Integral Care
Fiscal Year 2023
Health Disparities Report Card

Produced by the
Integral Care Population Health/Accountable Care Team

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Introduction

The Integral Care Population Health/Accountable Care Team is pleased to announce the 4th Annual Integral Care Health Disparities Report Card for the Fiscal Year 2023. 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

Table of Contents

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.

Largest Race/Ethnicity Disparities - FY23

Indicator	Population With Highest Rate	Highest Rate	Reference Group with Lowest Rate	Lowest Rate	Disparity Ratio	Disparity Grade
Schizophrenia	Black/African-American	323.0	More than One Race	143.5	2.3	Requires intervention
ODD/CD	Black/African-American	8.6	Non-Hispanic White	2.5	3.5	Requires urgent intervention
Post-Traumatic Stress Disorder	Alaskan Native/American Indian	382.4	Asian	114.2	3.3	Requires urgent intervention
Clozapine Access*	Hispanic or Latino	1.8	Non-Hispanic White	5.5	3.1	Requires urgent intervention
Homelessness	Alaskan Native/American Indian	300.0	Asian	56.0	5.3	Requires urgent intervention
Tobacco Use	Alaskan Native/American Indian	352.9	Asian	99.2	3.6	Requires urgent intervention
Residence in a Food Desert	Hispanic or Latino	20.4	Non-Hispanic White	17.5	1.3	Little or no disparity
Psychiatric Hospitalizations	Non-Hispanic White	54.4	Black/African-American	40.0	1.4	Little or no disparity
Parole or Probation	Black/African-American	58.7	Hispanic or Latino	43.4	1.4	Little or no disparity
Arrests	Black/African-American	267.6	Asian	78.9	3.4	Requires urgent intervention
Deaths (All Cause)	Non-Hispanic White	8.0	Hispanic or Latino	3.0	2.7	Requires major intervention
Suicide	Non-Hispanic White	0.8	Hispanic or Latino	0.3	2.7	Requires major intervention
Overdose Deaths	Black/African-American	2.0	Hispanic or Latino	0.3	6.7	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.

Largest Race/Ethnicity Disparities - FY23, 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	0.9	Hispanic or Latino	0.2	4.5	Requires urgent intervention
Diabetes	Black/African-American	67.8	Non-Hispanic White	35.4	1.9	Requires intervention
Hypertension	Black/African-American	169.9	Asian	56.0	3.0	Requires urgent intervention
Asthma	Black/African-American	68.2	Hispanic or Latino	22.8	3.0	Requires urgent intervention
Obesity	Black/African-American	35.6	Non-Hispanic White	20.5	1.7	Needs monitoring
HIV	Black/African-American	17.7	Hispanic or Latino	7.8	2.3	Requires intervention
Cannabis-related disorders	Black/African-American	169.5	Asian	50.9	3.3	Requires urgent intervention
Alcohol-related disorders	Alaskan Native/American Indian	254.9	More than One Race	97.1	2.6	Requires major intervention
Opioid-related disorders	Non-Hispanic White	69.4	Black/African-American	18.7	3.7	Requires urgent intervention
Stimulant-related disorders	Alaskan Native/American Indian	215.7	More Than One Race Reported	99.3	2.2	Requires intervention

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Changes in the Disparity Gap from FY22 to FY23

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

FY23 Disparities - Significant Findings

- **Black/African-Americans had the highest overdose death rate, at a rate 6.7x higher** compared to the group with the lowest rates (Hispanic or Latinos)

- Tobacco use is highest for the **Alaska Native/Amer. Indian population, at a rate 3.6x higher** than the group with the lowest rate (Asian)

- Individuals whose primary language is **Arabic had the highest rates of PTSD, at a rate 8.4x higher** than the language group with the lowest rates (Spanish).

