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## Women's Health Care Utilization and Expenditures

Amy K. Taylor, PhD, Sharon Larson, PhD, Rosaly Correa-de-Araujo, MD, MSc, PhD  
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### **Abstract**

This study examines women's use of and expenditures for medical care in the United States. In 2000, 91% of women aged 18 years and older used any health care services. Overall 82% of adult women reported an ambulatory care visit, while 11% had an inpatient hospital stay. Mean expense per person with expense was \$3219 for that year. We examined use and expenditures by sociodemographic characteristics. The most notable findings indicate that women with private insurance, and those on Medicaid, are more likely to use health services than uninsured women. White women, compared to Black and Hispanic women, are more likely to have an ambulatory care visit, buy prescription drugs, and use preventive health care services. In addition, white and Hispanic women pay a higher proportion of medical care expenses out-of-pocket than do Black women. Finally, nearly 30% of older women in fair or poor health spent 10% or more of their income out-of-pocket on medical care. In order to reduce disparities and improve the quality of health care for all women, it is important for policy makers to understand the factors that influence their utilization and expenditures for medical care.

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## **Introduction**

There have been very few studies reported in the literature that provide an overarching examination of women's health care use and expenditures in relation to their social, demographic and health characteristics. Increased knowledge about which women have high health expenditures and their utilization patterns will aid policy makers and health care providers in developing services for specific populations of women. It is important to understand which health services are the most costly for women and how women finance their health care. As the U.S. population continues to age the ramifications of older women's health care expenditures will also become increasingly important to policy makers concerned with Medicare spending. Medicare expenditures are likely to rise given the demographic trend of an aging population and an increased risk for chronic conditions in aging women.

This study presents descriptive data on utilization of medical care and spending for health care by women in the United States during calendar year 2000. Our main purpose was to identify differences in women's health care utilization and expenditure by sociodemographic characteristics. There are a number of reasons that it is important to look at categories of health expenditures between different groups of women. Poor women may have less access and therefore less utilization of certain kinds of health care. Those who are uninsured have generally been found to have less access to health care services. It is unclear, however, how lack of access translates into differences in expenditures between subpopulations of women. Also, little is known about how women's increased longevity may be differentially experienced by subpopulations of women with respect to their health care expenses.

Findings presented here include the proportion of women who reported ambulatory medical care in office-based and hospital based settings, inpatient hospital stays, home health services, prescription drugs and preventive care. Data on utilization and annual expenditures for health care are shown by characteristics of users. Mean expenses and sources of payment including out-of-pocket, Medicare, Medicaid, and private insurance are examined by selected demographic, socioeconomic and insurance characteristics. The proportion of income spent on health care is also shown by these characteristics. Specific comparisons are made by age, race/ethnicity, perceived health status, health insurance coverage, income, metropolitan versus non-metropolitan residence, and level of education.

## **Data and Methods**

The data used in this study come from the 2000 Medical Expenditure Panel Survey (MEPS), conducted by the Agency for Healthcare Research and Quality in conjunction with the National Center for Health Statistics. MEPS is a nationally representative survey of the U.S. civilian, non-institutionalized population and includes detailed information on health care use and expenditures (including sources of payment), as well as demographic characteristics, health conditions, health status, access to care, health insurance coverage, income, and employment. Detailed descriptions of the survey and its methodology have been previously published (Cohen JW, et al, 1996; Cohen JW, 1997; Cohen SB, 2003). Expenditure data in MEPS are obtained from both the household interview and the Medical Provider Component, which collects data from a

sample of respondents' hospitals, physicians, home health care providers, and pharmacies (see Machlin SR and Taylor AK, 2000 for more details).

The findings presented in this study are for women 18 years and older in the civilian non-institutionalized population of the United States during calendar year 2000. Bivariate descriptive analysis was used to examine health care use and expenditures and related sociodemographic characteristics of varying subgroups of women. Only differences between estimates that are statistically significant at the .05 level are discussed in the text.

## **Results**

### **Women's Health Care Service Utilization in the United States**

Table 1 shows the percent of adult women who used various health services by socioeconomic and personal characteristics. Table 2 shows use of medical care services, including ambulatory care visits, inpatient hospital stays, and prescription drug use. Ninety-one percent of women, 18 years or older, reported the use of any health services during 2000. Eighty-two percent of these women received ambulatory visits. For women reporting these visits there was an average of 8.4 ambulatory visits during the year. Only about 11% of women reported a hospital stay during 2000 and of those women who had a hospital stay the average length of stay was 6.3 days. Ninety-four percent of women received preventive health care during the year, while three-fourths of women reported filling at least one prescription. Only 3% of women received home health services during the year.

### *Sociodemographic Characteristics*

As expected, the percent of the population who used any health services increased with age. By age 65 at least 96% of the population reported any use of health services during the year. Women over 65 were more likely to use ambulatory care services than younger women. Women age 65 -74 were more likely to have had an inpatient hospital stay than younger women and a higher percentage of women age 75 or older had inpatient hospitalization than women under age 75. The proportion of women reporting inpatient care began to increase significantly after age 65, while the proportion reporting home health care increased significantly after age 75. A higher percentage of women over age 65 reported use of prescription drugs than did women less than 65 years of age.

