

Gaps in Timely Access to Care Among Workers by Disability Status: Will the ACA Change the Landscape?

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Background and Study Purpose

- Documented difficulties in accessing health care among people with disabilities (PWD)
- Limited information on employed individuals with disabilities
- Purpose of this study:
 - Assess disparities in access to care for employed PWD relative to their non-disabled counterparts
 - Intended to be a pre-ACA benchmark
 - Descriptive, not estimating behavioral effects

Data and Sample Selection

- **Integrated Health Interview Survey (IHIS), pooled 2006-2010**
- **Individuals age 18-64 who report being employed for pay in the past 1-2 weeks**
- **Stratified by disability status**
 - **Self-report of a health condition that limits work (3.5% of overall sample)**
- **Employment rate of PWD was 24% compared to 77% among those without disabilities**

Three Measures of Timely Access to Care

	Full Sample	Has Disability	No Disability
Delayed medical care due to cost	11.0	32.0	10.3
Needed, but could not afford, medical care	7.9	25.2	7.3
Encountered structural access difficulty	10.6	20.6	9.8

Note: Weighted estimates of sample adults from the pooled 2006-2010 IHIS. All differences are statistically significant at the 1% level. Structural access difficulties include lack of transportation; couldn't get appointment soon enough; office hours were not convenient; couldn't get through by phone; wait at doctor's office too long.

Differences in Characteristics Might Explain Some of the Access Differences

	Has Disability	No Disability
Age 25-44	33.4	47.6
College graduate	20.3	32.2
Married	46.0	57.4
Lives alone	26.5	14.1
Income <100% FPL	15.7	7.4
Works full-time	57.5	79.7

Note: Weighted estimates based on sample adults from the pooled 2006-2010 IHIS. All differences are statistically significant at the 1% level.

Large Differences in Source of Coverage, but Uninsurance Rates Not Dramatically Different

	Has Disability	No Disability
Source of Insurance		
Employer	55.9	70.6
Medicaid	10.5	2.8
Other public	12.6	3.8
Uninsured	20.1	17.5

Note: Weighted estimates based on sample adults from the pooled 2006-2010 IHIS. All differences are statistically significant at the 1% level.

Differences in Job Features May Signal Differences in Quality of Insurance Coverage

