

The Small Area Health Insurance Estimates (SAHIE): 2013 - 2014

Introduction

This document provides summary highlights of the 2014 release of the U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) program. SAHIE is partially funded by the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The NBCCEDP and their stakeholders use SAHIE to determine the number of low-income uninsured women who may be eligible for their program at the state and county level.

SAHIE is the only source of data for single-year estimates of health insurance coverage status for all counties in the United States by selected economic and demographic characteristics (see text box "Small Area Health Insurance Estimates").¹ With the release of 2014 SAHIE, the Census Bureau released an updated version of 2013 SAHIE that incorporates recent changes to SAHIE's use of Medicaid data (see "New Improvements to SAHIE's Medicaid data" on page 2). The highlights presented in this document utilize the updated data to evaluate changes in health insurance coverage between 2013 and 2014.

From 2013 to 2014, there was a shift in policy affecting access to health insurance coverage. On January 1, 2014, provisions of the Patient Protection and Affordable Care Act (ACA) went into effect. These provisions of the ACA increased the availability and accessibility of health insurance coverage throughout the United States, particularly among working-age adults (aged 18-64), living at low-to-middle incomes (below 400 percent of poverty). Based on family income, some individuals may have qualified for subsidies or tax credits to help pay for health insurance purchased through the new health insurance exchanges. In addition, lower income individuals may have become eligible for Medicaid coverage if they reside in one of the 27 states (including the District of Columbia) that expanded Medicaid eligibility in 2014.

The 1-year American Community Survey (ACS) data are not available for most counties in the United States, only counties with a population of 65,000 or more.² SAHIE is the only source of data for single-year estimates of health insurance coverage status for all counties in the United States. As a data enhancement to the ACS, the SAHIE

Highlights

- Between 2013 and 2014, for the population under age 65, the estimated uninsured rate decreased in 2,325 counties, or 74.1 percent of all U.S. counties.
- Between 2013 and 2014, for the population of working-age adults, aged 18 to 64, living at or below 138 percent of poverty, the estimated uninsured rate decreased in 1,860 counties, or 59.3 percent of all U.S. counties.
- In 2014, for the population under age 65, non-Hispanic Whites had a lower estimated uninsured rate than both Hispanics and non-Hispanic Blacks in every state and the District of Columbia.

Small Area Health Insurance Estimates (SAHIE) are model-based enhancements of the American Community Survey (ACS) estimates created by integrating additional information from administrative records, intercensal population estimates, and decennial census data. SAHIE methodology employs statistical modeling techniques to combine this supplemental information with survey data to produce estimates that are more reliable. SAHIE are broadly consistent with the direct ACS survey estimates, but with the help from other data sources, SAHIE estimates are more precise than the ACS 1-year and 5-year survey estimates for most counties. ACS 1-year estimates are not available for most of these smaller geographic areas (approximately only 800 counties with a population of 65,000 or more). A 2014 ACS map of unpublished counties is available at:

www.census.gov/did/www/sahie/data/highlights/2014highlights.html.

Additional detailed information on the various input data sources used in producing SAHIE is available at:

www.census.gov/did/www/sahie/methods/inputs/index.html.

SAHIE are subject to several types of uncertainty. Additionally, details on the SAHIE methodology are available at: www.census.gov/did/www/sahie/methods/index.html.

¹ There are 3,142 total counties in the United States. SAHIE does not include Kalawao County, HI due to insufficient data.

² Approximately 75 percent or 2,325 of U.S. counties do not have 1-year estimates of health insurance coverage. However, the ACS 1-year county-level estimates cover 85 percent of the total U.S. population.

New Improvements to SAHIE's Medicaid Data

The SAHIE model utilizes Medicaid enrollment data, among other auxiliary data sources. Major policy changes affected Medicaid in 2014 under The Patient Protection and Affordable Care Act (ACA). Recent ACA provisions mandated changes in Medicaid policy and expanded enrollment in many states. For instance, states had the option to expand their Medicaid eligibility criteria. In order to capture any recent changes in the Medicaid enrollment data during this period, both the updated 2013 SAHIE and the 2014 SAHIE incorporate more up-to-date Medicaid data.

In prior data releases, SAHIE used two-year lagged Medicaid data from the Medicaid Statistical Information System (MSIS) provided by the Centers for Medicare and Medicaid Services (CMS). For example, 2013 SAHIE used 2011 Medicaid data. This two-year lag is reflected in the 2013 SAHIE data, released in March 2015. In prior years, research supported the two-year lag because Medicaid enrollment was relatively stable. However, with the implementation of the new ACA provisions in 2014, Medicaid enrollment was expected to change substantially across states.

The current SAHIE research seeks to reduce the two-year lag of the Medicaid data in the SAHIE model by using more timely sources. SAHIE's updated Medicaid data methods were able to combine the two-year lagged MSIS data with two additional Medicaid sources: CMS's Performance Indicator Project Medicaid and Children's Health Insurance Program (CHIP) data and Kaiser Family Foundation's (KFF) Medicaid and CHIP data. SAHIE's updated data methods also utilized the most recent Internal Revenue Service (IRS) 1040 tax data and the American Community Survey (ACS) estimates in order to approximate the latest county-level and demographic detail within the state-level Medicaid and CHIP totals. For more detailed information on recent changes to SAHIE's use of Medicaid data, please refer to:

<http://www.census.gov/did/www/sahie/methods/inputs/medicaid.html>.

Updated 2013 SAHIE Data

Recent data method improvements, which were applied to the 2014 SAHIE, were also used to update the prior year data, the 2013 SAHIE, for comparability purposes. The original 2013 SAHIE data, released in March 2015 (as mentioned above) and the *updated* 2013 SAHIE released in May 2016, are not comparable due to the changes in SAHIE's use of Medicaid data, as explained earlier. The *updated* 2013 SAHIE was released simultaneously with the new 2014 SAHIE data in May 2016. Both datasets will be available to download from the SAHIE website. Please refer to the links in text box on page 4 for more information.

model-based estimates are a vital source of information for measuring the year-to-year change in health insurance coverage and the impact of recent legislation, such as the ACA, and other federal programs, on the uninsured population at the county level.

