

Research In Focus: A Weekly Digest of New Research from the NIDILRR Community

Even with Health Insurance, Working-Age Americans with Disabilities May Not Always Get the Healthcare They Need

People with disabilities may have more complex healthcare needs than people without disabilities. Receiving regular healthcare can help people with disabilities avoid preventable health problems, but they may have difficulty getting necessary medical or dental care. Their health insurance may not cover all of their needs, or they may encounter other barriers such as a lack of transportation to get to the doctor's office. As a result, they might put off or skip getting necessary care putting them at risk for expensive health emergencies. In a recent NIDILRR-funded study, researchers looked at how commonly working-age adults with and without disabilities delayed or skipped needed healthcare services. The researchers wanted to find out if community-dwelling, working-age adults with disabilities were more likely to skip needed care than those without disabilities, even if they had insurance. The researchers also wanted to see if people with certain types of disabilities or health issues were more likely to skip needed care than people with other types of disabilities, and what the reasons were for delaying or skipping care.

Researchers at the project on [Health and Health Care Disparities Among Individuals with Disabilities](#) looked at data from the Medical Expenditures Panel Survey (MEPS), a yearly national survey that asks people about their use of healthcare services, health conditions, and health insurance coverage. The researchers analyzed data from 134,693 American adults aged 18-64 years who completed the survey between 2004 and 2010. The participants were asked whether or not they had health insurance, and whether or not they had a cognitive, physical, visual, or hearing disability. The participants were also asked whether or not they needed assistance with activities of daily living (ADLs) such as dressing or bathing, or with instrumental activities of daily living (IADLs) such as shopping; and whether or not they had chronic health conditions like diabetes, heart disease, or stroke.

All of the participants were asked whether or not they had delayed or skipped necessary medical, dental, or pharmacy-related healthcare during the previous year. Those participants who answered "yes" were then asked to select the reason(s) for delaying or skipping care. Possible reasons included trouble paying for care, insurance not covering needed services, being refused by a doctor, or trouble getting to the doctor's office.

About 13% of the participants reported having at least one disability. Overall, the participants who did not have health insurance were about twice as likely to delay or

skip care as those with health insurance. However, a significant number of people with health insurance still reported delaying or skipping needed healthcare.

The researchers then looked further at data from the participants who had health insurance and compared the findings between participants with and without disabilities. They found that for those who had health insurance:

- The participants with disabilities were more than twice as likely to delay or skip needed healthcare as those without disabilities.
- Rates of delaying or skipping healthcare were similar between disability types, except for those with multiple disabilities: Those participants with two or more disabilities who had health insurance were more than four times as likely to delay or skip needed healthcare as those without any disabilities.
- The participants with disabilities who reported needing help with ADLs or IADLs as well as those with multiple chronic health conditions in addition to their disability were also more likely to delay or skip needed care, regardless of the type of disability they had.

When the participants with insurance were asked why they delayed or skipped needed healthcare, a higher percentage of the participants with disabilities said they had trouble paying for healthcare than the participants without disabilities. In addition, a higher percentage of the participants with disabilities reported trouble getting their needs covered by their insurance and encountering transportation barriers than the participants without disabilities. The participants with two or more disabilities reported the most problems with insurance coverage not meeting their healthcare needs.

The authors noted that these data were collected before the Affordable Care Act (ACA) was implemented. More research is needed to assess the complex impact of ACA reforms on receipt of care for people with disabilities. While the ACA may have increased insurance coverage rates, it may also have increased the number of people who have high-deductible plans, which may not fully cover needed services for people with disabilities.

The authors also noted that people with disabilities may not have adequate insurance coverage to address complex healthcare needs. This may be especially true for people with more than one disability or chronic health condition. People with disabilities may find coverage, but may also end up spending a significant part of their income on a high deductible or a high out-of-pocket cap. In addition, many people with disabilities are Medicaid beneficiaries, and they may have trouble finding doctors who accept Medicaid. Healthcare reforms to improve Medicaid reimbursement for doctors may help to address this problem. More generally, policymakers may want to develop reforms that provide more comprehensive insurance plans to people with disabilities. If people with disabilities receive needed care, they may avoid preventable health problems, and may be less likely to require more expensive healthcare later in an emergency room or inpatient setting.

To Learn More

Health Access for Independent Living (HAIL), a project of the NIDILRR-funded Rehabilitation Research and Training Center on Community Living, has a suite of factsheets to help Center for Independent Living (CIL) staff empower their clients to take charge of their healthcare and set and achieve health goals: <http://rtcil.org/cl/projects/r7>

Centers for Independent Living can help people with disabilities to navigate the insurance marketplace and identify programs and benefits they may qualify for. Find a CIL in your county <http://www.ilru.org/projects/cil-net/cil-center-and-association-directory>

To Learn More About this Study

Reichard, A., Stransky, M., Phillips, K., McClain, M., and Drum, C. (2017) [Prevalence and reasons for delaying and foregoing necessary care by the presence and type of disability among working-age adults](#). Disability and Health Journal, 10, 39-47. This article is available from the NARIC collection under Accession Number J75013.

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