

COMMENTARY

Implementing the Affordable Care Act in Central Pennsylvania

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The Central Pennsylvania area referred to as the Susquehanna Valley is a rural cultural region identified by political strategists as the unpredictable and conservative area between the urban centers of Pittsburgh and Philadelphia.¹ It contains a rural population of nearly 4 million people.² Although the region is served by a number of large health care systems, there has been little assistance given to residents navigating the Affordable Care Act (ACA) in the midst of a demonstrated need, despite evidence that rural residents are more likely to be chronically uninsured than urban counterparts.^{3,4} Within this policy and cultural setting, we have worked with undergraduate students, community partners, and fellow academics to create and implement the Central Susquehanna ACA Project⁵ as a response in the midst of limited federal and state-level support for enrollment assistance.

Pennsylvania has not, at this time, expanded Medicaid, creating a “gap” in coverage for those making less than 100% of the federal poverty level. The governor has offered a counter proposal that analysts expect to be rejected.⁵ Navigator organizations have been stretched heavily as the \$2 million provided by the federal government was quickly exhausted to meet staffing needs in mostly urban settings. The medical centers and hospitals of the Central Susquehanna region have provided enrollment assistance, as have private insurance agents, but these entities face complicated financial and staffing

decisions when ACA enrollment assistance is added to existing responsibilities. As we have been engaged in providing public education about the ACA, enrollment assistance, and evaluation research about implementation, we have begun to identify opportunities for improving the fall 2014 enrollment cycle. In the remainder of this commentary, we offer specific ideas for improving ACA enrollment in rural communities.

The health care marketplace requires a basic computer skill set often absent in rural residents. Phone service as provided by the Centers for Medicare and Medicaid Services (CMS) has been marked by inadequate and narrow information, as it is particularly focused on website navigation or enrollment using paper forms that do not allow for immediate interaction about insurance possibilities. If the goal of the ACA is increasing access to health care, then assistance professionals accessible via the federal support phone number need to also provide basic information about complementary and alternative state-level medical assistance programs. We suggest creating state-specific experts who can provide assistance over the phone, not only for navigating a website but for navigating basic levels of social service programs, especially for individuals who fall into the Medicaid gap.

Social network density in rural locations disperses basic information about the ACA, assistance opportunities, and political opinion in a rather specific manner.⁶ Towns

in central Pennsylvania have shared radio, television, and newspapers, but they are often atomized in terms of shared social spaces. Public ads such as billboards or fliers offering assistance are not seen by a high volume of individuals because those hubs of activity do not exist in rural locations. Advocates for enrollment must be willing to accept the travel costs for sharing information and be able to present the complexity of the ACA in an accessible manner. For example, we have held information sessions about the ACA at the Kiwanis in a nearby town and have used a small group and informal presentation style. These local civic organizations are active, engaged, and able to be partnered with to enhance information dissemination. Call them the original social media, but the Kiwanis and the local church are more relevant for many individuals than Facebook.

The dispersed nature of rural settlements means that transportation is not centralized and public transportation is rarely available. Previous research has demonstrated that access to personal transport is directly related to better access to health care.⁷ Provision of transportation services and assistance counselors specifically focused on in-home support could alleviate this basic impediment to rural residents accessing assistance for navigating the computer interface. In addition, one needs to select and publicize centralized locations for enrollment assistance in each of the central towns, not simply in 1 town. Our recommendation for Navigator organizations looking to work in rural locations is to actively partner with key civic organizations in each town and to utilize the still-prevalent trust residents have in clergy, universities, and social service organizational leaders. Information distribution must also be designed to travel the pathways of the rural poor, which means newspapers, radio talk shows, fliers at community halls, and a willingness of assistance counselors to travel and give talks. We have found marked success with these strategies.

A more abstract suggestion we make is for the tax-credit thresholds to be lowered for individuals in rural counties.^b The standard cost of living in rural locations is lower than in urban locations. When this is the case, rural residents earning less than the federal poverty level are able to generate surplus income after meeting basic material needs. In the case of health care, this extra income could be used for purchasing a subsidized plan on the marketplace. To put it simply, \$10,000 goes further in rural Pennsylvania than it does in urban Pennsylvania, and rural residents should not be denied access to potential subsidies because of a singularly applied threshold level.

Recently, we have begun to be contacted by the members of the Pennsylvania House and Senate who represent our region. All of these representatives are Republicans

and would be expected to oppose the ACA. However, they are also receiving dozens of calls a week from constituents looking for assistance. In areas not being served by Navigator organizations, there is a dramatic need for careful sharing of information and for local expertise to be developed. It is incumbent on political leaders to activate the social networks they have used to govern for the creation of collaborations that can develop said expertise. Expecting private businesses such as insurance agents or for-profit hospitals to provide assistance is an unfair expectation to enable the implementation of a public program.

We have been partners with 1 of the 2 free clinics in our 5-county region. For the first 2 months of the marketplace enrollment, this clinic was the only certified application counselor and Navigator organization in the region. We gained access to the application counselor training program through this partnership. By using those materials, a course on the ACA from the Pennsylvania Health Access Network, and a volunteer network of 15 undergraduates, 4 faculty, and 5 community partners, we overcame a severe lack of financial resources to help citizens of our region gain access, many for the first time, to health care. It is our hope that the strategies and recommendations made in this article enable other rural residents, universities and health professionals to do something similar and to creatively utilize community assets to increase access to health care in their region.

Endnotes

- a We include in this region Union, Snyder, Northumberland, Columbia and Montour counties.
- b By law, individuals and households must have an adjusted gross income level that is at least 100% of the federal poverty line to be eligible for tax credits to subsidize the purchase of health insurance.

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