

Women with Disabilities and Their Health, Health Care Access, and Utilization

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CHAPTER 10

Introduction

The California Department of Health Services, Office on Disability and Health (ODH) is committed to improving the quality of life for people with disabilities. With support from the Centers for Disease Control and Prevention, ODH is working with disability constituencies, researchers, and other state programs on the needs of California's growing and diverse disability population. This chapter describes California women with disabilities and examines selected issues of their health and health care experiences.

Background

The Americans with Disabilities Act of 1990 defines disability with respect to an individual as "a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment."¹ Based on this definition, disability is hard to measure in survey research, so not all surveys define and measure disability in the same manner. Thus, disability estimates range from 3 to 20 percent. For example, the U.S. Census in 2000 found that about 14 percent of Californians report having some kind of disability, roughly 2.4 million of whom are women.²

People with disabilities differ demographically from those without disabilities,^{3,4} which affects their health care coverage and experience. For instance, the National Health Interview Survey finds that people with disabilities are more likely to be covered by

public insurance (e.g., Medicare and Medicaid).⁵ Studies have also shown that women with disabilities face physical, social, attitudinal, and communication barriers to accessing health care.^{6,7} These barriers may lead to a delay in seeking care. For example, studies show that older women with disabilities are less likely to obtain a mammogram within recommended guidelines.⁸ If people with disabilities have less access to basic health care, they will likely have worse health.

Methods

The 2003 California Women's Health Survey (CWHS) included the following questions: "Are you limited in any way in any activities due to a physical, mental or emotional problem?" and "And how long have your activities been limited?" If respondents reported that the limitation had persisted "less than six months," ODH excluded them from the sample to avoid including women with temporary conditions (e.g., sprained ankle). Thus, ODH identified only a portion of the disability population: those with long-term activity limitations. Essentially, this study defines "disability" as specific activity limitations. Other studies have used different questions and definitions.

To assess barriers in accessing health care, CWHS asked women with disabilities the following questions: "Has this problem made it difficult for you in getting medical care?" and "What problem or problems have you had in getting medical care?" To compare health care access and utilization among women with disabilities to women without disabilities, ODH

analyzed questions about insurance coverage and women's use of the following services: routine check-up, flu vaccination, mammogram, clinical breast exam, and gynecological exam.

In addition, ODH assessed self-reported health status by analyzing questions that asked about general health status and physical and mental health status in the past 30 days. ODH categorized the responses to: 0 days, 1-14 days, and 15-30 days.

ODH used several age groupings, depending on the outcome under consideration. For the reproductive health care outcomes, ODH followed American Cancer Society guidelines for breast cancer screening.⁹ For health insurance status, ODH grouped by working age (18-64 years of age) and retirement age (65 years of age and over).

ODH used a statistics program procedure called SAS Proc Surveymeans to calculate 95 percent confidence intervals (C.I.) for all the percentages reported here. This interval tells ODH the possible range of its estimate. To determine if the difference in proportions between women with and without disabilities was statistically significant, ODH calculated the 95 percent C.I. for the difference in proportions estimate (not shown in this report). If this interval included zero, then ODH concluded the difference was not statistically significant. All data were weighted to reflect the age and race/ethnic distribution of California's population.

Results

Prevalence of disability

Overall, 16.7 percent (95 percent C.I. 15.5-17.9) of California women reported their activity being limited in some way for more than six months due to a physical, mental, or emotional problem. Activity limitations were more common among women who were older (over 65 years of age - 30 percent), those of Aleutian, Eskimo, or American Indian descent (42 percent), lower income (less than \$20,000 - 22 percent), and those unable to work (71 percent). (See Figure 10-1.)

Self-reported health status

Women with disabilities were more likely than women without disabilities to report that they had poor health. Compared with women who reported no disabilities, women with disabilities were almost four times more likely to report their general health as being fair or poor (43.4 percent vs. 11.1 percent). When asked about their recent physical health, women with disabilities

were five times more likely to report their physical health was not good during 15-30 out of the last 30 days (35 percent vs 7.1 percent). Likewise, when asked about their recent mental health, women with disabilities were almost three times as likely to report their mental health

was not good during 15-30 of the last 30 days (28.4 percent vs 10.5 percent). When asked about their poor physical or mental health, women with disabilities were about seven times more likely to report their poor physical or mental health kept them from doing their usual activities such as self-care, work, or recreation (27.5 percent vs 3.9 percent) during 15-30 of the last 30 days. (See Table 10-1.)

