

A Look into Healthcare Injustices Within the Undergraduate College Community

Bushra F. Yenice

Ball State University, Muncie, IN, USA

Rona Robinson-Hill

Ball State University, Muncie, IN, USA

[Abstract] Although there are considerable improvements to the healthcare system in the United States, 82 % of adults experience difficulties while attempting to seek healthcare. In some marginalized communities accessing healthcare can also negatively impact the health of those individuals. This study examines the accessibility of healthcare among undergraduate students attending a predominantly White institution in the Midwest. The goal of this study was to identify healthcare barriers in a campus community and initiate a conversation that addresses areas of concern. Results illuminated the fact that students from all social and ethnic classes have encountered and/or experienced obstacles in accessing healthcare services.

[Keywords] healthcare barriers, marginalized communities, undergraduate student population, healthcare accessibility

Introduction

Access to healthcare is a fundamental human right and is pivotal to fostering the overall well-being and academic achievements of undergraduate students. Nationwide, it has been revealed that 1.9 million undergraduates go without healthcare care and insurance due to a plethora of reasons (Collins, 2005). Recent research has highlighted the correlation between underrepresented or marginalized communities and their access to healthcare coverage. Students without health insurance are more likely to exhibit poor academic performance and higher absentee rates. Without access to essential healthcare services, these students often struggle with untreated health conditions that impact their ability to focus, engage in studies, and succeed academically (Auerbach, 2016).

This study investigates the perceptions and experiences of undergraduate students regarding healthcare services provided by a predominantly White institution (PWI) in the Midwest. The research questions were: 1) What significant issues and/or barriers do undergraduate students face when accessing healthcare? 2) What demographics of students are being most affected by healthcare barriers? It is hypothesized that, if undergraduate students complete a survey to determine access to healthcare, some students will share that they were not able to receive healthcare because of barriers faced.

Review of Literature

Most universities based in the USA offer some form of healthcare to their students, whether this be a health center or outpatient clinic. When students fall ill, they are directed to seek medical attention at these facilities. Although some of these facilities are on-campus, most still require some evidence and/or form of health insurance to be seen (Becerra, 2022). This makes getting

treatment extremely difficult for lower income students and those without health coverage. A study conducted in 2013 found that students who lack transportation are more likely to miss appointments and are unable to pick up prescriptions (Syed et al., 2013). When adequate healthcare is unattainable a person's health will deteriorate (McWilliams, 2003).

According to a study by Turner and Keller (2015), only 44 % out of the 21 million college students in the US surveyed have utilized on-campus resources during a 41- month period. This study informed administrators about how resources were not being utilized to their fullest potential. The American College Health Association (2023) outlined a framework that could make on-campus healthcare more accessible. This framework took into consideration key aspects of campus life such as: 1) cultural structure of the institution; 2) the organization's guiding principles; and 3) the unique talents and skills each party brings to address the health of the institution's community (Brauer et al., 2023).

The cultural structure of an institution can be explained as the patterns that dictate how groups of people operate and behave, which is how the diverse groups collaborate across all levels of the socio-economical classes. Guiding principles are shared beliefs and definitions of a single problem which can then be composed into a single agenda. Guiding principles of an organization are just as important as the cultural structure. Finally, understanding a diverse groups' unique skills and talents can up-lift a community which is essential to a functioning cultural strategy (Brauer et al., 2023). The framework and suggestions outlined in this article would make healthcare on campus more accessible and provide a more unique approach to reduce obstacles and/or barriers seen on college campuses. This framework may be costly to implement if schools needed to assess the needs of their students before adjusting or reworking the universities' infrastructure. Although cost is a major factor, this re-adjustment would allow PWIs to close the access to healthcare gap between students who use on-campus resources and those who need healthcare.

Methodology

For this study, a questionnaire was developed and reviewed by an expert in online survey development. This anonymous survey asked diverse undergraduate students close-ended questions to determine their perceived or experienced barriers in accessing healthcare at this PWI in the Midwest. The survey was available for three weeks via three avenues: 1) university communication email; 2) emails from community engagement outreach liaison; and 3) emails from all undergraduate faculty sent to their undergraduate students.

