



GUIDANCE FOR PREPARING A DISPARITY IMPACT STATEMENT

OMH expects grant recipients to develop a disparity impact statement, as part of a comprehensive approach to advancing equity for all, to identify racial and ethnic minority populations at highest risk for experiencing health disparities as part of their projects. The disparity impact statement requirement aligns with expectations related to Executive Order 13985 [“Advancing Racial Equity and Support for Underserved Communities Through the Federal Government,”](#) including the identification of underserved communities and the development of policies to advance (health) equity within those communities.

The disparity impact statement provides the contextual and measurement framework for implementation, ongoing monitoring and the determination of project impact on OMH’s mission to promote minority health and address health disparities experienced by racial and ethnic minority populations.

The disparity impact statement should include a description of how the recipient will use program implementation data and apply the [National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#) (National CLAS Standards) to ensure the project is implemented in a culturally and linguistically appropriate manner.

The disparity impact statement will be required within 30 days following the issuance of a new grant award.

DISPARITY IMPACT STATEMENT DEVELOPMENT

A disparity impact statement should include details about the:

1. Population(s) of Focus

- Identification of the population(s) of focus outlined in your application.
- A table of the proposed number of individuals to be reached or served in the geographic area of focus for each 12-month budget period, by race and ethnicity.

Disparate Population(s)

- Identification of the racial and ethnic minority population(s) at highest risk for health disparities within the population(s) of focus identified in your application.
- A brief summary of data and reasons, including social determinants of health, that support the rationale for focusing on the disparate population(s).

Comparison Group

- Identification of a referent group, or a group to which a subpopulation is compared to assess the level of difference in access, use, and outcomes to determine the disparate population(s).
- Awardees may choose to compare data for the anticipated access, use and outcomes of their project to that of the total populations of the catchment area, the national population, or a larger group that allows for within-group comparison.

2. Quality Improvement Plan

A plan for how you will implement a quality improvement process, using project performance data and the National CLAS Standards, to continuously monitor the project's impact for the disparate population(s) across three primary domains—access, use and outcomes. The quality improvement process should allow you to regularly assess the following:

Access: Populations engaged in the project

- Which populations are being engaged in/enrolled into the project?
- Are the populations engaged in project activities representative of the racial and ethnic makeup of the project catchment area?
- How is the disparate population(s) included in project activities?
- What population groups are not being reached?
- Are partnerships developed to increase reach to the disparate population(s)?

Use: Level and quality of participation in the project by disparate population(s)

- What types of services are offered?
- What are implemented to retain the disparate population(s) in project activities?
- Are partnerships developed to increase retention of the disparate population(s)?
- Are providers/practitioners/staff working with the disparate population(s) using culturally and linguistically appropriate interventions/approaches?
- Are policies and procedures modified and/or implemented, including the translation of materials as appropriate, to sustain capacity for meeting the health needs of the disparate population(s)?
- What process or programmatic adjustments were implemented to ensure the data collection tools, measures, methods and interventions were culturally and linguistically appropriate for the disparate population(s)?

National CLAS Standards

- Was a process implemented for ensuring adherence to the 15 Enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care to ensure project activities were responsive to the diverse cultural health beliefs and practices of the population(s) of focus and disparate population(s)?
- Did the process support:
 - Modification of organizational policies and procedures;
 - Availability of preferred languages of the population(s) of focus and disparate population(s); and
 - Incorporation of health literacy and other communication needs of the population(s) of focus and disparate population(s)?

Outcomes: Impact of the grant project for the disparate population(s)

- What outcomes are being monitored for the disparate population(s)?
- Were identified disparities in the access, use and outcomes of project activities for the disparate population(s) addressed?
- Were health outcomes for the disparate population(s) improved?