Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

Nation's Youngest Children Lose Health Coverage at an Alarming Rate

by Elisabeth Wright Burak, Maggie Clark, and Lauren Roygardner

Key Findings

- **The nation's rate and number of uninsured young children (under age 6) increased significantly between 2016 and 2018, following many years of steady decline.**
  This reversal put the number of uninsured young children back above 1 million by 2018 for the first time since the full implementation of the Affordable Care Act in 2014. The rate of uninsured children under age 6 increased significantly between 2016 and 2018, from 3.8 percent in 2016 to 4.3 percent in 2018.

- **Coverage losses were widespread from 2016-2018, with 13 states showing statistically significant increases in the rate and/or number of young, uninsured children.**
  Eleven states (Alabama, Florida, Georgia, Illinois, Kentucky, Missouri, Ohio, Tennessee, Texas, Washington, West Virginia) showed a significant increase in both the rate and number of uninsured children. Kansas and New York saw a significant rise in the rate alone. No state experienced a significant decrease in the rate of uninsured young children during the two-year period. Only Minnesota saw a significant decrease in the number of uninsured young children.

- **Young children are more likely to be uninsured in states that have not expanded Medicaid to parents and other adults under the Affordable Care Act, and the gap is growing.**
  Between 2016 and 2018, non-expansion states saw an increase in the rate of uninsured children under age 6 that was more than double the growth in expansion states. Covering parents and caregivers is important for all children, but especially so for young children during their critical developmental years. States that expand Medicaid to parents and other adults can expect to see an improvement in their child coverage rates, as well.

- **Lack of health care coverage makes it more difficult for young children to get recommended check-ups, and families may miss out on opportunities for support.**
  From birth to age 6, the American Academy of Pediatrics recommends that children have 15 well child check-ups. Access to this routine and necessary care is compromised when a child does not have health insurance. More frequent well-child visits for young children offer one of the best means to reach children and their families before school begins. In addition to providing needed immunizations and other preventive care, well-child visits are also increasingly seen as avenues to support and engage parents and other caregivers in their own health and successful parenting, since positive relationships are the foundation of healthy development for young children.

Introduction

Until recently, the U.S. has experienced a consistent, annual decline in the number and rate of uninsured children in most states.[1] Beginning in 2016, however, the trend reversed and the nation's children experienced widespread coverage losses for the first time in many years. The youngest children were not spared from this inversion. As with all children, the number and rate of uninsured children under age 6 grew between 2016 and 2018, reversing years of steady progress covering the nation's infants, toddlers, and preschool-aged children.

During the earliest months and years of life, children experience rapid brain development and physical growth, making the period before kindergarten entry a critical window to address any developmental delays or health conditions before they escalate into greater challenges.[2] Health coverage is a crucial first step to ensure children receive regular check-ups to address health concerns as early as possible and receive needed vaccinations and other preventive care. It also protects families from financial risk that can come from a baby or toddler's unexpected injury or illness.[3] Health insurance for children is also linked to better health, educational, and economic outcomes well into adulthood.[4]

The American Academy of Pediatrics (AAP) recommends 15 well-child visits before age 6, more heavily concentrated in a child's first two years, when brain development is most rapid.[5] These frequent well-child visits also provide an important opportunity to engage parents and other caregivers around positive parenting and healthy development. Check-ups may be a means to identify parent or family circumstances, such as parental depression,[6] which, if left unaddressed, can negatively affect a child's trajectory. For example, more than 33 states reimburse maternal depression screenings during a child's well-child visit during the first year of life.[7] Without coverage, paying out of pocket for these frequent visits puts parents of young children at particular financial risk if they are uninsured.

The loss of health coverage experienced by children under age 6 between 2016 and 2018 erases many of the positive coverage gains made in the years following the Affordable Care Act's (ACA) coverage expansions in 2014. Children's Medicaid expansions and the creation of the Children's Health Insurance Program (CHIP) drove dramatic declines in uninsured children in the decades prior to ACA passage. The ACA accelerated this decline by increasing the likelihood that more uninsured children—most of whom were eligible, but not enrolled in Medicaid or CHIP—would enroll as their parents signed up for newly available coverage through Medicaid or the ACA marketplaces in 2014. The ACA also included new requirements to streamline and simplify enrollment across programs, funded outreach and enrollment support, and required all Americans to have health insurance.[8]

Recent increases in uninsurance for the nation's youngest children happened during a time of economic growth when more children should be gaining health care coverage. As detailed elsewhere, a number of factors may be contributing to this coverage reversal, likely driven by declines in Medicaid and CHIP among children—many of whom are likely eligible.[9] After reaching the lowest levels on record in 2016, the rising number of uninsured children in 2017 and 2018 accompanied a host of national policy debates and decisions that have

started to undermine years of progress.[10] The 2017 efforts in Congress to repeal the ACA and severely cut Medicaid, along with a months-long delay in extending CHIP, including critical outreach grants, undoubtedly sowed confusion among parents and caregivers about whether coverage would be available for their children. These delays were accompanied by Trump Administration cuts to outreach and enrollment programs dedicated to helping families navigate health coverage options.[11]

Declines in Medicaid and CHIP enrollment have also likely been influenced by the Trump Administration's policies and rhetoric targeting immigrant families, which has reportedly deterred many parents from signing up eligible citizen children in available Medicaid or CHIP coverage.[12] Beyond immigrant families, years of work at the national and state levels to streamline Medicaid and CHIP enrollment and renewal processes have recently stalled, contributing to an unwelcoming climate that is less focused on enrolling and retaining eligible children in Medicaid and CHIP.[13]

