IssueBrief

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Access in Brief: Behavioral Health and Beneficiary Satisfaction by Race and Ethnicity

Medicaid is the largest payer of behavioral health services, which includes mental health care and substance use disorder (SUD) treatment (AMA 2022, MACPAC 2021a). Mental health is someone's emotional, psychological, and social well-being, and can be affected by the presence of mental illness (CDC 2023). Mental illness describes diagnosable disorders that affect an individual's thinking, mood, and behavior (APA 2022). Past research has found that people of color are more likely to experience disability from mental illness and often receive less and poorer quality behavioral health care (Miller 2022). Given that a disproportionate percentage of Medicaid beneficiaries (54 percent) identify as American Indian and Alaska Native (AIAN), Asian American and Pacific Islander (AAPI), Black, Hispanic, or multiracial, it is important to understand their access to and satisfaction with behavioral health care (MACPAC 2023).

An estimated one in five non-institutionalized adults and more than a quarter of Medicaid-covered adults have a mental illness (MACPAC 2021a, SHADAC 2020, Kessler et al. 2007). The prevalence of mental illness is similar among racial and ethnic groups within the United States, but a prior MACPAC study found that white and multi-racial Medicaid beneficiaries experience higher rates of mental illness compared to Black, Hispanic, American Indian, Alaska Native (AIAN), Native Hawaiian, or Pacific Islander beneficiaries (Miller 2022, MACPAC 2021a).

Different racial and ethnic groups experience challenges in accessing quality behavioral health care. For example, non-white Medicaid beneficiaries are less likely to receive mental health treatment than those who are white, non-Hispanic. Similarly, individuals covered by Medicaid are less likely to receive behavioral health treatment than those covered by private insurance (MACPAC 2021a). All state Medicaid programs are required to cover certain behavioral health services for adults such as medically necessary inpatient hospital services, outpatient hospital services, rural health clinic services, nursing facility services, home health services, and physician services; however, coverage of many other services for the treatment of behavioral health conditions is optional (MACPAC 2021a). A prior MACPAC study found large gaps in state coverage of residential and crisis residential services, as well as mobile crisis services. Further, supportive services, including supported employment and skills training and development, were also offered less frequently (MACPAC 2021b).

An individual's experience and satisfaction with their behavioral health care provider may affect their health outcomes. For example, mistrust of providers, fear of mistreatment, experiences of racism and discrimination, and differences in language can deter people of color from accessing treatment (Miller 2022). Notably, untreated mental illness can negatively affect an individual's physical health, life trajectory, financial status, and in some cases lead to premature mortality (Miller 2022, Panchal et al. 2022, Kilbourn et al. 2018, Alegría et al. 2016, 2012). Additionally, research shows high-quality care and patient satisfaction are associated with improved health outcomes (Kilbourn et al. 2018).

In this issue brief, we used data from the 2016 Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access (CSHCA) to assess access to behavioral health care, overall patient experience and satisfaction, as well as experience with unfair treatment and discrimination. The CSHCA refers to behavioral or mental health care; however, throughout this brief we use the term behavioral health care, which is commonly used to describe services to treat mental health care and substance use disorder (SUD).[1] Further, using survey data from the CSHCA we conducted two analyses. The first compared adults with Medicaid by race and ethnicity, and the second compared adults with Medicaid to those with private insurance by race and ethnicity. Due to the limited sample size of many racial and ethnic groups for most measures, theses analyses only compared white,

non-Hispanic and non-white. Non-white includes Black, non-Hispanic; Hispanic; AIAN, non-Hispanic; AAPI, non-Hispanic; and other.

Among Medicaid beneficiaries, there were several similarities between white, non-Hispanic and non-white adults regarding their ability to get care and their satisfaction with that care, but some differences in certain behavioral health care measures. For example, non-white beneficiaries were more likely to report having good, very good, or excellent mental health but were also more likely to report experiencing unfair treatment compared to white, non-Hispanic beneficiaries.

Across both racial and ethnic groups, there were differences in the reported need for behavioral health care and ability to receive those services when comparing the experience of adults covered by Medicaid to those with private insurance. For example, both white, non-Hispanic and non-white Medicaid beneficiaries were more likely to report needing behavioral health care more than once compared to their counterparts covered by private insurance. Additionally, white, non-Hispanic Medicaid beneficiaries were less likely to always get care than white, non-Hispanic adults covered by private insurance. Further, both white, non-Hispanic and non-white Medicaid beneficiaries were less likely to receive a behavioral health care appointment on the same day as requesting it compared to their counterparts with private insurance.

