



## **Health Care Access:**

### **Analysis of the Expanded Health Care Access Module 2013-2016**

#### **Louisiana Behavior Risk Factor Surveillance System**

January, 2018

The Behavior Risk Factor Surveillance System (BRFSS) is a system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions and use of preventive services.<sup>1</sup> The BRFSS survey has traditionally included several questions that address health care access, focusing specifically on health care coverage. With the implementation of the Affordable Care Act, additional questions were made available in 2013 to track changes in coverage status and to describe the level of access to and quality of the health care that is being provided. These additional questions were included in the Louisiana BRFSS survey in 2013, 2014 and 2016.

These data were used to create mutually exclusive health care coverage groups. Each group will be described demographically, by disease status, disability status, and in terms of quality of life. They will be tracked for access to health care, ability to afford care and medications, satisfaction with care received and the degree to which screening procedures were used.

**Notes concerning timeline for the data:** Federal regulations requiring insurance companies to extend coverage to dependent children up to age 26 were implemented in 2010, prior to the earliest data point in 2013. Louisiana implemented the Medicaid expansion in June, 2016. These data include six months of the expansion.

The BRFSS survey is a state based survey conducted by state health departments in collaboration with the Center for Disease Control and Prevention since 1984. It is administered to non-institutionalized adults 18 years and older and is the largest telephone health surveillance system in the world with over 400,000 surveys completed each year in all 50 states plus three US territories.

For further information please contact:

Laurie Freyder, MPH

(504) 568-8191

[laurie.freyder@la.gov](mailto:laurie.freyder@la.gov)

Bureau of Informatics

Office of Public Health, Louisiana Department of Health

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## BRFSS Questionnaire: Health Care Access Modules

The Behavior Risk Factor Surveillance System has two sets of questions that track health coverage among non-institutionalized adults aged 18 years and older. The first set of four questions is part of the core survey which is asked each year. These questions are:

1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service? Yes; No; Don't Know; Refused
2. Do you have one person you think of as your personal doctor or health care provider? Yes; only one; More than one; No; Don't Know; Refused
3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? Yes; No; Don't Know; Refused
4. About how long has it been since you last visited a doctor for a routine checkup? (A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.) Within past year; within past 2 years; within past 5 years; 5 or more years ago; Don't Know; Never; Refused

The second set of nine questions is an optional module that was introduced in 2013 to track the response to the expanded health coverage opportunities initiated by the Affordable Care Act. These questions are:

1. Do you have Medicare? (Medicare is a coverage plan for people 65 or over and for certain disabled people.) Yes; No; Don't Know; Refused
2. What is the primary source of your health care coverage? Is it
  - 1 A plan purchased through an employer or union (Note: includes plans purchased through another person's employer)
  - 2 A plan that you or another family member buys on your own
  - 3 Medicare
  - 4 Medicaid or other state program
  - 5 TRICARE (formerly CHAMPUS), VA, or Military
  - 7 Some other source
  - 8 None (no coverage)
  - 77 Don't know/Not sure
  - 99 Refused

3. Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

- 1 You couldn't get through on the telephone
- 2 You couldn't get an appointment soon enough
- 3 Once you got there, you had to wait too long to see the doctor
- 4 The clinic/doctor's office wasn't open when you got there
- 5 You didn't have transportation
- 6 Other
- 7 Don't Know/Not sure
- 8 No, I did not delay getting medical care/did not need medical care
- 9 Refused

4. In the past 12 months was there any time when you did not have any health insurance or coverage?  
Yes; No; Don't Know/Not sure

5. About how long has it been since you last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't Know/Not sure
- 9 Refused

6. How many times have you been to a doctor, nurse, or other professional in the past 12 months?

7. Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. Yes; No; No medication was prescribed; Don't Know/Not sure; Refused

**8.** In general, how satisfied are you with the health care you received? Would you say---

- 1      Very Satisfied
- 2      Somewhat satisfied
- 3      Not at all satisfied
- 7      Don't Know/Not sure
- 8      Not applicable
- 9      Refused

**9.** Do you currently have any medical bills that are being paid off over time? (This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.) Yes; No; Don't Know/Not sure; Refused

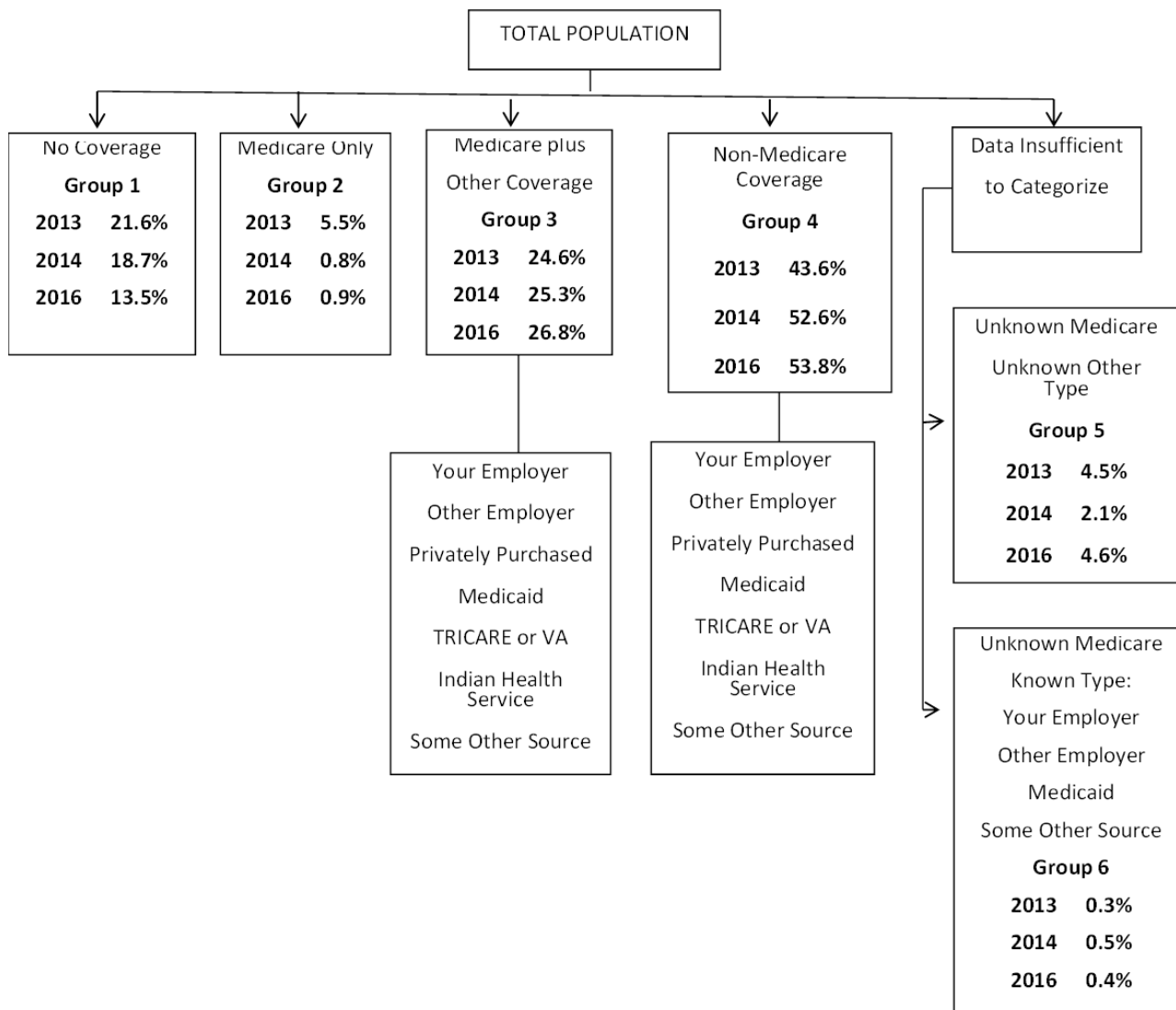
The nine question optional module was administered in Louisiana in 2013, 2014 and 2016. The responses from the questions in both modules were used to create six categories of health coverage. They are:

- 1) Uninsured
- 2) Medicare with no other supplemental insurance
- 3) Medicare with at least one form of other insurance
- 4) Insured either through an employer, family member, private purchase, TRICARE or VA, or Medicaid; no Medicare coverage
- 5) Data was insufficient to characterize coverage status: Unknown Medicare status and unknown other coverage status
- 6) Data insufficient to characterize coverage status: Unknown Medicare coverage but known other coverage

Groups 5 and 6 will not be tracked over time. Medicaid will be treated as private insurance.

## Definition and Description of Health Care Coverage Groups

From 2013 to 2016, the number of individuals in the Uninsured and Medicare only groups decreased and the number of individuals in the Medicare plus supplemental insurance and the Insured groups increased.

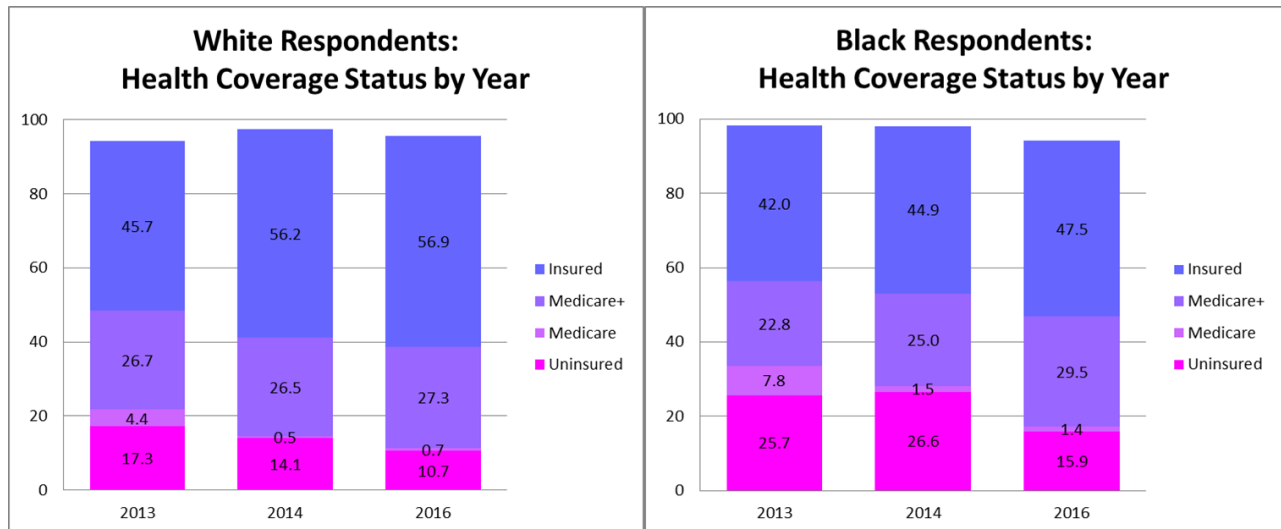


### 2013 – 2016: Participation in Coverage Groups

	2013		2014		2016	
	%	N	%	N	%	N
<b>No Coverage</b>	21.6	758,678	18.7	657,929	13.5	475,012
<b>Medicare Only</b>	5.5	191,246	0.8	29,487	0.9	33,074
<b>Medicare plus Supplement</b>	24.6	861,318	25.3	891,515	26.8	942,562
<b>Non-Medicare Coverage</b>	43.6	1,528,384	52.6	1,849,796	53.8	1,892,631

## Demographics

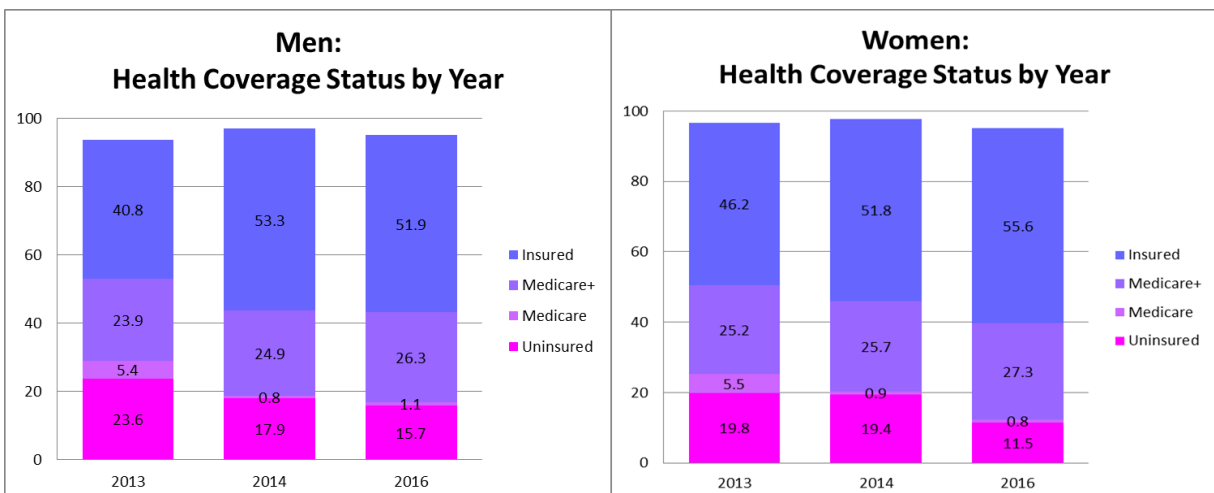
### Race and Gender



Due to insufficient sample size for other races/ethnicities, this analysis is restricted to Caucasians and African Americans

Over time, the proportion of each race category has decreased for the Uninsured and Medicare Only groups and increased for the Medicare plus Supplemental Insurance and the Insured groups. Uninsured whites dropped 6.6 percent while uninsured blacks dropped 9.8 percent. Medicare only whites dropped 3.7 percentage points to 0.7 percent while Medicare Only blacks dropped 6.4 percentage points from 7.8 percent to 1.4 percent. Medicare plus Supplemental Insurance whites increased 0.6 percentage points while blacks increased 6.7%. Whites with insurance rose 11.2 percentage points to 56.9% while blacks increased 5.5 percentage points to 47.5%.

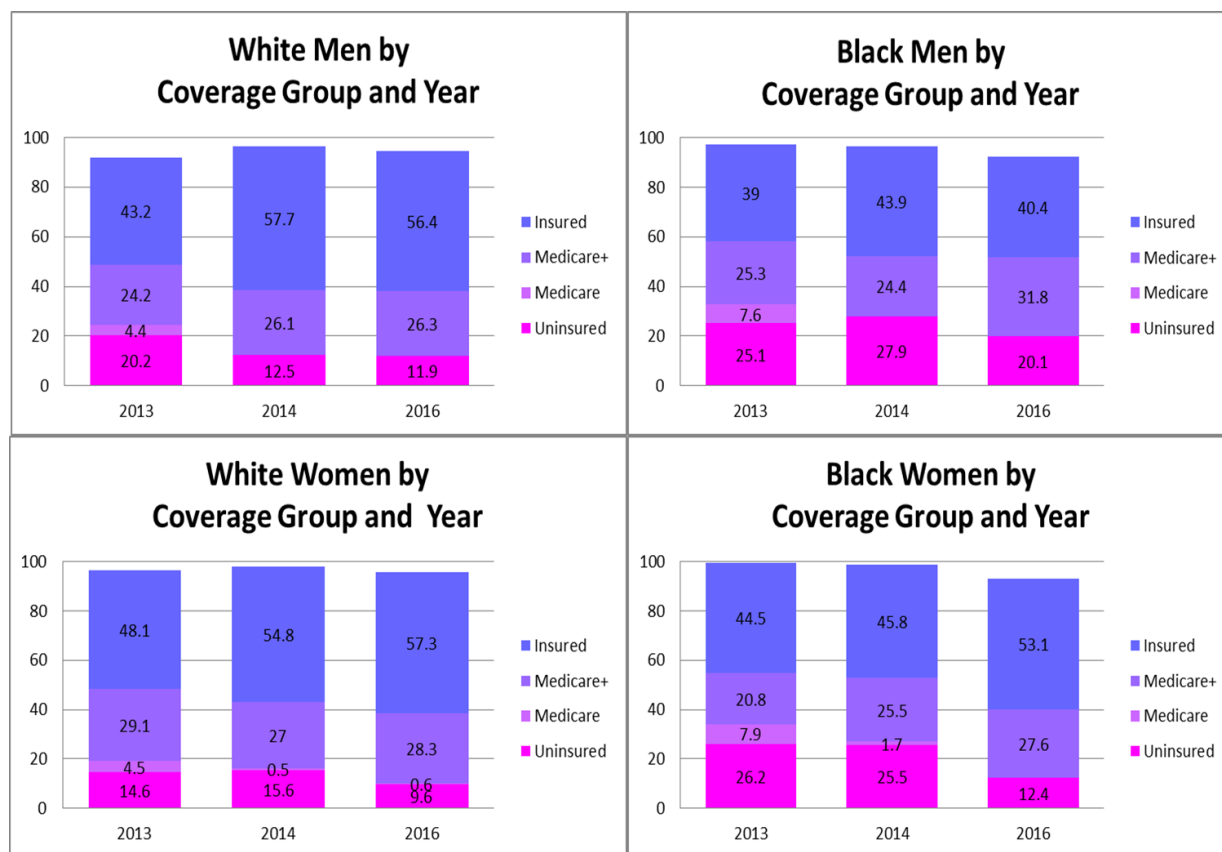
In 2016, 11.4% of whites are either uninsured or under insured compared to 17.4% of blacks.



