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What was the impact of some states expanding Medicaid (ACA) and States not expanding? Does it matter?

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**Abstract**

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**Introduction:**

States that did expand Medicaid have reported an increase in access to healthcare, improved health outcomes and financial security, encouraged employment and education gains, and more. However, there are still states unwilling to expand Medicaid. The objective of this paper is to investigate if (1) Louisiana, which has implemented Medicaid expansion will have higher rates of Black adults being told by a doctor that they are diagnosed with cardiovascular disease. (2) Georgia which did not expand its Medicaid will have an overall lower rate of access to care due to cost compared to states that did expand.

**Methods:**

Secondary quantitative data is collected from the Centers for Disease Control and Prevention and Kaiser Family Foundation. The data is then analyzed through R (v.4.0.2) utilizing a Welch two-sample t-test.

**Results:**

The first Welch t-test had a p-value of 0.07105. Since this p-value is lower than the significance level, we do not reject the null hypothesis. The second Welch t-test had a p-value of 0.263. Since this p-value is higher than the significance level, we reject the null hypothesis and accept the alternative hypothesis as true.

**Conclusion:**

Although there was no strong correlation on whether or not cardiovascular decreased due to Medicaid expansion within the Black population. However, Medicaid expansion does matter due to its ability to increase the rate of healthcare access and screening. As seen from the data collected, there are many other factors that influence the data, but Louisiana has had the largest increase in cardiovascular disease diagnosis since it expanded Medicaid compared to Georgia who's trending slowly.

## **Acknowledgments**

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## **Medicaid Background**

The Affordable Care Act (ACA) Medicaid expansion was enacted in March 2010 to increase accessible health insurance coverage for uninsured Americans.<sup>1</sup> Before this law, over 50 million Americans were uninsured, a high percentage were from low-income families with at least one member working full-time.<sup>2</sup> Previous research on the problem showed short- and long-term health consequences of gaps in health insurance coverage among young adults through a cross-sectional study.<sup>6</sup> It showed an adverse association between health status and healthcare utilization up to 6 years later.<sup>6</sup> The gaps showed 17% lower odds of reporting better self-rated health compared to those who had year-round private insurance.<sup>6</sup> Individuals who remain uninsured are more susceptible to barriers to health services, receiving medical care, and potentially serious financial consequences.<sup>4</sup> The result of gaps in health insurance coverage is correlated with worse health and lower usage of preventive services.<sup>5</sup>

Medicaid currently provides 83.9 million eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities with coverage in America.<sup>8</sup> Medicaid is jointly funded by the state and federal government, therefore, it must adhere to federal requirements and be administered by the states.<sup>8</sup> According to the CDC, Medicaid is the largest program currently providing medical and health-related services to low-income individuals.<sup>10</sup> As long as this public insurance program follows the broad federal guidelines, states have a great deal of flexibility in administering and designing their program, hence, the choice to expand or not expand Medicaid.<sup>9</sup> The purpose of the ACA program is to provide coverage to nearly all adults with incomes up to 138% of the federal poverty level (FPL).<sup>9</sup> Additionally, the ACA not only expands access to Health coverage but also increases consumer protections, emphasizes

prevention and wellness, improves quality and system performance, expands the health workforce, and curbs rising healthcare costs.<sup>11</sup>

## **Medicaid Eligibility**

When determining eligibility for Medicaid, federal law requires states to cover certain groups.<sup>26</sup> Those groups include Low-income families, qualified pregnant women and children, and individuals receiving Supplemental Security Income (SSI).<sup>26</sup> Additionally, states have the autonomy to cover other groups if desired.<sup>26</sup> For example, individuals receiving community-based and home services and children in foster care who are not otherwise eligible.<sup>26</sup> The methodology for determining income eligibility is based on the Modified Adjusted Gross Income (MAGI).<sup>26</sup> To determine financial eligibility according to MAGI, the methodology considers taxable income and tax-filing relationships.<sup>26</sup> Individuals who are blind, disabled, or 65 and older are exempt from the MAGI-based income rules.<sup>26</sup>

Moreover, individuals are required to be residents of the state in which they are requesting Medicaid and either citizens of the United States of America or certain qualified non-citizens.<sup>26</sup> Additionally, states have the option to create a “medically needy program” which extends Medicaid eligibility to individuals who have high medical expenses but whose income exceeds the financial threshold for other pathways but could be eligible for Medicaid.<sup>27</sup> According to the Kaiser Family Foundation (KFF), 34 states have created this program as of 2022.<sup>27</sup> According to the NIH (National Institutes of Health), ACA Medicaid expansion improved the quality of care, increased access to care, and reduced healthcare costs in states that chose to broaden eligibility.<sup>7</sup> However, a total of 40 (including DC) out of 50 states have accepted the Medicaid expansion act, with 11 states opting out of the implementation.<sup>3</sup> The

following states, Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Wisconsin, and Wyoming have opted out of expanding Medicaid coverage.<sup>3</sup> See Appendix 1 for state characteristics.

### **Why States Did Not Expand Medicaid**

Alabama's main reason for opting out of the expansion is the funding to cover the state's portion of the cost is seen as an obstacle.<sup>12</sup> Although Alabama was previously opposed to the expansion, the state is now considering it but prefers to obtain a waiver that allows them to use Medicaid funds to purchase private health insurance for newly eligible Medicaid enrollees.<sup>12</sup> Florida thus far continues to oppose the expansion proposal and legal experts do not expect the proposal to be a significant issue in the upcoming year sessions.<sup>12</sup> As of now, there have been no Medicaid expansion bills introduced in the Florida legislature.<sup>12</sup>

Georgia's waiver provisions were approved in October 2020 which gave the authorities to extend Medicaid coverage to 100% FPL for parents and childless adults.<sup>3</sup> The applied waiver did not fully expand Medicaid under the ACA and did not qualify for enhanced matching funds.<sup>3</sup> Current Kansas governor Laura Kelly included Medicaid expansion in her proposed budget; in February 2022, Kelly proposed the expansion to legislation that included a work referral program.<sup>3</sup> In 2021, the legislative session adjourned without additional action on the bill and the budget did not include expansion.<sup>3</sup> A similar bill was proposed in 2020 funded through a reinsurance program and hospital surcharge but was blocked from progressing in the Senate over an anti-abortion debate.<sup>3</sup>

In the 2019 Mississippi gubernatorial election, Medicaid expansion was a key issue but current Republican Governor Tate Reeves opposes expansion due to the state being unable to

afford it.<sup>3</sup> According to Philip Gunn, speaker of the Mississippi House of Representatives said, “I don’t see Medicaid expansion as something that is beneficial to the state of Mississippi.”<sup>13</sup>

Additionally, he said, “I just don’t think the taxpayers can afford it. That is what it boils down to the taxpayers. It is their money. I just don’t have the taxpayers calling saying we want you to raise taxes so we can expand Medicaid.”<sup>13</sup>

On June 2, 2022, the North Carolina Senate passed a house bill to expand Medicaid that directs the state to seek federal approval to impose work requirements as a condition of eligibility to enroll and seek federal approval to condition Medicaid eligibility on compliance with work requirements.<sup>3</sup> Unfortunately, the house bill did not advance prior to the adjournment of the 2022 legislative session.<sup>3</sup> South Carolina 2019 approved two separate 1115 waivers that expanded Medicaid coverage from 67% to 100% FPL and continued enrollment conditioned with work requirements.<sup>3</sup> This coverage does not qualify as a full Medicaid expansion under the ACA. Tennessee lawmakers continue to block the expansion act since it would yield a net gain in Tennessee’s economy by supporting 15,000 new jobs and making Tennesseans healthier on average.<sup>14</sup>

Texas currently has the largest coverage gap in the country yet Texan Republicans still oppose Medicaid expansion.<sup>15</sup> Many Republicans are fearful of publicly breaking with their party’s leaders: Governor Greg Abbott and Lieutenant Governor Dan Patrick who have made clear opposition to the ACA as part of their political personas.<sup>15</sup> In 2020, the Episcopal Health Foundation (EHF) poll showed 69% of Texans voting for Medicaid expansion.<sup>16</sup> Governor Abbott released a statement citing the cost as a reason for his opposition.<sup>15</sup> He described Medicaid expansion as “a tax increase waiting to happen.”<sup>15</sup> “The best way to get health care insurance is through an employer,”<sup>15</sup> Abbott said. In Wisconsin, the governor had included

Medicaid expansion in his previous budget proposal, but Republican-controlled legislatures did not include it in the final budget.<sup>3</sup> Although Wisconsin covers up to 100% FPL for adults in Medicaid, they are still opting not to adopt the ACA expansion.<sup>3</sup>

Lastly, in March 2021, a Medicaid expansion bill was passed in the Wyoming House for the first time but failed a vote in the Senate Labor. Wyoming has continued to reject multiple Medicaid expansion bills since 2020.<sup>3</sup> From all the states that have opted out of Medicaid expansion, a common reason was the lack of work requirements and the inability to afford payment.<sup>12</sup>

### **Why States Did Expand Medicaid**

States that did expand Medicaid have reported an increase in access to healthcare, improved health outcomes and financial security, encouraged employment and education gains, and more.<sup>17</sup> Furthermore, some states chose to leverage the ACA to raise revenue which provides them the opportunity to fund other priorities or reduce other taxes.<sup>19</sup> These states after the expansion were able to increase total revenue in three ways:

- “1) states may impose expansion taxes or may have provider taxes that grow naturally with expansion;
- 2) if Medicaid expansion impacts the more extensive economy (e.g., resulting in more jobs), these impacts will generate more revenue; and
- 3) some states push some of the cost of expansion onto beneficiaries by charging premiums.”<sup>19</sup>

According to the NIH, all 40 expanded states saw an improvement in quality of care, increased access to care, and reduced health care costs.<sup>32</sup> The Urban Institute credit bureau data showed strong evidence that Medicaid expansion additionally reduces medical debt.<sup>20</sup> Urban Institute

Credit found 79 of the 100 counties with the highest levels of medical debt were in states that did not expand Medicaid under the ACA.<sup>20</sup> Furthermore, very few studies have reported a correlation between Medicaid expansion and negative consequences, such as increased wait times for appointments.<sup>21</sup> Lastly, most of the 40 expanded states have a lower percent of individuals without health insurance, under age 65 years when compared to the non-expanded states. See Appendix 1.

