Small Area Health Insurance Estimates: 2018

Small Area Estimates

Current Population Reports

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INTRODUCTION

This report provides a summary of the 2018 release of the U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE).[1] SAHIE are the only source of single-year estimates of health insurance coverage status. They provide estimates 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 in this report show changes in health insurance coverage between 2017 and 2018, as well as changes in health insurance coverage between 2013 and 2018. In addition, the report provides 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-FY20-113.

[2] There are 3,142 counties in the United States. The SAHIE program does not include Kalawao County, Hawaii, due to insufficient data.

[3] Approximately 73.7 percent of U.S. counties (2,315) do not have detailed 1-year estimates of health insurance coverage in (or from) the ACS because they are below the population threshold. However, the ACS 1-year county-level estimates cover about 85.0 percent of the total U.S. population. The ACS also releases 1-year supplemental tables of health insurance coverage estimates for geographic areas with populations greater than 20,000, but these tables do not provide the same economic and demographic detail as SAHIE.

OVERVIEW OF SAHIE

Each year, the SAHIE program releases timely, reliable estimates of health insurance coverage for the population under age 65 by state and county.[4] Federal agencies and programs use SAHIE data to determine eligibility for public health services. The SAHIE program is partially funded by the Centers for Disease Control and Prevention's Division of Cancer Prevention and Control (DCPC). The DCPC's National Breast and Cervical Cancer Early Detection Program and its 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 "Why Are the Small Area Health Insurance Estimates Important?").

[4] Please refer to the definition of insured at <www.census.gov/programs-surveys/sahie/about/faq.html>.

HIGHLIGHTS

- From 2017 to 2018, for the population under age 65, over 95 percent of counties (2,990) did not have a statistically significant change in their uninsured rate. Among counties that experienced changes in their uninsured rates, more saw an increase (81 counties) than a decrease (70 counties).
- Among the population under age 65, the estimated county uninsured rate in 2018 ranged from 2.4 percent to 32.2 percent. The median county uninsured rate was 10.6 percent.
- In 2018, 37.7 percent of counties (1,184) had an estimated uninsured rate below 10.0 percent for the population under age 65.

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SMALL AREA HEALTH INSURANCE ESTIMATES (SAHIE)

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 direct ACS survey estimates; however, with help from other sources, SAHIE are more precise. Detailed ACS 1-year estimates are not available for most of these smaller geographic areas. A 2018 ACS map of unpublished counties is available at <https://www2.census.gov/programs-surveys/sahie/reference-maps/2018/ref2-mp-2018.pdf>.

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. Details on this and the SAHIE methodology are available at <www.census.gov/programs-surveys/sahie/technical-documentation/methodology.html>.

INCORPORATING THE LATEST MEDICAID DATA FOR SAHIE

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). Provisions in the ACA gave states the option to expand their Medicaid eligibility criteria. To capture 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, 2018, 31 states and the District of Columbia had expanded their Medicaid enrollment criteria.

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 Medicaid and CHIP data. SAHIE's updated data methods also utilize the most recent Internal Revenue Service 1040 tax data and the American Community Survey estimates to approximate the latest county-level and demographic detail within the state-level Medicaid and CHIP totals. For more 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 AVAILABLE FOR COMPARISON

Methodological 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 was 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 "Why Are Small Area Health Insurance Estimates Important?" for more information.

The SAHIE program produces estimates on health insurance coverage at the state and county level for the full cross-combination of five income-to-poverty ratio (IPR) categories, all incomes, 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 "How Is Poverty Status Measured?" for more details). SAHIE data are used to analyze 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 data 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 changes over time in health insurance coverage, as well as geographic variation. The purpose of this report is to highlight several key findings of such analyses.[6]

HEALTH INSURANCE COVERAGE IN U.S. COUNTIES

In 2018, estimated county uninsured rates for the population under age 65 ranged from 2.4 percent to 32.2 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 2018, 37.7 percent of counties (1,184) had an uninsured rate less than 10.0 percent. The Northeast and Midwest had the highest proportion of counties with low uninsured rates.[8] In 2018, only 15.7 percent of counties (493) had uninsured rates greater than 15.0 percent. These counties were primarily located in the South.[9]

ANNUAL CHANGE IN COUNTY UNINSURED RATES

Between 2017 and 2018, for the population under age 65, estimated county uninsured rates significantly decreased in 2.2 percent of U.S. counties (70). More counties experienced a significant increase: 2.6 percent (81 counties). The remaining 2,990 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 2018, the SAHIE program estimates that 96.5 percent of counties (3,027) experienced a significant 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 2018. For the periods 2013 to 2014 as well as 2014 to 2015, over 70.0 percent of counties

[5] Reference maps on regions and metropolitan/micropolitan area status are available at <https://www2.census.gov/programs-surveys/sahie/reference-maps/2018/ref1-mp-2018.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>.

