

# The Right to Thrive: Char Healthcare Accessibility i Generation

by Vedaant Mutha and Sanja

**Abstract:** Despite significant adv  
accessibility remains a critical issue in  
disparities that persist across socioecon  
geographic lines. My study delves i  
individuals who are facing barriers to  
identifying potential solutions for e  
healthcare system, drawing inspirati  
prominent researchers like Dr. Camar  
David Satcher, who have dedica  
understanding and addressing health  
Amazon Mechanical Turk Platform, a  
conducted sampling 198 adults across  
study explores the perceived barriers to  
socioeconomic factors and gender pla  
Findings reveal that transportation, a  
insurance emerged as the most preval  
income individuals disproportio  
transportation limitations. In addition

highlighted the lack of public health insurance programs. These findings highlight the need for a versatile approach that addresses the gap in access to health care. Policy interventions should focus on expanding access to affordable health care, improving public transportation systems, and implementing gender-sensitive strategies to address the unique challenges of women and men alike. By addressing these disparities through multilateral policy interventions, the United States can strive to provide equitable and accessible health care for all its citizens, regardless of what they cannot control. This study provides valuable insights for policymakers and healthcare providers to work towards a more inclusive and equitable healthcare system for all.

## **Introduction**

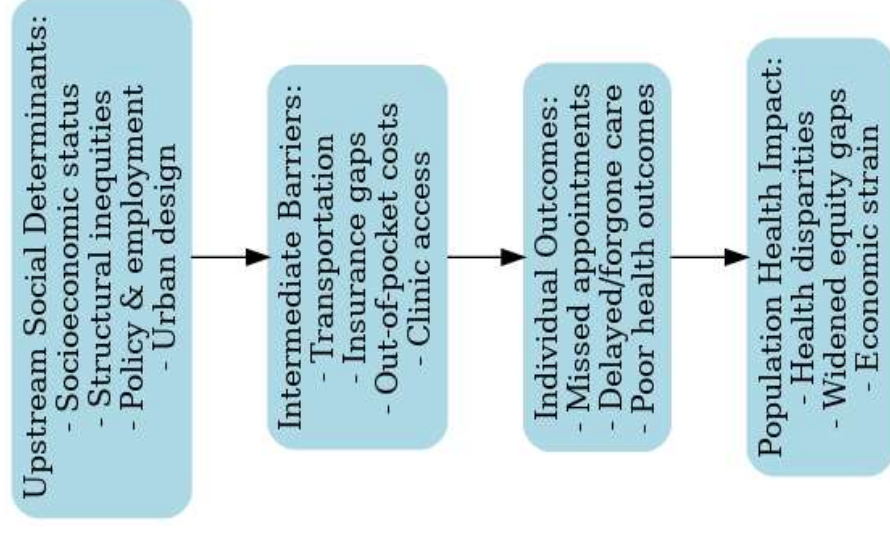
Achieving health equity requires that all individuals have timely access to needed medical services (WHO Commission, 2008; Jones, 2000). Yet in the United States, millions of working-age adults remain uninsured or underinsured, and face diverse obstacles in reaching care (Collins & Gupta, 2024; Kaiser Family Foundation, 2024). Recent national surveys found that 26 million Americans (~8%) lacked health insurance in 2023 (Collins & Gupta, 2024). Uninsured persons are much less likely to seek preventive care and far more likely to delay or forgo treatment because of cost (Kaiser Family Foundation, 2024). In

addition to coverage gaps, nonfinancial geographic access and transportation— for example, over one-fifth of U.S. adults with limited transit access reported skipping transportation barriers (Smith et al., 2023). The burden is hardest on low-income, rural, and minority populations, with health outcomes already lagging behind national averages (Smith et al., 2023).

Seminal work on social determinants of health— including poverty, racism, and other structural factors— has highlighted the cliff of good health (Jones, 2000). Policymakers and scholars have called for a more holistic approach: expanding insurance coverage to all, including subsidized plans) while also addressing other determinants (like transit access and affordability). This study builds on this framework to examine how different adults perceive as most significant, and how these perceptions vary by income and gender. Drawing on data from a national health equity survey (e.g. Jones and Satcher), we explore the lived experiences of diverse Americans. Specifically, we hypothesized that (1) lower-income populations face more insurance problems, and (2) lower-income and female populations report different primary barriers than higher-income and male populations.

respondents. Understanding these patterns can inform targeted interventions to close access gaps.

The model in Figure 1 illustrates how upstream social determinants such as socioeconomic status, structural inequities, and policy context contribute to intermediate access barriers like transportation limitations, insurance gaps, and cost. These barriers influence individual healthcare-seeking behaviors and ultimately shape broader population-level disparities in health outcomes and equity. The framework reflects a continuum from systemic factors to lived experiences, emphasizing the need for holistic, multilevel interventions.



