**To:**

**From:**

**Date:**

**Subject**: A proposal to solve income related inequalities in affordability and access to primary care in the US

**Purpose of the Proposal**

I am writing this letter to propose a solution to a recurring problem in the US as regards the income related inequality in affordability and access to primary care. The problem is that serious income imbalances and a restriction of primary care access might impede pandemic recovery in the United States, where lower-income people do notably worse than their counterparts in other rich nations. Adults with lower income continually grow dissatisfied because accessing care service with present their income is difficult, because health is essential for robust economic growth.

**Statement of Problem**

I propose that a new policy that captures the lower income adults to assess primary health care services if the United States really want a quick pandemic recovery. We discovered in our findings that the Low-income adults suffer a multitude of issues, the most difficult and widespread of which is access to health care. Although low-income families face several obstacles in obtaining proper health care in the United States, the primary impediments noted in this work include a lack of knowledge, difficulty with health insurance, and distrust of health-care practitioners, have difficulty in paying medical bills, experience material hardship. Each barrier is affected by a variety of factors that affect low-income adults' disadvantaged sub-groups. Finding the constraints that inhibit low-income families from receiving health care is the first step in long-term solutions.

With the reference to current studies from the 2020 Commonwealth Fund International Health Policy Survey which show that lower-income Americans experience substantial health and financial challenges as the COVID-19 epidemic continues to affect the globe. The study, which was undertaken between February and May 2020, during the early months of the epidemic, revealed that while wealth gaps exist in other countries, they are far larger in the United States and that Americans' health is suffering as a result. These increasing disparities may imperil attempts to respond to the epidemic in the United States, along with the prospect of successful vaccination of the country's population.

According to Commonwealth Fund International Health Policy Survey (2020), adults with lower incomes are much more likely than wealthier adults to have many chronic diseases in the US. It was reported that well over a third (36%) of low-income individuals in the United States suffer many chronic diseases, which is much higher than in other nations with the same economic threshold. And with the number of one-third of persons with lower income in the United States (36%) experienced anxiety or depression, this has the major hurdles faced by lower income adults in assessing the primary health care in the US. The problem does not stop there, however, because of the expense, 50% of people said they skipped medical appointments, suggested tests, treatments, or follow-up care, or prescription drugs in the previous year.

Furthermore, having trouble paying medical costs is primarily a U.S. problem: 36% of low-income persons in the United States reported having this issue. Lower income people depend on the availability of low-cost health care. It has been said that supplying a low-cost health care service will ensure fair access. The excessive cost of medical medications and other services give me a lot of worry for low-income people in the US. More than a quarter (28%) of low-income individuals in the United States showed they were concerned about trying to pay essentials like food or housing.

The current health policy in the US has not really captured the needs of low-income adults. With COVID-19 causes havoc to the global economy, the United States is once again under pressure for the glaring health and economic inequities that individuals with lower income. Long-term health needs a consistent source of care. It is also important for COVID-19 recovery because people who get sick will need consistent access to treatment. When a robust policy is available, having access to primary care makes it easier to get them. All adults with lower income in the US said they had difficulty finding a regular doctor which is due to an expensive cost of health care service. The rate of adults who said that ranges from 85% to 89%. The need for strategizing and analyzing policy is critical here if the US wants a quick pandemic recovery.

**PESTLE Analysis**

PESTEL analysis is a crucial aspect of strategic management for any healthcare system in the world. Other than competing factors, the PESTEL study gives extensive insight about the operational issues that the US healthcare sectors confront in the current macro environment as regards the problems faced by low-income people in assessing primary healthcare services in the US. We will look at income related inequalities in affordability and access to primary care in the US. The political, economic, social, technical, legal, and environmental elements that should be considered are outlined in the PESTLE analysis in the diagram below. The contemporary healthcare environment in the United States is characterised by rising expenses, despite regulations aimed at focusing on quality of care rather than quantity. In view of rising overhead expenditure, the hospital has the challenge of living up to this expectation. As a result, the low-income people bear the brunt. As such, analysing the current health policy in the US becomes germane if the road-map to the pandemic recovery must be achieved.

**PESTLE analysis of healthcare industries in the US**

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|  **POLITICAL** |  **ECONOMIC** |
| * Healthcare is becoming a center of political attention and pressure.
* Political will to push policy ideas to expand insurance coverage
* Governments throughout the world are seeking ways to save money on healthcare.
* Policy that will make greater investments in addressing the social determinants of health for lower income people
* Local hostility toward the healthcare providers has grown, partly because of the inability of people to assess primary care.
 | * Global economic crisis
* The rate of progress in the local government is significantly faster, which may have an influence on health when funds are cut.
* Diminish individual disposal income
* Reduction in healthcare service due to low budget

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|   **SOCIAL AND DEMOGRAPHIC** |   **TECHNOLOGICAL** |
| * Increase in population which creates need to be conscious of demographic changes.
* Patients expect more service closer to their homes.
* Patients/ public advocates are now increasing.
 | * Customized treatments
* Increased telemedicine costs and benefits
* Green agenda and carbon trading
* Modernize services and develop integrated care pathways
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|  **LEGAL** |  **ENVIRONMENTAL** |
| * Increase in litigation
* Global inconstance
* American Health Care Act of 2017; taxation and inequality, increasing democratic accountability and public voice
* Bribery Act
 | * Pressure on carbon emissions
* Energy efficiency
* Energy costs and cost variability
* Transport links
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**Proposed Solutions**

I propose that a policy that will thoroughly capture the needs of low-income and gives the opportunity to have access to a quality and affordable health care service should be made. There should be more investment in healthcare infrastructure, lack of this has been a key policy issue in countries like the USA, where a low-income population faces severe budget constraints exacerbated by an unprecedented economic downturn. Achieving greater health equity in the U.S. will require policies that extend insurance coverage, make health care easier to afford, and strengthen primary care system in the U.S

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