Delawareans Without Health Insurance
2005

prepared for
the Delaware Health Care Commission

by

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Executive Summary

Delawareans are doing better than the nation and the region in obtaining health insurance. Less than 12 percent of Delaware's residents were without health insurance in 2005, down from almost 14 percent in 1999 but higher than observed in the last three reporting periods. Currently 96,000 people are estimated to be without health insurance. The uninsured rate for the region, which includes Maryland, Pennsylvania, New Jersey and New York is higher than that for Delaware as is the national rate. Delaware currently ranks 33rd among the states (Minnesota has the lowest rate and is ranked 50th). This year's ranking is considerably higher than in 2004 when Delaware ranked 42nd.

Research suggests that the uninsured are more likely to delay seeking primary care. They are also less likely to be screened for cancer and cardiovascular disease and as a result are apt to be diagnosed in the later stages of the disease.

The uninsured are six times more likely to say they use the emergency room for their health care and are five times more likely than those that have health insurance to say they could not see a doctor because of the cost. However, the uninsured assess their current health only slightly lower than those that have health insurance.

While the increase in the uninsured measured this year in the CPS is of concern, these data are survey data and are subject to sampling variation from year to year. If the data scheduled to be collected in March 2006 confirm these increases, then concern will be warranted.

Who are the 96,000 uninsured?

- 22% are under the age of 18
- 56% are working
- 57% are male
- 73% are White
- 16% are Hispanic
- 16% live alone

- 36% with household income over $50,000
- 68% own or are buying their home
- 9% are self-employed
- 15% are non-citizens
- 85% are above the poverty line

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Introduction

The Delaware Health Care Commission has, since its inception, been concerned about access to health care for all Delawareans. While that is not its only focus, since the Commission's mandate is broad, improving access to health care is a primary goal. Access to health care has several dimensions. One of those dimensions is covered in this report, and that is health insurance coverage. Those with health insurance typically enjoy greater access to health care providers than do those who are without it.

Persons who do not have health insurance are still likely to require medical care at some point in time. When they do require such services, their condition may be significantly worse than had it been detected and addressed at an earlier stage. In addition, the uninsured will tend to use one of the most expensive providers, the emergency room. Ultimately, providers must cover all of their costs. Services delivered to the insured and the uninsured alike, figure into that cost. As a result, some of the cost of services provided to the uninsured is shifted to the insured population. This raises the overall cost of fringe benefits to employers.

To better understand the nature of the uninsured population, the Delaware Health Care Commission has been monitoring its size and structure for a number of years. This report is a significant update and offers both new information and analysis. It adds information for the year 2005 to the database. The primary source of the data is the Current Population Survey conducted by the US Bureau of Census. The survey is conducted annually in March and in 2005 some 1,160 households were selected to be interviewed in Delaware. In contrast to most household surveys, data is collected for all persons living in the household making it possible to obtain data about children.

The report has three major sections. In the first section, the current status of the uninsured in Delaware and the region (DE, MD, PA, NJ, and NY) is discussed. A time series, beginning in 1982 and ending in 2005 is used to show any trends. The second section focuses on the labor market in Delaware and existing and future trends that might affect employer provided health coverage. The third section contains information on health insurance coverage for a variety of demographic variables. The implications of current demographic trends are also considered in this section. With few exceptions, three-year moving averages are used to measure the variables.

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The Uninsured

Background

Two primary sources of data are available for measuring access to health insurance in Delaware. The first source is the March Current Population Survey (CPS), conducted annually by the U.S. Bureau of Census. The second source is the Behavioral Risk Factor Surveillance System, conducted monthly for the U.S. Centers for Disease Control and Prevention by the Center for Applied Demography & Survey Research at the University of Delaware, through the Delaware Division of Public Health. Both sources are valuable in their own right, but each has associated advantages and disadvantages.

The CPS is conducted monthly throughout the nation and is designed to measure the unemployment rate and other employment related statistics for the 50 states and the nation. Some 76,447 households were interviewed in the sample in March 2005 and data was gathered on 210,648 persons in those households. Each month, the basic employment information is gathered along with optional information that changes from month to month. The March CPS is usually referred to as the annual demographic file, since it captures a broad array of demographic information along with basic employment data. Part of that demographic information concerns health insurance coverage.

In Delaware, the 2005 March CPS involved 1,160 households. Of those households selected 1,061 (91.5%) participated. Some 2,853 persons resided in those households. This sample size is sufficient for producing statewide estimates on a wide variety of demographic indicators. When measuring the percentage of the population without health insurance, for example, the accuracy is approximately +/- 0.8%. Three-year averages can be reported reliably at the county level although the accuracy is less.

The health insurance questions were added to the CPS in 1982. There were modifications to the questions in 1989, again in 1995, and verification questions were added in 2000. However, a consistent data series can be constructed in spite of the changes. One aspect of the health insurance questions, time frame, is important to understand, since it differs between the two primary sources of data. The questions on the CPS are asked with reference to the previous year. Thus, in March 2005, respondents were asked about health insurance coverage in 2004.

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However, there is considerable evidence to suggest that the responses given are highly correlated with their current health insurance status or at least to the current quarter. The U.S. Bureau of Census conducted significant parallel testing between the Survey of Income and Program Participation (SIPP) and the Current Population Survey. The SIPP sample of households is part of a panel that is re-interviewed quarterly for more than two years. Thus, the survey is able to more accurately follow the respondent's health insurance status over time. The comparisons of estimates of health insurance coverage obtained from the CPS show a strong relationship between the SIPP responses and the CPS responses at the time the questions were asked. Thus, for purposes of this report, the year referenced in the tables and text always refers to the year in which the survey was conducted.

The second source of health insurance information is the Behavioral Risk Factor Surveillance System (BRFSS). The survey has been carried out by the Center for Applied Demography & Survey Research since 1990. The sample consists of residents of the state who are 18 years old or older. Each month approximately 330 households are contacted statewide and then an adult respondent is randomly chosen from within each household to be interviewed. The survey is wide-ranging. Among the questions asked are whether the person being interviewed currently has health coverage. If they are not covered, they are asked how much time has elapsed since they were covered. The limitation of BRFSS is that it only represents adults. However, the sample size is sufficient to obtain county level estimates that are more accurate than those that can now be obtained from the CPS.

Together the BRFSS and the CPS provide a powerful set of data for understanding the health insurance problems in Delaware today. A comparison of the two measurements of the uninsured among Delaware's adults is provided in the figure below.

The figure clearly shows that the CPS estimates of uninsured adults have been above those of BRFSS during this ten-year period. The CPS estimates appeared to be converging with those of BRFSS until 2003. In the past two years the estimates of the two series have diverged. This trend, if it is real, is troublesome. The difference is twice any difference observed over the decade. This suggests that the current year's CPS estimate may be a statistical anomaly.

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Figure 1-1
Comparison of the Uninsured Measured by Alternative Data Sources
Adults 18-64
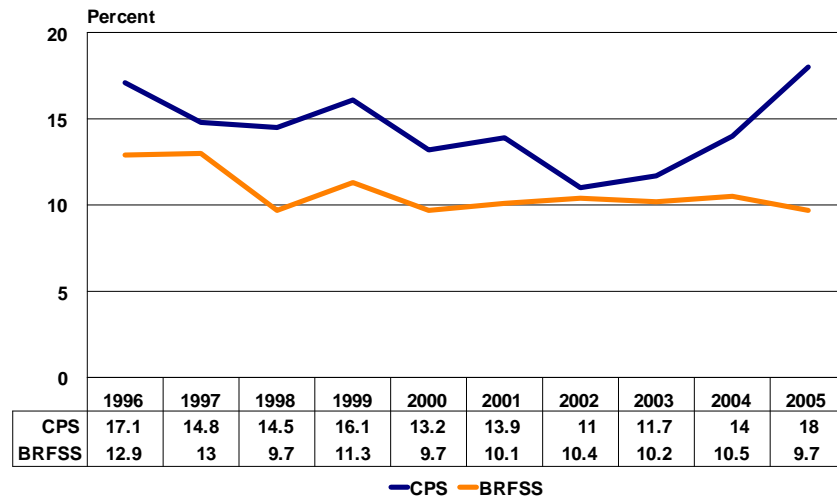
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
CPS	17.1	14.8	14.5	16.1	13.2	13.9	11	11.7	14	18
BRFSS	12.9	13	9.7	11.3	9.7	10.1	10.4	10.2	10.5	9.7

● CPS ● BRFSS

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1996-2005
Delaware Health and Social Services, 1996-2005 Behavioral Risk Factor Surveillance System

In the balance of this section, the current estimates of the uninsured will be presented. In addition, time series information will be used to show trends contained within those estimates. Finally, county level estimates will be provided along with a comparison of Delaware with the larger region.

The Uninsured 1982-2005

The point estimates for the number of persons without health insurance from 1982 to 2005 are shown in Figure 1-2 below. The term "point estimate" is used here to describe the results obtained from the CPS for a single year. There are several general observations that can be made about the information contained in this figure. First, the number of persons without

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Figure 1-2
Estimated Persons without Health Insurance
State of Delaware

	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Population	599	605	612	618	628	637	648	658	669	683	695	706	718	730	741	751	763	775	786	796	807	818	830	843
Uninsured	94	83	94	84	99	98	84	59	101	92	93	78	95	92	105	91	90	105	76	82	71	79	91	120

Calendar Year

●Population ●Uninsured

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1982-2005

Figure 1-3
Estimated Persons without Health Insurance
State of Delaware (3-year average)
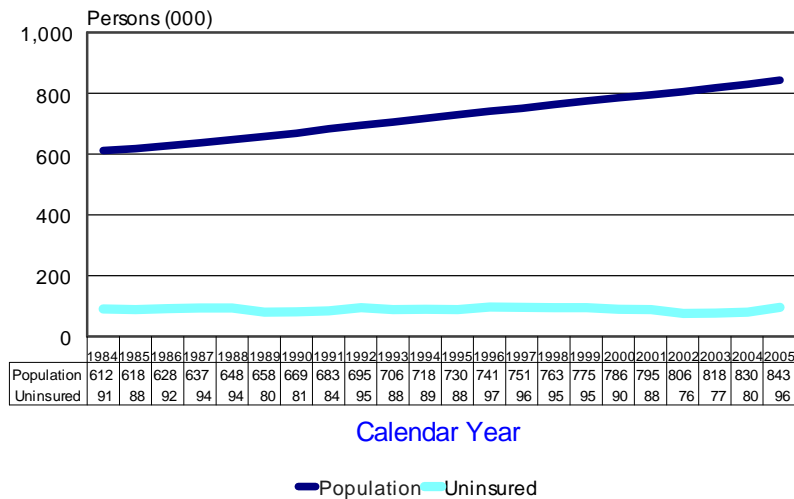
Persons (000)

	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Population	612	618	628	637	648	658	669	683	695	706	718	730	741	751	763	775	786	795	806	818	830	843
Uninsured	91	88	92	94	94	80	81	84	95	88	89	88	97	96	95	95	90	88	76	77	80	96

Calendar Year

●Population ●Uninsured

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1982-2005

health insurance in 2005 (120,000) increased substantially during the past year. The magnitude of the change is likely the result of random variation since the size of the swing (29,000) has only occurred once (1989) over the last two decades. In that instance, a swing of similar magnitude in the opposite direction was experienced a year later.

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Second, while the number of uninsured has averaged 90,000 over the period, the population of Delaware has increased by more than 244,000 since 1982. Had the number of uninsured kept pace with population growth, there would have been more than 38,000 additional persons without health insurance in 2005 based on the one-year estimate. Clearly, there are other factors operating that impact the number of uninsured apart from population growth.

Figure 1-3 shows the same information as a three-year moving average. This tends to remove some of the year-to-year fluctuations that are due to random variation associated with sample surveys. The number of uninsured varies between 76,000 and 96,000 over the entire period, which is a relatively small range given that the standard error is about 13,000. The sudden increase in the 1996 estimate appears to have been a statistical artifact that was not confirmed in either 1997 or 1998 (see Figure 1.2 above). A similar pattern occurred in 1999-2001. The 3-year average tends to moderate those movements.

Figure 1-4
Percent of Persons without Health Insurance
US, Delaware, and the Region

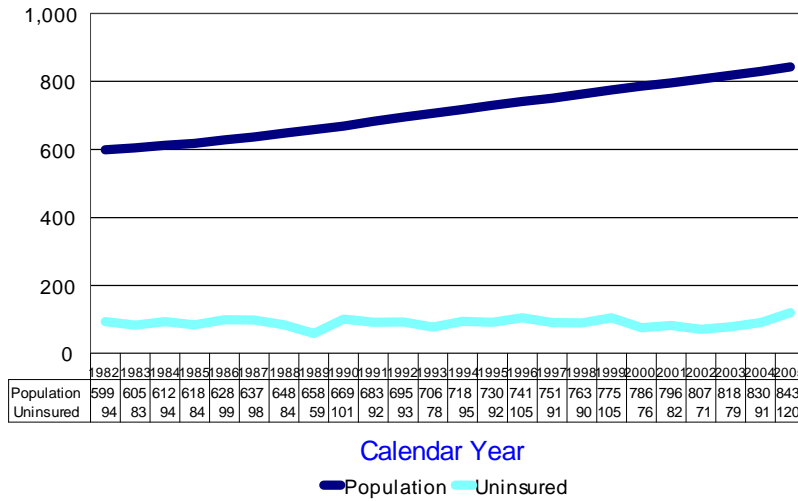| Area	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Delaware	15.1	14.4	15.1	15.1	14.9	12.6	12.4	12.5	14	12.8	12.7	12.5	13.6	13.2	13	12.7	11.9	11.3	9.7	9.7	9.9	11.8
Region	14	13.4	12.8	12.9	12.2	11	10.2	10.2	10.9	11.4	12	12.4	12.5	12.5	12.9	13.4	13.1	12.6	12.3	13	13.6	14.5
US	16.3	16.1	15.6	15.7	15.3	14.6	13.9	13.6	13.9	14.3	14.8	15.2	15.3	15.4	15.7	16	16	15.3	14.8	14.7	15.1	15.5

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1988-2005

The estimates for the proportion of the population in Delaware without health insurance, shown in Figure 1-4 above, have also shown distinct improvement since their recent peak in 1996. The rate has fallen over the years from about 15% in the 1986-1988 time period to approximately 10.0% in the early 2000s. Some of this is undoubtedly due to legislative and policy initiatives, but at least some of the shift may be attributed to favorable demographics. In either case, Delaware is better off.

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Also found in Figure 1-4 are comparative rates for the region which includes Maryland, Pennsylvania, New Jersey, and New York. From 1982 through 1992 Delaware's percentage of uninsured tended to be about 2% higher than that calculated for the entire region. However, as the graph shows, the percentage in the region began to rise after 1989 and has been flat or higher until very recently. Delaware's rates, although more variable, tended to fall during the same period. At least part of this has to do with Delaware's economy, until recently a job creation machine that was even able to absorb the impact of major job cuts by some of the state's larger employers. The CHIP program and the liberalization of Medicaid also contributed to the decline.

Figure 1-5
Percent of Persons without Health Insurance in Delaware
by County (3-year average)

	Kent	New Castle	Sussex	Delaware
1999-2001	15	10.5	10.9	11.3
2000-2002	15	8.8	8.2	9.7
2001-2003	14.1	9.1	7.6	9.7
2002-2004	12.9	9.6	8.4	9.9
2003-2005	11.7	11.5	12.5	11.8

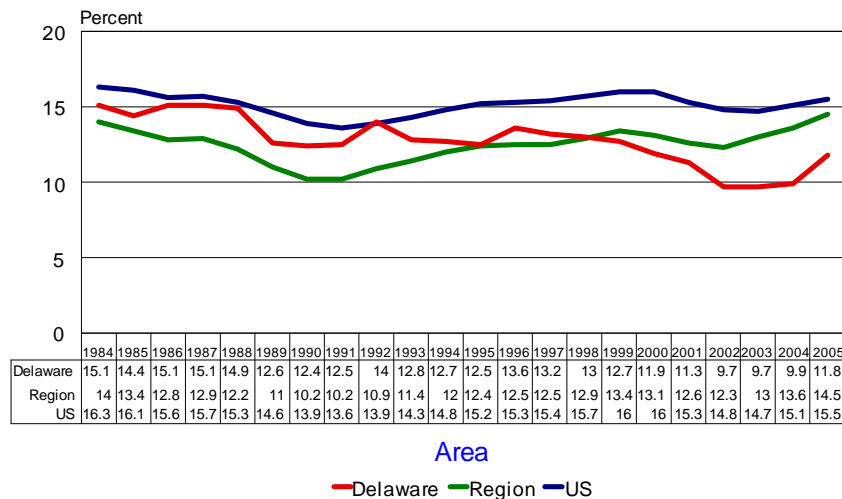Year

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

Since 1996, the Census Bureau has provided county level identifiers on the CPS data. The sample sizes are sufficient to produce some rudimentary estimates at the county level. Since the sample sizes are small in Kent and Sussex counties, more random variation can be expected. The percentage of uninsured in each county is found in Figure 1-5, above. These three-year averages show significant differences between the county rates. Residents of New Castle County enjoyed the lowest rate consistently during the three-year period and the rate has been declining. Kent County is highest, with the percentage of uninsured averaging close to 15%. However, when the 2005 data is added into the mix, the differences between the counties almost disappear. This, in part, is attributable to more robust economic conditions in Kent County, as net in-migration increased substantially, but the same could be said for Sussex County.

