Small Area Health Insurance Estimates: 2017
Small Area Estimates

Current Population Reports

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INTRODUCTION
This report provides a summary of the 2017 release of the U.S. Census Bureau’s Small Area Health Insurance Estimates (SAHIE) program. SAHIE are 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”).

The 1-year American Community Survey (ACS) provides detailed estimates of health insurance coverage for counties with populations of 65,000 or more. 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 2016 and 2017, as well as changes in health insurance coverage between 2013 and 2017. In addition, it presents results on the differences in coverage among selected demographic groups.

HIGHLIGHTS
• Among the population under age 65, the estimated county uninsured rate in 2017 ranged from 2.3 percent to 33.7 percent. The median county uninsured rate was 10.6 percent.
• In 2017, 38.4 percent of counties (1,206 counties) had an estimated uninsured rate at or below 10 percent for the population under age 65.
• From 2016 to 2017, for the population under age 65, over 91 percent of counties (2,879 counties) did not have a statistically significant change in their uninsured rate. Among counties that experienced change in their uninsured rates, more saw an increase (183 counties) than a decrease (79 counties).

OVERVIEW OF SAHIE
Each year, the SAHIE program releases timely, reliable estimates of health insurance coverage for both the insured and uninsured populations in the United States by state and county. Federal agencies and programs use SAHIE data to determine eligibility for public health services. In fact, the SAHIE program is partially funded by the Centers for Disease Control and Prevention’s (CDC) Division of Cancer Prevention

1 The Census Bureau’s Disclosure Review Board and Disclosure Avoidance Officers have reviewed this data product for unauthorized disclosure of confidential information and have approved the disclosure avoidance practices applied to this release. CBDRB-FY19-076.
2 There are 3,142 counties in the United States. The SAHIE program does not include Kalawao County, HI, due to insufficient data. 
3 Approximately 73.7 percent, or 2,316 of U.S. counties, do not have detailed 1-year estimates of health insurance coverage. However, the ACS 1-year county-level estimates cover about 85.2 percent of the total U.S. population. It should be noted that the ACS releases 1-year supplemental tables of health insurance coverage estimates for geographic areas with populations greater than 20,000; however, these tables do not provide the same economic and demographic detail as SAHIE.
4 Please refer to the detailed definition of the insured population at <www.census.gov/programs-surveys/sahie/about/faq.html>.
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). 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, 2017, 32 states, including the District of Columbia, have changed their Medicaid enrollment criteria since 2014.

The current SAHIE process reduces the 2-year lag of the Medicaid data in the SAHIE model by using more timely sources. SAHIE’s updated Medicaid data methods combine 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/programs-surveys/sahie/technical-documentation/model-input-data/medicaid.html>.

UPDATED 2013 SAHIE DATA

Recent data method improvements, which were applied to 2014 SAHIE and subsequent years, were also used to update 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. The updated 2013 SAHIE were released simultaneously with the 2014 SAHIE data in May 2016. Both data sets are available to download from the SAHIE Web site. Please refer to the links in the text box “Why Are Small Area Health Insurance Estimates Important?” for more information.
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 levels (see text box “Why are the Small Area Health Insurance Estimates Important?”). The SAHIE program produces data on health insurance coverage for five income-to-poverty ratio (IPR) categories, as well as for all income levels, 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?” for more details). A lower IPR indicates a lower relative income. For example, living at or below 138 percent of poverty represents people in families with total income less than or equal to 138 percent of the poverty threshold applicable to that family size and composition. 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 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 under the Patient Protection and Affordable Care Act (ACA).

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 areas. Since the SAHIE program produces single-year estimates for all U.S. counties, 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 findings of such analyses.

