

SAMHSA Disparity Impact Statement Development Guide

The Disparity Impact Statement (DIS) Development Guide assists SAMHSA grantees in developing each subsection of the DIS. The Guide includes questions and examples to help grantees improve the quality and comprehensiveness of the DIS. Additionally, grantees can use the information, examples, and notes in this Guide to understand how their DIS will be evaluated by their GPO. The development and implementation of the DIS will require grantees to put in effort up front to create a quality DIS; however, this has the potential to position each grantee to make progress towards equity.

SECTION 1 – Identifying Behavioral Health Disparities

- Submit a narrative that addresses the following:
 - Includes a clearly identified problem/gap/disparity you are seeking to address using this grant program (funding opportunity).
 - Includes clearly identified disparity-vulnerable populations - based on a racial, ethnic, sexual, or gender characteristic - that experiences disparate access, use, and/or outcomes related to the behavioral health focus of the grant.

Questions to Consider	Examples/Tips
Have you identified a disparity-vulnerable population that has different characteristics from the overall population that you serve?	If your service area represents a homogeneous population (e.g., most people are of the same race/ethnicity), you would still need to identify a population group within your service population that has disparate access, use, or outcomes. For example, if your organization serves the Hispanic/Latino community, you could identify underserved groups within the community, such as sexual or gender minorities (e.g., female, or LGBTQ), or older residents) as the population of focus.
If your organization is developing infrastructure/capacity or providing training and TA (i.e., not providing direct, client level services), have you identified a disparity-vulnerable population related to those activities?	In cases where your grant is not a services grant but rather a capacity-building/ r training and TA grant, you can still identify underserved racial, ethnic, sexual, or gender populations as a population of focus. Example: You might aim to develop infrastructure/capacity to address underage alcohol use. You can compare rates of underage drinking among racial, ethnic, sexual, or gender population groups to identify which group(s) in the community have higher rates; i.e., experience disparities. You can use this information to decide how to focus the infrastructure development, TA and training activities so that they focus on those populations.

Questions to Consider	Examples/Tips
	<p>Example: Grantees with capacity-building grants have often used the DIS to support the establishment of a peer led organization. You could conduct an environmental scan to understand the demographic make-up (racial, ethnic, sexual, gender) of the staff, board, and/or leadership of existing peer led organizations in the community. You may be able to identify underrepresented groups and then direct grant program efforts to help establish peer led organizations that reduce this disparity and increase the diversity of peer led organizations.</p> <p>In cases where your organization provides Training and Technical Assistance (TA), you may consider how you can tailor trainings to be culturally informed, utilize trainers from the disparity-vulnerable community, and develop marketing and outreach strategies that are population-specific.</p>
<p>Have you identified and described how the disparity-vulnerable population experiences differences in the ability to access and use health care resources or achieve health outcomes?</p>	<p>You may identify structural barriers such as transportation, childcare, financial resources, availability of programs, etc. and cultural or ethnic-specific barriers such as language capacity of the system and the population, and cultural beliefs and values, and stigma. For a description of the transportation barrier, you might state that there are limited bus routes in a neighborhood where members of the population of focus reside and therefore this population has limited ability to access the program.</p>
<p>Is it clear that every level is being considered, including client level, organization level, systemic level, or a combination of these?</p>	<p>Explain who your organization serves based on data at the local level, county, and national levels. Provide information about the barriers at each level, which led to the stated disparity your organization is going to address.</p> <p>Example: One barrier for this grantee is the lack of providers who speak Creole, and they serve a growing population of Haitian refugees. You can work with the state to increase recruitment, retention, and training of providers who speak Creole while working with local universities or hospitals that may have a translation service or staff who can be trained in medical interpretation for Creole speaking clients.</p>

- References verifiable and reliable data sources as evidence to support the identified problem/gap/disparity.

