

**MEPS HC-005:
1997 P1R3/P2R1
Population Characteristics**

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Contents

A. Data Use Agreement	A-1
B. Background	B-1
1.0 Household Component	B-1
2.0 Medical Provider Component	B-2
3.0 Insurance Component	B-3
4.0 Nursing Home Component	B-3
5.0 Survey Management	B-4
C. Technical and Programming Information	C-1
1.0 General Information	C-1
2.0 Data File Information	C-1
2.1 Codebook Structure	C-2
2.2 Reserved Codes	C-2
2.3 Codebook Format	C-2
2.4 Variable Naming	C-3
2.5 File Contents	C-3
2.5.1 Survey Administration Variables	C-3
2.5.2 Demographic Variables	C-9
2.5.3 Health Status Variables	C-12
2.5.4 Employment Variables	C-16
2.5.5 Health Insurance Variables	C-18
3.0 Survey Sample Information	C-20
3.1 Sample Design and Response Rates	C-20
3.1.1 Panel 1	C-20
3.1.2 Panel 2	C-21
3.1.3 Combined Panel Response	C-21
3.2 Sample Weights	C-22
3.2.1 Person Level Weight	C-22
3.2.2 Family Level Weight	C-22
3.2.2.1 Definition of MEPS Families	C-22
3.2.2.2 Assignment of Weights	C-22
3.2.2.3 Instructions to Create Family Estimates	C-23
3.2.3 Relationship Between Person and Family Level Weights	C-24
3.3 Variance Estimation	C-24
D. Codebook	D-1
E. Variable-Source Crosswalk	E-1
F. Catalog of Medical Expenditure Panel Survey Products	F-1

Contents (Continued)

G. Appendices

1. Household Survey Sample Design Report
2. Household Survey Design and Methods Report

A. Data Use Agreement

Individual identifiers have been removed from the micro-data contained in the files on this CD-ROM. Nevertheless, under sections 308 (d) and 903 (c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a-1), data collected by the Agency for Health Care Policy and Research (AHCPR) and /or the National Center for Health Statistics (NCHS) may not be used for any purpose other than for the purpose for which it was supplied; any effort to determine the identity of any reported cases, is prohibited by law.

Therefore in accordance with the above referenced Federal Statute, it is understood that:

1. No one is to use the data in this data set in any way except for statistical reporting and analysis; and
2. If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) The Director Office of Management AHCPR will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHCPR, and (d) no one else will be informed of the discovered identity.
3. No one will attempt to link this data set with individually identifiable records from any data sets other than the Medical Expenditure Panel survey or the National Health Interview Survey.

By using this data you signify your agreement to comply with the above stated statutorily based requirements with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to \$10,000 or up to 5 years in prison.

The Agency for Health Care Policy and Research requests that users cite AHCPR and the Medical Expenditure Panel Survey as the data source in any publications or research based upon these data.

B. Background

This documentation describes one in a series of public use files from the Medical Expenditure Panel Survey (MEPS). The survey provides a new and extensive data set on the use of health services and health care in the United States.

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 non-institutionalized population. MEPS also includes a nationally representative survey of nursing homes and their residents. MEPS is cosponsored by the Agency for Health Care Policy and Research (AHCPR) and the National Center for Health Statistics (NCHS).

MEPS comprises four component surveys: the Household Component (HC), the Medical Provider Component (MPC), the Insurance Component (IC), and the Nursing Home Component (NHC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. The separate NHC sample supplements the other MEPS components. 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 AHCPR on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES, also known as NMES-1) was conducted in 1977, the National Medical Expenditure Survey (NMES-2) 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 sampling frame for the MEPS HC is drawn, and continuous 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.

1.0 Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian non-institutionalized 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 2 ½-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 non-institutionalized population, with oversampling of Hispanics and blacks.

2.0 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 HC households receiving care through an HMO (health maintenance organization) or managed care plan.
- Associated with a 25-percent sample of the remaining HC 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-CM (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 (Common Procedure Terminology, Version 4).
- Inpatient stay codes classified by DRGs (diagnosis-related groups).
- 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.

3.0 Insurance Component

The MEPS IC collects data on health insurance plans obtained through employers, unions, and other sources of private health insurance. 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, eligibility requirements, and employer characteristics.

Establishments participating in the MEPS IC are selected through four 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 Bureau of the Census.
- An Internal Revenue Service list of the self-employed.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and 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.

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.

4.0 Nursing Home Component

The 1996 MEPS NHC was a survey of nursing homes and persons residing in or admitted to nursing homes at any time during calendar year 1996. The NHC gathered information on the demographic characteristics, residence history, health and functional status, use of services, use of prescription medications, and health care expenditures of nursing home residents. Nursing home administrators and designated staff also provided information on facility size, ownership, certification status, services provided, revenues and expenses, and other facility characteristics. Data on the income, assets, family relationships, and care-giving services for sampled nursing home residents were obtained from next-of-kin or other knowledgeable persons in the community.

The 1996 MEPS NHC sample was selected using a two-stage stratified probability design. In the first stage, facilities were selected; in the second stage, facility residents were sampled, selecting both persons in residence on January 1, 1996, and those admitted during the period January 1 through December 31.

The sample frame for facilities was derived from the National Health Provider Inventory, which is updated periodically by NCHS. The MEPS NHC data were collected in person in three rounds of data collection over a 1 ½-year period using the CAPI system. Community data were collected by telephone using computer-assisted telephone interviewing (CATI) technology. At the end of three rounds of data collection, the sample consists of approximately 815 responding facilities, 3,100 residents in the facility on January 1, and 2,200 eligible residents admitted during 1996.

5.0 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. A catalog of all MEPS products released to date is provided in Section F of this document.

Printed documents and CD-ROMs are available through the AHCPR Publications Clearinghouse. Write or call:

AHCPR Publications Clearinghouse
Attn: (publication number)
P.O. Box 8547
Silver Spring, MD 20907
800/358-9295
410/381-3150 (callers outside the United States only)
888/586-6340 (toll-free TDD service; hearing impaired only)

Be sure to specify the AHCPR number of the document or CD-ROM you are requesting. Selected electronic files are available from the Internet on the AHCPR home page: <http://www.meps.ahcpr.gov/>.

Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Cost and Financing Studies, Agency for Health Care Policy and Research, 2101 East Jefferson Street, Suite 500, Rockville, MD 20852 (301/594-1406).

C. Technical and Programming Information

1.0 General Information

This documentation describes the second point in time data file to be released from Medical Panel Expenditure Survey Household Component (MEPS HC). The data are being released both as an ASCII file (with related SAS programming statements) and in SAS transport format. This public use file provides information on data collected on a nationally representative sample of the civilian non-institutionalized population of the United States during the first part of 1997. The data consists of 1997 data obtained in Round 3 of Panel 1 and Round 1 of Panel 2 of the MEPS Household Component and contains variables pertaining to survey administration, demographics, employment, health status, and health insurance.

These data are being released prior to final data cleaning and editing in order to provide the research and policy community prompt access to MEPS data. Analysts should consider this data as preliminary as they have not been subject to the same level of quality control procedures which are usually performed on products of this type. Please refer to the MEPS web page (www.meeps.ahcpr.gov) for information on any post production updates.

The following documentation offers a brief overview of the types and levels of data provided, the content and structure of the files and the codebook, and programming information. It contains the following sections:

- Data file information
- Survey sample information
- Programming information
- Codebook
- Variable /Questionnaire Crosswalk

Detailed information on sample design and data collection methods can be found in Appendices 1 and 2, *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component* and *Design and Methods of the Medical Panel Expenditure Survey Household Component*. A copy of the MEPS survey questionnaire is also included (see README2.TXT file).

2.0 Data File Information

This public use dataset contains variable and frequency distributions for a total of 37,381 persons (22,385 from Panel 1 Round 3 and 14,996 from Panel 2 Round 1). This count includes all household survey respondents who resided in eligible responding households. Of these persons, 35,916 were assigned a positive person level weight (21,411 from Panel 1 Round 3 and 14,505 from Panel 2 Round 1). For each variable both weighted and unweighted frequencies are provided. In conjunction with the weight variable (WGTSP13) provided on

this file, data for these persons can be used to make estimates for the civilian noninstitutionalized U.S. population as of the first half of 1997.

The records on this file can be linked to all MEPS public use data sets containing the same sample by the sample person identifier (DUPERSID). Some analysts may wish to use the data contained on this file in concert with previously released 1996 data to conduct longitudinal analysis. Some modifications will be made to the stratification (VARST13) and primary sampling unit (PSU13) variables on future MEPS data releases to facilitate this type of trend analysis. It is recommended that analysts wait until these revised variables are available to conduct such analysis.

2.1 Codebook Structure

The codebook and data file sequence lists variables in the following order:

- Unique person identifiers
- Demographic variables
- Employment variables
- Health Status variables
- Health Insurance variables
- Weight and variance estimation variables

2.2 Reserved Codes

The following reserved code values are used:

VALUE	DEFINITION
-1 INAPPLICABLE	Question was not asked due to skip pattern
-7 REFUSED	Question was asked and respondent refused to answer question.
-8 DK	Question was asked and respondent did not know answer
-9 NOT ASCERTAINED	Interviewer did not record the data

2.3 Codebook Format

This codebook describes an ASCII data set and provides the following programming identifiers for each variable:

IDENTIFIER	DESCRIPTION
Name	Variable name (maximum of 8 characters)
Description	Variable descriptor (maximum 40 characters)
Format	Number of bytes
Type	Type of data: numeric (indicated by NUM) or character (indicated by CHAR)
Start	Beginning column position of variable in record
End	Ending column position of variable in record

2.4 Variable Naming

In general, variable names reflect the content of the variable, with an 8 character limitation. All of the variables on this file end in "13" to denote they are combination Panel 2 Round 1 Panel 1 Round 3 variables. For edited variables the 13 is followed by an X, and are so noted in the variable label. Variables contained in this delivery were derived either from the questionnaire itself or from the CAPI. The source of each variable is identified in the section of the documentation entitled "E. Variable-Source Crosswalk." Sources for each variable are indicated in one of four ways: (1) variables which are derived from CAPI or assigned in sampling are so indicated; (2) variables derived from complex algorithms associated with re-enumeration are labeled "RE Section"; (3) variables which come from one or more specific questions have those numbers listed in the "Source" column; (4) variables constructed from multiple questions using complex algorithms are labeled "Constructed" in the "SOURCE" column.

2.5 File Contents

2.5.1 Survey Administration Variables

The survey administration variables contain information related to conducting the interview, household and family composition, and person-level and RU-level status codes. Data for the survey administration variables were derived from the sampling process, the CAPI programs, or were computed based on information provided by the respondent in the reenumeration section of the questionnaire. Most Survey Administration variables on this file are asked during every round of the MEPS interview. Variables in this delivery describe data for Panel 1, Round 3 and Panel 2, Round 1 in 1997.

The variable PANEL13 indicates from which panel the data are derived. A value of 1 indicates Panel 1 data and a value of 2 indicates Panel 2 data.

Note that Round 3 of Panel 1 covers both the end of 1996 and the beginning of 1997. (When possible, the variables were constructed to represent data from the 1997 portion of Round 3.)

Dwelling Units, Reporting Units, and Families

The definitions of Dwelling Units (DUs) and Group Quarters in the MEPS Household Survey are generally consistent with the definitions employed for the National Health Interview Survey. The dwelling unit ID (DUID) is a five-digit random ID number assigned after the case was sampled for MEPS. The person number (PID) uniquely identifies all persons within the dwelling unit. The variable DUPERSID, a combination of the variables DUID and PID, thus uniquely identifies each sampled person in MEPS.

A Reporting Unit (RU) is a person or group of persons in the sampled dwelling unit who are related by blood, marriage, adoption, foster care or other family association. Each RU is to be interviewed as a single entity for MEPS. Thus, the RU serves chiefly as a family-based "survey operations" unit rather than an analytic unit. Members of each RU within the DU are identified by the variable RULETR13. Regardless of the legal status of their association, two persons living together as a "family" unit were treated as a single reporting unit if they chose to be so identified. Examples of different types of reporting units are:

1. A married daughter and her husband living with her parents in the same dwelling unit constitute a single reporting unit.
2. A husband and wife and their unmarried daughter, age 18, who is living away from home while at college constitute two reporting units.
3. Three unrelated persons living in the same dwelling unit would each constitute a distinct reporting unit, three reporting units in all.

Unmarried college students less than 24 years of age who usually live in the sampled household, but were living away from home and going to school at the time of the MEPS interview, were treated as a Reporting Unit separate from that of their parents for the purpose of data collection. The variable RUSIZE13 indicates the number of persons in each RU, treating each student as a single RU separate from their parents. Thus, students are not included in the RUSIZE count of their parents' RU. However, for many analytic objectives, the student reporting units would be combined with their parents' reporting unit, treating the combined entity as a single family. Family identifier and size variables are described below and include students with their parents' reporting unit.

The variable FAMID13 identifies a family (i.e., persons living together related to one another by blood, marriage, adoption, foster care, or self-identified as a single unit plus related students who are living away at post-secondary school) for each round. These family identifier variables use a letter and a DU identifier to indicate a person's family affiliation. In order to identify a person's family affiliation, users must create a unique set of FAMID13 variables by concatenating the DU identifier (DUID) and the FAMID13 variable.

The variable FAMSIZ13 indicates the number of persons associated with a single family unit after students are linked to their associated parent RUs for analytical purposes. Family-level analyses should use the FAMSIZ13 variables. In five cases, students were deleted from the file because attempts to contact them were unsuccessful, and no data were collected for them. However, these persons are accounted for in the FAMSIZ13 variable.

The family size (FAMSIZ13) and the reporting unit (RU) size (RUSIZE13) counts may not be consistent with the count of records on the file. There are 282 reporting units where the RU size variable (RUSIZE13) is not equal to the number of people in that RU actually included on the file. This occurs because people who did not respond for their entire period of eligibility were not included on the file. In addition, for 209 of these reporting units, the reference person is not included on the file for this same reason.

The variable RURSLT13 indicates the RU response status for Round 3 for the Panel 1 sample and Round 1 for the Panel 2 sample. The values include the following:

- 60 Complete with RU member
- 61 Complete with proxy--all RU members deceased on or after 1/1/97
- 62 Complete with proxy--all RU members institutionalized or deceased on or after 1/1/97
- 63 Complete with proxy, other

There are several other variables that characterize the reporting unit. The variable RUCLAS13 indicates the RU classification. RUs are classified for fielding purposes as 1 “Standard”, 2 “New RU”, or 3 “Student RU”. Standard RUs are the original RUs from NHIS. All primary RUs are classified as standard RUs. A new RU is one which has been created when members of the household leave the primary RU and are followed according to the rules of the survey. A student RU is one in which an unmarried college student under 24 years of age is considered a usual member of the household but was living away from home while going to school and was treated as a Reporting Unit (RU) separate from that of their parents for the purpose of data collection.

Reference Period Dates

The reference period is the period of time for which data were collected in each round for each person. The reference period dates were determined during the interview for each person by the CAPI program.

The round-specific beginning reference period dates are included for each person. These variables include BEGRFM13, BEGRFD13, and BEGRFY13. The reference period for Panel 2, Round 1 for most persons identified at NHIS began on January 1, 1997 and ended on the date of the Round 1 interview. Persons who joined the RU after 1/1/1997 have their beginning reference date for the round as the day they joined the RU.

For Panel 1, Round 3 the reference period for most persons began on the date of the previous round’s interview and ended on the date of the current round’s interview. Persons who joined

after the previous round's interview had their beginning reference date for the round set as the day they joined the RU. Persons who were present only for the 1996 portion of Round 3 are not included in this delivery.

The ending reference period dates are included for each person. These variables include ENDRFM13, ENDRFD13, and ENDRFY13. In general, the date of the interview is the reference period end date for most persons. Note that the end date of the reference period is prior to the date of the interview if the person was deceased during the round, left the country, was institutionalized prior to that round's interview, or joined the military during the round and was not living with someone else who was eligible. If a person left the RU and that person were key and inscope, these persons were followed in the new RU to which they moved and their reference period dates pertain to the new RU.

Reference Person Identifiers

The variable RNDREF13 identifies the reference person for the RU. In general, the reference person is defined as the household member 16 years of age or older who owns or rents the home. If more than one person meets this description, the household respondent identifies one from among them. If the respondent was unable to identify a person fitting this definition, the questionnaire asked for the head of household and this person was then considered the reference person for that RU. This information was collected in the reenumeration section of the CAPI questionnaire.

Respondent Identifiers

The respondent is the person who answered the interview questions for the reporting unit (RU). The round specific variables RDRESP13 identifies the respondent. Only one respondent is identified for each RU. In instances where the interview was completed in more than one session, only the first respondent is indicated.

There are two types of respondents. The respondent can be either an RU member or a non-RU member proxy. The variable PROXY13 identifies the type of respondent.

Person Status

A number of variables describe the various components reflecting each person's status for each round of data collection. These variables provide information about a person's inscope status, keyness status, eligibility status, and disposition status. These variables include: INSCOP13, KEYNESS, and PSTAT13. These variables are set based on sampling information and responses provided in the reenumeration section of the CAPI questionnaire.

Through the reenumeration section of the CAPI questionnaire, each member of a reporting unit was classified as "key" or "non-key", "in-scope" or "out-of-scope", and "eligible" or "ineligible" for MEPS data collection. To be included in the set of persons used in the derivation of MEPS person level estimates, a person had to be a member of the civilian non-institutionalized population for at least one day during 1997. Because a person's eligibility for

the survey might have changed since the NHIS interview, a reenumeration of household membership was conducted at the start of each round's interview. Only persons who were "in-scope" sometime during 1997, "key", and responded for the full period in which they were in-scope were assigned person level weights and thus are to be used in the derivation of person level national estimates from the MEPS.

In-Scope

A person is considered as in-scope during a round if he or she is a member of the U.S. civilian, non-institutionalized population at some time during that round. The variable INSCOP13 indicates a person's in-scope status, specifically indicating whether a person was ever in-scope during the 1997 portion of the round.

Keyness

The term "keyness" is related to an individual's chance of being included in MEPS for purposes of making estimates about the U. S. civilian non-institutionalized population. A person is key if that person is linked for sampling purposes to the set of NHIS sampled households designated for inclusion in MEPS. Specifically, a key person either was a member of an NHIS household at the time of the NHIS interview, or was a family member who began living with a member of such a household after being out-of-scope prior to joining that member (examples of the latter situation include newborns and persons returning from military service, an institution, or living outside the United States.).

A non-key person is one whose chance of selection for the NHIS (and MEPS) was associated with a household eligible but not sampled for the NHIS, and who later became a member of a MEPS reporting unit. MEPS data, (e.g., utilization and income) were collected for the period of time a non-key person was part of the sampled unit to provide information for family level analyses. However, non-key persons who leave a sample household unaccompanied by a key, in-scope member were not followed for subsequent interviews. Non-key individuals do not receive person level sample weights and thus do not contribute to person level national estimates. They may receive family level weights if they are a member of a responding family.

The variable KEYNESS indicates a person's keyness status. This variable is not round-specific. Instead, it is set at the time the person enters MEPS, and the person's keyness status never changes. Once a person is determined to be key, that person will always be key.

It should be pointed out that a person may be key even though not part of the civilian, non-institutionalized portion of the U.S. population. For example, a person in the military may have been living with his or her civilian spouse and children in a household sampled for the NHIS. The person in the military would be considered a key person for MEPS. However, such a person would not be eligible to receive a person-level sample weight if he or she was never in-scope during 1997. He or she may receive a family weight if a member of a responding family.

Eligibility

The issue of a person's eligibility for MEPS is a data collection issue. Data are to be collected only for persons considered eligible for MEPS.

All key, in-scope persons of a sampled RU are eligible for data collection. The only non-key persons eligible for data collection are those who happen to be living in an RU with at least one key, in-scope person. Their eligibility continues only for the time that they are living with at least one such person. The only out-of-scope persons eligible for data collection are those persons serving full-time on active duty in the military who were living with key in-scope persons, and again only for the time they are living with such a person.

A person may be classified as eligible for an entire round or for some part of a round. For persons who are eligible for only part of a round, data are collected for that person only for the period of time for which that person was classified as eligible.

Person Disposition Status

The variable PSTAT13 indicates a person's response and eligibility status. The PSTAT13 indicates the reasons for either continuing data collection for a person or terminating data collection for each person in the MEPS. Using this variable, one could identify persons who moved during the reference period, died, were born, institutionalized or who were in the military.

The following codes specify the value labels for the PSTAT13 variables. Note that some values for PSTAT13 are round-specific, as indicated in the labels.

