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After Implementation of the ACA – Coverage Gaps among Rural Latinos Still Remain

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ABSTRACT

In this study, we assessed health needs and insurance coverage among a rural Latino population. A health needs survey was conducted in 2015 with approximately 100 Latino residents living in a rural Florida county. The survey included questions on socio-economic characteristics, type of insurance coverage, lapses in coverage, delays in care and satisfaction with health services. Only 15% of respondents had insurance through their employer, and 11% had Medicaid. Over 45% of participants had no health insurance, and 20% had no insurance for more than three years. One in ten had a medication delay due to lack of coverage/money, and 17% expressed they had medical bills they were paying off. Gaps in coverage highlight the need for targeted outreach efforts, while gaps in access and affordability highlight the need for new strategies to address barriers to care and out of pocket expenses for those with health insurance.

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BACKGROUND

On March 23, 2010, an ambitious piece of legislation called the Patient Protection and Affordable Care Act (ACA) was signed into law by President Barak Obama (US Centers for Medicare & Medicaid Services, n.d.). The law was intended to decrease the number of uninsured by expanding insurance coverage. The key pieces of this legislation required insurers to accept all applicants, cover essential health benefits and charge the same rates regardless of pre-existing conditions or gender (Polite, 2014). This piece of legislation also introduced insurance marketplaces and mandates for all individuals not covered by government or employer's health insurance plans (Polite, 2014). On January 1, 2014, most of the major provisions of the law were implemented. Since then, reports show that 20-25 million additional Americans have received insurance coverage (Decker, Lipton, & Sommers, 2017; Graves & Nikpay, 2017); however, the Congressional Budget Office also estimates that an additional 27 million adults were still without health insurance in 2016 (Congressional Budget Office, 2014). Even under the ACA, many uninsured people cite the high cost of insurance as the main reason they lack coverage. In 2015, 46% of uninsured adults said that they tried to get insurance coverage but could not because of the high cost (Congressional Budget Office, 2014). Some adults, particularly poor adults in states that did not expand Medicaid remain ineligible for financial

assistance (Kaiser Family Foundation, 2016). Other adults who are eligible for financial assistance may not know they can receive help; however, undocumented immigrants are ineligible for Medicaid or Marketplace coverage.

The state of Florida has one of the highest rates of uninsured non-elderly (aged 18 to 64) persons in the nation (Kaiser Family Foundation, 2016). However, following national trends, the state had decreases in the number of uninsured after implementation of the ACA. Florida's uninsured populations decreased from 22% in 2013 to 15% in 2015. Despite the fact that Florida's Legislature did not choose to expand Medicaid coverage up to 400% of poverty, Medicaid coverage increased from 16% to 18% (Garfield & Damico, 2016). Further decreasing the number of uninsured, 5% of Floridians signed up for insurance through the health insurance marketplace (Norris, 2017). While an increase in health insurance does benefit some, coverage does not guarantee access to health care or access to affordable health care (DeVoe, et al., 2007; Long, Skopec, Shelto, Nordahl, & Walsh, 2016). Some still face difficulty finding a health care provider or have difficulty paying medical bills. Low income and minority populations are particularly susceptible to barriers obtaining health care (Long, et al., 2016).

In Florida, Latinos are the largest non-white population. Little research has focused on Latinos living in rural areas. This population warrants close

attention as they have the highest uninsured rates and the lowest percentage of people without employer provided health insurance. The purpose of this article is to examine insurance and health services access in a rural Latino population living in Florida after the implementation the Patient Protection and Affordable Care Act in 2014.

Study Data and Methods

This study was conducted by the Latino Initiative for Better Health as part of a health needs assessment for Greensboro, Florida. The study was approved by the Florida A&M University Institutional Review Board. Greensboro, a small town located in Gadsden County, has a total population of 621, making it the sixth largest community in the county (U.S. Census Bureau, 2015). Gadsden is a rural county which ranked 67th of 67 counties in Florida on health outcomes according to county health rankings (University of Wisconsin Population Health Institute, 2014). It is the only county in Florida with a non-white majority population. Latino/Hispanic is the largest non-white population in Greensboro comprising 37.80% of the population (U.S. Census Bureau, 2015).

