>>: Welcome, everyone. We're going to make sure we have communication access for everyone. If we need to move it or move around we will give it another minute there are handouts on the back table. Where the sound controls are. Right next to Bradley are handouts. If you don't know Bradley, Bradley is in the blue sweater. He is from Wyoming. And they won the website award this year.

(Applause)

Woo hoo. This is an opportunity for EHDI coordinators to meet there we ask that these are grantees EHDI coordinators that received the different federal grants or their staff in this meeting. If that does not describe you, we're just letting you know that this is a workgroup meeting, and we ask that it be limited to those folks. That is our target audience today.

Welcome to everybody. Anybody else need to move, rearrange, everybody good? It is so fun to see everybody here. Are we ready ladies.

Good morning. I am so glad to see you all. I would like to introduce you to some friends of mine because you know if you know me that the EHDI family is here and everybody doing it together. Once you join the EHDI family, we never ever let you go.

You may know Daphne from Virginia, she is the EHDI coordinator there. We never let go of Cathy. She used to be the EHDI coordinator in Kentucky. And I am Ginger and I'm you guys are all part of this presentation today it is open to everybody to comment, to ask questions and definitely to interact.

What we're going to do is go through our introductions, which we adjusted. We will do a group exercise. We're going to talk about definitions. This anybody here like get confused about how we use words and do we use them interchangeably, and what does that word really mean? I have had trouble with that. Anybody else have trouble with that.

I know that I have learned so much from these ladies and I've been able to ask questions in a safe space about this this mean this or does this mean that we today as we go along there may be terms that just like when you are at other presentations of the hearing, atypical hearing, hearing difference, today we are going to ask for grace because one time he may use one terminology and another time another descriptor. But this is a safe place for us to express and accept all of those terms because people get to pick what they use to describe themselves. Fair enough.

Then we are going to talk about why is the eye important in EHDI. We know that it is important, but why is it important in EHDI grants and we're going to talk about resources and some of you got those resources via that the EHDI Chats, but they are all uploaded to the handouts for this presentation. We sent it through EHDI Chats so that you have an Excel list so it would be more dynamic and usable. If you do not have that, let me know.

Then we are going to finish the day with action steps. What can you do in your state? The whole point is you're going to leave here with ideas that you can implement right away. Remember 2023 starts grant writing season, competitive grant writing season. I'm going to hand it over to Cathy Lester. Again, she used to be from Kentucky but once you are in the family are always from the family pic she is still from Kentucky, sorry. She was that.

>>: Would you like to start with this.

>>: Perfect. Can you hear me? Good for so would you take a minute to say that I know the diversity, equity, and inclusion gets a lot of play in the press these days. As become kind of a political topic. We are not political in the spirit this is not about politics picked this is about how we help our families and the children in our states.

>>: You can say amen to that.

>>: This is not politics or any of that stuff. You are here because you want to help people. DEI is a strategy to help people. It is a way that your programs can start to target some of those families that maybe you are missing. As EHDI coordinators, at least for us in Kentucky, we did the big things first. We got the low hanging fruit as my supervisor used to like to say. You do the letters and the letters to the physicians and maybe you do reminder calls and we do all of these things because we want to help children and families. But there are still people we can't get. There are still the population of some percentage that maybe are unresponsive to our letters and unresponsive to phone calls in the PCPs cannot get them to respond. These are strategies that are going to be important to address those barriers to reaching out to the few remaining families that some states have.

We have about a three minute video, which I think it's very interesting about how different things apply to different people. Part of understanding diversity, equity, and inclusion is understanding ourselves and our values, but understanding the perspectives of others in this world because if we don't know their perspectives, how can we reach out to them in a way that is effective and efficient.

(Video playing)

