

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.¹ 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").²

The 1-year American Community Survey (ACS) provides detailed estimates of health insurance coverage for counties with populations of 65,000 or more.³ 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.

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.

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.⁴ 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

⁴ Please refer to the detailed definition of the insured population at <www.census.gov/programs-surveys/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 help from other data sources, SAHIE program estimates are more precise than the ACS 1-year and 5-year survey estimates for most counties. Detailed ACS 1-year estimates are not available for most of these smaller geographic areas. A 2017 ACS map of unpublished counties is available at www2.census.gov/programs-surveys/sahie/reference-maps/2017/ref2-mp-2017.pdf.

Additional detailed information on the various input data sources used in producing SAHIE is available at www.census.gov/programs-surveys/sahie/technical-documentation/model-input-data.html.

SAHIE are subject to several types of uncertainty. Additional details on this and the SAHIE methodology are available at www.census.gov/programs-surveys/sahie/technical-documentation/methodology.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.⁵ 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.⁶

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.⁷ 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

counties with low uninsured rates.⁸ In 2017, only 15.7 percent of counties (493 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

⁵ Reference maps on regions and metropolitan/micropolitan area status are available at <www.census.gov/programs-surveys/sahie/reference-maps/2017/ref1-mp-2017.pdf>.

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 estimates from the ACS. For 2017, the ACS estimates that 10.2 percent (± 0.1) of the U.S. population under age 65 was uninsured.

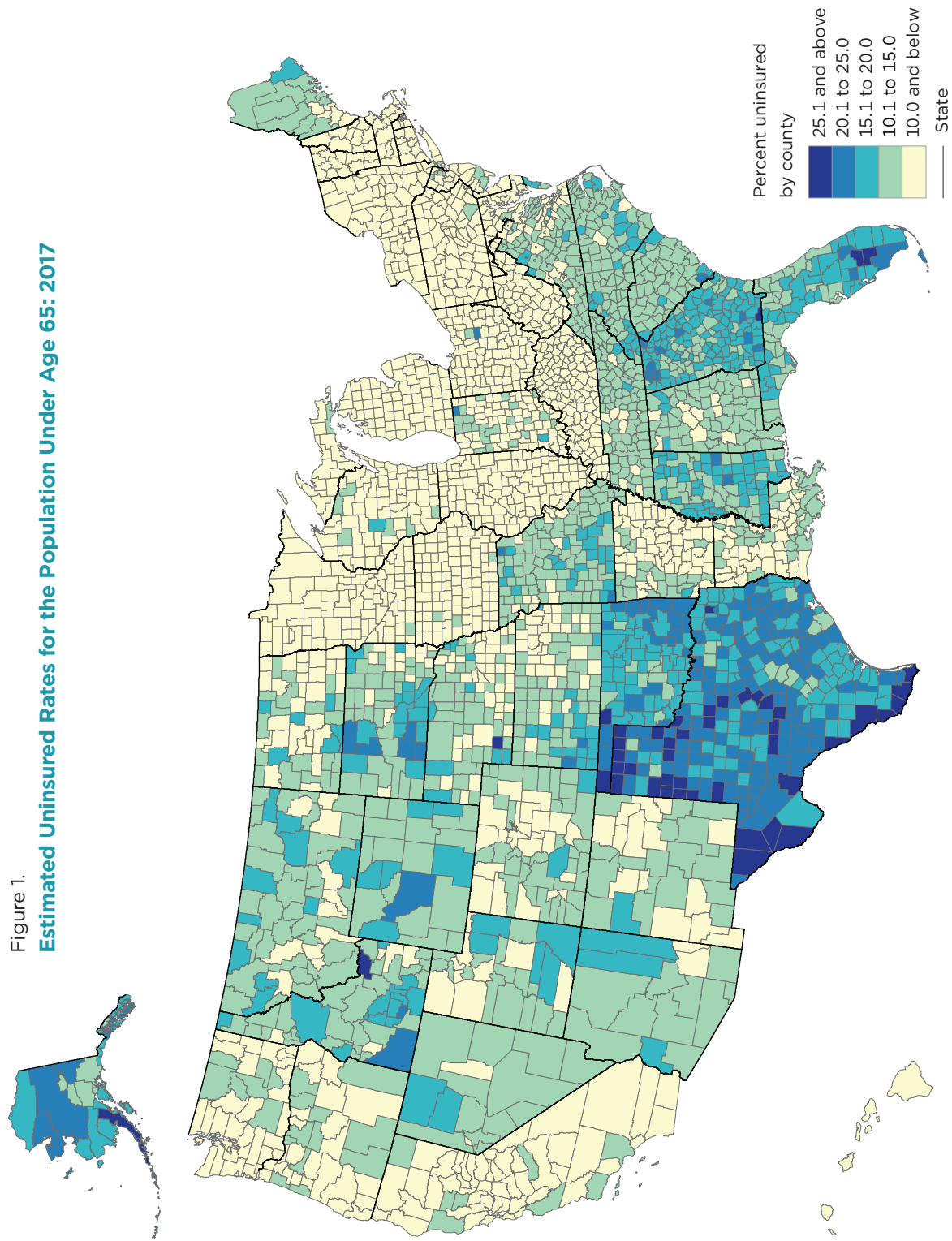
⁸ The proportion of counties with uninsured rates at or below 10.0 percent by region: Northeast—193 out of 217 counties (88.9 percent); Midwest—616 out of 1,055 counties (58.4 percent); South—267 out of 1,422 counties (18.8 percent); and West—130 out of 447 counties (29.1 percent).

