ASPE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION | OFFICE OF HEALTH POLICY

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The Remaining Uninsured: Geographic and Demographic Variation

Before the coronavirus disease 2019 (COVID-19) pandemic, an estimated 11 million nonelderly Americans were uninsured despite potentially being eligible for free or reduced-cost coverage through the Affordable Care Act Marketplace.

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KEY POINTS

- Efforts to expand health insurance coverage are central to improving health equity and responding to the health and economic challenges of the COVID-19 pandemic. Millions of uninsured individuals are currently eligible for subsidized coverage under the Affordable Care Act (ACA), and this number is anticipated to grow with the provisions of the American Rescue Plan Act of 2021 (ARP).
- Though the national uninsured rate has decreased substantially since the implementation of the ACA, high uninsured rates persist in some states such as Texas and Florida.
- In some areas of the country, large portions of the uninsured population, up to 69 percent, reside in households in which the adults have limited English proficiency.
- Hispanic individuals represent 19 percent of the total U.S. population but account for 29 percent of the uninsured.
- Black individuals comprise approximately 13 percent of the U.S. population but 16 percent of the uninsured.
- Data on the uninsured population can assist with outreach efforts to inform eligible individuals about their health insurance coverage options.

INTRODUCTION

Studies show that people without health insurance coverage are less likely to receive necessary preventive care and screening services, have less access to care, and experience worse health outcomes than those with health insurance coverage.[1,2,3] The COVID-19 pandemic precipitated a historic public health and economic crisis. In response to this crisis and in accordance with an Executive Order issued on January 28, 2021,[4] the Centers for Medicare & Medicaid Services (CMS) has provided a Special Enrollment Period (SEP) for consumers in the 36 states that use the HealthCare.gov platform from February 15 to May 15 (COVID-19 SEP). The COVID-19 SEP is available to new enrollees and current enrollees with no requirement for applicants to have previously had health insurance coverage.

A survey by the Commonwealth Fund found that 59 percent of respondents who lost employment during the pandemic did not previously have coverage through their job.[5] The COVID-19 SEP enables these individuals to seek coverage through the Federal Marketplace. The fifteen State-Based Marketplaces (SBMs) are providing SEPs with the same or similar time periods.* Efforts to expand health insurance coverage are central to improving health equity and responding to the health and economic challenges of the COVID-19 pandemic. This Issue Brief illustrates the geographic and demographic variation across the country in the uninsured population,† including those eligible to enroll in coverage through the Marketplace during the COVID-19 SEP.

BACKGROUND

The Affordable Care Act (ACA), signed into law on March 23, 2010, extended health insurance coverage to millions of Americans through Medicaid (in the states participating in Medicaid expansion) and Marketplace coverage, which is subsidized for most individuals and families who apply for coverage. The number of nonelderly (under the age of 65) uninsured dropped by 20 million between 2010 and 2016, before rising by about 2 million through the first half of 2020.[6]

To receive financial assistance for health insurance coverage through the ACA Marketplace, people have to sign up, and they are unlikely to sign up if they are not aware of the Marketplace or do not know they are eligible for financial help. Research suggests many uninsured people are not aware of affordable health insurance coverage options. An Urban Institute survey in September 2020, for example, found that 46 percent of uninsured adults knew little or nothing about the ACA Marketplace and 65 percent knew little or nothing about Marketplace subsidies.[7] The Commonwealth Fund Biennial Health Insurance Survey in 2018 found that two-thirds of uninsured adults did not try to obtain coverage through the Marketplace and that 7 percent of them—over a million people—said they did not try because they did not know about the Marketplace.[8] A separate 2017 Commonwealth Fund survey found that lack of awareness of the Marketplace was higher among Latino and Black respondents than among White respondents.[9] Health insurance literacy, or the familiarity with terms such as premiums and deductibles that can help people make informed choices among their coverage options, is lower among Hispanic and Black populations than among White populations, and lower among Spanish-speaking survey respondents than among English-speaking respondents.[10]

This Issue Brief is intended to support state and local outreach efforts to help make uninsured individuals aware of their options for affordable health insurance coverage. The data presented in this Issue Brief, and more, are available for download from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at https://aspe.hhs.gov/pdf-report/estimates-of-the-qhp-eligible-uninsured.‡