- **Black/African-Americans experienced the highest rates within each chronic disease category**, with Hypertension being the most prevalent chronic medical condition

- **Rates of HIV were 11x higher among lesbian, gay, and bisexual (LGB) persons** as compared to heterosexual persons served by Integral Care

- **Death by suicide was 13.5x higher among Transgender persons served by Integral Care** compared to the group with the lowest rates (cisgender females)

- **1 in 3 Alaskan Native/American Indian clients were known to be experiencing homelessness** in FY23, the highest of any race/ethnicity group

- **Non-Hispanic whites had the highest overall death rate, 2.7x higher** than the group with the lowest rates (Hispanic or Latinos)

- **In FY23, the disparity gap doubled for arrests among Black/African-Americans**, from a gap of 1.7 in FY22 to 3.4 in FY23

- In FY23, **268 of out every 1,000 Black/African-Americans served by Integral Care was subject to an arrest**, compared to 183 out of every 1,000 in FY22.

- **Non-Hispanic whites had the highest rates of opioid use disorder, 3.7x higher** than the group with the lowest rates (Black African American)

Disparities by Population (Race/Ethnicity)

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

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

Black/African American individuals had the highest rates of:

Arrests
Asthma
Cannabis-related disorders
Diabetes
HIV
Hypertension
Obesity
Oppositional defiant disorder & Conduct Disorder
Overdose deaths
Parole or probation involvement
Schizophrenia

Hispanic/Latino individuals had the highest rates of:

Clozapine access (lack of)
Food desert residence

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

Suicide

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

Asian individuals had the highest rates of:

None

Disparities by Population

Gender Identity

Cisgender males had the highest rates of:

Alcohol-related disorders
Arrests
Death (all-cause)
Heart disease death
HIV
Homelessness
Hypertension
Opioid-related disorder
Oppositional defiant disorder & Conduct 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:

Cannabis-related disorders
Psychiatric hospitalization
Suicide

Sexual Orientation

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

Asthma
Cannabis-related disorders
HIV
Post-traumatic stress disorder
Stimulant-related disorders
Suicide

Straight (heterosexual) individuals had the highest rates of:

Alcohol-related disorders
Arrests
Homelessness
Hypertension
Opioid related disorders
Parole or probation involvement
Psychiatric hospitalization
Schizophrenia
Tobacco use

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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
Schizophrenia
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:

Heart Disease
Schizophrenia

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:

None

Substance use disorder programs had the highest rates of:

Opioid-related disorders

Residential programs had the highest rates of:

Alcohol-related disorders
Cannabis-related disorders
Psychiatric hospitalizations
Post-traumatic stress disorder
Schizophrenia
Suicide
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:

Arrest
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:

Clozapine access (lack of)

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Rate of Schizophrenia Diagnoses per 1,000 Population - FY23

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	323.0	2.3	Requires intervention
Hispanic or Latino	156.7	1.1	Little or no disparity
Non-Hispanic White	162.8	1.1	Little or no disparity
Alaska Native/Amer. Indian	264.7	1.8	Needs monitoring
Asian	180.7	1.3	Little or no disparity
More than One Race	143.5	1.0	Reference group
Hawaiian/Pacific Islander	151.5	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	228.9	1.7	Needs monitoring
Cisgender Female	138.3	1.0	Reference Group
Transgender	149.7	1.1	Little or no disparity

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	181.2	1.5	Needs monitoring
Lesbian, gay, or bisexual	120.3	1.0	Reference Group

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	182.1	2.1	Requires Intervention
Spanish	87.0	1.0	Reference Group
American Sign Language	269.2	3.1	Requires urgent intervention
Arabic	76.9	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	202.1	18.7	N/A
Child	10.8	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).

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Rate of ODD and CD Diagnoses per 1,000 Population - FY23

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	8.6	3.5	Requires urgent intervention
Hispanic or Latino	7.1	2.9	Requires major intervention
Non-Hispanic White	2.5	1.0	Reference Group
Alaska Native/Amer. Indian	0.0	N/A	Not Enough Data
Asian	5.1	N/A	Not Enough Data
More than One Race	2.2	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	7.1	1.8	Needs monitoring
Cisgender Female	3.9	1.0	Reference Group
Transgender	11.0	N/A	Not Enough Data

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	2.6	N/A	Not Enough Data
Lesbian, gay, or bisexual	2.2	N/A	Not Enough Data

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	4.8	1.0	Reference Group
Spanish	9.7	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	32.5	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).

