



Healthcare Access at the Intersection of Race, Ethnicity, and Disability

Willi Horner-Johnson, PhD & Konrad Dobbertin, MPH

Acknowledgements

The research presented here is funded by the Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD) under Cooperative Agreement U01DD000231 to the Association of University Centers on Disabilities (AUCD). The content of this material does not necessarily reflect the views and policies of CDC, NCBDDD nor AUCD.

Background

- Disparities in health and access to care have been well-documented in historically underserved racial and ethnic groups
- A newer body of research examines health and health care disparities between people with and without disabilities
- There has been much less attention to the combined impact of these two types of disparities

Study purpose

- To examine access to healthcare, and unmet healthcare needs among people with and without disabilities in different racial and ethnic groups
- Determine whether people in underserved racial or ethnic groups who also have a disability are at greater disadvantage than those in either group alone



Data source

- Medical Expenditure Panel Survey (MEPS)
- Combined annual data files from 2002-2008
- Analyses focused on adults aged 18-64 years



Disability

- People with disabilities identified as those with basic actions difficulties:
 - Functional limitations
 - Limitations in vision or hearing
 - Cognitive limitations
 - Use of assistive technology



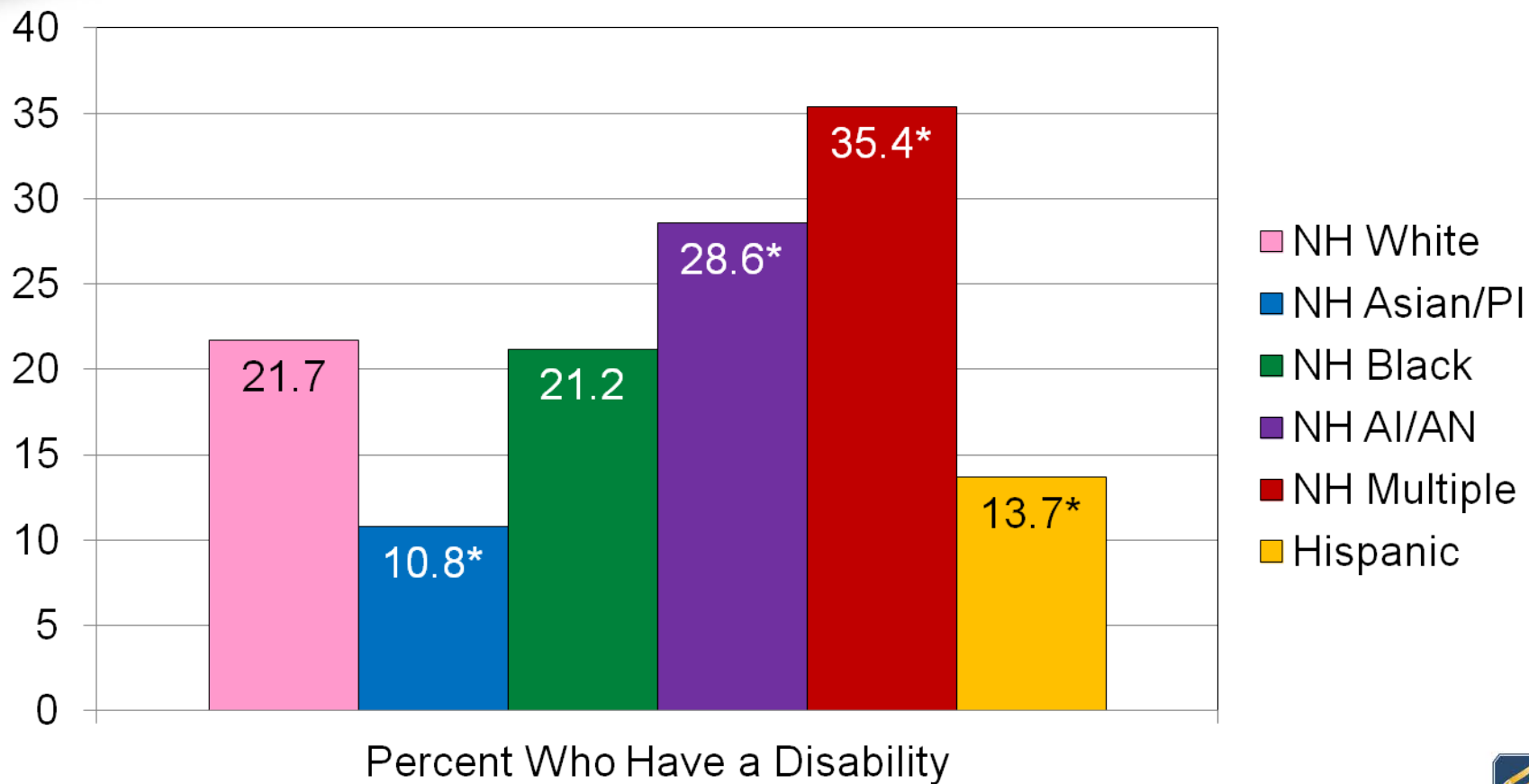
Complex activity limitations

- Some people with disabilities also have more complex activity limitations:
 - ADL/IADL limitations
 - Limitations in work, social, or recreational activities

