OMAS
Ohio Medicaid Assessment Survey

Racial/Ethnic Health Disparities in Ohio: Diabetes

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INTRODUCTION

Diabetes is the seventh-leading cause of death in Ohio, and the percentage of adult Ohioans with the disease has more than doubled in the last twenty years. Risk of Type II diabetes (the most common form) is associated with lifestyle factors such as poor diet, tobacco use and obesity.[1]

Individuals with diabetes face significant health challenges such as increased risk of heart disease, stroke, and kidney failure. Care for people with diabetes accounts for 1 in 4 health care dollars spent in the U.S.,[2] and in Ohio, Medicare and Medicaid paid nearly $1.8 billion for diabetes care in 2010, while the annual costs of employee absenteeism due to diabetes or of caring for someone with diabetes totaled $172 million.[3]

Diabetes also has profound disparities by race/ethnicity and income. In Ohio, for instance, the age-adjusted mortality rate for diabetes for African-Americans is nearly twice that of Whites (41.6 vs. 22.8 per 100,000).[2] National estimates also suggest that the age-adjusted prevalence of diabetes is twice as high among adults living below the poverty line (10.9%) compared with those living at or above 400% of the poverty line (5.5%).[4] This brief presents the prevalence of diabetes among Ohio adults 19-64 years old, with special attention to the Medicaid population and differences by race/ethnicity.

METHODS

OMAS is a telephone survey that samples both landline and cell phones in Ohio. The 2017 version is the seventh iteration and researchers completed 39,711 interviews with adults during late 2017. These consisted of 11,558 interviews with adults in lower-income households (annual income ≤138% of the Federal Poverty Level), of whom 74% were White, 21% were African-American, 4% were Hispanic and 1% consisted of adults from other racial/ethnic groups (e.g., Asian). In addition, the research completed 28,153 interviews with adults from higher-income households, of whom 87% were White, 9% were African-American, 2% were Hispanic and 1% were from another racial/ethnic group. When some participants were missing data on race/ethnicity and/or income, values were imputed using appropriate statistical procedures.

KEY FINDINGS

- Previous research indicates that people who are African-American and those who live in lower-income households are more likely than other adults to have diabetes. Among non-elderly adults in Ohio, 12.8% of African-Americans have diabetes compared with 9.8% of non-Hispanic Whites.
- Among non-elderly adults with Medicaid, African-Americans are no more likely than Whites to have been told by a health professional that they have diabetes.
- Within the non-elderly adult Medicaid population who have been told they have diabetes, African-American adults were just as likely as Whites to receive vision care and care consistent with a patient-centered medical home. Hispanics, however, were less likely than Whites to report such care.

Adult respondents were classified as having diabetes if they responded "yes" to the question: "Has a doctor, nurse or other health professional ever told you that you had diabetes or sugar diabetes?" A follow-up question asked women who responded "yes" if their diabetes only occurred during pregnancy. Those who responded "yes" to this follow-up were classified as not having (non-gestational) diabetes.

The findings reported in this brief are weighted to be representative of all non-institutionalized adults in Ohio. Adjusted analyses account for group-level differences in demographic characteristics and health status. Such results are presented as "estimated probabilities" - values from a statistical model that represent the estimated percentage of a hypothetical subpopulation predicted to have the outcome, assuming they have otherwise average characteristics. All differences presented are statistically significant at $p<0.05$ unless otherwise noted.

