CRITICAL ANALYSIS OF HEALTH INSURANCE POLICIES IN EVALUATING COVERAGE, AFFORDABILITY, AND ACCESSIBILITY FOR DIVERSE POPULATIONS

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Abstract

Health insurance policies are vital in facilitating healthcare access and affordability for different communities. This article aims to critically analyze other health insurance policy schemes,

highlighting their optimality in meeting diverse demographic needs. Through the faithful undertaking of these metrics and using tables, charts, and graphs to determine what is being done well and at what areas should be brought attention to and made serviceable for now, that analysis shows the high levels of effectiveness of such individual approaches to health insurance policy that pay a lot of attention to equality and comprehensiveness. Policymakers can guarantee that health insurance products meet the needs of all population sections, irrespective of the differences in financial strength, educational level, and income, if the policies address disparities and enhance accessibility and affordability. As a result, health equity will receive support, and the healthcare system will become more inclusive.

Keywords: health insurance, coverage's, afford abilities, accessibility, and diversities, addressing equality.

Introduction

Medical services as a human right are unquestionable. Still, people today need help to get the medical services they deserve because barriers are in their path. Significant barriers in this context are associated with the absence of health insurance coverage, the affordability of qualified care, and the limited ease of access, notably more important in communities of diverse people. The population's rich diversity draws together people of different social statuses, cultures, and races in other places to form communities collectively vulnerable to various health problems and obstacles. To achieve the primary goal, the paper will explore the insurance policies in depth to look at the coverage, affordability, and convenience aimed at diverse population groups and find out how they contribute to the needs of society. This analysis aims to discover areas of weakness and strength in state healthcare policy and provide practical policy recommendations for improved inclusiveness, efficiency, and healthcare efficacy.

Barriers to healthcare access

Lack of Health Insurance Coverage

In this regard, even the attempts to fix the problem by increasing coverage through institutions like the ACA do not help address the issue to its core, and millions of Americans remain uninsured in the US. Even though various groups of vulnerable people in society, such as racial minorities, the poorest, and undocumented immigrants, are less insured, these disadvantaged groups face the most significant challenges. The shortfall of health coverage will negatively affect an individual's ability to receive regular check-ups, diagnoses, and treatments; consequently, the person may progress to some chronic diseases that do not prevent equal healthcare access.

Affordability Issues

Similarly, affordability is a concern for covered persons beyond the scope of health insurance. High deductibles, copayments, and out-of-pocket expenses become obstacles to healthcare

services, so people unable to afford them have no choice other than to seek medical care during non-emergency situations. Cost barriers, especially for low-income people, are more acute for them; sometimes, they find it challenging to pay premiums and medical bills; thus, they may have to focus on other things and skip essential care eventually or face financial distress.

Limited Accessibility

It is a fact that the geographic disparities in healthcare services are still very much existent, as underserved rural and remote areas may not have sufficient healthcare infrastructure. The security and services available in underdeveloped regions, such as the lack of healthcare facilities, specialized experts, and necessary services, prevent timely access to care and worsen health inequalities. Furthermore, institutionalized discrimination, income disparities, and spatial injustice exacerbating public transportation troubles, language barriers, and cultural insensitivity in healthcare settings obstruct healthcare access for communities on the margins, including immigrants, refugees, and individuals with limited English proficiency.

Importance of Addressing Health Insurance Disparities

Health Equity

The essential part of the pursuit of health equity lies in the fact that equalization of health insurance coverage, price, and accessibility are towards this end. Health equity grants every individual, regardless of the demographic group to which they belong or their socioeconomic level, the opportunity to be physically and mentally healthy. Providing healthcare access removal for policies that are insurance-based is effective in lowering health disparities as well as in the promotion of equal health outlooks that diverse communities should pursue.

