Health Insurance Coverage in the United States: 2014

Current Population Reports

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Health Insurance Coverage in the United States: 2014

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 2014 and also focuses on changes between 2013 and 2014. The statistics in this report are based on information collected in two surveys conducted by the U.S. 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.

National Changes in Health Insurance Coverage

The percentage of people without health insurance coverage decreased sharply between 2013 and 2014 by just under 3.0 percentage points, specifically, by 2.9 percentage points as measured by the CPS ASEC. The ACS measured a comparable decline (Figure 1).[1]

The CPS ASEC uninsured rate, which represents the percentage of the population who had no health insurance coverage during the entire year, changed from 13.3 percent in 2013 to 10.4 percent in 2014. As expected, the CPS ASEC estimates were lower for both years than comparable estimates from the ACS, which measures health insurance coverage status at the time of the survey interview. However, the uninsured rate between 2013 and 2014 fell in parallel between the two surveys.[2]

After several years of a relatively stable uninsured rate between 2008 and 2013, as measured by the ACS, the percentage of the population who were uninsured dropped between 2013 and 2014, marking the largest percentage-point decline in the uninsured rate during this period (Figure 1 and Table A-1).[3]

What Is Health Insurance Coverage?

Health insurance coverage in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) refers to comprehensive coverage during the calendar year.* 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 all or part of the previous calendar year. They were considered uninsured if, for the entire year, they were not covered by any type of health insurance. Additionally, people were considered uninsured if they only had coverage through the Indian Health Service (IHS). For more information, see Appendix A, "Estimates of Health Insurance Coverage."

* Comprehensive health insurance covers basic healthcare needs. This definition excludes single service plans, such as accident, disability, dental, vision, or prescription medicine plans.

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[1] The decrease of 2.9 percentage points in the percentage with no health insurance coverage at any time during the year (as measured by the CPS ASEC) was not statistically different from the decrease of 2.8 percentage points in the percentage of people without coverage at the time of the interview (as measured by the ACS).

[2] With the recent redesign of the CPS ASEC health insurance questions, the estimates from the 2013 calendar year and later are not directly comparable to 2012 and prior years. However, the health insurance questions in the ACS have remained unchanged since they were added to the survey in 2008. Therefore, data from the ACS provide a longer view of change in health insurance coverage between 2008 and 2014.

[3] Between 2008 and 2013, the uninsured rate ranged from 14.5 percent to 15.5 percent.

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 CPS ASEC is conducted 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 resulting uninsured rates 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.

For more information on health insurance coverage estimates from these two surveys, see the section "National Changes in Health Insurance Coverage."

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 2014 are consistent with what some provisions of the ACA intended. In 2014, people under age 65, particularly adults aged 19 to 64 years, 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 24 states (or the District of Columbia) that expanded Medicaid eligibility.*

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* For a list of the states and their Medicaid expansion status as of January 1, 2014, see Table A-1: Population Without Health Insurance Coverage by State: 2013 and 2014.

Figure 1.
Uninsured Rate: 2008 to 2014

Percent

Uninsured at the time of the interview (American Community Survey)

Uninsured for the entire calendar year (Current Population Survey)
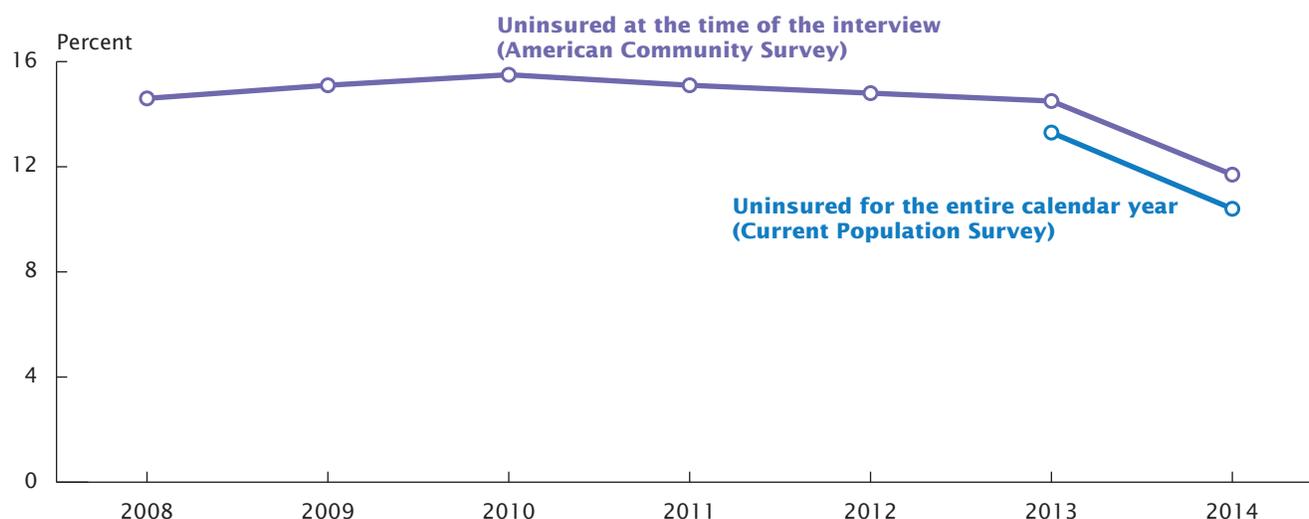
Note: For the American Community Survey, estimates are for the civilian noninstitutionalized population. For the Current Population Survey, estimates reflect the population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar15.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_2014.pdf>.
Source: U.S. Census Bureau, 2014 and 2015 Current Population Survey Annual Social and Economic Supplements and 2008 to 2014 1-Year American Community Surveys.

Highlights

- The uninsured rate decreased between 2013 and 2014 by 2.9 percentage points.[4] In 2014, the percentage of people without health insurance coverage for the entire calendar year was 10.4 percent, or 33.0 million, lower than the rate and number of uninsured in 2013 (13.3 percent or 41.8 million) (Figure 2 and Table 1).[5, 6]

- Between 2008 and 2013, the uninsured rate was relatively stable. In 2014, the uninsured rate sharply decreased, which was the largest change in the uninsured rate throughout this period (Figure 1).[7]

- The percentage of people with health insurance coverage for all or part of 2014 was 89.6 percent, higher than the rate in 2013 (86.7 percent) (Table 1).

- In 2014, more people had private health insurance coverage (66.0 percent) than government coverage (36.5 percent). Of the subtypes of health insurance, employer-based insurance covered the most people (55.4 percent of the population), followed by Medicaid (19.5 percent), Medicare (16.0 percent), direct-purchase (14.6 percent), and

military coverage (4.5 percent) (Table 1 and Figure 2).

- Between 2013 and 2014, the increase in the percentage of the population covered by health insurance was due to an increase in the rates of both private and government coverage. The rate of private coverage increased by 1.8 percentage points to 66.0 percent in 2014 (up from 64.1 percent in 2013), and the government coverage rate increased by 2.0 percentage points to 36.5 percent (up from 34.6 percent in 2013) (Table 1 and Figure 2).

- Between 2013 and 2014, the greatest changes in coverage rates were the increases in direct-purchase health insurance and Medicaid. The largest percentage-point change in coverage was for direct-purchase, which increased by 3.2 percentage points to cover 14.6 percent of people for some

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[4] Estimates for the 2013 calendar year are from the 2014 CPS ASEC and are based on the full sample of approximately 98,000 addresses. For more information, see the section on "Source of Estimates: 2014 and 2015 CPS ASEC Estimates."
[5] 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 A.
[6] For information on recessions, see Appendix A, P60-252, *Income and Poverty in the United States: 2014* at <www.census.gov/content/dam/Census/library/publications/2015/demo/p60-252.pdf>.

[7] Estimates are from the 2008 to 2014 1-Year American Community Surveys.

Figure 2.

Percentage of People by Type of Health Insurance Coverage and Change From Last Year: 2014

(Population as of March of the following year)

Percent in 2014

Percentage point change: 2014 minus 2013

Uninsured

With health insurance

Any private plan

Employment-based

Direct-purchase

Any government plan

Medicare

Medicaid

Military health care*
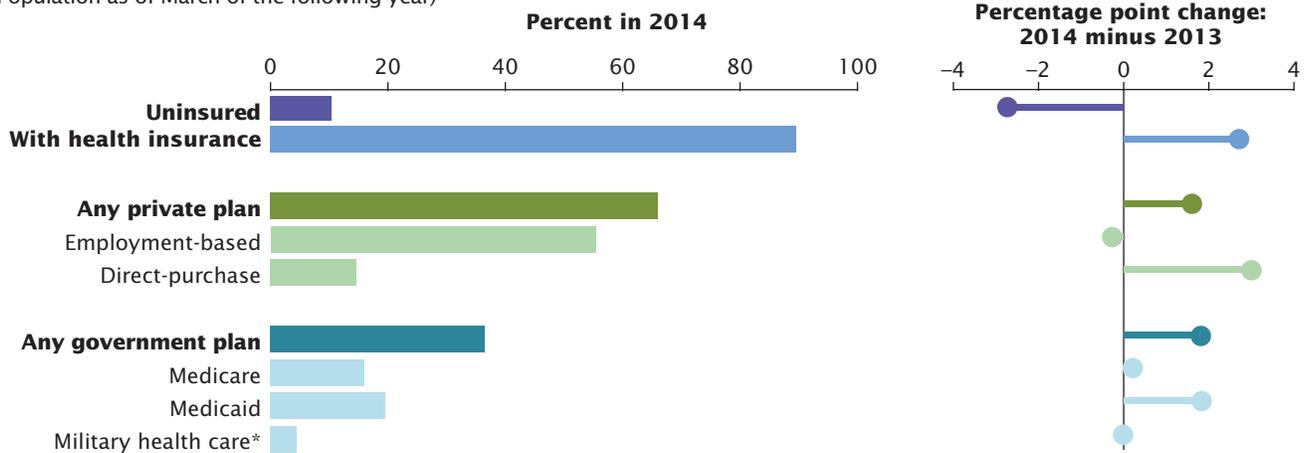
Note: Between 2013 and 2014, there was not a statistically significant change in the percentage of people covered by employment-based health insurance or military health care.

*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.

For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf>.

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

or all of 2014 (up from 11.4 percent in 2013). The percentage of people with Medicaid coverage during all or part of the year increased by 2.0 percentage points to 19.5 percent in 2014 (compared with 17.5 percent in 2013) (Table 1 and Figure 2).

- In 2014, the percentage of uninsured children under age 19 was 6.2 percent (Table 2). This was a decrease from 7.5 percent in 2013.

- In 2014, the uninsured rate for children under age 19 in poverty, 8.6 percent, was higher than the uninsured rate for children not in poverty, 5.6 percent (Figure 6).

- In 2014, non-Hispanic Whites had the lowest uninsured rate among race and Hispanic-origin groups, at 7.6 percent. The uninsured rates for Blacks and Asians were higher than for non-Hispanic Whites, at 11.8 percent and 9.3 percent, respectively. Hispanics

had the highest uninsured rate in 2014, at 19.9 percent (Table 5).[8]

- Between 2013 and 2014, the overall rate of health insurance

[8] 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 14.6 percent of White householders who reported only one race, 5.0 percent of Black householders who reported only one race, and 2.0 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>.

coverage increased for all race and Hispanic-origin groups. The increase was comparable for Blacks, Asians, and Hispanics (just over 4.0 percentage points), and lower for non-Hispanic Whites (2.1 percentage points).

- Between 2013 and 2014, every state and the District of Columbia experienced a decrease in their uninsured rate (Figure 8 and Table A-1).[9]

Estimates of the Population Without Health Insurance Coverage

In 2014, 10.4 percent of people (or 33.0 million) were uninsured for the entire calendar year (Table 1). This was a decrease of 2.9 percentage points from 2013, when 13.3 percent (or 41.8 million) were uninsured for the entire calendar year.

[9] Estimates are from the 2013 and 2014 1-Year American Community Surveys.

Table 1.
Coverage Rates by Type of Health Insurance: 2013 and 2014

(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/cpsmar15.pdf*)

Coverage type	2013				2014				Change in number (2014 less 2013)	Change in rate (2014 less 2013)
	Number	Margin of error[1] (±)	Rate	Margin of error[1] (±)	Number	Margin of error[1] (±)	Rate	Margin of error[1] (±)		
Any health plan	271,606	636	86.7	0.2	283,200	568	89.6	0.2	*11,594	*2.9
Any private plan[2, 3]	201,038	1,140	64.1	0.4	208,600	1,221	66.0	0.4	*7,562	*1.8
Employment-based[2]	174,418	1,160	55.7	0.4	175,027	1,188	55.4	0.4	609	−0.3
Direct-purchase[2]	35,755	615	11.4	0.2	46,165	798	14.6	0.3	*10,411	*3.2
Any government plan[2, 4]	108,287	1,115	34.6	0.4	115,470	1,035	36.5	0.3	*7,183	*2.0
Medicare[2]	49,020	377	15.6	0.1	50,546	339	16.0	0.1	*1,526	*0.3
Medicaid[2]	54,919	969	17.5	0.3	61,650	931	19.5	0.3	*6,731	*2.0
Military health care[2, 5]	14,016	595	4.5	0.2	14,143	568	4.5	0.2	127	Z
Uninsured[6]	41,795	614	13.3	0.2	32,968	561	10.4	0.2	*−8,828	*−2.9

* Changes between the 2013 and 2014 estimates are statistically different from zero at the 90 percent confidence level.

Z Represents or rounds to zero.

[1] A margin of error is a measure of an estimate's variability. The larger the margin of error 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/2015/demo/p60-253sa.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 and 2015 Annual Social and Economic Supplements.

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 2014, most people (89.6 percent) had health insurance coverage at some point during the calendar year, with more people having private health insurance coverage (66.0 percent) than government coverage (36.5 percent). Of the subtypes of health insurance, employer-based insurance covered the most people (55.4 percent of the population), followed by Medicaid (19.5 percent), Medicare (16.0 percent), direct-purchase (14.6 percent), and military health care (4.5 percent) (Table 1).