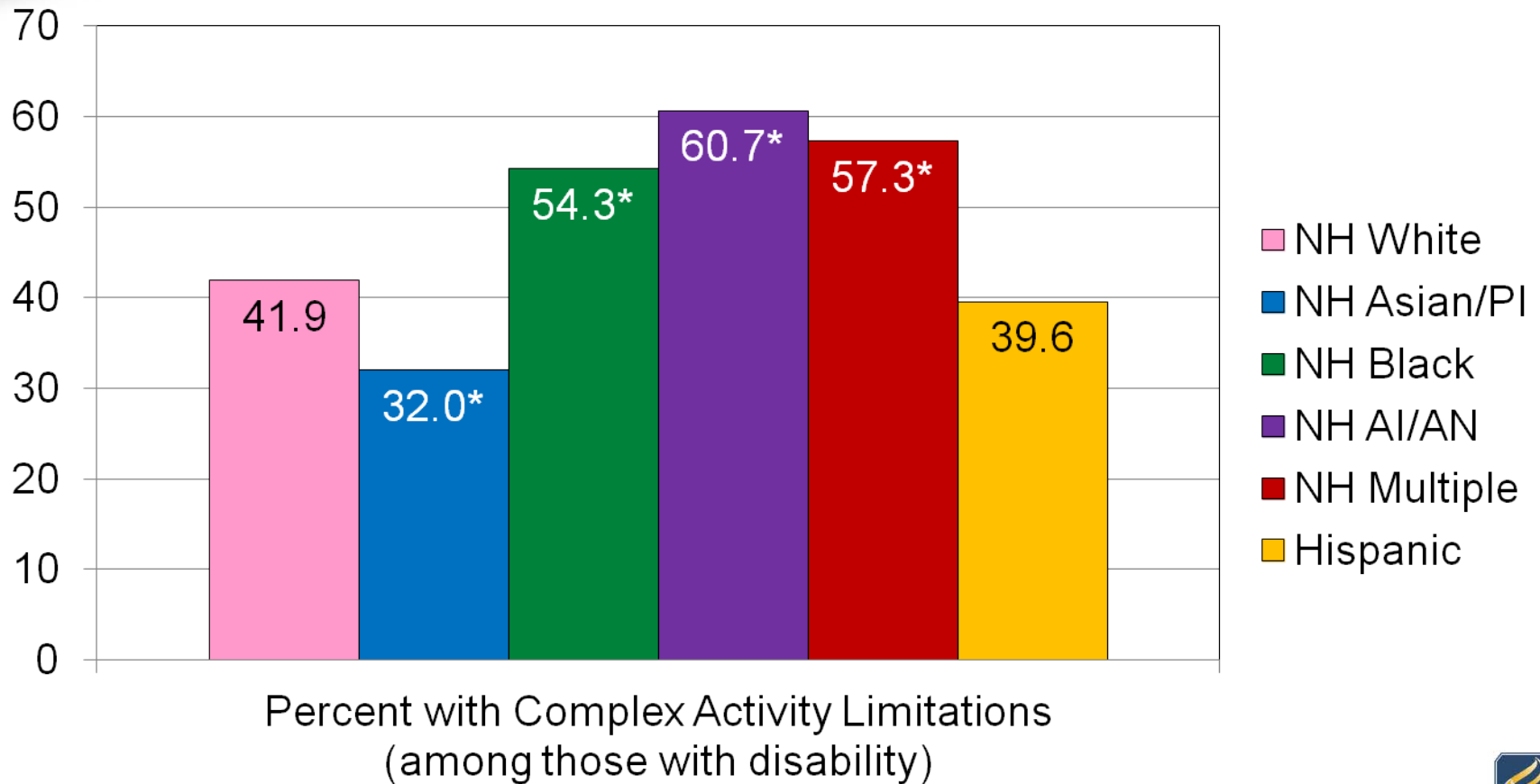
Race and ethnicity

- Grouped into 6 categories:
 - Non-Hispanic White
 - Non-Hispanic Asian, Native Hawaiian, or other Pacific Islander
 - Non-Hispanic Black or African American
 - Non-Hispanic American Indian or Alaska Native (AI/AN)
 - Non-Hispanic multiple races
 - Hispanic (of any race)

