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Search results for (expenditures).

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DataSets:

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- [Area Resource File](#)
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- [Medical Expenditure Panel Survey](#)
- [National Long Term Care Survey](#)
- [National Medical Expenditure Survey, 1987: Household Survey](#)
- [National Medical Expenditure Survey, 1987: Survey of American Indians and Alaska Natives](#)
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- [National Surveys of Prescription Drug Information Provided to Patients, 1994 and 1996](#)
- [New Beneficiary Follow-up](#)
- [New Beneficiary Survey](#)
- [Standard Analytical Physician/Supplier Part B Public Use File, 1991 \(formerly BMAD\)](#)

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Medical Expenditure Panel Survey 2

Acronym: MEPS NHC**Title_URL:** <http://www.meps.ahrq.gov> **Record Type:** DataSet**Source:** Agency For Healthcare Research and Quality (AHRQ) **Source URL:** <http://www.ahrq.gov/>**Restrictions:** All MEPS NHC public use data files and publications are available for downloading at the MEPS web site.**Purpose:** The primary objective of the MEPS is to provide annual nationally representative estimates of health care use, health care **expenditures**, sources of payment, health insurance coverage, and health status for the U.S. civilian noninstitutionalized population.**Population, Racial:** American Indian; Alaskan Native; Asian or Pacific Islander; Black; White; and Other**Population, Ethnic:** Oversample of blacks and hispanics in the sample allowing for in depth analysis of these subgroups.**Method or Technique:** Data for the MEPS Household Component (HC) are collected using personal interviews in households. The MEPS Insurance Component (IC) is an annual panel survey that collects data on health insurance plans obtained through employers, unions, and other sources of private health insurance.

Method/Technique: Data for the MEPS Household Component (HC) are collected using personal interviews in households. The MEPS Insurance Component (IC) is an annual panel survey that collects data on health insurance plans obtained through employers, unions, and other sources of private health insurance. Information on premiums, deductible and copayment provisions, distribution of premium costs across payers, and health insurance options are linked to the household sample. Sampled participants in the MEPS IC are selected through four sampling frames. Each year the sample includes approximately 7,000 establishments identified through the MEPS HC; 27,000 establishments identified through a Bureau of the Census list frame of private sector businesses; 1,900 government employers identified from the Census of Governments from Bureau of the Census; and 1,000 persons identified through an Internal Revenue Service list of the self-employed. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone follow-up for nonrespondents. Expenditure data for MEPS are obtained through the Medical Provider Component (MPC) from medical providers who provided care to HC respondents. This survey assists in reducing nonresponse bias associated with item nonresponse in the MEPS HC. The sample for the MPC consists of a targeted selection of providers identified during the HC interview. This includes all hospitals and hospital identified physicians, home health providers, and pharmacies reported in the HC. Also included in the MPC are all office-based physicians providing care for HC respondents receiving Medicaid, office-based physicians associated with a 75-percent sample of households receiving care through health maintenance organization or managed care plans, and those associated with a 25-percent sample of the remaining households. The 1996 sample is projected to provide data from approximately 2,700 hospitals, 12,400 office-based physicians, 7,000 separately billing hospital physicians, and 500 home health providers. The MPC is conducted through telephone interviews and mailed survey materials

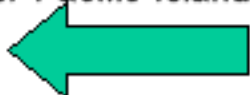
Population, Ethnicity:

Oversample of blacks and hispanics in the sample allowing for in depth analysis of these subgroups.