Barriers to health care

Of the women with an activity limitation, 17.7 percent (95 percent C.I. 14.6-20.8) said this problem has made it difficult for them to access medical care. The most common barriers they reported include: costs/insurance (51 percent), lack of specialists (29 percent), negative attitude of health workers (21 percent), and transportation (19 percent). (See Table 10-2.)

Health care access and utilization

Among working-age California women (18-64 years of age), women with disabilities were less likely to have private health insurance coverage (59 percent vs 70.2 percent) and more likely to be covered by public sources (e.g., Medi-Cal and Medicare) (22 percent vs 10.7 percent) when compared with women without disabilities. Among women 45-64 years of age, women with disabilities were more likely to have received a flu vaccination in the past 12 months (47.8 percent vs 37.3 percent). Women 40 years of age and older with disabilities were less likely than

Women with disabilities were less likely to have private health insurance.

women without disabilities to have had a mammogram within the past 12 months, although the difference was not statistically significant. In addition, when asked about their ability to pay for a mammogram, women with disabilities were significantly more likely to say it would be very difficult for them (28.8 percent vs 17.7 percent). Among women 20 years of age and older, women with disabilities were less likely to have had a clinical breast exam within the past 12 months, although the difference was not statistically significant. Similarly, among women 40-64 years of age who have not had a hysterectomy, women with disabilities were significantly less likely to have had a gynecological exam within the past two years. (See Table 10-3.)

disabilities. With disparities affecting such a large proportion of our population, serious attention needs to be given to the health care access needs of people with disabilities.

Most of the barriers cited by respondents could be mitigated.

Aside from the difficult issue of the costs of care, most of the barriers cited by respondents could be mitigated. One possibility is to offer training for health care providers to help them become more knowledgeable and sensitive about ways to increase access to women

with disabilities. Increasing the availability of specialists, improving overall attitudes, lengthening appointment time slots, providing assistance during the exam, and providing appropriate equipment (e.g., height-adjustable exam tables) are all examples of how to increase access. In addition, local groups (e.g., independent living centers) need the resources to educate women with disabilities about identifying available affordable health care, navigating their health care experience, finding local transportation options, and living independently.

Discussion

Disability is notoriously difficult to define and, thus, difficult to measure in surveys. Depending on which questions are used to identify the population, estimated prevalence of disability varies from 3 to 20 percent. The estimate in this survey (16.7 percent) falls within this range, and the demographic patterns (i.e., age, race/ethnicity, education, income, marital status) are consistent with past research.

CWHS data indicate that nearly one in five women with disabilities face physical and social barriers to accessing health care. Women with disabilities also differ in their demographic makeup in ways that affect their health care experience. For example, women with disabilities are more likely to have public sources of health insurance and less likely to receive reproductive health care services. Any disparities in access to health care services can contribute to the generally poor health reported by women with

Limitations

In telephone surveys, such as CWHS, people with disabilities are less visible, not sampled, or in other ways undercounted. For example, people who are deaf or hard of hearing, those who are homeless, people living in households without phones, people with cognitive disabilities, and people living in institutions are often left out. These limitations need to be considered when interpreting the results reported here. Clearly, we need more studies to better understand the disability population. ODH is working with disability constituencies and other researchers to improve data collection on people with disabilities.

Table 10-1

Self-reported health status among California women, by disability status: 2003 CWHS

		No Disability			Disability		
		N	Percent	(95% C.I.)	N	Percent	(95% C.I.)
Would you say in general your health is: Excellent, Very good, Good, Fair, or Poor?	Excellent/Very Good	2254	63.0	(61.2-64.8)	200	27.5	(23.8-31.3)*
	Good	936	25.9	(24.2-27.5)	235	29.2	(25.6-32.8)*
	Fair/Poor	422	11.1	(10.0-12.3)	345	43.3	(39.4-47.2)*
	<i>Total</i>	<i>3612</i>			<i>780</i>		
How many days during the past 30 days was your physical health not good?	0 days	2290	62.4	(60.6-64.3)	210	28.2	(24.5-31.9)*
	1-14 days	1054	30.5	(28.7-32.3)	296	36.8	(32.9-40.6)*
	15-30 days	258	7.1	(6.1-8.1)	270	35.0	(31.3-38.8)*
	<i>Total</i>	<i>3602</i>			<i>776</i>		
How many days during the past 30 days was your mental health not good?	0 days	2027	53.1	(51.2-55.0)	283	36.4	(32.6-40.3)*
	1-14 days	1233	36.4	(34.6-38.3)	270	35.1	(31.2-39.0)
	15-30 days	343	10.5	(9.2-11.7)	224	28.4	(24.9-32.0)*
	<i>Total</i>	<i>3603</i>			<i>777</i>		
During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work, or recreation?	0 days	2767	74.6	(72.8-76.3)	324	41.3	(37.3-45.2)*
	1-14 days	708	21.6	(19.9-23.2)	243	31.2	(27.5-35.0)*
	15-30 days	133	3.9	(3.1-4.6)	211	27.5	(24.0-31.0)*
	<i>Total</i>	<i>3608</i>			<i>778</i>		

