

Equity, Diversity, and Inclusion

# Action Plan

for the UCEDD national network



2019

Daniel Crimmins, Barbara Wheeler, Laura Wood,  
Emily Graybill, & Tawara Goode

# Acknowledgements

The ED&I Action Plan was developed over a period of more than two years. It has a lofty ambition of moving an important agenda for the UCEDD National Network. The ED&I Action Plan is one of several activities conducted cooperatively by the faculty, staff, and students of at our respective universities. We appreciate the day-to-day support of our many colleagues who contributed to this work.

This plan was developed with support from the UCEDD Resource Center (URC) of the Association of University Centers on Disabilities (AUCD). We would like to thank Dawn Rudolph, Jessica Drennan, and Christine Liao of the URC, and Executive Director Andy Imparato for their support.

The development of the ED&I Action Plan was informed through a series of monthly phone calls with the Diversity and Inclusion Action Team that served in an advisory capacity to several URC initiatives -- thanks to Hamida Jinnah, Brenda Liz Munoz, Mark Smith, Christine Vining, Jennifer Walton, Jim Warne, and Derrick Willis. The guidance provided by this team throughout our development process helped to ensure the Action Plan would be relevant and useful for the UCEDD National Network. This plan was funded by the Administration on Intellectual and Developmental Disabilities (AIDD), Administration on Disability (AoD), Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) through the AUCD URC contract. We would like to thank Pamela O'Brien and Shawn Callaway for providing federal guidance on the Action Team calls. We would also like to thank Olivia Raynor her very thoughtful commentary on an earlier draft of this plan.

And lastly, we are grateful to the self-advocates, family members, researchers, and practitioners who provided invaluable feedback about the content and structure of the ED&I Action Plan during the Delphi process. Their ideas, feedback, and comments helped shape the action plan and consistently reminded us that together, our voices are stronger.

This report was funded by the Administration on Intellectual and Developmental Disabilities through technical assistance contract # HHSP233201600066C. The contents of this document do not necessarily reflect the views or policies of the Administration on Intellectual and Developmental Disabilities, Administration on Community Living, US Department of Health and Human Services, or the US Government.

**Suggested Citation for the ED&I Action Plan:** Crimmins, D., Wheeler, B., Wood, L., Graybill, E., & Goode, T. (2019). *Equity, Diversity & Inclusion Action Plan for the UCEDD National Network*. Association of University Centers on Disabilities: Silver Spring, MD.

# TABLE OF CONTENTS

<b>I. EXECUTIVE SUMMARY .....</b>	<b>3</b>
<b>II. INTRODUCTION AND BACKGROUND .....</b>	<b>6</b>
<b>III. DEFINITIONS OF KEY TERMS AND CONCEPTS.....</b>	<b>6</b>
<b>IV. OVERVIEW OF RACIAL, ETHNIC, LINGUISTIC DISPARITIES FOR INDIVIDUALS WITH I/DD AND THEIR FAMILIES .....</b>	<b>8</b>
<b>V. ED&amp;I ACTION PLAN GUIDING PRINCIPLES .....</b>	<b>10</b>
<b>VI. UNDERLYING COMPONENTS OF THE ED&amp;I ACTION PLAN .....</b>	<b>13</b>
A. UCEDD Core Functions.....	13
B. AIDD Investments.....	14
C. Development of the Plan and Contributions from Stakeholders.....	17
<b>VII. ED&amp;I ACTION PLAN .....</b>	<b>19</b>
A. Areas, Objectives, & Action Steps.....	19
Area 1: Crosscutting Considerations (CC) .....	19
Area 2: Workforce Diversity (WD).....	20
Area 3: Cultural and Linguistic Competence (CLC).....	21
Area 4: Local/State Impact (LSI) .....	22
B. Roles of AIDD, AUCD, URC, & UCEDDs.....	23
<b>ACRONYMS AND ABBREVIATIONS.....</b>	<b>31</b>
<b>REFERENCES.....</b>	<b>32</b>

# Equity, Diversity, and Inclusion ACTION PLAN

## FOR THE UCEDD NATIONAL NETWORK

---

### I. EXECUTIVE SUMMARY

---

Individuals with intellectual and developmental disabilities (I/DD) and their families who are members of historically underserved racial, ethnic, and linguistic groups experience pervasive and chronic disparities across the lifespan. Among others, recent research has identified evidence of disparities in access and outcomes in areas such as early identification and intervention, education, health, mental health, disability services, and employment. The findings raise strong concerns about persistent inequities for people at the intersection of race, ethnicity, and disability.

The National Network of University Centers for Excellence in Developmental Disabilities (UCEDDs) provides a potentially powerful infrastructure and platform for systematically reducing disparities and promoting equity, diversity, and inclusion. This Equity, Diversity & Inclusion (ED&I) Action Plan was developed by a project team with members at Georgia State University (GSU), the University of Southern California (USC), and Georgetown University UCEDDs to help address this need. The development of the plan was informed by:

- Extensive review of the literature on disparities experienced by individuals with I/DD from historically underserved groups
- Examination of the UCEDD Core Functions
- Review of previous and current investments by the Administration on Intellectual and Developmental Disabilities (AIDD) related to promoting equity, diversity, inclusion, and cultural and linguistic competence (CLC)
- Interviews with UCEDD directors on current activities and attitudes regarding CLC within their respective centers
- Communication and collaboration with personnel from the Association of University Centers on Disabilities (AUCD), including the UCEDD Resource Center (URC) and Diversity and the Inclusion (D&I) Action Team
- Surveys completed by relevant stakeholders, including individuals with I/DD and family members from historically underserved racial, ethnic, and linguistic groups, researchers, and practitioners committed to promoting equity, diversity, and inclusion

Through the integration of these components, three global areas were identified as essential to address in the ED&I Action Plan: **Workforce Diversity**, **Cultural and Linguistic Competence**, and **Local/State Impact**, as well as an area titled **Crosscutting Considerations** that addresses items pertinent to the three global areas. Action steps within each area are intended to help move each of the entities (i.e., AIDD, AUCD, the URC, and the UCEDDs) that make up the National DD Network toward a more equitable, diverse, and inclusive society for individuals with I/DD and their families from historically underserved groups. Table 1

provides a brief overview of the areas with objectives for each. Action steps and descriptions of suggested strategies for each of the different entities are described in detail at the end of this document.

**Table 1: Summary of ED&I Action Plan**

<p><b>Area 1: Crosscutting Considerations (CC)</b>—Within this ED&amp;I Action Plan, there are two considerations that cut across all efforts to enhance workforce diversity, CLC, and the use of systems change strategies to achieve local and state impact. The first of these is recognizing the importance of grounding all UCEDD efforts on partnerships with individuals with I/DD and their families, particularly those from underserved groups. The second is that UCEDDs as university programs have an obligation to advance knowledge through research and scholarship.</p>
<p><i>Objective CC-1:</i> Demonstrate the participation of individuals with I/DD and their families from underserved groups across all levels and phases of UCEDD workforce development, CLC, and systems change initiatives and activities, including the implementation of this ED&amp;I Action Plan.</p>
<p><i>Objective CC-2:</i> Advance and disseminate scientific knowledge and innovation gained from the evaluation of ED&amp;I and related initiatives for people with I/DD and their families from underserved groups throughout the U.S., its territories, and tribal nations.</p>
<p><b>Area 2: Workforce Diversity (WD)</b>—The workforce of the UCEDD National Network will reflect the diversity of racial, ethnic, linguistic, and cultural groups, and disability identities of individuals residing in the U.S., its territories, and tribal nations.</p>
<p><i>Objective WD-1:</i> Increase the recruitment, retention, and advancement of individuals from underserved groups, including those with I/DD and their families, as full-time and part-time employees with a particular emphasis on leadership, faculty, professional, and clinical roles.</p>
<p><i>Objective WD-2:</i> Increase the number and proportion of individuals from racial, ethnic, linguistic, and disability groups entering the I/DD and related professions in direct service, policy, advocacy, and research positions to better reflect the diversity of the overall population of the U.S., its territories, and tribal nations.</p>
<p><b>Area 3: Cultural and Linguistic Competence (CLC)</b>—The UCEDD network should demonstrate the highest commitment to CLC by embedding it as a critical component of activities across the core functions.</p>
<p><i>Objective CLC-1:</i> Increase the CLC of the UCEDDs as programs and as members of their National Network.</p>
<p><i>Objective CLC-2:</i> Increase the number of UCEDD-sponsored activities that promote leadership for individuals with I/DD and their families who are members of underserved groups.</p>
<p><b>Area 4: Local/State Impact (LSI)</b>— UCEDDs should include a specific focus on using data to describe the nature of disparities experienced by individuals with I/DD and their families from underserved groups and planning interventions to reduce these disparities.</p>
<p><i>Objective LSI-1:</i> Promote the systematic collection, analysis, and dissemination of disparity data across all areas of emphasis identified in the DD Act to serve as a benchmark against which progress can be measured.</p>
<p><i>Objective LSI-2:</i> Advance and disseminate scientific knowledge and innovation related to reductions in disparities experienced by individuals with I/DD and their families from underserved groups throughout the U.S., its territories, and tribal nations.</p>
<p><i>Objective LSI-3:</i> Promote the adoption of policies and legislation focused on reducing disparities and barriers to services experienced by individuals with I/DD and their families from underserved groups.</p>

In addition to the four areas of focus and their respective objectives, the ED&I Action Plan provides action steps and suggested strategies for the successful implementation of the plan by AIDD, AUCD, URC, and

individual UCEDDs. The detailed action steps and descriptions of suggested strategies for the different entities are described in detail at the end of this report; however, the primary steps for each of the entities is as follows:

- **AIDD:** Over a five-year period, develop guidance to include the indicators listed in the ED&I Action Plan areas (i.e., Workforce Diversity, Cultural and Linguistic Competence, Local/State Impact) in the annual Program Performance Report (PPR). To do so, AIDD will initially develop formats to collect the information in the PPR and provide guidance to UCEDDs as necessary.
- **AUCD:** Serve a convening function, providing a forum for reporting progress and updates. Additionally, AUCD will charge the respective core function councils with contributing to ED&I initiatives.
- **URC:** Continue its role as a repository of information on equity, diversity, and inclusion, as well as a provider of technical assistance to UCEDDs on reporting information requested by the ED&I Action Plan initiatives in the National Information Reporting System (NIRS).
- **UCEDDs:** Work with their Consumer Advisory Committees (CACs) to identify specific goals, objectives, and actions steps from the ED&I Action Plan to incorporate into their five-year plans. UCEDDs will report on the information as required in the PPR. Note that individual UCEDDs are not expected to address every area or objective in the ED&I Plan, rather they should work with their CACs to prioritize items based on their community's assets, resources, needs, and interests.

