2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS) Survey

Report of Results

Oregon Health Authority

Table of Contents

Executive summary 2
Introduction 3
Interpreting the data 5
Key findings by domain 9
Chronic conditions 10
Risk factors 11
Medical access / screening 13
Substance use 14
Stress and safety 15
Protective factors 16
Family planning 18
Reactions to race 19
Appendix 1: Results by indicator 21
Appendix 2: Methods and limitations 101

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Executive Summary

The Behavioral Risk Factor Surveillance System (BRFSS) is a national system of health-related telephone surveys that collect information about health-related risk behaviors, chronic health conditions, and use of preventive services. In 2014, the Oregon Health Authority fielded a version of this survey adapted for the adult Medicaid population (Medicaid BRFSS, or MBRFSS).

The goals of the 2014 MBRFSS survey were to assess the general health status of adult Medicaid members; describe specific health behavior patterns of adult Medicaid members; and assess key social and environmental factors and social determinants of health. This survey is an opportunity to obtain important health information that isn't available in administrative data or even medical records. This information is used to help policy makers, health plans, providers, and partners understand and plan for meeting the health needs of the adult Medicaid population.

The survey was sampled at the coordinated care organization (CCO) level, as well as oversampled for racial and ethnic groups, allowing comparison to state and national data, as well as interpretation at a local level.

Analysis of survey results showed some notable differences between the adult Medicaid population and the general adult population in Oregon ("all Oregon adults"), as well as differences within the Medicaid population, including:

- Adult Medicaid members have higher rates of select chronic conditions, such as asthma, depression or a disability than the general adult population. Nearly 65% of adult Medicaid members have a chronic disease, while about 55% of the general adult population does.
- Statewide, more than 50% of adult Medicaid members report poor mental health, while just under 39% of the general adult population does.
- Statewide, almost 15% of the general adult population reports binge drinking. Just over 12% of adult Medicaid members report binge drinking.
- Fewer adult Medicaid members report being up-to-date on recommended preventive health screening and services than the general adult population. While 67% of the general adult population reports having a dental visit with the past year, just under 52% of Medicaid members do.
- Statewide, more than 66% of adult Medicaid members report being overweight or obese, while just over 62% of all Oregon adults report this.
- More adult Medicaid members report using tobacco than all Oregon adults, though the disparity appears to be driven by cigarette smoking. Almost 30% of adult Medicaid members report cigarette smoking, while just over 16% of all Oregon adults do.

INTRODUCTION

The Behavioral Risk Factor Surveillance System (BRFSS) is a national system of health-related telephone surveys. The Centers for Disease Control and Prevention (CDC) oversees the BRFSS survey and collects information about health-related risk behaviors, chronic health conditions, and use of preventive services. In 2014, the Oregon Health Authority fielded a version of the BRFSS survey adapted for the adult Medicaid population (Medicaid BRFSS, or MBRFSS).

The goals of the 2014 MBRFSS survey were to:

- Assess the general health status of adult Medicaid members;
- Describe specific health behavior patterns of adult Medicaid members; and
- Assess key social and environmental factors and social determinants of health.

This survey is an opportunity to obtain important health information that isn't available in administrative data or even medical records. This information is used to help policy makers, health plans, providers, and partners understand and plan for meeting the health care needs of the adult Medicaid population. The information can also be used to inform local quality improvement and public health initiatives. This information is key as Oregon works towards better health, better care and lower costs.

The survey was sampled at the coordinated care organization (CCO) level, as well as oversampled for racial and ethnic groups. This information provides an assessment of the health needs and characteristics of the adult Medicaid population at the state and local level.

This is the second time Oregon has reported health behaviors and clinical preventive services from a BRFSS survey of the Medicaid population. In 2004, Oregon conducted a Health Risk Health Status Survey; however, results from that survey were only available at the state level.[1]

2014 MBRFSS survey questions can be categorized across eight domains:

- Chronic / adverse conditions
- Risk factors
- Medical access / screening
- Substance use
- Stress and safety
- Protective factors
- Family planning
- Reactions to race

[1] The 2004 Health Risk Health Status Survey report is available online at www.oregon.gov/oha/analytics/Pages/MBRFSS.aspx

This report summarizes key findings in each of these domains, as well as provides the data for each underlying indicator. Data are presented at the state level, by race and ethnicity, and by coordinated care organization (see Appendix 1).

Please note, results of the 2014 MBRFSS survey may not be generalizable to all Medicaid members, the race/ethnicity group, or to members within a CCO due to low response rate. Comparisons to the general population should be made with caution. See "Interpreting the Data" section below for more information.

Additional discussion of survey methods can be found in Appendix 2. The survey questionnaire and a summary table of all the survey indicators by domain, including definitions, is available online at www.oregon.gov/oha/analytics/Pages/MBRFSS.aspx.

Interpreting the Data

While the purpose of the MBRFSS report is to describe the findings for the Medicaid population, results are presented alongside data from the general population BRFSS where possible for additional context (displayed as grey bars labeled "all Oregon adults" in Appendix 1). However, due to differences in survey methodology and the underlying population responding to the surveys, these data are not a direct comparison. They provide a general idea for how similar indicators play out within the general adult population in Oregon.[2]

Differences between MBRFSS and BRFSS Surveys

While there are several differences between the 2014 MBRFSS survey and the general population BRFSS survey, the most important is the sampling methodology and frame.

	Medicaid BRFSS	General Population BRFSS
Sampling methodology	Sample drawn from adults enrolled in the Oregon Health Plan; phone numbers from enrollment data.	Random digit dial of people with phones residing in Oregon.
Sampling frame	Stratified to reflect the characteristics of coordinated care organizations' enrolled populations.	Stratified to reflect the characteristics of the overall Oregon population.

See Appendix 2 for additional differences between the surveys.

Differences in Respondent Demographics

In addition to the differences in sampling, the population responding to the MBRFSS is different from the general population BRFSS respondents. In general, the Medicaid population is younger, includes more Hispanic/Latino members, fewer married/partnered members, is more likely to have children, less likely to have graduated college, and more likely to be in rental or unstable housing than the general population.

Table 1 on the next page describes the population distribution of the Medicaid members and general population who responded to the 2014 surveys.

[2] Data for the general adult population in Oregon come from the Behavioral Risk Factor Surveillance System (BRFSS) survey between 2012 and 2014, depending on the indicator.

Table 1

	Indicator	2014 MBRFSS State Total Weighted %	2014 General BRFSS Total Weighted %
Age		N=6,651	N=10,410
	18-34	43.1	29.1
	34-59	27.5	23.5
	50-64	24.5	26.8
	65+	4.9	20.5
Sex		N=6,651	N=10,410
	% female	55.9	50.9
Sexual orientation		N=6,260	N=9,268
	% straight	93.0	95.5
	% gay, lesbian, or bisexual	7.0	4.5
Race / ethnicity		N=6,651	N=10,184
	White	78.5	82.2
	African American	1.4	2.1
	American Indian / Alaska Native	3.3	2.1
	Asian (non-Pacific Islander)	1.3	3.3
	Pacific Islander	0.5	0.2
	Hispanic	15.2	10.1
Marital status		N=6,489	N=10,280
	Married/partnered	39.4	58.1
	Divorced/separated	30.1	14.9
	Widowed	4.1	6.6
	Never married	26.4	20.4
Children in home		N=6,614	N=10,337
	Children in home	44.5	34.1
Education level		N=6,112	N=10,090
	< Grade 12	23.3	11.5
	Grade 12 or GED	32.3	25.4
	Some college	31.7	36.5
	College graduate	12.8	26.5
Living situation		N=6,525	N=10,040
	Own home	21.5	64.7
	Rent	64.9	30.6
	Other arrangement	12.5	4.7
	At shelter or homeless	1.1	

Weighting

Survey results are often weighted so that the group answering the survey reflects the target population on characteristics that are expected to influence outcomes. 2014 MBRFSS results have been weighted to more accurately represent the age, sex, and CCO distribution in the target population. For example, younger adults are typically less likely to complete a survey compared to older adults. By applying weights (larger for younger respondents, smaller for older respondents), the age distribution more accurately reflects the "true" distribution for the target population.

The population distributions presented in Table 1 above have been weighted to reflect the demographics of the entire population. The results have been stratified to reflect the demographics of the adult population enrolled in coordinated care organizations in Oregon, using Medicaid administrative data. The general population results have been weighted to reflect the characteristics of Oregon's overall adult population in Oregon, using census data.

See Appendix 2 for additional information on weighting, as well as the un-weighted demographics of the 2014 MBRFSS population, including the population distribution of survey respondents sorted into three distinct groups of members based on history of Medicaid enrollment.

Response Rates

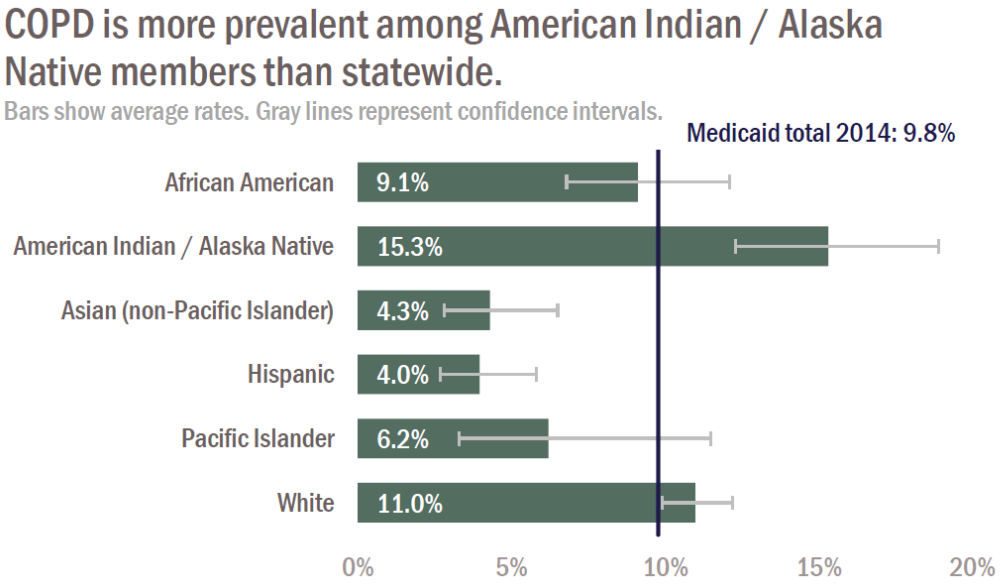
The 2014 MBRFSS survey had 7,881 completed surveys out of 59,998 attempts, resulting in an unadjusted response rate of 13 percent. After removing those members who were ineligible or whose listed number was identified to be a non-working number, the adjusted response rate was 17 percent. This low response rate occurred primarily because a large number of respondents could not be reached (50 percent of the sample), because they did not answer the phone, did not return voicemail, or had a blocking feature on their phone.

Due to the response rate, results of the 2014 MBRFSs survey may not be generalizable to all Medicaid members, the racial/ethnic groups, or to members within a CCO; however, at least 400 surveys were completed for each CCO, which ensures that survey results can be interpreted at the CCO level.

See Appendix 2 for tables showing the number of completed surveys and response rates by CCO and by race/ethnicity.

Identifying Meaningful Differences

2014 MBRFSS results are presented in this report with confidence intervals, displayed as grey lines around each data point. This report uses 95 percent confidence intervals, which mean we can be 95 percent sure that the actual score falls within this range. Or, in other words, if we sampled the Medicaid population 100 times, we would expect the result to fall within this range 95 times.



Larger samples result in narrower confidence intervals with the same certainty. In the example above, n=4,979 for white Medicaid members and n=146 for Pacific Islander Medicaid members, resulting in a much smaller confidence interval for the prevalence estimate for white members.

Differences highlighted in the key findings and throughout Appendix 1 are based on non-overlapping confidence intervals. This means we can be 95 percent confident that there is some significant difference. In the example above, it is likely that adult American Indian / Alaska Native members have a higher prevalence of chronic obstructive pulmonary disease (COPD) than the other races and ethnicities.

However, the statistical significance of that difference cannot be known without additional testing. There may also be other significant differences that are not identified through the non-overlapping confidence intervals, which could be determined through additional testing.

KEY FINDINGS BY DOMAIN

This section highlights findings within each of the eight survey domains. Data are presented for the Medicaid population and the general adult Oregon population for additional context. See above for additional information on interpreting these data.

Findings in this section are presented using three types of graphs to highlight some of the most interesting survey results.

- Statewide: Medicaid members and all Oregon adults
- Medicaid by race/ethnicity
- Medicaid by member type

Medicaid member type refers to three groups: existing, returning, and new.[3]

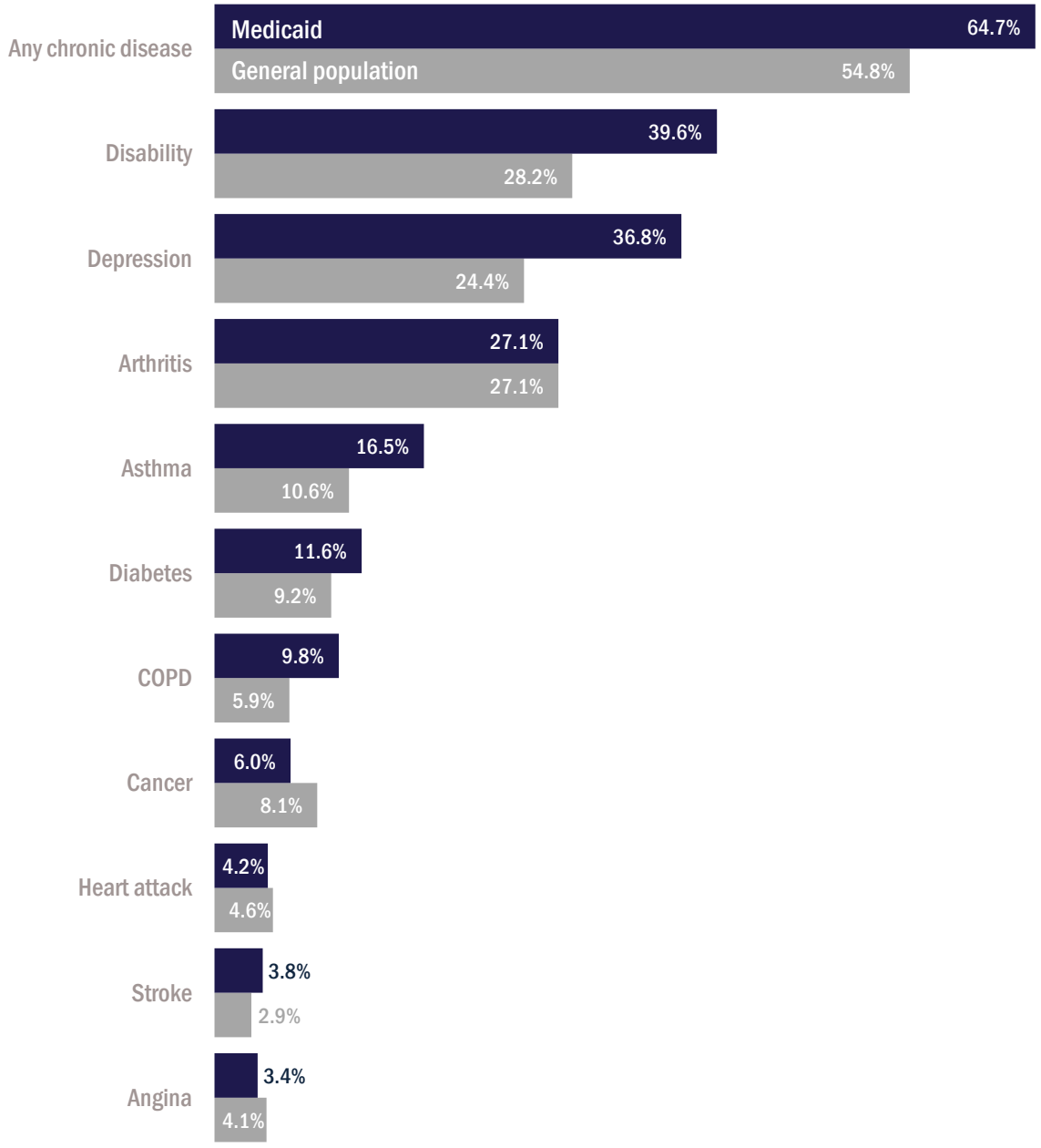
  - "Existing" members are clients whose enrollment in the Oregon Health Plan began prior to 2014.
  - "Returning" members are clients who were not enrolled in the Oregon Health Plan during 2013, but were at some time prior to 2013.
  - "New" members are clients who were newly enrolled in the Oregon Health Plan in 2014 and were not eligible before that point. The new members are a proxy for the Medicaid expansion population.

Detailed data tables for each indicator, including statewide, Medicaid by race/ethnicity, and Medicaid by CCO are included in Appendix 1.

[3] MBRFSS results for each of these groups are available in data tables online, and a full report may be published separately at a later date. http://www.oregon.gov/oha/analytics/Pages/MBRFSS.aspx

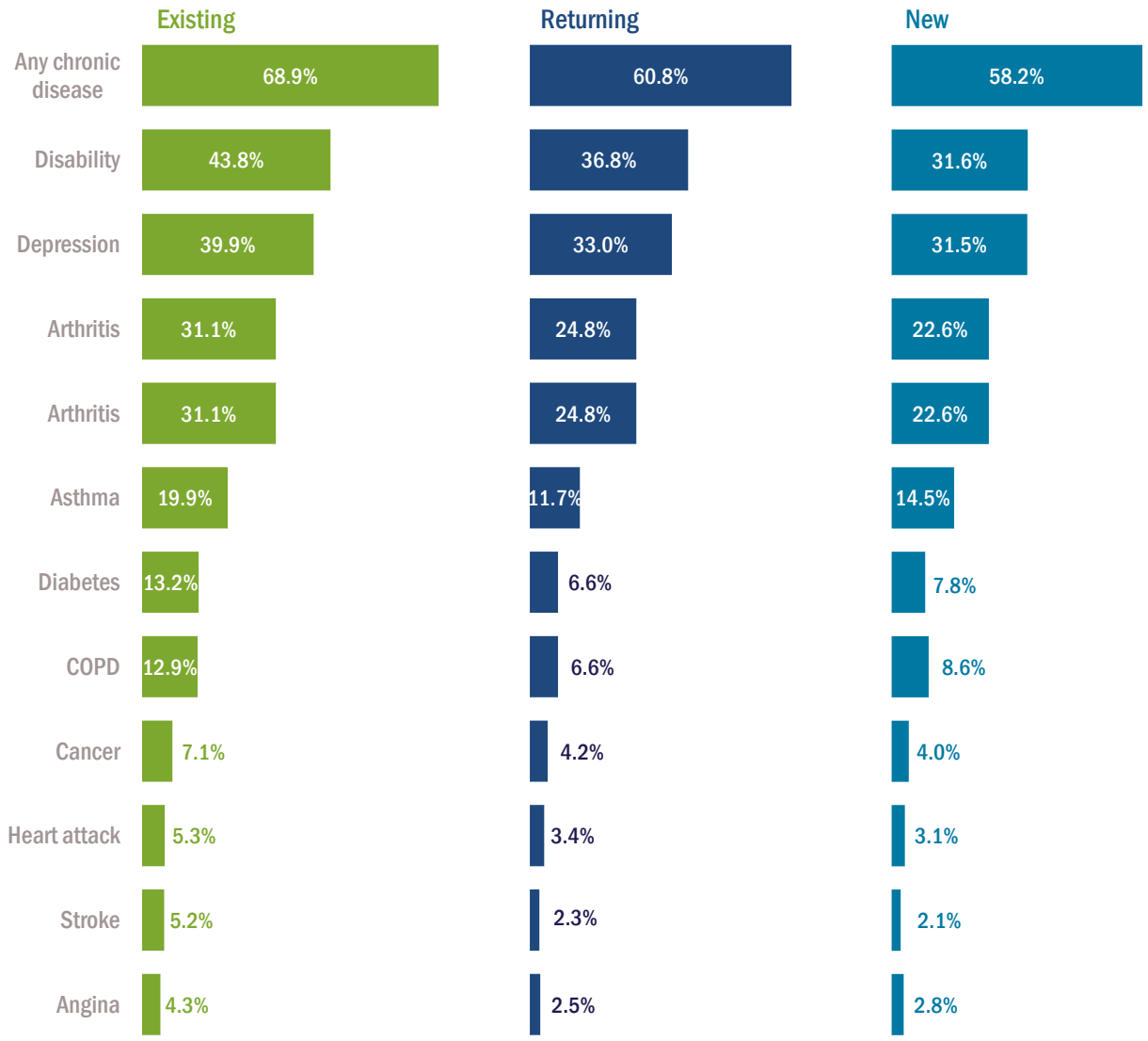
Chronic Conditions

Adult Medicaid members have higher rates of select chronic conditions than the general adult population. However, adult Medicaid members have lower rates of cancer.



Click Here to see detailed data tables for each Chronic Conditions indicator.

"Existing" Medicaid members (those who were enrolled prior to 2014) have higher rates of chronic conditions than "Returning" or "New" members.



"Existing" members are clients whose enrollment in a CCO began prior to 2014.

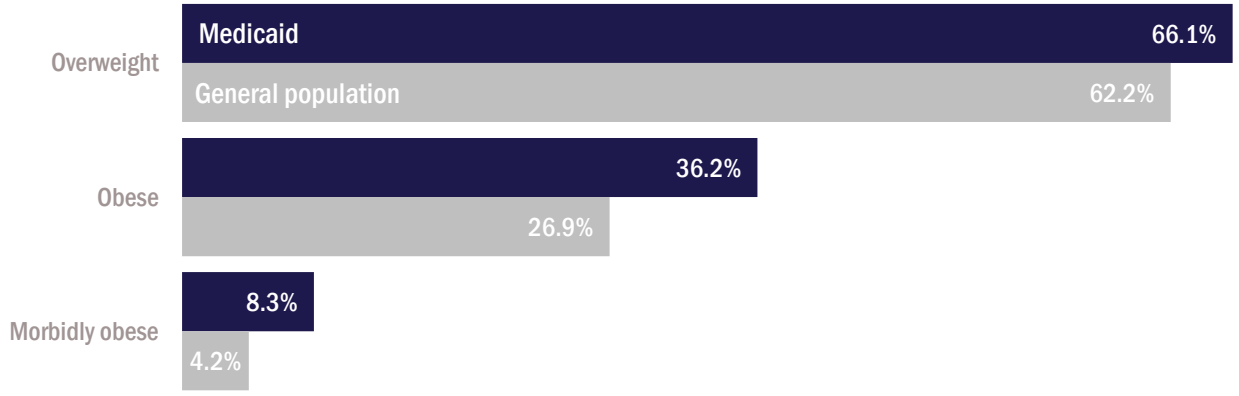
"Returning" members are clients who were not enrolled in the Oregon Health Plan during calendar year 2013, but were at some time prior to 2013.

"New" members are clients who were newly enrolled in a CCO in 2014 and were not eligible before that point.

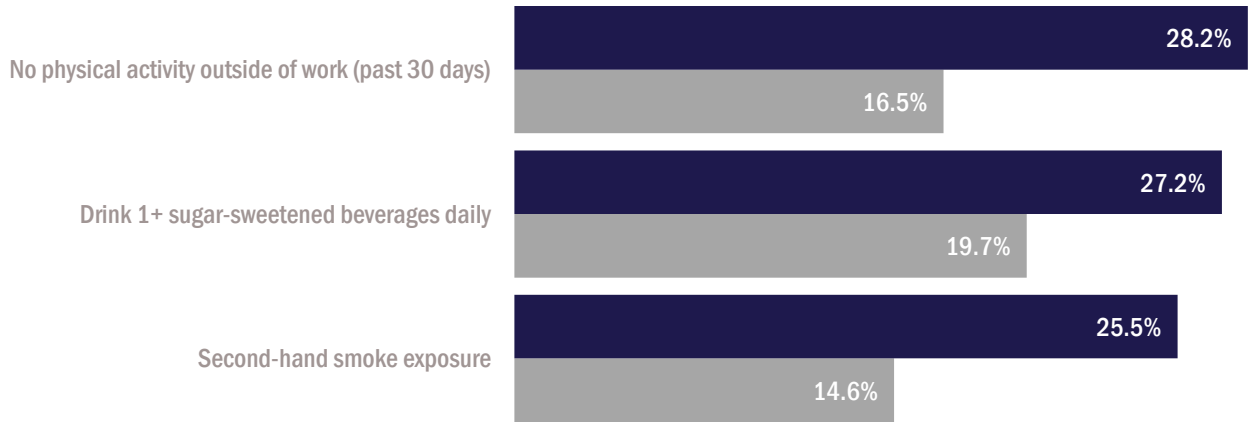
Risk Factors

More adult Medicaid members are overweight, obese, or morbidly obese than the general adult population in Oregon.

Obesity rates across the CCOs range from 28.0 to 41.3 percent.



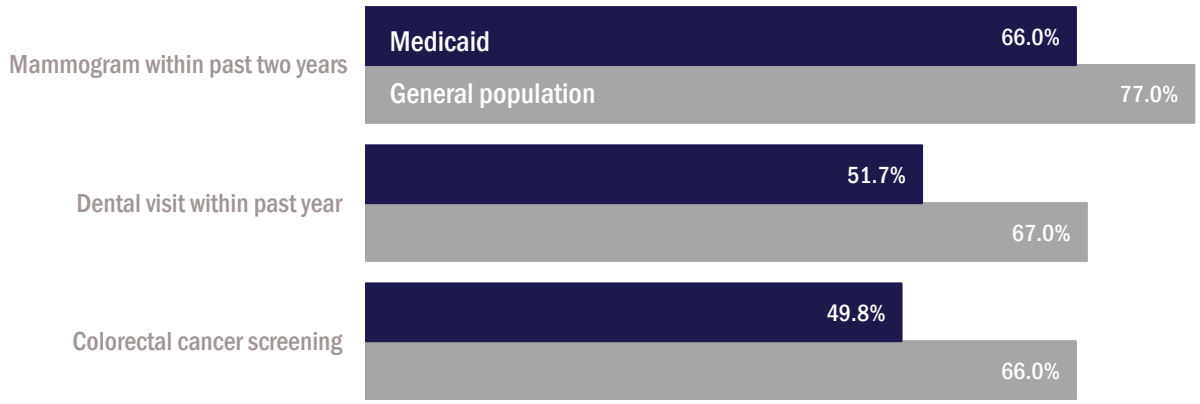
More adult Medicaid members report experiencing second-hand smoke exposure, drinking one or more sugar-sweetened beverages daily, and not getting physical activity outside of work during the past 30 days than the general adult population.



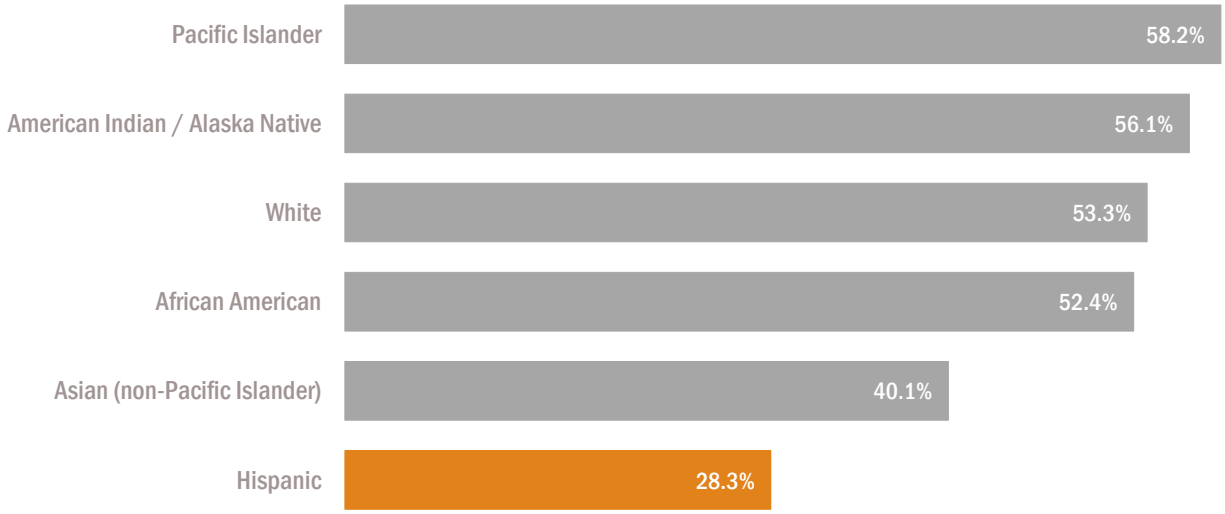
Click Here to see detailed data tables for each Risk Factors indicator.

Medical Access / Screening

Fewer adult Medicaid members report being up-to-date on recommended preventive health screenings and services than the general adult population.



While almost half of adult Medicaid members are current on colorectal cancer screening, Hispanic members are less likely to have received this recommended service.

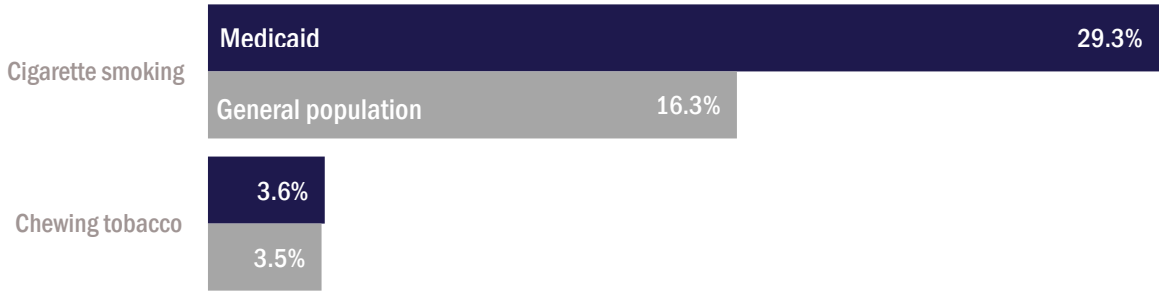


Click Here to see detailed data tables for each Medical Access / Screening indicator.

Substance Use

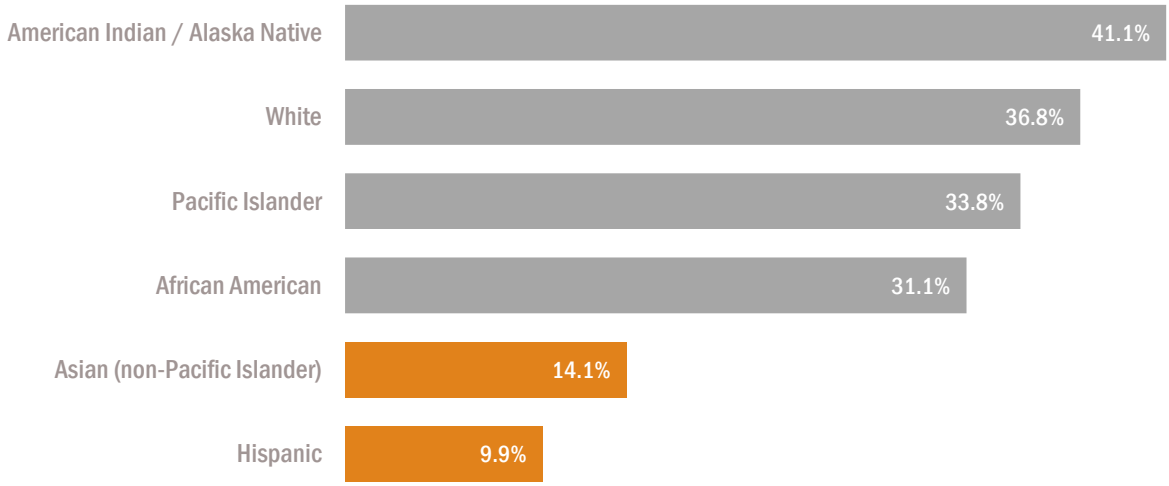
More adult Medicaid members report using tobacco than all Oregon adults, although most of the disparity appears to be driven by cigarette smoking.

Lower is better.



Fewer Asian and Hispanic Medicaid members use tobacco than other races and ethnicities.

Lower is better.

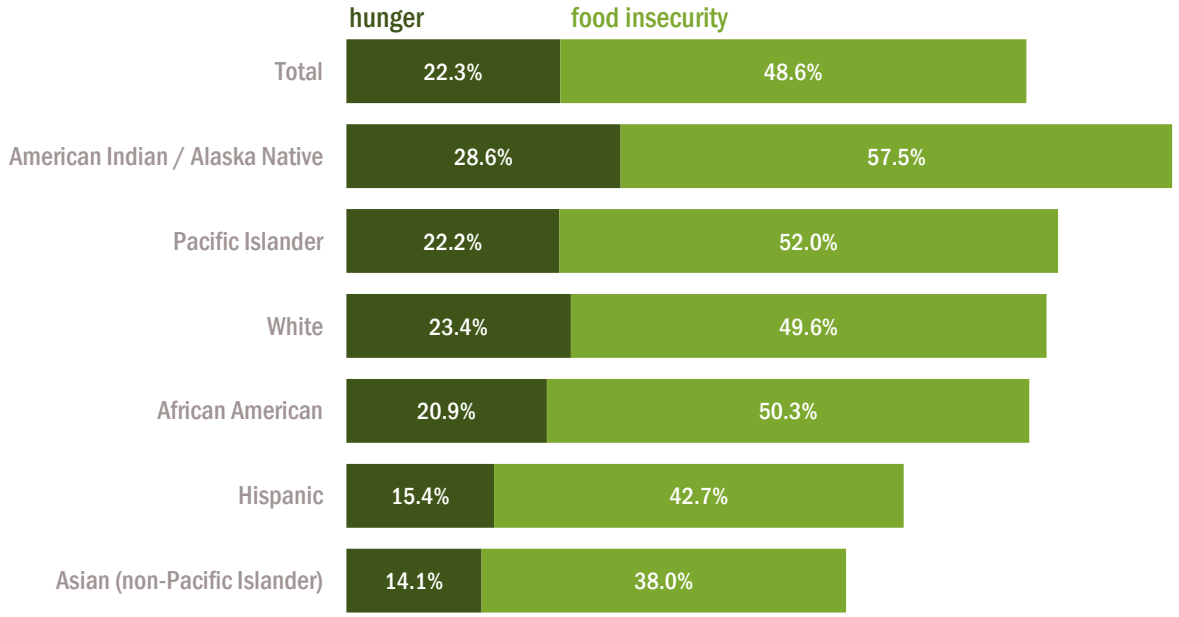


Click Here to see detailed data tables for each Substance Use indicator.

Stress and Safety

Twice as many adult Medicaid members reported food insecurity and hunger than all Oregon adults.

More American Indian / Alaska Native Medicaid members and fewer Asian (non-Pacific Islander) and Hispanic members reported hunger and food insecurity.



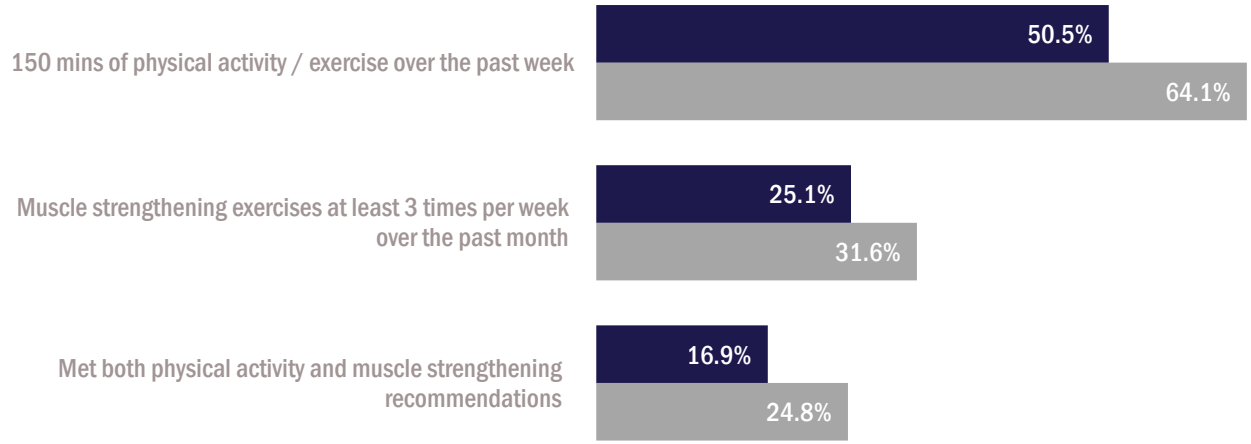
Food insecurity and hunger are defined here by a series of five questions. Respondents who answered positively to at least two questions are considered to be experiencing food insecurity, and respondents who answered positively to at least four questions and considered to be experiencing hunger. For more information, see pages 76-77.

Click Here to see detailed data tables for each Stress and Safety indicator.

Protective Factors

Fewer adult Medicaid members reported meeting recommended levels of physical activity / exercise or muscle strengthening exercises than the general population.

These questions specifically ask about leisure-time physical activity and do not include job-rel



Fewer adult Medicaid members self-reported their health status as "good," "very good," or "excellent" than the general population.

Self-reported health status is a strong indicator of mortality.

Within Medicaid, fewer "Existing" members than "Returning" or "New" members self-report their health status as "good," "very good," or "excellent."

"Existing" members are clients whose enrollment in a CCO began prior to 2014.

"Returning" members are clients who were not enrolled in the Oregon Health Plan during calendar year 2013, but were at some time prior to 2013.

"New" members are clients who were newly enrolled in a CCO in 2014 and were not eligible before that point.

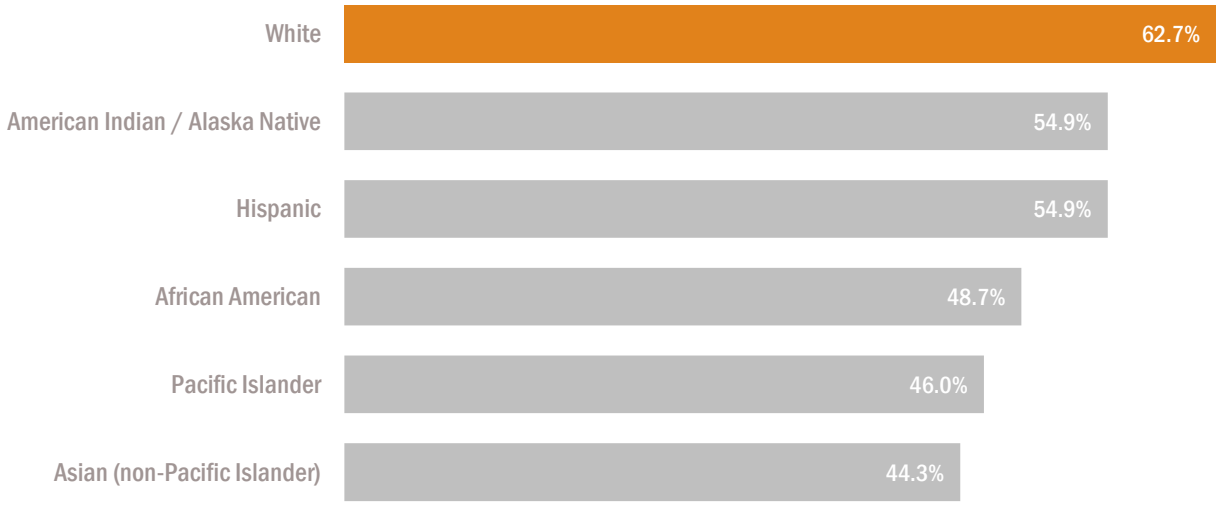
Click Here to see detailed data tables for each Protective Factors indicator.

Family Planning

More than half of adult Medicaid women at risk of unintended pregnancy report using effective methods of contraception the last time they had sex. However this is lower than the general population, more than two-thirds of whom used effective contraception the last time they had sex.

4

More white women on Medicaid reported using effective methods of contraception the last time they had sex, compared to other races and ethnicities.

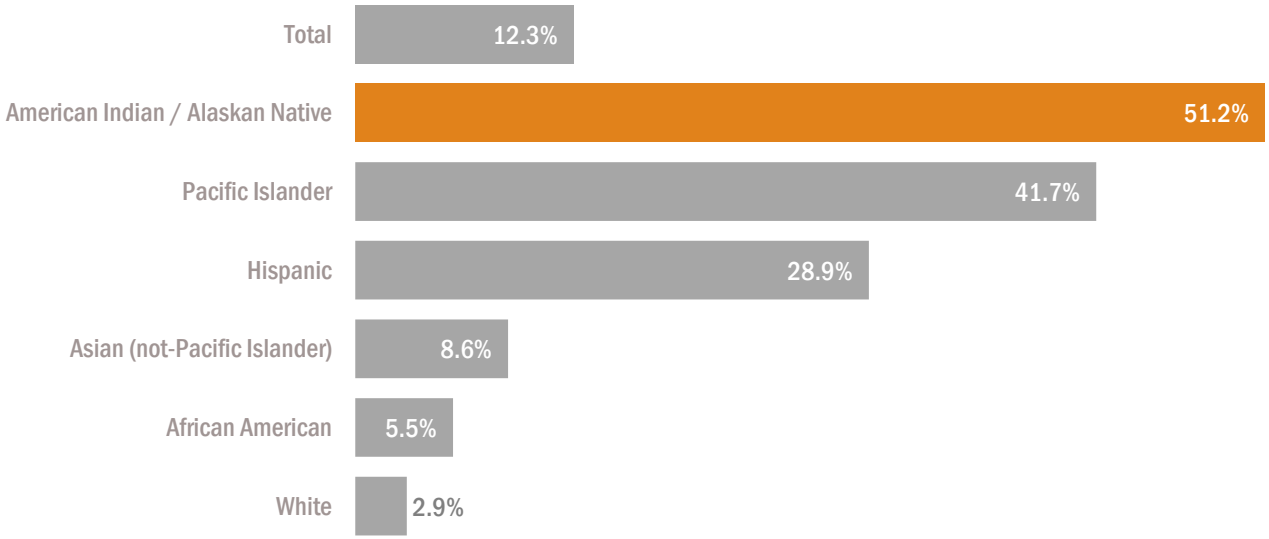


Click Here to see detailed data tables for each Family Planning indicator.

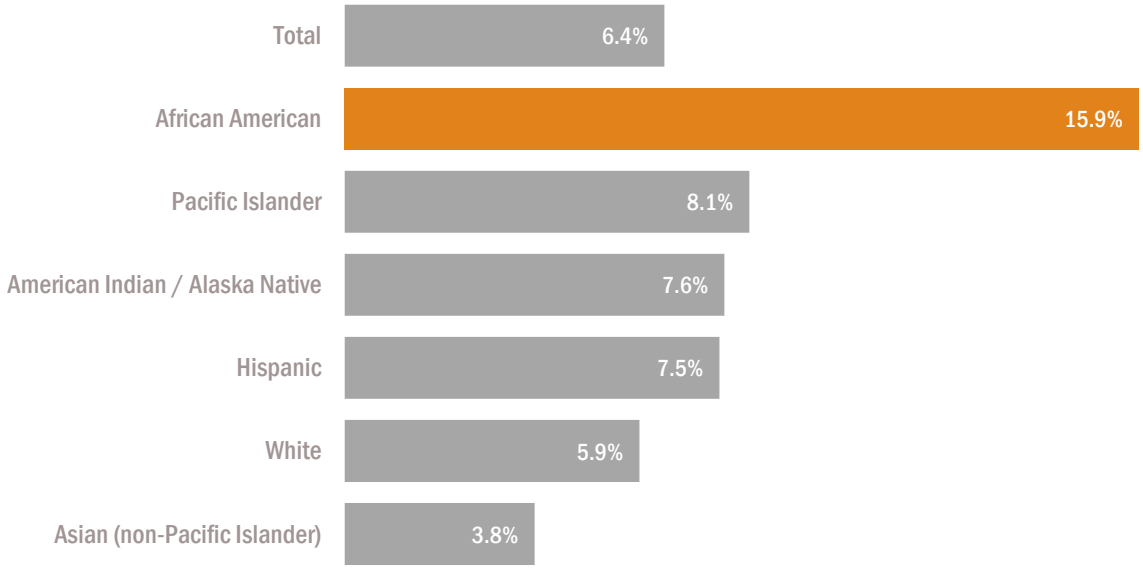
4 The MBRFSS survey questions about family planning allow for pregnancy intention, celibacy, and other factors to be incorporated into the calculation of effective contraceptive use. Results presented here differ from CCO incentive measure, which is based on Medicaid administrative (claims) data only. For more information on the CCO incentive measure can be found online at: www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

Reactions to Race

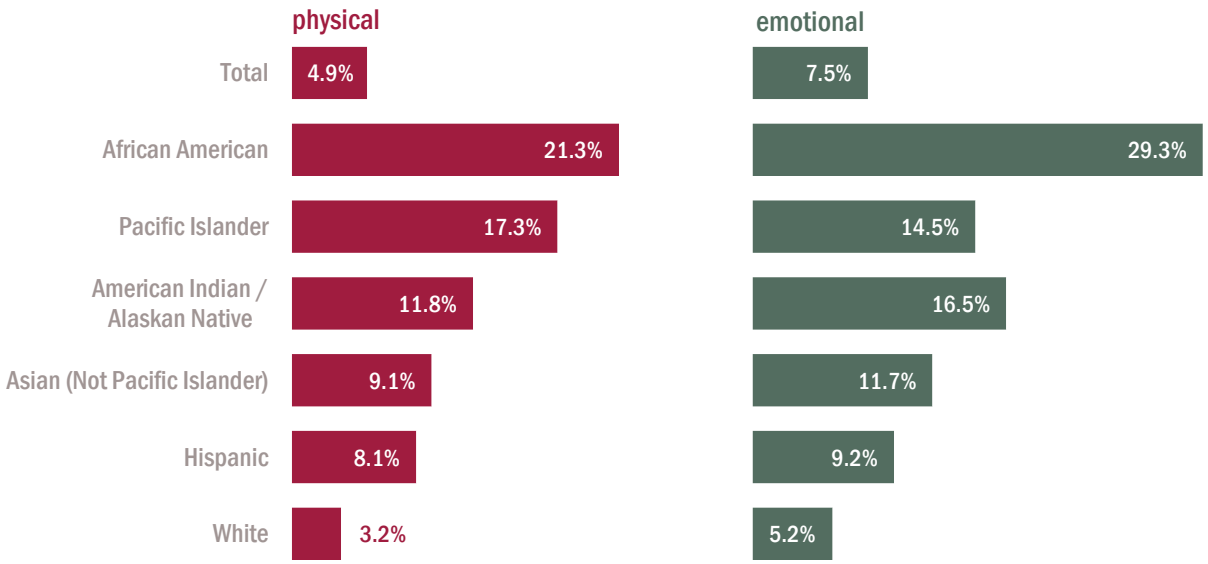
Compared to the Medicaid total, more American Indian / Alaska Native members reported differences between how they classified their own race or ethnicity and how other people usually classified them.



More African American adult Medicaid members reported being treated worse than other races when seeking health care.



More African American members reported physical and emotional symptoms due to how they were treated based on their race, compared to white members.



Click Here to see detailed data tables for each Reactions to Race indicator.

Appendix 1: Results by Indicator

Chronic conditions..... 23
- Angina..... 24
- Arthritis..... 25
- Asthma (current)..... 26
- Cancer..... 24
- COPD..... 28
- Depression..... 29
- Diabetes..... 30
- Disability..... 31
- Heart attack..... 32
- Stroke..... 33
- Any chronic disease..... 34
- Experience chronic pain..... 35
- Physical health "not good"..... 36
- Mental health "not good"..... 37
- Activity limited by poor health..... 38

Risk factors..... 39
- Sugar-sweetened beverages..... 40
- High blood cholesterol..... 41
- High blood pressure..... 42
- No physical activity outside work in last 30 days..... 43
- Overweight or obese..... 44
- Obese..... 45
- Morbidly obese..... 46
- Insufficient sleep..... 47
- Pre-diabetic..... 48
- Secondhand smoke exposure..... 49

Medical access / Screening..... 51
- High blood sugar/diabetes test..... 52
- Blood cholesterol checked..... 53
- Current on colorectal cancer screening..... 54
- FOBT during last year..... 55
- Mammogram..... 56
- Pap test..... 57
- Dental visit..... 58
- HIV - ever tested..... 59
- Health insurance coverage..... 60

Substance use..... 61
- Tobacco - current cigarette smoker..... 62
- Tobacco - current tobacco chewer..... 63
- Tobacco - current tobacco user (smoker or chewer)..... 64
- Tobacco - ecigarette use ever..... 65
- Tobacco - current ecigarette use..... 66
- Tobacco - want to quit (smokers)..... 67
- Tobacco - attempted to quit in last year (smokers)..... 68
- Alcohol - 1+ days of binge drinking in last 30 days..... 69
- Alcohol - heavy drinking over past 30 days..... 70
- Drugs - current marijuana use (any)..... 71
- Drugs - current medical marijuana use..... 72
- Drugs - current meth, heroin, cocaine, or ecstasy use..... 73
- Drugs - current prescription painkiller misuse..... 74

Stress and safety..... 75
- High-stress based on 4-item scale..... 76

Needed or received housing services 77
Food insecurity - food insecure 78
Food insecurity - hunger 79
Intimate partner violence past 12 months 80
Neighborhood rated "not at all" or "slightly" safe 81
High Adverse Childhood Experiences based on 11 item scale 82
Protective Factors..... 83
Fruits and vegetables - consumed 5+ servings/day 84
Health status rated good or better 85
Healthy weight 86
At least 150 minutes (or 75 vigorous) of PA/week..... 87
Muscle strengthening exercises 3 times/week 88
Met both physical activity and muscle strengthening recommendations..... 89
Family Planning..... 91
Effective use of contraception..... 92
Daily multivitamin, prenatal vitamin, or folic acid vitamin use 93
Reactions to Race..... 95
Difference between self-identified and generally-perceived race/ethnicity 96
Thinking about race at least once a day..... 97
Treated worse than others when seeking health care..... 98
Physical symptoms due to how treated based on race..... 99
Emotional symptoms due to how treated based on race 100

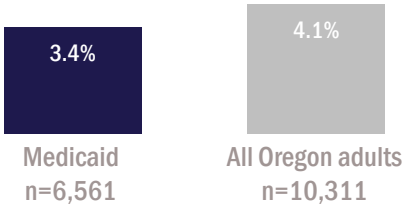
CHRONIC CONDITIONS

ANGINA

Percent of adult Medicaid members surveyed who have ever been told they had angina (chest pain caused by reduced blood flow to the heart muscle) by a doctor, nurse, or other health care professional. Lower is better for this indicator.

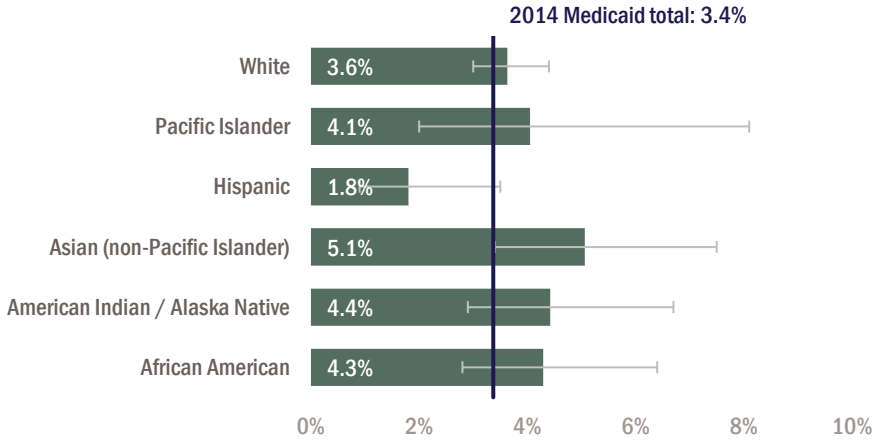
Statewide, angina affects 3.4 percent of adult Medicaid members.

Medicaid confidence interval: 2.8% - 4.0%



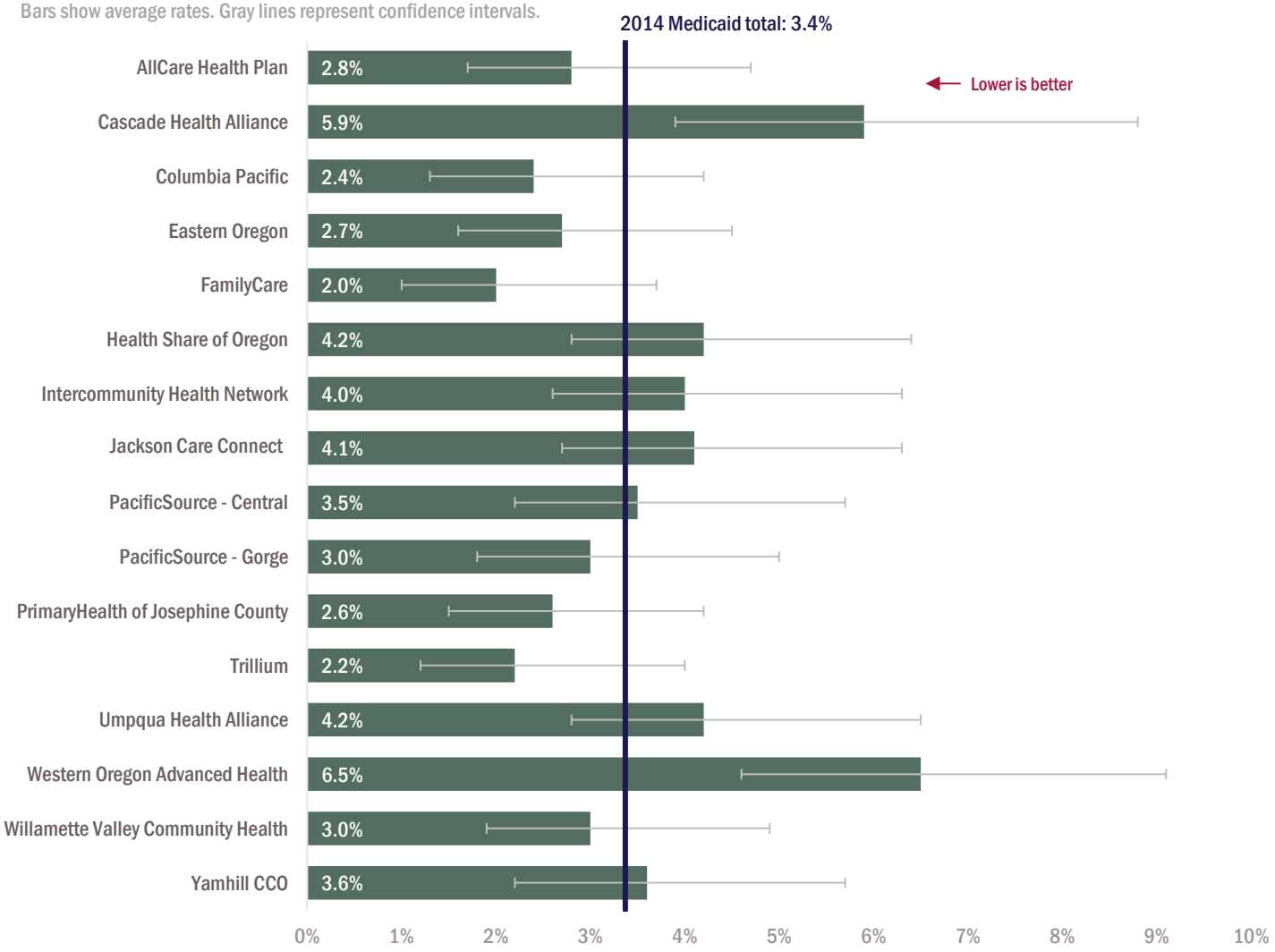
Percent of Medicaid members with angina, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Angina prevalence by CCO.

