Health Insurance Coverage in the United States: 2017

Current Population Reports

By Edward R. Berchick, Emily Hood, and Jessica C. Barnett

Issued September 2018

P60-264

United States® Census Bureau

U.S. Department of Commerce
Economics and Statistics Administration
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Acknowledgments

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Kirk E. Davis, **Raymond Dowdy**, **Shawna Evers**, **Ryan C. Fung**, **Lan N. Huynh**, and **Chandararith R. Phe** programmed and produced the detailed and publication tables under the direction of **Hung X. Pham**, Chief of the Tabulation and Applications Branch.

Victoria Velkoff, Chief of the American Community Survey Office, provided overall direction for the implementation of the 2017 American Community Survey. **Donna M. Daily**, **Nicole Butler**, **Dameka M. Reese**, and **Michelle Wiland** of the American Community Survey Office oversaw the data collection including content, group quarters, and self-response. **Kenneth B. Dawson**, **Reyan Azeem**, and **Arumugam Sutha** of the Decennial Information Technology Division directed the edit and processing tasks for the 2017 1-Year American Community Survey file.

Samantha Spiers, under the supervision of **KeTrena Farnham** and **David V. Hornick**, all of the Demographic Statistical Methods Division, conducted the statistical review of all Current Population Survey data.

Sirius C. Fuller, under the supervision of **Mark Asiala**, both of the Decennial Statistical Studies Division, conducted the statistical review of all American Community Survey data.

Tim J. Marshall, Assistant Survey Director of the Current Population Survey, provided overall direction for the survey implementation. **Lisa Cheok** and **Aaron Cantu**, of the Associate Directorate Demographic Programs, and **Charlie Carter**, **Agatha Jung**, and **Johanna Rupp** of the Information Technology Directorate, prepared and programmed the computer-assisted interviewing instrument used to conduct the Annual Social and Economic Supplement.

Alexandra Cockerham and **Linda Orsini** prepared the maps under the direction of **Kevin Hawley**, Chief of the Cartographic Products and Services Branch, Geography Division.

Additional people within the U.S. Census Bureau also made significant contributions to the preparation of this report. **Douglas Conway**, **Clayton Gumber**, **Adriana Hernandez-Viver**, **Heide Jackson**, **Lynda Laughlin**, **Amy Steinweg**, **Danielle Taylor**, **Susan Walsh**, and **Edward Welniak** reviewed the contents.

Census Bureau field representatives and telephone interviewers collected the data. Without their dedication, the preparation of this report or any report from the Current Population Survey would be impossible.

Faye Brock, **Linda Chen**, and **Anthony Richards** of the Public Information Office provided publication management, graphics design and composition, and editorial review for print and electronic media. **George E. Williams** of the Census Bureau's Administrative and Customer Services Division provided printing management.

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P60-264

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Suggested Citation

Berchick, Edward R., Emily Hood, and Jessica C. Barnett, Current Population Reports, P60-264, *Health Insurance Coverage in the United States: 2017,* U.S. Government Printing Office, Washington, DC, 2018.

ECONOMICS AND STATISTICS ADMINISTRATION

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Health Insurance Coverage in the United States: 2017

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 coverage 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 2017, changes in health insurance coverage rates between 2016 and 2017, as well as changes in health insurance coverage rates between 2013 and 2017.[1] 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.

[1] For a discussion of measuring change over time with the CPS ASEC, see Appendix B.

What Is Health Insurance Coverage?

Health insurance coverage in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) refers to comprehensive coverage during the calendar year.* For reporting purposes, the Census Bureau broadly classifies health insurance coverage as private insurance or government insurance. The CPS ASEC defines private health insurance as a plan provided through an employer or a union and coverage purchased directly by an individual from an insurance company or through an exchange. Government insurance coverage includes federal programs, such as Medicare, Medicaid, the Children's Health Insurance Program (CHIP), individual state health plans, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the 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), as IHS coverage is not considered comprehensive. 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.

Highlights

- In 2017, 8.8 percent of people, or 28.5 million, did not have health insurance at any point during the year. The uninsured rate and number of uninsured in 2017 were not statistically different from 2016 (8.8 percent or 28.1 million) (Figure 1 and Table 1).[2]
- The percentage of people with health insurance coverage for all or part of 2017 was 91.2 percent, not statistically different from the rate in 2016 (91.2 percent). Between 2016 and 2017, the number of people with health insurance coverage increased by 2.3 million, up to 294.6 million (Table 1).
- In 2017, private health insurance coverage continued to be more prevalent than government coverage, at 67.2 percent and 37.7 percent, respectively.[3] Of the subtypes of health insurance coverage, employer-based insurance was the most common, covering 56.0 percent of the population for some or all of the calendar year, followed by Medicaid (19.3 percent), Medicare (17.2 percent),

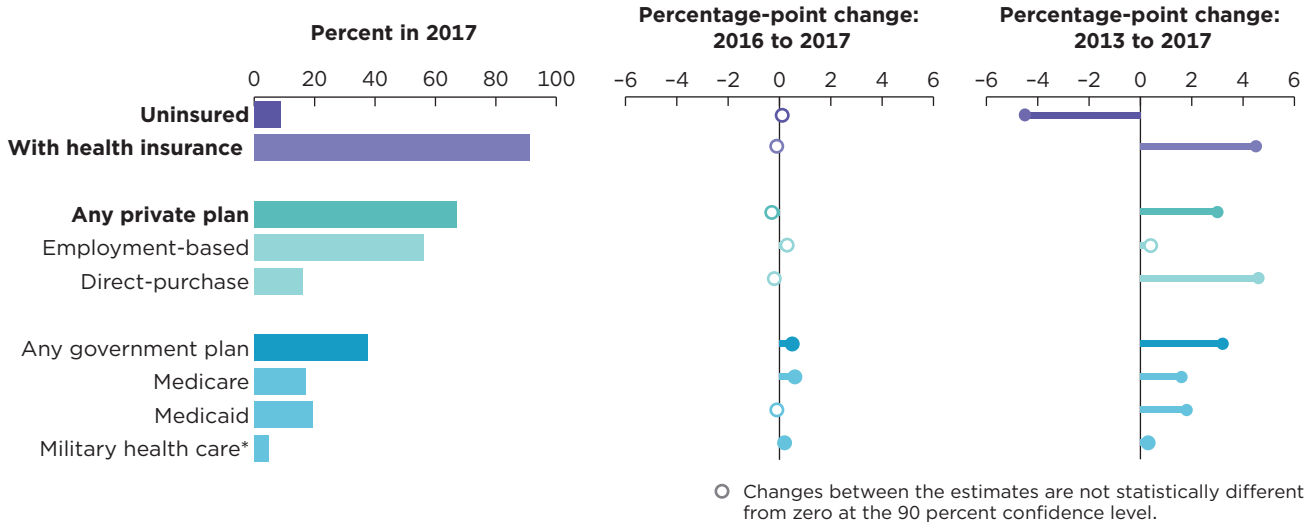
[2] For a discussion of the quality of the CPS ASEC health insurance coverage estimates, see Appendix B.

[3] 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 2017

(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/cpsmar18.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2014, 2017, and 2018 Annual Social and Economic Supplements.

direct-purchase coverage (16.0 percent), and military coverage (4.8 percent) (Table 1 and Figure 1).

- Between 2016 and 2017, the rate of Medicare coverage increased by 0.6 percentage points to cover 17.2 percent of people for part or all of 2017 (up from 16.7 percent in 2016) (Table 1 and Figure 1).[4, 5]
- The military coverage rate increased by 0.2 percentage points to 4.8 percent during this time. Coverage rates for employment-based coverage, direct-purchase coverage, and Medicaid did not statistically change between 2016 and 2017.
- In 2017, the percentage of uninsured children under the age of 19 (5.4 percent) was not statistically different from the percentage in 2016 (Table 2).[6]
- For children under the age of 19 in poverty, the uninsured rate (7.8 percent) was higher than for children not in poverty (4.9 percent) (Figure 6).

[4] This increase was partly 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 2016 and 2017. However, the percentage of the U.S. population 65 years and older increased between 2016 and 2017.

[5] Throughout this report, details may not sum to totals because of rounding.

[6] Throughout this report, the term "children" is used to refer to people under age 19, regardless of marital status or householder status.

- Between 2016 and 2017, the uninsured rate did not statistically change for any race or Hispanic origin group (Table 5).[7]
- In 2017, non-Hispanic Whites had the lowest uninsured rate among race and Hispanic-origin groups (6.3 percent). The uninsured rates for Blacks and Asians were 10.6 percent and 7.3 percent, respectively. Hispanics had the highest uninsured rate (16.1 percent) (Table 5).
- Between 2016 and 2017, the percentage of people without health insurance coverage at the time of interview decreased in three states and increased in 14 states (Table 6 and Figure 8).[8]

[7] 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 15.4 percent of White householders who reported only one race, 4.8 percent of Black householders who reported only one race, and 2.2 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 nativity. For further information, see <www.census.gov/cps>.

Estimates of Health Insurance Coverage

This report classifies health insurance coverage into three different groups: overall coverage, private coverage, and government coverage. 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.[9] 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. Individuals are considered to be uninsured if they did not have health insurance coverage at any point during the calendar year (see the text box "What Is Health Insurance Coverage?").

In 2017, most people (91.2 percent) had health insurance coverage at some point during the calendar year (Table 1 and Figure 1). More people had private health insurance (67.2 percent) than government coverage (37.7 percent).[10]

Employer-based insurance was the most common subtype of health insurance in the civilian, noninstitutionalized population (56.0 percent), followed by Medicaid (19.3 percent), Medicare (17.2 percent), direct-purchase insurance (16.0 percent), and military health care (4.8 percent) (Table 1).

[8] Estimates are from the 2016 and 2017 American Community Survey, 1-year estimates. For more information, see the text box "Two Measures of Health Insurance Coverage."

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

[10] Some people may have more than one coverage type during the calendar year (see section on "Multiple Coverage Types").

Health Insurance Coverage and the Affordable Care Act

Since the passage of the Patient Protection and Affordable Care Act (ACA) in 2010, several of its provisions have gone into effect at different times. For example, in 2010, the Young Adult Provision enabled adults under the age of 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 the age of 65, particularly adults aged 19 to 64, may have become eligible for coverage options under the ACA. Based on family income, some people may have qualified for subsidies or tax credits to help pay for premiums associated with health insurance plans. In addition, the population with lower income may have become eligible for Medicaid coverage if they resided in one of the 31 states (or the District of Columbia) that expanded Medicaid eligibility on or before January 1, 2017. 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—had expanded Medicaid eligibility. By January 1, 2016, three more states—Alaska, Indiana, and Montana—expanded Medicaid eligibility. One more state—Louisiana—expanded Medicaid eligibility by January 1, 2017.*

* For a list of the states and their Medicaid expansion status as of January 1, 2017, see Table 6: Percentage of People Without Health Insurance Coverage by State: 2013, 2016, and 2017.

Table 1.

Coverage Numbers and Rates by Type of Health Insurance: 2013, 2016, and 2017

(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/cpsmar18.pdf*)

Coverage type	2013				2016				2017				Change in number		Change in rate	
	Number	Margin of error[1] (±)	Rate	Margin of error[1] (±)	Number	Margin of error[1] (±)	Rate	Margin of error[1] (±)	Number	Margin of error[1] (±)	Rate	Margin of error[1] (±)	2017 less 2016	2017 less 2013	2017 less 2016	2017 less 2013
Total	**313,401**	**109**	**X**	**X**	**320,372**	**96**	**X**	**X**	**323,156**	**123**	**X**	**X**	**X**	**X**	**X**	**X**
Any health plan	**271,606**	**636**	**86.7**	**0.2**	**292,320**	**541**	**91.2**	**0.2**	**294,613**	**662**	**91.2**	**0.2**	***2,293**	***23,007**	**–0.1**	***4.5**
Any private plan[2, 3]	201,038	1,140	64.1	0.4	216,203	1,145	67.5	0.4	217,007	1,158	67.2	0.4	804	*15,969	–0.3	*3.0
Employment-based[2]	174,418	1,160	55.7	0.4	178,455	1,130	55.7	0.4	181,036	1,241	56.0	0.4	*2,582	*6,618	0.3	0.4
Direct-purchase[2]	35,755	615	11.4	0.2	51,961	874	16.2	0.3	51,821	1,008	16.0	0.3	–140	*16,066	–0.2	*4.6
Any government plan[2, 4]	108,287	1,115	34.6	0.4	119,361	1,018	37.3	0.3	121,965	1,086	37.7	0.3	*2,604	*13,678	*0.5	*3.2
Medicare[2]	49,020	377	15.6	0.1	53,372	396	16.7	0.1	55,623	351	17.2	0.1	*2,251	*6,603	*0.6	*1.6
Medicaid[2]	54,919	969	17.5	0.3	62,303	931	19.4	0.3	62,492	1,007	19.3	0.3	188	*7,573	–0.1	*1.8
Military health care[2, 5]	14,016	595	4.5	0.2	14,638	575	4.6	0.2	15,532	769	4.8	0.2	*893	*1,516	*0.2	*0.3
Uninsured[6]	41,795	614	13.3	0.2	28,052	519	8.8	0.2	28,543	634	8.8	0.2	492	*–13,252	0.1	*–4.5

X Not applicable.

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

[1] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2018/demo/p60-264sa.pdf>.

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

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

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

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

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

Source: U.S. Census Bureau, Current Population Survey, 2014, 2017, and 2018 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 previous calendar year and health insurance coverage at the time of the interview.

The first measure, health insurance coverage at any time during the previous 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 previous calendar year.

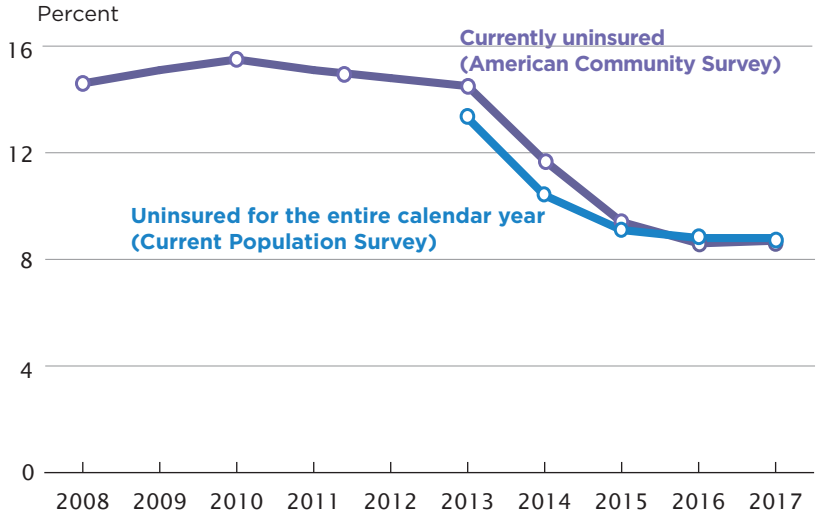
The second measure, health insurance coverage at the time of the interview, is collected with the American Community Survey (ACS). The ACS is an ongoing survey that collects comprehensive information on social, economic, and housing topics. Due to its large sample size, the ACS provides estimates at 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.

