2021

DIVERSITY, EQUITY, AND INCLUSION PLAN

MISSISSIPPI EARLY HEARING DETECTION AND INTERVENTION PROGRAM

MISSISSIPPI STATE DEPARTMENT OF HEALTH

FAMILY ENGAGEMENT WORKGROUP MEMBERS

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MISSION AND VISION

MISSION

Our Mission is to promote and foster a culture that values diversity, equity and inclusion throughout the Early Hearing Detection and Intervention Program and the diverse communities we serve to achieve our highest potential.

VISION

Our Vision is for a diverse EHDI system, equally reflected in our leadership and throughout our workforce as it is in our communities, embracing a range of experiences and perspectives, works in inclusive partnerships to develop and provide equitable health services to address existing and emerging health and social issues for infants and toddlers who are Deaf/Hard of Hearing, their families, and the professionals who serve them.

DEFINITIONS

Diversity: The range of human differences, abilities, experiences, and perspectives.

Inclusion: A culture that fosters diversity, equity, support, and respect within every facet of organizational services and activities.

Equity: Fair and just treatment, access and opportunities for all people while building better outcomes for historically and currently disadvantaged populations.

DIVERSITY, EQUITY, AND INCLUSION PLAN FOR EHDI:

STATEMENT OF PURPOSE

This proposed plan was developed to embody the values of diversity, equity, and inclusion as well as align with Mississippi State Department of Health. This work is necessary to improve outcomes for families, communities, partners, and professionals by addressing inequities at a systemic level. The goal is to improve the understanding of and mutual respect for those in the EHDI system; encourage multiple perspectives to ensure creative problem solving; allow greater transparency; and ensure that all cultures, backgrounds, and experiences are valued in our ever-changing diverse system.

PLAN DEVELOPMENT

To assist with this work, the EHDI-MS established a Family Engagement Workgroup. In 2021, this workgroup reviewed the program personnel, resources, activities, materials, initiatives, and outcomes to identify (a) targets for improvement to increase diversity, equity, and inclusion, and (b) strategies for reducing disparities and increasing access to services for infants and toddlers who are Deaf/Hard of Hearing and their families.

The Workgroup's approach to developing recommendations to promote diversity, equity, and inclusion is rooted in principles of equity. The Workgroup has chosen to have an intentional focus on ability, race, culture, nationality, gender, and sexual orientation to address systemic oppression and exclusion. An equity approach allows us to design policies, practices, and strategies that result in fair and equitable opportunities for everyone. This approach requires:

1. Understanding the historic and current drivers of health and social inequalities (e.g., racism, sexism, heterosexism, ablism, ageism)
2. Identifying how EHDI-MS contributes to and can deconstruct these inequalities
3. Working in partnerships with the communities we serve to achieve equity

This plan was developed to implement the recommendations from the Family Engagement Workgroup. This plan will continue to be updated as often as needed, but at least annually, to address new recommendations.

INFRASTRUCTURE AND DATA ANALYSES

The initial program infrastructure review conducted by Family Engagement Workgroup focused on outreach and communication materials and resources of the EHDI-MS. Although the newer materials and resources were more inclusive and accessible, the materials and resources as well as communication methods and community engagement efforts were insufficiently inclusive or accessible to promote fair and equitable opportunities for everyone.

The EHDI-MS Program also conducted a review of data for children in the EHDI system to identify disparities. The most significant disparities identified occurred across geographic regions.

The Mississippi State Department of Health is organized into three large operational regions (i.e., northern, central, southern) with roughly equal populations. Within each region, there is a university diagnostic clinic serving pediatric populations. The central and southern regions also have one large private provider (each) which serves pediatric populations. Altogether, these five diagnostic clinics perform 94% of all diagnostic evaluations conducted in Mississippi as reported to the EHDI-MS. (See Figure 1)

