The Disparity Impact Statement

A Condition of Award for SAMHSA Grantees

A Job-Support Aide

Submitted by SAMHSA's Office of Behavioral Health Equity

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➢ **What is the Purpose of the Disparity Impact Statement?**

The purpose of the Disparity Impact Statement (DIS) is to ensure that SAMHSA grantees are inclusive of underserved racial and ethnic minority populations in their services, infrastructure, prevention, and training grants. These populations have been underrepresented in SAMHSA grants.

➢ **What is the origin of the DIS?**

The DIS is a Secretarial Priority from the Department of Health & Human Services' *Action Plan to Reduce Racial and Ethnic Health Disparities* (2011). The objective is to "Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities. HHS leadership will assure that: … (c) Program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications." The Secretarial Priority focused on underserved racial and ethnic minority populations, e.g., Black/African American; Hispanic/Latino; Asian American, Native Hawaiian and Pacific Islander; and American Indian/Alaska Native. SAMHSA's Office of Behavioral Health Equity also includes LGBT populations as an underserved, disparity-vulnerable group.

➢ **What is the DIS?**

The Disparity Impact Statement (DIS) is a condition of award for SAMHSA funded grantees. It is an expectation in SAMHSA services, infrastructure, prevention and training grants. It is due 60 days after award of the grant.

The DIS is based on the framework of Access, Use and Outcomes:

- **Access:** Who are the subpopulations being served by the program?

- **Use**: What types of services does each subpopulation get?

- **Outcomes**: Given the specified outcomes of the program, how do these vary by subpopulations?

The standard GPRA data collected by the grantee are used to inform the access, use and outcomes questions. No new data are collected for the DIS.

The access, use and outcome data should be examined across subpopulations in the grant. Disaggregating the data by subpopulations will help target gaps in who is included in the grant, what are the differences in services provided across subpopulations, and how do the outcomes differ across subpopulations.

Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training, and/or technical assistance activities.

The DIS is a first step toward identifying whether underserved ethnic, racial minority populations or LGBT populations are being served/reached in the grant.

Outlining a Quality Improvement Plan

Based on analysis of this GPRA data, the grantee is expected to develop a quality improvement (QI) approach to reduce disparities in access, use and outcomes across populations served/reached in the grant.

The QI approach should include methods for the development and implementation of policies and practices to ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) and the provision of culturally effective care and services. Such a QI approach may include (but is not limited to):

a. Training for staff regarding diverse cultural health beliefs and practices;
b. Providing language interpreters and translation of materials;
c. Addressing health literacy and other communication needs of all subpopulations within the proposed geographic region;
d. Hiring diverse staff that can better outreach and engage and be viewed as "trusted messengers" to the underserved subpopulation;
e. Partnering with community-based organizations and community leaders in the underserved subpopulation to improve outreach, engagement and access to the underserved sub-population.

➢ **What are the components of the DIS?**

The DIS consists of three components:

1. The underserved racial and ethnic minority population(s) or LGBT subpopulation should be identified in a narrative that includes a description of the population and rationale for how this subpopulation was selected. The proposed number of individuals to be served and/or reached by subpopulations should be provided in a table that covers the entire grant period. Consider including data on a referent group (e.g., national, state, city, or county average of the subpopulation or highest performing subpopulation) as a comparison point.
A useful data source: The US Census Bureau QuickFacts data access tool provides users with easy access to basic population, business, and geography statistics for all states and counties, and for cities and towns with more than 5,000 people. Race/ethnicity is provided by zip code. https://www.census.gov/quickfacts/fact/table/US/PST045219

2. A quality improvement approach for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status (if data on LGBT status is collected.) The quality improvement approach should include strategies to improve access, service use and outcomes for the identified underserved subpopulation(s).

3. The quality improvement approach should include methods for the development and implementation of policies and practices to ensure adherence to the CLAS Standards and the

provision of effective care and services. Such a QI approach could select relevant CLAS standards to implement.

➢ **Is additional data required?**
No additional data collection is required. The DIS uses the required GPRA data elements.

➢ **Who monitors the submission of the DIS?**
The DIS should be submitted via eRA Commons. The Project Director and GPO should monitor the submission.

➢ **How is the DIS incorporated into monitoring and managing the grant?**
The DIS should be a regular checkpoint in discussions with the GPO and in any performance reports submitted to the GPO. By tracking the GPRA data on access, use and outcomes, the Project Director and GPO will be able to determine what quality improvement responses are necessary to better serve the underserved subpopulations.

➢ **What are examples of DIS for Service, Infrastructure/Prevention, and Training Grants**
https://www.samhsa.gov/grants/grants-management/disparity-impact-statement

➢ **How can I get information on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care?**
Please refer to www.thinkculturalhealth.hhs.gov for a complete explanation of the CLAS Standards and to access the accompanying Blueprint for Advancing and Sustaining CLAS Policy and Practice implementation guide.

➢ **Questions about the DIS should be directed to your GPO.**

RESOURCES

➢ **National CLAS Standards Resources**

- An Implementation Checklist for the National CLAS Standards
  https://thinkculturalhealth.hhs.gov/assets/pdfs/AnImplementationChecklistfortheNationalCLASStandards.pdf

- [E-Learning Program: Improving Cultural Competency](#) for Behavioral Health Professionals
  https://thinkculturalhealth.hhs.gov/education/behavioral-health

- [Development of a Long-Term Evaluation Framework for the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care](#)
  https://minorityhealth.hhs.gov/assets/PDF/Natn_CLAS_Standards_Evaluation_Framework_Report_PR-3598_final_508_Compliant.pdf

- [National CLAS Standards Blue Print](#)
  https://thinkculturalhealth.hhs.gov/clas

Limited English Proficiency and Interpretation Resources

- [Limited English Proficiency (LEP) Resources for Effective Communication](#)
  https://www.hhs.gov/civil-rights/for-individuals/special-topics/hospitals-effective-communication/limited-english-proficiency/index.html

- [National Council on Interpreting in Health Care](#)
  https://www.ncihc.org/certification

- [The National Board of Certification for Medical Interpreters](#)
  https://www.certifiedmedicalinterpreters.org/

- [Certification Commission for Healthcare Interpreters](#)
  https://cchicertification.org/

Additional Resources

- [National Network to Eliminate Disparities in Behavioral Health (NNED)](#)
  https://nned.net/

- [Improving Cultural Competence TIP 59](#)
  https://store.samhsa.gov/system/files/sma14-4849.pdf

- [Actionable Intelligence for Social Policy Toolkit: Centering Racial Equity Throughout Data Integration](#)
  https://www.aisp.upenn.edu/equity-toolkit/