

## Disability & Healthcare Access in Florida

### Disability in Florida

Approximately one in five Floridians has a disability. Individuals living with a disability make up a significant portion of the population, and therefore it is important that their health care needs are met. The nation's public health goals, Healthy People 2020, includes ways to remove barriers to healthcare and eliminate disparities among people with and without disabilities across the United States. This issue brief examines the results of the 2009 Florida Behavioral Risk Factor Surveillance System (BRFSS) and a 2009-2011 Florida Office on Disability and Health (FODH) Web Survey measuring the prevalence of disability and access to care in Florida.

### Disability and Health Care Use: BRFSS

The 2009 BRFSS, a telephone survey designed to represent all non-institutionalized adults aged 18 and older in each state, collected responses from 11,709 Floridians and included questions to measure disability. Additionally in 2009 the Florida Office on Disability and Health (FODH) added specific questions to measure disability duration and severity, including access to health care.

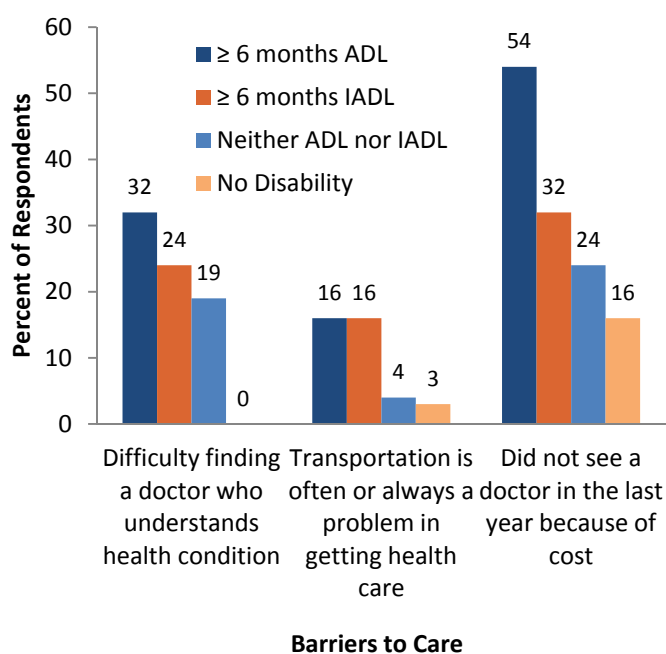
On the 2009 Florida BRFSS, respondents who said they had an activity limitation were asked whether they needed help with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs).

1. Respondents that reported having a long term ( $\geq 6$  months) disability with personal care needs (e.g. showering, bathing, eating) were classified as having an ADL limitation (more severe limitation).
2. Respondents that reported having a long term disability with routine assistance needs (e.g. household chores, shopping, doing necessary business errands) were classified as having an IADL limitation (less severe limitation).
3. Respondents that reported having a long term disability with neither personal care (ADL) nor routine assistance (IADL) needs were classified as having neither an ADL nor IADL limitation.
4. Finally, respondents that reported not having any disability were classified as No Disability.

The following graph shows that among persons with disabilities, those with the most severe limitations more

often reported all three barriers to care, followed by respondents with IADL limitations, then respondents with no IADL or ADL limitations. Finally, respondents without any disability were least likely to report barriers to care. The proportion reporting barriers to care appear to increase with disability severity for many variables measured.

### Barriers to Care by Disability Status: BRFSS



### Health Insurance Coverage for Persons With and Without Disabilities: BRFSS

- 81% (n=8,335) of respondents without a disability reported having health insurance coverage and 82% (n=3,374) of respondents having any type of disability reported having health insurance coverage.
- Persons with no disability are more likely to have employer associated health insurance coverage (62%, n=8,335) compared to persons with disabilities (36%, n=3,374)
- Furthermore, a primary source of insurance coverage for persons with disabilities comes from government funded programs such as Medicare and Medicaid (47%, n=3,374).

Despite similar rates of health insurance coverage, Floridians with disability reported poorer access to care.

