“OPENING EYES: HOW SCHOOLS AND COMMUNITIES CAN PARTNER TO REDUCE DISPARITIES AND DISPROPORTIONALITIES USING THE DISPARITY IMPACT STATEMENT”

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Advancing School Mental Health Conference
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Presenters

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Objectives:

Participants will be able to:

1. Describe and name the components of the Disparities Impact Statement/Strategy (DIS) now required by SAMHSA to reduce disparities and disproportionality in communities and schools.

2. Identify one disparity/disproportionality, such as exclusionary disciplinary practices, and walk through the process of addressing it through the DIS process.

3. Incorporate the Culturally and Linguistically Appropriate Services (CLAS) Standards as part of the DIS.
Our collective goal is for disparities and disproportionalities reduction to become the “routine” as opposed to the exception.
Exercise
Why Is This Relevant Today?

• Current Civil and Racial Unrest in Communities

• Historical Privilege

• Personal and Community Cost

• Financial Cost

• Alarming school exclusionary discipline rates
Expand the Understanding of What Creates Health

Determinants of Health

- Genes and Biology: 10%
- Physical Environment: 10%
- Clinical Care: 10%
- Health Behaviors: 30%
- Social and Economic Factors: 40%

Necessary conditions for health (WHO)
- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Mobility
- Health Care
- Social justice and equity
- Trauma Reduction


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What is a Health Disparity?

“A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”

Healthy People 2020
Health Equity
In the Educational System...

• Black preschool children account for 42% of out-of-school suspension and 48% of students with multiple out-of-school suspensions.

• Black students are suspended and expelled at three times the rate of White students.

• Black and Latino students also receive fewer honors or gifted placements and more negative referrals (e.g., special education, discipline referrals) (Tenenbaum and Ruck, 2007).

• PS: CT, DC, NJ, Minneapolis, and Chicago banned preschool suspensions.
In the Educational System…

• Latino students are four times more likely to drop out and Black students are twice as likely to drop out compared to their white counterparts.
• Graduation rates are significantly lower for African Americans, Latinos, and Native Americans.
• Children in the richest school districts perform more than four grade levels above the children in the poorest school districts.
• Multiracial youth had the highest rate (13.3%) of being threatened or injured with a weapon in school and becoming involved in physical altercations, but are among the least likely to have carried a weapon in school.
• 70% of schools now have police on campus.
Persistent Disparities and Disproportionality in Behavioral Health

• Hispanic/Latina and Asian American female teens have the highest rates of depression.

• Suicide remains the second leading cause of death for American Indian and Alaska Native youth.

• Hispanic and Black adolescents are about 50% less likely than White adolescents to receive specialty mental health services (Merikangas et al., 2011).

• Youth of color are more likely than White youth to drop out of treatment (Alegria et al., 2011).

• Youth of color more likely to be charged in adult courts.

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And Finally, the Financial Cost…

- Reducing disparities for ethnic/racial groups would have saved $229.4 billion in 2003-2006 (Joint Center for Political and Economic Studies, 2009).

- Eliminating disparities for racial/ethnic groups would have reduced indirect costs associated with illness, disability and premature death by more $1.24 trillion between 2003 and 2006 (Joint Center for Political and Economic Studies, 2009).

- Disparities in health cost the U.S. an estimated $60 billion in excess medical costs and $22 billion in lost productivity in 2009 (National Urban League, 2012).

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• 41 key national indicators of child well-being.

• Children of color fare the worst on most of the risk indicators.
  • http://www.childstats.gov/americaschildren/index.asp

Secretarial Priority #1

1. Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities. HHS leadership will assure that:

   (c) Program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits
<table>
<thead>
<tr>
<th>Demographics of Program Enrollees</th>
<th>Race</th>
<th>White</th>
<th>69%</th>
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<tr>
<td></td>
<td>African American</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multi-racial</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Indian</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>89%</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>(Yes)</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Age in Years</td>
<td>Mean</td>
<td>39 yrs</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>Some college or more</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High School/GED</td>
<td>41%</td>
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</tr>
<tr>
<td></td>
<td>Less than High School</td>
<td>8%</td>
<td></td>
</tr>
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</table>

Baseline Data (N=642)  Copyright American Institutes for Research, 20
Enrollees in Opioid Treatment Program

The graph illustrates the distribution of enrollees in an opioid treatment program by age and gender, categorized by ethnicity. The x-axis represents age in years, ranging from 10 to 70, and the y-axis represents the number of admissions (in thousands). The graph shows a peak in admissions for males and females between the ages of 20 and 30 years. The categories of ethnicity include White (non-Hispanic), Black (non-Hispanic), Mexican origin, Puerto Rican origin, Am. Indian/Alaska Native, and Asian/Pacific Islander.
A Data-Driven Strategy: Disparity Impact Statement
Disparity Impact Statement: A Requirement in SAMHSA Grants

• Strategically focus on tracking disparities in access, use and outcomes for racial, ethnic or sexual/gender minority subpopulations.

