

## Social inequities and their influence on access to healthcare.

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### Introduction

Social inequities are disparities that arise from the unequal distribution of resources, opportunities, and privileges among different groups in society. These inequities play a significant role in shaping various aspects of life, including access to healthcare. Factors such as socioeconomic status, race, ethnicity, gender, disability, and geography contribute to significant differences in how individuals experience healthcare. These disparities often result in unequal health outcomes, with disadvantaged groups suffering disproportionately from poor health [1].

Socioeconomic status (SES) is one of the most significant determinants of access to healthcare. People with higher income and education levels are more likely to have access to quality healthcare services, as they can afford insurance, transportation, and other healthcare-related costs. Conversely, individuals from lower SES backgrounds face financial barriers that hinder their ability to access necessary medical care. For example, without adequate insurance, low-income individuals may not be able to afford doctor visits, medications, or hospital treatments. This leads to delays in seeking care, often resulting in worsened health outcomes and increased healthcare costs in the long run [2].

In addition to financial barriers, those with lower SES may face structural obstacles such as living in healthcare deserts, where medical facilities are scarce or far away. These geographic disparities further limit access to essential services. Without proximity to healthcare providers, individuals may miss regular check-ups or fail to receive preventive care, which can lead to undiagnosed conditions and exacerbated health problems [3].

Racial and ethnic minorities experience significant disparities in healthcare access. In many societies, people from historically marginalized communities—such as African Americans, Latinos, Indigenous peoples, and others—often face discrimination, whether overt or systemic, within healthcare systems. Studies have shown that racial and ethnic minorities are less likely to receive timely medical care, even when they have comparable health insurance coverage and healthcare needs [4].

This phenomenon is driven by multiple factors, including implicit bias among healthcare providers, cultural barriers, language differences, and a lack of representation in the healthcare workforce. Furthermore, individuals from these

communities may be less likely to seek medical care due to past negative experiences with healthcare institutions or fear of mistreatment. Consequently, they may avoid seeking care until their health conditions become severe, contributing to worsened health outcomes and exacerbating health inequities [5].

Gender-based social inequities also influence access to healthcare. Women, particularly those in lower-income or marginalized communities, often encounter unique barriers to healthcare. These may include limited access to reproductive health services, gender bias in medical research and diagnosis, and societal expectations that restrict their ability to seek care. For example, women may experience challenges in accessing maternal care or family planning services due to cultural stigmas, lack of insurance, or the unavailability of specialized healthcare providers in their region [6].

Additionally, healthcare systems may fail to adequately address the specific health needs of women, especially those from lower-income communities. For instance, heart disease symptoms in women are often misdiagnosed or overlooked because they differ from the stereotypical symptoms associated with male patients. This gender bias in diagnosis and treatment further exacerbates health inequities. Individuals with disabilities face significant challenges in accessing healthcare. These challenges stem from physical, environmental, and attitudinal barriers. Many healthcare facilities are not designed to accommodate individuals with mobility impairments, which can limit their ability to access services. Furthermore, people with disabilities may face difficulties in communicating with healthcare providers, particularly if they require specialized accommodations such as sign language interpreters or assistive technologies [7].

In addition to physical barriers, individuals with disabilities often encounter discriminatory attitudes within healthcare systems. Healthcare providers may harbor misconceptions about the quality of life of people with disabilities, leading to lower expectations for their care and treatment. These biases can result in insufficient or inappropriate healthcare, further marginalizing these individuals and limiting their access to necessary medical services. Geographic location plays a critical role in determining access to healthcare. People living in rural or remote areas are particularly vulnerable to healthcare inequities. Rural communities often face shortages of healthcare providers and facilities, making it difficult for residents to receive timely medical care. Additionally, long

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travel distances to healthcare providers can be a significant barrier, especially for individuals without access to reliable transportation [8].

In many rural areas, healthcare systems are underfunded, which can result in lower-quality care or a lack of essential medical services. In contrast, urban areas typically have better access to specialized medical care, advanced technologies, and a higher concentration of healthcare professionals. As a result, individuals in rural areas are more likely to experience health disparities, including higher rates of chronic diseases and lower life expectancy. To mitigate the influence of social inequities on healthcare access, a multi-faceted approach is necessary. First, healthcare systems must address the root causes of disparities by promoting health equity and inclusion. This involves providing culturally competent care, increasing diversity within the healthcare workforce, and ensuring that all individuals, regardless of their background, have access to quality care [9].

Policies that expand healthcare coverage, such as universal health insurance, can also reduce financial barriers for underserved populations. Additionally, targeted interventions are needed to address specific needs, such as improving maternal care for women, providing better access to mental health services for marginalized communities, and enhancing healthcare infrastructure in rural areas. Lastly, improving education and public awareness about health disparities is essential to create more equitable healthcare systems. By acknowledging and addressing the impact of social inequities on healthcare access, society can work toward achieving better health outcomes for all individuals, regardless of their socioeconomic status, race, ethnicity, gender, or disability [10].

## Conclusion

Social inequities are a significant driver of disparities

in healthcare access, with far-reaching implications for individuals and communities. Addressing these inequities requires a comprehensive approach that tackles both the structural and systemic barriers that prevent marginalized populations from accessing the care they need. By improving healthcare access for all, we can foster a healthier, more equitable society where everyone has the opportunity to thrive.

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