LTSS 1: Program Description

Element A: Program Description

Factor 6: How the organization promotes health equity

Plan of Action for Promoting Health Equity: (Page 19-20)

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Community Healthcore Intellectual and Developmental Disabilities Health Disparities Report Card

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December 2024

107 Woodbine Place, Longview, Texas 75601 | communityhealthcore.com

Introduction

Community Healthcore is dedicated to fostering health equity and improving the quality of life for individuals with Intellectual and Developmental Disabilities (IDD) across its nine-county service area in Northeast Texas, including Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, and Upshur counties. As a leading provider of mental, behavioral, and disability services in the region, Community Healthcore is uniquely positioned to address the unique challenges faced by individuals with IDD and their families. Many of these counties are designated as Medically Underserved Areas (MUAs) and Mental Health Professional Shortage Areas (HPSAs), underscoring the critical need for accessible, high-quality care for vulnerable populations.

The IDD Program at Community Healthcore is designed to empower individuals with intellectual and developmental disabilities to live with dignity, independence, and the opportunity to pursue their dreams. Recognizing the disparities in access to care, particularly for low-income, uninsured, and minority populations, the program focuses on providing person-centered, culturally competent services that meet the diverse needs of the community. By addressing barriers to care and promoting inclusion, the IDD Program strives to ensure that every individual, regardless of their background or circumstances, can achieve their highest potential.

Through innovative initiatives, collaborative partnerships, and a commitment to equity, Community Healthcore's IDD Program works tirelessly to bridge gaps in care and create a more inclusive future for all. By aligning with the organization's mission of "Helping people achieve Dignity, Independence, and their Dreams," the IDD Program reaffirms its dedication to improving health outcomes and enhancing the lives of individuals with IDD and their families across Northeast Texas.

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Demographic

Demographic	IDD Population	%	Community Healthcore	%	Catchment Area	%
Black/African American	396	32.6%	3,478	**23.9%**	84,291	**18.6%**
Hispanic/Latino	60	5.0%	832	**5.7%**	59,736	**13.2%**
Non-Hispanic White	691	56.9%	7,823	**53.7%**	314,912	**69.6%**
Asian	9	0.7%	23	**0.2%**	4,497	**0.9%**
Some Other Race	49	4.0%	2,337	**16.0%**	9,461	**2.1%**
Two or More Race	13	1.1%	206	**1.4%**	37,542	**8.3%**
Total Population	1,213		14,568		452,578	

UNDERSTANDING THE REPORT CARD

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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 require 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.

Largest Race/Ethnicity Disparities

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Indicator	Population With Highest Rate	Highest Rate	Reference Group with Lowest Rate	Lowest Rate	Disparity Ratio	Disparity Grade
Learning Disorder	Non-Hispanic White	14.1	Other Race	1.0	14.1	Requires urgent intervention
Autism	Non-Hispanic White	1.9	Black/African American	1.0	1.9	Need monitoring
Seizure	Non-Hispanic White	1.0	Black/African American	0.3	1.0	Little or no disparity
Food Desert	Non-Hispanic White	17.0	More Than One Race	1.0	17.0	Requires urgent intervention

Gender & Age Disparities

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Indicator	Population With Highest Rate	Highest Rate	Reference Group with Lowest Rate	Lowest Rate	Disparity Ratio	Disparity Grade
Learning Disorder	Adult	10.9	Child	1.0	10.9	Requires urgent intervention
Autism	Male	2.3	Female	1.0	2.3	Requires Intervention
Food Desert	Adult	11.4	Child	1.0	11.4	Requires urgent intervention

FY24 Disparities - Significant Findings

1. Learning Disorders:
   - Non-Hispanic White individuals have the highest rate of diagnosed learning disorders (14.1 per 1,000).
   - Black/African American individuals have a significantly high disparity ratio of 8.1, requiring urgent intervention.
   - Hispanic/Latino populations have a lower diagnosis rate, which may indicate underdiagnosis due to cultural or systemic barriers.

