

## **The Society of Urologic Nurses and Associates Position on Access to Health Care**

*Empowering Healthcare Professionals to improve the quality of life for urology patients and caregivers.  
(Society of Urologic Nurses and Associates [SUNA], 2022)*

America's effort to address the challenge of providing equitable access to health care is a difficult task (Allen et al., 2017). Multiple barriers may influence or limit an individual's access to health care. By 2050, more than half of the U.S. population will belong to a census grouping other than non-Hispanic White (Colby & Ortman, 2015; Passel & Cohn, 2022). Health inequities, including diminished life expectancy and poor health outcomes, vary based on race, ethnicity, culture, sexual orientation, gender identity, age, health literacy, and socioeconomic status. Social and physical determinants of health – the conditions in which people are born, grow, learn, live, work, play, worship, and age – coupled with the distribution of money, power, and resources, are primarily responsible for these inequities (Gómez et al., 2021; Healthy People 2030, 2020a). Health equity is defined as the "absence of unfair and avoidable or remediable differences in health among social groups" (Braveman, 2014; World Health Organization, 2010, p.1). To promote health equity, "One must make a commitment to reduce and ultimately eliminate disparities in health" (Braveman, 2014, p. 3).

Health literacy is a central focus and objective of Healthy People 2030 (Healthy People 2030, 2020b). Health literacy is defined as an "individual's ability to obtain and translate knowledge and information in order to maintain and improve health" (Liu et al., 2020. p. 6). The prevalence of limited health literacy can adversely impact a person's ability to obtain, process, and understand health information and use that information to make appropriate decisions about one's health and medical care (Healthy People 2030, 2020c).

Health disparities, which are inequities in the quality and outcomes of health care, are evident across the nation. Contributing factors to health disparity include genetics, access to care, poor quality of care, socioeconomic status, discrimination (race, gender, sexual orientation/identification, disability, geographical location), health insurance/ability to pay, language barriers, and health behaviors (Healthy People 2030, 2020a; National Conference of State Legislatures, 2021).

Disparities in the health care delivery system impact all aspects of care, including urologic health care, which is cause for concern for the Society of Urologic Nurses and Associates (SUNA). The International Council of Nurses (ICN) (2021) and the American Nurses Association (ANA) Code of Ethics for Nurses (2015) state that nurses have a shared responsibility with other health professionals and society to ensure the initiation and promotion of community, national, and international efforts to meet the health and social needs of the public. SUNA is committed to enriching the professional lives of our members, and improving the health of our patients and their families through education, research, and evidence-based clinical practice. (SUNA, 2022).

**It is the position of SUNA that:**

- Improvement of the health of patients and families occurs through education, research, and evidence-based clinical practice.
- No person should be denied necessary urologic health care services based on gender, race/ethnicity, education, income, disability, geographic location, or sexual orientation.
- Urologic health care should be administered following the six principles of care outlined by the Institute of Medicine (IOM) (2001). Care should be safe, effective, patient-centered, timely, efficient, and equitable (Millenson et al., 2016).
- We support actions that improve health literacy for individuals to make appropriate and informed decisions about their urologic health.
- We promote awareness of the prevalence of limited health literacy, which can adversely impact a person's ability to obtain, process, and understand health information, and use that information to make appropriate decisions about one's health and medical care (Healthy People 2030, 2020c).
- We support initiatives that expand funding programs that assist people in paying for urologic health care services through shared leadership and funding responsibilities among government, health care organizations, employers, private insurers, and consumers.
- We encourage and assist trade, pharmaceutical, and other professional associations in taking proactive roles on access-to-care issues.

**Background and Rationale**

In 2001, the IOM released "Crossing the Quality Chasm: A New Health System for the 21st Century." In that report, the IOM detailed inequities in access to care, type of care, and considerations for changes in health care delivery provided to various segments of the U.S. population. Further detailed were inadequacies in the health care system's ability to address broader care issues, such as the increasing complexity of medical science, an aging population, increasing numbers of persons with chronic diseases, and an increasingly diverse population. The IOM report called on all stakeholders to commit to a "national statement of purpose" for the health care system.

