



Healthcare Access: Lessons from COVID-19

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ABSTRACT

As evidenced during the COVID-19 pandemic, healthcare outcomes in low-income populations are abysmal. This is attributable to limited healthcare access and unfavorable socio-economic conditions for low-income communities. Healthcare challenges in low-income populations can only be addressed through concerted efforts by the government, healthcare providers, and civic organizations. This document discusses healthcare challenges in low-income populations and how efforts from the government, providers, and civic organizations can help alleviate the challenges.

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Introduction

The United States was among the countries severely hit by the COVID-19 pandemic. According to official records from the Centers for Disease Control and Prevention (CDC), the COVID-19 death toll is over 1.2 million [1]. Although the pandemic adversely impacted all social groups in the country, evidence suggests that minority groups were disproportionately affected. According to a report by Adaptation Health, Acumen, and Centers for Healthcare Strategies (CHCS), low-income groups, African-Americans, Hispanics, and other minority groups were acutely affected by the pandemic as compared to privileged populations [2]. For every 100,000 African Americans, 97.9 died of COVID-19, a rate that is more than double that for whites (46.6 per 100,000) [3]. This trend is replicated in other minority groups, as illustrated in the figure below.

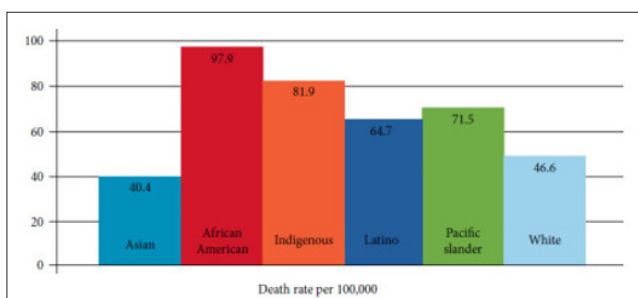


Figure 1: Showing COVID-19 Death Toll in Different Ethnicities

Disproportionate mortality rates among minorities are attributable to unequal access to healthcare services. Maritza Vasquez Reyes, a professor at the University of Connecticut, notes that although Black Americans constituted more than a third of Kansa's COVID-19 deaths, out of 94,780 tests, only 4,854 were from black Americans and 50,070 were from whites [3]. In Illinois, despite confirmed cases amongst whites and blacks being even, 220,968 whites were tested, compared to only 78,650 blacks. These insights point to a picture of minority groups being disproportionately infected while at the same time having limited access to healthcare services.

The inequality evidenced during COVID-19 pandemic underscores the long-term challenges low-income populations that depend on Medicaid experience when accessing healthcare services. It also underlines systematic social injustices experienced by low-income and racial minority patients.

Healthcare Challenges in Underprivileged Groups

Healthcare Access

Healthcare access for deprived communities is an ongoing challenge that was pronounced during the COVID-19 pandemic. For years, patients with inadequate resources that rely on Medicaid have struggled to access healthcare services. Evidence suggests that Medicaid dependents struggle to access primary care and specialty services. Those who manage to secure appointments have longer wait times, and healthcare providers allocate very little time to them. Although technology has provided alternative healthcare access channels such as telehealth, disadvantaged populations do not have digital devices and the internet to exploit these avenues. According to a report by Gallup, 45 percent of Americans report struggling to access healthcare and are either cost-insecure or cost-desperate. The study notes that Americans from underprivileged backgrounds report avoiding treatment and foregoing prescribed medication due to financial constraints [4].

