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Health Insurance Coverage in the Gulf Coast States after Affordable Care Act by Rural and Urban Area between 2009 and 2017

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HEALTH INSURANCE COVERAGE IN THE GULF COAST STATES AFTER AFFORDABLE CARE ACT BY RURAL AND URBAN AREA BETWEEN 2009 AND 2017

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Background: Although health insurance coverage for adults in each of the Gulf Coast States and the rest of the country increased after implementing the Affordable Care Act, the coverage rates in the Gulf Coast region remained lower to rural residents, compared to those in the rest of the Nation. **Purpose:** This study aimed to update the changes of health insurance coverage in all states and the Gulf Coast states, confirm the significance of the health policy on insurance coverage by analyzing Louisiana, and examine the relationships between socio-demographic variables and rural/urban area by using interaction variables. **Methods:** This study used the American Community Survey, which is an annual survey of about three million U.S. households and collected social, demographic, and economic information, including health insurance coverage. Logistic regression was used to estimate the effects of the demographic and economic variables on health insurance coverage. **Results:** Florida and Texas increased health insurance coverage in the urban areas, while Alabama, Louisiana, and Mississippi present a more considerable increase in the rural area. However, Louisiana showed a significant increase in insurance coverage, rural areas in particular after joining the Medicaid expansion in 2016. A significant decrease in insurance coverage was found among young adults, African American, non-married, not in the labor force, and being poor for rural residents in Florida and Texas. In contrast, minorities in other races and unemployed decreased the likelihood of having insurance for rural residents in Alabama, Louisiana, and Mississippi. **Discussion:** Our examination of how socio-demographic variables interact with living in a rural area revealed a clear rural disadvantage pattern. The pattern, however, was varied between Florida and Texas and Alabama, Louisiana, and Mississippi. These findings have meaningful implications for the ongoing effort to reduce insurance coverage disparities in the Gulf Coast states and all Americans.

Background | The disparity between rural and urban health care has long been an important public health issue in the United States.¹⁻⁴ Urbanicity (i.e. urban or rural status) is measured based on the American Community Survey (ACS) Public Use Micro-Sample (PUMS) Areas in the United States⁵ produced by the United States Census Bureau. Residents categorized as metro (i.e. urban) include those who live in a central or principal city or outside the central or principal city, while residents living outside a metropolitan area are designated as non-metro (i.e. rural). There are several factors

relating to access to care (e.g., healthcare workers, critical care units, emergency facilities, and transportation) contributing to the urban-rural disparity.⁶ This study, however, focuses on the health insurance coverage.⁷⁻⁸ Individuals without health insurance are less likely to seek and receive medical attention when they are ill, and they are also less likely to receive preventative care on a routine basis States.⁹⁻¹⁰ The Affordable Care Act (ACA) significantly increased health insurance coverage in the United States overall.¹¹⁻¹⁴ Between its implementation in 2014 and early 2016, about 20.0

million Americans obtained health insurance for the first time.¹⁵ The ACA requires most citizens and legal residents to obtain and maintain coverage for themselves and their dependents, or to pay a penalty.¹⁶ Still, about 27.4 million people were uninsured in 2017. Most uninsured people were low-income families, and the cost of insurance was the major reason not to have insurance.¹⁴

In an effort to ensure that all Americans had access to affordable health insurance, the ACA included a provision for providing Medicaid to low income individuals and families. However, the Supreme Court ruled that the federal government could not require states to participate in the Medicaid expansion and 14 states chose not to join that program.¹⁷⁻¹⁹ The increase in health insurance coverage after the implementation of the ACA was generally higher for individuals living in rural areas than it was for those living in urban areas in nationwide.²⁰⁻²³ Although the health insurance coverage has increased in all states, the increase of insurance coverage is varied by state.²⁴

Min and Hudson²⁴ analyzed the increase of insurance coverage for the states in the Gulf Coast, which were among the states that did not expand their Medicaid program between 2009 and 2015. The Gulf Coast States is the coastal states in the coastline of the Gulf of Mexico and includes Alabama, Florida, Louisiana, Mississippi, and Texas.²⁵ Min and Hudson²⁴ found that overall insurance coverage in the Gulf Coast increased after the implementation of the ACA. However, coverage was still below national average, rural areas had lower coverage than urban areas, and the proportion of coverage differed among the Gulf Coast states. Increases in coverage was also different in rural and urban areas. Alabama and Mississippi followed the national pattern with greater increases of insurance coverage in rural areas than in urban areas, while the opposite was true in Florida, Louisiana, and Texas. One possible reason for these differences would be the individual state-level policies on insurance coverage boundaries. Studies found that states combined urban area and adjacent rural areas within single coverage boundaries had a higher levels of insurance coverage as well as lower insurance costs, as those states had a greater number of insurers compared to areas with fewer insurers.²⁶⁻²⁷ Some states, however, did not combine the rural areas with urban areas. Florida, for example, used 67 counties as insurance boundaries. Rural counties in Florida had fewer number of insurers compared those in urban counties, which resulted in lower levels of coverage and higher costs. The Min and Hudson

study²⁴ also found that other demographic and economic factors affected coverage in the Gulf Coast states. Young adults were less likely to have health insurance than those who were older or younger. Males were less likely to have health insurance coverage than females. Racial and ethnic minorities, those who were unmarried, those with less education, and people living in poverty were less likely to have coverage than their comparison groups. Employed respondents were more likely to have health insurance than those who were unemployed or who were not in the labor force. The study was restricted to adults under the age of 65. Their study, however, needs to be updated as Louisiana was the only one among the Gulf Coast states enrolled the Medicaid expansion in 2016.¹⁷ Thus, the goals of this study are to 1) update the changes of health insurance coverage in all states as well as the Gulf Coast states by analyzing the 2017 ACS data, 2) confirm the significance of the health policy on insurance coverage by analyzing Louisiana, and 3) examine the relationships between socio-demographic variables and rural/urban area by using interaction variables. More specifically, the interaction terms are to estimate which socio-demographic factors are associated with rural health insurance disadvantage, which provides meaningful implications to reduce health disparities in rural Gulf Coast area.

