

**South Dakota Disability Cultural Competence  
Community of Practice**

**Submitted by:**

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## Summary/Abstract

The primary goal of this initiative is to develop and implement a sustainable **Disability Cultural Competence Community of Practice** for healthcare providers and organizations across South Dakota. Outcomes will include an increase in knowledge, skills, strategies, ensuring cultural responsiveness in service provision, and understanding the positive contributions of individuals with disabilities and their families on communities.

## Project Relevance and Current Need

People with disabilities experience significant disparities in their health care across settings and providers. Factors contributing to these disparities include inadequate knowledge about disabilities and related conditions, insufficient best-practices and evidence to guide care for people with disabilities, and inaccessible medical diagnostic equipment. Another possible contributor to health care disparities are misunderstandings and false beliefs regarding the values and expectations of people with disabilities. This lack of awareness and understanding points to the need for cultural competence required to care effectively for people with disabilities. Cultural competence is defined as the “ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients” [1].

*Demographics.* The overall percentage of persons who identified themselves as having a disability was 12.6% which is not significantly different than the national rate of disability<sup>[3]</sup>. The percentage of citizens below the age of 65 with a disability is 7.1%. Approximately, one percent of persons with disabilities were reported to be age 17 or younger. The prevalence of developmental disabilities (DD) in children ages 3-17 is reported to be approximately 18%<sup>[4]</sup>. According to the most recent estimates, approximately 13,188 people with DD reside in SD and over 3,000 adults and children with DD receive services through the CHOICES and Family Support 360 waivers administered by the SD Department of Human Services<sup>[5]</sup>. As of February 2021, a total of 21,664 South Dakota students with disabilities received special education services<sup>[6]</sup>. This represented 15.6% of the total Fall 2020 student census<sup>[7]</sup>.

*Health Care Shortage.* A recent special report published states, “Access to health care remains a serious challenge in much of rural South Dakota, where federal data show that residents tend to have greater rates of serious illness and death from diseases and far less access to doctors, nurses and dentists than in the state’s few urban areas”<sup>[9]</sup>. The COVID-19 pandemic has exacerbated this situation. The South Dakota Department of Health reported that of 66 counties, 19 experienced shortages in low-income areas and 31 in areas due to geographic distance from primary medical care<sup>[10]</sup>. Six counties reported shortages related to geographic factors in portions of the county. Only nine counties reported no shortage. According to the Health Resources and Services Administration (2021), as of July 2021, 11 areas have been designated as mental health care shortage areas<sup>[11]</sup>.

*Mental Health.* In 2020, it was reported that 112,000 persons in SD experienced mental illness, with approximately 30,000 experiencing serious mental illness<sup>[12]</sup>. More than half of people with a mental health condition in the U.S. did not receive treatment in the last year. It is also reported that 47.5% of South Dakotans age 12–17 with diagnosed depression did not receive any care in

the last year<sup>[12]</sup>. SD was ranked 34<sup>th</sup> with respect to the prevalence of mental illness and rates of access to care for adults and 24<sup>th</sup> for youth<sup>[13]</sup>. Additionally, in 2020, suicide was the leading cause of death in SD for youth ages 10 to 19<sup>[14]</sup>. It was also reported that SD had the 8th highest suicide rate in the United States and the American Indian suicide rate was 2.5 times higher than the White suicide rate for 2011-2020<sup>[14]</sup>.

*Income and Poverty.* SD has great economic diversity and disparity. The median per capita personal income is \$59,533<sup>[11]</sup>. The overall percentage of South Dakotans who live below the poverty line is 11.6%<sup>[15]</sup>. Two South Dakota counties, Ziebach and Buffalo, had the second and third-lowest per capita income of all US counties. Four additional counties including, Oglala Lakota, Todd, Corson, and Jackson, were in the lowest per capita income counties in the US. Ziebach and Todd counties had the highest poverty rates of all 3,198 US counties and parishes. Corson, Oglala Lakota, and Buffalo Counties had the fourth, fifth and seventh highest poverty rates in the nation, respectively. Ziebach and Corson Counties have the highest and fourth-highest poverty rates for children age 0-17 in the country. The poverty rates of all six counties for children age 0-17 range from 43-63%<sup>[15]</sup>, and are all home to Native American reservations.