Health care utilization patterns for never married women differed significantly from those of other women. Compared to other women, never married women were less likely to use any health services. They were also less likely to have had any ambulatory care services or an inpatient hospital stay.

A lower percentage of Black<sup>1</sup> and Hispanic women reported use of any health services, ambulatory care, and prescription drugs than did white women<sup>2</sup>. Black women (13%) were more likely to report an inpatient stay than Hispanic women (9%). On average, for those who had any visits, Black and Hispanic women reported seven ambulatory visits during the year compared to an average of nine visits for white women. Women with more than 12 years of education had a higher probability of using any medical care (93%) and ambulatory care (84%), but a lower likelihood of an inpatient hospital stay (9%) or home health service use (2%) when compared to women with less than 12 years of education. Women with higher education (97%) were also more likely to report using preventive health services than women with 12 years of education (92%)

and those with less than 12 years of education (90%). In addition these women reported fewer average numbers of prescriptions (14) compared to women with high school graduation (16) and women with less than 12 years of education (20). There were no significant differences in the length of hospital stays by educational status.

Women from the South (90%) and West (90%) were less likely to report use of any health services compared to women in the Midwest (94%). Women in the West (78%) were less likely to have an ambulatory visit than women in the Midwest (86%) or the Northeast (83%). Women who lived in the West (9%) were less likely to report a hospital stay than women in the Midwest (13%) and South (12%). Women who resided in the West (72%) were less likely to buy prescription drugs than women from any other region (76%-79%).

For those who did use ambulatory services the mean number of ambulatory visits was less for women in the South (8 visits) than the Northeast (10 visits). Women in the West reported fewer hospital days (5 days) than women from all other regions (6-7 days). Finally, women in the West (14) reported a fewer number of prescriptions purchased compared to women from the South (16) and the Midwest (17).

Women who lived in rural counties were less likely to use any health services, have an ambulatory visit or obtain prescriptions than women in near rural places. Ninety percent of rural women used any health services compared to 94% of near rural women. In a similar pattern, 80% of rural women and 86% of near rural women had an ambulatory care visit during the year. Finally, 76% of rural women reported obtaining a prescription during the year in comparison to 83% of near rural women. Rural women also obtained more prescriptions, an average of 19 during the year, significantly more than metropolitan women (15 during the year), for those who had a prescription expense.

### *Insurance and Income Characteristics*

Women's health insurance status was associated with differences in utilization of medical care. Women under age 65 who were uninsured all year were significantly less likely to use any health services (71%) compared to women with either public (94%) or private (92%) coverage. Similarly, uninsured women were less likely to use ambulatory care services (60%) than their publicly (86%) or privately (82%) insured counterparts. This same pattern was observed in the use of prescription drugs and preventive health services. Uninsured women under 65 were no less likely than women with private insurance to report inpatient hospital and home health services. Women under age 65 with public insurance were more likely to use inpatient hospital care and home health services than women who were uninsured or those who had private health insurance. Over one quarter of women with Medicaid only throughout the year had an inpatient hospital stay (26 percent), compared to 8 percent of those with private insurance and 6 percent of uninsured women.

Women with Medicare and other public insurance were significantly more likely (24%) to use home health services than those with Medicare only (9%) or Medicare and private insurance (8%). There were generally no other significant differences in the likelihood of reporting health services use for women over age 65 years by insurance status.

Poor and near poor women were less likely to have reported use of any health care services (88%) or ambulatory care (79%) than women in the highest income category (94%, 84%). However, poor and near poor women were similar to low and middle income women in their likelihood of reporting any health service use or



ambulatory care. Women in the lowest income category were also less likely to have used preventive health services (88%) when compared to middle (93%) or high income (97%) women. Poor /near poor (18%) and low income (15%) women were more likely to have reported a hospital stay than middle (10%) or high (7%) income women. Middle income women were more likely to have had a hospital stay than high income women. High income women also reported shorter length of stays (5 days) compared to all other women (~7 days). A larger proportion of poor/ near poor (6%) and low income (5%) women reported having used home health services than middle (2%) and high income (1%) women.

### *Health Status*

Not surprisingly, women in fair or poor health, regardless of age, were more likely to have used all health services except preventive care than did women who reported their health as good, very good or excellent.

### **Annual Expenses for Personal Health Expenditures**

Table 3 describes annual expenses for personal health expenditures. In most cases mean expenditures for personal health expenses reflect the differences seen in the previous section on utilization of health services.

### *Sociodemographic Characteristics*

Total annual expenditures per person on average were lower for those under age 65 than for those 65 years and older, ranging from \$2118 for women age 18-44 years of

age to \$6893 for women 85 years and older. Inpatient hospitalization accounted for the largest fraction of expenditures by type of service for women age 75 years and older (46%). Ambulatory care made up the largest proportion of expenditures for women younger than age 65 (37% to 39%). Prescription drugs made up a larger fraction of total expenses for women age 45-64 and 65-74 than for those aged 18-44 and those aged 85 and older.

