

Disparity Impact Statement Template

The [State or Community] Disparity Impact Statement focuses on the data component and the quality improvement plan, which includes access, use, and outcomes. This statement addresses the concerns of behavioral health disparities included in the [State or Community] application.

1. Proposed number of individuals to be served and/or reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.

The numbers in the chart below reflect the proposed number of individuals to be reached during the grant period. The disparity populations are identified in the narrative below.

	FY 1	FY 2	FY 3	FY 4	FY 5	Totals
Number to be Trained						
By Race/Ethnicity						
African American						
American Indian/Alaska Native						
Asian						
White (Non-Hispanic)						
Hispanic or Latino						
Native Hawaiian/ Other Pacific Islander						
Two or More Races						
By Gender						
Female						
Male						
Transgender						
By Sexual Orientation/ Identity Status						
Lesbian						
Gay						
Bisexual						

The population of [State or Community] is predominantly represented by _____. There has been a recent increase of the _____ population in our [State or Community] with individuals primarily from _____. There is also a smaller _____ population in the urban areas. Nearly ___% of residents speak a language other than English in their homes, and a majority of those individuals are _____. There is a high unemployment rate, low literacy rate and high level of poverty with limited access to healthcare coverage in the area, in particular among the _____ subpopulation, putting these individuals at greater risk for behavioral health issues when compared to national trends. However, our [State or Community] does not have sufficient capacity to address the cultural and linguistic needs of the _____ in the community. Therefore,

we have chosen to focus our efforts on increasing _____ to address the disparities in _____ within the _____ population.

Since each of the [regions or communities] have high unemployment, low educational attainment, and low access to health care, each of these health disparities will need to be addressed to have an impactful prevention system [state, region, or community] wide.

2. A quality improvement plan for how you will use your program Government Performance and Results Act (GPRA) data on access, use and outcome to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.

A continuous quality improvement approach will be used to analyze, assess and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. Monitoring activities will focus on:

1. **Access:** The project team will collaborate with the _____ consortium in planning the design and implementation of program activities to ensure the cultural and linguistic needs of prevention service recipients are effectively addressed, particularly the disparate population.
2. **Use:** Prevention activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community.
3. **Outcomes:** GPRA data will be used to monitor and manage program outcomes by race, ethnicity, and LGBT status within a quality improvement process.

Programmatic adjustments will be made as indicated to address identified issues, including behavioral health disparities, across program domains. A primary objective of the data collection and reporting will be to monitor/measure project activities in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into program planning and management on an ongoing basis (a “self-correcting” model of evaluation). For example, prevention service data will be reported to staff on an ongoing basis, including analyses and discussions of who may be more or less likely to receive prevention services.

The Evaluator will meet on a weekly basis with staff, providing an opportunity for staff to identify successes and barriers encountered in the process of project implementation. These meetings will be a forum for discussion of evaluation findings, allowing staff to adjust or modify project services to maximize project success.

Outcomes for all activities will be monitored across race and ethnicity to determine the grant’s impact on behavioral health disparities.

3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally

and Linguistically Appropriate Service (CLAS) Standards and provision of effective care and services that are responsive to:

Our quality improvement plan will ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to:

1. Diverse cultural health beliefs and practices

Training and hiring protocols will be implemented to support the culture and language of all subpopulations, with a focus on the _____ subpopulation.

2. Preferred languages

Interpreters and translated materials will be used for non-English speaking participants as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish.

3. Health literacy and other communication needs of all sub-populations identified in your proposal

All prevention activities will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.