>>: My sister-in-law who is half black, half white but looks like white, blue eyes, wider than most white folks very white. She and I we grew up together and raised our children together so they are first cousins and it is wonderful, very, very multicultural family. We grew up in a safe way. Kathleen, my sister-in-law is in front of me as she is writing a check for her groceries. My daughter at the time was 10 years old was standing with me and I was directly behind her getting ready to get my groceries. Kathleen comes up in the checker who is a strawberry blonde, freckled very delightful warm, it's talking to Kathleen as saying, hey, what a nice day today and they are chatting out. Cathy rights are the check and steps off to the side with her groceries because she is waiting for me. Of course, Kathleen it looks like. So I come up. No conversation, she looks up at me, no chatter, I wrote my check, my daughter, however, is 10 and notices immediately and how she responds to me. I write my check and she goes I'm going to need two pieces of ID. At which point my daughter looks at me and gets very, very embarrassed and tears are coming up in her eye like mommy, you you're gonna let her do this why she doing this? I am trying to figure out what I should do because behind me are two elderly white women. Then I become the angry black woman, right. I am just trying to second-guess all the drama. So I give her the two pieces of ID. Some things you have to choose your battles, right? That it gets worse. Should compose out the bad checkbook. This is the book that shows the people who wrote bad checks. She starts searching for my license in the bad checks. At which point it is out of control now. Just as I am standing there trying to decide what to do and this is deeply humiliating. My daughter is full-blown emotionally upset and is 10. My sister-in-law walks back over she steps in and says excuse me, why are you doing this? The checker goes what do you mean? Why are you taking her through all of these changes. The girl goes this is our policy. Eight that is not your policy because she did not do that with me. I know you. Note she's been here for years I've only lived here for three months. At this point, the two white elderly ladies go, I cannot believe with this checker's woman and totally unacceptable. At this point the manager walks over. The manager walks over and says is there a problem here? Are part my sister-in-law says there is a problem here. Here is what happened. She used her white privilege and even though Kathleen is half black and half white, she recognizes what that means and she made the statement. She pointed out the injustice, and she as a result of that one act influenced everyone in that space. But what could have happened, had the black woman said this is unfair, why are you doing this to me? Would it have had the same impact. But Kathleen knew that she walked through the world differently than I did and she used her white privilege to educate and make write a situation that was wrong. That is what you can do. Every single day.

>>: Video ends. There was a sharp interesting video about DEI can come into play in everyday life. This is important to EHDI coordinators because we interact with those people, too. We are that cashier. Hopefully, we don't do the things she did that we interact with families that have differences. How we interact with them as to whether or not they're going to respond and do the things that they need to do. Unfortunately, many, many families and oppressed communities don't have good experiences at the hands of government agencies. This country for all of its wonderful attributes, has not developed a culture of inclusivity. It is just at this point becoming in the forefront of our consciousness. One of the things that we're going to do is to look in our consciousness what are our opinions about different populations. This is just a quick exercise. Do it in your head and you don't have to write it down or share anything.

There are records or tapes or CDs if you're older like me that you play in your head about different things. We don't always know we do it, but I promise you there is not a single person in the society that doesn't not have preconceived notions about groups of people. That is not how we work how our brain works. Identifying those notions and values and even our own biases understand help us understand how to change that affect the the families that we are missing.

Very quickly thinking about I am and use your own personal attributes, but I am not. My personal once, I am Jewish, but I am not cheap. I am a woman, but I am not a bad driver I am a lesbian, but I do not hate when men. Those are stereotypes that people have about some of my personal attributes. You all have probably heard many of those, too. It is important to know where those come from and understand that we all have them before we even start to address our own issues and our community issues and are systemic issues.

>>: Did everybody get a handout? Okay. There is a number of different terms on there. Many of you probably already know that I am a social worker by training so I actually teach diversity, equity, and inclusion and some of our social work classes appear this is a vocab list that I give my students and since I'm a teacher I give you handouts. --

(Overlapping speakers)

>>: Raise your hand if you do not have one query.

We did include the vocabulary in the upload so if there is not so I have no idea how many people would show up. If you do not get a paper copy they are in the handouts section of our presentation.

>>: Do what we do really well. Share, but don't steal.

(Laughter)

>>: You could, but it is online.

Am not going to read the slides to you. I hate being read to and I am not going to do that. But I didn't want to point out the three concepts in the title of the presentation. Diversity, is basically about differences. We all have differences. Everybody we see, everyone we meet, even people in the same family have differences. If you think to Jewish people walk through this Roma's same way I would tell you that you are wrong. One of the things to know is about diversity.

Equity is about how people are treated. Are they treated in the ways that allow them to thrive equally with everyone else? That is the key to that.

Inclusion is making sure we absolutely include all of the voices at the table. I think that is where EHDI struggles sometimes, because we are state government employees. We have at the limited amount of time, money, limited staff. We have all these things we have to get done according to our federal partners, state government, and her bosses. It may not have anything to do with any of this, but we still have to get them done, right? This is why we can think about ways to think about the differently and being more inclusive.

