

# Small Area Health Insurance Estimates: 2015

## *Small Area Estimates*

### **Current Population Reports**

By Lauren Bowers, Carolyn Gann, and Stefan Elser  
Issued March 2017

P30-01

#### **INTRODUCTION**

This report provides a summary of the 2015 release of the U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) program. SAHIE are partially funded by the Centers for Disease Control and Prevention's (CDC) Division of Cancer Prevention and Control (DCPC). The DCPC's National Breast and Cervical Cancer Early Detection Program (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 (SAHIE)").<sup>1</sup> The 1-year American Community Survey (ACS) data are only available for counties with a population of 65,000 or more.<sup>2</sup> As a data enhancement to the ACS, the SAHIE model-based estimates are a vital source of information for measuring year-to-year change in health insurance coverage at the county level. The data presented in this report show changes in health insurance coverage between 2015 and 2014. In addition, it presents results on the differences in coverage among selected demographic groups.

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

<sup>2</sup> Approximately 74 percent or 2,323 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.

#### **HIGHLIGHTS**

- Between 2014 and 2015, for the population under age 65, the estimated uninsured rate decreased in 2,239 counties, or 71.3 percent of all U.S. counties.
- Between 2014 and 2015, 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 1,729 counties, or 55.1 percent of all U.S. counties.
- In 2015, working-age adult males had a higher estimated uninsured rate than females in 1,785 counties, or 56.8 percent of all U.S. counties.

#### **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 state and county.<sup>3</sup> 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 (SAHIE) Important?").

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

## **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, postcensal 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. A 2015 ACS map of unpublished counties is available at: [www.census.gov/did/www/sahie/data/highlights/2015highlights.html](http://www.census.gov/did/www/sahie/data/highlights/2015highlights.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](http://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](http://www.census.gov/did/www/sahie/methods/index.html).

## **NEW IMPROVEMENTS TO SAHIE'S MEDICAID DATA**

The SAHIE model utilizes Medicaid enrollment data, among other auxiliary data sources. Changes affected Medicaid in 2014 under The Patient Protection and Affordable Care Act (ACA). For example, ACA provisions gave states the option to expand their Medicaid eligibility criteria. In order to capture any recent changes in the Medicaid enrollment data during this period, the SAHIE program incorporates more up-to-date Medicaid data starting with the updated 2013 release.

In prior data releases, SAHIE used 2-year lagged Medicaid data from the Medicaid Statistical Information System (MSIS) provided by the Centers for Medicare and Medicaid Services (CMS). For example, the 2013 SAHIE model used 2011 Medicaid data. This 2-year lag is reflected in the 2013 SAHIE data, released in March 2015. In prior years, research supported the 2-year lag because Medicaid enrollment was relatively stable. However, with the implementation of the new ACA provisions in 2014, Medicaid enrollment changed substantially across states. As of December 31, 2015, 30 states, including the District of Columbia, changed their Medicaid enrollment criteria.

The current SAHIE process seeks to reduce the 2-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 2-year lagged MSIS data with two additional Medicaid sources: the CMS 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: [www.census.gov/did/www/sahie/methods/inputs/medicaid.html](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 and 2015 SAHIE, were also used to update the prior 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 above. The updated 2013 SAHIE was released simultaneously with the 2014 SAHIE data in May 2016. Both datasets are available to download from the SAHIE Web site. Please refer to the links in the text box "Why Are the Small Area Health Insurance Estimates Important?" for more information.

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 and 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?” for more details). A lower IPR indicates a lower relative income. Living at or below 138 percent of poverty indicates people in families with total 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 present the differences in health insurance status by selected characteristics that reflect the federal poverty thresholds and meet the needs of local, state, and federal assistance programs. For instance, the IPR category 0–138 percent of poverty represents the population that may be eligible for Medicaid coverage if they reside in one of the states that expanded Medicaid eligibility. The IPR category 138–400 percent of poverty represents the population who qualify for subsidies to purchase health insurance through the exchanges.<sup>4</sup>

County-level SAHIE also allow data users to take a closer look at the distribution and concentration of the uninsured population within states, regions, and metropolitan

<sup>4</sup> In states that have not expanded 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?

The SAHIE program is partially funded by the Centers for Disease Control and Prevention’s (CDC) Division of Cancer Prevention and Control (DCPC). The CDC have a congressional mandate to provide screening services for breast and cervical cancer to low-income, uninsured, and underserved women through the National Breast and Cervical Cancer Early Detection Program (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 Web page at: <[www.census.gov/did/www/sahie/about/faq.html](http://www.census.gov/did/www/sahie/about/faq.html)>.

The Census Bureau SAHIE main Web page is located at: <[www.census.gov/did/www/sahie/index.html](http://www.census.gov/did/www/sahie/index.html)>.

Additional information is available by data release year from 2000 to 2015. For example, annual reports (2010–2015 only), datasets, maps, and interactive data tables can be downloaded from the SAHIE Web page at: <[www.census.gov/did/www/sahie/data/index.html](http://www.census.gov/did/www/sahie/data/index.html)> and <[www.census.gov/did/www/sahie/data/highlights/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 2006–2015, geography (state and county), income-to-poverty ratio categories, selected age groups (under age 65, aged 18–64, aged 21–64, aged 40–64, aged 50–64, and under age 19), sex, and race and ethnicity (state only). These custom tables can be downloaded to a PDF or CSV file. The interactive data tool can be accessed online at: <[www.census.gov/did/www/sahie/data/index.html](http://www.census.gov/did/www/sahie/data/index.html)>.

Starting in 2008, SAHIE began utilizing the American Community Survey (ACS) data. 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: <[www.census.gov/did/www/sahie/methods/20082015/index.html](http://www.census.gov/did/www/sahie/methods/20082015/index.html)>.