Figure 1-6
Persons without Health Insurance in Delaware
by County (3-year average)
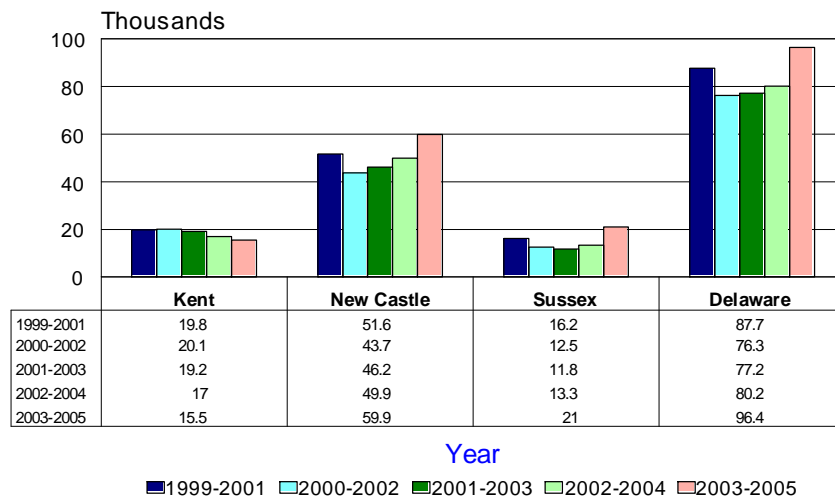
Thousands

	Kent	New Castle	Sussex	Delaware
1999-2001	19.8	51.6	16.2	87.7
2000-2002	20.1	43.7	12.5	76.3
2001-2003	19.2	46.2	11.8	77.2
2002-2004	17	49.9	13.3	80.2
2003-2005	15.5	59.9	21	96.4

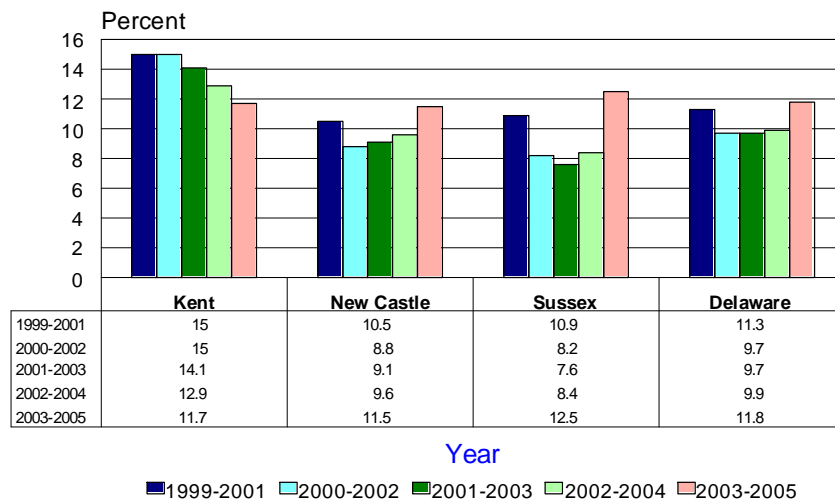Year

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

The estimates of uninsured persons by county are provided in Figure 1-6, above. New Castle County residents are the most numerous even though the rate is slightly lower. Almost 60% of the uninsured reside in New Castle County. The only major change is a substantial increase in the number of uninsured living in Sussex County.

There are several interesting questions that can be addressed by either the BRFSS or the CAHPS, information particularly about those who are without health insurance. Those respondents were asked, "About how long has it been since you had health coverage?" Their answers are displayed in Figure 1-7, below. The data is reported as a three year average since there is a great deal of variability in the responses given the sample size is constrained to the number of persons currently without health insurance. Even with that constraint, the results are quite consistent. A little more than 37% of the uninsured respondents report being without insurance for up to a year. These data suggest that the majority (almost 63%) of Delaware's uninsured adults have remained uninsured for a significant amount of time. The longer the period an individual is without coverage, the higher the likelihood that they will develop a need for medical services.

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Figure 1-7
Length of Time without Health Insurance in Delaware
1998-2002
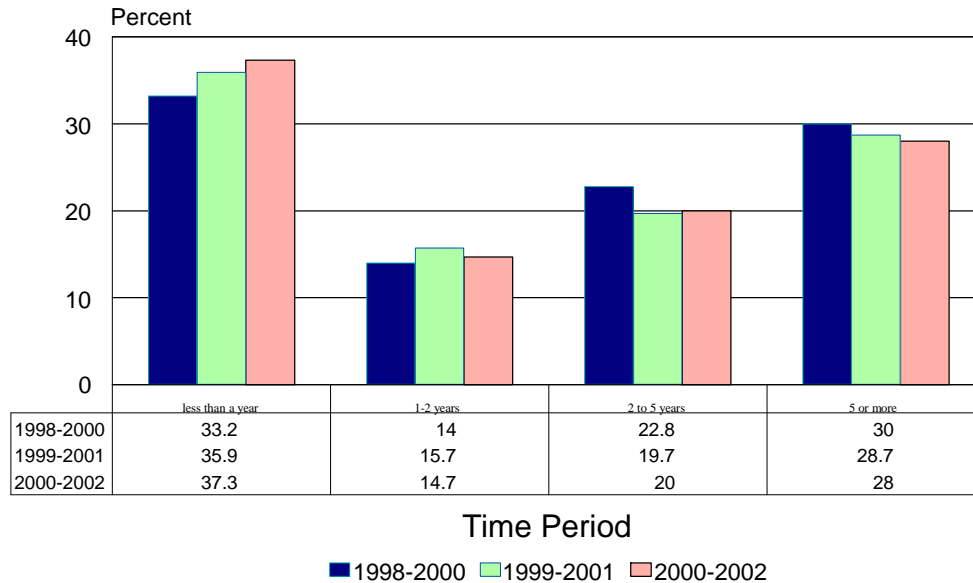
Percent

	less than a year	1-2 years	2 to 5 years	5 or more
1998-2000	33.2	14	22.8	30
1999-2001	35.9	15.7	19.7	28.7
2000-2002	37.3	14.7	20	28

Time Period

■1998-2000 ■1999-2001 ■2000-2002

Source: Center for Applied Demography & Survey Research, University of Delaware
Delaware Health Care Commission, 1998-2002 CAHPS Survey

If 63% of adult Delawareans remain uninsured for one year or more, there is a high likelihood that they may need medical services of some kind. In addition, it is also likely that routine preventative measures may be overlooked. The BRFSS gives some insight to this issue in a question addressed to all respondents. They were asked if they had needed to see a doctor in the past 12 months but could not because of the cost. Their answers are tabulated in Figure 1-8, below.

About 6% of the people who currently had health insurance answered affirmatively to that question. In contrast, those currently uninsured were six times more likely to say that they had to forego a visit with a doctor. Those same results apply equally well across the three counties.

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Figure 1-8
Needed a Doctor but too Costly
by Insurance Status and County
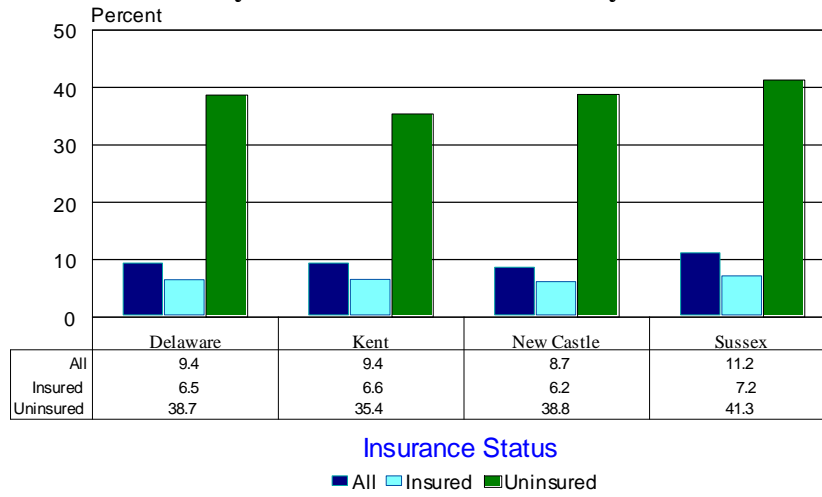
Percent

	Delaware	Kent	New Castle	Sussex
All	9.4	9.4	8.7	11.2
Insured	6.5	6.6	6.2	7.2
Uninsured	38.7	35.4	38.8	41.3

Insurance Status

■ All ☐ Insured ■ Uninsured

Source: Center for Applied Demography & Survey Research, University of Delaware
Delaware Health and Social Services, 2003-2005 Behavioral Risk Factor Survey

Figure 1-9
Health Status
by Insurance Status
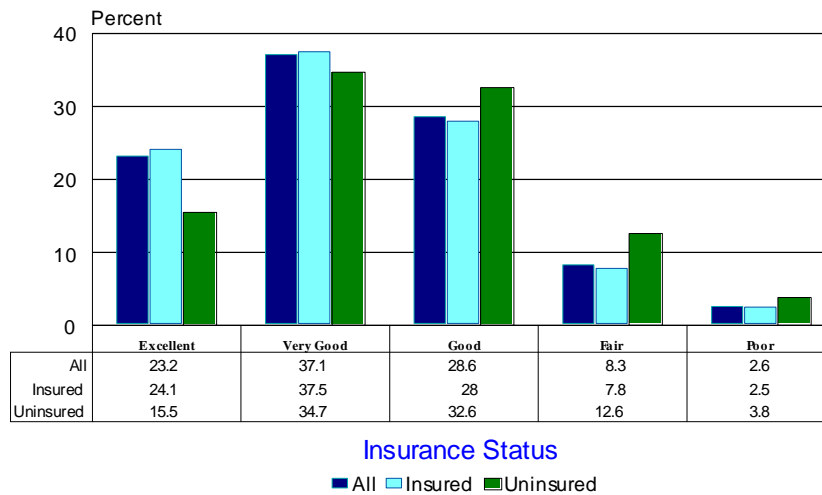
Percent

	Excellent	Very Good	Good	Fair	Poor
All	23.2	37.1	28.6	8.3	2.6
Insured	24.1	37.5	28	7.8	2.5
Uninsured	15.5	34.7	32.6	12.6	3.8

Insurance Status

■ All ☐ Insured ■ Uninsured

Source: Center for Applied Demography & Survey Research, University of Delaware
Delaware Health and Social Services, 2003-2005 Behavioral Risk Factor Survey

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There is also reason to be concerned about the uninsured and their need for medical coverage. They may need a doctor more often if their health status is less positive than those who are insured. Evidence to this possibility is found in Figure 1-9 above, where the uninsured tend to be less optimistic about their health status.

Figure 1-10
Emergency Room Use
by Insurance Status
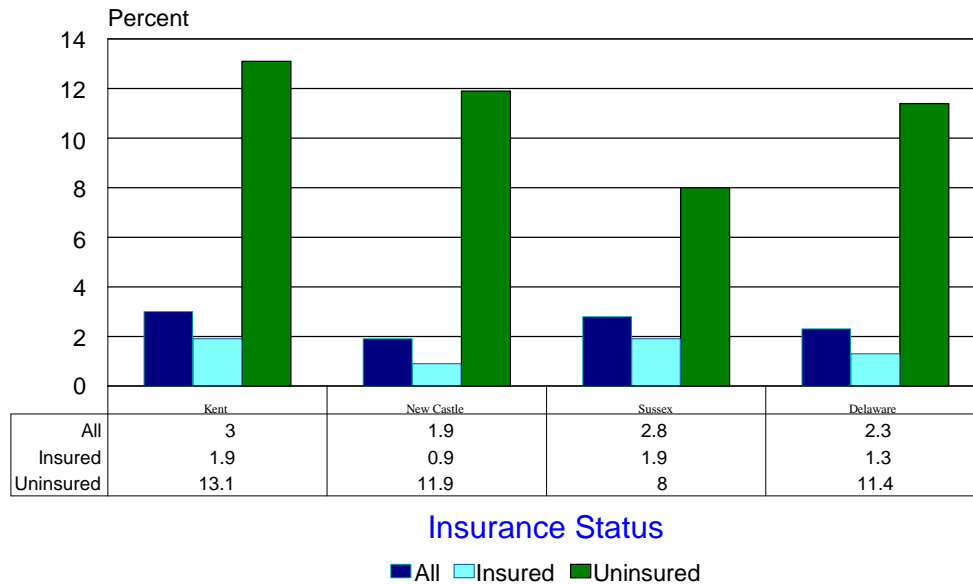
Percent

	Kent	New Castle	Sussex	Delaware
All	3	1.9	2.8	2.3
Insured	1.9	0.9	1.9	1.3
Uninsured	13.1	11.9	8	11.4

Insurance Status

■ All ☐ Insured ■ Uninsured

Source: Center for Applied Demography & Survey Research, University of Delaware
Delaware Health and Social Services, 2002 Behavioral Risk Factor Survey

One other often mentioned feature of the uninsured is that they tend to use expensive health services, the emergency room. This position is supported by the data displayed in Figure 1-10 above. A person who reports being without insurance during the last year is far more likely to use the emergency room than their insured counterparts. The data suggest that 10,000 uninsured people could potentially arrive at Delaware's emergency rooms in a typical year.

Finally, it is useful to understand something about how people obtain their health coverage. This can be particularly important in determining the amount of influence government policy can have on Delaware's population. Figure 1-11 below shows that Delawareans get their health insurance in many different ways. Excluding the 96,000 uninsured, about 197,000 people receive their health insurance through one of three government programs, Medicare, Medicaid, or one of several military sources (CHAMPUS). Medicare estimates are lower than what the state actually has enrolled (over 140,000). The difference is partly from the fact that people use

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multiple sources of insurance during the year and a recognized tendency of the CPS to underestimate this number. It is also apparent that Medicaid patients who receive their benefits as the result of a program other than one related to poverty, may not report being a Medicaid recipient. In 2004 Delaware had the fourth lowest poverty rate in the US and as a result only 75,000 people would have been qualified for Medicaid without other programs being involved. Finally, research also indicates that people tend not to report government-provided health benefits if they received them for less than six months.

The public sector at all levels insures some 71,000 residents. There is some state data that suggests this number is closer to 85,000. If it is, the numbers covered by the private sector are probably too high. Within the private sector there are two distinct groups. The large employers (more than 500 employees) are largely self-insured and don't utilize the insurance market in a conventional way. These account for the largest single group of residents numbering more than 197,000. The balance, some 240,000 obtain their insurance through smaller employers who purchase various group plans in the insurance market or obtain insurance as individuals.

Figure 1-11
Number of Persons in Delaware
by Source of Insurance
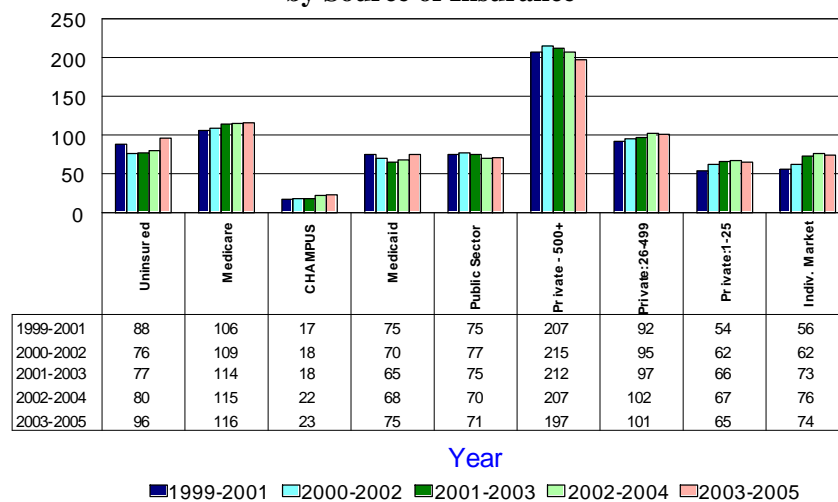
	Uninsured	Medicare	CHAMPUS	Medicaid	Public Sector	Private - 500+	Private:26-499	Private:1-25	Indiv. Market
1999-2001	88	106	17	75	75	207	92	54	56
2000-2002	76	109	18	70	77	215	95	62	62
2001-2003	77	114	18	65	75	212	97	66	73
2002-2004	80	115	22	68	70	207	102	67	76
2003-2005	96	116	23	75	71	197	101	65	74

Year

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census Current Population Survey, March 1999-2005

One interesting feature of this information, not found in Figure 1-11, is that many people report having multiple sources of health insurance over the year. For example in 2005, 14.9% of the population reported receiving Medicare, but only 4.5% say that Medicare was the only source

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of insurance that they had during the year. Similarly, 10% reported Medicaid as their source of coverage, but only 4% said that it was their only means of coverage. These two situations probably represent two different dynamics. Medicare recipients are quite often carrying additional insurance to cover any medical services not handled by that program. Medicaid recipients, on the other hand, seem to be more likely to move from some type of group coverage to Medicaid and back again as their life situation changes.

In conclusion, it should be noted that, while at any point there are approximately 11.8% of Delawareans uninsured, the proportion that are uninsured at some point during the year is closer to 19% based on national statistics. The same statistic derived from the Survey of Income and Program Participation, points to a median time without coverage of 5.6 months. This rate is lower than the one shown in Figure 1-7 above because children, who are less likely to experience periods without coverage, are included in the estimate. Overall, it appears that health insurance coverage in Delaware continues in the right direction and, with the addition of Medicaid managed care and the Children's Health Insurance Program, the proportion of uninsured Delawareans will at least be stable absent changes in other demographic and economic variables.

Labor Market Issues

Background

Health care coverage is inexorably linked to an individual's employment status along with the type and size of firm for which they work. Many Delawareans have recently experienced more instability in their labor market activity and this has, inevitably, affected aspects of their coverage. The factors producing this increased instability are varied and are both national and international in scope. There are, however, some basic trends that are important to understand since they are affecting and will continue to affect health care coverage in the years to come.

Figure 2-1
US Non-Agricultural Employment:
Selected Sectors 1939-2005

In Figure 2-1 above, the total employment for the United States from 1939 through 2005 is shown along with three of the ten employment sectors namely: manufacturing, services, and FIRE (finance, insurance, and real estate). The graph clearly shows the impact that the business cycle has had on total employment in the mid-1970s, the early 1980s, and the early 1990s. All of these economic events are likely to affect the percentage of persons without health coverage. The more subtle influence is related to the change in the structure of employment. Manufacturing

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employment reached its peak in the late 1970s and has been in a steady but very shallow decline
for the most part. Service industry employment increased steadily over the entire period and
began accelerating its growth when manufacturing employment was at its peak. In 1981, service
sector employment surpassed manufacturing employment and today it accounts for nearly twice
as much employment as manufacturing. This trend will probably continue unabated for the
foreseeable future.