Participants were asked to: 1) review an informed consent form; 2) agree to participate in this study; and 3) complete the anonymous online survey using Qualtrics. All participants who completed the survey took less than 16 minutes.

Participants

The survey was distributed to over 500 undergraduate students, 120 responses were received. All participants volunteered to be in this study. Forty-six percent of respondents self-identified as female, 9 % as male, and 45 % identified as *other* or more than one option. The respondents' demographics were: 44 % identified as White/Caucasian American; 27.5 % identified as African American; 20 % preferred not to disclose their identity; and less than 3 % identified as Asian American, Hispanic, Latino, or Spanish origin, and Multiethnic. All participants were undergraduates at this PWI ranging from second semester, first-year students to fifth year seniors. Forty-four percent of participants reported to be third year juniors.

Table 1*Question: What Best Describes You?*

Gender & Demographic	Percent of Participants	Number of students
Females	55	46
Males	11	9
Other	45	54
American Indian and/or Alaska Native	0.8	1
Asian	2.5	3
Black/African American	27.5	33
Hispanic, Latino, or of Spanish Origins	2.5	3
White/Caucasian	44	53
Multiethnic	1.6	2
Prefer not to disclose	20	24

Data Analysis

Data collected regarding barriers and demographics was quantified and analyzed for statistical significance using Qualtrics Crosstabs IQ and Statistical Package for the Social Sciences (SPSS). Cross-tabulations help describe the relationship between multiple variables and how they affect one another. Through this method of analysis comparisons were made between different factors. SPSS software was used to analyze complex survey data, create inferential statistics, and visualize data. Analysis of the quantitative data was conducted with the assistance of a statistician.

Results

This study aimed to investigate the perceived and experienced barriers undergraduate students face when accessing healthcare on campus. The research questions were: 1) What significant issues and/or barriers do undergraduate students face when accessing healthcare? 2) What demographics of students are being most affected by healthcare barriers? Multiple factors were examined in this

investigation such as class rank, residency, race and ethnicity, gender identity, sexuality, and insurance access. To determine the role of each of these facets, participants were asked a series of close-ended questions about perceptions, experiences, and impressions of access to healthcare as an undergraduate at this PWI in the Midwest.

Both questions were answered by the information documented in tables two, three and four based on ethnicity of students, living arrangement of students and the students' rank in college. Table two revealed 12 - barriers from these respondents. All the respondents regardless of race or ethnicity faced multiple barriers accessing health care at this PWI in the Midwest. Limited hours were the only barrier that impacted all the ethnic groups. Cost, insurance challenges, limited appointments, long wait times, lack of safety/security, and geographic barriers were impacted by four of the five ethnic groups. The last five barriers of healthcare literacy, discrimination, fear, fear of bullying/harassment, and transportation were low, but were barriers to the White/Caucasian and Black African American students.

Table 2

Question: What Barriers Have You Experienced When Trying to Access Healthcare?

Barriers	Asian N = 3	Black/African American N = 33	Hispanic/ Latino N = 3	White/ Caucasian American N = 48	Multiethnic N = 1
Cost	33	33	66	48	0
Insurance challenges	33	45	33	31	0
Limited appointments	0	30	33	38	100
Limited hours	66	33	33	54	100
Long wait times	33	27	66	31	0
Lack of safety/security	0	15	33	31	100
Healthcare literacy	0	15	33	8.3	0
Discrimination	0	15	33	6.3	0
Geographic barriers	0	12	33	15	100
Fear	0	9	0	10	0
Fear of bullying/harassment	0	6	0	2.1	0
Transportation	0	3	0	2.1	0

All numbers are in percent (%)

When juxtaposing commuter students with the results of barriers, 12 barriers were revealed by the respondents (Table 3). The respondents' living status were: 21 students lived with parents; 50 students lived on campus; three students were not sure how to report their living arrangement; two students did not disclose; and 13 reported *other*. Limited appointments and hours were barriers to all the respondents. Cost, insurance challenges, long wait times, inadequate healthcare literacy,

fear, and transportation were six barriers that impacted four out of the five respondent groups. Cultural stigma, lack of safety/security, discrimination, fear of bullying/harassment, and geographic barriers were four barriers that impacted only one to two respondent groups, but all these barriers impacted students that lived on campus. Students who live on campus reported greater barriers to healthcare access in five areas when compared to students that lived with their parents.

