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September 2017 | Fact Sheet

Key Facts about the Uninsured Population

The Affordable Care Act (ACA) led to historic gains in health insurance coverage by extending Medicaid coverage to many low-income individuals and providing Marketplace subsidies for individuals below 400% of poverty. Under the law, the number of uninsured nonelderly Americans decreased from 44 million in 2013 (the year before the major coverage provisions went into effect) to 28 million as of the end of 2016. Recent efforts to alter the ACA or fundamentally change the structure of Medicaid may pose a challenge to further reducing the number of uninsured and may threaten coverage gains seen in recent years. This fact sheet describes how coverage has changed under the ACA, examines the characteristics of the uninsured population, and summarizes the access and financial implications of not having coverage.

Summary: Key Facts about the Uninsured Population

How has the number of uninsured changed under the ACA?
In the past, gaps in the public insurance system and lack of access to affordable private coverage left millions without health insurance. Beginning in 2014, the ACA expanded coverage to millions of previously uninsured people through the expansion of Medicaid and the establishment of Health Insurance Marketplaces. Data show substantial gains in public and private insurance coverage and historic decreases in uninsured rates under the ACA. Coverage gains were particularly large among low-income people living in states that expanded Medicaid. Still, millions of people—28.2 million in 2016— remain uninsured.

Why do people remain uninsured?
Even under the ACA, many uninsured people cite the high cost of insurance as the main reason they lack coverage. In 2016, 45% of uninsured adults said that they remained uninsured because the cost of coverage was too high. Many people do not have access to coverage through a job, and some people, particularly poor adults in states that did not expand Medicaid, remain ineligible for financial assistance for coverage. Some people who are eligible for financial assistance under the ACA may not know they can get help, and undocumented immigrants are ineligible for Medicaid or Marketplace coverage.

Who remains uninsured?
Most uninsured people are in low-income families and have at least one worker in the family. Reflecting the more limited availability of public coverage in some states, adults are more likely to be uninsured than children. People of color are at higher risk of being uninsured than non-Hispanic Whites.

How does the lack of insurance affect access to health care?
People without insurance coverage have worse access to care than people who are insured. One in five uninsured adults in 2016 went without needed medical care due to cost. Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.

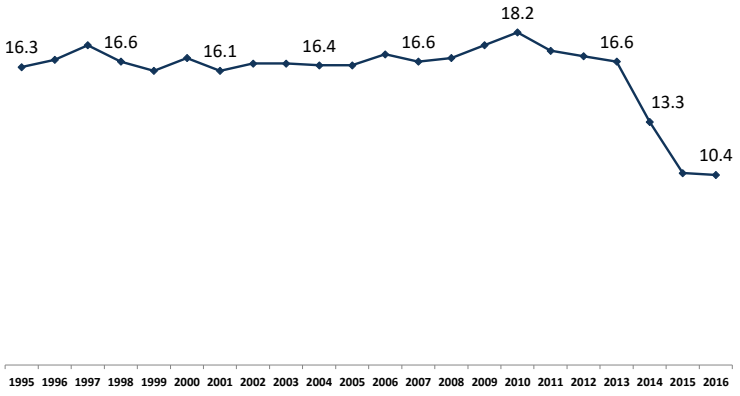
What are the financial implications of lacking coverage?
The uninsured often face unaffordable medical bills when they do seek care. In 2016, uninsured nonelderly adults were over twice as likely than their insured counterparts to have had problems paying medical bills in the past 12 months. These bills can quickly translate into medical debt since most of the uninsured have low or moderate incomes and have little, if any, savings.

How has the number of uninsured changed under the ACA?

