

# Health Insurance Coverage in the United States: 2013

## Current Population Reports

By Jessica C. Smith and Carla Medalia

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**U.S. Department of Commerce**  
**Penny Pritzker,**  
Secretary

**Bruce H. Andrews,**  
Deputy Secretary

**Economics and Statistics Administration**  
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Under Secretary for Economic Affairs

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Director

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# Health Insurance Coverage in the United States: 2013

## Introduction

Health insurance is a means for financing a person's health care expenses. While the majority of people have private health insurance coverage, primarily through an employer, many others obtain health insurance through programs offered by the government. Other individuals do not have health insurance at all.

This report presents statistics on health insurance coverage in the United States based on information collected in the 2014 Current Population Survey Annual Social and Economic Supplement (CPS ASEC) and the 2013 American Community Survey (ACS). Estimates from both surveys, conducted by the U.S. Census Bureau, reflect health insurance coverage during the year 2013.

The CPS is the longest-running survey conducted by the Census Bureau. The key purpose of the CPS ASEC is to provide timely and detailed estimates of economic well-being, of which health insurance coverage is an important part. The 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.

This report presents an overall estimate of the year-to-year change in health insurance coverage rates based on the ACS, which has collected data on health insurance since 2008. Traditionally, this report has included detailed comparisons of year-to-year changes in health insurance coverage using the CPS ASEC. However, due to the redesign of the health insurance section of the CPS ASEC, its estimates

## 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.<sup>1</sup> For reporting purposes, the Census Bureau broadly classifies health insurance coverage as private insurance or government insurance. The CPS ASEC classifies private health insurance as a plan provided through an employer or a union, or purchased by an individual from a private company. Government health insurance includes federal programs such as Medicare, Medicaid, the Children's Health Insurance Program (CHIP), individual state health plans, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.<sup>11</sup> In the CPS ASEC, people were considered "insured" if they were covered by any type of health insurance for part or all of the previous calendar year. They were considered uninsured if, for the entire year, they were not covered by any type of health insurance. Additionally, people were considered uninsured if they only had coverage through the Indian Health Service (IHS). For more information, see Appendix A, "Estimates of Health Insurance Coverage."

<sup>1</sup> Comprehensive health insurance covers basic health care needs. This definition excludes single service plans, such as accident, disability, dental, vision, or prescription medicine.

<sup>11</sup> Types of insurance are not mutually exclusive; people may be covered by more than one type during the year.

## Changes to the CPS ASEC Health Insurance Coverage Questions

In 2014, the Census Bureau implemented changes to the CPS ASEC, including a complete redesign of the health insurance questions. The new questions improve upon the previous questionnaire, which was criticized as producing health insurance estimates that were not in line with those produced by other federal surveys or administrative records. The redesigned CPS ASEC is based on over a decade of research, including two national field tests as well as cognitive testing.<sup>1</sup> The redesign constitutes a "break-in-series" to the historical health insurance estimates, so data users should exercise caution when comparing estimates from the redesigned CPS ASEC for data year 2013 to estimates from previous years. For a comparison of health insurance over time, see the text box "National and State Changes in Health Insurance Coverage."

For more information on the quality of CPS ASEC health insurance estimates, see Appendix A, "Estimates of Health Insurance Coverage."

<sup>1</sup> See the infographic "Improving Health Insurance Coverage Measurement: 1998–2014, A History of Research and Testing" at <[www.census.gov/content/dam/Census/library/infographics/PDF/health\\_insurance\\_research.pdf](http://www.census.gov/content/dam/Census/library/infographics/PDF/health_insurance_research.pdf)>.

of health insurance coverage are not directly comparable to estimates from prior years of the survey. For more information on the CPS ASEC redesign, see the text box “Changes to the CPS ASEC Health Insurance Coverage Questions.”

### Highlights

- In 2013, the percentage of people without health insurance coverage for the entire calendar year was 13.4 percent, or 42.0 million (Figure 1 and Table 1).<sup>1, 2</sup>
- The percentage of people with health insurance for all or part of 2013 was 86.6 percent (Table 1).
- In 2013, the majority of individuals, 64.2 percent, were covered by private health insurance

<sup>1</sup> For a brief description of how the Census Bureau collects and reports on health insurance data, see the text box “What Is Health Insurance Coverage?” For a discussion of the quality of the CPS ASEC health insurance coverage estimates, see Appendix A.

<sup>2</sup> For information on recessions, see Appendix A, P60-249, *Income and Poverty in the United States: 2013* at <[www.census.gov/content/dam/Census/library/publications/2014/demo/p60-249.pdf](http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-249.pdf)>.

(Table 1 and Figure 1). The largest single type of health insurance in 2013 was employment-based health insurance, which covered 53.9 percent of the population.

- In 2013, 34.3 percent of the population was covered by government health insurance (Table 1 and Figure 1). The percentage of people covered by Medicaid in 2013 was 17.3 percent. During this time, the percentage of people covered by Medicare was 15.6 percent.
- In 2013, the percentage of children under age 19 who were uninsured was 7.6 percent (Table 2).
- In 2013, the uninsured rate for children under age 19 in poverty, 9.8 percent, was higher than the uninsured rate for children not in poverty, 7.0 percent (Figure 6).
- In 2013, 9.8 percent of non-Hispanic Whites were uninsured, while 15.9 percent of Blacks were uninsured (Table 5).

- The uninsured rate for Hispanics in 2013 was 24.3 percent (Table 5).<sup>3</sup>

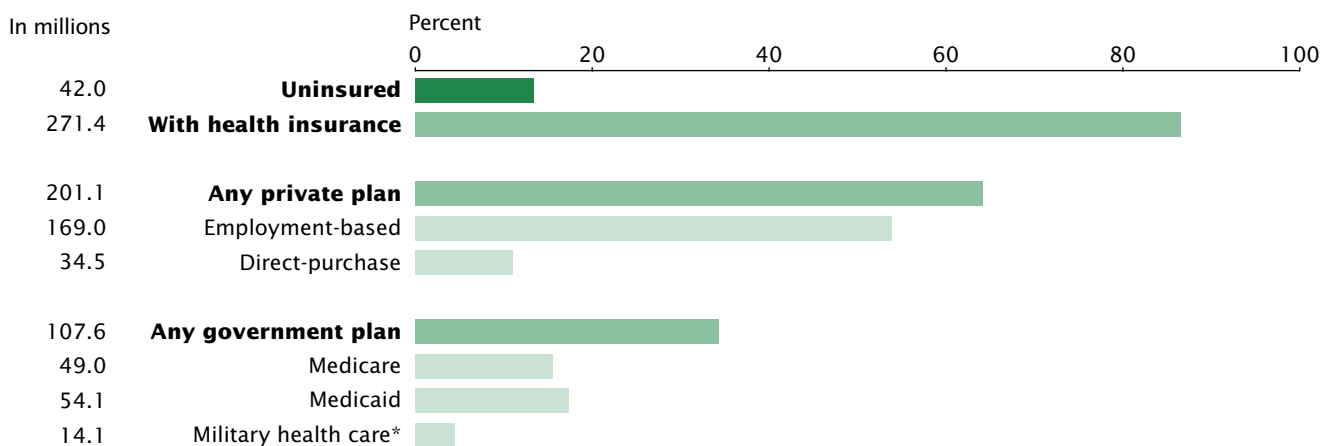
<sup>3</sup> Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). The body of this report (text, figures, and tables) shows data using the first approach (race alone). Use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches.

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

Since Hispanics may be any race, data in this report for Hispanics overlap with data for race groups. Being Hispanic was reported by 14.5 percent of White householders who reported only one race, 5.3 percent of Black householders who reported only one race, and 1.8 percent of Asian householders who reported only one race.

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

Figure 1.  
**Number and Percentage of People by Health Insurance Status: 2013**  
(Population as of March of the following year)



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

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <[ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf](http://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf)>.

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



## Estimates of the Population Without Health Insurance Coverage

In 2013, 13.4 percent of people (or 42.0 million) were uninsured for the entire calendar year (Figure 1 and Table 1).

This report classifies health insurance coverage into three different groups: private health insurance, government health insurance, and the uninsured. Private health insurance includes coverage provided through an employer or union or coverage purchased directly by an individual from an insurance company. Government health insurance includes federal programs such as Medicare, Medicaid,

the Children's Health Insurance Program (CHIP), individual state health plans, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military. Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year. For more information, see the text box "What Is Health Insurance Coverage?"

Most people (86.6 percent) had health insurance coverage in 2013 at some point during the calendar year. In 2013, 64.2 percent of the population had private health insurance

coverage, with 53.9 percent covered by employment-based coverage and 11.0 percent covered by direct-purchase insurance (Table 1).

Government health programs provided coverage to 34.3 percent of the population in 2013. Between the two largest government health care programs, Medicaid covered more people than did Medicare (17.3 percent compared with 15.6 percent).

### Multiple Coverage Types

While most people are covered by a single type of health insurance, some people may have more than one type during the calendar year; that is, they

Table 1.