This cross-sectional survey conducted during a three month period during the summer of 2015 collected data on 100 Latino/Hispanic adults, aged 18 to 93, living in Greensboro, Florida. The Latino/Hispanic participants were from several different origins. The largest number identified as Mexican origin (64.5%). The respondents were 62.9% female and most were married or in a committed relationship (66.3%) (Table 1). The Greensboro survey contained 112 questions combined from several other surveys including the Oceana Farmworker Health Study, the Behavioral Risk Factor Surveillance Survey and the Racial and Ethnic Approaches to Community Health. From these survey questions, we examined health insurance coverage, health care access, affordability, and satisfaction.

Study Results

Although Florida's uninsured rates decreased after the implementation of the ACA, we discovered troubling trends among rural Latinos living in Florida. Of the 100 Latinos surveyed, 45% did not have any type of health insurance. When compared to Florida's statewide rates, 31.9% of Latinos did not have health insurance. These rates are 2 to 3 times higher than Florida's overall population in which 15% did not have insurance coverage. For those with health insurance, the greatest percentage (15%), received health coverage from their employer; 11% had insurance from Medicaid or another similar type of

health insurance; 9% had Medicare; 3% purchased insurance or had someone buy insurance for them and 5% had insurance from some other source (Figure 1).

For Latinos without health coverage, 7% responded that they had been without health coverage for less than 6 months. Nine percent of the participants had been without health coverage for more than 6 months but less than one year. Fourteen percent of respondents had been without health coverage for more than one year, but less than 3 years. Eighteen percent said that they had been without health coverage for more than 3 years. Four percent of the participants did not know how long they had been without insurance. Most surprisingly, 36% said that they had never had health insurance (Figure 2).

For Latinos who had health care, we examined barriers to accessing health care. When asked if they had difficulties or delays in receiving health care, 32% reported some difficulty. Six percent said they had to wait a long time for an appointment and 1% said they could not make an appointment. Another 6% said that there were long wait times at the doctor's office. Another 6% responded that they had no transportation and 14% said that there were other reasons for delays in receiving care (Figure 3). We also asked if they had delays/difficulty in receiving medication because of the cost. Only 10% said yes. Then, we asked the participants about medical debt. We asked if they had difficulty paying medical bills, 17% said yes.

Lastly, we asked study participants about their perceptions of the health care that they received. A large percentage (31%), said they were satisfied with the health care that they received. The largest percentage of participants (43%) said they were somewhat satisfied and only 6% were not at all satisfied.

DISCUSSION

Currently, the U.S. census reports that there are 48.4 million Latinos making them the largest ethnic or racial minority. Approximately 8% of the nation's Latino or Hispanic population lives in the state of Florida. Health care coverage and access continues to be a major concern for this growing population. This study shows that despite the changes afforded by the Affordable Care Act to decrease the number of uninsured, Latinos still lag behind other racial and ethnic groups in obtaining health insurance coverage. This inequality is intensified for rural residents as they are less likely to have employer-provided healthcare coverage and, even if they are poor, often are not covered by Medicaid. Lack of access to health care services can lead to further declines in health status.

Table 1. *Characteristics of the study sample*

	N	Percentage
Ethnicity (Hispanic/Latino)		
Mexican	60	64.5
Puerto Rican	2	2.2
Cuban	2	2.2
Hispanic (other)	29	31.1
Gender		
Male	36	37.1
Female	61	62.9
Age		
18 - 25	19	19.4
26 - 35	20	20.4
36 - 45	28	28.6
46 - 55	19	19.4
56 - 65	8	8.2
66+	4	4.1
Education		
Never attended	5	5.2
Grade 8 or Below	30	30.9
Some High School	26	26.8
High School Graduate/GED	26	26.8
Some College	8	8.2
College Graduate or Above	2	2.1
Marital Status		
*Single	33	33.7
Married/Committed	65	66.3
Employed		
No	37	37.8
Yes	61	62.2
Perceived Health		
Very Good	7	7.3
Good	23	24.0
Okay	51	53.1
Bad	12	12.5
Very Bad	3	3.1

