Disparity Impact Statement 101

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

August 2022
Outcomes of this training

• Understand the **background** and **purpose** of SAMHSA’s Disparity Impact Statement (DIS)
• **Identify and understand the sections of the DIS** and how they are operationalized
• **Reflect on our roles** in engaging with the DIS and how this promotes equity in process and outcomes
How to get the most out of this training

• **In advance:** Review the DIS guidance and worksheet as well as Notice of Award (NOA) language

• Take advantage of **knowledge checkpoints**

• Reflect on **practice in focus** examples shared by SAMHSA project officers
Background

Shayla Anderson, Senior Public Health Advisor
Where we’ve been

• In 2012, SAMHSA developed the DIS to ensure the agency’s grants address health disparities among populations underserved by the behavioral health system using a data-informed quality improvement approach

• The success of our first health disparity impact statement pilot led SAMHSA to include them into all new grant program requests for applications during FY 2013.

Where we are: DIS 2.0 Initiative

- SAMHSA recognized a need to enhance the original DIS by developing a **new standardized tool** and set of **trainings and guidance** that:
  - clarify expectations for DIS submission
  - afford grantees the opportunity to develop a DIS that aligns with the funding opportunity priorities they identified at the point of application
- This work is **consistent with Presidential Executive Orders and other policies to advance behavioral health equity**
**Key Definitions**

**Health disparity**

- Health disparities are a particular type of difference that is closely linked with social, economic, or environmental disadvantage, and/or other characteristics **historically linked to systemic barriers or exclusion**.

- **Health disparities** adversely affect groups of people who may have systematically or historically experienced greater obstacles to well-being.

  (adapted from Healthy People 2030)

**Behavioral health equity**

- High-quality and affordable health care services and supports for all populations regardless of the individual’s race, age, ethnicity, gender (including gender identity), disability, socioeconomic status, sexual orientation, or geographical location

- Advancing behavioral health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible.

  (from SAMHSA)
Outlining the DIS

Tenly Biggs, Public Health Advisor
What is a DIS?

• A data-driven, quality improvement approach to advance equity for all, and to identify racial, ethnic, sexual and gender minority, and rural populations at highest risk for experiencing behavioral health disparities as part of grant projects.

• It is a specific type of equity assessment that involves identifying disparities between two or more populations and making plans to:
  – address or eliminate disparities
  – evaluate progress and outcomes
  – continue or sustain efforts
What is the purpose of a DIS?

• Identify, contextualize, and address health disparities
• Develop and implement a disparity reduction quality improvement plan to close the identified gap(s)
• Achieve targeted behavioral health equity for disparate populations and improve systems addressing the needs of these populations
• **NOTE:** Grant recipients are encouraged to view their DIS as a living document!
Section 1: Identifying behavioral health disparities

Section 2: Addressing disparities using the funding opportunity

Section 3: Developing a disparity reduction quality improvement plan
Section 1: Identifying behavioral health disparities

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Section 1: Identifying behavioral health disparities

Regine’ Bumper, Equity Data Analyst
This section of the DIS is comprised of two main tasks:

1. Identify and describe the **scope of the problem**
2. Discuss the **disparate population(s) of focus**
   - Summarize data in a **demographic table**
| Identify and describe the scope of the problem | What is the problem (disparity) being addressed? |
| Disparate populations of focus | At what level is the problem framed: Individual/client level, organizational level, and/or systemic level? |
| Demographic table | Who experiences the problem (disparity)? |
| For all... | What focus population(s) will be served by this grant? |
| | What data are used to support understanding differences (disparities) in: |
| | • **Access** to programs or services? |
| | • **Use** of programs or services? |
| | • **Outcomes** arising from access and use of programs or services? |
What data should be used?

- Different data sources may be appropriate for different contexts, depending on the framing of the disparity and the type of grant being received.
- Data may be accessed and reported from a variety of sources.
- Data should be aligned with what was provided at application as well as the disparity being addressed.

### Data source examples

| Federal | • SAMHSAS National Drug Survey on Use (NSDUH)  
|         | • Census data |
| State   | • Behavioral health  
|         | • Public health  
|         | • Other state agencies |
| Community | • Community needs assessments  
|         | • County health rankings  
|         | • Hospital, emergency medical services  
|         | • Law enforcement  
|         | • Judicial data  
|         | • Philanthropic |
Completing the demographic table

- The table should clearly indicate:
  - Who will be served
  - Appropriate demographics, expressed as percentages of total served, such as by race, ethnicity, gender identity, sexual orientation, and others
  - When these populations will be served, such as by year
- Data reported within the DIS may include NOMS and/or IPP indicators

