Disability Statistics Abstract

Number 8

Medical Care Use, Health Insurance, and Disability in the United States

by Mitchell P. LaPlante, Dorothy P. Rice and Barbara L. Wenger

People with disabilities who lack health insurance coverage utilize health care services much less frequently than those who do have insurance.[1]

The information presented here is based on data from the 1989 National Health Interview Survey (NHIS). For the purpose of this report, disability is defined as a limitation in activity due to chronic illness or impairment.[2] The discussion is limited to the population under age 65, because Americans 65 years and over are covered by Medicare.

Physician Contacts

Physician contacts increase with severity of disability. Adults who are unable to perform their major activity (paid work or keeping house), contact their physicians almost 20 times a year. By contrast, people who are not limited in their major activity have 3.9 contacts a year (table 1). Lack of insurance coverage also affects physician contacts. Uninsured adults unable to perform their major activity have 25 percent fewer physician contacts than those with insurance -- 15.6 versus 20.9 contacts. Among adults not limited in activity, physician contacts are 47 percent fewer for those without insurance than for those with insurance -- 2.3 versus 4.3 contacts.

People with disabilities contact physicians less often if they do not have insurance

Among adults unable to work, those with insurance have 20.0 annual physician contacts -- 32 percent higher than the number of physician contacts of those without insurance (15.2 physician contacts). Those unable to work who have any private insurance have more physician contacts than those with any public insurance (22.4 versus 17.5 contacts).

Thus, among people with disabilities, having insurance is significantly associated with more physician contacts. Not having insurance generally lowers utilization for all groups, but for the uninsured with severe disabilities, this may mean they forego physician services that may be necessary for the maintenance of their health. The failure to see a physician may potentially increase the chance of the condition worsening or of secondary conditions developing, and the severity of the disability increasing.

For all levels of disability, women aged 18-64 have more physician contacts than men of the same ages, but both uninsured women and men have fewer physician contacts than those with insurance (figure 1). Among men unable to perform their major activity, those with insurance have 18.3 physician contacts compared with 11.2 contacts for those without insurance. Women unable to carry on their major activity have higher rates of physician contacts. But again, uninsured women are more

For people with disabilities, lack of insurance is associated with lower likelihood of hospitalization.

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TABLE 1. Physician Contacts by Health Insurance Coverage, Disability, and Age: 1989

Age and Disability Status	Total Population (in 1000's)	All Persons	Type of Health Insurance: No Insurance	Insured	Any Private	Any Public
		Physician Contacts per Person per Year				
Ages 0-17	64,005	4.5	3.1	4.7 #	4.7	4.9
Major Activity						
Unable to perform major activity	346	19.8	17.1 *	20.3	22.9	14.1
Limited in amount /kind	2,097	10.6	9.9	10.8	10.9	10.5
Limited in other	994	10.0	8.3 *	10.3	10.6	9.5
Not limited	60,567	4.1	2.6	4.3 #	4.3	4.3
Ages 18-64	150,309	5.2	3.4	5.5 #	5.2	10.0 #
Major Activity						
Unable to perform major activity	6,772	20.0	15.6	20.9 ‡	24.1	17.7
Limited in amount/kind	7,498	10.9	9.8	11.2	10.8	13.2 ‡
Limited in other	5,490	8.1	4.0	8.9 #	8.6	10.6 #
Not limited	130,549	3.9	2.3	4.3 #	4.2	5.8 #
Work Activity						
Unable to work	7,980	19.2	15.2	20.0 ‡	22.4	17.5
Limited in amount/kind	6,776	9.9	8.3	10.2	10.4	9.1
Limited in other	5,004	8.4	5.0	9.0 #	8.6	12.3 #
Not limited	130,549	3.9	2.3	4.3 #	4.2	5.8 #
Basic Life Activity						
Needs help in self care (ADL)	780	28.9	26.5 *	29.2	28.4	25.7
Needs help in routine activities (IADL)	2,210	23.3	29.8	22.3	27.3	18.8
Not limited	147,320	4.8	3.0	5.1 #	4.9	8.3 #

* Estimate has low statistical reliability (relative standard error >30%).
‡ Significantly different from uninsured p<.05.
# Significantly different from uninsured p<.001.