Age differences also emerged by marital status. Widows had higher mean expenses (\$5683) than other women, probably reflecting the higher average age of widows. Likewise, never married women had lower average expenditures (\$2023), perhaps due to their younger average age.

Mean total expenses were higher for whites (\$3333) than either blacks (\$3060) or Hispanics (\$2434) and mean expenses were higher for blacks than for Hispanics. Expenditures for inpatient hospital services accounted for 46% of expenditures for black women, which was significantly higher than the 32% reported by white women. Thus, the proportion of total expenditures for black women in other categories such as prescription drugs and ambulatory care was notably lower than for white women. There were no significant differences in the proportion of expenditures devoted to any one category of expenditures between white women and Hispanic women.

Women with more than 12 years of education had significantly lower average annual medical expenses (\$2892) than did women who had less than 12 years of education (\$3928). For women with lower education, inpatient care represented a higher fraction of expenses and ambulatory physician care represented a lower fraction of expenses than for women with 12 or more years of education.

There were no significant differences in mean expenditures per person by region. The only significant differences that emerged in the examination of women from different regions were that women in the Northeast spent a higher fraction (21%) of their expenses for prescription drugs than women in the West (16%); and ambulatory physician services accounted for a larger fraction of expenses for women in the West (36%) than for women in the South (30%).

### *Insurance and Income Characteristics*

*Under 65 years:* Mean expenses were significantly higher for women who had public insurance throughout the year (\$4675) than those who were uninsured (\$1512). Not surprisingly, women with private insurance (\$2460) also had higher average expenses than women who were uninsured for the entire year.

Inpatient hospital services made up the largest fraction of expenses (39%) for women with public insurance only, whereas ambulatory physician services accounted for the largest proportion of expenses for women with private insurance (41%). Ten percent of total expenditures reported by women with public insurance were for home health services, which was significantly greater than for women with private insurance.

*Over 65 years:* For women in this age group, those with Medicare and other public insurance had considerably higher expenses on average (\$7822) than women who had Medicare alone (\$5143) or Medicare and private insurance (\$5773). For women with Medicare and other public insurance the percent of expenses accounted for by ambulatory physician services (20%) was lower than for those who had Medicare and private insurance (29%). The percent of expenses going to home health services was

significantly higher for those on Medicare and other public insurance (20%) than women with Medicare (6%) or Medicare and private insurance (4%).

Average expenses for women with lower family incomes (poor, near poor or low) were higher than expenses for women with middle and high incomes. Expenditures for women in middle and high income categories were not significantly different from one another. Women with lower incomes had a higher proportion of their expenses devoted to inpatient and home health expenses and a lower percent dedicated to ambulatory physician care than women with higher income status. There were no differences in the percent spent on prescription drugs across income categories.

### *Health Status*

For all ages, women in fair or poor health reported significantly higher average expenses than those in excellent, very good or good health. For women over 65 years of age in fair or poor health the highest proportion of health expenditures were for inpatient hospital care (49%); this fraction was a significantly higher proportion than for women in the same age group who reported their health as good, very good or excellent (34%). Women of all ages who reported their health as good, very good or excellent spent a higher fraction of their health care dollars on ambulatory health care than did women in fair or poor health. Women 65 years or older in fair or poor health spent a significantly smaller proportion of their health care dollars on prescription drugs (17%) than did older women in good, very good or excellent health (21%). Younger women in fair or poor health spent a significantly higher proportion for prescription drugs (23%) when compared to younger women in good to excellent health (18%).

## **Distribution of Health Expenditures by Source of Payment**

In previous tables use of services and annual expenditures for these services by sociodemographic characteristics were examined. Table 4 shows the distribution of total health expenditures by sources of payment for women in different segments of the population. Third party payers accounted for almost 80% of mean health expenses, while nearly 22% was paid out-of-pocket.

### *Sociodemographic Characteristics*

Private insurance was the source of payment (52% - 56%) for the largest proportion of expenses for women under 65 years of age. Similarly for women 65 years and older, Medicare paid the largest proportion (51%-60%) of average expenditures. For women aged 45-64 almost one-quarter of medical expenses were paid out-of-pocket, a significantly higher proportion than for women 18-44 years. Medicaid paid a higher percent of expenses for women 18-44 years old (14%) than for older women (5%-9%).

The effect of age can again be seen in marital status. Widows have a smaller percent paid by private insurance (14%) and a larger percent paid by Medicare (49%) compared to women from other marital categories. Never married (22%) and divorced or separated women (16%) had a higher proportion of health care expenditures paid by Medicaid than married women (5%). Married women had a higher percent (50%) of their health care expenses paid by private insurance than other women (14%-41%).

White women paid a larger proportion of mean medical expenses out of pocket (23%) than black (15%) or Hispanic (18%) women; while Medicaid was the source of payment for a larger percentage of expenses for black (19%) and Hispanic (20%) women.

Moreover, white women reported a significantly higher proportion of their health care expenses met by private insurance than black women.

In comparison to women with higher education women with less education had a significantly higher proportion of their health expenditures paid by Medicare or Medicaid.

Women from the Midwest reported a higher proportion of their health care expenses paid by private insurance (44%) than women from the Northeast or the South (36%).

