

# ACA Implementation in Louisville

## Project Summary & Goals

The purpose of this study was to identify gaps in outreach and enrollment patterns in Metro Louisville, to examine the impact that outreach has made during ACA implementation in Metro Louisville, and to understand the evolution of outreach strategies and the role of outreach and enrollment personnel in Metro Louisville. Additionally, this study examined the demographics and perspectives of individuals who remain uninsured in the Metro Louisville area to inform ongoing outreach and community education strategies.

This was an exploratory study that sought to understand enrollment patterns to identify gaps in the Metro Louisville community and to inform state- and local-level policies and strategies regarding continued outreach and education efforts. This study necessitated three distinct inquiries—one focused on enrollment activities, another examining actual enrollment statistics across groups, and a third to determine characteristics and perspectives of individuals without coverage.

## Project Dates

January – April 2016

## Principal Investigators

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## Communities and Partners Involved

CIK researchers served as partners to the Metro Louisville Board of Health Outreach and Enrollment Committee. CIK received data from Family Health Centers, Inc.' Park DuValle Community Health Center;

Qualitative data was collected from members of the Outreach and Enrollment Committee.

## Funders

This research was funded by the Robert Wood Johnson Foundation to Family Health Centers, Inc. on behalf of the Metro Louisville Board of Health Outreach and Enrollment Committee.

## Key Findings

The enrollment process evolved significantly over the first three enrollment periods.

- The first open enrollment period focused on establishing the kynect brand, which resulted in large crowds that year.
- By the second open enrollment period, enrollment professionals began targeting outreach efforts to
- subpopulations and they increased mixed-media marketing approaches to reach new populations of uninsured individuals.
- Enrollment professionals reported that the third year of implementation brought about even more changes as their experience and knowledge had grown and the public response varied. Although participants perceived that open enrollment for 2016 (OE3) went even more smoothly than the periods prior, they also reported that the political climate of Kentucky notably impacted their work.

The Metro Louisville uninsured rate decreased from almost 17% in 2013 to just under 8% in 2014.

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- Lower income levels were associated with increased likelihood of uninsurance, as is younger age and male gender.
- Individuals residing in the East or Central West regions of Metro Louisville were less likely to be uninsured.
- Hispanic ethnicity had a moderate but positive association with uninsurance.

The majority of uninsured individuals with claims in the study sample (those who sought health care) were in the West (32%) and Central regions (17%) of Metro Louisville.

Uninsured individuals indicated that they value health insurance, stating that being uninsured is troublesome and that they think it is important to have coverage. They reported that not having insurance has impacted their access to and utilization of the health care system.

- Participants reported personal circumstances, such as the expense of QHPs, changes in a personal situation, or the inability to work because of illness as reasons for not having health insurance.
- Participants that were employed stated that employer-sponsored insurance was not offered or the plans offered were too expensive.
- Participants reported confusion with the enrollment process, and difficulty applying for and maintaining coverage as key barriers.
- Participants' knowledge of the ACA individual mandate to enroll in health coverage varied. Although some participants were unaware of the ACA requirement, others reported they had incurred the penalty for not having coverage in previous years. However, no one cited the penalty as a primary motivator for seeking health coverage.