

# Health Insurance Coverage in the United States: 2016

## Current Population Reports

By Jessica C. Barnett and Edward R. Berchick

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# Health Insurance Coverage in the United States: 2016

## 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 affect access to care. Several such policy changes occurred in 2014, when many provisions of the Patient Protection and Affordable Care Act

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 2016, changes in health insurance coverage rates between 2015 and 2016, as well as changes in health insurance coverage rates between 2013 and 2016. 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.

## Highlights

- The uninsured rate decreased between 2015 and 2016 by 0.3 percentage points as measured by the CPS ASEC. In 2016, the percentage of people without health insurance coverage for the entire calendar year was 8.8 percent, or 28.1 million, lower than the rate and number of uninsured in 2015 (9.1 percent or 29.0 million) (Figure 1 and Table 1).<sup>1</sup>
- The percentage of people with health insurance coverage for all or part of 2016 was 91.2 percent, higher than the rate in 2015 (90.9 percent) (Table 1).
- In 2016, private health insurance coverage continued to be more prevalent than government coverage, at 67.5 percent and 37.3 percent, respectively.<sup>2</sup> Of the subtypes of health insurance coverage, employer-based insurance covered 55.7 percent of the population for some or all of the calendar year, followed by Medicaid (19.4 percent), Medicare (16.7 percent), direct-purchase (16.2 percent), and military coverage (4.6 percent) (Table 1 and Figure 1).
- Between 2015 and 2016, the rate of Medicare coverage increased by 0.4 percentage points to cover 16.7 percent of people for part or all of 2016 (up from 16.3 percent

### 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 U.S. 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 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 Department of Veterans Affairs and the military. In the CPS ASEC, people were considered "insured" if they were covered by any type of health insurance for part or all of the previous calendar year. They were considered uninsured if, 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."

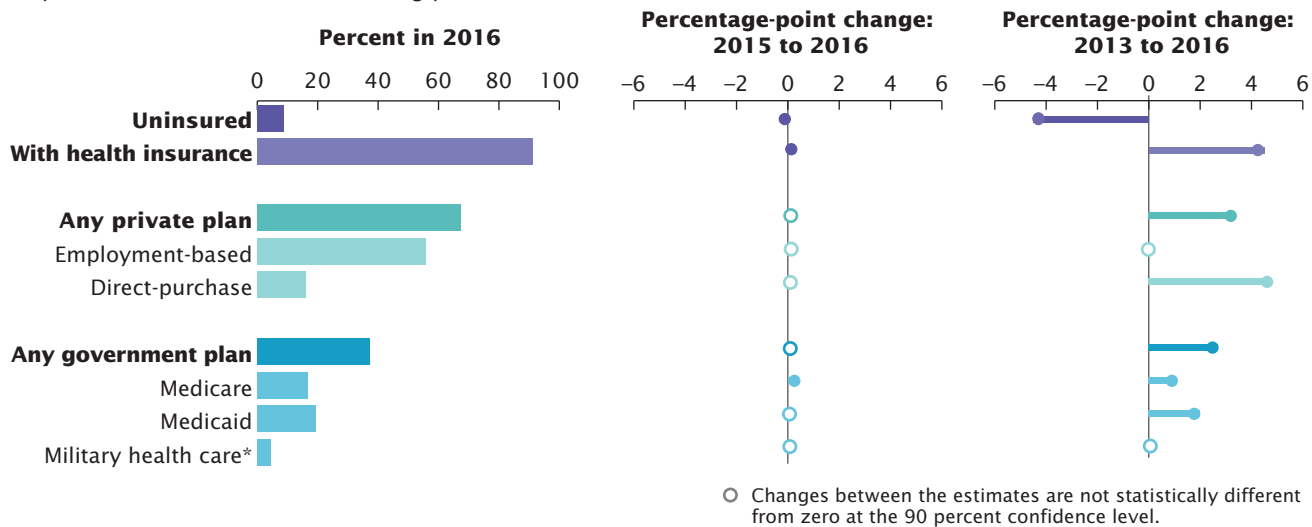
\* Comprehensive health insurance covers basic healthcare needs. This definition excludes single service plans, such as accident, disability, dental, vision, or prescription medicine plans.

<sup>1</sup> For a discussion of the quality of the CPS ASEC health insurance coverage estimates, see Appendix B.

<sup>2</sup> Some people may have more than one coverage type during the calendar year.

Figure 1.  
**Percentage of People by Type of Health Insurance Coverage and Change From 2013 to 2016**

(Population as of March of the following year)



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

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <[www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf)>.

Source: U.S. Census Bureau, Current Population Survey, 2014 to 2017 Annual Social and Economic Supplements.

in 2015) (Table 1 and Figure 1).<sup>3</sup> There was no statistically significant difference between 2015 and 2016 for any other subtype of health insurance.

- Between 2015 and 2016, the percentage of people without health insurance coverage dropped for most ages under 65, with generally larger decreases for working-age adults (aged 19 to 64) (Figure 4).<sup>4, 5</sup>
- The percentage of uninsured children under age 19, 5.4 percent,

did not significantly change between 2015 and 2016 (Table 2).

- In 2016, the uninsured rate for children under age 19 in poverty, 7.0 percent, was higher than the uninsured rate for children not in poverty, 5.0 percent (Figure 6).
- In 2016, non-Hispanic Whites had the lowest uninsured rate among race and Hispanic origin groups, at 6.3 percent. The uninsured rates for Blacks and Asians were higher than for non-Hispanic Whites, at 10.5 percent and 7.6 percent, respectively. Hispanics

had the highest uninsured rate, at 16.0 percent (Table 5).<sup>6</sup>

<sup>3</sup> This increase was likely due to growth in the number of people aged 65 and over. The population 65 years and older did not have a statistically significant change in the Medicare coverage rate between 2015 and 2016. However, the percentage of the U.S. population 65 years and older increased between 2015 and 2016.

<sup>4</sup> Estimates are from the 2015 and 2016 1-Year American Community Surveys.

<sup>5</sup> The change in the uninsured rate between 2015 and 2016 was not statistically significant for infants and for people aged 1, 3, 4, 6, 9, 37, 56, 57, 60, 61, and 63.

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

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

Since Hispanics may be any race, data in this report for Hispanics overlap with data for race groups. Being Hispanic was reported by 15.1 percent of White householders who reported only one race, 4.8 percent of Black householders who reported only one race, and 2.3 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](http://www.census.gov/cps)>.



- Between 2015 and 2016, the percentage of people without health insurance at any time during the year fell 0.4 percentage points for non-Hispanic Whites, down to 6.3 percent. There was no statistical change in the uninsured rate for Blacks, Asians, or Hispanics during this period (Table 5).<sup>7</sup>
- Between 2015 and 2016, the percentage of people without health insurance coverage at the time of interview decreased in 39 states (Figure 8 and Table 6).<sup>8</sup> Eleven states and the District of Columbia did not have a statistically significant change in their uninsured rate.<sup>9</sup>

<sup>7</sup> The small sample size of the Asian population and the fact that the CPS does not use separate population controls for weighting the Asian sample to national totals contribute to the large variances surrounding estimates for this group. As a result, we are unable to detect statistically significant differences between some estimates for the Asian population. The ACS, based on a much larger sample size of the population, is a better source for estimating and identifying changes for small subgroups of the population.

<sup>8</sup> Estimates are from the 2015 and 2016 1-Year American Community Surveys.

<sup>9</sup> Alaska, Delaware, Hawaii, Kansas, Maine, Nebraska, New Hampshire, North Dakota, Oklahoma, Vermont, and Wyoming did not have a statistically significant change in their uninsured rates.

### Estimates of Health Insurance Coverage

In 2016, 8.8 percent of people (or 28.1 million) were uninsured for the entire calendar year (Table 1 and Figure 1). This was a decrease of 0.3 percentage points from 2015, when 9.1 percent (or 29.0 million) were uninsured for the entire calendar year.

This report classifies health insurance coverage into three different groups: private coverage, government coverage, and the uninsured. Private coverage includes health insurance provided through an employer or union and coverage purchased directly by an individual from an insurance company or through an exchange.<sup>10</sup> Government coverage includes federal programs, such as Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), individual state health plans, TRICARE, CHAMPVA, 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 cal-

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

endar year. For more information, see the text box “What Is Health Insurance Coverage?”

In 2016, most people (91.2 percent) had health insurance coverage at some point during the calendar year, with more people having private health insurance (67.5 percent) than government coverage (37.3 percent). Employer-based insurance was the most common subtype of health insurance (55.7 percent of the civilian, noninstitutionalized population), followed by Medicaid (19.4 percent), Medicare (16.7 percent), direct-purchase (16.2 percent), and military health care (4.6 percent) (Table 1).

The percentage of people covered by any type of health insurance increased by 0.3 percentage points to 91.2 percent in 2016, up from 90.9 percent in 2015. Neither private coverage nor government coverage had a statistically significant increase during this period.

Medicare was the only subtype of health insurance that experienced a statistically significant change between 2015 and 2016. The rate of Medicare coverage increased by 0.4 percentage points, from 16.3 percent

### Health Insurance Coverage and the Affordable Care Act

Since the passage of the Patient Protection and Affordable Care Act in 2010, several of its provisions 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).

In 2014, people under age 65, particularly adults aged 19 to 64, may have become eligible for coverage options under the Affordable Care Act. 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 30 states (or the District of Columbia) that expanded Medicaid eligibility on or before January 1, 2016. Twenty-four states and the District of Columbia expanded Medicaid eligibility by January 1, 2014. Between then and January 1, 2015, three additional states—Michigan, New Hampshire, and Pennsylvania—expanded Medicaid eligibility. By January 1, 2016, three more states—Alaska, Indiana, and Montana—expanded Medicaid eligibility.\*

\* For a list of the states and their Medicaid expansion status as of January 1, 2016, see Table 6: Percentage of People Without Health Insurance Coverage by State: 2013 to 2016.

**Table 1.**  
**Coverage Numbers and Rates by Type of Health Insurance: 2013 to 2016**

(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/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf))

Coverage type	2013				2014				2015				2016				Change in number		Change in rate	
	Number	Margin of error <sup>1</sup> (±)	Rate	Margin of error <sup>1</sup> (±)	Number	Margin of error <sup>1</sup> (±)	Rate	Margin of error <sup>1</sup> (±)	Number	Margin of error <sup>1</sup> (±)	Rate	Margin of error <sup>1</sup> (±)	Number	Margin of error <sup>1</sup> (±)	Rate	Margin of error <sup>1</sup> (±)	2016 less 2015	2016 less 2013	2016 less 2015	2016 less 2013
<b>Total</b> . . . . .	<b>313,401</b>	<b>109</b>	<b>X</b>	<b>X</b>	<b>316,168</b>	<b>92</b>	<b>X</b>	<b>X</b>	<b>318,868</b>	<b>95</b>	<b>X</b>	<b>X</b>	<b>320,372</b>	<b>96</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Any health plan</b> . . . . .	<b>271,606</b>	<b>636</b>	<b>86.7</b>	<b>0.2</b>	<b>283,200</b>	<b>568</b>	<b>89.6</b>	<b>0.2</b>	<b>289,903</b>	<b>650</b>	<b>90.9</b>	<b>0.2</b>	<b>292,320</b>	<b>541</b>	<b>91.2</b>	<b>0.2</b>	<b>*2,417</b>	<b>*20,714</b>	<b>*0.3</b>	<b>*4.6</b>
Any private plan <sup>2,3</sup> . . . . .	201,038	1,140	64.1	0.4	208,600	1,221	66.0	0.4	214,238	1,118	67.2	0.4	216,203	1,145	67.5	0.4	*1,965	*15,165	0.3	*3.3
Employment-based <sup>2</sup> . . . . .	174,418	1,160	55.7	0.4	175,027	1,188	55.4	0.4	177,540	1,229	55.7	0.4	178,455	1,130	55.7	0.4	915	*4,037	Z	Z
Direct-purchase <sup>2</sup> . . . . .	35,755	615	11.4	0.2	46,165	798	14.6	0.3	52,057	916	16.3	0.3	51,961	874	16.2	0.3	-96	*16,206	-0.1	*4.8
Any government plan <sup>2,4</sup> . . . . .	108,287	1,115	34.6	0.4	115,470	1,035	36.5	0.3	118,395	1,067	37.1	0.3	119,361	1,018	37.3	0.3	966	*11,073	0.1	*2.7
Medicare <sup>2</sup> . . . . .	49,020	377	15.6	0.1	50,546	339	16.0	0.1	51,865	308	16.3	0.1	53,372	396	16.7	0.1	*1,507	*4,351	*0.4	*1.0
Medicaid <sup>2</sup> . . . . .	54,919	969	17.5	0.3	61,650	931	19.5	0.3	62,384	917	19.6	0.3	62,303	931	19.4	0.3	-81	*7,384	-0.1	*1.9
Military health care <sup>2,5</sup> . . . . .	14,016	595	4.5	0.2	14,143	568	4.5	0.2	14,849	626	4.7	0.2	14,638	575	4.6	0.2	-211	622	-0.1	0.1
<b>Uninsured<sup>6</sup></b> . . . . .	<b>41,795</b>	<b>614</b>	<b>13.3</b>	<b>0.2</b>	<b>32,968</b>	<b>561</b>	<b>10.4</b>	<b>0.2</b>	<b>28,966</b>	<b>634</b>	<b>9.1</b>	<b>0.2</b>	<b>28,052</b>	<b>519</b>	<b>8.8</b>	<b>0.2</b>	<b>*-914</b>	<b>*-13,743</b>	<b>*-0.3</b>	<b>*-4.6</b>

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

X Not applicable.

Z Represents or rounds to zero.

<sup>1</sup> 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/2017/demo/p60-260sa.pdf](http://www2.census.gov/library/publications/2017/demo/p60-260sa.pdf)>.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Military health care includes TRICARE and CHAMPVA, as well as care provided by the Department of Veterans Affairs and the military.

<sup>6</sup> 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 to 2017 Annual Social and Economic Supplements.

## Two Measures of Health Insurance Coverage

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

The first measure, health insurance 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 U.S. Census Bureau. The key purpose of the CPS ASEC is to provide timely and detailed estimates of economic well-being, of which health insurance coverage is an important part. The Census Bureau conducts the CPS ASEC annually between February and April, and the resulting measure of health insurance coverage reflects an individual's coverage status during the entire previous calendar year.

The second measure, health insurance coverage at the time of the interview, is collected with 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 and for smaller population groups. The Census Bureau conducts the ACS throughout the year, and the resulting measure of health coverage reflects an annual average of current health insurance coverage status.

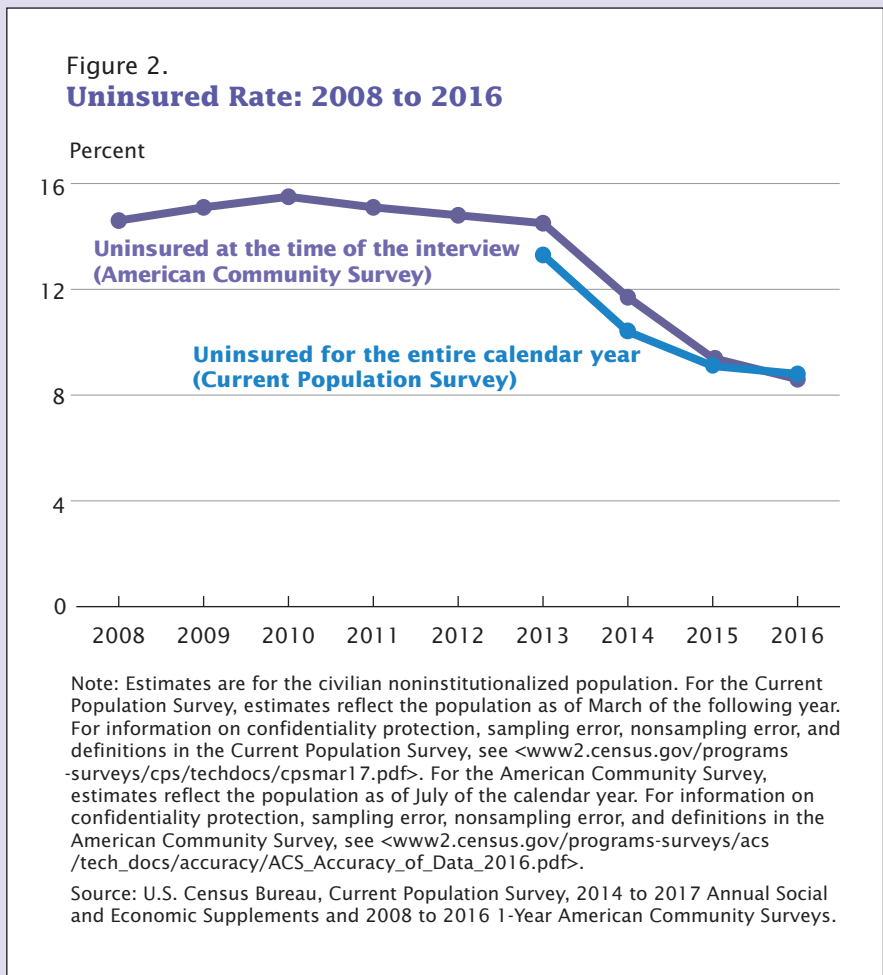
As a result of the difference in the collection of health insurance coverage status, the resulting

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.

