

Trends in Health Insurance Coverage in Connecticut: Summary of 2014 American Community Survey Census Data

September 2015

New data from the American Community Survey provide insight into health insurance coverage estimates in Connecticut and across the nation.

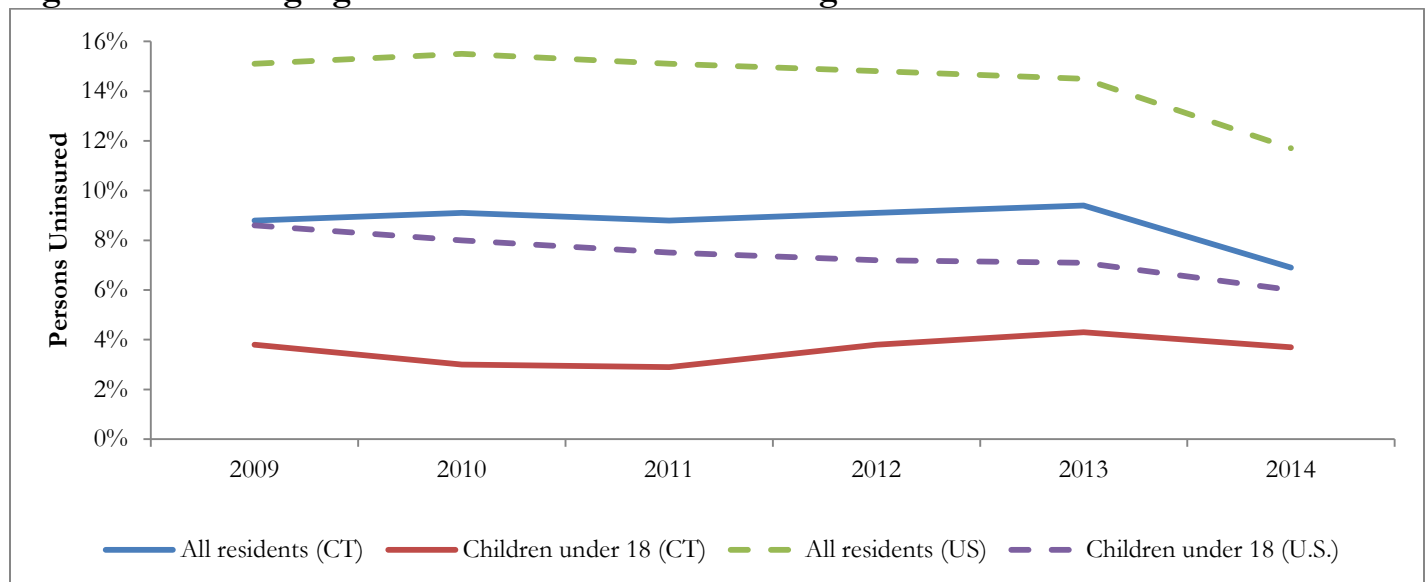
Statistically significant findings in health insurance data for 2014¹ include:

- The uninsured rate for all Connecticut residents fell from 9.4% in 2013 to 6.9% in 2014. This mirrors the national trend, with the uninsured rate in the United States dropping from 14.5% in 2013 to 11.7% in 2014.
- The rate of children under 18 in Connecticut without insurance remained low at 3.7% in 2014, without a statistically significant change from 2013 to 2014. Nationally, the rate of uninsured children fell from 7.1% to 6.0% from 2013 to 2014.
- Uninsured rates in 2014 continued to show disparity across race/ethnicity. Uninsured rates for black residents (9.2%) and Hispanic residents (16.2%) were higher than rates for white² residents (5.5%) in Connecticut.
- Health insurance coverage rose across the majority of counties and large cities in Connecticut.

Health care coverage has increased as follows:

- The uninsured rate for all residents in the United States fell significantly from 2013 to 2014.
- The uninsured rate for all children under 18 in the United States fell significantly from 2013 to 2014.
- More Connecticut residents are insured in 2014 than 2013.

Figure 1: Encouraging Trends in Health Care Coverage in Connecticut and the Nation



Source: U.S. Census ACS Sept. 17, 2015 release analyzed by Connecticut Voices for Children. Note: 2009 is the first year for which there are ACS data for reliable estimates of insurance coverage.