Demographics

MACPAC's 2023 issue brief on Health Care Experiences and Satisfaction by Race and Ethnicity reported on the demographics of Medicaid beneficiaries based on an analysis of 2016-2022 CSHCA survey data. MACPAC reported that the age distribution of Medicaid enrollees differed by race and ethnicity. Compared with white, non-Hispanic adults, there was a higher percentage of 18–24-year-old Black, non-Hispanic; Hispanic; Asian, non-Hispanic; and other non-Hispanic adults. Similarly, there was also a greater share of 25–34-year-old Black, non-Hispanic; Hispanic; and other non-Hispanic adults compared with white, non-Hispanic adults. Additionally, a greater proportion of white, non-Hispanic adults were older (55–64 years old) compared with Hispanic and other non-Hispanic adults (Appendix A) (MACPAC 2023).

There were some reported differences by race and ethnicity for several socioeconomic factors. For example, 40.5 percent of white, non-Hispanic adults reported being married, which was significantly greater than for those who identified as Black, non-Hispanic or Asian, non-Hispanic. White, non-Hispanic adults were also more likely to report not being in the workforce than Hispanic adults.

Mental Health Status

The need for behavioral health care was similar for white, non-Hispanic and non-white Medicaid beneficiaries regardless of coverage type, but there were some differences in reported mental health status and whether providers asked about their behavioral health.

Adults covered by Medicaid

Non-white Medicaid beneficiaries were more likely to report their mental health status as good, very good, or excellent and less likely to report having poor mental health compared to white, non-Hispanic beneficiaries (Table 1). However, white, non-Hispanic and non-white beneficiaries reported similar needs for behavioral health care in the past 12 months. In addition, non-white beneficiaries were less likely to be asked about their behavioral health by their health provider than their white, non-Hispanic counterparts.

TABLE 1. Selected Behavioral and Mental Health Measures for Medicaid-Covered Adults (Age 18-64) by Race and Ethnicity, 2016

Behavioral or mental health care measures	Percentage of adults age 18-64		
	Total	White, non-Hispanic	Non-white (all other racial groups and Hispanic)
Total	**100.0%**	**54.9%**	**45.1%**
Needed behavioral or mental health care in past 12 months	**43.7**	42.5	45.2
Health provider has ever asked about your behavioral or mental health	**55.1**	66.3	42.0*
Mental health status			
Good/very good/excellent	**73.2**	66.4	81.5*
Fair/poor	**26.8**	33.6	18.5*
Number of times needed behavioral or mental health care			
One time	**54.7**	55.5	53.8
More than one time	**45.3**	44.5	46.2

Notes: * Difference from white, non-Hispanic is statistically significant at the 0.05 level.

Source: MACPAC, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016.

Insurance coverage and race and ethnicity

Individuals covered by Medicaid and private insurance reported a similar need for behavioral health care in the past 12 months; however, there were differences in the number of times care was needed (Table 2). For example, white, non-Hispanic and non-white Medicaid beneficiaries were more likely to report needing care more than once compared to their counterparts covered by private insurance. Additionally, non-white Medicaid beneficiaries were less likely to report ever being asked by a health care professional about their behavioral health compared to their counterparts covered by private insurance.

TABLE 2. Selected Behavioral and Mental Health Measures for Adults (Age 18-64) by Race and Ethnicity and Insurance Status, 2016

Behavioral or mental health care measures	White, non-Hispanic		Non-white (all racial groups and Hispanic)	
	Medicaid	Private	Medicaid	Private
Total	**54.9%**	61.6%*	45.1%	38.4%*
Needed behavioral or mental health care in past 12 months	**42.5**	45.3	45.2	50.6
Health provider has ever asked about your behavioral or mental health	**66.3**	63.8	42.0	53.7*
Mental health status				
Good/very good/excellent	**66.4**	89.8*	81.5	88.0
Fair/poor	**33.6**	10.2*	18.5	12.0

Behavioral or mental health care measures	White, non-Hispanic		Non-white (all racial groups and Hispanic)	
	Medicaid	Private	Medicaid	Private
Number of times needed behavioral or mental health care				
One time	**55.5**	78.5*	53.8	80.3*
More than one time	**44.5**	21.5*	46.2	19.7*

Notes: * Difference from Medicaid is statistically significant at the 0.05 level.

