

Restricted-Activity Days in the
United States, 1997 and 2001

MEPS

Research #22 Findings



Agency for Healthcare Research and Quality

Advancing Excellence in Health Care • www.ahrq.gov

Health Care Information and Electronic Ordering Through the AHRQ Web Site



The Agency for Healthcare Research and Quality's Web site—<http://www.ahrq.gov/>—makes practical, science-based health care information available in one convenient place.

Buttons correspond to major categories of Web site information, including funding opportunities, research findings, quality assessments, clinical information, consumer health, and data and surveys.

The Web site features an electronic catalog to the more than 450 information products generated by AHRQ, with information on how to obtain these resources. Many information products have an electronic ordering form and are mailed free of charge from the AHRQ Clearinghouse within 5 working days.

<http://www.ahrq.gov/>

Abstract

This report from the Agency for Healthcare Research and Quality provides estimates of restricted-activity days for the civilian noninstitutionalized population of the United States using data from the 1997 and 2001 Medical Expenditure Panel Survey (MEPS). Estimates were examined by age, race/ethnicity, sex, marital status, health insurance coverage, education, income and health status, and area of residence. Estimates from 1997 and 2001 were compared to determine the relationship between restricted-activity days and selected population characteristics. From 1997 to 2001, there was a decline in the proportion of the population (ages 16-64) with workdays lost due to physical illness, injury, or a mental or emotional problem. Females were more likely to have workdays lost. In 2001, 46.5 percent of females and 34.6 percent of males had workdays lost due to physical illness, injury, or a mental or emotional problem. In both years, females and married people were more likely to miss workdays to care for a family member with a health problem. In 2001, 24.8 percent of married people but

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

only 13.1 percent of unmarried people missed work to care for a family member. However, in both years, married and unmarried people lost about the same number of workdays to care for a family member, 4 to 5 days annually. Compared to blacks and Hispanics, people in the whites and others category were the most likely to have workdays and schooldays lost in 1997 and 2001.

Suggested citation

Rhoades J. Restricted-activity days in the United States, 1997 and 2001. Rockville (MD): Agency for Healthcare Research and Quality; 2004. MEPS Research Findings No. 22. AHRQ Pub. No. 04-0060

Restricted-Activity Days in the
United States, 1997 and 2001

MEPS

Research
#22 Findings



Agency for Healthcare Research and Quality

Advancing Excellence in Health Care • www.ahrq.gov

AHRQ Pub. No. 04-0060
July 2004

The Medical Expenditure Panel Survey (MEPS)

Background

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

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

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

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

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

Household Component

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

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

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

Medical Provider Component

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

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

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

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

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

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

Insurance Component

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

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

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

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

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

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

Survey Management

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

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

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

AHRQ Publications Clearinghouse
 Attn: (publication number)
 P.O. Box 8547
 Silver Spring, MD 20907
 800-358-9295
 703-437-2078 (callers outside the United States only)
 888-586-6340 (toll-free TDD service; hearing impaired only)
 To order online, send an e-mail to:
ahrqpubs@ahrq.gov.

Be sure to specify the AHRQ number of the document or CD-ROM you are requesting. Selected electronic files are available through the Internet on the MEPS Web site:

<http://www.meps.ahrq.gov/>

For more information, visit the MEPS Web site or e-mail meps@doh.gov.

Table of Contents

Introduction	1
Findings.....	1
Conclusions	3
References	3
Tables showing restricted-activity days in 1997 and 2001:	
1. Percent with workdays lost due to illness, injury, or mental or emotional problems.....	4
2. Mean workdays lost due to illness, injury, or mental or emotional problems.....	6
3. Percent with workdays lost to care for a family member.....	8
4. Mean workdays lost to care for a family member.....	10
5. Percent with schooldays lost due to illness, injury, or mental or emotional problems.....	12
6. Mean schooldays lost due to illness, injury, or mental or emotional problems.....	13
Technical Appendix	
Restricted-activity days	15
Population characteristics.....	15
Sample design and accuracy of estimates	17
Rounding	18
Comparisons with other data sources	18
Standard error tables	19

Restricted-Activity Days in the United States, 1997 and 2001

by Jeffrey A. Rhoades, Ph.D., Agency for Healthcare Research and Quality

Introduction

This report provides estimates of restricted-activity days (workdays or schooldays lost due to physical illness, injury, a mental or emotional problem, or caring for a family member with health problems) for the civilian noninstitutionalized population of the United States. Presented are data from the 1997 and 2001 Medical Expenditure Panel Survey (MEPS) Household Component representing a 5-year span, with 2001 data being the most recent data available. The percent of the population with restricted-activity days and the number of restricted-activity days per year are shown in relation to selected socioeconomic and demographic characteristics. The variables shown include age, race/ethnicity, sex, marital status, education, health insurance coverage, income, health status, and area of residence.

Restricted-activity days provide an indication of the burden of illness in the workplace and in school. With a greater understanding of the variation of this burden among groups, policymakers and health care providers would be better informed to put into practice health care that results in similar outcomes for all.

The Technical Appendix describes restricted-activity days in more detail and explains how estimates were derived.

Findings

The restricted-activity days of interest are: (1) workdays lost due to physical illness, injury, or a mental or emotional problem; (2) workdays lost to care for a family member with health problems; and (3) schooldays lost due to physical illness, injury, or a mental or emotional problem.

Workdays Lost

Workdays lost for the working-age population (ages 16-64) are shown in Tables 1 and 2.

Age

In 1997 and 2001, the age group 25-54 had the highest percent of people with workdays lost due to illness, injury, or mental or emotional problems in the working-age population. In 2001, 42.0 percent of

people ages 25-54 had workdays lost, compared to 37.2 percent and 34.5 percent for ages 16-24 and 55-64, respectively (Table 1).

Race/Ethnicity

Whites and others had the highest percentage of people with workdays lost due to illness, injury, or mental or emotional problems in both 1997 and 2001. (The category “whites and others” comprises whites and a small proportion of people whose race/ethnicity is not Hispanic, black, or white.) In 2001, 41.6 percent of whites and others had workdays lost, compared to 34.3 percent of Hispanics and 38.0 percent of blacks (Table 1).

Sex

A greater proportion of women than men have work absences. Pregnancy is a major reason for this difference. But pregnancy aside, women still generally have a higher absenteeism rate than men (Ballagh, Maxwell, and Perea, 1987; Bridges and Mumford, 2001).