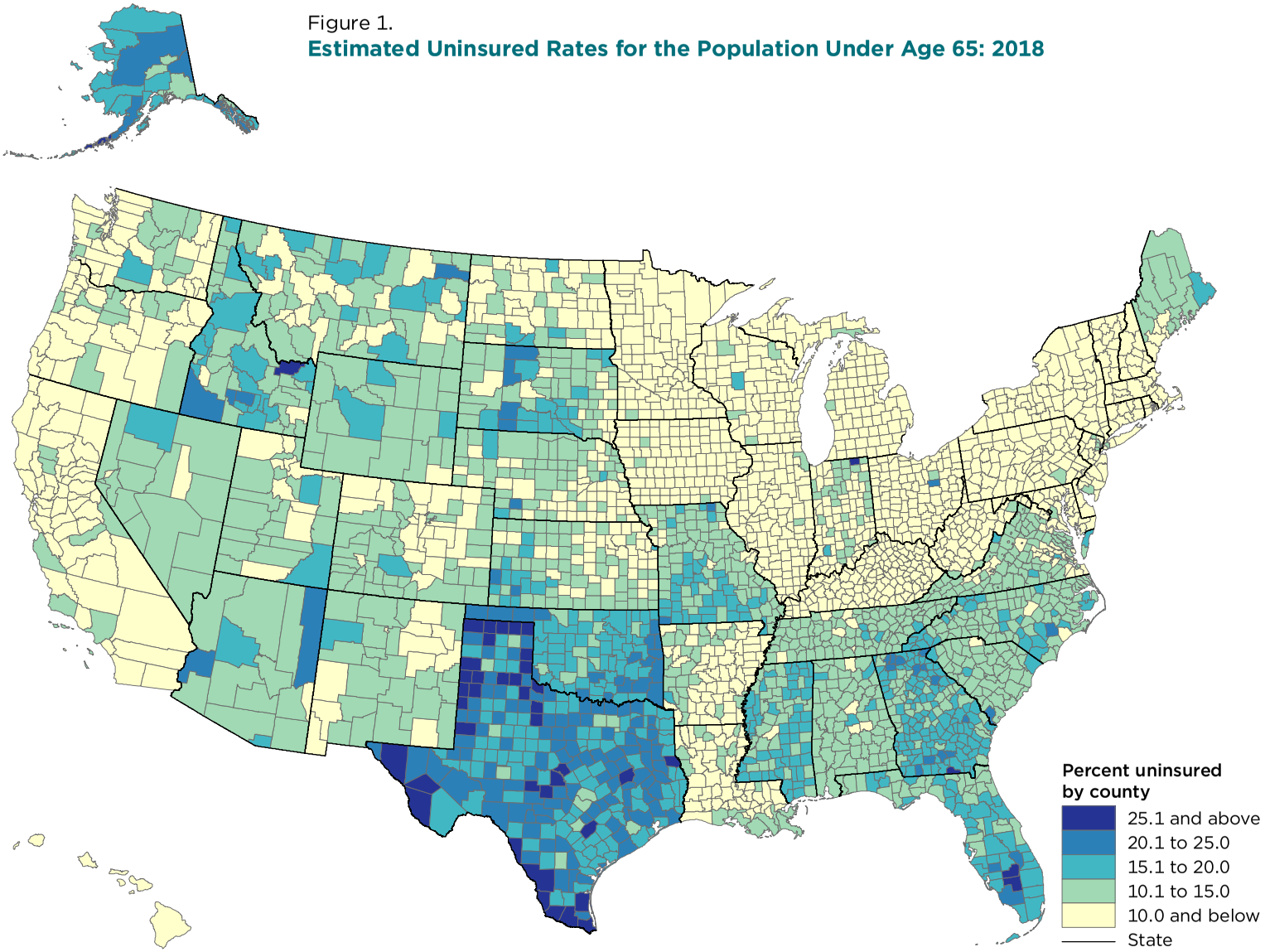
[7] The median estimated county uninsured rate differs from the ACS's estimated national uninsured rate, which is 10.4 percent (+/- 0.1) of the U.S. population under age 65 in 2018. The SAHIE program does not produce a national uninsured rate for the United States. SAHIE data are produced using survey estimates from the ACS.

[8] The number of counties with uninsured rates below 10.0 percent by region: Northeast—193 out of 217 counties (88.9 percent); Midwest—605 out of 1,055 counties (57.4 percent); South—262 out of 1,422 counties (18.4 percent); West—124 out of 447 counties (27.7 percent).

[9] Among the 493 counties with uninsured rates above 15.0 percent, 85.0 percent (419 counties) are in the South. The remaining are in the Midwest (36 counties) and West (38 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, Virginia, and three counties in Alaska experienced changes in geographic boundaries in 2014. The data for these counties are not comparable to 2013. When analyzing changes between 2017 and later years, three other counties were excluded because of data collection errors in the ACS. See the ACS errata notes for more information: <www.census.gov/programs-surveys/acs/technical-documentation/errata.2018.html>.

Figure 1.
Estimated Uninsured Rates for the Population Under Age 65: 2018

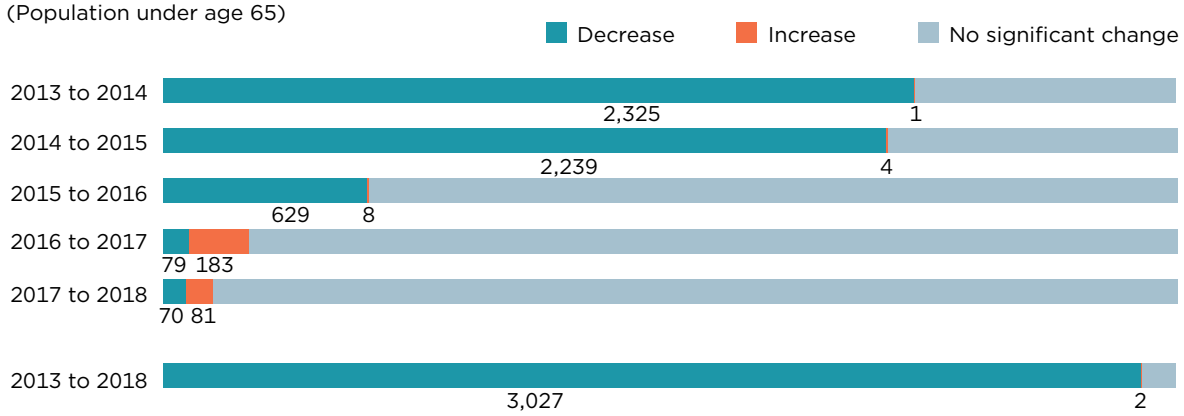


Note: The data provided are indirect estimates produced by statistical model-based methods using sample survey, decennial census, and administrative data sources. The estimates contain error stemming from model error, sampling error, and nonsampling error.
Source: U.S. Census Bureau, 2018 Small Area Health Insurance Estimates (SAHIE) program.

