Part of the SS/HS Framework Implementation Toolkit		
1. Plan	2. Implement	3. Sustain and Expand

Disparities Impact Statement Worksheet

Step 1: Develop Local DIS Committee

Develop an inclusive local committee because the DIS is meant to be locally driven, that will focus on the task of developing and implementing your DIS work. It can be called a "Disparities Reduction Committee" or "Diversity and Inclusion Committee," or any other name that captures the work. Involve parents/caregivers, students, community and cultural leaders, evaluators, school administrators, educators and the business community to provide input into the entire process. This committee will lead the effort and follow a data-driven continuous quality improvement process to monitor and improve data collection, strategies, benchmarks, and outcomes.

Step 2: Identify and Describe Subpopulations

Identify the various subpopulations that reside in your geographical area. Be as specific as possible so that your strategies are also focused on those particular subpopulations and are more likely to be successful. Beyond the federal, national, state, and local databases, consider populations that are frequently "invisible" such as youth who identify as LGBT; homeless youth who identify as LGBT; American Indians living in urban settings; refugee or immigrant populations; or Asian Americans or other populations of color who may not use behavioral health services because of stigma or language barriers.

- Work with your evaluator throughout the process of developing your DIS, particularly in gathering and analyzing your data.

- The DIS subpopulations are focused on race/ethnicity, but you may also include subpopulations defined by socioeconomic or geographic terms (such as rural or very low-income individuals or families).

Step 3: Align the Ethnic/Racial Categories with the Designations in the Affordable Care Act (ACA) Provision 4302, Standards for Data Collection

Use the ethnic/racial categories designated in the Affordable Care Act, Provision 4302, http://aspe.hhs.gov/basic-report/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status. The ACA categories are a starting place. Standardization of ethnic/racial categories is important to compare data across populations and settings over time.

Step 4: Disaggregate Populations of Focus by Race/Ethnicity and LGBT Status, if Applicable

After identifying and describing your subpopulations, you may want to further disaggregate your sub-populations in a more granular way, for example, in addition to African American, you may also include categories for Afro-Caribbean, East African, West African, or other relevant Black sub-populations. Another example is if your subpopulation is Latino, identify their nationality, such as Mexican, Mexican American, Puerto Rican, Salvadoran, etc. If they are immigrants or new Americans, specify where they came from, how recently they arrived, and what language(s) they speak. If they are refugees, also specify the traumas they are escaping.

Disaggregation or stratification of populations helps drill down to identify groups who previously had not been identified in past grants/initiatives and therefore may not have been provided services. In addition to race/ethnicity and LGBT status, you may want to disaggregate by socioeconomic status, geographic location (urban, rural, frontier), or other measures.

You can use a table as shown below, or one of your own design to define and quantify the populations and subpopulations you will be serving. This is an estimate that can be revised over time.

Racial/Ethnic Groups	% of Overall Population	Number of Children/ Families to be Served by Fiscal Year				% of Children/Families to be Served by Fiscal Year			
		FY1	FY2	FY3	FY4	FY1	FY2	FY3	FY4
Hispanic/Latino/ Spanish Origin									
(sub-population example: **Mexican or Mexican American** or any applicable sub-population in your area)									
(sub-population example: **Salvadoran** or any applicable sub-population in your area)									
African American or Black									
(sub-population example: **Afro – Caribbean** or any applicable sub-population in your area)									
(sub-population example: **Ethiopian** or any applicable sub-population in your area)									

Racial/Ethnic Groups	% of Overall Population	Number of Children/ Families to be Served by Fiscal Year				% of Children/Families to be Served by Fiscal Year			
Asian American									
(sub-population example: **Chinese** or any applicable sub-population in your area)									
(sub-population example: **Vietnamese** or any applicable sub-population in your area)									
Native Hawaiian									
Other Pacific Islander									
American Indian									
Alaska Native									
White non-Hispanic									
Two or more races									
Totals by FY									
Female									
Male									
LGBT									

Sometimes quantitative data are not readily available. It is all right to use qualitative data until quantitative data are available. Qualitative data may include surveys and focus groups that you can conduct locally in conjunction with your evaluator. This may take time to gather, but it is better to take the time to do this early in the process and have timely, local, and trusted data on which to base your determination about whether D/D exist than to have no data at all, or data that are neither local nor relevant.

Step 5: Identify Disparities and Disproportionalities (D/D) by Domain

After identifying and defining subpopulations as well as disaggregating them so you know the make-up of the entire population, begin to discuss with your inclusive DIS Committee(s) the potential D/D you may want to explore and eventually focus on. To accomplish this, you need data. Sometimes quantitative data are readily available through the Government Performance and Results Act (GPRA)/performance measures you already collect or through national, state, or local county/school district data sets. These data sets must be disaggregated by race and ethnicity to address the effectiveness of the program and practices in addressing the needs of all intended recipients, even those who may have been unintentionally unserved or underserved previously.