Unfavorable Socio-Economic Conditions

According to a report by Adaptation Health, Acumen, and Centers for Healthcare Strategies (CHCS), social determinants of health drive 60 percent of health outcomes and are responsible for health inequality among vulnerable populations in the United States [2]. Low-income earners often face financial insecurity, which restricts their access to stable housing, nutritious food, and healthcare services. This limits their ability to access preventive care or manage chronic conditions. Lack of employment and poor job quality deny them access to health insurance, paid sick leaves, and retirement plans. This denies them access to regular healthcare. Low quality jobs also expose low-income populations to infections. For example, during COVID-19, low-income individuals in the service sector were more likely to contract

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the virus. People in low-income neighborhoods lack access to quality food and proper housing and are more vulnerable to environmental pollution. These conditions expose them to diseases. Lack of access to clean water and sanitation services is another social determinant for health that drives appalling health outcomes in low-income populations. Overreliance on public transport is another driver for poor healthcare outcomes in disadvantaged communities. Public transport can facilitate the transmission of airborne diseases such as COVID-19.

Solutions to Healthcare Challenges in Underprivileged Populations

Although healthcare challenges in underprivileged populations are intricate and difficult to address, various measures can be adopted to alleviate the impact of these challenges. Some of the strategies that have proved effective include

• Expansion of Medicaid

Shopping for insurance in the private market is increasingly becoming expensive, leaving low-income individuals without health coverage. One of the novel strategies for addressing healthcare access among underserved populations is expanding Medicaid programs. Though the process is complex, evidence suggests it can significantly increase healthcare access for disadvantaged populations. In January 2020, 35 states and the District of Columbia expanded their Medicaid programs. This resulted in adults between 18 and 64 years having more access to healthcare services than non-expansion states.

• Educating the Public about Multiple Healthcare Sites

One of the reasons for delayed appointments is the lack of public knowledge about alternative healthcare providers. The public only knows the popular care providers, causing long queues. Besides, because of high service demand, popular care providers discriminate against low-income patients as they prefer serving more financially stable patients who can pay more. Payers, government institutions, and civic groups can enhance healthcare access by educating the public about alternative healthcare providers. Less popular care providers tend to have short queues and are more likely to provide care at affordable rates.

• Invest in Mobile Clinics

Healthcare providers can contribute to addressing the challenges by investing in mobile clinics that visit rural areas or low-income neighborhoods. This can be beneficial to patients with movement problems. Healthcare providers can deploy mobile clinics built in vans or trailers. These clinics can have monthly scheduled visits to specific neighborhoods, providing testing and treatment to people in the communities.

• Provide Telehealth Services

Although some patients may not have the necessary technologies to access telehealth services, it is noble for providers to offer them. This allows patients with the necessary devices to access healthcare services conveniently and affordably. Besides, as the technology becomes widespread, low-income populations will start investing in relevant devices not as a luxury but as basic needs.

• Improve Cultural Responsiveness

Minority groups may avoid healthcare services even when they are offered for free due to fear of being mistreated or disrespected by care providers. It is paramount for healthcare providers to train their staff on cultural competency. Care providers should also be trained on crucial soft skills such as empathy and kindness. Providers in multilingual populations can enhance everyone's healthcare accessibility by leveraging translation services.

• Policy Reforms for Economic Support

Economic barriers to healthcare access can be lessened by governments assimilating policies that elevate the income of poor populations. Measures such as increasing the minimum wage, offering tax credits to low-income jobs, and expanding access to affordable housing can help address challenges that stem from unfavorable socio-economic conditions. Investments in community infrastructures such as clean water, safe recreational facilities, and healthier environments can also promote better health in underserved communities.

Conclusion

The COVID-19 pandemic unearthed healthcare challenges that low-income populations experience in the United States. Most low-income populations struggle to access healthcare services and are vulnerable to social conditions that undermine their healthcare outcomes. Mitigating healthcare challenges in underserved communities requires a concerted effort between the government, healthcare providers, and civic organizations. Governments can help address the challenges by expanding Medicaid, investing in social infrastructure in low-income neighborhoods, and passing policies that raise income in struggling communities. Healthcare providers can invest in mobile clinics, improve their staff's cultural responsiveness, and provide telehealth services. Civic organizations can contribute by educating the public about alternative healthcare providers within their cities or states.

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