Questions to Consider	Examples/Notes
<p>Are your organization’s data sources reliable and verifiable? Did the data come from one of the suggested sources provided in the examples?</p>	<p>Examples of reliable and verifiable data sources: SAMHSA National Survey on Drug Use and Health (NSDUH); CDC and OMH Minority Health Social Vulnerability Index (SVI); CDC/ATSDR Social Vulnerability Index (SVI); CDC Behavioral Risk Factor Surveillance System and Youth Risk Behavioral Surveillance System; AHRQ National Healthcare Quality Disparities Report (NHQRDR); U.S. Census Bureau Data and American Community Survey (ACS); Federal Register Annual Update of the HHS Poverty Guidelines; CMS Informational Bulletin on 2022 Federal Poverty Level Standards; other federal, regional, state, county, tribal, or local level data. Also consider community data from hospitals, local clinics or other healthcare providers, nonprofit organizations, schools, and universities.</p> <p>PLEASE NOTE: You are also encouraged to use internal administrative and utilization data to help identify problems, gaps, or disparities.</p>
<p>Are the data too broad or too specific to relate to the population of focus and how might that impact the identified disparity?</p>	<p>You should use data to explain the challenges in the communities you are serving. Depending on the grant type (i.e., services, training/TA, capacity building), it may not be feasible to use national data. For example, an organization used data from an entire county that was not relevant to their specific geographical area. This resulted in the organization missing the disparate population that existed within the community they are serving.</p>
<p>Have you used the most recent data available for that dataset?</p>	<p>Datasets have different reporting cycles, sometimes annual, sometimes quarterly, others do real-time data reporting. Select the dataset most relevant for your grant.</p>
<p>If no data is referenced, did you describe your effort to find data?</p>	<p>Your organization may not have relevant data if you are new or launching a demonstration project. In these cases, it is acceptable to create an activity that would allow you to collect the data. However, this should be used with caution if the organization is not new or launching a demonstration project. Organizations that have at least a two-year history are encouraged to review their internal utilization data.</p>

- Referenced data matches the data provided in the grant application.

- Submit a demographic **table**

Questions to Consider	Examples/Notes
<p>Have you included a table that includes demographic details about the persons or organizations served/reached/trained by the grant that demonstrate the disparity at the individual/client, organizational, or systemic level presented by the grant reporting period (e.g., annually)?</p>	<p>You should indicate the actual or projected number of persons served/reached/trained that were identified in your application broken out by demographic details.</p> <p>You should provide information about the actual or projected number of persons served during each grant reporting period (e.g., annually).</p> <p>Be sure to state the disparity-vulnerable population as a percentage of the total population served by the grant.</p> <p>Make sure the figures equal 100% in the table and match the figures listed in the application.</p>

SECTION 2 – Addressing Disparities Using the Funding Opportunity

SOCIAL DETERMINANTS OF HEALTH (click [here](#) for more information on domains)

- Identify one or more SDOH domain(s) and related activities to address for the population of focus.

Questions to Consider	Examples/Notes
<p>What is the source of your information for identifying the SDOH?</p>	<p>You should not make assumptions about the SDOH. Did you talk to members of the community to understand the barriers? You might include peers, partners, community members, etc. as sources of information. For example, AHRQ has a Social Determinants of Health database https://www.ahrq.gov/sdoh/data-analytics/sdoh-data.html; there is also the American Community Survey https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/</p>
<p>For each identified domain, are the activities clearly and specifically tied to addressing the needs of the population of focus?</p>	<p>Examples of activities include providing free bus passes, translating materials in multiple languages, establishing service locations in hard-to-serve areas, providing mobile clinics, etc.</p>

Additional Notes:

- The DIS should not present an additional data collection burden for your organization. The selected domains should be only those that are within the scope of the grant.
- While you only need to include one domain, applying critical thinking about where there’s overlap in domains will allow you and your grant project officer to think forward about sustainability and adaptability throughout the grant term and into the future.

CLAS STANDARDS

Identify one or more of the National Standards for Culturally and Linguistically Appropriate Services ([CLAS](#)) that your organization plans to meet, expand, or improve through this grant opportunity. Describe any activities, policies, and procedures that you will undertake to ensure adherence.

Questions to Consider	Examples/Notes
<p>How is the identified CLAS Standard connected to both the program requirements and the identified disparity-vulnerable population?</p>	<p>Here are a few commonly selected CLAS Standards: Translation of materials (CLAS Std 8), providing interpreters (CLAS Stds 5 & 7), hiring staff that reflect the disparity-vulnerable community (CLAS Std 3), training staff on culturally appropriate Evidence-Based or Evidence-Informed programs (CLAS Std 4), or reviewing and updating policies and procedures related to culturally and linguistically appropriate services to ensure they are responsive to the community (CLAS Stds 9 & 13).</p> <p>Example: You are providing integrated behavioral health and primary care services to clients from the Ethiopian community and hire someone who speaks Amharic and provide written signage, brochures and flyers in the waiting area.</p>
<p>How are the identified CLAS Standards being implemented in practice?</p>	<p>Example; In order to increase access to integrated care services for the Ethiopian community, you partner with the local community center that serves Ethiopian refugees and is a “trusted entity” in the community, to obtain input on how to improve access, engagement and retention in services.</p>
<p>How is your organization outreaching the disparity-vulnerable population?</p>	<p>List strategies for reaching, engaging, and/or marketing to underserved communities that represent the disparity-vulnerable population. Specify whether you are using printed materials, online/social media posts, word of mouth, attending community events, partnering with other organizations, etc.</p> <p>Example: To increase awareness of your services within the Ethiopian community, you work with the local community center to post information in the center and participate in community events sponsored at the center.</p>

Additional Notes:

- It is insufficient to copy and paste the CLAS Standard(s) and offer a one word/sentence response indicating that you will adhere to it or complete it. You must clearly describe the proposed activities to meet CLAS Standards.
- Although it is not required, it could be helpful to offer CLAS Standards training to staff members.

