



Quality, Affordable Health Coverage
For Every Missourian

Health Insurance Coverage by Missouri County for 2009: Projections for 2014

July 2012

Acknowledgements

Prepared by Sharon Barfield, MSW, LCSW
Health Policy and Research Solutions, LLC

Health Policy and Research Solutions is a Limited Liability Company that provides independent findings about a variety of health-related topics. HPRSolutions functions in collaboration with our Advisory Panel. HPR's Advisors generously contribute their expertise from the richness of their diverse experiences and affiliations. HPR products are carefully scrutinized through a rigorous review process.

Funding for this report was provided by the Missouri Foundation for Health and Health Care Foundation of Greater Kansas City.



Introduction

Research has documented that people in the United States without health insurance often lack access to affordable health care. Having health insurance is associated with better health care access, overall health status, and work productivity. Yet, comprehensive, national health reform that expands coverage and access has been absent until the Patient Protection and Affordable Care Act (ACA) in 2010.

The purpose of the ACA is to provide better health security for U.S. citizens “by putting in place comprehensive health insurance reforms that hold insurance companies accountable, lower health care costs, guarantee more choices, and enhance the quality of care for all Americans.”¹ However, two years after the ACA’s passage, public opinion about the law remains strongly divided.

Twenty-six states challenged the constitutionality of the ACA in federal court. A group representing small businesses also filed a lawsuit questioning the constitutionality of the health reform law. Both these cases were argued in March 2012 before the U.S. Supreme Court, which issued a ruling on the case June 28, 2012. In a 5-4 decision, the Supreme Court determined that both the individual mandate and Medicaid expansion found within the ACA are constitutional. The ruling does afford states flexibility in implementation of the Medicaid expansion.

This brief was produced on the assumption that the Supreme Court finds the ACA constitutional (which it has) and that Missouri chooses to expand its Medicaid program (which is undetermined at this point in time) and that a Missouri health insurance exchange (or insurance marketplace) exists (which will happen whether it be a state-based exchange or a federally-facilitated exchange).

Planning for, and predicting the effects of, health reform requires knowing which persons have health insurance coverage and which do not. While it is important to understand what is happening with health insurance at the state level, looking only at the state level gives an incomplete understanding of what is occurring within the state at the county level.

Projections of how many individuals in each Missouri county will be newly insured in 2014 can promote successful ACA implementation and preparation for expanding access to health care services.

This brief uses the most recent population and income estimates released by the Census Bureau (2009) for each county in the U.S. The Census Bureau produces estimates of state and county populations and their characteristics using demographic and income modeling. The data used for this modeling include inputs from surveys (e.g., American Community Survey), income tax returns, and the Census.

This publication gives the estimated percentages of Missourians under age 65 who were uninsured in 2009. It then projects the percentages and numbers of state residents most likely to become newly insured in 2014 for all 114 Missouri Counties and the City of St. Louis. This publication excludes individuals 65 and older because, due to Medicare, almost all are insured.

1 White House, About the New Law, <http://www.whitehouse.gov/healthreform/healthcare-overview>

Counties with the lowest estimated percentages of people who were uninsured tended to be urban and have more residents. For example, although 10.8 percent of the St. Louis County population under 65 was uninsured, that percentage represented more than 88,000 individuals. As Map 1 illustrates, these counties were primarily located in the northwest and mid-eastern to southeasterly parts of the state.

