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“Bridging the Gap Between Healthcare Access and Socioeconomic Status”

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The United States healthcare system systematically perpetuates inequities in access and quality of care, disproportionately affecting individuals of lower socioeconomic status through discriminatory policies, geographic and insurance-related barriers, and inadequate resources. While the healthcare system in the United States is complex, it is also prejudiced based majorly on socioeconomic status and characteristics associated with the status. Socioeconomic status affects many aspects of life for those of high and low status. The healthcare system has systematically oppressed those of lower socioeconomic status through discriminatory policies, unachievable co-pays, and all-around access.

To understand these disparities, one must understand what healthcare access is and the importance of this access. Healthcare today has become ruled by large corporations deciding the fates of those who utilize it, but by definition, healthcare, or access to it, is the access to health services in a timely manner to uphold or improve health (Shook). Accessible healthcare is essential to maintaining quality of life and the population's overall health. In comparison, some countries have implemented policies such as Universal Healthcare, although, as of today, no such policies have been implemented in the United States. While healthcare should be recognized as a human right, access to care in some regions is limited. These limitations adversely affect the population and our society, with a significant portion of these effects landing on those of lower socioeconomic status.

In the United States, many aspects of our healthcare system influence the ability to utilize healthcare. Geographic location heavily influences access to healthcare. For example, residents of rural America may live hours away from the nearest surgical center, maternity ward, or cancer center. These hindrances primarily impact and limit healthcare amongst large quantities of the population. Many geographic influences can be responsible for inadequate care; unexpected obstructions, such as weather conditions, finances, and transportation, play a role in healthcare for rural communities. This can also

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relate to the availability of services within these communities and urban settlements; with most rural residents flocking to medical facilities elsewhere, this can impact the availability of services for both rural and urban residents (Shook). Insurance coverage also interferes with access to healthcare, from not meeting deductibles to having insurance companies deny procedures. Insurance complications can be deemed a leading cause of the denial of care and bar healthcare access in general (Shook).

Inadequate resources statistically lead to significant health implications, higher rates of chronic illness, and higher rates of mortality. Significant health implications often arise when health is neglected, or healthcare is unable to be accessed. For example, having a history of pulmonary stress can lead to a heart attack, but when unable to access care, this may be unknown or untreatable. Statistically, healthcare access, or lack thereof, can be related to higher rates of chronic illness and the treatment of such, as well as mortality rates (Shook). When unable to utilize healthcare, rates of fatality skyrocket; this can be related to undiagnosed conditions, late-term diagnosis, and access and availability of services (Shook). While some consequences of inadequate medical resources can be remedied, many cannot; healthcare influences can be detrimental to health and, in some cases, fatal.

Socioeconomic status directly relates to the healthcare system in the United States and globally. Socioeconomic status relates to the social and economic class or standing to which an individual belongs; this can be determined by income, education, and occupation (*Cancer.gov*). Socioeconomic status directly correlates to societal opportunities and reflects quality of life. Generally, these statuses are associated with a high, medium, and low-status scale (*Cancer.gov*). Income is a determinant of socioeconomic status as it determines things such as tax brackets, the availability of government assistance and programs, and overall living conditions. Education has effects as well, standing both socially and economically; a lower level of achieved education is most often associated with a lower socioeconomic class. Education can affect income and occupation, and the higher the level of education, the higher socioeconomic class one is associated with. Occupation determines income but also affects the social portion of socioeconomic status, as those with lower income earning jobs earn less prestige in society. With the determinants of

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socioeconomic standing causing a "cause and effect," many people who fall in the low socioeconomic sect can suffer one determinant but feel adverse effects from the others.

The direct correlation between socioeconomic status and healthcare is evident in our society. Low economic status can be related to the level of care accessible, quality of care, and overall health outcome. Due to internal and external stressors, those of lower levels of education are often associated with less access to healthcare and overall health. Those with lower levels of education are more at risk of common acute, chronic diseases and higher morbidity (Choi). Literacy, a significant aspect of education, is an element in understanding healthcare and its utilization. As those with lower literacy and illiteracy are less likely to comprehend diagnosis and continue treatments, often illiterate patients are unaware of the magnitude of the diagnosis they receive and struggle to sign consent forms, pharmacy scripts, and other health-affecting documents (Shook). Occupation can also affect healthcare; this is evident in insurance coverage. Many lower-paying occupations carry insurance providers with less coverage and lower costs, though this can affect eligibility for many services and procedures (Shook). Generally, those of lower socioeconomic status hold jobs with partial or no insurance coverage, according to the American Psychological Association ("End of Life Care..."). In addition to this information, finding healthcare facilities "in-network" can be a struggle for those under cheaper insurance policies and can be denied service without out-of-pocket compensation (Shook). The income portion of socioeconomic status also has a relation, as healthcare prices continue to rise, and wages do not; there have most recently been disparities in healthcare due to income. Many in the United States face health disparities due to finding proper insurance; when working even low-paying jobs, one may make an income too high to qualify for state or federally funded insurance, though insurance through their occupation may not be offered or affordable.

