Integral Care
Fiscal Year 2022
Health Disparities Report Card

Produced by the
Integral Care Population Health/Accountable Care Team

Brittany Whittington - March 2023

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Introduction

The Integral Care Population Health/Accountable Care Team is pleased to announce the 3rd Annual Integral Care Health Disparities Report Card for the Fiscal Year 2022. Integral Care routinely conducts and contributes to population health research as part of its commitment to improving the well-being of Travis County residents. The Health Disparities Report Card offers leadership and staff a glance into inequities and gaps in care across the system, and opportunities to track progress as Integral Care continues to launch equity practices in these areas. This report card also aligns with the goals set forth in the Integral Care FY2023-2025 Strategic Plan and by the Board/Staff Committee on Racial Equity, including the goal of building racial and health equity in the community and an inclusive environment for team members and providers.

Health and healthcare inequities are often viewed through the lens of race and ethnicity, but they occur across a broad range of dimensions. For example, disparities occur across socioeconomic status, age, geography, language, gender, disability status, citizenship status, and sexual identity and orientation. Health disparities research can and should be used to guide health promotion and disease prevention efforts to improve health outcomes for population groups by offering a pathway toward health equity—the attainment of the highest level of health for all people (KFF.org). This report consolidates and builds upon the needs and gaps identified through Integral Care population health reports to develop additional data-driven insights that will enable Integral Care to better serve its community.

To date, the report card has been used to implement a number of targeted inventions aimed at reducing health disparities, including the implementation of a differential diagnosis form in the Integral Care electronic health record (EHR) system to address diagnostic disparities within schizophrenia diagnoses, collaborative case reviews to address overdiagnosis and misdiagnosis of Oppositional Defiant Disorder and Conduct Disorder among BIPOC youth, proactive outreach to reduce disparities in substance use treatment access, increased culturally competent training on health disparities specific to the Integral Care client population, data-driven suicide care and wellness initiatives, and more. For FY23, Integral Care will use insights from the report card to focus on promoting positive health outcomes among Integral Care's LGBTQ+ patient population and to create and implement LGBTQ+ inclusive policies and practices

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Table of Contents

Integral Care

Legend

Disparity Grade	Disparity Ratio	Meaning/Interpretation
A	1.0 - 1.4	Little or no disparity.
B	1.5 - 1.9	A disparity exists and should be monitored. May require intervention.
C	2.0 - 2.4	The disparity requires intervention.
D	2.5 - 2.9	Major interventions are needed.
F	>=3.0	Urgent interventions are needed.
Reference Group		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.
Not Enough Data		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. Exceptions are made for inherently low volume indicators, such as death data.

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.

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Largest Race/Ethnicity Disparities - FY22

Indicator	Population With Highest Rate	Highest Rate	Reference Group with Lowest Rate	Lowest Rate	Disparity Ratio	Disparity Grade
Schizophrenia	Black/African-American	309.5	Hispanic or Latino	150.6	2.1	Requires intervention
Oppositional Defiant Disorder	Black/African-American	8.0	White	2.0	4.0	Requires urgent intervention
Conduct Disorder	Hispanic or Latino	1.92	Black/African-American	1.8	1.0	Little or no disparity
Post-Traumatic Stress Disorder	Alaskan Native/American Indian	398.1	Asian	93.9	4.2	Requires urgent intervention
Clozapine Access*	Black/African-American	1.5	Non-Hispanic White	5.2	3.5	Requires urgent intervention
Homelessness	Alaskan Native/American Indian	250.0	Asian	54.0	4.6	Requires urgent intervention
Tobacco Use	Alaskan Native/American Indian	324.1	Hispanic or Latino	93.9	3.5	Requires urgent intervention
Residence in a Food Desert	Black/African-American	40.8	Non-Hispanic White	27.9	1.5	Needs monitoring
Psychiatric Hospitalizations	Non-Hispanic White	58.2	Black/African-American	45.5	1.3	Little or no disparity
Parole or Probation	Black/African-American	66.9	Non-Hispanic White	48.6	1.4	Little or no disparity
Arrests	Black/African-American	183.1	Non-Hispanic White	106.7	1.7	Needs monitoring
Deaths (All Cause)	Non-Hispanic White	4.8	Hispanic or Latino	2.9	1.7	Needs monitoring
Suicide	Non-Hispanic White	0.8	Hispanic or Latino	0.2	4.0	Requires urgent intervention
Overdose Deaths	Black/African-American	1.8	Hispanic or Latino	0.6	3.0	Requires urgent intervention

* Clozapine access 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.

Integral Care

Largest Race/Ethnicity Disparities - FY22, cont.

Indicator	Population With Highest Rate	Highest Rate	Reference Group with Lowest Rate	Lowest Rate	Disparity Ratio	Disparity Grade
Heart Disease Deaths	Non-Hispanic White	1.1	Hispanic or Latino	0.6	1.8	Needs monitoring
Diabetes	Black/African-American	66.0	Non-Hispanic White	33.7	2.0	Requires intervention
Hypertension	Black/African-American	170.7	More Than One Race Reported	60.7	2.8	Requires major intervention
Asthma	Black/African-American	61.5	Hispanic or Latino	23.8	2.6	Requires major intervention
Obesity	Black/African-American	36.6	Non-Hispanic White	20.3	1.8	Needs monitoring
HIV	Black/African-American	17.6	Hispanic or Latino	7.3	2.4	Requires intervention
Cannabis-related disorders	Alaskan Native/American Indian	213.0	Hispanic or Latino	98.8	2.2	Requires intervention
Alcohol-related disorders	Alaskan Native/American Indian	194.4	Asian	63.4	3.1	Requires urgent intervention
Opioid-related disorders	Non-Hispanic White	73.1	Black/African-American	17.9	4.1	Requires urgent intervention
Stimulant-related disorders	Alaskan Native/American Indian	231.5	More Than One Race Reported	88.8	2.6	Requires major intervention

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Changes in the Disparity Gap from FY21 to FY22

