception applies if the facility and the medical debt buyer have a contract that states the debt will not be subject to interest, fees, or other extraordinary collection actions, and the debt buyer will return the debt to the licensed facility if it finds the debt qualifies for the facility's charity care program. The bill also clarifies that the regulatory requirements for medical debt held by hospitals and ambulatory surgical centers apply to all bills for payment, not only those covered under the facility's financial assistance program. *CS/HB 547 was approved by the House 116-0, approved by the Senate 38-0 and next goes to the Governor; the act will take effect on July 1, 2025.*

Type 1 Diabetes Early Detection Program – [SB 958](#) by Sen. Bernard (D-WPB) requires DOH, in collaboration with school districts throughout state, to develop informational materials for early detection of Type 1 diabetes for parents & guardians of students. The bill also provides requirements for such informational materials and requires early learning coalitions to notify parents & guardians of the availability of informational materials for the early detection of Type 1 diabetes. *CS/CS/SB 958 was approved by the Senate, 37-0, was approved by the House 115-0 and next goes to the Governor for consideration. If approved, the act will take effect July 1, 2025.* 🌈

Joey Wynn, MBA is a public health advocate with 30 years of experience in HIV patient care, prevention, and policy in Florida. He specializes in data analysis, simplifying complex concepts, and delivering engaging presentations with humor and passion. As a longtime leader in advocacy, he has secured state funding, chaired the South Florida AIDS Network, and trained healthcare professionals across Florida.



HOLY CROSS RECEIVES 2025 GFLGLCC CORPORATE ENGAGEMENT CHAMPION AWARD

We are proud to share that Holy Cross Health has been honored with the **2025 Corporate Engagement Champion Award by the Greater Fort Lauderdale LGBT Chamber of Commerce (GFLGLCC)** at their 2nd Annual Spring Garden Party held on April 26 in Wilton Manors.

This award recognizes a corporate partner that exemplifies inclusive excellence through consistent collaboration, community outreach, and authentic engagement with the LGBTQ+ community. Holy Cross Health was selected for our ongoing efforts to promote equity, not only through our programs and services but also through the values we uphold as an organization.

From internal leadership to public health initiatives, we strive to ensure our approach to care is grounded in respect, representation, and accessibility for all. The GFLGLCC highlighted our proactive commitment to LGBTQ+ inclusion, praising our role as a trusted healthcare partner for both the business and LGBTQ+ communities in South Florida.



(Pictured from left to right): **Kim Saiswick**, Vice President, Community Health & Well-Being Department and **Von Biggs**, Community Outreach Coordinator

The award was presented during a joyful evening of connection and celebration at Islands Inn on the Drive by Le Chateau. Our presence at this event reflected not only our pride in receiving this recognition but also our gratitude for the partnerships that make this work possible.

We extend sincere thanks to the GFLGLCC for this honor and to every Holy Cross Health team member who continues to advocate for a more inclusive, compassionate, and equitable healthcare environment. This recognition belongs to all of us.

Let's continue to lead with purpose, listen with empathy, and serve with pride. 🌈



ZERO SUICIDE MODEL IMPLEMENTATION AND SUICIDE ATTEMPT RATES IN OUTPATIENT MENTAL HEALTH CARE

Notable Articles

Ahmedani, B. K., Penfold, R. B., Frank, C., Richards, J. E., Stewart, C., Boggs, J. M., Coleman, K. J., Sterling, S., Yarborough, B. J., Clarke, G., Schoenbaum, M., Aguirre-Miyamoto, E. M., Barton, L. J., Yeh, H.-H., Westphal, J., McDonald, S., Beck, A., Beidas, R. S., Richardson, L., ... Simon, G. E. (2025). Zero suicide model implementation and suicide attempt rates in outpatient mental health care. *JAMA Network Open*, 8(4). <https://doi.org/10.1001/jamanetworkopen.2025.3721>

ARTICLE & ABSTRACT ORIGINALLY PUBLISHED IN JAMA NETWORK OPEN, APRIL 7, 2025


Objective: To examine suicide attempt rates associated with implementation of the ZS model in outpatient mental health care within 6 US health systems.

Design, Setting, and Participants: This quality improvement study with an interrupted time series design used data collected from January 2012 through December 2019, from patients aged 13 years or older who received mental health care at outpatient mental health specialty settings within 6 US health systems located in 5 states: California, Oregon, Washington, Colorado, and Michigan. Analyses were conducted from January through December 2024.

Exposure: The ZS model was implemented in 4 health systems at different points during the observation period (2012–2019) and compared with health systems that implemented the model before the observation period (postimplementation). Implementation included suicide risk screening, assessment, brief intervention (safety plan, means safety protocol), and behavioral health treatment.