As measured by the CPS ASEC, the uninsured rate was essentially unchanged between 2016 and 2017, at 8.8 percent. As measured by the ACS, the uninsured rate increased by 0.2 percentage points from 8.6 percent in 2016 to 8.7 percent in 2017 (Figure 2).

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 0.8 percentage points between 2015 and 2016. Between 2016 and 2017, the uninsured rate increased by 0.2 percentage points.

Figure 2.
Uninsured Rate: 2008 to 2017



Note: Estimates are for the civilian noninstitutionalized population. For the Current Population Survey, estimates reflect the population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <www2.census.gov/program-surveys/cps/techdocs/cpsmar18.pdf>. For the American Community Survey, estimates reflect the population as of July of the calendar year. 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_2017.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2014 to 2018 Annual Social and Economic Supplements and 2008 to 2017 American Community Survey, 1-Year Estimates.

The percentage of people covered by any type of health insurance in 2017 was not statistically different from the percentage in 2016. The percentage of people covered by private health insurance or either of the two subtypes of private health insurance (employment-based and direct-purchase) also did not statistically change between 2016 and 2017.

Between 2016 and 2017, the percentage of people with government health insurance increased by 0.5 percentage points, to 37.7 percent in 2017 (Table 1).[11] Of the three subtypes of government health insurance, both military health care and Medicare coverage rates increased between 2016 and 2017. The percentage of people covered by military health care increased by 0.2 percentage points to 4.8 percent in 2017. The rate of Medicare coverage increased by 0.6 percentage points to 17.2 percent in 2017. This increase was partly due to growth in the number of people aged 65 and over.

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 2017, 77.8 percent had one coverage type during the year and 22.2 percent had multiple coverage types over the course of the year (Figure 3).

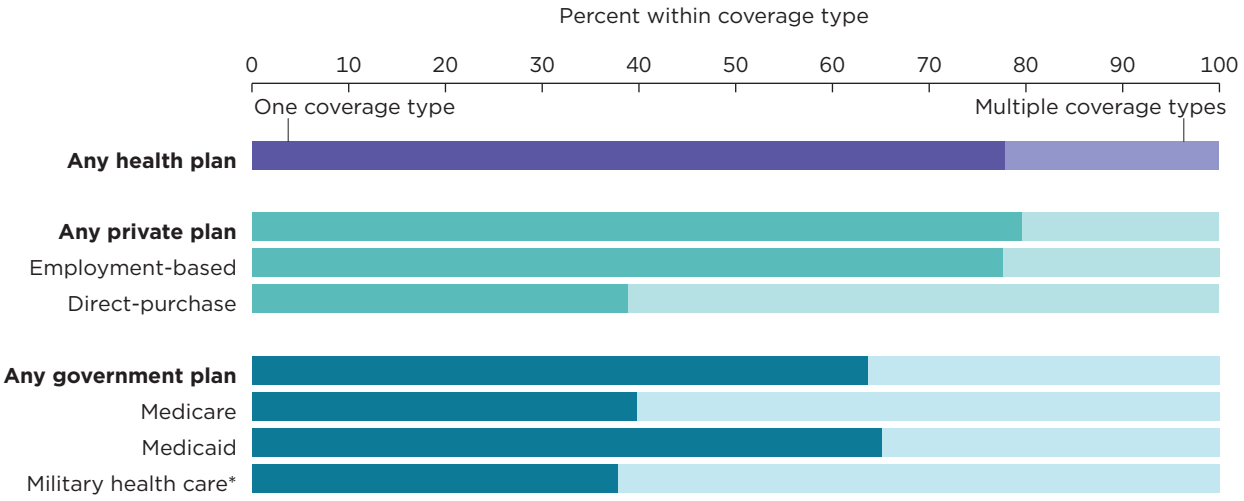
Some types of health insurance were more likely to be held alone, while other types of health insurance coverage were more likely to be held in combination with another type of insurance at some point during the year. Most people with employer-based health insurance coverage or Medicaid coverage did not have more than one plan type. In 2017, only 22.4 percent of people with employer-sponsored coverage and 35.0 percent with Medicaid had multiple types of coverage.

In 2017, the majority of people covered by direct-purchase, Medicare, or military health care had some other type of health insurance during the year (61.2 percent, 60.2 percent, and 62.2 percent, respectively).[12]

[11] All comparative statements in this report have undergone statistical testing, and unless otherwise noted, all comparisons are statistically significant at the 10 percent level.

[12] The percentage of people with direct-purchase coverage and another type of health insurance was not statistically different from the percentage of people with Medicare and another type of health insurance, or the percentage of people with military health care and another type of health insurance. The percentage of people with Medicare 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.

Figure 3.
Percentage With One or Multiple Coverage Types: 2017
(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/cpsmar18.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement.

Table 2.

Percentage of People by Type of Health Insurance Coverage by Age: 2016 and 2017

(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/cpsmar18.pdf*)

Characteristic	Total																				
	2016	2017	Any health insurance														Uninsured[5]				
			2016		2017			Private health insurance[3]					Government health insurance[4]								
								2016		2017			2016		2017			2016		2017		
	Number	Number	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]
Total	**320,372**	**323,156**	**91.2**	**0.2**	**91.2**	**0.2**	**–0.1**	**67.5**	**0.4**	**67.2**	**0.4**	**–0.3**	**37.3**	**0.3**	**37.7**	**0.3**	***0.5**	**8.8**	**0.2**	**8.8**	**0.2**	**0.1**
Age																						
Under the age of 65	271,098	272,076	89.9	0.2	89.8	0.2	–0.1	70.2	0.4	70.2	0.4	Z	27.0	0.4	27.2	0.4	0.2	10.1	0.2	10.2	0.2	0.1
Under the age of 18	74,047	73,963	94.7	0.3	94.7	0.3	Z	62.7	0.6	63.0	0.6	0.3	41.9	0.6	42.3	0.7	0.4	5.3	0.3	5.3	0.3	Z
Aged 18 to 64	197,051	198,113	88.1	0.2	87.9	0.3	–0.1	73.0	0.4	72.8	0.4	–0.1	21.4	0.3	21.6	0.4	0.2	11.9	0.2	12.1	0.3	0.1
Under the age of 19[6]	78,150	78,106	94.6	0.3	94.6	0.3	Z	62.9	0.6	63.3	0.6	0.3	41.5	0.6	41.9	0.7	0.4	5.4	0.3	5.4	0.3	Z
Aged 19 to 64	192,948	193,971	87.9	0.2	87.8	0.3	–0.1	73.1	0.4	72.9	0.4	–0.2	21.1	0.3	21.3	0.4	0.2	12.1	0.2	12.2	0.3	0.1
Aged 19 to 25[7]	29,815	29,922	86.9	0.6	86.0	0.7	*–0.9	71.3	0.8	70.2	0.9	–1.1	23.1	0.8	23.4	0.8	0.2	13.1	0.6	14.0	0.7	*0.9
Aged 26 to 34	39,736	40,152	84.3	0.6	84.4	0.6	0.1	69.7	0.7	69.9	0.8	0.2	20.4	0.6	20.3	0.7	–0.1	15.7	0.6	15.6	0.6	–0.1
Aged 35 to 44	40,046	40,659	86.9	0.5	86.7	0.5	–0.2	73.3	0.7	73.6	0.7	0.2	19.3	0.6	19.2	0.6	–0.1	13.1	0.5	13.3	0.5	0.2
Aged 45 to 64	83,351	83,237	90.6	0.3	90.7	0.3	0.1	75.2	0.5	75.1	0.5	–0.1	21.7	0.5	22.1	0.5	0.4	9.4	0.3	9.3	0.3	–0.1
Aged 65 and older	49,274	51,080	98.8	0.1	98.7	0.1	–0.1	52.8	0.8	51.1	0.8	*–1.6	93.6	0.3	93.7	0.3	0.1	1.2	0.1	1.3	0.1	0.1

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

Z Represents or rounds to zero.

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

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2018/demo/p60-264sa.pdf>.

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

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

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

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

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

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

Source: U.S. Census Bureau, Current Population Survey, 2017 and 2018 Annual Social and Economic Supplements.

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 2017, adults aged 65 and over and children under 19 were more likely to have had health insurance coverage (98.7 percent and 94.6 percent, respectively) compared with adults aged 19 to 64 (87.8 percent) (Table 2).

Adults aged 65 and over had the highest rate of health insurance coverage in 2017 (98.7 percent), with 93.7 percent covered by a government plan (primarily Medicare) and 51.1 percent covered by a private plan, which may have supplemented their government coverage.

Between 2016 and 2017, the rate of private coverage for adults aged 65 and over decreased by 1.6 percentage points from 52.8 percent in 2016. The rates of overall health insurance coverage and government coverage did not statistically change between 2016 and 2017 for this age group.

In 2017, children under the age of 19 were more likely to be covered by health insurance than adults aged 19 to 64 (94.6 percent and 87.8 percent, respectively). 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).

In 2017, 63.3 percent of children under the age of 19 had private health insurance and 41.9 percent had government coverage. Some children were covered by both private and government coverage during the calendar year. Between 2016 and 2017, there was no statistical change in the rates of overall health insurance coverage, private coverage, or government coverage for this age group.[13]

Working-age adults (people aged 19 to 64) had a lower rate of health insurance coverage in 2017 (87.8 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 84.4 percent. A higher percentage of adults aged 19 to 25 were insured (86.0 percent) than adults 26 to 34. For age groups between 26 and 64, the rate of health insurance coverage increased as age increased.[14]

Working-age adults were more likely than other age groups to be covered by private health insurance, with 72.9 percent of the population aged 19 to 64 having private insurance coverage in 2017. They also had a lower rate of government coverage than children under the age of 19 and adults aged 65 and over, at 21.3 percent.

Between 2016 and 2017, the percentage of adults aged 19 to 25 with any health insurance decreased by 0.9 percentage points to 86.0 percent. No other age group experienced a statistically significant change in their health insurance coverage rate during this time.

The ACS, which has a larger sample size than the CPS ASEC, provides an estimate of health insurance coverage at the time of the interview. The larger sample size offers an opportunity to look at coverage rates for smaller groups, such as single years of age (Figure 4).[15]

Examining age across childhood and young adulthood, uninsured rates in 2017 were generally lower for children than for young adults, from 3.5 percent for infants to 17.8 percent for 26-year-olds. Two sharp differences existed between single-year ages. The percentage of 19-year-olds without coverage (13.2 percent) was 4.6 percentage points higher than the percentage for people 1 year younger. Likewise, the uninsured rate for 26-year-olds, the highest among all single years of age in 2017, was distinctly higher than for 25-year-olds (17.8 percent and 14.9 percent, respectively).

From ages 26 to 64, the uninsured rate generally declined with age. Between the ages of 64 and 65, the uninsured rate then decreased 4.9 percentage points. In 2017, 6.6 percent of 64-year-olds and 1.6 percent of 65-year-olds did not have health insurance coverage. For adults aged 65 and over, the uninsured rate varied little by age.

Between 2016 and 2017, the percentage of people without health insurance coverage at the time of interview did not statistically change for most single years of age. However, for children under the age of 19 and working-age adults between 50 and 59, the uninsured rate increased across multiple single years of age.

Between 2013 and 2017, uninsured rates fell for all single-year ages under the age of 65, with the largest declines of about 12.0 percentage points for each age between 21 and 28. An uneven downward shift in

[13] The Children's Health Insurance Program (CHIP) 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.

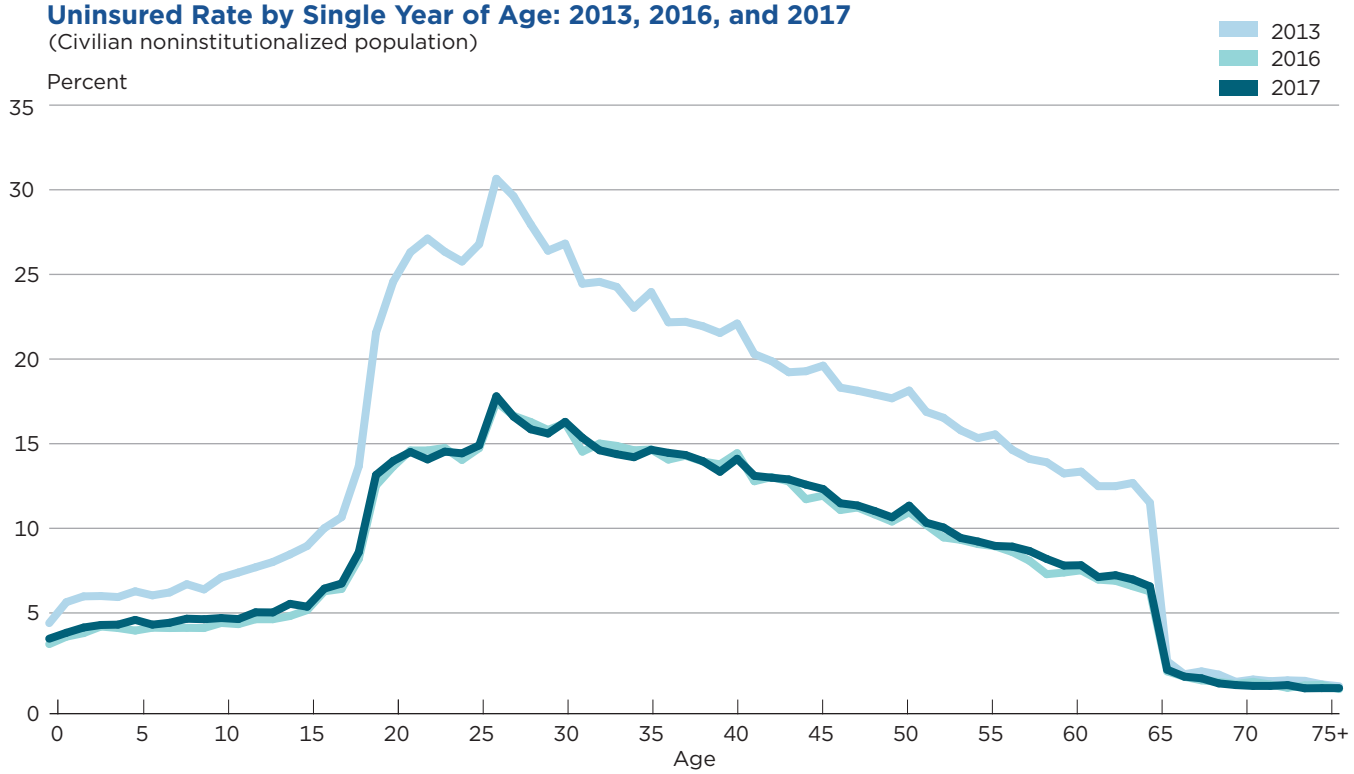
[14] In 2017, the health insurance coverage rate for people aged 19 to 25 was not statistically different from the coverage rate for people aged 35 to 44.

