

# Demographic differences in US involuntary health care delays during COVID-19

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*(Photo of Dr. Kevin Callison, Assistant Professor at Tulane School of Public Health and Tropical Medicine)*

The COVID-19 pandemic has disrupted access to medical care for millions of Americans; yet, there has been little information on the individual demographic characteristics associated with these disruptions.

[A new study](#), released ahead of print by [Health Affairs](#), reviewed US Census Bureau survey data and found that in May 2020, 6 percent of all respondents reported involuntary cancellations or delays in non-COVID-19 medical care in the past four weeks. The authors noted that this estimate is substantially smaller than prior estimates of total cancellations or delays from web-based surveys. One of the two authors of the study is [Dr. Kevin Callison](#). He is an assistant professor in the Department of Health Policy and Management at the Tulane University School of Public Health and Tropical Medicine. Jason Ward is an associate economist at the [RAND Corporation](#) in Santa Monica, California.

The authors found that the likelihood of care disruptions increased with age and varied by health status. For example, respondents in fair or poor health were far more likely to report an involuntary disruption than those in excellent health (5.3 percentage points versus 4.4 percentage points). Additionally, white, non-Hispanic respondents had the highest incidence of involuntary care disruptions, and disruptions were far more common among women than men (0.9 percentage points versus 0.01 percentage points).

“We found that age, poor health, education, the presence of a work-limiting disability, and health insurance coverage were positively associated with experiencing an involuntary disruption in accessing medical care as a result of the COVID-19 pandemic,” the authors concluded. “Our results can serve as a basis for designing targeted policies that aim to address the consequences of involuntary care disruptions and related downstream effects on health.”