An Overview of SAHIE

Each year, the SAHIE program produces and releases timely, reliable estimates of health insurance coverage for both the insured and uninsured populations in the United States by county.³ Federal agencies and programs use SAHIE data to determine eligibility for public health services (see text box "Why are the Small Area Health Insurance Estimates Important?" on page 3).

The SAHIE program produces data on health insurance coverage by five income-to-poverty ratio (IPR) categories, as well as for all incomes, for selected age groups, race/ethnicity (state level only), and sex. These IPR categories are defined as the ratio of family income to the federal poverty threshold (see text box "How is Poverty Status Measured?" on page 4). A lower IPR indicates a

lower relative income. Living at or below 138 percent of poverty indicates people in families with total money income less than or equal to 138 percent of the poverty threshold applicable to that family. The same reasoning holds for the additional IPRs. As a result, SAHIE data are used to analyze the differences in health insurance status by selected characteristics that reflect the federal poverty thresholds and meet the needs of both state and federal assistance programs. For instance, the IPR category 0-138 percent of poverty represents the population that may be eligible for Medicaid. The IPR category 138-400 percent of poverty represents the population who qualify for subsidies to purchase health insurance through the exchanges.⁴ Including these IPR categories makes SAHIE an important data source for analyzing how the ACA may influence changes in health insurance coverage at the state and county level.

County-level SAHIE also allow data users to take a closer look at the distribution and concentration of the uninsured

³ Please refer to the detailed definition of the insured population at: <http://www.census.gov/did/www/sahie/about/faq.html>.

⁴ In states that are not expanding Medicaid, the eligibility for tax credits for the health insurance exchanges is between 100 percent and 400 percent of the federal poverty threshold.

Why are the Small Area Health Insurance Estimates Important?

This program is partially funded by the Centers for Disease Control and Prevention's (CDC), [National Breast and Cervical Cancer Early Detection Program](#) (NBCCEDP). The CDC have a congressional mandate to provide screening services for breast and cervical cancer to low-income, uninsured, and underserved women through the NBCCEDP. SAHIE data are used as an important consideration when planning and evaluating public policy on health insurance programs, the impact of common illnesses or serious health conditions for states and the 3,141 counties in the United States.

For additional detailed information on the use of SAHIE estimates, please visit the FAQ webpage at:

<http://www.census.gov/did/www/sahie/about/faq.html>.

<http://www.census.gov/did/www/sahie/about/index.html>.

The Census Bureau SAHIE main webpage is located at: <http://www.census.gov/did/www/sahie/index.html>.

Additional information is available by data release year from 2000 to 2014. For example, annual highlights brief (2010-2014 only), datasets, maps, and interactive data tables can be downloaded from the SAHIE webpage at:

<http://www.census.gov/did/www/sahie/data/index.html> <http://www.census.gov/did/www/sahie/data/highlights/index.html>.

The online **SAHIE Interactive Data Tool** provides detailed customized data tables of the insured and uninsured populations by selected year(s) from 2006-2014, geography (state and county), income-to-poverty ratio categories, selected age groups (under age 65, aged 18-64, aged 40-64, aged 50-64, and under age 19), sex, and race/ethnicity (state only). These custom tables can be downloaded to a PDF or CSV file. The interactive data tool can be accessed online at:

<http://www.census.gov/did/www/sahie/data/index.html>.

Starting in 2008, SAHIE began utilizing the American Community Survey (ACS) as the base. For years prior to 2008, the SAHIE estimates utilized the Annual Social and Economic Supplement to the Current Population Survey (CPS-ASEC). More information is available at:

<http://www.census.gov/did/www/sahie/methods/20082014/index.html>

For more information on the American Community Survey (ACS), please refer to the following link:

<http://www.census.gov/acs/www/>.

population within states, regions, and metropolitan areas.⁵ Due to its unique comprehensive geographic coverage and one-year focus, SAHIE data are used to analyze geographic variation in health insurance coverage, as well as changes over time. The purpose of this document is to highlight several key aspects of such analyses.⁶

Most Counties Experienced a Decrease in their Estimated Uninsured Rate from 2013 to 2014

Between 2013 and 2014, for the population under age 65, the estimated uninsured rate decreased in 2,325 counties,

or 74.1 percent of all U.S. counties.⁷ Figure 1 displays a two-panel map of estimated uninsured rates for the population under age 65 in 2013 and 2014. The lightest shade in the map displays counties with the lowest estimated uninsured rates (10.0 percent and below). In 2013, 244 counties, or 7.6 percent of all counties, had an estimated uninsured rate less than or equal to 10.0 percent. In 2014, the number of counties with the lowest estimated uninsured rates increased to 707 counties, or 22.5 percent of all U.S. counties.

Changes in county-level estimated uninsured rates were driven by working-age adults gaining health insurance after provisions of the ACA were implemented in 2014. Between 2013 and 2014, for children under age 19, the estimated uninsured rate decreased in 650 counties, or 20.7 percent of all U.S. counties. For working-age adults (aged 18 to 64), the estimated uninsured rate decreased in 2,262 counties, or 72.1 of all counties.

⁵ Reference maps on regions and metro/ micro area status are available at: <http://www.census.gov/did/www/sahie/data/highlights/2014highlights.html>.

⁶ All data shown are estimates containing uncertainty. Sources of uncertainty include model error, sampling error, and non-sampling error. Unless specifically noted in the text, apparent differences among the estimates may not be statistically significant. All direct comparisons cited in the text have been statistically tested at the 90-percent significance level. For more information, please refer to link below:

<http://www.census.gov/did/www/sahie/methods/source.html>.

⁷ When analyzing changes between 2013 and 2014, four counties are not included. Bedford County, VA and three counties in Alaska experienced changes in geographic boundaries in 2014. The data for these counties are not comparable to 2013.

How is Poverty Status Measured?

Poverty status is determined by comparing total annual family before-tax income to a table of federal poverty thresholds that vary by family size, number of related children, and age of householder. If a family's income is less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. For people not living in families, poverty status is determined by comparing the individual's total income to their threshold.

