Association of University Centers on Disability
Webinar: Considerations for Cultural and Linguistic Differences in Community Education and Information Dissemination
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>> Anna Costalas: Hello and welcome to "Considerations for Cultural and Linguistic Differences in Community Education and Information Dissemination." My name is Anna Costalas, the Resource and Dissemination Manager here at AUCD. We'd like to thank you all for joining us today. Before we begin, I'd like to address a few logistical details, provide a brief introduction of our speakers, following the presentation will be time for questions.

Because of the number of participants, your telephone lines will be muted throughout the call. However, we will unmute your phones one at a time during the Q&A at the end. You will need to press star and pound on your phone to request to be unmuted to ask your questions.

If you're using the microphone on your computer, you can raise your hand or click on the icon at the top of the screen. You can also submit questions at any point during the presentation in the chat box on the webinar console. You may send a chat to the audience or presenters only. We will combine your questions throughout the webinar and address them at the end. Please note we may not be able to address every question and may combine some questions.

There will also be a short five-key evaluation at the close of the webinar. We invite you provide feedback and suggestions for future topics.

I will now pass over the mic to the Chair of AUCD Council. Jerry Alliston.

>> Jerry Alliston: Thanks. My pleasure to be here today.

This presentation is something we've been talking about for several months and we really wanted to get this coordinated. For those of you familiar with the council, we focus on best practices and community education and certainly dissemination. So last year we focused on four particular dissemination activities but we really wanted to kind of focus, take it more in-depth, as far as the culture and linguistic differences and what you should consider, etc. So what better place to go than some of the experts, some leadership in the Multicultural Council?

So for the past few years I have been blessed to serve on AUCD's board with the two-percenters today, Dr. Maria Mercedes Avila, and Dr. Christine Vining, two wonderful ladies, very knowledgeable in their areas. I won't sit here and read everything about them.

There is great bio information. But I will say Dr. Avila is from Vermont, does a lot with the LEND Program, and is known for her work in culture and linguistic diversity around the nation if not the world at this point. And I could say the same thing about Dr. Vining. Chris has done a lot in New Mexico and done a lot with the conference they hold there, making sure cultural diversity is part of that, and then a lot of what they do in their state and, of course, around the country.

I can guarantee you won't meet two more passionate colleagues in the network. Not only do they practice what they preach, they preach what they practice. So it's my pleasure and honor to introduce Dr. Avila, and Dr. Vining to share a little bit of their expertise today. We're very excited to have both of you ladies on this webinar.

>> Dr. Christine Vining: Thank you. I will begin.

Hopefully as participants you'll be able to describe cultural diversity and culture competence and Technical Assistance Community engagement, education and information, dissemination. I hope that this talk will be able to help you think about ideas which integrate culture in the work that you're doing and also understand underlying disparities. This session doesn't allow for going into the in-depth discussion on this topic but hopefully we'll be able to touch on some areas that will help to emphasize the need to access information, especially in underserved populations. And then the last is supervise strategies for integrating cultural diversity [Inaudible].

In the work of community education council, as Jerry is the chair of the council, has shared, the work is really [Inaudible], also collaboration with the LEND Program and the IDDRC.

So this talk is in some ways supporting that mission, but also the broader mission of the AUCD and the network to emphasize our core function in the way that we engage in community service activities, including education and technical assistance, and also information dissemination which is a chart for all of our networks. In these activities, they typically occur with or for individuals with developmental disabilities. They're founding members, paraprofessionals, trainees, students, and volunteers. So this is a huge effort. And it will require a lot of coordination, collaboration, and communication. We are truly in this together. This work cannot be done alone by any one individual, organization, or person. It requires a lot of coordinated effort.

Considering diversity and dissemination requires us to think about how do we address inequities experienced by individual with developmental disabilities from underserved [Inaudible]. This is an area that we still need to continue to emphasize and hopefully we are, you know, improving our outcomes for this population.

How do we [Inaudible] -- how do we engage diversity [Inaudible]

[CAPTIONS PAUSED to relay audible difficulties.]