⁹ Among the 493 counties with uninsured rates at or above 15.0 percent, 82.6 percent (407 counties) were located in the South. The remaining were located in the Midwest (41 counties) and West (45 counties). No counties in the Northeast fell into this category.

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.

Figure 2.

Number of Counties With a Change in Their Estimated Uninsured Rates: 2013 to 2017

(Population under age 65)



Note: There are 3,142 counties in the United States. The SAHIE program does not include Kalawao County HI, due to insufficient data. 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. 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.

uninsured rate.¹¹ 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.

¹¹ Between 2013 and 2014, estimated uninsured rates for the population under age 65 decreased in 74.1 percent of counties (2,325 counties). Only one county had an increase. From 2014 to 2015, 71.3 percent (2,239 counties) experienced a rate decrease. In four counties, the uninsured rate increased. For both periods, the remaining counties had no statistically significant change.

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

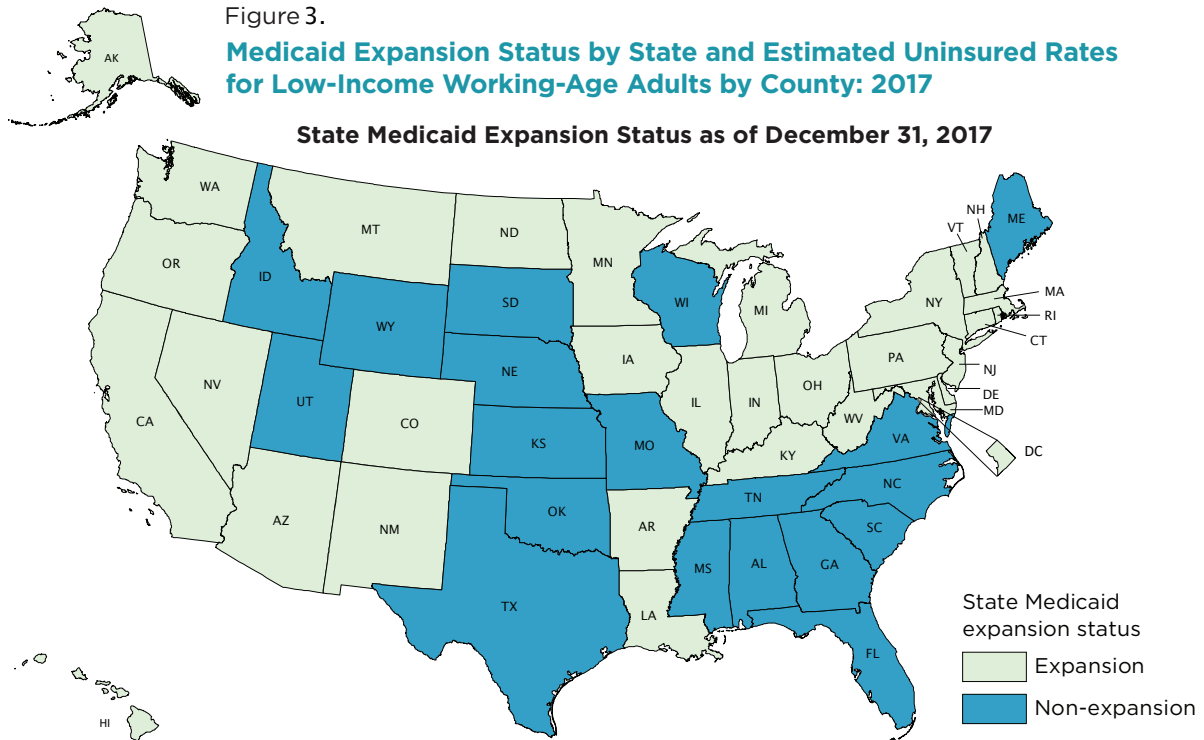
At the state level, SAHIE data show that in 2017, children under age 19 had a lower estimated uninsured rate than working-age adults, aged 18 to 64, in all 50 states and the District of Columbia. The difference between the two age groups is also found among U.S. counties, where children had lower uninsured 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