Figure 2-2
Delaware Non-Agricultural Employment:
Selected Sectors 1939-2005
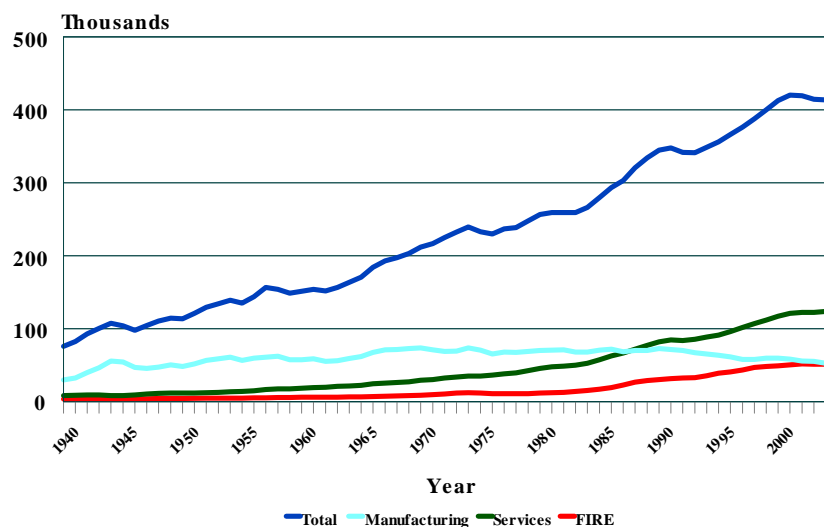
Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Labor Statistics, Delaware Department of Labor

The pattern was similar in Delaware, although the recession of the mid-1970s was more
severe and the later ones were perhaps less damaging than they had been nationwide. For
instance, statewide manufacturing employment peaked during 1989. This marked the end of the
expansion of the 1980s. Since then, the number of manufacturing jobs available to Delawareans
has dropped significantly and continues to fall even today. In 1986, four years after it happened
nationally, statewide service industry employment surpassed manufacturing employment. The
rate of growth in service sector employment in recent years has slowed somewhat compared with
the rate for the U.S. but this has been offset by the incredible growth in the FIRE sector.
Employment in the FIRE sector clearly exploded after the passage of the Financial Center
Development Act in the early 1980s. It continued to grow dramatically until the 1990-1991
recession. To most observers' surprise, the growth re-ignited in 1992 and continued until 2000

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when the economic downturn began. A comparison of the trends in Figure 2-1 and Figure 2-2 show this to be a Delaware phenomenon.

Figure 2-3
Average Annual Earnings by
Sector, Age, and Education
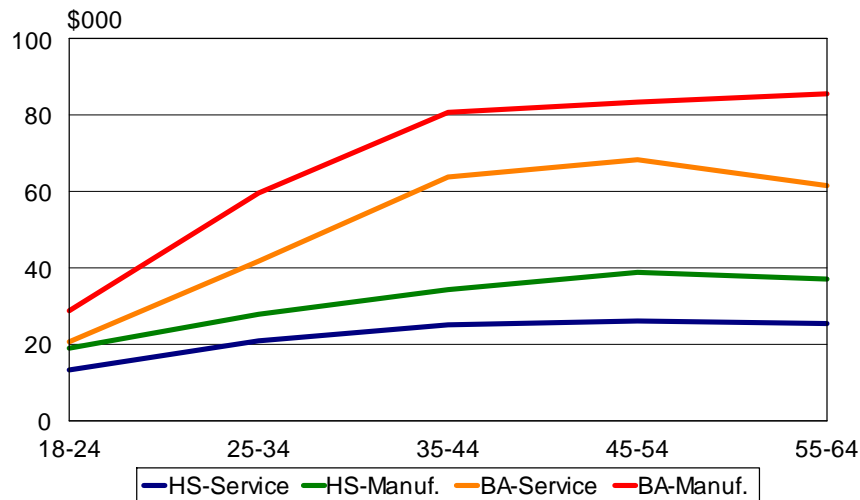
Source: Center for Applied Demography & Survey Research, University of Delaware
      US Bureau of Census Current Population Survey, March 2005

The importance of these inter-sector employment shifts is shown in Figure 2-3 above. Figure 2-3 shows the average annual earnings by age, education, and industrial sector. The top two lines represent annual earnings for college graduates in the manufacturing and service sector respectively. The bottom two lines depict the same information for high school graduates in the same two sectors.

The graph shows a difference of more than $40,000 in annual earnings between the two sectors for the higher level of education. The spread for high school education is now about $10,000. If the same health care benefits were offered in both sectors, the cost to employers would be a much larger proportion of the annual salary in the service sector than in manufacturing. This suggests that employees in the service sector will likely be offered fewer benefits.

In addition, those employed in manufacturing are much more likely to be represented in a collective bargaining unit, a union. They are also more likely to work full-time with significant overtime, which further reduces the impact of the cost of benefits on total compensation. In contrast, service sector workers are more likely to be employed by non-union companies and are

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much more likely to work part-time. These factors, coupled with the increasing number of
service sector workers relative to the number of manufacturing workers will tend to increase the
number of uninsured or under-insured people.

Firm Sector and Size

There are significant differences in both the level and pattern of the uninsured,
depending upon the type of industry in which an individual is employed. For instance, according
to Figure 2-4 below, construction workers frequently report being uninsured. Although it may be
noted that some construction workers are unionized, and are usually provided health coverage,
many more are either employed by a non-union company or are self-employed. Overall, it is
estimated that about 28% of all construction workers are uninsured.

Figure 2-4
Percent of Persons without Health Insurance in Delaware
by Industrial Sector
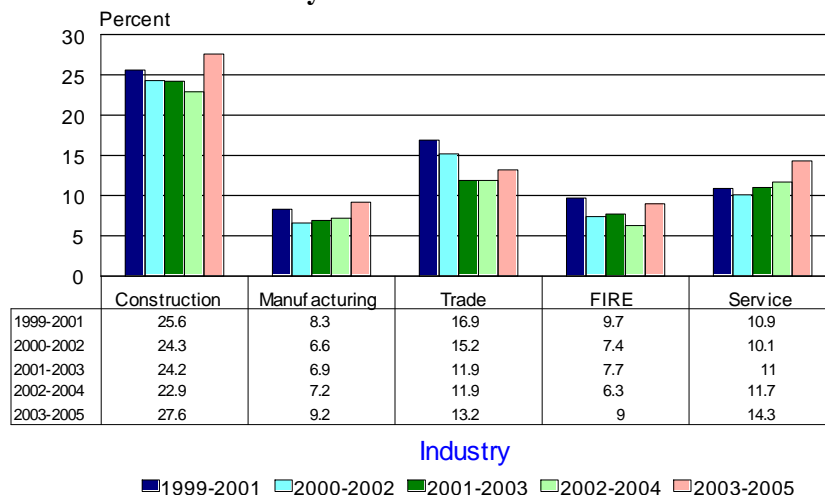
	Construction	Manufacturing	Trade	FIRE	Service
1999-2001	25.6	8.3	16.9	9.7	10.9
2000-2002	24.3	6.6	15.2	7.4	10.1
2001-2003	24.2	6.9	11.9	7.7	11
2002-2004	22.9	7.2	11.9	6.3	11.7
2003-2005	27.6	9.2	13.2	9	14.3

Industry

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 ■2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

Many persons employed in the trade industry (retail and wholesale) also find themselves
without health coverage. Because this sector is not heavily unionized and is reliant on a large
number of part-time workers (most of whom do not qualify for a typical health insurance
package), it is not unexpected that an estimated 13% of those employed in the trade industry
currently lack health coverage. The data since 1999 suggest that the trend for this industry is
improving.

Of the other industries represented in Figure 2-4, approximately 14% of all those
employed in the service industry are not offered or do not accept health insurance as part of a

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benefits package. This number appears to be increasing somewhat over the period. This probably reflects the changing nature of the service industry.

Roughly 9% of those currently employed in manufacturing and FIRE do not have health coverage. However, the proportion uninsured in both sectors is now increasing.

Finally, it also should be pointed out that the differences in coverage between industries are among the largest observed for any variable in this report. The importance of this information relates to the changing structure of the economy. As employment shifts from manufacturing to the service sector, the percentage of uninsured workers increases by more than 5%. The importance of the FIRE sector in Delaware cannot be overestimated at least with respect to health coverage. As the percentage of uninsured in the region has risen, Delaware's rate has either been falling or remaining steady. This appears, in large part, to be related to the increasing importance of the FIRE sector and to a less rapidly growing service sector.

The other important inter-sector shift that is subtler is associated with the nature of downsizing in Delaware's manufacturing sector. A significant portion of those employees who were "downsized" belonged to headquarters support operations as opposed to the factory floor. In many cases, those same employees started or joined firms that supplied services to their previous employer who simply wanted to "out-source" those functions. Many of these new jobs are classified as business services, part of the service sector, and are far from the typical "hamburger flipper" often discussed in the media. This has produced increases in annual earnings in the service sector that bodes well for benefit programs in the future.

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Figure 2-5
Percent of Persons without Health Insurance in Delaware
by Size of Firm
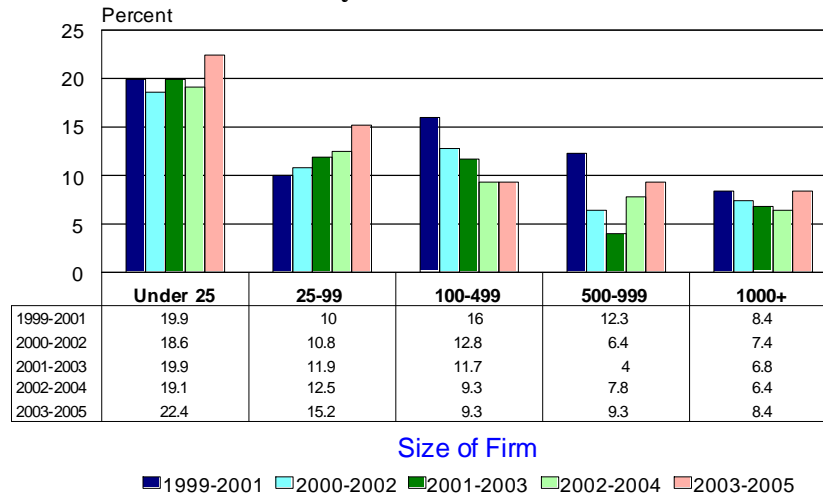
	Under 25	25-99	100-499	500-999	1000+
1999-2001	19.9	10	16	12.3	8.4
2000-2002	18.6	10.8	12.8	6.4	7.4
2001-2003	19.9	11.9	11.7	4	6.8
2002-2004	19.1	12.5	9.3	7.8	6.4
2003-2005	22.4	15.2	9.3	9.3	8.4

Size of Firm

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

Employees who work for small firms (under 25 employees) are far less likely to have health insurance than those that work for large firms (more than 1000 employees). Figure 2-5 above shows this relationship.

The graph shows that there are two distinct groupings: (1) firms with less than 25 employees where the percentage without health insurance is 22% and (2) firms with more than 500 employees where the percentage of those without health insurance is about 9%. The larger firms are perhaps more likely to be unionized at least to the extent that larger firms have a higher probability of being in sectors such as manufacturing. They are also more likely to pay higher wages, which makes the relative cost of health insurance more tolerable. From a tax perspective, the provision of health insurance also provides a convenient way to increase total compensation.

It appears that those working for the smallest firms are now less likely to have health insurance coverage in comparison with five years ago. Those firms with employees in the range 100-999 have also showed modest improvement. The larger firms with 1000 or more employees have remained roughly stable over the time series.

In conclusion, these data suggest that any effort to increase coverage must focus on smaller firms. Those firms will tend to provide lower levels of compensation, will probably use more part-time employees, and may offer less stable employment. However, they are growing

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faster and becoming a bigger part of the economy. This fact may tend to mitigate some of the negative factors over time. On the other hand, the large firms with better coverage are becoming smaller and that does not help the long-term outlook. There is no doubt, however, that all of these factors will tend to make the goal of better access to health care a challenge for the foreseeable future.

Employment Status and Class

Some form of group health insurance covers approximately 70% of all Delawareans. The majority of them are covered through their employer and therefore any disruption in employment will undoubtedly increase the likelihood that coverage will lapse. Coverage may not automatically lapse since another worker in the family may also cover them, or the employees may extend the coverage through payments themselves, or the individual may qualify for some government plan like Medicaid or Medicare. Still, the disruption is significant as is shown in Figure 2-6, below.

Figure 2-6
Percent of Adults without Health Insurance in Delaware
by County and Employment Status
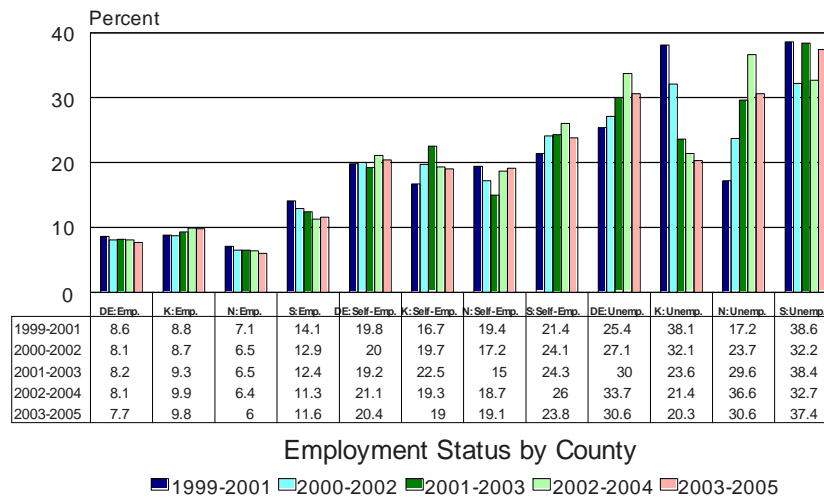
	DE:Emp.	K:Emp.	N:Emp.	S:Emp.	DE:Self-Emp.	K:Self-Emp.	N:Self-Emp.	S:Self-Emp.	DE:Unemp.	K:Unemp.	N:Unemp.	S:Unemp.
1999-2001	8.6	8.8	7.1	14.1	19.8	16.7	19.4	21.4	25.4	38.1	17.2	38.6
2000-2002	8.1	8.7	6.5	12.9	20	19.7	17.2	24.1	27.1	32.1	23.7	32.2
2001-2003	8.2	9.3	6.5	12.4	19.2	22.5	15	24.3	30	23.6	29.6	38.4
2002-2004	8.1	9.9	6.4	11.3	21.1	19.3	18.7	26	33.7	21.4	36.6	32.7
2003-2005	7.7	9.8	6	11.6	20.4	19	19.1	23.8	30.6	20.3	30.6	37.4

Employment Status by County

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 ■2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
Delaware Health and Social Services, 1999-2005 Behavioral Risk Factor Survey

The information reported in Figure 2-6 shows that the probability of being without health insurance increases by nearly a factor of four when the individual is unemployed. The percentage on the average rises from about 8% to in the vicinity of 30% as the individual's employment status changes. There is considerably more volatility in the estimates in Kent and Sussex counties

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because of small sample sizes, but the relationship mirrors that in New Castle County where sample size is not a problem. While those that are self-employed are also found in relatively small numbers in the BRFSS survey, the lack of health insurance is more than twice as prevalent as that of those with traditional employment. This finding exhibits little change over the time series and is found in all three counties.

The other piece of information that deserves comment is the relative differences between the coverage for employed workers in the three counties. The rate in New Castle County is significantly lower than those observed in Kent and Sussex counties. Following the earlier argument, this probably arises from differences in the economic base, since larger firms with higher wages and more stable employment are located primarily in the northern part of the state.

Figure 2-7
Percent of Persons without Health Insurance
by Receipt of Unemployment Compensation and Area
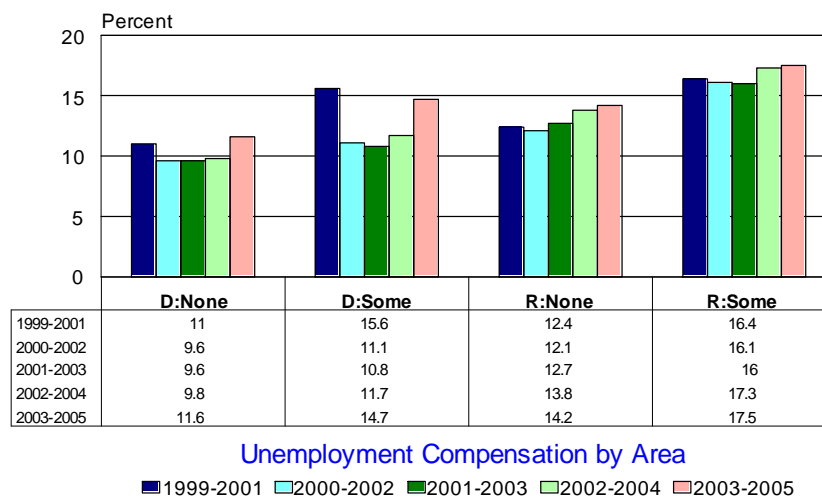
	D:None	D:Some	R:None	R:Some
1999-2001	11	15.6	12.4	16.4
2000-2002	9.6	11.1	12.1	16.1
2001-2003	9.6	10.8	12.7	16
2002-2004	9.8	11.7	13.8	17.3
2003-2005	11.6	14.7	14.2	17.5

Unemployment Compensation by Area
■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

In Figure 2-7 above, further evidence is found about the relationship between insurance coverage and employment status. In this analysis, the receipt of unemployment compensation is used as an indicator of an interruption of employment at some point during the year. In both Delaware and the region, there is a significant rise in the lack of health coverage associated with receiving benefits. While the effect is more muted than in Figure 2-6, where a more direct measure was available, the percentage is always higher in the region where the sample size permits a better estimate.

