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Title

The association between inability to afford to see a doctor and days of poor physical or mental health among adults in Ohio.

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Healthcare costs in the United States have continued to increase over time without a commensurate improvement in health outcomes. In Ohio, this negative trend in health value is even more pronounced than in most other states. This research highlights the inverse association between rising healthcare costs and the health of Ohioans. Objective: This study assessed the association between the inability to afford to see a doctor and days of poor physical or mental health among adults in Ohio. Study Design: Data from 14,446 participants in the 2022 Behavioral Risk Factor Surveillance System (BRFSS) from Ohio were analyzed. Weighted binary logistic regression was used to estimate the adjusted odds ratio for reporting days of poor physical or mental health among participants comparing those who are unable to afford to see a doctor to those who are, adjusted for age, sex, race, and type of health insurance. An interaction was added to the regression model to estimate if insurance type moderated the effect. Dataset: The data used for this analysis were obtained from the public-use dataset of the 2022 BRFSS. Population Studied: Adults (age 18 years and older) in Ohio who have health insurance coverage and complete data on the analysis variables. Instrument: Data for this study were collected via health-related telephone surveys. Outcome Measures: The outcome measure for this study is reporting any day(s) of poor physical or mental health. Results: Overall, 31% of participants have days of poor physical or mental health, but this proportion is much greater among those who are unable to afford to see a doctor (62%) than among those who are able (29%). After adjusting for confounding, those who were unable to afford to see a doctor had 3.6 times higher odds of having days of poor physical or mental health (AOR: 3.60; 95%CI: 2.87 – 4.52; p < .001). This association was stronger among those with government insurance (AOR: 4.18; 95% CI: 2.97 – 5.88) than among those with private insurance (AOR: 3.29; 95% CI: 2.42 – 4.47), however this difference was not statistically significant

(interaction p = .306). Conclusions: The high cost of healthcare negatively impacts physical and mental health among Ohioans. Measures should be taken to reduce the prohibitive cost of healthcare for Ohioans, thus improving their access to quality healthcare, hence their health, enabling them to optimally do their usual activities such as self-care, work, or recreation.

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