¹ **Important technical notes on usage:** *Unless noted otherwise, all bulleted findings are statistically significant.* All data are from the Sept. 17, 2015 ACS release, with analyses of statistical significance by Connecticut Voices for Children. A change in Census estimates is called “statistically significant” if it is unlikely to have occurred by chance; all statistically significant findings are noted following each table. Unless a change in Census estimates over time is statistically significant, it would not be accurate to say, for example, that uninsured rates have increased or declined. (Further technical details are provided at the end of this fact sheet.)

² “White” refers to non-Hispanic white residents; Black and Hispanic residents are not mutually exclusive Census categories.

Table 1: Uninsured Estimates for the Nation

| Uninsured Indicator | 2009 | 2013 | 2014 |
|--|-------------------------|-------------------------|-------------------------|
| All residents uninsured (at time of survey) | 15.1% (46.3 million) | 14.5% (45.2 million) | 11.7% (36.7 million) |
| All children under 18 uninsured (at time of survey) | 8.6% (6.4 million) | 7.1% (5.2 million) | 6.0% (4.4 million) |

Source: U.S. Census ACS Sept. 17, 2015 release analyzed by Connecticut Voices for Children. Note: 2009 is the first year for which there are ACS data for reliable estimates of insurance coverage.

Table 2: Uninsured Estimates for Connecticut

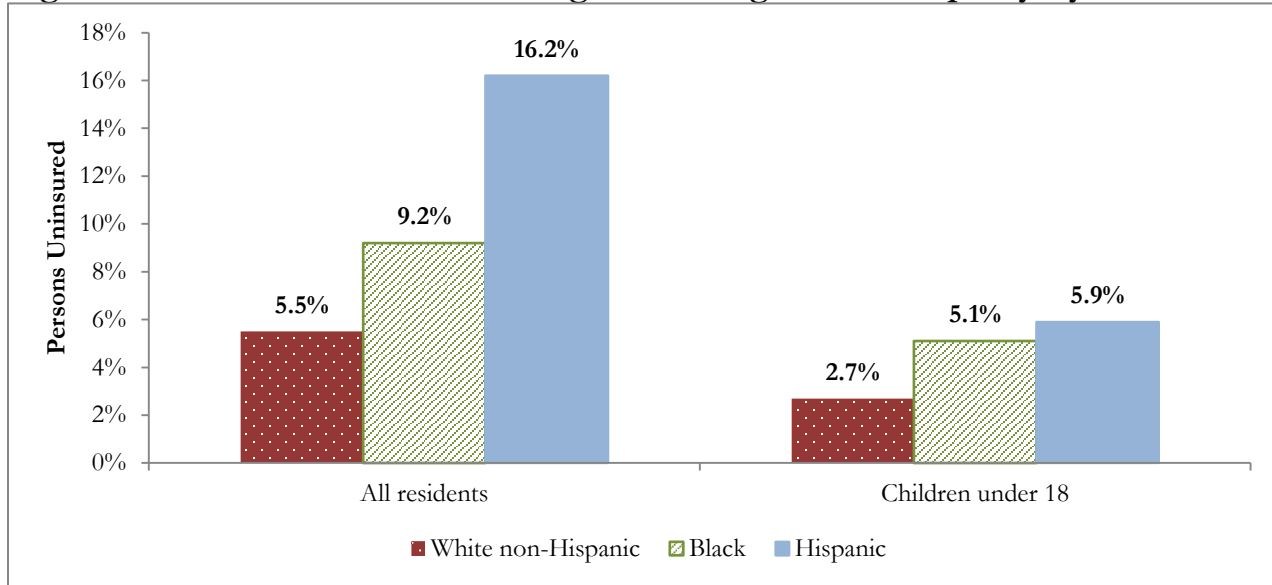
| Uninsured Indicator | 2009 | 2013 | 2014 |
|--|-------------------|-------------------|-------------------|
| All residents uninsured (at time of survey) | 8.8% (305,000) | 9.4% (333,000) | 6.9% (245,000) |
| All children under 18 uninsured (at time of survey) | 3.8% (30,000) | 4.3% (34,000) | 3.7% (29,000) |

Source: U.S. Census ACS Sept. 17, 2015 release analyzed by Connecticut Voices for Children. Note: 2009 is the first year for which there are ACS data for reliable estimates of insurance coverage.

