



Methodology

First, we did a systematic literature review of peer-reviewed articles on this subject.

Then we asked over 900 people with disabilities to report in more detail their barriers to accessing health care in an online survey.

The following listing represents those barriers identified most frequently to explain why needed primary and preventive health care was not obtained.

Barriers to accessing health care for

A checklist for clinicians and other health care professionals

Statement of Problem

People with disabilities represent the largest minority group in the United States. Like most Americans, health care is a central concern for people with disabilities and research has shown that people with disabilities experience difficulty in accessing health care.

This checklist describes the leading barriers to accessing health care experienced by people with disabilities. Use this checklist to identify areas where you can work to reduce these barriers in your healthcare setting.

Findings

Transportation barriers

- Public transportation is unavailable or hard to coordinate.
- Public transportation is not accessible.
- Transportation costs too much.

Availability and access of service/system barriers

- Accessing care in rural areas is difficult.

Insurance barriers

- Getting and keeping insurance coverage if problematic.
- Insurance doesn't cover the primary care services that are needed (e.g., screening tests).
- Facilities for primary care services are not accessible enough.
- Insurance coverage does not cover health promotion services.
- Facilities for health promotion are not accessible enough.
- Insurance coverage does not cover the medications and/or co-pays are too high.

Insurance barriers, continued

- Insurance does not cover care coordination services.
- Co-payment makes primary care services too expensive.
- Waiting for approval by the insurer before being able to get care is problematic.
- There are complex coding systems for clinician reimbursement.
- It is difficult to get reimbursements for atypical treatments (e.g., pool therapy).
- Medicaid is unwilling to reimburse for the array of services (assistive devices, some prescription drugs, disposable services and personal assistance, etc.) required for people with disabilities.
- Medicaid is unwilling to reimburse for preventive care.

Clinician level barriers

- The clinician is not willing to accept patients with disabilities into their practice (generally a violation of the Americans with Disabilities Act).
- The clinician lacks adequate training or skills to provide quality care for people with disabilities (e.g., knowledge about the disability, appropriate exercise programs, need for referrals, local resources).
- The clinic staff lacks adequate training or skills to provide quality care for people with disabilities (e.g., accommodations, local resources).
- The clinician lacks knowledge about dual diagnoses (e.g., the mental health needs of persons with other disabilities).
- The clinician or the staff doesn't know enough about local resources
- The clinician or the staff doesn't know enough about available assistive devices
- The clinician displays negative attitudes about people with disabilities (e.g., feeling that exams take too long, talking down to patient).
- The clinic staff displays negative attitudes about people with disabilities.
- The clinic staff avoids communicating directly with the person with a disability.
- The clinician and the staff may not believe the conditions of the person are valid (e.g., fibromyalgia).
- The clinician does not consider the lifestyle issues of people with disabilities.



Clinician level barriers, continued

- The clinician does not attend to clinical preventive services in people with disabilities (e.g., weight management, smoking).
- The clinician confuses health problems with manifestation of the disability.
- The clinician does not recognize that people with disabilities are sexually active or interested in sex.
- Technicians are unwilling or unable to position a person with a disability properly for exams and screenings.
- People with disabilities have a harder time getting an accurate diagnosis of their problems.
- The clinician makes assumptions about behavior based on disability which may lead to misdiagnoses.
- The clinician does not know how to create a long-term care plan for a person with a disability.
- The primary care clinician may not know about available medications or newer treatments.
- The clinician and the staff have difficulty communicating with people with disabilities and consequently don't listen carefully to their issues.
- The clinician and the staff don't spend enough time with patients with disabilities.
- The clinician and the staff do not communicate clearly and carefully about the condition at hand, the course of a disease, or the management or treatment of the condition (e.g. simply, with enough time, and/or in alternate formats).
- Getting through on the phone to the clinician or clinic staff is difficult.
- The clinician is uncomfortable caring for patients with hearing loss or mental health issues.
- Clinicians show lack of interest in learning about caring for people with disabilities.
- Concentration on the disability may lead to misdiagnosis or ignoring other treatable conditions.
- The clinician and the staff lack knowledge about disability culture.
- The care needs of people with disabilities can be too time-consuming and





Facilities level barriers

- Signage is inaccessible.
- The clinician and the staff do not have adequate access to sign-language interpreters.
- Facilities are physically inaccessible.
- Exam tables are not accessible (able to be lowered to 17"-19" from floor).
- Testing equipment (e.g., scales) is not accessible.
- Mammography equipment is not accessible.
- Staffing to assist with physical maneuvering is not adequate.
- Entrances to bathrooms are not accessible.
- Staff shows resistance to allowing service animals into the exam rooms (generally a violation of the Americans with Disabilities Act).

For more information

Visit our website for more information on this and other RRTC: Health & Wellness projects aimed at promoting the health and wellness of people with disabilities. You can find information on making accessible printed materials (including alternate formats) as well as a checklist to determine how usable an outpatient clinic is for people with disabilities.

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