Source: MACPAC, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016.

Behavioral Health Care Access and Unmet Needs

The majority of adults covered by Medicaid and private insurance had access to behavioral health care, reported similarities regarding the types of care they were unable to receive, and the reasons they were not able to receive care. However, there are some differences by race and ethnicity as well as insurance coverage in the ability to access services and timeliness of care.

Adults covered by Medicaid

Over three-quarters of Medicaid beneficiaries who needed care reported they were always able to receive behavioral health care and the rates were similar between white, non-Hispanic and non-white beneficiaries (Table 3). For those who were unable to receive care, 40.8 percent of all Medicaid beneficiaries were unable to get treatment or therapy, and 31.1 percent were unable to get medication management. Additionally, 45.7 percent of all Medicaid beneficiaries indicated they were unable to access care because of cost, transportation, or appointment availability.

TABLE 3. Selected Measures of Access and Use of Behavioral and Mental Health Care for Medicaid-Covered Adults (Age 18-64) by Race and Ethnicity, 2016

Behavioral or mental health care measures	Percentage of adults age 18-64		
	Total	White, non-Hispanic	Non-white (all racial groups and Hispanic)
How often were you able to get behavioral or mental health care			
Always	**77.1%**	75.3%	79.1%
Some of the time	**16.2**	19.2	12.8
Never	**6.8**	–	–
Type of behavioral or mental health care unable to get in the past 12 months			
Treatment or therapy	**40.8**	44.7	–
Medication management	**31.1**	–	45.7
Treatment or therapy and medication management	**28.1**	35.6	–
Reason unable to obtain behavioral or mental health care			
Could not find a provider	**28.0**	30.5	–
Could not access care (affordability, transportation, appointment availability)	**45.7**	37.1	57.5

Behavioral or mental health care measures	Percentage of adults age 18-64		
	Total	White, non-Hispanic	Non-white (all racial groups and Hispanic)
Provider location for most recent behavioral or mental health care visit			
Office	**34.2**	38.2	29.4
Mental health clinic or day treatment	**58.9**	57.3	60.7
Type of provider at most recent behavioral or mental health care visit			
General provider	**25.6**	25.2	26.1
Psychiatrist, psychologist, social worker, counselor, or other mental health professional	**65.9**	69.4	61.8
Time between making the behavioral or mental health appointment and having the appointment			
Same day	**61.9**	59.0	64.6
Less than two weeks (not same day)	**19.5**	19.3	19.7
Two weeks or more	**18.5**	21.6	–
Travel time to behavioral or mental health care provider			
Less than 30 minutes	**62.2**	67.2	56.4
30 to 60 minutes	**32.8**	29.1	37.2

Notes: * Difference from white, non-Hispanic is statistically significant at the 0.05 level.

– Estimate not reported due to small sample size or unreliability because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016.

Insurance coverage and race and ethnicity

The majority of adults reported being able to always receive behavioral health care, but there were some differences between those covered by Medicaid and private insurance (Table 4). Specifically, white, non-Hispanic Medicaid beneficiaries were less likely to always get care compared to white, non-Hispanic individuals covered by private insurance. In addition, the type of provider seen differed by insurance coverage. Non-white and white, non-Hispanic Medicaid beneficiaries were more likely to receive care from a mental health professional than their counterparts covered by private insurance, who were more likely to see a general provider.

Adults covered by Medicaid and private insurance reported different barriers to receiving behavioral health treatment. For example, white, non-Hispanic, and non-white Medicaid beneficiaries were less likely to receive a behavioral health appointment the same day as requesting it compared to those covered by private insurance. White, non-Hispanic beneficiaries were significantly more likely to receive an appointment two weeks or more in the future compared with their counterparts covered by private insurance. Further, white, non-Hispanic Medicaid beneficiaries were more likely to have to travel less than 30 minutes to their provider than their counterparts covered by private insurance.

