NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Leveraging the CAHPS Health Plan Survey to Identify and Address Health Disparities Based on Rurality and Race

Hannah Fletcher, MPH, CHES®, Program Evaluation Survey Team Lead and Zoe Shipley, Student Survey Analyst

Background

- North Carolina (NC) Medicaid has taken new steps to better identify health disparities by adding new and updated measure stratifications to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan survey.
- In 2023, NC added rural and urban stratifications to the CAHPS survey analysis to determine if there are disparate experiences of care depending on the geographic region beneficiaries reside in.
- In 2023, NC updated strategies for analysis based on race for the CAHPS survey to more appropriately assess if beneficiaries' experience of care is different due to their racial identity.

Research Questions

- Do NC Medicaid beneficiaries living in rural settings have different health care experiences than those living in urban settings?
- Do health care experiences in NC differ based on beneficiary race?
- Do disparities based on race differ from those previously observed since updating analysis strategies?

Methodology

- New urban and rural stratifications:
  - CDC methodologies were used to designate beneficiaries' counties as either rural or urban. Once stratified, significance testing was performed to determine if significant differences were experienced between rural and urban residing beneficiaries.
- Updated race analysis strategies:
  - Racial categories include White, Black, American Indian or Alaska Native (AI/AN), Multi-Racial, and Other, with Multiracial being representative of individuals who identified with more than one race and Other consisting of Asian, Native Hawaiian or other Pacific Islander, and Other. Previously, all racial demographic categories were compared to White respondents. Moving forward, the results of respondents who have self-identified their race (via survey questions on the CAHPS survey) will be compared to the combined results of their counterparts (respondents of all other races) to more appropriately assess care and health plan experiences. For example, White respondents will be compared to non-White respondents, Black respondents will be compared to non-Black respondents, and so on.

Summary of Findings

Only significant findings (where p-value is less than 0.05) will be explored for both rurality and race stratifications.

Rurality: Across a majority of measures (32 of 37), respondents' ratings of their health care experiences **did not differ significantly between respondents living in urban and rural settings**. Of the varying significant differences found (rating of personal doctor, getting needed care, seeking mental health treatment, and interpreter needs), there does not seem to be a pattern indicating better or worse experience based on rurality. This suggests that on the whole rural and urban members are experiencing care similarly.

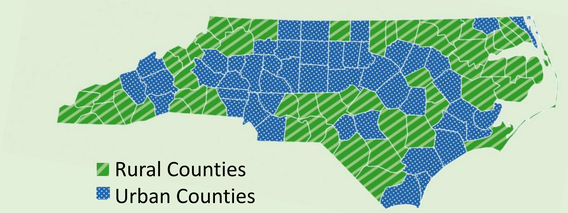
Race: 2022 racial comparison showed that most of the significant differences occurred between Black/Multiracial and White populations. With the new methodology change in 2023, **there are more profound differences being shown for the American Indian/Alaska Native (AI/AN) population** (four of eleven measures), which indicate worse experiences of care for the AI/AN population. Few other significant differences across all races (three of eleven measures) were observed, and those that do occur largely indicate worse experiences. Further, compared to 2022 results, flu vaccination, rating of health care, and getting care quickly show new significant differences where none were previously observed.

Recommendations

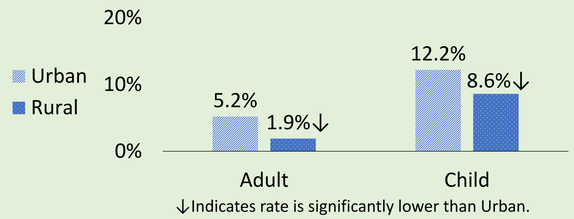
- Set CAHPS specific performance improvement targets that focus on member disparities by rurality and race for NC Medicaid's prepaid health plans.
- Compare the new stratifications from the CAHPS results to other data sources (e.g., Quality Measures) within NC Medicaid to see if the disparities persist across other domains of health.

Results: Rurality

North Carolina: Urban and Rural Counties (2023)



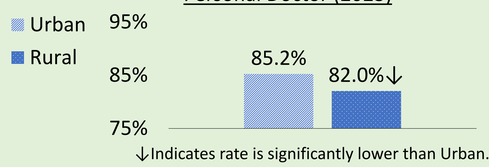
Adult and Child Respondents Who Needed an Interpreter at Their Doctor's Office (2023)



↓Indicates rate is significantly lower than Urban.

For both adult and parents/caretakers of child respondents, significantly fewer respondents living in rural settings reported they/their child needed an interpreter at their/their child's personal doctor's office in the last six months when compared to those living in urban settings.

