

BRIDGING HEALTHCARE DISPARITIES: A SYSTEMATIC REVIEW OF HEALTHCARE ACCESS FOR DISABLED INDIVIDUALS IN RURAL AND URBAN AREAS

Amer Mesmar^{1,2}, Godfrey Mbaabu Limungi¹, Mohammed Elmadani¹, Klara Simon¹, Osama Hamad¹, Livia Toth¹, Eva Horvath¹, Diana Elmer³, Orsolya Mate⁴

1. Doctoral School of Health Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

2. Faculty of Dentistry, University of Jordan, Amman, Jordan

3. University of Pécs, Faculty of Health Sciences, Institute of Health Insurance, Pécs, Hungary,

4. Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, Faculty of Health Sciences, University of Pécs, Pécs, Hungary

OBJECTIVES

This systematic review aimed to compare healthcare access for people with disabilities living in rural versus urban areas and to identify key barriers and facilitators influencing access across different geographical settings.

METHODS

This review was pre-registered in PROSPERO (CRD42025648258). Peer-reviewed studies published between January 1, 2010, and December 31, 2024, were identified through searches of PubMed, Scopus, Web of Science, and the Cochrane Library. The data sources included previously published observational and mixed-methods studies drawing on national surveys, administrative healthcare records, and population-based datasets. Studies were eligible if they explicitly compared healthcare access among disabled individuals in rural and urban settings at regional or national levels. Key indicators examined included healthcare utilization, physical accessibility, transportation barriers, availability of healthcare providers, wait times, and financial barriers. Data extraction was conducted using standardized forms, and methodological quality was assessed using the Mixed Methods Appraisal Tool (MMAT). Findings were synthesized using narrative synthesis and thematic analysis in accordance with PRISMA guidelines.

RESULTS

A total of 8 studies conducted in Peru, China, the United States, Mozambique, and South Africa met the inclusion criteria. Across studies, rural areas were consistently characterized by greater transportation barriers, longer travel distances to healthcare facilities, lower healthcare facility density, and reduced provider availability. Urban areas demonstrated higher service availability but faced access limitations related to facility overcrowding and longer wait times. Socioeconomic factors influenced access in both settings, although the nature of these barriers differed. Telemedicine and mobile clinics were identified as key facilitators in rural contexts, while specialized services and public transportation systems were more relevant facilitators in urban areas.

CONCLUSIONS

Disabled individuals experience substantial healthcare access disparities that differ by geographical context. Addressing these inequities requires context-specific strategies, including technological and mobile healthcare solutions in rural areas and system-level optimization in urban healthcare settings.

Study (Year)	Country	Study Type	Sample Size
Moscoso-Porras (2019)	Peru	Quantitative	37,524
Zhao & Wang (2021)	China	Quantitative	29,769
Gimm & Ipsen (2022)	USA	Quantitative	National survey
Pinto & Muhache (2023)	Mozambique	Qualitative	34
Zhang et al. (2017)	China	Longitudinal	26,604
Hamilton et al. (2020)	USA	Qualitative	53
Grut et al. (2012)	South Africa	Qualitative	~40
Davidsson & Södergård (2016)	USA	Qualitative	9

Table 1. Characteristics of the included studies, detailing author, year, country, population, methodology.