Access to services/programs, such as geographic proximity and availability of transportation, is a pre-requisite step before being able to receive services. Once accessible, utilization of services needs to be determined because services may be accessible and available, but individuals may not use them if they are not in a language spoken by the population, or the services are not culturally matched to, or appropriate for, the population. Finally, knowing whether the services were effective for any given population is essential information so that adaptations are made or new strategies are adopted. In addition to the three domains, additional domains may also be addressed such as availability of providers, quality of services, affordability of services, etc.

Once you have identified and developed data sources, you can then review and analyze your data to determine whether a health/behavioral health D/D exists. For example:

- Does your data tell you that children/parents in one ethnic/racial group have less **access** to services and best practices than other populations? For example, is the Latino immigrant subpopulation who lives primarily on the outskirts of town, (without public transportation to reach services in town) restricted in their access to services and best practices? Are the services provided at times when the parents are not available to access them?

- Do new Americans in one of your communities not **utilize** services, despite the fact that they only live two blocks from the agency providing services? Do you know why? Are the services being provided in the language(s) they speak? Are the services provided by individuals they can identify with and relate to? Have the elders in the new American community been consulted about the most culturally appropriate services to offer, where, and by whom?

These are all considerations in determining why certain populations may not have access to services or use services. After you had time to gather data on outcomes, you can then review those data and see whether there is any D/D in outcomes among the subpopulations.

You may focus on only one domain, such as access. You may have two D/D on which you want to focus, such as one pertaining to access and one pertaining to utilization. Either is fine. If you have identified more than one D/D in access, utilization, or outcomes for a particular sub-population, you will need to prioritize them. Consider the following factors in choosing which to focus on: family and community preferences and priorities, readiness, human and financial resources, time availability, and ability to sustain the effort. Choose wisely to maximize the likelihood of being successful with the one(s) you choose.

Step 6: Conduct a Root Cause Analysis

Root cause analysis is one tool that can assist you to look behind the obvious reasons for D/D. When you "mine the data" you frequently identify antecedents that are not obvious and contexts that you were not aware of, within which D/D are rooted or embedded. By identifying and addressing the root causes, the strategies developed will be more focused, effective, and sustainable.

Addressing the *Root Cause of Disparities in School Discipline: An Educator's Action Planning Guide* provides a three-stage method. Stage 1: Digging Into the Data addresses the question "Do disparities in school discipline exist in our school or district?" The guide provides a set of tasks to help determine your data needs, harvest the data you already have at your disposal, identify additional data you may need, disaggregate and analyze your data, and then develop preliminary findings Stage 2: Getting at the Roots of Disparities addresses the question "What are the root causes of our disparities in school discipline?"

Here you dig deeper and conduct a root cause analysis to understand why disparities exist in discipline outcomes. Stage 3: Creating an Action Plan addresses the question "How will root causes of disparities in school discipline be addressed?" This stage walks you through developing an action plan for eliminating the disparities discovered in your root cause analysis that can be implemented, monitored, and continuously improved over time.

The guide includes a Disciplinary Disparities Risk Assessment Tool to aid in data gathering and analysis. The tool contains a series of Microsoft Excel–based worksheets, with detailed instructions on the kind of data to gather and how to analyze your results using a set of key questions and automatically generates visual data displays to enhance analysis. It can be used as-is, modified or serve as a model for designing a tool that can integrate with or import data from an existing school or district database or student management system and can be used with existing data collection efforts.

Step 7: Develop Population-Specific Strategies to Reduce Each D/D

Each population is different and the reasons behind the D/D vary from one group to another so strategies need to be specifically devised to meet the heterogeneous needs of populations since one size does not fit all. The DIS must include subpopulation-specific strategies and interventions to reduce the D/D and improve access, utilization, and/or outcomes for the subpopulations. It is a set of implementation strategies or interventions that are meant to specifically reduce your identified D/D. This may include changes to policies and procedures, laws, or regulations; implementation of specific practices or programs; or improvements in infrastructure, such as accessible transportation or hiring bilingual/bicultural providers.

- Community A's data are telling you that in the utilization domain, only 5% of the Ethiopian immigrants in your community are utilizing services even though they make up 15% of the population, you may want to set a benchmark goal of increasing their utilization by 50% to 7.5% (50% of 5% = 2.5%) in the first year; and 50% more from baseline in the first year to 10% in year two. You continue in this manner in each of the subsequent years.