Indicator	Black/African-American	Hispanic or Latino	Non-Hispanic White
Cannabis-related disorders	Decrease	Decrease	Decrease
Death by suicide	Decrease	Decrease	Increase
Obesity	Decrease	Decrease	No Change
Schizophrenia	Decrease	Decrease	No Change
Conduct disorders	Decrease	Decrease	No Change
Psychiatric hospitalizations	Decrease	Increase	Increase
Parole/probation involvement	Decrease	Increase	No Change
Heart disease deaths	Decrease	No Change	Decrease
Arrests	Decrease	No Change	Decrease
Asthma	Decrease	No Change	Decrease
HIV	Decrease	No Change	No Change
PTSD	Decrease	No Change	No Change
Tobacco use	Increase	Increase	Increase
Alcohol-related disorders	Increase	Increase	Increase
Homelessness	Increase	Increase	Increase
Oppositional defiant disorder	Increase	Increase	No Change
Clozapine access	Increase	Increase	No Change
Deaths (all cause)	Increase	No Change	Decrease
Overdose deaths	Increase	No Change	Increase
Diabetes	Increase	No Change	No Change
Opioid-related disorders	No Change	Increase	Increase
Stimulant-related disorders	No Change	No Change	Decrease
Residency in a food desert	No Change	No Change	No Change
Hypertension	No Change	No Change	No Change

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FY22 Disparities - Significant Findings

- **Black/African-Americans had the highest overdose death rate,** at a rate 3x higher compared to the group with the lowest rates (Hispanic or Latinos)
- **Drug overdose deaths were 2.1x higher among lesbian, gay, and bisexual (LGB) individuals** as compared to heterosexual individuals
- Individuals whose primary language was **Arabic had the highest rates of PTSD, at a rate 7.3x higher** than the language group with the lowest rates (Spanish).
- **Black/African-American individuals had the overall highest rates within every chronic disease category**, with Hypertension being the most prevalent chronic medical condition
- **Rates of HIV were 8.8x higher among lesbian, gay, and bisexual (LGB) individuals** as compared to heterosexual individuals served by Integral Care
- **Death by suicide was 8.3x higher among Integral Care Transgender individuals** compared to the group with the lowest rates (cisgender females)
- **1 in 4 Alaskan Native/American Indian individuals was known to be experiencing homelessness** in FY22, the highest of any race/ethnicity group
- **38 out of every 1,000 child and adolescent clients served in FY22 resided in a known food desert,** compared to 33 out of every 1,000 adults
- **Black/African-Americans had the highest rates of involvement in the justice system** out of any race or ethnicity group, including arrests and parole/probation involvement
- Persons who reported using **American Sign Language** as their primary means of communication **had the highest rates of schizophrenia diagnoses, at a rate 2.3x higher** than the language group with the lowest rates (Spanish).

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Disparities by Population (Race/Ethnicity)

Alaskan Native/Amer. Indian individuals had the highest rates of:

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

Black/African American individuals had the highest rates of:

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

Hispanic/Latino individuals had the highest rates of:

Conduct disorder

Individuals of two or more races had the highest rates of:

None

Hawaiian/Pacific Islander individuals had the highest rates of:

None

Non-Hispanic White individuals had the highest rates of:

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

Asian individuals had the highest rates of:

None

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Disparities by Population

Gender Identity

Cisgender males had the highest rates of:

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

Cisgender females had the highest rates of:

Asthma
Clozapine access (lack of)
Diabetes
Food desert residence
Obesity
Post-traumatic stress disorder

Transgender individuals had the highest rates of:

Psychiatric hospitalization
Suicide

Sexual Orientation

Lesbian, gay, or bisexual individuals had the highest rates of:

Alcohol-related disorders
Cannabis-related disorders
HIV
Overdose deaths
Psychiatric hospitalizations
Post-traumatic stress disorder
Stimulant-related disorders
Tobacco use

Straight (heterosexual) individuals had the highest rates of:

Arrests
Homelessness
Hypertension
Parole or probation involvement
Schizophrenia

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Disparities by Population (Primary Language)

English speakers had the highest rates of:

Alcohol-related disorders
Arrests
Cannabis-related disorders
Diabetes
Homelessness
Hypertension
Obesity
Stimulant-related disorders
Tobacco use

Spanish speakers had the highest rates of:

Food desert residence
Psychiatric hospital discharges

Arabic speakers had the highest rates of:

Post-traumatic stress disorder

ASL signers had the highest rates of:

Schizophrenia

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Disparities by Population (Integral Care Service Division Subgroup)

Adult behavioral health programs had the highest rates of:

Asthma
Diabetes
Hypertension
Obesity

Crisis programs had the highest rates of:

Suicide

Substance use disorder programs had the highest rates of:

Opioid-related disorders

Residential programs had the highest rates of:

Alcohol-related disorders
Arrests
Cannabis-related disorders
Psychiatric hospitalizations
Post-traumatic stress disorder
Schizophrenia
Stimulant-related disorders
Tobacco use

Housing service programs had the highest rates of:

Deaths (all-cause)
Heart disease deaths
HIV
Homelessness
Overdose deaths

Justice programs had the highest rates of:

Clozapine access (lack of)
Parole or probation involvement

Child and family services programs had the highest rates of:

Oppositional defiant disorder
Conduct disorder

School-based programs had the highest rates of:

Food desert residency

Intellectual and developmental disabilities had the highest rates of:

None

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Rate of Schizophrenia Diagnoses per 1,000 Population - FY22

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	309.5	2.1	Requires intervention
Hispanic or Latino	150.6	1.0	Reference Group
Non-Hispanic White	153.2	1.0	Little or no disparity
Alaska Native/Amer. Indian	250.0	1.7	Needs monitoring
Asian	162.0	1.1	Little or no disparity
More than One Race	154.2	1.0	Little or no disparity
Hawaiian/Pacific Islander	100.0	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	205.6	1.7	Needs monitoring
Cisgender Female	119.8	1.0	Reference Group
Transgender	131.0	1.1	Little or no disparity

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	167.5	1.5	Needs monitoring
Lesbian, gay, or bisexual	115.0	1.0	Reference Group

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	169.5	1.8	Needs monitoring
Spanish	92.7	1.0	Reference Group
American Sign Language	214.3	2.3	Requires intervention
Arabic	41.7	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	190.1	30.2	N/A
Child	6.3	1.0	N/A

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 that mimic a thought disorder (Weiler, Landsberger, & Diaz, 2013).

