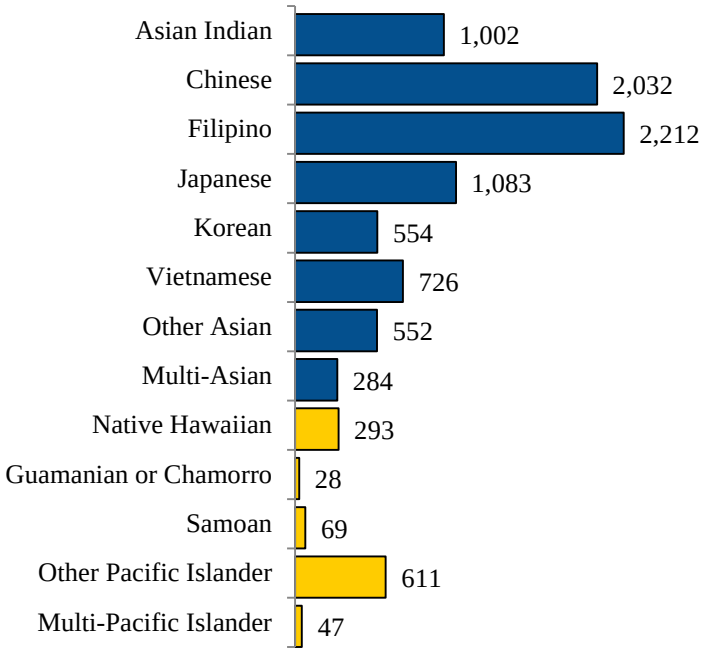
Medicare Health Outcomes Survey Data Brief: Asian Americans and Pacific Islanders

What is the Medicare Health Outcomes Survey?

The Medicare Health Outcomes Survey (HOS) provides longitudinal self-assessed health status data on over 400,000 Medicare managed care baseline and follow up respondents annually. Fielded nationally since 1998, the HOS has been used to assess the physical and mental health outcomes and health-related quality of life of beneficiaries and how those change over a 2 year period. In April 2013, following standards established as a result of the Affordable Care Act §4302, the HOS became the first large scale CMS survey to collect expanded measures of race, ethnicity, sex, primary language, and disability status. This data brief describes the health of Asian Americans (Asians) and Native Hawaiians or Other Pacific Islanders (NHOPI) from the most recently fielded survey, the ***2014 Cohort 17 Baseline***. These data represent a new and unique source of information about the self-reported health of two populations.

Survey Respondents:

Each spring, a random sample of up to 1,200 Medicare beneficiaries is surveyed from each participating Medicare Advantage Organization (MAO) with at least 500 enrollees (i.e., a survey is administered to a different baseline cohort, or group, each year). Respondents include both seniors (83.7%) and beneficiaries with disabilities (16.3%). More than 8,400 Asians and 1,000 Native Hawaiians or Other Pacific Islanders responded. The frequencies for each racial group are shown in the graph.



HOS Variables:

In addition to the newly expanded demographic measures explained above, the HOS includes measures of chronic conditions, quality of life, quality of care, and general health.

Chronic Medical Conditions:

Chronic medical conditions that last more than three months may reduce the quality of life, accelerate a decline in functioning, and can lead to conflicting medical advice. The HOS assesses the status of 15 chronic medical conditions including: hypertension, arthritis–hip or knee, arthritis–hand or wrist, diabetes, sciatica, other heart conditions, osteoporosis, depression, pulmonary disease, any cancer (except skin cancer), coronary artery disease, myocardial infarction, congestive heart failure, stroke, and gastrointestinal disease. Table 1 displays the frequencies of the six most prevalent chronic conditions by race.