Bars show average rates. Gray lines represent confidence intervals.

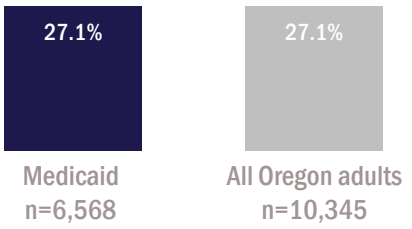


ARTHRITIS

Percent of adult Medicaid members surveyed who have ever been told they had arthritis by a doctor, nurse, or other health care professional. Lower is better for this indicator.

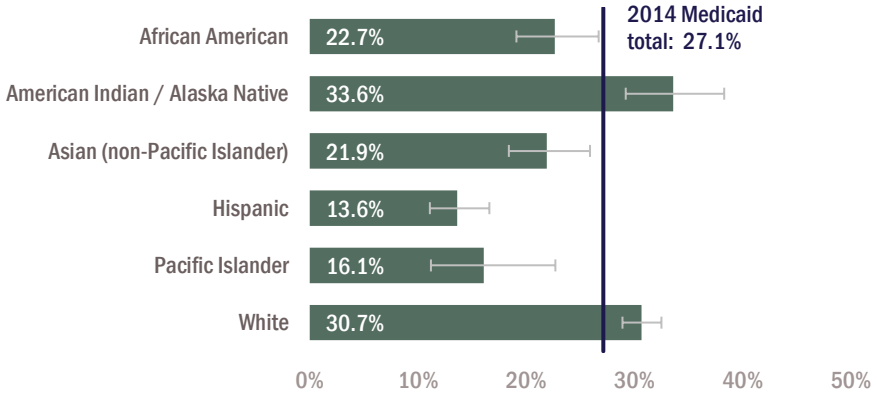
Statewide, arthritis affects 27.1 percent of adult Medicaid members.

Medicaid confidence interval: 25.7% - 28.6%



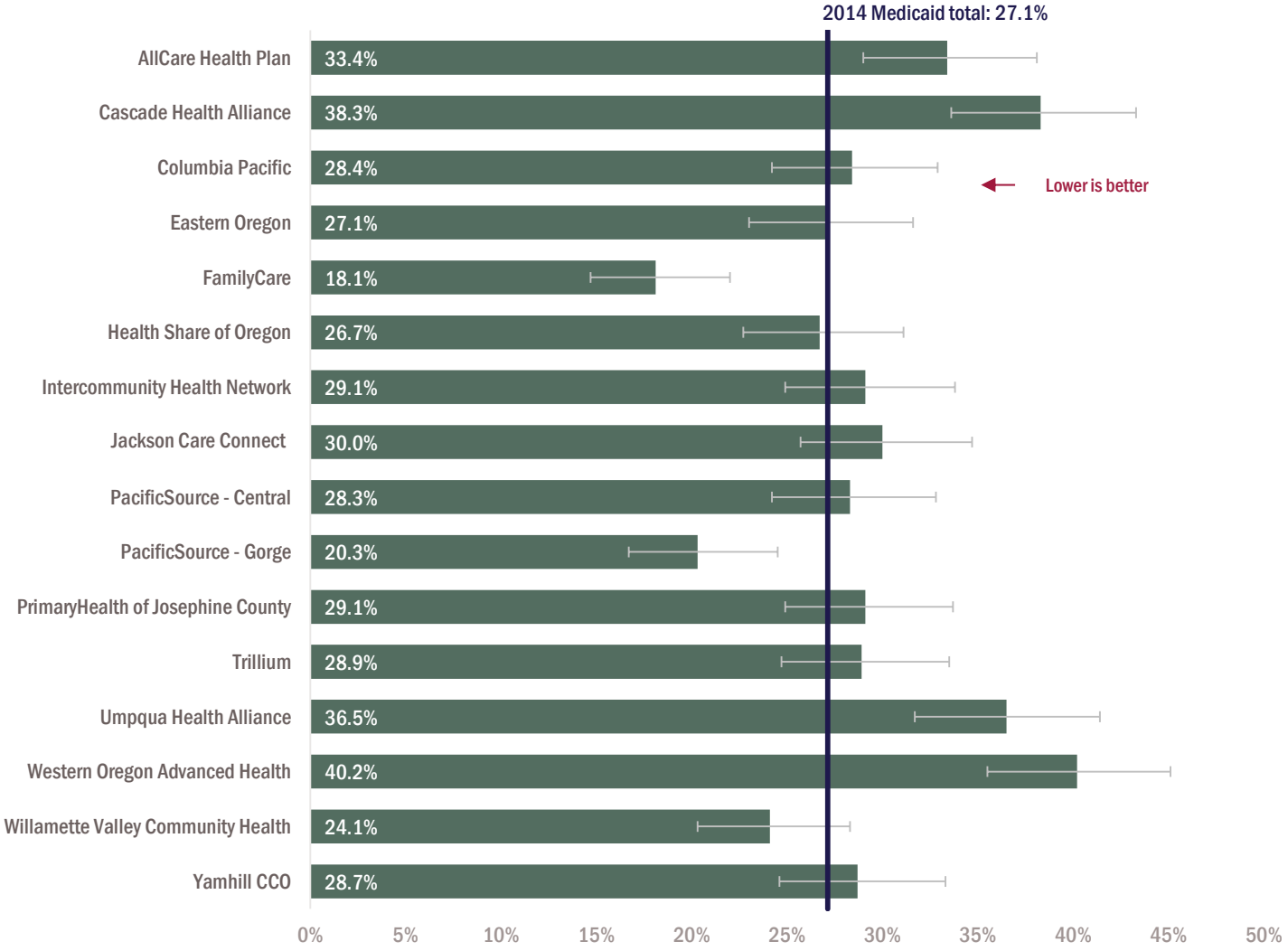
Arthritis is more prevalent among American Indian / Alaska Native and White Medicaid members than statewide.

Bars show average rates. Gray lines represent confidence intervals.



Arthritis prevalence by CCO.

Bars show average rates. Gray lines represent confidence intervals.

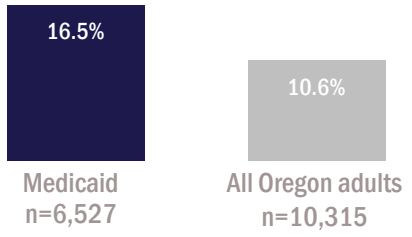


ASTHMA

Percent of adult Medicaid members surveyed who reported ever being told they had asthma or still have asthma. Lower is better.

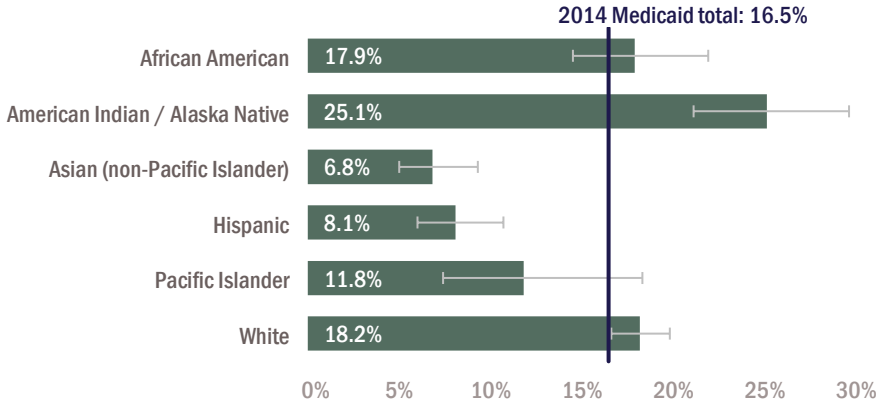
Statewide, asthma affects 16.5 percent of the adult Medicaid population.

Medicaid confidence interval: 15.2% - 17.8%



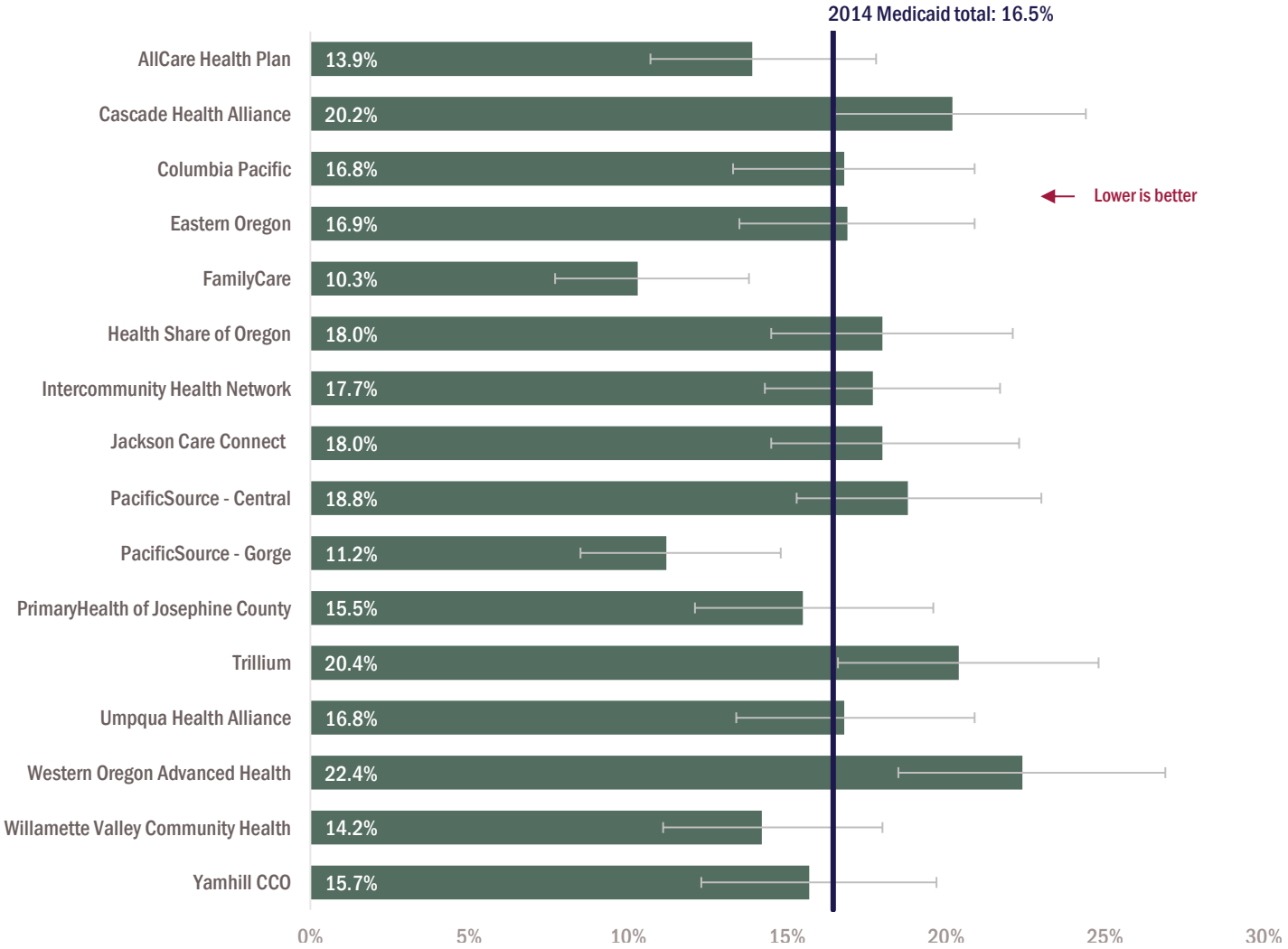
Asthma is more prevalent among American Indian / Alaska Native Medicaid members than statewide.

Bars show average rates. Gray lines represent confidence intervals.



Asthma prevalence by CCO.

Bars show average rates. Gray lines represent confidence intervals.

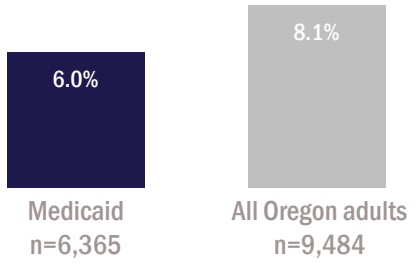


CANCER

Percent of adult Medicaid members surveyed who have ever been told they had cancer by a doctor, nurse, or other health care professional. Lower is better for this indicator.

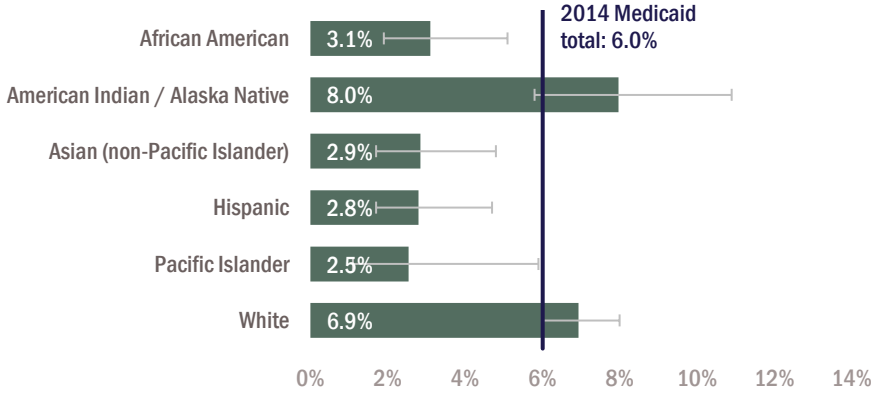
Statewide, 6 percent of adult Medicaid members have or have had cancer.

Medicaid confidence interval: 5.3% - 6.9%



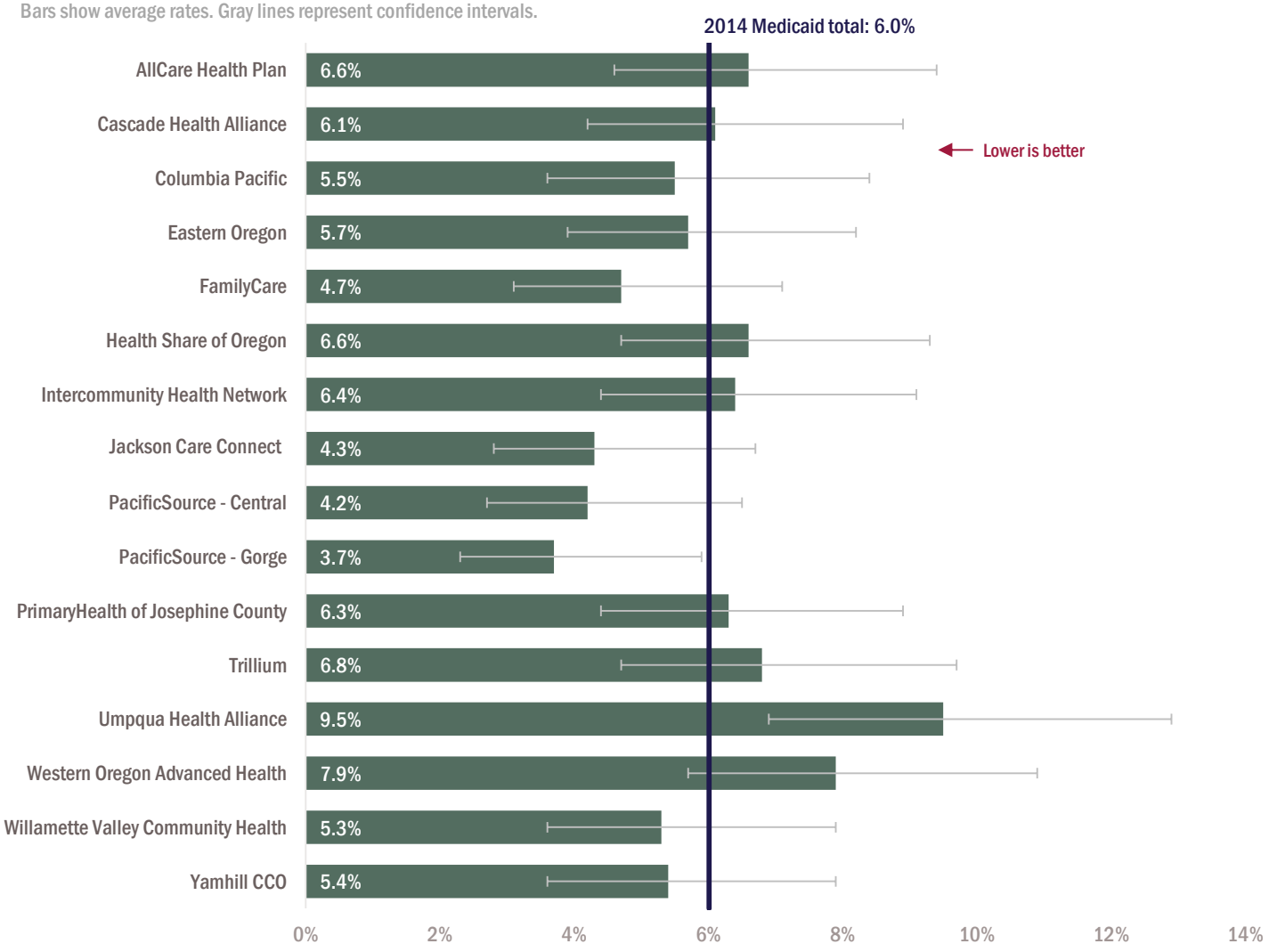
Percent of Medicaid members who have or have had cancer, by race and ethncity.

Bars show average rates. Gray lines represent confidence intervals.



Cancer prevalence by CCO.

Bars show average rates. Gray lines represent confidence intervals.

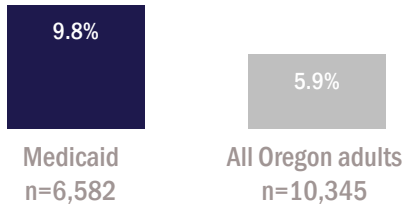


CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Percent of adult Medicaid members who indicated they have ever been told they had chronic obstructive pulmonary disease (COPD) by a doctor, nurse, or other health care professional. Lower is better.

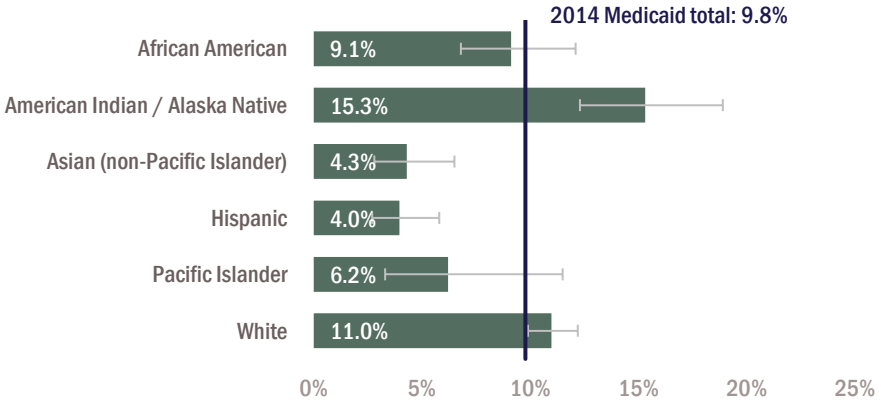
Statewide, COPD affects about 1 in 10 adult Medicaid members.

Medicaid confidence interval: 8.9% - 10.8%



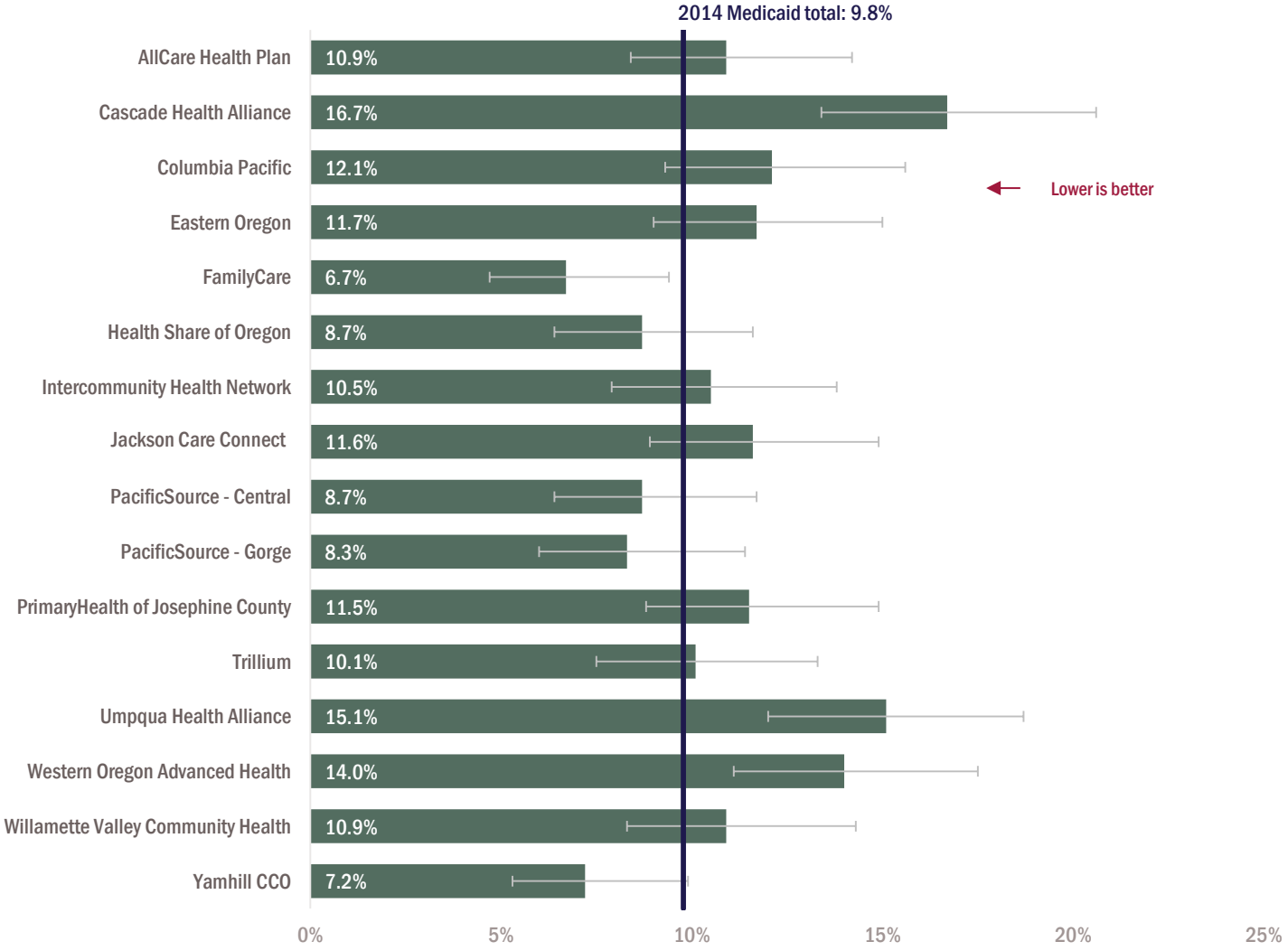
COPD is more prevalent among American Indian / Alaska Native Medicaid members than statewide.

Bars show average rates. Gray lines represent confidence intervals.



Chronic Obstructive Pulmonary Disease (COPD) by CCO.

Bars show average rates. Gray lines represent confidence intervals.

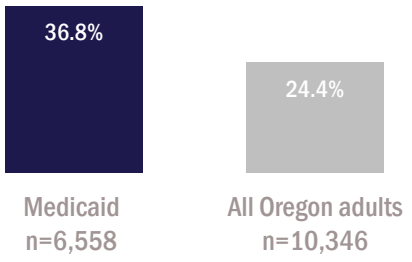


DEPRESSION

Percent of adult Medicaid members surveyed who have ever been told they had depression by a doctor, nurse, or other health care professional. Lower is better.

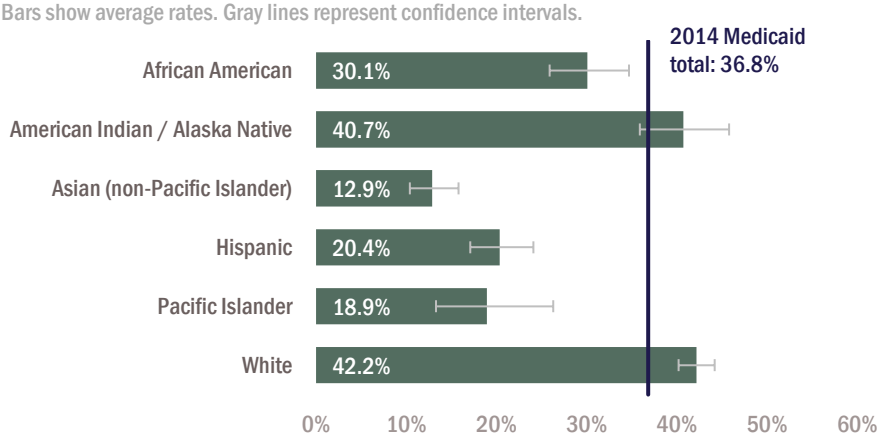
Statewide, about a third of adult Medicaid members experience depression.

Medicaid confidence interval: 35.2% - 38.5%



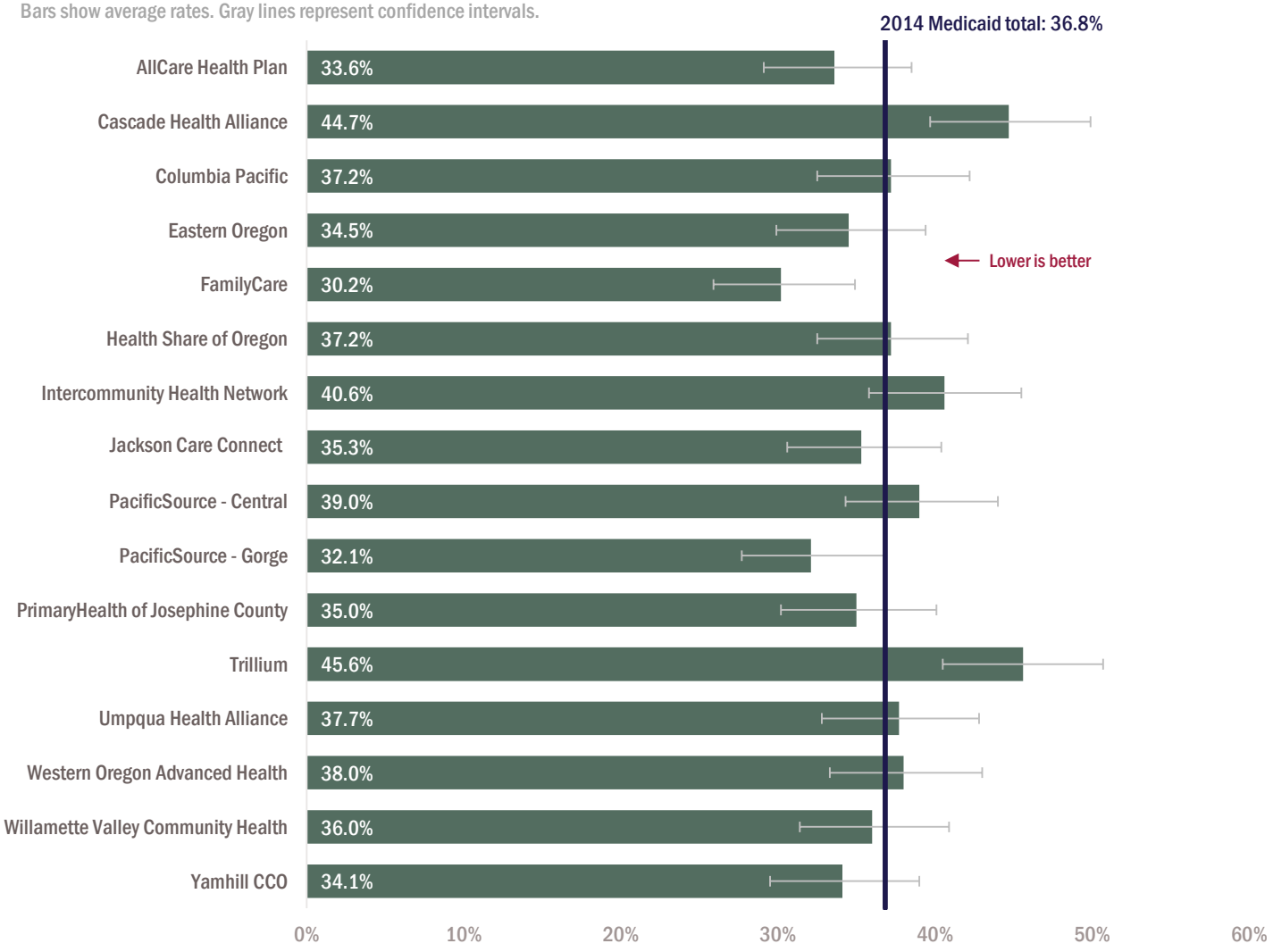
Depression is more prevalent among American Indian / Alaska Native and White Medicaid members than statewide.

Bars show average rates. Gray lines represent confidence intervals.



Depression prevalence by CCO.

Bars show average rates. Gray lines represent confidence intervals.

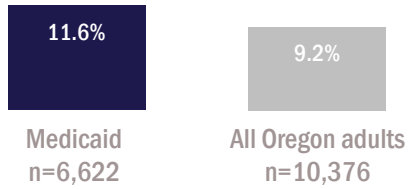


DIABETES

Percent of adult Medicaid members surveyed who have ever been told they had diabetes by a doctor, nurse, or other health care professional. Lower is better.

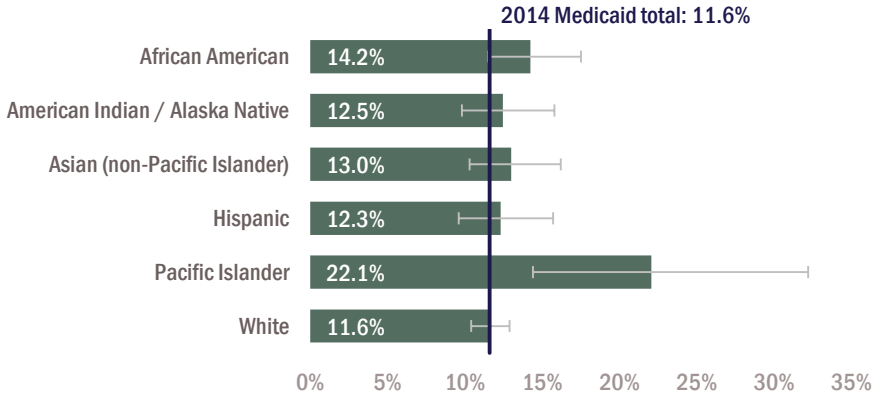
Statewide, 11.6 percent of adult Medicaid members have diabetes.

Medicaid confidence interval: 10.5% - 12.8%



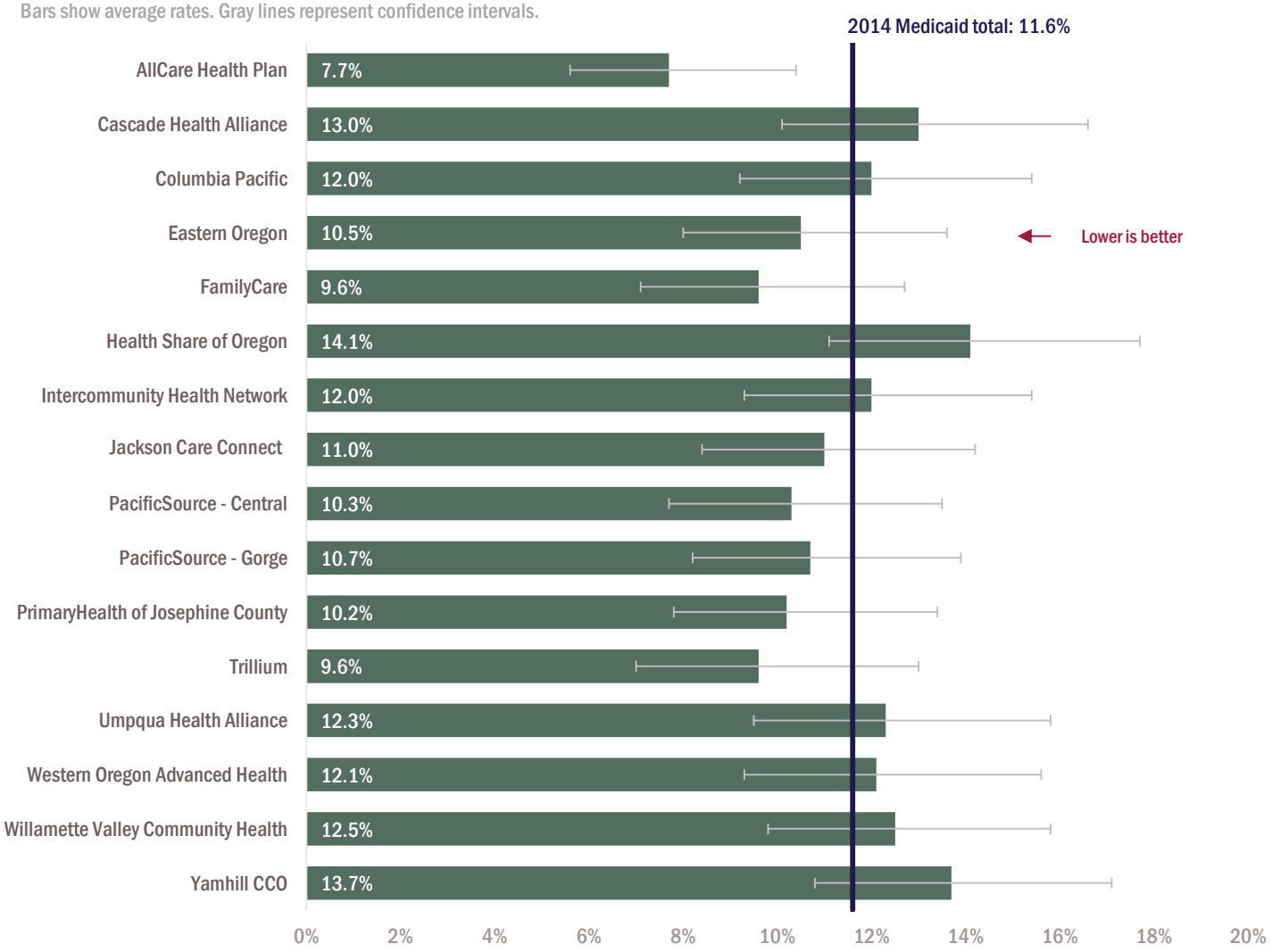
Diabetes is more prevalent among Pacific Islander Medicaid members than statewide.

Bars show average rates. Gray lines represent confidence intervals.



Diabetes prevalence by CCO.

Bars show average rates. Gray lines represent confidence intervals.

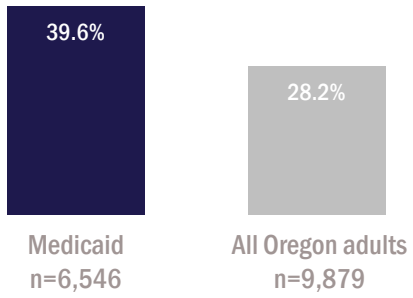


DISABILITY

Percent of adult Medicaid members surveyed who report being limited in any activities because of physical, mental, or emotional problems. Lower is better.

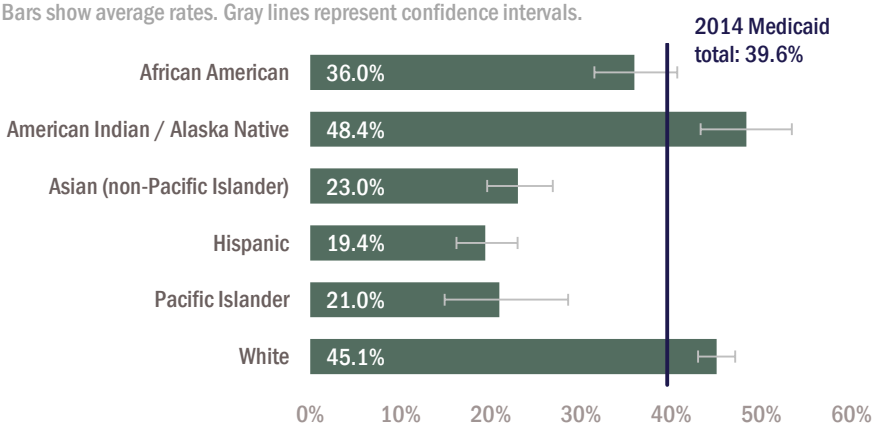
Statewide, about 2 in 5 adult Medicaid members have a disability.

Medicaid confidence interval: 37.9% - 41.3%



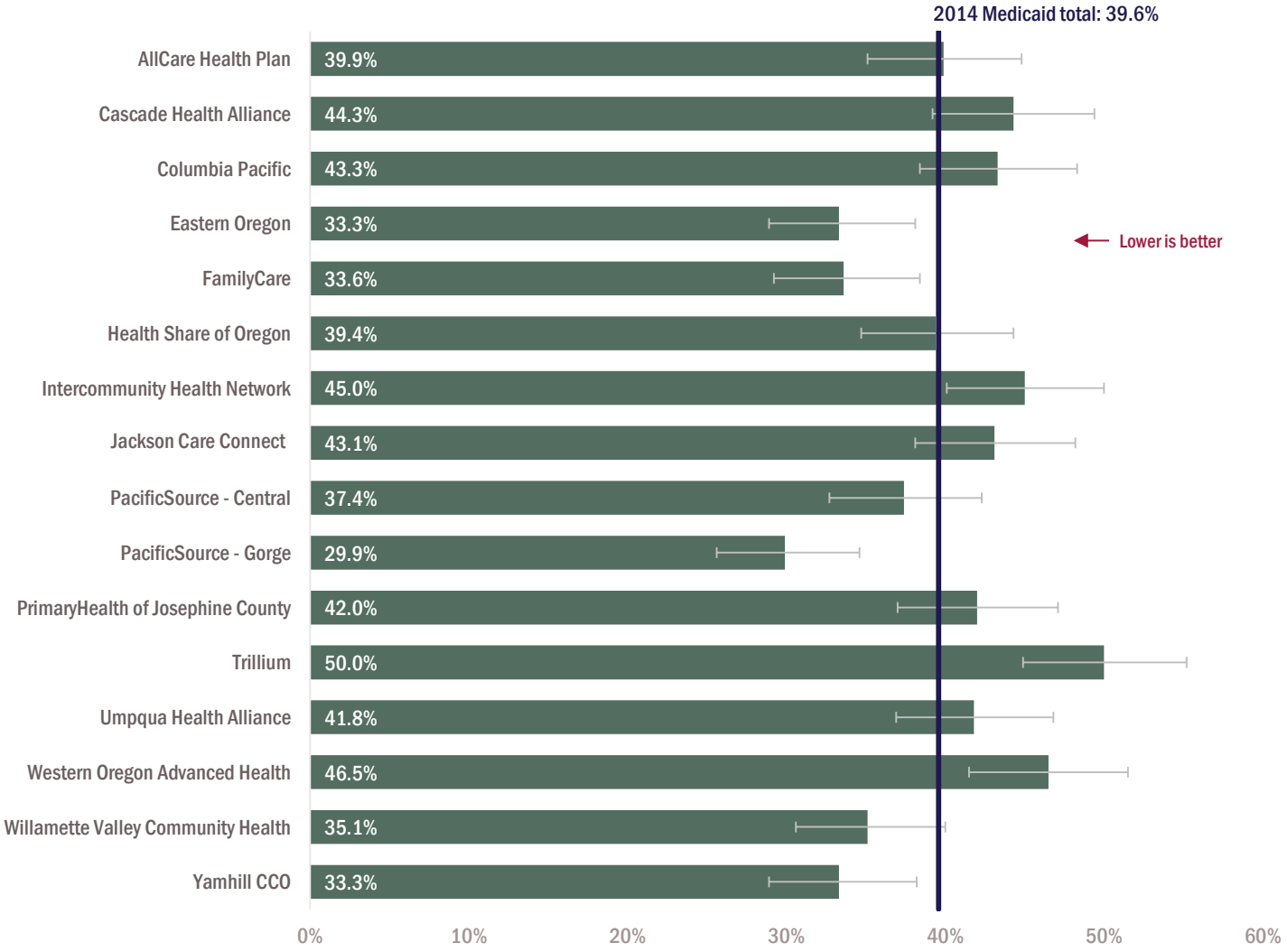
More American Indian / Alaska Native and White Medicaid members report being limited in any activities .

Bars show average rates. Gray lines represent confidence intervals.



Disability prevalence by CCO.

Bars show average rates. Gray lines represent confidence intervals.

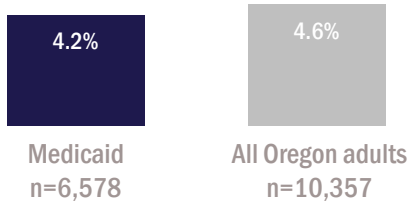


HEART ATTACK

Percent of adult Medicaid members surveyed who have ever been told they had a heart attack by a doctor, nurse, or other health care professional. Lower is better.

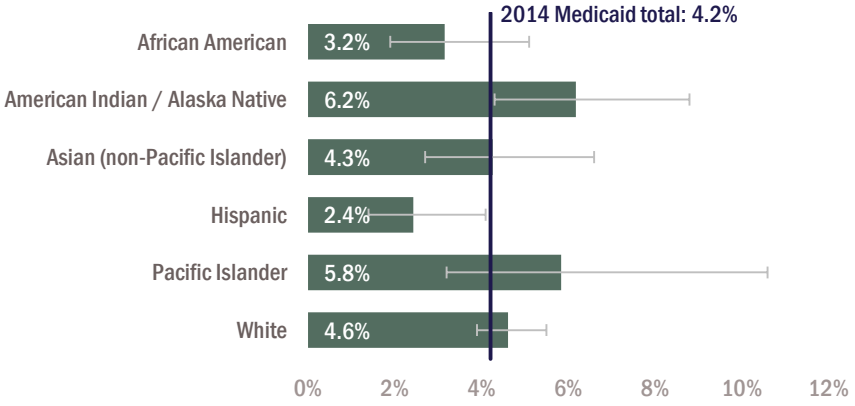
Statewide, 4.2 percent of adult Medicaid members have had a heart attack.

Medicaid confidence interval: 3.6% - 4.9%



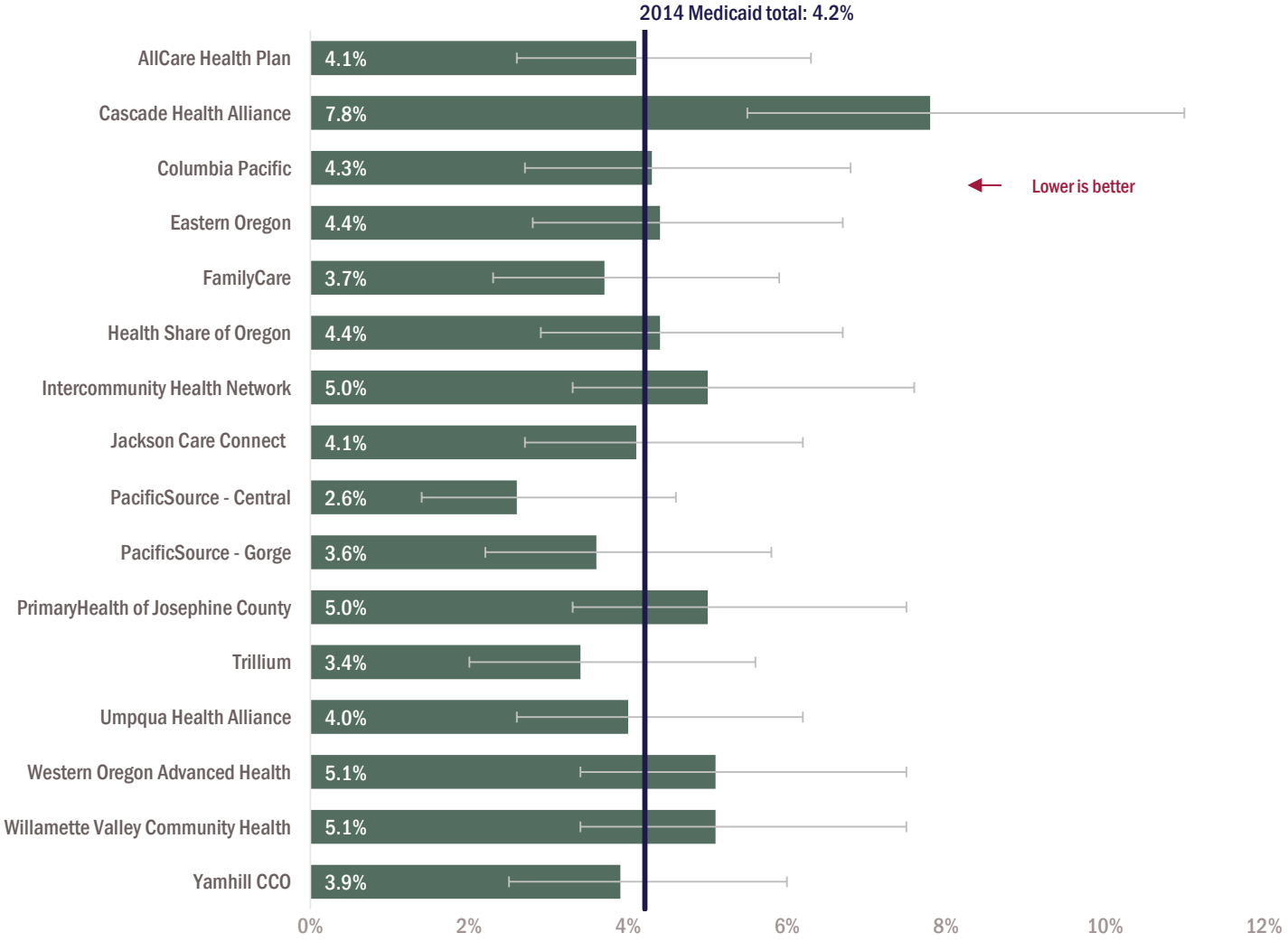
Percent of Medicaid members who have had a heart attack, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who have had a heart attack, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

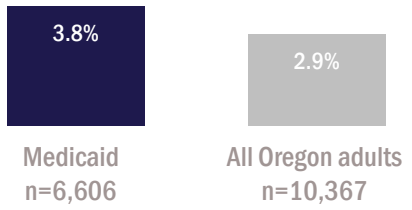


STROKE

Percent of adult Medicaid members surveyed who have ever been told they had a stroke by a doctor, nurse, or other health care professional. Lower is better.

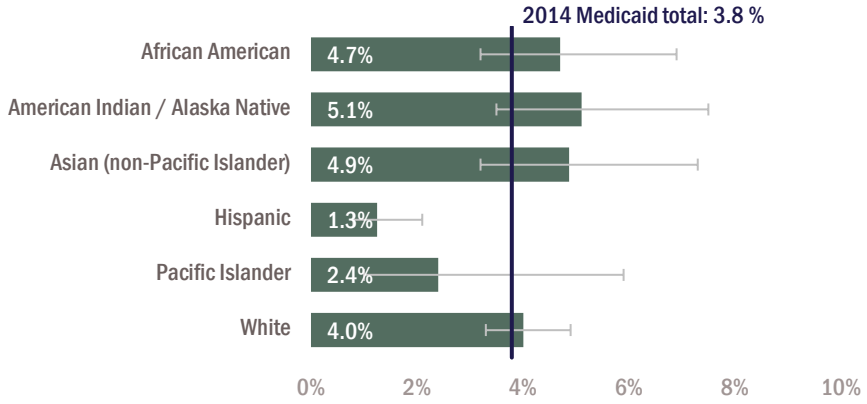
Statewide, 3.8 percent of adult Medicaid members have had a stroke.

Medicaid confidence interval: 3.2% - 4.5%



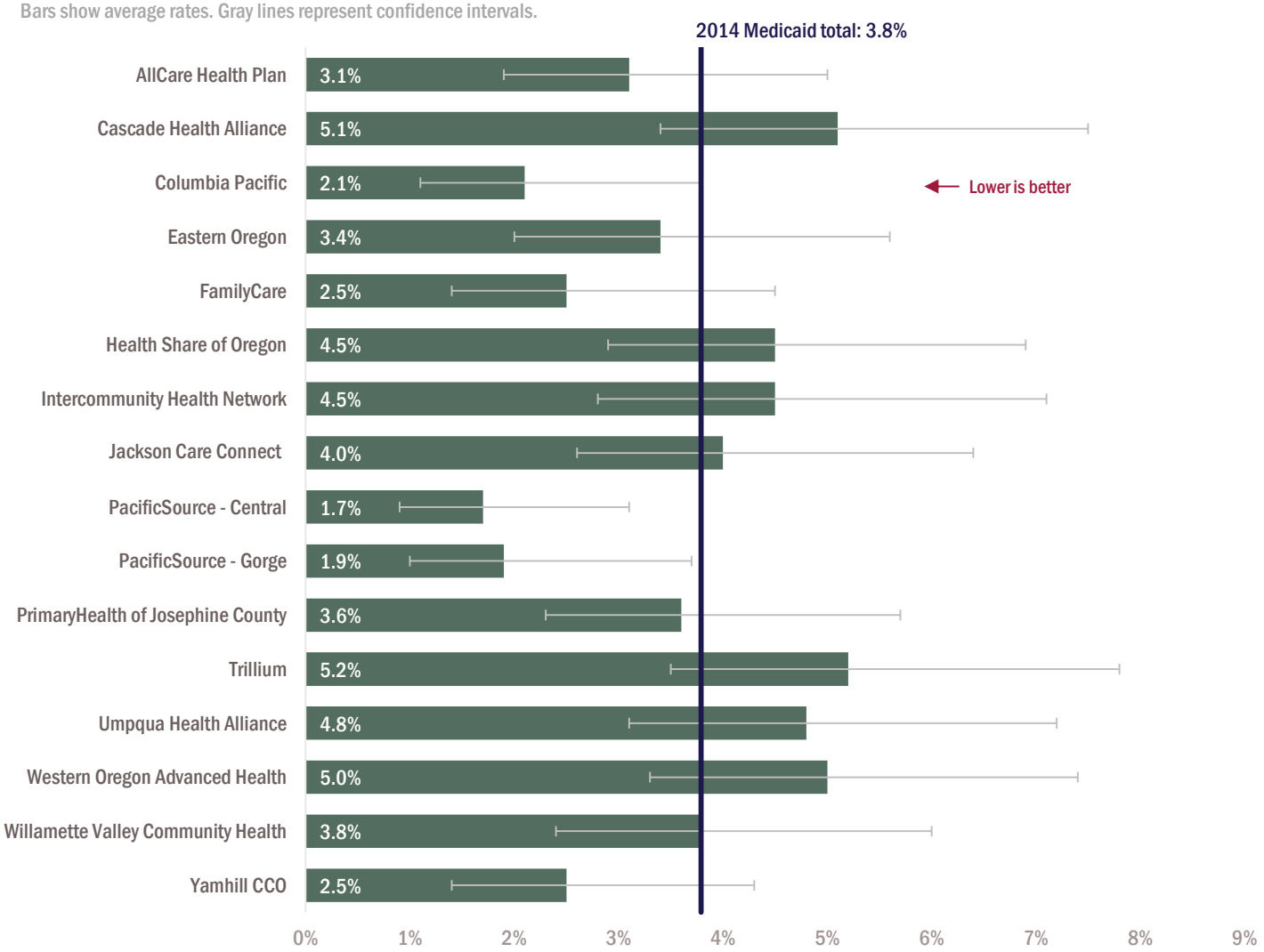
Hispanic Medicaid members are less likely than the statewide average to have had a stroke.

Bars show average rates. Gray lines represent confidence intervals.



Stroke prevalence by CCO.

Bars show average rates. Gray lines represent confidence intervals.

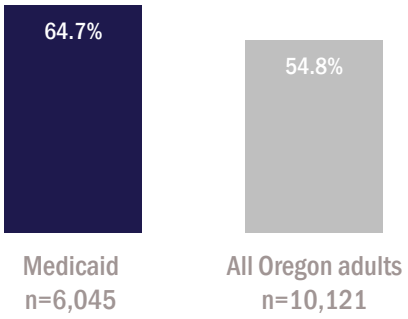


ANY CHRONIC DISEASE

Percent of adult Medicaid members surveyed who have ever been told they had angina, arthritis, cancer, COPD, depression, diabetes, heart attack, or stroke by a doctor, nurse, or other health care professional, or report currently having asthma or being limited in any activities because of physical, mental, or emotional problems. Lower is better.

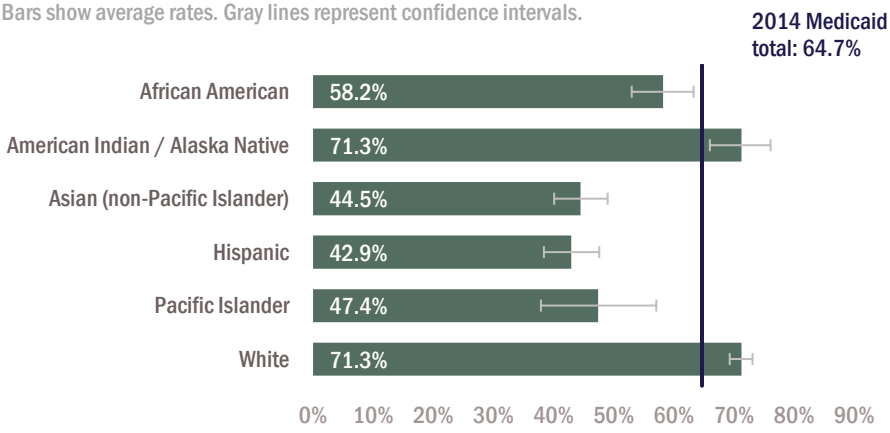
Statewide, 64.7 percent of adult Medicaid members have a chronic disease.

