**PFS Project – ABC County**

**Health Disparities Statement Example**

**(All information below is made up/fake information and statistics)**

**Section #1: Assessment**

• Target Group: Population of Hispanic/Latino origin\* in ABC County, which is the largest

ethnic minority in the County. (\*US Census Bureau (2010 Census and 2015 Census update estimates).

• Target Group Subset: Population of Hispanic origin in Prevention, NC the largest municipality in

the County.

1. Statistical relevance: The population of Hispanic origin represents 7.7% of the ABC County’s general population. It is 3.5 times larger than the second largest racial/ethnic minority population in the County: African Americans, which represent 2.8% of the county’s population), and 64% larger than the average population of Hispanic origin in the State of North Carolina (4.9%).
2. Target Area of the County (Prevention): The City of Prevention, NC, with a population of 10,896 is the largest municipality in the ABC County. It is also the community with by far the highest concentration of persons of Hispanic origin: 22.8% of the general population.
3. In 19.4% of the homes in Prevention, a language other than English is spoken, and based on the size of Hispanic population of the area, that language is likely to be Spanish.
4. Link between language barrier, access to care and health disparity: A “Community Needs Assessment” Report conducted recently by the Prevention Hospital (adopted by the Hospital Board on 8/22/16) was able to identify 3 (three) major factors affecting access to health and behavioral healthcare for local “Priority Populations”. These three major factors affecting access to care are:
   1. “Need for bilingual healthcare providers, translators, and health information in Spanish”
   2. “Access to mental health services . . .”
   3. “Transportation . . . for low-income groups and residents in rural areas”
5. Social/economic/other vulnerability factors that affect disproportionately the population of Hispanic/Latin origin in Prevention, NC and demonstrate the reality of health disparities in this subset of the local population:

a. Prevention has the largest concentration of persons of Hispanic/Latin origin in the county (22.8%), compared to 7.7% for the entire County

b. In 19.4% of the Prevention homes a language other than English is spoken (given the side of the population that language is more likely Spanish)

c. Prevention has a high rate of persons living below poverty standards (23.4%, compared to the county average of 14.7%, and 15.8% for the State of North Carolina). Considering the size of the Hispanic population, the local expert advisors about unique needs of Priority Populations indicate that this particular disadvantage factor affects disproportionately the population of Hispanic/Latin origin in the area.

d. Prevention has a much lower median household income ($36,293), compared to average of the County ($44,449) and the average of the State of North Carolina ($49,576). Considering the size of the Hispanic population, the local expert advisors about unique needs of Priority Populations indicate that this particularly disadvantage factor affects disproportionately the population of Hispanic/Latin origin in the area.

e. Prevention has the highest rate of persons without health insurance under the age of 65(12.9%, compared to the average of 8.7% for the entire County, and 7.1% for North Carolina). Considering the size of the Hispanic population, the local expert advisors about unique needs of Priority Populations indicate that this particular disadvantage factor affects disproportionately the population of Hispanic/Latin origin in the area.

|  |  |  |  |
| --- | --- | --- | --- |
| **Vulnerability/Health Disparity Factor** | **City of Prevention** | **ABC County** | **North Carolina** |
| **Hispanic/Latin Origin** | 22.8% | 7.7% | 4.9% |
| **Language Other than English Spoken at Home** | 19.4% | 9.1% | 9.2% |
| **Persons without Health Insurance** | 12.9% | 8.7% | 7.1% |
| **Median Household Income** | $36,293 | $44,449 | $49,576 |
| **Persons living in Poverty** | 23.4% | 14.7% | 15.8% |
| **Persons with HS Degree** | 78.1% | 82.5% | 87.9% |
| **Persons with a Bachelor’s**  **degree or higher** | 11.6% | 20.6% | 30.5% |

f. Other data/information relevant to this context:

1. The Hispanic population of the community of Sturgis accounts for 53% of the entire Hispanic population in St. Joseph County

2. The Hispanic population of the County accounts for 7.7% population of the county but, it represents only 3.8% of the persons who receiving SUD Treatment services (TEDS Data FY 2017) through the SWMBH-funded programs in ABC County.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Race/Ethnicity Group | White | Hispanic | AA/Black | Other |
| County Population | 86.6% | 7.7% | 2.8% | 2.9% |
| People Receiving SUD Services | 89.9%  (614) | 3.8%  (26) | 3.5%  (24) | 2.8%  (19) |

**Section #2: Quality Improvement Plan**

1. The social/economic/environmental disadvantages experienced by the population of

Hispanic/Latin origin in ABC County expounded above are complex and as such they

are connected to multitude of profound and history-laden factors that go far beyond the

scope and the focus of the work of the PFS grant.