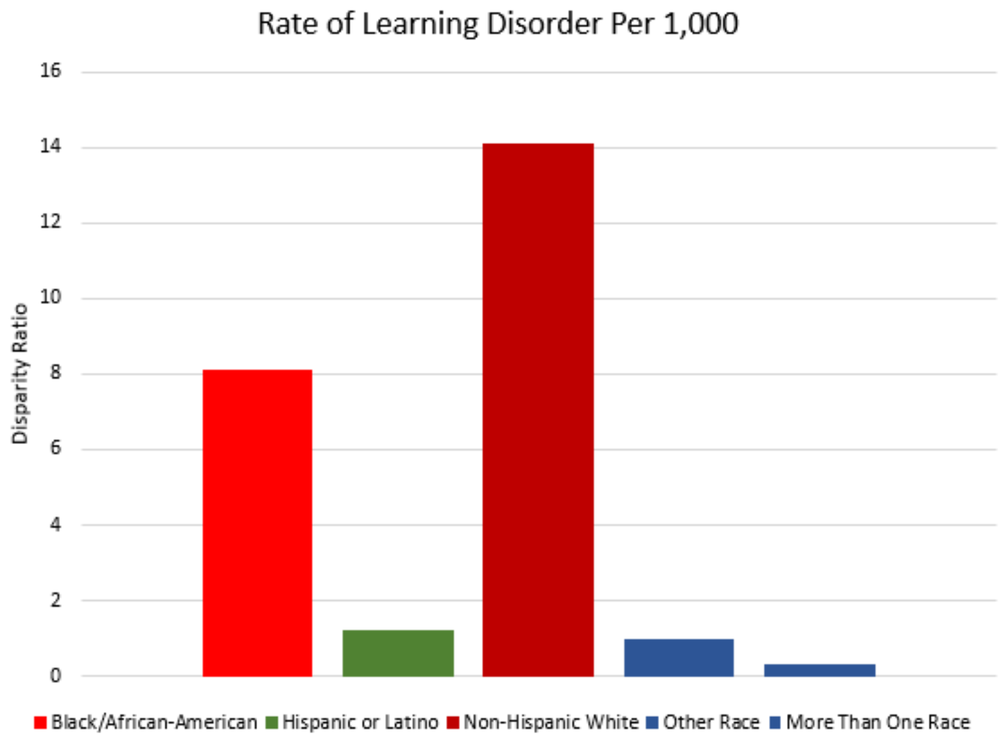
2. Autism Diagnosis:
   - Non-Hispanic White individuals are diagnosed with autism at a higher rate (1.9 per 1,000), while Black/African Americans have the lowest diagnosis rate (1.0).
   - Males (2.3 per 1,000) are diagnosed more frequently than females, suggesting possible underdiagnosis in females.
   - Adults have a significantly higher disparity ratio (3.2), requiring urgent intervention.

3. Food Desert:
   - Non-Hispanic Whites (17.0 per 1,000) and Black/African Americans (10.0 per 1,000) face the highest rates of food insecurity.
   - Adults experience significantly higher food insecurity (11.4 disparity ratio) compared to children.

4. Gender and Age Disparities:
   - Adults have much higher rates of diagnosed learning disorders (916.7 per 1,000) compared to children (84.1 per 1,000), suggesting potential gaps in early childhood identification.
   - The male-to-female ratio in autism diagnosis remains high (3:1), potentially due to diagnostic biases.

Rate of Learning Disorder Per 1,000 Population

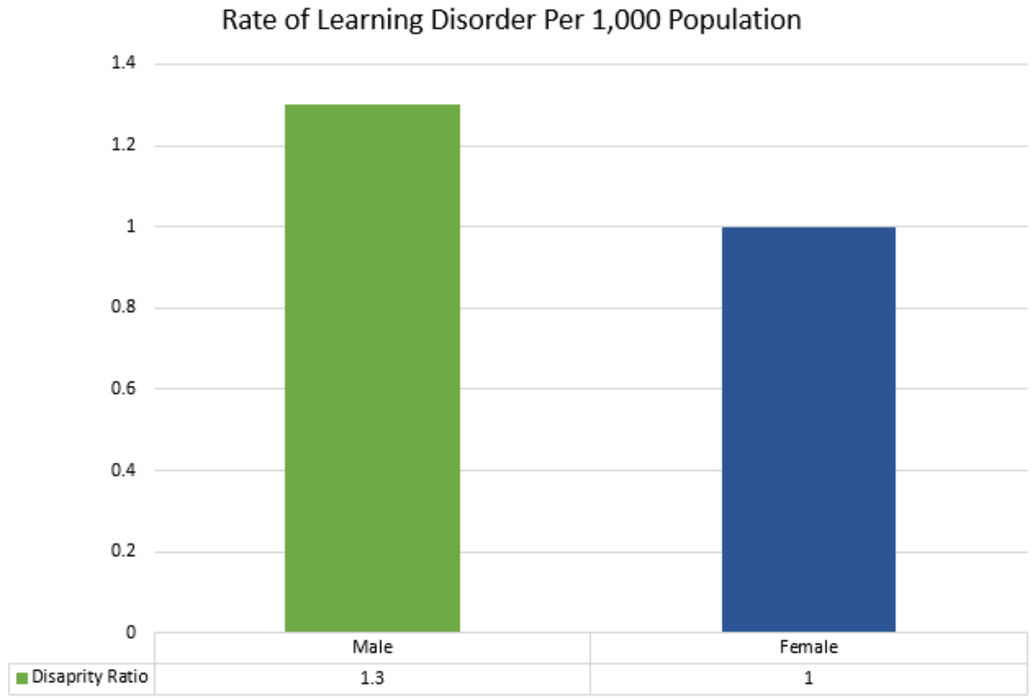
Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	326.5	8.1	Requires urgent intervention
Hispanic or Latino	48.5	1.2	Little or no disparity
Non-Hispanic White	569.7	14.1	Requires urgent intervention
Other Race	40.4	1.0	Reference Group
More Than One Race	10.7	N/A	Not enough data



Racial and ethnic minority adults in Texas face significant barriers in accessing diagnosis and support for learning disorders, often due to systemic inequities, cultural stigma, and a lack of targeted resources. These disparities not only hinder personal and professional growth but also perpetuate cycles of inequality in education and employment. (Morgan, Wood, Gloski, et al, 2022)

Rate of Learning Disorder Per 1,000 Population Cont.