### Health Insurance Coverage Rates by Type of Health Insurance: 2013

(Data are based on the CPS ASEC sample of 68,000 addresses; see note at end of table. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf>)

Coverage type	Rate of coverage by type for total population						Percentage with single or multiple coverage by health insurance type				
	Any coverage	90 percent C.I. <sup>1</sup> (±)	One coverage type	90 percent C.I. <sup>1</sup> (±)	Multiple coverage types <sup>2</sup>	90 percent C.I. <sup>1</sup> (±)	Any coverage	One coverage type	90 percent C.I. <sup>1</sup> (±)	Multiple coverage types <sup>2</sup>	90 percent C.I. <sup>1</sup> (±)
Any health plan . . . . .	86.6	0.2	68.5	0.4	18.1	0.3	100.0	79.1	0.2	20.9	0.2
Any private plan <sup>3</sup> . . . . .	64.2	0.4	52.3	0.4	11.9	0.2	100.0	81.5	0.2	18.5	0.2
Employment-based . . . . .	53.9	0.5	44.2	0.4	9.7	0.2	100.0	82.0	0.3	18.0	0.3
Direct-purchase . . . . .	11.0	0.3	4.3	0.2	6.8	0.2	100.0	38.6	0.7	61.4	0.7
Any government plan <sup>4</sup> . . . . .	34.3	0.4	22.5	0.4	11.9	0.2	100.0	65.4	0.4	34.6	0.4
Medicare . . . . .	15.6	0.1	5.9	0.2	9.7	0.2	100.0	37.7	0.6	62.3	0.6
Medicaid . . . . .	17.3	0.4	12.2	0.3	5.1	0.2	100.0	70.7	0.5	29.3	0.5
Military health care <sup>5</sup> . . . . .	4.5	0.2	1.9	0.1	2.6	0.1	100.0	42.2	1.2	57.8	1.2
Uninsured <sup>6</sup> . . . . .	13.4	0.2	X	X	X	X	X	X	X	X	X

X Not applicable.

<sup>1</sup> A 90 percent confidence interval is a measure of an estimate's variability. The larger the confidence interval in relation to the size of the estimate, the less reliable the estimate. Confidence intervals shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <ftp://ftp2.census.gov/library/publications/2014/demo/p60-249sa.pdf>.

<sup>2</sup> People may have multiple plan types at one time to supplement their primary insurance type or switch coverage types over the course of the year.

<sup>3</sup> Private health insurance includes coverage provided through an employer or union, or coverage purchased directly by an individual from an insurance company.

<sup>4</sup> Government health insurance coverage includes Medicaid, Medicare, 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.

<sup>5</sup> 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.

<sup>6</sup> Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

Note: The 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were eligible to receive the redesigned set of health insurance coverage questions. The redesigned income questions were implemented to a subsample of these 98,000 addresses using a probability split panel design. Approximately 68,000 addresses were eligible to receive a set of income questions similar to those used in the 2013 CPS ASEC and the remaining 30,000 addresses were eligible to receive the redesigned income questions. The source of data for this table is the portion of the CPS ASEC sample which received the income questions consistent with the 2013 CPS ASEC, approximately 68,000 addresses.

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

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

may have multiple types at one time to supplement their primary insurance type, or switch coverage types over the course of the year. In 2013, 86.6 percent of people had coverage at some point during the calendar year, 68.5 percent had just one coverage type during the year, and 18.1 percent had multiple coverage types over the course of the year (Table 1).

Among the groups with employment-based health insurance coverage or Medicaid coverage, most had only one plan type during the year (82.0 percent of those with employment-based coverage and 70.7 percent of those with Medicaid). People covered by direct-purchase insurance, Medicare, or military health care tended to have multiple plans during the year. In 2013, 61.4 percent of people with direct-purchase health insurance had some other type of health insurance, suggesting that direct-purchase may be a supplemental insurance coverage to another plan type. Additionally, 62.3 percent of those with Medicare had another type of coverage during the calendar year.

### 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. Older adults (those aged 65 years and over) and children (under 19 years) are the most likely to have health insurance coverage, in part because their age makes them eligible for certain government health care programs. For example, children under age 19 from lower income families may qualify for Medicaid or the Children's Health Insurance Program (CHIP).<sup>4</sup> For indi-

<sup>4</sup>The Children's Health Insurance Program (CHIP) is a government program that provides health insurance to children in families with incomes too high to qualify for Medicaid, but who are unable to afford private health insurance.

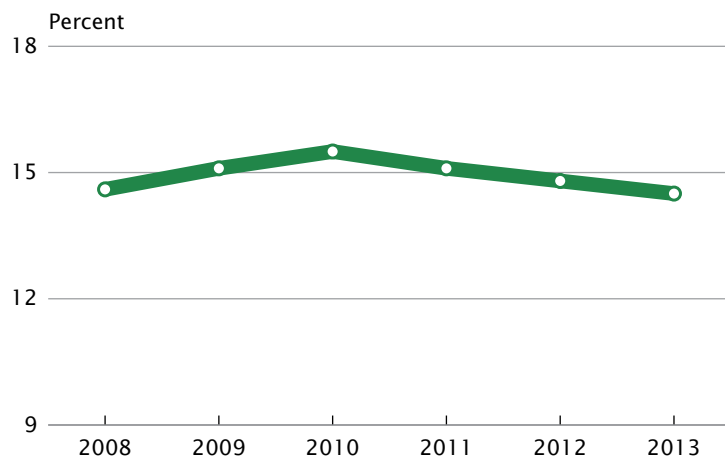
### National and State Changes in Health Insurance Coverage

In addition to the estimates from the Current Population Survey, the Census Bureau produces annual estimates of health insurance coverage from the American Community Survey (ACS).<sup>1</sup> Though estimates of the uninsured population from these two surveys differ slightly, they rose and fell in parallel between 2009 and 2012.<sup>11</sup> With the recent redesign of the CPS health insurance questions, the 2013 calendar year estimates from this survey are not directly comparable to 2012 and prior years. However, the health insurance questions in the ACS have remained unchanged since they were added to the survey in 2008. Therefore, data from the ACS provide a measure of change in health insurance coverage between 2008 and 2013.

As measured by the ACS, the uninsured rate increased from 14.6 percent in 2008 to 15.5 percent in 2010, and then fell again between 2010 and 2013. Between 2012 and 2013, the percentage of people who did not have health insurance decreased by 0.2 percentage points to 14.5 percent (Figure 2 and Table A-1). *(Text box continued on page 5.)*

Figure 2.  
**Uninsured Rate Using the American Community Survey: 2008 to 2013**

(Civilian noninstitutionalized population)



Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <[www.census.gov/acs/www/Downloads/data\\_documentation/Accuracy/ACS\\_Accuracy\\_of\\_Data\\_2013.pdf](http://www.census.gov/acs/www/Downloads/data_documentation/Accuracy/ACS_Accuracy_of_Data_2013.pdf)>.

Source: U.S. Census Bureau, 2008 to 2013 1-year American Community Surveys.

viduals aged 65 years and over, Medicare provides health care benefits almost universally.

While 93.6 percent of older adults had government coverage, 40.4 percent of children had government coverage, and 18.0 percent of working-age

adults (those aged 19 to 64 years) had government coverage (Table 2).

Working-age adults had higher uninsured rates than other age groups, but were also the most likely to be covered by private health insurance.

(Text box continued from page 4).

### State Estimates

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. During 2013, the state with the lowest percentage of people without health insurance was Massachusetts (3.7 percent), while the highest uninsured rate was for Texas (22.1 percent) (Figure 3 and Table A-1). Five states (Massachusetts, Hawaii, Vermont, Iowa, and Minnesota) and the District of Columbia had an uninsured rate of less than or equal to 9.0 percent.<sup>iii</sup> Three states, Florida, Nevada, and Texas, had an uninsured rate of greater than or equal to 19.1 percent.<sup>iv</sup>

Between 2012 and 2013, 13 states showed a decrease in the rate of people without health insurance coverage and 2 states (Maine and New Jersey) showed an increase in the uninsured rate (Appendix Table A-1).<sup>v</sup>

<sup>i</sup> The reference period for the health insurance estimate depends on the survey. The CPS provides estimates of the population without insurance for the entire previous calendar year, while the ACS estimates are the average of responses collected throughout the year, with respondents providing their health insurance coverage status as of the date of their interview.

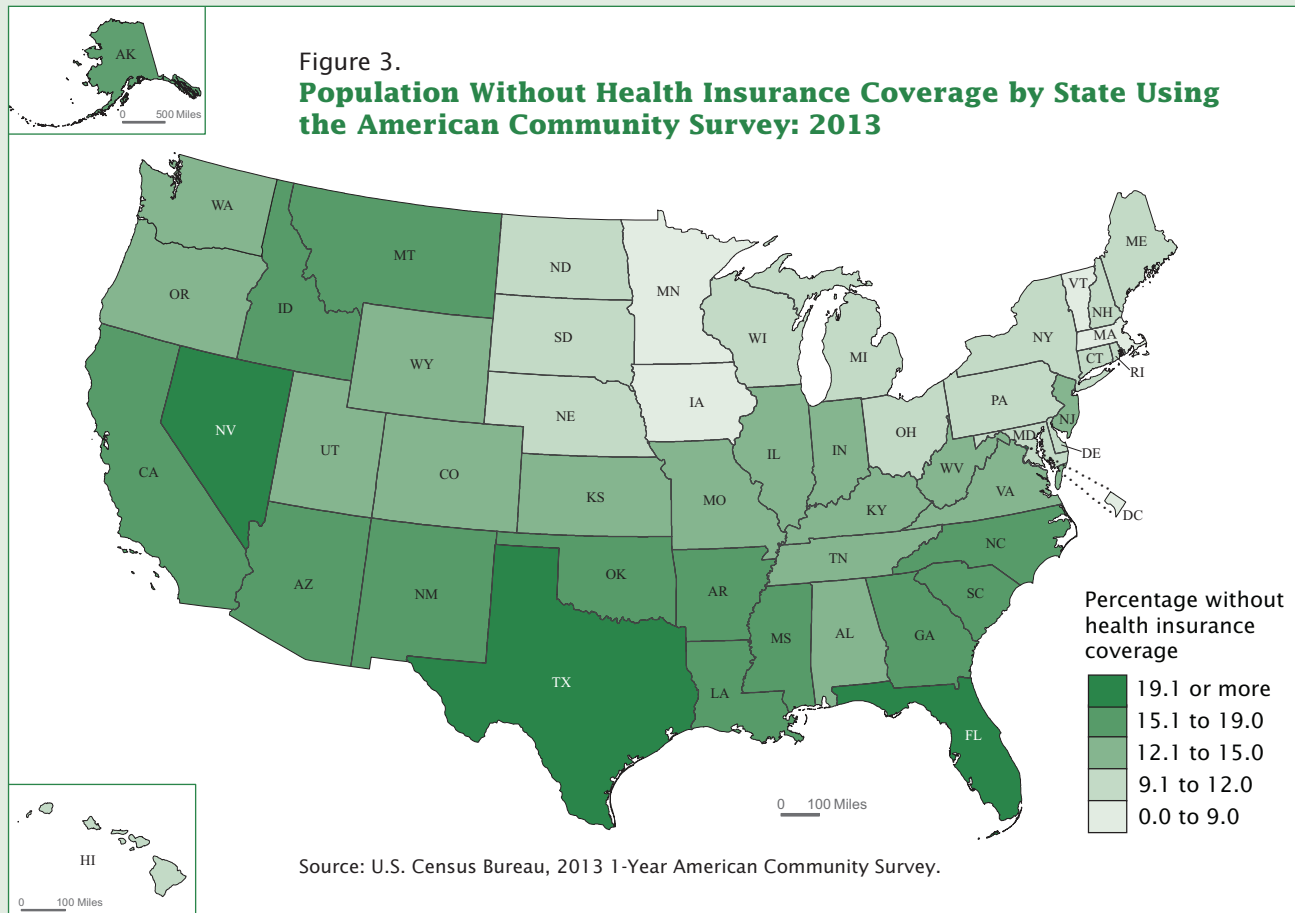
<sup>ii</sup> The uninsured rate for the CPS in 2009 was not statistically different from the uninsured rate for the CPS in 2010. For more information, see "CPS and ACS Health Insurance Estimates: Consistent Trends From 2009–2012" at <[www.census.gov/hhes/www/hlthins/publications/working.html](http://www.census.gov/hhes/www/hlthins/publications/working.html)>.