The two measures of health insurance coverage both point to a decrease in uninsured rates between 2015 and 2016 (Figure 2). For 2016, the uninsured rate was 8.8 percent as measured by the

CPS and 8.6 percent as measured by the ACS.

Over a longer period, as measured by the ACS, uninsured rates remained relatively stable between 2008 and 2013, but decreased sharply by 2.8 percentage points between 2013 and 2014. Uninsured rates then decreased by 2.3 percentage points between 2014 and 2015 and by 0.8 percentage points between 2015 and 2016. Overall, the uninsured rate decreased by 5.9 percentage points between 2013 and 2016.



in 2015 to 16.7 percent in 2016. This increase was likely due to growth in the number of people aged 65 and over and not to changes in Medicare coverage rates within any particular age group.

### Multiple Coverage Types

While most people have a single type of insurance, some people may have more than one type of coverage during the calendar year. They may have multiple types of coverage at one time to supplement their primary insurance type, or they may switch coverage types over the course of the year. Of the population with health insurance coverage in 2016, 78.5 percent had one coverage type during the year and 21.5 percent had multiple coverage types over the course of the year (Figure 3).

Some types of health insurance were more likely to be held alone, while other types of health insurance

coverage were more likely to be held in combination with another type of insurance at some point during the year. Among people with employer-based health insurance coverage or Medicaid coverage, most had only one plan type during 2016 (78.5 percent and 66.4 percent, respectively).

People covered by direct-purchase insurance, Medicare, or military health care were more likely to have had more than one coverage type during the year. In 2016, 57.9 percent of people with direct-purchase health insurance, 60.7 percent of people with military health care, and 61.8 percent of people with Medicare had some other type of health insurance.<sup>11</sup>

<sup>11</sup> The percentage of people with Medicare coverage and another type of health insurance was not statistically different from the percentage of people with military health care and another type of health insurance.

### Health Insurance Coverage by Selected Characteristics

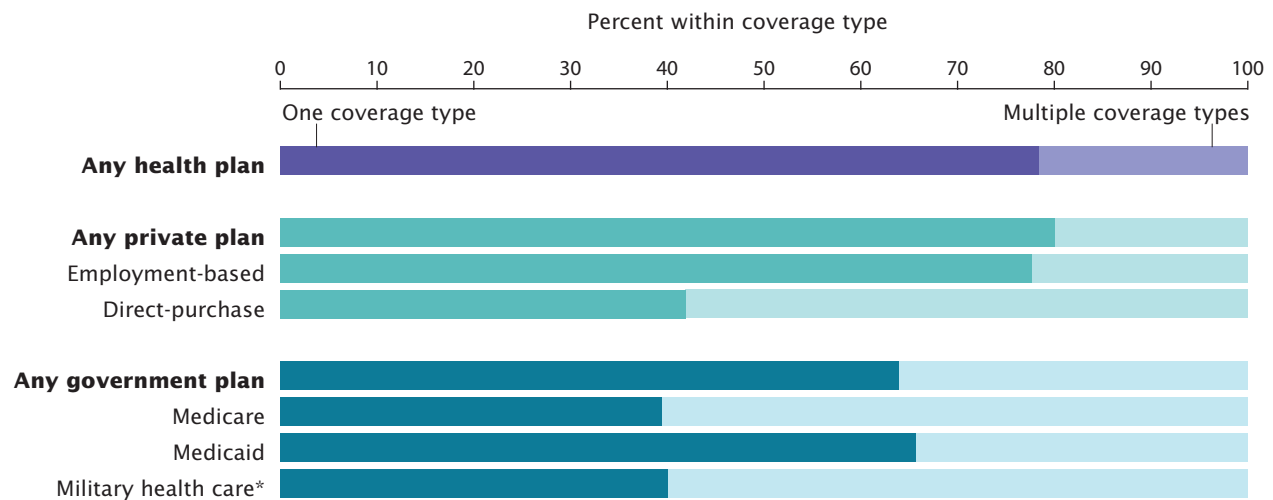
#### Age

Age is strongly associated with the likelihood that a person has health insurance and the type of health insurance a person has. In 2016, adults aged 65 or over and children under 19 were more likely to have had health insurance coverage (98.8 percent and 94.6 percent, respectively) compared with working-age adults aged 19 to 64 (87.9 percent) (Table 2).

Adults aged 65 and over had the highest rate of health insurance coverage (98.8 percent) with 93.6 percent covered by a government plan (primarily Medicare) and 52.8 percent covered by a private plan, which may have supplemented their government coverage.

The rates of (overall) health insurance coverage, private coverage, and government coverage did not

Figure 3.  
**Percentage With One or Multiple Coverage Types: 2016**  
(Population as of March of the following year)



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

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <[www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf)>.

Source: U.S. Census Bureau, Current Population Survey, 2017 Annual Social and Economic Supplement.

**Table 2.**  
**Percentage of People by Type of Health Insurance Coverage by Age: 2015 and 2016**

(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/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf))

Characteristic	Total																					
	2015	2016	Any health insurance															Uninsured <sup>5</sup>				
			2015		2016		Change (2016 less 2015) <sup>1,*</sup>	Private health insurance <sup>3</sup>					Government health insurance <sup>4</sup>					2015		2016		Change (2016 less 2015) <sup>1,*</sup>
	Number	Number	Per-cent	Margin of error <sup>2</sup> (±)	Per-cent	Margin of error <sup>2</sup> (±)		Per-cent	Margin of error <sup>2</sup> (±)	Per-cent	Margin of error <sup>2</sup> (±)	Change (2016 less 2015) <sup>1,*</sup>	Per-cent	Margin of error <sup>2</sup> (±)	Per-cent	Margin of error <sup>2</sup> (±)	Change (2016 less 2015) <sup>1,*</sup>	Per-cent	Margin of error <sup>2</sup> (±)	Per-cent	Margin of error <sup>2</sup> (±)	
							<b>Total . . . . .</b>															<b>318,868</b>
<b>Age</b>																						
Under age 65 . . . . .	271,322	271,098	89.5	0.2	89.9	0.2	*0.4	69.8	0.4	70.2	0.4	0.3	27.2	0.4	27.0	0.4	-0.2	10.5	0.2	10.1	0.2	*-0.4
Under age 18 . . . . .	74,062	74,047	94.8	0.3	94.7	0.3	-0.1	62.3	0.6	62.7	0.6	0.4	43.0	0.7	41.9	0.6	*-1.1	5.2	0.3	5.3	0.3	0.1
Aged 18 to 64 . . . . .	197,260	197,051	87.5	0.3	88.1	0.2	*0.5	72.7	0.4	73.0	0.4	0.3	21.3	0.3	21.4	0.3	0.2	12.5	0.3	11.9	0.2	*-0.5
Under age 19 <sup>6</sup> . . . . .	78,182	78,150	94.7	0.3	94.6	0.3	-0.1	62.6	0.6	62.9	0.6	0.3	42.6	0.6	41.5	0.6	*-1.1	5.3	0.3	5.4	0.3	0.1
Aged 19 to 64 . . . . .	193,140	192,948	87.4	0.3	87.9	0.2	*0.5	72.7	0.4	73.1	0.4	0.3	21.0	0.3	21.1	0.3	0.2	12.6	0.3	12.1	0.2	*-0.5
Aged 19 to 25 <sup>7</sup> . . . . .	30,475	29,815	85.5	0.6	86.9	0.6	*1.4	69.9	0.9	71.3	0.8	*1.4	23.0	0.7	23.1	0.8	0.1	14.5	0.6	13.1	0.6	*-1.4
Aged 26 to 34 . . . . .	38,960	39,736	83.7	0.6	84.3	0.6	0.6	69.6	0.7	69.7	0.7	0.1	20.1	0.7	20.4	0.6	0.3	16.3	0.6	15.7	0.6	-0.6
Aged 35 to 44 . . . . .	40,005	40,046	86.3	0.5	86.9	0.5	0.6	72.7	0.6	73.3	0.7	0.6	19.3	0.6	19.3	0.6	Z	13.7	0.5	13.1	0.5	-0.6
Aged 45 to 64 . . . . .	83,701	83,351	90.4	0.3	90.6	0.3	0.2	75.3	0.4	75.2	0.5	-0.1	21.4	0.5	21.7	0.5	0.3	9.6	0.3	9.4	0.3	-0.2
Aged 65 and older . . . . .	47,547	49,274	98.9	0.1	98.8	0.1	-0.2	52.1	0.8	52.8	0.8	0.7	93.8	0.3	93.6	0.3	-0.2	1.1	0.1	1.2	0.1	0.2

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

Z Represents or rounds to zero.

<sup>1</sup> Details may not sum to totals because of rounding.

<sup>2</sup> 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/2017/demo/p60-260sa.pdf](http://www2.census.gov/library/publications/2017/demo/p60-260sa.pdf).

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

<sup>6</sup> Children under the age of 19 are eligible for Medicaid/CHIP.

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

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

Source: U.S. Census Bureau, Current Population Survey, 2016 and 2017 Annual Social and Economic Supplements.

demonstrate statistically significant change between 2015 and 2016 for adults aged 65 or over.

Children under age 19 were covered by health insurance at a higher rate than working-age adults in 2016. One reason for this difference could be that children from lower income families may be eligible for programs such as Medicaid or the Children's Health Insurance Program (CHIP).<sup>12</sup> In 2016, 62.9 percent of children under age 19 had private health insurance and 41.5 percent had government coverage. Some children were covered by both private and government coverage during the calendar year.

Between 2015 and 2016, neither the overall rate of health insurance coverage, nor the rate of private coverage, exhibited statistically significant change for children under 19. Children's rate of government coverage decreased by 1.1 percentage points to 41.5 percent in 2016, down from 42.6 percent in 2015.

Working-age adults (people aged 19 to 64) had a lower rate of health insurance coverage in 2016 (87.9 percent) than both children and older adults. Among working-age adults, the population aged 26 to 34 was the least likely to be insured, with a coverage rate of 84.3 percent. For adults aged 19 to 25, the health insurance coverage rate of 86.9 percent was higher than that for adults aged 26 to 34. For age groups between 26 and 64, the rate of health insurance coverage increased as age increased.

Working-age adults were more likely than other age groups to be covered by private health insurance, which provided coverage to 73.1 percent of the population aged 19 to 64 in 2016. They also had the lowest rate

<sup>12</sup> The Children's Health Insurance Program is a government program that provides health insurance to children in families with income too high to qualify for Medicaid but who are unable to afford private health insurance.

of coverage through the government, at 21.1 percent.<sup>13</sup>

Between 2015 and 2016, the percentage of adults aged 19 to 64 with health insurance rose by 0.5 percentage points, driven by an increase in coverage for people aged 19 to 25. For this group of young adults, both the overall rate of health insurance coverage and the rate of private coverage increased by 1.4 percentage points in 2016, to 86.9 percent and 71.3 percent, respectively.<sup>14, 15</sup>

Between 2015 and 2016, the percentage of people without health insurance coverage dropped for most ages under 65, with generally larger decreases for working-age adults (aged 19 to 64) (Figure 4).<sup>16, 17</sup> Younger adults tended to experience a larger decline than older adults. For example, the uninsured rate decreased by 2.0 percentage points for 26-year-olds and 0.6 percentage points for 64-year-olds. These declines in the uninsured rate followed 2 years of decreases for all ages under 65.

The uneven downward shift in uninsured rates reduced some of the age-specific rate disparities. However, three notable sharp differences remained between single-year ages, specifically between

<sup>13</sup> In 2016, the health insurance coverage rate for people aged 19 to 25 was not statistically different from the coverage rate for people aged 35 to 44.

<sup>14</sup> The percentage-point difference in the overall health insurance coverage rate between 2015 and 2016 for people aged 19 to 25 was not statistically different from the percentage-point difference in the private coverage rate for this age group.

<sup>15</sup> Between 2015 and 2016, there was no statistical difference in the government coverage rate for people aged 19 to 25.

<sup>16</sup> These estimates and estimates in the remainder of this section come from the 2013 through 2016 1-Year American Community Surveys (ACS). In the ACS, health insurance coverage status corresponds to coverage at the time of the interview (see the text box "Two Measures of Health Insurance Coverage").

<sup>17</sup> The change in the uninsured rate between 2015 and 2016 was not statistically significant for infants and for people aged 1, 3, 4, 6, 9, 37, 56, 57, 60, 61, and 63.

18- and 19-year-olds, between 25- and 26-year-olds, and between 64- and 65-year-olds. In 2016, the uninsured rate was about one-and-a-half times greater for 19-year-olds compared with 18-year-olds, almost one-and-a-quarter times greater for 26-year-olds compared with 25-year-olds, and the uninsured rate for 65-year-olds was about one-quarter of the rate of 64-year-olds.<sup>18</sup> Adults aged 26 continued to have the highest uninsured rate in 2016 (at 17.5 percent) (Figure 4).

Even within the broad age groups of children and working-age adults, uninsured rates for single years of age differed. In 2016, for children under age 19, uninsured rates generally increased with age, with rates of 3.2 percent for children under 1 year of age and 8.2 percent for 18-year-olds. Among young adults between the ages of 19 and 25, the uninsured rate was 12.5 percent for 19-year-olds and 14.7 percent for 25-year-olds. For adults between the ages 26 and 64, the uninsured rate declined generally across all ages from 17.5 percent for 26-year-olds to 6.3 percent for 64-year-olds. Among adults 65 years and over, the uninsured rate varied little by age.

Between 2013 and 2016, uninsured rates fell for all single-year ages under age 65, with the largest declines of about 11.5 or more percentage points for each age between 21 and 28.

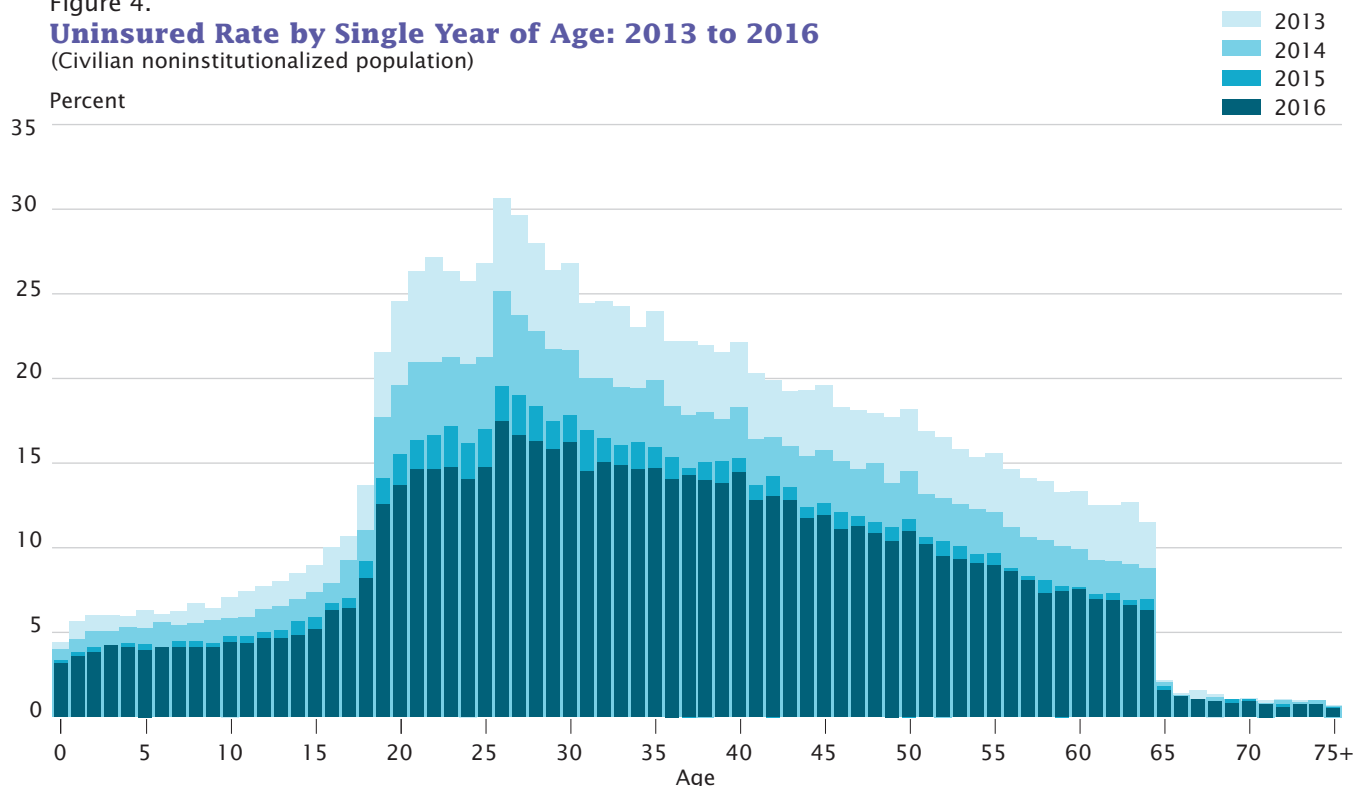
### *Marital Status*

Many adults obtain health insurance coverage through their spouse. In 2016, married adults aged 19 to 64 had the highest coverage rate, at 91.2 percent (Table 3).<sup>19</sup> The coverage rate

<sup>18</sup> In 2016, the uninsured rate was 1.53 times greater for 19-year-olds compared with 18-year-olds and 1.19 times greater for 26-year-olds compared with 25-year-olds. The uninsured rate for 65-year-olds was 0.25 times the rate of 64-year-olds.