Integral Care

Rate of Oppositional Defiant Disorder Diagnoses per 1,000 Population - FY22

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	8.0	4.0	Requires urgent intervention
Hispanic or Latino	5.0	2.5	Requires major intervention
Non-Hispanic White	2.0	1.0	Reference Group
Alaska Native/Amer. Indian	9.3	N/A	Not Enough Data
Asian	2.3	N/A	Not Enough Data
More than One Race	2.3	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	5.1	2.0	Requires intervention
Cisgender Female	2.5	1.0	Reference Group
Transgender	12.6	N/A	Not Enough Data

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	1.4	N/A	Not Enough Data
Lesbian, gay, or bisexual	1.5	N/A	Not Enough Data

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	4.0	1.0	Reference Group
Spanish	4.8	N/A	Not Enough Data
American Sign Language	0.0	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	0.0	0.0	N/A
Child	27.5	1.0	N/A

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)

Integral Care

Rate of Conduct Disorder Diagnoses per 1,000 Population - FY22

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	1.8	1.0	Reference Group
Hispanic or Latino	1.9	1.1	Little or no disparity
Non-Hispanic White	0.5	N/A	Not Enough Data
Alaska Native/Amer. Indian	0.0	N/A	Not Enough Data
Asian	2.3	N/A	Not Enough Data
More than One Race	2.3	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	1.8	2.3	Requires intervention
Cisgender Female	0.8	1.0	Reference Group
Transgender	0.0	N/A	Not Enough Data

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	0.5	N/A	Not Enough Data
Lesbian, gay, or bisexual	0.0	N/A	Not Enough Data

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	1.1	1.0	Reference Group
Spanish	5.5	N/A	Not Enough Data
American Sign Language	0.0	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	0.0	0.0	N/A
Child	8.8	1.0	N/A

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)

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Rate of Post-Traumatic Stress Disorder Diagnoses per 1,000 Population - FY22

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	206.5	2.2	Requires intervention
Hispanic or Latino	169.0	1.8	Needs monitoring
Non-Hispanic White	179.9	1.9	Needs monitoring
Alaska Native/Amer. Indian	398.1	4.2	Requires urgent intervention
Asian	93.9	1.0	Reference Group
More than One Race	215.0	2.3	Requires intervention
Hawaiian/Pacific Islander	300.0	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	115.2	1.0	Reference Group
Cisgender Female	209.9	1.8	Needs monitoring
Transgender	201.5	1.8	Needs monitoring

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	169.9	1.0	Reference Group
Lesbian, gay, or bisexual	237.7	1.4	Little or no disparity

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	169.0	2.5	Requires major intervention
Spanish	68.5	1.0	Reference Group
American Sign Language	133.9	N/A	Not Enough Data
Arabic	500.0	7.3	Requires urgent intervention

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	179.0	3.2	N/A
Child	56.1	1.0	N/A

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).

Research has shown that the transgender community has higher rates of PTSD compared to the general population. Furthermore, individuals with greater exposure to anti-transgender bias and non-affirmation experiences have increased PTSD symptom severity. (Barr, Snyder, Adelson & Budge, 2021)

Integral Care

Clozapine Prescription Rate per 1,000 Population - FY22

Race/Ethnicity	Prescription Rate	Disparity Ratio	Grade
Black/African American	1.5	3.5	Requires urgent intervention
Hispanic or Latino	2.0	2.6	Requires major intervention
Non-Hispanic White	5.2	1.0	Reference Group
Alaska Native/Amer. Indian	0.0	N/A	Not Enough Data
Asian	7.0	N/A	Not Enough Data
More than One Race	2.3	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Prescription Rate	Disparity Ratio	Grade
Cisgender Male	2.9	1.0	Reference Group
Cisgender Female	2.7	1.1	Little or no disparity
Transgender	0.0	N/A	Not Enough Data

Sexual Orientation	Prescription Rate	Disparity Ratio	Grade
Straight (heterosexual)	1.8	1.0	Reference Group
Lesbian, gay, or bisexual	3.1	N/A	Not Enough Data

Primary Language	Prescription Rate	Disparity Ratio	Grade
English	2.8	1.0	Reference Group
Spanish	2.4	N/A	Not Enough Data
American Sign Language	0.0	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Prescription Rate	Disparity Ratio	Grade
Adult	3.2	1.0	N/A
Child	0.0	0.0	N/A

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: Clozapine is considered the gold standard antipsychotic for treatment resistant schizophrenia. As such, the disparity ratio is not calculated using the same methodology as other health indicators in the report card. This disparity is measured in terms of "favorable events", i.e. a higher rate of Clozapine access is indicative of a more favorable outcome.

Integral Care

Rate of Homelessness per 1,000 Population - FY22

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	176.1	3.3	Requires urgent intervention
Hispanic or Latino	92.8	1.7	Needs monitoring
Non-Hispanic White	149.4	2.8	Requires major intervention
Alaska Native/Amer. Indian	250.0	4.6	Requires urgent intervention
Asian	54.0	1.0	Reference Group
More than One Race	100.5	1.9	Needs monitoring
Hawaiian/Pacific Islander	200.0	N/A	Not Enough Data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	160.5	1.8	Needs monitoring
Cisgender Female	90.8	1.0	Reference Group
Transgender	128.5	1.4	Little or no disparity

Sexual Orientation	Rate	Disparity Ratio	Grade
Straight (heterosexual)	142.7	1.4	Little or no disparity
Lesbian, gay, or bisexual	105.8	1.0	Reference Group

