Race & Ethnicity Data: Improving Response Rate

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MHBE Board of Trustees

October 16, 2023



Race & Ethnicity Data Basics

- Data is transmitted to insurers at enrollment and used for:
 - Tracking enrollment trends
 - Setting targets
 - Informing outreach
- Important for tracking progress towards health equity goals
- OMB and HHS set data collection <u>standards</u>
 - How to report detailed data by "rolling up" to main race categories
 - Consumer must not be forced to disclose race/ethnicity data



2021 MHBE Health Equity Workgroup Recommendation

- Recommendation to revise the race & ethnicity questions on the MHC application
 - Race and ethnicity questions were optional
 - ~35% did not respond or selected "other"
 - Low response rate limits ability to meaningfully analyze data
 - Response rates vary by consumer assistance type (e.g. broker-assisted had a rate of nonresponse and "other" of 78%)
- MHBE consulted with the New York SBM (NY State of Health), received technical assistance from the State Health Access Data Assistance Center (SHADAC)



Best-Practice Revisions

- The new questions align with the following best practices:
 - All applicants now must answer the questions, but they may answer with "prefer not to say."
 - "Read more" text explains why consumers are being asked to provide race and ethnicity information.
 - More answer subcategories are listed so consumers are more likely to find an option with which they identify. The subcategories are informed by Maryland Census data.
 - Consumer assistance workers and call center staff were briefed on the goal for the new question and instructed on how to ask it.
- New questions launched at the end of April 2022