Despite the availability of diagnostic providers in each region and roughly

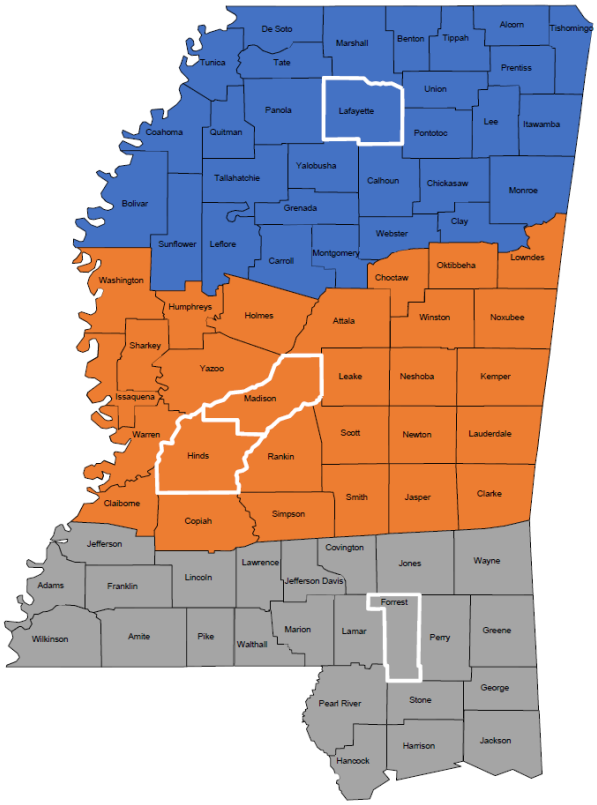

Figure 1. Mississippi Regional Map with Major Diagnostic Providers Identified

equal populations, large disparities were noted in the number of children identified with hearing loss in each of the regions, with the Northern Region identifying the fewest (N=11) and the Central Region identifying the most (N=36). Furthermore, the number of children identified with hearing loss in the Central Region represented more than half (57%) of the total number of children identified with hearing loss in the state. (See Figure 2)

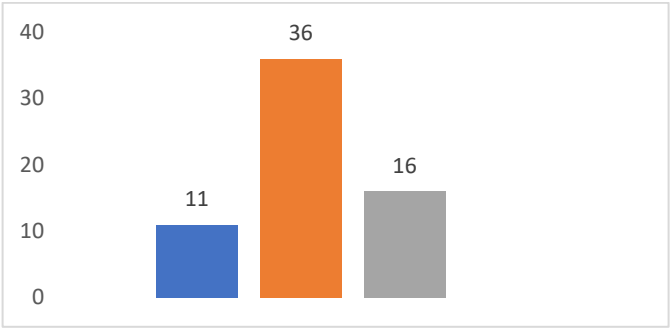

Figure 2. 2021 Infants with Hearing Loss Identified through Newborn Screening and Subsequent Diagnostic Evaluation

Not only were children in the Central Region identified with hearing loss more frequently than children in the Northern Region, they also received more timely confirmations. (See Figure 3)

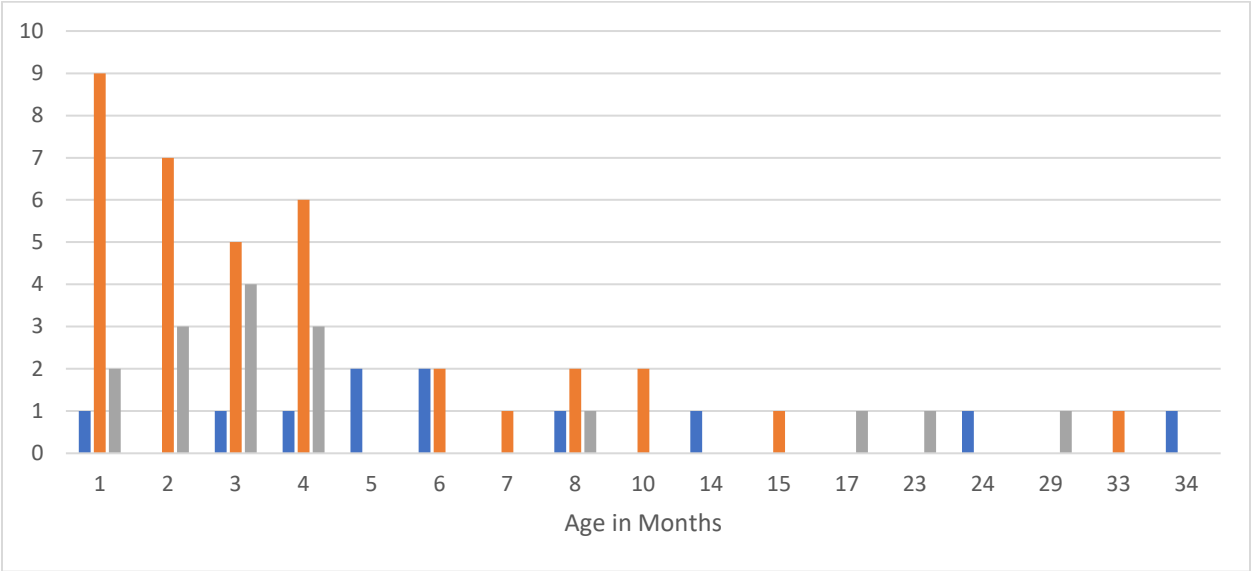

Figure 3. Age in Months for Infants with Hearing Loss Identified through Newborn Screening and Subsequent Diagnostic Evaluation

The average, median, and mode scores for children identified with hearing loss across the three regions are listed in the table below.