Between 2013 and 2014, the percentage of people covered by any type of health insurance increased by 2.9 percentage points to 89.6 percent in 2014, up from 86.7 percent in 2013. The increase in the percentage of the

population covered by health insurance was due to an increase in the rates of both private and government coverage. The rate of private coverage increased by 1.8 percentage points to 66.0 percent in 2014 (up from 64.1 percent in 2013), and the government coverage rate increased by 2.0 percentage points to 36.5 percent (up from 34.6 percent in 2013).

While the overall coverage rates of both private and government health insurance increased, coverage rates have not changed for every subtype of health insurance. Between 2013 and 2014, coverage rates increased for three types of coverage: direct-purchase health insurance, Medicaid, and Medicare. The largest percentage-point change in coverage was for direct-purchase, which increased by 3.2 percentage points to cover 14.6 percent of people for some or all of 2014 (up from 11.4 percent in 2013). The percentage of people

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

with Medicaid coverage during all or part of the year increased by 2.0 percentage points to 19.5 percent in 2014 (compared with 17.5 percent in 2013). Between 2013 and 2014, 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 years and over and not to changes in Medicare coverage rates within a particular age group.[11] Coverage rates did not change for the other types of health insurance between 2013 and 2014, including employment-based insurance and plans through the military.

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[11] Between 2013 and 2014, the Medicare rate did not change for the population under age 65 or for individuals aged 65 years and older. In 2014, the Medicare rate was 2.9 percent for the population under age 65, which was not different from the rate in 2013 (2.8 percent). For the population aged 65 years and over, 93.1 percent were covered by Medicare in 2014, not different from the rate in 2013 (93.4 percent). Between 2013 and 2014, the percentage of the population who were age 65 and older increased by 0.4 percentage points, from 14.2 percent of the population to 14.5 percent of the population.

Multiple Coverage Types

Individuals 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 2014, 79.2 percent had one coverage type during the year and 20.8 percent had multiple coverage types over the course of the year (Figure 3).

Some types of health insurance coverage 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. The majority of people with employment-based health insurance or Medicaid coverage had only one plan type during 2014 (79.3 percent and 67.3 percent, respectively).

People were more likely to have had more than one coverage type during the year if they had direct-purchase insurance coverage, Medicare, or military health care. In 2014, 58.2

percent of people with direct-purchase health insurance had some other type of health insurance, along with 61.9 percent of people with Medicare and 60.7 percent of people with military health care.[12]

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 2014, 98.6 percent of adults aged 65 years or over had some type of health insurance during the year, compared with 93.8 percent of children under age 19 and 85.7 percent of working-age adults aged 19 to 64 years (Table 2).

Adults aged 65 years and over had the highest rate of health insurance coverage because most are eligible

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[12] The percentage of people with Medicare and some other type of health insurance in 2014 was not statistically different from the percentage of people with military health care and some other type of health insurance in 2014.

Figure 3.
Percentage With One or Multiple Coverage Types: 2014
(Population as of March of the following year)
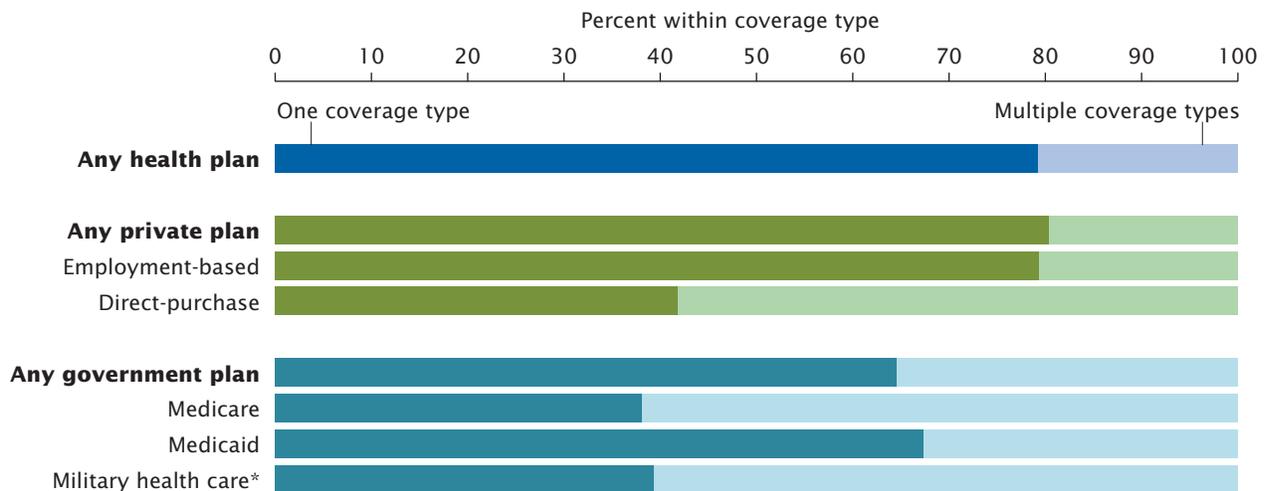
*Military health care includes TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.
For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf>.
Source: U.S. Census Bureau, Current Population Survey, 2015 Annual Social and Economic Supplement.

Table 2.

Percentage of People by Type of Health Insurance Coverage by Age: 2013 and 2014

(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/cpsmar15.pdf)

Characteristic	Total		Any health insurance					Private health insurance[3]					Government health insurance[4]					Uninsured[5]				
	2013	2014	2013		2014		Change	2013		2014		Change	2013		2014		Change	2013		2014		Change
	Number	Number	Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)	(2014 less 2013)[1,*]	Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)	(2014 less 2013)[1,*]	Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)	(2014 less 2013)[1,*]	Per-cent	MOE[2] (±)	Per-cent	MOE[2] (±)	(2014 less 2013)[1,*]
Total	313,401	316,168	86.7	0.2	89.6	0.2	*2.9	64.1	0.4	66.0	0.4	*1.8	34.6	0.4	36.5	0.3	*2.0	13.3	0.2	10.4	0.2	*−2.9
Age																						
Under age 65.	268,924	270,174	84.7	0.2	88.0	0.2	*3.3	65.8	0.4	68.2	0.4	*2.5	24.7	0.4	26.8	0.4	*2.1	15.3	0.2	12.0	0.2	*−3.3
Under age 19[6]	78,051	78,119	92.5	0.3	93.8	0.3	*1.3	60.1	0.6	61.0	0.6	*1.0	40.9	0.7	42.6	0.6	*1.7	7.5	0.3	6.2	0.3	*−1.3
Aged 19 to 64.	190,874	192,055	81.5	0.3	85.7	0.3	*4.2	68.1	0.4	71.1	0.4	*3.1	18.1	0.4	20.4	0.4	*2.3	18.5	0.3	14.3	0.3	*−4.2
Aged 19 to 25[7] . . .	30,454	30,508	77.9	0.7	82.9	0.6	*5.0	62.9	0.9	67.5	0.8	*4.6	20.1	0.7	22.1	0.7	*2.0	22.1	0.7	17.1	0.6	*−5.0
Aged 26 to 34.	38,058	38,415	76.3	0.6	81.8	0.5	*5.5	62.6	0.7	67.2	0.7	*4.6	17.6	0.6	20.3	0.6	*2.7	23.7	0.6	18.2	0.5	*−5.5
Aged 35 to 44.	39,789	39,919	81.1	0.5	84.6	0.4	*3.5	69.8	0.6	71.5	0.6	*1.8	15.5	0.5	18.2	0.5	*2.7	18.9	0.5	15.4	0.4	*−3.5
Aged 45 to 64.	82,572	83,213	85.4	0.3	89.0	0.3	*3.6	71.7	0.5	74.1	0.5	*2.4	18.9	0.5	20.9	0.5	*2.0	14.6	0.3	11.0	0.3	*−3.6
Aged 65 and older . . .	44,477	45,994	98.5	0.2	98.6	0.1	0.1	54.4	0.8	52.8	0.9	*−1.6	93.9	0.3	93.6	0.3	−0.3	1.5	0.2	1.4	0.1	−0.1

* Changes between the 2013 and 2014 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/2015/demo/p60-253sa.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 years 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, 2014 and 2015 Annual Social and Economic Supplements.

for Medicare. In 2014, 93.6 percent of older adults were covered by a government plan and 52.8 percent were covered by a private plan, which may have supplemented their government coverage. The rate of health insurance coverage overall, as well as the rate of government coverage, did not change between 2013 and 2014 for the population aged 65 years and over, while the rate of private health insurance decreased by 1.6 percentage points.

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. One reason for this could be that some children from lower income families are eligible for programs such as Medicaid or the Children's Health Insurance Program (CHIP).[13] In 2014, 42.6 percent of children under age 19 had government coverage, while 61.0 percent were covered by private insurance. Some children were covered by both private and government coverage for all or part of the calendar year.

Between 2013 and 2014, the overall rate of health insurance coverage for children under 19 increased by 1.3 percentage points. The rate of government coverage increased by 1.7 percentage points, while the rate of private coverage increased by 1.0 percentage point.[14]

Compared with children and older adults, working-age adults (people aged 19 to 64 years) had the lowest health insurance coverage rate in 2014, at 85.7 percent. Within that group, the population aged 26 to 34 years were least likely to be insured, with a coverage rate of 81.8 percent. For younger adults aged 19 to 25 years, the health insurance coverage

rate of 82.9 percent was lower than that for children under age 19 but higher than that for adults aged 26 to 34 years. For the age groups between 26 and 64 years, 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 71.1 percent of the population aged 19 to 64 years in 2014. They also had the lowest rate of coverage through the government, at 20.4 percent.

Between 2013 and 2014, the percentage of adults aged 19 to 64 years with health insurance coverage increased by 4.2 percentage points.

The rates of private and government coverage increased for working-age adults by 3.1 percentage points and 2.3 percentage points, respectively.

Increases in private coverage were more pronounced for adults in the age groups between 19 and 34 years than for the age groups between 35 and 64 years, while changes in government coverage between 2013 and 2014 did not differ by age within the working-age adult population.[15]

The percentage of people without health insurance coverage dropped for every single age under 65 between 2013 and 2014 (Figure 4). However, the change was not uniform for every age. Older children tended to experience larger changes in the uninsured rate than younger children. Younger adults tended to experience a larger drop than older adults. For example, the uninsured rate declined by 5.0 percentage points for 20-year-olds and 2.7 percentage points for 64-year-olds.[16]

The uneven downward shift in uninsured rates reduced some of the rate differences, leaving a more even uninsured rate curve across the age spectrum, with the highest uninsured rate of 25.1 percent at age 26 (Figure 4). Three notable sharp differences occurred 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 2014, the uninsured rate was over 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, uninsured rates for single years of age differed. In 2014, for children under age 19, the uninsured rate was greater with increasing age, with 4.0 percent for children under 1 year of age and 11.0 percent for 18-year-olds. Among young adults between the ages of 19 and 25, the uninsured rate was 17.7 percent for 19-year-olds and 21.2 percent for 25-year-olds. For adults between ages 26 and 64, the uninsured rate declined generally across all ages from 25.1 percent for 26-year-olds to 8.8 percent for 64-year-olds. Among older adults aged 65 years and over, the uninsured rate varied little by age.

Marital Status

In 2014, married adults aged 18 to 64 years were more likely to have had health insurance coverage for all or part of the year (89.7 percent), compared with individuals who were divorced (82.9 percent) or never married (81.5 percent) (Table 3).

While 78.8 percent of married adults had private coverage, the second highest private coverage rate was 64.0 percent for people who were never married. The population aged 18 to 64 years old who were separated or widowed had the lowest rates

[13] 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.

[14] The percentage point increase between 2013 and 2014 in the overall health insurance rate for children under 19 was not statistically different from the percentage point increase between 2013 and 2014 in government health insurance for children under 19.

[15] The percentage of adults aged 19 to 25 years with private health insurance in 2014 was not statistically different from the percentage of adults aged 26 to 34 years with private health insurance in 2014.

[16] Estimates on single-year of age come from the 2013 and 2014 1-Year American Community Surveys.

Figure 4.
Uninsured Rate by Single Year of Age: 2013 and 2014
(Civilian noninstitutionalized population)
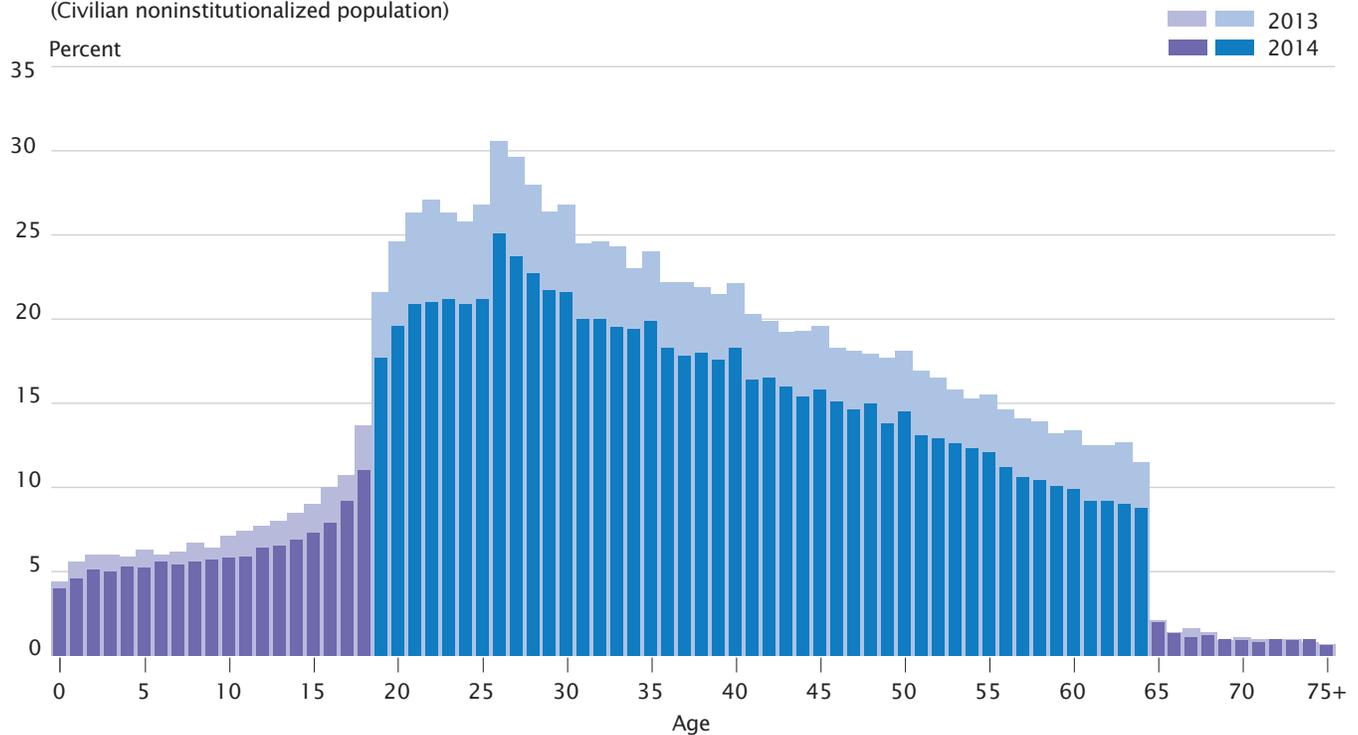
For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2014.pdf>.