A similar pattern is seen when comparing gender across coverage groups and year. The Uninsured and Medicare Only groups decline while the Medicare plus supplement and the Insured groups increase.



The percent of uninsured men decreased 7.9 points while the percent insured rose by 11.1 points. Uninsured women dropped 8.3 points while insured women increased by 9.4%. By 2016, women are generally better insured than men. The proportion of men is higher in the uninsured and Medicare only groups while women are higher in the Medicare plus supplement and Insured groups.



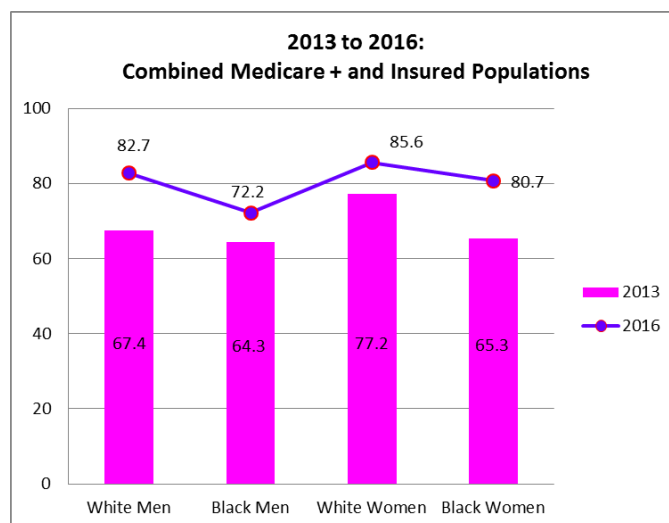
The Medicare only group is included only when sample size was sufficient to generate a valid estimate

By 2016, white women have the least proportion of their population in the uninsured group while black men have the highest. One out of five black men is still uninsured.

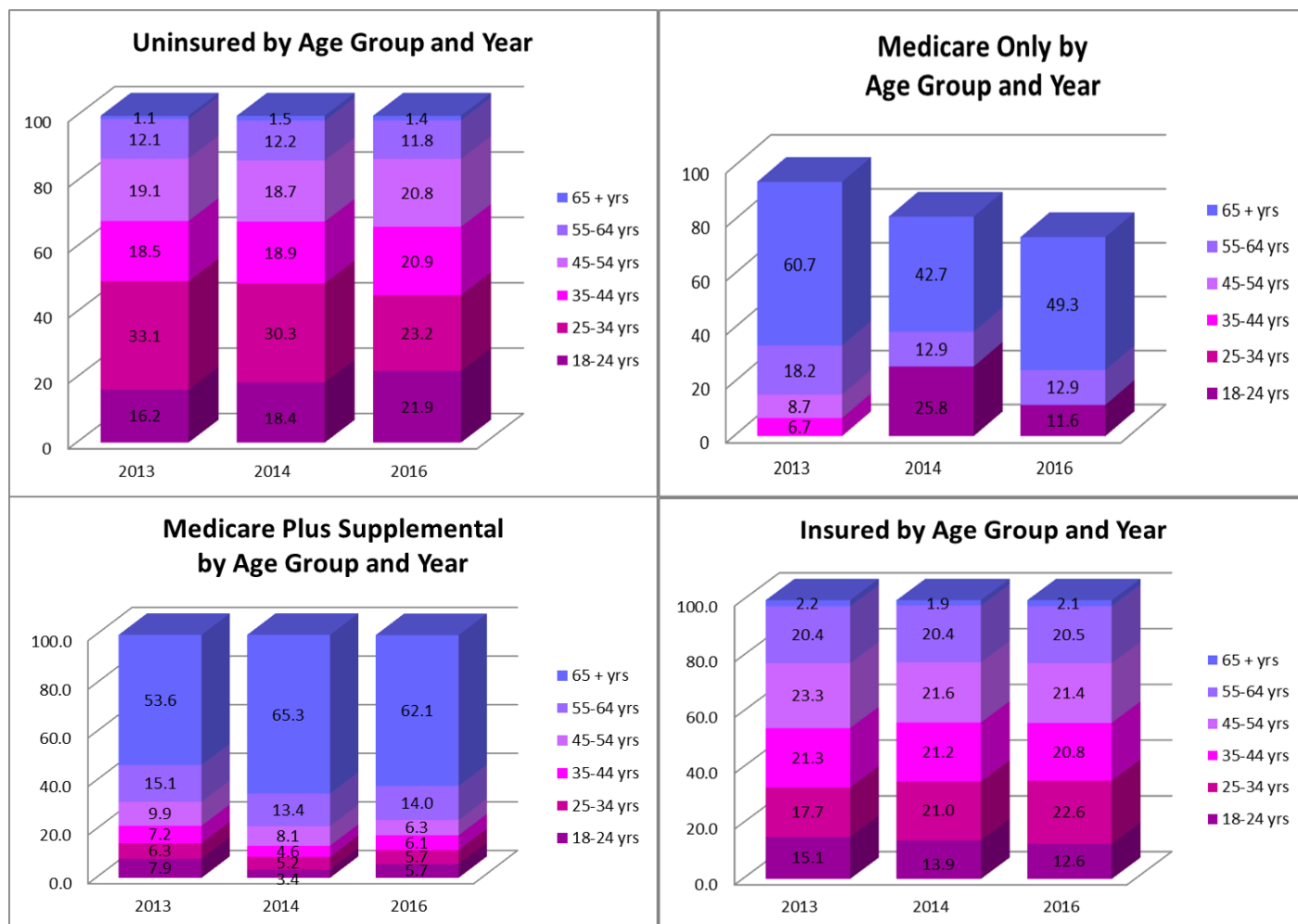
Comparing the combined Medicare plus supplement and Insured groups from 2013 to 2016:

White Men	Black Men	White Women	Black Women
+ 15.3%	+ 7.9%	+ 8.4%	+15.4%

White men and black women had the highest gains at 15.35% while black men and white women saw increases closer to 8.0% to 8.4%. Black men still have the lowest combined population at 72.2% while white women are highest at 85.6%.



## Age



The Medicare only group is included only when sample size was sufficient to generate a valid estimate

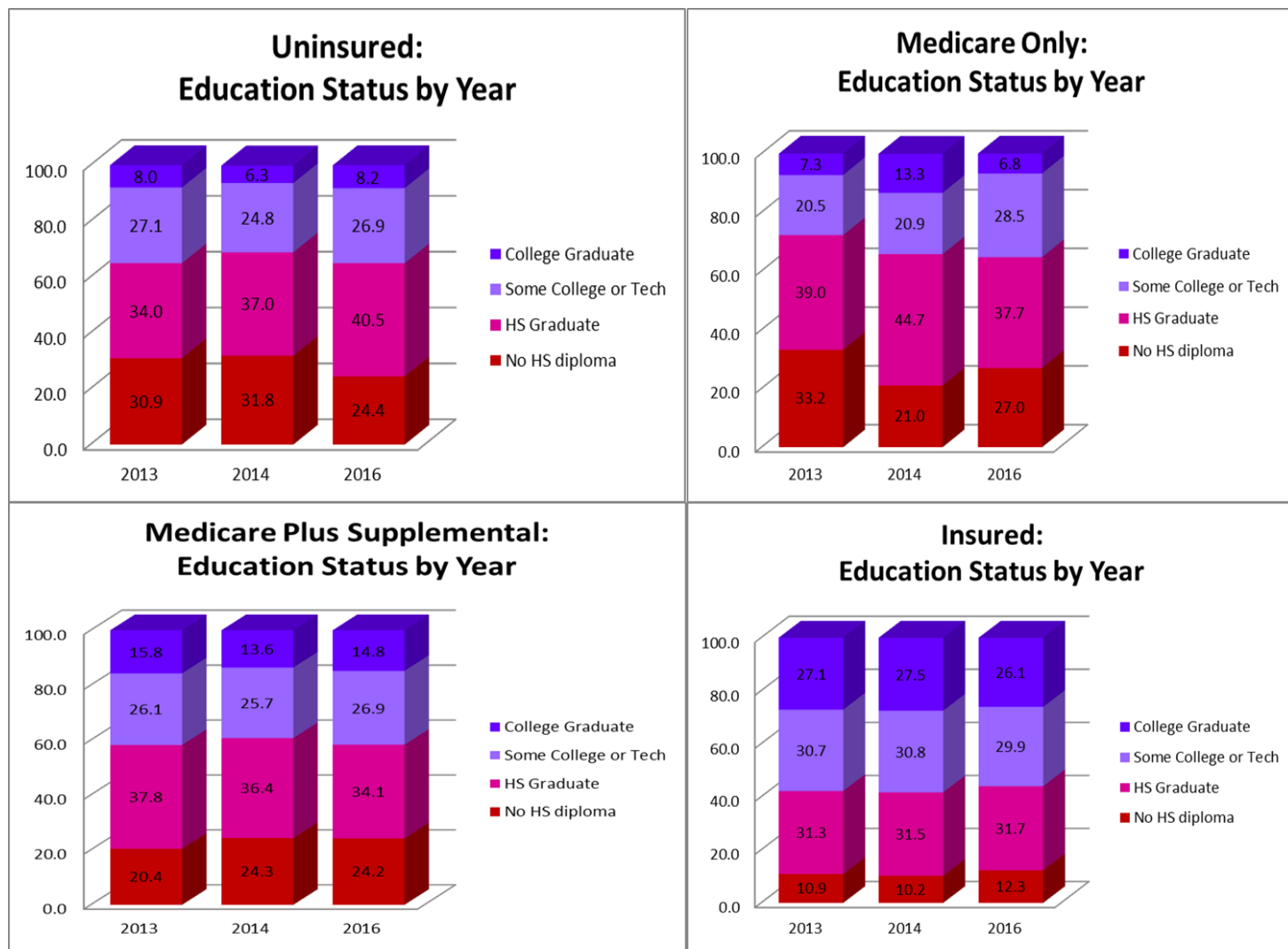
In 2010, the ACA mandated that all insurance plans maintain dependent insurance coverage for adult children up to age 26. In 2014, adults with annual incomes less than or equal to 400% of the federal poverty level became eligible to access subsidized health insurance.<sup>2</sup> Additionally, ACA provided for Medicaid coverage to extended to all adults with incomes less than or equal to 133% of the federal poverty level. This latter provision was not implemented in Louisiana until June, 2016. This data covers the first six months of that expansion.

Access to affordable Medicare Select insurance for those with lower incomes could be the cause for the decline of 11.4 percent for those 65 and older in the Medicare only group, while the 65 and older group for Medicare plus supplemental insurance increased 8.5% from 2013 to 2016.<sup>3</sup> There is a similar decline of 9.9% in the 25 to 34 year age group for the Uninsured with a corresponding increase in the same age group of 4.9% for the Insured. The 18 to 24 year olds have had access to coverage through their parents insurance since 2010 so no ACA related increase in coverage status would be seen.

Instead, there is an increase for this age group of 5.7% in the Uninsured group and a decrease of 2.5% in the Insured group. Possible explanations include:

- loss of employer provided health insurance
- income does not fall between 100% and 400% of federal poverty line <sup>4</sup>
- prohibitions against being carried on parents' health insurance once released from coverage or
- parents retired and now have Medicare<sup>5</sup>

## Education

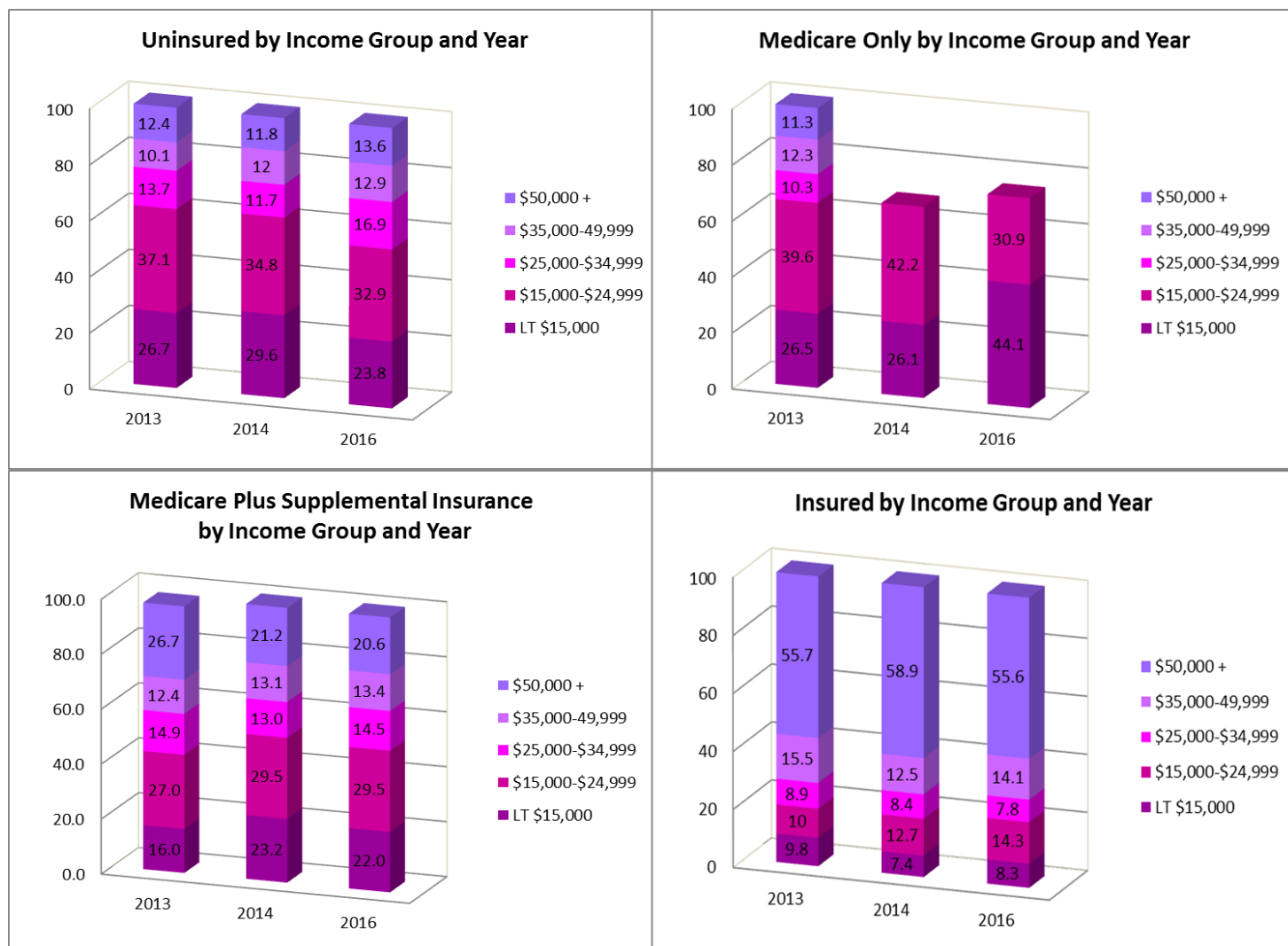


The Uninsured, Medicare only and Medicare plus supplemental insurance have similar educational profiles. The proportion without a high school diploma ranges from 20.4% to 33.2%. The largest education category for these groups is high school graduate. The proportion with a college degree or technical certification ranges from a low of 6.2% in the uninsured to a high of 15.8% in the Medicare plus

supplemental insurance. They insured have the lowest proportion with no high school diploma and, on average, the lowest proportion in the high school graduate category. They also have the highest proportion of college graduates/technical certification at 22.1% to 27.5%.

