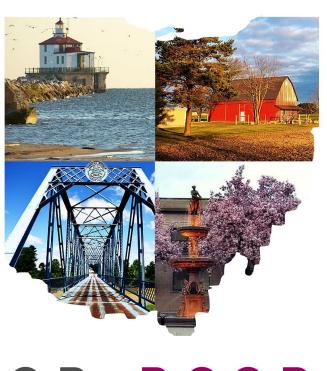
Disparities Impact Statement Roadmap: How to Chart a Course for a DIS that Aligns with Your Consortium, Grant(s), and Community



COP-RCORP

Communities of Practice for Rural Communities Opioid Response Program

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All presentation information can be found on our website.

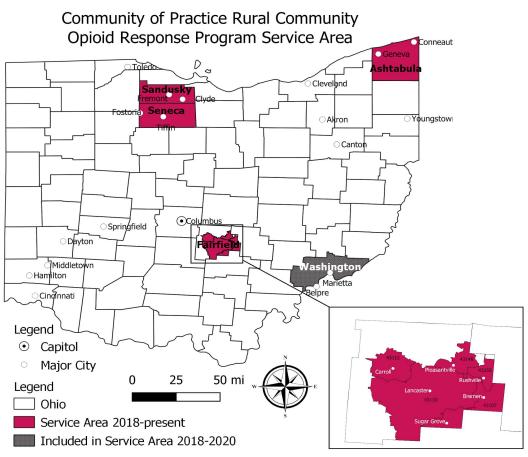
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We invite you to stay awhile and visit other pages on the website as well.

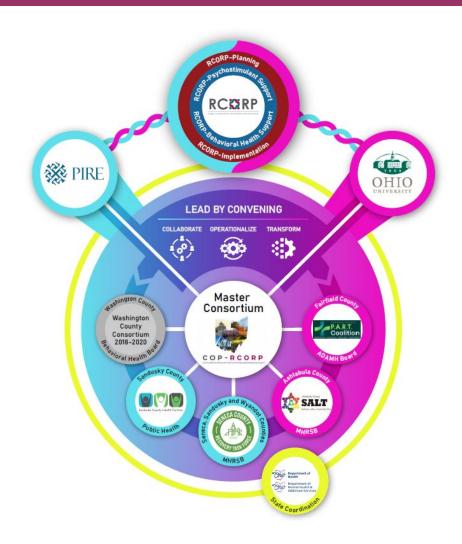


https://communitiesofpractice-rcorp.com/

About COP-RCORP



Schweinhart, A. (November 2020). Sourced from: census.gov and simplemaps.com Made possible by grants GA1RH335320102 and GA1RH335290102 from the Health Resources and Services Administration (HRSA), an operating division of the U.S. Department of Health and Human Services. Contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA or the U.S. Department of Health and Human Services.



Schweinhart, A, Raffle, H, Courser, M., & Dacanay, J. (2024). COP-RCORP Organizational Chart.

Pacific Institute for Research and Evaluation: Calverton, MD and Ohio University's Voinovich School of Leadership and Public Service: Athens, OH.

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Health Resources and Services Administration (HRSA), an operating division of the U.S. Department of Health and Human Services.

This group is a subject to the Company of the Company of the U.S. Department of Health and Human Services.

COP-RCORP Grant Portfolio

RCORP Planning

- G25RH32459 (Ohio University)
- G25RH32461 (PIRE)

RCORP Implementation

- GA1RH33529 (Ohio University)
- GA1RH33532 (PIRE)

RCORP Psychostimulant Support

- H7NRH42563 (PIRE)
- H7NRH45748 (Ohio University)

RCORP Behavioral Health Support

G28RH46290 (Ohio University)



RURAL COMMUNITIES OPIOID RESPONSE PROGRAM

Presentation Roadmap

Objective #1: Learn about Disparities Impact Statements and their importance in addressing community-level health disparities.

Objective #2: Understand the process the Consortium used to create a combine Disparities Impact Statement and how the HRSA and JBS teams supported this work.

Objective #3: Understand lessons learned, and how the combined DIS is guiding the Consortium's work to reduce health disparities.

Objective #4: Learn how communities can adapt the process used by the COP-RCORP Consortium for use in a variety of local contexts.

Health Disparities and the Disparities Impact Statement

What's the difference?

Health Disparities and Health Inequities

Health disparities are population-based differences in health outcomes. A disparity reflects the difference between groups, not an outcome that is only experienced by one group.

Health inequities are differences in health outcomes and the opportunities groups have to achieve optimal health. These differences are rooted in avoidable and unfair social and structural injustices.

Not all disparities reflect an inequity. Consider this example from the Boston Public Health Commission:

"Male babies are generally born at a heavier birth weight than female babies. This is a health disparity. We expect to see this difference in birth weight because it is rooted in genetics. Because this difference is unavoidable, it is considered a health disparity."

On the other hand, studies have shown links between the stress from racism experienced by Black women and negative health outcomes. "Babies born to Black women are more likely to die in their first year of life than babies born to White women."