For more information on the ACS, please refer to the following link: <[www.census.gov/acs/www/](http://www.census.gov/acs/www/)>.

areas.<sup>5</sup> Due to its unique focus on annual, comprehensive geographic coverage, SAHIE data are used to analyze geographic variation in health insurance coverage, as well as changes over time. The purpose of this report is to highlight several key aspects of such analyses.<sup>6</sup>

### **MOST COUNTIES EXPERIENCED A DECREASE IN THEIR ESTIMATED UNINSURED RATE**

Last year's 2014 SAHIE release highlighted decreases in the estimated uninsured rate for most counties. Between 2013 and 2014, for the population under age 65, the estimated uninsured rate decreased in 74.1 percent of all U.S. counties (2,325 counties).<sup>7</sup> Between 2014 and 2015, this trend continued with 71.3 percent of counties (2,239 counties) experiencing a

decrease of the estimated uninsured rate for the population under age 65. Since 2013, the SAHIE program estimates an overall decrease in 96.9 percent of counties (3,041 counties). Figure 1 displays a two-panel map of estimated uninsured rates for the population under age 65 in 2014 and 2015. The lightest shade in the map displays counties with the lowest estimated uninsured rates (10.0 percent and below). In 2014, 677 counties, or 21.6 percent of all counties, had an estimated uninsured rate less than or equal to 10.0 percent. In 2015, the number of counties with the lowest estimated uninsured rates increased to 1,235 counties, or 39.3 percent of all U.S. counties.

Changes in county-level estimated uninsured rates were most prevalent among working-age adults. For working-age adults (aged 18 to 64), the estimated uninsured rate decreased in 2,124 counties, or 67.6 percent of all counties. Between 2014 and 2015, for children under age 19, the estimated uninsured rate decreased in 445 counties, or 14.2 percent of all U.S. counties.

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

In 2014, 27 states (including the District of Columbia) chose to expand their Medicaid programs. In 2015, three additional states joined this list: Alaska, Indiana, and Pennsylvania. Figure 2 displays a two-panel map; the top map displays Medicaid expansion status by state as of December 31, 2015. The bottom map displays the change in county-level estimated uninsured rates that occurred between 2014 and 2015 for low-income working-age adults who may be eligible for Medicaid. From 2014 to 2015, 1,729 counties had a decrease in their estimated uninsured rate, or 55.1 percent of all U.S. counties. Changes in county-level estimated uninsured rates were larger in states that expanded Medicaid eligibility.

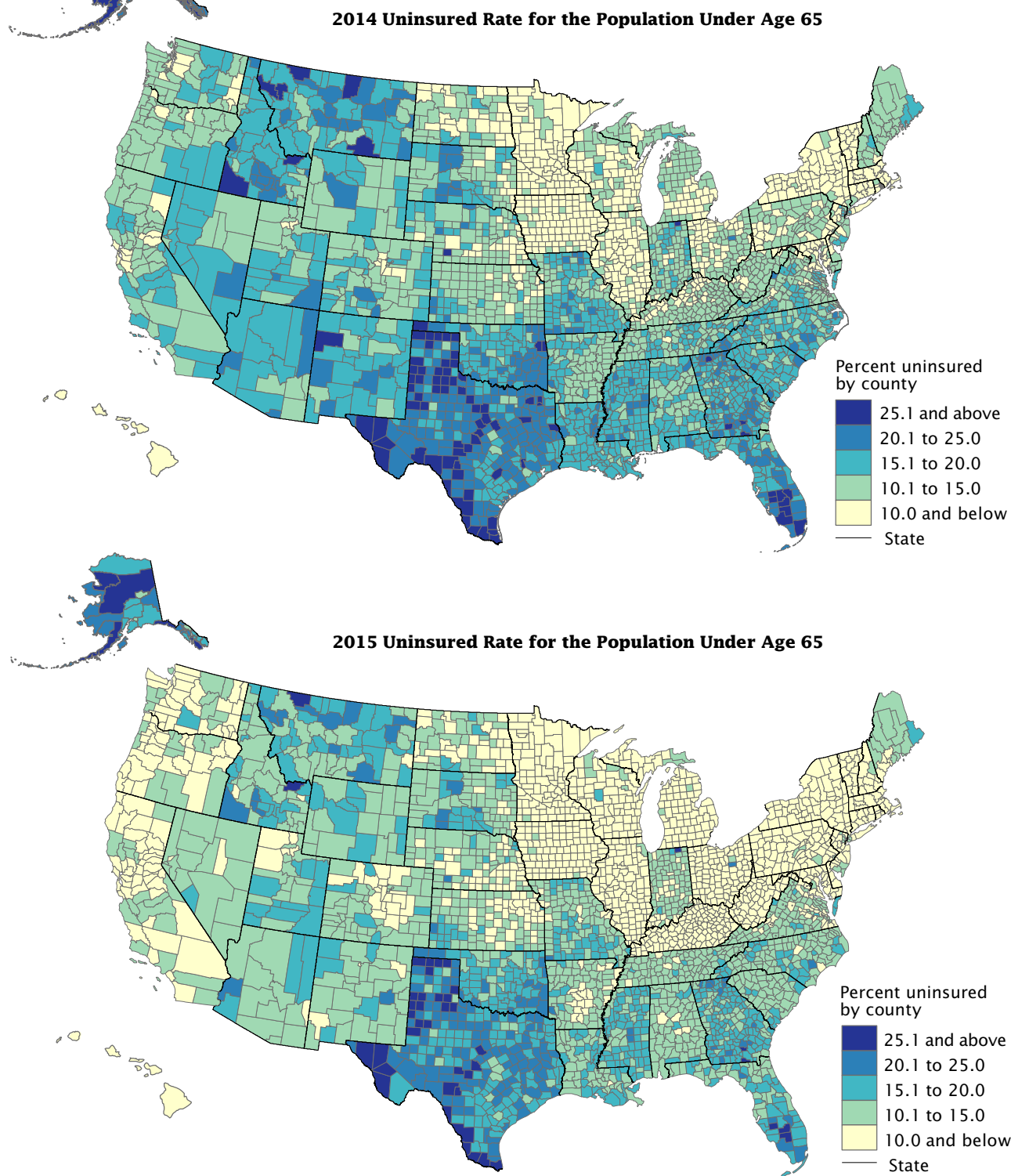
From 2014 to 2015, in states that expanded Medicaid eligibility, 85.5 percent of counties had a decrease in their estimated uninsured rate compared with 31.3 percent of counties in states that did not expand. Among the counties that had a decrease in their estimated uninsured rate, 397 counties, or 12.6 percent of all counties, had a decrease of 8.0 percentage points or more; all but 92 of these counties were in states that expanded Medicaid eligibility. These counties are displayed as the two darkest shades of blue in the bottom map in Figure 2.

