PIII-55: Reported Health Status and Access to Care for Diabetes Patients: A Secondary Analysis

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Abstract:
Introduction: Rural populations with low socioeconomic status are often at higher risk of late diabetes diagnosis, poor diabetes control, decreased self-management, development of diabetes-associated complications, more frequent emergency room visits, and increased hospitalizations. A secondary analysis was conducted to examine the demographic characteristics of diabetes patients who reportedly differed in their self-reported health status and unmet health care needs due to cost. The researcher hypothesized that diabetes patients with poor health status and unmet health care needs due to cost would differ in their marital status, age, geographic location, gender, and race as compared to diabetes patients with excellent health status and no unmet health care needs due to cost.

Method(s): A secondary analysis was conducted of data collected from the 2006 National Health Information Survey. A sample of 877 subjects that had chronic diabetes mellitus were included in the study. Demographic variables included age, gender, race, region, and marital status. The subjects’ demographics, delay of healthcare due to cost, and reported health status were examined using the SPSS 16 statistical software package.

Results: The posited hypothesis was partially supported by the findings of this study. There were significant differences between persons reporting unmet health care needs due to cost and reported health status and their marital status, age, and region of the country in which diabetes patients lived.
**Discussion & Conclusions:** The delay of diabetes care due to cost could consequently affect future costs to individuals, families, workplaces, and communities. Additionally, delay of care due to cost can lead to poor actual and perceived health status. Gaining insight into the characteristics of those individuals who delay health care due to cost is fundamental to improving future access to health care.

**Abstract History:**

**Financial Disclosure:**
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