

A problem we can't ignore

The hidden and rapidly growing costs of the uninsured and underinsured in Washington State

Costs, trends and projections - 2006 to 2011

November 2009



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www.insurance.wa.gov

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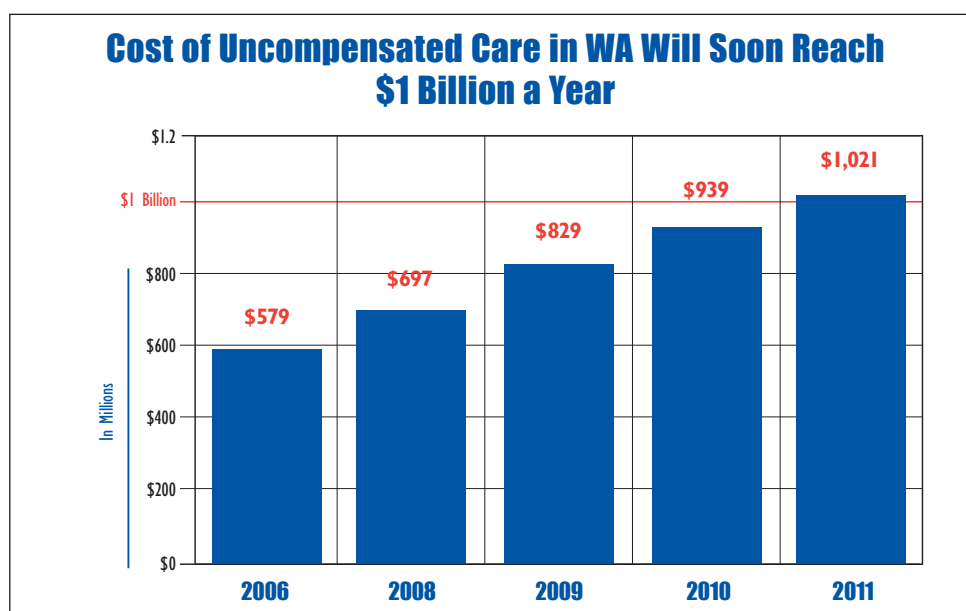
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Executive summary

The widespread and growing lack of health insurance coverage in the United States is hurting families, communities and our country's economy in ways that we can no longer afford to ignore. At 16 percent of gross domestic product and growing, health care costs eat up family-, state- and local budgets, stifle small business growth, and hamstring the ability of American corporations to compete globally. This report is an attempt to quantify some of those costs and project what a future without substantial health reforms would look like.

Many of these costs of uncompensated care are quietly passed along to the insured. Our office estimates that uncollectable medical debts and charity care by hospitals and other health providers end up adding at least \$917 a year to the medical bills of insured families. That's nearly \$700 million a year, and rising fast.

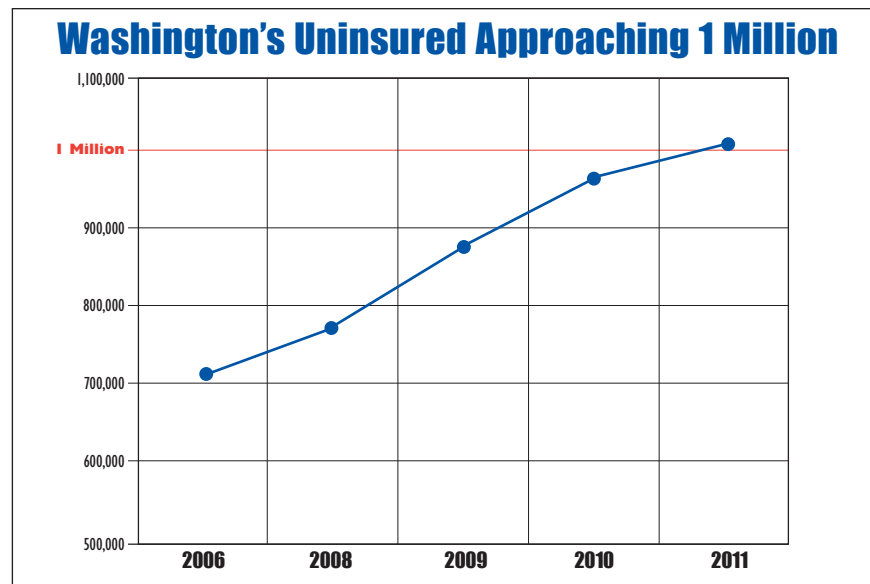


Furthermore, our research suggests that even many of those with coverage are struggling. At least 50 percent of the families unable to pay their medical bills, we believe, have health insurance.

Perhaps most chillingly, the data on uncompensated care and the uninsured show that even the good times were bad. In 2008, when unemployment in Washington hovered at a relatively low 5.4 percent, the state nonetheless had a significant — and growing — number of uninsured: 12 percent of the population. By the end of this year, we estimate, that number will have risen to 13.5 percent. To put it another way, nearly one in seven Washingtonians will have no health insurance.

And the future? Even with an expected rebound in the economy and increased employment, we project that by end of 2011:

- The number of Washingtonians with no health insurance will have grown to more than 1 million,
- and the annual cost of uncompensated care in Washington will be more than \$1 billion, and perhaps considerably higher.



