

Health Care Expenses for Injuries:
Estimates from the 1997 MEPS

MEPS

Research #19 Findings

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Abstract

This report from the Agency for Healthcare Research and Quality uses data from the 1997 Medical Expenditure Panel Survey (MEPS) Household Component to examine the health care costs of injury-related conditions. An estimated \$57.9 billion was spent on injury-related conditions for the U.S. civilian noninstitutionalized population. Approximately 62 million people were reported to have had an injury-related condition. Seventy percent of the people with an injury-related condition (43 million people) had a medical expense related to that condition. This report gives estimates of injury-related expenses for inpatient hospital services and ambulatory medical care services by age, sex, race, health insurance, and poverty level. Injury-related expenses as a proportion of total medical expenses, and mean and median expenses are also discussed. The proportion of expenses for injury and

The estimates in this report are based on the most recent data available at the time the report was written. However, selected elements of MEPS data may be revised on the basis of additional analyses, which could result in slightly different estimates from those shown here. Please check the MEPS Web site for the most current file releases.

noninjury medical care paid by various sources, including out-of-pocket, Medicare, Medicaid, private insurance, and Workers' Compensation, are also compared.

Suggested citation

Krauss NA, Machlin SR, Adams GA. Health care expenses for injuries: estimates from the 1997 MEPS. Rockville (MD): Agency for Healthcare Research and Quality; 2003. MEPS Research Findings No. 19. AHRQ Pub. No. 04-0005.

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Research #19 Findings

U.S. Department of Health and Human Services
Public Health Service
Agency for Healthcare Research and Quality

AHRQ Pub. No. 04-0005
December 2003

The Medical Expenditure Panel Survey (MEPS)

Background

The Medical Expenditure Panel Survey (MEPS) is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research, and the National Center for Health Statistics (NCHS).

MEPS comprises three component surveys: the Household Component (HC), the Medical Provider Component (MPC), and the Insurance Component (IC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHRQ on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES) was conducted in 1977, the National Medical Expenditure Survey (NMES) in 1987. Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating DHHS surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new MEPS design features include linkage with the National Health Interview Survey (NHIS), from which the sample for the MEPS HC is drawn, and enhanced longitudinal data collection for core survey components. The MEPS HC augments NHIS by selecting a sample of NHIS respondents, collecting additional data on their health care

expenditures, and linking these data with additional information collected from the respondents' medical providers, employers, and insurance providers.

Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian noninstitutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of five rounds of interviews over a 2½-year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for 2 calendar years are collected from each household. This series of data collection rounds is launched each subsequent year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with oversampling of Hispanics and blacks.

Medical Provider Component

The MEPS MPC supplements and validates information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents. The MPC sample includes all hospitals, hospital physicians, home health agencies, and pharmacies reported in the HC. Also included in the MPC are all office-based physicians:

- Providing care for HC respondents receiving Medicaid.
- Associated with a 75-percent sample of households receiving care through an HMO (health maintenance organization) or managed care plan.

- Associated with a 25-percent sample of the remaining households.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents, including:

- Diagnoses coded according to ICD-9 (9th Revision, International Classification of Diseases) and DSM-IV (Fourth Edition, Diagnostic and Statistical Manual of Mental Disorders).
- Physician procedure codes classified by CPT-4 (Current Procedural Terminology, Version 4).
- Inpatient stay codes classified by DRG (diagnosis-related group).
- Prescriptions coded by national drug code (NDC), medication names, strength, and quantity dispensed.
- Charges, payments, and the reasons for any difference between charges and payments.

The MPC is conducted through telephone interviews and mailed survey materials.

Insurance Component

The MEPS IC collects data on health insurance plans obtained through private and public-sector employers. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, and employer characteristics.

Establishments participating in the MEPS IC are selected through three sampling frames:

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.
- A Bureau of the Census list frame of private-sector business establishments.
- The Census of Governments from the Bureau of the Census.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and other insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers

and to evaluate policy issues pertaining to health insurance. Since 2000, the Bureau of Economic Analysis has used national estimates of employer contributions to group health insurance from the MEPS IC in the computation of Gross Domestic Product (GDP).

The MEPS IC is an annual panel survey. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone followup for nonrespondents.

Survey Management

MEPS data are collected under the authority of the Public Health Service Act. They are edited and published in accordance with the confidentiality provisions of this act and the Privacy Act. NCHS provides consultation and technical assistance.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and electronic files. Microdata files are released on CD-ROM and/or as electronic files.

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Health Care Expenses for Injuries: Estimates from the 1997 MEPS

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Introduction

Injuries are the fifth leading cause of death in the United States (Hoyert, Arias, Smith, et al., 2001) and the leading cause of death for people ages 1-44 (Department of Health and Human Services (U.S.), 2000). The risk of injury is so great that most people sustain a significant injury at some time during their lives (Department of Health and Human Services (U.S.), 2000). It is not surprising that injuries impose a large burden on national health care costs, exceeded only by heart disease and cancer (Cohen and Krauss, 2003).

This report presents estimates from the 1997 Medical Expenditure Panel Survey Household Component (MEPS HC) of spending for direct medical care provided for conditions caused by injuries among the U.S. civilian noninstitutionalized population. Because direct medical costs do not include reduced or lost productivity in the working-age population or the nonmonetary cost of the disability and emotional stress caused by injuries, this report does not analyze the total economic burden attributable to injuries. Emphasis is placed on injury-related expenses for ambulatory care and inpatient hospital care.

Specific comparisons are made by age, sex, race/ethnicity, health insurance status, and poverty status. The overall distribution of expenses is shown by type of care and source of payment for injury- and non-injury-related conditions.

The estimates are representative of the civilian noninstitutionalized population of the United States during calendar year 1997. A technical appendix at the end of this report provides definitions of the variables used in this report. It also gives a detailed description of the MEPS HC, including data collection methods, sample size, variable construction, and statistical procedures used to derive estimates. The standard errors for the tables and figures discussed in the text of this report are also shown in the appendix. Only differences between estimates that are statistically significant at the 0.05 level are discussed in this report.

Definitions of Injury and Expenses

The standard definition of injury is the occurrence of sudden external forces resulting in trauma. Furthermore an injury may be unintentional (an accident) or intentional (violence or abuse). A single injury episode may result in several injuries or conditions. For example, a person may fall (the injury episode) and receive a concussion and a broken hip (the conditions related to the injury episode). This report examines 1997 expenses for medical treatment of conditions resulting from an injury episode regardless of whether the episode occurred in 1997 or prior to 1997.

Approximately 41 percent of the injuries for which households reported receiving treatment during 1997 actually occurred in a prior year (data not shown).