State Medicaid expansion decisions also had a significant impact on a state's uninsured rate for young children. Young children in non-Medicaid expansion states had uninsured rates that grew nearly three times as fast as their peers in expansion states between 2016 and 2018 (see Figure 6 on page 8). These uninsured young children in non-expansion states face doubly-difficult circumstances: Their uninsured parents are more likely to struggle with managing their own health and daily parenting challenges, and less likely to access treatment for health conditions such as parental depression or substance use disorder. Left untreated, these conditions can have negative effects on their child's development, weakening the essential relationships young children need for healthy social and emotional development throughout life.[14] This challenge extends to all uninsured adult caregivers in a child's life, including their early childcare educators who struggle to afford coverage in non-expansion states.[15]

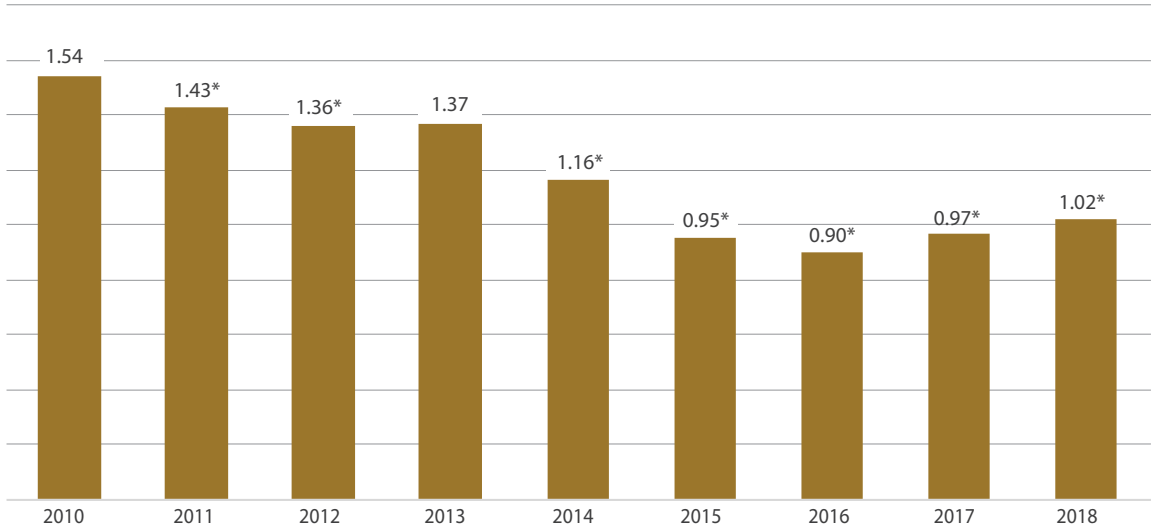
Research shows that when adults have access to coverage, they are more likely to enroll their eligible children.[16] The latest example of this so-called "welcome mat" effect is in Virginia, where, since the state began Medicaid expansion enrollment in January 2019, more than 25,000 children enrolled in Medicaid and CHIP.[17]

Given the importance of continuous, consistent coverage for children and their families during the early years, the reversal in coverage for young children is especially alarming. Younger children have historically had lower uninsured rates compared to school-aged youth, and they still do, but this did not shield them from coverage losses affecting children of all ages in recent years.

Nationally, the number of uninsured infants, toddlers and preschoolers increased by more than 114,000 between 2016 and 2018, bringing the total back to more than 1 million uninsured young children in the United States in 2018 (see Figure 1), according to the U.S. Census American Community Survey.[18] Children under age 6 make up 30 percent of children under age 19 in the U.S.[19]

The rate of uninsured children under age 6 increased significantly between 2016 and 2018, from 3.8 percent in 2016 to 4.3 percent in 2018 (see Figure 2). These reversals mirror the rising uninsured rate for all children, which grew from 4.7 percent in 2016 to 5.2 percent in 2018.[20] Another Census survey, the Current Population Survey, also shows an increase in the uninsured rate for children under age 6 in just one year (2017-2018)—from 4.5 percent to 5.3 percent—alongside a decline in Medicaid/CHIP coverage for this age group.[21]

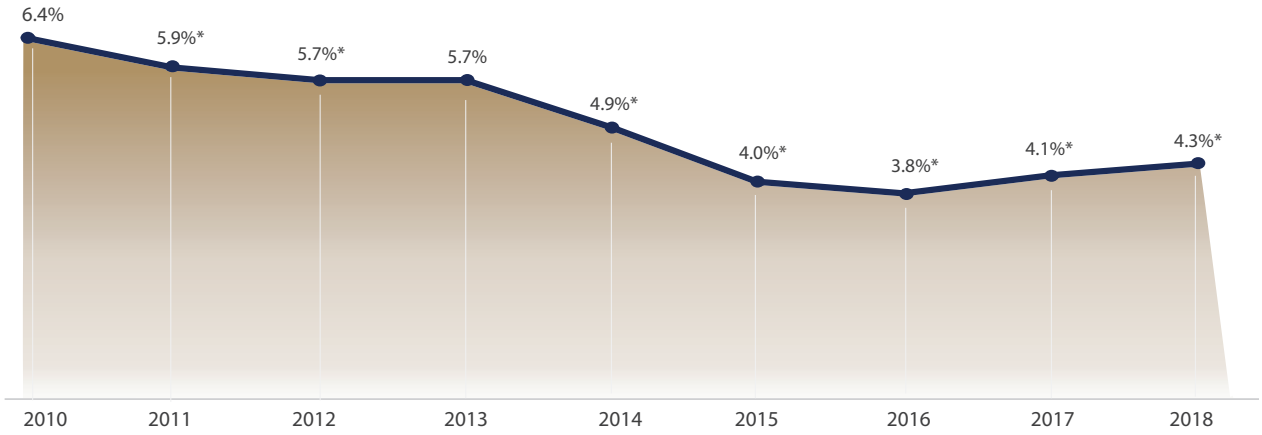
Figure 1. Number of Uninsured Children Under 6 in the United States, 2010-2018 (in millions)



Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

* Change is significant at the 90% confidence level.