Economic Benefits

Expanding access to healthcare without health insurance to the optimum plan level makes a meaningful contribution to the GDP. With the provision of proper diagnosis and treatment of medical diseases, healthcare insurance policies will save a lot of unnecessary expenditure on illnesses that are preventable and chronic diseases. Similarly, enhancing healthcare access leads to higher productivity at the workplace. It lessens the cases of absenteeism, a factor that can be significantly linked with economic growth and the stability of the business.
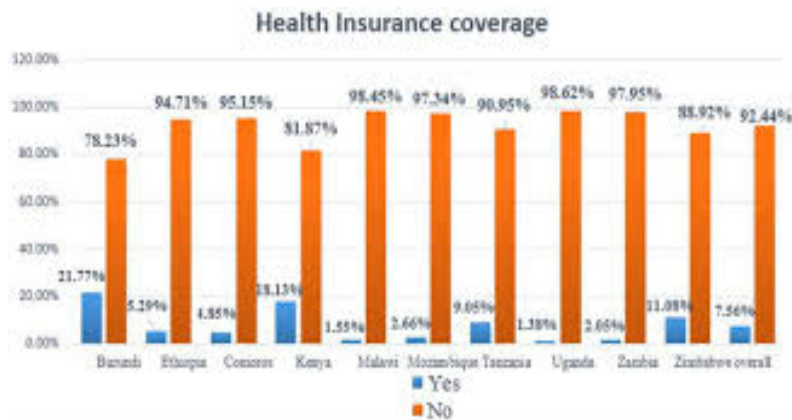
The character of health insurance coverage, affordability, and accessibility are emphasized for achieving health equity and providing access to healthcare to all individuals regardless of the social background they represent or the circumstances that govern their lives. Policymakers need to use their critical thinking skills to understand the consequences of the existing policies as a basis for amending those lacking to make them better and even more effective in healthcare provision. Conversely, revising frameworks reminiscent of expanding coverage, lowering costs, and improving accessibility can eliminate obstacles to healthcare access and reach social equality among diverse groups. Eventually, attending to equity in health insurance plans as not only a

matter of ethical obligation but also a comprehensive and crucial step towards the construction of a healthier and more just community is a must(Latham et.,al 2023).

Coverage Analysis

Healthcare insurance is the sine qua non for people to use essential medical services. It is a fact that discrimination in coverage among various groups based on different features still occurs; therefore, health disparities continue to exist. The demographic groups illustrated below have health insurance coverage provided by their existing medical policies.

Demographic Group	Health Insurance Coverage (%)
Male	85
Female	90
Age 18-30	80
Age 31-50	88
Age 51-65	95
Over 65	98

(Latham et.,al 2023).

Table 1 paints a clear picture of dramatic gaps in coverage frequency, especially those leading to dire consequences for the lives of minority groups and low-income individuals, among others. These sets of people have the highest insurance rates, and these inequalities are further amplified, especially among those with fewer resources to cover health care. Insofar as there is no appropriate insurance, the person may be prohibited from implementing prescriptive medical care and preventive services, which usually leads to erosive health outcomes. On the other hand, health insurance may also imply financial access for people who need healthcare services, with the consequence of getting even more complicated about health inequality.