<sup>19</sup> These estimates and estimates in the remainder of this section are for the population aged 19 to 64.

Figure 4.  
**Uninsured Rate by Single Year of Age: 2013 to 2016**  
 (Civilian noninstitutionalized population)



Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see [www2.census.gov/programs-surveys/acs/tech\\_docs/accuracy/ACS\\_Accuracy\\_of\\_Data\\_2016.pdf](http://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2016.pdf).

Source: U.S. Census Bureau, 2013 to 2016 1-Year American Community Surveys.

was lowest for people who were separated (80.8 percent). Among people who were never married, 84.0 percent were covered by health insurance. The coverage rates for people who were widowed or divorced were both 86.1 percent.<sup>20</sup>

Between 2015 and 2016, the coverage rate for the divorced population increased by 1.0 percentage point, and the rate for people who were never married rose 0.8 percentage points.<sup>21</sup> People who were married, separated, or widowed did not have a statistically significant change in their coverage rates.

<sup>20</sup> In 2016, the coverage rate of people who were widowed was not statistically different from the coverage rate of people who were divorced.

<sup>21</sup> The percentage-point change in the health insurance coverage rate between 2015 and 2016 for people who were divorced was not statistically different from the change for people who were never married.

### Disability Status

Adults aged 19 to 64 with a disability had a higher rate of health insurance coverage (91.2 percent) compared with adults with no disability (87.6 percent) in 2016 (Table 3).<sup>22</sup>

Adults with a disability were less likely to have private health insurance coverage and more likely to have government coverage compared with adults with no disability. In 2016, 43.5 percent of adults with a disability had private coverage compared with 75.9 percent of adults with no disability, a 32.4 percentage-point difference. At the same time, 58.6 percent of adults with a disability and 17.5 percent with no disability had government coverage, a 41.1 percentage-point difference.

<sup>22</sup> These estimates and estimates in the remainder of this section are for the population aged 19 to 64.

Between 2015 and 2016, both the population with a disability and the population with no disability had statistically significant increases in their coverage rates. Coverage rates increased by 1.1 percentage points to 91.2 percent in 2016 for adults with a disability and by 0.5 percentage points to 87.6 percent in 2016 for adults with no disability.<sup>23</sup>

### Work Experience

For many adults, health insurance coverage and type of coverage is related to work status, such as working full-time, year-round; working less than

<sup>23</sup> The percentage-point change in the health insurance coverage rate between 2015 and 2016 for individuals with a disability was not statistically different from the change for people without a disability.

**Table 3. Percentage of People by Type of Health Insurance Coverage for Working-Age Adults Aged 19 to 64: 2015 and 2016**

(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/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf))

Characteristic	Total																					
	2015	2016	Any health insurance														Uninsured <sup>5</sup>					
			2015		2016		Change (2016 less 2015) <sup>1,*</sup>	Private health insurance <sup>3</sup>				Government health insurance <sup>4</sup>				2015		2016		Change (2016 less 2015) <sup>1,*</sup>		
	Number	Number	Per- cent	Margin of error <sup>2</sup> (±)	Per- cent	Margin of error <sup>2</sup> (±)		Per- cent	Margin of error <sup>2</sup> (±)	Per- cent	Margin of error <sup>2</sup> (±)	Per- cent	Margin of error <sup>2</sup> (±)	Per- cent	Margin of error <sup>2</sup> (±)	Per- cent	Margin of error <sup>2</sup> (±)	Per- cent	Margin of error <sup>2</sup> (±)		Per- cent	Margin of error <sup>2</sup> (±)
							2015													2016		
<b>Total</b> . . . . .	<b>318,868</b>	<b>320,372</b>	<b>90.9</b>	<b>0.2</b>	<b>91.2</b>	<b>0.2</b>	<b>*0.3</b>	<b>67.2</b>	<b>0.4</b>	<b>67.5</b>	<b>0.4</b>	<b>0.3</b>	<b>37.1</b>	<b>0.3</b>	<b>37.3</b>	<b>0.3</b>	<b>0.1</b>	<b>9.1</b>	<b>0.2</b>	<b>8.8</b>	<b>0.2</b>	<b>*-0.3</b>
Total, 19 to 64 years old . . . . .	193,140	192,948	87.4	0.3	87.9	0.2	*0.5	72.7	0.4	73.1	0.4	0.3	21.0	0.3	21.1	0.3	0.2	12.6	0.3	12.1	0.2	*-0.5
<b>Marital Status</b>																						
Married <sup>6</sup> . . . . .	101,277	101,822	91.0	0.3	91.2	0.3	0.2	80.0	0.5	80.1	0.5	0.1	18.0	0.4	17.9	0.4	-0.1	9.0	0.3	8.8	0.3	-0.2
Widowed . . . . .	3,451	3,633	85.8	1.6	86.1	1.6	0.2	59.1	2.2	58.7	2.0	-0.5	33.6	2.1	33.5	2.2	-0.1	14.2	1.6	13.9	1.6	-0.2
Divorced . . . . .	19,817	19,460	85.1	0.7	86.1	0.6	*1.0	63.9	0.9	64.3	1.0	0.4	26.0	0.9	26.8	0.9	0.9	14.9	0.7	13.9	0.6	*-1.0
Separated . . . . .	4,698	4,495	79.4	1.6	80.8	1.5	1.4	54.4	1.9	55.9	1.9	1.4	29.4	1.9	31.0	1.8	1.6	20.6	1.6	19.2	1.5	-1.4
Never married . . . . .	63,896	63,537	83.2	0.5	84.0	0.5	*0.8	66.0	0.6	66.5	0.7	0.5	22.8	0.5	23.2	0.6	0.4	16.8	0.5	16.0	0.5	*-0.8
<b>Disability Status<sup>7</sup></b>																						
With a disability . . . . .	15,128	15,248	90.1	0.7	91.2	0.7	*1.1	43.4	1.2	43.5	1.2	0.1	58.3	1.2	58.6	1.1	0.3	9.9	0.7	8.8	0.7	*-1.1
With no disability . . . . .	177,102	176,842	87.1	0.3	87.6	0.2	*0.5	75.5	0.4	75.9	0.4	0.4	17.4	0.3	17.5	0.3	0.2	12.9	0.3	12.4	0.2	*-0.5
<b>Work Experience</b>																						
All workers . . . . .	148,503	149,105	88.4	0.3	88.8	0.3	*0.4	80.0	0.3	80.1	0.3	0.1	13.8	0.3	13.9	0.3	0.2	11.6	0.3	11.2	0.3	*-0.4
Worked full-time, year-round . . . . .	105,533	107,577	90.1	0.3	90.2	0.3	0.1	84.5	0.4	84.5	0.3	Z	10.5	0.3	10.4	0.3	-0.1	9.9	0.3	9.8	0.3	-0.1
Less than full-time, year-round . . . . .	42,970	41,528	84.2	0.5	85.2	0.5	*1.0	69.0	0.7	69.0	0.6	Z	21.7	0.6	23.1	0.6	*1.3	15.8	0.5	14.8	0.5	*-1.0
Did not work at least one week . . . . .	44,637	43,843	84.2	0.5	85.0	0.5	*0.8	48.6	0.8	49.1	0.8	0.5	44.9	0.8	45.6	0.7	0.7	15.8	0.5	15.0	0.5	*-0.8
<b>Educational Attainment</b>																						
Total, 26 to 64 years old . . . . .	162,665	163,133	87.8	0.3	88.1	0.2	0.4	73.3	0.4	73.4	0.4	0.1	20.6	0.4	20.8	0.3	0.2	12.2	0.3	11.9	0.2	-0.4
No high school diploma . . . . .	16,079	15,389	72.4	1.1	72.7	1.1	0.3	43.1	1.2	40.9	1.1	*-2.2	35.4	1.1	37.7	1.1	*2.3	27.6	1.1	27.3	1.1	-0.3
High school graduate (includes equivalency) . . . . .	44,925	45,401	84.4	0.5	84.8	0.5	0.5	65.2	0.7	65.0	0.7	-0.2	26.0	0.7	26.3	0.6	0.4	15.6	0.5	15.2	0.5	-0.5
Some college, no degree . . . . .	27,246	26,594	88.1	0.6	88.4	0.5	0.3	71.7	0.8	71.8	0.8	0.1	23.7	0.7	23.8	0.7	0.1	11.9	0.6	11.6	0.5	-0.3
Associate degree . . . . .	17,471	17,739	90.5	0.6	90.7	0.6	0.2	77.6	0.8	77.9	0.9	0.3	20.3	0.7	19.5	0.8	-0.9	9.5	0.6	9.3	0.6	-0.2
Bachelor's degree . . . . .	35,870	36,528	93.0	0.4	93.2	0.4	0.2	86.2	0.5	86.8	0.5	0.6	11.6	0.5	11.6	0.4	Z	7.0	0.4	6.8	0.4	-0.2
Graduate or professional degree . . . . .	21,075	21,482	95.2	0.5	95.2	0.4	Z	90.2	0.6	90.0	0.6	-0.2	9.1	0.6	9.8	0.6	0.7	4.8	0.5	4.8	0.4	Z

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

Z Represents or rounds to zero.

<sup>1</sup> Details may not sum to totals because of rounding.

<sup>2</sup> 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/2017/demo/p60-260sa.pdf](http://www2.census.gov/library/publications/2017/demo/p60-260sa.pdf)>.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

<sup>6</sup> The combined category "married" includes three individual categories: "married, civilian spouse present," "married, armed forces spouse present," and "married, spouse absent."

<sup>7</sup> 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, 2016 and 2017 Annual Social and Economic Supplements.



full-time, year-round; or not working at all during the calendar year.<sup>24, 25</sup>

Among all workers, 88.8 percent had health insurance coverage in 2016. Full-time, year-round workers were more likely to be covered by health insurance (90.2 percent) than the population who worked less than full-time, year-round (85.2 percent) or nonworkers (85.0 percent) (Table 3).<sup>26</sup>

Workers were more likely to be covered by private health insurance coverage, compared with nonworkers. In 2016, 84.5 percent of full-time, year-round workers had private insurance coverage, compared with 69.0 percent of people who worked less than full-time, year-round and 49.1 percent of nonworkers.

In 2016, nonworkers were more than three times as likely to have government coverage (45.6 percent) than workers (13.9 percent). Among workers, 10.4 percent of people who worked full-time, year-round and 23.1 percent of people who worked less than full-time, year-round had government coverage in 2016.

Between 2015 and 2016, the health insurance coverage rate increased by 0.4 percentage points for people who worked at some point during the year. The coverage rate increased 1.0 percentage point for the population who worked less than full-time, year-round and 0.8 percentage points for the

population who did not work.<sup>27</sup> The health insurance coverage rate in 2016 was not statistically different from the rate in 2015 for the population who worked full-time, year-round.

### *Educational Attainment*

People with higher levels of educational attainment were more likely to have health insurance coverage than people with lower levels of education. In 2016, 95.2 percent of the population aged 26 to 64 with a graduate or professional degree had health insurance coverage, compared with 93.2 percent of the population with a bachelor's degree, 84.8 percent of high school graduates, and 72.7 percent of the population with no high school diploma (Table 3).<sup>28</sup>

Between 2015 and 2016, no educational attainment group saw a statistically significant change in its overall rate of coverage.

People with no high school diploma were the only educational attainment group to have a statistically significant change for private coverage and government coverage. Their private coverage rate decreased by 2.2 percentage points to 40.9 percent in 2016, while their government coverage rate increased by 2.3 percentage points to 37.7 percent in 2016.

### *Household Income*

In 2016, people with lower household income had lower overall health insurance coverage rates than people with higher income. During this time, 86.3 percent of people with an annual household income of less than

\$25,000 had health insurance coverage, compared with 92.4 percent of people with household income of \$75,000 to \$99,999 and 95.8 percent of people with household income of \$125,000 or more (Table 4).<sup>29</sup>

People with lower household income also had lower rates of private coverage than people with higher income. These differences varied more for lower income groups than for higher income groups. In 2016, the private health insurance coverage rate for people with household income between \$25,000 and \$49,999 (52.7 percent) was 22.3 percentage points higher than the rate for people with household income below \$25,000 (30.4 percent). At the same time, the private health insurance coverage rate for people with household income at or above \$125,000 (88.5 percent) was 4.8 percentage points higher than the rate for people with household income between \$100,000 and \$124,999 (83.8 percent).

Conversely, government coverage rates decreased as income increased, but as with private coverage, rates varied more at lower incomes than at higher incomes. In 2016, the government coverage rate for people with household income of less than \$25,000 (68.0 percent) was 16.0 percentage points higher than the rate for people with household income between \$25,000 and \$49,999 (52.0 percent). For the two highest income groups, the difference was smaller. The government coverage rate for people with household income between \$100,000 and \$124,999 (21.8 percent) was 3.0 percentage points higher than the rate for people with household income at or above \$125,000 (18.8 percent).

Only one income group saw a statistically significant change in its health insurance coverage rate between

<sup>24</sup> For this report, 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.

<sup>25</sup> These estimates and estimates in the remainder of this section are for the population aged 19 to 64.

<sup>26</sup> In 2016, the health insurance coverage rate for people who worked less than full-time, year-round was not statistically different from the coverage rate for nonworkers.

<sup>27</sup> The change between 2015 and 2016 in the health insurance coverage rate for people who worked at some point during the year was not statistically different from the change in the coverage rate for nonworkers.

The change between 2015 and 2016 in the health insurance coverage rate for people who worked less than full-time, year-round was not statistically different from the change in the coverage rate for nonworkers.

<sup>28</sup> These estimates and estimates in the remainder of this section are for the population aged 26 to 64.

<sup>29</sup> The 2015 income estimates are inflation-adjusted and presented in 2016 dollars.

2015 and 2016. The coverage rate increased by 1.1 percentage points to 86.3 percent for people with household income of less than \$25,000.

Between 2015 and 2016, people with household income between \$50,000 and \$74,999 were the only income group to have a statistically significant change in the rate of private coverage. Their rate of private coverage decreased by 1.7 percentage points to 68.6 percent in 2016.

Most of the income groups showed a statistically significant change in their government coverage rates between 2015 and 2016. The rate of government coverage increased for three income groups: people with household income less than \$25,000 (1.4 percentage-point increase), people with household income between \$50,000 and \$74,999 (2.2 percentage-point increase), and people with household income at or above \$125,000 (0.8 percentage-point increase).<sup>30</sup> The government coverage rate decreased by 1.4 percentage points for people with household income between \$75,000 and \$99,999, down to 26.2 percent in 2016.

### *Income-to-Poverty Ratio*

People and families are classified as being in poverty if their income is less than their poverty threshold.<sup>31</sup>

<sup>30</sup> The percentage-point difference in the government coverage rate between 2015 and 2016 for people with household income below \$25,000 was not statistically different from the percentage-point differences for people with household income between \$50,000 and \$74,999 and household income at or above \$125,000.

<sup>31</sup> 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: 2016* provides a more detailed description of how the Census Bureau calculates poverty; see <[www.census.gov/content/dam/Census/library/publications/2017/demo/p60-259.pdf](http://www.census.gov/content/dam/Census/library/publications/2017/demo/p60-259.pdf)>.

In 2016, the population living below 100 percent of poverty had the lowest health insurance coverage rate, at 83.7 percent, while people living at or above 400 percent of poverty had the highest coverage rate, at 95.6 percent (Table 4). The population with income between 100 percent and 399 percent of the poverty ratio had coverage rates that ranged from 87.4 percent for people with income between 100 and 199 percent of poverty to 92.5 percent for the population with income between 300 and 399 percent of poverty.

Government coverage continued to be most prevalent for the population in poverty (63.6 percent) and least prevalent for the population with income-to-poverty ratios at or above 400 percent of poverty (22.8 percent) in 2016.

Between 2015 and 2016, the health insurance coverage rate increased 1.1 percentage points for people with income below 100 percent of poverty (to 83.7 percent) and 0.9 percentage points for people with income between 100 and 199 percent of poverty (to 87.4 percent).<sup>32</sup> The coverage rate decreased 1.0 percentage point for people with income between 200 and 299 percent of poverty (89.2 percent).

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

<sup>32</sup> The percentage-point difference in the health insurance coverage rate between 2015 and 2016 for people below 100 percent of poverty was not statistically different from the percentage-point difference for people between 100 and 199 percent of poverty.