A greater proportion of females than males had workdays lost due to illness, injury, or mental or emotional problems. In 2001, 46.5 percent of females versus 34.6 percent of males had workdays lost (Table 1). Comparing 1997

and 2001, there was a decrease in the proportion of both females (49.4 percent to 46.5 percent) and males (37.7 percent to 34.6 percent) with workdays lost (Table 1). However, from 1997 to 2001, the mean number of workdays lost during the year for people who had any workdays lost remained relatively stable at 12-13 days for females and 10-11 days for males (Table 2).

Education

As educational level increased, the proportion of people with workdays lost increased. In 2001, 32.3 percent of people with no high school education had

Individuals with the least amount of education were the least likely to report workdays lost due to illness, injury, or mental or emotional problems in 1997 and 2001.

workdays lost, compared to 42.4 percent of people with more than high school education (Table 1). At the same time, people with higher educational levels who had workdays lost had fewer such days. In 2001, people with more than high school education had 10.2 workdays lost, while those with no high school education had 13.7 workdays lost (Table 2).

Perceived Health

As people's reported health and mental health status declined, the percentage with workdays lost increased. Workers' subjective health evaluation has been found to be strongly and significantly related to absenteeism (Leigh, 1983). In 2001, 59.7 percent of people with fair or poor health status had workdays lost, compared to only 29.3 percent of people in excellent health (Table 1). From 1997 to 2001, the proportion of people in fair or poor health or very good health who had workdays lost decreased. The proportion of people in fair or poor health who had workdays lost decreased from 66.3 percent in 1997 to 59.7 percent in 2001 (Table 1).

The number of workdays lost (among people with any lost days) also increased with deteriorating physical and mental health. Those with fair or poor health had 23.3 workdays lost in 2001, as opposed to 6.8 days for those with excellent health status (Table 2).

Workdays Lost To Care for a Family Member

Tables 3 and 4 show data on workdays lost to provide care for a family member for the working-age population (ages 16-64).

Age

In 1997 and 2001, in the working-age population, the age group 25-54 had the highest percent of people with workdays lost to care for a family member with health problems. In 2001, 23.3 percent of people ages 25-54 had workdays lost to care for a family member, compared to 9.0 percent for ages 16-24 and 15.9 percent for ages 55-64 (Table 3).

Sex

In both 1997 and 2001, a greater proportion of females than males had workdays lost to care for a family member. In 2001, 25.0 percent of females and 15.5 percent of males missed work to care for a family member (Table 3).

Marital Status

A greater proportion of married than unmarried people had workdays lost to provide care for a family member in both 1997 and 2001. In 2001, 24.8 percent of married people, compared to 13.1 percent of unmarried people, had workdays lost to provide care for a family member (Table 3). Among people who provided care to a family member, there was no difference in the mean number of days lost in 1997 and 2001 or for married compared to unmarried people (Table 4).

Metropolitan Statistical Area

People not living in a metropolitan statistical area were more likely to miss work to provide care for a family member in 1997 and 2001. In 2001, 22.1 percent of people living outside metropolitan areas, compared to 19.6 percent of people living in a metropolitan statistical area, had workdays lost to provide care for a family member (Table 3). However, among people who took off work to care for family members, there was no difference in the mean number of days lost (Table 4).

Schooldays Lost

Tables 5 and 6 show information on schooldays lost among the school-age population (ages 5-22).

Race/Ethnicity

A higher proportion of whites and others than blacks or Hispanics had schooldays lost due to illness, injury, or mental or emotional problems in 1997 and 2001. In 2001, 56.6 percent of whites and others but only 42.4 percent of Hispanics and blacks had schooldays lost (Table 5). This race/ethnicity pattern also held true for both sexes in 1997 and 2001; for both females and males, whites and others had the highest percent with schooldays lost. In 2001, 56.9 percent of white and other females had schooldays lost, compared to 44.8 percent of Hispanic females and 42.5 percent of black females; 56.2 percent of white and other males had schooldays lost, compared to 40.1 percent of Hispanic males and 42.3 percent of black males (Table

In 1997 and 2001, a greater percent of whites and others than Hispanics or blacks had workdays or schooldays lost due to illness, injury, or mental or emotional problems.

5). The mean number of schooldays lost for people who had schooldays lost remained relatively stable for all race/ethnicity groups and both sexes in 1997 and 2001 (Table 6).

Health Insurance Coverage

The uninsured were the least likely to have schooldays lost due to illness, injury, or mental or emotional problems in 1997 and 2001. In 2001, 33.2 percent of the uninsured had schooldays lost (Table 5). People with only public health insurance had the highest number of schooldays lost in both years. In 2001, people with only public health insurance had 6.8 schooldays lost, compared to 5.1 days for both privately insured and uninsured people (Table 6).

Perceived Health

For both perceived physical and mental health, as an individual's reported health declined, the number of schooldays lost increased in both years. In 2001, people in fair or poor health had 22.8 schooldays lost, while those in excellent health had only 4.0 schooldays lost (Table 6). In addition, people in fair or poor health had the greatest increase in the number of schooldays lost from 1997 to 2001, an increase from 14.6 to 22.8 schooldays lost (Table 6). The pattern was similar for perceived mental health status.

Conclusions

Findings show that restricted-activity days do vary by socioeconomic and demographic characteristics (age, race/ethnicity, sex, marital status, education, health insurance coverage, health status, and area of residence). Some examples of variation in restricted-activity days by socioeconomic and demographic characteristics follow.

People ages 25-54 were the most likely to have workdays lost due to illness, injury, or mental or emotional problems, as well as workdays lost to care for a family member, in 1997 and 2001.

In 1997 and 2001, a greater percent of whites and others than Hispanics or blacks had workdays or schooldays lost due to illness, injury, or mental or emotional problems. In 2001, 41.6 percent of whites and others ages 16-64 had workdays lost, versus 34.3 percent of Hispanics and 38.0 percent of blacks.

Females were more likely than males to have restricted-activity days. In both years, a greater percentage of females than males had workdays lost due to illness, injury, or mental or emotional problems and workdays lost to care for a family member with health

problems. In 2001, 46.5 percent of females ages 16-64 had workdays lost, compared with 34.6 percent of males.

Individuals with the least amount of education, less than high school, were the least likely to have workdays lost due to illness, injury, or mental or emotional problems in 1997 and 2001. In 2001, 32.3 percent of working-age people with no high school education had workdays lost, compared to 42.4 percent of those with more than high school education.