African American males under 11 years are at the highest risk of inpatient management for conduct disorder. These patients have a higher risk of comorbid psychosis and depression. The cultural impact on parenting behavior is often seen in African American families, as parents are more likely to apply physical punishment and emotional withdrawal than other races/ethnicities, since they place value on obedience. (Basel, 2018)

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Rate of Post-Traumatic Stress Disorder Diagnoses per 1,000 Population - FY23

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	219.4	1.9	Needs monitoring
Hispanic or Latino	182.5	1.6	Needs monitoring
Non-Hispanic White	198.7	1.7	Needs monitoring
Alaska Native/Amer. Indian	382.4	3.3	Requires urgent intervention
Asian	114.2	1.0	Reference Group
More than One Race	220.8	1.9	Needs monitoring
Hawaiian/Pacific Islander	242.4	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	134.6	1.0	Reference Group
Cisgender Female	240.9	1.8	Needs monitoring
Transgender	227.6	1.7	Needs monitoring

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	195.7	1.0	Reference Group
Lesbian, gay, or bisexual	260.0	1.3	Little or no disparity

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	187.2	3.1	Requires urgent intervention
Spanish	59.5	1.0	Reference Group
American Sign Language	194.2	3.3	Requires urgent intervention
Arabic	500.0	8.4	Requires urgent intervention

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	194.3	2.8	N/A
Child	68.8	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).

PTSD has been found to be more common among American Indian and Alaskan Native populations with estimates ranging from 16% to 24%. Combat experience and interpersonal violence were consistently cited as leading causes of PTSD in American Indians and Alaskan Native (Aronson et al., 2016, Brockie et al., 2015, Beals et al., 2013)

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Clozapine Prescription Rate per 1,000 Population - FY23

Race/Ethnicity	Prescription Rate	Disparity Ratio	Grade
Black/African American	2.2	2.5	Requires major intervention
Hispanic or Latino	1.8	3.0	Requires urgent intervention
Non-Hispanic White	5.5	1.0	Reference Group
Alaska Native/Amer. Indian	0.0	N/A	Not Enough Data
Asian	5.1	N/A	Not Enough Data
More than One Race	2.2	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Prescription Rate	Disparity Ratio	Grade
Cisgender Male	3.4	1.0	Reference Group
Cisgender Female	2.8	1.2	Little or no disparity
Transgender	0.0	N/A	Not Enough Data

Sexual Orientation	Prescription Rate	Disparity Ratio	Grade
Straight (heterosexual)	2.5	1.0	Reference Group
Lesbian, gay, or bisexual	1.1	N/A	Not Enough Data

Primary Language	Prescription Rate	Disparity Ratio	Grade
English	3.0	1.0	Reference Group
Spanish	1.7	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	3.4	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.

Rate of Homelessness per 1,000 Population - FY23

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	186.3	3.3	Requires urgent intervention
Hispanic or Latino	106.6	1.9	Needs monitoring
Non-Hispanic White	178.6	3.2	Requires urgent intervention
Alaska Native/Amer. Indian	300.0	5.3	Requires urgent intervention
Asian	56.0	1.0	Reference Group
More than One Race	128.3	2.3	Requires intervention
Hawaiian/Pacific Islander	303.0	N/A	Not Enough Data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	184.1	1.7	Needs monitoring
Cisgender Female	110.9	1.0	Reference Group
Transgender	173.8	1.6	Needs monitoring

Sexual Orientation	Rate	Disparity Ratio	Grade
Straight (heterosexual)	167.2	1.4	Little or no disparity
Lesbian, gay, or bisexual	113.8	1.0	Reference Group

Primary Language	Rate	Disparity Ratio	Grade
English	154.6	5.3	Requires urgent intervention
Spanish	29.2	1.0	Reference Group
American Sign Language	97.0	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Rate	Disparity Ratio	Grade
Adult	166.7	20.0	N/A
Child	8.3	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)

Measured as the number of people experiencing homelessness on a given night per 10,000 people in the population, Native Hawaiians and Pacific Islanders have the highest rate of homelessness. American Indians/Alaska Natives have the second highest rate, followed by African Americans, people who identify as two or more races, and Hispanics. (annual homeless report to congress 2018)

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Rate of Tobacco Use per 1,000 Population - FY23