Medicaid confidence interval: 62.9% - 66.5%



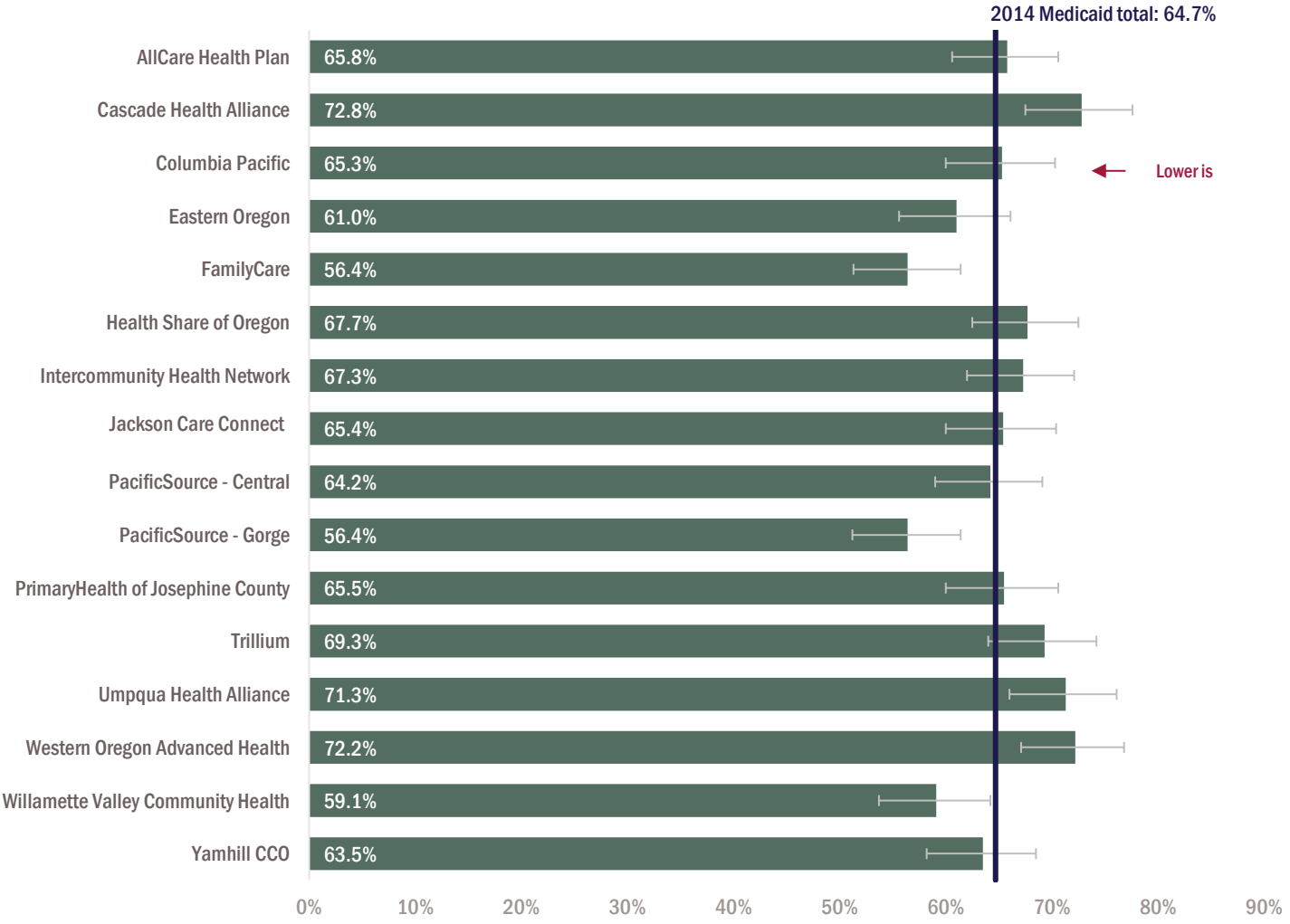
Chronic disease is more prevalent among American Indian / Alaska Native and White Medicaid members.

Bars show average rates. Gray lines represent confidence intervals.



Chronic disease prevalence by CCO.

Bars show average rates. Gray lines represent confidence intervals.



CHRONIC PAIN

Percent of adult Medicaid members surveyed who report suffering from any type of chronic pain (that is, pain that occurs constantly or flares up frequently). Lower is better.

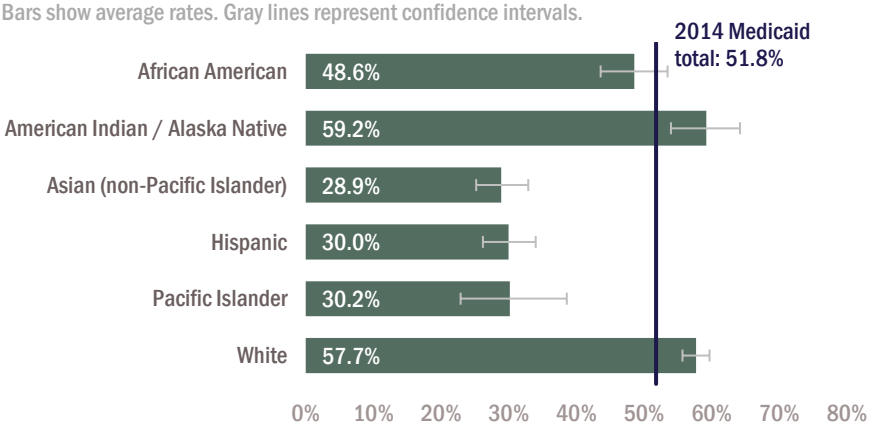
Statewide, half of adult Medicaid members experience chronic pain.

Medicaid confidence interval: 50.0% - 53.6%
Data for all Oregon adults are not available

Medicaid
n=6,600

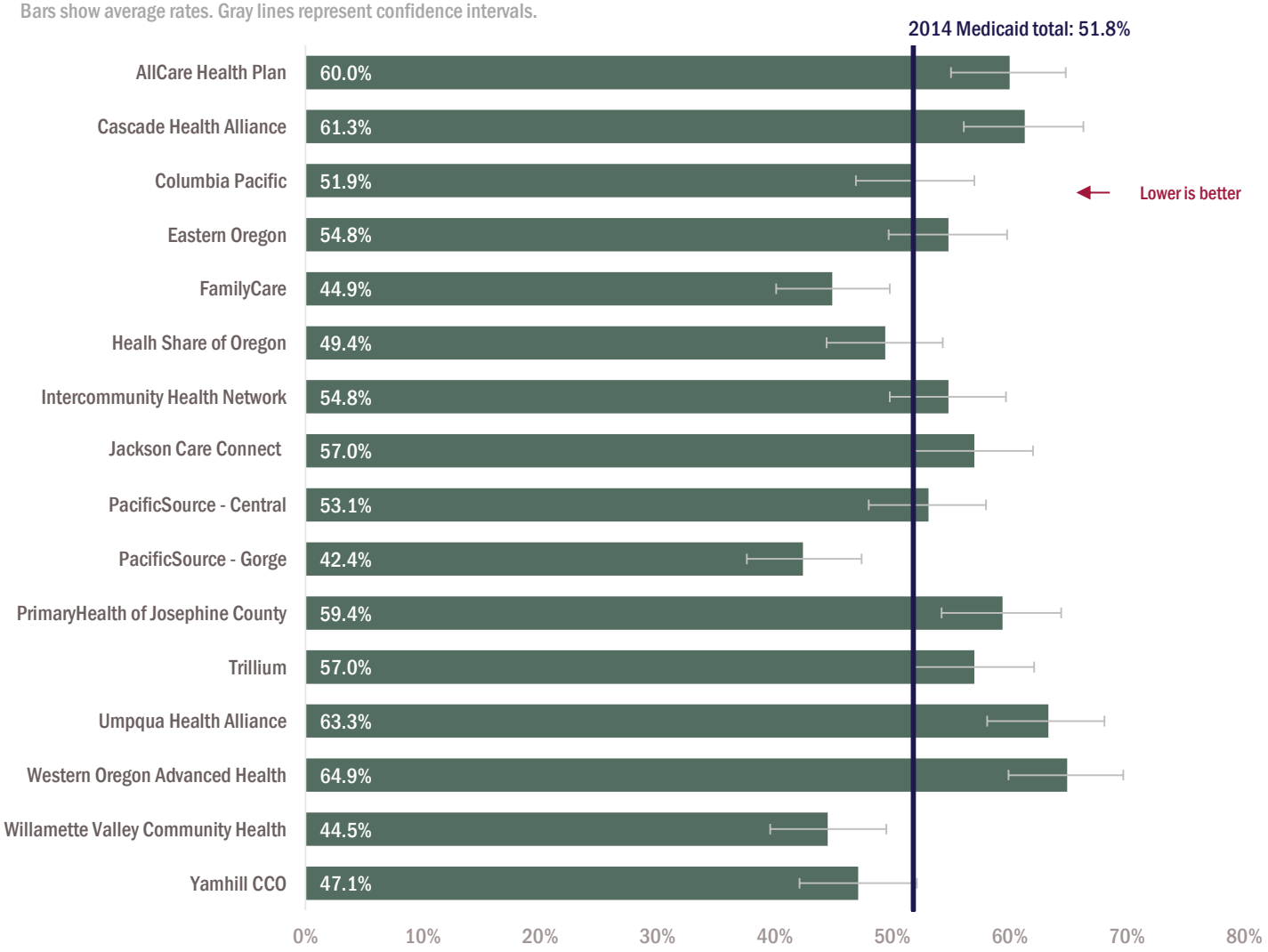
More American Indian / Alaska Native and White Medicaid members experience chronic pain.

Bars show average rates. Gray lines represent confidence intervals.



Chronic pain prevalence by CCO.

Bars show average rates. Gray lines represent confidence intervals.

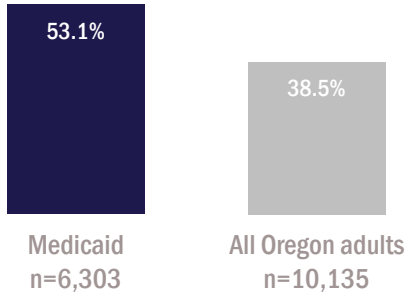


PHYSICAL HEALTH 'NOT GOOD'

Percent of adult Medicaid members surveyed who reported that their physical health was “not good” at least one day of the last 30. Physical health includes physical illness and injury. Lower is better.

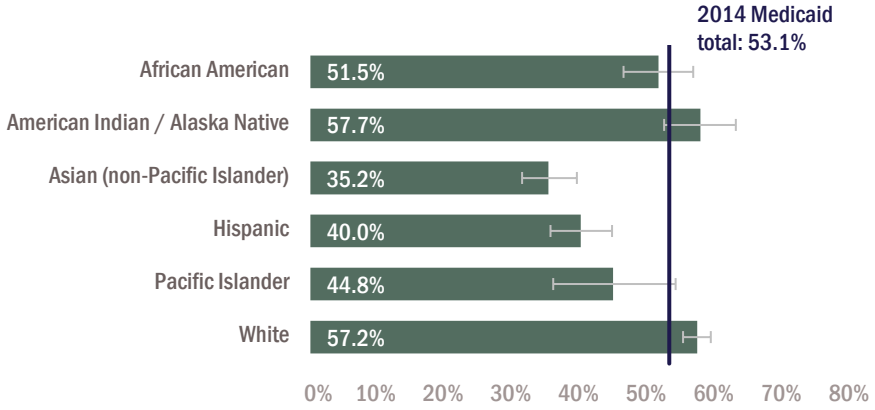
Statewide, 53.1 percent of adult Medicaid members report poor physical health.

Medicaid confidence interval: 51.3% - 54.9%



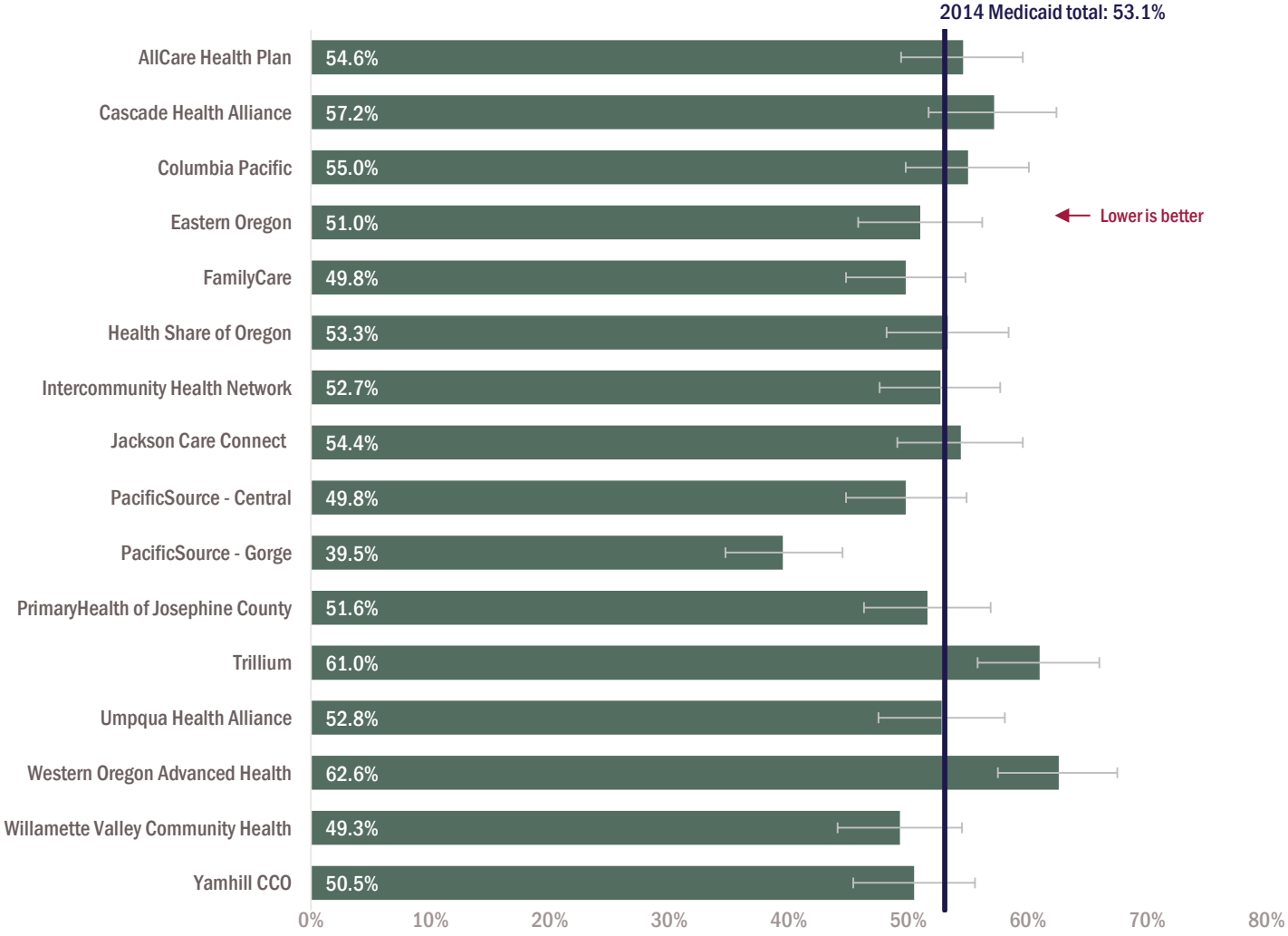
Percent of members who report their physical health was 'not good' one or more of the last 30 days, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Physical health 'not good' one or more of the last 30 days, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

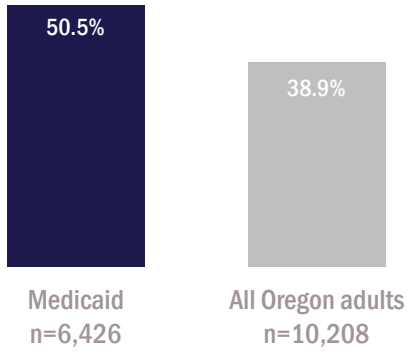


MENTAL HEALTH 'NOT GOOD'

Percent of adult Medicaid members surveyed who reported that their mental health was “not good” at least one day of the last 30. Mental health includes stress, depression, and problems with emotions. Lower is better.

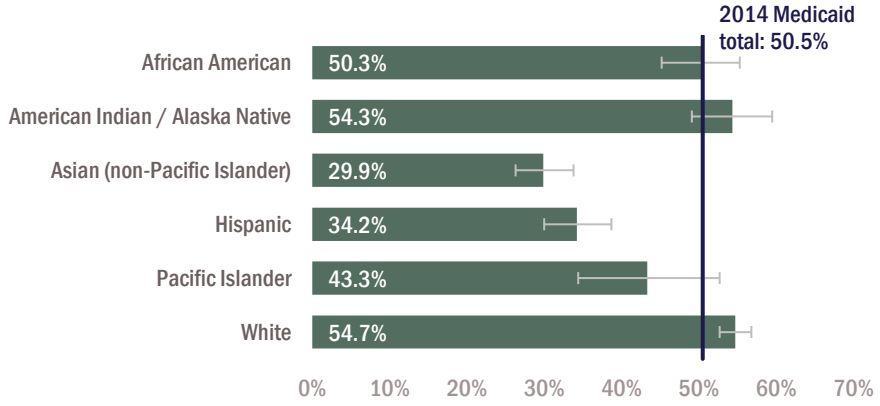
Statewide, 50.5 percent of adult Medicaid members report poor mental health.

Medicaid confidence interval: 48.7% - 52.3%



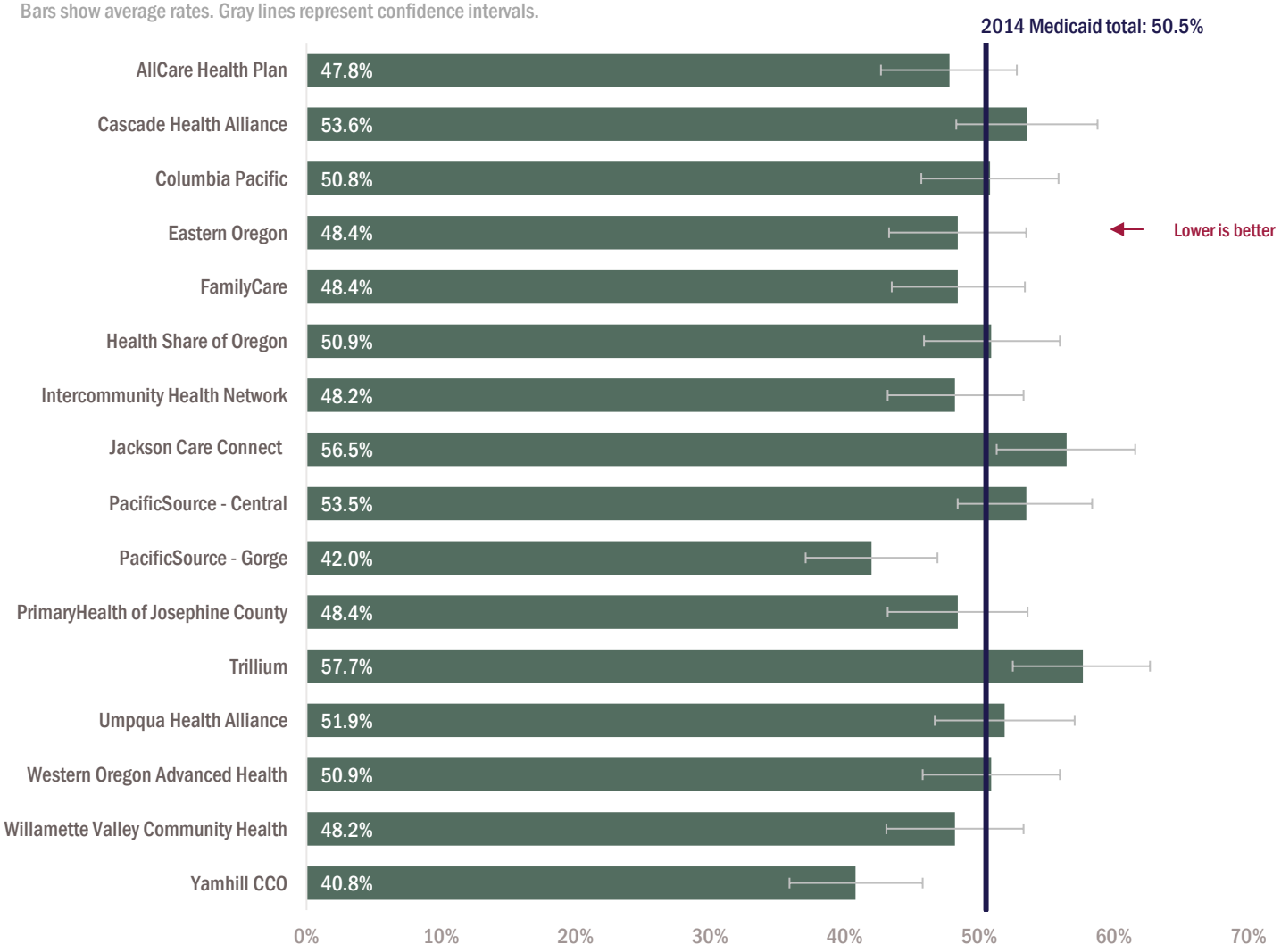
Percent of members who report their mental health was 'not good' one or more of the last 30 days, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Prevalence of members whose mental health was 'not good' one or more of the last 30 days, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

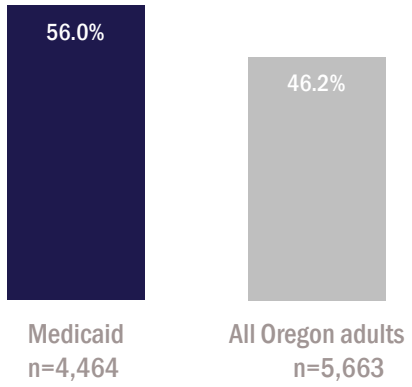


ACTIVITY LIMITED BY POOR HEALTH

Percent of adult Medicaid members surveyed who reported that their usual activities were limited by poor physical or mental health at least one day of the last 30. Lower is better.

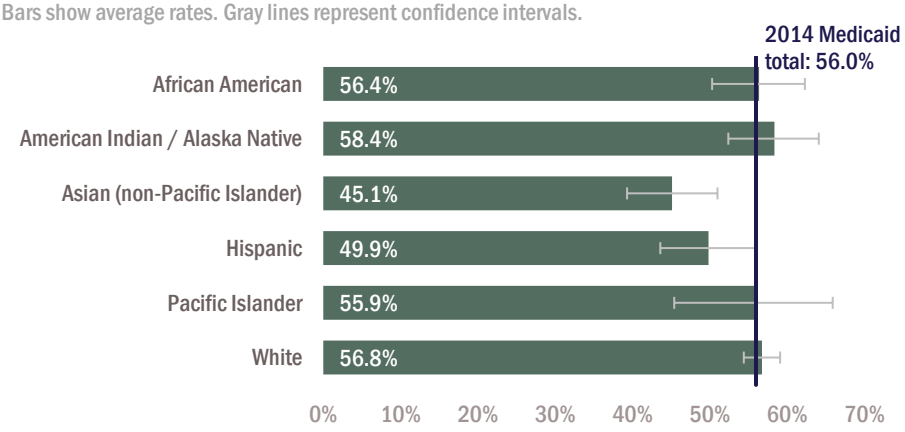
Statewide, 56 percent of adult Medicaid members' activity is limited by poor health.

Medicaid confidence interval: 53.8% - 58.1%



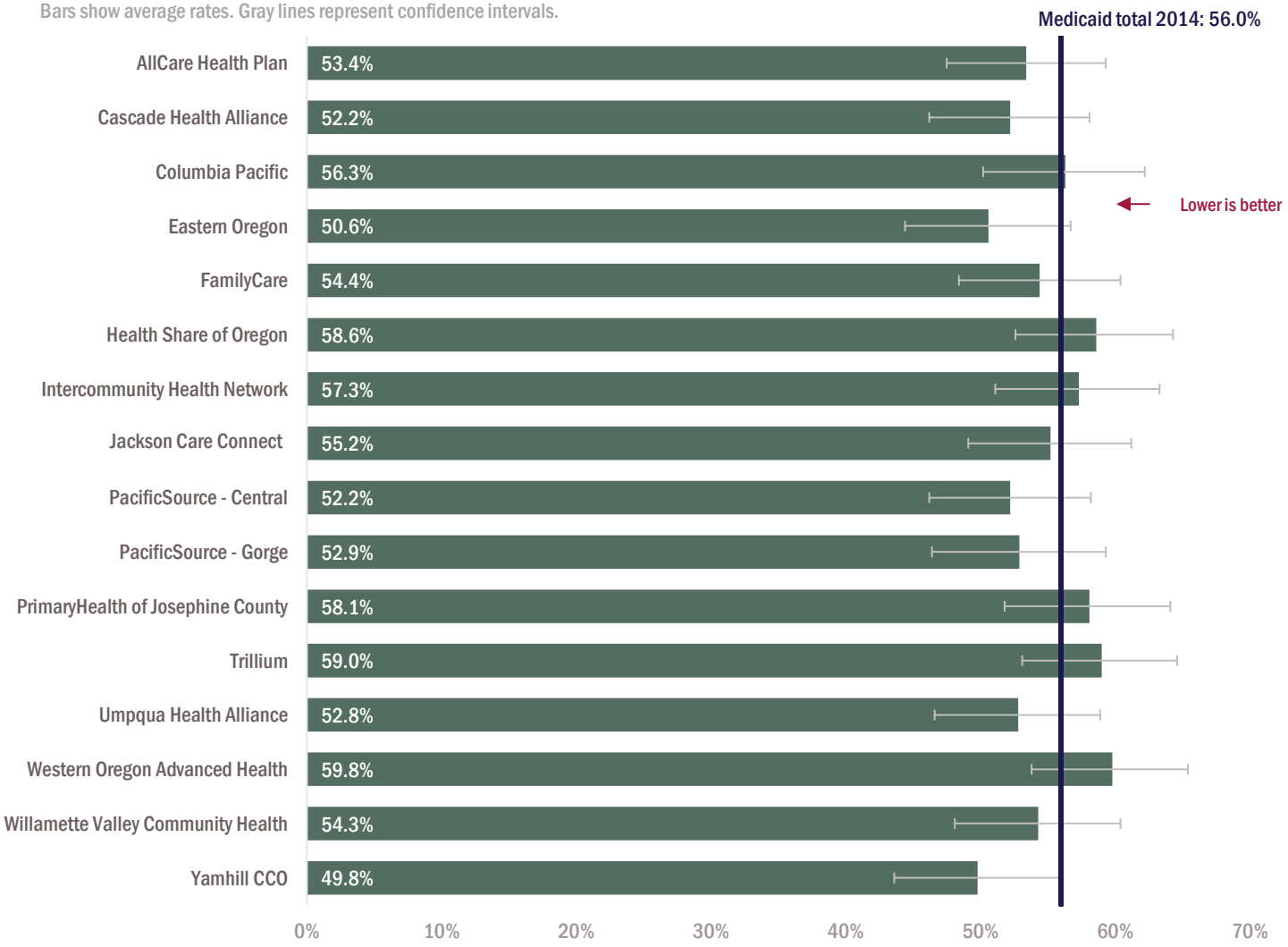
Percent of members who report their activity was limited by poor health one or more of the last 30 days, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Prevalence of Medicaid members whose activity is limited by poor or fair health, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



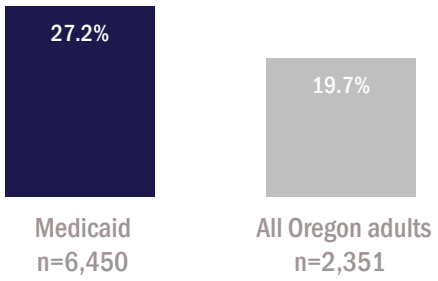
RISK FACTORS

SUGAR-SWEETENED BEVERAGES

Percent of adult Medicaid members who had at least 30 sugar-sweetened beverages in the last 30 days. Sugar-sweetened beverages include regular soda or pop, energy drinks, fruit-flavored drinks, and coffees or teas that contain sugar or high fructose corn syrup. Lower is better.

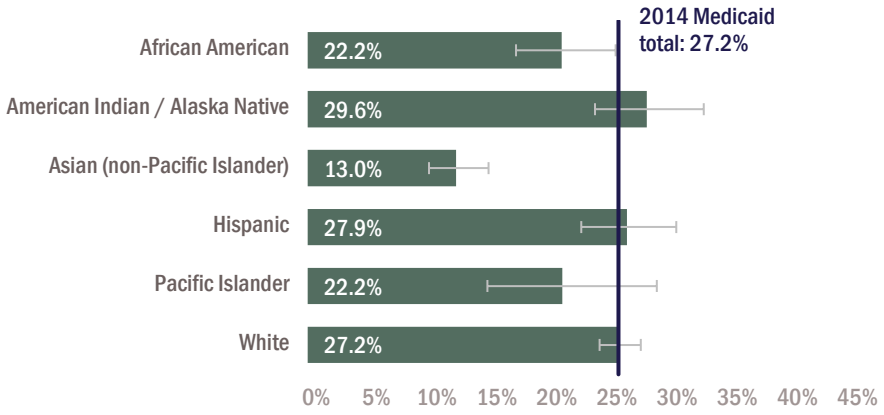
Statewide, more than one quarter of adult Medicaid members drink a sugar-sweetened beverage each day.

Medicaid confidence interval: 25.6% - 28.8%



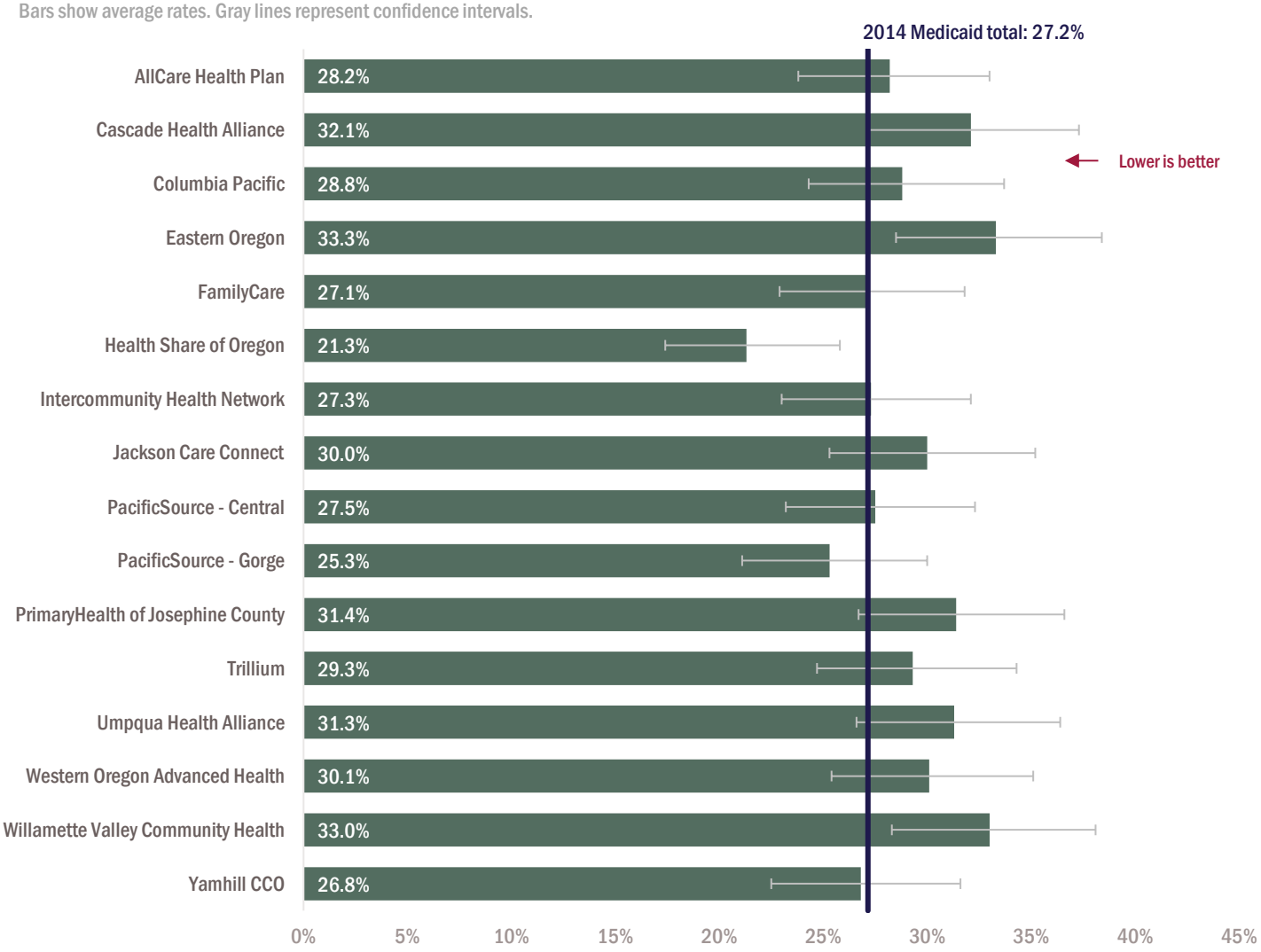
Asian Medicaid members were least likely to report drinking a sugar-sweetened beverage each day.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who report drinking sugar-sweetened beverages, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

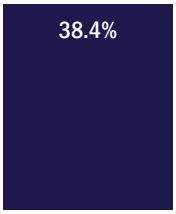


HIGH BLOOD CHOLESTEROL

Percent of adult Medicaid members surveyed who were told they have high blood cholesterol by a doctor, nurse, or health care professional. Lower is better.

Statewide, 38.4 percent of adult Medicaid members have high blood cholesterol.

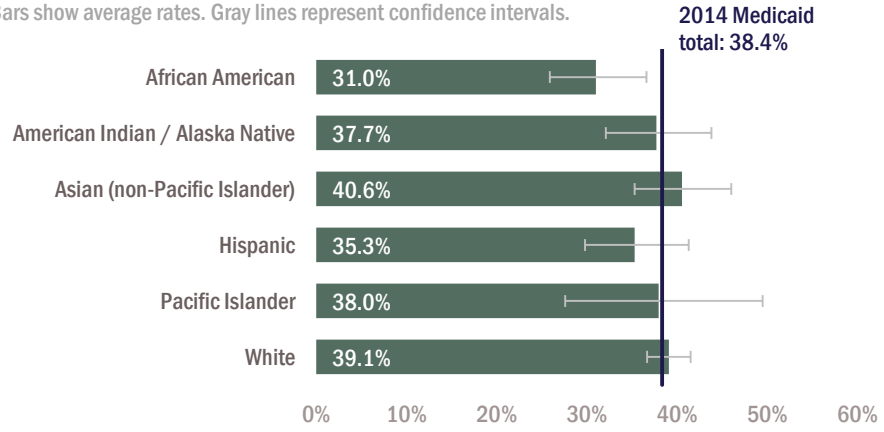
Confidence interval: 38.4% - 40.5%
Data for all Oregon adults are not available.



Medicaid
n=4,256

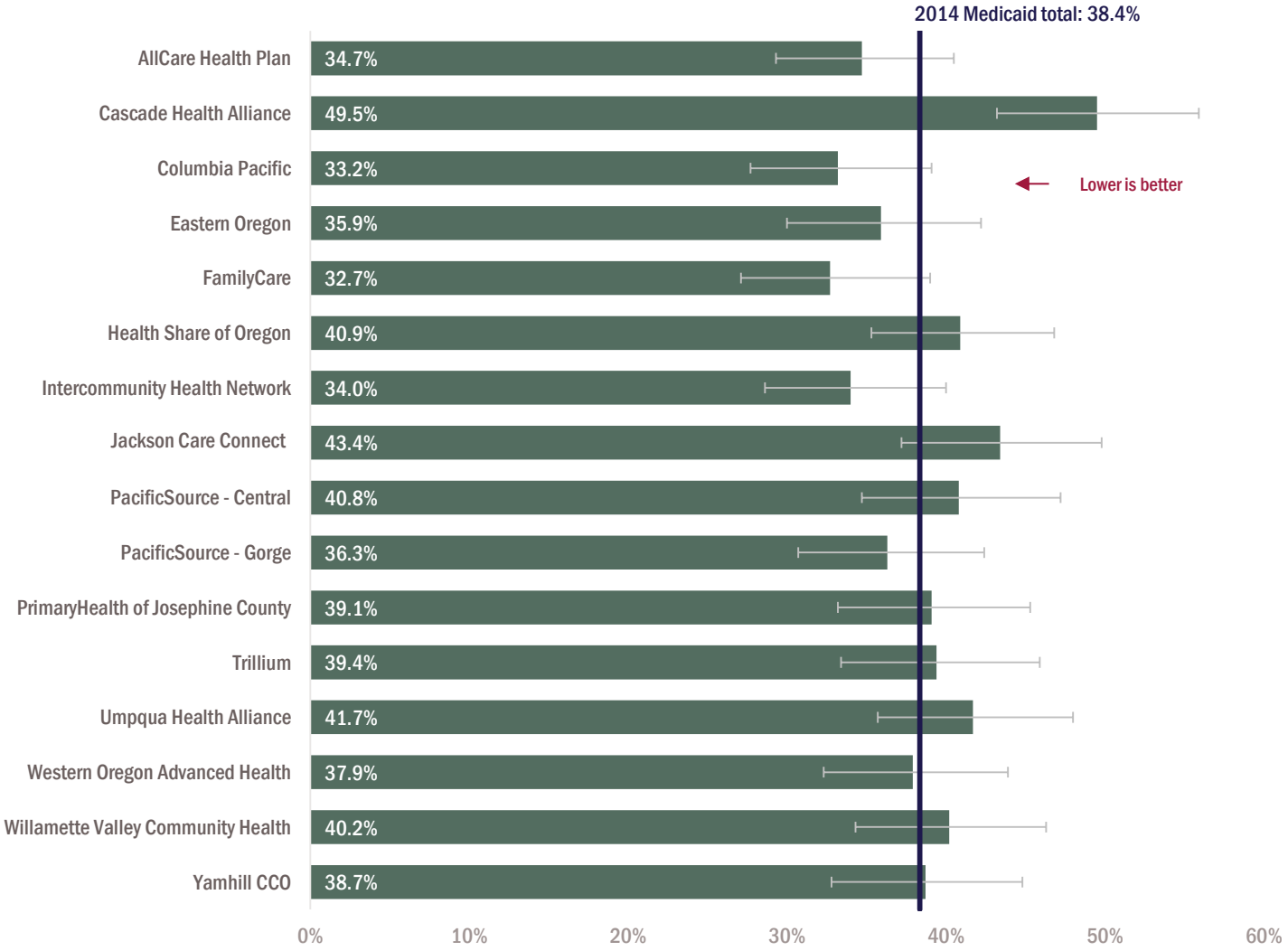
Percent of Medicaid members who report high blood cholesterol, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members with high blood cholesterol, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

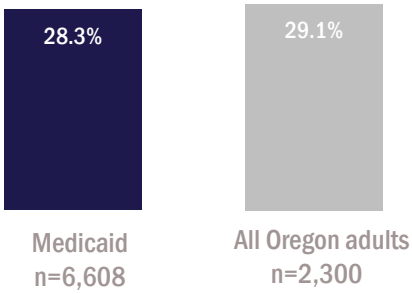


HIGH BLOOD PRESSURE

Percent of adult Medicaid members surveyed who were told they have high blood pressure by a doctor, nurse, or health care professional. Lower is better.

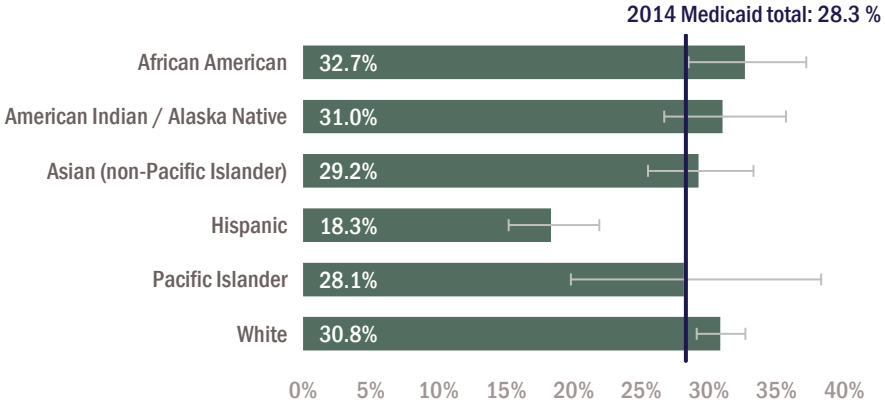
Statewide, 28.3 percent of adult Medicaid members have high blood pressure.

Medicaid confidence interval: 26.8% - 29.9%



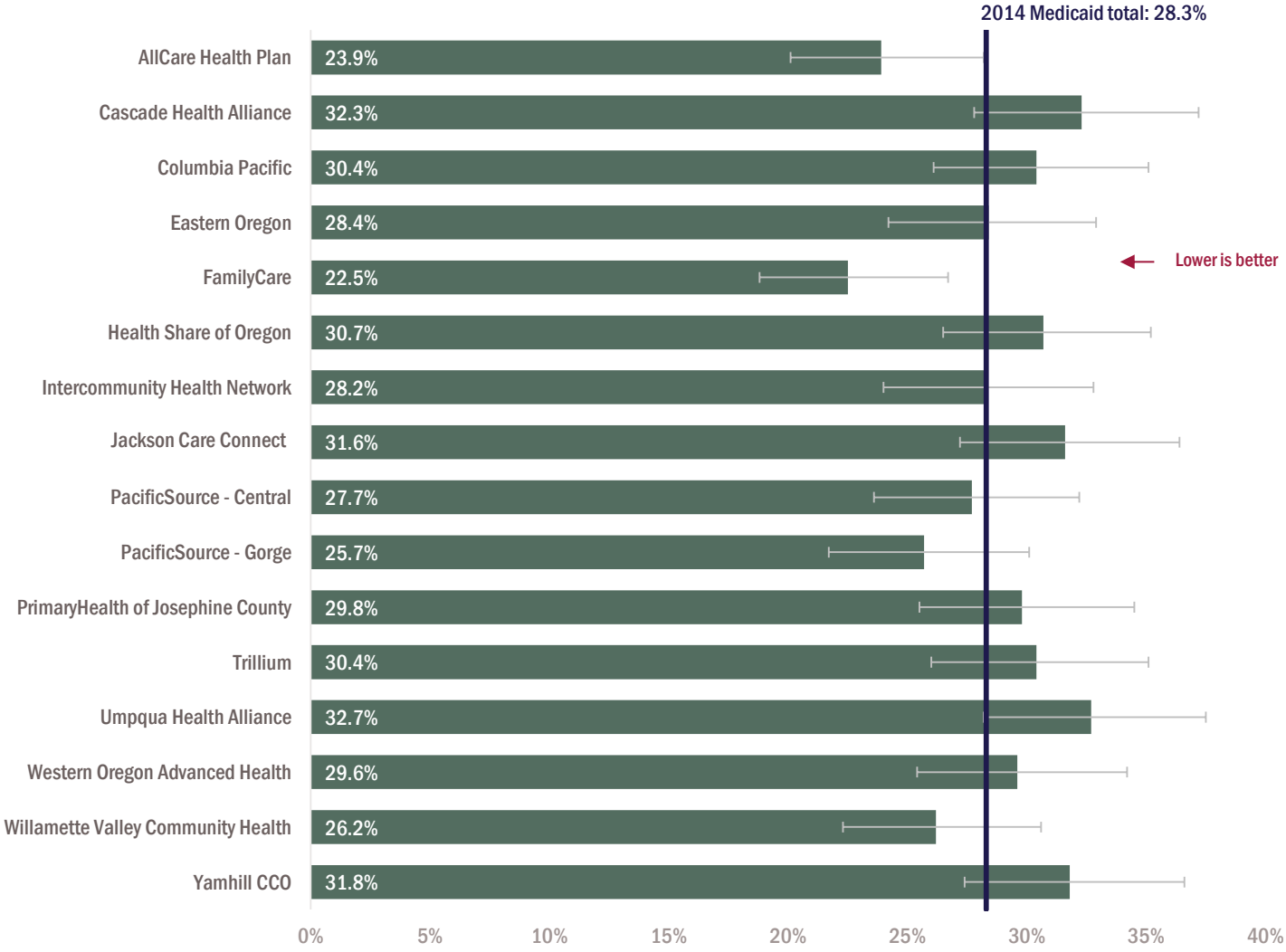
High blood pressure is less prevalent among Hispanic Medicaid members than the statewide average.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members with high blood pressure, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

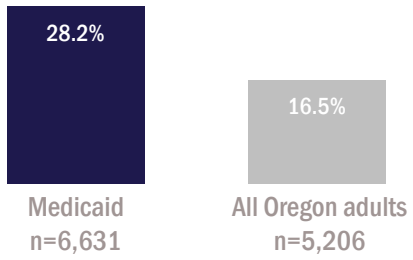


NO PHYSICAL ACTIVITY OUTSIDE OF WORK

Percent of members who reported no physical activity or exercise such as running, gardening, or walking for exercise outside of their regular job in the past 30 days.

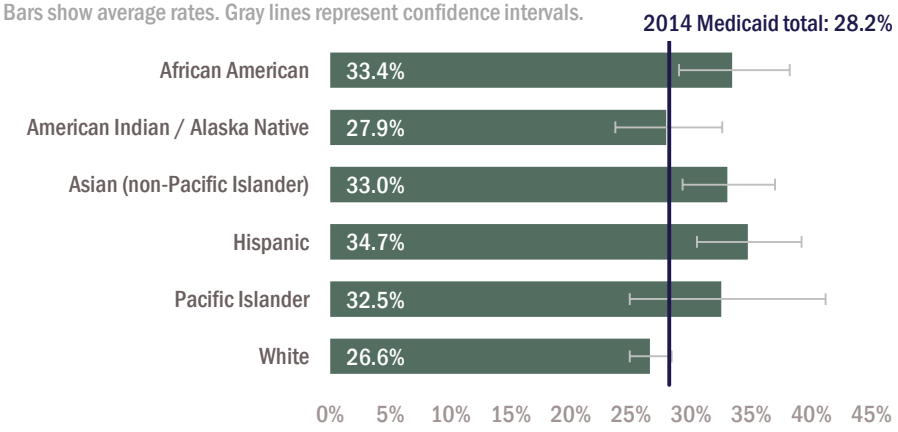
Statewide, 28.2 percent of adult Medicaid members don't get any physical activity outside of work.

Medicaid confidence interval: 26.6% - 29.8%



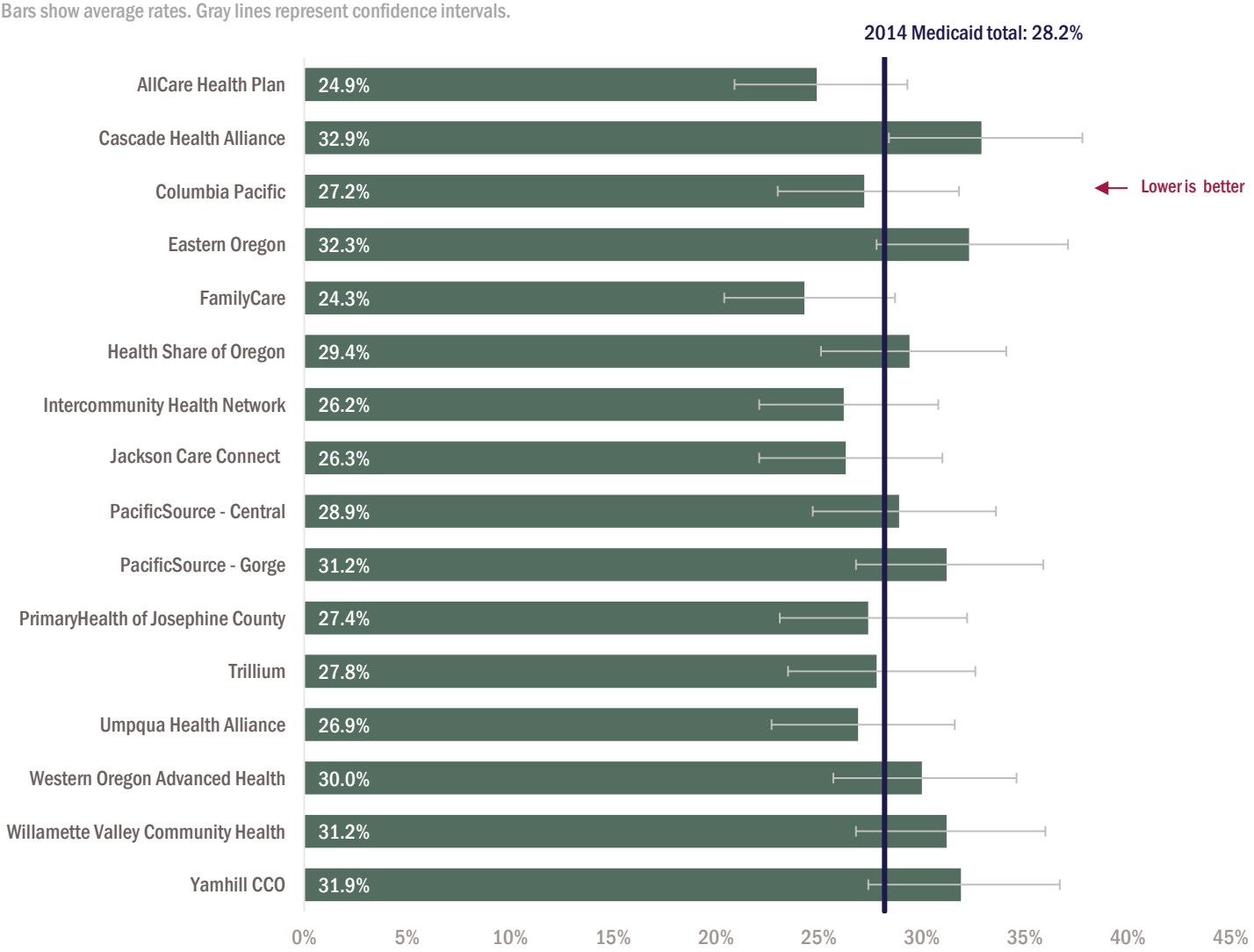
Percent of Medicaid members who report not getting any physical activity outside of work, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who don't get any physical activity outside of work, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

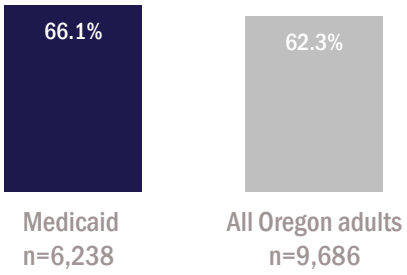


OVERWEIGHT OR OBESE

Percent of adult Medicaid members surveyed who are overweight or obese (have a body mass index (BMI) greater than 25.0). Lower is better.

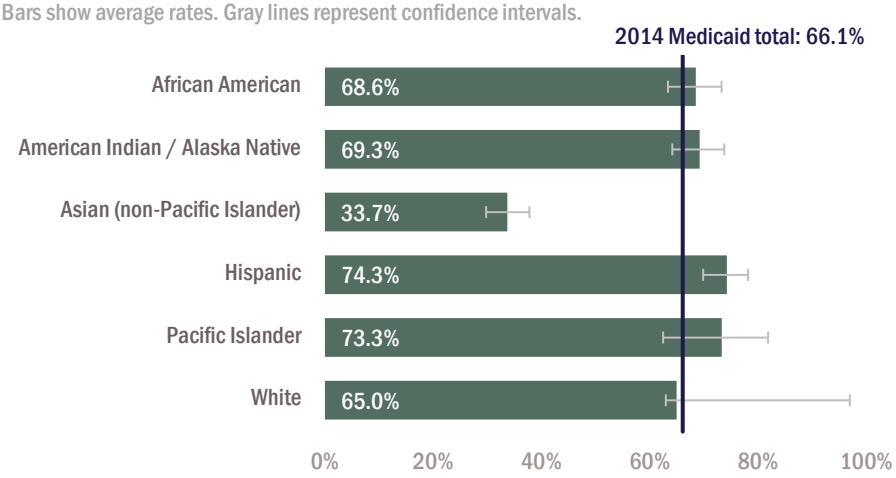
Statewide, 66.1 percent of Medicaid members are overweight or obese.

Medicaid confidence interval: 64.4% - 67.8%



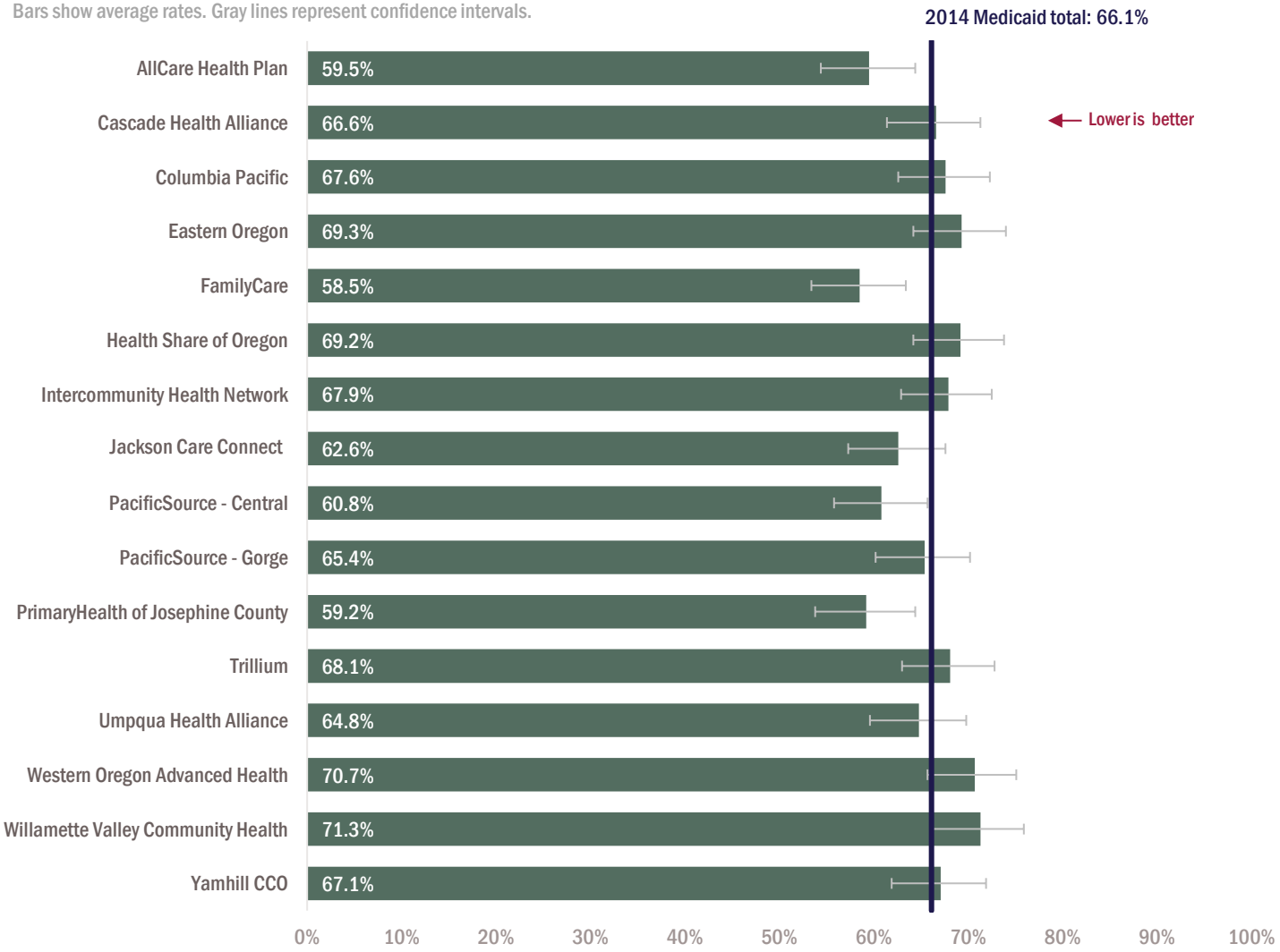
Fewer Asian Medicaid members are overweight or obese.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who are overweight or obese, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



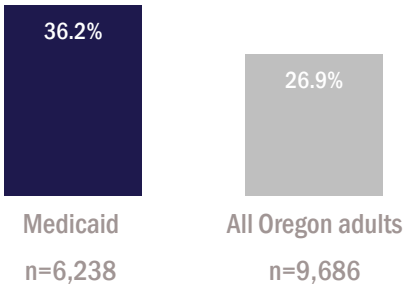
OBESE

Percent of adult Medicaid members surveyed who are obese (have a body mass index (BMI) great than 30.0). Lower is better.