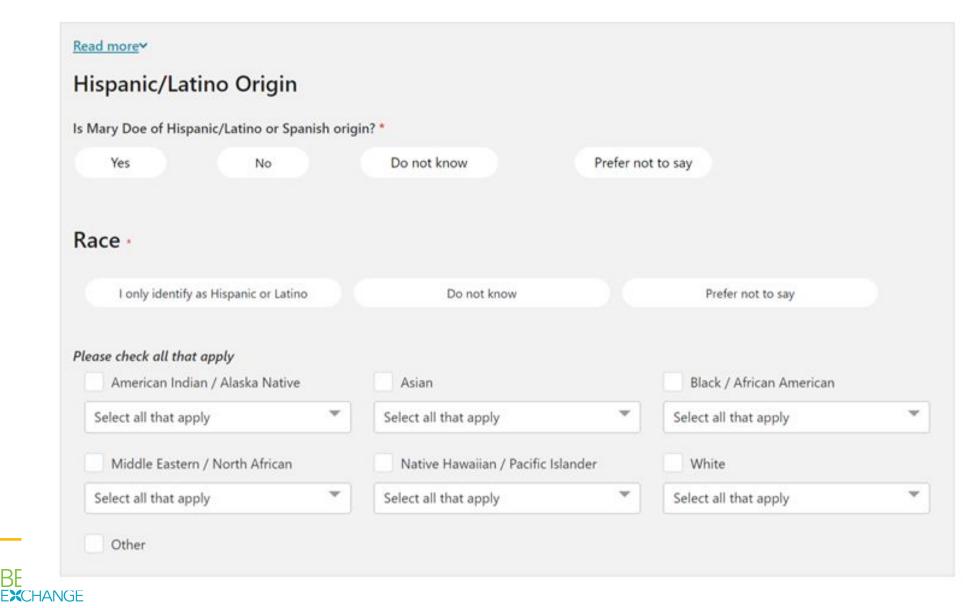


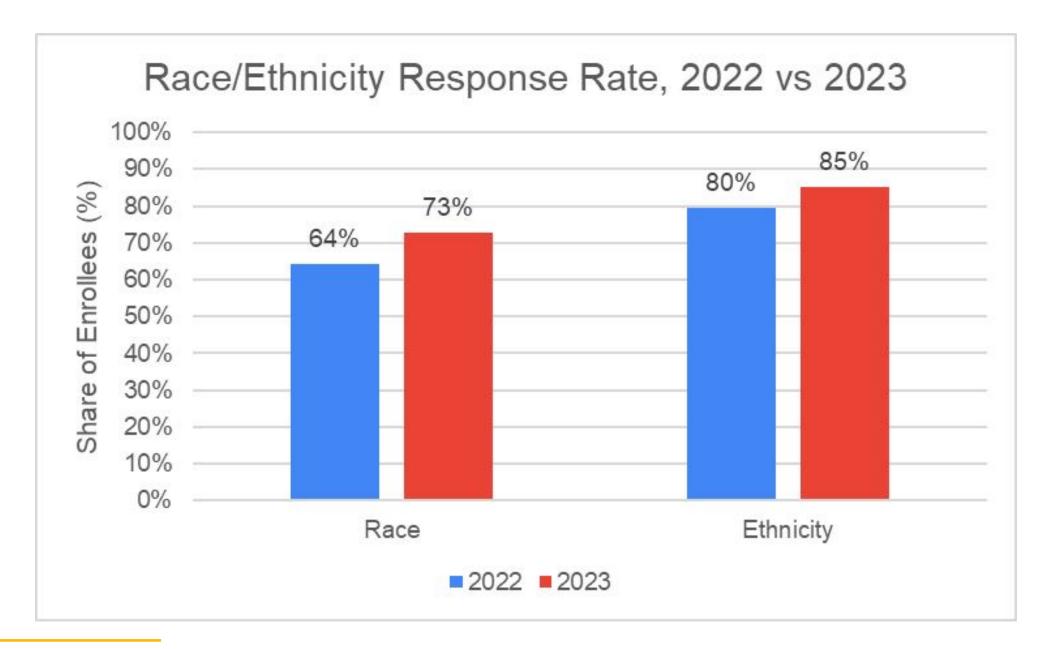
Original Race & Ethnicity Questions

Ethnicity (Optional)		
Is Tracy Adkins of Hispanic, Latino, or Spanish o	origin?	
Race (Optional)		
Please check all that apply		
American Indian or Alaska Native	Asian Indian	Black or African American
Chinese	Filipino	Guamanian or Chamorro
Japanese	Korean	Native Hawaiian
Other Asian	Other Pacific Islander	Samoan
Vietnamese	White	Other

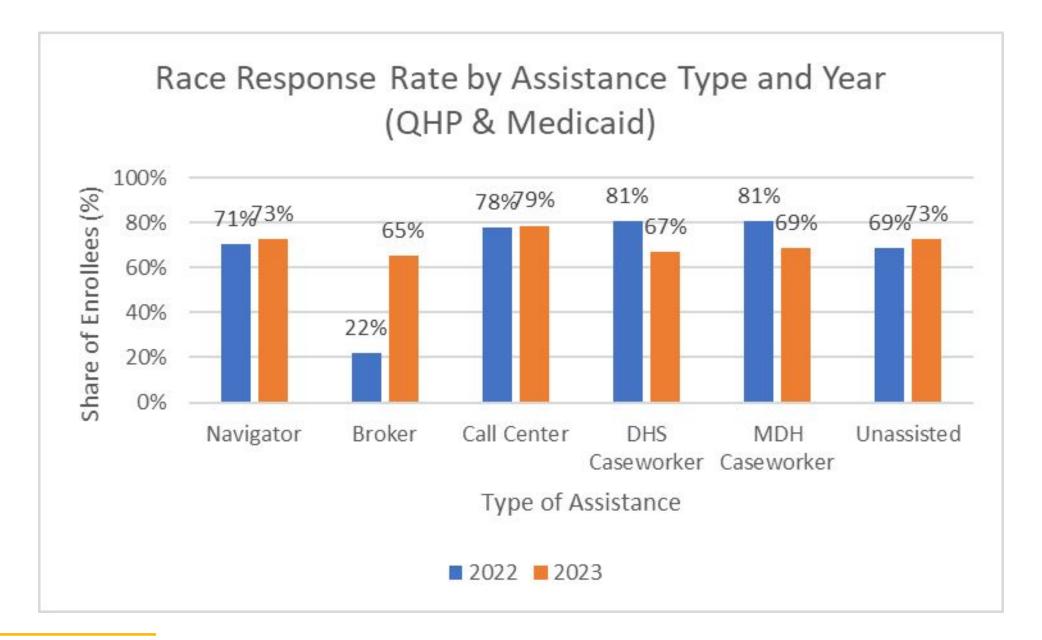
New Questions - Implemented End of April 2022