Other key findings of this study:

- In 2008, the cost of uncompensated care (uncollectable debts and charity care) reached a record \$696,917,172 in Washington. That's a 20 percent increase in just two years, far higher than the rate of inflation. Most of those reported costs are from hospitals.
- By the end of 2011, despite the expected upturn in the economy, we project that the percentage of Washingtonians without health insurance will have risen to 14.6 percent. (In 2006, it was 11 percent.)
- Among working-age adults (ages 19-64), the percentage of uninsured people is expected to be about 21 percent by 2011. That's one out of every five people.
- In general, rural areas have higher percentages of uninsured people. By 2011, for example, King County is expected to have an uninsured rate of 14.3 percent. Less-urban areas of western Washington, however, will see rates averaging nearly 19 percent. The number of rural, working age adults without health insurance is rapidly approaching 1 in 4.

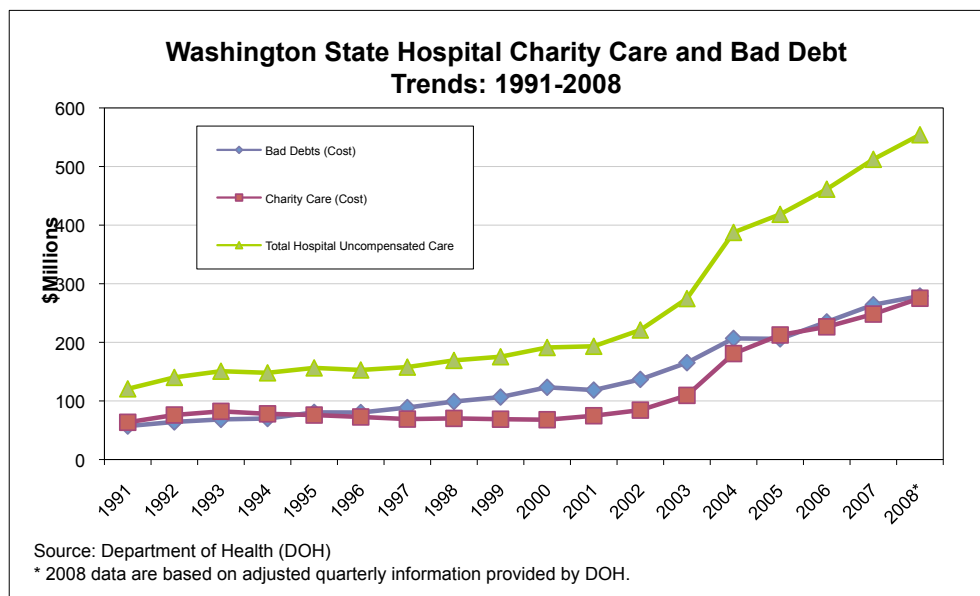
- An economic recovery will not solve the problem. Health care inflation is far outstripping the business and personal-income increases necessary to pay for health care. For the same reason, an increase in employment does not necessarily translate into an increase in the insured population.

The good news is that fixing our broken system is possible. And it's increasingly obvious that virtually everyone has a stake in reform. The bills, public and private, are growing at an unsustainable rate. Our society faces a large and growing burden – in bankruptcies, family struggles, and public expense – from our nation's inability to get a handle on the number of uninsured people, the costs of health care and the surging costs of uncompensated care.

Health care's invisible costs

“Uncompensated care” is health care for which no payment was received from the patient, insurer, or other third-party payers.

There are two distinct elements of uncompensated care. One is charity care, provided by health care providers who don't expect to get reimbursed. The other is bad debt, incurred by providers when they cannot obtain reimbursement for services.

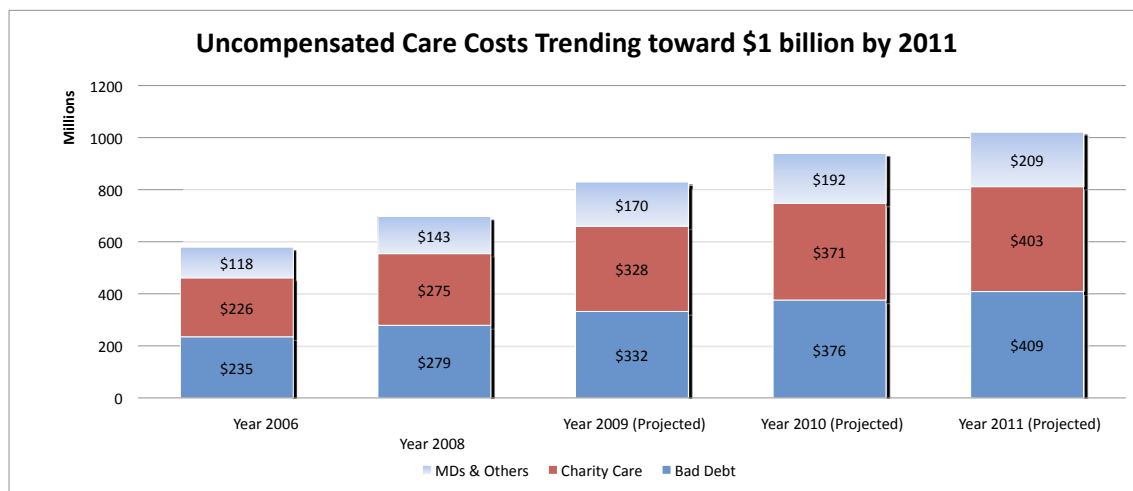


When hospitals and other health care providers find themselves with significant levels of uncompensated care, they often pass those costs on — or cost shift them— to consumers and businesses that purchase coverage. This hidden or invisible cost of uncompensated care — estimated to be about \$917 per insured family per year — is reflected in the cost of health care premiums and out-of-pocket payments for everyone. For individual workers, that hidden extra cost is about \$457.

