Health Insurance Coverage in the United States: 2015

Current Population Reports

By Jessica C. Barnett and Marina S. Vornovitsky

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Health Insurance Coverage in the United States: 2015

Introduction

Health insurance is a means for financing a person's health care expenses. While the majority of people have private health insurance, primarily through an employer, many others obtain coverage through programs offered by the government. Other individuals do not have health insurance at all (see the text box "What Is Health Insurance Coverage?").

Over time, changes in the rate of health insurance coverage and the distribution of coverage types may reflect economic trends, shifts in the demographic composition of the population, and policy changes that impact access to care. Several such policy changes occurred in 2014, when many provisions of the Patient Protection and Affordable Care Act (ACA) went into effect (see the text box "Health Insurance Coverage and the Affordable Care Act").

This report presents statistics on health insurance coverage in the United States in 2015, changes in health insurance coverage rates between 2014 and 2015, as well as changes in health insurance coverage rates between 2013 and 2015. The statistics in this report are based on information collected in two surveys conducted by the Census Bureau, the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) and the American Community Survey (ACS) (see the text box "Two Measures of Health Insurance Coverage"). Throughout the report, unless otherwise noted, estimates come from the CPS ASEC.

What Is Health Insurance Coverage?

Health insurance coverage in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) refers to health insurance that covers basic health care needs. This definition excludes single service plans, such as accident, disability, dental, vision, or prescription medicine plans. For reporting purposes, the Census Bureau broadly classifies health insurance coverage as private insurance or government insurance. The CPS ASEC defines private health insurance as a plan provided through an employer or a union and coverage purchased directly by an individual from an insurance company or through an exchange. Government health insurance includes federal programs, such as Medicare, Medicaid, the Children's Health Insurance Program (CHIP), individual state health plans, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military. In the CPS ASEC, people were considered insured if they were covered by any type of health insurance for part or all of the previous calendar year. They were considered uninsured if they were not covered by any type of health insurance for the entire year. Additionally, people were considered uninsured if they only had coverage through the Indian Health Service (IHS). For more information, see Appendix B, "Estimates of Health Insurance Coverage."

Highlights

- The uninsured rate decreased between 2014 and 2015 by 1.3 percentage points as measured by the CPS ASEC. In 2015, the percentage of people without health insurance coverage for the entire calendar year was 9.1 percent, or 29.0 million, lower than the rate and number of uninsured in 2014 (10.4 percent or 33.0 million) (Figure 1 and Table 1).[1, 2]
- The percentage of people with health insurance coverage for all or part of 2015 was 90.9 percent, higher than the rate in 2014 (89.6 percent) (Table 1).
- In 2015, private health insurance coverage continued to be more prevalent than public coverage, at 67.2 percent and 37.1 percent, respectively. Of the subtypes of health insurance, employer-based insurance covered 55.7 percent of the population for some or all of the calendar year, followed by Medicaid (19.6 percent), Medicare (16.3 percent), direct-purchase (16.3 percent), and military coverage (4.7 percent) (Table 1 and Figure 1).[3]

[1] For a brief description of how the Census Bureau collects and reports on health insurance data, see the text box "What is Health Insurance Coverage?" For a discussion of the quality of the CPS ASEC health insurance coverage estimates, see Appendix B.

[2] For information on recessions, see Appendix A, P60-256, *Income and Poverty in the United States: 2015* at <www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>.

[3] The percentage of people covered by Medicare in 2015 was not statistically different from the percentage of people covered by direct-purchase health insurance.

Health Insurance Coverage and the Affordable Care Act

Since the passage of the Patient Protection and Affordable Care Act (ACA) in 2010, several provisions of the ACA have gone into effect at different times. For example, in 2010, the Young Adult Provision enabled adults under age 26 to remain as dependents on their parents' health insurance plans. Many more of the main provisions went into effect on January 1, 2014, including the expansion of Medicaid eligibility and the establishment of health insurance marketplaces (e.g., healthcare.gov).

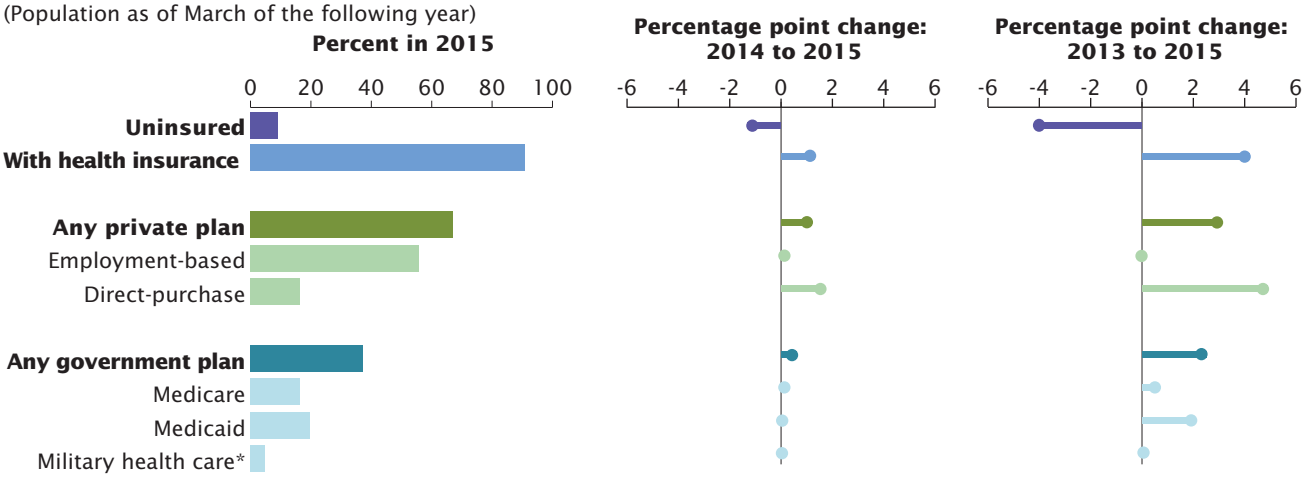
As described in this report, decreases in the uninsured rates between 2013 and 2015 are consistent with what some provisions of the ACA intended. In 2014, people under age 65, particularly adults aged 19 to 64, may have become eligible for coverage options under the ACA. Based on family income, some people may have qualified for subsidies or tax credits to help pay for premiums associated with health insurance plans. In addition, the population with lower income may have become eligible for Medicaid coverage if they resided in one of the 27 states or the District of Columbia that expanded Medicaid eligibility.*

* By January 1, 2014, 24 states and the District of Columbia expanded Medicaid eligibility. By January 1, 2015, 3 additional states (Michigan, New Hampshire, and Pennsylvania) expanded Medicaid eligibility. For a list of the states and their Medicaid expansion status as of January 1, 2015, see Table A-1: Population Without Health Insurance Coverage by State: 2013 to 2015.

Figure 1.

Percentage of People by Type of Health Insurance Coverage and Change From 2013 to 2015

(Population as of March of the following year)



* Military health care includes TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.

Note: Between 2014 and 2015, there was no statistically significant change in the percentage of people covered by employment-based health insurance, Medicaid, or military health care. Between 2013 and 2015, there was not a statistically significant change in the percentage of people covered by employment-based health insurance or military health care. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2014 to 2016 Annual Social and Economic Supplements.

- Increases in both private health insurance coverage and government coverage contributed to the overall increase in coverage between 2014 and 2015. The rate of private coverage increased by 1.2 percentage points to 67.2 percent in 2015 (up from 66.0 percent in 2014), and the government coverage rate increased by 0.6 percentage points to 37.1 percent (up from 36.5 percent in 2014) (Table 1 and Figure 1).[4]
- Between 2014 and 2015, the greatest change in coverage was the change in direct-purchase health insurance, which increased by 1.7 percentage points to cover 16.3 percent of people for some or all of 2015 (up from 14.6 percent in 2014) (Table 1 and Figure 1).
- For the second year in a row, the percentage of people without health insurance dropped for every single year of age under 65 (Figure 4).[5]
- In 2015, the percentage of uninsured children under age 19 was 5.3 percent (Table 2). This was a decrease from 6.2 percent in 2014.
- In 2015, the uninsured rate for children under age 19 in poverty, 7.5 percent, was higher than the uninsured rate for children not in poverty, 4.8 percent (Figure 6).
- In 2015, non-Hispanic Whites had the lowest uninsured rate among race and Hispanic origin groups, at 6.7 percent. The uninsured rates for Blacks and Asians were higher than for non-Hispanic Whites, at 11.1 percent and 7.5 percent, respectively. Hispanics had the highest uninsured rate in 2015, at 16.2 percent (Table 5).[6]
- Between 2014 and 2015, the overall rate of health insurance coverage increased for most race and Hispanic-origin groups.[7] Hispanics had the largest increase (3.6 percentage points), followed by Asians (1.9 percentage points) and non-Hispanic Whites (0.9 percentage points) (Table 5).[8]
- Between 2014 and 2015, the uninsured rate decreased in 47 states and the District of Columbia (Figure 8 and Table A-1). Three states (North Dakota, South Dakota, and Wyoming) did not experience a statistically significant change in their uninsured rate.[9]

Estimates of the Population Without Health Insurance Coverage

In 2015, 9.1 percent of people (or 29.0 million) were uninsured for the entire calendar year (Table 1). This was a decrease of 1.3 percentage points from 2014, when 10.4 percent (or 33.0 million) were uninsured for the entire calendar year.

This report classifies health insurance coverage into three different groups: private health insurance, government health insurance, and the uninsured. Private health insurance includes coverage provided through an employer or union and coverage purchased directly by an individual from an insurance company or through an exchange.[10] Government health insurance coverage includes federal programs, such as Medicare, Medicaid, the Children's Health Insurance Program (CHIP), individual state health plans, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Health and Medical Program of the Department of Veterans Affairs and the military (VA Care). Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year. For more information, see the text box "What Is Health Insurance Coverage?"

In 2015, most people (90.9 percent) had health insurance coverage at some point during the calendar year, with more people having private health insurance (67.2 percent) than government coverage (37.1 percent). Of the subtypes of health insurance, employer-based insurance covered the most people (55.7 percent of the population), followed by Medicaid (19.6 percent), Medicare (16.3 percent), direct-purchase (16.3 percent),

[4] Between 2014 and 2015, the percentage point change for people covered by private health insurance was not statistically different from the percentage point change for people covered by government health insurance.

[5] Estimates are from the 2013 to 2015 1-Year American Community Surveys.

[6] Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). The body of this report (text, figures, and tables) shows data using the first approach (race alone). Use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches.

In this report, the term "non-Hispanic White" refers to people who are not Hispanic and who reported White and no other race. The Census Bureau uses non-Hispanic Whites as the comparison group for other race groups and Hispanics.

Since Hispanics may be any race, data in this report for Hispanics overlap with data for race groups. Being Hispanic was reported by 15.0 percent of White householders who reported only one race, 4.3 percent of Black householders who reported only one race, and 2.4 percent of Asian householders who reported only one race.

Data users should exercise caution when interpreting aggregate results for the Hispanic population or for race groups because these populations consist of many distinct groups that differ in socioeconomic characteristics, culture, and recent immigration status. For further information, see <www.census.gov/cps>.

[7] Between 2014 and 2015, there was no statistically significant difference in the health insurance coverage rate for Blacks.

[8] Between 2014 and 2015, the percentage point change in the health insurance coverage rate for non-Hispanic Whites was not statistically different from the percentage point change for Asians.

[9] Estimates are from the 2014 and 2015 1-Year American Community Surveys.

[10] Exchanges include coverage purchased through the federal Health Insurance Marketplace as well as other state-based marketplaces, and include both subsidized and unsubsidized plans.

and military health care (4.7 percent) (Table 1).[11]

The percentage of people covered by any type of health insurance increased by 1.3 percentage points to 90.9 percent in 2015, up from 89.6 percent in 2014. Increases in both private health insurance coverage and government coverage contributed to the overall increase in coverage between 2014 and 2015. The rate of private coverage increased by 1.2 percentage points to 67.2 percent in 2015 (up from 66.0 percent in 2014), and the government coverage rate increased by 0.6 percentage points to 37.1 percent (up from 36.5 percent in 2014).[12, 13]

While the overall rates of both private and government health insurance increased, coverage rates have not changed for every subtype of health insurance. Between 2014 and 2015, coverage rates increased for two types of coverage: direct-purchase health insurance and Medicare.[14]

The largest percentage-point change in coverage was for direct-purchase, which increased by 1.7 percentage points to cover 16.3 percent of people for some or all of 2015 (up from 14.6 percent in 2014). Between 2014 and 2015, the Medicare coverage rate increased by 0.3 percentage points for the population as a whole. However, this increase was due to an increase in the number of people aged 65 and over and not to changes in Medicare coverage rates within a particular age group. Coverage rates did not change for the other types of health insurance between 2014 and 2015, including employment-based insurance, Medicaid, and plans through the military.

[11] The percentage of individuals covered by Medicare is not statistically different from the percentage of individuals covered by direct-purchase health insurance.

[12] The percentage point change between 2014 and 2015 for people covered by any type of health insurance was not statistically different from the percentage point change for people covered by private health insurance. The percentage point change between 2014 and 2015 for people covered by private health insurance was not statistically different from the percentage point change for people covered by government health insurance.

[13] Some people may have more than one coverage type during the calendar year.

[14] The percentage of people covered by direct-purchase health insurance in 2015 was not statistically different from the percentage of people covered by Medicare.

Table 1.

Coverage Numbers and Rates by Type of Health Insurance: 2013 to 2015

(Numbers in thousands, margins of error in thousands or percentage points as appropriate. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf*)

Coverage type	2013				2014				2015				Change			
													2015 less 2014		2015 less 2013	
	Number	MOE[1] (±)	Rate	MOE[1] (±)	Number	MOE[1] (±)	Rate	MOE[1] (±)	Number	MOE[1] (±)	Rate	MOE[1] (±)	Number	Rate	Number	Rate
Any health plan	**271,606**	**636**	**86.7**	**0.2**	**283,200**	**568**	**89.6**	**0.2**	**289,903**	**650**	**90.9**	**0.2**	***6,702**	***1.3**	***18,297**	***4.3**
Any private plan[2, 3]	201,038	1,140	64.1	0.4	208,600	1,221	66.0	0.4	214,238	1,118	67.2	0.4	*5,639	*1.2	*13,201	*3.0
Employment-based[2]	174,418	1,160	55.7	0.4	175,027	1,188	55.4	0.4	177,540	1,229	55.7	0.4	*2,513	0.3	*3,122	Z
Direct-purchase[2]	35,755	615	11.4	0.2	46,165	798	14.6	0.3	52,057	916	16.3	0.3	*5,891	*1.7	*16,302	*4.9
Any government plan[2, 4]	108,287	1,115	34.6	0.4	115,470	1,035	36.5	0.3	118,395	1,067	37.1	0.3	*2,924	*0.6	*10,107	*2.6
Medicare[2]	49,020	377	15.6	0.1	50,546	339	16.0	0.1	51,865	308	16.3	0.1	*1,319	*0.3	*2,845	*0.6
Medicaid[2]	54,919	969	17.5	0.3	61,650	931	19.5	0.3	62,384	917	19.6	0.3	734	0.1	*7,465	*2.0
Military health care[2, 5]	14,016	595	4.5	0.2	14,143	568	4.5	0.2	14,849	626	4.7	0.2	706	0.2	833	0.2
Uninsured[6]	**41,795**	**614**	**13.3**	**0.2**	**32,968**	**561**	**10.4**	**0.2**	**28,966**	**634**	**9.1**	**0.2**	***–4,002**	***–1.3**	***–12,829**	***–4.3**

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

Z Represents or rounds to zero.

[1] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2016/demo/p60-257sa.pdf>.

[2] The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly by an individual from an insurance company, or coverage through someone outside the household.

[4] Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Military health care includes TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.

[6] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

Source: U.S. Census Bureau, Current Population Survey, 2014, 2015, and 2016 Annual Social and Economic Supplements.

Two Measures of Health Insurance Coverage

This report includes two types of health insurance coverage measures: health insurance coverage during the entire calendar year and health insurance coverage at the time of the interview.

