

Awareness and Understanding of the Affordable Care Act in a Low Income Population



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INTRODUCTION

- Low income individuals are the intended high priority beneficiaries of the Affordable Care Act's (ACA) efforts to expand access to health insurance coverage. This analysis assesses awareness of the ACA in a population of low income adults.

METHODS

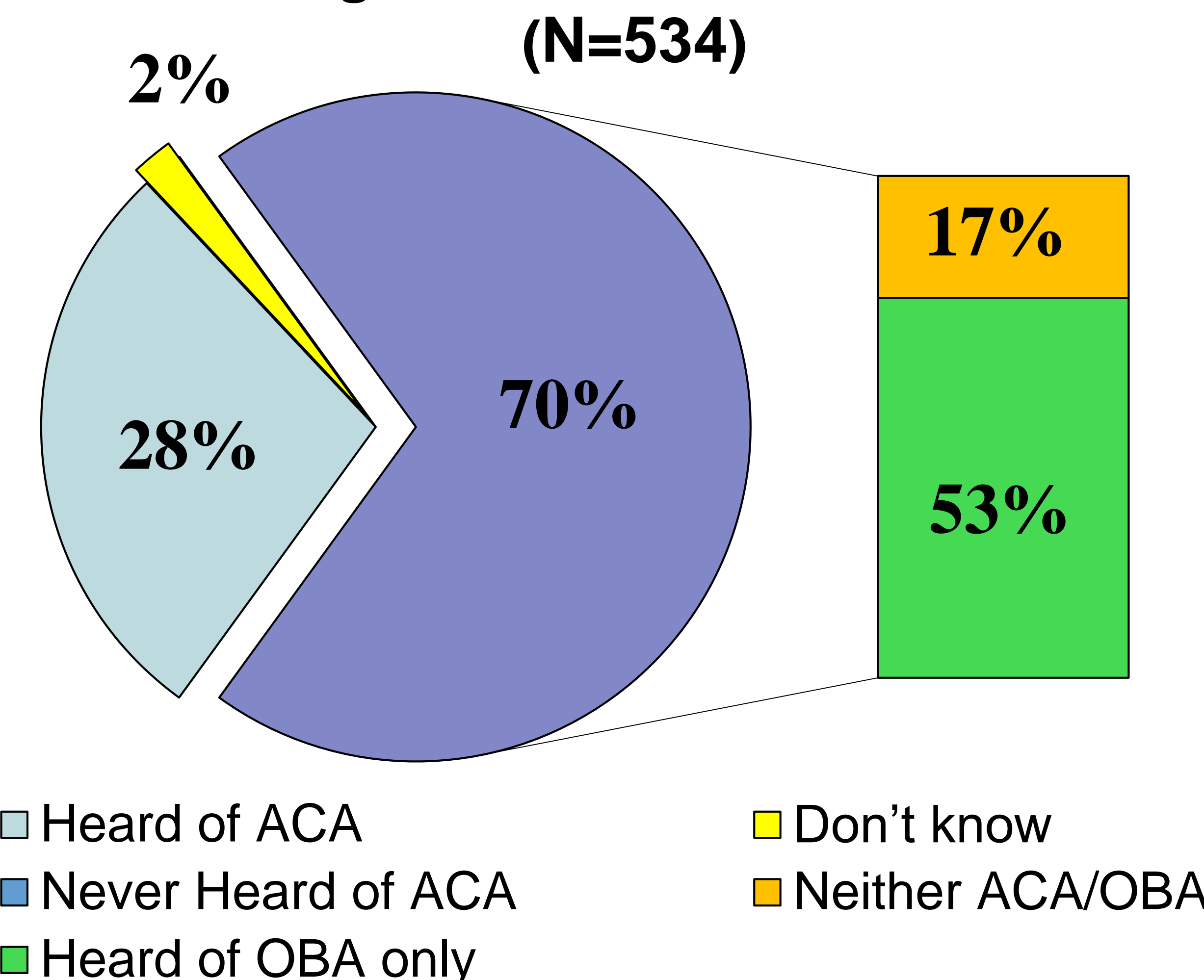
- Data were collected in the Long Island (LI), New York (NY) site of the National HIV Behavioral Surveillance (NHBS) system, a project supported by the Centers for Disease Control and Prevention (CDC) and conducted in 20 U.S. metropolitan statistical areas with high AIDS prevalence.
- This analysis is of the 2013 cycle of heterosexuals at increased risk for HIV infection.
- Eligible participants were:
 - Eighteen years or older; able to complete the survey in English or Spanish; had sex with an opposite sex partner within in the last 12 months; resident of Suffolk or Nassau Counties (LI), NY.
- Eligible to recruit were:
 - Same as above and low income or less than high school education level; has not injected drugs in the last 12 months.
- 534 participants were recruited using incentivized respondent-driven sampling.
- In addition to the core questionnaire, NY State specific local questions were asked to gauge knowledge of the ACA, informally known as Obamacare (OBA).
- Data collection spanned the October 2013 Health Insurance Marketplace open enrollment period and overlapped with the sixteen day 2013 federal government shutdown.

