

Chronic Disease among Montana Adults Enrolled in Medicaid

Key Messages

- Montana adults enrolled in Medicaid have significant health disparities compared to all Montana adults.
- Community-based health promotion programs can help. Find out more by calling

1-844-MT HLT 4 U

Montana Chronic Disease Prevention and Health Promotion

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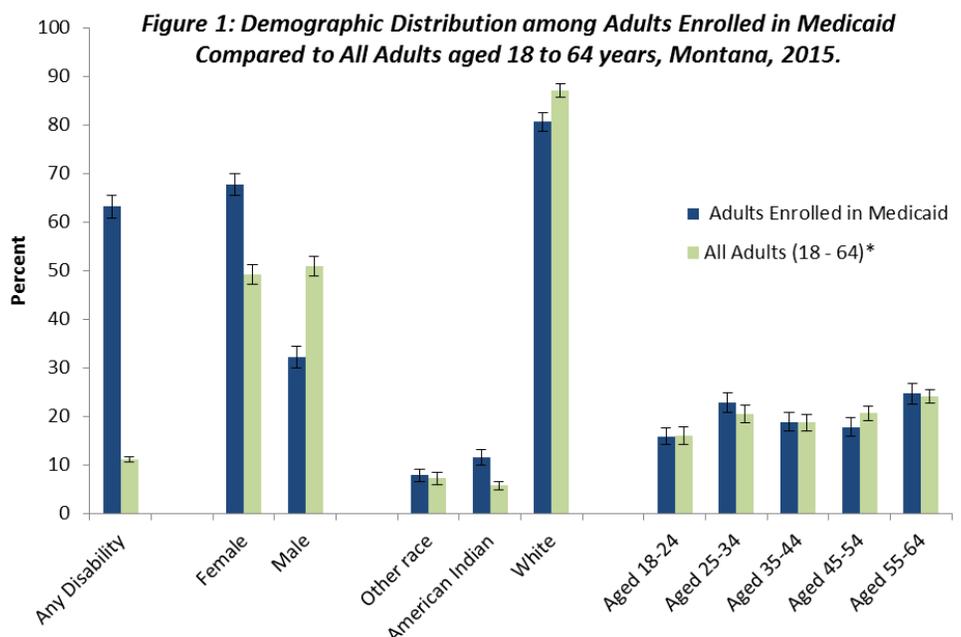
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Background

In Montana, prior to January 1, 2016, adults met the basic requirements to be eligible for Medicaid benefits if they met financial requirements (ranging from 50% to 200% of federal poverty level depending on other qualifications) and fall into one of the following groups: the parents or other related adults of dependent children; a pregnant woman; former foster care child age 18 up to 26; women diagnosed with breast or cervical cancer or pre-cancer; or a person who is blind or disabled based on criteria set by the Social Security Administration.¹ In 2012, a telephone survey of Montana adults aged 18 to 64 enrolled in Medicaid found significant health disparities among this population.² To continue monitoring the health status of adults enrolled in Medicaid and identify additional ways to target public health and clinical interventions for this group, the Montana Chronic Disease Prevention and Health Promotion Bureau (CDPHP) conducted another such survey in October of 2015, prior to Medicaid expansion which was implemented in January of 2016 in Montana. This report summarizes the chronic disease burden among adults enrolled in Medicaid as described by the survey.

Results

Adults enrolled in Medicaid had a similar age distribution as all Mon-



*Data for all adults from the 2014 Behavioral Risk Factor Surveillance System (BRFSS) for age, race and sex distribution. Disability prevalence is from the 2014 American Community Survey 1-year estimate.