Act”). For adults aged 19 to 64, the relationship between poverty status and change in the uninsured rate between 2015 and 2016 may be related to the state of residence and whether or not that state expanded Medicaid eligibility (Figure 5).<sup>33, 34</sup> In states that expanded Medicaid eligibility on or before January 1, 2016, (“expansion states”) and states that did not expand Medicaid eligibility (“non-expansion states”), the uninsured rate decreased as the income-to-poverty ratio increased for adults aged 19 to 64. However, in 2014, 2015, and 2016, the uninsured rate was higher in non-expansion states than in expansion states regardless of individuals’ poverty status group. While the uninsured rate decreased for each income-to-poverty group between 2015 and 2016 (except for people living at or above 400 percent of poverty in non-expansion states), the overall decrease in the uninsured rate was greater in expansion states than in non-expansion states for all poverty status groups.

### *Family Status*

Many people obtain health insurance coverage through a family member’s plan. The Census Bureau classifies living arrangements into three types: families, unrelated subfamilies, and

<sup>33</sup> Estimates from Figure 5 are from the 2013 to 2016 1-Year American Community Surveys.

<sup>34</sup> Thirty states and the District of Columbia expanded Medicaid eligibility on or before January 1, 2016. For a list of the states and their Medicaid expansion status as of January 1, 2016, see Table 6: Percentage of People Without Health Insurance Coverage by State: 2013 to 2016.

**Table 4.**  
**Percentage of People by Type of Health Insurance Coverage by Household Income and Income-to-Poverty Ratio:**  
**2015 and 2016**

(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/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf))

Characteristic	Total																					
	2015	2016	Any health insurance										Uninsured <sup>5</sup>									
			2015					2016					Private health insurance <sup>3</sup>			Government health insurance <sup>4</sup>			2015			2016
	Number	Number	Per- cent	Mar- gin of error <sup>2</sup> (±)	Per- cent	Mar- gin of error <sup>2</sup> (±)	Change (2016 less 2015) <sup>1,*</sup>	2015		2016		Change (2016 less 2015) <sup>1,*</sup>	2015		2016		Change (2016 less 2015) <sup>1,*</sup>	2015		2016		Change (2016 less 2015) <sup>1,*</sup>
								Per- cent	Mar- gin of error <sup>2</sup> (±)	Per- cent	Mar- gin of error <sup>2</sup> (±)		Per- cent	Mar- gin of error <sup>2</sup> (±)	Per- cent	Mar- gin of error <sup>2</sup> (±)		Per- cent	Mar- gin of error <sup>2</sup> (±)	Per- cent	Mar- gin of error <sup>2</sup> (±)	
<b>Total</b> . . . . .	<b>318,868</b>	<b>320,372</b>	<b>90.9</b>	<b>0.2</b>	<b>91.2</b>	<b>0.2</b>	<b>*0.3</b>	<b>67.2</b>	<b>0.4</b>	<b>67.5</b>	<b>0.4</b>	<b>0.3</b>	<b>37.1</b>	<b>0.3</b>	<b>37.3</b>	<b>0.3</b>	<b>0.1</b>	<b>9.1</b>	<b>0.2</b>	<b>8.8</b>	<b>0.2</b>	<b>*-0.3</b>
<b>Household Income</b>																						
Less than \$25,000 . . . . .	51,526	48,346	85.2	0.5	86.3	0.6	*1.1	30.7	0.8	30.4	0.8	-0.3	66.6	0.8	68.0	0.8	*1.4	14.8	0.5	13.7	0.6	*-1.1
\$25,000 to \$49,999 . . . . .	64,874	63,644	87.5	0.5	88.1	0.4	0.6	52.9	0.8	52.7	0.8	-0.1	51.0	0.8	52.0	0.7	1.0	12.5	0.5	11.9	0.4	-0.6
\$50,000 to \$74,999 . . . . .	54,791	54,829	90.3	0.4	90.2	0.5	-0.1	70.3	0.8	68.6	0.8	*-1.7	34.7	0.8	36.9	0.7	*2.2	9.7	0.4	9.8	0.5	0.1
\$75,000 to \$99,999 . . . . .	42,794	44,225	92.6	0.4	92.4	0.4	-0.2	79.2	0.7	79.4	0.7	0.2	27.7	0.8	26.2	0.8	*-1.4	7.4	0.4	7.6	0.4	0.2
\$100,000 to 124,999 . . . . .	32,654	32,954	94.7	0.5	94.2	0.5	-0.5	84.7	0.8	83.8	0.7	-0.9	21.7	0.8	21.8	0.8	0.1	5.3	0.5	5.8	0.5	0.5
\$125,000 or more . . . . .	72,229	76,374	95.9	0.3	95.8	0.3	Z	88.6	0.5	88.5	0.5	-0.1	18.0	0.6	18.8	0.6	*0.8	4.1	0.3	4.2	0.3	Z
<b>Income-to-Poverty Ratio</b>																						
Below 100 percent of poverty . . . . .	43,123	40,616	82.6	0.7	83.7	0.6	*1.1	28.6	0.9	28.6	0.9	Z	62.1	0.9	63.6	0.8	*1.5	17.4	0.7	16.3	0.6	*-1.1
Below 138 percent of poverty . . . . .	64,711	61,039	83.6	0.5	84.7	0.5	*1.0	32.1	0.7	31.1	0.7	-0.9	61.4	0.7	63.1	0.6	*1.7	16.4	0.5	15.3	0.5	*-1.0
Between 100 and 199 percent of poverty . . . . .	57,770	54,629	86.4	0.6	87.4	0.5	*0.9	46.5	0.9	45.4	0.9	-1.1	53.8	0.8	55.9	0.8	*2.0	13.6	0.6	12.6	0.5	*-0.9
Between 200 and 299 percent of poverty . . . . .	49,668	51,705	90.2	0.4	89.2	0.5	*-1.0	66.9	0.8	66.2	0.8	-0.8	38.8	0.8	38.0	0.8	-0.8	9.8	0.4	10.8	0.5	*1.0
Between 300 and 399 percent of poverty . . . . .	41,691	42,562	92.7	0.5	92.5	0.4	-0.2	78.3	0.7	76.4	0.8	*-1.9	29.8	0.7	31.1	0.8	*1.4	7.3	0.5	7.5	0.4	0.2
At or above 400 percent of poverty . . . . .	126,202	130,398	95.5	0.2	95.6	0.2	0.1	86.4	0.4	86.6	0.3	0.2	22.6	0.4	22.8	0.4	0.2	4.5	0.2	4.4	0.2	-0.1

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

Z Represents or rounds to zero.

<sup>1</sup> Details may not sum to totals because of rounding.

<sup>2</sup> 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/2017/demo/p60-260sa.pdf](http://www2.census.gov/library/publications/2017/demo/p60-260sa.pdf)>.

<sup>3</sup> 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.

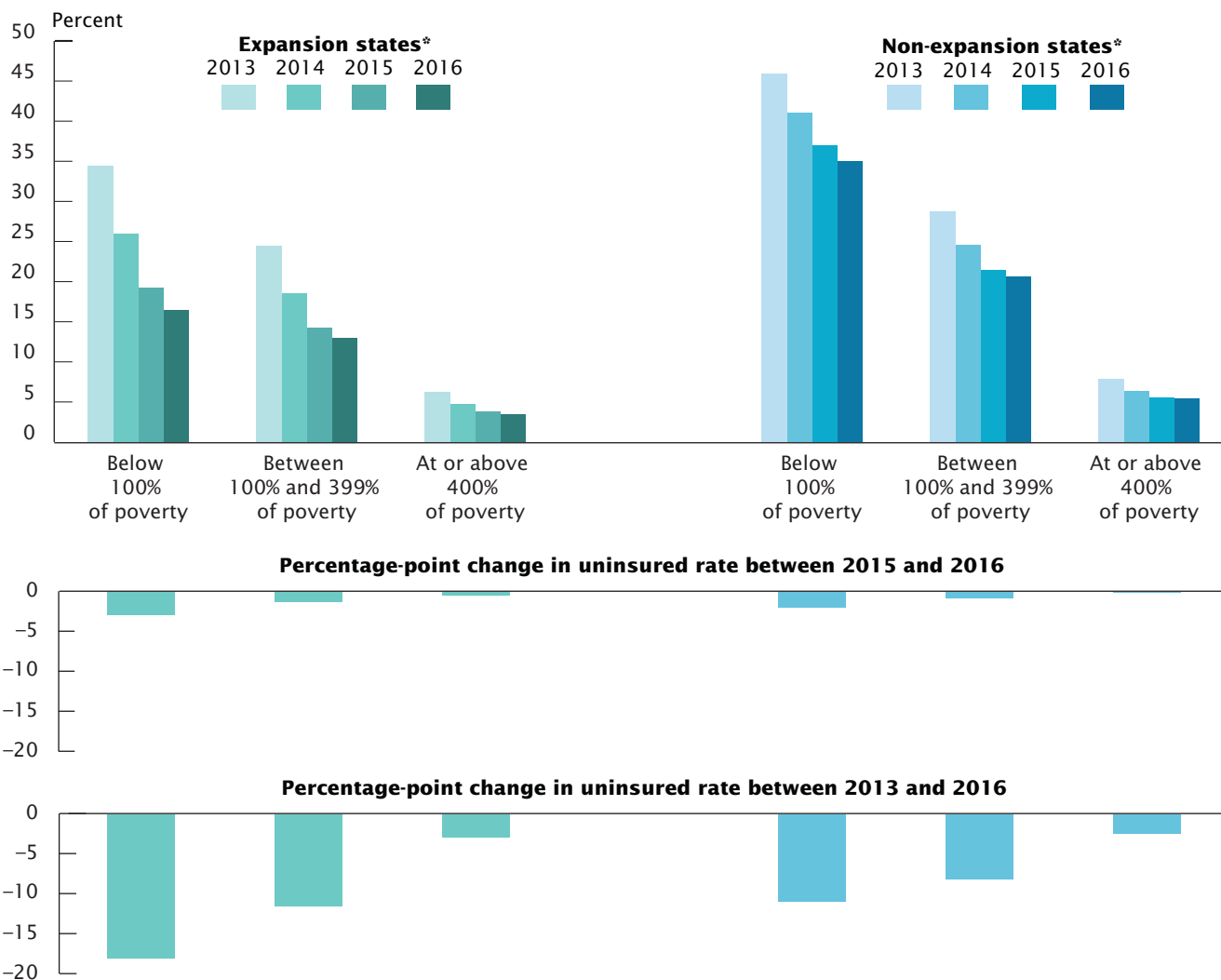
<sup>4</sup> Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

<sup>5</sup> Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

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

Source: U.S. Census Bureau, Current Population Survey, 2016 and 2017 Annual Social and Economic Supplements.

Figure 5.  
**Uninsured Rate by Poverty Status and Medicaid Expansion of State for Adults Aged 19 to 64: 2013 to 2016**  
 (Civilian noninstitutionalized population)



\* Medicaid expansion status as of January 1, 2016. For a list of expansion and non-expansion states, see Table 6: Percentage of People Without Health Insurance Coverage by State: 2013 to 2016.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <[www2.census.gov/programs-surveys/acs/tech\\_docs/accuracy/ACS\\_Accuracy\\_of\\_Data\\_2016.pdf](http://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2016.pdf)>.

Source: U.S. Census Bureau, 2013 to 2016 1-Year American Community Surveys.

unrelated individuals.<sup>35</sup> Families are the largest of these categories (81.1 percent of the population in 2016), followed by unrelated individuals (18.5 percent), and unrelated subfamilies (0.4 percent).

In 2016, people living in families had a higher health insurance coverage rate (91.8 percent) than unrelated individuals (88.7 percent) and people living in unrelated subfamilies (86.5 percent) (Table 5).<sup>36</sup>

Between 2015 and 2016, the coverage rate increased by 1.0 percentage point for unrelated individuals to 88.7 percent in 2016. There was no statistically significant change in coverage rates between 2015 and 2016 for people with other types of living arrangements.

### *Residence*

In 2016, the health insurance coverage rate was the highest for people living outside principal cities within metropolitan statistical areas, at 92.0 percent, and lowest for people

living inside principal cities, at 90.3 percent (Table 5).<sup>37, 38</sup>

Between 2015 and 2016, the health insurance coverage rate increased by 0.8 percentage points for people living inside principal cities. There were no statistically significant changes between 2015 and 2016 for people living outside principal cities within metropolitan statistical areas and people living outside metropolitan statistical areas.

### *Race and Hispanic Origin*

In 2016, 93.7 percent of non-Hispanic Whites had health insurance coverage. This rate was higher than the coverage rate for Blacks (89.5 percent), Asians (92.4 percent), and Hispanics (84.0 percent) (Table 5).

Non-Hispanic Whites and Asians were among the most likely to have private health insurance in 2016, at 73.9 percent and 74.2 percent, respectively.<sup>39</sup> Hispanics, who had the lowest rate of any health insurance coverage, also had the lowest rate of private coverage, at 52.4 percent. In 2016, 56.5 percent of Blacks had private health insurance coverage.

Rates of government health coverage followed a different pattern than private health insurance coverage. In 2016, the government coverage rate was the highest for Blacks, at 43.7 percent, followed by Hispanics (40.1 percent) and non-Hispanic Whites (35.9 percent). Asians had the lowest rate of health insurance coverage

through the government, at 27.1 percent in 2016.

Between 2015 and 2016, health insurance coverage rates increased 0.4 percentage points for non-Hispanic Whites. There were no statistically significant changes in the health insurance coverage rates for Blacks, Asians, or Hispanics between 2015 and 2016.

### *Nativity*

In 2016, the overall health insurance coverage rate for the native-born population (92.7 percent) was larger than that of naturalized citizens (91.5 percent) and noncitizens (73.8 percent) (Table 5).

Between 2015 and 2016, the health insurance coverage rate increased by 0.4 percentage points for the native-born population to 92.7 percent. The foreign-born population did not have a statistically significant change in their health insurance coverage rate during this period.

### *Children and Adults Without Health Insurance Coverage*

In 2016, for all selected characteristics, the uninsured rate for adults (aged 19 to 64) was significantly larger than for children (under 19 years of age) (Figure 6). Additionally, differences in the uninsured rates between demographic and socioeconomic groups were generally larger among adults than among children.<sup>40</sup>

<sup>35</sup> Families are defined as a group of two or more related people where one of them is the householder. Family members must be related by birth, marriage, or adoption and reside together. Unrelated subfamilies are family units that reside with, but are not related to, the primary householder. 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. An unrelated subfamily may also include people such as 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. The remainder of the population is classified as unrelated individuals.

<sup>36</sup> In 2016, the health insurance coverage rate of unrelated individuals was not statistically different from the coverage rate of people living in unrelated subfamilies.

<sup>37</sup> The Census Bureau categorizes residency into two broad groups; individuals can either live inside a metropolitan statistical area or outside of one. People living inside metropolitan statistical areas include individuals living both inside and outside principal cities.

<sup>38</sup> In 2016, the health insurance coverage rate for people living inside principal cities within metropolitan statistical areas was not statistically different from the coverage rate for people living outside metropolitan statistical areas.

<sup>39</sup> In 2016, the private coverage rate for non-Hispanic Whites was not statistically different from the private coverage rate for Asians.

<sup>40</sup> In 2016, the percentage-point difference in the uninsured rate between children with household income between \$100,000 and \$124,999 and children with household income at or above \$125,000 was not statistically different from the difference between adults with household income between \$100,000 and \$124,999 and adults with household income at or above \$125,000. In 2016, the percentage-point difference in the uninsured rate between native-born children and naturalized children was not statistically different from the difference between native-born adults and naturalized adults.