Table 3

Question: What Barriers Have You Experienced When Trying to Access Health Care Based on Where you Live?

Barriers	I live with parents N = 21	I live on-campus N = 50	Not sure N = 3	Prefer not to Disclose N = 2	Other N = 13
Cost	33	46	33	0	46
Insurance challenges	1.4	44	33	0	23
Limited appointments	24	28	66	50	62
Limited hours	38	46	33	50	62
Long wait times	29	24	66	0	54
Inadequate Healthcare literacy	24	6	33	0	7.7
Cultural stigma	20	6	0	50	0
Fear	24	22	0	100	31
Lack of safety/security	24	6	0	0	7.7
Discrimination	9.5	2	0	0	0
Fear of bullying/harassment	0	4	0	0	0
Transportation	9.5	16	0	50	15

All numbers are in percent (%)

The barriers most of the students experienced were cost, insurance challenges, limited appointments and hours, and long wait times (Table 4). Cost impacted 2nd year (60 %); 3rd year (41 %); and 4th year (44%). Insurance challenges impacted 2nd year (40 %); 3rd year (38 %); and 4th year (33 %). Limited appointments impacted 2nd year (30 %); 3rd year (31 %); and 4th year (56 %). Limited hours impacted the 2nd year (55 %); 3rd year (41 %); and 4th year (50 %). Long wait times impacted the 2nd year (30 %); 3rd year (26 %); and 4th year (44 %). The other barriers were impacted at zero to less than 40 %.

Table 4

Question: What Barriers Have You Experienced When Trying to Access Health Care Based on Your Rank in College?

Barriers	1 st year N = 8	2 nd year N = 20	3 rd year N = 39	4 th year N = 18	5 th year N = 4
Cost	13	60	41	44	0
Insurance challenges	25	40	38	33	0
Limited appointments	13	30	31	55	25
Limited hours	50	55	41	50	25
Long wait times	25	30	26	44	25
Inadequate Healthcare literacy	0	10	7.7	27	0
Cultural stigma	0	0	0	0	0
Fear	0	0	10	22	0
Lack of safety/security	38	35	13	39	0
Discrimination	0	10	7.7	22	0
Fear of bullying/harassment	0	0	2.6	11	0
Transportation	0	0	5.1	0	0
Geographic barriers	13	25	5.1	27	0
None	25	5	15	16	50

All numbers are in percent (%)

The demographics responses were from American Indian/Alaska Native; Asian; Black/African American; Hispanic, Latino, or Spanish Origins; Middle Eastern or North African, White/Caucasian American; and Multiethnic (Table 5). Five categories were listed with the number of responses from each demographic. Based on the responses the only demographics that were properly educated on healthcare services available at this PWI in the Midwest were the White/Caucasian Americans and the Black/African Americans which is representative of the campus population.

Table 5

Question 5: Are You Aware of the Healthcare Services Available on Campus, and Do You Feel They Meet Your Needs?

Demographics	Yes, completely fit my needs N = 11	Yes, they may fit my needs N = 39	Yes, but do not fit my needs N = 10	No, they might fit my needs N = 24	No, they do not fit my needs N = 5
American Indian/Alaska Native	0	0	0	0	1
Asian	0	2	0	0	1
Black or African American	3	13	4	12	1
Hispanic, Latino, or Spanish Origins	1	2	0	0	0
Middle Eastern or North African	0	0	0	0	0
White and/or Caucasian	7	21	6	12	2
Multiethnic	0	1	0	0	0

All numbers are in percent (%)

Discussion

Undergraduate students in this study reported barriers and obstacles to accessing on-campus healthcare, emphasizing the need for timely interventions in higher education institutions. By delving into a range of factors such as class rank, commuting status, race/ethnicity, gender identity, sexuality, and health insurance coverage, this study provides valuable insights into the diverse experiences of students navigating healthcare services within a predominantly white institution (PWI) setting.