For more general information on poverty, please see link: <http://www.census.gov/hhes/www/poverty/poverty.html>.

The table of federal poverty thresholds is updated annually by the U.S. Census Bureau to allow for changes in the cost of living using the Consumer Price Index (CPI-U). The thresholds do not vary geographically.

SAHIE's primary data input is the estimates of poverty from the American Community Survey (ACS), a monthly survey with people responding throughout the year. Since income is reported for the previous 12 months, the appropriate poverty threshold for each family is determined by multiplying the base-year poverty threshold by the average of the monthly CPI values for the 12 months preceding the survey.

For more information, see "How Poverty is Calculated in the American Community Survey" at:

<http://www.census.gov/hhes/www/poverty/about/overview/measure.html>.

<http://www.census.gov/hhes/www/poverty/poverty-cal-in-ac.pdf>.

To determine a family or an individual's income-to-poverty ratio (IPR), take its before-tax income and divide by the appropriate federal poverty threshold. Then multiply by 100 to determine how far the family or individual earner is below or above poverty (a family with an IPR of 100% is living at the federal poverty threshold).

For example, take a family of four, two parents and two children, with a total annual income of \$46,500. In 2014, a family of this size had a federal poverty threshold of \$24,008. Their income-to-poverty ratio is:

$$\frac{\text{Total Annual Income}}{\text{Federal Poverty Threshold}} = \frac{\$46,500}{24,008} = 1.936 = 193.6\% \text{ of poverty}$$

The family of four is living just below 200% of poverty. This means their income is just below twice the determined federal poverty threshold.

SAHIE Income-to-Poverty Ratio (IPR) Categories:

0-138%, 0-200%, 0-250%, 0-400%, 138-400% of Poverty, and all incomes.

One provision of the ACA was for states to have the option to expand Medicaid to low-income adults living at or below 138 percent of poverty.

In 2014, twenty-seven states (including the District of Columbia) chose to expand their Medicaid programs. Figure 2 displays a two-panel map; the top map displays Medicaid expansion status by state for 2014. The bottom map displays the change in county-level estimated uninsured rates that occurred between 2013 and 2014 for low-income working-age adults who may be eligible for Medicaid. From 2013 to 2014, 1,860 counties had a decrease in their estimated uninsured rate, or 59.3 percent of all U.S. counties. Changes in county-level estimated uninsured rates were more pronounced in states that chose to expand Medicaid.

In states that expanded their Medicaid eligibility, 96.1 percent of counties had a decrease in their estimated uninsured rate compared with 36.8 percent of counties in states that did not expand. Among the counties that had a

decrease in their estimated uninsured rate, 401 counties, or 12.8 percent of all counties, had a decrease of 12.0 percentage points or more; all but 13 of these counties were in states that expanded Medicaid. These counties are displayed as the darkest shade of blue in the bottom map in Figure 2.

In addition to Medicaid expansion, health insurance exchanges were established for individuals to purchase a qualified health insurance plan through a private carrier. Adults with family incomes between 138 and 400 percent of poverty may have qualified for subsidies or tax credits to help pay for health insurance purchased through the exchanges. Figure 3 displays a map of county-level changes in estimated uninsured rates for the working-age adult population who may be eligible for subsidies or tax credits. The map shows that from 2013 to 2014 most counties experienced a decrease in their estimated uninsured rate. For the working-age adult population eligible for subsidies, 2,089 counties had a decrease in their estimated uninsured rate, or 66.6 percent of all

