



IMPACT OF SOCIOECONOMIC STATUS ON HEALTHCARE ACCESS

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INTRODUCTION & BACKGROUND

- Definition of Socioeconomic status:** According to the AAFP Foundation (2019), socioeconomic status refers to, “refers to the social and economic factors that influence the position individuals hold in society. This includes factors like occupation, class, education, income, and wealth (pp. 5).
- Persons of low socioeconomic status (SES) are more likely to be uninsured, have poor-quality care and seek health care less often (Becker & Newsom, 2003).
 - Clinical perceptions of low SES patients affects clinical decision making and health care delivery (Arpey et al., 2017).
 - Low SES is acknowledged as a “risk factor for worse health outcomes” (Davies et al., 2019, p. 1).

PICO QUESTION

Does socioeconomic status affect healthcare access and quality?



SIGNIFICANCE

- Income inequality is associated with greater healthcare expenditures, healthcare use and death from cardiovascular disease and suicide (Advancing Health, 2019).
- Low socioeconomic position is a major risk factor for worse health outcomes (Davies et al., 2019).

DESIGN & IMPLEMENTATION



global access to healthcare

- Patients were recruited if they had publicly financed insurance, Medicaid, that were being seen in the main Family Medicine outpatient clinic at UIHC (Gaglioti et al., 2017).
 - Approximately 90% of these enrollees were living below 100% of the federal poverty level in 2012 compared with a statewide poverty of 12.8%
 - Each patient was asked to explain their healthcare experiences in general and more specific questions were asked that related to healthcare experiences and SES.
- African Americans aged 21 to 63 who had one or more chronic illnesses were recruited to illustrate the issues they experience with healthcare. (Becker & Newsom, 2003)
 - Medicaid patients were omitted because the program enables low-income people to seek care in sectors of the healthcare system that would usually be unavailable to them
- The observational nature of the studies included and focused on high-income countries. These countries reported an association between SES, place of death, use of acute care, specialist and nonspecialist end-of-life care, advance care planning, and quality of care in the last year of life (Davies et al., 2019).

RESULTS



- People of lower SES are more likely to have worse self-reported health, lower life expectancy, and suffer from more chronic conditions when compared with those of higher SES (Arpey, 2017)
- People of lower SES also have fewer diagnostic tests and medications for many chronic diseases and have limited access to healthcare due to cost and coverage (Arpey, 2017)
- Income inequality is associated with greater health care expenditures, health care use, and death from cardiovascular disease and suicide (AAFP, 2019)
- People living in the most deprived neighbourhoods were more likely to die in hospital versus home (Davies et al., 2019)
- Persons with lower income and education presented a higher chance to report problems in healthcare access, compared to individuals with higher income and education (Almeida et al., 2017).
- People with low SES tend to have lower health outcomes and experience more difficulties in accessing health care services compared with the general population. Most of these difficulties are related to social injustice (Lopez et al., 2020).

SUMMARY

Overall, we observed unequal access to or use of health services due to socioeconomic status in most countries. Low socioeconomic status has been found to be a large risk factor for many families in regard to their healthcare access, and can result in low end-of-life care or hospital death. Healthcare inequality does persist across the social stratum, as people with low socioeconomic status tend to have a greater difficulty in accessing adequate health care services. The expansion of health care coverage is necessary to reduce this unequal access generated by social inequities

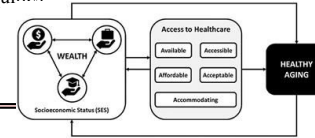


Figure 1. SES and Health Care Access

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