Did you know? *Obesity is the number two cause of preventable death in Oregon, and has risen dramatically in the past two decades. Obesity increases the risk of diabetes, heart disease, stroke, cancer, high blood pressure, high cholesterol, arthritis, stress, and depression.*

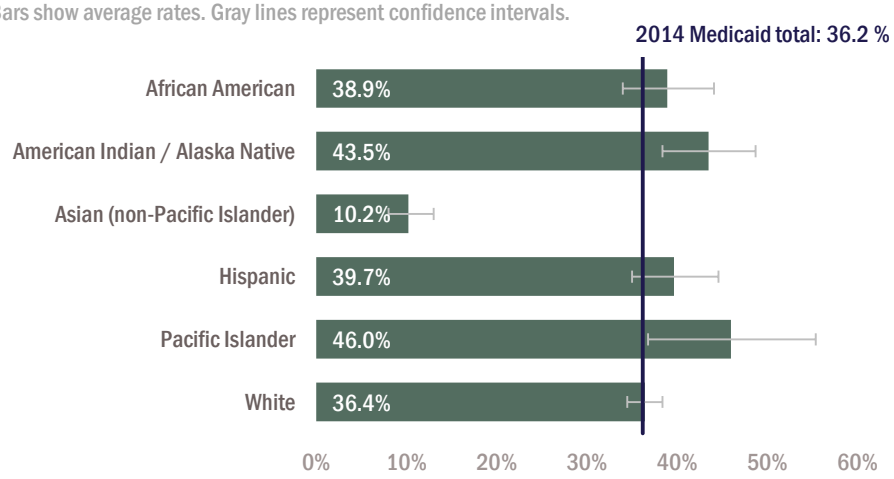
Statewide, more than one third of adult Medicaid members are obese.

Medicaid confidence interval: 34.5% - 38.0%



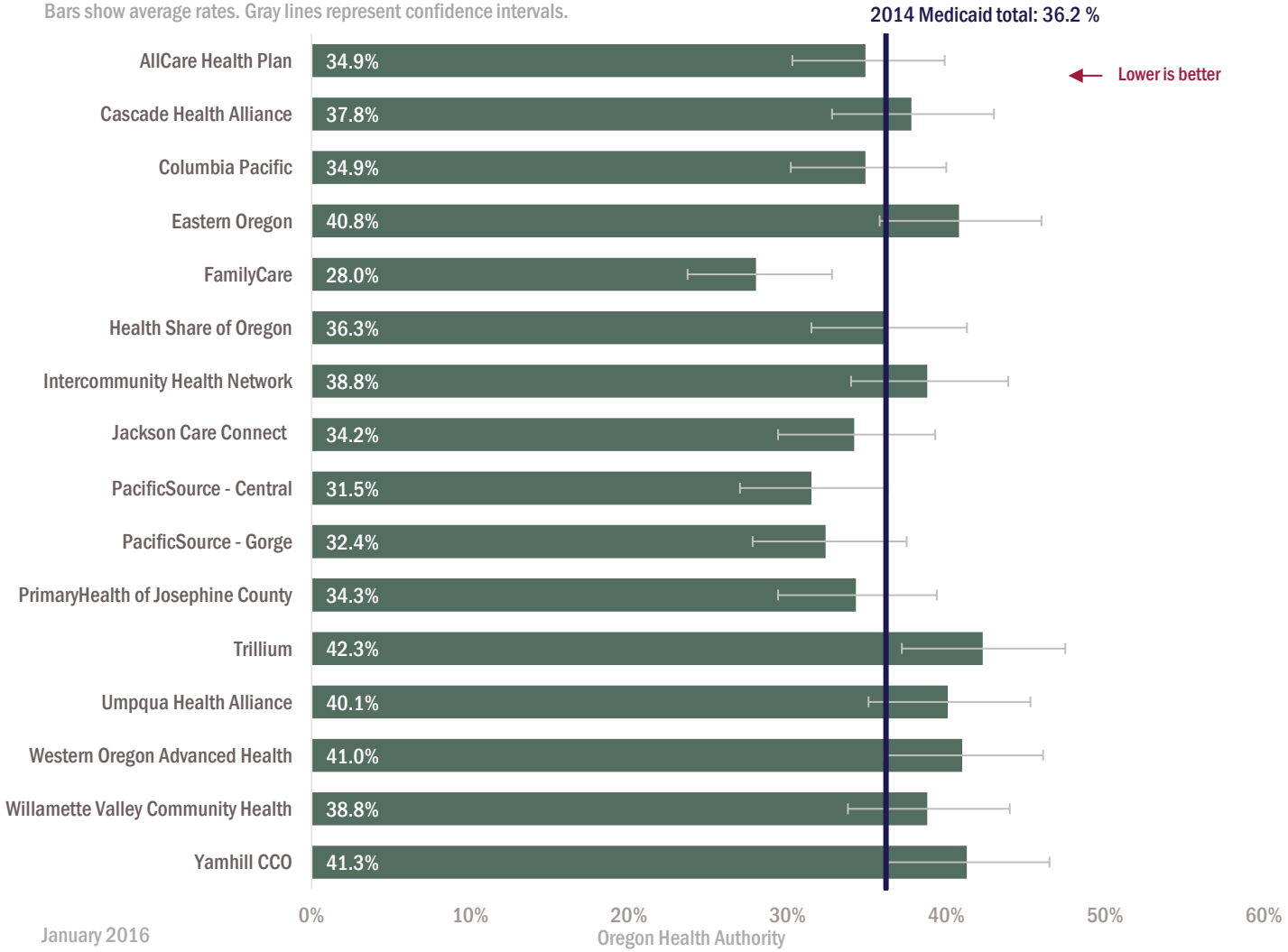
Obesity is least prevalent among Asian Medicaid members.

Bars show average rates. Gray lines represent confidence intervals.



Percent of members who are obese, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

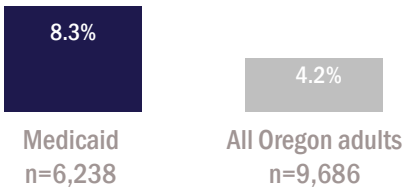


MORBIDLY OBESE

Percent of adult Medicaid members who surveyed who are morbidly obese (have a body mass index (BMI) great than 40.0).

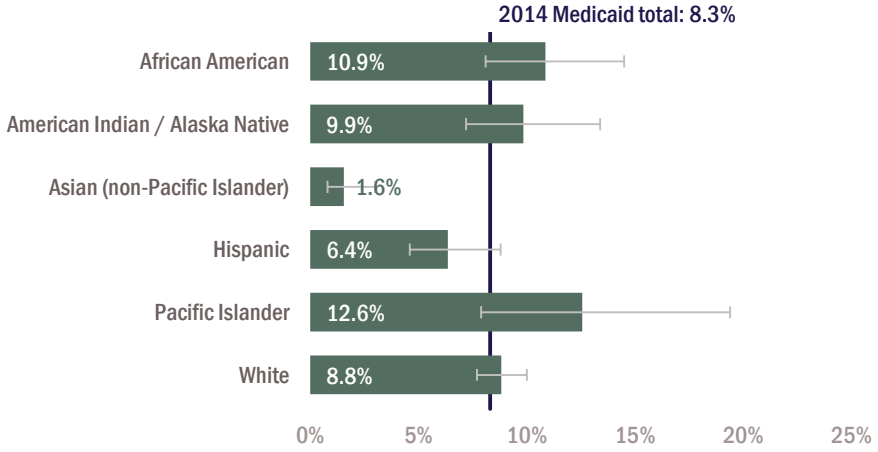
Statewide, 8.3 percent of adult Medicaid members are morbidly obese.

Medicaid confidence interval: 7.4% - 9.4%



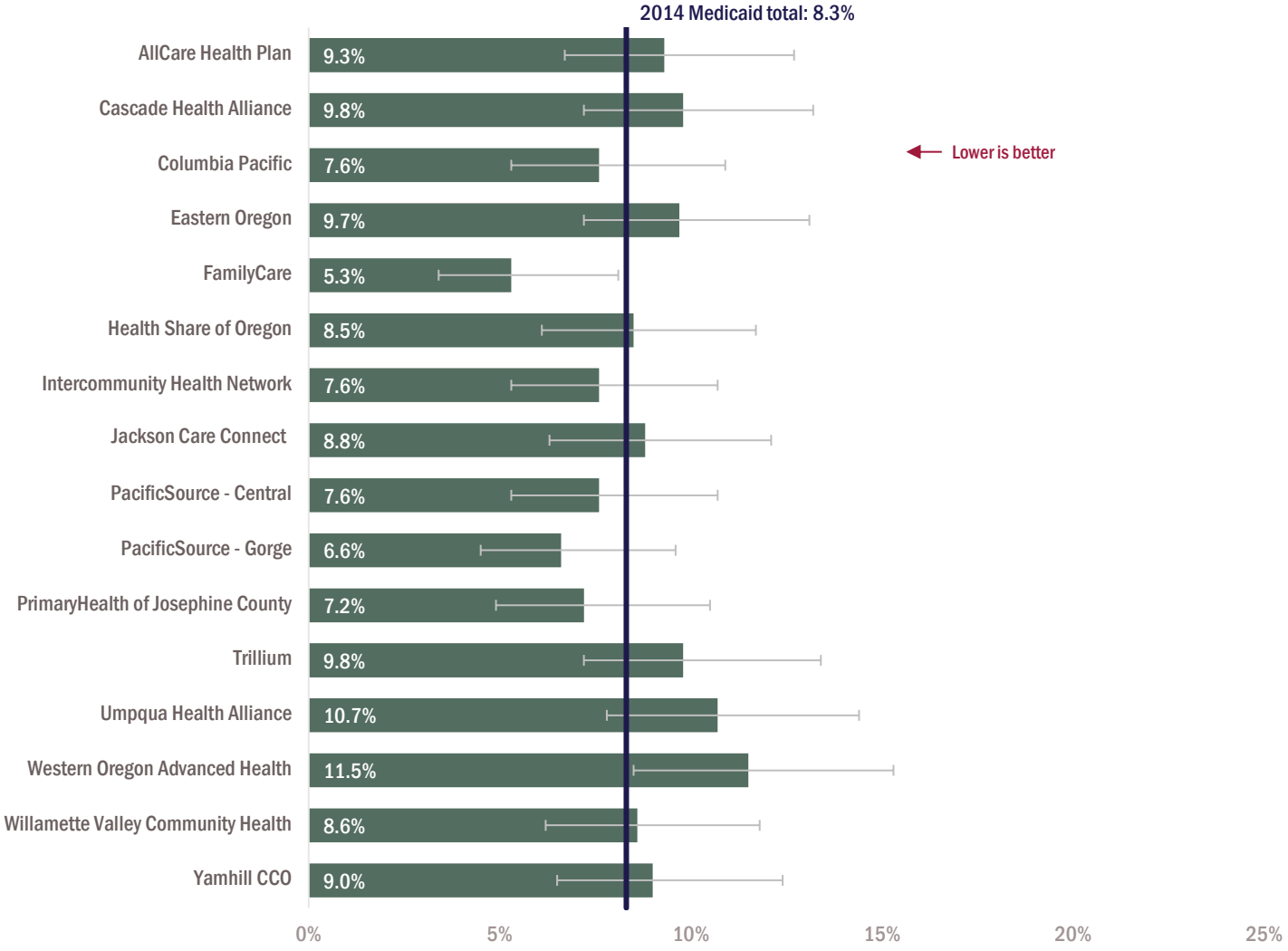
Morbid obesity is least prevalent among Asian Medicaid members.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who are morbidly obese, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

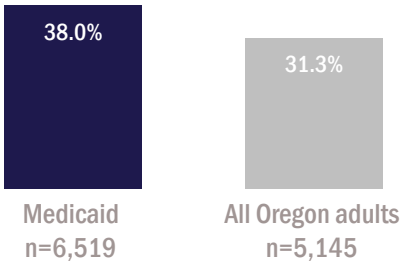


INSUFFICIENT SLEEP

Percent of Medicaid members age 18-21 who average less than 8 hours of sleep per night, or age 22+ who average less than 7 hours per night. Lower is better.

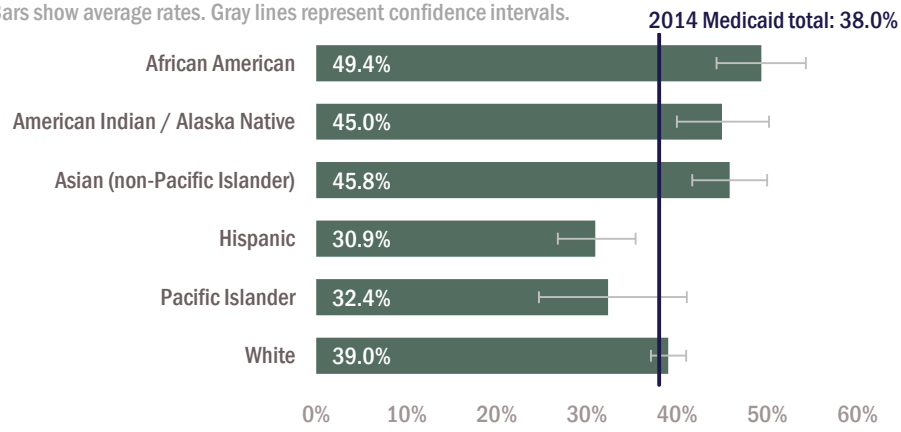
Statewide, 38 percent of adult Medicaid members don't get enough sleep.

Medicaid confidence interval: 36.3% - 39.7%



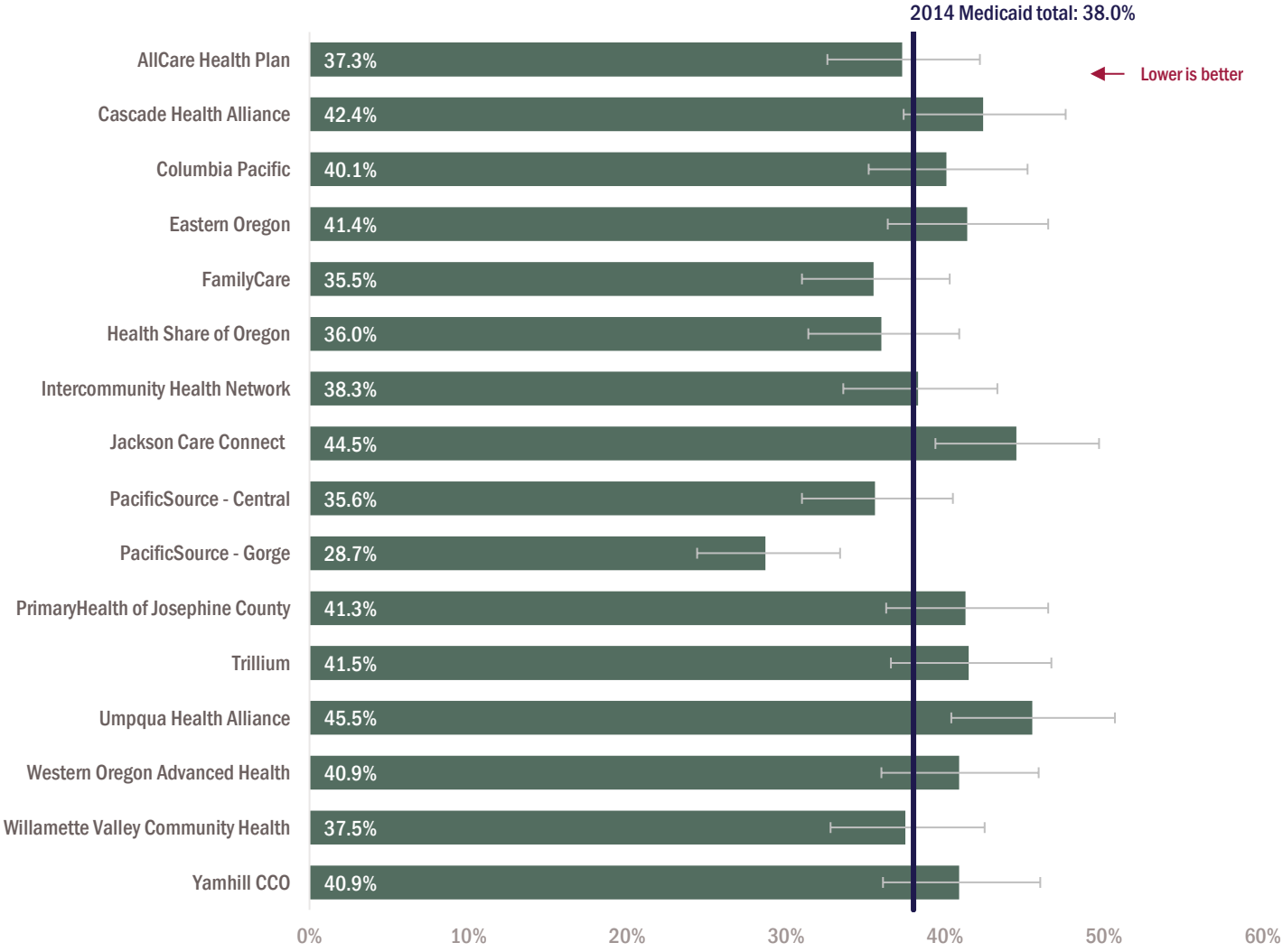
Percent of Medicaid members who report getting insufficient sleep, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of members who report insufficient sleep, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

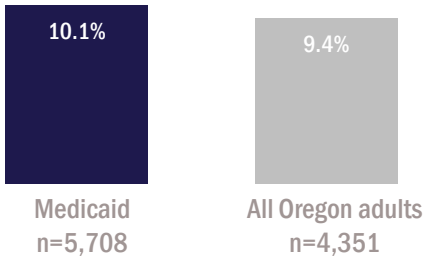


PRE-DIABETIC

Percent of adult members without diabetes who have ever been told by a doctor, nurse, or health care professional that they have pre-diabetes or borderline diabetes. Lower is better.

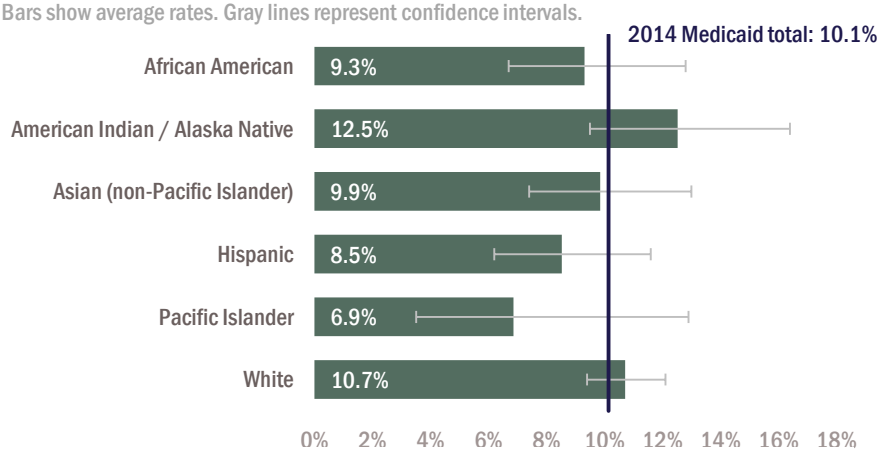
Statewide, 1 in 10 adult Medicaid members have pre-diabetes.

Medicaid confidence interval: 9.1% - 11.3%



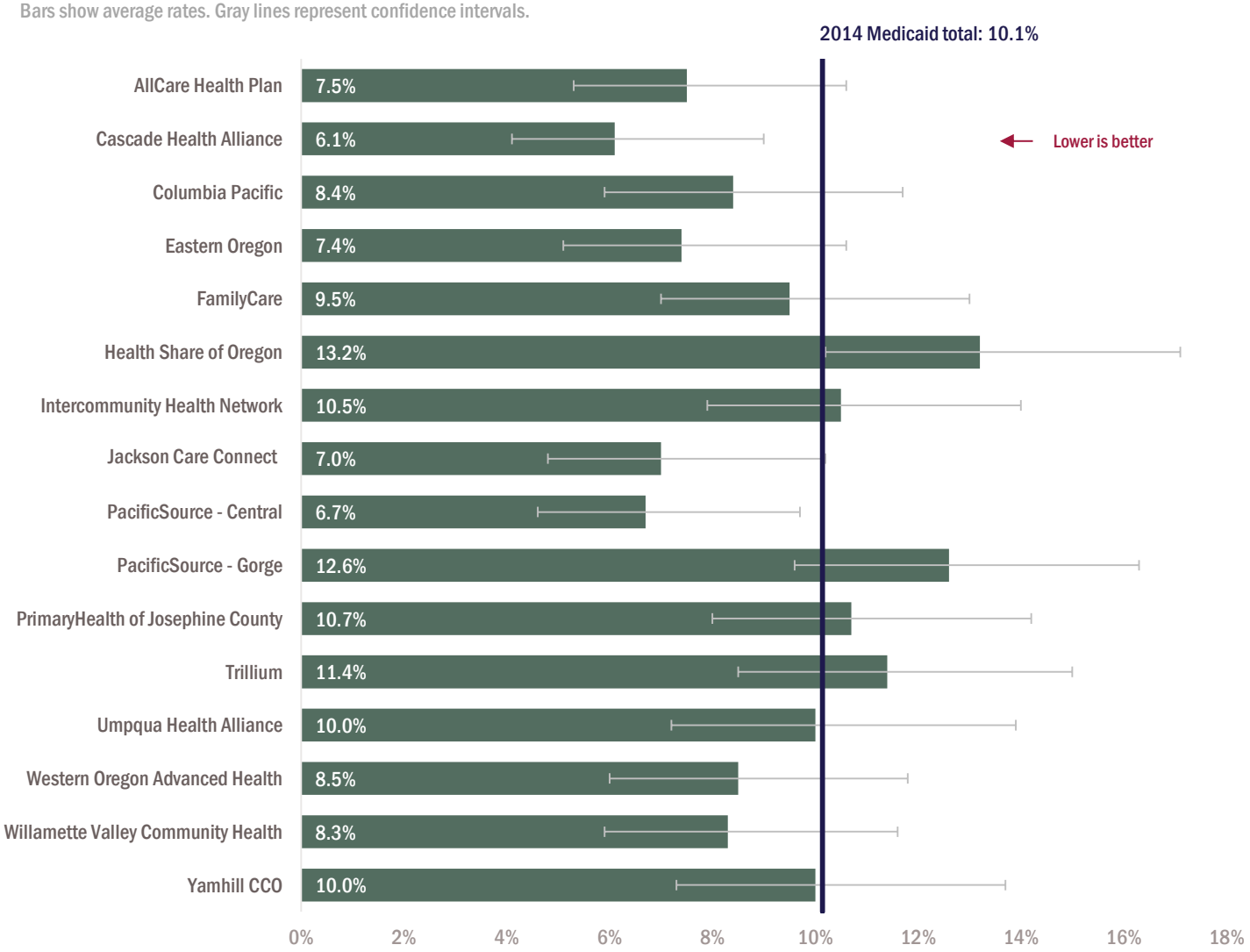
Percent of Medicaid members who have pre-diabetes, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of members who are have pre-diabetes, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

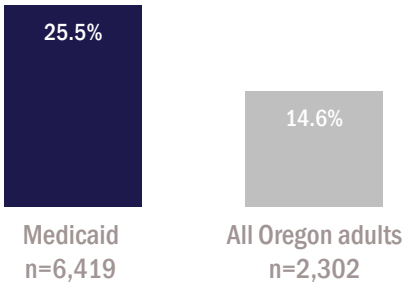


SECONDHAND SMOKE EXPOSURE

Percent of adult Medicaid members surveyed who reported they spend at least one hour per week in a room where people are smoking.

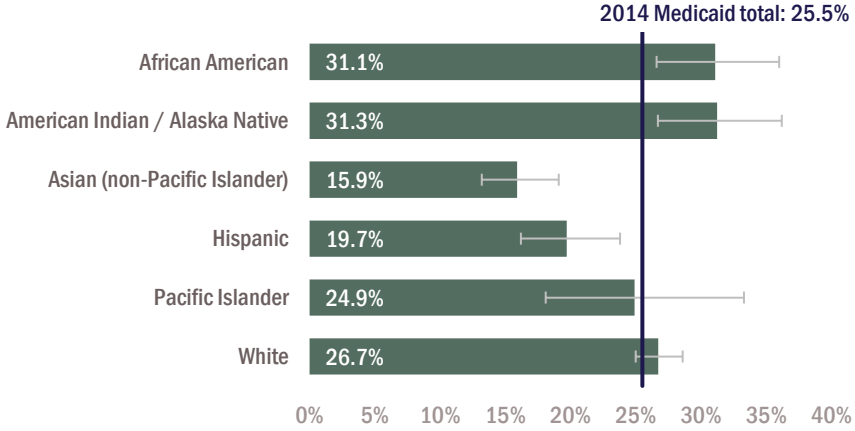
Statewide, one in four adult Medicaid are exposed to secondhand smoke.

Medicaid confidence interval: 24.0% - 27.1%



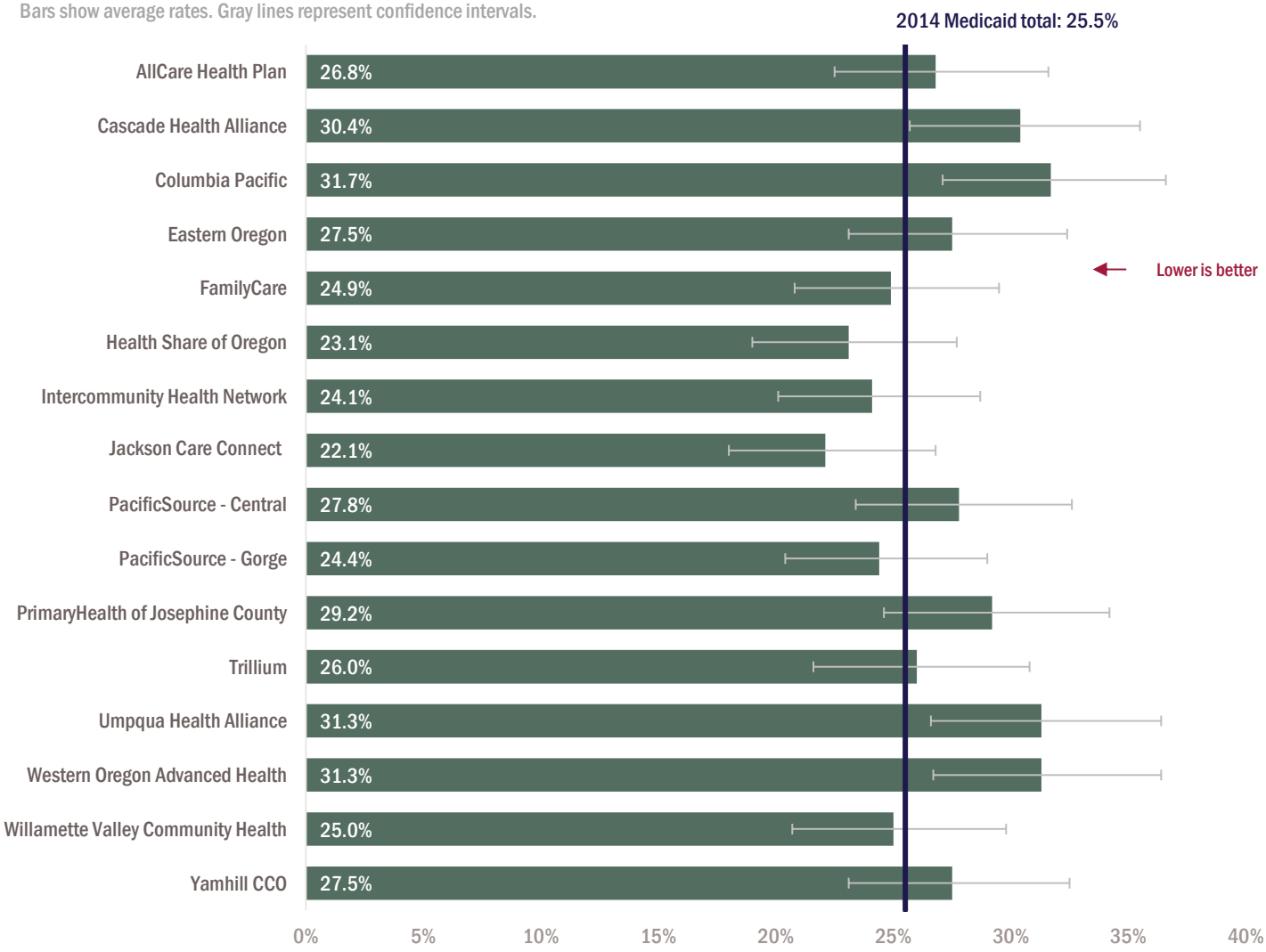
Asian and Hispanic Medicaid members are exposed to secondhand smoke less often than the statewide average.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who are exposed to secondhand smoke, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



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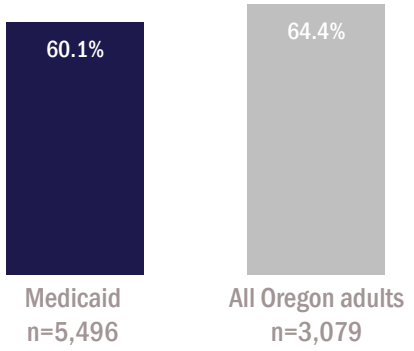
MEDICAL ACCESS & SCREENING

HIGH BLOOD SUGAR / DIABETES TESTING

Percent of adult Medicaid members surveyed who reported that they were tested for high blood sugar or diabetes within the past three years.

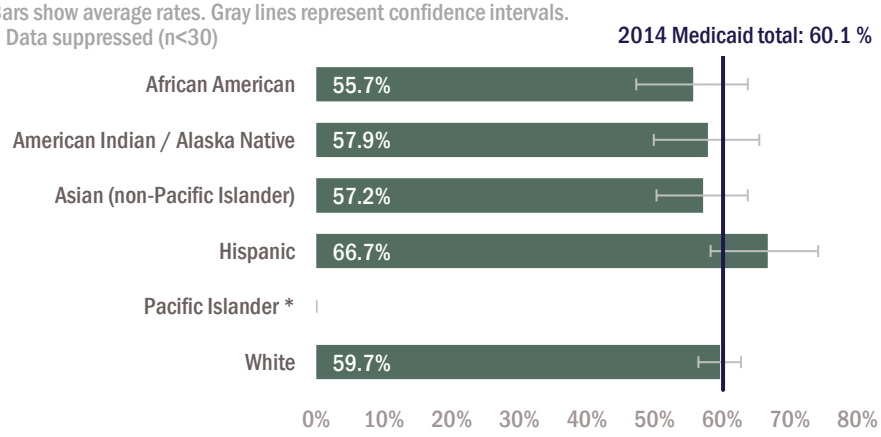
Statewide, 60.1 percent of adult Medicaid members were tested for high blood sugar or diabetes.

Medicaid confidence interval: 57.3% - 62.9%



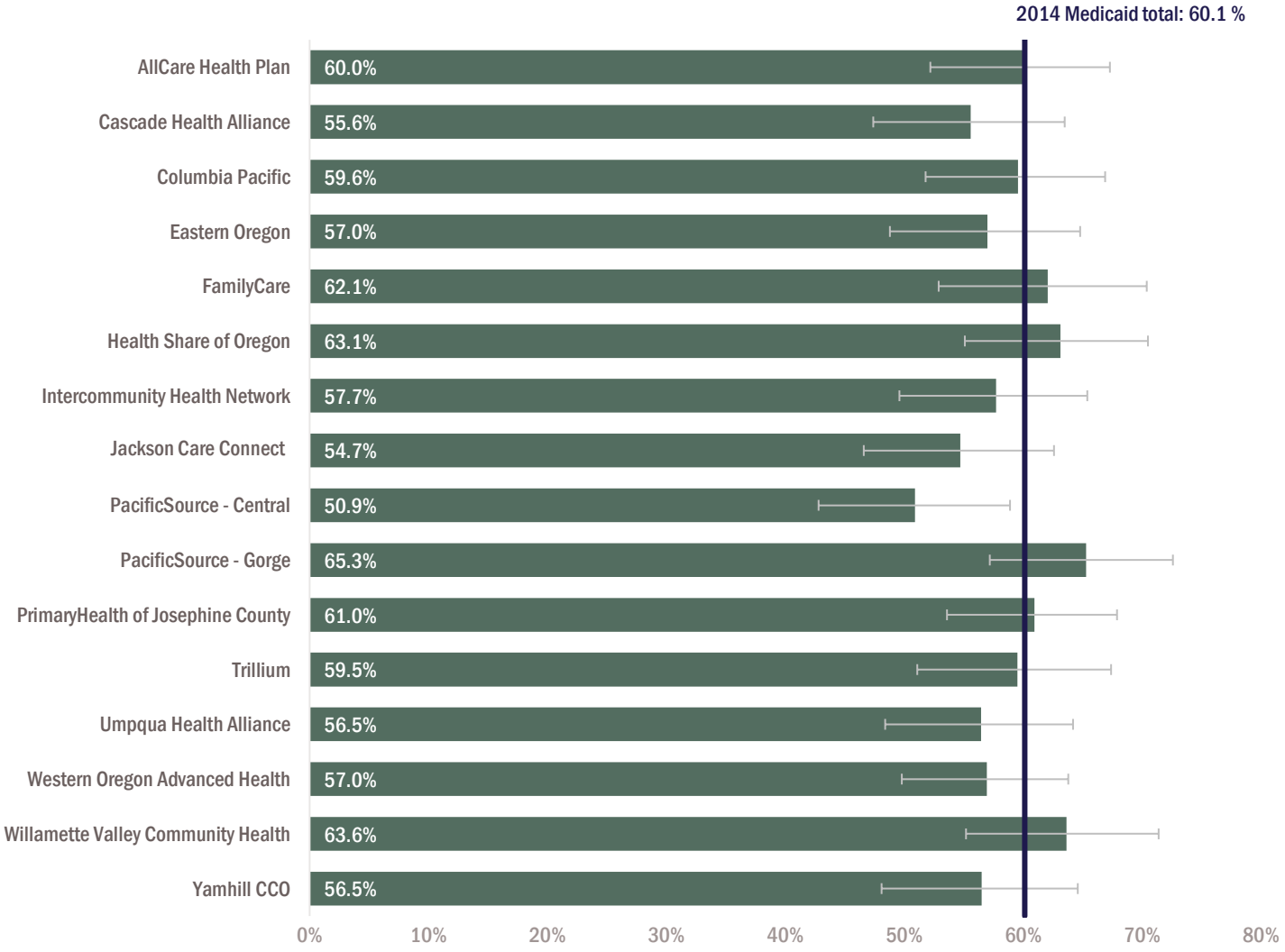
Percent of Medicaid members who were tested for high blood sugar or diabetes, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.
* Data suppressed (n<30)



Percent of Medicaid members who were tested for high blood sugar or diabetes, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



BLOOD CHOLESTEROL CHECKED

Percent of adult Medicaid members surveyed who reported that they had their blood cholesterol checked within the past five years.

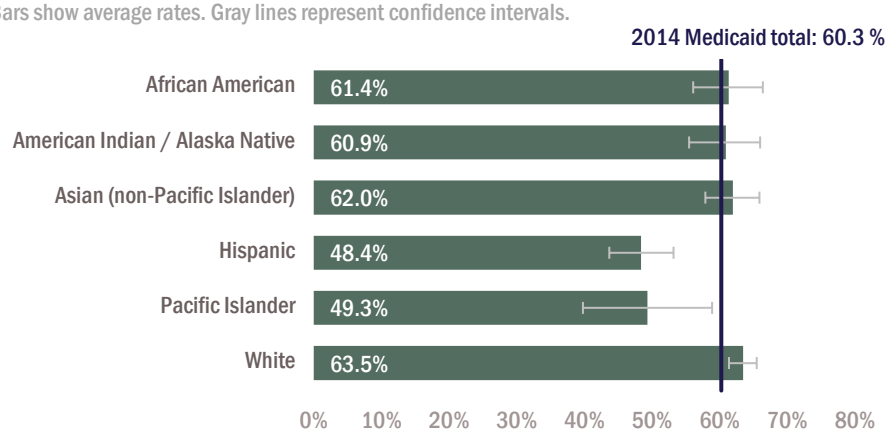
Statewide, 60.3 percent of adult Medicaid members have had their blood cholesterol checked.

Medicaid confidence interval: 58.4% - 62.1%
Data not available for all Oregon adults

Medicaid
n=6,005

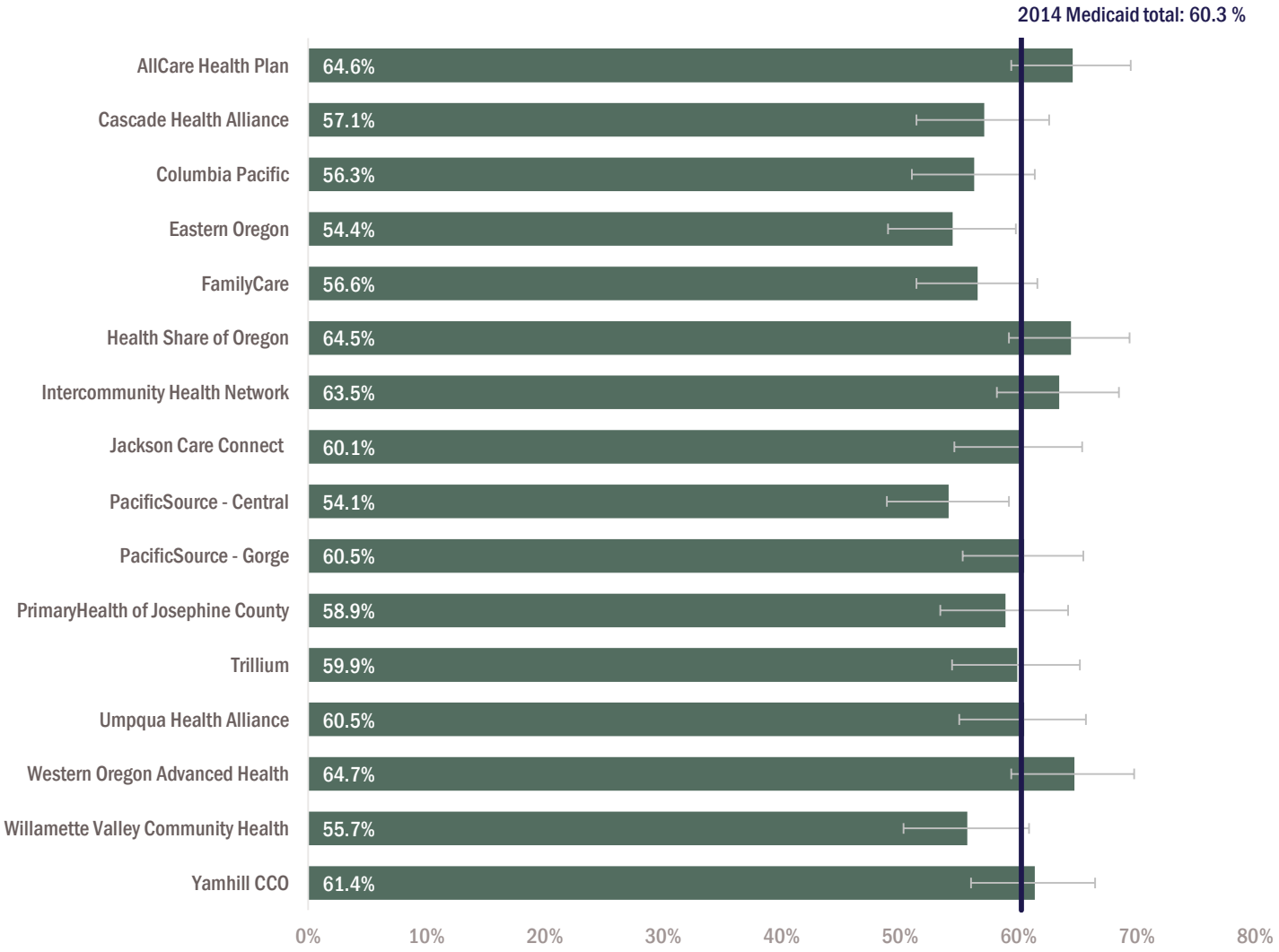
Percent of Medicaid members who had their blood cholesterol checked in the past five years, by race and ethncity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of members who have had their blood cholesterol checked in the past five years, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



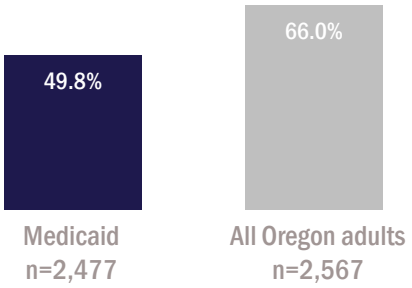
COLORECTAL CANCER SCREENING

Percent of Medicaid members age 50-75 who reported they received at least one of the following screenings for colorectal cancer: 1) a colonoscopy in the past 10 years; 2) a stool test in the past three years; or 3) a sigmoidoscopy or colonoscopy in the past five years and fecal occult blood test (FOBT) in the past three years.

Did you know? *Colorectal cancer is the second most deadly form of cancer, but is highly treatable when caught early.*

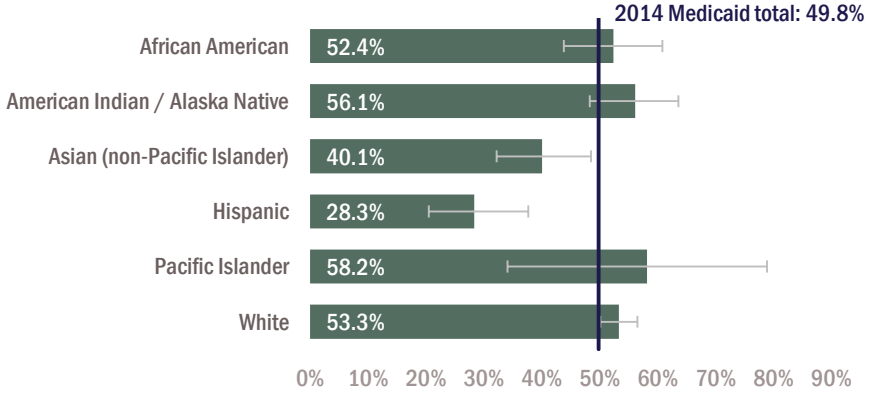
Statewide, about half of Medicaid members age 50-75 are up-to-date on colorectal cancer screening.

Medicaid confidence interval: 58.4% - 62.1%



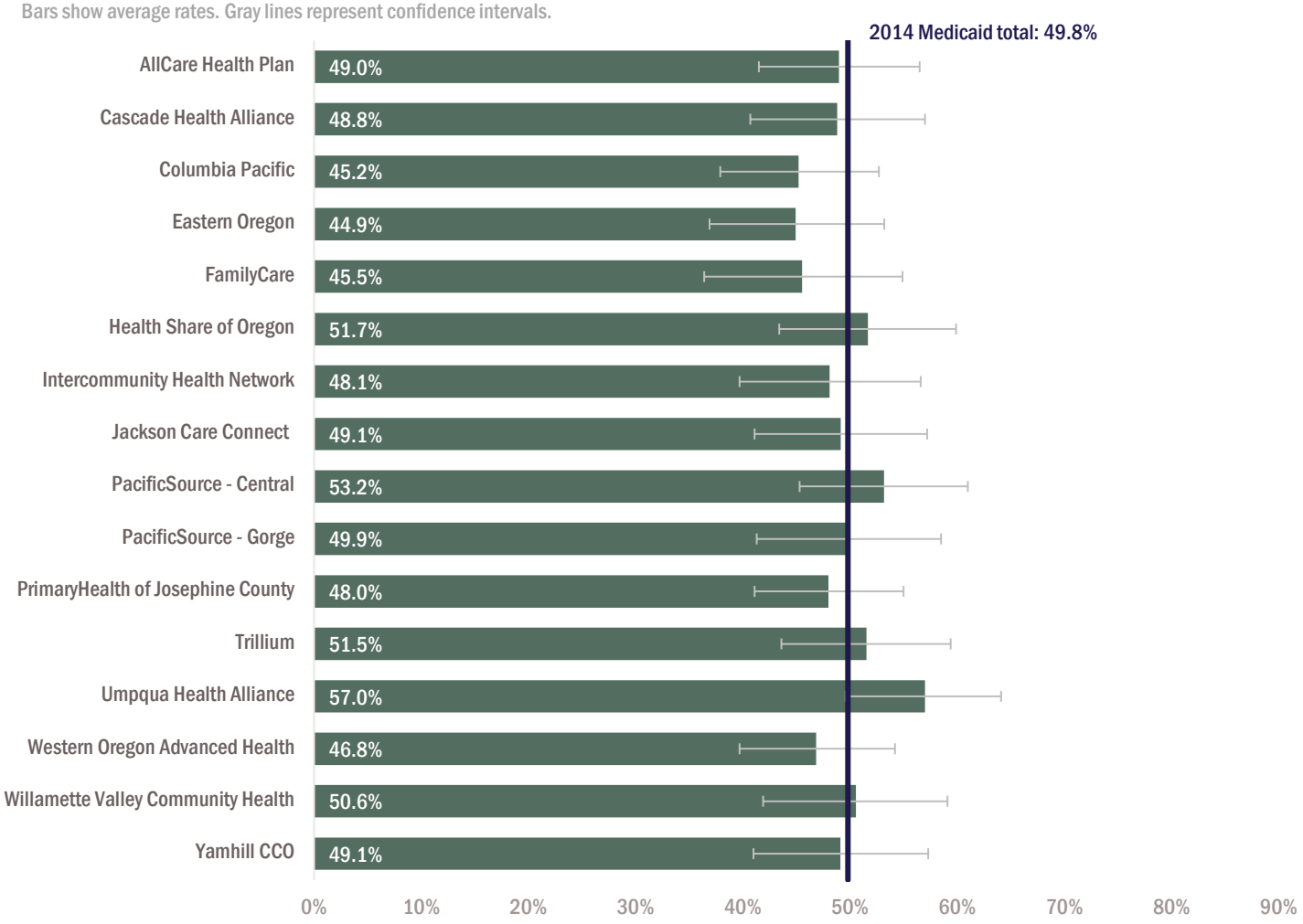
Asian and Hispanic Medicaid members had recommended colorectal cancer screening less often than statewide.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who have had recommended colorectal cancer screening, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



FECAL OCCULT BLOOD TEST (FOBT)

Percent of Medicaid members age 50-75 who had a fecal occult blood test (FOBT) in the past year.

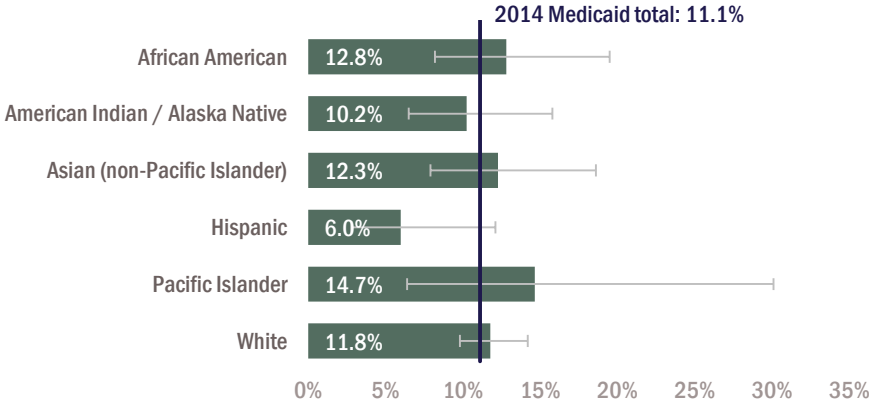
Did you know? *A fecal occult blood test is a one-time stool test that should be done every year. If anything unusual is found, your doctor will recommend a follow-up colonoscopy.*

Statewide, 11.1 percent of adult Medicaid members age 50-75 had an FOBT test in the past year.

Medicaid confidence interval: 9.4% - 13.2%

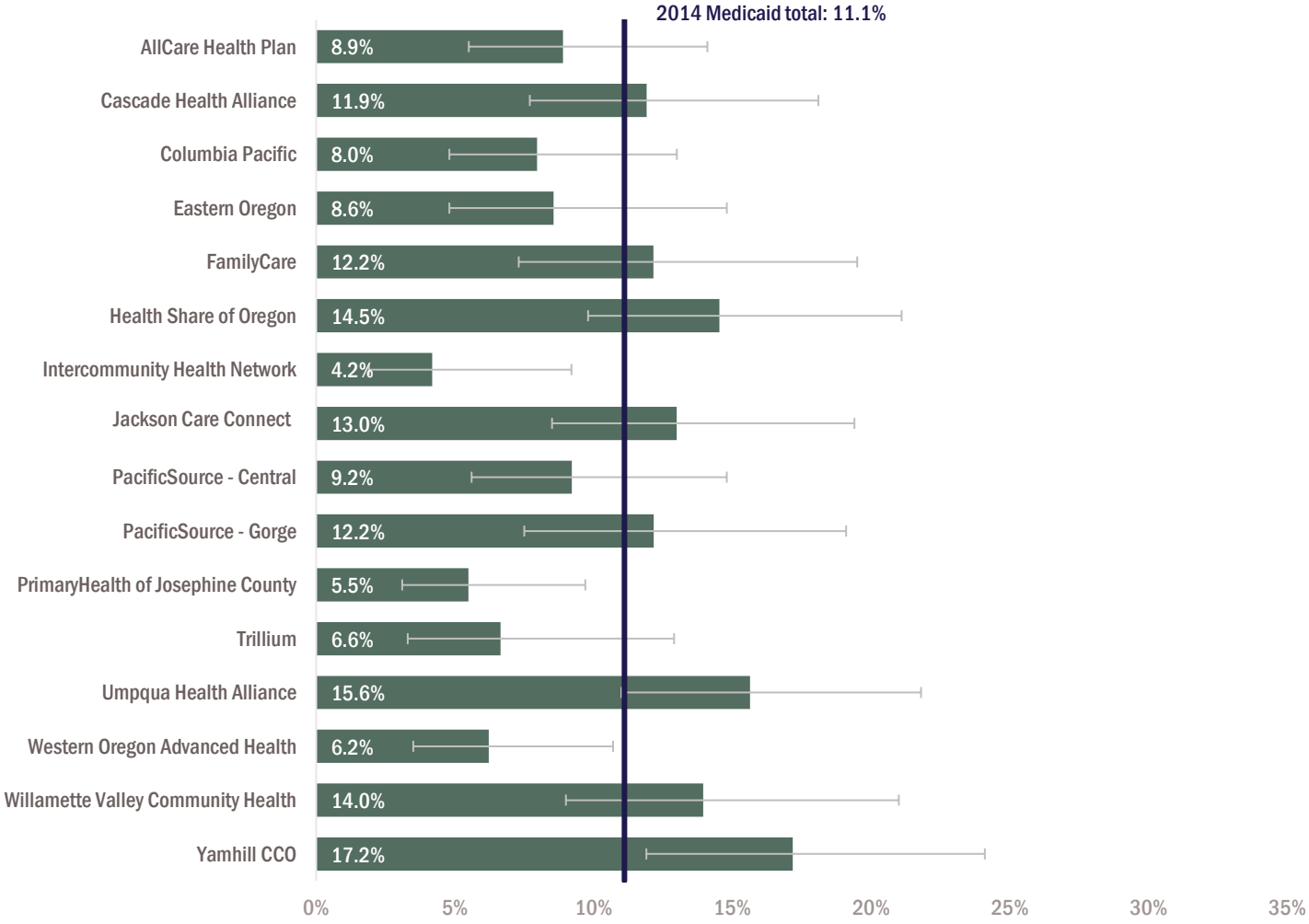
Percent of Medicaid members who had a fecal occult blood test in the past year, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaidmembers who had a fecal occult blood test (FOBT) in the past year, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

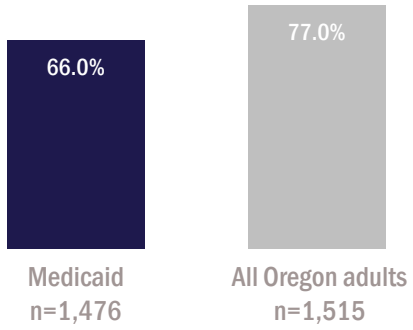


MAMMOGRAM

Percent of female Medicaid members age 50-74 who had a mammogram (screening for breast cancer) in the past two years.

Statewide, two-thirds of Medicaid members are up-to-date on mammogram screening.

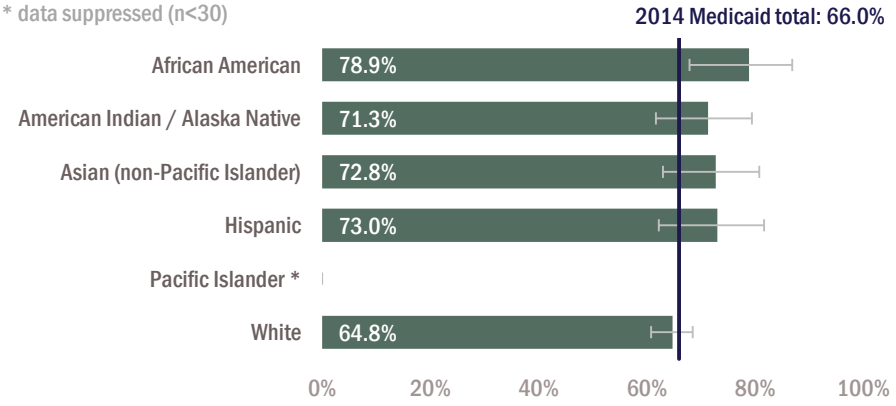
Medicaid confidence interval: 62.4% - 69.3%



Percent of female Medicaid members who had a mammogram in the past two years, by race and ethnicity.

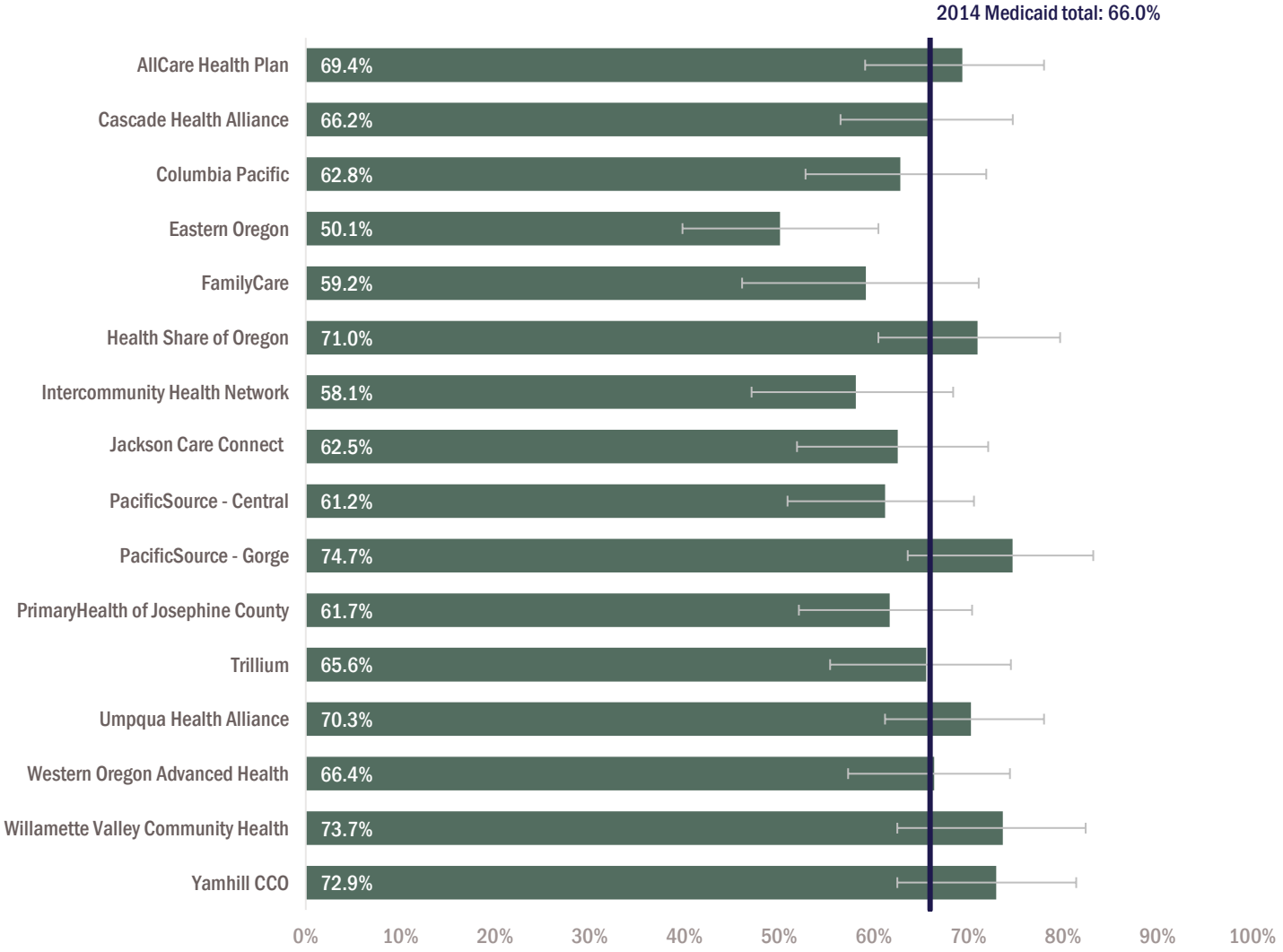
Bars show average rates. Gray lines represent confidence intervals.

