

Relationship Between Disability and Access Barriers to Health Care Related Services

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Background

- Research to date has not examined the health care experiences of persons with disabilities, which constitutes a critical gap given the increased risk of chronic illness faced by this population.
- Access to care and patient-provider communication are critical to ensure the delivery of high quality care that is coordinated and continuous.

Objective

The purpose of this study was to assess the relationship between disability and physical and communication-related barriers to health care related services.

Methods

- The study was based on a random-digit-dial computer-assisted telephone interview survey of adult Florida residents aged 18+ (N=1,442) conducted by the Bureau of Economic and Business Research.
- Multivariable logistic regression analysis was used to assess the relationship between disability and experience of each barrier separately.
- Additional models ascertained whether there was a relationship between disability and experiencing one or more, two or more, or three or more of the eight barriers.

Explanatory Variables

- Disability status was ascertained by two questions, consistent with CDC definitions. Respondents were defined as having a disability if they indicated yes to one of the following questions:
 1. Are you limited in any way in any activities because of physical, mental, or emotional problems?
 2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, or a special telephone?

Methods

Dependent Variables

- Respondents were asked to indicate whether they experienced one of eight health care access difficulties in the previous 12 months (yes/no): Obtaining transportation, getting into the building, getting into the exam room, getting on the exam table, getting a physical examination, communicating or talking with doctor, finding doctor that understands health condition, coordinating care between providers.

Control Variables

- Age, gender, race/ethnicity, language, income, education, and marital status

Quantitative Analyses

- Descriptive analyses were conducted.
- Odds ratios (OR) and 95% confidence intervals (CI) were estimated using multivariable logistic regression models.
- All analyses performed using Stata v 10.

Results

- Thirty-three percent of the respondent sample had a self-reported disability.

Table 1. Percentage of Respondents Experiencing Physical and Communication-related Barriers While Seeking Health Care Related Services by Disability Status

	Disabled (n=477)	Non-Disabled (n=965)
	%	%
Physical Barriers		
Obtaining Transportation	12	1.0
Getting into the building	8.0	.05
Getting into the exam room	4.0	.02
Getting on the exam table	20	1.0
Getting a physical exam	5.0	.03
Communication-related Barriers		
Communicating with Doctor	8.0	1.0
Doctor understands condition	14	2.4
Coordinating care	16	3.0
Experienced ≥ 1 barriers	42	6.0

**All findings were statistically significant (p<0.05)

Figure 1. Percentage of respondents experiencing difficulty obtaining transportation by disability status (N=1,442)

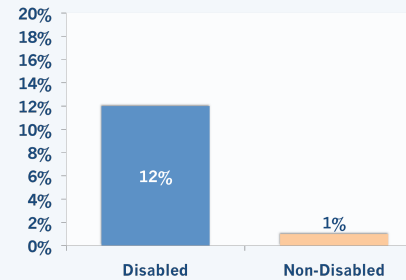


Figure 2. Percentage of respondents experiencing difficulty getting on the exam table by disability status (N=1,442)

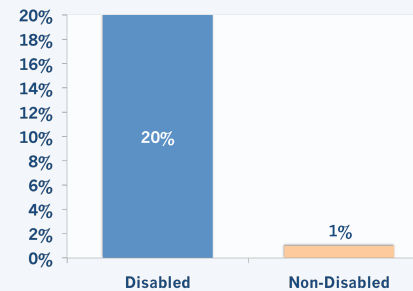


Figure 3. Percentage of respondents experiencing difficulty finding a doctor that understands their health condition by disability status (N=1,442)

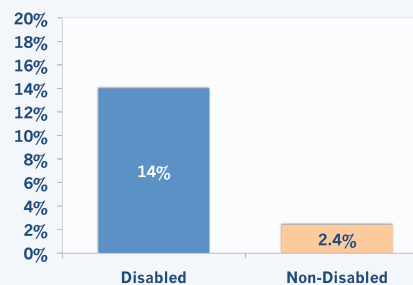


Figure 4. Percentage of respondents experiencing difficulty coordinating care by disability status (N=1,442)

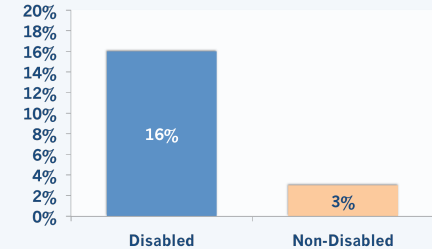


Table 2. Adjusted Odds Ratio for the Association Between Disability Status and Barrier Count Group (N=1,442)

	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Experiencing > 1 Barrier	11.0 (8.0-15.2)	11.4 (8.0-16.3)
Experiencing > 2 Barriers	13.1 (8.0-21.5)	13.3 (7.6-23.1)
Experiencing > 3 Barriers	14.2 (7.0-29.0)	16.2 (7.2-36.2)

**All findings were statistically significant (p<0.05)

Discussion

- Persons with disabilities experience disproportionately higher physical and communication-related barriers.
- Health care access difficulties can impede the delivery of high quality care both within and between physician visits, further diminishing the coordination and continuity of care.

Implications for policy and practice

- ✓ Efforts to reduce physical barriers and improve communication between physicians and persons with disabilities may improve functional status and quality of life for these patients.
- ✓ To improve the care experience for these patients it is important to understand the current barriers to seeking health care-related services.