Hands & Voices

Family Leadership In Language & Learning (FL3)

Advancing Diversity, Equity, Inclusion & Accessibility Guidelines

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Transforming a Community for all Families with Children who are Deaf/Hard of Hearing

HANDS & VOICES™

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Advancing Diversity, Equity, Inclusion & Accessibility

Transforming a Community for all Families with Children who are Deaf/ Hard of Hearing

FL3 Center at Hands & Voices HQ

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Introduction/Purpose

The Hands & Voices Headquarters (H&V)/Family Leadership in Language and Learning (FL3) Center's Diversity, Equity, and Inclusion (DEI) Plan is designed to intentionally allocate resources to create equity of support to families from underrepresented populations. To accomplish this, H&V/FL3 will expand on their existing work supporting families with children who are deaf and hard of hearing (DHH) and promote diverse family leadership. By creating a mechanism for continuous self-reflection, training, strategic change, and review of measurable goals, H&V/FL3 can impact systems as well as provide templates and strategies for other parent support and Early Hearing Detection and Intervention (EHDI) programs to follow.

The following discussion provides background and examples of the value of diverse lived experiences and then culminates in an ever-evolving plan for H&V/FL3 to carry out its mission for the benefit of all children who are DHH and their families. Whether you represent a program, community organization, or are a parent leader, the resources we have packaged will help you build a better understanding of the needs of underserved and underrepresented communities. By focusing on Diversity, Equity, Inclusion, and Accessibility we can do our part to transform our community for all families with children who are deaf or hard of hearing.

Background

Hands & Voices has long been recognized as a parent-led, parent-focused organization committed to the unbiased delivery of support to families with children who are deaf and hard of hearing, encompassing the full continuum of choices families can make. H&V has built a strong network of diverse families, professionals, modality-based groups, service providers, family-based organizations and individuals who are deaf or hard of hearing. Out of this deep respect and celebration of the variety of children, families and adults who are DHH comes the belief that parent leadership should represent the diversity of families served.

Over the years, H&V has created many initiatives to improve outreach to specific populations that have been historically underserved. Several examples are supports to Latino families/Latino leaders: a Spanish Speaking Forum, Latino Council and Community, trainings, family events, and compiled/created/translated resources in Spanish. To assist families with children who are DHH Plus (have additional health or eductional challenges), a closed parent Facebook group was formed, and Facebook chats and workshops have been conducted. For families with adopted children, Hands & Voices has hosted webinars and written articles.

Many Hands & Voices Chapters, especially those with funding to hire staff, are diverse and include culturally specific Parent Guides s uch as for Spanish-speaking communities, a variety of lived experiences, such as raising children who are DHH Plus or from rural areas. Hands & Voices HQ asks Chapters to report annually about the specific lived experiences of

their team members and has sought out diverse representation for panel presentations, Learning Communities and Advisory Committees.

Deshonda Washington (center) is the Executive Director of Georgia H&V

Collaboration across cultures is very much a part of the work at Hands & Voices. As individuals who are in so many ways connected to each other through deafness or hearing loss, H&V has successfully built strength and unity among families from different backgrounds. This organic connection exemplifies the shared values that bridge barriers within a diverse deaf and hard of hearing community.

> *"Focusing on what brings us together, rather than what separates us, is what will ultimately change our world for the better."*
>
> *– Deshonda Washington*

In 2017, the Health Resources & Services Administration (HRSA) awarded H&V the Family Leadership in Language & Learning Cooperative Agreement. In the next round of funding awarded in 2020, HRSA asked the National Technical Resource Center (housed at the National Center for Hearing Assessment and Management-NCHAM), the FL3 Center and the state/territory EHDI programs to create a plan for how to better serve families from underrepresented groups. HRSA defines underrepresented populations as: underrepresented racial and ethnic groups, nationality, language, locality, sex, sexual orientation, gender identity, disability, socio-economic status, and those who have adopted children who are DHH, etc. This focus on DEI across the EHDI system provides direction towards a common goal.

Creating a Culture of Change

Every family comes to the deaf and hard of hearing journey with their own unique perspectives. For some families, their child is the first deaf person they have met. For others, there have been generations of deaf individuals that followed before their child. Because of this diversity, it is important that we learn different strategies to meet families where they are based on their individual perspectives.

Why is diversity important? When every individual is valued for their unique differences, the culture of an organization shifts to seek out individuals with different backgrounds and lived experiences, including race, ethnicity, ancestry, national origin, or immigration status. In addition, diversity encompasses dimensions of religion, gender, marital or family status, sexual orientation, gender identity, age, disability, and other characteristics that comprise

the DHH community. This focus on diversity allows an organization to thrive and provide outreach to underserved populations by being intentional about the wealth of culture.

What are the benefits of creating a Culture of Change? Inclusion represents the engagement and the participation of diverse individuals in an organization. Ultimately, by creating initiatives around inclusion the opportunity to recognize the inherent worth and dignity of all individuals arises and increases an organization's overall capacity and comprehensive decision-making ability.

Inclusive practices that are equitable among individuals of diverse populations:

- Create an environment conducive to collaborative engagement.
- Drive genuine transformation in attitudes, behaviors, and practices.
- Guide activities, planning, and decision making.
- Shape how parents, family members, and professionals experience the journey and participate in the process.

Case Study

America's Hispanic Children: Gaining Ground, Looking Forward

In Latino culture, "strong family values" are a strength within the community. Marriage and family life are high priorities. Approximately 90% of Latino adults consider being a "good parent" as very important in their family life.

According to America's Hispanic Children:

- Young children who are Latino enter school on par with, or even exceeding their non-Latino peers.
- Most Latino children live with two parents, which offers a firm foundation for emotional and economic well-being.
- More Latino children are enrolling in early education programs.

(https://www.childtrends.org/wp-content/uploads/2014/09/2014-38AmericaHispanicChildren.pdf)

By focusing on cultural values and incorporating them as strengths that add to the dimensions of perspectives, an organization can experience a cultural paradigm shift. By seeing people for who they really are, individual team members can develop stronger relationships, more productive interactions, and deeper understandings. Transformation happens when engagement initiatives begin to effectively empower individuals from diverse backgrounds into leadership positions with decision-making influence to serve the community better.

Working with families of diverse cultural backgrounds, I am able to achieve a greater genuine connection by finding a common ground, beyond communicating in the

same language. Understanding the ways family dynamics work, establishing trust and showing respect is critical with new families. It is my experience that culturally, within Hispanic/Latinx families, parents may not speak up or ask for support as a form of respect for professionals. Success is achieved when understanding the complexity of cultures. This leads families to have not only positive outcomes but also empower them to communicate their needs, not shying away from difficult conversations, feeling included and supported in their community, and most importantly, feeling understood.

