**Disparate Population Guidance for Counties**

Note: Sections in italic are direct quotes from public documents, such as SAMHSA documents, including the *Strategic Prevention Framework Partnerships for Success Request for Proposal* and the SAMHSA website:<http://www.samhsa.gov/health-disparities>

**Overview**

**Health Disparities**

*Definition of Health Disparities: Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”*

(Within populations of focus are) *subpopulations that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation.*

*Various subpopulations face elevated levels of mental and substance use disorders, and experience higher rates of suicide, poverty, domestic violence, childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. Historically, these diverse populations tend to have less access to care, lower or disrupted service use, and poorer behavioral health outcomes. These disparities may be related to factors such as a lack of access to health care, the need for a diverse health care workforce, a lack of information, and the need for culturally and linguistically competent care and programs.*

**Project Specific**

IPFS has committed to reducing health disparities by looking at the following three dimensions:

Access

* Diverse cultural health beliefs and perspectives
* Preferred Languages
* Health Literacy

Use/Reach

* Track, monitor and review data through program data collection systems

Outcomes

* Utilize data to make program adjustments and implementations based on the needs of disparate populations

At the local level, you are being asked to use assessment data, both qualitative and quantitative, to identify a disparate population for each of the priority issues, and to consider how you will build capacity, plan, implement and evaluate your services to have an impact on this group.

For the purpose of this project, we are looking for a disparate population who is disproportionately impacted by the priority issue (underage drinking and underage binge drinking). Consider the following:

* Disparate populations are a smaller subset of the target population for the grant.
* There are a variety of factors that you can look at when identifying this population. For example, is there a specific age group, gender, race, etc. within the target population, that seems to have higher use rates or suffers more consequences when compared to the target population as a whole?
* When you look at the data separated out by race, gender, socioeconomic status, geographic location (for example those who reside in the county seat versus the outlying county, or youth who reside within so many miles of the school or available community services as opposed to those who live greater distances in more rural areas) what do you see?
* Why is this group being disproportionately impacted?
* What are the individual or social reasons that this disparity exists?
* As you have throughout the assessment step, think about the “Why?” and “Why here?”

Consider what your next steps will be, once you have identified a disparate population:

* Continue to identify the underlying conditions for this disparity
* Identify how you will build capacity for addressing the issue
* What resources, stakeholders and gatekeepers will you need?
* How will you involve the target population in your planning, implementation and evaluation?
* What will you need to consider as you move through planning into implementation and evaluation?

**Tools and Resources**

**National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (CLAS)**

*The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities. You can learn more about the CLAS mandates, guidelines, and recommendations at:* [*http://www.ThinkCulturalHealth.hhs.gov*](http://www.ThinkCulturalHealth.hhs.gov)

Additional online resources:

MassTAPP: Technical Assistance Partnership for Prevention

<http://masstapp.edc.org/step-1-assessment/task-4-analyze-assessment-data>

Applying the Strategic Prevention Framework and HHS Disparity Impact Measurement Framework to Address Behavioral Health Disparities

<http://www.samhsa.gov/capt/sites/default/files/resources/spf-hhs-disparity-impact.pdf>

CAPT resource: Increasing Cultural Competency to Reduce Health Disparities: Approaches for Communities

<http://www.samhsa.gov/capt/tools-learning-resources/increasing-cultural-competency-reduce-health-disparities-approaches-communities>