<sup>5</sup> Reference maps on regions and metro/micro area status are available at: [www.census.gov/did/www/sahie/data/highlights/2015highlights.html](http://www.census.gov/did/www/sahie/data/highlights/2015highlights.html).

<sup>6</sup> All data shown are estimates containing uncertainty. Sources of uncertainty include model error, sampling error, and nonsampling 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 confidence level. For more information, please refer to link below: [www.census.gov/did/www/sahie/methods/source.html](http://www.census.gov/did/www/sahie/methods/source.html).

<sup>7</sup> When analyzing changes between 2013 and later years, 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.

Figure 1.  
**Estimated Uninsured Rates for the Population Under Age 65: 2014 and 2015**



Note: The data provided are indirect estimates produced by statistical model-based methods using sample survey, decennial census, and administrative data sources. The estimates contain uncertainty stemming from model error, sampling error, and nonsampling error.  
 Source: U.S. Census Bureau, 2014 and 2015 Small Area Health Insurance Estimates (SAHIE).



## 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:  
<[www.census.gov/topics/income-poverty/poverty.html](http://www.census.gov/topics/income-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 the Census Bureau Measures Poverty" at: <[www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html](http://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html)>.

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 percent 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 2015, a family of this size had a federal poverty threshold of \$24,036. Their income-to-poverty ratio is:

$$\frac{\text{Total Annual Income}}{\text{Federal Poverty Threshold}} = \frac{\$46,500}{\$24,036} = 1.935 = 193.5\% \text{ of poverty}$$

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

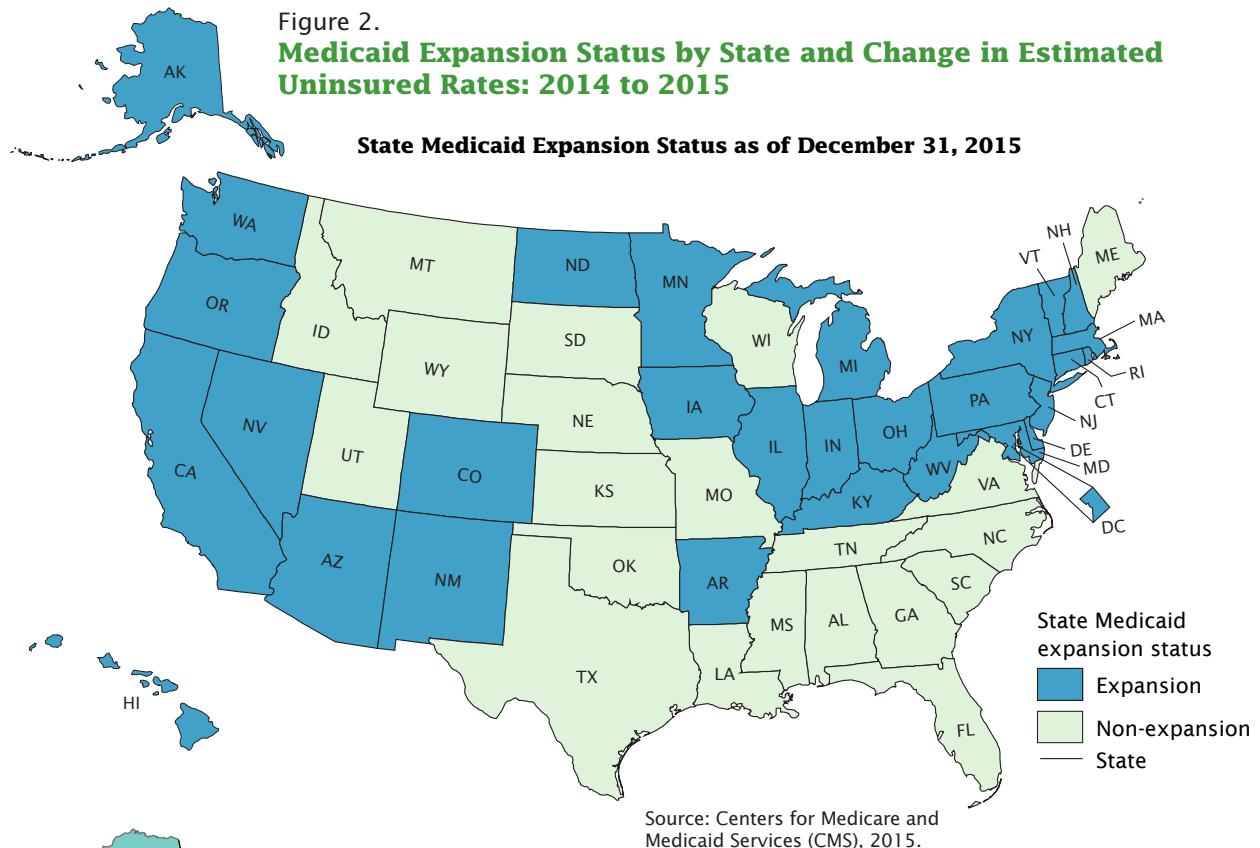
SAHIE Income-to-Poverty Ratio (IPR) Categories