Methods | Data. This study used data from the 2017 ACS to examine the associations between insurance coverage and socio-demographic factors for rural areas in the Gulf Coast. The ACS is an annual survey of about three million U.S. households as well as people living in institutional or group quarters.²⁸ The ACS was created by the Census Bureau to replace the Decennial Census “long-form,” which collected information in addition to the usual data obtained from census respondents. The ACS contains most of the items that were included in the Decennial long-form, including measures of income (and a derived measure of poverty), labor force status, marital status, education, occupation, and urbanicity. The ACS also includes information about health insurance coverage status of every person in the household at the time of the survey.²⁸⁻²⁹ In this paper, we use the 2017 ACS PUMS data. The ACS PUMS is a one percent sample of the U.S. population and includes approximately one-third of all the records in the entire ACS sample.³⁰ We limit the age range to adults who are between 18 and 64 years old, since respondents who are 65 and older are usually covered by the Medicare or Medicaid. The insurance coverage for this age group in both rural and urban areas was more than 99% from

the 2017 ACS data. Those eligible for Medicaid were low-income people, families and children, pregnant women, the elderly, and people with disabilities.³¹ This study focuses on the working-age population, age 18 to 64. The working-age population is defined by the U.S. Census Bureau as those aged 15 to 64.³² Although this study does not include age from 15 to 17, the majority of the working population is covered. This allows this study to focus on people who are actively participating in economic productivity and need health insurance coverage. A total number of unweighted cases after dropping the unused people, such as age under 18 and over 65, and the missing cases used for this study was 2,677,967 for the U.S., 2,216,617 for the rest of the Nation, 461,350 for the Gulf Coast States. Among the Gulf Coast States, 86,060 cases were for Alabama, Louisiana, and Mississippi and 409,542 cases for Florida and Texas (see Table 1, line 2 cases).

Variables. The dependent variable in this study is a dichotomous measure indicating the respondent's response to the following question: "Do you have any health insurance coverage?" (Yes=1, No=0). The independent variables include measures of individual and demographic characteristics that are likely to affect health insurance coverage based on prior studies.^{10,23-24,33-38} These include age, gender, marital status, race/ethnicity, educational attainment, labor force status, urbanity, and poverty status. We recode age into three age groups, age 18 to 26 (who may be insured by their parents), age 27 to 44, and age 45 to 64. Gender is measured with a dummy variable indicating whether the respondent is female. Our measure of marital status includes three categories: married, separated or divorced or widowed, and never married. The respondent's labor force status includes three categories: employed, unemployed, and not in the labor force. The variable for racial or ethnic minorities includes four categories: non-Hispanic white, non-Hispanic black, Hispanics, and non-Hispanic other. Educational attainment includes five categories: less than high school, high school diploma or General Education Diploma, Associate degree, Bachelor's degree, and advanced degree. Poverty status is measured as a dichotomous variable indicating that the respondent lived in a family with an income below the Medicaid expansion criteria (less than 138% of the federal poverty threshold).¹⁷⁻¹⁸ Urbanicity (i.e. urban vs. rural status) is also measured as a binary variable based on the PUMS in the United States.⁵

In addition to each of the variables mentioned above, our multivariate analysis also includes models that

test the interaction between each of the demographic variables and rural status. The interaction terms allow to estimate whether or not the effect specific demographic variables on health insurance coverage are different for respondents living in rural areas compared to respondents living in urban areas.

Analytical Plan. In our analysis, special attention is given to the Gulf Coast States, all of which did not join the Medicaid expansion, and the rural disadvantage in health insurance coverage did not improve at the same level as to the national average after the implementation of the ACA. However, Louisiana enrolled in the Medicaid expansion in 2016. We begin first to present descriptive information on health insurance coverage in the United States, the rest of the Nation (all states excluding the five Gulf Coast states), the five Gulf Coast states as a group, and each of the individual Gulf Coast states. Table 1 presents the percentage and numbers of adults that have coverage before and after the implementation of the ACA for the United States, Gulf Coast States (aggregate and individual) and rest of the Nation, rural, and urban areas combined, and the percentage change. In Table 2, we present means (in percentages) and numbers for each the demographic and economic variable used in our multivariate analysis. This information is presented for the combined states of Florida and Texas, for the combined states of Alabama, Louisiana, and Mississippi, and for the rest of the Nation. Table 3 displays percentages and numbers of rural and urban population for the United States, the Gulf Coast States (aggregate and individual) and the rest of the Nation to get a better understanding of the population structure. In Table 4, we use logistic regression to estimate the effects of the demographic and economic variables on our binary measure of health insurance for Florida and Texas respondents combined³⁹⁻⁴⁰; particular attention is given to the interaction between urban versus rural status for each of the demographic and economic variables.⁴¹ In Table 5 we replicate each the models in Table 4 for the other three Gulf Coast states (Alabama, Louisiana, and Mississippi). Table 6 contains this information for the rest of the Nation.

Results | Table 1 presents the percentage of residents' health insurance coverage for rural and urban areas from 2009, 2015, and 2017. Health insurance coverage for the United States increased in both rural and urban areas after the implementation of the ACA in 2014, and the increase between 2009 and 2017 was similar to between urban (6.3%) and rural areas (6.2%). The

same trend can be found in the Gulf Coast States, yet the rest of the Nation shows a greater increase in the urban area. Florida and Texas also increased in the urban areas, while Alabama, Louisiana, and Mississippi present the opposite, a greater increase in the rural area.

A noticeable change of health insurance coverage between 2009 and 2017 for the Gulf Coast States was Louisiana. Louisiana demonstrated the greatest increases in both the urban and rural areas, which occurred in 2017 after Louisiana became the only state to expand its Medicaid program among the five Gulf Coast States in 2016. More importantly, the increase in rural areas was significantly higher than that in urban areas. Louisiana's substantial increase in health insurance coverage changed the pattern that Min and Hudson found.²⁴ Their findings were that greater increases in insurance coverage in rural areas than in urban areas in Alabama and Mississippi and greater increases in insurance coverage in urban areas in Florida, Louisiana, and Texas. Here, however, Louisiana joined the Alabama and Mississippi side, greater increases in insurance coverage in rural areas.