**Figure 1:** Conceptual Model of Healthcare

## Methods

We conducted a cross-sectional survey of participants from March–April 2025. Participants (N=199) were recruited (via Amazon’s MTurk platform) and provided informed consent. The questionnaire (17 items) collected data on gender, income, etc.) and asked respondents to rate their agreement with statements.

greatest barrier they experienced in obtaining healthcare (options included: transportation difficulties, cost/affordability, lack of insurance, difficulty finding providers, etc.). The survey instrument was developed de novo for this project but was informed by prior studies of access barriers. No personal identifiers were collected and the protocol was approved by the Florida Atlantic University IRB.

Survey data were analyzed using descriptive statistics. We categorized respondents into three income groups (lower-, middle-, higher-income) and by gender (male, female; no respondents identified outside this binary). We computed the proportion of each group endorsing each barrier. Associations between income or gender and barrier selection were tested with chi-square tests ( $\alpha=0.05$ ). When multiple barriers were endorsed, respondents were asked to indicate the single most significant one; analysis focused on these top barriers. All analyses were performed in SPSS.c

## Results

Transportation emerged as the single most common barrier to care overall, followed closely by cost-related issues and lack of insurance. Approximately 34% of respondents identified transportation barriers as their primary obstacle, 27% cited cost or affordability concerns, and 24% cited lack of insurance

coverage. Lower-income respondents prioritized transportation: 91.5% of that bracket reported transportation as the biggest barrier to accessing care. In contrast, among middle-income respondents, 50.5% cited lack of insurance as their primary barrier, the leading concern for that group. Higher-income respondents indicated transportation as the biggest barrier, suggesting relative ease of access for that group. Our analysis confirmed a highly significant association between income group and reported barrier ( $\chi^2(2) = 100.0, p < .001$ ).

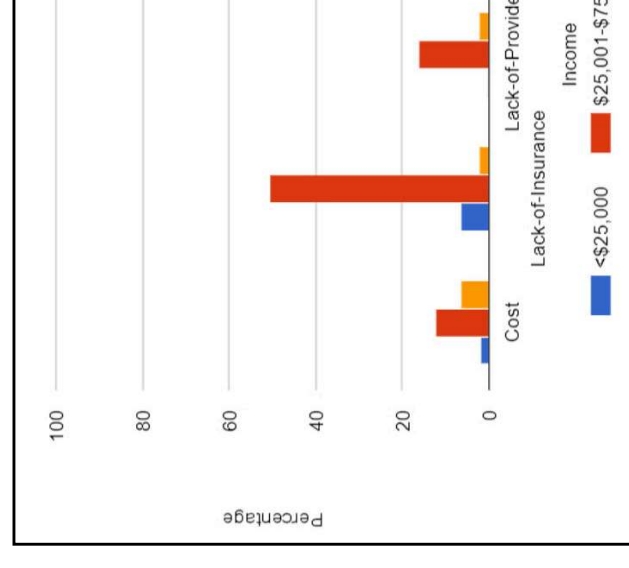
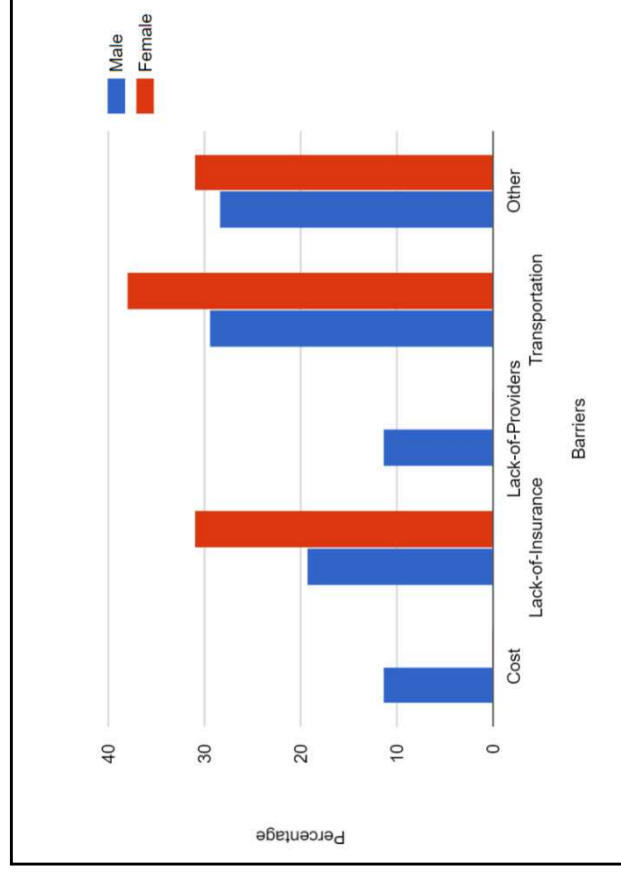


Figure 2: Biggest Barrier to Access by Income Group

By gender, different patterns emerged (Figure 3). Among male respondents, the top barriers were lack of public or private insurance (19.3%) and transportation (29.5%). Among female respondents, 38.0% identified transportation as their greatest obstacle, followed by cost/affordability (19.3%). Only 8.6% of women and 14.8% of men reported no significant barrier. The gender difference in barrier prioritization was statistically significant ( $\chi^2(4)=54.37, p<0.01$ ). These results suggest that women in our sample experienced more cost-related barriers, whereas men were more likely to perceive insurance gaps as critical.