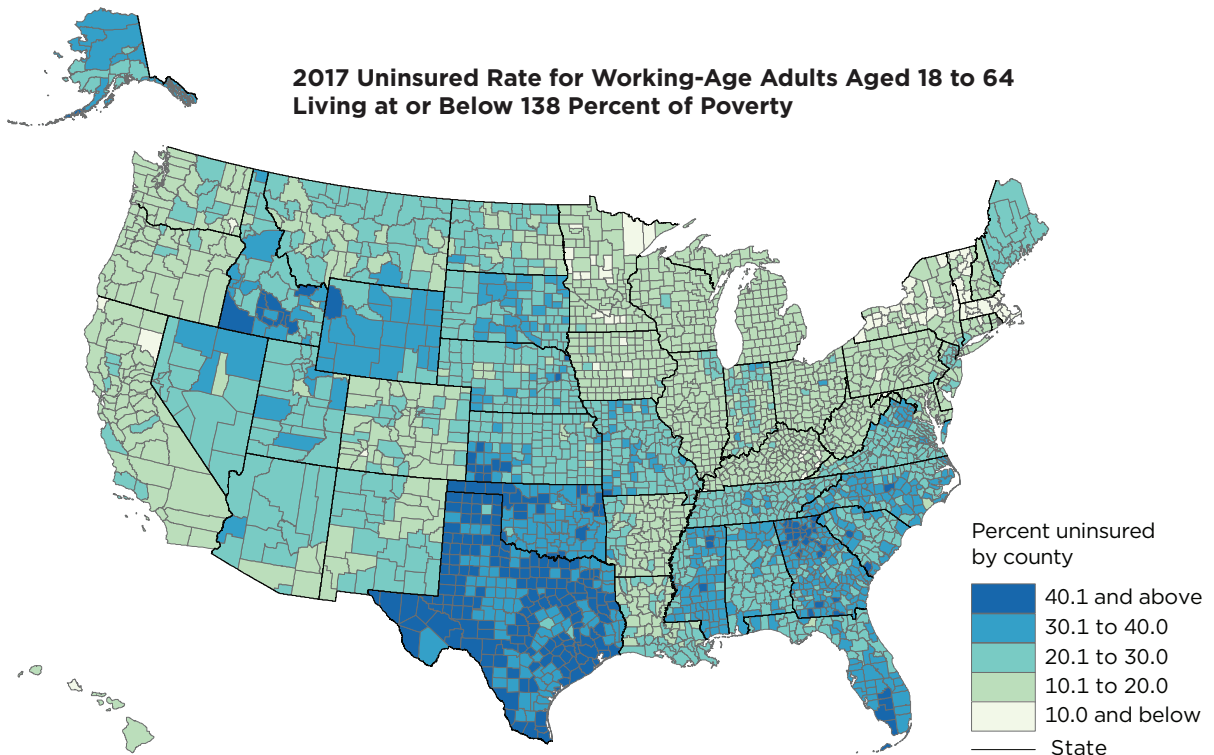
In every state and the District of Columbia, the 2017 estimated uninsured rate for working-age men, aged 18 to 64, was higher than for working-age women.

Figure 3.

Medicaid Expansion Status by State and Estimated Uninsured Rates for Low-Income Working-Age Adults by County: 2017



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

HOW IS POVERTY STATUS MEASURED?

Poverty status is determined by comparing total annual family before-tax income to 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>.

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>.