Table 1. Health Insurance Coverage for the U.S., the rest of the Nation, Gulf Coast (combined), and individual Gulf Coast States: ACS data 2009, 2015, & 2017* (% line 1, N line 2)

	Overall				Urban				Rural			
	2009	2015	2017	% change from 2009 to 2017	2009	2015	2017	% change from 2009 to 2017	2009	2015	2017	% change from 2009 to 2017
United States	84.6	90.4	91.0	6.4	83.7	89.5	89.9	6.2	84.8	90.5	91.1	6.3
	2,792,702	2,635,215	2,677,967		470,336	248,330	248,221		2,322,366	2,386,885	2,429,746	
Rest of the Nation	86.0	91.7	92.3	6.3	84.6	90.4	90.9	6.3	86.3	91.8	92.5	6.2
	2,279,798	2,152,471	2,216,617		397,244	218,700	224,771		1,882,554	1,933,771	1,991,846	
Gulf Coast States (combined)	78.5	85.0	85.2	6.7	78.5	83.5	83.5	5.0	78.5	85.1	85.3	6.8
	512,904	482,744	461,350		73,080	30,176	24,129		439,824	452,568	437,221	
Alabama	86.0	89.5	90.0	4.0	83.5	89.0	87.7	4.2	86.8	89.6	90.4	3.6
	44,120	34,163	34,252		11,406	5,792	5,755		32,714	28,371	28,497	
Florida	78.9	86.4	86.6	7.7	75.7	76.3	79.1	3.4	79.1	86.5	86.7	7.6
	183,134	178,720	183,696		11,713	1,025	987		171,421	177,695	182,709	
Louisiana#	82.2	88.0	91.0	8.8	80.0	81.4	91.8	11.8	83.0	88.2	91.0	8.0
	39,612	28,993	29,038		9,396	1,046	1,037		30,216	27,947	28,001	
Mississippi	82.2	87.0	87.1	4.9	81.4	86.7	86.3	4.9	83.4	83.3	87.8	4.4
	27,741	23,092	22,770		17,019	12,673	12,369		10,722	10,419	10,401	
Texas	75.9	82.6	82.1	6.2	75.3	77.5	77.7	2.4	76.0	82.9	82.3	6.3
	218,297	217,775	225,846		23,826	10,241	10,328		194,471	207,534	215,518	

* ACS means the American Community Survey data and %s are weighted

** Each dataset (2009, 2015, and 2017) comes from IPUMS-ACS (<https://usa.ipums.org/usa-action/variables/group?id=h-geog>).

The health insurance coverage of Louisiana increased dramatically as Louisiana joined the Medicaid expansion in 2016

Table 2 shows descriptive statistics for three areas in 2017, Florida and Texas, the other three Gulf Coast states (Alabama, Louisiana, and Mississippi), and the rest of the Nation. We present means (percentages) and numbers for each of the variables used in the multivariate analysis, including the reference groups. All of the variables used in our study are dichotomous variables with values of 0 and 1. The analysis sample was restricted to adults aged 18 through age 64. The five Gulf Coast states and the rest of the Nation showed similar patterns. About 18% of the respondents were 18 to 26 years old, with 36% being 27 to 44 years old and 46% being 45 to 64 years old. About half of the respondents were female. The Gulf Coast states compared to the rest of the Nation had a higher proportion of racial and ethnic minorities,

particularly African Americans (29.3% in Alabama, Louisiana, and Mississippi, yet 9.6% in the rest of the Nation) and Hispanics (30.1% in Florida and Texas, yet 14.3% in the rest of the Nation), and a higher percentage of divorced, separated, and widowed persons (15.7% in Florida and Texas and 17.1% in Alabama, Louisiana, and Mississippi, respectively) than that in the rest of the Nation (13.6%). Educational attainment was also lower in the Gulf Coast states, which had a higher percentage of adults without a high school diploma or a college degree. The respondent's labor force status was similar across all five Gulf Coast states and the rest of the Nation, and there was little variation in the proportion of residents in each group below the expanded poverty threshold. Finally, it should be noted that a very small proportion (3.1%) is classified as urban in Florida and Texas.

Table 2. Descriptive Statistics: FL vs. AL/LA/MS/TX vs Rest of the Nation (ACS 2017)* (% line 1, N line 2)

Variable	Florida & Texas	Alabama, Louisiana, & Mississippi	Rest of the Nation
	Unweighted N 244,713 %	Unweighted N 51,421 %	Unweighted N 1,328,209 %
<i>Age</i>			
Age 18-26 (Reference)	17.89 43,777	18.32 9,418	18.65 247,714
Age 27-44	36.31 88,850	34.86 17,925	35.81 475,613
Age 45-64	45.80 112,086	46.82 24,078	45.54 604,882
<i>Gender</i>			
Male	48.80 119,408	48.43 24,903	49.39 655,969
Female	51.20 125,305	51.57 26,518	50.61 672,240
<i>Race/Ethnicity</i>			
White (Reference)	51.40 125,784	63.29 32,544	65.36 868,137
African American	11.58 28,335	29.34 15,086	9.60 127,092
Hispanic	30.13 73,733	3.77 1,939	14.27 189,525
Other	6.89	3.60	10.80

	16,861	1,852	143,455
<i>Marital Status</i>			
Married (Reference)	52.73	48.98	51.91
	129,047	25,186	689,437
Separated/Divorced/Widowed	15.70	17.08	13.55
	38,413	7,785	180,011
Never Married	31.57	33.94	34.54
	77,253	17,450	458,761
<i>Educational Attainment</i>			
Under HS	12.01	12.18	9.87
	28,385	6,265	131,138
HS/GED (Reference)***	24.56	28.58	24.77
	60,100	14,697	329,048
Associate degree	32.08	33.22	31.56
	78,507	17,080	419,144
Bachelor's degree	20.59	16.62	21.23
	50,389	8,544	281,926
Advanced degree	10.76	9.40	12.57
	26,332	4,835	166,953
<i>Employment Status</i>			
Employed (Reference)	70.90	73.08	79.98
	173,501	33,674	958,133
Unemployed	3.67	3.91	3.64
	8,979	2,011	48,361
Not in labor force	25.43	30.60	24.22
	62,233	15,736	321,715
<i>Poverty</i>			
No	79.09	73.08	79.98
	193,541	37,578	1,059,489
Yes	20.91	26.92	20.20
	51,172	13,843	268,720
<i>Rurality</i>			
Urban	96.87	75.08	87.29
	237,046	38,938	1,159,406
Rural	3.13	24.92	12.71
	7,667	12,483	168,803

* ACS 2017 means the 2017 American Community Survey data and %s are weighted

**Data come from IPUMS-ACS (<https://usa.ipums.org/usa-action/variables/group?id=h-geog>).

*** HS means high school graduate and GED means General Education Diploma

Table 3 shows the percentages and numbers of rural and urban populations in all the Gulf Coast states (aggregate and individual, the rest of the Nation, and the United States as a whole). Florida (0.5%),

Louisiana (3.3%), and Texas (4.3%) had relatively lower percentages of the rural population compared to Alabama (16.3%) and Mississippi (53.6%).