The number of individuals in the uninsured group decreases 8.1% from 2013 to 2016, but the educational profile remains relative constant with the exception that the group with no high school diploma drops by 7.4% and the high school diploma group increases by 6.5%.

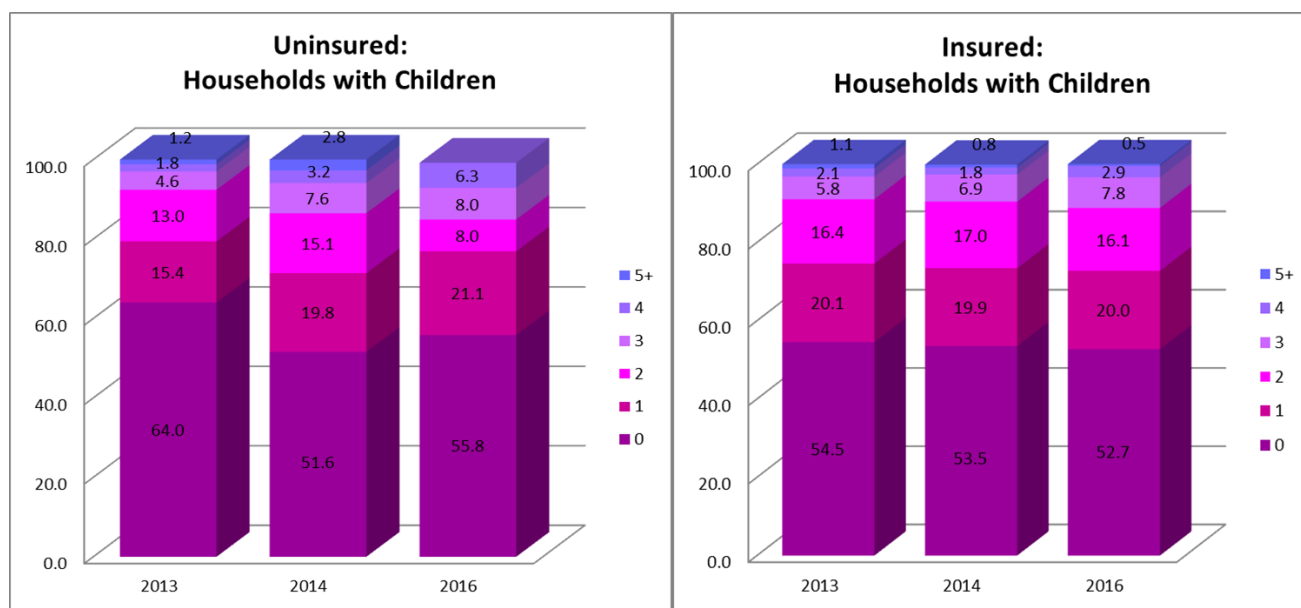
## Income



The Medicare only group is included only when sample size was sufficient to generate a valid estimate

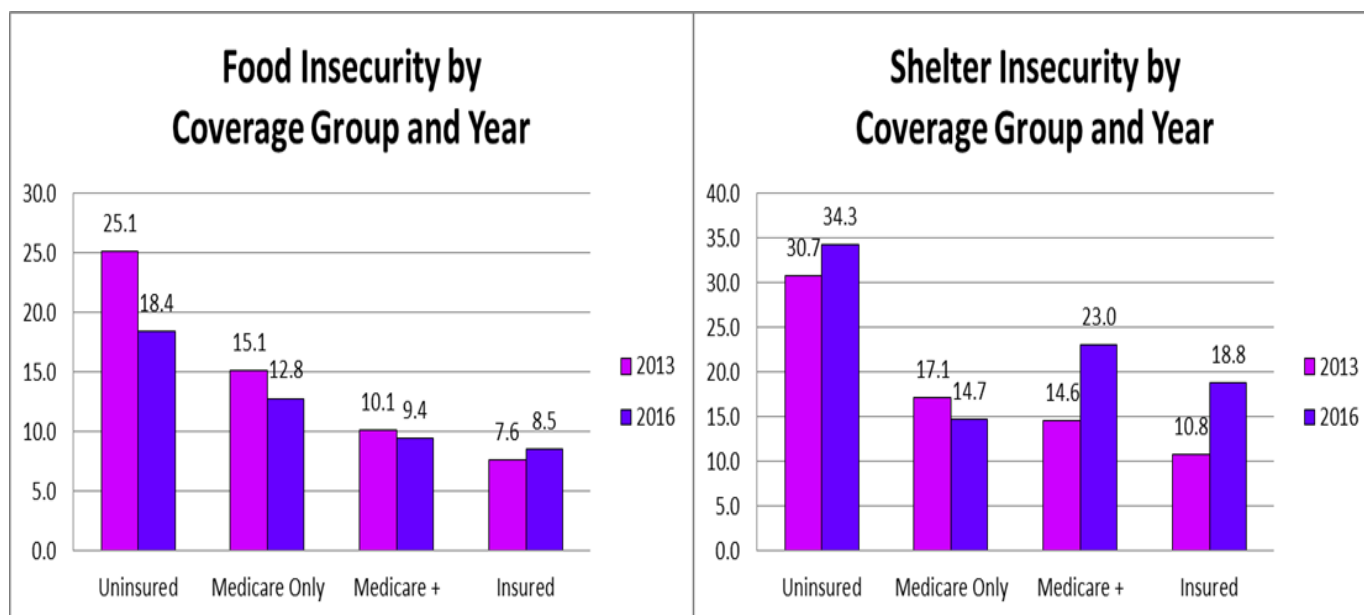
Income is a major driver for maintaining health care coverage. At an average 56.7%, the Insured group has the highest proportion of those with annual income greater than or equal to \$50,000. For the other three coverage groups, the income category with the highest proportion is the \$15,000 to \$24,000 category. The only exception is the Medicare Only group for 2016 that has 44.1% of its population in the \$15,000-or-less category, an increase of 17.6% from 2013 to 2016.

## Quality of Life



From 2013-2016, the number of Uninsured households with at least one child rose from 36.0% to 43.4% while Insured households with children held steady at an average of 46.4%.

The Medicaid expansion and subsidized insurance for low income households put health insurance within reach for many of the uninsured and under insured in Louisiana, but many households with limited incomes have to make choices as to how limited dollars will be spent.



Food insecurity, defined as always or usually being worried or stressed about having enough money to buy nutritious meals, is highest for the Uninsured at 25.1% in 2013. It declines across the Medicare Only (15.1%) and the Medicare with Supplemental Insurance (10.1%) groups to the Insured at 7.6%.

The proportion with food insecurity decreases from 2013 to 2016 for all groups with the exception of the Insured which rose 0.9% during this time period. Shelter insecurity, defined as always or usually being worried or stressed about having enough money to pay your rent or mortgage, is highest for the Uninsured group (30.7-34.3%). Shelter insecurity increases from 2013 to 2016 except in the Medicare Only group. Even though the Uninsured have the highest proportion of their population reporting shelter insecurity, they have the smallest increase (3.6%) over the 4 year period. Shelter insecurity for Medicare plus Supplemental Insurance increased 8.4% while the Insured rose 8.0%.

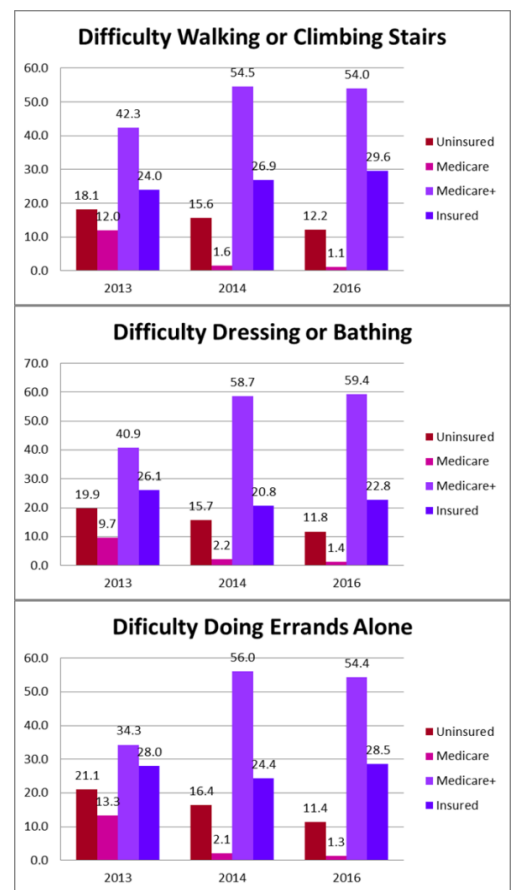
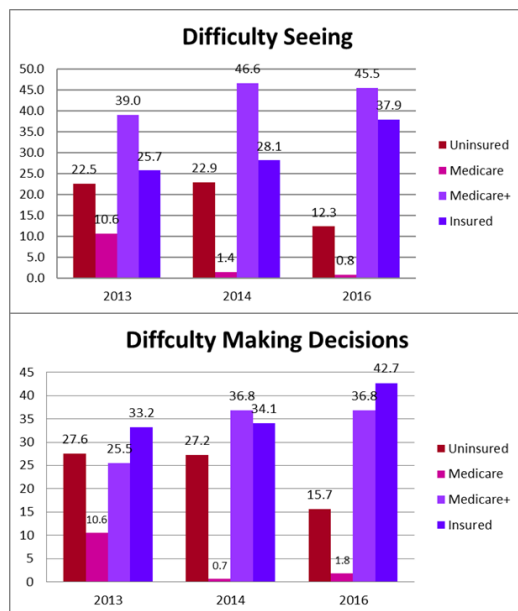
## Disabilities and Chronic Conditions

BRFSS tracks five major categories of disability:

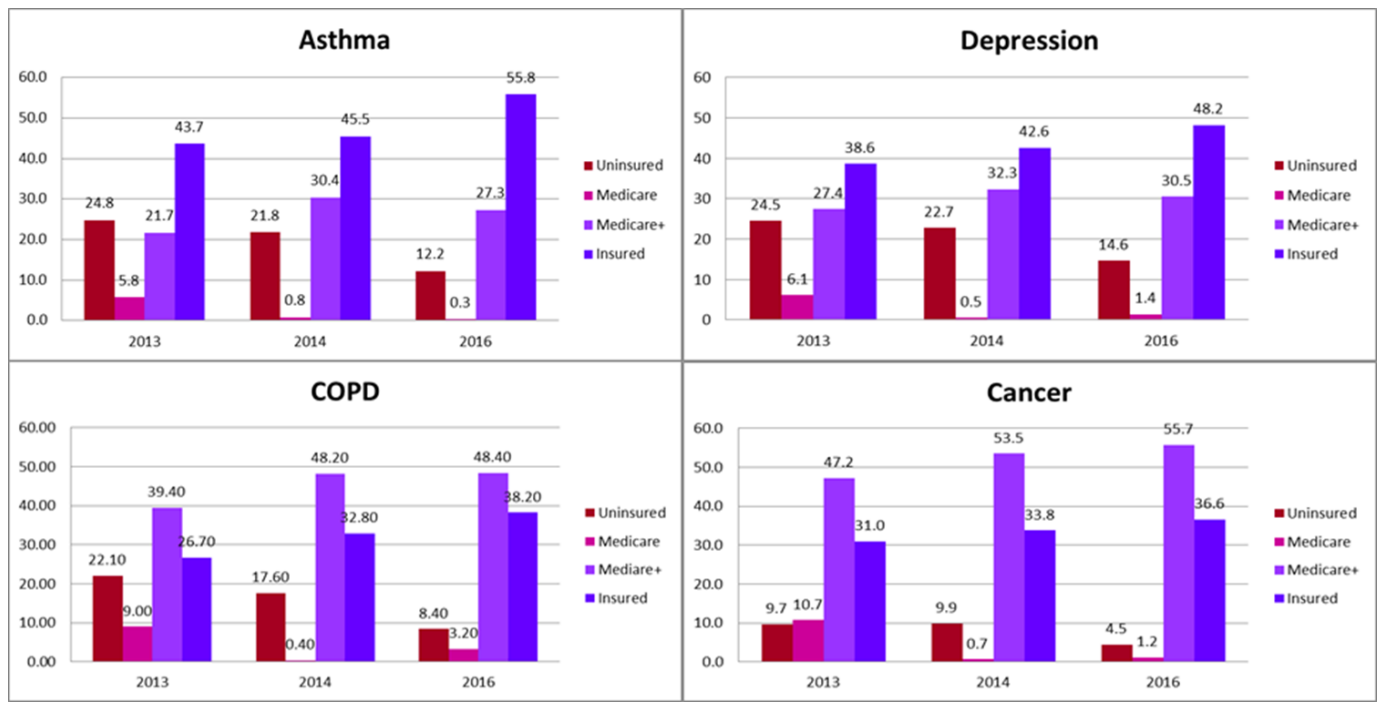
- Difficulty seeing even with glasses
- Cognitive disability
- Ambulatory disability
- Self-care disability
- Independent living disability

Having access to adequate healthcare is essential to maintaining the best quality of life possible for the disabled. The following charts track each disability category over time and coverage group.

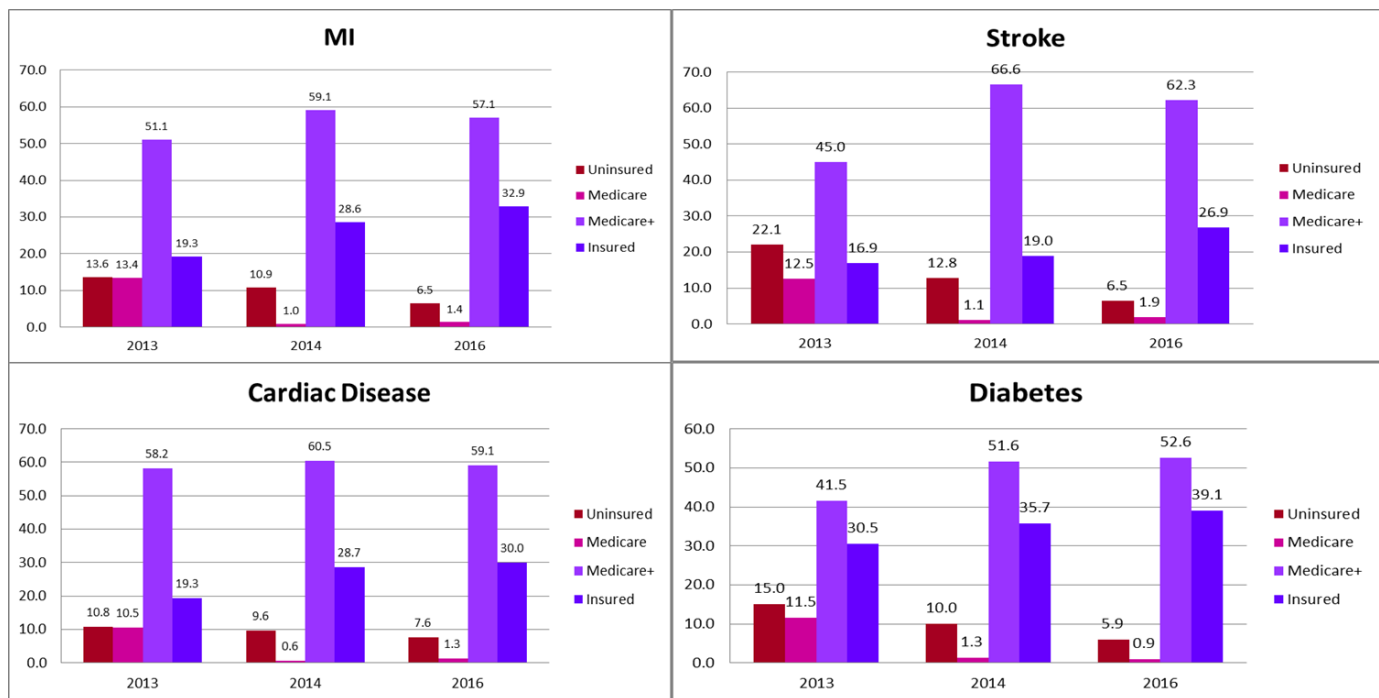
From 2013 to 2016, the populations of those with disabilities decreases for the Uninsured and Medicare only groups and increases for the Medicare plus supplemental insurance and the Insured groups.



