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Socioeconomic and Geographical Factors Impacting California's Low-Income Youth's Healthcare Accessibility

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ABSTRACT

The United States healthcare system is infamously expensive, causing certain groups to struggle to access healthcare. Lower-income families will have difficulties accessing American healthcare, limiting access for youth from these families. In California, socioeconomic factors such as income, insurance status, and location can affect healthcare availability.

This study examines recently peer-reviewed published literature on Google Scholar and PubMed to identify barriers to healthcare access among low-income youth in California. Keywords used when searching for these sources include *accessibility, low-income, socioeconomic, American healthcare, and youth*.

This review found that although Medicaid provides services for low-income families, its ability to support all care needs remains limited. Therefore, more programs may be needed to further fill existing gaps. Insufficient services available and the quality of services for these low-income youth and families compound these challenges.

Policies also play an important part in healthcare accessibility. Programs such as Medi-Cal, Covered California, and even statewide initiatives help to minimize accessibility disparities among social classes. Yet, even with programs, equal accessibility is not reached, and many children who qualify for these programs are left uninsured.

Other factors like geography also matter, as rural areas have fewer healthcare services available and are also more likely to have stigma surrounding healthcare, which may lead rural residents to avoid healthcare services. There still needs to be more work done so that these disparities can be reduced. Impactful change, such as expanding insurance coverage, increasing service availability for lower-income populations, and extending healthcare resources to rural areas, is necessary.

INTRODUCTION

The U.S. healthcare system, while innovative and technologically advanced, faces health disparities, often based on financial income. Factors such as age, race, geography, and social class all play a role in the accessibility of healthcare for Americans. At the national level, nearly 11 million children live in poverty (Children's Defense Fund, 2023). Unlike many other countries, U.S. healthcare accessibility can fluctuate based on state law. While federal law sets the basis for healthcare, each state has different policies that apply to how its healthcare systems operate. Therefore, a person's access to healthcare can vary drastically depending on which state they reside in.

California creates a particularly unique landscape compared to many other states due to its expansive state-level initiatives and diverse demographics. Approximately 18.6% of the children residing in California live in poverty (Sanganeria, 2025). To address this, the state has implemented major policy structures that extend far beyond baseline federal requirements. Most notably, California operates Medi-Cal—its version of Medicaid—which covers doctor visits, mental health services, and pharmaceuticals for nearly 40% of the state's population (CHCF, 2025). California has also aggressively expanded Medi-Cal coverage to populations not originally included under traditional federal Medicaid rules (CHCF, 2025). Additional state-specific programs include the California Children's Services (CCS) for youth with chronic conditions, and Covered California, a state-based insurance marketplace established under the Affordable Care Act that provides financial assistance to families who might otherwise fall through the gaps.

Despite these robust state-level programs, low-income youth (for the purposes of this paper, "low-income youth" refers primarily to children and adolescents (ages 0–21) belonging to low-income households) in California continue to face significant barriers to adequate healthcare (Lazar & Davenport, 2018). While national trends highlight broader affordability and insurance challenges, California's unique combination of high child poverty rates, massive public program enrollment, and distinct rural-urban divides makes it a vital case study. Youth from low-income families frequently encounter a lack of affordable resources, and existing policies often fall short of covering total treatment costs. Out-of-pocket expenses can remain prohibitively high, leading some families to delay or avoid necessary care (Fung et al., 2014)—a contributing factor to the rising medical debt that remains a leading cause of bankruptcy nationwide (Fay, 2024; Abdullahi Tunde Aborode et al., 2024). This paper examines the intersecting financial, policy, and geographical factors that impact low-income youth's access to healthcare in California and evaluates how well the state's unique policies support them.

METHODS

In this study, peer-reviewed literature published on Google Scholar and PubMed was reviewed to identify barriers to healthcare access among low-income youth in California. To capture relevant data, multiple keyword combinations were used during the search process, including terms such as *American or U.S. healthcare, accessibility, youth, children, healthcare insurance, low-income, rural healthcare, California,*

and socioeconomic. When filtering for this specific 2010–2026 timeframe across all search combinations, an initial total of approximately 54,800 articles was retrieved.