Many studies contend that health disparities affect lower socioeconomic groups. A study focused on the correlation between socioeconomic status and medical resource use specifying in patients with heart failure (a chronic disease) found that "Socioeconomic status is an independent predictor of

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mortality, clinically related hospitalization, and heart failure (HF) hospitalization in vulnerable patients" (Comin-Colet et al.). In addition to this information, a study researching low socioeconomic status concerning cancer patients claims associations between the utilization of quality-of-life sustaining programs and socioeconomic status (Chang et al.). The study found that those of lower socioeconomic status are more likely to receive "more aggressive" end-of-life care or inadequate care. This study also found that one is more likely to die in a hospital setting rather than receive hospice care, and fear of cost and lack of awareness were found to be a contributing factor (Chang et al.). In addition to the information found, this study also found that patients of low socioeconomic status are more likely to receive chemotherapy in comparison to immunotherapy. This disparity is due to cost, as immunotherapy is significantly more expensive and, without insurance coverage, can cost up to 33,000 dollars a session (Shook). However, immunotherapy is considered more tolerable and has been found to improve quality of life significantly compared to chemotherapy (Shook). There are thousands of case studies covering multiple acute, chronic, and terminal illnesses and the relation that socioeconomic status has to treatment; throughout these studies' health disparities due to socioeconomic status are evident.

Systematic factors also relate to healthcare access, such as the structure of the healthcare system. While some countries utilize a healthcare structure providing universal coverage, the United States does not. The United States uses a mixed system structure consisting of publicly funded health coverage and privately financed market coverage that can coexist ("US Healthcare System Overview-Background"). This system also allows a mix of public and private selections of healthcare providers ("US Healthcare System Overview-Background"). According to the National Health Expenditure Accounts, the government-funded programs Medicare and Medicaid only provided 44% of hospital expenditures compared to private insurance and out-of-pocket coverage ("US Health Care Spending"). Medicare is a federal program providing coverage to all people aged 65 or older (Department of Human Services). At the same time, Medicaid covers children under 18, pregnant women, legal guardians of children under 21, and adults with incomes qualifying with the Federal Income Poverty Guideline (Department of Human

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Services). Medicaid and Medicare generally provide a lower quality of care than private insurance and fewer services. Qualifying for both state- and federal-funded insurance can be complicated due to the changing Federal Income Poverty Guidelines and wages (Shook). Systemically, the United States healthcare system's structure influences the level of care and access to such.

Limited access influences health outcomes in many ways. Mental health's relationship to socioeconomic status is a known disparity in healthcare. As many people of lower socioeconomic status endure a plethora of hardships, those of higher status do not; they are often burdened with higher rates of mental health struggles (Shook). There are generally more stressors for those of low socioeconomic status and less coverage of mental health resources (Shook). Mental health resources such as outpatient facilities can be expensive, and many insurances do not provide coverage for this; as a result, many struggling with mental illnesses do not receive the care they need. It has also been found that private inpatient facilities are often more effective than state-funded inpatient facilities (Shook).

Alongside mental health, addiction also coincides with these issues, as many people with a substance use disorder of low socioeconomic status cannot utilize rehab facilities (Shook). Many rehab facilities in the United States are privately owned and cannot be covered by insurance. This makes access to these services incredibly unachievable for many struggling with addiction. Though there is often a stigma around addiction, like any other disease, those affected should have access to healthcare (Shook). In addition to the lack of coverage of mental health services, lower socioeconomic status is often associated with less utilization of preventative care (Shook). Less access to preventative care can be linked to the rise in rates of chronic illness; being proactive with health can increase life span and quality of life later down the road (Shook). Many degenerative outcomes can be associated with a lack of adequate medical care, and those of lower socioeconomic status often feel the weight of these disparities.

The lack of access to healthcare amongst those of lower socioeconomic standing is prevalent in today's society. These discriminatory factors are systematic and have varying levels of influence amongst individuals with low socioeconomic status. There is a highly relevant need to advocate for those affected

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by these disparities through the legislature and community initiatives; addressing these issues will call for a generally healthier, less prejudiced society. Overall, the United States healthcare system inhibits access to people of lower socioeconomic status, and the tolerance of this system endangers the health of those it affects.

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