Nobody wants to exclude people we are not here to exclude people we are here to help all of our families. Using some of the strategies and understanding these concepts may open up some ways to do that.

You all have probably seen this graphic. I love it and I think it is a great illustration. Equality is giving everybody the exact same thing. That is where I think EHDI is most of the time. Everybody gets a letter if they get a referrer or risk factor for PCPs not everybody in the system gets a brochure or phone call. That is great. That is at least something but then if you look at that graphic, you can tell that it is not enough for some people what we always do may not get everybody we need to get. We need to move past equality and look at equity. Can we make sure that everybody can achieve at the same rate? Some people need more supports than that. Is some of our families need additional supports or resources and options. That is where we sort of need to move into EHDI or with that he's into the area of equity.

Justice is really the goal that is a long-term goal for all of our programs because our deal is that justice will happen when all kids can get their needs met to the point where they can thrive like everyone else. We are not there yet. No system is. Not just at a. There is not a system in the world that is that optimal. But the goal is to get everybody to thrive apart this is just a very brief discussion on my going to discuss about you all can if you want, about different kinds of prejudices and discriminations. If it is age than ageism and race is racism. Sometimes, people use these terms and don't understand what they mean. I wanted to include that.

I see people taking pictures. Hold on. The PDF version of our slides are also online. You don't necessarily have to rely on your camera phone.

The next piece of this is we have sort of thought about our own individual biases and attributes, and we know that when we have those, we have to work hard to get past those. In the individual round, you identify that and you figure out where my with this and what do I need to work on? If you don't know what you need to work on, then how do you make sure that your program is doing it as well.

Once we are aware of those things, we can move into the interpersonal realm. How do we work with others, how do we make our groups more cohesive and occlusive? Then we take that to the systems level, which is why you guys are here today. We want to improve our EHDI systems. One way to do that is by recognizing that, hey, we are missing some families and maybe if we try a different strategy we can get those families to the table as well.

That is how this works individual, interpersonal, and a video was a good example of interpersonal, and then systems level.

>>: We're gonna talk a little bit about why it is important in our EHDI system. As you guys, no,, and the HRSA grant at talk specifically about a DEI plan how many of you guys just finish submitting your DEI plan? Two, three, four? Who submitted their plan? Of those how many of you feel super confident in the plan you submitted? What made you feel confident about submitting your plan? Do you want to share.

>>: Liz keeps coming back.

>>: You are just a wealth of information as well.

>>: Our plan is to really pull our data into look were at where our social determinants are. That are related to our loss of follow up. I have an idea and I am sure that it is probably across every state, but I feel pretty confident that with what we find, we can make a difference. Just to share, I am sure because we looked at data before, it is slow education, low income, non-Hispanic/black, and what is the other one query there is one more at some of our ideas were going to be able to come around and make a difference, such as are we in Housing Authority's? I know that sounds crazy but that is where we need to be, are we in health departments, are we educating, childcare facilities? How many childcare facilities are seeing these kiddos? Even Medicaid child certain childcare facilities we just need to get the information out to let them know who we are and are here to help them and their families.

>>: Thanks so much. With somebody else like to share.

>>: Anybody else want to share about their DEI plan? All the way in the back? Utah.

>>: We kind of just started really small so we did our data analysis, and we know that we have a big Native American population in one part of the state, and they get lots of follow up a lot because they don't go back to there clinics or they go to Arizona. We are going to work with our state agencies with the Native American population to see how we can do more education and work with the clinics in that area. We just popped one little small thing and that is our target.

>>: Let's celebrate celebrate that that she is starting small. While it works for Liz to work at the bigger system and works in Utah to look at the small piece, and that is okay." When I started as an edit coordinator and I was like it has to be this big and have to do everything, the best advice I ever got was take your ideas, cut them in half and then cut them in half again and that is where you should start. Anybody else want to share on that? Okay. What about our CDC grants? What can we do our dog would make a difference in our CDC grants? A part for me the first big change in the last couple years as they changed all the race and ethnicity coding. Anybody want to admit that it was a pain in the but?

>>:

(Off mic)

>>: There is nothing they can do about it because they pull birth certificate information, but we had trouble submitting that data at least we did. Anybody else have trouble submitting that data? And made a little bit of a challenge. Making sure that your data system has the same categories to pick from as your birth certificates that also matches up with the CDC definitions. That is part of what we need to do.

