The Impact of Inequality in Socioeconomic Status on Healthcare Services Utilization

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Abstract. In the contemporary world, the inequality in healthcare access and utilization has become a serious policy problem threatening numerous population's well-being. The rise in health inequalities due to socioeconomic status and the adverse consequences of these inequalities have important implications that warrant intensive research. This study delves into the significant effects of socioeconomic disparities on healthcare utilization. As the economic divide intensifies, there's an alarming inequality in healthcare access among different socioeconomic strata. Drawing upon extensive literature reviews, the impact of variables like income, education, and living conditions on healthcare access and consumption are analyzed. The ultimate goal is to understand how these inequalities lead to varied health outcomes and how policy interventions can bridge this gap, ensuring marginalized populations have better healthcare access. Specific ways include policy interventions, promoting health literacy, enhancing equity, and culturally competent care. This study would be beneficial to scholars and policy-makers to lead further policy change in the field of healthcare services.

Keywords: Health inequalities; health service utilization inequalities; socioeconomic status inequalities.

1. Introduction

The rise in health inequalities due to socioeconomic status and the adverse consequences of these inequalities have important implications that warrant intensive research. Recent statistics indicate a concerning disparity in healthcare access among various socioeconomic groups. For example, in the US, 12.5% of adults lacked health insurance in 2020 [1]. Recognizing the urgency of this situation, this paper endeavors to analyze factors that contribute to such disparities and their consequent outcomes. This paper examines the impact of inequality (particularly socioeconomic status) on healthcare resource utilization. By examining the various factors that influence access to and use of healthcare, this study also analyzes the factors that contribute to inequality, how these factors affect access to healthcare, and the subsequent outcomes for different groups.

2. Literature Review

This paragraph discusses several key factors that contribute to inequalities in health care utilization based on socioeconomic status. Including income disparity, education and health literacy, residential segregation

2.1. Income Disparities

Income level plays a paramount role in healthcare access. Low-income groups face constraints such as limited financial means, inadequate insurance, and high out-of-pocket costs, which limit their access to quality healthcare [2]. In contrast, affluent social classes, such as those in European countries, have access to more frequent health checkups [3].

2.2. Educational Attainment

Levels of education and health literacy largely influence an individual's ability to effectively utilize the healthcare system. Despite being educated, certain individuals grapple with health-related
information due to a lack of familiarity with medical jargon and physiological processes [4]. Inferior educational backgrounds can correspond to misunderstandings, culminating in medication errors and heightened hospital admissions [5].

2.3. Residential Segregation

The neighborhoods and regions where people live play a significant role in their healthcare experiences. Some communities, particularly those marginalized, often lack adequate healthcare facilities, or they might find transportation to these facilities challenging. More distressingly, misconceptions and prejudiced beliefs suggest that communities with more poverty face health disparities primarily due to inherent factors related to their race or background. However, it's crucial to understand and acknowledge the systematic challenges like racial discrimination and economic disparities that have historically contributed and exacerbated the healthcare crisis in such communities [6].

3. Impacts of Socioeconomic Inequality on Different Groups' Utilization of Medical Resources

3.1. Disparities in Access to Healthcare

Income and socio-economic status are undeniably linked to disparities in access to healthcare. From longer waiting times to limited availability of healthcare providers, and transportation challenges, low SES individuals face significant barriers when seeking medical care [7]. Furthermore, the perception of healthcare providers can impact the treatment and services provided to patients from marginalized backgrounds. While some low SES individuals don't perceive these barriers, a majority report limited healthcare access due to their socio-economic status, often leading to delayed treatments and worsening conditions. This further exacerbates their health and well-being, as delay in seeking medical care can result in increased medical expenses in the long run.

3.2. Patterns of Utilization

The root cause of health inequities is power and resources (including goods, services and social concerns) Higher socio-economic status tends to give them more access to health check-ups, vaccinations and other health activities, while for those of lower economic status, due to their constraints or living conditions, they prefer not to have check-ups so that they can save money, which leads to a serious under-allocation of health resources [8].

