"Everything is so expensive" – Financial Experiences of Adults with Type 1 Diabetes (T1D)

Financial Impact

Healthcare Coverage

Personal and Community

Factors







Gender, Female

Race/Ethnicity,

Partnered

Pump Use

Non-Hispanic White

Private and Public

Adults with T1D (n=28)

Age, years. Range= 22-69

Insurance Status, Private or

Marital Status, Married or

A1c, %. Range= 5.8-11.0



M±SD or %

 42.8 ± 15.9

54%

92.8%

92.9%

53.5%

60.7%

 7.9 ± 1.17

SAMPLE DEMOGRAPHICS

HIGHLIGHTED EXCERPTS

COSTS OF DIABETES

"I worry that I won't have the funds or the

money to get my supplies, especially with,

nowadays, economy and the healthcare

system. I worry about that." 60 y.o. Male

FINANCIAL IMPACT

"I've always had this fear of not being able to

afford my medication and if it would cause my

future children not to be able to eat or not live

the way thy want and stuff. It's kind of always

HEALTHCARE COVERAGE

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INTRODUCTION

- Annual personal healthcare costs for T1D are estimated at \$2500 (private insurance) or higher.
- The economic burden of T1D may adversely affect quality of life.
- Despite attention to high costs of insulin in the popular press, little research has examined how adults with T1D experience the financial aspects of diabetes.
- **Study Aim:** to characterize perspectives of adults with T1D about diabetes-related financial issues.

METHODS

- Participants: 28 adults with T1D recruited from adult diabetes practices in Indiana (see Sample Demographics Table).
- Conducted semi-structured qualitative interviews about T1D-related quality of life, including questions about finances.
- Interviews were recorded and transcribed verbatim.
- Secondary qualitative analysis of financialrelated experiences, using hybrid thematic analysis.

RESULTS

Figure and interview excerpts on the right illustrate 4 themes and 14 subthemes identified through qualitative analysis.

DISCUSSION

- Perspectives on diabetes-related financial issues emerged in discussions about many domains of life (e.g., health, work, retirement, community, interpersonal relationships, etc.)
- Our sample was predominantly non-Hispanic white with private insurance. Different themes may emerge in a more ethnically and socioeconomically diverse sample.
- Greater advocacy is needed to improve access to affordable insulin, supplies, technologies, and health care.

Diabetes-related financial issues can be all-encompassing for adults with T1D.

Costs of Supplies and Medication
(e.g., affording insulin or glucose strips)

Costs of Medical Services
(e.g., doctor's visit not worth the copay)

Costs Guiding Treatment
(e.g., using injections to avoid cost of insulin pump)

Healthcare Industry

(e.g., concerns about industry prioritization of profits over patient care)

Financial Preparation

(e.g., packing extra supplies for a long trip to avoid emergency purchases)

Short-term Financial Impact

(e.g., financial aspects of diabetes takes time out of the day/redirects day)

Long-term Financial Impact

(e.g., costs interfering with saving money)

Health Insurance

(e.g., taking advantage of all annual health benefits under insurance plans)

Employment Decisions

(e.g., needing healthcare benefits through work)

Awareness of Financial Inequities

(e.g., acknowledging others' access to devices can be financially challenging)

Donating to Diabetes Causes

(e.g., giving money to support diabetes organizations/research)

Sharing Supplies

(e.g., giving and receiving insulin, technology, or glucose strips)

Financial Support From Others

(e.g., spouse supporting financially/emotionally in handling large medical debt)

Retirement

(e.g., delaying retirement to keep healthcare coverage)

hung in the back of my mind..." 27 y.o. Male

"Who's planning to retire? I need the insurance so I'm going to, because of my diabetes and my husband's diabetes, I'm planning on working at least until I'm 65 I guess. The way it fits into my retirement is it pushes my retirement further out." 51 y.o. Female

PERSONAL AND COMMUNITY FACTORS

"If I change meters I'll give away my strips 'cause they're expensive. So, when I changed from pump to pen needles, I gave away all my insulin." 23 y.o. Female

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Objective: T1D is expensive to treat, and the lifetime economic burden may adversely affect quality of life. Despite attention to high costs of insulin in the popular press, little research has examined how people with T1D experience the financial aspects of diabetes. We characterized perspectives of adults with T1D regarding diabetes-related financial issues.

Methods: Secondary analysis of qualitative data from 28 adults with T1D (M age= 42.8 ± 15.9 , 54% female). Semi-structured interviews were transcribed and coded using hybrid thematic analysis.

Results: We found 4 major themes (Figure). Participants discussed high <u>Costs of Diabetes</u> and making financially-guided treatment choices, some detrimental to health (e.g., rationing insulin). T1D-related <u>Financial Impact</u> interfered with spending money across life domains (e.g., retirement, family needs). Participants stressed needing employment for <u>Healthcare Coverage</u> to afford medical expenses and reported frustrations with poor coverage. Many described <u>Personal & Community Factors</u>, such as awareness of inequities and sharing T1D-related financial support (i.e., monetary, emotional, supplies).

Conclusion: The financial aspects of T1D are all-encompassing and can impact treatment choices and other dimensions of life, like retirement planning. Greater advocacy is needed to improve access to affordable insulin, supplies, technologies, and health care.

