

2010 BRFSS Medicaid Data Summary

Selected Results from the North Carolina Behavioral Risk Factor Surveillance System (BRFSS) for Medicaid Recipients: Data Collected from January through December 2010

In the 2010 BRFSS survey, for those respondents who reported that they did have health insurance coverage, the following question was asked: “What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills.” If the adult respondent chose “Medicaid or Carolina ACCESS or Health Choice” then they are counted as “Medicaid” for purposes of this report. BRFSS results for Medicaid recipients are compared to the results for all North Carolina adult BRFSS respondents.

Out of a total of 12,139 BRFSS respondents during January-December 2010, 353 or 4.3 percent indicated that Medicaid was their primary health insurance plan. The figure of 4.3 percent is a weighted percentage, designed to represent the entire non-institutionalized adult population of North Carolina (all figures in this report are weighted percentages). As stated in previous years’ *Medicaid Data Summary Reports*, this percentage is substantially lower than the percentage of the total population of the state who are Medicaid recipients. This is due to multiple factors, but primarily because the majority of Medicaid recipients in North Carolina are under the age of 18 and therefore not surveyed, or they are disabled or institutionalized and not included in the sampling frame.¹ It should also be stated that 353 respondents is a relatively small sample from which to draw assumptions about the state’s adult Medicaid population; therefore, the results shown should be viewed with caution.

In this report, we depart from previous years’ data summaries to focus on prevalence trends for selected indicators, such as diabetes, that have been measured from 2005 through 2010. We do this for two reasons: 1) to assess the degree of possible change over time of these indicators for the Medicaid and state population; and 2) to finalize this report series for 2005-2010, since changes to the calculation of BRFSS sample weights in 2011 will prohibit

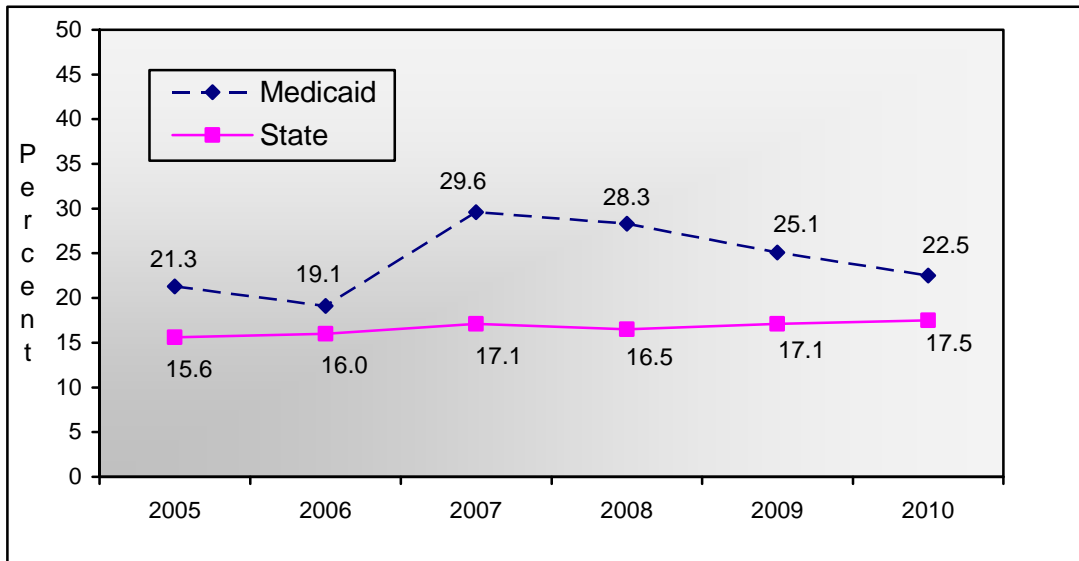
¹ Based on data obtained from the Kaiser Family Foundation website, statehealthfacts.org, in 2007, only 18.9 percent of North Carolina’s Medicaid population (unduplicated counts) were classified as adults, ages 18 to 64. Children (age 17 and younger) comprised 52.5 percent of the Medicaid population, and the elderly and disabled comprised the remaining 28.5 percent of the population.

comparisons of survey estimates obtained from the 2011 data with survey estimates from any previous years.