0–138%, 0–200%, 0–250%, 0–400%, 138–400% of poverty, and all incomes

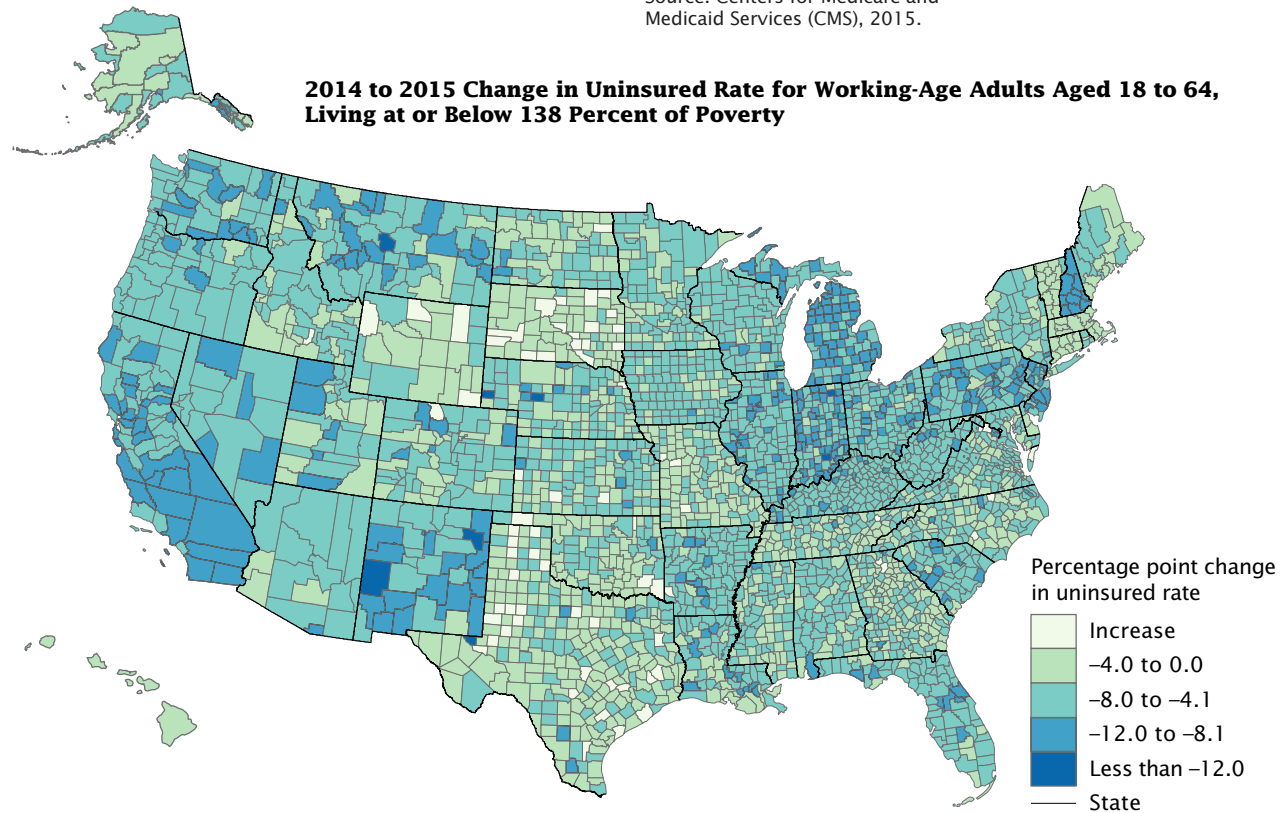
In addition to Medicaid expansion, health insurance exchanges were established for individuals to purchase a qualified health insurance plan through a private carrier. Adults with family incomes between 138 and 400 percent of poverty may have qualified for subsidies or tax credits to help pay for health insurance purchased through the exchanges. Figure 3 displays a map of county-level changes in estimated uninsured rates for the working-age adult population living between 138 percent and 400 percent of the poverty threshold. The map shows that from 2014 to 2015 most counties experienced a decrease in their estimated uninsured rate. For the working-age adult population in this income category, 1,964 counties had a decrease in their estimated uninsured rate, or 62.5 percent of all counties. Twenty-one percent of counties experienced a decrease greater than 4.0 percentage points. These counties are displayed as one of the three darker shades of blue in the map in Figure 3. Three counties in this range did not have a statistically significant change.

Figure 2.  
**Medicaid Expansion Status by State and Change in Estimated  
 Uninsured Rates: 2014 to 2015**

**State Medicaid Expansion Status as of December 31, 2015**

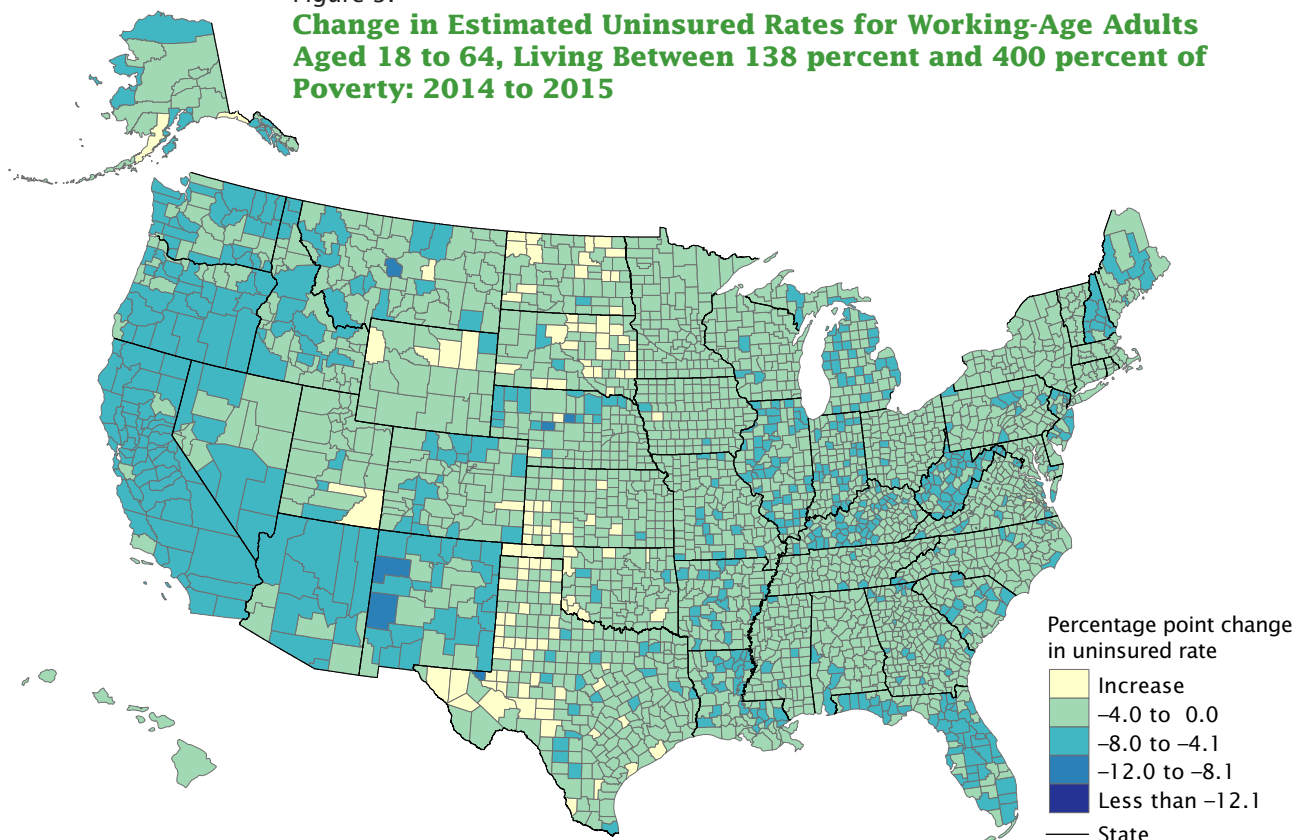


**2014 to 2015 Change in Uninsured Rate for Working-Age Adults Aged 18 to 64,  
 Living at or Below 138 Percent of Poverty**