---

## II. INTRODUCTION AND BACKGROUND

---

Pervasive and chronic findings of disparities experienced by individuals with intellectual and developmental disabilities (I/DD)<sup>1</sup> across the lifespan and their families who are members of historically underserved groups raise strong concerns about inequities for people at the intersection of race, ethnicity, and disability. The collective expertise and experience of the National Network of [University Centers for Excellence in Developmental Disabilities](#) (UCEDDs)<sup>2</sup> provide a potentially powerful infrastructure and platform for systematically reducing disparities and promoting equity, diversity, and inclusion. As such, in July 2016 the [Administration on Intellectual and Developmental Disabilities](#) (AIDD) issued a request for proposals (RFP) to develop this Action Plan that would build the capacity of the National Network to promote equity, diversity, and inclusion for individuals with I/DD and their families from underserved racial, ethnic, and linguistic groups.

The resulting Equity, Diversity, and Inclusion (ED&I) Action Plan presented here aims to support the National Network in its goal to systematically: (1) promote equity, enhance cultural and linguistic competence (CLC), support inclusion; and (2) reduce disparities in access, quality, and outcomes of services experienced by individuals with I/DD and their families from underserved groups. The ED&I Action Plan is designed to build on previous efforts both within and beyond the National Network. Specifically, the ED&I Action Plan aims to address three global areas, **Workforce Diversity, Cultural and Linguistic Competence**, and **Local/State Impact**, as well as **Crosscutting Considerations** that are pertinent to each of these areas.

The ED&I Action Plan is organized to provide a context for a series of actionable steps. First, key concepts are defined. Second, the professional literature related to disparities experienced by individuals with I/DD who are members of historically underserved racial, ethnic, and linguistic groups is summarized. Third, the ED&I Action Plan Guiding Principles are described. Fourth, underlying components on which the plan is based are explored, including UCEDD Core Functions, AIDD investments, and feedback from stakeholders. Lastly, the ED&I Action Plan outlines key areas to address, with objectives, action steps, resources, and roles in fulfilling the intent of the plan for the National Network of UCEDDs.

---

## III. DEFINITIONS OF KEY TERMS AND CONCEPTS

---

A number of key terms are used throughout the ED&I Action Plan. Having a common understanding of these concepts is central to understanding the conceptual framework and resulting Action Plan. Those that are most integral to the ED&I Action Plan are included in Table 2 below.

---

<sup>1</sup> Note for the reader's convenience a listing of acronyms is provided at the end of this document, just before the references.

<sup>2</sup> Within this context, the term "National Network of UCEDDs" is inclusive of (1) the 67 UCEDDs in the nation and its territories, (2) the [Association of University Centers on Disabilities](#) (AUCD) as the member organization for the network, (3) the UCEDD Resource Center (URC) in its technical assistance role with the network, and (4) AIDD as the federal administrative body responsible for monitoring and oversight of the UCEDD network.

**Table 2: Definition and Use of Key Terms**

**Cultural competence** is defined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act of 2000) as "services, supports or other assistance that are conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language and behaviors of individuals who are receiving services, and in a manner that has the greatest likelihood of ensuring their maximum participation in the program." Cultural competence is a developmental process that evolves over an extended period for both individuals and organizations, which is expressed on a continuum of levels of awareness, knowledge, and skills. Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and systematically involve consumers, key stakeholders and communities.

(From the National Center on Cultural Competence (NCCC), n.d.)

**Culture** is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. (NCCC, n.d.)

**Disparities** refer to differences between individuals or groups, generally when one is better-off and the other worse-off, often attributed to differences in resource allocation that are perceived as unfair and avoidable. Disparities are characterized by measurable differences in access to services, quality of services received, or outcomes experienced in developmental, health, functional and inclusion status that are often due to social, economic, ethnic, demographic, or geographic factors. (Carter-Pokras & Baquet, 2002)

**Diversity** is a multifaceted and fluid concept used to describe differences in ethnic or racial identity, tribal or clan affiliation, nationality, language, age, gender identity and expression, sexual orientation, socioeconomic status, education, religion, spirituality, physical and intellectual abilities, personal appearance, and other factors that distinguish one group or individual from another. (NCCC, n.d.)

**Equity** is the opportunity for all people to attain their highest potential through the elimination of avoidable or remediable differences among social, economic, demographic, or geographic groups. For this document, equity for individuals with I/DD means that they have the same opportunities to access and utilize needed community services, individualized supports, and other forms of assistance (Braveman, Arkin, Orleans, Proctor, & Plough, 2017). Equity is the ethical and human rights principle that serves as the motivator to eliminate disparities.

**Health equity** is the principle underlying a commitment to reduce—and ultimately eliminate—disparities in health and its determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social, economic, ethnic, demographic, or geographic factors (Braveman, 2014). Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care (Braveman et al., 2017).

**Inclusion** is ensuring that all individuals have the same opportunities to participate in every aspect of life and to achieve their full potential. This includes the meaningful representation and consideration of diverse needs and perspectives. (AUCD Diversity and Inclusion Toolkit, n.d.)

**Inequity** refers to the systematic and socially produced disadvantages experienced by groups of people in areas such as access to services, quality of care, and outcomes, associated with how society views the socioeconomic status, gender, education, ethnic and racial identity, religious orientation, and physical and intellectual abilities of those impacted. (Dahlgren & Whitehead, 1992) There are very few evidence-based solutions to inequities since they are complex and require interventions on multiple societal levels. Inequities systematically put groups of people who are already socially disadvantaged (for example, by virtue of being poor, female, and/or members of a disenfranchised racial, ethnic, or religious group) at further disadvantage with respect to their education, employment, housing, health and well-being. (Braveman & Gruskin, 2003)

**Linguistic Competence** refers to the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse groups, including persons who use languages other than English, those who have low literacy skills, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competence requires organizational and provider capacity to respond to the needs of the populations served in their native language or by other means that can be readily understood. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. (modified from NCCC, n.d.)

**Minority Serving Institutions (MSIs)** include the historically Black colleges and universities, Hispanic-serving institutions, tribal colleges and universities, Alaska Native serving institutions or Native Hawaiian-serving institutions, predominantly Black institutions, Asian American and Native American Pacific Islander-serving institutions, and Native American-serving nontribal institutions. (Higher Education Act, 2008)

---

#### IV. OVERVIEW OF RACIAL, ETHNIC, LINGUISTIC DISPARITIES FOR INDIVIDUALS WITH I/DD AND THEIR FAMILIES

---

The purpose of the DD Act of 2000 is to “assure that individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life, through culturally competent programs” (p. 1680). Inherent in the purpose statement and reiterated throughout the Act is the importance of ensuring that services and supports are inclusive of individuals from diverse cultural backgrounds.

Much of the literature pertaining to disparities has considered either the experience of individuals from diverse racial, ethnic, and linguistic backgrounds **or** that of individuals with disabilities. In both cases, these populations are consistently faced with inequities. More recent efforts have focused specifically on the experience of individuals and families living *at the intersection* of race and ethnicity and disability (Blick, Franklin, Ellsworth, Havercamp, & Kornblau, 2015). The disparities identified for people with disabilities seem to be exacerbated if the individuals are also members of historically underserved racial and ethnic groups, although very little data are available on the magnitude of the effect.

Despite efforts to promote diversity and inclusion, there continue to be pervasive and chronic inequities experienced by individuals with I/DD and their families from underserved racial, ethnic, and linguistic groups in areas such as health (e.g., Flores, 2010; Horner-Johnson, Fujiura, & Goode, 2014; Magaña, Parish, Morales, Li, & Fujiura, 2016), mental health (e.g., Brown & Turner, 2010), developmental disability services (e.g., Harrington & Kang, 2008), employment (e.g., Arango-Lasprilla et al., 2009; Bureau of Labor Statistics, 2017; Shogren & Shaw, 2017), education (e.g., APA, 2012; Morgan et al.,

2015), and early identification and intervention (Feinberg, Silverstein, Donahue, & Bliss, 2011; Mandell et al., 2009) among other areas. While it is beyond the scope of this document to provide an in-depth review of each of these areas, the following provides a brief overview of disparities experienced by individuals with I/DD and their families who are members of historically underserved groups.

### ***Disparities in Health***

Disparities in health are widespread and include areas such as access, use, and quality of services, health outcomes, and prevention efforts (Horner-Johnson et al., 2014). The Committee on Pediatric Research conducted a comprehensive systematic review and concluded that there are “extensive, pervasive, and persistent” disparities across health domains (Flores, 2010, p. e1014). These disparities are compounded for individuals with disabilities (Scott & Haverkamp, 2014). For example, data from the 2000-2010 National Health Interview Survey and the 2002-2011 Medical Expenditure Panel Survey suggested that racial and ethnic health disparities among adults with I/DD mirror those found among adults without disabilities, and that Latino and Black adults with I/DD having worse health outcomes than White adults with I/DD and Black and Latino Adults without I/DD, even after controlling for income and other socio-demographic factors (Magaña et al., 2016). This same pattern of disparity has been documented for families of children with I/DD (Magaña, Parish, Rose, Timberlake, & Swaine, 2012).

### ***Disparities in Mental Health***

There is an emerging research literature showing an increase in disparities in access to mental health care for Black and Latino adults compared to White adults over the past decade (Lê Cook et al., 2017). This is particularly concerning as individuals from racial and ethnic minority groups are at an increased risk for certain mental health concerns, such as attempting suicide (Nestor, Cheek, & Liu, 2016), antenatal depression (Mukherjee, Trepka, Pierre-Victor, Bahelah, & Avent, 2016), and co-morbid depression with physical disability (Brown & Turner, 2010). There is a paucity of research related to potential mental health disparities among individuals with I/DD from diverse racial, ethnic, and linguistic backgrounds. Additional research may help to develop strategies to address mental health disparities effectively.

### ***Disparities in Early Identification and Intervention***

Children with I/DD from underserved racial, ethnic, and linguistic groups experience more difficulty accessing early intervention services, are diagnosed later than their mainstream counterparts or are not diagnosed at all, and receive a different mix of services (Alegria, Vallas, & Pumariega, 2010; Durkin, Maenner, Baio, Christensen, Daniels, Fitzgerald, et al., 2017; Feinberg et al., 2011; Mandell et al., 2009; Morgan, Farkas, Hillemeier, & Maczuga, 2012; Thomas, Ellis, McLaurin, Daniels, & Morrissey, 2007; Shenkman, Vogel, Brookes, Wegener, & Naff, 2001; Zuckerman, Mattox, Sinche, Blaschke, & Bethell, 2014). These trends appear to be more evident in disability categories that rely on behavioral observation, clinical judgement, and parental report. For example, Black children with developmental delays were five times less likely to receive services compared to White children at 24 months of age, but this trend was not observed for children with established medical conditions. Black children were also less likely to be diagnosed with autism by eight years of age when compared to White children with similar symptomology (Mandell et al., 2009).