In the past, gaps in the public insurance system and lack of access to affordable private coverage left millions without health insurance, and the number of uninsured Americans grew over time, particularly during periods of economic downturns. By 2013, more than 44 million people lacked coverage. Under the ACA, as of 2014, Medicaid coverage has been expanded to nearly all adults with incomes at or below 138% of poverty in states that have expanded their programs, and tax credits are available for people who purchase coverage through a health insurance marketplace. Millions of people have enrolled in these new coverage options, and the uninsured rate has dropped to a historic low. Coverage gains were particularly large among low-income adults living in states that expanded Medicaid. Still, millions of people—28.2 million nonelderly individuals in 2016—remain without coverage.[1]

Figure 1

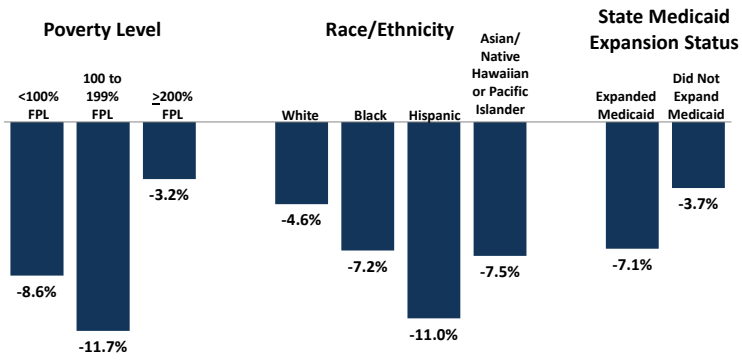
Uninsured Rate Among the Nonelderly Population, 1995-2016



NOTES: Includes nonelderly individuals ages 0-64.
SOURCE: CDC/NCHS, National Health Interview Survey, reported in http://www.cdc.gov/nchs/health_policy/trends_hc_1968_2011.htm#table01 and https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201708.pdf.

Figure 2

Percentage Point Change in Uninsured Rate among the Nonelderly Population by Selected Characteristics, 2013-2016



NOTES: Includes nonelderly individuals ages 0-64.
SOURCE: Kaiser Family Foundation analysis of the 2013 and 2016 National Health Interview Survey.

Key Details:

- The share of the nonelderly population that was uninsured hovered around 16% between 1995 and 2007, then peaked during the ensuing economic recession (Figure 1). As early provisions of the ACA went into effect in 2010, and as the economy improved, the uninsured rate began to drop. When the major ACA coverage provisions went into effect in 2014, the uninsured rate dropped dramatically and continued to fall in subsequent years. In 2016, the nonelderly uninsured rate was 10.4%, the lowest in decades.
- Coverage gains from 2013 to 2016 were particularly large among groups targeted by the ACA, including adults and poor and low-income individuals. The uninsured rate among nonelderly adults, who are more likely than children to be uninsured, dropped from 20.4% in 2013 to 12.4% in 2015, a 39% decline. In addition, between 2013 and 2016, the uninsured rate declined substantially for poor and near-poor nonelderly individuals (Figure 2). People of color, who had higher uninsured rates than non-Hispanic Whites prior to 2014, had larger coverage gains than non-Hispanic Whites. Though uninsured rates dropped across all states, they dropped more in states that chose to expand Medicaid (Figure 2). (See Appendix A for state-by-state data on changes in the uninsured rate).
- Coverage gains were seen in new ACA coverage options. As of February 2017, over 10 million people were enrolled in state or federal Marketplace plans,[2] and as of June 2017, Medicaid enrollment had grown by over 17 million (29%) since the period before open enrollment (which started in October 2013).[3]

Why do people remain uninsured?

Most of the nonelderly in the United States obtain health insurance through an employer, but not all workers are offered employer-sponsored coverage or, if offered, can afford their share of the premiums. Medicaid covers many low-income individuals, and financial assistance for Marketplace coverage is available for many moderate-income people. However, Medicaid eligibility for adults remains limited in some states, and few people can afford to purchase coverage without financial assistance. Some people who are eligible for coverage under the ACA may not know they can get help, and others may still find the cost of coverage prohibitive.