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The final graph in this section of the report represents the percentage of workers without health insurance in Delaware and the region as indicated by three broad classes namely: private sector workers, government workers, and the self-employed. In Figure 2-8 below, Delaware workers in the private sector average more than 3% fewer uninsured than those in the region. Within the private sector, Delaware seems to be improving slightly over the time period, which is consistent with the increase in workers in the FIRE sector. The rates in the region, for the private sector, have stabilized.

It is no surprise that government employees both in Delaware and the region are far more likely to have health insurance than the private sector in general. Government rates are comparable with very large private sector firms operating in a unionized work place. The only government workers who are likely to lack coverage are temporary/part-time workers or private contractors.

Figure 2-8
Percent of Persons without Health Insurance
by Class of Worker and Area
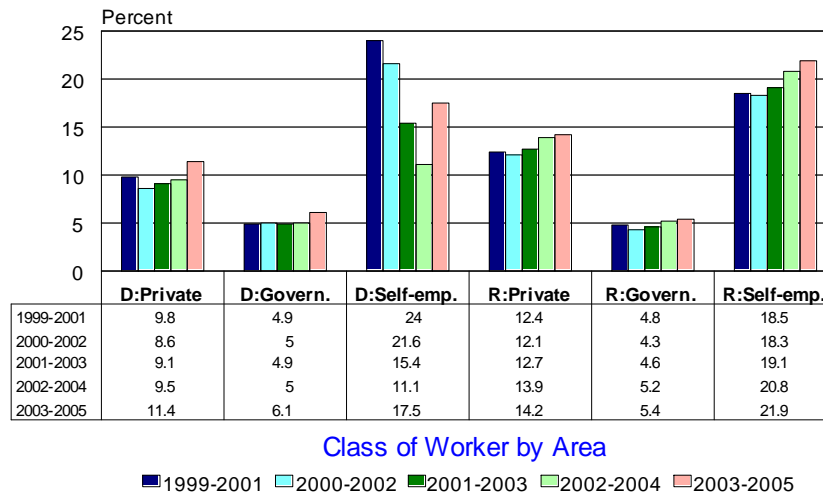
	D:Private	D:Govern.	D:Self-emp.	R:Private	R:Govern.	R:Self-emp.
1999-2001	9.8	4.9	24	12.4	4.8	18.5
2000-2002	8.6	5	21.6	12.1	4.3	18.3
2001-2003	9.1	4.9	15.4	12.7	4.6	19.1
2002-2004	9.5	5	11.1	13.9	5.2	20.8
2003-2005	11.4	6.1	17.5	14.2	5.4	21.9

Class of Worker by Area

■1999-2001 ☐2000-2002 ■2001-2003 ☐2002-2004 ☐2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

A more interesting structural shift, which has been underway for some time, is that government workers are representing a smaller proportion of the labor force, since that sector is growing less rapidly than employment overall. This implies that the percentage of uninsured workers will tend to rise, even if all the rates within these classes remain constant.

The information about the self-employed corroborates the information from the BRFSS discussed earlier. The data for the region, however, shows that the significant upward trend previously identified has moderated. There is a variety of potential explanations. One reason, which is consistent with other data, is that tight labor markets have allowed many of those previously classified as "self-employed" to find work and to gain benefits. Those that remain self-employed are likely to be financially stronger and better able to obtain health insurance.

Demographic Characteristics

Background

Labor market characteristics are only some of the variables that play a role in influencing the proportion of people without health insurance. Demographic variables also may help explain a population's lack of health insurance. Others simply provide a convenient method for describing this condition among subsets of the population. Both will be addressed in this section.

Before returning to the health insurance issue, a few important factors driving population growth need to be addressed. In the first section of the report, it was reported that the number of uninsured had remained reasonably stable while the population increased substantially. There are, however, some recent indications, also discussed in the previous section, that future population increases could be accompanied by increasing numbers of uninsured. For that reason, it is important to understand how Delaware is growing.

Figure 3-1
Population of Delaware and Counties
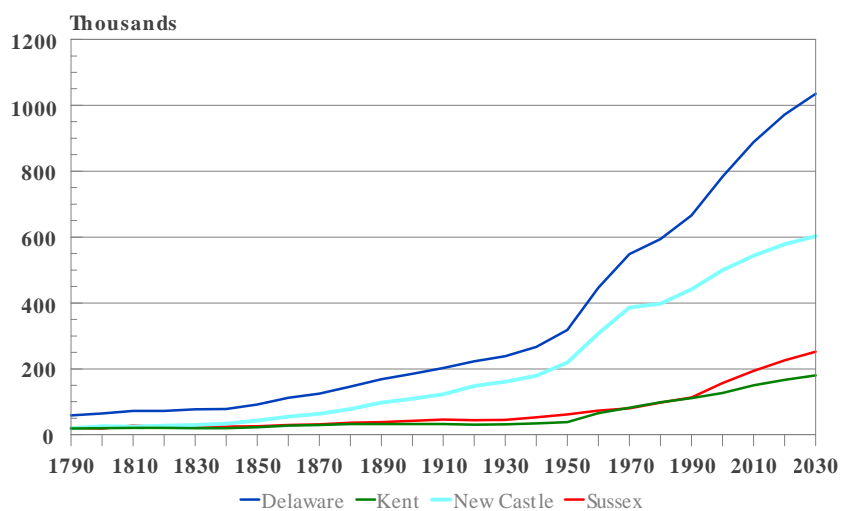
Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Decennial Census 1790-2030
Delaware Population Consortium, October 2005

In Figure 3-1 above, the pattern of population growth for the state and for each county is shown from the first U.S. census in 1790 through the current 30-year projection in 2030. The state grew at a fairly steady rate from 1840 to 1950, when population growth began to explode. This pattern continued unabated for 20 years until the oil-crisis induced recession and the

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migration to the "sun-belt" began. Population growth resumed in 1980, although at a much slower rate, and is predicted to continue to grow at rates around 1% annually. Kent County continues to grow more rapidly in the short-term(3%) and then will grow at rates that are consistent with those observed in the last 50 years. Sussex County has been growing at a rate of 2.5% per year approaching those observed in New Castle County during 1950-1970.

If current conditions continue, this population growth would likely generate another 15,000-20,000 uninsured persons over the next 30 years. But, current conditions, especially those in the labor market, are unlikely to continue. In fact, global competition and pressure on production costs may cause employers to rethink the total compensation package. The structural changes in the labor market alone will probably lead to an increase in the uninsured. Legislative changes and innovative government programs may also act to mitigate any increase in those numbers. However, it is difficult to speculate as to how these different factors will average out.

Figure 3-2
Sources of Population Growth in Delaware

Source: Center for Applied Demography & Survey Research, University of Delaware

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Figure 3-2 above illustrates the components of Delaware's population growth since 1980. The darkest (blue) line in the graph represents annual population growth. It has been as little as 2,000 persons in 1982, at the end of the recession, and as much as 13,000 persons just after the economy peaked in 1990.

Overall growth is dependent upon two components: natural increase and net migration. Natural increase is the number of births to Delaware residents less the number of Delaware residents that die. That quantity is represented by the lightest(red) curve in Figure 3-2 and has been around 4,500 per year until the "baby boomlet" started in 1985 and ended in 1991.

Net migration, which is the result of persons moving into Delaware less persons moving out of Delaware, is clearly the volatile component of the growth picture. It has moved from net out-migration in 1980 of -5000 to a high of +9000 net in-migration in 2005. It then fell during the recession years of the early 1990s and today accounts for more than half of all population growth. From these data, it is easy to see that Delaware's population growth is heavily influenced by local labor market conditions. Delaware's economy has consistently produced unemployment rates below those for the nation and region and has continued to generate new jobs sufficient to attract net in-migration. The characteristics of those jobs, in particular their health benefits, can and probably have affected coverage rates in Delaware.

Household Composition

The size and structure of the households, within which individuals live, has much to do with the probability of having health care coverage. Each of the variables addressed in this section, to include household size, marital status, and relationship to head of household, give a slightly different slant on the problem. Figure 3-3 below, contains information about the percentage of uninsured in relation to household size within Delaware and the region. The most disadvantaged group is the single person household. The percentage of uninsured is well above the proportions for most of the other categories. Single person households also fare somewhat better in Delaware than in the region. Those individuals are somewhat disadvantaged since there is no second worker in the household to share the risk of losing coverage. They are also more likely to be a younger person at the low-end of the life cycle of earnings and are more likely to work in a job that does not provide health insurance coverage. Of course, the rate is reduced somewhat by older persons living alone who are covered by Medicare.

Figure 3-3
Percent of Persons without Health Insurance
by Household Size and Area
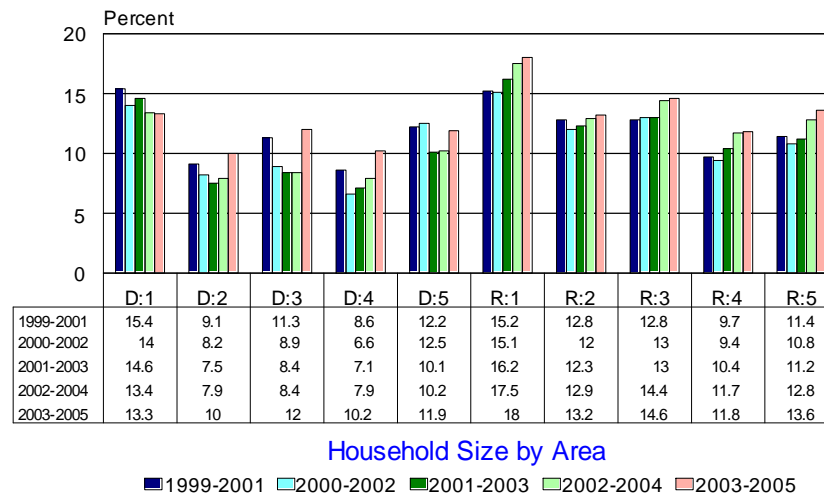
	D:1	D:2	D:3	D:4	D:5	R:1	R:2	R:3	R:4	R:5
1999-2001	15.4	9.1	11.3	8.6	12.2	15.2	12.8	12.8	9.7	11.4
2000-2002	14	8.2	8.9	6.6	12.5	15.1	12	13	9.4	10.8
2001-2003	14.6	7.5	8.4	7.1	10.1	16.2	12.3	13	10.4	11.2
2002-2004	13.4	7.9	8.4	7.9	10.2	17.5	12.9	14.4	11.7	12.8
2003-2005	13.3	10	12	10.2	11.9	18	13.2	14.6	11.8	13.6

Household Size by Area

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

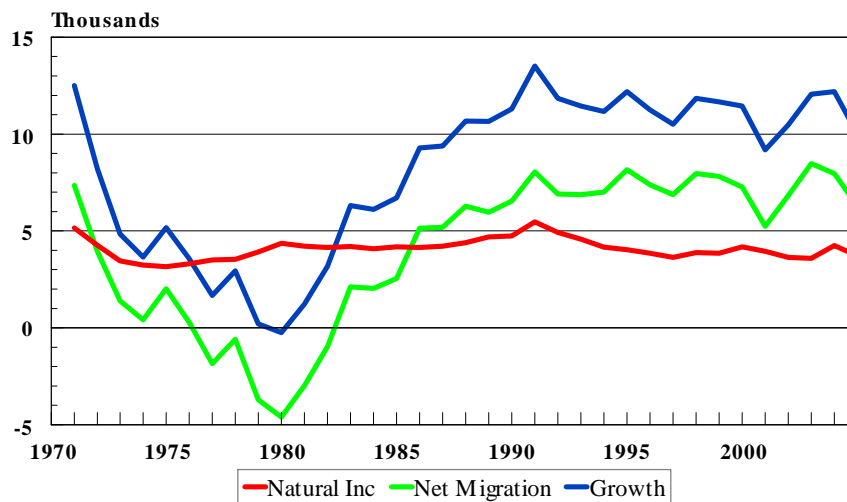Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

Two and four person households were least likely to report lacking health coverage. The two-person household has a high probability of being a married couple with two incomes. The four-person household is also likely to have two working adults within it. The three-person household is a mixed picture since it also includes a single parent with two minor children, thus the risk of being without coverage rises. Overall the relationship between household size and the lack of health insurance coverage in Delaware tracks well with that of the region.

Marital status is closely linked to household size and composition. This relationship can be easily seen in Figure 3-4 below. For instance, the lowest rates observed over the period, usually under 3%, are reported by the widowed. This is expected since the largest majority of this group is qualified for Medicare. Thus, age may have more to do with their higher insurance rate than marital status. Married people have the next lowest rate, 8.3%. Married couples, with or without children, usually have two chances to obtain coverage. That may not be true if one spouse is not in the labor force or only works part-time. Still, the probabilities of having health insurance increases and household members are more likely to be protected against the loss of coverage during times when one or the other is unemployed.

Figure 3-4
Percent of Persons without Health Insurance
by Marital Status and Area

	D:Mar.	D:Wid.	D:Div.	D:Sep.	D:Nev.	R:Mar.	R:Wid.	R:Div.	R:Sep.	R:Nev.
1999-2001	7.1	4.4	11	18.1	15.7	9.2	5.2	16.1	19.7	15.8
2000-2002	6.4	3.1	11.2	12.3	13.4	9.2	5.1	15.4	19	15.4
2001-2003	6.3	2.6	10.2	8.3	14	9.5	4.7	15.5	19.7	16.4
2002-2004	6.3	2.3	9.7	7	14.6	10.6	4.4	17	22.7	17.8
2003-2005	8.3	3.5	13.4	12.6	15.8	10.9	4.6	17.4	22.9	18.1
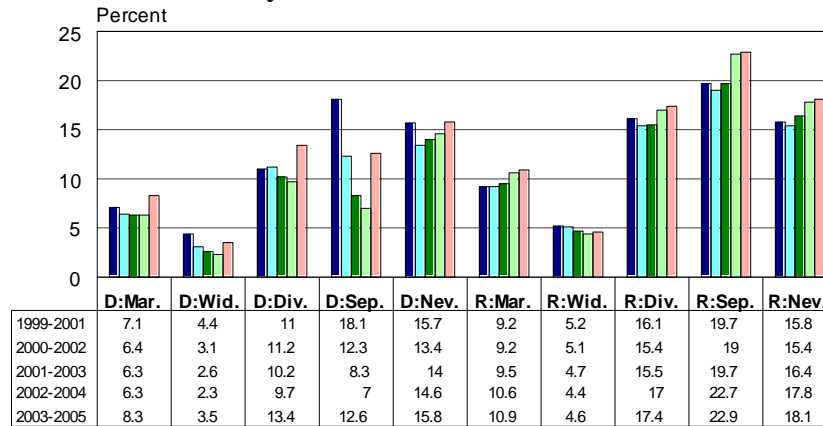
Marital Status by Area

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

Younger adults heavily populate the "never married" category and, as will be explained later, are less likely to have coverage. For this reason, their risk of being uninsured is about twice that of a married person.

The last two groups, which are usually one-adult households, are interesting for different reasons. First, the "separated" group in Delaware is quite volatile but has been declining. This group is typically a transitional one and the person will probably move on to the divorced category. The separated person's lack of coverage is now lower than that of the divorced person. Presumably this convergence is related to legal arrangements made to retain coverage until a final disposition of the marriage is reached. Once the person is divorced, the probability of having coverage will depend in large part on the person's labor force status. It should be kept in mind that a significant number of people in this category are making major transitions and may suffer significant income losses. Interestingly, Delawareans in this category are significantly better off than their regional counterparts.

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Figure 3-5
Percent of Persons without Health Insurance in Delaware
by Relationship to Head

	Head	Spouse	Under 18	18+	Relative	Other
1999-2001	8.9	7.1	7.4	23.7	24	28.3
2000-2002	8.2	6.2	5.8	20.1	24.3	23.3
2001-2003	8	6	6.5	17.9	26.5	24.7
2002-2004	7.4	5.9	6.5	19.5	29.6	25.3
2003-2005	8.8	8	7.2	23.5	33	22.9

Relationship

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

The final demographic variable in this series is relationship to the head of household. Figure 3-5 above depicts its association with the risk of being without health insurance. There are, once again, two distinct groupings. First, there are the typical spouses and minor children whose risk levels are around 8%. (This group of children excludes many who are not the children of the head of household but are living in the house.) The head group also includes all of those single person households whose risks were also elevated. This is the reason why the spouse group has less risk of being without health insurance. Minor children are dependent on the adult(s) health insurance coverage and there may be either one or two adults in the household. Thus, the risk will always be higher than that for the spouse group where there must be two married adults in the household.

The second major grouping includes adult offspring who are living at their parent's home, relatives or non-related persons. The risk level for all three groups is at least three times that of the first group. With the exception of full-time students who still might be covered by their parent's insurance, all will require health insurance through some other means. The fact that they are adults living in a household, where they are not the head or spouse in the household, suggests that they are less likely to be active labor force participants. In addition, there are children in these groups as well.

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Taken together these demographic variables point in the same direction. Does the person have multiple opportunities to obtain health insurance coverage? For instance, households that contain two married adults have a lower risk not only for themselves, but also for any minor children. Unfortunately, demographic trends do not favor this model. First, from 1990 to 2000 the number of single person households rose from 23% of all households to 25% and is continuing to grow. Second, those living in non-family households rose from 13% in 1990 to 16% in 2000. The number of married couple households with or without children has fallen from 57% in 1990 to 51% in 2000. Finally, the number of children under the age of 18 living with only one parent has risen from 19% to 26% over the decade. None of these trends favors reducing the risk of being without health insurance coverage and it is unlikely that those trends will be easily reversed.

Age Structure

By and large, age appears to be a factor that influences the probability a person has health coverage. The most obvious example is the relationship between age and one's eligibility to qualify for Medicare, i.e. the person is 65 years old or older. Thus, the question for that age group must focus on the extent of coverage and not on its existence.