TABLE 4. Selected Measures of Access and Use of Behavioral and Mental Health Care for Adults (Age 18-64) by Race and Ethnicity and Insurance Status, 2016

Behavioral or mental health care measures	White, non-Hispanic		Non-white (all racial groups and Hispanic)	
	Medicaid	Private	Medicaid	Private
How often were you able to get behavioral or mental health care				
Always	**75.3**	86.6%*	79.1%	79.3%
Some of the time	**19.2**	9.5*	12.8	18.1
Never	**–**	3.9	–	–
Insurance covers behavioral or mental health care	**87.5**	90.1	77.2	84.0
Type of behavioral or mental health care unable to get in the past 12 months				
Treatment or therapy	**44.7**	41.7	–	68.2
Medication management	**–**	37.6	45.7	21.5
Treatment or therapy and medication management	**35.6**	20.7	–	–
Reason unable to obtain behavioral or mental health care				
Could not find a provider	**30.5**	31.9	–	43.4
Could not access care (affordability, transportation, appointment availability)	**37.1**	56.5	57.5	40.2
Provider location for most recent behavioral or mental health care visit				
Office	**38.2**	32.0	29.4	34.7
Mental health clinic or day treatment	**57.3**	63.7	60.7	59.9
Type of provider at most recent behavioral or mental health care visit				
General provider	**25.2**	56.3*	26.1	54.4*
Medical specialist	**–**	5.6	–	7.6
Psychiatrist, psychologist, social worker, counselor, or other mental health professional	**69.4**	37.0*	61.8	34.9*
Time between making the behavioral or mental health care appointment and having the appointment				
Same day	**59.0**	84.2*	64.6	84.7*
Less than two weeks (not same day)	**19.3**	9.5*	19.7	10.7
Two weeks or more	**21.6**	6.3*	–	4.6
Travel time to behavioral or mental health care provider				
Less than 30 minutes	**67.2**	51.0*	56.4	50.4
30 to 60 minutes	**29.1**	44.0*	37.2	40.7

Notes: * Difference from Medicaid is statistically significant at the 0.05 level

– Estimate not reported due to small sample size or unreliability because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016.

Health Care Experiences and Beneficiary Satisfaction

Experience and satisfaction with behavioral health care providers was similar among Medicaid beneficiaries regardless of race and ethnicity. However, the experience and satisfaction with providers reported by Medicaid-covered adults differed from that of their counterparts covered by private insurance.

Adults covered by Medicaid

Overall, nearly 80 percent of Medicaid beneficiaries were very or somewhat satisfied with their most recent behavioral health care visit. Additionally, there were very few differences in beneficiaries' experience with their provider. However, non-white beneficiaries were more likely to feel as if they were ever treated unfairly based on their race, language, culture, or religion compared to white, non-Hispanic beneficiaries.

TABLE 5. Selected Measures of Behavioral and Mental Health Provider Satisfaction and Experience for Medicaid-Covered Adults (Age 18-64) by Race and Ethnicity, 2016

Behavioral or mental health care measures	Percentage of adults age 18-64		
	Total	White, non-Hispanic	Non-white (all racial groups and Hispanic)
Satisfaction with most recent behavioral health or mental health care visit			
Very or somewhat satisfied	**79.5**	76.0	83.7
Neither satisfied nor dissatisfied	**10.8**	11.8	–
Very or somewhat dissatisfied	**9.7**	–	–
Would recommend provider	**78.7**	80.7	76.4
Experience with behavioral or mental health provider			
Had a negative provider experience for any of: how the provider explained things, answered questions, or spent enough time	**24.6**	24.7	24.6
Provider who treated you explained things in a way that was easy to understand	**88.4**	88.1	88.7
Provider answered all your questions to your satisfaction	**83.3**	81.5	85.3
Provider who treated you spent enough time with you	**80.2**	80.6	79.7
Unfair treatment based on race, language, culture or religion (at least one)	**24.2**	17.1	32.4*

Notes: Provider type could include general practitioner, other medical doctor, psychologist, psychiatrist, social worker, counselor, nurse, or other mental health professional.

* Difference from white, non-Hispanic is statistically significant at the 0.05 level.

– Estimate not reported due to small sample size or unreliability because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016.

