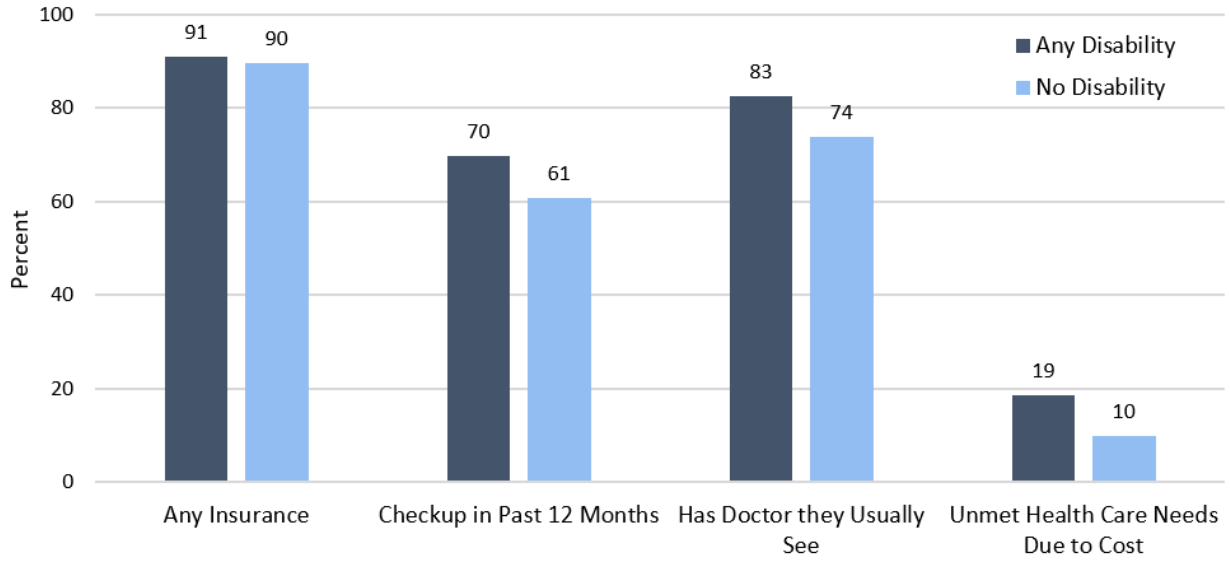
Healthcare Access Among Adults with Disabilities in Oregon

Access to high quality healthcare is important to help individuals maintain health, prevent illness, and manage disease. Healthcare includes medical, oral health, mental health, vision, and rehabilitation services, as well as prescription medications. Many factors influence access to healthcare, including whether or not an individual has health insurance; they can pay for out-of-pocket expenses like copays; the service they need is available when and where they need it; providers are adequately trained to meet the individual's needs; and the clinic, exam table, and other necessary medical equipment are physically accessible.[1] In addition, having a regular, trusted relationship with a health care provider increases the likelihood that individuals will receive appropriate preventive services, like vaccinations and cancer screenings. Having adequate access to healthcare can have a tremendous impact on one's quality of life. Individuals with limited access to care are more likely to have poor health and to die prematurely compared to people with adequate access to care.[1,2]

Indicators of Healthcare Access in Oregon

Figure 1. Indicators of access to healthcare among adults with and without disabilities in Oregon. Percentage of adults in Oregon who have health insurance, have had a checkup in the previous 12 months, have a doctor that usually see for health care, and report unmet health care needs in the past 12 months due to cost. Data Source: Oregon Race Reporting Behavioral Risk Factor Surveillance System 2015-2018 Data Set. Accessible data table for this figure is available here.



Adults with and without disabilities are about equally likely to have some type of health insurance (Figure 1). Seventy percent of adults with disabilities have had a routine health checkup in the past 12 months and most have a doctor that they usually see for care. However, people with disabilities may have additional healthcare needs that are not met. Adults with disabilities are nearly twice as likely as adults without disabilities to say there was a time in the past 12 months when they had to forego some kind of healthcare because of cost (Figure 1). Other research has shown that among people with disabilities who have health insurance, 28% report needing medications, equipment, or therapies that were not covered by their health plan.[3] Only 7% of people without disabilities report a similar problem.[3]

Healthcare Access Among People of Color with Disabilities

America's history of colonization and slavery is responsible for vast racial and ethnic health and economic inequities that exist in the US today. Discriminatory and racist practices directly impact health and limit access to healthcare for Black, Indigenous, Hispanic, Asian, and other people of color. People of color who are also disabled often experience discrimination based not only on race but also on disability status. Belonging to two or more marginalized groups increases the number of barriers one faces to accessing quality healthcare. Thus, among disabled adults, different racial groups will have different access to health insurance, doctor visits, and money to pay out-of-pocket healthcare costs.

Table 1. Access to healthcare, by race and ethnicity, among Oregon adults with disabilities. Accessible data table is available here.