- Ana Brooks, Bilingual Guide By Your Side Parent Guide – Oregon

Intercultural Empathy Builds Understanding

Awareness of intercultural diversity is a fundamental skill needed for effective, productive, and meaningful communication among individuals. When two individuals communicate, they acknowledge two factors: the awareness of one's own culture and the awareness of another's culture. People experience the world, interpret information, and evaluate situations in different ways. What may be considered as appropriate in one culture can be perceived to be inappropriate in another. These challenges can create misunderstandings when people communicate with one another. (Zhu, 2011). When families feel understood, they have a sense of belonging. People who belong will feel encouraged to be engaged in the community.

Case Study

Worldviews regarding Disability: Western Perspective vs. Indigenous Perspective

Worldview is the general concept that defines how you look at the world, how you think it operates, why things happen the way they do and what your purpose is. Worldviews of individuals vary depending on who you are, how you identify your "self", and the experiences you have. In the world of disability, there are significant differences between cultures on definition, how they view the experience, and what actions a community will take.

Western Perspective	Indigenous Perspective
Individualistic Perspective - "What I do will benefit myself"	Communal Perspective - "What we do will benefit everyone"
Materialism, equipment, technology is valued. More is better	The land is valued, we are people of the land, and we all have something to contribute
Western medicine "fixes" the "isolated problem"	Healing of the WHOLE person. Ceremony/ prayer - Holistic and Balanced
Different Cognitive/Developmental Abilities = Deficit, isolation and dismissal in the community	Different Cognitive/Developmental Abilities = Gift, inclusive and highly revered in the community

Considered the most marginalized groups with respect to educational equity, Indigenous families continuously face barriers that include difficulties in cross-cultural communication, historical or continued trauma experiences in the educational setting, ongoing neglect of language, and lack of culturally rich curriculum for their children. Moreover, survival of the culture within Indigenous populations (American Indian Tribes, Alaska Natives, and Native Hawaiians) is closely tied to their interconnectedness to other aspects of well-being that include the prioritization of spiritual, physical, and mental health and well-being (Banks & Miller, 2005). In Indigenous populations, the worldviews are interconnected with the respect for all life in its diversity and difference (Norris, 2014).

> *"There is a diversity in cultural identification in all cultural groups including Indigenous. Those who were raised in tribal communities may be differently acculturated than those who live and were raised on reservations. Mixed race Indigenous may also be differently acculturated and identified and have perspectives between western and indigenous perspectives. My personal experience with Indigenous communities with regards to disabilities – e.g., cognitive/developmental abilities is often related to shame or punishment.*
>
> *- Christine Yoshinago-Itano*

Intercultural Empathy requires us to be conscious of our own culture and allows us to relate to others in a way that is individual and respectful of others with diverse worldviews, values, and perspectives. We can describe this mindset as facing others with the cognitive, emotional, and behavioral aspects of empathy:

Cognitive Empathy

The ability to view in the perspective of another person and to see through their lens how

they perceive a particular situation. This is difficult when two people come from different cultures and that their cognitively interpreted perspectives are culturally contextualized. Some ways to develop cognitive empathy is to simply ask questions about the other person's background, beliefs, and thoughts about a situation to build a better understanding of the other person: who they are, their values, and priorities.

Emotional Empathy

The ability to understand the feelings of another person in a particular situation. This entails identifying the emotions involved and recognizing how a person interprets a situation may depend on culture, what they are going through, and how they are emotionally processing the information.

Behavioral Empathy

The ability to act in a way that shows understanding and conveying to the other person that we care. Ways of showing behavioral empathy may vary according to culture, so it helps to know more about the person's culture, identity, and experiences before making any assumptions or judgements about one's behavior.

https://medium.com/intercultural-mindset/intercultural-empathy-a-guide-to-real-understanding-across-cultures-f2f0decbec52

Inclusive cultural empathy is the cornerstone to building relationships. It is important that we nurture these relationships with families we serve so they feel that they have the support of the community.

Cultural Competency

The Centers for Disease Control and Prevention (CDC) indicates that divisions of race, ethnicity, and culture has had a significant impact on the health of people in the United States. Now more than ever, it is important to acknowledge how this influences the health disparities among African Americans, Latino/Hispanic Americans, Native Americans, Asian Amer-

icans, Alaska Natives, and Pacific Islanders (CDC, 2021). To meet the needs of the diverse and historically underserved populations, organizations must play an active role in meeting the needs for cultural competency.

Cultural Competence requires organizations to:

- Develop a congruent, defined set of values and principles
- Demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally
- Close the gaps of disparities that exists in systems.

Overall, services that are respectful of and responsive to individualized beliefs practices, and cultural and linguistic needs can help bring about positive health outcomes.

Because Cultural Competence is a developmental process that evolves over an extended period; individuals, organizations, and systems must be aware of their present level of awareness, knowledge, and skills along the cultural competence continuum. These include having 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 the diversity and cultural contexts of the communities they serve. Creating strategies and activities aimed at improving Cultural Competency will require incorporating all of the above in all aspects of policy making, administration, practice, and service delivery while systematically involving consumers, key stakeholders, and communities (CDC). Within the DHH community, focusing on cultural competency can significantly increase the capacity of an organization to care for community members and reduce the health disparities experienced by the community.

National Standards on Culturally Linguistic Appropriate Services (CLAS)

The CLAS are standards that health care organizations must abide by to ensure the delivery of culturally competent services. For the purposes of providing parent-to-parent support, outreach, and leadership opportunities these guidelines can serve as a model to develop strategies and activities that will be culturally and linguistically accessible. According to the National Standards on CLAS:

Principal Standard:

1. *Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs*

Governance, Leadership, and Workforce:

2. *Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.*

3. *Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.*

4. *Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.*

Communication and Language Assistance:

5. *Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.*

6. *Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.*

7. *Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.*

8. *Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.*

Engagement, Continuous Improvement, and Accountability:

9. *Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.*

10. *Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.*

11. *Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.*

12. *Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.*

13. *Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.*

14. *Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.*

15. *Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.*

https://www.thinkculturalhealth.hhs.gov.
(See Appendix B for a sample of H&V FL3 ACTION PLAN FOR CLAS)

"For most of our son's childhood, the focus was on how to raise a happy, successful Deaf child. When he came into himself as a transgender person his Senior year of high school, I realized many of the tools, lessons, and experiences with raising a deaf child also pertain to how we engage with our LGBTQ child. It helps to recognize that we are all an intersection of identities, and as parents, we should nurture and celebrate every aspect of what makes our children who they are.

- Apryl Chauhan (she/her/hers)

Social Determinants and Influence on Health

Societal conditions and psychosocial factors including opportunities for employment, access to health care, feelings of hopefulness, and freedom from racism affect the health of an individual or that of a community group (CDC, 2008). Factors that influence health and well-being include individual and family identity, geography, level of education, access to healthy foods and resources, availability of community networking opportunities, and health care.

Factors such as education, income level, and environment can significantly impact health outcomes for our most vulnerable and marginalized populations. In fact, according to Kaiser Family Foundation research, a third of the total deaths in the United States in a year were attributed to social factors including racial segregation, social supports education, and poverty (Bernazzani, 2016). Therefore, organizations must make a conscious effort to provide outreach and support that addresses systemic inequities.