Figure 1. Source of health insurance

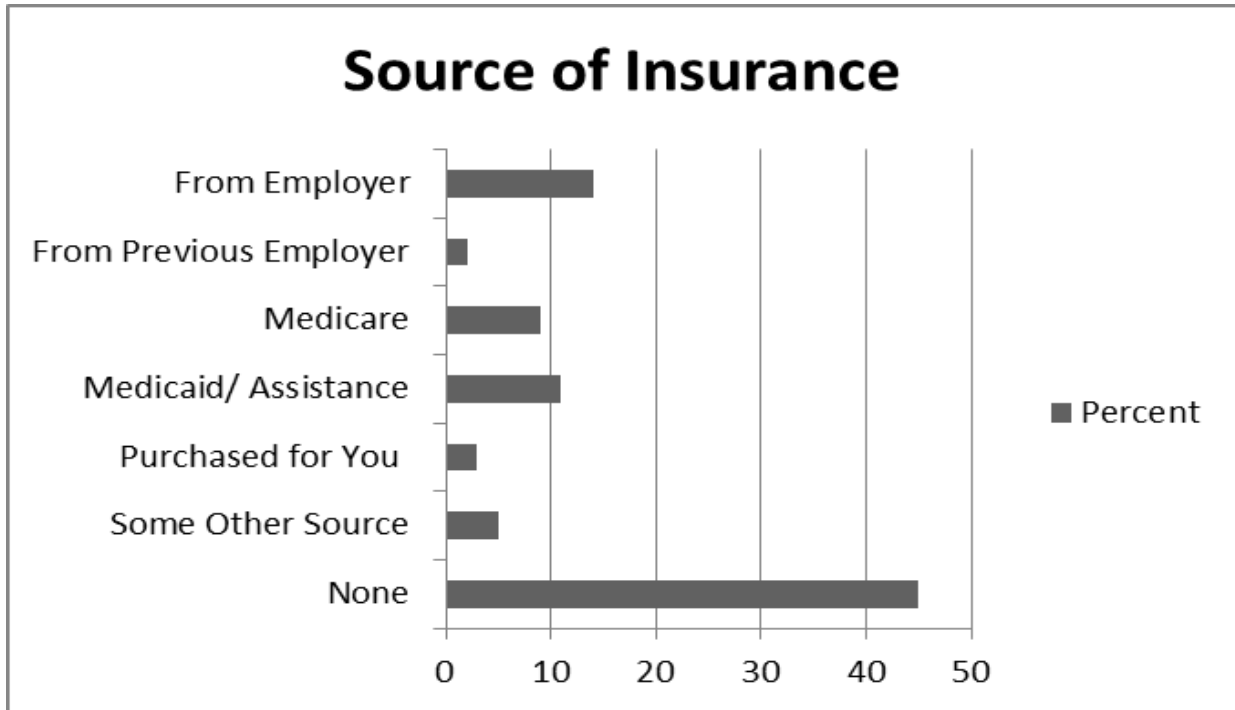


Figure 2. Time without