Table 1. Percentages of Missourians Under Age 65 Uninsured by County in 2009

County	% <65 Uninsured	# <65 Uninsured	County	% <65 Uninsured	# <65 Uninsured	County	% <65 Uninsured	# <65 Uninsured
Platte	9.1%	7,175	Livingston	17.3%	1,954	Madison	19.2%	1,914
St. Charles	9.1%	28,015	Camden	17.4%	5,467	Maries	19.2%	1,393
St. Louis	10.8%	88,603	Howard	17.4%	1,412	Mercer	19.2%	522
Clay	11.7%	23,274	St. Francois	17.4%	9,241	Reynolds	19.2%	942
Boone	12.8%	17,605	Butler	17.6%	5,907	St. Louis City	19.2%	58,480
Cass	12.8%	11,048	Newton	17.6%	8,279	Crawford	19.3%	3,833
Cole	12.8%	8,229	Adair	17.7%	3,790	Douglas	19.3%	2,102
Jefferson	13.6%	25,863	Carroll	17.7%	1,346	Washington	19.4%	3,996
Ray	13.8%	2,695	Cooper	17.8%	2,557	Webster	19.4%	6,061
Clinton	13.9%	2,437	Grundy	17.8%	1,391	Benton	19.6%	2,635
Andrew	14.1%	2,023	Audrain	17.9%	3,778	Dent	19.7%	2,366
St. Genevieve	14.4%	2,107	Jasper	18.0%	17,980	Gentry	19.7%	913
Cape Girardeau	14.5%	8,971	Macon	18.2%	2,245	Dallas	19.9%	2,745
Franklin	14.6%	12,546	Montgomery	18.2%	1,695	Pike	19.9%	3,031
Warren	14.6%	3,867	Phelps	18.2%	6,441	Polk	19.9%	4,998
Callaway	14.9%	5,617	Bollinger	18.3%	1,796	Schuyler	20.0%	638
Marion	15.0%	3,507	Dade	18.3%	1,043	Mississippi	20.1%	2,185
Ralls	15.0%	1,191	Barton	18.4%	1,863	Howell	20.2%	6,281
Buchanan	15.1%	11,382	Bates	18.4%	2,514	Ripley	20.2%	2,171
Christian	15.1%	10,088	Holt	18.4%	697	Wayne	20.2%	1,917
Lafayette	15.3%	4,069	Lewis	18.4%	1,467	DeKalb	20.5%	2,089
Lincoln	15.4%	7,189	Saline	18.5%	3,489	Wright	20.5%	2,941
Nodaway	15.4%	2,870	Shelby	18.5%	925	Daviess	20.6%	1,365
Osage	15.5%	1,752	Harrison	18.7%	1,267	Sullivan	20.6%	1,133
Perry	15.8%	2,451	Iron	18.7%	1,495	St. Clair	20.8%	1,457
Caldwell	16.3%	1,219	Laclede	18.7%	5,426	Miller	21.0%	4,292
Linn	16.3%	1,623	Moniteau	18.7%	2,403	Oregon	21.1%	1,729
Pemiscot	16.5%	2,498	Putnam	18.7%	691	Shannon	21.1%	1,463
Gasconade	16.6%	1,990	Dunklin	18.8%	4,735	Texas	21.2%	4,167
Chariton	16.7%	968	Randolph	18.8%	3,992	McDonald	21.4%	4,272
Johnson	16.7%	7,659	Clark	18.9%	1,092	Scotland	21.7%	852
Monroe	16.7%	1,209	Lawrence	18.9%	5,877	Taney	21.7%	8,383
New Madrid	16.7%	2,381	Barry	19.0%	5,608	Worth	21.7%	328
Scott	16.7%	5,655	Cedar	19.0%	1,973	Carter	22.0%	1,054
Greene	16.8%	38,007	Pettis	19.0%	6,540	Morgan	22.0%	3,482
Atchison	16.9%	798	Stoddard	19.0%	4,445	Hickory	22.2%	1,394
Henry	16.9%	2,951	Stone	19.0%	4,527	Ozark	22.3%	1,584
Pulaski	17.2%	7,139	Vernon	19.0%	3,116	Knox	22.6%	699
Jackson	17.3%	103,833						

State Uninsured Percentage Estimate <65 (2009): 15.2%

Source: U.S. Census Bureau, Small Area Health Insurance Estimates (2009)

Counties with the highest percentages of individuals who were uninsured tended to be rural and have smaller populations, like Scotland County. Of this county's 3,930 residents, an estimated 852 (almost 22%) were uninsured. These counties were concentrated predominantly in southern portions of the state; however, seven such counties were in northern Missouri.