To determine a family's or an individual's income-to-poverty ratio (IPR), divide a family or individual's before-tax income 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, imagine a family of four, two parents and two children, with a total annual income of \$46,500. In 2017, a family of this size had a federal poverty threshold of \$24,858. Their income-to-poverty ratio is:

$$\frac{\text{Total Annual Income}}{\text{Federal Poverty Threshold}} = \frac{\$46,500}{\$24,858} = 1.871 = 187.1 \text{ percent of poverty}$$

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 income

Working-age men had a higher uninsured rate than women in 1,541 counties (49.1 percent). There were no statistically significant differences in the remaining counties (see Figure 5).

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

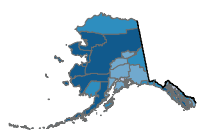
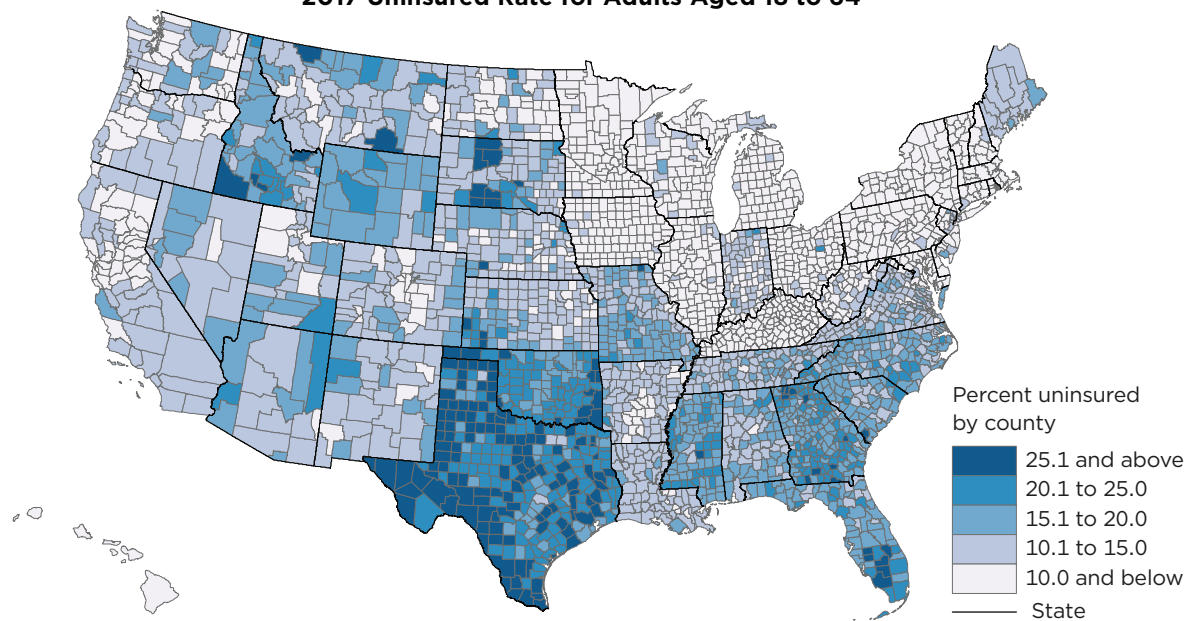


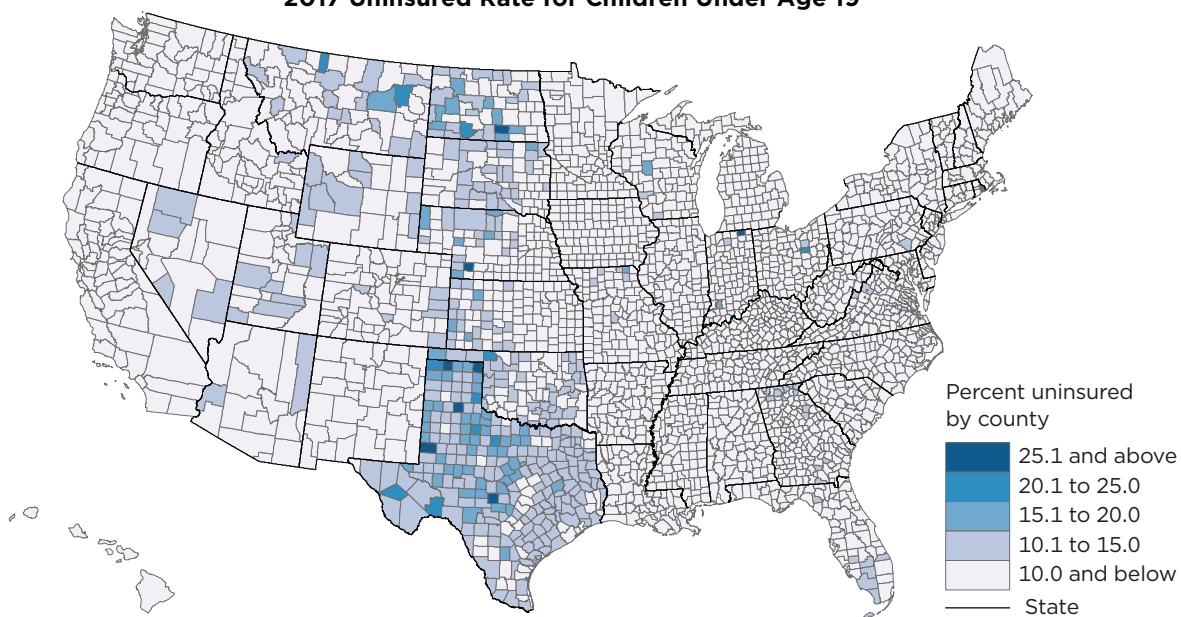
Figure 4.

