1 E-Supplement

2 Medicaid Data

3 The data were centrally compiled and cleaned by the Research Data Assistance Center

4 (ResDAC, University of Minnesota, Minneapolis, MN) and obtained by the authors in August

5 2018. Three states were excluded from the analysis because of concerns about data quality:

6 Maine, which had incomplete utilization data, and Idaho and Rhode Island, which had

7 abnormally low levels of enrollment (<1000 individuals). In addition, five states were excluded

8 because greater than 15% of subjects had missing data for race/ethnicity: Colorado, Iowa,

9 Massachusetts, Vermont, and Washington. Use of the data was approved by the Johns Hopkins

10 School of Medicine Institutional Review Board.

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12 Definition of Covariates

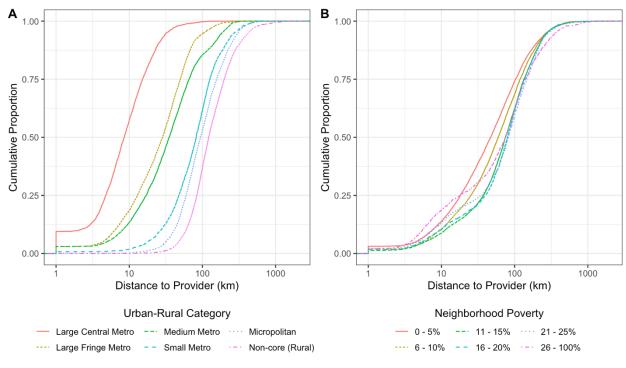
Race/ethnicity was defined by self-report, and categories included "White," "Black," "Asian," 13 "Hispanic," "North American Native," ">1 race (Hispanic), >1 race (non-Hispanic), Hawaiian, 14 and "Unknown." For the purpose of analysis, "Native American/Alaskan," ">1 race (Hispanic), 15 ">1 race (non-Hispanic)," and "Hawaiian" were combined into "Grouped." Urbanization was 16 categorized according to this scheme as "large central metro," "large fringe metro (suburban)" 17 "medium metro" (250,000-999.999 population), "small metro" (50,000 – 249,999 population), 18 "micropolitan" (10,000 – 49,999 population, and "noncore" (rural, <10,000 population). 19 Neighborhood-level poverty was defined as the proportion of families at or below the poverty 20 level in the ZCTA. Distance to provider was categorized as "<10 miles," "10-25 miles," "26-50 21

22 miles," "51-100 miles," "101-200 miles," and ">201 miles).

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24	Statistical	Analysis
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25	Age, race, gender, ZCTA-level poverty, county urban-rural code, and distance to provider were
26	all treated as categorical variables in the multivariable logistic regression models. We first
27	assessed the association between distance to provider, urban/rural status, and poverty using
28	empirical cumulative distribution functions as a descriptive summary. Sensitivity analyses were
29	conducted defining distance to provider as a continuous variable on linear and log-transformed
30	scales.
31	
32	Figure Legend:
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Urban/Rural Status

Neighborhood-Level Poverty