- 11 Person in original RU, not full time active military duty
- 12 Person in original RU, full time active military duty, out-of-scope for whole reference period.
- 13 Full time student living away from home, but associated with sampled RU
- 14 The person is full time active military duty during round and is in-scope for part of the reference period and is in the RU at the end of the reference period
- 22 The person leaves a health care institution and rejoins the community - round 3 only
- 23 The person leaves a health care institution, goes into community and then dies - round 3 only
- 31 Person from original RU, dies during reference period
- 32 Entered health care institution during reference period

- 33 Entered non-healthcare institution during reference period
- 34 Moved from original RU, outside US (not as student)
- 35 Moved from original RU, to a military facility while on full time active military duty
- 41 Moved from the original RU, to new RU within US (new RUs include RUs originally classified as “Student RU” but which converted to “New RU”)
- 42 The person joins RU and is not full time military during round or joins RU and is in the military the entire round
- 44 The person leaves an RU and joins an existing RU and is not both in the military and coded as inscope during the round
- 51 Newborn in reference period

Geographic Variables

The variable REGION13 indicates the Census region for the RU. MSA13 indicates whether or not the RU is found in a metropolitan statistical area. These variables indicate the geographic location of the reporting unit. The region variable is coded according to the Census regions, and the MSA13 variable reflects the June 30, 1997 definition of metropolitan statistical areas.

2.5.2 Demographic Variables

These variables provide information about the demographic characteristics of each person. As noted below, some variables have edited and imputed values. Most demographic variables on this file are asked during each round of the MEPS interview. These variables describe data for Panel 1, Round 3 and Panel 2, Round 1, as well as a number of characteristics which are not round specific.

Sex

Data on the sex of each RU member (SEX), as determined during the NHIS interview, was verified and, if necessary, corrected during each MEPS interview. The data for new RU members (persons who were not members of the RU at the time of the NHIS interview) was also obtained during each MEPS Round. When sex of the RU member was not available from the NHIS interview and was not ascertained during one of the subsequent MEPS interviews, it was assigned in the following way. The person’s first name was used to assign sex, if obvious. If the person’s first name provided no indication of gender, then family relationships were reviewed. If neither of these approaches made it possible to determine the individual’s sex, sex was randomly assigned.

Age

Date of birth and age for each RU member were asked or verified during each MEPS interview (DOBMM, DOBY, AGE13X). If date of birth was available, age was calculated based on the difference between date of birth and date of interview (or the date of death, if the person died prior to the interview date). Inconsistencies between the calculated age and the age reported during the CAPI interview were reviewed and resolved. For purposes of confidentiality, the variable AGE13X was top coded at 90 years, and DOBY bottom coded at 1906. When date of birth was not provided but age was (from either the MEPS or the NHIS data), the month and year of birth were assigned randomly from among the possible valid options. For any cases still not accounted for, age was imputed using (1) the mean age difference between MEPS participants with certain family relationships (where available) or (2) the mean age value for MEPS participants. For example, a mother's age is imputed as her child's age plus the mean age difference between MEPS mothers and their children, or a wife's age is imputed as the husband's age plus the mean age difference between MEPS wives and husbands.

Race, Race/Ethnicity, Hispanic Ethnicity, and Hispanic Ethnicity Group

Race (RACEX) and Hispanic ethnicity (HISPANX) were asked for each RU member during the MEPS interview. If this information was not obtained in Round 1, the questions were asked in subsequent Rounds. When race and/or ethnicity was not reported in the interview, values for these variables were obtained based on the following priority order. When available, they were obtained from the originally collected NHIS data. If not ascertained, the race, and/or ethnicity were assigned based on relationship to other members of the DU using a priority ordering that gave precedence to blood relatives in the immediate family. The variable RACETHNX indicating both race and ethnicity (e.g., with categories such as "Hispanic" and "black but not Hispanic") reflects the imputations done for RACEX and HISPANX. The specific Hispanic ethnicity group is given in the unedited variable HISPCAT.

Student Status and Educational Attainment

The variable FTSTD13X indicates whether the person was a full-time student at the interview date. This variable has valid values for all persons between the ages of 17 - 23 inclusive. Completed years of education are indicated in the variable EDUCYR13. Information was obtained from questions RE 103-105. Children who are 5 years of age or older and who never attended school were coded as 0; children under the age of 5 years were coded as -1 "Inapplicable" regardless of whether or not they attended school.

The variables indicating highest degree (HIDEG13) was obtained from two questions: high school diploma (RE 104) and highest degree (RE 105). Persons under 16 years of age were coded as 8 "inapplicable". In cases where the response to the highest degree question was "no degree" and highest grade was 13 through 17, the variable was coded as 3 "high school diploma". If highest grade completed for those with a "no degree" response was "refused" or "don't know", the variable was coded as 1 "no degree". The user should note that the EDUCYR13 and HIDEG13 variables are unedited variables and minimal data cleaning was

performed on these variables. Therefore, discrepancies in data may remain for these two sets of variables. Decisions as to how to handle these discrepancies are left to the analyst.

Marital Status and Spouse ID

Current marital status was collected and/or updated during each Round of the MEPS interview. This information was obtained in RE13 and RE97 and is reported as MARRY13X. Persons under the age of 16 were coded as 6 “under 16 - inapplicable.” In instances where there were discrepancies between the marital status of two individuals within a family, other person-level variables were reviewed to determine the edited marital status for each individual. For example, in Panel 1, Round 3, when one spouse was reported as married and the other spouse reported as widowed, the data were reviewed to determine if one partner should be coded as 8 “widowed in Round”.

Four edits were performed to ensure minimal consistency across rounds for the Panel 1, Round 3 data. First, a person could not be coded as “Never Married” after previously being coded as any other marital status (e.g. “Widowed”). Second, a person could not be coded as “Under 16 - Inapplicable” after being previously coded as any other marital status. Third, a person could not be coded as “Married in Round” after being coded as “Married” in the Round immediately preceding. Fourth, a person could not be coded as an “in Round” code (e.g., “widowed in Round”) in two subsequent Rounds.

The person identifier for each individual’s spouse is reported in SPOUID13. These are the PIDs (within each family) of the person identified as the spouse during the round. If no spouse was identified in the household, the variable was coded as 995 “no spouse in household”. Those with unknown marital status are coded as 996. Persons under the age of 16 are coded as 997 “Less than 16 years old”.

The SPOUIN13 variable indicates whether a person’s spouse was present in the RU during the round. If the person had no spouse in the household, the value was coded as 2. For persons under the age of 16 the value was coded as 3. The SPOUID13 and SPOUIN13 variables were obtained from RE76 and RE77, where the respondent was asked to identify how each pair of persons in the household were related. Analysts should note that this information was collected in a set of questions separate from the questions that asked about marital status. While editing was performed to ensure that SPOUID13 and SPOUIN13 are consistent within each Round, there was no consistency check between these variables and marital status in a given Round. Apparent discrepancies between marital status and spouse information may be due to any of the following causes: 1) Ambiguity as to when during a Round a change in marital status occurred. This is a result of relationship information being asked for all persons living in the household at any time during the Round, while marital status is asked as of the interview date (e.g., If one spouse died during the reference period, the surviving spouse’s marital status would be “widowed in Round”, but SPOUIN13 and SPOUID13 for the same round would indicate that a spouse was present); 2) Valid discrepancies in the case of persons who are married but not living with their spouse, or separating but still living together; or 3) Discrepancies which cannot be explained for either of the previous reasons.

Military Service and Service Era

Information on active duty military status was collected during each Round of the MEPS interview. Persons currently on full-time active duty status are identified in the variable ACTDTY13. Those under 16 years of age were coded as 3 “under 16- inapplicable” and those over the age of 59 were coded as 4 “over 59-inapplicable”.

Relationship to the Reference Person within Reporting Units

For each reporting unit (RU), the person who owns or rents the dwelling unit is usually defined as the reference person. For student RUs, the student is defined as the reference person. (For additional information on reference persons, see the documentation on survey administration variables.) The variable RFREL13X indicates the relationship of each individual to the reference person of the reporting unit (RU) in a given round. For the reference person, this variable has the value “self”; for all other persons in the RU, relationship to the reference person is indicated by codes representing “husband/spouse”, “wife/spouse”, “son”, “daughter”, “female partner”, “male partner”, etc. A code of 91, meaning “other related”, was used to indicate rarely observed relationship descriptions such as “mother of partner”. If the relationship of an individual to the reference person was not ascertained during the Round-specific interview, relationships between other RU members were used, where possible, to assign a relationship to the reference person. If MEPS data were not sufficient to identify the relationship of an individual to the reference person, relationship variables from the NHIS data were used to assign a relationship. In the event that a meaningful value could not be determined or data were missing, the relationship variable was assigned a missing value code.

2.5.3 Health Status Variables

Health Status variables involved the construction of person-level variables based on information collected in the Condition Enumeration and Health Status sections of the questionnaire. The majority of Health Status questions were initially asked at the family level to ascertain if anyone in the household had a particular problem or limitation. These were followed up with questions to determine which household member had each problem or limitation. Logical edits were performed in constructing the person-level variables to assure that family-level and person-level values were consistent. Particular attention was given to cases where missing values were reported at the family level to ensure that appropriate information was carried to the person level. Inapplicable cases occurred when a question was never asked because of a skip pattern in the survey (e.g., individuals who were 13 years of age or older were not asked some follow-up verification questions). Inapplicable cases are coded as -1. In addition, for all variables, deceased persons were coded as inapplicable and received a code of -1.

Perceived Health Status and Mental Health Status

Perceived health status (RTHLTH13) and mental health status (MNHLTH13) were collected in the Condition Enumeration section. These questions (CE 01 and CE 02) asked the

respondent to rate each person in the family according to the following categories: excellent, very good, good, fair, and poor. No editing was done to these variables. The corresponding dichotomous variables RTPROX13 and MNPROX13 each indicate whether the ratings of physical and mental health, respectively, were provided by oneself or by someone else.

IADL and ADL Help/Supervision

The Instrumental Activities of Daily Living (IADL) Help or Supervision variable (IADLHP13) was constructed from a series of three questions. The initial question (HE01) determined if anyone in the family received help or supervision with IADLs such as using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping. If the response was “yes”, a follow-up question (HE02) was asked to determine which household member received this help or supervision. For persons under age 13, a final verification question (HE03) was asked to confirm that the IADL help or supervision was the result of an impairment or physical or mental health problem. If the response to the final verification question was “no”, IADLHP13 was coded as “no” for persons under the age of 13.

If no one in the family was identified as receiving help or supervision with IADLs, all members of the family were coded as receiving no IADL help or supervision. In cases where the response to the family-level question was “don't know”, “refused”, or otherwise missing, all persons were coded according to the family-level response. In cases where the response to the family-level question (HE01) was “yes” but no specific individuals were identified in the follow-up question as having IADL difficulties, all persons were coded as “don't know (= -8)”.

The Activities of Daily Living (ADL) Help or Supervision variable (ADLHLP13) was constructed in the same manner as IADLHP13, but using questions HE04-HE06. Coding conventions for missing data were the same as for IADLHP13.

Functional Limitations

A series of questions pertained to functional limitations, defined as difficulty in performing certain specific physical actions. WLKLIM13 was the filter question. It was derived from a question (HE09) that was asked at the family level: Does anyone in the family have difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time? If the answer was no then all family members were coded as “no” (2) on WLKLIM13. If the answer was “yes”, then the specific persons who had any of these difficulties were identified and coded as “yes” (1) on WLKLIM13, and remaining family members were coded as “no”. If the response to the family-level question was “don't know” (-8), “refused” (-7), “missing” (-9), or “inapplicable” (-1), then the corresponding missing value code was applied to each family members value for WLKLIM13. If the answer to HE09 was “yes”, but no specific individual was named as experiencing such difficulties, then each family member was assigned -8 for WLKLIM13. Deceased respondents were assigned a -1 code (“inapplicable”) for WLKLIM13.

If any family member was coded “yes” to WLKLIM13, a subsequent series of questions was administered. The series of questions for which WLKLIM13 served as a filter was as follows:

- LFTDIF13 - difficulty lifting 10 pounds
- STPDIF13 - difficulty walking up 10 steps
- WLKDIF13 - difficulty walking 3 blocks
- MILDIF13 - difficulty walking a mile
- STNDIF13 - difficulty standing 20 minutes
- BENDIF13 - difficulty bending or stooping
- RCHDIF13 - difficulty reaching over head
- FNGRDF13 - difficulty using fingers to grasp

The series of questions was asked separately for each person who was coded “yes” to WLKLIM13. The series of questions was not asked for other individual family members for whom WLKLIM13 was “no”. In addition, this series was not asked about family members who were less than 13 years of age, regardless of their status on WLKLIM13. Finally, these questions were not asked about deceased family members. In such cases (i.e., WLKLIM13 = 2, or age < 13, or PSTATUS = 31), each question in the series was coded as “inapplicable” (-1). Finally, if responses to WLKLIM13 were “refused” (-7), “don’t know” (-8), “not ascertained” (-9), or otherwise inapplicable (-1), then each question in this series was coded as “inapplicable” (-1).

Analysts should note that, for WLKLIM13, there was no minimum age criterion that was used to determine a skip pattern, whereas, for the subsequent series of questions, persons less than 13 years old were skipped and coded as inapplicable. Therefore, it is possible for someone aged 12 or less to have a code of 1 yes on WLKLIM13, and also to have codes of inapplicable on the subsequent series of questions.

Use of Assistive Technology and Social/Recreational Limitations

The variables indicating use of assistive technology (AIDHLP13, from question HE07) and social/recreational limitations (SOCLIM13, from question HE22) were collected initially at the family level. If there was a “yes” response to the family-level question, a second question identified which specific individual(s) the “yes” response pertained to. Each individual identified as having the difficulty was coded “yes” on the appropriate variable; all remaining family members were coded “no”. If the family-level response was “don’t know”, “refused”, or otherwise missing, all persons were coded with the family-level response. In cases where the family-level response was “yes” but no specific individual was identified as having difficulty, all family members were coded as “don’t know”.

Work, Housework, and School Limitations

The variable indicating any limitation in work, housework, or school (ACTLIM13) was constructed using questions HE19-HE20. Specifically, information was collected initially at the family level. If there was a “yes” response to the family-level question (HE19), a second question (HE20) identified which specific individual(s) the “yes” response pertained to. Each individual identified as having a limitation was coded “yes” on ACTLIM13; all remaining family members were coded “no”. If the family-level response was “don’t know”, “refused”, or otherwise missing, all persons were coded with the family-level response. In cases where the

family-level response was “yes” but no specific individual was identified as having difficulty, all family members were coded as “don't know” (-8). Persons less than five years old were coded as “inapplicable” (-1) on ACTLIM13.

If ACTLIM13 was “yes” and the person was 5 years of age or older, a follow-up question (HE20A) was asked to identify the specific limitation or limitations for each person. These included working at a job (WRKLIM13), doing housework (HSELIM13), or going to school (SCHLIM13). Respondents could answer “yes” to each activity; one person could thus report limitation in multiple activities. WRKLIM13, HSELIM13, and SCHLIM13 have values of “yes” or “no” only if ACTLIM13 was “yes”; each variable was coded as “inapplicable” (-1) if ACTLIM13 was “no”, “refused”, or otherwise missing. When ACTLIM13 was “don't know”, these variables were all coded as “don't know”. If a person was under 5 years old or was deceased, WRKLIM13, HSELIM13, and SCHLIM13 were each coded as “inapplicable” (-1).

A second question (UNABLE13) asked if the person was completely unable to work at a job, do housework, or go to school. This question was asked only of the same set of respondents who provided data on WRKLIM13, HSELIM13, and SCHLIM13. Therefore, those respondents who were coded no on ACTLIM13, or were under 5 years of age, or were deceased, were coded as “inapplicable” (-1) on UNABLE13. UNABLE13 was asked once for whichever set of WRKLIM13, HSELIM13, and SCHLIM13 the respondent had limitations; if a respondent was limited in more than one of these three activities, UNABLE13 did not specify if the respondent was completely unable to perform all of them, or only some of them.

Cognitive Limitations

The variable (COGLIM13) was collected at the family level as a three-part question (HE24-01 to HE24-03) indicating if any of the adults in the family (1) experience confusion or memory loss, (2) have problems making decisions, or (3) require supervision for their own safety. If a “yes” response was obtained to any item, the persons affected were identified in HE25 and COGLIM13 was coded as “yes”. Remaining family members not identified were coded as “no” for COGLIM13.

If responses to HE24-01 through HE24-03 were all “no”, or if two of three were “no” and the remaining was “don't know”, “refused”, or otherwise missing, all family members were coded as “no”. If responses to the three questions were combinations of “don't know”, “refused”, and missing, all persons were coded as “don't know”. If the response to any of the three questions was “yes” but no individual was identified in HE25, all persons were coded as “don't know”.

COGLIM13 reflects whether any of the three component questions is “yes”. Respondents with one, two, or three specific cognitive limitations cannot be distinguished. In addition, because the question asked specifically about “adult” family members, all persons less than 18 years of age are coded as “inapplicable” (-1) on this question.

2.5.4 Employment Variables

Employment questions were asked of all persons 16 years and older at the time of the interview. Employment variables consist of person-level indicators such as employment status and job-related variables such as hourly wage. All job-specific variables refer to a person's current main job. The current main job, defined by the respondent, indicates the main source of employment.

Employment variables included on the Panel 1 Round 3/Panel 2 Round 1 1997 release are: EMPST13, HRWAG13X, HRWGRD13, HRWAY13, HOUR13, HELD13X, OFFER13X, NUMEMP13 and SELFCM13. Most employment variables pertain to status as of the date of the interview.

With the exception of health insurance held or offered from a current main job, no attempt has been made to logically edit any employment variables. When missing, values were imputed for certain persons' hourly wage; however, there was no editing performed on any values reported by the respondent.

Employment Status (EMPST13)

Employment status was asked for all persons aged 16 or older. Responses to the employment status question were: "currently employed" if the person had a job at the interview date, "has a job to return to" if the person did not work during the reference period but had a job to return to as of the interview date, "employed during the reference period" if the person had no job at the interview date but did work during 1997, and "not employed with no job to return to" if the person did not have a job at the interview date, did not work during the reference period, and did not have a job to return to. These responses are mutually exclusive. A current main job was defined for persons reporting that they were currently employed and who identified a current main job, and for persons who reported and identified a job to return to. Therefore, job-specific information such as hourly wage exists for persons not presently working at the interview date but who have a job to return to.

Hourly wage (HRWAG13X, HRWGRD13, and HRWAY13)

Hourly wage was asked of all persons who reported a current main job that was not self-employment (SELFCM13). The hourly wage on this file (HRWAG13X) should be considered along with its accompanying variables HRWGRD13 and HRWAY13. HRWGRD13 is a flag that indicates the round in which the reported hourly wage was collected. This flag is always set to "1" for people who are a part of Panel 2 because the reported hourly wage is always from Round 1 as only Round 1 information is reported on this file. People who are a part of Panel 1 can have a current main job from a previous round and HRWGRD13 indicates the round in which the wage information was collected. For round 3 current main jobs that continue as the current main job from round 1, HRWGRD13 is "1". For round 3 current main jobs that continue as the current main job from round 2 (but not round 1), HRWGRD13 is "2". For round 3 current main jobs that are identified as current main for the first time in round 3, HRWGRD13 is "3".

For persons who did not indicate a wage amount but who did indicate a range into which the hourly wage falls, the reported hourly wage (HRWAG13X) is the median within that range. The medians were calculated using actual wages reported from the same round by persons of the same gender reporting hourly wages within each age range category. One exception is the medians for the lower than minimum wage range. These medians did not consider gender in order to provide a large enough base on which to calculate the medians.

HRWAY13 indicates how the corresponding HRWAG13X was constructed. Hourly wage was derived, as applicable, from a large number of source variables. In the simplest case, hourly wage was reported directly by the respondent. For other persons, construction of the hourly wage was based upon their salary, the time period on which the salary was based, and the number of hours worked per time period. If the number of hours worked per time period was not available, a value of 40 hours per week was assumed, as identified in the HRWAY13 variable.

Health Insurance (HELD13X and OFFER13X)

There are two employment-related health insurance measures included in this release: health insurance held from a current main job (HELD13X) and health insurance offered from a current main job (OFFER13X). The held and offer variables were logically edited using health insurance information not available for public release.

HELD13X is “yes” if the person has a current main job where the person is not self-employed with firm size = 1, reports insurance from the employer or union at that job, and this coverage provides hospital/physician benefits or Medigap benefits. HELD13X is also “yes” if the person’s current main job is with the armed forces. HELD13X is “no” if the person does not hold a current main job with the armed forces, is not self-employed at the current main job, and either reported that health insurance is not provided through that job or reported insurance but then disavowed it. To disavow insurance is to initially report it but then to deny that it is provided later in the interview or to confirm it but to indicate that it does not include hospital/physician benefits or Medigap benefits.