Figure 2. Rate of Uninsured Children Under 6, 2010-2018



Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

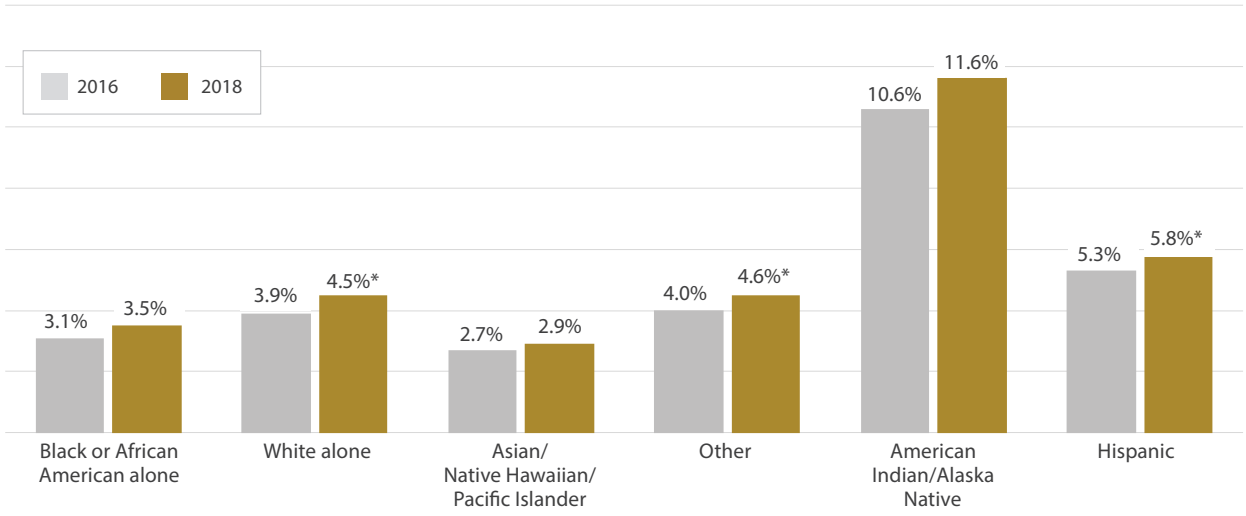
* Change is significant at the 90% confidence level.

Select Characteristics of Young, Uninsured Children

Race and ethnicity

Loss of coverage among children under 6 during the two-year period was most pronounced for white children, Hispanic children, and those whose parents identified them as "some other race alone" or "two or more races," (see Figure 3). Overall, as with the rates for all children, American Indian and Alaska Native children have the highest uninsured rates, followed by Hispanic children. The uninsured rates for Black children and Asian/Pacific Islander children went up between 2016 and 2018, but not significantly, and remained lower overall than rates for white and Hispanic children.

Figure 3. Uninsured Rate by Race and Ethnicity for Children Under 6, 2016-2018



Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

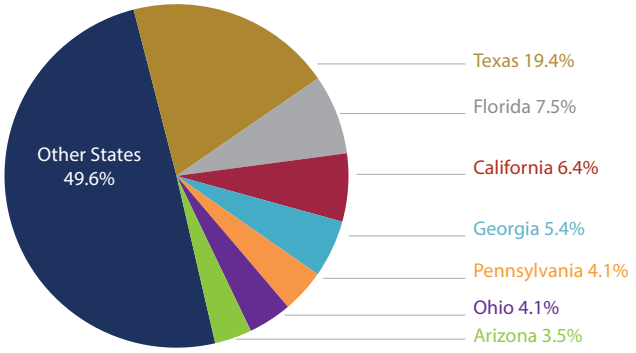
*Change is significant at the 90% confidence level for two-year trend (2016-2018).

Note: Other combines the ACS categories "Some other race" and "Two or more races." Except for "other", all racial categories refer to respondents who indicated belonging to only one race. For more, see methodology for notes on demographic characteristics.

State of Residence

More than half of the nation's uninsured children under age 6 lived in just seven states in 2018. Texas had an overwhelming share, home to almost one out of every five uninsured young children in the nation. While large population size plays a role, Texas also had the second-highest rate of uninsured young children in the country, behind Alaska. With an estimated 198,014 uninsured young children in 2018, Texas had more uninsured babies, toddlers and preschool-aged children than California, Florida and Georgia combined (see Figure 4).

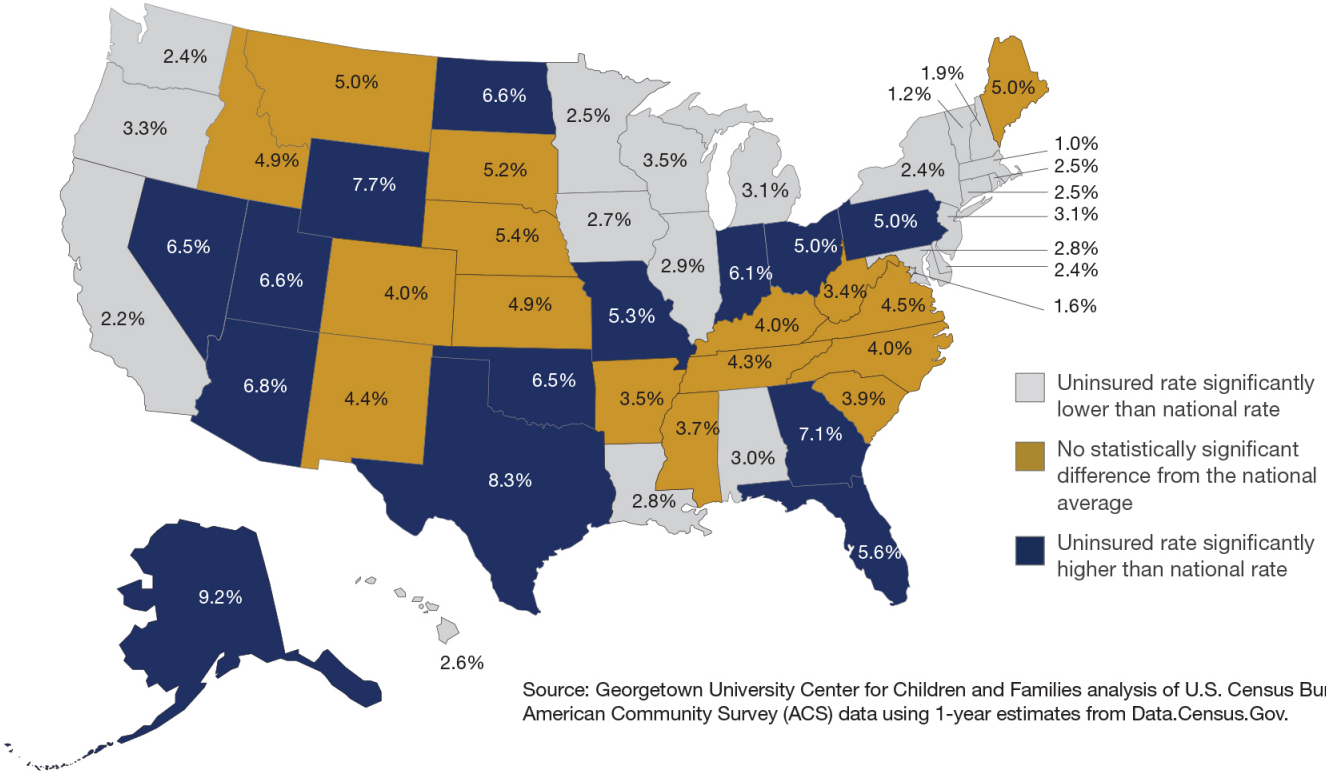
Figure 4. More than Half of the Nation's Uninsured Children Under 6 Reside in Seven States, 2018



Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

Texas is also among the 14 states with rates of uninsured children significantly higher than the national average rate of 4.3 percent, as shown in the Figure 5 map (Alaska, Arizona, Florida, Georgia, Indiana, Missouri, Nevada, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Utah and Wyoming). Alaska had the highest rate of uninsured children under age 6 in 2018, with 9.2 percent uninsured, followed by Texas (8.3 percent), Wyoming (7.7 percent) and Georgia (7.1 percent).

Figure 5. 14 States Had Significantly Higher Rates of Uninsured Children Under 6 than the National Rate, 2018



Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

Rates compared to school-aged youth in 2018

Young children tend to be uninsured at lower rates than their school-aged peers (4.3 percent compared to 5.6 percent nationally in 2018), with coverage rates declining as children age.[22] These typically lower rates for young children are likely for a variety of reasons, including historically higher levels of Medicaid/CHIP income eligibility for young children,[23] requirements to automatically enroll newborns born to low-income mothers in Medicaid,[24] and more frequent well-child visits recommended during the months and years following birth.[25] In 2018, seven states appeared to counter this trend, showing higher estimated rates of uninsured young children compared to their school-aged peers (see Table 1).[26] For these states, the inversion serves as potential warning sign that more could be done to reach uninsured young children.

Table 1: Seven States with a Higher Uninsured Rate for Children Under 6 vs. School Age Children (ages 6-18), 2018

State	2018 Uninsured Rate for Children under 6	2018 Uninsured Rate for Children 6-18
United States	4.3%	5.6%
Kentucky	4.0%	3.7%
Nebraska	5.4%	5.2%
North Dakota	6.6%	5.7%
Ohio	5.0%	4.7%
Pennsylvania	5.0%	4.1%
Rhode Island	2.5%	2.0%
Wyoming	7.7%	6.9%

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

State-level Coverage Losses for Young Children

Across the country, 11 states—Alabama, Florida, Georgia, Illinois, Kentucky, Missouri, Ohio, Tennessee, Texas, Washington and West Virginia—had statistically significant increases in both the rate and number of uninsured children under age 6 (see Table 2). Kansas and New York saw a significant rise in the rate of uninsured young children alone. Minnesota bucked the broader trend, in part, showing a statistically significant improvement in the number, but not the rate, of uninsured young children. All other states and D.C. had stagnant rates of coverage for young children over the two-year period.

Table 2: 13 States with Significant Increase in Rate of Uninsured Children Under 6, 2016-2018

State	2016	2018	Percentage Point Change
United States	3.8%	4.3%	0.5%
Missouri	3.6%	5.3%	1.7%
West Virginia	1.9%	3.4%	1.5%
Ohio	3.6%	5.0%	1.4%
Tennessee	2.9%	4.3%	1.4%
Kentucky	2.7%	4.0%	1.3%
Georgia	6.0%	7.1%	1.1%
Texas	7.3%	8.3%	1.0%
Kansas	3.9%	4.9%	1.0%
Alabama	2.0%	3.0%	1.0%
Illinois	2.0%	2.9%	0.9%
Florida	4.7%	5.6%	0.9%
Washington	1.8%	2.4%	0.6%
New York	2.0%	2.4%	0.4%

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

In many states, the increases in the uninsured rate for young children appear to be growing faster than even the most dramatic increases for children ages 0-18,[27] adding a troubling dimension to the coverage reversals. Among the states with significant increases in the number of uninsured children, West Virginia, Alabama and Kentucky all experienced increases at or greater than 50 percent between 2016 and 2018 (see Table 3). The growth in the uninsured rate for children under 6 appeared to outpace the increase for all children in nine states—Alabama, Illinois, Kansas, Kentucky, Missouri, New York, Ohio, Washington, and West Virginia.[28]

Among the states with significant increases in the rate of uninsured children during the two-year period, eight states had rates in 2018 that were either below (Alabama, Illinois, New York, Washington) or level with (Kansas, Kentucky, Tennessee, West Virginia) the national average of 4.3 percent. While many of these states have historically had some of the nation's lowest uninsured rates for young children, their rates are at risk of surpassing the U.S. average if current trends continue.