**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



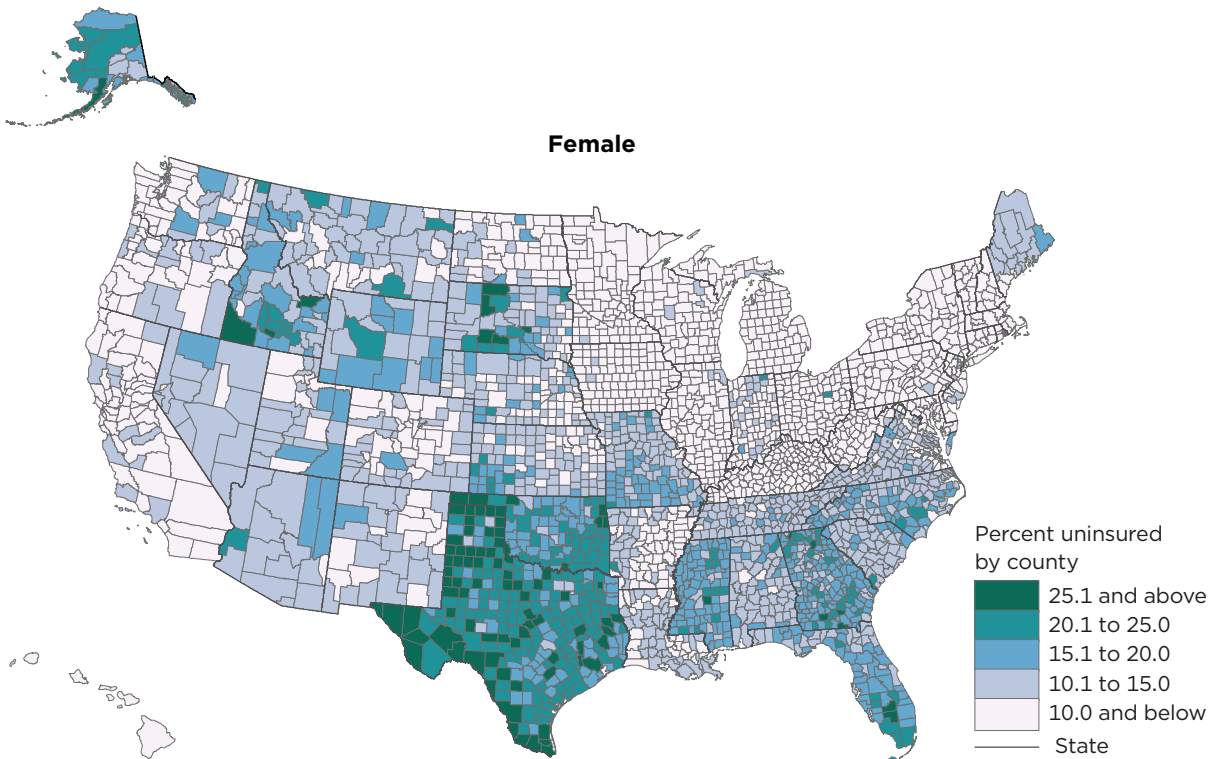
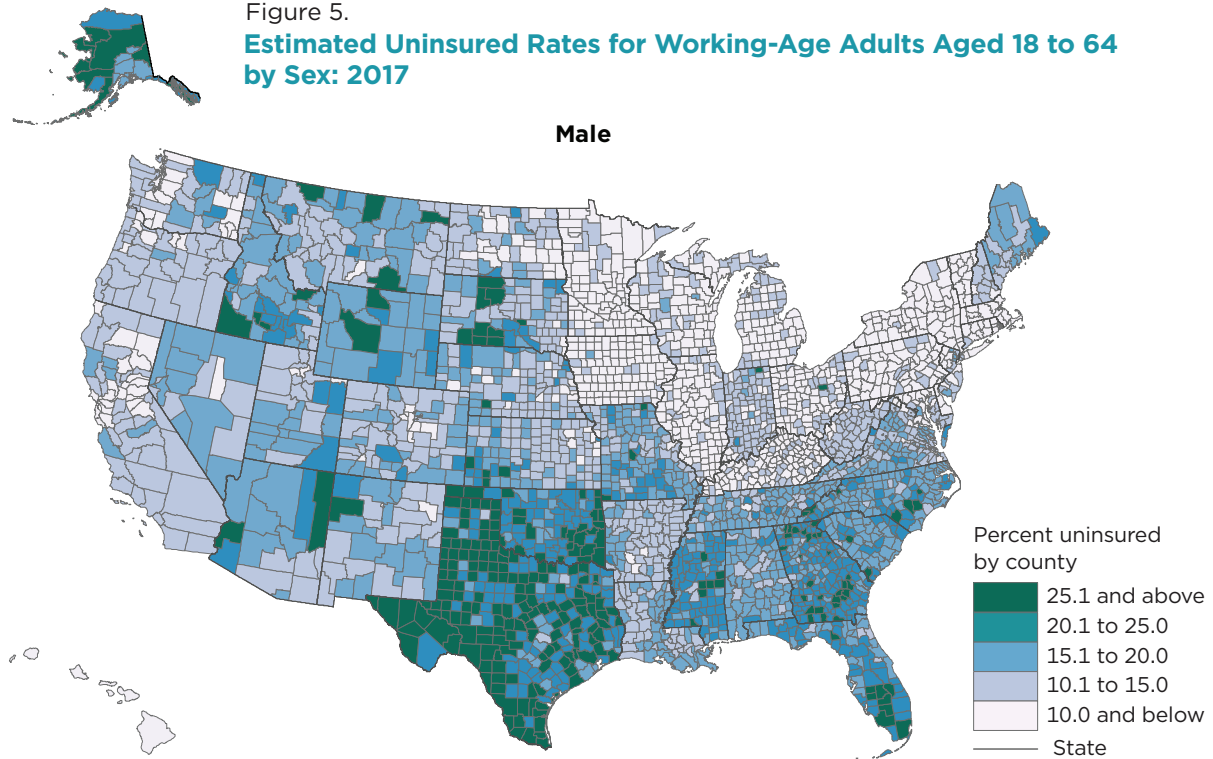
2017 Uninsured Rate for Children Under Age 19