Insurance coverage and race and ethnicity

There are differences in individuals' experiences with their provider between insurance types. Specifically, white, non-Hispanic Medicaid beneficiaries were less likely to report being very or somewhat satisfied with their most recent behavioral health visit than their counterparts covered by private insurance. Also, white, non-Hispanic Medicaid beneficiaries were more likely to report a negative provider experience compared to their counterparts covered by private insurance (Table 6).

TABLE 6. Selected Measures of Behavioral and Mental Health Provider Satisfaction and Experience for Adults (Age 18-64) by Race and Ethnicity and Insurance Status, 2016

Behavioral or mental health care measures	White, non-Hispanic		Non-white (all racial groups and Hispanic)	
	Medicaid	Private	Medicaid	Private
Satisfaction with most recent behavioral or mental health care visit				
Very or somewhat satisfied	76.0	93.3*	83.7	93.0
Neither satisfied nor dissatisfied	11.8	5.5	–	5.8
Would recommend provider	80.7	91.2	76.4	87.7
Experience with behavioral or mental health provider				
Had a negative provider experience for any of: how the provider explained things, answered questions, or spent enough time	24.7	13.4*	24.6	19.6
Provider who treated you explained things in a way that was easy to understand	88.1	93.0	88.7	87.6
Provider answered all your questions to your satisfaction	81.5	92.8*	85.3	88.2
Provider who treated you spent enough time with you	80.6	90.6*	79.7	87.8

Notes: Provider type could include general practitioner, other medical doctor, psychologist, psychiatrist, social worker, counselor, nurse, or other mental health professional. Measures of unfair treatment were not included in this table because the estimates could not be reported due to small sample size or unreliable estimates.

* Difference from Medicaid is statistically significant at the 0.05 level

– Estimate not reported due to small sample size or unreliability because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016.

Data and Methods

Data for this report come from the 2016 AAMC CSHCA, which includes two biannual survey waves. The survey asks respondents about their demographics, health care access, and experiences with health care providers during the past 12 months, and includes questions about satisfaction with care and communication with provider based on their most recent health care visit. A supplementary module in 2016 assessed respondents' access to and experiences with mental and behavioral health care.

Each wave of the CSHCA includes a core sample of 2,000 individuals, which includes quotas for age and insurance distribution. Every other survey wave includes both the core sample and an additional 1,500 respondents who are oversampled from specific subgroups of interest (minority, rural, and Medicaid beneficiaries). The CSHCA uses post-survey weights derived from the Current Population Survey (based on sex, age, race and ethnicity, employment status, household county, income, educational attainment, and geographic

region) to produce nationally representative estimates. All differences discussed in this brief were computed using t-tests and are significant at the 0.05 level.

The target population and sampling frame for the CSHCA differ substantially compared to federal surveys such as the National Health Interview Survey (NHIS). For example, the NHIS represents the civilian, non-institutionalized population of the United States, while the CSHCA is designed to focus on health care experiences and largely excludes individuals who either did not need care during the past year or were never able to access care. In addition, the NHIS sampling frame covers the entire United States and uses a complex, multistate probability sample based on geography, while the CSHCA consists of an online panel of over 1.5 million individuals living in the United States.

Because the NHIS and the CSHCA have different target populations, use different survey sampling and weighting methodologies, the CSHCA results reported in this issue brief show differences compared with those reported in prior MACPAC work (MACPAC 2022b, 2022d).[2]

Insurance coverage

Coverage source is defined as the health insurance that the respondent had when they most recently needed medical care. However, some of the questions in this survey refer to experiences across the past 12 months, and an individual may have multiple coverage sources or have been uninsured for part of the year. Given that the sources of coverage may change over time, responses to survey questions may reflect characteristics or experiences associated with a coverage source other than the one assigned in this brief.

The following hierarchy was used to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, uninsured for the past 12 months. Not separately shown are the estimates for those covered by any type of military health plan or other government-sponsored program. Private health insurance coverage excludes plans that cover only one type of service, such as accident or dental insurance. The Medicaid category also includes persons covered by other state-sponsored health plans. Individuals are defined as uninsured if they did not have any private health insurance, Medicaid, State Children's Health Insurance Program, Medicare, state- or other government-sponsored health plan, or military plan during the past year. Individuals were also defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accident or dental coverage only.