Primary Language	Rate	Disparity Ratio	Grade
English	134.2	4.5	Requires urgent intervention
Spanish	29.7	1.0	Reference Group
American Sign Language	80.4	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Rate	Disparity Ratio	Grade
Adult	147.3	23.4	N/A
Child	6.3	1.0	N/A

A 2022 report found that Black Austinites are six times more likely to experience homelessness than white Austinites. Furthermore, the report noted that Black clients are disproportionately less likely to exit to homelessness compared to any other demographic group (Burress, 2022)

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)

Integral Care

Rate of Tobacco Use per 1,000 Population - FY22

Race/Ethnicity	Tobacco Use Rate	Disparity Ratio	Grade
Black/African American	321.6	3.4	Requires urgent intervention
Hispanic or Latino	175.2	1.9	Needs monitoring
Non-Hispanic White	264.0	2.8	Requires major intervention
Alaska Native/Amer. Indian	324.1	3.5	Requires urgent intervention
Asian	93.9	1.0	Reference Group
More than One Race	219.6	2.3	Requires intervention
Hawaiian/Pacific Islander	166.7	N/A	Not Enough Data

Gender Identity	Tobacco Use Rate	Disparity Ratio	Grade
Cisgender Male	244.2	1.4	Little or no disparity
Cisgender Female	184.4	1.1	Little or no disparity
Transgender	173.8	1.0	Reference Group

Sexual Orientation	Tobacco Use Rate	Disparity Ratio	Grade
Straight (heterosexual)	226.4	1.0	Reference Group
Lesbian, gay, or bisexual	250.0	1.1	Little or no disparity

Primary Language	Tobacco Use Rate	Disparity Ratio	Grade
English	228.5	4.6	Requires urgent intervention
Spanish	49.7	1.0	Reference Group
American Sign Language	151.8	N/A	Not Enough Data
Arabic	145.8	N/A	Not Enough Data

Age Group	Tobacco Use Rate	Disparity Ratio	Grade
Adult	248.4	18.4	N/A
Child	13.5	1.0	N/A

Black individuals in the US have long experienced disproportionately greater adverse health consequences related to smoking. Despite smoking fewer cigarettes per day on average than White individuals, Black individuals incur higher rates of smoking-related mortality. (Baker, Burris, Fiore, 2022)

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).

Integral Care

Rate of Residents in a Food Desert per 1,000 Population - FY22

Race/Ethnicity	Food Desert Rate	Disparity Ratio	Grade
Black/African American	40.8	1.5	Needs monitoring
Hispanic or Latino	40.3	1.4	Needs monitoring
Non-Hispanic White	27.9	1.0	Reference Group
Alaska Native/Amer. Indian	37.0	N/A	Not Enough Data
Asian	30.5	N/A	Not Enough Data
More than One Race	28.0	N/A	Not Enough Data
Hawaiian/Pacific Islander	33.3	N/A	Not Enough Data

Gender Identity	Food Desert Rate	Disparity Ratio	Grade
Cisgender Male	31.8	1.0	Reference Group
Cisgender Female	36.2	1.1	Little or no disparity
Transgender	35.3	N/A	Not Enough Data

Sexual Orientation	Food Desert Rate	Disparity Ratio	Grade
Straight (heterosexual)	28.8	1.0	Reference Group
Lesbian, gay, or bisexual	21.5	N/A	Not Enough Data

Primary Language	Food Desert Rate	Disparity Ratio	Grade
English	33.3	1.0	Reference Group
Spanish	46.7	1.4	Needs monitoring
American Sign Language	17.9	N/A	Not Enough Data
Arabic	20.8	N/A	Not Enough Data

Age Group	Food Desert Rate	Disparity Ratio	Grade
Adult	33.1	1.0	N/A
Child	37.8	1.1	N/A

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).

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Psychiatric Hospitalization Rate per 1,000 Population - FY22

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	45.5	1.0	Reference Group
Hispanic or Latino	48.8	1.1	Little or no disparity
Non-Hispanic White	58.2	1.3	Little or no disparity
Alaska Native/Amer. Indian	64.8	N/A	Not Enough Data
Asian	42.3	N/A	Not Enough Data
More than One Race	30.4	N/A	Not Enough Data
Hawaiian/Pacific Islander	66.7	N/A	Not Enough Data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	59.2	1.4	Little or no disparity
Cisgender Female	43.3	1.0	Reference Group
Transgender	70.5	1.6	Needs monitoring

Sexual Orientation	Rate	Disparity Ratio	Grade
Straight (heterosexual)	52.6	1.0	Reference Group
Lesbian, gay, or bisexual	55.2	1.1	Little or no disparity

Primary Language	Rate	Disparity Ratio	Grade
English	51.7	1.0	Reference Group
Spanish	60.6	1.2	Little or no disparity
American Sign Language	35.7	N/A	Not Enough Data
Arabic	20.8	N/A	Not Enough Data

Age Group	Rate	Disparity Ratio	Grade
Adult	57.6	3.4	N/A
Child	17.1	1.0	N/A

Studies have found that transgender individuals were more likely to have had psychiatric outpatient visits, hospitalizations, and ED visits than were cisgender people. Additionally, transgender individuals presenting for acute mental health care are more likely to experience marginalization than cisgender individuals. (Lam, Abramovich, Victor, Zaheer, Kurdyak, 2021)

Integral Care

Rate of Parole/Probation Involvement per 1,000 Population - FY22

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	66.9	1.4	Little or no disparity
Hispanic or Latino	52.0	1.1	Little or no disparity
Non-Hispanic White	48.6	1.0	Reference Group
Alaska Native/Amer. Indian	46.3	N/A	Not Enough Data
Asian	16.4	N/A	Not Enough Data
More than One Race	42.1	N/A	Not Enough Data
Hawaiian/Pacific Islander	166.7	N/A	Not Enough Data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	59.9	2.1	Requires intervention
Cisgender Female	29.0	1.0	Reference Group
Transgender	37.8	N/A	Not Enough Data

Sexual Orientation	Rate	Disparity Ratio	Grade
Straight (heterosexual)	96.3	1.3	Little or no disparity
Lesbian, gay, or bisexual	76.7	1.0	Reference Group