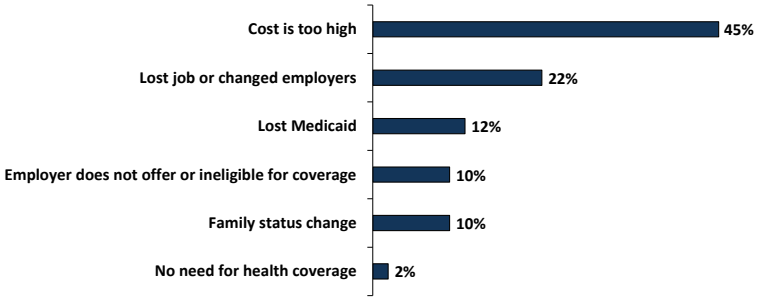
Key Details:

- Cost still poses a major barrier to coverage for the uninsured. In 2016, 45% of uninsured nonelderly adults said they were uninsured because the cost is too high, making it the most common reason cited for being uninsured (Figure 3). Though financial assistance is available to many of the remaining uninsured under the ACA,[4] not everyone who is uninsured is eligible for free or subsidized coverage. In addition, some uninsured who are eligible for help may not be aware of coverage options or may face barriers to enrollment.[5] Outreach and enrollment assistance was key to facilitating both initial and ongoing enrollment in ACA coverage, but these programs face challenges due to funding cuts and high demand.[6]

Figure 3

Reasons for Being Uninsured Among Uninsured Nonelderly Adults, 2016

Share who say they are uninsured because:



NOTES: Includes nonelderly adults ages 18-64. Respondents can select multiple reasons. Status change includes marital status change, death of spouse or parent, or ineligible due to age or leaving school.
SOURCE: Kaiser Family Foundation analysis of the 2016 National Health Interview Survey.

- Access to health coverage changes as a person's situation changes. In 2016, 22% of uninsured nonelderly adults said they were uninsured because the person who carried the health coverage in their family lost their job or changed employers (Figure 3). One in ten was uninsured because of a marital status change, the death of a spouse or parent, or loss of eligibility due to age or leaving school (10%), and some lost Medicaid because of a new job/increase in income or the plan stopping after pregnancy (12%).
- As indicated above, not all workers have access to coverage through their job. In 2016, 74% of nonelderly uninsured workers worked for an employer that did not offer health benefits to the worker.[7] Moreover, nine out of ten uninsured workers who do not take up an offer of employer-sponsored coverage report cost as the main reason for declining (90%).[8] From 2006 to 2016, total premiums for family coverage increased by 58%, and the worker's share increased by 78%, outpacing wage growth.[9]
- Medicaid and CHIP are available for low-income children, but eligibility for adults is more limited. As of January 2017, 31 states plus DC had expanded Medicaid eligibility for adults under the ACA.[10] However, in states that have not expanded Medicaid, eligibility for adults remains limited, with median eligibility level for parents at just 44% of poverty and adults without dependent children ineligible in most cases.[11] Millions of poor uninsured adults fall in a "coverage gap" because they earn too much to qualify for Medicaid but not enough to qualify for Marketplace premium tax credits.[12]
- Undocumented immigrants are ineligible for Medicaid or Marketplace coverage.[13] While lawfully-present immigrants under 400% of poverty are eligible for Marketplace tax credits, only those who have passed a five-year waiting period after receiving qualified immigration status can qualify for Medicaid.

Who remains uninsured?

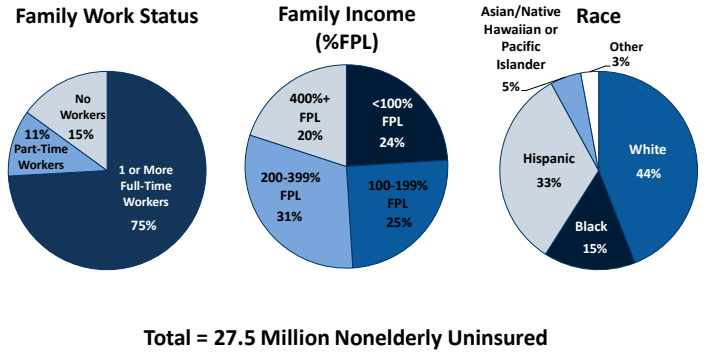
Most remaining uninsured people are in working families, are in families with low incomes, and are nonelderly adults.[14] Reflecting income and the availability of public coverage, people who live in the South or West are more likely to be uninsured. Most who remain uninsured have been without coverage for long periods of time.

