



**Integral Care  
Fiscal Year 2021  
Health Disparities Report Card**

**Produced by the  
Integral Care Population Health/Accountable Care Team**



## Introduction

The Integral Care Population Health/Accountable Care Team is pleased to announce the Integral Care Health Disparities report card for the fiscal year 2021.

In line with the goals set forth in the Integral Care FY2021-2022 Strategic Plan and by the Board/Staff Committee on Racial Equity, this Health Disparities report offers leadership a glance into potential inequities and gaps in care across the system, as well as opportunities to track progress as Integral Care continues to launch equity practices in these areas of care.

Addressing disparities in health and health care is critical from an equity standpoint and for improving health more broadly by achieving improvements in overall quality of care and population health. However, health and health care disparities are not new – they reflect longstanding structural and systemic inequities rooted in racism and discrimination. Addressing these inequities could help to mitigate the disparate impacts of current and future public health crises, and prevent further disparity gaps going forward. Moreover, narrowing health disparities is key to improving our nation’s overall health and reducing disease burden (KFF.org).

Integral Care is committed to eradicating our own institutional racism and structural inequities. As a key change agent in Travis County, Integral Care continuously builds upon our strong operational and clinical foundation to create more equitable access to services and continue to build an organization that values diversity and equity. One way we are working toward this goal is through our racial equity work. We focus on reducing disparities and achieving racial equity in the care we provide through data that identifies, monitors, and responds to racial disparities. Most recently, we’ve taken a close look at our work across substance use treatment, diagnosing practices, and justice programming. Key projects include this report, comprehensive analyses on populations at risk, and targeted interventions to reduce identified disparities; all of which are conducted using a health and racial equity lens.

## Table of Contents

<b>Summary.....</b>	<b>4-11</b>
Largest Disparities.....	5-6
Disparity Decreases.....	7-8
Race/Ethnicity Disparities.....	9
Gender Identity and Primary Language Disparities.....	11
Service Division Disparities.....	12
<b>Mental Health.....</b>	<b>12-15</b>
Schizophrenia.....	12
Oppositional Defiant Disorder.....	13
Conduct Disorder.....	14
Post-Traumatic Stress Disorder.....	15
<b>Risk Drivers.....</b>	<b>16-22</b>
Clozapine Access.....	16
Homelessness.....	17
Tobacco Use.....	18
Food Desert.....	19
Psychiatric Inpatient Hospitalization.....	20
Justice Involvement - Parole/Probation.....	21
Justice Involvement - Arrests.....	22
<b>Violence and Injury.....</b>	<b>23-27</b>
Death Rate (All Cause).....	23
Suicide Rate.....	24
Overdose Death Rate.....	25
Heart Disease Death Rate.....	26
COVID-19.....	27
<b>Chronic Diseases.....</b>	<b>28-32</b>
Diabetes.....	28
Hypertension.....	29
Asthma.....	30
Obesity.....	31
HIV.....	32
<b>Substance Use.....</b>	<b>33-36</b>
Cannabis-related disorders.....	33
Alcohol-related disorders.....	34
Opioid-related disorders.....	35
Stimulant-related disorders.....	36

## Legend

Disparity Grade	Disparity Ratio	Meaning/Interpretation
<b>A</b>	1.0 - 1.4	Little or no disparity.
<b>B</b>	1.5 - 1.9	A disparity exists and should be monitored. May require intervention.
<b>C</b>	2.0 - 2.4	The disparity requires intervention.
<b>D</b>	2.5 - 2.9	Major interventions are needed.
<b>F</b>	>=3.0	Urgent interventions are needed.
<b>Reference Group</b>		The group with the best rate (and 20 or more cases). It is the group to which all other groups are compared and therefore will not receive a rating.
<b>Not Enough Data</b>		Groups with less than 20 events during the time period. Disparity ratios and ratings are not calculated for populations with less than 20 events during the comparison time period.

Adapted from the New Mexico Department of Health Racial and Ethnic Health Disparities Report Card

In 2011, the Healthcare Cost and Utilization Project (HCUP) Agency for Healthcare Research and Quality released a paper focusing on eight states that the National Academy for State Health Policy (NASHP) identified as leaders in terms of their analysis and/or inclusion of data in strategic plans and reports to address health disparities: Colorado, Connecticut, Georgia, Maryland, New Jersey, New Mexico, Rhode Island, and Utah. Upon review of these reports, the Integral Care Population Health/Accountable Care Team chose to model the methodology of this report largely on the New Mexico Department of Health Racial and Ethnic Health Disparities Report Card due to its readability and framing of the data to include comparative data notes.

### Largest Disparities - FY21

Indicator	Population With Highest Rate	Highest Rate	Reference Group with Lowest Rate	Lowest Rate	Disparity Ratio	Disparity Grade
Schizophrenia	Black/African-American	220.8	White	102.3	2.2	Requires Intervention
Oppositional Defiant Disorder	Black/African-American	4.8	White	1.7	2.9	Requires major intervention
Conduct Disorder	Black/African-American	3.0	White	1.3	2.4	Requires Intervention
Post-Traumatic Stress Disorder	Alaskan Native/American Indian	396.6	Asian	95.2	4.2	Requires urgent intervention
Homelessness	Alaskan Native/American Indian	448.3	Asian	127.8	3.5	Requires urgent intervention
Tobacco Use	Alaskan Native/American Indian	491.4	Asian	137.8	3.6	Requires urgent intervention
Food Desert	Black/African-American	46.7	White	30.8	1.5	Needs monitoring
Psychiatric Hospitalizations	Asian	77.7	Hispanic or Latino	46.9	1.7	Needs monitoring
Parole/Probation	Black/African-American	60.8	White	40.5	1.5	Needs monitoring
Arrests	Alaskan Native/American Indian	198.3	More Than One Race	94.7	2.1	Requires Intervention
Deaths (All Cause)	White	5.2	Hispanic or Latino	2.8	1.9	Needs monitoring
Suicide	Hispanic or Latino	0.6	White	0.1	6.2	Requires urgent intervention
Overdose Deaths	Black/African-American	0.8	White	0.6	1.3	Little or no disparity
Heart Disease Deaths	White	1.5	Hispanic or Latino	0.4	4.1	Requires urgent intervention

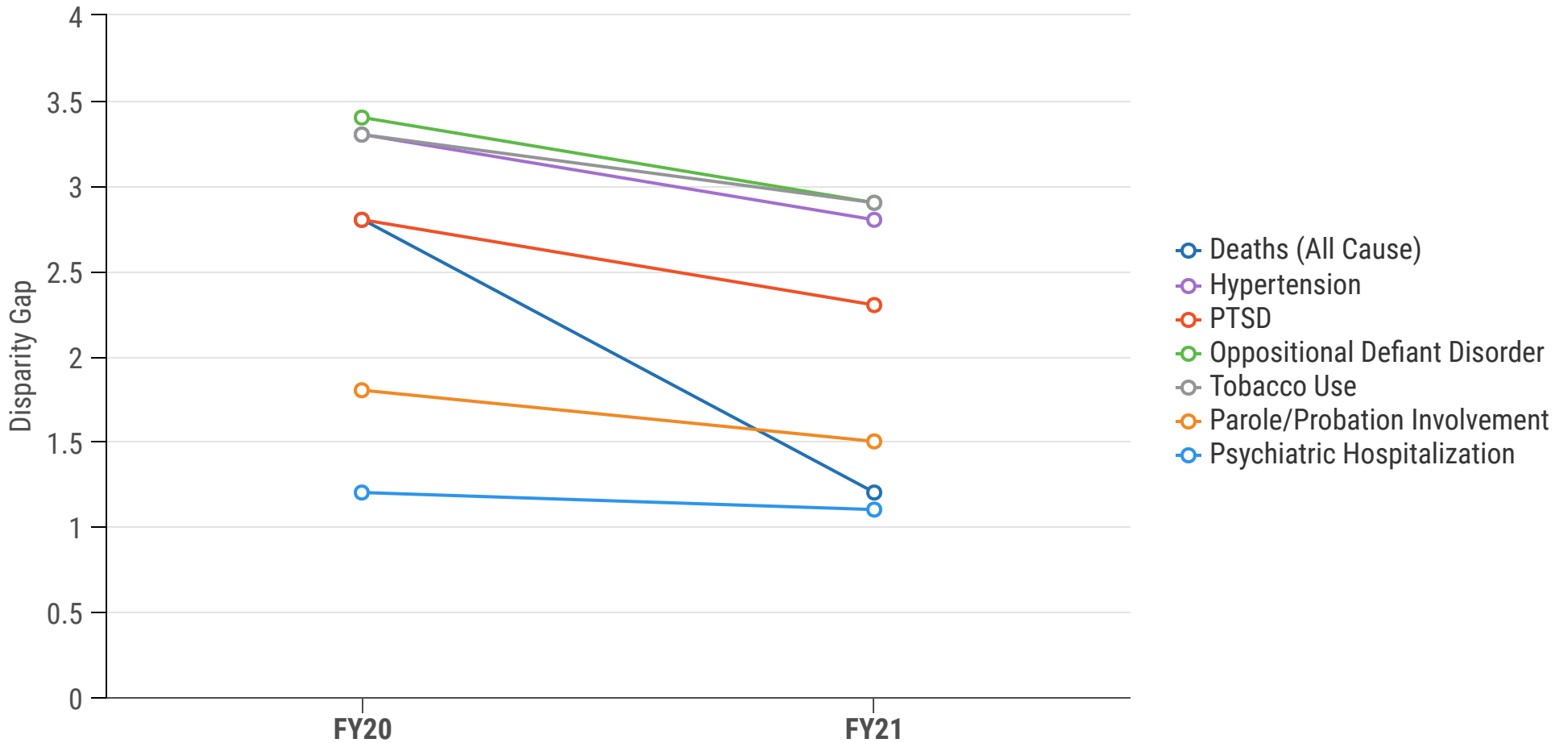
### Largest Disparities - FY21, cont.

