

Impact of the COVID-19 Pandemic on Access to Healthcare Resources for Global Socially Disadvantaged Groups

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Abstract: The COVID-19 pandemic epidemic has resulted in a notable impact on healthcare accessibility. This essay will examine how the COVID-19 pandemic has affected people's ability to receive healthcare, with an emphasis on socially vulnerable populations. The paper highlights the reality that there are now more differences in healthcare access because of things like location, racial discrimination, digital gap, and socioeconomic position. Vulnerable populations now have less access to vital healthcare resources as a result of the pandemic's strains and shocks on the healthcare system. Furthermore, the article examines the efficacy of e-health and highlights the disparities in its use. The essay underlines the importance of policies that address or reduce the growing inequities in order to ensure that more people have fair access to health care services, indicating a commitment to global health equality and social justice. Only when every member is not discriminated against in their access to quality health insurance, can it be entered into a more fair and balanced level.

Keywords: Social disadvantage, digital divide, policy reform, COVID-19, healthcare access.

1. Introduction

The COVID-19 pandemic, which was caused by the new coronavirus SARS-CoV-2, began in late 2019 and quickly grew into a devastating global health crisis. As of mid-2021, the virus had infected over 170 million people worldwide, killing over 3.5 million people and wreaking massive loss and destruction [1]. COVID-19 is distinguished by two characteristics: quick transmission and high mortality, posing a unique threat to global healthcare systems. Patients have rushed hospitals around the world, causing shortages of critical medical supplies and equipment. Even in economically developed countries, the pandemic has truly tested their healthcare infrastructure and resilience [1]. In addition to the health crisis for humanity as a whole, the pandemic has led to a severe economic downturn, political instability, and tensions in foreign relations, and the burden on the healthcare system has particularly contributed to the disparities in access to healthcare resources for vulnerable groups in society.

COVID-19 affects different populations differently, with a particularly pronounced impact on vulnerable groups. For example, in the United States, large first-tier cities such as New York have become the epicenter of the epidemic in that country. In addition to this, African Americans and other communities of color have significantly higher COVID-10 mortality rates than the general population, revealing very deep-seated inequalities in the healthcare system [2]. Structural factors, such as the

employment of minority populations in essential services, impede their ability to engage in social distancing, thereby increasing their vulnerability.

The pandemic's impact extended to rural areas, which faced pre-existing health issues such as high HIV incidence, maternal and infant mortality rates, and non-communicable diseases. The refusal of some states to expand Medicaid under the Affordable Care Act left many without essential healthcare during the pandemic [2]. Native American populations, with higher levels of underlying health conditions, faced significant risks due to limited healthcare resources.

In response to COVID-19, the transition to eHealth and telemedicine has proven effective in managing chronic diseases. However, this shift was not equitably implemented, especially for those lacking digital resources, thus widening the digital divide in healthcare [3]. Socioeconomic inequalities are considered a "fundamental cause" of persistent health disparities, as they influence people's ability to access eHealth services [4]. Older persons and those with lower incomes are more likely to encounter digital inequality, which affects their capacity to manage health issues remotely [5].

The COVID-19 epidemic has exposed and worsened existing deficiencies in health systems, particularly among socially vulnerable communities. This is attributable to a variety of variables, including socioeconomic position, the digital gap, racial prejudice, and geographic location. As a result, this study will analyze why disadvantaged groups had less access to health care during the pandemic, increasing the disparities with other groups, and recommending solutions to overcome these gaps. The article will narrow the scope of the problem's causes and propose policy suggestions.

2. Overview of the Impact of Covid-19 on Vulnerable Groups

During the COVID-19 crisis, it was tough for the disadvantaged to get health services. Many health services, because of the new coronavirus, could not help everyone. The globe saw over 25 million cases by August 2020 [6]. The fast spread of the virus ate up crucial health items, like masks and ventilators, leaving not much for others. Better-off regions often got more of these items, leaving people in poorer or rural areas with less.

Public Health research points out that the less educated, those earning lesser, or those belonging to certain ethnic groups were hit the hardest by COVID-19 [7]. They had more cases, were hospitalized more, and even died more than other groups. The American Medical Association's study confirms this, showing that in America, African-Americans, Hispanics, and Asians were impacted more. On July 20, 2020, hospital rates per 10,000 were 24.6 for blacks, 30.4 for Hispanics, and 7.4 for whites [8]. Both black and Hispanic death rates were 5.6, while it was 2.3 for whites [8]. The data show that the disadvantaged suffered more health complications during the pandemic, mainly because they could not get the needed health services. Healthcare access during COVID-19 is not equal - disadvantaged groups struggle more. It is important to address this with targeted health programs.