OFFER13X is “yes” if HELD13X is “yes” or if person has a current main job where person is not self-employed with firm size = 1 and insurance was offered through the employer or union at that job. OFFER13X is “no” if HELD13X is “no” and if the person has a current main job where person is not self-employed with firm size = 1 and insurance was not offered by the employer or union at that job.

As indicated above, information collected in the health insurance section of the interview was considered in the construction of HELD13X and OFFER13X. For example, several persons indicated in the employment section of the interview that they held health insurance through a current main job and then denied this coverage later in the health insurance section. Such people were coded as “no” for HELD13X. Due to questionnaire skip patterns, the value for HELD13X was considered in constructing the OFFER13X variable. For example, if a person responded that health insurance was held from a current main job, they were skipped past the question relating to whether health insurance was offered at that job. If the person later

disavowed this insurance in the health insurance section of the questionnaire, we would not be able to ascertain whether they were offered a policy. These individuals are coded as -9 for OFFER13X.

Finally, persons under age 16 as well as persons aged 16 and older who did not hold a current main job or who were self-employed with no employees were coded as inapplicable for the health insurance-related employment variables.

Hours (HOUR13)

For people who are a part of Panel 1, have a current main job that continues from Round 2 or Round 1, and are salaried, HOUR13 is the number of hours on which the salary is based. HOUR13 is the number of hours worked per week for persons who are a part of Panel 2, or who are a part of Panel 1 and have a new current main job in Round 3, or who are a part of Panel 1 and have a continuing current main job in Round 3 but are not salaried.

Number of Employees (NUMEMP13)

Due to confidentiality concerns, the variable indicating the number of employees at the establishment (NUMEMP13) has been top coded at 500 or more employees. NUMEMP13 indicates the number of employees at the location of the person's current main job. For persons who reported a categorical size, we report a median estimated size from within the reported range.

2.5.5 Health Insurance Variables

Constructed and edited variables are provided for general categories of health insurance coverage collected during the MEPS Panel 2/Round 1 and Panel 1/Round 3 interviews. These variables include CHNOW13X (CHAMPUS/CHAMPVA coverage), MCARE13 (unedited Medicare coverage), MCARE13X (edited Medicare coverage), OTPUB13X (other public coverage including Medicaid and other government hospital/physician coverage), PRIV13 (private health insurance coverage), and INSRD13X (any health insurance coverage). With the exception of PRIV13, the insurance variables for the Panel 2/Round 1 observations have been edited. For the Panel 2/Round 1 sample, minimal editing was performed on the Other Public Coverage and Medicare variables to assign persons to coverage from these sources. For CHAMPUS/CHAMPVA coverage, respondents who were classified as active duty military or who were over age 65 had their reported CHAMPUS/CHAMPVA coverage overturned. As mentioned above, private insurance coverage was unedited and unimputed for Panel 2/Round 1. For Panel 1/Round 3, most of the insurance variables have been logically edited to address issues that arose during Rounds 2 and 3 when reviewing insurance reported in earlier rounds. One edit corrects for possible respondent confusion with respect to a question about covered benefits asked of respondents who reported a change in their private health insurance plan name. Additional edits were performed to address issues of missing data on the time period of coverage. Note that the Medicare and CHAMPUS/CHAMPVA variables indicate coverage at the time of the Panel 2/Round 1 or Panel 1/Round 3 interview dates. The private coverage and

other public insurance variables indicate coverage at any time during Panel 2/Round 1 or Panel 1/Round 3.

Medicare

Medicare (MCARE13) coverage was edited (MCARE13X) for persons age 65 or over. Within this age group, individuals were assigned Medicare coverage if:

They answered yes to a follow-up question on whether or not they received Social Security benefits; or

They were covered by Medicaid, other public hospital/physician coverage or Medigap coverage; or

Their spouse was age 65 or older and covered by Medicare; or

They reported CHAMPUS/CHAMPVA coverage.

Other Public Coverage

Unlike the Panel 1/Round 1 public use tape, the other public coverage variable on this tape refers to coverage both by Medicaid and to other public hospital/physician coverage. The MEPS questionnaire asks respondents about Medicaid coverage and then asks a follow-up question on other public hospital/physician coverage in an attempt to identify Medicaid recipients who may not have recognized their coverage as Medicaid. These questions were asked only if a respondent did not report having Medicaid coverage. The variable OTPUB13X is set to yes if a respondent indicated coverage from either source. Note that a small number of persons reporting AFDC or SSI coverage (a limited number of questions was included in the MEPS health insurance section for this purpose) were assigned other public coverage for both Panel 1 and Panel 2 observations.

Private Insurance

This public use tape includes a variable indicating whether a household respondent was covered by private insurance at any time during the first half of 1997 (PRIV13). Private insurance could have been obtained from an employer, union or have been purchased directly either as part of a group or as non-group coverage. Private health insurance coverage was also reported where the respondent could not identify the source of the coverage or the coverage was obtained through a policyholder outside the household. An individual was considered to have private health insurance coverage if, at a minimum, that coverage provided benefits for hospital and physician services (including Medigap coverage). Sources of insurance with missing information regarding the type of coverage were assumed to contain hospital/physician coverage. Persons without private hospital/physician insurance were not counted as privately insured.

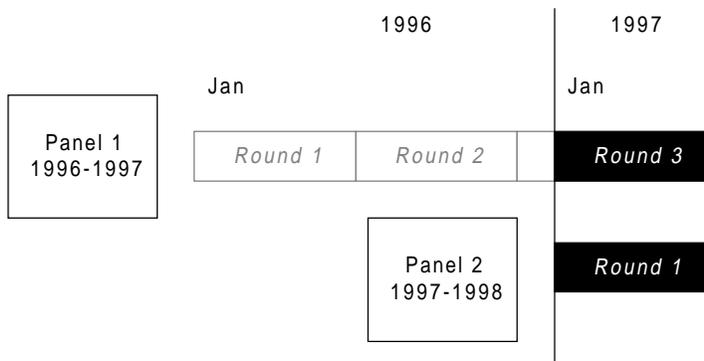
Any Insurance in Round 1

The file also includes a summary measure that indicates whether or not a sample person has any insurance during the first half of 1997 (INSRD13X). Persons identified as insured are those reporting coverage under CHAMPUS/CHAMPVA, Medicare, Medicaid or other public hospital/physician or private hospital/physician insurance (including Medigap plans). A person is considered uninsured if not covered by one of these insurance sources.

3.0 Survey Sample Information

3.1 Sample Design and Response Rates

The MEPS is designed to produce estimates at the national and regional level over time for the civilian non-institutionalized population of the United States and some subpopulations of interest. Data are collected for each MEPS panel to cover a two-year period, with the first two MEPS panels spanning 1996-97 and 1997-98, respectively. As described previously, this file consists of the subset of data from the first two MEPS panels covering approximately the first half of calendar year 1997. More specifically, data from the 1997 portion of the third round of data collection for the MEPS Panel 1 sample are pooled with data from the first round of data collection for the MEPS Panel 2 sample (illustrated below).



3.1.1 Panel 1

The MEPS Panel 1 initially consisted of a sample of 10,639 households in 1996, a nationally representative subsample of the households responding to the 1995 National Health Interview Survey (NHIS). The 1995 NHIS sampled households with Hispanic members and households with Black members at approximately 2.0 and 1.5 times the rate of other households, respectively. These oversampling rates are also reflected in the MEPS sample of households.

The overall MEPS Panel 1 response rate at the end of round 3 (which collects data for the first part of 1997) was 70.2 percent. This overall rate reflects response to the 1995 NHIS interview and the MEPS interviews for rounds 1-3.

3.1.2 Panel 2

The MEPS Panel 2 initially consisted of a sample of 6,281 households in 1997, a nationally representative subsample of the households responding to the 1996 NHIS. As for Panel 1 (see section 3.1.1 above), the Panel 2 sample reflects the oversampling of Hispanic and Black households in the NHIS. However, the sample design for Panel 2 differed from that for Panel 1 because the following policy relevant groups (classified based on 1996 NHIS data) were also oversampled to produce more reliable estimates for these groups:

1. adults (age 18 and over) with functional impairments (one or more ADLs identified);
2. children with limitations in activity;
3. individuals aged 18-64 predicted to incur high medical expenditures in 1997;
4. individuals predicted to reside in low-income households (below 200% of poverty); and
5. adults (age 18 and over) with other health limitations (one or more IADLs identified).

More specifically, a hierarchical sampling scheme was employed to select the MEPS sample. Among the NHIS households that were candidates for the MEPS sample, all those having at least one member in any of the first three groups were selected. Among the remaining households, those that contained at least one member associated with groups four or five were subsampled at a rate of .6. Finally, households that were not in any of the five groups were subsampled at a rate of .3.

The overall MEPS Panel 2 response rate at the end of round 1 (when data were collected for the first part of 1997) was 77.9 percent. This overall rate reflects response to both the 1996 NHIS interview and the MEPS round 1 interview.

3.1.3 Combined Panel Response

Each panel was given approximately equal weight in the development of sampling weights to produce national estimates (see section 3.2 below). Therefore, a pooled response rate for the survey respondents in this data set can be obtained by taking an average of the panel specific response rates. This pooled response rate for the combined panels is 74.1 percent.

3.2 Sample Weights

The sample weights provided in this file can be used to produce estimates for the U.S. civilian, non-institutionalized population and subgroups of this population based on the sample data. Two weights are provided: a person level weight and a family level weight.

3.2.1 Person Level Weight

The person level weight variable (WGTSP13) was constructed as a composite of separate panel specific weights. A positive person level weight was assigned to all key members of the U.S. civilian non-institutionalized population for whom MEPS data were collected, representing the corresponding U.S. population in early 1997. This weight reflects the original household probability of selection for the NHIS, ratio-adjustment to NHIS national population estimates at the household level, adjustment for non-participation in MEPS, and poststratification to figures obtained from March 1997 Current Population Survey (CPS) data at the person level. The person level poststratification reflected population distributions across census region, MSA status, race/ethnicity (Hispanic, black/non-Hispanic, other), sex, and age.

Overall, the weighted population estimate based on WGTSP13 for the civilian noninstitutionalized population is 265,926,692. Estimates can be made for this population based on the 35,916 sample persons in the file with positive weights (WGTSP13>0).

3.2.2 Family Level Weight

3.2.2.1 Definition of MEPS Families

A family unit is defined in MEPS as two or more persons living together in the same household during the reference period (in this data set, from January 1, 1997 to the date of interview) who are related by blood, marriage, or adoption (including foster children). In addition, unrelated persons who identify themselves as a family (e.g. domestic partners) are also defined as a MEPS family unit. Persons who died during the first half of 1997 and those who left the civilian non-institutionalized population part way through the reference period due to institutionalization, emigration, or enrollment in the military were considered to be family members. Relatives identified as usual residents of the household who were not there at the time of the interview, such as college students living away from their parents' home during the school year, were considered as members of the family that identified them.

3.2.2.2 Assignment of Weights

If all key in-scope members of a family responded to MEPS for their entire period of eligibility in 1997 for Round 1/Panel 2, or for Round 3/Panel 1, and the family had a key reference person, then that family received a family level weight (WGTRU13>0). Reporting units consisting of an individual respondent who was both key and in-scope also received a family

level weight. These individual person units can be included or excluded from family level analyses at the analyst's discretion.

Family level weights were poststratified to figures obtained from the March 1997 CPS. The family level poststratification reflected population distributions across family type (reference person married, spouse present; male reference person, no spouse present; female reference person, no spouse present), size of family, age of reference person, location of family (census region and MSA status), and race/ethnicity of the family's reference person. The weighted estimate of the number of units (families plus individual person units) with family level weights containing at least one member of the U.S. civilian non-institutionalized population is 112,106,153, based on 14,147 responding units with WGTRU13>0.

It should be noted that CPS and MEPS definitions of family units are slightly different. In particular, CPS does not include foster children in families or consider unmarried persons who live together as family units. Adjustments were made in the poststratification process to help compensate for some of these differences.

3.2.2.3 Instructions to Create Family Estimates

To make estimates at the family level, it is necessary to prepare a family level file containing one record per family. Each MEPS family unit is uniquely identified by the combination of the variables DUID and FAMID13. Only persons with positive nonzero family weight values (WGTRU13>0) are candidates for inclusion in family estimates. Following is a summary of steps that can be used for family level estimation.

1. Concatenate the variables DUID and FAMID13 into a new variable (e.g. DUFAM13).
2. To create a family level file, sort by DUFAM13 and then subset to one record per DUFAM13 by retaining only the reference person record (RNDREF13=1) for each value of DUFAM13. If the analyst chooses to eliminate single person units from family analyses, it is also necessary to exclude records where FAMSIZ13=1. If aggregate measures for families' are needed for analytic purposes (e.g. means or totals), then those measures need to be computed using person-level information within families and attached to the family record. For other types of variables, analysts frequently use characteristics of the reference person to represent family characteristics.
3. Apply the weight WGTRU13 to the analytic variable(s) of interest to obtain national family estimates.

3.2.3 Relationship Between Person and Family Level Weights

Some persons with positive person level weights do not have family level weights because at least one member of their family was a non-participant in MEPS. In addition, some persons with positive family level weights do not have person level weights because they were either non-key or a member of the military during the first half of 1997. Analysts should only include persons with positive person level weights for person level analyses and persons with positive family level weights for family level analyses.

3.3 Variance Estimation

To obtain estimates of variability (such as the standard error of sample estimates or corresponding confidence intervals) for estimates based on MEPS survey data, one needs to take into account the complex sample design of MEPS for both person and family level analyses. Various approaches can be used to develop such estimates of variance including a Taylor series method for variance estimation or various replication methodologies. Replicate weights have not been developed for the MEPS data. We will describe the variables needed to implement a Taylor series estimation approach.

Using a Taylor Series approach, variance estimation strata and the variance estimation PSUs within these strata must be specified. The variables VARST13 and PSU13 on this MEPS data file (updated versions of corresponding variables provided in previously released MEPS public use files) serve to identify the sampling strata and primary sampling units required by the variance estimation programs. Specifying a "with replacement" design in a computer software package such as SUDAAN should provide estimated standard errors appropriate for assessing the variability of MEPS survey estimates. It should be noted that the number of degrees of freedom associated with estimates of variability indicated by such a package may not appropriately reflect the number available. For MEPS sample estimates for characteristics generally distributed throughout the country (and thus the sample PSUs), one can generally expect to have at least 100 degrees of freedom associated with the corresponding estimates of variance.

D. Codebook

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

This codebook contains weighted and unweighted frequencies for person level record identifiers, demographic, employment, and health status variables for 1997 data obtained in Round 3 of Panel 1 and Round 1 of Panel 2 of the MEPS Household Component. Weighted frequencies were derived using the WGTSP13 weight included on this file. All estimates must be weighted to obtain unbiased national estimates. The source of each variable is identified in the section of the documentation entitled "E. Variable Source Crosswalk". Sources for each variable are indicated in one of four ways: (1) Variables which are derived in CAPI or assigned in CAPI are so indicated; (2) variables derived from complex algorithms associated with re-enumeration are labeled "RE Section; " (3) variables which come from one or more specific questions in the instrument have those question numbers listed in the "SOURCE column" (4) variables constructed from multiple questions using complex algorithms are labeled "Constructed " in the "SOURCE" column. Variables which are edited and/or imputed have names which end in an X, and are so noted in the variable label. The variable PANEL13 denotes which panel the data are derived from. General information on file content, variable construction, and programming is provided in the codebook documentation. It should be noted that these data are considered preliminary as they have not been subject to the same level of quality control which is usually performed on products of this type. Users should refer to the MEPS web page (www.meps.ahcpr.gov) for information on any post production updates.

MEPS HC-005
 1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
91	92	ACTDTY13	MILITARY FULL-TIME ACTIVE DUTY
127	128	ACTLIM13	LIMITATION WORK/HOUSEWORK/SCHOOL
105	106	ADLHLP13	ADL SCREENER
63	64	AGE13X	AGE - (EDITED/IMPUTED)
107	108	AIDHLP13	USES ASSISTIVE DEVICES
34	35	BEGRFD13	REFERENCE PERIOD BEGIN DATE: DAY
36	37	BEGRFM13	REFERENCE PERIOD BEGIN DATE: MONTH
38	41	BEGRFY13	REFERENCE BEGIN DATE: YEAR
121	122	BENDIF13	DIFFICULTY BENDING /STOOPING
167	167	CHNOW13X	PID COV BY CHAMPUS/VA AT INT DATE-EDITED
139	140	COGLIM13	COGNITIVE LIMITATION
65	66	DOBMM	DATE OF BIRTH: MONTH
67	70	DOBY	DATE OF BIRTH: YEAR
1	5	DUID	DU ID
9	16	DUPERSID	SAMPLE PERSON ID (DUID + PID)
85	86	EDUCYR13	COMPLETED YEARS OF EDUCATION
141	142	EMPST13	EMPLOYMENT STATUS
42	43	ENDRFD13	REFERENCE PERIOD END DATE: DAY
44	45	ENDRFM13	REFERENCE PERIOD END DATE: MONTH
46	49	ENDRFY13	REFERENCE PERIOD END DATE: YEAR
18	19	FAMID13	FAMILY IDENTIFIER (STUDENT MERGED IN)
25	26	FAMSIZ13	RU SIZE INCLUDING STUDENTS
125	126	FNGRDF13	DIFFICULTY USING FINGERS TO GRASP
89	90	FTSTD13X	STUDENT STATUS AGES 17-23 (EDIT/IMPUTED)
158	159	HELD13X	HEALTH INSURANCE HELD FROM CMJ
87	88	HIDEG13	HIGHEST DEGREE
75	75	HISPANX	HISPANIC ETHNICITY - (EDITED/IMPUTED)
76	77	HISPCAT	SPECIFIC HISPANIC ETHNICITY GROUP
155	157	HOUR13	HOURS WORKED PER WEEK AT CM JOB
143	150	HRWAG13X	HOURLY WAGE AT CURRENT MAIN JOB
153	154	HRWAY13	CALCULATION METHODS FOR HOURLY WAGE
151	152	HRWRD13	HOURLY WAGE ROUND FLAG
131	132	HSELIM13	HOUSEWORK LIMITATION
103	104	IADLHP13	IADL SCREENER
51	51	INSCOP13	INSCOPE
172	172	INSRD13X	PID IS INSURED - EDITED
50	50	KEYNESS	PERSON KEY STATUS
111	112	LFTDIF13	DIFFICULTY LIFTING 10 POUNDS
78	79	MARRY13X	MARITAL STATUS - (EDITED/IMPUTED)
168	168	MCARE13	PID COV BY MEDICARE
169	169	MCARE13X	PID COV BY MEDICARE - EDITED
117	118	MILDIF13	DIFFICULTY WALKING A MILE
99	100	MNHLTH13	PERCEIVED MENTAL HEALTH STATUS
101	102	MNPROX13	SELF/PROXY RATING OF MENTAL HEALTH
28	28	MSA13	MSA
162	164	NUMEMP13	NUMBER OF EMPLOYEES AT LOCATION OF CMJ
160	161	OFFER13X	HEALTH INSURANCE OFFERED AT CMJ
170	170	OTPUB13X	PID COV BY OTHER PUBLIC INS - EDITED
17	17	PANEL13	PANEL NUMBER
6	8	PID	PERSON NUMBER
171	171	PRIV13	PID COV BY PRIVATE INS
33	33	PROXY13	WAS RESPONDENT A PROXY
52	53	PSTAT13	PERSON DISPOSITION STATUS
200	201	PSU13	VARIANCE ESTIMATION PSU
74	74	RACETHNX	RACE/ETHNICITY - (EDITED/IMPUTED)
72	73	RACEX	RACE - (EDITED/IMPUTED)
123	124	RCHDIF13	DIFFICULTY REACHING OVER HEAD
32	32	RDRESP13	1ST RESPONDENT INDICATOR
27	27	REGION13	CENSUS REGION
93	94	RFREL13X	RELATION TO REF PERS (EDITED/IMPUTED)
29	31	RNDREF13	REFERENCE PERSON
95	96	RTHLTH13	PERCEIVED HEALTH STATUS
97	98	RTPROX13	SELF/PROXY RATING OF HEALTH
24	24	RUCLAS13	RU FIELDDED AS: STANDARD, NEW, STUDENT

