Introduction

Individuals with disabilities constitute roughly a quarter of the population of the United States, and are one of the largest groups of healthcare consumers (Center for Disease Control, 2009; Drainoni et al., 2006). As such, it is important to analyze the healthcare access for people with disabilities. For my thesis, I am studying the how the combined conditions of disability and rurality impact healthcare access for rural people with disabilities. Through a review of the literature, I have found that individuals living in rural areas typically have worse healthcare access than people living in urban areas (Bell et al., 2013). People with disabilities also typically have worse healthcare access than the general population (Iezzoni et al., 2006). It therefore stands to reason that individuals with disabilities living in rural areas would have low levels of healthcare accessibility. However, no large scale data has verified whether this connection exists in the United States. Therefore, this project uses quantitative analysis to examine how previously identified factors limit healthcare access.

Research Methods

There are several databases with information on disability, rurality, and access to healthcare. The Centers for Disease Control and Prevention have state level data on healthcare encounters for people with and without disabilities. Meanwhile, the University of Montana has created the Disability Counts database which has county level data on the rate of disability and categorizes each county as rural, micropolitan, and metropolitan. This work compares state level rurality scores by the amount of preventative care for people with and without disabilities. The specific aspects of preventative care measured are routine check-ups, dental care, flu vaccination, colorectal cancer screenings, cervical cancer screenings, and mammograms. Controls have been instituted for Medicaid expansion and per capita income by state. By comparing the rurality with preventative care rates, we can see if rural populations have less preventative care than metropolitan areas, and whether disabled populations have particularly low preventative care.

Results

A review of the literature has revealed primary healthcare barriers for rural individuals with disabilities to be (Iezzoni et al., 2006):

- Culture
- Socioeconomic status
- Transportation
- Physical accessibility
- Concentration of care centers

This work revealed that people with disabilities have less dental care regardless of metropolitan status. Mammograms were the only condition in which rural populations and disabled populations both had particularly low rates of care. Furthermore, there was a larger gap in access between disabled and nondisabled populations in more rural areas.

Discussion

This work has found insurance access and cultural competency to be primary barriers to preventative care for rural disabled populations. My work found dental care to be significantly reduced for people with disabilities. This is consistent with other literature which has proposed a lack of dental insurance as a primary cause (Heaton et al., 2004). Meanwhile, studies of rural healthcare in the United Kingdom (with a universal insurance system) have found dental care rates to be similar for people with and without disabilities (Nicholson & Cooper, 2011).

Similarly, disabled women have lower rates of mammograms with less health insurance (Wei et al., 2006). However, they also face less accessible facilities and physicians which can limit care. Physicians from rural areas typically have less expertise in the field of disability healthcare, creating further cultural barriers to disabled healthcare in rural areas (Devkota et al.).

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