health insurance

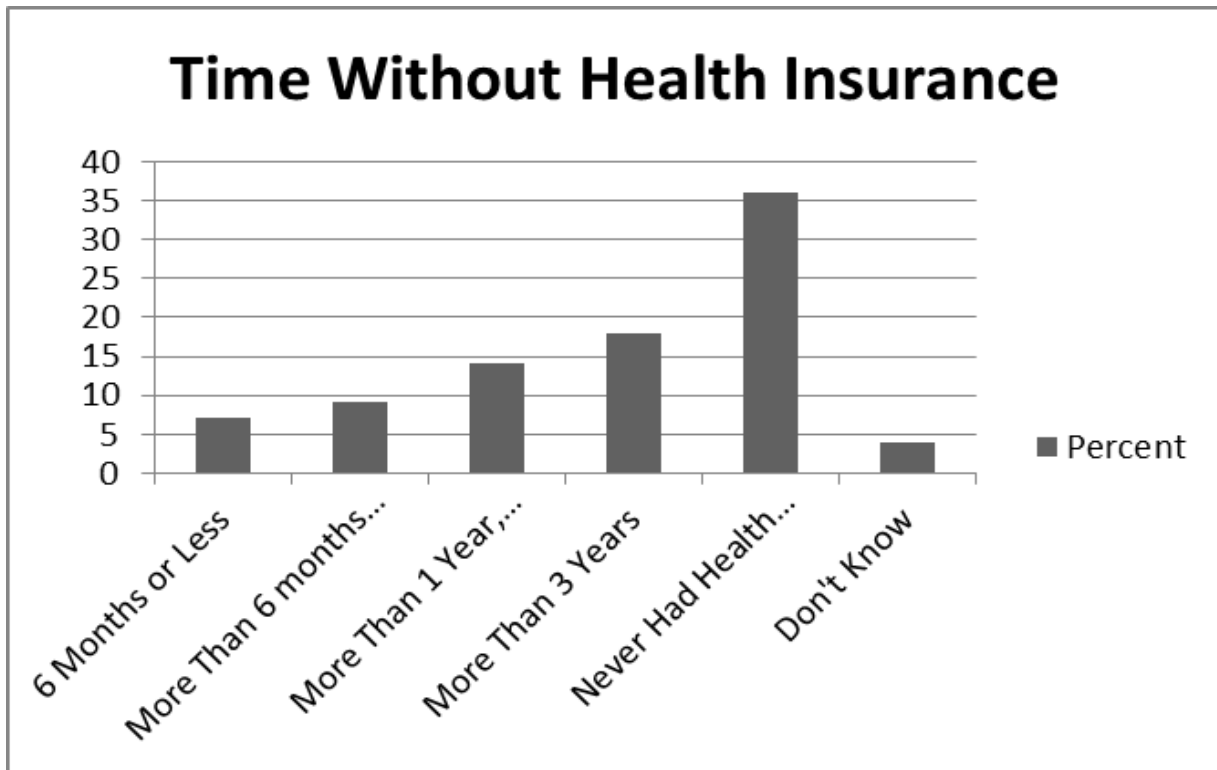
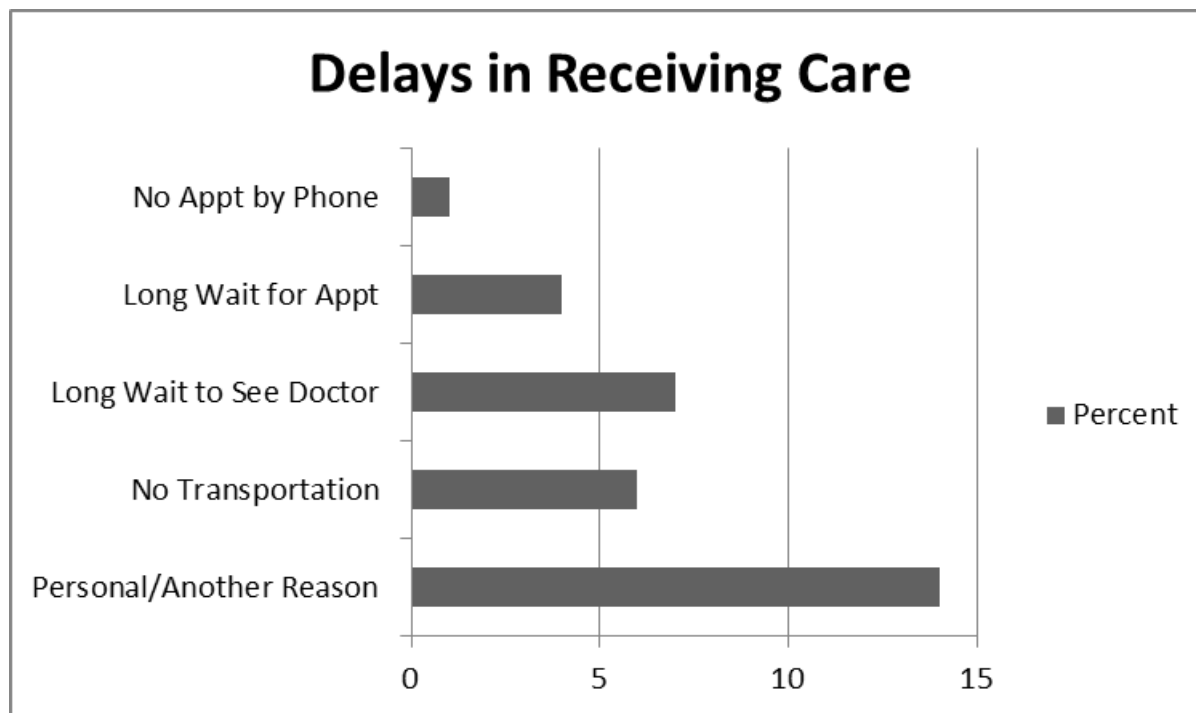