## FODH Self-Response Web Survey

While the BRFSS provides valuable insight into the health needs of Floridians, it excludes people with disabilities who cannot answer the telephone. Therefore, during 2009-2010, the FODH conducted a web-based survey (n=844) specifically targeting Floridians with a disability. The following survey results used the first three classifications previously stated.

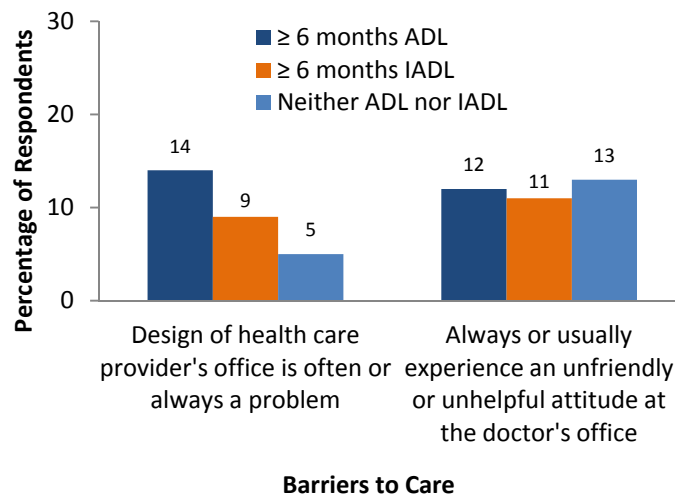
Results indicated that among persons with disabilities:

- 26% of persons with an ADL limitation reported difficulty obtaining transportation created a barrier to accessing healthcare
- 39% of persons with an ADL limitation had at least one personal care doctor
- 40% of all respondents with disabilities reported that cost was a barrier to accessing health care in the past year
- 12% of all respondents with disabilities reported they encountered an unfriendly or unhelpful attitude in their doctor's office
- Despite having a greater burden of chronic disease, persons with IADL limitations were the least likely to receive a check-up (68%) in the past year; 77% of respondents with ADL limitation and 75% of respondents with neither ADL nor IADL limitations reported an annual check-up

## Conclusion

Although persons with and without disabilities seem to have similar rates of health insurance coverage, evidence shows that they have a greater difficulty accessing healthcare.

## Barriers to Care by Disability Status: FODH Web Survey



## Recommendations for Change

- Include disability education in medical, nursing and other healthcare professions training.
- Include persons with disabilities in all state and local health promotion activities.
- Provide further tax incentives or grants to encourage healthcare providers to create physically accessible offices.
- Educate the public about programs, services, and training programs available to persons with disabilities.
- Implement a fluid transition of care with increased education for providers, payers and caregivers.
- Create incentives for providers to accept more Medicare and Medicaid patients.
- Conduct research on the effects of barriers to healthcare access and the resulting cost accrued among persons with disabilities.
- Collect data on access to health care among Floridians with disabilities through multiple modes so that all disabilities are represented.

## Differences between Web Survey & BRFSS

The results of the web survey shared many characteristics with the BRFSS survey; however, there were key differences in the profile of conditions that caused limitations for respondents. Some examples include:

- 5% of the respondents from the web survey live with blindness vs. 1% on the BRFSS.
- 9% of the respondents from the web survey live with a learning or intellectual disability vs. 1% on the BRFSS.
- 5% of the respondents from the web survey live with a hearing disability vs. 1% on the BRFSS.

There are two main reasons to account for these drastic differences:

1. It is probable that people living with disabilities other than physical impairment find an online survey easier to access than a survey over the phone. These groups would be underrepresented in the BRFSS.
2. It is possible that the organizations and web-sites used to help recruit survey respondents serve a population pool comprised of a higher proportion of people with disabilities.

For more information refer to *FODH Results of a web survey of Florida adults with disability 2009-2010* and *Disability and Access to health Care in Florida 2009 BRFSS*. Both can be found on <http://fodh.php.ufl.edu/publications/>