The first measure, coverage at any time during the calendar year, is collected with the Current Population Survey Annual Social and Economic Supplement (CPS ASEC). The CPS is the longest-running survey conducted by the Census Bureau. The key purpose of the CPS ASEC is to provide timely and detailed estimates of economic well-being, of which health insurance coverage is an important part. The Census Bureau conducts the CPS ASEC annually between February and April, and the resulting measure of health insurance coverage reflects an individual's coverage during the entire previous calendar year.

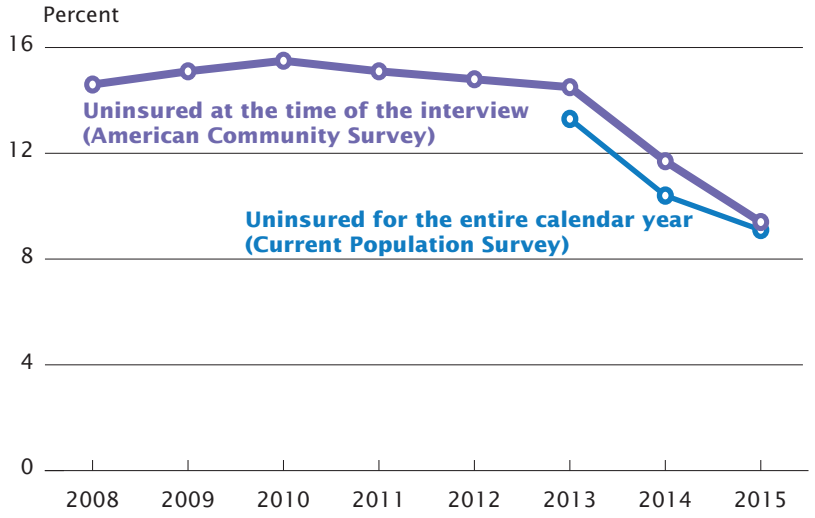
The second measure is the health insurance coverage status an individual reported at the time of the interview, which is collected in the American Community Survey (ACS). The ACS is an ongoing survey that collects comprehensive information on social, economic, and housing topics. Due to its large sample size, the ACS provides estimates at many levels of geography. Estimates reflect an annual average of current health insurance coverage status.

As a result of the difference in the collection of health insurance coverage status, the CPS ASEC and the ACS measure different concepts. The CPS ASEC uninsured rate represents the percentage of people who had no health insurance coverage at any time during the previous calendar year. The ACS uninsured rate is a measure of the percentage of people who were uninsured at the time of the interview.

Between 2008 and 2013, as measured by the ACS, uninsured rates remained relatively stable, and decreased sharply by 2.8 percentage points between 2013 and 2014 and by 2.3 percentage points between 2014 and 2015, marking the largest percentage-point declines over this period. Overall, the uninsured rate decreased by 5.1 percentage points between 2013 and 2015.

Between 2014 and 2015, the two measures of health insurance coverage both point to a decrease in uninsured rates (Figure 2). In 2015, the uninsured rate was 9.1 percent as measured by the CPS ASEC and 9.4 percent as measured by the ACS.

Figure 2.
Uninsured Rate: 2008 to 2015



Note: For the American Community Survey, estimates are for the civilian noninstitutionalized population. For the Current Population Survey, estimates reflect the population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf>. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2015.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2014, 2015, and 2016 Annual Social and Economic Supplements and 2008 to 2015 1-Year American Community Surveys.

Multiple Coverage Types

While most people are covered by a single type of insurance, some people may have more than one type of coverage during the calendar year. That is, they may have multiple types of coverage at one time to supplement their primary insurance type, or switch coverage types over the course of the year. Of the population with health insurance coverage in 2015, 78.4 percent had one coverage type during the year and 21.6 percent had multiple coverage types over the course of the year (Figure 3).

Some types of health insurance were more likely to be held alone, while other types of health insurance coverage were more likely to be held in combination with another type of insurance at some point during the year. Among the groups with employment-based health insurance coverage or Medicaid coverage, most had only one plan type during 2015 (77.7 percent and 65.7 percent, respectively).

People covered by direct-purchase insurance, Medicare, or military health care were more likely to have had more than one coverage type during the year. In 2015, 58.1 percent of people with direct-purchase health insurance had some other type of health insurance, along with 60.6 percent of people with Medicare and 59.9 percent of people with military health care.[15]

[15] The percentage of people covered by direct-purchase health insurance coverage and another plan type was not statistically different from the percentage of people covered by military health coverage and another plan type. The percentage of people covered by Medicare and another plan type was not statistically different from the percentage of people covered by military health coverage and another plan type.

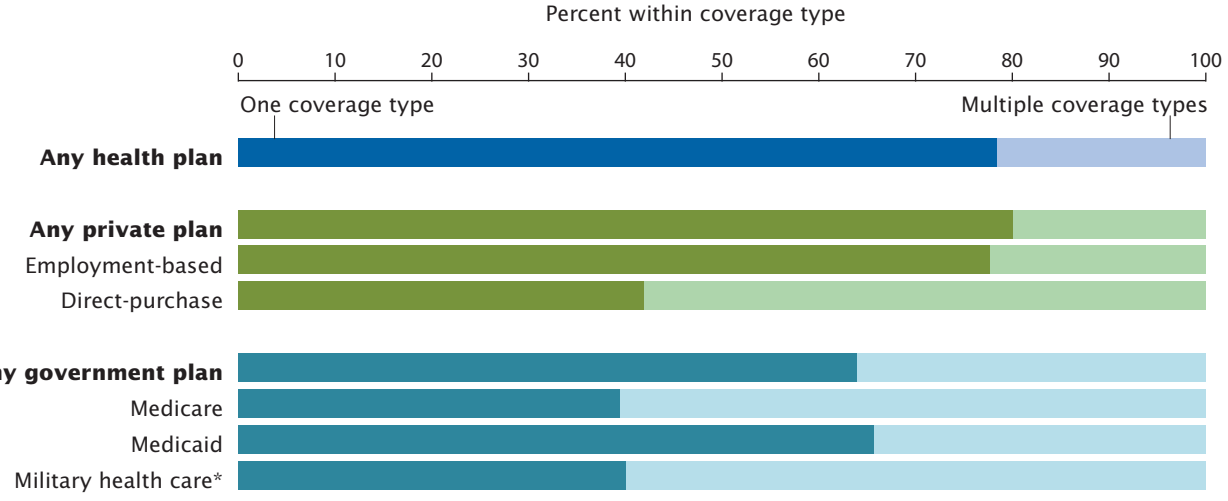
Health Insurance Coverage by Selected Characteristics

Age

Age is strongly associated with the likelihood that a person has health insurance and the type of health insurance a person has. In 2015, adults aged 65 or over and children under 19 were more likely to have health insurance coverage (98.9 percent and 94.7 percent, respectively) compared with working-age adults aged 19 to 64 (87.4 percent) (Table 2).

Adults aged 65 and over had the highest rate of health insurance coverage because most are eligible for Medicare. In 2015, 93.8 percent of older adults were covered by a government plan and 52.1 percent were covered by a private plan, which may have supplemented their government coverage. The rate of health insurance coverage overall increased by 0.3 percentage points between 2014 and 2015 for the population aged 65 and

Figure 3.
Percentage With One or Multiple Coverage Types: 2015
(Population as of March of the following year)



* Military health care includes TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2016 Annual Social and Economic Supplement.

Table 2.

Percentage of People by Type of Health Insurance Coverage by Age: 2014 and 2015

(Numbers in thousands, margins of error in percentage points. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf*)

Characteristic	Total		Any health insurance					Private health insurance[3]					Government health insurance[4]					Uninsured[5]				
	2014	2015	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]
	Number	Number	Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)		Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)		Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)		Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)	
Total	**316,168**	**318,868**	**89.6**	**0.2**	**90.9**	**0.2**	***1.3**	**66.0**	**0.4**	**67.2**	**0.4**	***1.2**	**36.5**	**0.3**	**37.1**	**0.3**	***0.6**	**10.4**	**0.2**	**9.1**	**0.2**	***–1.3**
Age																						
Under age 65	270,174	271,322	88.0	0.2	89.5	0.2	*1.5	68.2	0.4	69.8	0.4	*1.6	26.8	0.4	27.2	0.4	0.4	12.0	0.2	10.5	0.2	*–1.5
Under age 18	73,920	74,062	94.0	0.3	94.8	0.3	*0.8	60.6	0.6	62.3	0.6	*1.6	43.1	0.6	43.0	0.7	–0.1	6.0	0.3	5.2	0.3	*–0.8
Under age 19[6]	78,119	78,182	93.8	0.3	94.7	0.3	*0.9	61.0	0.6	62.6	0.6	*1.6	42.6	0.6	42.6	0.6	Z	6.2	0.3	5.3	0.3	*–0.9
Aged 18 to 64	196,254	197,260	85.8	0.2	87.5	0.3	*1.7	71.1	0.4	72.7	0.4	*1.6	20.7	0.4	21.3	0.3	*0.6	14.2	0.2	12.5	0.3	*–1.7
Aged 19 to 64	192,055	193,140	85.7	0.2	87.4	0.3	*1.7	71.1	0.4	72.7	0.4	*1.6	20.4	0.4	21.0	0.3	*0.6	14.3	0.2	12.6	0.3	*–1.7
Aged 19 to 25[7]	30,508	30,475	82.9	0.6	85.5	0.6	*2.6	67.5	0.8	69.9	0.9	*2.4	22.1	0.7	23.0	0.7	1.0	17.1	0.6	14.5	0.6	*–2.6
Aged 26 to 34	38,415	38,960	81.8	0.5	83.7	0.6	*1.9	67.2	0.7	69.6	0.7	*2.4	20.3	0.6	20.1	0.7	–0.3	18.2	0.5	16.3	0.6	*–1.9
Aged 35 to 44	39,919	40,005	84.6	0.4	86.3	0.5	*1.7	71.5	0.6	72.7	0.6	*1.2	18.2	0.5	19.3	0.6	*1.2	15.4	0.4	13.7	0.5	*–1.7
Aged 45 to 64	83,213	83,701	89.0	0.3	90.4	0.3	*1.3	74.1	0.5	75.3	0.4	*1.2	20.9	0.5	21.4	0.5	0.5	11.0	0.3	9.6	0.3	*–1.3
Aged 65 and older	45,994	47,547	98.6	0.1	98.9	0.1	*0.3	52.8	0.9	52.1	0.8	–0.7	93.6	0.3	93.8	0.3	0.2	1.4	0.1	1.1	0.1	*–0.3

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

Z Represents or rounds to zero.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2016/demo/p60-257sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly by an individual from an insurance company, or coverage through someone outside the household.

[4] Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

[6] Children under the age of 19 are eligible for Medicaid/CHIP.

[7] This age is of special interest because of the Affordable Care Act's dependent coverage provision. Individuals aged 19 to 25 may be eligible to be a dependent on a parent's health insurance plan.

Note: The estimates by type of coverage are *not* mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2015 and 2016 Annual Social and Economic Supplements.

older, while the rate of private coverage, as well as the rate of government coverage, did not change.[16]

Children under age 19 were covered by health insurance at a higher rate than working-age adults and at a lower rate than older adults in 2015. One reason for this could be that children from lower income families may be eligible for programs such as Medicaid or the Children's Health Insurance Program (CHIP).[17] In 2015, private health insurance was more prevalent than government coverage for children under age 19, at 62.6 percent and 42.6 percent, respectively. Some children were covered by both private and government coverage for part or all of the calendar year.

Between 2014 and 2015, the overall rate of health insurance coverage for children under 19 increased by 0.9 percentage points. The rate of private coverage increased by 1.6 percentage points; however, there was no statistical difference in the rate of government coverage during this period.[18]

Compared with children and older adults, working-age adults (people aged 19 to 64) had the lowest rate of health insurance coverage in 2015, at 87.4 percent. Within that group, the population aged 26 to 34 was least likely to be insured, with a coverage rate of 83.7 percent.[19] For younger adults aged 19 to 25, the health insurance rate of 85.5 percent was lower than that for children under age 19 but higher than that for adults aged 26 to 34. For the age groups between 26 and 64, the rate of health insurance coverage increased as age increased.

Compared with other age groups, working-age adults were the most likely to be covered by private health insurance, which provided coverage to 72.7 percent of the population aged 19 to 64 in 2015. They also had the lowest rate of coverage through the government, at 21.0 percent.

Between 2014 and 2015, the percentage of adults aged 19 to 64 with health insurance coverage increased by 1.7 percentage points. The rates of private and government coverage increased for working-age adults by 1.6 percentage points and 0.6 percentage points, respectively.[20]

The percentage of people without health insurance coverage dropped for every single age under 65 between 2014 and 2015, marking a second year of declines across all ages (Figure 4).[21] Younger adults tended to experience a larger drop than older adults. For example, the uninsured rate declined by 5.6 percentage points for 26-year-olds and 1.9 percentage points for 64-year-olds.

The uneven downward shift in uninsured rates reduced some of the age-specific rate disparities, resulting in slightly more uniform uninsured rates across ages. Adults aged 26 continued to have the highest uninsured rate (at 19.5 percent in 2015) (Figure 4). Three notable sharp differences remained between single age years, specifically between 18- and 19-year-olds, between 25- and 26-year-olds, and between 64- and 65-year-olds. In 2015, the uninsured rate was about one-and-a-half times greater for 19-year-olds compared with 18-year-olds, almost one-and-a-quarter times greater for 26-year-olds compared with 25-year-olds, and the uninsured rate for 65-year-olds was about one-quarter of the rate of 64-year-olds.

Even within the broad age groups of children and working-age adults, uninsured rates for single years of age differed. In 2015, for children under age 19, the uninsured rate was greater with increasing age, with 3.4 percent for children under 1 year of age and 9.2 percent for 18-year-olds. Among young adults between the ages of 19 and 25, the uninsured rate was 14.1 percent for 19-year-olds and 17.0 percent for 25-year-olds. For adults between the ages of 26 and 64, the uninsured rate declined generally across all ages from 19.5 percent for 26-year-olds to 6.9 percent for 64-year-olds. Among older adults aged 65 and over, the uninsured rate varied little by age.

Since 2013, all single-year ages under age 65 experienced a significant decrease in their uninsured rate, with the largest declines of about 10.0 percentage points for each age between 21 and 28.

[16] For adults aged 65 and older, the 0.3 percentage point difference in the health insurance coverage rate between 2014 and 2015 was not statistically different from the percentage point difference in private health insurance coverage rate and the percentage point difference in government coverage. The percentage point difference between 2014 and 2015 for private health insurance was not statistically different from the percentage point difference for government coverage for this age group.

[17] The Children's Health Insurance Program (CHIP) is a government program that provides health insurance to children in families with incomes too high to qualify for Medicaid, but who are unable to afford private health insurance.