## **Theory**

America's Market-Based Health care causes confusion and excessive administrative burdens for both consumers and care providers.<sup>22</sup> Market-Based Health Care has inherently caused inequities through its failure to cover basic services for over 40 million people but utilizes a higher proportion of gross domestic product compared to other systems in the world.<sup>23</sup> The greatest community experiencing the burden of illness and receiving the fewest services are minority groups.<sup>23</sup> According to KFF, six in ten Black adults report difficulty obtaining affordable healthcare costs compared to about four in ten White adults.<sup>30</sup>

The American Market-Based Health care prioritizes consumer choices over equity and access to care. This is believed to be influenced by neoliberal economic policies that were popularized in the 1980s during the Reagan and Thatcher eras and continue to guide today's conservative states.<sup>33</sup> Between 1980 and 2020, there is a clear increase in US healthcare spending which rose far above US economic growth and spending levels in all other high-income nations.<sup>33</sup> This growth in health insurance premiums and cost-sharing rose well beyond household income.<sup>33</sup> The neoliberal agenda includes cutting cost for efficiency and

decentralizing to the local or regional levels rather than the national levels. Moreover, it is setting health care up as a private good for sale rather than a public good paid for with tax dollars.<sup>33</sup>

The American health policy has a long history characterized by a fragmented and market-driven health care system.<sup>53</sup> This includes limitations of clinical medicine, increased attention to modifiable health behaviors, states taking a hands-off approach and responsibility shifts from the collective to the individual, and a need to control the cost of health care.<sup>53</sup> More recent health policy and discourse can be defined by the principles rooted in neoliberalism that flourished between the 1980s and 1990s.<sup>5</sup> A person's responsibility towards health is not simply just economic and political, it is also cultural that shapes an individual's behavior.<sup>53</sup> Conservative politicians' success in promoting their agendas in recent years may be attributable to deeply held cultural beliefs in self-reliance, discipline, and supremacy of the market.<sup>53</sup> Due to the neoliberal social policies, the responsibility for health of the “underserving” poor has been condensed and placed on the individual.<sup>53</sup> Recent Medicaid expansion programs have significantly relied on personal responsibilities of self-reliance and accountability of beneficiaries which is problematic and needs reforming.<sup>53</sup> In addition, it encourages neglect of “unproblematic” factors not central to the problem representation being invoked and creates a blind spot toward institutional and systemic factors that affect Medicaid costs.<sup>53</sup>

The American Health care system utilizes a higher proportion of gross domestic product than any other system in the world.<sup>23</sup> Although it is put towards improving the cost, quality, access, and equity of the American Health care system, it still continues to deliver low-quality care that fails to provide basic services.<sup>23</sup> Ambulatory care, hospital care, and pharmaceuticals currently benefit the most money from the system.<sup>31</sup> However, American's today face a higher

spending on health care with a worse outcome and lower rate of health insurance coverage along high-income nations, even with gains from the ACA.<sup>33</sup>

The purpose of Market-Based Health Care is to ensure the allocation of resources for healthcare is more efficient, more responsive, and more innovative to consumers' preferences in addition to maintaining equity.<sup>24</sup> Since the 1980s, the two advantages believed by advocates are decreased bureaucracy and increased efficiency.<sup>25</sup> The appeal of market-based healthcare policies was the sacred value of providing the ability of choice and autonomy.<sup>25</sup> However, healthcare is surrounded by challenges such as basic assumptions of neoclassical economics, patient consumers experience a range of problems of cognitive biases, consumers lack the health and financial literacy skills and numeracy to process, and healthcare markets themselves are flawed.<sup>25</sup> The three prominent types of market-based policies are putting pressure on insurers to negotiate better prices and plans by relying on consumers to choose a plethora of insurance plans, increase consumer spending to assist with rationing medical care to reduce spending and drive up value through tools of antitrust regulation to improve dynamics in larger market competitions.<sup>25</sup>

American Healthcare is so expensive that without insurance coverage, it is very unlikely powerful market forces will make it affordable.<sup>23</sup> There is a continuation of insured consumers being shielded by their insurance from the true cost of care, this ultimately causes consumers to be less likely to accept services offered by providers who stand to profit from them.<sup>23</sup> On the other hand, uninsured individuals continue to face late access to care during their course of illness, incurring expensive services that will go unreimbursed, ultimately causing a shift of costs towards insured consumers, less affordable health insurance, higher premiums, and an increased number of uninsured individuals.<sup>23</sup>

Before the ACA, at least 15% of Americans were uninsured.<sup>28</sup> America's GDP (gross domestic product) is about 22% of the world's total economic output, yet one in seven Americans still lacks health insurance in the richest country.<sup>28</sup> Access, cost, quality, transparency, and malpractice are five problems within America's Market-Based Health care system.<sup>28</sup> Most physicians prescribing a test or treatment are unaware of the cost associated due to the chargemaster price, the Medicare price, and the multiple prices paid by different private insurance companies.<sup>28</sup> This ultimately expands the divide between insured and uninsured individuals.<sup>23</sup>

## **Hypothesis**

The objective of this paper is to investigate if (1) Louisiana, which has implemented Medicaid expansion will have higher rates of Black adults being told by a doctor that they are diagnosed with cardiovascular disease. (2) Georgia which did not expand its Medicaid will have an overall lower rate of access to care due to cost compared to states that did expand.

## **Research Question**

In this paper, we will be answering if Louisiana, who has implemented the Medicaid expansion, has reduced cardiovascular disease mortality rates due to an increase in diagnosis and access to care in Black communities compared to Georgia that opted out.

## **Rationale Underlying the Research Questions**

Cardiovascular disease is a leading cause of death for all Americans regardless of race or ethnicity.<sup>39</sup> However, Black Americans are disproportionately affected by cardiovascular diseases

more than White Americans and all other minorities in the US.<sup>39</sup> Black Americans have a higher overall prevalence of unrecognized risk factors that are not treated which causes this population to experience a greater likelihood of adverse outcomes and potentially higher mortality.<sup>40</sup> According to the American Heart Association, based on 2015 to 2018 data among Black Americans 20 years of age and older, 60.1% of males and 58.8% of females were diagnosed with cardiovascular disease.<sup>41</sup> In 2019, 57,761 Black male deaths and 54,544 Black female deaths were caused by cardiovascular disease.<sup>41</sup> Black Americans were 30 percent more likely to die from cardiovascular disease than White Americans and tend to develop in younger Black Americans than in non-Hispanic White Americans.<sup>39</sup>

Additionally, Black Americans aged 18-49 are 2 times as likely to die from heart disease than White Americans.<sup>42</sup> Heart disease and stroke remain the highest rates in Black Americans among all race/ethnic groups in the United States (US).<sup>43</sup> As stated by the American Heart Association, mortality from all cardiovascular diseases are significantly higher in Black Americans, which suggests a role for health care to mitigate disparities by providing comprehensive screening and enhanced specificity of diagnosis to create a tailored disease management plan.<sup>44</sup> For this paper, Georgia a non-expanded state, and Louisiana an expanded state will be the target population in this study due to both being affected by cardiovascular disease as the leading cause of death and having a high population of Black adults.

To add, Louisiana is the first state in the Deep South to expand Medicaid. As of 2018, the Black population makes up 34% of Medicaid enrollees in America.<sup>34</sup> According to the March of Dime, the Black population makes up an average of 65.9% of Medicaid enrollees between 2018-2020.<sup>35</sup> In addition, the Black population in Louisiana make up an average of 82.6% of Medicaid enrollees between 2018-2020.<sup>35</sup> When further examining the status of Medicaid

enrollment, Georgia has a total of 2,379,900 enrollments and spends a total of \$11,619,422,800. See Tables 2 and 3. Louisiana has a total of 1,907,800 enrollments and spends a total of \$14,255,100,400. Moreover, Louisiana covers an additional 689,600 individuals. This is possible due to receiving an Expansion Group - Federal Spending of \$4,179,749,400 and \$465,928,600 from Expansion Group - State Spending. Since Georgia opted out of expanding, they are unable to allow newly eligible enrollments, therefore, possibly denying individuals of coverage and health access.

**Table 2. Medicaid Expansion Enrollment<sup>36</sup>**

State	Expanded by September 30th, 2021	Total Medicaid Enrollment	Expansion Group Enrollment	Expansion Group - Newly Eligible Enrollment	Expansion Group - Not Newly Eligible Enrollment
Georgia	No	2,379,900	N/A	N/A	N/A
Louisiana	Yes	1,907,800	689,600	689,600	0

**Table 3. Medicaid Expansion Spending<sup>37</sup>**

State	Total Medicaid Spending	Traditional Medicaid - Federal Spending	Traditional Medicaid - State Spending	Expansion Group - Federal Spending	Expansion Group - State Spending
Georgia	\$11,619,422,800	\$8,576,696,300	\$3,042,726,500	N/A	N/A
Louisiana	\$14,255,100,400	\$7,080,762,600	\$2,528,659,800	\$4,179,749,400	\$465,928,600

**Table 4. Leading Causes of Death, Females/Males, Non-Hispanic Black, United States, 2018<sup>51-52</sup>**

Cause of Death	Number of Death Black Females	Cause of Death	Number of Death Black Males

Heart disease	23.0%	Heart disease	24.1%
Cancer	21.2%	Cancer	19.7%
Stroke	6.5%	Alzheimer’s Disease	7.9%
Diabetes	4.5%	Stroke	5.0%
Alzheimer Disease	3.9%	Homicide	4.5%
Unintentional Injuries	3.7%	Diabetes	4.4%
Chronic Lower Respiratory Disease	3.6%	Chronic Lower Respiratory Disease	3.3%
Kidney Disease	3.0%	Kidney Disease	2.7%
Septicemia	2.2%	Septicemia	1.7%
Hypertension	2.0%	Hypertension	1.7%

**Methods**

In this research paper, secondary quantitative data on Georgia and Louisiana are collected from two sources. Georgia and Louisiana will represent the proxies for states that do not have Medicaid expansion versus those that do. The first source collected the total population from the CDC (Centers for Disease Control and Prevention) the “nation's leading science-based, data-driven, service organization that protects the public's health.”<sup>38</sup> The second source collected data that would be analyzed from the KFF (Kaiser Family Foundation) a nonprofit organization specializing in national health issues and global health policies.<sup>38</sup> These data were then collected and transformed into illustration/visual displays. The KFF data was then analyzed through R (v.4.0.2) utilizing a Welch two-sample t-test.

This paper investigates if (1) Louisiana which has implemented Medicaid expansion will have higher rates of Black adults being told by a doctor that they are diagnosed with

cardiovascular disease. (2) Georgia which did not expand its Medicaid will have an overall lower rate of access to care due to cost compared to states that did expand.