In preparing the estimates used in this report, the Insurance Commissioner's Office used data from the Washington State Population Survey, the U.S. Census Bureau, the Employment Security Department, the state Department of Health and the US Centers for Medicare and Medicaid Services.

In 2008, the year for which we have the most recent data available, uncompensated care in Washington state reached a record level of at least \$696,917,172.

Uncompensated care is expected to grow substantially in 2009, increasing over 2008 levels by 19 percent; and in 2010 by an additional 12 percent. By year's end 2011, it is expected that the cost of uncompensated care will exceed \$1 billion in Washington.



It also should be noted that these estimates are almost certainly too low. Hospitals file quarterly and yearly reports on bad debt and charity care. These reports represent nearly 80 percent of our overall estimate of such costs. But a 2008 study by the Kaiser Family Foundation indicates that hospitals nationwide provide less than half such care. If physicians, community clinics and similar programs provide 55 percent of the uncompensated care in Washington – as they do in other states – then the actual 2008 total cost would have been nearly \$1.3 billion. And by 2011, that figure would be nearly \$1.8 billion, or \$1,100 per insured family.

The struggles of people with insurance

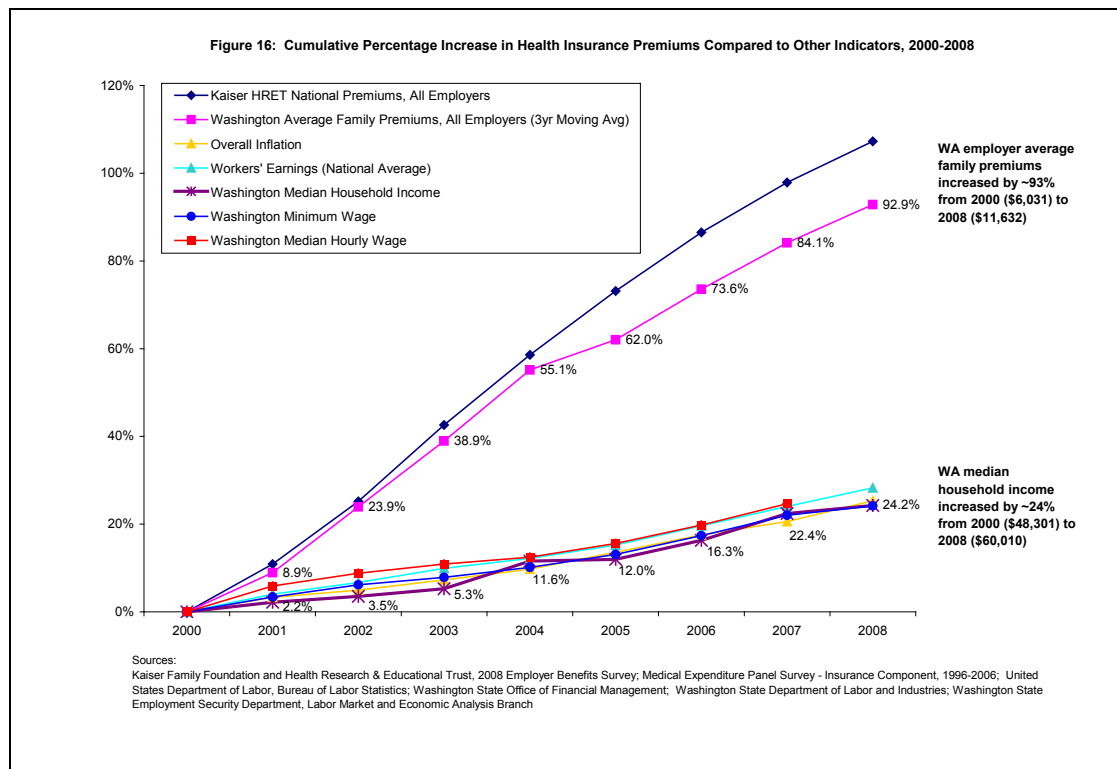
As the cost of health care continues to rise, more employers are increasing their employees' share of health care costs. Premiums are rising, as are co-pays and deductibles. Workers with total or partial coverage for dependents may find those benefits eliminated or too costly to use.

In many cases, covered benefits are also shrinking. As a result, an increasing number of insured people are finding themselves "underinsured" and struggling to pay their medical bills as a result of high deductibles and co-payments.

In many ways, those who get insurance through large employers are the lucky ones. Small businesses struggle to find affordable coverage in the small-group market and anyone trying to buy coverage for him- or herself quickly discovers that such policies tend to be extremely expensive. Many, unable to afford the cost, turn to high-deductible plans with large co-payments and other restrictions that only increase the risk of not having enough coverage in a medical crisis.

