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Trends in Access to Health Care for Workers with Disabilities, 1997-2011

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Presented at the 2013 APPAM Fall Meeting Washington, DC

November 8, 2013





Background and Policy Problem

- Significant emphasis has been placed on competitive employment for workers with disabilities over the past two decades
- Workers with disabilities may have complex health needs and need access to care to continue working
- Employment is innately tied to health insurance coverage in the United States
 - Potential gain of private coverage from employer
 - Potential loss of public coverage if work too much







Research Questions

- Do workers with disabilities report the same access to health care as their non-disabled counterparts?
- To what extent do differences in characteristics between workers with and without disabilities explain observed access disparities across these groups?
- How have these disparities changed over time, and what factors explain that change?







Data and Sample Selection

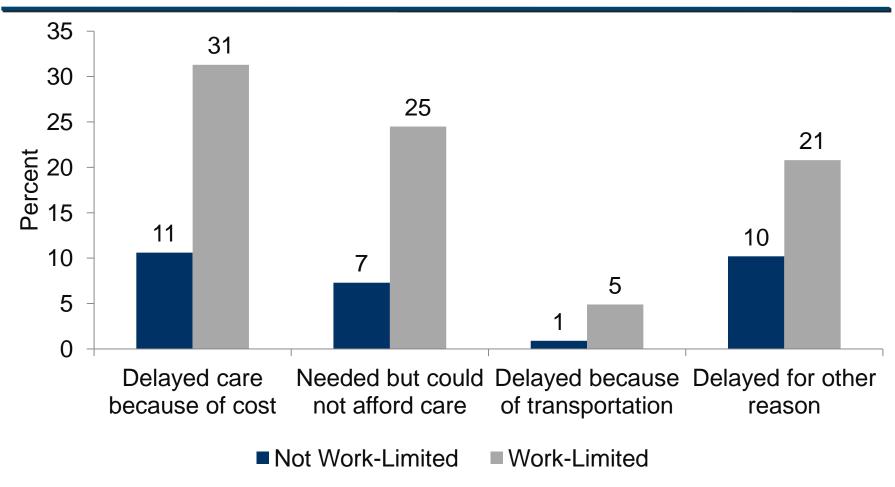
- Integrated Health Interview Survey, 1997-2011
 - Derived from the National Health Interview Survey
 - Cross-wave consistent measures of key variables
- Sample includes individuals age 18-64 who report being employed for pay
- Sample stratified by disability status
 - Self-report of a health condition that limits work
- Assessed health care access barriers related to costs, transportation, and other factors







Access barriers are reported more often by workers with disabilities









Workers with disabilities are different than their non-disabled counterparts

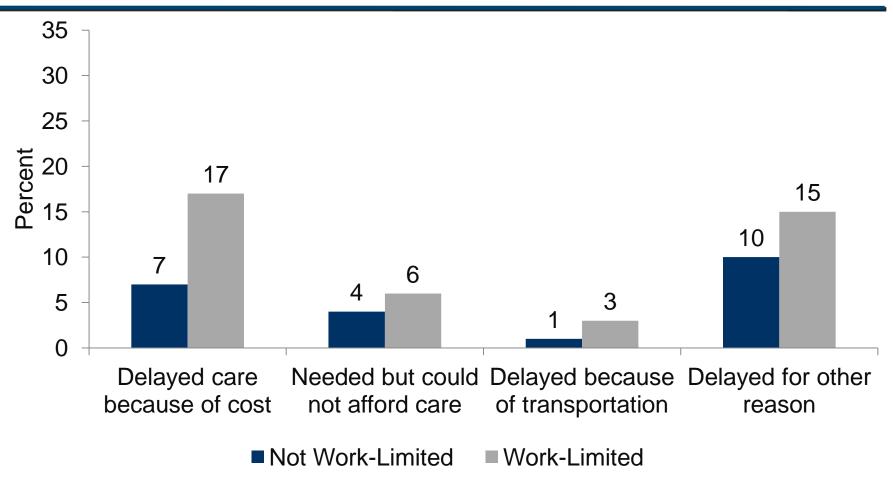
	Not Work-Limited	Work-Limited
Age 45-64	41	62
Health is very good/excellent	71	28
Income < 100% FPL	8	14
Income > 400% FPL	47	34
Employed full-time	79	56
Has employer-sponsored health insurance	69	56
Has public health insurance	7	22
Uninsured	18	20