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
56	57	RUENDD13	DATE OF INTV (DATE STARTED: DAY)
58	58	RUENDM13	DATE OF INTV (DATE STARTED: MONTH)
59	62	RUENDY13	DATE OF INTV (DATE STARTED: YEAR)
20	21	RULETR13	RU LETTER
54	55	RURSLT13	RU RESULT
22	23	RUSIZE13	RU SIZE
133	134	SCHLIM13	SCHOOL LIMITATION
165	166	SELFCM13	SELF-EMPLOYED AT CURRENT MAIN JOB
71	71	SEX	SEX
137	138	SOCLIM13	SOCIAL LIMITATION
80	82	SPOUID13	SPOUSE ID
83	84	SPOUIN13	MARITAL STATUS W/SPOUSE PRESENT
119	120	STNDIF13	DIFFICULTY STANDING 20 MINUTES
113	114	STPDIF13	DIFFICULTY WALKING UP 10 STEPS
135	136	UNABLE13	COMPLETELY UNABLE TO DO ACTIVITY
197	199	VARST13	VARIANCE ESTIMATION STRATUM
185	196	WGTRU13	FAMILY WEIGHT
173	184	WGTS13	PERSON WEIGHT
115	116	WLKDIF13	DIFFICULTY WALKING 3 BLOCKS
109	110	WLKLIM13	LIMITATION IN PHYSICAL FUNCTIONING
129	130	WRKLIM13	WORK LIMITATION

MEPS HC-005
 1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
1	5	DUID	DU ID
6	8	PID	PERSON NUMBER
9	16	DUPERSID	SAMPLE PERSON ID (DUID + PID)
17	17	PANEL13	PANEL NUMBER
18	19	FAMID13	FAMILY IDENTIFIER (STUDENT MERGED IN)
20	21	RULETR13	RU LETTER
22	23	RUSIZE13	RU SIZE
24	24	RUCLAS13	RU FIELDDED AS: STANDARD, NEW, STUDENT
25	26	FAMSIZ13	RU SIZE INCLUDING STUDENTS
27	27	REGION13	CENSUS REGION
28	28	MSA13	MSA
29	31	RNDREF13	REFERENCE PERSON
32	32	RDRESP13	1ST RESPONDENT INDICATOR
33	33	PROXY13	WAS RESPONDENT A PROXY
34	35	BEGRFD13	REFERENCE PERIOD BEGIN DATE: DAY
36	37	BEGRFM13	REFERENCE PERIOD BEGIN DATE: MONTH
38	41	BEGRFY13	REFERENCE BEGIN DATE: YEAR
42	43	ENDRFD13	REFERENCE PERIOD END DATE: DAY
44	45	ENDRFM13	REFERENCE PERIOD END DATE: MONTH
46	49	ENDRFY13	REFERENCE PERIOD END DATE: YEAR
50	50	KEYNESS	PERSON KEY STATUS
51	51	INSCOPE13	INSCOPE
52	53	PSTAT13	PERSON DISPOSITION STATUS
54	55	RURSLT13	RU RESULT
56	57	RUENDD13	DATE OF INTV (DATE STARTED: DAY)
58	58	RUENDM13	DATE OF INTV (DATE STARTED: MONTH)
59	62	RUENDY13	DATE OF INTV (DATE STARTED: YEAR)
63	64	AGE13X	AGE - (EDITED/IMPUTED)
65	66	DOBMM	DATE OF BIRTH: MONTH
67	70	DOBY	DATE OF BIRTH: YEAR
71	71	SEX	SEX
72	73	RACEX	RACE - (EDITED/IMPUTED)
74	74	RACETHNX	RACE/ETHNICITY - (EDITED/IMPUTED)
75	75	HISSPANX	HISPANIC ETHNICITY - (EDITED/IMPUTED)
76	77	HISPCAT	SPECIFIC HISPANIC ETHNICITY GROUP
78	79	MARRY13X	MARITAL STATUS - (EDITED/IMPUTED)
80	82	SPOUID13	SPOUSE ID
83	84	SPOUIN13	MARITAL STATUS W/SPOUSE PRESENT
85	86	EDUCYR13	COMPLETED YEARS OF EDUCATION
87	88	HIDEG13	HIGHEST DEGREE
89	90	FTSTD13X	STUDENT STATUS AGES 17-23 (EDIT/IMPUTED)
91	92	ACTDTY13	MILITARY FULL-TIME ACTIVE DUTY
93	94	RFREL13X	RELATION TO REF PERS (EDITED/IMPUTED)
95	96	RTHLTH13	PERCEIVED HEALTH STATUS
97	98	RTPROX13	SELF/PROXY RATING OF HEALTH
99	100	MNHLTH13	PERCEIVED MENTAL HEALTH STATUS
101	102	MNPROX13	SELF/PROXY RATING OF MENTAL HEALTH
103	104	IADLHP13	IADL SCREENER
105	106	ADLHLP13	ADL SCREENER
107	108	AIDHLP13	USES ASSISTIVE DEVICES
109	110	WLKLIM13	LIMITATION IN PHYSICAL FUNCTIONING
111	112	LFTDIF13	DIFFICULTY LIFTING 10 POUNDS
113	114	STPDIF13	DIFFICULTY WALKING UP 10 STEPS
115	116	WLKDIF13	DIFFICULTY WALKING 3 BLOCKS
117	118	MILDIF13	DIFFICULTY WALKING A MILE
119	120	STNDIF13	DIFFICULTY STANDING 20 MINUTES
121	122	BENDIF13	DIFFICULTY BENDING /STOOPING
123	124	RCHDIF13	DIFFICULTY REACHING OVER HEAD
125	126	FNGRDF13	DIFFICULTY USING FINGERS TO GRASP
127	128	ACTLIM13	LIMITATION WORK/HOUSEWORK/SCHOOL
129	130	WRKLIM13	WORK LIMITATION
131	132	HSELIM13	HOUSEWORK LIMITATION
133	134	SCHLIM13	SCHOOL LIMITATION
135	136	UNABLE13	COMPLETELY UNABLE TO DO ACTIVITY

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
137	138	SOCLIM13	SOCIAL LIMITATION
139	140	COGLIM13	COGNITIVE LIMITATION
141	142	EMPST13	EMPLOYMENT STATUS
143	150	HRWAG13X	HOURLY WAGE AT CURRENT MAIN JOB
151	152	HRWGRD13	HOURLY WAGE ROUND FLAG
153	154	HRWAY13	CALCULATION METHODS FOR HOURLY WAGE
155	157	HOUR13	HOURS WORKED PER WEEK AT CM JOB
158	159	HELD13X	HEALTH INSURANCE HELD FROM CMJ
160	161	OFFER13X	HEALTH INSURANCE OFFERED AT CMJ
162	164	NUMEMP13	NUMBER OF EMPLOYEES AT LOCATION OF CMJ
165	166	SELFCM13	SELF-EMPLOYED AT CURRENT MAIN JOB
167	167	CHNOW13X	PID COV BY CHAMPUS/VA AT INT DATE-EDITED
168	168	MCARE13	PID COV BY MEDICARE
169	169	MCARE13X	PID COV BY MEDICARE - EDITED
170	170	OTPUB13X	PID COV BY OTHER PUBLIC INS - EDITED
171	171	PRIV13	PID COV BY PRIVATE INS
172	172	INSRD13X	PID IS INSURED - EDITED
173	184	WGTSP13	PERSON WEIGHT
185	196	WGTRU13	FAMILY WEIGHT
197	199	VARST13	VARIANCE ESTIMATION STRATUM
201	201	PSU13	VARIANCE ESTIMATION PSU

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>DUID</u>	<u>DU ID</u>	<u>5.0</u>	<u>NUM</u>	<u>1</u>	<u>5</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	2 - 36284	37,381		265,926,692	
	TOTAL	37,381		265,926,692	
<u>PID</u>	<u>PERSON NUMBER</u>	<u>3.0</u>	<u>NUM</u>	<u>6</u>	<u>8</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	10 - 196	37,381		265,926,692	
	TOTAL	37,381		265,926,692	
<u>DUPERSID</u>	<u>SAMPLE PERSON ID (DUID + PID)</u>	<u>8.0</u>	<u>CHAR</u>	<u>9</u>	<u>16</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	00002018 - 36284037	37,381		265,926,692	
	TOTAL	37,381		265,926,692	
<u>PANEL13</u>	<u>PANEL NUMBER</u>	<u>1.0</u>	<u>NUM</u>	<u>17</u>	<u>17</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 PANEL 1 RD 3	22,385		133,811,550	
	2 PANEL 2 RD 1	14,996		132,115,142	
	TOTAL	37,381		265,926,692	
<u>FAMID13</u>	<u>FAMILY IDENTIFIER (STUDENT MERGED IN)</u>	<u>2.0</u>	<u>CHAR</u>	<u>18</u>	<u>19</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	A	35,090		251,678,605	
	B	1,956		12,217,136	
	C	285		1,746,981	
	D	42		244,402	
	E	6		34,142	
	F	2		5,425	
	TOTAL	37,381		265,926,692	
<u>RULETR13</u>	<u>RU LETTER</u>	<u>2.0</u>	<u>CHAR</u>	<u>20</u>	<u>21</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	A	34,882		249,889,940	
	B	2,125		13,684,805	
	C	321		2,043,485	
	D	44		261,048	
	E	7		41,990	
	F	2		5,425	
	TOTAL	37,381		265,926,692	

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>RUSIZE13</u>	<u>RU SIZE</u>	<u>2.0</u>	<u>NUM</u>	<u>22</u>	<u>23</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 PERSON IN RU	4,300		39,139,665	
	2 PERSONS IN RU	8,245		66,986,432	
	3 PERSONS IN RU	6,768		47,710,093	
	4 PERSONS IN RU	8,606		59,262,561	
	5 PERSONS IN RU	5,035		30,751,605	
	6 PERSONS IN RU	2,409		12,222,114	
	7 PERSONS IN RU	1,039		5,169,656	
	8 PERSONS IN RU	495		2,635,052	
	9 PERSONS IN RU	265		1,337,467	
	10 PERSONS IN RU	110		454,464	
	11 PERSONS IN RU	44		111,925	
	12 PERSONS IN RU	24		56,895	
	13 PERSONS IN RU	13		33,269	
	14 PERSONS IN RU	28		55,494	
	TOTAL	37,381		265,926,692	
<u>RUCLAS13</u>	<u>RU FIELDED AS: STANDARD, NEW, STUDENT</u>	<u>1.0</u>	<u>NUM</u>	<u>24</u>	<u>24</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 STANDARD RU	36,319		258,230,491	
	2 NEW RU	853		5,903,517	
	3 STUDENT RU	209		1,792,684	
	TOTAL	37,381		265,926,692	
<u>FAMSIZ13</u>	<u>RU SIZE INCLUDING STUDENTS</u>	<u>2.0</u>	<u>NUM</u>	<u>25</u>	<u>26</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 PERSON	4,079		37,234,832	
	2 PERSONS	8,126		66,020,944	
	3 PERSONS	6,751		47,813,885	
	4 PERSONS	8,805		60,786,974	
	5 PERSONS	5,105		31,335,384	
	6 PERSONS	2,457		12,541,038	
	7 PERSONS	1,053		5,228,433	
	8 PERSONS	503		2,735,459	
	9 PERSONS	283		1,517,695	
	10 PERSONS	110		454,464	
	11 PERSONS	44		111,925	
	12 PERSONS	24		56,895	
	13 PERSONS	13		33,269	
	14 PERSONS	28		55,494	
	TOTAL	37,381		265,926,692	
<u>REGION13</u>	<u>CENSUS REGION</u>	<u>1.0</u>	<u>NUM</u>	<u>27</u>	<u>27</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 NORTHEAST	7,177		51,434,759	
	2 MIDWEST	7,875		62,021,404	
	3 SOUTH	13,165		92,889,841	
	4 WEST	9,164		59,580,688	
	TOTAL	37,381		265,926,692	

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>MSA13</u>	<u>MSA</u>	<u>1.0</u>	<u>NUM</u>	<u>28</u>	<u>28</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	1 MSA	29,324	213,366,902		
	2 NON-MSA	8,057	52,559,790		
	TOTAL	37,381	265,926,692		
<u>RNDREF13</u>	<u>REFERENCE PERSON</u>	<u>3.0</u>	<u>CHAR</u>	<u>29</u>	<u>31</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	010 - 999	37,381	265,926,692		
	TOTAL	37,381	265,926,692		
<u>RDRESP13</u>	<u>1ST RESPONDENT INDICATOR</u>	<u>1.0</u>	<u>NUM</u>	<u>32</u>	<u>32</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	1 YES, FIRST RESPONDENT	14,364	112,971,896		
	2 NO, NOT FIRST RESPONDENT	23,017	152,954,796		
	TOTAL	37,381	265,926,692		
<u>PROXY13</u>	<u>WAS RESPONDENT A PROXY</u>	<u>1.0</u>	<u>NUM</u>	<u>33</u>	<u>33</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	1 RESPONDENT IS RU MEMBER	37,122	264,039,061		
	2 RESPONDENT IS A PROXY	259	1,887,631		
	TOTAL	37,381	265,926,692		
<u>BEGRFD13</u>	<u>REFERENCE PERIOD BEGIN DATE: DAY</u>	<u>2.0</u>	<u>NUM</u>	<u>34</u>	<u>35</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	-9 NOT ASCERTAINED	1	0		
	-8 DK	2	13,108		
	-7 REFUSED	1	7,938		
	1 - 31	37,377	265,905,646		
	TOTAL	37,381	265,926,692		
<u>BEGRFM13</u>	<u>REFERENCE PERIOD BEGIN DATE: MONTH</u>	<u>2.0</u>	<u>NUM</u>	<u>36</u>	<u>37</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	-9 NOT ASCERTAINED	1	0		
	1 JANUARY	14,866	131,752,696		
	2 FEBRUARY	115	389,437		
	3 MARCH	90	237,388		
	4 APRIL	51	107,567		
	5 MAY	34	56,722		
	6 JUNE	10	69,368		
	7 JULY	6	14,034		
	8 AUGUST	2,881	16,815,548		
	9 SEPTEMBER	7,432	45,279,839		
	10 OCTOBER	7,245	43,790,856		
	11 NOVEMBER	3,682	21,971,574		
	12 DECEMBER	968	5,441,663		
	TOTAL	37,381	265,926,692		

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>BEGRFY13</u>	<u>REFERENCE BEGIN DATE: YEAR</u>	<u>4.0</u>	<u>NUM</u>	<u>38</u>	<u>41</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	1		0	
	1996 - 1997	37,380		265,926,692	
	TOTAL	37,381		265,926,692	
<u>ENDRFD13</u>	<u>REFERENCE PERIOD END DATE: DAY</u>	<u>2.0</u>	<u>NUM</u>	<u>42</u>	<u>43</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	5		38,056	
	-8 DK	1		4,820	
	1 - 31	37,375		265,883,816	
	TOTAL	37,381		265,926,692	
<u>ENDRFM13</u>	<u>REFERENCE PERIOD END DATE: MONTH</u>	<u>2.0</u>	<u>NUM</u>	<u>44</u>	<u>45</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	3		24,543	
	1 JANUARY	36		204,000	
	2 FEBRUARY	6,376		37,584,660	
	3 MARCH	9,821		66,378,536	
	4 APRIL	10,100		75,711,398	
	5 MAY	5,735		41,548,532	
	6 JUNE	3,217		24,798,826	
	7 JULY	1,683		15,454,940	
	8 AUGUST	410		4,221,257	
	TOTAL	37,381		265,926,692	
<u>ENDRFY13</u>	<u>REFERENCE PERIOD END DATE: YEAR</u>	<u>4.0</u>	<u>NUM</u>	<u>46</u>	<u>49</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1997	37,381		265,926,692	
	TOTAL	37,381		265,926,692	
<u>KEYNESS</u>	<u>PERSON KEY STATUS</u>	<u>1.0</u>	<u>NUM</u>	<u>50</u>	<u>50</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 KEY	35,971		265,926,692	
	2 NOT KEY	1,410		0	
	TOTAL	37,381		265,926,692	
<u>INSCOP13</u>	<u>INSCOPE</u>	<u>1.0</u>	<u>NUM</u>	<u>51</u>	<u>51</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 YES	37,325		265,926,692	
	2 NO	56		0	
	TOTAL	37,381		265,926,692	

MEPS HC-005
 1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>PSTAT13</u>	<u>PERSON DISPOSITION STATUS</u>	<u>2.0</u>	<u>NUM</u>	<u>52</u>	<u>53</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	11 PERSON IN HOUSEHLD, NOT FT ACTIVE MIL	35,226		253,214,169	
	12 IN HOUSEHLD, FT MIL DUTY-OUT-SCOPE	48		0	
	13 MOVED, FT STUD LIVING AWAY FROM HOME	210		1,796,860	
	14 IN ORIG HH, FT ACTIVE DUTY-INSCOPE	4		30,765	
	22 LEAVE INSTITUTION-R3 ONLY	3		15,609	
	23 LEAVES INSTITUTION & DIES-R3 ONLY	1		8,735	
	31 DECEASED	68		437,992	
	32 INSTITUTIONALIZED IN HEALTH CARE FAC	24		140,227	
	33 INSTITUTIONALIZED NON-HEALTH CARE FAC	12		62,335	
	34 MOVED OUTSIDE U.S., NOT AS STUDENT	6		24,948	
	35 MOVED, FT ACTIVE DUTY	6		51,154	
	41 MOVED WITHIN U.S.	514		4,370,111	
	42 PERSON WHO JOINED RU, NOT FT MIL	867		3,152,948	
	44 JOINS ANOTHER RU, & IS INSCOPE	89		550,854	
	51 NEWBORN IN REF PERIOD	303		2,069,986	
	TOTAL	37,381		265,926,692	
<u>RURSLT13</u>	<u>RU RESULT</u>	<u>2.0</u>	<u>CHAR</u>	<u>54</u>	<u>55</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	60 COMPLETE WITH RU MEMBER	37,118		263,999,769	
	61 PROXY-ALL RU MEMBERS DECEASED	17		157,839	
	62 PROXY-ALL RU MEMS INSTITUT/DECEASED	17		104,314	
	63 COMPLETE WITH PROXY, OTHER	229		1,664,769	
	TOTAL	37,381		265,926,692	
<u>RUENDD13</u>	<u>DATE OF INTV (DATE STARTED: DAY)</u>	<u>2.0</u>	<u>NUM</u>	<u>56</u>	<u>57</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 - 31	37,381		265,926,692	
	TOTAL	37,381		265,926,692	
<u>RUENDM13</u>	<u>DATE OF INTV (DATE STARTED: MONTH)</u>	<u>1.0</u>	<u>NUM</u>	<u>58</u>	<u>58</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	2 FEBRUARY	6,346		37,387,604	
	3 MARCH	9,831		66,432,500	
	4 APRIL	10,115		75,789,341	
	5 MAY	5,756		41,685,323	
	6 JUNE	3,227		24,857,159	
	7 JULY	1,694		15,543,845	
	8 AUGUST	412		4,230,920	
	TOTAL	37,381		265,926,692	
<u>RUENDY13</u>	<u>DATE OF INTV (DATE STARTED: YEAR)</u>	<u>4.0</u>	<u>NUM</u>	<u>59</u>	<u>62</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1997	37,381		265,926,692	
	TOTAL	37,381		265,926,692	

MEPS HC-005
 1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>AGE13X</u>	<u>AGE - (EDITED/IMPUTED)</u>	<u>2.0</u>	<u>NUM</u>	<u>63</u>	<u>64</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	0 - 4	3,008		19,737,174	
	5 - 17	8,270		51,698,711	
	18 - 24	3,498		24,668,335	
	25 - 44	11,062		83,525,792	
	45 - 64	7,392		54,419,342	
	65 - 90	4,151		31,877,338	
	TOTAL	37,381		265,926,692	
<u>DOBMM</u>	<u>DATE OF BIRTH: MONTH</u>	<u>2.0</u>	<u>NUM</u>	<u>65</u>	<u>66</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 JANUARY	3,020		21,302,091	
	2 FEBRUARY	2,957		21,163,592	
	3 MARCH	3,146		22,520,503	
	4 APRIL	2,899		20,957,069	
	5 MAY	2,966		21,625,393	
	6 JUNE	2,984		21,083,737	
	7 JULY	3,253		22,805,413	
	8 AUGUST	3,318		23,368,593	
	9 SEPTEMBER	3,353		23,668,970	
	10 OCTOBER	3,228		22,838,960	
	11 NOVEMBER	3,049		21,859,770	
	12 DECEMBER	3,208		22,732,600	
	TOTAL	37,381		265,926,692	
<u>DOBY</u>	<u>DATE OF BIRTH: YEAR</u>	<u>4.0</u>	<u>NUM</u>	<u>67</u>	<u>70</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1906 - 1919	1,421		10,393,822	
	1920 - 1939	4,896		37,405,061	
	1940 - 1959	9,675		72,500,157	
	1960 - 1979	10,510		76,782,083	
	1980 - 1997	10,879		68,845,568	
	TOTAL	37,381		265,926,692	
<u>SEX</u>	<u>SEX</u>	<u>1.0</u>	<u>NUM</u>	<u>71</u>	<u>71</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 MALE	17,808		129,842,460	
	2 FEMALE	19,573		136,084,232	
	TOTAL	37,381		265,926,692	
<u>RACEX</u>	<u>RACE - (EDITED/IMPUTED)</u>	<u>2.0</u>	<u>NUM</u>	<u>72</u>	<u>73</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 AMERICAN INDIAN	544		2,884,037	
	2 ALEUT, ESKIMO	28		139,788	
	3 ASIAN OR PACIFIC ISLANDER	1,026		9,652,201	
	4 BLACK	5,953		34,526,116	
	5 WHITE	29,786		218,543,996	
	91 OTHER	44		180,556	
	TOTAL	37,381		265,926,692	

