

Do Poverty and Disability Imply Poor Health?

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Acknowledgements

- Agency for Healthcare Research and Quality
- ILH Housing and Support Services for People with Physical Disabilities
- Study Participants

Background

- ❑ People with physical disabilities are at greater risk of contracting preventable illnesses; they are less likely to utilize preventive services (Jones & Beatty, 2003)
- ❑ People living in poverty are more likely to have poor health than those in higher income brackets (Shi, 2000, 2001)
- ❑ Living environment is as critical as personal characteristics in determining health status and outcomes (Cooper & Hasselku, 1992; DeJong, 1979; Krieger & Higgins, 2002; Hwang & Martin, 2003)

Statistics

- According to the 2002 U.S. Census Bureau (Survey of Income and Program Participation):
 - Poverty rate among people (ages 25 – 64)
 - ...with no disability 7.7%
 - ...with severe disability 25.9%
 - Medicaid recipients (ages 25–64)
 - ...with no disability 3.1%
 - ...with severe disability 32.9%

Objectives

- To identify barriers to maintaining good health among impoverished or low-income adults with physical disabilities by understanding their...
 - living environment
 - health and physical functioning
 - medical and service needs
 - health services utilization patterns
 - reasons for not receiving needed health care and services

Methods

- Target participants
 - Age: 18-64 years old
 - Using at least 1 assistive device for ambulation (e.g. wheelchair, cane, walker, etc.)
 - Living in an apartment or a house in DC
 - Recipients of DC Medicaid, Health Alliance, or no health insurance
- Semi-structured face-to-face interview (09/2005-07/2006)
- Interview Locations: Participant's home or at the National Rehabilitation Hospital
- \$20 gift card per complete interview

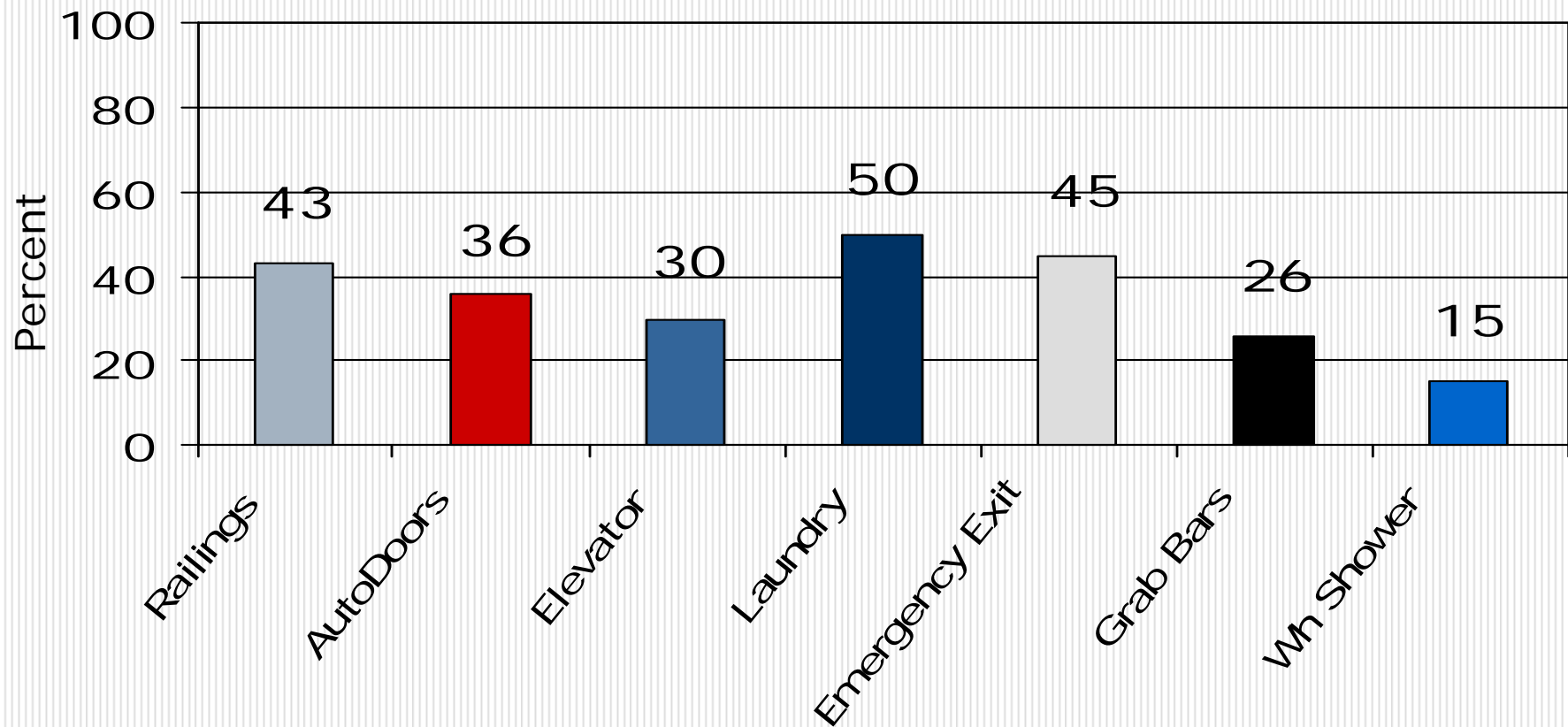
Characteristics of Study Participants (N=91)