The household respondent identified the date of the injury and the resulting conditions in the Condition Enumeration section of the MEPS HC Questionnaire and identified the number and type of provider visits in the Medical Event Sections. (See www.meps.ahrq.gov for details regarding the questionnaire.) This report contains estimates of the percent of the population reported to have an injury-related condition, not the percent with an injury per se. If a person did not have a medical provider visit and did not miss work or school because of an injury, such as a pulled muscle, the injury may not have been reported during the MEPS interview.

This report focuses on overall expenses in 1997 associated with injuries, as well as on expenses for ambulatory care and for inpatient hospital care, and estimates injury-related expenses as a proportion of total expenses for all care provided in these settings.

About 11 percent of all health care spending for the U.S. civilian noninstitutionalized population in 1997 was for injury-related conditions.

Ambulatory visits to medical providers in office and hospital settings, hospital inpatient care, home health care, and prescribed medicines are included in total expenses, but payments for over-the-counter-drugs, alternative care services, and telephone contacts with medical providers are not included. In contrast to other reports containing MEPS expenditure estimates (e.g., Thorpe and Machlin, 2000), this report excludes expenses for durable medical equipment and other miscellaneous items (eyeglasses, contact lenses, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, and other miscellaneous items or services) because it was not possible to determine from the survey questions which of these expenses were associated with injuries.

Population Characteristics

Approximately 23 percent of the population (about 62 million persons) had a medical condition in 1997 that resulted from an injury (Table 1), and approximately 70 percent of those people (about 43 million) had some medical expense for that condition. About 16 percent of children under age 16 had at least one injury-related condition, compared to about one-quarter of people 16 years of age and over. People ages 16-24 were less likely to have an expense associated with an injury-related condition than those under 16 or 45 and over.

Females (21.2 percent) were less likely than males (25.0 percent) to have had an injury-related condition. Males and females who had an injury-related condition were equally likely to have a related medical expense. Whites (25.4 percent) were more likely than blacks (17.3 percent), Hispanics (17.5 percent), and others (14.6 percent) to have an injury-related condition. The probability of having an injury-related condition did not vary by either insurance status or poverty status. However, the uninsured population under age 65 were the least likely to report an injury-related expense.

Total Expenses for Injury-Related Conditions

An estimated \$57.9 billion was spent on injury-related conditions for the U.S. civilian noninstitutionalized population in 1997 (Table 2). This was 10.8 percent of all health care spending during that

year. For people with an injury-related expense, the mean expense for injury-related conditions was \$1,330 but the median expense was only \$241.

As a proportion of total expenses for all health care in 1997, injuries presented a greater burden for people ages 16-24 (25.6 percent) than for those under 16 or 45 and over. The mean expense for injury-related conditions was lowest for children under age 16 (\$467).

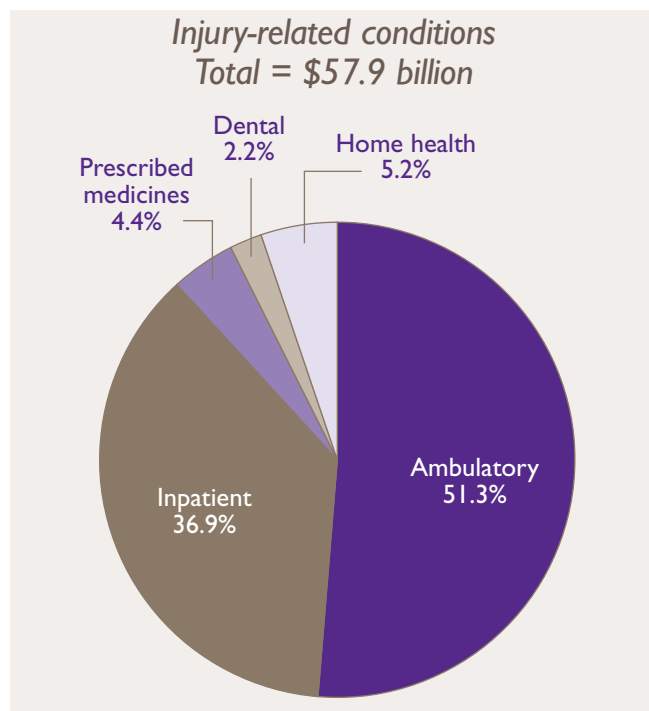
An estimated \$35.3 billion was spent on health care for injury-related conditions for males, higher than the \$22.6 billion spent for women. The proportion of total expenses associated with injuries was about twice as high for males (14.9 percent) as for females (7.5 percent). Per capita expenses were about 62 percent higher for males (\$266) than for females (\$163), and mean expenses for people with injury-related conditions also were higher for males (\$1,536) than for females (\$1,101). Per capita injury-related expenses for whites were \$246 in 1997, higher than for blacks (\$122) or Hispanics (\$137).

Among those under age 65, the proportion of total medical expenses attributable to injuries was approximately twice as high for the uninsured (24.3 percent) as for people with private coverage (12.4 percent) and people with public insurance (11.0 percent). There were no statistically significant differences among poverty status groups in the proportion of total expenses attributable to injuries, per capita expenses, or the mean or median expenses for injury-related conditions.

Figures 1 and 2 summarize the distribution of expenses for injury- and non-injury-related conditions, respectively, by type of care received. Ambulatory care accounted for a higher proportion of expenditures for injuries (51.3 percent) than noninjury conditions (31.7 percent). The proportion of total expenses that went for inpatient hospital care was similar for injury- and non-injury-related conditions (36.9 percent and 39.3 percent, respectively). Dental care and prescribed medicines made up a smaller proportion of expenses for injury-related conditions: dental care, 2.2 vs. 9.0 percent; prescribed medicines, 4.4 vs. 14.6 percent.

About one-quarter of all health care expenses for the age group 16-24 were for injury-related conditions.

Figure 1. Percent distribution of expenses for injury-related conditions, by type of care: United States, 1997

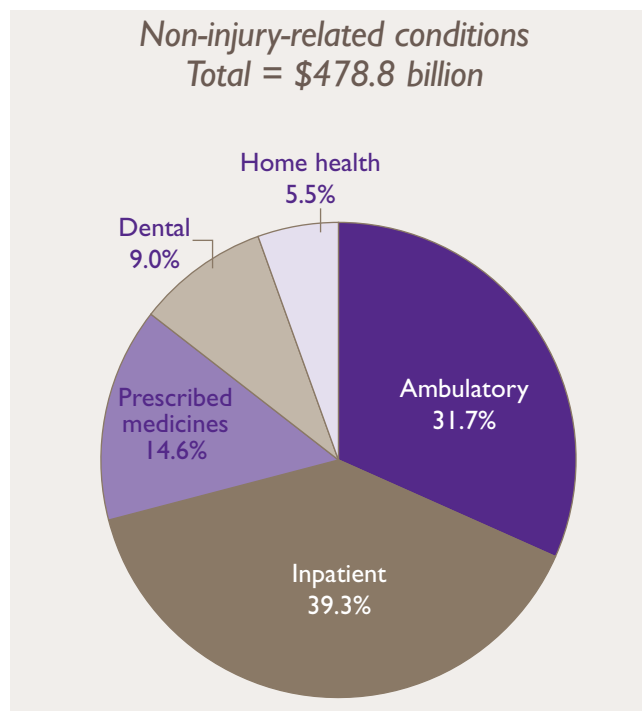


Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997.