People in fair or poor health (physical or mental) were at greater risk for experiencing workdays lost in 1997 and 2001. People in fair or poor health also had a greater number of restricted-activity days when they had such days. In 2001, 59.7 percent of working-age people in fair or poor health had workdays lost due to illness, injury, or mental or emotional problems, compared to only 29.3 percent of those in excellent health. The average number of workdays lost in 2001 was 23.3 for people in fair or poor health but only 6.8 for people in excellent health.

For additional information on restricted-activity days, analysts are encouraged to visit the MEPS Web site (www.meps.ahrq.gov). Under Data and Publications, links to the full year consolidated files HC-020 (1997), HC-028 (1998), HC-038 (1999), HC-050 (2000), and HC-060 (2001) are available. Data files provide detailed documentation pertaining to restricted-activity days variables.

References

- Ballagh J, Maxwell E, Perea K. Absenteeism in the workplace. Chicago: Commerce Clearing House, Inc.; 1987.
- Bridges S, Mumford K. Absenteeism in the UK: A comparison across genders. *The Manchester School*. 2001 June; 69(3):276-84.
- Cohen J, Monheit A, Beauregard K, et al. The Medical Expenditure Panel Survey: a national health information resource. *Inquiry* 1996; 33:373-89.
- 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.
- Leigh J. Sex differences in absenteeism. *Industrial Relations* 1983 Fall; 22(3):349-61.

Table I. Population ages 16-64 with workdays lost due to illness, injury, or mental or emotional problems: United States, 1997 and 2001

Population characteristic	Number and percent of population with workdays lost			
	1997		2001	
	Number in thousands	Percent	Number in thousands	Percent
Total	62,036	43.3	60,704	40.3
Age in years				
16-24	9,401	37.9	9,578	37.2
25-54	46,864	45.1	45,164	42.0
55-64	5,772	39.9	5,962	34.5
Race/ethnicity				
Total Hispanic	5,101	34.6	6,337	34.3
Total black	6,367	39.1	6,554	38.0
Total white and other	50,568	45.0	47,813	41.6
Hispanic male	2,550	29.4	3,028	28.3
Black male	2,330	30.7	2,458	31.1
White and other male	23,500	39.9	21,802	36.2
Hispanic female	2,551	42.1	3,310	42.6
Black female	4,037	46.5	4,096	43.8
White and other female	27,068	50.7	26,011	47.5
Sex				
Male	28,380	37.7	27,288	34.6
Female	33,656	49.4	33,416	46.5
Marital status				
Married	37,233	43.1	34,877	39.2
Not married	24,803	43.7	25,827	41.8
Health insurance coverage				
Private	52,232	45.3	50,959	41.6
Public only	2,570	38.4	2,768	40.7
Uninsured	7,234	34.2	6,978	32.5
Income				
Poor	4,118	38.5	3,854	38.4
Near poor	2,021	43.6	1,894	41.0
Low income	6,918	40.9	6,618	40.2
Middle income	21,558	44.5	20,141	41.8
High income	27,441	43.8	28,197	39.5
Education				
No high school	1,106	25.3	2,170	32.3
Some high school	6,084	38.4	7,298	37.1
High school graduate	19,465	42.8	19,051	40.0
More than high school	35,339	45.6	32,034	42.4
Perceived health status				
Fair/poor	4,924	66.3	4,676	59.7
Good	16,968	52.2	18,789	49.8
Very good	27,502	43.9	26,571	38.6
Excellent	12,615	31.1	10,639	29.3

Continued

Table I. Population ages 16-64 with workdays lost due to illness, injury, or mental or emotional problems: United States, 1997 and 2001 (continued)

Population characteristic	Number and percent of population with workdays lost			
	1997		2001	
	Number in thousands	Percent	Number in thousands	Percent
Perceived mental health status				
Fair/poor	1,948	61.3	2,101	61.7
Good	12,518	51.3	13,085	46.9
Very good	26,304	43.9	27,545	41.3
Excellent	21,238	38.1	17,944	34.1
Metropolitan statistical area (MSA)				
MSA	50,547	43.5	49,879	40.2
Non-MSA	11,379	42.7	10,825	40.1
Census region				
Northeast	11,202	41.4	11,162	39.2
Midwest	15,217	43.8	14,900	41.4
South	21,515	43.3	20,509	39.4
West	14,103	44.4	14,134	41.3

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997 and 2001.

Table 2. Mean workdays lost due to illness, injury, or mental or emotional problems for the population ages 16-64: United States, 1997 and 2001

Population characteristic	Population with workdays lost			
	1997		2001	
	Population in thousands	Mean workdays lost ^a	Population in thousands	Mean workdays lost ^a
Total	62,036	12.3	60,704	11.3
Age in years				
16-24	9,401	8.6	9,578	7.5
25-54	46,864	12.6	45,164	11.6
55-64	5,772	16.1	5,962	15.0
Race/ethnicity				
Total Hispanic	5,101	13.5	6,337	11.4
Total black	6,367	15.8	6,554	15.8
Total white and other	50,568	11.8	47,813	10.7
Hispanic male	2,550	13.0	3,028	11.0
Black male	2,330	13.0	2,458	13.7
White and other male	23,500	11.6	21,802	9.9
Hispanic female	2,551	14.0	3,310	11.9
Black female	4,037	17.4	4,096	17.1
White and other female	27,068	11.9	26,011	11.3
Sex				
Male	28,380	11.8	27,288	10.4
Female	33,656	12.7	33,416	12.1
Marital status				
Married	37,233	12.9	34,877	11.8
Not married	24,803	11.4	25,827	10.7
Health insurance coverage				
Private	52,232	12.2	50,959	11.0
Public only	2,570	16.5	2,768	13.5
Uninsured	7,234	11.8	6,978	12.6
Income				
Poor	4,118	11.9	3,854	15.2
Near poor	2,021	19.0	1,894	10.2
Low income	6,918	12.9	6,618	14.1
Middle income	21,558	13.1	20,141	11.8
High income	27,441	11.2	28,197	9.8
Education				
No high school	1,106	18.3	2,170	13.7
Some high school	6,084	13.4	7,298	12.2
High school graduate	19,465	14.2	19,051	12.5
More than high school	35,339	10.9	32,034	10.2
Perceived health status				
Fair/poor	4,924	29.9	4,676	23.3
Good	16,968	14.1	18,789	14.0
Very good	27,502	10.2	26,571	9.0
Excellent	12,615	7.6	10,639	6.8