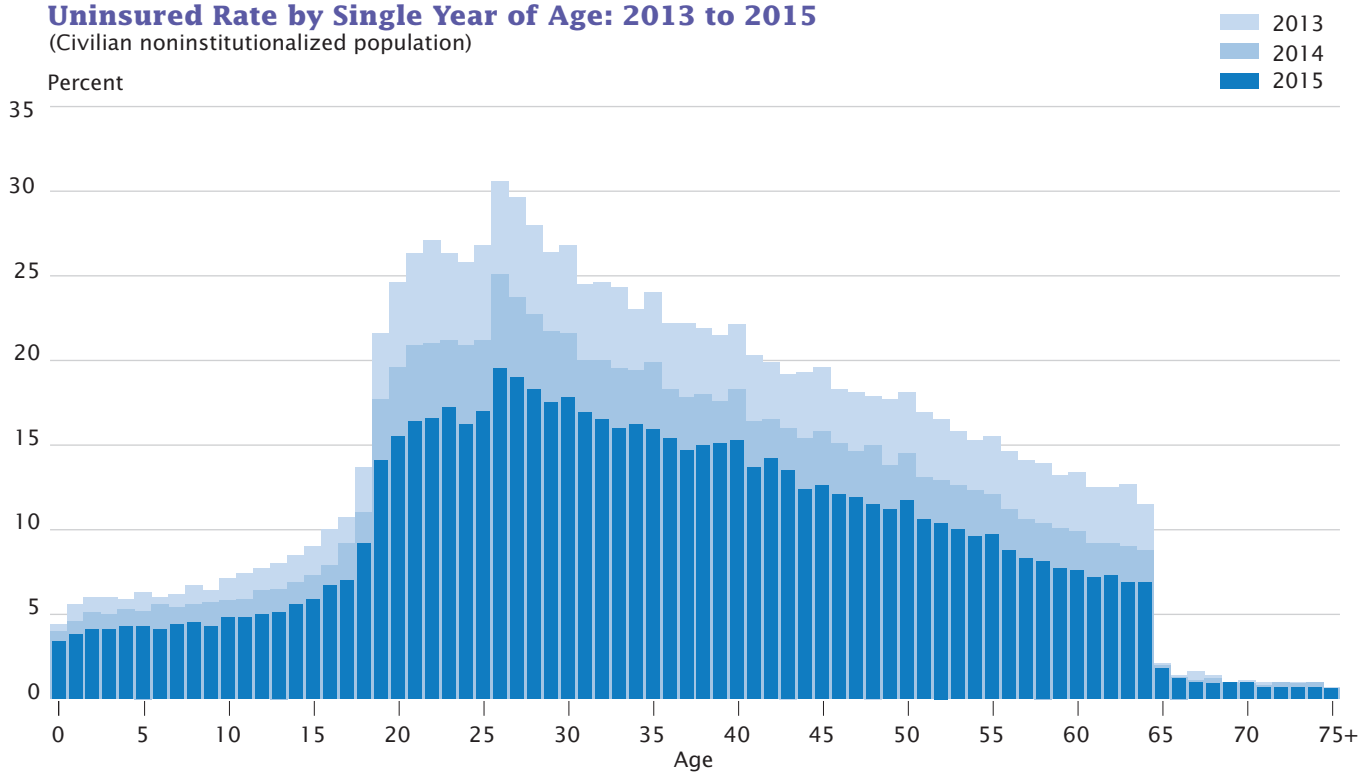
[18] For children under 19, the percentage point increase between 2014 and 2015 in the overall health insurance rate was not statistically different from the percentage point increase in private health insurance.

[19] In 2015, the health insurance coverage rate for people aged 19 to 25 was not statistically different from the coverage rate for people aged 35 to 44.

[20] Between 2014 and 2015, the percentage point difference in the overall health insurance rate for people aged 19 to 64 was not statistically different from the percentage point difference for private health insurance coverage rate for this age group.

[21] These estimates and estimates in the remainder of this section come from the 2013 through 2015 1-Year American Community Surveys.

Figure 4.
Uninsured Rate by Single Year of Age: 2013 to 2015
(Civilian noninstitutionalized population)



For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2015.pdf>.

Source: U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys.

Marital Status

Many adults obtain health insurance coverage through their spouse. In 2015, married adults aged 19 to 64 years had the highest coverage rate, at 91.0 percent (Table 3). The coverage rate was lowest for individuals who were separated, at 79.4 percent. The coverage rate was 83.2 percent for people who were never married. The coverage rates for people who were widowed or divorced were 85.8 percent and 85.1 percent, respectively.[22]

Between 2014 and 2015, most marital status groups experienced an increase in their coverage rate, except for people who were widowed. The coverage rate for the married population increased by 1.3 percentage points. People who were divorced and people who were never married experienced an increase of 2.2 percentage points and 2.3 percentage points, respectively, in their coverage rates.[23] The coverage rate increased by 4.3 percentage points between 2014 and 2015 for individuals who were separated.[24]

Disability Status

In 2015, the health insurance coverage rate for working-age adults with a disability was higher than for the

[22] In 2015, the health insurance coverage rate for widowed individuals was not statistically different from the coverage rate for divorced individuals.

[23] Between 2014 and 2015, the percentage point difference in the health insurance coverage rate for divorced individuals was not statistically different from the percentage point difference for married individuals and individuals who have never been married.

[24] Between 2014 and 2015, the percentage point difference in the health insurance coverage rate for widowed people was not statistically different from the percentage point difference for people who were married, divorced, separated, or never married. The percentage point difference in the health insurance coverage rate between 2014 and 2015 for divorced people was not statistically different from the percentage point difference for people who were married, separated, or never married. The percentage point difference in the health insurance coverage rate between 2014 and 2015 for people who were separated was not statistically different from the percentage point difference for people who were never married.

Table 3.

Percentage of People by Type of Health Insurance Coverage for Working-Age Adults 19 to 64 Years Old: 2014 and 2015

(Numbers in thousands, margins of error in percentage points. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf*)

Characteristic	Total		Any health insurance					Private health insurance[3]					Government health insurance[4]					Uninsured[5]				
	2014	2015	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]
	Number	Number	Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)		Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)		Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)		Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)	
Total	**316,168**	**318,868**	**89.6**	**0.2**	**90.9**	**0.2**	***1.3**	**66.0**	**0.4**	**67.2**	**0.4**	***1.2**	**36.5**	**0.3**	**37.1**	**0.3**	***0.6**	**10.4**	**0.2**	**9.1**	**0.2**	***–1.3**
Total, 19 to 64 years old	192,055	193,140	85.7	0.2	87.4	0.3	*1.7	71.1	0.4	72.7	0.4	*1.6	20.4	0.4	21.0	0.3	*0.6	14.3	0.2	12.6	0.3	*–1.7
Marital Status																						
Married[6]	101,505	101,277	89.7	0.3	91.0	0.3	*1.3	78.8	0.4	80.0	0.5	*1.2	17.5	0.5	18.0	0.4	0.5	10.3	0.3	9.0	0.3	*–1.3
Widowed	3,377	3,451	84.4	1.7	85.8	1.6	1.4	57.4	2.4	59.1	2.2	1.8	33.3	2.1	33.6	2.1	0.3	15.6	1.7	14.2	1.6	–1.4
Divorced	20,188	19,817	82.9	0.6	85.1	0.7	*2.2	62.5	0.9	63.9	0.9	*1.4	25.1	0.8	26.0	0.9	0.9	17.1	0.6	14.9	0.7	*–2.2
Separated	4,834	4,698	75.1	1.5	79.4	1.6	*4.3	51.5	1.9	54.4	1.9	*3.0	28.4	1.6	29.4	1.9	1.1	24.9	1.5	20.6	1.6	*–4.3
Never married	62,151	63,896	80.9	0.5	83.2	0.5	*2.3	63.7	0.6	66.0	0.6	*2.3	22.2	0.5	22.8	0.5	0.6	19.1	0.5	16.8	0.5	*–2.3
Disability Status[7]																						
With a disability	15,299	15,128	88.9	0.6	90.1	0.7	*1.1	41.2	1.1	43.4	1.2	*2.2	58.7	1.2	58.3	1.2	–0.4	11.1	0.6	9.9	0.7	*–1.1
With no disability	175,841	177,102	85.3	0.3	87.1	0.3	*1.8	74.0	0.4	75.5	0.4	*1.5	16.6	0.3	17.4	0.3	*0.7	14.7	0.3	12.9	0.3	*–1.8
Work Experience																						
All workers	146,024	148,503	86.8	0.3	88.4	0.3	*1.6	78.8	0.3	80.0	0.3	*1.2	12.8	0.3	13.8	0.3	*0.9	13.2	0.3	11.6	0.3	*–1.6
Worked full-time, year-round	103,202	105,533	88.8	0.3	90.1	0.3	*1.3	83.6	0.3	84.5	0.4	*0.9	9.6	0.3	10.5	0.3	*0.9	11.2	0.3	9.9	0.3	*–1.3
Less than full-time, year-round	42,822	42,970	81.9	0.5	84.2	0.5	*2.3	67.3	0.6	69.0	0.7	*1.7	20.5	0.5	21.7	0.6	*1.2	18.1	0.5	15.8	0.5	*–2.3
Did not work at least one week	46,032	44,637	82.3	0.6	84.2	0.5	*2.0	46.7	0.8	48.6	0.8	*1.9	44.4	0.8	44.9	0.8	0.5	17.7	0.6	15.8	0.5	*–2.0
Educational Attainment																						
Total, 26 to 64 years old	161,547	162,665	86.2	0.3	87.8	0.3	*1.6	71.8	0.4	73.3	0.4	*1.5	20.1	0.4	20.6	0.4	*0.5	13.8	0.3	12.2	0.3	*–1.6
No high school diploma	16,945	16,079	69.6	1.0	72.4	1.1	*2.8	40.3	1.0	43.1	1.2	*2.7	35.2	1.1	35.4	1.1	0.2	30.4	1.0	27.6	1.1	*–2.8
High school graduate (includes equivalency)	45,427	44,925	82.5	0.5	84.4	0.5	*1.8	64.0	0.7	65.2	0.7	*1.2	24.8	0.6	26.0	0.7	*1.2	17.5	0.5	15.6	0.5	*–1.8
Some college, no degree	26,924	27,246	86.5	0.5	88.1	0.6	*1.6	70.0	0.8	71.7	0.8	*1.7	23.0	0.7	23.7	0.7	0.6	13.5	0.5	11.9	0.6	*–1.6
Associate degree	17,082	17,471	89.7	0.6	90.5	0.6	*0.9	77.7	0.8	77.6	0.8	–0.1	18.1	0.7	20.3	0.7	*2.2	10.3	0.6	9.5	0.6	*–0.9
Bachelor's degree	35,175	35,870	92.0	0.4	93.0	0.4	*1.0	85.4	0.6	86.2	0.5	*0.8	11.3	0.5	11.6	0.5	0.3	8.0	0.4	7.0	0.4	*–1.0
Graduate or professional degree	19,994	21,075	95.1	0.4	95.2	0.5	0.1	90.0	0.6	90.2	0.6	0.2	9.5	0.6	9.1	0.6	–0.4	4.9	0.4	4.8	0.5	–0.1

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2016/demo/p60-257sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly by an individual from an insurance company, or coverage through someone outside the household.

[4] Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

[6] The combined category "married" includes three individual categories: "married, civilian spouse present," "married, Armed Forces spouse present," and "married, spouse absent."

[7] The sum of those with and without a disability does not equal the total because disability status is not defined for individuals in the Armed Forces.

Note: The estimates by type of coverage are *not* mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2015 and 2016 Annual Social and Economic Supplements.

population with no disability. In 2015, 90.1 percent of adults aged 19 to 64 with a disability had health insurance, compared with 87.1 percent of adults without a disability (Table 3).

Among adults aged 19 to 64, private coverage was less prevalent among adults with a disability compared with adults with no disability. In 2015, 43.4 percent of working-age adults with a disability had private coverage (an increase of 2.2 percentage points from 2014) and 58.3 percent had government coverage.[25] Among adults aged 19 to 64 with no disability, 75.5 percent had private coverage (an increase of 1.5 percentage points from 2014) and 17.4 had government coverage (an increase of 0.7 percentage points from 2014).[26]

Between 2014 and 2015, both the population with a disability and the population with no disability experienced a statistically significant increase in their coverage rates. The coverage rate increased by 1.1 percentage points to 90.1 percent in 2015 for adults with a disability. For working-age adults without a disability, the insured rate increased by 1.8 percentage points to 87.1 percent in 2015.[27]

Work Experience

For many adults, their health insurance coverage is related to their work status, such as working full time and year round, working less than full time and year round, or not working at all during the calendar year.[28] Of people aged 19 to 64 who worked at some point during the year, 88.4 percent had health insurance coverage for all or part of 2015 (Table 3). In 2015, full-time, year-round workers were more likely to be covered by health insurance (90.1 percent) than the population who worked less than full time, year round (84.2 percent) or nonworkers (84.2 percent).

In 2015, 84.5 percent of full-time, year-round workers had private insurance coverage, compared with 69.0 percent of people who worked less than full time, year round and 48.6 percent of nonworkers.

Nonworkers were more than three times as likely to have government health insurance (44.9 percent) than people who worked (13.8 percent) in 2015. The percentage of people who worked full time, year round covered by government health insurance was 10.5 percent, while the percentage of people who worked less than full time, year round covered by government health insurance was higher, at 21.7 percent.

Between 2014 and 2015, all work experience groups experienced an increase in the percentage of people with health insurance coverage, though the size of the change varied by work status. The largest coverage rate increase for the working population was for those who worked less than full time, year round. Of this group, 84.2 percent were covered by health insurance in 2015, an increase of 2.3 percentage points from the level in 2014. The percentage point increase for the population who worked full time, year round was smaller, at 1.3 percentage points.[29]

Educational Attainment

People with higher levels of educational attainment were more likely to have health insurance coverage compared with people with lower levels of education in 2015. Of the population aged 26 to 64, 95.2 percent of people with a graduate or professional degree had health insurance in 2015, compared with 93.0 percent of people with a bachelor's degree, 84.4 percent of high school graduates, and 72.4 percent of the population with no high school diploma (Table 3).

People of all education levels experienced an increase in the rate of health insurance coverage between 2014 and 2015, except for individuals with a graduate or professional degree.[30] The population with no high school diploma experienced a larger increase compared with the population with a bachelor's degree; their health insurance coverage rates increased by 2.8 percentage points and 1.0 percentage points, respectively.[31]

Household Income

People with lower household income had lower health insurance coverage rates than people with higher income. In 2015, 85.2 percent of people with an annual household income of less

[25] Between 2014 and 2015, there was no statistical difference in the government health insurance coverage rate for people with a disability.

[26] The percentage point difference in the private health insurance coverage rate between 2014 and 2015 for people without a disability was not statistically different from the percentage point difference in the private health insurance coverage rate for people with a disability. For people without a disability, the percentage point difference in the government coverage rate between 2014 and 2015 was not statistically different from the percentage point difference for the private health insurance coverage rate.

[27] Between 2014 and 2015, the percentage point difference in the health insurance coverage rate for people with a disability was not statistically different from the percentage point difference for people without a disability.

[28] A full-time, year-round worker is a person who worked 35 or more hours per week (full-time) and 50 or more weeks during the previous calendar year (year-round). For school personnel, summer vacation is counted as weeks worked if they are scheduled to return to their job in the fall.

[29] The percentage point difference in the health insurance coverage rate between 2014 and 2015 for nonworkers was not statistically different from the percentage point difference for people working full time, year round or the percentage point difference for people working less than full time, year round.

[30] There was no statistical difference in the health insurance coverage rate between 2014 and 2015 for people with a graduate or professional degree.

[31] The percentage point difference in the health insurance coverage rate between 2014 and 2015 for people with a graduate or professional degree was not statistically different from the percentage point difference for people with an associate degree or people with a bachelor's degree. The percentage point difference in the health insurance coverage rate between 2014 and 2015 for people with no high school diploma was not statistically different from the percentage point difference for high school graduates or people with some college.

than $25,000 had health insurance coverage, compared with 92.7 percent of people with household income ranging from $75,000 to $99,999 and 95.5 percent of people with household income of $100,000 or more (Table 4).[32]

The relationship between household income and private health insurance coverage was also positive, but varied more by income level than did the rate of overall health insurance coverage. In 2015, 30.8 percent of people with a household income below $25,000 had private coverage, compared with 87.4 percent of people with household income at or above $100,000.

The private health insurance coverage rates varied more for lower income groups than for higher income groups. In 2015, the private health insurance coverage rate for people with household income between $25,000 and $49,999 (53.2 percent) was 22.4 percentage points higher than the rate for people with household income below $25,000 (30.8 percent). At the same time, the private health insurance coverage rate for people with household income at or above $100,000 (87.4 percent) was 7.8 percentage points higher than the rate for people with household income between $75,000 and $99,999 (79.7 percent).

People in households with lower income were more likely to have government coverage than people with higher household income. In 2015, 66.6 percent of people with household income below $25,000 had government health coverage, compared with 19.1 percent of people in the highest household income group.

The government coverage rates for lower income groups were more spread out relative to government coverage rates for higher income groups. In 2015, the government coverage rate for people with household income of less than $25,000 per year (66.6 percent) was 15.8 percentage points higher than the rate for people with household income between $25,000 and $49,999 per year (50.8 percent). For the two highest income groups, the difference was smaller. The government coverage rate for people with household income between $75,000 and $99,999 (27.2 percent) was 8.1 percentage points higher than the rate for people with household income at or above $100,000 (19.1 percent).

Between 2014 and 2015, health insurance coverage rates increased for each income category. The population with the lowest household income experienced a larger increase in their coverage rate (1.7 percentage points for people with household income of less than $25,000) than the population with the highest household income (0.8 percentage points for people with household income of $100,000 or more).

Between 2014 and 2015, no income group experienced a statistical change in their rate of private health insurance coverage.

The government coverage rate increased between 2014 and 2015 for all income groups with household income below $100,000.