Table 3: 11 States with Significant Increase in Number of Uninsured Children Under 6, 2016-2018

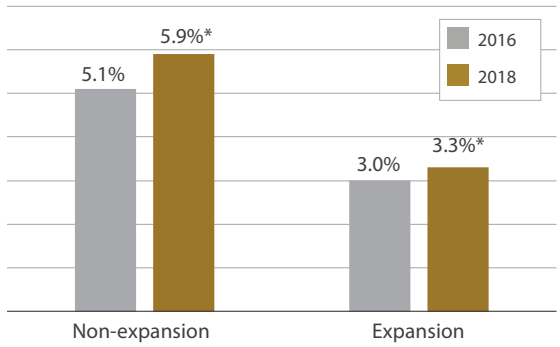
State	2016-2018 Change in Number of Uninsured Children Under 6	2016-2018 Percent Change
United States	114,963	12.7%
West Virginia	1,584	69.8%
Alabama	3,495	50.9%
Kentucky	4,365	50.7%
Tennessee	6,552	46.2%
Missouri	7,380	46.0%
Illinois	7,540	41.0%
Ohio	11,822	39.6%
Washington	3,558	37.7%
Florida	12,711	20.1%
Georgia	7,727	16.4%
Texas	23,078	13.2%

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

Young children are increasingly likely to be uninsured in states that have not expanded Medicaid.

Research is clear that children are more likely to be enrolled in available coverage when parents and other family members gain coverage.[29] States that have not expanded Medicaid to parents and other adults just above the poverty line have higher rates of uninsured children, with a growing gap between states over time.[30] These trends also extend to young children. As shown in Figure 5, the rate of uninsured, young children grew nearly three times as fast in non-expansion states as the rate among expansion states. In 2018, expansion states were more likely to have rates of uninsured, young children at or below the national average (Figure 6). Lack of health coverage for adults in non-expansion states is especially problematic for young children, whose early brain development is directly tied to the strength of their relationships with parents and caregivers.[31] Without health coverage for themselves, parents' struggles with their own unmet health needs can get in the way of their ability to fully bond with their children, which in turn impedes their children's development.[32] Poverty and unexpected costs exacerbate stress on the parent-child relationship: Children under age 6 experience higher rates of poverty than older children, making families with young children especially financially vulnerable to surprise medical expenses that can arise without health coverage.[33]

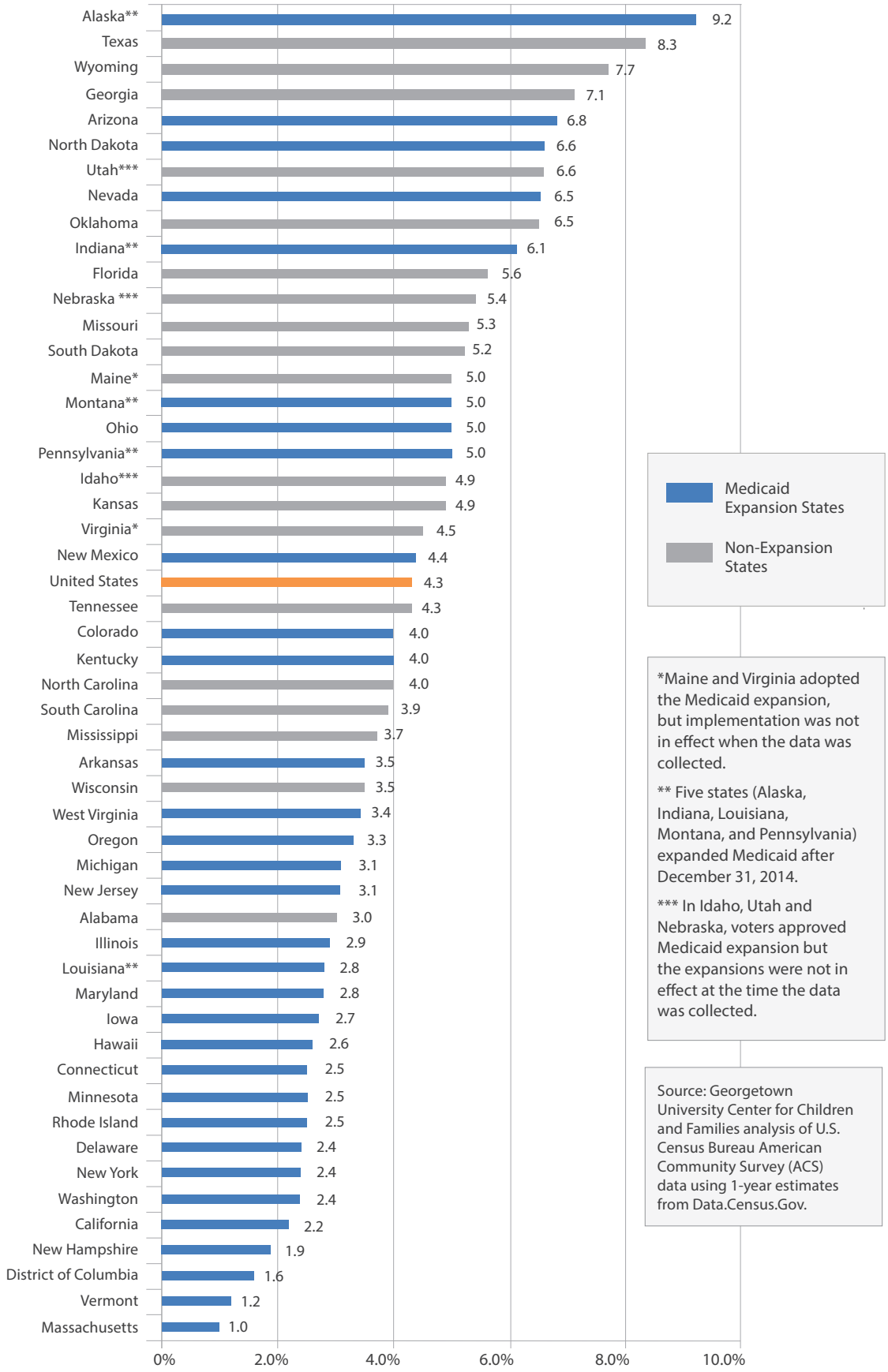
Figure 6. Uninsured Rate for Children Under 6 by Medicaid Expansion Status, 2016-2018



Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

*Change is significant from the national average at the 90% confidence level.