Because this is true regardless of income or level of education, it is considered an inequity. Racial discrimination in health care and the stress of racism negatively affect health.



A Disparities Impact Statement (DIS) is a part of a data-driven, quality improvement approach to advance equity using federal grant programs. The DIS helps grantees identify underserved populations at risk of experiencing behavioral health disparities.

HRSA's Disparities Impact Statement



Template: Behavioral Health Disparities Impact Statement

Last Updated February 13, 2024

This guidance is to assist in the development of the Behavioral Health Disparities Impact Statement (DIS), as outlined in the RCORP Notice of Funding Opportunities. The DIS will describe how the consortium plans to reduce behavioral health disparities in the target rural service area(s) and to continuously monitor and measure the project's impact on health disparities in grider to inform process and outcome improvements. Grantees will report annually the consortium updates and progress made in the service area.

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Consortium Name	Click or tap here to enter text.			
Grant Number	Click or tap here to enter text.			
Address	Street:	Click or tap here to enter text.		
	City, State:	Click or tap here to enter text.		
Service Area	Click or tap here to enter text.			
Project Director	Name:	Click or tap here to enter text.		
	Title:	Click or tap here to enter text.		
	Phone Number:	Click or tap here to enter text.		
	Email Address:	Click or tap here to enter text.		
Contributing Consortium Members and Stakeholders	Click or tap here to enter text.			
	Click or tap here to enter text.			
	Click or tap here to enter text.			
	Click or tap here to enter text.			



CLAS Standards and COP-RCORP Consortium



Master Consortium Position Statement Culturally and Linguistically Appropriate Services (CLAS)

May 4, 2020

The COP-RCORP Master Consortium recognizes the importance of utilizing the CLAS Standards when implementing all RCORP OUD/SUD activities and strategic plans in five rural communities in Ohio. We strive to engage in a continuous, data-driven, and collaborative process to address health disparities and promote respectful, responsive, and accessible services. By strengthening our knowledge, skills, and awareness of culturally and linguistically appropriate services, we demonstrate our commitment to enhance health equity across the evolving continuum of care.

National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice



National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care:

A Blueprint for Advancing and Sustaining CLAS
Policy and Practice

Office of Minority Health

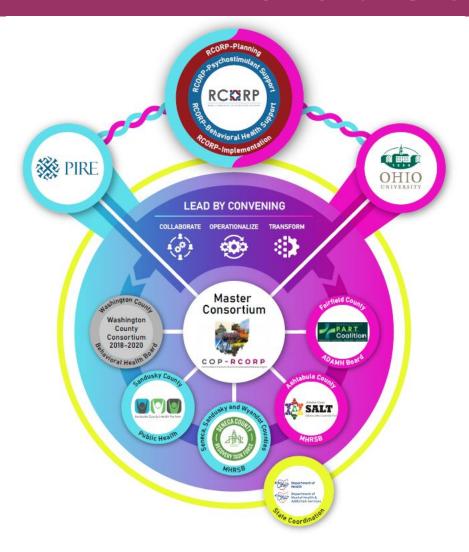
U.S. Department of Health and Human Services

April 2013





HRSA's Disparities Impact Statement and the COP-RCORP Context



- Master Consortium
- **4** Local Consortia
- 3 Active RCORP Grants with different local consortia involved in each grant
 - 1 RCORP-PS Cohort 1
 - 1 RCORP-PS Cohort 2
 - 1 RCORP-BHS
- **2** Different DIS templates
 - HRSA's DIS template evolved between PS Cohorts

Where Do You Go With That?

Do we take a compliance focus OR do we use the DIS as a guiding force?

Create **one** DIS that would:

- Provide a roadmap for the Consortium to have a meaningful impact on health disparities.
- Address the differing grant requirements.
- Meet the needs of the COP-RCORP Master Consortium and the four local consortia.



How Did We Get There?

Paused and took time to really understand the challenges we faced.

- Multiple templates and requirements
- How to ensure that the result would impact Consortia practice

Advocated for our needs to HRSA and JBS.

Shout out—they listened!

Looked for commonalities and differences in the templates and the work.

Got to work!

- Cross walked templates and requirements for the RCORP-PS1, -PS2, and -BHS
- Stayed in close contact with HRSA and JBS
- Formed a DIS workgroup
- Created a structure within the HRSA templates to arrive at one DIS.

The COP-RCORP Combined DIS



Template: Behavioral Health Disparities Impact Statement

Last Updated April 13, 2023

This guidance is to assist in the development of the Behavioral Health Disparities Impact Statement (DIS), as outlined in the RCORP Notice of Funding Opportunities. The DIS will describe how the consortium plans to reduce behavioral health disparities in the target rural service area(s) and to continuously monitor and measure the project's impact on health disparities in order to inform process and outcome improvements. Grantees will report annually the consortium updates and progress made in the service area.