An example is Hong Kong. Here, socially sidelined folks grapple with healthcare disparities during a pandemic. The underprivileged living in certain areas show different health results. They find it hard to hold onto jobs, homes, and education, and even public amenities. These struggles impact their ability to handle their health in times of a global health crisis [9].

The situation is not just Hong Kong's. All over the world, vulnerable people are suffering more during pandemics. They often live in crowded places, working crucial jobs, unable to work from home. This increases their virus exposure [9]. Aside from this, they face tough hurdles with healthcare, like not enough insurance, lesser healthcare facilities, and heavy medical bills [9]. In short, Hong Kong is a picture of the problems faced by sensitive folks globally during a health crisis. These troubles are serious and complex and need more careful study.

3. Reasons for Reduced Access to Healthcare Resources for Vulnerable Groups

3.1. Insufficient Economic Status

3.1.1. Low-Income Groups' Healthcare Needs and Resource Constraints

The pandemic hit low-income communities hard. Medical costs went up, but their money did not. For example, surgical masks in Hong Kong got super expensive. It made it hard for poor families to buy them [9]. Not having a mask can make them get sick easier. It can also make people treat them badly in public, leading to health and social risks [9].

Poland looked at how the pandemic changed poor people's ability to get healthcare. They also considered education levels. The bad economy and social restrictions increased unemployment, which hit poor people hardest. Less money means less access to important healthcare services [10]. It creates a harmful cycle that makes their health worse.

Low-income people in places like Hong Kong and Poland face higher health risks during pandemics due to lack of resources. Few resources, health risks, and social discrimination make pandemics a bigger concern.

3.1.2. Correlation Between Income And Health Inequality

The COVID-19 pandemic exposed how income impacts health inequality. Both Hong Kong and Poland experienced this. The cost of necessary healthcare gear like facial masks hit lower-income people hard in Hong Kong. This cost hindered their protection against the virus. In Poland, the economic fallout of the pandemic lowered healthcare access for less wealthy individuals. These are real-life examples of money's effect on healthcare access.

Poor people also felt the effect of the "digital divide" during the pandemic. As healthcare goes digital, low-income people often lack digital resources and reading skills. This lack aggravates their position in the digital divide. Online healthcare services in places like Hong Kong and Poland might favor those with more money and better education [11].

In the end, the COVID-19 crisis highlights how vital a person's financial standing is in gaining access to healthcare. This fact is glaring from observing the struggles of poor communities in Hong Kong and Poland - they show how tight purse strings can affect getting health insurance. Also, the "digital divide" - the difference in who can and cannot access digital tools, teams up with economic status; the result is more limited healthcare services.

3.2. Digital Inequality

3.2.1. Trends and Challenges in Digital Healthcare

No one can ignore that health crises present both upsides and downsides for digital health progression. Telemedicine, e-prescribing, and web-based health info mark a meaningful shift in digital health evolution. This quick shift presents real issues for some groups, particularly the elderly and those with lesser incomes, who might struggle with understanding digital systems and having the necessary gear.

In China, health codes within mobile apps are used to track COVID-19 status and movement - a good example of these problems becoming real. A large number of elderly people in China have not taken up smartphones. This creates big differences in digital capabilities. This digital gap has put older adults at greater risk during the pandemic. Their ability to use health services and public spaces has suffered [12]. This case shows us what the digital divide can mean in the digital health world, causing reduced accessibility to health services for vulnerable communities.

3.2.2. The Impact of the Digital Divide on Access to Healthcare

It is clear that a digital divide's influence on access to health services during a pandemic is a serious concern. Groups facing adversity, such as those lacking digital knowledge or access to tech tools, see a decline in healthcare service availability.

Older people in Beijing now have a way to show their health records without a smartphone. This useful feature is part of a test program. Such projects point out the importance of complete digital health policies. They show how real the ability is to solve this issue.

3.3. Marginalization of Underprivileged Demographics

3.3.1. All About Prejudice and Inequality in Medical Resources

The COVID-19 pandemic woke us to the long-standing racial bias in healthcare. It is difficult for marginalized groups, especially African Americans, to access medical care. Data shows African Americans and other groups have much higher COVID-19 death rates [2]. These alarming figures portray deep-rooted issues like unequal healthcare access and quality. Unfair treatment based on race is, unfortunately, deeply woven in our healthcare fabric.

3.3.2. The Lingering Impact of Bias on Health Outcomes

Let's get this straight - racial prejudice harms health in various ways. Racial and ethnic minorities are at a higher COVID-19 risk due to socioeconomic matters like job and housing conditions [13]. These health gaps not only harm these communities now but also their future well-being.

In sum, the pandemic spotlights the racial discrimination elephant in the healthcare room. It bares the glaring differences in medical services availability and results for at-risk communities. More than ever, it shouts the urgency to tackle the root causes of health impacts of racial bias, both in healthcare treatments and systemic change.