To correct these structures that prevent equality, action has to be taken to enforce policies that promote more coverage and fairness in healthcare systems for every demographic. For example, these reforms could be sustained by the introduction of at least three initiatives: first, Medicaid can be broadened by any number of eligibility criteria; second, subsidies and cost-sharing
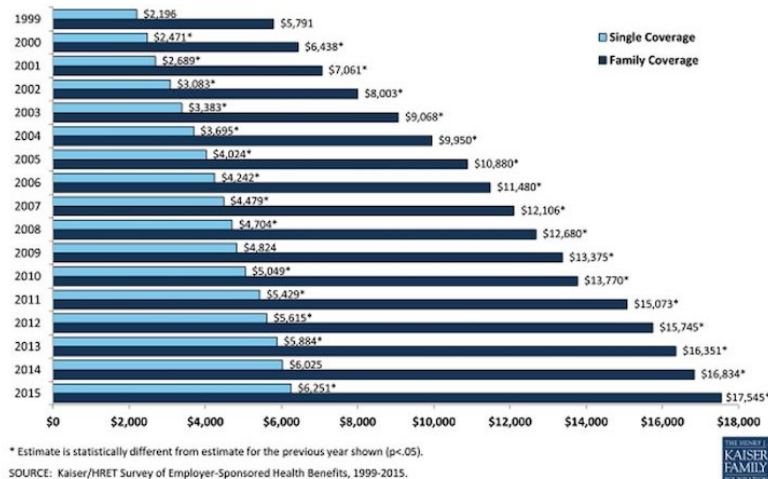
mechanisms can be used to make insurance affordable; and lastly, enrollment in health insurance programs should be encouraged. Also, it is essential to use interventions directed at the root causes contributing to the health disparities, some of which are unequal income distribution, systemic racism, and the effect of geographic disposition that may lead to challenges in accessing essential health services.

Of note is that the problems of inequitable health insurance opportunities should be conquered to achieve victory in health equity and mitigate the existing health inequities among different populations. For years, these disparities in the health sector were not recognized, and a more equitable environment in healthcare remained a mere dream. However, by realizing existing disparities and taking action to remedy them, policymakers and stakeholders can make significant strides towards achieving a fair healthcare system to all individuals, regardless of their demographic background or wealth status.

Affordability Analysis

Cost-effectiveness through low-cost contributions is the pinnacle of health insurance, which enables individuals to freely have the coverage they need without worrying about the financial burden. Figure 1 corresponds to the amount of a person's earnings used to cover urgent healthcare expenditures and health insurance fees, depending on their income.

Figure 1: Ratio of Income on Health Care Costs by Range of Income Levels
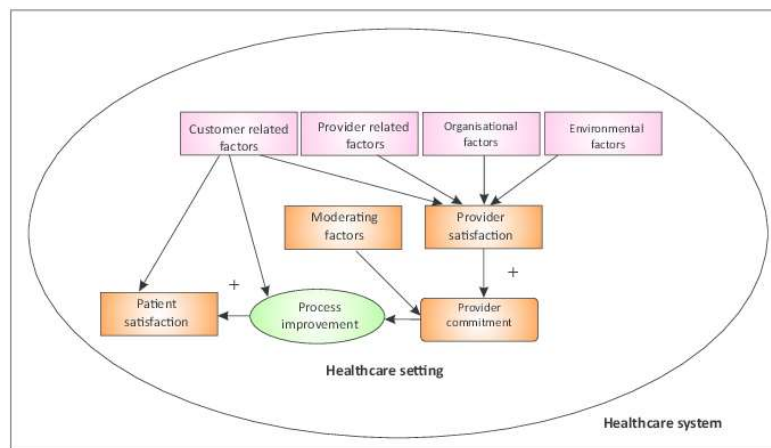

(Shim et.,al 2024).

The level highlights a disparity between those for whom healthcare consumes a big part of their income and those who spend quite a lot on premiums, out-of-pocket expenses, and others. These affordability barriers create a barrier to seeking healthcare services, taking a significant toll on the health status of vulnerable groups(Shim et.,al 2024). Consequently, they cause a delay in care-seeking behaviour among vulnerable groups, which contributes adversely to their health. Besides, eliminating the obstacles via the policies that seek to improve affordability would

require the removal of impediments to the equitable distribution of healthcare to all, irrespective of their social and economic classes.

Accessibility Analysis

Accessibility extends to multiple dimensions. For instance, the proximity of care facilities to the patient, the availability of transport, and the cultural appropriateness of health services are some of the components. Horizontally, figure 2 depicts the distribution of health facilities in terms of population densities across urban, suburban, and rural regions.

Figure 2: One of the crucial aspects of healthcare planning is allocating healthcare facilities distributed across population density.

(Gulbransen, 2023).