- ❑ Female (65%), Male (35%)
- ❑ African American/Black (93%)
- ❑ Average age 49 (22, 64)
- ❑ Average monthly income \$619
- ❑ Current not working (98%)
- ❑ Primary disability: Paralysis (22%)
- ❑ Married or living w/ partner (11%); never married (46%);
- ❑ Living alone 24%
- ❑ Equipment used most of the time:
 - 41% Wheelchair (23% manual; 18% power)
 - 36% Cane

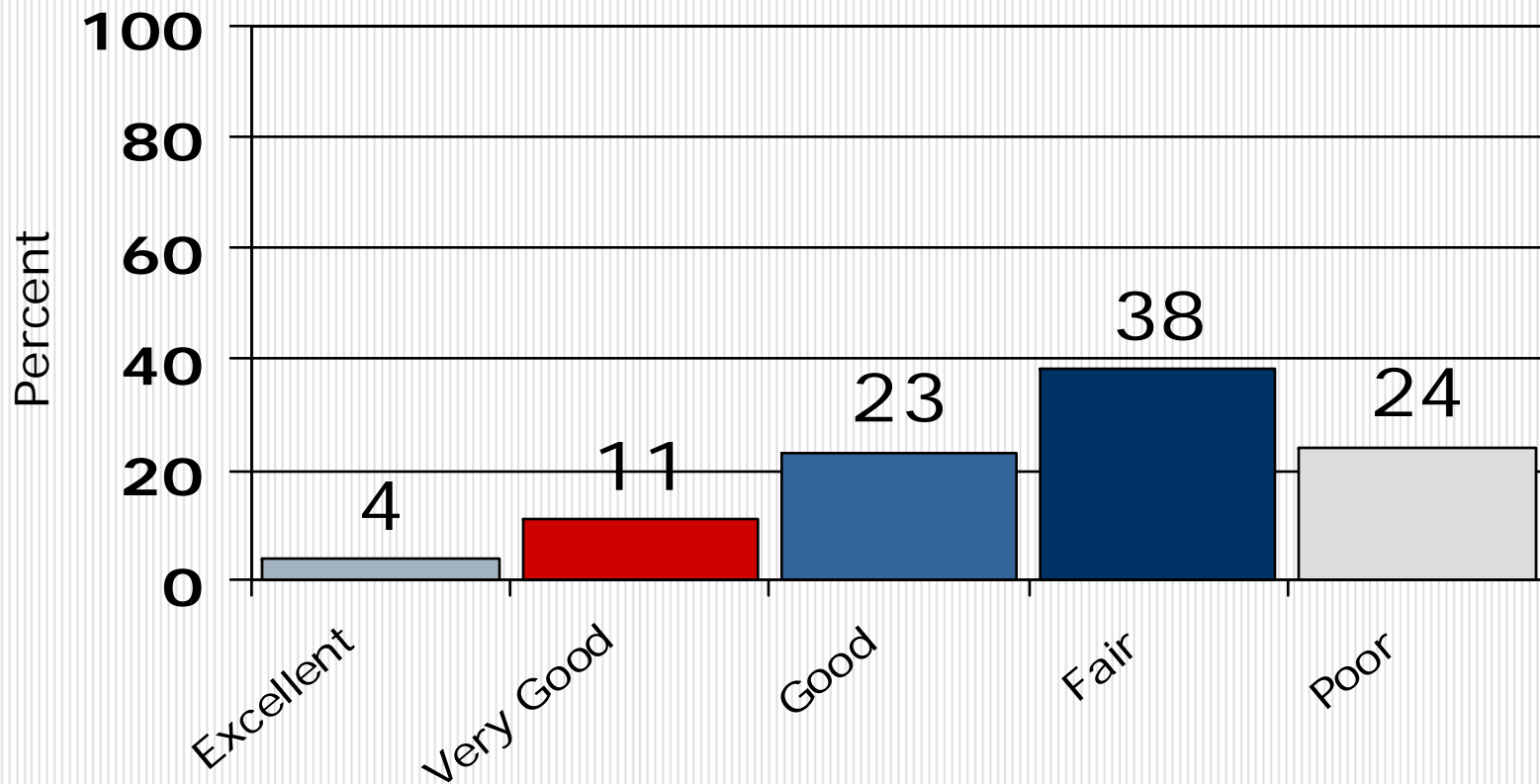
Neighborhood

- Living in publicly funded housing: 40%
- Currently on a waiting list: 22%
 - median wait time: 36 months
- Safety of neighborhood
 - slightly or not at all safe: 25%