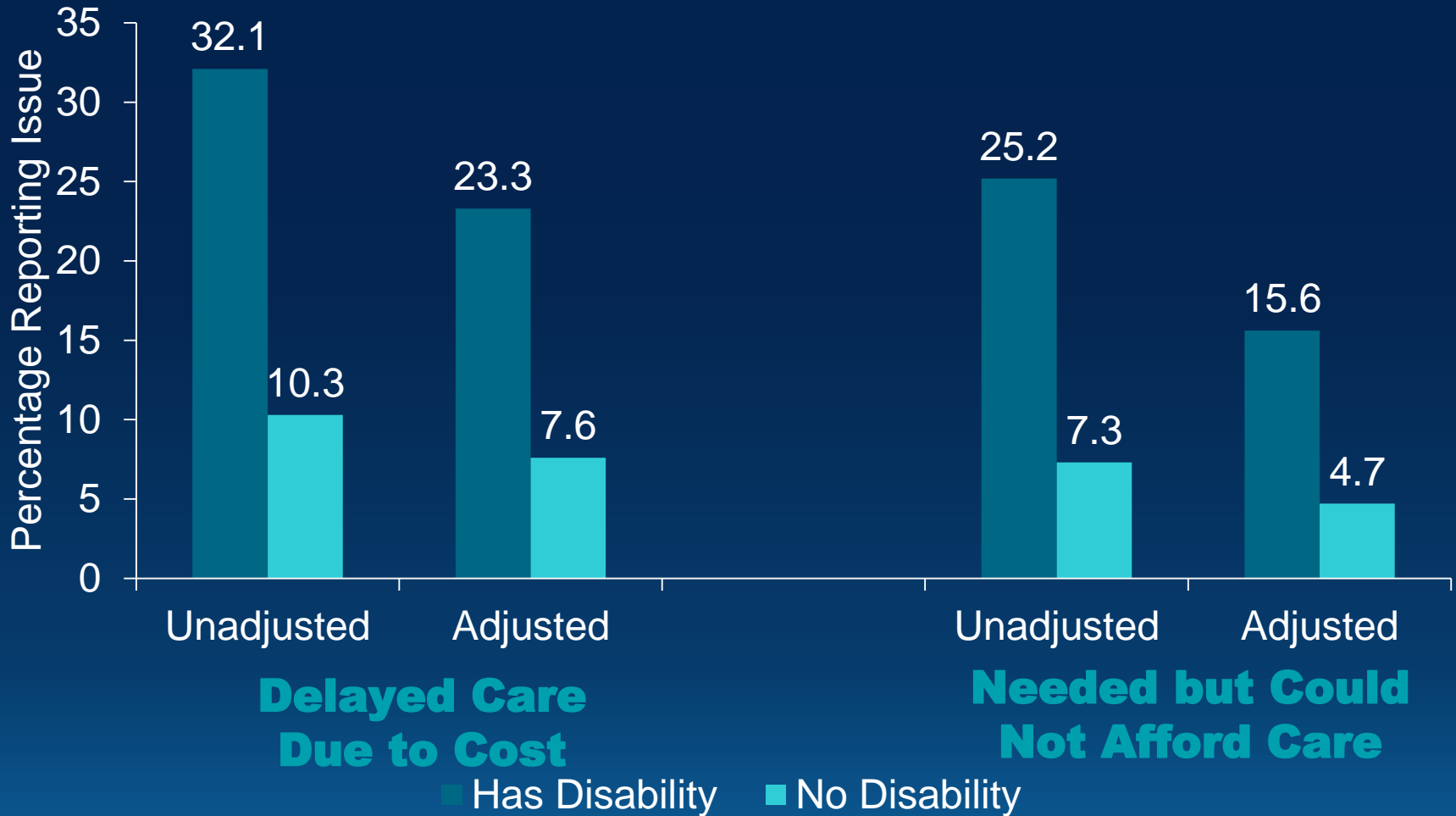
	Has Disability	No Disability
Job is paid hourly	63.1	57.0
Job has paid sick days	41.7	56.2
Private sector	68.3	74.1
Management, business, professional	22.5	30.5
Blue collar and military-related	26.0	22.2
Firm has 1-24 employees	43.7	38.5
Firm has 50 or more employees	39.8	45.3

Note: Weighted estimates based on sample adults from the pooled 2006-2010 IHIS. All differences are statistically significant at least at the 5% level.

