

The Impact of Affordable Care Act (ACA) on Minority Population in Inland Empire, San Bernardino County, California: A Systematic Review

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Abstract

A systematic review done to establish the impact of the Affordable Care Act (ACA) among the minority populations of the Inland Empire of San Bernardino County reveal that the poverty levels, the minimal information on the tax implication after enrollment together with the minimal information on the various aspects of the ACA leading to slow uptake and enrollment onto the program. The study makes use of both qualitative and quantitative research methods to identify the levels of penetration and the factors that are hindering the faster levels of uptake of the Affordable Care Act.

Keywords: Affordable Care Act, ACA, Minority Populations, Inland Empire, San Bernardino

1 Rationale

At the start of the ACA, the government intended that more of the population in the United States would gain access to healthcare. This reduction in the members of the population who had limited access to healthcare would arise from the diverse precepts of the law by expanding the coverage offered by

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Medicaid [1]. The government sought to advance insurance benefits and subsidies especially those relating to Medicaid base on the levels of income seen in the population. The minority populations are part of the population that may find it challenging to access the benefits of the ACA because of the difficulty in the penetration of the information concerning the opportunities that come with the ACA. This statement means that there is a big part of the minority population who had not enrolled in the government insurance program. Considering the logistics of enrolling, contributing and accessing healthcare, the minority population of the Inland Empire may not readily benefit the fruits of the ACA. This systematic review seeks to highlight the impact that the ACA has had on the minority population of Inland Empire of California.

Objectives

1. To report on the level of penetration of the ACA in the minority population of Inland Empire, California.
2. To assess the factors hindering the intended impact of the ACA on the minority population of Inland.

2 Methods

2.1 Protocol and Registration

To achieve the results of the research on the impact of Medicaid and the ACA on the minority population, this systematic review made use of the External Quality Review protocol. The systematic review sought to make use of most of the eight protocols of External Quality Review so as to address the wholesome nature of the impact arising from the ACA. The study took cognizance of the EQR (External Quality Review) protocols as outlined for any organizations seeking to research and report on the effectiveness of the healthcare system as given by the ACA [2]. The systematic review sought to use the EQR protocol on diverse journals and research papers so that all the papers that were included in the qualitative review passed the initial credibility tests that come with the protocols stipulated for assessing the health care facilities and services offered in line with the ACA.

3 Eligibility Criteria

The systematic review sought to use strict criteria for adopting journals and studies based on the impact of affordable care in minority populations. The systematic review for instance specified that the journals and the papers to be adopted were to be less than four years old. This criterion arose because the impact of the ACA started close to two years after the inception of the Act [3]. This criterion means that any works that came before then may have had a bias

that would largely impact the credibility of the systematic review. Another item of the criteria involved using documents that based their studies on American populations that have a defining feature of being a minority population. The review also imposed the restriction of the language of the studies to English. This restriction would enable the review to benefit a great deal from the uniformity of the terminology and other related terms.

3.1 Information Sources

The systematic study made use of healthcare quality assessment journals published within four years as the main source of the information regarding the systematic review on the issue of the impact of the ACA to the minority populations of the Inland Empire [4]. The systematic review also sought the input of Medicaid databases as a source of the statistics regarding the number of the people served by the Affordable Care Medicaid program in the Inland Empire region of California. Apart from the qualitative sources, the study included the input of the medical practitioners practicing in the five leading government-supported medical facilities. This aspect of the systematic review would enable the review to assess the real-time impact of the system users who are directly linked with the Medicaid system at the hospitals serving the populations in the Inland Empire region [5]. The systematic review study sought to interview the high-level medical managers so that they would access a considerable amount of the Affordable Care Act insurance plans because of their capability to draw the reports concerning the enrollment and the usage of the plan.

4 Search Terms

The systematic study made use of numerous keywords and searched criteria while seeking to interact with the government database and extracting the information regarding the minority population making use of the ACA. Some of the keywords used include inland empire in the location field, affordable care act, Medicaid 1, medicaid2 and medicaid3. These search criteria would enable the team to get the statistics of the people making use of the Medicaid services as offered by the government.