Despite this positive news, troubling disparities in health insurance coverage by race and ethnicity persist:

- Uninsured rates for black residents (9.2%) and Hispanic residents (16.2%) were higher than white³ residents (5.5%) in Connecticut.
- Uninsured rates for children saw a similar, but smaller, disparity by race and ethnicity. Black children (5.1%) and Hispanic residents (5.9%) were higher than white⁴ residents (2.7%) in Connecticut, but their relatively lower rates compared to all residents are an indication of the success of Connecticut’s HUSKY program.

Figure 2: Connecticut Health Coverage Shows Significant Disparity By Race/Ethnicity



Source: U.S. Census ACS Sept. 17, 2015 release analyzed by Connecticut Voices for Children. Note: Hispanic and black are not mutually exclusive Census categories; i.e., some black residents may be Hispanic. The overall uninsured rate for all residents was 6.9%, and the uninsured rate for children was 3.7%.

Table 3: Uninsured Estimates by Race/Ethnicity in Connecticut in 2014

| Uninsured Indicator | White non-Hispanic | Black | Hispanic |
|---|--------------------|------------------|-------------------|
| All residents uninsured (at time of survey) | 5.5% (151,000) | 9.2% (33,000) | 16.2% (86,000) |
| All children under 18 uninsured (at time of survey) | 2.7% (12,000) | 5.1% (5,000) | 5.9% (10,000) |

Source: U.S. Census ACS Sept. 17, 2015 release analyzed by Connecticut Voices for Children. Note: Hispanic and black are not mutually exclusive Census categories; i.e., some black residents may be Hispanic.

³ “White” refers to non-Hispanic white residents; Black and Hispanic residents are not mutually exclusive Census categories.

⁴ “White” refers to non-Hispanic white residents; Black and Hispanic residents are not mutually exclusive Census categories.

Within the state of Connecticut, change in the uninsured rate for cities and counties are as follows:

- The uninsured rate for all residents fell significantly from 2013 to 2014 across all geographies listed in the table below, except for Litchfield and Tolland Counties, Danbury, Norwalk, New Britain and Waterbury.
- The uninsured rate for children under 18 dropped significantly from 2013 to 2014 for Hartford County, Windham County and Danbury.

Table 4: Uninsured in Connecticut Cities and Counties in 2013 and 2014⁵

| Geography | All residents uninsured in 2013 | All residents uninsured in 2014 | All children under 18 uninsured in 2013 | All children under 18 uninsured in 2014 |
|--------------------|--|--|--|--|
| Connecticut | 9.4% (333,000) | 6.9% (245,000) | 4.3% (34,000) | 3.7% (29,000) |
| COUNTIES | | | | |
| Fairfield | 12.7% (118,000) | 10.1% (94,000) | 6.7% (15,000) | 6.3% (14,000) |
| Hartford | 8.6% (76,000) | 5.5% (48,000) | 3.7% (7,000) | 2.3% (5,000) |
| Litchfield | 8.0% (15,000) | 6.6% (12,000) | 4.2% (2,000) | 5.9% (2,000) |
| Middlesex | 6.9% (11,000) | 4.6% (7,000) | 1.6% (1,000) | 1.9% (1,000) |
| New Haven | 8.8% (75,000) | 6.7% (57,000) | 3.6% (7,000) | 3.0% (6,000) |
| New London | 6.7% (18,000) | 5.1% (13,000) | 2.2% (1,000) | 2.2% (1,000) |
| Tolland | 5.5% (8,000) | 5.0% (7,000) | 1.1% ($<1,000$) | 1.9% (1,000) |
| Windham | 10.6% (12,000) | 4.6% (5,000) | 4.3% (1,000) | 1.0% ($<1,000$) |
| CITIES | | | | |
| Bridgeport | 22.0% (32,000) | 15.9% (23,000) | 7.2% (3,000) | 4.4% (2,000) |
| Danbury | 18.8% (15,000) | 17.7% (15,000) | 6.7% (1,000) | 17.4% (3,000) |
| Hartford | 16.3% (20,000) | 11.9% (15,000) | 6.2% (2,000) | 5.3% (2,000) |
| New Britain | 9.7% (7,000) | 7.5% (5,000) | 7.2% (1,000) | 2.1% ($<1,000$) |
| New Haven | 12.4% (16,000) | 9.3% (12,000) | 4.8% (1,000) | 3.4% (1,000) |
| Norwalk | 22.0% (19,000) | 22.0% (19,000) | 27.1% (5,000) | 27.1% (5,000) |
| Stamford | 18.5% (23,000) | 13.0% (17,000) | 2.3% (1,000) | 4.6% (1,000) |
| Waterbury | 13.9% (15,000) | 11.7% (13,000) | 4.1% (1,000) | 5.1% (1,000) |

Source: U.S. Census ACS Sept. 17, 2015 release analyzed by Connecticut Voices for Children. Note: Uninsured estimates are of people uninsured at time of survey. Data were not analyzed for significance between geographies.