A similar pattern can be seen for chronic conditions.



The decreases in point prevalence for these conditions in the Uninsured and Medicare only groups occur concurrently with point prevalence increases for the Medicare with supplemental insurance and the Insured. This suggests that the Medicaid expansion, the increase in the percent-of-poverty-level threshold for subsidized insurance premiums and regulations requiring insurance companies to cover pre-existing conditions have made it possible for those with chronic conditions who were included in the Uninsured and Medicare only groups to obtain health care coverage.

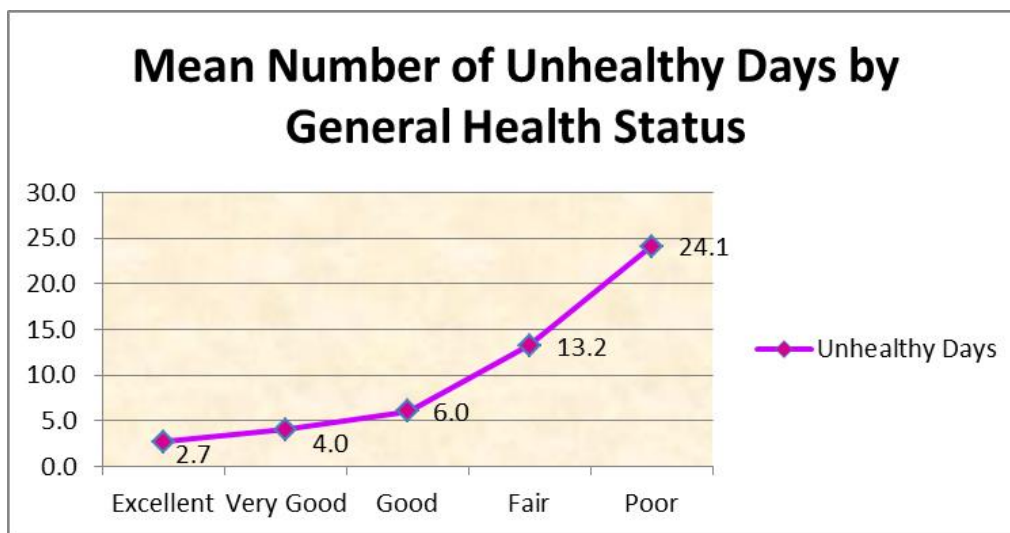


## Self-Perceptions of Health and Well Being

Research has shown that a person's perception of his/her own overall health is generally accurate when compared with objective data. The BRFSS survey has several questions that are used to determine self-perceived Health Related Quality of Life (HRQOL):

- 1) Would you say that in general your health is: Excellent, Very Good, Good, Fair or Poor
- 2) Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- 3) Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

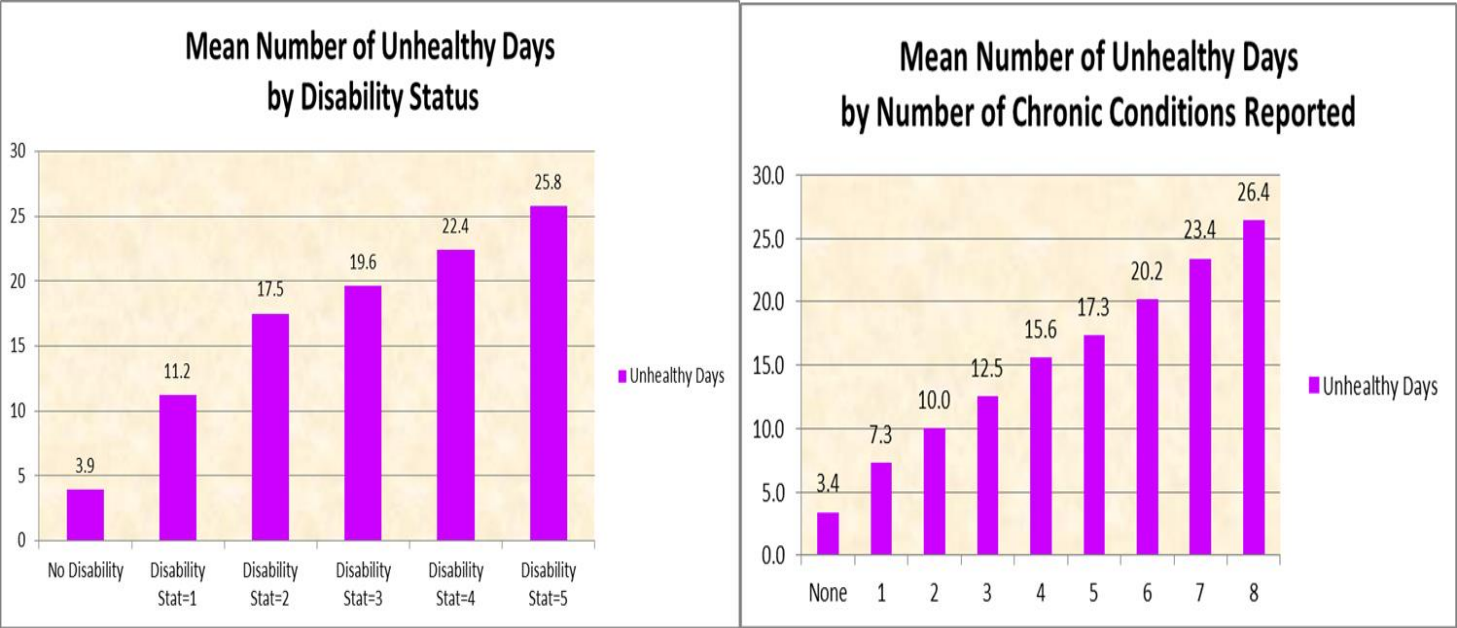
Days when physical or mental health was not good are summed to define total number of Unhealthy Days using 30 as a logical maximum. From 2013-2016, a total of 52.8% of the population reported at least one physically or mentally unhealthy day during the last 30 days. 19.3% had both physically and mentally unhealthy days. This figure shows the relationship between Unhealthy Days and self-reported General Health Status.<sup>6</sup>



The interval from one general health status category to the next successively increases from 1.3 to 10.9 unhealthy days.

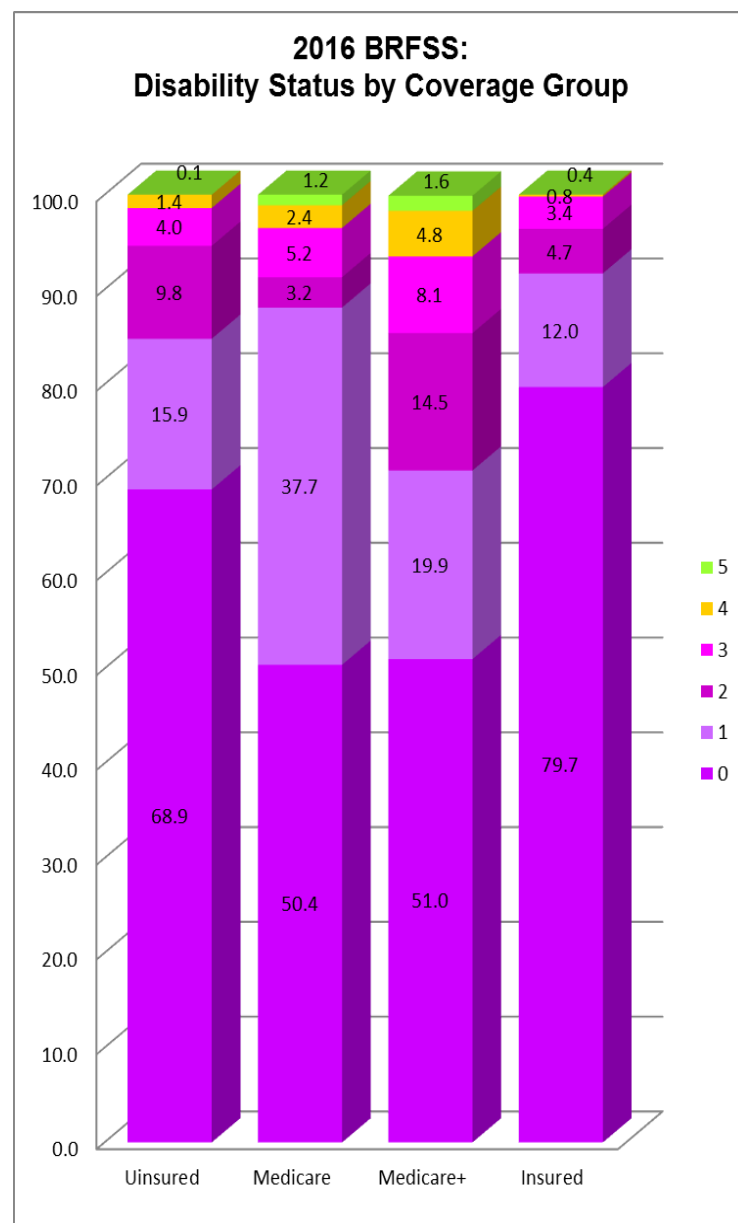
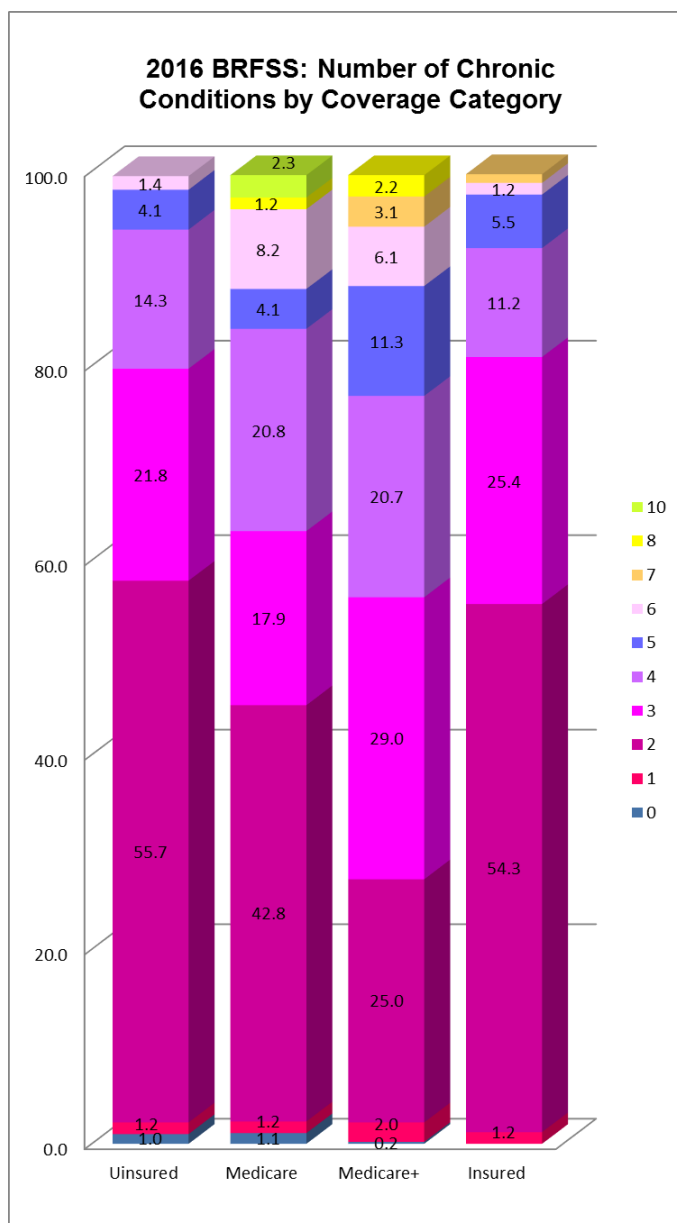


The number of chronic conditions or disabilities reported by a given respondent is also associated with Unhealthy Days.



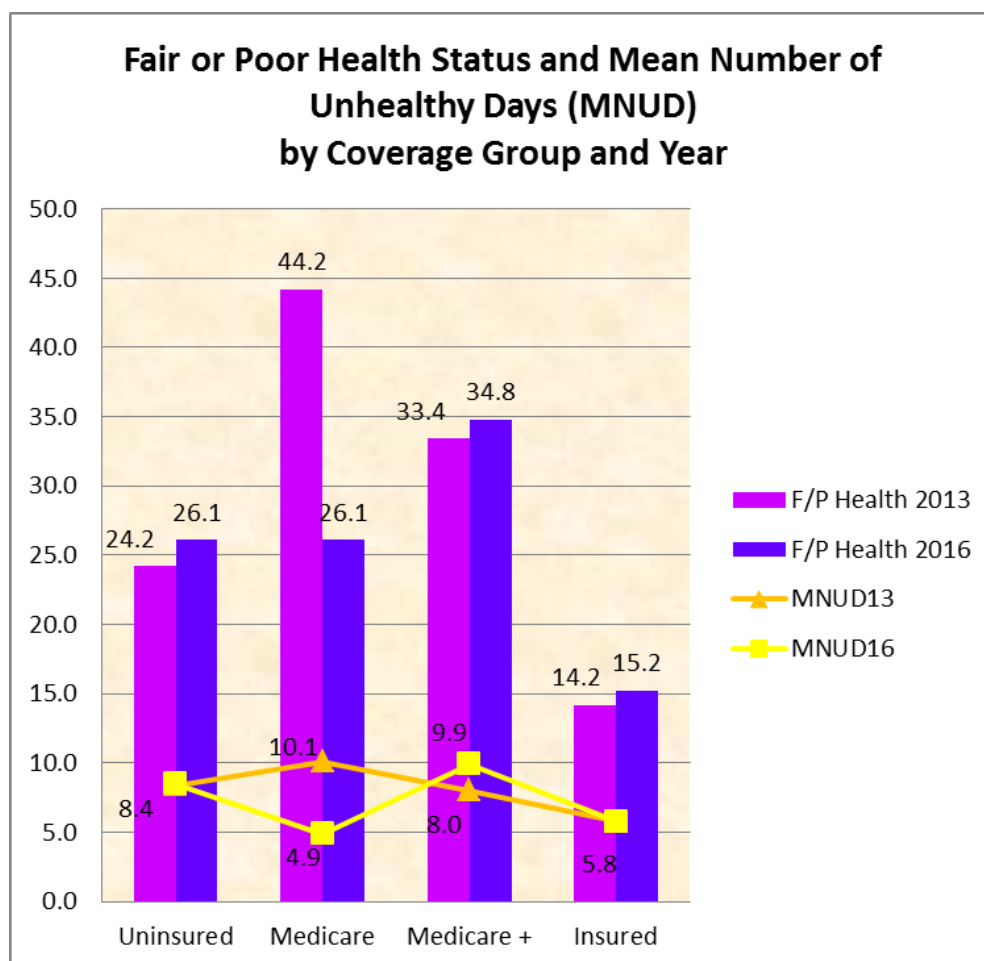
Disability Status is defined as having one of these disabilities or as many as all five (7)

Mean Unhealthy Days increases with the number of disabilities the respondent reports. Similarly, mean Unhealthy Days increases with the number of chronic conditions a respondent reports.



