

Can We Realize a Real State of Medical Equity?

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Achieving a real state of medical equity remains a challenging and complex goal within the healthcare system. Despite efforts to address disparities in healthcare access, treatment, and outcomes, significant barriers persist for marginalized communities. Structural inequalities rooted in race, socioeconomic status, geography, and education play a critical role in perpetuating inequities in healthcare delivery. To realize true medical equity, it is imperative to address these underlying factors through innovative policies and initiatives that prioritize equitable resource allocation, culturally competent care practices, and community engagement. Collaborative efforts between policymakers, healthcare providers, researchers, and community leaders are essential to reshaping our current healthcare system and ensuring that all individuals have equal opportunities to receive high-quality, person-centered care regardless of their background or circumstances. By working together towards the common goal of achieving medical equity, we can create a more just and inclusive healthcare system for everyone.

Keywords: Medical Care; Equity; Disparities; Collaboration; Outcomes

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MEDICAL equity encompasses the fair and even allocation of resources, availability of healthcare services, and health results for every individual, irrespective of their race, socioeconomic class, or geographical location. Despite attempts to tackle discrepancies in healthcare, attaining true medical equity continues to be a formidable problem.

An important obstacle to achieving medical equity is the inequitable allocation of resources (1). There is a scarcity of

healthcare facilities and practitioners in numerous communities, which hinders individuals from obtaining timely and high-quality care. This is especially accurate in rural and economically disadvantaged regions where there is a lack of hospitals and clinics. Consequently, residents in rural settlements are more prone to encountering adverse health consequences and having shorter lifespans in comparison to persons residing in urban regions. Some programs such as National Health Service Corps (NHSC) contributed a lot to reaching some level of equity

(2), whereas they could not solve the underlying problems thoroughly.

Another obstacle to attaining medical equity is the exorbitant expense of healthcare (3). A significant number of persons lack the financial means to cover essential medical treatments or preventive care, resulting in inequalities in the availability of healthcare services. This poses a significant challenge for persons lacking health insurance, since they may completely refrain from obtaining medical attention owing to the financial strain it entails. Consequently, individuals have a higher probability of developing long-term health issues that may have been avoided or controlled via timely care.

Moreover, the presence of systemic racism and prejudice greatly contributes to the ongoing existence of healthcare disparities (4). Research has indicated that Black, Indigenous, and People of Color (BIPOC) communities experience a higher incidence of chronic health disorders, including diabetes, hypertension, and obesity, compared to other populations (5). This is partially attributed to issues such as limited availability of nutritious food, inadequate housing conditions, and substandard education, all of which are social determinants of health that can influence an individual's overall well-being.

Furthermore, the presence of language obstacles and cultural disparities can impede underprivileged communities from accessing healthcare (6). Several healthcare personnel may lack the cultural proficiency or linguistic abilities required to effectively interact with patients from various cultural backgrounds. These individuals may experience misunderstandings, misdiagnoses, and ultimately, worse health consequences.

In order to achieve true medical equity, it is crucial to tackle these obstacles by implementing policy reforms, allocating more funds for healthcare infrastructure in neglected regions, and enhancing cultural competence training for healthcare pro-

fessionals. Over the past few years, the implementation of policies like the Affordable Care Act and Medicaid expansion has significantly increased healthcare accessibility for millions of Americans, especially those in poverty (7, 8). Nevertheless, additional measures can be taken to guarantee that every individual has equitable access to healthcare, irrespective of their income or insurance status.

Moreover, it is imperative to make endeavors in tackling socioeconomic determinants of health, such as ensuring the availability of cheap housing, facilitating access to nutritious food, and providing high-quality education (9). These efforts play a vital role in boosting general well-being and diminishing inequities in healthcare. Through allocating resources to these specific domains, we can contribute to the establishment of more salubrious societies and alleviate the prevalence of chronic illnesses that disproportionately impact vulnerable demographics (10, 11).