#### *Insurance and Income Characteristics*

*Under 65:* There were significant differences in the proportion of expenses paid out of pocket by insurance status. On average the highest percent paid out of pocket was paid by uninsured<sup>3</sup> women who paid 51% of their expenses out of pocket<sup>4</sup>, in comparison to 11% paid by women with public insurance only and 23% paid by women with any private insurance.

*65 Years and Older:* A significantly lower fraction of expenses was paid out-of-pocket on average by women with Medicare and other public sources (11%) than by those with Medicare plus private insurance (20%) or Medicare only (25%).

Women in the highest income category paid a higher proportion of their expenditures out-of-pocket (26%) than women with lower incomes (18% to 20%). There was a significant and steady increase in the percent of health care expenditures paid by private insurance as income increased. Poor, near poor and low income women have a higher percent of health care expenditures paid by Medicaid and Medicare than did women who had middle or high income.

### *Health Status*

*Under 65:* Women under age 65 who were in good to excellent health paid a higher proportion of their health care expenses out-of-pocket (24%) than women who were in fair or poor health (18%). Non-elderly women in fair or poor health had a higher proportion of their health care paid by Medicaid (20%) or Medicare (13%), while women who were in good, very good or excellent health had a higher proportion paid by private insurance (60%).

*65 years and older:* Like younger women, women 65 years and older in good to excellent health paid a much higher proportion of their health expenses out-of-pocket (24%) than women in fair to poor health (16%). Women in this age group in fair or poor health had a higher percentage of their health care expenses met by Medicare (62%) than healthier women (52%).

### **Out-of-Pocket Expenses for Personal Health Services**

Table 5 shows out-of-pocket expenses for personal health services for women in 2000 as a percent of family income. The burden imposed by out of pocket expenses is best illustrated by the percentage spent relative to family income. In 2000 about 12% of women had no out of pocket health expenditures. Approximately 70% spent less than 3% of family income on health care. On the other hand, approximately 6% had out of pocket expenses in excess of 10% of their family income.

The distribution of out of pocket medical expenses as a fraction of income by sociodemographic characteristics is shown in Table 5. By age, the highest out of pocket expenses as a percent of family income were incurred by women age 75 or over; almost

one quarter in this group (21-23%) spent ten percent or more of their income on health care in 2000. In the general population only six percent on average had out of pocket expenses at this level. Poor, near poor, and low income women, widows, women who lived in rural areas, those in fair or poor health, and those women with less than a high school education were also more likely to have spent ten percent or more of their incomes out of pocket for health care. Nearly 30% of older women in fair or poor health spent 10% or more of their income out-of-pocket on medical care. In contrast married women, those who lived in MSA's, women who were in excellent or good health, and those with more than twelve years of education were less likely to have had relatively high levels of spending as a percent of family income. Another important sociodemographic difference may be found in a comparison of white, black and Hispanic women. Proportionately fewer Hispanic women than white women spent ten percent or more of family income out of pocket for medical care.

Variation in out of pocket expenses for health care as a percent of family income was also related to insurance status. Among women under age 65, the uninsured and those with public insurance only were more likely than the privately insured to have high levels of out of pocket expenses relative to income. A different distribution of out of pocket spending in relation to income was observed for women age 65 and older in 2000. Those with Medicare only and Medicare plus other public coverage were more likely to have had relatively high levels of out of pocket expense relative to income than those with Medicare plus private insurance.



## **Discussion**

Analysis and interpretation of health care use and expenditure data are complex because of the many factors influencing both. Health care utilization and expenditures can be affected by barriers to care, the health care needs of each patient, and patients' preferences. Income levels cannot be used to explain all the disparities in health care for women, and insurance coverage plays a key role in the decision to use medical care. Women with private insurance and those with Medicaid and/or Medicare are more likely to use health services than uninsured women. Lack of health insurance can be a serious problem in accessing medical care, particularly for minorities such as Hispanic and Black women who are more likely to be economically disadvantaged and less likely to have employer-based health insurance than white women (Henry J Kaiser Family Foundation, 2001). One immediate consequence of lack of insurance coverage is that uninsured women are less likely to use preventive health services than women who are either privately or publicly insured.

We found that nearly 30% of older women in fair or poor health spent 10% or more of their income out-of-pocket on medical care in 2000. High out-of-pocket health care expenses for those on Medicare can represent a hardship for women seeking needed medical care services. As the U.S. population ages, increases in the prevalence of chronic conditions and associated disabilities are expected. Consequently, older women's health care expenditures will also become increasingly relevant to policy makers concerned with Medicare spending.

Our findings show that disparities are evident across several areas including health status, health care coverage, access to preventive care, and out-of-pocket expenditures. White women remain more likely than Black and Hispanic women to have

an ambulatory care visit, buy prescription drugs, and use preventive health care services. In addition, white and Hispanic women pay a higher proportion of medical care expenses out-of-pocket than do Black women. Disparities in health care utilization have been described in numerous reports (Trevino & Moss 1994; USDHHS, 1985; IOM, 1993, IOM 2002) and more recently in the national reports (2003 and 2004 NHQR/NHDR). In particular, the 2003 NHDR reported different patterns of health care utilization according to race, ethnicity and socioeconomic status. Racial and ethnic differences were also observed throughout all income groups in the 2004 NHDR (NHDR, 2004).