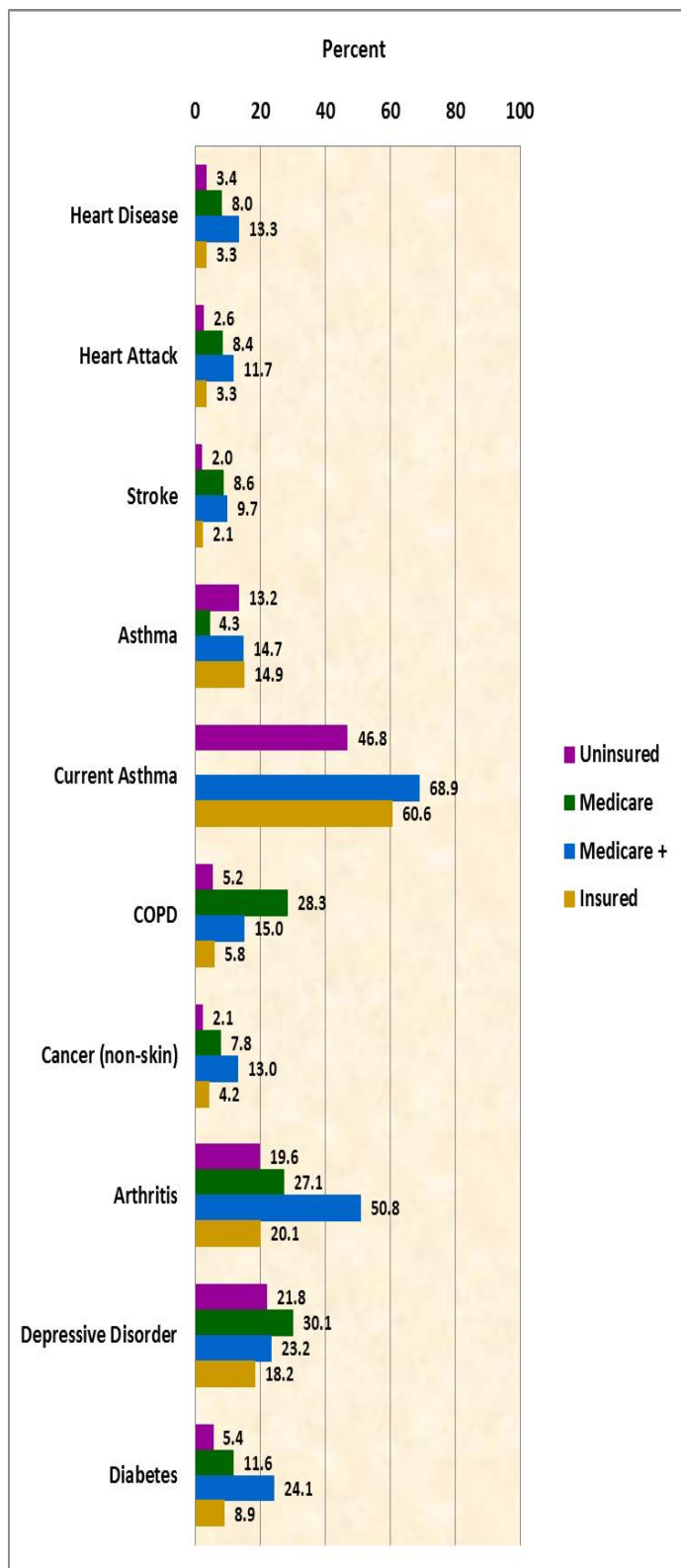
As expected, the Medicare groups have higher representation among those with more than 2 chronic conditions and those with at least one disability. The Medicare only group has 44.0% of the population with two or less chronic conditions and 54.5% with three or more. The Medicare with supplement group has only 27.2% with two or less chronic conditions and 72.4% with three or more. The categories for number of chronic conditions are very similar for the Uninsured and the Insured groups. Both have approximately 56% of their populations with two or less chronic conditions and approximately 44% with three or more.

The Insured have the largest category with no disabilities at 79.7%, followed by the Uninsured with 68.9%. The two Medicare groups both have approximately 50% of their populations with no disabilities. Medicare with supplement has the largest population with three or more disabilities at 14.5%.



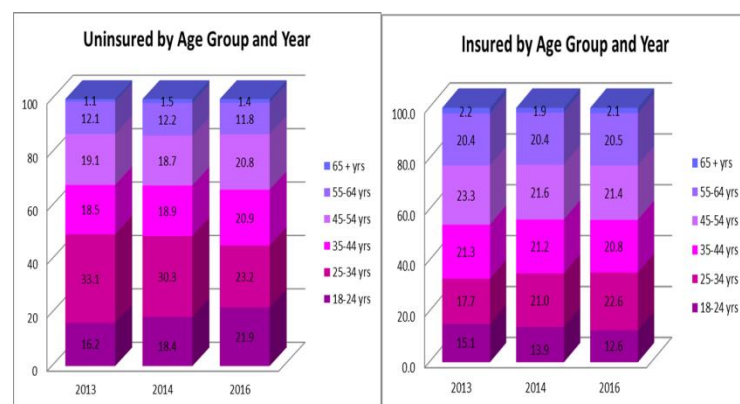
An overview of Health Related Quality of Life metrics shows the two Medicare groups report the highest proportions with Fair or Poor health status. For 2013, the Medicare only group had 10.8 percent more in the Fair or Poor group than Medicare plus Supplemental Insurance but by 2016 the situation has reversed with Medicare only dropping down to 26.1% and Medicare plus Supplemental slightly increasing to 34.8%. For the Uninsured and Insured, there was little change in Fair or Poor health status from 2013 to 2016. On average, the Uninsured report 10.45% more respondents in the fair to poor health status group than the Insured group. The mean number of unhealthy days tracks these changes over time. The Uninsured and the Insured remain constant while the Medicare only group decreases for 2016 to 4.9 unhealthy days (a drop of 5.2 days), and the Insured group increases to 9.9 unhealthy days. Overall, for 2016, the Medicare only group had the least mean number of unhealthy days, followed by the Insured, the Uninsured and the Medicare with Supplemental Insurance group.

## 2016: Percent Reporting Chronic Conditions by Coverage Group

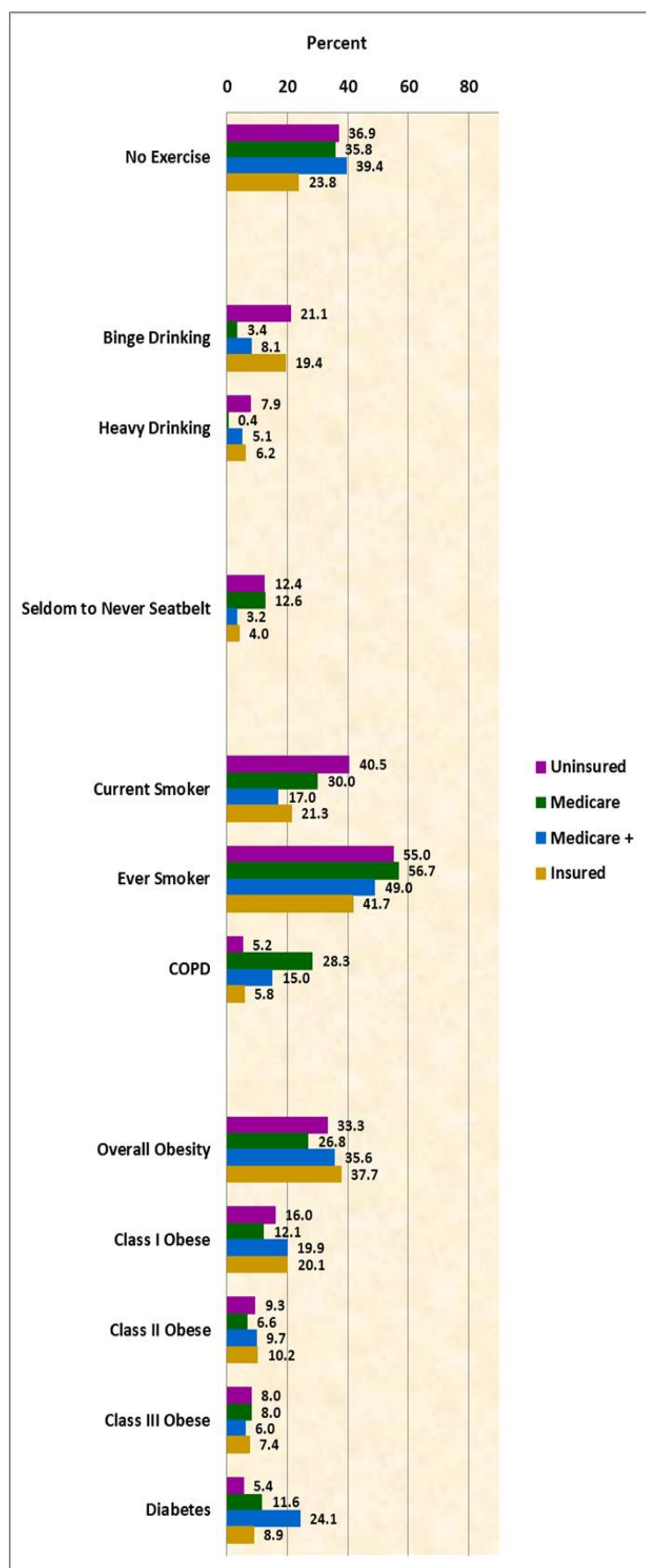


With the exception of asthma, the two Medicare Groups report the highest prevalence of individual chronic conditions. These groups on average are the oldest and have the highest probability of including the disabled. In general, the Medicare with supplemental insurance group reports higher prevalence than the Medicare only group, the exceptions being COPD and Depressive Disorder. It may be that the Medicare only group is, overall, healthier than the Medicare with supplemental insurance group or that these chronic conditions are going undiagnosed in the Medicare only group.

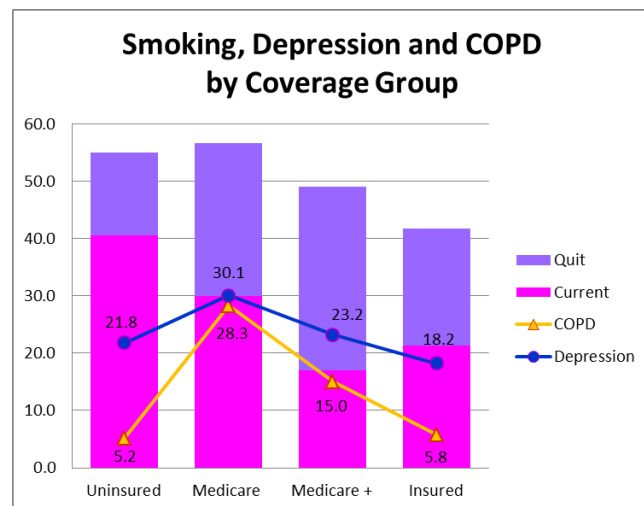
The Uninsured report lower or equal prevalence for all conditions except Depressive Disorder compared to the Insured. Their education status and income status are lower than the Insured, which is usually associated with higher prevalence of chronic conditions and may be an indication that these conditions are going undiagnosed. The Uninsured are, however, younger than the Insured group indicating that the lower disease prevalence may be due to better health:



## 2016: Risk Factors



Medicare only and the Uninsured have the highest prevalence of ever smokers at 56.7% and 55.0%, respectively. Medicare with supplement stands at 49.0% and the Insured at the lowest ever smoking prevalence at 41.7%. The two Medicare groups have higher quit rates and also have current smoking rates that coincide closely with the prevalence of COPD.



Medicare only has the highest prevalence of COPD (28.3%) and Ever Smokers (56.7%). They also have the lowest overall Obesity at 26.8%.

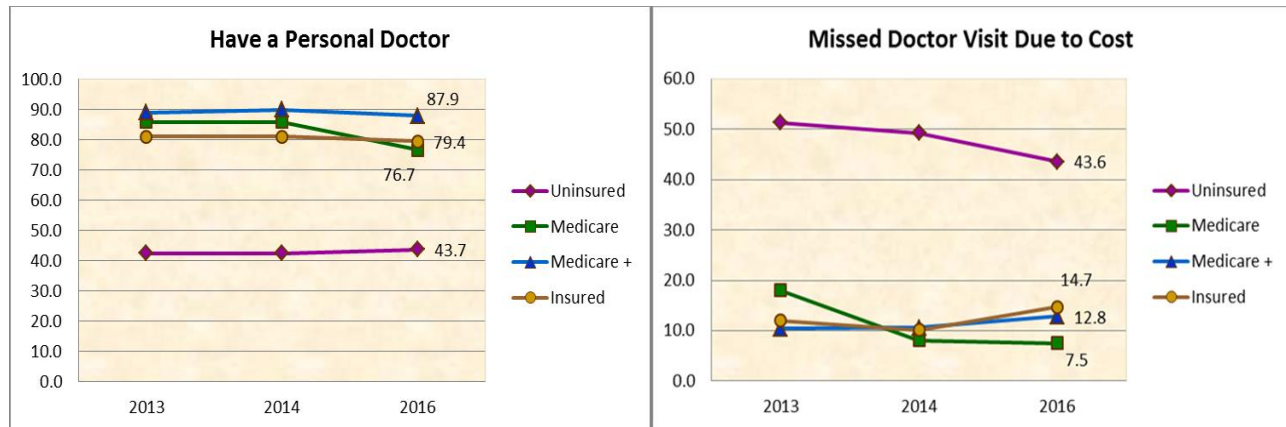
Medicare plus supplement is the most likely to not exercise (39.4%) and has the second highest overall obesity at 35.6% and the highest diabetes prevalence at 24.1%.

The Uninsured have lower obesity and diabetes than the Insured group. They also have higher ever and current smoker prevalence and are more likely to binge drink, not exercise and seldom to never use their seatbelt.

The Insured have the highest overall obesity.

# Access to Health Care and Quality of Health Care Received

## Have a Personal Physician and Missed Visits due to Cost



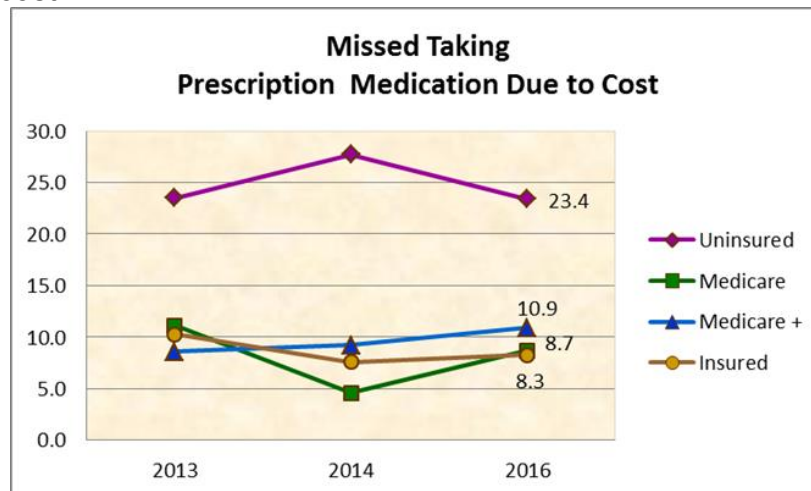
The doctor-patient relationship is essential in the diagnosis and treatment of disease. For many, the financial costs associated with establishing that relationship are prohibitive. The proportion of each of the four coverage groups claiming to have a personal physician has held steady from 2013-16 but, on average, there is a 37.6% separation between the uninsured and the other three groups. Only 43.7% of the uninsured had a personal physician, 33.0% less than those with Medicare only and 35.7% less than those with insurance. 87.9% of those with Medicare plus supplemental insurance reported having a personal physician, the highest proportion of all four groups.