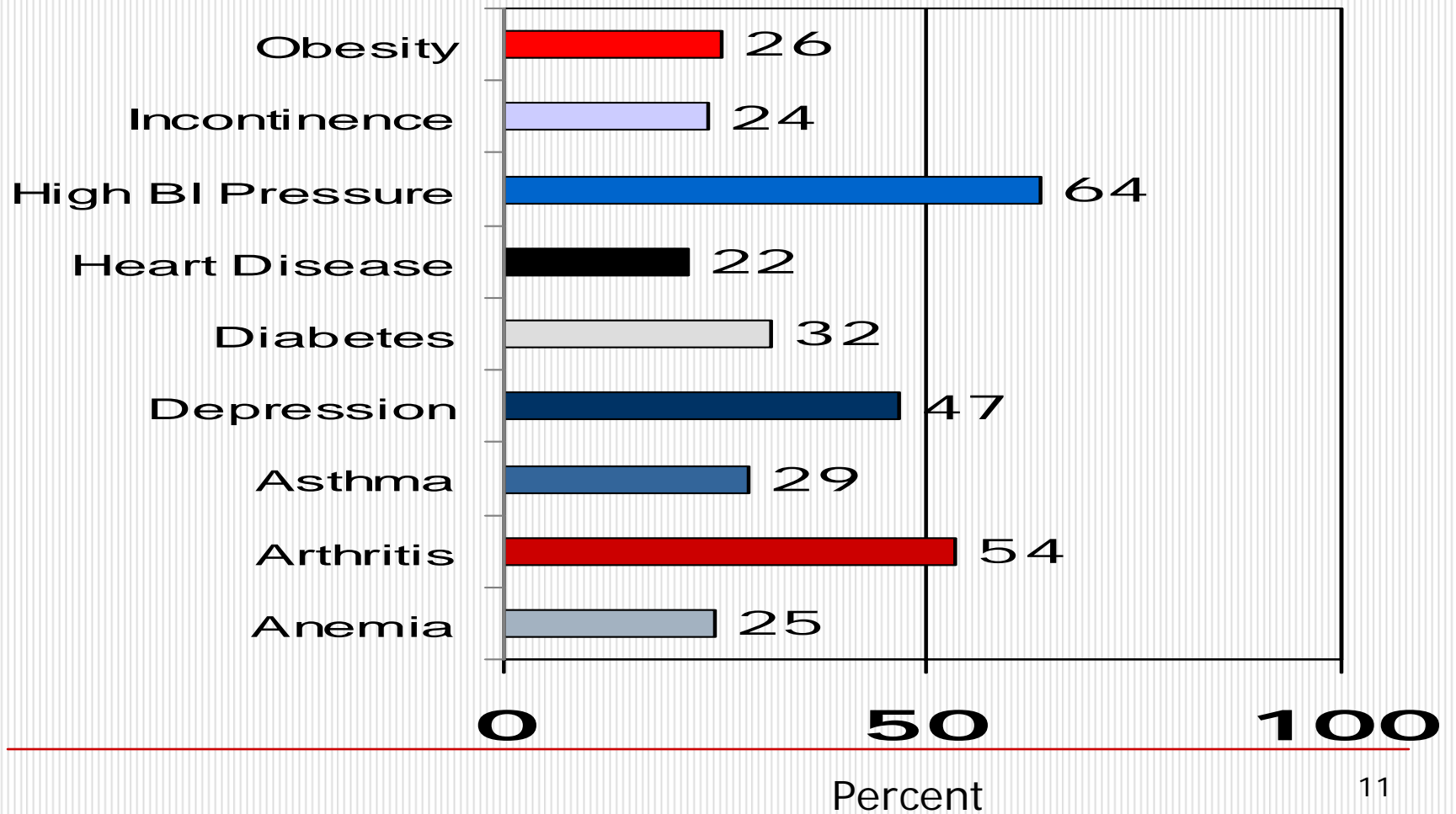
Home Accessibility



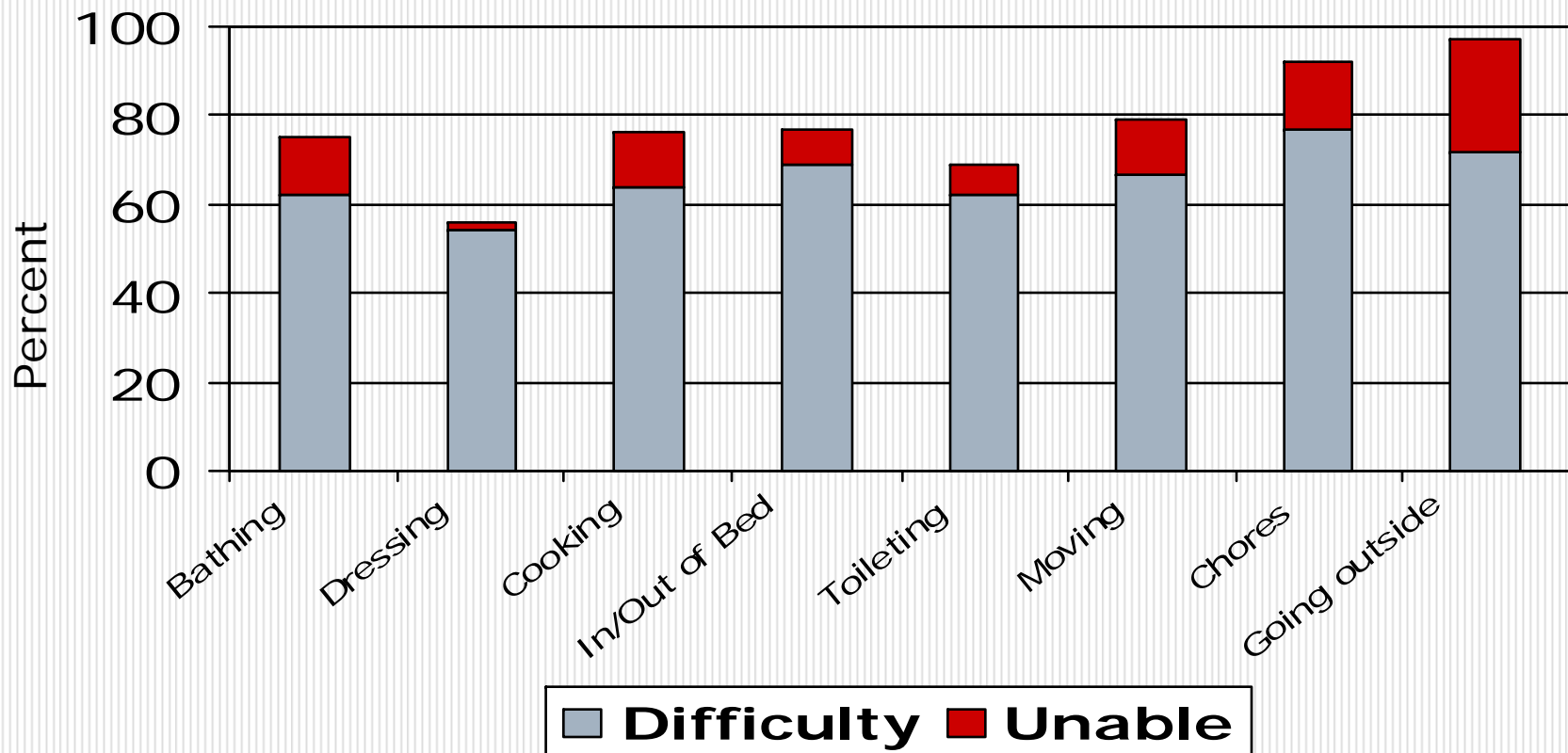
Self-Perceived Health



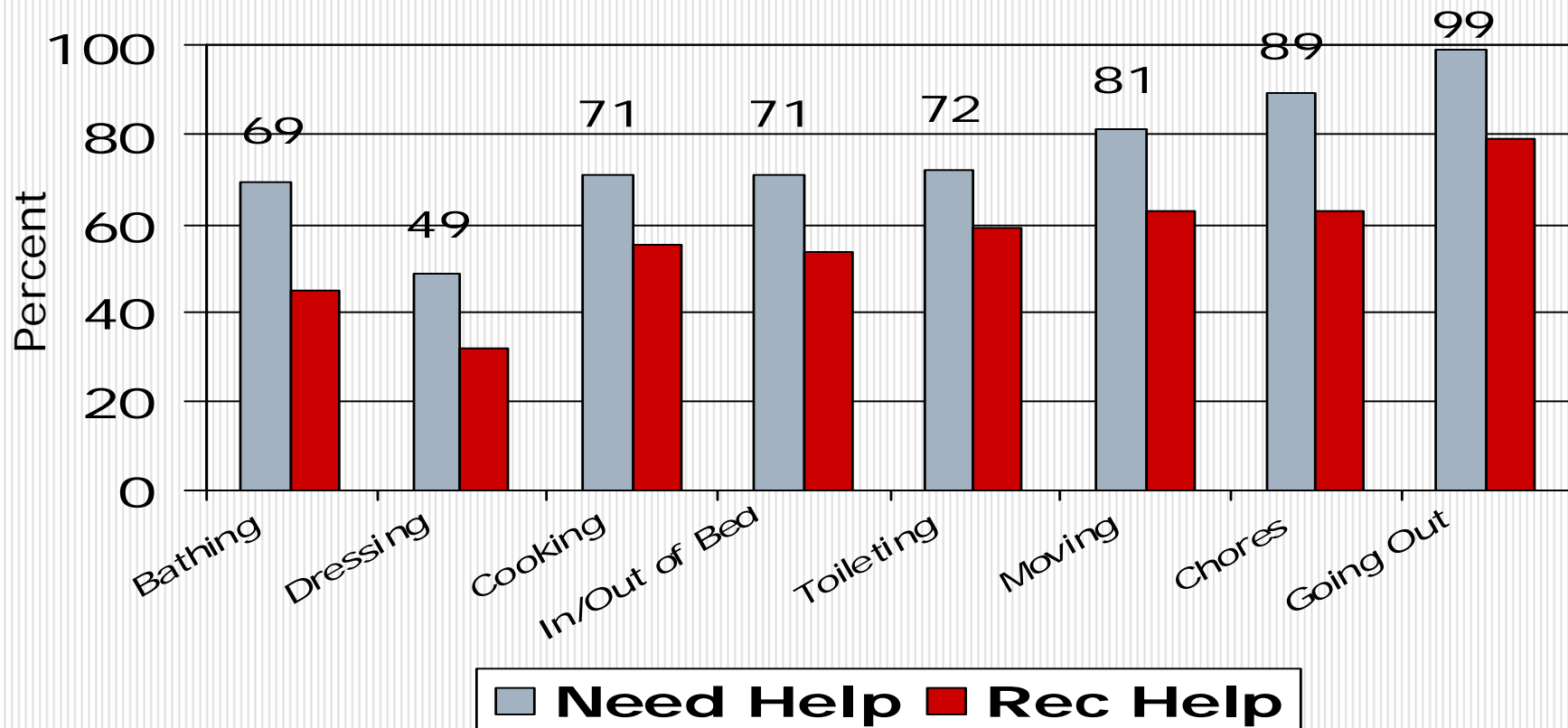
Chronic Conditions