What are some other things in the CDC grants and I'm talking specifically about our data system, what should we have in our data system that also helps with diversity and equity? I heard somebody say language. Yep. Spoken language, visual language, both? If you are a high track user we started with putting a button in there if an ADA accommodation was needed. If we knew that we needed to have an interpreter with the family and then we moved to spoken language and visual language. What are some other things? Marcia's comment is so foreign languages, making sure that you have all your letters or documents in all the languages that people need.

>>: Or even to notice spoken in the home.

>>: Just so I can repeat back for communication access and tell me if I get it wrong, so knowing even if they might read one language, knowing what is the spoken language in the home so that you can have access for everybody.

Is anybody in here from Ohio, Ohio, took a teaching moment for us and Illinois and maybe other people do this, we're going to try to put a QR code on all the letters that go out from our Department of Health that says if you need this letter in other languages, use this QR code and it will take you to a website that shows the letter and our top 10 languages. We already had the brochures that way, but we never thought about putting the letters. And was 70 tells you that it is like oh.

(Off mic)

(Laughter)

>>: There will be a QR code in the letter. If anybody ever knew the Mary Gwen Allen from Texas, she paid over 1 million dollars to marketing firm in Texas to help them to help them with there communication to family so it might be 15 years ago. And I am showing my age. It was an aha moment there of putting English on one side and Spanish on the other. They paid all this money to find out that you have to do that because you have a provider that might be English-speaking but you have a family that might be Spanish speaking or they need to be able to flip between the two is some message that she shared. It is a little aha moment.

As we talked about this though, I am so sorry question.

>>: In Washington, one thing we noticed when we got the expansion grant for CDC if forced us to collect race and ethnicity data that we did not have from vital records so that was actually very helpful for us because we were like we have to have this to be able to report to CDC. The downside is when we were writing our diversity and equity plan, we did not have a lot of data to pull from that had the information. We polled loss of follow-up data from Washington and got some very specific subgroups like Native American, families that are lost to follow up, but it was really hard to see a trend because some of them were Eastern Washington and that -- and random one in King County how are they being lost, they are all the services. It was interesting so we have to look at our data deeper in the plan and the review very specific issues and how do you target very specific populations that have very specific troubles. The CDC grant did help us get better data is just working with small subsets has been our trouble then.

>>: You leveraged a requirement to get something that would benefit you so that is always good to say dad said I had to have this, but 2 just to validate that you don't have to start big. Utah started small. Will he says says it sometimes it is great to be the bottom of the bottom because the gray have to go to go up our plan is to get that data and here is the plan and then you move on. There is another.

>>: I just had a question. It would be awesome to have the languages spoken in the home. Where is that collected from.

>>: In Illinois the language spoken in the home most often comes after diagnosis or free we have us follow a specialist to follow with the family. It is not coming from hospitals. We have over 100 thousand hundred 30,000 households at there over the staff changes changeovers, even the ability to collect to collect written language has plummeted. For us we have room to grow because right now if I make a lost to follow-up call, my my -- she puts it in or they enter into family to family support they enter it in.

>>: Same in Louisiana, but I thought you had a trick to collect it initially.

(Laughter)

>>: We will have to keep thinking on that sharing on that. I think we had a comment in the back.

>>: Thanks. I love the idea of the QR code in the top 10 languages. We have been doing English and Spanish on the flip sides, but I love the idea of the QR code. We are also, our EHDI program is in the same office as our title V special children health care needs, birth defects reporting, sickle-cell, long-term follow-up, several other follow-up programs. We're in the process of reviewing a lot of fact sheets and letters and also working with health equity contract trainer to review a lot of our letters and fact sheets including EHDI, and we did include that in the DEI plan as well. I'm kind of excited to hear what the outcome of that will be. We are including some training for all staff as well as some kind of individual with me in the office director, one-on-one sessions with that health equity person to review specific fact sheets and letters.

>>: That is exciting.

>>: For our DEI plan, I am in Maryland, we have a small but significant Amish and Mennonite population. Part of our plan is also to work with that population, too and ensure that those babies are getting screened and followed up because that is definitely a population that we have lost a lot over the years.

>>: Fantastic fantastic. They could for sharing paragraph I think we have another comment. As we are walking over here, just a shameless plug. Illinois took all of the CMV documents that we're out there and put them to the top 10 languages that are in Illinois so if you need the standard CMV documents as they show on CMV.org we have them in the top 10 languages and I'm happy to give them to you.

