

## Perceived Barriers and Impact of Implementing ACA in a Rural Community

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## Presenter Disclosures

Cheryl Gaddis, DrPH, MPH, CHES

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

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## Overview

- Discuss issues related to healthcare access in rural communities.
- Describe the perceived barriers and impact of ACA on rural communities.
- Explore the opportunities for possible interventions to address the barriers to ACA implementation in rural communities.

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## Healthcare Access Barriers and Challenges

- Rural counties in Georgia experience slightly higher uninsured rates than non-rural counties (Sweeney, 2014).
- In 2014, \$7 billion dollars in federal funding is available for rural Georgia communities to expand Medicaid to more low-income adults (Sweeney, 2014)
- In 2010, there were 19,860 physicians practicing in the state of Georgia but only 2,044 practice in non-metropolitan areas (GBPW, 2013).

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## Affordable Care Act

- Improve healthcare accessibility
- Shift focus from a disease treatment approach to a disease prevention approach
- Increase insurance coverage
- Coordinated care by providers

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## Impact of ACA on Current Barriers and Challenges

- There has been an increase in Medicaid enrollment since ACA due to the requirement for insurance enrollment (Miller, 2014).
- The cost of health insurance through federal exchanges is disproportionate for rural communities (Rau, 2014).
- Many rural physicians do not participate in the exchange, leaving patients with limited provider options (United Health Foundation, 2014).

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## Mercer Rural Health Project: Background

- The purpose of the study was to identify resources and gaps related to healthcare in a rural community.
- The community is representative of most rural communities in Georgia.

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## Mercer Rural Health Project: Methods

- Focus Groups
- Physician/Provider Interviews
- Key Informant Interviews

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## Mercer Rural Health Project: Results

- Focus Groups
  - Not sure of ACA responsibilities
  - View ACA as financially negative
- Physician/Provider Interviews
  - Insurance costs more under ACA
  - Physicians thought it was too early to determine the potential impact of ACA
- Key Informant Interviews
  - Not aware of ACA responsibilities

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## Mercer Rural Health Project: Conclusions

- There were no significant differences in the level of knowledge about ACA between any of the groups
- ACA is not well understood by the general population and physicians are uncertain about its impact
- Finances, lack of insurance, transportation, and physician office hours are major barriers to care

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## Interventions to Address ACA Implementation Barriers

- Approaches to optimizing utilization of ACA should include policies that support provisions for outreach, education, and enrollment. (USDHHS, 2014)
- Change the view of the ACA's economic impact from negative to positive, ensuring rural residents are able to financially access health insurance. (Lindstrom, 2011)

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## Six Months Later...

- After the implementation of the Affordable Care Act:
  - 20.2% of Georgians under the age of 65 lacked health insurance
  - 22% of rural adults lacked health insurance
  - 15% for non-rural adults lacked health insurance

<http://www.gallup.com/poll/174290/Arkansas-kentucky-report-sharpest-drops-uninsured-rate.aspx>

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