Because almost all persons 65 years and older have access to health coverage, only the percentage of persons without health insurance coverage for the other age groups is found in Figure 3-6 below. In both Delaware and the region, dependent children, those under the age of 18, have the lowest risk of being uninsured. Only about 11% of them are estimated to lack health coverage. Their uninsured rate is somewhat higher than it was in Figure 3-5, which imposed the additional requirement that they also live in and were related to the head of household. Thus, it should be remembered that the following graph contains information for all children, regardless of their living arrangement. Only recently has the CHIP program affected these measurements.

For a variety of reasons, persons aged 18-29 were most likely to report being uninsured. In both the state and the region, the risk of not having health coverage for this group is more than 23%. There is really no improvement in the time series presented here. This group suffers from a multitude of disadvantages. First, they are more likely to be unmarried. Second, they are more likely to hold lower paying jobs which provide no health benefits. Third, because their income levels are generally lower, it is often difficult for them to purchase private insurance. Fourth, since they are generally healthy, it may seem reasonable not to expend the additional resources

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needed to purchase health coverage. As this group ages into the next group, aged 30-64, the risk begins to fall as those disadvantages recede.

Figure 3-6
Percent of Persons without Health Insurance
by Age Group and Area

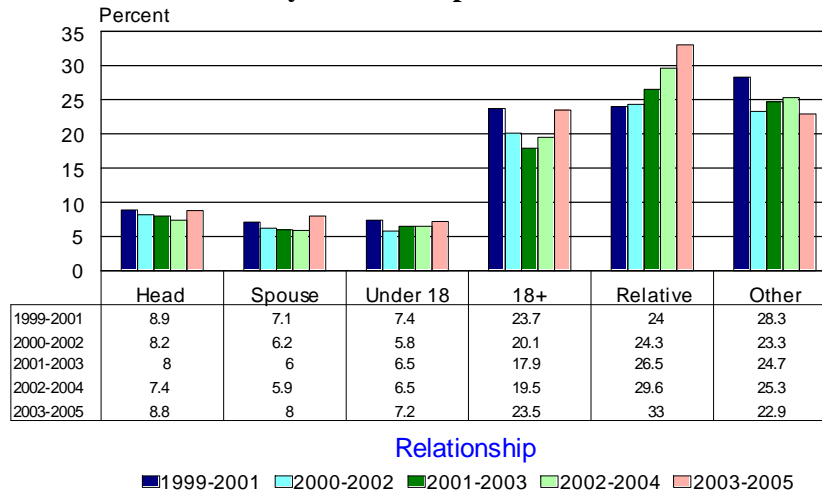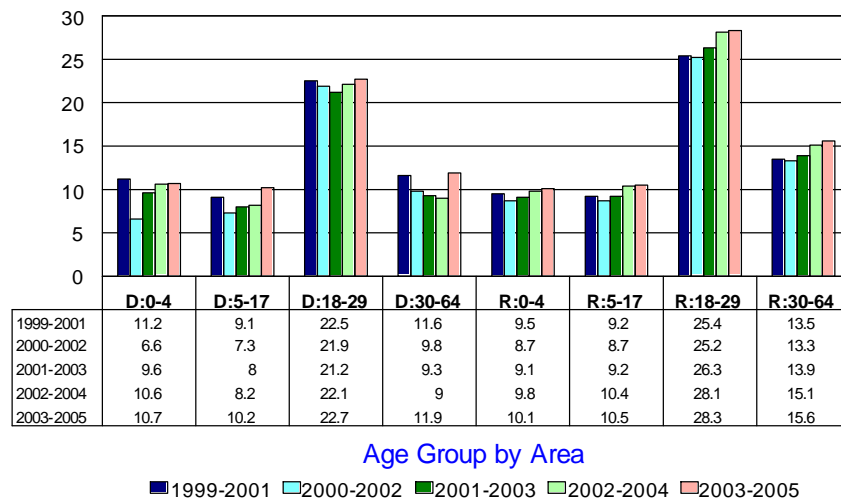|	D:0-4	D:5-17	D:18-29	D:30-64	R:0-4	R:5-17	R:18-29	R:30-64
1999-2001	11.2	9.1	22.5	11.6	9.5	9.2	25.4	13.5
2000-2002	6.6	7.3	21.9	9.8	8.7	8.7	25.2	13.3
2001-2003	9.6	8	21.2	9.3	9.1	9.2	26.3	13.9
2002-2004	10.6	8.2	22.1	9	9.8	10.4	28.1	15.1
2003-2005	10.7	10.2	22.7	11.9	10.1	10.5	28.3	15.6

Age Group by Area

■1999-2001 □2000-2002 ■2001-2003 ■2002-2004 ■2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

Given these very predictable differences, the way the age distribution changes over time will have a definite impact on the overall level of health insurance coverage in Delaware. This progression is found in Figure 3-7 below. In 2000, the largest age group is 40-64 and contains about 30% of the population. This group contains the boomers and will continue to be the largest population cohort through the next 30 years.

There are several observations to be made about Figure 3-7 below. First, the proportion of the population ages 0-19 and 20-39 decreases steadily over the coming decades. The falling proportions in these groups are part of the reason Delaware's health coverage rates have been stable. As the proportion of population in the two oldest groups increases, overall risk of being uninsured should fall. As the "baby boomers" age (and they represent a significant part of the age distribution), their overall risk level should decrease. The real issue, therefore, will be economic conditions in the state and in the nation as this huge group reaches what would normally be their peak earning years.

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Figure 3-7
Age Structure in Delaware
1950-2030

	1950	1960	1970	1980	1990	2000	2010	2020	2030
65+	26320	34491	43833	59179	80285	102078	135280	185624	245015
40-64	87470	115303	141107	153055	173946	239271	300586	307484	298523
20-39	101461	122979	146450	190259	225616	225906	223348	239947	245011
0-19	102834	173519	216669	191845	186321	218980	228661	238535	246511

Age Groups
■ 0-19 □ 20-39 ■ 40-64 □ 65+

Source: Center for Applied Demography & Survey Research, University of Delaware
Delaware Population Consortium, October 2005

Will they be the victims of another round of downsizing? Will they become frustrated with the lack of advancement since there are so many competing for the same jobs? Will they turn to self-employment as a means of increasing their standard of living? All of these are unknown at this point but are likely to have an effect either positive or negative on health insurance coverage. This aging population will also put pressure on health care costs and will probably alter the behavior of employers.

Income and Poverty

Economic wellbeing has two different effects on the probability of having health insurance coverage. At the low end of the income spectrum, there are programs such as Medicaid available as part of the social safety net. Individuals at the high end of the income spectrum have the assets and income that allow them to be unconcerned about insuring their health. They can afford to take the risk. The biggest problem arises among those that do not qualify for a government program, cannot afford insurance, and certainly cannot pay the medical bills if their luck runs out. Figure 3-8 below provides data with respect to annual income and lack of health insurance.

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Figure 3-8
Percent of Persons without Health Insurance
by Household Income and Area
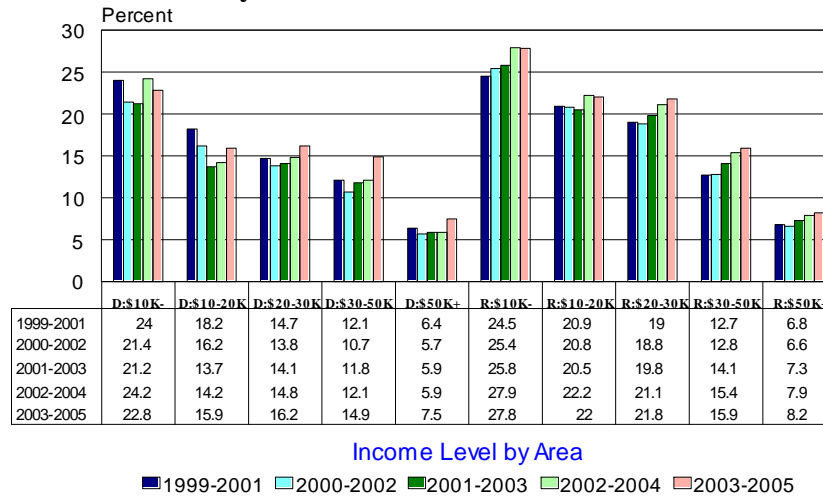
	D:$10K-	D:$10-20K	D:$20-30K	D:$30-50K	D:$50K+	R:$10K-	R:$10-20K	R:$20-30K	R:$30-50K	R:$50K+
1999-2001	24	18.2	14.7	12.1	6.4	24.5	20.9	19	12.7	6.8
2000-2002	21.4	16.2	13.8	10.7	5.7	25.4	20.8	18.8	12.8	6.6
2001-2003	21.2	13.7	14.1	11.8	5.9	25.8	20.5	19.8	14.1	7.3
2002-2004	24.2	14.2	14.8	12.1	5.9	27.9	22.2	21.1	15.4	7.9
2003-2005	22.8	15.9	16.2	14.9	7.5	27.8	22	21.8	15.9	8.2

Income Level by Area

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

Persons whose annual income is under $20,000 per year have a risk of about 1 in 5 of being without health insurance coverage. In the lowest income category, Delaware averages better than the region as a whole. As income increases, the percentage of persons without coverage falls. At the $50,000 and over level, about 8% or 1 in 12 are without health insurance but some of those may have sufficient assets to warrant self-insurance. This strong relationship undoubtedly represents the fact that health insurance as a percentage of total compensation falls as income rises and thus holders of those jobs are likely to be given those benefits.

Poverty is a function of two variables, household income and household size. It is poverty status that tends to be used to define who is eligible for government health insurance programs. In Figure 3-9 below data are found relating poverty to the lack of health insurance coverage. There seems to be very little difference between those below poverty and the near poverty group, which is between 1.0 and 1.5 of the poverty level. The effect of Medicaid serves to keep the rate somewhat lower for those below poverty than it would be in the absence of the program. Some people in the second group also qualify for Medicaid, but the proportion is smaller than in the below poverty group. The trend for the lowest group is in the right direction.

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Figure 3-9
Percent of Persons without Health Insurance
by Poverty Level and Area

Percent

	D:Below	D:1.0-2.0	D:2.0-3.0	D:3.0+	R:Below	R:1.0-2.0	R:2.0-3.0	R:3.0+
1999-2001	23.1	19.2	11.8	6.7	24.7	20.1	14.5	7.4
2000-2002	19.7	16.6	10.9	6.1	25.4	20.2	14.1	7.1
2001-2003	19.5	15.6	12.1	6.1	25.9	20.3	15.4	7.7
2002-2004	23	16.3	13	5.6	28	22.4	15.7	8.1
2003-2005	23.2	18.7	14.3	7.4	27.9	22.6	16.4	8.3

Poverty Level by Area

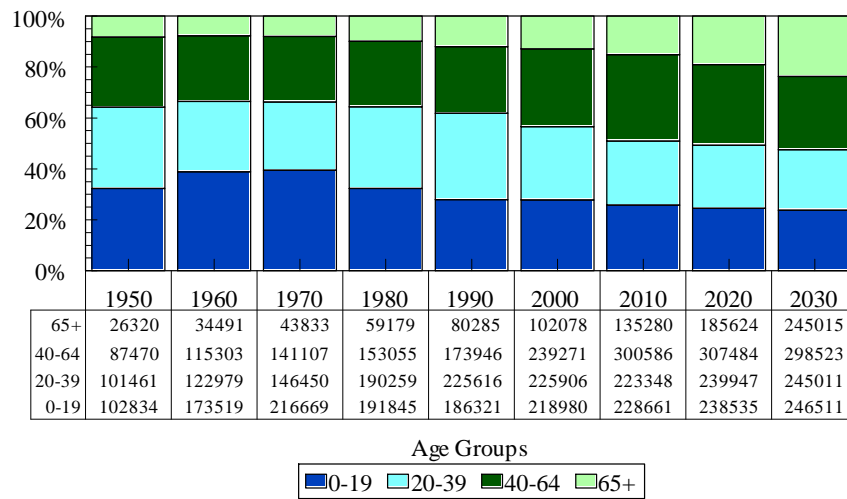■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

Overall, the percentage of persons without health insurance falls as the distance from the below poverty group increases. The lowest level of risk appears to be experienced by households with incomes above $47,000, the median household income in Delaware. Finally, the rates in Delaware are roughly comparable to those in the region. However, there does seem to be a steady decrease in the proportion of persons without health insurance in the poverty group in Delaware, while the regional proportion has increased for that group. Increased Medicaid coverage in Delaware is probably the reason.

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Table 3-1
Persons by Poverty Status, Age Group,
and Health Insurance Coverage
(3-year average 2003-2005)

Poverty	0-18 All	0-18 No HI	19+	19+ No HI
Not Measured	1675	371	0	0
under 0.50	9242	1818	18212	4858
0.50 to 0.74	6472	725	10817	2337
0.75 to 0.99	9170	1411	15555	4737
1.00 to 1.24	10132	1813	19694	4130
1.25 to 1.49	9390	1495	19077	3373
1.50 to 1.74	8706	1850	23806	4605
1.75 to 1.99	13174	2270	27020	4870
2.00 to 2.49	24260	3888	54447	9092
2.50 to 2.99	19763	1939	52788	6826
3.00 to 3.49	15718	490	47768	5419
3.50 to 3.99	16542	1623	47561	3914
4.00 to 4.49	16115	661	41860	3977
4.50 to 4.99	9562	144	34232	2711
5.00 & over	38912	1435	195936	13678
Totals	208833	21932	608771	74527

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 2003-2005

In Table 3-1 above, the distribution of persons by poverty, age, and health insurance status is shown. A three-year moving average is used to reduce the sampling variability. These data have particular meaning for those charged with providing healthcare to those 18 years and younger in Delaware. The table shows that an estimated 21,932 are without health insurance. Of those, only 3,954 are officially classified as being under the poverty line, and over 46% are above 2.00 times the poverty line. The very first line in the table shows those without insurance for which poverty measures are not provided, e.g. foster children. In Delaware, these children would have separate Medicaid eligibility.

Another measure of economic wellbeing is the accumulation of assets. One such measure of that accumulation is home ownership. Those results are found in Figure 3-10, below. The graph shows that for renters, the percentage of those without coverage is about twice the rate for those who own or are buying their principal place of residence. That pattern is confirmed by the results for the region, which are quite comparable to those reported for Delaware. Certainly, this finding is not unexpected given that renters tend to be younger and have lower incomes, both

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Figure 3-10
Percent of Persons without Health Insurance
by Home Ownership and Area

Percent

	D:Own/Buying	D:Rent	R:Own/Buying	R:Rent
1999-2001	9.6	17.6	8.6	20.9
2000-2002	8.1	15.7	8.2	21.1
2001-2003	8.3	15.5	8.7	21.8
2002-2004	8.4	15.7	10	23.3
2003-2005	10	18.4	10.6	23.5
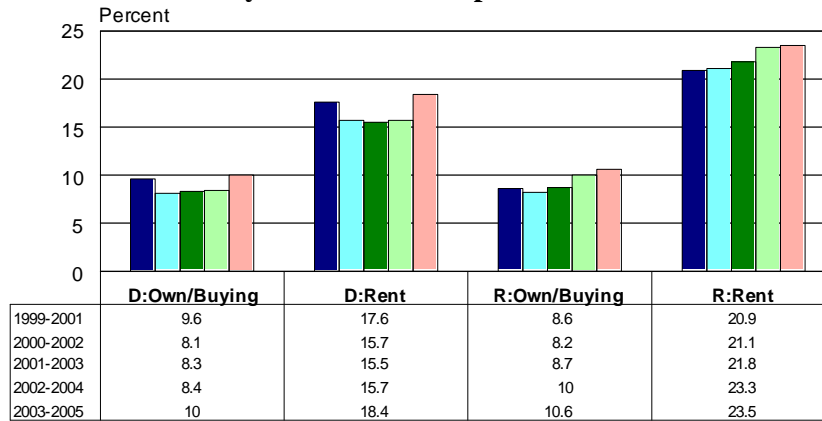
Home Ownership by Area

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

Figure 3-11
Percent of Persons without Health Insurance
by Years of Education and Area

Percent

	D:11-	D:12	D:13	D:16+	R:11-	R:12	R:13	R:16+
1999-2001	16.1	15.8	8.8	4.8	18.4	14.9	13.4	7.9
2000-2002	15	13.7	7.7	5.2	18.9	14.9	12.8	7.6
2001-2003	15.1	12	8.2	5.7	19.4	15.6	13.4	8.2
2002-2004	16.2	11.5	8.6	5.1	21.9	17.3	14.1	8.5
2003-2005	18.2	13.4	10.1	6.8	22.1	17.7	14.1	9.1
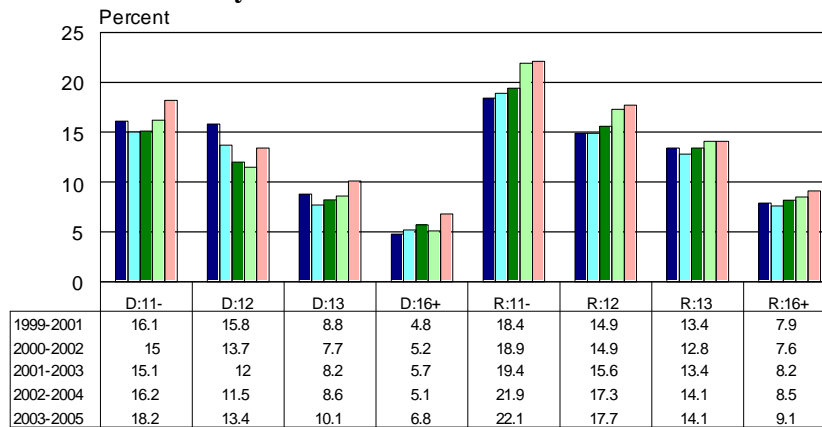
Years of Education by Area

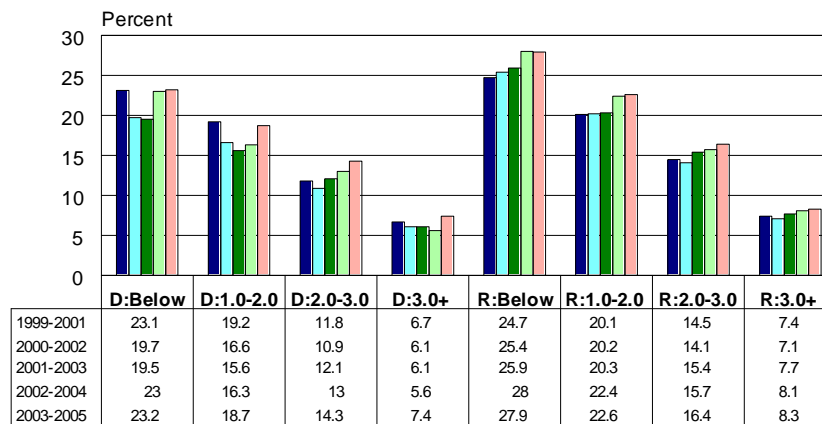■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

factors that are correlated with higher risk. They are also less likely to have the assets to continue their insurance privately if there is an interruption in coverage.