	Average *Months at CHL*	**Median** *Months at CHL*	**Mode** *Months at CHL*
North	10.1	6.1	5.5
Central	4.6	3.1	1
South	7	3	3

Although each region did have children identified timely, the Northern Region had the lowest percentage of timely confirmations (<30%). The Central and Southern Regions had over 50% of children receive timely confirmations.

** Note, due to the COVID pandemic, the timeliness of evaluations was greatly impacted across the state.*

FAMILY ENGAGEMENT WORKGROUP RECOMMENDATIONS TO PROMOTE DIVERSITY, EQUITY, AND INCLUSION

The Workgroup provided the following recommendations to promote diversity, equity, and inclusion.

RECOMMENDATION 1: COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION IN ALL AREAS AND ACTIVITIES

The EHDI-MS must be committed to building a diverse workforce and working partnerships across and throughout all levels, involving those who are disproportionately affected and who "look and sound" like the communities served. The committee recommends the EHDI-MS undertake efforts toward achieving diversity, equity, and inclusion in the areas of:

- Leadership
- Culture and Climate
- Recruiting and Hiring
- Training and Professional Development
- Service Delivery

WORKING PARTNERS AND COMMUNITY COLLABORATION

- Stakeholders are persons or groups who have an interest or concern in a project, activity, or course of action. The term "stakeholder" is used across many disciplines to reflect different levels of input or investment in projects or activities. This term can be used to reflect a power differential between groups and has a violent connotation for some tribes and tribal members. It also groups all parties into one term, despite potential differences in the way they are engaged or interact with a project or activity.
- The term "stakeholder" should be replaced as much as possible, recognizing it may not always be possible. Consider using words other than "stakeholder" when appropriate for your audience and subject matter. Whenever possible be explicit to better describe a specific group and/or individual with interest in the activity using relevant names, categories, or descriptions of the nature of their influence or involvement (e.g., informers, advisors, consultants, collaborators, co-workers).
- If your key groups are organizations or people directly involved in the project/activity use terms that describe the nature of their influence or involvement (e.g., collaborators, contributors, community, community members, community impacted, community affected, community of solution, coalition members, allies, colleagues, clients, tribes, advocacy groups, interested parties).

OTHER CONSIDERATIONS

- Work with established community leaders and community serving organizations to incorporate needs, priorities, and opportunities into the design of public health interventions tailored for their specific communities. The ability to operationalize recommendations may vary among different groups and households depending on their circumstances and access to resources.

- Not everyone has a regular health care provider. Additionally, not everyone trusts medical professional so guidance to have and talk with a primary care provider might not be accepted by all individuals.
- Access to medical and mental health care and needed services (e.g., social services, preventative screenings, syringe service programs) may be limited. An epidemic might further reduce access, and some clinics may be closed or have limited hours or alternate services available.
- People may not have full control over their work environment/work conditions. Also consider the employer's responsibility to provide certain resources to workers (such as workplaces where respiratory protection is mandated by law).
- Adjust recommendations that do not make sense for specific situations, communities, or cultures (e.g., asking people in Florida to go to a basement during a hurricane or asking people in Caribbean areas to use long sleeves or closed shoes to avoid mosquito bites).
- The term "underserved" means limited access to services, including healthcare services, that are accessible, acceptable, and affordable. Do not use "underserved" in place of indicating individuals who are disproportionately affected.
- The term "socioeconomic status" should only be used when it is explicitly defined (e.g., income, education, parental education, and occupation are used as a measure of SES).

RECOMMENDATION 2: BE INTENTIONAL WITH IMAGES AND LANGUAGE TO BE MORE INCLUSIVE IN COMMUNICATIONS

GENERAL GUIDANCE AND COMMUNICATION

- When developing community guidance and public health communication consider working with community partners to identify priorities and strategies, including building community awareness and acceptance before solutions or products are developed or used.
- Avoid jargon and use straightforward, easy to understand language.
- Ensure information is culturally responsive, accessible, and available information should represent people in the communities for whom the information is intended.
- Ensure information is available in appropriate formats for access (e.g., audio, video, braille or large print formats, visual /graphic imagery).