Primary Language	Rate	Disparity Ratio	Grade
English	48.6	1.0	Reference Group
Spanish	8.5	N/A	Not Enough Data
American Sign Language	8.9	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Rate	Disparity Ratio	Grade
Adult	53.5	1.0	N/A
Child	0.5	0.0	N/A

Men make up 90 percent of the prison and local jail population, and they have an imprisonment rate 14 times higher than the rate for women. Incarcerated men are overwhelmingly young, with incarceration rates highest for those in their 20s and early 30s. (PRB.org, 2012)

Integral Care

Rate with an Arrest per 1,000 Population - FY22

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	183.1	1.7	Needs monitoring
Hispanic or Latino	122.4	1.2	Little or no disparity
Non-Hispanic White	106.7	1.0	Reference Group
Alaska Native/Amer. Indian	148.1	N/A	Not Enough Data
Asian	44.6	N/A	Not Enough Data
More than One Race	116.8	1.1	Little or no disparity
Hawaiian/Pacific Islander	66.7	N/A	Not Enough Data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	150.3	2.2	Requires intervention
Cisgender Female	68.5	1.0	Reference Group
Transgender	73.0	1.1	Little or no disparity

Sexual Orientation	Rate	Disparity Ratio	Grade
Straight (heterosexual)	139.0	1.3	Little or no disparity
Lesbian, gay, or bisexual	107.4	1.0	Reference Group

Primary Language	Rate	Disparity Ratio	Grade
English	117.5	3.3	Requires urgent intervention
Spanish	35.8	1.0	Reference Group
American Sign Language	98.2	N/A	Not Enough Data
Arabic	20.8	N/A	Not Enough Data

Age Group	Rate	Disparity Ratio	Grade
Adult	128.9	1.0	N/A
Child	1.1	0.0	N/A

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, 2022).

Integral Care

Death Rate (All-Cause) per 1,000 Population - FY22

Race/Ethnicity	Death Rate	Disparity Ratio	Grade
Black/African American	4.6	1.6	Needs monitoring
Hispanic or Latino	2.9	1.0	Reference Group
Non-Hispanic White	4.8	1.7	Needs monitoring
Alaska Native/Amer. Indian	0.0	N/A	Not Enough Data
Asian	2.3	N/A	Not Enough Data
More than One Race	0.0	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Death Rate	Disparity Ratio	Grade
Cisgender Male	5.1	2.3	Requires intervention
Cisgender Female	2.2	1.0	Reference Group
Transgender	2.5	N/A	Not Enough Data

Sexual Orientation	Death Rate	Disparity Ratio	Grade
Straight (heterosexual)	1.8	1.0	Reference Group
Lesbian, gay, or bisexual	1.5	N/A	Not Enough Data

Primary Language	Death Rate	Disparity Ratio	Grade
English	3.7	1.0	Reference Group
Spanish	2.4	N/A	Not Enough Data
American Sign Language	0.0	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Death Rate	Disparity Ratio	Grade
Adult	4.2	1.0	N/A
Child	0.2	0.1	N/A

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).

Integral Care

Death by Suicide Rate per 1,000 Population - FY22

Race/Ethnicity	Death Rate	Disparity Ratio	Grade
Black/African American	0.7	3.5	Requires urgent intervention
Hispanic or Latino	0.2	1.0	Reference Group
Non-Hispanic White	0.8	4.0	Requires urgent intervention
Alaska Native/Amer. Indian	0.0	N/A	Not Enough Data
Asian	0.0	N/A	Not Enough Data
More than One Race	0.0	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Death Rate	Disparity Ratio	Grade
Cisgender Male	0.9	3.0	Requires urgent intervention
Cisgender Female	0.3	1.0	Reference Group
Transgender	2.5	8.3	Requires urgent intervention

Sexual Orientation	Death Rate	Disparity Ratio	Grade
Straight (heterosexual)	0.4	1.0	Reference Group
Lesbian, gay, or bisexual	0.0	N/A	Not Enough Data

Primary Language	Death Rate	Disparity Ratio	Grade
English	0.6	1.0	Reference Group
Spanish	0.0	N/A	Not Enough Data
American Sign Language	0.0	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Death Rate	Disparity Ratio	Grade
Adult	0.7	3.5	N/A
Child	0.2	1.0	N/A

According to a 2021 report by the CDC, suicide rates climbed significantly among Black people in 2021 in the wake of the COVID-19 pandemic. Between 2018 and 2021, the suicide rate among Black people increased by 19%. The swiftest rise took place among those ages 10 to 24. The suicide rate in that group rose by 37%. (Stone, Mack, Qualters, 2021).

Lesbian, gay, bisexual, transgender, queer, or questioning youth living in the South U.S. are more likely to consider or attempt suicide than LGBTQ+ young people in other regions of the United States, according to a 2021 report released by The Trevor Project.

Integral Care

Overdose Death Rate per 1,000 Population - FY22

Race/Ethnicity	Death Rate	Disparity Ratio	Grade
Black/African American	1.8	3.0	Requires urgent intervention
Hispanic or Latino	0.6	1.0	Reference Group
Non-Hispanic White	0.7	1.2	Little or no disparity
Alaska Native/Amer. Indian	0.0	N/A	Not Enough Data
Asian	0.0	N/A	Not Enough Data
More than One Race	0.0	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Death Rate	Disparity Ratio	Grade
Cisgender Male	1.2	4.0	Requires urgent intervention
Cisgender Female	0.3	1.0	Reference Group
Transgender	0.0	N/A	Not Enough Data

Sexual Orientation	Death Rate	Disparity Ratio	Grade
Straight (heterosexual)	0.7	1.0	Reference Group
Lesbian, gay, or bisexual	1.5	2.1	Requires intervention

Primary Language	Death Rate	Disparity Ratio	Grade
English	0.8	1.0	Reference Group
Spanish	0.0	N/A	Not Enough Data
American Sign Language	0.0	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Death Rate	Disparity Ratio	Grade
Adult	0.9	1.0	N/A
Child	0.0	0.0	N/A

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).