[15] These estimates and estimates in the remainder of this section come from the 2013, 2016, and 2017 American Community Survey, 1-year estimates. 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").

Figure 4.

Uninsured Rate by Single Year of Age: 2013, 2016, and 2017

(Civilian noninstitutionalized population)



For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2017.pdf>.

Source: U.S. Census Bureau, 2013, 2016, and 2017 American Community Surveys, 1-Year Estimates.

uninsured rates reduced some of the age-specific disparities. However, in 2017, three notable sharp differences remained between single-year ages, specifically between 18- and 19-year-olds, between 25- and 26-year-olds, and between 64- and 65-year-olds.

Marital Status

Many adults obtain health insurance coverage through their spouse. In 2017, married adults aged 19 to 64 had the highest coverage rate, at 90.9 percent (Table 3).[16] The coverage rate was lowest for people who were separated (79.7 percent). Of people who were never married, 84.0 percent were covered by health insurance. The coverage rates for people who were widowed or divorced were 86.6 percent and 86.4 percent, respectively.[17]

Between 2016 and 2017, none of the marital status groups had a statistically significant change in their rate of overall coverage.

Disability Status

Adults with a disability had a higher rate of health insurance coverage (91.2 percent) than adults with no disability (87.5 percent) in 2017 (Table 3).[18]

Adults with a disability were less likely than adults with no disability to have private health insurance coverage and more likely to have government coverage. In 2017, 44.8 percent of adults with a disability had private coverage, compared with 75.5 percent of adults with no disability, a 30.7 percentage-point difference. At the same time, 57.8 percent of adults with a disability and 17.8 percent with no disability had government coverage, a 39.9 percentage-point difference.

Between 2016 and 2017, neither the population with a disability nor the population with no disability had statistically significant changes in their rates of overall coverage, private coverage, or government coverage.

[16] All estimates by marital status are for the population aged 19 to 64.

[17] In 2017, the coverage rate of people who were widowed was not statistically different from the coverage rate of people who were divorced.

[18] All estimates by disability status are for the population aged 19 to 64.

Table 3.

Percentage of People by Type of Health Insurance Coverage for Working-Age Adults Aged 19 to 64: 2016 and 2017

(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/cpsmar18.pdf*)

Characteristic	Total																				
	2016	2017	Any health insurance														Uninsured[5]				
			2016		2017		Change	Private health insurance[3]					Government health insurance[4]								
								2016		2017			2016		2017			2016		2017		
	Number	Number	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]
Total	**320,372**	**323,156**	**91.2**	**0.2**	**91.2**	**0.2**	**–0.1**	**67.5**	**0.4**	**67.2**	**0.4**	**–0.3**	**37.3**	**0.3**	**37.7**	**0.3**	***0.5**	**8.8**	**0.2**	**8.8**	**0.2**	**0.1**
Total, 19 to 64 years old	192,948	193,971	87.9	0.2	87.8	0.3	–0.1	73.1	0.4	72.9	0.4	–0.2	21.1	0.3	21.3	0.4	0.2	12.1	0.2	12.2	0.3	0.1
Marital Status																						
Married[6]	101,822	101,580	91.2	0.3	90.9	0.3	–0.3	80.1	0.5	79.7	0.4	–0.4	17.9	0.4	18.3	0.4	0.4	8.8	0.3	9.1	0.3	0.3
Widowed	3,633	3,586	86.1	1.6	86.6	1.6	0.6	58.7	2.0	57.2	2.3	–1.4	33.5	2.2	36.0	2.2	2.4	13.9	1.6	13.4	1.6	–0.6
Divorced	19,460	19,510	86.1	0.6	86.4	0.7	0.3	64.3	1.0	65.4	1.0	1.1	26.8	0.9	26.3	0.9	–0.5	13.9	0.6	13.6	0.7	–0.3
Separated	4,495	4,372	80.8	1.5	79.7	1.7	–1.1	55.9	1.9	55.4	2.0	–0.5	31.0	1.8	29.9	1.8	–1.1	19.2	1.5	20.3	1.7	1.1
Never married	63,537	64,923	84.0	0.5	84.0	0.4	Z	66.5	0.7	66.6	0.6	0.1	23.2	0.6	23.1	0.5	–0.1	16.0	0.5	16.0	0.4	Z
Disability Status[7]																						
With a disability	15,248	14,957	91.2	0.7	91.2	0.7	Z	43.5	1.2	44.8	1.2	1.3	58.6	1.1	57.8	1.2	–0.8	8.8	0.7	8.8	0.7	Z
With no disability	176,842	178,063	87.6	0.2	87.5	0.3	–0.2	75.9	0.4	75.5	0.4	–0.3	17.5	0.3	17.8	0.3	0.3	12.4	0.2	12.5	0.3	0.2
Work Experience																						
All workers	149,105	150,487	88.8	0.3	88.7	0.3	–0.2	80.1	0.3	80.2	0.3	Z	13.9	0.3	14.0	0.3	0.1	11.2	0.3	11.3	0.3	0.2
Worked full-time, year-round	107,577	109,511	90.2	0.3	90.2	0.3	Z	84.5	0.3	84.4	0.4	–0.1	10.4	0.3	10.9	0.3	*0.5	9.8	0.3	9.8	0.3	Z
Worked less than full-time, year-round	41,528	40,976	85.2	0.5	84.6	0.6	–0.6	69.0	0.6	68.9	0.7	–0.1	23.1	0.6	22.4	0.6	–0.6	14.8	0.5	15.4	0.6	0.6
Did not work at least 1 week	43,843	43,484	85.0	0.5	84.9	0.5	–0.1	49.1	0.8	47.9	0.8	*–1.1	45.6	0.7	46.5	0.9	0.9	15.0	0.5	15.1	0.5	0.1
Educational Attainment																						
Total, 26 to 64 years old	163,133	164,049	88.1	0.2	88.1	0.3	Z	73.4	0.4	73.4	0.4	Z	20.8	0.3	20.9	0.4	0.2	11.9	0.2	11.9	0.3	Z
No high school diploma	15,389	15,150	72.7	1.1	73.7	1.1	1.0	40.9	1.1	42.4	1.2	1.5	37.7	1.1	37.5	1.2	–0.3	27.3	1.1	26.3	1.1	–1.0
High school graduate (includes equivalency)	45,401	44,772	84.8	0.5	84.5	0.5	–0.4	65.0	0.7	65.4	0.7	0.4	26.3	0.6	26.3	0.6	–0.1	15.2	0.5	15.5	0.5	0.4
Some college, no degree	26,594	26,109	88.4	0.5	88.0	0.5	–0.4	71.8	0.8	70.6	0.8	*–1.2	23.8	0.7	24.7	0.8	*0.9	11.6	0.5	12.0	0.5	0.4
Associate's degree	17,739	17,659	90.7	0.6	90.5	0.7	–0.2	77.9	0.9	77.2	0.9	–0.7	19.5	0.8	19.5	0.8	0.1	9.3	0.6	9.5	0.7	0.2
Bachelor's degree	36,528	38,465	93.2	0.4	92.8	0.4	–0.4	86.8	0.5	85.5	0.5	*–1.3	11.6	0.4	12.4	0.5	*0.8	6.8	0.4	7.2	0.4	0.4
Graduate or professional degree	21,482	21,894	95.2	0.4	95.8	0.4	*0.6	90.0	0.6	90.4	0.6	0.4	9.8	0.6	10.3	0.6	0.5	4.8	0.4	4.2	0.4	*–0.6

* Changes between the estimates are statistically different from zero at the 90 percent confidence level. Z Represents or rounds to zero.

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

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2018/demo/p60-264sa.pdf>.

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

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

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

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

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

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

Source: U.S. Census Bureau, Current Population Survey, 2017 and 2018 Annual Social and Economic Supplements.

Work Experience

For many adults aged 19 to 64, health insurance coverage and type of coverage is related to work status, such as working full-time, year-round; working less than full-time, year-round; or not working at all during the calendar year.[19, 20]

In 2017, 88.7 percent of all workers had health insurance coverage. 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 (84.6 percent) or nonworkers (84.9 percent) (Table 3).[21]

Workers were more likely than nonworkers to be covered by private health insurance coverage. In 2017, 84.4 percent of full-time, year-round workers had private insurance coverage, compared with 68.9 percent of people who worked less than full-time, year-round and 47.9 percent of nonworkers.

In 2017, nonworkers were more than three times as likely to have government coverage (46.5 percent) than workers (14.0 percent). Among all workers, 10.9 percent of people who worked full-time, year-round and 22.4 percent of people who worked less than full-time, year-round had government coverage in 2017.

Between 2016 and 2017, there was no statistical difference in the health insurance coverage rates for workers or nonworkers. During this time, there were also no statistical differences in coverage rates for the population who worked full-time, year-round or for the population who worked less than 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 2017, 95.8 percent of the population aged 26 to 64 with a graduate or professional degree had health insurance coverage, compared with 92.8 percent of the population with a bachelor's degree, 88.0 percent of the population with some college (no degree), 84.5 percent of high school graduates, and 73.7 percent of the population with no high school diploma (Table 3).[22]

Between 2016 and 2017, people with a graduate or professional degree experienced a 0.6 percentage-point increase in their overall coverage rate. No other educational attainment groups saw a statistically significant change in their overall rate of coverage.

People with some college (no degree) and people with a bachelor's degree were the only educational attainment groups for which rates of private and government coverage changed between 2016 and 2017. For people with some college (no degree), the rate of private coverage decreased by 1.2 percentage points (to 70.6 percent), and the rate of government coverage increased by 0.8 percentage points (to 12.4 percent).[23]

Household Income

In 2017, people in households with lower income had lower health insurance coverage rates than people in households with higher income.[24] In 2017, 86.1 percent of people in households with an annual income of less than $25,000 had health insurance coverage, compared with 92.1 percent of people in households with income of $75,000 to $99,999, and 95.7 percent of people in households with income of $125,000 or more (Table 4).[25]

People in households with lower income also had lower rates of private coverage than people with higher income, and these differences varied more for lower income groups than for higher income groups. In 2017, the private health insurance coverage rate for people in households with income of $25,000 to $49,999 (51.1 percent) was 21.0 percentage points higher than the rate for people in households with income below $25,000 (30.1 percent). At the same time, the private health insurance coverage rate for people in households with income at or above $125,000 (88.4 percent) was 4.9 percentage points higher than the rate for people in households with income of $100,000 to $124,999 (83.4 percent).

Conversely, government coverage rates decreased as income increased, and as with private coverage, rates

[19] In 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.

[20] All estimates by work experience are for the population aged 19 to 64.

[21] In 2017, 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.

[22] All estimates by educational attainment are for the population aged 26 to 64.

[23] The percentage-point difference in the private coverage rate between 2016 and 2017 for people with some college (no degree) was not statistically different from the percentage-point difference for people with a bachelor's degree. The percentage-point difference in the government coverage rate between 2016 and 2017 for people with some college, no degree was not statistically different from the percentage-point difference for people with a bachelor's degree.

[24] Income refers to the total household income, not an individual's own income.

[25] The 2016 income estimates are inflation-adjusted and presented in 2017 dollars.

differed more between lower incomes than between higher incomes. In 2017, the government coverage rate for people in households with income of less than $25,000 (68.4 percent) was 15.3 percentage points higher than the rate for people in households with income of $25,000 to $49,999 (53.0 percent). For the two highest income groups, the difference was smaller. The government coverage rate for people in households with income of $100,000 to $124,999 (24.4 percent) was 5.0 percentage points higher than the rate for people in households with income at or above $125,000 (19.4 percent).

The overall percentage of people with health insurance coverage did not statistically change between 2016 and 2017 for any income group.

Rates of private and government coverage changed for some income groups. The percentage of people with private coverage decreased for three income groups between 2016 and 2017. People in households with income of $25,000 to $49,999 had a decrease of 1.1 percentage points (from 52.3 percent in 2016). People in households with income of $50,000 to $74,999 had a decrease of 1.3 percentage points (from 68.0 percent in 2016). The private coverage rate for people in households with income of $75,000 to $99,999 decreased by 1.8 percentage points (from 79.0 percent in 2016).[26]

Between 2016 and 2017, the rate of government coverage increased by 2.3 percentage points for this same group (people in households with income of $75,000 to $99,999). The rate of government coverage also increased for people in households with income of $100,000 to $124,999 (2.0 percentage-point increase).[27] The percentage of people with government coverage did not change for any other income group.

Income-to-Poverty Ratio

People in families are classified as being in poverty if their income is less than their poverty threshold.[28] People who live alone or with nonrelatives have a poverty status that is defined based on their own income. The income-to-poverty ratio compares a family's or an unrelated individual's income with the applicable threshold.

Health insurance coverage rates are generally higher for people in higher income-to-poverty ratio groups. In 2017, people in poverty (the population living below 100 percent of poverty) had the lowest health insurance coverage rate, at 83.0 percent, while people living at or above 400 percent of poverty had the highest coverage rate, at 95.7 percent (Table 4).

Government coverage continued to be most prevalent for the population in poverty (62.8 percent) and least prevalent for the population with income-to-poverty ratios at or above 400 percent of poverty (24.2 percent) in 2017.[29]

Between 2016 and 2017, the percentage of people with any health insurance coverage did not statistically change for any income-to-poverty group.