>>: It is Michelle from Guam. It is quite ironic how we talk about the data collection and CDC in diversity and inclusion equity but unfortunately, Guam and some of our friends in the Pacific have been excluded from the CDC grid because we don't have enough births, but we are still required to gather the data so when somebody from EHDI sent an e-mail requesting the data without that we have to give it because we do collect it. We have made creative ways and made friends with our public health system to support it through a contract, right? Technically our EHDI database is owned by Department of Public Health, but we manage it, secure it, how's that, continue to maintain and and we have a contract if your public health and we don't know where they're getting the money to fund it they said if you want that, we will continue to maintain it, but you will have to pay us to do that. Maybe this is a time for us to advocate that Guam and the territories of American Samoa will I think the only territory was Rico made up because I had more than 5000 births, but if we are talking about diversity, equity, and inclusion keep in mind the rest of the territories.

>>: Thank you so much for sharing that. That is a good point. Let me do one more point on the side and will keep moving on. When I asked my colleagues here about why are we doing this Queen some people will say to me I am spending 90% of my time on 20% of the population and I understand that that feeling is out there sometimes for us, but I said how do we address that or answer that? Cathy gave me the response of our commitment to give everybody that dignity. Cathy do you want to expand on that at all.

>>: Obviously, I come at this from social work, but I have this perspective that everyone is worthy of the respect and dignity to address them in the way that means something to them that is polite and respectful to them and to include everyone. Our job is not to make ourselves or other people better, but essentially that is what this is. Let's just be good people. What is recognized is that we are not all the same and address where we can within the limitations that we have in state governments address the things we can address because everyone is worthy of that respect.

>>: If nothing else I hope you take that message home because we hear a lot about DEI and we need to continue the conversation.

I think we will take one more comment over here and then I will move on.

>>: To extend off what Cathy said as well, if the purpose is to reach all babies, we can't just focus on this majority that may have privileged access to the system. We have to focus on the ones that don't in order to actually reach all of them. The coming I wanted to make about the CDC funding is in regards to staff and how I know everyone is understaffed or just the capability of data analysis and research. If you can't do that in house and if you have room in the CDC grant, you can also contract with the research specialist as well.

>>: I'm going to go out on a limb and Bradley can kick cannot kick me from that far that I appreciate your comment from Guam and I think Bradley we'll carry that message back to our federal partners because we do have the opportunity from the spatula to meet with those federal partners. Is that okay. This is good to keep moving on because my colleagues have great things to say.

We had hired an intern for one semester to analyze our data for diversity and equity. She took a look at it, I have a link to that analysis if you want to talk more about that. I did not put that in the open domain, but we went on to look at how that impacted our parent to parent support, and it was a huge game changer. This is one example if you watch the webinar that was cited on the previous slide. Because we went to we want from 12% of our population being reached to 80% within the first year. It was a huge game changer so we feel like we are having a little bit more equity then what we had before.

We can talk more about that about that presentation also talks about that.

I think I meant to keep moving on and handed over to Daphne so we don't run out of time.

>>: How can EHDI systems incorporate DEI? A few ways in Virginia that we ensure that we added some DEI to our program was reviewing the literacy of our letters, our program material, also we looked at our website and our publications. You may see on your table some of the information that we worked on. One of the things that we understood that when we looked at most of our brochures in the beginning, with did you see on them? They were Mom's. Including fathers was something we had not done in the past. They go through the experience of having a child as well. We thought, well, let's change some of that information to include fathers. Some of that representation we looked at was adding materials that had children with hearing aids or children who sign ASL or cued speech. There we worked with some of our partners the Virginia hearing aid loan Bank said to include a different day makes dynamics and FMI materials for part one of the things we wanted to do is to ensure that we looked at the literacy, the representation and also that we had conversations and critical conversations with the partners in our state to ensure that we were looking at diversity and inclusion and equity.

What you communicate is important, super important. We had one material I don't think I took it out it was a your baby hearing results. It was one thing we gave every parent in the state who had a baby. The hospital's screeners would write the information on those, right? If you look on the table, now we have a card for each result. We did that intentionally because what we found is that the hospital's screeners were giving everyone the same message because they had the same brochure. Honestly, the message should not be the same for every parent because of fail is not the same as a fail or with a miss with the mess. The recommendations made very. What we decided to do was to change those to make sure that we were getting clear concise information based on that result. Additionally, we did videos with QR codes if you want to take the time and scan them. On them we did videos with our interns. We had them do different voices, and they told the parents what to do next. What are the next steps for you if your child fail the newborn hearing screening. That allows us to be a different way to communicate. Everyone is not going to need the full brochure or fact card, but they may scan the QR code and listen to the video and that may be sufficient.