<sup>iii</sup> Three states, Wisconsin, Delaware, and Connecticut, had an uninsured rate that was not statistically different from 9.0 percent.

<sup>iv</sup> Three states, Georgia, New Mexico, and Alaska, had an uninsured rate that was not statistically different from 19.1 percent.

<sup>v</sup> States that had a decrease in the uninsured rate between 2012 and 2013 include Alaska, California, Colorado, Michigan, Missouri, Montana, Nevada, North Carolina, Ohio, Oklahoma, South Carolina, Texas, and Wyoming.

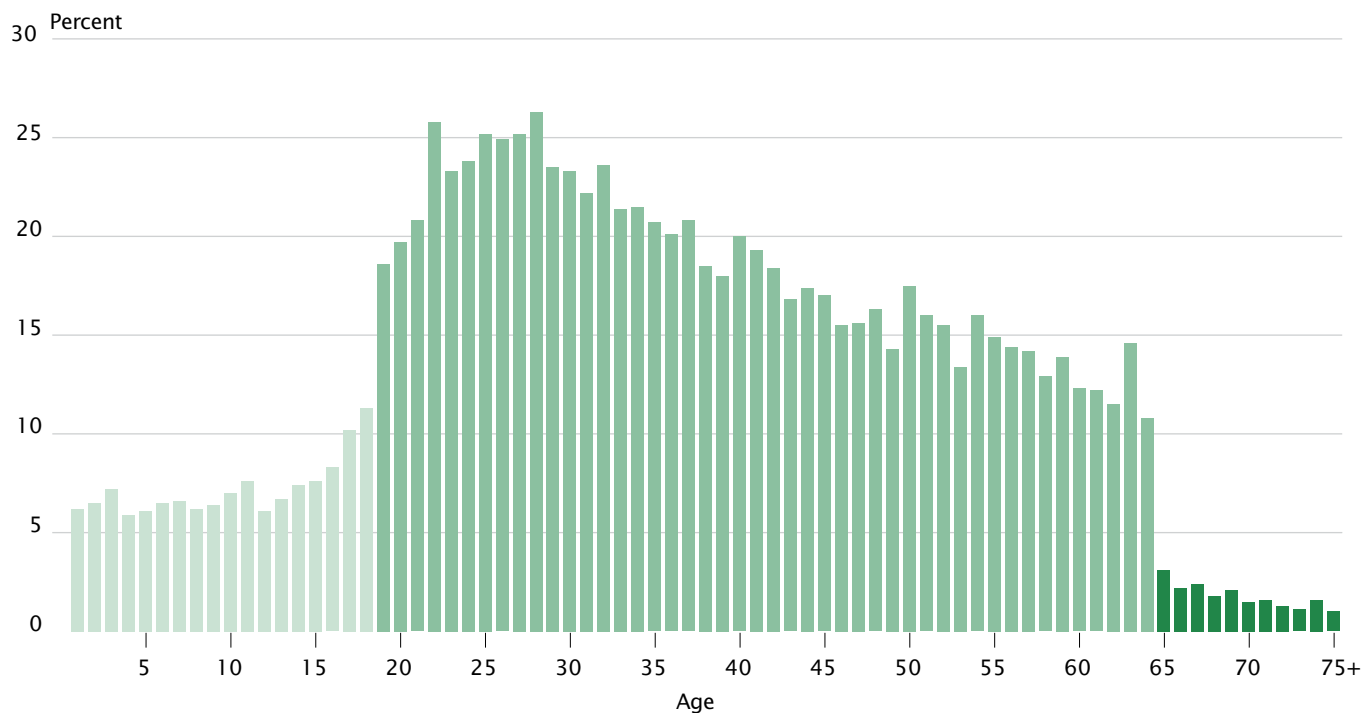
Figure 3.  
**Population Without Health Insurance Coverage by State Using the American Community Survey: 2013**



Source: U.S. Census Bureau, 2013 1-Year American Community Survey.

Figure 4.

### Population Without Health Insurance Coverage by Single Year of Age: 2013



Note: The bar for age 0 (zero) is not shown in this figure.

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf>.

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

In 2013, 68.1 percent of working-age adults were covered by private health insurance, compared with 60.4 percent of children and 54.0 percent of older adults.

In 2013, the percentage of people under age 65 who were uninsured was 15.3 percent (Table 2 and Figure 4). Among children (under 19 years), 7.6 percent did not have health insurance coverage. However, adults aged 19 to 64 were less likely to have health insurance than those over the age of 65.<sup>5</sup> Among young adults aged 19 to 25, the uninsured rate was 22.6 percent. For adults aged 26 to 34, the

uninsured rate was 23.5 percent.<sup>6</sup> In total, the population aged 19 to 34 accounted for about 38.3 percent of the uninsured population under the age of 65. After peaking for the young adult population, the uninsured rate decreased with age, at 19.0 percent for people aged 35 to 44 years, 14.5 percent for people aged 45 to 64 years, and 1.6 percent for people aged 65 years and older.

For people aged 65 years and older, 98.4 percent had health insurance coverage, while 1.6 percent were uninsured for the entire 2013 calendar year (Table 2). Medicare covered 93.1 percent of this group, and some had an additional health insurance

coverage type: 49.0 percent were covered by Medicare and private insurance, and 6.2 percent were covered by Medicare and Medicaid.<sup>7</sup>

#### Marital Status

Many adults obtain health insurance coverage through their spouse. Among adults aged 18 to 64 years who were married, 86.7 percent had health insurance coverage in 2013, and 76.6 percent had private coverage (Table 3). In 2013, 28.3 percent of adults who were separated had government health insurance and 26.0 percent of the people in this group had no health insurance coverage.<sup>8</sup>

<sup>5</sup> In 2013, the uninsured rate for those aged 19 to 64 years was not statistically different from the uninsured rate for those aged 35 to 44 years.

<sup>6</sup> In 2013, the uninsured rate for those aged 19 to 25 years was not statistically different from the uninsured rate for those aged 26 to 34 years.

<sup>7</sup> See Table HI-01 at <www.census.gov/hhes/www/cpstables/032014/health/toc.htm>.

<sup>8</sup> In 2013, the percentage of people who were separated with government health insurance was not statistically different from the percentage of people who were separated and uninsured.

Table 2.

## Type of Health Insurance Coverage by Age: 2013

(Data are based on the CPS ASEC sample of 68,000 addresses; see note at end of table. Numbers in thousands, confidence intervals [C.I.] 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 <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf>)

Characteristic	Total	Any health insurance				Private health insurance <sup>2</sup>				Government health insurance <sup>3</sup>				Uninsured <sup>4</sup>			
		Number	90 percent C.I. <sup>1</sup> (±)	Per-cent	90 percent C.I. <sup>1</sup> (±)	Number	90 percent C.I. <sup>1</sup> (±)	Per-cent	90 percent C.I. <sup>1</sup> (±)	Number	90 percent C.I. <sup>1</sup> (±)	Per-cent	90 percent C.I. <sup>1</sup> (±)	Number	90 percent C.I. <sup>1</sup> (±)	Per-cent	90 percent C.I. <sup>1</sup> (±)
<b>Total . . . . .</b>	<b>313,395</b>	<b>271,442</b>	<b>660</b>	<b>86.6</b>	<b>0.2</b>	<b>201,064</b>	<b>1,366</b>	<b>64.2</b>	<b>0.4</b>	<b>107,581</b>	<b>1,262</b>	<b>34.3</b>	<b>0.4</b>	<b>41,953</b>	<b>653</b>	<b>13.4</b>	<b>0.2</b>
<b>Age</b>																	
Under age 65 . . . . .	268,888	227,627	665	84.7	0.2	177,026	1,241	65.8	0.5	65,913	1,225	24.5	0.5	41,260	649	15.3	0.2
Under age 18 . . . . .	74,055	68,613	299	92.7	0.4	44,429	542	60.0	0.7	30,410	602	41.1	0.8	5,441	280	7.3	0.4
Under age 19 <sup>5</sup> . . . . .	78,170	72,264	326	92.4	0.4	47,213	564	60.4	0.7	31,557	625	40.4	0.8	5,907	297	7.6	0.4
Aged 19 to 25 <sup>6</sup> . . . . .	30,384	23,520	315	77.4	0.9	18,976	355	62.5	1.1	6,033	256	19.9	0.8	6,864	270	22.6	0.9
Aged 26 to 34 . . . . .	38,020	29,072	300	76.5	0.7	23,922	320	62.9	0.8	6,601	270	17.4	0.7	8,948	266	23.5	0.7
Aged 35 to 44 . . . . .	39,789	32,233	254	81.0	0.6	27,661	288	69.5	0.7	6,214	257	15.6	0.6	7,556	247	19.0	0.6
Aged 45 to 64 . . . . .	82,524	70,539	327	85.5	0.4	59,254	545	71.8	0.7	15,507	457	18.8	0.6	11,985	320	14.5	0.4
Aged 65 and older . . . . .	44,508	43,815	113	98.4	0.2	24,039	471	54.0	1.1	41,668	184	93.6	0.4	693	108	1.6	0.2

<sup>1</sup> A 90 percent confidence interval is a measure of an estimate's variability. The larger the confidence interval in relation to the size of the estimate, the less reliable the estimate. Confidence intervals shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <http://ftp2.census.gov/library/publications/2014/demo/p60-249sa.pdf>.