Disability in racial & ethnic groups



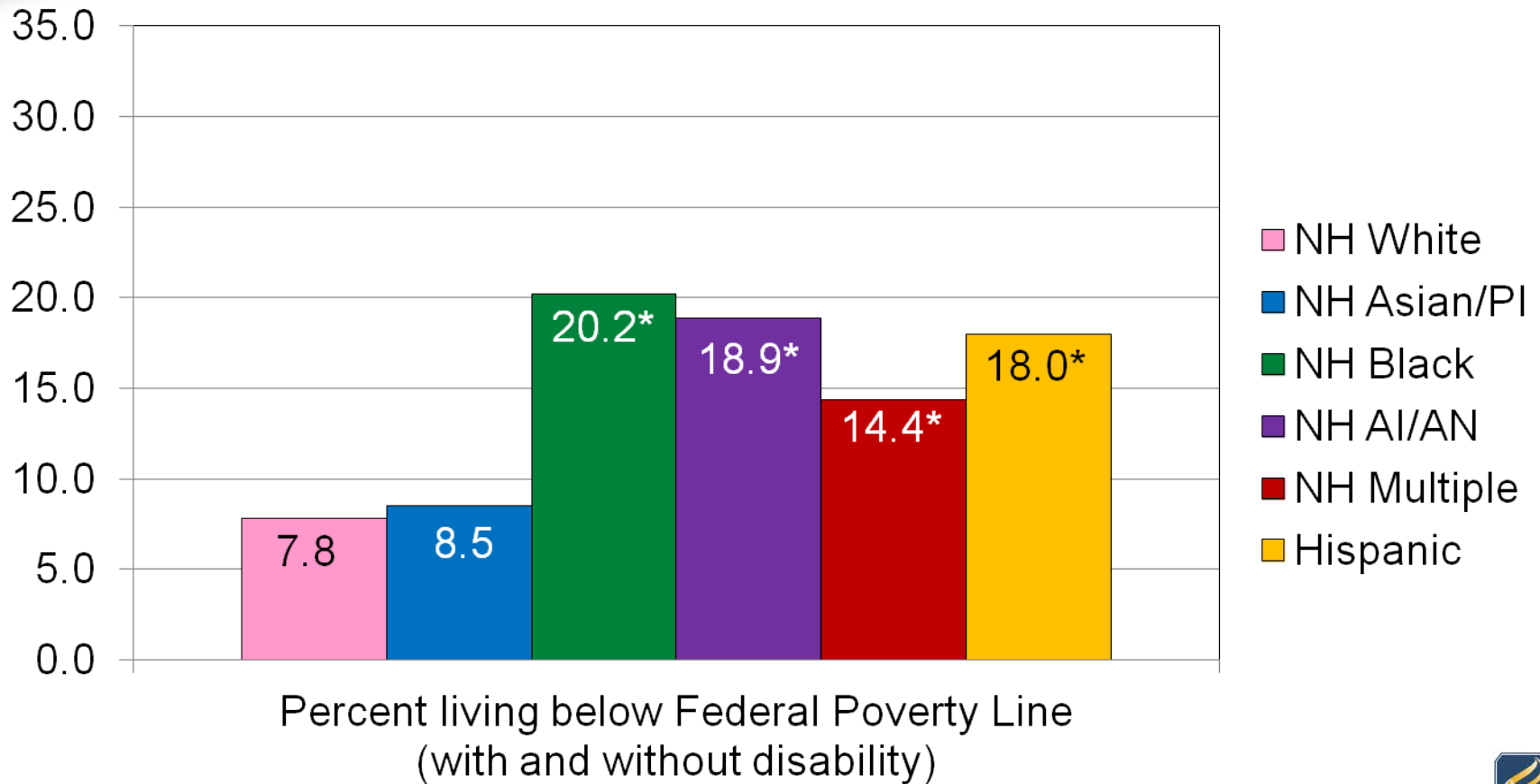
Complex activity limitations



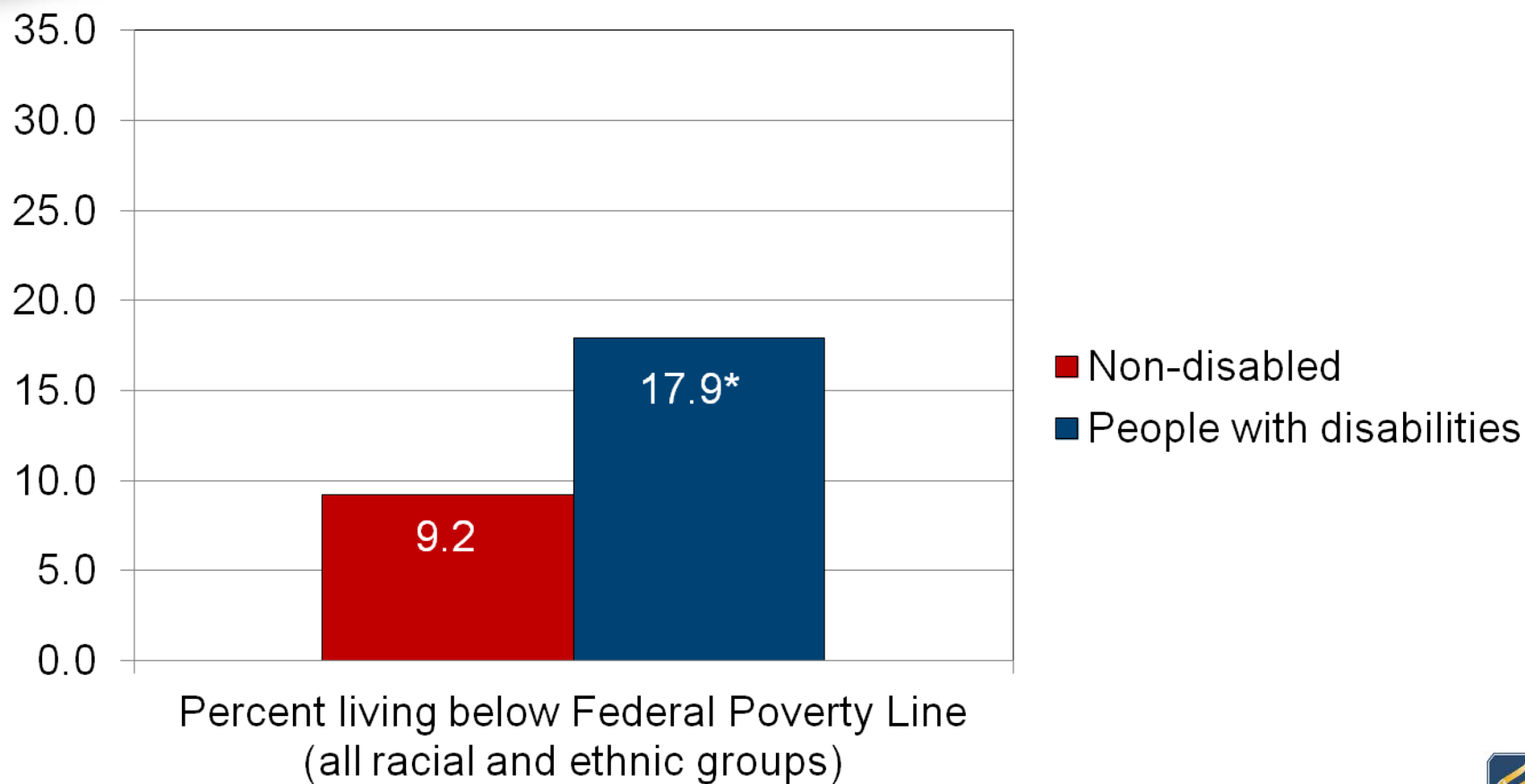
Social determinants of health

- Socioeconomic variables that are closely associated with health and access to care
- Includes income, education, employment
- How do people with and without disabilities in various racial and ethnic groups differ?