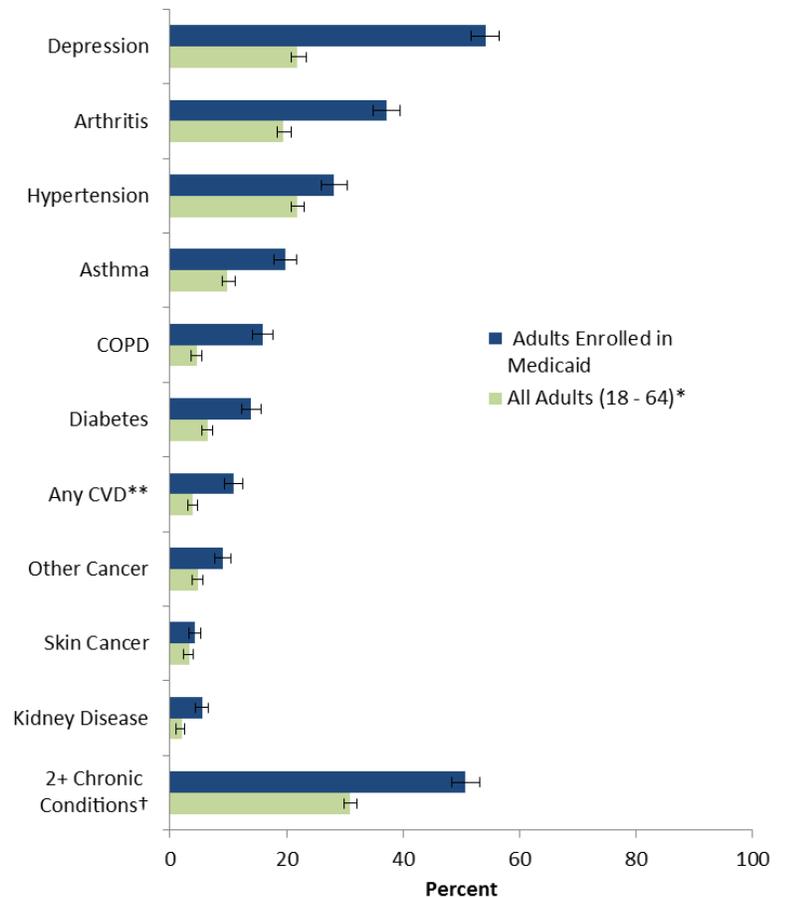
tana adults between the ages of 18 and 64 years (Figure 1). However, race and sex distributions of adults enrolled in Medicaid and all Montana adults were significantly different. Adults enrolled in Medicaid identified themselves as American Indian more often than all Montana adults. Over two thirds of all adults enrolled in Medicaid were female while there was a nearly equal proportion of males and females in the total population. Finally, due to Medicaid eligibility criteria, over 60% of adults enrolled in Medicaid reported having a disability, defined as having serious difficulty in at least one of the following areas: hearing, vision, cognition, walking, self-care, or independent living.

Two out of every five adults enrolled in Medicaid (39%) reported their general health to be fair or poor, almost three times more often than all Montana adults of the same age (data not shown). Adults enrolled in Medicaid reported having chronic conditions significantly more frequently than all Montana adults (Figure 2). The largest differences between all Montana adults and adults enrolled in Medicaid was in the prevalence of Chronic Obstructive Pulmonary Disease (COPD), reported by adults enrolled in Medicaid more than three times more often. Chronic kidney disease, cardiovascular disease (CVD), diabetes, asthma, and depression were reported by adults enrolled in Medicaid between two and three times more often. Half of all adults enrolled in Medicaid reported having two or more of these chronic conditions.

Conclusions

Our findings show that adults enrolled in Medicaid continue to have significant health disparities relative to the population as a whole. The prevalence of depression, cardiovascular disease, hypertension, lung disease, arthritis, diabetes, and multiple chronic conditions was significantly higher among the Medicaid respondents as compared to the general population. This high level of chronic disease burden has not changed significantly since adults enrolled in Medicaid was last surveyed in 2012.² It is essential that primary care providers and public health organizations strengthen and expand our

Figure 2: Prevalence of Selected Chronic Conditions among Adults Enrolled in Medicaid Compared to All Adults aged 18 to 64 years, Montana, 2015.



*Data for prevalence estimates among all adults are from the 2014 BRFSS for all conditions except hypertension and multiple chronic conditions. These prevalence estimates are from the 2013 BRFSS.