That was a revamp, a really big revamp for us, but we think it is a lot more effective and it allows us to go straight to our website and get more information that they need it. It allows them to get the information when they need at.

I'm sorry. Next one. Try to diversify and change your materials and have materials not only for parents, but for stakeholders because they are part of the EHDI system. Using providers and materials as you see these two I think you're looking at the prenatal project material that we just came up with it has not come out yet, but one of the things we realize is that we are not meeting parents prenatal. We're not telling them what is happening at the hospital and what is going to happen before they have a baby before they go in the hospital. If that is the population we went to reach out to peer group wanted to come together in rental work together with New Paris screening and we can design that to give posters or those little decals that you see in the window at the OB/GYN office so they will go out to OB/GYN's and maybe some pediatricians and allows it to have a QR code on there. One of the things it shows here is one of the messages as it talks about getting help when you need it, mental health resources and also it'll talk about the newborn screening process and what that looks like with the blood spot is when you go in the hospital so that parents can be more prepared when they go in the hospital versus EHDI calling them later in them saying oh who are you.

Given that preparation and providing the information to prenatal and preparing for birth and that is why we named it the parent for birth that is preparing for the birth.

The next material you guys probably remember the planned share with care part there was a big thing and a big topic so one of the things and that was included providers in information and we have four of these going around the state. We did also put it on our system electronically so that providers could share information back and forth, but this is just a material for you to see that we tried to diversify some of the materials that we have.

The next thing is having those critical conversations. We use our opportunity with an advisory committee come to bring specialized can speakers to talk about DEI. I am not the expert of that and I will never be the expert of that, but I thought we need to find someone who is the expert. Sometimes, in states assume you do have some to support you, but in Virginia we have Virginia inclusive communities who provided some training. I will talk about that little bit later, but here is where we kind of started in our statewide learning community talking about those critical conversations about DEI and one of the meetings we had and can go to the next slide, we shared a video and many of you might have seen this video. Has anybody seen Kira's story? If you go to get an opportunity watch her story. Is on Instagram and YouTube. Kira went to have a baby and died in childbirth. Because she was not given the treatment that she deserved and that she asked for.

Her husband I think it was said to NCHAM maternal child health conference has been going around telling her story and if you watch her story on YouTube, you see that he talks about how he felt like racism played a part in Washington to get the care she needed.

This is what we use as an icebreaker at one of our statewide learning community meetings. We use this video.

Then we have dialogue about it. It was not necessarily about the video --

(Overlapping speakers)

It was not necessarily about the video, but some of the questions we ask is should the strategies for communication communicating results to the family based on demographic backgrounds and what are the impacts of changing or not changing your approach.

We also ask whether cultural norms impact follow up for families and how do we address these differences and encourage families to receive the recommended services.

You can use those, but those are just the two questions we use to start the conversation about how to make the change in EHDI systems. Additionally, in Virginia what we did was had hosted DEI luncheons and some where just mentioned the Virginia inclusive communities a few minutes ago, I got ahead of myself, but they are the ones who provided those trainings because we are not the experts of that. Bringing them in, they provided those trainings. You can go to the next slide. These trainings that you see here are some of the trainings that were provided to us and they were very small group trainings. We did them virtually because we were still in the pandemic and it may have been 30 people. They did no one have more than that for conversation and dialogue and that it was a safe place to have conversations. You can go to the next slide. These are the trainings that they provided us I will read them all to you. It was sent out in EHDI Chats. If you've any questions you can ask me later. We're good.

Additionally, we had the trainings that were lunch and learn, but we also had a training that was designed for our advisory committee. We asked as many of our advisory committee members as possible to attend. With felt like they are the foundation of our EHDI system so we started there and said, hey, we want you to take these trainings, foundations of diversity and inclusion they could see the rest of the titles here progress them to take those trainings as a group that we had the foundation in our advisory committee was aware that we are responsible, not EHDI alone, but as an advisory committee we are responsible to make sure that we are doing DEI in our state for EHDI systems.