Ambulatory Care Expenses

In 1997 expenses for injury-related care received by the U.S. civilian noninstitutionalized population in office-based settings and clinics, hospital outpatient departments, emergency rooms, and clinics owned and operated by hospitals amounted to approximately \$29.7 billion, representing 16.4 percent of the ambulatory care expenses for all conditions (Table 3). The per capita expense for ambulatory care for injury-related conditions was \$109. For those with an injury-related expense, the mean cost of ambulatory care for injury-related conditions was \$787 and the median expense was \$234. Injury-related expenses for ambulatory visits accounted for about one-quarter of all ambulatory expenses for people ages 16-24 (26.4 percent) and 25-44 (24.5 percent), a higher proportion than for the other age groups. Per capita expenses for ambulatory care were highest for people ages 25-44 (\$146) and 45-64 (\$152). For persons with injury-related expenses,

Figure 2. Percent distribution of expenses for non-injury-related conditions, by type of care: United States, 1997



Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997.

mean injury-related ambulatory care expenses also were highest for people ages 25-44 (\$968) and 45-64 (\$991).

Expenses for injury-related ambulatory care were higher for males (\$17.0 billion) than for females (\$12.7 billion). The proportion of total ambulatory care expenses associated with injuries was about 9 percentage points higher for males than for females (21.6 vs. 12.3 percent). However, differences in mean ambulatory care expenses for males and females were not statistically significant.

There were no statistically significant differences in the proportion of total ambulatory expenses associated with injuries by race/ethnicity. The mean injury-related expense was not statistically significantly different for blacks (\$689) than for either whites or Hispanics, but it was significantly higher for whites (\$813) than for Hispanics (\$594).

For the population under 65 years old, the proportion of total ambulatory expenses attributed to injuries was higher for uninsured people (29.7 percent) than for those with private insurance (19.3 percent) or

public insurance (16.1 percent). Differences in mean expenses by insurance status for this age group were not statistically significant. For people age 65 and over, the proportion of total ambulatory care expenses attributed to injuries was more than twice as high for those covered by Medicare only (9.5 percent) as for people covered by Medicare and other public insurance (4.3 percent).

There were no statistically significant differences in mean ambulatory care expenses for injury-related conditions by poverty status.

Inpatient Hospital Expenses

The inpatient expense estimates shown in Table 4 include room and board charges, all hospital diagnostic and laboratory expenses associated with the basic facility charge, payments for separately billed physician inpatient services, and emergency room expenses incurred immediately prior to inpatient stays for injury-related conditions. Estimated expenses for inpatient services for injury-related conditions in 1997 were about \$21.4 billion, which constituted 10.2 percent of expenditures for all inpatient care. The mean inpatient expense per person for people with an injury-related inpatient expense was \$9,510, while the median expense was \$5,473.

The amount spent on injury-related conditions for people ages 16-24 (\$4.6 billion) amounted to an estimated 39.6 percent of all inpatient expenses for that age group.¹ This proportion is substantially higher than the estimated proportions of total inpatient expenses for any other age group (ranging from 6.7 to 12.5 percent).

Males incurred about 72 percent of the total expenses for injury-related inpatient care in 1997—\$15.3 billion, compared to only \$6.1 billion for females. The proportion of inpatient expenses spent on injury-related care was approximately three times as high for males (15.4 percent) as for females (5.5 percent). Per capita expenses for injury-related inpatient care were nearly three times as high for males (\$115) as for females (\$44). The mean injury-related expense for those with an injury-related inpatient expense was about \$4,300 higher for males than for females (\$11,194 compared to \$6,891).

¹ Relative standard errors of 30 percent or more.

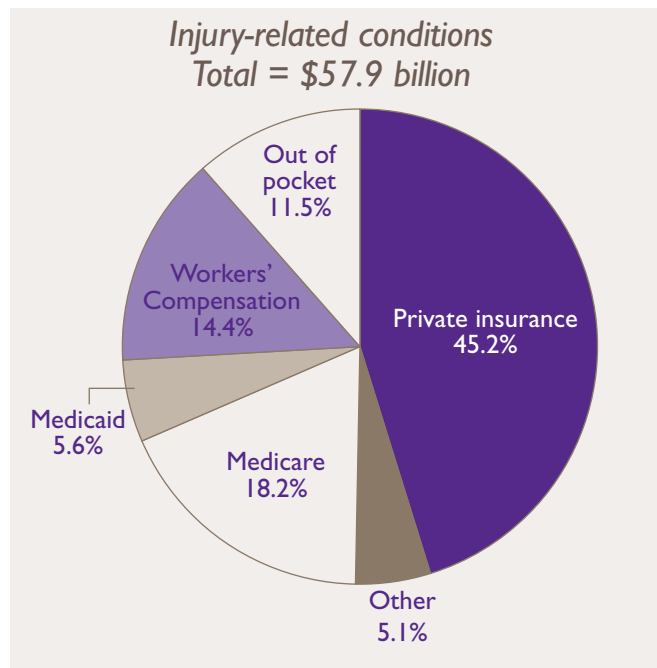
The proportion of total inpatient expenses for injury-related care did not vary by race/ethnicity. However, per capita expenses for injury-related inpatient care for the white population (\$93) were more than double expenses for the black population (\$42), and the mean cost for inpatient care for injury-related conditions was substantially higher for whites than for blacks (\$10,084 vs. \$5,936).

There were no statistically significant differences in either the proportion of inpatient medical expenses attributable to injuries or the mean inpatient care expenses for injury-related conditions by either insurance status or poverty status.