Gender	Diagnosis Rate	Disparity Ratio	Grade
Male	560.6	1.3	Little or no disparity
Female	439.6	1.0	Reference Group

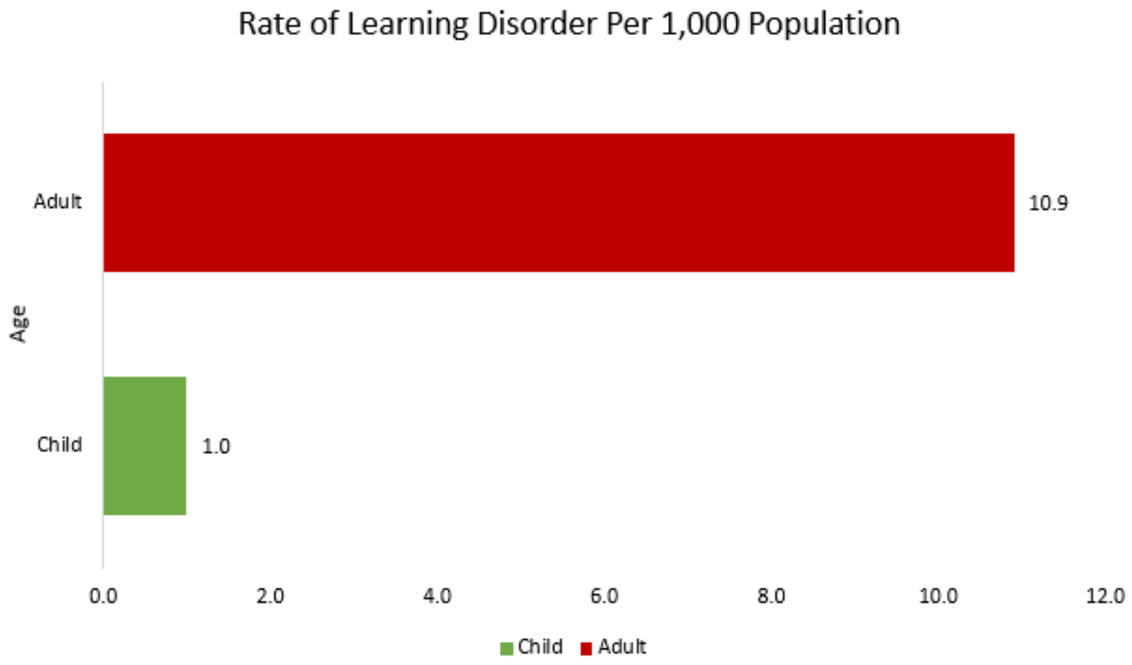


While adult males in Texas are more likely to be diagnosed with learning disorders such as ADHD, females often remain underdiagnosed or misdiagnosed, leading to significant mental health and occupational challenges. These gender disparities highlight the need for more nuanced and inclusive approaches to identifying and supporting adults with learning disorders" (Quinn, 2018)

Rate of Learning Disorder Per 1,000 Population Cont.

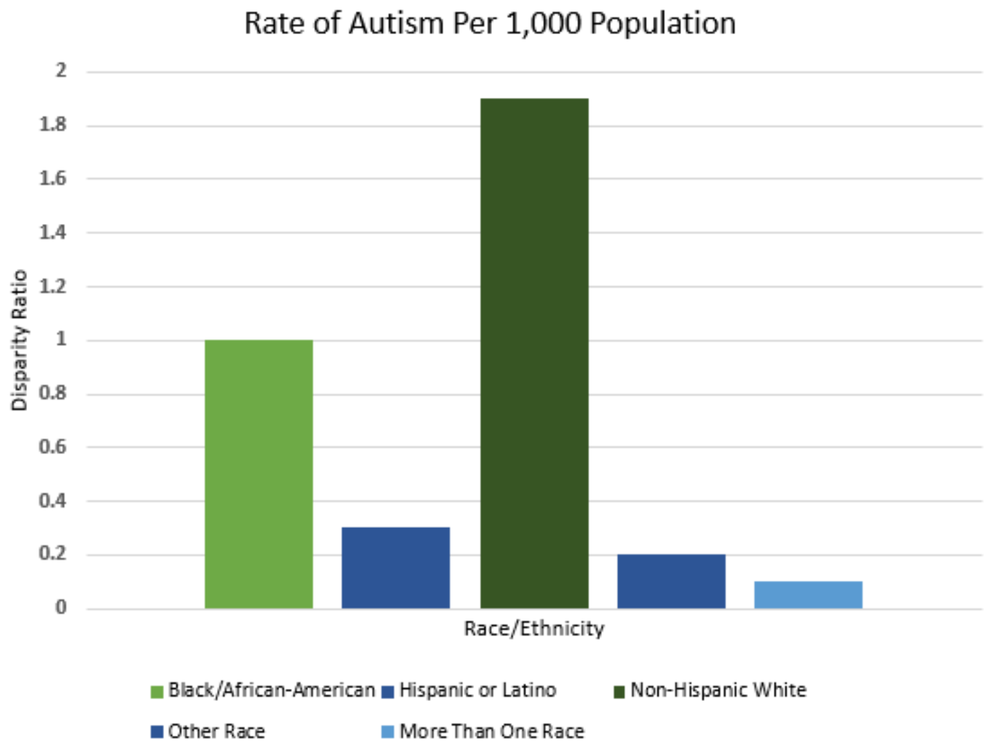
Age	Diagnosis Rate	Disparity Ratio	Grade
Child	84.1	1.0	Reference Group
Adult	916.7	10.9	Requires urgent intervention