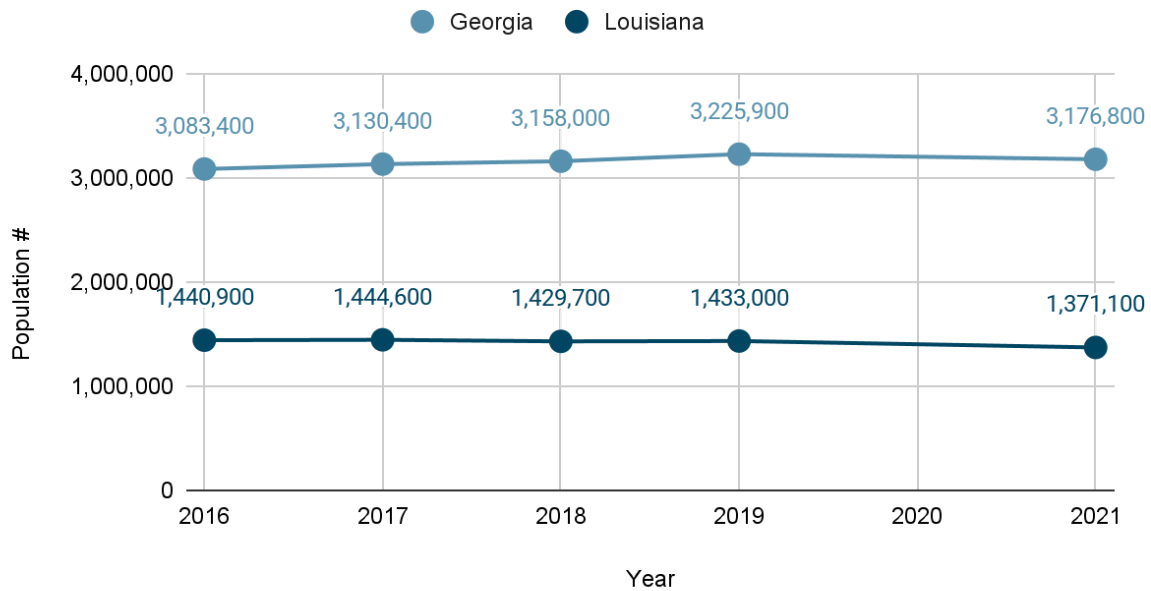
To answer the research question if Louisiana who has implemented the Medicaid expansion have reduced cardiovascular disease mortality rates due to an increase in diagnosis and access to care in Black communities compared to Georgia that opted out.

### **Data/Data Source**

Of all 51 states, 40 states have adopted Medicaid expansion while 11 have not expanded. See Table 1. According to the CDC, the number one leading cause of death in 2018 for Black Americans was heart disease. See Table 4. This study focuses on Georgia (a non-expanded Medicaid state) and Louisiana (an expanded Medicaid state). Both states are in the deep south and the distribution of Black adults in both states are proportionate to each other with Georgia having its population consisting of about 32% Black adults (3,176,800 out of 10,688,700)<sup>48</sup> and Louisiana consisting of 32.1% (1,371,100 out of 4,508,600)<sup>48</sup> of their total population as of 2021. See Figure 1. The most recent up-to-date data retrieved from the CDC shows the leading cause of death specific to Georgia was 21,931 deaths and Louisiana was 12,564 deaths from heart disease in 2021 per 100,000 total population. See Table 5. Existing data between 2016 - 2021 from Georgia (not adopted Medicaid expansion) and Louisiana (adopted Medicaid expansion) were collected from the KFF to address the research question.

**Figure 1.**

### Black Population Density Distribution



**Table 5. 10 Leading Causes of Death in Georgia & Louisiana (2021)<sup>50</sup>**

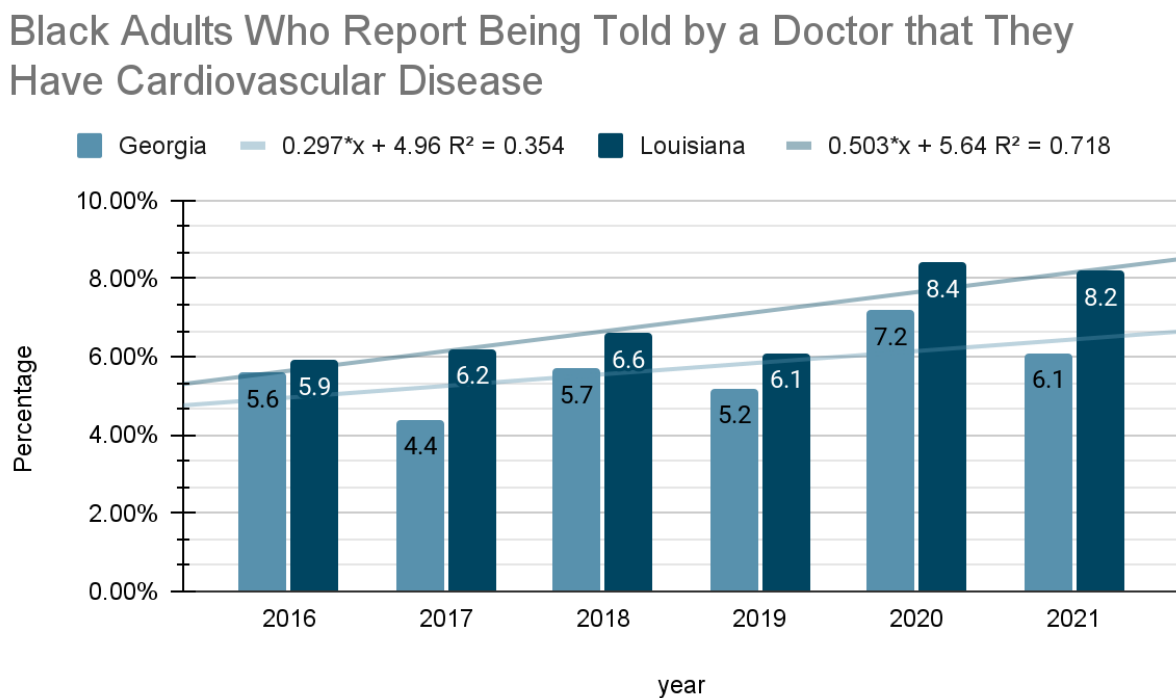
Cause of Death	Death Rate (Georgia)	Deaths (Georgia)	Death Rate (Louisiana)	Deaths (Louisiana)
Heart Disease	195.2	21,931	235.5	12,564
Cancer	151.5	18,136	163.9	9,246
COVID-19	135.9	15,834	116.9	6,329
Accidents	58.8	6,353	98.1	4,489
Stroke	47.9	5,233	52	2,755
Chronic Lower Respiratory Diseases	41.1	4,709	39.4	2,170
Alzheimer's Disease	44.5	4,378	42.9	2,121
Diabetes	25.1	2,943	35.7	1,943
Kidney Disease	20	2,269	20.6	1,109
Septicemia	15.5	1,797	19.2	1,052

## Analysis

Welch Two Sample t-tests were conducted to analyze if Louisiana who expanded Medicaid had an overall increase in access to care compared to Georgia that opted out and if it reduced cardiovascular disease rates in Black communities. See Appendix 2 and 3. The purpose of this statistical test is to determine if the (null) hypothesis of the two populations are significantly different from one another or have equal means.<sup>45</sup>

The first t-test analyzed Georgia and Louisiana data collected from the KFF. Black adults reported being told by a doctor that they have cardiovascular disease from 2016 to 2021. This data shows the number of times the patient is able to see a doctor and when the doctor is able to diagnose heart disease to conduct and start preventative measures. See Figure 2.

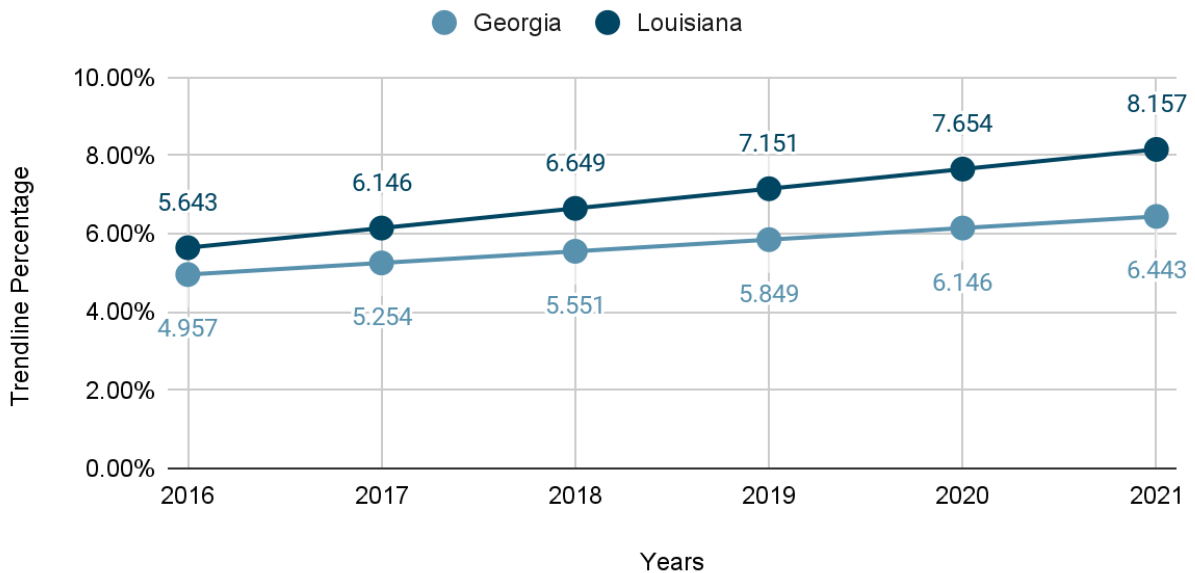
**Figure 2.**



From the output table, See Appendix 1. The difference in the mean for Georgia is 5.7 while the mean for Louisiana is 6.9. The 95% confidence interval is -2.5246943 and 0.1246943 which shows the true difference in means is located in between there. The Welch t-test shows the difference was statistically significant,  $t(9.7156) = -2.0264$ ,  $p\text{-value} = 0.07105$ , where  $t(9.7156)$  is a shorthand notation for a Welch t-statistic that has 9.7156 degrees of freedom.