A similar separation between the uninsured and the other coverage groups remains for having missed a doctor visit due to cost (31.9%). Again, for 43.6% of the uninsured, the cost associated with seeing a physician proved prohibitive. This is 28.9% higher than the missed visit proportion for the next closest group, the insured (14.7%). Those with Medicare plus supplemental insurance and Medicare only were lower at 12.8% and 7.5%, respectively. The 9.9% drop in missed visits between 2013 and 2014 for the Medicare only group may be due to the introduction of a free annual Wellness Visit mandated by The Affordable Care Act (ACA).



## Missed Prescription Due to Cost

In 2016, 23.4% of those with no insurance reported missing prescription medications due to cost, on average 14.% more than the other three coverage groups which cluster at 8.3% to 10.9%. Among those with Medicare plus supplemental insurance 10.9% missed prescription medication due to cost.



## Non-Cost Reasons to Delay Medical Care

Other than cost, the three reasons cited most often to delay medical care are lack of transportation, too long a wait in the doctor's office and not being able to get an appointment soon enough. In 2013, the uninsured and Medicare only groups cited the office wait as most important, Medicare plus supplemental insurance cited lack of transportation and the insured could not get an appointment soon enough. By 2014, three out of four groups cited lack of transportation, and by 2016 three out of four cited not being able to get an appointment soon enough.

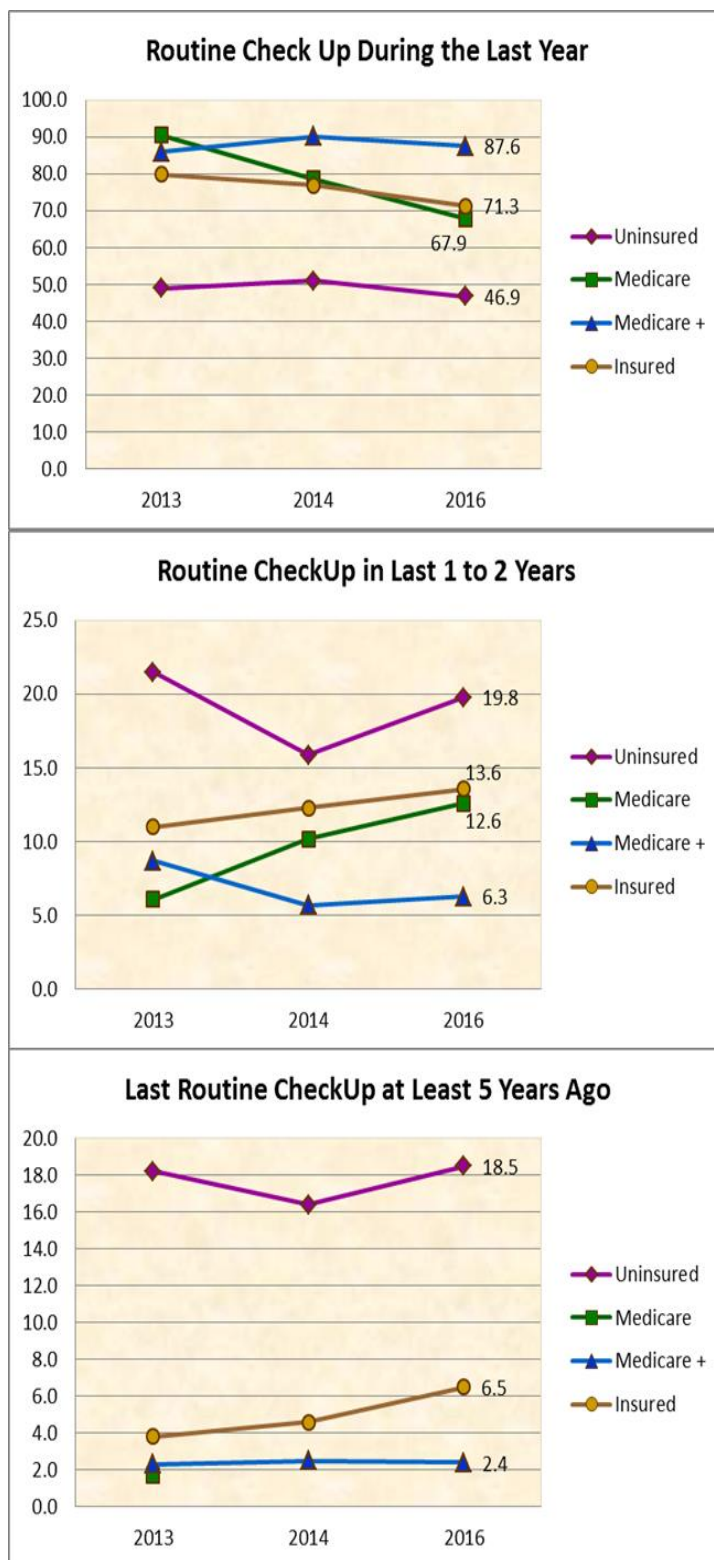
The proportion of the uninsured that experienced no delay increased 8.3% from 2013 through 2016, but this group still consistently had the lowest proportion with no delay in 2016. Variation for no delay in the other three groups was within the range of their respective confidence intervals.

	2013		2014		2016	
	No Delay	Reason for Delay	No Delay	Reason for Delay	No Delay	Reason for Delay
<b>Uninsured</b>	62.3	8.3	69.3	7.7	70.6	6.2
<b>Medicare Only</b>	80.7	5.6	86.2	6.7	83.6	7.5
<b>Medicare Plus Supplement</b>	82.6	4.9	82.3	5.3	79.8	5.9
<b>Insured</b>	80.7	5.5	81.3	5.7	77.4	8.3

Office Wait too Long,
  Lack Transportation,
  Unable to Get Appointment Soon Enough

## Interval between Routine Medical Check Ups

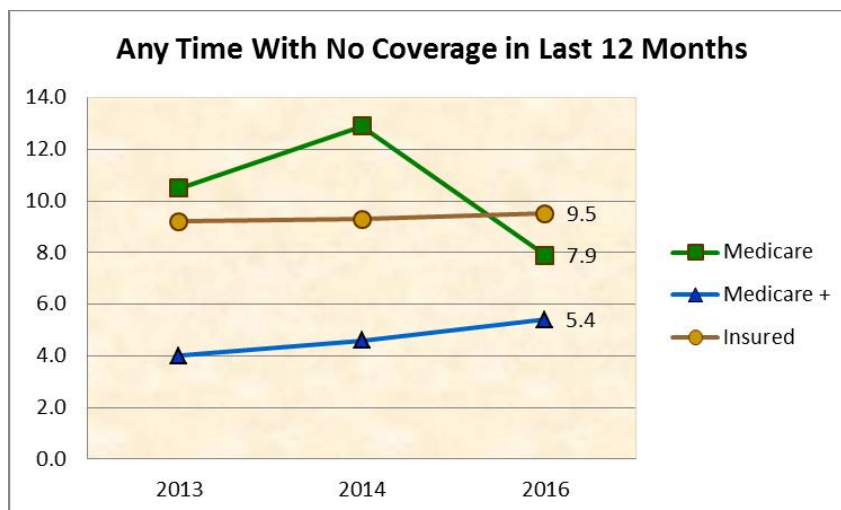
Over time, the uninsured group has consistently reported longer intervals between routine medical checkups than the other three groups. In 2016, less than half (46.9%) reported having a checkup during the last year. The uninsured have the highest proportion with a checkup in the last one to two years (19.8%) and for having their last checkup at least five years ago (18.5%). Those with Medicare plus supplemental insurance consistently report having the shortest interval between checkups: 87.6% within the last year, 6.3% in the last one to two years, and only 2.4% had their last checkup at least five years ago.



The Medicare only group is included only when sample size was sufficient to generate a valid estimate

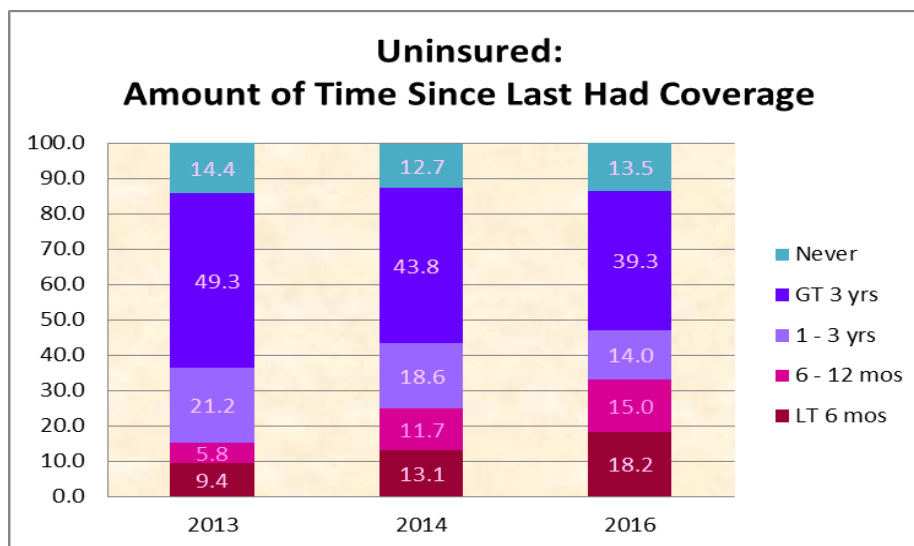


## Any Time with No Coverage in Last 12 Months



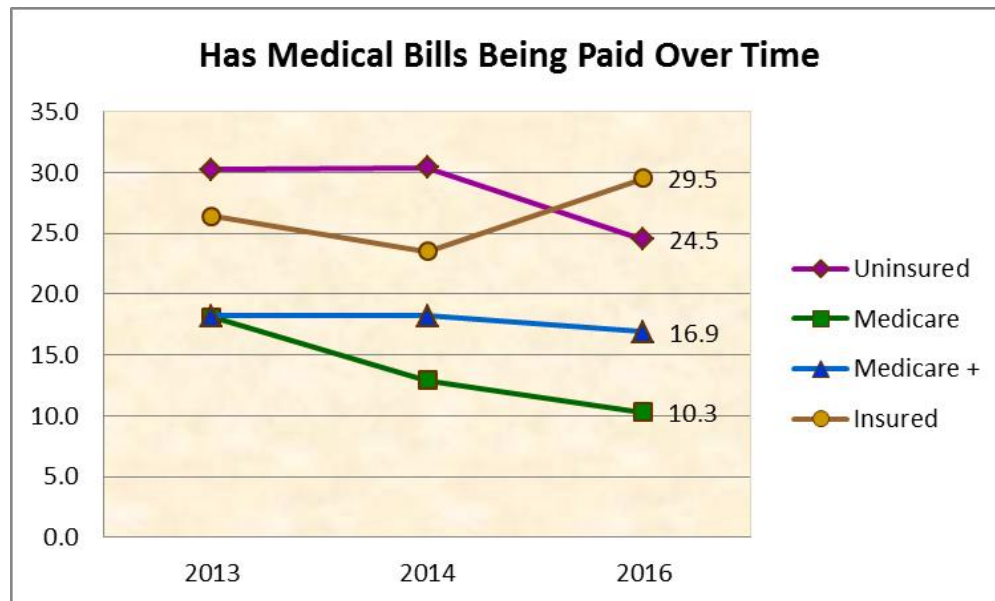
The Medicare only, Medicare plus supplement and the Insured groups report small changes in having a gap in coverage during the last twelve months over the 2013 to 2016 time period. The Insured have held steady at 9.3%, the Medicare plus supplement saw an increase of 2.5% and the Medicare only group reported a drop of 2.6%.

## Uninsured: Time since Last Had Coverage



From 2013 to 2016, the percentage of the uninsured that has never had health coverage has varied very little, remaining between 12.7% and 14.4%. The length of time spent without coverage has decreased over time, but in 2016 there were still 39.3% who had not had coverage for more than three years.

## Currently Have Medical Bills Being Paid Over Time



All groups have medical bills being paid over time. In 2013, that number ranged from 30.2% to 18.1%. For 2016, in decreasing order:

- Insured at 29.5%
- Uninsured at 24.5%
- Medicare with supplemental insurance at 16.9%
- Medicare only at 10.3%

All groups have seen a reduction in the proportion paying medical bills over time with the exception of the insured who reported an increase of 3.1%. (NOTE: Includes medical bills being paid off with a credit card, through personal loans or bill paying arrangements with hospital or other provider. The bill can be from earlier years as well as this year.)

## Satisfaction

### With Health Care Received

In general, the respondents reported being satisfied with the health care that they had received. For each of the four groups, the highest proportion of respondents reported being very satisfied with their health care and the smallest proportion reported being not at all satisfied with their health care.

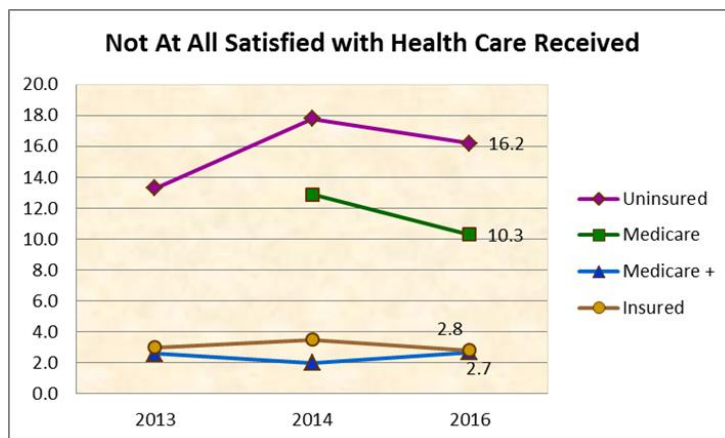
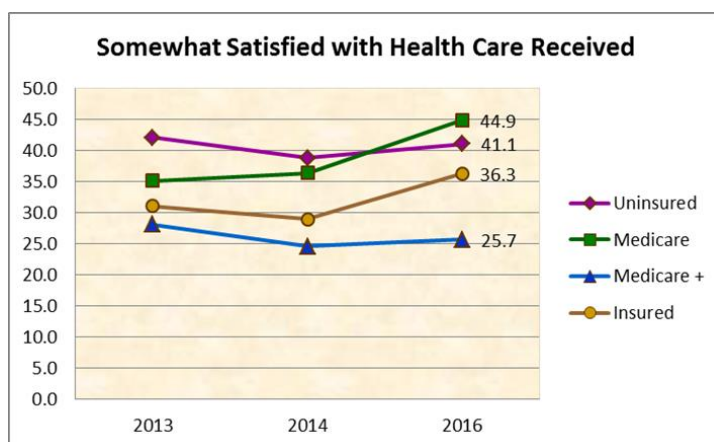
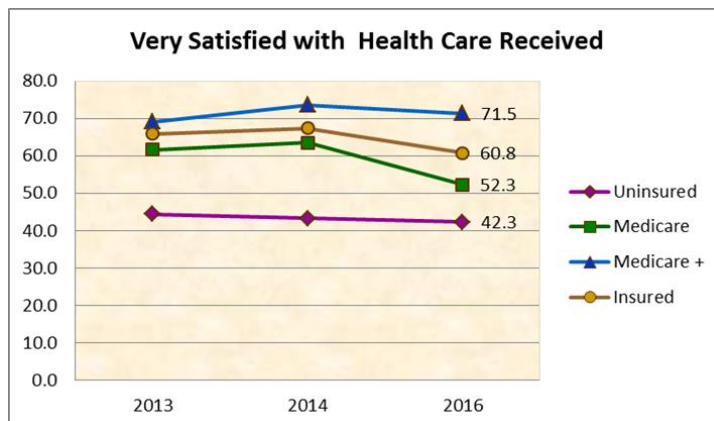
Within the very satisfied category, there was generally a ten percentage point spread between the groups:

- Medicare with supplemental insurance at 71.5%
- Insured at 60.8%
- Medicare only at 52.3%
- And uninsured at 42.3%

For the not at all satisfied group, the spread averaged 6.7 percentage points:

- Uninsured at 16.2%
- Medicare only at 10.3%
- Insured/Medicare with supplemental insurance at 2.7-2.8%

Overall, the Medicare with supplemental insurance reported the highest level of satisfaction with health care received and the uninsured reported the lowest.



