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Brief Report

Disability and physical and communication-related barriers to health care related services among Florida residents: A brief report

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Abstract

Background: Research has not fully characterized barriers to health care faced by persons with disabilities (PWD) which constitutes a critical gap given the increased risk of chronic illness faced by PWD.

Objective: To understand the current barriers to seeking health care-related services for PWD in Florida.

Methods: The study was based on a random-digit-dial telephone interview survey of respondents aged 18 and over ($n = 1429$). Multivariable logistic regression assessed the relationship between disability and physical and communication barriers.

Results: One thousand four hundred and twenty-nine Florida residents participated in the survey. Thirty-three percent of respondents ($n = 471$) reported having a disability. PWD were significantly older (mean age 68 vs. 61) and had lower levels of income and education than persons without disabilities (PWOD) ($p < 0.05$). In adjusted analyses, PWD had significantly higher odds of encountering a physical environment barrier (Odds Ratio [OR] = 16.6 95% CI: 7.9, 34.9), a clinical experience barrier (OR = 13.9 95% CI: 6.9, 27.9) a communication and knowledge barrier (OR = 6.7 95% CI: 4.0, 11.3) and a barrier coordinating care (OR = 5.7 95% CI: 3.4, 9.6) compared to persons without disabilities (PWOD).

Conclusions: PWD disproportionately face health care access difficulties that can impede the receipt of high quality care within and between provider visits. Efforts to reduce physical barriers and improve communication between providers and PWD may improve functional status and quality of life for these patients.

Keywords: Access to health care; Physical barriers; Communication barriers; Disparities

In 2012, 38 million Americans (12 percent of the population) reported having one or more physical or emotional disabilities.[1] An aging baby boomer population[2] and rising prevalence rates of overweight and obesity[3] will expand the number of Americans living with disabilities in coming decades. Persons with disabilities (PWD) are burdened by social and environmental disadvantages, including lower educational levels, lower incomes and higher unemployment rates.[1] In addition to social and environmental disadvantages, PWD are more likely to report being in fair or poor health, using tobacco, and forgoing physical activity.[4] This reality poses a major challenge to the health care community striving to address the health care needs of this population.

Despite the passage of the Americans with Disabilities Act (ADA) over two decades ago, many barriers to care for PWD remain in the United States health care system, rendering PWD particularly susceptible to receiving substandard health care.[5] Persistent challenges in the form of physical, policy, procedural, and attitudinal barriers[5] are cited when PWD attempt to access health care services.[5–10] Barriers throughout the health system are created by

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inaccessible equipment and facilities, lack of training for health care professionals and inability to provide health communication using accessible modalities (e.g., large print, audio, Braille).[5] Commonly cited physical barriers include lack of transportation and physical inaccessibility of the facility, exam rooms, and equipment.[8,11–16] Additionally, prior research has demonstrated that PWD are more likely to report issues with provider communication (e.g., doctor in hurry, not explaining medical problems sufficiently, acting in condescending manner) and providers lacking of knowledge about disabilities.[17–19] PWD often report the need to teach providers about their disability and have reported not having all of their needs met during the visit.[20,21] Such physical and provider-related barriers result in more difficulty accessing health care services for PWD compared to persons without disabilities (PWOD).[4]

In line with the Healthy People 2020 vision, the objective of this work was to identify physical and communication-related barriers PWD encounter when accessing health care services. Our analysis specifically addressed this objective in a population of PWD living in Florida, a state with the tenth highest prevalence of disability in the nation (13.4%).[22] Few studies have examined the health care experiences of PWD, or the specific physical and communication-related barriers these individuals face when seeking health care services.[5–10] This constitutes a critical gap in the literature, given the increased risk of chronic illness and health care needs faced by PWD.

This cross-sectional observational study used a telephone-based random-digit dial survey to identify the frequency and type of physical and communication barriers PWD encounter when accessing health care services.

Methods

Participant recruitment

An observational, cross-sectional study was conducted that included a one-time random-digit dial telephone survey of Florida residents ⩾18 years of age during 2013. Counties with older residents were oversampled in order to ensure a sufficient sample of participants reporting a disability. Study participants were contacted by telephone by a trained research assistant who administered a structured interview by reading survey questions and response options aloud. To accommodate Spanish speaking respondents, the survey was conducted in Spanish when necessary. Respondents were contacted until a sample size of 1500 was reached. This study was approved by the participating institution's IRB.

Survey development

In 2012, the study team, in partnership with the Florida Disability and Health Program, developed the Persons with Disabilities Survey. The survey included a series of questions that assessed respondent disability status, health care barriers encountered during the prior 12 months, and sociodemographic factors, including race. Health care facility and clinical exam room accessibility questions consisted of items that matched requirements of ADA Standards for Accessible Design.[23] Participants selected items from a multiple choice list to report ways in which their usual health care facility (including office equipment) or providers were less than fully accessible to them. The survey took 5–7 min to complete. Surveys were completed from 1429 survey respondents (42% response rate). Partially completed surveys were excluded from analysis.

Disability measure

Disability was assessed with two questions that followed CDC convention: "Are you limited in any way in any activities because of physical, mental, or emotional problems?" and "Do you now have any health problem that requires you to use special equipment, such as a cane, a special bed, or a special telephone?" A respondent who answered affirmatively to either or both questions was classified as having a disability.

Barrier measures

Respondents were asked to indicate whether they experienced barriers (yes/no) to care that spanned physical and communication-related domains in the 12 months prior to the survey. The eight barriers were adapted from the Behavioral Risk Factor Surveillance System, and asked respondents to indicate difficulty with the following: coordinating care, finding a provider that understood his/her condition, communicating with his/her provider, getting a physical exam, getting on the exam table, getting into the exam room, getting into the building [of the health care facility], and obtaining transportation to the health care facility.[24]

Based on previous literature, four barrier subgroups were created to represent distinct, steps in obtaining care.[11] The *Physical Environment* subgroup included obtaining transportation and getting into the health care facility. The *Clinical Experience* barrier group describes events occurring during the physical exam, such as getting into the exam room, on the exam table and getting a physical exam. The *Communication and Knowledge* subgroup included communicating with the provider and feeling as if the provider understood their medical condition. The fourth subgroup was *Coordinating Care* consisting of one question addressing whether respondents encountered difficulty coordinating care between providers.

The survey also included questions about sociodemographic factors including age, gender, race and ethnicity, education level, household income and marital status. Respondent race and ethnicity was classified into two categories (white-non Hispanic, non-white) because the sample size for other racial/ethnic subgroups did not support reliable model estimation. Education level was reported as