

Relationship Between Disability and Access Barriers to Health Care Related Services

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Background: Research 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.

Methods: The study was based on a random-digit-dial computer-assisted telephone interview survey of older respondents (n=1,442). Multivariable logistic regression analysis was used to assess the relationship between disability and access to care barriers.

Results: Forty-two percent of persons with a disability experienced one or more of the eight barriers assessed, as compared to 6% of persons without a disability ($p < 0.05$). Across all eight barriers, persons with disabilities were significantly more likely than persons without disabilities to experience difficulty obtaining care, especially, obtaining transportation (12% and 1%, respectively), getting into the building (8% and 0.5%), getting on the exam table (20% and 1%), finding doctor that understands their health condition (14% and 2.4%), and coordinating care between providers (16% and 3%). In adjusted analyses, persons with disabilities were more than 10 times as likely to experience greater than one barrier (OR=11.4, 95%CI=8.0-16.3), two (OR=13.3, 95%CI=7.6-23.1) or three (OR=16.2, 95%CI=7.2-36.2) barriers.

Conclusions: Health care access difficulties can impede the delivery of high quality care within and between physician visits, further diminishing coordination and continuity of care. 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.

Public Health and/or Health Professions Relevance: In order to improve the care experience for patients with disabilities, it is important to understand the current barriers to seeking health care-related services. Efforts to reduce physical barriers and improve communication between physicians and persons with disabilities may improve the quality and continuity of care, ultimately improving the quality of life for these patients.

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