Population, Racial:

American Indian; Alaskan Native; Asian or Pacific Islander; Black; White; and Other

MEDLINE Search Strategy: [PubMed Search](#)



Date Revised: 17-DEC-01

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- 1: [Paas JS, Phillips KA, Sonneborn D, McCulloch CE, Liang SY](#) [Related Articles, Links](#)
Effect of managed care insurance on the use of preventive care for specific ethnic groups in the United States.
 Med Care. 2002 Sep;40(9):743-51.
 PMID: 12218765 [PubMed - indexed for MEDLINE]
- 2: [Sarver JH, Cydulka RK, Baker DW](#) [Related Articles, Links](#)
Usual source of care and nonurgent emergency department use.
 Acad Emerg Med. 2002 Sep;9(9):916-23.
 PMID: 12208681 [PubMed - in process]
- 3: [Tooze JA, Grunwald GK, Jones RH](#) [Related Articles, Links](#)
Analysis of repeated measures data with clumping at zero.
 Stat Methods Med Res. 2002 Aug;11(4):341-55.
 PMID: 12197301 [PubMed - in process]
- 4: [Cohen SB](#) [Related Articles, Links](#)
The Medical Expenditure Panel Survey: an overview.
 Eff Clin Pract. 2002 May-Jun;5(3 Suppl):E1. No abstract available.
 PMID: 12166922 [PubMed - indexed for MEDLINE]
- 5: [Kneipp SM, Yarandi HN](#) [Related Articles, Links](#)
Complex sampling designs and statistical issues in secondary analysis.

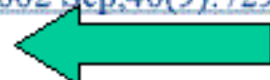


1: Med Care 2002 Sep;40(9):743-51

[Related Articles, Links](#)

Comment in:

- [Med Care. 2002 Sep;40\(9\):729-31.](#)



Effect of managed care insurance on the use of preventive care for specific ethnic groups in the United States.

Haas JS, Phillips KA, Sonneborn D, McCulloch CE, Liang SY.

Institute for Health Policy Studies, Division of General Internal Medicine, San Francisco General Hospital, CA, USA. jhaas@itsa.ucsf.edu

BACKGROUND: Ethnic disparities in access to health care is a persistent problem in the US. Despite the broad implementation of managed care, there is little information that specifically addresses how this type of coverage may affect ethnic disparities. **OBJECTIVES:** To examine the effect of managed care insurance on the use of preventive care for different ethnic groups. **RESEARCH DESIGN:** Observational cohort using the 1996 Medical Expenditure Panel Survey. **SUBJECTS:** Adults with health insurance who report their ethnicity as white, black, Hispanic, or Asian/Pacific Islander. **MAIN OUTCOME MEASURES:** (1) Mammography within the past 2 years for women between 50 and 75 years of age; (2) clinical breast exam within the past 2 years for women between 40 and 75 years; (3) Papanicolaou smear within the past 2 years for women between 18 and 65 years; and (4) cholesterol screening within the past 5 years for men and women older than the age of 20 years. **RESULTS:**



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Medical Care 2002; 40(9):743-751

Effect of Managed Care Insurance on the Use of Preventive Care for Specific Ethnic Groups in the United States

Jennifer S. Haas, MD, MSPH^{††}; Kathryn A. Phillips, PhD^{*†}; Dean Sonneborn, MA^{*}; Charles E. McCulloch, PhD[§]; Su-Ying Liang, PhD[‡]

Background.

Ethnic disparities in access to health care is a persistent problem in the US. Despite the broad implementation of managed care, there is little information that specifically addresses how this type of coverage may affect ethnic disparities.

Objectives.

To examine the effect of managed care insurance on the use of preventive care for different ethnic groups.

Research Design.

Observational cohort using the 1996 Medical Expenditure Panel Survey.

Subjects.

Adults with health insurance who report their ethnicity as white, black, Hispanic, or Asian/Pacific

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Datasets by Source

SOURCE	TITLE
Academy for Health Services Research and Health Policy	<ul style="list-style-type: none"> • Directory of Training Programs in Health Services and Health Policy Research
Administration for Children and Families	<ul style="list-style-type: none"> • 1991 Longitudinal Follow up to the National Maternal and Infant Health Survey • Adoption and Foster Care Analysis and Reporting System • Emergency Temporary Assistance for Needy Families Data Report System • Federal Child Care Information System • Head Start Program Information Report • National Child Abuse and Neglect Data System • Runaway and Homeless Youth Management Information System • University Affiliated Programs National Information and Reporting System
Administration on Aging	<ul style="list-style-type: none"> • National Aging Programs Information System - State Performance Reports
Agency For Healthcare Research and Quality (AHRQ)	<ul style="list-style-type: none"> • Consumer Assessment of Health Plans Survey • HIV Cost and Services Utilization Study • HIV Cost and Services Utilization Study (HCSUS) • Healthcare Cost and Utilization Project • Healthcare Cost and Utilization Project 3 • Healthcare Cost and Utilization Project 2 • Medical Expenditure Panel Survey