METHODS

We define Qualified Health Plan (QHP)-eligible uninsured adults (ages 19-64) as those who are uninsured and have incomes at or above the level that determines eligibility for Marketplace insurance affordability programs (generally greater than 100% or 138% of the Federal Poverty Level (FPL), depending on state Medicaid expansion status).§ Uninsured children (ages 0-18) in all states are defined as QHP-eligible based on income greater than 250% of FPL to reflect higher income eligibility limits in Medicaid or the Children's Health

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* See state profiles at https://www.healthinsurance.org/states/ and https://agency.accesshealthct.com/access-health-ctannounces-a-special-enrollment-period-for-uninsured-residents-due-to-ongoing-public-health-crisis.

† In this brief, all references to uninsured refer to nonelderly uninsured.

‡ Some densely populated urban areas may not appear clearly in the national maps included in this brief. More detailed information on specific counties or PUMAs is available for download at https://aspe.hhs.gov/pdf-report/estimates-of-the-qhp-eligible-uninsured.

§ Some individuals below these FPL levels may be QHP-eligible (depending on Medicaid eligibility and immigration status), if not subsidy-eligible.

Insurance Program (CHIP). Income was assessed at the level of health insurance units (HIUs), which consist of an adult, a spouse (if any), and any dependent children. Unless otherwise noted, estimates of QHP eligibility presented in this Issue Brief are based on eligibility criteria prior to enactment of the ARP.

To estimate the nonelderly QHP-eligible uninsured population, we calculated the number of uninsured individuals with family incomes (defined based on HIU), that would qualify them for QHP-eligibility in the 2019 American Community Survey Public Use Microdata Sample (ACS PUMS). We adjusted the ACS PUMS weights for noncitizens based on the estimated probability that each individual is undocumented. Undocumented immigrants are not eligible to enroll in QHPs or Medicaid and therefore are not included in the uninsured estimates used in this Issue Brief. The weight adjustment methodology is based on imputations of immigration legal status in ASPE's Transfer Income Model (TRIM3) microsimulation model.

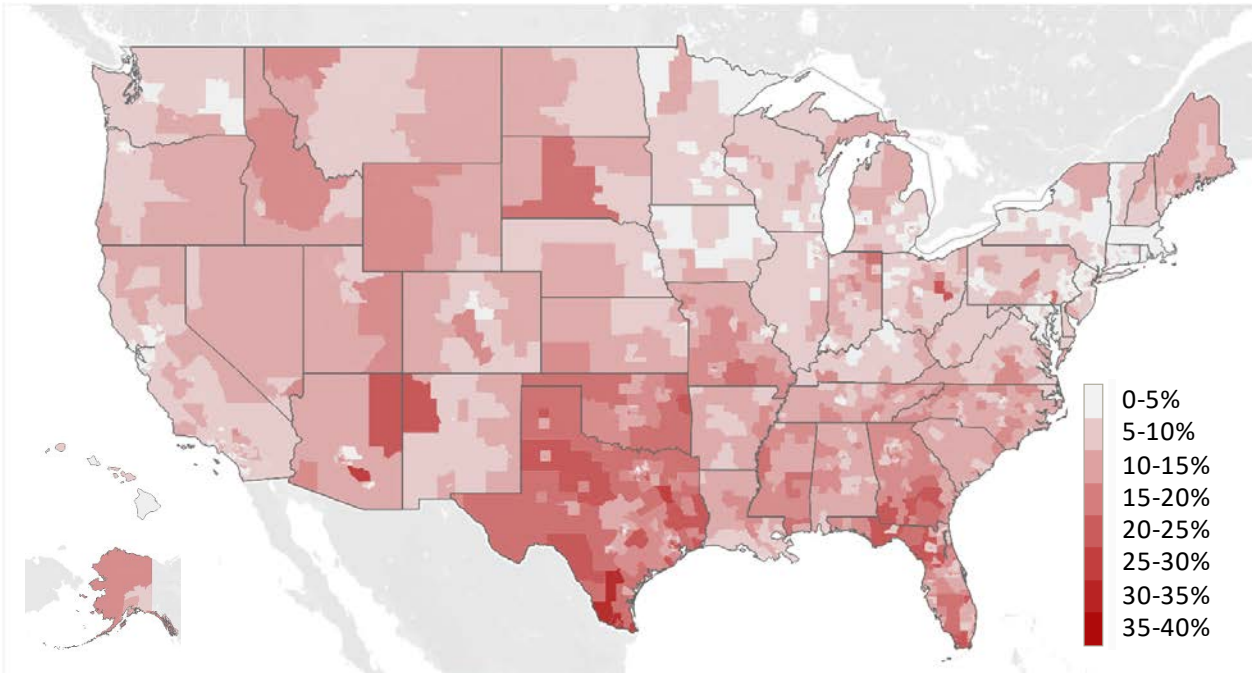
We present results by Public Use Microdata Areas (PUMAs), the most granular level of geography available in the ACS public use file. PUMAs are geographic areas within each state that contain no fewer than 100,000 people; they can consist of part of a single densely populated county or can combine parts or all of multiple counties that are less densely populated. Detailed maps of PUMAs for each state are available at: https://www.census.gov/geographies/reference-maps/2010/geo/2010-pumas.html.

