Access Barriers for Persons with Disabilities: The Consumer's Perspective


Article Summary

Scheer, Kroll, Neri, & Beatty (2003) studied specific barriers that people with disabilities face when obtaining needed health-care services. Scheer et al. (2003) longitudinally examined experiences of people with Spinal Cord Injury, Cerebral Palsy, and Multiple Sclerosis in terms of access to, utilization of, and satisfaction with health-care services over a three-year period. Scheer et al. analyzed the data and found several access barriers to needed health-care services. These perceived barriers include, environmental, structural, and process barriers.

The environmental barriers that were identified include, transportation, office, and equipment accessibility. Consumers perceived public transportation as not accessible. In addition, participants believed that Para transit was not dependable, and private transportation was not always reliable. Provider offices, examination, and diagnostic equipment are often not accessible to participants. Participants also described doctors office parking and office entry as inaccessible.

Structural barriers found by Scheer and colleagues include, limited health plan benefits, provider choice, and cost and referrals. Limited health plan benefits were experienced as a barrier because of services not covered as well as the number of sessions covered per person were very limited to participants. Health plan restrictions that were experienced by participants a barriers to care include, durable medical equipment not being covered as well as repairs or back up equipment not being covered, or not been "used long enough," by participants.

The delivery process barriers identified by Scheer et al. include, lack of provider knowledge about disability and ultimate service delivery. The lack of provider knowledge about disability covered several issues that include, how to treat disability-related health problems, understanding disability and non-disability related health problems, and the assumption that people with disabilities do not require the full range of health-care services because, "They are not whole persons, that is, not sexual and not capable of being productive."

Scheer and colleagues conclude, "Our findings show that people with disabilities can provide unique insights into the barriers that keep them from accessing needed health-care services. Their experiences could serve as a benchmark in the development of future strategies and policies to eradicate environmental, structural, and delivery process variables." In addition, "Policy development with participatory action research involving people with disabilities may help to identify to what extent these strategies are successfully implemented."

Reference


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