Coverage rates for subtypes of insurance, however, changed for some groups. Two groups had offsetting changes in coverage between 2016 and 2017, with a decrease in private coverage and an increase in government coverage. For people in households with income from 200 to 299 percent of poverty, the private coverage rate decreased 1.7 percentage points and government coverage increased 2.0 percentage points. For people in households with income at or above 400 percent of poverty, the private coverage rate decreased 0.6 percentage points, while the government coverage rate increased by 1.3 percentage points.[30] During the same time, the government coverage rate decreased by 1.2 percentage points for people in households with income from 300 to 399 percent of poverty (to 30.0 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 Act"). For adults aged 19 to 64, the relationship between poverty status,

[26] The percentage-point difference in the private coverage rate between 2016 and 2017 for people in households with income of $25,000 to $49,999 was not statistically different from the percentage-point difference for people in households with income of $50,000 to $74,999 and with income of $75,000 to $99,999.

The percentage-point difference in the private coverage rate between 2016 and 2017 for people in households with income of $50,000 to $74,999 was not statistically different from the percentage-point difference for people in households with income of $75,000 to $99,999.

[27] The percentage-point difference in the government coverage rate between 2016 and 2017 for people in households with income of $75,000 to $99,999 was not statistically different from the percentage-point difference for people in households with income of $100,000 to $124,999.

[28] 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: 2017* provides a more detailed description of how the Census Bureau calculates poverty; see <www.census.gov/content/dam/Census/library/publications/2018/demo/p60-263.pdf>.

[29] In 2017, the government coverage rate for the population living below 100 percent of poverty was not statistically different from the coverage rate for the population living below 138 percent of poverty.

[30] The percentage-point difference between 2016 and 2017 for neither the private coverage rate nor the government coverage rate for people with income from 200 to 299 percent of poverty was statistically different from the percentage-point differences for people at or above 400 percent of poverty.

Table 4.

Percentage of People by Type of Health Insurance Coverage by Household Income and Income-to-Poverty Ratio: 2016 and 2017

(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/cpsmar18.pdf*)

Characteristic	Total																				
	2016	2017	Any health insurance														Uninsured[5]				
			2016		2017		Change (2017 less 2016)[1,*]	Private health insurance[3]					Government health insurance[4]								
								2016		2017			2016		2017			2016		2017		
	Number	Number	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)		Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]
Total	**320,372**	**323,156**	**91.2**	**0.2**	**91.2**	**0.2**	**–0.1**	**67.5**	**0.4**	**67.2**	**0.4**	**–0.3**	**37.3**	**0.3**	**37.7**	**0.3**	***0.5**	**8.8**	**0.2**	**8.8**	**0.2**	**0.1**
Household Income[6]																					
Less than $25,000	47,507	46,682	86.2	0.6	86.1	0.5	–0.1	30.3	0.8	30.1	0.8	–0.2	67.9	0.8	68.4	0.7	0.5	13.8	0.6	13.9	0.5	0.1
$25,000 to $49,999	62,357	62,187	88.1	0.4	87.7	0.5	–0.4	52.3	0.8	51.1	0.8	*–1.1	52.5	0.7	53.0	0.8	0.6	11.9	0.4	12.3	0.5	0.4
$50,000 to $74,999	54,487	53,710	90.0	0.5	89.6	0.5	–0.4	68.0	0.8	66.7	0.8	*–1.3	37.4	0.8	37.3	0.8	–0.1	10.0	0.5	10.4	0.5	0.4
$75,000 to $99,999	43,902	44,982	92.3	0.5	92.1	0.4	–0.2	79.0	0.7	77.2	0.8	*–1.8	26.6	0.8	28.9	0.9	*2.3	7.7	0.5	7.9	0.4	0.2
$100,000 to $124,999	33,406	32,108	94.1	0.5	94.6	0.4	0.5	83.3	0.8	83.4	0.8	0.1	22.4	0.8	24.4	0.9	*2.0	5.9	0.5	5.4	0.4	–0.5
$125,000 or more	78,712	83,487	95.8	0.3	95.7	0.3	–0.1	88.5	0.5	88.4	0.4	–0.1	18.9	0.5	19.4	0.6	0.5	4.2	0.3	4.3	0.3	0.1
Income-to-Poverty Ratio																					
Below 100 percent of poverty	40,616	39,698	83.7	0.6	83.0	0.7	–0.7	28.6	0.9	28.2	1.0	–0.4	63.6	0.8	62.8	0.9	–0.8	16.3	0.6	17.0	0.7	0.7
Below 138 percent of poverty	61,039	61,174	84.7	0.5	84.4	0.6	–0.3	31.1	0.7	31.3	0.8	0.2	63.1	0.6	62.7	0.8	–0.5	15.3	0.5	15.6	0.6	0.3
From 100 to 199 percent of poverty	54,629	56,004	87.4	0.5	87.2	0.6	–0.1	45.4	0.9	45.5	0.8	0.1	55.9	0.8	55.7	0.8	–0.2	12.6	0.5	12.8	0.6	0.1
From 200 to 299 percent of poverty	51,705	51,354	89.2	0.5	89.1	0.5	–0.1	66.2	0.8	64.5	0.8	*–1.7	38.0	0.8	40.0	0.8	*2.0	10.8	0.5	10.9	0.5	0.1
From 300 to 399 percent of poverty	42,562	41,649	92.5	0.4	92.3	0.4	–0.2	76.4	0.8	76.7	0.8	0.3	31.1	0.8	30.0	0.8	*–1.2	7.5	0.4	7.7	0.4	0.2
At or above 400 percent of poverty	130,398	133,844	95.6	0.2	95.7	0.2	0.1	86.6	0.3	86.0	0.3	*–0.6	22.8	0.4	24.2	0.4	*1.3	4.4	0.2	4.3	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.

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

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2018/demo/p60-264sa.pdf>.

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

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

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

[6] The 2016 income estimates are inflation-adjusted and presented in 2017 dollars.

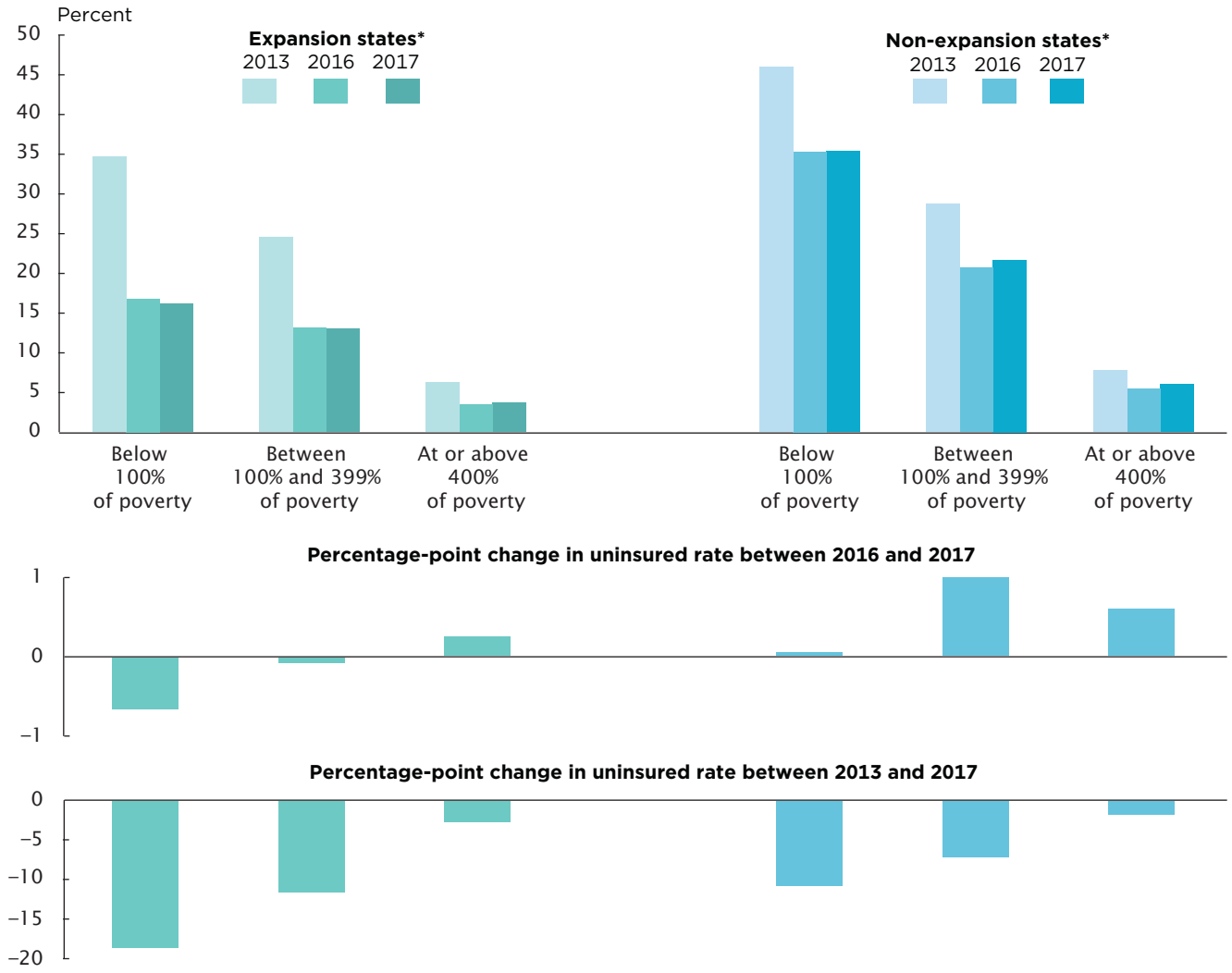
Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2017 and 2018 Annual Social and Economic Supplements.

Figure 5.

Uninsured Rate by Poverty Status and Medicaid Expansion of State for Adults Aged 19 to 64: 2013, 2016, and 2017

(Civilian noninstitutionalized population)



* Medicaid expansion status as of January 1, 2017. For a list of expansion and non-expansion states, see Table 6: Percentage of People Without Health Insurance Coverage by State: 2013, 2016, and 2017.

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_2017.pdf>.

Source: U.S. Census Bureau, 2013, 2016, and 2017 American Community Surveys, 1-Year Estimates.

the uninsured rate in 2017, and the change in the uninsured rate between 2016 and 2017 may be related to the state of residence and whether or not that state expanded Medicaid eligibility (Figure 5).[31, 32]

In states that expanded Medicaid eligibility on or before January 1, 2017, ("expansion states") and states that did not expand Medicaid eligibility ("non-expansion states"), the uninsured rate (based on coverage at the time of interview) decreased for adults aged 19 to 64 as the income-to-poverty ratio increased. However, in both 2016 and 2017, the uninsured rate was higher in non-expansion states than in expansion states regardless of individuals' poverty status group.

Changes in the uninsured rate between 2016 and 2017 varied by poverty status and state Medicaid expansion status. In states that expanded Medicaid eligibility, the uninsured rate decreased for persons living below 100 percent of poverty and increased for people living at or above 400 of poverty. In non-expansion states, the uninsured rate increased for both people living from 100 to 399 percent of poverty and people living at or above 400 percent of poverty.

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 unrelated individuals.[33] Families are the largest of these categories (80.7 percent of the population in 2017), followed by unrelated individuals (19.0 percent), and unrelated subfamilies (0.3 percent).

In 2017, people living in families had a higher health insurance coverage rate (91.7 percent) than unrelated individuals (88.8 percent) and people living in unrelated subfamilies (87.7 percent) (Table 5).[34] Between 2016 and 2017, there were no statistically significant changes in either the overall coverage rates or the private coverage rates for people with any of these three types of living arrangements.

During this time, the government coverage rate increased by 0.5 percentage points for people in families (to 36.9 percent). There were no statistical changes in government coverage rates for unrelated individuals and for people living in unrelated subfamilies.

Race and Hispanic Origin

In 2017, 93.7 percent of non-Hispanic Whites had health insurance coverage. This rate was higher than the coverage rate for Blacks (89.4 percent), Asians (92.7 percent), and Hispanics (83.9 percent) (Table 5).

Non-Hispanic Whites and Asians were among the most likely to have private health insurance in 2017, at 73.2 percent and 72.2 percent, respectively.[35, 36] Hispanics, who had the lowest rate of overall health insurance coverage, also had the lowest rate of private coverage, at 53.5 percent. In 2017, 56.5 percent of Blacks had private health insurance coverage.

Rates of government health coverage followed a different pattern than private health insurance coverage rates. In 2017, the government coverage rate was the highest for Blacks (44.1 percent), followed by Hispanics (39.5 percent), and non-Hispanic Whites (36.6 percent). Asians had the lowest rate of health insurance coverage through the government, at 29.6 percent in 2017.

Between 2016 and 2017, there were no statistically significant changes in overall health insurance coverage rates for any of the race and Hispanic origin groups.

Rates of private and government coverage changed for some race and Hispanic origin groups. Between 2016 and 2017, non-Hispanic Whites and Asians experienced a decrease in

[31] Figure 5 and estimates in the remainder of this section use data from the 2013, 2016, and 2017 American Community Survey, 1-year estimates, due to the larger sample size of the ACS compared with the CPS ASEC. The ACS measures health insurance at the time of interview. For information on how health insurance estimates differ between the ACS and CPS ASEC, see the text box "Two Measures of Health Insurance Coverage." Additionally, national statistics on income and poverty from the ACS are not identical to those from the CPS ASEC. For information on poverty estimates from the ACS and how they differ from those based on the CPS ASEC, see "Differences Between the Income and Poverty Estimates from the American Community Survey (ACS) and the Annual Social and Economic Supplement to the Current Population Survey (CPS ASEC)" at <www.census.gov/topics/income-poverty/poverty/guidance/data-sources/acs-vs-cps.html>.

[32] Thirty-one states and the District of Columbia expanded Medicaid eligibility on or before January 1, 2017. For a list of the states and their Medicaid expansion status as of January 1, 2017, see Table 6: Percentage of People Without Health Insurance Coverage by State: 2013, 2016, and 2017.

[33] Families are defined as groups 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 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.

[34] In 2017, the health insurance coverage rate of unrelated individuals was not statistically different from the coverage rate of people living in unrelated subfamilies.

[35] 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, contributes to the large variances surrounding estimates for this group. As a result, the CPS is unable to detect statistically significant differences between some estimates for the Asian population. The ACS, based on a larger sample of the population, is a better source for estimating and identifying changes for small subgroups of the population.