Main Outcomes and Measures: The primary outcome was a measure of standardized monthly suicide attempt rates captured using health system records and government mortality records. Suicide death rates were also measured as a secondary outcome.

Results: There was a median of 309 107 (range, 55 354–451 837) unique patients per month. In 2017, there were 317 939 eligible individuals (63.2% female). Baseline suicide attempt rates were at least 30 to 40 per 100 000 individuals at each implementation site and decreased to less than 30 per 100 000 individuals at 3 sites by 2019. Decreases in suicide attempt rates were observed at 3 intervention health systems after site-specific implementation: health systems A and B had decreases of 0.7 per 100 000 individuals per month and C, 0.1 per 100 000 individuals per month. System D evidenced a similar suicide attempt rate after implementation (before implementation: median rate: 35.0 [range, 11.0–50.3] per 100 000 patients per month; after implementation: median rate: 34.3 [range, 18.5–42.0] per 100 000 patients per month). The 2 postimplementation health systems maintained low or declining suicide attempt rates throughout the observation period. The rate at system Y decreased by 0.3 per 100 000 individuals per month across the observation period. The rate at system Z began at 11 per 100 000 individuals per month and declined by 0.03 per 100 000 individuals per month during the observation period. Two systems evidenced reductions in the suicide death rate after implementation: system B declined by 0.2 per 100 000 individuals per month and system C by 0.1 per 100 000 individuals per month.

Conclusions and Relevance: In this quality improvement study, ZS model implementation was associated with a reduction in suicide attempt rates among patients accessing outpatient mental health care at most study sites, which supports widespread efforts to implement the ZS model in these settings within US health systems. 

To read this article in its entirety, visit <https://doi.org/10.1001/jamanetworkopen.2025.3721> and the JAMA Network Open journal referenced above. All rights are reserved by the authors and cited journal. Holy Cross Health does not claim ownership or authorship in any capacity.

CELEBRATING ALL NURSES THIS NATIONAL NURSES WEEK

MAY 6 - MAY 12, 2025

Because of you, patients feel seen.
Because of you, care becomes healing.
Thank you for showing up with courage, pride, and heart.



UPCOMING EVENTS:

Contact Von Biggs at Von.Biggs@Holy-Cross.com to volunteer for any of the following events:



May 10

**A Salute to Percussions:
Music to Soothe the Soul &
Heal the Community**

This dynamic evening of culture, music, and wellness will honor the heartbeat of our heritage through percussion while also tackling critical community health concerns.



June 14

**Stonewall PRIDE
Wilton Manors**

Wilton Manors Stonewall Pride celebrates the historic Stonewall Riots and the start of the LGBTQ+ human rights movement, highlighting its impact on our community.



Oct. 18

**Pride Center
Active Aging Expo**

The Expo provides LGBTQ+ adults with a unique overview of community resources, including health, housing, finance, insurance, legal, travel, entertainment, and more.



Oct. 24

**Ujima Men's Conference:
Living in the Light**

This event is designed to bring Black-same gender loving men together for a weekend filled with workshops, plenaries, and spiritual enlightenment.

Trauma-Informed Care for LGBTQ+ Patients

Save the Date

Purpose:

Designed specifically for clinical staff, this training will explore sensitive and patient-centered approaches that foster trust, prevent re-traumatization and enhance overall well-being and resilience. Participants will learn relevant terminology, examine social-ecological factors impacting LGBTQ clients, and explore the application of trauma-informed care for LGBTQ patients within therapeutic and medical settings.

Objectives:

- ✦ Participants will discuss relevant terminology and demonstrate the ability to use inclusive and respectful language effectively in healthcare settings.
- ✦ Participants will analyze social-ecological factors contributing to disparities within the LGBTQ+ community.
- ✦ Participants will explore the application of trauma-informed approaches tailored to the unique needs of LGBTQ+ patients, ensuring compassionate, affirming, and high-quality care.

Intended Audience:

Patient-facing colleagues, especially:

- Physicians
- Nurses
- Registered Dietitians
- Social Workers
- Pharmacists

All colleagues in Trinity Health are invited to this learning opportunity.

DATE:

Wednesday, July 30th, 2025

TIME:

12:00 PM - 2:00 PM-EST

LOCATION:

Virtual – Hosted by Holy Cross Health, Fort Lauderdale, FL

REGISTRATION

Coming Soon

CE credits pending

Free for all attendees

PRESENTERS:



Noelle DeLaCruz, Psy.D., M.A., NCSP
Senior Manager of Health Equity
Equality Florida



QUESTIONS? Please contact Candace Bustamante, BSN, RN, BSc

Clinical Education Coordinator, Holy Cross Health at candace.bustamante@holy-cross.com

HARMONY WAVES & HOLY CROSS HEALTH PRESENTS

OPA!