Race and ethnicity

The AAMC CSHCA includes a combined race and ethnicity question, so respondents self-identify their race and ethnicity in one question and are able to select all response that apply. The options include: Native American and Alaska Native; Asian; Black or African-American; Hispanic; Native Hawaiian or other, Pacific Islander; White; other race and ethnicity, and refused.

The analyses include Medicaid beneficiaries and compare the demographics, socioeconomic status, and health status between white, non-Hispanic adults (age 18-64) and five other racial and ethnic groups: Black, non-Hispanic; Hispanic; Asian, non-Hispanic; AIAN and NHPI, non-Hispanic; and other, non-Hispanic. Individuals of Hispanic origin can be of any race, and non-Hispanic other includes individuals who selected other race and ethnicity and did not select Hispanic. Additionally, given the small sample for those who identify as Native Hawaiian and Pacific Islander, their responses were combined with those reported by Native American and Alaska Native.

The estimates were not reportable for most racial and ethnic groups due to small sample sizes, so estimates were only reported for white, non-Hispanic and non-white individuals, which included all other reported races and ethnicities.

Endnotes

[1] The AAMC consumer health care access survey defines "behavioral and mental health care" as care for individuals with problems related to their mental health, emotions, nerves, or use of alcohol or drugs.

[2] NHIS and the AAMC consumer health care access surveys use different survey sampling and weighting methodologies, which can lead to differences in the surveyed populations, the results reported in this issue brief compared with those reported in prior MACPAC work, and their generalizability to the population as a whole (MACPAC 2022b). The demographic characteristics of the survey populations and the distribution of racial and ethnic groups are different (although the differences were not statistically tested). For example, white, non-Hispanic adult Medicaid beneficiaries represented 56.2 percent of the AAMC weighted survey sample, compared with the reported 45.0 percent of the NHIS 2015-2018 weighted survey sample (Table 1). The five other racial and ethnic groups made up less than half of the weighted population of adults covered by Medicaid in both surveys.

References

Alegria, M., J. Lin, C.N. Chen, et al. 2012. The impact of insurance coverage in diminishing racial and ethnic disparities in behavioral health services. *Health Services Research* 47, no. 302: 1322. https://www.ncbi.nlm.nih.gov/pmc/articles/mid/NIHMS464638/pdf/nihms464638.pdf.

Alegria, M., K. Alvarez, R. Z. Alvarez, et al. 2016. Removing obstacles to eliminating racial and ethnic disparities in behavioral health care. *Health Affairs* 35, no. 6: 991-999. https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2016.0029.

American Medical Association (AMA). 2022. What is behavioral health?. Chicago, IL:AMA. https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health.

American Psychiatric Association (APA).2022. What is mental illness?. Washington, DC: APA. https://www.psychiatry.org/patients-families/what-is-mental-illness.

Centers for Disease Control and Prevention (CDC). 2023. About mental health. Atlanta, GA: CDC. https://www.cdc.gov/mentalhealth/learn/index.htm.

Kessler R.C., M. Angermeyer, J.C. Anthony, et al. 2007. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey initiative. *World Psychiatry* 6, no. 3: 168–176. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2174588/.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2023. Access in brief: Health care experiences and satisfaction by race and ethnicity. Washington, DC: MACPAC. https://www.macpac.gov/wp-content/uploads/2023/04/Access-in-Brief-Health-Care-Experiences-and-Satisfaction-by-Race-and-Ethnicity.pdf.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2021a. Chapter 2: Access to mental health services for adults covered by Medicaid. In Report to Congress on Medicaid and CHIP. June 2021. Washington, DC: MACPAC. https://www.macpac.gov/wp-content/uploads/2021/06/Chapter-2-Access-to-Mental-Health-Services-for-Adults-Covered-by-Medicaid.pdf.

Medicaid and CHIP Payment and Access Commission (MACPAC).2021b. Coverage Policies for Mental Health Services for Adults. In Report to Congress on Medicaid and CHIP. Washington, DC: MACPAC. https://www.macpac.gov/wp-content/uploads/2021/07/State-Coverage-Policies-of-Mental-Health-Services-for-Adults.xlsx.

Miller, N. 2022. Racial disparities in mental health care: An explainer and research roundup. *The Journalist's Resource.* May 18. https://journalistsresource.org/home/racial-disparities-mental-health/.