**Figure 3.**

### Trendline: Black Adults Who Report Being Told by a Doctor that They Have Cardiovascular Disease



When calculating the trendline, the formula  $y=0.297x + 4.96$  was utilized for Georgia and  $y=0.503x + 5.64$  for Louisiana's trendline. See Figure 2 for the Formula. The trendline is significant due to the ability to show the direction in which the data is trending. For Georgia, there was a major increase from 4.957% in 2016 to 6.443% in 2021 which is a 1.486% increase. See Figure 3. For Louisiana, there was a major increase from 5.643% in 2016 to 8.157% in 2021 which is a 2.514% increase. See Figure 3. This is a The  $R^2$  for Georgia is 0.354 while Louisiana's

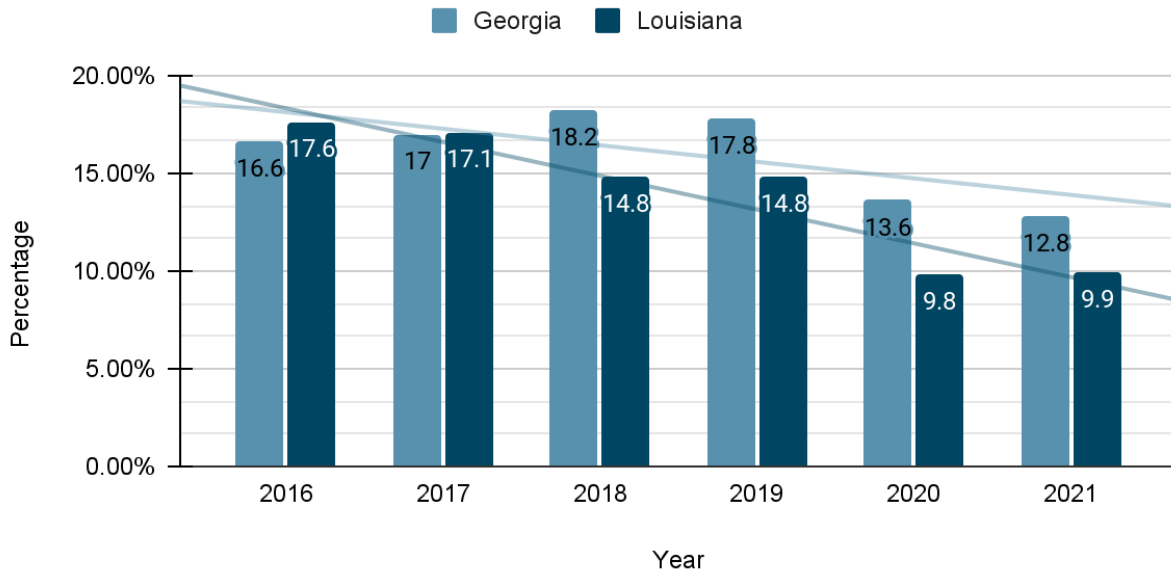
$R^2$  is 0.718. The  $R^2$  provides information on the percentage of variance within the outcome that is explained by the variability observed. A perfect  $R^2$  of 1.00 means 100% of the variability observed in the target variable is explained by the regression model.

In this regression model, Georgia's model reveals that 35% of the variability observed in the target variable is explained by the regression model. The Louisiana model reveals that 72% of the variability observed in the target variable is explained by the regression model. Although Louisiana has a larger percentage change than Georgia. Although both Louisiana and Georgia do not have a perfect  $R^2$ , Georgia has the lowest variability in the data which cannot be accounted for by the model. This suggests that there may be a lot more factors influencing Georgia's data, therefore, its data points may have low accuracy and low precision.

The second t-test analyzed the difference between access and not seeing a doctor within 12 months between Georgia and Louisiana due to cost. See Figure 4. This is important because access to secondary preventative screening can help decrease cardiovascular disease mortality through the assistance of care providers. For the output table, See Appendix 2. The mean for not seeing a doctor within 12 months in Georgia is 16 while the mean for Louisiana is 14. The 95% confidence interval is -1.801796 and 5.0801796 which shows the true difference in means to be located in between there. The Welch t-test shows the difference was statistically significant,  $t(8.6656) = 1.197$ , and a p-value = 0.263.

**Figure 4.**

## Black Adults Who Report Not Seeing a Doctor in the Past 12 Months Because of Cost



### **Results**

The null hypothesis for the first test is Louisiana, who has implemented the Medicaid expansion, will have higher rates of Black adults being told by a doctor that they are diagnosed with cardiovascular disease. The alternative hypothesis Louisiana who has implemented the Medicaid expansion will not have higher rates of Black adults being told by a doctor that they are diagnosed with cardiovascular disease. The first Welch t-test had a p-value of 0.07105. Since this p-value is lower than the significance level, we do not reject the null hypothesis. Therefore, the sample relationship would be likely to be consistent with the null hypothesis and is true since the observed differences or more extreme differences are less than 5%. This assumes that each subject should belong to only one group, there are no significant outliers in the groups, and the data for each group should be approximately normally distributed.

The null hypothesis for the second test is Georgia who did not expand their Medicaid will have an overall lower rate of access to care due to cost compared to Louisiana that did expand. The alternative hypothesis is Georgia who did not expand their Medicaid will not have an overall lower rate of access to care due to cost compared to Louisiana that did expand. The second Welch t-test had a p-value of 0.263. Since this p-value is higher than the significance level, we reject the null hypothesis and accept the alternative hypothesis as true. Since the p-value is between 0.5 and 1.0, it means that the results most likely occurred by random chance or that the difference is not statistically significant in the case of the hypothesis.

## **Discussion**

The first hypothesis is true. Louisiana who has implemented the Medicaid expansion will have higher rates of Black adults being told by a doctor that they are diagnosed with cardiovascular disease. This could mean a larger amount of Black Louisiana adults are seeing a medical provider for preventative care due to being diagnosed with cardiovascular disease compared to Black Georgian adults who may be neglecting to see a medical provider, and therefore, did not receive screening for cardiovascular disease. The purpose of this hypothesis is to determine if individuals are being diagnosed more in Louisiana due to an increase in access to care that provides Black Louisiana Adults access to preventive cardiovascular disease care and education. However, Georgia who did not expand their Medicaid will not have an overall lower rate of access to care due to cost compared to Louisiana that did expand. This means cost was not a reason for the lack of access in either state. Although Louisiana expanded its Medicaid which increased its population's access to care, it does not mean cost was a barrier to access in Georgia even though they did not expand. Both states had an overall high rate of access to care

regardless of cost. The purpose of the second hypothesis is to discover if cost is a barrier to access to care in Georgia. If it was, then it would be highly encouraged for Georgia to opt into expanding Medicaid to assist with the decrease of cost. Nevertheless, the cost was not a barrier in Georgia that dictated whether Black Georgian Adults had access to care.

To answer the research question, does Louisiana who has implemented the Medicaid expansion have reduced cardiovascular disease mortality rates due to an increase in diagnosis and access to care in Black communities compared to Georgia that opted out? Although Louisiana (an expanded state) did have an increase in diagnosis and access to care, it did not conclude that access was a reason for reduced cardiovascular disease. However, it can be speculated through the findings that a decline in Blacks reporting not seeing the doctor due to cost is the exact inverse of why the expansion exists to prevent Black adults from paying out-of-pocket costs. This is supported by figure 4 which showed a massive decrease between 2019-2020 for Louisiana and was maintained constant through 2021.

According to the KFF, Georgia had a total of 206.6 number of cardiovascular disease mortality per 100,000 population per Black adult and Louisiana had 261.5 cardiovascular disease mortality per 100,000 population per Black adult. This is about a 54.9 difference. In addition, Louisiana has a smaller population yet a higher mortality rate. Unfortunately, Medicaid expansion did not reduce the number of cardiovascular disease mortalities in Black communities. However, Louisiana showed an increased trend percentage of 2.514% in cardiovascular disease diagnosis. This may suggest that more individuals are being screened, hence, a higher rate of diagnosis.

The data observed in Louisiana suggests that screening and diagnosis increased as the willingness to access a doctor without fear of cost decreased between 2016-2021 which was

when Medicaid expansion was accepted in Louisiana. As for Georgia, the hesitancy to see a doctor due to cost remained high between 2016-2019. See Figure 4. It was only in 2020-2021 that it decreased, however, it is possible to speculate that COVID-19 or other factors played a role in the decrease.

To conclude, Medicaid expansion does matter due to its ability to increase the rate of healthcare access, screening, and demolish put-of-pocket costs. As seen from the data collected, there are many other factors that influence the data, but Louisiana has had the largest increase in cardiovascular disease diagnosis and were overall more likely to see a doctor without worrying about cost since it expanded Medicaid compared to Georgia. Further research needs to be conducted in Louisiana before the expansion and after to observe any changes in cardiovascular disease mortality in Black adults on Medicaid.

## **Implications**

Although there was no strong correlation on whether or not cardiovascular decreased due to Medicaid expansion within the Black population. It is important to note that access to care and screening such as blood tests for cholesterol, lipid, and triglyceride levels may help detect cardiovascular abnormalities that can lead to cardiovascular disease mortalities. However, to obtain these screenings and tests, individuals are required to request this from their care provider. If the patient does test positive for cardiovascular disease, early detection may reduce suffering and prevent any possible complications through early treatment. This is most important to Black populations as cardiovascular disease affects this community disproportionately more than other populations. According to the NIH, Black adults and Hispanic patients benefit the most from Medicaid expansion due to its ability to reduce mortality rates and bring injury-related outcomes

measurable to those of their White counterparts (46). Medicaid expansion has the ability to increase access by increasing the amount of enrollment and increasing the eligibility guidelines.

However, this may be harder to achieve if states opt out of expanding Medicaid.

Expanding Medicaid to ensure the people of America have access to preventative screenings and educational programs should be a fundamental human right, not a privilege. Moreover, according to other studies on Medicaid expansion such as by the NCBI, individuals who gained Medicaid coverage experienced an increase in access to the health system in general, access to preventative care, and showed discrete improvements in health outcomes in addition to reduced financial strains from medical bills.<sup>47</sup> Therefore, Medicaid expansion can improve general society's health by increasing access which may increase screening for not only cardiovascular disease (the number one leading cause of death in America) any other health problems. It can also encourage the population to seek preventative care which may mitigate the health disparities in America.

## **Limitations**

The limitations in this paper consist of any implications COVID-19 may have affected data collection and influenced individuals to seek medical advice. In addition, it is impossible to narrow down the main reason for cardiovascular disease mortality due to the influence of multiple factors such as lifestyle, education, environment, diet, smoking, weight, lack of exercise, and more. Moreover, the data collected in this study was only obtained from the KFF which acquired its data from surveys they conducted and from the Urban Institute estimates based on data from CMS (Centers for Medicare & Medicaid Services) (Form 64).

Limitations of surveys may include the ability to reach all respondents. Only individuals who are willing to participate will be a part of the data collection, and only those who are able to

access the survey are able to participate. Nevertheless, if the data collection is able to obtain a large enough sample size, it may decrease sample error. It is also important to note that Georgia and Louisiana are the only two states that were compared. A possible future study is comparing all the states; however, this causes a limitation of Welch's t-test since it is not encouraged to be used on more than two groups, therefore, making it impossible to compare more than two populations.