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>RACETHNX</u>	<u>RACE/ETHNICITY - (EDITED/IMPUTED)</u>	<u>1.0</u>	<u>NUM</u>	<u>74</u>	<u>74</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 PERSON IS HISPANIC	8,309		29,633,726	
	2 PERSON IS BLACK/NOT HISPANIC	5,616		33,169,490	
	3 OTHER	23,456		203,123,476	
	TOTAL	37,381		265,926,692	
<u>HISPANX</u>	<u>HISPANIC ETHNICITY - (EDITED/IMPUTED)</u>	<u>1.0</u>	<u>NUM</u>	<u>75</u>	<u>75</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 HISPANIC	8,309		29,633,726	
	2 NOT HISPANIC	29,072		236,292,966	
	TOTAL	37,381		265,926,692	
<u>HISPCAT</u>	<u>SPECIFIC HISPANIC ETHNICITY GROUP</u>	<u>2.0</u>	<u>NUM</u>	<u>76</u>	<u>77</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	25		115,501	
	-8 DK	1		23,445	
	-7 REFUSED	1		0	
	1 PUERTO RICAN	898		3,299,910	
	2 CUBAN	331		1,292,133	
	3 MEXICAN/MEXICAN AMER/MEXICANO/CHICANO	5,715		18,923,218	
	4 OTHER LATIN AMERICAN/OTHER SPECIFY	1,338		5,979,519	
	5 NON-HISPANIC	29,072		236,292,966	
	TOTAL	37,381		265,926,692	
<u>MARRY13X</u>	<u>MARITAL STATUS - (EDITED/IMPUTED)</u>	<u>2.0</u>	<u>NUM</u>	<u>78</u>	<u>79</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	4		0	
	-8 DK	4		34,617	
	-7 REFUSED	10		29,151	
	1 MARRIED	14,522		106,179,842	
	2 WIDOWED	1,753		12,463,191	
	3 DIVORCED	2,116		16,133,230	
	4 SEPARATED	488		2,841,544	
	5 NEVER MARRIED	7,043		53,940,080	
	6 UNDER 16 INAPPLICABLE	10,036		63,379,706	
	7 MARRIED IN ROUND	437		3,378,991	
	8 WIDOWED IN ROUND	237		1,540,814	
	9 DIVORCED IN ROUND	443		3,726,276	
	10 SEPARATED IN ROUND	288		2,279,247	
	TOTAL	37,381		265,926,692	
<u>SPOUID13</u>	<u>SPOUSE ID</u>	<u>3.0</u>	<u>CHAR</u>	<u>80</u>	<u>82</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	010 - 994 VALID SPOUSEID	14,760		108,401,461	
	995 NO SPOUSE IN HOUSE	12,567		94,081,757	
	996 MARITAL STATUS UNKNOWN	18		63,769	
	997 LESS THAN 16 YRS OLD	10,036		63,379,706	
	TOTAL	37,381		265,926,692	

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>SPOUIN13</u>	<u>MARITAL STATUS W/SPOUSE PRESENT</u>	<u>2.0</u>	<u>NUM</u>	<u>83</u>	<u>84</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	7		30,016	
	-8 DK	2		7,246	
	-7 REFUSED	9		26,507	
	1 SPOUSE IN THE HOUSE	14,760		108,401,461	
	2 NOT MARRIED/NO SPOUSE	12,567		94,081,757	
	3 UNDER 16 INAPPLICABLE	10,036		63,379,706	
	TOTAL	37,381		265,926,692	
<u>EDUCYR13</u>	<u>COMPLETED YEARS OF EDUCATION</u>	<u>2.0</u>	<u>NUM</u>	<u>85</u>	<u>86</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	15		26,909	
	-8 DK	260		1,527,506	
	-7 REFUSED	78		388,557	
	-1 INAPPLICABLE	3,008		19,737,174	
	0 NEVER ATTENDED SCH	1,657		10,077,590	
	1 - 8 GRADES 1 - 8	7,863		45,915,742	
	9 - 11 GRADES 9 - 11	5,204		33,150,674	
	12 GRADE 12	8,679		65,326,479	
	13 1 YEAR COLLEGE	1,805		14,081,134	
	14 2 YEARS COLLEGE	2,825		23,003,917	
	15 3 YEARS COLLEGE	937		7,617,269	
	16 4 YEARS COLLEGE	3,063		27,483,112	
	17 5+ YEARS COLLEGE	1,987		17,590,631	
	TOTAL	37,381		265,926,692	
<u>HIDEG13</u>	<u>HIGHEST DEGREE</u>	<u>2.0</u>	<u>NUM</u>	<u>87</u>	<u>88</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	16		39,933	
	-8 DK	127		761,005	
	-7 REFUSED	58		314,536	
	1 NO DEGREE	7,393		42,922,031	
	2 GED	1,240		8,566,650	
	3 HIGH SCHOOL DIPLOMA	12,132		93,859,788	
	4 BACHELOR'S DEGREE	3,275		29,133,230	
	5 MASTER'S DEGREE	1,164		10,292,595	
	6 DOCTORATE DEGREE	331		3,042,552	
	7 OTHER DEGREE	1,609		13,614,665	
	8 UNDER 16 - INAPPLICABLE	10,036		63,379,706	
	TOTAL	37,381		265,926,692	
<u>FTSTD13X</u>	<u>STUDENT STATUS AGES 17-23 (EDIT/IMPUTED)</u>	<u>2.0</u>	<u>NUM</u>	<u>89</u>	<u>90</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	170		1,394,692	
	-8 DK	3		31,659	
	-1 INAPPLICABLE	33,772		240,847,352	
	1 FULL-TIME	1,308		9,723,550	
	2 PART-TIME	265		1,863,143	
	3 NOT A STUDENT	1,863		12,066,295	
	TOTAL	37,381		265,926,692	

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>ACTDTY13</u>	<u>MILITARY FULL-TIME ACTIVE DUTY</u>	<u>2.0</u>	<u>NUM</u>	<u>91</u>	<u>92</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	1		0	
	-7 REFUSED	6		1,436	
	1 YES - ACTIVE DUTY	63		65,903	
	2 NO - NOT FULL-TIME ACTIVE DUTY	21,753		160,688,945	
	3 UNDER 16 - INAPPLICABLE	10,036		63,379,706	
	4 OVER 59 - INAPPLICABLE	5,522		41,790,703	
	TOTAL	37,381		265,926,692	
<u>RFREL13X</u>	<u>RELATION TO REF PERS (EDITED/IMPUTED)</u>	<u>2.0</u>	<u>NUM</u>	<u>93</u>	<u>94</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-8 DK	1		17,193	
	0 SELF	14,408		114,302,955	
	1 MOTHER	270		1,156,145	
	2 FATHER	82		425,886	
	3 SISTER/STEP/HALF	165		769,814	
	4 BROTHER/STEP/HALF	200		1,149,523	
	5 DAUGHTER/ADOPTED DAUGHTER	6,164		40,182,600	
	6 SON/ADOPTED SON	6,536		45,001,141	
	7 WIFE/SPOUSE	5,653		41,947,445	
	8 HUSBAND/SPOUSE	1,510		10,023,014	
	9 MOTHER-IN-LAW	54		326,041	
	10 FATHER-IN-LAW	16		49,421	
	11 SISTER-IN-LAW	46		178,918	
	12 BROTHER-IN-LAW	56		269,126	
	13 DAUGHTER-IN-LAW	61		223,589	
	14 SON-IN-LAW	65		214,775	
	15 STEPMOTHER	1		2,916	
	16 STEPFATHER	8		21,339	
	17 STEPDAUGHTER	70		247,405	
	18 STEPSON	85		394,581	
	19 GRANDMOTHER	19		73,252	
	20 GRANDFATHER	4		11,842	
	21 AUNT	12		23,254	
	22 UNCLE	19		94,886	
	23 NIECE	93		366,316	
	24 NEPHEW	112		502,111	
	25 COUSIN	65		292,340	
	26 GRANDSON	487		2,272,859	
	27 GRANDDAUGHTER	435		1,875,165	
	28 FEMALE PARTNER	267		1,497,646	
	29 MALE PARTNER	282		1,516,148	
	30 MOTHER'S PARTNER	4		15,204	
	32 DAUGHTER OF PARTNER	24		80,243	
	33 SON OF PARTNER	32		75,384	
	34 FOSTER CHILD	19		69,231	
	37 GREAT GRANDDAUGHTER	12		50,195	
	38 GREAT GRANDSON	17		71,565	
	41 GREAT NIECE	1		1,114	
	42 GREAT NEPHEW	2		7,894	
	91 OTHER RELATED, SPECIFY	24		126,215	
	TOTAL	37,381		265,926,692	

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>RTHLTH13</u>	<u>PERCEIVED HEALTH STATUS</u>	<u>2.0</u>	<u>NUM</u>	<u>95</u>	<u>96</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	14		1,925	
	-8 DK	29		132,109	
	-7 REFUSED	20		60,435	
	-1 INAPPLICABLE	69		446,727	
	1 EXCELLENT	12,176		92,900,361	
	2 VERY GOOD	11,224		82,139,556	
	3 GOOD	9,138		61,896,906	
	4 FAIR	3,391		20,642,682	
	5 POOR	1,320		7,705,990	
	TOTAL	37,381		265,926,692	
<u>RTPROX13</u>	<u>SELF/PROXY RATING OF HEALTH</u>	<u>2.0</u>	<u>NUM</u>	<u>97</u>	<u>98</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	12		1,925	
	-1 INAPPLICABLE	69		446,727	
	1 SELF	16,492		127,974,071	
	2 PROXY	20,808		137,503,968	
	TOTAL	37,381		265,926,692	
<u>MNHLTH13</u>	<u>PERCEIVED MENTAL HEALTH STATUS</u>	<u>2.0</u>	<u>NUM</u>	<u>99</u>	<u>100</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	14		1,925	
	-8 DK	35		193,316	
	-7 REFUSED	25		81,401	
	-1 INAPPLICABLE	69		446,727	
	1 EXCELLENT	15,911		120,656,716	
	2 VERY GOOD	10,707		76,871,332	
	3 GOOD	8,262		53,552,961	
	4 FAIR	1,833		11,069,466	
	5 POOR	525		3,052,847	
	TOTAL	37,381		265,926,692	
<u>MNPROX13</u>	<u>SELF/PROXY RATING OF MENTAL HEALTH</u>	<u>2.0</u>	<u>NUM</u>	<u>101</u>	<u>102</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	12		1,925	
	-1 INAPPLICABLE	69		446,727	
	1 SELF	16,285		126,512,388	
	2 PROXY	21,015		138,965,651	
	TOTAL	37,381		265,926,692	

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>IADLHP13</u>	<u>IADL SCREENER</u>	<u>2.0</u>	<u>NUM</u>	<u>103</u>	<u>104</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	10		42,756	
	-8 DK	5		17,878	
	-7 REFUSED	1		12,494	
	-1 INAPPLICABLE	69		446,727	
	1 YES	1,216		7,219,430	
	2 NO	36,080		258,187,406	
	TOTAL	37,381		265,926,692	
<u>ADLHLP13</u>	<u>ADL SCREENER</u>	<u>2.0</u>	<u>NUM</u>	<u>105</u>	<u>106</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	13		65,067	
	-8 DK	5		17,878	
	-7 REFUSED	1		12,494	
	-1 INAPPLICABLE	69		446,727	
	1 YES	729		3,973,349	
	2 NO	36,564		261,411,176	
	TOTAL	37,381		265,926,692	
<u>AIDHLP13</u>	<u>USES ASSISTIVE DEVICES</u>	<u>2.0</u>	<u>NUM</u>	<u>107</u>	<u>108</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	15		50,332	
	-8 DK	6		23,100	
	-7 REFUSED	1		12,494	
	-1 INAPPLICABLE	69		446,727	
	1 YES	1,333		8,567,661	
	2 NO	35,957		256,826,378	
	TOTAL	37,381		265,926,692	
<u>WLKLM13</u>	<u>LIMITATION IN PHYSICAL FUNCTIONING</u>	<u>2.0</u>	<u>NUM</u>	<u>109</u>	<u>110</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	8		36,592	
	-8 DK	192		1,046,176	
	-7 REFUSED	1		12,494	
	-1 INAPPLICABLE	69		446,727	
	1 YES	3,430		23,599,958	
	2 NO	33,681		240,784,745	
	TOTAL	37,381		265,926,692	
<u>LFTDIF13</u>	<u>DIFFICULTY LIFTING 10 POUNDS</u>	<u>2.0</u>	<u>NUM</u>	<u>111</u>	<u>112</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	1		9,660	
	-8 DK	3		20,305	
	-1 INAPPLICABLE	33,951		242,326,735	
	1 NO DIFFICULTY	1,244		9,877,266	
	2 SOME DIFFICULTY	1,065		7,137,819	
	3 A LOT OF DIFFICULTY	575		3,546,545	
	4 UNABLE TO DO	542		3,008,363	
	TOTAL	37,381		265,926,692	

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
STPDIF13	DIFFICULTY WALKING UP 10 STEPS	2.0	NUM	113	114
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	1		9,660	
	-8 DK	10		59,634	
	-1 INAPPLICABLE	33,951		242,326,735	
	1 NO DIFFICULTY	1,144		9,227,299	
	2 SOME DIFFICULTY	1,078		7,334,796	
	3 A LOT OF DIFFICULTY	655		3,863,744	
	4 COMPLETELY UNABLE TO DO IT	372		2,116,234	
	5 COMPLETELY UNABLE TO WALK	170		988,589	
	TOTAL	37,381		265,926,692	
WLKDIF13	DIFFICULTY WALKING 3 BLOCKS	2.0	NUM	115	116
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	1		9,660	
	-8 DK	11		56,810	
	-1 INAPPLICABLE	33,951		242,326,735	
	1 NO DIFFICULTY	726		5,998,936	
	2 SOME DIFFICULTY	887		6,416,200	
	3 A LOT OF DIFFICULTY	701		4,493,815	
	4 UNABLE TO DO	1,104		6,624,537	
	TOTAL	37,381		265,926,692	
MILDIF13	DIFFICULTY WALKING A MILE	2.0	NUM	117	118
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	1		9,660	
	-8 DK	22		180,191	
	-1 INAPPLICABLE	33,951		242,326,735	
	1 NO DIFFICULTY	470		3,882,706	
	2 SOME DIFFICULTY	658		4,973,476	
	3 A LOT OF DIFFICULTY	623		4,324,259	
	4 UNABLE TO DO	1,656		10,229,666	
	TOTAL	37,381		265,926,692	
STNDIF13	DIFFICULTY STANDING 20 MINUTES	2.0	NUM	119	120
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	1		9,660	
	-8 DK	16		119,743	
	-1 INAPPLICABLE	33,951		242,326,735	
	1 NO DIFFICULTY	1,009		8,130,975	
	2 SOME DIFFICULTY	1,040		6,944,843	
	3 A LOT OF DIFFICULTY	682		4,415,550	
	4 UNABLE TO DO	682		3,979,186	
	TOTAL	37,381		265,926,692	

MEPS HC-005
 1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>BENDIF13</u>	<u>DIFFICULTY BENDING /STOOPING</u>	<u>2.0</u>	<u>NUM</u>	<u>121</u>	<u>122</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	1		9,660	
	-8 DK	3		23,981	
	-1 INAPPLICABLE	33,951		242,326,735	
	1 NO DIFFICULTY	847		6,886,857	
	2 SOME DIFFICULTY	1,190		8,470,336	
	3 A LOT OF DIFFICULTY	778		4,715,488	
	4 UNABLE TO DO	611		3,493,635	
	TOTAL	37,381		265,926,692	
<u>RCHDIF13</u>	<u>DIFFICULTY REACHING OVER HEAD</u>	<u>2.0</u>	<u>NUM</u>	<u>123</u>	<u>124</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	1		9,660	
	-8 DK	5		52,252	
	-1 INAPPLICABLE	33,951		242,326,735	
	1 NO DIFFICULTY	1,424		11,071,144	
	2 SOME DIFFICULTY	1,084		7,070,395	
	3 A LOT OF DIFFICULTY	546		3,365,176	
	4 UNABLE TO DO	370		2,031,331	
	TOTAL	37,381		265,926,692	
<u>FNGRDF13</u>	<u>DIFFICULTY USING FINGERS TO GRASP</u>	<u>2.0</u>	<u>NUM</u>	<u>125</u>	<u>126</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	1		9,660	
	-7 REFUSED	1		4,472	
	-1 INAPPLICABLE	33,951		242,326,735	
	1 NO DIFFICULTY	2,156		15,763,903	
	2 SOME DIFFICULTY	863		5,550,302	
	3 A LOT OF DIFFICULTY	331		1,879,860	
	4 UNABLE TO DO	78		391,760	
	TOTAL	37,381		265,926,692	
<u>ACTLIM13</u>	<u>LIMITATION WORK/HOUSEWORK/SCHOOL</u>	<u>2.0</u>	<u>NUM</u>	<u>127</u>	<u>128</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	10		42,756	
	-8 DK	31		114,583	
	-7 REFUSED	2		23,803	
	-1 INAPPLICABLE	3,077		20,183,901	
	1 YES	2,825		17,968,329	
	2 NO	31,436		227,593,320	
	TOTAL	37,381		265,926,692	

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>WRKLIM13</u>	<u>WORK LIMITATION</u>	<u>2.0</u>	<u>NUM</u>	<u>129</u>	<u>130</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	10		42,756	
	-8 DK	33		128,874	
	-1 INAPPLICABLE	34,515		247,801,023	
	1 YES	2,439		15,520,700	
	2 NO	384		2,433,339	
	TOTAL	37,381		265,926,692	
<u>HSELIM13</u>	<u>HOUSEWORK LIMITATION</u>	<u>2.0</u>	<u>NUM</u>	<u>131</u>	<u>132</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	10		42,756	
	-8 DK	33		128,874	
	-1 INAPPLICABLE	34,515		247,801,023	
	1 YES	1,847		11,460,266	
	2 NO	976		6,493,772	
	TOTAL	37,381		265,926,692	
<u>SCHLIM13</u>	<u>SCHOOL LIMITATION</u>	<u>2.0</u>	<u>NUM</u>	<u>133</u>	<u>134</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	10		42,756	
	-8 DK	33		128,874	
	-1 INAPPLICABLE	34,515		247,801,023	
	1 YES	1,019		6,254,455	
	2 NO	1,804		11,699,583	
	TOTAL	37,381		265,926,692	
<u>UNABLE13</u>	<u>COMPLETELY UNABLE TO DO ACTIVITY</u>	<u>2.0</u>	<u>NUM</u>	<u>135</u>	<u>136</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-8 DK	10		69,851	
	-7 REFUSED	1		4,472	
	-1 INAPPLICABLE	34,559		247,972,327	
	1 YES	1,643		9,765,472	
	2 NO	1,168		8,114,570	
	TOTAL	37,381		265,926,692	
<u>SOCLIM13</u>	<u>SOCIAL LIMITATION</u>	<u>2.0</u>	<u>NUM</u>	<u>137</u>	<u>138</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	10		42,756	
	-8 DK	56		296,984	
	-7 REFUSED	3		36,066	
	-1 INAPPLICABLE	69		446,727	
	1 YES	1,757		11,467,031	
	2 NO	35,486		253,637,128	
	TOTAL	37,381		265,926,692	

