

Health and Health Care Access of Persons with Disability in Florida

Preliminary report from a web survey: first 8 weeks

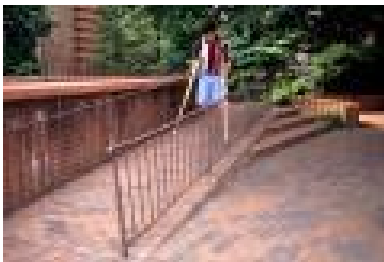
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The mission of the Florida Office on Disability & Health is to maximize the health, well-being, participation, & quality of life, throughout the lifespan, of all Floridians & their families living with disability.

Florida Office on Disability and Health Web-based Survey Preliminary Results

The Florida Office on Disability and Health (FODH) seeks to build data on disability for Florida. During 2009, FODH developed is fielding a web-based survey for people with a disability living throughout Florida to provide information about their health, health care access and experience, as well as provide information about needs and services. The survey questions are based on the Florida Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey conducted by the Department of Health and Centers for Disease Control and Prevention (CDC) that includes a module of questions on disability and access to care. Because the BRFSS includes a random sample of Florida community-dwelling adults, it provides a population-based estimate of disability and information about people with a disability. However, both the number of respondents with disability and the depth of information about people with a disability on the BRFSS are small. Based on our community and agency partners' feedback, the FODH web-based survey serves to augment those core BRFSS questions with more detail.

The 2009 Web survey for people with a disability was disseminated by the partners of the FODH (e.g., in newsletters and list serves), and was activated on January 26, 2009. As of March 25, 2009 the online survey had 268 respondents from 46 of the 67 Florida Counties. A majority of the online respondents were white (86.2%) women (61.7%) of middle age (53.5% age 45-64) and approximately 40% of respondents were either married or in partnership. Almost all (98.1%) respondents have at least a high school degree; half of the sample (49.3%) has at least a college degree, and one quarter of the sample (25.6%) has attended graduate school. Half (56.6%) the respondents are currently employed. These general descriptive data are presented in Table 1 below.

Table 1: General description of respondents

Sex: Women	61.7%
Marital Status: Married/partner	39.6%
Family Demographics: At least one child (under 18) in household	21.3%
Age:	
18-24	9.8%
25-34	11.4%
35-44	19.6%
45-54	29.4%
55-64	24.1%
65 +	5.7%
Education:	
Less than high school	1.9%
High school	23.1%
Some college/professional school	21.0%
College graduate	23.7%
Graduate school	25.6%
Employment Status: Currently employed	56.6%
Ethnicity: Hispanic	4.9%
Race:	
White	86.2%
Black	9.0%
Military Status: Ever served in military <i>(Of these, in Afghanistan/Iraq)</i>	9.7% (3.8%)

Data on the health and disability of survey respondents are presented in Table 2. 73.6% of survey respondents report that they are limited by physical, mental, or emotional problems, a majority of which are limited by physical impairments (61.9%). Over a quarter of respondents (28%) report that their overall health is fair or poor, and over a quarter of respondents (27.6%) also report that they are either dissatisfied or very dissatisfied with life in general. The most common of medical conditions reported were asthma and arthritis, lupus or RA, both of which affect 42.5% of the population.

Table 2: Health and disability

Limitations: Limited by physical, mental, or emotional problems	73.6%
<i>Of these</i> , main problem physical impairment	(61.9%)
main problem learning, memory, intellectual	(19.1%)
main problem emotion, mental health	(6.2%)
need help routine activities (IADLs)	(61.9%)
need help self care (ADLs)	(28.5%)
General Health: General health fair or poor	28.0%
General Life Satisfaction: Dissatisfied or very dissatisfied with life in general	27.6%
Diagnosed medical condition/event:	
Asthma	42.5%
Diabetes	15.1%
Heart attack	15.0%
Stroke	12.5%
Arthritis, lupus, RA	42.5%

Survey respondents were asked about health care coverage, and 86.8% reported having some type of health care coverage. Among respondents with coverage, approximately 40% have insurance through their employer, 28% through Medicare, and 13% through Medicaid. Most of the sample reports having a personal healthcare provider, an important component when measuring access to care. In measuring barriers to care, 28.7% of the sample indicates having not seen a doctor in the past year at least once because of cost. Additionally, 32.4% report difficulty in finding a provider who understands his/her health condition, and 24.0% report transportation as sometimes/often/ always a problem in getting healthcare. 26.4% of respondents have not had a routine check up in the last 12 months. Information on health care access, including insurance and barriers to care, are presented in Table 3.

Table 3: Health care access

Insurance: Has healthcare coverage	86.8%
Type of coverage:	
Employment	39.2%
Medicare	28.4%
Medicaid/Title XIX	13.4%
Military	4.6%
Healthcare Provider: Has personal healthcare provider	90.5%
Financial Access: Could not see doctor last 12 months due to cost	28.7%
Routine Care: Routine checkup last 12 months	73.6%
Barriers to Care:	
Difficulty finding healthcare provider who understands his/her conditions	32.4%
Transportation sometimes/often/always a problem in getting healthcare	24.0%
Dental Care: Last visited a dentist 2 or more years ago	44.3%

Table 4 below presents data on survey respondents' health behavior and preventative care. Of key importance to health behavior, over half of respondents reported exercising in the last month and 14.4% of respondents currently smoke. Based on self reported weight and height, 28.0% of respondents are obese. Almost half the population received a flu shot last year (47.3%) and 36% have been vaccinated against pneumonia. Nearly half the population also reports eating fruits and vegetables daily.

Table 4: Health behaviors/preventive care

Exercise: Exercise last month	53.6%
Smoking: Currently smoke	14.4%
Obesity: Obese based on BMI	28.0%
Vaccine coverage: Flu shot last 12 months	47.3%
Pneumococcal vaccine (ever)	36.0%
Nutrition: Eat daily fruits or vegetables	47.0%
Social Support: Rarely or never gets the social support needed	16.7%

In a preliminary analysis of outcomes based on the risk factors of smoking and obesity, smoking appears to be more highly correlated with negative outcomes than obesity does, although some outcomes, such as reporting of general health, are correlated with both. Of note, smokers and obese persons report fair or poor health nearly twice as often as nonsmokers and non-obese persons. Other outcomes of note include that smokers are nearly three times more likely than nonsmokers to report not being able to see a doctor in the last 12 months due to cost (60.5% compared to 23.1%). Smokers also found it more difficult to find a provider who understands their condition than nonsmokers (50% compared to 29.7%). And finally, smokers were more than twice as likely to report being dissatisfied or very dissatisfied with their life in general than nonsmokers (52.7% compared to 23.6%).

Table 5: Comparison of outcomes by risk factors of smoking and obesity

	Smoking status		Obesity status	
	Smokers	Non-smokers	Obese	Non-obese
General health fair or poor	44.7%	25.4%	43.2%	22.9%
Routine checkup in last 12 months	70.3%	76.3%	72.0%	70.8%
Could not see a doctor in last 12 months due to cost	60.5%	23.1%	34.7%	26.0%
Difficulty finding healthcare provider who understands his/her conditions	50.0%	29.7%	37.0%	30.5%
Transportation sometimes/often/always a problem in getting healthcare	29.0%	23.3%	21.7%	21.1%
Dissatisfied or very dissatisfied with life in general	52.7%	23.6%	38.7%	26.0%