Indicator	Population With Highest Rate	Highest Rate	Reference Group with Lowest Rate	Lowest Rate	Disparity Ratio	Disparity Grade
<b>COVID-19 Positivity</b>	Hispanic or Latino	16.4	Black/African-American	9.1	1.8	Needs monitoring
<b>Clozapine Access</b>	Black/African-American	2.3	White	5.6	0.4	Little or no disparity
<b>Diabetes</b>	Black/African-American	71.4	White	37.8	1.9	Needs monitoring
<b>Hypertension</b>	Black/African-American	188.6	More Than One Race	68.4	2.8	Requires major intervention
<b>Asthma</b>	Black/African-American	71.6	Hispanic or Latino	25.3	2.8	Requires major intervention
<b>Obesity</b>	Black/African-American	44.2	White	21.8	2.0	Requires Intervention
<b>HIV</b>	Black/African-American	13.9	Hispanic or Latino	5.4	2.6	Requires major intervention
<b>Cannabis-related disorders</b>	Alaskan Native/American Indian	232.8	Asian	57.6	4.0	Requires urgent intervention
<b>Alcohol-related disorders</b>	Alaskan Native/American Indian	258.6	Hispanic or Latino	101.8	2.5	Requires major intervention
<b>Opioid-related disorders</b>	White	77.7	Black/African-American	20.0	3.9	Requires urgent intervention
<b>Stimulant-related disorders</b>	Alaskan Native/American Indian	258.6	More Than One Race	92.1	2.8	Requires major intervention

### Changes from FY20 to FY21 - Decreases in Disparities

Disparities occur when substantial gaps exist between the healthiest and least healthy subgroups in a given population. Between FY20 and FY21, Integral Care experienced a decrease in the disparity gap for **Black/African American** clients in the following areas: Deaths (all causes), hypertension, post-traumatic stress disorder, oppositional defiant disorder, tobacco use, parole and probation involvement, and psychiatric hospitalizations. The disparity area that experienced the largest gap closure was related to overall deaths.

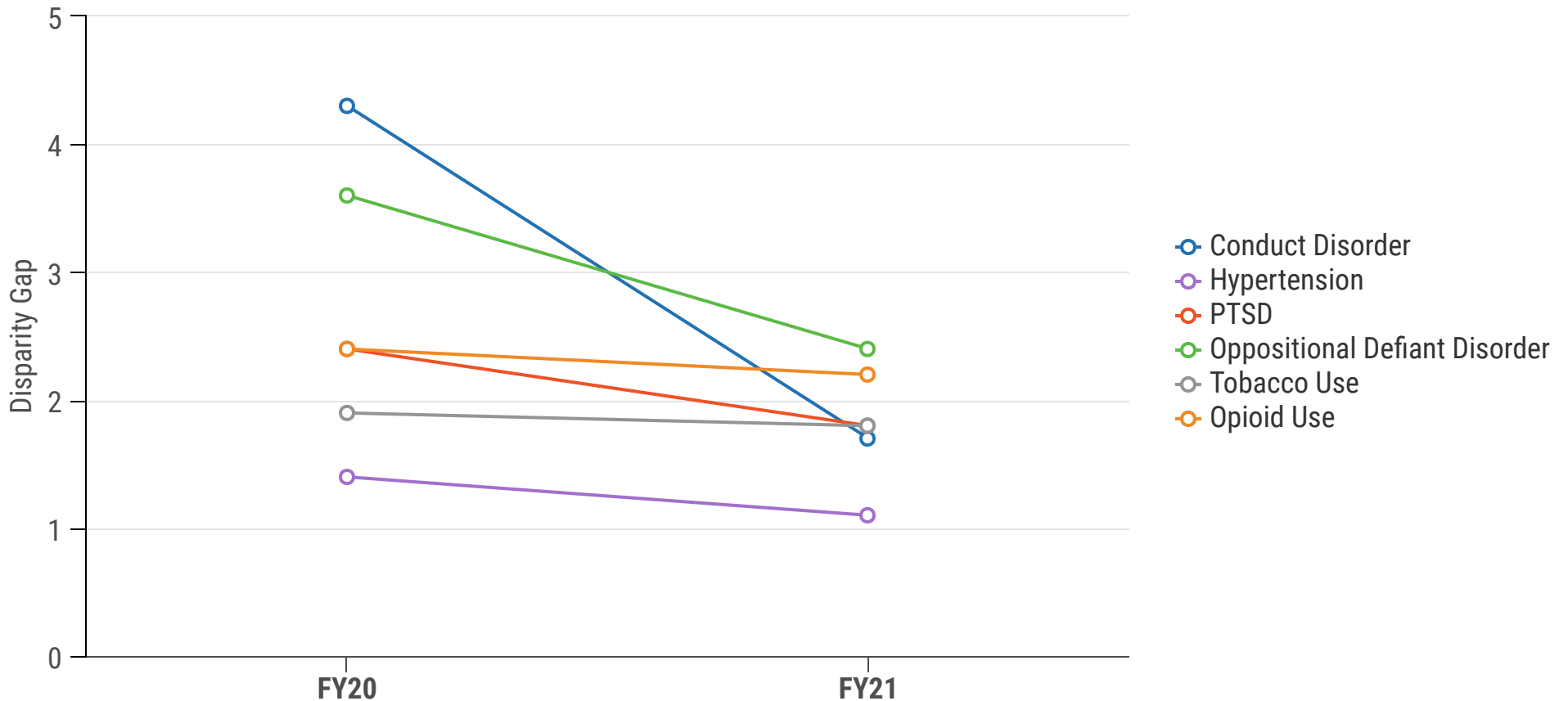
Black/African American



### Changes from FY20 to FY21 - Decreases in Disparities

Disparities occur when substantial gaps exist between the healthiest and least healthy subgroups in a given population. Between FY20 and FY21, Integral Care experienced a decrease in the disparity gap for **Hispanic and Latino** clients in the following high-risk areas: Hypertension, post-traumatic stress disorder, oppositional defiant disorder, conduct disorder, tobacco use, and opioid use. Notably, the overdiagnosis of conduct disorder experienced the sharpest decrease among Hispanic and Latino youth as a result of targeted interventions aimed at reducing this disparity.

Hispanic or Latino





## Disparities by Population (Race/Ethnicity)

### Alaskan Natives/American Indians had the highest rates of:

- Post-traumatic stress disorder
- Homelessness
- Tobacco use
- Arrests
- Cannabis-related disorders
- Alcohol-related disorders
- Stimulant-related disorders

### Blacks/African Americans had the highest rates of:

- Schizophrenia
- Oppositional defiant disorder
- Conduct disorder
- Food desert residence
- Parole or probation involvement
- Overdose deaths
- Clozapine access (lack of)
- Diabetes
- Hypertension
- Asthma
- Obesity
- HIV

### Hispanics/Latinos had the highest rates of:

- Suicide
- COVID-19 positivity

### More Than One Race had the highest rates of:

None

### Native Hawaiians/Pacific Islanders had the highest rates of:

None

### Non-Hispanic Whites had the highest rates of:

- Death (all cause)
- Heart disease death
- Opioid-related disorders

### Asians had the highest rates of:

Psychiatric Hospitalization

## Disparities by Population (Gender Identity and Primary Language)

### Gender Identity

#### **Cisgender males had the highest rates of:**

Schizophrenia  
Oppositional defiant disorder  
Conduct disorder  
Homelessness  
Tobacco use  
Food desert residency  
Parole or probation involvement  
Arrests  
Death (all cause)  
Suicide  
Overdose deaths  
Heart disease death  
Clozapine access (lack of)  
Hypertension  
HIV  
Cannabis-related disorders  
Alcohol-related disorders  
Opioid-related disorder  
Stimulant-related disorders

#### **Cisgender females had the highest rates of:**

Post-traumatic stress disorder  
COVID-19 positivity  
Diabetes  
Asthma  
Obesity

#### **Transgender individuals had the highest rates of:**

Psychiatric hospitalization

### Primary Language

#### **English Speakers had the highest rates of:**

Homelessness  
Tobacco use  
Psychiatric hospitalization  
Parole or probation involvement  
Arrests  
Deaths (all cause)  
Diabetes  
Hypertension  
Asthma  
Obesity  
Suicide  
Cannabis-related disorders  
Alcohol-related disorders  
Opioid-related disorders  
Stimulant-related disorders