Research shows that, individuals with learning disabilities are 2 to 5 times more likely to report mental health problems, including distress, depression, and anxiety. (Aro, Eklund, Eloranata, et al, 2019)



Rate of Autism Per 1,000 Population

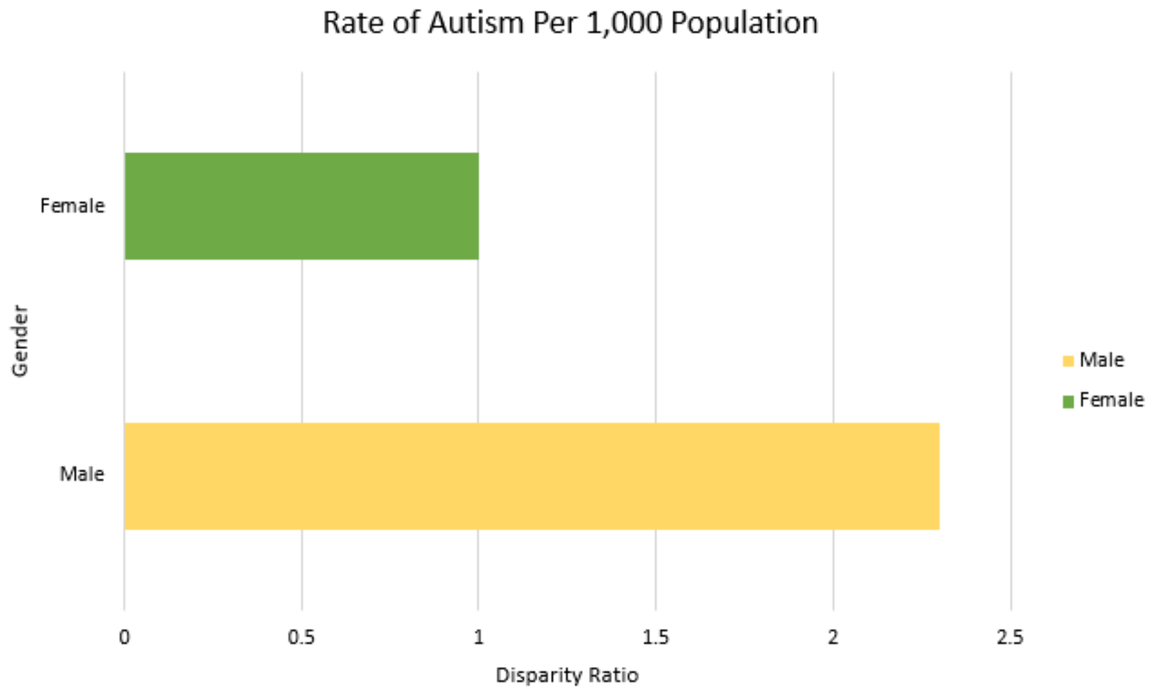
Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	295.9	1.0	Reference Group
Hispanic or Latino	N/A	N/A	Not enough data
Non-Hispanic White	551.0	1.9	Needs monitoring
Other Race	N/A	N/A	Not enough data
More th	N/A	N/A	Not enough data



Research indicates significant disparities in autism spectrum disorder (ASD) diagnosis and prevalence across different racial and ethnic groups. Historically, White children have been more likely to receive an ASD diagnosis compared to Black and Hispanic children. For instance, a study found that White children were 19% and 65% more likely to be diagnosed with ASD than Black and Hispanic children, respectively. (Aylward, Gal-Szabo & Taraman, 2021)

Rate of Autism Per 1,000 Population Cont.