Figure 1. Estimated Uninsured Rates, Population Under Age 65: 2013 and 2014

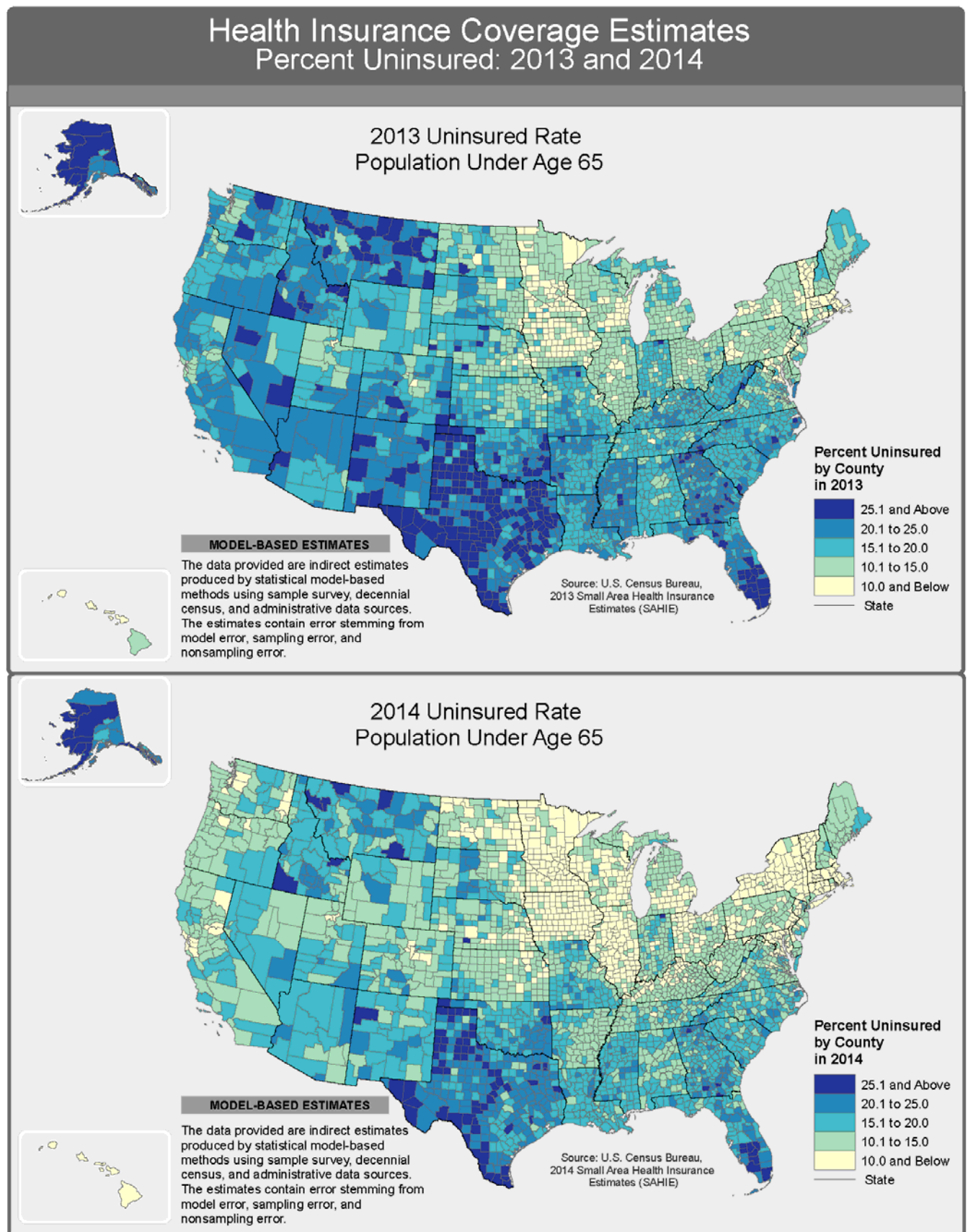


Figure 2. 2014 Medicaid Expansion Status by State and 2013 to 2014 Change in Estimated Uninsured Rates, Population Aged 18 to 64, Living at or Below 138 Percent Poverty

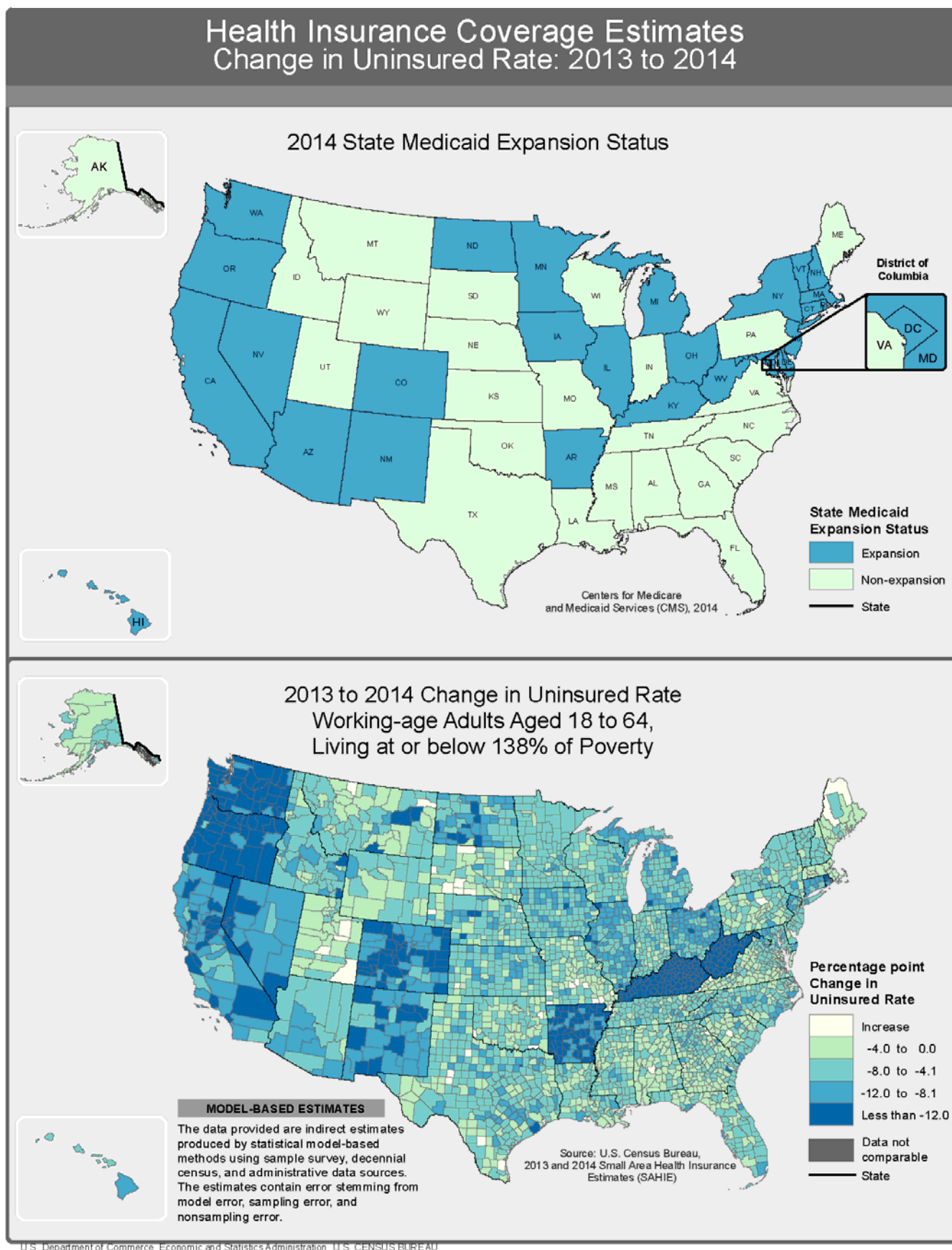
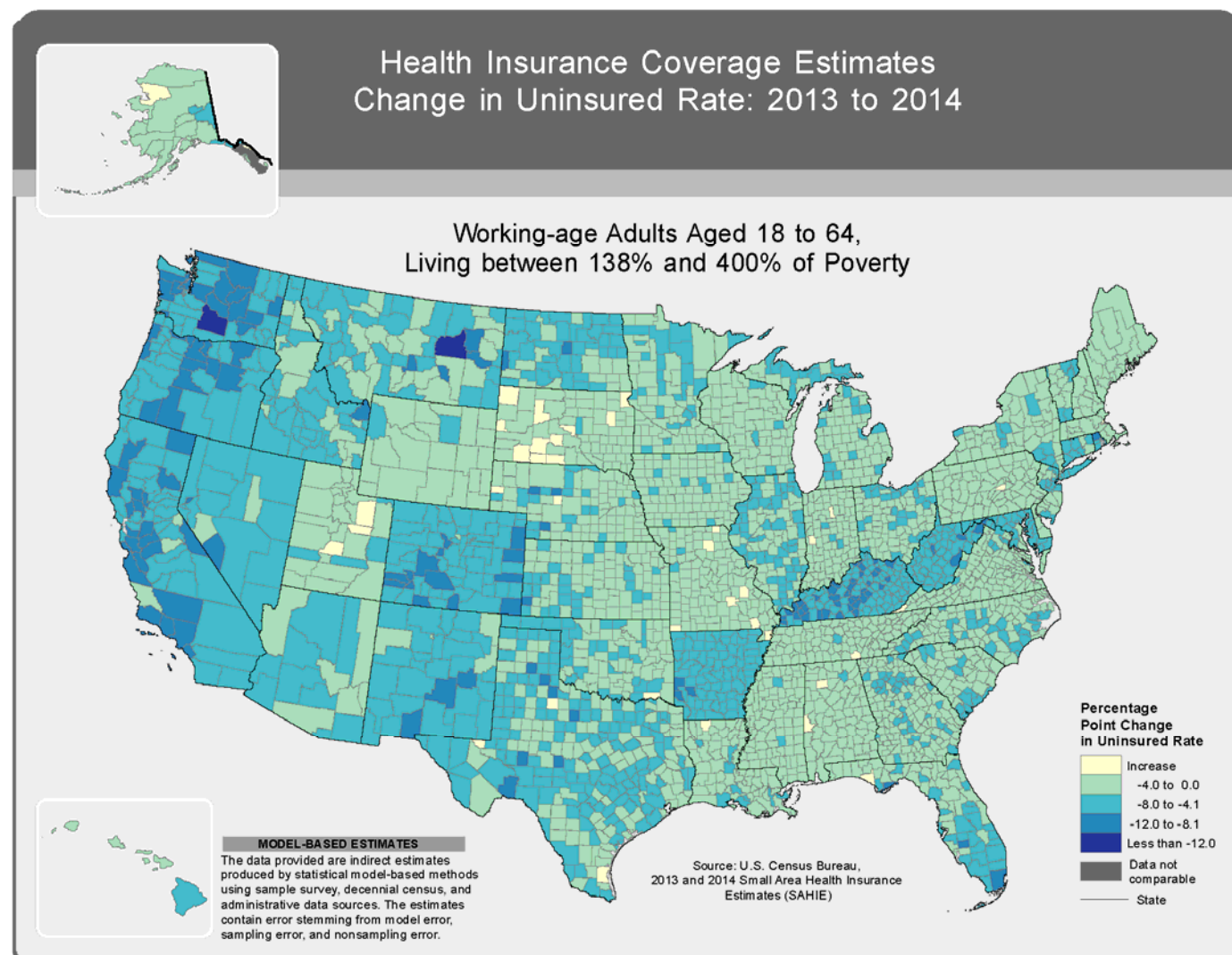


