

2023 Health Disparities Report Summary Results

What is the NC Medicaid Health Disparities Report?

NC Medicaid serves roughly 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 2023 NC Medicaid Health Disparities 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 2023 NC Medicaid Health Disparities Report, NC Medicaid evaluated 36 quality measures and 20 survey measures to identify health disparities based on demographic factors (see Table 1), organized into seven 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/Latino • All members who did not select Hispanic/Latino**
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 Alaskan Native Binary	• All members who selected American Indian or Alaskan Native • All members who did not select American Indian or Alaskan Native**
Gender	• Male** • Female • Unknown
Primary Language	• English** • Not English
Disability Status	• People with a Disability • People with No Disability**
Geography	• Urban** • Rural ¹

**Indicates reference group for the identification of disparities.

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

¹ NCHS Urban-Rural Classification Scheme for Counties. Centers for Disease Control and Prevention. www.cdc.gov/nchs/data-analysis-tools/urban-rural.html

A disparity was identified if the relative difference in performance between the group of interest and the reference group was equal to or greater than 10 percent (See Figure 2). Measures 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:

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

Disparity Identified if Relative Difference $\geq 10\%$

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

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

Disparity Identified if Relative Difference $\geq 10\%$



Beneficiary Experience Results

The Beneficiary Experience domain includes 20 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. Only **two out of the 20** quality measures in the Beneficiary Experience domain had at least one identified disparity.
2. For medical assistance with **smoking** and **tobacco use cessation**, beneficiaries who identified as **Hispanic or Latino fared worse** than those who did not.
3. Beneficiaries who identified as **American Indian and Alaskan Native rated their specialists worse** than those who did not identify as AI/AN.

For more information on specific findings in Beneficiary Experience domain, see pages 28-33 of the [2023 Health Disparities Report](#).



CHILD & ADOLESCENT HEALTH RESULTS

The Child and Adolescent Health domain includes six measures that assess whether children and adolescents received oral health services, had well-child or well-care visits and received immunizations in alignment with the Bright Futures/American Academy of Pediatrics (AAP) recommendations.

High Impact Takeaways

1. **All six quality measures** in the Child & Adolescent Health domain had at least one identified disparity.
2. Childhood Immunization Status (CIS) had four identified disparities across the seven demographic stratifications, including **disability status, American Indian or Alaskan Native, Black or African American, and geography**.
3. Children who identified as **Black and African American fared worse** than those who did not across five measures related to **immunization status, well-child visits, and oral health**.

For more information on specific findings in Child & Adolescent Health domain, see pages 34-46 of the [2023 Health Disparities 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 56% 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 out of the five** quality measures in the Women's Health domain had at least one identified disparity.
2. Beneficiaries who identified as having a **disability fared worse** than those who did not in two measures related to receiving appropriate **women's health screenings** and **postpartum care**.
3. Beneficiaries who identified as **American Indian or Alaskan Native fared worse** than those who did not in receiving timely **prenatal** and **postpartum care**.

For more information on specific findings in Women's Health domain, see pages 47-55 of the [2023 Health Disparities 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 **American Indian and Alaskan Native fared worse** than those who did not in four measures related to **timely follow-up after treatment for mental illness**.
3. *Follow-Up after Hospitalization for Mental Illness* (FUH) had disparities across four demographic strata, including **disability status, age group, Black and African American** binary, and **American Indian and Alaskan Native** binary.

For more information on specific findings in Mental Health domain, see pages 56-68 of the [2023 Health Disparities Report](#).



SUBSTANCE USE RESULTS

The Substance Use domain includes two measures that assess follow-up care after an ED visit for substance use, four measures related to opioid use, and three measures related to treatment 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 wellbeing.

High Impact Takeaways

1. **All nine quality measures** in the Substance Use domain had at least one identified disparity.
2. Beneficiaries who identified as **Black or African American fared worse** than those who did not in seven measures related to **SUD treatment patterns, opioid use, and appropriate follow-up care**.
3. Beneficiaries who identified as having a **primary language other than English fared worse** than those who did not in four measures related to **appropriate follow-up and SUD treatment initiation and engagement**.