To narrow down these results, the articles were ranked by relevance and examined sequentially. Articles were evaluated based on specific inclusion and exclusion criteria:

- Inclusion Criteria: Studies had to be peer-reviewed, published in English between 2010 and 2026, and focused on the U.S. healthcare system, with a specific emphasis on low-income youth, families, or California demographics. Additionally, baseline statistical data and reports published on official government and recognized organizational websites (such as the U.S. Census Bureau, PPIC, and CHCF) were included for context.
- Exclusion Criteria: Articles were excluded if they focused on healthcare systems outside the United States, were non-peer-reviewed opinion pieces, or concentrated solely on adult populations without addressing pediatric care.

Furthermore, after skimming the titles of articles that met the criteria, a total of 98 papers were found. Then, after briefly reading the abstracts of the papers for further relevance and distinct content, a total of 30 papers were found, and in the end, 23 papers were used.

California was specifically chosen as the geographic focus because it is a large and diverse state with unique state-specific policies like Medi-Cal, alongside distinct rural areas that are not commonly highlighted.

LITERATURE REVIEW

Through the literature review 3 main factors contributing to healthcare accessibility for low-income families and children in California were found: Financial, policy, and geographical factors. These factors are all intertwined with each other, yet they also have separate subsections. Financial factors include the affordability of healthcare, the correlation of socioeconomic status to overall health, the relationship between health maintenance and socioeconomic status, and prescription drugs' relation to socioeconomic status. Policy factors include disparities in public insurance, race in relation to insurance, and unawareness of public insurance programs. Lastly, geographical factors include clear differences in rural versus urban healthcare, transportation availability, and stigma regarding healthcare in rural areas.

Financial Factors	**Policy Factors**	**Geographical Factors**
Affordability & Correlation: ● Being unable to afford treatment is common, especially for low-income families ● Low-income children are twice as likely to have poorer health outcomes compared to high-income children	*Insurance:* ● Those insured by public insurance struggle to obtain speciality care, are denied care, and experience delayed care ● Dental care can be more accessible for publicly insured children	*Rural vs Urban:* ● Rural average incomes are less than urban average incomes ● Rural children are less likely to receive preventative care or continuous health insurance ● Rural areas have fewer healthcare services
Health Maintenance: ● Low-income children are less likely to have consistent checkups and healthcare providers	*Race:* ● The majority of uninsured children are minorities, especially Latinx and African Americans ● Almost two-thirds of undocumented Latino immigrants are uninsured, which may be due to fear of immigration laws	*Transportation:* ● Long drives to healthcare services, causing parents or caretakers to take time off for children ● Public transportation not accessible for rural citizens
Prescription Drugs: ● Prescription drugs and treatments can be added to payments that these low-income families cannot afford	*Uninsured:* ● Public insurance can increase the insured population, but still many uninsured ● Many parents or caretakers are unaware that their children qualify for public insurance programs	*Stigma in Rural Areas:* ● Stigma against mental health ● Stigma against healthcare and healthcare systems in general, which worsens their health ● For rural children, even though they may have mental health counselors,

		they are inconsistent

Financial Factors

Financial barriers are a prominent issue in healthcare accessibility. Some of these financial barriers commonly faced include the affordability of treatment, health maintenance, and prescription drugs (Fraizer et al., 2023). Being unable to afford treatment is very common in low-income families and prevents many from getting the proper care and treatment they need. For instance, 45.2% of those who are low-income identified at least one problem with affording healthcare, while in comparison, 25.5% of those who are high-income reported at least one problem with healthcare affordability (Park & Fung, 2025). Although this study examines broader low-income adult and insured populations, these widespread affordability hurdles directly translate to pediatric care, as parents often absorb and struggle with these same out-of-pocket costs for their children. Children from low-income families often are in poorer health because of financial barriers.