## Appendix

### 1. Adopted and not adopted States<sup>49</sup>

Adopted Medicaid Expansion-40 states (incl. DC)	Not Adopted Medicaid Expansion-11 States
<p><b><u>Alaska</u></b>  <u>Demographics:</u>            Population Estimates, July 1, 2022                - 733,583            White alone, percent                - 64.5%            Black or African American alone, percent                - 3.6%            American Indian and Alaska Native alone, percent                - 15.7%            Asian alone, percent                - 6.6%            Native Hawaiian and Other Pacific Islander alone, percent                - 1.6%            Two or More Races, percent                - 7.9%            Hispanic or Latino, percent                - 7.5%            White alone, not Hispanic or Latino, percent                - 59.3%  <u>Percent below poverty level:</u>                - 10.5%  <u>Politics:</u>                - Republican  <u>Health:</u>            Persons without health insurance, under age 65 years, percent:                - 12.9%</p>	<p><b><u>Alabama</u></b>  <u>Demographics:</u>            Population Estimates, July 1, 2022                - 5,074,296            White alone, percent                - 68.9%            Black or African American alone, percent                - 26.8%            American Indian and Alaska Native alone, percent                - 0.7%            Asian alone, percent                - 1.6%            Native Hawaiian and Other Pacific Islander alone, percent                - 0.1%            Two or More Races, percent                - 1.9%            Hispanic or Latino, percent                - 4.8%            White alone, not Hispanic or Latino, percent                - 64.9%  <u>Percent below poverty level:</u>                - 16.1%  <u>Politics:</u>                - Republican  <u>Health:</u>            Persons without health insurance, under age 65 years, percent:                - 11.8%</p>
<p><b><u>Arizona</u></b>  <u>Demographics:</u>            Population Estimates, July 1, 2022                - 7,359,197            White alone, percent                - 82.0%            Black or African American alone, percent                - 5.4%            American Indian and Alaska Native alone,</p>	<p><b><u>Florida</u></b>  <u>Demographics:</u>            Population Estimates, July 1, 2022                - 22,244,823            White alone, percent                - 76.9%            Black or African American alone, percent                - 17.0%            American Indian and Alaska Native alone,</p>

<p>percent</p> <ul style="list-style-type: none"> <li>- 5.3%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 3.8%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.3%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 3.1%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 32.3%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 53.2%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 13.5%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Swing State</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 12.9%</li> </ul>	<p>percent</p> <ul style="list-style-type: none"> <li>- 0.5%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 3.0%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.4%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 26.8%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 52.7%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 13.1%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Swing State</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 15.1%</li> </ul>
<p><b><u>Arkansas</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 3,045,637</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 78.6%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 15.7%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 1.1%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 1.8%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.4%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.3%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 8.3%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 71.3%</li> </ul>	<p><b><u>Georgia</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 10,912,876</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 59.4%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 33.0%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 0.5%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 4.6%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.4%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 10.2%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 51.0%</li> </ul>

<p><u>Percent below poverty level:</u> - 16.3%</p> <p><u>Politics:</u> - Republican</p> <p><u>Health:</u> Persons without health insurance, under age 65 years, percent: - 11.0%</p>	<p><u>Percent below poverty level:</u> - 14%</p> <p><u>Politics:</u> - Swing State</p> <p><u>Health:</u> Persons without health insurance, under age 65 years, percent: - 14.7%</p>
<p><b><u>California</u></b> <u>Demographics:</u> Population Estimates, July 1, 2022 - 39,029,342 White alone, percent - 71.1% Black or African American alone, percent - 6.5% American Indian and Alaska Native alone, percent - 1.7% Asian alone, percent - 15.9% Native Hawaiian and Other Pacific Islander alone, percent - 0.5% Two or More Races, percent - 4.2% Hispanic or Latino, percent - 40.2% White alone, not Hispanic or Latino, percent - 35.2%</p> <p><u>Percent below poverty level:</u> - 12.3%</p> <p><u>Politics:</u> - Democrat</p> <p><u>Health:</u> Persons without health insurance, under age 65 years, percent: - 8.1%</p>	<p><b><u>Kansas</u></b> <u>Demographics:</u> Population Estimates, July 1, 2022 - 2,937,150 White alone, percent - 86.0% Black or African American alone, percent - 6.2% American Indian and Alaska Native alone, percent - 1.2% Asian alone, percent - 3.2% Native Hawaiian and Other Pacific Islander alone, percent - 0.1% Two or More Races, percent - 3.3% Hispanic or Latino, percent - 12.7% White alone, not Hispanic or Latino, percent - 74.7%</p> <p><u>Percent below poverty level:</u> - 11.7%</p> <p><u>Politics:</u> - Republican</p> <p><u>Health:</u> Persons without health insurance, under age 65 years, percent: - 10.9%</p>
<p><b><u>Colorado</u></b> <u>Demographics:</u> Population Estimates, July 1, 2022 - 5,839,926 White alone, percent - 86.5%</p>	<p><b><u>Mississippi</u></b> <u>Demographics:</u> Population Estimates, July 1, 2022 - 2,940,057 White alone, percent - 58.8%</p>

<p>Black or African American alone, percent - 4.7%</p> <p>American Indian and Alaska Native alone, percent - 1.7%</p> <p>Asian alone, percent - 3.6%</p> <p>Native Hawaiian and Other Pacific Islander alone, percent - 0.2%</p> <p>Two or More Races, percent - 3.3%</p> <p>Hispanic or Latino, percent - 22.3%</p> <p>White alone, not Hispanic or Latino, percent - 67.0%</p> <p><u>Percent below poverty level:</u> - 9.7%</p> <p><u>Politics:</u> - Democrat</p> <p><u>Health:</u> Persons without health insurance, under age 65 years, percent: - 9.3%</p>	<p>Black or African American alone, percent - 38.0%</p> <p>American Indian and Alaska Native alone, percent - 0.6%</p> <p>Asian alone, percent - 1.1%</p> <p>Native Hawaiian and Other Pacific Islander alone, percent - 0.1%</p> <p>Two or More Races, percent - 1.4%</p> <p>Hispanic or Latino, percent - 3.5%</p> <p>White alone, not Hispanic or Latino, percent - 56.0%</p> <p><u>Percent below poverty level:</u> - 18.8%</p> <p><u>Politics:</u> - Republican</p> <p><u>Health:</u> Persons without health insurance, under age 65 years, percent: - 14.2%</p>
<p><b><u>Connecticut</u></b> <u>Demographics:</u> Population Estimates, July 1, 2022 - 3,626,205</p> <p>White alone, percent - 78.8%</p> <p>Black or African American alone, percent - 12.7%</p> <p>American Indian and Alaska Native alone, percent - 0.7%</p> <p>Asian alone, percent - 5.1%</p> <p>Native Hawaiian and Other Pacific Islander alone, percent - 0.1%</p> <p>Two or More Races, percent - 2.6%</p> <p>Hispanic or Latino, percent</p>	<p><b><u>North Carolina</u></b> <u>Demographics:</u> Population Estimates, July 1, 2022 - 10,698,973</p> <p>White alone, percent - 70.1%</p> <p>Black or African American alone, percent - 22.3%</p> <p>American Indian and Alaska Native alone, percent - 1.6%</p> <p>Asian alone, percent - 3.4%</p> <p>Native Hawaiian and Other Pacific Islander alone, percent - 0.1%</p> <p>Two or More Races, percent - 2.5%</p> <p>Hispanic or Latino, percent</p>

<ul style="list-style-type: none"> <li>- 17.7%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 64.6%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 10.1%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Democrat</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 6.1%</li> </ul>	<ul style="list-style-type: none"> <li>- 10.2%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 61.9%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 13.4%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Swing State</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 12.4%</li> </ul>
<p><b><u>Delaware</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 1,018,396</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 68.4%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 23.6%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 0.7%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 4.2%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.9%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 10.1%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 60.6%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 11.6%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Democrat</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 7.0%</li> </ul>	<p><b><u>South Carolina</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 5,282,634</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 68.6%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 26.7%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 0.6%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 1.9%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.1%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 6.4%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 63.4%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 14.6%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Republican</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 12.2%</li> </ul>
<p><b><u>District of Columbia</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p>	<p><b><u>Tennessee</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p>

<ul style="list-style-type: none"> <li>- 671,803</li> <li>White alone, percent</li> <li>- 45.9%</li> <li>Black or African American alone, percent</li> <li>- 45.8%</li> <li>American Indian and Alaska Native alone, percent</li> <li>- 0.6%</li> <li>Asian alone, percent</li> <li>- 4.5%</li> <li>Native Hawaiian and Other Pacific Islander alone, percent</li> <li>- 0.2%</li> <li>Two or More Races, percent</li> <li>- 3.0%</li> <li>Hispanic or Latino, percent</li> <li>- 11.5%</li> <li>White alone, not Hispanic or Latino, percent</li> <li>- 37.3%</li> <li><u>Percent below poverty level:</u></li> <li>- 16.5%</li> <li><u>Politics:</u></li> <li>- Democrat</li> <li><u>Health:</u></li> <li>Persons without health insurance, under age 65 years, percent:</li> <li>- 4.1%</li> </ul>	<ul style="list-style-type: none"> <li>- 7,051,339</li> <li>White alone, percent</li> <li>- 78.2%</li> <li>Black or African American alone, percent</li> <li>- 17.0%</li> <li>American Indian and Alaska Native alone, percent</li> <li>- 0.5%</li> <li>Asian alone, percent</li> <li>- 2.0%</li> <li>Native Hawaiian and Other Pacific Islander alone, percent</li> <li>- 0.1%</li> <li>Two or More Races, percent</li> <li>- 2.2%</li> <li>Hispanic or Latino, percent</li> <li>- 6.1%</li> <li>White alone, not Hispanic or Latino, percent</li> <li>- 73.1%</li> <li><u>Percent below poverty level:</u></li> <li>- 13.6%</li> <li><u>Politics:</u></li> <li>- Republican</li> <li><u>Health:</u></li> <li>Persons without health insurance, under age 65 years, percent:</li> <li>- 11.9%</li> </ul>
<p><b><u>Hawaii</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 1,440,196</li> <li>White alone, percent</li> <li>- 25.3%</li> <li>Black or African American alone, percent</li> <li>- 2.2%</li> <li>American Indian and Alaska Native alone, percent</li> <li>- 0.4%</li> <li>Asian alone, percent</li> <li>- 36.8%</li> <li>Native Hawaiian and Other Pacific Islander alone, percent</li> <li>- 10.5%</li> </ul>	<p><b><u>Texas</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 30,029,572</li> <li>White alone, percent</li> <li>- 77.9%</li> <li>Black or African American alone, percent</li> <li>- 13.2%</li> <li>American Indian and Alaska Native alone, percent</li> <li>- 1.1%</li> <li>Asian alone, percent</li> <li>- 5.5%</li> <li>Native Hawaiian and Other Pacific Islander alone, percent</li> <li>- 0.2%</li> </ul>