Adult Respondent Positive Rating of Personal Doctor (2023)

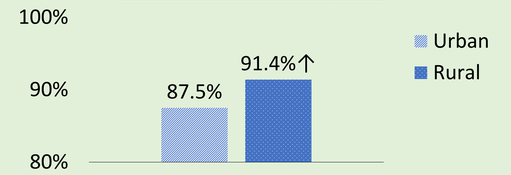


↓Indicates rate is significantly lower than Urban.

Adult respondents living in rural settings rated their personal doctor positively significantly less (82.0%) than adult respondents living in urban settings did (85.2%).

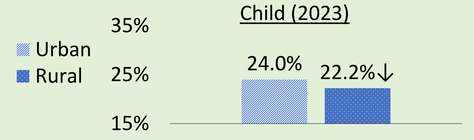
Parents/caretakers of child respondents living in rural areas reported that within the last 6 months their child always or usually received needed care significantly more (91.4%) than parents/caretakers of child respondents living in urban settings (87.5%).

Parent/Caretaker of Child Respondent Usually or Always Received Needed Care (2023)



↑Indicates rate is significantly higher than Urban.

Parent/Caretaker of Child Respondent Who Sought Mental Health Treatment for Their Child (2023)

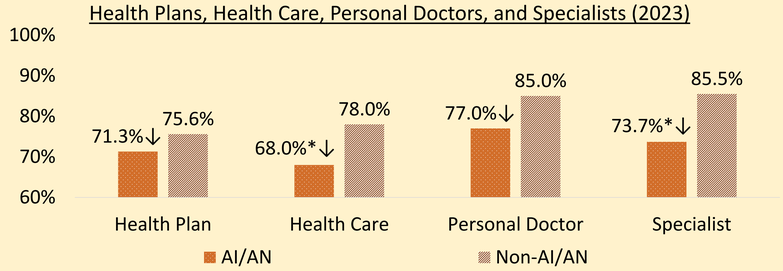


↓Indicates rate is significantly lower than Urban.

Parents/caretakers of child respondents living in rural settings reported that they sought counseling for mental health treatment for their child in the last six months significantly less (22.2%) than parent/caretakers of child respondents in urban settings (24.0%)

Results: Race

Adult American Indian/Alaska Native (AI/AN) Positive Ratings of Health Plans, Health Care, Personal Doctors, and Specialists (2023)



↓Indicates rate is significantly lower than Non-AI/AN

*Indicates fewer than 100 responses. Caution should be exercised when interpreting these results.

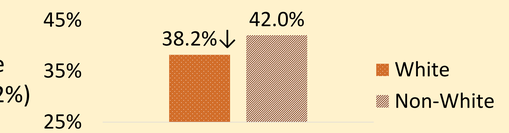
Respondents who identified as AI/AN rated their experiences in these domains positively significantly less than the non-AI/AN respondents. This trend was not experienced by any other demographic group for these measures and indicates a worse experience of care.

In addition to the methodology changes for race comparisons, in 2023, NC Medicaid also increased sample sizes substantially. By doing so, stratifications for AI/AN populations can be observed independently when they previously were not able to. These new findings reveal ***potentially alarming differences in care experienced by the AI/AN population***.

An important new finding can be observed for the receiving care quickly measure, where non-White respondents received both urgent and routine medical services quickly significantly less than White respondents. This may indicate a ***serious underlying disparity in how care is accessed for non-White NC Medicaid beneficiaries***.

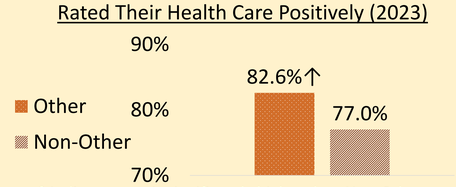
Respondents who identified as White reported that they received a Flu vaccine significantly less (38.2%) than the non-White respondents (42.0%).

Adult White Respondents Who Received Flu Vaccine Within the Last Year (2023)



↓Indicates rate is significantly lower than Non-White.

Adult Other Race Respondents Who Rated Their Health Care Positively (2023)

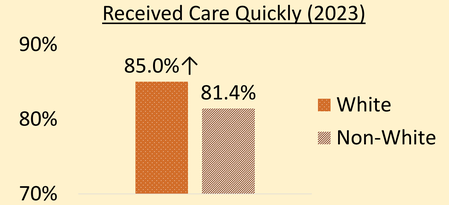


↑Indicates rate is significantly higher than Non-Other.

Respondents who identified as Other race rated their health care positively significantly more (82.6%) than the non-Other race adult respondents (77.0%).

Respondents who identified as White reported that they received care quickly significantly more (85.0%) than non-White respondents (81.4%)

Adult White Respondents Who Received Care Quickly (2023)



↑Indicates rate is significantly higher than Non-White.

The material presented on this poster does not necessarily reflect the official views of the Centers for Medicare & Medicaid Services or the U.S. Department of Health and Human Services.