

## Small Group Discussion Notes

**Topic:** Overcoming Barriers to Access for Underserved Communities –  
Socioeconomically Disadvantaged Populations

Existing Resources	New Resources Needed from TA Centers
<ul style="list-style-type: none"> <li>• CA-Watch Me Grow collaborative, screening rapid diagnostic interventions and rapid screeners at different sites meant to be a socioeconomic solution for 0-5 years</li> <li>• CA- monthly interdisciplinary meetings meant to problem solve located in a regional center funded through 0-5 program. There is an RN that is funded to organize collaborations and follow up.</li> <li>• WI-Social work and family navigation is embedded in clinics. Family navigators help to address some socioeconomically disadvantages</li> <li>• DE- The size of the state has been an existing advantage in terms of accessing resources and collaboration</li> <li>• Research grantee→Doing intervention development and shifting models by working with community programs so that the models being developed truly meet community needs. This has helped with building relationships with communities.</li> <li>• VA – Currently have partnerships with community organizations that support families. They try to refer to different resources regularly.</li> <li>• WI LEND-They have pipeline training programs based at the university of Milwaukee. Placing the satellite location in Milwaukee made it easier to move the pipeline trainees into the satellite grad program. The trainees that came through the pipeline and satellite program typically stay in Milwaukee.</li> </ul>	<ul style="list-style-type: none"> <li>• Support/funding to help establishing partnerships and pre-work that can be helpful to set the stage for applying to future grants.</li> <li>• More guidance on how to get funding that can help establish partnerships etc.</li> <li>• TA to help grantees understand what already exists and what other states are doing, what other grantees are doing (training, state autism, research).</li> <li>• It may be good to have some systems in place that align the work that each of the grantees are doing in the RFAs so it enhances collaborations.</li> <li>• We need some ways to link together and set up a platform for future grantees to build off of so it doesn't feel as though new grantees are starting from scratch.</li> <li>• We need a mechanism that allows different grantees to connect and find ways to align efforts.</li> <li>• Need a stronger research base around family navigation and the results/what happened/what did you learn.</li> <li>• Research→there is a grant where you propose different research activities. It would be great to have a requirement to collaborate with other grantee types in the RFAs.</li> <li>• If there are templates that grantee types can use to fill out and enhance knowledge translation for new the grantees, that would be great.</li> <li>• DE-It might be good to have a 3<sup>rd</sup> party able to identify the gaps and what needs to be fixed from an unbiased perspective so systems can move forward with a similar vision.</li> <li>• Gathering and providing focus groups/needs assessment tools so grantees have existing</li> </ul>

<ul style="list-style-type: none"> <li>WI-currently developing research briefs around knowledge translation so the information and results are easily shareable</li> <li>RI→ RICART – one-stop shop for researchers</li> <li>Research grantee→fellowships of underrepresented people</li> </ul>	<ul style="list-style-type: none"> <li>tools that help them better connect with their communities and inform their activities that truly meet community needs. ITAC could house some of these tools.</li> <li>Can the reach of these grants span to housing? If the grants help bring in housing, that could make the interventions more effective. Other social determinants of health as well (food, geography, transportation, etc.). We need a better understanding of all the resources in the state that support the “whole” person.</li> <li>Need ways to educate employers of having a person with autism employed and what that really means.</li> </ul>
<p><b>Obstacles or Challenges Experienced</b></p> <ul style="list-style-type: none"> <li>Gaps in ages for access to resources</li> <li>WI-LEND is in rural communities, but they have challenges in Milwaukee. Solution is they affiliated with a clinic that provides free services and paid faculty to make it an interdisciplinary clinic that provides different services.</li> <li>RI-existing community organizations feel overwhelmed and it's hard to propose new ideas when organizations feel overloaded. We need to think of ways to better support existing resources so they don't feel overwhelmed.</li> <li>RI-The short period of the HRSA state Autism grant (3 years) is challenging when developing sustainable interventions and partnerships.</li> <li>RI-Thinking of accessing shelters and informing shelters of existing resources so families can get more access to resources.</li> <li>DE-You can't rush into communities with interventions. You need to acknowledge that it's a patient process. One solution they've had is looking at ways to have insurance reimbursement.</li> </ul>	<p><b>Lessons Learned</b></p> <ul style="list-style-type: none"> <li>You need to work with existing organizations in order to move the work forward.</li> <li>With the short collaborative grants, it's hard to understand what other states need because there's not enough support to help understand what others are doing and then decide how to do activities that support everyone.</li> <li>North Carolina did focus groups that were able to inform their work and could be shareable and applicable for other grantees.</li> <li>It's important to truly learn from communities, community leaders and organizations before interventions start, so that there are concrete effective solutions and engagement.</li> <li>Social determinants of health are extremely influential in this work and needs to be incorporated in grant requirements more.</li> </ul>

<ul style="list-style-type: none"> <li>• DE-shortage of ABA providers.</li> <li>• WI-Difficult to diversify from the trainee population. The pipeline program is helping mitigate that challenge though.</li> <li>• The funding opportunities aren't aligning with practical systems that are in the community.</li> <li>• DE-They are currently the neutral party among many partners. One thing that isn't being acknowledged is the system in place isn't truly helping families. In a lot of ways, the system is fighting families and the "big dogs" are not seeing the bigger picture of why this work needs to be done and changes need to be made.</li> <li>• CA- families within the last year want them to write letters for advocacy purposes but if many are undocumented and run the risk of being sent back to their native country.</li> </ul>	
<p><b>Opportunities for Grantee Collaboration</b></p> <ul style="list-style-type: none"> <li>• If there is a LEND program in your state, you can embed a project that you may not have time for, but a LEND trainee can help move some of that work forward.</li> <li>• There's funding for patient-centered outcomes research (PCORI) which could be tapped into for future research grantees.</li> <li>• Ambassadors tend to have a warm handoff and connection with one another for collaboration.</li> </ul>	<p><b>Outside Collaborators</b></p> <ul style="list-style-type: none"> <li>• Socioeconomically disadvantaged-related organizations.</li> <li>• CA-program on children with autism who are obese. Boston has a program that they hope to learn from.</li> <li>• Employers in the community of people with autism.</li> <li>• DE-department of transportation. Trained all their drivers on sensitivity to autism and other developmental disabilities.</li> </ul>

Recommendations for future action by each grantee group

### **Research**

1. Communication and research-related tools for community collaboration and engagement that have been used well by grantees.
2. Formal communication channels between the different types of grantees so everyone's informed.
3. Additional funding streams to help develop research-community partnerships.
4. Looking at other research grants being funded through HHS that can enhance the work that the grantees are doing.

### **State Systems Change**

1. Tools for doing needs assessments, focus groups, etc. to quickly and rigorously identify the needs of the community that would inform activities and meet priorities of the community.

### **Training**

1. Part of the grant should be connecting to state research.
2. Part of the training grant/project requirement should be going into the community to inform the proposed research projects.
3. Looking for opportunities to expand capacity to include trainees that represent different populations and have insight into those issues.