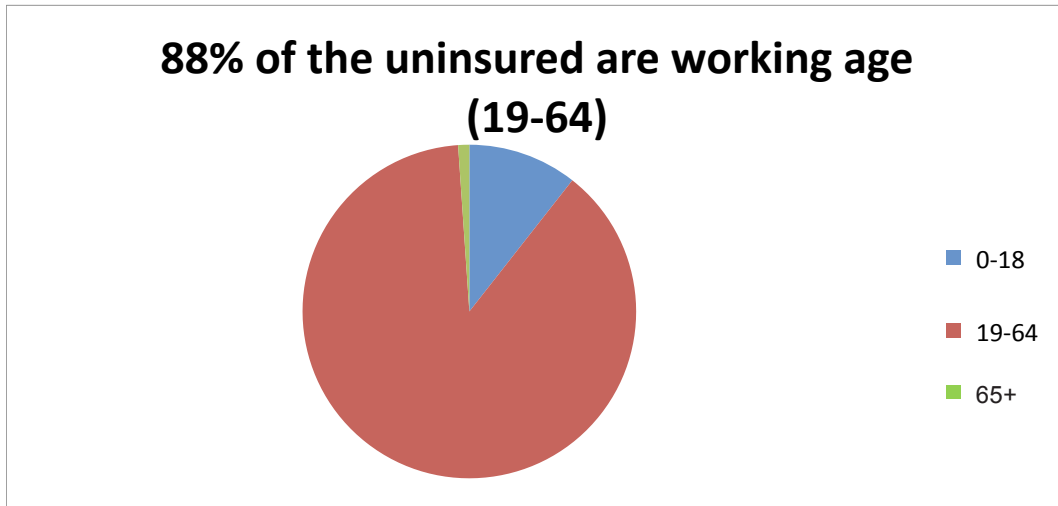
Families USA and The Lewin Group estimate that in 2009, more than 1.2 million insured Washingtonians will have spent more than 10 percent of their pre-tax income on health care, and nearly seven percent of insured Washingtonians are spending a staggering 25 percent of their pre-tax income on health care.

When those figures are combined with the number of uninsured, it means that nearly 25 percent of Washingtonians spent more than 10 percent of their pre-tax income on health care this year.



The uninsured: Who are they?

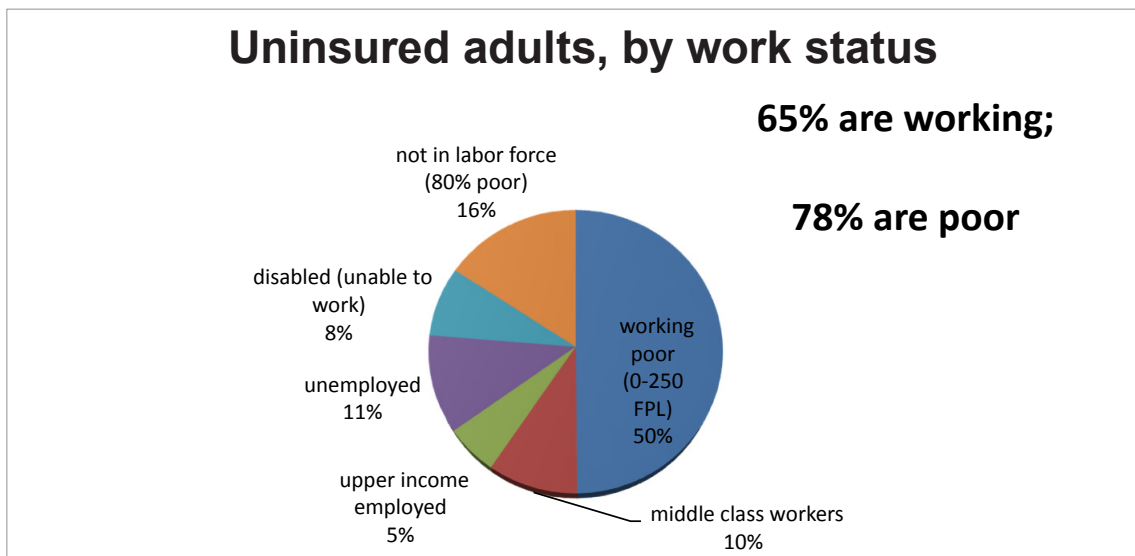
The vast majority of the uninsured are working adults and their families. Not surprisingly, the single biggest factor that determines whether a person has coverage is income. Low-wage adults – in all age groups – are eight to nine times more likely to be uninsured than their better-paid peers. Children in low-wage families are three times more likely than other children to be uninsured. Only seniors, who are nearly universally covered by Medicare, are spared this fate.



Also not surprising: Data from both the Kaiser Family Foundation and the state population survey indicated that at least half of the nearly 10 percent of Washingtonians who are unemployed are uninsured.

Uninsured workers are especially common in retail, entertainment & recreation, tourism, agricultural and administrative support (e.g., temp agencies). According to a recent state Employment Security Department (ESD) employer benefits survey, the likelihood of having health insurance benefits in those industries ranges from 50 percent down to 21 percent.

Company size is also a key factor. People who work at small businesses with fewer than 10 employees have less than a 50 percent chance of being insured. And nine out of every 10 jobs at firms that do not offer health care coverage are in businesses with less than 50 employees. Part-time workers – even many of those working close to full-time hours – have less than a 10 percent chance of having health coverage, according to the ESD survey.



Contrary to some assertions, illegal immigrants do not appear to be a major factor in the number of the uninsured. We estimate that illegal immigrants comprise, at most, 7.5 percent of our estimated total number of uninsured Washingtonians.

No insurance often equals poor health

Numerous studies have found a marked increase in illness, disease and premature death among the uninsured.