**Disparities in Education**

According to the American Psychological Association (APA, 2012), racial, ethnic, and linguistic disparities are evident across measures of educational achievement, such as dropout and graduation rates, grade retention, academic achievement, and school discipline outcomes. These disparities are exacerbated for individuals with disabilities. The overrepresentation of minority students in special education classes for students with intellectual disabilities was documented in the late 1960s (Dunn, 1968) and has persisted for decades (Artiles & Trent, 1994; Goode, Jones, & Christopher, 2017). At the same time, racial and ethnic minorities are less likely to receive the special education services they need (Morgan et al., 2015). In terms of school discipline, Black students with I/DD have higher suspension rates compared to other racial groups with comparable disabilities or Black students without disabilities (Krezmien et al., 2006); American Indians receiving special education services for learning disabilities face similar patterns of suspension. These disparities continue beyond grade school and are noted in areas such as career development, transition outcomes, and post-secondary academic achievement and service utilization (Kugelmass & Ready, 2011; Pellegrino, Sermons, & Shaver, 2011; Trainor, Lindstrom, Simon-Burroughs, Martin, & Sorrells, 2008) for culturally diverse youth with disabilities.

**Disparities in Employment**

There are significant disparities in employment in the United States across racial and ethnic groups, with higher unemployment rates for Black and Latino groups compared to Asian and White (Bureau of Labor Statistics, 2017; Kessler Foundation, 2017). As in other areas, the disparity in employment is further compounded for individuals with disabilities. Latinos with adult-onset physical disabilities (e.g., spinal cord injuries), for example, are less likely to be employed a year after their injuries compared to Whites with similar disabilities after controlling for other contributing variables (Arango-Lasprilla et al., 2009). Black youth with I/DD and other disabilities transitioning to adulthood report less financial independence (Shogren & Shaw, 2017) and employment (Wagner, Newman, Cameto, Garza, & Levine, 2005) compared to their White peers. When employed, the types of jobs also differ, with White vocational rehabilitation clients more likely to have competitive employment compared to Black or Latino clients (Olney & Kennedy, 2002).

---

## V. ED&I ACTION PLAN GUIDING PRINCIPLES

---

The ED&I Action Plan is based on several guiding principles that reflect critical concepts and values that should drive UCEDDs as organizations (policy and practice standards) and the behavior of individuals within the UCEDD to assure fairness, equity, and justice for individuals at the intersection of race, ethnicity, and disability. At the core of these guiding principles is the DD Act of 2000, which as noted earlier, stresses the importance of ensuring that services and supports are inclusive of individuals with I/DD from diverse cultural backgrounds, specifically referencing and defining cultural competence.

Other relevant laws and federal guidelines include *Title VI of the Civil Rights Act of 1964*, which prohibits the intentional or unintentional discrimination based on race, color, or national origin for any program that receives federal funds; the law made specific reference to protections for persons with limited English proficiency that they should have equal access to services and programs. *Executive Order 13166 - Improving Access to Services for Persons with Limited English Proficiency*, requires federal agencies to

create and implement plans to ensure that the programs and services they provide are accessible to persons with limited English proficiency. In addition, the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*, generally referred to as the CLAS Standards, include 15 standards intended to help advance health equity and reduce disparities by promoting health care services that are respectful of and responsive to people from diverse cultural and linguistic backgrounds. These standards were first released in 2000, with a subsequent release of an “enhanced” version in 2013, which offered strategies that addressed: 1) increasing diversity and cultural competence in the workforce, governance, and leadership; 2) improving communication and language assistance, and 3) engagement, continuous improvement and accountability — all of which serve as important considerations in implementing this ED&I Action Plan.

Guiding principles for the ED&I Action Plan are organized by the three global areas addressed in the plan--**Workforce Diversity, Cultural and Linguistic Competence**, and systems change activities designed to achieve **Local and State Impact**.

### ***Workforce Diversity Guiding Principles***

The *Workforce Diversity Guiding Principles* for the ED&I Action Plan were developed from best practices utilized in university-level diversity initiatives broadly and the UCEDD National Network specifically.

- *Valuing Diversity*: Organizations recognize that a diverse workforce contributes to creativity, innovation, perspectives, and knowledge base.
- *Proportionality*: The diversity of a workforce should be reflective of the local and state demographics.
- *Diversity at All Levels*: Workforce diversity should be considered within each level of employment (e.g., entry level positions to supervisory to leadership roles).
- *Looking Above and Beyond the Usual Recruiting Methods*: When recruiting for positions, organizations should recognize limitations of traditional advertising and aim to reach a broader base of applicants by connecting with community organizations.
- *After Recruitment--Retain and Advance*: The retention and advancement of employees should focus on the interests, talents and skills of the workforce, and address structural dynamics that may interfere with equal opportunities for promotion.

### ***Cultural and Linguistic Competence Guiding Principles***

Guiding principles related to cultural and linguistic competence were adapted from the foundational definitions and conceptual framework developed by the NCCC, based on the work of Cross et al. (1989). For more information, see [https://nccc.georgetown.edu/.](https://nccc.georgetown.edu/))

- *Organizational*: Cultural knowledge and competence, non-discriminatory practice, and equal access must be sanctioned and mandated into policy, infrastructure, and practice of systems and organizations.
- *Practice and Service Design*: Services must be designed to match the unique needs of the individuals, families, and communities they serve.
- *Community Engagement*: Self-determination must be extended to the community level by partnering with natural, informal supports and networks within culturally diverse communities.

Communities and their members must be full partners in the decision-making process, benefit economically, and engage in reciprocal transfer of knowledge and skills.

- *Family and Consumers:* Families and individuals should typically be recognized as the primary support system and are the ultimate decision makers for services and supports.
- *Language Access:* Services and supports must be delivered in the preferred language and/or mode of delivery of the population served. For written materials, information must be translated, adapted, and/or provided in alternative formats based on the needs and preferences of the populations served. Interpretation and translation services must comply with all relevant Federal, state, and local mandates governing language access. Consumers are engaged in evaluation of language access and other communication services to ensure for quality and satisfaction.

### **Local/State Impact Guiding Principles**

Principles related to local and state impact were adapted from the guiding principles in the *Service Equity Framework* published by the Oregon Department of Health Services.

- *Engaging Communities:* Building and sustaining relationships and partnerships with community members, self- and family-advocates, and local organizations committed to promoting equity, diversity, and inclusion should be prioritized. This includes listening to the members of communities with humility and respect, gaining knowledge about social, political, and economic environments affecting the community, and integrating community members into the work of the UCEDD and decisions made.
- *Data and Evidence-Based Practices:* UCEDD priorities, policies and programs should be informed by data that (a) identify needs (e.g., disparities in access to and utilization of services, gaps in service delivery), (b) delineate performance outcomes and measures of change, (c) identify what works best for different communities, (d) involve members of diverse communities to ensure data identification, collection, analysis, and interpretation is culturally and linguistically appropriate, and (e) reflect local and state priorities.
- *Developing Leaders:* UCEDDs should support the development of individuals with I/DD and family members who are members of historically underserved racial, ethnic, and linguistic groups as strong advocates and leaders who shape policies, develop and implement innovations, and transform communities. This will require guided, intentional and strategic investments and capacity development efforts within the UCEDD, some of which may be enhanced by existing AIDD investments such as the Diversity Fellowships, and the Leadership Institute for Cultural Diversity and Cultural and Linguistic Competence.
- *Customizing Services for Underserved Individuals and Communities:* Services should match the interests, needs, and goals of the individual and/or community of focus.
- *Directing Investments and Resources:* Leadership must make budgetary decisions (including continued allocation or re-allocation of existing funds and personnel), engage in fund development (including grant writing and/or contract development), and maximize current investments to address racial and ethnic disparities and promote equity, diversity, and inclusion.

---

## VI. UNDERLYING COMPONENTS OF THE ED&I ACTION PLAN

---

To better understand the conceptual framework of the ED&I Action Plan, it is first necessary to review the underlying components upon which the plan is based, including (a) UCEDD Core Functions; (b) previous and current AIDD investments; and (c) contributions and feedback from stakeholders. The conceptual framework for the Action Plan resulted from the integration of each of these components.

### A. UCEDD Core Functions

As the ED&I Action Plan is aimed specifically at building the capacity of the UCEDD National Network, it is important to create a plan that utilizes the established structure of the network. Specifically, UCEDDs by statute are required to utilize four Core Functions to promote advocacy, build capacity, and create systemic change when addressing local and state needs. A brief overview of each Core Function is provided along with how the ED&I Action Plan proposes using each to promote change.

#### ***Interdisciplinary Preservice Preparation & Continuing Education***

UCEDDs prepare graduate students and fellows from a variety of disciplines to serve individuals with I/DD and their families across the lifespan through providing direct services (clinical or community-based), conducting research, shaping policy, developing and administering innovative services and programs, working in government, and/or joining academic faculties in universities. Some UCEDDs meet this core function requirement through their interdisciplinary Leadership Education in Neurodevelopmental and Related Disabilities (LEND) training programs funded by the Maternal Child Health Bureau, Health Resources and Services Administration, HHS, many of which are co-located with UCEDDs. The two aspects of UCEDD activities in this core function area related to the ED&I Action Plan are (a) CLC is a major focus of coursework and field experiences, and (b) most UCEDDs have genuine commitments to recruiting students from underserved racial, ethnic, and linguistic groups to enter I/DD and related fields. In addition, UCEDDs also provide continuing education for professionals in practice to stay current on new knowledge, skills, practice standards, and discoveries. An important topic for continuing education is to increase knowledge of the racial, ethnic, and linguistic disparities in access to and utilization of services, underlying causes of disparities, evidence-based solutions to chronic disparities experienced by underserved groups, and advocacy for addressing the root societal causes of persistent inequities. In addition, UCEDD pre-service training programs can increase the diversity of students in these programs interested in conducting research that will inform methods to reduce disparities over time. That latter training focus coincides with the Research core function of UCEDDs.

#### ***Community Services, Demonstration Projects, and Technical Assistance***

UCEDDs contribute to the service systems for individuals with I/DD by developing, field-testing, and demonstrating innovative services and supports. UCEDDs provide training and technical assistance to providers within and across an array of service systems (i.e., education, employment, criminal justice, early intervention, transportation, housing, etc.) to utilize evidence-based practices in support of individuals with I/DD and their families. And, UCEDDs serve as conveners, bringing groups together to forward shared agendas. This core function is entwined with many elements of the ED&I Action Plan because of diverse populations and communities that UCEDDs are required to serve. These activities have the potential for far-reaching impact to change systems as UCEDDs become more intentional about

ensuring representation of individuals and families from underserved racial, ethnic, and linguistic backgrounds.

### **Research**

UCEDDs conduct basic and applied research, program evaluation, and policy analysis to benefit individuals with I/DD across the lifespan and their families. A clearer and deeper understanding of the modifiable factors that contribute to disparities is an important aspect of this work. UCEDDs face three challenges in this area. First, they must expand their capacity to conduct community-engaged research. This type of research fosters collaborations with and among groups of people affiliated by geographic proximity, special interest, or similar identities with the goal of addressing issues that affect the well-being of the people within the group. One such method is community-based participatory research which includes (a) systemically and authentically including members of communities impacted by the research in all aspects of the research study, from providing input to the research design to the interpretation of the research findings and (b) assuring that study participants reflect the racial, ethnic and cultural diversity of the state, territory, jurisdiction or tribal nation, as required by federal agencies and foundations. Second, there will be demands on UCEDDs to increase the diversity of the future research workforce. Third, UCEDDs will inevitably find that incorporating an ED&I lens into the research process will influence what we research and how we measure impact.