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The final figure in this section, Figure 3-11 above, relates the educational level of the respondents and their health insurance status. Education could have two significant effects on health insurance coverage. First, it is possible that more educated people are better able to understand the advantages and disadvantages of health coverage and therefore, make better decisions. More likely, however, education is having an indirect effect with higher education being correlated with higher incomes and better jobs/benefits.

Coverage rates increase significantly as educational level increases. Predictably, those without a high school diploma are the most at risk of being without health insurance. It appears that the most disadvantaged group fares about the same in Delaware as in the region. The uninsured rate falls 5% for a high school diploma, another 3% for post high school education and finally another 3% for those completing college.

Race and Hispanic Origin

Health insurance coverage or lack thereof within sub-groups of the general population is shown in Figure 3-12 below to illustrate the impact of all the underlying contributing variables which determine who has health insurance coverage and who does not. Most of the research in this area suggests that there are significant differences, but do not report any divergence in cultural or risk-taking characteristics that would explain those differences. Thus, the differences are the result of other variables, which themselves differ within segments of the population.

There are significant differences between the three racial groups. Those respondents who classify themselves as black have nearly a 34% higher risk of being without health insurance coverage as those that report being white. However, the historical trend has been decreasing for African-Americans although it increased in the most recent period. The "other" category includes primarily Native Americans, Asians, those of mixed race, and those who do not find any of the categories listed to be appropriate. African Americans experience significantly lower rates of being uninsured in Delaware than in the region.

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Figure 3-12
Percent of Persons without Health Insurance
by Race and Area
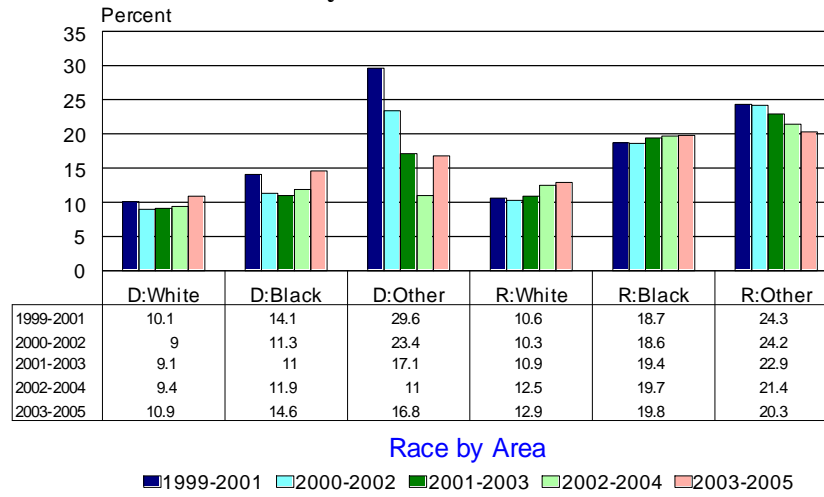
	D:White	D:Black	D:Other	R:White	R:Black	R:Other
1999-2001	10.1	14.1	29.6	10.6	18.7	24.3
2000-2002	9	11.3	23.4	10.3	18.6	24.2
2001-2003	9.1	11	17.1	10.9	19.4	22.9
2002-2004	9.4	11.9	11	12.5	19.7	21.4
2003-2005	10.9	14.6	16.8	12.9	19.8	20.3

Race by Area

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

Figure 3-13
Percent of Persons without Health Insurance
by Hispanic Origin and Area
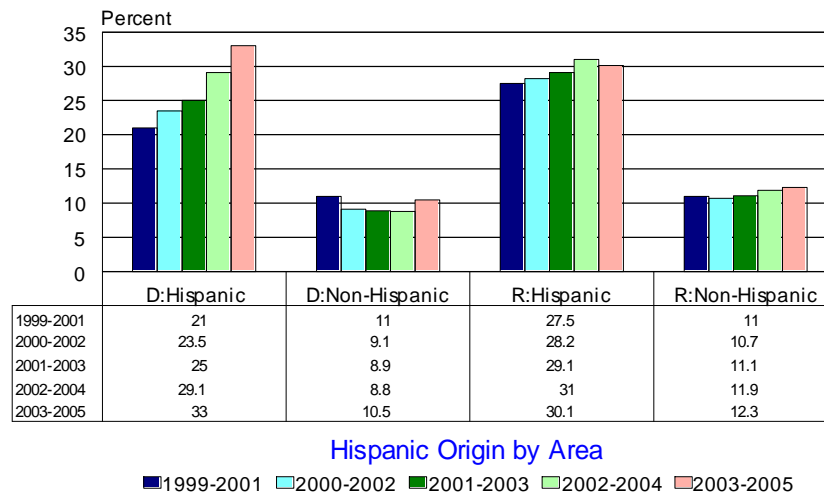
	D:Hispanic	D:Non-Hispanic	R:Hispanic	R:Non-Hispanic
1999-2001	21	11	27.5	11
2000-2002	23.5	9.1	28.2	10.7
2001-2003	25	8.9	29.1	11.1
2002-2004	29.1	8.8	31	11.9
2003-2005	33	10.5	30.1	12.3

Hispanic Origin by Area

■1999-2001 □2000-2002 ■2001-2003 □2002-2004 □2003-2005

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

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       The results for Hispanic respondents are shown in Figure 3-13, above. The percentages within Delaware are quite volatile because of the small sample size, but on average during the period, more than 33% of those respondents who classify themselves as being of Hispanic origin were without health insurance coverage. This rate is more than triple that for non-Hispanics. In 2005, just more than 15% of all the uninsured are estimated to be Hispanic. The regional results are similar to those found in Delaware.

Observations

Those lacking health care coverage in Delaware are a diverse group. This is summarized by the list below:

Figure 4-1
Who are the 96,000 Uninsured?[1]

- **22% are under the age of 18**

- **56% are adults who are working**

- **57% are male**

- **73% are white**

- **16% are Hispanic**

- **68% own or are buying their home**

- **16% live alone**

- **85% are above the poverty line**

- **36% have household incomes over $50,000**

- **9% are self-employed**

- **15% are non-citizens**

This list illustrates both the complexity of the task and the need to use targeted strategies. Since 22% of the uninsured are children efforts to increase the coverage of Medicaid, the CHIP program, and the clinics offered by the A. I. DuPont Institute are likely to be effective. There are, however, still likely to be children who may never qualify under Medicaid because their parents are above the income limits and yet may still experience periodic unemployment. It is this population that the CHIP program is designed to help. The effectiveness of the program in covering children will depend significantly on the actions taken by the parent(s) of those children.

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Since 50% of the uninsured are working full-time, legislative initiatives that encourage employer offered health coverage may have some effect. It's not clear at this point in time if any plan can help the low wage earner or part-time employee, since the cost of the insurance might represent a huge increase in labor costs. The working poor, in particular those in the 1.0-1.5 category of poverty, are of particular concern.

Figure 4-2
Percent of Persons who Moved from Uninsured to Insured Status
by Age Group
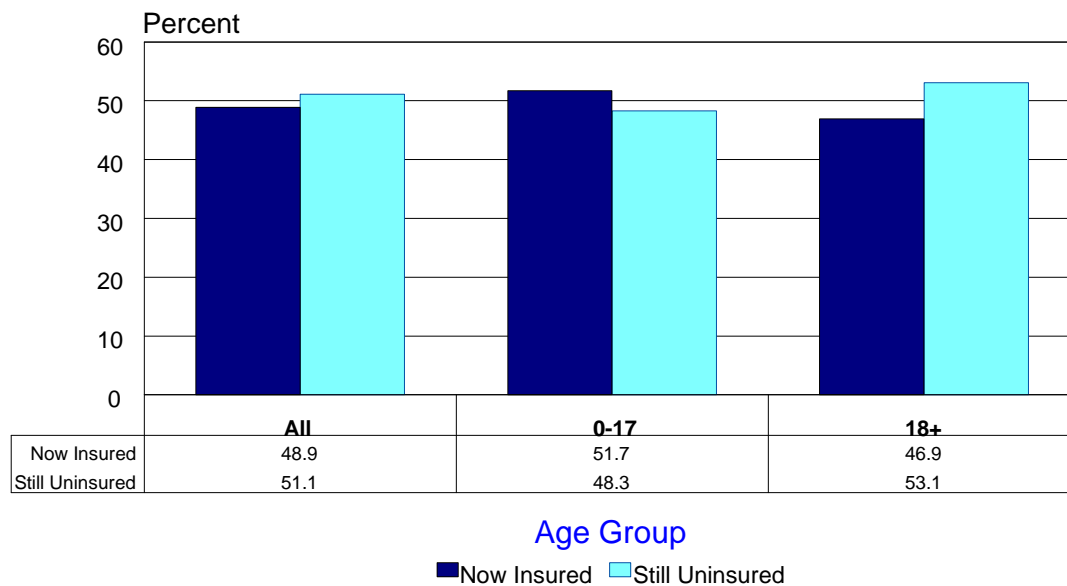
	All	0-17	18+
Now Insured	48.9	51.7	46.9
Still Uninsured	51.1	48.3	53.1

Age Group

■ Now Insured □ Still Uninsured

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1999-2005

Dealing with the uninsured is not an easy task because people are continually joining and leaving the ranks of the uninsured (see Figure 4-2, above). Nearly half of those that are uninsured this year (48.9%) will have insurance next year. That proportion is higher for adults than for children.

The problem is not only a question of different rates of movement in and out of the uninsured status. It is also spatially different within the state (see Figures 4-3 and 4-4, below). This may require the execution of very different strategies.

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[1] The profile is based on the most recent year's data rather than a 3-year average.

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Figure 4-3
Percent of Persons 18-64 Without Health Insurance
by Area

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Delaware	17.1	14.8	14.5	16.1	13.2	13.9	11	11.7	14	18
Kent+Sussex	22.5	14.8	16.9	16.1	14.3	16.2	12.3	10.2	16.3	21.4
New Castle	14.1	14.8	13.3	16.1	12.6	12.7	10.3	12.6	12.9	16.1

Area

━Delaware ━Kent+Sussex ━New Castle

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1996-2005

Figure 4-4
Percent of Persons 0-17 Without Health Insurance
by Area
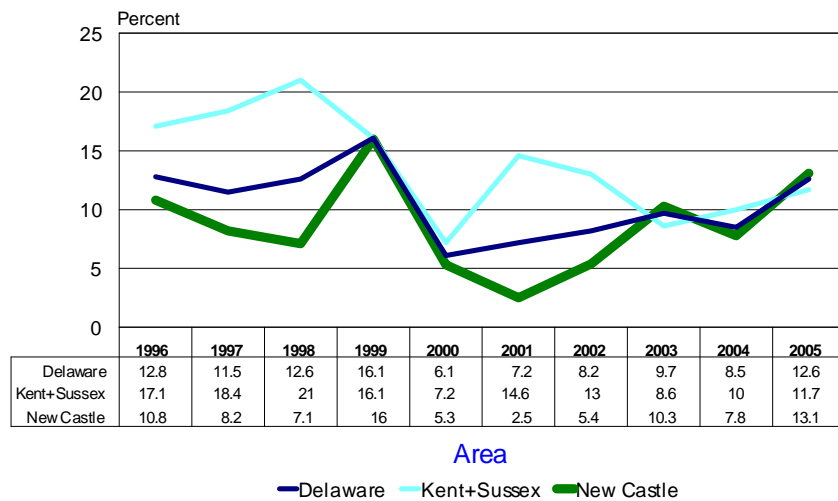
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Delaware	12.8	11.5	12.6	16.1	6.1	7.2	8.2	9.7	8.5	12.6
Kent+Sussex	17.1	18.4	21	16.1	7.2	14.6	13	8.6	10	11.7
New Castle	10.8	8.2	7.1	16	5.3	2.5	5.4	10.3	7.8	13.1

Area

━Delaware ━Kent+Sussex ━New Castle

Source: Center for Applied Demography & Survey Research, University of Delaware
US Bureau of Census, Current Population Survey, March 1996-2005

First of all, the information provided for the 18-64 year old age group excludes most dependents and Medicare recipients. This core group of adults had been declining until 2003 when the rate began increasing. The differences between the counties are reasonably consistent.

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In contrast, the pattern with dependents age 0-17 shown in Figure 4-4 above is strikingly different. While the rates in New Castle County appear reasonably stable (excluding 1999), those in the combined Kent/Sussex region increased dramatically from 1995 to 1998 and then fell sharply. This is consistent with the implementation of the CHIP program and outreach efforts in lower Delaware. Age and/or geography specific programs are clearly warranted. In general the rates have been volatile but have returned to the vicinity of 12% where they were in 1996.

Overall, Delaware seems to be doing better than the region in keeping the percentage of uninsured down. However, the longer-term demographics of the population and the labor market suggest that this will probably be a continuing challenge. In addition the focus on the CHIP program coupled with identification of Medicaid eligible children is likely to reap significant benefits. It is also clear that there will need to be continued focus on the problems in Kent and Sussex counties if this problem is to be controlled.

The final table in the report, Table 4-1 below, shows the number of uninsured persons by three key characteristics, namely age, poverty status, and employment status. Following the estimates are the existing programs (Medicaid and CHIP) and potential programs that could possibly alleviate this problem. The total number of the current uninsured that could be assisted and the proportion of the uninsured accounted for are found at the bottom of the table. Currently, nearly 25% of the uninsured are eligible for an existing program but were not enrolled at the time of the survey. Clearly there are people who do not enroll in programs until the need arises and there will always be processing time when they do enroll.

Approximately 28% of the uninsured are working full-time and are earning wages above 200% of the poverty level. They may either not have access to employer sponsored health insurance or are unwilling to pay their share. This is a group that may best be addressed through employers with or without government assistance. In addition, about 9% of the uninsured are working full-time but clearly do not earn wages sufficient to pay the employee share and are unlikely to have access to employer sponsored health insurance. Clearly government would have to play a larger role to solve this problem perhaps with some employer assistance.

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Table 4-1
The Uninsured by Age, Poverty Status, and Employment Status

Characteristics	Estimate	Medicaid	CHIP	Employers	Emp&Govt	Govt
0-14:Foster Child	371	X				
0-18: 0-100% Poverty	3954	X				
0-18: 100-200% Poverty	7428		X			
0-18: 200% + Poverty	10180					X
19-34: 0-100% Poverty, not FT	4601	X				
19-34: 0-100% Poverty, FT	2227	X				
19-34: 100-200% Poverty, not FT	4461					X
19-34: 100-200% Poverty, FT	4955				X	
19-34: 200%+ Poverty, not FT	8364					X
19-34: 200%+ Poverty, FT	13096			X		
35-49: 0-100% Poverty, not FT	1837	X				
35-49: 0-100% Poverty, FT	1615	X				
35-49: 100-200% Poverty, not FT	2845					X
35-49: 100-200% Poverty, FT	2933				X	
35-49: 200%+ Poverty, not FT	5499					X
35-49: 200%+ Poverty, FT	7213			X		
50-64: 0-100% Poverty, not FT	1338	X				
50-64: 0-100% Poverty, FT	314	X				
50-64: 100-200% Poverty, not FT	1395					X
50-64: 100-200% Poverty, FT	388				X	
50-64: 200%+ Poverty, not FT	4817					X
50-64: 200%+ Poverty, FT	6299			X		
Total	96128	16256	7428	26608	8276	37560
Percent of Total	100.0%	16.9%	7.7%	27.7%	8.6%	39.1%

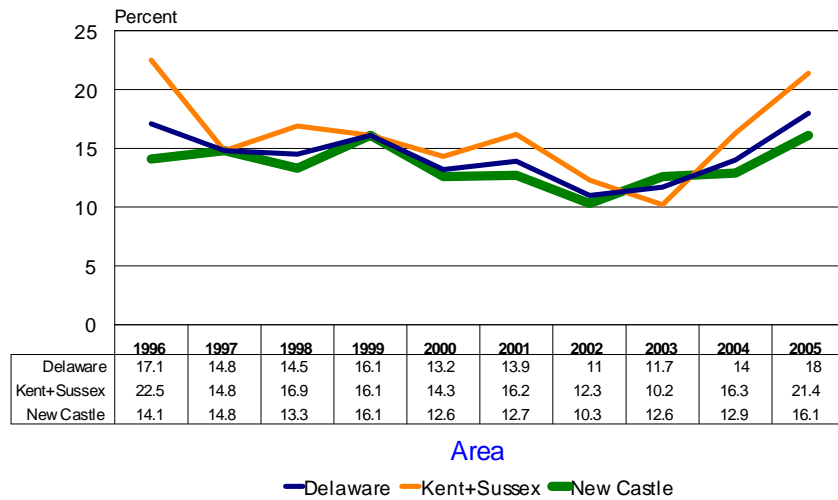**Source: Center for Applied Demography & Survey Research, University of Delaware**
      US Bureau of Census, Current Population Survey, March 2003-2005

The final group in the table comprises 40% of the uninsured. These are both children and adults who are above the poverty line but who currently do not have full-time employment. In the absence of full-time employment, the average individual has little or no chance to obtain

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employer-sponsored health insurance. These are the most difficult cases to deal with from a public policy perspective.