Lacking health insurance is particularly troubling in rural Missouri where residents often deal with additional barriers to health care access unique to rural communities. These include extensive travel time to secure services and severe shortages of health care providers, particularly for specialty care.

Planning for Coverage and Access Expansion

Whatever the situation and location, access to health care services in the U.S. typically depends on the availability of insurance coverage. In 2014, several significant ACA provisions intended to expand coverage will take effect, including health insurance exchanges and an expansion of Medicaid.

Making Projections of Persons Newly Insured

The health care system will change dramatically over the next few years. Sound planning includes predicting the numbers and percentages of people most likely to become insured under the ACA. While it is difficult to predict the exact impact of these changes or to know precisely how many individuals will gain coverage, the modeling used in this report provides an estimate of the expected changes.

As indicated, analyses of insurance and population data at the county level can paint a comprehensive picture of what is happening and what may happen at the state level. Analyses of insurance status data and making state projections can be viewed at three levels: 1) entire state populations, 2) county level by whole populations and 3) county level broken down by more fine-grained demographic characteristics such as age and income.

Findings from level-one analyses quantify, in the aggregate, newly insured state residents. Level-two analyses tell the numbers and percentages of overall newly insured people by county. Level-three analyses integrate health insurance status data with income and age data, by county, to paint a more comprehensive picture of the future.

Level-three analyses allow for an estimate of what numbers and percentages of county residents may have what types of coverage and how many may be eligible for various ACA assistance or incentives. These results can reveal how many newly insured individuals living in a county may qualify for Medicaid and how many may be eligible for subsidies such as premium tax credits to help purchase plans through the state exchange. Similarly, projections of children's coverage broken down by income and geography can be made. These projections can identify gaps in children's coverage which can then be used to construct effective policy and practice options to fill those gaps.

This brief provides level-two projections of Missourians under age 65 considered most likely to become insured because of the ACA.

Methods

To estimate the effects of health reform in Missouri, assumptions of coverage provisions of the ACA were made as if they were fully implemented.

The projections methods were developed from work done by the Robert Wood Johnson Foundation using the Urban Institute's Health Insurance Policy Simulation Model (HIPSM). The HIPSM simulates the decisions people make in response to policies such as the Medicaid expansion and subsidies the ACA offers for purchasing health insurance through exchanges.

Modifications were made to make these forecasts reflect how the health literature cites new Medicaid enrollment. A standard Medicaid participation rate was factored in and adjusted for slightly enhanced outreach. The intensity of outreach will influence the overall numbers of enrollees.

The 2009 Census Bureau Small Area Health Insurance Estimates data, described above, were used as a baseline of persons who were uninsured and to make the 2014 projections.

Missouri Projections

Tables 2, 3, and 4 give the projected numbers and percentages of newly insured Missourians by county and state. Table 2 details the projected and residual percentages. Table 3 shows the projected and residual numbers. Table 4 gives both projected numbers and percentages with the counties in alphabetical order.

Highlights from the projections include the following:

- The number of newly insured Missouri residents is projected to be 509,529 or 10.1 percent of the state's population under 65. Some 255,246 people will likely remain uninsured, a residual rate of 5.1 percent.
- The highest percentages of newly insured Missourians under 65 will likely live in Knox (14.6%) and Hickory and Ozark Counties (both 14.5%) (see Table 2). However, these percentages represent low numbers of people. For example, Knox will probably be home to 453 individuals apt to gain coverage and Hickory to 910 newly insured.
- The most newly insured persons – almost 70,000 – will likely reside in Jackson County (see Table 3).
- St. Louis County is forecast to have the second highest number of newly insured individuals, more than 60,000 persons or 7.3 percent of the population.
- Almost 40,000 probable enrollees will live in the City of St. Louis, the third highest number, and 12.7 percent of that county's population under 65.