Other ways to be inclusive you can go to the next one. You need to diversify as much as you can, hiring your staff. I know most of us work for state system so we can hire just anyone, but we did have an intern for a semester and she had -- somebody who had the passion behind it because she had a hearing loss and she really wanted to make things better. Some of the materials were not only Eddie's idea, but they were hers. We also hired contractors at one time we have a had a contractor not for long period of time, but we had a mom who had a hearing loss and we were able to tell the contract company we want to hire a parent for six months or whatever because of funding for a short period of time to be able to focus on these things. Also we did a survey about our committee, it has religious background marital status and all of that so they would know what our advisory committee look like and if we could look at ways to diversify that committee. I know that a lot of times we have people on our committee because they meet the recommendations like in our state we have a list of people who should be on there. Sometimes, looking for parents or for other people to join our committee that can help diversify in many ways.

Going to hand it over because it's in the my section.

>>: We are going to open this back up to talk about your personal action steps. Obviously,, Cathy talked about looking at your own way of thinking, recognize that based on intersectional identities, people have different experiences with power, privilege, and oppression.

Recognize, analyze, and disrupt your own implicit explicit bias and owner responsibility and work and be accountable and courageous. Be willing to step outside the box. Do you guys want to comment on that.

>>: Several things have been done in Kentucky since I actually left and rather than me relating what Jeannie told me, I was going to see, Ginger, I'm sorry am going to put you on the spot. You've done such great work. You should get to talk about this.

>>: As far as information sharing, normalizing the conversation is obviously, is always going to be an important place to start so we all know how to engage in the conversation with humility, right? Courage, comfort ability, if it can be achieved, but just to continue normalizing conversational the time. Terms change, social conditions change, things happen. We often see that in the media, community our own lives personally and just creating the space whether it is in your advisory board, your EHDI team, with other staff in your agency, Kentucky developed, the main thing we wanted to start with was a community stakeholder group. Anybody on the advisory board, anybody that anybody knew from the advisory board, anybody, anywhere that had an interest in racial equity, diversity, inclusion, and access. It is a long one but that is what we call our committee. Right now we are meeting on a quarterly basis but initially we were just trying to get movement as far as the conversation.

How best ever going to know how to meet those, to address those disparities and meet populations where they are at if we are not engaging with the community? Not about me without me. It is tough to ask people for their time to find people who will give their time to provide that. We address that and we are working on adjusting the amicable ways. One is to write a stipend into our HRSA grant that if somebody is not doing it through their occupation, if they are volunteering their time, and the second thing was having targeted conversations. If there is something part of our DEI plan if someone is interested in working on or they are a subject matter expert on it like they work in early intervention or the school system or they are a pediatrician, then we work on ways to use their advisement with that rather than just expecting everybody to get together all the time. We have more of a core group, and that spread out however we need to for the people that are too busy to always be in that core group.

Defining terminology. Again, that goes along with normalizing and as Cathy passed out this great list of definitions being able to engage in the conversation and digest the material and what you're talking about it is so important to continue the conversation. Again, nobody knows all the terms all the time so just continuing to do that. I'm going to QI. One of the things that we noticed in our data was that families who are English second language or non-English-speaking, there was a significant disparity as far as loss to follow up. How do we adjust that? We are utilizing some of the HRSA funds, I am losing words right now, to translate, I was going to say interpret, to translate our letters. We made a document called my babies hearing that is going to go out to all the hospitals and the top 20 language so that the family can take home something in their primary language that explains what to expect, what were to go and who to call. We created a general e-mail at KY.gov had that families can utilize that and a staff changes like there is just this central e-mail that the whole team is on and we actually have a lot of parents e-mailing in. Like it says on our letters if you need an interpreter, that would be in their primary language. Noticing and paying attention to the overall system not only do the quantitative data but looking at it anecdotally from what pediatricians are telling you about the populations they serve and what families are telling you so that you can more tactfully address the issue.

Of course, where just getting started as far as flexibility goes it will evolve and change. That's all I got right now. (Laughs) I will probably think of 30 more than I sit down.

You say 30 more things I think it is really true. This conversation today, we keep thinking about things we want to talk about and we want to share. There are some more slides, but we're going to run out of time and I think what we have just talked about is we would like to hear from you to here if you have questions or comments. Let me show just a couple slides so you know they are there and then Marcia will it will go to you. Again,, this can start from the top down or the bottom up. It is important to look at it from both sides because sometimes you will hit a roadblock. As we keep joking, sometimes the roadblocks are people and we have to wait for them to retire or move on or something else. To get stuff done. Don't be a free to look at it for more than one angle. We have included in your hand out a bunch of links to different ways that you can see diversity in television and the media, the YouTube videos that Daphne shared are in your handouts. Also some branding we included the links here so if you want to have Kira a's story to share to discuss with your staff for the FBO to start conversations, or start smaller and talk about the examples in a commercial for Target they made a change. Those are all links that we have shared with you as conversation starters because as we have seen today, the conversation keeps going and it goes in great places. We will go ahead and Marcia if you would like to.