These estimates are meant to be reflective of the approximate size of groups potentially eligible for enrollment in QHPs, but they are not precise estimates of such populations. The approximations presented here may vary from other available estimates of the remaining uninsured due to differences in data sources and methodology. These results do not account for whether uninsured individuals have an affordable offer of employer coverage, which also affects eligibility for subsidized QHP enrollment. Since the 2019 Census ACS was fielded by the United States Census Bureau, the COVID-19 pandemic has caused significant employment and health insurance status disruptions (as reflected in Census Household Pulse** and unemployment filing data).

** U.S. Census Bureau. Household Pulse Survey: Measuring Social and Economic Impacts during the Coronavirus Pandemic. https://www.census.gov/programs-surveys/household-pulse-survey.html.

ESTIMATES OF THE PERCENTAGE OF NONELDERLY UNINSURED IN 2019

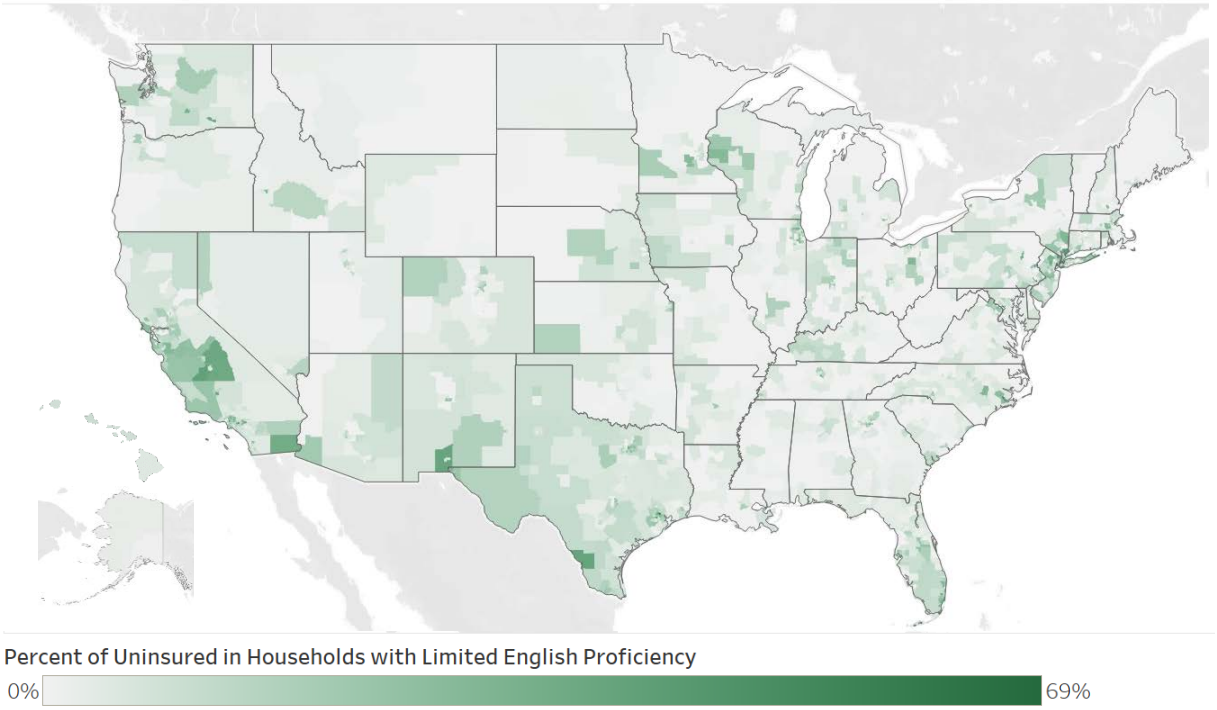
Figure 1. Uninsured Rates Among the U.S. Nonelderly Population in 2019, by PUMA