#### **Spanish Speakers had the highest rates of:**

Oppositional defiant disorder  
Conduct disorder  
Food desert residency  
Suicide  
COVID-19 positivity  
Clozapine access (lack of)

#### **ASL Signers had the highest rates of:**

Schizophrenia

#### **Arabic Speakers had the highest rates of:**

Post-traumatic stress disorder

## Disparities by Population (Integral Care Service Division)

### Adult Behavioral Health had the highest rates of:

Diabetes  
Hypertension  
Asthma  
Obesity

### Crisis Services had the highest rates of:

Parole/Probation involvement

### Substance Use Services had the highest rates of:

Overdose deaths  
HIV  
Opioid-related disorders

### Child and Family Services had the highest rates of:

Oppositional Defiant Disorder  
Conduct Disorder

### Intellectual and Developmental Disabilities had the highest rates of:

Deaths (all cause)  
COVID-19 Positivity  
Heart disease deaths

### Residential Services had the highest rates of:

Schizophrenia  
Post-Traumatic Stress Disorder  
Homelessness  
Tobacco use  
Psychiatric hospitalizations  
Arrests  
Suicide  
Cannabis-related disorders  
Alcohol-related disorders  
Stimulant-related disorders

## Rate of Schizophrenia Diagnoses per 1,000 Population - FY21

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	220.8	2.2	Requires Intervention
Hispanic or Latino	109.1	1.1	Little or no disparity
White	102.3	1.0	Reference Group
Alaska Native/American Indian	181.0	1.8	Needs monitoring
Asian	147.9	1.4	Needs monitoring
More than One Race	105.3	1.0	Little or no disparity
Native Hawaiian/Pacific Islander	83.3	Not enough data	Not enough data

Division	Diagnosis Rate	Disparity Ratio	Grade
Adult Behavioral Health	250.6	13.5	N/A
Child & Family	18.6	1.0	N/A
Crisis	183.2	9.9	N/A
IDD	61.8	3.3	N/A
Residential	433.9	23.4	N/A
Substance Use	68.9	3.7	N/A

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	144.9	2.0	Requires Intervention
Cisgender Female	87.7	1.2	Little or no disparity
Transgender	70.8	1.0	Reference Group

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	137.8	32.4	N/A
Child	4.3	1.0	N/A

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	121.3	1.8	Needs monitoring
Non-English Speaking	81.5	1.2	Little or no disparity
Spanish	67.2	1.0	Reference Group
American Sign Language	174.3	2.6	Requires major intervention
Arabic	56.6	Not enough data	Not enough data

Multiple studies on implicit bias have shown that Black patients are more likely to be (mis)diagnosed with schizophrenia than non-Hispanic white patients when accounting for symptomatology using standardized diagnostic criteria (Gara, Minsky, Silverstein, Miskimen & Strakowski, 2019).

Research conducted by culturally competent, ASL-fluent clinicians has found the same rates of psychotic disorders in the deaf and hearing populations. Misdiagnosis has the potential to occur as deaf individuals with language dysfluency display communication issues which mimic a thought disorder (Weiler, Landsberger, & Diaz, 2013).

## Rate of Oppositional Defiant Disorder Diagnoses per 1,000 Population - FY21

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	4.8	2.9	Requires major intervention
Hispanic or Latino	4.0	2.4	Requires Intervention
White	1.7	1.0	Reference Group
Alaska Native/American Indian	0.0	Not enough data	Not enough data
Asian	0.0	Not enough data	Not enough data
More than One Race	2.6	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	0.0	Not enough data	Not enough data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	3.9	2.2	Requires Intervention
Cisgender Female	1.8	1.0	Reference Group
Transgender	5.7	Not enough data	Not enough data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	0.4	1.0	N/A
Child	16.4	45.2	N/A

Division	Diagnosis Rate	Disparity Ratio	Grade
Adult Behavioral Health	1.0	1.0	N/A
Child & Family	22.2	22.9	N/A
Crisis	2.1	2.1	N/A
IDD	3.0	Not enough data	N/A
Residential	0.0	Not enough data	N/A
Substance Use	0.0	Not enough data	N/A

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	2.9	1.0	Reference Group
Non-English Speaking	4.3	Not enough data	Not enough data
Spanish	5.2	Not enough data	Not enough data
American Sign Language	0.0	Not enough data	Not enough data
Arabic	0.0	Not enough data	Not enough data

Studies on implicit bias have shown that racial minorities are more likely to receive a diagnosis of ODD compared to non-Hispanic whites. Findings indicated that factors beyond the health needs of the client, including counselor bias, might play a critical role in diagnostic assessment (Grimmett, et al., 2016).

The prevalence of ODD is often higher among males compared to females as a result of multiple biopsychosocial issues. Sex differences in the prevalence of disruptive behavioral disorders may also be associated with sex differences in early risk factors (Demmer, D. et al., 2017)

## Rate of Conduct Disorder Diagnoses per 1,000 Population - FY21

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	3.0	2.4	Requires Intervention
Hispanic or Latino	2.2	1.7	Needs monitoring
White	1.3	1.0	Reference Group
Alaska Native/American Indian	0.0	Not enough data	Not enough data
Asian	2.5	Not enough data	Not enough data
More than One Race	2.6	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	0.0	Not enough data	Not enough data

Division	Diagnosis Rate	Disparity Ratio	Grade
Adult Behavioral Health	0.6	Not enough data	N/A
Child & Family	9.0	3.4	N/A
Crisis	2.7	1.0	N/A
IDD	2.2	Not enough data	N/A
Residential	2.1	Not enough data	N/A
Substance Use	0.7	Not enough data	N/A

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	5.8	2.0	Requires Intervention
Cisgender Female	2.9	1.0	Reference Group
Transgender	0.0	Not enough data	Not enough data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	0.4	1.0	N/A
Child	9.1	22.7	N/A

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	1.7	1.0	Reference Group
Non-English Speaking	3.7	Not enough data	Not enough data
Spanish	4.5	Not enough data	Not enough data
American Sign Language	0.0	Not enough data	Not enough data
Arabic	0.0	Not enough data	Not enough data

Studies on diagnostic and implicit bias have shown that racial minorities are more likely to receive a diagnosis of ODD or Conduct Disorder compared to non-Hispanic whites, while White American children with comparable behaviors tend to be diagnosed with mood, anxiety, or developmental disorders (Baglivio, Wolff, Piquero, et al, 2017)

Conduct disorder is more common among males than females, with studies indicating that the rate among boys in the general population ranges from 6% to 16% while the rate among girls ranges from 2% to 9% (Mental Health America, 2021)

## Rate of Post-Traumatic Stress Disorder per 1,000 Population - FY21

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	215.1	2.3	Requires Intervention
Hispanic or Latino	169.2	1.8	Needs monitoring
White	179.6	1.9	Needs monitoring
Alaska Native/American Indian	396.6	4.2	Requires urgent intervention
Asian	95.2	1.0	Reference Group
More than One Race	228.9	2.4	Requires major intervention
Native Hawaiian/Pacific Islander	250.0	Not enough data	Not enough data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	120.9	1.0	Reference Group
Cisgender Female	218.8	1.8	Needs monitoring
Transgender	215.3	1.8	Needs monitoring

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	186.7	2.9	N/A
Child	64.0	1.0	N/A

Division	Diagnosis Rate	Disparity Ratio	Grade
Adult Behavioral Health	275.9	6.8	N/A
Child & Family	125.8	3.1	N/A
Crisis	198.8	4.9	N/A
IDD	40.6	1.0	N/A
Residential	332.6	8.2	N/A
Substance Use	244.0	6.0	N/A

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	176.9	2.4	Requires major intervention
Non-English Speaking	89.0	1.2	Little or no disparity
Spanish	72.4	1.0	Reference Group
American Sign Language	128.4	Not enough data	Not enough data
Arabic	509.4	7.0	Requires urgent intervention

American Indians and Alaskan Natives represent 3.2% of all U.S. patients with full PTSD, despite only comprising 1.7% of the total U.S. population. Literature has also found that American Indians/Alaskan Natives, both urban and rural, experience a substantially greater burden of PTSD and related symptoms than U.S. Whites (Emerson, Moore, & Caetano, 2017).

Arab American mental health profiles parallel other minority group patterns, as they experience similar stressors related to discrimination. Exposure to war and other trauma prior to immigration has been related to higher levels of depression and PTSD for Iraqis and others (Wrobel & Paterson, 2013).

