

Undergraduate Honors Project and Reflection: Medicaid Access and Chronic Disease Outcomes for Rural Hispanic Populations



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Objective

This study examines how Medicaid expansion versus non-expansion status influences healthcare access and chronic disease outcomes among Hispanic adults living in rural U.S. counties with similar demographic profiles. The goal is to understand how policy environments shape insurance coverage, preventative service use, and chronic disease burdens in underserved communities.

Background

- Rural Hispanic communities face barriers including language gaps, provider shortages, transportation challenges, cultural factors, and immigration-related exclusions (Access to Healthcare Services in Nevada, 2024).
- Medicaid expansion increased eligibility and improved access in many states, but effects vary widely across regions (Courtemanche et al., 2017)
- Chronic disease risks (diabetes, cardiovascular disease) are disproportionately high among rural Hispanics to access to preventive and ongoing care (CDC, 2024)
- Florida has not expanded Medicaid while Nevada has providing a strong policy comparison point (NCSL, 2025)

Methods

- Comparative Case Study: Hardee County, FL vs. Lyon County, NV
- Data Sources: ACS, CDC PLACES, and HRSA
- Analysis: Descriptive statistics, independent-samples t-tests with Levene's test to determine variance

Variables

- Hispanic uninsured %
- Routine checkups
- Cholesterol screening
- Rate of diabetes, heart disease, stroke

Preliminary Results

Healthcare Access Indicators

- Hardee County had higher uninsured Hispanic adults (N = 28.08%) vs Lyon County (N = 21.06%)
- Routine checkups: Hardee slightly higher but not significant
- Cholesterol screening: Similar across counties.

Chronic Disease Outcomes (H% vs L%)

- Hardee County had substantially higher:
 - Diabetes (14.85% vs 9.77%)
 - Coronary heart disease (7.70% vs 5.77%)
 - Stroke (4.10% vs. 3.02%)
 - Combined cardiovascular disease (11.80 vs. 8.80%)
- All showed large effect sizes and statistical significance

Discussion

- Medicaid expansion did not produce major differences in immediate access measures, indicating that coverage alone cannot overcome structural barriers in rural Hispanic communities.
- Despite similar access indicators, chronic disease rates were substantially worse in the non-expansion county, highlighting the long-term health benefits associated with Medicaid expansion.

Reflection

Medicaid policy shapes real health experiences for rural Hispanic communities. Comparing Hardee and Lyon Counties made clear that while Medicaid expansion improves coverage, insurance coverage alone cannot address barriers such as language access, transportation, and provider shortages as previous research has found. Working with county-level data also highlighted the limits of available indicators and the importance of local context. Overall, this research deepened my commitment to advancing culturally responsive health policies for underserved rural populations. This research project allowed me to develop my own research process, interpret health data and evaluate the results.

County	Year	Total Hispanic Pop.	Hispanic's Uninsured %	Diabetes %	CHD %	Stroke %
Hardee	2019	6,273	23.40%	15.3	8	4.3
Lyon	2019	5,373	20.27%	9.8	6	3.2
Hardee	2023	6,165	32.75%	14.4	7.4	3.9
Lyon	2023	6,810	18.62%	9.8	5.7	3

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