IMAGES USED IN COMMUNICATION

- Some images are not understandable to people with disabilities. Emphasize the need for alt text and/or ensuring webpages don't include graphics as the main source of guidance that cannot be understood by a screen reader.
- Consider the gender, ability, and race or ethnicity of the people in the images used in communications to ensure equity and avoid stereotypes.
    - Avoid stereotypical gender representation and status (e.g., parents only shown as women, physicians only shown as men, nurses only shown as women).
    - Avoid images that perpetuate unhealthy body images (e.g., models in pictures are all excessively thin or enforce narrow standards of beauty).
    - Include persons with visible disabilities in any communications not just those focused on ability status and not only as a recipient of services.
    - People from all racial/ethnic groups should be represented in images where appropriate. Avoid showing inequity with status in images (e.g., patient is a person of color while the doctor is White; person who is homeless is shown as a person of color).

    - Avoid unintentionally conveying that the efforts to address disparities are the responsibility of the people experiencing the disparities.
- Only use cultural artifacts, products, or other things when they have appropriate meaning to the communications.
    - Avoid always using cultural dress images (e.g., American Indian or Alaskan Native person in a headdress, Asian person in cheongsam or hanbok, Black or African American person in a dashiki.)
    - Avoid caricatures of any racial or ethnic minority group (e.g., red-inked caricature of American Indian or Alaska Native persons, yellow-toned image to represent person of Asian descent).
    - Note that colors have specific, sometimes different meanings in various cultures. Consider these implications when selecting and using colors.

ABILITY/DISABILITY

- Information should be made available in accessible formats (e.g., large print, braille, American Sign Language, closed captioning, audio descriptions, plain language) for people with vision, hearing, cognitive, and learning disabilities.
- Ensure equal access to public health services for people with disabilities and operation of disability services before, during and after public health emergencies.
- Mentioned a disability only when it is relevant to the topic at hand.

Appropriate terms to use:

Instead of….	**Use….**
the handicapped, the disabled, the differently abled	**People with disabilities**
birth defect	**Person who has a congenital disability**
hearing impaired, the deaf	**Person who is deaf** **Person who is hard of hearing**
mentally retarded, retarded, slow	**Person diagnosed with a cognitive disability;** **Person diagnosed with a developmental disability**

MENTAL / BEHAVIORAL HEALTH

- Disparities in mental health outcomes are a public health issue that should be considered in addition to physical health outcomes.
- Consider people might experience poor mental health outcomes due to multiple factors, including limited access to appropriate, accessible, and affordable mental health care services; cultural and social stigma surrounding mental health care; and experience with discrimination and other factors.
- People may experience symptoms of poor mental health or illness that are undiagnosed, under diagnosed, or misdiagnosed.

- The term “mental illness” describes a general condition. Specific disorders or types of mental illness and should be used whenever possible (i.e., when not referring to people with different mental health disorders collectively).

Appropriate terms to use:

Instead of….	**Use….**
insane, psychotic, mentally ill	**Person diagnosed with mental health condition;** **Person experiencing mental distress, crisis, or trauma**
emotionally disturbed, demented	**Person with a psychiatric disability;** **Person experiencing anxiety or depression**

RACE, ETHNICITY, AND NATIONALITY

- Terms used for racial and ethnic groups should align with the Office of Management and Budget (OMB) Race and Ethnic Standards for Federal Statistics and Administrative Reporting; however, terms should be as specific as feasible about the groups being referred to (e.g., Korean persons or Samoan persons).
- Consider racial/ethnic groups as proper nouns and capitalize (e.g., Black, White)
- “People/communities of color” is a frequently used term but should only be used if included groups are defined upon first use. Be mindful to refer to a specific racial/ethnic group(s) instead of this collective term when the experience is different across groups. Please note, some individuals consider the term “people of color” as an unnecessary, binary option (i.e., people of color vs. White people), and some non-White people do not identify with or use the term “people of color.”
- “American Indian or Alaska Native” should only be used to describe persons with different tribal affiliations or when the tribal affiliations are not known to be the same. Other terms, “tribal communities/populations,” could be used to refer to groups with multiple tribal affiliations. Otherwise, identify persons or groups by their specific tribal affiliations.
- Use accurate and clearly defined terms when referring to foreign-born individuals. Do not use the term “refugee” as a substitute for the term “immigrant.”