Family Resilience

It is important to recognize that despite the influence of social determinants of health, families from historically underrepresented and marginalized populations may demonstrate and promote resilience. Family resilience refers to the capacity of the family to overcome significant life challenges. These challenges can be stressful events and can have a significant impact to the dynamics of the family. Individuals in a family unit learn to adapt and processes their experiences necessary to face everyday life.

> *What is Family Resilience?*
>
> *There was a time when the kids were younger that I was unable to work outside of the home. I had 2 young children and my son's medical appointments were the constant focus. Due to his weight and failure to thrive, nutrition needed to be supplemented by a high calorie formula. My social worker suggested we apply for WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) in order to defray costs. I was reluctant because I didn't want to take resources away from another family who needed it more, and to be honest, I was embarrassed. I had heard many stories of Black moms being judged and treated negatively. I did not want myself or my children to face racial discrimination or the humiliation of having a child with special needs. I decided to make it a game for my daughter who was four at the time. I told her the WIC food stamps were for special food for our family. She would run around the store and find a sign with 'WIC.'' 'Mommy, this cereal has the letters 'WIC'. Can we get this?' This made her happy and we actually had fun shopping. Not only did she have the opportunity to practice literacy, I learned how to turn a difficult situation into a family bonding time. This, to me, is family resilience because we got through it with joy and didn't let it get us down.*
>
> *- Djenne-amal Morris*

Health Equity

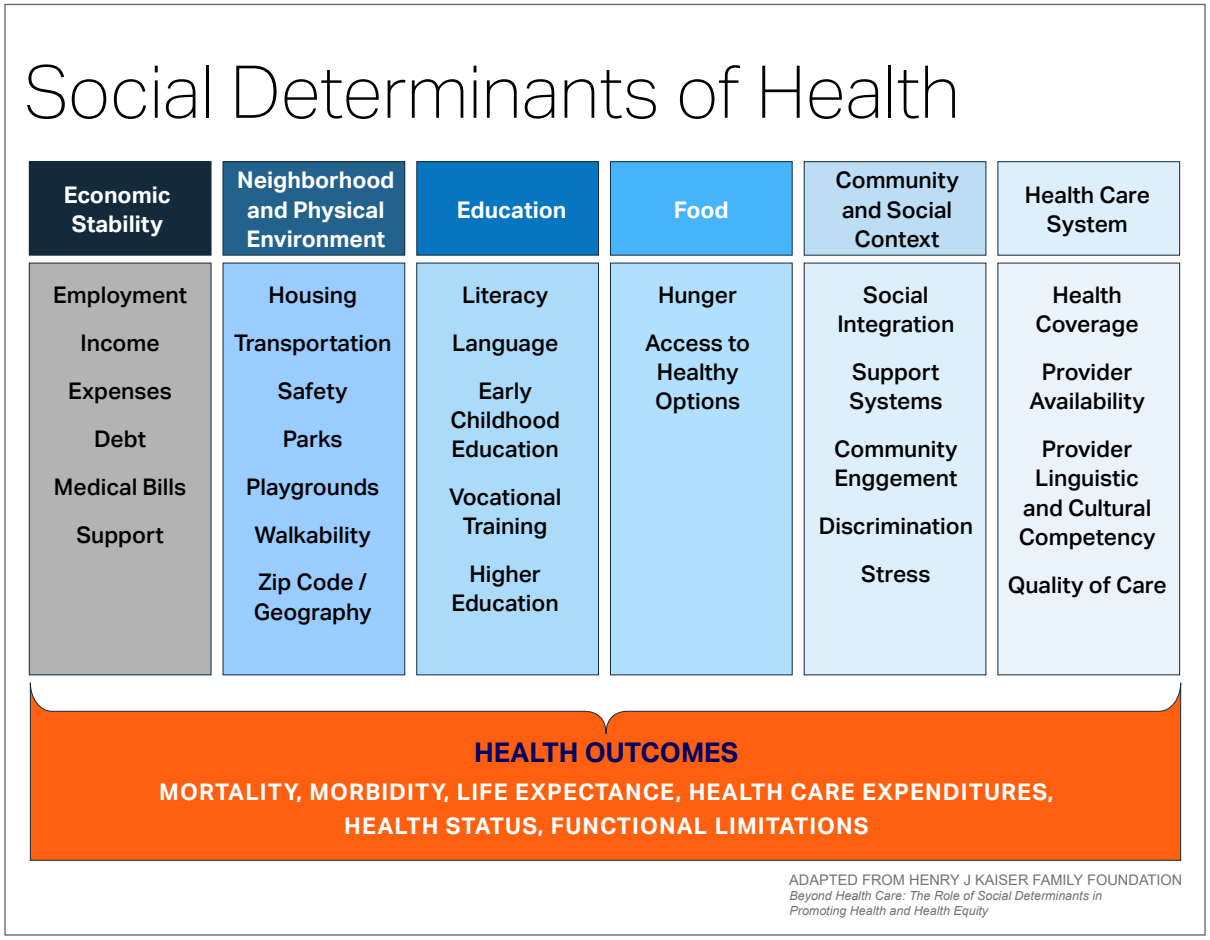
The definition of health equity, according to the CDC, refers to the point when all people have "the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances." It is a conscious effort to work towards a society that addresses the elimination of health and health care disparities, inequalities that are avoidable, and injustices that have existed both historically in contemporary times. (CDC, 2019)

Barriers to Access

- Physical Barriers: Access, convenience, opportunities, travel.
- Cultural Barriers: Communication due to language or cultural expectations, perceived power.
- Financial Barriers: Related to SES and access to affordable health insurance or economic resources. Factors relating to poverty.
- Language Barriers: Access to communication in a family's primary home language.
- Systems Navigation Barriers: Complex health care and educational systems.

Deaf Culture

Diversity exists within the deaf and hard of hearing community itself, including the variety of ways a person becomes deaf or hard of hearing, hearing levels, the onset, communication methods, and educational background. (NAD, 2021). According to Laurent Clerc National Deaf Education Center, American Deaf culture includes a set of learned behaviors of a group of people who are deaf and who have their own language (ASL), values, rules, and traditions (2022).