Source of Payment

Figures 3 and 4 summarize the percent distribution of expenses by source of payment for injury- and non-injury-related conditions in 1997. Workers' Compensation covered 14.4 percent of injury-related

Figure 3. Percent distribution of expenses for injury-related conditions, by source of payment: United States, 1997



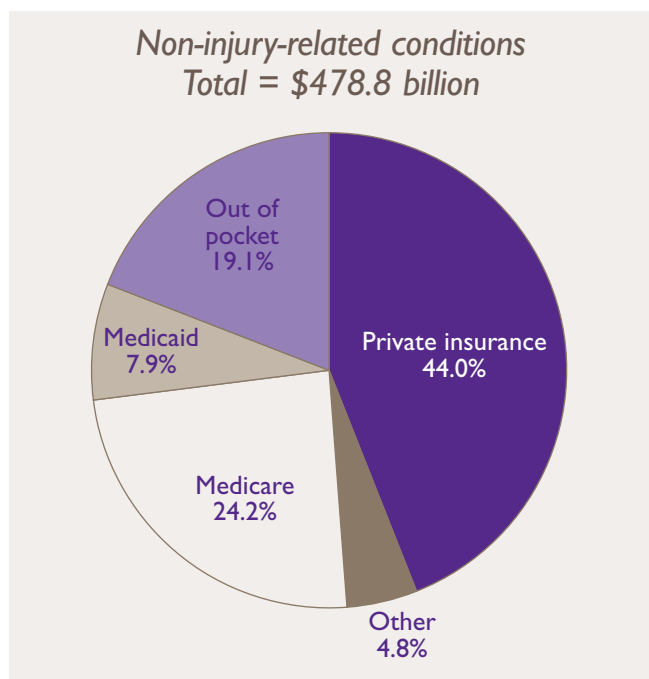
Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997.

expenses. The proportion paid out of pocket was smaller for injury-related conditions than for non-injury-related conditions (11.5 percent vs. 19.1 percent). In contrast, the proportion of expenses paid by private insurance was similar for both injuries (45.2 percent) and noninjuries (44.0 percent), despite the noteworthy proportion of expenses for injuries paid by Workers' Compensation.

Summary

Approximately \$57.9 billion was spent on injury-related care in 1997, constituting 10.8 percent of all health care spending during that year. This amount does not include payments for over-the-counter drugs, alternative care services, telephone contacts with medical providers, or expenses for durable medical equipment or other miscellaneous items such as eyeglasses or ambulance services.

Figure 4. Percent distribution of expenses for non-injury-related conditions, by source of payment: United States, 1997



Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997.

The average total expense for injury-related conditions was lowest for children under 16 (\$467 per person with expense). However, as a proportion of total health care expenditures in 1997, injuries imposed a relatively high burden on people ages 16-24 years; about one-quarter of their total health care costs were attributed to injury-related conditions, a significantly higher share than for most other age groups. Furthermore, injury-related health care for this age group accounted for about 40 percent of all inpatient care expenses (about \$4.6 billion),² higher than for any other age group. Injury prevention strategies targeted toward this group of older teenagers and young adults may well be cost effective.

The proportion of total medical expenses associated with injuries was about twice as high for males (14.9 percent) as for females (7.5 percent). Males also incurred approximately 72 percent of all inpatient health care expenses for injury-related conditions (\$15.3 billion). About 15.4 percent of all inpatient expenses for males were for injury-related conditions, approximately three times the proportion for females (5.5 percent). Injury-related conditions also accounted for approximately one-fifth (21.6 percent) of ambulatory care expenses for males compared to only 12.3 percent for females.

The impact of injuries on national health care expenditures raises important public policy issues. The extent of expenses for injury-related care is particularly significant when one considers that, unlike many major conditions, injuries often can be prevented or avoided by relatively inexpensive intervention programs (Bernstein and Schur, 1990). In *Healthy People 2010* (Department of Health and Human Services (U.S.), 2000), the reduction of unintentional injuries, as well as violence and abuse, was identified as a priority area. Achievement of these national goals requires timely and accurate measures of the incidence of injury and expenses, including data on cause of injury and type of injury sustained, to form the basis for planning, analysis, and evaluation of injury control efforts (Miller and Lestine, 1996).

Workers' Compensation paid for about 14 percent of injury-related expenses in 1997.

²Relative standard errors of 30 percent or more.

References

- Bernstein AB, Schur CL. Expenditures for unintentional injuries among the elderly. *J Aging Health* 1990; 2:157-78.
- Cohen JW, Krauss NA. Spending and service use among people with the fifteen most costly medical conditions, 1997. *Health Aff* 2003 Mar./Apr.; 22(2):129-38.
- Cohen SB. Sample design of the 1996 Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Health Care Policy and Research; 1997. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027.
- Cohen SB. Sample design of the 1997 Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Healthcare Research and Quality; 2000. MEPS Methodology Report No.11. AHRQ Pub. No. 01-0001.
- Department of Health and Human Services (U.S.). *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington: U.S. Government Printing Office; Nov. 2000.
- Hoyert DL, Arias E, Smith BL, et al. Deaths: final data for 1999. Hyattsville (MD): National Center for Health Statistics; 2001. *National Vital Statistics Reports*; Vol. 49, No. 8.
- Miller TR, Lestine DC. Patterns of U.S. medical expenditures and utilization for injury, 1987. *Am J Public Health* 1996; 86:89-93.
- Thorpe JM, Machlin SR. Health care expenses in the U.S. civilian noninstitutionalized population, 1997. Rockville (MD): Agency for Healthcare Research and Quality; 2000. AHRQ Pub. No. 01-R086.

Table 1. Injury-related conditions and expenses—Percent of population with conditions and percent of those incurring expenses: United States, 1997

Population characteristic	Total population in thousands	People with injury-related condition	
		Percent	Percent with expense ^a
Total	271,279	23.0	69.7
Age in years			
Under 16	63,621	16.1	72.9
16-24	33,470	24.8	63.8
25-44	83,707	25.7	67.8
45-64	56,295	25.8	71.2
65 and over	34,185	23.2	73.9
Sex			
Male	132,605	25.0	69.4
Female	138,673	21.2	70.1
Race/ethnicity			
Hispanic	31,111	17.5	67.7
Black	34,086	17.3	64.5
White	195,030	25.4	70.8
Other	11,052	14.6	61.9
Health insurance status^b			
Under age 65:			
Any private	176,046	23.9	70.8
Public only	27,743	20.6	69.2
Uninsured	33,304	20.5	58.4
Age 65 and over:			
Medicare only	8,550	22.5	74.5
Medicare and private	22,028	23.9	74.1
Medicare and other public	3,434	21.5	71.1
Poverty status^c			
Poor	36,415	21.3	67.6
Near-poor	12,233	23.9	68.8
Low income	38,723	21.1	66.1
Middle income	89,981	23.7	71.0
High income	93,926	23.7	70.6

^aPercent of those with injury-related condition(s) who incurred some expense for their condition(s) during 1997.

^bUninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period. Individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^cPoor refers to incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1997.

