

HEALTH DELAYED, HEALTH COMPROMISED

THE CORRELATION BETWEEN SOCIOECONOMIC STATUS AND DELAYED HEALTH CARE ACTIONS

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ABSTRACT

Throughout my stay at Memorial Hermann Southwest, I've noticed that many patients came into the operating room with dangerously progressed conditions. Due to the demographic area the hospital is located at, I wondered if socioeconomic pressures were the leading cause for the state these patients came in. To what extent does insurance impact the time it takes patients to choose to seek help?

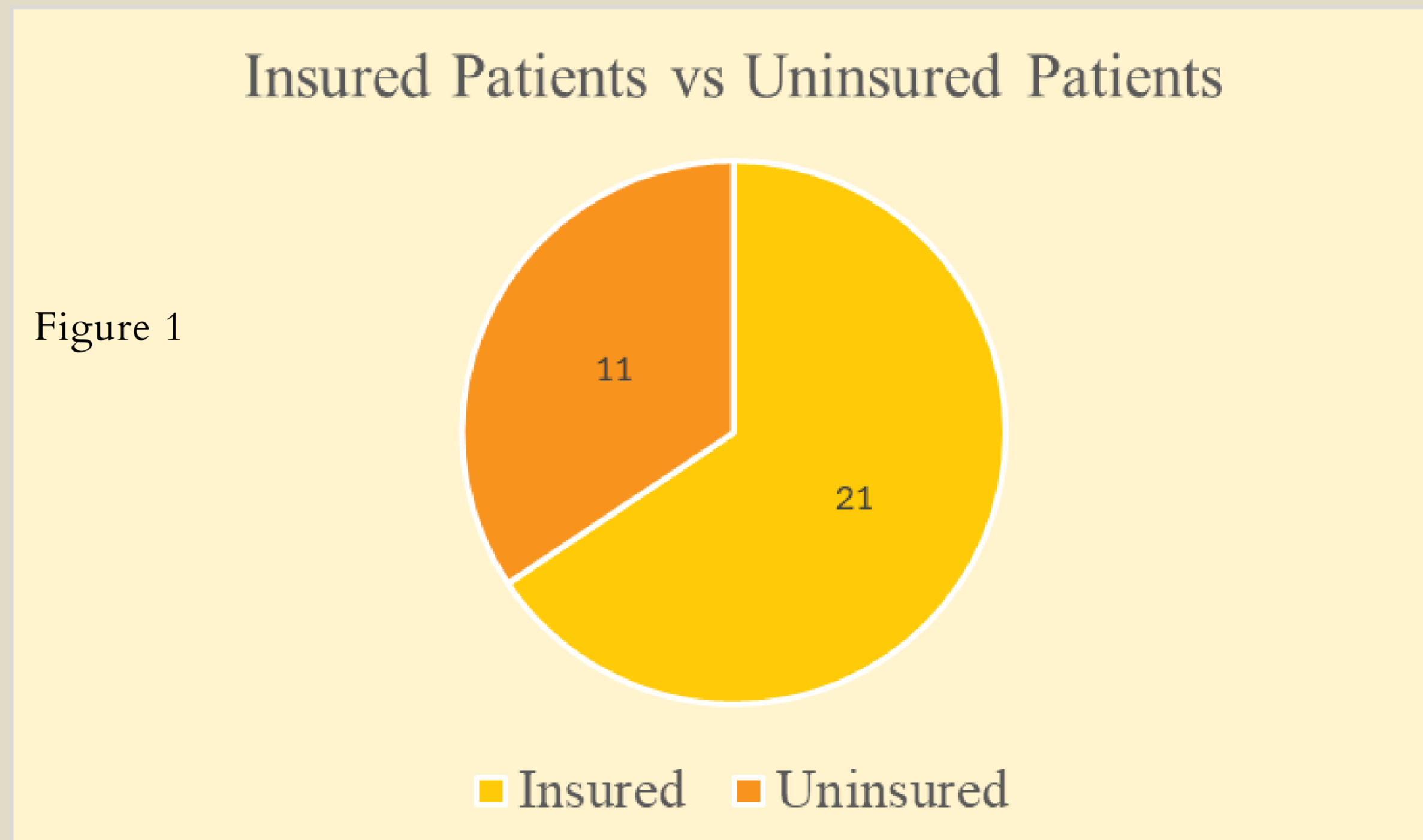
On March 2024, a study was administered by utilizing cholecystectomy patient records that were performed by Dr. Brett Solomon from January 2024 to present. With the small sample size, the stereotype that those of lower socioeconomic status delay access to healthcare was proven otherwise. Patients that were either uninsured and unemployed or received federal medical aid under the age of 65 seemed to seek medical care sooner than insured individuals in the Houston area.