>> Anna Costalas: Excuse me. Can you move a little closer to the microphone? Thank you. Sorry for interrupting.

>> Dr. Christine Vining: Requires us to think about how [Inaudible] impacts the work that we do.

Can you hear me better?

>> Anna Costalas: Thank you.

>> Dr. Christine Vining: It includes not only diversity but equity and inclusion in the work that we do, requires us, especially on the council, to look at how we identify [Inaudible] related to diversity, how we represent those voices regarding interests and concerns related to

community education and information and also how did this influence policy and other initiatives and how we share information, programs, and dissemination practices.

All of these are important [Inaudible] in the production of information [Inaudible] requires consideration for a diverse audience. [Inaudible]

So we all have a culture. It's important that we recognize that and how it impacts our work. Culture is learned and shared knowledge [Inaudible] to generate their behavior and interpret [Inaudible] of the world. [Inaudible]

Every day that we engage in this work we have multi-cultural encounters. Our culture influences our interaction. It includes the rituals, the practices, the manners, the customs, communication, belief, practices, languages, and expected behaviors. All of these are ways that interactions with the communities are also impacted. Cultural [Inaudible] also religious, political, professional and other social groups. Culture can be defined in a broad way.

Why is it important [Inaudible] and the work of our network. In the year 2045, the nation will become a majority minority. And this is something that we're seeing in every state. As a review for [Inaudible], historically they were pretty much a largely white state but now are seeing more and more diverse communities.

So I think this is one of the reasons why as a network we need to be able to respond to the diversities of our communities. The population under 18 years of age will reach the status by 2018, 2019. That's next year. It's really here. It used to be we were projecting 10 years down the road that was going to happen but it is here. We are living in a very diverse environment. [Inaudible]

In the work they are creating information, writing, publishing, and community education [Inaudible], our diverse perspectives represented. For example, the perspectives of the underserved includes the racial and ethnic groups, include those that are so small in numbers and [Inaudible] larger society. And for me as an American Indian, I represent that group. Our population, less than 1% nationwide and the needs of these communities tend to be invisible to the larger society. It includes refugees, individuals of low income, individuals from LGBTQ community, individuals who are not proficient in English, and community in rural settings and most importantly representing the individuals with disabilities.

Honoring these diverse [Inaudible] requires engagement and partnerships to ensure these individuals participant in [Inaudible] reviewing materials, dissemination, training. What voice [Inaudible]. What partners could be [Inaudible] to ensure products reflect the diverse communities we serve?

Individuals representing these diverse backgrounds, part of the development, review, dissemination, community education process. So to what extent do we partner with the communities to improve outcomes for individuals and families?

The term [Inaudible] was used as a mandate. I think we've come a long way in realizing what this mandate means. But we also still have work to do in this area. The term cultural competence means services, supports, or other assistance connected or provided in a manner responsive to the belief, attitude, language, and [Inaudible] individuals who are receiving services and in the manner that has the greatest likelihood of ensuring their maximum [Inaudible] in the program.

So the big question for us is: How responsive are we in our community?

And relative to the topic of intellectual and developmental disabilities and racial and ethnic adversity, there is very little knowledge here that isn't published. There is a significant gap that suggests that as a network we have not addressed the culture and [Inaudible] with

intellectual and developmental disabilities for [Inaudible]. We need to keep working as it truly meets the mandate.

And this is another slide that really about cultural competence, the ability to work in the cross-cultural context and be able to address the differences in our work. And there are five elements. And these are important considerations for us as individuals and as organizations. One is that we have to be aware of our own culture and be able to accept the value and cultural differences. We have to be aware of all the values because sometimes our values are different and they clash, and sometimes they're not recognized in an organization. Understanding the range of dynamics that result from the interaction between people of different cultures. This happens every day in [Inaudible], meeting the family, meeting the client, we are engaging in those [Inaudible] where different cultures are coming together . And sometimes they mesh well and sometimes there's a clash. So this is where we're coming from different cultural orientations.

