SUNA Position Statement

The Society of Urologic Nurses and Associates

Position on Access to Health Care

America’s effort to address the challenge of providing equitable access to health care is indeed a difficult task\(^1\). There are multiple barriers that may influence or limit an individual’s access to health care. These factors are often interrelated, which include: (1) lack of access to adequate and affordable health insurance and the lack of ability to pay for care\(^2\); and (2) problematic differences in health access outcomes that occur by gender, race/ethnicity, education, income, disability, geographic location, or sexual orientation\(^3\). Disparities in the health care delivery system have also impacted access to urologic health care which is cause for concern. The Codes of Ethics for Nurses developed by the International Council of Nurses\(^4\) and the American Nurses Association\(^5\) state that nurses have a shared responsibility with other health professionals and society to ensure initiation and promotion of community, national, and international efforts to meet the health and social needs of the public. It is the position of SUNA that urologic health care is the right of all people and no person should be denied necessary urologic health care services.

It is the position of SUNA that:

- urologic health care is the right of all people.
- 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 in accordance with the six principles of care outlined by the Institute of Medicine. That is, care should be safe, effective, patient-centered, timely, efficient and equitable\(^6\).
- 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 \(^7\).
- 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, healthcare organizations, employers, private insurers and consumers
- we encourage and assist trade, pharmaceutical, and other professional associations to take proactive roles on access-to-care issues

Background and Rationale

In 2001, the Institute of Medicine (IOM) released "Crossing the Quality Chasm: A New Health System for the 21st Century"\(^6\). In that report, the IOM detailed the 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 issues of care 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\(^1\). Nearly 47 million Americans, or 16 percent of the population, were without health insurance in 2005, from the latest government data available\(^9,10\). In 2005, 27.4 million workers were uninsured because not all businesses offer health benefits, not all workers qualify for coverage and many employees cannot afford their share of the health insurance premium even when coverage is at their fingertips\(^9,10\). Millions of workers don't have the opportunity to get health coverage. A third of firms in the U.S. did not offer coverage in 2005\(^11\).

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\(^11\). The uninsured are increasingly paying "up front" before services will be rendered. When they are unable to pay the full medical bill in cash at the time of service, they can be turned away except in life-threatening circumstances\(^12\).

Health literacy is the ability to obtain, process, and understand health information and to use that information to make appropriate decisions about one's health and medical care\(^13\). Large-scale national surveys conducted by the US Department of Education indicate that about one third of the American adult population (90 million Americans) has limited health literacy\(^14\). People with limited health literacy have less health knowledge, worse health status, and higher healthcare costs than individuals with adequate health literacy, even after controlling for potentially confounding socio-demographic factors\(^13\).

Clinicians routinely underestimate the prevalence of limited health literacy among their patients and frequently overestimate the ability of individual patients to understand the information they provide to those patients. Awareness of the prevalence of limited health literacy in a clinician's practice, however, can allow the clinician to modify communication methods to match the needs of patients\(^15\).

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