### **Dissemination of Information**

UCEDDs also promote advocacy, build capacity of individuals, groups, and communities, and help to transform systems through the dissemination of information on the broad range of issues that impact the lives of individuals with I/DD and their families. Effective packaging and strategic dissemination of information describing the factors that contribute to disparities in access to services for underserved populations can positively affect statewide efforts to re-design services, and in some cases, transform systems. An emerging need is the effective distillation of information and research findings for diverse audiences, including those with I/DD from the culturally and linguistically diverse populations served by UCEDDs. There are two issues at play in the translation of findings. First is the concept of making research relevant to the populations of focus, which may include the use of “plain language” descriptions, as well as disseminating findings in community settings and in partnership with community members. The second is the need to literally translate documents and information into languages other than English in ways that are culturally responsive and accurate; this is an activity where it is critical to have community partners from culturally specific organizations engaged in the process. Finally, UCEDDs are well positioned to partner with the growing network of ethnic media outlets throughout the nation to disseminate disability information.

## **B. AIDD Investments**

To assure maximal success in implementing the ED&I Action Plan, it is essential to acknowledge previous and current investments by AIDD related to promoting equity, diversity, and inclusion. These investments should be fully utilized and leveraged by UCEDDs when they are relevant to the strategic plan to address disparities in their state. As such, relevant AIDD and ACL investments will be referenced throughout the ED&I Action Plan where appropriate. The initiatives as they relate to the global areas in the action plan are described in Figure 1. The following is a brief description of relevant investments.

- *AIDD Diversity Fellowships*: These one-year fellowships were initially funded by AIDD in 2015-16 academic year and continued as National Training Initiative grants to UCEDDs with 14 fellowships in the first year, 17 in the second, 12 in the third, and 16 in the fourth. Designed as pipeline grants, the goals of the diversity fellowships are to: (a) improve the recruitment and employment of underrepresented groups, including people with disabilities within the UCEDD; (b) improve the recruitment and employment of underrepresented groups, including people with disabilities, within the broader workforce; (c) increase the diversity of leadership, staff and governing bodies across the DD network; (d) build cultural competence capacity with the leadership, staff, and governing bodies across the I/DD network; and (e) increase the number of persons with disabilities from underrepresented groups and disadvantage backgrounds who benefit from AIDD-supported programs. For more information, see [http://www.implementdiversity.tools/about\\_fellowships](http://www.implementdiversity.tools/about_fellowships).
- *Embedding Cultural Diversity and Cultural and Linguistic Competence—A Guide for UCEDD Curricula and Training Activities*: Referred to as the *Embedding Project* later in this document, this project was a collaboration of the UCEDDs at Georgetown University, Georgia State University (GSU), and the University of Southern California (USC) that was designed to research, develop, and disseminate resources on embedding cultural diversity and CLC in their curricula and training activities, with a special focus on unserved and underserved communities. Project outcomes included the first national inventory and report of CLC training and diversity resources developed for the I/DD network, a set of national recommendations for the UCEDD network, and a matrix to apply proven organizational and behavioral strategies for the work of increasing diversity and advancing and sustaining CLC. This project was funded for a second year to conduct consultation, professional development, and technical assistance activities of the UCEDD network on how to use the Embedding resources/tools. For more information, see <http://uceddclctraining.org/>
- *Disparities in Intellectual and Developmental Disabilities Services and Supports: This Disparities Resource Guide Series developed by NCCC is intended to assist UCEDDs, Developmental Disabilities Councils, and Protection and Advocacy Programs to address disparities experienced by identified populations of individuals with I/DD and their families, and implement changes in policy and practice to mitigate and reduce such disparities.* For more information, see <https://nccc.georgetown.edu/resources/disparities-in-idd.php>.
- *AUCD Diversity & Inclusion Toolkit*: The toolkit provides an array of strategies and resources blending a wide range of academic and community perspectives. The toolkit serves as a national foundation to provide information to enhance diversity, inclusion, and CLC; cultivate partnerships; respond to increasingly diverse communities across the country; and develop strategies for continuing efforts to better serve diverse populations. The fourteen objectives of the Toolkit are organized into five themes: infrastructure, funding, performance measurement, personnel and trainees, and core functions. Strategies provided for each objective are intentionally broad and varied, in order to offer meaningful tools and information to each individual, organization, or system regardless of where they currently exist along the continuum of cultural competence. For more information, see <http://www.implementdiversity.tools/>.
- *AUCD Leadership Academy*: This is a collaborative initiative between the URC and the Center for Leadership in Disability (the Georgia State University UCEDD) that seeks to increase the skills and perspectives of leaders to build partnerships toward the goal of achieving improvements in state and local services and supports. The academy is held annually as an intensive one-week

experience with follow-up activities over the following year. For more information, see <https://www.aucd.org/LeadershipAcademy>.

- *Community of Practice for Cultural and Linguistic Competence in Developmental Disabilities*: Through a five-year Cooperative Agreement, the goal of the Community of Practice (CoP) is to increase the number, diversity, and capacity of leaders to transform their local DD systems by: (a) advancing and sustaining CLC competence; and (b) responding effectively to the growing diversity among people with DD and their families. This is accomplished through the creation of a multifaceted CoP that facilitates information exchange, leverages resources to increase diversity and advance CLC, and integrates content from the Georgetown Leadership Academy to foster leadership for system transformation. For more information, see <https://nccc.georgetown.edu/cop>
- *Diversity and Inclusion (D&I) Action Team*: The UCEDD Resource Center (URC) competitively selected seven AUCD network members with experience and expertise in organizational change related to CLC, diversity, and inclusion to serve as D&I Action Team members. The team provided advice to the ED&I Action Plan initiative. For more information, see [http://www.implementdiversity.tools/meet\\_the\\_action\\_team](http://www.implementdiversity.tools/meet_the_action_team)
- *Leadership Institute for Cultural Diversity and Cultural and Linguistic Competence*: A collaborative, multifaceted initiative with a goal to increase the number and capacity of leaders to advance and sustain cultural and linguistic competence and respond to the growing cultural diversity among people with intellectual and developmental disabilities in the United States, its territories, and tribal communities. The Institute's activities include five annual leadership academies, a series of web-based learning and reflection forums for the I/DD network, and mentoring for five national disability organizations. For more information, see <https://nccc.georgetown.edu>
- *UCEDD/MSI Minority Partnership Grants*: In 2009, two UCEDDs were awarded three-year grants to establish partnerships with Minority-Serving Institutions (MSIs). The USC UCEDD partnered with California State University Los Angeles, an MSI and Hispanic-Serving Institution. The Georgia State UCEDD partnered with Morehouse School of Medicine, one of the historically black colleges and universities (HBCUs) in Atlanta. The projects were designed to promote collaboration that built on reciprocal strengths in addressing disability concerns in the work of the MSIs, and diversity concerns in the work of the UCEDDs. A report on the results of the projects--*Supporting Diversity in the Developmental Disabilities Network through Minority Partnerships* is available on the AUCD website. See [http://www.aucd.org/docs/publications/minority\\_partnerships2013\\_sm.pdf](http://www.aucd.org/docs/publications/minority_partnerships2013_sm.pdf)
- *UCEDD/MSI Partnership Planning Grant*: Four UCEDDs were funded in 2016-17, another four in 2017-18, and five in 2018-19 for one-year Partnership Planning grants to develop a joint action plan that will provide a foundation for future collaborative work between UCEDDs and MSIs. The goal of these Partnership Planning grants is to co-design training programs that: (a) utilize a variety of innovation strategies to exchange and transfer knowledge that promotes an interdisciplinary approach; (b) Build cultural competence capacity with the faculty and students from more UCEDDs; (c) Increase the number of persons from underrepresented racial, ethnic groups, people with disabilities, and people from disadvantaged backgrounds who are involved in UCEDD research, training, or projects; and (d) create a basis for future, sustained collaboration between other UCEDDs and minority-serving institutions.

- UCEDD Resource Center (URC):** The URC provides up-to-date information and technical assistance to UCEDDs in support of the implementation of their AIDD core grants. The URC has served as an organizer and point-of-contact for a number of network initiatives related to equity, diversity, and inclusion, including the AUCD D&I Toolkit, the D&I Action Team, a focus on diversity and CLC at the 2016 UCEDD Director's Meeting, and the current ED&I Action Plan. The URC is supported through an AIDD contract with AUCD. See <https://www.aucd.org/urc/>.

Workforce Diversity	Cultural & Linguistic Competence	Local and State Impact
AUCD D&I Toolkit UCEDD Resource Center	Embedding Project	Leadership Institute for Cultural Diversity and CLC
AIDD Diversity Fellowships	Community of Practice for CLC in Developmental Disabilities	Community of Practice for CLC in Developmental Disabilities
Original UCEDD/MSI Partnership Grants	Original UCEDD/MSI Partnership Grants	Leveraging DD Network and other Partnerships in States
UCEDD/MSI Partnership Planning Grants	UCEDD/MSI Partnership Planning Grants	
Leadership Institute for Cultural Diversity and CLC	AUCD D&I Toolkit UCEDD Resource Center	AUCD Leadership Academy
Other Local, State, and Federal Initiatives	Other Local, State, and Federal Initiatives	Other Local, State, and Federal Initiatives
<b>Outcome:</b> Increased representation of racial, ethnic, linguistic, and disability groups in professional, managerial, and leadership positions	<b>Outcome:</b> Increased access to and utilization of high quality, culturally and linguistically competent services and by underserved groups	<b>Outcome:</b> Uniform use of best practices and sustainability of policies that support those practices throughout the state

Figure 1. AIDD Previous and Current Investments to Leverage as part of Transformative Change

### C. Development of the Plan and Contributions from Stakeholders

The ED&I Action Plan was developed by a project team with members at the GSU, USC, and Georgetown UCEDDs. The team's initial efforts focused on an extensive review of the literature on disparities in access, quality, and outcomes, initially focused on individuals with I/DD from historically underserved racial, ethnic, and linguistic groups. Because of the relative paucity of research in this area, the project team also reviewed the literature for individuals with other types of disabilities from underserved groups, and reviewed recent literature on disparities associated with racial, ethnic, linguistic, and disability identities. The literature review was broad in scope and sought findings from all areas of emphasis in the DD Act of 2000. The team then reviewed the literature on organizational change efforts in CLC and systems change efforts in reducing disparities. The development of the plan was also informed by a series of interviews of UCEDD directors on CLC activities within their UCEDDs conducted as part of

the *Embedding Project*. And, finally, the plan was informed by the long-term commitment to equity, diversity, and inclusion by the team members and their work as grantees with a number of the AIDD-funded initiatives noted above.