Figure 2.

Number of Counties With a Change in Their Estimated Uninsured Rates: 2013 to 2018

(Population under age 65)



Note: There are 3,142 counties in the United States. The SAHIE program does not include Kalawao County, Hawaii, due to insufficient data. When analyzing changes between 2013 and later years, four counties are not included. Bedford County, Virginia, 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, 2018 Small Area Health Insurance Estimates (SAHIE) program.

had a significant decrease in their uninsured rates.[11] Between 2015 and 2016, that amount dropped to 20.0 percent of counties (629). From 2016 to 2017, over 91.0 percent of counties (2,879) did not have a statistically significant change in their uninsured rates; however, unlike during the previous 3 years, more counties (183) saw a significant increase than a decrease (79 counties) in their uninsured rates. Similarly, from 2017 to 2018, more counties (81) saw a significant increase than a decrease (70 counties) in their uninsured rates.

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 2018, the number of counties increased to 1,184, or 37.7 percent of all U.S. counties.

UNINSURED RATES FOR LOW-INCOME, WORKING-AGE ADULTS

The ACA gave states the option to expand Medicaid eligibility to low-income, working-age adults, aged 18 to 64, living at or below 138.0 percent of poverty. Figure 3 displays two maps; the top map displays state Medicaid expansion status as of December 31, 2018. By the end of 2018, 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 2018, county uninsured rates for this population ranged from 5.3 percent to 58.6 percent. The median county uninsured rate among low-income, working-age adults was 22.1 percent. In states that expanded Medicaid eligibility, 7.9 percent of counties (119 out of 1,498 counties) had an estimated uninsured rate above 20.0 percent, compared to 80.8 percent of counties (1,327 out of 1,643 counties) in states that did not expand it.

CHILDREN HAVE LOWER UNINSURED RATES THAN WORKING-AGE ADULTS

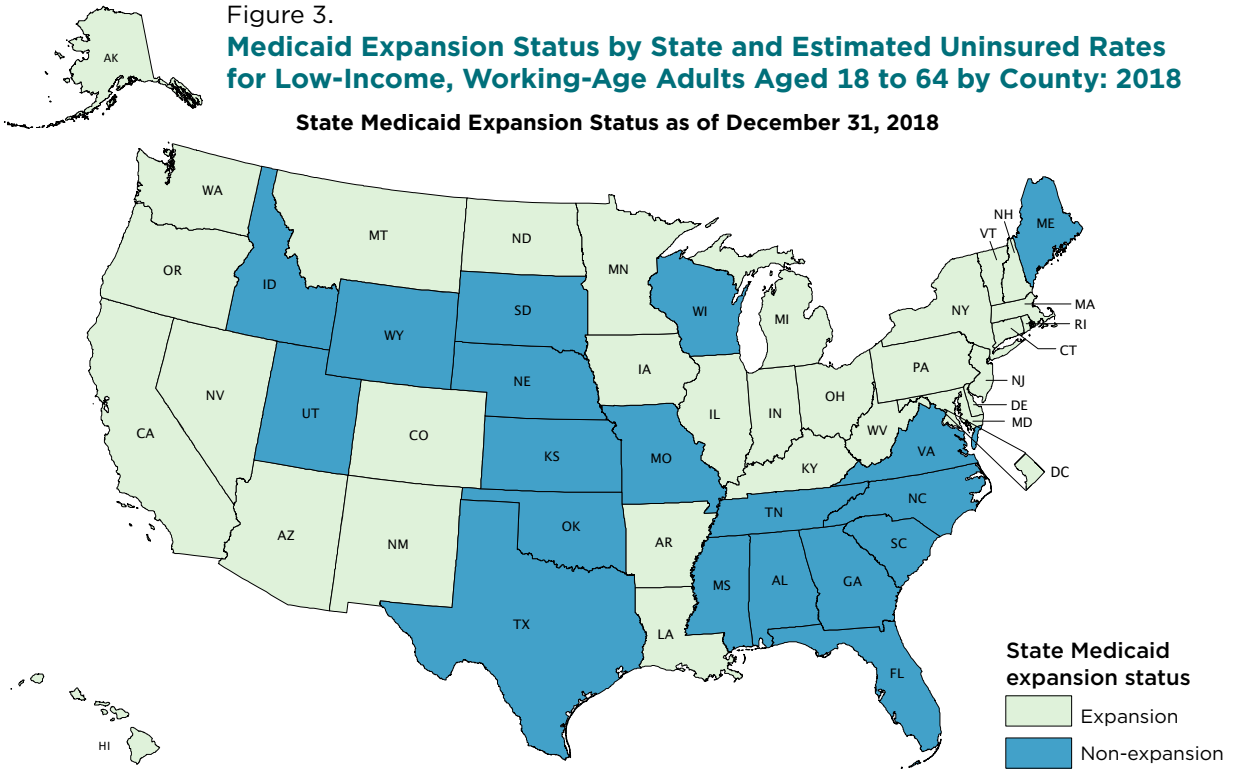
At the state level, SAHIE data show that in 2018, children under age 19 had a lower estimated uninsured rate than working-age adults, aged 18 to 64, in all 50 states and the District of Columbia. This difference is present at the county level as well; children have a lower uninsured rate than working-age adults in 96.5 percent of counties. There

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

Figure 3.