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Datasets by Title

- [122 Cities Mortality Reporting System](#)
- [1990 Public Use Microdata Sample for the Older Population](#)
- [1991 Longitudinal Follow up to the National Maternal and Infant Health Survey](#)
- [Active Bacterial Core Surveillance](#)
- [Active Surveillance for Cryptosporidium and Cyclospora](#)
- [Adoption and Foster Care Analysis and Reporting System](#)
- [Adult Blood-Lead Epidemiology and Surveillance Program](#)
- [Adult Spectrum of Disease](#)
- [Aging, Status, and the Sense of Control \(ASOC\)](#)
- [AIDS Education and Training Centers](#)
- [Alameda County Health and Ways of Living Study, 1974 Panel](#)
- [Alaska Occupational Injury Surveillance System](#)
- [Alaska Trauma Registry, Work-Related Injury Surveillance](#)
- [Alcohol and Drug Services Study](#)
- [AMA Physician Masterfile](#)
- [AMA Physician Masterfile, 1992](#)
- [American Community Survey](#)
- [American Indian and Alaska Linked Birth/Infant Death Record Database](#)

Instruments/Indices by Source



SOURCE	TITLE
Agency For Healthcare Research and Quality (AHRQ)	<ul style="list-style-type: none">• Medical Expenditure Panel Survey
Birkimer JG, Lucas M, Birkimer SJ. Risk factor status of cardiac rehabilitation program graduates. J Cardiopulm Rehabil. 1991 Jul; 11(4): 261-268.	<ul style="list-style-type: none">• Risk Factors for Coronary Heart Disease Questionnaire
Brekke SS, Aisley RA. The Client Interaction Scale: A method for assessing community support programs for persons with chronic mental illness. Eval Health Prof. 1990 Jun; 13(2): 215-226.	<ul style="list-style-type: none">• Client Interaction Scale (CIS)
Brunt JH, Love EJ. Evaluation of hypertension screening in the Hutterite population. Res Nurs Health. 1992 Apr; 15(2): 103-110.	<ul style="list-style-type: none">• Hypertension--Postscreening Questionnaire
Center for the Study of Aging and Human Development	<ul style="list-style-type: none">• OARS Multidimensional Functional Assessment Questionnaire
Community-Campus Partnerships for Health	<ul style="list-style-type: none">• Partnership Self-Assessment Tool

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Instruments/Indices by Title

[Ambulatory Care Medical Audit Instrument--Referrals to Specialists](#)

[Arthritis Impact Measurement Scales](#)

[Asthma Quality of Life Questionnaire](#)

[Barthel Index](#)

[Beck Depression Inventory \(BDI\)](#)

[Child Health and Illness Profile--Adolescent Edition \(CHIP-AE\)](#)

[Client Interaction Scale \(CIS\)](#)

[Comprehensive Assessment and Referral Evaluation](#)

[COOP-Charts](#)

[Duke Health Profile \(DUKE\)](#)

[Duke Severity of Illness Checklist](#)

[Epilepsy Regimen-Specific Support Scale \(ERSSS\)](#)

[Functional Activities Questionnaire](#)

[General Health Profile](#)

[General Health Questionnaire \(GHQ\)](#)

[General Well-being Schedule](#)

[Geriatric Mental Status](#)

[Hamilton Rating Scale for Depression](#)

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[NICHSR Introduction to Health Services Research: Class Manual](#)

[Finding and Using Health Statistics: A Self-Study Course](#)

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