LaPlante, M. P. (1993). Disability, Health Insurance Coverage, and Utilization of Acute Health Services in the United States. Disability Statistics Report (4). Washington, DC: National Institute on Disability and Rehabilitation Research.

FIGURE 1. Physician Contacts by Disability, Health InsuranceCoverage, and Gender, Ages 18-64

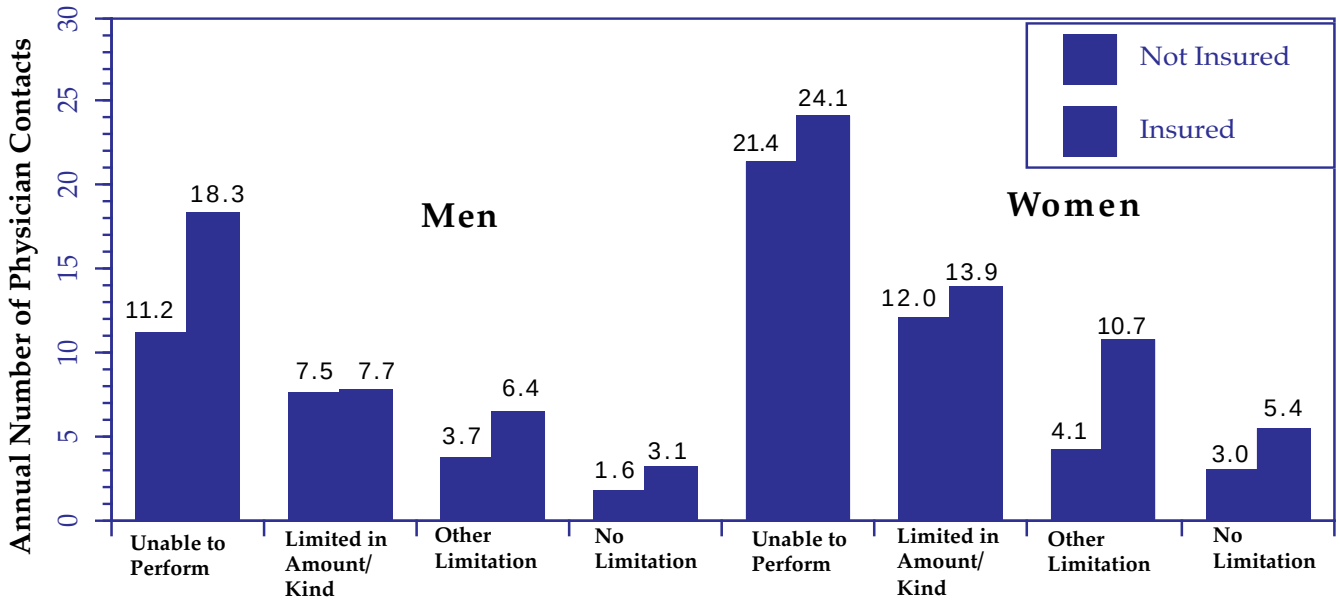

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TABLE 2. Hospital Discharges and Average Length of Stay by Health Insurance Coverage, Disability Status, and Age: 1989