Source: ASPE analysis of 2019 American Community Survey Public Use Microdata Sample (ACS PUMS).

There is tremendous variation in the uninsured rate across the United States. Figure 1 displays the percent of persons under the age of 65 who were uninsured in 2019, by PUMA. The average uninsured rate in the South Census region (12.5 percent) was more than double the uninsured rate in the Northeast Census region (5.6 percent). Among the southern states, Texas has a disproportionate share of the uninsured, with a total uninsured population of more than 4.5 million and an uninsured rate of 19 percent. Though Texas accounts for only 9 percent of the total nonelderly U.S. population, it accounts for over 17 percent of the uninsured population. Of the 50 PUMAs with the highest uninsured rate, 43 are located in Texas. Texas also had the widest intrastate variation across PUMAs with a maximum uninsured rate of 40 percent in Hidalgo County (North & West) and a minimum uninsured rate of 3 percent in Austin City (Northwest).

Figure 2. Percent of Uninsured Who Are in Households with Limited English Proficiency in 2019, by PUMA



Source: ASPE analysis of 2019 American Community Survey Public Use Microdata Sample (ACS PUMS). Language proficiency was based on self-report and whether anyone in the household spoke English "very well" or as their only language at home.

Many uninsured households include adults whose primary language is not English. Figure 2 shows the percent of uninsured persons who live in households in which no person age 14+ speaks English "very well" or as their primary language, based on self-reported data in the ACS.[††] Our analysis shows that among the total U.S. uninsured population, approximately 9 percent reside in households whose adults have limited English proficiency. Among those who were uninsured in 2019, 9 percent reported they primarily spoke Spanish in their household. After English and Spanish, Chinese was the next most common language, spoken among 0.4 percent of the uninsured population.

Table 1 shows the top 10 PUMAs by percentage of the uninsured who speak a language other than English in their households. The PUMA with the highest percentage of uninsured in such households was in North Houston, Texas, with 69% of the adults in those households reporting Spanish as their primary language.

[††] Individuals who speak a language other than English at home and also speak English "very well" are not characterized as having limited English proficiency.

Table 1. Top 10 PUMAs with the Highest Percentage of Uninsured Who Are in Households with Limited English Proficiency in 2019

PUMA Name	State Name	Limited English Proficiency*	Spanish	Chinese	Korean	Russian	Other Language
Houston City (North) & Aldine--Between Loop I-610 & Beltway TX-8	Texas	69%	69%	0%	0%	0%	0%
NYC-Queens Community District 7--Flushing, Murray Hill & Whitestone	New York	66%	10%	49%	12%	0%	4%
Montgomery County (Southwest)--King of Prussia & Ardmore (East)	Pennsylvania	64%	25%	1%	0%	3%	6%
NYC-Brooklyn Community District 13--Brighton Beach & Coney Island	New York	58%	27%	3%	0%	12%	18%
Houston City (West)--Westpark Tollway, Between Loop I-610 & Beltway TX-8	Texas	58%	46%	2%	0%	0%	13%
South Texas Development Council (North)--Webb County--Laredo City (Central)	Texas	53%	62%	0%	0%	0%	0%
NYC-Queens Community District 3--Jackson Heights & North Corona	New York	53%	60%	5%	0%	0%	3%
Union County (Northeast)--Elizabeth City	New Jersey	51%	57%	0%	0%	0%	6%
NYC-Queens Community District 8--Briarwood, Fresh Meadows & Hillcrest	New York	51%	23%	24%	1%	1%	9%
Miami-Dade County (Northeast Central)--Miami City (Downtown)	Florida	51%	53%	0%	0%	0%	0%