Regression-Adjusted Differences

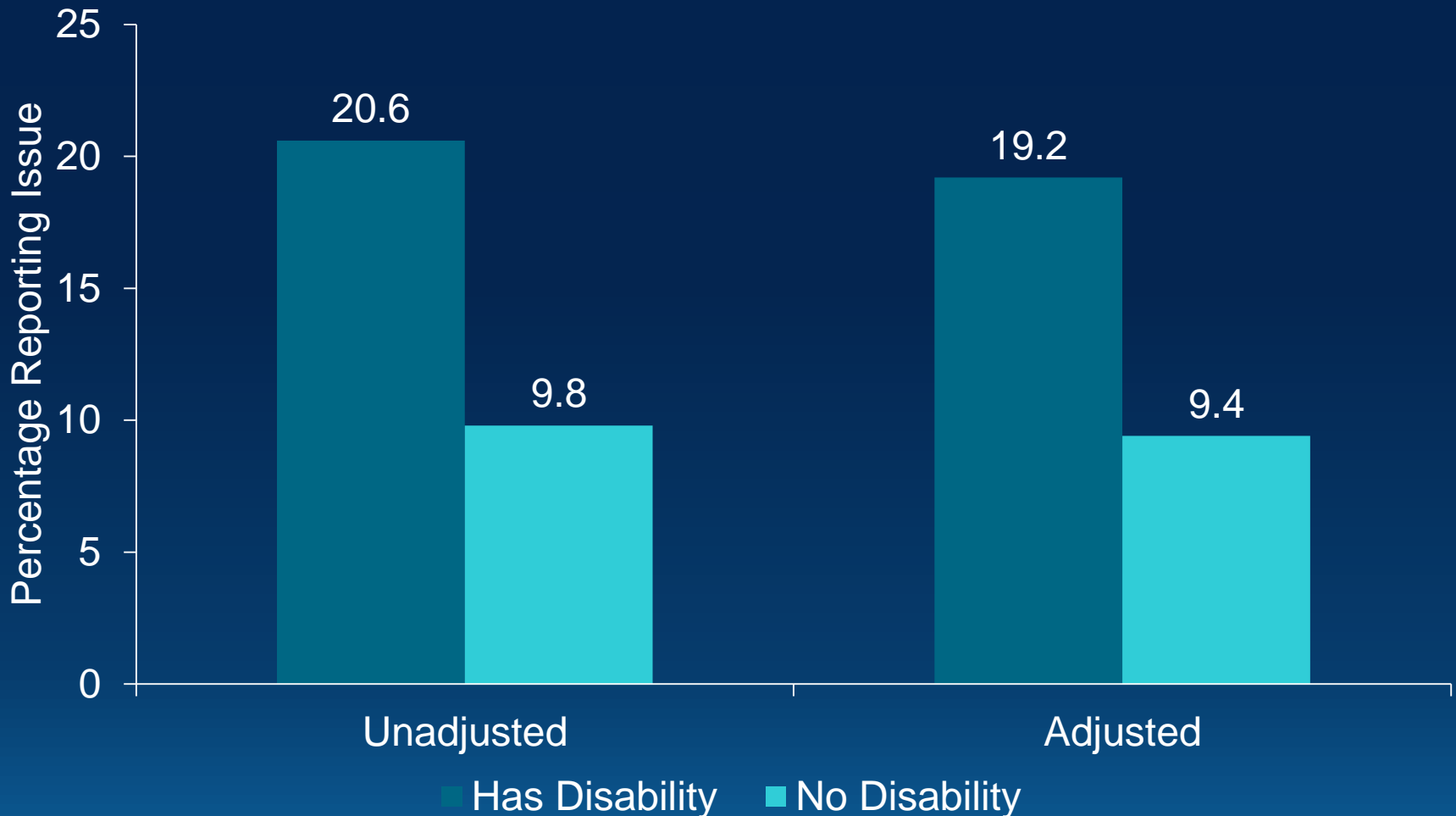
- To account for large differences in observable characteristics by disability status:
 - Logistic regression to generate the predicted probabilities of experiencing access difficulties
 - Group means evaluated at the sample average for characteristics other than disability status
- Model controls for demographics, income, insurance status, and job characteristics
- Paper adds variables in stepwise fashion for illustrative reasons to gauge relative importance of factors explaining disparities

Large Gaps in Cost-Related Access Difficulties, Even After Controlling for Observables



Source: Authors' calculations based on IHIS, 2006-2010.

Structural Access Difficulties Persist After Controlling for Covariates



Source: Authors' calculations based on IHIS, 2006-2010.

