U.S. Health Care Disparities Among Low-Income Populations
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Abstract

The purpose of this study is to examine the correlation between health care access and affordability in the United States among lower-income populations. The national health survey of 2017-2020 was used to investigate the incidence of adverse health problems in relation to disadvantaged populations, largely due to lack of financial resources. As a result, these populations do not have access to basic health services and mental health resources that causes a definite divide in health outcomes. Research has shown that 7.5% of adults aged 26 or older living below the poverty line had some form of serious mental illness compared to 3.1% of those earning a higher income. The most glaring research depicts an extremely low insurance rate that has impacted more than 30 million individuals. This study conclusively evaluates the correlation between low-income populations and adverse health outcomes as a result of increased social needs and lack of health care insurance.

Methods and Materials

This study was conducted using a mixed methods approach consisting of surveys and secondary data analysis from previous studies. Surveys:
- 2021 Current Population Survey Annual Social and Economic Supplements conducted by the U.S. Census Bureau 2018-2021 American Community Survey conducted by the U.S. Census Bureau
- National Health Interview Survey conducted by the Centers for Disease Control and Prevention
- National Survey of Drug Use and Health Survey conducted by the Substance Abuse and Mental Health Services Administration

Secondary Data Analysis:
- 2020 Federal Poverty Guidelines established by the U.S. Department of Health and Human Services

Table 2: MEDIADIC INCOME ELIGIBILITY LIMITS BASED ON IMPLEMENTATION OF MEDICAID EXPANSION AS OF JANUARY 2021

<table>
<thead>
<tr>
<th>Income Category</th>
<th>Limit 1</th>
<th>Limit 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansion States</td>
<td>Non-Expansion States</td>
<td></td>
</tr>
<tr>
<td>OTHER ADULTS</td>
<td>138%</td>
<td>138%</td>
</tr>
<tr>
<td>PARENTS</td>
<td>138%</td>
<td>138%</td>
</tr>
<tr>
<td>PREGNANT WOMEN</td>
<td>138%</td>
<td>138%</td>
</tr>
<tr>
<td>CHILDREN</td>
<td>138%</td>
<td>138%</td>
</tr>
</tbody>
</table>

Data adapted from national health survey and Georgetown University Center for Children and Families, 2021

Table 3: Health Care Use by Income

<table>
<thead>
<tr>
<th>Income Category</th>
<th>Use of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;200% FPL</td>
<td>200%-400% FPL</td>
</tr>
<tr>
<td>No usual source of care</td>
<td>Delayed getting care</td>
</tr>
</tbody>
</table>

Results

Low-income populations are more likely to lack health insurance
- 30 million U.S. residents lacked health insurance in 2020
- Individuals without health insurance rose by 14% (4.6 million) from 2016 to 2020
- Uninsured rate has remained twice as high in non-expansion states compared to expansion states in 2019

Low-income populations access less health care services
- Individuals aged 18-64 and had a family income below 200% of the poverty level were more likely than those who had higher family income to delay seeking or not to receive needed medical care because of cost
- 28.6% of adults who were living under the poverty level had one or more ED visits compared with 13.5% of adults who were at 400% of the poverty level

Low-Income Individuals have an increased risk of poor mental health
- 7.5% of adults aged 26 or older living below the poverty line had some form of serious mental illness compared to 3.1% of those above the poverty level
- Children covered by the Medicaid program are shown to be half as likely to receive mental health treatment than privately insured children

Discussion

Most low-income individuals opt for public insurance such as Medicaid, which is covered through The Patient Protection and Affordable Care Act (ACA) and Children’s Health Insurance Program (CHIP).
- While many qualify for government programs such as Medicaid, the eligibility is not linear. Medicaid is state-dependent, even individuals whose income lies below the poverty level may not qualify due to their state’s current rules.
- Increasing Medicaid reimbursement for specialty care could encourage more specialists to accept Medicaid patients.
- Most low-income individuals do not have access to reliable transportation or may not be able to have approved time from work, increasing the barriers to health care services.
- Practices such as expanding office hours and digital appointments could help to reduce barriers in accessibility for low-income populations.
- Increased hospital incentives and government resource expansion could reduce the health disparities faced among low-income populations.

Conclusions

Low-income individuals have consistently showed lower rates of health care access and affordability throughout the United States. Those who are lower-income are at an increased risk of adverse health effects as a result of lack of primary and preventative care, mental health resources, and financial stability and access to reliable health insurance. Health insurance in the United States is arguably one of the most dominant factors regarding access and affordability of even basic health needs that could lead to devastatingly preventable outcomes. As a result, many low-income individuals use public insurance if eligibility under The Patient Protection and Affordable Care Act such as Medicaid and Children’s Health Insurance Program. A mixed methods research approach of surveys and secondary data analysis confirmed the health disparities faced by low-income populations. With increased health care facilities incentives and government practices could reduce the disparities and lead to an equal expansion of health services.

References