**Table 5. Percentage of People by Type of Health Insurance Coverage by Selected Demographic Characteristics: 2015 and 2016**

(Numbers in thousands, margins of errors 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/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf))

Characteristic	Total																					
	2015	2016	Any health insurance														Uninsured <sup>5</sup>					
			2015		2016		Change (2016 less 2015) <sup>1, *</sup>	Private health insurance <sup>3</sup>				Government health insurance <sup>4</sup>				2015		2016		Change (2016 less 2015) <sup>1, *</sup>		
	Number	Number	Per-cent	Mar-gin of error <sup>2</sup> (±)	Per-cent	Mar-gin of error <sup>2</sup> (±)		Per-cent	Mar-gin of error <sup>2</sup> (±)	Per-cent	Mar-gin of error <sup>2</sup> (±)	Change (2016 less 2015) <sup>1, *</sup>	Per-cent	Mar-gin of error <sup>2</sup> (±)	Per-cent	Mar-gin of error <sup>2</sup> (±)	Change (2016 less 2015) <sup>1, *</sup>	Per-cent	Mar-gin of error <sup>2</sup> (±)		Per-cent	Mar-gin of error <sup>2</sup> (±)
							Per-cent													Mar-gin of error <sup>2</sup> (±)		
<b>Total</b> . . . . .	<b>318,868</b>	<b>320,372</b>	<b>90.9</b>	<b>0.2</b>	<b>91.2</b>	<b>0.2</b>	<b>*0.3</b>	<b>67.2</b>	<b>0.4</b>	<b>67.5</b>	<b>0.4</b>	<b>0.3</b>	<b>37.1</b>	<b>0.3</b>	<b>37.3</b>	<b>0.3</b>	<b>0.1</b>	<b>9.1</b>	<b>0.2</b>	<b>8.8</b>	<b>0.2</b>	<b>*-0.3</b>
<b>Family Status</b>																						
In families . . . . .	258,121	259,863	91.7	0.2	91.8	0.2	0.2	68.3	0.4	68.7	0.4	0.3	36.6	0.4	36.4	0.4	-0.1	8.3	0.2	8.2	0.2	-0.2
Householder . . . . .	82,199	82,854	91.3	0.3	91.6	0.3	0.3	70.5	0.5	71.2	0.4	*0.6	36.2	0.4	36.3	0.4	0.1	8.7	0.3	8.4	0.3	-0.3
Related children under age 18 . . . . .	72,558	72,674	94.8	0.3	94.8	0.3	-0.1	62.7	0.6	63.0	0.6	0.3	42.7	0.7	41.5	0.7	*-1.2	5.2	0.3	5.2	0.3	0.1
Related children under age 6 . . . . .	23,459	23,531	93.9	0.5	94.2	0.4	0.3	58.4	1.0	58.9	1.0	0.4	45.8	1.1	45.1	1.0	-0.7	6.1	0.5	5.8	0.4	-0.3
In unrelated subfamilies . . . . .	1,344	1,208	87.9	2.7	86.5	2.9	-1.4	52.0	5.0	48.5	5.3	-3.5	47.1	4.5	48.6	4.9	1.5	12.1	2.7	13.5	2.9	1.4
Unrelated individuals . . . . .	59,403	59,301	87.8	0.4	88.7	0.3	*1.0	62.7	0.6	62.8	0.6	0.1	39.4	0.6	40.6	0.5	*1.2	12.2	0.4	11.3	0.3	*-1.0
<b>Residence</b>																						
Inside metropolitan statistical areas . . . . .	274,392	276,816	91.0	0.2	91.3	0.2	*0.3	68.0	0.4	68.5	0.4	*0.5	35.9	0.4	35.9	0.4	Z	9.0	0.2	8.7	0.2	*-0.3
Inside principal cities . . . . .	103,740	104,295	89.5	0.4	90.3	0.3	*0.8	63.6	0.7	64.1	0.6	0.6	37.6	0.6	37.8	0.7	0.2	10.5	0.4	9.7	0.3	*-0.8
Outside principal cities . . . . .	170,652	172,521	91.9	0.3	92.0	0.3	0.1	70.7	0.5	71.1	0.5	0.4	34.9	0.4	34.8	0.4	-0.1	8.1	0.3	8.0	0.3	-0.1
Outside metropolitan statistical areas <sup>6</sup> . . . . .	44,477	43,556	90.4	0.6	90.6	0.6	0.2	62.1	1.1	61.1	1.1	-1.0	44.4	1.0	45.7	1.1	*1.3	9.6	0.6	9.4	0.6	-0.2
<b>Race<sup>7</sup> and Hispanic Origin</b>																						
White . . . . .	245,805	246,310	91.3	0.2	91.6	0.2	*0.3	69.0	0.4	69.4	0.4	0.4	36.5	0.4	36.6	0.3	0.2	8.7	0.2	8.4	0.2	*-0.3
White, not Hispanic . . . . .	195,646	195,453	93.3	0.2	93.7	0.2	*0.4	73.6	0.4	73.9	0.4	0.3	35.3	0.4	35.9	0.4	*0.6	6.7	0.2	6.3	0.2	*-0.4
Black . . . . .	41,703	42,040	88.9	0.5	89.5	0.5	0.6	55.9	1.0	56.5	1.0	0.5	44.1	0.9	43.7	0.9	-0.4	11.1	0.5	10.5	0.5	-0.6
Asian . . . . .	18,249	18,897	92.5	0.6	92.4	0.7	-0.2	75.5	1.1	74.2	1.2	-1.3	27.1	1.1	27.1	1.2	0.1	7.5	0.6	7.6	0.7	0.2
Hispanic (any race) . . . . .	56,873	57,670	83.8	0.5	84.0	0.5	0.2	51.6	1.0	52.4	0.8	0.7	41.2	0.8	40.1	0.7	*-1.1	16.2	0.5	16.0	0.5	-0.2
<b>Nativity</b>																						
Native born . . . . .	275,798	276,518	92.3	0.2	92.7	0.2	*0.4	68.4	0.3	68.7	0.4	0.3	38.0	0.3	38.1	0.3	0.2	7.7	0.2	7.3	0.2	*-0.4
Foreign born . . . . .	43,070	43,854	81.9	0.6	82.0	0.6	0.2	59.4	0.9	59.9	0.7	0.4	31.8	0.8	31.7	0.7	Z	18.1	0.6	18.0	0.6	-0.2
Naturalized citizen . . . . .	20,086	20,409	91.3	0.5	91.5	0.6	0.3	66.5	1.0	67.3	1.0	0.7	36.9	1.0	37.2	1.0	0.3	8.7	0.5	8.5	0.6	-0.3
Not a citizen . . . . .	22,984	23,445	73.6	1.0	73.8	1.0	0.2	53.2	1.3	53.5	1.1	0.2	27.3	1.0	27.0	1.0	-0.2	26.4	1.0	26.2	1.0	-0.2

\* Changes between the estimates are statistically different from zero at the 90 percent confidence level.  
 Z Represents or rounds to zero.  
<sup>1</sup> Details may not sum to totals because of rounding.  
<sup>2</sup> 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/2017/demo/p60-260sa.pdf](http://www2.census.gov/library/publications/2017/demo/p60-260sa.pdf)>.  
<sup>3</sup> 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.  
<sup>4</sup> 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.  
<sup>5</sup> Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.  
<sup>6</sup> The "Outside metropolitan statistical areas" category includes both micropolitan statistical areas and territory outside of metropolitan and micropolitan statistical areas. For more information, see <[www.census.gov/programs-surveys/metro-micro/about/glossary.html](http://www.census.gov/programs-surveys/metro-micro/about/glossary.html)>.  
<sup>7</sup> 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 the 2010 Census through American FactFinder. About 2.9 percent of people reported more than one race in the 2010 Census. 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, 2016 and 2017 Annual Social and Economic Supplements.

For both age groups, in 2016, uninsured rates were higher for people with household income below \$25,000, compared with people with household income of \$125,000 or more. Children with household income below \$25,000 had an uninsured rate of 6.6 percent, while children with a household income at or above \$125,000 had an uninsured rate of 2.9 percent. The uninsured rate for adults with household income of less than \$25,000 was over four

times higher than it was for adults with household income of \$125,000 or greater.

The overall percentage of children under the age of 19 without health insurance was 5.4 percent in 2016. Children in poverty were more likely to be uninsured (7.0 percent) than children not in poverty (5.0 percent).

The difference in the uninsured rate by poverty status was larger among adults than among children. The

uninsured rate for adults in poverty (24.7 percent) was over twice that for adults not in poverty (10.4 percent).

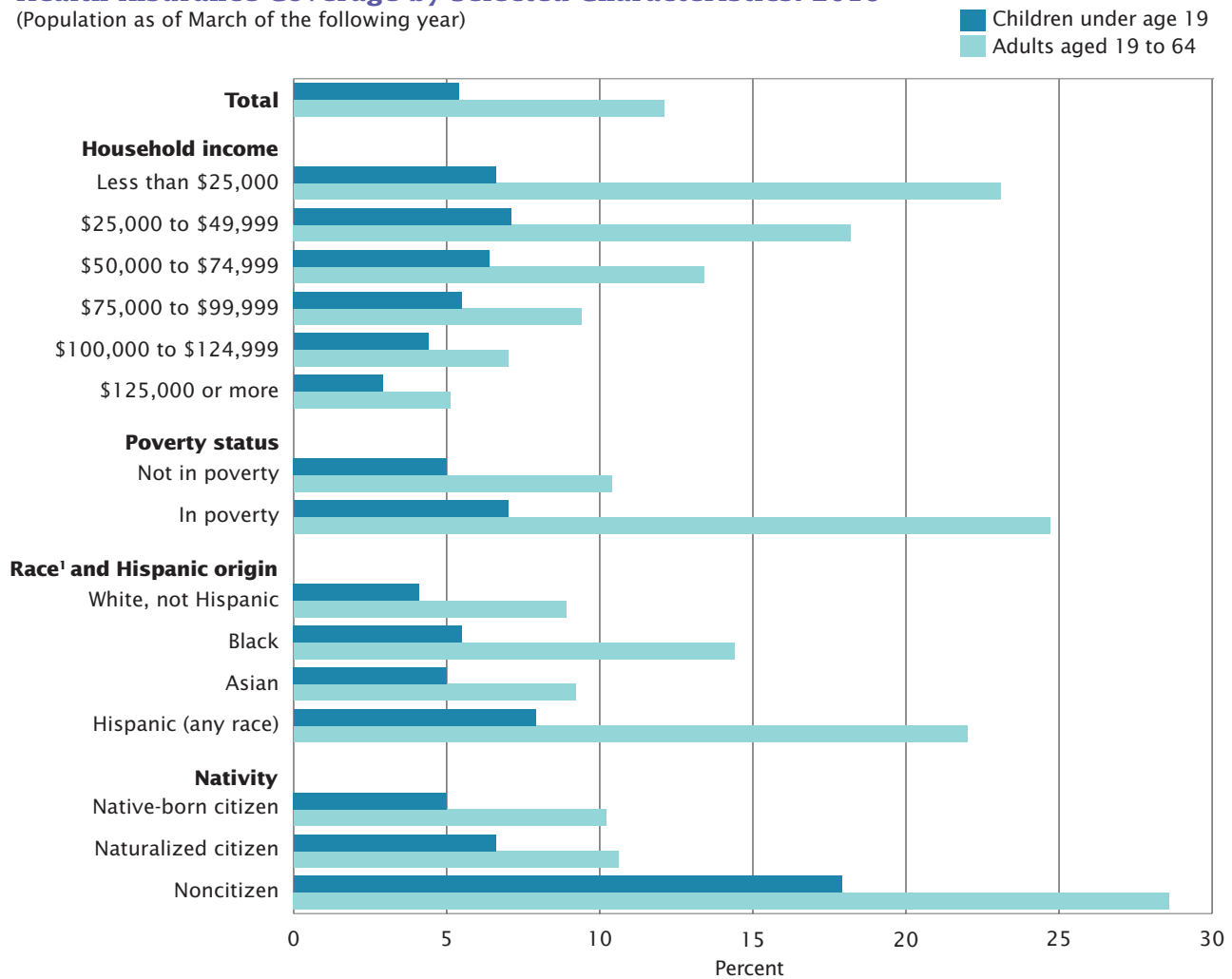
In 2016, non-Hispanic White children had an uninsured rate of 4.1 percent. Asian children had an uninsured rate of 5.0 percent, and Black children had an uninsured rate of 5.5 percent.<sup>41</sup> Hispanic children had the highest

<sup>41</sup> In 2016, the uninsured rate for Asian children was not statistically different from the uninsured rate for non-Hispanic White children or Black children.

Figure 6.

**Percentage of Children Under Age 19 and Adults Aged 19 to 64 Without Health Insurance Coverage by Selected Characteristics: 2016**

(Population as of March of the following year)



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

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <[www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf)>.

Source: U.S. Census Bureau, Current Population Survey, 2017 Annual Social and Economic Supplement.

uninsured rate, at 7.9 percent. For all race and Hispanic origin groups, the uninsured rate for adults was significantly larger than the uninsured rate for children.

The uninsured rate for noncitizen children in 2016 was 17.9 percent, over three-times greater than the uninsured rate for native-born citizen children (5.0 percent).

For adults in 2016, 28.6 percent of noncitizen adults were uninsured, which was over two-and-a-half times greater than the uninsured rate for native-born adults (10.2 percent).

### State Estimates of Health Insurance Coverage

During 2016, the state with the lowest percentage of people without health insurance was Massachusetts (2.5 percent), while the state with the highest percentage was Texas (16.6 percent) (Figure 7 and Table 6).<sup>42</sup> Twenty-five states and the District of Columbia had an uninsured rate of 8.0 percent or less, and seven states (Connecticut, Hawaii, Iowa, Massachusetts, Minnesota, Rhode Island, and Vermont) and the District of Columbia had an uninsured rate of 5.0 percent or less.<sup>43</sup> Two states, Alaska and Texas, had an uninsured rate of 14.0 percent or more.

<sup>42</sup> These estimates and estimates in the remainder of this section come from the ACS, which measures insurance coverage at the time of survey. 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 2016 1-Year American Community Survey, and estimates for Figure 8 come from the 2008 to 2016 1-Year American Community Surveys.

<sup>43</sup> Consistent with Figure 7, classification into these categories is based on unrounded uninsured rates.

Between 2015 and 2016, the percentage of people without health insurance coverage decreased in 39 states (Figure 8 and Table 6). The decrease ranged from 0.3 percentage points (Massachusetts) to 3.5 percentage points (Montana).<sup>44</sup> Eleven states and the District of Columbia did not have a statistically significant change in their uninsured rates.<sup>45</sup>

In 2014, many provisions of the Patient Protection and Affordable Care Act went into effect. Since 2013, uninsured rates dropped in all 50 states and in the District of Columbia (Figure 8). However, the year-to-year changes in uninsured rates varied across states, as did uninsured rates in 2016.

Variation in both the uninsured rate in 2016 and change in the uninsured rate by state between 2013 and 2016 may be related to whether the state expanded Medicaid eligibility as part of the Affordable Care Act. Thirty states and the District of Columbia expanded Medicaid eligibility on or before January 1, 2016 (see the text box “Health Insurance Coverage and the Affordable Care Act”).<sup>46</sup>

<sup>44</sup> The change in the uninsured rate between 2015 and 2016 in Massachusetts was not significantly different from the change in the uninsured rate in Arkansas, Colorado, Delaware, Hawaii, Idaho, Kansas, Maine, Maryland, Minnesota, Mississippi, Nebraska, Nevada, New Hampshire, North Dakota, Oklahoma, Texas, Vermont, Virginia, West Virginia, Wisconsin, Wyoming, and the District of Columbia.

<sup>45</sup> The states that did not have a significant change in the uninsured rate between 2015 and 2016 were Alaska, Delaware, Hawaii, Kansas, Maine, Nebraska, New Hampshire, North Dakota, Oklahoma, Vermont, and Wyoming.

<sup>46</sup> For a list of the states and their Medicaid expansion status as of January 1, 2016, see Table 6: Percentage of People Without Health Insurance Coverage by State: 2013 to 2016.

In general, in 2016, the uninsured rate in states that expanded Medicaid eligibility on or before January 1, 2016, was lower than in states that did not expand eligibility (Figure 7). In states that expanded Medicaid eligibility (“expansion states”), the uninsured rate in 2016 was 6.5 percent, compared with 11.7 percent in states that did not expand Medicaid eligibility (“non-expansion states”). Many Medicaid expansion states have uninsured rates near or lower than the national average, while many non-expansion states have uninsured rates near or above the national average (Figure 8). The uninsured rates by state ranged from 2.5 percent (Massachusetts) to 14.0 percent (Alaska) in expansion states, and from 5.3 percent (Wisconsin) to 16.6 percent (Texas) in non-expansion states.

Between 2015 and 2016, the overall decrease in the uninsured rate was 0.9 percentage points in expansion states, compared with 0.7 percentage points in non-expansion states. In general, decreases in the uninsured rate were greater in expansion states than in non-expansion states. Statistically significant decreases in the uninsured rate ranged from 3.5 percentage points to 0.3 percentage points in expansion states, and from 1.7 percentage points to 0.4 percentage points in non-expansion states.<sup>47</sup>

<sup>47</sup> The lower bound of the change in the uninsured rate between 2015 and 2016 for expansion states (0.3 percentage points) was not significantly different from the lower bound for non-expansion states (0.4 percentage points).



Table 6.