Lesbian, gay and bisexual (LGB) adults have elevated use of many substances compared to heterosexual adults, particularly opioids. Lifetime and past-year opioid misuse is elevated among LGB adults. Bisexual women are particularly at-risk, uniquely exhibiting disparities on high-risk injection use and opioid use disorder (Schuler, Dick, Stein, 2019)

Integral Care

Heart Disease Death Rate per 1,000 Population - FY22

Race/Ethnicity	Death Rate	Disparity Ratio	Grade
Black/African American	0.7	1.2	Little or no disparity
Hispanic or Latino	0.6	1.0	Reference Group
Non-Hispanic White	1.1	1.8	Needs monitoring
Alaska Native/Amer. Indian	0.0	N/A	Not Enough Data
Asian	0.0	N/A	Not Enough Data
More than One Race	0.0	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Death Rate	Disparity Ratio	Grade
Cisgender Male	0.9	2.3	Requires intervention
Cisgender Female	0.4	1.0	Reference Group
Transgender	0.0	N/A	Not Enough Data

Sexual Orientation	Death Rate	Disparity Ratio	Grade
Straight (heterosexual)	0.2	1.0	Reference Group
Lesbian, gay, or bisexual	0.0	N/A	Not Enough Data

Primary Language	Death Rate	Disparity Ratio	Grade
English	0.7	1.0	Reference Group
Spanish	0.0	N/A	Not Enough Data
American Sign Language	0.0	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Death Rate	Disparity Ratio	Grade
Adult	0.8	1.0	N/A
Child	0.0	0.0	N/A

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)

While non-Hispanic whites had the highest rates of death from heart disease overall, a 2019 report by Austin Public Health noted that on average, Blacks in Travis County have higher mortality rates from heart disease at younger ages than Whites or Hispanics. In the 35-44 year age group, Blacks have a mortality rate of 49.3 per 100,000 from heart disease compared to 13.3 per 100,000 for Whites. (Austin Public Health, 2019)

Integral Care

Rate of Diabetes per 1,000 Population - FY22

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	66.0	2.0	Requires intervention
Hispanic or Latino	38.8	1.2	Little or no disparity
Non-Hispanic White	33.7	1.0	Reference Group
Alaska Native/Amer. Indian	46.3	N/A	Not Enough Data
Asian	42.3	N/A	Not Enough Data
More than One Race	9.3	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	34.3	1.0	Reference Group
Cisgender Female	40.4	1.2	Little or no disparity
Transgender	30.2	N/A	Not Enough Data

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	27.4	1.0	Reference Group
Lesbian, gay, or bisexual	23.0	N/A	Not Enough Data

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	37.6	1.5	Needs monitoring
Spanish	24.8	1.0	Reference Group
American Sign Language	125.0	N/A	Not Enough Data
Arabic	104.2	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	43.2	1.0	N/A
Child	0.2	0.0	N/A

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).

Integral Care

Rate of Hypertension per 1,000 Population - FY22

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	170.7	2.8	Requires major intervention
Hispanic or Latino	64.8	1.1	Little or no disparity
Non-Hispanic White	77.6	1.3	Little or no disparity
Alaska Native/Amer. Indian	64.8	N/A	Not Enough Data
Asian	65.7	1.1	Little or no disparity
More than One Race	60.7	1.0	Reference Group
Hawaiian/Pacific Islander	100.0	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	85.4	1.1	Little or no disparity
Cisgender Female	76.4	1.0	Reference Group
Transgender	42.8	N/A	Not Enough Data

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	60.0	1.5	Needs monitoring
Lesbian, gay, or bisexual	39.9	1.0	Reference Group

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	83.8	2.8	Requires major intervention
Spanish	30.3	1.0	Reference Group
American Sign Language	142.9	N/A	Not Enough Data
Arabic	208.3	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	93.6	1.0	N/A
Child	0.2	0.0	N/A

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

Integral Care

Asthma Rate per 1,000 Population - FY22

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	61.5	2.6	Requires major intervention
Hispanic or Latino	23.8	1.0	Reference Group
Non-Hispanic White	27.2	1.1	Little or no disparity
Alaska Native/Amer. Indian	37.0	N/A	Not Enough Data
Asian	16.4	N/A	Not Enough Data
More than One Race	51.4	2.2	Requires intervention
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	21.8	1.0	Reference Group
Cisgender Female	37.0	1.7	Needs monitoring
Transgender	17.6	N/A	Not Enough Data

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	21.0	1.0	Reference Group
Lesbian, gay, or bisexual	23.0	N/A	Not Enough Data

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	30.7	1.0	Reference Group
Spanish	6.7	N/A	Not Enough Data
American Sign Language	62.5	N/A	Not Enough Data
Arabic	62.5	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	32.9	6.6	N/A
Child	5.0	1.0	N/A

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).

Integral Care

Obesity Rate per 1,000 Population - FY22

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	36.6	1.8	Needs monitoring
Hispanic or Latino	24.5	1.2	Little or no disparity
Non-Hispanic White	20.3	1.0	Reference Group
Alaska Native/Amer. Indian	18.5	N/A	Not Enough Data
Asian	7.0	N/A	Not Enough Data
More than One Race	9.3	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	14.4	1.0	Reference Group
Cisgender Female	28.6	2.0	Requires intervention
Transgender	17.6	N/A	Not Enough Data

Sexual Orientation	Rate	Disparity Ratio	Grade
Straight (heterosexual)	11.2	1.0	Reference Group
Lesbian, gay, or bisexual	4.6	N/A	Not Enough Data

Primary Language	Rate	Disparity Ratio	Grade
English	21.7	1.1	Little or no disparity
Spanish	19.4	1.0	Reference Group
American Sign Language	17.9	N/A	Not Enough Data
Arabic	20.8	N/A	Not Enough Data

Age Group	Rate	Disparity Ratio	Grade
Adult	24.3	1.0	N/A
Child	1.8	0.1	N/A

In Travis County and in the U.S., Black Americans have the highest rates of obesity compared to any other major race/ethnicity group. 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; Austin Public Health, 2019).

