

# 2022 Annual Health Equity Report Summary Results

## What is the Annual Health Equity report?

NC Medicaid serves almost 3 million low-income individuals and families, placing it in a unique position to track health disparities and improve the health of historically marginalized populations. To help identify and address these disparities, the North Carolina Department of Health and Human Services (NCDHHS) Division of Health Benefits (DHB) developed the 2022 Annual Health Equity Report, which outlines health disparities across the entire NC Medicaid beneficiary population. This data brief summarizes key findings from the Report organized by health topic.

### METHODOLOGY

For the 2022 Annual Health Equity Report, NC Medicaid evaluated 50 quality measures to identify health disparities based on demographic factors (see Table 1), organized into six domains (see Figure 1).

**TABLE 1: DEMOGRAPHIC STRATIFICATIONS AND DESCRIPTIONS**

Stratification	Groups
Age*	• Age group determined by each measure's specifications
Ethnicity	• All members who selected Hispanic/Latinx • All members who did not select Hispanic/Latinx**
African American or Black Binary	• All members who selected Black or African American • All members who did not select Black or African American**
American Indian or Alaska Native (AI/AN) Binary	• All members who selected AI/AN • All members who did not select AI/AN**
Gender	• Male** • Female • Unknown
Primary Language	• English** • Spanish • Other
Long-Term Services and Supports (LTSS) Needs Status	• LTSS (Aged, Blind, & Disabled [ABD]) • Non-LTSS (non-ABD) **
Disability Status	• People with a Disability • People with No Disability**
Geography	• Urban** • Rural <sup>1</sup>

\*\*Indicates reference group for the identification of disparities.

\*Age group analysis only completed for quality measures that have designated age groups within measure stratification

<sup>1</sup> NCHS Urban-Rural Classification Scheme for Counties. Centers for Disease Control and Prevention. [www.cdc.gov/nchs/data\\_access/urban\\_rural.htm](http://www.cdc.gov/nchs/data_access/urban_rural.htm)

A disparity was identified if the relative difference in performance between the group of interest and the reference group was greater than 10 percent (See Figure 2). Indicators in this report are calculated for the entire NC Medicaid population, excluding those beneficiaries that only qualify for limited Medicaid benefits.

FIGURE 1: ANNUAL HEALTH EQUITY REPORT DOMAINS



FIGURE 2: HEALTH DISPARITY CALCULATIONS

For quality measures where a higher rate indicates better performance, a disparity exists when:

$$\text{RELATIVE DIFFERENCE} = \frac{(\text{Reference Group Performance Rate} - \text{Group of Interest Performance Rate})}{\text{Reference Group Performance Rate}}$$

Disparity Identified if Relative Difference > 10%

For quality measures where a lower rate indicates better performance, the inverse equation is used, and a disparity exists when:

$$\text{RELATIVE DIFFERENCE} = \frac{(\text{Group of Interest Performance Rate} - \text{Reference Group Performance Rate})}{\text{Reference Group Performance Rate}}$$

Disparity Identified if Relative Difference > 10%



## MEMBER EXPERIENCE RESULTS

The Member Experience domain includes 18 measures that assess adult and child beneficiary experiences with health plans, providers, and services. This information is based on Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey responses. CAHPS is an important tool for shedding light on disparities in patient experience and provides actionable feedback that is meaningful in improving overall member experience.

### High Impact Takeaways

1. **Two out of the 18** quality measures in the Member Experience domain had at least one identified disparity.
2. Beneficiaries who identified as **American Indian or Alaska Native (AI/AN)** reported lower **ratings of all health care** when compared to non-AI/AN beneficiaries.
3. Beneficiaries who identified as **Hispanic or Latinx** reported **lower rates of Discussing Smoking and Tobacco Cessation Medication** with their providers when compared to Non-Hispanic or Latinx beneficiaries.

**For more information on specific findings in Member Experience domain, see pages 23-26 of the 2022 Annual Health Equity Report.**



## CHILD & ADOLESCENT HEALTH RESULTS

The Child and Adolescent Health domain includes six measures that assess whether children and adolescents received appropriate health care services. Child and adolescent health is a central priority for NC Medicaid, as roughly 45% of NC Medicaid enrollees are younger than 19 years old.

### High Impact Takeaways

1. Children who identified as **Black or African American fared worse than those who did not in five of the six** selected quality measures related to immunizations, well-child visits and oral health.
2. **Childhood Immunization Status (CIS) had four identified disparities** across the eight demographic stratifications, including disability status, LTSS needs, Black or African American, and geography.
3. Children who identified as **needing LTSS fared worse than those who did not across three measures** related to immunization status, well-child visits, and oral health.

For more information on specific findings in Member Experience domain, see pages 27-37 of the [2022 Annual Health Equity Report](#).



## WOMEN'S HEALTH RESULTS

The Women's Health domain includes three measures related to important female screenings, and two measures related to prenatal and postpartum care. Individuals who identified as female make up roughly 57% of the total population enrolled in NC Medicaid. Because of this, NC Medicaid focuses on this important population through a variety of initiatives and policies.

### High Impact Takeaways

1. **Four of the five** selected quality measures had at least one identified disparity in the Women's Health domain.
2. Beneficiaries who identified as having a **disability fared worse than those who did not in three measures** related to appropriate screenings and postpartum care.
3. Beneficiaries who identified as **American Indian or Alaska Native exhibited lower rates of prenatal and postpartum care** than those who did not.