Table 3. Percentages and Numbers of Rural and Urban Population by State: ACS 2017 (% line 1, N line 2)

	Rural	Urban
United States	8.81	91.19
	188,953	1,435,390
Rest of the Nation	9.49	90.51
	168,803	1,159,406
Gulf Coast States (combined)	5.86	94.14
	20,150	275,984
Alabama	16.29	83.71
	4,179	16,281
Florida	0.54	99.46
	659	106,419
Louisiana	3.28	96.72
	656	106,419
Mississippi	53.64	46.36
	7,648	5,687
Texas	4.33	95.67
	7,008	130,627

* ACS 2017 means the 2017 American Community Survey data and %s are weighted

** Dataset (2017) comes from IPUMS-ACS (<https://usa.ipums.org/usa-action/variables/group?id=h-geog>).

In Tables 4 (Florida and Texas combined) and 5 (Alabama, Louisiana, and Mississippi combined), the odds ratios main effects of in the logistic regression models were similar for Florida and Texas and the other three Gulf Coast states: females and respondents with more education had an increased the likelihood of being insured, while being a minorities, people who were separated/divorced/widowed or never married, those who has less than high school education, those who were unemployed or not in the labor force, those below the expanded poverty threshold, and respondents living in a rural area had a decreased likelihood of being insured.

The odds ratios for age and race/ethnicity, however, varied between Florida and Texas and the other Gulf Coast states. When compared to younger adults (who may share coverage with their parents until age 27), respondents from ages 27 to 44 had a decreased likelihood of being insured for both Florida and Texas and the other three Gulf Coast states. Respondents from ages 45 to 64 in Florida and Texas, however, were more likely to have health

insurance than the younger adults (aged from 18-26), while the other Gulf Coast states showed the opposite. The odds ratio for the other Gulf Coast states was not statistically significant, yet the direction was the same as in the rest of the Nation (see Table 6). All minorities in Florida and Texas were less likely to be insured, and the other Gulf Coast states showed the same results except African Americans. The variable African American in the other Gulf Coast states was not statistically significant, although the direction of the variable was the same as in Florida and Texas.

The pattern of interaction effects of rural residents with the other demographic and economic variables was different for Florida and Texas (Table 4) and the other Gulf Coast states (Table 5). In Florida and Texas, rural residents who were aged from 27 to 44 were less likely to have health insurance than rural residents who were aged from 18 to 26. The interactions between age and rural residence relationships for the other Gulf states, however, were significant and showed the opposite. Rural residents who were aged from 27 to 44 and who

were aged from 45 to 64 were more likely to have health insurance than rural residents who were aged from 18 to 26. In Florida and Texas, women in rural areas are more likely to have health insurance than men in rural areas. Rural African Americans had a decreased likelihood of having health insurance, and rural Hispanics had an increased likelihood of having health insurance than rural whites in Florida and Texas. In contrast, only rural other races had a decreased likelihood of having health insurance in the other three Gulf Coast states (Tables 4 & 5).

Table 4. Logistic Regression Estimates (Odds Ratios, OR), Demographics and Economic Variables: ACS 2017 Florida & Texas Combined (N=244,713)

Variable	OR	OR	OR	OR	OR	OR	OR	OR
<i>Age</i>								
Age 18-26 (Reference)	0.64 *	0.64 *	0.64 *	0.64 *	0.64 *	0.64 *	0.64 *	0.64 *
Age 27-44	1.04 ***	1.05 **	1.04 ***	1.04 ***	1.04 ***	1.04 ***	1.04 ***	1.04 ***
Age 45-64	1.04 ***	1.05 **	1.04 ***	1.04 ***	1.04 ***	1.04 ***	1.04 ***	1.04 ***
<i>Female</i>	1.27 *	1.27 *	1.24 *	1.27 *	1.27 *	1.27 *	1.27 *	1.26 *
<i>Race/Ethnicity</i>								
White (Reference)								
African American	0.84 *	0.84 *	0.84 *	0.84 *	0.84 *	0.84 *	0.84 *	0.84 *
Hispanic	0.46 *	0.46 *	0.46 *	0.46 *	0.46 *	0.46 *	0.46 *	0.46 *
Other	0.82 *	0.82 *	0.82 *	0.82 *	0.82 *	0.82 *	0.82 *	0.82 *
<i>Marital Status</i>								
Married (Reference)								
Separated/Divorced/Widowed	0.69 *	0.69 *	0.69 *	0.69 *	0.70 *	0.69 *	0.69 *	0.69 *
Never married	0.70 *	0.70 *	0.70 *	0.70 *	0.70 *	0.70 *	0.70 *	0.70 *
<i>Educational Attainment</i>								
Under HS (Reference)#								
Associate degree	1.69 *	1.69 *	1.69 *	1.69 *	1.69 *	1.69 *	1.69 *	1.69 *
Bachelor's degree	2.99 *	2.99 *	2.99 *	2.99 *	2.99 *	2.98 *	2.99 *	2.99 *
Advanced degree	4.76 *	4.75 *	4.76 *	4.75 *	4.76 *	4.75 *	4.77 *	4.77 *
<i>Employment Status</i>								
Employed (Reference)								
Unemployed	0.42 *	0.42 *	0.42 *	0.42 *	0.42 *	0.42 *	0.42 *	0.42 *
Not in labor force	0.85 *	0.85 *	0.85 *	0.85 *	0.85 *	0.85 *	0.86 *	0.85 *
<i>Rural</i>	0.62 *	0.69 *	0.51 *	0.57 *	0.68 *	0.60 *	0.72 *	0.77 *
<i>Poverty</i>	0.42 *	0.42 *	0.42 *	0.42 *	0.42 *	0.42 *	0.42 *	0.43 *
<i>Interaction of Main Effect with "Rural"</i>								
<i>Rural*Age</i>								
Rural*Age 27-44		0.81 **						
Rural*Age 45-64		0.92						
<i>Rural*Female</i>			1.57 *					
<i>Rural*Race</i>								
Rural*African American				0.76 **				