Table 2. Total medical expenses^a for injury-related conditions: United States, 1997

Population characteristic	Injury-related total expenses		Percent of total expenses due to injury ^b	Expense per person with expense	
	Total in thousands	Per capita		Median	Mean
Total	\$57,878,383	\$213	10.8	\$241	\$1,330
Age in years					
Under 16	3,487,397	55	7.7	152	467
16-24	7,994,397	239	25.6	239	1,508
25-44	18,611,425	222	16.0	269	1,279
45-64	15,157,523	269	9.6	297	1,468
65 and over	12,627,641	369	6.8	283	2,155
Sex					
Male	35,258,474	266	14.9	248	1,536
Female	22,619,909	163	7.5	233	1,101
Race/ethnicity					
Hispanic	4,271,511	137	10.7	237	1,160
Black	4,165,598	122	8.8	253	1,094
White	47,932,351	246	11.0	240	1,369
Other	*1,508,922	*137	12.4	261	1,512
Health insurance status^c					
Under age 65:					
Any private	34,458,675	196	12.4	236	1,159
Public only	5,506,037	198	11.0	234	1,395
Uninsured	*5,286,030	*159	24.3	235	1,329
Age 65 and over					
Medicare only	2,304,123	269	5.7	251	1,608
Medicare and private	8,863,421	402	7.5	278	2,273
Medicare and other public	1,460,097	425	5.5	452	2,775
Poverty status^d					
Poor	6,956,216	191	9.5	269	1,323
Near-poor	2,530,134	207	7.6	214	1,258
Low income	8,944,592	231	12.3	286	1,660
Middle income	19,789,792	220	11.1	250	1,309
High income	19,657,648	209	11.0	225	1,250

^aTotal medical expenses include inpatient hospital and physician services, ambulatory physician and nonphysician services, and prescribed medicines purchased during the year. Expenses for over-the-counter medications, alternative care services, and telephone contacts are not included. Expenses for durable medical equipment and other miscellaneous items are excluded because it was not possible to determine which of those expenses were associated with injuries.

^bNumerator is total expenses for injuries. Denominator is total medical expenses for both injury- and non-injury-related conditions.

^cUninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period. Individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^dPoor refers to family incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

*Relative standard error equal to or greater than 30 percent.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1997.

Table 3. Ambulatory medical expenses^a for injury-related conditions: United States, 1997

Population characteristic	Injury-related ambulatory expenses		Percent of total ambulatory expenses due to injury ^b	Expense per person with expense	
	Total in thousands	Per capita		Median	Mean
Total	\$29,677,277	\$109	16.4	\$234	\$787
Age in years					
Under 16	2,494,470	39	13.3	154	366
16-24	3,175,994	95	26.4	230	654
25-44	12,234,467	146	24.5	271	968
45-64	8,565,435	152	15.7	285	991
65 and over	3,206,911	94	7.0	193	675
Sex					
Male	17,023,157	128	21.6	236	851
Female	12,654,120	91	12.3	223	715
Race/ethnicity					
Hispanic	1,881,957	60	15.1	200	594
Black	2,193,572	64	15.7	251	689
White	24,762,460	127	16.5	234	813
Other	839,288	76	19.8	265	942
Health insurance status^c					
Under age 65:					
Any private	21,591,232	123	19.3	242	824
Public only	2,500,292	90	16.1	205	740
Uninsured	2,378,842	71	29.7	242	708
Age 65 and over:					
Medicare only	893,041	104	9.5	147	774
Medicare and private	2,121,752	96	6.7	210	657
Medicare and other public	192,118	56	4.3	*244	522
Poverty status^d					
Poor	2,724,914	75	13.3	251	616
Near-poor	1,299,641	106	14.9	196	762
Low income	4,250,933	110	17.9	252	919
Middle income	11,340,460	126	19.0	238	859
High income	10,061,330	107	14.7	215	732

^aExpenses for visits to medical providers seen in office-based settings or clinics, hospital outpatient departments, emergency rooms (except visits resulting in an overnight hospital stay), and clinics owned and operated by hospitals, as well as expenses for events reported as hospital admissions without an overnight stay, are included.

^bNumerator is ambulatory expenses for injuries. Denominator is total ambulatory expenses for both injury- and non-injury-related conditions.

^cUninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period. Individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^dPoor refers to family incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

*Relative standard error equal to or greater than 30 percent.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1997.

Table 4. Inpatient medical expenses^a for injury-related conditions: United States, 1997

Population characteristic	Injury-related inpatient expenses		Percent of total inpatient expenses due to injury ^b	Expense per person with expense	
	Total in thousands	Per capita		Median	Mean
Total	\$21,372,738	\$79	10.2	\$5,473	\$9,510
Age in years					
Under 16	*818,725	*13	*6.7	*2,363	*5,090
16-24	*4,564,514	*136	*39.6	9,316	*16,966
25-44	4,419,911	53	12.5	4,040	6,060
45-64	4,762,106	85	7.9	5,908	9,631
65 and over	6,807,482	*199	7.6	6,140	11,468
Sex					
Male	15,313,375	115	*15.4	*5,596	11,194
Female	6,059,363	44	5.5	5,033	6,891
Race/ethnicity					
Hispanic	*1,569,956	*50	9.1	5,588	9,624
Black	1,425,844	42	6.9	4,628	5,936
White	18,081,799	93	10.8	5,525	10,084
Other	*295,140	*27	*7.5	*1,251	*5,808
Health insurance status^c					
Under age 65:					
Any private	9,880,695	56	10.8	4,862	7,935
Public only	2,054,842	74	10.4	5,243	7,659
Uninsured	*2,629,719	*79	*31.7	*8,791	*18,754
Age 65 and over:					
Medicare only	*755,467	*88	*3.8	4,539	7,026
Medicare and private	*5,495,520	*249	*9.8	6,362	*13,199
Medicare and other public	*556,496	*162	*4.3	6,124	7,979
Poverty status^d					
Poor	2,874,196	79	8.9	5,203	7,712
Near-poor	*916,122	*75	*5.2	*5,835	7,753
Low income	3,099,773	80	10.9	7,826	9,533
Middle income	6,505,736	72	8.9	4,937	8,035
High income	*7,976,912	*85	13.9	5,420	12,833

^a Room and board and all hospital diagnostic and laboratory expenses associated with the basic facility charge, payments for separately billed physician inpatient services, and emergency room expenses incurred immediately prior to inpatient stays are included. Expenses for hospital discharges that did not involve an overnight stay, which are ambulatory expenses (Table 3), are excluded. Expenses for newborns who left the hospital on the same day as the mother are included in the mother's record.

^b Numerator is inpatient expenses for injuries. Denominator is total inpatient expenses for both injury- and non-injury-related conditions.

^c For health insurance status, uninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period. Individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^d Poor refers to family incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

*Relative standard error equal to or greater than 30 percent.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1997.

Technical Appendix

Data in this report are based on the combined samples for the second year of the 1996 panel of the Medical Expenditure Panel Survey Household Component (MEPS HC) and the first year of the 1997 MEPS HC. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS). The focus of the MEPS HC is to collect detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments for those services, access to care, health insurance coverage, income, and employment of the U.S. civilian noninstitutionalized population. In other components of MEPS, data are collected on the use, charges, and payments reported by providers (Medical Provider Component) and the supply side of the insurance market (Insurance Component).