[36] In 2017, the private coverage rate for non-Hispanic Whites was not statistically different from the private coverage rate for Asians.

Table 5.

Percentage of People by Type of Health Insurance Coverage by Selected Demographic Characteristics: 2016 and 2017

(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/cpsmar18.pdf*)

Characteristic	Total																				
	2016	2017	Any health insurance														Uninsured[5]				
			2016		2017			Private health insurance[3]					Government health insurance[4]								
								2016		2017			2016		2017			2016		2017		
	Number	Number	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2017 less 2016)[1,*]
Total	**320,372**	**323,156**	**91.2**	**0.2**	**91.2**	**0.2**	**–0.1**	**67.5**	**0.4**	**67.2**	**0.4**	**–0.3**	**37.3**	**0.3**	**37.7**	**0.3**	***0.5**	**8.8**	**0.2**	**8.8**	**0.2**	**0.1**
Family Status																					
In families	259,863	260,709	91.8	0.2	91.7	0.2	–0.1	68.7	0.4	68.3	0.4	–0.3	36.4	0.4	36.9	0.4	*0.5	8.2	0.2	8.3	0.2	0.1
Householder	82,854	83,103	91.6	0.3	91.2	0.3	*–0.4	71.2	0.4	70.0	0.4	*–1.1	36.3	0.4	37.0	0.4	*0.7	8.4	0.3	8.8	0.3	*0.4
Related children under the age of 18	72,674	72,532	94.8	0.3	94.7	0.3	Z	63.0	0.6	63.4	0.6	0.4	41.5	0.7	41.8	0.7	0.3	5.2	0.3	5.3	0.3	Z
Related children under the age of 6	23,531	23,574	94.2	0.4	94.0	0.5	–0.2	58.9	1.0	59.2	1.0	0.3	45.1	1.0	44.9	1.0	–0.1	5.8	0.4	6.0	0.5	0.2
In unrelated subfamilies	1,208	1,054	86.5	2.9	87.7	2.8	1.2	48.5	5.3	52.5	5.5	4.1	48.6	4.9	45.4	5.2	–3.2	13.5	2.9	12.3	2.8	–1.2
Unrelated individuals	59,301	61,393	88.7	0.3	88.8	0.4	0.1	62.8	0.6	62.5	0.7	–0.3	40.6	0.5	41.2	0.6	0.6	11.3	0.3	11.2	0.4	–0.1
Residence[6]																					
Inside metropolitan statistical areas	276,682	280,048	91.3	0.2	91.2	0.2	–0.1	68.5	0.4	68.0	0.4	*–0.5	35.9	0.4	36.6	0.4	*0.6	8.7	0.2	8.8	0.2	0.1
Inside principal cities	103,365	104,068	90.2	0.3	89.6	0.4	*–0.6	64.0	0.6	63.1	0.7	–0.8	37.9	0.7	38.2	0.6	0.3	9.8	0.3	10.4	0.4	*0.6
Outside principal cities	173,317	175,980	92.0	0.3	92.2	0.2	0.2	71.2	0.5	70.8	0.5	–0.4	34.8	0.4	35.6	0.5	*0.8	8.0	0.3	7.8	0.2	–0.2
Outside metropolitan statistical areas[7]	43,689	43,108	90.6	0.6	90.8	0.5	0.2	61.1	1.1	61.9	1.1	0.8	45.6	1.1	45.5	1.1	–0.1	9.4	0.6	9.2	0.5	–0.2
Race[8] and Hispanic Origin																					
White	246,310	247,695	91.6	0.2	91.5	0.2	–0.1	69.4	0.4	69.0	0.4	–0.4	36.6	0.3	37.1	0.4	*0.5	8.4	0.2	8.5	0.2	0.1
White, not Hispanic	195,453	195,530	93.7	0.2	93.7	0.2	Z	73.9	0.4	73.2	0.4	*–0.7	35.9	0.4	36.6	0.4	*0.7	6.3	0.2	6.3	0.2	Z
Black	42,040	42,564	89.5	0.5	89.4	0.5	–0.1	56.5	1.0	56.5	0.9	Z	43.7	0.9	44.1	0.9	0.4	10.5	0.5	10.6	0.5	0.1
Asian	18,897	19,484	92.4	0.7	92.7	0.7	0.4	74.2	1.2	72.2	1.4	*–2.0	27.1	1.2	29.6	1.2	*2.5	7.6	0.7	7.3	0.7	–0.4
Hispanic (any race)	57,670	59,227	84.0	0.5	83.9	0.6	Z	52.4	0.8	53.5	0.9	*1.1	40.1	0.7	39.5	0.7	–0.6	16.0	0.5	16.1	0.6	Z
Nativity																					
Native born	276,518	277,748	92.7	0.2	92.5	0.2	*–0.2	68.7	0.4	68.2	0.4	*–.5	38.1	0.3	38.7	0.4	*0.5	7.3	0.2	7.5	0.2	*0.2
Foreign born	43,854	45,408	82.0	0.6	83.2	0.6	*1.2	59.9	0.7	60.6	0.8	0.7	31.7	0.7	32.0	0.7	0.3	18.0	0.6	16.8	0.6	*–1.2
Naturalized citizen	20,409	21,854	91.5	0.6	91.1	0.5	–0.4	67.3	1.0	65.6	1.0	*–1.6	37.2	1.0	37.5	1.0	0.3	8.5	0.6	8.9	0.5	0.4
Not a citizen	23,445	23,554	73.8	1.0	75.9	1.0	*2.1	53.5	1.1	55.9	1.0	*2.4	27.0	1.0	27.0	0.9	Z	26.2	1.0	24.1	1.0	*–2.1

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

Z Represents or rounds to zero.

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

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2018/demo/p60-264sa.pdf>.

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

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

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

[6] The 2016 estimates presented for residence may not match the previously published estimates due to a correction in the assignment of principal city status for a small number of households. For the definition of metropolitan statistical areas and principal cites, see <www.census.gov/programs-surveys/metro-micro/about/glossary.html>.

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

[8] Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as White and American Indian and Alaska Native or Asian and Black or African American, is available from 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, 2017 and 2018 Annual Social and Economic Supplements.

their private coverage rate (0.7 and 2.0 percentage points, respectively).[37] The private coverage rate for Hispanics increased by 1.1 percentage points. There was no statistical change in the private coverage rate for Blacks.

The percentage of non-Hispanic Whites and Asians with government coverage increased between 2016 and 2017 (0.7 and 2.5 percentage points, respectively). There was no statistically significant change in the government coverage rate for Blacks and Hispanics.

Nativity

In 2017, the overall health insurance coverage rate for the native-born population (92.5 percent) was larger than that of naturalized citizens (91.1 percent) and noncitizens (75.9 percent) (Table 5).

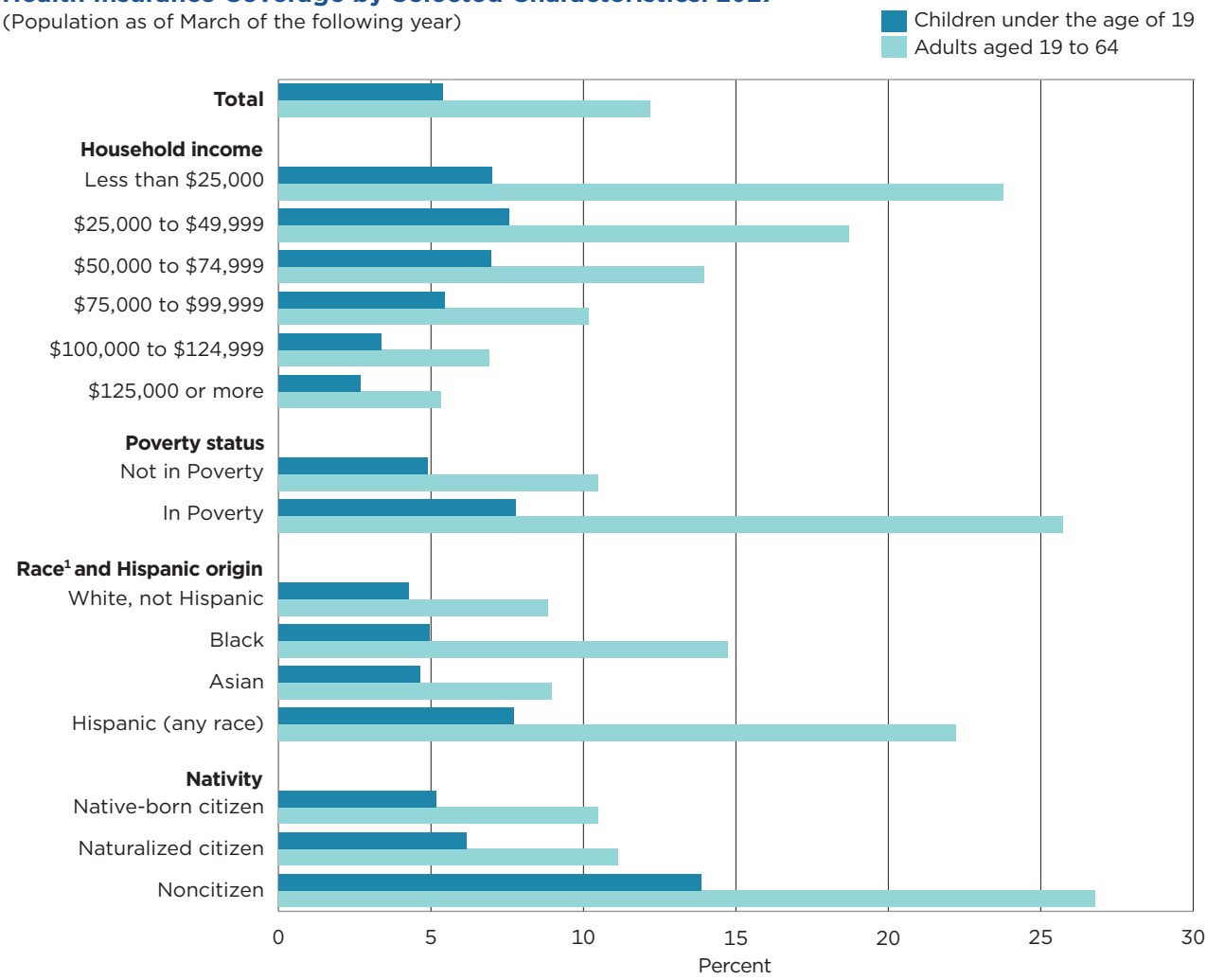
Between 2016 and 2017, the percentage of the native-born population with health insurance coverage decreased by 0.2 percentage points to 92.5 percent. The percentage of

[37] The percentage-point difference in the private coverage rate between 2016 and 2017 for non-Hispanic Whites was not statistically different from the percentage-point difference for Asians.

Figure 6.

Percentage of Children Under the Age of 19 and Adults Aged 19 to 64 Without Health Insurance Coverage by Selected Characteristics: 2017

(Population as of March of the following year)



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

For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <www2.census.gov/programs-surveys/cps/techdocs/cpsmar18.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement.

the foreign born with health insurance increased by 1.2 percentage points to 83.2 percent. Among the foreign-born population, the health insurance coverage rate for noncitizens increased by 2.1 percentage points to 75.9 percent. For this group, the rate of private coverage increased by 2.4 percentage points, and the rate of government coverage did not statistically change.[38]

Children and Adults Without Health Insurance Coverage

In 2017, 5.4 percent of children under the age of 19 and 12.2 percent of adults aged 19 to 64 did not have health insurance coverage. For all selected characteristics, the percentage of adults without health insurance coverage was significantly higher 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.[39]

For example, the difference in the uninsured rate by poverty status was larger among adults than among children. In 2017, 7.8 percent of children in poverty were uninsured, compared with 4.9 percent of children not in poverty, a 2.9 percentage-point difference. The uninsured rates for adults in poverty and not in poverty were 25.7 percent and 10.5 percent, respectively, a 15.2 percentage-point difference.

In 2017, non-Hispanic White children had an uninsured rate of 4.3 percent. Asian children had an uninsured rate of 4.6 percent, and Black children had an uninsured rate of 4.9 percent.[40] Hispanic children had the highest uninsured rate, at 7.7 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 2017 was 13.9 percent, compared with 5.2 percent for native-born citizen children, an 8.7 percentage-point difference. For adults in 2017, 26.8 percent of noncitizen adults and 10.5 percent of native-born adults were uninsured, a 16.3 percentage-point difference.

State Estimates of Health Insurance Coverage

During 2017, the state with the lowest percentage of people without health insurance at the time of interview was Massachusetts (2.8 percent), while the state with the highest percentage was Texas (17.3 percent) (Table 6 and Figure 7).[41] Twenty-five states and the District of Columbia had an uninsured rate of 8.0 percent or less, among which six states (Hawaii, Iowa, Massachusetts, Minnesota, Rhode Island, and Vermont) and the District of Columbia had an uninsured rate of 5.0 percent or less. Two states, Oklahoma and Texas, had an uninsured rate of 14.0 percent or more.[42]

Between 2016 and 2017, the percentage of people without health insurance coverage decreased in three states and increased in 14 states (Table 6 and Figure 8).[43] Decreases ranged from 0.2 percentage points to 1.9 percentage points, and increases ranged from 0.3 percentage points to 1.0 percentage point. Thirty-three states and the District of Columbia did not have a statistically significant change in their uninsured rate.

As part of the Patient Protection and Affordable Care Act, 31 states and the District of Columbia expanded Medicaid eligibility on or before January 1, 2017, in (see the text box "Health Insurance Coverage and the Affordable Care Act").

In general, the uninsured rate in states that expanded Medicaid eligibility prior to January 1, 2017, was lower than in states that did not expand eligibility (Figure 7). In states that expanded Medicaid eligibility ("expansion states"), the uninsured rate in 2017 was 6.5 percent, compared with 12.2 percent in states that did not expand Medicaid eligibility ("non-expansion states"). Many Medicaid expansion states had uninsured rates lower than the national average, while many non-expansion states had uninsured rates above the national average (Figure 8).

The uninsured rates by state ranged from 2.8 percent to 13.7 percent in expansion states, and from 5.4 percent to 17.3 percent in non-expansion states.

Between 2016 and 2017, the uninsured rate did not statistically change in expansion states and increased by 0.4 percentage points in non-expansion states.

[38] The percentage-point difference in the private coverage rate between 2016 and 2017 for noncitizens was not statistically different from the percentage-point difference in the overall coverage rate for this group.