Figure 3. 2013 to 2014 Change in Estimated Uninsured Rates, Population Aged 18 to 64, Living Between 138 and 400 Percent Poverty



U.S. Department of Commerce Economic and Statistics Administration U.S. CENSUS BUREAU

counties. The majority of counties experienced a decrease of 3.0 percentage points or more; only 67 counties in this range did not have a statistically significant change.

Children have a Significantly Lower Estimated Uninsured Rate than Adults

In 2014, the estimated uninsured rate for children under age 19 was lower than for working-age adults, aged 18 to 64, in every state and in D.C. Ninety-eight percent of all counties had an estimated uninsured rate for children under age 19 that was lower than for working-age adults. There were no statistically significant differences for 63 counties (see Figure 4).

Working-age Adult Males have Significantly Higher Estimated Uninsured Rates than Working-age Adult Females

In every state and in D.C., the 2014 estimated uninsured rate for working-age adult males, aged 18 to 64, was higher than for working-age adult females. Working-age adult males had a higher estimated uninsured rate than females in 1,259 counties, or 40.1 percent of all U.S. counties; there were no statistically significant differences in the remaining counties (see Figure 5 on page 9).

Figure 4. 2014 Estimated Uninsured Rates for Adults Aged 18 to 64 and Children Under Age 19