Key Details:

- In 2016, three quarters of the uninsured (75%) had at least one full-time worker in their family, and an additional 11% had a part-time worker in their family (Figure 4).
- Individuals below poverty[15] are at the highest risk of being uninsured. In total, eight in ten of the uninsured were in families with incomes below 400% of poverty in 2016 (Figure 4).
- While a plurality (44%) of the uninsured are non-Hispanic Whites, people of color are at higher risk of being uninsured than Whites. People of color make up 42% of the nonelderly U.S. population but account for over half of the total nonelderly uninsured population (Figure 4). Hispanics and Blacks have significantly higher uninsured rates (16.9% and 11.7%, respectively) than Whites (7.6%).[16]
- Most (85%) of the uninsured are nonelderly adults. The uninsured rate among children was just 5% in 2016, less than half the rate among nonelderly adults (12%),[17] largely due to broader availability of Medicaid/CHIP for children than for adults.
- Most of the uninsured (78%) are U.S. citizens, and 22% are non-citizens.[18] Uninsured non-citizens include both lawfully present and undocumented immigrants. Undocumented immigrants are ineligible for federally funded health coverage, but legal immigrants can qualify for subsidies in the Marketplaces and those who have been in the country for more than five years are eligible for Medicaid.[19]
- Uninsured rates vary by state and by region, with individuals living in the South and West the most likely to be uninsured. The eight out of the twelve states with the highest uninsured rates in 2016 were in the South (Figure 5 and Appendix A). This variation reflects different economic conditions, state expansion status, availability of employer-based coverage, and demographics.
- Over two-thirds (68%) of the remaining uninsured in 2016 have been without coverage for more than a year.[20] People who have been without coverage for long periods may be particularly hard to reach in outreach and enrollment efforts.

Figure 4

Characteristics of the Nonelderly Uninsured, 2016

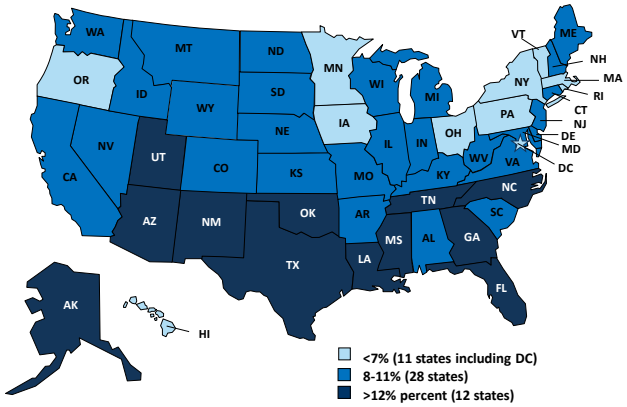


Total = 27.5 Million Nonelderly Uninsured

NOTES: Includes nonelderly individuals ages 0-64. The U.S. Census Bureau's poverty threshold for a family with two adults and one child was $19,318 in 2016. Data may not total 100% due to rounding. Persons of Hispanic origin may be of any race; all other race/ethnicity groups are non-Hispanic.
SOURCE: Kaiser Family Foundation analysis of the March 2017 Current Population Survey, Annual Social and Economic Supplement.

Figure 5

Uninsured Rates Among the Nonelderly by State, 2015



NOTES: Includes nonelderly individuals ages 0-64.
SOURCE: Kaiser Family Foundation analysis of the March 2017 Current Population Survey, Annual Social and Economic Supplement.