## Clozapine Access Rate per 1,000 Population - FY21

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	2.3	N/A	Requires major intervention
Hispanic or Latino	2.5	N/A	Little or no disparity
White	5.6	N/A	Reference Group
Alaska Native/American Indian	0.0	Not enough data	Not enough data
Asian	7.5	Not enough data	Not enough data
More than One Race	0.0	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	0.0	Not enough data	Not enough data

Division	Rate	Disparity Ratio	Grade
Adult Behavioral Health	14.4	N/A	N/A
Child & Family	14.7	N/A	N/A
Crisis	10.7	N/A	N/A
IDD	32.4	N/A	N/A
Residential	21.3	N/A	N/A
Substance Use	9.5	Not enough data	N/A

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	9.7	N/A	Little or no disparity
Cisgender Female	13.3	N/A	Reference Group
Transgender	5.7	Not enough data	Not enough data

Age Group	Rate	Disparity Ratio	Grade
Adult	11.2	N/A	N/A
Child	11.3	N/A	N/A

Primary Language	Rate	Disparity Ratio	Grade
English	10.4	N/A	Requires major intervention
Non-English Speaking	24.0	N/A	Requires Intervention
Spanish	25.2	N/A	Reference Group
American Sign Language	36.7	Not enough data	Not enough data
Arabic	18.9	Not enough data	Not enough data

Clozapine has been underprescribed in racial minority patients, and studies suggest that Clozapine is particularly underutilized in African American patients when compared with other ethnic groups. Analyses of Medicaid claims data have shown that African American patients receive Clozapine less frequently than their White counterparts even after controlling for insurance access. (Williams, Harowitz, Glover, Tek, Srihari, 2020).

Note: this disparity is measured in terms of "favorable events", i.e. a higher rate of Clozapine access is indicative of a more favorable outcome. As such, the disparity ratio is not calculated using the same methodology as other health indicators in the report card.



## Rate of Homelessness per 1,000 Population - FY21

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	287.9	2.3	Requires Intervention
Hispanic or Latino	144.7	1.1	Little or no disparity
White	221.4	1.7	Needs monitoring
Alaska Native/American Indian	448.3	3.5	Requires urgent intervention
Asian	127.8	1.0	Reference Group
More than One Race	157.9	1.2	Little or no disparity
Native Hawaiian/Pacific Islander	305.6	Not enough data	Not enough data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	242.1	1.6	Needs monitoring
Cisgender Female	147.8	1.0	Reference Group
Transgender	172.8	1.2	Little or no disparity

Age Group	Rate	Disparity Ratio	Grade
Adult	230.9	12.5	N/A
Child	18.5	1.0	N/A

Division	Rate	Disparity Ratio	Grade
Adult Behavioral Health	263.6	10.5	N/A
Child & Family	25.2	1.0	N/A
Crisis	284.7	11.3	N/A
IDD	45.4	1.8	N/A
Residential	682.3	27.1	N/A
Substance Use	322.3	12.8	N/A

Primary Language	Rate	Disparity Ratio	Grade
English	210.5	4.5	Requires urgent intervention
Non-English Speaking	51.1	1.1	Little or no disparity
Spanish	46.5	1.0	Reference Group
American Sign Language	100.9	Not enough data	Not enough data
Arabic	18.9	Not enough data	Not enough data

Unsheltered homelessness is elevated among American Indians. In the U.S., 56% of American Indians are sleeping in locations not meant for human habitation. This number is much higher than what exists for groups like Black/African American individuals (25%) and homeless individuals overall (37%) (National Alliance to End Homelessness, 2020)

## Rate of Tobacco Use per 1,000 Population - FY21

Race/Ethnicity	Smoking Rate	Disparity Ratio	Grade
Black/African American	400.3	2.9	Requires major intervention
Hispanic or Latino	241.7	1.8	Needs monitoring
White	352.9	2.6	Requires major intervention
Alaska Native/American Indian	491.4	3.6	Requires urgent intervention
Asian	137.8	1.0	Reference Group
More than One Race	323.7	2.3	Requires Intervention
Native Hawaiian/Pacific Islander	277.8	Not enough data	Not enough data

Gender Identity	Smoking Rate	Disparity Ratio	Grade
Cisgender Male	329.0	1.3	Little or no disparity
Cisgender Female	257.8	1.0	Reference Group
Transgender	274.8	1.1	Little or no disparity

Age Group	Smoking Rate	Disparity Ratio	Grade
Adult	340.3	7.3	N/A
Child	46.4	1.0	N/A

Division	Smoking Rate	Disparity Ratio	Grade
Adult Behavioral Health	484.6	5.4	N/A
Child & Family	89.5	1.0	N/A
Crisis	378.1	4.2	N/A
IDD	107.2	1.2	N/A
Residential	759.1	8.5	N/A
Substance Use	723.1	8.1	N/A

Primary Language	Smoking Rate	Disparity Ratio	Grade
English	314.1	4.1	Requires urgent intervention
Non-English Speaking	87.4	1.1	Little or no disparity
Spanish	76.3	1.0	Reference Group
American Sign Language	201.8	2.6	Requires major intervention
Arabic	113.2	Not enough data	Not enough data

According to the CDC, Alaska Native/American Indians have the highest rate of smoking among any race/ethnicity group, with 1 in 5 identified as current smokers. Factors that may affect smoking prevalence include sacred tobacco's ceremonial, religious, and medicinal roles in Native culture (CDC, 2020).

## Rate of Residents in a Food Desert per 1,000 Population - FY21

Race/Ethnicity	Food Desert Rate	Disparity Ratio	Grade
Black/African American	46.7	1.5	Needs monitoring
Hispanic or Latino	42.5	1.4	Little or no disparity
White	30.8	1.0	Reference Group
Alaska Native/American Indian	17.2	Not enough data	Not enough data
Asian	25.1	Not enough data	Not enough data
More than One Race	18.4	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	27.8	Not enough data	Not enough data

Division	Food Desert Rate	Disparity Ratio	Grade
Adult Behavioral Health	40.2	1.4	N/A
Child & Family	46.4	1.6	N/A
Crisis	29.4	1.0	N/A
IDD	33.1	1.1	N/A
Residential	18.1	Not enough data	N/A
Substance Use	43.2	1.5	N/A

Gender Identity	Food Desert Rate	Disparity Ratio	Grade
Cisgender Male	33.2	1.0	Reference Group
Cisgender Female	40.7	1.2	Little or no disparity
Transgender	31.2	0.9	Little or no disparity

Age Group	Food Desert Rate	Disparity Ratio	Grade
Adult	35.0	1.0	N/A
Child	44.4	1.3	N/A

Primary Language	Food Desert Rate	Disparity Ratio	Grade
English	36.5	1.0	Reference Group
Non-English Speaking	42.1	1.2	Little or no disparity
Spanish	42.0	1.1	Little or no disparity
American Sign Language	36.7	Not enough data	Not enough data
Arabic	37.7	Not enough data	Not enough data

Prior research has demonstrated minority communities have fewer options to access healthy foods when compared to their majority counterparts. Of Texas' 258 counties, 58 counties are considered Food Deserts according to the USDA definition and criteria. (Sansom & Hannibal, 2021; CDC, 2017).

## Rate of Psychiatric Hospitalizations per 1,000 Population - FY21

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	51.8	1.1	Little or no disparity
Hispanic or Latino	46.9	1.0	Reference Group
White	55.2	1.2	Little or no disparity
Alaska Native/American Indian	43.1	Not enough data	Not enough data
Asian	77.7	1.7	Needs monitoring
More than One Race	55.3	1.2	Little or no disparity
Native Hawaiian/Pacific Islander	55.6	Not enough data	Not enough data

Division	Rate	Disparity Ratio	Grade
Adult Behavioral Health	127.7	8.4	N/A
Child & Family	24.0	1.6	N/A
Crisis	98.5	6.5	N/A
IDD	15.3	1.0	N/A
Residential	288.9	18.9	N/A
Substance Use	50.5	3.3	N/A

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	65.3	1.4	Needs monitoring
Cisgender Female	46.3	1.0	Reference Group
Transgender	70.8	1.5	Needs monitoring

Age Group	Rate	Disparity Ratio	Grade
Adult	64.2	4.3	N/A
Child	14.9	1.0	N/A

Primary Language	Rate	Disparity Ratio	Grade
English	57.7	1.2	Little or no disparity
Non-English Speaking	46.9	1.0	Reference Group
Spanish	47.8	1.0	Little or no disparity
American Sign Language	18.3	Not enough data	Not enough data
Arabic	0.0	Not enough data	Not enough data

While little disparity exists in the rate of psychiatric inpatient hospitalizations among different race/ethnicity groups at Integral Care, past research of national data has documented an overrepresentation of Black Americans compared with non-Hispanic whites in inpatient psychiatric settings (Snowden, Hastings, & Alvidrez, 2009).