Note: The data provided are indirect estimates produced by statistical model-based methods using sample survey, decennial census, and administrative data sources. The estimates contain uncertainty stemming from model error, sampling error, and nonsampling error.  
 Source: U.S. Census Bureau, 2014 and 2015 Small Area Health Insurance Estimates (SAHIE).

Figure 3.  
**Change in Estimated Uninsured Rates for Working-Age Adults  
 Aged 18 to 64, Living Between 138 percent and 400 percent of  
 Poverty: 2014 to 2015**



Note: The data provided are indirect estimates produced by statistical model-based methods using sample survey, decennial census, and administrative data sources. The estimates contain uncertainty stemming from model error, sampling error, and nonsampling error.  
 Source: U.S. Census Bureau, 2014 and 2015 Small Area Health Insurance Estimates (SAHIE).

### **CHILDREN HAVE A SIGNIFICANTLY LOWER ESTIMATED UNINSURED RATE THAN ADULTS**

In 2015, 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 District of Columbia. Ninety-five 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 151 counties (see Figure 4).

### **WORKING-AGE ADULT MALES HAVE SIGNIFICANTLY HIGHER ESTIMATED UNINSURED RATES THAN WORKING-AGE ADULT FEMALES**

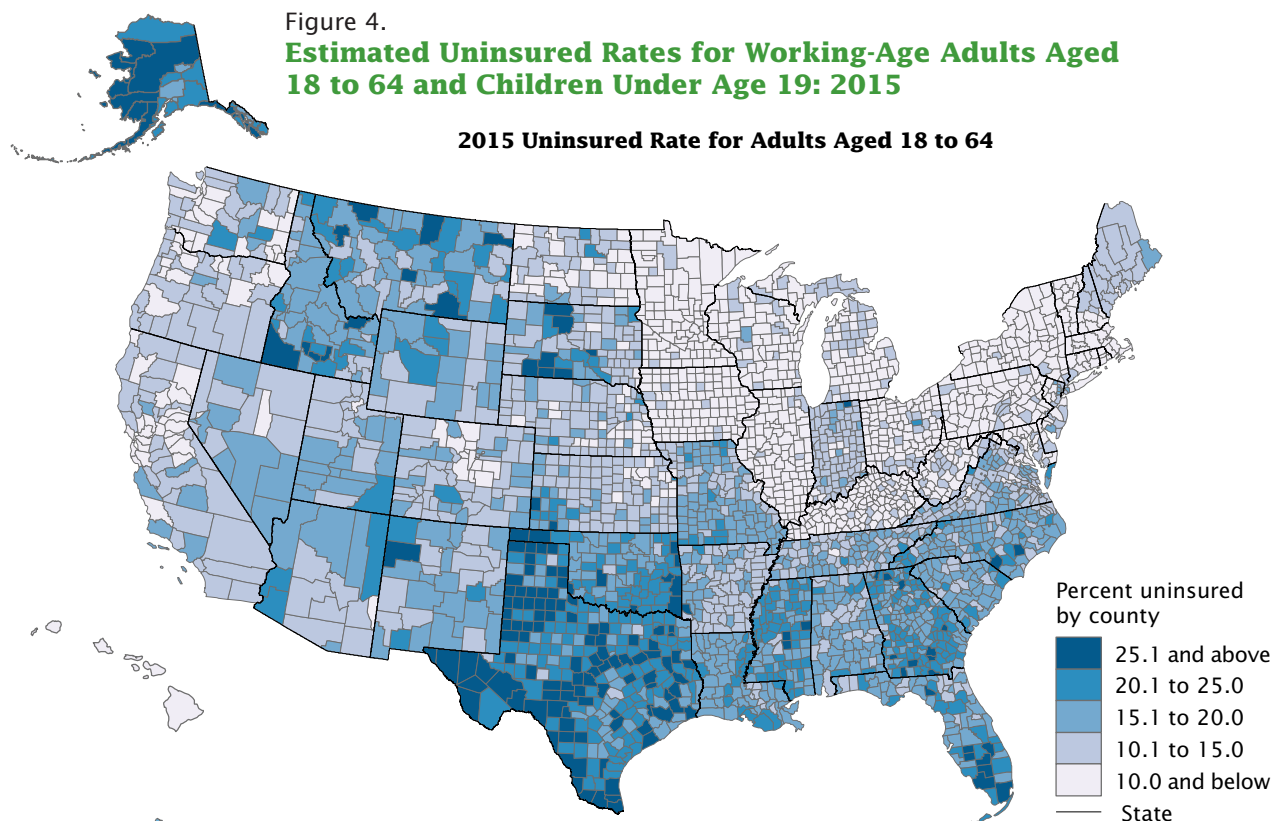
In every state and District of Columbia, the 2015-estimated

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 1,785 counties, or 56.8 percent of all U.S. counties; there were no statistically significant differences in the remaining counties (see Figure 5).