	CALCULATION OF THE PARTY		
Consortium Name	Communities of Practice for Rural Communities Opioid Response Program (COP-RCORP)		
Grant Numbers	Ohio University RCORP-BHS (FAIN: G2846290) Ohio University RCORP-PS (FAIN: H7N45748) Pacific Institute for Research and Evaluation (PIRE) RCORP-PS (FAIN: H7N42563)		
Address: Ohio University	Street:	1 Ohio University	
	City, State:	Athens, OH 45701	
Address: PIRE	Street:	4061 Powder Mill Rd., Suite 350	
	City, State:	Beltsville, MD 20705	
Service Area	Ohio University RCORP-BHS: Ashtabula County, Fairfield County (Rural Zip Codes Only), Seneca County Ohio University RCORP-PS: Fairfield County (Rural Zip Codes Only) PIRE RCORP-PS: Sandusky County, Seneca County		
Project Director: Ohio University	Name:	Holly Raffle	
	Title:	Professor	
	Phone:	740-597-1710	
	Email:	raffle@ohio.edu	
Project Director: PIRE	Name:	Matthew Courser	
	Title:	Senior Research Scientist	
	Phone:	502-736-7841	
	Email:	mcourser@pire.org	

Step 1-Assessment

STEP 1-ASSESSMENT

Identify subpopulations vulnerable to behavioral health disparities within the service area and the specific behavioral health disparities experienced by these subpopulations.

- List the subpopulations in your service area vulnerable to behavioral health disparities.
 Subpopulations may be based on race, ethnicity, tribal entities and organizations, language, age, socioeconomic status, gender identity, sexual orientation, people who are pregnant, adolescents and youth, veterans, older adults, individuals with special needs, and other relevant factors (e.g., literacy).
- Identify the behavioral health disparities in access, use, and outcomes that currently
 exist within identified subpopulations.
- . Select one subpopulation from your data on which to focus your work.

Local Consortium Member	Subpopulatio ns	Health Disparities
Ashtabula County: (Substance Abuse Leadership Team) Grant Number: Ohio University RCORP- BHS (FAIN: G2848290)	Individuals with low socio- economic status (SES)	Increased substance use and SUD treatment access among individuals with low SES; access to and affordability of physical and behavioral health care; contributing factors such as transportation and childcare; insurance complexity and underinsurance issues
Fairfield County: (Prevention, Advocacy, Recovery, and Treatment Coalition) Grant Numbers: Ohio University RCORP- BHS (FAIN: G2846290) Ohio University RCORP-PS (FAIN: H7N45748)	Individuals in jail with polysubstance use	People who are in jail cannot have services billed to Medicaid, which limits access to care. They also have a disruption in continuity of care; and many have underserved mental and behavioral health care needs, along with a lack of access to physical and behavioral health care, increase in mortality risk, increase in mental health and SUD, uninsured and underinsured, and burden of disease. When moving to reentry, contributing factors include lack of transportation, housing, and employment
Sandusky County: (Sandusky County Health Partners) Grant Number: PIRE RCORP-PS (FAIN: H7N42563) AND Seneca County: (Seneca County Opiate Task Force) Grant Numbers: Ohio University RCORP- BHS (FAIN: G2846290) PIRE RCORP-PS (FAIN: H7N42563)	Individuals with low socio- economic status (SES)	Increased substance use and SUD; access to physical and behavioral health care due to insurance status and contributing factors such as transportation and childcare.

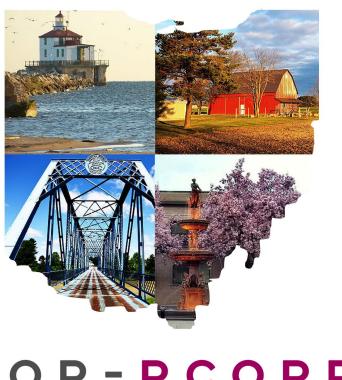


Behavioral Health Disparities Impact Statement

Key Lessons Learned

- The DIS ensures that health equity remains a core value of the Consortium's work.
- The DIS can only be an active, dynamic guiding framework for your work if it fits your context.
- Advocate for your unique situation and ask for help.
- HRSA and JBS listen!
- Just as health disparities continue to evolve and challenge us, the DIS process continues to evolve.

Experiences from the Field: A Panel Discussion



COP-RCORP

Communities of Practice for Rural Communities Opioid Response Program

Ashtabula County, Ohio







Known For





Fairfield County, Ohio







Known For





Sandusky County, Ohio







About Me

Backbone Organization









Seneca County, Ohio





About Me SENECA, OTTAWA, SANDUSKY & WYANDOT COUNTIES

Backbone Organization

Known For



Local Coalition



Acknowledgement

This presentation was made possible by grants H7NRH45748, H7NRH42563, and G28RH46290 from the Health Resources and Services Administration (HRSA), an operating division of the U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA or the U.S. Department of Health and Human Services.

With Gratitude

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Laura Milazzo, formerly with Ohio University

Questions and Discussion



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