INTRODUCTION

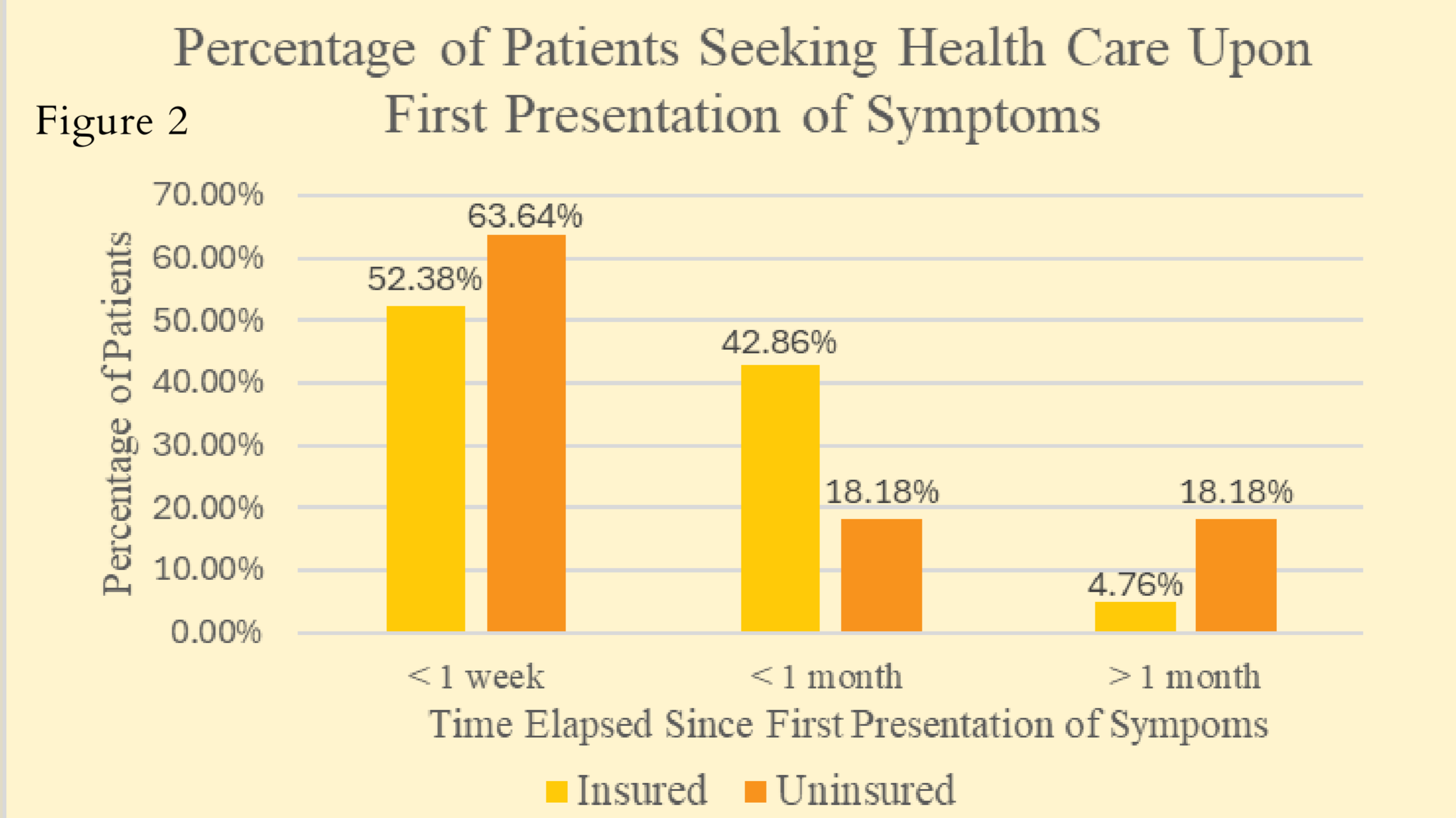
Various accredited studies indicate that people of lower socioeconomic status are less likely to seek health care. In order to combat or justify this claim, a small-scale study was conducted to raise awareness of this issue in the greater Houston area. To narrow down data selection from the numerous surgeries performed at Memorial Hermann Southwest, chairman of surgery, Dr. Brett Solomon, suggested laparoscopic cholecystemies cases, due to its nature of being non-emergent, yet symptom inducing.

A cholecystectomy is performed to remove the gallbladder due to the complications that gallstones create. The gallbladder is a vestigial organ that holds bile that helps break down the food in your stomach. Gallstones usually present when too much cholesterol or bile salts build up, causing the bile stored in the gallbladder to harden into a stone-like material. When gallstones occur, symptoms such as abdominal pain, lower back pain, nausea, jaundice, etc. can occur.

RESULTS / FINDINGS



Data was collected by researching patient history and progress from Dr. Brett Solomon's cholecystectomy patients ranging from January 1, 2024, to present. Due to the minimal amount of patient charts available to my leisure, the research is merely a sample population, unrepresentative of patients with varying circumstances.



Based on the data collected, a higher percentage of uninsured patients sought more help on each extremity-- they either received help within one week of presenting symptoms or over a month of suffering. Due to a limited patient pool, this does not indicate that socioeconomic status has a direct correlation to how long it takes Americans to access healthcare. Rather, this indicates that socioeconomic pressures and circumstances are one of the leading factors that either impede or speed up the decision to prioritize health.

METHODOLOGY

Through the Memorial Hermann database, patient records from January 2024 to present were reviewed to find the trends between insurance status and the time elapsed to seek healthcare. Data gathered was all qualitative, recording from patient charts (1) how long it took the patient to go the hospital upon presentation of symptoms and (2) whether or not they were insured or uninsured.

Those considered with low socioeconomic status were the patients that were reported to be unemployed with no insurance, or unemployed with Medicaid below 65 years of age.

Age, gender, ethnicity, race, and religion were not discriminated against to gain a wholistic preview of the hospital population receiving cholecystectomies.

DISCUSSION

Figure 2 indicates that a higher percentage of uninsured patients tend to seek health care sooner than insured patients. This study showed a trend of uninsured patients either seeking medical care right away, or waiting until the last minute possible.

Though there are a few limitations to this study: (1) data was pulled from one hospital location where the immediate socioeconomic status of the area is lower (2) the patients recorded came from one doctor only from 2024, so this does not account for a variety of patients in other years and (3) the data pool is very small. This study assumed socioeconomic status based on insurance status rather than yearly income information.

However, this study can be used to improve the health care system across hospitals in areas of lower socioeconomic status so that help is more readily accessible to people of all classes.