<sup>2</sup> Private health insurance includes coverage provided through an employer or union, or coverage purchased directly by an individual from an insurance company.

<sup>3</sup> Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) and care provided by the Department of Veterans Affairs and the military.

<sup>4</sup> Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

<sup>5</sup> Children under the age of 19 are eligible for Medicaid/CHIP.

<sup>6</sup> This age group 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 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were eligible to receive the redesigned set of health insurance coverage questions. The redesigned income questions were implemented to a subsample of these 98,000 addresses using a probability split panel design. Approximately 68,000 addresses were eligible to receive a set of income questions similar to those used in the 2013 CPS ASEC and the remaining 30,000 addresses were eligible to receive the redesigned income questions. The source of data for this table is the portion of the CPS ASEC sample which received the income questions consistent with the 2013 CPS ASEC, approximately 68,000 addresses.

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

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

### Disability Status

Among adults aged 18 to 64 years with a disability, 39.3 percent had private health insurance compared with 70.7 percent of their counterparts with no disability in 2013 (Table 3).

Government programs, such as Medicaid and Medicare, assist some qualifying people with disabilities. In 2013, 56.6 percent of people with a disability had government-provided health insurance.

Consequently, the percentage of working-age adults with a disability who had any type of health insurance coverage was higher than the comparable population with no disability (86.2 percent compared with 81.1 percent), leaving 13.8 percent

of people aged 18 to 64 years with a disability uninsured in 2013.

### Work Experience

For many adults, their health insurance coverage is related to their work status, such as working full time and year round, working less than full time and year round, or not working at all during the calendar year.<sup>9</sup> For people aged 18 to 64 years who worked at some point during the year, 82.9 percent had health insurance coverage in 2013 (Table 3). Full-time, year-round workers were more likely to be covered by health

<sup>9</sup> 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.

insurance (86.1 percent) than those who worked less than full time, year round (76.0 percent) or nonworkers (77.6 percent).

In 2013, 76.0 percent of all workers had private health insurance; 81.7 percent of full-time, year-round workers had private insurance, compared with 63.4 percent of people who worked less than full time, year round. Nonworkers were more likely to have government health insurance (40.9 percent) than those who worked. In 2013, 22.4 percent of nonworkers and 24.0 percent of those who worked less than full time, year round had no health insurance coverage.

Table 3.

## Type of Health Insurance Coverage for Working-Age Adults: 2013

(Data are based on the CPS ASEC sample of 68,000 addresses; see note at end of table. Numbers in thousands, confidence intervals [C.I.] 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 <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf>)

Characteristic	Total	Any health insurance				Private health insurance <sup>2</sup>				Government health insurance <sup>3</sup>				Uninsured <sup>4</sup>			
		Number	90 percent C.I. <sup>1</sup> (±)	Per-cent	90 percent C.I. <sup>1</sup> (±)	Number	90 percent C.I. <sup>1</sup> (±)	Per-cent	90 percent C.I. <sup>1</sup> (±)	Number	90 percent C.I. <sup>1</sup> (±)	Per-cent	90 percent C.I. <sup>1</sup> (±)	Number	90 percent C.I. <sup>1</sup> (±)	Per-cent	90 percent C.I. <sup>1</sup> (±)
<b>Total</b> . . . . .	<b>313,395</b>	<b>271,442</b>	<b>660</b>	<b>86.6</b>	<b>0.2</b>	<b>201,064</b>	<b>1,366</b>	<b>64.2</b>	<b>0.4</b>	<b>107,581</b>	<b>1,262</b>	<b>34.3</b>	<b>0.4</b>	<b>41,953</b>	<b>653</b>	<b>13.4</b>	<b>0.2</b>
Total, 18 to 64 years old . . . . .	194,833	159,014	581	81.6	0.3	132,597	933	68.1	0.5	35,503	830	18.2	0.4	35,819	555	18.4	0.3
<b>Marital Status</b>																	
Married <sup>5</sup> . . . . .	101,294	87,843	791	86.7	0.4	77,613	835	76.6	0.5	15,890	499	15.7	0.5	13,451	411	13.3	0.4
Widowed . . . . .	3,310	2,607	164	78.8	2.2	1,697	141	51.3	2.9	1,065	109	32.2	2.9	703	85	21.2	2.2
Divorced . . . . .	20,240	15,844	413	78.3	0.9	12,145	380	60.0	1.2	4,302	228	21.3	1.0	4,397	212	21.7	0.9
Separated . . . . .	4,929	3,648	187	74.0	2.0	2,456	153	49.8	2.2	1,397	110	28.3	1.9	1,282	113	26.0	2.0
Never married . . . . .	65,058	49,072	562	75.4	0.6	38,685	549	59.5	0.7	12,848	402	19.7	0.6	15,986	434	24.6	0.6
<b>Disability Status<sup>6</sup></b>																	
With a disability . . . . .	15,098	13,022	416	86.2	1.0	5,933	244	39.3	1.3	8,549	352	56.6	1.4	2,076	154	13.8	1.0
With no disability . . . . .	178,761	145,019	672	81.1	0.3	126,386	935	70.7	0.5	25,980	648	14.5	0.4	33,743	558	18.9	0.3
<b>Work Experience</b>																	
All workers . . . . .	146,252	121,301	794	82.9	0.3	111,186	938	76.0	0.5	15,654	479	10.7	0.3	24,952	482	17.1	0.3
Worked full time, year round . . . . .	100,855	86,812	794	86.1	0.3	82,384	819	81.7	0.4	7,955	304	7.9	0.3	14,043	353	13.9	0.3
Less than full time, year round . . . . .	45,397	34,489	490	76.0	0.6	28,802	471	63.4	0.9	7,699	304	17.0	0.6	10,908	345	24.0	0.6
Did not work at least one week . . . . .	48,581	37,713	640	77.6	0.6	21,411	413	44.1	0.8	19,849	548	40.9	0.8	10,867	360	22.4	0.6

<sup>1</sup> A 90 percent confidence interval is a measure of an estimate's variability. The larger the confidence interval in relation to the size of the estimate, the less reliable the estimate. Confidence intervals shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <<ftp://ftp2.census.gov/library/publications/2014/demo/p60-249sa.pdf>>.

<sup>2</sup> Private health insurance includes coverage provided through an employer or union, or coverage purchased directly by an individual from an insurance company.

<sup>3</sup> Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) and care provided by the Department of Veterans Affairs and the military.

<sup>4</sup> Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

<sup>5</sup> The combined category "married" includes three individual categories: "married, civilian spouse present," "married, Armed Forces spouse present," and "married, spouse absent."

<sup>6</sup> The sum of those with and without a disability does not equal the total because disability status is not defined for individuals in the Armed Forces.

Note: The 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were eligible to receive the redesigned set of health insurance coverage questions. The redesigned income questions were implemented to a subsample of these 98,000 addresses using a probability split panel design. Approximately 68,000 addresses were eligible to receive a set of income questions similar to those used in the 2013 CPS ASEC and the remaining 30,000 addresses were eligible to receive the redesigned income questions. The source of data for this table is the portion of the CPS ASEC sample which received the income questions consistent with the 2013 CPS ASEC, approximately 68,000 addresses.

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

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

### Household Income

Household income correlates with health insurance coverage and health insurance type. Among people with health insurance coverage, those with lower household income were likely to have coverage through government health insurance programs compared with people with higher household income, who tend to have private coverage.

In 2013, 26.7 percent of people with household income below \$25,000

had private coverage, compared with 89.8 percent of people with household income at or above \$150,000 (Table 4).

In 2013, 62.5 percent of people with household income below \$25,000 had government health insurance, compared with 14.1 percent of people in the highest income category.

People with lower household income tend to have higher uninsured rates than people with higher income.

In 2013, 21.6 percent of people in

households with an annual household income less than \$25,000 had no health insurance coverage, compared with 18.7 percent of people in households with income ranging from \$25,000 to \$49,999, and 13.1 percent of people in households with income ranging from \$50,000 to \$74,999. The uninsured rates continued to decrease as household income increased; 5.3 percent of people in households with income of \$150,000 or more were uninsured.

Table 4.