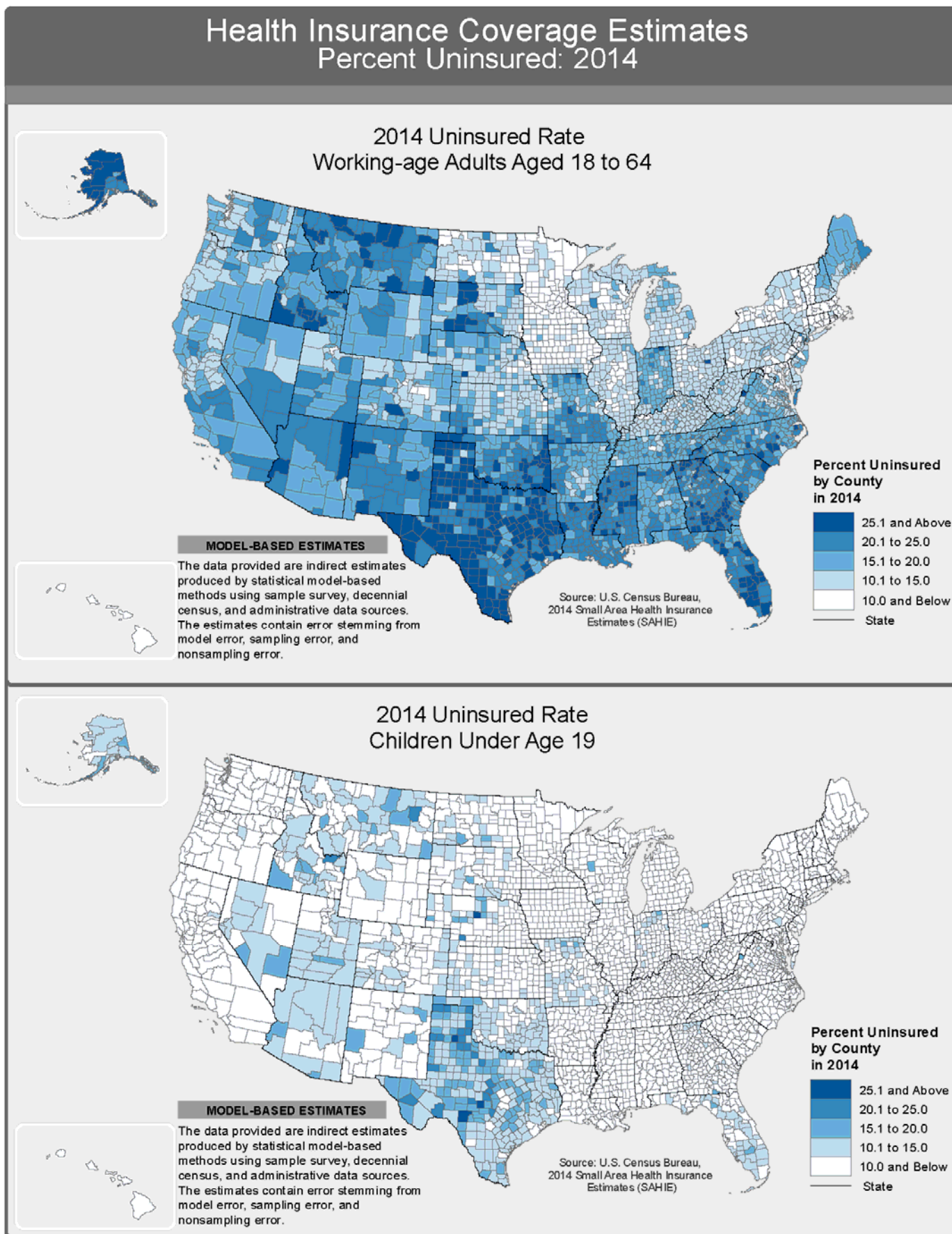
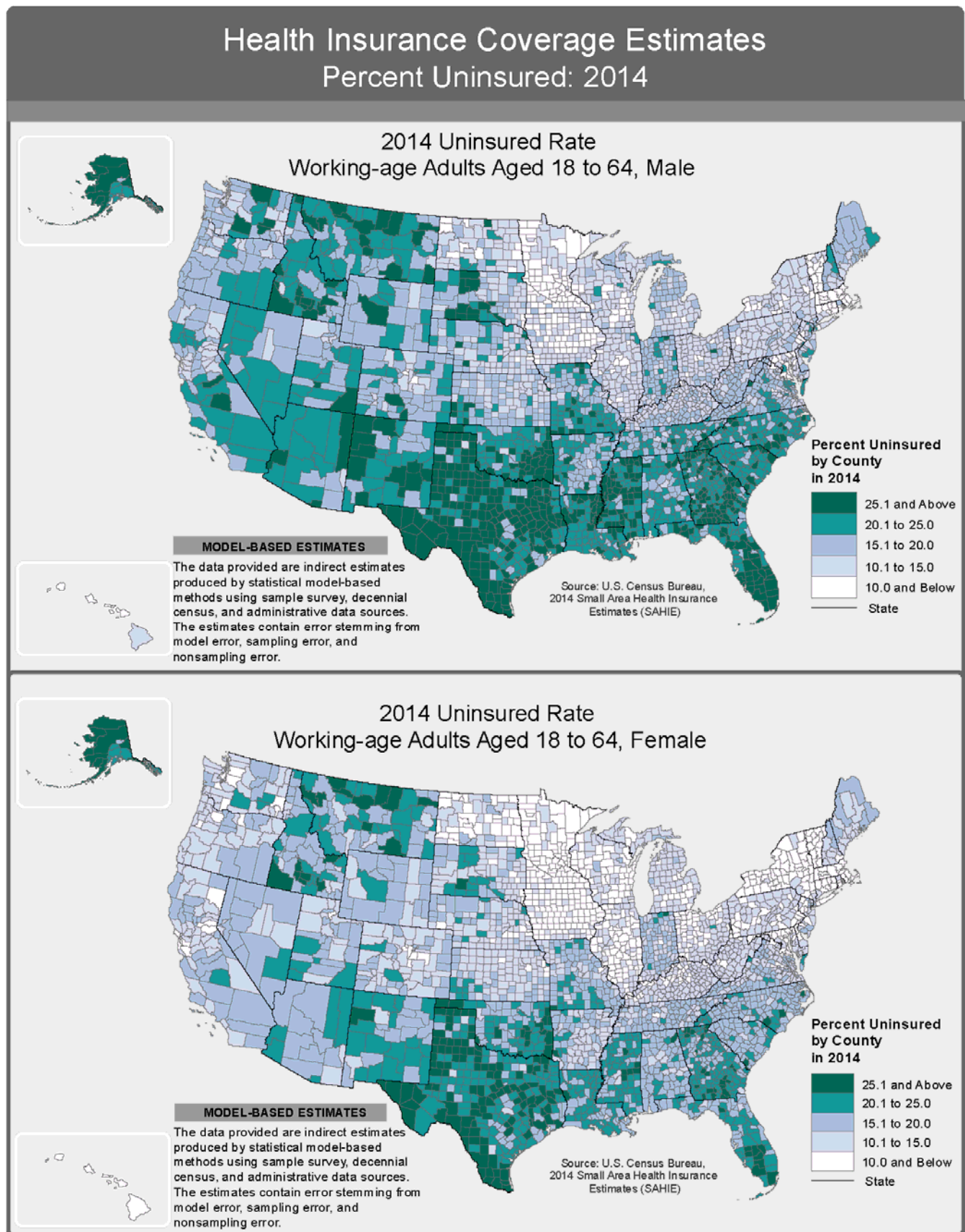
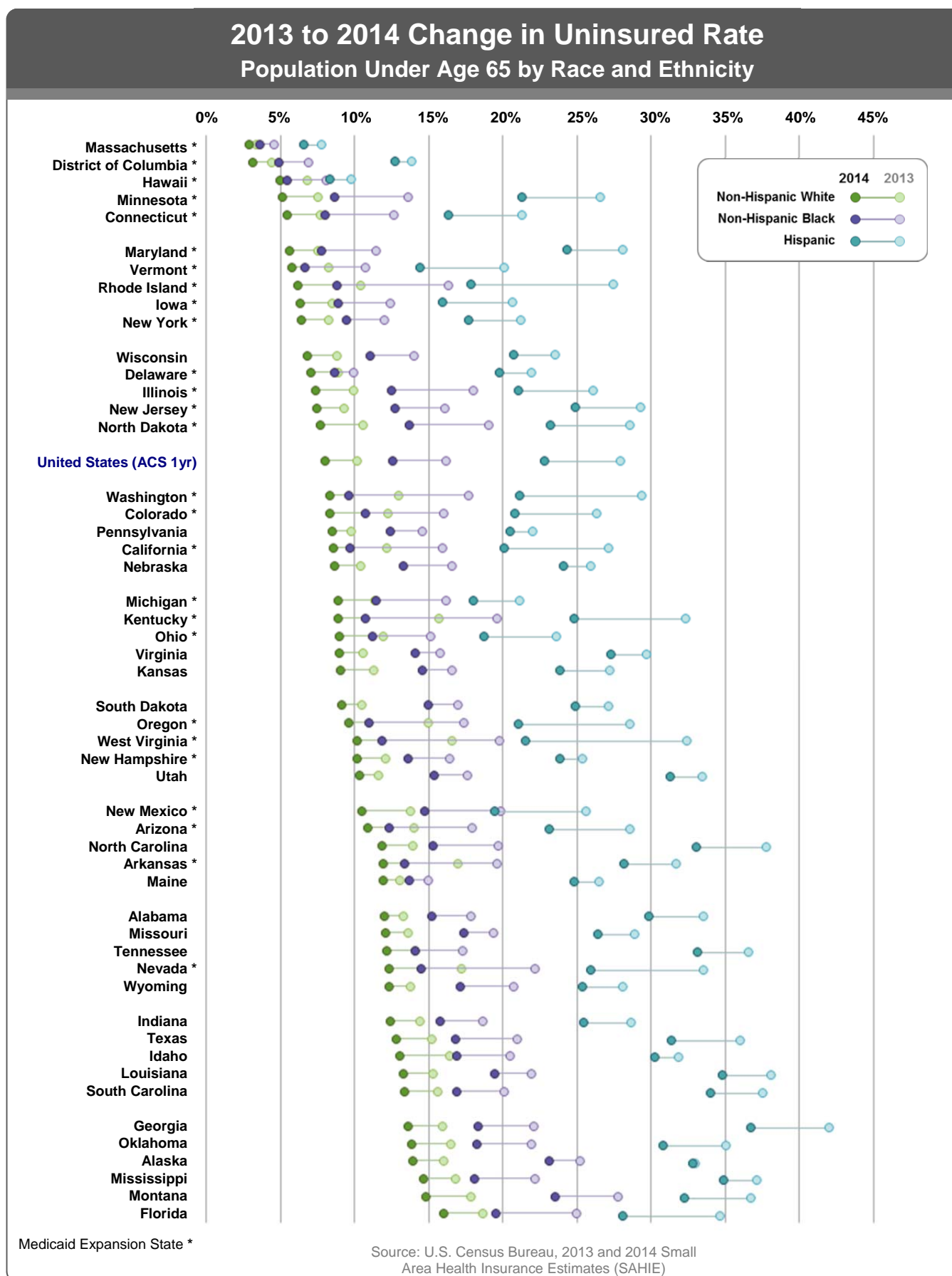