SECTION 3 – Developing a Disparity Reduction Quality Improvement Plan

IMPLEMENTATION OF ACTIVITY

Describe the activities that you will implement to reduce disparities for the disparity-vulnerable population(s).

Questions to Consider	Examples/Notes
Do the identified activities match those listed in the grant application?	PLEASE NOTE: You do not have to speak to all of the goals/objectives listed in your application. You could choose to implement DIS activities on two or three of your program objectives.
How are the planned activities responsive to the needs and cultures of the disparity-vulnerable population?	<p>Example: The grantee plans to implement a program to improve mental health on a college campus and the disparity-vulnerable population is Asian women because they have higher rates of untreated mental health needs according to the college data. The grantee decides to implement Asian Women’s Action for Resilience and Empowerment (AWARE) which is an evidence-based practice designed to treat Asian women by training college counselors and providers to identify and use a culturally informed intervention.</p> <p>If your organization plans to provide training and education, the identified activity should reflect how you will conduct outreach to the population of focus. An example of this is to use social media to direct your outreach to zip codes where the disparity-vulnerable population resides.</p> <p>If you are hosting events/training and your disparity-vulnerable population is women, you could host hybrid meetings, record meetings and post them on your website, and coordinate with community partners to provide childcare and/or activities for children.</p> <p>A grantee listed a grant activity to provide EBP training to staff, a goal to increase access to SUD treatment, and identified the disparity-vulnerable population as African American women. Your DIS activity could be to provide staff training on how to implement culturally appropriate</p>

Questions to Consider	Examples/Notes
	<p>Evidence-Based or Evidence-Informed programs for the disparity-vulnerable population.</p> <p>If your organization plans to work with local business to reduce underage drinking, your DIS activity could be to identify and work with local businesses in communities where the disparity-vulnerable population lives.</p>

The identified activities are written using SMART elements (Specific, Measurable, Achievable, Realistic, and Time-Bound). Please refer to the NOFO appendix titled “SMART Goals/Objectives,” the DIS guidance document, or the link provided in the Resource page at the end of this document.

INTENDED OUTCOMES AND IMPACT

Describe how the identified activities will improve access, use, or outcomes for the population of focus.

Questions to Consider	Examples/Notes
<p>When considering the proposed activities, do you provide details on how you expect the activities to reduce disparities?</p>	<p>Example.</p> <p>You might propose to address cultural and linguistic barriers by developing consumer-facing printed materials for outreach, services, and supports in Spanish. The intended outcome is increased awareness of treatment services by Spanish-speaking clients. The process of reducing the language barrier is expected to increase access, use, and outcomes for the population of focus.</p>

CLIENT/PEER/PARTNER INVOLVMENT

Describe how you will involve client, peer, family, or other stakeholders in addressing the identified disparity.

Questions to Consider	Examples/Notes
<p>Have you included specific ways you will involve client, peer, family, and other stakeholder voices to inform grant activities?</p>	<p>People with lived experience are involved in the program in meaningful ways (e.g., members of staff, steering committees, or other governing boards, peer support groups, youth who develop prevention campaigns and social media posts). How will you outreach and engage members of the community?</p>
<p>Have you identified community partners, resources, other agencies as opportunities for networking and sharing best practices?</p>	<p>Discuss partnerships with community organizations or other referral sources. You might indicate that you partner and refer clients to community agencies that provide services related to the SDOH of focus (e.g., case management, legal advocacy, housing assistance, etc.)</p>

TIMELINE

Provide a timeline to implement the identified activities.