Income-to-Poverty Ratios

People and families are classified as being in poverty if their income is less than their poverty threshold.[33]

In 2015, the population living below 100 percent of poverty had the lowest health insurance coverage rate, at 82.6 percent, while people living at or above 400 percent of poverty had the highest coverage rate, at 95.5 percent (Table 4). The population living between 100 percent and 399 percent of the poverty ratio had coverage rates that ranged from 86.4 percent for people living between 100 and 199 percent of poverty to 92.7 percent for the population living between 300 and 399 percent of poverty.

Government coverage continued to be most prevalent for the population in poverty (62.1 percent) and least prevalent for the population with income-to-poverty ratios at or above 400 percent of poverty (22.6 percent) in 2015.

Between 2014 and 2015, the population living at every income-to-poverty ratio level experienced an increase in their health insurance coverage rate. The percentage of people with health insurance increased by 2.0 percentage points for people living below 100 percent of the poverty threshold, by 1.5 percentage points for people between 100 and 199 percent of poverty, 1.8 percentage points for people between 200 and 299 percent of poverty, 1.1 percentage points for people between 300 and 399 percent of poverty, and by 0.3 percentage points for people at or above 400 percent of poverty.[34]

[32] The 2014 income estimates are inflation-adjusted and presented in 2015 dollars.

[33] The Office of Management and Budget determined the official definition of poverty in Statistical Policy Directive 14. Appendix B of the report *Income and Poverty in the United States: 2015* provides a more detailed description of how the U.S. Census Bureau calculates poverty; see <www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>.

[34] The percentage point difference in the health insurance coverage rate between 2014 and 2015 for people below 100 percent of poverty was not statistically different from the percentage point difference for people between 100 and 199 percent of poverty, 200 and 299 percent of poverty, and 300 and 399 percent of poverty. The percentage point difference in the coverage rate between 2014 and 2015 for people between 100 and 199 percent of poverty was not statistically different from the percentage point difference for people between 200 and 299 percent of poverty and 300 and 399 percent of poverty. The percentage point difference in the health insurance coverage rate between 2014 and 2015 for people between 200 and 299 percent of poverty was not statistically different from the percentage point difference for people between 300 and 399 percent of poverty.

Table 4.

Percentage of People by Type of Health Insurance Coverage by Household Income and Income-to-Poverty Ratio: 2014 and 2015

(Numbers in thousands, margins of error in percentage points. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf*)

Characteristic	Total		Any health insurance					Private health insurance[3]					Government health insurance[4]					Uninsured				
	2014	2015	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]
	Number	Number	Percent	MOE[2] (±)	Percent	MOE[2] (±)		Percent	MOE[2] (±)	Percent	MOE[2] (±)		Percent	MOE[2] (±)	Percent	MOE[2] (±)		Percent	MOE[2] (±)	Percent	MOE[2] (±)	
Total	**316,168**	**318,868**	**89.6**	**0.2**	**90.9**	**0.2**	***1.3**	**66.0**	**0.4**	**67.2**	**0.4**	***1.2**	**36.5**	**0.3**	**37.1**	**0.3**	***0.6**	**10.4**	**0.2**	**9.1**	**0.2**	***–1.3**
Household Income																						
Less than $25,000	55,212	51,999	83.4	0.6	85.2	0.5	*1.7	30.1	0.7	30.8	0.8	0.7	65.3	0.7	66.6	0.7	*1.3	16.6	0.6	14.8	0.5	*–1.7
$25,000 to $49,999	67,311	65,289	85.9	0.4	87.5	0.5	*1.6	52.6	0.8	53.2	0.8	0.6	48.6	0.7	50.8	0.8	*2.2	14.1	0.4	12.5	0.5	*–1.6
$50,000 to $74,999	55,664	55,131	89.3	0.5	90.4	0.4	*1.1	70.6	0.9	70.4	0.8	–0.2	32.9	0.7	34.6	0.8	*1.7	10.7	0.5	9.6	0.4	*–1.1
$75,000 to $99,999	41,294	43,123	92.0	0.5	92.7	0.4	*0.7	79.4	0.7	79.7	0.7	0.3	25.4	0.7	27.2	0.8	*1.9	8.0	0.5	7.3	0.4	*–0.7
$100,000 or more	96,687	103,328	94.7	0.3	95.5	0.3	*0.8	87.4	0.4	87.4	0.4	Z	18.5	0.5	19.1	0.5	0.6	5.3	0.3	4.5	0.3	*–0.8
Income-to-Poverty Ratio																						
Below 100 percent of poverty	46,657	43,123	80.7	0.7	82.6	0.7	*2.0	26.8	0.7	28.6	0.9	*1.8	61.3	0.8	62.1	0.9	0.8	19.3	0.7	17.4	0.7	*–2.0
Below 138 percent of poverty	68,885	64,711	81.9	0.5	83.6	0.5	*1.8	30.5	0.7	32.1	0.7	*1.6	60.5	0.7	61.4	0.7	0.9	18.1	0.5	16.4	0.5	*–1.8
Between 100 and 199 percent of poverty	58,686	57,770	84.9	0.5	86.4	0.6	*1.5	46.5	0.8	46.5	0.9	Z	52.2	0.7	53.8	0.8	*1.6	15.1	0.5	13.6	0.6	*–1.5
Between 200 and 299 percent of poverty	51,451	49,668	88.3	0.4	90.2	0.4	*1.8	67.3	0.8	66.9	0.8	–0.4	35.9	0.7	38.8	0.8	*3.0	11.7	0.4	9.8	0.4	*–1.8
Between 300 and 399 percent of poverty	40,822	41,691	91.6	0.5	92.7	0.5	*1.1	77.2	0.8	78.3	0.7	*1.1	28.0	0.8	29.8	0.7	*1.8	8.4	0.5	7.3	0.5	*–1.1
At or above 400 percent of poverty	118,187	126,202	95.2	0.2	95.5	0.2	*0.3	86.8	0.4	86.4	0.4	–0.4	22.1	0.4	22.6	0.4	0.5	4.8	0.2	4.5	0.2	*–0.3

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

Z Represents or rounds to zero.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2016/demo/p60-257sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly by an individual from an insurance company, or coverage through someone outside the household.

[4] Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

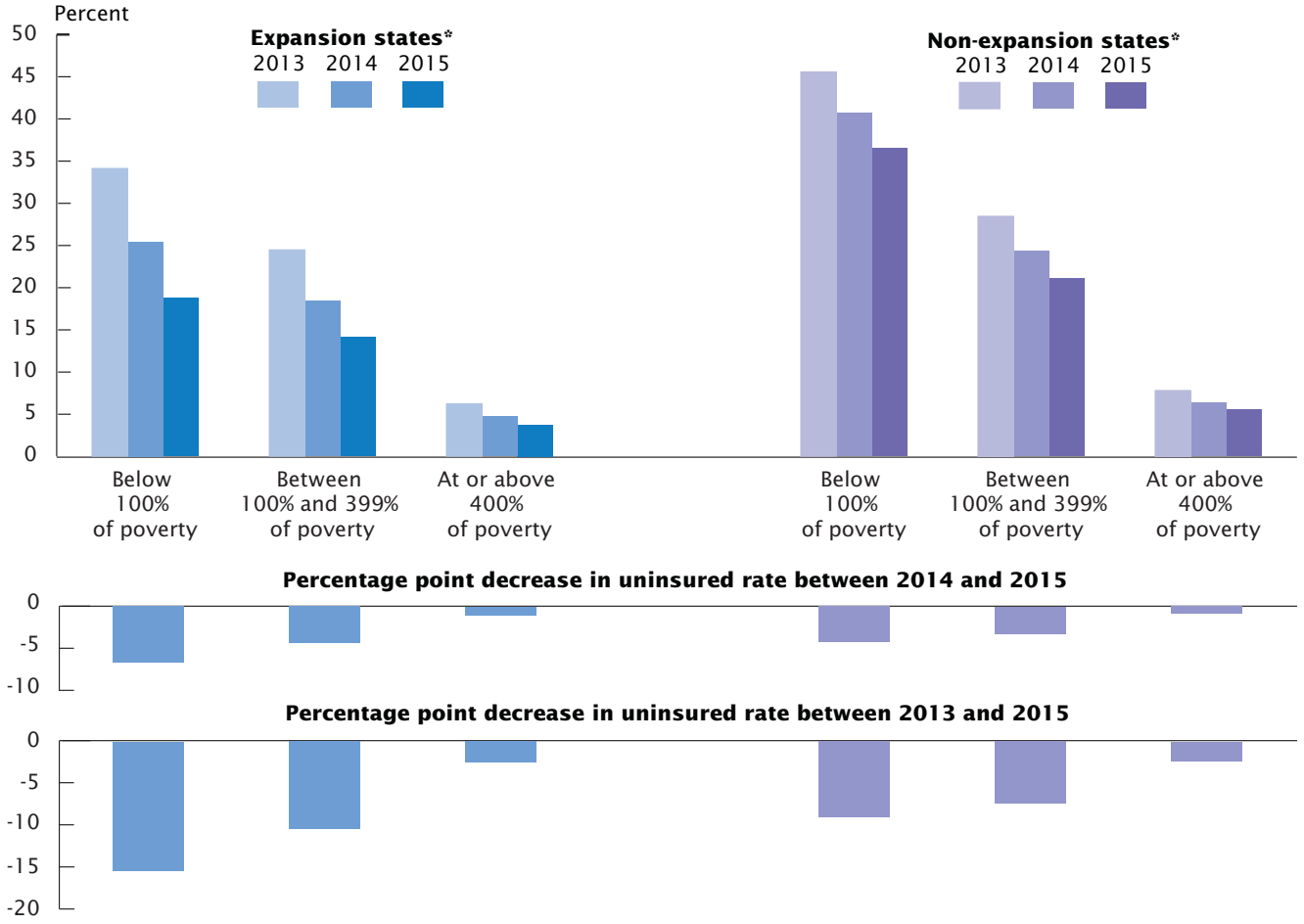
Note: The estimates by type of coverage are *not* mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2015 and 2016 Annual Social and Economic Supplements.

Figure 5.

Uninsured Rate by Poverty Status and Medicaid Expansion of State for Adults Aged 19 to 64: 2013 to 2015

(Civilian noninstitutionalized population)



* Medicaid expansion status as of January 1, 2015. For a list of expansion and non-expansion states, see Table A-1: Population Without Health Insurance Coverage by State: 2013 to 2015.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2015.pdf>.

Source: U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys.

In 2014, policy changes associated with the Affordable Care Act provided the option for states to expand Medicaid eligibility to people whose income-to-poverty ratio fell under a particular threshold (for more information, see the text box "Health Insurance Coverage and the Affordable Care Act"). For adults aged 19 to 64, the relationship between poverty status and change in the uninsured rate between 2014 and 2015 may be related to the state of residence, and whether or not that state expanded Medicaid eligibility as of January 1, 2015 (Figure 5).[35] In states that expanded Medicaid eligibility ("expansion states") and states that did not expand Medicaid eligibility ("non-expansion states"), as the income-to-poverty ratio increased, the uninsured rate decreased. However, in both 2014 and 2015, the uninsured rate was higher in non-expansion states than in expansion states at all levels of poverty. While the uninsured rate decreased at each level of poverty between 2014 and 2015, the overall decrease in the uninsured rate was greater in expansion states than in non-expansion states for people living below 100 percent of poverty and between 100 and 399 percent of poverty.

[35] Estimates from Figure 5 are from the 2013 through 2015 1-Year American Community Surveys.

Family Status

The Census Bureau classifies living arrangements into three types: families, unrelated subfamilies, and unrelated individuals. Families are the largest of these categories (80.9 percent of the population in 2015) and are defined as a group of two or more related people where one of them is the householder.[36] People living in unrelated subfamilies (0.4 percent of the population) are family units that reside with but are not related to the primary householder.[37] The remainder of the population (18.6 percent) is classified as unrelated individuals (Table 5).

In 2015, people living in families had the highest health insurance coverage rate (91.7 percent) compared with the rate of health insurance coverage for unrelated individuals (87.8 percent) and people living in unrelated subfamilies (87.9 percent).

Between 2014 and 2015, most of the family status groups experienced an increase in their coverage rates.[38] The increase in the coverage rate was larger for unrelated individuals (2.0 percentage points) compared with people living in families (1.2 percentage points).

[36] Family members must be related by birth, marriage, or adoption and reside together.

[37] For example, unrelated subfamilies could include a married couple with or without children, or a single parent with one or more never-married children under 18 years old living in a household. Unrelated subfamily members are not related to the householder. An unrelated subfamily may include people such as guests, partners, roommates, or resident employees and their spouses and/or children. The number of unrelated subfamily members is included in the total number of household members, but is not included in the count of family members.

[38] The percentage of people with health insurance coverage living in unrelated subfamilies in 2015 was not statistically different from the percentage in 2014.

Residence[39]

The Census Bureau categorizes residency into two broad groups; individuals can either live inside a metropolitan statistical area or outside of one. People living inside metropolitan statistical areas are a diverse group, and include individuals living both inside and outside principal cities. In 2015, the health insurance coverage rate was the highest for people living outside principal cities within metropolitan statistical areas, at 91.9 percent, and lowest for people living inside principal cities, at 89.5 percent (Table 5).

Race and Hispanic Origin

In 2015, non-Hispanic Whites had a higher rate of health insurance coverage (93.3 percent) compared with Blacks (88.9 percent), Asians (92.5 percent), and Hispanics, who had the lowest coverage rate (83.8 percent) (Table 5).

Non-Hispanic Whites and Asians were among the most likely to have had private health insurance in 2015, at 73.6 percent and 75.5 percent, respectively. Hispanics, who had the lowest rate of any health insurance coverage, also had the lowest rate of coverage by private health insurance, at 51.6 percent, while 55.9 percent of Blacks had private health insurance coverage.

Government-provided health insurance coverage rates differed from the pattern for private health insurance coverage. In 2015, the government coverage rate was the highest for Blacks, at 44.1 percent, followed by Hispanics (41.2 percent) and non-Hispanic Whites (35.3 percent). Asians had the lowest rate of health insurance coverage through the government, at 27.1 percent in 2015.

Between 2014 and 2015, health insurance coverage rates increased for most race and Hispanic origin groups. The increase was greatest for Hispanics (3.6 percentage points). The increase for non-Hispanic Whites was 0.9 percentage points, and the increase for Asians was 1.9 percentage points. There was no statistically significant difference in the health insurance coverage rate for Blacks between 2014 and 2015.[40]

[39] Once a decade, the CPS ASEC transitions to a new sample design and updates all metropolitan statistical area delineations. As a result, the metropolitan/nonmetropolitan estimates for 2014 and 2015 are not comparable. Users may want to use the American Community Survey estimates for metropolitan/nonmetropolitan comparisons.

Nativity

In 2015, the health insurance coverage rate for the native-born population (92.3 percent) was larger than that of naturalized citizens (91.3 percent) and noncitizens (73.6 percent) (Table 5).

Between 2014 and 2015, health insurance coverage rates increased for all nativity groups. The foreign-born population, including both naturalized citizens and noncitizens, experienced a larger increase in coverage rates than did the native-born population (3.2 percentage points for the foreign-born and 1.1 percentage points for the native-born). Among the foreign-born, noncitizens experienced a greater increase (4.8 percentage points) than did naturalized citizens (1.5 percentage points).

[40] The percentage point difference in the health insurance coverage rate between 2014 and 2015 for Whites was not statistically different from the percentage point difference for Asians. The percentage point difference in the health insurance coverage rate between 2014 and 2015 for non-Hispanic Whites was not statistically different from the percentage point difference for Blacks or Asians.

Table 5.