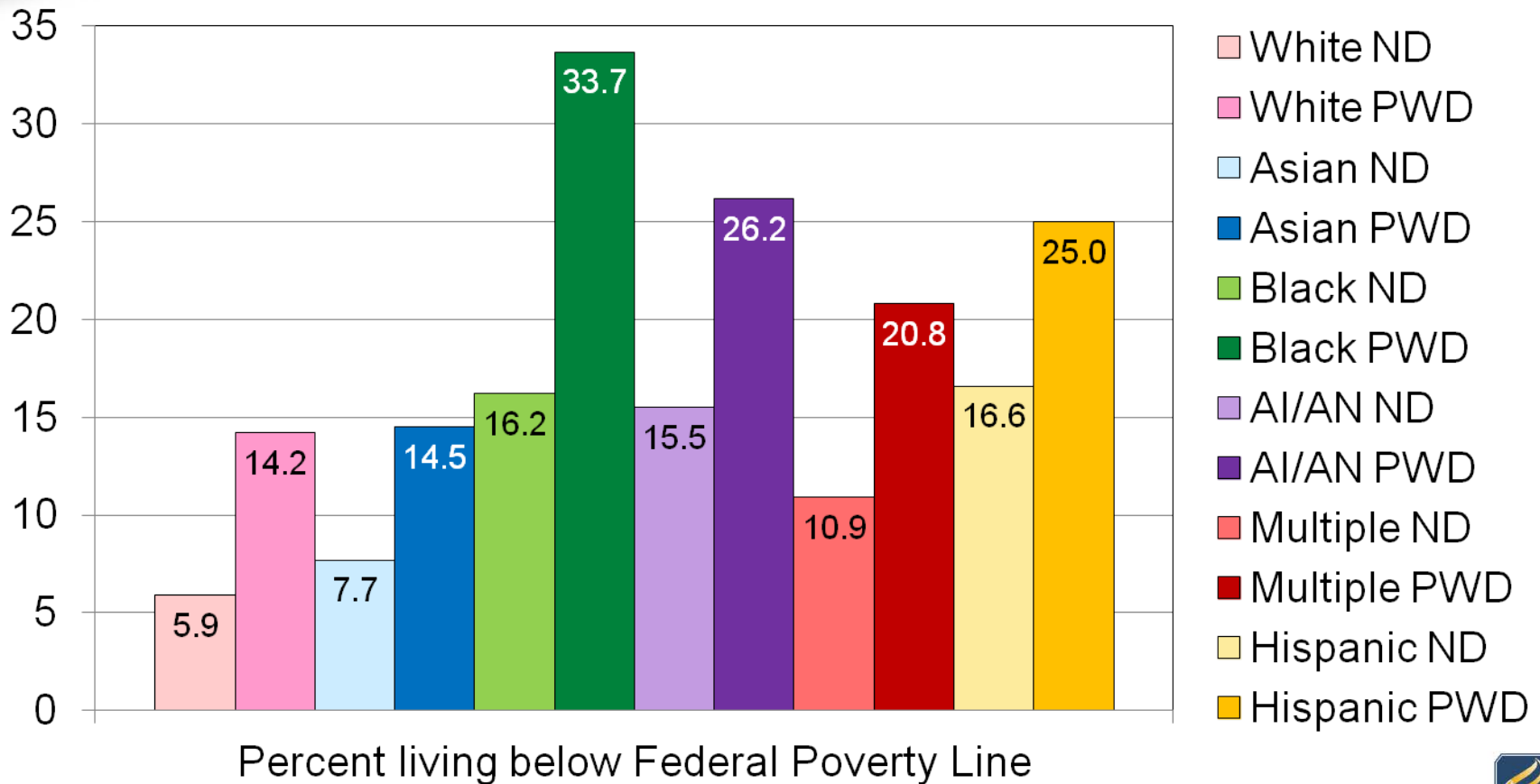
Poverty by race



Poverty by disability status



Poverty at the intersection





Access to health care

- Presence of health insurance
- For those who have insurance, what type (public or private)?
- Does person have a usual source of health care (besides ER)?
- Has person had a time when they did not get needed health care, or delayed getting needed care?