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

of private coverage (51.5 percent and 57.3 percent, respectively) and the highest rates of government coverage (28.4 percent and 33.3 percent, respectively). Married adults had the lowest rate of government coverage (17.5 percent).

Between 2013 and 2014, every group experienced an increase in their coverage rate except for people who were separated. The health insurance coverage rate for the married population increased by 3.0 percentage points, compared with 5.9 percentage points for people who were widowed, 4.6 percentage points for people who were divorced, and 5.8 percentage points for people who were never married.[17]

Disability Status

The percentage of working-age adults with a disability who had any type of health insurance coverage in 2014 was higher than for the population with no disability. In 2014, 89.0 percent of adults aged 18 to 64 years with a disability had insurance coverage, compared with 85.5 percent of adults without a disability (Table 3).

The type of health insurance coverage a person had varied by disability status. Among adults aged 18 to 64 years with a disability, 41.2 percent had private health insurance coverage for all or part of 2014, compared with 73.9 percent of adults with no disability.

Government programs, such as Medicaid and Medicare, assist some qualifying people with disabilities. In 2014, 58.8 percent of people with a disability had government-provided

health insurance, compared with 17.0 percent of people without a disability.

Between 2013 and 2014, the uninsured rate decreased more for the population without a disability than for the population with a disability. The uninsured rate decreased by 3.3 percentage points to 11.0 percent in 2014 for people with a disability.[18] For people without a disability, the uninsured rate decreased by 4.2 percentage points to 14.5 percent in 2014.

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

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[17] The percentage point increase between 2013 and 2014 for widowed individuals was not statistically different from the percentage point difference between 2013 and 2014 for people who were divorced and people who were never married.

[18] The percentage of individuals with a disability who were uninsured in 2013 was not statistically different from the percentage of individuals without a disability who were uninsured in 2014.

Table 3.
Percentage of People by Type of Health Insurance Coverage for Working-Age Adults: 2013 and 2014

(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 www.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf)

Characteristic	Total Number 2013	Total Number 2014	Any health insurance 2013 Percent	2013 MOE[2] (±)	2014 Percent	2014 MOE[2] (±)	Change (2014 less 2013)[1,*]	Private health insurance[3] 2013 Percent	2013 MOE[2] (±)	2014 Percent	2014 MOE[2] (±)	Change (2014 less 2013)[1,*]	Government health insurance[4] 2013 Percent	2013 MOE[2] (±)	2014 Percent	2014 MOE[2] (±)	Change (2014 less 2013)[1,*]	Uninsured[5] 2013 Percent	2013 MOE[2] (±)	2014 Percent	2014 MOE[2] (±)	Change (2014 less 2013)[1,*]
Total	**313,401**	**316,168**	**86.7**	**0.2**	**89.6**	**0.2**	***2.9**	**64.1**	**0.4**	**66.0**	**0.4**	***1.8**	**34.6**	**0.4**	**36.5**	**0.3**	***2.0**	**13.3**	**0.2**	**10.4**	**0.2**	***−2.9**
Total, 18 to 64 years old	194,971	196,254	81.7	0.3	85.8	0.2	*4.1	68.1	0.4	71.1	0.4	*3.0	18.3	0.3	20.7	0.4	*2.3	18.3	0.3	14.2	0.2	*−4.1
Marital Status																						
Married[6]	101,085	101,568	86.7	0.3	89.7	0.3	*3.0	76.6	0.5	78.8	0.4	*2.2	15.7	0.4	17.5	0.5	*1.8	13.3	0.3	10.3	0.3	*−3.0
Widowed	3,291	3,383	78.5	1.8	84.4	1.7	*5.9	52.3	2.3	57.3	2.4	*5.0	31.0	2.3	33.3	2.1	2.3	21.5	1.8	15.6	1.7	*−5.9
Divorced	20,276	20,194	78.3	0.7	82.9	0.6	*4.6	59.9	0.9	62.5	0.9	*2.5	21.4	0.8	25.1	0.8	*3.6	21.7	0.7	17.1	0.6	*−4.6
Separated	4,890	4,859	73.4	1.6	75.2	1.5	1.8	49.6	1.6	51.5	1.9	1.9	28.0	1.5	28.4	1.6	0.4	26.6	1.6	24.8	1.5	−1.8
Never married	65,430	66,249	75.7	0.5	81.5	0.4	*5.8	59.5	0.6	64.0	0.6	*4.5	20.1	0.5	22.9	0.5	*2.8	24.3	0.5	18.5	0.4	*−5.8
Disability Status[7]																						
With a disability	14,982	15,429	85.7	0.8	89.0	0.6	*3.3	39.1	1.0	41.2	1.1	*2.2	56.3	1.1	58.8	1.2	*2.4	14.3	0.8	11.0	0.6	*−3.3
With no disability	179,009	179,905	81.2	0.3	85.5	0.3	*4.2	70.7	0.4	73.9	0.4	*3.1	14.7	0.3	17.0	0.3	*2.3	18.8	0.3	14.5	0.3	*−4.2
Work Experience																						
All workers	146,655	147,712	82.9	0.3	86.8	0.3	*3.9	75.9	0.4	78.8	0.3	*2.8	10.8	0.3	13.0	0.3	*2.2	17.1	0.3	13.2	0.3	*−3.9
Worked full-time, year-round	100,990	103,379	86.1	0.3	88.8	0.3	*2.7	81.6	0.4	83.6	0.3	*2.0	8.0	0.3	9.7	0.3	*1.7	13.9	0.3	11.2	0.3	*−2.7
Less than full-time, year-round	45,665	44,332	76.0	0.5	82.3	0.5	*6.3	63.3	0.7	67.5	0.6	*4.2	17.2	0.5	20.8	0.5	*3.6	24.0	0.5	17.7	0.5	*−6.3
Did not work at least one week	48,316	48,542	77.8	0.6	82.7	0.6	*4.9	44.2	0.7	47.6	0.8	*3.5	41.1	0.7	44.0	0.8	*2.9	22.2	0.6	17.3	0.6	*−4.9
Educational Attainment																						
Total, 25 to 64 years old	164,810	166,138	82.0	0.3	86.1	0.3	*4.1	68.8	0.4	71.7	0.4	*2.8	17.7	0.3	20.0	0.4	*2.3	18.0	0.3	13.9	0.3	*−4.1
No high school diploma	17,096	17,375	61.8	1.0	69.4	1.0	*7.6	34.5	0.9	40.1	1.0	*5.6	31.5	0.9	35.2	1.0	*3.7	38.2	1.0	30.6	1.0	*−7.6
High school graduate (includes equivalency)	46,706	46,660	77.4	0.5	82.3	0.5	*5.0	60.6	0.7	63.8	0.7	*3.2	21.8	0.5	24.8	0.6	*3.0	22.6	0.5	17.7	0.5	*−5.0
Some college, no degree	28,169	27,957	81.9	0.6	86.3	0.5	*4.4	67.0	0.7	69.8	0.7	*2.8	20.2	0.7	23.1	0.7	*2.9	18.1	0.6	13.7	0.5	*−4.4
Associate degree	17,583	17,468	86.2	0.7	89.6	0.6	*3.3	74.4	1.0	77.6	0.8	*3.2	17.5	0.8	18.1	0.7	0.6	13.8	0.7	10.4	0.6	*−3.3
Bachelor's degree	35,701	36,418	89.5	0.5	92.0	0.4	*2.4	83.8	0.5	85.4	0.6	*1.6	9.2	0.4	11.2	0.5	*2.0	10.5	0.5	8.0	0.4	*−2.4
Graduate or professional degree	19,555	20,261	93.2	0.5	94.9	0.4	*1.7	88.8	0.6	89.9	0.6	*1.1	8.3	0.6	9.4	0.6	*1.1	6.8	0.5	5.1	0.4	*−1.7

* Changes between the 2013 and 2014 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. The 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/2015/demo/p60-253sa.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, 2014 and 2015 Annual Social and Economic Supplements.

at all during the calendar year.[19] Of people aged 18 to 64 years who worked at some point during the year, 86.8 percent had health insurance coverage for all or part of 2014 (Table 3). In 2014, full-time, year-round workers were more likely to be covered by health insurance (88.8 percent) than the population who worked less than full time, year round (82.3 percent) or nonworkers (82.7 percent).[20]

In 2014, 83.6 percent of full-time, year-round workers had private insurance coverage, compared with 67.5 percent of people who worked less than full time, year round and 47.6 percent of nonworkers. Nonworkers were more than three times as likely to have government health insurance (44.0 percent) than people who worked (13.0 percent).

Between 2013 and 2014, all groups experienced an increase in the percentage of people with health insurance coverage, though the size of the change varied by work status.[21] The largest coverage rate increase was for the population who worked less than full time, year round. Of this group, 82.3 percent were covered by health insurance in 2014, an increase of 6.3 percentage points from the level in 2013. The smallest percentage point increase, 2.7 percentage points, was for the population who worked full time, year round.

In 2013, nonworkers were more likely to be insured than less than full-time, year-round workers. By 2014, both

groups had comparable coverage rates of about 82.0 percent. While both groups experienced increases in health insurance coverage, this shift was due to the greater increase in the coverage rate for the population who worked less than full time, year round relative to nonworkers.

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 2014. The population aged 25 to 64 years who had a graduate or professional degree were more likely to be covered by health insurance than people with less education. In 2014, 94.9 percent of people with a graduate or professional degree were insured, compared with 92.0 percent of people with a bachelor's degree, 82.3 percent of high school graduates, and 69.4 percent of the population with no high school diploma (Table 3).

Differences in private coverage rates by educational attainment were larger than differences for overall health insurance coverage rates. In 2014, 89.9 percent of the population with a graduate or professional degree had private health insurance, compared with 85.4 percent of people with a bachelor's degree, 63.8 percent of high school graduates, and 40.1 percent of individuals with no high school diploma.

In comparison, the population with no high school diploma were the most likely to have government coverage (35.2 percent) compared with high school graduates (24.8 percent) and people with a bachelor's or graduate or professional degree (11.2 percent and 9.4 percent, respectively).

People of all education levels experienced an increase in the rate of health insurance coverage between 2013 and 2014. The population with less education experienced a larger increase in their health insurance

coverage rate compared with the population with more education: the coverage rate increased by 7.6 percentage points for people with no high school diploma, 5.0 percentage points for high school graduates, 2.4 percentage points for people with a bachelor's degree, and 1.7 percentage points for the population with a graduate or professional degree.[22]

Household Income

People with lower household income had lower health insurance coverage rates than people with higher income. In 2014, 83.4 percent of people in households with annual household income of less than $25,000 had health insurance coverage, compared with 89.3 percent of people in households with income ranging from $50,000 to $74,999 and 94.7 percent of people in households with income of $100,000 or more (Table 4).[23]

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 2014, 30.1 percent of people with household income below $25,000 had private coverage, compared with 87.4 percent of people with household income at or above $100,000.

The distribution of private coverage rates for lower income groups was more spread out relative to private coverage rates among higher income groups. For example, the private coverage rate for people with household income between $25,000 and $49,999 was 22.6 percentage points higher than for people with household income below $25,000. The difference in private health insurance

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[19] 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.

[20] The percentage of insured individuals who worked less than full time, year round in 2014 was not statistically different from the percentage of insured nonworkers in 2014.

[21] The insured rate for nonworkers in 2014 was not statistically different from the insured rate for all workers in 2013. The insured rate for individuals who work less than full time, year round in 2014 was not statistically different from the insured rate for nonworkers in 2014.

[22] The percentage point difference between 2013 and 2014 for people with a bachelor's degree was not statistically different from the percentage point difference between 2013 and 2014 for people with a graduate or professional degree.

[23] The 2013 income estimates are inflation-adjusted and presented in 2014 dollars.