How does the lack of insurance affect access to health care?

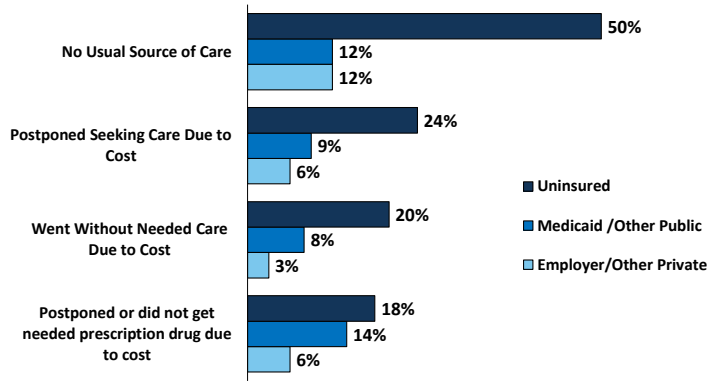
Health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy they are. Uninsured adults are far more likely than those with insurance to postpone health care or forgo it altogether. The consequences can be severe, particularly when preventable conditions or chronic diseases go undetected.

Key Details:

- Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.[21, 22] One in five (20%) nonelderly adults without coverage say that they went without care in the past year because of cost compared to 3% of adults with private coverage and 8% of adults with public coverage. Part of the reason for poor access among the uninsured is that many (50%) do not have a regular place to go when they are sick or need medical advice (Figure 6).

Figure 6

Barriers to Health Care Among Nonelderly Adults by Insurance Status, 2016



NOTE: Includes nonelderly adults ages 18-64. Includes barriers experienced in past 12 months. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All differences between uninsured and insurance groups are statistically significant ($p < 0.05$).
SOURCE: Kaiser Family Foundation analysis of the 2016 National Health Interview Survey.

- Because of the cost of care, many uninsured people do not obtain the treatments their health care providers recommend for them. In 2016, uninsured nonelderly adults were three times as likely as adults with private coverage to say that they postponed or did not get a needed prescription drug due to cost (18% vs. 6%).[23] And while insured and uninsured people who are injured or newly diagnosed with a chronic condition receive similar plans for follow-up care, people without health coverage are less likely than those with coverage to obtain all the recommended services.[24]
- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health. When they are hospitalized, uninsured people receive fewer diagnostic and therapeutic services and also have higher mortality rates than those with insurance.[25,26,27,28]
- Research demonstrates that gaining health insurance improves access to health care considerably and diminishes the adverse effects of having been uninsured. A seminal study of a Medicaid expansion in Oregon found that uninsured adults who gained Medicaid coverage were more likely to receive care than their counterparts who did not gain coverage.[29] A comprehensive review of research on the effects of the ACA Medicaid expansion finds that expansion led to positive effects on access to care, utilization of services, the affordability of care, and financial security among the low-income population.[30]
- Public hospitals, community clinics and health centers, and local providers that serve disadvantaged communities provide a crucial health care safety net for uninsured people. However, safety net providers have limited resources and service capacity, and not all uninsured people have geographic access to a safety net provider.[31,32]

What are the financial implications of lack of coverage?

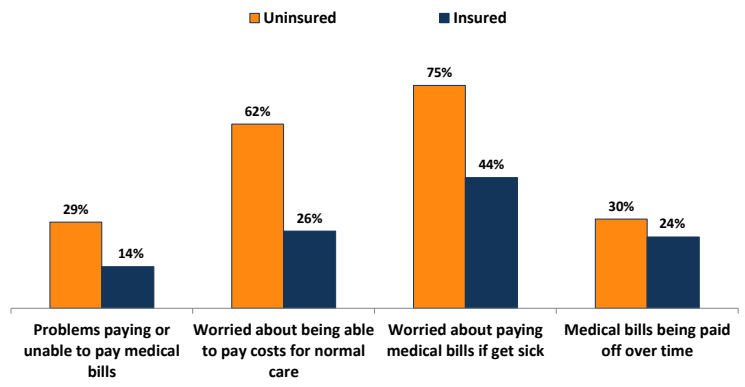
The uninsured often face unaffordable medical bills when they do seek care. These bills can quickly translate into medical debt since most of the uninsured have low or moderate incomes and have little, if any, savings.[33]