Developing cultural knowledge of particular communities served or to access [Inaudible] who may have that knowledge. Again, much of the work around training, technical assistance, community engagement [Inaudible] able to reach out to the communities so that we do this in partnership. The ability to adapt individual intervention programs and policies, cultural context of the individual stamina [Inaudible].

I'm going to turn my attention to the linguistic competence now because this is also an area that is important to consider. Linguistic competence is the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse groups.

And here are some of those groups, persons of limited English proficiency, those not literate or have low literacy skills, those with disabilities, those who may be deaf or hard of hearing.

It requires organizational and [Inaudible] to respond effectively [Inaudible] needs of the population for that information to be understood and so people can make effective decisions. So it impacts delivery but also impacts our ability to train and provide community education and disseminate information.

We have to think about the audiences, [Inaudible] language, literacy level, information whether it's posted on social media, published, or even just presented as training. There are audiences, other audiences that could benefit from it. So language [Inaudible] audience is important in ensuring maximum participation.

This is a chart from the U.S. Census. It really illustrates that the English speaker is just one component of our national populations there are many other languages in the United States. And some of them are larger than others, Spanish speaking, about 13%. And then we have other European languages, Asian languages. It continues to grow. We will continue to be diversified in the languages. There are other languages besides English to consider.

So when we think about the language spoken, we have to ask the question: Is there a need to translate any information that we create? Is there a need for interpretation? You may need to consult with speakers, other languages in developing or publishing some of the materials.

And here again, limited English-speaking households. In the United States we have households that speak Spanish, Asian languages. So English may be limited. So some of the considerations you have to think about are: Is there wording that may be difficult to interpret or translate in limited English-speaking households? Are there any negative connotations to the

wording we provide or catch phrase that need to be replaced or eliminated? Is material written in a way that would be understood by those with different reading levels, non-English -- non-native English speakers or individuals with disabilities? These are all considerations around language.

And I can speak for our American Indian population that even though in the literature it suggests that [Inaudible] English speakers, would go out to communities and find people are very much bilingual or they prefer the language to be in the native language, to help understand some of the concepts. So these are some considerations that need to be taken.

And then the next piece is on language access. In 2012, the NCD implemented its language access plan for ensuring effective communication with individuals who are considered to have limited English proficiency. And some of the guidance established includes [Inaudible] and supports [Inaudible] in a preferred language that written materials are translated, adapted, and provided in alternative formats based on the need and preferences of the population served, that interpretation and translation services comply with all federal, state, and local mandates and consumers are engaged [Inaudible] language access. I think this is something that we still need to work at because we don't have all the languages represented oftentimes.

And then here [Inaudible]. Initially I thought this slide would be helpful for those you have in the process of thinking about translating projects. There's a toolkit for making written materials clear and effective. It was developed by CMS, at their website. If you want more information about this, there's a lot more there. But this is just the slide to illustrate -- when we look at translation to consider whether it's appropriate to translate the material, the methods need to be discussed as to which way they're going to be translated; if it's going to be one way from English to the target language or is it going to be a two-way that requires translation where one person translates and a different person translates it back to English to compare the original English and translated English. So these are different ways of translating.

And then also thinking about the use of professional translators who have cultural knowledge and the skills needed to do a good translation. I think sometimes we forget about the cultural piece when we translate or interpret. There are a lot of ways that information can be translate but someone who knows the culture can do a good job in doing that if that's going to be helpful in developing the products or materials for dissemination.

And then also translating [Inaudible], there are definitely ways -- things to be said if it's a straight translation. But someone who knows the culture may know how to gauge it and say that this is not the right way to say this. So that's a the value of being able to have people with cultural knowledge engaged in this process.

And also review the translated text for accuracy, ease of use, and the appropriateness. All of these are considerations for translation activities.