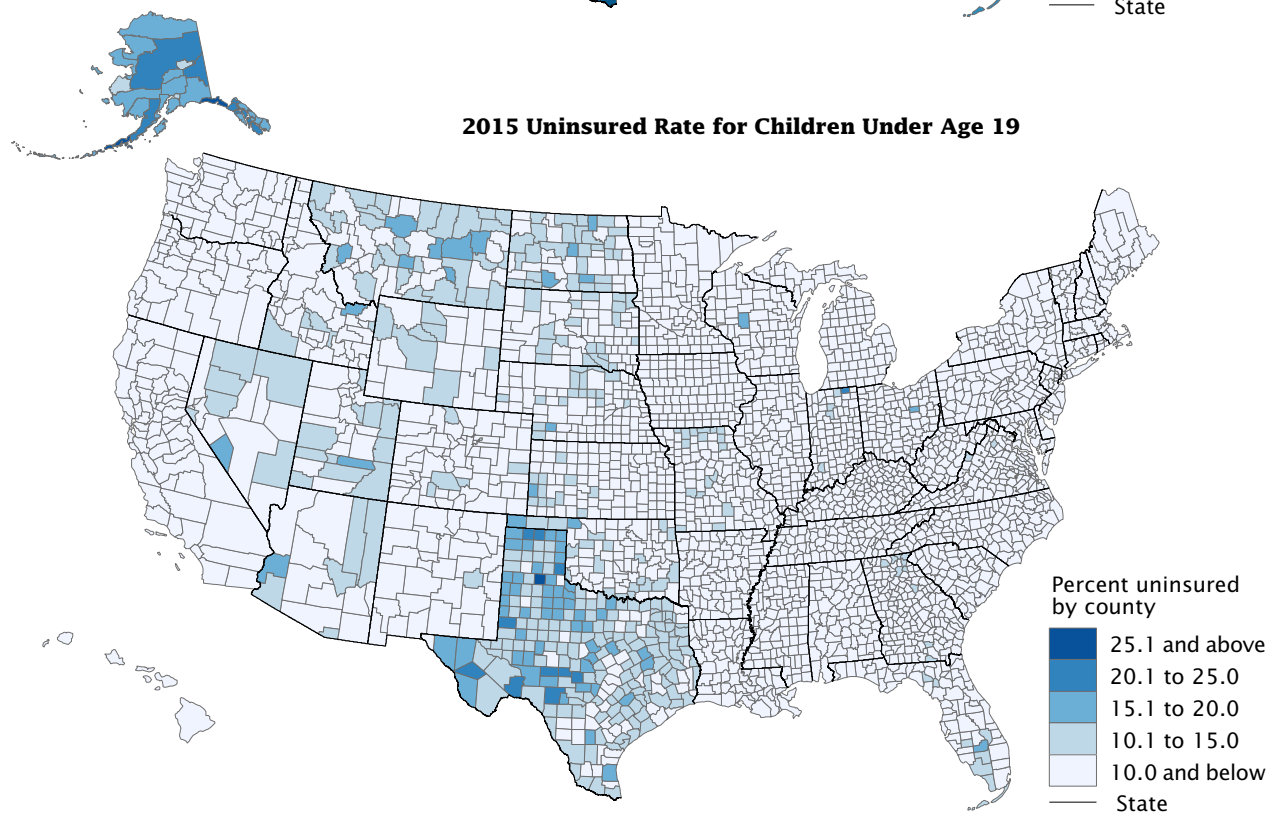


Figure 4.  
**Estimated Uninsured Rates for Working-Age Adults Aged 18 to 64 and Children Under Age 19: 2015**

**2015 Uninsured Rate for Adults Aged 18 to 64**

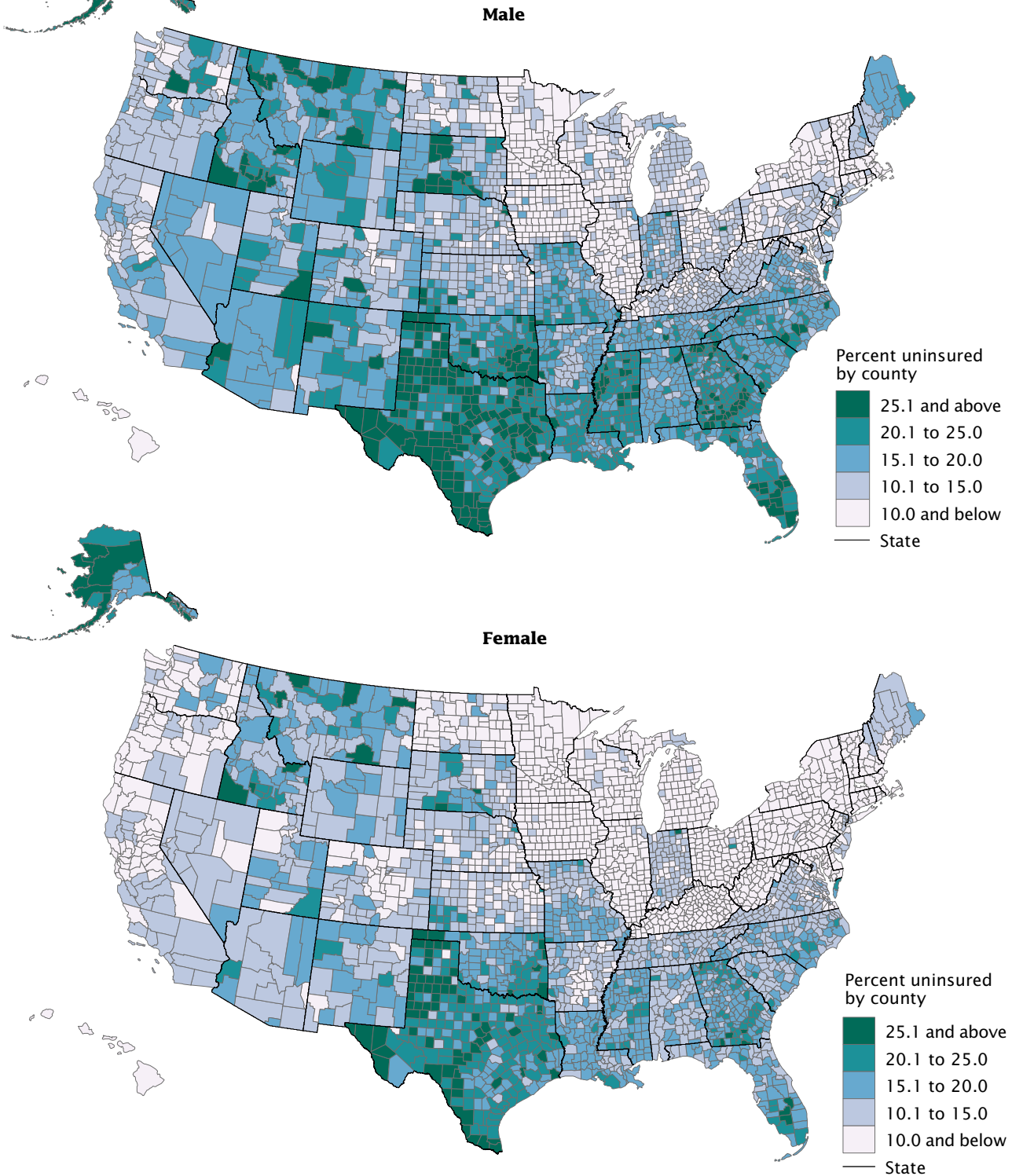


**2015 Uninsured Rate for Children Under Age 19**



Note: The data provided are indirect estimates produced by statistical model-based methods using sample survey, decennial census, and administrative data sources. The estimates contain uncertainty stemming from model error, sampling error, and nonsampling error.  
 Source: U.S. Census Bureau, 2015 Small Area Health Insurance Estimates (SAHIE).