Percentage of People by Type of Health Insurance Coverage by Selected Demographic Characteristics: 2014 and 2015

(Numbers in thousands, margins of error in percentage points. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf*)

Characteristic	Total		Any health insurance					Private health insurance[3]					Government health insurance[4]					Uninsured[5]				
	2014	2015	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]
	Number	Number	Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)		Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)		Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)		Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)	
Total	**316,168**	**318,868**	**89.6**	**0.2**	**90.9**	**0.2**	***1.3**	**66.0**	**0.4**	**67.2**	**0.4**	***1.2**	**36.5**	**0.3**	**37.1**	**0.3**	***0.6**	**10.4**	**0.2**	**9.1**	**0.2**	***–1.3**
Family Status																						
In families	256,308	258,121	90.5	0.2	91.7	0.2	*1.2	67.3	0.5	68.3	0.4	*1.0	35.9	0.4	36.6	0.4	*0.7	9.5	0.2	8.3	0.2	*–1.2
Householder	81,730	82,199	90.0	0.3	91.3	0.3	*1.3	69.8	0.5	70.5	0.5	*0.7	35.3	0.4	36.2	0.4	*1.0	10.0	0.3	8.7	0.3	*–1.3
Related children under age 18	72,383	72,558	94.0	0.3	94.8	0.3	*0.8	61.0	0.7	62.7	0.6	*1.7	42.7	0.7	42.7	0.7	–0.1	6.0	0.3	5.2	0.3	*–0.8
Related children under age 6	23,470	23,459	93.5	0.4	93.9	0.5	0.5	55.8	1.0	58.4	1.0	*2.7	47.4	0.9	45.8	1.1	*–1.6	6.5	0.4	6.1	0.5	–0.5
In unrelated subfamilies	1,558	1,344	85.6	2.9	87.9	2.7	2.3	51.3	4.6	52.0	5.0	0.6	47.2	4.2	47.1	4.5	–0.1	14.4	2.9	12.1	2.7	–2.3
Unrelated individuals	58,301	59,403	85.8	0.4	87.8	0.4	*2.0	60.5	0.7	62.7	0.6	*2.1	39.2	0.6	39.4	0.6	0.2	14.2	0.4	12.2	0.4	*–2.0
Residence[6]																						
Inside metropolitan statistical areas	266,071	274,392	89.6	0.2	91.0	0.2	N	66.6	0.4	68.0	0.4	N	35.4	0.4	35.9	0.4	N	10.4	0.2	9.0	0.2	N
Inside principal cities	99,298	103,740	87.9	0.4	89.5	0.4	N	60.9	0.7	63.6	0.7	N	38.1	0.6	37.6	0.6	N	12.1	0.4	10.5	0.4	N
Outside principal cities	166,773	170,652	90.7	0.3	91.9	0.3	N	70.0	0.5	70.7	0.5	N	33.7	0.4	34.9	0.4	N	9.3	0.3	8.1	0.3	N
Outside metropolitan statistical areas[7]	50,097	44,477	89.3	0.5	90.4	0.6	N	62.6	1.0	62.1	1.1	N	42.7	0.8	44.4	1.0	N	10.7	0.5	9.6	0.6	N
Race[8] and Hispanic Origin																						
White	244,468	245,805	89.9	0.2	91.3	0.2	*1.4	68.0	0.4	69.0	0.4	*1.0	35.7	0.4	36.5	0.4	*0.8	10.1	0.2	8.7	0.2	*–1.4
White, not Hispanic	195,352	195,646	92.4	0.2	93.3	0.2	*0.9	72.9	0.5	73.6	0.4	*0.6	34.7	0.4	35.3	0.4	*0.6	7.6	0.2	6.7	0.2	*–0.9
Black	41,226	41,703	88.2	0.5	88.9	0.5	0.7	54.1	1.0	55.9	1.0	*1.9	44.2	0.9	44.1	0.9	–0.1	11.8	0.5	11.1	0.5	–0.7
Asian	17,796	18,249	90.7	0.8	92.5	0.6	*1.9	72.1	1.2	75.5	1.1	*3.4	28.2	1.1	27.1	1.1	–1.1	9.3	0.8	7.5	0.6	*–1.9
Hispanic (any race)	55,614	56,873	80.1	0.5	83.8	0.5	*3.6	48.7	0.9	51.6	1.0	*3.0	39.5	0.7	41.2	0.8	*1.7	19.9	0.5	16.2	0.5	*–3.6
Nativity																						
Native born	273,984	275,798	91.3	0.2	92.3	0.2	*1.1	67.4	0.4	68.4	0.3	*1.0	37.5	0.3	38.0	0.3	*0.5	8.7	0.2	7.7	0.2	*–1.1
Foreign born	42,184	43,070	78.6	0.6	81.9	0.6	*3.2	56.7	0.8	59.4	0.9	*2.8	30.4	0.7	31.8	0.8	*1.3	21.4	0.6	18.1	0.6	*–3.2
Naturalized citizen	19,733	20,086	89.8	0.6	91.3	0.5	*1.5	65.5	1.1	66.5	1.0	1.0	35.3	1.0	36.9	1.0	*1.6	10.2	0.6	8.7	0.5	*–1.5
Not a citizen	22,451	22,984	68.8	1.0	73.6	1.0	*4.8	48.9	1.1	53.2	1.3	*4.3	26.2	0.9	27.3	1.0	1.1	31.2	1.0	26.4	1.0	*–4.8

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

N Not comparable.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2016/demo/p60-257sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly by an individual from an insurance company, or coverage through someone outside the household.

[4] Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

[6] Once a decade, the CPS ASEC transitions to a new sample design and updates all metropolitan statistical area delineations. As a result, the metropolitan/nonmetropolitan estimates for 2014 and 2015 are not comparable. Users may want to use the American Community Survey estimates for metropolitan/nonmetropolitan comparisons.

[7] The "Outside metropolitan statistical areas" category includes both micropolitan statistical areas and territory outside of metropolitan and micropolitan statistical areas. For more information, see "About Metropolitan and Micropolitan Statistical Areas" at <www.census.gov/population/metro/about>.

[8] Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as White *and* American Indian and Alaska Native or Asian *and* Black or African American, is available from Census 2010 through American FactFinder. About 2.9 percent of people reported more than one race in Census 2010. Data for American Indians and Alaska Natives, Native Hawaiians and Other Pacific Islanders, and those reporting two or more races are not shown separately.

Note: The estimates by type of coverage are *not* mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2015 and 2016 Annual Social and Economic Supplements.

Children and Adults Without Health Insurance Coverage

In 2015, for most characteristics, the uninsured rate for adults (aged 19 to 64) was about one-and-a-half times as large or more as for children (under 19 years of age) (Figure 6).[41] Additionally, differences in the uninsured rates between demographic and socioeconomic groups were generally larger among adults than among children.[42]

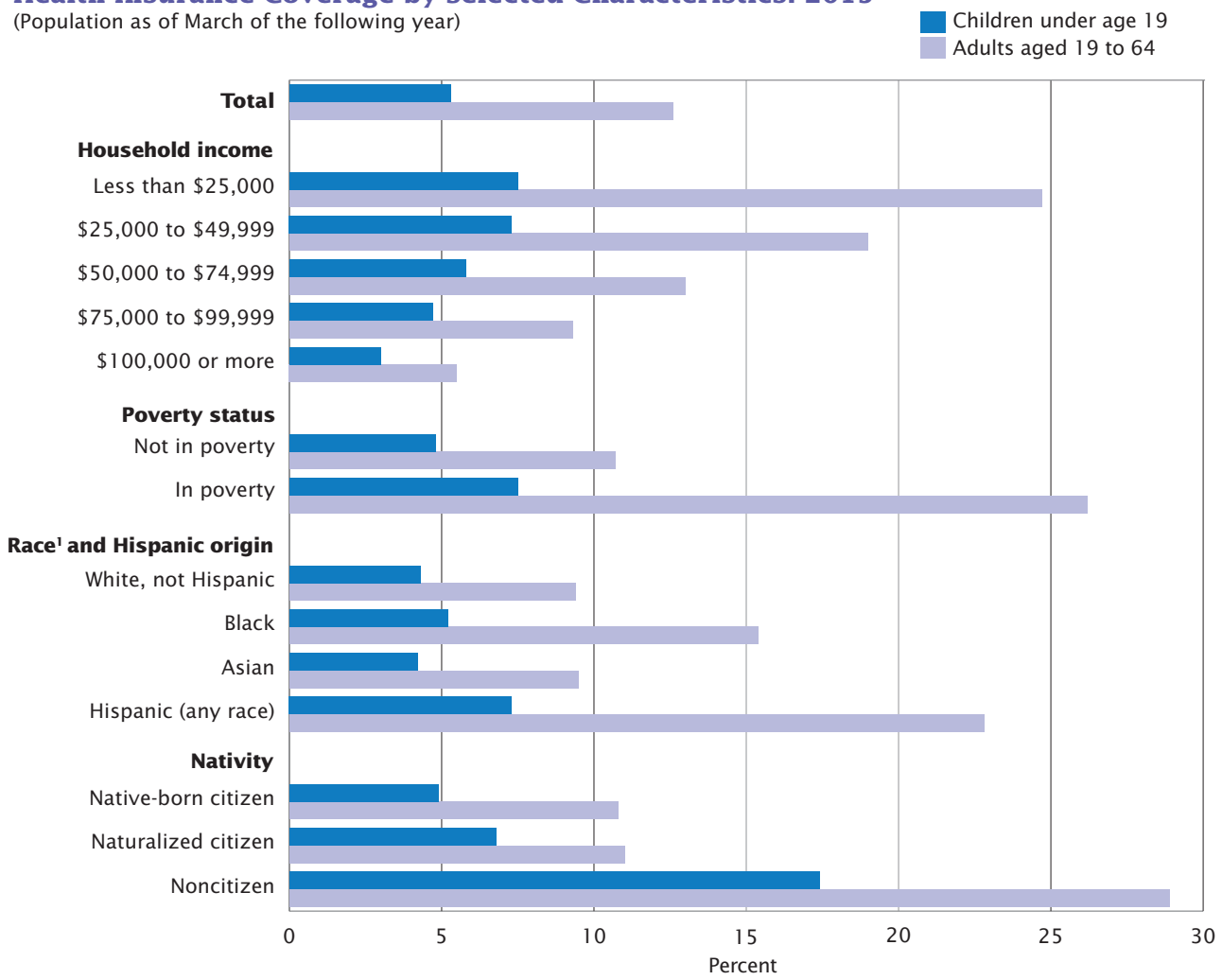
For both age groups, in 2015, uninsured rates were lower where family income was greater. Children with household income below $25,000 had an uninsured rate of 7.5 percent, while children with a household income at or above $100,000 had an uninsured rate of 3.0 percent. The uninsured rate for adults with household income of less than $25,000 was about four times higher than it was for adults with household income of $100,000 a year or greater.

While the overall percentage of children under the age of 19 without health insurance was 5.3 percent

[41] The uninsured rate in 2015 for children was not one-and-a-half times as large as the uninsured rate in 2015 for adults for the following groups: naturalized citizens and noncitizens.

[42] In 2015, the percentage point difference in the uninsured rates between the following groups was not statistically different between children and adults: native-born citizens and naturalized citizens.

Figure 6.
Children Under Age 19 and Adults Aged 19 to 64 Without Health Insurance Coverage by Selected Characteristics: 2015
(Population as of March of the following year)



[1] Federal surveys give respondents the option of reporting more than one race. This figure shows data using the race-alone concept. For example, Asian refers to people who reported Asian and no other race.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2016 Annual Social and Economic Supplement.

in 2015, children in poverty were more likely to be uninsured (7.5 percent) than children not in poverty (4.8 percent).

The difference in the uninsured rate by poverty status was larger among adults than for children, where the uninsured rate for adults in poverty (26.2 percent) was over twice that for adults not in poverty (10.7 percent).

In 2015, the uninsured rates were 4.3 percent for non-Hispanic White children, 5.2 percent for Black children, 4.2 percent for Asian children, and 7.3 percent for Hispanic children.[43]

The uninsured rate for adults was about one-and-a-half times as large for non-Hispanic Whites and Asians, and about two-and-a-half times as large for Blacks and Hispanics, compared with their younger counterparts.

The uninsured rate for noncitizen children in 2015 was 17.4 percent, about three times greater than the uninsured rate for native-born citizen children (4.9 percent).

For adults in 2015, 28.9 percent of noncitizen adults were uninsured, which was over two-and-a-half times greater than the uninsured rate for native-born adults (10.8 percent).

State Estimates of Health Insurance Coverage

During 2015, the state with the lowest percentage of people without health insurance at the time of the interview was Massachusetts (2.8 percent), while the highest uninsured rate was for Texas (17.1 percent) (Figure 8 and Table A-1).[44] Five states (Hawaii, Iowa, Massachusetts, Minnesota, and Vermont) and the District of Columbia had an uninsured rate of 5.0 percent or less. Five states, Alaska, Florida, Georgia, Oklahoma, and Texas, had an uninsured rate of 13.0 percent or more.

Between 2014 and 2015, 47 states and the District of Columbia showed a decrease in the percentage of people without health insurance coverage at the time of the interview (Figure 8 and Table A-1). The decrease in the uninsured rate between 2014 and 2015 ranged from 0.5 percentage points (Massachusetts) to 3.9 percentage points (California).[45] Three states—North Dakota, South Dakota, and Wyoming—did not experience a statistically significant change in their uninsured rate.

Variation in both the uninsured rate and change in the uninsured rate by state may be related to whether the state expanded Medicaid eligibility beginning in 2014 as part of the Affordable Care Act. Between January 1, 2014, and January 1, 2015, an additional three states (Michigan, New Hampshire, and Pennsylvania) expanded Medicaid eligibility, bringing the total number of expansion states to 27 states and the District of Columbia.[46] In general, in 2015, the uninsured rate in states that expanded Medicaid eligibility was lower than in states that did not expand eligibility (Figure 7). In states that expanded Medicaid eligibility ("expansion states"), the uninsured rate in 2015 was 7.2 percent, compared with 12.3 percent in states that did not expand Medicaid eligibility ("non-expansion states"). The uninsured rates by state ranged from 2.8 percent (Massachusetts) to 12.3 percent (Nevada) in expansion states,[47] and from 5.7 percent (Wisconsin) to 17.1 percent (Texas) in non-expansion states.

Between 2014 and 2015, decreases in the uninsured rate were in general greater in expansion states than in non-expansion states. The overall decrease in the uninsured rate was 2.4 percentage points in expansion states, compared with 2.1 percentage points in non-expansion states. Decreases in the uninsured rate ranged from 3.9 percentage points to 0.5 percentage points in expansion states, and from 3.2 percentage points to 1.1 percentage points in non-expansion states.

[43] In 2015, the uninsured rate for Asian children was not statistically different from the uninsured rate for non-Hispanic White children or Black children.

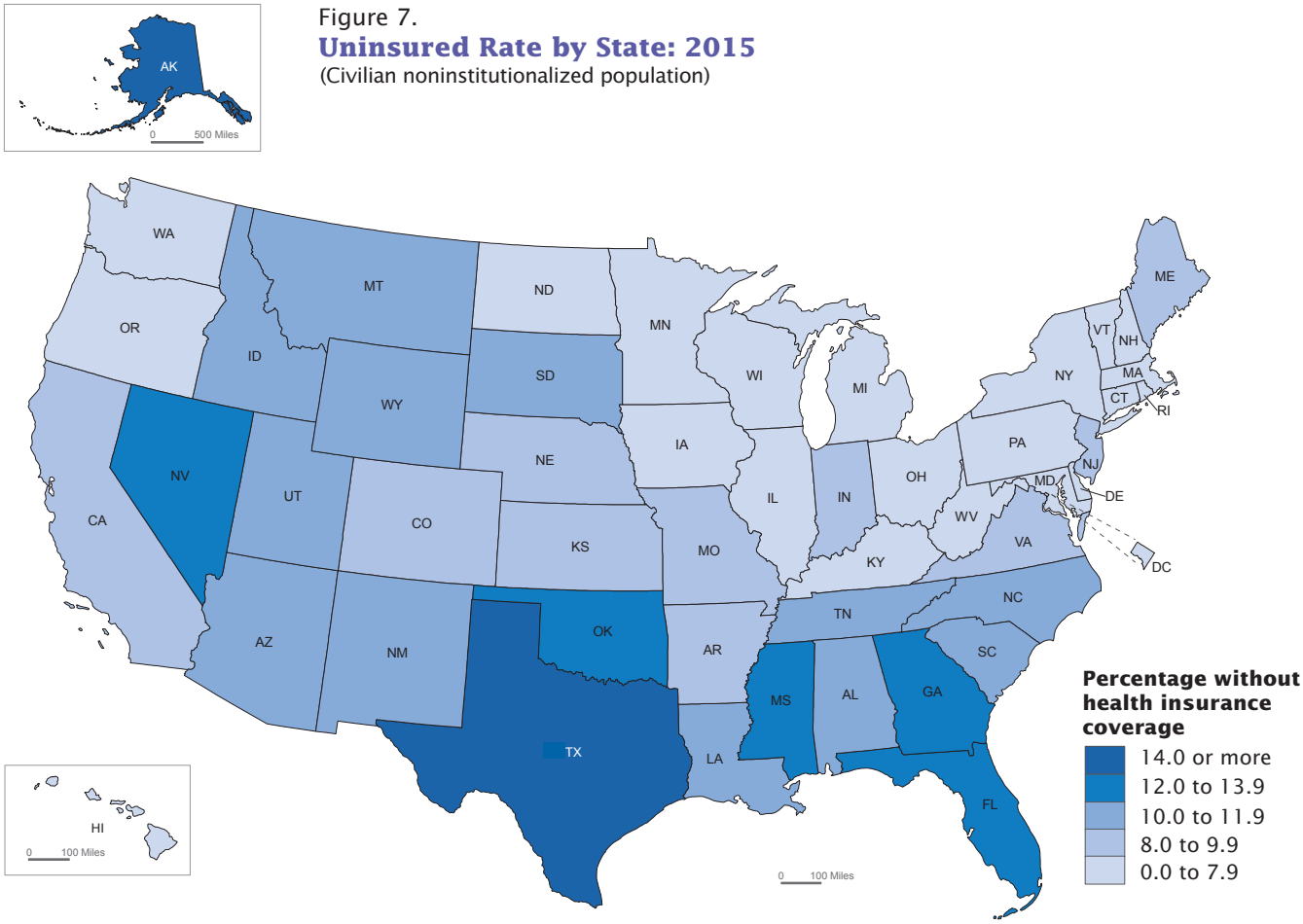
[44] The ACS, which has a much larger sample size than the CPS, is also a useful source for estimating and identifying changes in the uninsured population at the state level. Estimates for Figure 7 come from the 2015 1-Year American Community Survey, and estimates for Figure 8 come from the 2013 through 2015 1-Year American Community Surveys.