Difficulty with Daily Activities



Difficulty with Daily Activities (cont.)



Barriers to Needed Assistance for Daily Activities

- Poor housing conditions
- Dependent on family members
- Limited Medicaid coverage
- Unqualified personal assistants
- Lack of knowledge about existing service and support in the community
- Desire for independence
- Inability to afford

Falls

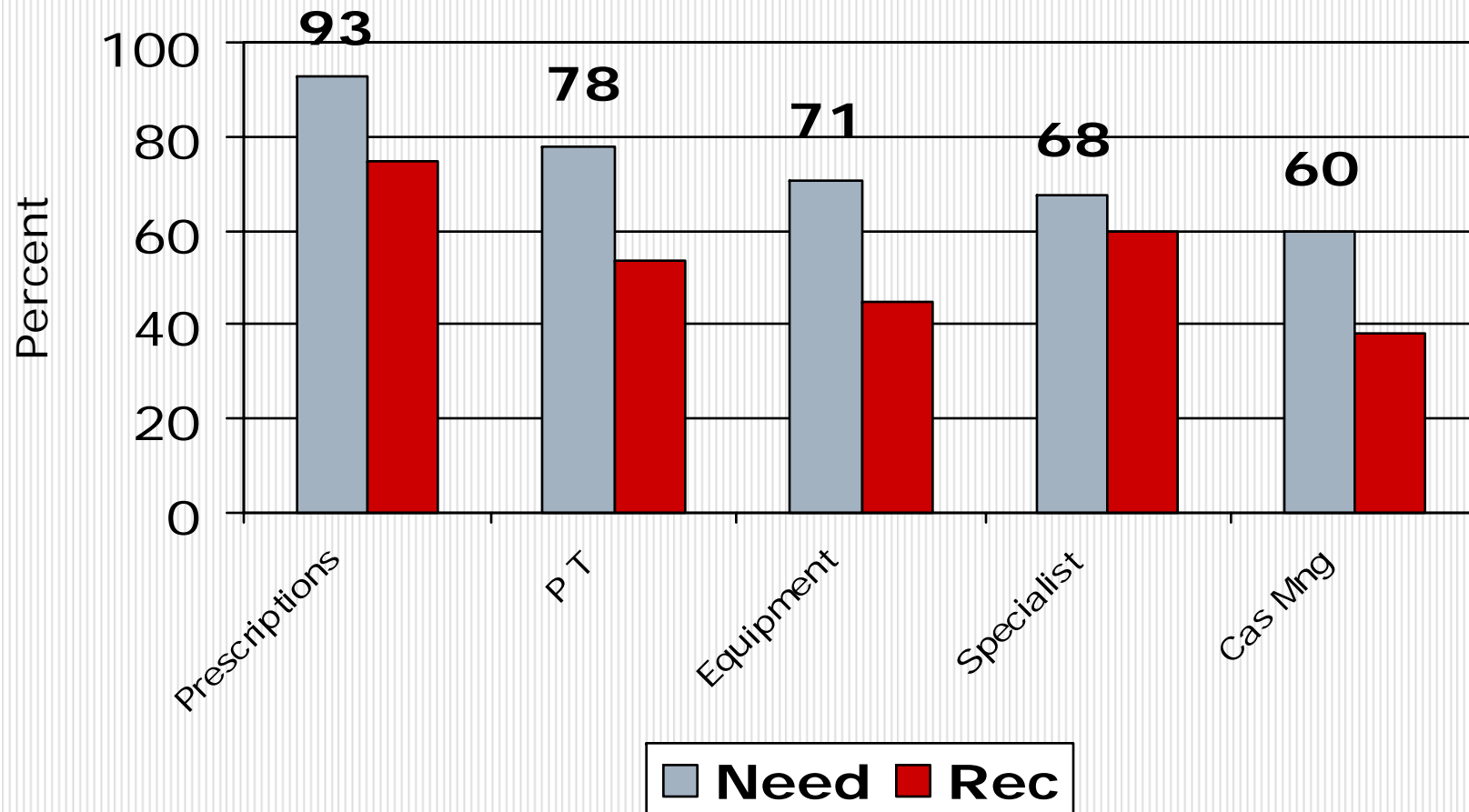
- In the past 12 months, “have you fallen?”
 - 76% said yes
- Of those reporting a fall (N=69), “did you have at least 1 fall serious enough to seek medical advice or treatment?”
 - 48% (33) said yes