There were a number of collaborators that helped develop the ED&I Action Plan. First, there was regular communication with personnel from the URC. Second, the D&I Action Team provided input on the plan during monthly telephone conference calls in which different aspects of the evolving plan were presented and discussed. Third, the ED&I Action Plan project team at GSU used a Delphi method in which participants were invited to respond to a web-based survey, providing feedback on an initial draft of the plan and a subsequent revision. Those who responded to the surveys included individuals with I/DD and family members from historically underserved racial, ethnic, and linguistic groups, and other stakeholders such as researchers and practitioners committed to promoting equity, diversity, and inclusion. After the feedback was incorporated, the project team presented a summary of the feedback as well as an updated plan for review to the D&I Action Team. Again, the feedback was incorporated into an updated version of the ED&I Action Plan. This iterative method helped to ensure that the ED&I Action Plan was applicable to relevant stakeholders by systematically including their voices in the development process. The following are key points that were highlighted through the Delphi process and discussions with the D&I Action Team:

- Ensure that the voices, perspectives, and experiences of individuals with I/DD and their families from underserved racial, ethnic, and linguistic groups are prioritized throughout plan;
- Include linguistic diversity and linguistic competence;
- Promote collaboration with current national efforts, initiatives, and resources when possible;
- Identify specific roles for entities within the National Network;
- Provide measurable outcomes and time frames for each action; and
- Clarify how actions are expected to contribute to the overarching goal of reducing disparities and promoting equity, diversity, and inclusion.

## VII. ED&I ACTION PLAN

### A. Areas, Objectives, & Action Steps

The ED&I Action Plan was created by integrating the components listed above. The framework is organized by three global areas **Workforce Diversity, Cultural and Linguistic Competence**, and **Local/State Impact**, as well as an area titled **Crosscutting Considerations** that address items pertinent to the three global areas. A brief statement is provided for each area that highlights what is addressed through a sequence of objectives and related actions. For the purposes of this section, the phrase "underserved groups" will be used in place of the phrase "historically underserved racial, ethnic, and linguistic groups."

**Area 1: Crosscutting Considerations (CC)**—The UCEDDs serve as a bridge between university and community; this is the essence of their identities. Within this ED&I Action Plan, there are two considerations that cut across all efforts to enhance workforce diversity, CLC, and the use of systems change strategies to achieve local and state impact (collectively referred to as ED&I initiatives below). The first of these is recognizing the importance of grounding all efforts on partnerships with individuals with I/DD and their families, particularly those from underserved groups. The second consideration is that UCEDDs as university programs have an obligation to advance knowledge through research and scholarship.

**Objective CC-1:** Demonstrate the participation of individuals with I/DD and their families from underserved groups across all levels and phases of UCEDD workforce development, CLC, and systems change initiatives and activities, including the implementation of this ED&I Action Plan.

**Action Step CC-1.1:** UCEDDs will demonstrate an increasing rate of meaningful participation of individuals with I/DD and their families from underserved groups in *all* initiatives, projects, and activities, including establishing priorities and setting measurable goals. Meaningful participation extends beyond being the intended audience for training, the recipients of services and supports, or participants in studies.

*Outcome CC-1:* UCEDD activities will reflect the genuine contributions of people from underserved groups, including individuals with I/DD and their families, to UCEDD activities across all core functions.

**Objective CC-2:** Within their research mission and as part of the UCEDD five-year plan developed with their CACs, advance and disseminate scientific knowledge and innovation gained from the evaluation of ED&I and related initiatives for people with I/DD and their families from underserved groups throughout the U.S., its territories, and the tribal nations.

**Action Step CC-2.1:** UCEDDs will document the results of ED&I initiatives on near-term organizational outcomes such as consumer satisfaction, employee satisfaction, and effectiveness.

**Action Step CC-2.2:** UCEDDs will document the results of ED&I initiatives on long-term organizational outcomes such as enhanced access, quality, and outcomes of I/DD services and supports.

**Action Step CC-2.3:** Because of the scarcity of information on ED&I from our field specifically, UCEDDs will serve as a clearinghouse of findings from other fields that can inform ED&I initiatives.

*Outcomes CC-2:* The National Network and individual UCEDDs will be recognized for their commitment to enhancing equity, diversity, and inclusion for individuals with I/DD and their families from underserved groups within their organizations and the greater community.

**Area 2: Workforce Diversity (WD)**—The UCEDD network workforce will reflect the diversity of racial, ethnic, linguistic, and cultural groups, and disability identities of individuals residing in the U.S., its territories, and the tribal nations. A diverse workforce is associated with reductions in disparities and enhanced organizational effectiveness. Our network has to date had notable disparities in the employment of individuals from racial and ethnic backgrounds other than non-disabled, non-Hispanic White in leadership and senior management roles. This may be due in part to the underrepresentation of individuals from underserved groups in professional and clinical roles in the UCEDD, as well as their underrepresentation in many of the graduate and professional training programs.

**Objective WD-1:** Increase the recruitment, retention, and advancement of individuals from underserved groups, including those with I/DD and their families, as full-time and part-time employees with a particular emphasis on leadership, faculty, professional, and clinical roles.

**Action Step WD-1.1:** UCEDDs will assure the availability of reliable and accurate data by position for all employees within the UCEDD on the race, ethnicity, languages spoken (including American Sign Language [ASL]), gender, and disability or family identity.

**Action Step WD-1.2:** UCEDDs will increase the recruitment of leadership, faculty, professional, and clinical roles from underserved groups, including those with I/DD and their families, to reflect the diversity of their respective states and the U.S., its territories, and tribal nations.

**Action Step WD-1.3:** UCEDDs will promote the retention and advancement of leadership, faculty, professional, staff, and clinical roles for individuals from underserved groups, including with individuals with I/DD and their families.

**Action Step WD-1.4:** UCEDDs will implement mentoring programs designed specifically for leadership, faculty, professional, and clinical employees from underserved groups, including those with I/DD and their families.

**Action Step WD-1.5:** The national network of UCEDDs will increase the diversity of individuals in leadership roles to reflect the diversity of the U.S., its territories, and tribal nations.

*Outcomes WD-1:* Directors and AIDD will have a clear understanding of the racial, ethnic, and cultural diversity of UCEDD faculty and staff. As a National Network, UCEDD employees will reflect the diversity of the U.S., its territories, and tribal nations across all levels of their organizations. UCEDD employees from underrepresented racial, ethnic, linguistic, and disability groups will advance in their careers and contribute to the field. Leadership positions within the UCEDDs over time reflect the diversity of the U.S., its territories, and tribal nations.

**Objective WD-2:** Increase the number and proportion of individuals from underrepresented racial, ethnic, linguistic, and disability groups entering the I/DD and related professions in direct service, policy, advocacy, and research positions to better reflect the diversity of the overall population of the U.S., its territories, and tribal nations.

**Action Step WD-2.1:** UCEDDs will increase the recruitment and retention of individuals from racial, ethnic, linguistic, and disability groups into the I/DD and related service professional training programs at UCEDDs and affiliated programs.

**Action Step WD-2.2:** UCEDDs will increase the awareness of career possibilities in I/DD and related professions among middle school, high school, and college students from underrepresented racial, ethnic, linguistic, and disability backgrounds.

*Outcomes WD-2:* UCEDD students, trainees, and fellows will reflect the diversity of U.S., its territories, and tribal nations. The National Network of UCEDDs will fill a leadership role in its commitment to increase the racial, ethnic, linguistic, and disability diversity of the future workforce.

**Area 3: Cultural and Linguistic Competence (CLC)**—The UCEDD National Network should demonstrate the highest commitment to CLC – embedding it as a critical component of activities across all the core functions. Cultural competence is cited as a priority in the DD Act of 2000 that underlies all efforts to increase independence, productivity, inclusion, and self-determination for individuals with I/DD. One essential aspect of CLC is the capacity to acquire knowledge about and respond effectively to cultural differences. This requires that UCEDDs acknowledge, understand, and value that the constructs of independence, productivity, inclusion, and self-determination vary widely both within and across different cultural groups. Increasing CLC is associated with reductions in disparities in access, utilization, quality, and outcomes of services and supports for individuals from underrepresented groups in health and education; there is a need to demonstrate that this is also true for individuals with I/DD across all areas of emphasis in the DD Act.

**Objective CLC-1.** Increase the CLC of the UCEDDs both as programs and as members of their National Network.

**Action Step CLC-1.1:** In partnership with their CACs and as part of their fulfillment of their five-year plans, UCEDDs will examine the degree to which CLC is a core element of the UCEDD's organizational mission and how it is manifested in: (a) workforce knowledge, skills, and capacity of the faculty and staff; (b) strategies used to engage underserved communities in the activities of all four core functions; (c) directing investments and resources toward this priority; (d) developing leaders and leadership from underserved groups; (e) ongoing training and self-assessment of CLC for staff and faculty; and (f) ensuring equity in the allocation of resources.

**Action Step CLC-1.2.** UCEDDs will embed content related to CLC across all core function areas--pre-service training and continuing education, community services and technical assistance, research and evaluation, and information dissemination.

*Outcome:* Each UCEDD will have policies and procedures supporting CLC across all activities. UCEDDs will demonstrate increased organizational capacity in CLC and serve as a model for their universities and communities.

**Objective CLC-2:** Increase the number of UCEDD-sponsored activities that promote leaders and leadership for individuals with I/DD and their families who are members of underserved groups.

**Action Step CLC-2.1.** UCEDDs will include individuals with I/DD and family members from underserved groups as trainers, trainees, mentors, content experts, and faculty across all UCEDD and national network programs.

**Action Step CLC-2.2.** UCEDDs will increase the CLC of those who work with, learn from, and provide services for individuals with I/DD and their families who are members of underserved groups.

*Outcome CLC-2:* Individuals with I/DD and their families from underserved groups are active partners in all UCEDD National Network initiatives.

**Area 4: Local/State Impact (LSI)**— Among the most important work of UCEDDs is their efforts in transforming I/DD service systems at the local, state, and territorial level. Within this body of work across the areas of emphasis from the DD Act of 2000, UCEDDs should include a specific focus on using data to describe the nature of disparities experienced by individuals with I/DD and their families from underserved groups and planning interventions to reduce these disparities. In doing so, these activities should be informed by engaging communities that are affected by disparities, strategic partnerships, and a systematic approach toward achieving sustainable systems change. At a minimum, a UCEDD should be expected to have at least one initiative addressing disparities in the designated area of emphasis in its five-year plan (e.g., health, education, employment).

**Objective LSI-1:** Promote the systematic collection, analysis, and dissemination of disparity data across the areas of emphasis to serve as a benchmark against which progress can be measured.

**Action Step LSI-1.1:** UCEDDs will gather reliable and accurate data on disparities in one or more areas of emphasis.

**Action Step LSI-1.2:** UCEDDs will identify data sources that document disparities in relevant areas of emphasis, particularly those that can be disaggregated by race, ethnicity, language, and disability status.

*Outcomes LSI-1:* UCEDDs will have reliable indicators of progress that can be used to measure reductions in disparities that promote increased equity, diversity, and inclusion. UCEDD five-year plans will demonstrate an increasing number of projects that seek to enhance equity, diversity, and inclusion or reduction of disparities.

**Objective LSI-2:** Advance and disseminate scientific knowledge and innovation related to reductions in disparities experienced by individuals with I/DD and their families from underserved groups throughout the nation.