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Next Steps

- Evaluate opportunities for additional consumer assistance worker training
- Establish a procedure for adding/changing response options
- Continue exploring establishing an agreement with CRISP, Maryland's Health Information
 Exchange, to further improve race and ethnicity data completeness
- Continue tracking enrollment progress over time by race and ethnicity
- Expand how we use this data to drive outreach and enrollment efforts



Appendix

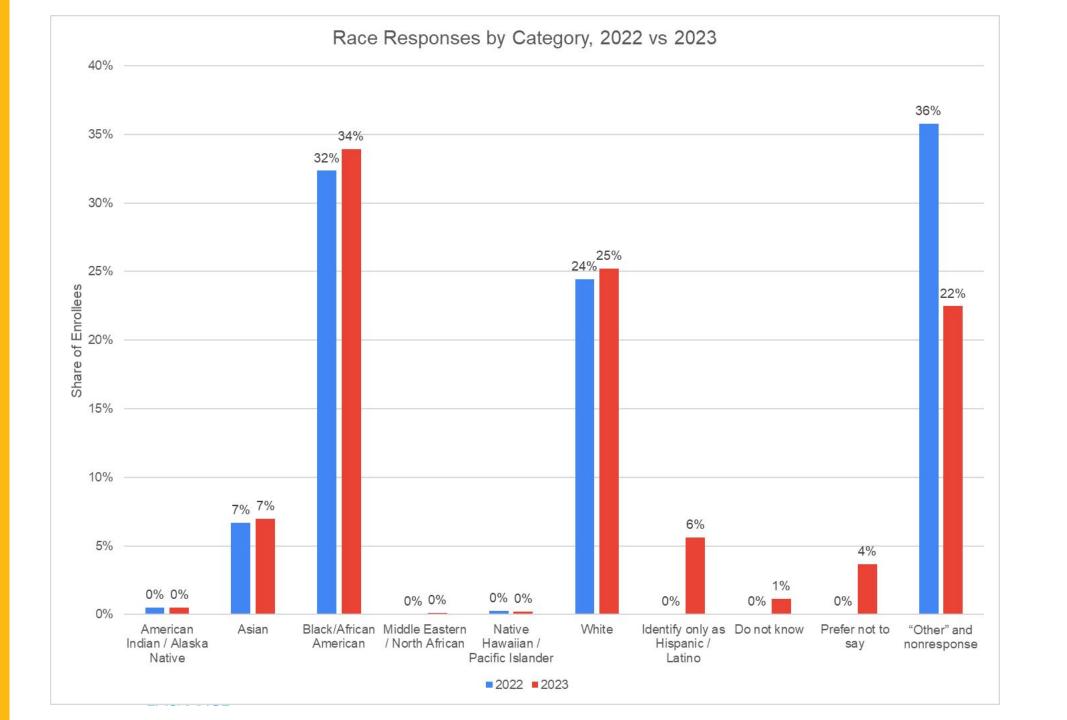
Race Responses by Category (1/2)

- 5-6% of consumers identify only as Hispanic/Latino, a larger share than the three smallest categories combined (AIAN, NHPI, MENA) and a worthwhile addition to the response options
- About 0.25% of QHP consumers and 0.12% of Medicaid consumers selected the new Middle Eastern/North African category
- Asian and White QHP consumer categories had the largest increases, with increases of 8.88% and 8.08%, respectively
- Asian and Black Medicaid categories increased by 4.15% and 4.73%, respectively
- American Indian/Alaska Native QHP consumers and Native Hawaiian/Pacific Islanders of both coverage groups were the only categories to see a decrease
 - Small population sizes make these changes complex to interpret