>>: I am curious to see, we recently did a two day workshop on diversity, equity, and inclusion in North Carolina. I am wondering, a challenge that we faced in the content of that was we wanted it to be broadly diversity, equity, and inclusion and we had some members of our deaf community who only wanted, who felt like EHDI should only focus on deaf versus spoken language in those cultures. Or any of the rest of you getting that kind of concern when you're trying to address DEI on a broader scale.

>>: And if you have any suggestions for me. We did have broad presenters, but I'm still getting feedback that they feel like EHDI is just deaf and hard-of-hearing and not understanding the broader.

>>: For me I go back to the concept of intersectionality that Ginger mentioned a while ago and that is on your list of terms but broadly it is the fact that none of us are any one single attribute, right? Deaf people are not just deaf. They are black white Christian Jewish Muslim. Deafness comes in all shapes and sizes and with lots of other characteristics that go with it. The same with the rest of us with people who are not deaf or who have hearing differences. Make sure I say that right. To go back to the fact that, yeah, obviously, we are all here because of this need and desire to help families and children who have hearing differences but that is not all there is said to people. People are multifaceted and complex and representation matters, even in a limited setting. are part many of you may have heard the story about Serena Williams and how she almost died when she gave birth because the medical system does not acknowledge people of color as different with different needs and they treat them in ways that are not fair. We have to know that as a system. We are government agencies, and we have to recognize that the government has been part of the issue for a while and we have to change that, we have to change the way we address all of the different intersectional identities because we can't reach people if we can acknowledge who they are.

>>: So you do have other resources, I think this conversation can very much continue. I encourage you to partner with other states. Daphne and I are going to try to partner. Cathy is going to get roped into it, but she doesn't know yet. Because we don't need to create 50 different recorded webinars where we can or may be recorded once and then have discussion topics. To honor the fact that this session ends at 12, anybody needs to get up and leave. If anybody would like to stave for five or 10 minutes and just talk or ask questions, feel free to stay, but we do want to honor your time if you need to leave.

Any other comments or questions?

(CONCLUDED AT 12:01 PM) oh.

It is called what is.

>>: It is with an ASL speaker and she breaks it down for.

I'm from South Dakota and I'm saying this because I know where in the a safe place and just from a citizen's perspective, are there other states where your state is against diversity and we cannot even use that word, who can I partner with for ideas? We are in a dire situation.

>>: If it is okay with you, why don't I talked to Lylis and do that on EHDI Chats. Maybe we can talk about that and some workarounds. To talk about how to do that inclusiveness. That is a big one.

Anybody else parting facts? Yes.

>>: I just wanted to show that there is a really good documentary on Hulu called aftershocks and that is about maternal lividity similar similar to Kira's story. We have one last comment. Two last comments in the back.

>>: Of a clarifying question. Is this something that is sent out, I can yell. Thank you. For Virginia, just a quick clarifying question, are the cards at something that are sent out from the EHDI program are these something that is given out at the birth facility.

>>: We send them to every hospital in the state quarterly and they are giving to the hearing screeners to provide to the families at the time of the screen.

And then the EHDI program still sends out a letter.

>>: We do additionally send out a letter.

>>: I saw Kira's story and there is not a dry I. It was incredibly heartbreaking. Thank you.

>>: This is Gina from Michigan. I have been an EHDI coordinator for one year and I come from a clinical background my experience with submitting plans like this includes the singular DEI plan my question to you I is do we have to submit updates to this plan, progress, implementation, how does that look.

>>: I don't think anybody has said that directly yet. I can tell you from both of us chitchatting, we see that next NOFO is going to build on it. I would build in your markers, measures months so you are prompted to write the next grant.

>>: My mind is already wanting to tweak and change in focus after our conversation.

>>: Write down all your ideas and cut the list in half and half again, but save those other three fourths for the next grant cycle.

>>: Yes, I am much too broad I am realizing.

Thank you guys for coming and being our friends and all this and have a beautiful day.