For example, a late diagnosis of advanced-stage cancer is more likely among uninsured adults than those with coverage. Late diagnosis often makes treatment much more expensive and success less likely.

Having insurance allows those with chronic conditions – such as diabetes, congestive heart failure and asthma – to receive timely and effective medical care to better manage the condition. According to the 2009 Families USA report “Hidden Health Tax,” uninsured chronically ill patients forego visiting their doctors, allowing their illnesses to worsen. The uninsured are also more likely to die from serious acute conditions, such as heart attacks or strokes.

Effects of the uninsured and uncompensated care on the community

The Institute of Medicine, the health arm of the National Academy of Sciences, has identified three general areas that are negatively impacted by large numbers of uninsured in any given community: Access to health services, local and state economies, and public or community health.

Access to health services

A large number of uninsured in a community limits the ability for the insured population to access health care. For example:

- Hospital emergency rooms filled to capacity – or beyond – create longer wait times for all. Uninsured individuals often delay care until a medical condition becomes a crisis, or use the emergency room as their primary care provider of last resort.
- This reliance on crisis care also limits everyone’s access to hospital-based inpatient or outpatient care, such as fewer beds for psychiatric services, substance-abuse treatment, intensive care or radiation therapy.

- Shifting uncompensated care costs to businesses and individuals who are insured drives up premiums and results in dropped or reduced coverage. This further worsens the number of uninsured and underinsured people.

Impact on local and state economies

The health care sector is a key part of most local economies, particularly in rural areas, where hospitals often serve as economic anchors. Spending by hospitals and their employees can help drive the local economy, separate from the dollars spent directly on health care. If a hospital closes or cuts services, those decisions can ripple outward and affect surrounding businesses and the community.

People also subsidize care for the uninsured through their tax dollars. Faced with surging public costs due to a growing number of uninsured people, local and state governments have two choices: raise taxes or cut public services.

In Washington, more than 20 percent of state government's operating budget is spent on health care. Due to population growth and greater demand, especially during economic downturns, those costs are rising faster than revenues. Washington now faces a budget deficit of \$1.7 billion for the 2009-2011 biennium, setting up a tug of war between paying for health care and paying for other critical services like education, social services and public safety. This crisis compromises the ability of the state to meet many of its residents' basic needs.

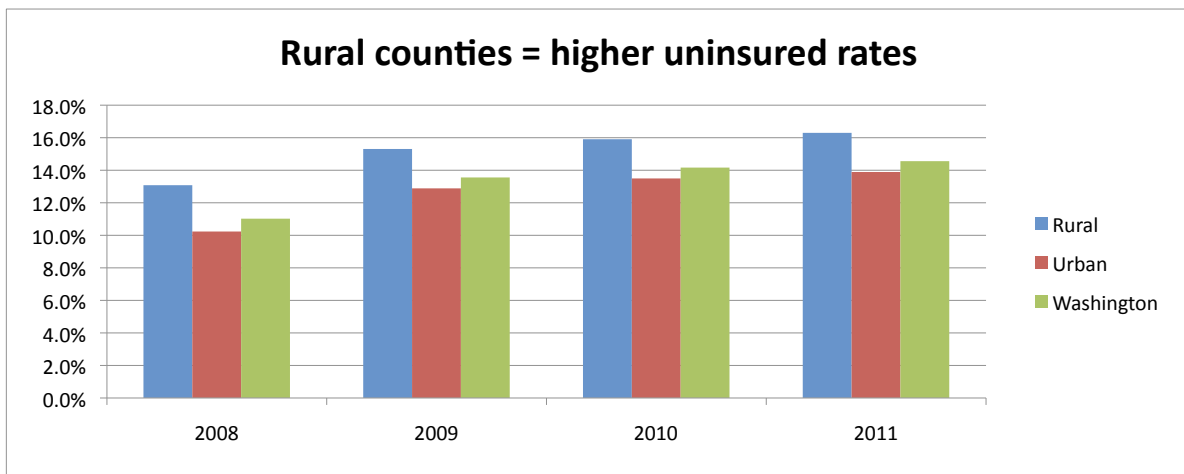
Public and community health

Areas with a high percentage of uninsured people are likely to face more need for public health services. This can squeeze health budgets, and divert money from broader preventive efforts like immunizations, education and environmental health initiatives.