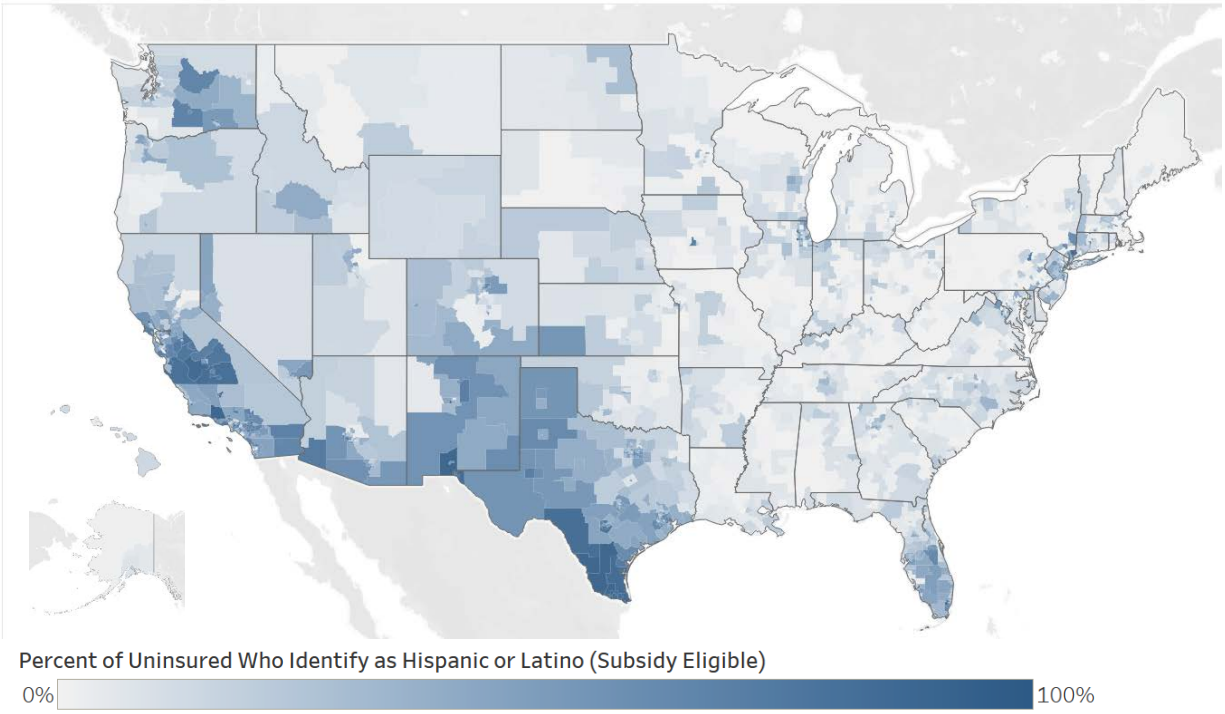
Source: ASPE analysis of 2019 American Community Survey Public Use Microdata Sample (ACS PUMS).
Note: * Language proficiency was based on self-report and whether anyone in the household spoke English "very well" or as their only language at home. Some households report both high English proficiency as well as another language spoken in the home, which means that the sum of the other languages spoken in the table exceeds the "limited English proficiency" percentage in some cases. Individuals who speak a language other than English at home and also speak English "very well" are not characterized as having limited English proficiency.

DISPARITIES IN THE UNINSURED RATE BY RACE AND ETHNICITY

We also analyzed the racial and ethnic composition of the subsidy-eligible uninsured under the ACA's pre-ARP standards, among those with incomes up to 400% of FPL.