Table 4.
Percentage of People by Type of Health Insurance Coverage by Household Income and Income-to-Poverty Ratio: 2013 and 2014

(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/cps/cpsmar15.pdf)

Characteristic	Total		Any health insurance					Private health insurance[3]					Government health insurance[4]					Uninsured[5]				
	2013	2014	2013		2014		Change (2014 less 2013)[1],*	2013		2014		Change (2014 less 2013)[1],*	2013		2014		Change (2014 less 2013)[1],*	2013		2014		Change (2014 less 2013)[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	313,443	316,168	86.8	0.4	89.6	0.2	*2.8	64.3	0.6	66.0	0.4	*1.7	35.0	0.5	36.5	0.3	*1.6	13.2	0.4	10.4	0.2	*-2.8
Household Income																						
Less than $25,000	55,587	55,240	79.1	1.0	83.4	0.6	*4.3	27.2	1.1	30.1	0.7	*2.9	63.4	1.1	65.3	0.7	*1.9	20.9	1.0	16.6	0.6	*-4.3
$25,000 to $49,999	67,048	67,355	81.0	0.9	85.9	0.4	*5.0	49.5	1.3	52.7	0.8	*3.1	46.5	1.1	48.6	0.7	*2.1	19.0	0.9	14.1	0.4	*-5.0
$50,000 to $74,999	55,194	55,657	86.7	0.9	89.3	0.5	*2.6	69.7	1.2	70.6	0.9	0.9	31.3	1.2	32.8	0.7	*1.6	13.3	0.9	10.7	0.5	*-2.6
$75,000 to $99,999	41,626	41,307	90.3	1.0	92.0	0.4	*1.7	78.7	1.7	79.4	0.7	0.7	24.2	1.5	25.3	0.7	1.1	9.7	1.0	8.0	0.4	*-1.7
$100,000 or more	93,988	96,609	93.9	0.6	94.7	0.3	*0.8	87.2	0.8	87.4	0.4	0.2	16.8	0.8	18.5	0.5	*1.7	6.1	0.6	5.3	0.3	*-0.8
Income-to-Poverty Ratio	313,096	315,804	86.8	0.4	89.6	0.2	*2.8	64.3	0.6	66.0	0.4	*1.7	34.9	0.5	36.5	0.3	*1.6	13.2	0.4	10.4	0.2	*-2.8
Below 100 percent of poverty	46,269	46,657	76.5	1.1	80.7	0.7	*4.2	23.1	1.1	26.8	0.7	*3.7	60.0	1.4	61.3	0.8	1.3	23.5	1.1	19.3	0.7	*-4.2
Below 138 percent of poverty	68,324	68,885	77.4	0.9	81.9	0.5	*4.5	26.9	1.0	30.5	0.7	*3.6	59.1	1.1	60.5	0.7	*1.4	22.6	0.9	18.1	0.5	*-4.5
Between 100 and 199 percent of poverty . . .	58,768	58,686	79.6	0.9	84.9	0.5	*5.3	43.2	1.2	46.5	0.8	*3.2	49.6	1.1	52.2	0.7	*2.6	20.4	0.9	15.1	0.5	*-5.3
Between 200 and 299 percent of poverty . . .	49,575	51,451	84.2	1.1	88.3	0.4	*4.2	64.5	1.4	67.3	0.8	*2.9	33.2	1.2	35.9	0.7	*2.7	15.8	1.1	11.7	0.4	*-4.2
Between 300 and 399 percent of poverty . . .	40,815	40,822	89.7	0.9	91.6	0.5	*1.9	76.2	1.4	77.2	0.8	1.0	27.4	1.3	28.0	0.8	0.5	10.3	0.9	8.4	0.5	*-1.9
At or above 400 percent of poverty	117,669	118,187	94.4	0.4	95.2	0.2	*0.8	86.8	0.6	86.8	0.4	Z	21.0	0.7	22.1	0.4	*1.1	5.6	0.4	4.8	0.2	*-0.8

* Changes between the 2013 and 2014 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. 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/2015/demo/p60-253sa.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 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were eligible to receive the redesigned set of health insurance coverage questions. The redesigned income questions were implemented to a subsample of these 98,000 addresses using a probability split panel design. Approximately 68,000 addresses were eligible to receive a set of income questions similar to those used in the 2013 CPS ASEC and the remaining 30,000 addresses were eligible to receive the redesigned income questions. The source of data for this table is the portion of the CPS ASEC sample which received the redesigned income questions, approximately 30,000 addresses.

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, 2014 and 2015 Annual Social and Economic Supplements.

coverage between households earning between $75,000 and $99,999 and people earning $100,000 or more was 8.0 percentage points.

People in households with lower income were more likely to have government coverage than people with higher income. In 2014, 65.3 percent of people with household income below $25,000 had government health insurance coverage, compared with 18.5 percent of people in the highest income category. The distribution of government coverage rates for lower income groups was more spread out relative to government coverage rates for higher income groups. For example, households earning less than $25,000 per year were almost 17.0 percentage points more likely to have government coverage than households earning between $25,000 and $49,999 a year, while the difference in the rate of government coverage between the two highest income groups was less than 7.0 percentage points.

Between 2013 and 2014, health insurance coverage rates increased for each income category. The population with lower household income experienced the largest increase in their rate of health insurance coverage (4.3 percentage points for the population earning less than $25,000 and 5.0 percentage points for people earning between $25,000 and $49,999), while the health insurance coverage rate increased by less than 1.0 percentage point for people with household income of $100,000 or more.[24]

The rate of private health insurance coverage increased between 2013 and 2014 only for the groups with household income below $50,000, by about 3.0 percentage points.

However, changes in government coverage rates were more evenly distributed by income category. All groups experienced an increase in the percentage covered by government coverage between 2013 and 2014, with the exception of the population with household income between $75,000 and $99,999. The change for all other income groups, including people at the lowest and highest ends of the income distribution, was about 2.0 percentage points.

Income-to-Poverty Ratios

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

In 2014, the population living below 100 percent of poverty had the highest uninsured rate, at 19.3 percent, while people living at or above 400 percent of poverty had the lowest uninsured rate, at 4.8 percent (Table 4).[25] The population living between 100 percent and 399 percent of the poverty ratio had uninsured rates that fell in between, and ranged from 15.1 percent for people living between 100 and 199 percent of poverty to 8.4 percent for the population living between 300 and 399 percent of poverty.

In 2014, the population in poverty had the lowest rate of private health insurance coverage (26.8 percent) and

the highest rate of government coverage (61.3 percent), while the population with income-to-poverty ratios at or above 400 percent had the highest rate of private coverage (86.8 percent) and the lowest rate of government coverage (22.1 percent).

Between 2013 and 2014, the population living at every income-to-poverty ratio level experienced a decrease in their uninsured rate. The uninsured rate decreased by about 5.0 percentage points for all groups below 300 percent of the poverty threshold, by about 2.0 percentage points for people between 300 and 399 percent of poverty, and by about 1.0 percentage point for people at or above 400 percent of poverty.[26]

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 and the Affordable Care Act"). For adults aged 19 to 64 years, the relationship between poverty status and change in the uninsured rate between 2013 and 2014 may be related to the state of residence and

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[24] The percentage point difference between 2013 and 2014 for people with household income of less than $25,000 was not statistically different from the percentage point difference between 2013 and 2014 for people with household income between $25,000 and $49,999.

[25] 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: 2014* provides a more detailed description of how the U.S. Census Bureau calculates poverty; see <www.census.gov/content/dam/Census /library/publications/2015/demo/p60-252.pdf>.

[26] The percentage point difference between 2013 and 2014 for people living under 100 percent of poverty was not statistically different from the percentage point difference for people living under 138 percent of poverty, between 100 and 199 percent of poverty, and between 200 and 299 percent of poverty. The percentage point difference between 2013 and 2014 for people living below 138 percent of poverty was not statistically different from the percentage point difference for people living between 100 and 199 percent of poverty and between 200 and 299 percent of poverty. The percentage point difference between 2013 and 2014 for people living between 100 and 199 percent of poverty was not statistically different from the percentage point difference for people living between 200 and 299 percent of poverty. The percentage point difference between 2013 and 2014 for people living between 300 and 399 percent of poverty was not statistically different from the percentage point difference for people living at or above 400 percent of poverty.

whether or not that state expanded Medicaid eligibility (Figure 5).[27] 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 2013 and 2014, the uninsured rate was higher in non-expansion states than in expansion states at all levels of poverty. While all groups experienced a decrease in the uninsured rate between 2013 and 2014, the decreases in the uninsured rate were greater in expansion states than

in non-expansion states for people living below 100 percent of poverty, between 100 and 399 percent of poverty, and at or above 400 percent of poverty.

Family Status

According to Census Bureau classifications, living arrangements are grouped into three types: families, unrelated subfamilies, and unrelated individuals. Families are the largest of these categories (81.1 percent of the population in 2014) and are defined as a group of two or more related people where one of them is

the householder.[28] People living in unrelated subfamilies (0.5 percent of the population) are family units that reside with but are not related to the primary householder. The remainder of the population (18.4 percent) is classified as unrelated individuals (Table 5).[29]

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

[29] 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.

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[27] Estimates from Figure 5 are from the 2013 and 2014 1-Year American Community Surveys.

Figure 5.
Uninsured Rate by Poverty Status and Medicaid Expansion of State for Adults Aged 19 to 64 Years: 2013 and 2014
(Civilian noninstitutionalized population)

* Medicaid expansion status as of January 1, 2014. For a list of expansion and non-expansion states, see Table A-1: Population Without Health Insurance Coverage by State: 2013 and 2014.
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_2014.pdf>.
Source: U.S. Census Bureau, 2013 and 2014 1-Year American Community Surveys.

Table 5.
Percentage of People by Type of Health Insurance Coverage by Selected Demographic Characteristics: 2013 and 2014

(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/cpsmar15.pdf)

Characteristic	Total Number 2013	Total Number 2014	Any health insurance 2013 Per-cent	2013 MOE[2] (±)	2014 Per-cent	2014 MOE[2] (±)	Change (2014 less 2013)[1],*	Private health insurance[3] 2013 Per-cent	2013 MOE[2] (±)	2014 Per-cent	2014 MOE[2] (±)	Change (2014 less 2013)[1],*	Government health insurance[4] 2013 Per-cent	2013 MOE[2] (±)	2014 Per-cent	2014 MOE[2] (±)	Change (2014 less 2013)[1],*	Uninsured[5] 2013 Per-cent	2013 MOE[2] (±)	2014 Per-cent	2014 MOE[2] (±)	Change (2014 less 2013)[1],*
Total	313,401	316,168	86.7	0.2	89.6	0.2	*2.9	64.1	0.4	66.0	0.4	*1.8	34.6	0.4	36.5	0.3	*2.0	13.3	0.2	10.4	0.2	*-2.9
Family Status																						
In families	255,079	256,308	87.7	0.2	90.5	0.2	*2.8	65.4	0.4	67.3	0.4	*1.9	34.1	0.4	35.9	0.4	*1.8	12.3	0.2	9.5	0.2	*-2.8
Householder	81,381	81,730	87.1	0.3	90.0	0.3	*2.9	68.0	0.5	69.8	0.5	*1.8	33.5	0.4	35.3	0.4	*1.7	12.9	0.3	10.0	0.3	*-2.9
Related children under age 18	72,454	72,383	92.8	0.3	94.0	0.3	*1.2	60.1	0.6	61.0	0.6	*0.9	41.2	0.7	42.7	0.7	*1.5	7.2	0.3	6.0	0.3	*-1.2
Related children under age 6	23,586	23,470	92.8	0.5	93.5	0.4	*0.7	54.5	1.0	55.8	1.0	1.2	46.5	1.0	47.4	0.9	1.0	7.2	0.5	6.5	0.4	*-0.7
In unrelated subfamilies	1,465	1,558	81.5	3.0	85.6	2.9	*4.1	46.0	4.0	51.3	4.6	5.3	43.8	4.4	47.2	4.2	3.4	18.5	3.0	14.4	2.9	*-4.1
Unrelated individuals	56,857	58,301	82.1	0.5	85.8	0.4	*3.7	59.1	0.6	60.5	0.6	*1.4	36.5	0.6	39.2	0.6	*2.7	17.9	0.5	14.2	0.4	*-3.7
Residence																						
Inside metropolitan statistical areas	266,117	266,071	86.6	0.2	89.6	0.2	*3.1	64.7	0.4	66.6	0.4	*1.9	33.5	0.4	35.4	0.4	*1.9	13.4	0.2	10.4	0.2	*-3.1
Inside principal cities	102,026	99,298	84.4	0.5	87.9	0.4	*3.5	58.3	0.7	60.9	0.7	*2.6	35.9	0.7	38.1	0.6	*2.2	15.6	0.5	12.1	0.4	*-3.5
Outside principal cities	164,091	166,773	87.9	0.3	90.7	0.3	*2.7	68.6	0.6	70.0	0.6	*1.4	31.9	0.5	33.7	0.4	*1.8	12.1	0.3	9.3	0.3	*-2.7
Outside metropolitan statistical areas[6]	47,284	50,097	87.2	0.6	89.3	0.5	*2.1	61.2	1.2	62.6	1.0	*1.4	40.7	1.1	42.7	0.8	*2.0	12.8	0.6	10.7	0.5	*-2.1
Race[7] and Hispanic Origin																						
White	243,446	244,468	87.3	0.2	89.9	0.2	*2.6	66.6	0.4	68.0	0.4	*1.4	33.5	0.4	35.7	0.4	*2.1	12.7	0.2	10.1	0.2	*-2.6
White, not Hispanic	195,489	195,352	90.3	0.2	92.4	0.2	*2.1	72.1	0.5	72.9	0.5	*0.8	32.8	0.4	34.7	0.4	*2.0	9.7	0.2	7.6	0.2	*-2.1
Black	40,647	41,226	84.1	0.6	88.2	0.5	*4.1	50.2	1.0	54.1	1.0	*3.9	43.1	0.8	44.2	0.9	1.1	15.9	0.6	11.8	0.5	*-4.1
Asian	17,008	17,796	86.2	1.0	90.7	0.8	*4.5	68.6	1.3	72.1	1.2	*3.5	26.0	1.2	28.2	1.1	*2.2	13.8	1.0	9.3	0.8	*-4.5
Hispanic (any race)	54,268	55,614	75.6	0.6	80.1	0.5	*4.5	44.7	0.9	48.7	0.9	*4.0	37.3	0.7	39.5	0.7	*2.3	24.4	0.6	19.9	0.5	*-4.5
Nativity																						
Native born	272,658	273,984	88.8	0.2	91.3	0.2	*2.4	66.0	0.4	67.4	0.4	*1.4	35.6	0.4	37.5	0.3	*1.9	11.2	0.2	8.7	0.2	*-2.4
Foreign born	40,743	42,184	72.3	0.8	78.6	0.6	*6.4	51.9	0.8	56.7	0.8	*4.7	27.6	0.7	30.4	0.7	*2.8	27.7	0.7	21.4	0.6	*-6.4
Naturalized citizen	19,134	19,733	84.6	0.7	89.8	0.6	*5.2	60.9	1.0	65.5	1.1	*4.7	33.7	0.9	35.3	1.0	*1.5	15.4	0.9	10.2	0.6	*-5.2
Not a citizen	21,609	22,451	61.3	1.2	68.8	1.0	*7.5	44.0	1.2	48.9	1.1	*4.9	22.2	0.8	26.2	0.9	*4.0	38.7	1.2	31.2	1.0	*-7.5

* Changes between the 2013 and 2014 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/2015/demo/p60-253sa.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 "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>.