APPENDIX A

Health Insurance Coverage 2004

US Bureau of Census

2005 March Current Population Survey

HEALTH INSURANCE COVERAGE IN THE UNITED STATES[18]

Highlights

- The number of people with health insurance coverage increased by 2.0 million in 2004, to 245.3 million (84.3 percent of the population).

- In 2004, 45.8 million people were without health insurance coverage, up from 45.0 million people in 2003.

- There was no change in the percentage of people without health insurance coverage (15.7 percent) between 2003 and 2004.

- The historical record is marked by a 12-year period from 1987 to 1998 when the uninsured rate (12.9 percent in 1987) either increased or was unchanged from one year to the next (Figure 5).[19] After peaking at 16.3 percent in 1998, the rate fell for two years in a row to 14.2 percent in 2000, and the rate increased for three years before stabilizing at 15.7 percent in 2004.[20]

- The percentage of people covered by employment-based health insurance decreased to 59.8 percent in 2004, from 60.4 percent in 2003 (Figure 6).

- The percentage and number of people covered by government health insurance programs increased between 2003 and 2004, from 26.6 percent and 76.8 million to 27.2 percent and 79.1 million, driven by increases in the

percentage and number of people covered by Medicaid, from 12.4 percent and 35.6 million to 12.9 percent and 37.5 million (Figure 6).

- The percentage and number of children (people under 18 years old) without health insurance in 2004 was 11.2 percent and 8.3 million, both unchanged from 2003 (Table 7).

- With a 2004 uninsured rate at 18.9 percent, children in poverty were more likely to be uninsured than all children (Figure 7).

- The uninsured rate and number of uninsured in 2004 was 11.3 percent and 22.0 million for non-Hispanic Whites, and 19.7 percent and 7.2 million for Blacks. The figures for both groups were unchanged from 2003. The

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[18] For a brief description of how the Census Bureau collects and reports on health insurance, see the text box "What Is Health Insurance Coverage?" For a discussion of the quality of ASEC health insurance coverage estimates, see Appendix C.

[19] The year 1987 is the first year for which comparable health insurance coverage statistics are available.

[20] The difference between the percentage uninsured in 1998 and 1997 was not statistically significant.

What Is Health Insurance Coverage?

The CPS ASEC asks about health insurance coverage in the previous calendar year. The questionnaire asks separate questions about the major types of health insurance and people who answer "no" to each of these questions are then asked to verify that they were, in fact, not covered by any type of health insurance. For the purpose of this report, the Census Bureau broadly classifies health insurance coverage as private or government coverage. Private health insurance is coverage by a plan provided through an employer or union or purchased by an individual from a private company. Government health insurance includes the federal programs Medicare, Medicaid, and military health care; the State Children's Health Insurance Program (SCHIP); and individual state health plans.* People were considered "insured" if they were covered by any type of health insurance for part or all of the previous year, and everyone else was considered uninsured.

Research shows health insurance coverage is underreported in the CPS ASEC for a variety of reasons. While annual retrospective questions appear to be less of a problem when collecting income data (possibly because the interview period is close to when people pay their taxes), it is probably less than ideal when asking about health insurance coverage. Some people, for example, may report their insurance coverage status at the time of their interview rather than their coverage status during the previous calendar year. Compared with other national surveys, the CPS ASEC estimate of the number of people without health insurance more closely approximates the number of people who were uninsured at a specific point in time during the year than the number of people uninsured for the entire year.

For more information on the quality of CPS ASEC health insurance estimates, see Appendix C, "Estimates of Health Insurance Coverage." For a comparison between health insurance coverage rates from the major federal surveys, see *How Many People Lack Health Insurance and For How Long?* (Congressional Budget Office, May 2003) and *People With Health Insurance: A Comparison of Estimates from Two Surveys* (Survey of Income and Program Participation Working Paper 243, June 2004).

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*Types of insurance are not mutually exclusive and people may be covered by more than one during the year.

Figure 5.
Number Uninsured and Uninsured Rate: 1987 to 2004

Numbers in millions, rates in percent

Recession

45.8 million

Number uninsured

15.7 percent

Uninsured rate

Notes: Respondents were not asked detailed health insurance questions before the 1988 Current Population Survey. Implementation of Census 2000-based population controls occurred for the 2000 ASEC, which collected data for 1999. These estimates also reflect the results of follow-up verification questions which were asked of people who responded "no" to all questions about specific types of health insurance coverage in order to verify whether they were actually uninsured. This change increased the number and percentage of people covered by health insurance, bringing the CPS more in line with estimates from other national surveys.

The data points are placed at the midpoints of the respective years.

Source: U.S. Census Bureau, Current Population Survey, 1988 to 2005 Annual Social and Economic Supplements.

uninsured rate for Asians decreased from 18.8 percent to 16.8 percent (Table 7).

- The number of uninsured increased in 2004 for Hispanics (from 13.2 million in 2003 to 13.7 million); their uninsured rate was unchanged at 32.7 percent (Table 7).

Type of Coverage

Most people (59.8 percent) were covered by a health insurance plan related to employment for some or all of 2004. The proportion was lower than in 2003 (60.4 percent). This decline reflects the decrease in total private health insurance coverage, from 68.6 percent in 2003 to 68.1 percent in 2004 (Figure 6).

The percentage of people covered by health insurance provided by the government increased between 2003 and 2004 from 26.6 to 27.2 percent. Medicaid coverage rose by 0.5 percentage points to 12.9 percent in 2004, while the percentage of people covered by Medicare remained unchanged (13.7 percent). Among the entire population, 27.2 percent had government insurance, which includes Medicare, Medicaid, and military health care.

Race and Hispanic Origin

In 2004, the uninsured rates for Blacks (19.7 percent) and non-Hispanic Whites (11.3 percent) were unchanged from 2003 (Table 7).

The rate for Asians decreased to 16.8 percent in 2004 from 18.8 percent in 2003. Among Hispanics, the 2004 uninsured rate (32.7 percent) was unchanged from 2003, while the number of Hispanics without coverage increased from 13.2 million in 2003 to 13.7 million.

Table 8 displays 3-year averages of the uninsured rates for 2002–2004 for American Indians and Alaska Natives, Native Hawaiians and Other Pacific Islanders, and other groups. The 3-year-average uninsured rate for American Indians and Alaska Natives (29.0 percent) was higher than the rate for Native Hawaiians and Other Pacific Islanders (21.8 percent) and higher than those of other groups.

Table 7.
People With or Without Health Insurance Coverage by Selected Characteristics: 2003 and 2004

(Numbers in thousands, confidence intervals (C.I.) in thousands or percentage points as appropriate. People as of March of the following year)

Characteristic	Uninsured								Change (2004 less 2003)[1]					
	2003				2004				Uninsured				Insured	
	Number	90-percent C.I.[2] (±)	Per-centage	90-percent C.I.[2] (±)	Number	90-percent C.I.[2] (±)	Per-centage	90-percent C.I.[2] (±)	Number	90-percent C.I.[2] (±)	Per-centage	90-percent C.I.[2] (±)	Number	90-percent C.I.[2] (±)
PEOPLE														
Total	**44,961**	**523**	**15.6**	**0.2**	**45,820**	**527**	**15.7**	**0.2**	***860**	**621**	**0.1**	**0.2**	***2,015**	**648**
Family Status														
In families.	35,198	520	14.7	0.2	35,698	523	14.8	0.2	500	617	0.1	0.3	*1,750	868
Householder	10,511	270	13.8	0.3	10,634	271	13.8	0.3	123	308	-	0.4	663	691
Related children under 18 . .	7,915	235	11.0	0.3	7,803	233	10.8	0.3	−112	277	−0.2	0.4	369	710
Related children under 6. .	2,369	130	10.1	0.5	2,325	129	9.8	0.5	−44	153	−0.3	0.6	339	445
In unrelated subfamilies	338	49	28.1	3.5	348	50	27.8	3.4	10	59	−0.4	4.1	43	94
Unrelated individual	9,424	256	19.6	0.5	9,774	260	20.1	0.5	*350	294	0.5	0.6	223	561
Race[3] and Hispanic Origin														
White	33,983	464	14.6	0.2	34,788	469	14.9	0.2	*804	552	0.2	0.2	*1,019	806
White, not Hispanic.	21,582	379	11.1	0.2	21,983	382	11.3	0.2	401	450	0.2	0.2	24	847
Black	7,080	252	19.6	0.7	7,186	254	19.7	0.7	107	300	0.1	0.8	319	451
Asian	2,228	143	18.8	1.2	2,070	138	16.8	1.1	−158	166	*−2.0	1.3	*600	269
Hispanic origin (any race)	13,237	303	32.7	0.7	13,678	308	32.7	0.7	*442	321	−0.1	0.8	*972	321
Age														
Under 18 years	8,373	242	11.4	0.3	8,269	240	11.2	0.3	−105	285	−0.2	0.4	346	715
18 to 24 years	8,414	242	30.2	0.7	8,772	247	31.4	0.7	*358	290	*1.1	0.9	−209	426
25 to 34 years	10,345	268	26.4	0.6	10,177	266	25.9	0.6	−168	315	−0.5	0.7	274	512
35 to 44 years	7,885	235	18.1	0.5	8,110	238	18.7	0.5	226	280	*0.6	0.6	−449	560
45 to 64 years	9,657	259	13.9	0.4	10,196	266	14.3	0.4	*539	310	0.4	0.4	*1,510	695
65 years and older.	286	45	0.8	0.1	297	46	0.8	0.1	11	54	-	0.2	543	554
Nativity														
Native.	33,146	459	13.0	0.2	33,962	464	13.3	0.2	*816	547	*0.2	0.2	*1,146	743
Foreign born.	11,815	325	34.5	0.8	11,858	326	33.7	0.8	44	385	−0.8	0.9	*869	524
Naturalized citizen.	2,243	144	17.1	1.0	2,317	146	17.2	1.0	73	172	0.1	1.2	297	372
Not a citizen	9,571	294	45.3	1.0	9,542	293	44.1	1.0	−29	347	*−1.3	1.2	*573	385
Region														
Northeast	6,919	196	12.9	0.4	7,106	216	13.2	0.4	187	244	0.3	0.5	128	240
Midwest.	7,748	211	12.0	0.3	7,737	224	11.9	0.3	−11	258	-	0.4	94	262
South.	18,621	354	18.0	0.3	19,262	350	18.3	0.3	*641	416	0.4	0.4	*874	423
West.	11,674	292	17.6	0.4	11,715	276	17.4	0.4	41	336	−0.2	0.5	*919	333
Household Income														
Less than $25,000	15,331	323	24.2	0.5	15,102	321	24.3	0.5	−229	381	0.1	0.5	*−896	633
$25,000 to $49,999	14,823	318	19.9	0.4	14,784	317	20.0	0.4	−39	376	0.1	0.5	−673	691
$50,000 to $74,999	7,226	225	12.5	0.4	7,842	234	13.3	0.4	*616	272	*0.7	0.4	*782	650
$75,000 or more	7,580	230	8.2	0.2	8,092	238	8.4	0.2	*512	277	0.3	0.3	*2,802	783
Work Experience														
Total, 18 to 64 years old . .	36,301	478	20.2	0.3	37,255	499	20.5	0.3	*954	578	0.3	0.3	*1,126	765
Worked during year	26,581	417	18.6	0.3	27,353	441	19.0	0.3	*772	508	*0.4	0.3	352	789
Worked full-time	20,636	371	17.5	0.3	21,092	395	17.8	0.3	*456	454	0.2	0.4	673	779
Worked part-time	5,945	204	23.8	0.7	6,261	224	25.0	0.8	*316	254	*1.3	0.9	−320	434
Did not work.	9,720	260	26.0	0.6	9,902	279	25.8	0.6	182	319	−0.2	0.7	*774	516

- Represents zero or rounds to zero.
* Statistically different from zero at the 90-percent confidence level.

[1] Details may not sum to totals because of rounding.
[2] 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. For more information, see "Standard Errors and Their Use" at <www.census.gov/hhes/www/p60_229sa.pdf>.
[3] 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 2000 through American FactFinder. About 2.6 percent of people reported more than one race in Census 2000.

Source: U.S. Census Bureau, Current Population Survey, 2004 and 2005 Annual Social and Economic Supplements.

Private Insurance

	2003	2004
Any private plan	68.6	68.1*
Employment-based	60.4	59.8*
Direct-purchase	9.2	9.3

Government insurance

	2003	2004
Any government plan	26.6	27.2*
Medicare	13.7	13.7
Medicaid	12.4	12.9*
Military health care[1]	3.5	3.7*

No insurance

	2003	2004
Not covered	15.6	15.7

* Statistically different at the 90-percent confidence level.

[1] Military health care includes: CHAMPUS (Comprehensive Health and Medical Plan for Uniformed Services)/Tricare and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.

Note: 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, 2004 and 2005 Annual Social and Economic Supplements.

The 3-year-average uninsured rate for Native Hawaiians and Other Pacific Islanders (21.8 percent) was not statistically different from that of Blacks (19.8 percent) or Asians (18.0 percent). The 3-year average (2002–2004) shows that the uninsured rate of 32.6 percent for Hispanics was higher than the rate for the five race groups presented in Table 8.

Comparison of 2-year moving averages (2002–2003 and 2003–2004)

shows that the uninsured rates for Native Hawaiians and Other Pacific Islanders and for American Indians and Alaska Natives did not change.

Nativity

The uninsured rate for the native population increased to 13.3 percent in 2004, from 13.0 percent in 2003. The uninsured rate for the foreign-born population in 2004 (33.7 percent) was unchanged (Table 7). Among the foreign born, the uninsured rate for noncitizens decreased,

from 45.3 percent in 2003 to 44.1 percent in 2004, while the uninsured rate in 2004 for naturalized citizens (17.2 percent) was unchanged. The proportion of the foreign-born population without health insurance in 2004 (33.7 percent) was about two and one-half times that of the native population (13.3 percent) in 2004. Among the foreign born, noncitizens were more likely than naturalized citizens to lack coverage—44.1 percent compared with 17.2 percent, respectively.

Economic Status

The likelihood of being covered by health insurance rises with income. Among people in households with annual incomes of less than $25,000 in 2004, 75.7 percent had health insurance; the level increased with income up to 91.6 percent for those in households with incomes of $75,000 or more (Table 7).

Among 18-to-64-year-olds in 2004, full-time workers were more likely to be covered by health insurance (82.2 percent) than part-time workers (75.0 percent) or nonworkers (74.2 percent).[21] The number and percentage of people with no health insurance increased among people who worked some time during the year, from 26.6 million and 18.6 percent in 2003 to 27.4 million and 19.0 percent in 2004. While the number of uninsured increased for both full-time workers (from 20.6 million to 21.1 million) and part-time workers (5.9 million to 6.3 million), the percentage uninsured increased from 23.8 percent to 25.0 percent for part-time workers and was unchanged for full-time workers.

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[21] Workers are classified as part-time if they worked fewer than 35 hours per week in the majority of the weeks they worked in 2004.
The coverage rate for part-time workers is not statistically different from that of nonworkers.

Table 8.
Health Insurance Coverage of People by Race and Hispanic Origin Using 2- and 3-Year Averages: 2002 to 2004

(Numbers in thousands, confidence intervals (C.I.) in thousands or percentage points as appropriate)

Race[1] and Hispanic origin	People without health insurance coverage						Change in coverage (2003–2004 average less 2002–2003 average)[2]			
	3-year average 2002–2004		2-year average				Uninsured		Insured	
			2002–2003		2003–2004					
	Estimate	90-percent C.I.[3] (±)	Estimate	90-percent C.I.[3] (±)	Estimate	90-percent C.I.[3] (±)	Estimate	90-percent C.I.[3] (±)	Estimate	90-percent C.I.[3] (±)
PERCENTAGE										
All races	**15.5**	**0.1**	**15.4**	**0.1**	**15.7**	**0.1**	***0.2**	**0.1**	***–0.2**	**0.1**
White	14.6	0.1	14.4	0.2	14.7	0.2	*0.3	0.1	*–0.3	0.1
White, not Hispanic	11.0	0.1	10.9	0.2	11.2	0.2	*0.3	0.1	*–0.3	0.1
Black	19.8	0.5	19.9	0.5	19.6	0.5	–0.3	0.5	0.3	0.5
American Indian and Alaska Native	29.0	2.1	28.3	2.4	29.1	2.5	0.8	2.2	–0.8	2.2
Asian	18.0	0.8	18.6	0.9	17.8	0.9	–0.8	0.8	*0.8	0.8
Native Hawaiian and Other Pacific Islander	21.8	3.4	20.7	3.8	21.3	4.2	0.6	3.7	–0.6	3.7
Hispanic origin (any race)	32.6	0.5	32.6	0.6	32.7	0.6	0.2	0.5	–0.2	0.5
NUMBER										
All races	**44,785**	**357**	**44,267**	**419**	**45,391**	**423**	***1,123**	**369**	***1,488**	**388**
White	33,826	317	33,345	371	34,385	376	*1,041	327	*593	482
White, not Hispanic	21,449	258	21,182	303	21,782	307	*600	267	–160	506
Black	7,165	175	7,154	207	7,133	204	–21	182	*391	289
American Indian and Alaska Native	664	56	641	65	667	66	25	59	–5	89
Asian	2,144	97	2,180	116	2,149	113	–31	100	*407	183
Native Hawaiian and Other Pacific Islander	151	27	154	32	137	30	–17	29	*–75	52
Hispanic origin (any race)	13,224	221	12,996	256	13,458	260	*461	214	*766	214

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

[1] 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 2000 through American FactFinder. About 2.6 percent of people reported more than one race in Census 2000.
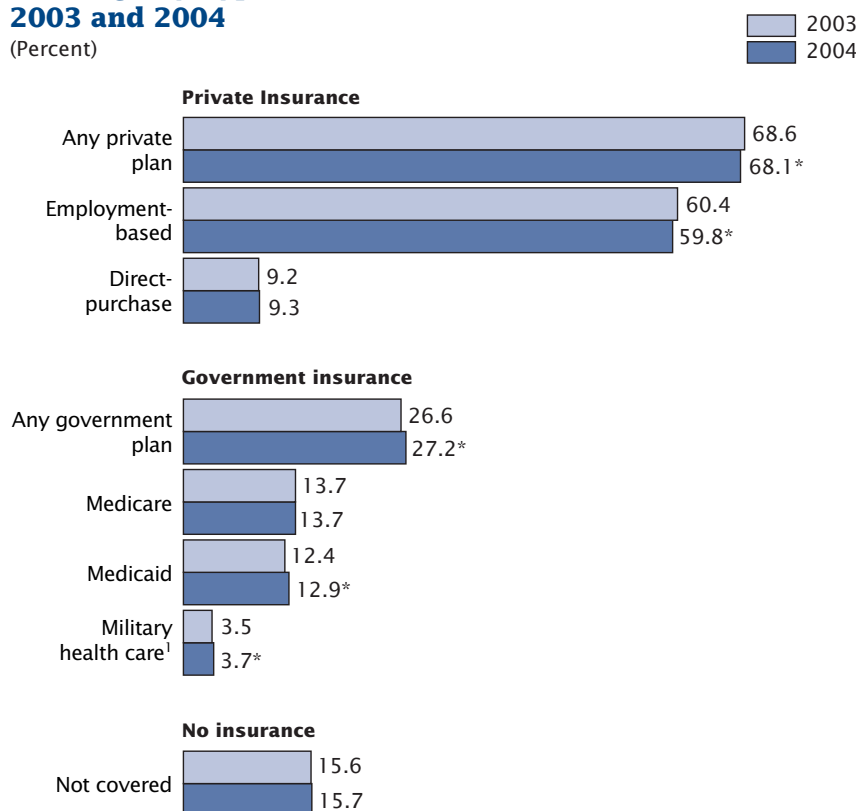
[2] Details may not sum to totals because of rounding.