3.3. Health Outcomes

Inequalities in access to and utilization of health resources contribute to differences in health outcomes. Disadvantaged groups are likely to have a higher prevalence of chronic diseases, poorer overall health and higher mortality rates than groups with higher socio-economic status. According to a 2016 survey, it was found that even after controlling for known risk factors, residents of poorer counties had higher rates of adverse health outcomes than wealthier counties. In addition, as the county's economy improves, the incidence of adverse health outcomes declines [9].

3.4. Influence of Cultural and Social Norms

Beyond financial barriers and physical access, cultural and social norms play a significant role in healthcare utilization. Traditional beliefs, stigma, and mistrust of medical professionals can deter certain groups from accessing healthcare services. Studies from regions with high indigenous populations, for instance, indicate that a lack of cultural sensitivity in mainstream healthcare can discourage these communities from seeking treatment [10].
4. Ways to Reduce Disparities and Improve Access to and Utilization of Healthcare Services

4.1. Policy Interventions

Governments worldwide recognize the disparities in healthcare as a significant barrier to social equity. Therefore, it’s imperative to introduce policies addressing these inequalities. Expanding insurance coverage, especially for marginalized groups, can be a first crucial step. For instance, the Affordable Care Act in the U.S. aimed to provide more citizens with health insurance, making healthcare more accessible [11]. Moreover, the introduction of subsidies or sliding scale fees can make treatments more affordable. Countries like Australia have successfully implemented means-tested schemes to provide higher rebates to those with lower incomes [12]. Such initiatives ensure that healthcare doesn't remain a privilege but becomes a right.

4.2. Promoting Health Literacy

Education remains the cornerstone of any initiative aimed at improving public health outcomes. With the increasing complexity of medical treatments and the overwhelming amount of health information available, there’s an urgent need to ensure individuals can discern, interpret, and use this information. Sweden, for instance, has introduced nationwide programs that educate its citizens, ensuring they can make informed health decisions [13]. Furthermore, healthcare professionals need to be trained in effective communication strategies to bridge the gap between medical jargon and layman understanding. The World Health Organization has emphasized the importance of such training in improving patient outcomes [14].

4.3. Enhancing Equity

The overarching goal should be the establishment of an equitable society where every individual, regardless of their socio-economic standing, can access and benefit from healthcare services. Addressing income inequality through progressive tax systems can redistribute wealth and resources more equitably. Countries like Denmark and Finland, with their progressive taxation, have demonstrated better overall health outcomes for their citizens [15]. Additionally, urban planning and infrastructure development aimed at de-segregating residential areas can lead to more evenly distributed healthcare resources. Such initiatives in cities like Toronto have led to improved health infrastructure in previously marginalized communities [16].

4.4. Culturally Competent Care

To address the cultural and social barriers in healthcare, there is an increasing emphasis on culturally competent care. This involves training healthcare professionals to understand and respect diverse cultural beliefs and practices. By integrating traditional and modern medical practices, healthcare systems can ensure more inclusive and accessible care for all. Countries such as New Zealand have successfully integrated traditional Maori healing practices into mainstream healthcare to cater to the indigenous population [17].

5. Conclusion

The intricacies of healthcare disparities, driven by the widening chasm of socioeconomic differences, are multifaceted and deeply entrenched in historical, political, and economic systems. This research underscores the profound effects of these disparities on healthcare utilization, revealing a grim reality where health, a fundamental human right, is often determined by one's socio-economic standing. This inequity not only jeopardizes individual well-being but weakens the very fabric of our societies, as the health of a nation is intrinsically tied to the health of its citizens. However, the silver lining remains in our collective ability to address and rectify these disparities. An integrated approach, combining policy reform, educational initiatives, and a concerted effort to enhance socio-economic
equity, can potentially bridge this gap. But it requires a unified, global effort. By democratizing healthcare access and ensuring that every individual, regardless of socio-economic background, receives quality care, we are not just uplifting the marginalized but fortifying the future of our global community. The call to action is clear: for a healthier, more equitable future, we should begin by addressing the socio-economic disparities in healthcare head-on.

References