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>COGLIM13</u>	<u>COGNITIVE LIMITATION</u>	<u>2.0</u>	<u>NUM</u>	<u>139</u>	<u>140</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-8 DK	65		252,681	
	-1 INAPPLICABLE	11,345		71,875,095	
	1 YES	1,213		7,748,472	
	2 NO	24,758		186,050,444	
	TOTAL	37,381		265,926,692	
<u>EMPST13</u>	<u>EMPLOYMENT STATUS</u>	<u>2.0</u>	<u>NUM</u>	<u>141</u>	<u>142</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	163		1,114,725	
	-1 INAPPLICABLE	10,036		63,379,706	
	1 CURRENTLY EMPLOYED	16,815		131,931,000	
	2 HAS JOB TO RETURN TO	111		840,581	
	3 EMPLOYED DURING REFERENCE PERIOD	603		4,341,325	
	4 NOT EMPLOYED WITH NO JOB TO RETURN TO	9,653		64,319,355	
	TOTAL	37,381		265,926,692	
<u>HRWAG13X</u>	<u>HOURLY WAGE AT CURRENT MAIN JOB</u>	<u>8.2</u>	<u>NUM</u>	<u>143</u>	<u>150</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	999		7,919,832	
	-1 INAPPLICABLE	22,656		151,298,505	
	\$0.02 - \$14,903.85	13,726		106,708,355	
	TOTAL	37,381		265,926,692	
<u>HRWGRD13</u>	<u>HOURLY WAGE ROUND FLAG</u>	<u>2.0</u>	<u>CHAR</u>	<u>151</u>	<u>152</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-1 INAPPLICABLE	22,656		151,298,505	
	1 REPORTED HOURLY WAGE FROM ROUND 1	11,996		98,549,923	
	2 REPORTED HOURLY WAGE FROM ROUND 2	1,123		6,454,462	
	3 REPORTED HOURLY WAGE FROM ROUND 3	1,606		9,623,802	
	TOTAL	37,381		265,926,692	
<u>HRWAY13</u>	<u>CALCULATION METHODS FOR HOURLY WAGE</u>	<u>2.0</u>	<u>NUM</u>	<u>153</u>	<u>154</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	-9 NOT ASCERTAINED	999		7,919,832	
	-1 INAPPLICABLE	22,656		151,298,505	
	1 HOURLY WAGE	7,966		59,325,492	
	2 MEDIAN	1,498		11,439,161	
	3 SALARY	3,677		31,456,939	
	4 BY DAY	61		442,715	
	5 PIECEWORK	311		2,308,514	
	6 COMMISSION	131		1,230,077	
	7 BONUS	4		32,650	
	8 SALARY ASSUMING 40 HR WEEK	78		472,807	
	TOTAL	37,381		265,926,692	

MEPS HC-005
1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>HOUR13</u>	<u>HOURS WORKED PER WEEK AT CMJ</u>	<u>3.0</u>	<u>NUM</u>	<u>155</u>	<u>157</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	-9 NOT ASCERTAINED	381	2,766,608		
	-1 INAPPLICABLE	20,455	133,155,111		
	1 - 168	16,545	130,004,973		
	TOTAL	37,381	265,926,692		
<u>HELD13X</u>	<u>HEALTH INSURANCE HELD FROM CMJ</u>	<u>2.0</u>	<u>NUM</u>	<u>158</u>	<u>159</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	-9 NOT ASCERTAINED	73	393,651		
	-1 INAPPLICABLE	21,454	141,517,994		
	1 YES	8,271	67,665,148		
	2 NO	7,583	56,349,899		
	TOTAL	37,381	265,926,692		
<u>OFFER13X</u>	<u>HEALTH INSURANCE OFFERED AT CMJ</u>	<u>2.0</u>	<u>NUM</u>	<u>160</u>	<u>161</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	-9 NOT ASCERTAINED	885	6,546,619		
	-1 INAPPLICABLE	21,454	141,517,994		
	1 YES	9,647	78,998,691		
	2 NO	5,395	38,863,389		
	TOTAL	37,381	265,926,692		
<u>NUMEMP13</u>	<u>NUMBER OF EMPLOYEES AT LOCATION OF CMJ</u>	<u>3.0</u>	<u>NUM</u>	<u>162</u>	<u>164</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	-9 NOT ASCERTAINED	1,090	7,935,187		
	-1 INAPPLICABLE	20,379	132,451,141		
	1 - 500	15,912	125,540,365		
	TOTAL	37,381	265,926,692		
<u>SELFCM13</u>	<u>SELF-EMPLOYED AT CURRENT MAIN JOB</u>	<u>2.0</u>	<u>NUM</u>	<u>165</u>	<u>166</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	-9 NOT ASCERTAINED	7	83,888		
	-1 INAPPLICABLE	20,455	133,155,111		
	1 YES	2,201	18,143,394		
	2 NO	14,718	114,544,299		
	TOTAL	37,381	265,926,692		
<u>CHNOW13X</u>	<u>PID COV BY CHAMPUS/VA AT INT DATE-EDITED</u>	<u>1.0</u>	<u>NUM</u>	<u>167</u>	<u>167</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	1 YES	572	4,345,259		
	2 NO	36,809	261,581,433		
	TOTAL	37,381	265,926,692		

MEPS HC-005
 1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
MCARE13	PID COV BY MEDICARE	1.0	NUM	168	168
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 YES	4,617		33,966,142	
	2 NO	32,764		231,960,550	
	TOTAL	37,381		265,926,692	
MCARE13X	PID COV BY MEDICARE - EDITED	1.0	NUM	169	169
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 YES	4,782		35,155,445	
	2 NO	32,599		230,771,247	
	TOTAL	37,381		265,926,692	
OTPUB13	PID COV BY OTHER PUBLIC INS - EDITED	1.0	NUM	170	170
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 YES	6,083		30,367,087	
	2 NO	31,298		235,559,605	
	TOTAL	37,381		265,926,692	
PRIV13	PID COV BY PRIVATE INS	1.0	NUM	171	171
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 YES	22,480		181,185,018	
	2 NO	14,901		84,741,674	
	TOTAL	37,381		265,926,692	
INSRD13X	PID IS INSURED - EDITED	1.0	NUM	172	172
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	1 YES	29,878		221,360,089	
	2 NO	7,503		44,566,603	
	TOTAL	37,381		265,926,692	
WGTSP13	PERSON WEIGHT	12.6	NUM	173	184
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	0	1,465		0	
	363.561041-59870.812548	35,916		265,926,692	
	TOTAL	37,381		265,926,692	
WGTRU13	FAMILY WEIGHT	12.6	NUM	185	196
	<u>VALUE</u>	<u>UNWEIGHTED</u>		<u>WEIGHTED BY WGTSP13</u>	
	0	509		3,069,965	
	342.951809-65588.546733	36,872		262,856,727	
	TOTAL	37,381		265,926,692	

MEPS HC-005
 1997 P1R3/P2R1 POPULATION CHARACTERISTICS

DATE: March 22, 1999

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>VARST13</u>	<u>VARIANCE ESTIMATION STRATUM</u>	<u>3.0</u>	<u>NUM</u>	<u>197</u>	<u>199</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	1-254	37,381	265,926,692		
	TOTAL	37,381	265,926,692		
<u>PSU13</u>	<u>VARIANCE ESTIMATION PSU</u>	<u>2.0</u>	<u>NUM</u>	<u>200</u>	<u>201</u>
	<u>VALUE</u>	<u>UNWEIGHTED</u>	<u>WEIGHTED BY WGTSP13</u>		
	1-34	37,381	265,926,692		
	TOTAL	37,381	265,926,692		

E. Variable-Source Crosswalk

SURVEY ADMINISTRATION VARIABLES

VARIABLE	LABEL	SOURCE
DUID	DU ID (Encrypted)	Assigned in Sampling
PID	Person Number (PN)	Assigned in Sampling or by CAPI
DUPERSID	Sample Person ID (DU+PN) For Public Use	Assigned in Sampling
PANEL13	Panel Number	Assigned by CAPI
FAMID13	Family Identifier (Student Merged In)	CAPI Derived
RULETR13	RU Letter	CAPI Derived
RUSIZE13	RU Size	CAPI Derived
RUCLAS13	RU Fielded As: Standard, New, Student	CAPI Derived
FAMSIZ13	RU Size Including Students	CAPI Derived
REGION13	Census Region	Assigned in Sampling
MSA13	MSA	Assigned in Sampling
RNDREF13	Reference Person	RE 42-45
RDRESP13	1st Respondent Indicator	RE 6, 8
PROXY13	Was Respondent A Proxy	RE 2
BEGRFD13	Reference Period Begin Date: Day	CAPI Derived
BEGRFM13	Reference Period Begin Date: Month	CAPI Derived
BEGRFY13	Reference Period Begin Date: Year	CAPI Derived
ENDRFD13	Reference Period End Date: Day	CAPI Derived
ENDRFM13	Reference Period End Date: Month	CAPI Derived
ENDRFY13	Reference Period End Date: Year	CAPI Derived
KEYNESS	Person Key Status	RE Section
INSCOP13	Inscope	RE Section
PSTAT13	Person Disposition Status	RE Section
RURSLT13	RU Result	Assigned by CAPI
RUENDD13	Date of Intv (Date Started: Day)	Assigned by CAPI
RUENDM13	Date of Intv (Date Started: Month)	Assigned by CAPI
RUENDY13	Date of Intv (Date Started: Year)	Assigned by CAPI

DEMOGRAPHIC VARIABLES

VARIABLE	LABEL	SOURCE
AGE13X	Age - (Edited/Imputed)	RE 12, 57-66
DOBMM	Date of Birth: Month	RE 12, 57-66
DOBY	Date of Birth: Year	RE 12, 57-66
SEX	Sex	RE 12, 57, 61
RACEX	Race - (Edited/Imputed)	RE 101, 102
RACETHNX	Race/Ethnicity - (Edited/Imputed)	RE 98-102
HISPANX	Hispanic Ethnicity - (Edited/Imputed)	RE 98-100
HISPCAT	Specific Hispanic Ethnicity Group	RE 98-100
MARRY13X	Marital Status - (Edited/Imputed)	RE 13, 97
SPOUID13	Spouse ID	RE 13, 97
SPOUIN13	Marital Status W/ Spouse Present	RE 13, 97
EDUCYR13	Completed Years of Education	RE 103-105
HIDEG13	Highest Degree	RE 103-105
FTSTD13X	Student Status Ages 17-23 (Edit/Imputed)	RE 11A, 106-108
ACTDTY13	Military Full-Time Active Duty	RE14, 96
RFREL13X	Relation To Ref Pers (Edited/Imputed)	RE 76-77

HEALTH STATUS VARIABLES

VARIABLE	LABEL	SOURCE
RTHLTH13	Perceived Health Status	CE 1
RTPROX13	Self/Proxy Rating of Health	CE 1
MNHLTH13	Perceived Mental Health Status	CE 2
MNPROX13	Self/Proxy Rating of Mental Health	CE 2
IADLHP13	IADL Screener	HE 2,3
ADLHLP13	ADL Screener	HE 5,6
AIDHLP13	Uses Assistive Devices	HE 7,8
WLKLIM13	Limitation in Physical Functioning	HE 9,10
LFTDIF13	Difficulty Lifting 10 Pounds	HE 11
STPDIF13	Difficulty Walking Up 10 Steps	HE 12
WLKDIF13	Difficulty Walking 3 Blocks	HE 13
MILDIF13	Difficulty Walking a Mile	HE 14
STNDIF13	Difficulty Standing 20 Minutes	HE 15
BENDIF13	Difficulty Bending/Stooping	HE 16
RCHDIF13	Difficulty Reaching Over Head	HE 17
FNGRDF13	Difficulty Using Fingers to Grasp	HE 18
ACTLIM13	Limitation Work/Housework/School	HE 19,20
WRKLIM13	Work Limitation	HE 19,20
HSELIM13	Housework Limitation	HE 19,20
SCHLIM13	School Limitation	HE 19,20
UNABLE13	Completely Unable To Do Activity	HE 21
SOCLIM13	Social Limitation	HE 22
COGLIM13	Cognitive Limitation	HE 24,25

EMPLOYMENT VARIABLES

VARIABLE	LABEL	SOURCE
EMPST13	Employment Status	EM 1-3; RJ 1, 6
HRWAG13X	Hourly Wage at Current Main Job	EW section EM 104, 111
HRWGRD13	Hourly Wage Round Flag	Constructed.
HRWAY13	Calculation Methods for Hourly Wage	EM 1-3, 51, 65,104, 111; EW section
HOUR13	Hours Worked Per Week at CM Job	EM 1-3, 51, 65, 104-105, 111; EW 17; RJ 1
HELD13X	Health Insurance Held From CMJ	EM, HX, RJ and HP sections
OFFER13X	Health Insurance Offered at CMJ	EM, HX, RJ and HP sections
NUMEMP13	Number of Employees at Location of CMJ	EM 91-92, 124; RJ 8
SELFCM13	Self-Employed at Current Main Job	EM 1-3, 5, 11, 18, 27, 40, 53; RJ 1, 6

HEALTH INSURANCE VARIABLES

VARIABLE	LABEL	SOURCE
CHNOW13X	PID Cov By CHAMPUS/VA at Int Date - Edited	HX 12, 13; PR 19 - 22; HQ section; AGE13X; RE 14, 96A
MCARE13	PID Cov By MEDICARE	HX 5 - 7
MCARE13X	PID Cov By MEDICARE - Edited	HX 5 - 7, 10 - 15; PRIV13 and (HX 48 or (OE 10, 24, 37)); PR 7-10, 19-26
OTPUB13X	PID Cov By Other Public Ins - Edited	HX 10, 11, 14, 15, 18, 19; HQ section; PR 7-10, 23-26, 39-42
PRIV13	PID Cov By Private Ins	HX 2 - 4, 21 - 24, 48; HP, OE, HQ, EM and RJ sections
INSRD13X	PID Is Insured - Edited	CHNOW13X, MCARE13X, OTPUB13X, PRIV13

WEIGHTS

VARIABLE	LABEL	SOURCE
WGTSP13	Person Weight	Constructed
WGTRU13	Family Weight	Constructed
VARST13	Variance Estimation Stratum	Constructed
PSU13	Variance Estimation PSU	Constructed

F. Catalog of Medical Expenditure Panel Survey Products

Catalog of Medical Expenditure Panel Survey Products as of March 22, 1999

All of the products listed below are available free of charge by calling the Agency for Health Care Policy and Research Publications Clearinghouse at 1-800-358-9295. Note that HC refers to the Household Component of MEPS, and NHC refers to the Nursing Home Component; descriptions of the MEPS components can be found in all of the Methodology Reports and Research Findings listed below.

Data Products

MEPS-HC Round 1-4 Questionnaires. Diskette. AHCPR Pub. No. 97-DP02.

MEPS HC-001: 1996 Panel Round 1 Population Characteristics, March 1997. Data available on CD-ROM. AHCPR Pub. No. 97-DP20. Also downloadable.

MEPS-NHC Round 1 Questionnaire. Diskette. AHCPR Pub. No. 97-DP03.

MEPS NHC-001: Round 1 Sampled Facility and Person Characteristics, March 1997. Data available on CD-ROM. AHCPR Pub. No. 97-DP21. Also downloadable.

MEPS HC-002: 1996 Panel Round 1 Parent Identifiers and HMO Data / Round 2 Health Status and Access to Care Data, October 1997. Diskette. AHCPR Pub. No. 98-DP01. Also downloadable.

MEPS HC-003: 1996 Panel Population Characteristics and Utilization Data for 1996, September 1998. Data available on CD-ROM. AHCPR Pub. No. 98-DP12. Also downloadable.

MEPS HC-004: 1996 Panel Employment Data and Family-Level Weight for 1996, January 1999. Data available on diskette. AHCPR Pub. No. 99-DP02. Also downloadable.

Print Products

Methodology Reports

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.

Potter, DEB. Design and methods of the 1996 Medical Expenditure Panel Survey Nursing Home Component. Rockville (MD): Agency for Health Care Policy and Research; 1998. *MEPS Methodology Report No. 3*. AHCPR Pub. No. 98-0041.

Bethel J, Broene P, Sommers JP. Sample Design of the 1996 Medical Expenditure Panel Survey Nursing Home Component. Rockville (MD): Agency for Health Care Policy and Research; 1998. *MEPS Methodology Report No. 4*. AHCPR Pub. No. 98-0042.

Research Findings

Vistnes JP, Monheit AC. Health insurance status of the civilian noninstitutionalized population: 1996. Rockville (MD): Agency for Health Care Policy and Research; 1997. *MEPS Research Findings No. 1*. AHCPR Pub. No. 97-0030.

Monheit AC, Vistnes JP. Health insurance status of workers and their families: 1996. Rockville (MD): Agency for Health Care Policy and Research; 1997. *MEPS Research Findings No. 2*. AHCPR Pub. No. 97-0065.

Weinick RM, Zuvekas SH, Drilea SK. Access to health care--sources and barriers, 1996. Rockville (MD): Agency for Health Care Policy and Research; 1997. *MEPS Research Findings No. 3*. AHCPR Pub. No. 98-0001.

Rhoades J, Potter DEB, Krauss N. Nursing homes--structure and selected characteristics, 1996. Rockville (MD): Agency for Health Care Policy and Research; 1998. *MEPS Research Findings No. 4*. AHCPR Pub. No. 98-0006.

Krauss NA, Altman BM. Characteristics of nursing home residents - 1996. Rockville (MD): Agency for Health Care Policy and Research; 1998. *MEPS Research Findings No. 5*. AHCPR Pub. No. 99-0006.

Freiman M, Brown E. Special care units in nursing homes - selected characteristics, 1996. Rockville (MD): Agency for Health Care Policy and Research; 1999. *MEPS Research Findings No. 6*. AHCPR Pub. No. 99-0017.

Highlights

Beauregard KM, Drilea SK, Vistnes JP. The uninsured in America--1996. Rockville (MD): Agency for Health Care Policy and Research; 1997. *MEPS Highlights No. 1*. AHCPR Pub. No. 97-0025.

Krauss NA, Freiman MP, Rhoades JA, et al. Nursing home update--1996. Rockville (MD): Agency for Health Care Policy and Research; 1997. *MEPS Highlights No. 2*. AHCPR Pub. No. 97-0036.

Agency for Health Care Policy and Research. Access to health care in America--1996. Rockville (MD); 1997. *MEPS Highlights No. 3*. AHCPR Pub. No. 98-0002.

Agency for Health Care Policy and Research. Health Insurance Coverage in America--1996. Rockville (MD); 1998. *MEPS Highlights No. 4*. AHCPR Pub. No. 98-0031.

Agency for Health Care Policy and Research. Job-Based Health Insurance 1987 and 1996. Rockville (MD); 1998. *MEPS Highlights No. 5*. AHCPR Pub. No. 98-0032.

Vistnes JP, Monheit AC. Health Insurance Profile: Race/Ethnicity and Sex--1996. Rockville (MD): Agency for Health Care Policy and Research; 1998. *MEPS Highlights No. 6*. AHCPR Pub. No. 98-0052.

Agency for Health Care Policy and Research. Uninsured Workers--Demographic Characteristics, 1996. Rockville (MD); 1998. *MEPS Highlights No. 7*. AHCPR Pub. No. 99-0007.

Agency for Health Care Policy and Research. Uninsured Workers--Job Characteristics, 1996. Rockville (MD); 1998. *MEPS Highlights No. 8*. AHCPR Pub. No. 99-0008.

Chartbooks

Weigers ME, Weinick RM, Cohen JW. Children's health, 1996: health insurance, access to care, and health status. Rockville (MD): Agency for Health Care Policy and Research; 1998. *MEPS Chartbook No. 1*. AHCPR Pub. No. 98-0008.

Kass B, Weinick R, and Monheit A. Racial and Ethnic Differences in Health, 1996. Rockville (MD): Agency for Health Care Policy and Research; 1998. *MEPS Chartbook No. 2*. Pub No. 99-0001.

Journal Articles

(available only through the AHCPR Publications Clearinghouse)

Cohen JW, Monheit AC, Beauregard KM, et al. The Medical Expenditure Panel Survey: a national health information resource *Inquiry* 1996;33:373-389. AHCPR Pub. No. 97-R043.

Cooper PF, Schone BS. More offers, fewer takers for employment-based health insurance: 1987-1996. *Health Affairs* November/December 1997; 16,6:142-149.

Weinick RM, Drilea SK. Usual Sources of Health Care and Barriers to Care, 1996. *Statistical Bulletin* Jan-Mar 1998; 79(1): 11-17.

Weinick RM, Weigers ME, Cohen, JW. Children's Health Insurance, Access to Care, and Health Status: New Findings. *Health Affairs* March/April 1998; 17(2): 127-136.

