

Social determinants of health associated with delayed medical care in an online health community

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Background

- An estimated 41% of Americans delayed medical care in 2020 due to concerns about COVID-19¹, but there have been few reports of how trends in delayed care have evolved since
- Delayed care is a driver of poor health outcomes, especially among those with chronic conditions
- Social determinants of health (SDOH) represent the conditions in which we work and live that impact health outcomes
- A better understanding of SDOH associated with delayed care can inform tailored strategies in a post-pandemic setting

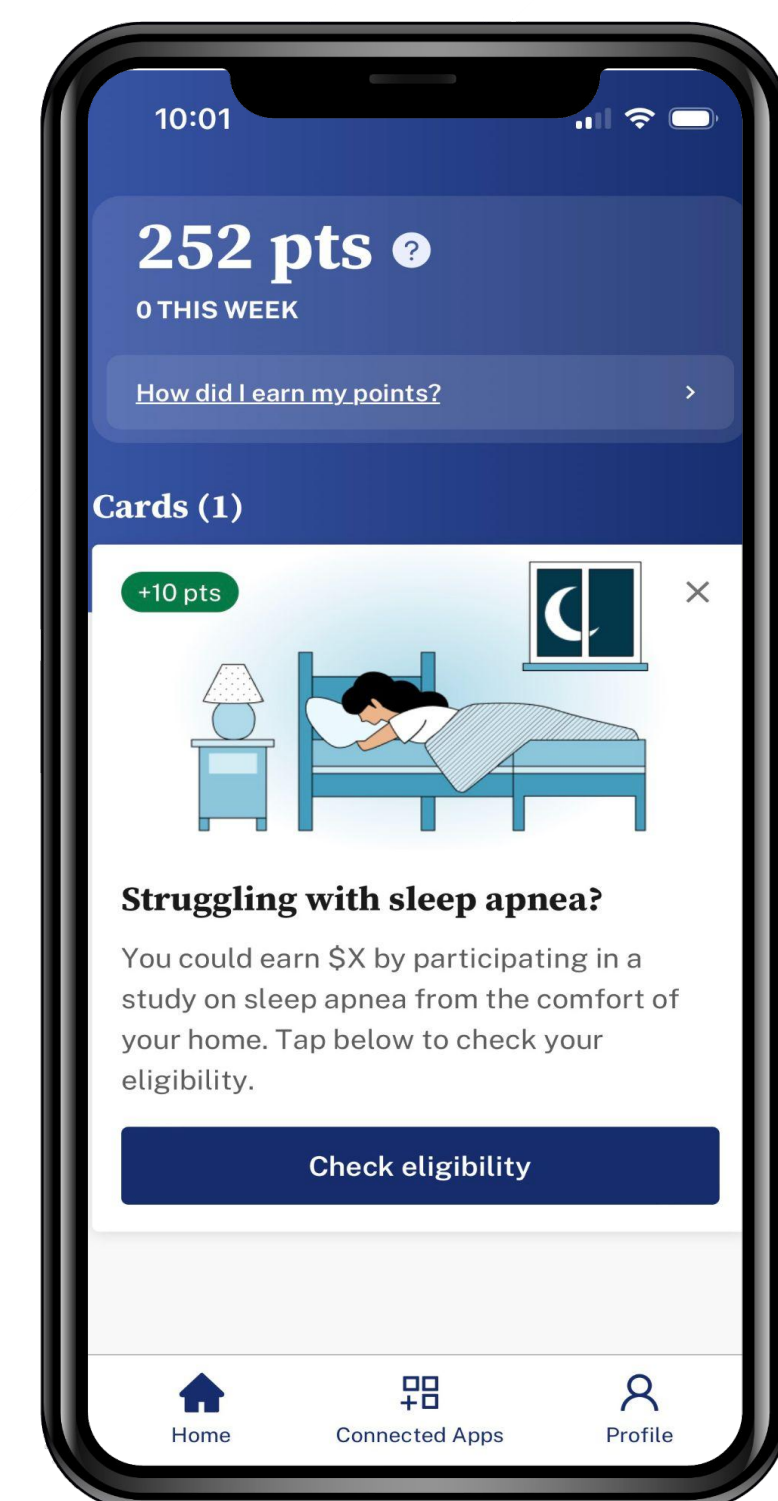
Objectives

- This analysis explores the associations between relevant social determinants of health (SDOH) and delayed medical care, almost three years after the pandemic started

Methods

STUDY POPULATION & SURVEY

- 203,486 US adults from an online health community responded to a survey on their social circumstances between May and December 2023
- They were asked “Have you delayed getting any medical care in the past year (for example, an annual physical, health screening or necessary test)?”
- Survey questions covered five SDOH domains and responses were coded as binary independent variables