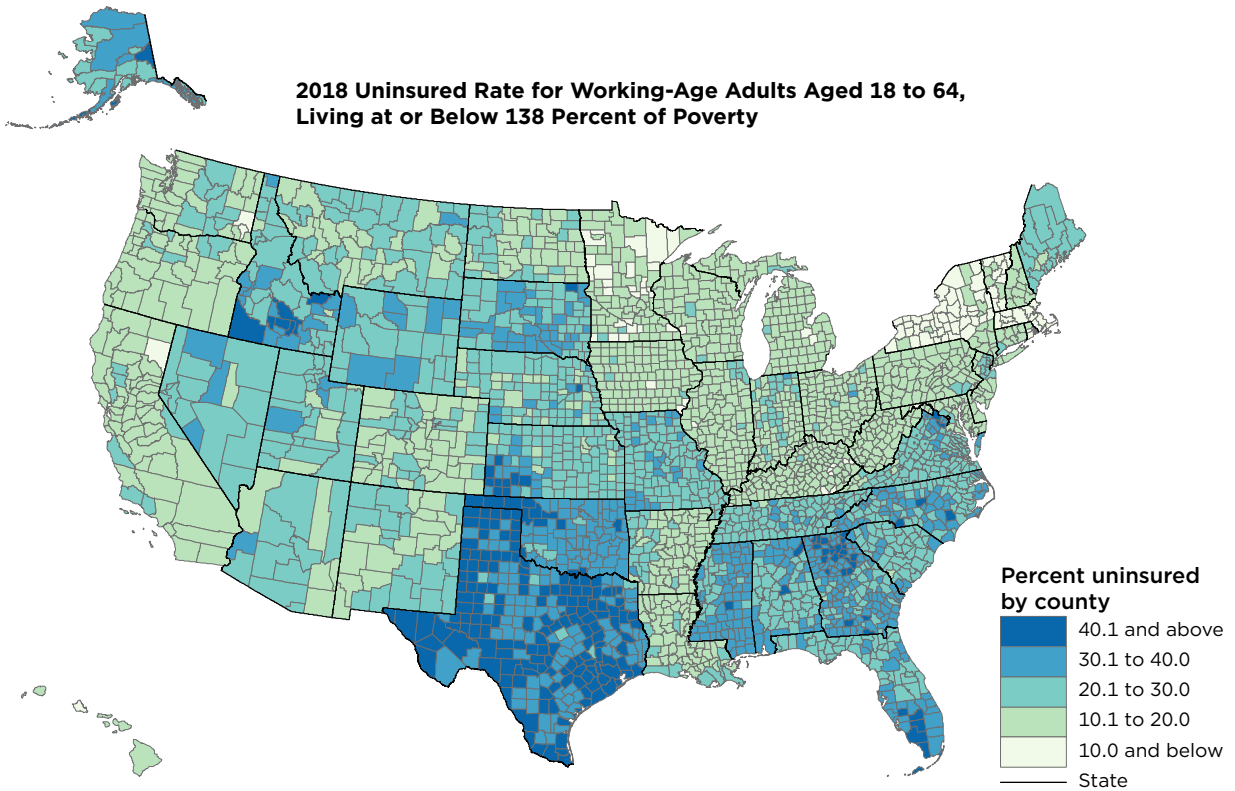
Medicaid Expansion Status by State and Estimated Uninsured Rates for Low-Income, Working-Age Adults Aged 18 to 64 by County: 2018

State Medicaid Expansion Status as of December 31, 2018



Source: Centers for Medicare and Medicaid Services (CMS), 2018.

2018 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 error stemming from model error, sampling error, and nonsampling error.
Source: U.S. Census Bureau, 2018 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 information on poverty status, please see <www.census.gov/topics/income-poverty/poverty.html>.

The U.S. Census Bureau updates the table of federal poverty thresholds annually 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 continuous 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 the family's 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 $50,000. In 2018, a family of this size had a federal poverty threshold of $25,465. Their income-to-poverty ratio is:

$$\frac{\text{Total annual income}}{\text{Federal poverty threshold}} = \frac{\$50{,}000}{\$25{,}465} = 196.3 \text{ percent of poverty}$$

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 produces five Income-to-Poverty Ratio (IPR) categories: 0–138%, 0–200%, 0–250%, 0–400%, and 138–400% of poverty.