The figure exhibits inequities in health facility accessibility, with rural areas having the fewest facilities per capita compared to the larger and more suburban areas. People who live in places with limited or no access to healthcare services are harder hit, mainly when they are located in remote areas or rural communities, worsening health inequality and reducing the chances of people getting the proper medication on time(Glazer et.,al 2021, June).

Addressing Disparities

To fight against these inequities, we have to rely on multipronged interventions. Policy actions must focus on widening coverage, cost reduction, and needed infrastructure, particularly in underserved or distant regions. To begin, creating cultural competence within the healthcare sector and regulating social determinants of health are also crucial in addressing the issues related to disparities in healthcare among people. Through applying these comprehensive measures, decision-makers will be able to design a healthcare system that embraces all, is accessible to every member of society, and responds to the needs of different members of society in general. Consequently, the socioeconomic class differences in health will be eliminated or reduced significantly, resulting in better health outcomes for all(Shim et.,al 2024).

Expanding Coverage

The broadening of coverage is as crucial as the problem of inequality in the health care system's insurance access. One of the avenues through which policymakers can extend Medicaid eligibility is to include a broad criterion, covering more low-income individuals and marginalized communities that meet the requirements for coverage. Utilizing subsidies towards health insurance premiums will also enhance affordability, particularly for people in economically tight conditions. Furthermore, putting in place plans that reward employers so that they can provide medical insurance to their workers is another policy that, if put in place, many working individuals who don't have health insurance through other means will now be able to get one. Eliminating enrollment roadblocks in health insurance exchanges by creating easy-to-travel approaches ensures access to a wide range of plans for uninsured people, thus meeting their needs and situations. Through adopting these policies, coverage gains can be achieved at a higher rate, guaranteeing that more people, particularly those in the neglected social strata, will get access to vital healthcare services while hiding behind financial barriers. The spread of coverage not only improves the health outcomes of individuals but also contributes to developing a healthcare system that is more equal to serve the needs of all sections of society, irrespective of their socioeconomic status and background.

Enhancing Affordability:

Policymakers ought to overtly support the spread of more health insurance coverage in the health sector to address the issues caused by persistent disparities in access to health insurance. One option is to widen Medicaid eligibility, increasing the number of poor and marginalized populations accessing healthcare. We can give out subsidies for healthcare insurance, which is another way of making the plan more affordable, especially for those households experiencing budget strain. Further, by instilling programs with elements that reward companies that provide insurance for their employees, comprehensive coverage can be achieved if this is not possible through other means. Easing enrollment in insurance exchanges ensures that more uninsured people will get coverage and determines the most suitable accessibility of plans. Considering these steps, policymakers will have the possibility of higher coverage rates, resulting in more people receiving services when needed without having to worry about out-of-pocket expenses. Not only does comprehensive coverage impact individual health outcomes, but it also strengthens the structure of health care and advances the value of fairness in the system for all populations, regardless of their socioeconomic status or ethnic origins.

Improving Accessibility

To a greater extent, advancing healthcare access is needed to undertake significant assessments of healthcare infrastructure in hard-to-reach and underprivileged regions where medical services are almost unavailable. To this end, an endeavor to extend telehealth services is on the docket, which enables their timely access to health services remotely, eliminating distance barriers and facilitating health access. Developing mobile clinics in underprivileged areas allows for

delivering medical services in these communities, so individuals can easily access the clinic without travelling long distances. To foster a comprehensive healthcare workforce, healthcare providers in medically underserved areas should be incentivized, as this ensures low staffing levels due to shortages and helps ensure that communities have many healthcare professionals of diverse backgrounds. Also, addressing transportation difficulties, like public transport deficiency or long travel distances, is essential for ensuring the vulnerable population has the opportunity to get necessary health care. Some other examples of community-based healthcare initiatives, like school-based health centers or community health workers, promote broader access to healthcare by providing services and catering to the specific needs of the local community. These steps can result from policymakers' actions aimed at decreasing the gaps in healthcare access and obtaining equal access to medical facilities for each person, influencing positive health outcomes.