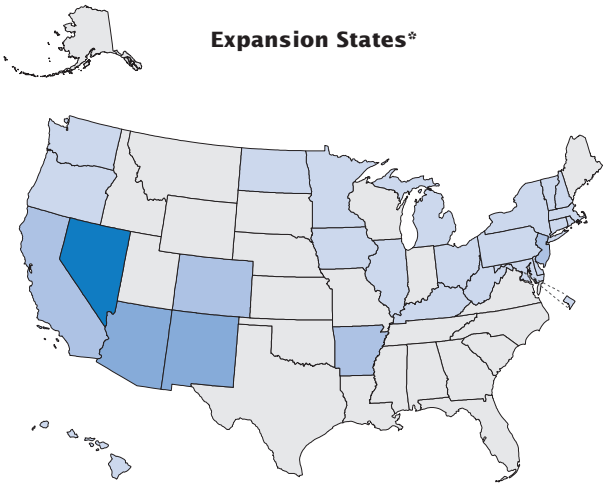
[45] The change in the uninsured rate between 2014 and 2015 in Massachusetts was not significantly different from the change in the uninsured rate in Connecticut. The change in California was not statistically different from the change in New Mexico.

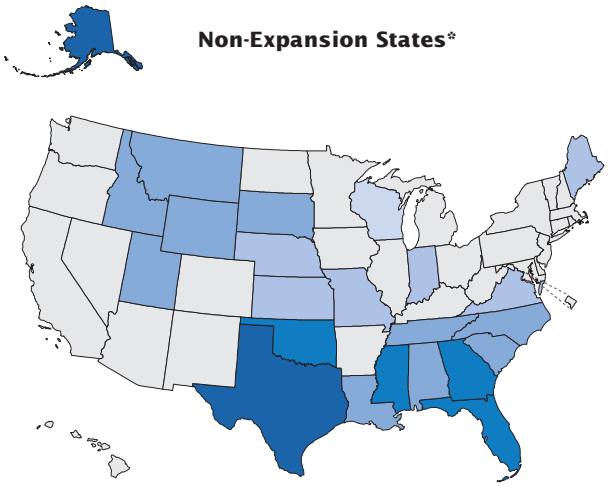
[46] For a list of the states and their Medicaid expansion status as of January 1, 2015, see Table A-1: Population Without Health Insurance Coverage by State: 2013 to 2015.

[47] In 2015, the uninsured rate in Nevada, an expansion state, was not statistically different from the rate in Louisiana, a non-expansion state.

Figure 7.
Uninsured Rate by State: 2015
(Civilian noninstitutionalized population)







* Medicaid expansion status as of January 1, 2015. For a list of expansion and non-expansion states, see Table A-1: Population Without Health Insurance Coverage by State: 2013 to 2015.

For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2015.pdf>.

Source: U.S. Census Bureau, 2015 1-Year American Community Survey.

Figure 8.

Change in the Uninsured Rate by State: 2013 to 2015

(Civilian noninstitutionalized population)

[1] Expanded Medicaid eligibility as of January 1, 2014.

[2] Expanded Medicaid eligibility between January 1, 2014, and January 1, 2015.

[3] The change in the uninsured rate between 2014 and 2015 was not statistically different for North Dakota, South Dakota, and Wyoming.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2015.pdf>.

Source: U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys.

More Information About Health Insurance Coverage

Additional Data and Contacts

In addition to the estimates provided in this report, estimates of health insurance coverage and other characteristics for the nation are accessible using the CPS Table Creator at <www.census.gov/cps/data/cpstablecreator.html>. This tool gives data users the ability to create customized tables from the Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Estimates of health insurance coverage and other economic characteristics at various levels of geography from the American Community Survey (ACS) are available through American FactFinder at <factfinder.census.gov>. For more information on state and local estimates, see the section below, "State and Local Estimates of Health Insurance Coverage."

Detailed tables, historical tables, press releases, and briefings are available electronically on the Census Bureau's Health Insurance Web site. The Web site may be accessed through the Census Bureau's home page at <www.census.gov> or directly at <www.census.gov/topics/health/health-insurance.html> for health insurance data.

Microdata are available for download by clicking on "Data Tools" on the Census Bureau's home page and then clicking the "DataFerrett" link. Technical methods have been applied to CPS microdata to avoid disclosing the identities of individuals from whom data were collected.

State and Local Estimates of Health Insurance Coverage

The Census Bureau publishes annual estimates of health insurance coverage by state and other smaller geographic units based on data collected in the ACS. Single-year estimates are available for geographic units with populations of 65,000 or more. Five-year estimates are available for all geographic units, including census tracts and block groups.

The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program also produces single-year estimates of health insurance for states and all counties. These estimates are based on models using data from a variety of sources, including current surveys, administrative records, and intercensal population estimates. In general, SAHIE estimates have lower variances than ACS estimates but are released later because they incorporate ACS data in the models.

Small Area Health Insurance Estimates are available at <www.census.gov/did/www/sahie/index.html>. The most recent estimates are for 2014.

Comments

The Census Bureau welcomes the comments and advice of data and report users. If you have suggestions or comments on the health insurance coverage report, please write to:

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Sources of Estimates

The majority of the data in this report are from the 2014, 2015, and 2016 Current Population Survey Annual Social and Economic Supplements (CPS ASEC) and were collected in the 50 states and the District of Columbia. The data do not represent residents of Puerto Rico and the U.S. Island Areas.[48] The estimates in this report are controlled to independent national population estimates by age, sex, race, and Hispanic origin for March of the year in which the data are collected; these population controls are based on the 2010 Census.

The CPS is a household survey primarily used to collect employment data. The sample universe for the basic CPS consists of the resident civilian noninstitutionalized population of the United States. People in institutions, such as prisons, long-term care hospitals, and nursing homes, are not eligible to be interviewed in the CPS. Students living in dormitories are included in the estimates only if information about them is reported in an interview at their parents' home. Since the CPS is a household survey, people who are homeless and not living in shelters are not included in the sample. The sample universe for the CPS ASEC is slightly larger than that of the basic CPS since it includes military personnel who live in a household with at least one other civilian adult, regardless of whether they live off post or on post. All other Armed Forces are excluded. For further documentation about the CPS ASEC, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf>.

Additional data in this report are from the American Community Survey (ACS) 1-year data, 2008 through 2015. The ACS is an ongoing, nationwide survey designed to provide demographic, social, economic, and housing data at different levels of geography. While the ACS includes Puerto Rico and the group quarters population, the ACS data in this report focus on the civilian noninstitutionalized population of the United States (excluding Puerto Rico and some people living in group quarters). It has an annual sample size of about 3.5 million addresses. For information on the ACS sample design and other topics, visit <http://census.gov/programs-surveys/acs.html>.

[48] U.S. Island Areas include American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the Virgin Islands of the United States.

Statistical Accuracy

The estimates in this report (which may be shown in text, figures, and tables) are based on responses from a sample of the population. Sampling error is the uncertainty between an estimate based on a sample and the corresponding value that would be obtained if the estimate were based on the entire population (as from a census). All comparative statements in this report have undergone statistical testing, and comparisons are significant at the 90 percent level unless otherwise noted. Data are subject to error arising from a variety of sources. Measures of sampling error are provided in the form of margins of error, or confidence intervals, for all estimates included in this report. In addition to sampling error, nonsampling error may be introduced during any of the operations used to collect and process survey data, such as editing, reviewing, or keying data from questionnaires. In this report, the variances of estimates were calculated using the Fay and Train (1995) Successive Difference Replication (SDR) method.

Every 10 years the CPS first stage sample is redesigned reflecting changes based on the most recent decennial census. In April 2014, the Census Bureau began phasing out the 2000 sample and replacing it with the 2010 sample, creating a mixed sampling frame. The 2015 CPS ASEC was selected using sample designs based on different censuses. By July 2015, the new 2010 sample design was completely implemented, so the 2016 CPS ASEC sample came entirely from the 2010 redesigned sample. Most of the known effect on estimates from the sample redesign will be the result of changing from 2000 to 2010 geographic definitions.

Most of the data from the 2016 CPS ASEC were collected in March (with some data collected in February and April). Each year, the CPS ASEC sample consists of approximately 99,000 addresses. In 2016, the CPS ASEC sample had 94,000 addresses, as approximately 5,000 randomly selected addresses were removed from the March sample. The 5,000 addresses were given the pre-2013 health insurance questions in order to fulfill budgetary requirements for the 2016 fiscal year.[49] Adjustments to the weights were made to account for the reduction in sample. Further information about the source and accuracy of the CPS ASEC estimates is available at <www2.census.gov/library/publications/2016/demo/p60-257sa.pdf>.

The remaining data presented in this report are based on the ACS sample collected from January 2015 through December 2015. For more information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, please see the 2015 ACS Accuracy of the Data document located at <www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2015.pdf>.

[49] Consolidated and Further Continuing Appropriations Act of 2015, Pub L. No. 113-235, (2014).

APPENDIX A. ADDITIONAL HEALTH INSURANCE COVERAGE TABLES

The Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) along with the American Community Survey (ACS) are used to produce additional health insurance coverage tables. These tables are available electronically on the Census Bureau's Health Insurance Web site. The Web site may be accessed through the Census Bureau's home page at <www.census.gov>, the Health home page at <www.census.gov/topics/health/health-insurance.html>, or directly at <www.census.gov/data/tables/2016/demo/health-insurance/p60-257.html>.

Table A-1.

Population Without Health Insurance Coverage by State: 2013 to 2015

(Numbers in thousands. Civilian noninstitutionalized population. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2015.pdf*)

State	Medicaid expansion state? Yes (Y) or No (N)[1]	2013 uninsured				2014 uninsured				2015 uninsured				Difference in uninsured (2015 less 2014)				Difference in uninsured (2015 less 2013)			
		Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)
United States		**45,181**	**200**	**14.5**	**0.1**	**36,670**	**190**	**11.7**	**0.1**	**29,758**	**179**	**9.4**	**0.1**	***–6,913**	**261**	***–2.3**	**0.1**	***–15,423**	**269**	***–5.1**	**0.1**
Alabama	N	645	17	13.6	0.4	579	17	12.1	0.4	484	16	10.1	0.3	*–95	23	*–2.0	0.5	*–161	23	*–3.4	0.5
Alaska	N	132	7	18.5	1.0	122	6	17.2	0.9	106	5	14.9	0.7	*–16	8	*–2.3	1.1	*–26	9	*–3.7	1.2
Arizona	Y	1,118	24	17.1	0.4	903	18	13.6	0.3	728	21	10.8	0.3	*–175	28	*–2.8	0.4	*–390	32	*–6.3	0.5
Arkansas	Y	465	14	16.0	0.5	343	13	11.8	0.4	278	12	9.5	0.4	*–66	18	*–2.3	0.6	*–187	18	*–6.5	0.6
California	Y	6,500	57	17.2	0.2	4,767	47	12.4	0.1	3,317	34	8.6	0.1	*–1,449	58	*–3.9	0.2	*–3,183	66	*–8.6	0.2
Colorado	Y	729	18	14.1	0.3	543	16	10.3	0.3	433	15	8.1	0.3	*–110	22	*–2.2	0.4	*–297	23	*–6.0	0.4
Connecticut	Y	333	14	9.4	0.4	245	11	6.9	0.3	211	13	6.0	0.4	*–35	17	*–1.0	0.5	*–122	20	*–3.4	0.6
Delaware	Y	83	6	9.1	0.7	72	6	7.8	0.7	54	6	5.9	0.6	*–17	8	*–1.9	0.9	*–29	8	*–3.3	0.9
District of Columbia	Y	42	4	6.7	0.6	34	4	5.3	0.7	25	4	3.8	0.6	*–9	6	*–1.5	0.9	*–17	5	*–2.9	0.8
Florida	N	3,853	43	20.0	0.2	3,245	43	16.6	0.2	2,662	40	13.3	0.2	*–584	59	*–3.2	0.3	*–1,191	59	*–6.7	0.3
Georgia	N	1,846	30	18.8	0.3	1,568	28	15.8	0.3	1,388	26	13.9	0.3	*–180	38	*–2.0	0.4	*–458	39	*–5.0	0.4
Hawaii	Y	91	6	6.7	0.4	72	5	5.3	0.4	55	4	4.0	0.3	*–18	7	*–1.3	0.5	*–36	7	*–2.8	0.5
Idaho	N	257	12	16.2	0.8	219	11	13.6	0.7	180	10	11.0	0.6	*–38	15	*–2.5	0.9	*–77	16	*–5.1	1.0
Illinois	Y	1,618	27	12.7	0.2	1,238	22	9.7	0.2	900	22	7.1	0.2	*–338	31	*–2.6	0.2	*–718	35	*–5.6	0.3
Indiana	N	903	19	14.0	0.3	776	22	11.9	0.3	628	17	9.6	0.3	*–148	28	*–2.3	0.4	*–275	26	*–4.3	0.4
Iowa	Y	248	9	8.1	0.3	189	8	6.2	0.3	155	8	5.0	0.3	*–34	12	*–1.1	0.4	*–93	12	*–3.1	0.4
Kansas	N	348	12	12.3	0.4	291	11	10.2	0.4	261	12	9.1	0.4	*–31	16	*–1.1	0.6	*–88	17	*–3.1	0.6
Kentucky	Y	616	14	14.3	0.3	366	11	8.5	0.3	261	11	6.0	0.2	*–105	15	*–2.4	0.4	*–355	18	*–8.3	0.4
Louisiana	N	751	17	16.6	0.4	672	16	14.8	0.3	546	17	11.9	0.4	*–126	23	*–2.8	0.5	*–206	24	*–4.7	0.5
Maine	N	147	7	11.2	0.5	134	8	10.1	0.6	111	7	8.4	0.5	*–23	11	*–1.7	0.8	*–37	10	*–2.8	0.8
Maryland	Y	593	17	10.2	0.3	463	16	7.9	0.3	389	11	6.6	0.2	*–74	19	*–1.3	0.3	*–204	20	*–3.6	0.3
Massachusetts	Y	247	10	3.7	0.2	219	8	3.3	0.1	189	9	2.8	0.1	*–29	12	*–0.5	0.2	*–57	14	*–0.9	0.2
Michigan	+Y	1,072	19	11.0	0.2	837	18	8.5	0.2	597	14	6.1	0.1	*–240	23	*–2.5	0.2	*–475	24	*–4.9	0.2
Minnesota	Y	440	14	8.2	0.3	317	12	5.9	0.2	245	11	4.5	0.2	*–72	16	*–1.4	0.3	*–195	18	*–3.7	0.3
Mississippi	N	500	16	17.1	0.5	424	14	14.5	0.5	372	12	12.7	0.4	*–53	18	*–1.8	0.6	*–128	20	*–4.4	0.7
Missouri	N	773	18	13.0	0.3	694	19	11.7	0.3	583	15	9.8	0.3	*–111	24	*–1.9	0.4	*–190	24	*–3.3	0.4
Montana	N	165	8	16.5	0.8	143	6	14.2	0.6	119	7	11.6	0.7	*–25	9	*–2.6	0.9	*–46	10	*–4.8	1.0
Nebraska	N	209	9	11.3	0.5	179	7	9.7	0.4	154	9	8.2	0.5	*–25	11	*–1.4	0.6	*–55	13	*–3.1	0.7
Nevada	Y	570	17	20.7	0.6	427	15	15.2	0.5	351	12	12.3	0.4	*–76	19	*–2.9	0.7	*–219	21	*–8.4	0.7
New Hampshire	+Y	140	7	10.7	0.5	120	7	9.2	0.5	83	6	6.3	0.4	*–37	9	*–2.8	0.7	*–57	9	*–4.4	0.7

See footnotes at end of table.