Figure 5.  
**Estimated Uninsured Rates for Working-Age Adults Aged 18 to 64  
 by Sex: 2015**



Note: The data provided are indirect estimates produced by statistical model-based methods using sample survey, decennial census, and administrative data sources. The estimates contain uncertainty stemming from model error, sampling error, and nonsampling error.  
 Source: U.S. Census Bureau, 2015 Small Area Health Insurance Estimates (SAHIE).

---

## STATE ESTIMATED UNINSURED RATES VARIED BY RACE AND ETHNICITY

In 2015 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 District of Columbia (see Figure 6 and Appendix 1). 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 19 states. Low-income Hispanics had a higher estimated uninsured rate than low-income non-Hispanic Whites in every state and District of Columbia.

## STATE ESTIMATED UNINSURED RATES DECREASED ACROSS STATES BY RACE AND ETHNICITY

Figure 6 also displays how estimated uninsured rates changed from 2014 to 2015 by race and

ethnicity across states. Each line represents the magnitude of change for each group. Longer lines indicate a larger change in the estimated uninsured rate. From 2014 to 2015, for the population under age 65, estimated uninsured rates for non-Hispanic Whites decreased in all states and District of Columbia, however North Dakota, South Dakota, and Wyoming did not have a statistically significant decrease. Non-Hispanic Blacks and Hispanics also experienced a decrease in their estimated uninsured rate across most states; however, the change was not statistically significant in all states (see Appendix 1 for statistically significant changes).

## ACKNOWLEDGMENTS

The Small Area Estimates Branch prepared this report with significant contributions from The Small Area Methods Branch and the Health and Disability Statistics Branch.

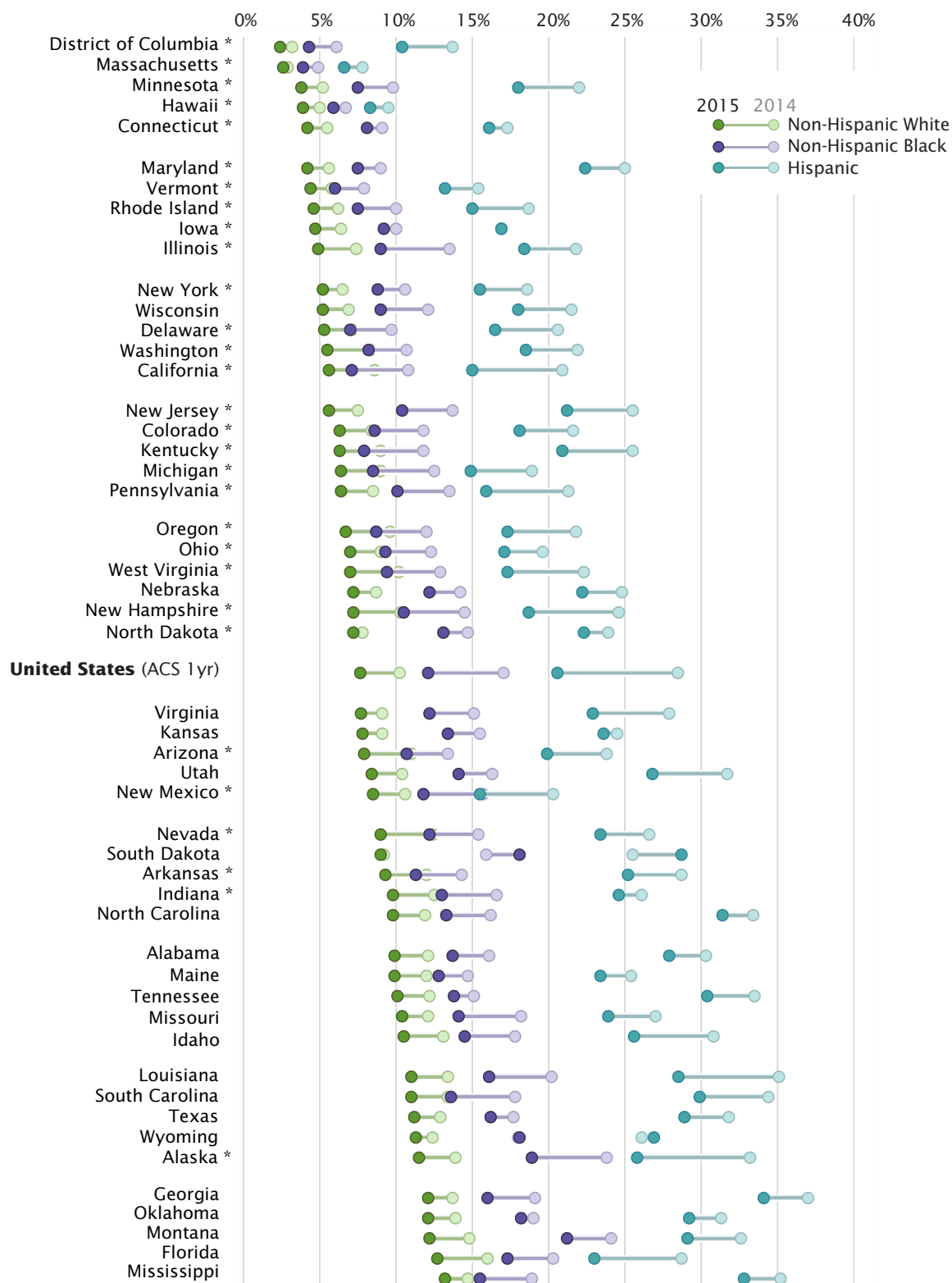
## CONTACT

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

Bowers, Lauren, C. Gann, and S. Elser, *Small Area Health Insurance Estimates: 2015*, U.S. Census Bureau, Washington, DC, 2017.