In Travis County and in the U.S., females have overall higher rates of obesity compared to males, regardless of demographic group (KFF, 2019; Austin Public Health 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).

Integral Care

Human Immunodeficiency Virus (HIV) Rate per 1,000 Population - FY22

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	17.6	2.4	Requires intervention
Hispanic or Latino	7.3	1.0	Reference Group
Non-Hispanic White	10.2	1.4	Little or no disparity
Alaska Native/Amer. Indian	27.8	N/A	Not Enough Data
Asian	0.0	N/A	Not Enough Data
More than One Race	2.3	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	12.8	3.0	Requires urgent intervention
Cisgender Female	4.3	1.0	Reference Group
Transgender	25.2	N/A	Not Enough Data

Sexual Orientation	Rate	Disparity Ratio	Grade
Straight (heterosexual)	4.7	1.0	Reference Group
Lesbian, gay, or bisexual	41.4	8.8	Requires urgent intervention

Primary Language	Rate	Disparity Ratio	Grade
English	9.7	1.0	Reference Group
Spanish	1.8	N/A	Not Enough Data
American Sign Language	17.9	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Rate	Disparity Ratio	Grade
Adult	10.6	1.0	N/A
Child	0.0	0.0	N/A

From 2010 through 2018 in Travis County, incidence rates of new HIV diagnoses for Blacks have been consistently higher compared with rates for any other race/ethnicity group. The disproportionate impact is evident in new HIV infections, showing that effective prevention and treatment are not adequately reaching people who could benefit most. (Austin Public Health 2019; HIV.gov, 2022)

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. (HIV.gov, 2022)

Integral Care

Cannabis-Related Disorder Rate per 1,000 Population - FY22

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	152.6	1.5	Needs monitoring
Hispanic or Latino	98.8	1.0	Reference Group
Non-Hispanic White	109.6	1.1	Little or no disparity
Alaska Native/Amer. Indian	213.0	2.2	Requires intervention
Asian	42.3	N/A	Not Enough Data
More than One Race	144.9	1.5	Needs monitoring
Hawaiian/Pacific Islander	133.3	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	120.9	1.5	Needs monitoring
Cisgender Female	81.9	1.0	Reference Group
Transgender	118.4	1.5	Needs monitoring

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	119.2	1.0	Reference Group
Lesbian, gay, or bisexual	156.4	1.3	Little or no disparity

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	110.3	5.5	Requires urgent intervention
Spanish	20.0	1.0	Reference Group
American Sign Language	26.8	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	119.2	22.1	N/A
Child	5.4	1.0	N/A

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

Recent studies show that addiction rates are significantly higher in transgender populations than in cisgender populations. Transgender males in particular have higher rates of cannabis use disorders. Transgender participants are also more likely to identify negative reasons (i.e., stress reduction, social anxiety, and self-esteem issues) for substance use, while cisgender participants are more likely to state positive social reasons (i.e., to have a good time and to celebrate). (Ruppert, Kattari, Sussman, 2021)

Integral Care

Alcohol-Related Disorder Rate per 1,000 Population - FY22

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	115.8	1.8	Needs monitoring
Hispanic or Latino	98.1	1.6	Needs monitoring
Non-Hispanic White	128.5	2.0	Requires intervention
Alaska Native/Amer. Indian	194.4	3.1	Requires urgent intervention
Asian	63.4	1.0	Reference Group
More than One Race	95.8	1.5	Needs monitoring
Hawaiian/Pacific Islander	66.7	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	121.7	1.7	Needs monitoring
Cisgender Female	78.0	1.1	Little or no disparity
Transgender	73.0	1.0	Reference Group

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	115.2	1.0	Reference Group
Lesbian, gay, or bisexual	121.2	1.1	Little or no disparity

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	107.4	6.3	Requires urgent intervention
Spanish	17.0	1.0	Reference Group
American Sign Language	71.4	N/A	Not Enough Data
Arabic	20.8	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	117.1	1.0	N/A
Child	0.7	0.0	N/A

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).

Integral Care

Opioid-Related Disorder Rate per 1,000 Population - FY22

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	17.9	1.0	Reference Group
Hispanic or Latino	40.5	2.3	Requires intervention
Non-Hispanic White	73.1	4.1	Requires urgent intervention
Alaska Native/Amer. Indian	83.3	N/A	Not Enough Data
Asian	16.4	N/A	Not Enough Data
More than One Race	32.7	N/A	Not Enough Data
Hawaiian/Pacific Islander	33.3	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	51.1	1.4	Little or no disparity
Cisgender Female	36.2	1.0	Reference Group
Transgender	10.1	N/A	Not Enough Data

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	45.4	1.0	Reference Group
Lesbian, gay, or bisexual	29.1	N/A	Not Enough Data

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	46.6	1.0	Reference Group
Spanish	0.6	N/A	Not Enough Data
American Sign Language	8.9	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	50.6	1.0	N/A
Child	0.0	0.0	N/A

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).

Integral Care

Stimulant-Related Disorder Rate per 1,000 Population - FY22

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	121.3	1.4	Little or no disparity
Hispanic or Latino	89.6	1.0	Little or no disparity
Non-Hispanic White	118.0	1.3	Little or no disparity
Alaska Native/Amer. Indian	231.5	2.6	Requires major intervention
Asian	23.5	N/A	Not Enough Data
More than One Race	88.8	1.0	Reference Group
Hawaiian/Pacific Islander	66.7	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	111.6	1.4	Little or no disparity
Cisgender Female	77.5	1.0	Reference Group
Transgender	85.6	1.1	Little or no disparity

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	108.0	1.0	Reference Group
Lesbian, gay, or bisexual	124.2	1.2	Little or no disparity

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	101.5	4.9	Requires urgent intervention
Spanish	20.6	1.0	Reference Group
American Sign Language	8.9	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	110.7	1.0	N/A
Child	0.5	0.0	N/A

Traditionally underserved populations in the U.S., particularly rural and American Indian/Alaska Native (AI/AN) communities, are disproportionately impacted by the opioid and amphetamine epidemics and have a higher risk for substance use disorders. (Mitton, Jackson, Ho, & Tobey, 2020).