G. Appendices

Appendix 1
Household Survey Sample Design Report

Sample Design of the 1996 Medical Expenditure Panel Survey
Household Component

March 1997

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1.0 Introduction

The Household Component of the 1996 Medical Expenditure Panel Survey (MEPS) was designed to produce national and regional estimates of the health care utilization, expenditures, sources of payment, and insurance coverage of the U.S. civilian noninstitutionalized population. The MEPS includes surveys of medical providers, employers, and other health insurance providers to supplement the data provided by household respondents. The design of the MEPS permits both person-based and family-level estimates. The scope and depth of this data collection effort reflects the needs of government agencies, legislative bodies, and health professionals for the comprehensive national estimates needed in the formulation and analysis of national health policies.

The MEPS collects data on the specific health services that Americans use, how frequently they use them, the cost of these services and how they are paid, as well as data on the cost, scope, and breadth of private health insurance held by and available to the U.S. population. The MEPS is unparalleled for the degree of detail in its data, as well as its ability to link health service medical expenditures and health insurance data to the demographic, employment, economic, health status, utilization of health services, and other characteristics of survey respondents. Moreover, the MEPS is the only national survey that provides a foundation for estimating the impact of changes in sources of payment and insurance coverage on different economic groups or special populations of interest, such as the poor, elderly families, veterans, the uninsured, and racial and ethnic minorities.

In this paper, the sample design of the MEPS, initially referred to as the National Medical Expenditure Survey (NMES-3), is described. The 1996 MEPS used the 1995 National Health Interview Survey (NHIS) as the sample frame for the survey. The redesigned MEPS reflects the first stage of implementation of the Department of Health and Human Services (DHHS) Survey Integration Plan, which provides directives targeted to improve the analytic capacity of programs, fill major data gaps, and establish a framework in which DHHS data activities are streamlined and rationalized. Through this effort, specifically through a linkage to the NHIS, the MEPS has achieved a number of significant design improvements and analytic enhancements.

Attention is given to the resultant design efficiencies and enhancements in analytical capacity that have been and will be realized through the MEPS sample design integration with the NHIS. The report includes a summary of sample size specifications and precision targets for national population estimates and health care expenditure estimates for policy-relevant population subgroups. A discussion is also provided regarding the modification of the MEPS from a periodic annual survey to an ongoing continuous data collection effort with each expenditure panel of households followed for two years.

2.0 Redesign of the Medical Expenditure Survey as a Component of the DHHS Survey Integration Plan

As part of the Reinventing Government Part II (REGO II) activities, the DHHS targeted the improvement of the analytical capacity of DHHS programs, the filling of major data gaps, and the establishment of a survey consolidation framework in which DHHS data activities are streamlined and rationalized. A Survey Consolidation Working Group was charged with developing a consensus plan

for meeting these objectives (Hunter, Arnett, Mathiowetz, et al., 1995; Arnett, Hunter, and Cohen, et al., 1996). A major concentration of the Survey Integration Plan was the redesign of the health care expenditure and insurance studies conducted by the DHHS which include the National Medical Expenditure Survey (NMES), the Medicare Current Beneficiary Survey (MCBS), the National Employer Health Insurance Survey (NEHIS), and the NHIS. The proposed integrated survey design was specified to achieve significant cost efficiencies by eliminating duplicative efforts and reducing overall respondent burden. Furthermore, by virtue of integrating the design features of the component surveys, their respective analytical capacities are enhanced. A number of survey design enhancements were also proposed to improve upon current survey design capabilities. These included considering an ongoing longitudinal survey effort and allowing for a future capacity to derive state-specific health care estimates. Consideration was also given to the inclusion of a periodic institutional component in the survey to provide national use and expenditure estimates for the population residing in nursing homes (Hunter, Arnett, Mathiowetz, et al., 1995).

2.1 Design Enhancements and Efficiencies to be Achieved Through Survey Integration

One of the attractions of the DHHS Survey Integration Plan was the enhanced analytical capacity that would be achieved by the distinct surveys that would be linked through design integration. This could be realized by sample size expansions that would occur through survey mergers such as the planned integration between the MEPS and the MCBS and the consolidation of employer surveys conducted by the DHHS. Also, use of the NHIS as a sample frame for the MEPS would increase the analytical content of the resultant linked surveys. Through design integration of the respective surveys sponsored by the DHHS, inefficiencies associated with duplicative survey efforts would be significantly reduced. Another goal was to achieve reductions in survey design costs by the implementation of a uniform framework for DHHS-sponsored surveys with overlapping analytical focus with respect to questionnaire content, data editing, imputation, estimation, database structure, and development of analytic files. Additional efficiencies in survey operations are anticipated in future years as a consequence of conducting an annual medical expenditure survey rather than one every decade.

By moving to this integrated, annual household data collection effort, the DHHS expands and enhances its analytic capabilities as described below:

- Retains the design of the core NHIS household interview. This core will provide cross-sectional population statistics on health status and health care utilization with sufficient sample size to allow for analyses based on detailed breakdowns of age, race, sex, income, and other sociodemographic characteristics. The core will also allow the use of data on a broad range of topics currently provided by the NHIS.
- Retains the analytical capacity to obtain both annual and quarterly population estimates of health care utilization and the prevalence of health conditions, for the nation and for policy-relevant population subgroups.

- Provides the ability to model individual (and family-level) health status, access to care and use, expenditure, and insurance behavior over the year and examine the distribution of these measures across individuals. The longitudinal feature of the MEPS to collect data over multiple years further enhances the capacity to model behavior over time.
- Provides the ability to relate data from a detailed sample (e.g., MEPS) to a larger sample (e.g., NHIS) to enhance the utility of the MEPS for national health account estimation and microsimulation modeling, including disaggregation by age group or geographic area.
- Provides the potential to expand to state-level estimates for marginal costs using the enhanced 358 PSU sample design of the NHIS.
- The longitudinal (over several years) aspect of the MEPS integrated data collection effort provides the following:
 - An increase in statistical power to examine change or make comparisons over time;
 - The capacity to examine changes over time as well as changes in the relationship among measures of health status, access to care, health care use, expenditures, health insurance coverage, employment, functional limitations and disabilities, and demographic characteristics.

2.2 MEPS Household Component

The original NMES-3 sample design called for an independent screening interview to identify a nationally representative sample and facilitate oversampling of policy-relevant population subgroups. Data collection and training costs associated with this independent screening interview were projected to exceed \$8 million. As part of the DHHS Survey Integration Plan, the separate screening interview to identify the expenditure survey sample was eliminated. As an alternative, the NHIS was specified as the sampling frame for the medical expenditure survey, MEPS. The NHIS is an ongoing annual household survey of approximately 42,000 households (109,000 individuals) conducted by the National Center for Health Statistics (NCHS) to obtain national estimates for the U.S. civilian noninstitutionalized population on health care utilization, health conditions, health status, insurance coverage, and access. In addition to the cost savings achieved by the substitution of the NHIS as the MEPS sample frame, the design modification will result in an enhancement in analytical capacity of the resultant survey data. Use of the 1995 NHIS data in concert with the data collected for the 1996 MEPS provides an additional capacity for longitudinal analyses not available in the original (NMES-3) design. Furthermore, the greater number and dispersion of the sample PSUs that comprise the MEPS national sample should result in improvements in precision over the original design specifications.

To fill major data gaps identified by the DHHS, the MEPS is specified as a continuous survey with sample peaks at five year intervals. The initial sample of 10,597 NHIS dwelling units selected for the 1996 MEPS is reduced from the original 1996 plan to also permit estimates for calendar year 1997. An overlapping panel design will be adopted for the MEPS, where the 1996 panel will be followed for

data collection through 1997. A new nationally representative sample of 6,300 dwelling units will be selected from the 1996 NHIS to supplement the 1996 MEPS panel in order to meet the original precision specifications for the specified policy-relevant population subgroups for calendar year 1997, with the exception of the elderly. These policy-relevant population subgroups consist of:

- Adults (18+) with functional impairments.
- Children with limitations of activity.
- Individuals predicted to incur high medical expenditures.
- Individuals predicted to have incomes less than 200% of the poverty level.
(Cohen, 1996).

A preliminary contact with the NHIS responding households selected for the MEPS study was made prior to the start of the MEPS, to announce the survey and introduce record-keeping activities. The revised study design of the MEPS includes several components: the Household Component (HC) consisting of an overlapping panel design in which any given sample panel is interviewed a total of six times over three consecutive years to yield annual data for two calendar years; the Medical Provider Component (MPC) with a sample of medical providers that treated HC persons; and the Insurance Component (IC) with a sample of employers and other sources of health insurance of HC persons. The survey is co-sponsored by the Agency for Health Care Policy and Research (AHCPR) and the NCHS. Westat and the National Opinion Research Center (NORC) are the data collection organizations for the 1996 MEPS Household Component.

2.3 MEPS Household Component Sample Design

The 1996 MEPS Household Component sample was selected from households that responded to the 1995 NHIS. The NHIS has been designed to permit nationally representative subsamples to be selected by restricting the sample to one of four distinct panels. Any combination of one to four panels will provide a nationally representative sample of households. Furthermore, each NHIS panel subsample for a given quarter of a calendar year is nationally representative. The 1996 MEPS household sample linked to the 1995 NHIS was selected from two of the four 1995 NHIS panels and encompassed half of the households in the NHIS sample during the second and third quarters of 1995.

The complete 1995 NHIS sample (panels 1-4) consists of 358 Primary Sampling Units (PSUs, e.g., counties or groups of contiguous counties) with a targeted sample of approximately 42,000 responding households. The sample PSUs selected for the NHIS were stratified by geographic (Census region and state), metropolitan status, and sociodemographic measures (Judkins, Marker, and Waksberg, 1994). Within sample PSUs, a sample of blocks (segments) were selected after being stratified by measures of minority population density which allowed for an oversample of areas with high population concentrations of blacks and Hispanics. A nationally representative sample of approximately 71,000 addresses within sampled blocks was selected and targeted for further screening to facilitate an oversample of blacks and Hispanics as part of the 1995 NHIS interview.

The 1995 NHIS subsample selected for the 1996 MEPS consists of 195 PSUs. In the two targeted quarters of 1995 these PSUs include approximately 1,675 sample segments (second stage

sampling units) and 10,597 responding NHIS households. This NHIS sample reflects an oversample of households with Hispanics and blacks at the following approximate ratios of representation relative to the remaining households (Hispanics 2.0:1, blacks 1.5:1). This 1996 MEPS sample will constitute a panel that will be surveyed to collect annual data for two consecutive years.

A new 1997 MEPS panel sample will be selected as a nationally representative subsample from households that respond to the 1996 NHIS. More specifically, the 1997 MEPS sample linked to the 1996 NHIS will be selected from two of the four NHIS panels and will reflect additional disproportionate sampling in order to satisfy the precision requirements specified for the 1997 MEPS household survey, which generally coincide with the original plan for the 1996 survey (Cohen, 1996). As in 1995, the complete 1996 NHIS sample will consist of 358 PSUs with a targeted sample of approximately 42,000 responding households. The nationally representative 1996 NHIS subsample reserved for the 1997 MEPS prior to additional subsampling will be obtained from the same 195 PSUs selected for the 1996 MEPS household sample and include approximately 21,000 responding NHIS households as eligible for sample selection. Once again, this NHIS sample reflects an oversample of Hispanics and blacks at the following approximate ratios of representation relative to the remaining households (Hispanics 2.0:1, Blacks 1.5:1). A nationally representative subsample of approximately 6,300 NHIS responding households (6,480 reporting units) will be selected for the new 1997 MEPS panel. This sample will consist of an oversample of the following policy-relevant subgroups:

- Adults (18+) with functional impairments.
- Children with limitations of activity.
- Individuals predicted to incur high medical expenditures.
- Individuals predicted to have incomes less than 200% of the poverty level.

An oversample of non-functionally impaired elderly individuals was not planned for the 1997 survey, given the availability of the 1997 MCBS and the planned future consolidation of the MCBS and the MEPS. The MCBS is an annual person-based survey to obtain the same types of estimates derivable from the MEPS household survey on the health care utilization, expenditures, sources of payment, and health insurance coverage for Medicare beneficiaries. The new 1997 MEPS panel will be fielded to collect annual data for two consecutive years.

As part of the redesign, the 1997 MEPS Household Component sample will consist of the new nationally representative 1997 MEPS panel in combination with the second year of the 1996 MEPS sample. Overall, the 1997 MEPS household sample will consist of approximately 13,700 reporting units (total adjusted for MEPS Round 1 "split-offs," though not reflecting new split-offs in Rounds 2 and 3) completing the full series of MEPS interviews to obtain calendar year use and expenditure data for calendar year 1997. Sample selection procedures for the 1997 MEPS sample will be implemented in-house by AHCPR staff, based on data keyed from the 1996 NHIS interviews.

In 1998, a new MEPS sample of approximately 5,200 households (5,350 reporting units) will be selected as a nationally representative subsample of households that responded to the 1997 NHIS. In addition, the entire 1997 panel of 5,397 reporting units will be continued to obtain calendar year 1998 data on health care use and expenditures (with a targeted round-specific response rate of 97

percent). Consequently, the MEPS sample for 1998 will consist of approximately 9,500 reporting units (adjusted for split-offs in Round 1) completing three core rounds of data collection to obtain calendar year data (4,457 households from the new sample, 5,078 from the 1997 MEPS sample). In 1998, the 1996 MEPS panel will be retired.

For years 1998-2001, the survey will scale back to an overall sample of approximately 9,500 reporting units completing three core rounds of data collection to obtain calendar year data on health care utilization and expenditures, with approximately 5,000 continuing from the previous year for each of the years. In 2002, the survey would begin the five year cycle again with an increase to 13,700 reporting units (adjusted only for Round 1 split-offs) completing three core rounds of data collection to obtain calendar year data on health care utilization and expenditures. Coupled with data from the MCBS, this would provide the DHHS with the analytic capabilities first proposed for the 1996 NMES-3 with respect to sample size.

2.4 Dwelling Units, Reporting Units, and Other Definitions

The definitions for Dwelling Units and Group Quarters in the MEPS Household Component are generally consistent with the definitions employed for the NHIS. A Reporting Unit is a person or group of persons in the sampled dwelling unit that are related by blood, marriage, adoption or other family associations, who are to be interviewed at the same time in MEPS. Examples of discrete reporting units are:

- (1) a married daughter and her husband living with her parents in the same dwelling are considered one reporting unit.
- (2) a husband and wife and their unmarried daughter, age 18, who is living away from home at college constitute one family, but two reporting units.
- (3) three unrelated persons living in the same dwelling unit would be three reporting units.

College students under 24 years of age who usually live in the sampled household, but are currently living away from home and going to school, will be treated as separate reporting units for the purpose of data collection.

The 1996 MEPS sample consisted of households (dwelling units) that responded to the 1995 NHIS in the two panels reserved for the MEPS, with the basic analysis unit defined as the person. Analysis is planned with both the individual and the family as units. Through the reenumeration section of the Round 1 questionnaire, the status of each individual sampled at the time of the NHIS interview is classified as “key” or “non-key,” “in-scope” or “out-of-scope,” and “eligible” or “ineligible” for MEPS data collection. For an individual to be in-scope and eligible for person-level estimates derived from the MEPS household survey, the person needs to be a member of the civilian noninstitutionalized population for some period of time in the calendar year of analytical interest. Because a person's eligibility for the survey may have changed since the NHIS interview, sampling reenumeration takes place in each subsequent reinterview for persons in all households selected into the core survey. The

keyness, in-scope, and eligibility indicators, together, define the target sample to be used for person-level national estimates. Only persons who are key, in-scope, and eligible for data collection will be considered in the derivation of person-level national estimates from the MEPS.

Key Persons: Key survey participants are defined as all civilian non-institutionalized individuals who resided in households that responded to the nationally representative NHIS subsample reserved for the MEPS (e.g. approximately 10,600 households from the 1995 NHIS), with the exception of college students interviewed at dormitories. Members of the armed forces that are on full time active duty and reside in responding NHIS households which include other family members who are civilian non-institutionalized individuals are also to be defined as key persons, but will be considered out of scope for person-level estimates derived for the survey.

All other individuals who join the NHIS reporting units that define the 1996 MEPS household sample (in Round 1 or later MEPS rounds) and did not have an opportunity for selection during the time of the NHIS interview will also be considered key persons. These include newborn babies, individuals who were in an institution or outside the country moving to the United States, and military personnel previously residing on military bases who join MEPS reporting units to live in the community.

College students under 24 years of age interviewed at dormitories in the 1995 NHIS will be considered ineligible for the 1996 MEPS sample and not included in that sample. Furthermore, any unmarried college students under 24 years of age that responded to the 1995 NHIS interview while living away at school (not in a dormitory) will be excluded from the sample if it is determined in the MEPS Round 1 interview that the person is unmarried, under 24 years of age, and a student with parents living elsewhere who resides at his/her current housing only during the school year. If, on the other hand, the person's status at the time of the MEPS Round 1 interview is no longer that of an unmarried student under 24 years of age living away from home, then the person will be retained in the 1996 MEPS sample as a key person.

Alternatively, at the time of the MEPS Round 1 interview with NHIS sample respondents, a determination will be made if there are any related college students under 24 years of age who usually live in the sampled household, but are currently living away from home and going to school. These college students are considered key persons and will be identified and interviewed at their college address, but linked to the sampled household for family analyses. Some of these college students living away from home at the time of the Round 1 interview will have been identified as living in sampled household at the time of the 1995 NHIS interview. The remainder will be identified at the time of the MEPS Round 1 interview with the NHIS sampled households.

Non-key Persons: Persons who were not living in the original sampled dwelling unit at the time of the 1995 NHIS interview and who had a non-zero probability of selection for that survey will be considered non-key. If such persons happen to be living in sampled households (in Round 1 or later rounds), MEPS data (e.g., utilization and income) will be collected for the period of time they are part of the sampled unit to permit family analyses. Non-key persons who leave any sampled household will

not be recontacted for subsequent interviews. Non-key individuals are not part of the target sample used to obtain person-level national estimates.

In situations where key persons from the NHIS sampled household selected for MEPS move out (in Round 1 or later rounds) and join or create another family, data on all members of this new household who are related by blood, marriage, adoption or foster care to the persons from the NHIS sampled household will be obtained from the point in time that the NHIS sampled person joined that new household. Similarly, data will be collected (in Round 1 and later rounds) on all related persons who join NHIS sampled households selected into the MEPS.

Persons in NHIS sampled households selected in the MEPS who subsequently enter an institution and leave the civilian, noninstitutionalized population of the United States will require data collection during their stay in institutions that are nursing homes. Alternatively, persons in NHIS sampled households selected in the MEPS who subsequently enter institutions that are not nursing homes and leave the civilian, noninstitutionalized population of the United States do not require any data collected in these institutions that are not nursing homes (this also applies for military service or moving out of the U.S.), but their whereabouts must be monitored during the field period. Upon their return to the U.S. civilian noninstitutional population, these persons shall once again be subject to HC data collection.

MEPS Data Collection Eligibility: In order for a MEPS reporting unit to be eligible for data collection, the unit must include at least one individual who is key and in-scope for some period of time during the reference period for a given round of data collection. If this condition holds, the persons who are key and in-scope and all other individuals who are members of the reporting unit (living together and related by blood, marriage, adoption or other family associations) are eligible for data collection in a given round of the MEPS.

2.5 Sample Size Targets and Precision Requirements

The 1996 MEPS sample size targets require approximately 9,000 reporting units yielding the complete series of core interviews (i.e., Rounds 1-3) to obtain use and expenditure data for calendar year 1996. The expected yield at each of the stages of data collection for each new MEPS sample linked to the NHIS is: (1) a NHIS response rate of 94 percent at the household level; (2) a response rate of 85 percent (83 percent achieved for the 1996 MEPS) among reporting units at Round 1 (conditioned on a completed NHIS interview); a round-specific response rate of 95 percent among reporting units at Rounds 2; a round-specific response rate of 97.5 percent among reporting units at Round 3; a round-specific response rate of 97 percent among reporting units at Rounds 4 and 5; and a round-specific response rate among reporting units of 98 percent at Round 6 (See Table 1). Consequently, the targeted response rate for obtaining calendar year 1996 data on health care utilization and expenditures from the 1996 MEPS sample is 77 percent, conditioned on response to the NHIS (interviews for Rounds 1-3), or 72 percent overall.

The response rate target for the core MEPS household survey for obtaining calendar year 1997 data on health care utilization and expenditures from the new 1997 MEPS sample is 79 percent

conditioned on response to the NHIS (interviews for Rounds 1-3), or 74 percent overall (See Table 1). Furthermore, the minimum acceptable response rate target for the core MEPS household survey within a PSU is 65 percent for calendar year 1997 data from the new MEPS panel, conditioned on NHIS response (interviews for Rounds 1-3), and is 60 percent for calendar years 1996 and 1997 for the 1996 MEPS panel (interviews for Rounds 1-5, conditioned on response to the NHIS).