Continued

Table 2. Mean workdays lost due to illness, injury, or mental or emotional problems for the population ages 16-64: United States, 1997 and 2001 (continued)

Population characteristic	Population with workdays lost			
	1997		2001	
	Population in thousands	Mean workdays lost ^a	Population in thousands	Mean workdays lost ^a
Perceived mental health status				
Fair/poor	1,948	28.3	2,101	24.1
Good	12,518	17.1	13,085	13.5
Very good	26,304	11.1	27,545	10.5
Excellent	21,238	9.5	17,944	9.5
Metropolitan statistical area (MSA)				
MSA	50,547	12.1	49,879	11.3
Non-MSA	11,379	13.0	10,825	11.6
Census region				
Northeast	11,202	13.5	11,162	12.9
Midwest	15,217	12.8	14,900	11.1
South	21,515	12.4	20,509	11.0
West	14,103	10.7	14,134	10.7

^aMean workdays lost are for people who had any lost workdays.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997 and 2001.

Table 3. Population ages 16-64 with workdays lost to care for a family member with health problems: United States, 1997 and 2001

Population characteristic	Number and percent of population with workdays lost			
	1997		2001	
	Number in thousands	Percent	Number in thousands	Percent
Total	28,754	20.1	30,160	20.0
Age in years				
16-24	2,385	9.6	2,322	9.0
25-54	24,418	23.5	25,093	23.3
55-64	1,951	13.5	2,745	15.9
Race/ethnicity				
Total Hispanic	2,689	18.3	3,111	16.9
Total black	3,254	20.0	3,102	18.0
Total white and other	22,811	20.3	23,946	20.8
Hispanic male	1,215	14.0	1,316	12.3
Black male	1,098	14.4	961	12.2
White and other male	8,974	15.2	9,940	16.5
Hispanic female	1,473	24.3	1,792	23.1
Black female	2,156	24.8	2,142	22.9
White and other female	13,837	25.9	14,006	25.6
Sex				
Male	11,287	15.0	12,217	15.5
Female	17,467	25.7	17,943	25.0
Marital status				
Married	21,398	24.8	22,084	24.8
Not married	7,356	13.0	8,076	13.1
Health insurance coverage				
Private	24,597	21.3	25,768	21.1
Public only	1,156	17.3	1,402	20.6
Uninsured	3,001	14.2	2,990	13.9
Income				
Poor	1,897	17.7	1,870	18.6
Near poor	844	18.4	871	†18.9
Low income	3,523	20.9	3,268	19.9
Middle income	10,611	21.9	9,559	19.8
High income	11,879	19.0	14,593	20.5
Education				
No high school	*	*	*	*
Some high school	2,368	15.0	2,757	14.0
High school graduate	9,474	20.9	9,503	19.8
More than high school	16,485	21.3	17,132	22.7
Perceived health status				
Fair/poor	1,494	20.1	1,760	22.5
Good	7,190	22.1	7,981	21.2
Very good	12,852	20.5	13,772	20.0
Excellent	7,218	17.8	6,649	18.3

Continued

Table 3. Population ages 16-64 with workdays lost to care for a family member with health problems: United States, 1997 and 2001 (continued)

Population characteristic	Number and percent of population with workdays lost			
	1997		2001	
	Number in thousands	Percent	Number in thousands	Percent
Perceived mental health status				
Fair/poor	*	*	*	*
Good	5,341	21.9	6,109	21.9
Very good	12,139	20.3	13,151	19.7
Excellent	10,598	19.0	10,095	19.2
Metropolitan statistical area (MSA)				
MSA	22,564	19.4	24,319	19.6
Non-MSA	6,177	23.2	5,842	22.1
Census region				
Northeast	4,755	17.6	5,121	18.0
Midwest	7,448	21.4	8,469	23.6
South	10,993	22.1	10,994	21.1
West	5,558	17.5	5,576	16.3

*Sample size too small to produce reliable estimates.

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

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997 and 2001.

Table 4. Mean workdays lost to care for a family member with health problems by the population ages 16-64: United States, 1997 and 2001

Population characteristic	Population with workdays lost			
	1997		2001	
	Population in thousands	Mean workdays lost ^a	Population in thousands	Mean workdays lost ^a
Total	28,754	4.2	30,160	4.5
Age in years				
16-24	2,385	3.4	2,322	3.9
25-54	24,418	4.3	25,093	4.4
55-64	1,951	4.9	2,745	6.0
Race/ethnicity				
Total Hispanic	2,689	5.2	3,111	4.2
Total black	3,254	4.5	3,102	4.8
Total white and other	22,811	4.1	23,946	4.5
Hispanic male	1,215	4.8	1,316	4.6
Black male	1,098	3.6	961	4.9
White and other male	8,974	3.8	9,940	4.1
Hispanic female	1,473	5.6	1,795	4.0
Black female	2,156	5.0	2,142	4.7
White and other female	13,837	4.3	14,006	4.7
Sex				
Male	11,287	3.9	12,217	4.2
Female	17,467	4.5	17,943	4.7
Marital status				
Married	21,398	4.2	22,084	4.3
Not married	7,356	4.3	8,076	5.0
Health insurance coverage				
Private	24,597	4.2	25,768	4.2
Public only	1,156	5.2	1,402	6.5
Uninsured	3,001	4.2	2,990	6.2
Income				
Poor	1,897	4.2	1,870	6.2
Near poor	844	5.3	871	†6.5
Low income	3,523	4.4	3,268	5.7
Middle income	10,611	4.4	9,559	4.2
High income	11,879	3.9	14,593	4.0
Education				
No high school	*	*	*	*
Some high school	2,368	3.7	2,757	4.1
High school graduate	9,474	4.2	9,503	4.7
More than high school	16,485	4.3	17,132	4.3
Perceived health status				
Fair/poor	1,494	4.7	1,760	4.9
Good	7,190	4.3	7,981	4.7
Very good	12,852	4.4	13,772	4.5
Excellent	7,218	3.9	6,649	4.1

Continued

Table 4. Mean workdays lost to care for a family member with health problems by the population ages 16-64: United States, 1997 and 2001 (continued)

Population characteristic	Population with workdays lost			
	1997		2001	
	Population in thousands	Mean workdays lost ^a	Population in thousands	Mean workdays lost ^a
Perceived mental health status				
Fair/poor	*	*	*	*
Good	5,341	4.6	6,109	5.5
Very good	12,193	4.3	13,151	4.2
Excellent	10,598	3.9	10,095	4.1
Metropolitan statistical area (MSA)				
MSA	22,564	4.3	24,319	4.3
Non-MSA	6,177	4.1	5,842	5.2
Census region				
Northeast	4,755	4.5	5,121	4.3
Midwest	7,448	3.9	8,469	4.4
South	10,993	4.4	10,994	4.9
West	5,558	4.2	5,576	4.0

^aMean workdays lost are for people who had any lost workdays.