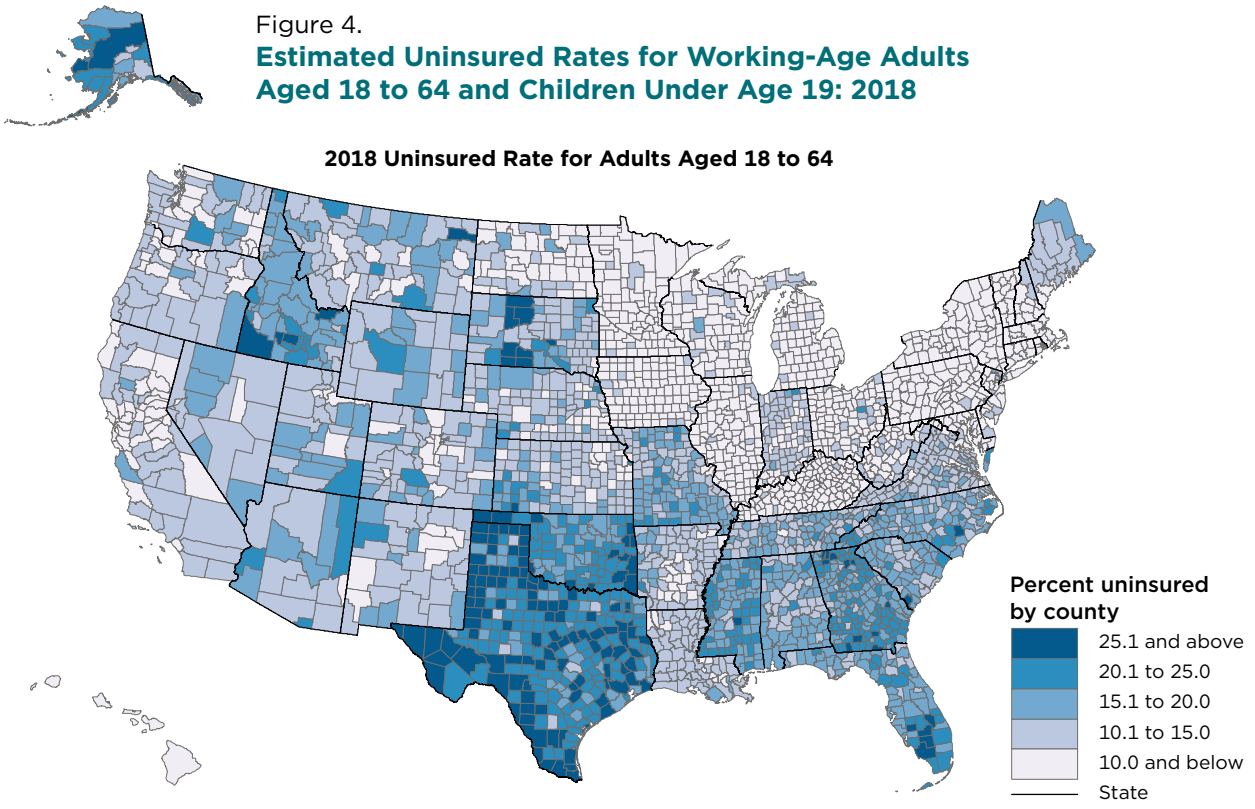
were only two counties where the child population had a significantly higher uninsured rate: Logan County, North Dakota, and Clark County, Wisconsin (see Figure 4).

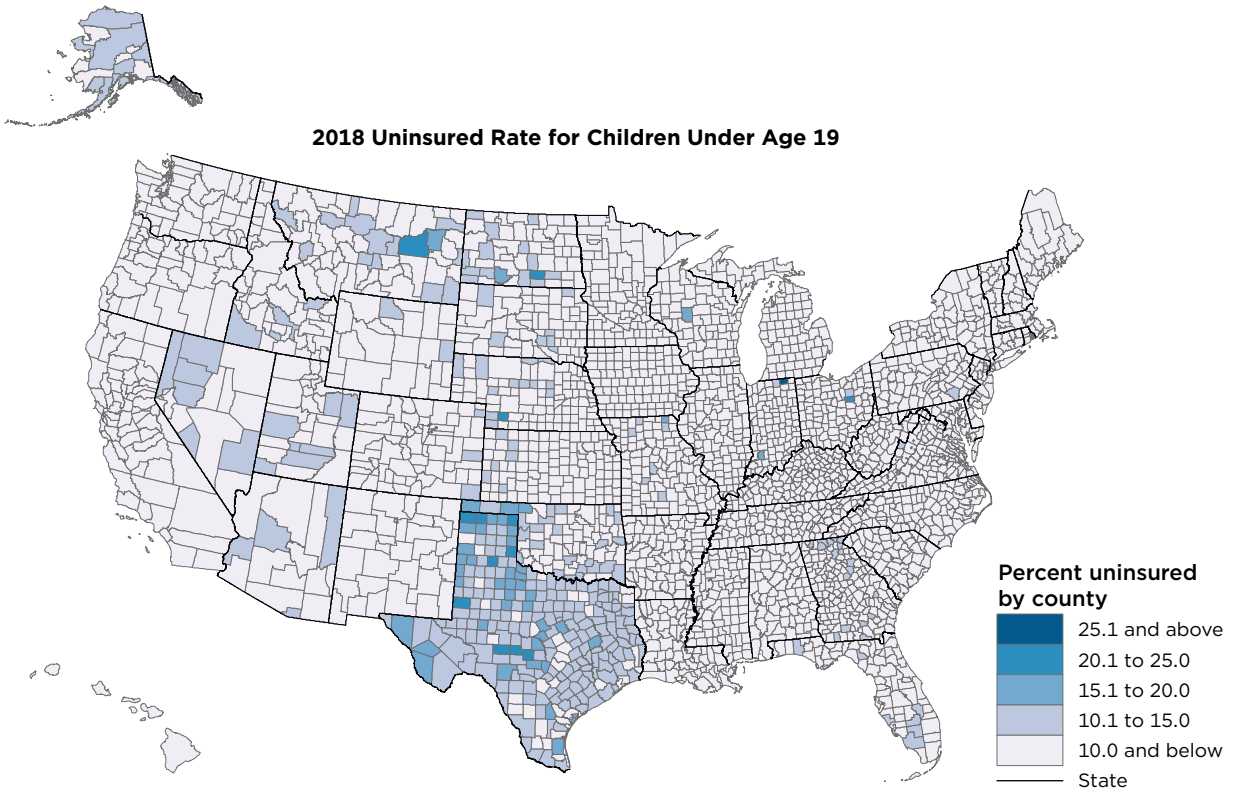
WORKING-AGE MEN HAVE HIGHER UNINSURED RATES