National initiatives to eliminate disparities are ongoing (Closing the Health Care Gap Act of 2004). An important goal of public policy should be to reduce preventable disparities in access to and receipt of medical care (Frist 2005). In order to improve the quality of health care for all women, it is important for policy makers to understand the factors that influence their utilization and expenditures for medical care. Data collection, analysis and reporting by race, ethnicity, and primary language across federally supported health programs are essential for the identification, understanding, monitoring, and eventual elimination of disparities (Closing the Health Care Gap Act of 2004).

## Notes

1. The race/ethnicity category Black is comprised of people who were not classified as Hispanic but whose race was reported as Black.
2. The racial/ethnic category white/other includes non-Hispanic whites and those who reported their race as American Indian, Aleutian Islander/Eskimo, Asian and Pacific Islander, or unspecified. Throughout this paper, the term white refers to the category white/other.
3. In MEPS, the uninsured are defined as people not covered by Medicare, TRICARE, Medicaid, other public hospital/physician programs, or private hospital/physician insurance at any time during the entire year or period of

eligibility for the survey. Individuals covered only by noncomprehensive State-specific programs (e.g. Maryland Kidney Disease Program, Colorado Child Health Plan) or private single service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) are not considered insured.

4. The uninsured receive care funded by other public and other sources. Other public includes Department of Veterans Affairs (except TRICARE); other Federal Sources (Indian Health Service, Military Treatment facilities, and other care provided by the Federal government); various state and local sources (community and neighborhood clinics, state and local health departments, and state programs other than Medicaid); and other public (Medicaid payments reported for persons who were not enrolled in the Medicaid program at any time during the year). Other includes payments from Worker's compensation; other unclassified sources (automobile, homeowner's, or liability insurance, and other miscellaneous or unknown sources); and other private insurance (any types of private insurance payments reported for people without private health insurance coverage during the years as defined in MEPS).

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**Table 1. Use of Health Care Services by women: United States, MEPS Data 2000**

	Total Population	Percent with any use of health care services <sup>a</sup>	Percent with any ambulatory care visits <sup>b</sup>	Percent with any inpatient stays <sup>c</sup>	Percent with Home Health visits <sup>d</sup>	Percent with prescription drug expenses <sup>e</sup>	Percent with preventive health care services <sup>f</sup>
Total	107,310	91.0	81.7	11.0	2.8	75.9	93.5
<b>Age in Years</b>							
18 – 44	55,507	87.9	77.0	10.3	0.8	67.8	93.4
45 – 64	31,993	92.4	83.6	7.6	1.6	80.2	93.8
65 – 74	10,027	96.8	92.0	14.6	5.6	91.0	95.4
75 – 84	7,171	98.1	93.7	21.3	12.4	92.2	93.6
85 and older	2,611	95.9	86.1	24.9	23.6	91.7	83.1
<b>Marital Status</b>							
Married	57,068	92.1	83.1	11.3	1.6	76.2	95.1
Divorced/ Separated	14,743	90.5	83.3	9.7	2.8	78.6	92.8
Widowed	11,986	95.6	89.6	18.3	11.4	90.0	92.2
Never Married	23,513	86.0	73.2	7.1	1.3	66.2	90.7
<b>Race/Ethnicity</b>							
White/Other (non-Hispanic)	83,133	93.3	84.3	10.9	2.9	79.4	94.6
Black (non-Hispanic)	13,025	84.4	73.0	12.9	3.1	66.1	89.4
Hispanic	11,152	81.3	72.0	9.1	2.1	61.2	90.2
<b>Education</b>							
Less than 12 years	22,277	88.1	80.1	15.7	6.2	75.0	89.6
12 years	35,533	89.6	79.7	11.0	2.3	75.2	92.2
More than 12 years	48,802	93.3	84.0	8.8	1.5	77.1	96.5
<b>Census Region</b>							
Northeast	20,920	91.2	82.8	10.2	2.8	76.1	93.6
Midwest	24,378	93.8	85.9	12.6	3.3	79.2	94.9
South	38,297	89.6	80.5	11.8	2.7	76.1	92.7
West	23,715	90.0	78.3	8.7	2.5	71.9	93.1
<b>Rural-Urban</b>							
Metro	87,158	91.0	81.3	10.6	2.8	74.9	93.3
Near Metro	7,796	91.3	82.8	11.7	2.5	80.0	92.7
Near Rural	7,479	93.8	86.3	12.6	2.8	83.4	96.3
Rural	4,876	89.8	79.7	14.7	3.4	76.2	93.8