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**



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**



*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>.

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>.

Starting in 2008, SAHIE began utilizing the American Community Survey data. For years prior to 2008, the SAHIE program estimates utilized the Annual Social and Economic Supplement to the Current Population Survey (CPS-ASEC). More information is available at <www.census.gov/programs-surveys/sahie/technical-documentation/methodology/methodology-2008-2017.html>.

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).

ACKNOWLEDGMENTS

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

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 and Carolyn Gann, "Small Area Health Insurance Estimates: 2017," *Current Population Reports*, P30-05, U.S. Census Bureau, Washington, DC, 2019.

Appendix 1.

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)

State	Medicaid expansion? ¹	Non-Hispanic White		Non-Hispanic Black		Hispanic	
		2017	Change	2017	Change	2017	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	no	9.6	0.1	14.2	*1.5	21.5	-1.4
Montana	yes	9.2	0.5	13.7	0	19.9	-2.5
Nebraska	no	7.3	0	12.1	-0.4	22.0	-1.3
Nevada	yes	8.9	0.6	10.8	0.3	20.7	*-1.6
New Hampshire	yes	6.4	-0.3	9.5	0.1	17.0	-0.2
New Jersey	yes	4.9	0.1	9.2	0.2	19.6	*-1.1
New Mexico	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

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

¹ States that expanded Medicaid Eligibility 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, 2017 Small Area Health Insurance Estimates (SAHIE).