Healthcare insurance

- People in underserved racial and ethnic groups more likely to be uninsured all year and less likely to have private insurance
- In most racial and ethnic groups, people with disabilities are no more likely to be uninsured than people without disabilities
- However, in most racial and ethnic groups, people with disabilities are significantly less likely to have private insurance

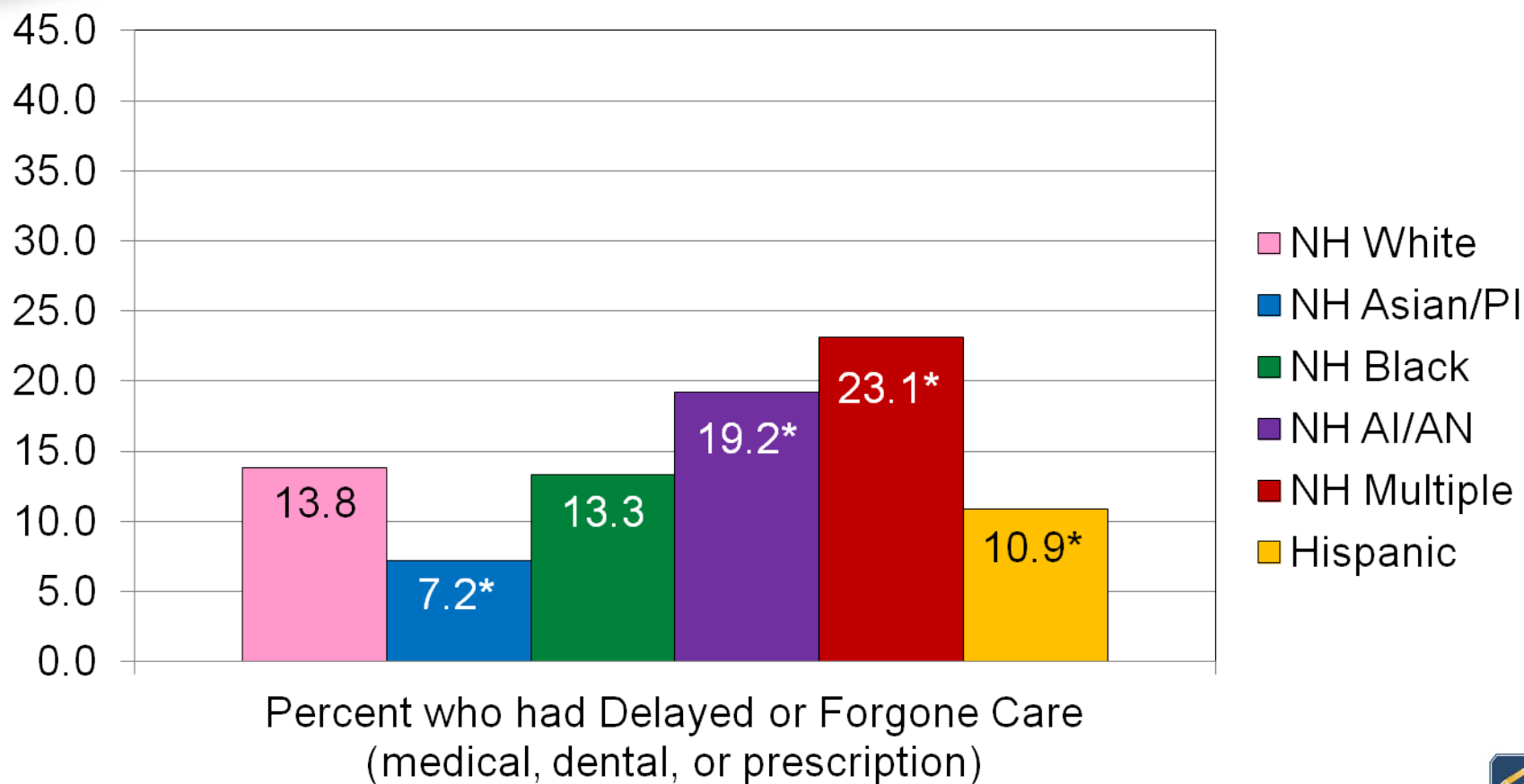
Usual source of care

- People in underserved racial and ethnic groups are less likely to have a usual source of medical care
- Especially large disparity for Hispanics: 44% have no usual source of care