Rural*Hispanic				1.36 *				
Rural*Other				1.06				
<i>Rural*Marital Status</i>								
Rural*Separated/ Divorced/Widowed						0.79 **		
Rural*Never married						0.85 ***		
<i>Rural*Education</i>								
Rural*Under HS							1.12	
Rural*Associate							0.97	
Rural*BA##							1.10	
Rural*Advanced							1.02	
<i>Rural*Employment Status</i>								
Rural*Unemployed							0.98	
Rural*Not in labor force							0.70 *	
<i>Rural*Poverty</i>								
Constant	7.33 *	7.29 *	7.37 *	7.36 *	7.29 *	7.34 *	7.27 *	0.61 *
Log likelihood###	(100,436.67)	(100,431.88)	(100,404.54)	(100,411.90)	(100,430.32)	(100,434.67)	(100,416.32)	(100,398.19)
LR X ² ####	35,008.30	35,017.88	35,072.56	35,057.84	35,021.00	35,012.30	35,048.99	35,085.26

Note: *<0.001; **<.01;***<0.05

ACS 2017 means the 2017 American Community Survey data

HS means high school graduate and GED means General Education Diploma

##BA means Bachelor of Arts

The log-likelihood is the natural logarithm of the likelihood. It is used in the Likelihood Ratio Chi-Square test of whether all predictors' regression coefficients in the model are simultaneously zero and in tests of nested models.

This is the Likelihood Ratio (LR) Chi-Square test that at least one of the predictors' regression coefficient is not equal to zero in the model.

Table 5. Logistic Regression Estimates (Odds Ratios, OR), Demographic and Economic Variables: ACS 2017, Alabama, Louisiana, & Mississippi (combined) (N= 51,421)

Variable	OR	OR	OR	OR	OR	OR	OR	OR
<i>Age</i>								
Age 18-26 (Reference)								
Age 27-44	0.53 *	0.49 *	0.53 *	0.54 *	0.53 *	0.53 *	0.53 *	0.53 *
Age 45-64	0.97	0.87	0.97	0.97	0.97	0.97	0.97	0.97
<i>Female</i>	1.60 *	1.60 *	1.63 *	1.60 *	1.60 *	1.60 *	1.60 *	1.60 *
<i>Race/Ethnicity</i>								
White (Reference)								
African American	0.99	0.99	0.99 *	0.98	1.00	0.99	0.99	0.99
Hispanic	0.30 *	0.30 *	0.30 *	0.31 *	0.30 *	0.30 *	0.30 *	0.30 *
Other	0.80 **	0.80 **	0.80 **	0.87	0.80 **	0.80 **	0.80 **	0.80 **
<i>Marital Status</i>								
Married (Reference)								
Separated/Divorced /Widowed	0.53 *	0.53 *	0.53 *	0.53 *	0.49 *	0.53 *	0.53 *	0.53 *
Never married	0.53 *	0.53 *	0.53 *	0.53 *	0.54 *	0.53 *	0.53 *	0.53 *
<i>Educational Attainment</i>								
Under HS HS/GED (Reference)#	0.75 *	0.75 *	0.75 *	0.75 *	0.75 *	0.75 *	0.75 *	0.75 *
Associate degree	1.51 *	1.51 *	1.51 *	1.51 *	1.51 *	1.53 *	1.51 *	1.51 *
Bachelor's degree	2.51 *	2.52 *	2.51 *	2.50 *	2.51 *	2.60 *	2.52 *	2.51 *
Advanced degree	3.91 *	3.93 *	3.91 *	3.90 *	3.91 *	3.92 *	3.94 *	3.92 *
<i>Employment Status</i>								
Employed (Reference)								
Unemployed	0.39 *	0.39 *	0.39 *	0.39 *	0.39 *	0.39 *	0.44	0.39 *
Not in labor force	0.80 *	0.81 *	0.80 *	0.80 *	0.81 *	0.80 *	0.82 *	0.80 *
<i>Rural</i>	0.71 *	0.50 *	0.73 *	0.71 *	0.70 *	0.73 *	0.77 *	0.73 *
<i>Poverty</i>	0.43 *	0.43 *	0.43 *	0.43 *	0.43 *	0.43 *	0.43 *	0.44 *
Interaction of Main Effect with "Rural"								
<i>Rural*Age</i>								
Rural*Age 27-44		1.30 **						
Rural*Age 45-64		1.44 *						
<i>Rural*Female</i>			0.95					
<i>Rural*Race</i>								
Rural*African American				1.05				

Rural*Hispanic				0.86				
Rural*Other				0.70 **				
<i>Rural*Marital Status</i>								
Rural*Separated/ Divorced/Widowed						1.27 **		
Rural*Never married						0.91		
<i>Rural*Education</i>								
Rural*Under HS							1.00	
Rural*Associate							0.96	
Rural*BA##							0.85	
Rural*Advanced							1.00	
<i>Rural*Employment Status</i>								
Rural*Unemployed							0.62 *	
Rural*Not in labor force							0.92	
Rural*Poverty								0.96
Constant	13.05 *	14.06 *	12.96 *	13.05 *	13.11 *	12.96 *	12.79 *	12.96 *
Log likelihood###	(17,865.56)	(17,855.03)	(17,865.12)	(17,862.27)	(17,865.51)	(17,864.56)	(17,857.69)	(17,865.27)
LR X ² ####	6,007.02	6,028.09	6,007.90	6,013.59	6,025.12	6,009.02	6,022.76	6,007.60

Note: * < 0.001; ** < 0.01; *** < 0.05

ACS 2017 means the 2017 American Community Survey data

HS means high school graduate and GED means General Education Diploma

BA means Bachelor of Arts

The log-likelihood is the natural logarithm of the likelihood. It is used in the Likelihood Ratio Chi-Square test of whether all predictors' regression coefficients in the model are simultaneously zero and in tests of nested models.