**HEALTH INSURANCE COVERAGE IN U.S. COUNTIES**

In 2017, estimated county uninsured rates for the population under age 65 ranged from 2.3 percent to 33.7 percent. The median county uninsured rate was 10.6 percent. Figure 1 shows how uninsured rates varied among counties throughout the country. The lightest shade in the map displays counties with the lowest uninsured rates (10.0 percent and below). In 2017, 38.4 percent of counties (1,206 counties) had an uninsured rate less than or equal to 10.0 percent. The Northeast and Midwest had the highest proportion of uninsured rates for the population under age 65. Among the 493 counties with uninsured rates at or above 15.0 percent, 82.6 percent (407 counties) had uninsured rates greater than or equal to 15.0 percent. These counties were primarily located in the South.9

**ANNUAL CHANGE IN COUNTY UNINSURED RATES**

Between 2016 and 2017, for the population under age 65, estimated county uninsured rates decreased in 2.5 percent of U.S. counties (79 counties). More counties experienced an increase: 5.8 percent (183 counties). The remaining 2,879 counties did not have a statistically significant change in their uninsured rates.

In 2014, many provisions of the ACA went into effect. From 2013 to 2017, the SAHIE program estimated that 95.5 percent of counties (2,996 counties) experienced a decrease in their uninsured rates for the population under age 65.10 However, the year-to-year changes in county uninsured rates varied. Figure 2 displays the number of counties where uninsured rates changed from 2013 to 2017. For the year-long periods 2013 to 2014 as well as 2014 to 2015, over 70.0 percent of counties had a decrease in their

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6 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 see <www.census.gov/programs-surveys/sahie/technical-documentation/source-and-accuracy.html>.

7 The median estimated county uninsured rate differs from the national uninsured rate. The SAHIE program does not produce a national uninsured rate for the United States. SAHIE data are produced using survey estimated from the ACS. For 2017, the ACS estimates that 10.2 percent (± 0.1) of the U.S. population under age 65 was uninsured.

10 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: 2017

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 error stemming from model error, sampling error, and nonsampling error.  
Source: U.S. Census Bureau, 2017 Small Area Health Insurance Estimates (SAHIE) Program.
Between 2015 and 2016, that amount dropped to 20.0 percent of counties (629 counties). From 2016 to 2017, over 91 percent of counties (2,879 counties) did not have a statistically significant change in their uninsured rate. Unlike the previous 3 years, among counties that experienced change in their uninsured rates, more saw an increase (183 counties) than a decrease (79 counties).

Given these trends, estimated uninsured rates have fallen below 10.0 percent in many counties. In 2013, only 130 counties, or 4.1 percent of all counties, had an uninsured rate less than or equal to 10.0 percent. In 2017, the number of counties increased to 1,206 counties, or 38.4 percent of all U.S. counties.

### Uninsured Rates for Low-Income Working-Age Adults

One provision of the ACA was for states to have the option to expand Medicaid eligibility to low-income working-age adults, aged 18 to 64, living at or below 138 percent of poverty. Figure 3 displays a two-panel map. The top map displays state Medicaid expansion status as of December 31, 2017. By 2017, 31 states and the District of Columbia had expanded Medicaid. The bottom map displays estimated county uninsured rates for low-income working-age adults who may be eligible for Medicaid. In 2017, county uninsured rates for this population ranged from 5.7 percent to 60.3 percent. The median county uninsured rate was 22.7 percent. In states that expanded Medicaid eligibility, 9.3 percent of counties (139 out of 1,498 counties) had an estimated uninsured rate above 20 percent, compared to 81.9 percent of counties (1,346 out of 1,643 counties) in states that did not expand.

### Children Have Lower Uninsured Rates Than Working-Age Adults

At the state level, SAHIE data show that in 2017, children under age 19 had a lower estimated uninsured rate than working-age adults, aged 18 to 64, in all 50 states and the District of Columbia. The difference between the two age groups is also found among U.S. counties, where children had lower uninsured rates than working-age adults in 94.7 percent of all counties. There were only eight counties where the child population had a higher uninsured rate; seven of these counties were in North Dakota and one was in Pennsylvania. In the remaining 159 counties, the difference was not statistically significant (see Figure 4).