Table 1: Self-Reported Prevalence of Select Chronic Medical Conditions among Asians, Native Hawaiians and Other Pacific Islanders

Race	Hypertension (%)	Arthritis – Hip/Knee (%)	Diabetes (%)	Arthritis – Hand/Wrist (%)	Osteoporosis (%)	Sciatica (%)
Asian	**65.7**	**38.0**	**33.6**	**31.5**	**26.2**	**23.3**
Asian Indian	62.7	43.4	39.4	29.9	19.7	23.3
Chinese	61.8	39.5	28.2	32.4	34.6	25.1
Filipino	75.1	44.3	38.5	36.7	25.9	24.6
Japanese	63.1	25.3	27.3	23.7	25.4	13.6
Korean	54.2	26.7	25.9	23.0	18.2	17.1
Vietnamese	68.4	36.2	30.4	31.0	25.5	27.2
Other Asian	62.5	37.6	41.6	34.9	20.4	30.1
Multi-Asian	63.5	37.3	44.0	32.1	24.8	25.5
NHOPI	**73.7**	**44.5**	**40.6**	**41.2**	**21.5**	**32.9**
Native Hawaiian	71.8	32.4	38.5	33.1	16.2	26.8
Guamanian or Chamorro	60.7	*	42.9	*	*	*
Samoan	57.4	47.8	37.3	38.2	*	32.8
Other Pacific Islander	76.3	51.0	42.3	46.1	25.2	36.0
Multi-Pacific Islander	83.0	*	36.2	*	*	*

*Cell sizes too small to report

Native Hawaiians or Other Pacific Islanders report higher rates of chronic conditions as compared to Asians. However, rates vary within each racial group. For example, 66% of Asians reported they have hypertension, but rates vary from a low of 54% among Koreans to 75% among Filipinos, and while 74% of NHOPIs have hypertension, rates range from 57% among Samoans to 83% among Multi-Pacific Islanders. Across the six conditions, Koreans tend to have the lowest self-reported prevalence rates of all Asian subgroups, while Filipinos tend to have rates that are among the highest. For NHOPI, the picture is less clear because small numbers limit the availability of reliable estimates.

Activities of Daily Living:

Activities of daily living (ADL) refer to a set of common daily tasks that are necessary for personal self-care and independent living. Six ADLs are included in the HOS: bathing, dressing, eating, getting in or out of chairs, walking, and using the toilet. The ability to perform these tasks is predictive of current disease status and mortality risk. Table 2 lists the percent of Medicare beneficiaries in each racial group who reported they are unable to or have difficulty completing each activity. Asian and NHOPI Medicare beneficiaries reported having the most difficulty walking, and the least difficulty eating. As

with chronic conditions, NHOPIs reported higher rates than Asians, and the rates for each racial group varied by activity.

Table 2: Impairments in ADLs among Asians, Native Hawaiians and Other Pacific Islanders

Race	Walking (%)	Getting in or out of Chairs (%)	Bathing (%)	Dressing (%)	Using the Toilet (%)	Eating (%)
Asian	**29.8**	**19.5**	**16.8**	**14.0**	**12.4**	**8.6**
Asian Indian	30.7	18.5	14.7	13.4	11.8	6.0
Chinese	27.3	19.9	17.6	13.9	12.1	7.9
Filipino	34.1	21.1	17.1	14.8	12.7	9.1
Japanese	25.0	14.9	11.6	9.5	8.4	5.0
Korean	20.3	11.4	11.7	8.0	8.6	7.7
Vietnamese	29.8	20.9	18.5	17.1	14.9	13.5
Other Asian	38.9	28.4	27.1	22.3	21.7	16.5
Multi-Asian	30.5	19.4	19.5	15.9	12.5	6.9
NHOPI	**45.9**	**32.7**	**27.1**	**25.0**	**20.3**	**13.7**
Native Hawaiian	36.1	22.2	18.8	16.4	13.7	8.7
Guamanian or Chamorro	*	*	*	*	*	*
Samoan	55.2	42.6	42.0	27.5	*	*
Other Pacific Islander	50.9	37.6	29.6	29.1	23.1	15.5
Multi-Pacific Islander	*	*	*	*	*	*

*Cell sizes too small to report

Instrumental activities of daily living (IADL) assess independent living skills that are more complex than ADLs. In comparison to the ADLs, IADLs are considered to recognize earlier changes in functioning, and can be used as an indication of the need for intervention. There are three IADLs in the HOS: preparing meals, managing money, and taking medications. For IADLs, impairment is defined as beneficiaries who reported difficulty performing the specific IADL ("Yes, I have difficulty"). Table 3 lists percentage of people in each race category that reported IADL impairment.

Both groups reported the most difficulty preparing meals, and for each IADL measured, NHOPIs reported greater difficulty than Asians. Across the activities, Japanese beneficiaries reported the fewest challenges among Asians, while Native Hawaiians had the least difficulty among NHOPIs.