And this I think can be helpful for anything that would you do from training to community engagement, conducting, disseminating information in a variety of ways. Think about the [Inaudible] and partnering with them and doing this together. Sometimes especially in native communities, people come in and they gather information and they never come back or else they come in with their own ideas about how the [Inaudible] should function. So it's always important to do this with people [Inaudible] information for, that they are part of the process. And also [Inaudible] this is the interaction. All the rules of interacting. Sometimes it can get in the way of truly accessing information.

Learning about ways to gain entry into the communities, again, learning about the

people, with the people themselves, and then finding the ways to engage them. And also considering the belief of the communities who are, from our perspective as American Indians, you know, we still hold a lot of value for traditional practices. So that may be integrated with the Western ways of thinking. So, again, these are some things to think about.

And then considering the recent levels of our population. Again, with American Indians, the graduation rate for high school students, [Inaudible]. So you have to remember [Inaudible] might be. Consider exposure to English and the native language. Again in our communities, they may not speak the native language but they sure understand the native language. So, again, we have lots of different types of language used. We have [Inaudible] users, traditional users, bilingual, primarily English but then they also understand the native language. And then we have those who can write the native language but not quite speak it. So we have different ways that language is used.

And then ensuring that tools are reviewed for bias. When we are communicating through [Inaudible] for training, think about ways of presenting that information. In our culture, [Inaudible] is very strong. [Inaudible] that's when people really began to write and read English. So old tradition is a good way to convey information. So think about innovating that as the information you share.

Looking at the strategies, visual strategies, how could that be helpful in getting the information across? And also, always be thinking about bilingual people, communities that can be helpful in creating the product, training, and disseminating that information.

I have just a couple of minutes before I turn it over to Mercedes but I wanted to share [Inaudible] from Native-American communities. Basically this was done by the Native-American Research Training Center in Arizona. Some of the findings was that the strength of the people [Inaudible] child service agency staff who care and know the communities. I think that's an important thing to remember. Sometimes when we think about and read about people with disabilities, we always hear the negative aspects. Just remember that there are tremendous [Inaudible] individuals from diverse communities bring.

For [Inaudible], they face challenges as well. We hear about the different kinds of disparities. But I think transportation is one that really limits access, especially in a rural community because when they don't have a car to get to training, they don't benefit from that information. And if they don't have access to the internet, they don't access that information. So we have to think about other ways of how can these individuals access information.

Issues of poverty. In New Mexico, like one in four are in low income. So we have a high poverty rate in New Mexico. So that really is a challenge. And then all of the other issues with drug and alcohol abuse, mental health, lack of jobs in the American Indian communities, makes it difficult for people with developmental disabilities [Inaudible] so these are starts that impact [Inaudible].

And some of the recommendations that were made for increasing [Inaudible] effectiveness is to increase [Inaudible] connections with people with DD by forging relationships with respective community collaborators, to be successful in partnering with communities in relationships is necessary. I think that's a key word here. In everything that we do, that there's a relationship that is the base for the work that is being done. Without that relationship, it's not going to go very far. And I think that's what I've learned in working with my own native communities to do that. [Inaudible] and it lays down the basis for establishing a relationship and building on that is how we change our communities, how we form our communities, how we share information. That relationship has to be there.

[Inaudible] ensure connections with people with their families [Inaudible]. This reflects American Indians [Inaudible] their own service models. I think this is a real challenge. We want to impose our models on those communities. And it's very hard to establish the models together. And that's what's needed to help some of these communities thrive and provide appropriate services.

And then the fourth point here, education and training of developmental disabilities. There is a information -- there is information out there on how to support individuals with disabilities and their families, even around autism people are still understanding what autism is. So, again, our work, there's just so much work that's needed in this area. Building a nation, what's that resource for information? One day maybe we'll see that but right now it's very difficult to access information. Promoting connection that are based on mutual respect and understanding of culture, laws area customs of the population. So learn about their culture in order to be able to provide the services and supports needed. And last, promote connection that are based on the community.

So this is my piece in this presentation to make sure we recognize the needs of the diverse community.

Thank you.

>> Dr. Maria Avila: Thank you, Chris. Can everybody hear me? Can you hear me?

>> Dr. Christine Vining: Yes.

