



NORTHEASTERN

Wisconsin Area Health Education Center

DISPARITY IMPACT STATEMENT

Healthiest Manitowoc County Substance Abuse Prevention & Mental Health Coalition 2020

Special Condition of Award for Behavioral Health Disparity

I. PROPOSED NUMBER OF INDIVIDUALS TO BE TRAINED AND REACHED BY SUBPOPULATIONS IN THE GRANT SERVICE AREA:

The numbers in the chart below reflect the proposed number of individuals to be trained and served during the grant period. The disparate populations are identified in the chart below.

Number Reached	Manitowoc	Source
Race/Ethnicity		
African American	84	Census Fact Finder, 2018 Estimates
American Indian	37	Census Fact Finder, 2018 Estimates
Asian	262	Census Fact Finder, 2018 Estimates
White (not Latino)	8,810	Census Fact Finder, 2018 Estimates
Hispanic/Latino	355	Census Fact Finder, 2018 Estimates
Native Hawaiian	0	Census Fact Finder, 2018 Estimates
Two or More Races	121	Census Fact Finder, 2018 Estimates
By Gender		
Female	4,634	Census Fact Finder, 2018 Estimates
Male	4,657	Census Fact Finder, 2018 Estimates
Transgender	56	Meerwijk and Sevelius (0.6% pop)
By Sexual Orientation		
LGBTQIA+	420	Movement Advancement Project (GA Est. 4.5% pop)
Individuals Living in Poverty		
	1,467	Census Fact Finder, 2018 Estimates
By Low Educational Attainment (Pop 18+)		
Less than 9 th grade	0	Census Fact Finder, 2018 Estimates
Less than high school	331	Census Fact Finder, 2018 Estimates
High school graduate	2,886	Census Fact Finder, 2018 Estimates
Some college or associate's degree	1,914	Census Fact Finder, 2018 Estimates
Age		
10 to 20	9,343	Census Fact Finder, 2018 Estimates

Prevalence of Use by Minority Ethnicity	Hispanic	Black	Asian	Am. Indian
Ever tried cigarettes	29%	16%	16%	44%
Tried cigarettes before age 13	42%	n/a	71%	n/a
Smoked cigarettes in past 30 days	8%	0%	n/a	n/a
Ever tried vaping	50%	54%	20%	65%
Vaped in last 30 days	25%	17%	n/a	n/a
Tried to quit using tobacco products in last 12 mo	46%	n/a	n/a	n/a
Ever had alcoholic beverage	64%	n/a	42%	n/a
First drink by age 13 (among drinkers)	34%	n/a	15%	n/a
Drank alcohol in past 30 days	31%	n/a	12%	n/a
Binge drinking in past 30 days	18%	n/a	n/a	5%

II. A QUALITY IMPROVEMENT PLAN USING OUR DATA:

A continuous quality improvement approach will be used to analyze, assess and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. Monitoring activities will focus on:

ACCESS: The project team will collaborate with the community enrichment program and the county health specialist consortium in planning the design and implementation of program activities to ensure the cultural and linguistic needs of training recipients are effectively addressed, particularly the disparate population.

USE: Training and technical assistance activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. Outcomes: GPRA data will be used to monitor and manage program outcomes by race, ethnicity, and LGBTQIA+ status within a quality improvement process. Programmatic adjustments will be made as indicated to address identified issues, including behavioral health disparities, across program domains. A primary objective of the data collection and reporting will be to monitor/measure project activities in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into program planning and management on an ongoing basis (a “self-correcting” model of evaluation). For example, training and technical assistance data will be reported to staff on an ongoing basis, including analyses and discussions of who may be more or less likely to be exposed to training and technical assistance activities. The Evaluator will meet regularly with staff, providing an opportunity for staff to identify successes and barriers encountered in the process of project implementation. These meetings will be a forum for discussion of evaluation findings, allowing staff to adjust or modify project services to maximize project success. Outcomes for all activities will be monitored across race and ethnicity to determine the grant’s impact on behavioral health disparities.

III. ADHERENCE TO CLAS STANDARDS:

Our quality improvement plan will ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to:

- a. Diverse cultural health beliefs and practices
Training and hiring protocols will be implemented to support the culture and language of all subpopulations, with a focus on the Latin subpopulation.

- b. Preferred languages
Interpreters and translated materials will be used for non-English speaking participants as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish.

- c. Health literacy and other communication needs of all sub-populations identified in your proposal
All training and technical assistance activities will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.