Figure 6.  
**Change in Uninsured Rate for the Population Under Age 65 by Race and Ethnicity:  
 2014 to 2015**



\*Medicaid expansion state as of December 31, 2015.

Source: U.S. Census Bureau, 2014 and 2015 Small Area Health Insurance Estimates (SAHIE).

Appendix 1.

## Change in Estimated Uninsured Rates for the Population Under Age 65 by Race and Ethnicity: 2014 to 2015

(In percentage points. All data shown are estimates containing uncertainty. Sources of uncertainty include model error, sampling error, and nonsampling error. For more information see [www.census.gov/did/www/sahie/methods/source.html](http://www.census.gov/did/www/sahie/methods/source.html))

State	Medicaid expansion? <sup>1</sup>	Non-Hispanic White		Non-Hispanic Black		Hispanic	
		2015	Change	2015	Change	2015	Change
Alabama	No	9.9	*-2.2	13.7	*-2.4	27.9	*-2.4
Alaska	Yes	11.5	*-2.4	18.9	*-4.9	25.8	*-7.4
Arizona	Yes	7.9	*-3.1	10.7	*-2.7	19.9	*-3.9
Arkansas	Yes	9.3	*-2.7	11.3	*-3.0	25.2	*-3.5
California	Yes	5.6	*-3.0	7.1	*-3.7	15.0	*-5.9
Colorado	Yes	6.3	*-2.1	8.6	*-3.2	18.1	*-3.5
Connecticut	Yes	4.2	*-1.3	8.1	-1.0	16.1	-1.2
Delaware	Yes	5.3	*-1.8	7.0	*-2.7	16.5	*-4.1
District of Columbia	Yes	2.4	*-0.8	4.3	*-1.8	10.4	*-3.3
Florida	No	12.7	*-3.3	17.3	*-3.0	23.0	*-5.7
Georgia	No	12.1	*-1.6	16.0	*-3.1	34.1	*-2.9
Hawaii	Yes	3.9	*-1.1	5.9	-0.8	8.3	-1.2
Idaho	No	10.5	*-2.6	14.5	*-3.3	25.6	*-5.2
Illinois	Yes	4.9	*-2.5	9.0	*-4.5	18.4	*-3.4
Indiana	Yes	9.8	*-2.7	13.0	*-3.6	24.6	-1.5
Iowa	Yes	4.7	*-1.7	9.2	-0.8	16.9	0.0
Kansas	No	7.8	*-1.3	13.4	*-2.1	23.6	-0.9
Kentucky	Yes	6.3	*-2.7	7.9	*-3.9	20.9	*-4.6
Louisiana	No	11.0	*-2.4	16.1	*-4.1	28.5	*-6.6
Maine	No	9.9	*-2.1	12.8	-1.9	23.4	-2.0
Maryland	Yes	4.2	*-1.4	7.5	*-1.5	22.4	*-2.6
Massachusetts	Yes	2.6	*-0.3	3.9	*-1.0	6.6	*-1.2
Michigan	Yes	6.4	*-2.6	8.5	*-4.0	14.9	*-4.0
Minnesota	Yes	3.8	*-1.4	7.5	*-2.3	18.0	*-4.0
Mississippi	No	13.2	*-1.5	15.5	*-3.4	32.8	-2.4
Missouri	No	10.4	*-1.7	14.1	*-4.1	23.9	*-3.1
Montana	No	12.2	*-2.6	21.2	-2.9	29.1	*-3.5
Nebraska	No	7.2	*-1.5	12.2	*-2.0	22.2	*-2.6
Nevada	Yes	9.0	*-3.4	12.2	*-3.2	23.4	*-3.2
New Hampshire	Yes	7.2	*-3.1	10.5	*-4.0	18.7	*-5.9
New Jersey	Yes	5.6	*-1.9	10.4	*-3.3	21.2	*-4.3
New Mexico	Yes	8.5	*-2.1	11.8	*-3.9	15.5	*-4.8
New York	Yes	5.2	*-1.3	8.8	*-1.8	15.5	*-3.1
North Carolina	No	9.8	*-2.1	13.3	*-2.9	31.4	*-2.0
North Dakota	Yes	7.2	-0.6	13.1	-1.6	22.3	-1.6
Ohio	Yes	7.0	*-2.0	9.3	*-3.0	17.1	*-2.5
Oklahoma	No	12.1	*-1.8	18.2	-0.8	29.2	*-2.1
Oregon	Yes	6.7	*-2.9	8.7	*-3.3	17.3	*-4.5
Pennsylvania	Yes	6.4	*-2.1	10.1	*-3.4	15.9	*-5.4
Rhode Island	Yes	4.6	*-1.6	7.5	*-2.5	15.0	*-3.7
South Carolina	No	11.0	*-2.4	13.6	*-4.2	29.9	*-4.5
South Dakota	No	9.0	-0.2	18.1	2.2	28.7	3.2
Tennessee	No	10.1	*-2.1	13.8	*-1.3	30.4	*-3.1
Texas	No	11.2	*-1.7	16.2	*-1.5	28.9	*-2.9
Utah	No	8.4	*-2.0	14.1	-2.2	26.8	*-4.9
Vermont	Yes	4.4	*-1.4	6.0	*-1.9	13.2	-2.2
Virginia	No	7.7	*-1.4	12.2	*-2.9	22.9	*-5.0
Washington	Yes	5.5	*-2.8	8.2	*-2.5	18.5	*-3.4
West Virginia	Yes	7.0	*-3.2	9.4	*-3.5	17.3	*-5.0
Wisconsin	No	5.2	*-1.7	9.0	*-3.1	18.0	*-3.5
Wyoming	No	11.3	-1.1	18.1	0.1	26.9	0.8

\* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

<sup>1</sup> States that expanded Medicaid eligibility as of December 31, 2015.

Source: U.S. Census Bureau, 2014 and 2015 Small Area Health Insurance Estimates (SAHIE).