**Percentage of People Without Health Insurance Coverage by State: 2013 to 2016**(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\\_2016.pdf](http://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2016.pdf))

State	Medicaid expansion state? Yes (Y) or No (N) <sup>1</sup>	2013 uninsured		2014 uninsured		2015 uninsured		2016 uninsured		Difference in uninsured			
		Percent	Margin of error <sup>2</sup> (±)	Percent	Margin of error <sup>2</sup> (±)	Percent	Margin of error <sup>2</sup> (±)	Percent	Margin of error <sup>2</sup> (±)	2016 less 2015		2016 less 2013	
										Percent	Margin of error <sup>2</sup> (±)	Percent	Margin of error <sup>2</sup> (±)
<b>United States . . . . .</b>	<b>X</b>	<b>14.5</b>	<b>0.1</b>	<b>11.7</b>	<b>0.1</b>	<b>9.4</b>	<b>0.1</b>	<b>8.6</b>	<b>0.1</b>	<b>*-0.8</b>	<b>0.1</b>	<b>*-5.9</b>	<b>0.1</b>
Alabama . . . . .	N	13.6	0.4	12.1	0.4	10.1	0.3	9.1	0.3	*-1.0	0.4	*-4.5	0.5
Alaska . . . . .	+Y	18.5	1.0	17.2	0.9	14.9	0.7	14.0	0.9	-0.9	1.1	*-4.5	1.3
Arizona . . . . .	Y	17.1	0.4	13.6	0.3	10.8	0.3	10.0	0.3	*-0.9	0.4	*-7.2	0.5
Arkansas . . . . .	Y	16.0	0.5	11.8	0.4	9.5	0.4	7.9	0.4	*-1.6	0.6	*-8.1	0.6
California . . . . .	Y	17.2	0.2	12.4	0.1	8.6	0.1	7.3	0.1	*-1.2	0.1	*-9.8	0.2
Colorado . . . . .	Y	14.1	0.3	10.3	0.3	8.1	0.3	7.5	0.3	*-0.5	0.4	*-6.6	0.4
Connecticut . . . . .	Y	9.4	0.4	6.9	0.3	6.0	0.4	4.9	0.3	*-1.1	0.5	*-4.5	0.5
Delaware . . . . .	Y	9.1	0.7	7.8	0.7	5.9	0.6	5.7	0.5	-0.2	0.8	*-3.5	0.8
District of Columbia . . . . .	Y	6.7	0.6	5.3	0.7	3.8	0.6	3.9	0.6	0.1	0.9	*-2.7	0.9
Florida . . . . .	N	20.0	0.2	16.6	0.2	13.3	0.2	12.5	0.2	*-0.8	0.3	*-7.5	0.3
Georgia . . . . .	N	18.8	0.3	15.8	0.3	13.9	0.3	12.9	0.3	*-0.9	0.4	*-5.9	0.4
Hawaii . . . . .	Y	6.7	0.4	5.3	0.4	4.0	0.3	3.5	0.4	-0.4	0.5	*-3.2	0.6
Idaho . . . . .	N	16.2	0.8	13.6	0.7	11.0	0.6	10.1	0.5	*-0.9	0.8	*-6.1	0.9
Illinois . . . . .	Y	12.7	0.2	9.7	0.2	7.1	0.2	6.5	0.2	*-0.6	0.2	*-6.3	0.3
Indiana . . . . .	+Y	14.0	0.3	11.9	0.3	9.6	0.3	8.1	0.3	*-1.5	0.4	*-5.8	0.4
Iowa . . . . .	Y	8.1	0.3	6.2	0.3	5.0	0.3	4.3	0.2	*-0.8	0.4	*-3.9	0.4
Kansas . . . . .	N	12.3	0.4	10.2	0.4	9.1	0.4	8.7	0.3	-0.4	0.5	*-3.5	0.5
Kentucky . . . . .	Y	14.3	0.3	8.5	0.3	6.0	0.2	5.1	0.2	*-0.9	0.3	*-9.2	0.4
Louisiana . . . . .	N	16.6	0.4	14.8	0.3	11.9	0.4	10.3	0.4	*-1.7	0.5	*-6.3	0.5
Maine . . . . .	N	11.2	0.5	10.1	0.6	8.4	0.5	8.0	0.5	-0.4	0.7	*-3.1	0.7
Maryland . . . . .	Y	10.2	0.3	7.9	0.3	6.6	0.2	6.1	0.3	*-0.5	0.3	*-4.0	0.4
Massachusetts . . . . .	Y	3.7	0.2	3.3	0.1	2.8	0.1	2.5	0.2	*-0.3	0.2	*-1.2	0.2
Michigan . . . . .	^Y	11.0	0.2	8.5	0.2	6.1	0.1	5.4	0.1	*-0.7	0.2	*-5.6	0.2
Minnesota . . . . .	Y	8.2	0.3	5.9	0.2	4.5	0.2	4.1	0.2	*-0.4	0.3	*-4.1	0.3
Mississippi . . . . .	N	17.1	0.5	14.5	0.5	12.7	0.4	11.8	0.4	*-0.9	0.6	*-5.2	0.7
Missouri . . . . .	N	13.0	0.3	11.7	0.3	9.8	0.3	8.9	0.2	*-0.9	0.3	*-4.1	0.4
Montana . . . . .	+Y	16.5	0.8	14.2	0.6	11.6	0.7	8.1	0.5	*-3.5	0.9	*-8.3	0.9
Nebraska . . . . .	N	11.3	0.5	9.7	0.4	8.2	0.5	8.6	0.5	0.3	0.7	*-2.8	0.7
Nevada . . . . .	Y	20.7	0.6	15.2	0.5	12.3	0.4	11.4	0.5	*-0.9	0.6	*-9.3	0.8
New Hampshire . . . . .	^Y	10.7	0.5	9.2	0.5	6.3	0.4	5.9	0.4	-0.4	0.6	*-4.8	0.7
New Jersey . . . . .	Y	13.2	0.2	10.9	0.2	8.7	0.2	8.0	0.2	*-0.7	0.3	*-5.2	0.3
New Mexico . . . . .	Y	18.6	0.6	14.5	0.5	10.9	0.5	9.2	0.5	*-1.8	0.7	*-9.5	0.8
New York . . . . .	Y	10.7	0.2	8.7	0.1	7.1	0.1	6.1	0.1	*-1.0	0.2	*-4.6	0.2
North Carolina . . . . .	N	15.6	0.3	13.1	0.3	11.2	0.2	10.4	0.2	*-0.8	0.3	*-5.2	0.3
North Dakota . . . . .	Y	10.4	0.8	7.9	0.7	7.8	0.7	7.0	0.6	-0.7	0.9	*-3.3	1.0
Ohio . . . . .	Y	11.0	0.2	8.4	0.2	6.5	0.2	5.6	0.2	*-0.9	0.2	*-5.4	0.2
Oklahoma . . . . .	N	17.7	0.3	15.4	0.3	13.9	0.3	13.8	0.3	-0.1	0.4	*-3.9	0.5
Oregon . . . . .	Y	14.7	0.4	9.7	0.3	7.0	0.3	6.2	0.2	*-0.8	0.4	*-8.4	0.5
Pennsylvania . . . . .	^Y	9.7	0.2	8.5	0.2	6.4	0.1	5.6	0.2	*-0.7	0.2	*-4.1	0.2
Rhode Island . . . . .	Y	11.6	0.7	7.4	0.6	5.7	0.6	4.3	0.5	*-1.4	0.7	*-7.3	0.8
South Carolina . . . . .	N	15.8	0.4	13.6	0.4	10.9	0.3	10.0	0.3	*-0.9	0.4	*-5.8	0.5
South Dakota . . . . .	N	11.3	0.7	9.8	0.5	10.2	0.6	8.7	0.5	*-1.5	0.8	*-2.5	0.8
Tennessee . . . . .	N	13.9	0.3	12.0	0.3	10.3	0.3	9.0	0.2	*-1.2	0.4	*-4.8	0.4
Texas . . . . .	N	22.1	0.2	19.1	0.2	17.1	0.2	16.6	0.2	*-0.5	0.3	*-5.5	0.3
Utah . . . . .	N	14.0	0.5	12.5	0.5	10.5	0.5	8.8	0.4	*-1.7	0.6	*-5.2	0.6
Vermont . . . . .	Y	7.2	0.6	5.0	0.4	3.8	0.4	3.7	0.4	-0.1	0.5	*-3.5	0.7
Virginia . . . . .	N	12.3	0.3	10.9	0.3	9.1	0.3	8.7	0.3	*-0.4	0.4	*-3.6	0.4
Washington . . . . .	Y	14.0	0.3	9.2	0.2	6.6	0.2	6.0	0.2	*-0.7	0.3	*-8.0	0.4
West Virginia . . . . .	Y	14.0	0.5	8.6	0.4	6.0	0.4	5.3	0.3	*-0.6	0.5	*-8.7	0.6
Wisconsin . . . . .	N	9.1	0.2	7.3	0.2	5.7	0.2	5.3	0.2	*-0.4	0.2	*-3.9	0.3
Wyoming . . . . .	N	13.4	0.9	12.0	0.8	11.5	1.0	11.5	1.0	Z	1.4	*-1.9	1.3

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

^ Expanded Medicaid eligibility after January 1, 2014, and on or before January 1, 2015.

+ Expanded Medicaid eligibility after January 1, 2015, and on or before January 1, 2016.

X Not applicable.

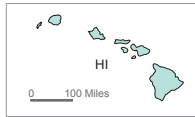
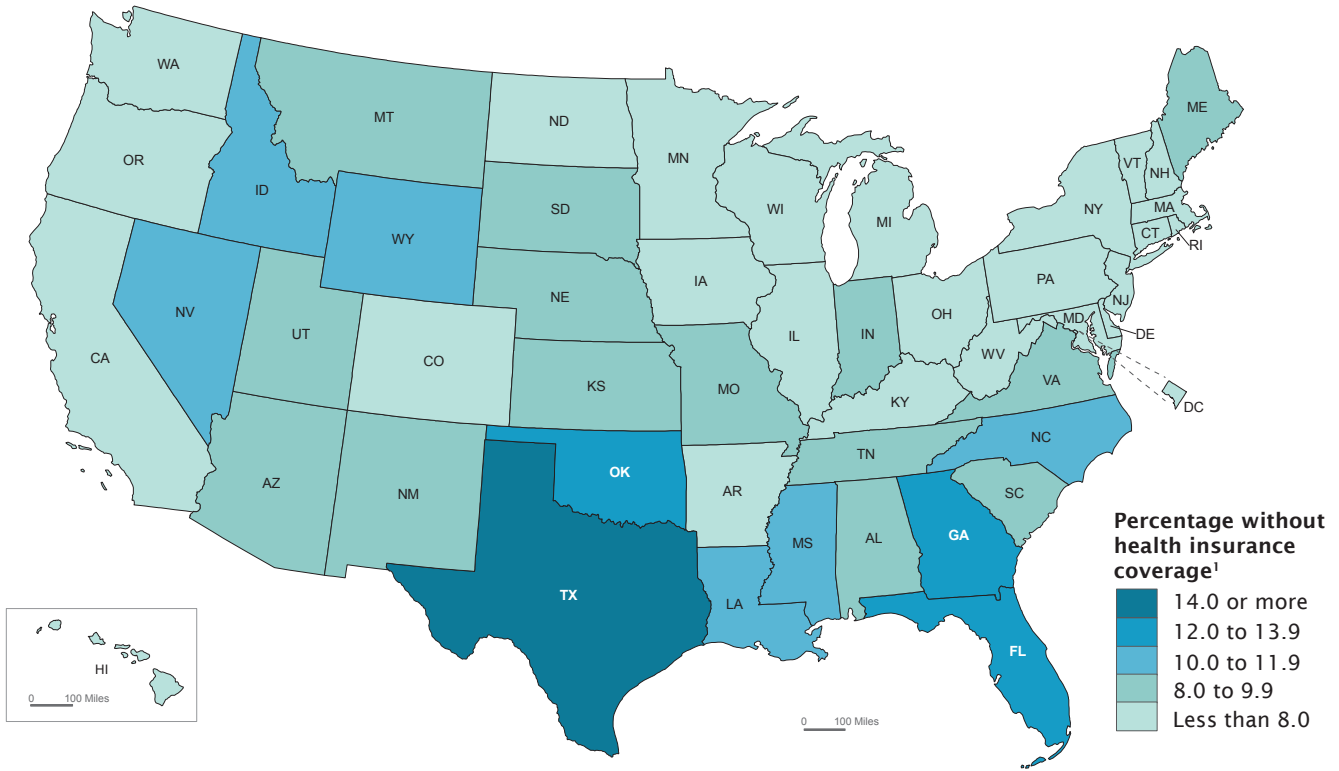
Z Represents or rounds to zero.

<sup>1</sup> Medicaid expansion status as of January 1, 2016. For more information, see <[www.medicaid.gov/medicaid/by-state/by-state.html](http://www.medicaid.gov/medicaid/by-state/by-state.html)>.<sup>2</sup> 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.

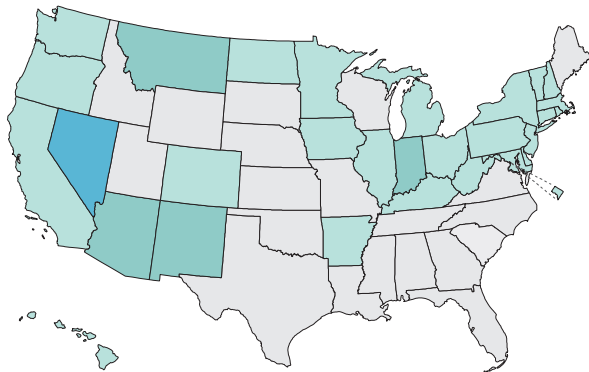
Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.

Source: U.S. Census Bureau, 2013 to 2016 1-Year American Community Surveys.

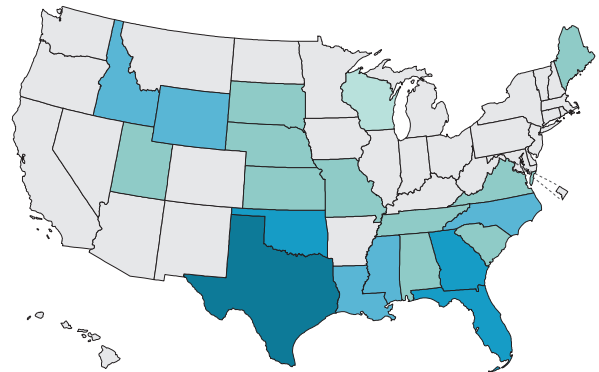
Figure 7.  
**Uninsured Rate by State: 2016**  
 (Civilian noninstitutionalized population)



Expansion States\*



Non-Expansion States\*



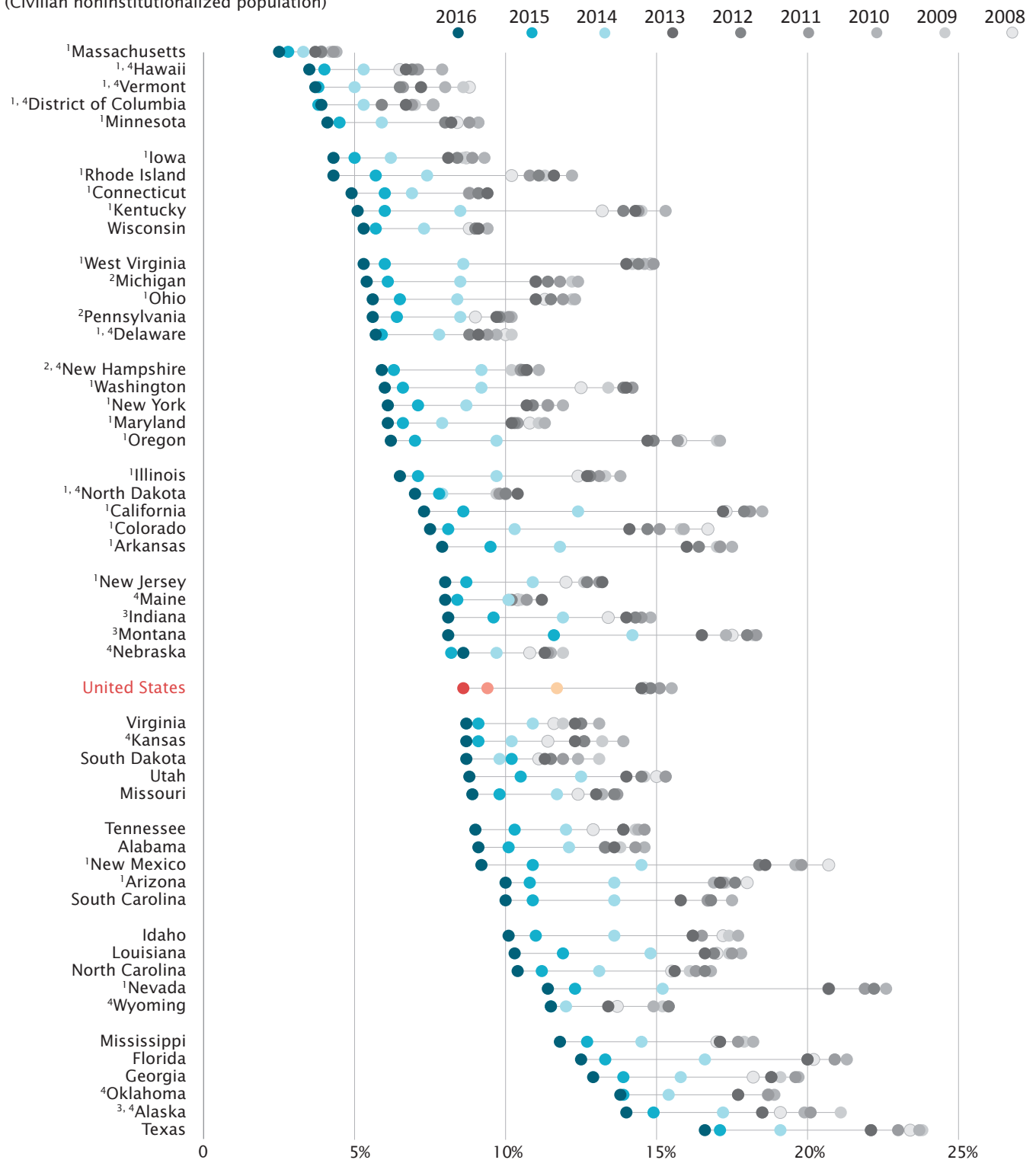
\* Medicaid expansion status as of January 1, 2016. For a list of expansion and non-expansion states, see Table 6: Percentage of People Without Health Insurance Coverage by State: 2013 to 2016.