<table>
<thead>
<tr>
<th>Grant Type</th>
<th>GPRA</th>
<th>NOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discretionary Grants &amp; State</td>
<td>All SAMHSA’s discretionary grants (including SOR) are required to</td>
<td>SAMHSA limits the required NOMs domain data elements to a subset</td>
</tr>
<tr>
<td>Opioid Response (SOR)</td>
<td>collect and report GPRA data</td>
<td>of the original 10 NOMs for discretionary grants</td>
</tr>
<tr>
<td>Block Grants</td>
<td>All SAMHSA’s block grants are required to collect and report GPRA</td>
<td>SAMHSA limits the required NOMs domain data elements to a subset</td>
</tr>
<tr>
<td></td>
<td>data</td>
<td>of the original 10 NOMs for block grant programs</td>
</tr>
<tr>
<td>Infrastructure Development,</td>
<td>Some discretionary grants collect infrastructure and clinic/community</td>
<td>Most IPP grants collect only data pertaining to access, capacity,</td>
</tr>
<tr>
<td>Prevention &amp; Mental Health</td>
<td>level data. These are required by GPRA</td>
<td>evidence-based practices (EPBs)</td>
</tr>
<tr>
<td>Promotion (IPP)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted From: [https://www.samhsa.gov/grants/gpra-measurement-tools](https://www.samhsa.gov/grants/gpra-measurement-tools)
Practice in Focus
Identifying Behavioral Health Disparities
Morris Flood, Public Health Advisor
Consider **reaching out to community partners** and coalitions who may have data available such as:

- Colleges and universities near the grantee organization’s service area
- First responders (emergency medical services, firefighters, and law enforcement)

There may be **further partnership opportunities** with these entities to reduce disparities and sustain equity.
Q: What potential data sources can you think of that could be used to support identifying behavioral health disparities?
A: The type of data most appropriate for a DIS will vary based on grantee context, such as the framing of the disparity being addressed and the type of grant award.

Examples can include data from non-profit, philanthropic organizations, community needs assessments, schools, colleges/universities, local, state, federal, and other sources.
Section 2: Addressing disparities using the funding opportunity

Mary Blake, Senior Public Health Advisor
Section 2: Addressing disparities using the funding opportunity

This section of the DIS is comprised of two main tasks:

1. Identify and describe how one or more Social Determinants of Health (SDOH) will be addressed and improved for the populations of focus named in section 1

2. Identify and describe how one or more Culturally and Linguistically Appropriate Services (CLAS) standards will be met, expanded, or improved using the grant opportunity
Social determinants of health (SDOH) are the **conditions in the environment** where people are born, live, work, play, worship, age and thrive that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

(from CDC)

**CLAS standards**

CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by **establishing a blueprint for health and health care organizations** to “Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.”

(from OMH’s Behavioral Health Implementation Guide)
Identifying **SDOH** in the DIS helps grantees ensure their planned activities are aligned to address root causes of disparities that they hope to improve.

<table>
<thead>
<tr>
<th>SDOH domain</th>
<th>SDOH goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Economic stability</strong></td>
<td>Help people earn steady incomes that allow them to meet their health needs</td>
</tr>
<tr>
<td><strong>Education access and quality</strong></td>
<td>Increase educational opportunities and help children and adolescents do well in school</td>
</tr>
<tr>
<td><strong>Health care access and quality</strong></td>
<td>Increase access to comprehensive, high-quality health care services</td>
</tr>
<tr>
<td><strong>Neighborhood and built environment</strong></td>
<td>Create neighborhoods and environments that promote health and safety</td>
</tr>
<tr>
<td><strong>Social and community context</strong></td>
<td>Increase social and community support</td>
</tr>
</tbody>
</table>

Adapted From: [Healthy People 2030](https://www.healthypeople.gov/2030)
• **CLAS standards** provide a structure that helps grantees ensure their planned activities are aligned to culturally and linguistically appropriate standards.

<table>
<thead>
<tr>
<th>CLAS domain</th>
<th>Example standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance, leadership, and workforce</td>
<td><em>Standard 4:</em> Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis</td>
</tr>
<tr>
<td>Communication and language assistance</td>
<td><em>Standard 5:</em> Offer language assistance to individuals who have limited English proficiency and/or other communication needs at no cost to them to facilitate timely access to all health services</td>
</tr>
<tr>
<td>Engagement, continuous improvement, and accountability</td>
<td><em>Standard 13:</em> Partner with a community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness</td>
</tr>
</tbody>
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Adapted From: [The Office of Minority Health’s Behavioral Health Implementation Guide](https://www.hhs.gov/)
Practice in Focus

Identifying Behavioral Health Disparities

Martha Kent, Government Project Officer
Grantee organizations sometimes have difficulty contextualizing their grant activities within broader frameworks designed to:
- understand root causes of disparities
- increase access to and use of services
- improve outcomes for focus populations

The ability to align local activities to broader frameworks (such as SDOH and CLAS standards) supports organizations in making choices that ultimately help to advance behavioral health equity.
Q: What SDOH domain(s) and CLAS standards domains is/are most significant for the population(s) you are focusing on in your DIS?
A: Grantees’ activities may align with several SDOH and CLAS domains. To refresh, the five SDOH domains are:

- Economic stability
- Education access and quality
- Health care access and quality
- Neighborhood and built environment
- Social and community context

And the three CLAS standards domains are...

