DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

HEALTH TOPICS OF MOST CONCERN AMONG MONTANA MEDICAID ENROLLEES WITH DISABILITY

Background:

14.3% of adults in Montana have disability [1], now designated as a health disparity population by the National Institutes of Health (NIH). Understanding the specific health concerns of this population is vital for targeted interventions and improving health equity and outcomes.

Methodology:

A survey of MT Medicaid recipients was conducted from October 2022 to March 2023. The survey was conducted by phone or online and was limited to adults aged 18-64, including both expansion and traditional enrollees. A sample of 12,000 was drawn to reflect the actual distribution of enrollees in the MT Medicaid program. The survey was developed by the MT Department of Health and Human Services (DPHHS) and was based on the Behavioral Risk Factor Surveillance System (BRFSS).

Results:

47% (n=538) of 1,150 respondents were classified as having a disability. The top three health topics of most concern for oneself among those with disability were mental/emotional health (29%), chronic health conditions (25%), and weight management (13%). These top three health topics were the same among respondents with disability regardless of race or disability type, except for respondents who reported a self-care disability, a limitation of functioning to complete activities of daily living such as bathing, dressing, or cooking.

1. Mental/Emotional Health (29%)

A positive screening for depression and stress was notably higher among MT Medicaid enrollees with a disability (Tables 1 and 2). The screening tool used was the Patient Health Questionnaire-2 (PHQ-2), a brief, two-question screening tool used to identify potential depression by assessing depressed mood and loss of interest or pleasure.

Table 1. PHQ-2 Screening for Depression

Disability Status	Percent of respondents with Depression
With disability	32%
Without disability	9%

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Three in five enrollees with disability who screened positive for depression had not received counseling or therapy from a mental health professional in the previous four weeks.

Table 2. Screening for Stress

Disability Status	Percent of respondents who felt tense, restless, nervous, or anxious, or unable to sleep at night because their mind is troubled all the time
With disability	41%
Without disability	16%

Three in five enrollees with disability who screened positive for stress had not received counseling or therapy from a mental health professional in the previous four weeks.

2. Chronic Conditions (25%)

One in four (25%) Montana Medicaid enrollees with disability were MOST concerned about a chronic condition. 90% of enrollees with disability have a chronic condition. The most frequently reported chronic conditions among enrollees with disability were depressive disorder, arthritis, and hypertension. Furthermore, two-thirds of enrollees with disability have two or more chronic conditions compared to one-third of enrollees without disability. It was three times more common among Montana Medicaid enrollees with disability to have two or more chronic conditions.

3. Weight Management (13%)

There was no notable difference in BMI among respondents with disability and without disability (Table 3).

Table 3. Body Mass Index (BMI) of enrollees with disability

BMI Status	Percent of respondents with disability	Percent of respondents without disability
Obese (30+)	39%	32%
Overweight (25.1-29.9)	25%	26%
Normal weight (18.5 -25)	21%	26%
Underweight (<18.5)	16%	17%

The most common BMI status among both respondents with a disability and without a disability is obese. Having disability can increase an individual's obesity risk. Having obesity can lead to or worsen limitations of functioning for individuals with and without disability.[2]

Chronic disease risk and weight management can be impacted by an individual's access to healthy food and physical activity options in the community.

Table 4. Barriers to Accessing Healthy Food in the Community

Barriers to Accessing Healthy Food	Enrollees with disability who say it is not easy to access healthy food give the following reasons:
Healthy food is too expensive	59%
Stores in my community don't have much or any healthy food	19%
It's too far to get to a store that sells healthy food	19%

One-third of respondents reported that it is not easy to access healthy food. Of those, two-thirds reported that healthy food is too expensive, one-fifth said stores don't have much or any healthy food, and one-fifth said it is too far to get to a store that sells healthy food.

Table 5. Supports for Engaging in Physical Activity in the Community

Supports for engaging in physical activity	Percent of enrollees with disability
Have sidewalks or shoulders off the road to safely walk, run or bike	72%
Have parks or trails where can walk, run or bike	84%
Have access to public exercise facilities	69%

MOST respondents (88%) with disability were physically active (for 30+ minutes) at least once in the past week. Supportive environments for individuals with disability

include accessible parks and trails (84%), sidewalks or shoulders off the road (72%), and access to public exercise facilities (69%).

Implications/Public Health Impact:

Knowing the top three health topics of most concern informs where public health programs should focus resources. Ensuring access to mental health services like counseling and peer support can alleviate depression and stress among individuals with disability. Individualizing care, adapting physical activity and nutrition programs, and implementing policies that create accessible environments result in a supportive community that fosters chronic disease prevention and healthy weight among people with disability.[3]

1. American Community Survey, 2019-2023
2. Disability and Health; National Center on Birth Defects and Developmental Disabilities
3. People with Disabilities: Achieving Healthy Weight and Obesity Prevention, CDC