* data suppressed (n<30)



Percent of female members age 50-74 who had a mammogram in the past two years, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

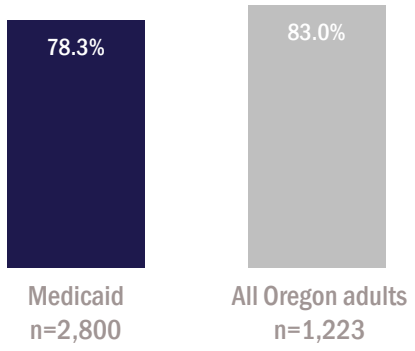


PAP TEST

Percent of members who had a Papanicolaou test (screening for cervical cancer) in the past three years.

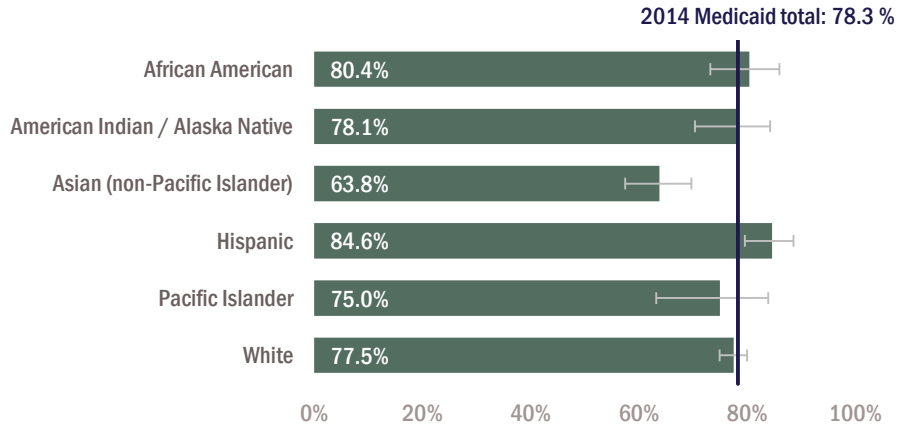
Statewide, 78.3 percent of Medicaid members have had a PAP test in the past three years.

Medicaid confidence interval: 76.0% - 80.4%



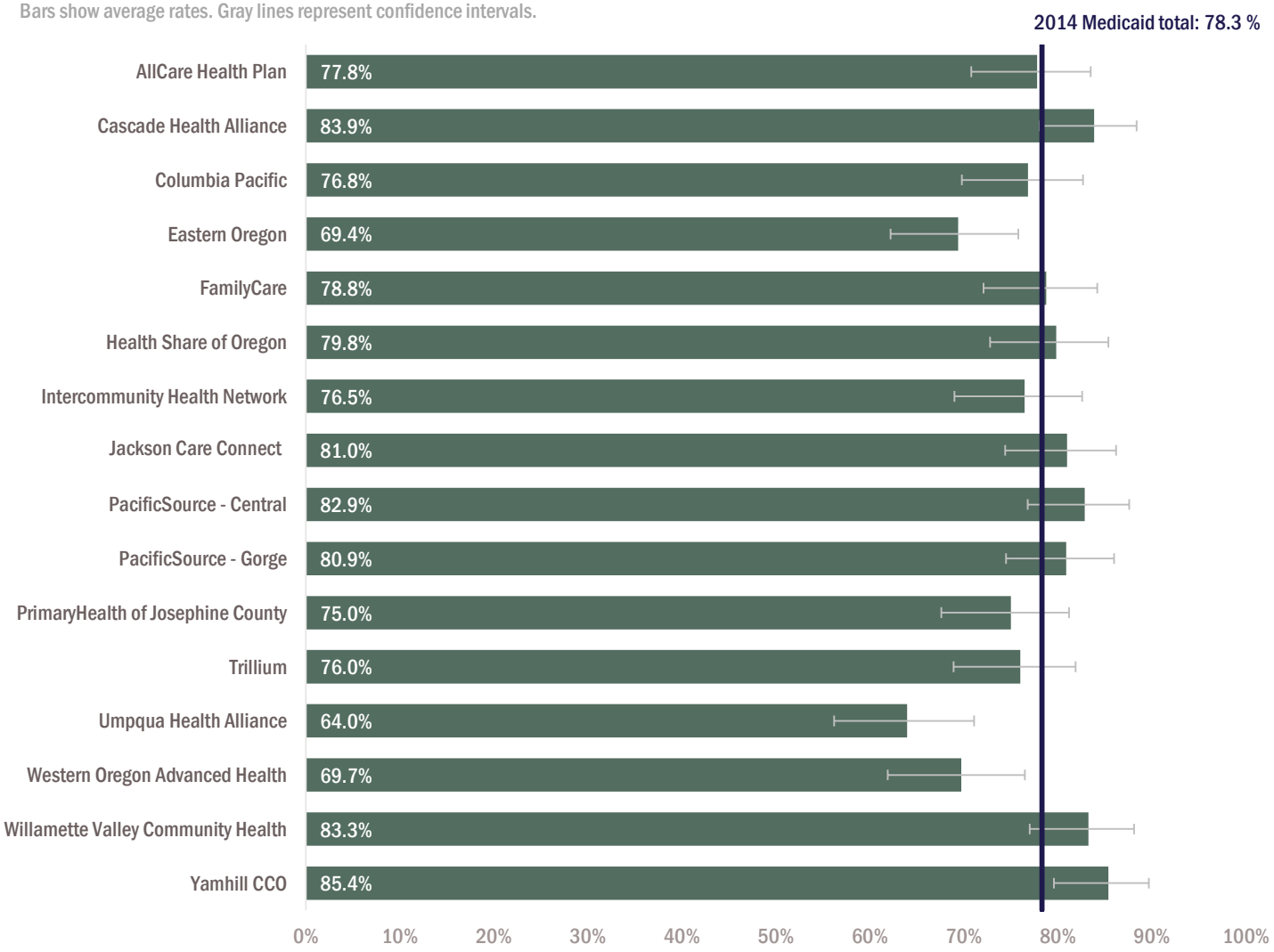
Percent of Medicaid members who had a PAP test in the past three years, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who had a PAP test in the past three years, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

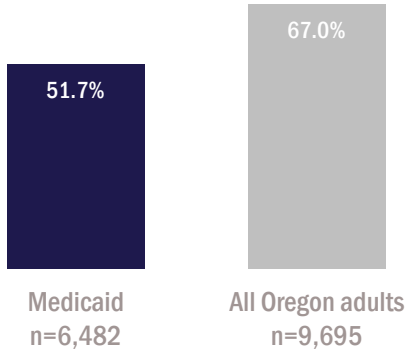


DENTAL VISIT

Percent of adult Medicaid members surveyed who visited a dentist or dental clinic for any reason in the past year.

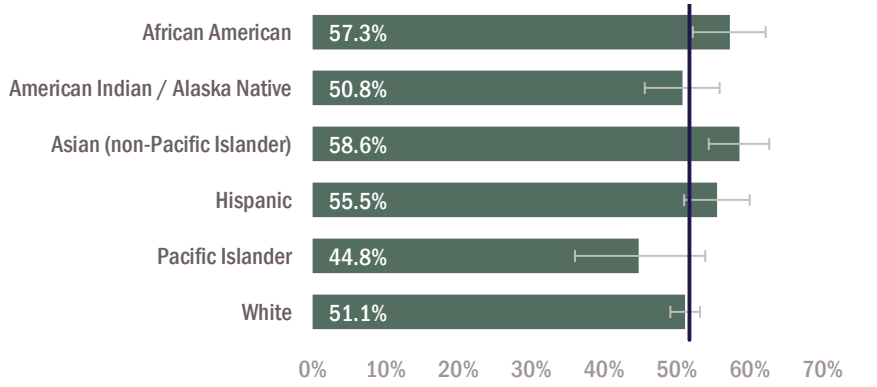
Statewide, only half of adult Medicaid members have visited a dentist or dental clinic in the past year.

Medicaid confidence interval: 50.0% - 53.5%



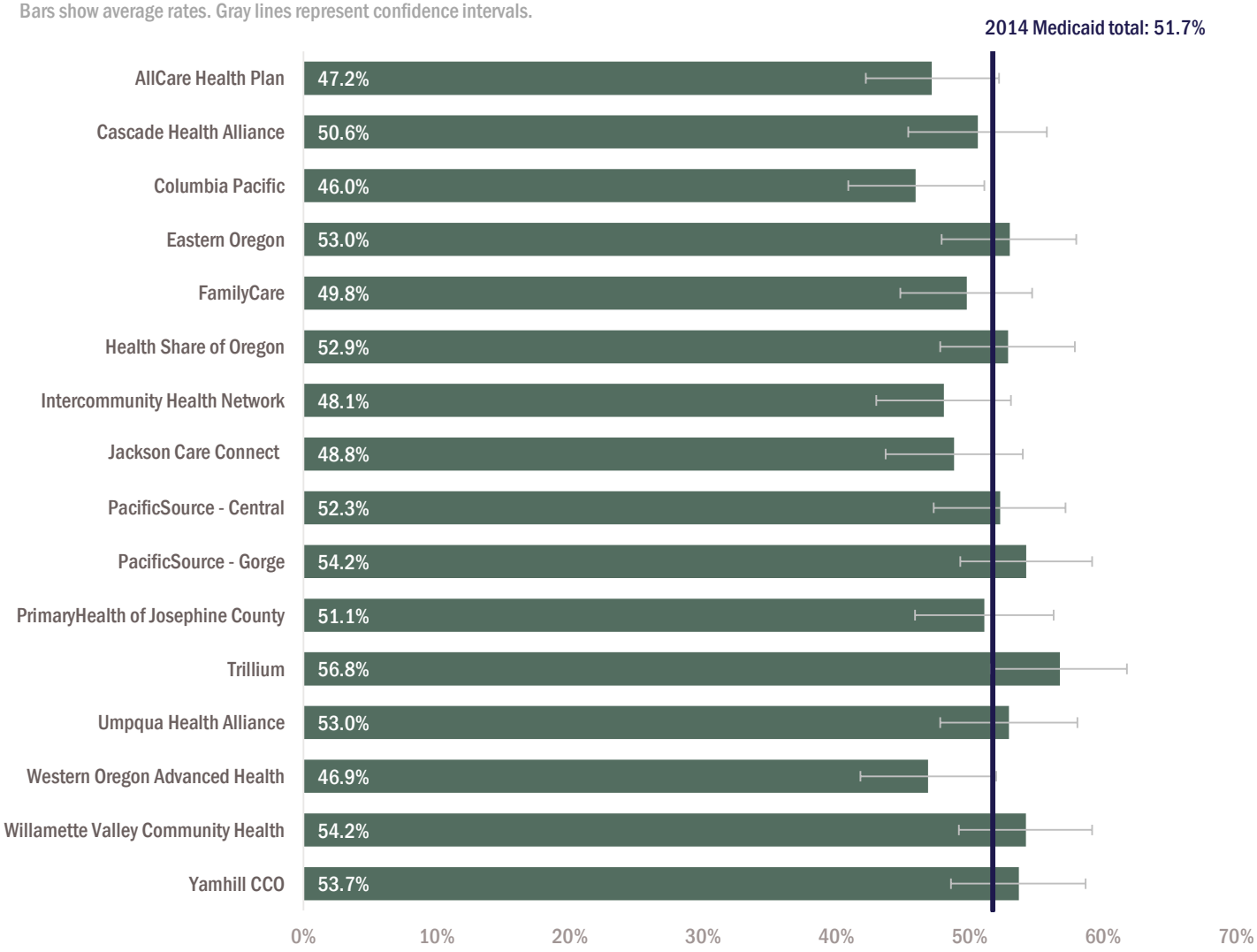
Percent of Medicaid members who visited a dentist or dental clinic in the past year, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who visited a dentist or dental clinic in the past year, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



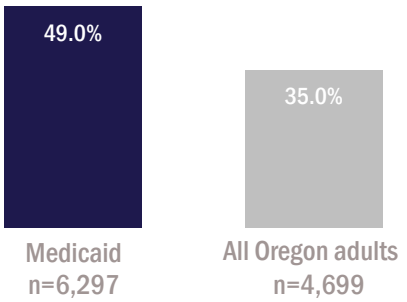
HIV TESTING

Percent of adult Medicaid members surveyed who reported they have ever been tested for HIV.

Did you know? *Nationwide, approximately 14% of people with HIV do not know they are infected. In Oregon, men are more likely than women to be infected, and African Americans and Hispanics are more likely non-Hispanic Whites to become infected.*

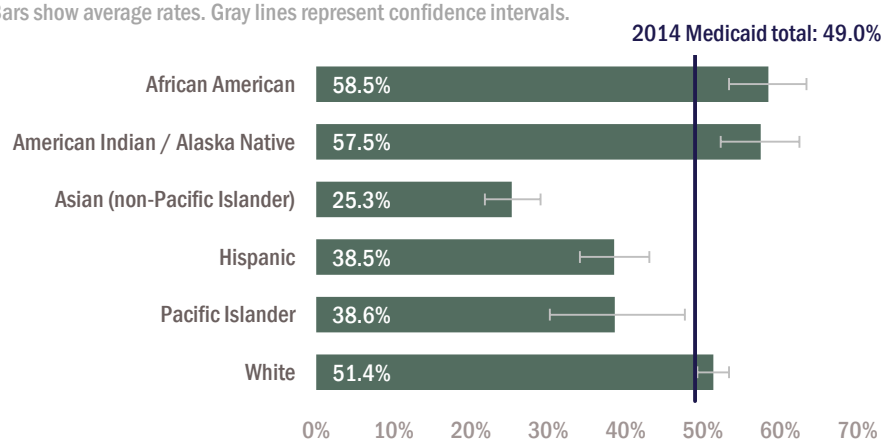
Statewide, half of adult Medicaid members have been tested for HIV.

Medicaid confidence interval: 47.2% - 50.8%



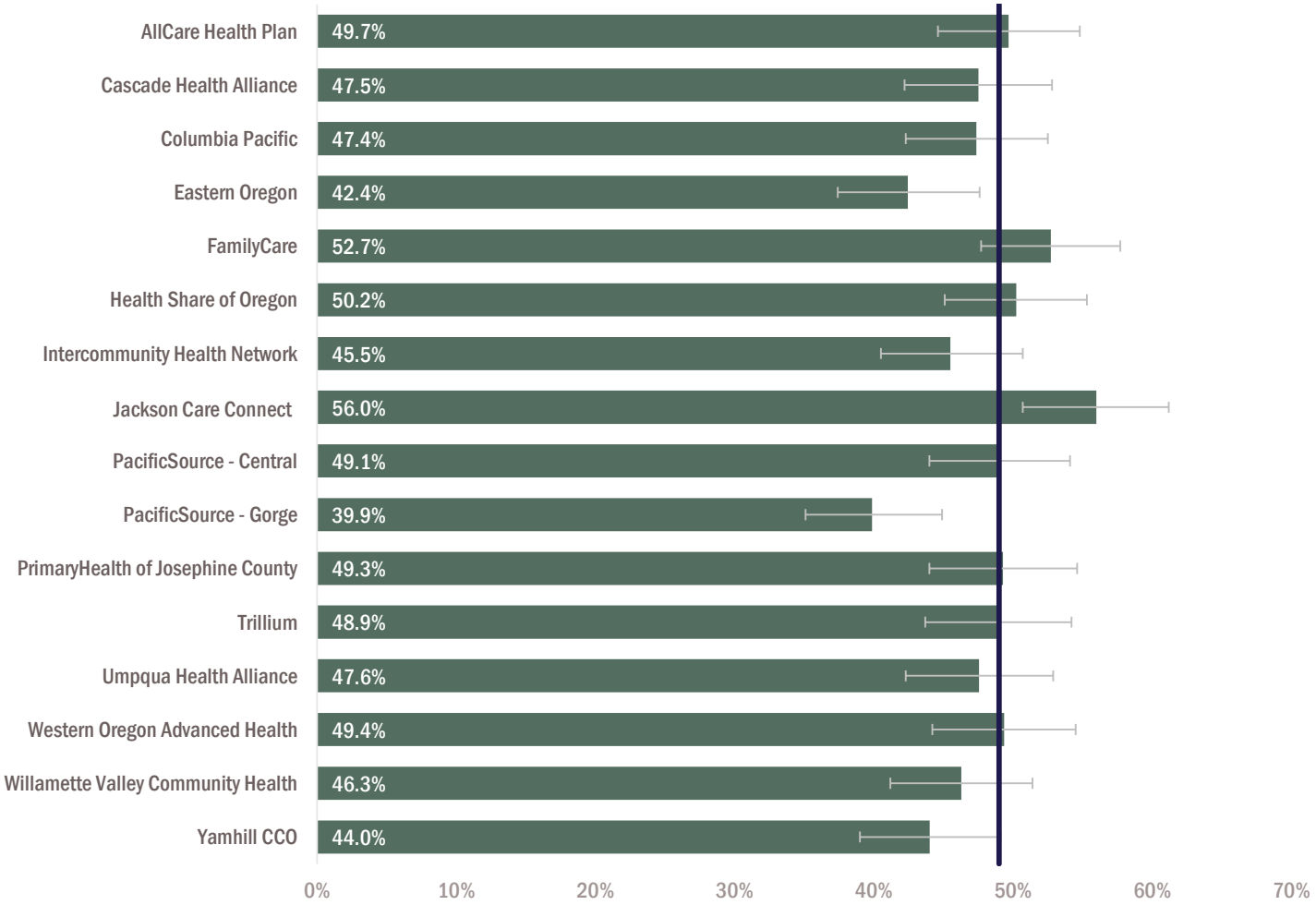
Asian, Hispanic, and Pacific Islander Medicaid members are less likely than others to have ever been tested for HIV.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who have ever been tested for HIV, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

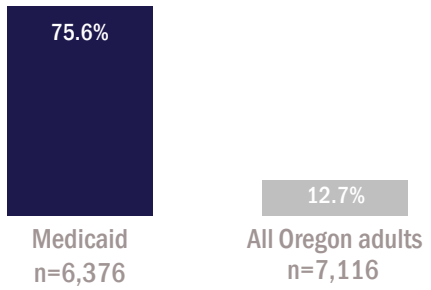


HEALTH INSURANCE COVERAGE

Percent of adult Medicaid members surveyed who reported they had continuous health insurance coverage over the past 12 months. *Note survey respondents only had to be enrolled in a CCO for 45 days between January and June 2014 to be included in the survey sample*.

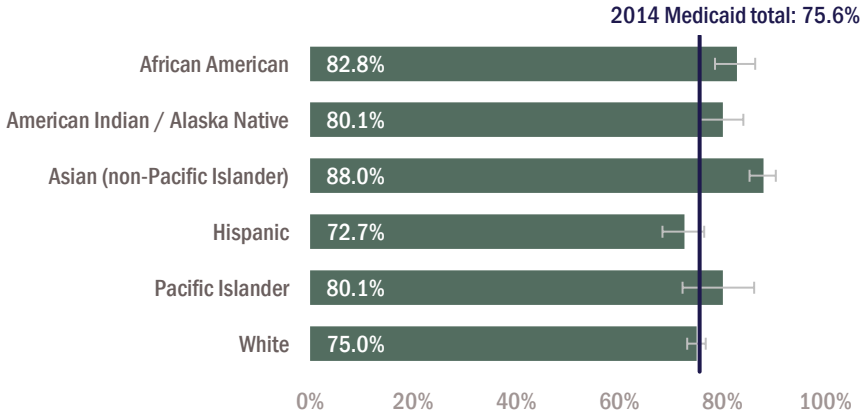
Statewide, 3 in 4 adult Medicaid members surveyed have had 12 months of continous insurance coverage

Medicaid confidence interval: 74.1% - 77.1%



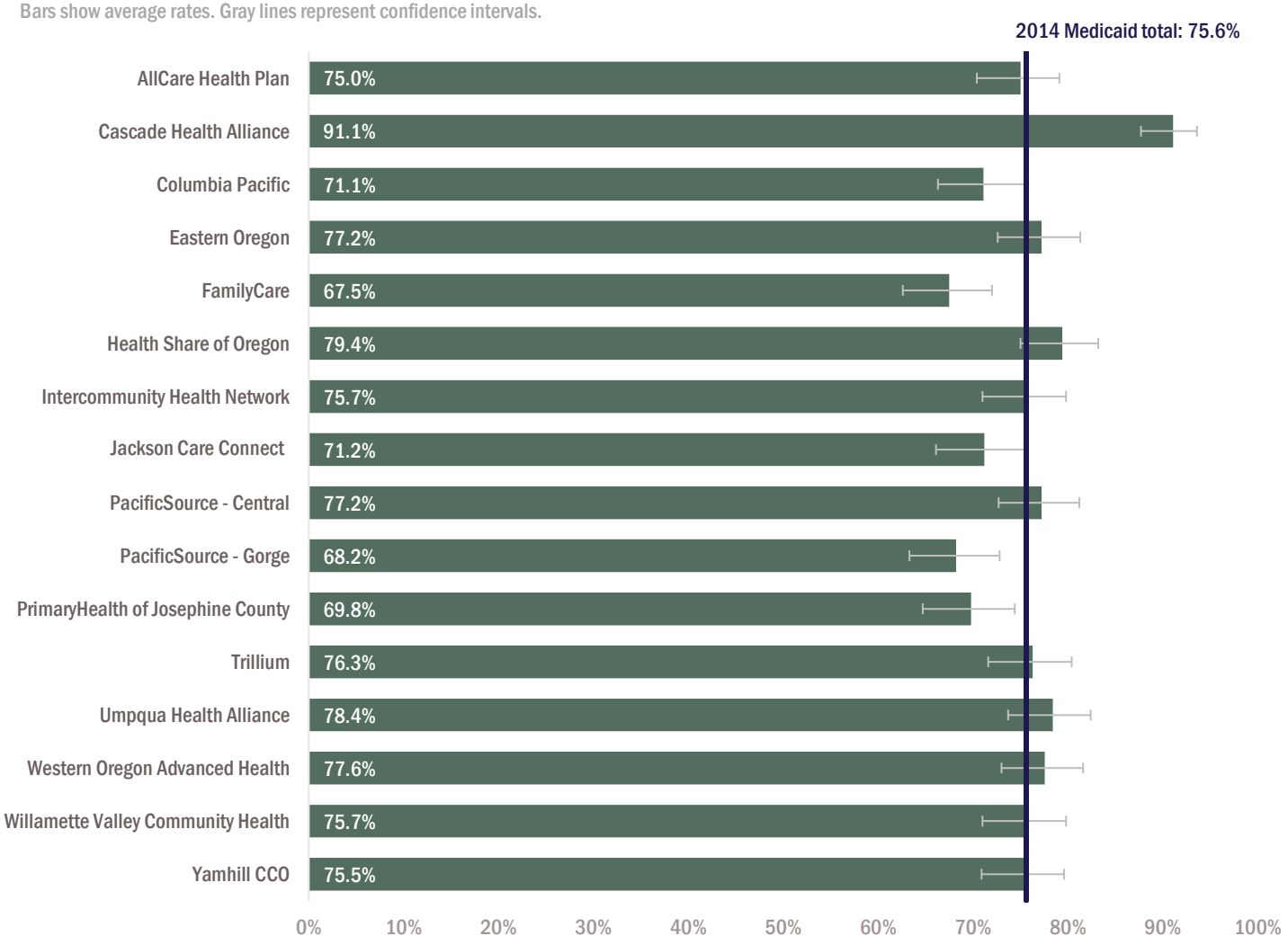
Percent of Medicaid members with continous health insurance coverage, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who had continuous health insurance coverage, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



SUBSTANCE USE

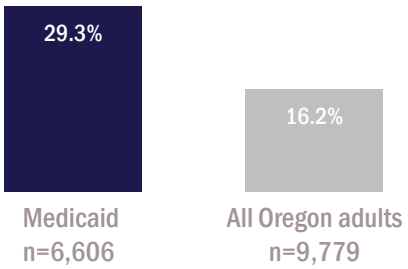
CIGARETTE SMOKING

Percent of adult Medicaid members surveyed who have smoked more than 100 cigarettes in their life and currently smokes some days or every day. Lower is better.

Did you know? *Smoking costs Oregon more than $2.5 billion each year in medical expenditures and through indirect costs due to premature death.*

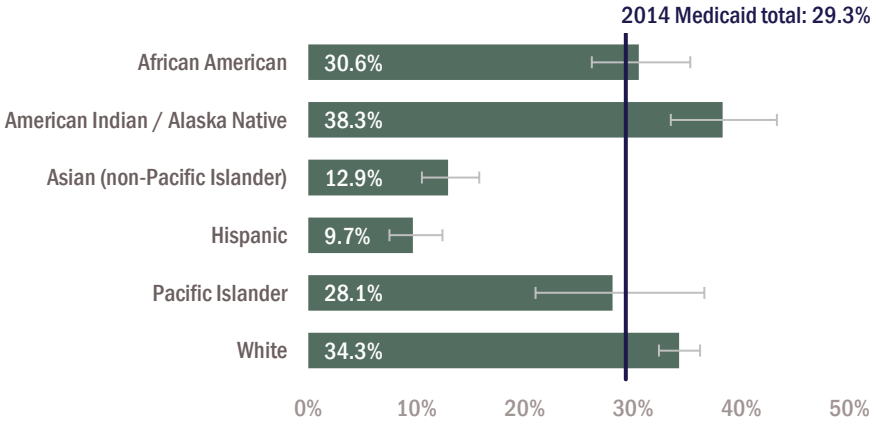
Statewide, 1 in 3 adult Medicaid members smoke cigarettes.

Medicaid confidence intervals: 27.8% - 30.9%



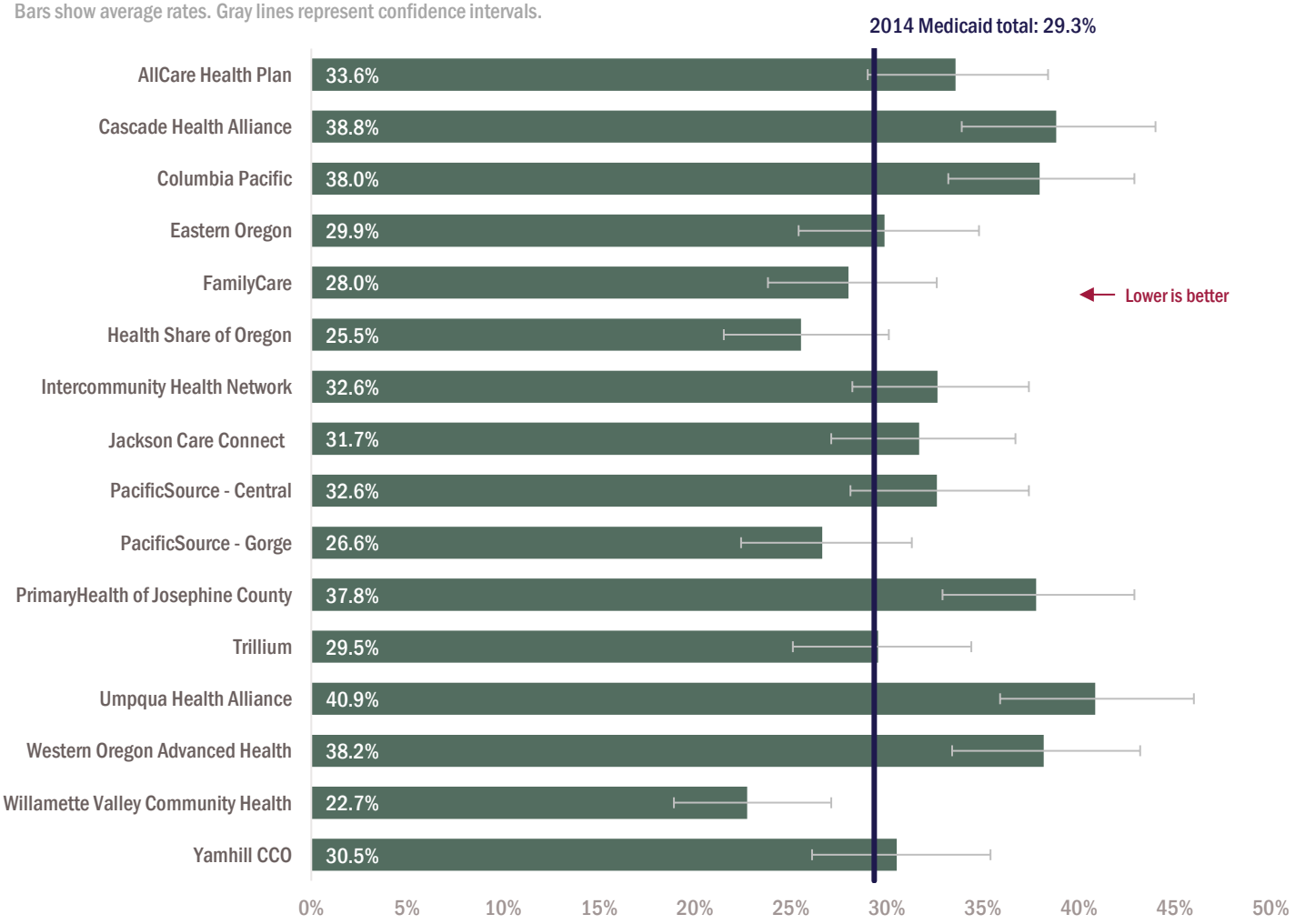
Asian and Hispanic Medicaid members smoke cigarettes less often than other races and ethnicities.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who smoke cigarettes, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



TOBACCO CHEWING

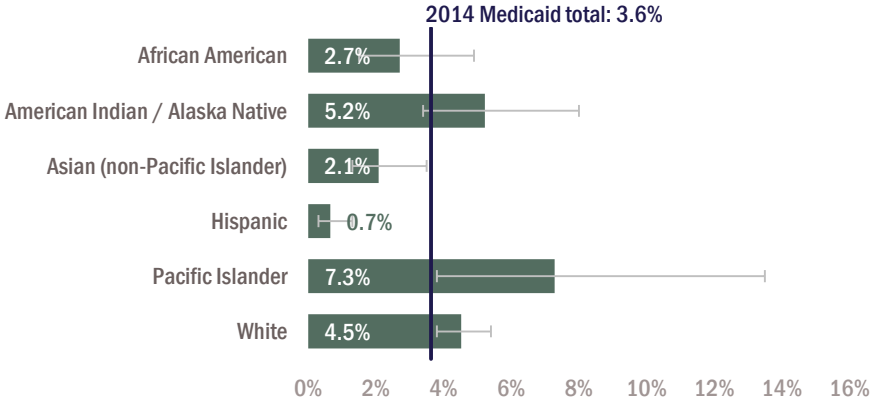
Percent of adult Medicaid members surveyed who use chewing tobacco, snuff, or snus some days or every day. Lower is better.

Statewide, 3.6 percent of adult Medicaid members chew tobacco.

Medicaid confidence interval: 3.1% - 4.3%

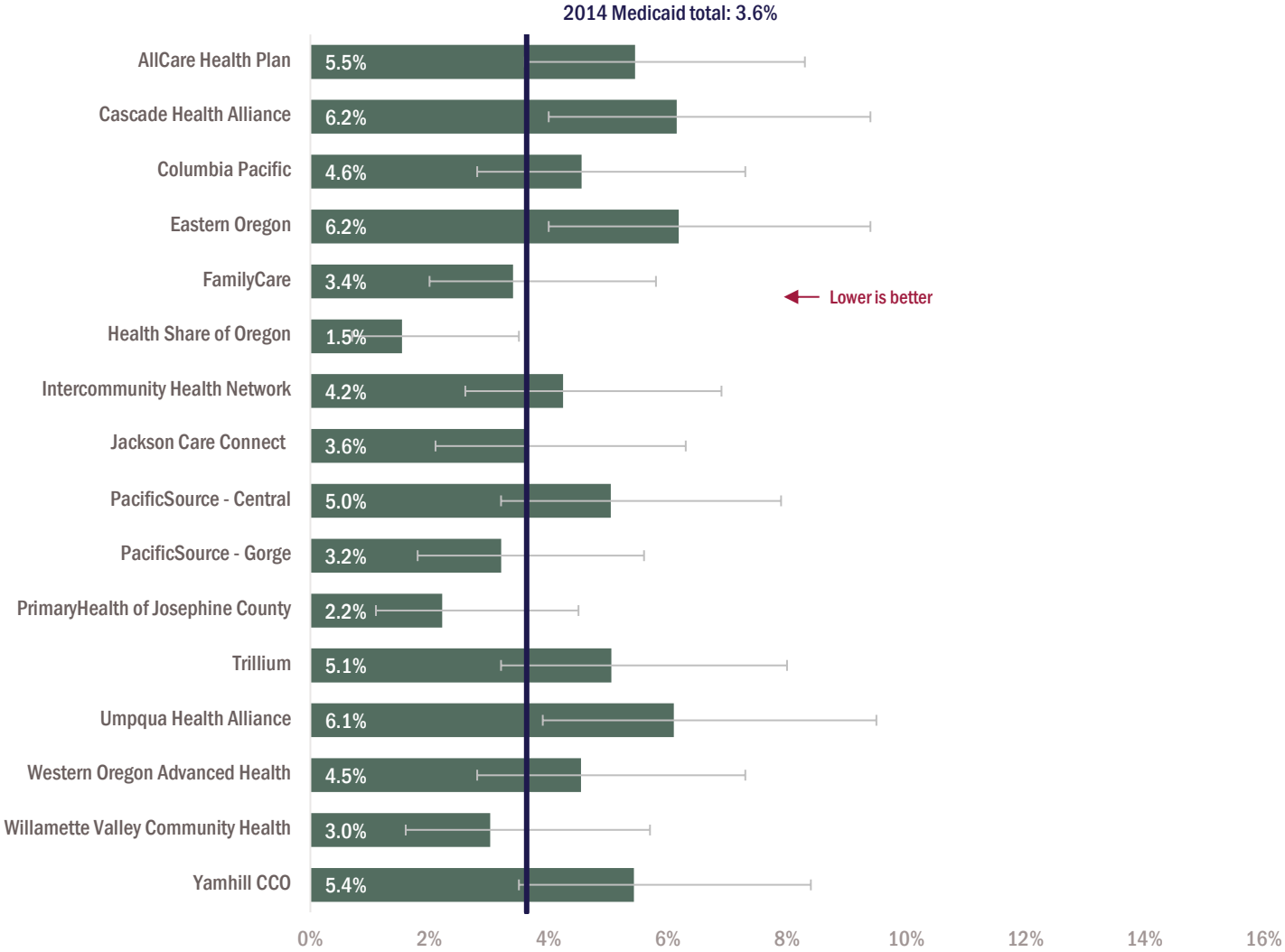
Hispanic Medicaid members chew tobacco less often than other races and ethnicities.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who use chewing tobacco, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



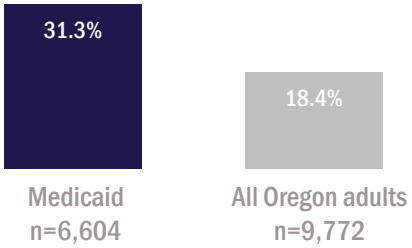
ANY TOBACCO USE (CHEWING OR SMOKING)

Percent of adult Medicaid members surveyed who either smoke cigarettes or use chewing tobacco some days or every day. Lower is better.

Did you know? *Tobacco use remains the number one cause of preventable death in Oregon and nationally. Tobacco use causes lung cancer, cardiovascular disease and chronic obstructive pulmonary disease (COPD), and is a major risk factor in developing asthma, arthritis, diabetes, stroke, and cancer. Tobacco use kills approximately 7,000 Oregonians each year.*

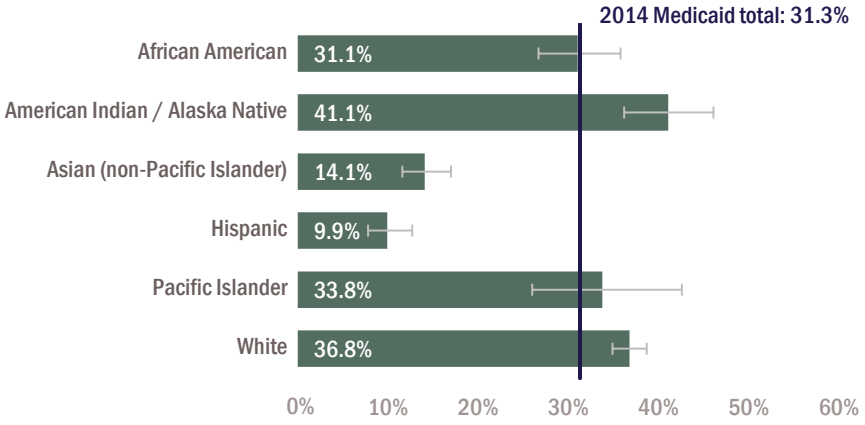
Statewide, 31.3 percent of adult Medicaid members use tobacco.

Medicaid confidence interval: 31.3% - 32.9%



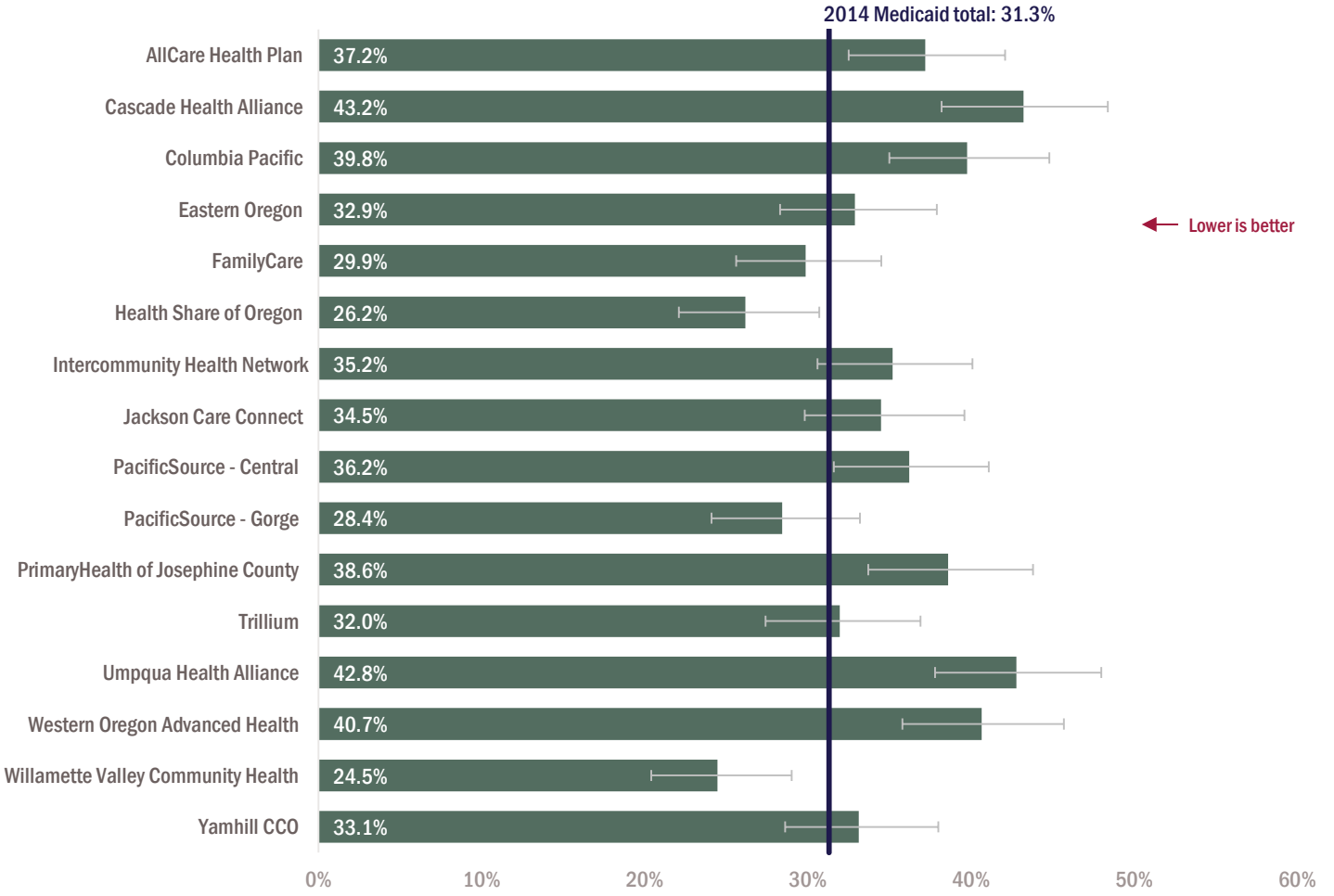
Asian and Hispanic Medicaid members use tobacco less often than other races and ethnicities.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who use any kind of tobacco product, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

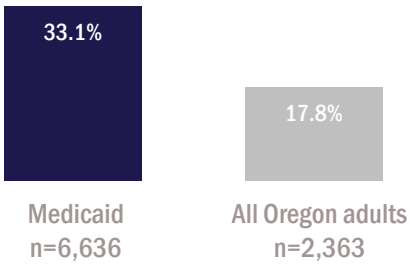


E-CIGARETTE USE EVER

Percent of adult Medicaid members surveyed who have tried an electronic cigarette. Lower is better.

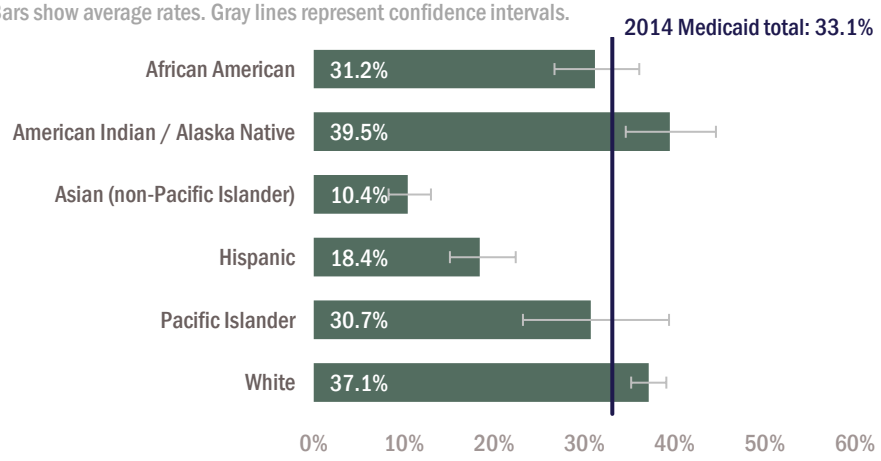
Statewide, 33.1 percent of adult Medicaid members have ever tried an electronic cigarette.

Medicaid confidence interval: 31.5% - 34.8%



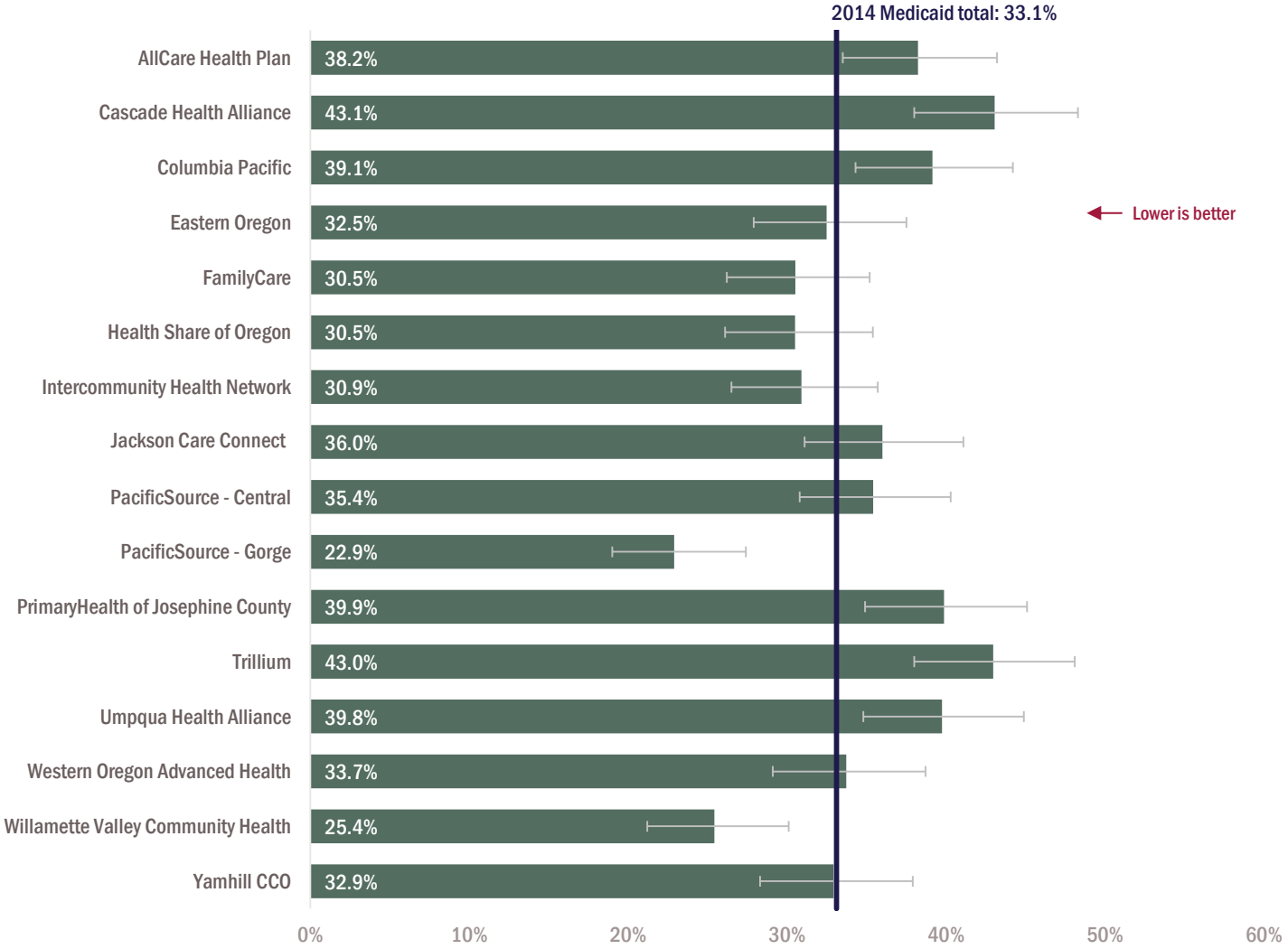
Asian Medicaid members are less likely than other races and ethnicities to report ever having tried an electronic cigarette.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who have ever tried an electronic cigarette, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

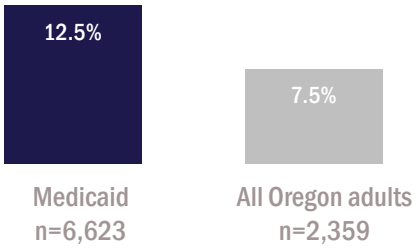


CURRENT E-CIGARETTE USE

Percent of adult Medicaid members surveyed who used electronic cigarettes on at least one of the past 30 days. Lower is better.

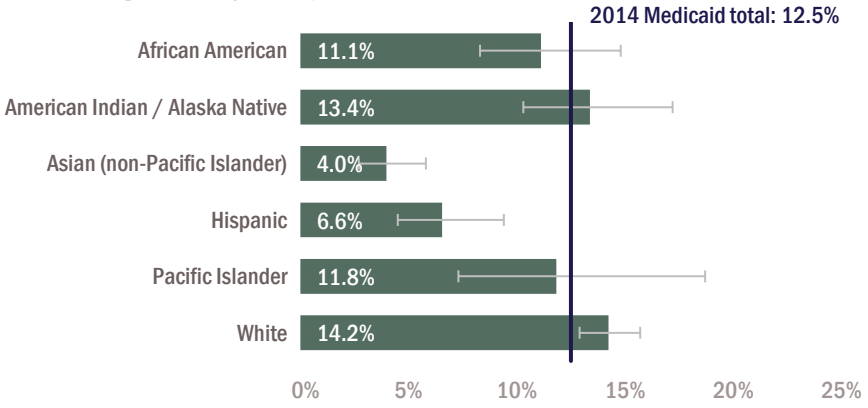
Statewide, 12.5 percent of adult Medicaid members currently use electronic cigarettes.

Medicaid confidence interval: 11.4% - 13.7%



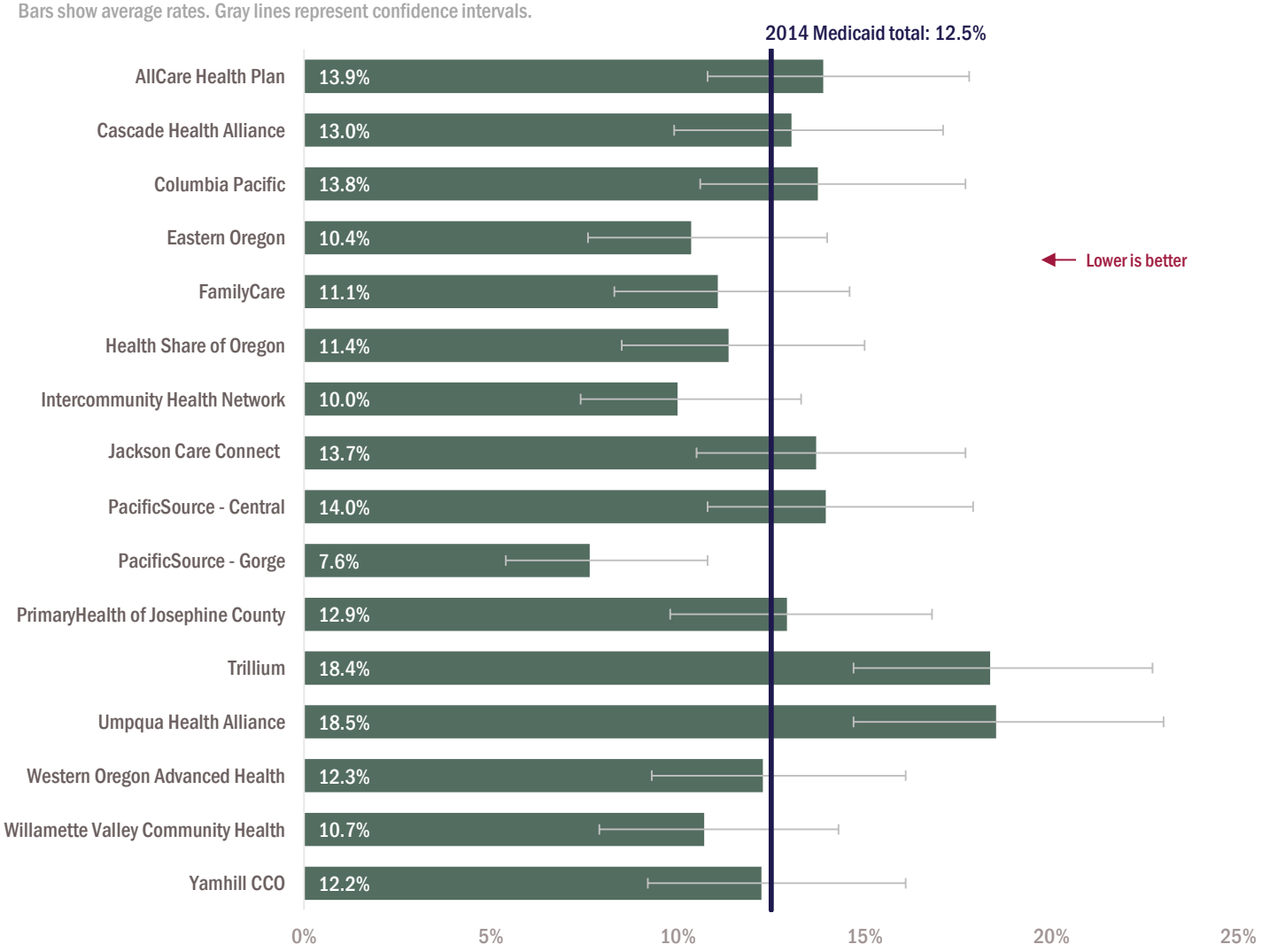
Percent of Medicaid members who currently use electronic cigarettes, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who currently use electronic cigarettes, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

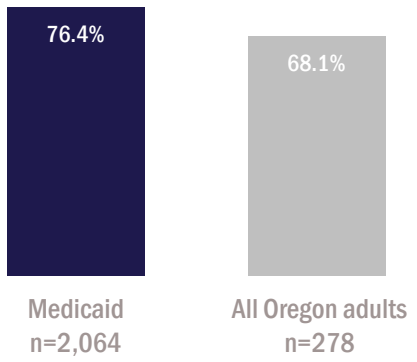


TOBACCO - WANT TO QUIT (SMOKERS)

Percent of adult Medicaid members surveyed who currently smoke and want to quit smoking.

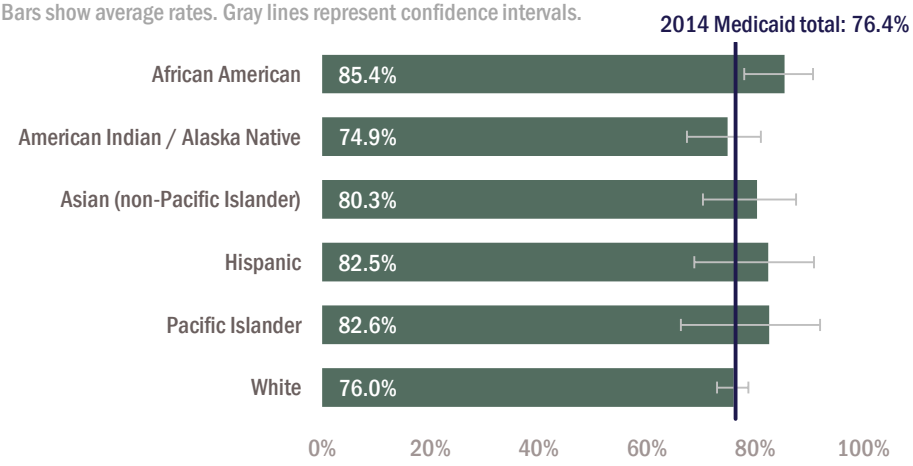
Statewide, 3 of 4 Medicaid members who smoke want to quit.