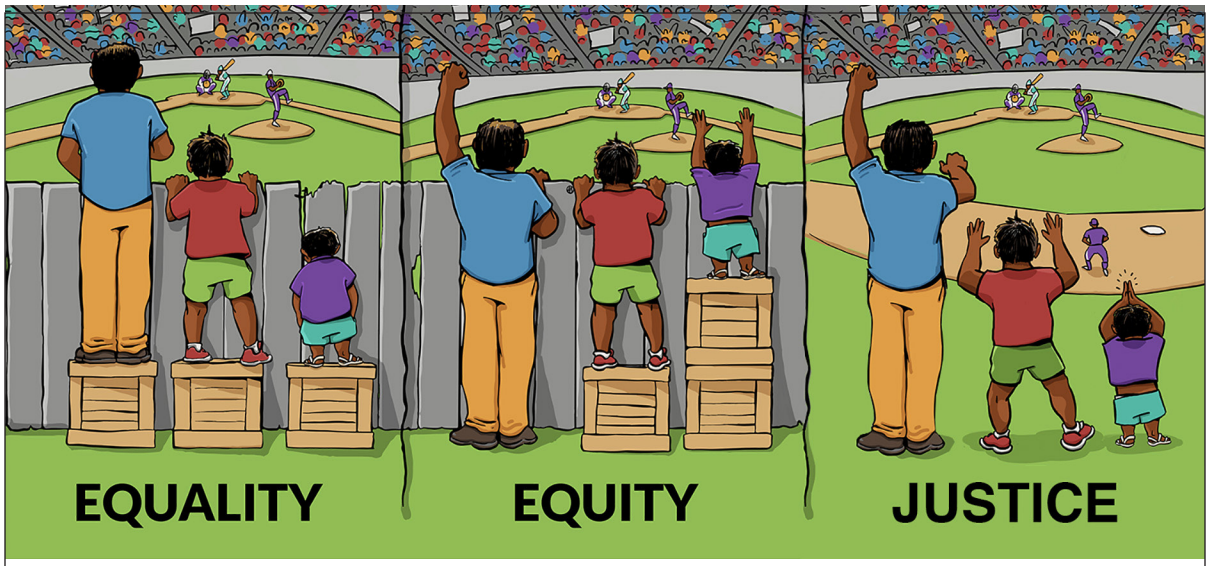
Social Determinants of Health Unique to Deaf Individuals

There are certain barriers that are unique to culturally Deaf people living in the world today. Because of society's response/focus on ableism, these unique social determinants of health can include feelings of being invisible and neglected, living in an auditory dominated environment, and being a minority within own family (Smith and Chin, 2012). Even more so, the importance of promoting health and well-being must include preventing discrimination against Deaf individuals by recognizing cultural and linguistic identity (use of sign language and awareness of Deaf Culture), availability of communication access, and access to education that is fair and just. (Munoz et al 2011)

Accessibility Considerations for D/HH Participation

In planning a budget for a project or organization, an appropriate amount for access costs for deaf/hh staff, board members, and community liaisons to be able to equitably participate is essential. When asked about the topic of cost, one D/HH individual stated, "I know that I am the one in the room with a price tag over my head for my participation." One Hands & Voices representative, serving on a committee and who happened to be the only hearing person, soon had an epiphany about being 'on the other side'. This small, underfunded group had to struggle to maintain communication via an interpreter for her participation. There was a learning curve on both sides of the table. "I realized how important the value placed on my participation was, by the group's willingness to fund the money for me to be there. On the other hand, I did experience emotions of wondering whether I should 'let them off the hook', because I was costing so much money. It was the first time I understood what it sometimes might feel like when discussions of access costs arise." At the end of the day, providing accessibility is not just for D/HH individuals participating. It's for every person in the room. In paying for sign language/cueing interpreting or CART access, it's just as much for the hearing person in the room, as it is for Deaf/HH individual/s. Interpreters/access providers are the bridge of communication for all involved.

Stephanie Olson, a Deaf/HH staff member at Hands & Voices, shares, "Ensuring good communication access isn't the sole responsibility of hearing people. In fact, it can be challenging when hearing people take over with their preconceived ideas and try to make access work without allowing the D/HH person to check out the situation before advocating or changing the room or whatever. The venue, size of the room, or number of people attending a meeting changes what I may need to access all communication taking place. I worked with a person that took it upon herself to notify everyone about my hearing loss in meetings prior to my arrival. When I walked into the meeting to introduce myself, I had this eerie sense that they already knew my story and I felt gypped. I appreciate the opportunity to share necessary information with people involved in meetings that I participate in. This issue should always be about a partnership, just like all good communication should be. Additionally, when interpreters have been requested, communication needs to go both ways in the case of canceling or not attending a meeting. It is courteous and respectful for a deaf person to let an organization or meeting know that they are unable to attend as soon as possible. Most agencies require notification to cancel 24 hours in advance or the group will still be billed. It's not that people don't want to spend the money, but rather that the money spent serves a purpose."



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

(Adaption of work by Interaction Institute for Social Change as well as HealthCity and Diffen.com)

Case Study

Barriers and Facilitators of Health Literacy among D/deaf Individuals: A Review Article

According to this study in the *Iranian Journal of Public Health* reviewing 73 international papers from 1987 to 2016, Deaf individuals have significant health implications due to their limited access to health information and low rates of health literacy. Health Literacy (HL) is a concept defined as being knowledgeable and motivated to be able to access, understand, evaluate, process and use reliable health information to make choices regarding health care, disease prevention, and health promotion. Limited access to Deaf-tailored health information, barriers to communication, and lack of education, including lack of a health care provider's understanding of Deaf Culture, can have a negative effect on patient-professional communication and overall access to essential health information for individuals to make informed decisions about their health care options. The research indicates that removing barriers by providing access to health services and information (providing sign language interpreters, training health providers about Deaf culture, and developing health education programs that are Deaf-tailored) can improve the Health Literacy of Deaf individuals in the community.

Equity in early intervention and Deaf education cannot be accomplished until Deaf adults, including BIPOC Deaf people, are recognized as leaders in the medical, education, research, and social service system. This includes strong Deaf leadership within the Early Hearing Detection and Intervention system. After all, Deaf infants and young children grow up to become Deaf adults so they need to see strong representations of Deaf adults working along with their families. This representation can happen when the hearing professionals involved with the EHDI, family, and education programs purposefully and deliberately hire Deaf BIPOC professionals to lead the work. This includes creating 50% Deaf representation on boards and committees in all organizations, education institutes, and programs. Equity requires strong understanding and support of intersecting identities including the following: Deaf, Disabled, ethnicity, language(s), gender identity, gender expression, and so forth to ensure equity in the work with Deaf children and their families.