Having health insurance coverage is strongly associated with the ability to access health care, but the U.S. health insurance system does not reach all Americans (ANA, 2015; ICN, 2000; National Center for Health Statistics, 2004; Starfield & Shi, 2004). In 2020, 8.6% of the population, or 28 million, did not have health insurance at some point in the year (Cha & Cohen, 2022; Keisler-Starkey & Bunch, 2021). Nearly 31.1 million Americans, or 9.6% of the population, were without health insurance in the first six months of 2021, according to the American Hospital Association (2021). Only 54.5% of those were receiving health coverage from an employer-based plan, leaving Medicare (18.4%), Medicaid (17.8%), and direct purchase (10.5%) to meet the health insurance needs of millions of workers and others who don't have the opportunity to get health coverage (Keisler-Starkey & Bunch, 2021).

In The Kaiser Family Foundation Employer Health Benefits Summary of Findings (2020), only 78% of workers who worked for firms with 1000 or more employees that offered health care benefits were enrolled in coverage. Those not enrolled were not eligible because of waiting periods, part-time or temporary work status, or the employee contribution to the coverage was too expensive (Kaiser Family Foundation, 2020). For employers with 3 to 9 employees, only 48% of those employers offered coverage. Only 64% of workers have health care coverage (Kaiser Family Foundation, 2020). Not having insurance is closely correlated with not receiving medical care and not having a primary care provider (Healthy People 2020, 2020).

The Affordable Care Act of 2010 was intended to increase access to quality, affordable health care and contain health care costs (Ndugga & Artiga, 2021; Senate, n.d.), but it is evident that many continue to lack access to health care (State Health Access Data Assistance Center, 2020). Lack of insurance compromises the health of the uninsured because they receive less preventive care, are diagnosed at more advanced disease stages, and once diagnosed, tend to receive less therapeutic care and have higher mortality rates than insured individuals (Tolbert et al., 2020). The uninsured are less likely to follow up on care and obtain recommended diagnostic and therapeutic services. The financial strain of paying medical bills can lead to many negative economic consequences and medical debt going to collections, which can further impact access to care (Tolbert et al., 2020).

Healthy People 2030 lists several priority areas which includes social determinants of health (SDOH). According to Healthy People 2030 (2020a), SDOH are conditions that affect the health function, quality of health, and health risks of a population. SDOH directly impacts how individuals and their families interact or don't interact within the health care system. The subdomain of Health Care Access and Quality discusses the goal of Healthy People 2030 in improving health by assisting individuals in getting timely, high quality health care services (Healthy People 2030, 2020a).

The most pertinent objectives of the Health Care Access and Quality subdomain, when it comes to urological health regarding Healthy People 2030, include the proportion of individuals who get recommended evidence-based preventative health care, reducing the proportion of people who cannot get medical care when they need it, and increasing the proportion of individuals whose health care providers involved them in their decisions as much as they wanted (Healthy People 2030, 2020a).

These three objectives have a direct impact on individuals seeking urological care:

- In having to access to preventative health care, an individual can prevent disease and early death; however, disparities exist specifically as applied to age and race/ethnicity.
- Delays in medical care can have a negative impact on an individual's health and increase the cost of care. Individuals who delay due to their SDOH may have more preventable complications, hospitalizations, and emotional stress.
- Current evidence indicates that most patients wish to participate in their health-making decisions. This shared decision-making often leads to higher patient satisfaction and better health outcomes (Healthy People 2030, 2020a).

It is imperative that as providers of urologic health care, SUNA continues to be an advocate for safe, effective, patient-centered, timely, efficient, and equitable care for all who seek and need health care.

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*SUNA, as a professional nursing organization, fosters the principles of Diversity, Equity and Inclusion of all its members in promoting a safe environment and is committed to upholding, honoring, and celebrating the differences of our urologic patients and their families, ensuring the human dignity of all.*

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