One notable finding is the occurrence of barriers across all demographic groups, indicating a systemic issue that transcends individual traits. With 27.5 % of participants identifying as African American and 44 % identifying as Caucasian, the prevalent nature of these obstacles suggests institutionalized biases, stigmas, and racism may be at play, even though 44 % of respondents were part of the majority population. A recent study suggests that students from diverse backgrounds face challenges with healthcare when there are institutionalized biases, stigmas, and racism (Lazzareschi, 2024). Despite the study's focus on a PWI, the prevalent barriers related to time availability, daily opening hours, and appointments reveal systemic inequities that affected all students, not just those from marginalized backgrounds.

The significance of these findings is heightened by the current social and political climate, where there is an increasing emphasis on equity and inclusion in higher education. As institutions are being called to address the needs of marginalized communities, this study provides timely evidence of the urgent need for reforms for all students. These results align with findings from a 2019 study, which concluded that healthcare resources are not equitably distributed across communities. The study found that the majority population received more comprehensive and higher-quality healthcare, while marginalized communities often received less attention and fewer

resources (Baah, 2019). However, this study did not show a higher quality of healthcare toward the majority and demonstrates the need for improvement for all students (Table 2).

The participants provide a representative sample of the institution's student population. Due to limited responses from individuals identifying as Asian, Hispanic, Latino, or of Spanish origin, it is noted that we did not achieve a representative sample from these groups. Therefore, future studies with a more diverse population base may reveal greater barriers related to biases, stereotypes, and racism.

The housing status of the students revealed that those living on campus experienced a significant increase in barriers compared to those living with their parents or in off-campus housing (Table 3). Students living on-campus reported encountering greater challenges related to transportation compared to commuter students. This is echoed in a study conducted in 2013, wherein researchers found that transportation insecurity led to more students missing medical appointments. (Syed et al., 2013). Other studies have also shown that without proper healthcare, health conditions can go undetected and worsen over time (McWilliams, 2003). Comparable results were found in this study. Students who lacked transportation to the health center reported skipping out on appointments and not seeing healthcare professionals. This finding underscores the importance of considering logistical factors such as proximity to healthcare facilities in addressing accessibility issues for on-campus residents. Interestingly, no substantial differences were observed between students living with their parents and those living independently, indicating that housing arrangements or transportation alone may not fully account for inequalities in healthcare access.

The analysis of class rank highlights nuanced trends in barrier experiences (Table 4). Although class rank did not extensively impact the overall occurrence of barriers, third year (junior) students reported slightly higher levels of struggle, due to the pressures and demands unique to this stage of their academic journey. It is important to note that 33 % of participants identified as third year students (juniors). The barriers most experienced by students included cost, insurance challenges, limited appointments and hours, and long wait times.

The data obtained supported the hypothesis for this study that experiencing obstacles in healthcare is not limited to one group of people. A study conducted in 2009 suggests that college age adults need to have adaptive care to fit their healthcare needs (Fortuna, 2009). Comparatively, students who participated in our study also voiced the need for adaptive and fiscally friendly healthcare; with 27 % of participants reporting cost and insurance challenges as a main barrier. This could be combated by lowering costs for tests and procedures, modifying opening hours, and arranging better transportation.

Future Research and Recommendations

Future research in this area has the potential to broaden the understanding of healthcare accessibility and barriers faced by students attending higher education institutions. This can be done by surveying more universities with larger student body populations, including those with a larger and more diverse student population. This is crucial as the data from this study only reflects the experiences within a single PWI, limiting the generalizability of the findings. A more inclusive approach that encompasses institutions with varying demographic compositions such as Historically Black Institutions (HBIs) and Hispanic-Serving Institutions (HSIs) could yield a more comprehensive depiction of the obstacles students face.

