

Barriers to Health Equity in a Modern World

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The environment where people live, learn, work, and play, can all influence health outcomes. These factors are what medical professionals refer to as the social determinants of health (SDOH): the non-medical set of forces and systems that shape the conditions of our daily lives, and our overall health and wellbeing.

Access to quality healthcare services and primary care are all affected by these factors, and while cancer and chronic illnesses do not discriminate, unfortunately, access to screening and effective treatment for these conditions is not equally available to all.

We want to live in a world where people are able to easily access screenings and take steps towards stopping the progression of chronic disease and stopping cancer in its tracks - this should not depend on which 'side of the tracks' a person lives on, nor the size of their home, or their level of education.

In this article, we will explore why, as of 2015, only 8 percent of adults aged 35 years and over received all of the recommended high priority appropriate clinical preventive services (which include important cancer screenings and vaccinations) and propose solutions to what steps we can take toward a more equal healthcare system;² one that creates access to healthcare for all.

OBSTACLES TO RECEIVING HEALTHCARE

According to Healthy People 2030; an organization dedicated to improving health and wellbeing across the United States, about 1 in 10 people in the U.S. don't have health insurance - this means they are less likely to have a primary care provider and may not be able to afford the healthcare and medications they need.¹

In addition to lack of coverage, sixty-five million Americans currently live in what is officially referred to as 'primary care shortage areas'; an area experiencing a shortage in healthcare services, these include primary, dental, or mental health providers. This literal obstacle is one that many people across the United States experience in regards to accessing healthcare.

Reports note that there are significant differences in health care access between both rural and urban areas. One study from The Royal Society for Public Health found that there was a reluctance to seek health care in rural areas; this was based on cultural and financial constraints and often worsened by a scarcity of services, a lack of trained physicians, insufficient public transport, and poor availability of broadband internet services³. Rural residents were also found to have poorer health, with rural areas finding it difficult to attract and retain physicians and maintain health services on par with their urban counterparts⁴.

THE CONSEQUENCES OF LACK OF ACCESS

Patients living in rural communities are more likely to skip routine cancer screenings and preventive care as a result of their location and other noteworthy SDOH. One study, released by JAMA, found that patients living in the areas with the highest ADI scores; a scale that reflects an area's level of socioeconomic deprivation, were about half as likely to receive recommended cancer screenings.⁵

Poor health due to late cancer diagnosis or untreated chronic illness can lead to significant loss of income as well as a reduction in quality of life. This coupled with limited access to care can have wide-reaching negative social and economic consequences, as well as a significant emotional impact on the patient and those who are close to them.

MEETING PEOPLE WHERE THEY ARE

So how can employers and health plans improve access in order to achieve health equity, no matter the demographic?

We must meet people where they are with preventative services and identify and treat people who have risk factors before a clinical illness develops; such as hypertension or colorectal cancer.⁷

Utilizing an entirely digital solution can remove barriers related to the SDOH from the equation, this means:

- The same quality services, for the same price, are made available to people around the United States

Additionally, an inability to receive preventive services adds up for employers, with recent statistics estimating that poor worker health costs amount to 60 cents for every dollar employers spend on healthcare benefits.⁶

While some see negative SDOH to be an insurmountable barrier to receipt of appropriate care in the short term, LetsGetChecked wants to challenge this - to provide screening to those located in urban and remote areas, to provide information and support to all those who do at-home screening.

- The need for transportation to and from appointments is eliminated with preventive services available from home
- The burden for health plans and employers will be removed with proactive telehealth services that follow up with patients to discuss screening results and consult on the next steps

Closing gaps in care continues to be a top priority for our health plan clients.

How do they ensure members, especially those with chronic conditions, adhere to their care regimen with the home as the new care setting?

Do they have the correct tools and information to take control of their own health outcomes?

Many do not and at-home solutions help to solve for that challenge. The “digital divide” is the latest social determinant of health impacting members’ ability to access care. At-home diagnostic kits, blood oximeters and digital thermometers are all tools that can begin bridging that divide.



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Moreover, increasing access doesn’t mean an increase in cost. LetsGetChecked’s physicians evaluate every order for a test to ensure that it’s beneficial to the patient’s health and we work with employers and health plans to determine what screening programs make sense. Plus, being proactive and treating any diseases early saves money and can prevent serious illness in the long-term.

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