CELEBRATING 25 YEARS OF HOLY CROSS HEALTH
SERVING THE WILTON MANORS COMMUNITY



SATURDAY, MAY 31

**HUNTERS NIGHTCLUB
WILTON MANORS, FLORIDA**

Expect dazzling vocals, heartfelt moments, and an unforgettable celebration as we come together to honor this incredible journey. Whether you're a long-time supporter of Holy Cross or just looking for a spectacular way to spend your afternoon, Opa! promises to be an event like no other.

**FEATURING BROADWAY'S NICK ADAMS
AND EMMY AND GRAMMY AWARD WINNER JOHN MCDANIEL**



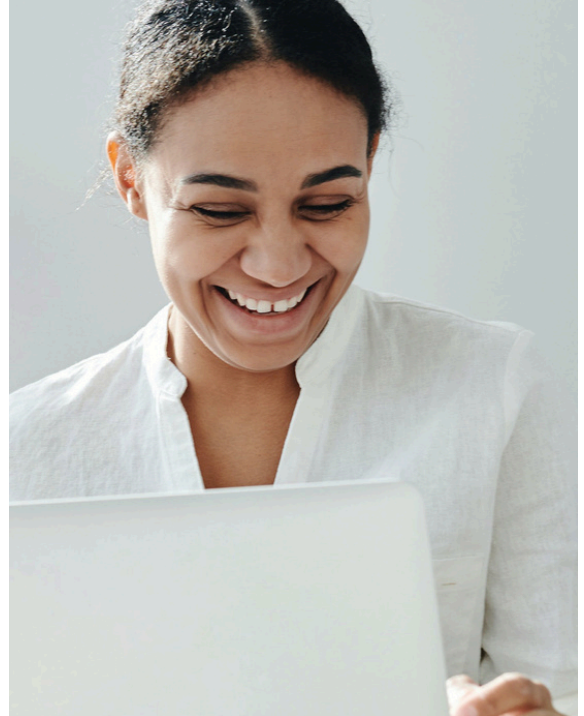
**HolyCross
Health**

HarmonyWaves

WWW.HARMONYWAVES.ORG

Life is easier with the right support.

Your mental well-being benefit
powered by **Spring Health**
offers confidential access to:



Free therapy and coaching

6 sessions of each
per year for you
and your family.

Diverse providers

Choose a therapist
you can relate to.

Work-life services

Resources to
help you navigate
life's challenges.

Personalized care plans

Get the right
care for your
needs.

Well-being exercises


Digital exercises
to improve mental
well-being.

Medication management

Prescribers
to manage
medications
as needed.

Dedicated support

Your Care
Navigator will
provide guidance.



"I just had my first session...I already
feel a sense of relief and hope that
I haven't felt in a long time."

■ Spring Health Member

Learn more and get started: trinityhealth.springhealth.com

Contact Spring Health: 1-855-629-0554 | careteam@springhealth.com

Spring Health is available at no cost to all Trinity Health colleagues and their household
members (age 6+).

Your care with Spring Health is private and confidential.



PARTNER WITH S.P.I.R.I.T.!

Get Involved

Volunteer with the S.P.I.R.I.T. Committee, your Holy Cross Health LGBTQ+ colleague group. It's a fantastic way to meet fellow colleagues, promote Holy Cross's commitment to the LGBTQ+ community, and have fun. Volunteer responsibilities include setting up and breaking down event tables, tabling during events, and engaging with the community.

In the coming months, we will focus on celebrating Holy Cross Wilton Manors' 25th Anniversary.

The S.P.I.R.I.T. Committee is Holy Cross Health's internal advisory committee focused on LGBTQ+ patient care issues. S.P.I.R.I.T. stands for **S**howing **P**ride, **I**nclusiveness, **R**espect & **I**ntegrity at **T**rinity Health.

Our mission is to promote visibility and awareness of the LGBTQ+ community within Trinity Health through building connections between LGBTQ+ and Allies, and by promoting acceptance and equity for all colleagues regardless of sexual orientation and gender identity or expression.



NEXT MEETING:
Wednesday, May 28th
via Microsoft Teams

Check us out on SharePoint or contact Dr. Jason Ceavers on Teams or Jason.Ceavers001@Holy-Cross.com for more information.