	AIAN[a]	Asian[a]	Black[a]	Hispanic[b]	NHOPI[a]	White[c]
Has any insurance	91.6%	88.3%	84.5%	78.8%	95.0%	92.5%
Had checkup in the past 12 months	72.6%	67.9%	75.2%	66.7%	67.9%	70.0%
Has a doctor they usually see	82.3%	76.1%	79.7%	70.0%	73.2%	84.2%
Unmet healthcare needs due to cost in the past 12 months	23.7%	19.1%[d]	28.9%	29.0%	10.1%[d]	17.3%

AIAN: American Indian/Alaskan Native; NHOPI: Native Hawaiian/Other Pacific Islander. Data Source: Oregon Race Reporting Behavioral Risk Factor Surveillance System 2015-2018 Data Set.

[a] Individuals reported this racial category as their only race or the race that best represents them; they may have answered "yes" or "no" to Hispanic ethnicity.

[b] Individuals answered "yes" to Hispanic ethnicity. Those that indicated a different racial category "best represented" them were coded as that race and not as Hispanic.

[c] Individuals reported White as their only or primary race and answered "no" to Hispanic ethnicity.

[d] Percentages may be unreliable due to small numbers of individuals in these categories, interpret with caution.

In Oregon, adults with disabilities who identify as Hispanic are less likely than other groups to have health insurance (Table 1). Unsurprisingly then, 29% of disabled Hispanic adults have unmet healthcare needs due to cost. They are also less likely than individuals of other racial identities to have had a recent checkup or to have a usual doctor. Black adults with disabilities are more likely than Hispanic adults to have health insurance, but nearly as likely to have unmet health care needs due to cost

Differences in Healthcare Access by Disability Type

Access to healthcare also differs by type of disability. While the majority of people with disabilities have health insurance, individuals with vision and/or cognitive disabilities are less likely to have had a checkup in the previous 12 months, less likely to have a personal doctor, and more likely to have unmet healthcare needs due to cost compared to individuals with other types of disabilities.

Table 2. Access to healthcare among Oregon adults by disability type. Accessible data table is available here.

	Disability Type					
	Vision	Hearing	Cognitive	Mobility	Self-care	Ind. Living
Has any insurance	88.4%	91.9%	90.2%	94.2%	92.7%	93.0%
Had checkup in the past 12 months	63.8%	74.0%	63.7%	77.3%	73.3%	69.0%
Has a personal doctor	81.6%	87.4%	78.1%	89.7%	86.6%	82.7%
Had unmet needs due to cost in the past 12 months	24.1%	16.4%	24.8%	16.5%	21.9%	22.8%

Ind. Living: Independent Living. Disability types are not mutually exclusive; individuals who responded affirmatively to more than one disability type are included in each of the applicable groups. Data Source: Oregon Race Reporting Behavioral Risk Factor Surveillance System 2015-2018 Data Set.

Conclusion

A high proportion (91%) of individuals with disabilities have health insurance. Still, nearly 20% of adults with disabilities report unmet healthcare needs due to cost – almost double the number of adults without a disability. This disparity is even more pronounced for people of color with disabilities. For example, black adults with a disability are three times more likely to report unmet healthcare needs due to cost compared to whites with no disability. These preventable inequalities stem from longstanding ableist and racist systems that benefit white, non-disabled individuals while limiting opportunities for people with disabilities and people of color.[4] All people deserve the opportunity to attain the best health possible.[5] Improving access to quality healthcare for people who have historically been overlooked or excluded is one important step toward attaining this goal.[6]

RESOURCES

1. Getting the Care you Need: A Guide for People with Disabilities A publication from the Centers for Medicare & Medicaid Services to help people with disabilities understand their rights and how to get their healthcare needs met.
2. Modernizing Health Care to Improve Physical Accessibility A publication from the Centers for Medicare & Medicaid Services to help medical providers assess whether or not their practice meets federal standards for accessibility.
3. Improving Access to Health Care for People with Disabilities A self-directed course to help organizations develop their capacity to assist people with disabilities in accessing health care and long-term services and supports.

REFERENCES

1. Access to Health Services | Healthy People 2020. Accessed October 28, 2020. https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
2. Kaplan RM, Milstein A. Contributions of Health Care to Longevity: A Review of 4 Estimation Methods. *Ann Fam Med*. 2019;17(3):267-272. doi:10.1370/afm.2362
3. Iezzoni L. Using Administrative Data to Study Persons with Disabilities. *Milbank Q*. 2002;80(2):347-379. doi:10.1111/1468-0009.t01-1-00007
4. Krahn GL, Walker DK, Correa-De-Araujo R. Persons with Disabilities as an Unrecognized Health Disparity Population. *Am J Public Health*. 2015;105(S2):S198-S206. doi:10.2105/AJPH.2014.302182
5. A New Definition of Health Equity to Guide Future Efforts and Measure Progress | Health Affairs Blog. Accessed November 24, 2020. /do/10.1377/hblog20170622.060710/full
6. Advancing Health Equity by Addressing the Social Determinants of Health in Family Medicine (Position Paper). Accessed November 24, 2020. https://www.aafp.org/about/policies/all/social-determinants-health-family-medicine.html

Funding

This project was supported by Cooperative Agreement Number NU27DD000014 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC. This data brief was prepared by Angela Senders, ND, MCR and Willi Horner-Johnson, PhD in the Oregon Office on Disability and Health (OODH).

Copyright