In every state and the District of Columbia, the 2018 estimated uninsured rate for working-age men aged 18 to 64 was higher than for working-age women. Working-age men had a significantly higher uninsured rate than women in 1,563 counties (49.8 percent). There was only one county where the number of working-age men had a significantly lower uninsured rate than women: Loving County, Texas. 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: 2018

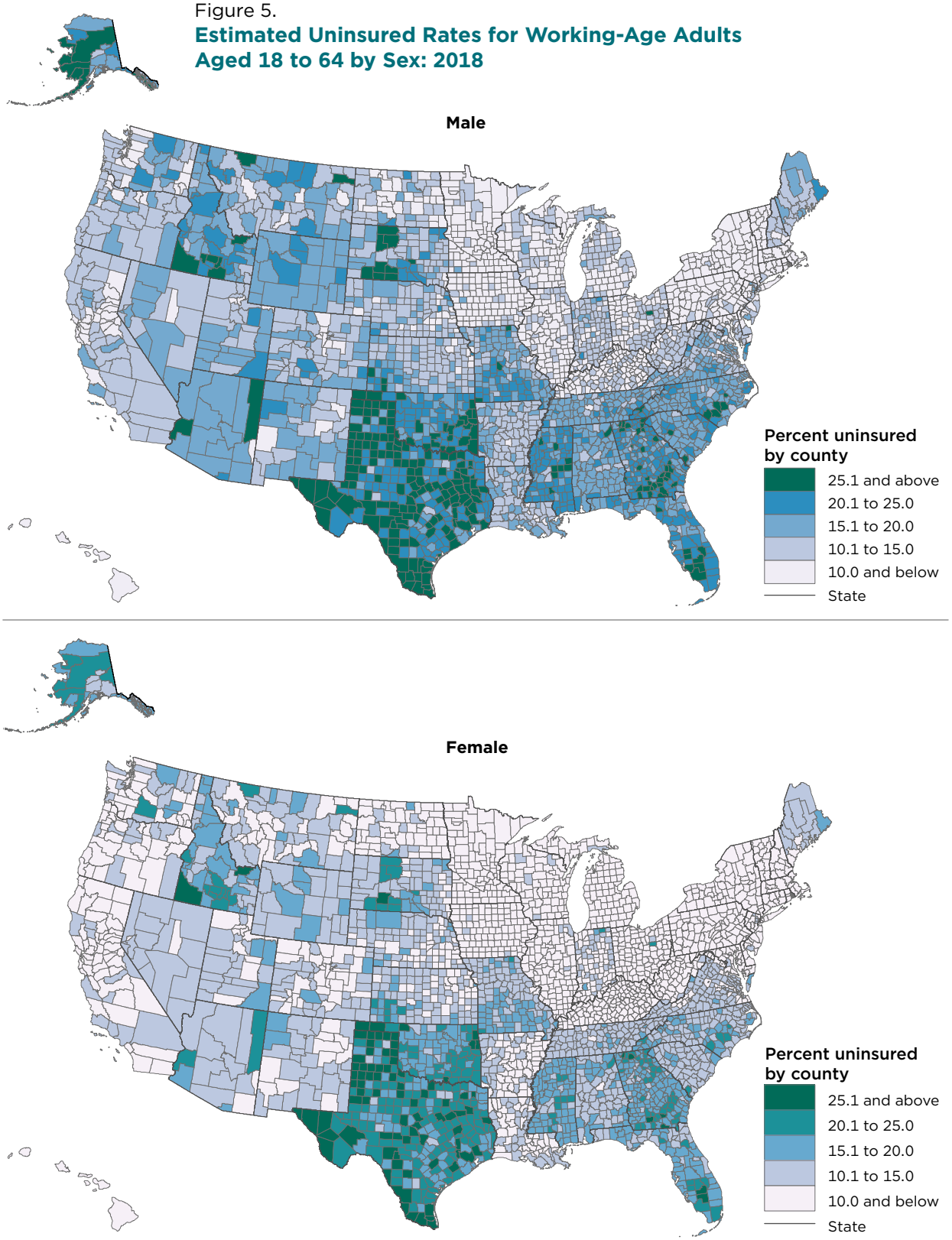




Note: The data provided are indirect estimates produced by statistical model-based methods using sample survey, decennial census, and administrative data sources. The estimates contain error stemming from model error, sampling error, and nonsampling error.
Source: U.S. Census Bureau, 2018 Small Area Health Insurance Estimates (SAHIE) program.

Figure 5.

Estimated Uninsured Rates for Working-Age Adults Aged 18 to 64 by Sex: 2018



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, 2018 Small Area Health Insurance Estimates (SAHIE) program.

WHY ARE SMALL AREA HEALTH INSURANCE ESTIMATES (SAHIE) IMPORTANT?

The SAHIE program is partially funded by the Centers for Disease Control and Prevention's Division of Cancer Prevention and Control. It has 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 <www.cdc.gov/cancer/nbccedp/>.