>> Dr. Maria Avila: Perfect. Let me turn up here.

Ok. So I'm going to -- I want to answers a couple of questions unless you, Chris, want to address. I can answer a couple of them. I know Sarah mentioned using pictures to broaden language access. I think that's a great idea, however, pictures have to be also culturally responsive and specific to the communities we serve.

I've seen specifically pictures be not culturally responsive in assessment tools and screening tools. That's one of the pieces I'm going to talk about in my presentation.

Translation of specific languages is also big barrier. And I think it applies to our -- many of our native groups and also some of our newly arrival groups like former refugees who might not even have a written form of their language like we have some of those communities here in Vermont.

I want to give just a brief background around what we've been doing in Vermont for the last probably almost a decade now. We have our program for 25 years here in the Vermont LEND Program. I joined -- it was between 2008 and 2009. And when I joined the program, our program was 100% white, trainees, fellows, faculty, and staff. So I mentioned -- for those of you who know me, I mentioned that that was a problem. So since then we have made a very specific commitment to diversify in our program. So our Vermont LEND Program right now is 50% racially diverse faculty and staff, and 50% to 70% racially diverse our trainees and fellows.

I don't know if you know a lot about Vermont besides the winters, but we are the second whitest state in the country, following Maine. So we're both here in the northeast. So we've been -- that's one of the pieces that we've been doing. And regarding to studies and research that we've been working closely together with the refugee communities here. Refugees and immigrants, which are also -- some of them are part of the refugee displacement groups in our state. They represent 50% of the racial diversity changes in our state. So that's one of our focus -- we focus specifically on those communities.

And I want to share a study that we recently did with this community around

developmental screening and assessment tools. I put a lot of animation. I just realized I had to click.

So one of the pieces -- this is what Chris mentioned earlier. We had to respond to the current and demographic changes. In the United States, we're becoming a minority-majority country. So that's one of the specific pieces we had to address, through workforce diversity, through recruitment of trainees, fellows, faculty and staff in our programs, and doing that not just at our program level but at the local state and national levels.

One of the important pieces of working closely and meaningfully with underserved communities is one of the approaches to eliminate longstanding disparities in these communities. We also are able to improve quality and accessibility of services for communities.

Advanced knowledge related to mandates, Chris described some of the pieces related to linguistic competency. Generally when I do presentations in person, I ask people to raise their hands if you've ever heard of Title VI in our country or LEP, which is limited English proficiency.

We have a website, by the way, which I always joke that you should go see before it disappears. However, it was gone in August. I don't know if you were paying attention, but it's back again. They changed many of the pieces in the LEP website.

So these are specific mandates we're required to follow because we receive federal funding as LEND and UCEDD programs.

And this is some of the pieces important to understand when we do dissemination and when we do research or connect with communities -- I'm sure many of you working in academic institutions, you've heard of IRB processes it's really important to understand that many times we have had histories with communities that have been negative, have placed a negative impact on these communities. So that's one of the reasons we have IRB processes in place at universities and hospitals. And many times at the community level because of this distrust that exists between academia and those communities.

So one piece that is really important related to the [Inaudible] is to ensure that programs understand and know the history of our institutions with those communities. How much do we know about eugenics? How much do we know about [Inaudible] control groups? How much have we connected with those communities in a meaningful way to understand their histories?

And also in one of the pieces, which was a part of our study, was to look at health disparities in these communities. I put here knowledge and then lack of knowledge. It took so much more time to try to explain to the university I work for and then the hospital who are looking at data across the hospital and the university to explain to them why we had to do work around health. And people didn't know. So that's an important aspect of advancing this knowledge related to cultural competency and also knowledge around disparities in our communities, at the states and national.

And here I put helicopter because many times -- I don't know how many of you have heard this, but we talk -- there is something we define as helicopter research, specifically from academia. When we go into a community, we take what we need for promotion, for advancement, to publish, and then nothing goes back to that community. That's what we define as helicopter research.