The picture in Washington state

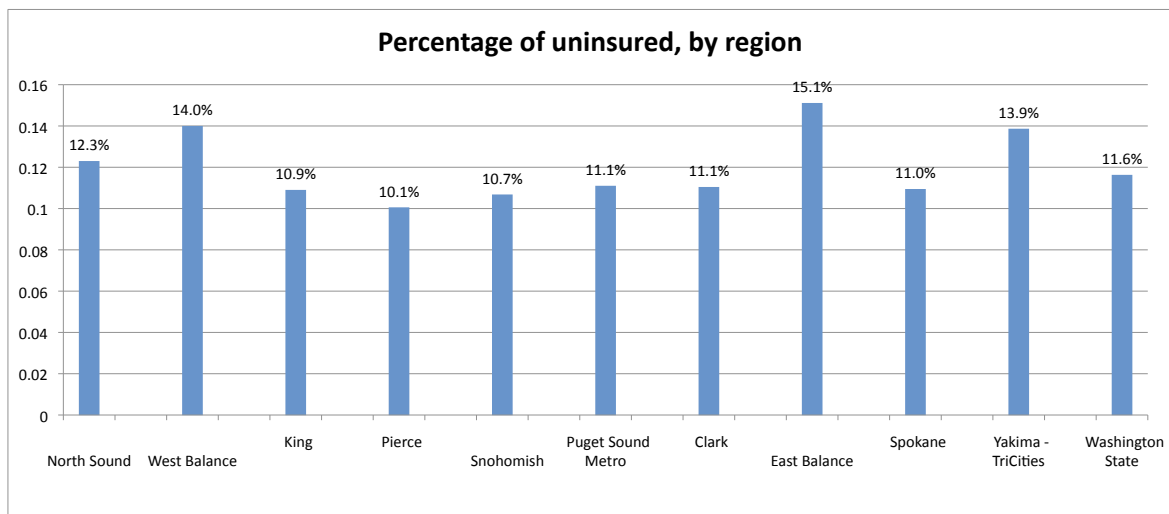
Washington state's unemployment rate reached 9.3 percent in September of this year. It's expected to peak at 9.85 percent next year. High unemployment – along with increases in health care costs, cuts to public programs such as the Basic Health Plan and, to a lesser extent, population growth – are projected to add about 164,000 people to the number of uninsured Washingtonians from mid-2008 to year-end 2009.

By the end of 2009, the state's uninsured population is expected to total 879,830 people. That's 13.5 percent of the state's population.



In general, rural areas of Washington continue to have more uninsured people than urban areas. In 2008, when the state uninsured rate was 11.64 percent, areas such as the north sound (Island, San Juan, Skagit and Whatcom counties), Yakima and the Tri-Cities, and rural parts of both western and eastern Washington experienced higher uninsured rates than the state as a whole and many of the urban regions of the state.

By 2011, all regions of the state will see higher numbers of uninsured people. Across large swaths of Western Washington, the uninsured rate is projected to reach nearly 19 percent. And the number of rural, working-age adults without health insurance is rapidly approaching 1 in 4.



An economic recovery will not solve the problem

The state's unemployment rate is expected to start improving midway through 2010. While this will help, it will not halt or reverse the rise in the number of Washingtonians lacking health coverage. In fact, by 2011, it is projected that Washington's uninsured population will have mushroomed to more than 1 million people, or 14.4 percent of the population.

Subtract out the number of Washingtonians covered by Medicare – i.e. those over 65 – and the numbers become much starker. By 2011, we estimate that approximately 21 percent of all working-age adults (19-64) will not have health insurance.

In the past, health care coverage tended to increase during economic upswings. But with health care inflation consistently outstripping increases in income and business revenues, a boost in employment no longer automatically translates into more insured people.

The future: A critical crossroads

In May 2009, the Robert Wood Johnson Foundation released a report titled “Health Reform: The Cost of Failure.” It said that without reforms, the costs of health care, health insurance premiums, and out-of-pocket spending are likely to continue to grow nationwide. So will the ranks of the uninsured.

Those same factors affect Washington state. In the absence of meaningful health care reform, we will face ever-increasing costs for care. Many more of us will lose our health coverage. By the end of 2011, our office projects a statewide uninsured rate of 14.6 percent – 21 percent of all working-age adults – and an uncompensated-care burden of more than \$1 billion.

Based on the Robert Wood Johnson Foundation's forecast, Washington could see a 26 percent increase in the percentage of non-elderly uninsured by 2019. That would be 1.2 million Washingtonians with no health coverage.

This ever-worsening picture does not have to be our future

There is broad support, for example, for the idea that improvements in access to health care should be accompanied by efforts to cut the fast-rising costs of medical care. Many people believe we cannot truly fix either problem without eventually solving both.

While decreasing the number of uninsured people will give hospitals and doctors more “paying customers,” helping mitigate the burden of uncompensated care, it’s also true that further steps are needed to get a handle on costs.

Research and experience, for example, point to the benefits of financial incentives focused on patient health outcomes, instead of being based largely on the quantity of services that patients receive. Technology can be used more broadly to spread the word about evidence-based best practices. Our office is helping with efforts to simplify administrative burdens on providers.

Still, we must press ahead with efforts to expand access to health insurance coverage, even if a long-term fix for underlying health care costs is still being developed. It’s clear that even under federal health care reform, states would play a significant role in implementation. Our office has proposed ideas for reforms, and stands ready to help make change work.

With the toll already being taken on families, businesses and the health system, we can’t afford to wait. The status quo, for a large and growing number of Americans, is the road to ruin.