[7] 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, 2014 and 2015 Annual Social and Economic Supplements.

In 2014, people living with related family members were more likely to have had health insurance coverage (90.5 percent), compared with the population living with subfamilies or unrelated individuals (85.6 percent and 85.8 percent, respectively) (Table 5).[30] The population living with family members was also more likely to have private health insurance coverage and the least likely to have government coverage compared with the population living in other types of households.[31]

Between 2013 and 2014, all of the family status groups experienced an increase in health insurance coverage rates. The increase in coverage was larger for unrelated individuals (3.7 percentage points) compared with people living in families (2.8 percentage points).

Residence

The Census Bureau categorizes residency into two broad groups; individuals can either live inside a metropolitan statistical area (a densely populated geographic 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 2014, the coverage rate was the lowest for people living in principal cities, at 87.9 percent, and highest for people living outside principal cities (but inside metropolitan areas), at 90.7 percent (Table 5).

The people who lived inside principal cities also had the lowest rates of private coverage (60.9 percent), compared with people who lived outside principal cities (70.0 percent) or outside metropolitan statistical areas (62.6 percent).

In 2014, people who lived outside metropolitan statistical areas had the highest rates of government coverage, at 42.7 percent, compared with 38.1 percent for people who lived inside principal cities and 33.7 percent for those who lived outside principal cities.

Between 2013 and 2014, people living inside principal cities experienced the largest increase in their health insurance coverage rate (3.5 percentage points), while people living outside metropolitan statistical areas experienced the least change (2.1 percentage points), and the change for people who lived outside principal cities fell in between (2.7 percentage points).[32]

Race and Hispanic Origin

In 2014, non-Hispanic Whites had a higher rate of health insurance coverage (92.4 percent) compared with Blacks, Asians, and Hispanics (Table 5). The health insurance coverage rates for Blacks and Asians were lower than for non-Hispanic Whites, at 88.2 percent and 90.7 percent, respectively.[33] Hispanics had the lowest rate of health insurance coverage in 2014, at 80.1 percent.

Non-Hispanic Whites and Asians were among the most likely to have had private health insurance in 2014, at 72.9 percent and 72.1 percent, respectively. Hispanics, who had the lowest rate of any health insurance coverage, had the lowest rate of coverage by private health insurance, at 48.7 percent, while 54.1 percent of Blacks had private health insurance coverage.

Government-provided health insurance coverage rates differed from the pattern for private health insurance

coverage. In 2014, the government coverage rate was the highest for Blacks, at 44.2 percent, followed by Hispanics (39.5 percent) and non-Hispanic Whites (34.7 percent). Asians had the lowest rate of health coverage through the government, at 28.2 percent in 2014.

Between 2013 and 2014, the overall rate of health insurance coverage increased for all race and Hispanic-origin groups. The increase was comparable for Blacks, Asians, and Hispanics (just over 4.0 percentage points), and lower for non-Hispanic Whites (2.1 percentage points).[34]

Changes in private health insurance coverage rates mirrored the pattern for health insurance coverage overall. Hispanics, Blacks, and Asians increased coverage rates by private plans by about 4.0 percentage points, while private coverage rates for non-Hispanic Whites increased by 0.8 percentage points.[35]

Changes in government coverage between 2013 and 2014 diverged from this pattern. While the government coverage rates increased by about 2.0 percentage points for non-Hispanic Whites, Asians, and Hispanics, Blacks experienced no statistically significant change in their government coverage rate.[36]

Nativity

In 2014, the uninsured rate for non-citizens was over three times that of the native-born population (31.2

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[30] The uninsured rate in 2014 for individuals living in unrelated subfamilies is not statistically different from the uninsured rate in 2014 for unrelated individuals.
[31] The percentage of individuals living in subfamilies in 2014 with private health insurance was not statistically different from the percentage of individuals living in subfamilies in 2014 with government health insurance.

[32] The percentage of people with health insurance living inside metropolitan statistical areas in 2014 was not statistically different from the percentage of people with health insurance living outside metropolitan statistical areas in 2014.
[33] The percentage of Whites covered by health insurance in 2014 was not statistically different from the percentage of Asians covered by health insurance in 2014.

[34] The percentage point difference between 2013 and 2014 for Blacks was not statistically different from the percentage point difference between 2013 and 2014 for Asians and Hispanics. The percentage point difference between 2013 and 2014 for Asians was not statistically different from the percentage point difference between 2013 and 2014 for Hispanics.
[35] The percentage point difference for Blacks was not statistically different from the percentage point difference for Asians and for Hispanics. The percentage point difference for Asians was not statistically different from the percentage point difference for Hispanics.
[36] The percentage point difference between 2013 and 2014 for each race and ethnicity group was not statistically different from the percentage point difference between 2013 and 2014 for all the other race and ethnicity groups.

Figure 6.
Children Under 19 Years of Age and Adults Aged 19 to 64 Years Without Health Insurance Coverage by Selected Characteristics: 2014
(Population as of March of the following year)

Legend:
- Children under 19 years
- Adults aged 19 to 64 years
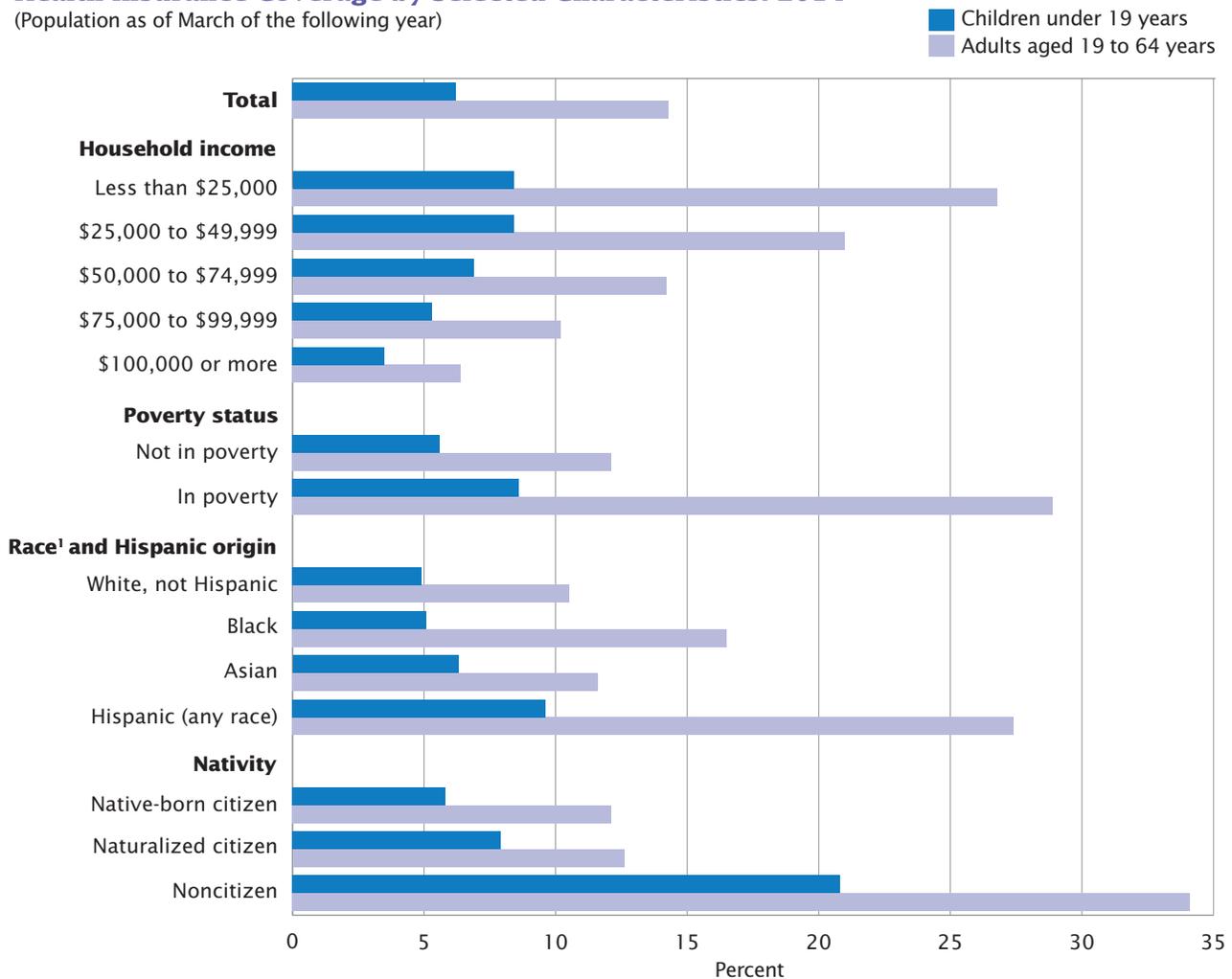
[1] Federal surveys give respondents the option of reporting more than one race. This figure shows data using the race-alone concept. For example, Asian refers to people who reported Asian and no other race.

For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf>.

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

percent for noncitizens compared with 8.7 percent for native-born citizens) (Table 5). Noncitizens were also the least likely to have private or government health insurance coverage (48.9 percent and 26.2 percent, respectively), while native-born citizens had the highest rates of both coverage types (67.4 percent for private and 37.5 percent for government).

Between 2013 and 2014, health insurance coverage rates increased for all nativity groups. The foreign-born population, including both naturalized citizens and noncitizens, experienced a larger increase in health insurance coverage rates than did the native-born population (6.4 percentage points for the foreign-born and 2.4 percentage points for the native-born).

Children and Adults Without Health Insurance Coverage

In 2014, the relationship between the uninsured rate and household income, poverty status, race and Hispanic origin, and nativity status was comparable for children and adults (Figure 6). However, 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).[37] Additionally, differences in the uninsured rates between demographic and socioeconomic groups were generally larger among adults than among children.[38]

For both age groups, in 2014, uninsured rates were lower where family income was greater. Children with household income below $25,000 had an uninsured rate of 8.4 percent, while children with household income at or above $100,000 had an uninsured rate of 3.5 percent.[39] 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 years without health insurance was 6.2 percent in 2014, children in poverty were more likely to be uninsured (8.6 percent) than children not in poverty (5.6 percent).

The difference in the uninsured rate by poverty status was larger among adults, where the uninsured rate for adults in poverty (28.9 percent) was over twice that for adults not in poverty (12.1 percent).

In 2014, the uninsured rates were 4.9 percent for non-Hispanic White children, 5.1 percent for Black children, 6.3 percent for Asian children, and 9.6 percent for Hispanic children.[40]

The uninsured rate for adults was about twice as large for non-Hispanic Whites and about three times as large for Hispanics and Blacks, compared with their younger counterparts.

The uninsured rate for noncitizen children in 2014 was 20.8 percent, about three-and-a-half times greater than the uninsured rate for native-born citizen children (5.8 percent).

The ratio between the uninsured rate of native-born adults and noncitizen adults was comparable to that for children: 34.1 percent of noncitizen adults were uninsured, which was over two-and-a-half times greater than the uninsured rate for native-born adults (12.1 percent).[41]

State Estimates of Health Insurance Coverage

During 2014, the state with the lowest percentage of people without health insurance at the time of the interview was Massachusetts (3.3 percent), while the highest uninsured rate was for Texas (19.1 percent) (Figure 7 and Table A-1).[42] Six states (Massachusetts, Vermont, Hawaii, Minnesota, Iowa, and Connecticut) and the District of Columbia had an uninsured rate of about 7.0 percent or less. Three states, Florida, Alaska, and Texas, had an uninsured rate of about 16.0 percent or more.

Between 2013 and 2014, all 50 states and the District of Columbia showed a decrease in the rate 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 2013 and 2014 ranged from 0.4 percentage points (Massachusetts) to 5.8 percentage points (Kentucky).[43]

Variation in both the uninsured rate and change in the uninsured rate by state may be related to whether the state expanded Medicaid eligibility in 2014 as part of the Affordable Care Act. In general, in 2014, 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 2014 was 9.8 percent, compared with 13.5 percent in states that did not expand Medicaid eligibility ("non-expansion states"). The uninsured rates by state ranged from 3.3 percent (Massachusetts) to 15.2 percent (Nevada) in expansion states,[44] and from 7.3 percent (Wisconsin) to 19.1 percent (Texas) in non-expansion states.

Between 2013 and 2014, decreases in the uninsured rate were in general greater in expansion states than in non-expansion states. The decrease

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[37] The uninsured rate in 2014 for children was not statistically different from the uninsured rate in 2014 for adults for the following group: naturalized citizens.

[38] The percentage point difference in the uninsured rates between the following groups was not statistically different between children and adults: non-Hispanic Whites and Asians; and native-born citizens and naturalized citizens.

[39] In 2014, the uninsured rate for children with household income below $25,000 was not statistically different from the uninsured rate for children with household income ranging from $25,000 to $49,999.