This is the Likelihood Ratio (LR) Chi-Square test that at least one of the predictors' regression coefficient is not equal to zero in the model

Table 6. Logistic Regression Estimates (Odds Ratios, OR), Demographic and Economic Variables: ACS 2017 Rest of the Nation (N=1,328,209)

Variable	OR	OR	OR	OR	OR	OR	OR	OR
<i>Age</i>								
Age 18-26 (Reference)								
Age 27-44	0.58 *	0.57 *	0.58 *	0.58 *	0.58 *	0.58 *	0.58 *	0.58 *
Age 45-64	0.95 *	0.93 *	0.95 *	0.95 *	0.95 *	0.95 *	0.95 *	0.95 *
<i>Female</i>	1.39 *	1.39 *	1.39 *	1.39 *	1.39 *	1.39 *	1.39 *	1.39 *
<i>Race/ Ethnicity</i>								
White (Reference)								
African American	0.71 *	0.71 *	0.71 *	0.71 *	0.73 *	0.71 *	0.71 *	0.71 *
Hispanic	0.43 *	0.43 *	0.43 *	0.43 *	0.44 *	0.43 *	0.43 *	0.43 *
Other	0.71 *	0.71 *	0.71 *	0.71 *	0.77 *	0.71 *	0.71 *	0.71 *
<i>Marital Status</i>								
Married (Reference)								
Separated/Divorced/ Widowed	0.62 *	0.62 *	0.62 *	0.62 *	0.62 *	0.62 *	0.62 *	0.62 *
Never married	0.65 *	0.65 *	0.65 *	0.67 *	0.66 *	0.65 *	0.66 *	0.66 *
<i>Educational Attainment</i>								
Under HS HS/GED (Reference)								
Associate degree	1.58 *	1.58 *	1.58 *	1.58 *	1.58 *	1.59 *	1.58 *	1.58 *
Bachelor's degree	2.59 *	2.59 *	2.59 *	2.59 *	2.59 *	2.61 *	2.60 *	2.60 *
Advanced degree	4.22 *	4.23 *	4.22 *	4.23 *	4.21 *	4.29 *	4.23 *	4.23 *
<i>Employment Status</i>								
Employed (Reference)								
Unemployed	0.52 *	0.52 *	0.52 *	0.52 *	0.53 *	0.52 *	0.52 *	0.52 *
Not in labor force	0.88 *	0.88 *	0.88 *	0.88 *	0.89 *	0.88 *	0.90 *	0.88 *
<i>Rural</i>	0.67 *	0.61 *	0.68 *	0.71 *	0.72 *	0.69 *	0.70 *	0.70 *
<i>Poverty</i>	0.56 *	0.56 *	0.56 *	0.56 *	0.56 *	0.56 *	0.56 *	0.57 *
<i>Interaction of Main Effect with "Rural"</i>								
<i>Rural*Age</i>								
Rural*Age 27-44		1.13 *						
Rural*Age 45-64		1.14 *						
<i>Rural*Female</i>			0.98					
<i>Rural*Marital Status</i>								
Rural*Separated/ Divorced/Widowed				0.99				
Rural*Never Married				0.87 *				

<i>Rural*Race</i>								
Rural*African American					0.73			
Rural*Hispanic					1.06 ***			
Rural*Other					0.62			
<i>Rural*Education</i>								
Rural*Under HS							0.96	
Rural*Associate							0.95 **	
Rural*BA##							0.96	
Rural*Advanced							0.85 *	
<i>Rural*Employment Status</i>								
Rural*Unemployed							0.90 **	
Rural*Not in labor force							0.91 *	
<i>Rural*Poverty</i>								
Constant	16.87 *	17.11 *	16.86 *	16.70 *	16.53 *	16.77 *	16.73 *	16.77 *
Log likelihood###	(360,476.58)	(360,459.33)	(360,476.15)	(360,447.31)	(360,299.35)	(360,470.38)	(360,459.56)	(360,466.83)
LR X ² ####	91,615.78	91,650.27	91,616.63	91,674.31	9,170.23	91,628.18	91,649.81	91,635.28

Note: * <0.001; ** <0.01; *** <0.05

ACS 2017 means the 2017 American Community Survey Data

HS means high school graduate and GED means General Education Diploma

BA means Bachelor of Arts

The log-likelihood is the natural logarithm of the likelihood. It is used in the Likelihood Ratio Chi-Square test of whether all predictors' regression coefficients in the model are simultaneously zero and in tests of nested models.

This is the Likelihood Ratio (LR) Chi-Square test that at least one of the predictors' regression coefficient is not equal to zero in the model

Separated/divorced/widowed and never-married women in rural areas were less likely to be insured than married women in urban areas in Florida and Texas, while separated/divorced/widowed women in rural areas were more likely to be insured than married women in rural areas in other three states. Educational attainment did not show any significant relationships with insurance coverage in both Florida and Texas and the other Gulf Coast states rural residents. Respondents who were not in the labor force were less likely to have insurance than employed rural residents in Florida and Texas. Meanwhile, respondents who were not employed were less likely to have insurance than employed rural residents in the other three states. Finally, poor rural people were more likely to lack insurance coverage than the non-poor rural residents only in Florida and Texas.

Discussion | The implementation of the ACA increased health insurance coverage for adults in each of the Gulf Coast States and the rest of the country. Insurance coverage also increased in both rural and urban areas in the Gulf Coast states. Still, coverage rates in the Gulf Coast region remained lower, in particular, rural residents, compared to those in the rest of the Nation.²⁰⁻²⁴

This study aimed to update the changes in insurance coverage in the Gulf Coast states, as Min and Hudson's study²⁴ covered until 2015. Using the 2017 ACS data was important because the Louisiana joined the Medicaid expansion in 2016, which was (and still is in 2020) the only state among the Gulf Coast states. First, the study found that by 2017 health insurance coverage for adults under age 65 increased in the United States, in each of the Gulf Coast states, and the rest of the Nation. These increases occurred in both rural and urban areas. Second, coverage rates, however, continued to be lower in the Gulf Coast states than in the rest of the Nation and in the country as a whole. Louisiana had a significant increase in insurance coverage^{17,42-44} and the highest coverage in 2017 among the Gulf Coast states (see Table 1). Louisiana's insurance increase confirms the importance of the policy and the benefit of enrolling in the Medicaid expansion. Besides, Louisiana combined with Alabama and Mississippi showed a greater increase in insurance coverage in rural areas than urban areas, which followed the rest of the Nation (see Table 6). Third, Florida and Texas still had the lower rates of coverage among the Gulf Coast states, and the increase in coverage was less in Florida than in any of the other Gulf Coast states in rural areas in

2017. Table 1 demonstrates that the rates of the insurance coverage increase between 2009 and 2017 were more than two times higher in urban areas in Florida (7.6% increase in urban vs. 3.4% increase in rural) and Texas (6.3% vs. 2.4%, respectively).