Appropriate terms to use:

Instead of….	**Use….**
Eskimo	**Alaska Native** (Eskimo refers to a specific tribe)
Negro, colored	**Black, African American**
Indian, natives, red	**Native American, American Indian (for groups);** **indigenous, aboriginal (for non-American);** **Native (adj.)** can be used to describe styles, such as native art
Spanish (for people not from Spain), brown	**Latino/Latina/Latinax, Hispanic, Latin American, Demonym**

Nonwhite	**People/person of color**
Mulatto	**Multiracial, biracial, mixed-race**
Alien, Refugee	**Immigrant**

SEXUAL ORIENTATION, GENDER IDENTITY, AND GENDER EXPRESSION

- Use the term "LGBTQ community" (i.e., Lesbian, Gay, Bisexual, Transgender, and Queer/ Questioning) to reflect the diversity of the community unless a specific sub-group is intended to be referenced (e.g., gay community).
- Use the terms "sexual orientation", "gender identity", and "gender expression appropriately:
  - The term "sexual orientation" refers to a person's physical, emotional, and/or romantic attraction to other people.
  - The term "gender identity" is someone's internal sense of gender, which may or may not match the sex assigned.
  - The term "gender expression" refers to all the external manifestations of gender, expressed through a person's name, pronouns, clothing, hairstyle, behavior, voice, and body characteristics.
- Use gender neutral language whenever possible (e.g., instead of "stewardess" consider "flight attendant").
- Consider using terms that inclusive of all gender identities (e.g., "parents-to-be" or "expectant parents" instead of "mothers").
- Be aware not every family is the same, and some children are not being raised by their biological parents. Build flexibility into communications and surveys to allow full participation.

Appropriate terms to use:

Instead of….	**Use….**
Homosexual, gay community	**gay, lesbian, bisexual, bi, queer, LGBTQA + community**
Sexual preference, same-sex attraction	**sexual orientation, orientation**
Sexual identity	**gender identity**
Transgendered, transvestite, transgenderism	**transgender, trans, being transgender**
gender identity disorder	**gender dysphoria**
normal	**non-transgender people, cisgender**
sex change, sex reassignment	**transition, gender affirmation**
Hermaphrodite	**intersex**

- For people who identify as non-binary or genderqueer, every effort should be made to use personal pronouns. Do not assume an individual's pronouns.

Examples of Personal Pronouns:

he	she	**they**	**zie/ze**	**sie**
him	her	**them**	**zim**	**sie**
his	her	**their**	**zir**	**hir**
his	hers	**theirs**	**zis**	**hirs**
himself	herself	**themselves**	**zieself**	**hirself**

CONSIDERSATIONS TO IMPROVE INCLUSIVITY AND CULTURAL RESPONSIVENESS IN COMMUNICATIONS

- Insufficient considerations of culture in developing materials may unintentionally result in misinformation, errors, confusion, or loss of credibility. Ideally, images should be created by communication professionals from that culture. Please check material for the following:
  - Are there words, phrases, or images that could be offensive or stereotypic of the cultural or religious traditions, practices, or beliefs of the intended audiences?
  - Are there words, phrases, or images that may be confusing, misleading, or have a different meaning for the intended audience (e.g., if abstract images are used, will the audience interpret them as unintended)?
  - Are there images that do not reflect the look or lifestyle of the intended audience, or the places where they live, work, or worship?
  - Are there health recommendations that may be inappropriate for the social, economic, cultural, or religions context of the intended audience?
  - Are the toll-free numbers or reference web pages, when applicable, included in the document of the language of the intended audience?
  - Are resources such as teletypewriter or chat function available?
- Materials should always be translated into the preferred language of the intended audience, and a native speaker should review and verify the material once it has been translated.

RECOMMENDATION 3: IMPLEMENT EFFORTS TO INCREASE ACCESS TO TIMELY DIAGANOSTIC SERVICES ACROSS THE REGIONS TO BE MORE EQUITABLE

- The EHDI-MS must engage with existing and new partners across the state, generally, and in the Northern Region, specifically, to increase the number of diagnostic providers to increase timely access to services.
- The EHDI-MS Outreach and Training Coordinator should meet with each audiology and ENT clinic in the Northern Region to determine if children who refer on hearing screenings are lost to follow-up or lost to documentation.
- The EHDI-MS Advisory Committee and other Workgroup Members should assist with outreach, partnerships, and quality improvement efforts to increase timely identification.
- The EHDI-MS Program should continue to explore data to determine what additional underlying issues (e.g., transportation, insurance) that may be preventing follow-up and timely identification.