

Study finds Medicaid expansion in Kentucky provided most benefit to those in poorer areas

May 1 2017, by Julie Heflin

The implementation of the Affordable Care Act (ACA) in Kentucky proved most beneficial for Kentuckians living in areas with high concentrations of poverty, particularly children, according to a study by a researcher in the University of Louisville School of Public Health and Information Sciences in collaboration with colleagues at Ohio State University and Emory University. The study was published recently in *Health Services Research*.

Joseph Benitez, Ph.D., assistant professor in UofL's Department of Health Management and System Sciences and member of the school's Commonwealth Institute of Kentucky, said the findings suggest expanding Medicaid is one mechanism that largely helped to address many of the [health](#) care needs of some of the poorest Kentuckians.

"Most of the reduction in Kentucky's uninsured rate between 2013 through 2015 was driven by an uptake in coverage within ZIP codes of high poverty concentrations," Benitez said. "Similarly, the study revealed statistically and substantively meaningful reductions in the number of Kentuckians who delayed or decided not to seek [medical care](#) due to cost, in addition to having a regular source of medical care. These findings were almost entirely concentrated among Kentuckians living in poorer ZIP codes."

Utilizing a version of the Behavioral Risk Factor Surveillance System

(BRFSS) from Kentucky's Department for Public Health, the study compared trends before and after implementation of the ACA in [health insurance coverage](#), access measures and health care utilization for Kentuckians in higher versus lower poverty ZIP codes.

This builds on a [previous study](#) conducted by Benitez and his UofL colleagues that found the uninsured rate among Kentucky households with annual incomes below \$25,000 dropped from 35 percent in 2013 to almost 10 percent by the end of 2014. The same households also saw a 50 percent reduction in the number of those foregoing medical care because of high costs.

Benitez says although it may be too early to identify meaningful improvement in health status of Kentuckians, given the promising results for coverage, access and utilization among some of the most economically vulnerable population, positive long-term health effects are likely.

"It is clear from this study that expanding Medicaid helps address the health care needs of the impoverished. Using Kentucky as a case example to study the effects of the ACA across geographic areas holds lessons for policy makers weighing the costs and benefits of ACA participation," Benitez said.

More information: Joseph A. Benitez et al, Did Health Care Reform Help Kentucky Address Disparities in Coverage and Access to Care among the Poor?, *Health Services Research* (2017). [DOI: 10.1111/1475-6773.12699](#)

Provided by University of Louisville

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