Additional information is available by data release year from 2000 to 2018. For example, you can download annual reports (for 2010–2018 data release years only), data sets, maps, and interactive data tables 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 2006–2018, geography (state and county), income-to-poverty ratio categories, selected age groups (under age 65, ages 18–64, ages 21–64, ages 40–64, ages 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. To access the interactive data tool online, visit <www.census.gov/data/data-tools/sahie-interactive.html>.

SAHIE began utilizing the American Community Survey data in 2008. For years prior to 2008, the SAHIE program estimates utilized the Annual Social and Economic Supplement to the Current Population Survey. More information is available at <www.census.gov/programs-surveys/sahie/technical-documentation/methodology/methodology-2008-2018.html>.

STATE UNINSURED RATES VARY BY RACE AND ETHNICITY

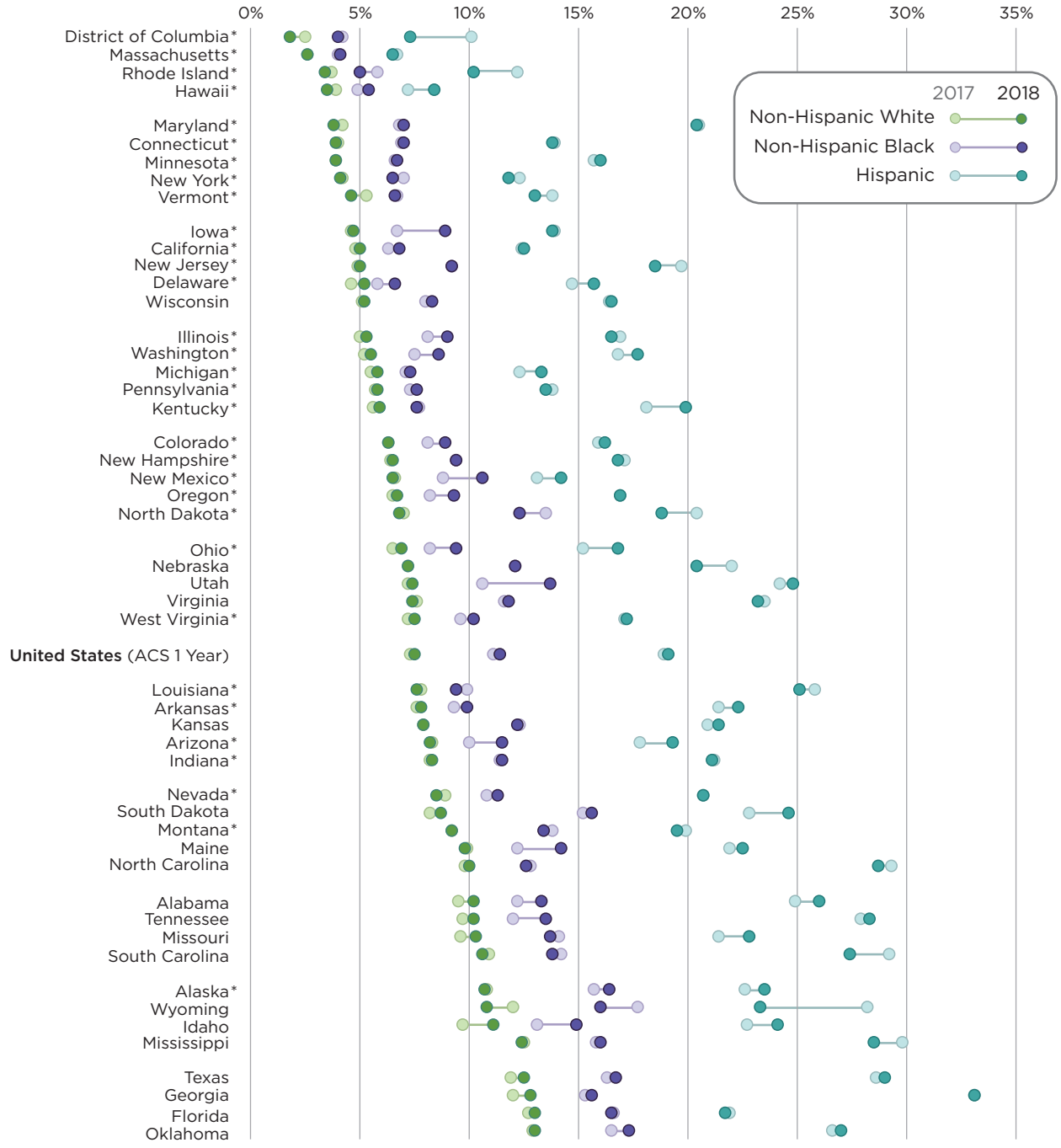
The SAHIE program provides health insurance coverage estimates at the state level by race and ethnicity. In 2018, for the population under age 65, non-Hispanic Whites had a lower estimated uninsured rate than Hispanics and non-Hispanic Blacks in every state and the District of Columbia. Non-Hispanic Blacks under age 65 also had a lower estimated uninsured rate than Hispanics in every state and the District of Columbia (see Figure 6 and Appendix 1).

Figure 6 also displays how estimated uninsured rates changed from 2017 to 2018 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 2017 to 2018, for the population under age 65, uninsured rates for non-Hispanic Blacks saw significant increases in seven states; the remaining states and the District of Columbia did not have a statistically significant change.

Uninsured rates for non-Hispanic Whites significantly increased in 10 states and decreased in four states. Thirty-seven states and the District of Columbia did not have a statistically significant change in their uninsured rates. For the Hispanic population, more states had a decrease than an increase in their uninsured rates. Four states had a decrease and three states had an increase, while the remaining states did not have a statistically different uninsured rate (see Appendix 1 for statistically significant changes).

