

## Health Care Use in America — 1996

### Estimates for the U.S. Civilian Noninstitutionalized Population

#### Introduction

Information on the use of health care services can be used to evaluate people's access to care. Several factors influence the use of health care, including health status, age, insurance status, income, and other socioeconomic factors. The extent of access to health care services can also significantly influence health care use.

This Highlights examines variations in the use of health care services among selected subgroups of the U.S. civilian noninstitutionalized population in 1996. It includes the proportion of people receiving ambulatory medical care (a visit with a medical provider, either physician or nonphysician, in an office-based or hospital-based setting, including hospital outpatient and emergency departments), dental care, inpatient hospital stays, home health services, and prescription medicines. Specific comparisons are made by demographic characteristics such as age and race/ethnicity and by health insurance coverage. Estimates of health care use by the approximately 1.9 million people in the civilian noninstitutionalized population who died during calendar year 1996 are included in this report.

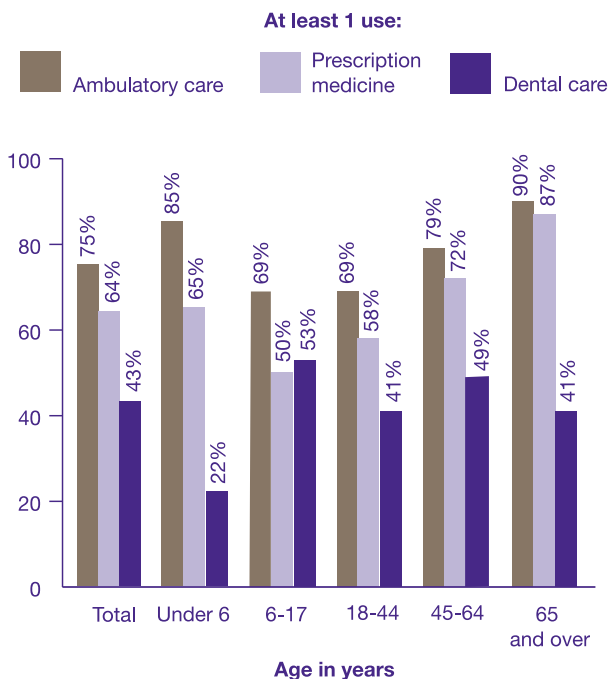
#### Findings

During 1996, three-quarters (75 percent) of the U.S. population had at least one ambulatory visit (Figure 1). About 43 percent of the population received dental care, which includes visits to general dentists, dental hygienists, dental technicians, endodontists, orthodontists, and periodontists. Nearly two-thirds (64 percent) of the population had at least one prescribed medicine in 1996. About 7 percent of the population had at least one hospital stay during 1996 (data not shown).

#### Briefly stated:

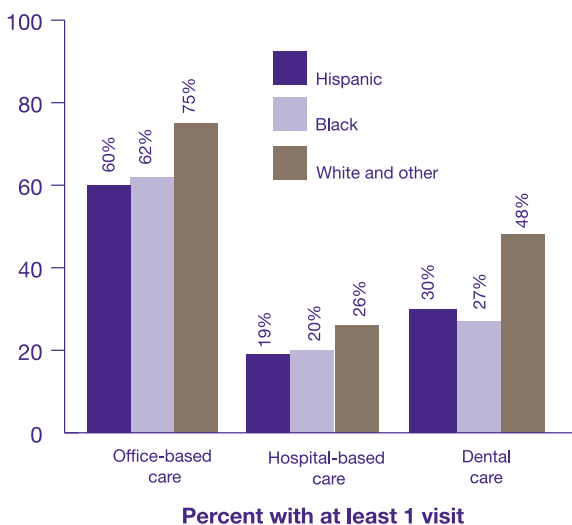
- About 75 percent of Americans had at least one ambulatory care visit with either a physician or nonphysician provider during 1996.
- Use of ambulatory care and dental care was lower among blacks and Hispanics than among whites and others combined.
- Over 60 percent of the civilian noninstitutionalized population who died during calendar year 1996, compared to only 7 percent of the rest of the population, had a hospitalization during the year.
- Among people under age 65, the uninsured were the least likely to have had any ambulatory care or to have had a prescription medicine.
- Elderly people were the age group most likely to have had at least one prescription medicine.

**Figure 1. Percent of people using selected types of health care, by age: 1996**



▲ The very young and the elderly were the most likely to have had ambulatory care and prescription medicines.

**Figure 2. Percent of people using ambulatory medical care, by race/ethnicity: 1996**



▲ People grouped as whites and others had the highest use of ambulatory medical and dental care in 1996.

*Age.* Children under age 6 were more likely than older children to have had at least one ambulatory visit (85 percent compared with 69 percent) and to have had a prescription medicine (65 percent compared with 50 percent), as shown in Figure 1. Almost 90 percent of people 65 and over had at least one prescription medicine, significantly more than any other age group.

*Race/ethnicity.* Use of ambulatory medical care was significantly lower among Hispanics and blacks than among the group of whites and people of other racial/ethnic backgrounds (Figure 2). Three-fourths of those grouped as whites and others had at least one office-based visit during 1996, compared to less than two-thirds of Hispanics and blacks. About one-quarter (26 percent) of the group of whites and others had a hospital-based visit, compared to about a fifth of Hispanics and blacks. Almost half (48 percent) of the group of whites and others received dental care, compared to less than a third of Hispanics and blacks (30 percent and 27 percent, respectively).