**Action Step LSI-2.1:** UCEDDs will establish a national agenda to coordinate, sustain, and optimize impact of research that addresses disparities experienced by individuals with I/DD and their families from underserved groups throughout the nation.

**Action Step LSI-2.2:** Within one or more of the core functions and as part of the UCEDD five-year plan, UCEDDs will document the implementation of at least two initiatives designed to reduce disparities for individuals with I/DD and their families from underserved groups.

*Outcomes:* Collaboration by UCEDDs and individuals with I/DD and their family members from underserved groups will result in enhanced equity, diversity, and inclusion, and reduced disparities.

**Objective LSI-3:** Promote the adoption of policies and legislation focused on reducing disparities and barriers to services experienced by individuals with I/DD and their families from underserved groups.

**Action Step LSI-3.1:** UCEDDs will work with DD Network partners in their states and territories to develop and support leaders and advocates who have the knowledge and skills to work effectively with governors, state agencies, and legislatures to advance policy. Since disparities are multi-layered, multi-faceted, and often entrenched, their resolution is clearly beyond the control of the UCEDD. Nonetheless, UCEDDs are in a position to identify underlying causes and support interventions to mitigate and reduce persistent disparities experienced by individuals with I/DD and their families from underserved groups.

**Action Step LSI-3.2:** UCEDDs will work with DD Network partners to organize cross-cultural coalitions to educate and advocate for the implementation of evidence-based interventions that reduce disparities experienced by individuals with I/DD and their families from underserved groups.

**Action Step LSI-3.3:** Within their research mission and as part of the UCEDD five-year plan, UCEDDs will advance and disseminate scientific knowledge on the impact of developing leaders and cross-cultural coalitions on reducing disparities for individuals with I/DD and their families from underserved groups.

*Outcome LSI-3:* Individuals with I/DD and their family members from underserved groups will assume leadership roles in community and state or territory level coalitions to develop interventions to mitigate and reduce persistent disparities.

## **B. Roles of AIDD, AUCD, URC, & UCEDDs**

Individual UCEDDs vary in their historical and current efforts to promote equity, diversity, and inclusion. They also operate in widely different social, political, and economic environments. The ED&I Action Plan provides an organized listing of suggested objectives and action steps that are intended to help move the UCEDD National Network towards a more equitable, diverse, and inclusive society for individuals with I/DD and their families from underserved groups. The plan acknowledges that its goals of achieving equity, enhancing diversity, and assuring inclusion for people with I/DD and their families require a broad societal commitment to social justice, which goes beyond the ability of any single entity to produce change. Nonetheless, UCEDDs can assume a small yet essential role in this struggle in their focus on individuals with I/DD and their family members from underserved groups.

In developing the ED&I Action Plan, it was expected that individual UCEDDs will differ in their actual implementation of the plan, based on their setting, staffing, and state needs. Some UCEDDs may have well-established commitments and accomplishments in one or more of the areas; the plan is offered to these centers as a means of identifying what more can be done. Other UCEDDs may have fewer activities in these areas; the plan offers a means for the center to engage with their CACs to assess their current practices and establish priorities. The plan is, therefore, offered as a guide to assist UCEDDs in determining appropriate next steps based on the specific needs and resources of the UCEDD. Thus, all of

the action steps are deemed as valid recommendations, which UCEDDs might consider in their planning and goal setting, but no UCEDD would ever be expected to address all of them.

The following chart provides an abbreviated version of each of the objectives and actions steps. The chart also outlines more specifically what AIDD, AUCD, the URC, and the UCEDDs might do consistent with the objective and action step. It also presents a time frame -- in Year 1 following the adoption of this plan and beyond.

<b>Area 1: Crosscutting Considerations (CC)</b>				
<b>Objective CC-1:</b> Demonstrate the participation of individuals with I/DD and their families from underserved groups at all levels and phases of the implementation of this ED&I Action Plan.				
<b>Action Step</b>	<b>AIDD</b>	<b>AUCD</b>	<b>URC</b>	<b>UCEDDs</b>
<b>CC-1.1:</b> Increase meaningful participation of individuals with I/DD and their families from underserved groups in <i>all</i> initiatives, projects, and activities.	Y1: Provide guidance on meaningful participation. Y2: Create annual UCEDD performance measure on meaningful roles across activities. Y3+: Require reporting in PPR.	Y1+: Support information exchange on meaningful engagement across the core functions at the AUCD Conference. Y2+: Request COLA to identify exemplary practices.	Y2: Develop data reporting processes on meaningful roles for the UCEDD PPR. Y3+: Generate a standard report on measure and provide TA to UCEDDs.	Y2: Establish strategies, goals, and activities for meaningful engagement. Y3+: Develop procedures to support progress on meeting goals.
<b>Objective CC-2:</b> Advance and disseminate scientific knowledge and innovation gained from the evaluation of ED&I and related initiatives for people with I/DD and their families from underserved groups throughout the U.S., its territories, and the tribal nations.				
<b>Action Step</b>	<b>AIDD</b>	<b>AUCD</b>	<b>URC</b>	<b>UCEDDs</b>
<b>CC-2.1:</b> Document the results of ED&I initiatives on <i>near-term</i> organizational outcomes such as consumer satisfaction, employee satisfaction, and effectiveness.	Y2+: Request reporting of the evaluation of ED&I initiatives in the UCEDD PPR narrative. Y2+: Create performance measure for research activities. Y3+: Require reporting in PPR.	Y1: Provide forums for information exchange and highlighting progress; seek support for federal funding. Y2+: Work with all AUCD Councils to strengthen research across the network.	Y1+: Build web repository for findings and resources. Y2+: Develop a reporting structure for performance measure to document results of initiatives; coordinate training and TA.	Y1+: Work with CAC, leadership, faculty, and staff, to identify opportunities for evaluation; provide resources and tools to implement and assess progress on identified goals.
<b>CC-2.2:</b> Document the results of ED&I initiatives on <i>long-term</i> organizational outcomes such as enhanced access, quality, and outcomes of I/DD	As above.	As above.	As above.	As above.

services and supports				
<b>CC-2.3:</b> Serve as a clearinghouse for findings from other fields that can inform ED&I initiatives.		As above.	As above.	As above.
<b>Area 2: Workforce Diversity (WD)</b>				
<b>Objective WD-1:</b> Increase the recruitment, retention, and advancement of individuals from underserved groups, including those with I/DD and their families as full-time and part-time employees with a particular emphasis on leadership, faculty, professional, and clinical roles.				
Action Step	AIDD	AUCD	URC	UCEDDs
<b>WD-1.1:</b> Assure the availability of reliable and accurate data on race and ethnicity, languages spoken, gender, disability or family identity, by position for all employees within the UCEDD.	Y1: Provide guidance to UCEDDs that requests data be reported in the NIRS for each UCEDD position Y2: Create a performance measure that requires summary report by position. Y3+: Require reporting in the PPR.	Y1+: Provide forums to address progress in workforce diversity at the annual AUCD Conference.	Y1: Add fields to NIRS Directory profiles that reflect the additional demographic data being sought. Y2+: Provide standard report for programs and an aggregate report for the UCEDD Network.	Y 1+: Assure data on race, ethnicity, languages spoken, gender, disability or family identity, and UCEDD position for all employees is current in the NIRS Directory.
<b>WD-1.2:</b> Increase the recruitment of leadership, faculty, professional, and clinical roles to reflect the diversity of the UCEDD's respective states and territories.	As above.	As above.	As above. Also in Y2+: Continue to update D&I Toolkit on strategies for recruitment and retention; highlight exemplary programs and model practices.	Y1+: Consult the D&I Toolkit and other resources on strategies; work with university diversity and equity offices; recruit and mentor new employees; set improvement goals; assess progress.
<b>WD-1.3:</b> Promote the retention and advancement in leadership, faculty, professional, and clinical roles for individuals from underserved groups.		As above.	As above. Also in Y3+: Implement a structure for longitudinal tracking of career advancement for all UCEDD employees in the NIRS Directory.	As above.
<b>WD-1.4:</b> Implement mentoring programs for	Y2+: Provide guidance and funding	As above for mentoring and leadership.	Y1+: Continue to identify resources for mentoring and	Y2+: Utilize leadership development

leadership, faculty, professional, and clinical employees from underrepresented groups.	opportunities to strengthen mentoring and leadership development	Also in Y2+: Serve as network liaison to MSIs and ethnic-specific professional organizations as partners; seek external funding for network-wide initiatives	leadership development; provide models of exemplary mentoring programs from other sectors; provide UCEDD-specific TA.	opportunities; provide mentoring, especially for tenure-track faculty through promotion; apply for and obtain external funding for diversity fellowships.
<b>WD-1.5:</b> Increase the diversity of individuals in leadership roles to reflect that of the U.S., its territories, and the tribal nations.		Y2: As part of the AUCD strategic plan, develop strategies to increase the number of individuals from underrepresented groups in UCEDD leadership positions.	Y2: Report on the diversity of individuals in UCEDD leadership positions. Y3+: Update report; highlight strategies for leadership development and exemplary practices.	Y 1+: Develop UCEDD plan to increase the diversity in leadership roles; work with university diversity and equity offices; provide resources for expanded search and recruitment.
<b>Objective WD-2:</b> Increase the number and proportion of individuals from racial, ethnic, linguistic, and disability groups entering the I/DD and related professions in direct service, policy, advocacy, and research positions to better reflect the diversity of the overall population of the U.S., its territories, and tribal nations.				
Action Step	AIDD	AUCD	URC	UCEDDs
<b>WD-2.1:</b> Increase the recruitment and retention of individuals from under-represented racial, ethnic, linguistic, and disability groups into UCEDD training programs.	Y1+: Continue funding for diversity initiatives; develop guidance for reporting of intermediate and long-term trainees by race, ethnicity, languages spoken, disability status, and area of study. Y2+: Expand funding opportunities beyond one-year to three-year grants to support collaboration and sustainability.	Y1+: Highlight workforce diversity at the annual AUCD Conference; serve as network liaison to MSIs, ethnic-specific professional organizations, and other partner organizations; seek external funding for network-wide initiatives; highlight best practices in recruitment, training, and minority pipeline programs.	Y2+: Provide report for UCEDDs and the network on trainees by race, ethnicity, languages spoken, disability status, and area of study; continue to update D&I Toolkit on exemplary programs and model practices for trainee recruitment and retention; develop resources on scholarships and funding; provide TA to Training Directors.	Y1+: Consult the D&I Toolkit and other resources on strategies; establish diversity internships with an I/DD focus; provide shadowing opportunities and specialized experiences for students; identify mentors and provide mentoring for students, trainees and fellows from underrepresented groups; set improvement goals; assess progress.
<b>WD-2.2:</b> Increase the awareness of career options in I/DD and related	Y2: Develop guidance on the importance of developing early-	Y1+: In partnership with UCEDDs in conference cities or	Y1+: Provide fields in NIRS for pre-career training activities and	Y1+: Develop relationships with colleges and universities for

professions among middle school, high school, and college students from underrepresented groups.	and pre-career awareness of I/DD as a UCEDD activity. Y3+: Request reporting of pre-career training activities as part of the PPR; provide pipeline grants; work with other federal agencies to promote pipeline opportunities.	states, sponsor information booths about the UCEDD network at national meetings of associations representing MSIs; seek external funding for network-wide initiatives.	audiences; develop standard report for programs and the UCEDD network on pre-career training; update D&I Toolkit on training strategies and materials for pre-career students; provide training and TA to UCEDDs on request.	lectures and career day presentations; partner with MSIs for teaching exchanges; support high school STEM initiatives; provide internship, mentoring, and scholarship opportunities; set improvement goals; assess progress.
--	--	--	--	--