<sup>1</sup> Classification is based on unrounded uninsured rates.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <[www2.census.gov/programs-surveys/acs/tech\\_docs/accuracy/ACS\\_Accuracy\\_of\\_Data\\_2016.pdf](http://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2016.pdf)>.

Source: U.S. Census Bureau, 2016 1-Year American Community Survey.

Figure 8.  
**Change in the Uninsured Rate by State: 2008 to 2016**  
 (Civilian noninstitutionalized population)



<sup>1</sup> Expanded Medicaid eligibility as of January 1, 2014.  
<sup>2</sup> Expanded Medicaid eligibility after January 1, 2014, and on or before January 1, 2015.  
<sup>3</sup> Expanded Medicaid eligibility after January 1, 2015, and on or before January 1, 2016.  
<sup>4</sup> The change in the uninsured rate between 2015 and 2016 was not statistically different from zero at the 90 percent confidence level for Alaska, Delaware, Hawaii, Kansas, Maine, Nebraska, New Hampshire, North Dakota, Oklahoma, Vermont, Wyoming, and the District of Columbia.  
 Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <[www2.census.gov/programs-surveys/acs/tech\\_docs/accuracy/ACS\\_Accuracy\\_of\\_Data\\_2016.pdf](http://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2016.pdf)>.  
 Source: U.S. Census Bureau, 2008 to 2016 1-Year American Community Surveys.

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## More Information About Health Insurance Coverage

### *Additional Data and Contacts*

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](http://www.census.gov)> or directly at <[www.census.gov/topics/health/health-insurance.html](http://www.census.gov/topics/health/health-insurance.html)>.

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](http://www.census.gov/did/www/sahie/index.html)>. The most recent estimates are for 2015.

### 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 to 2017 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.<sup>48</sup> The data are based on a sample of about 95,000 addresses. 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. Beginning with 2010, estimates are based on 2010 Census population counts and are updated

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<sup>48</sup> The U.S. Island Areas include American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the Virgin Islands of the United States.

annually taking into account births, deaths, emigration, and immigration.

The CPS is a household survey primarily used to collect employment data. The sample universe for the basic CPS consists of the resident civilian, noninstitutionalized population of the United States. People in institutions, such as prisons, long-term care hospitals, and nursing homes, are not eligible to be interviewed in the CPS. Students living in dormitories are included in the estimates only if information about them is reported in an interview at their parents' home. Since the CPS is a household survey, people who are homeless and not living in shelters are not included in the sample. The sample universe for the CPS ASEC is slightly larger than that of the basic CPS since it includes military personnel who live in a household with at least one other civilian adult, regardless of whether they live off post or on post. All other armed forces are excluded. For further documentation about the CPS ASEC, see <[www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf)>.

Additional data in this report are from the American Community Survey (ACS) 1-year data, 2008 through 2016. 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

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the ACS sample design and other topics, visit [www.census.gov/programs-surveys/acs/](http://www.census.gov/programs-surveys/acs/).

### *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 2017 CPS ASEC were collected in March (with some data collected in February and April). Each year, the CPS ASEC sample consists of approximately 100,000 addresses. In 2017, the CPS ASEC sample had 95,000 addresses, as approximately 5,000 randomly selected addresses were removed from the March sample. The 5,000 addresses were given the pre-2013 health insurance questions in order to fulfill budgetary requirements for

the 2017 fiscal year.<sup>49, 50</sup> Adjustments to the weights were made to account for the reduction in sample. Further information about the source and accuracy of the CPS ASEC estimates is available at [www2.census.gov/library/publications/2017/demo/p60-260sa.pdf](http://www2.census.gov/library/publications/2017/demo/p60-260sa.pdf).

Most of the remaining data presented in this report are based on the ACS sample collected from January 2016 through December 2016. For more information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, please see the 2016 ACS Accuracy of the Data document located at [www2.census.gov/programs-surveys/acs/tech\\_docs/accuracy/ACS\\_Accuracy\\_of\\_Data\\_2016.pdf](http://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2016.pdf).

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<sup>49</sup> Public Law 113-235, 2017.

<sup>50</sup> The series of questions asking about health insurance coverage in calendar year 2012 and earlier.



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## **APPENDIX A. ADDITIONAL HEALTH INSURANCE COVERAGE TABLES**

The Current Population Survey Annual Social and Economic Supplement (CPS ASEC) along with the American Community Survey (ACS) are used to produce additional health insurance coverage tables. These tables are available electronically on the U.S. Census Bureau's Health Insurance Web site. The Web site may be accessed through the Census Bureau's home page at <[www.census.gov](http://www.census.gov)>, the Health Insurance home page at <[www.census.gov/topics/health/health-insurance.html](http://www.census.gov/topics/health/health-insurance.html)>, or directly at <[www.census.gov/data/tables/2017/demo/health-insurance/p60-260.html](http://www.census.gov/data/tables/2017/demo/health-insurance/p60-260.html)>.

Table A-1.

**Number of People by Type of Health Insurance Coverage by Age: 2015 and 2016**

(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/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf))

Characteristic	Total		Any health insurance					Private health insurance <sup>3</sup>					Government health insurance <sup>4</sup>					Uninsured <sup>5</sup>					
	2015	2016	2015		2016		Change (2016 less 2015) <sup>1,*</sup>	2015		2016		Change (2016 less 2015) <sup>1,*</sup>	2015		2016		Change (2016 less 2015) <sup>1,*</sup>	2015		2016		Change (2016 less 2015) <sup>1,*</sup>	
	Number	Number	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)		Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)		Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)		Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)		Number
<b>Total . . . . .</b>	<b>318,868</b>	<b>320,372</b>	<b>289,903</b>	<b>650</b>	<b>292,320</b>	<b>541</b>	<b>*2,417</b>	<b>214,238</b>	<b>1,118</b>	<b>216,203</b>	<b>1,145</b>	<b>*1,965</b>	<b>118,395</b>	<b>1,067</b>	<b>119,361</b>	<b>1,018</b>	<b>966</b>	<b>28,966</b>	<b>634</b>	<b>28,052</b>	<b>519</b>	<b>*-914</b>	
<b>Age</b>																							
Under age 65 . . . . .	271,322	271,098	242,862	639	243,645	582	783	189,467	1,050	190,198	1,051	730	73,786	1,015	73,220	991	-566	28,460	624	27,453	508	*-1,007	
Under age 18 . . . . .	74,062	74,047	70,196	264	70,123	246	-72	46,138	482	46,393	438	255	31,853	486	31,020	481	*-833	3,866	218	3,924	192	58	
Aged 18 to 64 . . . . .	197,260	197,051	172,666	549	173,521	535	*855	143,330	739	143,805	772	475	41,933	692	42,200	689	267	24,594	521	23,530	438	*-1,064	
Under age 19 <sup>6</sup> . . . . .	78,182	78,150	74,024	255	73,948	240	-76	48,959	496	49,185	452	226	33,320	505	32,439	501	*-880	4,158	225	4,203	205	44	
Aged 19 to 64 . . . . .	193,140	192,948	168,838	543	169,697	525	*859	140,509	717	141,013	750	504	40,466	668	40,781	662	314	24,302	513	23,251	435	*-1,051	
Aged 19 to 25 <sup>7</sup> . . . . .	30,475	29,815	26,060	298	25,917	274	-143	21,288	322	21,247	290	-41	7,019	232	6,898	263	-121	4,414	190	3,898	179	*-516	
Aged 26 to 34 . . . . .	38,960	39,736	32,622	293	33,499	267	*876	27,098	322	27,692	313	*594	7,814	259	8,097	258	283	6,337	235	6,237	224	-100	
Aged 35 to 44 . . . . .	40,005	40,046	34,517	226	34,794	197	277	29,099	253	29,373	270	274	7,737	235	7,728	228	-9	5,489	216	5,252	192	-236	
Aged 45 to 64 . . . . .	83,701	83,351	75,639	259	75,487	342	-151	63,025	368	62,702	449	-323	17,896	396	18,058	408	161	8,062	260	7,863	257	-199	
Aged 65 and older . . . . .	47,547	49,274	47,041	64	48,675	225	*1,635	24,771	383	26,005	378	*1,235	44,609	150	46,140	259	*1,532	506	62	598	69	93	

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

<sup>1</sup> Details may not sum to totals because of rounding.

<sup>2</sup> 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/2017/demo/p60-260sa.pdf](http://www2.census.gov/library/publications/2017/demo/p60-260sa.pdf).

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

<sup>6</sup> Children under the age of 19 are eligible for Medicaid/CHIP.

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

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

Source: U.S. Census Bureau, Current Population Survey, 2016 and 2017 Annual Social and Economic Supplements.



**Table A-2. Number of People by Type of Health Insurance Coverage for Working-Age Adults Aged 19 to 64: 2015 and 2016**

(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/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf))

Characteristic	Total																					
	2015	2016	Any health insurance														Uninsured <sup>5</sup>					
			2015		2016		Change (2016 less 2015) <sup>1,*</sup>	Private health insurance <sup>3</sup>				Government health insurance <sup>4</sup>				2015		2016		Change (2016 less 2015) <sup>1,*</sup>		
	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)		Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)		Number	Margin of error <sup>2</sup> (±)
							Number													Margin of error <sup>2</sup> (±)		
<b>Total</b> . . . . .	<b>318,868</b>	<b>320,372</b>	<b>289,903</b>	<b>650</b>	<b>292,320</b>	<b>541</b>	<b>*2,417</b>	<b>214,238</b>	<b>1,118</b>	<b>216,203</b>	<b>1,145</b>	<b>*1,965</b>	<b>118,395</b>	<b>1,067</b>	<b>119,361</b>	<b>1,018</b>	<b>966</b>	<b>28,966</b>	<b>634</b>	<b>28,052</b>	<b>519</b>	<b>*-914</b>
Total, 19 to 64 years old . . . . .	193,140	192,948	168,838	543	169,697	525	*859	140,509	717	141,013	750	504	40,466	668	40,781	662	314	24,302	513	23,251	435	*-1,051
<b>Marital Status</b>																						
Married <sup>6</sup> . . . . .	101,277	101,822	92,147	686	92,821	670	674	81,072	699	81,594	666	522	18,204	478	18,230	447	27	9,131	325	9,001	333	-129
Widowed . . . . .	3,451	3,633	2,962	142	3,127	158	165	2,041	117	2,131	117	90	1,160	87	1,218	101	59	489	61	506	61	17
Divorced . . . . .	19,817	19,460	16,858	358	16,753	363	-105	12,655	310	12,503	317	-152	5,150	205	5,223	212	73	2,959	154	2,707	132	*-252
Separated . . . . .	4,698	4,495	3,731	173	3,632	169	-99	2,558	135	2,512	144	-46	1,383	109	1,394	96	11	968	84	863	73	-105
Never married . . . . .	63,896	63,537	53,140	566	53,364	547	224	42,182	559	42,272	552	90	14,570	334	14,716	392	145	10,756	297	10,174	320	*-582
<b>Disability Status<sup>7</sup></b>																						
With a disability . . . . .	15,128	15,248	13,627	300	13,899	358	272	6,559	224	6,633	231	74	8,820	271	8,933	287	114	1,501	106	1,349	109	-152
With no disability . . . . .	177,102	176,842	154,301	578	154,940	572	639	133,713	695	134,162	765	449	30,737	547	30,989	558	252	22,801	516	21,902	417	*-899
<b>Work Experience</b>																						
All workers . . . . .	148,503	149,105	131,240	655	132,422	587	*1,182	118,806	676	119,497	661	690	20,421	449	20,797	474	376	17,263	436	16,682	385	*-581
Worked full-time, year-round . . . . .	105,533	107,577	95,059	671	97,049	652	*1,989	89,177	670	90,853	669	*1,677	11,078	303	11,224	313	146	10,474	322	10,528	292	54
Worked less than full-time, year-round . . . . .	42,970	41,528	36,181	534	35,374	514	*-807	29,630	505	28,643	441	*-986	9,343	258	9,573	286	230	6,789	245	6,154	225	*-635
Did not work at least one week . . . . .	44,637	43,843	37,598	491	37,275	507	-323	21,702	410	21,517	413	-186	20,045	444	19,984	395	-61	7,039	222	6,568	247	*-471
<b>Educational Attainment</b>																						
Total, 26 to 64 years old . . . . .	162,665	163,133	142,778	495	143,780	473	*1,002	119,221	644	119,766	685	546	33,447	590	33,883	547	436	19,888	449	19,353	386	-535
No high school diploma . . . . .	16,079	15,389	11,642	301	11,184	300	*-458	6,923	244	6,293	218	*-630	5,698	212	5,806	218	108	4,436	198	4,205	189	-231
High school graduate (includes equivalency) . . . . .	44,925	45,401	37,894	572	38,511	605	617	29,277	508	29,512	541	235	11,676	354	11,961	328	285	7,031	248	6,890	232	-140
Some college, no degree . . . . .	27,246	26,594	24,006	411	23,512	407	-494	19,536	398	19,102	383	-434	6,449	214	6,324	227	-126	3,240	167	3,082	147	-158
Associate degree . . . . .	17,471	17,739	15,820	335	16,096	354	277	13,558	296	13,820	323	262	3,550	149	3,454	171	-96	1,652	110	1,642	110	-9
Bachelor's degree . . . . .	35,870	36,528	33,354	518	34,032	503	678	30,919	517	31,698	498	*779	4,159	176	4,239	172	80	2,517	146	2,496	133	-21
Graduate or professional degree . . . . .	21,075	21,482	20,062	432	20,444	437	383	19,009	429	19,342	432	333	1,914	131	2,098	122	*184	1,013	100	1,038	86	25

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

<sup>1</sup> Details may not sum to totals because of rounding.

<sup>2</sup> 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/2017/demo/p60-260sa.pdf](http://www2.census.gov/library/publications/2017/demo/p60-260sa.pdf)>.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

<sup>6</sup> The combined category "married" includes three individual categories: "married, civilian spouse present," "married, armed forces spouse present," and "married, spouse absent."

<sup>7</sup> 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, 2016 and 2017 Annual Social and Economic Supplements.

Table A-3.

## Number of People by Type of Health Insurance Coverage by Household Income and Income-to-Poverty Ratio: 2015 and 2016

(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/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf))

Characteristic	Total																					
	2015	2016	Any health insurance															Uninsured <sup>5</sup>				
			2015		2016		Change (2016 less 2015) <sup>1,*</sup>	Private health insurance <sup>3</sup>			Government health insurance <sup>4</sup>			2015		2016		Change (2016 less 2015) <sup>1,*</sup>				
	Number	Number	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)		Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Change (2016 less 2015) <sup>1,*</sup>	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Change (2016 less 2015) <sup>1,*</sup>		Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)
							Number											Number				
<b>Total</b> . . . . .	<b>318,868</b>	<b>320,372</b>	<b>289,903</b>	<b>650</b>	<b>292,320</b>	<b>541</b>	<b>*2,417</b>	<b>214,238</b>	<b>1,118</b>	<b>216,203</b>	<b>1,145</b>	<b>*1,965</b>	<b>118,395</b>	<b>1,067</b>	<b>119,361</b>	<b>1,018</b>	<b>966</b>	<b>28,966</b>	<b>634</b>	<b>28,052</b>	<b>519</b>	<b>*-914</b>
<b>Household Income</b>																						
Less than \$25,000 . . . . .	51,526	48,346	43,878	783	41,724	776	*-2,153	15,829	478	14,699	465	*-1,130	34,309	685	32,887	674	*-1,422	7,649	322	6,622	290	*-1,027
\$25,000 to \$49,999 . . . . .	64,874	63,644	56,744	944	56,046	936	-698	34,293	681	33,558	675	-735	33,092	770	33,080	709	-12	8,130	321	7,598	290	*-532
\$50,000 to \$74,999 . . . . .	54,791	54,829	49,472	968	49,446	927	-25	38,538	839	37,618	813	-920	19,032	571	20,236	525	*1,204	5,319	247	5,383	262	64
\$75,000 to \$99,999 . . . . .	42,794	44,225	39,646	829	40,881	835	*1,235	33,906	741	35,112	776	*1,206	11,848	420	11,607	396	-241	3,148	199	3,344	214	196
\$100,000 to \$124,999 . . . . .	32,654	32,954	30,915	763	31,037	753	122	27,659	721	27,606	683	-53	7,082	296	7,181	327	99	1,739	160	1,917	166	178
\$125,000 or more . . . . .	72,229	76,374	69,248	1,128	73,186	1,025	*3,937	64,014	1,087	67,610	1,028	*3,596	13,033	465	14,371	463	*1,337	2,980	223	3,188	222	208
<b>Income-to-Poverty Ratio</b>																						
Below 100 percent of poverty . . . . .	43,123	40,616	35,634	853	34,004	683	*-1,630	12,352	470	11,620	420	*-732	26,772	713	25,826	585	*-945	7,489	317	6,612	261	*-877
Below 138 percent of poverty . . . . .	64,711	61,039	54,124	971	51,681	820	*-2,443	20,744	583	19,001	537	*-1,743	39,732	814	38,522	692	*-1,210	10,586	368	9,357	316	*-1,229
Between 100 and 199 percent of poverty . . . . .	57,770	54,629	49,932	829	47,735	876	*-2,198	26,853	664	24,786	671	*-2,067	31,096	670	30,518	651	-578	7,838	341	6,894	309	*-944
Between 200 and 299 percent of poverty . . . . .	49,668	51,705	44,788	798	46,131	825	*1,343	33,251	681	34,216	742	965	19,275	535	19,631	478	356	4,880	232	5,574	258	*694
Between 300 and 399 percent of poverty . . . . .	41,691	42,562	38,629	783	39,359	753	730	32,659	694	32,525	640	-134	12,411	386	13,258	448	*847	3,062	200	3,204	192	142
At or above 400 percent of poverty . . . . .	126,202	130,398	120,539	1,178	124,665	1,256	*4,126	109,014	1,143	112,884	1,217	*3,870	28,524	596	29,793	575	*1,269	5,662	285	5,733	272	71

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

<sup>1</sup> Details may not sum to totals because of rounding.