Key Details:

- Those without insurance for an entire year pay for one-fifth of their care out-of-pocket.[34] In addition, hospitals frequently charge uninsured patients much higher rates than those paid by private health insurers and public programs.[35,36]
- Medical bills can put great strain on the uninsured and threaten their financial well-being. In 2016, nonelderly uninsured adults were over twice as likely as those with insurance to have problems paying medical bills (29% vs. 14%; Figure 7) with two thirds of uninsured who had medical bill problems unable to pay their medical bills at all (67%).[37] Uninsured adults are also more likely to face negative consequences due to medical bills, such as using up savings, having difficulty paying for necessities, borrowing money, or having medical bills sent to collection.[38]

Figure 7

Problems Paying Medical Bills by Insurance Status, 2016



NOTE: Includes nonelderly adults ages 18-64. All differences between uninsured and insured groups are statistically significant ($p < 0.05$).
SOURCE: Kaiser Family Foundation analysis of the 2016 National Health Interview Survey.

- Uninsured nonelderly adults are also much more likely than their insured counterparts to lack confidence in their ability to afford usual medical costs and major medical expenses or emergencies. Uninsured nonelderly adults are over twice as likely as insured adults to worry about being able to pay costs for normal health care (62% vs. 26%; Figure 7). Furthermore, three quarters of uninsured nonelderly adults (75%) say they are very or somewhat worried about paying medical bills if they get sick or have an accident, compared to 44% of insured adults.
- Lacking insurance coverage puts people at risk of medical debt. In 2016, three in ten (30%) of uninsured nonelderly adults said they were paying off least one medical bill over time (Figure 7). Medical debts contribute to over half (52%) of debt collections actions that appear on consumer credit reports in the United States[39] and contribute to almost half of all bankruptcies in the United States.[40] Uninsured people are more at risk of falling into medical bankruptcy than people with insurance.[41]
- Though the uninsured are typically billed for medical services they use, when they cannot pay these bills, the costs may become bad debt or uncompensated care for providers. State, federal, and private funds defray some but not all of these costs. With the expansion of coverage under the ACA, providers are seeing reductions in uncompensated care costs, particularly in states that expanded Medicaid.[42]
- Research suggests that gaining health coverage improves the affordability of care and financial security among the low-income population. Multiple studies of the ACA have found larger declines in trouble paying medical bills in expansion states relative to non-expansion states. A separate study found that, among those residing in areas with high shares of low-income, uninsured individuals, Medicaid expansion significantly reduced the number of unpaid bills and the amount of debt sent to third-party collection agencies.[43]

Conclusion

Millions of people have gained coverage under the ACA provisions that went into effect in 2014, and current debate over rolling back ACA coverage threaten these gains in coverage and make it difficult to reach the 28 million who remain without coverage. Proposed policies to change the structure of the Medicaid program or cut back subsidies for Marketplace coverage may lead to even more uninsured individuals. On the other hand, if additional states opt to expand Medicaid as allowed under the ACA, there may be additional coverage gains as low-income individuals gain access to affordable coverage. Going without coverage can have serious health consequences for the uninsured because they receive less preventive care, and delayed care often results in serious illness or other health problems. Being uninsured also can have serious financial consequences. The outcome of current debate over health coverage policy in the United States has substantial implications for people's coverage, access, and overall health and well-being.