- The following strategies could be used if the reasons for underutilization are clear: hire bilingual/bicultural providers and/or community behavioral health workers from the population itself who may have been behavioral health providers in their country of origin; adapt best practices to be culturally appropriate for and specific to the population; or conduct a culturally appropriate social marketing campaign that incorporates media, messages, and messengers that are culturally congruent with the subpopulations. Strategies for reducing disparities in expulsions might include mental health consultation to address implicit biases among providers, or developing policies that provide alternatives to suspension.

You can make process or program adjustments to how you reach or impact the intended subpopulation experiencing a disparity; in other words, devise new ways to improve access, use, and outcomes of the subpopulation(s) experiencing disparities.

- For example, you can make changes in how you collect data to ensure that the data are accurate or make improvements in how you report access, use, and outcome measures to ensure that you are reporting what you intend to report

Step 8: Set an Initial Benchmark Goal for Each D/D to Reach by the End of Six Months or One Year

After identifying your subpopulations, D/D, and prioritizing them, you are ready—along with your inclusive D/D reduction or diversity and inclusion committee(s)—to set an initial benchmark goal for each D/D to reach by the end of each year. For example:

- Community B's data indicate that 15% of the families in the community are Guatemalan, but only 5% of parents participating in parenting support activities are Guatemalan. At the same time, child welfare data indicate that there are high rates of child maltreatment within this group of recent immigrants. You may want to set a benchmark goal of increasing parent participation (utilization) by 50% to 7.5% (50% of 5% = 2.5%) in the first year; and by 50% more from baseline in the first year to 10% in year two. You continue in this manner in each of the subsequent years.

- In community C, focus groups with child care providers indicates that African American boys make up 5% of the child care population, but comprise 20% of all children who are suspended or expelled from child care. You may set a benchmark goal of reducing this disproportionality by 25% to 15% (25% of 20% = 5%) in the first year; and 50% more from baseline in the first year to 10% in year two. You continue in this manner in each of the subsequent years.

You may use a table like the one below to chart your benchmark goals.

Disparity or Disproportionality	Benchmark Goals by Fiscal Year			
	FY 1	**FY 2**	**FY 3**	**FY 4**
#1	Example: Reduce percentage or rate of _____ by xx% in FY1			
#2	Example: Increase percentage or rate of _____ by xx% in FY1			
#3				

Step 9: Utilize a Community Inclusive, Data-informed Quality Improvement Process

A data-informed quality improvement process is internal organizational processes, functions, and elements for collecting, examining, and using data to improve program performance (https://www.acf.hhs.gov/sites/default/files/opre/brief_cqi_in_head_start_finaldraftcleanv2_508.pdf). Track and monitor your progress in achieving the benchmark goal(s) you set through a data-driven quality improvement process. At least every six months or even more frequently, review your incoming data to see whether you are impacting the D/D with your strategies/interventions. Make course adjustments and corrections if you find that the strategies or interventions are not as effective as you had anticipated based on the data.

You can then modify, change, or create new strategies or interventions after working with your DIS Committee to get their insight and expertise to ensure success.

Step 10: If the D/D persists, set a new projected benchmark goal for the subsequent year and re-evaluate/update/change your strategies/interventions or make programmatic adjustments

You may or may not achieve your benchmark goal, but your continuous quality improvement process will be tracking your data throughout the year to let you know whether you are coming close to meeting your goal. If you are not meeting your goal, you may want to re-evaluate, update, or change your strategies or interventions, the goal itself, the timeframe to achieve it, or other factors that may be affecting your progress. It is okay to adjust any of these factors to put you on track to be successful with your subpopulation.

Step 11: Ensure that the National Culturally and Linguistically Appropriate Services (CLAS) Standards are Incorporated into Your Interventions/Strategies

As part of developing your strategies and interventions to reduce D/D, it is essential that you incorporate the Culturally and Linguistically Appropriate Services (CLAS) Standards. These standards focus on governance, leadership, and workforce; communication and language assistance; and engagement, continuous improvement, and accountability. You don't need to address all 15 standards if they do not pertain to your identified D/D, but try to incorporate all that do apply as part of your strategies and interventions.

- For example, in the case of the Ethiopian families utilizing services, Standard 6, "Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing," and Standard 3, "Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area," could apply as meaningful strategies and interventions.

Step 12: Report Your Findings to the Community for Feedback

Since the data you are analyzing comes from the community itself, it is only proper that the DIS Committee share the findings with the broader community. Their feedback about the data and their response to it helps you know how to improve the D/D in the community but also respects the constituents that are being addressed in the research you have conducted. They are frequently the "reality check" that is needed to ground the work in the day to day lives of the community and improve it.