For more information on specific findings in Member Experience domain, see pages 38-43 of the [2022 Annual Health Equity Report](#).



## MENTAL HEALTH RESULTS

The Mental Health domain includes six measures related to appropriate follow-up, medication adherence, and psychosocial care. Ensuring members receive appropriate and timely care as it relates to mental illness allows providers to reassess treatment plans and medications, and connect members with additional services, which may help prevent subsequent emergency department (ED) visits or hospitalizations.

### High Impact Takeaways

1. **All six** quality measures in the Mental Health domain had at least one identified disparity.
2. Beneficiaries who identified as **Black or African American fared worse than those who did not in five** measures related to medication adherence and follow-up after treatment for mental illness.
3. Beneficiaries who identified as **having a disability and/or LTSS needs fared worse than those who did not in three** of the selected quality measures related to appropriate care for children on antipsychotics and appropriate follow-up after hospitalization for mental illness.

For more information on specific findings in Member Experience domain, see pages 44-55 of the [2022 Annual Health Equity Report](#).



## SUBSTANCE USE RESULTS

The Substance Use domain includes two measures that assess follow-up care after an ED visit for substance use, two measures relate to opioid use, and three measures relate to utilization for members with substance use disorder (SUD). Ensuring members receive the appropriate treatment for SUD is essential for improving all aspects of the patient's life.

### High Impact Takeaways

1. **All seven** quality measures in the Substance Use domain had at least one identified disparity.
2. Beneficiaries who identified as having **LTSS needs fared worse than those who did not in five** selected quality measures related to opioid use and treatment, and ED utilization and inpatient stays for SUD.
3. Beneficiaries who identified as **Black or African American fared worse than those who did not in five** measures related to SUD treatment patterns, opioid use, and appropriate follow-up care.

For more information on specific findings in Member Experience domain, see pages 56-72 of the [2022 Annual Health Equity Report](#).



## HEALTH CARE UTILIZATION RESULTS

The Health Care Utilization domain includes eight indicators related to adult and child condition-specific hospital admissions that may be preventable with appropriate outpatient care or chronic-condition management. Given the high cost associated with these types of visits, and to ensure care is being provided to members in appropriate settings, it is important to understand the reasons why members are visiting the emergency department for care.

### High Impact Takeaways

1. **All eight** quality measures in the Health Care Utilization domain had at least one identified disparity.
2. Beneficiaries who identified as **having a disability and/or LTSS needs fared worse than those who did not in all eight measures.**
3. Beneficiaries who identified as **Black or African American fared worse than those who did not in five** measures related to diabetes complications, asthma and heart failure admissions.

**For more information on specific findings in Member Experience domain, see pages 73-90 of the [2022 Annual Health Equity Report](#).**

## ADDRESSING HEALTH INEQUITIES

NC Medicaid is working toward an innovative, whole-person, well-coordinated system of care that addresses both medical and nonmedical drivers of health. This report is just one tool that NC Medicaid is using to enhance focus on health equity. The final section of this report highlights some of the many ways NC Medicaid is having a meaningful impact on reducing or eliminating health inequities. A few examples are listed below:

- NC Integrated Care for Kids Model (InCK)
  - NC InCK is a health equity-driven, child-centered initiative that aims to reduce cost of care and improve the quality of care provided to children insured by NC Medicaid. Learn more [here](#).
- Healthy Opportunities Pilots
  - The Healthy Opportunities Pilots are a series of 28 interventions throughout North Carolina that aim to improve health, lower health care costs, and address issues with housing, food, transportation, interpersonal violence and toxic stress among NC Medicaid members. Learn more [here](#).
- Performance-Based Withholds
  - To drive quality improvement and address health disparities, NC Medicaid implemented performance-based withholds. Under this program, NC Medicaid retains a portion of a Health Plan's payment, and the Plan must meet certain performance targets to earn the funds. The Childhood Immunization Status measure is included as a priority population improvement measure, focused on performance improvement for the Black and African American population. Learn more [here](#).
- Health Equity Payments
  - NC Medicaid introduced a health equity payment to Carolina Access primary care practices serving beneficiaries from areas of the State with the highest poverty rates from April-June 2021. Learn more [here](#).

## CONCLUSION

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Across **domains**, the largest count of identified disparities is within the **substance use** domain. Literature reveals structural racism, poverty, differential access to health care, and the inequitable nature of substance use policies and treatment resource distribution as causes for these disparities. NC Medicaid will continue to focus on this service area through existing programs, such as the 14 state-operated treatment centers and available crisis services, and new innovative programs like the behavioral health and I/DD Tailored Plans.



Across **demographic stratifications**, the population who was identified as having a **disability** and those who require **LTSS** had the largest count of identified disparities. NC Medicaid continues to innovate care delivery and services for these populations with programs such as the NC Medicaid LTSS Care Management. This program is intended to guide Prepaid Health Plan development of care management practices for members with LTSS needs to foster high-quality, accessible services that enhance well-being and facilitate engagement in community life.

For more information on NC Medicaid population disparities across all the health domains, please see the full [2022 Annual Health Equity Report](#).



NC DEPARTMENT OF  
**HEALTH AND  
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