As seen in a survey that 102,353 parents took about a child in their family, as family income decreases, the children's quality of physical health decreases (Larson & Halfon, 2010). The authors evaluated diabetes, asthma, and oral health as key indicators, as well as developmental factors and conditions, including speech problems, learning disabilities, and ADHD. This study also found that whether a child has health insurance or not, low-income children were twice as likely to have poorer health outcomes as compared to higher-income children.

These findings are consistent with the fact that low-income children are also less likely to have regular healthcare providers and therefore less frequent routine checkups (Larson & Halfon, 2010). When patients do not have regular check-ups or do not stay up to date with vaccinations, it can negatively affect their health. Those who have special conditions and need specific treatments may also require more frequent health maintenance visits, exacerbating these barriers.

Additionally, many youth who have chronic health conditions need prescription drugs to help maintain their health. However, many lower-income families cannot afford these treatments for their children. The increase in cost for excess medical expenditures for youth with any type of diabetes, though mainly type 1, is annually around $9,000 per person, and more than 40% of that $9,000 is for prescription drugs (Shrestha et al., 2017). Especially since these youth need these prescriptions to help them manage their medical condition, if someone cannot acquire the necessary prescription drugs, their quality of life and health outcomes could decrease significantly.

Policies

In the healthcare system, government-supported insurance policies are vital for low-income families to access healthcare. However, having insurance does not guarantee adequate access to care. Timely

appointments, specialty care, and even affordable treatments are not always available to those who are insured (Bisgaier & Rhodes, 2011; Angier et al., 2014). A study focusing on families with incomes in the range of 100% to 300% of the FPL suggests that while insurance policies have helped increase the number of insured children, many are still left underinsured and struggle to meet their health care needs (Kreider et al., 2016). The majority of uninsured children are minorities, most prominently Latino and African American (Flores et al., 2016). These groups often face disparities that all factor into healthcare accessibility. For instance, a long history of systemic racism has created many predominantly African American communities that experience disinvestment in their area. These areas frequently have fewer available services and are often correlated with poorer health (Chandran & Schulman, 2022).

Additionally, almost two-thirds of undocumented Latino immigrants are uninsured, which may be linked to fear of enforcement of immigration laws and also being excluded from public health insurance programs (Sommers, 2013). While this study was done in 2013, these problems are still current. Immigration status continues to be a barrier to public insurance program access due to fear (Aguileria & Duran, 2024). This leaves the potential for high out-of-pocket costs that these low-income families need to pay, inadequate coverage, and limited provider networks (Kreider et al., 2016). Even those insured by Medicaid or CHIP were more likely to struggle with obtaining specialty care (Kreider et al., 2016). This may be associated with the fact that many specialists do not accept Medicaid or CHIP, and so many children who were publicly insured are more likely to be denied appointments, or their care may be delayed (Bisgaier & Rhodes, 2011). However, dental care may be more accessible to those insured with Medicaid or CHIP rather than to privately insured children (Kreider et al., 2016). This could be due to the fact that Medicaid requires dental services for children as part of its program. These programs aid many low-income families and children of those families; however, they do not promise access to all services, leaving many gaps in necessary healthcare for these children (Kominski et al., 2017).

While public programs that provide insurance come with their own benefits and flaws, another significant issue pointed out is that the parents or caretakers of these children are often unaware that their children qualify for programs such as Medicaid or CHIP (Flores et al., 2016). Being uninsured is linked to significant issues; uninsured children's caregivers were almost six times more likely to need additional income to cover healthcare needs for their children than insured children's caregivers (Flores et al., 2017). This problem is extremely relevant in California, where more than 65% of the uninsured children qualify for either CHIP or Medicaid (Kenney et al., 2015). While this source may be dated, recent national data suggests that this problem persists, with more than half of uninsured children being able to qualify for either CHIP or Medicaid (Wright Burak et al., 2026).