**Area 3: Cultural and Linguistic Competence (CLC)**

**Objective CLC-1:** Increase the CLC of the UCEDDs both as programs and as members of their national network.

Action Step	AIDD	AUCD	URC	UCEDDs
<b>CLC-1.1:</b> Examine how CLC is manifested in: (a) workforce skills, knowledge, and capacities; (b) engagement of underserved communities; (c) investment in CLC as a priority; (d) developing leaders from underserved groups; (e) ongoing training and assessment of faculty and staff; and (f) allocation of resources.	Y3: As part of the guidance for the Competing Core Grant Applications, require UCEDDs to conduct an organizational assessment of CLC and include specific goals toward enhance CLC in the five-year plan for all competing UCEDDs.	Y4+: Provide an aggregate report for the UCEDD network on the number of programs that have conducted self-assessment, updated policies, and implemented CLC initiatives.	Y1+: Continue to provide a repository for self-assessment measures, model policies and procedures, and with the Georgetown University <i>Embedding Project</i> curricula and training materials; highlight exemplary program strategies and model practices; provide training and TA to UCEDDs.	Y3+: Conduct self-assessment; develop policies and procedures; develop CLC plan in partnership with the CAC and community organizations including, but not limited to, those serving unserved or underserved populations; set improvement goals; assess progress.
<b>CLC-1.2:</b> Embed content related to CLC across all UCEDD core function areas.	Y2: Provide guidance to UCEDDs that requests regular reporting on how CLC is embedded across the core functions. Y3+: Require reporting on CLC initiatives in the PPR.	Y2+: Highlight practices at annual AUCD Conference and UCEDD Directors' Retreats.	Y1+: Continue to update the D&I Toolkit resources with exemplary practices; host <i>Embedding Project</i> website; highlight; provide training and TA to UCEDDs on request.	Y2+: Review how CLC is embedded in core functions; integrate content; monitor and report progress to stakeholders; share lessons learned with the network in peer-reviewed and grey literature.

<b>Objective CLC-2:</b> Increase the number of UCEDD-sponsored activities that promote leaders and leadership for individuals with I/DD and their families.				
<b>Action Step</b>	<b>AIDD</b>	<b>AUCD</b>	<b>URC</b>	<b>UCEDDs</b>
<b>CLC-2.1:</b> Include individuals with I/DD and family members as trainers, trainees, mentors, content experts, and faculty across all UCEDD and National Network programs.	Y1+: Continue funding for initiatives such as CLC Centers of Excellence and Communities of Practice to support UCEDDs to develop this capacity.	Y2+: Highlight practices at annual AUCD Conference and UCEDD Directors' Retreat.	Y1+: Continue to update D&I Toolkit on CLC topics; host Embedding Project website; highlight exemplary program strategies and model practices; provide training and technical assistance to UCEDDs on request.	Y2+: Conduct self-assessment of the extent to which CLC is embedded in community training and technical assistance activities; create a plan of action; monitor and report progress to key stakeholders; share lessons learned with the network.
<b>CLC-2.2:</b> Increase the CLC of those who work with, learn from, and provide services for individuals with I/DD and their families from underserved groups.		As above.	Y2+: Update the D&I Toolkit on strategies for reciprocal engagement; identify opportunities; set improvement goals; assess progress.	Y 2+: Determine CLC priorities for the five-year plan; conduct surveys or needs assessments of service systems on CLC; create a plan of action; monitor and report progress to stakeholders; share lessons learned with the network.

**Area 4: Local/State Impact (LSI)**

<b>Objective LSI-1:</b> Promote the systematic collection, analysis, and dissemination of disparity data across the areas of emphasis to serve as a benchmark against which progress can be measured.				
<b>Action Step</b>	<b>AIDD</b>	<b>AUCD</b>	<b>URC</b>	<b>UCEDDs</b>
<b>LSI-1.1:</b> Gather reliable and accurate data on the disparities in one or more areas of emphasis.	Y3+: Provide guidance to UCEDDs that requests reporting of disparities addressed and how they are measured in the PPR.	As above.	Y2+: Update D&I Toolkit on strategies and data sources for ED&I and diversity initiatives; other activities as noted above.	Y3+: Identify data source(s) for initiative(s) in area(s) of emphasis; examine technical adequacy of data; report data in PPR.
<b>LSI-1.2:</b> Identify data sources that document disparities in the relevant areas of emphasis.	Y1+: Work with federal agencies to include disability as a demographic identity in surveys		Y2+: Provide summary of data sources by demographic variable by scope (i.e., state or	Y2+: Contribute state or territory level indicators of progress.

	and other routinely collected data.		national) by area of emphasis; update annually.	
<b>Objective LSI-2:</b> Advance and disseminate scientific knowledge and innovation related to reductions in disparities experienced by individuals with I/DD and their families from underserved groups throughout the nation.				
Action Step	AIDD	AUCD	URC	UCEDDs
<b>LSI-2.1:</b> Establish a national research agenda to coordinate, sustain, and optimize impact of research on addressing disparities experienced by individuals with I/DD and their families from underserved groups throughout the nation.	Y2+: Advocate for federal funding to examine disparities, equity, diversity, and inclusion; develop guidance that requires the engagement of individuals from underserved groups in research. Y3+: Request and in Y5 require annual reporting on engagement in research in the PPR.	Y1+: Provide forums for directors, councils, and the general membership to address the continuing evolution of knowledge in this area at the annual AUCD Conference; seek federal support for development of national research agenda and for network-wide initiatives.	Y2+: Provide support for a network-wide workgroup on developing a shared research agenda; post deliberations on the URC website.	Y2+: Identify areas of disparity for intervention and collaboration; develop national partnerships; seek funding; assess progress.
<b>LSI-2.2:</b> Document the implementation of at least two initiatives designed to reduce disparities for individuals with I/DD and their families from underserved groups in the five-year plan.	Y3+: Require reporting on program implementation in at least one area of emphasis in the PPR.	As above.	Y2+: Serve as a repository for findings as part of the D&I Toolkit; identify and provide existing resources and systems change strategies; coordinate training and TA to UCEDDs.	Y2+: Identify areas of disparity for intervention; develop partnerships; seek funding; select data source; set improvement goals; assess progress; share lessons learned.
<b>Objective LSI-3:</b> Promote the adoption of policies and legislation focused on reducing disparities and barriers to services experienced by individuals with I/DD and their families from underserved groups.				
Action Step	AIDD	AUCD	URC	UCEDDs
<b>LSI-3.1:</b> Work with DD Network partners to develop and support advocacy leaders with the knowledge and skills to work with governors, state agencies, and legislatures to define solutions to	Y1+: Continue and expand funding for initiatives such as the CLC Community of Practice; continue funding for comprehensive leadership development programs.	Y2+: Facilitate a dialogue with NDRN and the NACDD on developing stronger partnerships among the DD Network partners to address disparities, equity, diversity, and	Y1+: Continue investing in initiatives such as the AUCD Leadership Academy. Y2+: Highlight best practices in DD Network partnerships; develop a listing of leadership and	Y3+: Determine CLC priorities for the UCEDD five-year plan; build relationships with DD Network partners; assess needs, interest, and commitment of DD Network to identify solutions for persistent

<p>the persistent disparities experienced by individuals with I/DD and their families from underserved groups.</p>		<p>inclusion; highlight practices at annual AUCD Conference and UCEDD Directors' Retreat.</p>	<p>cross-cultural coalition-building initiatives.</p>	<p>inequities; assemble team; create plan; report progress to network partners; share lessons learned with the network.</p>
<p><b>LSI-3.2:</b> Work with DD Network partners to organize cross-cultural coalitions to educate and advocate for the implementation of evidence-based interventions to reduce disparities experienced by individuals with I/DD and their families from underserved groups.</p>	<p>Y1+: Continue and expand funding for initiatives such as the CLC Community of Practice; continue funding for comprehensive leadership development programs.</p>	<p>Y 1+: Request AUCD councils to highlight effective models of engaging underserved communities, identifying methods, and promoting promote the use of evidence-based practices in transforming systems. Y2+: Support the dialogue with partners on building stronger partnerships among the DD Network; feature practices at annual AUCD Conference and Directors' Retreat.</p>	<p>Y1+: Develop and maintain resources for training individuals with I/DD and their families to develop the knowledge and skills necessary to successfully implement interventions; continue investing in initiatives such as the AUCD Leadership Academy. Y2+: Highlight lessons learned from the ten states selected for the Community of Practice.</p>	<p>Y 3+: Determine priority for the UCEDD five-year plan; build relationships with DD Network partners; learn from states that have positive experiences in addressing disparities; conduct needs assessments on the interest and commitment of partners to address barriers and disparities; assemble team; create plan of action; monitor and report progress to partners; share lessons learned with the network.</p>
<p><b>LSI-3.3:</b> Advance and disseminate scientific knowledge on the impact of developing leaders and cross-cultural coalitions on reducing disparities.</p>	<p>Y 1+: Advocate for federal funding for leadership preparation and organizational capacity building to implement equity, diversity, inclusion, and disparity initiatives in the UCEDDs and their work with partner organizations.</p>	<p>As above.</p>	<p>Y2+: Develop (or contract for) a listing of leadership and cross-cultural-coalition-building initiatives; host listing on URC website.</p>	<p>Y3+: Identify opportunities to evaluate leadership preparation and cross-cultural organizational capacity building initiatives; provide resources, select measurement tools, implement, and assess progress.</p>

## ACRONYMS AND ABBREVIATIONS

AIDD	Administration on Intellectual and Developmental Disabilities
APA	American Psychological Association
AUCD	Association of University Centers on Disabilities
CAC	Consumer Advisory Committee
CC	Crosscutting Considerations
CEDC	Community Education and Dissemination Council
CLC	Cultural and linguistic competence
COLA	Council on Leadership and Advocacy
CoP	Community of Practice
CORE	Council on Research and Evaluation
D&I Toolkit	Diversity and Inclusion Toolkit
DD	Developmental Disabilities
DD Act of 2000	Developmental Disabilities Assistance and Bill of Rights Act of 2000
ED&I Action Plan	Equity, Diversity, and Inclusion Action Plan
GSU	Georgia State University
HBCU	Historically Black Colleges and Universities
HHS	Health and Human Services
I/DD	Intellectual and developmental disabilities
LEND	Leadership Education in Neurodevelopmental Disabilities
LSI	Local/State Impact
MCC	Multicultural Council
MSI	Minority serving institutions
NACDD	National Association of Councils on Developmental Disabilities
NCCC	National Center for Cultural Competence at Georgetown University
NDRN	National Disability Rights Network
NIRS	National Information Reporting System
NTDC	National Training Directors' Council
PPR	Program Performance Report
RFP	Request for proposals
STEM	Science-Technology-Engineering-Mathematics
UCEDD	University Center for Excellence in Developmental Disabilities
URC	UCEDD Resource Center
USC	University of Southern California
WD	Workforce Diversity

