Author's response to reviews

Title: What socio-demographic factors influence poverty and financial health care access among disabled people in Flanders? A cross-sectional study

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Author's response to reviews: see over
Revision notes: What socio-demographic factors influence poverty and financial health care access among disabled people in Flanders? A cross-sectional study

1. Major Compulsory Revisions

[ABSTRACT §4 RESULTS]. Last sentence, you cannot say ‘the most important’ only ‘is one important contributing factor’.

We changed the text accordingly: ‘one important contributing factor’.

[METHODS §3]. At-risk-of-poverty threshold: you cannot talk about ‘60% of the median net income per country…’ rather ‘60% of the national median equivalised disposable income after social transfers’.

We changed the text accordingly: ‘national median equivalent disposable income after social transfers’.

[METHODS §4] I don’t understand why you did not use ‘monthly income’ and why you used ‘employment status’. So you should clarify the way you worked and justify why you did or didn’t include a specific variable. Your text (or your analysis) need some adaptation here.

We added a clarification in the text: Nevertheless, we have chosen to make an exception concerning two variables. One the one hand, the variable ‘monthly income’ is significantly associated with limited health care access, but it wasn’t included in the logistic model. We have chosen to include only ‘poverty’ as a pure financial variable, because it is adjusted for the household situation. On the other hand, the variable ‘employment status’ is included in the logistic model for conceptual reasons, although it wasn’t significantly associated with both outcome variables.

[DISCUSSION §3]. Not clear: ‘This measurement itself doesn’t specifically improve the position of disabled people in poverty [30]’. I don’t understand this point. So, clarify your point and suppress this reference and provide a scientific one.

We added the following clarification: The budget is meant for people with a disability with a strong need for support in activities of daily living, like personal hygiene, mobility, preparing and consuming food, house maintenance, household tasks and communication. Although it isn’t meant to be used to finance medical expenses, the budget can be used to finance medical expenses, since there are no restrictions in the way it should be spent. In this way, this personal standard budget could help disabled people to improve their financial situation and their financial health care access.
We also have put the reference after the mere informative text, so that it becomes clear that the point is made by the authors and not by the political world.

[DISCUSSION §7]. Again this is not clear: ‘This might be interacting with the level of dependence. Unemployment could provide a higher risk for poverty for people with a low level of dependence, since they have a lower integration allowance to rely on. Literature shows that disabled people have fewer job opportunities ([2, 7-9]. These results indicate that the subpopulation of unemployed disabled people with the lowest level of dependence has a higher risk for poverty and for difficulty in accessing health care because of financial reasons. What do you mean by ‘interacting’? Clarify your point here.

‘Unemployment could provide a higher risk for poverty for people with a low level of dependence, since they have a lower integration allowance to rely on’: you cannot say that from the tables you presented.

‘unemployment disabled people with the lowest level of dependence have a higher risk’:
‘disabled people who are unemployed or who have a low level of dependence have a higher risk’ would be more correct... rephrase the sentence to make it more clear and correct.

We deleted the sentence: ‘This might be interacting with the level of dependence. Unemployment could provide a higher risk for poverty for people with a low level of dependence, since they have a lower integration allowance to rely on.’

We rephrased the sentence: ‘Unemployed disabled people with the lowest level of dependence have a higher risk into ‘Disabled people who are unemployed and who have a low level of dependence have a higher risk for poverty and for difficulty in accessing health care because of financial reasons.’

[DISCUSSION §7]“Future research should not only examine the unemployment status of this population more specifically, it should also extend this information to further relate to abilities and skills.’ What is the relation with poverty and access to healthcare? You should be more specific.

We changed this sentence as follows: Future research should examine the unemployment status of this population more specifically.

[DISCUSSION §8]. ‘One study showed that compared to the highest educated population, differences in the prevalence of disability accounted for at least 66% of the inequality in disability-free expectancy [35]’. What do you mean? I don’t understand the point of this paragraph and of this sentence in particular. Rephrase and provide a better linkage to your topic (poverty and access to healthcare).
We rephrased the sentence: One study, comparing populations with different educational levels, showed that differences in the prevalence of disability accounted for at least 66% of the inequality in disability-free life expectancy [35].

[SUGGESTIONS FOR FUTURE RESEARCH]. You need to be more specific here.