## Rate of Parole/Probation Involvement per 1,000 Population - FY21

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	60.8	1.5	Needs monitoring
Hispanic or Latino	41.0	1.0	Little or no disparity
White	40.5	1.0	Reference Group
Alaska Native/American Indian	77.6	Not enough data	Not enough data
Asian	17.5	Not enough data	Not enough data
More than One Race	39.5	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	83.3	Not enough data	Not enough data

Division	Rate	Disparity Ratio	Grade
Adult Behavioral Health	20.2	1.0	N/A
Child & Family	0.3	Not enough data	N/A
Crisis	138.9	6.9	N/A
IDD	3.7	Not enough data	N/A
Residential	44.8	2.2	N/A
Substance Use	41.0	2.0	N/A

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	58.8	1.9	Requires Intervention
Cisgender Female	30.2	1.0	Reference Group
Transgender	36.8	Not enough data	Not enough data

Age Group	Rate	Disparity Ratio	Grade
Adult	54.5	1.0	N/A
Child	0.0	Not enough data	N/A

Primary Language	Rate	Disparity Ratio	Grade
English	42.5	1.0	Little or no disparity
Non-English Speaking	5.3	Not enough data	Not enough data
Spanish	4.5	Not enough data	Not enough data
American Sign Language	9.2	Not enough data	Not enough data
Arabic	0.0	Not enough data	Not enough data

Black Americans are subject to disproportionate rates of correctional control. According to the Bureau of Justice Statistics, 28% of people on probation are Black and 38% of people on parole are Black, even though they make up just 13% of the U.S. adult population. After controlling for other relevant factors, Black Americans also have significantly higher revocation rates than white and Hispanic Americans. (PrisonPolicy.org, 2018)

## Rate of Arrests per 1,000 Population - FY21

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	178.7	1.9	Needs monitoring
Hispanic or Latino	115.4	1.2	Little or no disparity
White	100.6	1.1	Little or no disparity
Alaska Native/American Indian	198.3	2.1	Requires Intervention
Asian	32.6	Not enough data	Not enough data
More than One Race	94.7	1.0	Reference Group
Native Hawaiian/Pacific Islander	111.1	Not enough data	Not enough data

Division	Rate	Disparity Ratio	Grade
Adult Behavioral Health	149.0	10.8	N/A
Child & Family	13.8	1.0	N/A
Crisis	162.7	11.8	N/A
IDD	109.5	7.9	N/A
Residential	299.6	21.7	N/A
Substance Use	160.4	11.6	N/A

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	142.7	2.1	Requires Intervention
Cisgender Female	67.2	1.0	Reference Group
Transgender	79.3	1.2	Little or no disparity

Age Group	Rate	Disparity Ratio	Grade
Adult	125.4	26.8	N/A
Child	4.7	1.0	N/A

Primary Language	Rate	Disparity Ratio	Grade
English	113.9	3.5	Requires urgent intervention
Non-English Speaking	35.7	1.1	Little or no disparity
Spanish	32.3	1.0	Reference Group
American Sign Language	100.9	Not enough data	Not enough data
Arabic	18.9	Not enough data	Not enough data

Black individuals are often overrepresented in the criminal justice system. In Travis County alone, black individuals comprise 9 percent of the total population, but almost 35 percent of its jail bookings (as of Sept. 2022).  
(Travis County TX Open Records, 2020).

## Death Rate (All Cause) per 1,000 Population - FY21

Race/Ethnicity	Death Rate	Disparity Ratio	Grade
Black/African American	3.4	1.2	Little or no disparity
Hispanic or Latino	2.8	1.0	Reference Group
White	5.2	1.9	Needs monitoring
Alaska Native/American Indian	0.0	Not enough data	Not enough data
Asian	2.5	Not enough data	Not enough data
More than One Race	0.0	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	0.0	Not enough data	Not enough data

Division	Death Rate	Disparity Ratio	Grade
Adult Behavioral Health	4.0	1.3	N/A
Child & Family	0.6	Not enough data	N/A
Crisis	3.1	1.0	N/A
IDD	9.7	3.1	N/A
Residential	3.2	Not enough data	N/A
Substance Use	6.6	Not enough data	N/A

Gender Identity	Death Rate	Disparity Ratio	Grade
Cisgender Male	4.1	1.4	Needs monitoring
Cisgender Female	2.9	1.0	Reference Group
Transgender	0.0	Not enough data	Not enough data

Age Group	Death Rate	Disparity Ratio	Grade
Adult	4.1	1.0	N/A
Child	0.4	Not enough data	N/A

Primary Language	Death Rate	Disparity Ratio	Grade
English	3.7	1.0	Not enough data
Non-English Speaking	0.5	Not enough data	Not enough data
Spanish	0.6	Not enough data	Not enough data
American Sign Language	0.0	Not enough data	Not enough data
Arabic	0.0	Not enough data	Not enough data

Death rates by race and ethnicity mirror overall mortality trends in Texas. According to latest data from DSHS open records, the crude death rate in Texas is highest for non-Hispanic Whites, followed by Black/African Americans and Hispanics (DSHS, Texas Health Data, 2015).

## Suicide Rate per 1,000 Population - FY21

Race/Ethnicity	Suicide Rate	Disparity Ratio	Grade
Black/African American	0.4	3.9	Requires urgent intervention
Hispanic or Latino	0.6	6.2	Requires urgent intervention
White	0.1	1.0	Reference Group
Alaska Native/American Indian	0.0	Not enough data	Not enough data
Asian	0.0	Not enough data	Not enough data
More than One Race	0.0	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	0.0	Not enough data	Not enough data

Division	Suicide Rate	Disparity Ratio	Grade
Adult Behavioral Health	0.3	1.0	N/A
Child & Family	0.6	2.3	N/A
Crisis	0.7	2.7	N/A
IDD	0.0	Not enough data	N/A
Residential	1.1	4.0	N/A
Substance Use	0.0	Not enough data	N/A

Gender Identity	Suicide Rate	Disparity Ratio	Grade
Cisgender Male	0.4	1.8	Needs monitoring
Cisgender Female	0.2	1.0	Reference Group
Transgender	0.0	Not enough data	Not enough data

Age Group	Suicide Rate	Disparity Ratio	Grade
Adult	0.3	1.0	N/A
Child	0.4	1.5	N/A

Primary Language	Suicide Rate	Disparity Ratio	Grade
English	0.3	1.0	Reference Group
Non-English Speaking	0.5	1.8	Needs monitoring
Spanish	0.6	2.1	Requires Intervention
American Sign Language	0.0	Not enough data	Not enough data
Arabic	0.0	Not enough data	Not enough data

While the CDC reported that U.S. suicide rates fell in 2019 and again in 2020, there were some stark outliers, notably, suicides among Latino men increased by nearly 6 percent. Problems that existed before COVID-19 got even worse during the pandemic, with Latino men (and women) losing jobs at disproportionately high rates after the arrival of COVID-19. (Salud America, 2022).

**Note: In FY21, there were a total of 9 suicides among Integral Care clients. Therefore this data is based on a very limited sample and should be interpreted as such.**



## Overdose Death Rate per 1,000 Population - FY21

Race/Ethnicity	Death Rate	Disparity Ratio	Grade
Black/African American	0.8	1.3	Little or no disparity
Hispanic or Latino	0.0	Not enough data	Not enough data
White	0.6	1.0	Reference Group
Alaska Native/American Indian	0.0	Not enough data	Not enough data
Asian	0.0	Not enough data	Not enough data
More than One Race	0.0	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	0.0	Not enough data	Not enough data

Division	Death Rate	Disparity Ratio	Grade
Adult Behavioral Health	0.4	1.0	N/A
Child & Family	0.0	Not enough data	N/A
Crisis	0.6	1.7	N/A
IDD	0.0	Not enough data	N/A
Residential	1.1	3.0	N/A
Substance Use	2.2	6.2	N/A

Gender Identity	Death Rate	Disparity Ratio	Grade
Cisgender Male	0.5	2.1	Requires Intervention
Cisgender Female	0.2	1.0	Reference Group
Transgender	0.0	0.0	Not enough data

Age Group	Death Rate	Disparity Ratio	Grade
Adult	0.4	1.0	N/A
Child	0.0	Not enough data	N/A

Primary Language	Death Rate	Disparity Ratio	Grade
English	0.4	1.0	Reference Group
Non-English Speaking	0.0	Not enough data	Not enough data
Spanish	0.0	Not enough data	Not enough data
American Sign Language	0.0	Not enough data	Not enough data
Arabic	0.0	Not enough data	Not enough data

Between 2016 and 2021, Black/African-American clients had the highest overall overdose death rate when controlling for Integral Care population size. While overdose deaths in the U.S. were on the rise long before the outbreak of COVID-19 in March 2020, such fatalities have accelerated during the pandemic, the CDC has noted. (Pew Research, 2022).