Figure 6.

Change In Estimated Uninsured Rate for the Population Under Age 65 by Race and Ethnicity: 2017 to 2018



* Medicaid expansion state as of December 31, 2018.
Source: U.S. Census Bureau, 2017 and 2018 Small Area Health Insurance Estimates (SAHIE) programs.

ACKNOWLEDGMENTS

The Small Area Estimates Branch prepared this document with significant contributions from the Small Area Modeling and Development Branch and the Health and Disability Statistics Branch.

CONTACT

For questions related to the contents of this document, including estimates and methodology of the SAHIE, contact the Small Area Estimates Branch at 301-763-3193 or at <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 <https://ask.census.gov>.

SUGGESTED CITATION

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Appendix Table 1.

Change in Estimated Uninsured Rate for the Population Under Age 65 by Race and Ethnicity: 2017 to 2018

(In percentage points. All data shown are estimates containing uncertainty. Sources of uncertainty include model, sampling, 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	
		2018	Change	2018	Change	2018	Change
Alabama	No	10.2	*0.7	13.3	*1.1	26.0	1.1
Alaska	Yes	10.7	–0.1	16.4	0.7	23.5	0.9
Arizona	Yes	8.2	–0.1	11.5	*1.5	19.3	*1.5
Arkansas	Yes	7.8	0.2	9.9	0.6	22.3	0.9
California	Yes	5.0	*0.2	6.8	0.5	12.5	0.1
Colorado	Yes	6.3	Z	8.9	0.8	16.2	0.3
Connecticut	Yes	3.9	–0.1	7.0	0.1	13.8	–0.1
Delaware	Yes	5.2	0.6	6.6	0.8	15.7	1.0
District of Columbia	Yes	1.8	*–0.7	4.0	–0.2	7.3	*–2.8
Florida	No	13.0	0.3	16.5	–0.1	21.7	–0.2
Georgia	No	12.8	*0.8	15.6	0.3	33.1	Z
Hawaii	Yes	3.5	–0.4	5.4	0.5	8.4	1.2
Idaho	No	11.1	*1.4	14.9	1.8	24.1	1.4
Illinois	Yes	5.3	*0.3	9.0	*0.9	16.5	–0.4
Indiana	Yes	8.3	0.1	11.5	0.1	21.1	–0.1
Iowa	Yes	4.7	0.1	8.9	*2.2	13.8	–0.1
Kansas	No	7.9	Z	12.2	–0.1	21.4	0.5
Kentucky	Yes	5.9	0.3	7.6	–0.1	19.9	1.8
Louisiana	Yes	7.6	–0.2	9.4	–0.5	25.1	–0.7
Maine	No	9.8	–0.1	14.2	2.0	22.5	0.6
Maryland	Yes	3.8	*–0.4	7.0	0.2	20.4	–0.1
Massachusetts	Yes	2.6	Z	4.1	0.1	6.5	–0.2
Michigan	Yes	5.8	*0.3	7.3	0.2	13.3	1.0
Minnesota	Yes	3.9	Z	6.7	0.1	16.0	0.3
Mississippi	No	12.4	–0.1	16.0	0.2	28.5	–1.3
Missouri	No	10.3	*0.7	13.7	–0.4	22.8	1.4
Montana	Yes	9.2	Z	13.4	–0.4	19.5	–0.4
Nebraska	No	7.2	Z	12.1	Z	20.4	–1.6
Nevada	Yes	8.5	–0.4	11.3	0.5	20.7	Z
New Hampshire	Yes	6.5	0.1	9.4	Z	16.8	–0.3
New Jersey	Yes	5.0	0.1	9.2	Z	18.5	*–1.2
New Mexico	Yes	6.5	–0.1	10.6	1.8	14.2	*1.1
New York	Yes	4.1	–0.1	6.5	–0.5	11.8	–0.5
North Carolina	No	10.0	0.2	12.6	–0.2	28.7	–0.6
North Dakota	Yes	6.8	–0.2	12.3	–1.2	18.8	–1.6
Ohio	Yes	6.9	*0.4	9.4	*1.2	16.8	*1.6
Oklahoma	No	13.0	0.1	17.3	0.8	27.0	0.4
Oregon	Yes	6.7	0.2	9.3	1.1	16.9	Z
Pennsylvania	Yes	5.8	0.1	7.6	0.3	13.5	–0.3
Rhode Island	Yes	3.4	–0.3	5.0	–0.8	10.2	*–2
South Carolina	No	10.6	–0.3	13.8	–0.4	27.4	–1.8
South Dakota	No	8.7	0.5	15.6	0.4	24.6	1.8
Tennessee	No	10.2	*0.5	13.5	*1.5	28.3	0.4
Texas	No	12.5	*0.6	16.7	0.4	29.0	0.4
Utah	No	7.4	0.2	13.7	*3.1	24.8	0.6
Vermont	Yes	4.6	*–0.7	6.6	–0.1	13.0	–0.8
Virginia	No	7.4	–0.2	11.8	0.2	23.2	–0.3
Washington	Yes	5.5	0.3	8.6	1.1	17.7	0.9
West Virginia	Yes	7.5	0.3	10.2	0.6	17.2	0.1
Wisconsin	No	5.2	0.1	8.3	0.3	16.5	0.1
Wyoming	No	10.8	*–1.2	16.0	–1.7	23.3	*–4.9

Z Represents or rounds to zero.
* 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, 2018.
Source: U.S. Census Bureau, 2018 Small Area Health Insurance Estimates (SAHIE) program.