## REFERENCES

- Alegria, M., Vallas, M., & Pumariega, A.J. (2010). Racial and ethnic disparities in pediatric mental health. *Child and Adolescent Psychiatric Clinics*, 19(4), 759-774.
- American Psychological Association, Presidential task force on educational disparities. (2012). *Ethnic and racial disparities in education: Psychology's contributions to understanding and reducing disparities*. Retrieved from <http://www.apa.org/ed/resources/racial-disparities.aspx>
- Arango-Lasprilla, J. C., Ketchum, J. M., Stevens, L. F., Balcazar, F., Wehman, P., Forster, L., & Hsu, N. (2009). Ethnicity/racial differences in employment outcomes following Spinal Cord Injury. *NeuroRehabilitation*, 24, 37-46. doi: 10.3233/NRE-2009-0452
- Ariles, A. J., & Trent, S. C. (1994). Overrepresentation of minority students in special education: A continuing debate. *Journal of Special Education*, 27, 410-437. DOI: 10.1177/002246699402700404
- AUCD Diversity and Inclusion Toolkit (n.d.). Key terms. Retrieved from <http://www.implementdiversity.tools/>
- Blick, R., Franklin, M., Ellsworth, D., Havercamp, S., & Kornblau, B. (2015). *The double burden: Health disparities among people of color living with disabilities*. Ohio Disability and Health Program. Retrieved from [http://nisonger.osu.edu/sites/default/files/u339/the\\_double\\_burden\\_health\\_disparities\\_among\\_people\\_of\\_color\\_living\\_with\\_disabilities\\_0.pdf](http://nisonger.osu.edu/sites/default/files/u339/the_double_burden_health_disparities_among_people_of_color_living_with_disabilities_0.pdf)
- Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, 129(Suppl 2), 5–8.
- Braveman, P., Arkin, E., Orleans, T., Proctor, D., & Plough, A. (2017). *What is health equity? And what difference does a definition make?* Princeton, NJ: Robert Wood Johnson Foundation.
- Braveman, P. & Gruskin, S. (2003). Defining equity in health. *Journal of Epidemiology and Community Health*, 57, 254-258. Retrieved on 9/7/16 from <http://jech.bmj.com/content/57/4/254.full.pdf+html>
- Brown, R. L., & Turner, R. J. (2010). Physical disability and depression: Clarifying racial/ethnic contrasts. *Journal of Aging & Health*, 22, 977-1000. doi:10.1177/0898264309360573
- Bureau of Labor Statistics, U.S. Department of Labor (2017). Unemployment rate and employment-population ratio vary by race and ethnicity. *The Economics Daily*. Retrieved from <https://www.bls.gov/opub/ted/2017/unemployment-rate-and-employment-population-ratio-vary-by-race-and-ethnicity.htm>
- Carter-Pokras, O., & Baquet, C. (2002). What is a “health disparity”? *Public Health Reports*, 117, 426–434.
- Dahlgren G., & Whitehead, M. (1992). *Policies and strategies to promote equity in health*. Copenhagen: World Health Organization
- Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act, 2000), Pub. L. 106-402, 114 Stat. 1677, 42 U.S.C. §§ 15001-15115. Retrieved from [https://www.aucd.org/docs/urc/dd\\_act\\_011907.pdf](https://www.aucd.org/docs/urc/dd_act_011907.pdf)
- Durkin, M.S., Maenner, M.J., Baio, J., Christensen, D., Daniels, Fitzgerald, R., Imm, P., Lee, L., Schieve, L., Van Naarden, K., Wingate, M.S., Yeargin-Alsopp, M. (2017). Autism spectrum disorder among US Children (2002–2010): Socioeconomic, racial, and ethnic disparities. *American Journal of Public Health*, 2017; 107(11): 1818-1826. <http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2017.304032>

- Feinberg, E., Silverstein, M., Donahue, S., & Bliss, R. (2011). The impact of race on participation in Part C early intervention services. *Journal of Developmental and Behavioral Pediatrics, 32*, 284-291. doi: 10.1097/DBP.0b013e3182142fbd
- Flores, G. (2010). Technical Report—Racial and ethnic disparities in the health and health care of children. *Pediatrics, 125*, e979-e1020. doi:10.1542/peds.2010-0188
- Goode, T., Jones, W., & Christopher, J. (2017). Responding to cultural and linguistic differences among people with intellectual disability. In Wehmeyer, M. L., Brown, I., Percy, M., Fung, W.L.A., & Shogren, K.A. (Eds.), *A comprehensive guide to intellectual and developmental disabilities* (2nd ed.). Baltimore, MD: Brookes Publishing.
- Harrington, C., & Kang, T. (2008). Disparities in service utilization and expenditures for individuals with developmental disabilities. *Disability and Health Journal, 1*, 184-195. doi:10.1016/j.dhjo.2008.05.004
- Horner-Johnson, W., Fujiura, G. T., & Goode, T. D. (2014). Promoting a new research agenda: Healthcare at the intersection of disability, race, and ethnicity. *Medical Care, 52*(10, S3).
- Kessler Foundation (2017). Report of Main Findings from the Kessler Foundation 2017 National Employment and Disability Survey: Supervisor Perspectives. East Hanover, NJ.
- Krezmien, M. P., Leone, P. E., & Achilles, G. M. (2006). Suspension, race, and disability: Analysis of statewide practices and reporting. *Journal of Emotional and Behavioral Disorders, 14*, 217-226.
- Kugelmass, H., & Ready, D. D. (2011). Racial/ethnic disparities in collegiate cognitive gains: A multilevel analysis of institutional influences on learning and its equitable distribution. *Research in Higher Education, 52*, 323-348.
- Lê Cook, B., Trinh, N., Li, Z., Hou, S. S., & Progovac, A. M. (2017). Trends in racial-ethnic disparities in access to mental health care, 2004–2012. *Psychiatric Services, 68*, 9-16. doi: 10.1176/appi.ps.201500453
- Magaña, S., Parish, S., Morales, M. A., Li, H., & Fujiura, G. (2016). Racial and ethnic health disparities among people with intellectual and developmental disabilities. *Intellectual & Developmental Disabilities, 54*, 161-172. doi: 10.1352/1934-9556-54.3.161
- Magaña, S., Parish, S. L., Rose, R. A., Timberlake, M., & Swaine, J. G. (2012). Racial and ethnic disparities in quality of health care among children with autism and other developmental disabilities. *Intellectual and Developmental Disabilities, 50*, 287-299. doi: 10.1352/1934-9556-50.4.287
- Mandell, D. S., Wiggins, L. D., Carpenter, L. A., Daniels, J., DiGuseppi, C., Durkin, M. S., & ... Kirby, R. S. (2009). Racial/ethnic disparities in the identification of children with autism spectrum disorders. *American Journal of Public Health, 99*, 493-498. doi:10.2105/AJPH.2007.131243
- Morgan, P.L., Farkas, G., Hillemeier, M.M., & Maczuga, S. (2012). Are minority children disproportionately represented in early intervention and early childhood special education? *Educational Research, 41*(9), 339–351.
- Morgan, P. L., Farkas, G., Hillemeier, M.M., Mattison, R., Maczuga, S., Li, H., & Cook, M. (2015). Minorities are disproportionately underrepresented in special education: Longitudinal evidence across five disability conditions. *Educational Researcher, 44*, 278-292.

- Mukherjee, S., Trepka, M. J., Pierre-Victor, D., Bahelah, R., & Avent, T. (2016). Racial/ethnic disparities in antenatal depression in the United States: A systematic review. *Maternal and Child Health Journal, 20*, 1780-1797. doi:10.1007/s10995-016-1989-x
- National Center for Cultural Competence (n.d.). Conceptual frameworks/models, guiding values and principles. Retrieved from <https://nccc.georgetown.edu/foundations/framework.php>
- Nestor, B. A., Cheek, S. M., & Liu, R. T. (2016). Ethnic and racial differences in mental health service utilization for suicidal ideation and behavior in a nationally representative sample of adolescents. *Journal of Affective Disorders, 202*, 197-202. doi: 10.1016/j.jad.2016.05.021
- Olney, M. F., & Kennedy, J. (2002). Racial disparities in VR use and job placement rates for adults with disabilities. *Rehabilitation Counseling Bulletin, 45*, 177-185.
- Oregon Department of Human Services (2014). *Service equity framework*. Retrieved from <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/AAABusinessTraining/Service%20Equity%20presented%20April%202014.pdf>
- Pellegrino A. M., Sermons B. M., & Shaver G. W. (2011). Disproportionality among postsecondary students seeking evaluation to document disabilities. *Disability Studies Quarterly, 31*. Retrieved from [www.ds-sds.org/article/view/1588/1556](http://www.ds-sds.org/article/view/1588/1556)
- Scott, H. M., & Havercamp, S. M. (2014). Race and health disparities in adults with Intellectual and Developmental Disabilities living in the United States. *Intellectual & Developmental Disabilities, 52*, 409-418. doi:10.1352/1934-9556-52.6.409
- Shenkman, E., Vogel, B., Brooks, R., Wegener, D. H., & Naff, R. (2001). Race and ethnicity and the identification of special needs children. *Health Care Financing Review, 23*, 35-51. doi:
- Shogren, K. A., & Shaw, L. A. (2017). The impact of personal factors on self-determination and early adulthood outcome constructs in youth with disabilities. *Journal of Disability Policy Studies, 27*, 223-233. doi:10.1177/1044207316667732
- Thomas, K. C., Ellis, A. R., McLaurin, C., Daniels, J., & Morrissey, J. P. (2007). Access to care for autism-related services. *Journal of Autism and Developmental Disorders, 37*(10), 1902-1912. doi:10.1007/s10803-006-0323-7
- Trainor, A. A., Lindstrom, L., Simon-Burroughs, M., Martin, J. E., & Sorrells, A. M. (2008). From marginalized to maximized opportunities for diverse youths with disabilities: A position paper of the Division on Career Development and Transition. *Career Development for Exceptional Individuals, 31*, 56-64. doi:10.1177/0885728807313777
- Wagner, M., Newman, L., Cameto, R., Garza, N., & Levine, P. (2005). *After high school: A first look at the post-school experiences of youth with disabilities*. A Report from the National Longitudinal Transition Study-2. Menlo Park, CA: SRI International
- Zuckerman, K. E., Mattox, K. M., Sinche, B. K., Blaschke, G. S., & Bethell, C. (2014). Racial, ethnic, and language disparities in early childhood developmental/behavioral evaluations: A narrative review. *Clinical Pediatrics, 53*, 619-631. doi: 10.1177/0009922813501378