- Julie Rems-Smario

FL3 National Needs Assessment

According to the FL3 National Needs Assessment, an assessment which was designed to take an in-depth look at the needs of families, family-based support organizations, and EHDI programs, the demographics of parents and caregivers who participated in the Needs Assessment identified the race of their child as 86% White, 9% Hispanic, and 3% Black. Of the parent/caregiver respondents, 94% identified as mothers and 92% indicated that English is the language they use at home. Lastly, 21% of the parents/caregivers who participated met or were near Medicaid eligibility of $33,948 for a family of four and 79% of indicated a yearly income level over $35,000 (2019). Based on the 2021 Poverty Guidelines, a Family of 4 is considered at or below the poverty level with if their yearly income is $26,500 or lower (Health & Human Services, 2021). The results showed that stakeholders in the EHDI system needed strategies for engaging families from diverse or historically underrepresented populations;

Race	White Hispanic Black	86% 9% 3%
Parent	Mother Father Guardian	94% 5% 1%
Age of Child Represented	0-2 3-4 5-6	35% 33% 32%
Primary Language	English ASL Other	92% 4% 4%
Yearly Income	> $150,000 $75,000-$149,999 $35,000-$74,999 < $25,000-$34,999	12% 36% 31% 21%

EHDI Guidelines and Health Disparities for DHH Children

Of the almost 6,000 babies born with permanent hearing loss in the US each year, 96% are screened by one month, yet only 58% meet the "1-3-6 guidelines" (diagnosis of hearing loss by 3 months and enrollment into early intervention by 6 months). Studies have shown that babies who are identified at birth and begin intervention early have increased likelihood to achieve language, cognitive and social development milestones on par with typically developing peers. (CDC, 2021)

Case Study:
Telemedicine and Health Disparities During COVID-19

During the pandemic, many medical systems were forced to pivot to virtual service delivery. Telemedicine visits created an avenue for health care providers to continue to provide essential preventative and chronic care, including newborn follow up visits and developmental screenings. Despite the increased capacity for telehealth options, families from low-income communities and with limited English proficiency were less likely to utilize the technology. Furthermore, the disproportional impact of COVID-19 on low-income families and communities of color indicate a need to not only provide adequate access to technology (smartphones, broadband internet at home, and quality audio and video devices), but a greater need for cross-sector collaborations between health care systems, local governments, and private companies to collaborate on innovative care delivery solutions. This indicates that staff and volunteers from diverse backgrounds should be on the forefront of assisting families to access telemedicine platforms. Outreach should include diverse media outlets that are used among certain racial minority groups, low-income, and low-literacy families to advertise the use of telemedicine services. (Katzow, Steinway & Jan, 2020).

Stakeholder's Diversity, Equity & Inclusion Agendas

Many organizations who support families with children who are deaf and hard of hearing have developed DEI agendas to emphasize the need for equitable services. For example, the American Academy of Pediatrics (AAP) believes that all systems of care should seek to promote and achieve health equity for all children.

According to the AAP, the following principles serve as a guide to eliminate disparities and health inequities in child and adolescent health care:

1. All children and adolescents have equitable health care within a medical home that includes primary care, subspecialty services, emergency medical services, and hospital care.

2. Child and adolescent health care professionals shall address the social, behavioral, and environmental factors that affect children's health, development, and achievement.

3. Child and adolescent health care professionals deliver care in a culturally and linguistically effective manner that addresses the unique needs of each child and family.

4. Child and adolescent health care professionals deliver care based on the best available evidence.

5. Child health care professionals advocate for identification and elimination of racist policies and the inequities that contribute to racial disparities and impede equity.

6. Child and adolescent health care is delivered using language that the patient and family prefer.

7. Child and adolescent health care delivery settings are welcoming and reflect the diversity of their patients.

8. Child health professionals receive training on delivering culturally and linguistically effective care.

9. The child health care workforce is diverse and reflective of the child population.

10. Child and adolescent health care services are evaluated using data stratified by insurance status, race and ethnicity, language, socioeconomic status, gender, gender identity, religion, disability, and sexual orientation.

The National Center on Deaf-Blindness created resources for state deaf-blind projects to provide services to culturally and linguistically diverse families. Their recommendations include the following Key Steps:

1. Learn more about cultural competence by watching the series : https://www.nationaldb.org/updates/2019-national-webinar-series-on-cultural-competence/.

2. Explore the cultural and linguistic backgrounds of families of your organization's community: https://www.census.gov/quickfacts/fact/table/OR,ID,US/PST045219.

3. Examine your organizational project's current capacity: https://nccc.georgetown.edu/documents/ncccorgselfassess.pdf.

4. Enlist partners to assist in outreach to families by establishing a workgroup and identifying entities to refer families for high-quality services.

5. Create an action plan that outlines what you plan to do with desired outcomes.

6. Implement the action plan.

National Center on Deaf-Blindness: https://www.nationaldb.org/national-initiatives/fe/increasing-cultural-competency/

By creating opportunities for productive and meaningful collaboration within the organization and creating/maintaining established relationships, the community can learn best practices from each other. This leads to empowering individuals and families from underserved and underrepresented populations to engage, participate, and contribute to improving health and education systems as well as community-based organizations.

Case Study:
Poder es Salud (Power for Health)

"Poder es Salud" is an organization in Multnomah County, Oregon that partnered with their local public health department, Latino Network, universities, health care organizations and other community and faith-based groups to address social determinants of health and reduce health disparities in Latino communities. The aim was to increase the community's social capital to address the health disparities historically shaped by social determinants, racial discrimination, social exclusion, and poverty (CDC, 2008). Through community-based participation and research, they were able to support cross-cultural partnerships to share resources and decision-making power. The grassroots efforts allowed the development of self-efficacy and empowerment skills in individuals who would otherwise be considered marginalized in their own communities. Through leadership training and access to resources, Latino individuals become agents for change, influencing systems including local politics, advocacy, community organizing, education, and health (CDC, 2008). The community of Multnomah County learned that popular education (education that is rooted in dialogue between community members) is an effective tool to begin to impact their unique and common health concerns (CDC).

Individuals from Black and Latino communities may have a shared interest in reducing health inequities; however, the ways in which the two groups identify health concerns, create solutions, and think about social capital differ. It is important to not only acknowledge but embrace these differences and find ways for different minded groups to identify opportunities for cross-cultural collaboration. This can be done by building trust between members of different demographic groups. It is difficult but essential work. Other considerations should be made when it comes to working with language barriers across cultures. It is not impossible but will require the use and implementation of creative learning methods and strategies (arts, culture, food, music) that can provide a common language and reduce potential divisiveness of language bar riers.

APPROACHES AND STRATEGIES:

Developing Solutions

By building a better understanding of the disparities that exist and recognizing the need to be a part of the solution it sets the foundation for the development of an H&V/FL3 DEIA Call to Action. By committing to confront health disparities head on and actively recruit and train parent leaders who can be representative of underserved populations, H&V can continue its mission to ensure all children who are DHH can reach their full potential.

The following is the blueprint for how H&V/FL3 will build a community that serves all families, by enlisting the power of diverse family leadership and modeling a culture of change to influence EHDI systems. The Call to Action activities will evolve over time, continuously striving for full diversity, equity and inclusion for all.

Building a Community

The Hands & Voices/FL3 Center CIRCLE of Change

With the goal to equitably serve families including underrepresented populations, H&V/FL3 commits to:

- Increasing knowledge and understanding of differences
- Shifting culture towards a shared community
- Sharing personal stories of diverse lived experiences
- Finding commonalities in our narratives
- Celebrating how likeness creates interdependence
- Empowering our village to elicit systemic transformation

H&V/the FL3 Center will use the following H&V CIRCLE of Change™ model and commitment to behavior as it moves forward with a Call to Action.