No Disability=No reported activity limitation in the last 6 months

95% C.I.=95% Confidence Intervals

*The 95% C.I. of the difference in proportion estimate (not shown here) does not include 0, i.e., this is statistically significant.

Source: California Women's Health Survey (CWHS), 2003

Prepared by: California Department of Health Services, Office on Disability and Health

Table 10-2

Barriers to health care reported by women with disabilities

Barriers to Health Care	Percentage of Women Reporting a Barrier (N=137)
Costs/insurance	50.7
Lack of specialists	29.2
Negative attitude/insensitivity of health workers	20.9
Transportation	18.9
Appointment too short	8.3
Lack of assistance (during the exam)	6.9
Wrong equipment (e.g., inaccessible exam table)	2.0

Source: 2003 California Women's Health Survey (CWHS)

Table 10-3

Health care coverage, access, and utilization among California women, by age group and disability status: 2003 CWHS

		No Disability			Disability		
		N	Percent	(95% C.I.)	N	Percent	(95% C.I.)
Insurance Coverage (among working age women, 18-64 years old)	Private	2258	70.2	(68.2-72.1)	348	59.0	(54.3-63.6)*
	Public	313	10.7	(9.4-12.1)	126	22.0	(18.0-26.0)*
	Other	93	3.6	(2.7-4.5)	33	6.2	(3.9-8.5)*
	No plan	458	15.3	(13.7-16.8)	71	12.5	(9.4-15.6)
Had routine check-up within past 12 months.	18-44 yr.	1428	69.5	(67.1-71.9)	152	65.4	(58.5-72.2)
	45-64 yr.	853	75.6	(72.9-78.4)	252	74.6	(69.7-79.5)
	65+ yr.	413	85.2	(81.9-88.5)	171	86.3	(81.5-91.1)
Had flu vaccine during the past 12 months.	18-44 yr.	304	15.2	(13.4-17.0)	47	20.4	(14.3-26.4)
	45-64 yr.	422	37.3	(34.2-40.4)	158	47.8	(41.8-53.7)*
	65+ yr.	336	67.6	(63.1-72.1)	152	73.1	(66.3-79.9)
Had mammogram within past 12 months.	40-49 yr.	374	60.7	(56.5-65.1)	70	52.4	(42.6-62.2)
	50-64 yr.	494	70.4	(66.6-74.1)	165	71.2	(64.9-77.4)
	65+ yr.	307	70.3	(65.7-75.0)	124	64.1	(56.7-71.5)
Among women who said they would have to pay for all or part of their mammogram: How difficult would it be to pay for the cost of a mammogram?	Very difficult	236	17.7	(15.3-20.1)	72	28.8	(22.4-35.2)*
	Somewhat difficult	450	33.6	(30.6-36.6)	93	36.7	(29.7-43.7)
	Not at all	703	48.6	(45.5-51.8)	89	34.5	(27.5-41.5)*
Had clinical breast exam within past 12 months.	20-39 yr.	919	74.5	(71.6-77.3)	91	69.8	(61.1-78.4)
	40-49 yr.	491	70.2	(66.3-74.0)	90	62.2	(53.5-70.8)
	50-64 yr.	532	76.3	(72.9-79.7)	170	74.0	(68.1-79.8)
	65+ yr.	280	68.7	(63.9-73.5)	107	61.5	(53.8-69.2)
Among women who have not had a hysterectomy: Had gynecological exam within the past 2 years.	18-39 yr.	1298	85.3	(82.9-87.6)	125	81.7	(74.4-89.0)
	40-49 yr.	638	86.5	(83.7-89.4)	111	75.1	(67.5-82.7)*
	50-64 yr.	624	87.1	(84.3-89.9)	191	81.5	(76.3-86.7)*
	65+ yr.	314	74.6	(70.1-79.1)	127	73.3	(66.3-80.3)