Race Responses by Category (2/2)

Race Answer	Coverage Type	Share of Enrollees (%)		Change	Change (%)	
Category		April 30, 2022	March 31, 2023	(percentage points; rounded)		
American Indian /	QHP	0.32	0.21	-0.11	-34.38%	
Alaska Native	Medicaid	0.52	0.53	0.01	1.92%	
Asian	QHP	12.95	14.10	1.15	8.88%	
	Medicaid	5.78	6.02	0.23	4.15%	
Black/African	QHP	16.27	16.62	0.35	2.15%	
American	Medicaid	34.64	36.28	1.64	4.73%	
Middle Eastern /	QHP	0.00	0.25	0.25	n/a	
North African	Medicaid	0.00	0.12	0.12	n/a	
Native Hawaiian /	QHP	0.30	0.25	-0.05	-16.67%	
Pacific Islander	Medicaid	0.24	0.22	-0.01	-8.33%	
White	QHP	33.78	36.51	2.73	8.08%	
	Medicaid	23.13	23.69	0.56	2.42%	
Identify only as	QHP	0.00	4.93	4.93	n/a	
Hispanic / Latino	Medicaid	0.00	5.86	5.86	n/a	



Ethnicity Responses by Category (1/2)

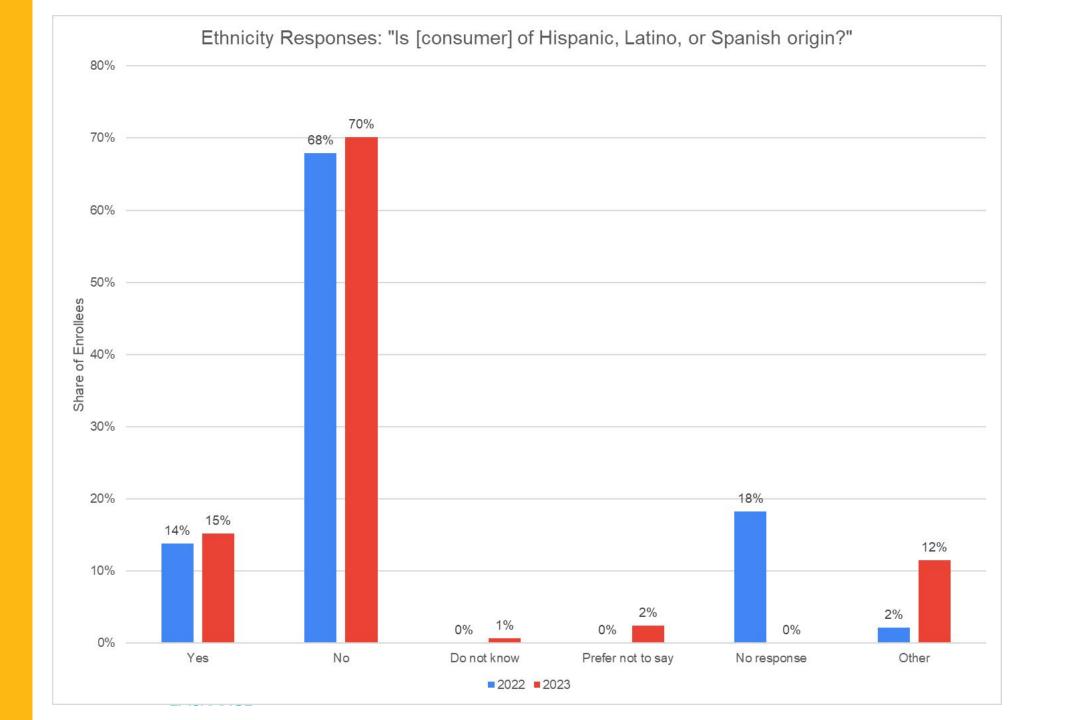
- Larger increase in response rate among those reporting "yes," they are of Hispanic, Latino,
 or Spanish origin (nearly 10% in both Medicaid & QHP coverage groups)
- Respondents answering "no" also increased (~4% for QHP consumers and ~3% for Medicaid enrollees)