• Use program performance data to implement a QI process.

• Leverage the National CLAS Standards as part of the QI process to ensure better access, use and outcomes for the identified disparate population(s).
Disparity Impact Strategy Framework for SAMHSA Grant Programs

**Access**
- Who is enrolled in the grant program?
- Who are you serving?
- What populations being reached?

**Use**
- What interventions are being used?
- Who’s getting what dosages of what intervention?

**Outcomes**
- How are enrollees in the program doing?
- How differ across groups?

GPRA Data Disaggregated by Population Groups

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Enhanced CLAS Standards Released by DHHS, April 2013

Culturally and Linguistically Appropriate Services (CLAS) Standards

Standard 1
Principal Standard

Standards 2-4
Governance, Leadership & Workforce

Standards 5-8
Communication & Language

Standards 9-15
Engagement, Continuous Improvement & Accountability

https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas_standards
Putting It Into Practice
Preschool Students Receiving Out-of-School Suspensions by Race/Ethnicity

FIGURE 1. PRESCHOOL STUDENTS RECEIVING OUT-OF-SCHOOL SUSPENSIONS BY RACE AND ETHNICITY

DIS: Application Step by Step

1. Describe population(s) of focus
   • Preschool population from U. S. Department of Education, Office of Civil Rights Data, 2014

2. Align the ethnic/racial categories with the designations in the Affordable Care Act (ACA) Provision 4302, standards for data collection
   • Described by ACA data collection racial/ethnic categorization, eg. White, Hispanic/Latino, African American/Black, etc.
DIS: Application Step by Step

3. Disaggregate subpopulations of focus in performance measures, GPRA, and/or from other relevant data by race/ethnicity (and LGBT status, if applicable) and by domain(s) (described below)
   • Sub-populations are preschool students disaggregated by racial/ethnic groups

4. Identify disparities/disproportionalities in the domains of Access, Utilization, and/or Outcomes
   • When data is analyzed, it is determined that disproportionality in out of school suspensions exists by race/ethnicity...
   • In the Access domain as defined by access, or lack thereof, to preschool through suspension measure
DIS: Application Step by Step

5. Prioritize the needs of the subpopulations experiencing disparity

- Based on data, the community deems the highest need subpopulations are Black preschoolers (43%) and Latino preschoolers (25%) who have experienced one out of school suspension; and Black (48%) and Latino (20%) preschoolers who have experienced multiple out of school suspensions.

![Figure 1. Preschool Students Receiving Out-of-School Suspensions by Race and Ethnicity](http://www2.ed.gov/about/offices/list/ocr/docs/crdc-early-learning-snapshot.pdf)
DIS: Application Step by Step

6. Conduct a Root Cause Analysis
   a. Issue → Cause → Root Cause → Corrective Action
   b. How is it happening?
   c. Why is it happening?
   d. What will we do about it?
DIS: Application Step by Step

6. Root Cause Analysis Continued:
   e. Generate possible causes and explanations
      - Long term issues
      - School climate and culture, conditions for learning
      - Staff attitudes and beliefs
      - Capacity
      - Intervention
      - Bias (implicit/explicit)
      - Policies, procedures, and practices
   f. Decipher root causes
      - Example: Distance, social issues, relationships

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7. Develop subpopulation-specific strategy(ies) to improve performance for each disparity/disproportionality
   1. Example: Creating solutions for distance, social, and relationship factors

8. Set an initial benchmark goal for each disparity/disproportionality to reach by the end of each year
   a. Reduce percentage or rate by xx%
9. Utilize a community inclusive data-informed quality improvement process (eg. existing QI process, BH Disparities Committee, focus groups)
   a. Track out of school suspensions and expulsions at least twice annually

10. Utilize “precision-based” interventions and measurements and if the disparity(ies) persists, set a new projected benchmark goal for the subsequent grant year and re-evaluate/update/change your strategies/ interventions or make programmatic adjustments
   a. Individualize interventions based on class, school, racial or ethnic group, gender, etc.
11. Ensure that the National Culturally and Linguistically Appropriate Services (CLAS) Standards are incorporated into your interventions/strategies and overall initiative through policies, procedures, rules, regulations, practice, and evaluation

https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas_standards
Example
Pennsylvania: Lehigh Learning and Achievement School (IU 21) – More Restrictive Placements (Emphasis on Detention & Jail)