The analyses indicate that counties with low projected percentages are generally urban. The estimated percentages of newly insured inhabitants of these counties are small but the numbers are large because the county populations are likewise large. These individuals, especially in the more affluent counties, might receive insufficient attention.

The analyses indicate that counties with high projected percentages tend to be rural. While the estimated percentages of newly insured occupants of these counties are high, the numbers are low because the county populations are small. It would be easy to lose sight, for example, of Worth County's 214 inhabitants who may become insured but face the rural access challenges described above.

County demographics will shift each year. As data become available, with or without the ACA, it will be important to track uninsured and/or potentially newly insured persons. Ideally, this tracking would be coupled with projections of population growth and shrinkage.

Implications

These projections of newly insured Missourians by county can be helpful in multiple ways. Policymakers and stakeholders can use them to strategize for ACA implementation and issues related to access to health care.

These forecasts also have practical implications for a health insurance exchange in the state. The ACA allows Missouri to decide whether it wants to develop and run a state-based exchange or cede control to the federal government and have a federally-facilitated exchange. The information in this report can enhance the state's demonstration of readiness needed for HHS approval if it opts for a state-based exchange. A state run exchange will require sound evidence to successfully operate and comply with ACA requirements, which include:

- Outreach and education tailored to specific communities;
- Outreach to persons uninsured and underinsured who are eligible for Medicaid and CHIP; and
- Minimizing barriers to enrollment in exchange and public plans.

The health community can use these projections to prepare to serve the one-half million Missourians projected to gain coverage under the ACA. Although the volume will mean added revenue for providers, it may well present a challenge for the health care system. Some ways the projections will aid expansion and access include:

- Dovetailing with medical workforce expansion efforts underway in the state that are backed by ACA funding;
- Informing planning to meet geographic need for services mapped with provider types, locations, capacities, expansion plans, and insurance acceptance practices;
- Aiding other targeted efforts to expand service capacity and fill gaps in access to care; and
- Permitting tracking of ACA implementation, effects, and need met and unmet over time.

Health care providers can also use the estimates to guide their planning and practices according to anticipated changes in population insurance status, revenue streams, and

geographic demand. For example, with more Missourians insured, providers who have allocated portions of their budgets to writing off uncompensated care can instead funnel the funds into practice expansion.

Summary/Discussion

The ACA focuses on expanding health insurance coverage and access to health care. Data can inform planning for and predicting the effects of the ACA. Analyses of the most current U.S. Census Bureau estimates of health insurance coverage in Missouri served as the basis for the projections presented of the overall newly insured by county.

This brief highlights where the 509,529 newly insured Missourians who may benefit from the health insurance exchange and Medicaid expansion will be living and where targeted outreach efforts will be most beneficial. Policymakers and stakeholders can use this information to aid their preparation for and implementation of the ACA. These insights can also promote access to care for newly covered Missourians or to inform initiatives to provide health care security to those who remain uninsured.

Table 2. Projected Percentages of Newly Insured Missourians Under Age 65 by County in 2014