## Type of Health Insurance Coverage by Household Income and Income-to-Poverty Ratio: 2013

(Data are based on the CPS ASEC sample of 68,000 addresses; see note at end of table. Numbers in thousands, confidence intervals [C.I.] 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 <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf>)

Characteristic	Total	Any health insurance				Private health insurance <sup>2</sup>				Government health insurance <sup>3</sup>				Uninsured <sup>4</sup>			
		Number	90 percent C.I. <sup>1</sup> (±)	Per-cent	90 percent C.I. <sup>1</sup> (±)	Number	90 percent C.I. <sup>1</sup> (±)	Per-cent	90 percent C.I. <sup>1</sup> (±)	Number	90 percent C.I. <sup>1</sup> (±)	Per-cent	90 percent C.I. <sup>1</sup> (±)	Number	90 percent C.I. <sup>1</sup> (±)	Per-cent	90 percent C.I. <sup>1</sup> (±)
<b>Total</b> . . . . .	<b>313,395</b>	<b>271,442</b>	<b>660</b>	<b>86.6</b>	<b>0.2</b>	<b>201,064</b>	<b>1,366</b>	<b>64.2</b>	<b>0.4</b>	<b>107,581</b>	<b>1,262</b>	<b>34.3</b>	<b>0.4</b>	<b>41,953</b>	<b>653</b>	<b>13.4</b>	<b>0.2</b>
<b>Household Income</b>																	
Less than \$25,000 . . . . .	55,692	43,640	905	78.4	0.8	14,882	515	26.7	0.8	34,796	791	62.5	0.9	12,052	460	21.6	0.8
\$25,000 to \$49,999 . . . . .	70,057	56,932	984	81.3	0.6	35,260	805	50.3	0.9	32,132	731	45.9	0.8	13,125	496	18.7	0.6
\$50,000 to \$74,999 . . . . .	57,090	49,610	958	86.9	0.6	39,804	858	69.7	0.9	17,564	623	30.8	0.9	7,480	367	13.1	0.6
\$75,000 to \$99,999 . . . . .	42,650	38,497	996	90.3	0.6	33,939	939	79.6	0.8	9,161	433	21.5	0.9	4,153	269	9.7	0.6
\$100,000 to \$149,999 . . . . .	47,681	44,661	997	93.7	0.4	41,060	955	86.1	0.7	8,246	394	17.3	0.8	3,020	231	6.3	0.4
\$150,000 or more . . . . .	40,225	38,102	1,092	94.7	0.5	36,120	1,053	89.8	0.7	5,682	360	14.1	0.8	2,123	205	5.3	0.5
<b>Income-to-Poverty Ratio</b>																	
Below 100 percent of poverty . . . . .	45,318	34,042	905	75.1	0.9	10,317	456	22.8	0.9	26,565	819	58.6	1.0	11,276	432	24.9	0.9
Between 100 and 199 percent of poverty . . . . .	60,706	48,031	962	79.1	0.6	25,894	780	42.7	1.0	29,645	720	48.8	0.8	12,675	452	20.9	0.6
Between 200 and 249 percent of poverty . . . . .	26,958	22,580	690	83.8	0.9	16,645	582	61.7	1.3	9,738	403	36.1	1.2	4,377	282	16.2	0.9
At or above 250 percent of poverty . . . . .	179,984	166,395	1,551	92.5	0.2	148,086	1,561	82.3	0.4	41,323	723	23.0	0.4	13,589	467	7.5	0.2

<sup>1</sup> A 90 percent confidence interval is a measure of an estimate's variability. The larger the confidence interval in relation to the size of the estimate, the less reliable the estimate. Confidence intervals shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <ftp://ftp2.census.gov/library/publications/2014/demo/p60-249sa.pdf>.

<sup>2</sup> Private health insurance includes coverage provided through an employer or union, or coverage purchased directly by an individual from an insurance company.

<sup>3</sup> Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) and care provided by the Department of Veterans Affairs and the military.

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Note: The 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were eligible to receive the redesigned set of health insurance coverage questions. The redesigned income questions were implemented to a subsample of these 98,000 addresses using a probability split panel design. Approximately 68,000 addresses were eligible to receive a set of income questions similar to those used in the 2013 CPS ASEC and the remaining 30,000 addresses were eligible to receive the redesigned income questions. The source of data for this table is the portion of the CPS ASEC sample which received the income questions consistent with the 2013 CPS ASEC, approximately 68,000 addresses.

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

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

### Income-to-Poverty Ratios

In 2013, the uninsured rate was highest for individuals living below 100 percent of poverty and it decreased as the income-to-poverty ratio increased (Table 4).<sup>10</sup> In 2013, individuals living below 100 percent of poverty had the highest uninsured rate, at 24.9 percent, while those living at or above 250 percent of poverty had the lowest uninsured rate, at 7.5 percent. Individuals living between 100 and

199 percent of poverty had an uninsured rate of 20.9 percent. By comparison, individuals living between 200 and 249 percent of poverty had a lower uninsured rate of 16.2 percent.

### Family Status

Most people living in families had health insurance coverage (87.7 percent) (Table 5). In 2013, 65.4 percent of people in families had private health insurance coverage and 33.9 percent had government coverage. Among related children under the age of 18 living in families, 92.7 percent had some type of health insurance; 60.4 percent in this group were covered by private health insurance.

In 2013, 18.0 percent of individuals who did not live in families, such as those who lived in unrelated subfamilies or unrelated individuals including people living alone, did not have health insurance coverage.

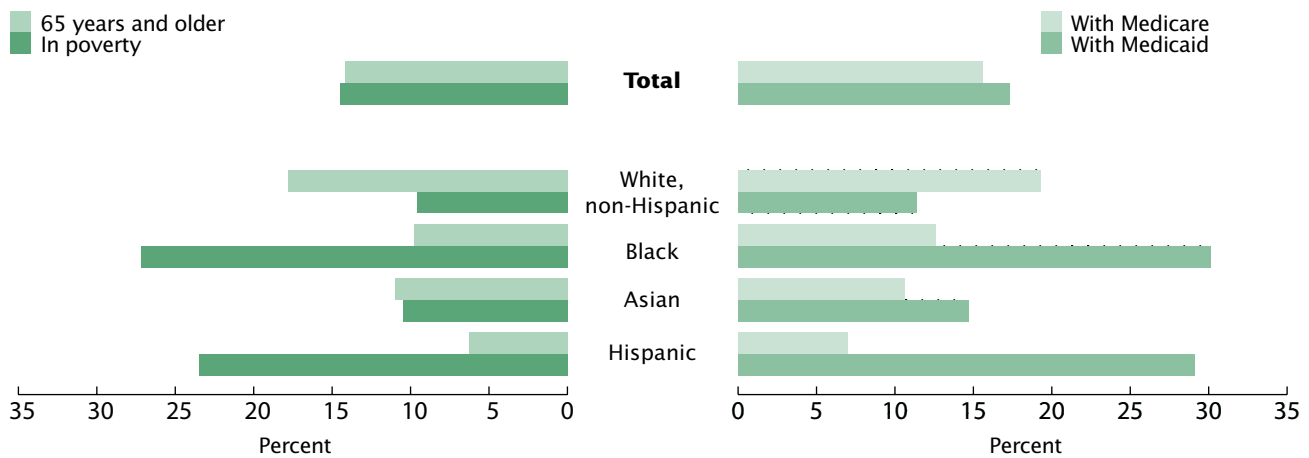
### Residence

In 2013, the uninsured rate for people living inside metropolitan statistical areas was 13.5 percent (Table 5).<sup>11</sup> Among this group, the uninsured rate was higher for those living in principal cities (15.7 percent) than for those

<sup>11</sup> In 2013, the uninsured rate for people living inside metropolitan statistical areas was not statistically different from the uninsured rate for people living outside metropolitan statistical areas.

<sup>10</sup> The Office of Management and Budget determined the official definition of poverty in Statistical Policy Directive 14. Appendix B of the report *Income and Poverty in the United States: 2013* provides a more detailed description of how the U.S. Census Bureau calculates poverty; see [www.census.gov/content/dam/Census/library/publications/2014/demo/p60-249.pdf](http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-249.pdf).

Figure 5.  
**Percentage of the Population 65 Years and Older, in Poverty, and Participating in Medicare and Medicaid by Race and Hispanic Origin: 2013**



For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf>.

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

living inside metropolitan areas but outside principal cities (12.1 percent). The uninsured rate was 12.9 percent for people living outside metropolitan statistical areas.

People living inside metropolitan statistical areas were more likely to be covered by private health insurance and less likely to have government health insurance than those living outside metropolitan statistical areas. The percentage of people living inside metropolitan statistical areas who had private health insurance was 64.7 percent, compared with 61.2 percent of those who lived outside metropolitan statistical areas. In contrast, 33.3 percent of those living in metropolitan statistical areas had government insurance, compared with 40.4 percent of those living outside of metropolitan statistical areas.

### Race and Hispanic Origin

In 2013, differences in health insurance coverage existed by race and

Hispanic origin groups. In 2013, 90.2 percent of non-Hispanic Whites, 84.1 percent of Blacks, and 75.7 percent of Hispanics had health insurance coverage (Table 5). Among non-Hispanic Whites, 72.1 percent had private health insurance and 32.5 percent had government health insurance. For Blacks, the rates were 49.6 percent and 43.8 percent for private and government health insurance, respectively, and for Hispanics, 45.6 percent and 36.4 percent, respectively.

The percentage of non-Hispanic Whites who were uninsured, 9.8 percent in 2013, was the lowest among any of the other race or ethnic groups (Table 5). The uninsured rates for Blacks and Asians were higher than for non-Hispanic Whites, at 15.9 percent and 14.5 percent, respectively. Hispanics had the highest uninsured rate at 24.3 percent.

Government-provided health insurance coverage rates differ across race and Hispanic-origin groups. The

non-Hispanic White population is the only group that participates more in Medicare than Medicaid (Figure 5).

Given that to be eligible for Medicare, participants must be 65 years and older, one of the biggest reasons for this is the different age distributions among these groups, and the non-Hispanic White population is much older than the other groups.

For instance, in 2013, 17.8 percent of non-Hispanic Whites were aged 65 years and older compared with 9.8 percent of Blacks, 11.0 percent of Asians, and 6.3 percent of Hispanics.

With the large non-Hispanic White baby-boom population starting to enter the Medicare-eligible age group, higher Medicare coverage rates for non-Hispanic Whites are predicted to continue for some time.

Differences in income levels among the race and Hispanic-origin groups reveal different rates of Medicaid eligibility. In 2013, 9.6 percent of



Table 5.