The Medicare only group is included only when sample size was sufficient to generate a valid estimate

# Screening

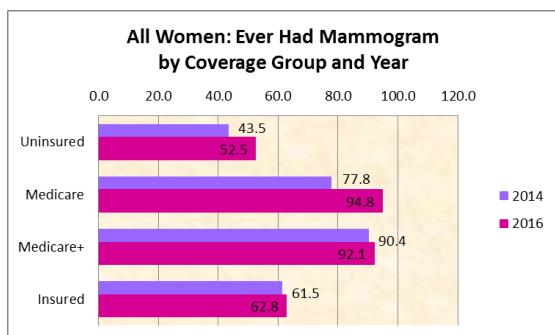
## 2014-2016: Ever Had a Mammogram

The ACA requires all marketplace health plans and many other health plans to cover many preventive services for women without charging a copayment even if the yearly deductible has not been met. This includes:

- Breast cancer mammograms for women over 40 every one to two years
- Cervical cancer screening for sexually active women

Medicare also covers more preventive services without charging the Part B coinsurance for women with Part B:

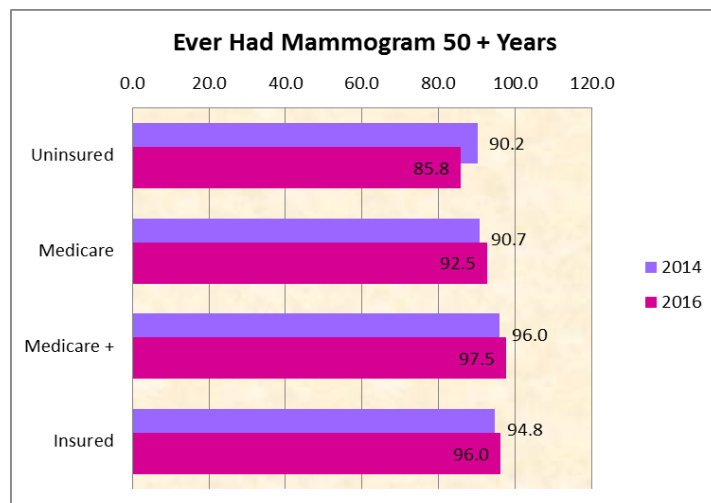
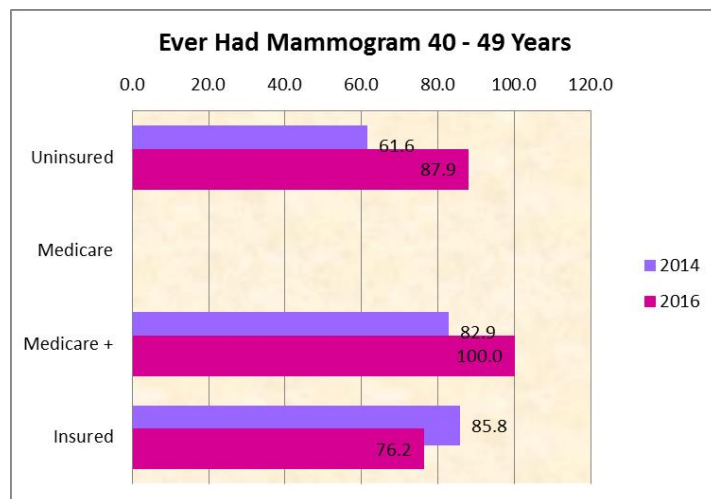
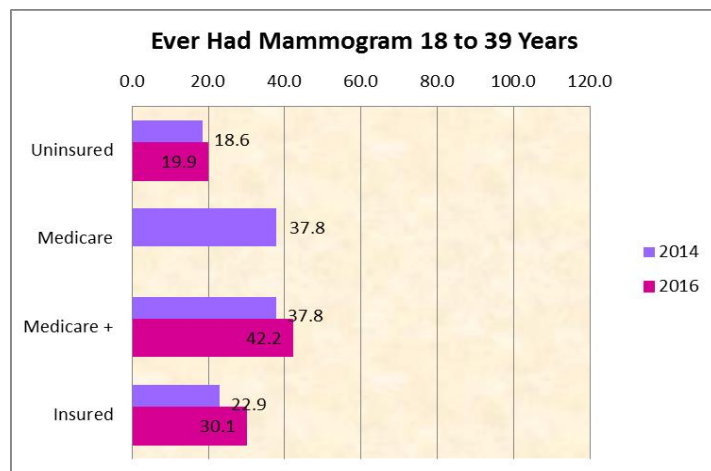
- Yearly Mammograms for women over 40
- Baseline mammogram for women 35-39
- For women who are uninsured or under insured, the National Breast Cancer and Cervical Cancer Early Detection Program provide free or low cost breast cancer (women 40-76) and cervical cancer (21 and 64) screenings.<sup>8</sup>



The overall percentage of women that have had at least one mammogram has increased in each coverage category from 2014 to 2016. By 2016, both Medicare groups have at least 90.0% with a mammogram. The Insured have 62.8% with a mammogram, 10.3% higher than the Uninsured at 52.5%.

For the age groups, ever having a mammogram has either held steady or increased from 2014 to 2016 with the exception of 40-49 year old insured women who had a 9.6% reduction and Uninsured women 50+ who had a 4.4% reduction.

By 2016, 11.7% more Uninsured women had a mammogram compared to Insured women in the 40-49 year age group.



The Medicare only group is included only when sample size was sufficient to generate a valid estimate

## Time Since Last Mammogram

Women who reported having had at least one mammogram were asked, “How long has it been since your last mammogram?” There was insufficient data to break out the responses by age and coverage group. Instead, a combined age/coverage group breakdown for those who reported ever having had a mammogram will be used. The table below presents the proportion of women with at least one mammogram who are 18 to 39 years vs women 40+ and 50+ years of age by coverage group. Recommendations vary, but using the standard of an annual mammogram after age 40, 80.7% of the Uninsured, 81.7% of Medicare only, 95.5% of Medicare + and 78.8% of the Insured should have their last mammogram one year ago.

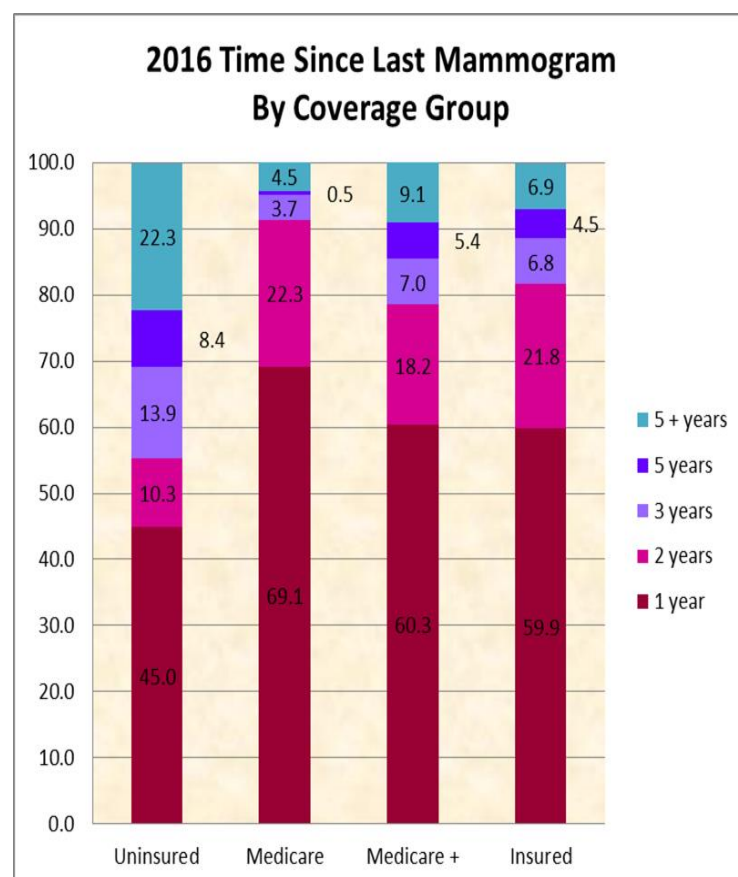
Age	Uninsured	Medicare	Medicare +	Insured
18-39	19.3	18.3	4.5	21.2
40 +	80.7	81.7	95.5	78.8
50 +	49.2	67.7	89.0	54.1

None of the groups reach the 40+ years target percent (in red above) with an annual mammogram.

Medicare only and the Insured reach the target percent with a two year window. Medicare plus supplemental insurance and the uninsured do not reach the 40+ target percent until the 5 + years category.

The uninsured have the lowest proportion of their population in the annual group. 80.7% of their population is 40 and older, but only 45.0% are receiving an annual mammogram.

Medicare only and the Insured reach their 50+ target percent with an annual mammogram; the Uninsured are very close with 45.0% of the 49.2% target.





## 2014-2016:

### Ever Had a Pap Test or HPV Test

CDC offers the following screening interval information originally released by the U. S. Preventive Services Task Force (USPSTF) in 2012:

- Age 21 – 29: Pap test every 3 years regardless of age of onset of sexual activity or other risk factors
- Age 30 – 65: Pap test every 3 years or HPV Co-test (Pap + HPV) every 5 years

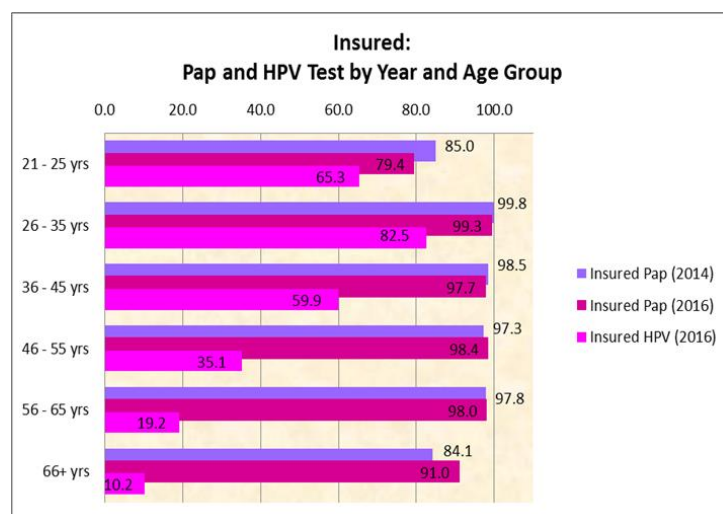
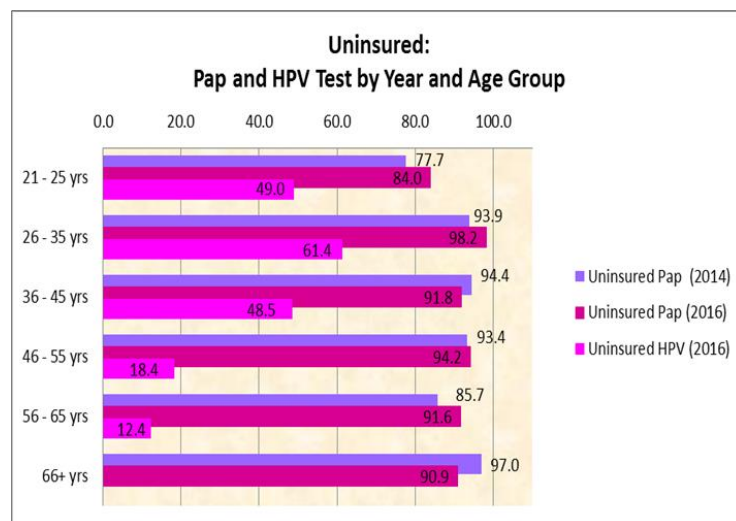
When NOT to screen:

- Younger than age 21
- Older than age 65 if not at high risk for cervical cancer and have 3 consecutive negative Pap or 2 consecutive negative HPV within 10 years with most recent test within 5 years.

The Society for Gynecologic Oncology has issued guidance stating that high-risk HPV screening can be considered as an alternative to U. S. Pap test screening methods with a recommended 3 year screening interval after a negative primary HPV screen.<sup>9,10</sup>

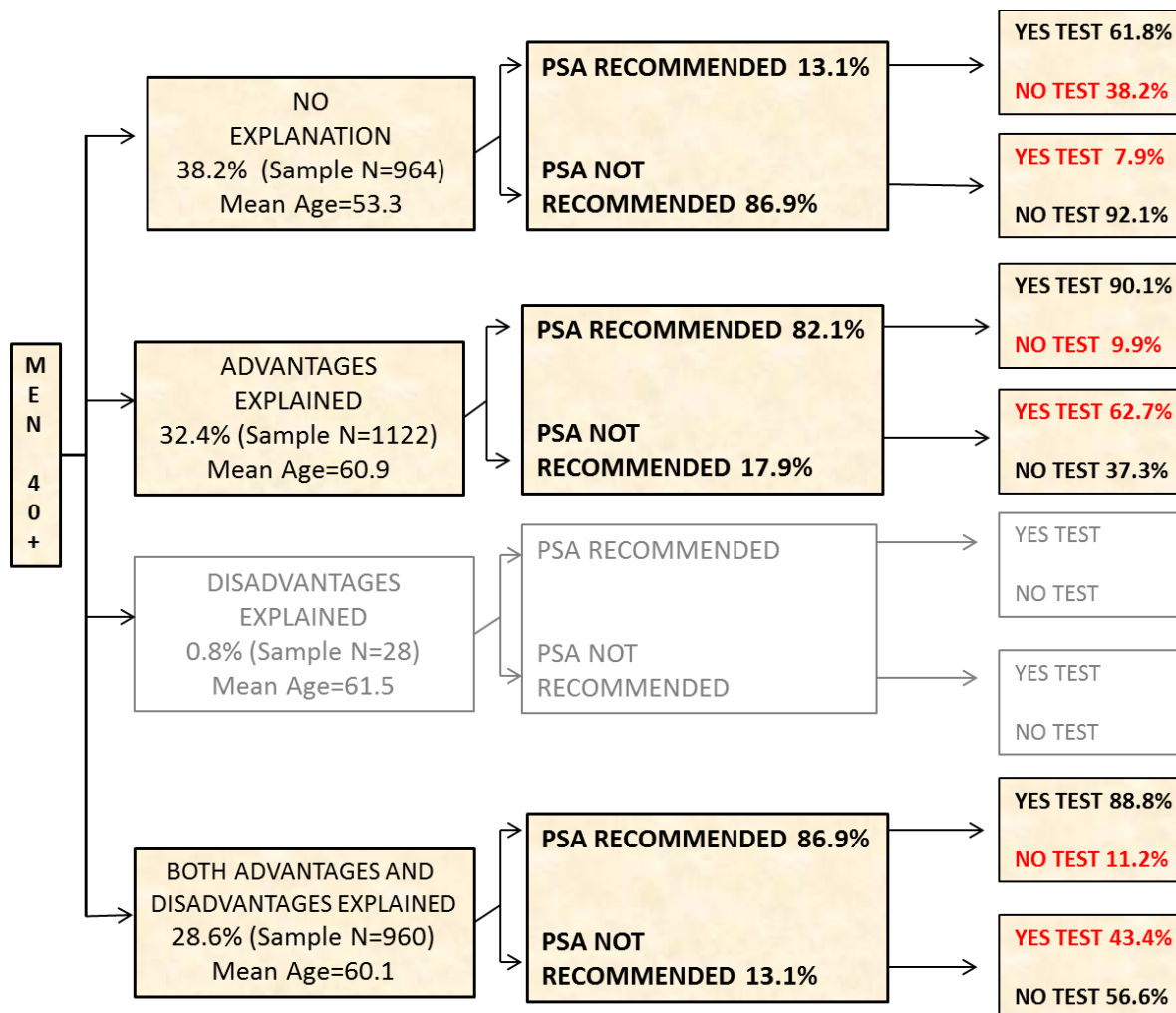
Information is shown for the two groups with sufficient age distribution to produce valid results.