Figure 5. 2014 Estimated Uninsured Rates for Adults Aged 18 to 64, Male and Female



U.S. Department of Commerce Economic and Statistics Administration U.S. CENSUS BUREAU

Figure 6. 2013 to 2014 Change in Estimated Uninsured Rate, Population Under Age 65, By Race and Ethnicity



State Estimated Uninsured Rates Varied by Race and Ethnicity

In 2014 for the population under age 65, non-Hispanic Whites had a lower estimated uninsured rate than both Hispanics and non-Hispanic Blacks in every state and D.C. (see Figure 6 and Appendix 1 on page 10 and 12). However, for the low-income population, the population living at or below 138 percent of poverty, non-Hispanic Blacks had a lower estimated uninsured rate than non-Hispanic Whites in 28 states. Low-income Hispanics had a higher estimated uninsured rate than low-income non-Hispanic Whites in every state and D.C. (not shown).

State Estimated Uninsured Rates Decreased Across States by Race and Ethnicity

Figure 6 is a graphic that displays how estimated uninsured rates changed from 2013 to 2014 by race and ethnicity across states. Each line represents the magnitude of the decrease for each group. Longer lines indicate a larger decrease in the estimated uninsured rate. From 2013 to 2014, for the population under age 65, estimated uninsured rates for non-Hispanic Whites decreased in all states and D.C. Non-Hispanic Blacks and Hispanics also experienced a decrease in their estimated uninsured rate across all states; however, the change was not statistically significant in all states.⁸

Acknowledgments

The Small Area Estimates Branch (SAEB) prepared this document. The Small Area Methods Branch (SAMB) and the Health and Disability Statistics Branch (HDSB) also made significant contributions to the preparation of this report.

Contact

For questions related to the contents of this document, including estimates and methodology of the Small Area Health Insurance Estimates (SAHIE) program, contact the Small Area Estimates Branch at (301) 763-3193 or sehsd.sahie@census.gov. For questions related to health insurance, income and poverty definitions, the American Community Survey, or other Census Bureau surveys, contact the U.S. Census Bureau Call Center at 1-800-923-8282 (toll free) or visit ask.census.gov for further information.

Suggested Citation

U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE): 2013-2014 Highlights, U.S. Government Publishing Office, Washington, D.C.