Integral Care

Data Sources

Indicator	Data Source
Schizophrenia	MyAvatar EHR. Active diagnoses during the given fiscal year. Excludes diagnoses in full remission.
Oppositional Defiant Disorder	MyAvatar EHR. Active diagnoses during the given fiscal year. Excludes adults.
Conduct Disorder	MyAvatar EHR. Active diagnoses during the given fiscal year. Excludes adults.
Post-Traumatic Stress Disorder	MyAvatar EHR. Active diagnoses during the given fiscal year.
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 fiscal year clients.
Food Deserts	MyAvatar EHR, PowerBI and ArcGIS. Demographic addresses overlaid against USDA recognized food deserts in Austin/Travis County.
Psychiatric Hospitalizations	Hospital Discharge Forms completed during the given fiscal year from MyAvatarEHR.
Parole/Probation Involvement	Data on individuals served by the ANEW program (on parole and probation) during the given fiscal year Adult population only.
Arrests	MBOW Data Warehouse containing all known arrests occurring during the given fiscal year.
Deaths	Fiscal year Integral Care QM department data and suicide data supplemented through data sharing agreement with City of Austin
Clozapine Access	MyAvatar EHR. Med Orders table for clozapine (name brand and generic) medications prescribed at any point during the given fiscal year.
Diabetes	MyAvatar EHR. Active diagnoses during the given fiscal year.
Hypertension	MyAvatar EHR. Active diagnoses during the given fiscal year.
Asthma	MyAvatar EHR. Active diagnoses during the given fiscal year.
Obesity	MyAvatar EHR. Active diagnoses during the given fiscal year.
HIV	MyAvatar EHR. Active diagnoses during the given fiscal year.
Substance related disorders	MyAvatar EHR. Active diagnoses during the given fiscal year. Excludes diagnoses in full remission.
Age	Age at time of their most recent service during the given fiscal year
Division Subgroup	Clients who received one or more face-to-face/telephone/telemedicine services from the given division subgroup at any point during the given fiscal year.
Gender Identity	MyAvatar EHR. Based on self-reported response to gender identity question in client demographic information. Only top 3 gender identity categories included due to lack of volume in EHR for other categories.
Primary Language	MyAvatar EHR. Based on self-reported response to Primary Language question in client demographic information.
Sexual Orientation	MyAvatar EHR. Based on self-reported response to sexual orientation question in client demographic information. Lesbian, gay and bisexual categories were collapsed into one broader category due to low volume.

Integral Care

References

American Lung Association (2020). Current Asthma Demographics. Retrieved from https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/current-demographics

Austin Public Health (2019). Critical Health Indicators Report. Retrieved from https://www.austintexas.gov/sites/default/files/2022-06/FINAL-2019-CHIR-Report-3-30-2022.pdf

Baglivio MT, Wolff KT, Piquero AR, et al (2017). 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

Baker TB, Burris JL, Fiore MC (2022). Helping African American Individuals Quit Smoking: Finally, Some Progress. JAMA. 2022;327(22):2192–2194.

Barr, Snyder, Adelson, Budge (2021). Posttraumatic Stress in the Trans Community: The Roles of Anti-Transgender Bias, Non-Affirmation, and Internalized Transphobia.

Burress, C. (July 2022). Austin /Travis County Racial Disparities Report.

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

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

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.

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.

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.

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.

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

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

Huang, P., Seidel, S., Steger, H. M., Taylor, J. & Zane, D. (2017). 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

Kaiser Family Foundation (2019). Adults who are obese by sex. Retrieved from https://www.kff.org/other/state-indicator/adult-obesity-bysex

Lam, Abramovich, Victor, Zaheer, Kurdyak (2021). Characteristics of Transgender Individuals With Emergency Department Visits and Hospitalizations for Mental Health.

Lippold KM, Jones CM, Olsen EO, Giroir BP (2019). 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.

Integral Care

References cont.

Maraboto, C., & Ferdinand, K. C. (2020). Update on hypertension in African-Americans. Progress in Cardiovascular Diseases, 63(1), 33–39.

Mental Health America (2021). Conduct Disorder. Retrieved from https://www.mhanational.org/conditions/conduct-disorder

Mitton, J. A., Jackson, S., Ho, J. J., & Tobey, M (2020). Opioid and Amphetamine Treatment Trends Among American Indians in the Great Plains. Journal of addiction medicine, 14(4), e100–e102.

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/

Paola Scommegna (2012). U.S. Has World's Highest Incarceration Rate. https://www.prb.org/resources/u-s-has-worlds-highest-incarceration-rate/

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

Ruppert R, Kattari SK, Sussman S (2021). Review: Prevalence of Addictions among Transgender and Gender Diverse Subgroups. Int J Environ Res Public Health. 2021 Aug 22;18(16):8843.

Sansom, G., Hannibal, B (2021) Disparate access to nutritional food; place, race and equity in the United States. BMC Nutr 7, 29.

Schuler MS, Dick AW, Stein BD (2019). Sexual minority disparities in opioid misuse, perceived heroin risk and heroin access among a national sample of US adults. Drug Alcohol Depend. 2019 Aug 1;201:78-84. doi: 10.1016/j.drugalcdep.2019.04.014. Epub 2019 Jun 7.

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.

Stone DM, Mack KA, Qualters J. Notes from the Field: Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2021. MMWR Morb Mortal Wkly Rep 2023;72:160–162.

The Trevor Project (December 2021). Research Brief: LGBTQ Youth in The South. https://www.thetrevorproject.org/wp-content/uploads/2021/12/The-Trevor-Project-LGBTQ-Youth-in-the-South-December-2021.pdf

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

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.

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 (2020). Systematic review of racial disparities in clozapine prescribing. Schizophr Res. 2020 Oct;224:11-18.

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.