Race/Ethnicity	Tobacco Use Rate	Disparity Ratio	Grade
Black/African American	335.6	3.4	Requires urgent intervention
Hispanic or Latino	193.4	2.0	Requires intervention
Non-Hispanic White	293.9	3.0	Requires urgent intervention
Alaska Native/Amer. Indian	352.9	3.6	Requires urgent intervention
Asian	99.2	1.0	Reference Group
More than One Race	262.7	2.7	Requires major intervention
Hawaiian/Pacific Islander	303.0	N/A	Not Enough Data

Gender Identity	Tobacco Use Rate	Disparity Ratio	Grade
Cisgender Male	287.8	1.4	Little or no disparity
Cisgender Female	212.4	1.0	Reference Group
Transgender	227.3	1.1	Little or no disparity

Sexual Orientation	Tobacco Use Rate	Disparity Ratio	Grade
Straight (heterosexual)	279.3	1.1	Little or no disparity
Lesbian, gay, or bisexual	265.0	1.0	Reference Group

Primary Language	Tobacco Use Rate	Disparity Ratio	Grade
English	252.7	4.3	Requires urgent intervention
Spanish	58.9	1.0	Reference Group
American Sign Language	211.5	3.6	Requires urgent intervention
Arabic	128.2	N/A	Not Enough Data

Age Group	Tobacco Use Rate	Disparity Ratio	Grade
Adult	272.8	12.7	N/A
Child	21.5	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).

Rate of Residents in a Food Desert per 1,000 Population - FY23

Race/Ethnicity	Food Desert Rate	Disparity Ratio	Grade
Black/African American	19.4	1.2	Little or no disparity
Hispanic or Latino	20.4	1.3	Little or no disparity
Non-Hispanic White	17.5	1.0	Reference Group
Alaska Native/Amer. Indian	30.0	N/A	Not Enough Data
Asian	7.6	N/A	Not Enough Data
More than One Race	13.2	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Food Desert Rate	Disparity Ratio	Grade
Cisgender Male	16.1	1.0	Reference Group
Cisgender Female	21.2	1.3	Little or no disparity
Transgender	19.0	N/A	Not Enough Data

Sexual Orientation	Food Desert Rate	Disparity Ratio	Grade
Straight (heterosexual)	19.5	1.0	Reference Group
Lesbian, gay, or bisexual	14.3	N/A	Not Enough Data

Primary Language	Food Desert Rate	Disparity Ratio	Grade
English	17.8	1.0	Reference Group
Spanish	29.2	1.6	Needs monitoring
American Sign Language	19.4	N/A	Not Enough Data
Arabic	26.3	N/A	Not Enough Data

Age Group	Food Desert Rate	Disparity Ratio	Grade
Adult	18.6	1.1	N/A
Child	17.6	1.0	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).

Psychiatric Hospitalization Rate per 1,000 Population - FY23

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	40.0	1.0	Reference Group
Hispanic or Latino	48.0	1.2	Little or no disparity
Non-Hispanic White	54.4	1.4	Little or no disparity
Alaska Native/Amer. Indian	49.0	N/A	Not Enough Data
Asian	45.8	N/A	Not Enough Data
More than One Race	35.3	N/A	Not Enough Data
Hawaiian/Pacific Islander	60.6	N/A	Not Enough Data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	55.1	1.2	Little or no disparity
Cisgender Female	46.1	1.0	Reference Group
Transgender	66.8	1.4	Needs monitoring

Sexual Orientation	Rate	Disparity Ratio	Grade
Straight (heterosexual)	46.6	1.1	Little or no disparity
Lesbian, gay, or bisexual	38.7	1.0	Reference Group

Primary Language	Rate	Disparity Ratio	Grade
English	50.6	1.0	Reference Group
Spanish	60.1	1.2	Little or no disparity
American Sign Language	9.6	N/A	Not Enough Data
Arabic	51.3	N/A	Not Enough Data

Age Group	Rate	Disparity Ratio	Grade
Adult	55.7	2.8	N/A
Child	19.5	1.0	N/A

Between 2014 and 2019, the national Hispanic population increased by 4.5%, or 5.2 million people. During the same period, the proportion of facilities that offered treatment in Spanish declined by 17.8%, or a loss of 1,163 Spanish-speaking mental health facilities. (Washington, DC, Pew Research Center, 2020)