*Sample size too small to produce reliable estimates.

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

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997 and 2001.

Table 5. Population ages 5-22 with schooldays lost due to illness, injury, or mental or emotional problems: United States, 1997 and 2001

Population characteristic	Number and percent of population with workdays lost			
	1997		2001	
	Number in thousands	Percent	Number in thousands	Percent
Total	38,883	55.1	37,916	52.0
Race/ethnicity				
Total Hispanic	4,623	45.2	5,310	42.4
Total black	4,997	45.2	4,686	42.4
Total white and other	29,263	59.4	27,921	56.6
Hispanic male	2,354	44.2	2,621	40.1
Black male	2,476	45.7	2,376	42.3
White and other male	14,231	57.3	14,009	56.2
Hispanic female	2,269	46.3	2,689	44.8
Black female	2,521	44.7	2,310	42.5
White and other female	15,031	61.6	13,911	56.9
Sex				
Male	19,062	53.6	19,006	51.3
Female	19,821	56.8	18,910	52.7
Health insurance coverage				
Private	28,864	59.2	27,464	55.1
Public only	6,169	50.8	7,461	52.7
Uninsured	3,849	40.1	2,991	33.2
Income				
Poor	6,537	49.5	5,055	43.7
Near poor	1,876	53.5	1,794	47.4
Low income	5,779	50.8	5,520	48.3
Middle income	13,584	57.3	12,973	55.0
High income	11,106	59.3	12,574	55.7
Perceived health status				
Fair/poor	985	64.4	828	61.0
Good	5,741	57.3	5,652	52.7
Very good	16,275	55.3	16,561	52.2
Excellent	15,882	53.8	14,874	51.0
Perceived mental health status				
Fair/poor	864	58.6	893	65.0
Good	5,072	56.4	4,606	49.5
Very good	14,661	53.9	15,393	51.7
Excellent	18,286	55.7	17,024	52.3
Metropolitan statistical area (MSA)				
MSA	30,826	54.7	30,852	51.6
Non-MSA	7,995	57.5	7,065	53.6
Census region				
Northeast	7,144	55.4	6,506	52.4
Midwest	9,696	57.6	9,067	56.6
South	12,862	53.2	13,289	50.2
West	9,180	55.2	9,054	50.1

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997 and 2001.

Table 6. Mean schooldays lost due to illness, injury, or mental or emotional problems for the population ages 5-22: United States, 1997 and 2001

Population characteristic	Population with workdays lost			
	1997		2001	
	Population in thousands	Mean schooldays lost ^a	Population in thousands	Mean schooldays lost ^a
Total	38,882	5.6	37,916	5.5
Race/ethnicity				
Total Hispanic	4,623	5.7	5,310	5.9
Total black	4,997	6.0	4,686	5.7
Total white and other	29,263	5.5	27,921	5.3
Hispanic male	2,354	5.2	2,621	5.7
Black male	2,476	5.5	2,376	5.2
White and other male	14,231	5.6	14,009	5.2
Hispanic female	2,269	6.3	2,689	6.1
Black female	2,521	6.4	2,310	6.2
White and other female	15,031	5.5	13,911	5.5
Sex				
Male	19,062	5.5	19,006	5.3
Female	19,821	5.7	18,910	5.6
Health insurance coverage				
Private	28,864	5.3	27,464	5.1
Public only	6,169	7.3	7,461	6.8
Uninsured	3,849	5.3	2,991	5.1
Income				
Poor	6,537	6.7	5,055	6.5
Near poor	1,876	7.3	1,794	5.9
Low income	5,779	5.9	5,520	6.0
Middle income	13,584	5.5	12,973	5.3
High income	11,106	4.7	12,574	4.9
Perceived health status				
Fair/poor	985	14.6	828	22.8
Good	5,741	8.5	5,652	7.9
Very good	16,275	5.4	16,561	5.1
Excellent	15,882	4.2	14,874	4.0
Perceived mental health status				
Fair/poor	864	14.9	893	22.0
Good	5,072	7.6	4,606	7.5
Very good	14,661	5.4	15,393	5.0
Excellent	18,286	4.7	17,024	4.4
Metropolitan statistical area (MSA)				
MSA	30,826	5.5	30,852	5.5
Non-MSA	7,995	6.0	7,065	5.4
Census region				
Northeast	7,144	6.0	6,506	5.9
Midwest	9,696	5.6	9,067	5.6
South	12,862	5.5	13,289	5.2
West	9,180	5.4	9,054	5.5

^aMean schooldays lost are for people who had any lost schooldays.

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997 and 2001

Technical Appendix

The data in this report were obtained in interviews conducted for the Household Component (HC) of the 1997 and 2001 Medical Expenditure Panel Survey (MEPS). MEPS is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics (NCHS). The MEPS HC is a nationally representative survey of the U.S. civilian noninstitutionalized population that collects medical expenditure data at both the person and household levels. The focus of the MEPS HC is to collect detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment. In other components of MEPS, data are collected on the use, charges, and payments reported by providers.

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

The MEPS HC collects data through an overlapping panel design. In this design, data are collected through a precontact interview that is followed by a series of five rounds of interviews over 2½ years. Interviews are conducted with one member of each household, who reports on the health care expenses of the entire household. Medical expenditure and utilization data for two calendar years are collected from each household using computer-assisted personal interviewing. This series of data collection rounds is launched each subsequent year on a new sample of households to provide overlapping panels of survey data which, when combined with other ongoing panels, provide continuous and current estimates of health care expenditures.

Restricted-Activity Days

The restricted-activity days section of the core interview contains questions about time lost from work or school because of a physical illness, injury, mental or emotional problem, or caring for a family member with a health problem. Data were collected on each individual in the household. Questions were repeated in each round of interviews (Rounds 1 through 5). The reference

period for these questions is the time period between the beginning of the panel or the previous interview date and the current interview date or between the previous interview date and the end of the year (Round 5).