Survey Design

The sample for the 1996 MEPS HC was selected from respondents to the 1995 National Health Interview Survey (NHIS), and the sample for the 1997 MEPS HC was selected from the 1996 NHIS. NHIS, which is conducted by NCHS, provides a nationally representative sample of the U.S. civilian noninstitutionalized population and reflects an oversampling of Hispanics and blacks.

The MEPS HC collects data through an overlapping panel design. In this design, data are collected through a precontact interview that is followed by a series of five rounds of interviews over a period of 2½ years. Interviews are conducted with one member of each family, who reports on the health care experiences of the entire family. Two calendar years of medical expenditure and utilization data are collected in each household and captured using computer-assisted personal interviewing (CAPI). This series of data collection rounds is launched again each subsequent year on a new sample of households to provide overlapping samples of survey data that will provide continuous and current estimates of health care expenditures.

The estimates of total expenditures in Tables 1-4 are based on 32,636 sample persons. They are weighted to develop population estimates for a total of 271,278,585 persons who were in the U.S. civilian noninstitutionalized population for part or all of 1997. For persons who were

in the target population for the full year, all expenditures from January 1 through December 31, 1997, were included in the estimates. People with part-year information include newborns, people who died during the year, and people who resided in an institution, were in the military, or lived outside the country for part of the year. Expenditures for deceased persons were measured for the period from January 1 through the date of death, while those for newborns were measured from the date of birth through December 31. Expenses incurred during periods of full-time active-duty military service, institutionalization, or residency outside the country were not included.

This report provides estimates of expenditures in 1997 for the treatment of conditions that were reported to be attributable to an injury. The estimates include expenditures for conditions associated with injuries that occurred in 1997 as well as in prior years. Expenditures refer to payments for health care services, including out-of-pocket payments and payments by private insurance, Medicaid, Medicare, Workers' Compensation, and other sources. Ambulatory visits to medical providers in office and hospital settings, hospital inpatient care, home health care, and prescribed medicines are included in total expenditures, while payments for over-the-counter drugs, alternative care services, and telephone contacts with medical providers are not included. In contrast to other reports containing MEPS expenditure estimates, expenses for durable medical equipment and other miscellaneous items (eyeglasses, contact lenses, ambulance services, orthopedic items, hearing devices, prostheses, bathroom aids, medical equipment, disposable supplies, and other miscellaneous items or services) are also excluded because it was not possible to determine from the survey questions which of these expenses were associated with injuries.

The estimates were developed using information collected in the conditions and medical events sections of the MEPS questionnaire (www.meps.ahrq.gov/survey.htm#hcsurveyinstrument). In the conditions section, respondents were asked to identify medical conditions that bothered sample persons during the period covered by the interview and identify conditions that were due to an injury. In the medical events sections, which collect information about ambulatory visits, inpatient hospitalizations, dental care, home health care, and prescribed medicines, respondents were asked to identify the conditions that were associated

with each reported medical event. This information was used to link medical events to associated injury-related conditions. Estimates of expenditures for these events were based on a combination of data obtained from sample persons' medical providers in the MEPS Medical Provider Component (used as first priority where available), the medical events sections of the MEPS HC, and imputation procedures for missing data. For detailed information on the MEPS sample design for Panel 1, see Cohen (1997). For detailed information on the MEPS sample design for Panel 2, see Cohen (2000). For information on response rates and estimation procedures see the Documentation File for HC-020 (<http://www.meeps.ahrq.gov/pubdoc/h20doc.pdf>).

In the report, expenses are shown by selected population characteristics, including age, sex, race/ethnicity, health insurance status, and poverty status. (Definitions of these terms are given below.) In addition to total expenses by these characteristics, estimates on per capita expenses and spending for persons with expenses are provided. The per capita estimates were computed as the total injury-related expenses for a particular group divided by the total population of that group. The average number of conditions per injury episode was 1.04, indicating that the overwhelming majority of injuries were associated with only one condition. The standard errors for the estimates in this report are shown in Tables A-F.

Definitions of Terms

Type of Service

The types of service shown in Figures 1 and 2 are:

- *Hospital inpatient services*—This category includes room and board and all hospital diagnostic and laboratory expenses associated with the basic facility charge, payments for separately billed physician inpatient services, and some emergency room expenses incurred immediately prior to inpatient stays. It excludes expenses for hospital discharges that did not involve an overnight stay, which are classified as ambulatory expenses.
- *Ambulatory services*—This category includes expenses for visits to medical providers seen in office-based settings or clinics, hospital outpatient departments, emergency rooms (except some visits resulting in an overnight hospital stay), and clinics owned and operated by hospitals. It also includes expenses for events reported as hospital admissions without an overnight stay.
- *Prescribed medicines*—This category includes expenses for all prescribed medications that were initially purchased or refilled during 1997, as well as expenses for diabetic supplies (some of which may have been purchased without a prescription).
- *Dental services*—This category covers expenses for any type of dental care provider, including general dentists, dental hygienists, dental technicians, dental surgeons, orthodontists, endodontists, and periodontists.
- *Home health services*—This category includes expenses for care provided by home health agencies and independent home health providers. Agency providers accounted for a large majority of the expenses in this category.

Source of Payment

The sources of payment shown in Figures 3 and 4 are classified as follows:

- *Out-of-pocket*—These are expenses paid by the user or other family member.
- *Private insurance*—This category includes payments made by insurance plans covering hospital and medical care (excluding payments from Medicare, Medicaid, and other public sources). Payments from Medigap plans or CHAMPUS and CHAMPVA (Armed-Forces-related coverage) are included. Payments from plans that provide coverage for a single service only, such as dental or vision coverage, are not included.
- *Medicare*—Medicare is a federally financed health insurance plan for the elderly, persons receiving Social Security disability payments, and most persons with end-stage renal disease. Medicare Part A, which provides hospital insurance, is automatically given to those who are eligible for Social Security. Medicare Part B provides supplementary medical insurance that pays for medical expenses and can be purchased for a monthly premium.
- *Medicaid*—Medicaid is a means-tested government program jointly financed by Federal and State funds that provides health care to those who are eligible. Program eligibility criteria vary significantly by State, but the program is designed to provide health

coverage to families and individuals who are unable to afford necessary medical care.

- *Workers' Compensation*—Workers' Compensation is a system, required by law, of compensating workers injured or disabled in connection with work. This system establishes the liability of an employer for injuries or sickness that arise over and in the course of employment. The benefits under this system generally include hospital and other medical payments and compensation for loss of income.
- *Other sources*—This category includes payments from the Department of Veterans Affairs (except CHAMPVA); other Federal sources (Indian Health Service, military treatment facilities, and other care provided by the Federal Government); various State and local sources (community and neighborhood clinics, State and local health departments, and State programs other than Medicaid); various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid payments reported for people who were not reported as enrolled in the Medicaid program at any time during the year; and private insurance payments reported for people without any reported private health insurance coverage during the year.