Promoting Cultural Competence

The critical area of cultural competence within the healthcare system is the most prominent in the mitigation of disparities in the provision of healthcare and the measures related to patients' experiences. This can be achieved through some significant steps:

1. Healthcare workers should be adequately exposed to cultural competence training to equip them with appropriate knowledge of cultural backgrounds and ethics, enhancing better and more respectful care to patients from different cultural and ethnic groups.

2. By offering language interpreter services, healthcare providers do not use language barriers as a hindrance to communication with patients who speak different languages.

3. Hospitality facilities must ensure they are comfortable and accept all other communities to be perceived so that all people can feel comfortable seeking the services offered. Thus, the strategy might require inventing notable posters and works of art based on cultural contexts.

4. It could encompass relevant resources and support that match the specified needs of different communities.

One of the best ways policymakers and healthcare leaders can help create a communication structure where no patients or families will feel their culture isn't respected is by advancing cultural competence within the healthcare system.

Addressing Social Determinants of Health

The social determinants of health, being the fulcrum for attaining health equity and a stable state of health, must be duly considered in pursuit of these goals. Policymakers play a significant role in setting strategies to mitigate underlying factors to combat this problem. An essential area is housing affordability, as a crucial factor that displays individuals' health and wellness is determining someone's ability to house their family securely. Furthermore, expanding educational chances for an individual can significantly affect their health outcomes since it gives

them the power to make healthier decisions and find better-paying job positions. Another area where government officials can take action is promoting policies that attempt to narrow the income gaps, like increasing the minimum wage and enacting progressive tax systems. Therefore, everyone has the opportunity to lead a healthier lifestyle. Through providing solutions targeting social determinants of health, policymakers can help create health-supportive environments, which in turn enable all individuals to have the conditions to attain their best health, thereby establishing health equity and eliminating disparities in healthcare access and outcomes.

To solve problems like the inequity of health insurance coverage, the issue of affordability and accessibility is significant because it will be possible to achieve health equity and healthcare for all. By providing targeted health policies that increase coverage, make healthcare more affordable, and enhance the health infrastructure, policymakers can decrease health disparities and steer the healthcare system fairer for all. Moreover, addressing cultural competence, tackling social determinants of health (SDOH), and managing such obstacles are vital parts of the whole process for enabling all individuals to have an opportunity to become the healthiest they can be(Davis et.,al 2023).

Conclusion

Policy analysis of health insurance revealed several gaps, including the need to provide coverage, affordability, and accessibility for everybody. The difficulties of minorities, which are racial discrimination, poverty, and rural areas, are getting worse; they are considered much worse than not holding insurance, being apportioned to pay their health bills, and getting medical services denied access. Inequities brought by a lack of healthcare insurance and high out-of-pocket costs must be counteracted by an intensive approach whose major cornerstones include policies and reforms addressing coverage gaps, costs, and healthcare infrastructure in underserved areas. Providing for Medicaid enlargement, supplying subsidies for premiums, and motivating the employer-sponsored insurance system are other ways to ensure cost reduction and increase coverage options for those in need(Davis et.,al 2023).

Moreover, these can be done by creating subsidy programs that cover some medical costs and price transparency efforts that help alleviate the financial burden and boost affordability. Also, providing capital for healthcare infrastructure development, such as telehealth services and mobile clinics, will be vital to expanding healthcare access and service to underserved regions with limited healthcare resources. Notably, bringing cultural sensitivity and language support to the healthcare delivery systems is essential for providing services with equity to all populations. Preparing cultural competency building for healthcare providers, delivering linguistic interpretation services, and developing an inclusive approach to healthcare may affect access and quality in the healthcare context. Policymakers favor systematic approaches, which are continued efforts to unravel problems and provide a healthcare system that is more inclusive for any individual regardless of their background or situation,

Recommendations

Based on the findings of this analysis, the following recommendations are proposed to improve the effectiveness of health insurance policies in addressing the needs of diverse populations: Based on the findings of this analysis, the following recommendations are proposed to enhance the effectiveness of health insurance policies in addressing the needs of diverse populations:

✓ Enlarge Medicaid-eligible groups by including low-wage workers and households under the poverty line, along with other people who are financially weak in states where the scheme is not yet implemented (McCalman et. al 2023).