<sup>2</sup> 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/2017/demo/p60-260sa.pdf](http://www2.census.gov/library/publications/2017/demo/p60-260sa.pdf).

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

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

Source: U.S. Census Bureau, Current Population Survey, 2016 and 2017 Annual Social and Economic Supplements.

**Table A-4. Number of People by Type of Health Insurance Coverage by Selected Demographic Characteristics: 2015 and 2016**

(Numbers in thousands, margins of errors 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/cpsmar17.pdf](http://www2.census.gov/programs-surveys/cps/techdocs/cpsmar17.pdf))

Characteristic	Total																					
	2015	2016	Any health insurance														Uninsured <sup>5</sup>					
			2015		2016		Change (2016 less 2015) <sup>1,*</sup>	Private health insurance <sup>3</sup>				Government health insurance <sup>4</sup>				2015		2016		Change (2016 less 2015) <sup>1,*</sup>		
	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)		Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)			
<b>Total</b> . . . . .	<b>318,868</b>	<b>320,372</b>	<b>289,903</b>	<b>650</b>	<b>292,320</b>	<b>541</b>	<b>*2,417</b>	<b>214,238</b>	<b>1,118</b>	<b>216,203</b>	<b>1,145</b>	<b>*1,965</b>	<b>118,395</b>	<b>1,067</b>	<b>119,361</b>	<b>1,018</b>	<b>966</b>	<b>28,966</b>	<b>634</b>	<b>28,052</b>	<b>519</b>	<b>*-914</b>
<b>Family Status</b>																						
In families . . . . .	258,121	259,863	236,575	997	238,655	883	*2,080	176,318	1,242	178,401	1,203	*2,084	94,366	1,075	94,707	936	341	21,546	563	21,208	504	-338
Householder . . . . .	82,199	82,854	75,058	413	75,899	437	*840	57,981	466	58,954	458	*973	29,794	389	30,074	335	280	7,141	221	6,956	217	-185
Related children under 18 . . . . .	72,558	72,674	68,817	270	68,867	261	51	45,477	483	45,793	440	316	30,968	478	30,180	481	*-788	3,741	214	3,807	194	66
Related children under 6 . . . . .	23,459	23,531	22,037	138	22,175	128	139	13,708	226	13,848	224	140	10,743	255	10,603	238	-140	1,422	115	1,355	105	-67
In unrelated subfamilies . . . . .	1,344	1,208	1,181	115	1,045	135	-137	699	97	585	102	-113	633	82	587	89	-46	163	40	163	37	Z
Unrelated individuals . . . . .	59,403	59,301	52,146	813	52,621	729	475	37,222	691	37,217	645	-5	23,396	429	24,067	437	*671	7,257	284	6,680	227	*-576
<b>Residence</b>																						
Inside metropolitan statistical areas . . . . .	274,392	276,816	249,708	2,748	252,854	2,596	*3,146	186,619	2,184	189,594	2,012	*2,975	98,627	1,565	99,455	1,589	828	24,684	664	23,961	579	-722
Inside principal cities . . . . .	103,740	104,295	92,845	1,740	94,153	1,917	1,308	65,930	1,380	66,859	1,350	930	39,050	990	39,431	1,121	381	10,895	452	10,142	404	*-753
Outside principal cities . . . . .	170,652	172,521	156,863	2,402	158,701	2,449	1,839	120,689	1,987	122,735	1,910	*2,045	59,577	1,187	60,024	1,274	447	13,789	512	13,820	490	31
Outside metropolitan statistical areas <sup>6</sup> . . . . .	44,477	43,556	40,194	2,694	39,466	2,528	-729	27,620	1,886	26,609	1,720	*-1,010	19,768	1,403	19,905	1,397	138	4,282	373	4,091	373	-192
<b>Race<sup>7</sup> and Hispanic Origin</b>																						
White . . . . .	245,805	246,310	224,351	539	225,497	491	*1,146	169,565	947	170,839	949	*1,274	89,598	911	90,220	847	622	21,454	529	20,813	455	-642
White, not Hispanic . . . . .	195,646	195,453	182,546	442	183,139	422	*592	143,922	785	144,398	839	475	69,065	739	70,136	701	*1,071	13,100	411	12,314	360	*-785
Black . . . . .	41,703	42,040	37,076	213	37,612	227	*536	23,330	430	23,739	415	409	18,387	381	18,377	378	-11	4,627	210	4,428	223	-200
Asian . . . . .	18,249	18,897	16,889	193	17,455	208	*566	13,775	237	14,013	260	238	4,937	202	5,124	237	186	1,360	120	1,442	134	82
Hispanic (any race) . . . . .	56,873	57,670	47,637	315	48,433	319	*796	29,352	554	30,192	453	*840	23,447	446	23,125	419	-322	9,235	309	9,237	316	2
<b>Nativity</b>																						
Native born . . . . .	275,798	276,518	254,648	843	256,338	767	*1,691	188,639	1,103	189,946	1,126	1,307	104,719	976	105,440	982	721	21,150	513	20,180	438	*-971
Foreign born . . . . .	43,070	43,854	35,255	591	35,982	538	727	25,600	521	26,258	469	658	13,676	399	13,921	389	245	7,815	313	7,872	312	57
Naturalized citizen . . . . .	20,086	20,409	18,336	364	18,684	405	347	13,366	327	13,726	346	359	7,413	245	7,591	259	178	1,750	112	1,726	125	-24
Not a citizen . . . . .	22,984	23,445	16,919	498	17,298	380	380	12,233	419	12,532	346	299	6,263	288	6,330	262	67	6,066	288	6,147	269	81

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

Z Represents or rounds to zero.

<sup>1</sup> Details may not sum to totals because of rounding.

<sup>2</sup> 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/2017/demo/p60-260sa.pdf](http://www2.census.gov/library/publications/2017/demo/p60-260sa.pdf)>.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

<sup>6</sup> The "Outside metropolitan statistical areas" category includes both micropolitan statistical areas and territory outside of metropolitan and micropolitan statistical areas. For more information, see <[www2.census.gov/programs-surveys/metro-micro/about/glossary.html](http://www2.census.gov/programs-surveys/metro-micro/about/glossary.html)>.

<sup>7</sup> 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 the 2010 Census through American FactFinder. About 2.9 percent of people reported more than one race in the 2010 Census. 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, 2016 and 2017 Annual Social and Economic Supplements.

Table A-5.

**Number of People Without Health Insurance Coverage by State: 2013 to 2016**(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\\_2016.pdf](http://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2016.pdf))

State	Medicaid expansion state? Yes (Y) or No (N) <sup>1</sup>	2013 uninsured		2014 uninsured		2015 uninsured		2016 uninsured		Difference in uninsured			
		Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	2016 less 2015		2016 less 2013	
										Number	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)
<b>United States</b>	<b>X</b>	<b>45,181</b>	<b>200</b>	<b>36,670</b>	<b>190</b>	<b>29,758</b>	<b>179</b>	<b>27,304</b>	<b>162</b>	<b>*-2,453</b>	<b>242</b>	<b>*-17,876</b>	<b>257</b>
Alabama	N	645	17	579	17	484	16	435	14	*-49	21	*-210	22
Alaska	+Y	132	7	122	6	106	5	101	6	-5	8	*-31	10
Arizona	Y	1,118	24	903	18	728	21	681	21	*-47	30	*-437	32
Arkansas	Y	465	14	343	13	278	12	232	12	*-46	17	*-233	18
California	Y	6,500	57	4,767	47	3,317	34	2,844	41	*-473	53	*-3,656	70
Colorado	Y	729	18	543	16	433	15	410	14	*-23	21	*-319	23
Connecticut	Y	333	14	245	11	211	13	172	11	*-38	17	*-160	18
Delaware	Y	83	6	72	6	54	6	53	5	-1	7	*-30	7
District of Columbia	Y	42	4	34	4	25	4	26	4	1	6	*-16	6
Florida	N	3,853	43	3,245	43	2,662	40	2,544	47	*-117	62	*-1,309	64
Georgia	N	1,846	30	1,568	28	1,388	26	1,310	30	*-79	40	*-537	42
Hawaii	Y	91	6	72	5	55	4	49	5	-6	7	*-42	8
Idaho	N	257	12	219	11	180	10	168	8	-12	13	*-89	15
Illinois	Y	1,618	27	1,238	22	900	22	817	20	*-84	30	*-802	33
Indiana	+Y	903	19	776	22	628	17	530	17	*-97	24	*-373	25
Iowa	Y	248	9	189	8	155	8	132	8	*-23	11	*-116	11
Kansas	N	348	12	291	11	261	12	249	9	-12	15	*-99	15
Kentucky	Y	616	14	366	11	261	11	223	10	*-38	14	*-393	17
Louisiana	N	751	17	672	16	546	17	470	17	*-76	24	*-281	24
Maine	N	147	7	134	8	111	7	106	7	-5	10	*-41	10
Maryland	Y	593	17	463	16	389	11	363	16	*-26	19	*-230	23
Massachusetts	Y	247	10	219	8	189	9	171	10	*-18	14	*-76	15
Michigan	^Y	1,072	19	837	18	597	14	527	14	*-70	20	*-545	24
Minnesota	Y	440	14	317	12	245	11	225	10	*-20	15	*-215	17
Mississippi	N	500	16	424	14	372	12	346	12	*-25	17	*-154	20
Missouri	N	773	18	694	19	583	15	532	14	*-51	21	*-241	23
Montana	+Y	165	8	143	6	119	7	83	6	*-35	9	*-81	10
Nebraska	N	209	9	179	7	154	9	161	9	7	13	*-48	13
Nevada	Y	570	17	427	15	351	12	330	13	*-20	18	*-240	21
New Hampshire	^Y	140	7	120	7	83	6	78	6	-6	8	*-63	9
New Jersey	Y	1,160	22	965	19	771	22	705	19	*-66	29	*-455	29
New Mexico	Y	382	13	298	10	224	9	188	10	*-36	14	*-195	17
New York	Y	2,070	30	1,697	28	1,381	25	1,183	26	*-198	36	*-887	40
North Carolina	N	1,509	26	1,276	25	1,103	23	1,038	21	*-64	31	*-471	34
North Dakota	Y	73	6	57	5	57	5	52	5	-5	7	*-21	7
Ohio	Y	1,258	21	955	20	746	19	644	18	*-103	26	*-614	27
Oklahoma	N	666	13	584	11	533	12	530	13	-3	17	*-136	18
Oregon	Y	571	15	383	13	280	12	253	10	*-27	16	*-318	18
Pennsylvania	^Y	1,222	22	1,065	21	802	17	708	21	*-93	27	*-514	31
Rhode Island	Y	120	7	77	6	59	6	45	5	*-14	7	*-75	8
South Carolina	N	739	18	642	17	523	14	486	14	*-37	20	*-253	23
South Dakota	N	93	5	82	4	86	5	74	4	*-12	7	*-19	7
Tennessee	N	887	20	776	19	667	19	592	16	*-75	25	*-294	25
Texas	N	5,748	55	5,047	43	4,615	55	4,545	55	-70	78	*-1,203	78
Utah	N	402	13	366	13	311	14	265	12	*-47	18	*-137	18
Vermont	Y	45	4	31	3	24	2	23	2	-1	3	*-22	5
Virginia	N	991	22	884	22	746	23	715	21	*-31	31	*-276	31
Washington	Y	960	22	643	17	468	13	428	15	*-40	19	*-532	26
West Virginia	Y	255	10	156	8	108	6	96	6	*-12	9	*-159	12
Wisconsin	N	518	14	418	12	323	10	300	10	*-22	14	*-218	17
Wyoming	N	77	5	69	5	66	6	67	6	Z	8	*-11	8

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

^ Expanded Medicaid eligibility after January 1, 2014, and on or before January 1, 2015.

+ Expanded Medicaid eligibility after January 1, 2015, and on or before January 1, 2016.

X Not applicable.

Z Represents or rounds to zero.

<sup>1</sup> Medicaid expansion status as of January 1, 2016. For more information, see <[www.medicaid.gov/medicaid/by-state/by-state.html](http://www.medicaid.gov/medicaid/by-state/by-state.html)>.<sup>2</sup> 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 to 2016 1-Year American Community Surveys.

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## APPENDIX B. ESTIMATES OF HEALTH INSURANCE COVERAGE

### Quality of Health Insurance Coverage Estimates

The Current Population Survey Annual Social and Economic Supplement (CPS 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 ASEC since 1988 as a part of a mandate to collect data on noncash benefits.

However, researchers have questioned the validity of the health insurance estimates in the previous version of the CPS ASEC.<sup>1</sup> In particular, the estimate of the uninsured in the previous calendar year was not in line with other federal surveys or administrative records, indi-

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<sup>1</sup> 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](http://www.census.gov/content/dam/Census/library/publications/2013/demo/p60-245.pdf)>.

cating that the CPS ASEC did not capture as much health insurance coverage in comparison.<sup>2</sup> Additionally, these concerns extended to undercounting Medicaid enrollment and general misreporting of the source and timing of health insurance coverage.<sup>3</sup> To address these concerns, the U.S. 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.<sup>4</sup>

<sup>2</sup> 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>>.

<sup>3</sup> See Kathleen T. Call, Michael E. Davern, Jacob A. Klerman, and Victoria 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>>.

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

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



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## APPENDIX C. REPLICATE WEIGHTS

Beginning in the 2011 Current Population Survey Annual Social and Economic Supplement (CPS ASEC) report, the variance of CPS ASEC estimates used to calculate the standard errors and confidence intervals displayed in the text tables were calculated using the Successive Difference Replication (SDR) method.<sup>1</sup> 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 (ACS) 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.

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<sup>1</sup> 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.

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

Following the 2009 release of CPS ASEC replicate weights, another study compared replicate weight standard

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<sup>2</sup> 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.

error estimates with SDB estimates.<sup>3</sup> 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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<sup>3</sup> 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>>.





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## APPENDIX D. ADDITIONAL DATA AND CONTACTS

Press releases, briefings, and data access are available electronically on the U.S. Census Bureau's Health Insurance Web site. The Web site may be accessed through the Census Bureau's home page at <[www.census.gov](http://www.census.gov)>, the Health Insurance home page at <[www.census.gov/topics/health/health-insurance.html](http://www.census.gov/topics/health/health-insurance.html)>, or directly at <[www.census.gov/data/tables/2017/demo/health-insurance/p60-260.html](http://www.census.gov/data/tables/2017/demo/health-insurance/p60-260.html)>.

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

### Customized Tables

#### *The CPS Table Creator*

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

#### *American FactFinder*

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

#### *DataFerrett*

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

### Public-Use Microdata

#### *CPS ASEC*

Microdata for the 2015 CPS ASEC and earlier years is available online at <[http://thedataweb.rm.census.gov/ftp/cps\\_ftp.html#cpsmarch](http://thedataweb.rm.census.gov/ftp/cps_ftp.html#cpsmarch)> or via DataFerret at <<http://dataferrett.census.gov>>. Technical methods have

been applied to CPS microdata to avoid disclosing the identities of individuals from whom data were collected.

#### *ACS*

The ACS Public-Use Microdata Sample files (PUMS) are a sample of the actual responses to the 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 <<http://census.gov/programs-surveys/acs/technical-documentation/pums.html>>. Because the PUMS files are 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.<sup>1</sup> This process is often called topcoding. During the period prior to the March 1996 survey, this censorship was applied by limiting the values for dollar amounts to be no greater than a specified maximum value (the topcode). Values above the maximum were replaced by the maximum value. Beginning with the 1996 survey, the censorship method was modified so that mean values were substituted for all amounts above the topcode. Using the mean value for all amounts above the topcode made it impossible to examine the distributions above the topcode. In an effort to alleviate this problem and improve the overall usefulness of the CPS ASEC, the Census Bureau sponsored research on methods that both met Title 13 requirements and preserved the distributions above the topcode. This research led to the implementation in the 2011 ASEC of rank proximity swapping methods that switch dollar amounts above the topcode for respondents that are of similar rank. Swapped amounts are rounded following the swapping process to provide additional disclosure avoidance.

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<sup>1</sup> For more information, see <[www.census.gov/about/policies/privacy/data\\_protection/title\\_13\\_-\\_protection\\_of\\_confidential\\_information.html](http://www.census.gov/about/policies/privacy/data_protection/title_13_-_protection_of_confidential_information.html)>.





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