Figure 7. Uninsurance Rates for Children Under 6 in Medicaid Expansion States and Non-Expansion States, 2018



*Maine and Virginia adopted the Medicaid expansion, but implementation was not in effect when the data was collected.

** Five states (Alaska, Indiana, Louisiana, Montana, and Pennsylvania) expanded Medicaid after December 31, 2014.

*** In Idaho, Utah and Nebraska, voters approved Medicaid expansion but the expansions were not in effect at the time the data was collected.

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

Conclusion

The widespread coverage losses among the nation's youngest children are particularly troubling given the need for stable health care during the early years, when a child's brain develops most rapidly. As the data show, ensuring young children have health coverage requires a whole-family approach. Medicaid expansion states had lower rates of uninsured young children than non-expansion states, illustrating the inextricable link between parent and child health. Ensuring parents are covered is an essential step in making sure all children reach their fullest potential and that families are protected from the financial insecurity that comes with being uninsured.

Medicaid and CHIP offer critical access to preventive care, immunizations and routine screenings that can identify delays early, well before a child enters school. Addressing preventable delays and conditions early is not only important to school readiness, it can serve to set a child on the course to healthy lifelong development. Without coverage to facilitate regular check-ups and screenings, small problems can grow into bigger ones, and limit a child's ability to be successful in school and life.

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The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high-quality, affordable health coverage for America's children and families. CCF is based in the McCourt School of Public Policy's Health Policy Institute.

Methodology

Data Sources and Historic Changes to Age Categories for Children

The data presented in this brief derive from the U.S. Census Bureau's annual American Community Survey (ACS) as presented in the Census Bureau's new data platform, Data.Census.Gov. The specific data sources include: 1) Table B27001, 2) Tables B27001A-I, and 3) Table S2701. Where only number estimates are available, percent estimates were computed based on formulas provided in the 2018 ACS's "Instructions for Applying Statistical Testing to ACS 1-Year Data." For this special report on "Children Under 6" and most previous similar annual ACS reports, we have examined two-year trends in the ACS data (in this case, 2016-2018). On two occasions we have departed from this methodology when a significant one-year change occurred (2013-2014) after the Affordable Care Act was implemented; and 2016-2017 when the number of uninsured children began increasing as a result of efforts to pull back coverage and when Census also changed the age category for children in the ACS.

Margin of Error

The published U.S. Census Bureau data provide a margin of error (potential error bounds for any given estimate) at a 90 percent confidence level. All significance testing was conducted using the Census' Statistical Testing Tool. Except where noted, reported differences of percent or number estimates (either between groups, or across years) are statistically significant at a confidence level of 90 percent. Where estimates were combined to produce new estimates, margin of error results were computed following the U.S. Census' formulas in their April 18, 2018, presentation entitled, "Using American Community Survey Estimates and Margins of Error" by Sirius Fuller.

Geographic Location

We report regional data as defined by the Census Bureau. The ACS produces single-year estimates for all geographic areas with a population of 65,000 or more, which includes all regions, states (including the District of Columbia), and country and county equivalents.

The U.S. Census Bureau issued an Errata note 120 on Sept. 10, 2019 titled Data Collection Error in Delaware, which impacted 2017 American Community Survey (ACS) estimates for New Castle county and the state of Delaware, including the topic of health insurance. The Census indicates that "the 2017 ACS 1-year estimates for these topics (including health insurance) should not be compared with other ACS estimates." Therefore, we are noting the rate the Census data provides but this rate should not be compared with any other data given this error in the data.

Demographic Characteristics

In this brief, "young children" are defined as those individuals under age 6 (0-5 years old). The ACS provides one-year health insurance coverage estimates for the following race/ethnicity categories in tables B27001A-I: (A-White alone, B-Black/African-American, C-AI/ AN, D-Asian, E-Native Hawaiian/Pacific Islander, F-Some other race, G-More than 1 race, H-White, Non-Hispanic and I-Hispanic). The Census Bureau recognizes and reports race and Hispanic origin (i.e. ethnicity) as separate and distinct concepts and variables. To report on an individual's race, we merge the data for "Asian alone" and "Native Hawaiian or other Pacific Islander alone." In addition, we report the ACS category "some other race alone" and "two or more races" as "other." Except for "other", all racial categories refer to respondents who indicated belonging to only one race. We report "Hispanic or Latino," as "Hispanic." As this refers to a person's ethnicity, Hispanic and non-Hispanic individuals may be of any race. For more detail on how the ACS defines racial and ethnic groups, see "American Community Survey and Puerto Rico Community Survey 2015 Subject Definitions."

Appendix Table 1. Change in Number of Uninsured Children Under Age 6, 2016 and 2018

