

The Impact of Health Care Barriers on Lower Socioeconomic Americans: The Journey Up



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PICO Question:

What health care access and quality barriers do Americans of lower socioeconomic status face?

Introduction & Background

Access to health care means to have "the timely use of personal health services to achieve the best health outcomes" (Institution of Medicine, 1993). The main barriers to accessing health care include high costs, insurance status, distance and transportation. People who are likely to have a low socioeconomic or social status are more likely to have difficulty accessing health care. As a result, to high health-care costs, being uninsured, and a lack of transportation, people often face poor health consequences.



Three Barriers Lower Socioeconomic Class encounters in America:

Patient Impact and Conclusion

- Many patients who do not have health care access have more complications with poorer health.
- Patients have problems with having poorly trained physicians and the distance to get to specific health care facilities can prevent those from receiving the care needed.
- Access to health care varies across the country including insurance becoming available to those of socioeconomic status.
- Current studies show there is 15.4% of patients who are uninsured have to pay a full
 cash payment when they are leaving their health care appointments.
- Those with worsening medical conditions in socioeconomic areas have to travel the farthest to get medical care.

References

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#1 Barrier - Cost

- The largest increase of the risk of experiencing a high total burden was occurring among individuals living below the federal poverty standard (Banthin & Bernard, 2006).
- In 2003, 9.9% of low-income individuals incurred total burdens exceeding 20% of family income, an increase from 6.7% in 1996 (Banthin & Bernard, 2006).
- Out-of-pocket payments for health care services by patients increased from \$162 billion in 1997 to \$236 billion in 2004 (Banthin & Bernard, 2006).
- A large expansion was through the State Children's' Health Insurance Program (SCHIP), help protect some low-income families from bearing the financial burdens of rising health care costs when their children gained eligibility for public coverage (Banthin & Bernard, 2006).

#2 Barrier - Insurance

- In 2006, poor and near-poor individuals accounted for two-thirds of the uninsured population in the US (Hoffman & Paradise, 2008).
- Low-income, uninsured individuals are more likely to be in poor health and less likely to receive preventive care (Hoffman & Paradise, 2008).
- The Patient Protection and Affordable Care Act of 2010 expanded coverage to over 20 million low-income Americans (Kominski et al., 2017).
- However, 32 million Americans remain uninsured, most of whom are eligible to receive benefits but face additional barriers that widen the coverage gap (Kominski et al., 2017).

#3 Barrier - Distance & Transportation

- Unreliable transportation has led to missed appointments and overall poor illness management
- A study was done that had shown the number of patients who used public transportation and did not have a license had 4 more chronic care visits per year than those who did have a license and proper access to the health care facility.
- Options such as subways and bus systems provide an unreliable form of transportation to few communities. High percentage of these patients using these poorly operated systems are obese, chronically ill and disabled.
- Research on geographical access to health care facilities must be done.