*Aging.* The median age in South Dakota is 37.7 years. More than a third (36%) of the South Dakota population is age 50 or older<sup>[1]</sup>. This is impacted by the increased migration of young people out of the state upon completion of secondary education to reside in surrounding states where wages are higher and a greater variety of opportunities abound. Within the state, citizens are also migrating to larger communities which in turn increases the burden on support and health care services in frontier communities. In short, the population of SD is aging which will increase the scope and need for services and supports within every community of SD.

*Summary.* People with disabilities are impacted exponentially by the issues presented above, and there is a significant need in to improve access and the quality of care for South Dakotans with disabilities. This project proposes to help address those needs through capacity building efforts that meets providers and professionals where they are in an accessible, effective, and sustainable manner. By connecting with a subspecialty team of experts and building a community of practice via telehealth, providers can increase knowledge and competencies that will inform their practice and benefit their patients.

### **Goals and Objectives:**

The **Primary Goal** of this initiative is to develop and implement a sustainable **Disability Cultural Competence Community of Practice** for healthcare providers and organizations across South Dakota. Outcomes will include an increase in knowledge, skills, strategies, ensuring cultural responsiveness in service provision, and understanding the positive contributions of individuals with disabilities and their families on communities.

**Objective 1:** Develop and facilitate eight community of practice sessions in the first 12 months of the initiative. Sessions will be conducted via Zoom and will be 75 minutes in length. Sessions will consist of both topical didactic training and professional development, along with interactive case presentations. Participants will both learn from and with colleagues, while providing mutual support.

**Objective 2:** Provide ongoing technical assistance for individual state teams and follow-up support in between and after community of practice sessions.

**Objective 3:** Collaborate with stakeholders to develop an evaluation plan and conduct data collection/ analysis of activities related to the project.

**Objective 4:** Collaborate with stakeholders to develop a plan for sustaining the community of practice and expand technical assistance available to each state team as they navigate culturally responsive service efforts over time.

### **Approach**

#### **Project ECHO (Extension for Community Health Outcomes)**

Project ECHO is a collaborative model of education and care management that empowers clinicians to implement best practices wherever they live. The ECHO model increases access to rural and underserved areas by providing knowledge and support to providers working in those areas. Project ECHO is an innovative tele-mentoring model that develops the capacity of the frontline health care workforce to treat complex, chronic medical conditions safely and effectively. Project ECHO uses video-conferencing technology to establish a virtual “knowledge network” between a “hub” (team of inter-disciplinary specialists) and multiple “spokes” (providers located at sites in underserved communities) for training and mentoring. Project ECHO sessions include a didactic component and virtual grand rounds in order to share best practices to enhance the skills and knowledge of providers. ECHO networks provide ongoing support for healthcare providers, educators, mental health professionals, and families in a rural state where specialized knowledge is not always locally available. By removing these barriers to specialized knowledge, outcomes for students, patients, and families are improved.

#### **Proposed Curriculum: Topics and Potential Speakers**

Session 1: Cultural Responsiveness in Supporting Individuals with Disabilities and their Families – Dr. Aimee Deliramich

Session 2: Social Determinants of Health – Shelby Jepperson, MPH

Session 3: Adverse Childhood Experiences and Trauma-Informed Care with a Disability Perspective – Dr. Shana Cerny

Session 4: Panel of Parents of Children with Disabilities (Facilitated by Dr. Deliramich or Dr. Johnson)

Session 5: Mental Health and Disability – Dr. Aimee Deliramich

Session 6: Panel of Self-Advocates with a Disability Panel (Facilitated by Dr. Deliramich or Dr. Johnson)

Session 7: Supporting Children and Families Impacted by the Opioid Epidemic and/or other Substance Use – Dr. Carolyn Kippes

Session 8: Indigenous Knowledge and Building Connections with Native Communities – Oyáte Circle: Jim Warne

### **Evaluation**

Ongoing surveys will be conducted to monitor progress on identified competencies of the training, as well as emerging needs and concerns that may be addressed by additional training, technical assistance, or the community of practice. These evaluations will be used to make improvements or modifications. This feedback will also be used to: a) prioritize material components; b) determine training activities given; c) include areas overlooked; and d) modify content areas.