Geography

California is vast, and while the majority of its population is in urban areas, 5.8% of its population, or 2.3 million Californians, is located in rural areas (PPIC, 2024). Around 5% of California's child population lives in rural areas (KidsData, 2019). Where a person is located can greatly affect their accessibility to healthcare. This is especially true in California, where many rural hospitals are in financial distress or

have been closed (PPIC, 2024). Those who live in rural areas also earn less on average than those who live in urban areas. The median income for rural households was $83,100, while the median income for urban households was $92,400 in 2024 (PPIC, 2024), which, as mentioned before, can also worsen one's experience and results with healthcare. Low-income families' and youth's experiences in rural areas with healthcare can vary from those in more urban areas. In rural areas, children are less likely to receive preventative care or have continuous health insurance, as compared to urban children (Crouch et al., 2023). Since a significant population of Californians lives in rural areas, it is important to note how factors mainly impacting those living in rural areas, such as lack of transportation and heavy stigma surrounding aid, may affect healthcare access for youth.

The accessibility of healthcare for rural residents is a prominent issue. Compared to urban areas, they have a smaller number of hospitals and healthcare services. Participants in a qualitative study described how transportation was a main issue, as parents often had to set aside time to drive a long way to access mental health services (Graves et al., 2024). This meant parents were taking time off from work for their children to have these services, often resulting in the loss of a paycheck. This study also highlighted how public transportation was not quite as accessible and, therefore, often not an option when considering all the choices for transportation. For instance, public bus services may not be available in rural areas. Even the health services that were near the rural area had strict hours. While this study captures adult community members' perspectives, their insights directly reflect the logistical and transportation barriers experienced by rural youth and their caretakers.

In rural communities, stigma against mental healthcare can be very prevalent. In a phone survey comparing urban and rural residents' views on mental health, it was found that rural participants were more likely to have stigma against mental health (Jones et al., 2011). Stigma can reduce someone's chances of seeking healthcare. In a qualitative study conducted in rural Montana that assessed healthcare providers' views on barriers to healthcare, the participants revealed patients' critical perception towards healthcare systems (Coombs et al., 2022). Participants also brought up how many rural patients' concerns related to this stigma can create worsening gaps in access to care. One participant states, "They don't see doctors. They don't want to go, and they don't want to be sick" (Coombs et al., 2022). This guarded nature could contribute to many rural residents avoiding healthcare systems, as they see being sick as a weakness.

There is also a lot of stigma regarding mental health in rural areas. Even though rural youths' schools might have mental health counselors and support, these resources are often scarce and inconsistent. This is an issue especially seen in rural areas, due to their lower funding and lack of healthcare. It has been found that unstable funding, along with a lack of focus on mental health, can make it challenging for recruitment and retention of qualified providers (Coombs et al., 2022). Youth need to have consistent health services, especially mental health services, because without a consistent provider, it is harder to connect with patients and help them. It is important to get these youth the resources and services they need so they can receive proper and required care.

DISCUSSION

In California, many factors play a part in a resident's accessibility to healthcare, which is especially true for low-income youth. Financial, policy, and geographical factors are notable strains on families and youth. Low-income youth usually have poorer health outcomes, likely related to inconsistent or inadequate health maintenance. Furthermore, many of those who are struggling financially may not be able to afford their necessary prescriptions, follow-up, or specialty care. Government policies may help address some of these financial issues, yet many government programs that provide insurance, such as CHIP and Medicaid, or specifically Medi-Cal in California, are often insufficient and don't guarantee the quality of the healthcare received. As a result, many children are left uninsured, even if they qualify for a program that gives them free insurance due to lack of awareness of or difficulty enrolling in these programs. Lastly, it was also found that many residents in rural areas live farther away from healthcare services, and many have to sacrifice much more time to be able to access these services. The stigma around healthcare in rural areas also prevents rural residents from seeking healthcare when needed.

While money, policies, and geography are usually looked at as separate problems, the research shows that they actually mix together and make things even harder for low-income youth. For example, having a low income makes it much harder for families to handle travel and logistics. Low-income families living in rural areas face double the problems; they earn less money on average and also have to deal with a weak healthcare setup where clinics are far away or closing down (PPIC, 2024; Graves et al., 2024). Since public transportation is hard to find in rural places, families have to drive themselves, which costs money for gas and forces parents—who are often hourly workers—to take unpaid time off work. Because of this, living far away could contribute to financial problems.