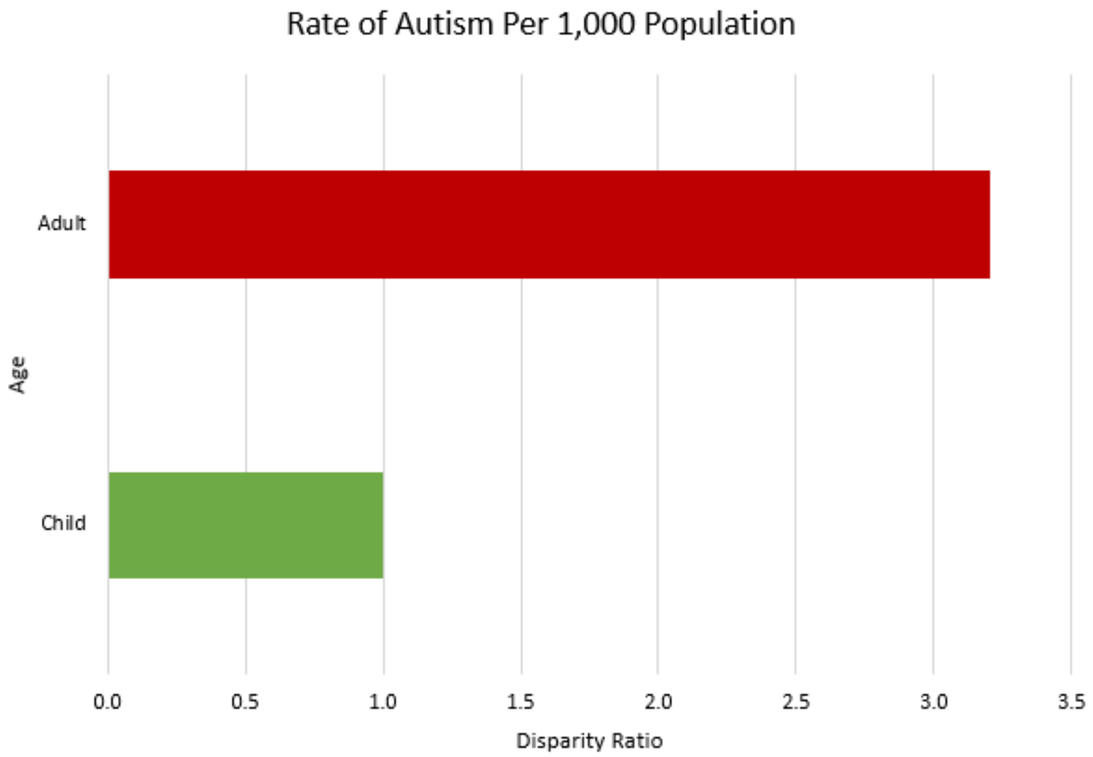
Gender	Diagnosis Rate	Disparity Ratio	Grade
Male	306.1	2.3	Requires Intervention
Female	693.8	1.0	Reference Group



Historically, ASD has been diagnosed more frequently in males than females. The commonly cited male-to-female ratio is approximately 4:1. However, recent research suggests this disparity may be closer to 3:1, indicating potential underdiagnosis in females. Factors contributing to this include diagnostic biases and the tendency for females to exhibit less overt symptoms or to camouflage them more effectively. (Loomes & Mandy, 2017)

Rate of Autism Per 1,000 Population Cont.

Age	Diagnosis Rate	Disparity Ratio	Grade
Child	239.8	1.0	Reference Group
Adult	760.2	3.2	Requires urgent intervention



ASD is typically identified during early childhood, with the highest prevalence observed among children aged 5 to 8 years. A 2022 study reported a prevalence of 30.3 per 1,000 children in this age group. Diagnosis rates decline with age, particularly among individuals aged 45 years and older. This trend may be due to historical underdiagnosis, evolving diagnostic criteria, and increased awareness in recent years. (Grosvenor, Lynch, Marafino, et al, 2024)

Rate of Seizure Per 1,000 Population

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Race/Ethnicity	Diagnosis Rate	Disparity Ratio	Grade
Black/African American	6.6	0.3	Not enough data
Hispanic or Latino	N/A	N/A	Not enough data
Non-Hispanic White	19.8	1.0	Reference Group
Other Race	N/A	N/A	Not enough data
More th	N/A	N/A	Not enough data

Rate of Seizure Per 1,000 Population Cont.

Gender	Diagnosis Rate	Disparity Ratio	Grade
Male	17.3	1.0	Little or no disparity
Female	11.5	0.7	Reference Group