C - Caring

I – Integrity

R - Respect

C - Conviction

L - Leadership

E - Excellence

Commitment to **CARING** - To show kindness and compassion by leading with care and learning from others – to treat others with courtesy, sensitivity, and dignity.

- Consider the needs of and respond appropriately to all people.
- Show genuine interest in each other's welfare. Share concern for another's personal and professional issues and by being available and ready to help.
- Display empathy by putting oneself in another's shoes and learn to key into their emotions.
- Build rapport by creating a system of trust. Create connections that will develop into constructive and effective relationships and take time to get to know people as individuals.

Commitment to **INTEGRITY** - To model honesty, ethics, and dependability because trust is critical when working with families, team members, partners, and communities.

- Demonstrate honesty by being candid and truthful in an appropriate and helpful way.
- Establish trust by being consistent with words and actions, including acting in ways that gives others confidence in our intentions.
- Be accountable, honor commitments and follow through on promises.
- Exemplify corporate responsibility by always acting fairly and ethically.

Commitment to **RESPECT** - To treat people with dignity and value their ideas and contributions.

- Show kindness and compassion because our community members should feel like valued individuals who are listened to and understood.
- Strive to relate well with others by sharing a high level of acceptance, cooperation, and mutual respect.
- Value difference by treating others with fairness and equity, providing opportunities for individuals of diverse cultures and be mindful of individualized interpersonal styles, abilities, motivations, and backgrounds.
- Understand and respond appropriately to other's needs, feelings, and capabilities by listening and considering their ideas and opinions even when they conflict with one's own.
- Employ a welcoming approach to put others at ease.

Commitment to **CONVICTION** - To work passionately and diligently and never settle for the status quo, knowing everyone deserves to be treated with dignity and respect.

- Model dependability and cultivate a purpose-driven attitude.
- Be proactive and action oriented identifying what needs to be done.
- Follow through on activities and promises even in the face of resistance and adversity.

Commitment to **LEADERSHIP** - To set a positive example in service to others.

- Take responsibility and ownership for one's own actions and results, knowing one learns from mistakes.
- Sustain focus and composure even in highly stressful or adverse conditions.
- Exercise diplomacy when handling challenging or tense interpersonal situations.
- Maintain boundaries while providing the appropriate level of self-disclosure and not overstepping or intruding on others.

Commitment to **EXCELLENCE** – To pursue a legacy to leave for the future of the organization and community.

- Look for innovative and creative ways to continuously improve.
- Adhere to best practices, standards, regulations, and policies that guide work and service.

H&V FL3 Call to Action

Family Engagement

On an organizational level, provide outreach to empower families to advocate for their own child

GOAL:

Attract and retain diverse and experienced team members who execute policies and practices that incorporate the needs, consider the viewpoints, and use the assets of the diverse communities served

Objective:

Increase team member knowledge, understanding and competency in DEI

Activities:

1. Develop and implement an education plan for team members, management and senior leadership that focuses on DEI
2. Host a DEI workshop for Board of Directors
3. Provide at least 1 mandatory workshop on DEI for all team members
4. Develop and deliver awareness education in onboarding process to increase understanding on how DEI improves service delivery and client results
5. Coordinate “bridge groups” to support team members in applying learning from workshops to their work with clients, volunteers, donors, and others
6. Conduct brown bag “Lunch & Learn” sessions for team members to informally discuss DEI topics after training
7. Develop handouts/teaching moments for discussion in team meetings and highlight DEI efforts in meeting minutes
8. Create infographics to share with team members to illustrate how DEI improves services to families

Objective:

Create an inclusive work environment to support a goal for retention rate

Activities:

1. Share an internal engagement survey with questions specific to DEI to gather information about job satisfaction and work environment relative to DEI
2. Analyze survey data and develop strategies to improve
3. Identify community stakeholders and/or community brokers to act as resources
4. Survey the level of acceptance regarding DEI practices to inform/evaluate needs for changes to strategies
5. Include standing agenda for DEI in leadership team meetings

Objective:

Increase diversity among volunteers, board members and team members to better reflect client needs

Activities:

1. Gather feedback from board members via survey, analyze data and share results with team to inform recruitment strategies
2. Partner with diverse community groups to host events related to underserved populations and community partnerships
3. Create opportunities for parent leadership trainings for underrepresented populations
4. Set and achieve goals for diversity in specific leadership roles; incorporate in annual performance evaluations
5. Conduct “Lunch & Learn” sessions at diverse community organizations to develop and enhance relationships.
6. Implement new recruitment strategies to facilitate the attraction of diverse populations

Objective:

Convene and sustain working committees to promote, execute, and monitor DEI goals and activities

Activities:

1. Define initial DEI metrics and methods for collection and communication to ensure accountability and continuous improvement in meeting the diversity commitment
2. Develop and implement a system-wide strategy for communicating the DEI blueprint to all team members
3. Establish a Chief Diversity Officer role to monitor DEI blueprint and execution
4. Establish a Cultural Relevance Committee

Objective:

Ensure intentionality with efforts to create inclusive and affirming work environment for families, team members, and volunteers

Activities:

1. Create publications that visually communicate a welcoming environment
2. Create a tool to assess physical/virtual workspaces and communications provide an inclusive and affirming environment

Family to Family Support	GOAL:
Enhance family to family support programming	Have a positive, measurable impact on family to family support program outcomes

Objective:

Engage families to help identify program enhancements that will improve outcomes

Activities:

1. Gather information and feedback from the community by facilitating at least 2 focus groups with families (Latino/Hispanic, African American, Asian, LGBTQ+, DHH Plus and other)
2. Gather information and feedback from volunteers
3. Conduct informational interviews with community partners
4. Analyze data from focus groups, surveys, and interviews to develop recommendations for program enhancement; share the data with organizational leadership
5. Identify and act on opportunities to recruit stakeholders/ community brokers, families, caregivers to serve on local boards, committees, and advisory groups.