**Table 1. Use of Health Care Services by women: United States, MEPS Data 2000**

	Total Population (in thousands)	Percent with any use of health care services <sup>a</sup>	Percent with any ambulatory care visits <sup>b</sup>	Percent with any inpatient stays <sup>c</sup>	Percent with Home Health visits <sup>d</sup>	Percent with prescription drug expenses <sup>e</sup>	Percent with preventive health care services <sup>f</sup>
<b>Health Insurance Status<sup>g</sup></b>							
<b>Under 65 years</b>							
Any private	68,123	92.1	81.9	7.9	0.6	75.1	96.2
Public only	8,018	93.5	86.0	26.4	5.6	80.0	90.4
Uninsured	11,360	71.2	59.7	5.7	0.9	50.8	80.2
<b>Over 65 yr</b>							
Medicare only	6,736	96.7	91.1	16.7	9.1	90.0	92.0
Medicare & private	10,579	97.6	93.1	18.7	8.4	93.0	94.7
Medicare and other public	2,396	96.6	90.3	21.8	23.8	91.9	90.0
<b>Income<sup>h</sup></b>							
Poor or Near Poor	17,146	87.7	79.0	17.9	5.9	74.1	87.8
Low Income	14,505	88.7	81.1	15.3	5.0	74.5	90.0
Middle Income	33,980	90.1	80.2	10.2	2.4	75.4	93.2
High Income	41,679	93.8	84.2	7.3	1.2	77.5	97.3
<b>Self-reported Health Status</b>							
<b>Under 65 years</b>							
Ex, Very Good or Good	77,609	88.9	77.9	8.0	0.5	70.1	93.9
Fair or Poor	9,816	94.6	91.5	19.2	5.6	90.5	91.7
<b>65 or older</b>							
Ex, Very Good or Good	14,400	96.7	91.3	13.1	6.7	90.3	95.9
Fair or Poor	5,177	99.0	95.7	31.6	20.7	96.9	89.7



**Table 1**

- a. Any use of health care services includes at least one event per type of service including inpatient hospital and physician services, ambulatory physician and non-physician services, prescribed medicines, home health services, and various other medical equipment, supplies and services purchased or rented during the year. Over the counter medications, alternative care services, and telephone contacts are excluded.
- b. Ambulatory care visits include both physician and non-physician medical provider visits where patient is seen in office based settings or clinics, hospital outpatient departments, emergency rooms (except visits resulting in an overnight hospital stay), and clinics owned and operated by hospitals are included.
- c. Inpatient stays include all hospital admissions including those that did not involve an overnight stay.
- d. Home health includes care provided by home health agencies and independent home health providers.
- e. All prescribed medicines initially purchased or otherwise obtained during 2000, as well as refills and free samples, are included.
- f. Preventive health care services obtained during the two years preceding 2000 including blood pressure check, cholesterol check, complete physical, flu shot, pap smear, breast exam, and mammogram for women aged 40 years or older.
- g. Uninsured refers to those uninsured during the entire year. Public and private insurance categories refer to individuals with public or private insurance at any time during the year; individuals with both public and private insurance and those with TRICARE (Armed Forces related coverage) are classified as having private insurance.
- h. Poor refers to incomes at or below the poverty line; near poor, over the poverty line through 125% of the poverty line; low income, over 125% through 200% of the poverty line; middle income, over 200% through 400% of the poverty line; and, high income, over 400% of the poverty line.

**Note:** Restricted to women 18 years and older in the civilian non-institutionalized population.

Percents may not add to one hundred due to rounding.

Population estimates by education and health status exclude less than 1.2 percent of cases due to item nonresponse.

**Source:** Center for Financing Access and Cost Trends, Agency for Healthcare and Quality; Medical Expenditure Panel Survey, 2000.

**Table 2. Use of Medical Services by Women—Ambulatory Care, Inpatient Hospital Stays and Prescription Drugs, United States, MEPS Data 2000**

	Total Population (in thousands)	Mean number ambulatory care visits <sup>a</sup>	Mean number of inpatient hospital days <sup>b</sup>	Mean number of prescriptions <sup>c</sup>
Total	107,310	8.4	6.3	15.7
<b>Age in Years</b>				
18 – 44	55,507	6.8	3.8	8.6
45 – 64	31,993	9.2	6.2	19.1
65 – 74	10,027	11.9	9.7	24.5
75 – 84	7,171	11.1	10.2	26.8
85 and older	2,611	8.1	11.5	25.5
<b>Marital Status</b>				
Married	57,068	8.4	5.0	14.6
Divorced/ Separated	14,743	8.8	7.3	17.1
Widowed	11,986	11.0	9.6	26.9
Never Married	23,513	6.6	6.0	9.9
<b>Race/Ethnicity</b>				
White/Other (non-Hispanic)	83,133	8.8	6.1	16.2
Black (non-Hispanic)	13,025	7.0	7.3	14.1
Hispanic	11,152	7.1	6.2	12.4
<b>Education</b>				
Less than 12 years	22,277	8.6	7.3	19.6
12 years	35,533	8.3	5.8	16.2
More than 12 years	48,802	8.4	5.9	13.5
<b>Census Region</b>				
Northeast	20,920	9.5	7.3	15.1
Midwest	24,378	8.6	6.5	17.2
South	38,297	7.8	6.4	16.3
West	23,715	8.4	4.8	13.5
<b>Rural-Urban</b>				
Metro	87,158	8.5	6.5	15.1
Near Metro	7,796	9.2	5.8	16.8
Near Rural	7,479	7.4	4.9	18.4
Rural	4,876	7.7	-----	19.2