## Heart Disease Death Rate per 1,000 Population - FY21

Race/Ethnicity	Death Rate	Disparity Ratio	Grade
Black/African American	0.8	2.1	Requires Intervention
Hispanic or Latino	0.4	1.0	Reference Group
White	1.5	4.1	Requires urgent intervention
Alaska Native/American Indian	0.0	Not enough data	Not enough data
Asian	0.0	Not enough data	Not enough data
More than One Race	0.0	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	0.0	Not enough data	Not enough data

Division	Death Rate	Disparity Ratio	Grade
Adult Behavioral Health	1.3	3.2	N/A
Child & Family	0.0	Not enough data	N/A
Crisis	0.4	1.0	N/A
IDD	2.2	5.4	N/A
Residential	0.0	Not enough data	N/A
Substance Use	0.7	1.8	N/A

Gender Identity	Death Rate	Disparity Ratio	Grade
Cisgender Male	1.0	1.3	Little or no disparity
Cisgender Female	0.7	1.0	Reference Group
Transgender	0.0	Not enough data	Not enough data

Age Group	Death Rate	Disparity Ratio	Grade
Adult	1.0	1.0	N/A
Child	0.0	Not enough data	N/A

Primary Language	Death Rate	Disparity Ratio	Grade
English	0.7	1.0	Reference Group
Non-English Speaking	0.0	Not enough data	Not enough data
Spanish	0.0	Not enough data	Not enough data
American Sign Language	0.0	Not enough data	Not enough data
Arabic	0.0	Not enough data	Not enough data

Heart disease is the leading cause of death for men, women, and people of most racial and ethnic groups in the United States. Non-Hispanic Whites comprise the largest percentage of heart disease deaths at both Integral Care and in the U.S. Prior studies have shown that hypertension, a leading cause of heart disease, is more common and poorly controlled among individuals living in poverty. (CDC, 2022)

## COVID-19 Positivity Rate per 1,000 Population - FY21

Race/Ethnicity	Positivity Rate	Disparity Ratio	Grade
Black/African American	9.1	1.0	Reference Group
Hispanic or Latino	16.4	1.8	Needs monitoring
White	9.9	1.1	Little or no disparity
Alaska Native/American Indian	0.0	Not enough data	Not enough data
Asian	15.0	Not enough data	Not enough data
More than One Race	5.3	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	0.0	Not enough data	Not enough data

Division	Positivity Rate	Disparity Ratio	Grade
Adult Behavioral Health	14.4	1.4	N/A
Child & Family	14.7	1.4	N/A
Crisis	10.7	1.0	N/A
IDD	32.4	3.0	N/A
Residential	21.3	2.0	N/A
Substance Use	9.5	Not enough data	N/A

Gender Identity	Positivity Rate	Disparity Ratio	Grade
Cisgender Male	9.7	1.0	Reference Group
Cisgender Female	13.3	1.4	Little or no disparity
Transgender	5.7	Not enough data	Not enough data

Age Group	Positivity Rate	Disparity Ratio	Grade
Adult	11.2	1.0	N/A
Child	11.3	1.0	N/A

Primary Language	Positivity Rate	Disparity Ratio	Grade
English	10.4	1.0	Reference Group
Non-English Speaking	24.0	2.3	Requires Intervention
Spanish	25.2	2.4	Requires major intervention
American Sign Language	36.7	Not enough data	Not enough data
Arabic	18.9	Not enough data	Not enough data

In Austin-Travis County, the Latino community accounts for 35% of the population, yet the Latino community made up half of the COVID-19 cases in the area (KXAN, 2020). The Latino community also makes up over half of the COVID-19 deaths in Texas overall. Reasons include representation in frontline employment, not having proper preventive health care and reluctance to seek that care due to possible undocumented status (CBS Austin, 2020).

## Rates of Diabetes per 1,000 Population - FY21

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	71.4	1.9	Needs monitoring
Hispanic or Latino	44.4	1.2	Little or no disparity
White	37.8	1.0	Reference Group
Alaska Native/American Indian	34.5	Not enough data	Not enough data
Asian	42.6	Not enough data	Not enough data
More than One Race	18.4	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	27.8	Not enough data	Not enough data

Division	Diagnosis Rate	Disparity Ratio	Grade
Adult Behavioral Health	82.9	2.4	N/A
Child & Family	3.3	Not enough data	N/A
Crisis	34.8	1.0	N/A
IDD	44.3	1.3	N/A
Residential	44.8	1.3	N/A
Substance Use	39.6	1.1	N/A

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	37.8	1.0	Reference Group
Cisgender Female	46.6	1.2	Little or no disparity
Transgender	25.5	Not enough data	Not enough data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	49.1	1.0	N/A
Child	0.4	Not enough data	N/A

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	42.4	1.5	Needs monitoring
Non-English Speaking	38.4	1.4	Little or no disparity
Spanish	27.8	1.0	Reference Group
American Sign Language	128.4	Not enough data	Not enough data
Arabic	113.2	Not enough data	Not enough data

Nationally, Black/African American adults are 60% more likely than non-Hispanic white adults to be diagnosed with diabetes by a physician, and twice as likely as non-Hispanic whites to die from diabetes. Literature suggests there are several risk factors related to diabetes; which include obesity, hypertension, high cholesterol, and smoking.  
(HHS Office of Minority Health Resource Center, 2019).

## Rates of Hypertension per 1,000 Population - FY21

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	188.6	2.8	Requires major intervention
Hispanic or Latino	76.3	1.1	Little or no disparity
White	87.9	1.3	Little or no disparity
Alaska Native/American Indian	69.0	Not enough data	Not enough data
Asian	75.2	1.1	Little or no disparity
More than One Race	68.4	1.0	Reference Group
Native Hawaiian/Pacific Islander	83.3	Not enough data	Not enough data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	97.6	1.1	Little or no disparity
Cisgender Female	89.2	1.0	Reference Group
Transgender	45.3	Not enough data	Not enough data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	109.7	1.0	N/A
Child	0.2	Not enough data	N/A

Division	Diagnosis Rate	Disparity Ratio	Grade
Adult Behavioral Health	173.8	2.7	N/A
Child & Family	4.8	Not enough data	N/A
Crisis	92.6	1.5	N/A
IDD	63.7	1.0	N/A
Residential	132.2	2.1	N/A
Substance Use	142.9	2.2	N/A

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	97.2	2.4	Requires Intervention
Non-English Speaking	53.3	1.3	Little or no disparity
Spanish	40.7	1.0	Reference Group
American Sign Language	137.6	Not enough data	Not enough data
Arabic	132.1	Not enough data	Not enough data

In the U.S., Black Americans have the highest rates of hypertension across all demographic groups, and exhibit greater morbidity and mortality from complications of hypertension, including heart failure, stroke, and end-stage renal disease. Studies have examined potential determinants of hypertension in Black Americans, including genetic predisposition, obesity, higher salt sensitivity, greater comorbidity, and positive family history (Maraboto & Ferdinand, 2020).

## Asthma Rate per 1,000 Population - FY21

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	71.6	2.8	Requires major intervention
Hispanic or Latino	25.3	1.0	Reference Group
White	30.2	1.2	Little or no disparity
Alaska Native/American Indian	34.5	Not enough data	Not enough data
Asian	20.1	Not enough data	Not enough data
More than One Race	50.0	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	0.0	Not enough data	Not enough data

Division	Diagnosis Rate	Disparity Ratio	Grade
Adult Behavioral Health	59.3	4.5	N/A
Child & Family	13.2	1.0	N/A
Crisis	37.0	2.8	N/A
IDD	17.5	1.3	N/A
Residential	52.2	4.0	N/A
Substance Use	30.8	2.3	N/A

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	23.7	1.0	Reference Group
Cisgender Female	43.2	1.8	Needs monitoring
Transgender	25.5	Not enough data	Not enough data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	37.5	5.9	N/A
Child	6.4	1.0	N/A

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	35.0	2.5	Requires major intervention
Non-English Speaking	13.9	1.0	Reference Group
Spanish	10.3	Not enough data	Not enough data
American Sign Language	55.0	Not enough data	Not enough data
Arabic	56.6	Not enough data	Not enough data

Nationally, Blacks and American Indian/Alaska Natives have the highest current asthma rates compared to other races and ethnicities, with Black Americans 42% more likely than Whites to have asthma. High rates of obesity also contribute to this disparity, as obesity is a risk factor for asthma due to inflammation and altered airway mechanics (American Lung Association, 2020).

Among children, current asthma is more common for males (8.3%) than females (6.7%). However, among adults, females (9.8%) are more likely than males (5.5%) to still have asthma (American Lung Association, 2020).

## Obesity Rate per 1,000 Population - FY21

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	44.2	2.0	Requires Intervention
Hispanic or Latino	29.6	1.4	Little or no disparity
White	21.8	1.0	Reference Group
Alaska Native/American Indian	17.2	Not enough data	Not enough data
Asian	15.0	Not enough data	Not enough data
More than One Race	10.5	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	0.0	Not enough data	Not enough data

Division	Diagnosis Rate	Disparity Ratio	Grade
Adult Behavioral Health	47.1	7.9	N/A
Child & Family	6.0	1.0	N/A
Crisis	19.6	3.3	N/A
IDD	25.3	4.2	N/A
Residential	20.3	Not enough data	N/A
Substance Use	18.3	3.1	N/A

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	17.2	1.0	Reference Group
Cisgender Female	33.4	1.9	Requires Intervention
Transgender	17.0	Not enough data	Not enough data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	28.6	1.0	N/A
Child	2.6	Not enough data	N/A

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	25.8	1.3	Little or no disparity
Non-English Speaking	20.2	1.0	Reference Group
Spanish	21.3	1.1	Little or no disparity
American Sign Language	18.3	Not enough data	Not enough data
Arabic	18.9	Not enough data	Not enough data

In the U.S., non-Hispanic blacks are 1.3 times more likely to be obese as compared to non-Hispanic whites. Contributing factors include but are not limited to inequities in stable and affordable housing, income, access to affordable and healthy food and safe places to be physically active (Office of Minority Health, 2020).

In the U.S., females have overall higher rates of obesity compared to males, regardless of demographic group (KFF, 2019). When examining obesity by race and ethnicity, Black/African American women had the highest rates of obesity among any race/ethnic group (HHS Office of Minority Health, 2020).