Objective:

Develop and implement a communications plan to convey a commitment to inclusiveness to internal and external constituents

Activities:

1. Establish relationships with diverse media outlets to provide outreach to diverse audiences
2. Promote publicly and celebrate accomplishments through diverse outreach outlets
3. Inform elected officials about DEI efforts and provide opportunities to make communities more inclusive and equitable for all families
4. Communicate the importance of DEI to the public through print materials, social media channels, mailing lists, and other forms of communication

Objective:

Incorporate DEIA into program strategies

Activities:

1. Develop strategies that meet the diverse needs of the children and families served as measured by client satisfaction surveys
2. Seek out opportunities to build deeper relationships and partnerships with diverse community partners, organizations, and leaders
3. Increase training capacity and accessibility of training opportunities in underrepresented communities
4. Continue to evaluate and revise documents to be more relevant and inclusive for families in underrepresented communities

Objective:

Provide intentional, culturally relevant enrichment opportunities

Activities:

1. Offer culturally relevant enrichment activities for parents, families, and their support network
2. Provide opportunities to learn new skills and participate in leadership roles to engage in volunteer or community projects
3. Conduct a focus group with families of diverse backgrounds about what parents need to be more confident about becoming a family leader. Provide educational webinars, open forum discussions, opportunities to learn from deaf educators and deaf adults, offer opportunities for leadership to participate in EI and FBOs to learn how they can get involved in local, state, and national EHDI Programs

Family Leadership	GOAL:
Systemic support for diverse family leaders	Deepen the awareness and create conditions to support Diversity, Equity, and Inclusion on the systems level

Objective:

Ensure financial resources allocated to DEI effectively

Activities:

1. Allocate necessary funding for participation and training for families in underserved communities
2. Identify and monitor expenses to ensure that funding is available for expenses related to DEI initiatives

Objective:

Create and communicate the value of DEI in the community

Activities:

1. Develop relationships with current and prospective donors, volunteers, and community partners who may be interested in supporting a DEI agenda
2. Advocate with partners to increase awareness for more equitable access to resources
3. Foster community partnerships in schools, early childhood education, and health care organizations that serve underrepresented communities
4. Identify current demographics of deaf and hard of hearing children both within and outside the EHDI system. Compare and contrast this with identifying families who are enrolled in parent-to-parent support. Build an inclusive culture within your parent-to parent support through the use of cultural brokers
5. Find ways to improve our outreach to provide families with an inclusive and comprehensive foundation of knowledge to have access to information and resources that support a better understanding of deafness, culture, community programs, and services
6. Enhance community partnerships identify other agencies or organizations might you want to collaborate with in order to reach families from underserved populations

Objective:

Build capacity for securing resources/revenue from new untapped sources

Activities:

1. Identify and conduct outreach to community supporters from historically underrepresented communities
2. Explore opportunities for new government support
3. Promote awareness through state funding and contracting negotiations
4. Diversify client and donor base

Working Definitions & Terms

Bias: Bias means to cause to swerve from a course, to influence (usually unfairly) or inspire with prejudice, with an intent to coerce. Unchecked bias becomes more than a preference or inclination inhibiting impartial judgment. Bias can show itself through attitudes, emotions and actions.

Community Outreach: Community outreach is the donation of time or resources to benefit a community or its institutions such as nonprofit, civic, or community-based organizations to improve the quality of life for community residents, especially as an act of charity or goodwill.

Community Engagement: Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.

Discrimination: Discrimination is differential behavior or conduct of one person or group toward another person or group that is based on individual prejudice or societal norms that have institutionalized prejudicial attitudes.

Disparity: Disparity is used within the context of health care reflects more than numbers-not just differences in prevalence rates or morbidity and mortality rates. A disparity can be thought of as "a chain of events signified by a difference in: the environment, access to, utilization of, and quality of care, health status, or a particular health outcome that deserves scrutiny."

Health Disparity: Health disparity represents a type of systemic difference in the prevalence, morbidity, disease burden, mortality of a disease, or illness of one social group as compared with another as a function of underlying social advantage or disadvantage. A health disparity is also defined as a particular type of health difference that Is closely linked with social or economic disadvantage. Such disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; mental health; cognitive, sensory, or physical disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion.

Cultural Competency: Having a defined set of values and principles, that demonstrates behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally is important to provide outreach to all individuals including those from underserved populations. Best practices include building the capacity of organizations to value diversity, conduct self-assessments, manage the dynamics of difference, institutionalize cultural knowledge, and adapt to the diversity and cultural contexts of the communities they serve.

Linguistic Competency: Effectively communicating with persons of limited English proficiency (spoken or sign), those with low literacy skills, or who are not literate, are English language learners, and individuals with language-related disabilities.

Identity Development: Culture influences a DHH child's development of identity and shapes who they are. Inclusion of all cultures is important because people need to feel connected and appreciated for their lived experiences. When they feel connected, they are likely to contribute to the conversation and participate in activities.

Diversity & Inclusion: The benefit of adopting the concept of "diversity" is the increased awareness of the multidimensional aspects of differences in society. This provides a new lens on the culture through which one differentiates oneself from another while recognizing these differences are what makes a community rich. By focusing on the intersectionality of populations of deaf children, systems can influence the way families feel supported and included.

Cultural Brokers: These are individuals who can bridge, link or mediate between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change. A cultural broker is a go-between, one who advocates on behalf of another individual or group and helps both parties understand each other.

(National Center for Cultural Competence Georgetown, 2021)

Resources

Unconscious Bias, Intersectionality, and Microaggressions: Three Key Concepts for Inclusion	
The Harvard Implicit Bias site is one of the best ways to discover one's implicit bias.	https://implicit.harvard.edu/implicit/index.jsp
Kimberlé Crenshaw explains intersectionality in a popular Ted Talk.	https://youtu.be/akOe5-UsQ2o
Microaggressions explained by Jenée Desmond-Harris.	https://www.vox.com/2015/2/16/8031073/what-are-microaggressions
Family Voices to end Racism (FamU)	https://familyvoices.org/famu/
LGBQT Resource Center Gallaudet (Alexander. Leffers)	https://www.gallaudet.edu/multicultural-student-development-and-mentoring/lgbtqa-resource-center
National Council of Hispano Deaf and Hard of Hearing	https://www.verywellhealth.com/multicultural-hispanic-or-latino-deaf-community-1046935

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Appendix A - Execution of DEI Plan - *Example:*

Developing Family Leadership through Family Engagement & Family-to-Family Support

Developing a Diversity, Equity and Inclusion Plan that addresses the inclusion of underrepresented populations in family engagement, leadership and family support across the national and state/territory EHDI systems.

Family Engagement- Empowering Families for their Own Child

On an organizational level find ways to provide outreach to help build the understanding of the importance of empowering families for their own child

Objective 1: Host a minimum of three Lunch & Learns for Families, Professionals, and Cultural Brokers with topics on Culture, Identity, and Leadership. These opportunities will allow individuals to engage in conversations, listen to stories, and share experiences from a variety of cultural backgrounds.

Objective 2: Offer culturally relevant enrichment activities for parents, families, and their support network through social media campaigns and educational opportunities.

GOAL: Attract and retain diverse and experienced team members who execute policies and practices that incorporate the needs, consider the viewpoints and use the assets of the diverse communities served.

Family-to-Family Support

Empowering Families to provide support to other families. Engage the voices of families to help identify program enhancements that will improve outcomes

Objective 1: Gather information and feedback from the community by facilitating at least 3 focus groups with families (Indigenous, Latino/Hispanic, African American, Asian Pacific Islander Groups).

GOAL: Have a positive, measurable impact on the outcomes for the families served.

Family Leadership

Empowering families to provide support to others

Objective 1: Organize a DEI Community Advisory Committee by recruiting stakeholders/community brokers, families, caregivers and providing opportunities for individuals to learn new skills and participate in leadership roles and to engage in their state EHDI Programs and Presenting at National EDHI Conferences.