Questions to Consider	Examples/Notes
Do each of the identified activities include an implementation timeline?	Example: You might propose to develop and disseminate consumer-facing printed materials for outreach, services, and supports in French. You might anticipate having the translation completed within 6 months of the grant and plan to disseminate the materials within 7 months of the grant.
Are the timelines realistic?	<p>Per the example described above:</p> <p>✓ Your organization proposes it will take 6 months to have materials translated into French and 2 months to have documents printed. In this case, it would be unrealistic for your organization to have this completed within 7 months and you should revise the timeline to be 8 months. (If the you have already started the translation, you should adjust the timeline for translation to be shorter.)</p> <p>✓ Your organization proposes to hire staff that are representative of the disparity-vulnerable population within one year. This could be considered realistic based on where your organization is located and how the behavioral workforce shortage is impacting their community. Your organization should describe recruitment methods.</p> <p>✓ Your organization plans to implement a staff training on culturally appropriate treatment methods so that it can better address mental health disparities among Asian women. You plan to implement the training in year two because the training program is six months, and the next training date is four months away. This could be considered realistic as the treatment modality being used in the training is most appropriate for the disparity-vulnerable population.</p>
Is the timeline specific to the implementation of DIS activities rather than the project implementation time?	The timeline must address the timeframe that you will implement the DIS activities. You cannot state that per the NOFO, the implementation of activities will begin no later than 4 months of the grant award date.

MEASUREMENT/EVALUATION

Describe a planned approach to measuring the process, progress, and outcomes of improving the identified disparity.

Questions to Consider	Examples/Notes
Do you discuss measurement and evaluation outside of the use of GPRA data?	<p>✓ Plan to monitor treatment outcomes through the use of PHQ-9 screenings, suicide risk screenings, and other behavioral health screening tools.</p> <p>✓ Plan to collect and analyze qualitative/ quantitative program enrollment data every quarter to measure its progress towards increasing enrollment of the disparity-vulnerable population.</p> <p>✓ Conduct treatment surveys to measure client satisfaction.</p> <p>✓ Discuss how you will evaluate your dissemination process to determine if /how the disparity-vulnerable population is engaging.</p>
Was a baseline measurement identified? If not, do you propose what that baseline may be or how you plan to measure the baseline?	
Have you identified an individual responsible for measuring and evaluating the outcomes?	Individuals might include the program analyst, evaluator, data analyst, etc.
Do you identify the tools or methods you will use to measure the outcomes that indicate making progress towards your goals?	<p>For instance, you could:</p> <ul style="list-style-type: none"> • Measure engagement/attendance, referrals, completion rates • Conduct baseline interviews • Track social media traffic • Use surveys, questionnaires, long term follow up • Monitor trends, adaptations, and improvements • Gather client success stories • Disseminate client satisfaction surveys • Monitor internal program data collection • Review data from community surveys (for example, YRBS) • Review disparity index data <p>Note: This list is not exhaustive. You should also discuss measuring your progress on their SDOH and CLAS Standard activities. For example, if you propose to develop a community coalition, you could discuss how you plan to monitor the formation and activities of the community coalition.</p>

Questions to Consider	Examples/Notes
Do you have a plan to monitor the data to know if you are on track to meet the goals you set?	You could list benchmarks to track progress. For example, if your goal is to increase enrollment of Koreans by 20% within the next 8 months, you could indicate a benchmark to increase enrollment of Koreans by 5% every 2 months. Benchmarks are not required; however, they are commonly used to determine how well a process is working and implement quality improvement efforts as needed.

SUSTAINABILITY

Describe a planned approach to sustain activities to continue improving the identified disparity after the grant ends.

Questions to Consider	Examples/Notes
How will the proposed activities be sustained after conclusion of the grant? Did you identify at least one category (e.g. policies, financing, budget, training, systems, environmental changes, etc.) that could help the work continue after the grant ends?	<p>✓ Your organization plans to train staff on culturally appropriate EBPs, and you intend to host annual refresher trainings.</p> <p>✓ There is a budget line dedicated to sustaining activities</p> <p>✓ You describe a plan to continue to implement activities to address the disparity.</p> <p>✓ You opened a new location and have budgeted to maintain the location.</p> <p>✓ You developed partnerships with local community-based organizations that are trusted entities in the disparity-vulnerable communities.</p> <p>✓ You have established internal oversight for monitoring the outcomes that will continue or are going to make policy changes that will endure beyond the end of the grant.</p>

Additional Considerations

- The DIS is meant to be a tool for grant monitoring. It is intended to be a living document used to measure your progress as part of a data-driven approach to quality improvement aimed at advancing equity.
- The DIS should be routinely discussed during GPO monitoring calls.
- The disparity reduction Quality Improvement Plan should be reviewed annually to help grantees understand what worked, what did not work, and what modifications may be needed to the planned activities.

Resources

Disparity Impact Statement (DIS) webpage which includes guidance, examples and training materials: <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (CLAS Standards): <https://thinkculturalhealth.hhs.gov/clas>

SMART Goals description: <https://www.mindtools.com/a4wo118/smart-goals>

Social Determinants of Health (SDOH) <https://health.gov/healthypeople/priority-areas/social-determinants-health>