

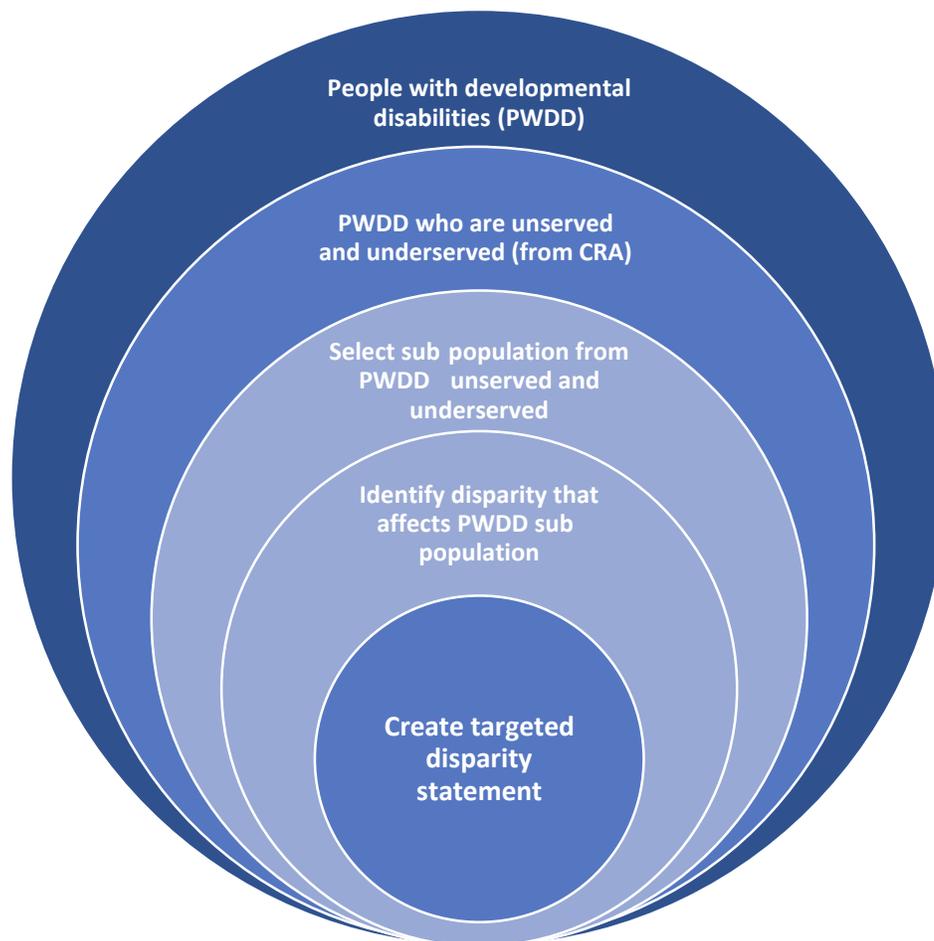
Targeted Disparity

Expectation: The DD Council will include a goal or objective and corresponding activity (or activities) within a goal or objective to address an identified disparity that affects a sub-population of people with developmental disabilities who are unserved and/or underserved.

Based on the findings of the comprehensive review and analysis (Section III, Part C, (ii))

1. Identify a subpopulation (i.e., racial, ethnic, sexual orientation, gender minority groups with developmental disabilities) vulnerable to disparities (e.g., health, education, employment, housing, etc.)
2. Identify a disparity and develop an impact statement in a targeted area of emphasis around individual/family advocacy and/or systems change; and implement strategies to decrease the differences in access, service use, and outcomes among such sub population during the course of the 5 year state plan implementation.

The identified targeted disparity could be a goal or objective with corresponding activities. These strategies should include evidenced based, best and/or promising practices, to the extent feasible.



There are 2 components essential to this element: (1) identification of a sub-population vulnerable to disparities, and (2) identification of a disparity and strategy to reduce identified disparity.

Below is an example of a logical process used to create a targeted disparity goal or objective with corresponding activities.