**Any cardiovascular disease (CVD) includes reporting ever having a heart attack, stroke, or being diagnosed with coronary heart disease.

†Includes having reported two or more of the following conditions: depression, arthritis, hypertension, asthma, COPD, diabetes, CVD, cancer (not including skin cancer), or chronic kidney disease.

work to prevent chronic disease and improve chronic disease self-management among adults enrolled in Medicaid.

Community-based programs that help people prevent and manage chronic disease such as the Walk with Ease Program, Chronic Disease Self-

Management Program, Quit Line Tobacco Cessation Program, and Diabetes Prevention Program are great resources for all Montana adults but especially for adults enrolled in Medicaid. Healthcare providers, social services professionals, and other community organizations (such as churches or community centers) play a major role in connecting adults enrolled in Medicaid to these programs. Complete information about what programs are available in your community is available through the Community Health Program Guide and interactive Community Program Map at <http://dphhs.mt.gov/publichealth/chronicdisease/CommunityBasedPrograms> or by calling 1-844-MTHLT4U (1-844-684-5848). Learn about what programs are available in your community and refer your patients /clients to programs that could benefit them.

Chronic disease disparities among adults enrolled in Medicaid can also be addressed by ensuring complete access to needed health care and preventative care and by creating healthy environments that make the healthy choice the easy choice. The Chronic Disease Prevention and Health Promotion Bureau (CDPHP) is working to build healthy environments by: working with farmer's markets to accept SNAP benefits to make fresh, local produce available to all Montanans regardless of income; offering training to Head Start and public school staff on how to incorporate physical activity into daily activities for Montana students; promoting smoke-free policies in multi-unit public housing to ensure no Montanan is exposed to second-hand smoke against their will; and working with local governments and the Department of Transportation to build streets that are safe and accessible for pedestrians and cyclists.

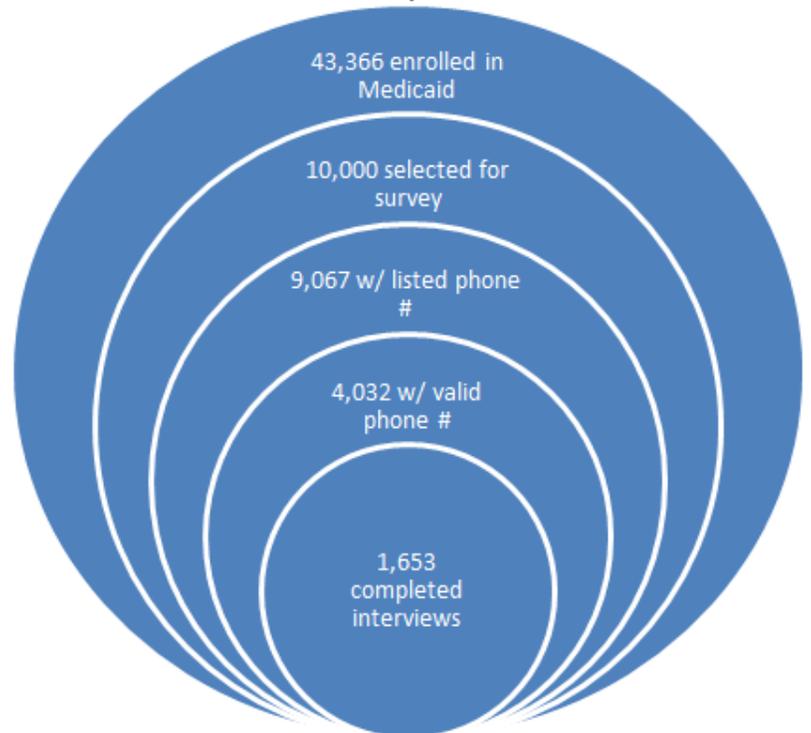
The CDPHP is committed to describing barriers to accessing care among adults enrolled in Medicaid and addressing those barriers through collaboration with Montana Medicaid Managed Care Bureau and healthcare providers across the state. As a high proportion

of adults enrolled in Medicaid have a disability, an important aspect of ensuring access is to ensure disability inclusion. The CDPHP recruits, trains, and supports representatives with disabilities to serve on public health standing committees to inform state strategic plans so they are inclusive of people with disabilities. Feedback from individuals with disabilities is used to improve the inclusion of and outcomes for program participants with disability.