On top of that, public programs like Medi-Cal and CHIP run into major problems because doctors who take them are in short supply. Even though public insurance helps more people get covered, it doesn't guarantee they can actually find a doctor. Studies show that children with public insurance have a harder time getting specialist appointments because many doctors won't accept the low pay rates from public programs (Bisgaier & Rhodes, 2011; Kreider et al., 2016). It is also important to note that most children who are insured through public programs are linked to coming from low-income families, as the criteria for many of the programs, such as Medi-Cal, may include income level. So, low-income youth get stuck right in the middle of money struggles, doctor shortages, and living in isolated areas. This is why health gaps still exist even when the state tries to expand programs: just having an insurance card doesn't mean you can get care if local doctors are missing and specialists won't see you.

Even though there is a lot of research on healthcare access, there are still some missing pieces. First, while we have statewide numbers for Medi-Cal, we need more local, county-by-county studies looking at how things like being undocumented and living in a rural area mix together to affect kids' health in farming regions like California's Central Valley. Second, past studies usually just look at whether someone has insurance to measure healthcare access, but they miss "hidden" out-of-pocket costs, like special medical

gear, that keep hurting low-income families even after they sign up. Future research should look closer at whether publicly insured kids are actually able to use specialty care in different areas.

Studying the financial, policy, and geographical barriers to healthcare for low-income youth in California is especially important because similar barriers have been found to correlate with worse health and inequities in both state and national research. These factors also play into a cycle of continued poor health and financial disparities, as lower-income youth have worse health on average but often cannot afford quality care or access the required treatments, which only means their health can continue to decline.

Health plays a significant role in one's life. It can determine someone's ability to participate in activities and to learn, and can impact essentially every part of their life. These issues that poor health is associated with can follow children into adulthood, impacting their success and capabilities. Therefore, it is important to help youth from low-income families overcome the disparities that they face in healthcare to prevent their health from worsening.

To be able to support youth from low-income families further, firstly, improving public insurance programs such as CHIP and Medi-Cal can create more coverage, especially for youth. These programs should be strengthened so the comprehensiveness of services offered is expanded. Literature has shown that the current services covered by public insurance programs are not adequate; even insured low-income children struggle with accessing speciality care, as many services do not accept public insurance(Bisgaier & Rhodes, 2011). One way to improve public insurance could be increasing provider reimbursement rates, creating a greater incentive for specialists to accept publicly insured patients. There should also be policies that aim at minimizing disparities mainly faced by the low-income population to prevent negative future health outcomes.

Secondly, it is also essential to add more accessible healthcare services and systems in rural areas. Reviewed literature found that rural areas are associated with fewer available sources and greater stigma, as compared to urban areas. Investing in services such as mobile clinics, telehealth, and an increased number of healthcare workers in these areas could help bridge this geographic gap.

Lastly, out-of-pocket costs, which may contribute to barriers for low-income families, need to be reduced. Policies for families under a certain income level that prevent out-of-pocket costs from getting excessively high could help.

It is important to note that this study has limitations. This study could only review sources from free and published sources. Additionally, there may be unpublished studies or omitted information from these sources. Furthermore, this study did not follow a systematic review protocol. The published sources and databases used in this paper may contain biases that affect the outcome of the study. Then, in each subsection of the literature review, the studies included varied; each study may have been in different locations, with greatly differing samples and methods. Lastly, much of the evidence and sources used in this paper are national rather than California-specific.

CONCLUSION

This study examined the many socioeconomic and geographical factors that affect low-income youth in California's accessibility to healthcare, including government policies such as Medi-Cal that may help those residents. Research statewide and nationwide shows that financial strain, inadequate programs and policies, and rural geography are obstacles to low-income youth in obtaining care. More research needs to be done in this area, as it can help improve policies, help rural infrastructure, and reduce disparities between social classes.

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