No Disability=No reported activity limitation in the last 6 months

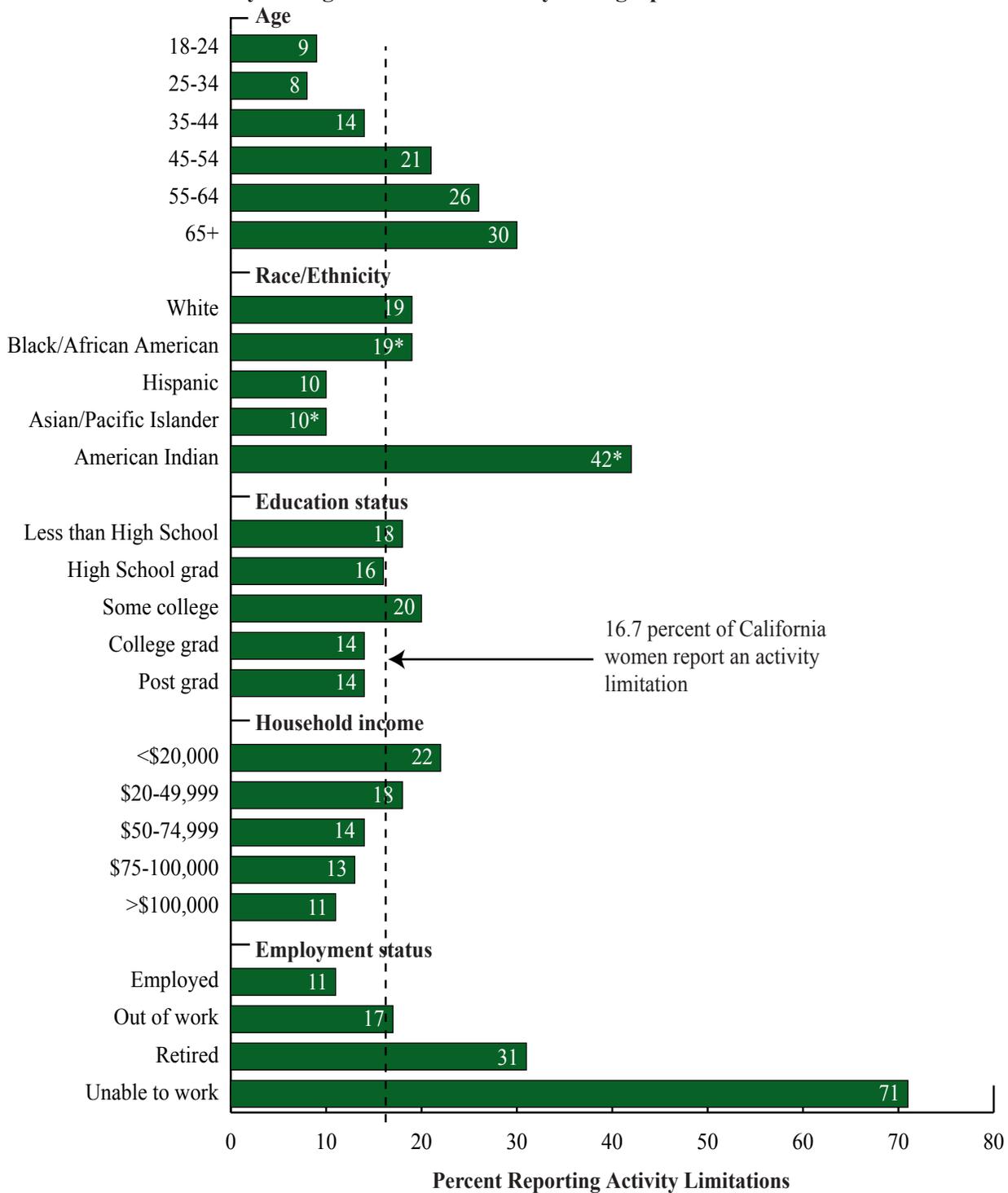
95% C.I.=95% Confidence Intervals

*The 95% C.I. of the difference in proportion estimate (not shown here) does not include 0, i.e., this is statistically significant.

Source: California Women's Health Survey (CWHS), 2003

Prepared by: California Department of Health Services, Office on Disability and Health

Figure 10-1
Prevalence of disability among California women by demographic characteristics: 2003 CWHS



* Results should be interpreted with caution because of small cell size (<50)

Percentages are weighted for selection probabilities and adjusted for the age and race distribution of California women.

Source: California Women's Health Survey (CWHS), 2003

Prepared by: California Department of Health Services, Office on Disability and Health

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