RESULTS

Demographic Characteristics

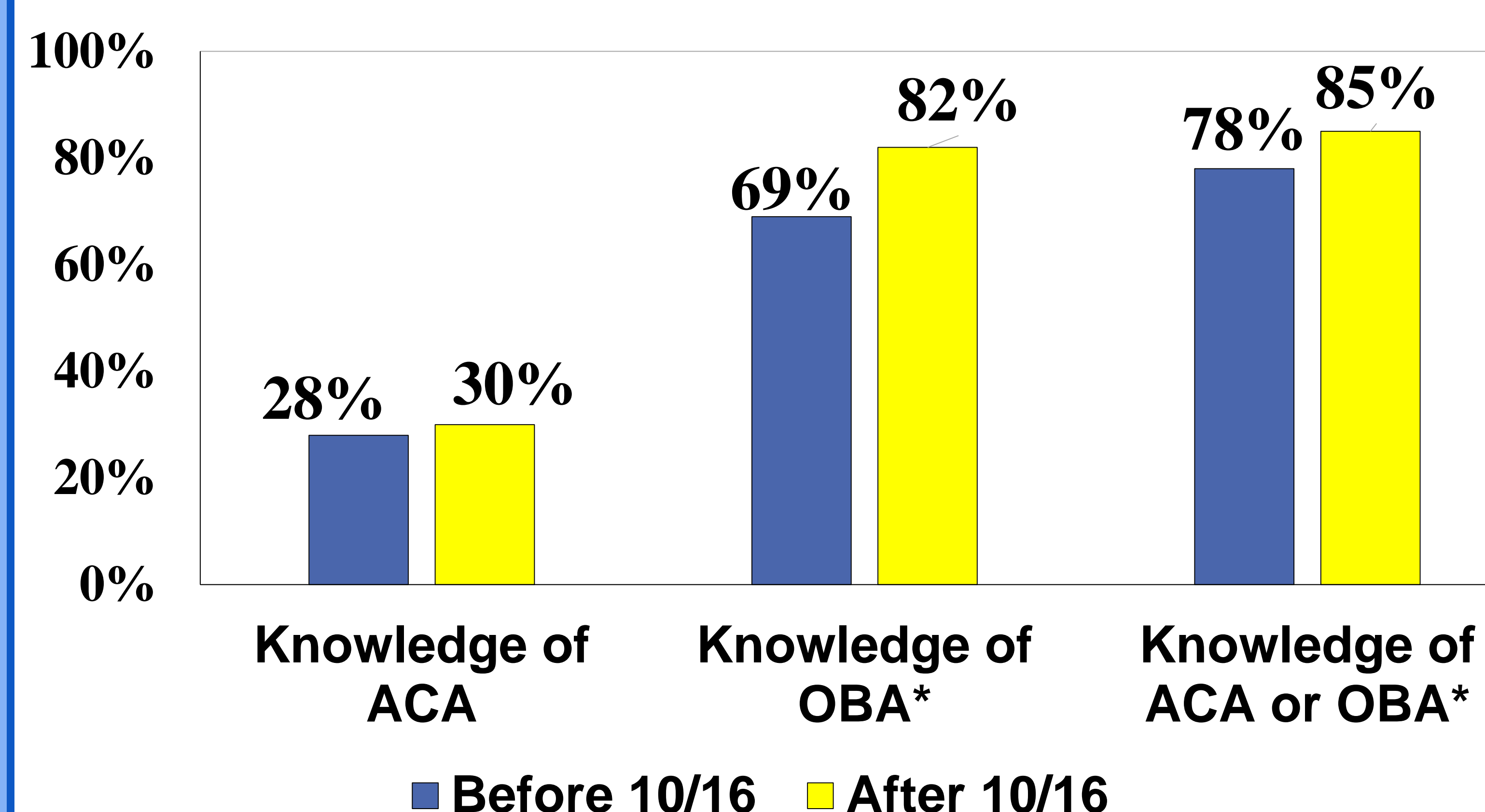
Race/Ethnicity	Frequency	Percent
White, non- Hispanic	25	5%
Black, non- Hispanic	425	80%
Hispanic	52	10%
Other	32	5%
Age Group	Frequency	Percent
18 to 24	123	23%
25 to 34	128	24%
35 to 44	83	15%
45 to 54	153	29%
55 and older	47	9%
Income	Frequency	Percent
\$0 to \$9,999	224	42%
\$10,000 to \$19,999	153	29%
\$20,000 to \$39,999	85	16%
\$40,000 or more	54	10%
Did not Report	18	3%

