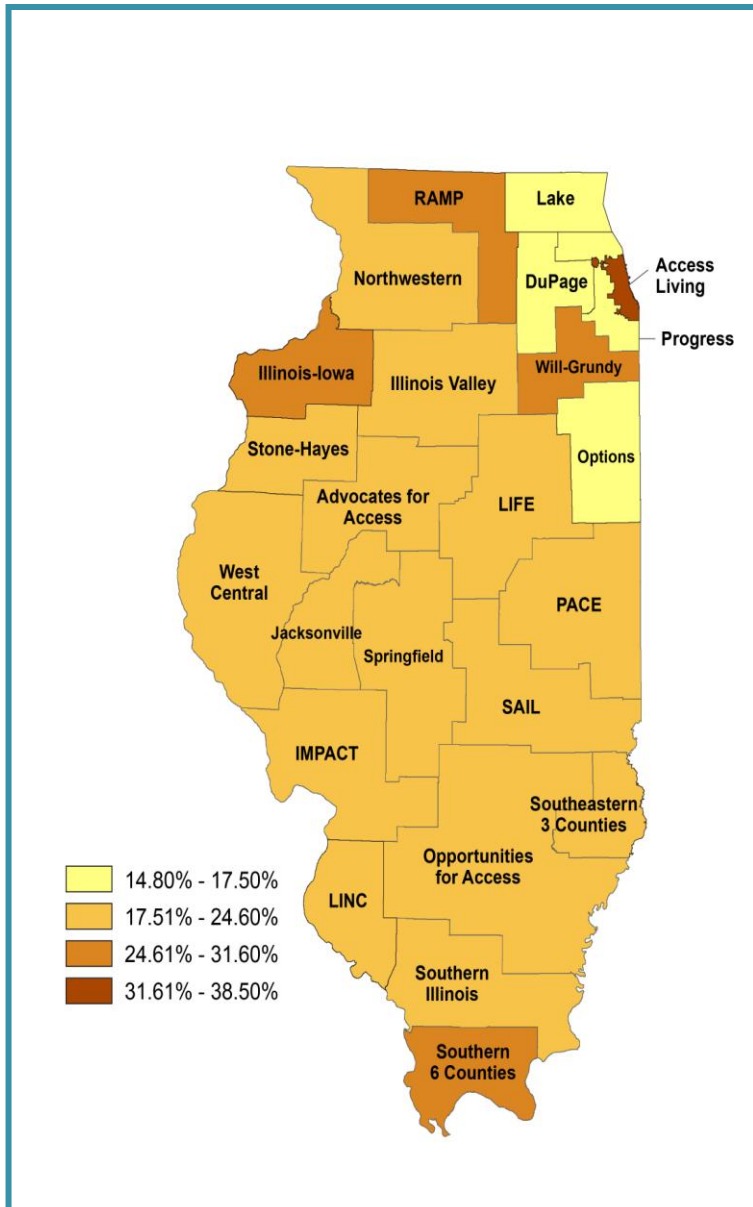


Cost as Barrier to Medication Use Among Illinois Adults With Disability

Data Brief
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Percentage of Adults Reporting Cost as A Barrier to Medication Use Within 12 months

Gap = difference between adults with disability who did not use medications due to cost within last 12 months and adults without disability who did not use medications due to cost within last 12 months

CIL	Disability	Without Disability	Gap
Access Living	38.5%	12.6%	25.9%
Advocates for Access	21.8%	5.4%	16.4%
DuPage	15.5%	11.1%	4.4%
Illinois-Iowa (Illinois only)	27.9%	7.8%	20.1%
Illinois Valley	24.6%	7.4%	17.2%
IMPACT	21.7%	11.2%	10.5%
Jacksonville	20.4%	9.9%	10.5%
Lake	17.0%	7.0%	10.0%
LIFE	21.2%	4.2%	17.0%
LINC	20.5%	10.0%	10.5%
Northwestern	21.1%	8.1%	13.0%
Opportunities for Access	22.2%	9.7%	12.5%
Options	15.1%	11.7%	3.4%
PACE	20.4%	8.8%	11.6%
Progress	15.2%	7.7%	7.5%
RAMP	25.8%	8.9%	16.9%
Southern Illinois	21.8%	9.3%	12.5%
SAIL	21.2%	7.9%	13.3%
Springfield	20.8%	9.1%	11.7%
Stone-Hayes	23.0%	8.6%	14.4%
West Central	21.3%	8.2%	13.1%
Will-Grundy	27.5%	10.2%	17.3%
Southeastern 3 Counties	22.7%	8.1%	14.6%
Southern 6 Counties	31.6%	16.1%	15.5%
Total	24.3%	9.6%	14.7%

Use of prescribed medications is linked to good medical treatment and optimal health outcomes.¹ As shown in the map, the rate of persons with disabilities who reported cost as a barrier to medication use within the last 12 months varies across different areas of the state. Further, the rate for persons with disabilities is generally higher than that of their counterparts without disability in each area as shown in the table on the right. Additionally, the table shows the gap, or difference, as well as the percentage increase, in those rates between persons with and without disability. Disparities in the use of medications due to cost barriers shown here suggest persons with disabilities are at a higher risk for poorer health outcomes than those without disability.

