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In-person assister availability and plan enrollment in the health insurance marketplace under the Affordable Care Act in the US

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Statement of the Problem: The health insurance marketplace under the Affordable Care Act (ACA) has run in-person assistance programs to help consumers' plan decisions. Consumers apply for the coverage through the website (healthcare.gov) except for those who live in states running the state-based insurance marketplace. Consumers seek for in-person assistance because they lack confidence to apply on their own and need help understanding the plan choices. Recent attention has been given to developing the decision support tool in hopes to promote consumers' direct engagement in plan decision¬-making. However, this approach should be taken with caution because of the characteristics of marketplace consumers. They are low¬ and middle¬ income population and are less likely to be literate enough to do the plan decision-¬making on their own. This study aims to describe the county-level assister availability and marketplace enrollment, focusing on the rural-urban differences.

Methodology & Theoretical Orientation: The 2016 marketplace enrollment data released by the Department of Health and Human Services and 2015 Small Area Health Insurance Estimates were used for the analysis. The assister data was constructed using healthcare.gov. Four states in the US were analyzed. Wilcoxon Rank-Sum test was performed for the number of assisters and 2016 plan enrollment.

Findings: About a quarter of Hispanics in poverty was uninsured in all four states. Uninsured rate was higher among the Hispanics in poverty who are eligible for the premium subsidies compared to all income levels. Marketplace enrollment for 2016 and potential marketplace enrollees vastly varied across counties. The number of potential marketplace enrollees was larger in rural counties than in urban counties. However, percent enrolled in potential enrollees in rural counties was only about half of urban counies.

Conclusion & Significance: The results suggest more rigorous outreach efforts on marketplace enrollment in rural areas.

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Anti-diabetic activity of *Nigella sativa* oil through its effect on some enzymes and signaling molecules in Streptozotocin-induced diabetic rats

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The black seeds of Nigella sativa have different biological activities and the anti-diabetic effect is among these activities. Streptozotocin (STZ)-induced diabetic rats were treated daily with NS oil (NSO) in order to study the effect on some enzymes and the expression of some insulin receptor-induced signaling molecules. The administration of NSO to STZ-induced diabetic rats induced significantly the activity of arylsulfatases and enhanced the antioxidant enzymes. Moreover, it significantly induced the gene expression of insulin receptor compared to non-treated rats. This treatment of NSO was combined also with some drugs (metformin and glimepiride) and an insulin receptor inhibitor; also, it upregulated the expression of insulin like growth factor-1 and phosphoinositide-3 kinase; whereas the expression of ADAM-17 was downregulated and TIMP3 was upregulated. The obtained data markedly confirmed anti-diabetic effect of NSO on antioxidant activity and signaling molecules in the absence and presence of some anti-diabetic drugs. In conclusion, diabetes induces significant alterations of the catalytic characters of arylsulfatases and some oils decrease this alteration through an antioxidant-mediated effect. Moreover, NSO has a potential in the management of diabetes through the modification of insulin-induced signaling and the interaction between herbs and drug.

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