

Managed Markets Update

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Older adults with disabilities encounter more financial barriers to care than those without disabilities, despite insurance coverage, study shows

Older adults with disabilities experience greater economic difficulties than do their counterparts without disabilities, even despite having health insurance and a usual source of medical care, new research indicates.

The analysis was based on data from the 2006 Behavioral Risk Factor Surveillance System, an ongoing, annual, cross-sectional survey of a nationally representative sample of community-dwelling adults aged 18 years or older. The current study included Medicare beneficiaries aged 65 years or older who had a usual source of care. Logistic regression models were used to examine the disparity in delayed medical care due to cost between older adults with disabilities (n=33,385) and those without disabilities (n=53,225), controlling for demographic, health and financial factors.

The demographic variables studied were sex, age, race, marital status, education level, region and urban/rural residence. The health variables included self-reported general health status, physical health, mental health and the presence or absence of five chronic diseases (diabetes, asthma, myocardial infarction, coronary heart disease and stroke). The financial variables included annual household income, last dental visit, lost phone service and number of children in a household.

Overall, 5.8 percent of those with disabilities reported a delay in visiting a physician due to cost. This translated to approximately 800,000 Medicare beneficiaries with disabilities experiencing this barrier.

Significantly more individuals with disabilities than those without disabilities were older, female, less educated and lived in rural areas. Adults with disabilities also more often reported having any of the five chronic diseases evaluated, a general health status deemed as "fair or poor" and having more unhealthy days for both physical and mental health. Additionally, a higher proportion of subjects with disabilities reported having lower annual household incomes, having no dental visit or last dental visit one or more years ago and having telephone service that was lost more than week within the last year.

The unadjusted odds of delaying a physician visit due to cost were 2.4 times higher for those with disabilities relative to those without. After controlling for

demographic variables, the disparity persisted; individuals with disabilities were 2.3 times more likely to report not visiting a physician due to cost. Both of these differences were statistically significant. All demographic variables, with the exception of a patient's sex, were independently associated with the delay in seeing a health care professional.

When further adjusting for health factors, the odds of delaying a physician visits due to cost were 1.6 times higher for those with disabilities. This difference was also significant. General health status, mental health and stroke significantly predicted the risk of delaying seeing a physician. Of the five chronic diseases, only stroke was significantly associated with the risk.

Finally, when financial variables were added to the model, the odds of delaying physician visits were attenuated. After controlling for demographic, health and financial variables, the odds of delaying a physician visit due to cost were a significant 1.6 times higher for those with disabilities. With the exception of the number of children in a household, all financial variables were associated with a delay in seeing a physician due to cost.

The "difficulty in accessing health care among older adults with disabilities needs to be addressed to improve timely visits to health care providers," the study authors wrote.

"Collectively, health variables played a greater role than financial variables in attenuating the disparity in delaying doctor visits, but health and financial variables did not fully explain the disparity. Further research considering other factors (e.g., more direct indicators of financial factors and coordination of health care) is warranted," they concluded.

The study findings were published in the April issue of the journal Health Services Research.