

Delayed Medical Care – Data Brief

2013 Vermont Behavioral Risk Factor Survey (BRFSS)

Background

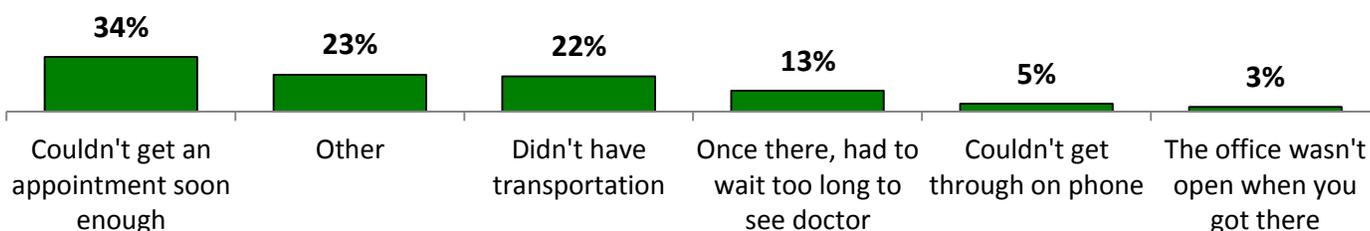
Many states, including Vermont, are actively engaged in reforming health care. As part of efforts to gather baseline data to monitor the impact of the Affordable Care Act and health care reform, the majority of states – including Vermont - asked several health care access questions on the 2013 Behavioral Risk Factor Surveillance System (BRFSS) survey. This data brief focuses on delayed medical care, which in this case refers to treatment by a doctor.

Overall

Two in ten (22%) adults reported delaying care for any reason in 2013. Cost was cited by one in ten (9%), while 17% of adults gave non-cost reasons. Note that respondents could give both cost and non-cost reasons for putting off care, these categories are not mutually exclusive.

Among adults who gave non-cost reasons for delaying health care in the last year, a third said the most important reason was not being able to get an appointment soon enough. About a quarter said they didn't have transportation, while 13% said that once they arrived at the office the wait to see a doctor was too long. Five percent or fewer said the most important reason for delaying needed care was not being able to get through on the phone to schedule an appointment or that the office wasn't open when they got there. Twenty-three percent reported some other reason as most important.

Non-Cost Reasons for Delaying Needed Health Care

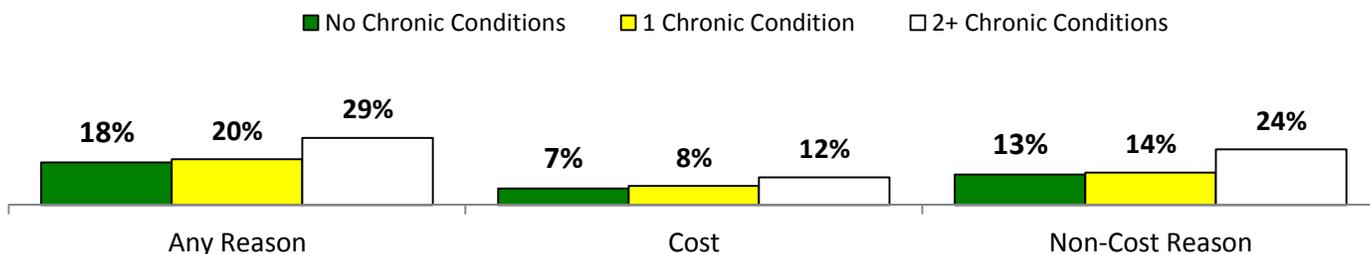


Chronic Conditions¹

Adults with two or more chronic conditions are significantly more likely than those with no or one chronic condition to have delayed needed medical care during the previous year for any reason. There are no statistical differences in putting off care between those with no and one chronic condition.