### **Organizational Capacity**

The Center for Disabilities has served as the University Center of Excellence in Developmental Disabilities (UCEDD) for the state of South Dakota since 1971. Over the course of 50 years, we have partnered with numerous healthcare, education, human service, employment, and community-based organizations to improve the lives of individuals with disabilities and their families. We have a strong track record of successful capacity building efforts through community education, clinical services, interdisciplinary training, technical assistance, research, information dissemination, and policy/advocacy. It is through this diverse range of initiatives and partnerships the Center for Disabilities pursues progress on its mission to improve the lives of individuals with disabilities and their families with a vision that all people can achieve independence, self-determination, productivity, and community inclusion. We commit to leveraging these relationships to support this project as well.

The Center for Disabilities is a Leadership Education in Neurodevelopmental Disorders (LEND) site. For the past 30 years, the Center for Disabilities has been a leader in the state and nation in providing the highest quality interdisciplinary, culturally competent, family-centered care. SD LEND has successfully prepared hundreds of healthcare and related professionals to assume leadership roles and has also provided ongoing continuing education and technical assistance for thousands of practicing professionals in South Dakota. Funding comes from the Autism CARES Act through the U.S. Department of Health and Human Services; Health Resources and Services Administration.

The Center for Disabilities will also leverage our relationships with tribal communities through the Oyáte Circle, a sub-center at the USD Center for Disabilities. The Oyáte Circle is a resource, education, outreach, and training program that serves Tribal communities. Named in Lakota for “the people” the Oyáte Circle focuses on the needs of tribal members and their families. We also provide technical assistance and training for tribal communities and non-tribal communities and agencies. These efforts have been critical in building bridges, relationships, and collaboration to ensure the most underserved and underrepresented populations in the country have a voice on

matters important to them. The relationships fostered by Oyáte Circle have allowed the Center for Disabilities to expand its services which ensure inclusion and representation across the region.

**Budget Narrative**

**Personnel - \$44,736**

<b>Staff</b>	<b>FTE</b>	<b>SALARY</b>	<b>BENEFITS</b>	<b>TOTAL</b>
Marni Johnson Martin	10%	\$11,953	\$2,851.58	\$14,804
Aimee Deliramich	10%	\$10,881	\$2,701.58	\$13,583
Shelby Jepperson	5%	\$3,928	\$1,139.08	\$5,068
Shana Cerny	3%	\$3,360	\$823.91	\$4,184
Jim Warne	3%	\$3,012	\$892.94	\$3,905
Nikki Eining	3%	\$2,490	\$702.06	\$3,192

**Marni Johnson Martin, Au.D.** – Dr. Johnson will be responsible for coordinating project activities, designing training content, conducting training activities, and facilitating collaborative efforts for sustainability. She will also serve as the point of contact, as well submitting all reports on activities. Dr. Johnson serves as the clinical director and interdisciplinary training director for the Center for Disabilities at the University of South Dakota Sanford School of Medicine. She is a Clinical Audiologist with over 20 years of experience working with individuals with developmental and related disabilities and their families including work in early intervention, public schools, nursing homes, assistive living facilities, state and federal prisons, and community support settings. She has over 15 years of higher education and teaching, clinical, research, and leadership experience. Dr. Johnson is responsible for the Center for Disabilities interdisciplinary training programs, including assisting in the program development, recruitment and onboarding of trainees, design of the required courses, teaching and supervision of trainees, coordination of trainee research projects, and related continuing education events. She also oversees the interdisciplinary specialty clinics and services of the Center for Disabilities and is an associate professor of pediatrics.

