

# Persons with diabetes face financial stress, often sacrifice health care and food

June 1 2016, by Laurel Thomas Gnagey

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Credit: University of Michigan

Some of the current fixes aimed at reducing the financial burden of

chronic illness—including the ability to enroll in a health care plan under the Affordable Care Act—are not enough to save those with diabetes from the stress of having to figure out how to manage their health and put food on the table.

In a study about those living with the disease, researchers at the University of Michigan School of Public Health found a number of pressures led half of adults with diabetes to report perceptions of financial stress, and one-fifth to say they have experienced health and food insecurity. Insecurity means their household economic situation allows limited access to medications, supplies and food.

The study, reported in the journal *Medical Care*, examined various factors impacting cost-related nonadherence (CRN) within the diabetic population, the term to describe when patients can't follow doctors' orders because of the cost of doing so.

"Financial burden for people with chronic illness is complex," said Minal Patel, U-M assistant professor of health behavior and health education. "It's not as simple as offering reduced copays or co-premiums. It's a whole range of things that we need to address."

Cost-related nonadherence is estimated to impact 20 percent of all patients in the United States, who, when faced with [financial burden](#), often don't follow doctor's orders.

In the study of nearly 35,000 adults from the National Health Interview Survey, 11 percent, or 4,200, identified as diabetic, and 14 percent of that group reported cost-related nonadherence to their medical plans. This was compared with 7 percent CRN from the general population without diabetes.

Close to a quarter of those surveyed reported [food insecurity](#), which was

strongly associated with CRN.

Insecurity doesn't always mean a real or perceived lack of something. In the case of food, for example, it can mean a person does not have the ability to afford the kinds of meals to maintain their best health. Diet for those with diabetes is critical to optimal health.

Patel said while the Affordable Care Act has worked to improve access to health care, gaps remain in coverage and there still are high rates of cost-sharing associated with the plans. This is particularly burdensome for persons with diabetes who not only need prescriptions but require devices and supplies to monitor and manage their disease.

Patients with diabetes also face associated health problems of obesity, high blood pressure and eye-related conditions that are not addressed consistently through plans under the ACA, or require self-management resources that fall outside the scope of what a [health insurance plan](#) would typically cover.

The researchers found that talking with a [health care provider](#) about lower cost options helped mitigate CRN. Although diabetic patients were more likely to have these conversations than others, only 27 percent of them were sharing concerns with their doctors.

"If you are in a clinic primarily aimed at serving low-income populations, you're probably going to have those conversations because providing [affordable care](#) is central to the mission of these [health](#) care settings," Patel said. "But in a lot of other [health care](#) settings physicians don't always know what to do. We need to support through policy and infrastructure changes, a better communication situation for patients and physicians."

She suggests better screening and counseling, physician training and

better preparation for patients prior to their appointments with doctors to access affordable options. The quality of patient-physician interaction around these issues may change the way affordable options are sought out.

**More information:** Minal R. Patel et al. Social Determinants of Health, Cost-related Nonadherence, and Cost-reducing Behaviors Among Adults With Diabetes, *Medical Care* (2016). [DOI: 10.1097/MLR.0000000000000565](https://doi.org/10.1097/MLR.0000000000000565)

Provided by University of Michigan

Citation: Persons with diabetes face financial stress, often sacrifice health care and food (2016, June 1) retrieved 25 April 2024 from <https://medicalxpress.com/news/2016-06-persons-diabetes-financial-stress-sacrifice.html>

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