Overall, 44 states saw a decline in the availability of services in Spanish, despite growth in Hispanic populations across all states. Among states with the fastest Hispanic population growth, several also experienced the greatest reduction in Spanish-language services. (Washington, DC, Pew Research Center, 2020)

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Rate of Parole/Probation Involvement per 1,000 Population - FY23

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	58.7	1.4	Little or no disparity
Hispanic or Latino	43.4	1.0	Reference Group
Non-Hispanic White	46.4	1.1	Little or no disparity
Alaska Native/Amer. Indian	49.0	N/A	Not Enough Data
Asian	15.3	N/A	Not Enough Data
More than One Race	39.7	N/A	Not Enough Data
Hawaiian/Pacific Islander	60.6	N/A	Not Enough Data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	44.8	1.9	Needs monitoring
Cisgender Female	23.1	1.0	Reference Group
Transgender	40.7	N/A	Not Enough Data

Sexual Orientation	Rate	Disparity Ratio	Grade
Straight (heterosexual)	77.9	1.5	Little or no disparity
Lesbian, gay, or bisexual	52.0	1.0	Reference Group

Primary Language	Rate	Disparity Ratio	Grade
English	39.1	1.0	Reference Group
Spanish	6.9	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	Rate	Disparity Ratio	Grade
Adult	48.4	1.0	N/A
Child	0.0	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)

Rate with an Arrest per 1,000 Population - FY23

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	267.6	3.4	Requires urgent intervention
Hispanic or Latino	181.6	2.3	Requires intervention
Non-Hispanic White	174.1	2.2	Requires intervention
Alaska Native/Amer. Indian	225.5	2.9	Requires major intervention
Asian	78.9	1.0	Reference Group
More than One Race	163.4	2.1	Requires intervention
Hawaiian/Pacific Islander	212.1	N/A	Not Enough Data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	220.2	1.5	Needs monitoring
Cisgender Female	142.9	1.0	Reference Group
Transgender	149.7	1.1	Little or no disparity

Sexual Orientation	Rate	Disparity Ratio	Grade
Straight (heterosexual)	201.4	1.2	Little or no disparity
Lesbian, gay, or bisexual	165.7	1.0	Reference Group

Primary Language	Rate	Disparity Ratio	Grade
English	184.4	3.4	Requires urgent intervention
Spanish	54.3	1.0	Reference Group
American Sign Language	105.8	N/A	Not Enough Data
Arabic	51.3	N/A	Not Enough Data

Age Group	Rate	Disparity Ratio	Grade
Adult	182	21.0	N/A
Child	8.7	0.0	N/A

Black individuals are often overrepresented in the criminal justice system. Racial disparities in Travis County were further exacerbated in 2023 as a result of a partnership with DPS. In April 2023, the Travis County Attorney's Office released statistics revealing stark racial disparities in misdemeanor charges issued by DPS, showing nearly nine out of 10 of those arrested were Black or Latino. (Texas Tribune, May 2023).

Death Rate (All-Cause) per 1,000 Population - FY23

Race/Ethnicity	Death Rate	Disparity Ratio	Grade
Black/African American	5.4	1.8	Needs monitoring
Hispanic or Latino	3.0	1.0	Reference Group
Non-Hispanic White	8.0	2.7	Requires major intervention
Alaska Native/Amer. Indian	0.0	N/A	Not Enough Data
Asian	0.0	N/A	Not Enough Data
More than One Race	2.2	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Death Rate	Disparity Ratio	Grade
Cisgender Male	6.3	1.9	Needs monitoring
Cisgender Female	3.4	1.0	Reference Group
Transgender	5.3	N/A	Not Enough Data

Sexual Orientation	Death Rate	Disparity Ratio	Grade
Straight (heterosexual)	2.6	1.0	Reference Group
Lesbian, gay, or bisexual	5.7	N/A	Not Enough Data

Primary Language	Death Rate	Disparity Ratio	Grade
English	5.4	1.0	Reference Group
Spanish	1.1	N/A	Not Enough Data
American Sign Language	9.6	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Death Rate	Disparity Ratio	Grade
Adult	5.9	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).