STATISTICAL ANALYSIS

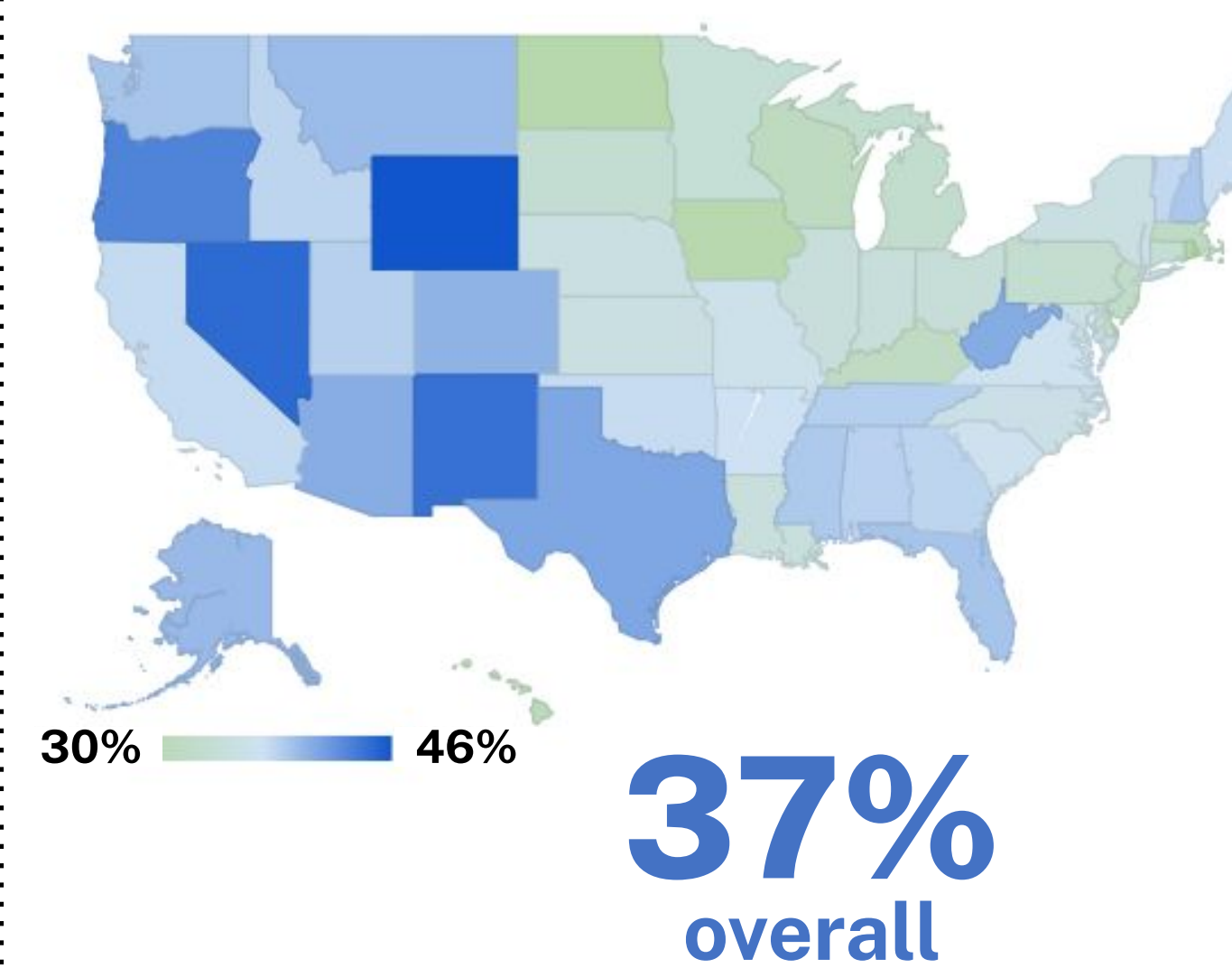
- Based on their reason for delaying care, individuals were classified as 1) not delaying care or delaying care for either 2) financial reasons or 3) non-financial reasons only
- Delayed care was modeled on SDOH using multinomial logistic regression adjusting for age, gender, race, and US region

