



Examining Disparities for Women with
Disabilities in Accessing Health Care Due
to Cost

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Objectives

- Discuss how the data can be used to determine trends in health care access for women with disabilities
- Describe differences in health care access for women with disabilities when compared to women without disabilities and men with disabilities

Health Care Access

- HP 2010 lists promoting the health of people with disabilities, preventing the onset of secondary conditions and eliminating health disparities between people with and without disabilities as issues that require further attention¹

Health Care Access

- In the *2005 Call to Action*, the Surgeon General identified key factors affecting the health and well-being of citizens in the US living with disabilities²
- Called politicians as well as health care professionals to focus attention on decreasing, and eventually eliminating these health disparities

Health Disparities

- Working age persons with disabilities are hospitalized 12x as many days per year and acquire over 7x the health care costs per year compared to persons without disabilities³
- Given equal health status, persons with disabilities utilize 2-3x the number of professional health care services⁴

Health Access Barriers

- IOM defines access as “the timely use of personal health services to achieve the best possible health outcomes.”⁵

Health Access Barriers⁶

- Environmental barriers include issues of office accessibility, such as parking, entry, restrooms, waiting rooms, examination rooms, and diagnostic equipment
- Process barriers involve delivery of services
 - Include lack of provider knowledge and timeliness of service

Health Access Barriers

- Structural barriers refer to a lack of financial coverage for all necessary services

Health Access Barriers

- Problems accessing due to cost:⁷
 - Prescription drugs (32%)
 - Dental care (29%)
 - Equipment (21%)
 - Mental health services (17%)
 - Home care (16%)

Health Access Barriers for Women with Disabilities

- Women with disabilities experience worse health care and worse preventative care than women without disabilities⁸
- Though more likely to have a usual source of health care

Health Access Barriers for Women with Disabilities

- More likely to postpone needed medical care than women without disabilities (19% vs. 8% respectively)
- More likely to postpone acquiring needed medications than women without disabilities (20% vs. 6% respectively)

Methodology

- Purpose of the study was to examine disparity in access to health care due to cost
- Used 2005 BRFSS data
- Disability/activity limitation
 - Are you limited in any way in any activities?
- Gender
- Age
- Educational level (high school grad or less vs. some college)
- Employment (yes/no)
- Marital status
- Race/ethnicity

Methodology

- Demographics regarding health
 - General health
 - Health care coverage
 - Identified personal physician
 - Period of time since last check-up
 - Ever had mammogram
 - How long since last mammogram
 - Ever had PAP test
 - How long since last PAP test

Methodology

- Outcome variable:
 - Was there ever a time in the past 12 months when you needed to see a doctor but could not because of cost?

Methodology

- Analysis consisted of
 - Chi square to determine relationship between health care access between women with and without disabilities and women and men with disabilities
 - Regression analysis to determine variables that predict lack of access to health care and likelihood of lack of access to health care

Results

- Compared to women without disabilities, women with disabilities were more likely to be older, Caucasian, less educated, uncoupled and unemployed

Results

- Women with disabilities were more likely to rate their health as fair-poor and less likely to have had a mammogram or PAP test in the past year
- Women with disabilities were more likely not to have seen a physician due to cost, but were more likely to have a personal doctor than women without disabilities

Results

- Compared to men with disabilities, women with disabilities are more likely to rate their health as fair to poor and delay a visit to the physician due to cost.
- Women with disabilities were more likely than men with disabilities to have health insurance, have a personal doctor and have had a personal checkup in the past year than men with disabilities.

Predictors of Not Seeking Health Care Due to Cost

Variable	Regression Coefficient
Activity limitation (yes vs. no)	0.79***
Gender (men vs. women)	-0.52***
Race/ethnicity (Caucasian vs. non-Caucasian)	-0.21***
Education (none -high school grad vs. some college or more)	0.18***
Marital status (coupled vs. uncoupled)	-0.23***
Age (<50 vs. 50+)	0.87***
General health (excellent/good vs. fair/poor)	-0.68***
Health plan (yes vs. no)	-2.03***
Employment (yes vs. no)	-0.22***

Likelihood of Not Seeking Health Care Due to Cost

Variable	OR	CI (95%)
Activity limitation (yes vs. no)	2.19	2.1-2.3
Gender (men vs. women)	0.60	.58-.61
Race/ethnicity (Caucasian vs. non-Caucasian)	0.81	.79-.84
Education (none-high school grad vs. some college and above)	1.20	1.17-1.23
Marital status (coupled vs. uncoupled)	0.80	.78-.82
Age (<50 vs. 50+)	2.39	2.2-2.6
General health (excellent/good vs. fair/poor)	0.51	.49-.53
Health plan (yes vs. no)	0.13	.13-.14
Employment (yes vs. no)	0.81	.78-.83

Discussion

- Women with disabilities show less access to health care when compared to women without disabilities and men with disabilities
- Disability is a stronger predictor than gender of lack of access to health care
- Disability increases the likelihood of lack of access to health care than gender
- Gender still a strong predictor for both models

Discussion

- Problems of access shown in this research are similar to previous studies with regard to disparities for persons with disabilities
...HOWEVER
- Results suggest that women with disabilities experience these disparities more than men with disabilities

Implications

- Those who lack access to quality care have reported strained social relationships, changes in social roles and social participation; depression, frustration, stress, devaluation, deterioration of health and financial strain

Implications

- Lack of access has an effect on US population
 - With access to health care, individuals with disabilities are less likely to acquire secondary conditions and functional losses
 - Provision of adequate medical care, rehabilitation services and DME would be expected to lower public and private health care expenditures in the long run

Implications

- Traditional strategies need to be re-examined and disability-specific approaches need to be developed to increase affordability of health care through promotion of education, vocational training, job placement and career advancement.

Implications

- Efforts should be made to identify individuals with functional difficulties and improve their ease and convenience of getting to the doctor, the availability of care off hours, access to specialists and follow-up care received

Implications

- Environmental barriers are easiest to remove
- Need educational training program for all health professionals, involving persons with disabilities as active participants, in order to improve health care professionals' understanding of issues and to improve quality of care

Implications

- Health care professionals should advocate for more parity in health care access for all persons with disabilities, but especially for the most vulnerable population, women with disabilities
- Policies to provide funding for needed prescription medication, mental health counseling and basic dental and vision services needs to be advocated for

Strengths & Limitations

- Strengths
 - Large dataset
- Limitations
 - Non-institutionalized population
 - Definition of disability
 - Definitions of health care access

Future Research

- Types of functional limitations and barriers encountered
- Development of screenings and interventions
- Development of training for health care professionals

References

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- 4. McColl MA. Disability studies at the population level: Issues of health service utilization. American Journal of Occupational Therapy 2005; 59: 516-26.
- 5. Millman M, editor, Committee on Monitoring Access to Health Care Services, Institute of Medicine. Access to health care in America. Washington (DC): National Academy P; 1993.
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- 7. Schultz ST, Shenkin JD, Horowitz AM. Parental perceptions of unmet dental need and cost barriers to care for developmentally disabled children. American Academy of Pediatric Dentists 1998; 20: 321-5.
- 8. Parish SL, Huh J. Health care for women with disabilities: Population-based evidence of disparities. Health in Social Work 2006; 31: 7-15.

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Thank you for your time!!

Any Questions?