Medicaid confidence interval: 73.6% - 79.0%



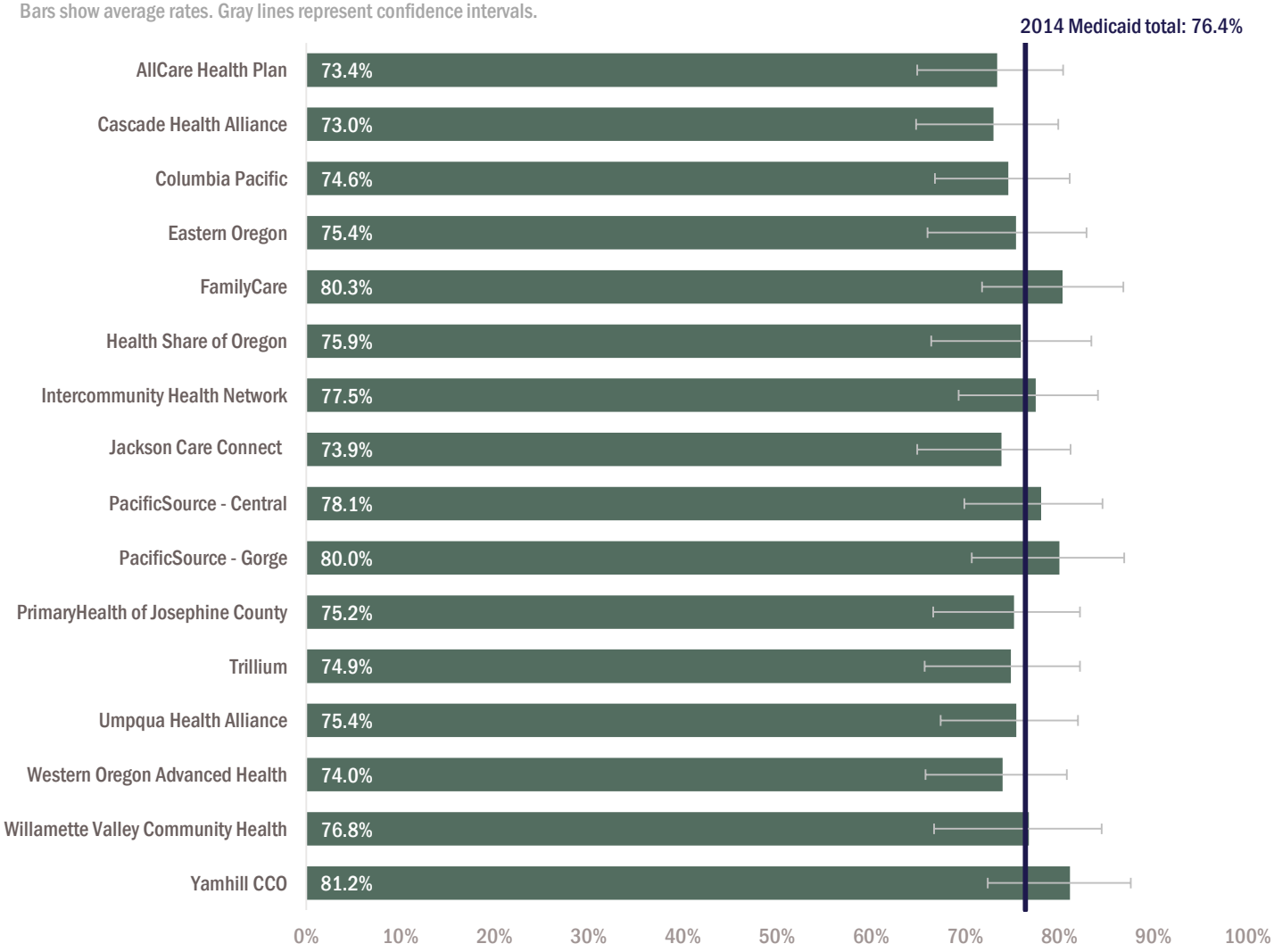
The percent of Medicaid members who smoke and want to quit is similar across races and ethnicities.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who currently smoke and want to quit, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

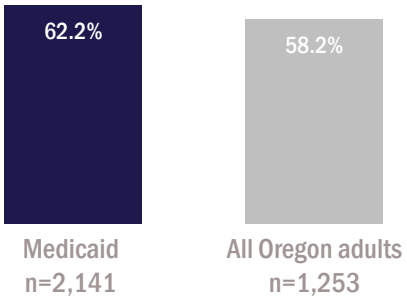


TOBACCO - TRIED TO QUIT (SMOKERS)

Percent of adult Medicaid members surveyed who currently smoke and stopped smoking one day in the past year while trying to quit.

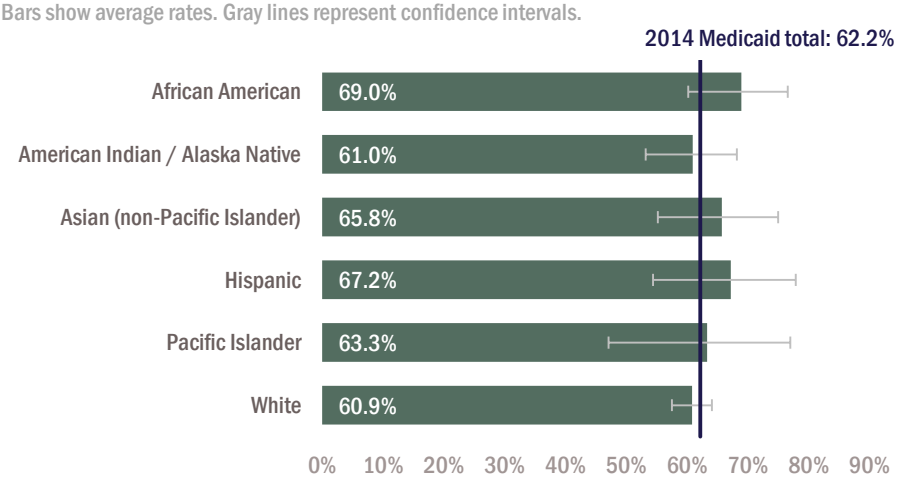
Statewide, 62.2 percent of members who smoke have tried to quit in the past year.

Medicaid confidence interval: 59.2% - 65.1%



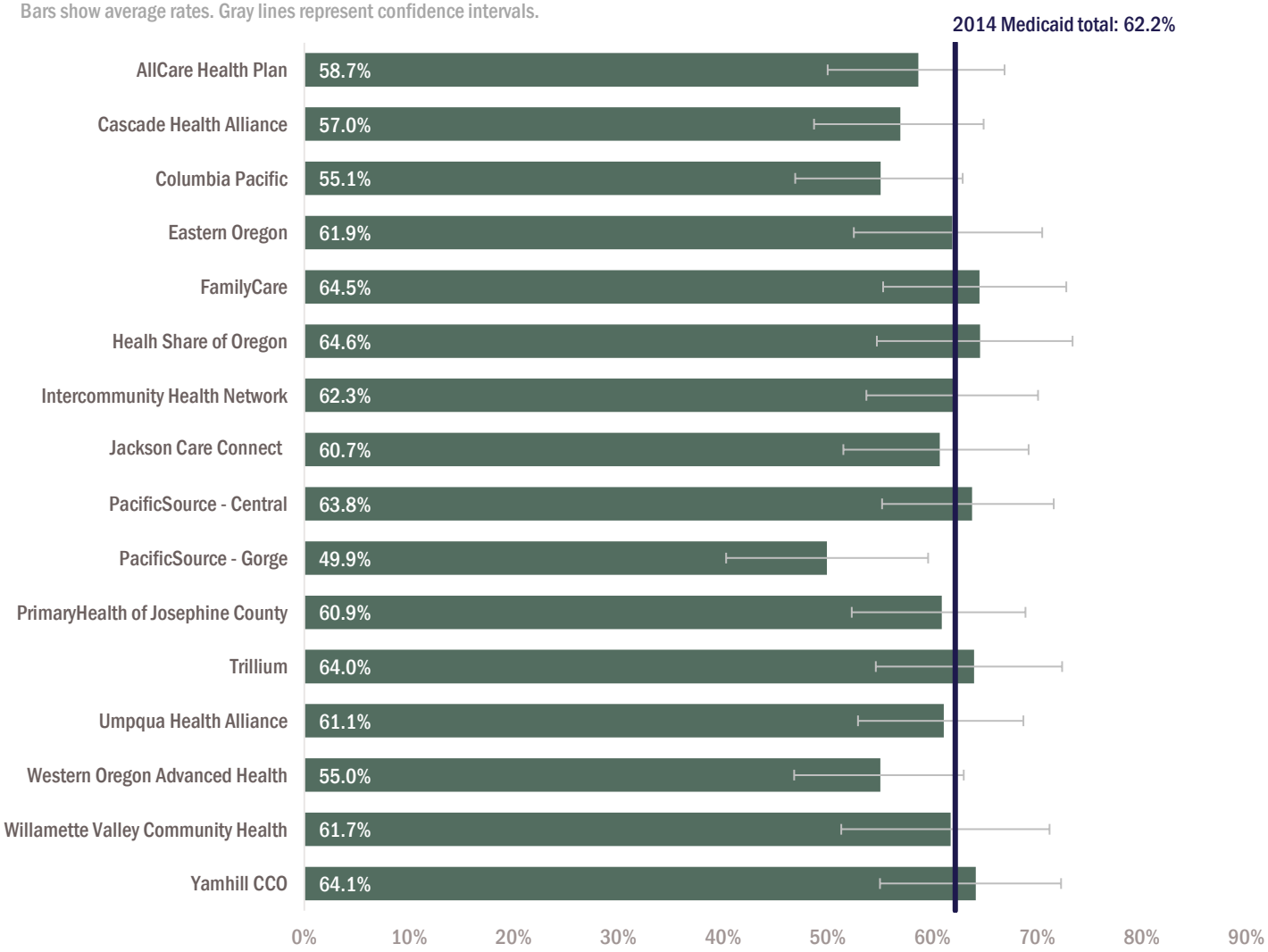
The percent of members who currently smoke and have tried to quit in the past year is similar across races and ethnicities.

Bars show average rates. Gray lines represent confidence intervals.



Percent of members who currently smoke and have tried to quit in the past year, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



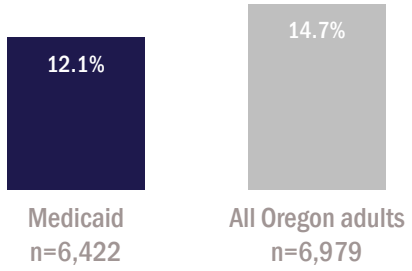
BINGE DRINKING

Percent of adult Medicaid members surveyed who had at least four (if female) or five (if male) alcoholic drinks on one or more occasions in the past 30 days. Lower is better.

Did you know? *Excessive alcohol use can increase a person's risk of developing serious health problems such as brain and liver damage, heart disease, cancer, fetal damage in pregnant women, and premature death.*

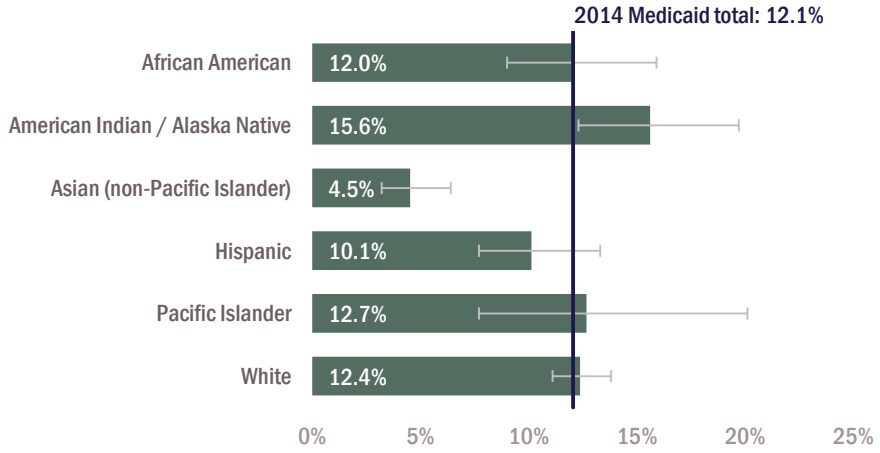
Statewide, 12.1 percent of adult Medicaid members report binge drinking in the past 30 days.

Medicaid confidence interval: 10.9% - 13.3%



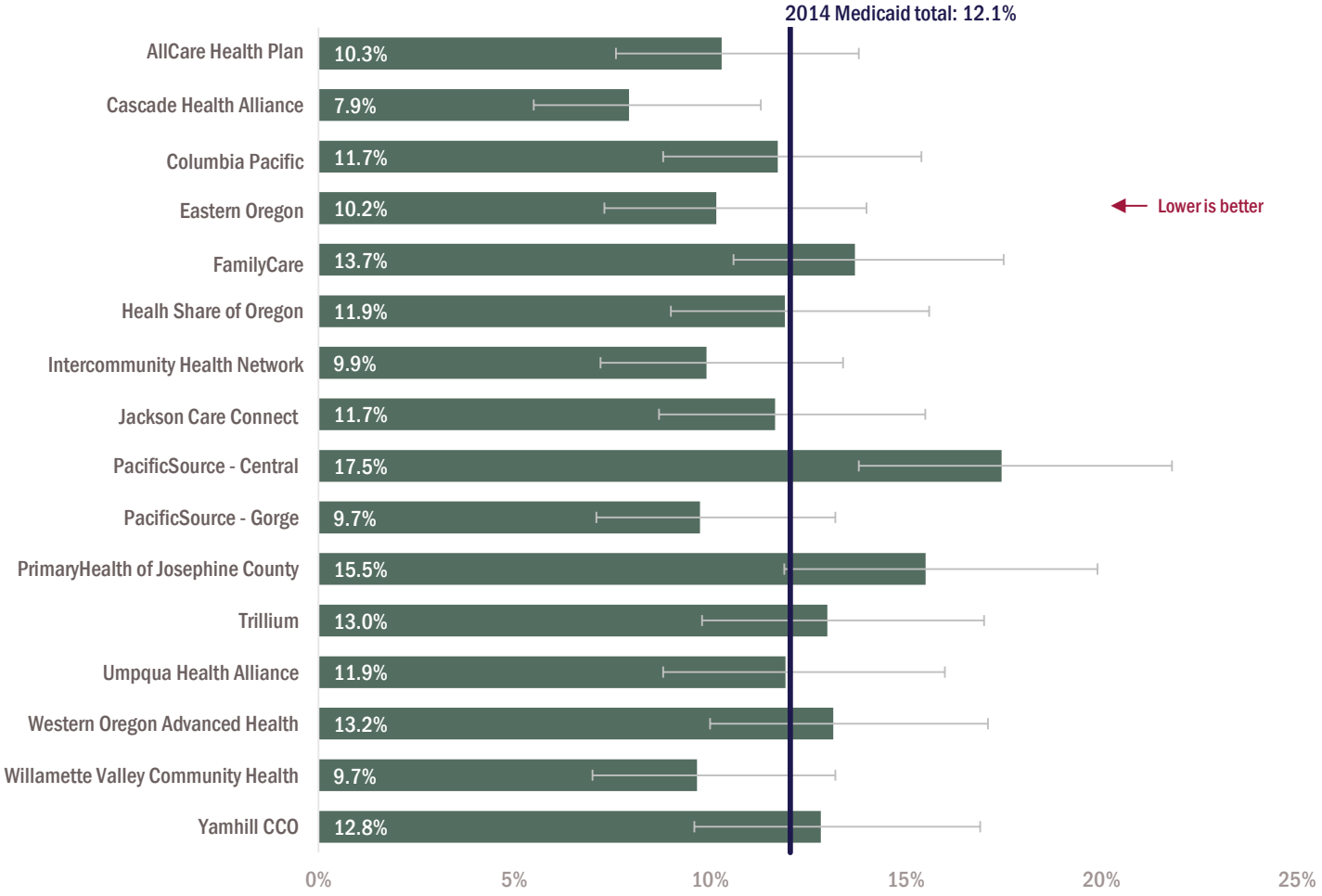
Binge drinking is less common among Asian Medicaid members.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who report binge drinking on one or more occasion in the past 30 days.

Bars show average rates. Gray lines represent confidence intervals.



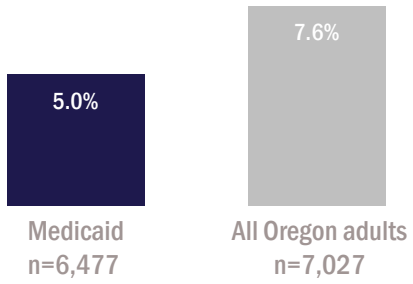
HEAVY DRINKING

Percent of adult Medicaid members surveyed who reported an average of more than one alcoholic drink (if female) or more than two drinks (if male) per day over the past 30 days. Lower is better.

Did you know? *One drink is equivalent to a 12-ounce beer, 5-ounce glass of wine, or a drink with one shot of liquor.*

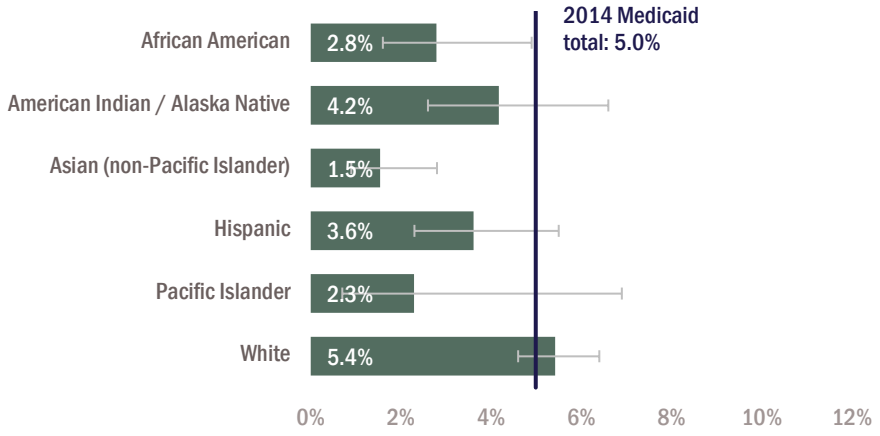
Statewide, 5 percent of adult Medicaid members report heavy drinking.

Medicaid confidence interval: 4.3% - 5.8%



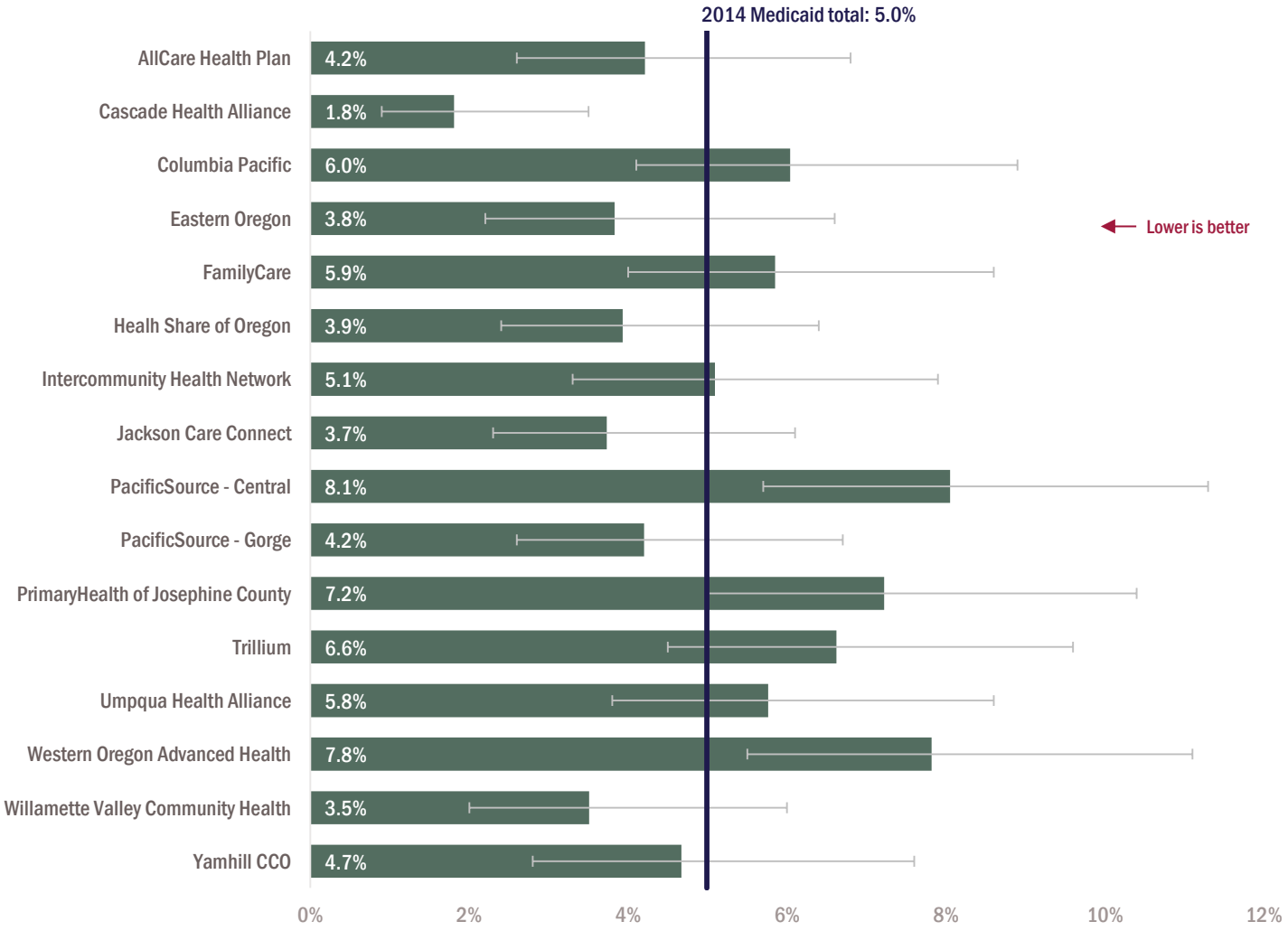
Percent of members who drink heavily, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who drink heavily, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

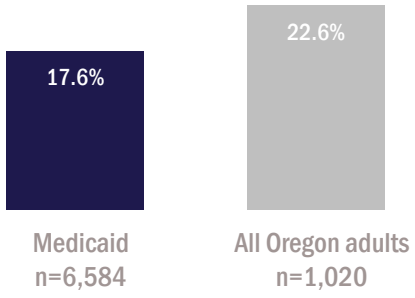


MARIJUANA USE (ANY)

Percent of adult Medicaid members surveyed who reported using marijuana (medical or recreational) at least one of the past 30 days.

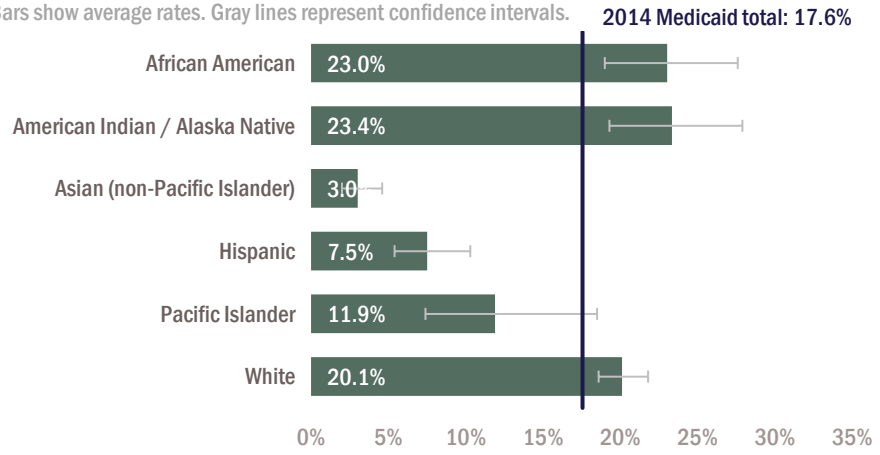
Statewide, 17.6 percent of adult Medicaid members use marijuana.

Medicaid confidence interval: 16.3% - 18.9%



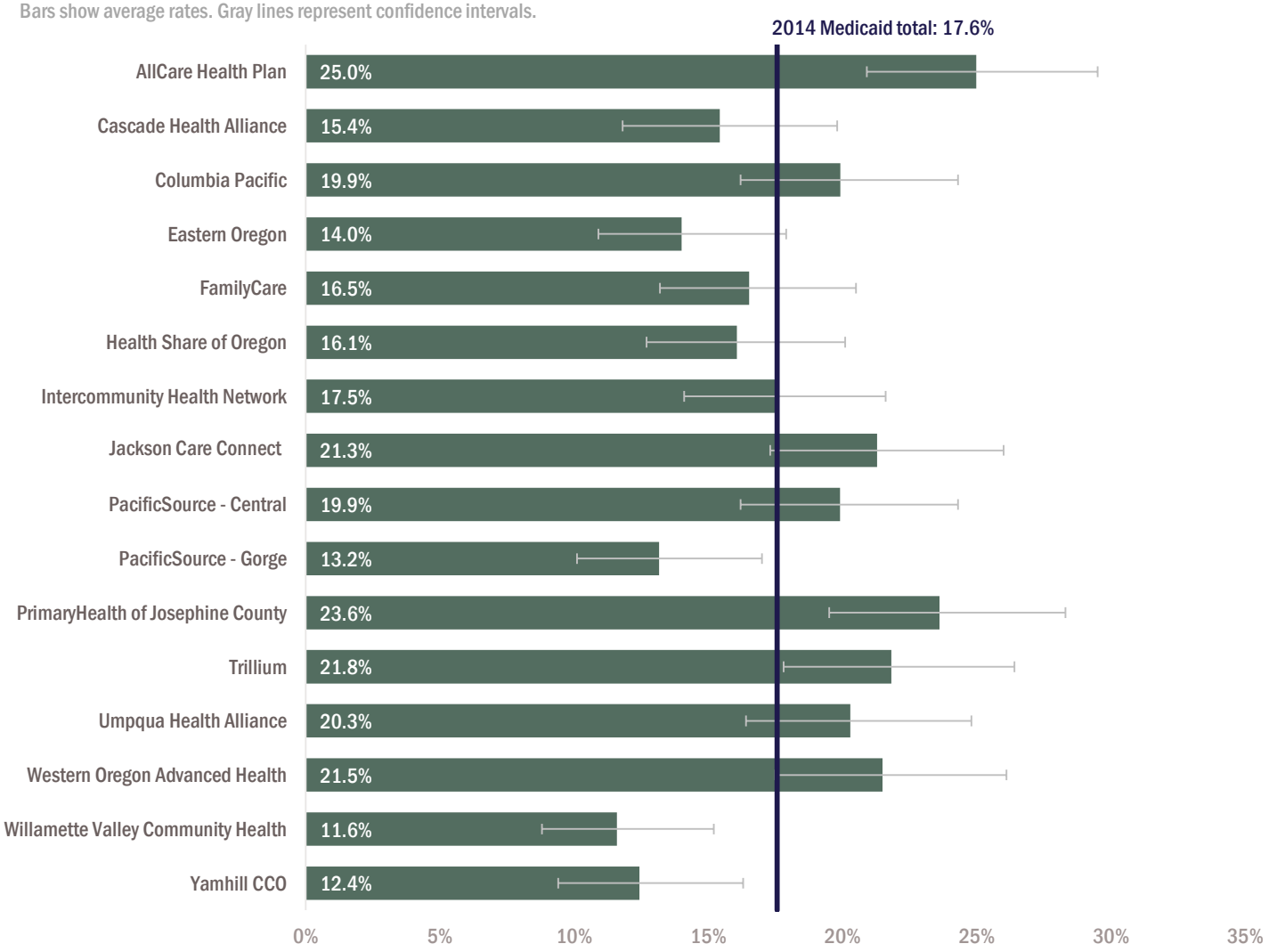
Fewer Asian Medicaid members use marijuana than other races and ethnicities.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who use medical or recreational marijuana, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

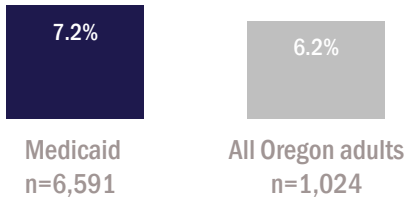


MEDICAL MARIJUANA USE

Percent of adult Medicaid members who indicated they used medical marijuana as recommended by a doctor or other health care provider for treatment on at least one of the past 30 days.

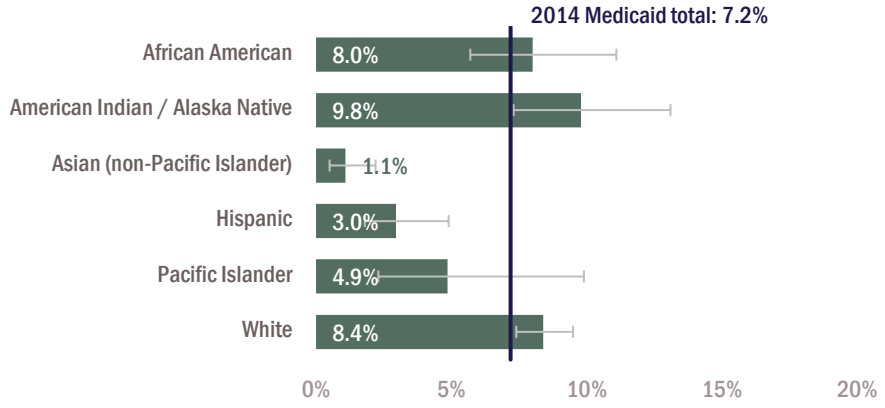
Statewide, 7.2 percent of adult Medicaid members use medical marijuana.

Medicaid confidence interval: 6.4% - 8.1%



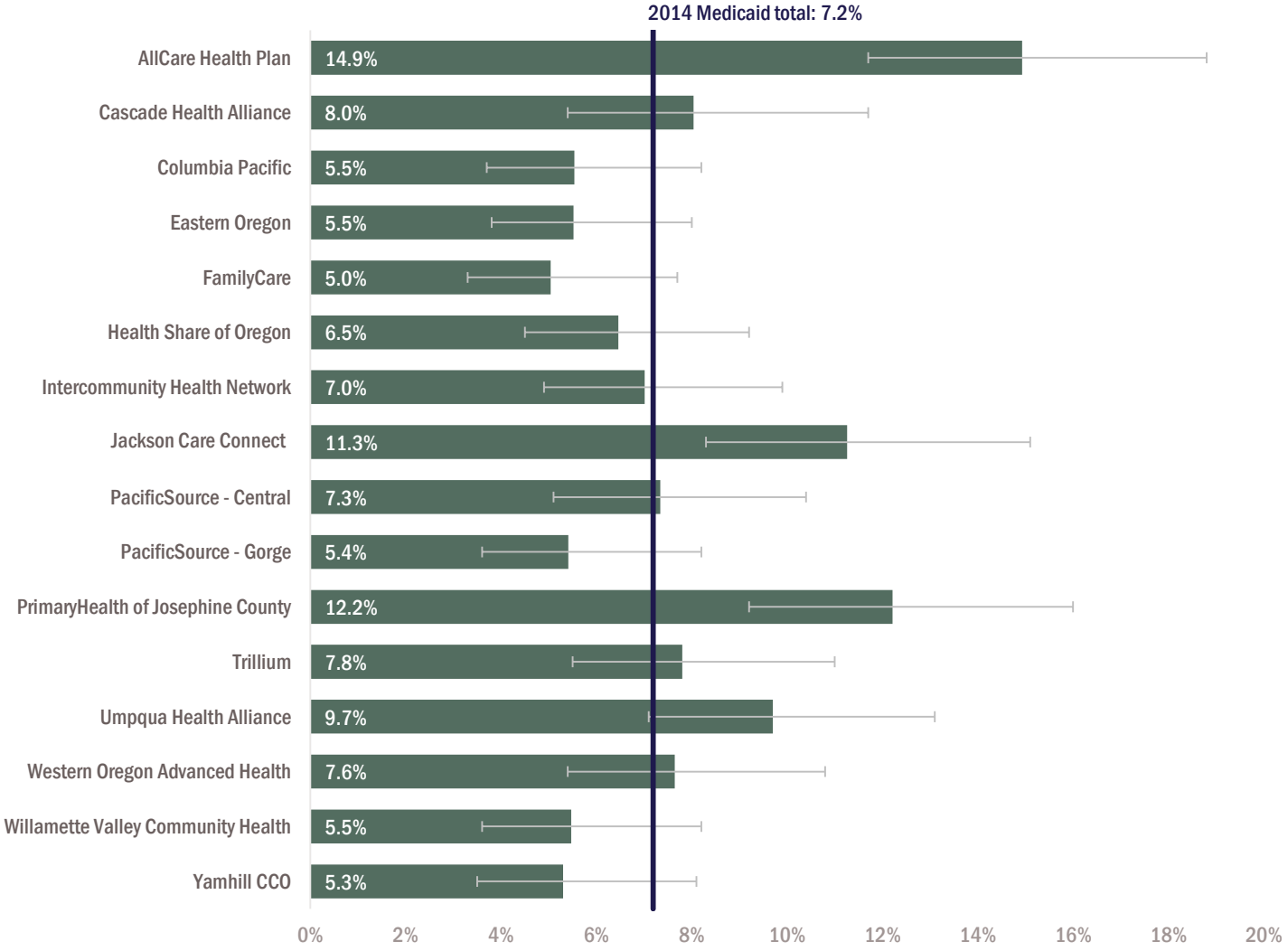
American Indian / Alaska Native and White Medicaid members use medical marijuana more than the statewide average.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who use medical marijuana, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

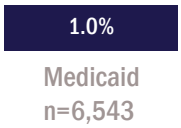


CURRENT METH, HEROIN, COCAINE, OR ECSTACY USE

Percent of adult Medicaid members surveyed who reported using meth, heroin, cocaine, crack, or ecstasy in the past 30 days. Lower is better.

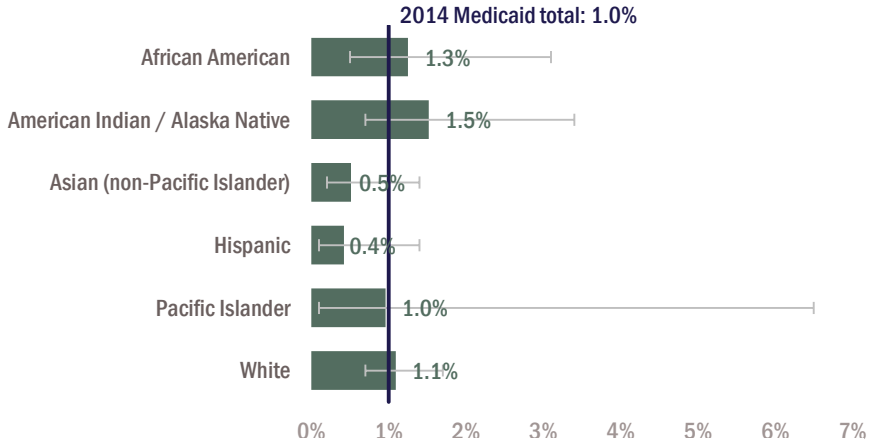
Statewide, 1 percent of adult Medicaid members currently uses meth, heroin, cocaine, or ecstasy.

Medicaid confidence interval: 0.7% - 1.5%
Data are not available for all Oregon adults



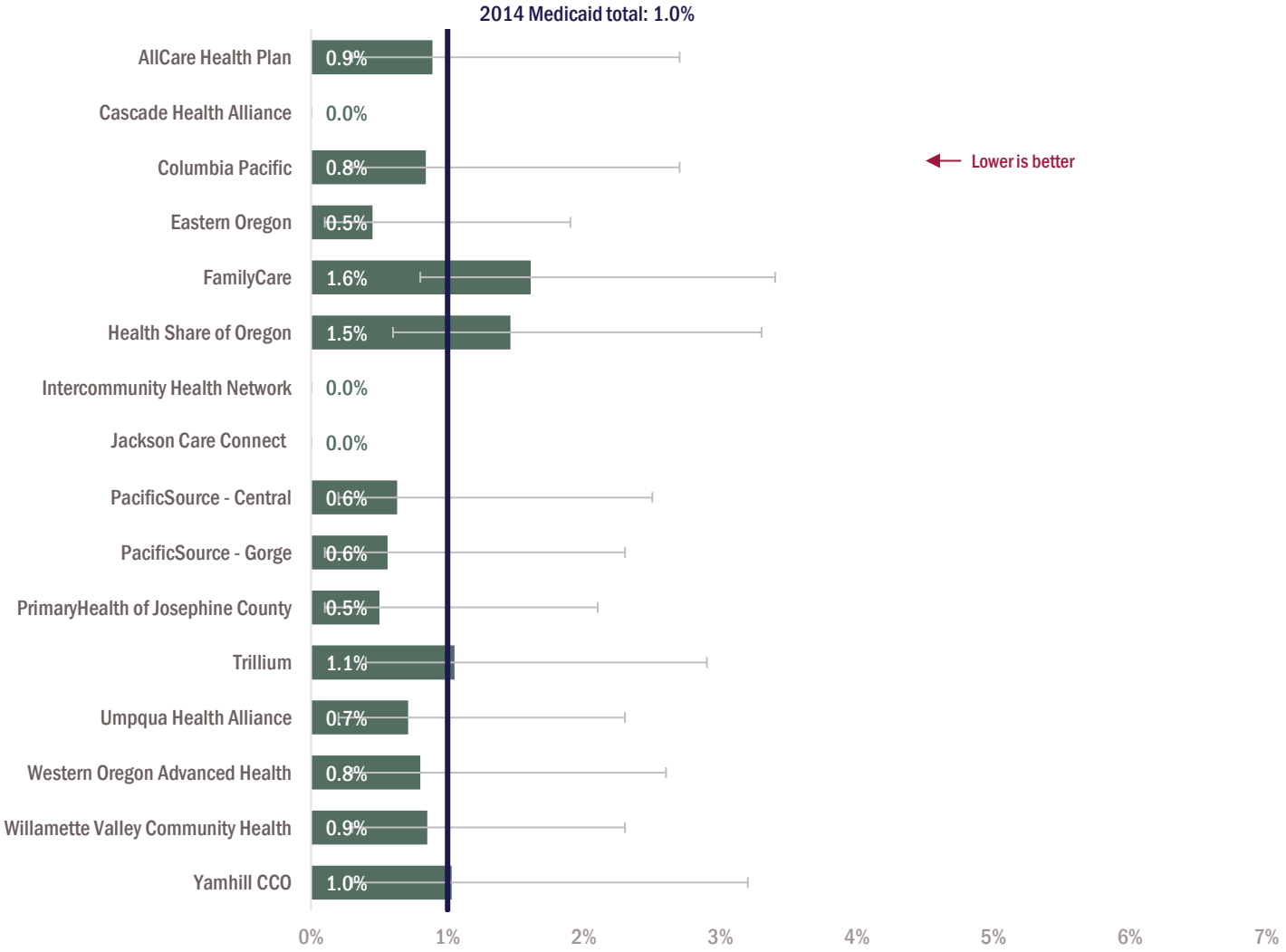
Percent of members who use drugs, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of members who use meth, heroin, cocaine, or ecstasy, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

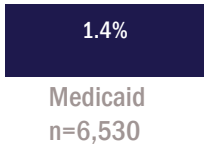


PRESCRIPTION PAINKILLER MISUSE

Percent of adult Medicaid members surveyed who reported they used prescription pain relievers that were not prescribed to them, or that they took for non-approved uses in the past 30 days. Lower is better.

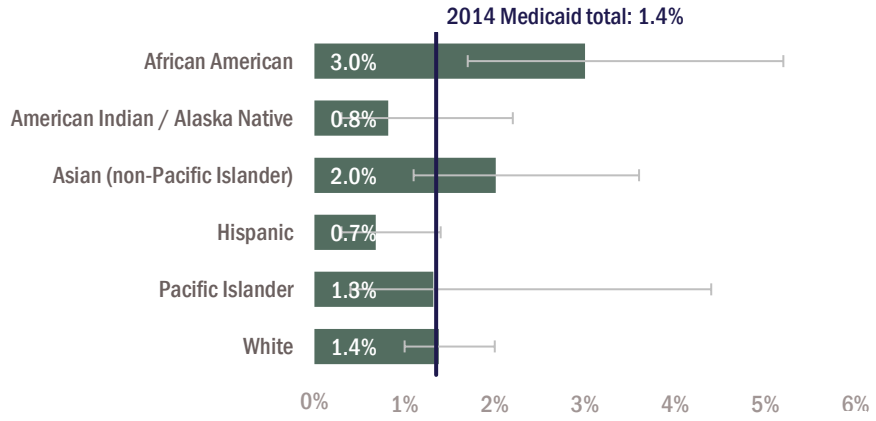
Statewide, 1.4 percent of adult Medicaid members misuse prescription painkillers.

Medicaid confidence interval: 1.0% - 1.8%
Data are not available for all Oregon adults.



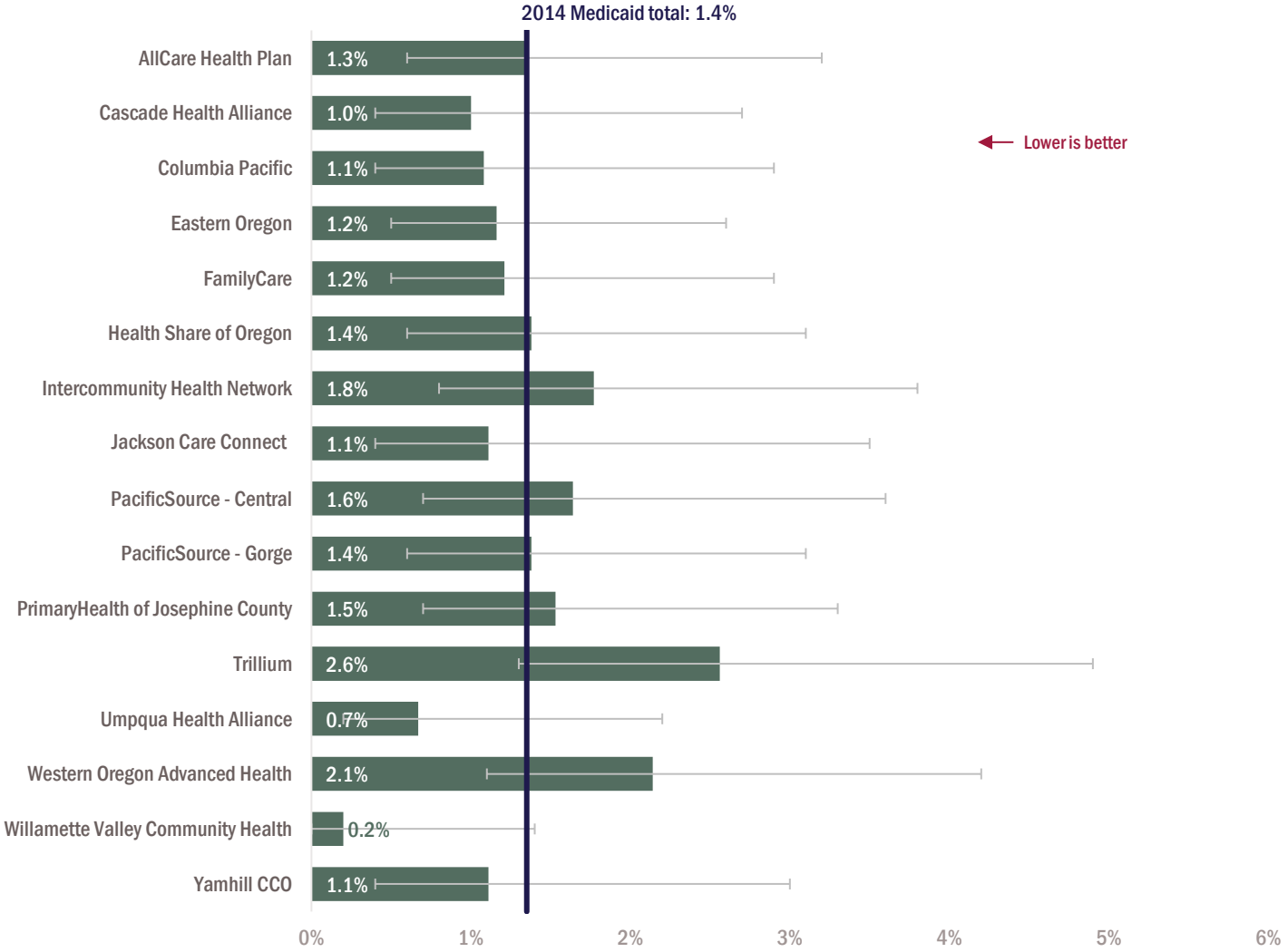
Percent of Medicaid members who misuse prescription painkillers, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who misuse prescription painkillers, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



STRESS & SAFETY

STRESS

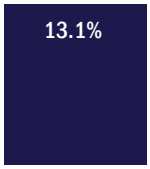
Percent of adult Medicaid members surveyed who scored at least 10 points based on the following four questions: In the last month, how often have you felt that:

- You were unable to control the important things in your life?
- Confident about your ability to handle your personal problems?
- Things were going your way?
- Difficulties were piling up so high that you could not overcome them?

Where responses were scored as follows: *Almost never - 1; Sometimes - 2; Farily often - 3; Very often - 4*

Statewide, 13.1 percent of adult Medicaid members have high stress.

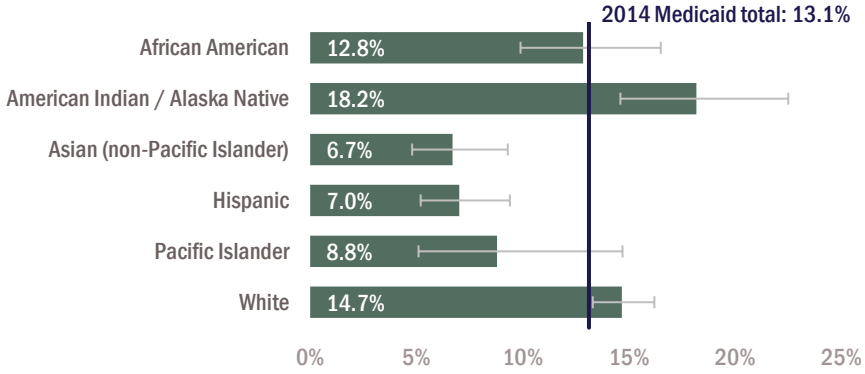
Medicaid confidence interval: 12.0% - 14.4%
Data not available for all Oregon adults



Medicaid
n=6,340

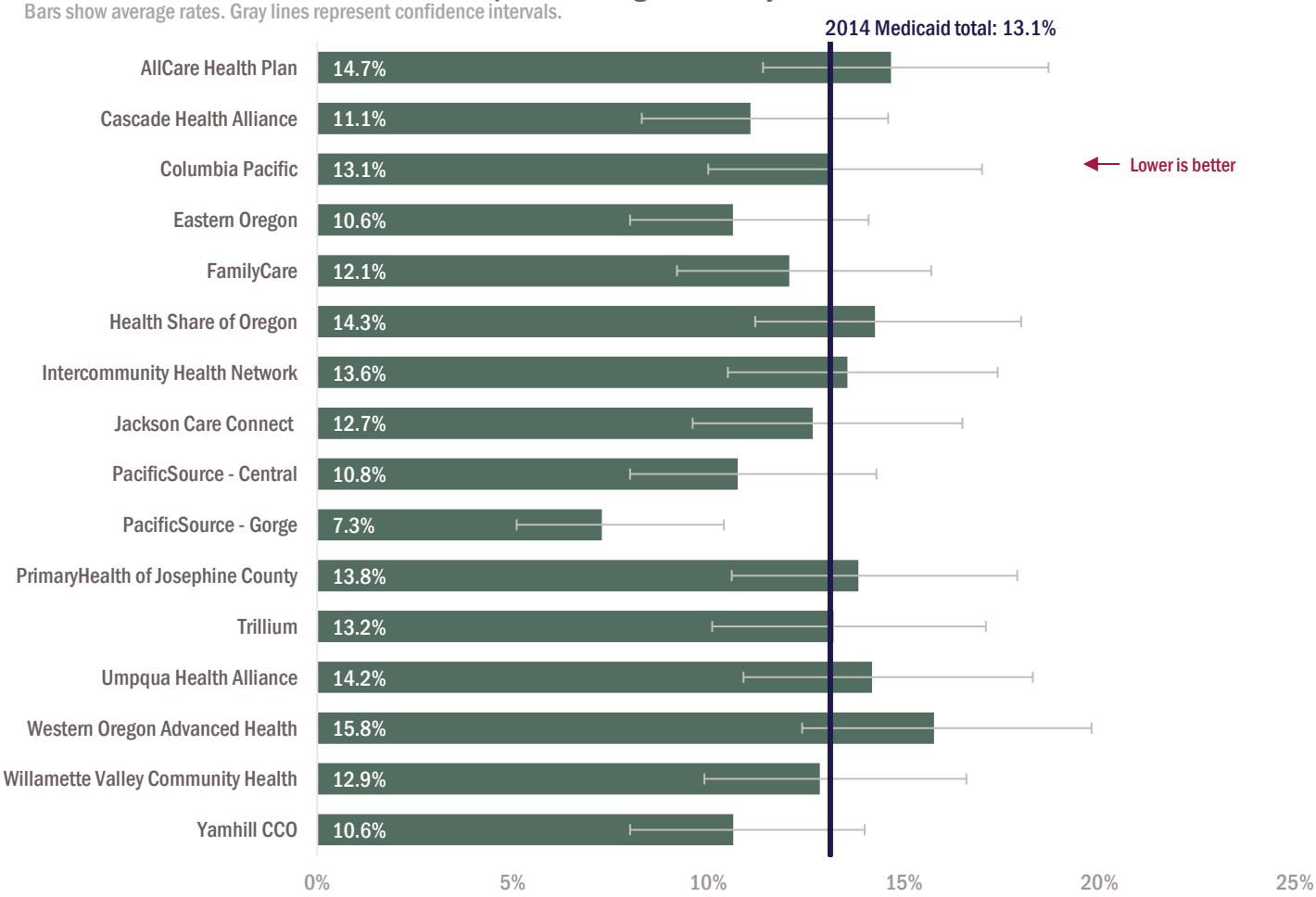
Percent of Medicaid members experiencing high stress, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who experience high stress by CCO.

Bars show average rates. Gray lines represent confidence intervals.

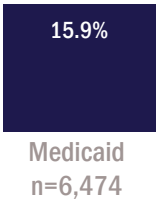


NEEDED OR RECEIVING HOUSING SERVICES

Percent of adult Medicaid members surveyed who either needed or received shelter or housing services over the past 12 months. Lower is better.

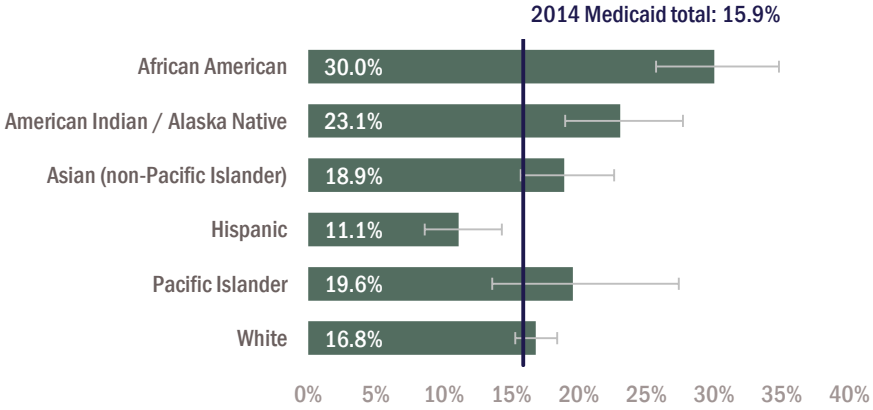
Statewide, 15.9 percent of adult Medicaid members needed or received housing services.

Medicaid confidence interval: 14.6% - 17.2%
Data not available for all Oregon adults



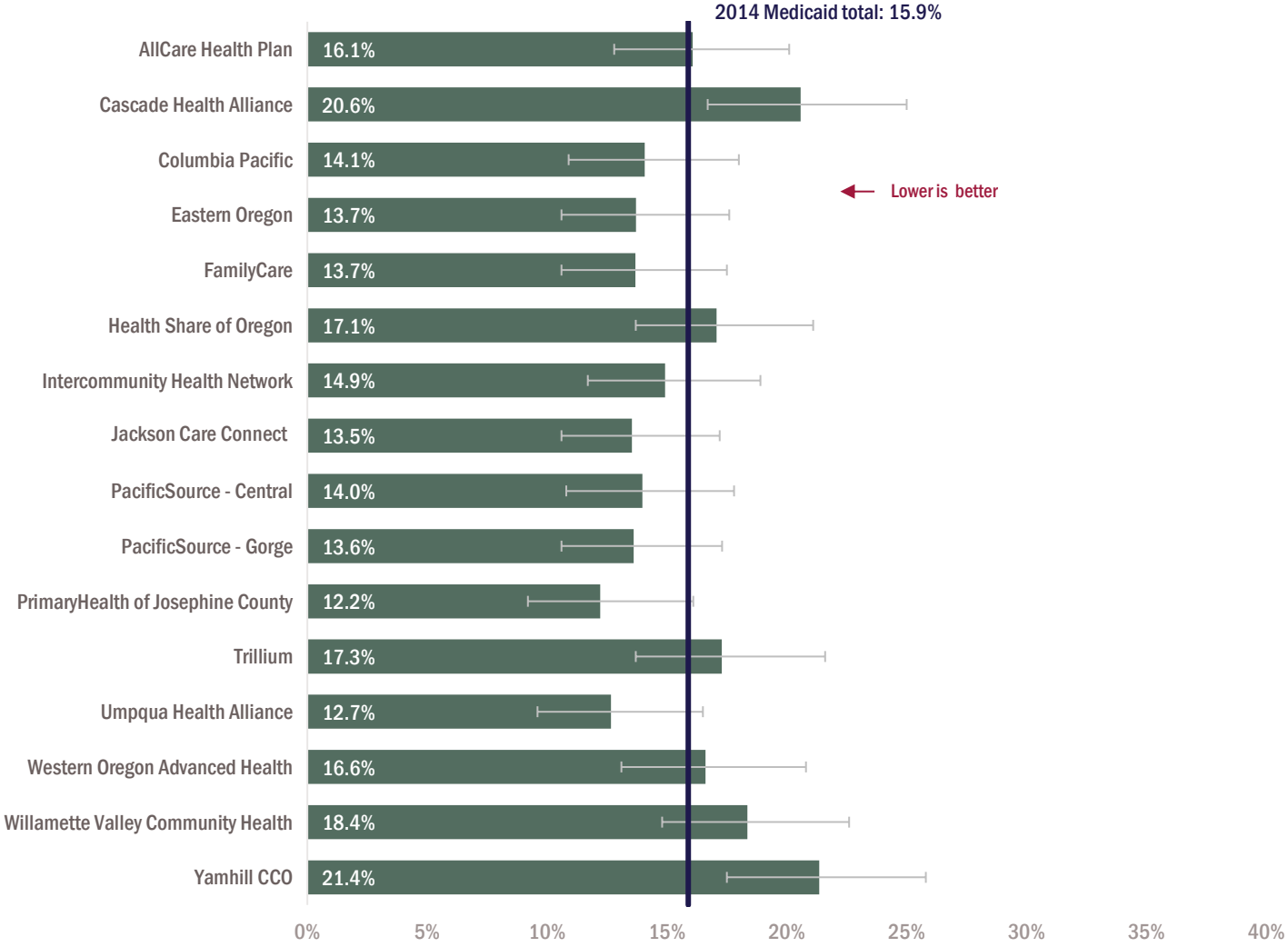
Hispanic Medicaid members were less likely to need or receive housing services than the statewide average.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who needed or received housing services, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



FOOD INSECURITY

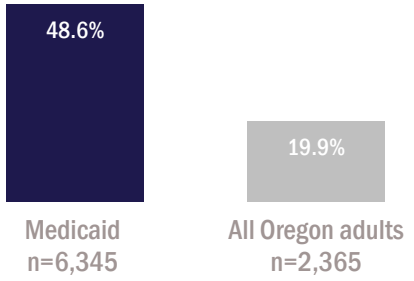
Percent of adult Medicaid members who reported that at least two of the following statements were often or sometimes true:

In the last 12 months:

- Did the food that you bought not last, and you didn't have money to get more?
- Could you not afford to eat balanced meals?
- Did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
- Did you ever eat less than you felt you should because there wasn't enough money to buy food?
- Were you ever hungry but didn't eat because you couldn't afford enough food?