Age and Disability Status	No Insurance		Insured		Any Private		Any Public	
	Discharges Per 100 Persons	Average Length of Stay	Discharges Per 100 Persons	Average Length of Stay	Discharges Per 100 Persons	Average Length of Stay	Discharges Per 100 Persons	Average Length of Stay
Ages 0-17	4.1	7.4	4.6	6.0	3.9	5.9	8.4 #	6.6
Major Activity								
Unable to perform major activty	10.3 *	8.2 *	82.9 #	9.2	71.4 §	7.1	109.9 *§	11.0 *
Limited in amount/kind	10.3 *	4.4	15.2	6.7	13.3	7.8 *	17.6	4.8
Limited in other	23.3 *	11.7 *	12.5	16.3 *	11.8	14.1 *	13.9 *	22.9 *
Not limited	3.6	7.4	3.6	4.9	3.2	5.0	6.1 §	5.0
Ages 18-64	6.4	6.8	9.3 #	6.1	8.2 #	5.7	24.8 #	8.1
Major Activity								
Unable to perform major activity	35.7	9.3	56.7 #	9.1	61.7 #	9.1	53.1 §	9.7
Limited in amount/kind	16.2	5.1	26.4 #	6.4	25.6 §	6.1	33.0 #	8.1
Limited in other	5.0	5.0 *	15.5 #	5.2	14.4 #	4.9	23.5 #	6.1
Not limited	4.2	6.1	5.7 §	4.5 ‡	5.4 §	4.4 ‡	10.4 #	4.9
Work Activity								
Unable to work	31.7	9.4	52.9 #	8.6	56.9 #	8.8	51.2 #	9.2
Limited in amount/kind	15.7	4.9	22.0 ‡	6.1	22.8 ‡	5.8	18.7	7.9
Limited in other	6.6 *	3.8	19.0 #	6.9 ‡	16.7 #	5.9	34.3 #	9.4 ‡
Not limited	4.2	6.1	5.7 §	4.5 ‡	5.4 §	4.4 ‡	10.4 #	4.9
Basic Life Activities								
Needs help in self care (ADL)	101.8	8.5	79.5	14.5 ‡	75.5	14.8	73.2	13.2
Needs help in routine activities (IADL)	34.0	12.0 *	53.6 ‡	8.5	58.0 ‡	8.6	51.4	8.5
Not Limited	5.7	6.3	8.3 #	5.4	7.5 #	5.2	19.7 #	7.1

* Estimate has low statistical reliability (relative standard error >30%).
‡ Significantly different from uninsured p<.05.
§ Significantly different from uninsured p<.01.
\# Significantly different from uninsured p<.001.

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likely to have fewer physician contacts than insured women (21.4 and 24.1, respectively).

For children and youth under age 18, use of physician services also increases with severity of disability. Children unable to perform their major activity average 19.8 contacts per year, and those limited in the amount or kind of major activity average 10.6 contacts. By contrast, children not limited in their major activity have 4.1 physician contacts.

Insurance coverage also is an important factor in medical care use for children. Uninsured children under age 18 have 34 percent fewer physician contacts than those with insurance -- 3.1 versus 4.7 physician contacts. For children with disabilities, the pattern of physician contacts is similar; children with disabilities have fewer physician contacts if they are uninsured.

Hospitalization

Within all categories of disability, uninsured people have lower rates of hospitalization than the insured, except for those who need assistance in self care. This group

averages 101.8 discharges per 100 people a year for the uninsured, a 28 percent higher rate than for the insured (table 2).

Among people unable to work, those without insurance average 31.7 annual hospitalizations per 100 people, 40 percent lower than the 52.9 rate of those with insurance. People limited in the amount or kind of work they can do have a 29 percent lower rate of hospitalization if uninsured; for those limited in activity other than work, the corresponding figure is 65 percent lower. Thus, for people with disabilities, lack of health insurance is associated with lower likelihood of hospitalization.

Unlike rates of hospital discharges, no systematic differences in average length of stay by insurance coverage are observed. Thus, while the uninsured have fewer hospitalizations than the insured, on average they stay as long in the hospital as the insured.

Notes

1. In Disability Statistics Abstract Number 7, demographic characteristics of the more than 4 million uninsured people with disabilities are presented.

2. Disability is defined in the NHIS as limitations in usual activities. A child with a disability is one who is unable to attend school, is limited in the amount or kind of school work, or is limited in activities other than school. An adult with a disability is one who cannot work or do housework, is limited in the amount or kind of work or housework, or is limited in other activities. This definition of disability excludes some people with less severe functional limitations in human action other than their usual activities. A person is considered to have health insurance if the individual was covered by a private health insurance plan or a public plan which includes Medicare, Medicaid, or a military plan.

Credits

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This abstract is one of a series presenting statistical information on disability in the United States. Statistics presented have negligible sampling error, but nonsampling error may arise. Comparisons and relationships discussed may be affected by other unanalyzed factors. This abstract is based on a report by Mitchell P. LaPlante titled *Disability, Health Insurance Coverage, and Utilization of Acute Health Services in the United States*, Disability Statistics Report (4). Washington, DC: National Institute on Disability and Rehabilitation Research. Single copies may be obtained without charge from the above address.

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