<p>Two or More Races, percent - 25.0%</p> <p>Hispanic or Latino, percent - 11.1%</p> <p>White alone, not Hispanic or Latino, percent - 21.4%</p> <p><u>Percent below poverty level:</u> - 11.2%</p> <p><u>Politics:</u> - Democrat</p> <p><u>Health:</u> Persons without health insurance, under age 65 years, percent: - 4.8%</p>	<p>Two or More Races, percent - 2.2%</p> <p>Hispanic or Latino, percent - 40.2%</p> <p>White alone, not Hispanic or Latino, percent - 40.3%</p> <p><u>Percent below poverty level:</u> - 14.2%</p> <p><u>Politics:</u> - Republican</p> <p><u>Health:</u> Persons without health insurance, under age 65 years, percent: - 20.4%</p>
<p><b><u>Idaho</u></b></p> <p><u>Demographics:</u> Population Estimates, July 1, 2022 - 1,939,033</p> <p>White alone, percent - 92.8%</p> <p>Black or African American alone, percent - 0.9%</p> <p>American Indian and Alaska Native alone, percent - 1.7%</p> <p>Asian alone, percent - 1.6%</p> <p>Native Hawaiian and Other Pacific Islander alone, percent - 0.2%</p> <p>Two or More Races, percent - 2.7%</p> <p>Hispanic or Latino, percent - 13.3%</p> <p>White alone, not Hispanic or Latino, percent - 81.1%</p> <p><u>Percent below poverty level:</u> - 12.2%</p> <p><u>Politics:</u> - Republican</p> <p><u>Health:</u> Persons without health insurance, under age 65 years, percent: - 10.5%</p>	<p><b><u>Wisconsin</u></b></p> <p><u>Demographics:</u> Population Estimates, July 1, 2022 - 5,892,539</p> <p>White alone, percent - 86.6%</p> <p>Black or African American alone, percent - 6.8%</p> <p>American Indian and Alaska Native alone, percent - 1.2%</p> <p>Asian alone, percent - 3.2%</p> <p>Native Hawaiian and Other Pacific Islander alone, percent - 0.1%</p> <p>Two or More Races, percent - 2.2%</p> <p>Hispanic or Latino, percent - 7.5%</p> <p>White alone, not Hispanic or Latino, percent - 80.2%</p> <p><u>Percent below poverty level:</u> - 10.8%</p> <p><u>Politics:</u> - Swing State</p> <p><u>Health:</u> Persons without health insurance, under age 65 years, percent: - 6.4%</p>

<p><b><u>Illinois</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 12,582,032  White alone, percent  - 76.3%  Black or African American alone, percent  - 14.7%  American Indian and Alaska Native alone, percent  - 0.6%  Asian alone, percent  - 6.1%  Native Hawaiian and Other Pacific Islander alone, percent  - 0.1%  Two or More Races, percent  - 2.2%  Hispanic or Latino, percent  - 18.0%  White alone, not Hispanic or Latino, percent  - 60.0%  <u>Percent below poverty level:</u>  - 12.1%  <u>Politics:</u>  - Democrat  <u>Health:</u>  Persons without health insurance, under age 65 years, percent:  - 8.2%</p>	<p><b><u>Wyoming</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 581,381  White alone, percent  - 92.4%  Black or African American alone, percent  - 1.2%  American Indian and Alaska Native alone, percent  - 2.8%  Asian alone, percent  - 1.1%  Native Hawaiian and Other Pacific Islander alone, percent  - 0.1%  Two or More Races, percent  - 2.4%  Hispanic or Latino, percent  - 10.6%  White alone, not Hispanic or Latino, percent  - 83.3%  <u>Percent below poverty level:</u>  - 11.4%  <u>Politics:</u>  - Republican  <u>Health:</u>  Persons without health insurance, under age 65 years, percent:  - 14.8%</p>
<p><b><u>Indiana</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 6,833,037  White alone, percent  - 84.2%  Black or African American alone, percent  - 10.2%  American Indian and Alaska Native alone, percent  - 0.4%  Asian alone, percent  - 2.7%</p>	

<p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.3%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 7.7%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 77.5%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 12.2%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Republican</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 8.9%</li> </ul>	
<p><b><u>Iowa</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 3,200,517</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 90.1%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 4.3%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 0.6%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 2.8%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.2%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.1%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 6.7%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 84.1%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 11.1%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Republican</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age</p>	

<p>65 years, percent: - 5.8%</p>	
<p><b><u>Kentucky</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 4,512,310  White alone, percent  - 87.1%  Black or African American alone, percent  - 8.6%  American Indian and Alaska Native alone, percent  - 0.3%  Asian alone, percent  - 1.7%  Native Hawaiian and Other Pacific Islander alone, percent  - 0.1%  Two or More Races, percent  - 2.2%  Hispanic or Latino, percent  - 4.2%  White alone, not Hispanic or Latino, percent  - 83.5%  <u>Percent below poverty level:</u>  - 16.5%  <u>Politics:</u>  - Republican  <u>Health:</u>  Persons without health insurance, under age 65 years, percent:  - 6.7%</p>	
<p><b><u>Louisiana</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 4,590,241  White alone, percent  - 62.4%  Black or African American alone, percent  - 33.0%  American Indian and Alaska Native alone, percent</p>	

<ul style="list-style-type: none"> <li>- 0.8%</li> <li>Asian alone, percent</li> <li>- 1.9%</li> <li>Native Hawaiian and Other Pacific Islander alone, percent</li> <li>- 0.1%</li> <li>Two or More Races, percent</li> <li>- 1.8%</li> <li>Hispanic or Latino, percent</li> <li>- 5.6%</li> <li>White alone, not Hispanic or Latino, percent</li> <li>- 57.9%</li> <li><u>Percent below poverty level:</u></li> <li>- 19.6%</li> <li><u>Politics:</u></li> <li>- Republican</li> <li><u>Health:</u></li> <li>Persons without health insurance, under age 65 years, percent:</li> <li>- 9.0%</li> </ul>	
<p><b><u>Maine</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 1,385,340</li> <li>White alone, percent</li> <li>- 94.2%</li> <li>Black or African American alone, percent</li> <li>- 1.8%</li> <li>American Indian and Alaska Native alone, percent</li> <li>- 0.7%</li> <li>Asian alone, percent</li> <li>- 1.4%</li> <li>Native Hawaiian and Other Pacific Islander alone, percent</li> <li>- Value greater than zero but less than half unit of measure shown</li> <li>Two or More Races, percent</li> <li>- 1.9%</li> <li>Hispanic or Latino, percent</li> <li>- 2.0%</li> <li>White alone, not Hispanic or Latino, percent</li> <li>- 92.5%</li> <li><u>Percent below poverty level:</u></li> <li>- 11.5%</li> </ul>	

<p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Democrat</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 7.3%</li> </ul>	
<p><b><u>Maryland</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 6,164,660</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 57.8%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 31.4%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 0.7%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 6.9%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 3.1%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 11.1%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 49.0%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 10.3%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Democrat</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 7.1%</li> </ul>	
<p><b><u>Massachusetts</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 6,981,974</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 79.8%</li> </ul>	

<p>Black or African American alone, percent  - 9.3%</p> <p>American Indian and Alaska Native alone, percent  - 0.5%</p> <p>Asian alone, percent  - 7.5%</p> <p>Native Hawaiian and Other Pacific Islander alone, percent  - 0.1%</p> <p>Two or More Races, percent  - 2.7%</p> <p>Hispanic or Latino, percent  - 12.8%</p> <p>White alone, not Hispanic or Latino, percent  - 70.1%</p> <p><u>Percent below poverty level:</u>  - 10.4%</p> <p><u>Politics:</u>  - Democrat</p> <p><u>Health:</u>  Persons without health insurance, under age 65 years, percent:  - 2.9%</p>	
<p><b><u>Michigan</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 10,034,113</p> <p>White alone, percent  - 79.0%</p> <p>Black or African American alone, percent  - 14.1%</p> <p>American Indian and Alaska Native alone, percent  - 0.7%</p> <p>Asian alone, percent  - 3.4%</p> <p>Native Hawaiian and Other Pacific Islander alone, percent  - Value greater than zero but less than half unit of measure shown</p> <p>Two or More Races, percent  - 2.7%</p> <p>Hispanic or Latino, percent  - 5.6%</p>	

<p>White alone, not Hispanic or Latino, percent  - 74.2%</p> <p><u>Percent below poverty level:</u>  - 13.1%</p> <p><u>Politics:</u>  - Swing State</p> <p><u>Health:</u>  Persons without health insurance, under age 65 years, percent:  - 6.0%</p>	
<p><b><u>Minnesota</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 5,717,184</p> <p>White alone, percent  - 83.0%</p> <p>Black or African American alone, percent  - 7.4%</p> <p>American Indian and Alaska Native alone, percent  - 1.4%</p> <p>Asian alone, percent  - 5.4%</p> <p>Native Hawaiian and Other Pacific Islander alone, percent  - 0.1%</p> <p>Two or More Races, percent  - 2.8%</p> <p>Hispanic or Latino, percent  - 5.8%</p> <p>White alone, not Hispanic or Latino, percent  - 78.1%</p> <p><u>Percent below poverty level:</u>  - 9.3%</p> <p><u>Politics:</u>  - Swing State</p> <p><u>Health:</u>  Persons without health insurance, under age 65 years, percent:  - 5.3%</p>	
<p><b><u>Missouri</u></b>  <u>Demographics:</u></p>	

<p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 6,177,957</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 82.6%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 11.8%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 0.6%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 2.2%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.2%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.6%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 4.7%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 78.7%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 12.7%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Republican</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 11.3%</li> </ul>	
<p><b><u>Montana</u></b></p> <p><b><u>Demographics:</u></b></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 1,122,867</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 88.7%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 0.6%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 6.6%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 1.0%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p>	

<ul style="list-style-type: none"> <li>- 3.0%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 4.3%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 85.5%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 11.9%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Republican</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 10.1%</li> </ul>	
<p><b><u>Nebraska</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 1,967,923</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 87.7%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 5.3%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 1.6%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 2.8%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.4%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 12.0%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 77.4%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 10.8%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Republican</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 8.3%</li> </ul>	

<p><b><u>Nevada</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 3,177,772  White alone, percent  - 72.8%  Black or African American alone, percent  - 10.6%  American Indian and Alaska Native alone, percent  - 1.7%  Asian alone, percent  - 9.1%  Native Hawaiian and Other Pacific Islander alone, percent  - 0.9%  Two or More Races, percent  - 4.9%  Hispanic or Latino, percent  - 29.9%  White alone, not Hispanic or Latino, percent  - 46.6%  <u>Percent below poverty level:</u>  - 14.1%  <u>Politics:</u>  - Swing State  <u>Health:</u>  Persons without health insurance, under age 65 years, percent:  - 13.7%</p>	
<p><b><u>New Hampshire</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 1,395,231  White alone, percent  - 92.8%  Black or African American alone, percent  - 1.9%  American Indian and Alaska Native alone, percent  - 0.3%  Asian alone, percent  - 3.1%  Native Hawaiian and Other Pacific Islander alone, percent</p>	

<ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 1.8%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 4.4%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 89.1%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 7.2%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Democrat</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 6.2%</li> </ul>	
<p><b><u>New Jersey</u></b></p> <p><b><u>Demographics:</u></b></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 9,261,699</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 71.1%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 15.3%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 0.7%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 10.3%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.4%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 21.5%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 53.5%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 10.2%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Democrat</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age</p>	

<p>65 years, percent:  - 8.4%</p>	
<p><b><u>New Mexico</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 2,113,344  White alone, percent  - 81.3%  Black or African American alone, percent  - 2.7%  American Indian and Alaska Native alone, percent  - 11.2%  Asian alone, percent  - 1.9%  Native Hawaiian and Other Pacific Islander alone, percent  - 0.2%  Two or More Races, percent  - 2.7%  Hispanic or Latino, percent  - 50.1%  White alone, not Hispanic or Latino, percent  - 35.9%  <u>Percent below poverty level:</u>  - 18.4%  <u>Politics:</u>  - Democrat  <u>Health:</u>  Persons without health insurance, under age 65 years, percent:  - 12.0%</p>	
<p><b><u>New York</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 19,677,151  White alone, percent  - 69.1%  Black or African American alone, percent  - 17.6%  American Indian and Alaska Native alone, percent  - 1.0%  Asian alone, percent</p>	