Noting that only 44 % of the student body use on-campus healthcare resources during a forty-one-month period (Turner & Keller, 2015). This low usage rate highlights a gap in healthcare delivery within a higher education setting. This study found that only two groups amongst the students surveyed were adequately educated on resources available on campus; these groups were African Americans and Caucasians/White. To increase the amount of utilization of on-campus healthcare services, changes need to be made. A more diverse staff, more appointment time slots, a healthcare fee integrated into tuition, and open availability are some key considerations.

Beyond these rational adjustments, future research could also explore the effectiveness of interventions aimed at reducing healthcare barriers, such as campus-based health promotion initiatives, policy changes, and innovative service delivery models. By addressing these knowledge gaps, future studies have the potential to inform evidence-based strategies that enhance healthcare access and promote the holistic well-being of college students.

Cultural Implementations and Improvements

The results underscore the need for direct interventions to address the diverse and intersecting barriers encountered by PWI undergraduate students when accessing healthcare on-campus. Strategies aimed at improving transportation options for on-campus residents and enhancing the inclusivity of healthcare services for all demographic groups are warranted. Interventions should consider the evolving needs of students across different class ranks to ensure equitable access to healthcare resources throughout their academic journey. By addressing these barriers comprehensively, universities can foster a more supportive and accessible healthcare environment that promotes the well-being of all students.

References

- American College Health Association. (2023). The healthy campus framework. American College Health Association.
- Auerbach R.P., Alonso J., Axinn W.G., Cuijpers P., Ebert D.D., Green J.G., Hwang I., Kessler R.C., Liu H., and Mortier P. (2016). Mental Disorders Among College Students in the World Health Organization - World Mental Health Surveys. *Psychological. Medicine*, 2016(46),2955–2970. <https://doi.org/10.1017/S0033291716001665>.
- Baah, F. O., Teitelman, A. M., & Riegel, B. (2019). Marginalization: Conceptualizing Patient Vulnerabilities in the Framework of Social Determinants of Health: An Integrative Review. *Nursing Inquiry*, 26(1), e12268. <https://doi.org/10.1111/nin.12268>
- Becerra, M. B., Roland, T. C., Avina, R. M., & Becerra, B. J. (2022). Unmet Healthcare Needs among College Students during the COVID-19 Pandemic: Implications for System-wide and Structural Changes for Service Delivery. *Healthcare*, 10(8), 1360. <https://doi.org/10.3390/healthcare10081360>
- Collins, S. R., Schoen, C., Kriss, J. L., Doty, M. M., & Mahato, B. (2005, May). Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help. [Issue Brief] *Commonwealth Fund*. (649),1-12. <https://pubmed.ncbi.nlm.nih.gov/15875320/>
- Fortuna, R. J., Robbins, B. W., & Halterman, J. S. (2009). Ambulatory Care among Young Adults in the United States. *Annals of Internal Medicine*, 151(6), 379–385. <https://doi.org/10.7326/0003-4819-151-6-200909150-00002>
- Lazzareschi, M. (2024, February 20). Why Healthcare Disparities Continue to Exist among the College Student Population. *Wellfleet Student*. <https://wellfleetstudent.com/student-well->

being/why-healthcare-disparities-continue-to-exist-among-the-college-student-population/

McWilliams, J. M., Zaslavsky, A. M., Meara, E., & Ayanian, J. Z. (2003). Impact of Medicare coverage on Basic Clinical Services for Previously Uninsured Adults. *JAMA*, *290*(6), 757–764. American Medical Association.

Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling Towards Disease: Transportation Barriers to Healthcare Access. *Journal of Community Health*, *38*(5), 976.
<https://doi.org/10.1007/s10900-013-9681-1>

Turner, J. C., & Keller, A. (2015). College Health Surveillance Network: Epidemiology and Healthcare Utilization of College Students at US 4-Year Universities. *Journal of American College Health* *63*(8), 530-538.
<https://doi.org/10.1080/07448481.2015.1055567>