[39] In 2017, the percentage-point difference in the uninsured rate between children in households with income between $100,000 and $124,999 and children in households with income at or above $125,000 was not statistically different from the percentage-point difference between adults in households with income between $100,000 and $124,999 and adults in households with income at or above $125,000. In 2017, the percentage-point difference in the uninsured rate between native-born children and naturalized children was not statistically different from the percentage-point difference between native-born adults and naturalized adults. In 2017, the percentage-point difference in the uninsured rate between non-Hispanic White children and Asian children was not statistically different from the percentage-point difference between non-Hispanic White adults and Asian adults.

[40] In 2017, the uninsured rate for non-Hispanic White children was not statistically different from the uninsured rate for Black children or Asian children. In 2017, the uninsured rate for Black children was not statistically different from the uninsured rate for Asian children.

[41] The estimates in this section come from the 2013, 2016, and 2017 American Community Survey 1-year estimates, which measures insurance coverage at the time of interview. 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.

[42] Consistent with Figure 7, classification into these categories is based on unrounded uninsured rates.

[43] For additional information on coverage types by state, see <www.census.gov/topics/2018/demo/health-insurance/p60-264.html>.

Table 6.

Percentage of People Without Health Insurance Coverage by State: 2013, 2016, and 2017

(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_2017.pdf*)

State	Medicaid expansion state? Yes (Y) or No (N)[1]	2013 uninsured		2016 uninsured		2017 uninsured		Difference in uninsured			
								2017 less 2016		2017 less 2013	
		Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)
United States	**X**	**14.5**	**0.1**	**8.6**	**0.1**	**8.7**	**0.1**	***0.2**	**0.1**	***–5.8**	**0.1**
Alabama	N	13.6	0.4	9.1	0.3	9.4	0.3	0.3	0.5	*–4.2	0.5
Alaska	+Y	18.5	1.0	14.0	0.9	13.7	0.8	–0.4	1.2	*–4.8	1.3
Arizona	Y	17.1	0.4	10.0	0.3	10.1	0.3	0.1	0.4	*–7.1	0.5
Arkansas	Y	16.0	0.5	7.9	0.4	7.9	0.3	Z	0.5	*–8.1	0.6
California	Y	17.2	0.2	7.3	0.1	7.2	0.1	*–0.2	0.1	*–10.0	0.2
Colorado	Y	14.1	0.3	7.5	0.3	7.5	0.2	Z	0.4	*–6.6	0.4
Connecticut	Y	9.4	0.4	4.9	0.3	5.5	0.3	*0.6	0.5	*–3.9	0.5
Delaware	Y	9.1	0.7	5.7	0.5	5.4	0.6	–0.3	0.7	*–3.7	0.9
District of Columbia	Y	6.7	0.6	3.9	0.6	3.8	0.6	–0.1	0.9	*–2.8	0.8
Florida	N	20.0	0.2	12.5	0.2	12.9	0.2	*0.4	0.3	*–7.1	0.3
Georgia	N	18.8	0.3	12.9	0.3	13.4	0.3	*0.5	0.4	*–5.4	0.4
Hawaii	Y	6.7	0.4	3.5	0.4	3.8	0.4	0.3	0.5	*–2.9	0.5
Idaho	N	16.2	0.8	10.1	0.5	10.1	0.5	Z	0.7	*–6.0	0.9
Illinois	Y	12.7	0.2	6.5	0.2	6.8	0.2	*0.3	0.2	*–5.9	0.3
Indiana	+Y	14.0	0.3	8.1	0.3	8.2	0.3	0.1	0.4	*–5.8	0.4
Iowa	Y	8.1	0.3	4.3	0.2	4.7	0.3	*0.4	0.4	*–3.4	0.4
Kansas	N	12.3	0.4	8.7	0.3	8.7	0.4	Z	0.5	*–3.5	0.6
Kentucky	Y	14.3	0.3	5.1	0.2	5.4	0.3	0.3	0.4	*–8.9	0.4
Louisiana	#Y	16.6	0.4	10.3	0.4	8.4	0.3	*–1.9	0.5	*–8.3	0.5
Maine	N	11.2	0.5	8.0	0.5	8.1	0.5	0.1	0.7	*–3.1	0.7
Maryland	Y	10.2	0.3	6.1	0.3	6.1	0.2	Z	0.4	*–4.0	0.4
Massachusetts	Y	3.7	0.2	2.5	0.2	2.8	0.1	*0.3	0.2	*–0.9	0.2
Michigan	^Y	11.0	0.2	5.4	0.1	5.2	0.2	–0.2	0.2	*–5.8	0.2
Minnesota	Y	8.2	0.3	4.1	0.2	4.4	0.2	*0.3	0.3	*–3.8	0.3
Mississippi	N	17.1	0.5	11.8	0.4	12.0	0.5	0.2	0.7	*–5.0	0.7
Missouri	N	13.0	0.3	8.9	0.2	9.1	0.3	0.2	0.4	*–3.9	0.4
Montana	+Y	16.5	0.8	8.1	0.5	8.5	0.5	0.3	0.8	*–8.0	0.9
Nebraska	N	11.3	0.5	8.6	0.5	8.3	0.4	–0.3	0.6	*–3.0	0.6
Nevada	Y	20.7	0.6	11.4	0.5	11.2	0.4	–0.1	0.6	*–9.4	0.8
New Hampshire	^Y	10.7	0.5	5.9	0.4	5.8	0.4	–0.1	0.6	*–4.9	0.7
New Jersey	Y	13.2	0.2	8.0	0.2	7.7	0.2	–0.2	0.3	*–5.5	0.3
New Mexico	Y	18.6	0.6	9.2	0.5	9.1	0.6	–0.1	0.8	*–9.5	0.9
New York	Y	10.7	0.2	6.1	0.1	5.7	0.1	*–0.4	0.2	*–5.0	0.2
North Carolina	N	15.6	0.3	10.4	0.2	10.7	0.2	0.3	0.3	*–5.0	0.4
North Dakota	Y	10.4	0.8	7.0	0.6	7.5	0.6	0.5	0.9	*–2.8	1.0
Ohio	Y	11.0	0.2	5.6	0.2	6.0	0.2	*0.3	0.2	*–5.1	0.3
Oklahoma	N	17.7	0.3	13.8	0.3	14.2	0.3	0.4	0.4	*–3.5	0.5
Oregon	Y	14.7	0.4	6.2	0.2	6.8	0.3	*0.6	0.4	*–7.8	0.5
Pennsylvania	^Y	9.7	0.2	5.6	0.2	5.5	0.2	–0.1	0.2	*–4.2	0.2
Rhode Island	Y	11.6	0.7	4.3	0.5	4.6	0.4	0.3	0.6	*–7.0	0.8
South Carolina	N	15.8	0.4	10.0	0.3	11.0	0.3	*1.0	0.4	*–4.8	0.5
South Dakota	N	11.3	0.7	8.7	0.5	9.1	0.6	0.3	0.8	*–2.2	0.9
Tennessee	N	13.9	0.3	9.0	0.2	9.5	0.3	*0.5	0.4	*–4.4	0.4
Texas	N	22.1	0.2	16.6	0.2	17.3	0.2	*0.7	0.3	*–4.8	0.3
Utah	N	14.0	0.5	8.8	0.4	9.2	0.4	0.4	0.6	*–4.8	0.6
Vermont	Y	7.2	0.6	3.7	0.4	4.6	0.4	*0.8	0.6	*–2.7	0.8
Virginia	N	12.3	0.3	8.7	0.3	8.8	0.3	0.1	0.4	*–3.5	0.4
Washington	Y	14.0	0.3	6.0	0.2	6.1	0.2	0.2	0.3	*–7.9	0.4
West Virginia	Y	14.0	0.5	5.3	0.3	6.1	0.4	*0.8	0.5	*–7.9	0.7
Wisconsin	N	9.1	0.2	5.3	0.2	5.4	0.2	0.1	0.3	*–3.7	0.3
Wyoming	N	13.4	0.9	11.5	1.0	12.3	1.2	0.7	1.6	*–1.2	1.5

* Statistically different from zero at the 90 percent confidence level.
\+ Expanded Medicaid eligibility after January 1, 2015, and on or before January 1, 2016.
X Not applicable.
^ Expanded Medicaid eligibility after January 1, 2014, and on or before January 1, 2015.
# Expanded Medicaid eligibility after January 1, 2016, and on or before January 1, 2017.
Z Represents or rounds to zero.

[1] Medicaid expansion status as of January 1, 2017. For more information, see <www.medicaid.gov/state-overviews/index.html>.

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

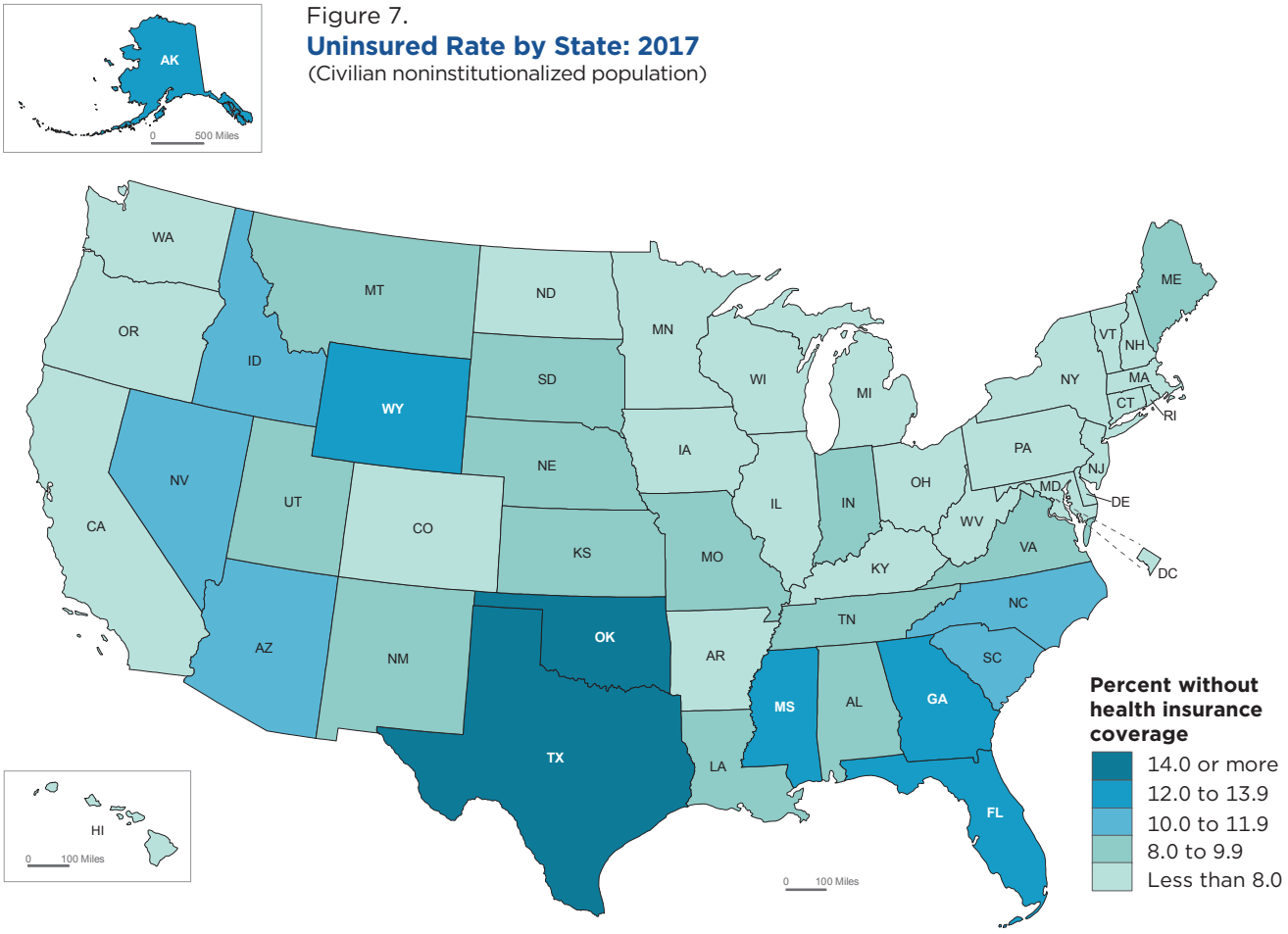
Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.

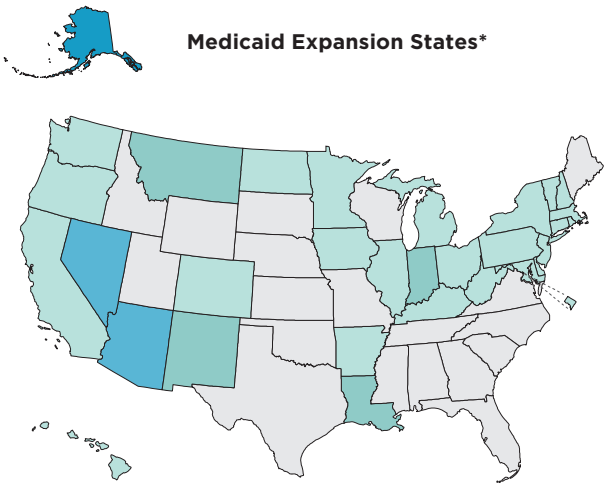
Source: U.S. Census Bureau, 2013, 2016, and 2017 American Community Survey 1-Year Estimates.

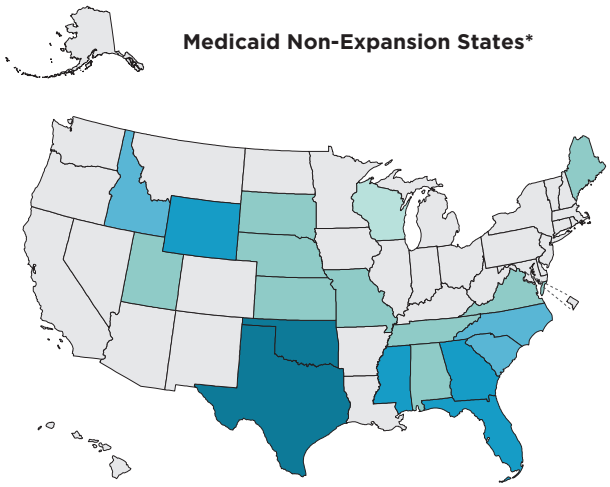
Figure 7.