Disparities Impact Statement Worksheet

Step	Sources of Information	Start Date	Completion Date	Responsible Parties	Status/Update/Notes
1. **Develop local DIS committee**					Best practice in developing a DIS committee means involving parents/caregivers, students, community and cultural leaders, evaluators, school administrators, educators, and the business community to provide input into the entire process.
2. **Identify and Describe population(s) of focus**	Examples: -U. S. Department of Education, Office of Civil Rights Data, 2014 http://ocrdata.ed.gov/Downloads/CRDC-School-Discipline-Snapshot.pdf -GPRA data -AECF Kids Count Data Book – http://www.aecf.org/resources/2017-kids-count-data-book/				Beyond the federal, national, state, and local data bases, consider populations that are frequently "invisible" such as youth who identify as LGBT; homeless youth who identify as LGBT; American Indians living in urban settings; refugee or immigrant populations; or Asian Americans who may not use behavioral health services.

Step	Sources of Information	Start Date	Completion Date	Responsible Parties	Status/Update/Notes
3. Align the ethnic/racial categories with the designations in the Affordable Care Act (ACA) Provision 4302, Standards for Data Collection	Affordable Care Act (ACA) Provision 4302, standards				Standardization of ethnic/racial categories is important to compare data across populations and settings over time.
4. Disaggregate populations of focus by race/ethnicity and LGBT status, if applicable	https://www.samhsa.gov/grants/grants-management/disparity-impact-statement				Disaggregation or stratification of populations helps drill down to identify groups who previously had not been identified in past grants/initiatives and therefore may not have been provided services. In addition to race/ethnicity and LGBT status, you may want to disaggregate by socioeconomic status, geographic location (urban, rural, frontier), or other measures.
5. Identify disparities/ disproportionalities (D/D) by domain (access, use, outcomes)					Access to services/programs, such as geographic proximity and availability of transportation, is a pre-requisite step before being able to receive services. Once accessible, utilization of services needs to be determined because services may be accessible and available, but individuals may not use them if they are not in a language spoken by the population, or the services are not culturally matched to, or appropriate for, the population. Finally, knowing whether the services were effective for any given population is essential information so that adaptations are made or new strategies are adopted. In addition to the three domains, additional domains may also be addressed such as availability of providers, quality of services, affordability of services, etc.

Step	Sources of Information	Start Date	Completion Date	Responsible Parties	Status/Update/Notes
6. **Conduct a Root Cause Analysis**	*Example: "Addressing the Root Causes of Disparities in School Discipline: An Educator's Action Planning Guide"* 2015 http://www.schoolturnaroundsupport.org/sites/default/files/resources/ActionPlanningGuide508.pdf				Root cause analysis is one tool that can assist you to look behind the obvious reasons for D/D. When you "mine the data" you frequently identify antecedents that are not obvious and contexts that you were not aware of, within which D/D are rooted or embedded. By identifying and addressing the root causes, the strategies developed will be more focused, effective, and sustainable.
7. **Develop population-specific strategy(ies) to reduce each D/D**					Each population is different and the reasons behind the D/D vary from one group to another so strategies need to be specifically devised to meet the heterogeneous needs of populations since one size does not fit all.
8. **Set an initial benchmark goal for each D/D to reach by the end of six months or one year**					Example: Reduce percentage or rate of _____ by xx% in one year.
9. **Utilize a community inclusive, data-informed quality improvement process**					Your DIS Committee reviews incoming data regularly (at least every six months) and makes course and strategy (intervention) corrections as needed to improve outcomes.

Step	Sources of Information	Start Date	Completion Date	Responsible Parties	Status/Update/Notes
10. **If the D/D persists, set a new projected benchmark goal for the subsequent year and re-evaluate/ update/change your strategies/ interventions or make programmatic adjustments**					When your DIS Committee reviews the data at least every six months, you may need to set new benchmark goals which are more realistic, while also reviewing last year's strategies and interventions to assess whether they are the best ones. If they are not, revise them to meet your goals.
11. **Ensure that the National Culturally and Linguistically Appropriate Services (CLAS) Standards are incorporated into your interventions and strategies**	https://www.thinkcultu ralhealth.hhs.gov/Cont ent/clas.asp#clas_stan dards				The CLAS Standards can be incorporated into your strategies/interventions and should also be addressed in addition to your identified D/D. You may choose to focus on a subset of the CLAS Standards that are most in need of attention in the first year and other subsets in following years.
12. **Report your findings to the community for feedback**					Your DIS Committee is responsible for sharing the information you have gathered to the broader community for their input. That feedback is often helpful in improving your processes, identified D/D, and/or your strategies and interventions to ultimately reduce D/D in your community.