**Type of Health Insurance Coverage by Selected Demographic Characteristics: 2013**

(Data are based on the CPS ASEC sample of 68,000 addresses; see note at end of table. Numbers in thousands, confidence intervals [C.I.] 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 <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf>)

Characteristic	Total	Any health insurance				Private health insurance <sup>2</sup>				Government health insurance <sup>3</sup>				Uninsured <sup>4</sup>			
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<b>Total</b> .....	<b>313,395</b>	<b>271,442</b>	<b>660</b>	<b>86.6</b>	<b>0.2</b>	<b>201,064</b>	<b>1,366</b>	<b>64.2</b>	<b>0.4</b>	<b>107,581</b>	<b>1,262</b>	<b>34.3</b>	<b>0.4</b>	<b>41,953</b>	<b>653</b>	<b>13.4</b>	<b>0.2</b>
<b>Family Status</b>																	
In families .....	254,988	223,574	885	87.7	0.2	166,739	1,401	65.4	0.5	86,356	1,224	33.9	0.5	31,414	598	12.3	0.2
Householder .....	81,217	70,703	439	87.1	0.3	55,197	507	68.0	0.6	27,211	432	33.5	0.5	10,513	282	12.9	0.3
Related children under 18 .....	72,573	67,289	312	92.7	0.4	43,820	550	60.4	0.7	29,518	592	40.7	0.8	5,285	278	7.3	0.4
Related children under 6 .....	23,585	21,798	154	92.4	0.6	12,908	251	54.7	1.0	10,813	279	45.8	1.2	1,787	136	7.6	0.6
In unrelated subfamilies .....	1,413	1,186	137	84.0	3.6	696	104	49.3	5.0	636	102	45.0	5.4	227	57	16.0	3.6
Unrelated individuals .....	56,995	46,681	772	81.9	0.6	33,629	666	59.0	0.7	20,589	486	36.1	0.7	10,313	357	18.1	0.6
<b>Residence</b>																	
Inside metropolitan statistical areas .....	266,259	230,409	2,777	86.5	0.2	172,239	2,478	64.7	0.4	88,554	1,446	33.3	0.4	35,850	729	13.5	0.2
Inside principal cities .....	102,295	86,258	2,135	84.3	0.5	59,558	1,665	58.2	0.8	36,658	1,141	35.8	0.8	16,037	611	15.7	0.5
Outside principal cities .....	163,963	144,150	2,467	87.9	0.4	112,681	2,119	68.7	0.6	51,895	1,213	31.7	0.5	19,813	651	12.1	0.4
Outside metropolitan statistical areas <sup>5</sup> .....	47,137	41,033	2,593	87.1	0.7	28,825	1,829	61.2	1.4	19,027	1,433	40.4	1.3	6,103	540	12.9	0.7
<b>Race<sup>6</sup> and Hispanic Origin</b>																	
White .....	243,399	212,346	617	87.2	0.2	162,474	1,192	66.8	0.5	80,777	1,091	33.2	0.4	31,053	594	12.8	0.2
White, not Hispanic .....	195,399	176,267	619	90.2	0.3	140,844	1,063	72.1	0.5	63,467	893	32.5	0.5	19,132	553	9.8	0.3
Black .....	40,671	34,196	296	84.1	0.7	20,174	494	49.6	1.2	17,799	408	43.8	1.0	6,475	299	15.9	0.7
Asian .....	17,070	14,599	320	85.5	1.1	11,616	340	68.1	1.6	4,399	224	25.8	1.2	2,471	191	14.5	1.1
Hispanic (any race) .....	54,253	41,050	376	75.7	0.7	24,724	558	45.6	1.0	19,757	451	36.4	0.8	13,203	377	24.3	0.7
<b>Nativity</b>																	
Native born .....	272,387	241,800	789	88.8	0.2	179,706	1,261	66.0	0.5	96,250	1,170	35.3	0.4	30,587	666	11.2	0.2
Foreign born .....	41,009	29,642	551	72.3	0.8	21,359	498	52.1	0.9	11,331	361	27.6	0.8	11,366	405	27.7	0.8
Naturalized citizen .....	19,150	16,107	411	84.1	0.9	11,553	357	60.3	1.3	6,480	261	33.8	1.2	3,043	196	15.9	0.9
Not a citizen .....	21,859	13,535	436	61.9	1.3	9,806	373	44.9	1.3	4,852	260	22.2	1.1	8,324	376	38.1	1.3

<sup>1</sup> A 90 percent confidence interval is a measure of an estimate's variability. The larger the confidence interval in relation to the size of the estimate, the less reliable the estimate. Confidence intervals shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <<ftp://ftp2.census.gov/library/publications/2014/demo/p60-249sa.pdf>>.

<sup>2</sup> Private health insurance includes coverage provided through an employer or union, or coverage purchased directly by an individual from an insurance company.

<sup>3</sup> Government health insurance coverage includes Medicaid, Medicare, TRICARE, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) and care provided by the Department of Veterans Affairs and the military.

<sup>4</sup> Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

<sup>5</sup> The "Outside metropolitan statistical areas" category includes both micropolitan statistical areas and territory outside of metropolitan and micropolitan statistical areas. For more information, see "About Metropolitan and Micropolitan Statistical Areas" at <[www.census.gov/population/metro/about](http://www.census.gov/population/metro/about)>.

<sup>6</sup> Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as White and American Indian and Alaska Native or Asian and Black or African American, is available from Census 2010 through American FactFinder. About 2.9 percent of people reported more than one race in Census 2010. Data for American Indians and Alaska Natives, Native Hawaiians and Other Pacific Islanders, and those reporting two or more races are not shown separately.

Note: The 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were eligible to receive the redesigned set of health insurance coverage questions. The redesigned income questions were implemented to a subsample of these 98,000 addresses using a probability split panel design. Approximately 68,000 addresses were eligible to receive a set of income questions similar to those used in the 2013 CPS ASEC and the remaining 30,000 addresses were eligible to receive the redesigned income questions. The source of data for this table is the portion of the CPS ASEC sample which received the income questions consistent with the 2013 CPS ASEC, approximately 68,000 addresses.

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

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

non-Hispanic Whites were in poverty, compared with 27.2 percent of Blacks, 10.5 percent of Asians, and 23.5 percent of Hispanics (Figure 5).<sup>12</sup>

### *Nativity*

The percentage of the population with health insurance coverage was lower for people who were not citizens than that for native-born and naturalized citizens.<sup>13</sup>

Also, rates of both private and government health insurance coverage were lower for noncitizens.

In 2013, the uninsured rate was 11.2 percent for the native-born population; 15.9 percent for naturalized citizens; and 38.1 percent for noncitizens (Table 5).

The proportion of the noncitizen population without health insurance was over three times that of the native-born population in 2013.

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

While the overall percentage of children under the age of 19 years without health insurance was 7.6 percent in 2013, the uninsured rate varied by household income, poverty status, race and Hispanic origin, and nativity (Figure 6). Children in poverty were more likely to be uninsured (9.8 percent) than children not in poverty (7.0 percent).

<sup>12</sup> In 2013, the proportion of non-Hispanic Whites in poverty was not statistically different from the proportion of Asians in poverty.

<sup>13</sup> Native-born individuals are those who were born in the United States, Puerto Rico, or the U.S. Island Areas of Guam, the Commonwealth of the Northern Mariana Islands, American Samoa, or the Virgin Islands of the United States or were born in a foreign country but had at least one parent who was a U.S. citizen. All other individuals are considered foreign-born regardless of the date of entry into the United States or citizenship status.

Children with a household income below \$25,000 had an uninsured rate of 10.3 percent in 2013. As household income increased, the uninsured rate decreased.<sup>14</sup> Children with a household income at or above \$150,000 had an uninsured rate of 3.1 percent.

In 2013, the uninsured rates were 5.4 percent for non-Hispanic White children, 7.5 percent for Black children, 8.4 percent for Asian children, and 12.1 percent for Hispanic children.<sup>15</sup>

Among native-born children, 6.9 percent were uninsured in 2013. The uninsured rate for naturalized children was 10.1 percent, while the rate for noncitizen children was 28.2 percent.

The percentage of adults aged 19 to 64 years without health insurance coverage also varied by household income, poverty status, race and Hispanic origin, and nativity (Figure 6). For most characteristics, the uninsured rates for adults were at least double those for children.

### **More Information About Health Insurance Coverage**

#### *Additional Data and Contacts*

In addition to the estimates provided in this report, estimates for health insurance coverage and other characteristics for the nation are accessible using the CPS Table Creator. This tool gives data users the ability to create customized tables from the CPS ASEC. Estimates for health insurance coverage and other economic characteristics at various geographic levels

<sup>14</sup> In 2013, the uninsured rate for children with household income below \$25,000 was not statistically different from the uninsured rate for children with household income ranging from \$25,000 to \$49,999.

<sup>15</sup> In 2013, the uninsured rate for Black children was not statistically different from the uninsured rate for Asian children.

are available in American FactFinder at <factfinder2.census.gov> for data from the ACS. For more information on state and local estimates, see the section below, “State and Local Estimates of Health Insurance.”