It should be noted that the 1995 NHIS response rate achieved for the households eligible for the MEPS was 94 percent. Of 10,639 responding NHIS dwelling units eligible for the MEPS, 99.6 percent were identified with the necessary information to facilitate MEPS data collection. Of the 11,424 eligible reporting units targeted for interviews in Round One, 9,488 responded to the first core MEPS interview (83.1 percent). Overall, the joint NHIS - Round One response rate for the 1996 MEPS household survey was 77.7 percent (.939 x .996 x .831).

Table 1. Expected number of responding reporting units and associated response rate for each round of data collection of the 1996 and the 1997 MEPS Household Component.

	1995 NHIS Linked Sample	Calendar Year 1996		Calendar Year 1997		Calendar Year 1998	
1996 MEPS Panel		Round 1A	Round 2A	Round 3A	Round 4A	Round 5A	Round 6A
Responding Reporting Units (by Round)	¹ 11,424 ² 10,800	¹ 9,488	³ 9,018	³ 8,792	³ 8,528	³ 8,272	³ 8,106
(Response rate by Round)	(94%)	(83%)	(95%)	(97.5%)	(97%)	(97%)	(98%)
	1996 NHIS Linked Sample			Calendar Year 1997		Calendar Year 1998	
1997 MEPS Panel				Round 1B	Round 2B	Round 3B	Round 4B
Responding Reporting Units (by Round)	¹ 6,857 ² 6,480			¹ 5,828	³ 5,536	³ 5,397	³ 5,235
(Response rate by Round)	(94%)			(85%)	(95%)	(97.5%)	(97%)

¹ Includes Round 1 "splits-offs" (family member(s) that move apart from the originally sampled household) in Round 1 of the 1996 and 1997 MEPS panels.

² Original sample of Reporting Units.

³ Does not include new split-offs after Round 1 in counts.

The estimates of response rates in Table 1 are for the original sample of NHIS responding reporting units, with the inclusion of split-offs in Round 1. The rates specified in the table are also expected to apply to split-offs in subsequent rounds, i.e., households that will be created in the course of the survey field period as a result of key persons moving away from originally sampled NHIS households.

Source: Agency for Health Care and Policy Research. 1996 Medical Expenditure Panel Survey--Household Component.

The sample size specifications have been set to meet precision requirements developed for the MEPS. Given the major changes in the design of the survey that were required as a consequence of the DHHS Survey Integration Plan, the sample size constraints placed on the MEPS as a consequence of restricting the sample to the 195 PSU NHIS subsample, and use of the first quarter of the 1995 NHIS sample for inclusion in a Disability Survey sponsored by the Assistant Secretary of Planning and Evaluation, DHHS, the precision requirements for the first year of the MEPS were relaxed relative to the original design specifications of the NMES-3 (Cohen, 1996; DiGaetano, 1994).

For the 1996 MEPS sample, the relative standard error for a population estimate of 20 percent for the overall population at the family level was specified to be no more than 2.7 percent; and the relative standard error for a population estimate of 20 percent for the overall population at the person level was specified to be no more than 1.7 percent. For example, if it was determined that the national population estimate of the percentage of the population ever uninsured in 1996 was 20 percent, the standard error of the estimate should not exceed 0.34 percent. That would translate to a 95 percent confidence interval of (19.33%, 20.67%) for the insurance coverage estimate that characterized the nation at the person level. Preliminary design work suggested that a 1996 MEPS sample selected from a nationally representative 1995 NHIS subsample characterized by 195 PSUs, 1,675 segments, and approximately 9,000 responding households at the end of Round 3, with disproportionate sampling rates that ranged from 1.0 to 0.5, should yield average design effects for MEPS survey estimates of annual use and expenditure measures in the 1.5-1.6 range.

The 1996 MEPS sample linked to the NHIS was designed to produce unbiased estimates for the four Census regions. This NHIS linked sample reflects an oversample of Hispanics and blacks at the following ratios of representation relative to the remaining households (Hispanics 2.0:1, blacks 1.5:1). The overall expected sample yield after three rounds of data collection at the person level is approximately 22,000 overall, with 3,400 black/non-Hispanic individuals and 4,200 Hispanic individuals. The average design effect target for survey estimates for the 1996 MEPS is 1.6. The sample design should satisfy the following precision requirements for mean estimates of the following measures of health care utilization and expenditures at the person level: (total health expenditures; utilization and expenditure estimates for inpatient hospital stays; physician visits; dental visits and prescribed medicines).

Demographic group	Persons at the end of Round 3	Average relative standard error
1. Black/Non-Hispanics	3,400	.065
2. Hispanics	4,200	.055
3. Overall Population	22,000	.025

2.6 Procedures for Data Collection

For a description of the preliminary contact with households responding to the NHIS and subsampled as part of a MEPS panel, see “Design and Methods of the Medical Expenditure Panel Survey, Household Component” by Joel Cohen.

HC Main Rounds 1-5

Five interviews will be conducted with each NHIS panel selected for the MEPS at three- to four-month intervals over an approximately 24-month field period. The first three of these rounds (Rounds 1A-3A) define the 1996 MEPS Household Component, and will collect the main body of annual utilization and expenditure data for calendar year 1996. Rounds 3A-5A of the 1996 MEPS panel will be combined with Rounds 1B-3B of the 1997 MEPS panel to yield the sample base for the 1997 MEPS Household Component and the source of annual estimates for that calendar year. All interviews will be conducted in person through a Computer-assisted Personal Interview (CAPI) as the principal data collection mode. Round 1 will ask about the period since January 1 of the MEPS year to the date of that interview; Round 2 will ask about the time since the Round 1 interview through the date of the Round 2 interview; and Round 3 will collect data since the date of the Round 2 interview through the date of the Round 3 interview in 1997.

Questionnaires for these field rounds will parallel those used in 1987 NMES with some modifications implemented for the 1992 Feasibility Study and with further changes indicated by the latter experience and the FAMES (NMES-3) pretest. The instruments contain items that are asked once in the life of the study, items that are asked repeatedly in each round, and items that are updated in later rounds. Questions asked only once include basic sociodemographic characteristics. Core questions asked repeatedly include health status, health insurance coverage, employment status, days of restricted activity due to health problems, medical utilization, hospital admissions, and purchase of medicines. For each health encounter identified, data will be obtained on the nature of health conditions, the characteristics of the provider, the services provided, the associated charges, and sources and amounts of payment.

Permission forms for medical providers and for sources of employment and private health insurance coverage will be collected in the field. Under this design, anyone who reports being employed but not covered by private health insurance will be asked to sign a permission form that will allow contact with the employer. A sample of medical providers identified by MEPS respondents will be contacted in the survey of medical providers, MPC, to verify and supplement information provided by the family respondent in the household interview; employers and other health insurance providers will be contacted in the survey of health insurance providers, IC, to verify analogous insurance information and to collect other information on insurance characteristics that household respondents would not typically know.

As a consequence of a successful test in the Feasibility Study, copies of policies providing private insurance coverage to sampled persons will be collected from household respondents. These requests will be initiated in Round 1 and will be followed up in Round 2 for eligible individuals who have not provided copies of their policies at the time of the first request. Sampled persons will be asked to provide the policies directly or to obtain them from their health insurance providers. A

description of the type of documents to be collected, a list of the policies identified by the respondent, and request forms to be given to providers will be given to interviewing staff to assist in this effort.

HC Main Round 6

Round 6 is concerned with obtaining valuable ancillary information before a MEPS panel is retired. For the 1997 MEPS, it will take place after April 15, 1998 and ask for tax filing information details. Comparable information will be collected for the 1996 panel in Round 4 after April 15, 1997. Administration of the majority of Round 6 interviews will be by telephone from the interviewers' homes; in-person interviews will be conducted for those respondents without access to a suitable telephone or for those for whom telephone administration is not feasible, e.g., respondents with hearing or comprehension problems.

3.0 Summary

The benefits of the redesigned MEPS include significant cost savings, enhanced analytical capacities, increased opportunities for longitudinal analyses, reduction of major data gaps, and major improvements in providing timely data access to the research community at large. The MEPS will provide information to help understand how the dramatic growth of managed care, changes in private health insurance, and other dynamics of today's market-driven health care delivery system have affected, and are likely to affect, the kinds, amounts, and costs of health care that Americans use. The survey will also provide necessary data for projecting who benefits from and who bears the cost of changes to existing health policy and the creation of new policies.

The MEPS data will serve as the primary source to inform research efforts which examine how health care use and expenditures vary among different sectors of the population, such as the elderly, veterans, children, disabled persons, minorities, the poor, and the uninsured; and how the health insurance of households varies by demographic characteristics, employment status and characteristics, geographic locale, and other factors. The MEPS data will provide answers to questions about private health insurance costs and coverage, such as how employers' costs vary by region, and help evaluate the growing impact of managed care and of enrollment in different types of managed care plans.

The first MEPS data will be available on public use data tapes starting as early as spring 1997. MEPS data also will be used in a series of studies to be published by AHCPR, and by Agency and other researchers publishing in the scientific literature. As a consequence of the shift to a continuous ongoing annual survey, additional efficiencies in survey data collection, data editing and imputation tasks will be realized, as well as further improvements in the timely release of MEPS data products to the research community.

4.0 References

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Appendix 2
Household Survey Design and Methods Report

Design and Methods of The Medical Expenditure Panel Survey
Household Component

March 1997

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The Medical Expenditure Panel Survey (MEPS), is the third in a series of nationally representative surveys of medical care use and expenditures sponsored by the Agency for Health Care Policy and Research (formerly the National Center for Health Services Research). The first of these surveys, called the National Medical Care Expenditure Survey (NMCES) was conducted in 1977, and the second, called the National Medical Expenditure Survey (NMES), in 1987. The 1996 MEPS, which is co-sponsored by the National Center for Health Statistics (NCHS), will update the 1987 data to reflect the dramatic changes that have occurred in the U.S. health care system over the last decade.

Major changes have taken place in the health care delivery system of the nation since the last NMES survey was conducted almost ten years ago. The most notable is the rapid expansion of managed care arrangements such as HMOs, PPOs, and other provider networks that seek to minimize the increases in health care costs, as well as the appearance of new hybrid forms of health insurance coverage. Changes such as these have affected both the private and public sectors. The new MEPS is needed to provide information about the current state of the health care system in the U.S., and the changes that have taken place since the last national survey of medical expenditures was conducted in 1987. The information collected by the MEPS will also provide valuable baseline data for use in evaluating future changes in the system.

The revised MEPS study design enhances the capabilities to study change over time and the effects of new health policies. These are important objectives in view of the various health reform initiatives that are being implemented by states and the Federal government. The revised design allows for the production of annual estimates for two calendar years, and also permits the tracking of changes in employment, income, health status, and medical care use and expenditures over the two consecutive years during which households in the 1996 panel will be interviewed. In addition, the National Health Interview Survey (NHIS) baseline data are available for persons in the 1996 and 1997 MEPS panels, thereby adding another data point for comparisons of change over time.

The MEPS extends the NMES series of studies on medical expenditures and health insurance, and provides for the first time, data suitable for detailed analysis of trends and changes in these areas. The survey is a unique resource for a number of reasons, including:

- (1) Scope. MEPS provides information on a broad spectrum of the population, as the survey sample base represents the civilian noninstitutionalized population and, in a separate component survey, the population institutionalized in nursing homes. The MEPS also provides information on all types of health care services, expenditures, and sources of payment for both individuals and families.
- (2) Population Basis. The fact that MEPS is a survey of persons allows population groups that are or may become of special policy concern to be identified and analyzed. This is especially important for analyzing the effect of particular eligibility requirements on the enrollment and budgets of public programs and on those who are not eligible for such programs.

(3) Cost-effectiveness. MEPS will collect data needed by groups that might otherwise sponsor separate or overlapping surveys, or do without crucial information needed for important decisions. Experience has demonstrated that broad-based data on use, expenses, and financing of health care collected from a nationally representative sample can meet the data needs of a wide variety of users in a cost-effective manner.

The original sample design of the NMES household surveys has been revised for the MEPS. Instead of defining the MEPS sample through an initial screening round, the sample in the new design is selected as a nationally representative subsample from households that participated in the NHIS. The 1996 MEPS sample (based on the 1995 NHIS) will be carried forward into 1997 and combined with a new subsample of households responding to the 1996 NHIS. These two panel samples (the 1996 MEPS sample and the new MEPS selections from the 1996 NHIS) will jointly define the sample base for the 1997 MEPS Household Component. Exhibit 1 is a diagram of the study design for the 1996 and 1997 MEPS Household Components. Exhibit 2 summarizes various features of the study design for the Household Component.

In 1996, the MEPS sample linked to the 1995 NHIS was selected from a nationally representative NHIS subsample that included 195 PSU's and approximately 1,700 segments, yielding approximately 10,500 responding NHIS households that MEPS recontacted. This NHIS subsample reflects an oversample of hispanics and blacks. Other groups with high public policy relevance in the areas of health care use and financing are targeted for oversample as part of the MEPS 1997 panel to improve the precision of the estimates for those groups.

Households selected for participation in the 1996 or the 1997 MEPS household surveys are interviewed in person five times (Rounds 1-5), and a last time during a brief telephone interview (Round 6). The rounds of data collection are spaced approximately 4 months apart. The interviews take place with a family respondent who reports for him/herself and for other family members.

Preliminary Contact. Mail and telephone contacts take place prior to the first MEPS interview (Round 1) with the NHIS participating households selected for each MEPS panel. The purpose of the Preliminary Contact is to enlist the household respondent into the MEPS study and plan for the delivery of study record-keeping materials prior to the start of the study observation period on January 1st of the survey year. An advance letter announcing the MEPS survey is mailed in December to the family respondent at the address where the NHIS interview was conducted. That letter is followed up with an interviewer telephone call to confirm the arrival of the letter, verify the identity of the household, identify the MEPS family respondent (if different from the NHIS respondent), and announce the future mailing of a study calendar and record file. These materials are sent accompanied by \$5 to compensate respondents for the time and effort devoted to keeping records in preparation for the Round 1 interview. A second telephone call confirms the arrival of these materials and arranges for the most convenient time to conduct the Round 1 interview.

Households without telephones or those that can not be reached using the telephone number from NHIS, are contacted by mail and asked to return a postcard identifying a telephone number where the study can contact them (e.g., number at work, neighbor's house, etc.).

Core rounds. Data collection for the MEPS Household Component takes place using the Computer-assisted Personal Interview (CAPI) system. The study instrumentation is organized as a core instrument that is administered in each of the first 5 rounds of data collection, with periodic supplements added in selected rounds to deal with specific topics in greater depth. Dependent interviewing methods, in which respondents are asked to confirm or revise data provided in earlier interviews will be used to update information in several of the core questionnaires, such as employment and health insurance, after the initial interview.

Core Instrument: The core instrument will collect data about all persons in sampled households. The core instrument includes questionnaires on: demographics, health status and conditions, utilization, charges and payments, prescribed and over-the-counter medicines purchased, employment, and health insurance.

Periodic Supplements: Supplements scheduled for inclusion in the survey include questionnaires on: access to care and satisfaction, income and assets, long-term care, and alternative care.

Self-Administered Questionnaire (SAQ): All adults in sample households are asked to complete an SAQ in Round 2. This questionnaire collects information about health behaviors and opinions that would be difficult if not impossible to collect on a proxy basis from the family respondent. Similar information is collected for children as part of the regular interview with the household survey respondent, usually the mother.

Medical Provider Permission Forms: Requests for signed permission forms take place in Round 1 of the survey, much earlier than in past NMES studies, in order to expedite the timetable for the later Medical Provider Component (MPC) of the survey, which collects data about specific medical events directly from providers. Because results from a previous methodological study suggested that early requests for signed permission forms involving office-based physicians have a modest negative effect on survey cooperation rates in later rounds, the requests for signed permission forms in Round 1 will be limited to events taking place in hospitals. In Round 2 and subsequent rounds, requests for signed permission forms will apply to all types of MPS-eligible medical providers (hospitals, physicians, and home health agencies), including those associated with utilization reported in Round 1.

Health Insurance Permission Forms: Signed permission forms are needed to contact sources of employment and private health insurance coverage in the Insurance Component of the survey, which collects data directly from individuals' sources of health insurance (typically their employers). These requests will be initiated in Round 2, and apply to the insurance sources associated with plans held at the time of the Round 1 interview.

Health Insurance Policy Booklet Requests: Following procedures tested successfully in a previous methodological study, MEPS interviewers will attempt to secure, directly from respondents, health insurance booklets or other summary materials that describe the characteristics of private plans held by family members at the time of the Round 1 interview.

The requests for policy information will include all sources of private insurance coverage, not just employment-related coverage. Respondents are reimbursed \$15 for the time and effort involved in procuring policy booklets.

Provider Directories: To expedite the identification of medical providers and assist with the preparation of an unduplicated list of medical providers for the fielding of MPS, interviewers use a computerized database (directory) of health providers that has been loaded into the CAPI laptop. Search software also loaded into the laptops enables interviewers to query the database of providers in the course of the MEPS interview. If a match is found in the database for the provider nominated by the household respondent, the matched directory record is associated with the household member. Directory records include the following information for each provider: a unique provider ID; the provider's name, address and telephone number; and the provider's specialty (for individual office-based physicians).

At the most basic level, the objective of the MEPS Household Component is the collection of data that can be used to produce annual estimates for a variety of measures related to the characteristics of individuals, their health insurance coverage, and their health care use, expenditures, and sources of payment for care. The data can also be used to support behavioral analyses that inform researchers and policymakers about how the characteristics of individuals and families, including their health insurance, affect medical care use and spending.

Data obtained in this study will be used to produce, for example, the following national estimates for calendar years 1996 and 1997:

- annual estimates of health care use and expenditures for persons and families.
- annual estimates of sources of payment for health care expenses, including amounts paid by public programs, such as Medicare and Medicaid, and by private insurance, as well as out-of-pocket payments.
- annual estimates of health care use, expenditures and sources of payment for persons and families by type of service, including: inpatient hospital stays, ambulatory care, home health care, dental care, and purchases of prescribed and over-the-counter medicines.
- the number and characteristics of the population eligible for each of the public programs, including the use of services and expenditures of the population eligible for benefits under Medicare, Medicaid, CHAMPUS/VA and the Veterans Administration.
- the number, characteristics, use of services, expenditures and benefits of persons and families with individual or group coverage, commercial and nonprofit coverage, and coverage through HMOs or other managed care arrangements.

In addition to national estimates, data collected in this longitudinal study will be used to study the determinants of the use of services and expenditures, and the effects of individual characteristics

and policy changes on medical care use and expenses. These behavioral analyses will include studies of:

- social and demographic factors such as employment and income.
- methods of financing health care and health insurance.
- the health habits, life styles and behavioral patterns of individuals and families.
- the health needs of specific subpopulation groups of current or potential policy interest, such as the elderly and members of racial or ethnic minorities.

Finally, data collected in this survey in conjunction with data from the 1977 NMCES and the 1987 NMES will be used to study trends in the nature and distribution of national health expenditures, sources of care, and amounts and types of services consumed by the U.S. noninstitutionalized population.

Exhibit 1. Panel Design for the MEPS Household Component, 1996 and 1997

	Calendar Year 1996		Calendar Year 1997		Calendar Year 1998	
1996 Panel (from 1995 NHIS)	Round 1	Round 2	Round 3	Round 4	Round 5	Round 6
Field period	3/96 - 7/96	8/96 - 11/96	2/97 - 5/97	8/97-11/97	2/98 - 5/98	6/98 - 7/98
Responding households	9,500	9,000	8,800	8,500	8,300	8,100
1997 Panel (from 1996 NHIS)			Round 1	Round 2	Round 3	Round 4
Field period			3/97 - 7/97	8/97 - 11/97	2/98 - 5/98	8/98-11/98
Responding households			5,800	5,500	5,400	5,200
Total Responding Households	9,500	9,000	14,600	14,000	13,700	13,300

Exhibit 2. Design Features of the MEPS Household Component, 1996 Panel

Feature	1995	1996		1997		1998	
Data collection	Preliminary contact	Round 1	Round 2	Round 3	Round 4	Round 5	Round 6
Reference period	-	1/1/96 to date of Round 1 interview	Date of Round 1 interview to date of Round 2 interview	Date of Round 2 interview to date of Round 3 interview	Date of Round 3 interview to date of Round 4 interview	Date of Round 4 interview to 12/31/97	-
Field period	12/95 - 1/96	3/96 - 7/96	8/96 - 11/96	2/97 - 5/97	8/97 - 11/97	2/98 - 5/98	6/98 - 7/98
Interview mode	Mail / Telephone	In-person/ CAPI	In-person/ CAPI	In-person/ CAPI	In-person/ CAPI	In-person/ CAPI	Telephone