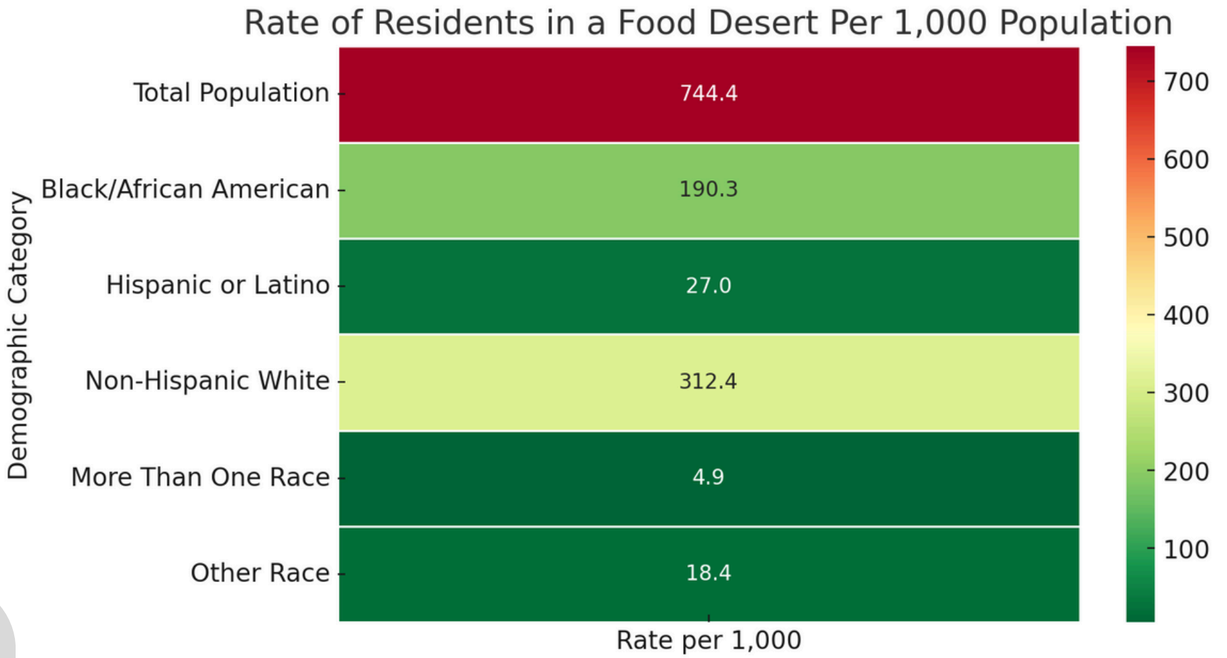
Prevalence: Studies indicate that the overall incidence of epilepsy is slightly higher in males than in females. This disparity may be attributed to factors such as increased exposure to risk factors like brain injuries among men. (Hu, Shan, Du, et al, 2017)

Age	Diagnosis Rate	Disparity Ratio	Grade
Child	N/A	N/A	Not enough data
Adult	25.6	1.0	Reference Group

Studies shows that children have a slightly higher likelihood of experiencing a second seizure compared to adults. Specifically, at six months post-seizure, the recurrence rate was 30% in children and 25% in adults. These rates increased to 36% in children and 34% in adults at one year, and to 42% in children and 41% in adults at two years. This suggests that while both groups face significant risks of seizure recurrence, children may have a marginally higher risk in the initial months following a first seizure. (Nelign, Adan, Nevitt, et al,2023)

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

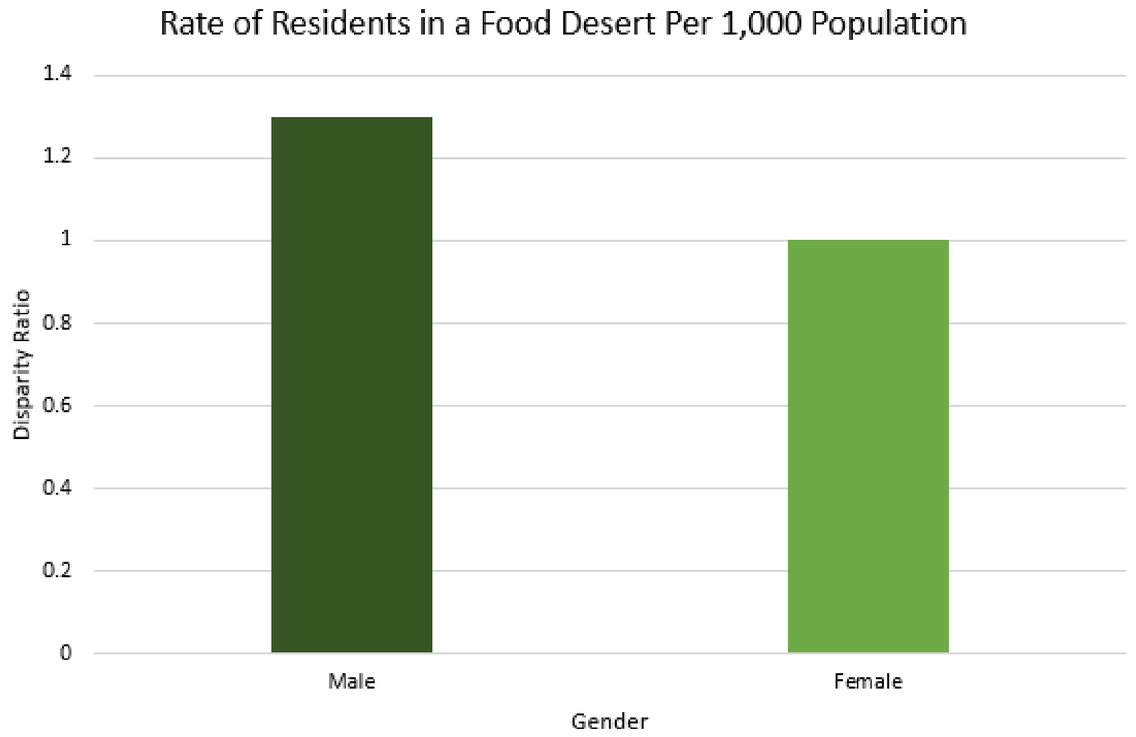
Race/Ethnicity	Food Desert Rate	Disparity Ratio	Grade
Black/African American	190.3	10.0	Requires urgent intervention
Hispanic or Latino	27.0	1.5	Need monitoring
Non-Hispanic White	312.4	17.0	Requires urgent intervention
Other Race	4.9	0.3	Not enough data
More Than One Race	18.4	1.0	Reference Group