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

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

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

### *State and Local Estimates of Health Insurance*

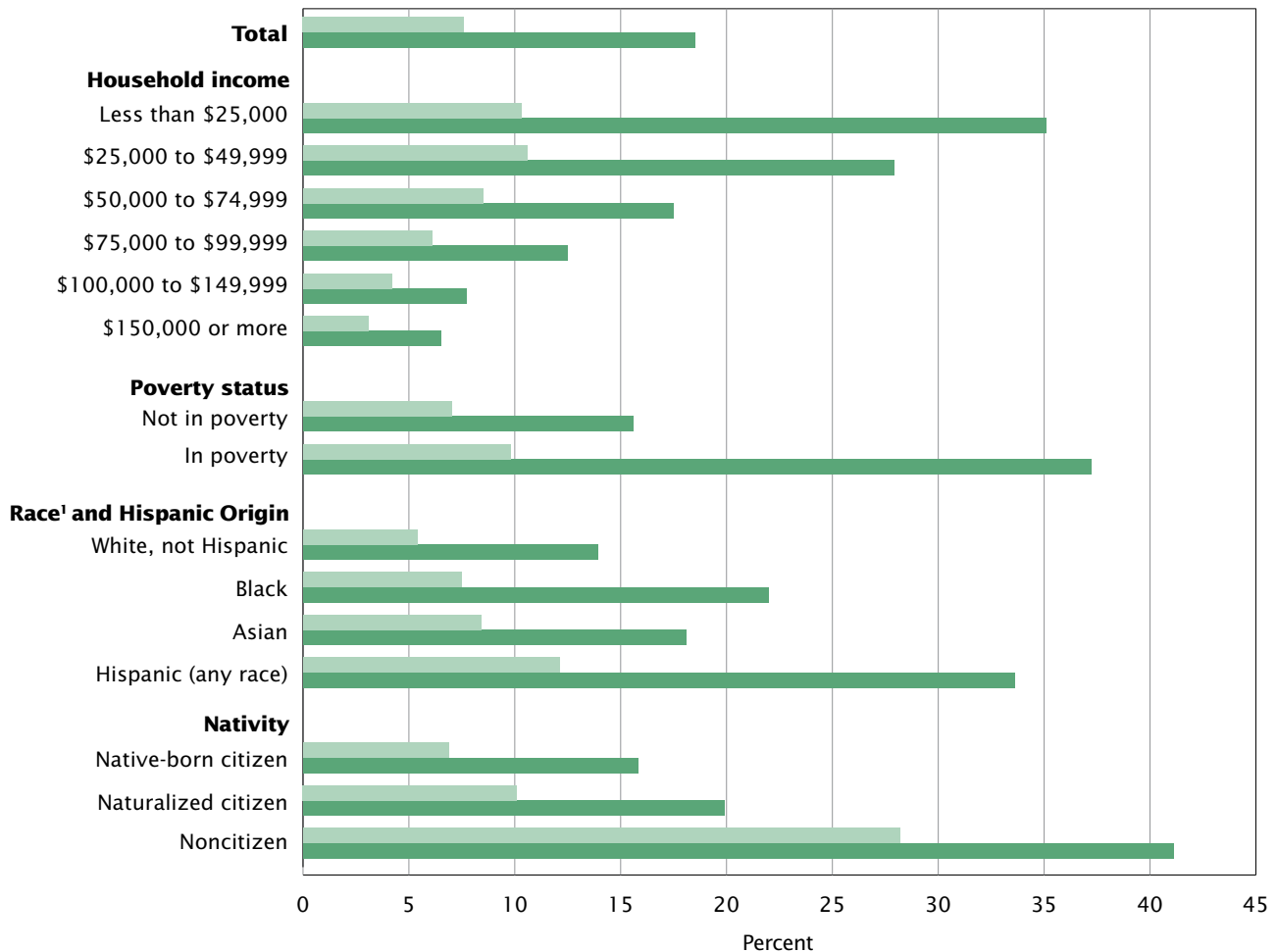
The U.S. Census Bureau publishes annual estimates of health insurance coverage by state and other smaller geographic units based on data collected in the American Community Survey (ACS). Single-year estimates are available for geographic units with populations of 65,000 or more. Three-year estimates are available for geographic units with populations of 20,000 or more. Five-year estimates are available for all geographic units, including census tracts and block groups.

The U.S. Census Bureau’s Small Area Health Insurance Estimates (SAHIE) program also produces single-year

Figure 6.

**Children Under 19 Years of Age and Adults Aged 19 to 64 Years Without Health Insurance Coverage by Selected Characteristics: 2013**

Children under 19 years  
Adults aged 19 to 64 years



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

For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf>.

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

estimates of health insurance for states and all counties. These estimates are based on models using data from a variety of sources, including current surveys, administrative records, and intercensal population estimates. In general, SAHIE estimates

have lower variances than ACS estimates but are released later because they incorporate ACS data in the models.

Small Area Health Insurance Estimates are available at <www.census.gov/did

<www/sahie/index.html>. Estimates for 2013 will be available later this year.

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## Health Insurance Dynamics

The Survey of Income and Program Participation (SIPP) provides monthly data about labor force participation, income sources and amounts, and health insurance coverage of individuals, families, and households during the time span covered by each of its panels. The data yield insights into the dynamic nature of these experiences and the economic mobility of U.S. residents.<sup>16</sup> Some specific findings from the 2008 panel include:

- From January 2009–December 2012, 35.1 percent of individuals were uninsured for at least one month. Of those uninsured for at least one month, the average length of the longest spell without insurance was 17.4 months.
- Over the same time period, 15.8 percent of people experienced more than 12 consecutive months without insurance.

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

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<sup>16</sup> The 2004 SIPP panel collected data from February 2004 through January 2008. The 2008 SIPP panel collected data from September 2008 to December 2013. Data are currently available to download. See the SIPP Web site for details at <[www.census.gov/sipp/](http://www.census.gov/sipp/)>.

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

## 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 data, please write to:

Jennifer Cheeseman Day  
Assistant Division Chief, Employment  
Characteristics  
Social, Economic, and Housing  
Statistics Division  
U.S. Census Bureau  
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or send e-mail to  
<[jennifer.cheeseman.day@census.gov](mailto:jennifer.cheeseman.day@census.gov)>

## Sources of Estimates

The majority of the data in this report are from the 2014 Current Population Survey Annual Social and Economic Supplement (CPS ASEC) and were collected in the 50 states and the District of Columbia. The data do not represent residents of Puerto Rico and the U.S. Island Areas.<sup>17</sup> The estimates in this report are controlled to independent national population estimates by age, sex, race, and Hispanic origin for March 2014; these population controls are based on the 2010 Census.

The CPS is a household survey primarily used to collect employment data. The sample universe for the basic CPS consists of the resident civilian noninstitutionalized population of the United States. People in institutions, such as prisons, long-term care hospitals, and nursing homes, are not eligible to be interviewed in the CPS. Students living in dormitories are included in the estimates only if information about them is reported in an interview at their parents' home. Since the CPS is a household survey, persons who are homeless and not living in shelters are not included in the sample. The sample universe for the CPS ASEC is slightly larger

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<sup>17</sup> U.S. Island Areas include American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the Virgin Islands of the United States.

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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 <ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf>.

Additional data in this report are from the American Community Survey (ACS) 1-year data, 2008 through 2013. The ACS is an ongoing, nationwide survey designed to provide demographic, social, economic, and housing data at different levels of geography. While the ACS also includes Puerto Rico and the group quarters population, this report focuses on the civilian noninstitutionalized population of the United States. 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/acs/www](http://www.census.gov/acs/www).

#### *2014 CPS ASEC Split Sample*

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

coverage questions. The redesigned income questions were implemented to a subsample of these 98,000 addresses using a probability split panel design. Approximately 68,000 addresses were eligible to receive a set of income questions similar to those used in the 2013 CPS ASEC and the remaining 30,000 addresses were eligible to receive the redesigned income questions. The Census Bureau is currently analyzing the results of the split panel test for the income questions. Because the health insurance processing depends on income, the source of data for this report is the portion of the CPS ASEC sample which received the income questions consistent with the 2013 CPS ASEC, approximately 68,000 addresses. Next year, for the 2015 CPS ASEC, all health insurance estimates will be based on the full CPS ASEC sample.

#### *Statistical Accuracy*

The estimates in this report (which may be shown in text, figures, and tables) are based on responses from a sample of the population. Sampling error is the uncertainty between an estimate based on a sample and the corresponding value that would be obtained if the estimate were based on the entire population (as from a census). All comparative statements in this report have undergone statistical testing, and comparisons are

significant at the 90 percent level unless otherwise noted. 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 CPS ASEC were collected in March (with some data collected in February and April). Further information about the source and accuracy of the estimates is available at <ftp://ftp2.census.gov/library/publications/2014/demo/p60-249sa.pdf>.

The remaining data presented in this report are based on the ACS sample collected from January 2013 through December 2013. For more information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, please see the 2013 ACS Accuracy of the Data document located at [www.census.gov/acs/www/Downloads/data\\_documentation/Accuracy/ACS\\_Accuracy\\_of\\_Data\\_2013.pdf](http://www.census.gov/acs/www/Downloads/data_documentation/Accuracy/ACS_Accuracy_of_Data_2013.pdf).



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## APPENDIX A. 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 since 1988 as a part of a mandate to collect data on noncash benefits.

However, researchers have questioned the validity of the health insurance estimates in the previous version of the CPS ASEC.<sup>1</sup> In particular, the estimate of the uninsured in the previous calendar year was consistently higher than in other federal surveys,

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

indicating that the CPS ASEC did not capture as much health insurance coverage in comparison.<sup>2</sup> Additionally, these concerns extended to the Medicaid undercount and general misreporting of the source and timing of health insurance coverage.<sup>3</sup> To address these concerns, the Census Bureau substantially redesigned the CPS ASEC health insurance module to improve estimates of health insurance coverage. Evaluation of the new questions included over a decade of research, including focus groups, cognitive interviews, and two national field tests.

In 2014, the Census Bureau implemented the redesigned health insurance questions to replace the existing questions in the CPS ASEC. Therefore,

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

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

health insurance estimates from the 2013 calendar year are different from estimates in previous years. Due to the differences in measurement, this report does not compare estimates from the redesigned CPS ASEC to the previous version of the health insurance questions. Researchers should take caution when comparing results over time. In particular, the estimate of the uninsured population is lower than in previous years, since the redesigned questions capture more health insurance coverage than the preceding CPS ASEC. These results are consistent with the results from the 2013 national field test of the redesigned questions. For more information on why the CPS ASEC was redesigned, as well as the results from the 2013 field test, see *Changing the CPS Health Insurance Questions and the Implications on the Uninsured Rate: Redesign and Production Estimates*, available at <[www.census.gov/hhes/www/hlthins/publications/working.html](http://www.census.gov/hhes/www/hlthins/publications/working.html)>.