4.1 Data Variables

To achieve the impact of the ACA, the systematic review sought to assess the following variables: the number of hospitals offering the full level of Medicaid services in the Inland Empire region of California. The study also aimed at realizing the number of people from the minority population enrolled in the government subsidized insurance scheme handling the Medicaid platform. The individuals who merited as members must have had their contributions done to the latter such that they could access the services of the hospital [2]. In this regard, the

study sought to inquire from the minority population living in the Inland Empire to specify the level of Medicaid service they had enrolled and the accuracy of their understanding concerning the service. Another variable that the study sought to assess revolves around the number of people who still use cash payments for healthcare services as compared to those who have enrolled in the Medicaid program.

4.2 Risk of Bias in Individual Studies

There are numerous sources of bias coming from the difference in the dates of publication of the primary studies done. The study realized that there was a considerable bias in the reports coming from the changing view of medical care offered by the ACA. The study noted that this bias could be linked to the rigorous publicity that the government had initiated through the participating healthcare facilities [4]. This position means that research was done before the Affordable Healthcare Act fully picked up momentum reported slightly different impact statistics as those studies that were done in the nearest recent past.

To break down the bias that came with the use of differently aged sources of information, the study made use of double judgment. The principle of double judgment means that two reviewers would go through the same piece of information and then give the best view from their points of view [6]. The study team sought to reduce the risk that came with diverse medical management officers with regards to the uptake of the Affordable Care by using a specific questionnaire that awarded points ranging from 1 – 10 hence sought to collect valued information as opposed to attaching weights to the information after the data collection phase.

5 Summary Measures

Increased medical care uptake together with individual clarity on the meaning and the properties of the Medicaid aspects of the ACA were the primary measures of the Impact of the ACA in the minority populations of the Inland Empire of California.

Quantitative analysis was done in all the data directly derived from the high-level hospital staff and matched with the journals under review so as to establish the impact of ACA to the population of minority people in Inland Empire in California [4]. All the analysis used the 95% confidence levels to calculate the impact levels attached to the ACA of the minority populations living in Inland Empire of California.

5.1 Planned Methods of Analysis

As part of the analysis, this study sought to do tests of heterogeneity and inconsistency. The Breslow-Day test served as a heterogeneity test while the Higgins et al. model for inconsistency measuring was used to address the variations that came with the use of both real-time qualitative research on the minority population and the high-level medical staff [5]. For instance, the population samples used in the research papers largely varied with the population that the study team took to task in the qualitative study. This variation was addressed using the mean and standard deviations operations of statistics so that the results came out largely homogeneously.

6 Results

The study identified a total of 386 journal articles from the vast medical databases including Medline and CINAHL. The search criteria were narrowed on these journals so that only those that addressed minority populations remained. Out of the 386, the criteria realized 47 remained. The study introduced the location-based restriction, and the result was 13 journals [6]. This number means that more than 34 journals focused on other regions as opposed to the Inland Empire of California. There are no unpublished journals and medical articles that the search criteria realized.

The study also restricted the search criteria to include English documented journals only. This restriction aimed at achieving homogeneity of terms and variables used in the study.

6.1 Synthesis of Results

From the study of the journals and linking the findings with the quantitative study done by the review team, it came out that more than 3.5 million citizens of the California had enrolled into the ACA Medicaid program [2]. In the Inland Empire alone, the number of the minority who had enrolled in either the private insurance or the government-sponsored Medicaid had increased from a paltry 15,000 to more than 256,000. From the studied journals and research, the review realized that there is a positive trend with which the minority population is taking up the Medicaid coverage because of the affordability attached to the insurance by the population.

The minority population had a considerable amount of knowledge concerning the diverse aspects of the insurance that the study indicated arose from the numerous publicity events and the information available from the hospital and medical care channels [1]. For instance, a considerable bit of the population reported that the hospital staff had directed them to enroll in the Medicaid scheme as a requirement for getting certain levels of medication. This move acted as a trigger for the search

of more information towards making use of the diverse benefits that come with the Medicaid schemes running under the ACA programs.

From the study, it clearly came out that the workplace requirement for employees to enroll in the ACA led to a considerable number of the minority population enrolling in the ACA insurance program. This position means that the employed percentage of the minority population living in the Inland Empire acted largely as the conduit for the publicity and adoption of the ACA.