Table A-1.

Population Without Health Insurance Coverage by State: 2013 to 2015—Con.

(Numbers in thousands. Civilian noninstitutionalized population. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2015.pdf*)

State	Medicaid expansion state? Yes (Y) or No (N)[1]	2013 uninsured				2014 uninsured				2015 uninsured				Difference in uninsured (2015 less 2014)				Difference in uninsured (2015 less 2013)			
		Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)
New Jersey	Y	1,160	22	13.2	0.2	965	19	10.9	0.2	771	22	8.7	0.2	*–194	29	*–2.2	0.3	*–389	31	*–4.5	0.3
New Mexico	Y	382	13	18.6	0.6	298	10	14.5	0.5	224	9	10.9	0.5	*–74	14	*–3.6	0.7	*–158	16	*–7.7	0.8
New York	Y	2,070	30	10.7	0.2	1,697	28	8.7	0.1	1,381	25	7.1	0.1	*–316	37	*–1.6	0.2	*–689	39	*–3.6	0.2
North Carolina	N	1,509	26	15.6	0.3	1,276	25	13.1	0.3	1,103	23	11.2	0.2	*–173	34	*–1.9	0.3	*–406	35	*–4.5	0.4
North Dakota	Y	73	6	10.4	0.8	57	5	7.9	0.7	57	5	7.8	0.7	1	7	–0.1	0.9	*–16	7	*–2.6	1.0
Ohio	Y	1,258	21	11.0	0.2	955	20	8.4	0.2	746	19	6.5	0.2	*–209	27	*–1.8	0.2	*–511	28	*–4.5	0.2
Oklahoma	N	666	13	17.7	0.3	584	11	15.4	0.3	533	12	13.9	0.3	*–51	16	*–1.5	0.4	*–133	17	*–3.8	0.5
Oregon	Y	571	15	14.7	0.4	383	13	9.7	0.3	280	12	7.0	0.3	*–102	18	*–2.7	0.4	*–291	20	*–7.6	0.5
Pennsylvania	+Y	1,222	22	9.7	0.2	1,065	21	8.5	0.2	802	17	6.4	0.1	*–263	27	*–2.1	0.2	*–420	28	*–3.4	0.2
Rhode Island	Y	120	7	11.6	0.7	77	6	7.4	0.6	59	6	5.7	0.6	*–18	8	*–1.7	0.8	*–61	9	*–5.9	0.9
South Carolina	N	739	18	15.8	0.4	642	17	13.6	0.4	523	14	10.9	0.3	*–118	22	*–2.7	0.5	*–216	23	*–4.9	0.5
South Dakota	N	93	5	11.3	0.7	82	4	9.8	0.5	86	5	10.2	0.6	4	7	0.4	0.8	–7	8	*–1.1	0.9
Tennessee	N	887	20	13.9	0.3	776	19	12.0	0.3	667	19	10.3	0.3	*–109	27	*–1.8	0.4	*–219	28	*–3.6	0.4
Texas	N	5,748	55	22.1	0.2	5,047	43	19.1	0.2	4,615	55	17.1	0.2	*–432	69	*–2.0	0.3	*–1,133	77	*–5.0	0.3
Utah	N	402	13	14.0	0.5	366	13	12.5	0.5	311	14	10.5	0.5	*–54	19	*–2.1	0.6	*–91	19	*–3.5	0.6
Vermont	Y	45	4	7.2	0.6	31	3	5.0	0.4	24	2	3.8	0.4	*–7	4	*–1.1	0.6	*–21	5	*–3.4	0.7
Virginia	N	991	22	12.3	0.3	884	22	10.9	0.3	746	23	9.1	0.3	*–137	32	*–1.7	0.4	*–244	32	*–3.2	0.4
Washington	Y	960	22	14.0	0.3	643	17	9.2	0.2	468	13	6.6	0.2	*–175	21	*–2.6	0.3	*–492	25	*–7.4	0.4
West Virginia	Y	255	10	14.0	0.5	156	8	8.6	0.4	108	6	6.0	0.4	*–48	10	*–2.6	0.6	*–147	12	*–8.0	0.6
Wisconsin	N	518	14	9.1	0.2	418	12	7.3	0.2	323	10	5.7	0.2	*–95	15	*–1.7	0.3	*–195	17	*–3.5	0.3
Wyoming	N	77	5	13.4	0.9	69	5	12.0	0.8	66	6	11.5	1.0	–2	7	–0.4	1.3	*–11	7	*–1.9	1.3

* Statistically different from zero at the 90 percent confidence level.

\+ Expanded Medicaid eligibility between January 1, 2014, and January 1, 2015.

Z Represents or rounds to zero.

[1] Medicaid expansion status as of January 1, 2015. For more information, see <www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html>.

[2] Data are based on a sample and are subject to sampling variability. A margin of error is a measure of an estimate's variability. The larger the margin of error is in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval.

Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.

Source: U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys.

Table A-2.

Number of People by Type of Health Insurance Coverage by Age: 2014 and 2015

(Numbers in thousands, margins of error in thousands. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf*)

Characteristic	Total		Any health insurance					Private health insurance[3]					Government health insurance[4]					Uninsured[5]				
	2014	2015	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]
	Number	Number	Number	MOE[2] (±)	Number	MOE[2] (±)		Number	MOE[2] (±)	Number	MOE[2] (±)		Number	MOE[2] (±)	Number	MOE[2] (±)		Number	MOE[2] (±)	Number	MOE[2] (±)	
Total	**316,168**	**318,868**	**283,200**	**568**	**289,903**	**651**	***6,702**	**208,600**	**1,221**	**214,238**	**1,118**	***5,639**	**115,470**	**1,035**	**118,395**	**1,066**	***2,924**	**32,968**	**561**	**28,966**	**634**	***–4,002**
Age																						
Under age 65	270,174	271,322	237,835	582	242,862	639	*5,027	184,311	1,097	189,467	1,050	*5,157	72,420	1,000	73,786	1,015	*1,366	32,339	568	28,460	624	*–3,879
Under age 18	73,920	74,062	69,448	230	70,196	264	*748	44,832	470	46,138	482	*1,306	31,878	479	31,853	486	–26	4,472	205	3,866	218	*–606
Under age 19[6]	78,119	78,182	73,260	240	74,024	255	*763	47,687	473	48,959	496	*1,271	33,265	494	33,320	505	54	4,858	216	4,158	225	*–700
Aged 18 to 64	196,254	197,260	168,387	540	172,666	549	*4,279	139,479	795	143,330	739	*3,851	40,541	703	41,933	692	*1,392	27,867	487	24,594	521	*–3,273
Aged 19 to 64	192,055	193,140	164,575	523	168,838	543	*4,263	136,623	781	140,509	717	*3,886	39,155	691	40,466	668	*1,312	27,481	478	24,302	513	*–3,178
Aged 19 to 25[7]	30,508	30,475	25,296	260	26,060	298	*764	20,585	278	21,288	322	*703	6,735	216	7,019	232	283	5,212	192	4,414	190	*–798
Aged 26 to 34	38,415	38,960	31,425	254	32,622	293	*1,197	25,807	280	27,098	322	*1,290	7,812	231	7,814	259	2	6,990	210	6,337	235	*–653
Aged 35 to 44	39,919	40,005	33,755	175	34,517	226	*761	28,551	226	29,099	253	*548	7,246	211	7,737	235	*491	6,163	167	5,489	216	*–675
Aged 45 to 64	83,213	83,701	74,098	278	75,639	259	*1,540	61,680	444	63,025	368	*1,345	17,360	417	17,896	396	536	9,115	254	8,062	260	*–1,053
Aged 65 and older	45,994	47,547	45,365	154	47,041	64	*1,676	24,289	401	24,771	383	482	43,051	190	44,609	151	*1,558	629	67	506	62	*–123

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. Margins of error shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2016/demo/p60-257sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly by an individual from an insurance company, or coverage through someone outside the household.

[4] Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

[6] Children under the age of 19 are eligible for Medicaid/CHIP.

[7] This age is of special interest because of the Affordable Care Act's dependent coverage provision. Individuals aged 19 to 25 may be eligible to be a dependent on a parent's health insurance plan.

Note: The estimates by type of coverage are *not* mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2015 and 2016 Annual Social and Economic Supplements.

Table A-3.

Number of People by Type of Health Insurance Coverage for Working-Age Adults, Aged 19 to 64: 2014 and 2015

(Numbers in thousands, margins of error in thousands. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf*)

Characteristic	Total		Any health insurance					Private health insurance[3]					Government health insurance[4]					Uninsured[5]				
	2014	2015	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]
	Number	Number	Number	MOE[2] (±)	Number	MOE[2] (±)		Number	MOE[2] (±)	Number	MOE[2] (±)		Number	MOE[2] (±)	Number	MOE[2] (±)		Number	MOE[2] (±)	Number	MOE[2] (±)	
Total	**316,168**	**318,868**	**283,200**	**568**	**289,903**	**651**	***6,702**	**208,600**	**1,221**	**214,238**	**1,118**	***5,639**	**115,470**	**1,035**	**118,395**	**1,066**	***2,924**	**32,968**	**561**	**28,966**	**634**	***–4,002**
Total, 19 to 64 years old	192,055	193,140	164,575	523	168,838	543	*4,263	136,623	781	140,509	717	*3,886	39,155	691	40,466	668	*1,312	27,481	478	24,302	513	*–3,178
Marital Status																						
Married[6]	101,505	101,277	91,075	753	92,147	686	*1,072	80,003	755	81,072	699	*1,069	17,786	493	18,204	478	417	10,430	320	9,131	325	*–1,300
Widowed	3,377	3,451	2,850	132	2,962	142	112	1,937	120	2,041	117	104	1,124	83	1,160	87	35	527	65	489	61	–38
Divorced	20,188	19,817	16,738	362	16,858	358	121	12,611	285	12,655	310	44	5,063	212	5,150	205	87	3,450	148	2,959	154	*–492
Separated	4,834	4,698	3,630	146	3,731	173	100	2,489	124	2,558	135	69	1,371	91	1,383	109	12	1,204	89	968	84	*–236
Never married	62,151	63,896	50,282	567	53,140	566	*2,858	39,584	537	42,182	559	*2,599	13,811	332	14,570	334	*759	11,869	293	10,756	297	*–1,114
Disability Status[7]																						
With a disability	15,299	15,128	13,606	322	13,627	300	20	6,300	185	6,559	224	259	8,978	300	8,820	271	–159	1,693	101	1,501	106	*–192
With no disability	175,841	177,102	150,053	567	154,301	578	*4,248	130,095	791	133,713	695	*3,618	29,261	542	30,737	547	*1,476	25,788	459	22,801	516	*–2,986
Work Experience																						
All workers	146,024	148,503	126,707	660	131,240	655	*4,533	115,124	731	118,806	676	*3,682	18,730	407	20,421	449	*1,692	19,317	388	17,263	436	*–2,054
Worked full-time, year-round	103,202	105,533	91,616	634	95,059	671	*3,443	86,308	655	89,177	670	*2,869	9,931	295	11,078	303	*1,147	11,586	305	10,474	322	*–1,111
Less than full-time, year-round	42,822	42,970	35,091	450	36,181	534	*1,090	28,816	410	29,630	505	*814	8,799	240	9,343	258	*544	7,731	230	6,789	245	*–942
Did not work at least one week	46,032	44,637	37,868	512	37,598	491	–270	21,499	376	21,702	410	203	20,425	501	20,045	444	–380	8,164	297	7,039	222	*–1,125
Educational Attainment																						
Total, 26 to 64 years old	161,547	162,665	139,279	443	142,778	495	*3,499	116,038	651	119,221	644	*3,183	32,419	604	33,447	590	*1,028	22,268	408	19,888	449	*–2,380
No high school diploma	16,945	16,079	11,801	280	11,642	301	–158	6,831	207	6,923	244	92	5,972	219	5,698	212	–274	5,144	211	4,436	198	*–708
High school graduate (includes equivalency)	45,427	44,925	37,499	490	37,894	572	396	29,079	480	29,277	508	198	11,255	295	11,676	354	421	7,928	250	7,031	248	*–897
Some college, no degree	26,924	27,246	23,285	389	24,006	411	*721	18,842	338	19,536	398	*693	6,205	233	6,449	214	244	3,639	153	3,240	167	*–400
Associate degree	17,082	17,471	15,322	279	15,820	335	*498	13,266	258	13,558	296	293	3,098	137	3,550	149	*452	1,761	108	1,652	110	–109
Bachelor's degree	35,175	35,870	32,365	448	33,354	518	*989	30,030	444	30,919	517	*889	3,990	176	4,159	176	169	2,810	147	2,517	146	*–294
Graduate or professional degree	19,994	21,075	19,008	401	20,062	432	*1,053	17,990	396	19,009	429	*1,018	1,898	128	1,914	131	16	986	88	1,013	100	27

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. Margins of error shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2016/demo/p60-257sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly by an individual from an insurance company, or coverage through someone outside the household.

[4] Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

[6] The combined category "married" includes three individual categories: "married, civilian spouse present," "married, Armed Forces spouse present," and "married, spouse absent."

[7] The sum of those with and without a disability does not equal the total because disability status is not defined for individuals in the Armed Forces.

Note: The estimates by type of coverage are *not* mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2015 and 2016 Annual Social and Economic Supplements.

Table A-4.

Number of People by Type of Health Insurance Coverage by Household Income and Income-to-Poverty Ratio: 2014 and 2015

(Numbers in thousands, margins of error in thousands. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf*)

Characteristic	Total		Any health insurance					Private health insurance[3]					Government health insurance[4]					Uninsured[5]				
	2014	2015	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]
	Number	Number	Number	MOE[2] (±)	Number	MOE[2] (±)		Number	MOE[2] (±)	Number	MOE[2] (±)		Number	MOE[2] (±)	Number	MOE[2] (±)		Number	MOE[2] (±)	Number	MOE[2] (±)	
Total	**316,168**	**318,868**	**283,200**	**568**	**289,903**	**651**	***6,702**	**208,600**	**1,221**	**214,238**	**1,118**	***5,639**	**115,470**	**1,035**	**118,395**	**1,066**	***2,924**	**32,968**	**561**	**28,966**	**634**	***–4,002**
Household Income																						
Less than $25,000	55,212	51,999	46,067	813	44,286	782	*–1,782	16,598	474	16,009	476	–589	36,049	732	34,625	692	*–1,424	9,145	333	7,713	320	*–1,432
$25,000 to $49,999	67,311	65,289	57,834	891	57,146	946	–688	35,436	697	34,739	680	–697	32,721	683	33,188	778	467	9,477	323	8,143	318	*–1,334
$50,000 to $74,999	55,664	55,131	49,707	865	49,813	952	105	39,295	750	38,802	831	–493	18,297	516	19,074	555	*778	5,957	322	5,318	243	*–639
$75,000 to $99,999	41,294	43,123	37,999	798	39,972	867	*1,974	32,771	697	34,349	779	*1,578	10,471	382	11,737	422	*1,266	3,296	194	3,150	200	–146
$100,000 or more	96,687	103,328	91,593	1,227	98,686	1,309	*7,092	84,499	1,214	90,339	1,236	*5,839	17,932	517	19,770	575	*1,838	5,094	256	4,642	289	*–451
Income-to-Poverty Ratio																						
Below 100 percent of poverty	46,657	43,123	37,639	764	35,634	853	*–2,005	12,516	404	12,352	470	–164	28,603	689	26,772	713	*–1,831	9,018	350	7,489	317	*–1,529
Below 138 percent of poverty	68,885	64,711	56,383	838	54,124	971	*–2,258	20,984	509	20,744	583	–240	41,681	786	39,732	814	*–1,949	12,503	398	10,586	368	*–1,916
Between 100 and 199 percent of poverty	58,686	57,770	49,835	834	49,932	829	97	27,278	666	26,853	664	–426	30,645	607	31,096	670	451	8,851	306	7,838	341	*–1,013
Between 200 and 299 percent of poverty	51,451	49,668	45,456	844	44,788	799	–667	34,632	711	33,251	681	*–1,381	18,446	504	19,275	535	*829	5,996	263	4,880	232	*–1,116
Between 300 and 399 percent of poverty	40,822	41,691	37,395	756	38,629	783	*1,234	31,518	679	32,659	694	*1,141	11,412	384	12,411	386	*999	3,427	226	3,062	200	*–365
At or above 400 percent of poverty	118,187	126,202	112,541	1,196	120,539	1,178	*7,998	102,561	1,226	109,014	1,143	*6,452	26,070	534	28,524	596	*2,453	5,646	261	5,662	285	17

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2016/demo/p60-257sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly by an individual from an insurance company, or coverage through someone outside the household.