Gaps in access narrow but persist after controlling for characteristics

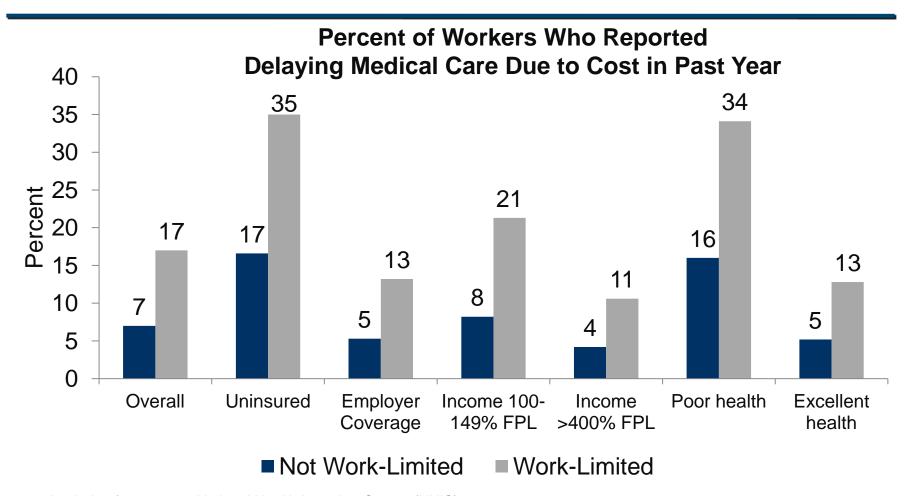








Access Difficulties Vary by Characteristic, But Relative Difference Persists

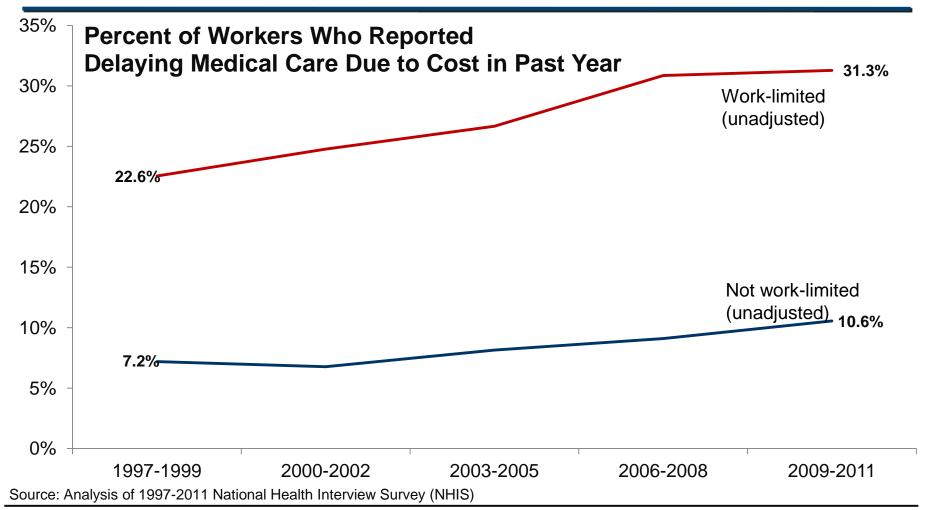








Access to care gaps by disability status have not gotten smaller over time

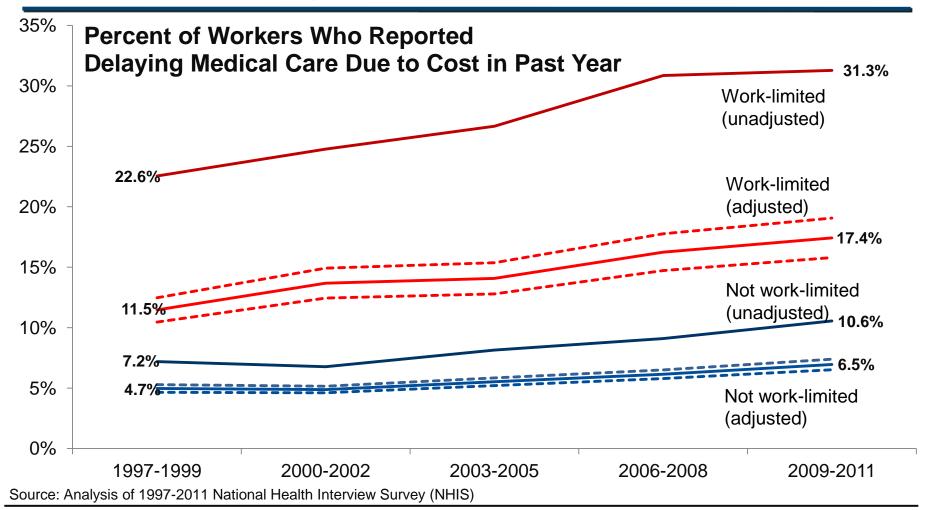








Access to care gaps by disability status have not gotten smaller over time







Summary of Current Findings

- Workers with disabilities report high levels of difficulty accessing care relative to their nondisabled counterparts
 - Gaps persist after controlling for differences in characteristics across the groups
- In proportional terms, gaps relative to nondisabled counterparts are not smaller for workers with disabilities who have health insurance or high income
- Access to care disparities have not gotten smaller in past 15 years



Analysis in Progress: Digging Deeper Into Observed Trends

- Population of workers with disabilities has changed over past 15 years; how has this affected access?
 - Use 1997-1999 group characteristics to predict what access would have been in 2009-2011 without changes in the population
- How does utilization among workers based on disability status?
 - Are the services that workers with disabilities are more likely to use also more costly (or not covered by insurance), or is it simply an issue of volume?