Figure 3. *Delays in receiving care*

This study also shows that when compared to other racial ethnic groups in the state, rural Latinos are 2 to 3 times more likely to lack health insurance. One of the main reasons that these rural Latinos may lack health insurance is that only a small percentage 13% received health coverage from their employer. There are several other factors that may explain why a large percentage of the participants did not have employer based health insurance. Although the survey did not ask questions regarding citizenship, it is possible that some participants in the study lacked U.S. citizenship or did not have the appropriate documentation to allow them to obtain employment with health insurance benefits. Secondly, the education level of the Latinos in this study may have also been a factor. A large number of participants in this study, almost 63%, reported that they had less than a high school education. Previous research shows that individuals with a college education are about twice as likely as those with less than a high school education to have health insurance coverage (Carrillo, Trevino, Betancourt, & Coustasse, 2001). Third, because the participants also worked in the rural area where they lived, a large number (46%) worked in agriculture which is less likely to offer health insurance. Furthermore, these tend to be small businesses. Previous research also shows that Latino employees who work in small businesses are half as likely to have employer coverage and twice as likely to be uninsured as white workers employed in small businesses (Carrillo, Trevino, Betancourt, & Coustasse, 2001).

Beyond the lack of health insurance coverage, this study uncovered other health care access issues. Over 30% of the individuals in the study said they had difficulty getting needed health care. They mentioned long waits to see a doctor or that they could not make an appointment which may signal a lack of medical providers. Lack of medical providers or medical facilities in their community is a contributor to Latinos using few health services than the general American population (Medierios, Sanchez, & Valez, 2012). Considering that Latinos are a very vulnerable population in terms of health care access and utilization, it was important to examine how medical costs also affected their ability to receive needed care. Although only 10% said that they had delayed getting medication because of the cost, 17% said they were paying off medical debt. Other research shows that the cost of care affects Latinos regardless of coverage status and even those with health insurance find it difficult to pay for health care (Medierios, Sanchez, & Valez, 2012). Given this confluence of factors affecting the health of rural Latinos, this research is important and should prove highly informative to policymakers.

IMPLICATIONS FOR PUBLIC HEALTH

This research shows that despite gains in health insurance, there are still populations of that are being left behind. Our study shows that Latinos living in rural parts of the state still have uninsured population rates that are three times higher than the state rate.

Gaps in coverage highlight the need for targeted outreach efforts within the state, while gaps in access and affordability highlight the need for new strategies to address barriers to care and out of pocket expenses for those with health insurance. Without addressing both of these issues, attempts to improve health outcomes becomes an even greater challenge (Berenson, Doty, Abrams, & Shih, 2012).

Recommendations

Florida has no pending legislation for expanding Medicaid eligibility requirements. As a result other measures should be explored to address this growing problem. Suggestions for improving access in the rural population may include expansion of the network of community health centers. According to the Florida Association of Community Health Centers, there are four community health centers which provide care to the residents of Gadsden County; however, only two provide primary care services and the closest one to Greensboro is 20 miles away. Community health centers provide affordable primary care that is culturally and linguistically appropriate. In 2016, over 24 million people in the U.S. relied on a community health center for services (Health Resources and Services Administration, 2017).

Conclusion

In this study, we highlight the need for expansion of insurance coverage which given the current political climate is unlikely. We also provide evidence that there are barriers to health services. The limitation of this study is the relatively small sample size. However, because this study was conducted in a small town in a rural county we were able to survey a majority of the Latino adults in the area. However, the strength of the study is that we were able to gather information on Latino populations living in rural areas. We have not found any other research addressing this underserved population. Whereas Florida has a moderate amount of success in reducing the number of uninsured in the state since the implementation of the ACA, this study highlights that there are populations that were left behind. Florida's challenge is to ensure that health services are accessible to all its populations. Expansion of the community health center network in the state may provide a way of supporting access to affordable care, particularly for vulnerable populations living in rural areas.

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