Ethnicity Responses by Category (2/2)

Ethnicity Answer	Coverage	Share of E	nrollees (%)	Change	Change
Category ("Is [consumer] of Hispanic, Latino, or Spanish origin?)	Туре	April 30, 2022	March 31, 2023	(percentag e points; rounded)	(%)
Yes	QHP	11.17	12.25	1.08	9.67%
	Medicaid	14.22	15.59	1.37	9.63%
No	QHP	69.23	72.01	2.78	4.02%
	Medicaid	67.76	69.85	2.09	3.08%

















Enrollment



Eligibility Determination

Individual Details

Tax Information

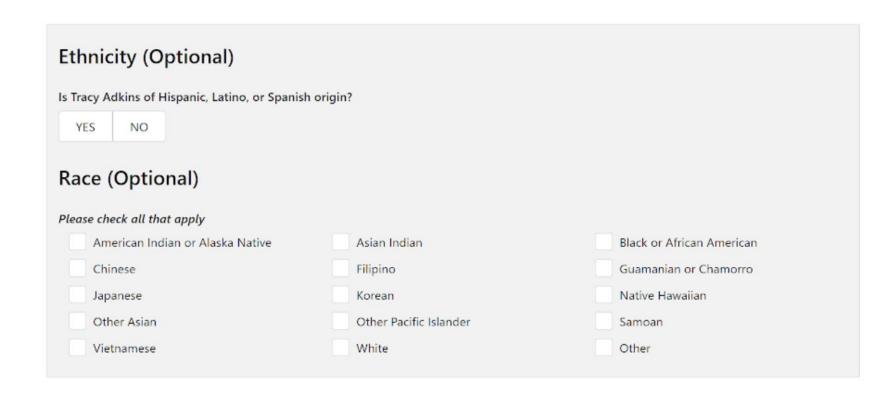
Income & Deductions

Other Health Coverage

Build Your Household

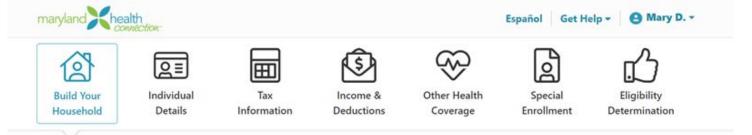


Original Race & Ethnicity Questions (full screenshot)

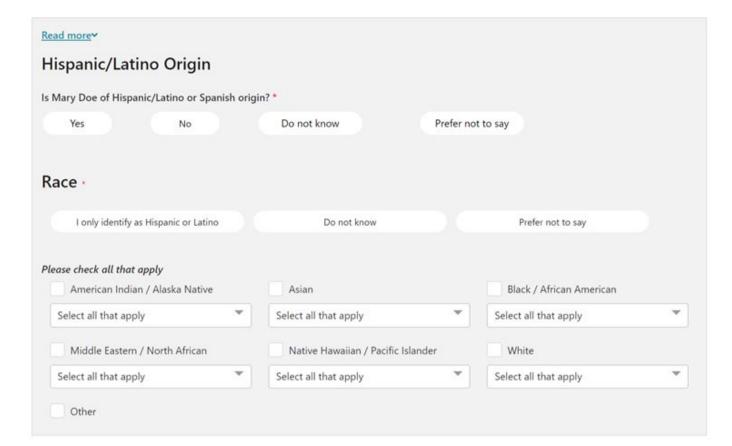




New Questions -Implemented End of April 2022 (full screenshot)









New York's Race and Ethnicity questions

Race (Check all that apply):		
☐ American Indian/Alaskan Native	☐ Asian Indian	☐ Black / African American
☐ Chinese	Filipino	☐ Guamanian or Chamorro
Japanese	☐ Korean	☐ Native Hawaiian
☐ Other Asian	□ Other Pacific Islander	Samoan
☐ Vietnamese	☐ White	✓ Other
Is Jack Hispanic or Latino/a? No Ethnicity (Check all that apply):		