Appendices

Appendix A

**Table 1: Uninsured by County
(Washington State, Year 2008)**

| Region | County | Population (1) | WSPS based Estimate (2) | | | Census based Estimate (3) | | | Middle Point | |
|-------------------|--------------|-------------------|-------------------------|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|---------------------|-----------------------|
| | | | Number Uninsured | As % of Population | As % of Population | Number Uninsured | As % of Population | As % of Population | Number Uninsured | As % of Population |
| North Sound | Island | 79,300 | 6,780 | 8.5% | 11,230 | 14.2% | 9,005 | 11.4% | | |
| | San Juan | 16,100 | 1,930 | 12.0% | 3,200 | 19.9% | 2,565 | 15.9% | | |
| | Skagit | 117,500 | 9,140 | 7.8% | 15,140 | 12.9% | 12,140 | 10.3% | | |
| | Whatcom | 191,000 | 19,590 | 10.3% | 32,430 | 17.0% | 26,010 | 13.6% | | |
| | Regional Sum | 403,900 | 37,440 | 9.3% | 62,010 | 15.4% | 49,720 | 12.3% | | |
| West Balance | Clallam | 69,200 | 10,920 | 15.8% | 9,090 | 13.1% | 10,005 | 14.5% | | |
| | Cowlitz | 99,000 | 12,380 | 12.5% | 10,310 | 10.4% | 11,345 | 11.5% | | |
| | Grays Harbor | 70,900 | 11,290 | 15.9% | 9,400 | 13.3% | 10,345 | 14.6% | | |
| | Jefferson | 28,800 | 4,890 | 17.0% | 4,070 | 14.1% | 4,480 | 15.6% | | |
| | Klickitat | 20,100 | 3,860 | 19.2% | 3,210 | 16.0% | 3,535 | 17.6% | | |
| | Lewis | 74,700 | 11,490 | 15.4% | 9,560 | 12.8% | 10,525 | 14.1% | | |
| | Mason | 56,300 | 8,600 | 15.3% | 7,160 | 12.7% | 7,880 | 14.0% | | |
| | Pacific | 21,800 | 3,780 | 17.3% | 3,150 | 14.4% | 3,465 | 15.9% | | |
| | Skamania | 10,700 | 1,840 | 17.2% | 1,530 | 14.3% | 1,685 | 15.7% | | |
| | Wahkiakum | 4,100 | 610 | 14.9% | 510 | 12.4% | 560 | 13.7% | | |
| Regional Sum | 455,600 | 69,660 | 15.3% | 57,980 | 12.7% | 63,825 | 14.0% | | | |
| King | King | 1,884,200 | 196,850 | 10.4% | 214,340 | 11.4% | 205,595 | 10.9% | | |
| Regional Sum | 1,884,200 | 196,850 | 10.4% | 214,340 | 11.4% | 205,595 | 10.9% | | | |
| Pierce | Pierce | 805,400 | 74,580 | 9.3% | 87,590 | 10.9% | 81,085 | 10.1% | | |
| Regional Sum | 805,400 | 74,580 | 9.3% | 87,590 | 10.9% | 81,085 | 10.1% | | | |
| Snohomish | Snohomish | 696,600 | 70,640 | 10.1% | 78,300 | 11.2% | 74,470 | 10.7% | | |
| Regional Sum | 696,600 | 70,640 | 10.1% | 78,300 | 11.2% | 74,470 | 10.7% | | | |
| Puget Sound Metro | Kitsap | 246,800 | 25,870 | 10.5% | 27,990 | 11.3% | 26,930 | 10.9% | | |
| Thurston | Thurston | 245,300 | 26,660 | 10.9% | 28,850 | 11.8% | 27,755 | 11.3% | | |
| Regional Sum | 492,100 | 52,530 | 10.7% | 56,830 | 11.5% | 54,680 | 11.1% | | | |

| | | | | | | | | |
|-------|------------------|-----------|---------|-------|---------|-------|---------|-------|
| Clark | Clark | 424,200 | 42,710 | 10.1% | 51,070 | 12.0% | 46,890 | 11.1% |
| | Regional Sum | 424,200 | 42,710 | 10.1% | 51,070 | 12.0% | 46,890 | 11.1% |
| | Adams | 17,800 | 2,520 | 14.2% | 3,040 | 17.1% | 2,780 | 15.6% |
| | Asotin | 21,400 | 1,700 | 7.9% | 2,050 | 9.6% | 1,875 | 8.8% |
| | Chelan | 72,100 | 8,370 | 11.6% | 10,110 | 14.0% | 9,240 | 12.8% |
| | Columbia | 4,100 | 360 | 8.8% | 430 | 10.5% | 395 | 9.6% |
| | Douglas | 37,000 | 5,500 | 14.9% | 6,640 | 17.9% | 6,070 | 16.4% |
| | Ferry | 7,700 | 850 | 11.0% | 1,030 | 13.4% | 940 | 12.2% |
| | Garfield | 2,300 | 280 | 12.2% | 330 | 14.3% | 305 | 13.3% |
| | Grant | 84,600 | 12,240 | 14.5% | 14,780 | 17.5% | 13,510 | 16.0% |
| | Kittitas | 39,400 | 6,270 | 15.9% | 7,570 | 19.2% | 6,920 | 17.6% |
| | Lincoln | 10,400 | 1,240 | 11.9% | 1,490 | 14.3% | 1,365 | 13.1% |
| | Okanogan | 40,100 | 6,590 | 16.4% | 7,950 | 19.8% | 7,270 | 18.1% |
| | Pend Oreille | 12,800 | 1,310 | 10.2% | 1,580 | 12.3% | 1,445 | 11.3% |
| | Stevens | 43,700 | 4,000 | 9.2% | 4,840 | 11.1% | 4,420 | 10.1% |
| | Walla Walla | 58,600 | 7,700 | 13.1% | 9,300 | 15.9% | 8,500 | 14.5% |
| | Whitman | 43,000 | 8,900 | 20.7% | 10,740 | 25.0% | 9,820 | 22.8% |
| | Regional Sum | 495,000 | 67,820 | 13.7% | 81,890 | 16.5% | 74,855 | 15.1% |
| | Spokane | 459,000 | 49,630 | 10.8% | 50,940 | 11.1% | 50,285 | 11.0% |
| | Regional Sum | 459,000 | 49,630 | 10.8% | 50,940 | 11.1% | 50,285 | 11.0% |
| | Benton | 165,500 | 19,220 | 11.6% | 20,190 | 12.2% | 19,705 | 11.9% |
| | Franklin | 70,200 | 10,270 | 14.6% | 10,790 | 15.4% | 10,530 | 15.0% |
| | Yakima | 235,900 | 34,330 | 14.6% | 36,070 | 15.3% | 35,200 | 14.9% |
| | Regional Sum | 471,600 | 63,820 | 13.5% | 67,050 | 14.2% | 65,435 | 13.9% |
| | Washington State | 6,587,600 | 725,680 | 11.0% | 808,000 | 12.3% | 766,840 | 11.6% |