**Table 2. Use of Medical Services by Women—Ambulatory Care, Inpatient Hospital Stays and Prescription Drugs, United States, MEPS Data 2000**

	Total Population (in thousands)	Mean number ambulatory care visits <sup>a</sup>	Mean number of inpatient hospital days <sup>b</sup>	Mean number of prescriptions <sup>c</sup>
<b>Health Insurance Status</b>				
<b>Under 65 years<sup>d</sup></b>				
Any private	68,123	7.6	4.0	11.8
Public only	8,018	11.2	5.3	23.3
Uninsured	11,360	5.6	6.8	10.8
<b>Over 65 yr</b>				
Medicare only	6,736	10.0	11.1	24.1
Medicare & Private	10,579	11.6	9.5	24.2
Medicare & Other Public	2,396	12.5	11.4	35.2
<b>Income<sup>e</sup></b>				
Poor or Near Poor	17,146	9.0	6.9	19.9
Low Income	14,505	9.2	6.8	18.7
Middle Income	33,980	8.0	6.8	15.2
High Income	41,679	8.3	4.7	13.4
<b>Self-reported Health Status</b>				
<b>Under 65 years</b>				
Excellent, Very Good or Good	77,609	6.8	3.5	10.3
Fair or Poor	9,816	13.8	7.7	28.8
<b>65 or Older</b>				
Excellent, Very Good or Good	14,400	9.8	10.0	21.7
Fair or Poor	5,177	15.0	10.5	35.5

**Table 2**

- a. Ambulatory care visits include both physician and non-physician medical provider visits where patient is seen in office based settings or clinics, hospital outpatient departments, emergency rooms (except visits resulting in an overnight hospital stay), and clinics owned and operated by hospitals are included. Estimates of mean number of visits are conditional on use.
- b. Inpatient stays include all hospital admissions including those that did not involve an overnight stay. Estimates of mean number of days are conditional on use.
- c. All prescribed medicines initially purchased or otherwise obtained during 2000, as well as refills and free samples, are included. Estimates of mean number of prescriptions are conditional on use.
- d. Uninsured refers to those uninsured during the entire year. Public and private insurance categories refer to individuals with public or private insurance at any time during the year; individuals with both public and private insurance and those with TRICARE (Armed Forces related coverage) are classified as having private insurance.
- e. Poor refers to incomes at or below the poverty line; near poor, over the poverty line through 125% of the poverty line; low income, over 125% through 200% of the poverty line; middle income, over 200% through 400% of the poverty line; and, high income, over 400% of the poverty line.

**Note:** Restricted to women 18 years and older in the civilian non-institutionalized population.

Percents may not add to one hundred due to rounding.

Population estimates by education and health status exclude less than 1.2 percent of cases due to item nonresponse.

**Source:** Center for Financing Access and Cost Trends, Agency for Healthcare and Quality; Medical Expenditure Panel Survey, 2000.

**Table 3. Expenses for personal health services: Mean annual expense and distribution by type of service, women; United States, MEPS Data 2000**

Population characteristics	Percent with expense	Mean expense per person with expense	Type of service				
			Inpatient hospital services <sup>a</sup>	Ambulatory physician contacts <sup>b</sup>	Prescription Drugs <sup>c</sup>	Home Health <sup>d</sup>	Other <sup>e</sup>
Total	90.5	\$3,219	33.9	33.5	19.1	4.2	9.4
Percent distribution of expense							
<b>Age in Years</b>							
18 – 44	87.2	2,118	32.8	38.7	14.5	2.5	11.6
45 – 64	92.1	3,332	25.6	36.5	24.1	2.2	11.6
65 – 74	96.7	5,226	37.7	33.0	20.7	2.6	6.1
75 – 84	98.0	6,250	45.7	22.5	18.5	8.3	5.1
85 and older	95.9	6,893	46.1	15.4	14.6	20.0	3.9
<b>Marital Status</b>							
Married	91.8	3,129	33.7	36.3	18.2	1.3	10.5
Divorced/ Separated	90.2	3,258	29.1	34.9	21.9	3.1	10.3
Widowed	95.2	5,683	39.8	24.6	20.1	10.1	5.4
Never Married	85.1	2,023	29.9	35.1	17.9	6.7	10.4
<b>Race/Ethnicity</b>							
White/Other (non-Hispanic)	92.9	3,333	32.0	34.5	19.7	3.8	10.1
Black (non-Hispanic)	83.7	3,060	45.8	26.5	15.1	7.3	5.4
Hispanic	80.4	2,434	37.7	32.5	18.3	3.9	7.6
<b>Education</b>							
Less than 12 years	87.5	3,928	41.7	28.4	19.3	5.2	5.4
12 years	89.2	3,141	33.1	33.5	20.7	4.0	8.7
More than 12 years	92.8	2,892	29.8	36.9	18.2	2.6	12.6
<b>Census Region</b>							
Northeast	90.9	3,232	29.4	34.6	20.7	4.1	11.2
Midwest	93.6	3,516	34.7	34.8	19.2	2.3	9.0
South	89.0	3,119	38.1	30.2	19.7	3.6	8.4
West	89.3	3,049	30.1	36.3	16.3	7.6	9.7
<b>Rural-Urban</b>							
Metro	90.2	3,152	33.8	33.7	18.8	3.7	10.1
Near Metro	90.8	3,594	34.1	37.4	18.3	2.6	7.7
Near Rural	93.7	3,537	33.6	27.4	21.4	12.2	5.5
Rural	89.5	3,317	35.4	33.6	21.7	1.9	7.3