## HIV Rate per 1,000 Population - FY21

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	13.9	2.6	Requires major intervention
Hispanic or Latino	5.4	1.0	Reference Group
White	7.7	1.4	Needs monitoring
Alaska Native/American Indian	17.2	Not enough data	Not enough data
Asian	2.5	Not enough data	Not enough data
More than One Race	2.6	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	0.0	Not enough data	Not enough data

Division	Rate	Disparity Ratio	Grade
Adult Behavioral Health	7.0	1.0	N/A
Child & Family	0.0	Not enough data	N/A
Crisis	6.8	1.0	N/A
IDD	2.6	Not enough data	N/A
Residential	12.8	Not enough data	N/A
Substance Use	48.4	7.1	N/A

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	10.1	3.3	Requires urgent intervention
Cisgender Female	3.1	1.0	Reference Group
Transgender	17.0	Not enough data	Not enough data

Age Group	Rate	Disparity Ratio	Grade
Adult	8.2	1.0	N/A
Child	0.0	Not enough data	N/A

Primary Language	Rate	Disparity Ratio	Grade
English	7.5	1.0	Reference Group
Non-English Speaking	2.1	Not enough data	Not enough data
Spanish	1.3	Not enough data	Not enough data
American Sign Language	18.3	Not enough data	Not enough data
Arabic	0.0	Not enough data	Not enough data

According to HIV.gov, Black/African American and Hispanic communities are disproportionately affected by HIV compared to other racial/ethnic groups. The disproportionate impact is also evident in new HIV infections, showing that effective prevention and treatment are not adequately reaching people who could benefit most.

According to HIV.gov, gay, bisexual and other men who have sex with men (MSM) are by far the most affected group in the US. They account for about 66% of new infections each year, even though they make up only 2% of the population, with the highest burden among Black and Latino gay and bisexual men.



## Cannabis-Related Disorder Rate per 1,000 Population - FY21

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	153.6	2.7	Requires major intervention
Hispanic or Latino	103.7	1.8	Needs monitoring
White	110.1	1.9	Requires Intervention
Alaska Native/American Indian	232.8	4.0	Requires urgent intervention
Asian	57.6	1.0	Reference Group
More than One Race	150.0	2.6	Requires major intervention
Native Hawaiian/Pacific Islander	138.9	Not enough data	Not enough data

Division	Rate	Disparity Ratio	Grade
Adult Behavioral Health	185.7	8.0	N/A
Child & Family	31.4	1.4	N/A
Crisis	147.8	6.4	N/A
IDD	23.1	1.0	N/A
Residential	392.3	17.0	N/A
Substance Use	214.7	9.3	N/A

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	127.5	1.5	Needs monitoring
Cisgender Female	83.7	1.0	Reference Group
Transgender	85.0	1.0	Little or no disparity

Age Group	Rate	Disparity Ratio	Grade
Adult	124.3	10.1	N/A
Child	12.3	1.0	N/A

Primary Language	Rate	Disparity Ratio	Grade
English	115.5	5.0	Requires urgent intervention
Non-English Speaking	24.5	1.1	Little or no disparity
Spanish	23.3	1.0	Reference Group
American Sign Language	36.7	Not enough data	Not enough data
Arabic	0.0	Not enough data	Not enough data

According to national studies, The odds of 12-month and lifetime cannabis use disorder are higher for men, Native Americans, unmarried individuals, those with low incomes, and young adults. Odds of cannabis use disorder are highest in Native Americans and blacks but lower in Asians/Pacific Islanders and Hispanics (Hasin et al., 2016).

## Alcohol-Related Disorder Rate per 1,000 Population - FY21

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	126.1	1.2	Little or no disparity
Hispanic or Latino	101.8	1.0	Reference Group
White	137.1	1.3	Little or no disparity
Alaska Native/American Indian	258.6	2.5	Requires major intervention
Asian	42.6	Not enough data	Not enough data
More than One Race	110.5	1.1	Little or no disparity
Native Hawaiian/Pacific Islander	55.6	Not enough data	Not enough data

Division	Rate	Disparity Ratio	Grade
Adult Behavioral Health	195.9	26.2	N/A
Child & Family	7.5	1.0	N/A
Crisis	148.1	19.8	N/A
IDD	18.6	2.5	N/A
Residential	366.7	49.0	N/A
Substance Use	241.0	32.2	N/A

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	131.9	1.9	Requires Intervention
Cisgender Female	86.7	1.3	Little or no disparity
Transgender	68.0	1.0	Reference Group

Age Group	Rate	Disparity Ratio	Grade
Adult	130.0	1.0	N/A
Child	0.6	Not enough data	N/A

Primary Language	Rate	Disparity Ratio	Grade
English	118.8	6.3	Requires urgent intervention
Non-English Speaking	22.4	1.2	Little or no disparity
Spanish	18.7	1.0	Reference Group
American Sign Language	73.4	Not enough data	Not enough data
Arabic	18.9	Not enough data	Not enough data

According to National data, American Indians appear to drink more and have higher rates of alcohol use disorder compared to other racial/ethnic groups. They also have the highest rates of both binge drinking and heavy drinking among persons 12+ years of age (Vaeth, Wang-Schweig, & Caetano, 2017).

## Opioid-Related Disorder Rate per 1,000 Population - FY21

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	20.0	1.0	Reference Group
Hispanic or Latino	44.6	2.2	Requires Intervention
White	77.7	3.9	Requires urgent intervention
Alaska Native/American Indian	69.0	Not enough data	Not enough data
Asian	5.0	Not enough data	Not enough data
More than One Race	36.8	Not enough data	Not enough data
Native Hawaiian/Pacific Islander	27.8	Not enough data	Not enough data

Division	Diagnosis Rate	Disparity Ratio	Grade
Adult Behavioral Health	48.8	1.1	N/A
Child & Family	1.5	Not enough data	N/A
Crisis	45.1	1.0	N/A
IDD	2.2	Not enough data	N/A
Residential	110.9	2.5	N/A
Substance Use	630.8	14.0	N/A

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	55.8	1.4	Little or no disparity
Cisgender Female	40.0	1.0	Reference Group
Transgender	22.7	Not enough data	Not enough data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	56.6	1.0	N/A
Child	0.2	Not enough data	N/A

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	52.2	1.0	Reference Group
Non-English Speaking	2.1	Not enough data	Not enough data
Spanish	1.3	Not enough data	Not enough data
American Sign Language	9.2	Not enough data	Not enough data
Arabic	0.0	Not enough data	Not enough data

Nationally, the highest rates of drug overdose deaths involving any opioid or synthetic opioids were among whites aged 25–34 years. In Travis County, whites and Hispanics make up a higher percentage of the hospitalizations for opioids and heroin specifically compared to any other demographic group (Lippold, Jones, Olsen, Giroir, 2019; Huang et al., 2017).

## Stimulant-Related Disorder Rate per 1,000 Population - FY21

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	131.3	1.4	Needs monitoring
Hispanic or Latino	93.0	1.0	Little or no disparity
White	126.2	1.4	Little or no disparity
Alaska Native/American Indian	258.6	2.8	Requires major intervention
Asian	25.1	Not enough data	Not enough data
More than One Race	92.1	1.0	Reference Group
Native Hawaiian/Pacific Islander	83.3	Not enough data	Not enough data

Division	Rate	Disparity Ratio	Grade
Adult Behavioral Health	159.9	9.5	N/A
Child & Family	5.1	Not enough data	N/A
Crisis	155.6	9.3	N/A
IDD	16.8	1.0	N/A
Residential	472.3	28.2	N/A
Substance Use	377.3	22.5	N/A

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	119.2	1.5	Needs monitoring
Cisgender Female	84.0	1.0	Little or no disparity
Transgender	82.2	1.0	Reference Group

Age Group	Rate	Disparity Ratio	Grade
Adult	120.8	1.0	N/A
Child	0.6	Not enough data	N/A

Primary Language	Rate	Disparity Ratio	Grade
English	111.0	6.7	Requires urgent intervention
Non-English Speaking	16.5	1.0	Reference Group
Spanish	17.5	1.1	Little or no disparity
American Sign Language	27.5	Not enough data	Not enough data
Arabic	0.0	Not enough data	Not enough data

Nationally, stimulants are most commonly used by males, however at Integral Care females had the highest prevalence of stimulant-related diagnoses. Women who use stimulants are more likely than men to use stimulants for weight loss and should be screened and treated for eating disorders in order to prevent relapse (Rawson, Schmidt, & Mooney, 2021).