Beginning in 2011, the CDC (Centers for Disease Control and Prevention) will no longer use the traditional post-stratification method of weighting the year-end data, where categories of only gender, age, race/ethnicity, and regions within states are used to adjust the final results. Instead, the CDC will introduce a weighting method known as “raking,” or iterative proportional fitting. This new weighting methodology permits the inclusion of education level, marital status, and renter/owner status, along with gender, age, and race/ethnicity, in the final weights. These new “raked” weights will improve the representativeness of the sample population to the state population with respect to socio-demographic characteristics, such as having less than a high school education. Secondly, the CDC will include for the first time cell-phone-only households in the 2011 sample. The inclusion of cell-phone-only respondents will also enhance the representativeness of the data. Nearly one-third of all North Carolina households are now cell-phone-only households; furthermore, the overall demographic characteristics of this group are known to be quite different than those of landline respondents, particularly with respect to income and age.

In the following, we focus on trends for five indicators that are likely to impact both the cost of delivering Medicaid health insurance and the well-being of Medicaid recipients. These indicators include: 1) the prevalence of limited access to a doctor in the past year; 2) the prevalence of daily cigarette smoking; 3) the prevalence of obesity; 4) the prevalence of ever-being diagnosed with asthma; and 5) the prevalence of diabetes.

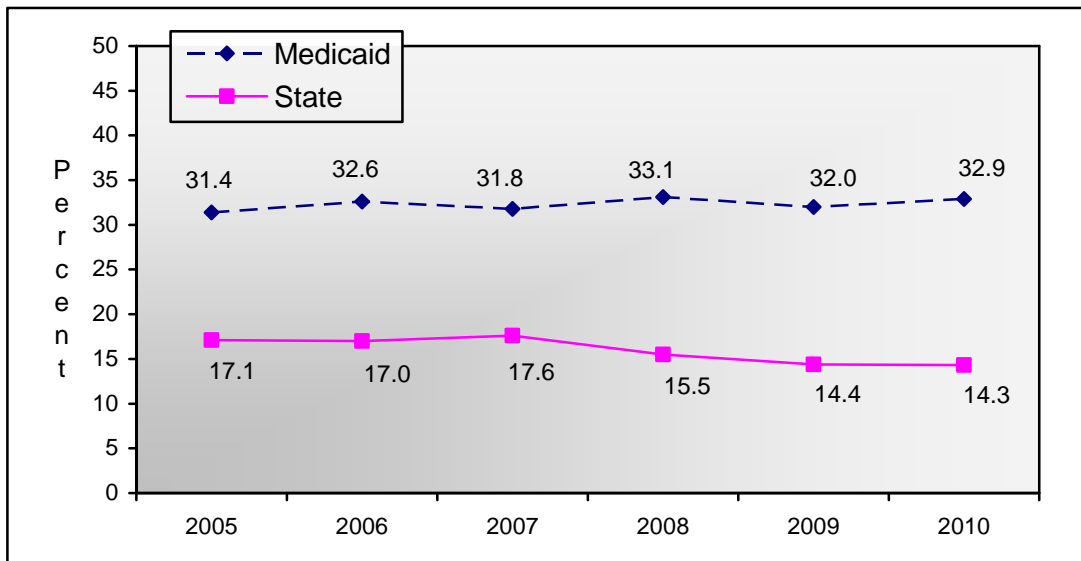
Figure 1. Prevalence of Limited Access² to a Doctor in Past Year among Adults with Medicaid Health Insurance and All North Carolina Adults: NC BRFSS Survey (2005-2010)



For all adults in the state, Figure 1 shows that the prevalence of limited access to a doctor tended to increase over the six-year period. Among adult Medicaid recipients, the rate of limited access was far more variable. Between 2006 and 2007, the rate climbed from 19 percent to 30 percent, and then began decreasing steadily across the remaining years. By 2010, the gap in the respective rates between Medicaid recipients and the state had fallen to five percentage points.