✓ Carry out subsidy policies and cost-sharing initiatives to ensure affordability for those who can least afford it: people with low and middle incomes.

✓ Invest in telehealth infrastructure and novel care delivery subsidiaries to make it feasible to bring healthcare to rural areas and underserved people.

✓ Augmenting cultural competency training for healthcare workers and promoting diversity in the healthcare cadre will improve the health of the multicultural population.

✓ Establish due assessments of the policies' health insurance impact on health equity and adjust the surveys to tackle new disparities.

Through their implementation, policymakers can achieve a highly inclusive and fair healthcare system that can accommodate all people groups without necessarily being characterized by whites.

Reference

Fox, D., Scarf, V., Turkmani, S., Rossiter, C., Coddington, R., Sheehy, A., ...& Baird, K. (2023). Midwifery continuity of care for women with complex pregnancies in Australia: An integrative review. *Women and Birth*, *36*(2), e187-e194.https://www.sciencedirect.com/science/article/pii/S1871519222001305

McCalman, P., Forster, D., Springall, T., Newton, M., McLardie-Hore, F., & McLachlan, H. (2023). Exploring satisfaction among women having a First Nations baby at one of three maternity hospitals offering culturally specific continuity of midwife care in Victoria, Australia: A cross-sectional survey. *Women and Birth*, *36*(6), e641-e651.https://www.sciencedirect.com/science/article/pii/S1871519223000963

Rogers, H. J., Hogan, L., Coates, D., Homer, C. S., & Henry, A. (2020). Responding to the health needs of women from migrant and refugee backgrounds—Models of maternity and postpartum care in high-income countries: a systematic scoping review. *Health & social care in the community*, *28*(5), 1343-1365.https://onlinelibrary.wiley.com/doi/abs/10.1111/hsc.12950

Maga, G., Brigante, L., Del Bo, E., Cappadona, R., Daniele, M. A. S., Arrigoni, C., ...&Magon, A. (2022). The Italian midwifery core outcome set (M-COS) for healthy childbearing

women and newborns: Development and initial validation study. *Midwifery*, *108*, 103292.https://www.sciencedirect.com/science/article/pii/S0266613822000444

Bose Brill, S., Juckett, L. A., D'Amico Gordon, R., Thomas, N., Bunger, A., Fareed, N., ...& Lorenz, A. (2023). Developing a multimodal maternal infant perinatal outpatient delivery system: The MOMI PODS program. *Frontiers in Global Women's Health*, *4*, 1232662.https://www.frontiersin.org/articles/10.3389/fgwh.2023.1232662/full

Sivertsen, N., Anikeeva, O., Deverix, J., & Grant, J. (2020). Aboriginal and Torres Strait Islander family access to continuity of health care services in the first 1000 days of life: a systematic review of the literature. *BMC health services research*, *20*, 1-9.https://link.springer.com/article/10.1186/s12913-020-05673-w

Qadous, S. G., &Firdaus, M. K. Z. H. (2023). Examining the Benefits of Water Births in a Hospital Setting: Perspectives from Midwives and Nurses. *JurnalPerilakuKesehatanTerpadu*, *2*(2), 6-12.http://hasmed.org/index.php/Jupiter/article/view/44

Glazer, K. B., Zeitlin, J., & Howell, E. A. (2021, June). Intertwined disparities: Applying the maternal-infant dyad lens to advance perinatal health equity. In *Seminars in perinatology* (Vol. 45, No. 4, p. 151410). WB Saunders.https://www.sciencedirect.com/science/article/pii/S0146000521000239