Appendix A: Uninsured Rate Among the Nonelderly by State, 2013-2016				
	2013 Uninsured Rate	2016 Uninsured Rate	Change in Uninsured Rate	Change in Number of Uninsured
Expansion States	**13.6%**	**8.1%**	**-5.5%**	**-9,110,784**
Alaska	15.8%	15.2%	-0.5%	-4,605
Arizona	21.2%	14.0%	-7.1%	-383,719
Arkansas	17.8%	9.1%	-8.7%	-206,013
California	16.4%	8.7%	-7.6%	-2,526,529
Colorado	13.8%	10.8%	-3.1%	-139,372
Connecticut	11.8%	7.2%	-4.6%	-145,215
Delaware	8.3%	10.6%	2.3%	20,756
District of Columbia	8.9%	5.9%	-2.9%	-15,885
Hawaii	5.7%	6.3%	0.6%	7,414
Illinois	11.9%	8.6%	-3.3%	-403,107
Indiana	14.6%	7.6%	-7.0%	-382,508
Iowa	9.5%	6.2%	-3.3%	-87,375
Kentucky	16.3%	7.2%	-9.1%	-351,749
Louisiana	16.4%	12.1%	-4.3%	-158,238
Maryland	13.3%	7.2%	-6.0%	-309,202
Massachusetts	3.6%	6.4%	2.7%	161,492
Michigan	12.1%	7.4%	-4.8%	-412,911
Minnesota	7.9%	6.9%	-1.0%	-52,380
Montana	19.0%	8.5%	-10.4%	-85,493
Nevada	22.0%	10.2%	-11.8%	-270,526
New Hampshire	13.2%	7.6%	-5.6%	-65,367
New Jersey	13.4%	9.0%	-4.4%	-339,457
New Mexico	19.5%	13.0%	-6.5%	-112,780
New York	11.1%	6.6%	-4.5%	-775,319
North Dakota	12.1%	8.9%	-3.2%	-19,617
Ohio	13.9%	6.5%	-7.4%	-708,788
Oregon	14.2%	6.2%	-8.0%	-257,142
Pennsylvania	11.6%	5.7%	-5.9%	-647,343
Rhode Island	10.7%	5.8%	-5.0%	-43,871
Vermont	9.1%	6.5%	-2.6%	-13,549
Washington	13.4%	8.1%	-5.4%	-299,746
West Virginia	14.2%	8.8%	-5.4%	-82,642
Non-Expansion States	**18.1%**	**13.3%**	**-4.8%**	**-4,575,853**
Alabama	17.8%	10.1%	-7.7%	-305,483
Florida	22.0%	14.6%	-7.5%	-1,128,462
Georgia	18.5%	13.7%	-4.7%	-334,624
Idaho	16.8%	10.2%	-6.6%	-87,058
Kansas	11.5%	9.8%	-1.7%	-41,999
Maine	11.3%	8.7%	-2.6%	-30,792
Mississippi	16.4%	13.9%	-2.6%	-63,174
Missouri	13.1%	9.8%	-3.2%	-168,358
Nebraska	10.6%	8.2%	-2.4%	-38,713
North Carolina	17.3%	12.4%	-5.0%	-377,650
Oklahoma	18.1%	12.4%	-5.7%	-163,857
South Carolina	18.9%	10.8%	-8.1%	-297,343
South Dakota	11.6%	9.4%	-2.2%	-15,268
Tennessee	15.2%	13.2%	-2.0%	-90,107
Texas	22.8%	17.1%	-5.7%	-1,191,130
Utah	13.7%	13.5%	-0.2%	16,342
Virginia	13.1%	11.5%	-1.7%	-125,841
Wisconsin	10.4%	8.3%	-2.2%	-98,298
Wyoming	17.5%	11.2%	-6.3%	-34,040

SOURCE: Kaiser Family Foundation analysis of the March 2017 Current Population Survey, Annual Social and Economic Supplement.