The reason I put it here is because we need to understand that that's how we have connected or not connected with underrepresented communities through our institutions for the

longest time. So we had to be able to change those process and the ways we connect with them.

So this is the study that one of the current study that we conducted with former refugee communities. The main concern that was identified was speech delay or language delay in these refugee children. Parents expressed that they felt negatively judged when their children had developmental or behavioral concerns. And this varied by communities.

One of the interesting findings of our project was that the longest time a refugee group has been in our state, the more children that were identified with the delay. So that made it to the point that the communities now speak and are open to talking about autism and delay when before, 10 years ago when these groups started arriving it was taboo in those communities.

The primary communities supports identified by these groups are neighbors, elders, and friends. And providers didn't make the finding in these focus groups that we did with parents. So this is an important aspect that we have to focus on as programs to be able to provide education and dissemination of information to these specific groups to neighbors, to elders in those communities, to religious elders. People who are going to be the key people -- parents, and families are going to reach out to when they have concerns about their children.

And this is also from the refugee focus groups. With the use of interpreters, it varied by group. One of the area that we found during this study is that the lower level of education and the lower level of English that a parent has or a group has, the less likelier that going to be to receive services and then quality services so two different pieces. And that was directly connected to language access and the use of interpreters by organizations.

And this, again is an important piece that we as program have to understand that programs receiving federal funding like UCEDD, LEND, and other programs; we required to provide interpreter services and we are also required to translate any type of material that goes out to the community. So these are mandates, federal mandates that are in place in our society, specifically to address language access issues.

Family members weren't clear about the referral process. This was fascinating. I think each state is different from the other in the way we provide zero to three services whether we provide children's integrated services, the part Cs and Bs and having a child that is going through all of these processes because he has complex health and developmental needs.

I am not clear about this process, so let alone not speaking English fluently or not being able to understand this processes, how do we even navigate the system that are so complicated? And even though they are supposed to be coordinated, they are completely isolated. So how do we address those issues?

Family members were unaware of providers organizations in the areas. This is one of the key areas for community dissemination. We had to be able to connect our communities and provide education for our communities about services that are available to them.

And the perception that early intervention providers are waiting for children to turn 3 so that the school provides services. And this is a perception that whether it's accurate or not accurate is now a perception that exists in refugee communities. And unfortunately once a perception is built, it's really hard to remove those perceptions from the communities. So the responsibility that we have to ensure that these perceptions are not built to begin with and that we are communicating with families in an appropriate manner.

So this is what Chris covered, the essential elements of practice, value diversity, have the capacity for cultural self-assessment. We had to be conscious of the dynamics

inherent when we interact with different cultures, have institutional cultural knowledge. If I ask people in this audience how many of your programs have a language access plan in your organization receiving federal funding -- any organization receiving federal funding is required to have a language access plan in place that specifically addresses LEP, Title VI, interpreter translation, ASL, language access plan. So we are required have a language access plan in place.

And [Inaudible] of service delivery to be able to be culturally responsive to the communities that we serve.

And one of the important pieces here is that there is no way to be able to do all of these pieces or understand all of these pieces without ongoing professional development at all levels of the organization. And when I say at all levels, I'm talking about everybody, faculty, staff, trainees, fellows, leadership. Everybody in our organizations should be exposed to ongoing education and training around these topics.

And this is a visual I generally like sharing because I think -- sometimes there is confusion about equality and equity. And I love this visual that came out a few years ago. This is equality. And this is equity. So equality is about giving everybody the same. Clearly doesn't work if you are the child on the right here. And equity is making sure that we're providing people with what they need to be able to succeed in our society, very differing concepts. We cannot talk about equality without ensuring equity first. I think that's a reality that speaks to specific community, education and dissemination, how we need to be focusing on equity and not so much on equality.

And one important aspect of equity that we have to know not only the history of our institutions, as I mentioned earlier, and their connection to -- or non-connection to our underrepresented communities, but we also need to know the history of our country, the history [Inaudible] groups have gone through. And all of that is part of the process towards equity in an organization and hopefully in our nation one day.