### Working-Age Men Have Higher Uninsured Rates

In every state and the District of Columbia, the 2017 estimated uninsured rate for working-age men, aged 18 to 64, was higher than for working-age women.
Figure 3.
Medicaid Expansion Status by State and Estimated Uninsured Rates for Low-income Working-Age Adults by County: 2017

State Medicaid Expansion Status as of December 31, 2017

Source: Centers for Medicare and Medicaid Services (CMS), 2017.

2017 Uninsured Rate for Working-Age Adults Aged 18 to 64 Living at or Below 138 Percent of Poverty

Source: U.S. Census Bureau, 2017 Small Area Health Insurance Estimates (SAHIE) Program.
STATE UNINSURED RATES VARIED BY RACE AND ETHNICITY

The SAHIE program provides detailed state health insurance coverage estimates by race and ethnicity. In 2017, for the population under age 65, non-Hispanic Whites had a lower estimated uninsured rate than the Hispanic population in every state including the District of Columbia. The same is true when comparing non-Hispanic White uninsured rates to non-Hispanic Blacks with the exception of Hawaii where there was no statistical difference (see Figure 6 and Appendix 1).

Figure 6 also displays how estimated uninsured rates changed from 2016 to 2017 by race and ethnicity across states. Each line represents the magnitude of change for each group. Longer lines indicate a larger change in the uninsured rate. From 2016 to 2017, for the population under age 65, uninsured rates for non-Hispanic Whites decreased in 2 states and increased in 19 states. Twenty-nine states and the District of Columbia did not have a statistically significant change in their uninsured rate. Non-Hispanic Blacks saw decreases in one state and an increase in seven states. The remaining states and the District of Columbia did not have
Figure 4.
Estimated Uninsured Rates for Working-Age Adults Aged 18 to 64 and Children Under Age 19: 2017

2017 Uninsured Rate for Adults Aged 18 to 64

2017 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 error stemming from model error, sampling error, and nonsampling error. Source: U.S. Census Bureau, 2017 Small Area Health Insurance Estimates (SAHIE) Program.
Figure 5.
Estimated Uninsured Rates for Working-Age Adults Aged 18 to 64 by Sex: 2017

Male

Female

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 error stemming from model error, sampling error, and nonsampling error. Source: U.S. Census Bureau, 2017 Small Area Health Insurance Estimates (SAHIE) Program.
Figure 6.
Change in Estimated Uninsured Rate for the Population Under Age 65 by Race and Ethnicity: 2016 to 2017

District of Columbia *
Massachusetts *
Rhode Island *
Hawaii *
Minnesota *
Connecticut *
New York *
Maryland *
Delaware *
Iowa *
California *
New Jersey *
Illinois *
Wisconsin
Washington *
Vermont *
Michigan *
Kentucky *
Pennsylvania *
Colorado *
New Hampshire *
Ohio *
Oregon *
New Mexico *
North Dakota *
Utah
West Virginia *

United States (ACS 1-yr)
Nebraska
Virginia
Arkansas *
Louisiana *
Kansas
Arizona *
Indiana *
South Dakota
Nevada *
Montana *
Alabama
Missouri
Tennessee
Idaho
North Carolina
Maine
Alaska *
South Carolina
Texas
Georgia *
Wyoming
Mississippi
Florida
Oklahoma

0% 5% 10% 15% 20% 25% 30% 35%
2017 2016

Non-Hispanic White
Non-Hispanic Black
Hispanic

*Medicaid expansion state as of December 31, 2017.
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 error stemming from model error, sampling error, and nonsampling error.
Source: U.S. Census Bureau, 2016 and 2017 Small Area Health Insurance Estimates (SAHIE).
WHY ARE 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). They 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 more information about NBCCEDP, visit their Web site at <www.cdc.gov/cancer/nbccedp/>.

Additional information is available by data release year from 2000 to 2017. For example, annual reports (for 2010–2017 data release years only), datasets, maps, and interactive data tables can be downloaded from the SAHIE Web site at <www.census.gov/programs-surveys/sahie.html>.