*Vital status.* People in the civilian noninstitutionalized population who died during 1996 were substantially more likely than persons who lived the entire year to have had a hospitalization during the year—62 percent compared with 7 percent (Figure 3). In addition, decedents were almost twice as likely to have had at least one hospital-based ambulatory visit (47 percent vs. 24 percent). Decedents also were more likely to have received formal home health care from a paid provider (41 percent vs. 2 percent) and to have had a prescription medicine (79 percent vs. 64 percent).

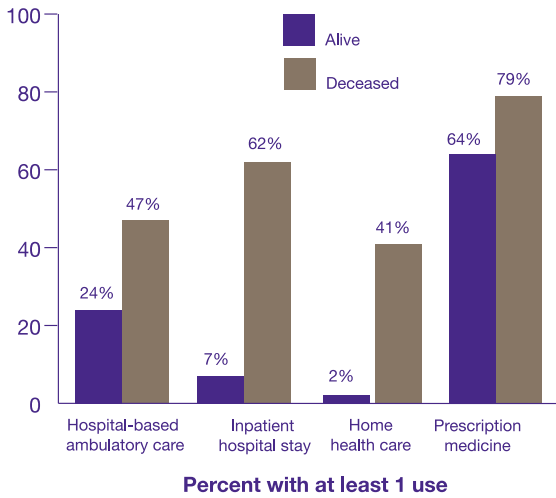
*Health insurance.* In MEPS, the term private health insurance refers only to insurance that provides coverage for hospital and physician care. Insurance that provides coverage for a single service only, such as dental or vision coverage, is not counted as private insurance. CHAMPUS/CHAMPVA (Civilian Health and Medical Programs for the Uniformed Services and Veterans' Affairs) is considered private insurance in this report. People are considered to have public insurance if they have coverage only under Medicare, Medicaid, or another type of public coverage for hospital and physician care.

Among the population under 65, about three-fourths of those with public or private health insurance used ambulatory medical services, compared to just over half of their uninsured counterparts (Figure 4). The uninsured also were less likely to have had a prescribed medicine (43 percent) than people with private insurance (65 percent) or public insurance (66 percent). People under 65 who were covered by public insurance only were twice as likely as other people to have had a hospital stay (10 percent vs. 5 percent among those with private health insurance and 4 percent among the uninsured).

**DATA SOURCE:** 1996 Medical Expenditure Panel Survey Household Component, Round 1.

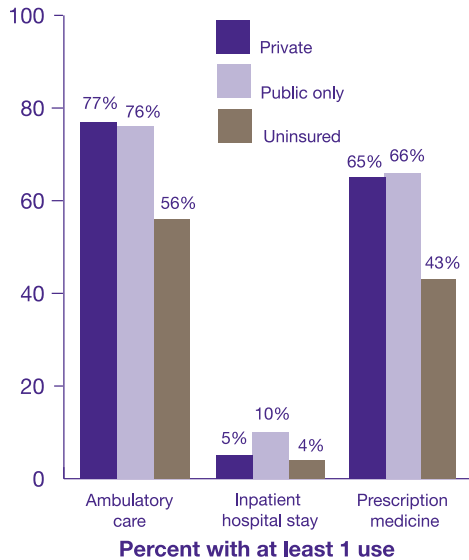
**NOTE:** Civilian noninstitutionalized population only.

**Figure 3. Percent of people using selected types of health care in 1996: comparison of people who died during 1996 and survivors**



People who died during 1996 were substantially more likely than the rest of the population to have used hospital-based ambulatory medical care, inpatient hospital care, home health services, and prescription medicine.

**Figure 4. Percent of people under 65 using selected types of health care, by health insurance status: 1996**



The uninsured were less likely than their insured counterparts to use any ambulatory care or to have had a prescription medicine.

### About MEPS

The Medical Expenditure Panel Survey (MEPS) collects nationally representative data on health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS is cosponsored by the Agency for Health Care Policy and Research (AHCPR) and the National Center for Health Statistics (NCHS). This Highlights summarizes data concerning use of health care in the United States during 1996, as derived from the MEPS Household Component, Rounds 1-3. For more information about MEPS, see the sources listed on the back page.

**DATA SOURCE:** 1996 Medical Expenditure Panel Survey Household Component, Round 1.

**NOTE:** Civilian noninstitutionalized population only.



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For more information about MEPS, call the MEPS information coordinator at AHCPR (301-594-3075) or visit the MEPS Web site at

**<http://www.meps.ahcpr.gov/>**

For a detailed description of the MEPS survey design, sample design, and methods used to reduce sources of nonsampling error, see the following publications:

Cohen J. Design and methods of the Medical Expenditure Panel Survey Household Component. Rockville (MD): Agency for Health Care Policy and Research; 1997. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026.

Cohen S. 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.

The estimates in this Highlights are based on the following, more detailed publication:

Krauss N, Machlin S, Kass B. Use of health care services, 1996. Rockville (MD): Agency for Health Care Policy and Research; 1999. MEPS Research Findings No. 7. AHCPR Pub. No. 99-0018.



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