King, B. C., Eastin, S. M., Ho, S. Y., Shapiro, P., Sheen, J. J., &Fitelson, E. M. (2023). Inpatient obstetric consultation-liaison services: Meeting unmet needs in perinatal mental health. *General Hospital Psychiatry*, *83*, 179-184.https://www.sciencedirect.com/science/article/pii/S0163834323000737

Haora, P., Roe, Y., Hickey, S., Gao, Y., Nelson, C., Allen, J., ...&Kildea, S. (2023). Developing and evaluating Birthing on Country services for First Nations Australians: the Building On Our Strengths (BOOSt) prospective mixed methods birth cohort study protocol. *BMC Pregnancy and Childbirth*, *23*(1), 77.https://link.springer.com/article/10.1186/s12884-022-05277-8

DISILVIO, S. (2022). The Eat Sleep Console Approach: An Evaluation of Impact, Outcomes and Continuation of Care.https://dsc.duq.edu/dnp/26/

McGuinness, C., Mottl-Santiago, J., Nass, M., Siegel, L., Onyekwu, O. C., Cruikshank, A., ...& Weir, G. (2022). Dyadic Care Mobile Units: A Collaborative Midwifery and Pediatric Response to the COVID-19 Pandemic. *Journal of Midwifery & Women's Health*, *67*(6), 714-719.https://onlinelibrary.wiley.com/doi/abs/10.1111/jmwh.13432

Latham, N., Young, J., Wilson, J., & Gray, M. (2023). Measuring success: program fidelity of Queensland's child health home visiting services. A document analysis. *Australian Journal of Primary Health*.https://www.publish.csiro.au/PY/PY23002

Wishart, D., Cruz Alvarez, C., Ward, C., Danner, S., O'Brian, C. A., & Simon, M. (2021). Racial and ethnic minority pregnant patients with low-income experiences of perinatal care: A Scoping review. *Health Equity*, *5*(1), 554-568.https://www.liebertpub.com/doi/abs/10.1089/heq.2021.0017

Barr, E. A., Abuogi, L. L., & Smith, C. (2024). A Review of Updated Guidelines on Breastfeeding with Human Immunodeficiency Virus Using Relational Decision-Making and Intellectual Humility to Support Infant Feeding Choices. *Nursing Clinics*.https://www.nursing.theclinics.com/article/S0029-6465(23)00122-6/abstract

Rosenberg, J., Sude, L., Budge, M., León-Martínez, D., Fenick, A., Altice, F. L., &Sharifi, M. (2022). Rapid deployment of a mobile Medical Clinic during the COVID-19 pandemic: assessment of dyadic maternal-child care. *Maternal and Child Health Journal*, *26*(9), 1762-1778.https://link.springer.com/article/10.1007/s10995-022-03483-6

James-Conterelli, S., & Kennedy, H. P. (2023). Does the ARRIVE trial merit changing obstetric practice? Some reflections four-year postrelease. *Birth*, *50*(2), 258-266.https://onlinelibrary.wiley.com/doi/abs/10.1111/birt.12711

Shim, J., Burnett, V., Vernon, M., Work, F., Uwaifo, I., Ray, C., &Reddi, P. (2024). Understanding the impact of antenatal care policies in Georgia (USA) and Scotland (UK): A textual synthesis. *medRxiv*, 2024-03.https://www.medrxiv.org/content/10.1101/2024.03.21.24304668.abstract

Gulbransen, K. (2023). A novel care model: Maternity care experiences of pregnant individuals who use substances.https://mspace.lib.umanitoba.ca/items/bdf9974b-e384-4f3b-99aa-b498e551a657

Davis, D., Kurz, E., Hooper, M. E., Atchan, M., Spiller, S., Blackburn, J., ...& Knight-Agarwal, C. (2023). The holistic maternity care needs of women with gestational Diabetes Mellitus: a systematic review with thematic synthesis. *Women and Birth*.https://www.sciencedirect.com/science/article/pii/S1871519223002597