- Governance, leadership, and workforce
- Communication and language assistance
- Engagement, continuous improvement, and accountability

For more information on SDOH: https://www.cdc.gov/socialdeterminants/index.htm
For more information on CLAS standards: https://thinkculturalhealth.hhs.gov/clas/standards
Section 3: Developing a disparity reduction quality improvement plan

Steven Fry, Public Health Analyst
This section of the DIS is comprised of six main tasks:

1. Describe **implementation of activities** using SMART goals
2. Identify **intended outcomes and impact**
3. Describe the inclusion of **clients, peers, and partners**
4. Share a **timeline** for activities to be implemented
5. Talk about methods of **measurement/evaluation** that will be used to indicate progress
6. Outline plans for **sustainability**

Grant recipients should be prepared to share **annual updates** (at minimum) to their disparity reduction quality improvement plan.
In the **implementation of activity** section, quantifiable, measurable goals or targets support objective assessments of improvement and drive more specific actions.

<table>
<thead>
<tr>
<th>General Goal</th>
<th>SMART Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve mental health equity</td>
<td><strong>Increase enrollment in services of Latino males 18-25 from .5% to 1.5 % by the end of Year Two</strong></td>
</tr>
</tbody>
</table>

- **Specific**
- **Measurable**
- **Achievable**
- **Relevant**
- **Time-bound**
Intended outcomes and impact

- In the **intended outcomes and impact** section, describing intended outcomes and impact ensures that specific actions and activities are well aligned to addressing disparities experienced by the focus population.
- Grant recipients should make direct connections between their SMART goals and their intended outcomes and impact.

<table>
<thead>
<tr>
<th>Smart GOAL</th>
<th>Outcome</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase enrollment in mental health services (<em>case management and support groups</em>) of Latino males 18-25 to 1.5% by the end of Year Two</td>
<td>Latino males in service area experience increased access to quality mental health care</td>
<td>Reduction in mental health disparities experienced by Latino males in the service area by increasing access</td>
</tr>
</tbody>
</table>
Clients, peers, and partners

• Involving **clients, peers, and partners** is key to understanding disparities and to implementing activities that help to address them

• Clients, peers, and partners can help grantees:
  – Understand reasons for disparities, current barriers, and opportunities
  – Inform implementation actions needed for addressing disparities
  – Suggest program changes and anticipate potential impacts of program changes
  – Gather feedback on implementation progress
Within the **timeline** grantees should describe when activities will be accomplished to reduce disparities

- Reference SMART goals and objectives identified earlier in the DIS

- Highlight frequency that progress will be assessed

**Remember**: *NOFO specific NOMS data collection timelines should be aligned with DIS reporting updates*
Outlining measurement and evaluation plans helps grant recipients to set the cadence, methods, and metrics of success for their program efforts.

This can include:

- **Routine data collection** to check whether trends are in the right direction.
- **Analysis of outcomes** in a defined period to learn whether changes had intended results.

Link measurement and evaluation plans to the goals submitted at the point of application as well as with SMART goals outlined earlier in this section.
Outlining plans for sustainability helps grantee organizations to build upon the funding opportunity by identifying what actions need take place to ensure disparities continue to improve.

Plans for sustainability can include both internal and external elements:

- **Internal**
  - Policies, financing, budget, training, systems

- **External**
  - Environmental changes, service priorities, partnerships with local organizations
Final Knowledge Check-Point

Michelle Armstrong, Senior Management Analyst
Knowledge Check-Point

Key Questions Review

1. Are the goals and objectives SMART?
2. Are the disparity reduction activities in alignment with what was proposed in the grant application?
3. Do outcomes relate to goals and objectives?
4. Does your planned approach and activities engage clients and peers to reduce disparities?
5. Can progress with goals and objectives be measured and evaluated?
6. Is it possible to sustain efforts once the grant funding ends?
Section 1: Identifying behavioral health disparities

Section 2: Addressing disparities through the funding opportunity

Section 3: Developing a disparity reduction quality improvement plan
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

www.samhsa.gov

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