ACKNOWLEDGMENTS

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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


a statistically significant change. For the Hispanic population, more states had a decrease than an increase in their uninsured rate. Nine states had a decrease and one state had an increase, while the remaining states did not have a statistically different uninsured rate (see Appendix 1 for statistically significant changes).

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The online SAHIE Interactive Data Tool provides detailed customized data tables of the insured and uninsured populations by selected year(s) from 2006-2017, geography (state and county), income-to-poverty ratio (IPR) 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/ethnicity (state level 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/data/data-tools/sahie-interactive.html>.


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Additional information is available by data release year from 2000 to 2017. For example, annual reports (for 2010–2017 data release years only), datasets, maps, and interactive data tables can be downloaded from the SAHIE Web site at <www.census.gov/programs-surveys/sahie.html>.
### Change in Estimated Uninsured Rate for the Population Under Age 65 by Race and Ethnicity: 2016 to 2017

(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/programs-surveys/sahie/technical-documentation/source-and-accuracy.html](http://www.census.gov/programs-surveys/sahie/technical-documentation/source-and-accuracy.html))

The table below shows the change in estimated uninsured rate for the population under age 65 by race and ethnicity for the years 2016 and 2017. The estimates are based on statistical methods using sample survey, decennial census, and administrative data sources. The estimates contain error stemming from model error, sampling error, and nonsampling error. For more information, see [www.census.gov/programs-surveys/sahie/technical-documentation/source-and-accuracy.html](http://www.census.gov/programs-surveys/sahie/technical-documentation/source-and-accuracy.html).

