Social Justice Project, Part 1

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The United States spends more on healthcare than any other developed nation but still has the lowest health outcomes. Lack of access to universal healthcare service and health insurance; vulnerable populations with low income that lives in rural areas do not have access to care and no healthcare insurance. Most of this population depend on social services from the government. Lack of access to care does not allow preventive care to be provided, which contributes to higher infant mortality and maternal mortality rate. Patients are not able to see the doctor for routine checkups. The patient only seeks care when their health deteriorates, and in most cases, with no access to community health care center. The aging population is playing a role due to technology and advancement in medicine, people are living longer. “Many factors drive healthcare spending: administrative complexity, the aging of population, the practice of “defensive medicine” under threat of malpractice litigation, burden of chronic disease, healthcare supply and utilization rate, access to care, resource allocation, and the use of technological advanced equipment and procedures (Squires, p. 11)

The U.S spends more money on healthcare but has the worse outcome; “This is a troubling statistic at just how poor American health is compared to other countries that have similar economic status,” (Squires ,2011) Access to care and universal health care and community center in rural areas will improve access to care, thereby reducing the mortality rate. This preventive death can be avoided through access to care.

**Equity**

Health equity is achieved when every person has the opportunity to “attain his or her full health

Potential, disparities in health have been well documented in the United States and regrettably, remain prevalent despite evidence and appeals for their elimination. Most, racial and ethnic minorities continue to have poorer health status and health outcomes for most chronic conditions including diabetes, cardiovascular disease, cancer, and end-stage renal disease.

Many factors, such as affordability, access, and diversity in the healthcare system, influence care and outcomes, creating challenges that make the task of eliminating health disparities and achieving health equity daunting and elusive.

**Access**

Lack of accessibility to healthcare has made it a daunting task for minorities and vulnerable population to access care at the time it is needed. Most low-income earners live in the suburbs with no access to care to transportation or no access to community healthcare. Majority of this population depends on federally funded program such as healthcare and social services for their healthcare expenses. Citizens must apply for these services based on their income s to know if they qualify. Lack of health insurance coverage is sone of the reasons why minorities and low-income earners do not seek healthcare services, such as routine healthcare checkup until their conditions deteriorates.

**Affordability and/or Social Justice**

Affordability of care includes consideration of out-of-pocket expenses, insurance deductibles, and indirect costs such as time off work and transportation. Health insurance status is an important factor to consider but does not alleviate financial pressures experienced by some populations and does not fully explain disparities in access to care. Most low-income earners cannot afford to pay out of pocket expenses, even when they have access to healthcare; it becomes an issue of what is a priority, do we need a checkup , or put food on the table for the family. The social services become a lifeline for this population to be able to care for their loved ones. Lack of adequate income and access to social services resources due to many competing entities for care can make a person vulnerable.

**Affected Population**

The affected populations are minorities of low-income earners; male and females, children, the elderly, migrant population, LGBQ. The IOM report `Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care' found continued variation by race in prevalence and burden of a range of illnesses, as well as differences in healthcare services.(Williams et al. 2016) Race and income aren’t the only two determinants that can make a population vulnerable. A person’s age, gender identity, education level and many other factors can greatly affect their success. Social workers must be well-attuned to the specific problems faced by vulnerable populations, who comprise most of their clientele.

**Summary of Legislation**

Legislation were put in place to address inequality, National policies have been implemented in phases throughout the last two decades to reduce and eliminate health disparities, and more recently, attain the highest level of care among all population groups across America

**Affordable care Act**

Th Affordable Care Act was (ACA) of 2010 was passed into law by the US Congress and was signed into law by the President. It was a major policy change with possible influence on health disparities in the United States. There are several provisions in the Act aim to increase access to care and make health coverage more affordable to all citizens. Increases the numbers of US citizens eligible for Medicaid, tax credit to low income Americans that are working and cannot afford health insurance.

**Managed Care**

Managed care plans are health insurance plans with the goal of managing two major aspects of healthcare: cost and quality. With these plans, the insurer signs become the gateway, creating chaos and at the same time avoiding coverage of preexisting condition.

**HIPAA**

 Health Insurance Portability and Accountability Act was enacted on August 21,1996; The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information that applies to health plans. .

**Consumer Challenge**

The manage care plan health insurance at the time of its inception; its main goal was to cut cost, limiting access to care, or unwarranted visit. It was not beneficial to the sick that needed the services the most; as insurance company tried to minimize cost. The affordable care act was beneficial to the citizens as every Americans were mandated to have health insurance; millions of Americans especially vulnerable populations and young adults has access to care; regardless of the benefit , there are lawsuits ongoing trying to overturn this legislation. HIPAA is a legislative in place to protect patient privacy; unfortunately, most of this information are being use intentionally or unintentionally against the patient choice.

# **Conclusion**

In conclusion, accessibility to care and equity is a Health insurance status is an important factor to consider but does not alleviate financial pressures experienced by some populations and does not fully explain disparities in access to care. basic right of every citizen regardless of race, sexual orientation, or social economic status.

# References

 D. A. Squires, The U.S. Health System in Perspective: A Comparison of Twelve Industrialized Nations, The Commonwealth Fund, July 2011. Retrieved from <https://www.commonwealth.org/media/files/publications/issues>

 Williams, J. S., Walker, R. J., & Egede, L. E. (2016). Achieving Equity in an Evolving Healthcare System: Opportunities and Challenges. The American journal of the medical sciences, 351(1), 33–43. <https://doi.org/10.1016/j.amjms.2015.10.012> Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4724388/>