For more information on specific findings in Substance Use domain, see pages 69-87 of the [2023 Health Disparities Report](#).



HEALTH CARE UTILIZATION RESULTS

The Health Care Utilization domain includes six 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 six quality measures** in the Health Care Utilization domain had at least one identified disparity.
2. Beneficiaries who identified as having a **disability fared worse** than those who did not in all six health care utilization measures.
3. Beneficiaries who identified as **Black and African American fared worse** than those who did not in five of the measures; with the largest disparities among **pediatric and young adult asthma admissions**.

For more information on specific findings in Health Care Utilization domain, see pages 88-102 of the [2023 Health Disparities Report](#).



CHRONIC HEALTH RESULTS

The Chronic Health domain includes four indicators related to chronic disease management and preventive screenings. Chronic health conditions are a significant public health concern, as many of them are the leading causes of illness, disability and death, and account for a large portion of healthcare costs.

High Impact Takeaways

1. **Three out of the four quality measures** in the Chronic Health domain had at least one identified disparity.
2. Beneficiaries who identified as **Black and African American fared worse** than those who did not in two measures related **diabetes** and **blood pressure management** and outcomes.
3. Beneficiaries who identified as **American Indian and Alaskan Native fared worse** than those who did not when it came to **hemoglobin A1c control** for patients with diabetes.

For more information on specific findings in Chronic Health domain, see pages 103-109 of the [2023 Health Disparities Report](#).

ADDRESSING HEALTH INEQUITIES

The 2023 NC Medicaid Health Disparities 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:

- **Performance improvement projects (PIPs)** are long-term quality improvement projects that aim to improve performance on a specific measure for managed care plans. NC Medicaid Standard and behavioral health and I/DD Tailored Plans, are required to design PIPs that achieve significant improvement, sustained over time, in different quality performance areas of focus. During the PIP process, the plans stratify their data to understand any disparities within their populations. This demographic stratification helps guide targeted interventions for priority populations.
- Through the **PHP Reinvestment Initiative**, Standard Plans have an opportunity to invest in community-based projects that address unmet health-related resource needs, health outcomes and/or access to care. Amongst other requirements, proposals must be data-informed, align with the Department's Quality Strategy, include a clear narrative on how the investment will be operationalized and provide an evaluation plan. Approved reinvestment projects have involved healthy food box programs, training for douglas in maternity care deserts, and mobile health clinics.

CONCLUSION

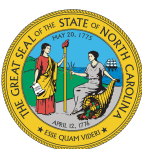
NC Medicaid is committed to improving health outcomes for all North Carolinians by expanding access to care and addressing gaps where disparities persist. A key step toward this goal is identifying and responding to the health inequities highlighted in this report. The 2023 NC Medicaid Health Disparities Report analyzed 56 measures across eight stratification elements, revealing areas where certain populations experienced worse outcomes than reference groups.

- Across domains, the largest count of identified disparities is within the **substance use domain**, followed by the health care utilization domain. The substance use domain also had the highest count of identified disparities in the 2022 Annual Health Disparities Report, signifying that this is a reoccurring priority area for NC Medicaid. 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 that launched in 2024.
- Across demographic stratifications, the population who was identified as **Black and African American** had the largest count of identified disparities. These local findings reflect national trends rooted in longstanding social determinants of health and structural barriers, underscoring the need for historically informed strategies. NC Medicaid expansion is expected to have broad, positive impacts on access to quality care—37% of newly enrolled expansion beneficiaries as of December 2024 identified as Black or African American.

Ultimately, reporting disparities is only the first step. Real progress requires collaboration with stakeholders—community organizations, advocacy groups, providers, and others—to translate these findings into meaningful action. Addressing deeply rooted inequities demands initiatives that acknowledge historical context, center community voices, and prioritize sustainability. NC Medicaid recognizes that change cannot happen in isolation; it requires trust, time, resources, and shared commitment across the state.

This report is intended as a tool for advocacy and action. By informing stakeholders and guiding targeted interventions, it can help address health disparities and improve outcomes for all North Carolinians.

For more information on NC Medicaid population disparities across all the health domains, please see the full [2023 Health Disparities Report](#).



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