Mortality is higher among men than women for all the 12 leading causes of death in the United States, a new report shows. Also, the incidence of most types of cancer is higher among men, who lose 16% more years of potential life before the age of 75 to cancer than women do, the study found. (Journal of Men's Health & Gender)

Death by Suicide Rate per 1,000 Population - FY23

Race/Ethnicity	Death Rate	Disparity Ratio	Grade
Black/African American	0.4	1.3	Little or no disparity
Hispanic or Latino	0.3	1.0	Reference Group
Non-Hispanic White	0.8	2.7	Requires major intervention
Alaska Native/Amer. Indian	0.0	N/A	Not Enough Data
Asian	0.0	N/A	Not Enough Data
More than One Race	2.2	7.3	Requires urgent intervention
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Death Rate	Disparity Ratio	Grade
Cisgender Male	0.8	4.0	Requires urgent intervention
Cisgender Female	0.2	1.0	Reference Group
Transgender	2.7	13.5	Requires urgent intervention

Sexual Orientation	Death Rate	Disparity Ratio	Grade
Straight (heterosexual)	0.5	1.0	Reference group
Lesbian, gay, or bisexual	1.4	2.8	Requires major intervention

Primary Language	Death Rate	Disparity Ratio	Grade
English	0.5	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	0.6	1.0	N/A
Child	0.0	0.0	N/A

A CDC study of 2021 suicides noted that suicides are happening more often in younger minorities, compared to older white adults. The report demonstrates disparities in suicide rates among populations based on race and ethnicity and age group in the context of overall suicide rates nearly returning to their peak after years of declines. (CDC, 2023).

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.

Overdose Death Rate per 1,000 Population - FY23

Race/Ethnicity	Death Rate	Disparity Ratio	Grade
Black/African American	2.0	6.7	Requires urgent intervention
Hispanic or Latino	0.3	1.0	Reference Group
Non-Hispanic White	1.3	4.3	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	1.6	3.2	Requires urgent intervention
Cisgender Female	0.5	1.0	Reference Group
Transgender	0.0	N/A	Not Enough Data

Sexual Orientation	Death Rate	Disparity Ratio	Grade
Straight (heterosexual)	0.6	1.0	Reference Group
Lesbian, gay, or bisexual	0.0	N/A	Not Enough Data

Primary Language	Death Rate	Disparity Ratio	Grade
English	1.1	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	1.2	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).

From 2020 through 2021, the age-adjusted rate of drug overdose deaths for males increased. For each year from 2001 through 2021, the rate for males was higher than for females. (NCHS Data Brief No. 457, December 2022)

Heart Disease Death Rate per 1,000 Population - FY23

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	0.9	4.5	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	0.5	1.0	Reference Group
Cisgender Female	0.5	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	0.5	1.0	Reference Group
Spanish	0.6	1.2	Little or no disparity
American Sign Language	9.6	19.2	Requires urgent intervention
Arabic	0.0	N/A	Not Enough Data

Age Group	Death Rate	Disparity Ratio	Grade
Adult	0.6	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 - FY23

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	67.8	1.9	Needs monitoring
Hispanic or Latino	41.4	1.2	Little or no disparity
Non-Hispanic White	35.4	1.0	Reference Group
Alaska Native/Amer. Indian	68.6	N/A	Not Enough Data
Asian	33.1	N/A	Not Enough Data
More than One Race	11.0	N/A	Not Enough Data
Hawaiian/Pacific Islander	30.3	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	38.6	1.0	Reference Group
Cisgender Female	47.7	1.2	Little or no disparity
Transgender	26.7	N/A	Not Enough Data

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	31.3	1.0	Reference Group
Lesbian, gay, or bisexual	24.4	N/A	Not Enough Data

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	40.2	1.5	Needs monitoring
Spanish	26.9	1.0	Reference Group
American Sign Language	134.6	N/A	Not Enough Data
Arabic	153.8	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	45.9	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).