[3] 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. For more information, see "Standard Errors and Their Use" at <www.census.gov/hhes/www/p60_229sa.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2003 to 2005 Annual Social and Economic Supplements.

Table 10.
Percentage of People in Poverty by State Using 2- and 3-Year Averages: 2002 to 2004

(People as of March of the following year)

| State | 3-year average 2002–2004 | | 2-year average | | | | Change in percentage points (2003–2004 average less 2002–2003 average)[1] | |
| | | | 2002–2003 | | 2003–2004 | | | |
	Percentage	90-percent confidence interval[2] (±)	Percentage	90-percent confidence interval[2] (±)	Percentage	90-percent confidence interval[2] (±)	Percentage	90-percent confidence interval[2] (±)
United States	**12.4**	**0.2**	**12.3**	**0.2**	**12.6**	**0.2**	***0.3**	**0.2**
Alabama	15.5	1.5	14.7	1.6	16.0	1.7	1.2	1.4
Alaska	9.2	1.2	9.2	1.3	9.4	1.4	0.2	1.2
Arizona	13.8	1.4	13.5	1.7	13.9	1.6	0.4	1.4
Arkansas	17.6	1.6	18.8	1.9	16.4	1.8	*–2.3	1.6
California	13.2	0.6	13.1	0.7	13.2	0.7	0.1	0.6
Colorado	9.8	1.1	9.7	1.2	9.9	1.4	0.1	1.2
Connecticut	8.8	1.1	8.2	1.1	9.1	1.3	0.9	1.1
Delaware	8.5	1.2	8.2	1.3	8.2	1.4	-	1.2
District of Columbia	16.8	1.7	16.9	1.9	16.7	2.1	–0.2	1.7
Florida	12.3	0.7	12.6	0.9	12.2	0.9	–0.5	0.7
Georgia	12.0	1.2	11.5	1.4	12.5	1.3	1.0	1.1
Hawaii	9.7	1.2	10.3	1.4	8.9	1.3	*–1.5	1.2
Idaho	10.5	1.3	10.8	1.5	10.0	1.5	–0.7	1.3
Illinois	12.5	0.9	12.7	1.0	12.4	1.0	–0.3	0.8
Indiana	10.2	1.0	9.5	1.1	10.8	1.3	*1.3	1.0
Iowa	9.7	1.2	9.1	1.2	9.9	1.4	0.8	1.2
Kansas	10.7	1.2	10.4	1.3	11.1	1.5	0.7	1.3
Kentucky	15.4	1.5	14.3	1.6	16.0	1.8	*1.8	1.5
Louisiana	17.0	1.6	17.2	1.8	16.8	1.8	–0.4	1.5
Maine	12.2	1.3	12.5	1.3	11.6	1.5	–0.9	1.3
Maryland	8.6	1.0	8.0	1.1	9.2	1.3	*1.2	1.0
Massachusetts	9.8	1.0	10.1	1.2	9.7	1.2	–0.4	1.0
Michigan	12.1	0.9	11.5	1.0	12.3	1.1	0.8	0.9
Minnesota	7.0	0.9	6.9	1.0	7.2	1.1	0.3	0.9
Mississippi	17.7	1.7	17.2	1.9	17.3	1.9	0.1	1.6
Missouri	10.9	1.2	10.3	1.3	11.5	1.4	*1.2	1.1
Montana	14.3	1.5	14.3	1.8	14.6	1.8	0.3	1.5
Nebraska	9.9	1.2	10.2	1.4	9.6	1.4	–0.6	1.2
Nevada	10.2	1.2	9.9	1.3	10.9	1.5	1.0	1.2
New Hampshire	5.7	0.9	5.8	1.0	5.6	1.1	–0.2	0.9
New Jersey	8.2	0.8	8.3	0.9	8.3	1.0	-	0.8
New Mexico	17.5	1.8	18.0	2.1	17.3	2.1	–0.7	1.7
New York	14.4	0.7	14.2	0.8	14.6	0.9	0.5	0.7
North Carolina	14.8	1.1	15.0	1.3	15.1	1.3	0.1	1.1
North Dakota	10.3	1.2	10.6	1.4	9.7	1.4	–0.9	1.2
Ohio	10.8	0.8	10.3	1.0	11.3	1.0	*0.9	0.8
Oklahoma	12.6	1.4	13.5	1.6	11.8	1.6	*–1.6	1.3
Oregon	11.7	1.3	11.7	1.4	12.1	1.6	0.4	1.3
Pennsylvania	10.4	0.8	10.0	0.9	10.9	0.9	*0.9	0.8
Rhode Island	11.3	1.2	11.3	1.3	11.5	1.5	0.2	1.2
South Carolina	14.0	1.4	13.5	1.5	13.8	1.7	0.3	1.4
South Dakota	12.5	1.3	12.1	1.4	13.0	1.5	1.0	1.3
Tennessee	14.9	1.4	14.4	1.7	15.0	1.6	0.5	1.4
Texas	16.4	0.8	16.3	1.0	16.7	1.0	0.4	0.8
Utah	9.6	1.2	9.5	1.3	9.5	1.4	-	1.2
Vermont	8.8	1.1	9.2	1.2	8.2	1.3	–1.0	1.2
Virginia	9.8	1.1	10.0	1.3	9.7	1.2	–0.3	1.0
Washington	11.7	1.2	11.8	1.4	12.0	1.4	0.2	1.2
West Virginia	16.1	1.4	17.1	1.6	15.8	1.6	–1.3	1.4
Wisconsin	10.2	1.1	9.2	1.1	11.0	1.3	*1.9	1.1
Wyoming	9.6	1.2	9.4	1.3	9.9	1.5	0.5	1.3

- Represents zero or rounds to zero.
* Statistically different from zero at the 90-percent confidence level.

[1] Details may not sum to totals because of rounding.
[2] 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. For more information, see "Standard Errors and Their Use" at <www.census.gov/hhes/www/p60_229sa.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2003 to 2005 Annual Social and Economic Supplements.

Figure 10.
Differences in 2-Year-Average Uninsured Rates by State: 2003-2004 Less 2002-2003

Percentage point difference

- Increase
- No change
- Decrease

NH +0.9

MA +0.9

NY -0.8

DE +2.3

MT +1.9

ID -1.3

WY -1.8

OK +1.3

TN +1.7

SC +1.1

FL +1.3

Source: U.S. Census Bureau, Current Population Survey, 2003 to 2005 Annual Social and Economic Supplements.

Health Insurance Coverage

Comparing states using 3-year-average uninsured rates for 2002–2004 shows that Texas (25.1 percent) had the highest proportion of uninsured, while Minnesota (8.5 percent) had the lowest (Table 11).

Comparisons of 2-year moving averages (2002–2003 and 2003–2004) show that the proportion of people without coverage fell in three states and rose in eight states (Figure 10). The uninsured rate decreased for Idaho, New York, and Wyoming. Five of the states that experienced increases were in the South (Delaware, Florida, Oklahoma, South Carolina, and Tennessee), one was in the West (Montana), and two were in the Northeast (Massachusetts and New Hampshire).

Table 11.
Percentage of People Without Health Insurance Coverage by State Using 2- and 3-Year Averages: 2002 to 2004

(People as of March of the following year)

States	3-year average 2002-2004		2-year average				Change in percentage points (2003–2004 average less 2002–2003 average)[1]	
			2002–2003		2003–2004			
	Percentage	90-percent confidence interval[2] (±)	Percentage	90-percent confidence interval[2] (±)	Percentage	90-percent confidence interval[2] (±)	Percentage	90-percent confidence interval[2] (±)
United States	15.5	0.1	15.4	0.1	15.7	0.1	*0.2	0.1
Alabama	13.5	0.9	13.4	1.0	13.8	1.1	0.4	0.9
Alaska	18.2	1.0	18.8	1.2	18.0	1.3	-0.8	1.1
Arizona	17.0	1.0	16.9	1.2	17.1	1.2	0.2	1.1
Arkansas	16.7	1.1	16.9	1.2	16.9	1.3	-	1.1
California	18.4	0.5	18.3	0.6	18.5	0.5	0.3	0.5
Colorado	16.8	0.9	16.7	1.0	17.1	1.2	0.4	1.0
Connecticut	10.9	0.8	10.5	0.8	11.0	1.0	0.6	0.9
Delaware	11.8	0.9	10.5	1.0	12.8	1.1	*2.3	1.0
District of Columbia	13.5	1.0	13.7	1.2	13.8	1.3	0.2	1.1
Florida	18.5	0.6	17.7	0.7	19.0	0.7	*1.3	0.6
Georgia	16.6	0.9	16.3	1.1	16.9	1.0	0.7	0.9
Hawaii	9.9	0.8	10.1	0.9	9.9	0.9	-0.2	0.8
Idaho	17.3	1.1	18.3	1.3	17.0	1.3	*-1.3	1.1
Illinois	14.2	0.6	14.3	0.7	14.2	0.7	-0.1	0.6
Indiana	13.7	0.8	13.5	0.9	14.0	1.0	0.6	0.8
Iowa	10.1	0.8	10.4	0.9	10.4	1.0	-	0.8
Kansas	10.8	0.8	10.7	0.9	11.0	1.0	0.3	0.9
Kentucky	13.9	0.9	13.8	1.0	14.1	1.1	0.4	1.0
Louisiana	18.8	1.1	19.5	1.3	18.9	1.3	-0.6	1.1
Maine	10.6	0.8	10.9	0.8	10.2	1.0	-0.7	0.9
Maryland	14.0	0.8	13.6	0.9	14.2	1.0	0.6	0.9
Massachusetts	10.8	0.7	10.3	0.8	11.2	0.8	*0.9	0.7
Michigan	11.4	0.6	11.3	0.7	11.2	0.7	-	0.6
Minnesota	8.5	0.7	8.3	0.8	8.8	0.8	0.5	0.7
Mississippi	17.2	1.1	17.3	1.3	17.5	1.3	0.2	1.1
Missouri	11.7	0.8	11.3	0.9	11.8	0.9	0.5	0.8
Montana	17.9	1.1	17.3	1.3	19.2	1.4	*1.9	1.1
Nebraska	11.0	0.8	10.7	0.9	11.4	1.0	0.6	0.9
Nevada	19.1	1.0	19.3	1.1	18.7	1.3	-0.6	1.1
New Hampshire	10.6	0.8	10.1	0.8	11.0	1.0	*0.9	0.9
New Jersey	14.4	0.7	14.0	0.8	14.6	0.8	0.7	0.7
New Mexico	21.4	1.3	21.6	1.5	21.5	1.5	-0.1	1.3
New York	15.0	0.5	15.4	0.6	14.7	0.6	*-0.8	0.5
North Carolina	16.6	0.8	17.0	0.9	16.5	0.9	-0.5	0.8
North Dakota	11.0	0.8	10.9	0.9	11.0	1.0	0.1	0.9
Ohio	11.8	0.6	12.0	0.7	11.7	0.7	-0.3	0.6
Oklahoma	19.2	1.1	18.8	1.2	20.1	1.3	*1.3	1.1
Oregon	16.1	1.0	15.9	1.1	16.8	1.2	1.0	1.1
Pennsylvania	11.5	0.5	11.4	0.6	11.7	0.6	0.3	0.6
Rhode Island	10.5	0.8	10.0	0.8	10.8	1.0	0.8	0.9
South Carolina	13.8	0.9	13.4	1.0	14.5	1.1	*1.1	1.0
South Dakota	11.9	0.8	11.8	0.9	12.1	1.0	0.2	0.9
Tennessee	12.7	0.9	12.0	1.0	13.7	1.0	*1.7	0.9
Texas	25.1	0.6	25.2	0.8	24.8	0.7	-0.4	0.7
Utah	13.4	0.9	13.0	1.0	13.4	1.1	0.3	1.0
Vermont	10.5	0.8	10.1	0.9	10.3	1.0	0.2	0.9
Virginia	13.6	0.8	13.3	1.0	13.7	0.9	0.4	0.8
Washington	14.2	0.9	14.8	1.1	14.2	1.0	-0.6	0.9
West Virginia	15.9	0.9	15.6	1.1	16.5	1.1	0.9	1.0
Wisconsin	10.4	0.7	10.4	0.8	10.6	0.9	0.3	0.8
Wyoming	15.9	1.0	16.8	1.2	15.0	1.2	*-1.8	1.1

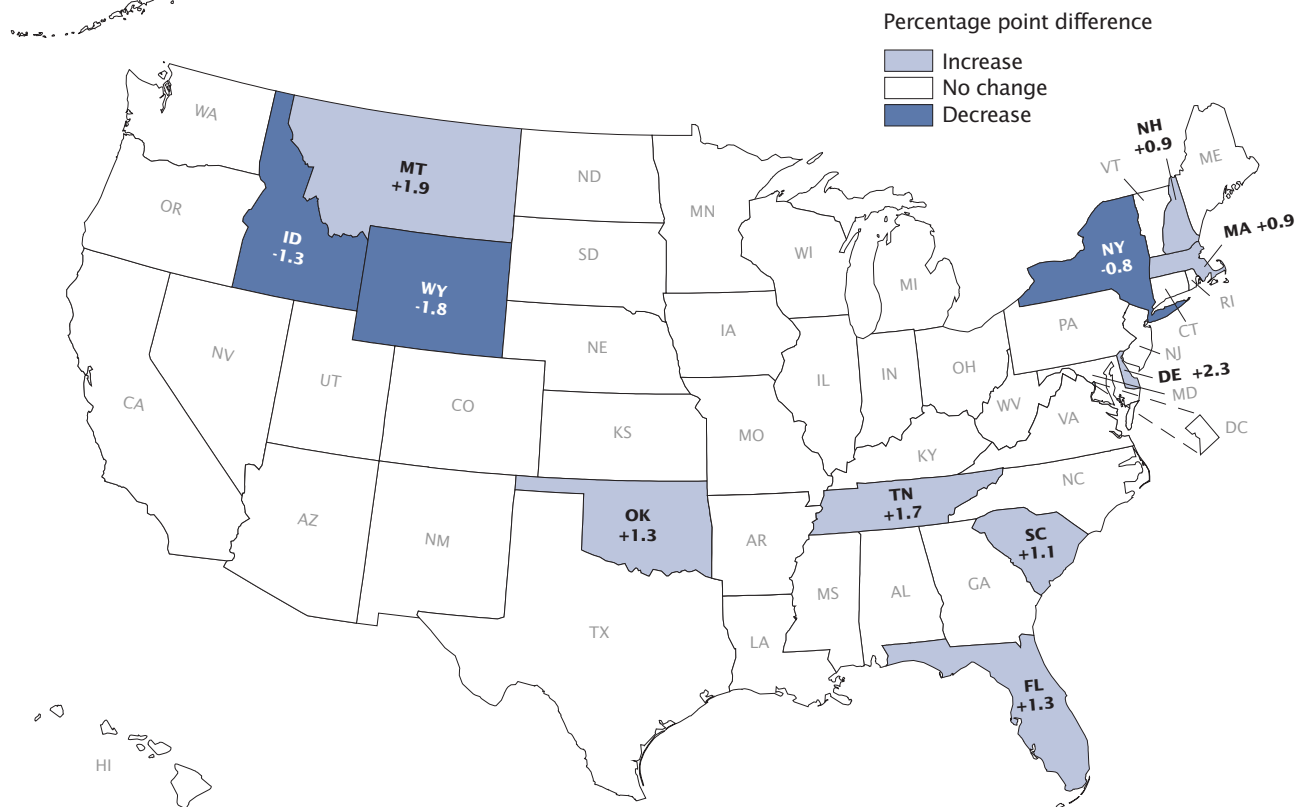- Represents zero or rounds to zero.
* Statistically different from zero at the 90-percent confidence level.

[1] Details may not sum to totals because of rounding.
[2] 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. For more information, see ''Standard Errors and Their Use'' at <www.census.gov/hhes/www/p60_229sa.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2003 to 2005 Annual Social and Economic Supplements.