Medical equity can be effectively promoted by providing cultural competence training to healthcare providers (12). By equipping healthcare workers with the necessary information, expertise, and resources to successfully interact with patients from various cultural backgrounds, we can address the gaps in healthcare and enhance health outcomes for all persons.

Therefore, attaining true medical equity necessitates a comprehensive strategy that tackles the fundamental obstacles to accessing and receiving high-quality healthcare. To achieve a healthcare system that is just and impartial for all individuals, we can allocate resources to enhance healthcare infrastructure, tackle social factors that influence health outcomes, and foster cultural proficiency among healthcare personnel. Although there are still remaining tasks, by collaboration, we can establish a healthcare system that is fair and impartial for everyone. ■

References

1. Williams JS, Walker RJ, Egede LE. Achieving equity in an evolving healthcare system: Opportunities and challenges. *Am J Med Sci* 2016; 351(1):33-43. DOI: <https://doi.org/10.1016/j.amjms.2015.10.012>
2. Billings AN, Jabbarpour Y, Westfall J. The National Health Service Corps at 50 Years. *Am Fam Physician* 2022; 105(2):129-130.
3. Galvani AP, Parpia AS, Foster EM, Singer BH, Fitzpatrick MC. Improving the prognosis of health care in the USA. *Lancet* 2020; 395(10223):524-533. DOI: [https://doi.org/10.1016/S0140-6736\(19\)33019-3](https://doi.org/10.1016/S0140-6736(19)33019-3)
4. Williams DR, Rucker TD. Understanding and addressing racial disparities in health care. *Health Care Financ Rev* 2000; 21(4):75-90.
5. Macias-Konstantopoulos WL, Collins KA, Diaz R, Duber HC, Edwards CD, Hsu AP, Ranney ML, Riviello RJ, Wettstein ZS, Sachs CJ. Race, healthcare, and health disparities: A critical review and recommendations for advancing health equity. *West J Emerg Med* 2023; 24(5):906-918. DOI: <https://doi.org/10.5811/westjem.58408>
6. Al Shamsi H, Almutairi AG, Al Mashrafi S, Al Kalbani T. Implications of language barriers for healthcare: A systematic review. *Oman Med J* 2020; 35(2):e122. DOI: <https://doi.org/10.5001/omj.2020.40>
7. Lyon SM, Douglas IS, Cooke CR. Medicaid expansion under the Affordable Care Act. Implications for insurance-related disparities in pulmonary, critical care, and sleep. *Ann Am Thorac Soc* 2014; 11(4):661-667. DOI: <https://doi.org/10.1513/AnnalsATS.201402-072PS>
8. Kominski GF, Nonzee NJ, Sorensen A. The Affordable Care Act's impacts on access to insurance and health care for low-income populations. *Annu Rev Public Health* 2017; 38:489-505. DOI:

<https://doi.org/10.1146/annurev-publhealth-031816-044555>

9. Azétsop J, Joy TR. Access to nutritious food, socio-economic individualism and public health ethics in the USA: A common good approach. *Philos Ethics Humanit Med* 2013; 8:16. DOI: <https://doi.org/10.1186/1747-5341-8-16>
10. Shadmi E. Disparities in multiple chronic conditions within populations. *J Comorb* 2013; 3(Spec Issue):45-50. DOI: <https://doi.org/10.15256/joc.2013.3.24>
11. Nguyen KH, Fields JD, Cemballi AG, Desai R, Gopalan A, Cruz T, Shah A, Akom A, Brown W 3rd, Sarkar U, Lyles CR. The role of community-based organizations in improving chronic care for safety-net populations. *J Am Board Fam Med* 2021; 34(4):698-708. DOI: <https://doi.org/10.3122/jabfm.2021.04.200591>
12. McGregor B, Belton A, Henry TL, Wrenn G, Holden KB. Improving behavioral health equity through cultural competence training of health care providers. *Ethn Dis* 2019; 29(Suppl 2):359-364. DOI: <https://doi.org/10.18865/ed.29.S2.359>

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