Table 3: Impairments in IADLs among Asians, Native Hawaiians and Other Pacific Islanders

Race	Preparing Meals (%)	Managing Money (%)	Taking Medication (%)
Asian	**15.4**	**12.1**	**9.5**
Asian Indian	18.9	13.4	9.0
Chinese	17.8	11.1	8.9
Filipino	12.7	12.6	8.9
Japanese	8.3	5.4	5.4
Korean	11.2	9.4	8.5
Vietnamese	19.9	16.4	13.5
Other Asian	23.0	20.3	18.0
Multi-Asian	17.1	15.4	10.9
NHOPI	**22.3**	**18.4**	**16.8**
Native Hawaiian	12.6	16.5	14.1
Guamanian or Chamorro	*	*	*
Samoan	35.6	*	18.5
Other Pacific Islander	25.9	19.2	17.9
Multi-Pacific Islander	*	*	*

*Cell sizes too small to report

Healthcare Effectiveness Data and Information Set (HEDIS) Quality Measures:

HEDIS measures how well a Medicare Advantage Organization (MAO) manages the quality of care of its beneficiaries. HEDIS rates are typically calculated and reported at the MA contract level, therefore, caution should be used when interpreting beneficiary-level HEDIS rates as they are influenced by the effectiveness of care provided at the individual MAO level. The four HEDIS Effectiveness of Care measures found in the 2014 Medicare HOS include: Management of Urinary Incontinence in Older Adults (MUI), Physical Activity in Older Adults (PAO), Fall Risk Management (FRM), and Osteoporosis Testing in Older Women (OTO). Table 4 displays rates for four measures by race category.

While NHOPI beneficiaries tend to have more chronic conditions and greater difficulty with activities of daily living than Asian beneficiaries, HEDIS scores show better results on certain process measures than for their Asian counterparts. NHOPI beneficiaries reported higher rates for both discussing urinary incontinence problems with their provider and ways to manage their problems. NHOPI beneficiaries were more likely to discuss falling and balance problems with their provider, but were less likely to report that their provider did anything to prevent or treat them. With the exception of osteoporosis testing, rates for Vietnamese beneficiaries were among the highest for Asians. Reliable estimates were limited among NHOPI.

Table 4: HEDIS Rates among Asians, Native Hawaiians and Other Pacific Islanders

Race	MUI		PAO		FRM		OTO
	Discuss Rate (%)	Treat Rate (%)	Discuss Rate (%)	Advise Rate (%)	Discuss Rate (%)	Manage Rate (%)	Testing Rate (%)
Asian	**57.0**	**36.0**	**59.2**	**56.6**	**30.7**	**68.0**	**66.1**
Asian Indian	64.0	36.2	61.0	56.2	31.5	65.0	64.2
Chinese	56.7	35.1	55.9	55.4	30.3	72.0	68.8
Filipino	54.8	33.9	62.0	62.4	31.9	73.1	61.5
Japanese	56.7	36.4	58.0	47.3	24.7	61.8	79.2
Korean	NA	NA	55.3	47.1	25.4	NA	57.9
Vietnamese	61.9	41.1	63.1	61.2	35.5	67.8	60.7
Other Asian	59.8	42.2	59.0	56.5	35.7	63.3	58.4
Multi-Asian	NA	NA	58.3	62.3	38.0	NA	76.2
NHOPI	**61.3**	**38.2**	**58.4**	**59.9**	**39.6**	**65.1**	**60.4**
Native Hawaiian	NA	NA	55.4	57.1	35.2	NA	62.2
Guamanian or Chamorro	NA	NA	NA	NA	NA	NA	NA
Samoan	NA	NA	NA	NA	NA	NA	NA
Other Pacific Islander	NA	45.0	59.1	60.3	42.0	65.8	63.7
Multi-Pacific Islander	NA	NA	NA	NA	NA	NA	NA

Note: NA indicates that the denominator is less than 100.

HOS Data Files:

For information about the Medicare Health Outcomes Survey please visit the HOS website at http://www.hosonline.org.

This data highlight was written by the Medicare Health Outcomes Survey Team at the Health Services Advisory Group in collaboration with the CMS Office of Minority Health and the CMS Division of Consumer Assessment and Plan Performance. To learn more about CMS OMH, visit go.cms.gov/cms-omh.