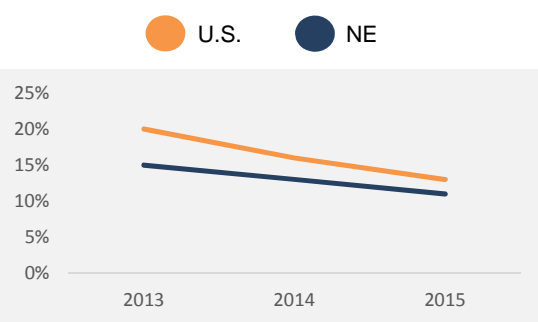


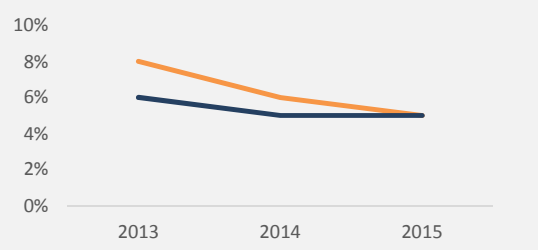
Health Care Access & Affordability

Nebraska

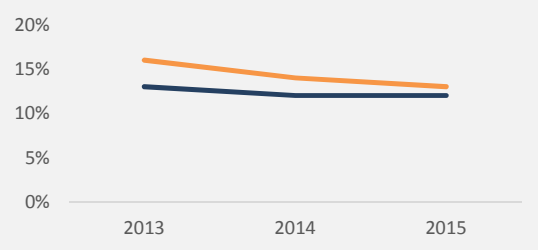
	United States			Nebraska		
	2013	2014	2015	2013	2014	2015
Adults ages 19–64 uninsured						
Total	20%	16%	13%	15%	13%	11%
White	14%	11%	9%	11%	10%	8%
Black	24%	19%	15%	30%	19%	18%
Hispanic	40%	33%	28%	38%	38%	30%
Other	20%	15%	12%	25%	16%	14%
Low-Income	38%	31%	25%	35%	32%	26%



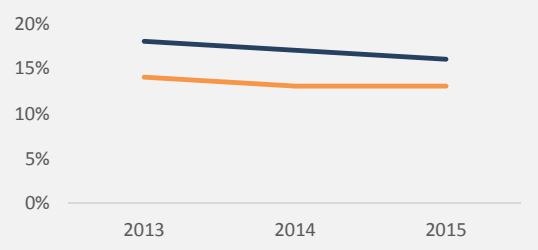
Children ages 0–18 uninsured						
Total	8%	6%	5%	6%	5%	5%
White	6%	5%	4%	6%	4%	4%
Black	7%	5%	4%	--	--	--
Hispanic	12%	10%	8%	--	10%	--
Other	8%	6%	5%	--	--	--
Low-Income	10%	9%	7%	10%	9%	8%



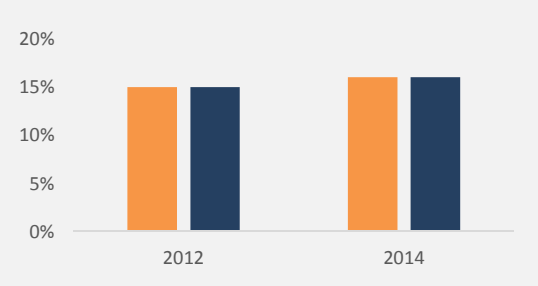
Adults who went without care because of cost in the past year						
Total	16%	14%	13%	13%	12%	12%
White	12%	11%	10%	11%	10%	10%
Black	21%	19%	17%	29%	25%	21%
Hispanic	27%	24%	22%	24%	24%	23%
Other	15%	13%	13%	17%	16%	18%
Low-Income	28%	26%	24%	25%	27%	23%



At-risk adults¹ without a routine doctor visit in the past two years						
Total	14%	13%	13%	18%	17%	16%
White	13%	13%	12%	18%	16%	15%
Black	9%	9%	7%	9%	13%	13%
Hispanic	19%	19%	19%	28%	25%	23%
Other	15%	14%	14%	16%	23%	24%
Low-Income	17%	16%	16%	21%	20%	20%



Adults age 18 and older without a dental visit in the past year				
	2012	2014	2012	2014
Total	15%	16%	15%	16%
White	13%	14%	14%	14%
Black	21%	21%	24%	25%
Hispanic	21%	23%	24%	29%
Other	16%	17%	13%	22%
Low-Income	23%	25%	24%	27%



Notes: Subpopulation estimates for white, black, and other race include individuals who identify as non-Hispanics; estimates for Hispanic ethnicity can include individuals of any race. Low-income refers to individuals from households with income under 200% of the federal poverty level. "--" indicates that estimates are not available for this population segment because of small sample sizes. (1) Includes everyone age 50 and older, since many have chronic conditions and need preventive care services, as well as the subset of younger adults who report having chronic illnesses or being in fair or poor health.

Data: Uninsured estimates—American Community Survey, Public Use Micro Data (ACS PUMS), 2013–2015 1-year estimates. Forgone care, physician visit, and dental visit—Behavioral Risk Factor Surveillance System (BRFSS), 2012–2015.

Source: S. L. Hayes, S. R. Collins, D. C. Radley, D. McCarthy, and S. Beutel, *A Long Way in a Short Time: States' Progress on Health Care Coverage and Access, 2013–2015* (The Commonwealth Fund, Dec. 2016).



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