Step 1: Identify people with I/DD who are unserved/underserved in [State/Territory]

Note: Use the information found in the Comprehensive Review and Analysis (Part (C) (ii), Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families.

The example below is from the Tennessee Council CRA Part (C)(ii).

Minority and immigrant populations often are not aware supports and services are available. DRS supplied some interesting data. In terms of minorities, reviewing those served by DRS in 2009, Whites totaled 69.1%, Blacks totaled 29.5%, and Other Minorities totaled 1.4%. In comparison, from the TN Census Bureau 2008 estimates, Whites totaled 80.4%, Blacks totaled 16.8%, and Other Minorities totaled 6.5% for the whole population in TN.

While these numbers indicate that Blacks are not underserved, an opportunity would potentially be indicated for Other Minorities. DRS's research and work with specialists seem to indicate Other Minorities, especially Hispanics, are less likely to seek assistance from programs like vocational rehabilitation. DRS recognizes an increasing number of individuals living in Tennessee who speak only Spanish, as well as large populations of immigrants from Africa, Asia, and the Middle East. People who are minorities or immigrants may face language and literacy barriers. There is often a lack of understanding on the part of the service system and the provider system of cultural issues and lack of available interpreter services to assist with language issues. Language is a barrier for people with English as their second language.

Individuals with racial and ethnic minority backgrounds in Tennessee face difficulties in access to health care, employment, assistive technology, and safe and adequate housing. There is a lack of ethnically and culturally sensitive/appropriate outreach and services. 5) People who live in congregate setting with no access to advocacy or assistive technology services. 6) People on waiting lists. 7) Students with disabilities experience a lack of access to the general education curriculum, have trouble with transition to adult services (there a lack of adult services), and students who have English as a second language face communication barriers. 8) People without AT lack funding for devices, services and programs to serve them, transportation. They face poverty, perceptions about device expense and disability, individual perception about using devices and society's view about the role that technology can and does play in individual empowerment.

Other general barriers to full participation include: 1) Poverty 2) Lack of services and those available operating at capacity. 3) People with disabilities in TN still face barriers of public

attitudes, fear of disability, social isolation, buildings that are not accessible, lack of housing, lack of transportation, and lack of availability of information about resources and services. 4) Lack of transition planning for people who are in transition from one stage of life to another.

Step 2: Of the people with I/DD who are identified in the CRA as unserved/underserved, identify a sub-population that is vulnerable to disparities.

Example: Hispanic people and families with intellectual and developmental disabilities (I/DD).

Step 3: Identify the problem for the identified sub-population.

Example: Hispanic people and families are identified as having less access to I/DD services provided by the Department of I/DD and the family support program based on cultural barriers.

Step 4: State how you will address the targeted disparity.

Example:

Targeted Disparity Statement: The DD Council will partner with the DD Service agency to increase their capacity to provide information and referral services specifically designated to serve Hispanic families through reduction of language barriers when accessing information and services.

Targeted area of emphasis: Formal and Informal Community Supports

Performance Measure Focus:

Individual/Family Advocacy; IA 1.2: Number of family members who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems.

Systems Change; SC 1.3 Promising and/or best practices (SC1.3.2 - improved; SC 1.3.3 supported).

Strategies for reducing disparity: Promote interagency collaboration and coordination to better serve Hispanic people and families with developmental disabilities; eliminate language barriers by advocating for bilingual speaking information and referral specialist(s) for the DD Service agency; create an information and referral database of providers that have been identified and verified as having bilingual staff; engage in outreach to targeted Hispanic communities statewide to promote the improved access to information and services; inform policymakers about the findings of eliminating language barriers for Hispanic people and families with developmental disabilities and the results of decreasing the service access disparity.

Expected outcomes: Increase information and referral to 250 Hispanic families; track the data to demonstrate a decrease in the disparity of Hispanic families receiving services from the DD Service agency; inform policymakers about results and offer recommendations to continue barrier eliminations and potential systems re-design.