County	% Newly Insured	Residual %	County	% Newly Insured	Residual %	County	% Newly Insured	Residual %
Knox	14.6%	8.0%	Pettis	12.5%	6.5%	Atchison	11.3%	5.6%
Hickory	14.5%	7.7%	Stoddard	12.5%	6.5%	Pulaski	11.3%	5.9%
Ozark	14.5%	7.8%	Clark	12.5%	6.5%	Henry	11.1%	5.8%
Morgan	14.5%	7.5%	Barry	12.5%	6.5%	Greene	11.1%	5.7%
Carter	14.4%	7.6%	Lawrence	12.4%	6.5%	Johnson	11.1%	5.6%
Taney	14.2%	7.5%	Vernon	12.4%	6.6%	Monroe	11.0%	5.7%
Worth	14.2%	7.5%	Cedar	12.4%	6.6%	Gasconade	11.0%	5.6%
Scotland	14.1%	7.6%	Randolph	12.4%	6.4%	New Madrid	11.0%	5.7%
McDonald	14.0%	7.4%	Moniteau	12.4%	6.3%	Scott	11.0%	5.7%
Texas	13.8%	7.4%	Dunklin	12.4%	6.4%	Chariton	11.0%	5.7%
Miller	13.8%	7.2%	Iron	12.3%	6.4%	Pemiscot	10.8%	5.7%
Oregon	13.7%	7.4%	Laclede	12.3%	6.4%	Linn	10.8%	5.5%
DeKalb	13.7%	6.8%	Putnam	12.2%	6.5%	Caldwell	10.7%	5.6%
Shannon	13.7%	7.4%	Harrison	12.2%	6.5%	Perry	10.5%	5.3%
St. Clair	13.6%	7.2%	Saline	12.2%	6.3%	Lincoln	10.4%	5.0%
Daviess	13.5%	7.1%	Bates	12.2%	6.2%	Osage	10.3%	5.2%
Sullivan	13.4%	7.2%	Shelby	12.1%	6.4%	Lafayette	10.2%	5.1%
Wright	13.3%	7.2%	Holt	12.1%	6.3%	Nodaway	10.2%	5.2%
Pike	13.2%	6.7%	Barton	12.1%	6.3%	Christian	10.1%	5.0%
Howell	13.2%	7.0%	Lewis	12.1%	6.3%	Buchanan	10.1%	5.0%
Ripley	13.2%	7.0%	Phelps	12.1%	6.1%	Marion	9.9%	5.1%
Wayne	13.2%	7.0%	Bollinger	12.0%	6.3%	Ralls	9.9%	5.1%
Mississippi	13.1%	7.0%	Montgomery	12.0%	6.2%	Callaway	9.9%	5.0%
Schuyler	13.0%	7.0%	Dade	12.0%	6.3%	Franklin	9.8%	4.8%
Dallas	13.0%	6.9%	Macon	12.0%	6.2%	Warren	9.8%	4.8%
Polk	13.0%	6.9%	Audrain	11.8%	6.1%	Cape Girardeau	9.7%	4.8%
Gentry	12.9%	6.8%	Jasper	11.8%	6.2%	Ste. Genevieve	9.6%	4.8%
Dent	12.9%	6.8%	Cooper	11.8%	6.0%	Andrew	9.5%	4.6%
Benton	12.9%	6.7%	Carroll	11.7%	6.0%	Clinton	9.4%	4.5%
Webster	12.8%	6.6%	Newton	11.6%	6.0%	Ray	9.2%	4.6%
Washington	12.7%	6.7%	Grundy	11.6%	6.2%	Jefferson	9.1%	4.5%
St. Louis City	12.7%	6.5%	Butler	11.6%	6.0%	Cass	8.6%	4.2%
Maries	12.7%	6.5%	Jackson	11.6%	5.7%	Cole	8.6%	4.2%
Crawford	12.7%	6.6%	Adair	11.6%	6.1%	Boone	8.5%	4.3%
Mercer	12.6%	6.6%	Camden	11.5%	5.9%	Clay	8.0%	3.7%
Madison	12.6%	6.6%	St. Francois	11.5%	5.9%	St. Louis	7.3%	3.5%
Douglas	12.6%	6.7%	Howard	11.5%	5.9%	Platte	6.3%	2.8%
Reynolds	12.6%	6.6%	Livingston	11.4%	5.9%	St. Charles	6.2%	2.9%
Stone	12.6%	6.4%						

State Uninsured Percentage Estimate <65 (2009): 15.2%

State Projected Percentage Newly Insured <65: 10.1%

State Residual Rate <65: 5.1%

Source: U.S. Census Bureau, Small Area Health Insurance Estimates (2009) and HPRSolutions Projections

Table 3. Projected Numbers of Newly Insured Missourians Under Age 65 by County in 2014