Falls (cont.)

- How did they fall?
 - Leg/Knee gave out
 - Loss of balance
 - Dropped during lift
 - Do not remember

- Where did the fall take place?
 - At home
 - On the street
 - Public transportation (e.g. on the bus)
 - In the bathroom

Top 5 Needed Health Care Services



Main Reasons for Not Receiving Needed Health Care and Services

- Physical Therapy:
 - Limited Medicaid coverage
 - Cannot get a prescription
 - Complicated process of receipt
 - Poor health preventing participation
- Prescription Refills:
 - Limited Medicaid coverage
 - Difficulty getting to the pharmacy (e.g. unreliable transportation)
 - Difficulty getting prescription from MD
 - Cannot afford
- Case Management:
 - Case manager is unreliable/not helpful/too busy
 - Do not know how to find one
- New Equipment:
 - Limited Medicaid coverage
 - Waiting / Long Process
 - Doctor will not prescribe

Transportation

- METRO Bus: 31%
 - 25% Report difficulty most/all of the time
 - Rude driver / bad service
 - Difficulty getting on the bus (stairs)
 - Crowded
 - Broken lift
- METRO Access: 25%
 - 48% Report difficulty most/all of the time
 - Late
 - Does not show at all
 - Rude driver / bad service
 - Unreliable

Preventive Services

- Received in the last year
 - Physical: 75%
 - Dental: 37%
 - Flu Shot: 17%
 - Blood Pressure Check: 98%
 - Cholesterol Check: 84%

ER and Hospital Use

- Overnight in a Hospital...
 - 53% in the past year
 - 69% in the past 2 years
- Admitted to the ER...
 - 56% in the past year
 - 75% in the past 2 years

Conclusion I

- Low-income adults with disability have competing needs:

| | |
|--------------------|----------------------|
| Rent | Disability awareness |
| Paying bills | Medical attention |
| Food | Diet & Exercise |
| Caring for family | Transportation |
| Housing | Therapy |
| Social interaction | New equipment |
| Hygiene | Housing improvement |

Conclusion II

- Choosing between needs becomes complex due to personal, service and system-based barriers:
 - Poor housing conditions
 - Lack of accessible and reliable transportation
 - Lack of knowledge of existing services
 - Limited insurance coverage
 - Substandard quality of services
 - Frustration and hopelessness
- Inversely, these factors may worsen existing or cause new disability.

Conclusion III

- Low-income adults with disability, often navigating in isolation, become overwhelmed by unmet needs and barriers to meeting those needs

Implication I

- Basic requirements for independent living, maintaining health and enhancing well-being for adults with physical disabilities include:
 - A barrier-free living environment
 - An accessible and reliable public transportation
 - Awareness of available services
 - Better equipped and more accessible services (e.g. case management, Medicaid, transportation)

Implication II

- Despite high utilization of selected preventive services, low-income adults with physical disability suffer from increased health complications. This could suggest:
 - Poor quality of health services received by this population
 - Critical role of living environment in determining health outcomes

Implication III

- Information regarding existing services should be made more available and more accessible to low-income adults with physical disabilities

Implication IV

- A system of coordinated care and services would greatly help in navigating impoverished individuals with physical disability to available services and resources.

Thank you!

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