<ul style="list-style-type: none"> <li>- 9.3%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.8%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 19.5%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 54.7%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 13.9%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Democrat</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 6.1%</li> </ul>	
<p><b><u>North Dakota</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 779,261</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 86.7%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 3.5%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 5.7%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 1.7%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.4%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 4.4%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 83.2%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 11.1%</li> </ul> <p><u>Politics:</u></p>	

<ul style="list-style-type: none"> <li>- Republican</li> </ul> <p><u>Health:</u> Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 9.2%</li> </ul>	
<p><b><u>Ohio</u></b></p> <p><u>Demographics:</u> Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 11,756,058</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 81.2%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 13.2%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 0.3%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 2.7%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.6%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 4.3%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 77.7%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 13.4%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Swing State</li> </ul> <p><u>Health:</u> Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 7.8%</li> </ul>	
<p><b><u>Oklahoma</u></b></p> <p><u>Demographics:</u> Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 4,019,800</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 73.2%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 7.8%</li> </ul> <p>American Indian and Alaska Native alone,</p>	

<p>percent</p> <ul style="list-style-type: none"> <li>- 9.7%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 2.5%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.2%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 6.6%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 11.7%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 63.8%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 15.6%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Republican</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 16.3%</li> </ul>	
<p><b><u>Oregon</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 4,240,137</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 86.2%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 2.3%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 1.9%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 5.0%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.5%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 4.2%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 14.0%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 74.1%</li> </ul>	

<p><u>Percent below poverty level:</u>  - 12.2%</p> <p><u>Politics:</u>  - Democrat</p> <p><u>Health:</u>  Persons without health insurance, under age 65 years, percent:  - 7.3%</p>	
<p><b><u>Pennsylvania</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 12,972,008  White alone, percent  - 81.0%  Black or African American alone, percent  - 12.2%  American Indian and Alaska Native alone, percent  - 0.4%  Asian alone, percent  - 3.9%  Native Hawaiian and Other Pacific Islander alone, percent  - 0.1%  Two or More Races, percent  - 2.3%  Hispanic or Latino, percent  - 8.4%  White alone, not Hispanic or Latino, percent  - 74.8%</p> <p><u>Percent below poverty level:</u>  - 12.1%</p> <p><u>Politics:</u>  - Swing State</p> <p><u>Health:</u>  Persons without health insurance, under age 65 years, percent:  - 6.6%</p>	
<p><b><u>Rhode Island</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 1,093,734  White alone, percent  - 83.1%</p>	

<p>Black or African American alone, percent  - 8.8%</p> <p>American Indian and Alaska Native alone, percent  - 1.2%</p> <p>Asian alone, percent  - 3.7%</p> <p>Native Hawaiian and Other Pacific Islander alone, percent  - 0.2%</p> <p>Two or More Races, percent  - 3.0%</p> <p>Hispanic or Latino, percent  - 17.1%</p> <p>White alone, not Hispanic or Latino, percent  - 70.4%</p> <p><u>Percent below poverty level:</u>  - 11.4%</p> <p><u>Politics:</u>  - Democrat</p> <p><u>Health:</u>  Persons without health insurance, under age 65 years, percent:  - 5.1%</p>	
<p><b><u>South Dakota</u></b>  <u>Demographics:</u>  Population Estimates, July 1, 2022  - 909,824</p> <p>White alone, percent  - 84.2%</p> <p>Black or African American alone, percent  - 2.5%</p> <p>American Indian and Alaska Native alone, percent  - 9.0%</p> <p>Asian alone, percent  - 1.7%</p> <p>Native Hawaiian and Other Pacific Islander alone, percent  - 0.1%</p> <p>Two or More Races, percent  - 2.6%</p> <p>Hispanic or Latino, percent</p>	

<ul style="list-style-type: none"> <li>- 4.6%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 80.8%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 12.3%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Republican</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 11.4%</li> </ul>	
<p><b><u>Utah</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 3,380,800</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 90.3%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 1.5%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 1.6%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 2.7%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 1.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 2.8%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 14.8%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 77.2%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 8.6%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Republican</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 10.1%</li> </ul>	
<p><b><u>Vermont</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p>	

<ul style="list-style-type: none"> <li>- 647,064</li> <li>White alone, percent</li> <li>- 94.0%</li> <li>Black or African American alone, percent</li> <li>- 1.5%</li> <li>American Indian and Alaska Native alone, percent</li> <li>- 0.4%</li> <li>Asian alone, percent</li> <li>- 2.0%</li> <li>Native Hawaiian and Other Pacific Islander alone, percent</li> <li>- Value greater than zero but less than half unit of measure shown</li> <li>Two or More Races, percent</li> <li>- 2.1%</li> <li>Hispanic or Latino, percent</li> <li>- 2.2%</li> <li>White alone, not Hispanic or Latino, percent</li> <li>- 92.2%</li> <li><u>Percent below poverty level:</u></li> <li>- 10.3%</li> <li><u>Politics:</u></li> <li>- Democrat</li> <li><u>Health:</u></li> <li>Persons without health insurance, under age 65 years, percent:</li> <li>- 4.5%</li> </ul>	
<p><b><u>Virginia</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 8,683,619</li> <li>White alone, percent</li> <li>- 68.8%</li> <li>Black or African American alone, percent</li> <li>- 20.0%</li> <li>American Indian and Alaska Native alone, percent</li> <li>- 0.6%</li> <li>Asian alone, percent</li> <li>- 7.2%</li> <li>Native Hawaiian and Other Pacific Islander alone, percent</li> </ul>	

<ul style="list-style-type: none"> <li>- 0.1%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 3.4%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 10.2%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 60.3%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 10.2%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Democrat</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 8.0%</li> </ul>	
<p><b><u>Washington</u></b></p> <p><u>Demographics:</u></p> <p>Population Estimates, July 1, 2022</p> <ul style="list-style-type: none"> <li>- 7,785,786</li> </ul> <p>White alone, percent</p> <ul style="list-style-type: none"> <li>- 77.5%</li> </ul> <p>Black or African American alone, percent</p> <ul style="list-style-type: none"> <li>- 4.5%</li> </ul> <p>American Indian and Alaska Native alone, percent</p> <ul style="list-style-type: none"> <li>- 2.0%</li> </ul> <p>Asian alone, percent</p> <ul style="list-style-type: none"> <li>- 10.0%</li> </ul> <p>Native Hawaiian and Other Pacific Islander alone, percent</p> <ul style="list-style-type: none"> <li>- 0.8%</li> </ul> <p>Two or More Races, percent</p> <ul style="list-style-type: none"> <li>- 5.2%</li> </ul> <p>Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 13.7%</li> </ul> <p>White alone, not Hispanic or Latino, percent</p> <ul style="list-style-type: none"> <li>- 66.0%</li> </ul> <p><u>Percent below poverty level:</u></p> <ul style="list-style-type: none"> <li>- 9.9%</li> </ul> <p><u>Politics:</u></p> <ul style="list-style-type: none"> <li>- Democrat</li> </ul> <p><u>Health:</u></p> <p>Persons without health insurance, under age 65 years, percent:</p> <ul style="list-style-type: none"> <li>- 7.5%</li> </ul>	

**West Virginia**

**Demographics:**

Population Estimates, July 1, 2022

- 1,775,156

White alone, percent

- 93.1%

Black or African American alone, percent

- 3.7%

American Indian and Alaska Native alone,  
percent

- 0.3%

Asian alone, percent

- 0.9%

Native Hawaiian and Other Pacific Islander  
alone, percent

- Value greater than zero but less than  
half unit of measure shown

Two or More Races, percent

- 2.0%

Hispanic or Latino, percent

- 1.9%

White alone, not Hispanic or Latino, percent

- 91.5%

**Percent below poverty level:**

- 16.8%

**Politics:**

- Republican

**Health:**

Persons without health insurance, under age  
65 years, percent:

- 7.6%

2.

```
1 df <- data.frame(  
2   state = rep(c("Georgia", "Louisiana"), each = 6),  
3   year = rep(2016:2021, 2),  
4   cardio_disease = c(5.6, 4.4, 5.7, 5.2, 7.2, 6.1, 5.9, 6.2, 6.6, 6.1, 8.4, 8.2)  
5 )  
6  
7 #Subset the data to only include Georgia and Louisiana  
8 ga_data <- df %>%  
9   filter(state == "Georgia")  
10  
11 la_data <- df %>%  
12   filter(state == "Louisiana")  
13  
14 #run a t-test  
15 t_out <- t.test(ga_data$cardio_disease, la_data$cardio_disease)  
16  
17 t_out
```

Welch Two Sample t-test

```
data: ga_data$cardio_disease and la_data$cardio_disease  
t = -2.0264, df = 9.7156, p-value = 0.07105  
alternative hypothesis: true difference in means is not equal to 0  
95 percent confidence interval:  
 -2.5246943  0.1246943  
sample estimates:  
mean of x mean of y  
    5.7    6.9
```

3.

```
1 df <- data.frame(  
2   state = rep(c("Georgia", "Louisiana"), each = 6),  
3   year = rep(2016:2021, 2),  
4   not_seeing_doctor = c(16.6, 17, 18.2, 17.8, 13.6, 12.8, 17.6, 17.1, 14.8, 14.8, 9.8, 9.9)  
5 )  
6  
7 #Subset the data to only include Georgia and Louisiana  
8 ga1_data <- df %>%  
9   filter(state == "Georgia")  
10  
11 la1_data <- df %>%  
12   filter(state == "Louisiana")  
13  
14 #run a t-test  
15 t_out <- t.test(ga1_data$not_seeing_doctor, la1_data$not_seeing_doctor)  
16  
17 t_out
```

Welch Two Sample t-test

```
data: ga1_data$not_seeing_doctor and la1_data$not_seeing_doctor
t = 1.1971, df = 8.6656, p-value = 0.263
alternative hypothesis: true difference in means is not equal to 0
95 percent confidence interval:
 -1.801796  5.801796
sample estimates:
mean of x mean of y
      16      14
```

## Reference

1. American Medical Association. “Understanding the Affordable Care Act.” Accessed May 16, 2023.  
<https://www.ama-assn.org/delivering-care/patient-support-advocacy/understanding-affordable-care-act>.
2. “27+ Affordable Care Act Statistics and facts | Policy Advice.” Accessed May 16, 2023.  
<https://policyadvice.net/insurance/insights/affordable-care-act-statistics/>.
3. Status of State Medicaid Expansion Decisions: Interactive Map | KFF. Accessed May 16, 2023.  
<https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>
4. “How Many Uninsured Are in the Coverage Gap and How Many Could Be Eligible If All States Adopted the Medicaid Expansion? | KFF.” Accessed May 16, 2023.  
<https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/>.
5. Garfield, Rachel, and Anthony Damico. “The Coverage Gap: Uninsured Poor Adults in States That Do Not Expand Medicaid,” n.d.
6. Horne, Gabrielle, Amber Gautam, and Dmitry Tumin. “Short- and Long-Term Health Consequences of Gaps in Health Insurance Coverage among Young Adults.” *Population Health Management* 25, no. 3 (June 2022): 399–406.  
<https://doi.org/10.1089/pop.2021.0211>.