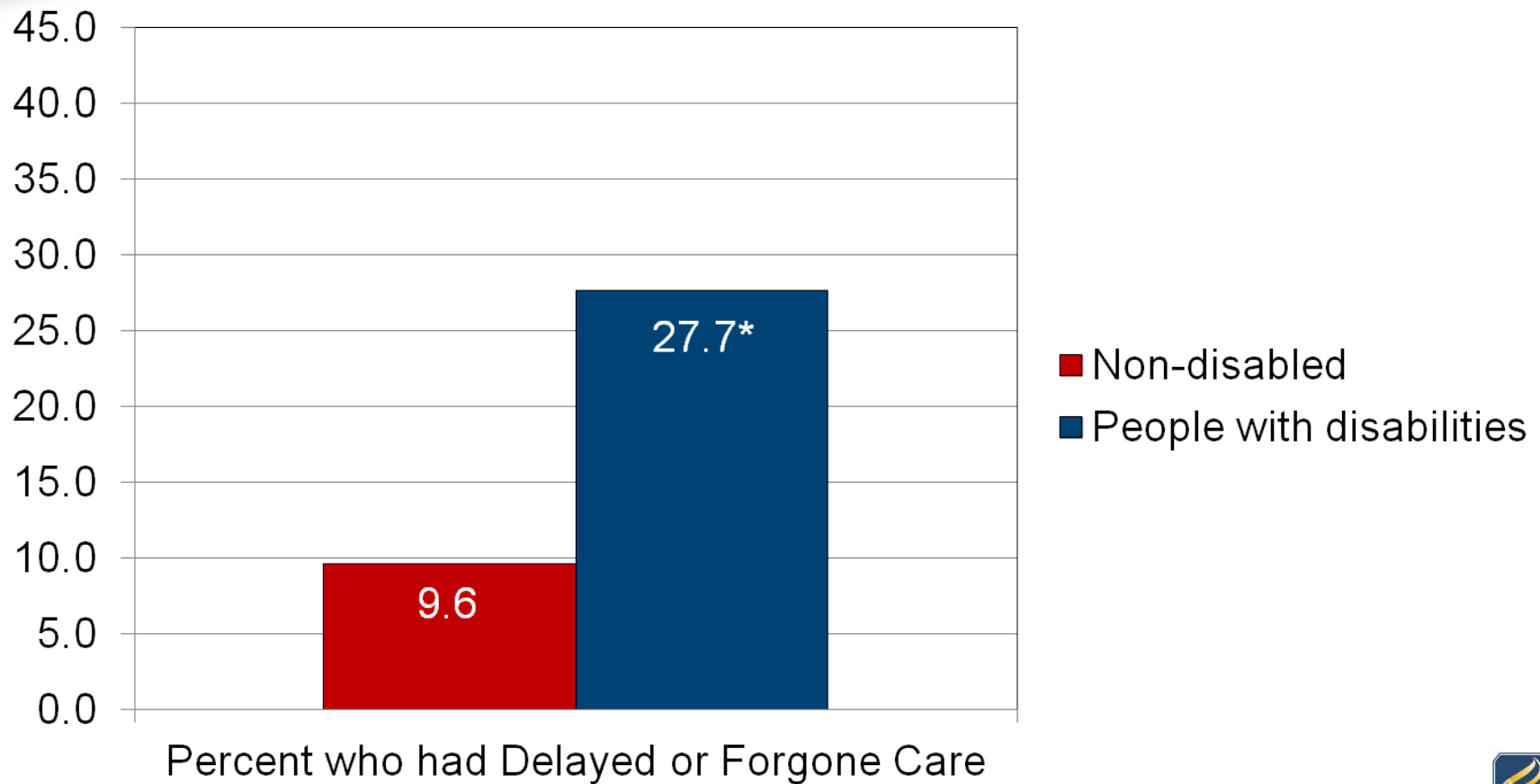
Usual source of care

- Within each racial and ethnic group, people with disabilities are more likely than those without disabilities to have a usual source of care
- However, this does not mean their healthcare needs are necessarily met