In addition, this study analyzed the different associations between socio-demographic factors and rural residence by introducing interaction variables to see what socio-demographic characteristics were associated with rural health insurance disadvantage. Our examination of how socio-demographic variables interact with living in a rural area revealed a clear pattern of rural disadvantage. The pattern, however, was varied between Florida and Texas and Alabama, Louisiana, and Mississippi. Florida and Texas showed that young adults (age 27 to 44), African American, non-married, not in the labor force, and being poor significantly decreased the likelihood of having insurance for rural residents. In contrast, minorities in other races and unemployed decreased the likelihood of having insurance for rural residents in Alabama, Louisiana, and Mississippi. Besides, females and Hispanics in rural Florida and Texas were more likely to have insurance compared to their counterparts (rural males and rural whites, respectively). All age groups (ages 27 to 44 and 45 to 64) were more likely to have insurance compared to their younger counterparts (age 18 to 26) in Alabama, Louisiana, and Mississippi. We analyzed the models with interaction variables to understand the relationships between socio-demographic factors with rural residents, as the models without interaction variables could not show the factors contributed to the rural disadvantages in the Gulf Coast States. The results showed that contributing factors were different in two separate regions (Florida and Texas vs. Alabama, Louisiana, and Mississippi), as described above. These findings have meaningful implications for the ongoing effort to reduce insurance coverage disparities in the Gulf Coast states as well as all Americans. These findings have meaningful implications for the ongoing effort to reduce insurance coverage disparities in the Gulf Coast states as well as all Americans.

Limitations | There are a couple of limitations to this study. First, as in Table 3, Florida and Texas had relatively lower percentages of the rural population compared to Alabama and Mississippi. The relatively fewer numbers of rural

population warrant reviewing the focus of policies on insurance coverage. Louisiana, however, displayed a higher increase in insurance coverage in rural areas after enrolling in the Medicaid expansion, although Louisiana had a lower percentage of the rural population. Therefore, further analysis of would be justified. Second, there are 14 states where do not join the Medicaid expansion as of the first half of 2020.¹⁹ Another study, including all 14 states, would be

beneficial to have a better understanding of insurance coverage by rural and urban areas among these states.

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References |

1. Crosby RA, Wendel ML, Vanderpool RC, Casey BR. *Rural Populations and Health: Determinants, Disparities, and Solutions*. San Francisco, CA: John Wiley & Sons, Inc.; 2012.
2. Hartley D. Rural health disparities, population health, and rural culture. *Am J Pub Heal*. 2004;94(10):1675-1678.
3. Phillips CD, McLeroy KR. Health in rural America: remembering the importance of place. *Am J Pub Heal*. 2004;94(10):1661-1663.
4. Healthypeople.gov. Disparities. Office of Disease Prevention and Health Promotion. <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>. Accessed May 9, 2020.
5. IPUMS. Definition of Metro. https://usa.ipums.org/usa-action/variables/METRO#codes_section. Accessed May 9, 2020.
6. Centers for Disease Control and Prevention. Rural Health. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/rural-health.htm>. Accessed May 8, 2020.
7. Day JC. Rates of Uninsured Fall in Rural Counties, Remain Higher Than Urban Counties. US. Census Bureau. <https://www.census.gov/library/stories/2019/04/health-insurance-rural-america.html>. Accessed May 9, 2020.
8. Rural Health Information Hub. Rural Health Disparities. <https://www.ruralhealthinfo.org/topics/rural-health-disparities>. Accessed May 9, 2020.
9. Newkirk II VR, Damico A. The Affordable Care Act and Insurance Coverage in Rural Areas. Issue Brief, The Kaiser Family Foundation. <https://www.kff.org/uninsured/issue-brief/the-affordable-care-act-and-insurance-coverage-in-rural-areas/>. Published May 2014. Accessed July 29, 2020.
10. Ubrri P, Artiga S. Disparities in Health and Health Care: Five Key Questions and Answers. Kaiser Issue Brief. The Kaiser Family Foundation. <https://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>. Published March 2020. Accessed May 9, 2020.
11. Barnett JC, Vornovitsky MS. Health Insurance Coverage in the United States: 2016. Current Population Reports P60-260. U.S. Government Printing Office, Washington, DC. <https://www.census.gov/library/publications/2017/demo/p60-260.html>. Published September 2017. Accessed May 9, 2020.
12. Berk ML, Alber LA, Schur CL. The growth in the US uninsured population: trends in hispanic subgroups, 1977. *Am J Pub Heal*. 1996;86:572-576.
13. The Kaiser Family Foundation. Key Facts about the Uninsured Population. Fact Sheet. <http://files.kff.org/attachment/Fact-Sheet-Key-Facts-about-the-Uninsured-Population>. Published November 2017. Accessed May 9, 2020.
14. Tolbert J, Orgera K, Singer N, Damico A. Key Facts about the Uninsured Population. The Kaiser Family Foundation. <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/view/footnotes/>. Published December 2019. Accessed May 11, 2020.
15. Kominski GF, Nonzee NJ, Sorensen A. The affordable care act's impacts on access to insurance and health care for low-income populations. *An Rev Pub Heal*. 2017;38: 489-505. doi:10.1146/annurev-publhealth-031816-044555.
16. HealthCare.gov. Minimum Coverage Provision. <https://www.healthcare.gov/glossary/minimum-essential-coverage/>. Accessed July 29, 2020.
17. Norris, L. Louisiana and the ACA's Medicaid Expansion. Healthinsurance.org, 2018.