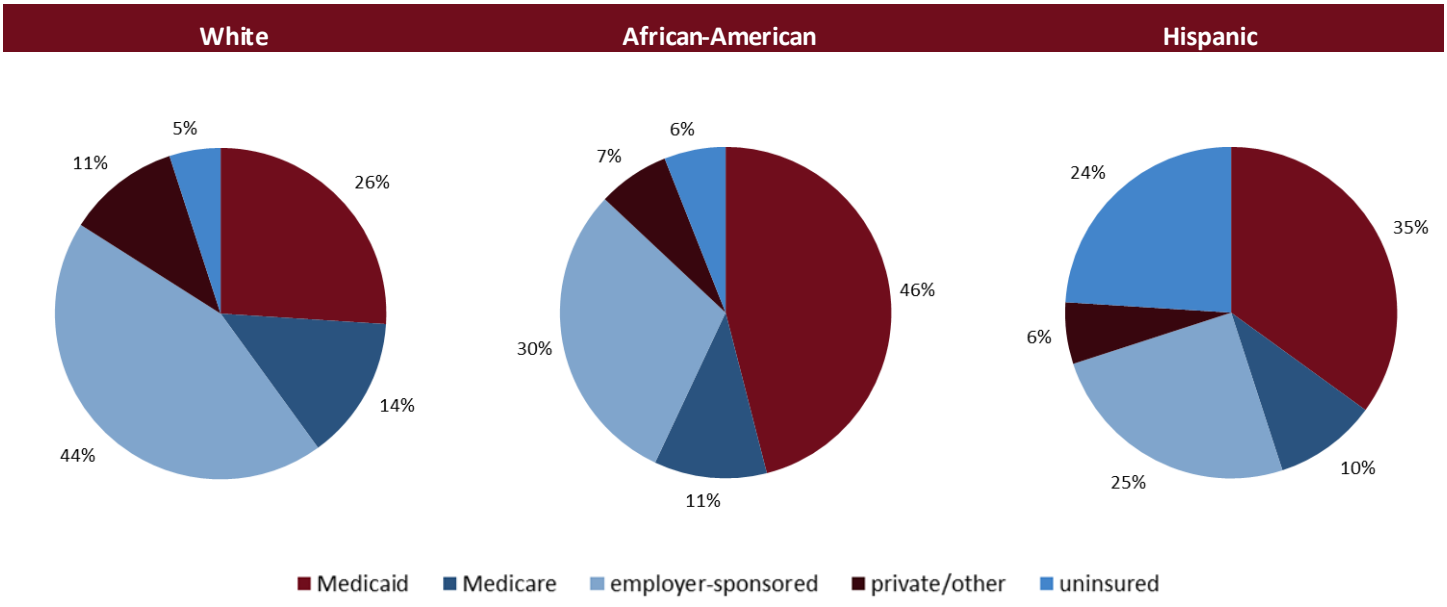
RESULTS

Analyses of the 2017 Ohio Medicaid Assessment Survey (OMAS) estimate that 10.1% of non-elderly (19-64 years old) Ohio adults—about 683,000 people—have been told by a health professional that they have non-gestational diabetes, including 9.8% of Whites (525,000), 12.8% of African-Americans (109,000), 10.4% of Hispanics (24,000) and 8.3% of Asian/Pacific Islanders (13,000).

For non-elderly adults diagnosed with diabetes, insurance type varied by race/ethnicity (see Figure 1, below). Among Whites, only one quarter (26%) had Medicaid, compared to 46% of African-Americans. In contrast, 44% of Whites diagnosed with diabetes had employer-sponsored insurance, whereas only 30% of African-Americans did. In addition, 24% of Hispanics were uninsured. (Sample sizes were too small for estimates of other race/ethnic groups.)

Diabetes prevalence was strongly associated with income, especially for White adults (Figure 2). For White adults with household incomes ≤138%FPL, 13.5% had been told they had diabetes, compared to 6.9% of White adults with household incomes >400%FPL. African-Americans were more likely than Whites to have been diagnosed with diabetes, but only in higher-income households. Analyses found no racial/ethnic disparities in diagnosed diabetes for lower-income adults or within the Medicaid population specifically. These findings persisted

Figure 1: Percent Distribution of Types of Insurance among Ohio Adults with Diabetes, Ages 19-64 Years, by Race/Ethnicity

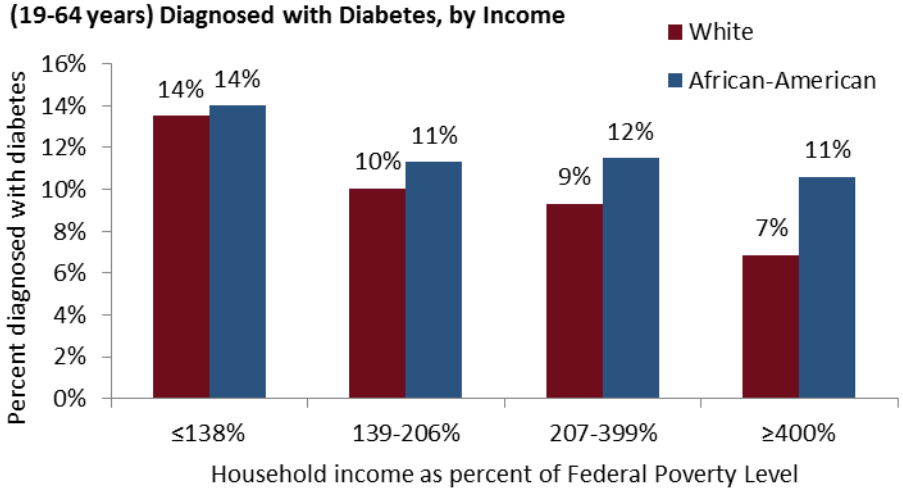


Diabetes definition excludes gestational diabetes. People with both Medicaid and Medicare ("dual eligibles") are classifiedas Medicaid.

even after adjusting for group differences in age, income, insurance and other demographic characteristics.

Among Medicaid enrollees diagnosed with diabetes, analyses found no racial/ethnic differences in unmet health needs or in receiving vision care in the past 12 months. In this subpopulation, however, Hispanic adults were less likely than White adults to report care consistent with a patient-centered medical home – a key indicator of health care quality (model-based estimated probability, 16.6% vs. 35.8%).

Figure 2: Percent of White and African-American Adults (19-64 years) Diagnosed with Diabetes, by Income



POLICY CONSIDERATIONS

- Adults who are African-American or who live in lower-income households are more likely than other adults to have, or to die from diabetes. Yet within Ohio's non-elderly Medicaid population, African-Americans are no more likely than Whites to have been told by a health professional that they have diabetes. This may suggest that lower-income African-American adults may be more likely to live with undiagnosed diabetes. Ohio should consider expanding efforts to screen for diabetes in this population.
- Among Medicaid enrollees diagnosed with diabetes, the general absence of racial/ethnic disparities suggest that Medicaid provides similar levels of care across most race/ethnic groups – at least once diabetes has been diagnosed. One worrisome exception is the greater likelihood of lower quality health care for Hispanic adults on Medicaid who are diagnosed with diabetes – a finding that merits further research.

REFERENCES

1. Centers for Disease Control and Prevention. National *Diabetes Statistics Report, 2017*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2017.
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4. Beckles GL, Chou C. Disparities in the Prevalence of Diagnosed Diabetes — United States, 1999–2002 and 2011–2014. *Morb Mortal Wkly Rep* 2016;65:1265–1269.

For More Information about OMAS and the findings in this policy brief, please visit the OMAS website at the Ohio Colleges of Medicine Government Resource Center www.grc.osu.edu/OMAS.