Population Characteristics

In general, population characteristics are measured as of December 31, 1997, or the last date that the sample person was part of the civilian noninstitutionalized population living in the United States prior to December 31, 1997.

Race/Ethnicity

Classification by race and ethnicity is based on information reported in MEPS for each family member. Respondents were asked if the race of the sample person was best described as American Indian, Alaska Native, Asian or Pacific Islander, black, white, or other. They also were asked if the sample person's main national origin or ancestry was Puerto Rican; Cuban; Mexican, Mexicano, Mexican American, or Chicano; other Latin American; or other Spanish. All persons whose main national origin or ancestry was reported in one of these Hispanic groups, regardless of racial background, are classified as Hispanic. The other race categories do not include Hispanic persons.

Comparisons by race/ethnicity are based on the following four race/ethnicity groups: white, black, Hispanic, and other.

Health Insurance Status

Individuals under age 65 were classified into the following three insurance categories.

- *Any private health insurance*—Individuals with insurance that provides coverage for hospital and physician care at any time during the year (other than Medicare, Medicaid, or other public hospital/physician coverage) are classified as having private insurance. Persons with Armed-Forces-related coverage—CHAMPUS/CHAMPVA (currently called TRICARE)—are also included because the number of sample persons in this group is small and this type of coverage is similar to private insurance. Insurance that provides coverage for a single service only, such as dental or vision coverage, is not included.
- *Public coverage only*—Individuals are considered to have public coverage only if they met both of the following criteria:
 - ✓ They were not covered by private insurance at any time during the year.
 - ✓ They were covered by one of the following public programs at any point during the year: Medicare, Medicaid, or other public hospital/physician coverage.
- *Uninsured*—The uninsured are defined as persons not covered by Medicare, CHAMPUS/CHAMPVA, Medicaid, other public hospital/physician programs, or private hospital/physician insurance at any time during 1997. Individuals covered only by noncomprehensive State-specific programs (e.g., Maryland Kidney Disease Program, Colorado Child Health Plan) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) are not considered to be insured.

Individuals age 65 and over were classified into the following three insurance categories:

- *Medicare only.*
- *Medicare and private insurance.*
- *Medicare and other public insurance.*

Poverty Status

Each person was classified according to the total 1997 income of his or her family. Within a household, all individuals related by blood, marriage, or adoption were considered to be a family. Personal income from all family members was summed to create family income. Possible sources of income included annual earnings from wages, salaries, bonuses, tips, and commissions; business and farm gains and losses; unemployment and Workers' Compensation; interest and dividends; alimony, child support, and other private cash transfers; private pensions, individual retirement account (IRA) withdrawals, Social Security, and veterans' payments; Supplemental Security Income and cash welfare payments from public assistance, Aid to Families with Dependent Children, and Aid to Dependent Children; gains or losses from estates, trusts, partnerships, S corporations, rent, and royalties; and a small amount of other income. Poverty status is the ratio of family income to the 1997 Federal poverty thresholds, which vary by family size and age of the head of the family. The categories are:

- *Poor*—This refers to persons in families with income at or less than the poverty line.
- *Near-poor*—This refers to persons in families with income over the poverty line through 125 percent of the poverty line.
- *Low income*—This category includes persons in families with incomes over 125 percent through 200 percent of the poverty line.
- *Middle income*—This category includes persons in families with income over 200 percent through 400 percent of the poverty line.
- *High income*—This category includes persons in families with income over 400 percent of the poverty line.

Significance Testing

Tests of statistical significance were used to determine whether the differences between populations exist at specified levels of confidence or whether they occurred by chance. Differences were tested using Z-scores having asymptotic normal properties at the 0.05 level of significance. However, each individual significance test was conducted at the 0.05 level, which does not control the overall Type I error level at 0.05.

Rounding

Estimates presented in the tables are rounded as follows:

- Percentages are rounded to the nearest 0.1 percentage point.
- Mean and median expenditures are rounded to the nearest dollar.
- Total expenditures are rounded to the nearest million dollar unit.

Some of the estimates for population totals of subgroups presented in the tables will not add exactly to the overall estimated population total as a consequence of rounding.

Table A. Standard errors for injury-related conditions and expenses—Percent of population with conditions and percent of those incurring expenses: United States, 1997

Corresponds to Table I

Population characteristic	Percent with injury-related condition	Percent with expense ^a
	Standard error	
Total	0.35	0.70
Age in years		
Under 16	0.61	1.59
16-24	0.96	1.92
25-44	0.59	1.23
45-64	0.72	1.27
65 and over	0.92	1.71
Sex		
Male	0.50	0.94
Female	0.44	0.94
Race/ethnicity		
Hispanic	0.63	1.80
Black	0.75	2.18
White	0.43	0.80
Other	1.44	4.92
Health insurance status^b		
Under age 65:		
Any private	0.43	0.90
Public only	0.92	1.96
Uninsured	0.78	2.26
Age 65 and over:		
Medicare only	1.90	3.60
Medicare and private	1.13	2.15
Medicare and other public	2.17	5.12
Poverty status^c		
Poor	0.85	1.81
Near-poor	1.44	3.13
Low income	0.69	1.84
Middle income	0.56	1.20
High income	0.54	1.25

^aPercent of those with injury-related condition(s) who incurred some expense for their condition(s) during 1997.

^bUninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period. Individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^cPoor refers to incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1997.

Table B. Standard errors for total medical expenses^a for injury-related conditions: United States, 1997

Corresponds to Table 2

Population characteristic	Injury-related total expenses		Percent of total expenses due to injury ^b	Average total expense per injury episode	
	Total in thousands	Per capita		Median	Mean
	Standard error				
Total	4,095,234	15	0.7	10	90
Age in years					
Under 16	401,437	6	0.9	11	52
16-24	2,013,786	60	5.1	30	347
25-44	2,286,031	27	1.7	18	148
45-64	1,469,478	26	1.0	25	130
65 and over	2,179,019	63	1.1	36	355
Sex					
Male	3,695,705	28	1.5	13	158
Female	1,364,078	10	0.5	15	61
Race/ethnicity					
Hispanic	718,390	23	1.7	27	196
Black	455,118	13	1.0	28	107
White	4,168,822	22	0.9	12	114
Other	471,449	42	3.5	55	412
Health insurance status^c					
Under age 65:					
Any private	2,945,704	17	1.0	11	97
Public only	783,826	28	1.4	28	196
Uninsured	1,764,058	53	6.4	28	440
Age 65 and over:					
Medicare only	456,719	52	1.1	74	267
Medicare and private	2,126,987	96	1.7	45	526
Medicare and other public	281,653	79	1.1	137	409
Poverty status^d					
Poor	914,882	24	1.1	21	152
Near-poor	504,705	40	1.6	40	230
Low income	1,071,229	28	1.4	28	190
Middle income	1,841,138	21	1.2	19	129
High income	2,835,149	30	1.4	15	167

^aTotal medical expenses include inpatient hospital and physician services, ambulatory physician and nonphysician services, and prescribed medicines purchased during the year. Expenses for over-the-counter medications, alternative care services, and telephone contacts are not included. Expenses for durable medical equipment and other miscellaneous items are excluded because it was not possible to determine which of those expenses were associated with injuries.