## Discussion

This survey illuminates the distribution of healthcare access barriers among respondents, highlighting key disparities by income and insurance status. Prior evidence, transportation, affordability, emerged as the predominant obstacle (Kaiser Family Foundation, 2024). Our findings align with national trends: transportation barriers have been documented as a major impediment for low-income patients (Syed et al., 2013; Starbird et al., 2020). Our data found that the poorest Americans have over 50% greater odds of reporting transportation problems. Similarly, the Kaiser Family Foundation (Smith et al., 2023) reports that transportation barriers affect more low-income adults forwent needed care because the lack of transportation is a social determinant of health affecting the most vulnerable and poor as well.

The prominence of cost and insurance barriers also mirrors existing literature. Many studies report that because of cost, even when insured, lack of insurance coverage independently hinders access to care (DeVoe et al., 2008; DeVoe et al., 2024; DeVoe et al., 2024).

group's emphasis on insurance gaps is striking and suggests that even moderate-income adults struggle without robust coverage. DeVoe et al. (2007) similarly found that low-income families "made a clear distinction between insurance and access," with uninsured parents reporting vastly higher problems obtaining coverage. In our sample, uninsured men in particular were more likely to cite lack of insurance as their main barrier, whereas uninsured women were more likely to mention cost. This pattern reflects the complexity of cost-related barriers: many insured families still face high deductibles and copays that effectively block care (Kaiser Family Foundation, 2024).

Gender differences in our findings echo other studies of health-seeking behavior. Women typically have stronger ties to the healthcare system (higher rates of check-ups, reproductive care, etc.) but also shoulder disproportionate cost burdens (Daher et al., 2021; Kaiser Family Foundation, 2024). National surveys have shown that women more often experience medical bill problems and delay care due to cost (Daher et al., 2021; Kaiser Family Foundation, 2024). Consistent with this, our female respondents prioritized affordability and transportation, while reporting insurance coverage issues less frequently. By contrast, men in the U.S. remain slightly more likely to be uninsured and to lack a usual source of care (Daher et al., 2021). The CDC's BRFSS data likewise demonstrated that women were less likely

than men to report being uninsured (C... likely to report delaying care due to cost... results fit this pattern: men in our insurance as the top barrier, suggest enrollment (especially among working substantial gains in access.

Given these insights, policy interventions... Transportation barriers can be mitigat... transit and specialized programs: for e... emergency medical transportation (N... shown to improve appointment atten... management (Syed et al., 2013). Innov... initiatives, such as providing bus vouch... have improved screening and follow-up... (Starbird et al., 2019). On the insuranc... extending affordable coverage pathway... Medicaid expansion to improved h... mortality from cancer, heart disease, (Kaiser Family Foundation, 2024). Con... all reductions in the uninsured rate s... expansion states, and non-expansion... disproportionate burden of uncover... Family Foundation, 2024; Collins & Gu... preserve expanded Medicaid eligibility a...

subsidies will help keep the uninsured at historic lows (Kaiser Family Foundation, 2024; Collins & Gupta, 2024).

Finally, we note that social determinants of health—including poverty, education, and structural inequities underpin these access issues (Jones, 2000; WHO Commission, 2008). Approaches that address root causes (improving job security, housing, and transportation infrastructure) alongside health-specific reforms are needed. For instance, workplace policies mandating employer-sponsored insurance or improving sick leave could reduce access gaps among working adults. Similarly, gender-responsive interventions (such as community clinics with flexible hours and childcare) can ease care-seeking for women and families. In sum, no single solution will suffice. Our findings reinforce a growing consensus: equitable access requires synchronized action on multiple fronts, reflecting the “continuum” of barriers identified in health services models (WHO Commission, 2008).

## Conclusion

This study highlights the modern reality that healthcare access in America is unjustifiably uneven and stratified. Despite our uninsurance rates reaching historical lows in the last 5 years (CDC, 2024), other systemic obstacles remain: about one in five low-income adults still skip care due to transportation

constraints, and many middle-income medical care for lack of coverage (Sn Family Foundation, 2024). Closing the public health and social justice policies. systems should prioritize strategies that and non-financial barriers: expanding affordable coverage options, investing reliable public transit and NEMT services community-based care models. By instil just to survive, we can forge a stronger succeed us.



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