Uninsured Rate by State: 2017

(Civilian noninstitutionalized population)







* Medicaid expansion status as of January 1, 2017. For a list of expansion and non-expansion states, see Table 6: Percentage of People Without Health Insurance Coverage by State: 2013, 2016, and 2017.

[1] Classification is based on unrounded uninsured rates.

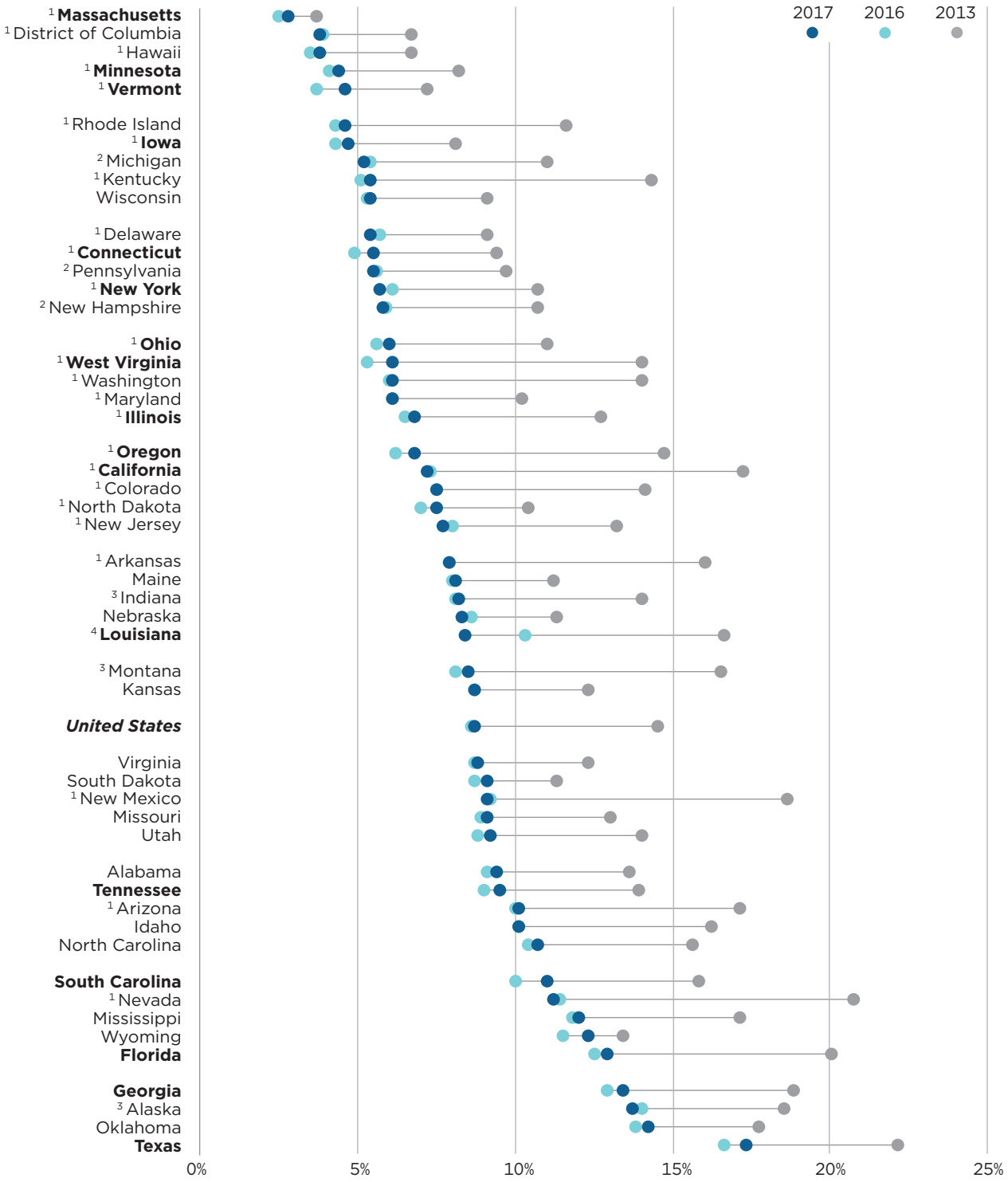
Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2017.pdf>.

Source: U.S. Census Bureau, 2017 American Community Survey, 1-Year Estimates.

Figure 8.

Change in the Uninsured Rate by State: 2013, 2016, and 2017

(Civilian noninstitutionalized population. States with names in bold experienced a statistically significant change between 2016 and 2017)



[1] Expanded Medicaid eligibility as of January 1, 2014.
[2] Expanded Medicaid eligibility after January 1, 2014, and on or before January 1, 2015.
[3] Expanded Medicaid eligibility after January 1, 2015, and on or before January 1, 2016.
[4] Expanded Medicaid eligibility after January 1, 2016, and on or before January 1, 2017.

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_2017.pdf>.

Source: U.S. Census Bureau, 2013, 2016, and 2017 American Community Surveys, 1-Year Estimates.

More Information About Health Insurance Coverage

Additional Data and Contacts

Detailed tables, historical tables, press releases, and briefings are available on the Census Bureau's Health Insurance Web site. The Web site can be accessed at <www.census.gov/topics/health/health-insurance.html>.

Microdata are available for download on the Census Bureau's Web site. Disclosure protection techniques have been applied to CPS microdata to protect respondent confidentiality.

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 these additional data into their models.

Small Area Health Insurance Estimates are available at <www.census.gov/programs-surveys/sahie.html>. The most recent estimates are for 2016.

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 estimates in this report are from the 2014, 2017, and 2018 Current Population Survey Annual Social and Economic Supplements (CPS ASEC) and were collected in the 50 states and the District of Columbia. These data do not represent residents of Puerto Rico and the U.S. Island Areas.[44] These data are based on a sample of about 92,000 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 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/cpsmar18.pdf>.

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

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

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

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

Most of the data from the 2018 CPS ASEC were collected in March (with some data collected in February and April). Each year, the CPS ASEC sample ranges between 92,000 and 100,000 addresses. In 2018, the CPS ASEC sample had 92,000 addresses, as 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 2018 fiscal year.[45, 46] 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/2018/demo/p60-264sa.pdf>.

The remaining data presented in this report are based on the ACS sample collected from January 2017 through December 2017. For more information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, please see the 2017 ACS Accuracy of the Data document located at <www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2017.pdf>.

[45] Public Law 113-235, 2017.

[46] The series of questions asking about health insurance coverage in calendar year 2012 and earlier.

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 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> or directly at <www.census.gov/topics/health/health-insurance.html>. The tables may also be accessed directly at <www.census.gov/topics/2018/demo/health-insurance/p60-264.html>.

Table A-1.

Number of People by Type of Health Insurance Coverage by Age: 2016 and 2017

(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/cpsmar18.pdf*)

Characteristic	Total		Any health insurance					Private health insurance[3]					Government health insurance[4]					Uninsured[5]				
	2016	2017	2016		2017			2016		2017			2016		2017			2016		2017		
	Number	Number	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]
Total	**320,372**	**323,156**	**292,320**	**541**	**294,613**	**662**	***2,293**	**216,203**	**1,145**	**217,007**	**1,158**	**804**	**119,361**	**1,018**	**121,965**	**1,086**	***2,604**	**28,052**	**519**	**28,543**	**634**	**492**
Age																						
Under age 65	271,098	272,076	243,645	582	244,211	664	566	190,198	1,051	190,882	1,064	684	73,220	991	74,082	1,042	862	27,453	508	27,865	612	412
Under age 18	74,047	73,963	70,123	246	70,033	267	−90	46,393	438	46,570	488	177	31,020	481	31,277	482	258	3,924	192	3,930	238	6
Aged 18 to 64	197,051	198,113	173,521	535	174,178	569	657	143,805	772	144,312	760	507	42,200	689	42,804	729	604	23,530	438	23,935	498	405
Under age 19[6]	78,150	78,106	73,948	240	73,884	295	−63	49,185	452	49,419	504	235	32,439	501	32,748	509	309	4,203	205	4,221	252	19
Aged 19 to 64	192,948	193,971	169,697	525	170,327	561	630	141,013	750	141,463	749	449	40,781	662	41,334	717	553	23,251	435	23,644	489	393
Aged 19 to 25[7]	29,815	29,922	25,917	274	25,727	298	−190	21,247	290	21,002	304	−244	6,898	263	6,994	260	96	3,898	179	4,195	204	*297
Aged 26 to 34	39,736	40,152	33,499	267	33,875	310	*376	27,692	313	28,047	329	355	8,097	258	8,154	295	57	6,237	224	6,277	229	40
Aged 35 to 44	40,046	40,659	34,794	197	35,253	198	*459	29,373	270	29,912	272	*540	7,728	228	7,825	240	97	5,252	192	5,407	199	154
Aged 45 to 64	83,351	83,237	75,487	342	75,472	330	−15	62,702	449	62,501	469	−201	18,058	408	18,361	421	303	7,863	257	7,765	282	−98
Aged 65 and older	49,274	51,080	48,675	225	50,402	209	*1,726	26,005	378	26,125	441	120	46,140	259	47,883	232	*1,743	598	69	678	71	80

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

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

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2018/demo/p60-264sa.pdf>.

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

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

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

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

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

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

Source: U.S. Census Bureau, Current Population Survey, 2017 and 2018 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: 2016 and 2017

(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/cpsmar18.pdf*)

Characteristic	Total																				
			Any health insurance														Uninsured[5]				
								Private health insurance[3]					Government health insurance[4]								
	2016	2017	2016		2017			2016		2017			2016		2017			2016		2017		
	Number	Number	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]
Total	**320,372**	**323,156**	**292,320**	**541**	**294,613**	**662**	***2,293**	**216,203**	**1,145**	**217,007**	**1,158**	**804**	**119,361**	**1,018**	**121,965**	**1,086**	***2,604**	**28,052**	**519**	**28,543**	**634**	**492**
Total, 19 to 64 years old	192,948	193,971	169,697	525	170,327	561	630	141,013	750	141,463	749	449	40,781	662	41,334	717	553	23,251	435	23,644	489	393
Marital Status																						
Married[6]	101,822	101,580	92,821	670	92,318	805	−503	81,594	666	80,988	773	−606	18,230	447	18,597	476	367	9,001	333	9,262	314	261
Widowed	3,633	3,586	3,127	158	3,107	162	−20	2,131	117	2,053	134	−79	1,218	101	1,290	99	71	506	61	479	62	−27
Divorced	19,460	19,510	16,753	363	16,858	380	105	12,503	317	12,753	338	250	5,223	212	5,136	203	−86	2,707	132	2,652	146	−55
Separated	4,495	4,372	3,632	169	3,486	161	−146	2,512	144	2,423	139	−89	1,394	96	1,309	90	−85	863	73	886	84	23
Never married	63,537	64,923	53,364	547	54,558	570	*1,195	42,272	552	43,246	517	*973	14,716	392	15,002	388	286	10,174	320	10,365	304	191
Disability Status[7]																						
With a disability	15,248	14,957	13,899	358	13,641	350	−258	6,633	231	6,702	240	70	8,933	287	8,639	300	−294	1,349	109	1,317	100	−32
With no disability	176,842	178,063	154,940	572	155,735	585	*796	134,162	765	134,502	751	340	30,989	558	31,744	572	*755	21,902	417	22,327	466	425
Work Experience																						
All workers	149,105	150,487	132,422	587	133,419	738	*996	119,497	661	120,622	767	*1,125	20,797	474	21,115	500	318	16,682	385	17,068	379	386
Worked full-time, year-round	107,577	109,511	97,049	652	98,770	713	*1,722	90,853	669	92,394	721	*1,540	11,224	313	11,927	367	*703	10,528	292	10,741	286	213
Worked less than full-time, year-round	41,528	40,976	35,374	514	34,648	511	*−725	28,643	441	28,228	468	−416	9,573	286	9,189	283	*−385	6,154	225	6,327	244	173
Did not work at east 1 week	43,843	43,484	37,275	507	36,908	547	−367	21,517	413	20,841	419	*−676	19,984	395	20,218	484	235	6,568	247	6,576	256	8
Educational Attainment																						
Total, 26 to 64 years old	163,133	164,049	143,780	473	144,599	534	*819	119,766	685	120,460	691	694	33,883	547	34,340	594	457	19,353	386	19,449	446	96
No high school diploma	15,389	15,150	11,184	300	11,161	297	−23	6,293	218	6,425	228	132	5,806	218	5,677	217	−129	4,205	189	3,989	197	−216
High school graduate (includes equivalency)	45,401	44,772	38,511	605	37,814	579	*−697	29,512	541	29,273	510	−239	11,961	328	11,756	328	−205	6,890	232	6,958	261	67
Some college, no degree	26,594	26,109	23,512	407	22,977	381	*−536	19,102	383	18,445	343	*−656	6,324	227	6,439	221	115	3,082	147	3,133	155	51
Associate's degree	17,739	17,659	16,096	354	15,987	348	−110	13,820	323	13,627	328	−193	3,454	171	3,449	153	−5	1,642	110	1,673	127	30
Bachelor's degree	36,528	38,465	34,032	503	35,690	577	*1,658	31,698	498	32,889	576	*1,191	4,239	172	4,765	204	*525	2,496	133	2,775	160	*279
Graduate or professional degree	21,482	21,894	20,444	437	20,971	431	*527	19,342	432	19,801	419	459	2,098	122	2,254	130	156	1,038	86	922	82	*−116

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

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

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2018/demo/p60-264sa.pdf>.