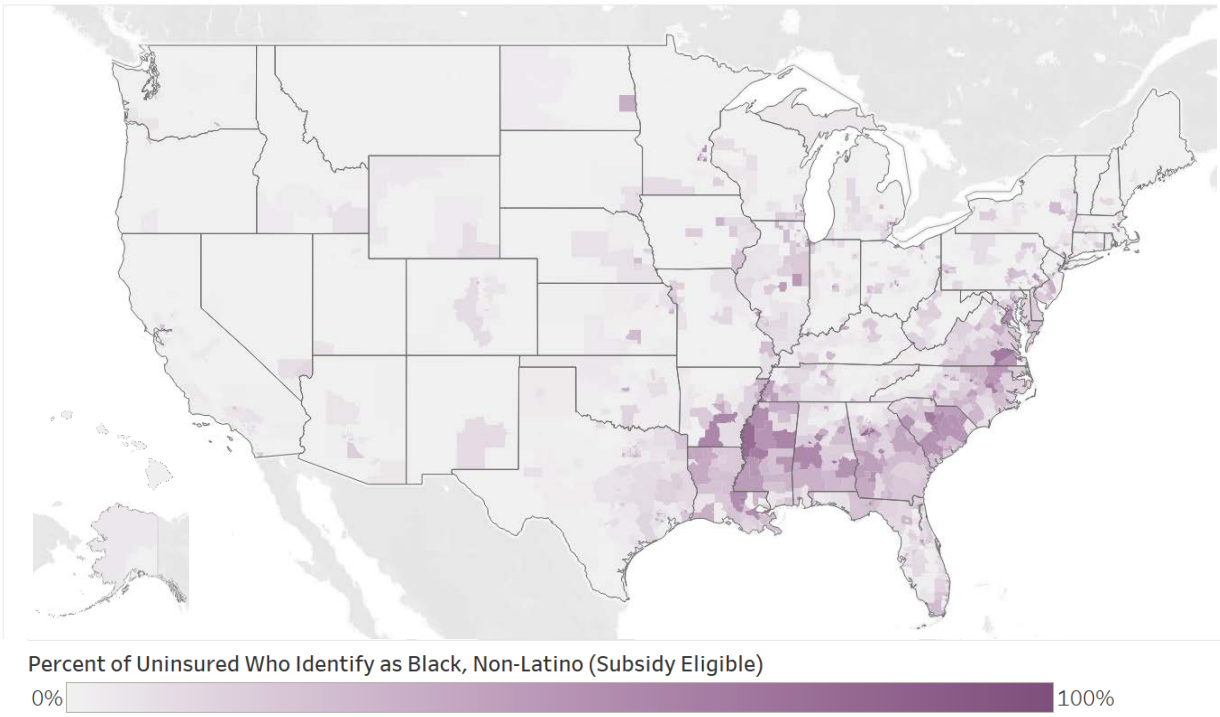
Figure 3 presents the percent of the subsidy-eligible uninsured population who identify as Hispanic or Latino, by PUMA. Among racial and ethnic populations, Hispanic individuals have the second highest uninsured rate at approximately 15 percent, second only to American Indian and Alaska Native populations, at 22 percent. In 2019, Hispanic individuals represented 19 percent of the total U.S. population, but they accounted for 29 percent of the uninsured. Additionally, regions with majority Hispanic communities generally have elevated uninsured rates. In the top 10 PUMAs ranked in order of percent uninsured, Hispanic individuals are an average of 90 percent of the uninsured and 91 percent of subsidy-eligible uninsured. The majority (64 percent) of the nation's subsidy-eligible Hispanic uninsured population resides in just three states: Texas, California and Florida.

Figure 3. Percent of QHP Subsidy-Eligible Uninsured Persons Under 400% FPL Who Identify as Hispanic or Latino in 2019, by PUMA



Source: ASPE analysis of 2019 American Community Survey Public Use Microdata Sample (ACS PUMS).

Figure 4. Percent of QHP Subsidy-Eligible Uninsured Persons Under 400% FPL Who Identify as Black or African American in 2019, by PUMA



Source: ASPE analysis of 2019 American Community Survey Public Use Microdata Sample (ACS PUMS).