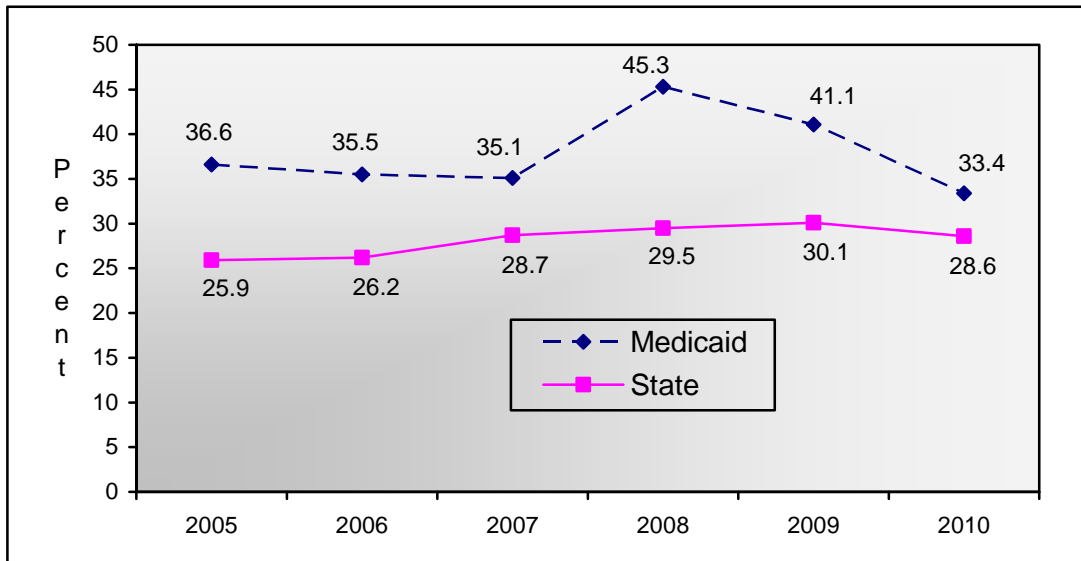
²Derived from the BRFSS question: Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

Figure 2. Prevalence of Daily Smoking among Adults with Medicaid Health Insurance and All North Carolina Adults: NC BRFSS Survey (2005-2010)



Several key findings emerge from the daily smoking trends depicted in Figure 2. For the state, daily smoking rates have been gradually declining^a since 2007. For Medicaid recipients, daily smoking rates remained above 30 percent for all years, with only a 1.5 percentage point change from 2005 to 2010. Furthermore, annual daily smoking rates were about two times higher in the Medicaid population.

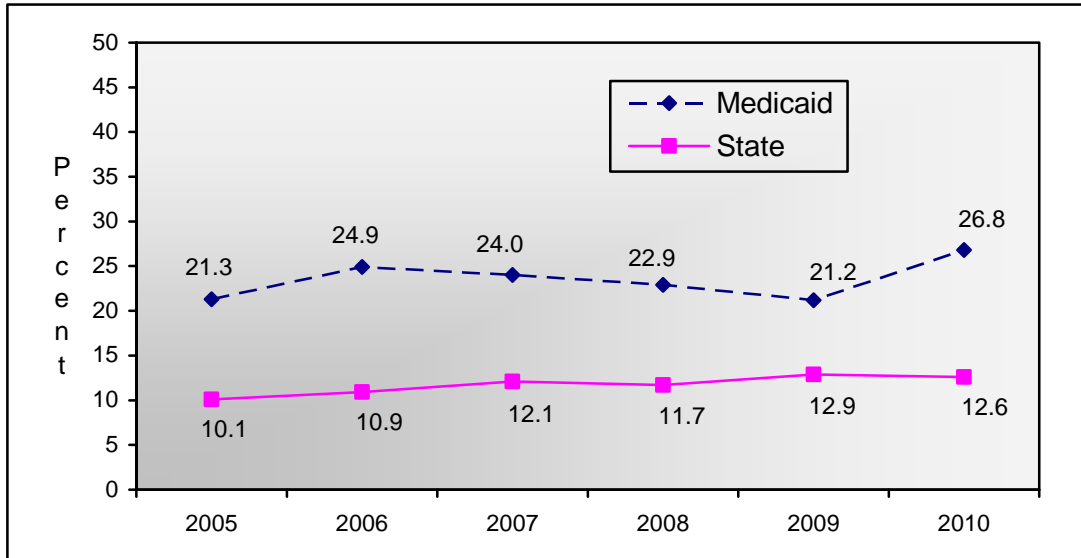
Figure 3. Prevalence of Obesity* among Adults with Medicaid Health Insurance and All North Carolina Adults: NC BRFSS Survey (2005-2010)



* Obesity is defined as BMI (Body Mass Index) greater than or equal to 30.0.