Data Source: 2007-2009 Round 4 Illinois County Behavioral Risk Factor Surveys (ICBRFS), a random digit telephone survey of community households conducted by the Illinois Department of Public Health. The survey gathers information on health status and health risk factors among Illinois county residents who are 18 years of age and older.

Disability Screening: Survey participants who responded positive to either or both of the following two questions in the ICBRFS were identified as having a disability: 1) limited in any way in activities because of physical, mental or emotional problems? 2) have health problem that requires use of special equipment, such as a cane, a wheelchair, a special bed or a special telephone?

Adults Who Reported Cost as a Barrier to Medications Within Last 12 months: Survey respondents who indicated they had not used medications due to cost within one year or less.

What can be done?

The underuse of medications due to cost barriers by people with disabilities may be a result of inadequate prescription drug coverage.¹ People with disabilities who do not use medications due to cost have an increased likelihood of more serious illness, greater complications, and extended hospital stays.² To reduce the risk of adverse health consequences and enable people with disabilities to benefit fully from the health care system, health system changes that reduce cost barriers to medication use among people with disabilities need to be promoted. Overcoming cost barriers to the use of medications that people with disabilities experience can help to improve access to medications and improve the quality of health care for people with disabilities.

CILs	Service Area (County)
Access Living	Chicago
Advocates for Access CIL	Fulton, Peoria, Tazewell and Woodford
DuPage CIL	DuPage, Kane, Kendall
Illinois-Iowa CIL (Illinois counties only)	Henry, Mercer and Rock Island
Illinois Valley CIL	Bureau, LaSalle, Marshall, Putnam and Stark
IMPACT CIL	Bond, Calhoun, Greene, Jersey, Macoupin and Madison
Jacksonville Area CIL	Cass, Mason, Morgan and Scott
Lake CIL	Lake, McHenry
LIFE CIL	DeWitt, Ford, Livingston and McLean
LINC CIL	Monroe, Randolph and St. Clair
Northwestern CIL	Carroll, Jo Daviess, Lee, Ogle and Whiteside
Opportunities for Access CIL	Clay, Clinton, Edwards, Effingham, Fayette, Hamilton, Jasper, Jefferson, Marion, Wabash, Washington, Wayne and White
Options CIL	Iroquois and Kankakee
PACE	Champaign, Douglas, Edgar, Piatt and Vermilion
Progress CIL	Suburban Cook
RAMP	Boone, DeKalb, Stephenson and Winnebago
Southern Illinois CIL	Franklin, Gallatin, Hardin, Jackson, Perry, Saline and Williamson
SAIL	Clark, Coles, Cumberland, Macon, Moultrie and Shelby
Springfield CIL	Christian, Logan, Menard, Montgomery and Sangamon
Stone-Hayes CIL	Henderson, Knox and Warren
West Central CIL	Adams, Brown, Hancock, McDonough, Pike and Schuyler
Will-Grundy CIL	Grundy and Will
Southeastern 3 Counties without a CIL	Crawford, Lawrence and Richland
Southern 6 Counties without a CIL	Alexander, Johnson, Massac, Pope, Pulaski and Union

This Data Brief is prepared by the Illinois Department of Public Health’s Disability and Health Program, a statewide project initiated jointly by the Illinois Department of Public Health and the University of Illinois at Chicago. The goal of the program is to reduce and prevent chronic health conditions among Illinois citizens with a disability and promote their health, well-being and quality of life. Persons with a disability have an increased risk of chronic health conditions, such as arthritis, obesity, hypertension and high cholesterol, when compared to those without a disability. As a group, however, persons with a disability have rarely been targeted by health promotion and disease prevention efforts. The Illinois Disability and Health Program represents an effort to include those with a disability in on-going health promotion and disease prevention activities and to raise professional awareness of disability issues to increase access to health care for persons with disability. Funding for this project is provided by the U.S. Centers for Disease Control and Prevention through a cooperative agreement (Grant #: 1U59DD000938). To learn more about the project and how to become involved, contact the program at 217-557-2939, TTY 800-547-0466.

1. Kennedy, J., Erb, C. Prescription Noncompliance Due to Cost Among Adults with Disabilities in the United States. Am J Public Health 2002;92(7); 1120-4
2. Diamond, et al. Delays and unmet need for health care among primary care patients in a restructured urban public health system. Am J Public Health 2004;94(5);783-9