## Data Sources

Indicator	Data Source
Schizophrenia	MyAvatar EHR. Active diagnoses in FY21. Excludes diagnoses in full remission.
Oppositional Defiant Disorder	MyAvatar EHR. Active diagnoses in FY21.
Conduct Disorder	MyAvatar EHR. Active diagnoses in FY21.
Post-Traumatic Stress Disorder	MyAvatar EHR. Active diagnoses in FY21.
Homelessness	MyAvatar EHR. Based on client demographic information, including response to residential status questions and addresses written-in as HOMELESS.
Tobacco Use	MyAvatar EHR. Based on most recent response on Tobacco Use Assessment for all FY21 clients.
Food Deserts	MyAvatar EHR, PowerBI and ArcGIS. Demographic addresses overlaid against USDA recognized food deserts in the Austin Travis County area.
Psychiatric Hospitalizations	Hospital Discharge Forms completed in FY21 from MyAvatarEHR and Daily Hospital Discharge report released by Integral Care program specialists.
Parole/Probation Involvement	FY21 data on individuals served by the ANEW program (on parole and probation) during FY21. Adult population only, excludes children and adolescents.
Arrests	MBOW Data Warehouse containing all known arrests occurring in FY21.
Deaths	FY21 data supplied by Integral Care Quality Management department. Suicide data supplemented through data sharing agreement with City of Austin
Suicide	FY21 data supplied by Integral Care Quality Management department.
COVID-19 Positivity	MyAvatar EHR. Based on most recent response on Covid Screening forms for all FY21 clients.
Clozapine Access	MyAvatar EHR. Med Orders table for clozapine (name brand and generic) medications prescribed at any point in FY21.
Diabetes	MyAvatar EHR. Active diagnoses in FY21.
Hypertension	MyAvatar EHR. Active diagnoses in FY21.
Asthma	MyAvatar EHR. Active diagnoses in FY21.
Obesity	MyAvatar EHR. Active diagnoses in FY21.
HIV	MyAvatar EHR. Active diagnoses in FY21.
Substance related disorders	MyAvatar EHR. Active diagnoses in FY21. Excludes diagnoses in full remission.
Division	Clients who received one or more face-to-face/telephone/telemedicine services from the given division during FY21.
Gender Identity	MyAvatar EHR. Based on self-reported response to gender identity question in client demographic information.
Primary Language	MyAvatar EHR. Based on self-reported response to Primary Language question in client demographic information.

## References

- American Lung Association (2020). Current Asthma Demographics. Retrieved from <https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/current-demographics>
- Baglivio MT, Wolff KT, Piquero AR, et al. Racial/ethnic disproportionality in psychiatric diagnoses and treatment in a sample of serious juvenile offenders. *J Youth Adolesc : a Multidisciplinary Research Publication*. 2017;46(7):1424–51
- CBS Austin (2020). Dr. Fauci talks 'stunning' COVID-19 trends in Hispanic Texas communities. Retrieved from <https://cbsaustin.com/news/local/fauci-talks-stunning-covid-19-trends-in-hispanic-texas-communities>
- CDC (2020). Burden of Cigarette Use in the U.S. Retrieved from <https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html>
- Emerson, M. A., Moore, R. S., & Caetano, R. (2017). Association Between Lifetime Posttraumatic Stress Disorder and Past Year Alcohol Use Disorder Among American Indians/Alaska Natives and Non-Hispanic Whites. *Alcoholism, clinical and experimental research*, 41(3), 576–584. <https://doi.org/10.1111/acer.13322>
- Demmer, D., Hooley, M., Sheen, J., McGillivray, J., Lum, J., Demmer, D. H., McGillivray, J. A., & Lum, J. A. G. (2017). Sex Differences in the Prevalence of Oppositional Defiant Disorder During Middle Childhood: a Meta-Analysis. *Journal of Abnormal Child Psychology*, 45(2), 313–325. <https://doi-org.libproxy.txstate.edu/10.1007/s10802-016-0170-8>
- Gara, M. A., Minsky, S., Silverstein, S. M., Miskimen, T., & Strakowski, S. M. (2019). A Naturalistic Study of Racial Disparities in Diagnoses at an Outpatient Behavioral Health Clinic. *Psychiatric services (Washington, D.C.)*, 70(2), 130–134. <https://doi.org/10.1176/appi.ps.201800223>
- Grimmett, M. A., Dunbar, A. S., Williams, T., Clark, C., Prioleau, B., & Miller, J. S. (2016). The Process and Implications of Diagnosing Oppositional Defiant Disorder in African American Males. *Professional Counselor*, 6(2), 147–160. <https://doi-org.libproxy.txstate.edu/10.15241/mg.6.2.147>
- Hasin, D. S., Kerridge, B. T., Saha, T. D., Huang, B., Pickering, R., Smith, S. M., Jung, J., Zhang, H., & Grant, B. F. (2016). Prevalence and Correlates of DSM-5 Cannabis Use Disorder, 2012–2013: Findings from the National Epidemiologic Survey on Alcohol and Related Conditions-III. *The American journal of psychiatry*, 173(6), 588–599. <https://doi.org/10.1176/appi.ajp.2015.15070907>
- Huang, P., Seidel, S., Steger, H. M., Taylor, J. & Zane, D. (2017 March, April). Drug overdose & opioid use in Travis County. City of Austin. Retrieved from [https://www.austintexas.gov/sites/default/files/files/Health/Info\\_to\\_Post/Opioid\\_Use\\_in\\_Travis\\_County\\_\\_APH\\_.pdf](https://www.austintexas.gov/sites/default/files/files/Health/Info_to_Post/Opioid_Use_in_Travis_County__APH_.pdf)
- HHS Office of Minority Health (2019). Diabetes and African Americans. Retrieved from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18>
- HHS Office of Minority Health (2020). Obesity and African Americans. Retrieved from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=25>
- Kaiser Family Foundation (2019). Adults who are obese by sex. Retrieved from <https://www.kff.org/other/state-indicator/adult-obesity-bysex>
- KXAN (2020). Austin-Travis County Latinos among hardest hit by virus, make up half of area's COVID-19 cases. Retrieved from <https://www.kxan.com/news/coronavirus/austin-travis-county-latinos-among-hardest-hit-by-virus-make-up-half-of-areas-covid-19-cases/>
- Lippold KM, Jones CM, Olsen EO, Giroir BP. Racial/Ethnic and Age Group Differences in Opioid and Synthetic Opioid-Involved Overdose Deaths Among Adults Aged ≥18 Years in Metropolitan Areas — United States, 2015–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:967–973. DOI: <http://dx.doi.org/10.15585/mmwr.mm6843a3>
- Maraboto, C., & Ferdinand, K. C. (2020). Update on hypertension in African-Americans. *Progress in Cardiovascular Diseases*, 63(1), 33–39. <https://doi-org.libproxy.txstate.edu/10.1016/j.pcad.2019.12.002>
- Mental Health America (2021). Conduct Disorder. Retrieved from <https://www.mhanational.org/conditions/conduct-disorder>

## References cont.

HIV.gov (2022). <https://www.hiv.gov/hiv-basics/overview/data-and-trends/impact-on-racial-and-ethnic-minorities>

National Alliance to End Homelessness (2020). State of Homelessness: A Look at Race and Ethnicity. Retrieved from <https://endhomelessness.org/state-of-homelessness-a-look-at-race-and-ethnicity/>

Pew Research (2022). <https://www.pewresearch.org/fact-tank/2022/01/19/recent-surge-in-u-s-drug-overdose-deaths-has-hit-black-men-the-hardest/>

PrisonPolicy.org (2018) <https://www.prisonpolicy.org/reports/correctionalcontrol2018.html>

CDC (2022). Heart disease facts. <https://www.cdc.gov/heartdisease/facts.htm>

Rawson, R. A., Schmidt, K., & Mooney, L. J. (2021). Treatment of Stimulant-Related Disorders. The American Psychiatric Association Publishing Textbook of Substance Use Disorder Treatment, 161.

Sansom, G., Hannibal, B. Disparate access to nutritional food; place, race and equity in the United States. BMC Nutr 7, 29 (2021). <https://doi.org/10.1186/s40795-021-00434-2>

Salud America. More Latino Men Are Dying by Suicide, Even as the National Rate Declines (2022).

Travis County TX Open Records (2020). Retrieved from <https://www.traviscountytx.gov/open-records/jail-pop-demographics>

Snowden, L. R., Hastings, J. F., & Alvidrez, J. (2009). Overrepresentation of Black Americans in Psychiatric Inpatient Care. Psychiatric Services (Washington, D.C.), 60(6), 779–785.

Vaeth, P. A., Wang-Schweig, M., & Caetano, R. (2017). Drinking, Alcohol Use Disorder, and Treatment Access and Utilization Among U.S. Racial/Ethnic Groups. Alcoholism, clinical and experimental research, 41(1), 6–19. <https://doi.org/10.1111/acer.13285>

Weiler, Courtney & Landsberger, Sarah & Diaz, David. (2013). Differential Diagnosis of Psychosis in a Deaf Inpatient with Language Dysfluency: A Case Report. Clinical schizophrenia & related psychoses. 7. 42–45.

Williams JC, Harowitz J, Glover J, Tek C, Srihari V. Systematic review of racial disparities in clozapine prescribing. Schizophr Res. 2020 Oct;224:11-18. doi: 10.1016/j.schres.2020.07.023.

Wrobel, Nancy & Paterson, Ashley. (2013). Mental Health Risks in Arab Americans Across the Lifespan. Biopsychosocial Perspectives on Arab Americans: Culture, Development, and Health. 197-228. 10.1007/978-1-4614-8238-3\_10.