The variables on time lost from work represent whether individuals ages 16-64 lost a half-day or more from work because of illness, injury, or mental or emotional problems during the year and how many workdays were lost. Another set of variables indicates whether an individual took a half-day or more off from work to care for a family member with health problems and how many workdays were lost. If the individual did not work, these variables were coded -1 (inapplicable). Respondents were not asked about workdays lost for people under 16 years old. The total number of workdays lost was accumulated for the year.

The variables on time lost from school represent whether individuals missed a half-day or more of school because of illness, injury, or mental or emotional problems during the year and how many schooldays were lost. Respondents were asked about schooldays only for individuals ages 3-22. A code of -1 indicates that the person did not attend school. There was no attempt to reconcile schooldays lost with the time of year (e.g., summer vacation). For the purposes of this analysis the population was restricted to persons ages 5-22.

Population Characteristics

Age

The respondent was asked to report the age of each family member as of the date of each interview. In this report, age is usually based on the sample person's age at the end of the reference year. If data were not collected at the end of the year because the sample person was out of scope (e.g., deceased or institutionalized), then age at the time of the previous interview(s) was used.

Race/Ethnicity

Classification by race and ethnicity is based on information reported for each family member. Respondents were asked if each family member's race was best described as American Indian, Alaska Native, Asian or Pacific Islander, black, white, or other. They also were asked if each family member's main national origin or ancestry was Puerto Rican; Cuban; Mexican,

Mexicano, Mexican American, or Chicano; other Latin American; or other Spanish. All persons whose main national origin or ancestry was reported in one of these Hispanic groups, regardless of racial background, were classified as Hispanic. Since the Hispanic grouping can include black Hispanic, white Hispanic, and other Hispanic, the race categories of black, white, and other do not include Hispanic. Only data for people identified as Hispanic (of any race), non-Hispanic blacks, and non-Hispanic whites and others are included in this analysis.

Marital Status

Marital status was constructed from information available at three points in time during the reference year, the interview dates for the first two rounds of the reference year and at the end of the year.

Health Insurance Coverage

The household respondent was asked if, during the reference period, anyone in the family was covered by any of the sources of public and private health insurance discussed below. Persons classified as uninsured for this report were uninsured throughout the reference year.

Private insurance—Private health insurance was defined as insurance that provides coverage for hospital and physician care (including Medigap coverage). Private health insurance could have been obtained through an employer, union, self-employed business, directly from an insurance company or health maintenance organization, through a group or association, or from someone outside the household.

Public coverage only—People were considered to have only public coverage if they met both of the following criteria:

- They were not covered by private insurance during the reference year.
- They were covered by one of the following public programs: Medicare, CHAMPUS/CHAMPVA/TRICARE (Armed-Forces-related coverage), Medicaid or State Children's Health Insurance Program (SCHIP), or other public hospital/physician coverage.

Uninsured—The uninsured were defined as persons not covered by Medicare, CHAMPUS/CHAMPVA/TRICARE, Medicaid/SCHIP, other public hospital/physician programs, or private hospital/physician insurance (including Medigap coverage) during the reference year. People covered only by

noncomprehensive State-specific programs (e.g., Maryland Kidney Disease Program) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) were not considered to be insured. People uninsured for the entire year did not have insurance coverage at any time during the survey year.

Income

Sample persons were classified according to the total yearly income of their family. Within a household, all people related by blood, marriage, or adoption were considered to be a family. Personal income from all family members was summed to create family income. Possible sources of income included annual earnings from wages, salaries, bonuses, tips, and commissions; business and farm gains and losses; unemployment and Workers' Compensation; interest and dividends; alimony, child support, and other private cash transfers; private pensions, individual retirement account withdrawals, Social Security, and Department of Veterans Affairs payments; Supplemental Security Income and cash welfare payments from public assistance, Aid to Families with Dependent Children, and Aid to Dependent Children; gains or losses from estates, trusts, partnerships, S corporations, rent, and royalties; and a small amount of "other" income.

Income categories are defined by the ratio of family income to the Federal income thresholds, which control for family size and age of the head of family.

Categories are defined as follows:

- *Poor*—Persons in families with income less than or equal to the poverty line; includes those who had negative income.
- *Near-poor*—Persons in families with income over the poverty line through 125 percent of the poverty line.
- *Low income*—Persons in families with income over 125 percent through 200 percent of the poverty line.
- *Middle income*—Persons in families with income over 200 percent through 400 percent of the poverty line.
- *High income*—Persons in families with income over 400 percent of the poverty line.

Education

Respondents were asked to report the years of school completed by each household member as of the

date of the interviews. Categories are defined as follows:

- *No high school*—Less than 9 years of schooling.
- *Some high school*—9 through 11 years of schooling.
- *High school graduate*—12 years of schooling.
- *More than high school*—More than 12 years of schooling.

Perceived Health Status

In every round, the respondent is asked to rate the health of every member of the family. The exact wording of the question is: “In general, compared to other people of (PERSON)’s age, would you say that (PERSON)’s health is excellent, very good, good, fair, or poor?” A similar question is asked about mental health status. For this report, the response categories “fair” and “poor” were collapsed.

Place of Residence

People are identified as residing either inside or outside a metropolitan statistical area (MSA) as designated by the U.S. Office of Management and Budget, which applied 1990 standards using population counts from the 1990 U.S. census. An MSA is a large population nucleus combined with adjacent communities that have a high degree of economic and social integration with the nucleus. Each MSA has one or more central counties containing the area’s main population concentration. In New England, metropolitan areas consist of cities and towns rather than whole counties. MSA data are based on MSA status as of the end of the reference year. If MSA status as of December 31 was not known, then MSA status at the time of the previous interview was used.

Region

Each MEPS sample person was classified as living in one of the following four regions as defined by the Bureau of the Census:

- *Northeast*—Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, and Pennsylvania.
- *Midwest*—Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas.
- *South*—Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee,

Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas.

- *West*—Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Alaska, and Hawaii.

Sample Design and Accuracy of Estimates

MEPS is a nationally representative subsample of the households responding to the previous year’s NHIS. MEPS reflects the oversampling of Hispanic and black households resulting from the NHIS sample design. The 1997 MEPS sample consisted of 32,636 people. The response rate was 66.4 percent. The weighted MEPS population estimate for the civilian noninstitutionalized population as of December 31, 1997, was 267,704,802. For 2001, the corresponding numbers were 32,122 people, 66.3 percent, and a civilian noninstitutionalized population of 284,247,327.