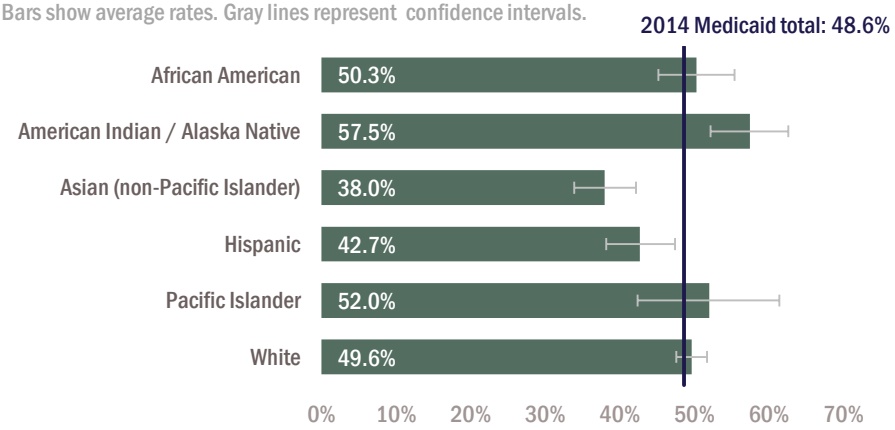
Statewide, almost half of adult Medicaid members are food insecure.

Medicaid confidence interval: 46.8% - 50.4%



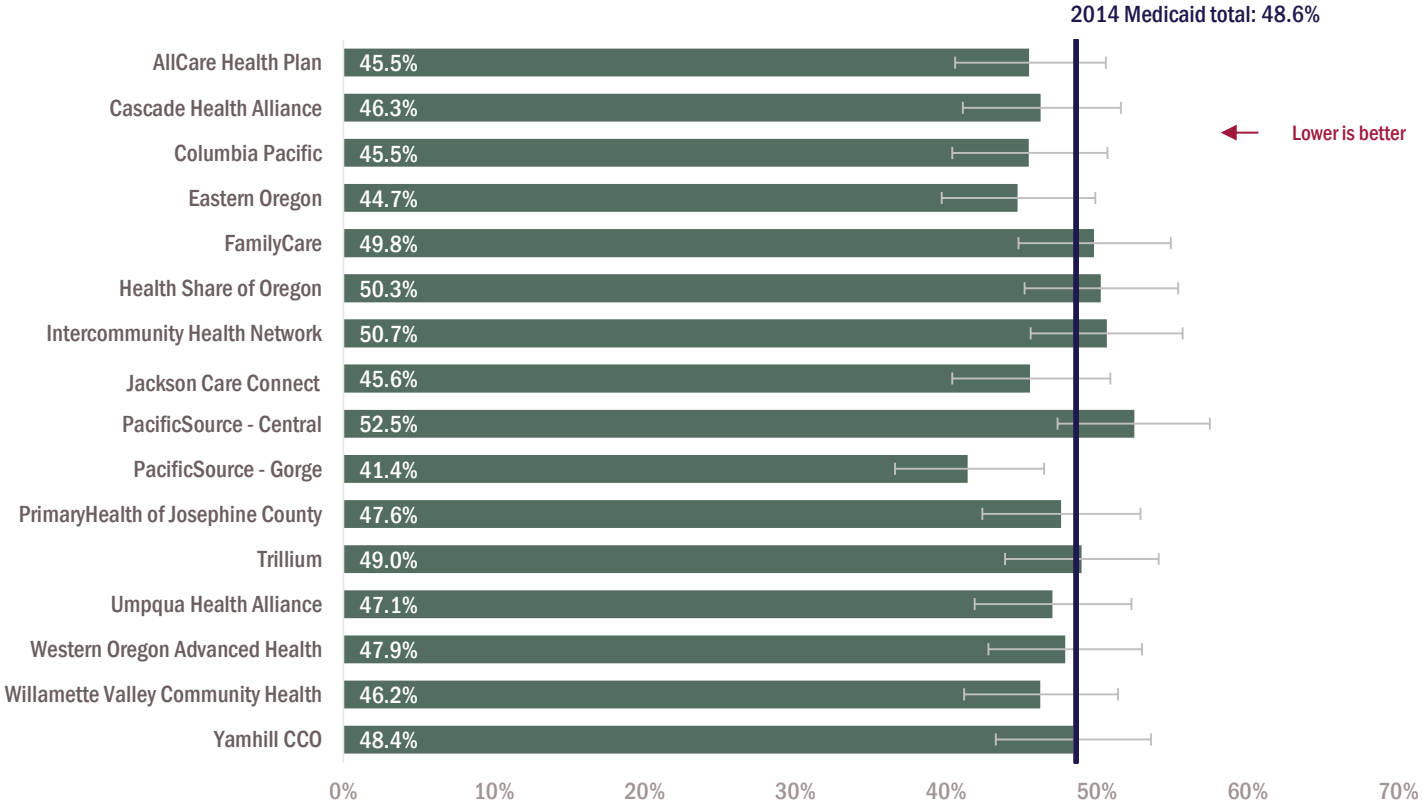
Percent of Medicaid members who are food insecure, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who report being food insecure, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



HUNGER

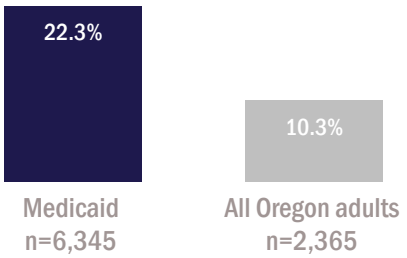
Percent of adult Medicaid members who reported that at least four of the following statements were often or sometimes true:

In the last 12 months:

- Did the food that you bought not last, and you didn't have money to get more?
- Could you not afford to eat balanced meals?
- Did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
- Did you ever eat less than you felt you should because there wasn't enough money to buy food?
- Were you ever hungry but didn't eat because you couldn't afford enough food?

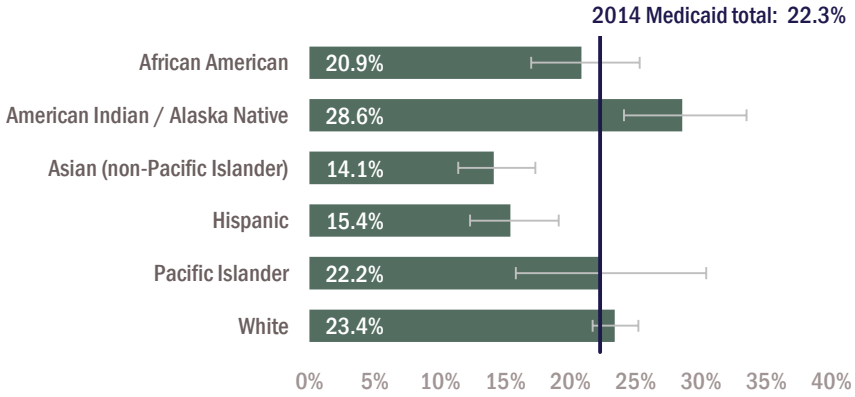
Statewide, more than one in five adult Medicaid members report hunger.

Medicaid confidence interval. 20.8% - 23.8%



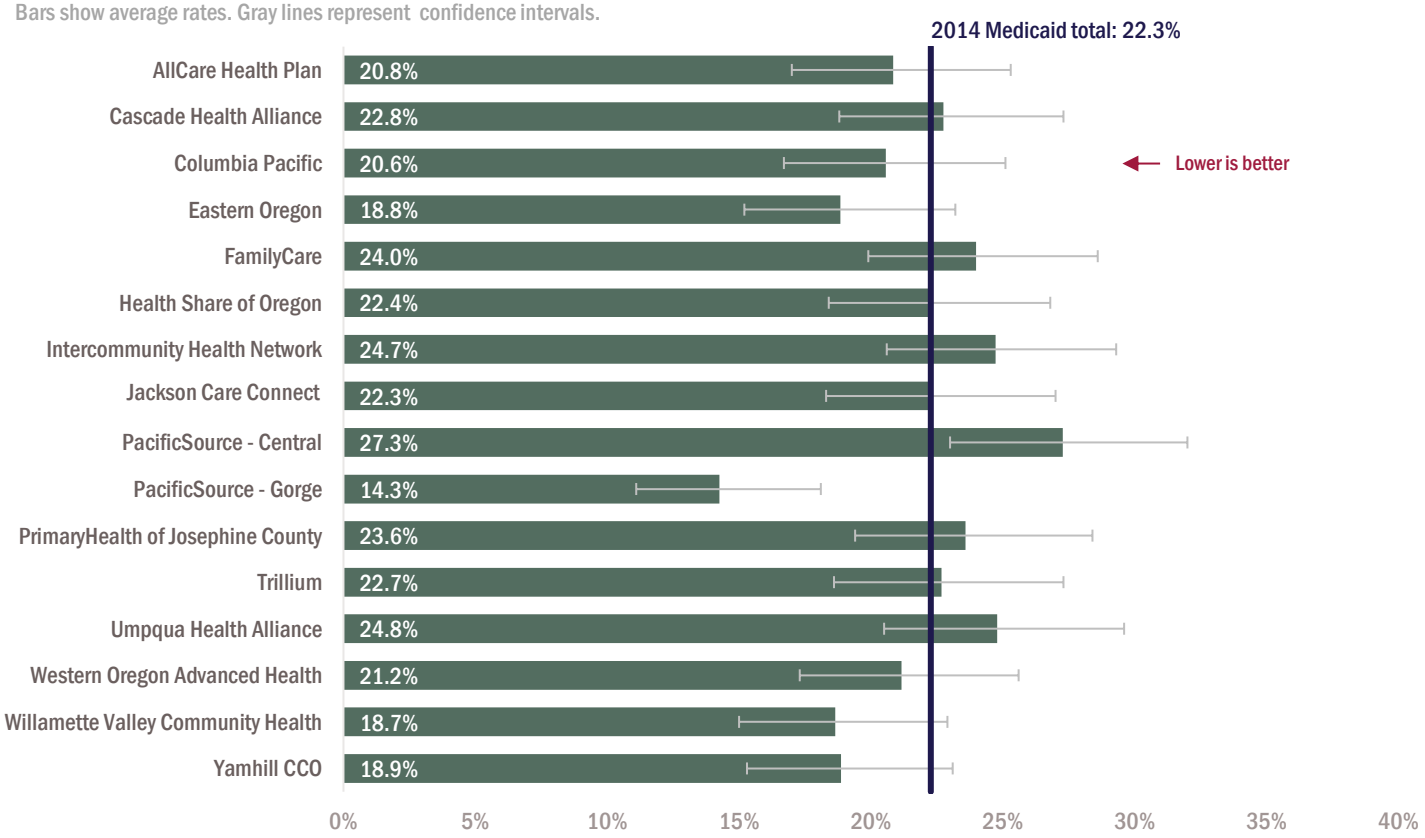
American Indian / Alaska Native Medicaid members report being hungry more often than the statewide average.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who are hungry, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

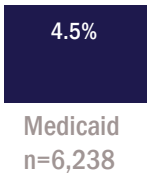


INTIMATE PARTNER VIOLENCE

Percent of adult Medicaid members surveyed who were physically assaulted or harmed by an intimate partner in the past 12 months. Lower is better.

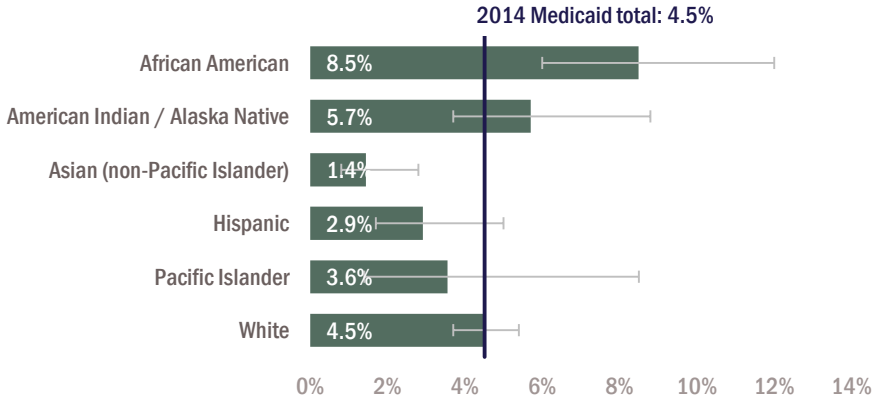
Statewide, 4.5 percent of adult Medicaid members are victims of intimate partner violence.

Confidence interval: 3.8% - 5.3%
Data not available for all Oregon adults



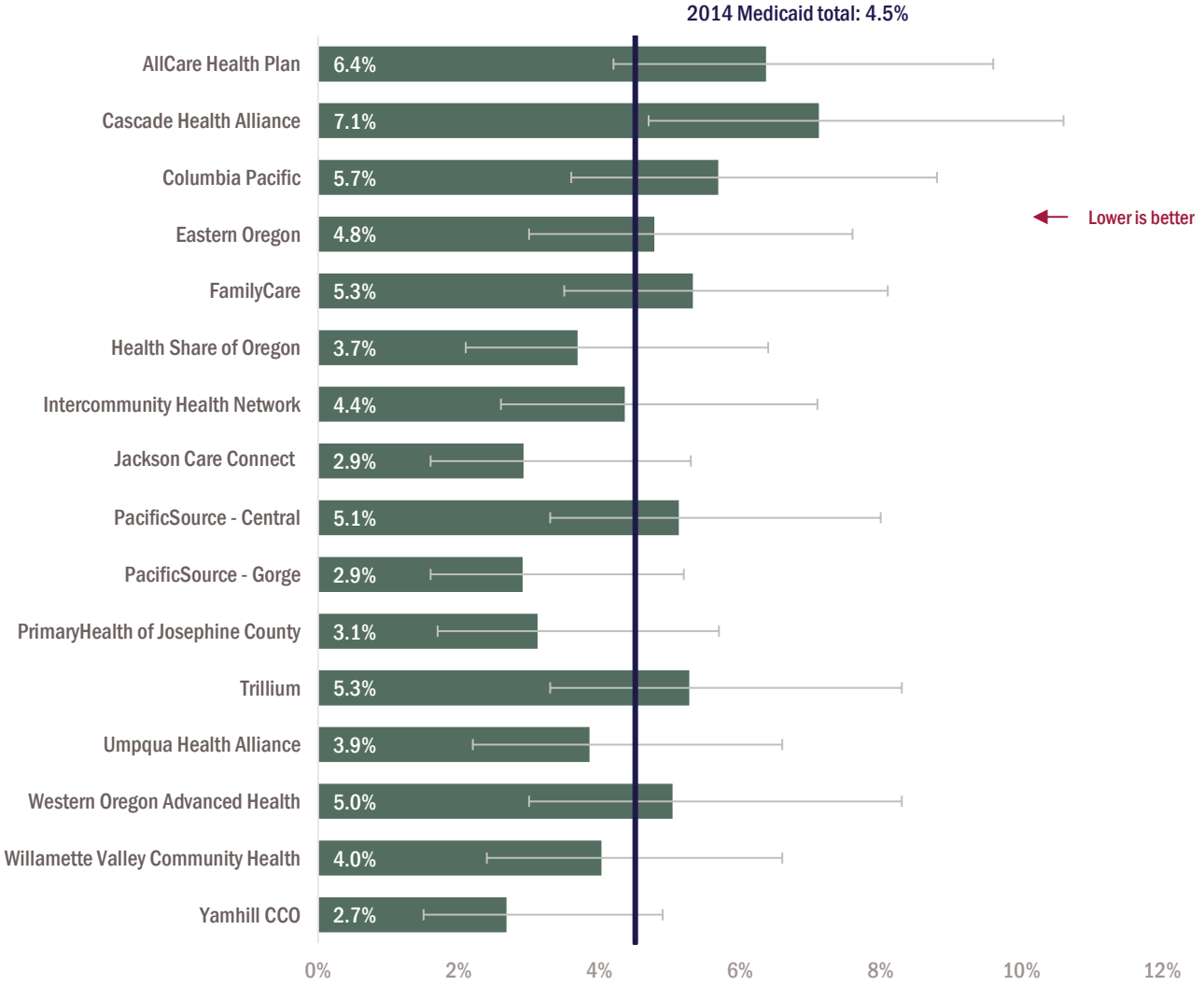
More African American members are victims of intimate partner violence than the statewide average.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who are victims of intimate partner violence, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

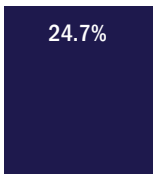


UNSAFE NEIGHBORHOOD

Percent of adult Medicaid members surveyed who rated their neighborhood 'not at all' or 'slightly' safe from crime. Lower is better.

Statewide, 1 in 4 adult Medicaid members report their neighborhood is unsafe.

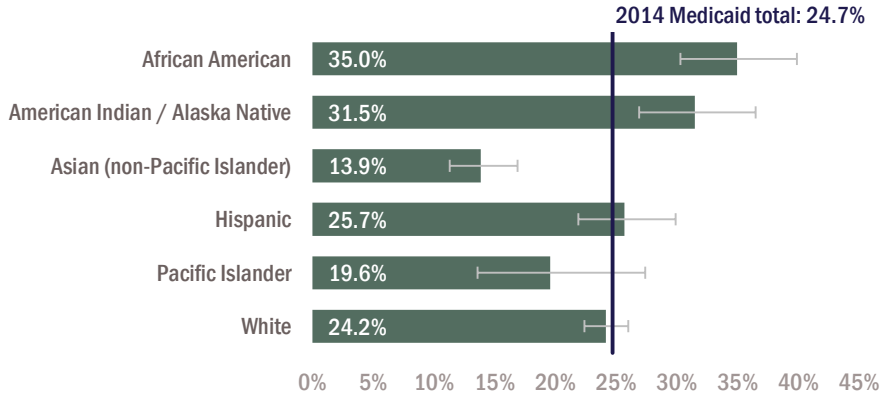
Confidence interval: 23.2% - 26.3%
Data not available for all Oregon adults



Medicaid
n=6,479

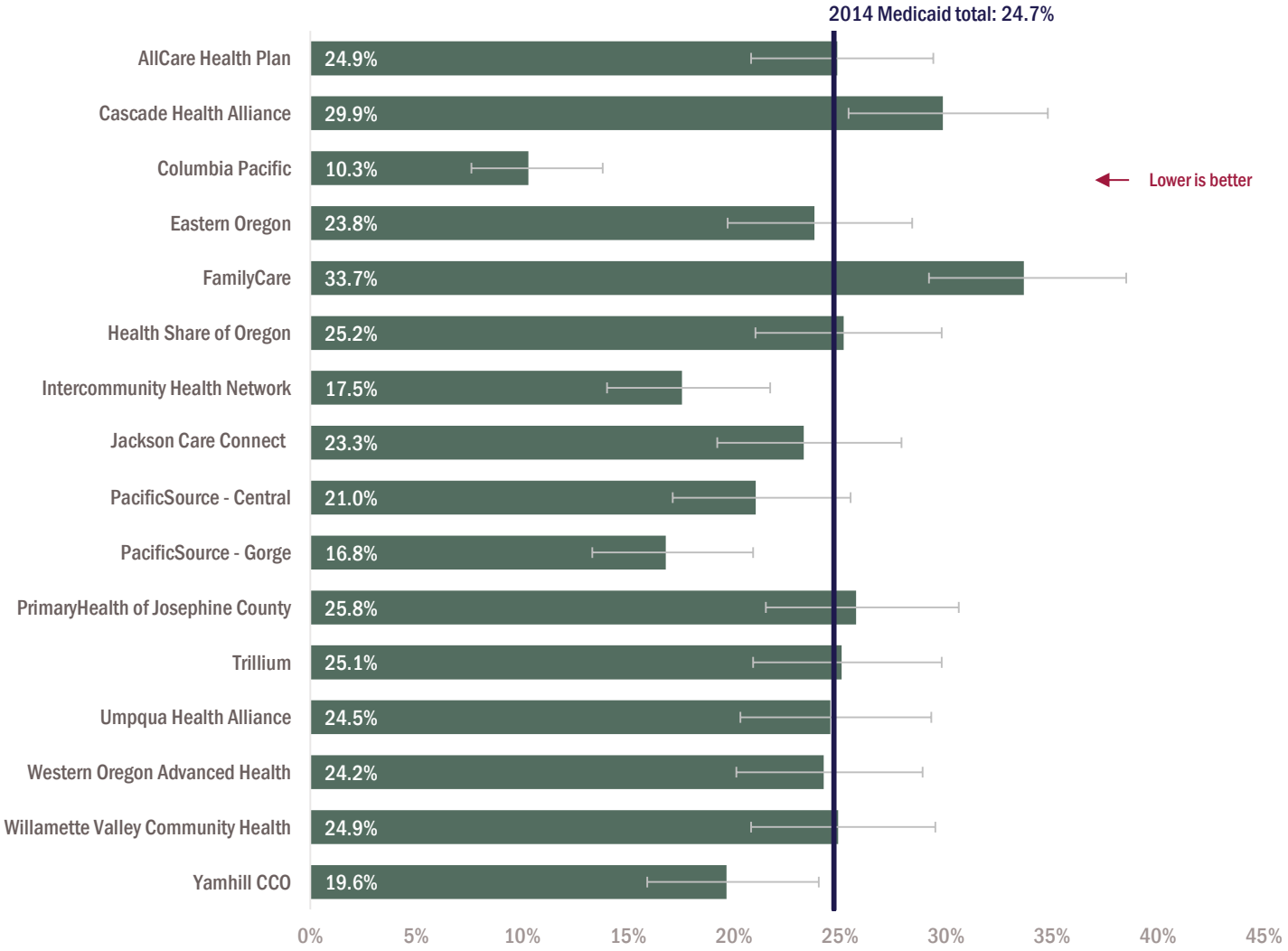
More African American and American Indian / Alaska Native Medicaid members report their neighborhood is unsafe.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who report their neighborhood is unsafe, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



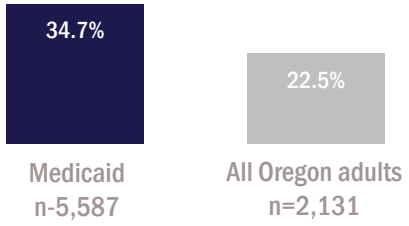
ADVERSE CHILDHOOD EXPERIENCES (ACES)

Percent of adult Medicaid members who answered 'yes,' 'once,' or 'more than once' to at least 4 of the following 11 questions:

- Did you live with anyone who was depressed, mentally ill, or suicidal?
- Did you live with anyone who was a problem drinker or alcoholic?
- Did you live with anyone who used illegal street drugs or who abused prescription medications?
- Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
- Were your parents separated or divorced?
- How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
- Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.
- How often did a parent or adult in your home ever swear at you, insult you, or put you down?
- How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
- How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

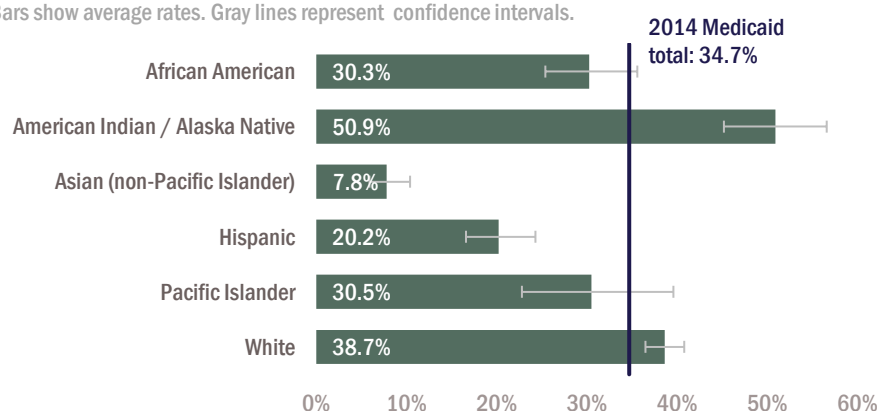
Statewide, about 1 in 3 adult Medicaid members have had adverse childhood experiences.

Medicaid confidence interval. 32.9% - 36.6%



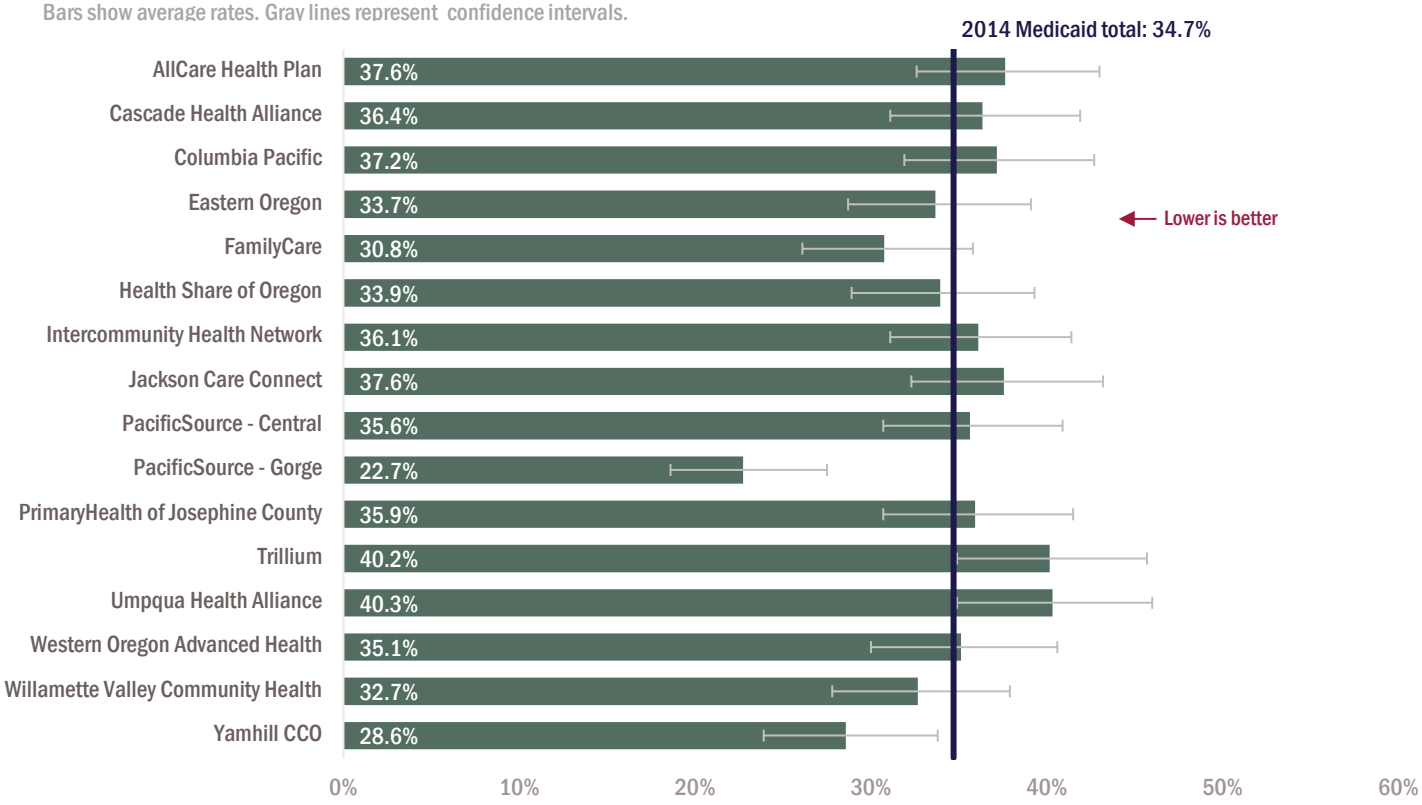
American Indian / Alaska Native members reported four or more ACEs more often than other races and ethnicities.

Bars show average rates. Gray lines represent confidence intervals.



Percent of members who reported four or more adverse childhood experiences, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



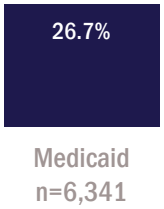
PROTECTIVE FACTORS

FRUITS AND VEGETABLES

Percent of adult Medicaid members surveyed who ate five or more servings of fruits and vegetables every day of the past 7 days.

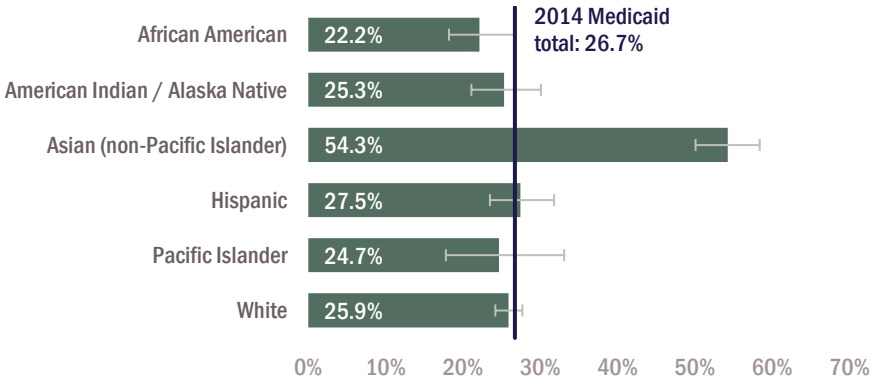
Statewide, 26.7 percent of adult Medicaid members ate 5 or more servings of fruit and vegetables.

Medicaid confidence interval: 25.2% - 28.3%
Data not available for all Oregon adults



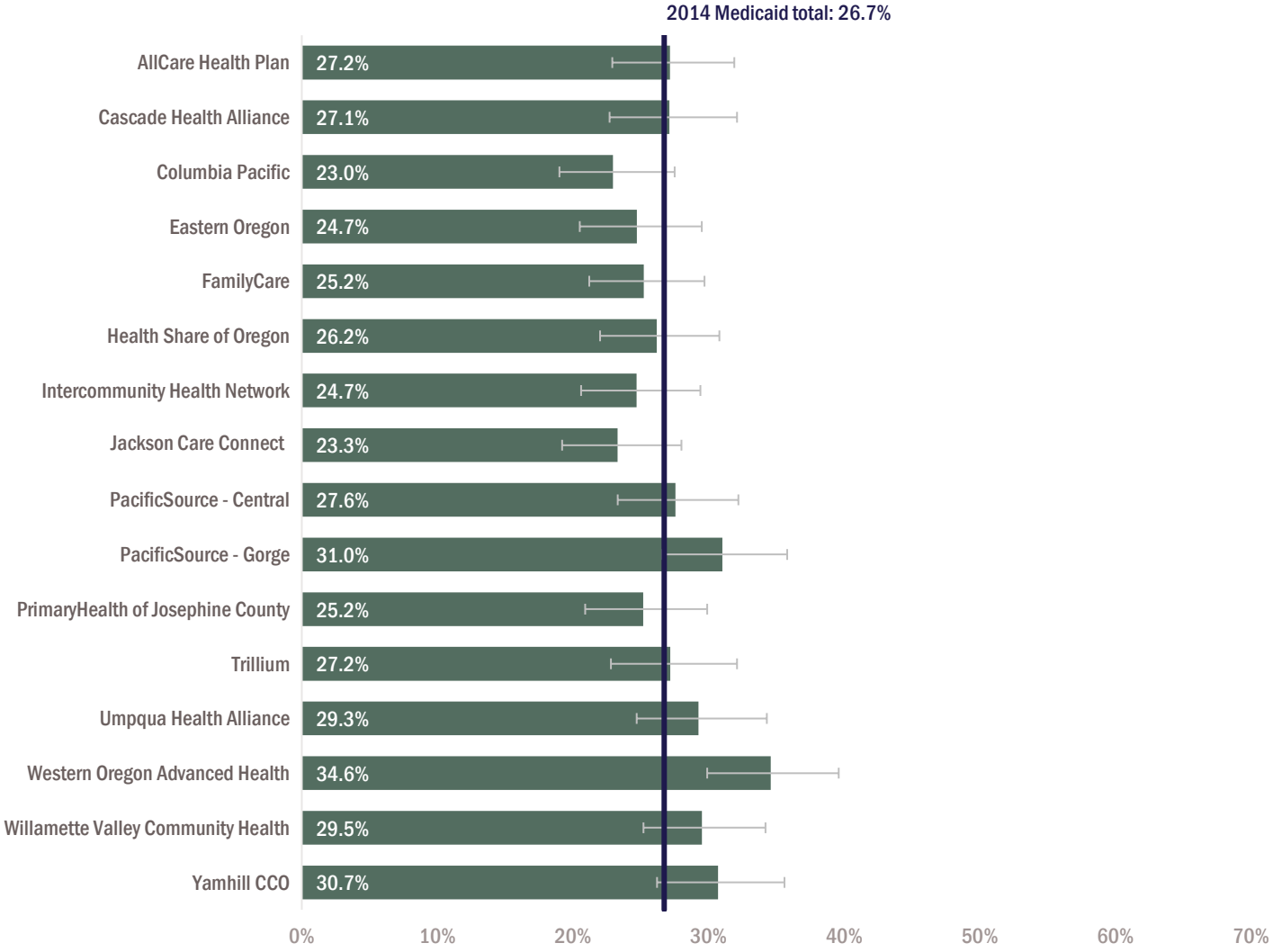
Prevalence of members who report eating the recommended servings of fruits and vegetables, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Prevalence of Medicaid members who report eating 5 or more servings of fruits and vegetables, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

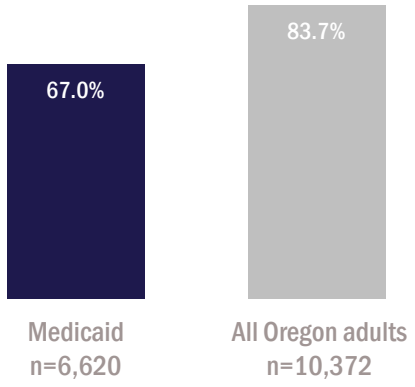


HEALTH STATUS

Percent of adult Medicaid members surveyed who rate their general health as excellent, very good, or good (but not fair or poor).

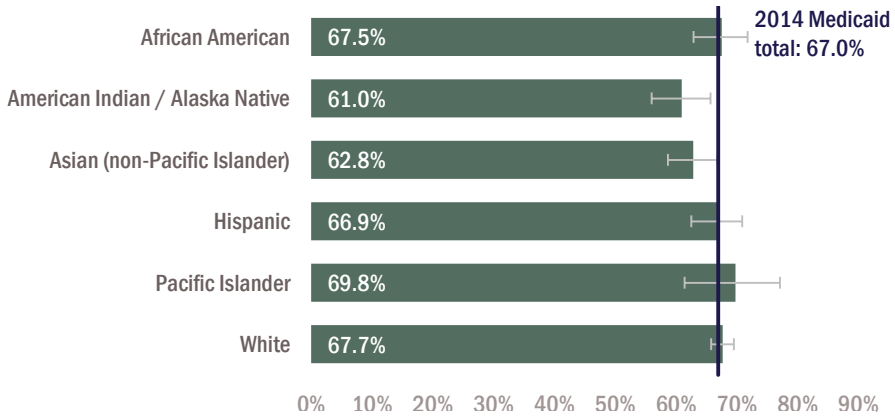
Statewide, 67 percent of adult Medicaid members feel healthy.

Medicaid confidence interval: 65.3% - 68.6%



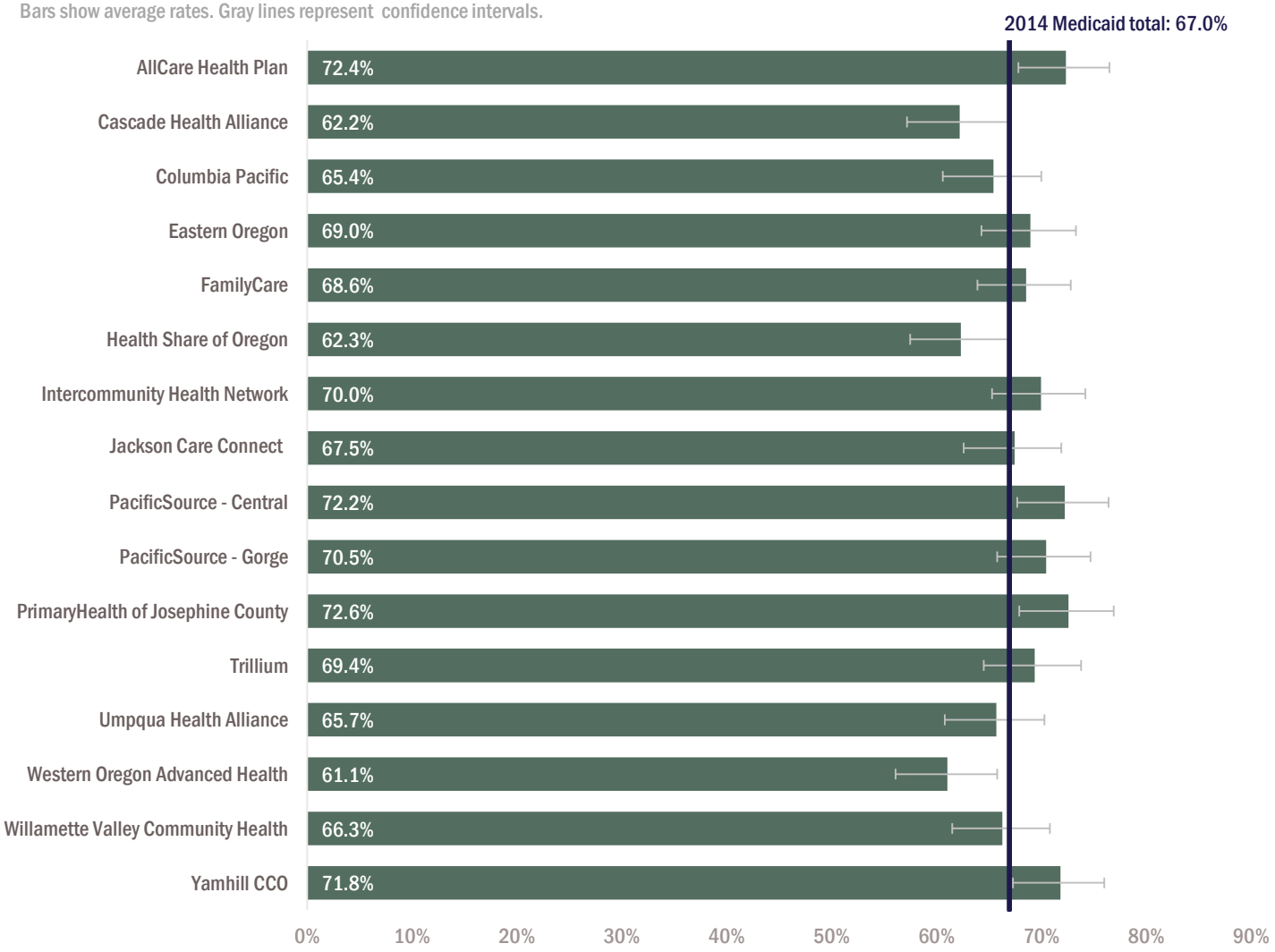
The percent of Medicaid members who report excellent, very good, or good health, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who report excellent, good, or very good health, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

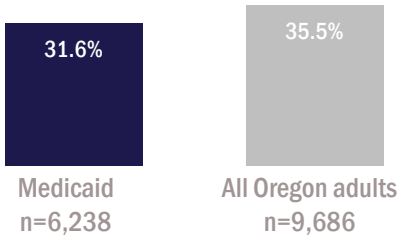


HEALTHY WEIGHT

Percent of adult Medicaid members surveyed who are a healthy weight (body mass index greater than or equal to 18.5 and less than 25.0).

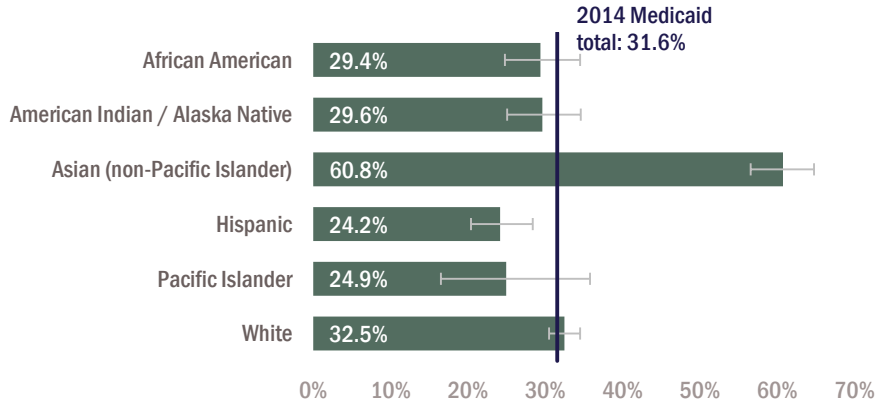
Statewide, one third of adult Medicaid members are a healthy weight.

Medicaid confidence interval: 29.9% - 33.3%



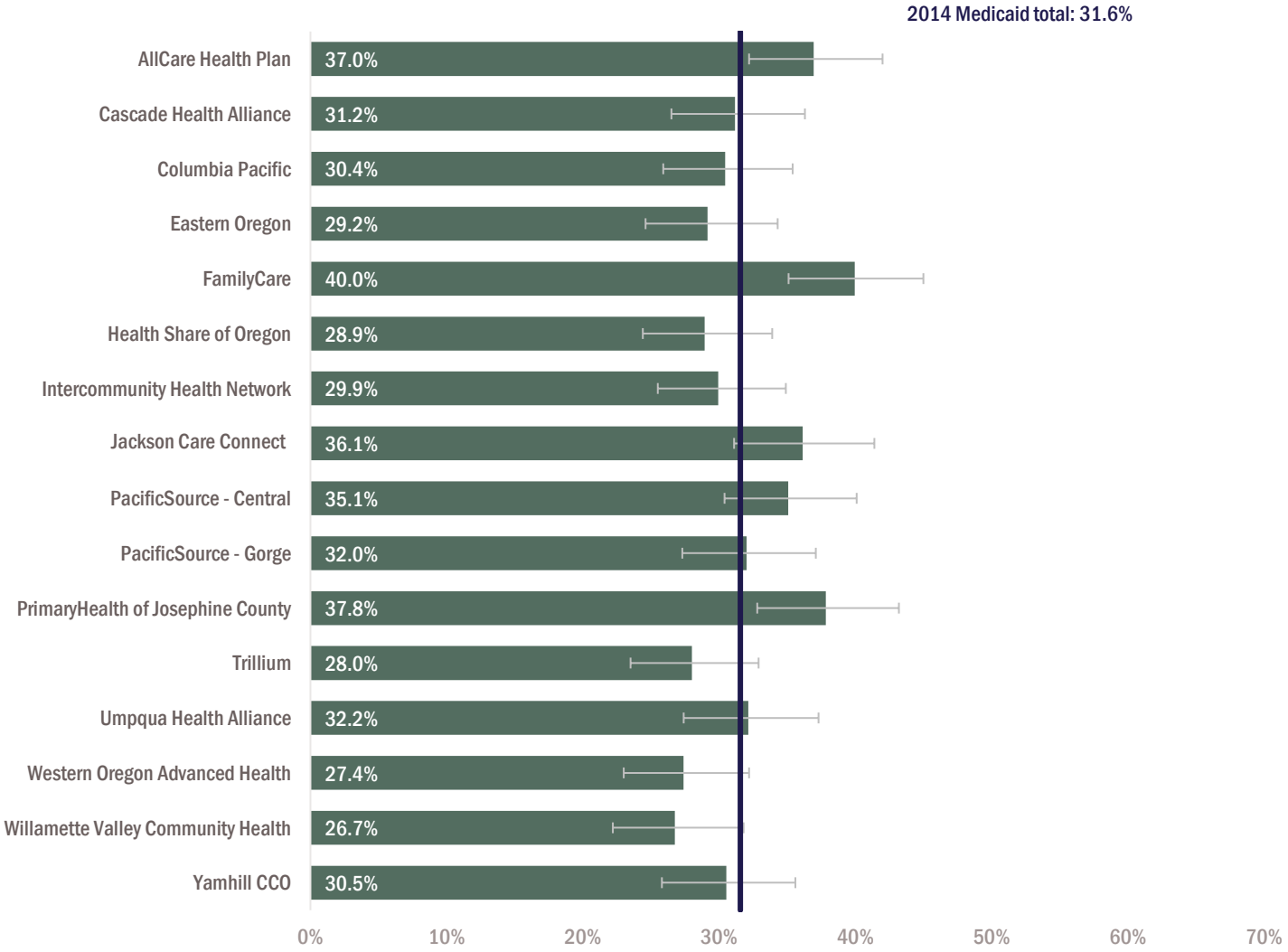
Asian Medicaid members report being a healthy weight more often than other races and ethnicities.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who are a healthy weight, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



PHYSICAL ACTIVITY

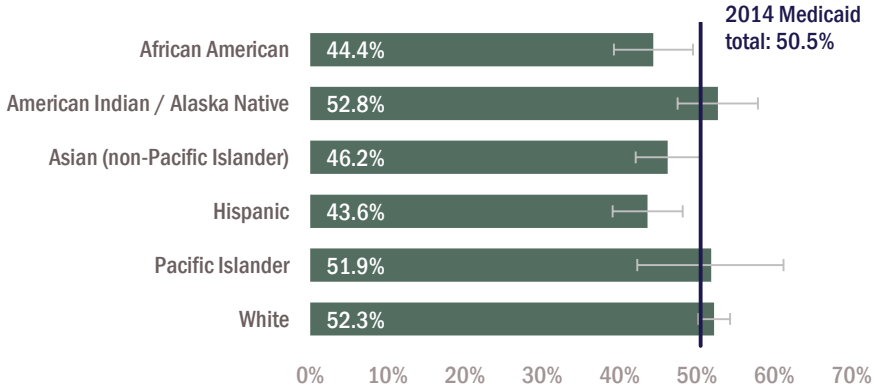
Percent of adult Medicaid members surveyed who got at least 150 minutes of physical activity / exercise (or 75 minutes of vigorous exercise) over the past week.

Statewide, half of adult Medicaid members get the recommended level of physical activity.

Medicaid confidence interval: 48.7% - 52.3%
Data not available for all Oregon adults

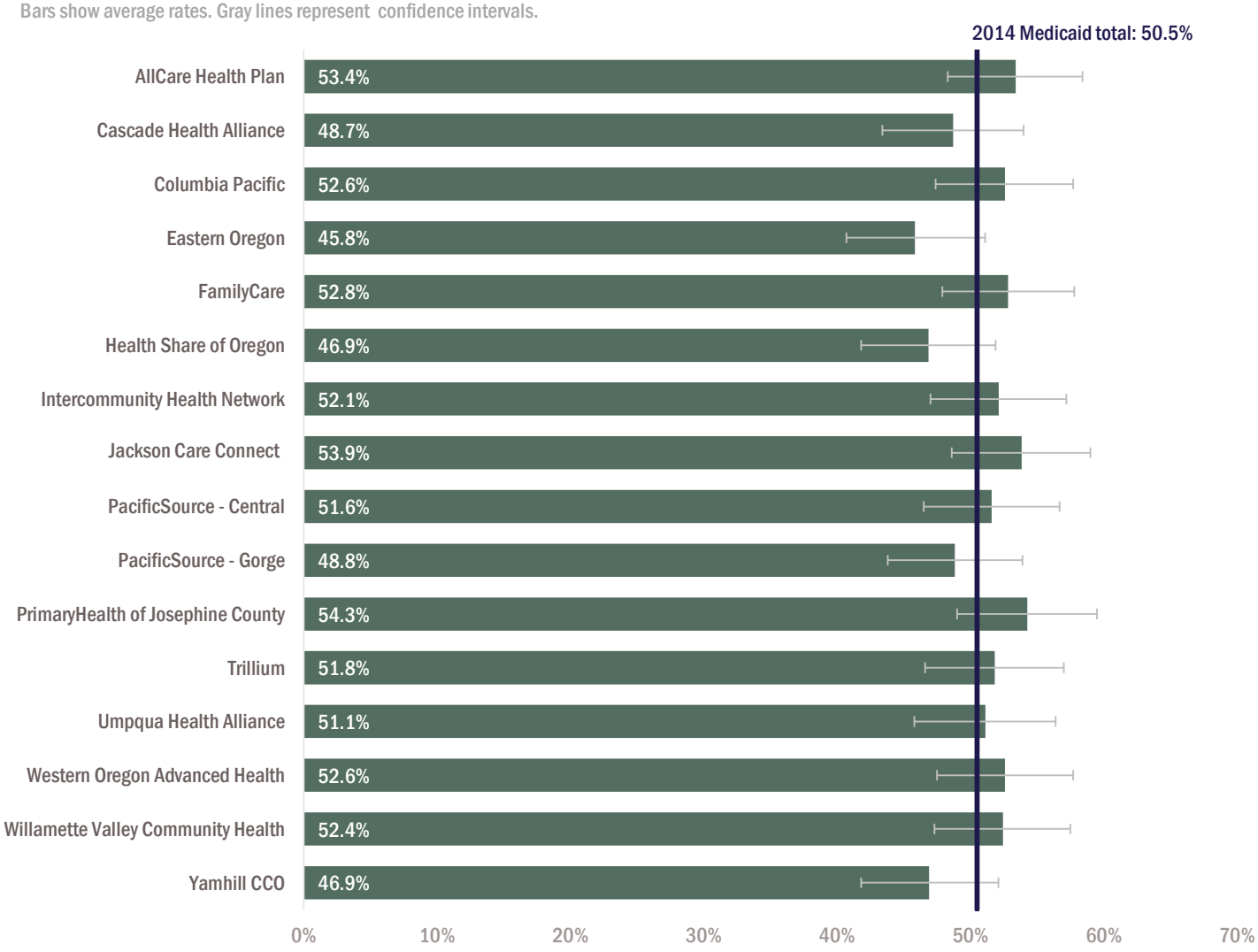
Percent of Medicaid members who report getting recommended levels of physical activity, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of members who get recommended level of physical activity, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



MUSCLE STRENGTHENING

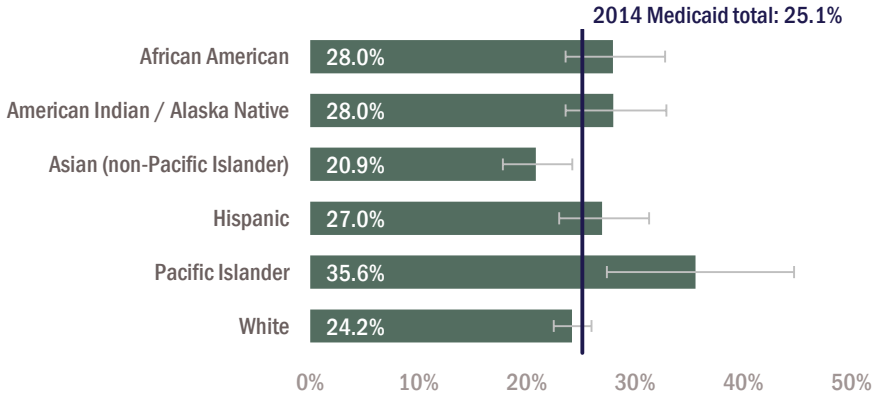
Percent of adult Medicaid members surveyed who performed muscle-strengthening exercised at least three times per week over the past month.

Statewide, 1 in 4 adult Medicaid members perform recommended muscle-strengthening exercises.

Medicaid confidence interval: 23.6% - 26.8%
Data not available for all Oregon adults

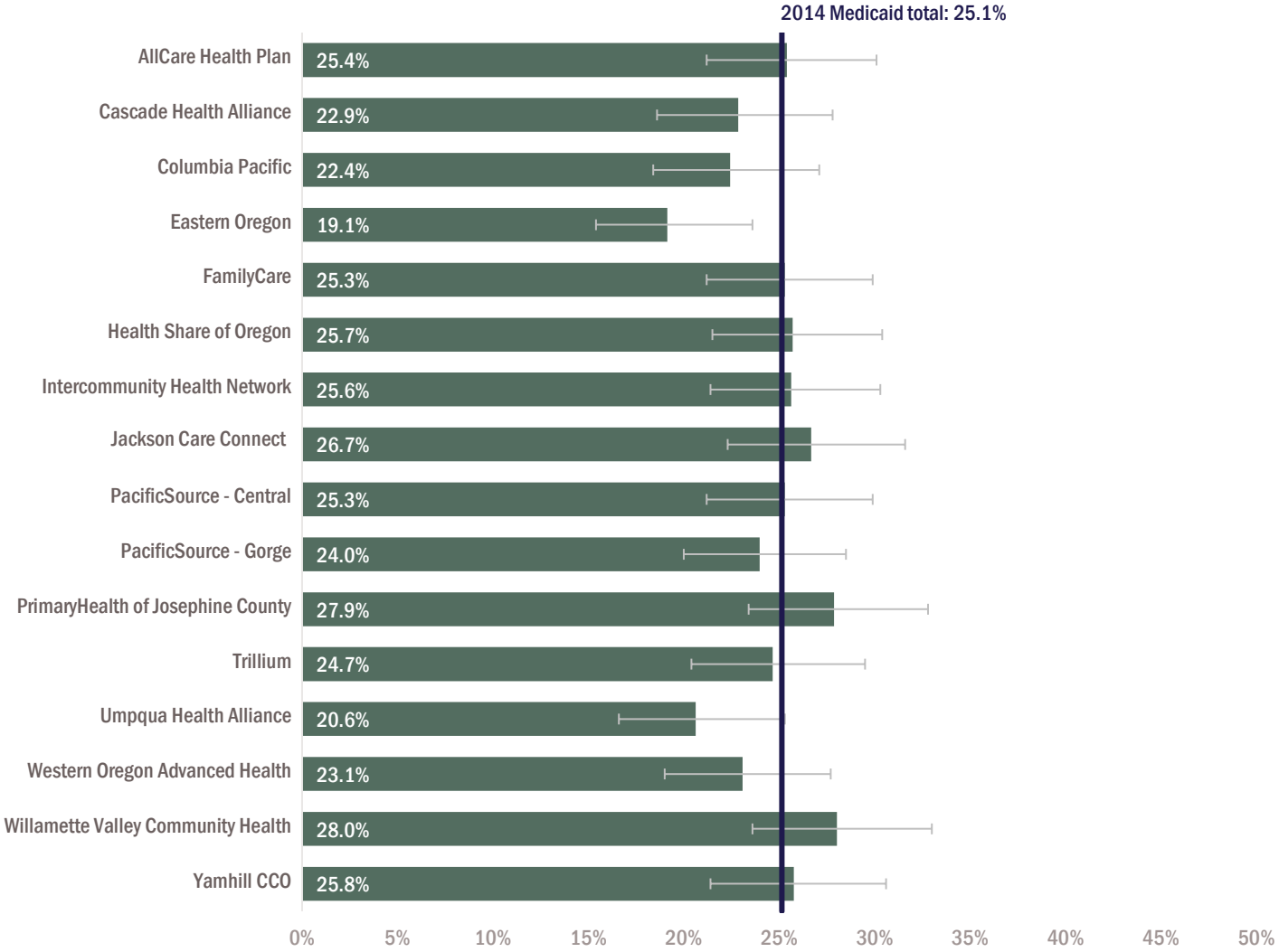
Percent of Medicaid members who perform muscle strengthening exercises, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members of who report performing muscle-strengthening exercises, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

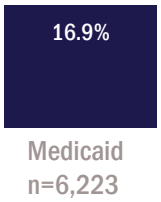


PHYSICAL ACTIVITY AND MUSCLE STRENGTHENING

Percent of adult Medicaid members surveyed who got at least 150 minutes of physical activity / exercise (or 75 minutes of vigorous exercise) over the past week AND performed muscle-strengthening exercised at least three times per week over the past month.