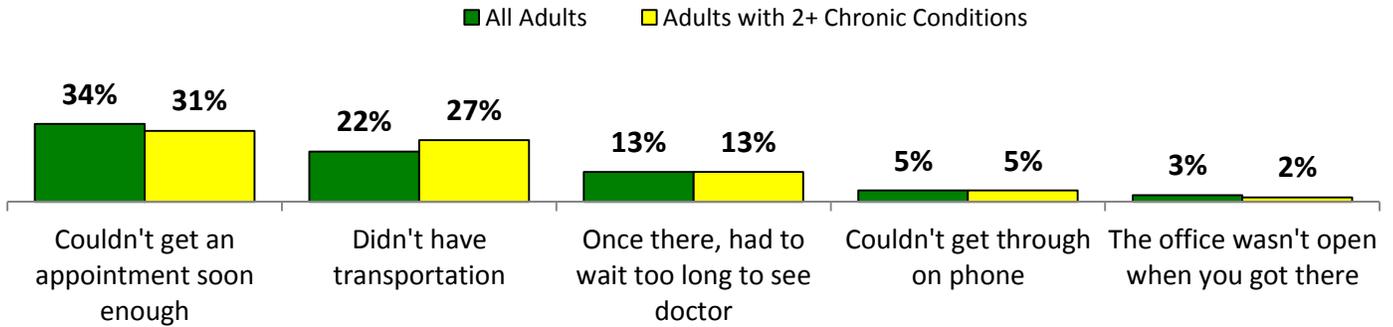
It is important to note that due to the nature of the BRFSS, we cannot say whether the delayed care was related to the chronic condition. We only know that care was put off at some point during the previous year.

Delayed Needed Health Care by Number of Chronic Diseases



Three in ten (31%) adults with two or more chronic conditions said the most important reason for putting off care was an inability to get a timely appointment. Slightly fewer, 27%, did not have transportation and 13% said it was because they had to wait too long to see a doctor once at the office. Five percent or fewer said they delayed care because they couldn't get through on the phone or that the office wasn't open when they arrived. Adults with two or more chronic conditions reported specific non-cost reasons for delaying care in a similar distribution to the adult population overall.

Non-Cost Reasons for Delaying Needed Health Care



On average, adults with two or more chronic conditions reported having eight doctor's appointments in the last year, significantly higher than the four and three visits reported by those with one and no chronic conditions, respectively. This is not surprising as an increased number of health conditions would suggest a greater amount of care is needed. However, needing more medical care also provides greater opportunity for delays in receiving that care. When adjusting for medical care need, using number of annual doctor visits as a proxy, with age and federal poverty level, adults with two or more chronic conditions remain more likely than those with fewer chronic conditions to have put off medical care in the last year for cost or non-cost reasons.

Demographics

Older adults, those at least 65 years of age, are significantly less likely to report putting off medical care than younger adults, regardless of the reason. Adults 45-64 years are significantly less likely than those 18-44 to report delaying care for any reason. However, differences within specific reasons (cost or non-cost) are statistically similar for those 45-64 and 18-44.

Adults living at less than 250% of the Federal Poverty Level (FPL) are significantly more likely to say they put off needed care, overall and for cost and non-cost reasons, compared with those at 250% FPL or higher.

		Gender		Age			Federal Poverty Level	
		Male	Female	18-44	45-64	65+	<250%	>= 250%
Delayed Care For:	Any Reason	21%	23%	27%	22%	12%	32%	15%
	Cost Reason	9%	9%	12%	10%	2%	15%	6%
	Non-Cost Reason	16%	17%	20%	16%	10%	24%	12%

For more information on the BRFSS or to suggest ideas for future BRFSS Data Briefs, contact Jessie Hammond, M.P.H. (Jessie.Hammond@state.vt.us).

ⁱ Chronic conditions include: asthma, diabetes, obesity, cardiovascular disease (stroke, myocardial infarction, or coronary heart disease), chronic obstructive pulmonary disease, arthritis, depressive disorders, and cancer.