**Aimee Deliramich, Ph.D.** – Dr. Deliramich will assist in all aspects of the project, including serving as an expert presenter, facilitator, and will assist in designing training content, conducting training activities, facilitating collaborative activities, and progress monitoring. Dr. Deliramich is licensed Clinical Psychologist at the Center for Disabilities at the University of South Dakota Sanford School of Medicine. In this role, Dr. Deliramich provides specialized clinical services, training, technical assistance, and continuing education. Dr. Deliramich has also served as a licensed Clinical Psychologist at Lifescape (formerly Children’s Care Hospital and School) in Sioux Falls, SD. There, she worked to develop the clinical psychology inpatient and outpatient programs, served on the multidisciplinary Autism Diagnostic Clinic, Pediatric Feeding Clinic, and Constipation Management Clinic. She also developed the Clinical Psychology Practicum Program which trained future psychologists through internships and post-doctoral fellowships. Dr. Deliramich earned a Ph.D. in Clinical Psychology from the University of South

Dakota, an M.A. in Counseling Psychology from the University of Hawaii at Hilo, and a B.S in Psychology from the University of Wyoming.

**Shelby Hintze Jepperson, MPH** – Shelby Hintze Jepperson will provide content expertise, serve as a presenter, and will be responsible for scheduling, communicating training events, and supporting distance learning and videoconferencing. She will also assist with evaluation design, data collection, analysis of results, and reporting on outcomes for the project. Ms. Jepperson received a Bachelor of Science in biology from the University of Sioux Falls, Master of Public Health from the University of New England, graduate certificate in Child and Adult Advocacy Studies from the University of South Dakota and is pursuing a Doctor of Philosophy in health sciences from the University of South Dakota. She is an Assistant Professor of Practice in the Master of Public Health program at the University of South Dakota and has been involved in grant projects for the past five years. Prior to that, she worked in human health research for ten years, across bench, epidemiologic, and clinical research. Her academic and research interests include early childhood wellbeing, public health messaging, and environmental determinants of health. Professor Jepperson is a member of the American Public Health Association and the South Dakota Public Health Association.

**Shana Cerny, OTD** – Shana Cerny, OTD, OTR/L, BCP, TBRI® Educator, holds a Doctor of Occupational Therapy degree from Rocky Mountain University of Health Professions. She completed training from Texas Christian University to become a Trust-Based Relational Intervention® Educator and was appointed with Board Certification in Pediatrics from the American Occupational Therapy Association. She has clinical experience in the areas of early intervention, school-based services, pediatric rehab, and community mental health. Dr. Cerny currently teaches in the occupational therapy doctorate program at the University of South Dakota. She teaches primarily in the areas of pediatric development, pediatric assessment and intervention, interruptions to childhood and adolescent occupations, common conditions in pediatric occupational therapy, and trauma-informed care in pediatrics. Her scholarly interests and publications are in the areas of children's subjective wellbeing, promotion of childhood mental health, human trafficking recovery, and interprofessional education.

**Jim Warne, M.S.** – Jim Warne is a member of the Oglala Lakota (Sioux) Nation. He is the Community Engagement Director and head of the Oyáte Circle at the Center for Disabilities at the University of South Dakota Sanford School of Medicine. Mr. Warne earned a BS from Arizona State University, as well as an MS and a Post-Graduate Certificate from San Diego State University (SDSU). He has created and administered many continuing education programs including includes his work through the Center for American Indian Rehabilitation and Education (CAIRE). He has written nearly \$40 million in grants and contracts for various Universities and Tribal Nations. He is also President of his consulting firm, Warrior Society Development, LLC. He works with various government agencies, organizations and Tribal Nations. He is a motivational speaker and has experience with Indian Country Advocacy, Congressional Testimonies, Cultural Diversity, Film Production, Acting, Stunts, Professional Football, Youth Athletic/Life Skills Camps, Grant and Organizational Development and Higher Education Administration. His WSD Productions Film Division produced “7th Generation” an Award-Winning documentary Jim produced and wrote.