- <https://www.healthinsurance.org/louisiana-medicaid/>. Accessed May 9, 2020.
18. HealthCare.gov. Medicaid & CHIP: Medicaid expansion & what it means for you. <https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/>. Accessed May 9, 2020.
 19. The Kaiser Family Foundation. State Health Fact: Status of State Action on the Medicaid Expansion Decision. 2020. <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Accessed May 9, 2020.
 20. Avery K, Finegold, K, Xiao X. Impact of the Affordable Care Act Coverage Expansion on Rural and Urban Populations. ASPE Issue Brief, U.S. Department of Health and Human Services. <https://aspe.hhs.gov/pdf-report/impact-affordable-care-act-coverage-expansion-rural-and-urban-populations>. Published June 2016. Accessed May 9, 2020.
 21. Barker AR, Huntzberry KA, McBride TD, et al. 2016 Rural Enrollment in Health Insurance Marketplaces. Rural Policy Brief 2017-1. <https://rupri.public-health.uiowa.edu/publications/policybriefs/2017/Rural%20Enrollment%20in%20Health%20Insurance%20Marketplaces%20by%20State%202016.pdf>. Published January 2017. Accessed May 9, 2020.
 22. Coburn AF, Lundblad JP, MacKinney AC, et al. The patient protection and affordable care act of 2010: impacts on rural people, places, and providers: a second look. Rural Policy Research Institute. <http://www.rupri.org/wp-content/uploads/The-Patient-Protection-and-Affordable-Care-Act-of-2010-Impacts-on-Rural-People-Places-and-Providers.-RUPRI-Health-Panel.-April-2014.pdf>. Published April 2014. Accessed May 9, 2020.
 23. National Advisory Committee on Rural Health and Human Services. Rural Implications of The Affordable Care Act Outreach, Education, and Enrollment. Policy Brief. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2014-aca-rural-outreach.pdf>. Published January 2014. Accessed May 9, 2020.
 24. Min H, Hudson K. The impact of the affordable care act on health insurance coverage in the gulf coast and the rest of the United States by rural and urban areas. *J Heal Soc Sci*. 2019;4(3):405-416. doi10.19204/2019/thmp3. Accessed May 9, 2020.
 25. Center for Energy Studies & Economics & Policy Studies Group. Gulf Coast Energy Outlook. Baton Rouge, LA: Louisiana State University. <https://www.lsu.edu/ces/publications/2017/GCEO2017.pdf>. Published Spring 2017. Accessed July 27, 2020.
 26. Dafny L, Gruber J, Ody C. More insurers lower premiums: evidence from initial pricing in the health insurance marketplaces. *Nat Bur Eco Res*. Working Paper w7555, 2014. <http://www.nber.org/papers/w7555>. Accessed May 9, 2020.
 27. Dickstein MJ, Duggan M, Orsini J, Tebaldi P. The impact of market size and composition on health insurance premiums: evidence from the first year of the affordable care act. *Am Eco Rev*. 2015;105(5):120–125.
 28. U.S. Census Bureau. American Community Survey. <https://www.census.gov/programs-surveys/acs/about.html>. Accessed May 9, 2020.
 29. Bureau of Labor Statistics. American Community Survey. <https://www.bls.gov/lau/acsqa.htm>. Accessed May 9, 2020.
 30. Ruggles S, Genadek K, Goeken R, et al. Integrated Public Use Microdata Series: Version 7.0 [dataset]. 2017. <https://doi.org/https://doi.org/10.18128/D010.V7.0>. Accessed May 9, 2020.
 31. U.S. Department of Health and Human Services. Who is Eligible for Medicare? <https://www.hhs.gov/answers/medicare-and-medicaid/who-is-eligible-for-medicare/index.html>. Accessed May 9, 2020.
 32. Rogers L, Wilder K. Shift in Working-Age Population Relative to Older and Younger Americans. 2020. <https://www.census.gov/library/stories/2020/06/working-age-population-not-keeping-pace-with-growth-in-older-americans.html>. Accessed by July 27, 2020.
 33. Artiga S, Damico A. Health and Health Coverage in the South: A Data Update. Issue Brief, The Kaiser Family Foundation. <https://www.kff.org/disparities-policy/issue-brief/health-and-health-coverage-in-the-south-a-data-update/>. Published February 2016. Accessed May 9, 2020.
 34. Bailey K. Dying for Coverage: The Deadly Consequences of Being Uninsured. Washington, DC; Families USA. <https://familiesusa.org/wp-content/uploads/2019/09/Dying-for->

- Coverage.pdf. Published June 2012. Accessed May 9, 2020.
35. Garfield R, Young K. How Does Gaining Coverage Affect People's Lives? Access, Utilization, and Financial Security among Newly Insured Adults. Issue Brief, The Kaiser Family Foundation. <https://www.kff.org/health-reform/issue-brief/how-does-gaining-coverage-affect-peoples-lives-access-utilization-and-financial-security-among-newly-insured-adults/view/print/>. Published June 2015. Accessed May 9, 2020.
 36. Jacobs PD, Duchovny N, Lipton BJ. Changes in health status and care use after ACA expansions among the insured and uninsured. *Heal Aff.* 2016;35(7):1184–1188.
 37. Peters HE, Simon K, Taber JR. Marital disruption and health insurance. *Demog.* 2014;51:1397–1421.
 38. Uberoi N, Finegold K, Gee E. Health Insurance Coverage and The Affordable Care Act, 2010-2016. ASPE Issue Brief. U.S. Department of Health and Human Services. <https://aspe.hhs.gov/pdf-report/health-insurance-coverage-and-affordable-care-act-2010-2016>. Published March 2016. Accessed May 9, 2020.
 39. Hamilton LC. *Statistics with Stata*. 12th ed. College Station, TX: Cengage Learning; 2012.
 40. Long JS, Freese J. (2014). *Regression Models for Categorical Dependent Variables Using Stata*. 3rd ed. College Station, TX: Stata Press; 2014.
 41. Jaccard J. *Interaction Effects in Logistic Regression*. Thousand Oakes, CA: Sage; 2001.
 42. Barnes S, Henderson M, Terrell D, Virgets S. 2017 Louisiana Health Insurance Survey. Louisiana Department of Health. <http://ldh.la.gov/assets/media/2017-Louisiana-Health-Insurance-Survey-Report.pdf>. Published August 2018. Accessed May 9, 2020.
 43. Berchick ER, Hood E, Barnett JC. Current Population Reports, P60-264, Health Insurance Coverage in the United States: 2017. U.S. Government Printing Office, Washington, DC. <https://www.census.gov/library/publications/2018/demo/p60-264.html>. Published September 2018. Accessed May 9, 2020.
 44. USNews.com. Louisiana's Medicaid Expansion Reaches 500k, Still Growing. 2019. <https://www.usnews.com/news/best-states/louisiana/articles/2019-02-08/louisianas-medicaid-expansion-reaches-500k-still-growing>. Accessed May 9, 2020.

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