^bNumerator is total expenses for injuries. Denominator is total medical expenses for both injury- and non-injury-related conditions.

^cUninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period. Individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^dPoor refers to family incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1997.

Table C. Standard errors for ambulatory medical expenses^a for injury-related conditions: United States, 1997

Corresponds to Table 3

Population characteristic	Injury-related ambulatory expenses		Percent of total ambulatory expenses due to injury ^b	Expense per person with expense	
	Total in thousands	Per capita		Median	Mean
	Standard error				
Total	1,876,730	6.9	0.9	8	48
Age in years					
Under 16	230,738	3.5	1.4	11	29
16-24	392,746	11.5	2.6	26	69
25-44	1,597,652	19.2	2.4	14	119
45-64	943,243	16.6	1.5	24	98
65 and over	422,764	12.2	0.9	26	75
Sex					
Male	1,619,700	12.5	1.8	11	83
Female	745,358	5.2	0.7	13	37
Race/ethnicity					
Hispanic	194,750	6.0	1.6	21	54
Black	240,351	6.9	1.6	22	61
White	1,807,884	9.4	1.1	10	58
Other	230,470	20.1	3.9	55	201
Health insurance status^c					
Under age 65:					
Any private	1,722,207	10.0	1.3	10	64
Public only	334,918	11.3	1.8	21	84
Uninsured	352,055	10.8	3.4	31	104
Age 65 and over:					
Medicare only	241,217	27.5	2.3	35	178
Medicare and private	367,871	16.3	1.1	35	100
Medicare and other public	45,023	13.1	1.2	75	115
Poverty status					
Poor	303,521	7.6	1.2	20	51
Near-poor	363,914	28.8	4.0	28	203
Low income	753,914	20.1	2.8	25	160
Middle income	1,307,478	15.0	1.9	15	105
High income	827,082	8.3	1.1	16	52

^aExpenses for visits to medical providers seen in office-based settings or clinics, hospital outpatient departments, emergency rooms (except visits resulting in an overnight hospital stay), and clinics owned and operated by hospitals, as well as expenses for events reported as hospital admissions without an overnight stay, are included.

^bNumerator is total expenses for injuries. Denominator is total medical expenses for both injury- and non-injury-related conditions.

^cUninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period. Individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^dPoor refers to family incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1997.

Table D. Standard errors for inpatient medical expenses^a for injury-related conditions, United States, 1997

Corresponds to Table 4

Population characteristic	Injury-related inpatient expenses		Percent of total inpatient expenses due to injury ^b	Expense per patient with expense	
	Total in thousands	Per capita		Median	Mean
	Standard error				
Total	3,074,015	11.4	1.4	361	1,195
Age in years					
Under 16	312,179	4.9	2.7	947	1,713
16-24	1,890,607	56.3	11.8	1,596	5,748
25-44	1,258,038	15.0	3.2	589	1,302
45-64	854,142	15.3	1.7	878	1,290
65 and over	2,055,873	60.1	2.2	870	2,843
Sex					
Male	2,886,688	21.9	2.8	636	1,909
Female	904,081	6.5	0.9	587	758
Race/ethnicity					
Hispanic	479,768	15.5	2.8	2,028	1,945
Black	330,467	9.7	1.7	792	956
White	3,213,791	16.6	1.8	472	1,544
Other	167,005	15.1	4.5	—	2,539
Health insurance status^c					
Under age 65:					
Any private	1,974,686	11.3	2.1	700	1,273
Public only	513,717	18.8	2.5	658	1,583
Uninsured	1,722,535	51.9	15.1	3,483	9,812
Age 65 and over:					
Medicare only	257,915	29.9	1.3	1,140	1,281
Medicare and private	2,039,382	92.2	3.4	1,828	3,924
Medicare and other public	176,455	50.1	1.4	1,107	1,208
Poverty status^d					
Poor	718,637	19.5	2.1	833	1,648
Near-poor	290,564	24.0	2.0	2,932	1,785
Low income	670,616	17.3	2.3	687	1,377
Middle income	1,005,163	11.3	1.6	544	971
High income	2,594,223	27.5	4.0	1,218	3,689

^aRoom and board and all hospital diagnostic and laboratory expenses associated with the basic facility charge, payments for separately billed physician inpatient services, and emergency room expenses incurred immediately prior to inpatient stays are included. Expenses for hospital discharges that did not involve an overnight stay, which are ambulatory expenses (Table 3), are excluded. Expenses for newborns who left the hospital on the same day as the mother are included in the mother's record.

^bNumerator is inpatient expenses for injuries. Denominator is total medical expenses for both injury- and non-injury-related conditions.

^cUninsured refers to persons uninsured during the entire year. Public and private health insurance categories refer to individuals with public or private insurance at any time during the period. Individuals with both public and private insurance and those with CHAMPUS or CHAMPVA (Armed-Forces-related coverage) are classified as having private insurance.

^dPoor refers to family incomes at or below the Federal poverty line; near-poor, over the poverty line through 125 percent of the poverty line; low income, over 125 percent through 200 percent of the poverty line; middle income, over 200 percent to 400 percent of the poverty line; and high income, over 400 percent of the poverty line.

Note: Restricted to civilian noninstitutionalized population.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 1997.

Table E. Standard errors for percent distributions of expenses for injury-related and non-injury-related conditions by type of care: United States, 1997

Corresponds to Figures 1 and 2

Type of condition	Type of care				
	Ambulatory	Inpatient	Prescribed medicines	Dental	Home health
	Standard error				
Injury-related	2.74	3.19	0.43	0.36	0.90
Non-injury-related	0.87	1.36	0.39	0.34	0.42

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997.

Table F. Standard errors for percent distributions of expenses for injury-related and non-injury related conditions by source of payment: United States, 1997

Corresponds to Figures 3 and 4

Type of condition	Out of pocket	Private insurance	Medicare	Medicaid	Workers' Compensation	Other
	Standard error					
Injury-related	0.81	3.38	2.98	0.66	2.3	0.95
Non-injury-related	0.59	1.07	1.02	0.44	—	0.68

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997.

**U.S. Department of Health
and Human Services**
Public Health Service
Agency for Healthcare
Research and Quality
540 Gaither Road
Rockville, MD 20850



AHRQ Pub. No. 04-0005
December 2003

ISBN 1-58763-094-X
ISSN 1531-5665