**Nikki Eining, MSW, CSW-PIP, QMHP** – Nikki Eining is the South Dakota Pediatric Mental Health Care Program Coordinator at the Center for Disabilities. She also serves as a social worker and trainer in various clinical and educational settings with the Center’s work. Previously, she served as an outpatient clinical therapist for Avera Medical Group Behavioral Health in Brookings, and brings sixteen years of experience in behavioral health systems, clinical mental health, education, research design, program development, and trauma-informed care practices. She also serves on the board of the Center for the Prevention of Childhood Maltreatment. Nikki has a master’s degree in Social Work through the University of North Dakota, and a bachelor’s degree in Human Development and Family Studies with minors in Nonprofit Leadership and Management and Spanish through South Dakota State University. Nikki is a licensed social worker through the state of South Dakota with a Private Independent Practice licensure. Nikki is passionate about normalizing mental health, advocating for trauma- informed care, and helping shift our awareness and mindset regarding those who have experienced trauma and our collective ability to support resiliency opportunities.

**Consultants/Contractual: \$6,000**

These funds will be utilized to secure additional expert presenters and people with disabilities and their families to serve as panelists.

<b>Total Direct Costs:</b>	<b>\$50,736</b>
<b>Indirect Costs (5%):</b>	<b>\$2,537</b>
<b>Total Budget Request:</b>	<b>\$53,273</b>



## REFERENCES

- [1] Agarinnik, N., Campbell, E.G., Iezzoni, L.I., Exploring Issues Relating to Disability Cultural Competence Among Practicing Physicians. (2019) *Disability and Health Journal*. July 12(3): 403-410.
- [2] South Dakota Department of Health. (2020). *Health Data & Statistics*. <https://doh.sd.gov/>
- [3] US Census Bureau. (2021a). US Census Bureau (2021b). <https://data.census.gov/cedsci/profile?q=0400000US46>.  
<https://data.census.gov/cedsci/profile?q=United%20States&g=0100000US>.
- [4] Zablotsky, B, Black, L. I., Maenner, M. J., Schieve, L. A., Danielson, M. L., Bitsko, R. H., Blumberg, S. J., Kogan, M. D., and Boyle, C. A. (2019). Prevalence and trends of developmental disabilities among children in the United States: 2009–2017. *Pediatrics*, 144(4).
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- [13] *Mental Health America (2021). Ranking the states*. <https://www.mhanational.org/issues/ranking-states#four>.
- [14] South Dakota Suicide Prevention (2021). Facts and stats. <https://sdsuicideprevention.org/about-suicide/facts-stats/>.
- [15] U.S. Bureau of Economic Analysis (2021). *Personal income by county and metropolitan area, 2019*. <https://www.bea.gov/data/income-saving/personal-income-county-metro-and-other-areas>

Description	(A) Requested DD Council Funds	(B) Allowable Match from Applicant **	(C) Allowable Match from Other Agencies **	(D) Total Contract Grant Budget (A + B + C)	(E) Un-allowable Match from Applicant & Other Agencies	(F) Total Project Budget (D + E)
<b>PERSONNEL</b>	<b>\$ 44,736</b>			<b>\$ 44,736</b>		<b>\$ 44,736</b>
M Johnson Martin	14,804					
A Deliramich	13,583					
S Jepperson	5,068					
S Cerny	4,184					
J Warne	3,905					
N Eining	3,192					
<b>CONTRACTUAL</b>	<b>\$ 6,000</b>			<b>\$ 6,000</b>		<b>\$ 6,000</b>
Consultants	6,000					
<b>OPERATING EXPENSES</b>						
<b>OTHER</b>						
<b>INDIRECT COSTS</b>	<b>\$ 2,537</b>			<b>\$ 2,537</b>		<b>\$ 2,537</b>
5% indirect						
<b>GRAND TOTAL</b>	<b>\$ 53,273</b>			<b>\$ 53,273</b>		<b>\$ 53,273</b>

\*\* Be sure the Budget Narrative specifies the type of allowable match (in-kind, cash, etc.) and the source of the matching funds. Utilize the formulas found in the instructions to compute the percentages of Council funds and matching funds.