7. NIMHD. “Medicaid Expansion Benefits Young Adults.” Accessed May 16, 2023.  
<http://www.nimhd.nih.gov/news-events/research-spotlights/medicaid-expansion-benefits-young-adults.html>.
8. “Medicaid | Medicaid.” Accessed May 16, 2023.  
<https://www.medicaid.gov/medicaid/index.html>.
9. “Policy Basics: Introduction to Medicaid | Center on Budget and Policy Priorities,” December 17, 2008. <https://www.cbpp.org/research/health/introduction-to-medicaid>.
10. “Medicaid - Health, United States,” August 8, 2022.  
<https://www.cdc.gov/nchs/hus/sources-definitions/medicaid.htm>.
11. “Affordable Care Act | Health Affairs.” Accessed May 16, 2023.  
<https://www.healthaffairs.org/topic/4>.
12. “The Inevitable Expansion of the Medicaid Expansion | Healthinsurance.Org.” Accessed May 16, 2023.  
<https://www.healthinsurance.org/blog/the-inevitable-expansion-of-the-medicaid-expansion/>.
13. Pender, Geoff. “Who’s Opposed to Mississippi Medicaid Expansion and Why?” Mississippi Today, November 15, 2022.  
<https://mississippitoday.org/2022/11/15/medicaid-expansion-opposition-why/>.
14. Tennessee Justice Ce. “HOME | Tennessee Justice Center.” Accessed May 16, 2023.  
<https://www.tnjustice.org>.
15. Watch, Kim Krisberg and David Leffler, Public Health. “Why Texas Republicans Still Oppose Medicaid Expansion.” The Texas Tribune, November 7, 2022.  
<https://www.texastribune.org/2022/11/07/texas-medicaid-expansion-republicans/>.

16. <https://www.facebook.com/Health4Texas>. “New EHF Poll Shows Sweeping Support for Medicaid Expansion in Texas - Episcopal Health Foundation.”  
<https://www.episcopalhealth.org/>. Accessed May 16, 2023.  
<https://www.episcopalhealth.org/enews/new-ehf-poll-shows-sweeping-support-for-medicaid-expansion-in-texas/>.
17. Center For Children and Families. “New Report Offers Another Compelling Reason for States to Expand Medicaid,” August 5, 2022.  
<https://ccf.georgetown.edu/2022/08/05/new-report-offers-another-compelling-reason-for-states-to-expand-medicaid/>.
18. The White House. “The Effects of Earlier Medicaid Expansions: A Literature Review | CEA,” June 22, 2021.  
<https://www.whitehouse.gov/cea/written-materials/2021/06/22/the-effects-of-earlier-medicaid-expansions-a-literature-review/>.
19. “The Impact of Medicaid Expansion on States’ Budgets,” May 5, 2020.  
<https://doi.org/10.26099/5q66-1k77>.
20. Blavin, Fredric, Breno Braga, and Anuj Gangopadhyaya. “Which County Characteristics Predict Medical Debt?,” n.d.
21. Mazurenko, Olena, Casey P. Balio, Rajender Agarwal, Aaron E. Carroll, and Nir Menachemi. “The Effects Of Medicaid Expansion Under The ACA: A Systematic Review.” *Health Affairs (Project Hope)* 37, no. 6 (June 2018): 944–50.  
<https://doi.org/10.1377/hlthaff.2017.1491>.
22. Century, Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st. “The Health Care Delivery System.” In *The Future of the Public’s Health in the*

*21st Century*. National Academies Press (US), 2002.

<https://www.ncbi.nlm.nih.gov/books/NBK221227/>.

23. Saha, Somnath. “The Inherent Inequities of Market-Based Health Care Reform.” *Journal of General Internal Medicine* 21, no. 11 (November 2006): 1211–12.

<https://doi.org/10.1111/j.1525-1497.2006.00618.x>.

24. Ven, W. P. van de. “Market-Oriented Health Care Reforms: Trends and Future Options.” *Social Science & Medicine* (1982) 43, no. 5 (September 1996): 655–66.

[https://doi.org/10.1016/0277-9536\(96\)00111-6](https://doi.org/10.1016/0277-9536(96)00111-6).

25. Penn LDI. “Failures of Market-Based Health Care Policies,” October 18, 2019.

<https://ldi.upenn.edu/our-work/research-updates/article-by-hoffman-details-the-failures-of-market-based-health-care-policies/>.

26. “Medicaid Eligibility | Medicaid.” Accessed May 16, 2023.

<https://www.medicaid.gov/medicaid/eligibility/index.html>.

27. KFF. “Medicaid Eligibility through the Medically Needy Pathway,” September 8, 2022.

<https://www.kff.org/other/state-indicator/medicaid-eligibility-through-the-medically-needy-pathway/>.

28. Emanuel, Ezekiel J. *Reinventing American Health Care: How the Affordable Care Act Will Improve Our Terribly Complex, Blatantly Unjust, Outrageously Expensive, Grossly Inefficient, Error Prone System*. First edition. New York: PublicAffairs, 2014.

29. Wallace, Lorraine S. “A View Of Health Care Around The World.” *The Annals of Family Medicine* 11, no. 1 (January 1, 2013): 84–84. <https://doi.org/10.1370/afm.1484>.

30. “Americans’ Challenges with Health Care Costs | KFF.” Accessed May 16, 2023.  
<https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/>
31. Van Way, Charles W. “Where Does the Money Go?” *Missouri Medicine* 115, no. 1 (2018): 4–6.
32. NIMHD. “Medicaid Expansion Benefits Young Adults.” Accessed May 16, 2023.  
<http://www.nimhd.nih.gov/news-events/research-spotlights/medicaid-expansion-benefits-young-adults.html>.
33. Milbank Memorial Fund. “US Health Care in Our Neoliberal Era.” Accessed May 16, 2023. <https://www.milbank.org/quarterly/opinions/us-health-care-in-our-neoliberal-era/>.
34. NCPSSM. “Medicare and Medicaid Are Important to African Americans.” NCPSSM. Accessed May 16, 2023.  
<https://www.ncpssm.org/documents/medicare-policy-papers/medicare-medicaid-important-african-americans/>.
35. March of Dimes | PeriStats. “Medicaid Coverage by Race/Ethnicity: Georgia, 2018-2020 Average.” Accessed May 16, 2023.  
<https://www.marchofdimes.org/peristats/data?reg=99&top=11&stop=653&lev=1&slev=4&obj=1&sreg=13>.
36. KFF. “Medicaid Expansion Enrollment,” May 5, 2023.  
<https://www.kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/>.
37. KFF. “Medicaid Expansion Spending,” August 23, 2022.  
<https://www.kff.org/medicaid/state-indicator/medicaid-expansion-spending/>.

38. Centers for Disease Control and Prevention. “CDC Works 24/7,” May 15, 2023.  
<https://www.cdc.gov/index.htm>.
39. Why Heart Disease Is an Even Greater Threat to Black Adults. Accessed March 13, 2023.  
<https://www.pennmedicine.org/updates/blogs/heart-and-vascular-blog/2022/march/why-heart-disease-is-an-even-greater-threat-to-black-adults>
40. Graham G. Disparities in Cardiovascular Disease Risk in the United States. *Curr Cardiol Rev.* 2015;11(3):238-245. doi:10.2174/1573403X11666141122220003
41. Tsao CW, Aday AW, Almarzooq ZI, et al. Heart Disease and Stroke Statistics—2022 Update: A Report From the American Heart Association. *Circulation.* 2022;145(8). doi:10.1161/CIR.0000000000001052
42. African American Health | VitalSigns | CDC. Accessed March 13, 2023.  
<https://www.cdc.gov/vitalsigns/aahealth/index.html>
43. Mensah GA. Cardiovascular Diseases in African Americans: Fostering Community Partnerships to Stem the Tide. *Am J Kidney Dis.* 2018;72(5 Suppl 1):S37-S42. doi:10.1053/j.ajkd.2018.06.026
44. Cardiovascular Health in African Americans: A Scientific Statement From the American Heart Association | *Circulation.* Accessed March 13, 2023.  
<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000534>
45. “Welch’s t-Test - Voxco.” Accessed May 16, 2023.  
<https://www.voxco.com/blog/welchs-t-test/>.

46. NIMHD. “Medicaid Expansion Benefits Young Adults.” Accessed May 16, 2023.  
<http://www.nimhd.nih.gov/news-events/research-spotlights/medicaid-expansion-benefits-young-adults.html>.
47. Lyon, Sarah M., Ivor S. Douglas, and Colin R. Cooke. “Medicaid Expansion under the Affordable Care Act. Implications for Insurance-Related Disparities in Pulmonary, Critical Care, and Sleep.” *Annals of the American Thoracic Society* 11, no. 4 (May 2014): 661–67. <https://doi.org/10.1513/AnnalsATS.201402-072PS>.
48. KFF. “Population Distribution by Race/Ethnicity,” October 28, 2022.  
<https://www.kff.org/other/state-indicator/distribution-by-raceethnicity/>.
49. “U.S. Census Bureau QuickFacts: West Virginia; Arkansas.” Accessed May 16, 2023.  
[https://www.census.gov/quickfacts/fact/table/WV\\_AR/HEA775221](https://www.census.gov/quickfacts/fact/table/WV_AR/HEA775221).
50. “Stats of the States - Heart Disease Mortality,” February 25, 2022.  
[https://www.cdc.gov/nchs/pressroom/sosmap/heart\\_disease\\_mortality/heart\\_disease.htm](https://www.cdc.gov/nchs/pressroom/sosmap/heart_disease_mortality/heart_disease.htm).
51. Centers for Disease Control and Prevention. “From the CDC-Leading Causes of Death-Males All Races and Origins 2018,” March 2, 2022.  
<https://www.cdc.gov/minorityhealth/lcod/men/2018/nonhispanic-black/index.htm>.
52. Centers for Disease Control and Prevention. “From CDC-Leading Causes of Death-Females All Races and Origins 2018,” March 3, 2022.  
<https://www.cdc.gov/women/lcod/2018/nonhispanic-black/index.htm>.
53. Baker, Allison M., and Linda M. Hunt. “Counterproductive Consequences of a Conservative Ideology: Medicaid Expansion and Personal Responsibility Requirements.” *American Journal of Public Health* 106, no. 7 (July 2016): 1181–87.  
<https://doi.org/10.2105/AJPH.2016.303192>.