Panchal, N., H. Saunder, R. Rudowitz, and C. Cox. 2023. The implications of COVID-19 for mental health and substance use. Washington, DC: Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/.

State Health Access Data Assistance Center (SHADAC), University of Minnesota. 2020. Analysis for MACPAC of the 2018 National Survey on Drug Use and Health (NSDUH). Minneapolis, MN: SHADA.

Appendix A: Demographic Measures

TABLE A-1. Selected Demographic Measures for Medicaid-Covered Adults (Age 18-64) by Race and Ethnicity, 2016-2022

Demographic characteristics	Share of adults age 18–64						
	Total	White, non-Hispanic	Black, non-Hispanic	Hispanic	Asian, non-Hispanic	AIAN and NHPI, non-Hispanic	Other, non-Hispanic
Total Adults (18–64)	**100.0%**	**58.5%**	**13.9%***	**19.8%***	**3.8%***	**0.9%***	**3.2%***
Age							
18–24	**12.4**	7.7	14.0*	21.9*	25.9*	–	16.3*
25–34	**24.9**	20.2	27.2*	34.7*	28.0	23.5	35.4*
35–44	**19.4**	21.5	18.1	14.0*	22.4	–	17.6
45–54	**23.2**	25.9	19.3*	20.4*	–	40.2	17.5*
55–64	**20.1**	24.7	21.4	9.0*	–	–	13.1*
Sex							
Male	**32.7**	32.8	34.7	28.0	51.6*	–	27.6
Female	**66.2**	66.3	64.5	70.9	46.1*	56.4	69.9
Sexual orientation							
Straight/heterosexual	**87.1**	87.5	89.1	84.4	93.1*	79.6	82.9
Lesbian/gay	**4.5**	4.3	5.2	5.7	–	–	–
Bisexual	**8.4**	8.3	5.8*	9.9	–	–	15.3*
Lesbian, gay, or bisexual	**12.9**	12.5	10.9	15.6	–	–	17.1
Marital status							
Married, living together	**37.8**	40.5	24.9*	42.0	25.7*	38.7	33.3
Widowed, divorced, or separated	**21.2**	26.6	13.2*	13.8*	–	–	14.4*
Single, never married	**41.0**	32.9	61.9*	44.2*	64.8*	30.7	52.2*
Education							
Less than high school	**9.9**	10.2	9.0	10.7	–	–	14.2
High school graduate	**39.9**	39.9	46.0*	38.3	33.7	47.3	29.7*
Some college or associate degree	**35.1**	35.2	31.2	38.1	30.1	33.3	38.5
College or graduate degree	**15.0**	14.6	13.7	12.9	34.7*	–	17.6
Employment status							
Working full time	**29.2**	29.0	26.7	32.3	24.5	37.5	29.8
Working part time	**19.3**	18.1	19.8	20.4	29.5*	–	20.5
Unemployed	**24.8**	24.0	28.8	24.3	25.0	–	25.0
Not in the labor force	**26.6**	28.9	24.7	22.9*	21.0	–	24.7
Income as percent of FPL							
Less than 100% FPL	**32.3**	32.7	34.4	31.3	20.8*	34.9	35.0
Less than 138% FPL	**44.3**	44.8	47.8	44.1	24.0*	38.1	47.0
100–199% FPL	**27.5**	28.0	24.7	30.7	18.9	–	24.2
200–399% FPL	**28.0**	27.0	28.4	29.4	28.2	44.3	30.7
400% FPL or higher	**12.2**	12.3	12.6	8.6*	32.1*	–	–

Notes: AIAN is American Indian or Alaska Native. NHPI is Native Hawaiian and Pacific Islander. SSI is Supplemental Security Income. FPL is federal poverty level. Percentage calculations for each item in the exhibit exclude individuals with missing and unknown values. The individual components listed under the subcategories are not always mutually exclusive and may not sum to 100 percent.

* Difference from white, non-Hispanic is statistically significant at the 0.05 level.

− Estimate not reported due to small sample size or unreliability because it has a relative standard error greater than or equal to 30 percent.

Source: MACPAC, 2022, analysis of the Association of American Medical Colleges (AAMC) Consumer Survey of Health Care Access, 2016-2022.