Results

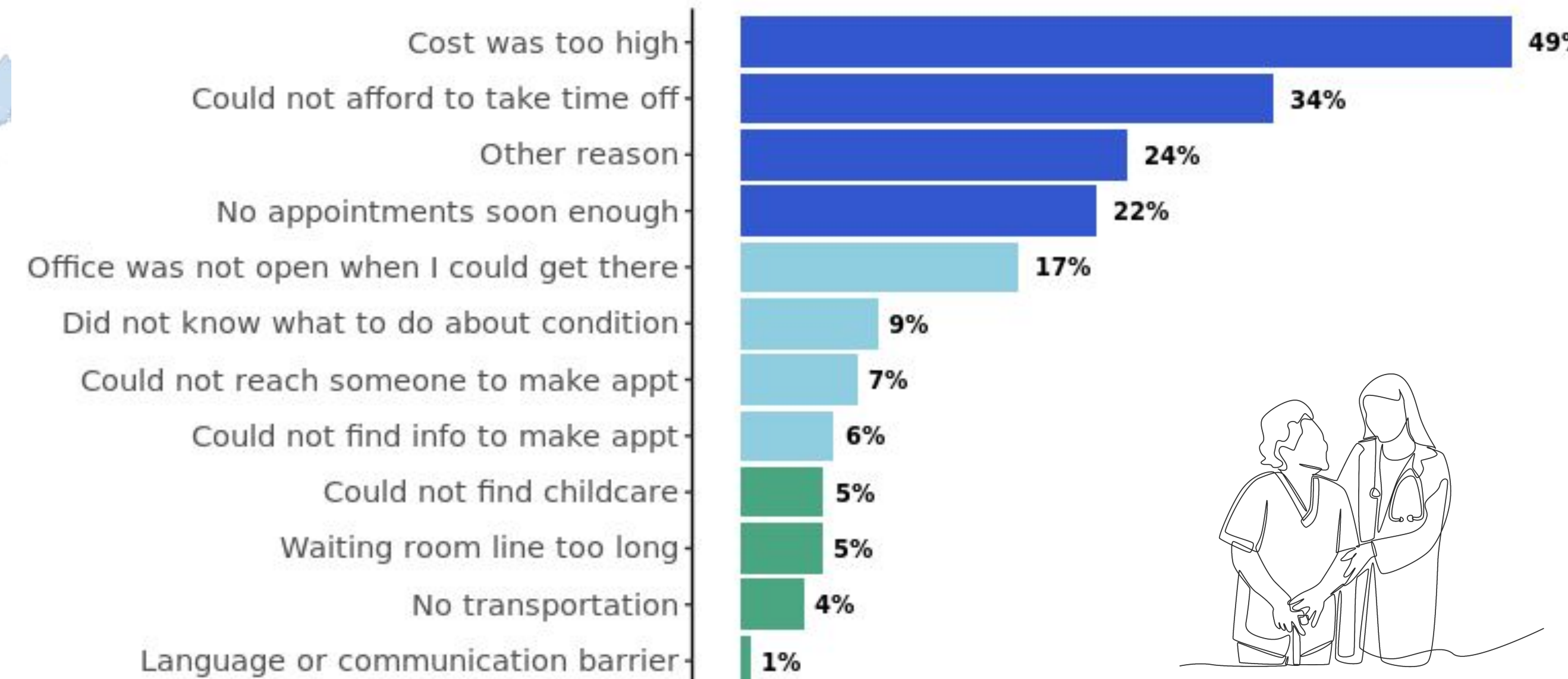
STUDY POPULATION

Baseline Characteristics		Overall N = 203,486	No Delay N = 127,445	Non-Financial only N = 27,692	Financial N = 48,349
Age, mean years (SD)		39.5 (12.0)	40.7 (12.6)	38.9 (11.4)	36.9 (10.1)
Female, (%)		77%	76%	79%	81%
Race/Ethnicity	Asian	6%	7%	7%	5%
	Black	5%	5%	5%	5%
	Hispanic	6%	6%	6%	7%
	Non-Hispanic White	76%	76%	74%	76%
Region	Northeast	18%	19%	20%	16%
	South	35%	34%	33%	39%
	Midwest	27%	28%	24%	25%
	West	20%	19%	23%	20%