State	2016 Number Uninsured	2018 Number Uninsured	2016-2018 Change in Number of Uninsured	2016-2018 Percent Change
United States	904,417	1,019,380	114,963 *	12.7
Alabama	6,863	10,358	3,495 *	50.9
Alaska	4,984	5,803	819	16.4
Arizona	30,724	35,517	4,793	15.6
Arkansas	8,416	7,929	-487	-5.8
California	68,020	64,883	-3,137	-4.6
Colorado	13,369	16,213	2,844	21.3
Connecticut	7,163	5,285	-1,878	-26.2
Delaware	1,579	1,532	-47	-3.0
District of Columbia	1,168	820	-348	-29.8
Florida	63,322	76,033	12,711 *	20.1
Georgia	47,114	54,841	7,727 *	16.4
Hawaii	2,218	2,690	472	21.3
Idaho	4,838	6,841	2,003	41.4
Illinois	18,372	25,912	7,540 *	41.0
Indiana	27,990	30,734	2,744	9.8
Iowa	6,202	6,385	183	3.0
Kansas	9,230	10,820	1,590	17.2
Kentucky	8,608	12,973	4,365 *	50.7
Louisiana	9,423	10,298	875	9.3
Maine	3,191	3,896	705	22.1
Maryland	14,267	11,974	-2,293	-16.1
Massachusetts	4,938	4,455	-483	-9.8
Michigan	19,311	21,158	1,847	9.6
Minnesota	13,174	10,436	-2,738 *	-20.8
Mississippi	9,917	8,021	-1,896	-19.1
Missouri	16,051	23,431	7,380 *	46.0
Montana	2,742	3,707	965	35.2
Nebraska	8,875	8,496	-379	-4.3
Nevada	11,995	14,288	2,293	19.1
New Hampshire	1,998	1,452	-546	-27.3
New Jersey	19,427	19,241	-186	-1.0
New Mexico	6,072	6,148	76	1.3
New York	27,477	32,491	5,014	18.2
North Carolina	24,679	28,389	3,710	15.0
North Dakota	5,045	4,126	-919	-18.2
Ohio	29,820	41,642	11,822 *	39.6
Oklahoma	19,644	20,191	547	2.8
Oregon	6,531	9,183	2,652	40.6
Pennsylvania	39,966	41,652	1,686	4.2
Rhode Island	1,472	1,697	225	15.3
South Carolina	13,110	13,465	355	2.7
South Dakota	3,180	3,756	576	18.1
Tennessee	14,189	20,741	6,552 *	46.2
Texas	174,936	198,014	23,078 *	13.2
Utah	16,330	19,624	3,294	20.2
Vermont	578	445	-133	-23.0
Virginia	25,378	27,337	1,959	7.7
Washington	9,435	12,993	3,558 *	37.7
West Virginia	2,268	3,852	1,584 *	69.8
Wisconsin	14,832	13,999	-833	-5.6
Wyoming	3,986	3,213	-773	-19.4

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

*Change is significant at the 90% confidence level.

Appendix Table 2. Change in Percent of Uninsured Children Under Age 6, 2016-2018

State	2016 Percent Uninsured	2018 Percent Uninsured	2016-2018 Percentage Point Change
US	3.8	4.3	0.5 *
Alabama	2.0	3.0	1.0 *
Alaska	7.9	9.2	1.3
Arizona	5.9	6.8	0.9
Arkansas	3.7	3.5	-0.2
California	2.3	2.2	-0.1
Colorado	3.3	4.0	0.7
Connecticut	3.2	2.5	-0.7
Delaware	2.4	2.4	0.0
District of Columbia	2.3	1.6	-0.7
Florida	4.7	5.6	0.9 *
Georgia	6.0	7.1	1.1 *
Hawaii	2.0	2.6	0.6
Idaho	3.5	4.9	1.4
Illinois	2.0	2.9	0.9 *
Indiana	5.5	6.1	0.6
Iowa	2.6	2.7	0.1
Kansas	3.9	4.9	1.0 *
Kentucky	2.7	4.0	1.3 *
Louisiana	2.6	2.8	0.2
Maine	4.0	5.0	1.0
Maryland	3.3	2.8	-0.5
Massachusetts	1.1	1.0	-0.1
Michigan	2.8	3.1	0.3
Minnesota	3.1	2.5	-0.6
Mississippi	4.4	3.7	-0.7
Missouri	3.6	5.3	1.7 *
Montana	3.7	5.0	1.3
Nebraska	5.6	5.4	-0.2
Nevada	5.5	6.5	1.0
New Hampshire	2.5	1.9	-0.6
New Jersey	3.1	3.1	0.0
New Mexico	4.0	4.4	0.4
New York	2.0	2.4	0.4 *
North Carolina	3.5	4.0	0.5
North Dakota	7.7	6.6	-1.1
Ohio	3.6	5.0	1.4 *
Oklahoma	6.2	6.5	0.3
Oregon	2.3	3.3	1.0
Pennsylvania	4.7	5.0	0.3
Rhode Island	2.2	2.5	0.3
South Carolina	3.8	3.9	0.1
South Dakota	4.3	5.2	0.9
Tennessee	2.9	4.3	1.4 *
Texas	7.3	8.3	1.0 *
Utah	5.4	6.6	1.2
Vermont	1.6	1.2	-0.4
Virginia	4.2	4.5	0.3
Washington	1.8	2.4	0.6 *
West Virginia	1.9	3.4	1.5 *
Wisconsin	3.7	3.5	-0.2
Wyoming	8.7	7.7	-1.0

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

*Change is significant at the 90% confidence level.

Appendix Table 3. Uninsurance Trend for Uninsured Children Under Age 6 by State, 2010-2018