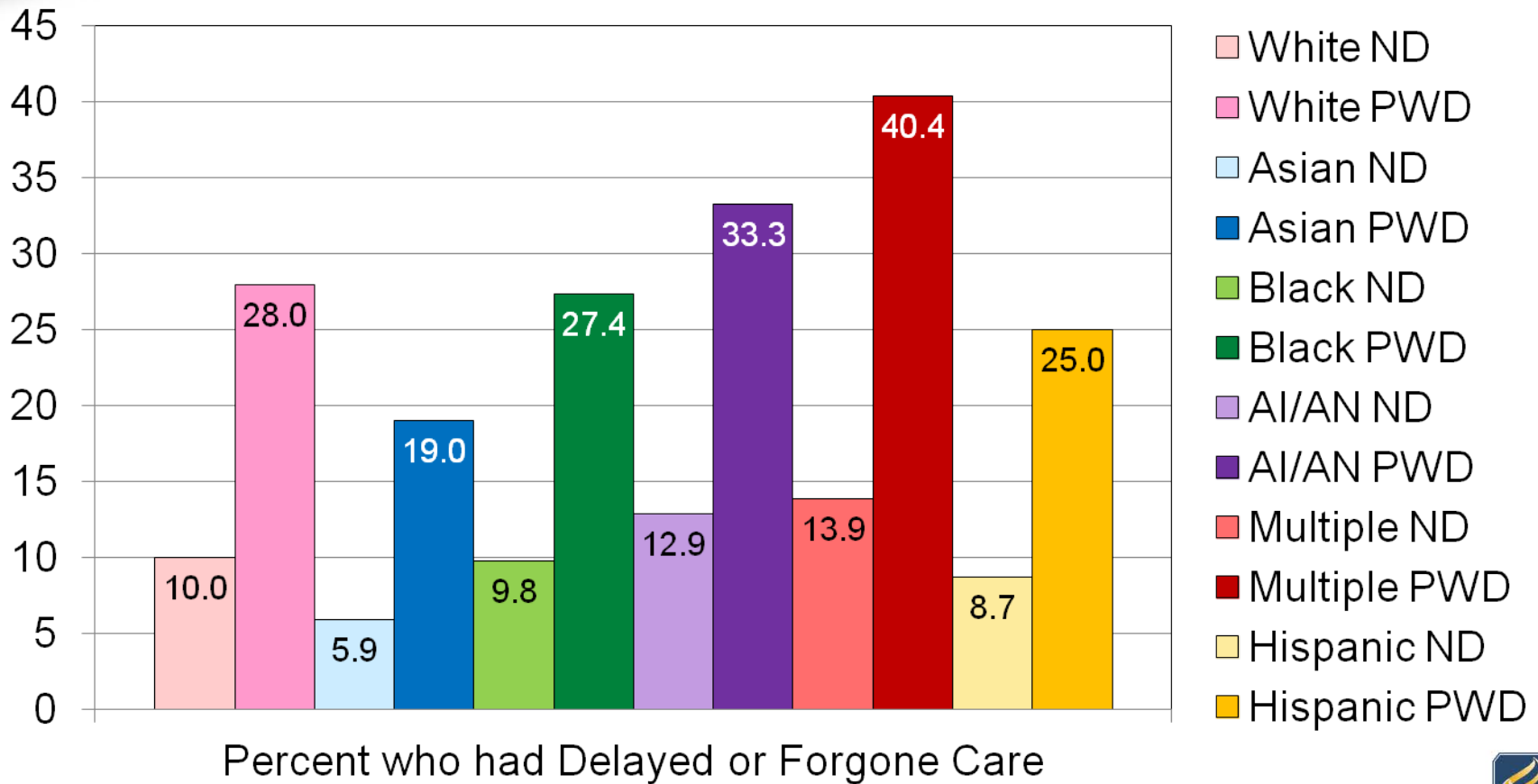
Unmet healthcare needs by race



Unmet healthcare needs by disability



Unmet healthcare needs at the intersection



What contributes to disparities?

- Conducted multivariate regression models with age, gender, income, employment, education, insurance, access to a usual source of care as covariates
- The covariates most strongly related to unmet healthcare needs were insurance status, income, and presence of complex activity limitations

Reasons for unmet needs

- Some data available in MEPS
- Qualitative studies can provide greater detail
 - What barriers are related to race or ethnicity?
 - What barriers are related to disability?
 - How do these two sets of barriers combine? Are there additional, unique barriers at the intersection of race, ethnicity, and disability?