3.4. Geographical Isolation

3.4.1. Rural Healthcare Resources and Services

Folks living in the countryside face some tough challenges getting health services due to how far they are from big cities. This issue became even worse when COVID-19 hit. Lots of older people live in these areas, and problems like high blood pressure and diabetes are more common. These realities, mixed with the hassles of living far away and not enough healthcare resources, make it harder to get medical help.

Limited access to health care in rural locations owing to fewer and under-resourced health care providers makes it difficult for COVID-19 patients to obtain proper care, aggravating health care access gaps.

3.4.2. Geographic Isolation's Influence on Medical Visits

Geographic isolation has a considerable influence on access to health care, which COVID-19 exacerbates. According to the Centers for Disease Control and Prevention, during a pandemic, around 41% of U.S. adults delayed or avoided obtaining medical care due to geographic isolation [13]. Medical treatment avoidance was more common among individuals at increased risk of acquiring severe COVID-19. This reflects some of the concerns surrounding health equity. The pandemic emphasizes the critical necessity for easily accessible health care in geographically distant locations.

Delays or avoidance of health treatment in these locations can result in increased morbidity and death, culminating in a significant health crisis that is a very bad reflection of health equality.

Geographic isolation, particularly in rural regions, has a significant impact on healthcare access and results. The health issues caused by the overuse or avoidance of health care also demonstrate the scope of the problem.

4. Recommendations and Response Strategies

Boosting online health services: Governments and health authorities should amp up support for online health services. This includes giving internet access, devices, and training. It is important socially disadvantaged folk can get to online doctor appointments and medicine services. This can make healthcare more fair.

School activities and local interaction: Community education projects could boost health knowledge for socially isolated folks. Sharing information about COVID-19 risks and how to avoid them is a good start. Working with volunteer groups can help spread the knowledge around.

Lower cost drugs and shots: It is a good idea for governments to cut costs associated with important health stuff, like prescriptions and shots. This way, they are more affordable for poor citizens. Also, push for regular shot programs that offer free or cheap vaccinations.

Plans for health care for all: It is important for lawmakers to put plans in place that focus on the needs of socially isolated folks. This means using ads in various cultures and languages and making sure isolated groups are part of the decision-making.

Dealing with crises quickly: Quick action is vital to tackle emergencies like COVID-19. We need to make sure people can get medicine, therapies, and vaccines fast. Governments should put money aside for emergencies. This can speed up help when it is needed most.

Long-term healthcare setup: We need to improve and grow our healthcare setup. This includes making existing hospitals better and building new ones. It is up to governments and big organizations to help out financially. That way, even if someone is poor or disadvantaged, they can still get good healthcare.

Research and facts: Understanding what poor and marginalized people need in healthcare requires research. We need to study, gather data, and make policies that get resources to the right places. Again, this needs money from governments. It ensures that these studies can happen and change can be made.

What is the aim of all this? To provide guidance to people in charge. To help them tackle the effects of COVID-19 on how people access healthcare services, especially disadvantaged communities. And, hopefully, make healthcare everywhere better and more equal.

5. Conclusion

The healthcare inequities exposed during the pandemic are attributed to four main factors in this paper. First, people of lower economic status faced greater challenges in accessing healthcare services during the pandemic, mainly in the form of unaffordable increases in the price of essential items such as medical masks and disinfectants. Second, the digital divide is also one of the main factors contributing to the widening gap in healthcare access. The shift to digital healthcare, while innovative, has further exacerbated the accessibility gap by excluding from e-healthcare those who lack digital literacy or access to digital healthcare services, in particular the elderly and those with low economic status and educational attainment. Thirdly, the issue of racial discrimination in the health-care system was also fully realized during the pandemic. COVID-19 mortality rates were particularly pronounced among communities of color, especially African Americans. Finally, healthcare access was further reduced in rural and geographically segregated areas. These areas tend

to have aging populations, and healthcare resources are limited in these areas, making pandemics even more difficult for patients in these areas to access and protect their health given the geographic disparities in healthcare.

The key to addressing healthcare disparities is to enhance access to telehealth care through resources and training, especially for vulnerable groups. Community education campaigns are also an important part of the solution, aimed at raising health awareness, among other things. In addition to this, healthcare policies need to be more inclusive and diverse, and a balanced approach that combines immediate and long-term solutions is key to improving equity in healthcare.

The increased disparities in access to healthcare resources brought about by the COVID-19 pandemic demonstrates the urgency of the need for comprehensive and inclusive healthcare strategies to address the multifaceted challenges faced by vulnerable groups in society. Going forward, it is imperative to demonstrate commitment to global health equity and social justice by implementing targeted and interventionist measures and policy reforms to maximize the closure of healthcare access gaps and ensure that more people have equitable access to healthcare services.

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