[40] In 2014, the uninsured rate for non-Hispanic White children was not statistically different from the uninsured rate for Black children. In 2014, the uninsured rate for Black children was not statistically different from the uninsured rate for Asian children.

[41] The ratio between the uninsured rate of native-born adults and noncitizen adults was not statistically different from the ratio for children.

[42] 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 2014 1-Year American Community Survey, and estimates for Figure 8 come from the 2013 and 2014 1-Year American Community Surveys.

[43] The change in the uninsured rate between 2013 and 2014 in Massachusetts was not significantly different from the change in the uninsured rate in Wyoming, Delaware, Alaska, or Maine. The decrease in the uninsured rate between 2013 and 2014 in Kentucky was not different from the change in the uninsured rate in Nevada or West Virginia.

[44] The uninsured rate in Nevada, an expansion state, was not statistically different from the uninsured rate in one expansion state, New Mexico.

Figure 7.
Uninsured Rate by State: 2014
(Civilian noninstitutionalized population)
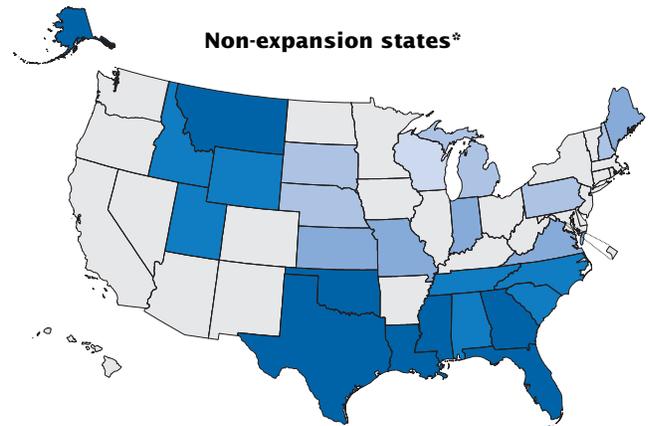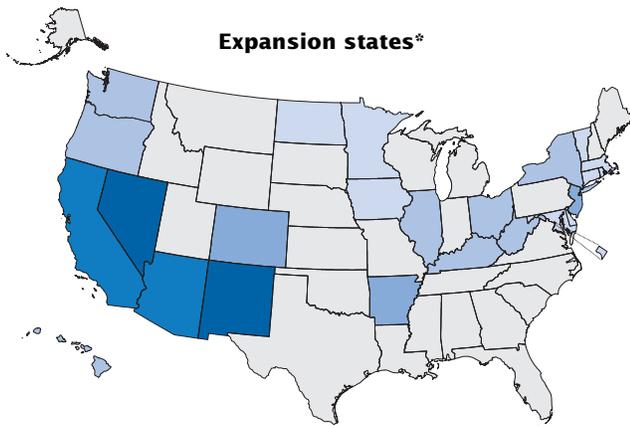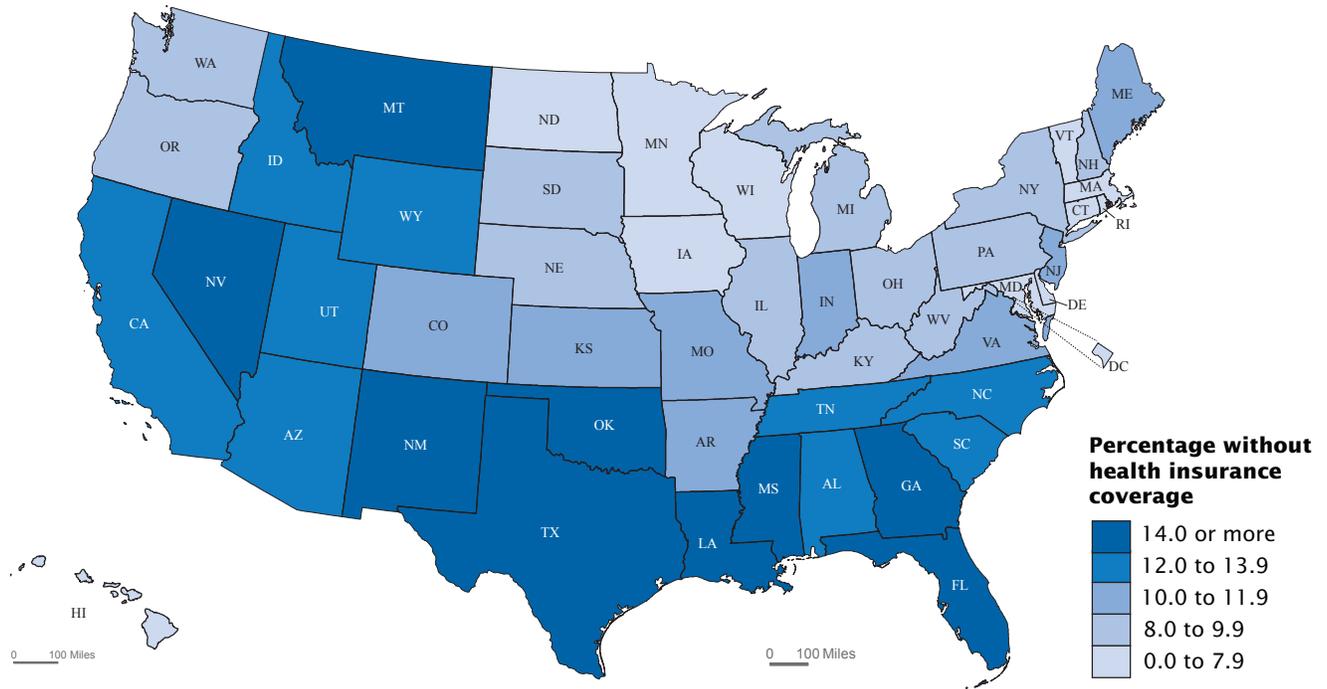
Percentage without health insurance coverage

- 14.0 or more
- 12.0 to 13.9
- 10.0 to 11.9
- 8.0 to 9.9
- 0.0 to 7.9

Expansion states*

Non-expansion states*

*Medicaid expansion status as of January 1, 2014. For a list of expansion and non-expansion states, see Table A-1: Population Without Health Insurance Coverage by State: 2013 and 2014.

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_2014.pdf>.

Source: U.S. Census Bureau, 2014 1-Year American Community Survey.

Figure 8.
Decrease in the Uninsured Rate by State: 2013 to 2014
(Civilian noninstitutionalized population)
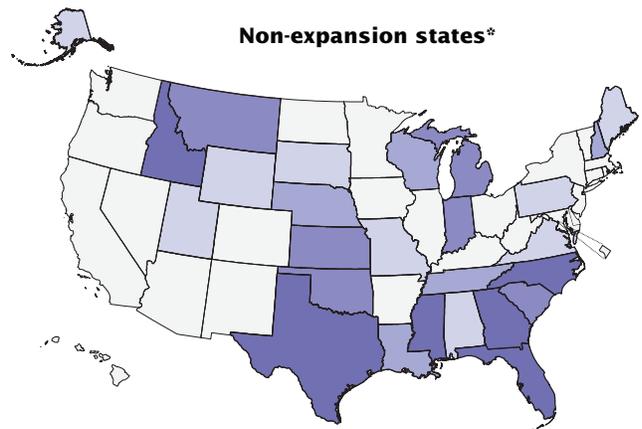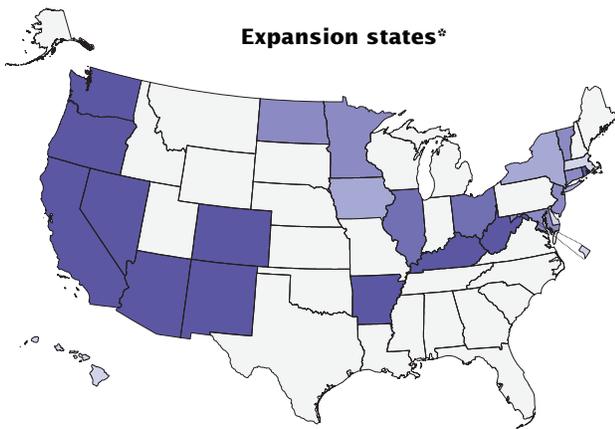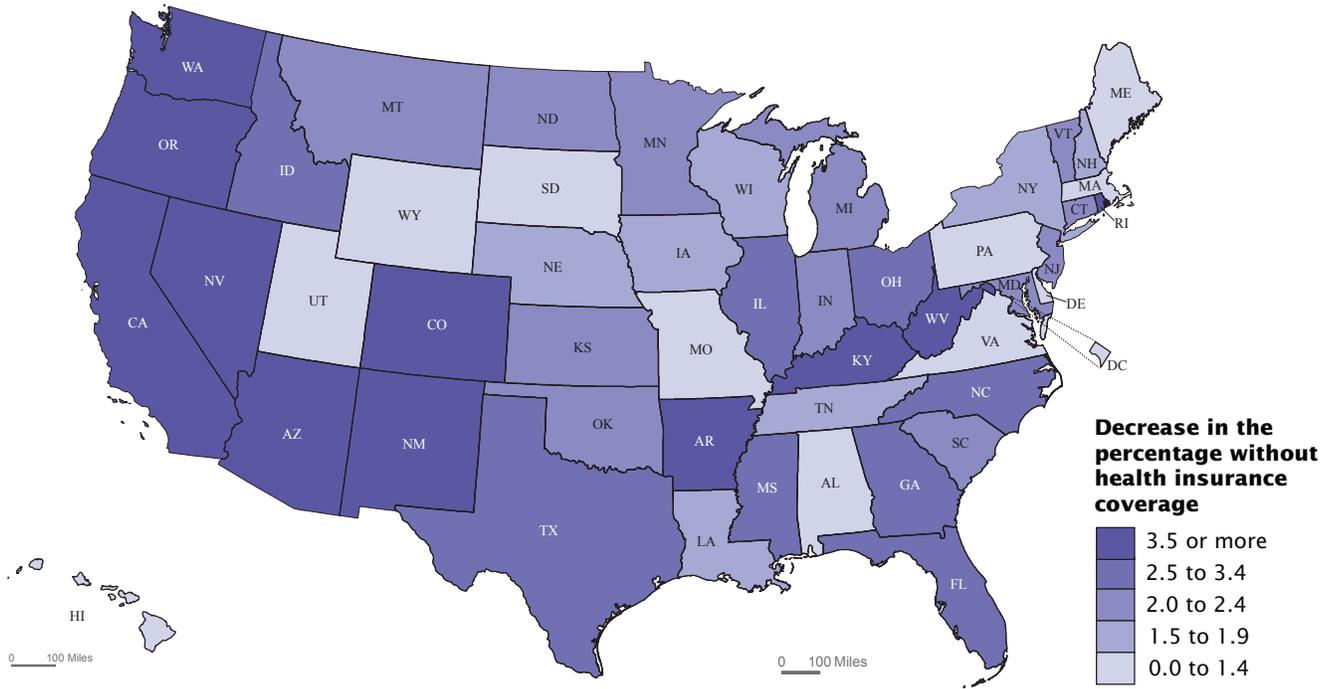
Decrease in the percentage without health insurance coverage

- 3.5 or more
- 2.5 to 3.4
- 2.0 to 2.4
- 1.5 to 1.9
- 0.0 to 1.4

Expansion states*

Non-expansion states*

*Medicaid expansion status as of January 1, 2014. For a list of expansion and non-expansion states, see Table A-1: Population Without Health Insurance Coverage by State: 2013 and 2014.

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_2014.pdf>.

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

in the uninsured rate was 3.4 percentage points in expansion states, compared with 2.3 percentage points in non-expansion states. Decreases in the uninsured rate ranged from 5.8 percentage points (Kentucky) to 0.4 percentage points (Massachusetts) in expansion states,[45] and from 3.4 percentage points (Florida) to 1.0 percentage point (Maine) in non-expansion states.[46]

More Information About Health Insurance Coverage

Additional Data and Contacts

In addition to the estimates provided in this report, estimates for health insurance coverage and other characteristics for the nation are accessible using the CPS Table Creator. This tool gives data users the ability to create customized tables from the Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Estimates for health insurance coverage and other economic characteristics at various geographic levels are available in American FactFinder at <factfinder.census.gov> for data from the American Community Survey (ACS). 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/hhes/www /hlthins/> for health insurance data.

The CPS Table Creator at <www.census .gov/cps/data/cpstablecreator.html> gives data users the ability to create customized tables from the CPS ASEC.

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 available are for 2013.

Health Insurance Coverage Dynamics

The Survey of Income and Program Participation (SIPP) provides monthly data about labor force participation, income sources and amounts, and health insurance coverage of individuals, families, and households during the time span covered by each of its panels. The data yield insights into the dynamic nature of these experiences and the economic mobility of U.S. residents.[47] Some specific findings from the 2008 panel include:

- From January 2009–May 2013, 34.9 percent of individuals were uninsured for at least one month. Of individuals uninsured for at least one month, the average length of the longest spell without health insurance coverage was 18.3 months.

- Over the same time period, 15.9 percent of people experienced more than 12 consecutive months without health insurance coverage.

More information based on these data is available in the Census Bureau's P70 Series Reports, as well as in table packages and working papers. Also see <www.census.gov/programs -surveys/sipp/publications.html>.

The Census Bureau reengineered the SIPP beginning in 2014. The redesigned survey was fielded in early 2014, collecting data for calendar year 2013. The survey changed to a design that reduces respondent burden and cost by collecting data in an annual format rather than with the three times per year format of prior SIPP panels. The redesigned SIPP addresses the same topic areas of the earlier SIPP panels, combining the topical module and core content into an integrated instrument. For more information, see <www.census.gov /programs-surveys/sipp/>.

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[45] The change in the uninsured rate in Kentucky, an expansion state, was not statistically different from the change in the uninsured rate in Nevada or West Virginia, both expansion states. The change in the uninsured rate in Massachusetts, an expansion state, was not statistically different from the change in the uninsured rate in one of the expansion states (Delaware).