⁸ For non-Hispanic Blacks under age 65, Alaska, Delaware, Maine, South Dakota, and Utah did not have a statistically significant change between their 2013 and 2014 estimated uninsured rate. For Hispanics under age 65, Alaska, Delaware, District of Columbia, Hawaii, Idaho, Maine, Mississippi, Nebraska, South Dakota, and Wyoming did not have a statistically significant change.

Appendix 1: 2013 to 2014 Change in Estimated Uninsured Rates, Under Age 65, Race and Ethnicity

2014 Percent Uninsured by State for All Races with Significance and Percentage Point Change 2013 to 2014										
State	Expansion	Non-Hispanic White			Non-Hispanic Black			Hispanic		
		2014	Change	Significant	2014	Change	Significant	2014	Change	Significant
Alabama		12.1	-1.2	Y	16.1	-2.6	Y	30.3	-3.6	Y
Alaska		13.9	-2.1	Y	23.8	-2.0	N	33.2	-0.2	N
Arizona	x	11.0	-3.1	Y	13.4	-5.4	Y	23.8	-5.3	Y
Arkansas	x	12.0	-5.0	Y	14.3	-6.1	Y	28.7	-3.4	Y
California	x	8.6	-3.6	Y	10.8	-6.0	Y	20.9	-6.8	Y
Colorado	x	8.4	-3.9	Y	11.8	-5.1	Y	21.6	-5.3	Y
Connecticut	x	5.5	-2.2	Y	9.2	-4.5	Y	17.3	-4.8	Y
Delaware	x	7.1	-1.8	Y	9.7	-1.2	N	20.6	-2.1	N
District of Columbia	x	3.2	-1.3	Y	6.1	-1.9	Y	13.7	-1.1	N
Florida		16.0	-2.7	Y	20.3	-5.3	Y	28.7	-6.3	Y
Georgia		13.7	-2.3	Y	19.1	-3.6	Y	37.0	-5.1	Y
Hawaii	x	5.0	-1.9	Y	6.7	-2.6	Y	9.5	-1.4	N
Idaho		13.1	-3.4	Y	17.8	-3.5	Y	30.8	-1.5	N
Illinois	x	7.4	-2.6	Y	13.5	-5.3	Y	21.8	-4.9	Y
Indiana		12.5	-2.0	Y	16.6	-2.8	Y	26.1	-3.1	Y
Iowa	x	6.4	-2.1	Y	10.0	-3.4	Y	16.9	-4.6	Y
Kansas		9.1	-2.3	Y	15.5	-2.0	Y	24.5	-3.3	Y
Kentucky	x	9.0	-6.8	Y	11.8	-8.7	Y	25.5	-7.3	Y
Louisiana		13.4	-1.9	Y	20.2	-2.4	Y	35.1	-3.2	Y
Maine		12.0	-1.1	Y	14.7	-1.2	N	25.4	-1.7	N
Maryland	x	5.6	-2.0	Y	9.0	-3.5	Y	25.0	-3.6	Y
Massachusetts	x	2.9	-0.5	Y	4.9	-0.9	Y	7.8	-1.1	Y
Michigan	x	9.0	-2.4	Y	12.5	-4.6	Y	18.9	-3.0	Y
Minnesota	x	5.2	-2.4	Y	9.8	-4.8	Y	22.0	-5.1	Y
Mississippi		14.7	-2.1	Y	18.9	-4.0	Y	35.2	-2.2	N
Missouri		12.1	-1.5	Y	18.2	-2.0	Y	27.0	-2.4	Y
Montana		14.8	-3.1	Y	24.2	-4.1	Y	32.6	-4.3	Y
Nebraska		8.7	-1.8	Y	14.2	-3.2	Y	24.8	-1.8	N
Nevada	x	12.4	-4.9	Y	15.4	-7.4	Y	26.6	-7.4	Y
New Hampshire	x	10.3	-1.9	Y	14.5	-2.8	Y	24.6	-1.5	Y
New Jersey	x	7.5	-1.9	Y	13.7	-3.3	Y	25.5	-4.3	Y
New Mexico	x	10.6	-3.2	Y	15.7	-4.9	Y	20.3	-5.9	Y
New York	x	6.5	-1.8	Y	10.6	-2.5	Y	18.6	-3.4	Y
North Carolina		11.9	-2.1	Y	16.2	-4.3	Y	33.4	-4.6	Y
North Dakota	x	7.8	-2.8	Y	14.7	-5.2	Y	23.9	-5.2	Y
Ohio	x	9.0	-2.9	Y	12.3	-3.8	Y	19.6	-4.8	Y
Oklahoma		13.9	-2.6	Y	19.0	-3.6	Y	31.3	-4.1	Y
Oregon	x	9.6	-5.4	Y	12.0	-6.2	Y	21.8	-7.2	Y
Pennsylvania		8.5	-1.3	Y	13.5	-2.0	Y	21.3	-1.5	Y
Rhode Island	x	6.2	-4.2	Y	9.9	-7.2	Y	18.7	-9.4	Y
South Carolina		13.4	-2.2	Y	17.8	-3.1	Y	34.4	-3.4	Y
South Dakota		9.2	-1.3	Y	15.9	-1.9	N	25.5	-2.2	N
Tennessee		12.2	-1.9	Y	15.1	-3.0	Y	33.5	-3.3	Y
Texas		12.9	-2.4	Y	17.7	-4.1	Y	31.8	-4.5	Y
Utah		10.4	-1.3	Y	16.3	-2.1	N	31.7	-2.1	Y
Vermont	x	5.8	-2.5	Y	7.9	-3.9	Y	15.4	-5.5	Y
Virginia		9.1	-1.6	Y	15.1	-1.6	Y	27.9	-2.3	Y
Washington	x	8.3	-4.6	Y	10.7	-7.8	Y	21.9	-8.0	Y
West Virginia	x	10.2	-6.4	Y	12.9	-7.7	Y	22.3	-10.5	Y
Wisconsin		6.9	-2.0	Y	12.1	-2.8	Y	21.5	-2.7	Y
Wyoming		12.4	-1.4	Y	18.0	-3.5	Y	26.0	-2.6	N