So what are healthy disparities? I put these two definitions specifically because one of the important pieces -- and I bolded and put them in green. Two definitions from the World Health Organization and Healthy People 2010 and 2020. Health disparities, four key words here: unnecessary and unavoidable, unfair and unjust. So what this speaks about is that these are not fixed conditions of society. The health disparities are specific issues in our society that if they can get rapidly worse, thing also get rapidly better. So there are things we can do to effect change in health disparities, social [Inaudible] and many other disparities.

This was another part of the study we did. We look at data screening in kids between the two years between January 2014 and December 2015. And these were the findings. We had two sides, 70 children on one side, and 44 on another side. All children in one side received a developmental screening through the ASQ or MCHAT and 90% of the other side received developmental screening. Children were 15 to 21 months at the time of the assessment. And five of the such ASQ questions were answered.

If you're wondering which ASQ, it's ASQ-3 that came up in another presentation. I did not long ago, ASQ-3.

So one side stopped actually using ASQ and MCHAT and I think this speaks to -- the question that Sarah raised earlier in the chat. What they found is that these two assessments, specifically the ASQ, the ASQ is one of the few assessments that we have for developmental screening in our society that we can use that has been cross-culturally validated. And I always caution people about cross-cultural validation because even though it

has been cross-culturally validated, it's still not culturally responsive to every community that we serve.

So one of the sites started using another assessment called Survey of Well-Being of Young Children. And the reason they started using this survey is because addressing not only developmental changes but it also looks at the behavioral, ASD risk, and the family context. It looks at the social determinants of health within the family. It was introduced in 2011. It's for age groups 1 to [Inaudible] months. The parents [Inaudible] can be administered not just by pediatricians and other clinicians but also early educators and other providers. And it's available in English, Spanish, Burmese, Portuguese. And some of these are the main groups that we are serving through the refugee communities currently.

So one of the important pieces of -- about working with refugee communities is that they are originally in our country we used to identify three levels of trauma. We had the country of origin, trauma, that these communities have experienced, the displacement to refugee camps. I don't know how many of you have worked with refugee communities but the average wait time, the average that communities wait in a refugee camp before going into another country is about 10 years. So many of them -- many of the children that we have here were born in refugee camps. We also have the trauma that many of these communities inherit once they relocate to a country like the U.S. right now that we have all of these around race, ethnicity, and many others; no CLAS.

So they inherit all of these systems of oppression that might be different from what they had experienced back home. And now there is a fourth level of trauma, which is the current social and political climate in the U.S., which is not only affecting refugee communities but it's also affecting immigrant communities as you saw, probably, following the news today. And it's going to continue to affect other groups.

So this is just to remind the audience here that workforce diversity, diverse tying the workforce at all levels of programs and organizations is one of the most effective ways to address disparities. This is just some of the examples [Inaudible] major obstacles to advancing cultural and linguistic competency. We have prejudices and biases, discrimination, marginalization, racism, sexism, classism, ableism, atheism. We can go on and on.

I wanted to describe one report that came out in 2004. It was called Missing Persons. And these were the findings of that report. When we look at the workforce, less than 9% of nurses are racially diverse, less than 6% of physicians, and less than 5% of dentists. When we look at faculty in universities, less than 10% of nursing, less than 9% [Inaudible], and less than 4% of medical school faculty are racially diverse. So this is an issue.

And specifically one of the things I've learned working with Chris Vining and [Inaudible] is that Native-American kids today have some of the highest disability rates in our society and yet less than 2.6% of SLP, speech-language pathologies, in our country are Native-American. And Chris and George are two of them. So this is a disparities. How are we going to provide effective and culturally responsive services when our workforce is non-diverse?

So this is -- we also conducted surveys with providers who do developmental screening. And these were the findings. These were the two sides, provided this report with similar [Inaudible] to screening, scheduling, transportation, childcare, training, interpreters. These are a lot of things Chris mentioned earlier.

And cross-culture [Inaudible], tools, mentioned earlier. Some of the questions, the language that is used in the screening tools, the response options are not culturally responsive

to communities.