[46] The change in the uninsured rate in Florida, a non-expansion state, was not statistically different from the change in the uninsured rate in the following non-expansion states: Texas, Georgia, and Idaho.

The change in the uninsured rate in Maine, a non-expansion state, was not statistically different from the change in the uninsured rates in the following non-expansion states: Montana, Louisiana, Tennessee, Wisconsin, Nebraska, New Hampshire, Wyoming, South Dakota, Utah, Alabama, Virginia, Missouri, Alaska, and Pennsylvania.

[47] The 2004 SIPP panel collected data from February 2004 through January 2008. The 2008 SIPP panel collected data from September 2008 to December 2013. Data are currently available to download. See the SIPP Web site for details <www.census.gov/programs-surveys/sipp/>.

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 and 2015 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

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

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/cpsmar15.pdf>.

Additional data in this report are from the American Community Survey (ACS) 1-Year data, 2008 through 2014. 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 <www.census.gov /programs-surveys/acs/>.

2014 and 2015 CPS ASEC Estimates

Each year, the CPS ASEC sample consists of approximately 98,000 addresses. The 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were eligible to receive the

redesigned set of health insurance coverage questions. The redesigned income questions were implemented to a subsample of these 98,000 addresses using a probability split panel design. Approximately 68,000 addresses were eligible to receive a set of income questions similar to those used in the 2013 CPS ASEC and the remaining 30,000 addresses were eligible to receive the redesigned income questions. In the *Health Insurance Coverage in the United States: 2013* report, estimates for health insurance were based on the subsample of approximately 68,000 addresses in order to be consistent with the estimates produced for income and poverty.

In this report, the health insurance estimates for 2013 (2014 CPS ASEC) are based on the full sample of approximately 98,000 addresses. This larger sample ensures that there is sufficient statistical power to examine health insurance coverage estimates for smaller populations and detect smaller changes in coverage between 2013 and 2014. However, the 2013 estimates for income and poverty are based on the sample of 30,000 addresses that received the redesigned income questions in the 2014 CPS ASEC.

All income and poverty estimates for 2014 (2015 CPS ASEC) are based on the full sample of approximately 98,000 addresses. These addresses received the redesigned set of income questions.

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, non-sampling 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.

Most of the data from the CPS ASEC were collected in March (with some data collected in February and April). Further information about the source and accuracy of the estimates is available at <www2.census.gov /library/publications/2015/demo /p60-253sa.pdf>.

The remaining data presented in this report are based on the ACS sample collected from January 2014 through December 2014. For more information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, please see the 2014 ACS Accuracy of the Data document located at <www2.census.gov/programs -surveys/acs/tech_docs/accuracy /ACS_Accuracy_of_Data_2014.pdf>.

APPENDIX A. ESTIMATES OF HEALTH INSURANCE COVERAGE

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 non-cash 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 the Medicaid undercount 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 from calendar year 2013 are different from estimates in previous years; this report does not compare estimates from the redesigned CPS ASEC to the previous version of the health insurance questions. Researchers should take 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/hhes/www/hlthins/data/incpovhlth/2013/redesign.html>.

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[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/library/infographics/PDF/health_insurance_research.pdf>.

Table A-1.
Population Without Health Insurance Coverage by State: 2013 and 2014

(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_2014.pdf*)

State	Medicaid expansion state? Yes (Y) or No (N)[1]	2013 uninsured				2014 uninsured				Difference in uninsured			
		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 . . .	**X**	**45,181**	**200**	**14.5**	**0.1**	**36,670**	**190**	**11.7**	**0.1**	***–8,510**	**276**	***–2.8**	**0.1**
Alabama	N	645	17	13.6	0.4	579	17	12.1	0.4	*–66	24	*–1.4	0.5
Alaska	N	132	7	18.5	1.0	122	6	17.2	0.9	*–10	9	*–1.3	1.3
Arizona	Y	1,118	24	17.1	0.4	903	18	13.6	0.3	*–215	30	*–3.5	0.5
Arkansas	Y	465	14	16.0	0.5	343	13	11.8	0.4	*–122	19	*–4.2	0.6
California	Y	6,500	57	17.2	0.2	4,767	47	12.4	0.1	*–1,733	74	*–4.7	0.2
Colorado	Y	729	18	14.1	0.3	543	16	10.3	0.3	*–187	23	*–3.8	0.5
Connecticut	Y	333	14	9.4	0.4	245	11	6.9	0.3	*–87	18	*–2.5	0.5
Delaware	Y	83	6	9.1	0.7	72	6	7.8	0.7	*–12	9	*–1.4	0.9
District of Columbia . . .	Y	42	4	6.7	0.6	34	4	5.3	0.7	*–8	6	*–1.4	0.9
Florida	N	3,853	43	20.0	0.2	3,245	43	16.6	0.2	*–608	61	*–3.4	0.3
Georgia	N	1,846	30	18.8	0.3	1,568	28	15.8	0.3	*–278	41	*–3.0	0.4
Hawaii	Y	91	6	6.7	0.4	72	5	5.3	0.4	*–19	8	*–1.5	0.6
Idaho	N	257	12	16.2	0.8	219	11	13.6	0.7	*–39	16	*–2.6	1.0
Illinois.	Y	1,618	27	12.7	0.2	1,238	22	9.7	0.2	*–380	34	*–3.0	0.3
Indiana.	N	903	19	14.0	0.3	776	22	11.9	0.3	*–127	29	*–2.0	0.4
Iowa	Y	248	9	8.1	0.3	189	8	6.2	0.3	*–59	12	*–2.0	0.4
Kansas.	N	348	12	12.3	0.4	291	11	10.2	0.4	*–57	16	*–2.0	0.6
Kentucky	Y	616	14	14.3	0.3	366	11	8.5	0.3	*–250	18	*–5.8	0.4
Louisiana	N	751	17	16.6	0.4	672	16	14.8	0.3	*–80	23	*–1.8	0.5
Maine.	N	147	7	11.2	0.5	134	8	10.1	0.6	*–13	11	*–1.0	0.8
Maryland	Y	593	17	10.2	0.3	463	16	7.9	0.3	*–130	23	*–2.3	0.4
Massachusetts.	Y	247	10	3.7	0.2	219	8	3.3	0.1	*–28	13	*–0.4	0.2
Michigan	N	1,072	19	11.0	0.2	837	18	8.5	0.2	*–235	26	*–2.4	0.3
Minnesota	Y	440	14	8.2	0.3	317	12	5.9	0.2	*–123	18	*–2.3	0.3
Mississippi	N	500	16	17.1	0.5	424	14	14.5	0.5	*–76	21	*–2.6	0.7
Missouri	N	773	18	13.0	0.3	694	19	11.7	0.3	*–79	27	*–1.4	0.4
Montana.	N	165	8	16.5	0.8	143	6	14.2	0.6	*–21	10	*–2.2	1.0
Nebraska	N	209	9	11.3	0.5	179	7	9.7	0.4	*–29	11	*–1.7	0.6
Nevada	Y	570	17	20.7	0.6	427	15	15.2	0.5	*–143	22	*–5.5	0.8
New Hampshire.	N	140	7	10.7	0.5	120	7	9.2	0.5	*–20	10	*–1.5	0.7
New Jersey	Y	1,160	22	13.2	0.2	965	19	10.9	0.2	*–195	29	*–2.3	0.3
New Mexico	Y	382	13	18.6	0.6	298	10	14.5	0.5	*–85	17	*–4.1	0.8
New York	Y	2,070	30	10.7	0.2	1,697	28	8.7	0.1	*–373	41	*–2.0	0.2
North Carolina	N	1,509	26	15.6	0.3	1,276	25	13.1	0.3	*–233	36	*–2.6	0.4
North Dakota	Y	73	6	10.4	0.8	57	5	7.9	0.7	*–16	7	*–2.5	1.0
Ohio.	Y	1,258	21	11.0	0.2	955	20	8.4	0.2	*–302	29	*–2.7	0.3
Oklahoma	N	666	13	17.7	0.3	584	11	15.4	0.3	*–82	17	*–2.3	0.5
Oregon.	Y	571	15	14.7	0.4	383	13	9.7	0.3	*–188	20	*–4.9	0.5
Pennsylvania	N	1,222	22	9.7	0.2	1,065	21	8.5	0.2	*–158	30	*–1.3	0.2
Rhode Island	Y	120	7	11.6	0.7	77	6	7.4	0.6	*–43	9	*–4.2	0.9
South Carolina.	N	739	18	15.8	0.4	642	17	13.6	0.4	*–97	25	*–2.2	0.5
South Dakota.	N	93	5	11.3	0.7	82	4	9.8	0.5	*–11	7	*–1.5	0.8
Tennessee	N	887	20	13.9	0.3	776	19	12.0	0.3	*–110	27	*–1.8	0.4
Texas	N	5,748	55	22.1	0.2	5,047	43	19.1	0.2	*–701	69	*–3.1	0.3
Utah.	N	402	13	14.0	0.5	366	13	12.5	0.5	*–37	19	*–1.5	0.7
Vermont	Y	45	4	7.2	0.6	31	3	5.0	0.4	*–14	5	*–2.3	0.8
Virginia.	N	991	22	12.3	0.3	884	22	10.9	0.3	*–107	32	*–1.4	0.4
Washington	Y	960	22	14.0	0.3	643	17	9.2	0.2	*–317	27	*–4.7	0.4
West Virginia	Y	255	10	14.0	0.5	156	8	8.6	0.4	*–99	12	*–5.4	0.7
Wisconsin	N	518	14	9.1	0.2	418	12	7.3	0.2	*–100	18	*–1.8	0.3
Wyoming	N	77	5	13.4	0.9	69	5	12.0	0.8	*–8	7	*–1.5	1.2

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

X Not applicable.

[1] Medicaid expansion status as of January 1, 2014. 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 and 2014 1-Year American Community Surveys.

Table A-2.
Number of People by Type of Health Insurance Coverage by Age: 2013 and 2014

(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/cpsmar15.pdf)

Characteristic	Total 2013 Number	Total 2014 Number	Any health insurance 2013 Number	Any 2013 MOE[2] (±)	Any 2014 Number	Any 2014 MOE[2] (±)	Any Change (2014 less 2013)[1],*	Private health insurance[3] 2013 Number	Private 2013 MOE[2] (±)	Private 2014 Number	Private 2014 MOE[2] (±)	Private Change (2014 less 2013)[1],*	Government health insurance[4] 2013 Number	Gov 2013 MOE[2] (±)	Gov 2014 Number	Gov 2014 MOE[2] (±)	Gov Change (2014 less 2013)[1],*	Uninsured[5] 2013 Number	Uninsured 2013 MOE[2] (±)	Uninsured 2014 Number	Uninsured 2014 MOE[2] (±)	Uninsured Change (2014 less 2013)[1],*
Total	313,401	316,168	271,606	637	283,200	568	*11,594	201,038	1,140	208,600	1,221	*7,562	108,287	1,115	115,470	1,035	*7,183	41,795	614	32,968	561	*–8,828
Age																						
Under age 65.	268,924	270,174	227,784	655	237,835	582	*10,051	176,828	1,079	184,311	1,097	*7,482	66,505	1,061	72,420	1,000	*5,915	41,140	617	32,339	568	*–8,801
Under age 19[6]	78,051	78,119	72,208	298	73,260	240	*1,053	46,875	490	47,687	472	*813	31,921	544	33,265	494	*1,344	5,843	253	4,858	215	*–985
Aged 19 to 64.	190,874	192,055	155,576	613	164,575	523	*8,998	129,954	786	136,623	781	*6,670	34,583	687	39,155	691	*4,571	35,297	517	27,481	478	*–7,817
Aged 19 to 25[7]	30,454	30,508	23,726	276	25,296	260	*1,570	19,161	298	20,585	298	*1,425	6,129	229	6,735	215	*607	6,728	211	5,212	192	*–1,516
Aged 26 to 34.	38,058	38,415	29,037	270	31,425	253	*2,388	23,829	270	25,807	280	*1,978	6,704	229	7,812	230	*1,108	9,020	243	6,990	211	*–2,031
Aged 35 to 44.	39,789	39,919	32,270	211	33,755	174	*1,485	27,760	247	28,551	227	*791	6,164	207	7,246	211	*1,082	7,519	204	6,163	168	*–1,355
Aged 45 to 64.	82,572	83,213	70,542	434	74,098	278	*3,556	59,204	467	61,680	444	*2,476	15,586	406	17,360	418	*1,774	12,030	285	9,115	253	*–2,915
Aged 65 and older . . .	44,477	45,994	43,822	364	45,365	153	*1,543	24,209	410	24,289	401	80	41,783	350	43,051	189	*1,268	655	77	629	66	–26

* Changes between the 2013 and 2014 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/2015/demo/p60-253sa.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 years 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, 2014 and 2015 Annual Social and Economic Supplements.