County	# Newly Insured 2014	Residual #	County	# Newly Insured 2014	Residual #	County	# Newly Insured 2014	Residual #
Jackson	69,494	34,339	Lafayette	2,720	1,349	Wayne	1,251	666
St. Louis	60,069	28,534	Texas	2,718	1,449	Barton	1,223	640
St. Louis City	38,629	19,851	Randolph	2,630	1,362	Bollinger	1,183	613
Greene	25,082	12,925	Washington	2,619	1,377	Osage	1,164	588
St. Charles	19,168	8,847	Warren	2,597	1,270	Oregon	1,127	602
Jefferson	17,420	8,443	Crawford	2,517	1,316	Montgomery	1,122	573
Clay	15,877	7,397	Audrain	2,490	1,288	Linn	1,067	556
Jasper	11,799	6,181	Adair	2,479	1,311	Ozark	1,031	553
Boone	11,735	5,870	Marion	2,318	1,189	Iron	983	512
Franklin	8,424	4,122	Saline	2,294	1,195	Lewis	959	508
Buchanan	7,587	3,795	Morgan	2,287	1,195	St. Clair	952	505
Cass	7,459	3,589	Vernon	2,041	1,075	Shannon	948	515
Christian	6,754	3,334	Pike	2,007	1,024	Howard	930	482
St. Francois	6,120	3,121	Henry	1,945	1,006	Maries	917	476
Cape Girardeau	6,009	2,962	Wright	1,915	1,026	Grundy	911	480
Cole	5,528	2,701	Nodaway	1,889	981	Hickory	910	484
Taney	5,505	2,878	Ray	1,809	886	Daviess	894	471
Newton	5,477	2,802	Dallas	1,791	954	Carroll	889	457
Johnson	5,079	2,580	Benton	1,732	903	Harrison	827	440
Platte	4,962	2,213	Cooper	1,693	864	Caldwell	804	415
Lincoln	4,846	2,343	Bates	1,658	856	Monroe	796	413
Pulaski	4,685	2,454	Clinton	1,642	795	Ralls	790	401
Pettis	4,299	2,241	Pemiscot	1,634	864	Sullivan	738	395
Phelps	4,256	2,185	Perry	1,625	826	Clark	720	372
Howell	4,104	2,177	Moniteau	1,590	813	Carter	689	365
Webster	4,000	2,061	New Madrid	1,568	813	Dade	682	361
Butler	3,888	2,019	Dent	1,549	817	Chariton	639	329
Lawrence	3,855	2,022	Macon	1,476	769	Reynolds	617	325
Scott	3,740	1,915	Mississippi	1,430	755	Shelby	606	319
Callaway	3,739	1,878	Ripley	1,418	753	Gentry	598	315
Barry	3,675	1,933	Ste. Genevieve	1,407	700	Scotland	556	296
Camden	3,627	1,840	DeKalb	1,394	695	Atchison	532	266
Laclede	3,562	1,864	Douglas	1,367	735	Holt	459	238
Polk	3,259	1,739	Andrew	1,360	663	Knox	453	246
Dunklin	3,115	1,620	Gasconade	1,319	671	Putnam	451	240
Stone	2,996	1,531	Cedar	1,290	683	Schuyler	416	222
Stoddard	2,932	1,513	Livingston	1,287	667	Mercer	342	180
Miller	2,822	1,470	Madison	1,253	661	Worth	214	114
McDonald	2,796	1,476						

State Uninsured Number Estimate <65 (2009): 764,775

State Projected Newly Insured Number <65: 509,529

State Residual Number <65: 255,246

Source: U.S. Census Bureau, Small Area Health Insurance Estimates (2009) and HPRSolutions Projections

Table 4. Projected Number/Percent Newly Insured Missourians < Age 65 by County in 2014