Knowledge of Health Insurance Reform (N=534)

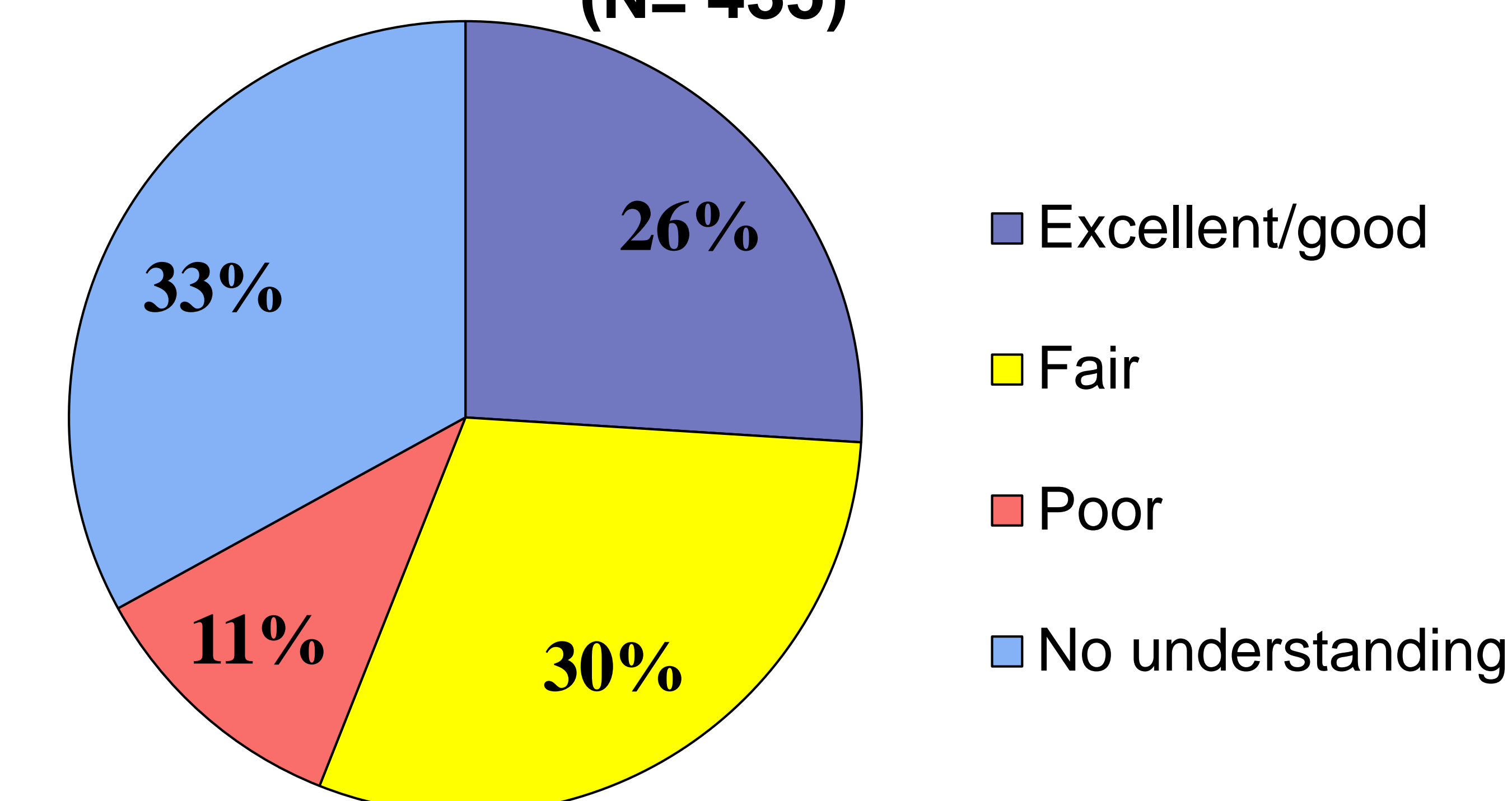


- Most respondents (81%) had heard of either ACA or OBA.
- Knowledge of the ACA or OBA was not associated with race or ethnicity ($p = 0.9$).
- Older participants (45+) were more likely ($p < 0.05$) to have heard of the ACA (38%) compared to respondents younger than 45 (24%). There were no differences in awareness of OBA by age.
- Participants with some form of health insurance (85%) versus those with no health insurance did not differ in their knowledge of ACA or OBA (82% versus 79%, respectively, $p = 0.6$).
- Knowledge of both OBA or ACA increased significantly after the federal government shut down ($p < .05$).

Knowledge of the ACA/OBA before and after the 2013 October Federal Government Shutdown



Self-Reported Perceived Impact of ACA/OBA on Healthcare Coverage (N= 435)*



- * 3 respondents reported they do not know (not represented in pie chart)
- Only a quarter of respondents who had knowledge of ACA/OBA reported good or better understanding of how the ACA would impact their healthcare coverage.
- Most participants reported no change in their ability to afford health insurance with ACA implementation:
 - 362 (68%) no change in cost
 - 61 (11%) cost increased
 - 25 (5%) cost decreased
 - 86 (16%) had no coverage/didn't know/ refused to answer
- For participants who reported an *increase* in the cost of insurance and reported knowledge of the ACA/OBA (N=48), 85% (N= 41) reported the increase was a consequence of the ACA/OBA.
- For participants who reported a *decrease* in the cost of insurance and reported knowledge of the ACA/OBA (N= 17), 88% (N=15) reported it was a consequence of the ACA/OBA.

CONCLUSIONS

- This population of low income adults had limited awareness of the ACA in the early months of implementation, with some improvement in knowledge after the Marketplace open enrollment period and the federal government shutdown.
- These findings do indicate that this population at high risk for HIV infection has moderate knowledge of the ACA, but more outreach is needed to ensure they benefit from the expanded prevention and care opportunities of the ACA.

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