As shown in Figure 4, PUMAs where Black individuals make up a large share of the subsidy-eligible uninsured population are mostly located in the Southern states. Like Hispanic individuals, Black individuals are disproportionately represented in the uninsured population. Black individuals comprise approximately 13 percent of the US population and about 16 percent of the uninsured. Of the total number of Black subsidy-eligible uninsured individuals, about 37 percent reside in Texas, Florida, and Georgia. Black individuals account for a larger share of the uninsured in Mississippi than in any other state – 48 percent of the state's total uninsured and 40 percent of the Marketplace subsidy-eligible uninsured.

It is important to note that in all of the figures presented, PUMAs in densely populated urban areas do not cover large enough geographic areas to show up clearly in national maps. For example, several of the PUMAs in the Detroit and Cleveland areas have subsidy-eligible uninsured populations that are between 60 and 100 percent Black, but those areas are not clearly visible in Figure 4. Similarly, Figure 3 does not indicate some of the small densely populated PUMAs with high shares of Hispanic individuals in the subsidy-eligible uninsured population, including those in Central Los Angeles County (where up to 99 percent of the subsidy-eligible uninsured population is Hispanic, depending on the PUMA) and in Las Vegas (where up to 72 percent of subsidy-eligible uninsured are Hispanic). As noted earlier in this issue brief, more granular data are available from ASPE for these and other geographic areas.[‡‡]

[‡‡] State and Local Estimates of the Uninsured Population in the U.S. Using the Census Bureau's 2019 American Community Survey available at https://aspe.hhs.gov/pdf-report/estimates-of-the-qhp-eligible-uninsured.

DISCUSSION

Though the national uninsured rate has decreased substantially since the implementation of the ACA, high uninsured rates persist in some states like Texas and Florida, which have not expanded Medicaid.[11] Before the COVID-19 pandemic, an estimated 11 million nonelderly Americans were uninsured despite potentially being eligible for free or reduced-cost coverage through the ACA Marketplace.

The ARP expands eligibility for Marketplace subsidies.[12] Individuals with family incomes above 400 percent of the FPL ($51,520 for a one-person household, $106,000 for a family of four in 2021) may now qualify for premium subsidies beginning April 1, 2021. As many as 3.6 million uninsured individuals may newly qualify under this provision.[13] Many others who already qualified for Premium Tax Credits will be able to receive larger subsidies: an estimated 1.8 million uninsured individuals with incomes below 150% of the FPL will be eligible for subsidies that will allow them to be covered under the benchmark silver plan for their geographic area without any premium.[14] Overall, 14.9 million people who are currently uninsured may be eligible for Premium Tax Credits under the ARP.[15]

Unfamiliarity with the Marketplace and with the financial assistance available for health insurance coverage purchased through the Marketplace is a significant barrier to selecting and enrolling in Marketplace coverage.[16] Even fluent English speakers may have challenges enrolling in Marketplace coverage, but for those with more limited English proficiency, enrolling in coverage may be significantly more difficult. In some areas, particularly in metropolitan centers, large portions of the uninsured population reside in households with limited English proficiency. To foster health literacy and connect with these communities, outreach campaigns should translate materials into the community's native language, and other targeted outreach strategies including Navigator and enrollment assistance may be needed. While White individuals make up the largest share of the U.S. uninsured population at 47 percent, Black and Hispanic individuals account for disproportionately high shares of this remaining uninsured population. Given the enormous toll that the COVID-19 pandemic has taken on communities of color, it is especially important to promote enrollment in health insurance coverage among these populations to improve equitable access to care.

CONCLUSION

Health insurance coverage provides individuals and families with financial protection and access to health services. A substantial amount of research literature demonstrates that access to health insurance coverage leads to better health outcomes. The ACA created new opportunities for affordable health insurance coverage in Medicaid and through the Marketplace, and the ARP will expand financial assistance further, making millions of additional Americans eligible for Marketplace subsidies for the first time.

Well-targeted marketing, outreach, and assistance can help uninsured adults become aware of their options and enroll in health insurance coverage that fits their families' needs. Focused outreach based on the racial and ethnic composition of the uninsured, languages spoken in the home, and the insurance affordability programs for which they are eligible may help to increase coverage now and improve retention and health outcomes later.[§§]

[§§] CMS partners with community-based organizations to reach eligible/uninsured racial and ethnic and rural populations. Please see https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/index for more information.

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