Table A-1.

**Population Without Health Insurance Coverage by State: 2013**

(Numbers in thousands. Civilian noninstitutionalized population. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see [www.census.gov/acs/www/Downloads/data\\_documentation/Accuracy/ACS\\_Accuracy\\_of\\_Data\\_2013.pdf](http://www.census.gov/acs/www/Downloads/data_documentation/Accuracy/ACS_Accuracy_of_Data_2013.pdf))

State	2013 uninsured				2012 uninsured				Difference in uninsured			
	Number	Margin of error <sup>1</sup> (±)	Percent	Margin of error <sup>1</sup> (±)	Number	Margin of error <sup>1</sup> (±)	Percent	Margin of error <sup>1</sup> (±)	Number	Margin of error <sup>1</sup> (±)	Percent	Margin of error <sup>1</sup> (±)
<b>United States . . . . .</b>	<b>45,181</b>	<b>200</b>	<b>14.5</b>	<b>0.1</b>	<b>45,615</b>	<b>195</b>	<b>14.8</b>	<b>0.1</b>	<b>*-434</b>	<b>279</b>	<b>*-0.2</b>	<b>0.1</b>
Alabama . . . . .	645	17	13.6	0.4	632	17	13.3	0.4	13	24	0.2	0.5
Alaska . . . . .	132	7	18.5	1.0	145	7	20.5	1.0	*-13	10	*-2.0	1.4
Arizona . . . . .	1,118	24	17.1	0.4	1,131	27	17.6	0.4	-13	36	-0.4	0.6
Arkansas . . . . .	465	14	16.0	0.5	476	11	16.4	0.4	-11	17	-0.5	0.6
California . . . . .	6,500	57	17.2	0.2	6,710	52	17.9	0.1	*-209	77	*-0.7	0.2
Colorado . . . . .	729	18	14.1	0.3	751	20	14.7	0.4	-22	26	*-0.7	0.5
Connecticut . . . . .	333	14	9.4	0.4	322	11	9.1	0.3	11	18	0.3	0.5
Delaware . . . . .	83	6	9.1	0.7	80	6	8.8	0.7	3	8	0.3	0.9
District of Columbia . . . . .	42	4	6.7	0.6	37	3	5.9	0.5	*5	5	0.7	0.8
Florida . . . . .	3,853	43	20.0	0.2	3,816	36	20.1	0.2	37	56	-0.1	0.3
Georgia . . . . .	1,846	30	18.8	0.3	1,792	30	18.4	0.3	*54	42	0.4	0.4
Hawaii . . . . .	91	6	6.7	0.4	92	6	6.9	0.4	-2	8	-0.1	0.6
Idaho . . . . .	257	12	16.2	0.8	255	9	16.2	0.6	3	15	Z	1.0
Illinois . . . . .	1,618	27	12.7	0.2	1,622	22	12.8	0.2	-4	34	Z	0.3
Indiana . . . . .	903	19	14.0	0.3	920	20	14.3	0.3	-17	27	-0.3	0.4
Iowa . . . . .	248	9	8.1	0.3	254	10	8.4	0.3	-7	13	-0.3	0.4
Kansas . . . . .	348	12	12.3	0.4	356	10	12.6	0.4	-7	15	-0.3	0.5
Kentucky . . . . .	616	14	14.3	0.3	595	14	13.9	0.3	*21	20	0.4	0.5
Louisiana . . . . .	751	17	16.6	0.4	760	16	16.9	0.4	-8	23	-0.3	0.5
Maine . . . . .	147	7	11.2	0.5	135	7	10.2	0.5	*12	10	*0.9	0.8
Maryland . . . . .	593	17	10.2	0.3	598	16	10.3	0.3	-4	23	-0.2	0.4
Massachusetts . . . . .	247	10	3.7	0.2	254	11	3.9	0.2	-8	15	-0.1	0.2
Michigan . . . . .	1,072	19	11.0	0.2	1,114	15	11.4	0.2	*-43	24	*-0.5	0.2
Minnesota . . . . .	440	14	8.2	0.3	425	11	8.0	0.2	15	18	0.2	0.3
Mississippi . . . . .	500	16	17.1	0.5	498	11	17.0	0.4	2	19	Z	0.7
Missouri . . . . .	773	18	13.0	0.3	801	19	13.6	0.3	*-29	26	*-0.5	0.4
Montana . . . . .	165	8	16.5	0.8	178	6	18.0	0.6	*-14	10	*-1.6	1.0
Nebraska . . . . .	209	9	11.3	0.5	206	8	11.3	0.5	3	12	0.1	0.7
Nevada . . . . .	570	17	20.7	0.6	603	17	22.2	0.6	*-33	24	*-1.5	0.9
New Hampshire . . . . .	140	7	10.7	0.5	139	8	10.6	0.6	1	11	0.1	0.8
New Jersey . . . . .	1,160	22	13.2	0.2	1,113	27	12.7	0.3	*47	35	*0.5	0.4
New Mexico . . . . .	382	13	18.6	0.6	378	10	18.4	0.5	4	17	0.2	0.8
New York . . . . .	2,070	30	10.7	0.2	2,103	30	10.9	0.2	-33	43	-0.2	0.2
North Carolina . . . . .	1,509	26	15.6	0.3	1,582	26	16.6	0.3	*-73	37	*-0.9	0.4
North Dakota . . . . .	73	6	10.4	0.8	69	5	10.0	0.7	5	7	0.3	1.0
Ohio . . . . .	1,258	21	11.0	0.2	1,304	22	11.5	0.2	*-47	30	*-0.4	0.3
Oklahoma . . . . .	666	13	17.7	0.3	685	12	18.4	0.3	*-19	17	*-0.7	0.5
Oregon . . . . .	571	15	14.7	0.4	576	17	14.9	0.4	-5	23	-0.3	0.6
Pennsylvania . . . . .	1,222	22	9.7	0.2	1,225	20	9.8	0.2	-2	30	Z	0.2
Rhode Island . . . . .	120	7	11.6	0.7	115	6	11.1	0.6	6	9	0.5	0.9
South Carolina . . . . .	739	18	15.8	0.4	778	19	16.8	0.4	*-39	26	*-1.0	0.6
South Dakota . . . . .	93	5	11.3	0.7	94	5	11.5	0.6	-1	7	-0.2	0.9
Tennessee . . . . .	887	20	13.9	0.3	882	20	13.9	0.3	5	28	Z	0.4
Texas . . . . .	5,748	55	22.1	0.2	5,762	54	22.5	0.2	-14	77	*-0.4	0.3
Utah . . . . .	402	13	14.0	0.5	409	14	14.5	0.5	-7	19	-0.5	0.7
Vermont . . . . .	45	4	7.2	0.6	40	3	6.5	0.5	5	5	0.8	0.8
Virginia . . . . .	991	22	12.3	0.3	1,000	21	12.5	0.3	-9	31	-0.2	0.4
Washington . . . . .	960	22	14.0	0.3	945	21	13.9	0.3	15	30	0.1	0.4
West Virginia . . . . .	255	10	14.0	0.5	264	9	14.4	0.5	-9	13	-0.5	0.7
Wisconsin . . . . .	518	14	9.1	0.2	506	13	9.0	0.2	12	19	0.2	0.3
Wyoming . . . . .	77	5	13.4	0.9	87	6	15.4	1.0	*-10	8	*-1.9	1.3

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

Z Represents or rounds to zero.

<sup>1</sup>Data are based on a sample and are subject to sampling variability. A margin of error is a measure of an estimate's variability. The larger the margin of error is in relation to the size of the estimate, the less reliable the estimate. This number when added to and subtracted from the estimate forms the 90 percent confidence interval.

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

Source: U.S. Census Bureau, 2012 and 2013 1-year American Community Surveys.



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## APPENDIX B. REPLICATE WEIGHTS

Beginning in the 2011 CPS ASEC report, the variance of CPS ASEC estimates used to calculate the standard errors and confidence intervals displayed in the text tables were calculated using the Successive Difference Replication (SDR) method.<sup>1</sup> This method involves the computation of a set of replicate weights which account for the complex survey design of the CPS. The SDR method has been used to estimate variances in the American Community Survey 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 (S&A) statement to estimate standard errors.

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

One study found that the CPS ASEC GVF standard errors performed poorly against more precise Survey Design-Based (SDB) estimates.<sup>2</sup> In most cases, results indicated that the published GVF parameters significantly underestimated standard errors in the CPS ASEC. This and other critiques prompted the Census Bureau to transition from using the GVF method of estimating standard errors to using the SDR method of estimating standard errors for the CPS ASEC. In 2009, the Census Bureau released replicate weights for the 2005 through 2009 CPS ASEC collection years and has released replicate weights for 2010, 2011, 2012, and 2013 with the release of the CPS ASEC public use data.

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

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

error estimates with SDB estimates.<sup>3</sup> Replicate weight estimates performed markedly better against SDB standard errors than those calculated using the published GVF parameters.

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

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

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

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## APPENDIX C. ADDITIONAL DATA AND CONTACTS

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

For assistance with health insurance data, contact the U.S. 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 <[ask.census.gov](http://ask.census.gov)>.

### Customized Tables

#### *The CPS Table Creator*

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

#### *American FactFinder*

<<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>> provides access to data about the United States, Puerto Rico, and the Island Areas. The tabular data in American FactFinder come from several censuses and the American Community Survey (ACS).

#### *DataFerrett*

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

### Public Use Microdata

#### *CPS ASEC*

Microdata for the 2014 CPS ASEC and earlier years is available online at <[http://thedataweb.rm.census.gov/ftp/cps\\_ftp.html#cpsmarch](http://thedataweb.rm.census.gov/ftp/cps_ftp.html#cpsmarch)> or via DataFerrett at <<http://dataferrett.census.gov/>>. Technical methods have been applied to CPS microdata to avoid disclosing the identities of individuals from whom data were collected.

#### *ACS*

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

### Topcoding

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



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