However, in so far as this grant is also intent on making a concerted effort to address

barriers that contribute to health disparities, the partnerships involved in the design and

implementation of the work of the PFS grant in the community of ABC County will:

a. Engage stakeholders in the community of Prevention 9with higher concentration of Hispanic families) who have a reach into Hispanic groups in the area in order to establish enduring relationships, gain insight into the dynamics of the functioning of the community and build rapport with organizations and strategic partners (interlocutors) of that community (time-table: effort to be initiated right away);

b. Develop and implement, in conjunction with these stakeholders/partners, educational campaigns on underage drinking prevention focused on target subsets of the Hispanic communities (ex. parents, adults, minors), using messages and materials in the Spanish language, which are culturally relevant in order to maximize the reach of the target audience (first campaign to be implemented by 9/30/20);

c. Deploy efforts and resources to procure a Spanish version of brochures and materials to be used for education of local Hispanic families and residents about resources and services available in the community for Prevention and Treatment of SUD and MH disorders (ex. Merchant Education Guides, UAD brochures, SUD services brochure, SUD Women’s Specialty Services, Youth and Adult MH Services brochure, etc.). Timetable: goal to be accomplished by the end of FY 2020;

d. Work with the local agencies that serve the Hispanic Community and other agencies such as Social Services and SUD Treatment and Prevention initiatives, to develop interdisciplinary behavioral health efforts and projects that address the gaps in services identified in Section #1 (Assessment Section) of this document (to be started immediately);

e. PFS staff and the local coalition will engage local stakeholder(s) connected to the Hispanic community in the County, to explore the feasibility of recruiting member(s) of the Hispanic community to receive training on alcohol purchase surveys and environmental scans in the Spanish language. Discuss with local stakeholders/partners the development and implementation of other linguistic and culturally competent activities, services and strategies within the scope of the PFS grant, designed to reach the population of Hispanic/Latin origin in the County (time-table: goal to be accomplished by the end of FY 2020).

2. The outcomes of the action steps listed below will be tracked through the Outcome Accomplishment Measures (OAM), a tool developed by the PFS 2018 APNC Team to monitor and evaluate outcomes of SUD Prevention efforts in the County, and will utilize data indicators designed to demonstrate accomplishment and performance levels: Ex. surveys (presentations), tracking of social media activity for campaigns.

**Section #3: Adherence to National CLAS Standards**

**A. Principal Standard**

Several of the health advisory boards which PFS staff participated in, focus strongly on the development

and promotion of safe and supportive environments for all. Activities and programming are determined

with priority populations involved in the planning process, so decisions are made with the people we

serve.

**B. Governance, Leadership, and Workforce**

PFS staff have sought out additional trainings: Cultural Competence – Working with Hispanic Youth. Staff implementing programming receives yearly training on cultural competency and inclusivity through their employer.

**C. Communication and Language Assistance**

PFS staff seeks to incorporate a person first centered approach when working with all community

members but will emphasis the importance of utilizing the Spanish language when appropriate to aid in the development of a more inclusive community. For instance, acquisition of materials in Spanish for campaigns, hiring/contracting and training of personnel/partner who is linguistically competent for effective implementation of these activities, etc. Lastly, whenever an individual participates in programs

(i.e. parenting classes) and requires a translator, one has and will be provided at no charge to the

attendee.

**D. Engagement, Continuous, Improvement, and Accountability**

PFS staff recognizes the need to further diversify the Prevention Coalition and is

working to recruit new participants with a broad array of life experiences, education, and cultural

backgrounds so that our coalition more appropriately reflects the community.