



# Perceived Healthcare Barriers by Financial Status



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## Introduction

Access barriers to adequate and cost-effective care affect 1 in 6 U.S. adults (National Institutes of Health, 2016). These restraints have proven to leave lasting consequences in the U.S.--the rates of premature death are up to 29% higher in the uninsured.

Accessibility is dependent on the cost of healthcare. For poorer Americans, insurance is crucial to provide access. The type of insurance a person has influences their decision on where to seek services and their overall utilization of healthcare. Their choice to use or acquire a service can also be influenced by price sensitivity, leading to different patterns of utilization.

Studies on access and utilization have not sufficiently explored when people may decide there is a cost barrier at different levels of financial strain, so this project seeks to find an answer: How is healthcare blocked from the lens of different financial situations?

Reference	F-Value	P-Value
Gender	12.7	<0.001
Household Count	5.1	<0.001
Living Status	21.5	<0.001
Insurance Status	6	<0.001
PCP Status*	5.1	0.002
Sought Care, Untreated*	4.1	0.007
Cost Barrier*	3.7	0.012
Not convenient*	2.4	0.069
No Transportation*	4.9	0.002
Distance	0.986	0.4
Closed Office	0.236	0.871
Too Long of a Wait, Appt.	1.2	0.308
Too Long of a Wait, Onsite	0.423	0.737

## Discussion

### Blue Section: Demographics

- The data in this section is significant, but it was anticipated.
- It doesn't necessarily infer anything related to the study, but there is a correlation.

### Red Section: Spending Data

- Each of the categories reported significant values (or close). This suggests that specific individuals could not obtain health care because of their financial status.
- It does not mean Group 1 struggled the most (they likely have more government support). It does mean that where someone falls on a poverty line calculation can predict how easily they will be able to obtain care.
- This clearly illustrates a specific issue that needs to be solved, as there is a discrepancy in care due to financial status.

### Green Section: Transportation/Distance

- Access to transportation and distance traveling are two very closely linked statistics. However, the study highlights a very important discrepancy.
- The data proposes that the asymmetry in the transportation category is not related to distance, and therefore, is likely linked to affordability of transportation. This is consistent with the findings from the red portion and confirms the original discussion.

### Purple Section: Office Closures/Wait Times

- The data confirms that the offices did not have vastly different availability through the 4 groups.
- This reinforces the idea that it doesn't necessarily matter how "accessible" the offices are. It will always be a problem we face and, as proved, it is universally faced to the same degree.
- The services must be utilizable to everyone to cause change, as this is what is causing the difference in healthcare across socioeconomic statuses.
- These utilization barriers are explored through the data that is statistically significant, as stated previously in the red and green sections.

## Conclusion

### Overview

- Navigating the numerous barriers and their solutions is a multifaceted process.
- It is important to first distinguish the subdivisions within both accessibility and utilization to truly understand the barrier before the problem can be solved

### Significance of Findings

- Among the surveyed group, the most evident differences throughout the 4 groups lie within cost and transportation. However, it can be argued that transportation is a subcategory of cost.
- This challenges the subjectivity of financial strain--some people may choose to report cost as a barrier even though they could have afforded it with some level of financial burden.

### Further Analysis

- Access to transportation arguably portrays financial status more accurately than cost itself because, for example, someone who has (and can afford) a car would have transportation. Yet, someone who has a car could still select cost as a barrier because it is too much of a setback for them. Thus, this analysis further backs the findings.

### Concluding Remarks

- The cost barrier was proven to not be subjective in terms of financial strain.
- The study suggests that people with limited financial resources may delay or forego medical care due to concerns about the financial burden.

## Methods

### Data Collection: n=296

- Demographics via REDCap survey
- FCCHL--assess healthcare access

### Analysis

- SPSS software for data
- Group comparisons--relationships

### Criterion Validity

- ANOVA --validity of FCCHL data

## Results

- The demographics differed greatly
- Living status displayed the most significant difference across the groups.
- Cost and transportation were the only statistically significant barriers in relation to the poverty line.
- Transportation was a significant barrier, but distance was consistent.
- A closed office or a long wait were not more prevalent in any group than another.

## References