[4] Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

Note: The estimates by type of coverage are *not* mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2015 and 2016 Annual Social and Economic Supplements.

Table A-5.

Number of People by Type of Health Insurance Coverage by Selected Demographic Characteristics: 2014 and 2015

(Numbers in thousands, margins of error in thousands. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www2.census.gov/programs-surveys/cps/techdocs/cpsmar16.pdf)*

Characteristic	Total		Any health insurance					Private health insurance[3]					Government health insurance[4]					Uninsured[5]				
	2014	2015	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]	2014		2015		Change (2015 less 2014)[1,*]
	Number	Number	Number	MOE[2] (±)	Number	MOE[2] (±)		Number	MOE[2] (±)	Number	MOE[2] (±)		Number	MOE[2] (±)	Number	MOE[2] (±)		Number	MOE[2] (±)	Number	MOE[2] (±)	
Total	**316,168**	**318,868**	**283,200**	**568**	**289,903**	**651**	***6,702**	**208,600**	**1,221**	**214,238**	**1,118**	***5,639**	**115,470**	**1,035**	**118,395**	**1,066**	***2,924**	**32,968**	**561**	**28,966**	**634**	***–4,002**
Family Status																						
In families	256,308	258,121	231,858	865	236,575	997	*4,717	172,515	1,314	176,318	1,242	*3,802	91,901	1,034	94,366	1,075	*2,465	24,451	549	21,546	563	*–2,904
Householder	81,730	82,199	73,544	458	75,058	413	*1,514	57,070	504	57,981	466	*911	28,818	373	29,794	389	*976	8,186	207	7,141	221	*–1,045
Related children under age 18	72,383	72,558	68,057	253	68,817	270	*760	44,157	479	45,477	483	*1,320	30,931	481	30,968	478	37	4,326	202	3,741	214	*–585
Related children under age 6	23,470	23,459	21,938	120	22,037	138	99	13,089	233	13,708	226	*619	11,133	227	10,743	255	*–390	1,532	95	1,422	115	–110
In unrelated subfamilies	1,558	1,344	1,334	137	1,181	115	–153	800	101	699	97	–101	735	106	633	82	–103	224	50	163	40	–61
Unrelated individuals	58,301	59,403	50,008	679	52,146	813	*2,138	35,285	613	37,222	691	*1,937	22,834	412	23,396	429	*562	8,293	275	7,257	284	*–1,036
Residence[6]																						
Inside metropolitan statistical areas	266,071	274,392	238,473	2,159	249,708	2,748	N	177,220	1,994	186,619	2,184	N	94,090	1,238	98,627	1,565	N	27,598	560	24,684	664	N
Inside principal cities	99,298	103,740	87,269	1,634	92,845	1,740	N	60,450	1,324	65,930	1,380	N	37,872	921	39,050	990	N	12,029	412	10,895	452	N
Outside principal cities	166,773	170,652	151,204	2,122	156,863	2,402	N	116,770	1,782	120,689	1,987	N	56,218	1,055	59,577	1,187	N	15,569	492	13,789	512	N
Outside metropolitan statistical areas[7]	50,097	44,477	44,727	2,011	40,194	2,694	N	31,380	1,431	27,620	1,886	N	21,380	1,083	19,768	1,403	N	5,370	359	4,282	373	N
Race[8] and Hispanic Origin																						
White	244,468	245,805	219,709	519	224,351	540	*4,642	166,257	1,046	169,565	946	*3,308	87,159	876	89,598	911	*2,439	24,759	493	21,454	529	*–3,305
White, not Hispanic	195,352	195,646	180,528	461	182,546	442	*2,018	142,437	904	143,922	785	*1,486	67,867	714	69,065	739	*1,198	14,824	414	13,100	411	*–1,724
Black	41,226	41,703	36,380	221	37,076	213	*696	22,296	419	23,330	430	*1,034	18,211	388	18,387	381	176	4,847	218	4,627	210	–219
Asian	17,796	18,249	16,137	234	16,889	193	*752	12,823	271	13,775	238	*952	5,013	208	4,937	202	–75	1,659	143	1,360	120	*–299
Hispanic (any race)	55,614	56,873	44,556	290	47,637	315	*3,082	27,061	501	29,352	554	*2,290	21,977	407	23,447	446	*1,469	11,059	292	9,235	309	*–1,823
Nativity																						
Native born	273,984	275,798	250,029	734	254,648	843	*4,619	184,695	1,144	188,639	1,103	*3,943	102,629	969	104,719	977	*2,089	23,955	514	21,150	513	*–2,805
Foreign born	42,184	43,070	33,172	499	35,255	591	*2,083	23,904	489	25,600	521	*1,695	12,841	306	13,676	399	*835	9,012	308	7,815	313	*–1,197
Naturalized citizen	19,733	20,086	17,724	339	18,336	364	*612	12,927	323	13,366	327	*440	6,959	221	7,413	245	*454	2,008	130	1,750	112	*–259
Not a citizen	22,451	22,984	15,447	400	16,919	498	*1,471	10,978	342	12,233	419	*1,255	5,882	226	6,263	288	*381	7,004	266	6,066	288	*–938

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

N Not comparable.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2016/demo/p60-257sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly by an individual from an insurance company, or coverage through someone outside the household.

[4] Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

[6] Once a decade, the CPS ASEC transitions to a new sample design and updates all metropolitan statistical area delineations. As a result, the metropolitan/nonmetropolitan estimates for 2014 and 2015 are not comparable. Users may want to use the American Community Survey estimates for metropolitan/nonmetropolitan comparisons.

[7] The "Outside metropolitan statistical areas" category includes both micropolitan statistical areas and territory outside of metropolitan and micropolitan statistical areas. For more information, see "About Metropolitan and Micropolitan Statistical Areas" at <www.census.gov/population/metro/about>.

[8] Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as White *and* American Indian and Alaska Native or Asian *and* Black or African American, is available from Census 2010 through American FactFinder. About 2.9 percent of people reported more than one race in Census 2010. Data for American Indians and Alaska Natives, Native Hawaiians and Other Pacific Islanders, and those reporting two or more races are not shown separately.

Note: The estimates by type of coverage are *not* mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2015 and 2016 Annual Social and Economic Supplements.

Quality of Health Insurance Coverage Estimates

The Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) is used to produce official estimates of income and poverty, and it serves as the most widely cited source of estimates on health insurance and the uninsured. Detailed health insurance questions have been asked in the CPS since 1988 as a part of a mandate to collect data on noncash benefits.

However, researchers have questioned the validity of the health insurance estimates in the previous version of the CPS ASEC.[1] In particular, the estimate of the uninsured in the previous calendar year was not in line with other federal surveys or administrative records, indicating that the CPS ASEC did not capture as much health insurance coverage in comparison.[2] Additionally, these concerns extended to undercounting Medicaid enrollment and general misreporting of the source and timing of health insurance coverage.[3] To address these concerns, the Census Bureau substantially redesigned the CPS ASEC health insurance module to improve estimates of health insurance coverage. Evaluation of the new questions included over a decade of research, including focus groups, cognitive interviews, and two national field tests.[4]

In 2014, the Census Bureau implemented changes to the CPS ASEC, including a complete redesign of the health insurance questions that replaced the existing questions in the CPS ASEC. Due to the differences in measurement, health insurance estimates for calendar year 2013 and later years are not directly comparable to previous years; this report does not compare estimates from the redesigned CPS ASEC to the previous version of the health insurance questions. Researchers should use caution when comparing results over time. In particular, the estimate of the uninsured population is lower than in previous years, since the redesigned questions capture more health insurance coverage than the preceding CPS ASEC. For more information on why the CPS ASEC was redesigned, as well as the results from the 2013 field test, see <www.census.gov/topics/health/health-insurance/guidance/cpsasec-redesign.html>.

[1] The issues with the traditional CPS ASEC health insurance estimates have been well established, as discussed in the Census Bureau's annual publication on health insurance. The *Income, Poverty, and Health Insurance Coverage in the United States* report has detailed the issues with the CPS estimates. For an example, see page 22 in the report, P60-245, *Income, Poverty, and Health Insurance Coverage in the United States: 2012* at <www.census.gov/content/dam/Census/library/publications/2013/demo/p60-245.pdf>.

[2] See Jacob A. Klerman, Michael Davern, Kathleen Thiede Call, Victoria Lynch, and Jeanne D. Ringel, *Understanding the Current Population Survey's Insurance Estimates and the Medicaid 'Undercount,'* Health Affairs—Web Exclusive: w991-w1001, 2009. Available at <http://content.healthaffairs.org/content/28/6/w991>.

[3] See K. Call, M. Davern, J. Klerman, and V. Lynch, "Comparing Errors in Medicaid Reporting Across Surveys: Evidence to Date," *Health Services Research*, 48(2P+1), 2013, pp. 652–664. Available at <http://onlinelibrary.wiley.com/doi/10.1111/j.1475-6773.2012.01446.x/full>.

[4] See the infographic "Improving Health Insurance Coverage Measurement: 1998–2014, A History of Research and Testing" at <www.census.gov/content/dam/Census/newsroom/press-kits/2015/health_insurance_research.pdf>.

APPENDIX C. REPLICATE WEIGHTS

Beginning in the 2011, Current Population Survey Annual Social and Economic Supplement (CPS ASEC) report, the variance of CPS ASEC estimates used to calculate the standard errors and confidence intervals displayed in the text tables were calculated using the Successive Difference Replication (SDR) method.[1] This method involves the computation of a set of replicate weights which account for the complex survey design of the CPS. The SDR method has been used to estimate variances in the American Community Survey since its inception.

Before 2011, the standard errors of CPS ASEC estimates were calculated using a Generalized Variance Function (GVF) approach. Under this approach, generalized variance parameters were used in formulas provided in the source and accuracy statement to estimate standard errors.

One study found that the CPS ASEC GVF standard errors performed poorly against more precise Survey Design-Based (SDB) estimates.[2] In most cases, results indicated that the published GVF parameters significantly underestimated standard errors in the CPS ASEC. This and other critiques prompted the Census Bureau to transition from using the GVF method of estimating standard errors to using the SDR method of estimating standard errors for the CPS ASEC. In 2009, the Census Bureau released replicate weights for the 2005 through 2009 CPS ASEC collection years and has released replicate weights for 2010 to 2015 with the release of the CPS ASEC public use data.

Following the 2009 release of CPS ASEC replicate weights, another study compared replicate weight standard error estimates with SDB estimates.[3] Replicate weight estimates performed markedly better against SDB standard errors than those calculated using the published GVF parameters.

Since the published GVF parameters generally underestimated standard errors, standard errors produced using SDR may be higher than in previous reports. For most CPS ASEC estimates, the increase in standard errors from GVF to SDR will not alter the findings. However, marginally significant differences using the GVF may not be significant using replicate weights.

The Census Bureau will continue to provide the GVF parameters in the source and accuracy statement.

[1] Robert E. Fay and George F. Train, "Aspects of Survey and Model-Based Postcensal Estimation of Income and Poverty Characteristics for States and Counties," Proceedings of the Section on Government Statistics, American Statistical Association, Alexandria, VA, 1995, pp. 154–159.

[2] Michael Davern, Arthur Jones, James Lepkowski, Gestur Davidson, and Lynn A. Blewett, "Unstable Inferences? An Examination of Complex Survey Sample Design Adjustments Using the Current Population Survey for Health Services Research," *Inquiry*, Vol. 43, No. 3, 2006, pp. 283–297.

[3] Michel Boudreaux, Michael Davern, and Peter Graven, "Alternative Variance Estimates in the Current Population Survey and the American Community Survey," presented at the 2011 Annual Meeting of the Population Association of America. Available at <http://paa2011.princeton.edu/papers/112247>.

APPENDIX D. ADDITIONAL DATA AND CONTACTS

Press releases, briefings, and data access are available electronically on the Census Bureau's Health Insurance Web site. The Web site may be accessed through the Census Bureau's home page at <www.census.gov>, the Health home page at <www.census.gov/topics/health.html>, or directly at <www.census.gov/topics/health/health-insurance.html>.

For assistance with health insurance data, contact the Census Bureau Customer Services Center at 1-800-923-8282 (toll-free), or search your topic of interest using the Census Bureau's "Question and Answer Center" found at <https://ask.census.gov>.

Customized Tables

The CPS Table Creator
<www.census.gov/cps/data/cpstablecreator.html>
Gives data users the ability to create customized tables from the Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Table Creator can access data back to the 2003 CPS ASEC.

American FactFinder
<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
Provides access to data about the United States, Puerto Rico, and the Island Areas. The tabular data in American FactFinder come from several censuses and the American Community Survey (ACS).

DataFerrett
<http://dataferrett.census.gov/>
Users can also generate customized tables using the DataFerrett tool. CPS ASEC files from 1992 to the present and ACS files from 2005 to the present are available through DataFerrett.

Public Use Microdata

CPS ASEC
Microdata for the 2015 CPS ASEC and earlier years is available online at <http://thedataweb.rm.census.gov/ftp/cps_ftp.html#cpsmarch> or via DataFerrett at <http://dataferrett.census.gov>. Technical methods have been applied to CPS microdata to avoid disclosing the identities of individuals from whom data were collected.

ACS
The ACS Public Use Microdata Sample files (PUMS) are a sample of the actual responses to the American Community Survey and include most population and housing characteristics. These files provide users with the flexibility to prepare customized tabulations and can be used for detailed research and analysis. Files have been edited to protect the confidentiality of all individuals and of all individual households. The smallest geographic unit that is identified within the PUMS is the Public Use Microdata Area (PUMA). These data are available online at <http://census.gov/programs-surveys/acs/technical-documentation/pums.html>. Because the PUMS file is a sample of the ACS, estimates of health insurance coverage will differ slightly.

Topcoding

In the Census Bureau's long history of releasing public use microdata files based on the CPS ASEC, the Census Bureau has censored the release of "high dollar" amounts, such as medical out-of-pocket expenses (MOOP) and income, in order to meet the requirements of Title 13. This process is often called topcoding. During the period prior to the March 1996 survey, this censorship was applied by limiting the values for dollar amounts to be no greater than a specified maximum value (the topcode). Values above the maximum were replaced by the maximum value. Beginning with the 1996 survey, the censorship method was modified so that mean values were substituted for all amounts above the topcode. Using the mean value for all amounts above the topcode made it impossible to examine the distributions above the topcode. In an effort to alleviate this problem and improve the overall usefulness of the CPS ASEC, the Census Bureau sponsored research on methods that both met Title 13 requirements and preserved the distributions above the topcode. This research led to the implementation in the 2011 ASEC of rank proximity swapping methods that switch dollar amounts above the topcode for respondents that are of similar rank. Swapped amounts are rounded following the swapping process to provide additional disclosure avoidance.

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