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<th>2013-2014</th>
<th>African American</th>
<th>Latino/ Hispanic</th>
<th>Caucasian</th>
<th>Other</th>
<th>Risk Index</th>
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<td>1</td>
<td>7</td>
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<td>AA</td>
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<td>Cauc</td>
<td>AA</td>
<td>L/H</td>
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<td>Detention/Jail</td>
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<td>3</td>
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<td>24%</td>
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<td>0.02%</td>
<td>12</td>
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<td>13</td>
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<th>Latino/ Hispanic</th>
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<th>Other</th>
<th>Risk Index</th>
<th>Risk Index</th>
<th>Risk Index</th>
<th>Risk Ratio</th>
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<tr>
<td>Total</td>
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Pennsylvania: Lehigh Learning and Achievement School (IU 21) – Office Discipline Referrals (ODR)

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<tbody>
<tr>
<td>Black/Latino</td>
<td>4.89</td>
<td>3.15</td>
<td>2.25</td>
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Example – High School

Figure 1c: Rate Ratio Exclusionary Discipline

- **Asian**: 0.2 to 0.55
- **Black**: 3.47 to 3.59
- **Hispanic**: 1.84 to 1.74
- **American Indian**: 2.1 to 2.68

Year Comparison:
- **2012-2013 (Year 0)**
- **2013-14 (Year 1)**
Example – Middle School

Figure 1d: Rate Ratio Exclusionary Discipline

- **Asian**
- **Black**
- **Hispanic**
- **American Indian**

<table>
<thead>
<tr>
<th>Year</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>American Indian</th>
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</thead>
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<tr>
<td>2012-2013</td>
<td>0.22</td>
<td>4.71</td>
<td>1.99</td>
<td>1.17</td>
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<tr>
<td>2013-2014</td>
<td>0.00</td>
<td>4.55</td>
<td>1.50</td>
<td>0.00</td>
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</table>
“Most Significant Change”

For Grantees
- Broader inclusion of racial/ethnic populations
- "Discoveries" of un/under-served populations
- Innovative outreach and engagement strategies
- New collaborations
- Revisiting screening and assessment tools
- New exposure to CLAS standards
- New awareness of disparities/disproportionality

For Agency: Staff Initiated DIS Activities
- Administrators/evaluators working with staff on DIS data collection and intervention strategies
- Change thinking about how to use data
- Behavioral Health Disparities Online Module

For People & Communities Served
- Increased attention to vulnerable populations
- Better outreach, engagement
- Better and individualized prevention and treatment services
Asking the Right Questions is a Path to Health Equity

• What would it look like if equity was the starting point for decision-making?

• How would your work be different?

• How would you need to be organized and committed to reducing disparities and promoting equity in your work and in your workplace?
Example
Vermont Project LAUNCH

- An opportunity to move the early childhood system towards equity;

- It's about creating an environment to advance racial equity;

- Focused on access, utilization, and improved outcomes;

- Hired LAUNCH direct service outreach staff from New American communities;

- Created a Health Disparities Subcommittee.
Vermont PL: Five Areas of Focus

Quality Improvement
- Cultural and Linguistic Competence (CALC) Organizational Assessments;
- LAUNCH staff coaching;
- Partners share one CALC activity or challenge;
- Language Access Plan;
- Sub-contracts address continued focus and efforts on disparity reduction.

Leveraging Resources
- Potential Community Health Worker development;
- CALC trainings/assessments in following years.
Vermont PL: Five Areas of Focus

Workforce Development
- Behavioral health cultural competence training;
- Interpreter Training sessions – Basic and Advanced.

LAUNCH Team Learning
- Identifying emerging issues

Data and Evaluation
- Collecting more granular race and ethnicity data;
- The new database will collect country of origin and language spoken in the home.

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DIS Online Training Module

45 minute online training walks you through DIS process, found at: http://airhsdlearning.airws.org/DIS/multiscreen.html

It includes:

- History, purpose, definitions of disparities/ disproportionalities
- Disaggregated data
- Developing benchmark goals and strategies
- Quality improvement process
- Incorporation of CLAS Standards
- Resources
Resources

- Examples of disparity impact statements:

- The National Center on Safe Supportive Learning Environments (an American Institutes for Research TA Center) developed:
  https://safesupportivelearning.ed.gov/
Resources


- National Network to Eliminate Disparities (NNED)

http://nned.net/


References


References


If you would like more information about the content of this online learning event or about how the National Resource Center for Mental Health Promotion and Youth Violence Prevention can help you with the work you do, please contact 1-866-577-5787 or via email at Healthysafechildren@air.org
Thank you!