Methods

A list of all adults (ages 18 to 64 years of age) currently enrolled in Medicaid as of August 2015 was obtained from the Montana Medicaid Managed Care Bureau. From this list of 43,366 adults, 10,000 records were selected for inclusion in the survey (Figure 3). Records were selected by a simple random sample. Pre-survey notification letters were sent out to all people drawn into the sample. Two versions of the letter were drafted, one for those with a phone number on file (n=8,974) and one for those with no known phone number

Figure 3: Medicaid Health and Chronic Disease Survey Study Population, Montana, 2015



(n=1,026). The letter to people with a phone number included an invitation to update their contact information if they chose to do so. The letter to people without a phone number available asked potential responders to send in a phone number at which they could be contacted to complete the survey; a postage paid envelope was included. Of those, 335 potential respondents sent in a phone number where they could be reached for the survey. This resulted in a total of 9,067 records with phone numbers in the final sample. More than half (5,035) of these phone numbers were determined to be disconnected, no longer current, or otherwise not eligible, leaving 4,032 potentially eligible numbers. Phone numbers were called up to 15 times before further attempts to obtain a completed survey were discontinued. The survey was made accessible to respondents with a disability that prohibited participation by phone. Caregivers of selected respondents with a disability were asked to either assist the respondent in completing the survey or act as a surrogate respondent. These surrogate respondents resulted in 99 completed interviews. A total of 1,653 interviews were completed for a response rate of 41% and a cooperation rate (# of completed interviews divided by # of adults contacted by phone) of 71.2%.

The survey consisted of 105 questions covering a variety of topics including: chronic diseases, chronic disease risk factors, access to health care, and preferred sources for health information. Survey questions were taken largely from the Behavioral Risk Factor Surveillance System with some additional questions from the Adult Tobacco Survey and the American Community Survey. See attached questionnaire for more detail.

Survey respondents were demographically similar to all adults enrolled in Medicaid with respect to race and gender. However, a higher proportion of survey respondents (42%) were age 45 or older compared to all Medicaid adults (30%) (data not shown). And conversely, a lower proportion of survey respondents were age 18 to 34 years. Additionally, 12 survey respondents reported being age

65 despite the inclusion criteria of being age 18 to 64 years. These respondents were still included in final data analysis as they were within the specified age limits at the time the sampling frame was compiled.

Survey Limitations

First, although the survey was able to obtain a large sample size, the sample may not be representative of Montana's adult Medicaid population as a whole. About one in ten (10.6%) of adults included in our sampling frame did not have a current phone number listed. These adults were included in the sample by soliciting a current phone number via mail outreach as described in the methods section. However, they responded to the survey at a much lower rate than those with a phone number listed. Also, many adults enrolled in Medicaid have intellectual or developmental disabilities that may prevent them from completing a telephone survey. These respondents were offered the opportunity to participate by allowing a caregiver to be a proxy respondent. However, this group may have been more likely to refuse to participate than adults without such disabilities. As shown in Table 1, survey respondents were similar to all adults enrolled in Medicaid with respect to race and gender distribution although there was some difference in the age distribution. The second limitation is that our survey, like the BRFSS, relied on self-reported data. All self-reported data are subject to bias due to the tendency to not fully remember past events or behaviors and to offer answers that are socially desirable.

References

1. Montana Department of Public Health and Human Services, Human & Community Services Division, Health Care Coverage: Are You Eligible? Accessed on February 24, 2016 at <http://dphhs.mt.gov/AreYouEligible.aspx>.
2. Montana Department of Public Health and Human Services, *Health Status of Montana Adults Enrolled in Medicaid, 2012*. Accessed on February 24, 2016 at <http://dphhs.mt.gov/publichealth/arthritis/surveillancereports.aspx>