- By 2016, more than 90% of women over 25 have had a Pap test regardless of whether they were insured or uninsured.
- For women 21 to 25 years the rate is lower ranging between 79.4% for the insured and 84.0% for the uninsured.
- Insured women across all age groups were more likely to have had an HPV test than uninsured women with the difference ranging from 6.8% for 56 to 65 year olds to 21.1% for 26 to 35 year olds.



## 2014 & 2016 Combined:

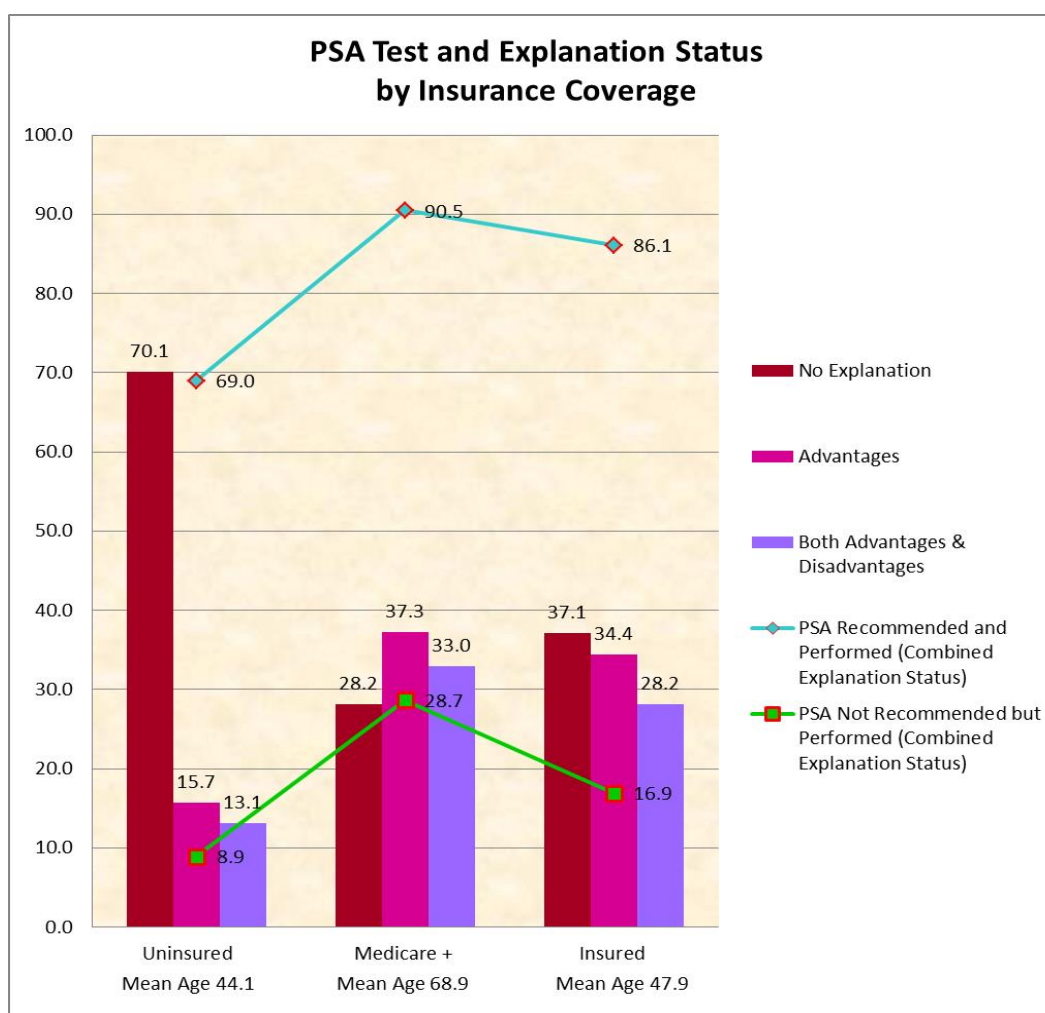
### Decision to Have PSA Test for Men 40 years and Older



Data insufficient to describe the Disadvantages Explained group

The CDC follows the prostate cancer screening recommendations set forth by the U.S. Preventive Services Task force which recommends against prostate specific antigen (PSA) based screening for men who do not have symptoms. The American Urological Association recommends that the decision to perform PSA testing should be made in consultation with one's doctor. The American Cancer society recommends informed decisions based on available information, discussion with a personal physician and one's own views on the possible benefits, risks and limits of prostate cancer screening.<sup>11,12,13</sup>

The chart above shows that when doctors are most likely to recommend a PSA test, they explain both the advantages and disadvantages of the test. The 38.2% of doctors who offered no explanation of either the advantages or the disadvantages of PSA tests also recommended the test to the smallest proportion of patients (13.1% vs 82.1% and 86.9%). Patients who received an explanation of the advantages of the PSA test were more likely to follow their doctor's advice to have the test done (90.1% and 88.8% vs 61.8%). When the PSA test was not recommended by their doctor, patients who had both the advantages and the disadvantages explained were less likely (43.4%) to have the test done than those who only received an explanation of the advantages of the test (62.7%). Only 7.9% of patients whose doctor offered no explanation of advantages or disadvantages had the test done when it was not recommended by their physician.



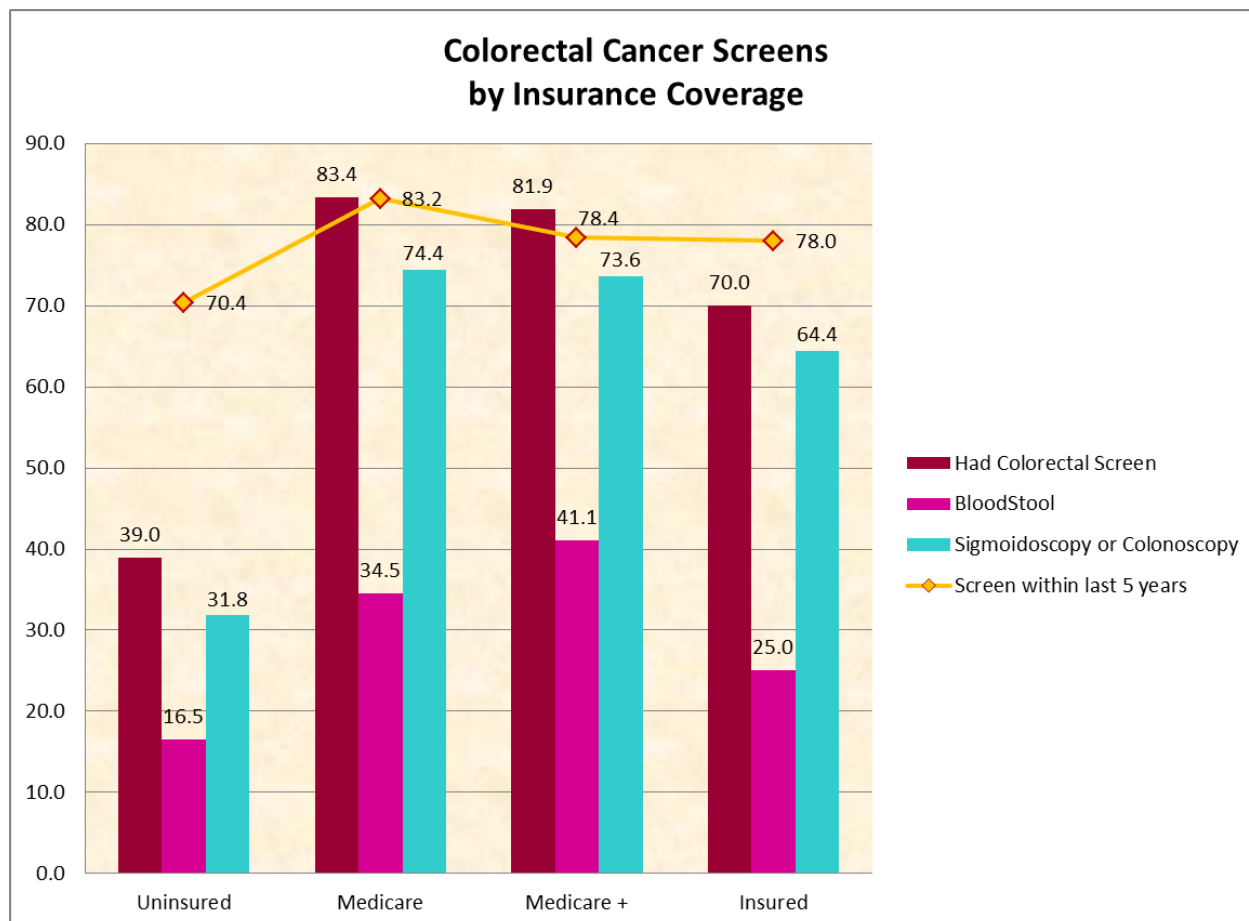
Data insufficient to characterize the Medicare only group.

The mean ages for the uninsured group and the insured group are very similar at 44.1 years and 47.9 years, respectively. Almost twice as many (70.1%) in the uninsured group received no explanation of either the advantages or disadvantages of a PSA test compared to the insured group (37.1%). More than twice as many in the insured group received an explanation of the advantages or an explanation of both the advantages and disadvantages when compared to the uninsured group. The proportion of men having a physician recommended PSA test done was 17.1% higher in the insured as in the uninsured. The Medicare plus supplemental insurance group was, as expected, the oldest group and had the highest proportion that received an explanation of both the advantages and disadvantages of the PSA test. They were the most likely to have a physician recommended PSA test done and were also most likely to have the PSA test done even when not recommended by a physician.



## 2014 and 2016 Combined Data:

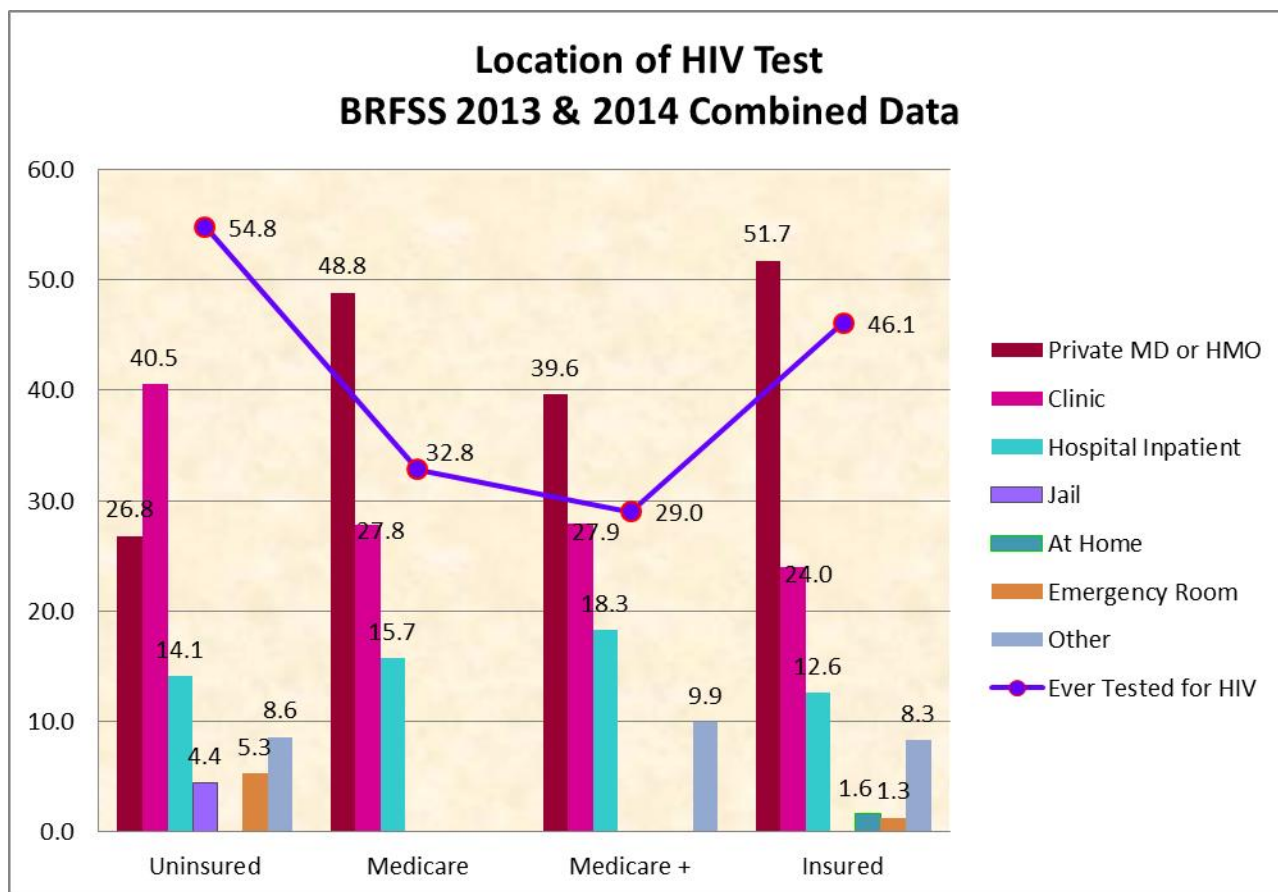
### Colorectal Cancer Screen among Those 50 Years and Older



Colorectal screen is defined here as a home blood stool test, a sigmoidoscopy or a colonoscopy. The US Preventive Services Task Force recommends that adults aged 50 to 70 be screened for colon cancer. Among respondents aged 50 or more, 73.2% have had at least one colorectal screen. The Medicare only and Medicare with supplement groups have the highest screening rates at 83.4% and 81.9%, respectively. 70% of the Insured have had at least one colon cancer screen compared to only 39.0% of the Uninsured.

Home blood stool tests are reported by 16.5% of the uninsured, 25.0% of the Insured, 34.5% of the Medicare only group and 41.1% of the Medicare plus supplement group. Colonoscopies and sigmoidoscopies have a higher report rate ranging from a low of 31.8% for the Uninsured to 74.4% of the Medicare only group. Only half as many of the Uninsured have had a colon cancer screen when compared to the other three groups combined.

## HIV Testing



Clinic: Counseling and testing site, clinic or Drug Treatment Facility

Overall, 43.5% of those 18 years and older have been tested for HIV at least once. The two Medicare groups have the lowest proportion reporting an HIV test with Medicare only at 32.8% and Medicare plus supplement at 29.0%. Forty-six percent of the Insured have had at least one HIV test, and more than half (54.8%) of the Uninsured report having been tested.

Private MDs or HMOs were cited most frequently as the HIV testing site for the two Medicare groups and the Insured (51.7%, 48.8% and 39.6%) but the Uninsured were more likely to be tested at a clinic (26.8% for MD/HMO vs clinic at 40.5%). Overall, 13.7% received their test as hospital inpatients with the coverage groups ranging from a high of 18.3% for Medicare plus supplement to 12.6% for the Insured. 4.4% of the Uninsured were tested in jail and 5.3% in the emergency room. 1.6% of the Insured tested at home.

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