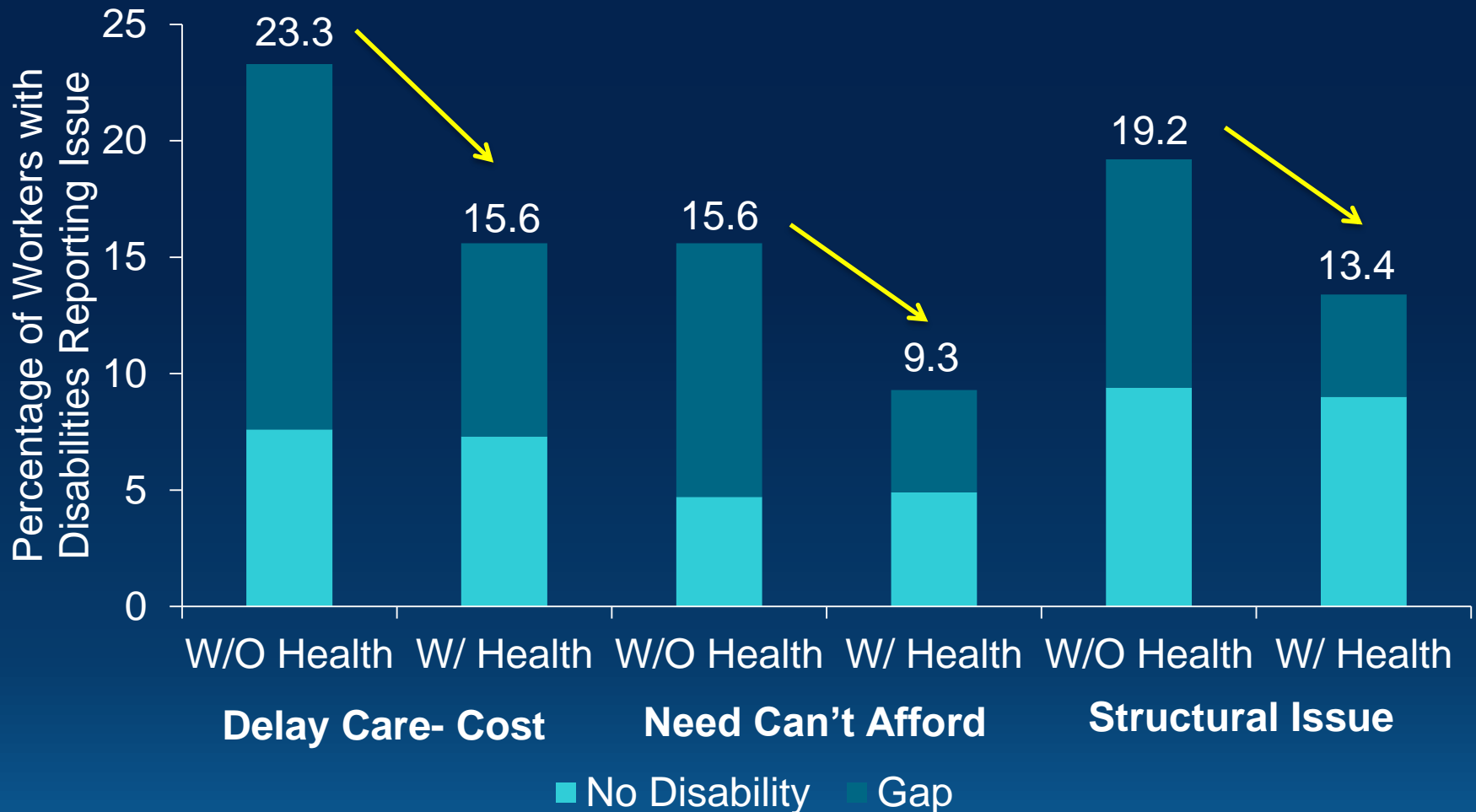
Workers with Disabilities Also Have Significantly Worse Health Status

	Has Disability	No Disability
Reports Excellent Health	27.2	71.6
Reports Good/Fair Health	66.0	28.0
5+ Days in Bed in Past Year	27.3	5.0

Note: Weighted estimates based on sample adults from the pooled 2006-2010 IHIS.

- **Models did not control for health status because highly correlated with measure of disability**
- **Illustrative to consider how much of remaining gap can be explained if health also controlled for**

How Much Can Be Explained by Differences in Health Status?



Source: Authors' calculations based on IHIS, 2006-2010.

Summary of Findings

- **Employed PWD significantly more likely to report difficulties accessing timely medical care**
- **Disparities reduced for cost-based access after controlling for observable differences**
 - **Access issues are still twice as high**
- **Disparities for structural access not explained by control variables**
 - **Access issues remain 50 percent higher**
- **Health status explains a large portion of remaining gap**

Why Might We Expect Reduction in Disparities Going Forward?

- **Many provisions in the ACA will increase access overall, but not reduce disparities**
 - Removal of preexisting condition limits
 - Dependent coverage through age 26
 - Employer mandate
- **Other provisions will substantially change the overall insurance rates and mix of coverage sources, particularly among employed PWD**
 - Medicaid expansions
 - Availability of exchange-based coverage
 - Income-based subsidies

For More Information

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