The study also realized that among the uninsured minority population are a good number of undocumented immigrants who the ACA does not guarantee coverage though this part of the population got covered by the private, workplace-based insurance schemes [7].

Around 7% of the minority population comprises of undocumented immigrants with differed action status. This part of the population largely was not covered by the ACA but had the Medi-Cal subsidized insurance that is offered by the County. From the journal documents and the quantitative study, the increase in the number of the minority population enrolled in the ACA could be related to the efforts by the Californian government to reduce as much as they could the barriers to enrollment. For instance, the Californian county government has made use of diverse government existing sources of data to assess the eligibility of the minority individuals to the government initiative of ACA (Helen Lee, 2011). For instance, the county government of California has used a single streamlined application for enrollment and renewal, and this has led to a considerable amount of the minority population taking up the existing options of the ACA. Some of the barriers that the study identified include the minimal awareness of the options that most of the members of the minority population could access. Other challenges included the dynamics of the enrollment process together with the amount of the premiums that most of the minority population members could not afford.

From the study, it was evident that a large number of those who remained uninsured were Latinos and the part of the population with very high percentages of limited English Proficiency. The study indicates that the capability to fluently communicate in English was a vital factor in the establishment of the requirements and eligibility for enrollment [8]. The study realized that the capability to communicate through filling the enrollment forms together with requesting for assistance from record officers acted a vital barrier to the access to the ACA services and Cover.

From the reviewed journals and research papers, it came out clearly that most of the minority population families may remain uninsured because of their persistence in the range of 200% of the Federal Poverty Levels. The paper, therefore, identified poverty as a vital factor that has contributed to the slow enrollment and participation in the remittance of premiums by most of the members of the minority population of the Inland Empire in California.

The review also cited the Asians and African Americans as a considerable group that still has low levels of enrollment in the ACA in the minority populations of California [8].

The study also realized that there is a considerable challenge arising from the minimal understanding that the minority population has concerning the tax implications that the ACA would have. From the tax department interviews and quantitative research, it came out clear that most of the minority population members had delayed to effect their enrollment until the deadline due to the failure to understand the impact that the ACA would have on their tax remittance and relief [7]. The South Bay and the San Fernando Valley and tax offices together with the Inland Empire offices reported massive activity towards the deadline of enrollment into the ACA

From the quantitative aspect of the study, it clearly came out that the seasoned taxpayers together with the defaulters sought to understand the impact that the ACA penalties would bear on the financial sector of most of the minority population members coming from the Inland Empire area of California County [5]. A study of the tax adjustment relations to the ACA reveal that most of the minority population remained uninformed concerning their tax adjustments because the expected 2014 income may have largely varied when compared with the actual income these populations received in the course of the year 2015.

6.3 Limitations

The outcome of the study indicates a considerable level of limitation arising from the study of the minority population before the completion of rolling out the ACA. From the study, it was clear that there is an evident trend of uptake even as the population gains more insights regarding the aspects of the ACA. For instance, more knowledge concerning the effects of the ACA on the tax of the participants led many to fail to remit their enrollment forms on time until the deadline.

Another limitation of the study comes in the form of the populations enrolled in the study. In the quantitative study, the review team made use of a population sample of 3 million minority population members. Of these, our review team dealt with about 250,000 people who represented 10% of the Latino population in Inland Empire [9]. The other studies made use of Whites who are non-Latino and also involved a considerable number of African Americans together with Asians who are not Latinos.

7 Conclusion

The study is clear that there is slow penetration of the uptake and enrollment into the ACA by the member of the minority population living in Inland Empire of San Bernardino County of California. The study also indicates that the level of knowledge concerning the different aspects of the ACA has a considerable impact on the slow uptake of the ACA [8]. The study identifies the minimal information existing concerning tax implications as another vital factor leading to the slow

enrollment by the members of the minority population living in the Inland Empire region.

The study identifies that there is a considerable role that the poverty level has to do with the adoption and use of the ACA insurance plans for medical cover. The study clearly points out that the high percentage of individuals living in 200% of the Federal Poverty Level goes a long way to hinder the enrollment of the minority population into the ACA programs.

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