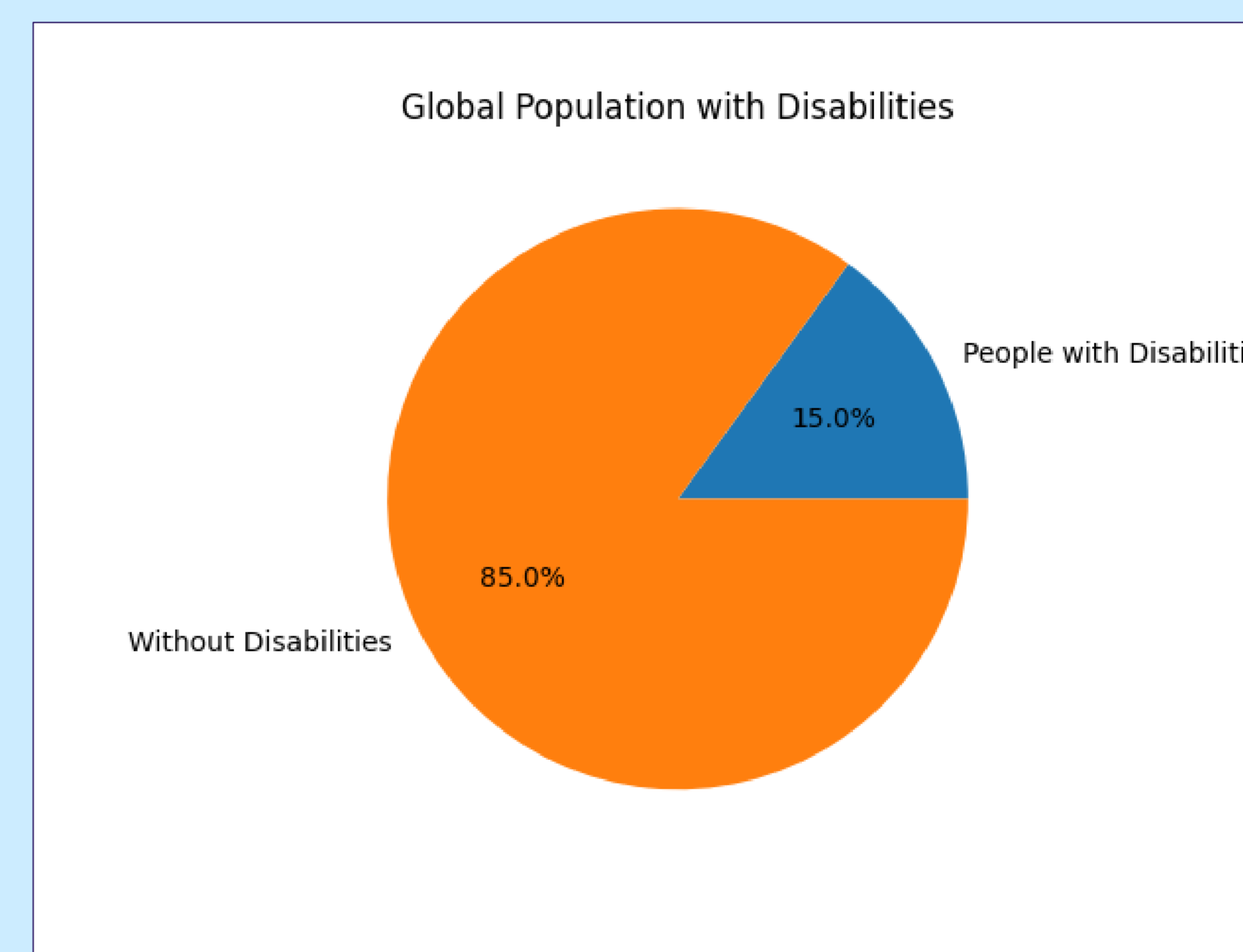


Figure 1. Estimated global prevalence of disability: ~15% of the population lives with a disability.

Category	Rural Areas	Urban Areas
Infrastructure	Few facilities, poor accessibility	Many facilities but overcrowded
Transportation	Major barrier, long distances	Generally better but still limited for disabled
Healthcare Providers	Shortage of specialists	More specialists available
Cost & Socioeconomics	Higher financial burden	Inequality in low-income populations
Accessibility	Lack of ramps, adapted facilities	Still present but less severe
System Issues	Limited services	Long wait times, bureaucracy

Table 2. Comparison of barriers to healthcare access for people with disabilities in rural versus urban areas, highlighting differences in infrastructure, transportation, provider availability, socioeconomic factors, accessibility, and system-related challenges.