State	2010	2011	2012	2013	2014	2015	2016	2017	2018
United States	6.4%	5.9%*	5.7%*	5.7%	4.9%*	4.0%*	3.8%*	4.1%*	4.3%*
Alabama	4.8%	4.3%	3.3%	3.0%	3.4%	2.8%	2.0%*	2.6%	3.0%
Alaska	9.3%	9.9%	11.7%	11.5%	9.8%	10.8%	7.9%*	9.2%	9.2%
Arizona	9.9%	10.5%	10.8%	9.8%*	8.7%	6.8%*	5.9%	6.4%	6.8%
Arkansas	4.6%	4.8%	4.8%	4.5%	4.2%	5.7%*	3.7%*	3.4%	3.5%
California	6.4%	5.8%*	5.6%	5.2%*	3.9%*	2.4%*	2.3%	2.5%	2.2%*
Colorado	8.3%	7.8%	6.5%*	5.7%	4.2%*	3.2%*	3.3%	3.2%	4.0%*
Connecticut	2.4%	2.5%	3.3%	3.4%	3.3%	3.1%	3.2%	3.0%	2.5%
Delaware **	3.1%	3.6%	3.0%	3.6%	4.5%	2.5%	2.4%	5.6%*	2.4%*
District of Columbia	1.0%	2.3%	1.9%	1.9%	1.8%	1.0%	2.3%	1.4%	1.6%
Florida	9.9%	8.8%*	7.9%*	7.9%	7.0%*	5.1%*	4.7%	5.8%*	5.6%
Georgia	7.7%	7.3%	7.0%	8.0%	5.8%*	5.5%	6.0%	6.2%	7.1%
Hawaii	3.1%	2.2%	3.1%	2.8%	3.1%	0.8%*	2.0%*	1.4%	2.6%
Idaho	10.1%	7.8%*	6.8%	7.8%	6.3%	4.3%*	3.5%	3.7%	4.9%
Illinois	3.4%	2.6%*	2.7%	3.4%*	2.7%*	2.2%*	2.0%	2.3%	2.9%*
Indiana	8.4%	7.8%	7.6%	7.7%	6.8%*	6.5%	5.5%*	6.2%	6.1%
Iowa	2.9%	3.3%	3.3%	3.6%	2.7%*	3.4%	2.6%	3.3%	2.7%
Kansas	6.7%	5.1%*	5.6%	4.8%	3.8%	4.5%	3.9%	4.5%	4.9%
Kentucky	5.1%	5.4%	5.2%	5.2%	4.1%*	3.5%	2.7%*	3.5%*	4.0%
Louisiana	4.2%	4.9%	3.9%*	4.8%	4.5%	3.7%	2.6%*	2.6%	2.8%
Maine	2.8%	4.4%*	3.9%	4.9%	5.3%	6.1%	4.0%	4.0%	5.0%
Maryland	4.1%	3.0%*	3.3%	3.7%	2.6%*	3.3%	3.3%	3.4%	2.8%
Massachusetts	1.2%	1.9%*	1.4%	1.2%	1.6%	0.8%*	1.1%	1.5%	1.0%
Michigan	3.6%	3.7%	3.6%	3.6%	3.4%	2.8%*	2.8%	2.6%	3.1%
Minnesota	6.1%	5.7%	5.3%	5.0%	3.6%*	2.8%*	3.1%	3.0%	2.5%
Mississippi	6.7%	6.9%	5.5%	6.4%	3.2%*	3.6%	4.4%	3.7%	3.7%
Missouri	5.0%	5.2%	6.0%	6.6%	7.0%	5.3%*	3.6%*	4.5%*	5.3%
Montana	13.5%	9.9%*	11.5%	8.9%	6.4%*	5.7%	3.7%*	5.4%*	5.0%
Nebraska	4.6%	4.3%	4.7%	5.1%	4.1%	4.6%	5.6%	3.8%*	5.4%*
Nevada	14.8%	14.1%	15.4%	11.4%*	8.4%*	6.3%*	5.5%	5.6%	6.5%
New Hampshire	3.8%	2.9%	3.5%	3.1%	4.2%	2.4%*	2.5%	2.8%	1.9%
New Jersey	4.6%	3.9%*	3.8%	4.5%*	3.1%*	3.1%	3.1%	3.0%	3.1%
New Mexico	7.7%	6.7%	7.2%	6.1%	5.4%	3.0%*	4.0%	3.8%	4.4%
New York	4.4%	3.6%*	3.5%	3.8%	3.0%*	2.3%*	2.0%*	2.7%*	2.4%
North Carolina	5.6%	5.5%	4.9%	4.6%	4.0%	3.1%*	3.5%	3.3%	4.0%
North Dakota	5.5%	5.5%	5.1%	9.4%*	5.7%*	7.3%	7.7%	6.5%	6.6%
Ohio	4.9%	5.1%	4.6%*	5.1%	4.7%	4.4%	3.6%*	4.1%	5.0%*
Oklahoma	7.2%	8.9%*	7.6%*	8.7%*	6.9%*	5.2%*	6.2%*	7.0%	6.5%
Oregon	6.5%	6.6%	4.5%*	4.5%	4.3%	3.4%	2.3%*	2.8%	3.3%
Pennsylvania	5.1%	5.6%	5.3%	5.5%	5.3%	4.3%*	4.7%	4.5%	5.0%
Rhode Island	6.0%	2.5%*	4.1%	5.8%	2.7%*	2.9%	2.2%	1.3%	2.5%
South Carolina	7.5%	6.4%	6.9%	4.9%*	4.2%	3.4%	3.8%	4.4%	3.9%
South Dakota	7.4%	3.9%*	4.2%	6.1%*	5.5%	6.0%	4.3%	5.1%	5.2%
Tennessee	4.2%	3.7%	5.1%*	5.2%	4.1%*	3.4%*	2.9%	3.9%*	4.3%
Texas	10.7%	9.3%*	8.6%*	9.3%*	8.4%*	7.1%*	7.3%	7.5%	8.3%*
Utah	9.7%	9.7%	8.6%	8.6%	8.3%	5.6%*	5.4%	5.9%	6.6%
Vermont	1.9%	2.2%	1.5%	3.0%	2.7%	0.7%*	1.6%*	2.0%	1.2%
Virginia	5.6%	4.2%*	4.5%	4.2%	4.4%	4.4%	4.2%	4.3%	4.5%
Washington	5.0%	5.0%	4.7%	5.0%	4.1%*	2.6%*	1.8%*	2.0%	2.4%
West Virginia	3.0%	3.8%	3.4%	3.8%	2.5%	2.3%	1.9%	2.5%	3.4%
Wisconsin	4.8%	4.3%	4.3%	4.4%	4.2%	3.6%	3.7%	3.7%	3.5%
Wyoming	7.2%	8.3%	6.1%	5.3%	6.9%	8.1%	8.7%	8.6%	7.7%

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov.

* Change is significant at the 90% confidence level and is significant relative to the prior year.

** Because of an error in 2017 data collection noted by the U.S. Census Bureau, Delaware's rate should not be compared to other estimates.

Endnotes

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