Early intervention is not taking referrals seriously because of the high number of referrals that then lead to a negative developmental result or screening. Lack of understanding of bilingualism. I still hear people say that households that have children who are bilingual, that's why there is language delay. We know that that's not accurate. Even though we don't have extensive research showing this, we know that bilingual [Inaudible] is not necessarily linked to language or speech delay in these communities.

And one of the key findings was a paperwork and home visits involving the referral process were duplex and confusing for communities. Some of the agencies have paperwork with 60 to 80 pages that parents have to fill out. It was confusing to me and I have several graduate degrees. So I can't imagine for other parents who are not fluent in English or who don't understand the system.

And we have a lack of early intervention providers. There is a shortage of SLPs, developmental locators, OTs, PTs, and that's nationally is an issue.

So this is just the last few slides from the state [Inaudible] children 2014 report which I generally share in my presentations the United States is the richest country in the world. We're first in GDP, first in number of billionaires, second to [Inaudible] in child poverty rates, largest gap between rich and poor, first in military spending, first in military weapons experts, first in people incarcerated today, 2.5 million in the United States, and worst in protecting children against gun violence. We're also first in health expenditures, low birth rates, immunization rates -- [Verbal reading indiscernible].

Clearly spending the most in health is not linked to good health outcomes in our communities. I'm sure many of you have heard and the chart for some reason disappeared but there is something called a social determinants of health. If you Google it, there are five charts available specifically addressing some of the pieces related to work effective with the communities. It speaks about not blaming the victims in this case or the communities we work with but understanding the social and environmental conditions that these communities are exposed to, which include economic disability, education, social and community context, access to healthcare and health, neighborhood and [Inaudible] environments. So those represent almost 70% of a person's life besides the health issues directly affecting a person.

And this is a report that came out in 2013. It talked about through the U.S. Department of Health and Human Services. It addresses that racial minorities are still behind in quality of care, access to care, timeliness and outcomes. But they also found that provide [Inaudible], poor communication and health literacy issues were directly linked to disparities. And there was an action, an immediate action, to address the racial biases throughout the U.S. healthcare system in 2015.

So Chris mentioned the National CLAS Standards. These are 15 federal mandates required to follow. This is some of them that the workforce has to reflect the population we serve. This workforce skill development we had to provide ongoing education and training. Organizations conduct ongoing assessments -- [Verbal reading indiscernible].

And if you Google National CLAS Standards, it's the first thing that appears on Google related to these federal mandates.

We're also all required to follow because we receive federal funding.

And the final recommendations we have to answer knowledge related to integrated medical approaches, specifically when working with underserved and unserved communities. We need to ensure state and federal mandates are followed like Title VI, LEP, National CLAS

Standards. And advocate for more providers to work with served and underserved populations. We need to employ more community outreach workers. We need to hire, train, retain, and promote bilingual, bicultural providers. And we need to improve education among diverse population and providers. So this is not just my recommendations but it's part of the National CLAS Standards and the U.S. Department of Health and Human Services recommendations for culturally responsive practice.

And the last thing I have is a quote that I love related to this work. And I leave you with this quote.

I know people might have questions. We're almost out of time. We have a couple of minutes. My information is available on line in case people have questions.

Thank you.

>> Anna Costalas: Thank you so much. We do have time for one question. If you have a question, raise your hand in the chat box and I can unmute you or in the attendee's list you can raise your hand or type your question in the chat box.

I'll give it a second.

A couple of folks are typing. I'll give it a second.

Well, I'm glad you enjoyed the presentation. I'd like, again to thank our presenters for a wonderful presentation. I'd like to thank you all for attending this webinar. This webinar has been recorded and will be archived in the webinar library at AUCD.org. If you would like any more information about AUCD, you see the contacts at AUCD to join the group.

Once again, the webinar survey will pop up on your website. If you can fill out that five-question survey, that would be awesome.

Have a great rest of the week, everyone.

>> Thank you, Anna.