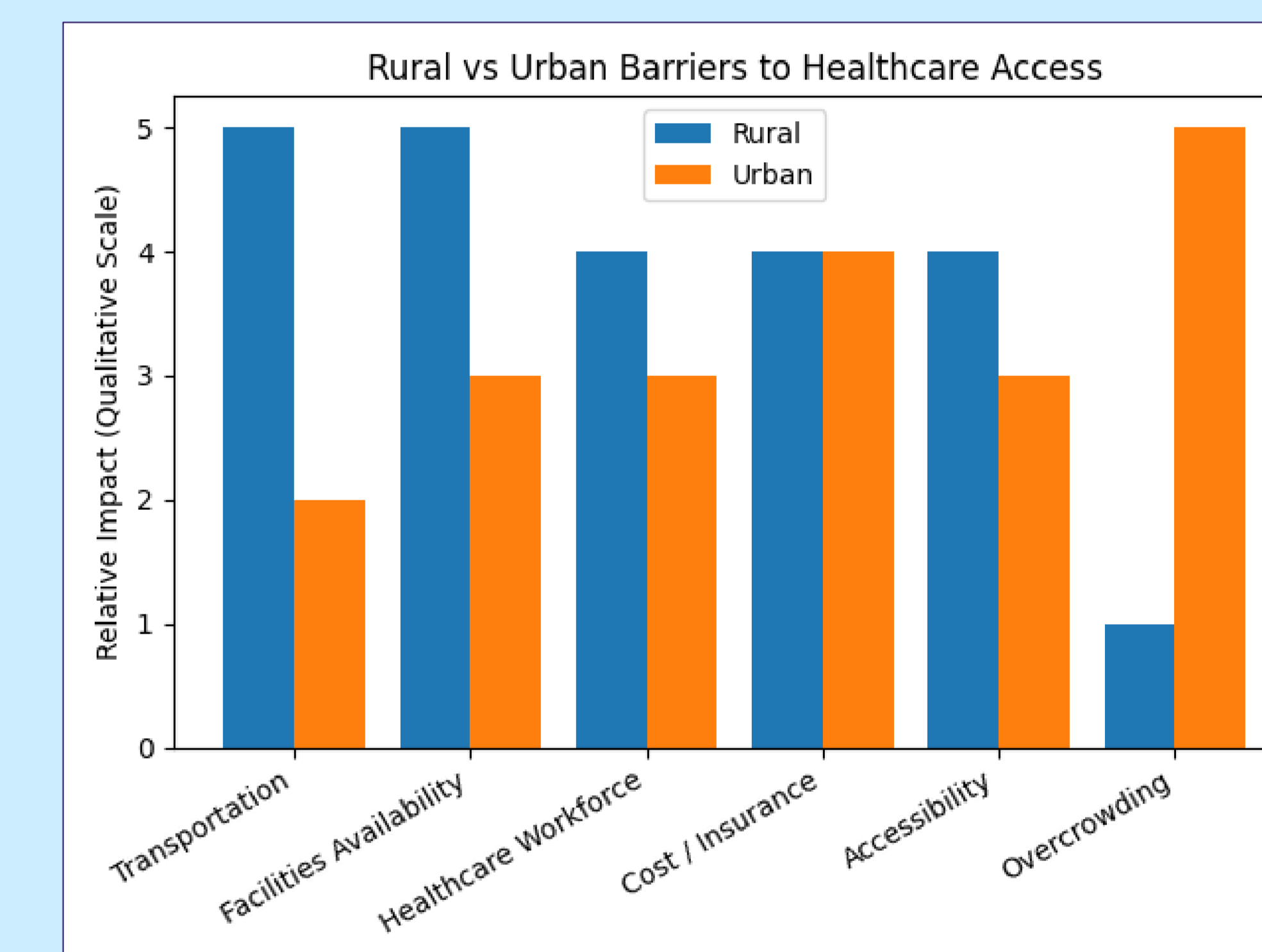



Figure 2. Comparison of key healthcare access barriers in rural vs. urban areas, showing higher impact of transportation and facility limitations in rural settings and overcrowding in urban areas.

ISPOR 2026
May 17-20, 2026 | Philadelphia, PA | USA

 **University of Pécs**
1367

Funding:
The research received no fund.

Corresponding author:
Dr. Dr. habil MÁTÉ Orsolya PhD, MEdU, MPH
UNIVERSITY OF PÉCS
Faculty of Health Sciences
Doctoral School of Health Sciences, Faculty
Institute of Emergency Care, Pedagogy of Health and Nursing Sciences
Email: orsolya.mate@etk.pte.hu

HPR 150

SZÉCHENYI 2020

 **HUNGARIAN GOVERNMENT**

 **European Union European Social Fund**

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