| State                | Medicaid expansion?¹ | Non-Hispanic White | | Non-Hispanic Black | | Hispanic | | Change | | Change | | Change |
|----------------------|----------------------|--------------------|---|--------------------|---|-----------------|---|-----------------|---|-----------------|
| Alabama              | no                   | 9.4 *0.5           | 12.2 | -0.2               | 24.9 | -1.4           |
| Alaska               | yes                  | 10.8 0.1           | 15.7 | -0.8               | 22.6 | *-3.3         |
| Arizona              | yes                  | 8.2 *0.7           | 10.0 | 0.1                | 17.8 | -0.7          |
| Arkansas             | yes                  | 7.7 -0.2           | 9.3  | 0.4                | 21.3 | -1.4          |
| California           | yes                  | 4.8 0.1            | 6.3  | 0.1                | 12.4 | *-0.5         |
| Colorado             | yes                  | 6.3 *0.5           | 8.1  | 0.8                | 15.9 | *1.4         |
| Connecticut          | yes                  | 4.1 *0.4           | 7.0  | 0.8                | 13.9 | 0.6          |
| Delaware             | yes                  | 4.6 -0.4           | 5.8  | -1.1               | 14.7 | -1.2         |
| District of Columbia | yes                  | 2.5 0.3            | 4.2  | 0                  | 10.1 | 0.3          |
| Florida              | no                   | 12.7 *0.6          | 16.5 | 1.3                | 21.8 | 0           |
| Georgia              | no                   | 12.0 0.2           | 15.4 | 0.9                | 33.0 | 0.2          |
| Hawaii               | yes                  | 3.9 0.6            | 4.9  | -0.1               | 7.3  | -0.2         |
| Idaho                | no                   | 9.8 0.1            | 13.1 | 0.3                | 22.7 | -0.6         |
| Illinois             | yes                  | 5.1 *0.4           | 8.1  | 0.4                | 16.9 | 0.4          |
| Indiana              | yes                  | 8.2 -0.2           | 11.4 | *1.4               | 21.1 | 0.7          |
| Iowa                  | yes                  | 4.6 *0.5           | 6.7  | 0                  | 13.9 | -0.4         |
| Kansas               | no                   | 7.9 0.2            | 12.3 | -0.5               | 20.9 | -0.4         |
| Kentucky             | yes                  | 5.6 0.2            | 7.7  | *1.1               | 18.1 | -0.2         |
| Louisiana            | yes                  | 7.8 *-1.8          | 9.9  | *-2.7              | 25.8 | *-3.6       |
| Maine                | no                   | 9.9 0.2            | 12.2 | 0.3                | 21.9 | -0.9        |
| Maryland             | yes                  | 4.3 0               | 6.8  | 0.1                | 20.4 | -0.6        |
| Massachusetts        | yes                  | 2.5 *0.2           | 4.0  | 0.4                | 6.7  | 0.3           |
| Michigan             | yes                  | 5.5 -0.1           | 7.0  | -0.4               | 12.3 | *-1.7       |
| Minnesota            | yes                  | 3.9 *0.3           | 6.6  | -0.2               | 15.7 | -0.9        |
| Mississippi          | no                   | 12.5 0.4           | 15.8 | 0.6                | 29.8 | 0.7          |
| Missouri             | yes                  | 9.2 0.5            | 13.7 | 0                  | 19.9 | -2.5         |
| Montana              | no                   | 7.3 0              | 12.1 | -0.4               | 22.0 | -1.3        |
| Nebraska             | yes                  | 8.9 0.6            | 10.8 | 0.3                | 20.7 | *1.6        |
| Nevada               | yes                  | 6.4 -0.3           | 9.5  | 0.1                | 17.0 | -0.2        |
| New Hampshire        | yes                  | 4.9 0.1            | 9.2  | 0.2                | 19.6 | *-1.1       |
| New Jersey           | yes                  | 6.6 0.4            | 8.9  | -0.5               | 13.1 | -0.5        |
| New York             | yes                  | 4.2 *-0.3          | 7.0  | -0.4               | 12.3 | *-0.9       |
| North Carolina       | no                   | 9.8 *0.5           | 12.8 | 0.2                | 29.3 | 0.2          |
| North Dakota         | yes                  | 7.0 *0.8           | 13.5 | 1.3                | 20.4 | -0.2        |
| Ohio                 | yes                  | 6.5 *0.5           | 8.2  | 0.4                | 15.2 | -0.2        |
| Oklahoma             | no                   | 12.9 *0.9          | 16.6 | -0.2               | 26.6 | *-1.7       |
| Oregon               | yes                  | 6.5 *0.6           | 8.2  | 1.1                | 16.9 | 1.3          |
| Pennsylvania         | yes                  | 5.7 0              | 7.4  | -0.5               | 13.7 | -1.1        |
| Rhode Island         | yes                  | 3.6 0.1            | 5.8  | 0.4                | 12.3 | 0.8         |
| South Carolina       | no                   | 10.9 *0.7          | 14.2 | *1.8               | 29.2 | 0.1           |
| South Dakota         | no                   | 8.2 0.2            | 15.2 | 0.5                | 22.8 | -2.0        |
| Tennessee            | no                   | 9.7 *0.8           | 12.1 | 0.5                | 27.9 | -0.4        |
| Texas                | no                   | 11.8 *0.7          | 16.3 | *1.3               | 28.5 | *0.6        |
| Utah                 | no                   | 7.2 0.1            | 10.7 | -0.3               | 24.2 | 1.6          |
| Vermont              | yes                  | 5.3 *0.9           | 6.7  | 0.5                | 13.8 | 0.1          |
| Virginia             | no                   | 7.6 0.3            | 11.6 | 0.6                | 23.5 | -1.0        |
| Washington           | yes                  | 5.2 0.3            | 7.5  | 0.5                | 16.8 | 0.2          |
| West Virginia        | yes                  | 7.2 *1.0           | 9.7  | 1.3                | 17.1 | 0.1          |
| Wisconsin            | no                   | 5.1 0.1            | 8.0  | -0.2               | 16.4 | -0.6        |
| Wyoming              | no                   | 12.0 0.6           | 17.6 | 0.2                | 28.2 | 1.6          |

¹Changes between the estimates are statistically different from zero at the 90 percent confidence level.

¹States that expanded Medicaid Eligibility as of December 31, 2017.

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