We made our suggestions more specific: We would like future research to focus on possible structural measures in order to decrease poverty and impaired health care access amongst disabled people. In particular we would recommend studies to investigate measures to diminish postponing health care visits. Furthermore some more research regarding medical costs for disabled people in Belgium is necessary. We suggest future research to include the duration of the disability (inborn or acquired disability) and the social background of the disabled respondents. As in this study we focused on financial barriers concerning health care access, we would recommend researchers in this domain to explore other barriers in health care access, for example mobility.

[General:]. The general table (distribution of the convenience sample) needs to be revised (you put % in the N column and vice versa).

*The table was adapted accordingly.*

2. Minor Essential Revisions

[INTRODUCTION § 2]. Replace ‘which socio-demographic factors affect poverty’ by ‘which socio-demographic factors relate to poverty.

*This was done.*

[INTRODUCTION §5]. ‘Those disabled people whose disability is officially recognized by the Federal Public Service Social Security and who are receiving an IRA or IA, get this special status regardless of the level of their income. Disabled people with recognition but without an IRA or IA, are entitled to this status on the condition that their income doesn’t exceed a certain level [14].’

*We adapted the sentences as follows: Those disabled people whose disability is officially recognised by the Federal Public Service Social Security and who are receiving an IRA or IA, get this special status regardless of the level of their income. Disabled people with recognition but without an IRA or IA, are entitled to this status on the condition that their income doesn’t exceed a certain level [14].*
[DISCUSSION §3]. ‘The budget can be used to finance medical expenses, since there is no restriction in the way it should be spent.’

We adapted the sentence accordingly.

[DISCUSSION §7]. ‘This could point to an inadequate adjustment of the level of the allowances according to the family situation.’

The sentence was adapted as suggested by the reviewer.

[METHODS §1]. ‘In December 2009… tested in our study population’. As you begin a new section, you should define what is your study population, i.e. disabled people in the Flemish region. Put it in brackets perhaps.

The sentence was changed as follows: In December 2009 a survey was constructed and tested in our study population, i.e. disabled people in the Flemish region.

[METHODS §2]. ‘The questions addressed limited financial access to…’: suppress ‘limited’ here (more clear).

The word ‘limited’ was suppressed in the sentence.

[METHODS §4]. First sentence: just mention ‘unadjusted and adjusted multivariate…’

The sentence was changed according to the suggestion of the reviewer.

[METHODS §4]. Last sentence, not clear. You should perhaps state that the indicator was dichotomized (no vs. one or more access problems). Not mentioning ‘zero was defined...and one...’

The sentence as changed as follows: After addition, the indicator was dichotomized (no versus one or more problems with financial health care access).

[RESULTS §2 and 3/5]. ‘Bivariate analysis indicates that one respondent out of five (20.9%; n=186)…’ (Also §3 and 5) ‘had a pseudo R²’.

This was done.
DISCUSSION §3-6. When you list administrative measures you should also state what it specifically adds for disabled people in Flanders and poverty/access (that is for your argument) or what you expect it would add in relation to what you found. So, find a better articulation between your results and this listing of measures.

We added some sentences to better articulate between our results and the listing of governmental measures: In this way, this personal standard budget could help disabled people to improve their financial situation and their financial health care access.

And: The mandatory application of the third payer’s scheme for this selected group of patients could lower their financial barrier to health care, since these patients will not have to pay the full amount for medical consultation. The reimbursement rates are applied directly and the health insurance institution will remunerate the health practitioner. Another advantage of the mandatory application of the third payer’s scheme could be an elimination of embarrassment, because ‘asking for it’ could be a possible barrier. However it could be important to emphasize that disabled people with a high level of dependence will probably benefit most from this measure. It is not clear to which extent this measure will add a benefit for people with a low dependence level and lower health care expenses.

And: The latter measure can stimulate researchers to extend the current knowledge in this domain.

STRENGTHS AND LIMITATIONS. ‘Accessibility to our study was a priority,’’: ‘participation’ would be less confusing.

We changed this sentence according to the reviewer’s suggestion.

GENERAL CONCLUSION. Not ‘social inequities’ but ‘social inequalities’.

This was done.

For Table 1 on associations:. I strongly suggest you to use only one column per outcome, that is: the below column (for poverty threshold) and the ‘at least one problem’ column (access problems).

This was done.