Rate of Hypertension per 1,000 Population - FY23

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	169.9	3.0	Requires urgent intervention
Hispanic or Latino	66.5	1.2	Little or no disparity
Non-Hispanic White	82.9	1.5	Needs monitoring
Alaska Native/Amer. Indian	107.8	N/A	Not Enough Data
Asian	56.0	1.0	Reference Group
More than One Race	39.7	N/A	Not Enough Data
Hawaiian/Pacific Islander	121.2	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	92.9	1.1	Little or no disparity
Cisgender Female	88.6	1.0	Reference Group
Transgender	45.5	N/A	Not Enough Data

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	68.8	1.4	Little or no disparity
Lesbian, gay, or bisexual	48.7	1.0	Reference Group

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	88.5	3.0	Requires urgent intervention
Spanish	29.2	1.0	Reference Group
American Sign Language	173.1	N/A	Not Enough Data
Arabic	179.5	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	97.6	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).

Asthma Rate per 1,000 Population - FY23

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	68.2	3.0	Requires urgent intervention
Hispanic or Latino	22.8	1.0	Reference Group
Non-Hispanic White	28.2	1.2	Little or no disparity
Alaska Native/Amer. Indian	39.2	N/A	Not Enough Data
Asian	12.7	N/A	Not Enough Data
More than One Race	28.7	N/A	Not Enough Data
Hawaiian/Pacific Islander	30.3	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	23.6	1.0	Reference Group
Cisgender Female	42.5	1.8	Needs monitoring
Transgender	21.4	N/A	Not Enough Data

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	24.9	1.0	Reference Group
Lesbian, gay, or bisexual	34.4	1.4	Little or no disparity

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	32.6	1.0	Reference Group
Spanish	4.0	N/A	Not Enough Data
American Sign Language	86.5	N/A	Not Enough Data
Arabic	51.3	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	34.8	1	N/A
Child	3.9	N/A	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).

LGBTQ population have higher rates of asthma than their heterosexual counterparts.(Ann Allergy Asthma Immunol. 2016) A more recent analysis of data from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS) indicates that asthma is disproportionately diagnosed among LGB individuals. (Am J Public Health. 2010)

Integral Care

Obesity Rate per 1,000 Population - FY23

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	35.6	1.7	Needs monitoring
Hispanic or Latino	23.3	1.1	Little or no disparity
Non-Hispanic White	20.5	1.0	Reference Group
Alaska Native/Amer. Indian	19.6	N/A	Not Enough Data
Asian	7.6	N/A	Not Enough Data
More than One Race	6.6	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	16.7	1.0	Reference Group
Cisgender Female	30.5	1.8	Needs monitoring
Transgender	16.0	N/A	Not Enough Data

Sexual Orientation	Rate	Disparity Ratio	Grade
Straight (heterosexual)	10.8	1.0	Reference Group
Lesbian, gay, or bisexual	4.3	N/A	Not Enough Data

Primary Language	Rate	Disparity Ratio	Grade
English	22.0	1.4	Little or no disparity
Spanish	16.0	1.0	Reference Group
American Sign Language	28.8	N/A	Not Enough Data
Arabic	25.6	N/A	Not Enough Data

Age Group	Rate	Disparity Ratio	Grade
Adult	24.3	1.0	N/A
Child	1.4	N/A	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 - FY23

Race/Ethnicity	Rate	Disparity Ratio	Grade
Black/African American	17.7	2.3	Requires intervention
Hispanic or Latino	7.8	1.0	Reference Group
Non-Hispanic White	10.8	1.4	Little or no disparity
Alaska Native/Amer. Indian	29.4	N/A	Not Enough Data
Asian	2.5	N/A	Not Enough Data
More than One Race	6.6	N/A	Not Enough Data
Hawaiian/Pacific Islander	0.0	N/A	Not Enough Data

Gender Identity	Rate	Disparity Ratio	Grade
Cisgender Male	15.0	3.1	Requires urgent intervention
Cisgender Female	4.8	1.0	Reference Group
Transgender	24.1	N/A	Not Enough Data

Sexual Orientation	Rate	Disparity Ratio	Grade
Straight (heterosexual)	5.4	1.0	Reference Group
Lesbian, gay, or bisexual	58.7	10.9	Requires urgent intervention

Primary Language	Rate	Disparity Ratio	Grade
English	10.5	1.0	Reference Group
Spanish	1.1	N/A	Not Enough Data
American Sign Language	9.6	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Rate	Disparity Ratio	Grade
Adult	11.2	1.0	N/A
Child	0.0	N/A	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 - FY23