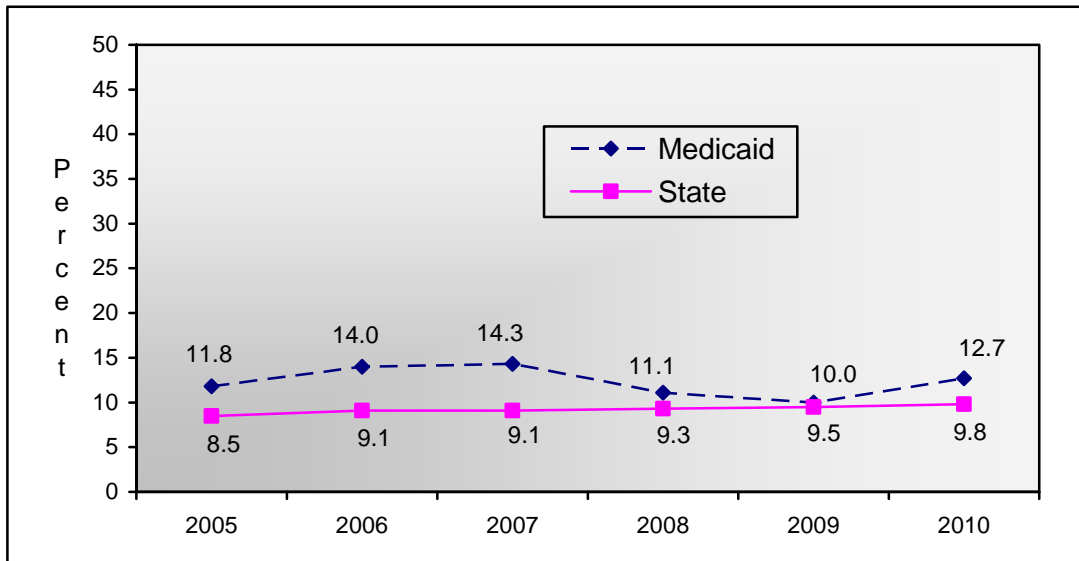
The obesity rates overtime in the Medicaid population are also marked by a high degree of variability. Figure 3 shows that obesity rates for Medicaid recipients declined steadily from 2005 to 2007 and then increased sharply in 2008. From a peak rate of 45 percent in 2008, the obesity rates among the Medicaid recipients declined sharply to 33 percent in 2010,^b the lowest rate across all years. For the state, obesity rates appear to have increased from 2005 to 2009, and then fell slightly in 2010.^a

Figure 4. Prevalence of Ever-Being Diagnosed with Asthma among Adults with Medicaid Health Insurance and All North Carolina Adults: NC BRFSS Survey (2005-2010)



For most years, the rate of ever-being diagnosed with asthma among the Medicaid population was at least 10 percentage points higher than the state rate. In 2010, the rate for ever-being diagnosed with asthma among Medicaid recipients jumped to its highest level in all study years, more than 14 percentage points higher than the corresponding state rate. The prevalence of ever-being diagnosed with asthma for the state shows a gradually increasing trend.^a

Figure 5. Prevalence of Diabetes among Adults with Medicaid Health Insurance and All North Carolina Adults: NC BRFSS Survey (2005-2010)



Of all the indicators examined in this report, the discrepancy in diabetes prevalence rates between the state and the Medicaid population was least pronounced. There was also somewhat less variation in the diabetes rates for Medicaid recipients over time, compared to some of the indicators examined previously. For the state, the rate of diabetes (like ever-being diagnosed with asthma) also appears to be gradually increasing over time.^a

In conclusion, there are several points that can be drawn from this trend analysis of selected indicators. Since 2005, access to a doctor (based on cost) remains more of a burden for Medicaid recipients than all other adults, but it appears that this burden, since 2007, may be lessening. A similar pattern is true for obesity. Medicaid recipients are significantly more likely to be obese than their statewide counterparts, but the gap from 2008 to 2010 appears to be narrowing. Daily smoking remains a consistently high risk factor for Medicaid recipients. The prevalence of ever-being diagnosed with asthma was consistently higher among Medicaid recipients; however, the prevalence of diabetes is closer to the state rate.

It should be noted that, due to small Medicaid samples in the NC BRFSS survey and subsequent high degree of variability in these estimates, it is far less likely that we would observe clear or noticeable trends for this group, as tended to be apparent for the state.

^a Note: For all five indicators, shown in this report, there was a statistically significant linear trend associated with the state rates from 2005 to 2010. The *P* values for these linear trends ranged from 0.0058 to less than 0.0000. This high degree of statistical significance was due primarily to the large sample size and small standard errors associated with the relative increase or decrease in state rates over time.

^b Note: The only marginally significant trend found among Medicaid recipients was evident by the decline in obesity rates from 2007 to 2010, yielding a *P* value of 0.051.