Access to nutritious and affordable food is a significant challenge in rural Texas, where many communities are classified as “food deserts”. These areas lack sufficient grocery stores or supermarkets, compelling residents to travel long distances for fresh produce and healthy food options. (Texas Tribune, 2022)

Rate of Residents in a Food Desert per 1,000 Population Cont.

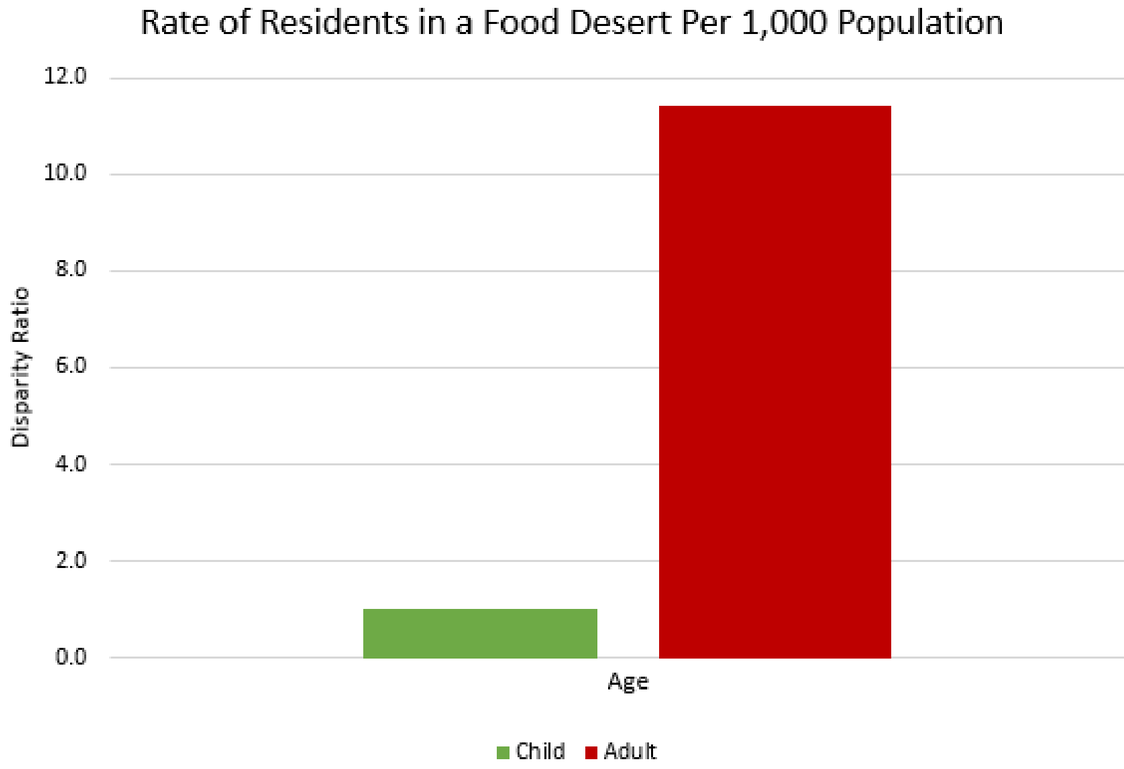
Gender	Food Desert Rate	Disparity Ratio	Grade
Male	64.3	1.3	Little or no disparity
Female	48.6	1.0	Reference Group



Food insecurity in the United States exhibits significant disparities across gender and racial line. In 2021, 5.9% of adults aged 18 and over lived in families experiencing food insecurity in the past 30 days. Notably, women were more likely to live in families experiencing foo insecurity (6.5%) than men (5.2%) (CDC, 2021)

Rate of Residents in a Food Desert per 1,000 Population Cont.

Age	Food Desert Rate	Disparity Ratio	Grade
Child	9.1	1.0	Reference
Adult	103.8	11.4	Requires urgent intervention



According to a study by Feeding America, food insecurity has risen in East Texas, with data indicating that 1 in 6 adults and 1 in 4 children face hunger with a meal gap of 40.8 million meals. (Hetrick, 2024)

Recommended Interventions

Learning Disorder

Black/African American and Non-Hispanic White Populations:

- **Community Engagement:** Organize community-based awareness campaigns that educate parents, teachers, and caregivers about the signs of learning disorders and the importance of early intervention. This could include partnerships with local churches, schools, and community centers.
- **Culturally Sensitive Messaging:** Ensure that the campaigns use culturally relevant examples, language, and materials that resonate with the experiences of these populations. Tailor the messaging to address any potential stigma around learning disorders.
- **Resource Accessibility:** Make information about available resources (e.g., free screenings, educational support, therapy options) easily accessible in both digital and physical formats within the community.