% DELAYED, BY STATE



REASONS FOR DELAY



REGRESSION MODEL

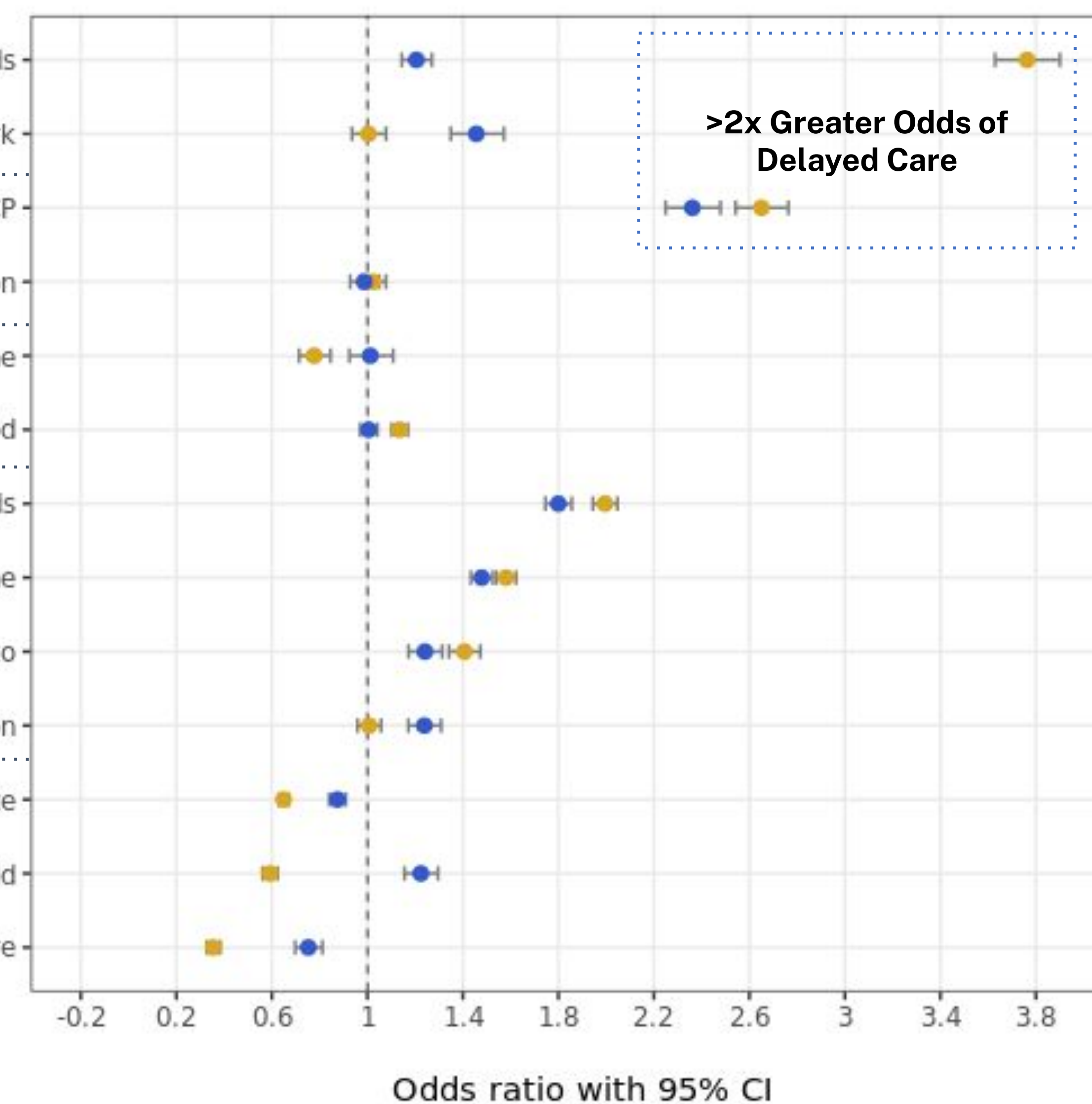
SDOH DOMAIN

SDOH VARIABLE

Economic Stability	Difficulty paying for everyday needs
	Unemployed and looking for work
Education access and quality	Difficulty communicating with an HCP
	Not having a college education
Social and community context	Not usually speaking English at home
	Perceived crime in the neighborhood
Neighborhood and built environment	Environmental hazards
	Hazards at home
	Grocery store is inconvenient to travel to
Healthcare access and quality	Lack of reliable transportation
	Having private insurance
	Having Medicaid
	Having Medicare

SDOH predictors of delayed medical care

Type of delay ● Non-financial reason ● Financial reason



Discussion

- The rate of delayed care remains high three years after the pandemic began, even among individuals engaged with health-related online content
- Among SDOH, difficulty paying for everyday needs emerged among the strongest predictors of delayed medical care - particularly for financial reasons
- Difficulty communicating with a healthcare provider represented another factor impacting timely care, underscoring the critical need to address disparities in health literacy
- Notably, those unemployed and looking for work, lacking transportation, or enrolled in Medicaid delayed care for non-financial reasons only, reflecting diverse challenges (e.g., rise in layoffs², provider availability on Medicaid³)
- Special attention should be given to individuals who delay care for financial reasons, as they are also likely to experience SDOH challenges that further exacerbate poor health outcomes

Conclusions

- Although delayed care is commonly driven by financial constraints, access is limited by a range of factors
- Strategies to promote timely care should be tailored to unique patient needs
 - Telehealth visits for those with time or transportation constraints
 - Support for improved patient-provider communication
 - Coverage for those seeking work

References

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- Hsiang WR, Lukaszewicz A, Gentry M, et al. Medicaid Patients Have Greater Difficulty Scheduling Health Care Appointments Compared With Private Insurance Patients: A Meta-Analysis. *Inquiry.* 2019;56:46958019838118.