Table A-3.
Number of People by Type of Health Insurance Coverage for Working-Age Adults: 2013 and 2014

(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/cpsmar15.pdf)

Characteristic	Total 2013 Number	Total 2014 Number	Any health insurance 2013 Number	Any 2013 MOE[2] (±)	Any 2014 Number	Any 2014 MOE[2] (±)	Any Change (2014 less 2013)[1],*	Private health insurance[3] 2013 Number	Private 2013 MOE[2] (±)	Private 2014 Number	Private 2014 MOE[2] (±)	Private Change (2014 less 2013)[1],*	Government health insurance[4] 2013 Number	Gov 2013 MOE[2] (±)	Gov 2014 Number	Gov 2014 MOE[2] (±)	Gov Change (2014 less 2013)[1],*	Uninsured[5] 2013 Number	Unins 2013 MOE[2] (±)	Unins 2014 Number	Unins 2014 MOE[2] (±)	Unins Change (2014 less 2013)[1],*
Total	313,401	316,168	271,606	637	283,200	568	*11,594	201,038	1,140	208,600	1,221	*7,562	108,287	1,115	115,470	1,035	*7,183	41,795	614	32,968	561	*−8,828
Total, 18 to 64 years old	194,971	196,254	159,218	607	168,387	540	*9,169	132,719	788	139,479	796	*6,760	35,747	701	40,541	704	*4,794	35,753	518	27,867	487	*−7,886
Marital Status																						
Married[6]	101,085	101,568	87,654	673	91,124	752	*3,471	77,461	719	80,028	757	*2,567	15,887	415	17,820	490	*1,933	13,432	367	10,444	319	*−2,988
Widowed	3,291	3,383	2,582	137	2,854	132	*273	1,722	115	1,940	120	*218	1,021	89	1,126	84	*105	709	72	529	66	*−180
Divorced	20,276	20,194	15,875	354	16,744	362	*869	12,154	301	12,615	285	*462	4,349	192	5,064	212	*716	4,401	179	3,450	148	*−951
Separated	4,890	4,859	3,589	138	3,653	146	64	2,423	109	2,502	125	78	1,368	89	1,381	92	13	1,301	92	1,206	89	−94
Never married	65,430	66,249	49,519	451	54,011	579	*4,492	38,958	438	42,394	556	*3,436	13,123	327	15,150	349	*2,028	15,911	357	12,238	301	*−3,672
Disability Status[7]																						
With a disability	14,982	15,429	12,834	350	13,729	321	*895	5,855	202	6,364	183	*509	8,440	285	9,070	299	*629	2,148	127	1,700	102	*−448
With no disability	179,009	179,905	145,404	638	153,738	579	*8,334	126,582	799	132,882	801	*6,300	26,327	548	30,552	558	*4,226	33,605	508	26,167	466	*−7,438
Work Experience																						
All workers	146,655	147,712	121,628	645	128,238	671	*6,610	111,369	760	116,349	737	*4,980	15,899	419	19,200	411	*3,302	25,027	392	19,473	393	*−5,553
Worked full-time, year-round	100,990	103,379	86,933	651	91,753	635	*4,820	82,453	674	86,425	655	*3,972	8,049	260	9,977	296	*1,928	14,057	285	11,626	306	*−2,431
Less than full-time, year-round	45,665	44,332	34,696	438	36,485	462	*1,790	28,916	426	29,924	419	*1,008	7,850	273	9,223	250	*1,373	10,969	266	7,847	234	*−3,122
Did not work at least one week	48,316	48,542	37,590	503	40,149	515	*2,559	21,350	357	23,130	375	*1,780	19,848	457	21,341	513	*1,492	10,726	322	8,394	299	*−2,333
Educational Attainment																						
Total, 25 to 64 years old	164,810	166,138	135,137	594	142,983	441	*7,846	113,462	699	119,101	646	*5,639	29,252	597	33,299	620	*4,048	29,673	466	23,155	416	*−6,518
No high school diploma	17,096	17,375	10,563	281	12,054	281	*1,491	5,901	192	6,968	212	*1,067	5,386	202	6,112	219	*725	6,533	230	5,320	214	*−1,213
High school graduate (includes equivalency)	46,706	46,660	36,145	484	38,422	497	*2,276	28,314	426	29,775	479	*1,461	10,171	291	11,555	298	*1,384	10,561	286	8,239	262	*−2,322
Some college, no degree	28,169	27,957	23,071	355	24,136	398	*1,066	18,873	311	19,502	344	*629	5,692	214	6,462	237	*770	5,098	202	3,820	160	*−1,278
Associate degree	17,583	17,468	15,164	319	15,645	285	*481	13,085	296	13,551	263	*466	3,076	153	3,165	138	89	2,419	133	1,824	110	*−595
Bachelor's degree	35,701	36,418	31,962	532	33,490	461	*1,528	29,922	523	31,088	454	*1,166	3,299	135	4,096	182	*798	3,739	165	2,928	153	*−812
Graduate or professional degree	19,555	20,261	18,233	431	19,236	403	*1,004	17,367	422	18,218	397	*850	1,627	114	1,909	127	*282	1,322	102	1,024	91	*−298

* Changes between the 2013 and 2014 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/2015/demo/p60-253sa.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, 2014 and 2015 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: 2013 and 2014

(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/cpsmar15.pdf)

Characteristic	Total		Any health insurance					Private health insurance[3]					Government health insurance[4]					Uninsured[5]				
	2013 Number	2014 Number	2013 Number	2013 MOE[2] (±)	2014 Number	2014 MOE[2] (±)	Change (2014 less 2013)[1],*	2013 Number	2013 MOE[2] (±)	2014 Number	2014 MOE[2] (±)	Change (2014 less 2013)[1],*	2013 Number	2013 MOE[2] (±)	2014 Number	2014 MOE[2] (±)	Change (2014 less 2013)[1],*	2013 Number	2013 MOE[2] (±)	2014 Number	2014 MOE[2] (±)	Change (2014 less 2013)[1],*
Total	313,443	316,168	271,982	1,172	283,200	568	*11,219	201,442	1,824	208,600	1,221	*7,158	109,554	1,499	115,470	1,035	*5,916	41,462	1,134	32,968	561	*–8,494
Household Income																						
Less than $25,000	55,587	55,240	43,976	1,229	46,094	811	*2,117	15,100	614	16,609	475	*1,509	35,229	1,135	36,076	729	847	11,611	644	9,146	333	*–2,464
$25,000 to $49,999	67,048	67,355	54,288	1,367	57,874	898	*3,586	33,191	1,070	35,463	698	*2,272	31,153	994	32,743	686	*1,590	12,759	673	9,481	324	*–3,278
$50,000 to $74,999	55,194	55,657	47,843	1,567	49,695	870	*1,852	38,482	1,332	39,295	751	813	17,266	869	18,279	515	*1,013	7,352	532	5,962	322	*–1,390
$75,000 to $99,999	41,626	41,307	37,603	1,418	38,015	793	412	32,742	1,313	32,798	690	56	10,075	748	10,460	382	385	4,023	466	3,292	193	*–731
$100,000 or more	93,988	96,609	88,271	1,913	91,523	1,224	*3,252	81,927	1,816	84,435	1,210	*2,507	15,832	809	17,913	517	*2,081	5,717	552	5,086	257	*–631
Income-to-Poverty Ratio	313,096	315,804	271,635	1,174	282,866	564	*11,231	201,341	1,822	208,506	1,225	*7,165	109,257	1,485	115,177	1,036	*5,919	41,461	1,134	32,938	563	*–8,523
Below 100 percent of poverty	46,269	46,657	35,392	1,225	37,639	764	*2,247	10,709	604	12,516	404	*1,807	27,783	1,105	28,603	689	820	10,877	619	9,018	350	*–1,858
Below 138 percent of poverty	68,324	68,885	52,880	1,427	56,383	838	*3,503	18,355	788	20,984	509	*2,629	40,384	1,273	41,681	786	1,297	15,444	756	12,503	398	*–2,941
Between 100 and 199 percent of poverty	58,768	58,686	46,788	1,313	49,835	834	*3,047	25,412	943	27,278	666	*1,866	29,172	1,017	30,645	607	*1,474	11,980	580	8,851	306	*–3,129
Between 200 and 299 percent of poverty	49,575	51,451	41,727	1,323	45,456	844	*3,729	31,951	1,135	34,632	711	*2,681	16,454	822	18,446	504	*1,992	7,848	582	5,996	263	*–1,852
Between 300 and 399 percent of poverty	40,815	40,822	36,596	1,396	37,395	756	799	31,107	1,238	31,518	679	411	11,195	667	11,412	384	217	4,219	414	3,427	226	*–792
At or above 400 percent of poverty	117,669	118,187	111,132	1,849	112,541	1,196	1,410	102,161	1,789	102,561	1,226	400	24,654	857	26,070	534	*1,416	6,537	480	5,646	261	*–892

* Changes between the 2013 and 2014 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/2015/demo/p60-253sa.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 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were eligible to receive the redesigned set of health insurance coverage questions. The redesigned income questions were implemented to a subsample of these 98,000 addresses using a probability split panel design. Approximately 68,000 addresses were eligible to receive a set of income questions similar to those used in the 2013 CPS ASEC and the remaining 30,000 addresses were eligible to receive the redesigned income questions, approximately 30,000 addresses.

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, 2014 and 2015 Annual Social and Economic Supplements.

Number of People by Type of Health Insurance Coverage by Selected Demographic Characteristics: 2013 and 2014

(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/cpsmar15.pdf)

Characteristic	Total 2013 Number	Total 2014 Number	Any 2013 Number	Any 2013 MOE[2] (±)	Any 2014 Number	Any 2014 MOE[2] (±)	Any Change (2014 less 2013)[1,*]	Private 2013 Number	Private 2013 MOE[2] (±)	Private 2014 Number	Private 2014 MOE[2] (±)	Private Change (2014 less 2013)[1,*]	Gov 2013 Number	Gov 2013 MOE[2] (±)	Gov 2014 Number	Gov 2014 MOE[2] (±)	Gov Change (2014 less 2013)[1,*]	Uninsured 2013 Number	Uninsured 2013 MOE[2] (±)	Uninsured 2014 Number	Uninsured 2014 MOE[2] (±)	Uninsured Change (2014 less 2013)[1,*]
Total	313,401	316,168	271,606	637	283,200	568	*11,594	201,038	1,140	208,600	1,221	*7,562	108,287	1,115	115,470	1,035	*7,183	41,795	614	32,968	561	*–8,828
Family Status																						
In families	255,079	256,308	223,718	808	231,858	865	*8,140	166,734	1,148	172,515	1,314	*5,781	86,886	1,073	91,901	1,035	*5,015	31,361	561	24,451	549	*–6,911
Householder	81,381	81,730	70,854	365	73,544	457	*2,690	55,325	405	57,070	503	*1,745	27,290	368	28,818	373	*1,528	10,526	239	8,186	207	*–2,341
Related children under age 18	72,454	72,383	67,233	293	68,057	253	*824	43,525	474	44,157	479	*631	29,843	528	30,931	480	*1,087	5,221	239	4,326	202	*–895
Related children under age 6	23,586	23,470	21,888	137	21,938	120	50	12,860	227	13,089	232	229	10,963	232	11,133	227	170	1,699	115	1,532	95	*–166
In unrelated subfamilies	1,465	1,558	1,194	123	1,334	138	140	674	87	800	100	*126	642	92	735	105	93	270	53	224	49	–46
Unrelated individuals	56,857	58,301	46,693	640	50,008	679	*3,315	33,629	540	35,285	614	*1,655	20,759	423	22,834	413	*2,075	10,163	303	8,293	275	*–1,871
Residence																						
Inside metropolitan statistical areas	266,117	266,071	230,388	2,660	238,473	2,158	*8,085	172,081	2,293	177,220	1,994	*5,139	89,033	1,360	94,090	1,239	*5,057	35,729	711	27,598	561	*–8,131
Inside principal cities	102,026	99,298	86,120	2,061	87,269	1,635	1,149	59,505	1,629	60,450	1,324	945	36,637	1,026	37,872	921	*1,235	15,906	581	12,029	411	*–3,877
Outside principal cities	164,091	166,773	144,268	2,254	151,204	2,122	*6,936	112,576	1,885	116,770	1,782	*4,194	52,397	1,142	56,218	1,054	*3,822	19,823	577	15,569	492	*–4,254
Outside metropolitan statistical areas[6]	47,284	50,097	41,218	2,565	44,727	2,012	*3,509	28,957	1,775	31,380	1,431	*2,423	19,254	1,403	21,380	1,082	*2,126	6,066	487	5,370	359	*–696
Race[7] and Hispanic Origin																						
White	243,446	244,468	212,436	554	219,709	520	*7,273	162,237	1,017	166,257	1,046	*4,020	81,670	956	87,159	877	*5,489	31,010	523	24,759	494	*–6,251
White, not Hispanic	195,489	195,352	176,458	508	180,528	461	*4,071	141,009	928	142,437	905	*1,428	64,027	763	67,867	714	*3,839	19,032	464	14,824	415	*–4,208
Black	40,647	41,226	34,197	247	36,380	220	*2,183	20,416	416	22,296	419	*1,880	17,515	308	18,211	388	*697	6,450	248	4,847	217	*–1,604
Asian	17,008	17,796	14,666	280	16,137	234	*1,471	11,660	288	12,823	271	*1,163	4,415	212	5,013	209	*598	2,342	165	1,659	143	*–684
Hispanic (any race)	54,268	55,614	41,011	341	44,556	290	*3,545	24,258	487	27,061	500	*2,804	20,216	382	21,977	406	*1,762	13,257	341	11,059	291	*–2,198
Nativity																						
Native born	272,658	273,984	242,158	735	250,029	734	*7,871	179,880	1,051	184,695	1,143	*4,815	97,023	1,061	102,629	969	*5,606	30,500	577	23,955	513	*–6,545
Foreign born	40,743	42,184	29,448	472	33,172	498	*3,723	21,157	423	23,904	489	*2,747	11,264	290	12,841	306	*1,577	11,295	415	9,012	308	*–2,283
Naturalized citizen	19,134	19,733	16,195	370	17,724	339	*1,529	11,645	308	12,927	322	*1,282	6,458	220	6,959	220	*501	2,939	151	2,008	130	*–931
Not a citizen	21,609	22,451	13,253	350	15,447	400	*2,194	9,512	301	10,978	342	*1,465	4,806	199	5,882	225	*1,076	8,356	380	7,004	266	*–1,352

* Changes between the 2013 and 2014 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/2015/demo/p60-253sa.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 "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>.

[7] 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, 2014 and 2015 Annual Social and Economic Supplements.

APPENDIX B. 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 2014 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.

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[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>.

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/hhes/www/hlthins/>.

For assistance with health insurance data, contact the Census Bureau Customer Service 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 <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://factfinder2.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 are 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 the 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 ACS 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 <www.census.gov/acs/www/Products/PUMS/index.htm>. 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 CPS 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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