Improved Access to Diagnostic Services

Hispanic/Latino Populations:

- **Language Access:** Provide diagnostic services in both English and Spanish to ensure that Hispanic/Latino families can access support without language barriers. Hire bilingual staff or collaborate with translators to make services accessible.

- **Collaboration with Community Health Workers:** Use community health workers (promotors) to reach Hispanic/Latino families and guide them through the diagnostic process, ensuring that they feel supported throughout.

Recommended Interventions

Data Collection and Research

For All Populations:

- Improved Data Collection: Implement better data collection on learning disorders, particularly in underrepresented groups like Hispanic/Latino and Other Race populations. This will help ensure that interventions are based on accurate and current information.
- Ongoing Research: Invest in research that explores the underlying causes of learning disorders in diverse populations and how environmental, cultural, and socio-economic factors contribute to their prevalence.

Community Outreach and Programs:

- **Design food access initiatives** specially targeting Non-Hispanic Whites and Black/African American populations to reduce the impact of food deserts.
- **Policy Change and Investment:** Advocate for policies that incentivize grocery stores and healthy food outlets to open in food deserts, particularly in high-disparity areas.
- **Collaborative Efforts:** Partner with local famers, food banks, and non-profits to address food insecurity in high-disparity areas, especially Non-Hispanic White and Black/African American communities.

Actions to Recommended Interventions

Timeline	
Feburary 2025	**1. Learning Disorders (Black/African American and Non-Hispanic White Populations)** **Community Engagement:** • Crisis Intervention Specialist (CIS) participated in the City of Marshall Unity Festival and the Pathways to Possibilities Symposium to raise awareness about IDD and learning disorders. • These events targeted families, caregivers, and local leaders, offering information on early signs of learning disorders and available support services.
ongoing	**Culturally Sensitive Messaging:** • Staff engaged attendees using inclusive language and culturally relevant materials. • Training on cultural competency has been implemented to ensure staff messaging resonates with diverse populations.
Ongoing	**Resource Accessibility:** Resource materials were distributed in both digital and print formats at community events. Information included screening tools, educational support options, and behavioral therapy resources.

Actions to Recommended Interventions

Timeline	
Ongoing	**2. Improved Access to Diagnostic Services (Hispanic/Latino Populations)** **Language Access:** • Community Healthcore launched an improvement initiative to enhance race/ethnicity documentation in the EHR. • Staff received training in cultural sensitivity, avoiding bias, and correctly entering race/ethnicity data. • The intake process was reviewed to address language barriers and improve Hispanic/Latino representation. **Collaboration with Community Health Workers:** • CIS outreach at festivals and symposiums helped Hispanic families understand diagnostic options. • Bilingual support and inclusive event programming were prioritized to reduce language barriers and build trust.

Actions to Recommended Interventions

Timeline	
Ongoing	**3. Data Collection and Research (All Populations)** **Improved Data Collection:** • Audits were initiated to improve the accuracy of demographic data in our EHR system. • Intake forms and workflows are being updated to capture more reliable information, including multi-pick race/ethnicity options. • Support staff are now validating demographic data during client intake and face-to-face interactions. **Research-Based Planning:** • Health disparity data are being analyzed to guide outreach strategies and service expansion. • Underrepresented groups, including Hispanic/Latino and Other Race populations, are a primary focus for intervention design.

Actions to Recommended Interventions

Timeline	
Ongoing	**4. Community Outreach and Programs (Black/African American and Non-Hispanic White Communities)** **Collaborative Efforts on Food Insecurity:** • CIS provided information on SNAP benefits, emergency food support, and financial resources at local outreach events. • Participation in regional fairs enabled Community Healthcore to connect families with local food banks and nonprofits to address resource gaps.
March 25, 2025	**Developmental Disabilities Awareness Day** In March, Community Healthcore hosted its inaugural Developmental Disabilities Awareness Day with over 260 community members and 17 vendors in attendance. This event was part of a month-long campaign to educate the public on available IDD resources and reduce stigma.
April 30, 2025	**WIC Office Outreach:** Community Healthcore Recuritor also conduct targeted outreach by visiting local WIC offices to share information on IDD services. These efforts are aimed at reaching families early in the child development process and providing culturally relevant resources directly at the point of service. Flyers, brochures, and verbal guidance are offered to parents about screenings, therapies, and community support programs available through Community Healthcore.

Data Source

Indicator	Data Source
Learning Disorder	EHR. Active diagnoses during the given fiscal year
Autism	EHR. Active diagnoses during the given fiscal year
Seizure	EHR. Active diagnoses during the given fiscal year
Food Desert	EHR. Active diagnoses during the given Demographic addresses overlaid against USDA recognized food deserts in Community Healthcore 9 catchment area.

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