Analysis in Progress: Role of Employment Characteristics

- Workers with disabilities are more likely to work part-time, in smaller firms, be paid hourly, have paid sick time, and in certain industries and occupations
- How do access disparities differ after controlling for differences in the nature of employment between workers with and without disabilities?
- Cross-sectional analysis; data only available from 2006-2011





How Might the ACA Change the Picture?

- Features of the ACA salient to workers with disabilities:
 - Medicaid expansion for those with incomes <138%
 FPL (in some states)
 - Purchase coverage on the exchange
 - Subsidies for those with income <400% FPL
 - Small firms exempt from requirement to provide coverage
- We will explore whether and how workers with disabilities might be affected by these changes





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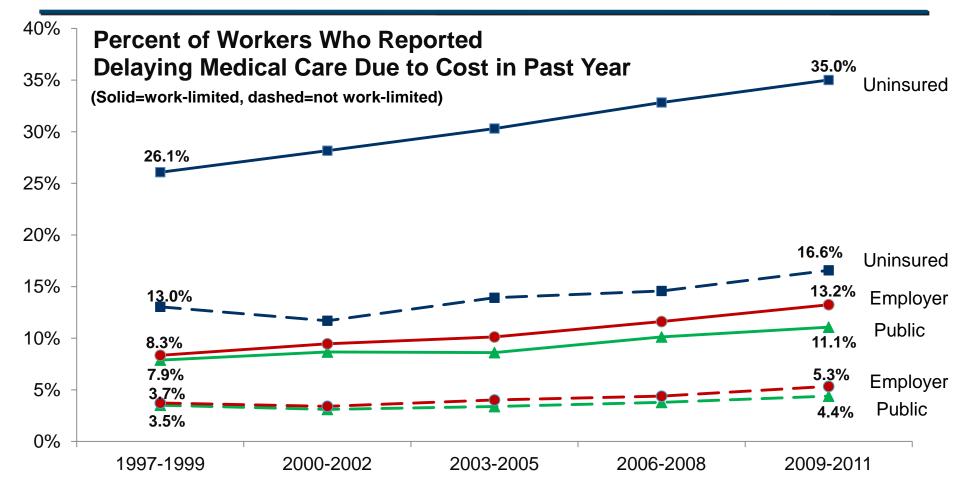


Extra Slides Showing Trends Over Time, Holding Individual Characteristics Constant





Gaps Remain When Holding Health Insurance Constant



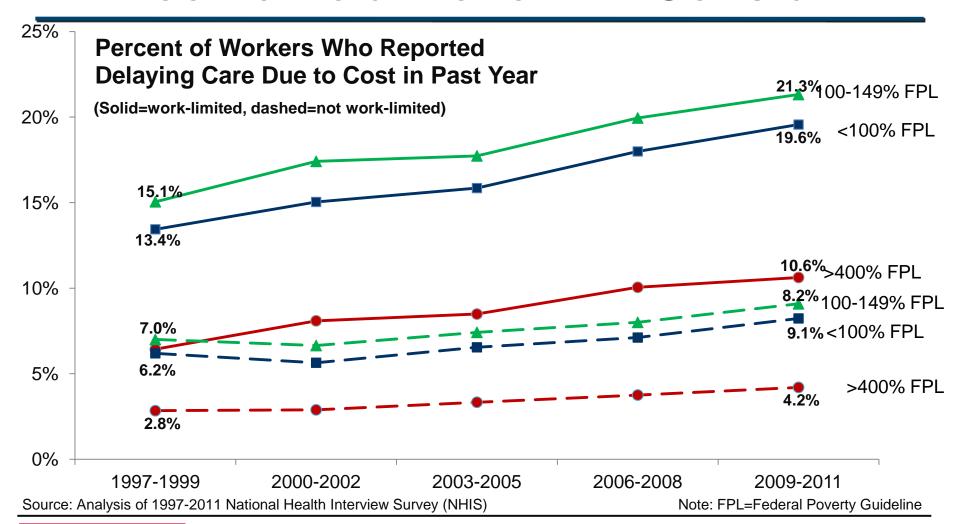








Gaps Remain When Holding Income Relative to FPL Constant









Gaps Remain When Holding Self-Reported Health Status Constant