The statistics presented in this report are affected by both sampling error and sources of nonsampling error, which include nonresponse bias, respondent reporting errors, interviewer effects, and data processing misspecifications. For a detailed description of the MEPS survey design, the adopted sample design, and methods used to minimize sources of nonsampling error, see Cohen (1997) and Cohen, Monheit, Beauregard, et al. (1996).

The MEPS person-level estimation weights include nonresponse adjustments and poststratification adjustments to population estimates derived from the Current Population Survey based on cross-classifications by region, MSA status, age, race/ethnicity, and sex. The overall MEPS response rate reflects response to both the MEPS and the preceding NHIS interview.

Tests of statistical significance were used to determine whether the differences between populations exist at specified levels of confidence or whether they occurred by chance. Differences were tested using z-scores having asymptotic normal properties at the 0.05 level of significance. Unless otherwise noted, only statistical differences between estimates are discussed in the text.

Rounding

Estimates presented in Tables 1, 3, and 5 were rounded to the nearest 0.1 percent, while estimates

presented in Tables 2, 4, and 6 were rounded to the nearest tenth (0.1). Therefore, some of the estimates presented in the tables for population totals of subgroups will not add exactly to the overall estimated population total. Standard errors, presented in Tables A-F, were rounded to the nearest 0.01.

Comparisons With Other Data Sources

Because of methodological differences, caution should be used when comparing these data with data from other sources. A range of results is frequently found among surveys based on question wording, the

sequencing of questions, the placement of questions, and whether or not the respondent was a proxy for other household members.

Standard Error Tables

Table A. Standard errors for percent of population ages 16-64 with workdays lost due to illness, injury, or mental or emotional problems: United States, 1997 and 2001

Corresponds to Table 1

Population characteristic	1997	2001
Total	0.57	0.56
Age in years		
16-24	1.35	1.17
25-54	0.65	0.69
55-64	1.46	1.19
Race/ethnicity		
Total Hispanic	1.18	1.09
Total black	1.27	1.43
Total white and other	0.66	0.65
Hispanic male	1.49	1.45
Black male	1.76	1.82
White and other male	0.81	0.81
Hispanic female	1.57	1.48
Black female	1.92	1.89
White and other female	0.87	0.81
Sex		
Male	0.70	0.74
Female	0.75	0.70
Marital status		
Married	0.66	0.66
Not married	0.90	0.80
Health insurance coverage		
Private	0.63	0.61
Public only	1.86	1.85
Uninsured	1.20	1.21
Income		
Poor	1.55	1.76
Near poor	2.45	2.40
Low income	1.44	1.38
Middle income	0.92	0.84
High income	0.85	0.86
Education		
No high school	1.98	1.90
Some high school	1.38	1.17
High school graduate	0.88	0.86
More than high school	0.73	0.71
Perceived health status		
Fair/poor	1.80	1.74
Good	0.98	1.05
Very good	0.86	0.73
Excellent	0.87	0.94

Continued

Table A. Standard errors for percent of population ages 16-64 with workdays lost due to illness, injury, or mental or emotional problems: United States, 1997 and 2001

(continued)

Corresponds to Table I

Population characteristic	1997	2001
Perceived mental health status		
Fair/poor	3.14	2.92
Good	1.19	1.10
Very good	0.84	0.73
Excellent	0.82	0.84
Metropolitan statistical area (MSA)		
MSA	0.64	0.63
Non-MSA	1.14	1.18
Census region		
Northeast	1.15	1.38
Midwest	1.18	1.12
South	0.94	0.90
West	1.30	1.26

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997 and 2001.

Table B. Standard errors for mean workdays lost due to illness, injury, or mental or emotional problems for the population ages 16-64: United States, 1997 and 2001

Corresponds to Table 2

Population characteristic	1997	2001
Total	0.39	0.37
Age in years		
16-24	0.82	0.60
25-54	0.47	0.44
55-64	1.35	1.50
Race/ethnicity		
Total Hispanic	1.09	0.77
Total black	1.44	1.58
Total white and other	0.42	0.38
Hispanic male	1.66	1.12
Black male	1.94	1.78
White and other male	0.68	0.50
Hispanic female	1.26	0.91
Black female	1.96	2.20
White and other female	0.55	0.59
Sex		
Male	0.62	0.45
Female	0.53	0.55
Marital status		
Married	0.54	0.46
Not married	0.64	0.57
Health insurance status		
Private	0.42	0.40
Public only	1.98	1.52
Uninsured	1.18	0.97
Income		
Poor	1.02	1.61
Near poor	3.65	1.33
Low income	1.37	1.16
Middle income	0.73	0.63
High income	0.54	0.50
Education		
No high school	3.28	1.53
Some high school	1.23	1.05
High school graduate	0.76	0.61
More than high school	0.49	0.50
Perceived health status		
Fair/poor	2.53	1.66
Good	0.73	0.85
Very good	0.55	0.41
Excellent	0.61	0.47

Continued

Table B. Standard errors for mean workdays lost due to illness, injury, or mental or emotional problems for the population ages 16-64: United States, 1997 and 2001

(continued)

Corresponds to Table 2

Population characteristic	1997	2001
Perceived mental health status		
Fair/poor	4.53	4.11
Good	1.19	0.74
Very good	0.52	0.49
Excellent	0.58	0.51
Metropolitan statistical area (MSA)		
MSA	0.44	0.42
Non-MSA	0.81	0.68
Census region		
Northeast	1.00	0.94
Midwest	0.91	0.85
South	0.60	0.55
West	0.74	0.68

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997 and 2001.