GOAL: Increase the number of parents and caregivers of children who are DHH from underrepresented populations who participate in training opportunities to serve as Leaders in the EHDI systems.

Template:

Date: _____

Area of Focus: _____

Description of focus area: _____

Sub-area: _____

Sub-area Goal: _____

Activity 1 Description:

Activity 2 Description:

Measure:

Person(s) Responsible: _____

Timeframe: _____

Area of Focus: _____

Description of focus area: _____

Sub-area: _____

Sub-area Goal: _____

Activity 1 Description:

Activity 2 Description:

Measure:

Person(s) Responsible: _____

Timeframe: _____

APPENDIX B

SAMPLE: H&V FL3 ACTION PLAN FOR CLAS

(Page 8, An Implementation Checklist for the National CLAS Standards)

Note: After attending a workshop on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards), H&V reviewed the Checklist and created this Action Plan.

Your CLAS Action Worksheet

Review the practices you checked as "planning to implement." We suggest choosing three practices that your organization or department will focus on implementing next. Write these three practices down, along with timeframes for their implementation.

Note: we chose two for this exercise

1. 1.4.b Create and disseminate new resources about CLAS within the organization using widely accessible platforms.
    a. Timeframes: Including CLAS standard reflections in activities in year three of the FL3 Communication and Dissemination Plan.
2. 2.8 Formalize processes for translating materials into languages other than English and for evaluating the quality of these translations. This may include testing materials with target audiences.
    a. Timeframe: July 2021 – June 2022 in both H&V overall and FL3 activities

How will you help your organization implement these National CLAS Standards? Write down a few concrete action steps. Consider your objectives, challenges, and staff and resources that can support you.

1. 1.4b Implementation:
    a. Include CLAS standards in EHDI Presentation (March 2022)
    b. Include CLAS standards in FL3 DEI Plan (Feb. 2022)
    c. Include CLAS standards link in DEI website Page at H&V (Apr. 2022)
2. 2.8 Implementation:
    a. Prioritize resources to be translated into Spanish via the H&V HQ Latino Council (Fall 2021)
    b. Include process for Spanish translation of all captioned videos when captioning for DHH (English) (Fall 2021)
    c. Prioritize resources and allocate funds for translation of materials into ASL (Spring 2022)

Congratulations! You now have a CLAS implementation action plan!

Appendix C

Diversity, Equity, Inclusion & Accessibility Checklist for Family-To-Family Support Programs

Inclusion represents the active engagement and participation of diverse individuals in an organization's leadership, design and services. By creating initiatives around inclusion, the opportunity to recognize the inherent worth and dignity of all individuals arises and increases an organization's overall capacity and comprehensive decision-making ability.

When every individual is valued for their unique differences, the culture of an organization shifts to seek out individuals with different backgrounds, including race, ethnicity, ancestry, language, national origin, or immigration status. In addition, diversity encompasses dimensions of location, socio-economic status, religion, gender, marital or family status, sexual orientation, gender identity, age, disability, adoption status and other characteristics that comprise the DHH community. This focus on diversity allows an organization to thrive and provide outreach to historically underserved populations by being intentional about the wealth of culture.

Families with children who are from underserved populations can benefit greatly from parent-to-parent support activities. With intentional planning, family-to-family support programs can collaborate with families with diverse experiences to create equity and ensure families feel welcomed, valued and celebrated. This checklist was created to accompany the FL3 Family-to-Family Support Program Guidelines to offer suggestions, begin dialogue and foster creative thinking.

1. STAKEHOLDER/BOARD/ADVISORY GROUPS/PLANNING COMMITTEES

- ☐ Diverse parent, professional, and D/HH adult representation is sought for stakeholder, board, advisory groups and planning committees.
- ☐ Members of advisory committees, task forces, learning communities etc. display an aptitude for representing all families, including families who are from underserved populations.
- ☐ Groups are reviewed for diversity of perspective, including underserved populations, at least annually and as members leave.
- ☐ Meeting structure is inclusive of representation by individuals who have diverse lived experiences.

2. COLLABORATION

- ☐ Collaboration is sought, established and maintained with organizations/agencies who represent underserved populations.

3. PROGRAM DESIGN/SERVICES/EVENTS

- ☐ Information, services, advocacy and activities provided are inclusive of all families or they are created specifically for families from underserved populations.
- ☐ Event location and activities are reviewed in their appropriateness for a particular audience. For example, hosting an event for Latinx families in a community of high concentration or hosted by a Latino organization.
- ☐ Event registration information includes opportunities for participants to share their needs in advance or are provided as part of the event, such as an event in a particular spoken language of the target audience.
- ☐ Events and services are designed to ensure all parents and children feel welcome through inclusion of images of diverse or target population of children/adults on promotional materials, volunteers and role models are inclusive as well as other ways to demonstrate authentic planning for these families.
- ☐ Events such as panels of parents, teens/adults who are D/HH are designed with the goal of including diverse lived experiences.

4. HIRING PRACTICES AND PERSONNEL MANAGEMENT

- ☐ Recruitment for positions is sought from diverse sources to attract staff who represent a variety of perspectives whenever possible.
- ☐ Interview process will include questions, case studies and rubrics to assess candidates based on their respect/understanding/sensitivity to a range of perspectives, including families from historically underrepresented populations.
- ☐ Staff are trained for and will serve on a variety of councils/advisory boards and staff are assessed on their ability to represent the needs of all families, including those who have been underserved.
- ☐ Staff are assessed for performance and delivery of support to all families, including those with children who are from diverse families.

5. TRAINING AND ON-GOING PROFESSIONAL DEVELOPMENT

- ☐ On-boarding process includes training for all staff on how to provide unbiased support to all families, including families with children from underserved populations.
- ☐ Staff are trained in how to serve on advisory committees, task forces, learning communities etc. so they are representing all families, including underserved populations or to suggest representation from parent(s) who are from diverse and underserved populations whenever possible.
- ☐ On-going professional development will include training including perspectives from families with diverse lived experiences.

- ☐ Staff are taught how to effectively communicate and show respect to children and adults who are from underserved populations.

6. MARKETING AND COMMUNICATIONS

- ☐ Program materials and social media imagery and language are inclusive of and reflect respect for and sensitivity to the full continuum of family dynamics including children from underserved populations.
- ☐ Program is marketed to the full continuum of families with children who are D/HH, including those historically underserved, with targeted marketing when appropriate.

7. OVERSIGHT, EVALUATION, AND REPORTING

- ☐ Program has oversight by leadership trained to ensure the delivery of unbiased support and program leadership is inclusive of underrepresented families.
- ☐ Parent satisfaction surveys, focus groups and other evaluative tools assess staff ability to provide support to all families, including underserved populations.
- ☐ Parent satisfaction with services to families who are historically underserved is reported to funders/sponsors/families.