Appendix Table B: Characteristics of the Nonelderly Uninsured, 2016					
	Nonelderly (millions)	Percent of Nonelderly	Uninsured (millions)	Percent of Uninsured	Uninsured Rate
Total Nonelderly	271.1	100.0%	27.5	100.0%	10.1%
Age					
Children - Total	78.2	28.8%	4.2	15.3%	5.4%
Nonelderly Adults - Total	192.9	71.2%	23.3	84.7%	12.1%
Adults 19 - 25	29.8	11.0%	3.9	14.2%	13.1%
Adults 26 - 34	39.7	14.7%	6.2	22.7%	15.7%
Adults 35 - 44	40.0	14.8%	5.3	19.1%	13.1%
Adults 45 - 54	42.0	15.5%	4.3	15.8%	10.3%
Adults 55 - 64	41.3	15.2%	3.5	12.8%	8.5%
Annual Family Income					
<$20,000	35.9	13.3%	6.7	24.3%	18.6%
$20,000 - <$40,000	43.1	15.9%	6.8	24.9%	15.9%
$40,000 +	192.1	70.8%	13.9	50.8%	7.3%
Family Poverty Level					
<100%	36.5	13.5%	6.5	23.6%	17.7%
100% - <200%	44.2	16.3%	6.8	24.7%	15.3%
200% - <400%	78.8	29.1%	8.6	31.4%	10.9%
400%+	111.6	41.2%	5.6	20.4%	5.0%
Household Type					
Single Adults Living Alone	45.0	16.6%	6.7	24.5%	15.0%
Single Adults Living Together	35.7	13.2%	4.9	17.7%	13.6%
Married Adults	37.1	13.7%	3.2	11.5%	8.5%
1 Parent with Children	23.4	8.6%	2.2	8.1%	9.5%
2 Parents with Children	83.4	30.7%	5.5	19.9%	6.6%
Multigenerational	14.2	5.2%	1.6	5.9%	11.4%
Other with Children	32.3	11.9%	3.4	12.4%	10.5%
Family Work Status					
2+ Full-time	93.4	34.4%	6.8	24.8%	7.3%
1 Full-time	131.1	48.4%	13.7	49.9%	10.4%
Only Part-time	19.4	7.2%	2.9	10.7%	15.1%
Non-Workers	27.2	10.0%	4.0	14.6%	14.7%
Race/Ethnicity					
White	157.5	58.1%	12.0	43.9%	7.6%
Black	34.9	12.9%	4.1	14.9%	11.7%
Hispanic	53.6	19.8%	9.1	33.0%	16.9%
Asian/N. Hawaiian and Pacific Islander	17.1	6.3%	1.4	5.2%	8.3%
American Indian/Alaska Native	2.1	0.8%	0.4	1.5%	18.9%
Two or More Races	5.8	2.1%	0.4	1.6%	7.4%
Citizenship					
U.S. Citizen - Native	233.7	86.2%	19.8	72.3%	8.5%
U.S. Citizen - Naturalized	15.7	5.8%	1.6	6.0%	10.4%
Non-U.S. Citizen, Resident for <5 Years	5.9	2.2%	1.4	5.0%	23.2%
Non-U.S. Citizen, Resident for 5+ Years	15.8	5.8%	4.6	16.7%	29.0%
Health Status					
Excellent/Very Good	186.8	68.9%	16.9	61.5%	9.0%
Good	61.9	22.8%	8.0	29.0%	12.9%
Fair/Poor	22.4	8.3%	2.6	9.5%	11.7%

NOTES: Includes nonelderly individuals ages 0-64. The U.S. Census Bureau's poverty threshold for a family with two adults and one child was $19,318 in 2016. Parent includes any person with a dependent child. Multigenerational/other families with children include families with at least three generations in a household, plus families in which adults are caring for children other than their own. Part-time workers were defined as working <35 hours per week. Respondents who identify as mixed race who do not also identify as Hispanic fall into the "Two or More Races" category. All individuals who identify as Hispanic ethnicity fall into the Hispanic category regardless of race.
SOURCE: Kaiser Family Foundation analysis of the March 2017 Current Population Survey, Annual Social and Economic Supplement.

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