⁵ Single-year estimates are only available for geographies with populations greater than 65,000. Census estimates for smaller geographies (i.e. other towns in Connecticut) will be available in 3 and 5-year estimates that will be released later this year.

Data by Congressional District show:

- The uninsured rates for all residents fell significantly from 2013 to 2014 in every Congressional District.
- The uninsured rates for children under 18 did not change significantly from 2013 to 2014 in any Congressional District.

Table 5: Uninsured in Connecticut Congressional Districts in 2014

| Congressional District | All residents uninsured in 2013 | All residents uninsured in 2014 | All children under 18 uninsured in 2013 | All children under 18 uninsured in 2014 |
|--|---------------------------------|---------------------------------|---|---|
| STATEWIDE | 9.4% (333,000) | 6.9% (245,000) | 4.3% (34,000) | 3.7% (29,000) |
| 1 st District (Rep. Larson) | 8.5% (61,000) | 5.6% (40,000) | 3.1% (5,000) | 2.9% (4,000) |
| 2 nd District (Rep. Courtney) | 7.2% (50,000) | 4.7% (32,000) | 2.2% (3,000) | 2.0% (3,000) |
| 3 rd District (Rep. DeLauro) | 8.5% (60,000) | 6.0% (43,000) | 3.7% (5,000) | 2.4% (4,000) |
| 4 th District (Rep. Himes) | 13.0% (95,000) | 10.5% (77,000) | 7.2% (13,000) | 6.2% (11,000) |
| 5 th District (Rep. Esty) | 9.5% (67,000) | 7.6% (54,000) | 4.6% (7,000) | 4.6% (7,000) |

Source: U.S. Census ACS Sept. 17, 2015 release analyzed by Connecticut Voices for Children. Note: This data reflects Congressional district boundaries as of January 3, 2013 (the 113th Congress). Note: Uninsured estimates are of people uninsured at time of survey. Data were not analyzed for significance between Congressional Districts.

Guide to Using Census Data

Data Source. The United States Census Bureau released estimates from the American Community Survey (ACS), an annual survey of 3 million households that provides estimates on poverty, income, and health insurance in the United States, on September 17, 2015. Connecticut Voices for Children analyzes these data, which this year represent 2014 survey estimates, for significance and major trends.

Unless a change in Census estimates over time is statistically significant, it is not accurate to say, for example, that poverty rates have increased or declined. Unless specifically noted above, there were no statistically significant changes in Census estimates between 2014 data and other years. The numbers reported in the ACS survey are estimates because only a sample of the entire population is surveyed. For this reason, the Census Bureau publishes additional data that allow us to estimate the range of values within which the population’s actual poverty rate is likely to fall. This enables us to determine whether or not the change in an estimate from one time period to the next is large enough to conclude that a change in the population has occurred, or whether the change in the estimate may have been due to random chance. For example, in the field of opinion polling, the “margin of error” of a poll helps to assess whether there has been a significant change in polling results over time. **A change in Census estimates is called “statistically significant” if it is unlikely to have occurred by chance.** (This term describes the statistical evidence of change, not whether it is important or meaningful. Lack of change can also be meaningful.) Statistical significance tests were conducted for poverty and uninsured *rates*, rather than *numbers* of people in poverty or *numbers* uninsured.

Health Insurance Coverage. In the annual American Community Survey (ACS), the Census Bureau asks whether the person is **currently covered** by any type of insurance. The results are not directly comparable to uninsured estimates from the Current Population Survey (CPS).

“All residents” refers to the “Civilian Noninstitutionalized Population,” or all U.S. civilians (not necessarily citizens) not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing

facilities, and other long-term care living arrangements. “All children under 18” refers to the portion of the Civilian Noninstitutionalized Population under the age of 18.

Connecticut Voices’ use of ACS data is informed by the guidance of analysts at the Census Bureau, Center on Budget and Policy Priorities, and Coalition on Human Needs.