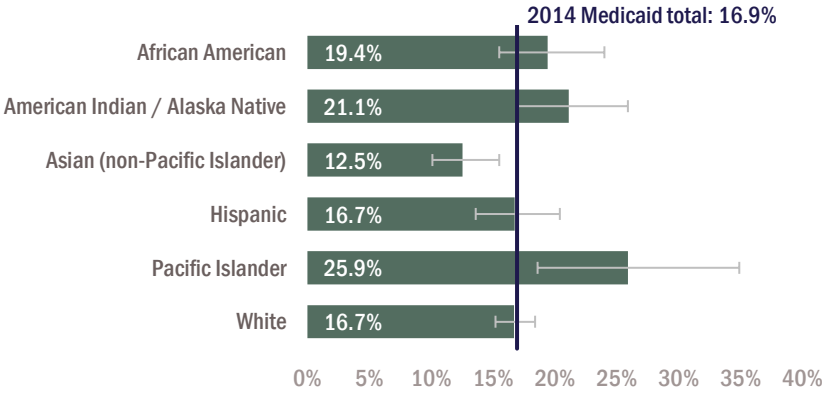
Statewide, 16.9 percent of adult Medicaid members meet physical activity and muscle strengthening recommendations.

Medicaid confidence interval: 15.6% - 18.4%
Data not available for all Oregon adults



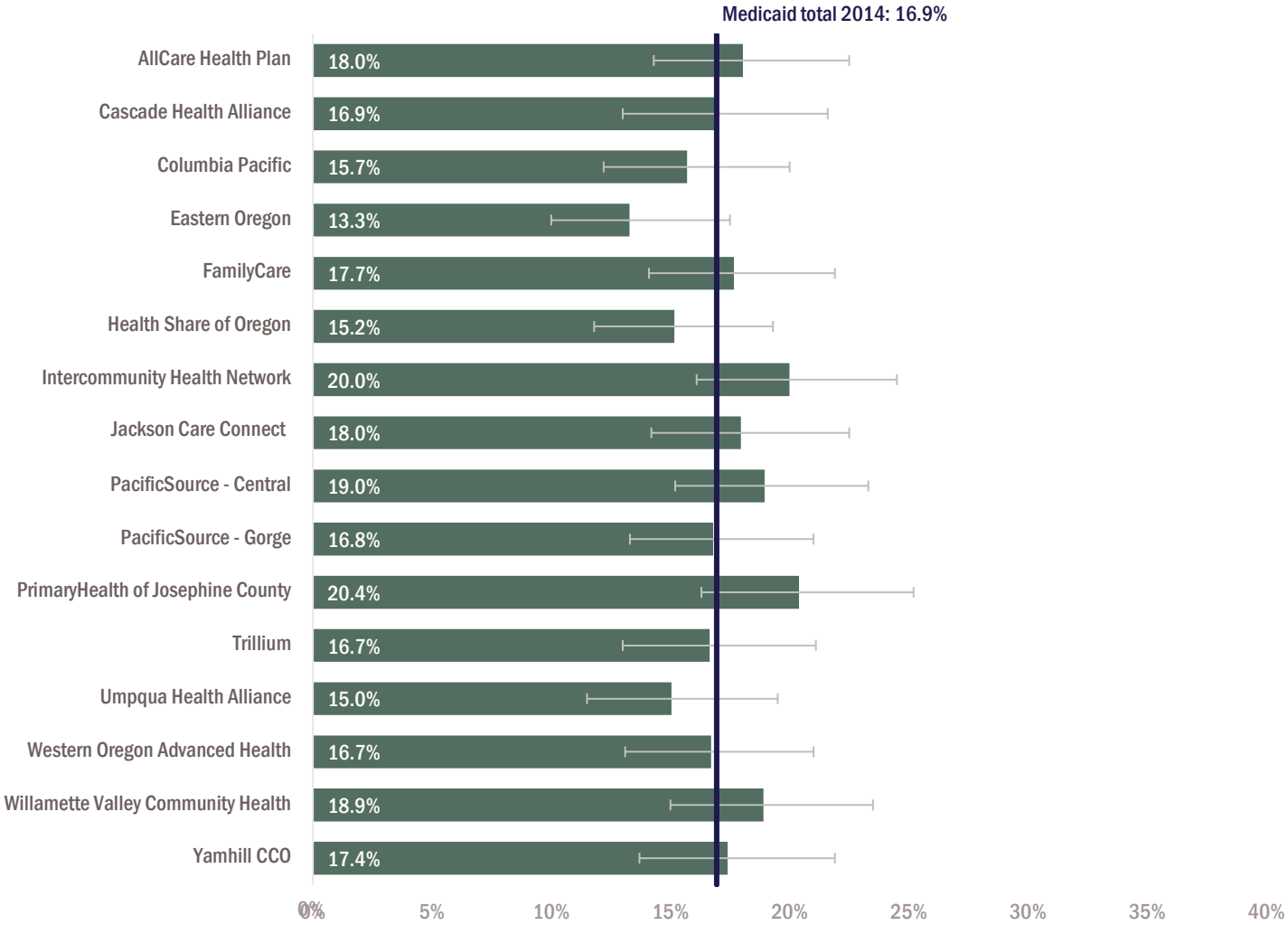
Percent of members who meet physical activity and muscle strengthening recommendations, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of members who meet physical activity and muscle strengthening recommendations, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



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FAMILY PLANNING

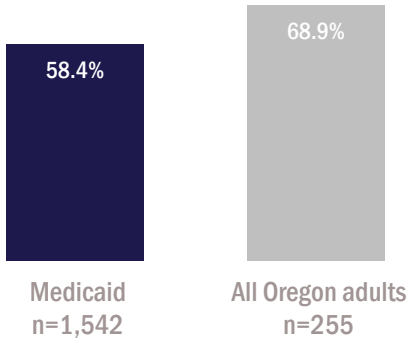
EFFECTIVE CONTRACEPTIVE USE

Percent of female adult Medicaid members surveyed who were at risk of unintended pregnancy (i.e. women age 18-50 who are not pregnant or seeking pregnancy, have not had a hysterectomy, and are sexually active with a male partner) and used a most effective or moderately effective method of contraception the last time they had sex.

Did you know? *Contraception methods with the highest effectiveness (failure rate < 1%) include IUDs, implants, and sterilization. Moderately effective methods (failure rate 6 to 18%) include the pill, patch, ring, injectables, and diaphragms. Methods such as condoms, sponges, and withdrawal have failure rates of 18 percent and higher and not considered here to be "effective."*

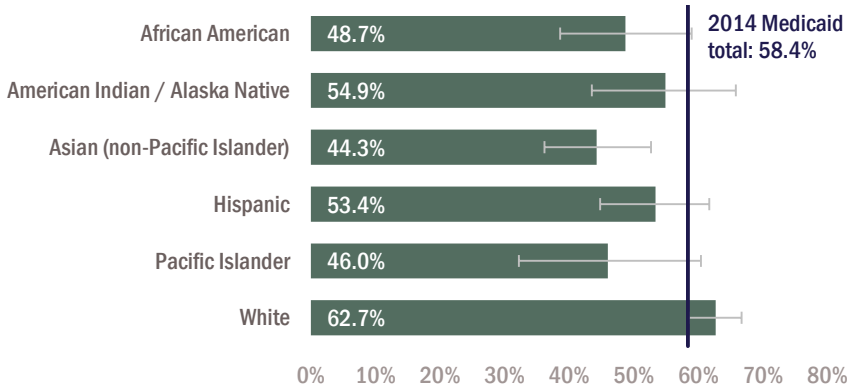
Statewide, 58.4 percent of Medicaid members at risk of unintended pregnancy use effective contraception.

Medicaid confidence interval: 54.8% - 61.9%



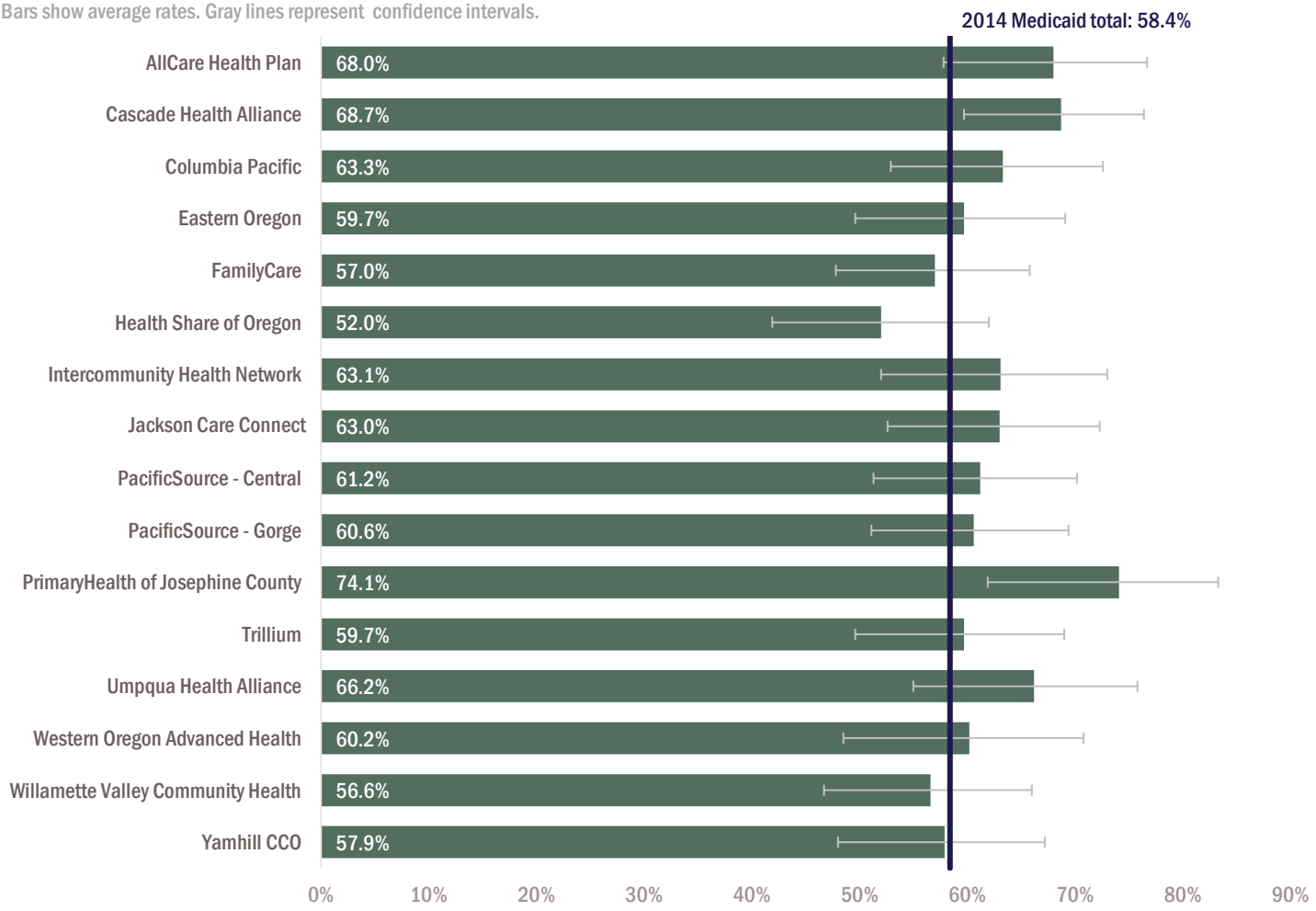
Effective contraceptive use among women at risk of unintended pregnancy, by race and ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Effective contraceptive use among women at risk of unintended pregnancy, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

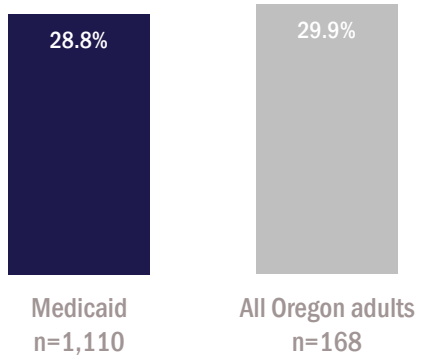


FOLIC ACID VITAMIN USE AMONG WOMEN AT RISK OF PREGNANCY

Percent of female adult Medicaid members surveyed who are at risk of unintended pregnancy (i.e. women age 18-50 who are not pregnant or seeking pregnancy, have not had a hysterectomy, and are sexually active with a male partner), not using permanent contraception, and are taking a multivitamin, prenatal vitamin, or folic acid vitamin at least 7 times per week.

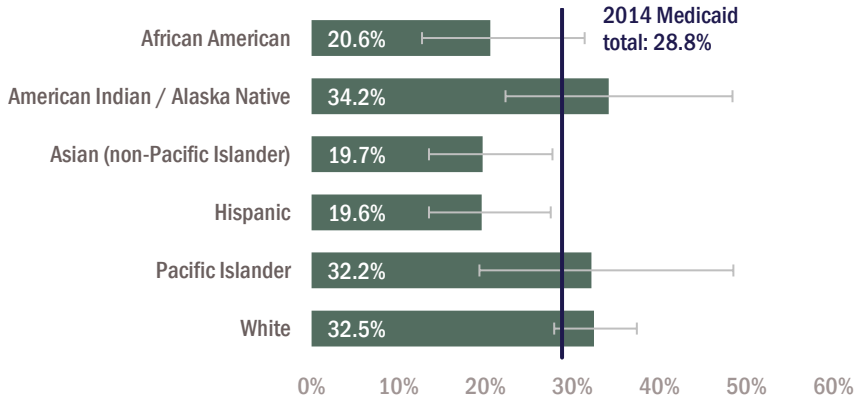
Statewide, 28.8 percent of adult Medicaid members at risk of pregnancy take folic acid.

Medicaid confidence interval: 25.2% - 32.8%



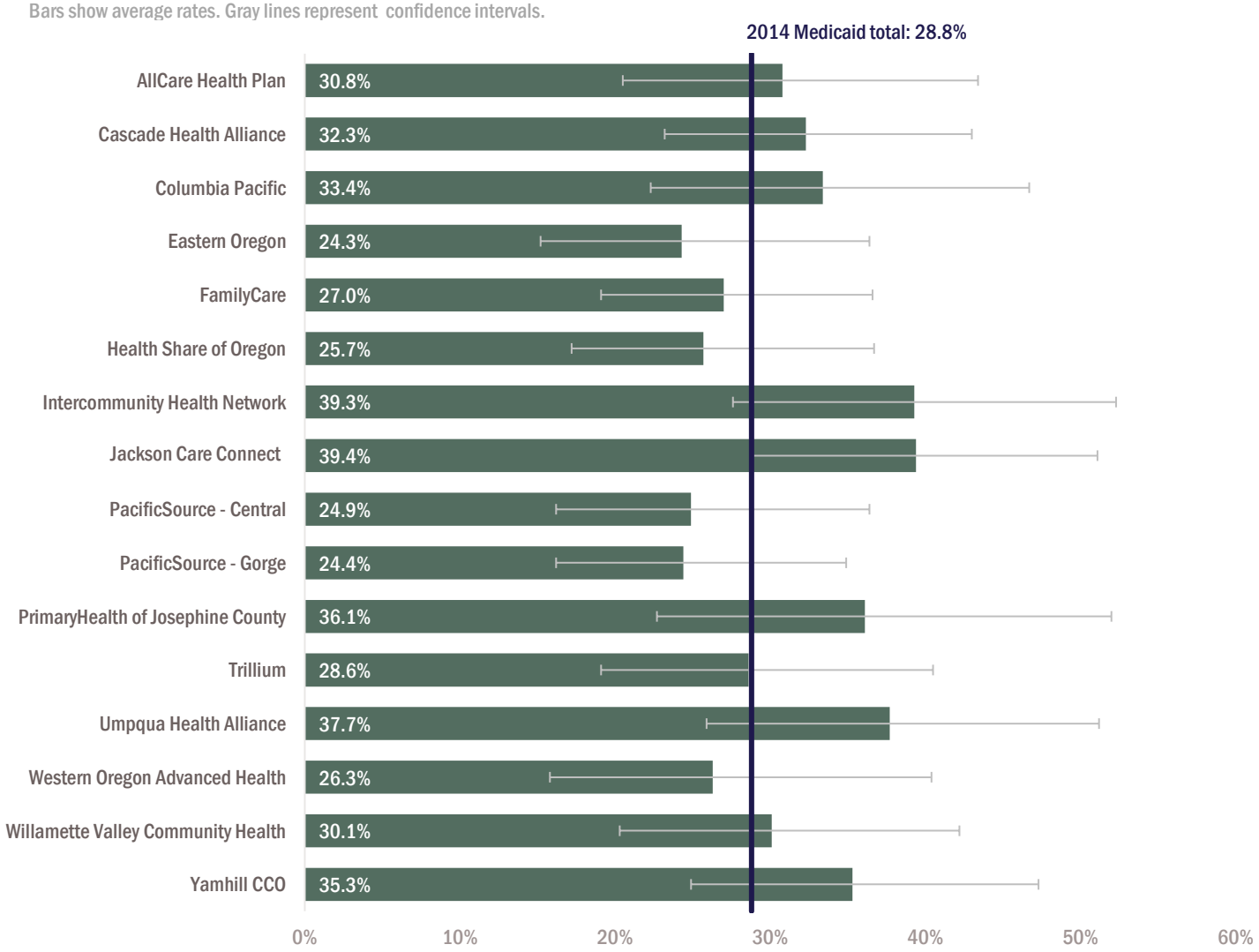
Fewer Asian and Hispanic Medicaid members at risk of pregnancy take folic acid vitamins.

Bars show average rates. Gray lines represent confidence intervals.



Percent of women at risk of pregnancy who take recommended folic acid vitamins, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



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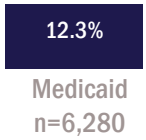
REACTIONS TO RACE

DIFFERENCE BETWEEN SELF-IDENTIFIED AND GENERALLY-PERCEIVED RACE

Percent of adult Medicaid members surveyed who reported differences between how they classified their own race or ethnicity and how other people usually classified them.

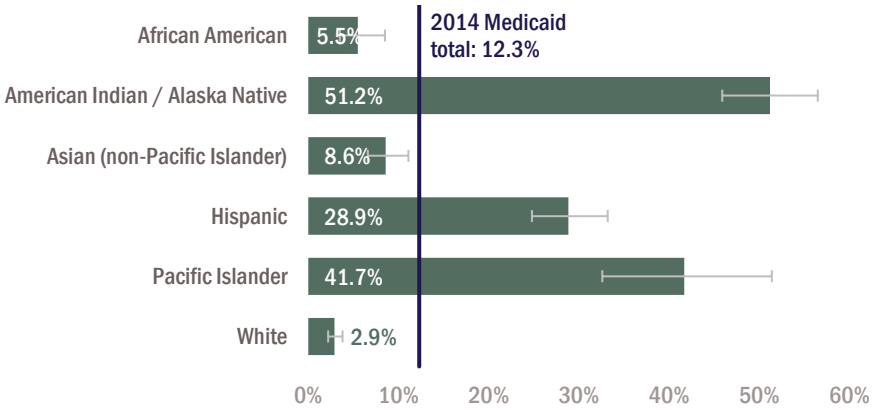
Statewide, 12.3 percent of adult Medicaid members report differences.

Medicaid confidence interval: 11.1% - 13.6%
Data for all Oregon adults not available.



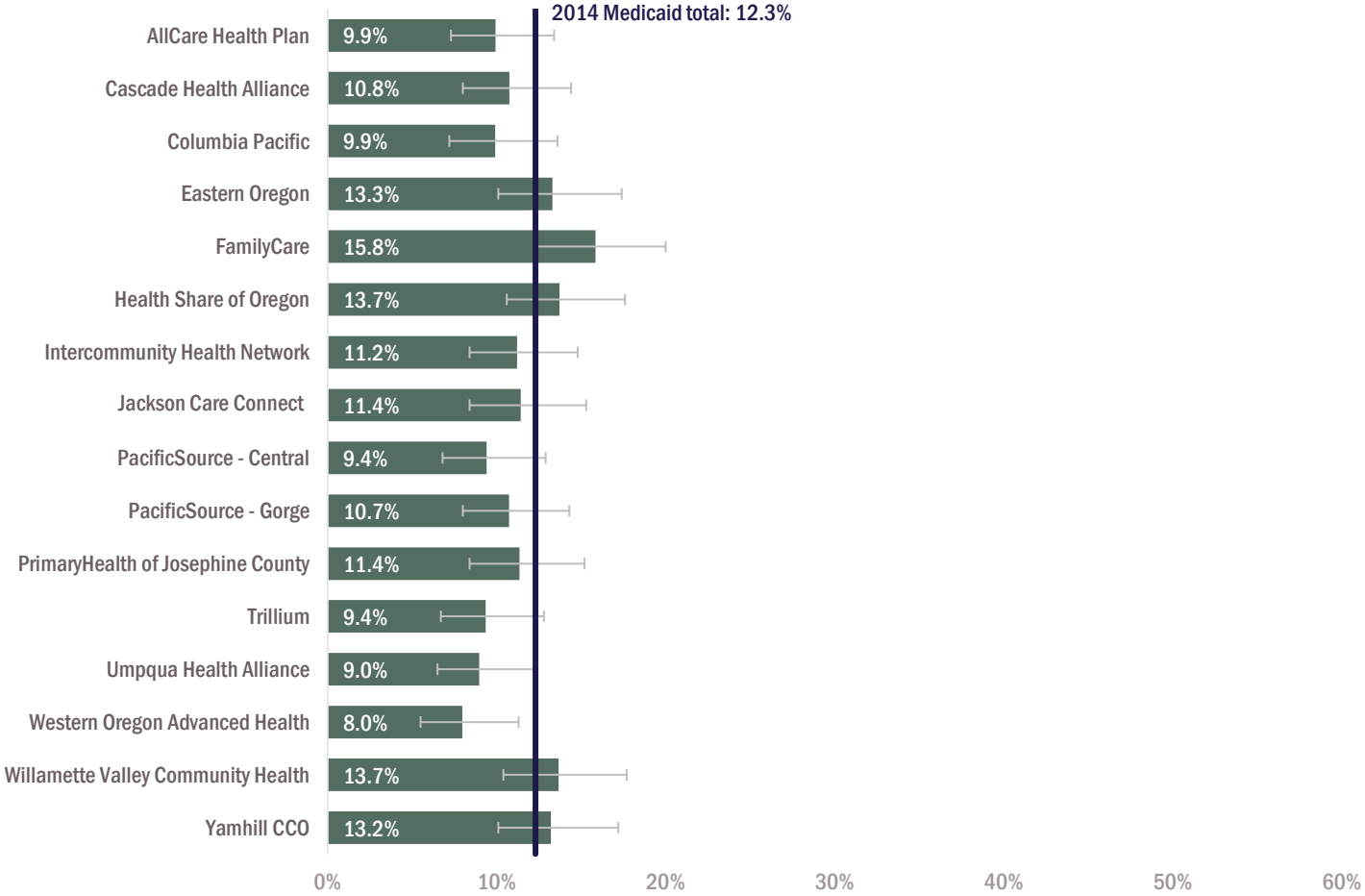
American Indian / Alaska Native, Hispanic, and Pacific Islander members are more likely to report differences between self-identified and generally perceived race/ethnicity.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who report a difference between self-identified and generally-perceived race and ethnicity, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

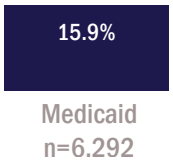


THINKING ABOUT RACE AT LEAST ONCE PER DAY

Percent of adult Medicaid members surveyed who think about their own race at least once per day.

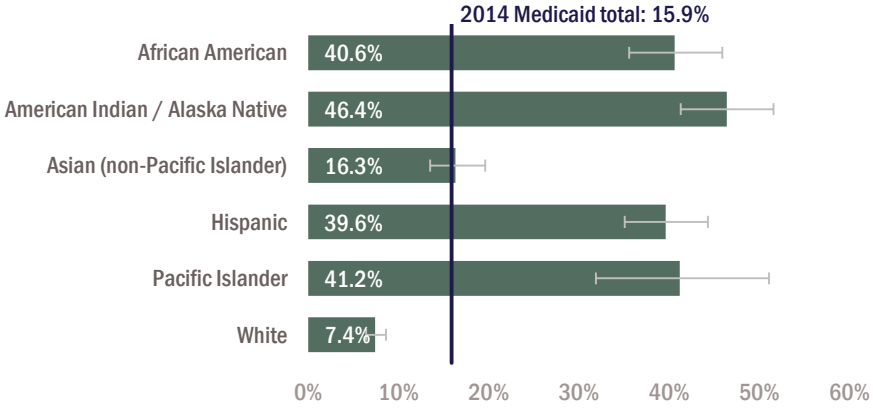
Statewide, 15.9 percent of adult Medicaid members think about race at least once per day.

Medicaid confidence interval: 14.6% - 17.3%
Data for all Oregon adults not available.



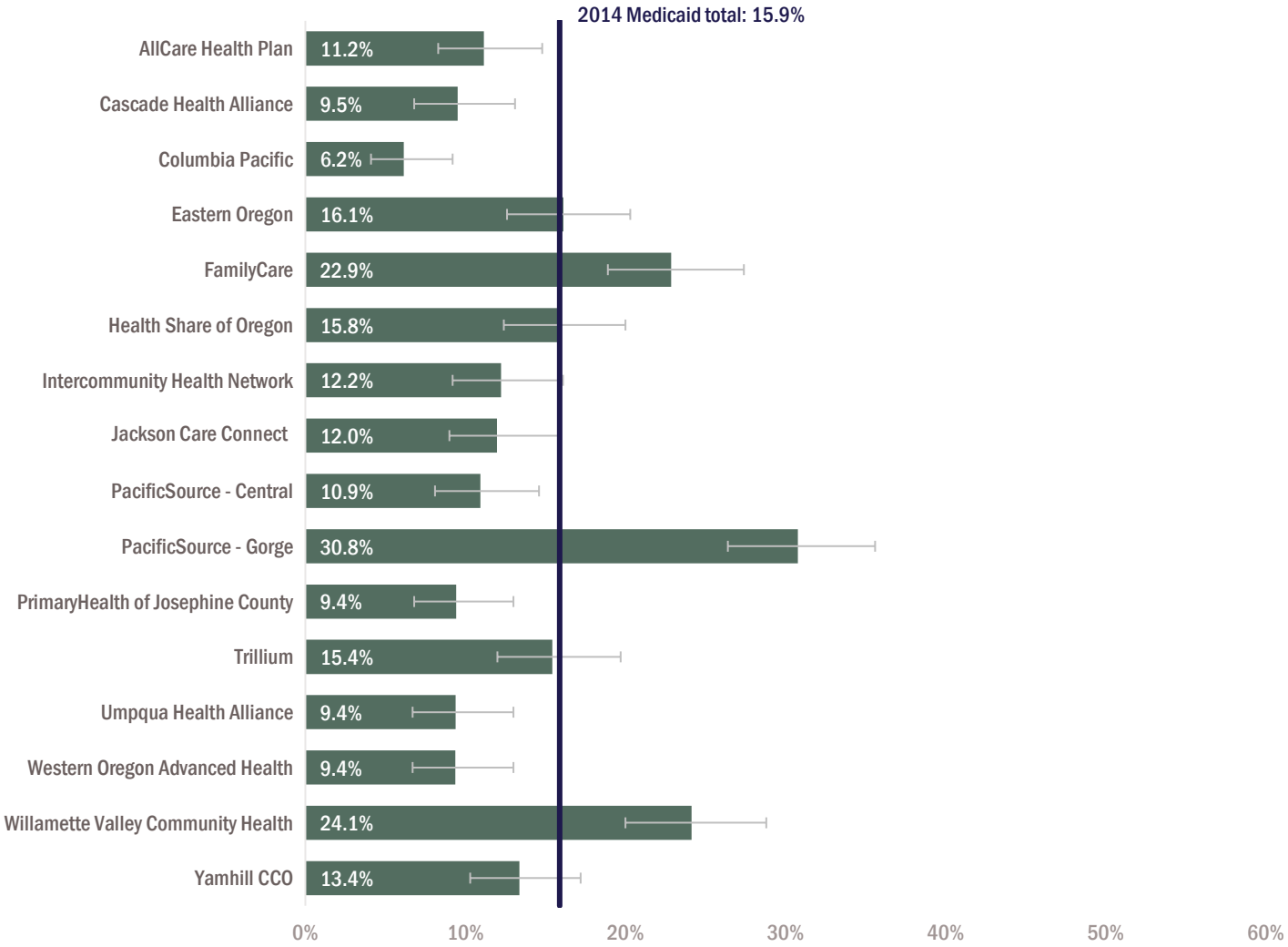
White members are least likely to report thinking about race at least once per day.

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who think about race at least once per day, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

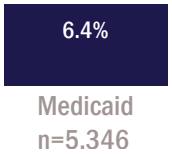


TREATED WORSE THAN OTHERS WHEN SEEKING HEALTH CARE

Percent of adult Medicaid members surveyed who feel their own experiences with health care in the last year were worse than for other races. Lower is better.

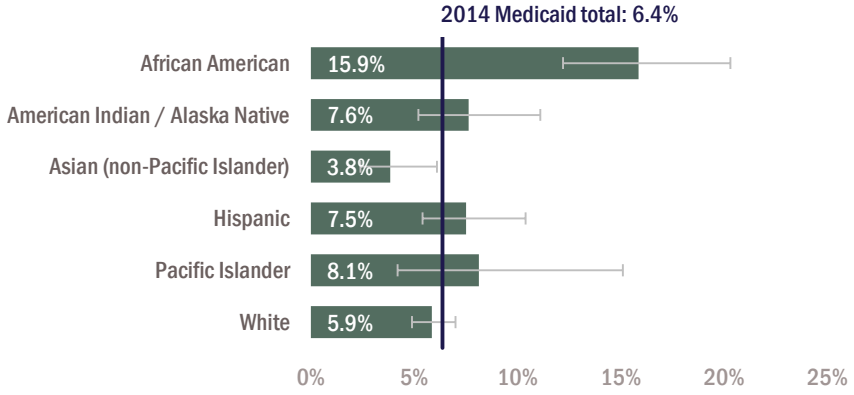
Statewide, 6.4 percent of members feel their experiences with health care are worse than other races and ethnicities.

Medicaid confidence interval: 5.5% - 7.4%
Data for all Oregon adults not available.



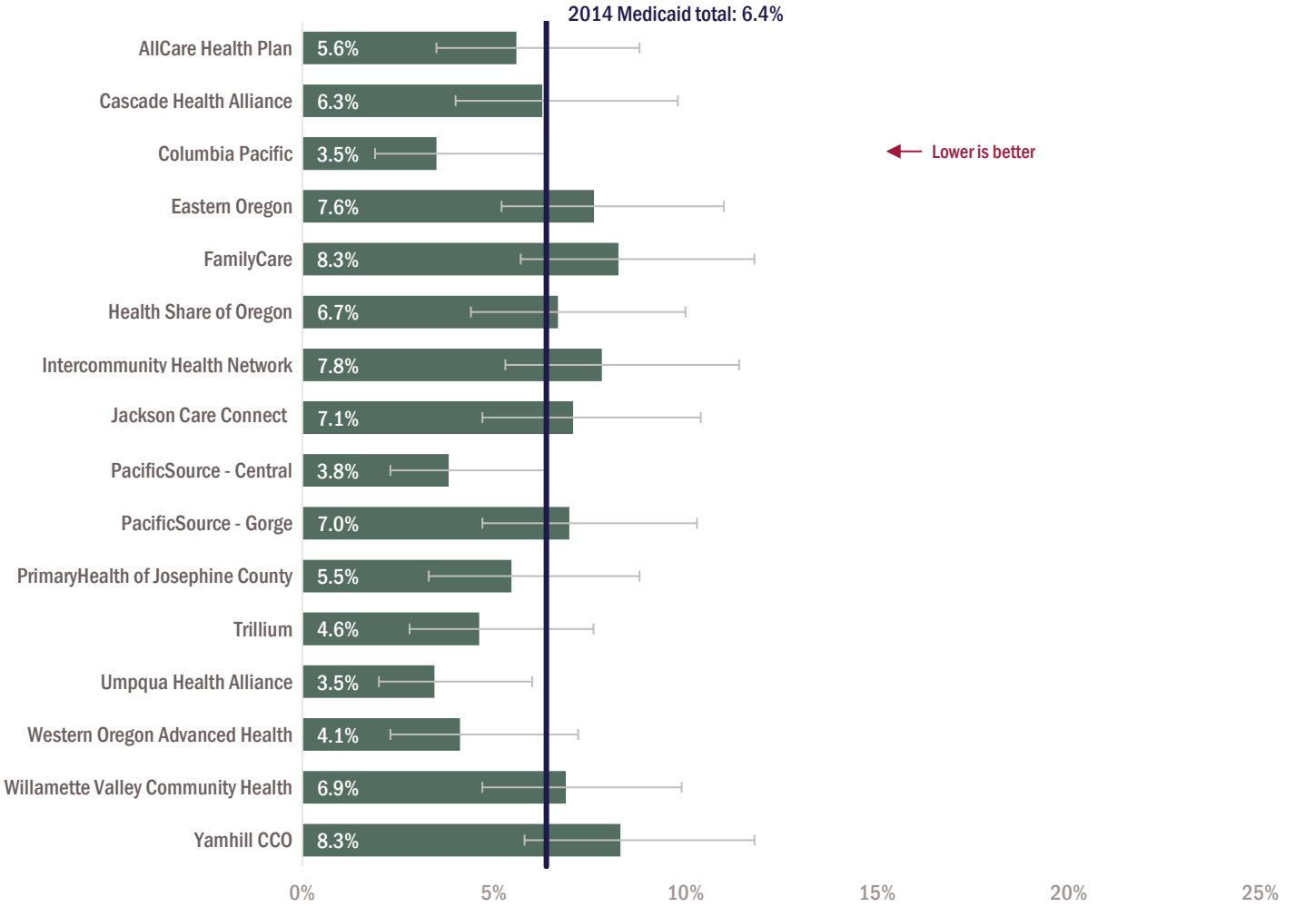
More African Americans members feel their own experiences with health care are worse than other races and ethnicities

Bars show average rates. Gray lines represent confidence intervals.



Percent of Medicaid members who feel their experiences with health care are worse than other races and ethnicities, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

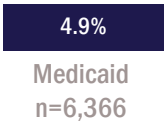


PHYSICAL SYMPTOMS DUE TO TREATMENT BASED ON RACE

Percent of adult Medicaid members surveyed who experienced physical symptoms in the past 30 days due to how they were treated based on race. Lower is better.

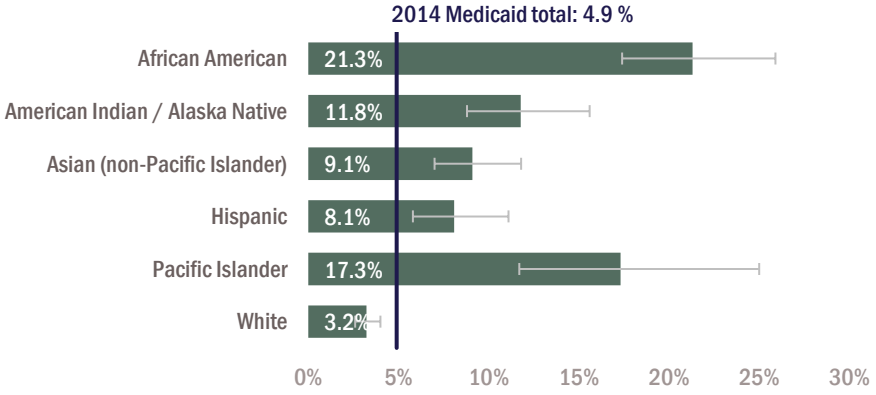
Statewide, 4.9% of adult Medicaid members experience physical symptoms due to treatment based on race.

Medicaid confidence interval: 4.2% - 5.8%
Data for all Oregon adults not available.



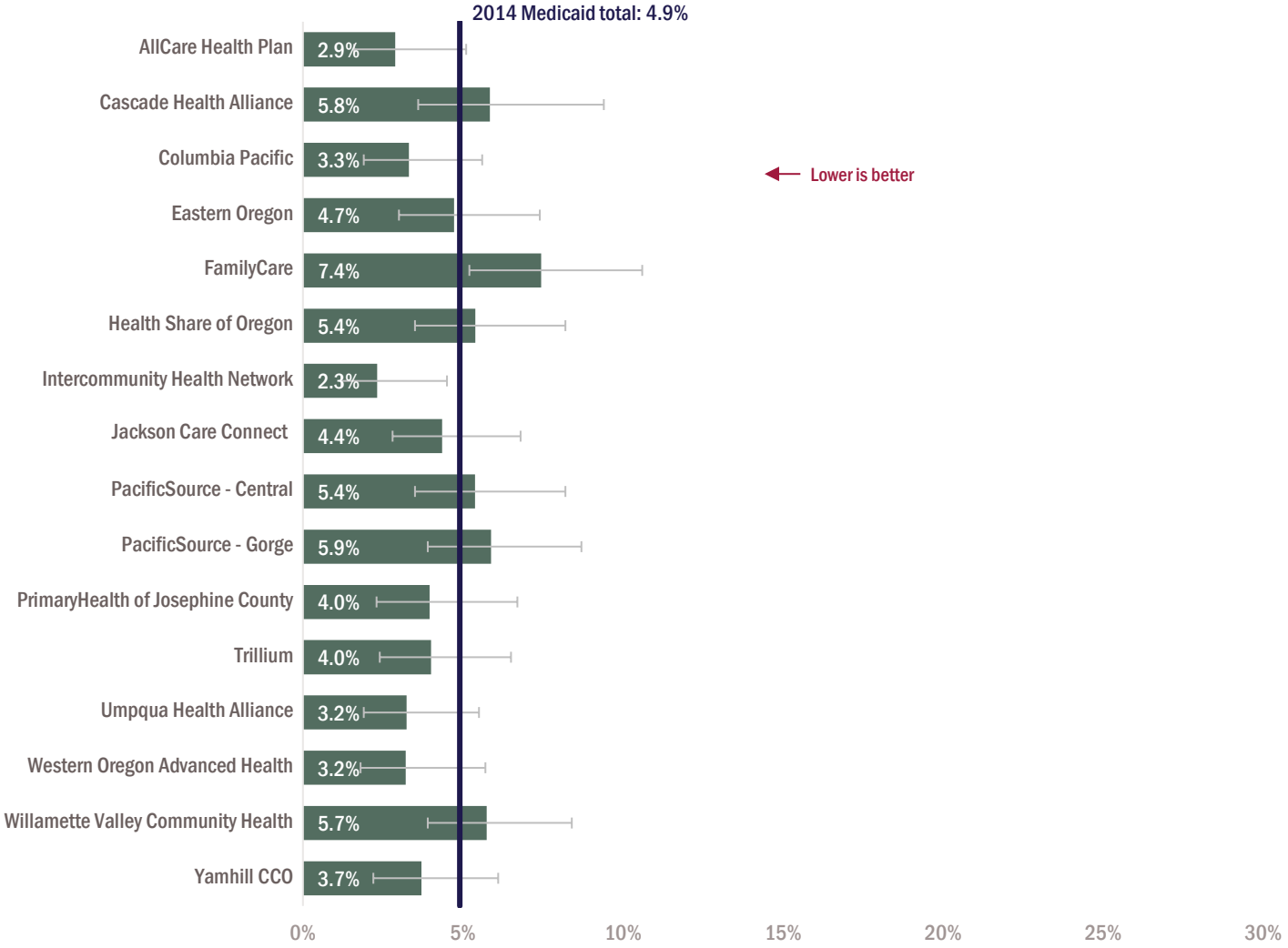
Fewer White Medicaid members experience physical symptoms due to treatment based on race than other races and ethnicities.

Bars show average rates. Gray lines represent confidence intervals.



Percent of members who experience physical symptoms due to treatment based on race, by CCO.

Bars show average rates. Gray lines represent confidence intervals.

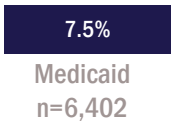


EMOTIONAL SYMPTOMS DUE TO TREATMENT BASED ON RACE

Percent of adult Medicaid members surveyed who experienced emotional symptoms in the past 30 days due to how they were treated based on race. Lower is better.

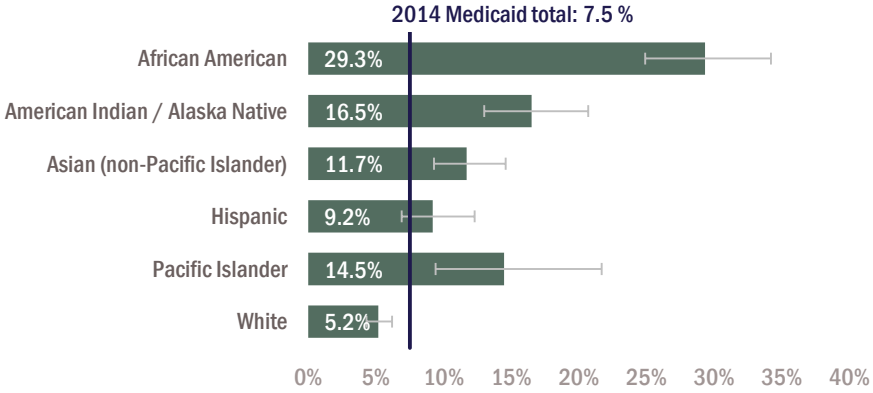
Statewide, 4.9% of adult Medicaid members experience emotional symptoms due to treatment based on race.

Medicaid confidence interval: 4.2% - 5.8%
Data for all Oregon adults not available.



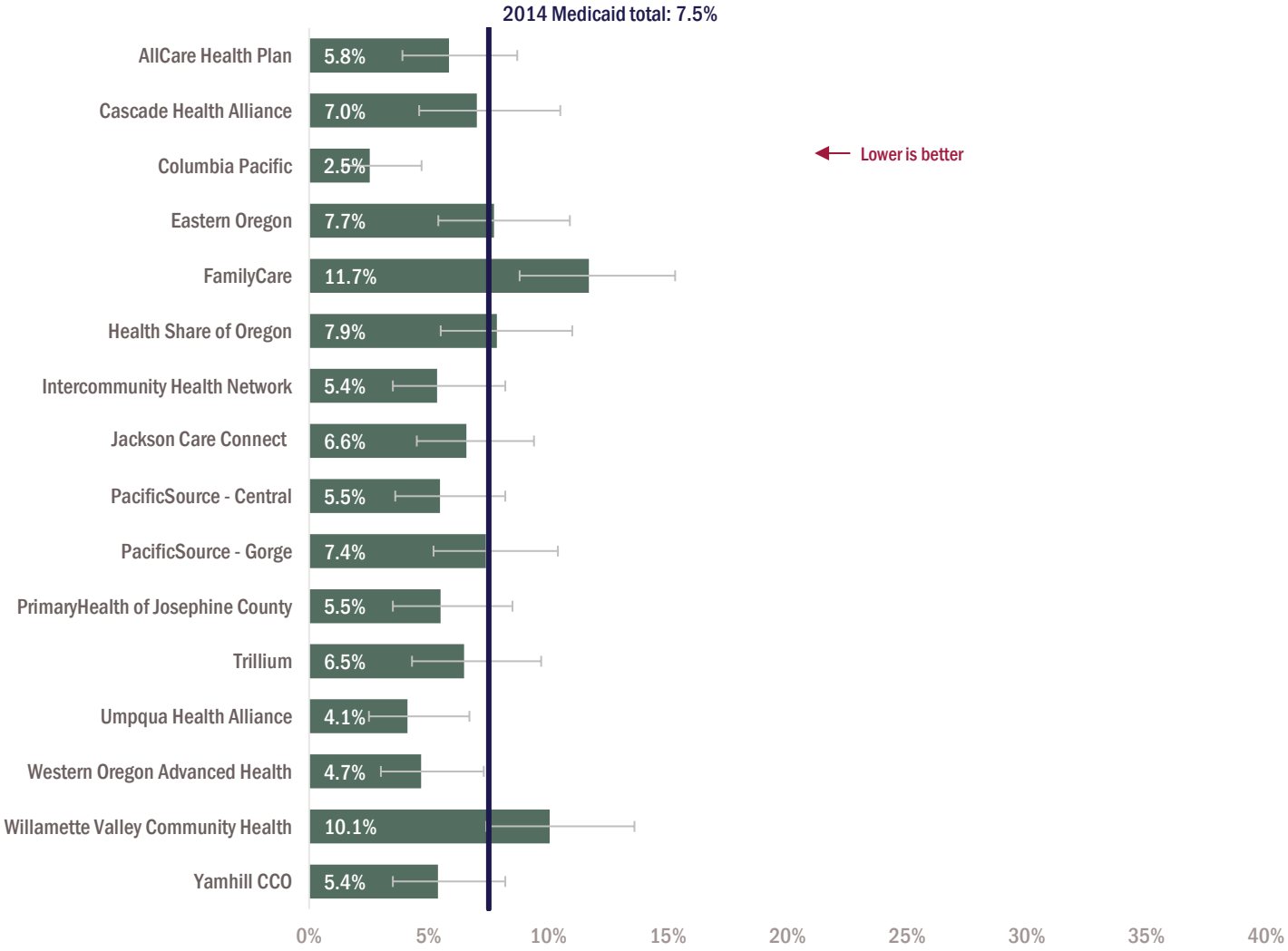
Fewer White Medicaid members experience emotional symptoms due to treatment based on race than other races and ethnicities.

Bars show average rates. Gray lines represent confidence intervals.



Percent of members who experience emotional symptoms due to treatment based on race, by CCO.

Bars show average rates. Gray lines represent confidence intervals.



Appendix 2: Methods and Limitations

Survey Design

The 2014 MBRFSS survey questionnaire was modeled on the general population BRFSS survey questionnaire and included topics such as: chronic health conditions, health care access, physical activity and nutrition, preventive health screening, substance use, neighborhood safety and housing stability, hunger, family planning, intimate partner violence, and adverse childhood experiences. All survey questions were chosen from standard BRFSS items or other validated questionnaires.

The 2014 survey questionnaire is available online at www.oregon.gov/oha/analytics/Pages/MBRFSS.aspx.

Differences between MBRFSS and BRFSS Surveys

While there are several differences between the 2014 Medicaid BRFSS survey and the general population BRFSS survey, the most important is the sampling methodology and sampling frame.

	Medicaid BRFSS	General population BRFSS
Sampling methodology	Sample drawn from adults enrolled in the Oregon Health Plan; phone numbers from enrollment data.	Random digit dial of people with phones residing in Oregon.
Sampling frame	Stratified to reflect the characteristics of coordinated care organizations' enrolled populations.	Stratified to reflect the characteristics of the overall Oregon population.

Additional differences include:

	Medicaid BRFSS	General population BRFSS
Represents	Oregon's adult Medicaid population.	All adult Oregonians.
Unit of analysis	Coordinated care organization.	County.
Frequency	Conducted when funding available.	Conducted continuously (summarized annually).
Timing	Conducted in Nov – Dec only; may be subject to seasonal variation	Conducted continuously throughout the year.
Questionnaire	Selected from core and modular questions, but no required topics.	Core questionnaire required by the Centers for Disease Control and Prevention (CDC) with alternate topical modules.

Target Population and Sample Design

The target population for this survey was adult Medicaid members aged 18 and older who had been enrolled in a coordinated care organization (CCO) for at least 45 days between January and June 2014. The target population included Medicaid expansion members.

The following individuals were excluded:

- Those aged <18 years old
- Fee-for-service (open card) members
- Members with a third-party payer
- All partial eligible members[5]
- Those with no phone number

The total target population after exclusions was 368,662. The goal was to complete at least 400 surveys within each CCO and within the statewide race and ethnicity subgroups to be able to report out for each of these populations.[6]

Identification of Race and Ethnicity

There are several different ways to classify individuals into racial and/or ethnic categories. Data presented in this report are based on a single classification, with mutually exclusive categories, using the following decision rules:

- Respondents were identified as Hispanic if they indicated their ethnicity as Hispanic/ Latino, regardless of whether or not additional racial information was provided.
- Respondents indicating more than one race were asked for their preferred race, which was the racial group used in this classification.
- Respondents indicating one race were identified as that race.

Survey Implementation

Introductory letters were sent to respondents a few days before the first scheduled calls. The interviews were conducted in English, Spanish, Vietnamese and Russian. Interviewers made up to 15 attempts to contact respondents, leaving voicemails if possible and varying these attempts across different days of the week, and times during the day. Phone calls were made from September to December of 2014.

The survey was conducted over several waves during which a random sample of potential respondents were drawn from the total eligible group. The sampling waves continued until the target sample sizes within CCO and racial and ethnic subgroups were met. Ultimately, 59,998 were selected to participate in the survey.

[5] Dual eligible clients were included.
[6] All Pacific Islanders were selected because of small numbers within this group.

Approximately 400 surveys were completed for each CCO, leading to a total of 6,651 respondents. More respondents from racial and ethnic subgroups were selected in addition to this core sample as needed, increasing the total number of completed surveys to 7,881. Results reported as "MBRFSS state total", or "MBRFSS statewide" were based on the 6,651 core sample and do not include the additional respondents from the race/ethnicity augment.

Response Rate

There were 7,881 completed surveys out of 59,998 attempts, which resulted in an unadjusted response rate of 13 percent. The adjusted response rate was 17 percent after removing those who were ineligible or whose listed number from the administrative dataset was identified to be a non-working number.

This low response rate occurred primarily because a large number of respondents could not be reached (50 percent of the sample), ... they did not answer the phone, did not return voicemail, or had a blocking feature on their phone.

Please note, results of the 2014 MBRFSS survey may not be generalizable to all Medicaid members, the race/ethnicity group, or to members within a CCO due to low response rate.

Completed Surveys and Response Rates, by Race/Ethnicity

	Completed surveys	Adjusted response rate
White	4,845	17.0%
African American	429	11.6%
American Indian / Alaska Native	292	13.6%
Asian (non-Pacific Islander)	640	16.4%
Pacific Islander	106	14.2%
Hispanic	992	22.1%
Other / missing	577	16.8%
Total (Core + Augment samples)	7,881	16.8%

Completed surveys and response rates, by CCO

	Completed surveys	Adjusted response rate
AllCare Health Plan	423	16.4%
Cascade Health Alliance	419	19.3%
Columbia Pacific	421	18.1%
Eastern Oregon CCO	416	18.1%
FamilyCare	418	16.6%
Health Share of Oregon	417	16.7%
Intercommunity Health Network	415	17.8%
Jackson Care Connect	400	16.4%
PacificSource – Central	415	17.3%
PacificSource – Gorge	413	19.8%
PrimaryHealth of Josphine County	413	14.9%
Trillium Community Health Plan	413	16.9%
Umpqua Health Alliance	414	19.6%
Western Oregon Advanced Health	419	16.5%
Willamette Valley Community Health	423	18.1%
Yamhill CCO	421	18.5%
MBRFSS state total	6,651	17.3%

Suppression of Unreliable Estimates

This report does not include estimates for any indicators based on a denominator of less than 30 (n<30). Only two indicators for the Pacific Islander population were suppressed.

Demographics of Respondents

The table below provides the unweighted population distribution of the Medicaid members who responded to the 2014 MBRFSS, including the population distribution of three distinct groups of members: existing, returning, and new.

> "Existing" members are clients whose enrollment in the Oregon Health Plan began prior to 2014.
>
> "Returning" members are clients who were not enrolled in the Oregon Health Plan during 2013, but were at some time prior to 2013.
>
> "New" members are clients who were newly enrolled in the Oregon Health Plan in 2014 and were not eligible before that point. The new members are a proxy for the Medicaid expansion population.

Results for each of these groups are available online, and a full report may be published separately at a later date: www.oregon.gov/oha/analytics/Pages/MBRFSS.aspx

	Indicator	2014 MBRFSS totals Unweighted %			
		Medicaid state total	"Existing"	"Returning"	"New"
Age		N=6,644	N=3,373	N=1,346	N=1,932
	18-34	31.9	47.8	46.7	35.0
	34-59	27.3	23.2	34.3	34.3
	50-64	35.9	18.7	18.8	30.1
	65+	5.0	10.3	0.2	0.6
Sex		N=6,651	N=3,373	N=1,346	N=1,932
	% female	59.8	63.0	52.2	42.8
Sexual orientation		N=6,260	N=3,156	N=1,277	N=1,827
	% straight	94.4	93.5	93.4	93.7
	% gay, lesbian, or bisexual	5.6	6.5	6.6	6.3
Race / ethnicity		N=6,621			
	White	78.5			
	African American	1.4			
	American Indian / Alaska Native	3.3			
	Asian (non-Pacific Islander)	1.3			
	Pacific Islander	0.5			
	Hispanic	15.2			
Marital status		N=6,489	N=3,283	N=1,319	N=1,887
	Married / partnered	39.4	35.4	44.1	43.8
	Divorced / separated	30.1	26.5	21.1	26.1
	Widowed	4.1	4.2	1.6	2.2

	Indicator	2014 MBRFSS totals Unweighted %			
		Medicaid state total	"Existing"	"Returning"	"New"
	Never married	26.4	34.0	33.2	27.9
Children in home		N=6,614	N=3,283	N=1,319	N=1,887
	Children in home	44.5	35.4	44.1	43.8
Education level		N=6,112	N=3,087	N=1,225	N=1,800
	< Grade 12	23.3	23.9	29.1	16.7
	Grade 12 or GED	32.3	35.2	30.2	29.8
	Some college	31.7	30.6	29.7	34.1
	College graduate	12.8	10.4	11.0	19.5
Living situation		N=6,525	N=3,300	N=1,323	N=1,902
	Own home	25.3	19.6	21.7	26.2
	Rent	61.0	65.9	64.7	61.1
	Other arrangement	12.8	13.5	12.8	11.8
	At shelter or homeless	0.9	1.1	0.8	1.0

WEIGHTING

Survey results are often weighted so that the group answering the survey reflects the target population on characteristics that are expected to influence outcomes. This analysis weighted the 2014 MBRFSS results to more accurately represent the age, sex, and CCO distribution in the target population, using Medicaid administrative data.

- Results presented by race/ethnicity have been adjusted using administrative data to reflect the true distribution of Oregon Medicaid clients within each race/ethnicity subgroup, and within the state total.

- Results presented by CCO have been adjusted using administrative data to reflect the true distribution of the CCO target population.

For example, younger adults are typically less likely to complete a survey compared to older adults. By applying weights (larger for younger respondents, smaller for older respondents), the age distribution more accurately reflects the "true" distribution for the target population.

For survey items being used to establish estimates for the prevalence of chronic conditions it is easy to see how correcting for age could help make the results more accurate. In the table below, the results based on weighted data are slightly lower than the results based on the raw or unweighted data, and more likely reflect the chronic illness prevalence of the target population.

Example of MBRFSS weighting

Indicator	Unweighted %	Weighted %
Angina	4.4	3.4
Arthritis	33.9	27.1
Asthma (current)	17.4	16.5

Because older adults were slightly more likely to respond to the survey, and because older adults were more likely to experience a chronic condition, the weighted data adjusted the estimates downward.