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

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

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

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

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

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

Source: U.S. Census Bureau, Current Population Survey, 2017 and 2018 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: 2016 and 2017

(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/cpsmar18.pdf*)

Characteristic	Total																				
	2016	2017	Any health insurance														Uninsured[5]				
			2016		2017			Private health insurance[3]					Government health insurance[4]								
								2016		2017			2016		2017			2016		2017		
	Number	Number	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]
Total	**320,372**	**323,156**	**292,320**	**541**	**294,613**	**662**	***2,293**	**216,203**	**1,145**	**217,007**	**1,158**	**804**	**119,361**	**1,018**	**121,965**	**1,086**	***2,604**	**28,052**	**519**	**28,543**	**634**	**492**
Household Income[6]																						
Less than $25,000	47,507	46,682	40,958	779	40,199	797	–758	14,398	461	14,071	460	–327	32,259	668	31,920	664	–339	6,550	288	6,482	304	–67
$25,000 to $49,999	62,357	62,187	54,940	967	54,569	981	–371	32,584	685	31,800	706	–784	32,708	744	32,986	756	278	7,417	294	7,618	350	201
$50,000 to $74,999	54,487	53,710	49,036	901	48,141	860	–895	37,049	783	35,844	732	*–1,205	20,369	531	20,031	524	–338	5,452	266	5,570	298	118
$75,000 to $99,999	43,902	44,982	40,533	797	41,436	864	903	34,696	729	34,733	805	38	11,697	389	13,014	483	*1,318	3,369	216	3,546	206	177
$100,000 to $124,999	33,406	32,108	31,425	730	30,367	769	*–1,057	27,822	656	26,787	703	*–1,035	7,483	342	7,831	351	348	1,982	171	1,741	147	*–241
$125,000 or more	78,712	83,487	75,429	1,034	79,900	1,251	*4,472	69,654	1,050	73,771	1,204	*4,117	14,845	458	16,182	523	*1,337	3,283	223	3,587	229	304
Income-to-Poverty Ratio																						
Below 100 percent of poverty	40,616	39,698	34,004	683	32,950	806	*–1,053	11,620	420	11,185	490	–434	25,826	585	24,934	647	*–892	6,612	261	6,748	311	135
Below 138 percent of poverty	61,039	61,174	51,681	820	51,632	927	–49	19,001	537	19,159	577	158	38,522	692	38,329	798	–193	9,357	316	9,542	392	185
From 100 to 199 percent of poverty	54,629	56,004	47,735	876	48,862	906	1,127	24,786	671	25,492	632	706	30,518	651	31,192	667	674	6,894	309	7,142	348	248
From 200 to 299 percent of poverty	51,705	51,354	46,131	825	45,756	850	–375	34,216	742	33,119	692	*–1,097	19,631	478	20,519	559	*887	5,574	258	5,598	262	23
From 300 to 399 percent of poverty	42,562	41,649	39,359	753	38,432	860	–927	32,525	640	31,940	790	–585	13,258	448	12,478	420	*–780	3,204	192	3,218	189	14
At or above 400 percent of poverty	130,398	133,844	124,665	1,256	128,044	1,343	*3,378	112,884	1,217	115,059	1,301	*2,175	29,793	575	32,376	629	*2,583	5,733	272	5,801	262	68

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

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

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2018/demo/p60-264sa.pdf>.

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

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

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

[6] The 2016 income estimates are inflation-adjusted and presented in 2017 dollars.

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, 2017 and 2018 Annual Social and Economic Supplements.

Table A-4.

Number of People by Type of Health Insurance Coverage by Selected Demographic Characteristics: 2016 and 2017

(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/cpsmar18.pdf*)

Characteristic	Total																				
			Any health insurance														Uninsured[5]				
								Private health insurance[3]					Government health insurance[4]								
	2016	2017	2016		2017			2016		2017			2016		2017			2016		2017		
	Number	Number	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2017 less 2016)[1,*]
Total	**320,372**	**323,156**	**292,320**	**541**	**294,613**	**662**	***2,293**	**216,203**	**1,145**	**217,007**	**1,158**	**804**	**119,361**	**1,018**	**121,965**	**1,086**	***2,604**	**28,052**	**519**	**28,543**	**634**	**492**
Family Status																					
In families	259,863	260,709	238,655	883	239,167	1,016	512	178,401	1,203	178,086	1,216	−315	94,707	936	96,220	1,084	*1,513	21,208	504	21,542	581	334
Householder	82,854	83,103	75,899	437	75,756	466	−143	58,954	458	58,182	458	*−773	30,074	335	30,712	435	*638	6,956	217	7,347	220	*391
Related children under age 18	72,674	72,532	68,867	261	68,701	289	−166	45,793	440	45,988	487	195	30,180	481	30,327	473	148	3,807	194	3,831	234	24
Related children under age 6	23,531	23,574	22,175	128	22,165	136	−10	13,848	224	13,950	236	101	10,603	238	10,594	235	−9	1,355	105	1,408	110	53
In unrelated subfamilies	1,208	1,054	1,045	135	924	117	−120	585	102	553	84	−32	587	89	479	83	−108	163	37	129	30	−34
Unrelated individuals	59,301	61,393	52,621	729	54,521	779	*1,901	37,217	645	38,368	645	*1,151	24,067	437	25,266	492	*1,199	6,680	227	6,872	278	192
Residence[6]																					
Inside metropolitan statistical areas	276,682	280,048	252,748	2,587	255,475	2,663	*2,727	189,505	2,011	190,316	2,218	811	99,424	1,584	102,358	1,570	*2,934	23,935	582	24,573	654	638
Inside principal cities	103,365	104,068	93,278	1,882	93,280	1,843	2	66,111	1,329	65,713	1,497	−398	39,170	1,108	39,721	1,033	551	10,088	405	10,788	463	*700
Outside principal cities	173,317	175,980	159,470	2,442	162,195	2,437	*2,725	123,393	1,906	124,603	2,021	1,209	60,254	1,265	62,637	1,268	*2,383	13,847	491	13,785	459	−62
Outside metropolitan statistical areas[7]	43,689	43,108	39,572	2,525	39,138	2,524	−434	26,699	1,723	26,691	1,747	−8	19,936	1,395	19,607	1,404	−329	4,117	371	3,970	343	−147
Race[8] and Hispanic Origin																					
White	246,310	247,695	225,497	491	226,621	552	*1,124	170,839	949	170,913	965	74	90,220	847	91,952	929	*1,732	20,813	455	21,075	526	262
White, not Hispanic	195,453	195,530	183,139	422	183,168	437	29	144,398	839	143,181	793	*−1,216	70,136	701	71,550	804	*1,415	12,314	360	12,362	395	48
Black	42,040	42,564	37,612	227	38,052	211	*439	23,739	415	24,041	401	302	18,377	378	18,792	376	415	4,428	223	4,512	204	84
Asian	18,897	19,484	17,455	208	18,071	237	*616	14,013	260	14,068	305	55	5,124	237	5,761	253	*637	1,442	134	1,413	133	−29
Hispanic (any race)	57,670	59,227	48,433	319	49,719	360	*1,286	30,192	453	31,672	562	*1,480	23,125	419	23,414	426	289	9,237	316	9,508	356	271
Nativity																					
Native born	276,518	277,748	256,338	767	256,827	849	488	189,946	1,126	189,503	1,104	−443	105,440	982	107,421	1,068	*1,981	20,180	438	20,921	513	*742
Foreign born	43,854	45,408	35,982	538	37,786	664	*1,804	26,258	469	27,504	577	*1,247	13,921	389	14,544	396	*623	7,872	312	7,622	316	−250
Naturalized citizen	20,409	21,854	18,684	405	19,918	468	*1,235	13,726	346	14,342	414	*616	7,591	259	8,191	280	*601	1,726	125	1,936	116	*210
Not a citizen	23,445	23,554	17,298	380	17,868	450	*570	12,532	346	13,162	359	*630	6,330	262	6,353	266	22	6,147	269	5,687	263	*−460

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

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

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <www2.census.gov/library/publications/2018/demo/p60-264sa.pdf>.

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

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

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

[6] The 2016 estimates presented for residence may not match the previously published estimates due to a correction in the assignment of principal city status for a small number of households. For the definition of metropolitan statistical areas and principal cites, see <www.census.gov/programs-surveys/metro-micro/about/glossary.html>.

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

[8] Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as White and American Indian and Alaska Native or Asian and Black or African American, is available from 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, 2017 and 2018 Annual Social and Economic Supplements.

Table A-5.

Number of People Without Health Insurance Coverage by State: 2013, 2016, and 2017

(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_2017.pdf*)

State	Medicaid expansion state? Yes (Y) or No (N)[1]	2013 uninsured		2016 uninsured		2017 uninsured		Difference in uninsured			
								2017 less 2016		2017 less 2013	
		Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)
United States		**45,181**	**200**	**27,304**	**162**	**28,019**	**188**	***715**	**248**	***–17,161**	**275**
Alabama	N	645	17	435	14	449	16	14	22	*–197	23
Alaska	+Y	132	7	101	6	98	6	–3	9	*–34	9
Arizona	Y	1,118	24	681	21	695	20	14	29	*–423	32
Arkansas	Y	465	14	232	12	232	10	27	16	*–233	17
California	Y	6,500	57	2,844	41	2,797	34	–47	53	*–3,704	67
Colorado	Y	729	18	410	14	414	13	4	19	*–315	22
Connecticut	Y	333	14	172	11	194	12	*22	16	*–139	19
Delaware	Y	83	6	53	5	51	5	–2	7	*–32	8
District of Columbia	Y	42	4	26	4	26	4	Z	6	*–16	6
Florida	N	3,853	43	2,544	47	2,676	43	*132	64	*–1,177	61
Georgia	N	1,846	30	1,310	30	1,375	29	*66	42	*–471	42
Hawaii	Y	91	6	49	5	53	5	4	7	*–38	7
Idaho	N	257	12	168	8	172	9	4	12	*–85	15
Illinois	Y	1,618	27	817	20	859	23	*43	31	*–759	35
Indiana	+Y	903	19	530	17	536	18	6	25	*–367	26
Iowa	Y	248	9	132	8	146	8	*14	11	*–102	12
Kansas	N	348	12	249	9	249	11	Z	14	*–99	16
Kentucky	Y	616	14	223	10	235	12	12	16	*–381	19
Louisiana	#Y	751	17	470	17	383	13	*–87	22	*–369	21
Maine	N	147	7	106	7	107	6	1	9	*–40	10
Maryland	Y	593	17	363	16	366	15	2	22	*–228	23
Massachusetts	Y	247	10	171	10	190	10	*19	14	*–57	14
Michigan	^Y	1,072	19	527	14	510	15	–17	20	*–562	24
Minnesota	Y	440	14	225	10	243	11	*18	15	*–197	18
Mississippi	N	500	16	346	12	352	15	6	19	*–148	22
Missouri	N	773	18	532	14	548	17	16	22	*–225	25
Montana	+Y	165	8	83	6	88	6	4	8	*–77	10
Nebraska	N	209	9	161	9	157	7	–4	12	*–52	12
Nevada	Y	570	17	330	13	333	13	2	19	*–237	21
New Hampshire	^Y	140	7	78	6	77	5	–1	8	*–63	9
New Jersey	Y	1,160	22	705	19	688	17	–17	26	*–472	28
New Mexico	Y	382	13	188	10	187	12	–1	16	*–195	18
New York	Y	2,070	30	1,183	26	1,113	27	*–70	38	*–957	41
North Carolina	N	1,509	26	1,038	21	1,076	24	*38	32	*–433	36
North Dakota	Y	73	6	52	5	56	5	3	7	*–18	7
Ohio	Y	1,258	21	644	18	686	22	*42	28	*–572	31
Oklahoma	N	666	13	530	13	545	12	16	17	*–120	17
Oregon	Y	571	15	253	10	281	12	*28	16	*–290	19
Pennsylvania	^Y	1,222	22	708	21	692	21	–16	30	*–530	31
Rhode Island	Y	120	7	45	5	48	4	3	7	*–72	8
South Carolina	N	739	18	486	14	542	17	*56	22	*–197	25
South Dakota	N	93	5	74	4	77	5	3	7	*–16	7
Tennessee	N	887	20	592	16	629	19	*37	25	*–258	27
Texas	N	5,748	55	4,545	55	4,817	48	*272	73	*–931	73
Utah	N	402	13	265	12	282	12	17	17	*–120	18
Vermont	Y	45	4	23	2	28	3	*5	4	*–17	5
Virginia	N	991	22	715	21	729	21	14	30	*–261	31
Washington	Y	960	22	428	15	446	15	18	21	*–514	26
West Virginia	Y	255	10	96	6	109	7	*13	9	*–146	12
Wisconsin	N	518	14	300	10	309	11	9	15	*–208	17
Wyoming	N	77	5	67	6	70	7	3	9	–7	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.

\# Expanded Medicaid eligibility after January 1, 2016, and on or before January 1, 2017.

Z Represents or rounds to zero.

[1] Medicaid expansion status as of January 1, 2017. For more information, see <www.medicaid.gov/state-overviews/index.html>.

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

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

Source: U.S. Census Bureau, 2013, 2016, and 2017 American Community Survey 1-Year Estimates.

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.[1] In particular, the estimate of the uninsured in the previous calendar year was not in line with other federal surveys or administrative records, indicating that the CPS ASEC did not capture as much health insurance coverage in comparison.[2] Additionally, these concerns extended to undercounting Medicaid enrollment and general misreporting of the source and timing of health insurance coverage.[3] To address these concerns, the 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.[4]

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

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

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

[3] See 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>.

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

APPENDIX C. REPLICATE WEIGHTS

Beginning with 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 are calculated using the Successive Difference Replication (SDR) method.[1] This method involves the computation of a set of replicate weights, which account for the complex survey design of the CPS. The SDR method has been used to estimate variances in the American Community Survey since its inception.

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

One study found that the CPS ASEC GVF standard errors performed poorly against more precise Survey Design-Based (SDB) estimates.[2] In most cases, results indicated that the published GVF parameters significantly underestimated standard errors in the CPS ASEC. This and other critiques prompted the Census Bureau to transition from using the GVF method of estimating standard errors to using the SDR method of estimating standard errors for the CPS ASEC. In 2009, the U.S. Census Bureau released replicate weights for the 2005 through 2009 CPS ASEC collection years and has released replicate weights for 2010 to 2018 with the release of the CPS ASEC public-use data.

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

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

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

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

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

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

APPENDIX D. ADDITIONAL DATA AND CONTACTS

Press releases, briefings, and data are available 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> or directly at <www.census.gov/topics/health/health-insurance.html>.

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

Customized Tables

The CPS Table Creator

www.census.gov/cps/data/cpstablecreator.html

Gives data users the ability to create customized tables from the Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Table Creator can be used access data back to the 2003 CPS ASEC.

American FactFinder

http://factfinder.census.gov

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).

Public-Use Microdata

CPS ASEC

Microdata for the 2015 CPS ASEC and earlier years are available online at <http://thedataweb.rm.census.gov/ftp/cps_ftp.html#cpsmarch>. 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 file is a sample of the ACS, estimates of health insurance coverage may 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.[1] This process is often called topcoding. During the period prior to the March 1996 survey, topcoding 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 topcoding 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.

[1] For more information, see <www.census.gov/about/policies/privacy/data_stewardship/federal_law.html>.

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