(1) Office of Financial Management (2009): Intercensal Estimates of the Total Resident Population by County with 2001 through 2008 Postcensal Estimates

(2) Estimated by Office of Insurance Commissioner (2009) based on State Population Survey 2008, U.S. Census Bureau CPS data 2006-2008, and U.S. Census Bureau 2006 Small Area Health Insurance data.

(3) Estimated by Office of Insurance Commissioner (2009) based on data from U.S. Census Bureau 2008 and Small Area Health Insurance data, Employment Security Department annual employment reports, and Office of Financial Management published data.

Appendix B

| Hospital Charity Care and Bad Debt, Washington State 1991-2008 | | | | | | |
|---|---------------------------|------------------------------|--------------------------|-------------------------|----------------------------|--|
| Year | Bad Debts (Charge) | Charity Care (Charge) | Cost/Charge Ratio | Bad Debts (Cost) | Charity Care (Cost) | Total Hospital Uncompensated Care |
| 1991 | \$78,099,492 | \$86,883,567 | 73% | \$57,111,752 | \$63,535,275 | \$120,647,027 |
| 1992 | \$90,558,127 | \$107,230,469 | 71% | \$64,185,489 | \$76,002,456 | \$140,187,945 |
| 1993 | \$97,687,028 | \$117,269,462 | 70% | \$68,516,558 | \$82,251,452 | \$150,768,010 |
| 1994 | \$100,326,372 | \$111,871,691 | 70% | \$69,967,620 | \$78,019,326 | \$147,986,946 |
| 1995 | \$116,800,703 | \$110,169,791 | 69% | \$80,486,214 | \$75,916,917 | \$156,403,131 |
| 1996 | \$116,736,458 | \$105,767,242 | 69% | \$80,197,658 | \$72,661,834 | \$152,859,492 |
| 1997 | \$132,352,243 | \$102,992,342 | 67% | \$88,731,427 | \$69,047,999 | \$157,779,426 |
| 1998 | \$152,759,011 | \$108,361,233 | 65% | \$98,980,221 | \$70,212,675 | \$169,192,895 |
| 1999 | \$174,314,614 | \$112,574,686 | 61% | \$106,607,446 | \$68,848,500 | \$175,455,946 |
| 2000 | \$213,562,393 | \$117,707,786 | 58% | \$123,269,487 | \$67,941,636 | \$191,211,123 |
| 2001 | \$214,297,583 | \$135,140,421 | 55% | \$118,539,749 | \$74,753,580 | \$193,293,329 |
| 2002 | \$257,166,006 | \$158,602,333 | 53% | \$136,751,838 | \$84,339,143 | \$221,090,980 |
| 2003 | \$330,099,594 | \$218,716,343 | 50% | \$165,223,775 | \$109,473,445 | \$274,697,220 |
| 2004 | \$431,692,483 | \$377,659,432 | 48% | \$206,710,245 | \$180,837,232 | \$387,547,478 |
| 2005 | \$446,417,516 | \$460,789,979 | 46% | \$205,923,123 | \$212,552,841 | \$418,475,964 |
| 2006 | \$528,752,364 | \$509,804,328 | 44% | \$234,895,215 | \$226,477,659 | \$461,372,874 |
| 2007 | \$629,104,294 | \$591,253,168 | 42% | \$264,110,228 | \$248,219,588 | \$512,329,816 |
| 2008* | \$672,690,730 | \$663,544,369 | 41% | \$279,020,192 | \$275,226,444 | \$554,246,636 |

Source: Derived by OIC staff using DOH Hospital Financials data.

* 2008 data are based on adjusted quarterly reports provided from DOH Hospital Financials.

Appendix C

| Percent uninsured by income level and age | | | |
|--|---------------------------|-----------------------|--------------------|
| | Below 2.5x FPL | 2.5-4X FPL | 4X FPL+ |
| 0-9 YRS OLD | 5.7% | 3.6% | 1.5% |
| 10-19 YRS OLD | 12.8% | 3.9% | 2.4% |
| 20-29 YRS OLD | 42.1% | 16.5% | 5.3% |
| 30-39 YRS OLD | 26.9% | 10.7% | 3.6% |
| 40-49 YRS OLD | 28.1% | 9.6% | 3.0% |
| 50-59 YRS OLD | 24.9% | 9.5% | 2.0% |
| 60-69 YRS OLD | 12.9% | 2.6% | 1.5% |
| 70-79 YRS OLD | 2.0% | 0.0% | 0.0% |
| 80+ YRS OLD | 1.3% | 0.8% | 0.0% |

