

Building Barriers or Bridges? How Health and Public Policy Modulate Access to Care

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Days after moving to St. Louis, I was shocked to see a 20-year difference in life expectancy between neighborhoods just a few miles apart, correlating with drastically different racial and socioeconomic profiles. I have since learned that disparities in health outcomes, including cancer outcomes, exist by race, ethnicity, socioeconomic status, neighborhood, and many other factors, and that these disparities are ubiquitous. Differences in outcomes can be boiled down to discriminatory policies and practices that, downstream, lead to adverse living conditions and unmet social needs, which can impact health directly (eg, pollution), impair healthy behaviors (eg, food deserts), and inhibit access to health care (eg, limited health literacy, time, financial resources).

Without addressing the root of the problem — upstream discriminatory policies and practices — even the most valiant efforts within our institutions and with our community partners will have a blunted impact. We need to fight discriminatory policy with rectifying policy. Unfortunately, we will unlikely be able to fix in one fell swoop all the injustices that have accumulated over centuries, but we can move the needle.

Intelligent health policies that disrupt financial barriers, such as expanding Medicaid eligibility to more low-income adults, limiting insurance plans that offer subpar consumer protections, and other efforts that minimize cost-sharing, have been increasingly shown to improve health care access and even improve survival.¹ However, some patients face high costs that can disincentivize needed care, others face restrictive coverage that can delay or limit needed care, and some lack consistent coverage.² These represent important

issues where advocacy and policy solutions are needed.

Similarly, public policies that more directly address unmet social needs with financial resources (eg, federal and state assistance programs such as food stamps, paid leave, tax credits) are also increasingly linked with improved health care access and survival.³ In addition to optimizing policies that offer immediate aid to individuals facing unmet social needs, efforts to modulate upstream factors that promote upward mobility, such as expanding access to education and improving neighborhood safety and health, will be crucial.

Our patients facing socioeconomic disadvantages need help to overcome barriers to access through policies that impact the social determinants of health. Despite the chaos and tension in the US political system, I hope that we can move the needle to improve health. As physicians — and stewards of health — I feel it is our responsibility to advocate and vote for policies that break down barriers to care and, perhaps, take a seat at the table to shape such policies.



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