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# NH-ME LEND: Advancing Health Equity for Children and Youth with ASD/NDD and their Families through Continuous Quality Improvement

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## Background & Purpose

- The NH-ME LEND Program engages in continuous program improvement efforts aimed at increasing racial and ethnic diversity and addressing cultural and linguistic competence within the program. Significant racial and ethnic disparities result in delayed diagnoses for children and youth at risk for ASD/NDD and a diverse, well-trained, culturally competent MCH workforce is required to improve health equity for this population (Fountain et al., 2010).
- Over the past two decades NH and Maine have experienced rapid growth of racial, ethnic, and linguistic minority populations. New Hampshire's foreign-born population was 5.7% in 2013, while Maine's foreign-born population was 3.4% during the same time period (American Immigration Council, 2017). In addition, NH and Maine are designated refugee resettlement areas. NH is now home to refugees from over 40 countries (NH DHHS, 2010) and Maine is home to refugees from over 30 countries (Catholic Charities Refugee and Immigration Services, 2015).
- Recruitment of racially and ethnically diverse long-term trainees is one of NH-ME LEND Program's greatest challenges. The program recruitment goal targets recruitment of at least 7% of trainees each year from from under-represented racial and ethnic groups, which reflects the diversity of our Northeast Region. This poster session will describe initiatives aimed at increasing racial and ethnic diversity and addressing cultural and linguistic competence within the program.

## Program Initiatives



### Diversity & Health Equity Learning Collaborative

- Strengthened existing relationships and fostered new relationships at UNH and UMaine.
- Developed a new understanding of the unique demographics our region and explored the challenges associated with recruiting for LEND when individuals are not US citizens.
- Developed an awareness of implicit bias as it exists on our campuses and within our program.



### AUCD FAST Project

- Developed a sustainable outreach plan for meeting workforce diversity goals. Program materials and portions of website were translated from English to Spanish.
- Produced recruitment video aimed at families from under-represented groups.



### Curriculum Development & Evaluation

- Developed a four week module on social determinants of health, health equity, and cultural competence and a separate three-hour session devoted to specific leadership skills needed to address issues of health equity.
- Utilized the MCH Leadership Competencies Self-Assessment as a formative assessment measure.



### Comprehensive Diversity Plan

- Program recruitment goals aim to mirror the demographics of our region (7% racial and/or ethnic diversity).
- Program Advisory Committee includes state leaders from the Office of Health Equity. Partnerships include the Office of Equity & Diversity at UNH, the Office of Multicultural Student Life at the University of Maine.

## Discussion

- While NH-ME LEND has made some progress towards increasing racial and ethnic diversity and addressing cultural and linguistic competence, these remain program challenges requiring ongoing effort.
- Since 2011 the program has engaged 131 long-term trainees, 5% who were from under-represented racial and ethnic groups. The program has made progress on other measures of diversity in our region. Twenty-eight percent of trainees were from HRSA-designated Medically Underserved Areas in NH and Maine, 3% were People with Disabilities (PWDs) and 35% were family members of PWDs.
- During the 2011-2016 grant cycle the NH-ME LEND program set a goal for all trainees to achieve a one-point increase in each MCH Leadership Competency area during the program year. Across five years, trainee scores in the areas of Cultural Competence fell at consistently lower levels when compared to other competency areas. Trainees reflected on the need for practical experience working with diverse populations.
- Issues related to implicit bias and health equity can be better integrated into didactic instruction and field experiences. The DHEC Learning Collaborative highlighted the need to explore normative beliefs, assumptions and implicit biases with trainees and faculty to "bust the myth" that there is no diversity in NH and Maine.