Table C. Standard errors for percent of population ages 16-64 with workdays lost to care for a family member with health problems: United States, 1997 and 2001

Corresponds to Table 3

Population characteristic	1997	2001
Total	0.43	0.44
Age in years		
16-24	0.76	0.67
25-54	0.51	0.52
55-64	0.99	1.02
Race/ethnicity		
Total Hispanic	0.95	0.98
Total black	1.16	1.01
Total white and other	0.50	0.52
Hispanic male	1.12	0.97
Black male	1.58	1.20
White and other male	0.57	0.60
Hispanic female	1.52	1.45
Black female	1.45	1.35
White and other female	0.67	0.72
Sex		
Male	0.49	0.51
Female	0.58	0.58
Marital status		
Married	0.58	0.63
Not married	0.54	0.54
Health insurance status		
Private	0.48	0.47
Public only	1.35	1.53
Uninsured	0.88	0.82
Income		
Poor	1.22	1.17
Near poor	1.92	†2.00
Low income	1.11	1.16
Middle income	0.72	0.69
High income	0.69	0.65
Education		
No high school	*	*
Some high school	1.00	0.81
High school graduate	0.73	0.66
More than high school	0.59	0.56
Perceived health status		
Fair/poor	1.72	1.53
Good	0.84	0.76
Very good	0.59	0.67
Excellent	0.73	0.84

Continued

Table C. Standard errors for percent of population ages 16-64 with workdays lost to care for a family member with health problems: United States, 1997 and 2001

(continued)

Corresponds to Table 3

Population characteristic	1997	2001
Perceived mental health status		
Fair/poor	*	*
Good	0.92	0.86
Very good	0.65	0.62
Excellent	0.70	0.66
Metropolitan statistical area (MSA)		
MSA	0.45	0.48
Non-MSA	1.11	1.12
Census region		
Northeast	0.80	1.05
Midwest	0.97	0.94
South	0.73	0.74
West	0.87	0.76

*Sample size too small to produce reliable estimates.

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

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997 and 2001.

Table D. Standard errors for mean workdays lost to care for a family member with health problems by the population ages 16-64: United States, 1997 and 2001

Corresponds to Table 4

Population characteristic	1997	2001
Total	0.15	0.17
Age in years		
16-24	0.28	0.31
25-54	0.16	0.16
55-64	0.58	1.01
Race/ethnicity		
Total Hispanic	0.66	0.49
Total black	0.44	0.42
Total white and other	0.15	0.18
Hispanic male	0.96	1.02
Black male	0.45	0.72
White and other male	0.24	0.33
Hispanic female	0.89	0.25
Black female	0.61	0.47
White and other female	0.20	0.21
Sex		
Male	0.22	0.31
Female	0.19	0.17
Marital status		
Married	0.17	0.15
Not married	0.34	0.44
Health insurance coverage		
Private	0.16	0.14
Public only	0.95	1.80
Uninsured	0.40	0.66
Income		
Poor	0.35	0.85
Near poor	1.19	†2.79
Low income	0.43	0.45
Middle income	0.27	0.21
High income	0.21	0.19
Education		
No high school	*	*
Some high school	0.36	0.34
High school graduate	0.22	0.34
More than high school	0.21	0.17
Perceived health status		
Fair/poor	0.62	0.57
Good	0.25	0.30
Very good	0.25	0.28
Excellent	0.24	0.23

Continued

Table D. Standard errors for mean workdays lost to care for a family member with health problems by the population ages 16-64: United States, 1997 and 2001

(continued)

Corresponds to Table 4

Population characteristic	1997	2001
Perceived mental health status		
Fair/poor	*	*
Good	0.37	0.56
Very good	0.23	0.20
Excellent	0.23	0.22
Metropolitan statistical area (MSA)		
MSA	0.17	0.17
Non-MSA	0.26	0.48
Census region		
Northeast	0.45	0.29
Midwest	0.24	0.36
South	0.25	0.32
West	0.29	0.25

*Sample size too small to produce reliable estimates.

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

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997 and 2001.

Table E. Standard errors for percent of population ages 5-22 with schooldays lost due to illness, injury, or mental or emotional problems: United States, 1997 and 2001
Corresponds to Table 5

Population characteristic	1997	2001
Total	0.77	0.73
Race/ethnicity		
Total Hispanic	1.41	1.41
Total black	1.70	1.64
Total white and other	0.94	0.95
Hispanic male	1.90	1.88
Black male	2.25	2.14
White and other male	1.22	1.27
Hispanic female	1.82	1.85
Black female	2.25	2.21
White and other female	1.27	1.22
Sex		
Male	0.97	0.96
Female	1.06	0.94
Health insurance coverage		
Private	0.94	0.90
Public only	1.70	1.54
Uninsured	1.91	1.62
Income		
Poor	1.69	1.65
Near poor	3.32	2.67
Low income	1.99	1.81
Middle income	1.40	1.14
High income	1.40	1.37
Perceived health status		
Fair/poor	4.50	4.41
Good	1.68	1.66
Very good	1.14	1.06
Excellent	1.17	1.13
Perceived mental health status		
Fair/poor	4.30	4.32
Good	1.76	1.86
Very good	1.23	1.07
Excellent	1.06	1.04
Metropolitan statistical area (MSA)		
MSA	0.88	0.81
Non-MSA	1.63	1.55
Census region		
Northeast	1.78	2.05
Midwest	1.30	1.53
South	1.49	1.17
West	1.52	1.41

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997 and 2001.

Table F. Standard errors for mean schooldays lost due to illness, injury, or mental or emotional problems for the population ages 5-22: United States, 1997 and 2001

Corresponds to Table 6

Population characteristic	1997	2001
Total	0.13	0.15
Race/ethnicity		
Total Hispanic	0.27	0.33
Total black	0.38	0.39
Total white and other	0.15	0.18
Hispanic male	0.30	0.46
Black male	0.44	0.38
White and other male	0.25	0.24
Hispanic female	0.39	0.50
Black female	0.60	0.70
White and other female	0.18	0.24
Sex		
Male	0.19	0.20
Female	0.16	0.21
Health insurance coverage		
Private	0.14	0.17
Public only	0.41	0.37
Uninsured	0.32	0.37
Income		
Poor	0.37	0.33
Near poor	0.89	0.78
Low income	0.34	0.34
Middle income	0.19	0.24
High income	0.20	0.28
Perceived health status		
Fair/poor	2.06	3.40
Good	0.49	0.44
Very good	0.16	0.16
Excellent	0.13	0.14
Perceived mental health status		
Fair/poor	2.33	3.54
Good	0.45	0.48
Very good	0.19	0.14
Excellent	0.13	0.13
Metropolitan statistical area (MSA)		
MSA	0.15	0.17
Non-MSA	0.27	0.31
Census region		
Northeast	0.32	0.32
Midwest	0.30	0.32
South	0.21	0.20
West	0.24	0.37

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey Household Component, 1997 and 2001.

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



AHRQ Pub. No. 04-0060
July 2004
ISBN 1-58763-158-X
ISSN 1531-5665