County	Projected Number	Projected Percent	County	Projected Number	Projected Percent	County	Projected Number	Projected Percent
Adair	2,479	11.6%	Grundy	911	11.6%	Pemiscot	1,634	10.8%
Andrew	1,360	9.5%	Harrison	827	12.2%	Perry	1,625	10.5%
Atchison	532	11.3%	Henry	1,945	11.1%	Pettis	4,299	12.5%
Audrain	2,490	11.8%	Hickory	910	14.5%	Phelps	4,256	12.1%
Barry	3,675	12.5%	Holt	459	12.1%	Pike	2,007	13.2%
Barton	1,223	12.1%	Howard	930	11.5%	Platte	4,962	6.3%
Bates	1,658	12.2%	Howell	4,104	13.2%	Polk	3,259	13.0%
Benton	1,732	12.9%	Iron	983	12.3%	Pulaski	4,685	11.3%
Bollinger	1,183	12.0%	Jackson	69,494	11.6%	Putnam	451	12.2%
Boone	11,735	8.5%	Jasper	11,799	11.8%	Ralls	790	9.9%
Buchanan	7,587	10.1%	Jefferson	17,420	9.1%	Randolph	2,630	12.4%
Butler	3,888	11.6%	Johnson	5,079	11.1%	Ray	1,809	9.2%
Caldwell	804	10.7%	Knox	453	14.6%	Reynolds	617	12.6%
Callaway	3,739	9.9%	Laclede	3,562	12.3%	Ripley	1,418	13.2%
Camden	3,627	11.5%	Lafayette	2,720	10.2%	Saline	2,294	12.2%
Cape Girardeau	6,009	9.7%	Lawrence	3,855	12.4%	Schuyler	416	13.0%
Carroll	889	11.7%	Lewis	959	12.1%	Scotland	556	14.1%
Carter	689	14.4%	Lincoln	4,846	10.4%	Scott	3,740	11.0%
Cass	7,459	8.6%	Linn	1,067	10.8%	Shannon	948	13.7%
Cedar	1,290	12.4%	Livingston	1,287	11.4%	Shelby	606	12.1%
Chariton	639	11.0%	Macon	1,476	12.0%	St. Charles	19,168	6.2%
Christian	6,754	10.1%	Madison	1,253	12.6%	St. Clair	952	13.6%
Clark	720	12.5%	Maries	917	12.7%	St. Francois	6,120	11.5%
Clay	15,877	8.0%	Marion	2,318	9.9%	St. Louis	60,069	7.3%
Clinton	1,642	9.4%	McDonald	2,796	14.0%	St. Louis City	38,629	12.7%
Cole	5,528	8.6%	Mercer	342	12.6%	Ste. Genevieve	1,407	9.6%
Cooper	1,693	11.8%	Miller	2,822	13.8%	Stoddard	2,932	12.5%
Crawford	2,517	12.7%	Mississippi	1,430	13.1%	Stone	2,996	12.6%
Dade	682	12.0%	Moniteau	1,590	12.4%	Sullivan	738	13.4%
Dallas	1,791	13.0%	Monroe	796	11.0%	Taney	5,505	14.2%
Daviess	894	13.5%	Montgomery	1,122	12.0%	Texas	2,718	13.8%
DeKalb	1,394	13.7%	Morgan	2,287	14.5%	Vernon	2,041	12.4%
Dent	1,549	12.9%	New Madrid	1,568	11.0%	Warren	2,597	9.8%
Douglas	1,367	12.6%	Newton	5,477	11.6%	Washington	2,619	12.7%
Dunklin	3,115	12.4%	Nodaway	1,889	10.2%	Wayne	1,251	13.2%
Franklin	8,424	9.8%	Oregon	1,127	13.7%	Webster	4,000	12.8%
Gasconade	1,319	11.0%	Osage	1,164	10.3%	Worth	214	14.2%
Gentry	598	12.9%	Ozark	1,031	14.5%	Wright	1,915	13.3%
Greene	25,082	11.1%						

State Projected Newly Insured Number <65: 509,529

State Projected Newly Insured Percent <65: 10.1%

Source: U.S. Census Bureau, Small Area Health Insurance Estimates (2009) and HPRSolutions Projections