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	169.5	3.3	Requires urgent intervention
Hispanic or Latino	111.1	2.2	Requires intervention
Non-Hispanic White	117.5	2.3	Requires intervention
Alaska Native/Amer. Indian	186.3	N/A	Not Enough Data
Asian	50.9	1.0	Reference Group
More than One Race	139.1	2.7	Requires major intervention
Hawaiian/Pacific Islander	121.2	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	146.3	1.6	Needs monitoring
Cisgender Female	92.0	1.0	Reference Group
Transgender	147.1	1.6	Needs monitoring

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	141.1	1.0	Reference Group
Lesbian, gay, or bisexual	167.6	1.2	Little or no disparity

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	122.8	4.8	Requires urgent intervention
Spanish	25.7	1.0	Reference Group
American Sign Language	28.8	N/A	Not Enough Data
Arabic	25.6	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	131.7	15.1	N/A
Child	8.7	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)

Alcohol-Related Disorder Rate per 1,000 Population - FY23

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	124.0	1.3	Little or no disparity
Hispanic or Latino	99.3	1.0	Little or no disparity
Non-Hispanic White	138.9	1.4	Little or no disparity
Alaska Native/Amer. Indian	254.9	2.6	Requires major intervention
Asian	38.2	N/A	Not Enough Data
More than One Race	97.1	N/A	Reference Group
Hawaiian/Pacific Islander	60.6	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	138.3	1.8	Needs monitoring
Cisgender Female	89.3	1.2	Little or no disparity
Transgender	75.9	1.0	Reference Group

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	129.9	1.1	Little or no disparity
Lesbian, gay, or bisexual	124.6	1.0	Reference Group

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	115.3	5.3	Requires urgent intervention
Spanish	21.7	1.0	Reference Group
American Sign Language	86.5	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	125	1.0	N/A
Child	0.2	N/A	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).

Opioid-Related Disorder Rate per 1,000 Population - FY23

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	18.7	1.0	Reference Group
Hispanic or Latino	36.6	2.0	Requires intervention
Non-Hispanic White	69.4	3.7	Requires urgent intervention
Alaska Native/Amer. Indian	29.4	N/A	Not Enough Data
Asian	12.7	N/A	Not Enough Data
More than One Race	39.8	N/A	Not Enough Data
Hawaiian/Pacific Islander	30.3	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	50.7	1.4	Little or no disparity
Cisgender Female	36.5	1.0	Reference Group
Transgender	18.7	N/A	Not Enough Data

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	44.8	1.0	Reference Group
Lesbian, gay, or bisexual	32.0	N/A	Not Enough Data

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	43.6	1.0	Reference Group
Spanish	2.3	N/A	Not Enough Data
American Sign Language	19.4	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	46.8	1.0	N/A
Child	0.0	N/A	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).

Stimulant-Related Disorder Rate per 1,000 Population - FY23

Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	138.2	1.4	Little or no disparity
Hispanic or Latino	101.9	1.0	Little or no disparity
Non-Hispanic White	137.8	1.4	Little or no disparity
Alaska Native/Amer. Indian	215.7	2.2	Requires intervention
Asian	40.7	N/A	Not Enough Data
More than One Race	99.3	1.0	Reference Group
Hawaiian/Pacific Islander	121.2	N/A	Not Enough Data

Gender Identity	Diagnosis Rate	Disparity Ratio	Grade
Cisgender Male	142.4	1.5	Needs monitoring
Cisgender Female	91.3	1.0	Reference Group
Transgender	119.2	1.3	Little or no disparity

Sexual Orientation	Diagnosis Rate	Disparity Ratio	Grade
Straight (heterosexual)	134.4	1.0	Reference Group
Lesbian, gay, or bisexual	149.0	1.1	Little or no disparity

Primary Language	Diagnosis Rate	Disparity Ratio	Grade
English	119.0	4.3	Requires urgent intervention
Spanish	28.0	1.0	Reference Group
American Sign Language	48.1	N/A	Not Enough Data
Arabic	0.0	N/A	Not Enough Data

Age Group	Diagnosis Rate	Disparity Ratio	Grade
Adult	129.8	1.0	N/A
Child	0.5	N/A	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).

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.

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