**Table 3. Expenses for personal health services: Mean annual expense and distribution by type of service, women; United States, MEPS Data 2000**

Population characteristics	Percent with expense	Mean expense per person with expense	Type of service				
			Inpatient hospital services	Ambulatory physician contacts	Rx	Home Health Services	Other
			Percent distribution of expense				
<b>Health Insurance Status<sup>f</sup></b>							
Under 65 Years							
Any private	91.9	2,460	27.2	40.7	18.2	0.5	13.4
Public only	93.0	4,675	38.5	25.1	22.6	10.0	3.8
Uninsured	68.6	1,512	28.5	34.5	22.0	3.3	11.7
<b>Over 65 Years</b>							
Medicare only	96.5	5,143	43.6	24.5	20.1	6.2	5.6
Medicare & Private	97.6	5,773	41.9	29.1	18.4	4.4	6.3
Medicare & Other Public	96.5	7,822	38.2	20.4	19.1	20.3	2.0
<b>Income<sup>g</sup></b>							
Poor or Near Poor	86.8	3,923	44.1	24.0	20.6	6.6	4.7
Low Income	87.9	4,052	38.6	28.0	17.3	11.0	5.1
Middle Income	89.7	3,079	33.9	36.1	19.3	2.0	8.9
High Income	93.5	2,787	26.0	39.1	19.0	1.5	14.4
<b>Self-reported Health Status</b>							
Under 65 Years							
Ex, Very Good or Good	88.3	2,088	26.7	40.1	17.9	0.9	14.4
Fair or Poor	94.3	6,138	34.8	31.8	22.6	6.1	4.7
<b>65 or Older</b>							
Ex, Very Good or Good	96.6	4,350	34.3	30.1	21.4	6.8	7.3
Fair or Poor	99.0	9,625	49.4	22.3	16.5	8.7	3.2

### Table 3

- a. Inpatient stays include all hospital admissions including those that did not involve an overnight stay.
- b. Ambulatory care visits include both physician and non-physician medical provider visits where patient is seen in office based settings or clinics, hospital outpatient departments, emergency rooms (except visits resulting in an overnight hospital stay), and clinics owned and operated by hospitals are included.
- c. All prescribed medicines initially purchased or otherwise obtained during 2000, as well as refills and free samples, are included.
- d. Home health includes care provided by home health agencies and independent home health providers.
- e. Other includes various other medical equipment, supplies and services purchased or rented during the year.
- f. Uninsured refers to those uninsured during the entire year. Public and private insurance categories refer to individuals with public or private insurance at any time during the year; individuals with both public and private insurance and those with TRICARE (Armed Forces related coverage) are classified as having private insurance.
- g. Poor refers to incomes at or below the poverty line; near poor, over the poverty line through 125% of the poverty line; low income, over 125% through 200% of the poverty line; middle income, over 200% through 400% of the poverty line; and, high income, over 400% of the poverty line.

**Note:** Restricted to women 18 years and older in the civilian non-institutionalized population.

Percents may not add to one hundred due to rounding.

Population estimates by education and health status exclude less than 1.2 percent of cases due to item nonresponse.

**Source:** Center for Financing Access and Cost Trends, Agency for Healthcare and Quality; Medical Expenditure Panel Survey, 2000.

**Table 4. Mean Expenditures and Sources of Payment for Health Services, Women: United States, MEPS Data 2000**

	Percent with Expense	Mean Expense per person with expenses	Source of Payment					
			Out of Pocket	Private Health Insurance <sup>a</sup>	Medicare	Medicaid	Other Public <sup>b</sup>	Other <sup>c</sup>
Total	90.5	\$3,219	21.5	39.4	22.8	9.5	2.6	4.3
<b>Age in Years</b>								
18 – 44	87.2	2,118	19.8	55.7	1.5	13.9	3.4	5.7
45 – 64	92.1	3,332	24.9	51.9	7.1	9.0	2.6	4.6
65 – 74	96.7	5,226	20.8	18.8	50.7	4.6	1.4	3.7
75 – 84	98.0	6,250	19.4	9.4	60.2	6.6	2.6	1.8
85 and older	95.9	6,893	20.7	7.8	60.3	7.9	1.5	2.0
<b>Marital Status</b>								
Married	91.8	3,129	21.5	50.3	17.4	4.5	2.0	4.2
Divorced/ Separated	90.2	3,258	22.2	34.6	18.6	15.7	2.8	6.1
Widowed	95.2	5,683	20.7	14.1	49.4	10.2	3.2	2.4
Never Married	85.1	2,023	22.3	40.5	6.1	21.8	3.9	5.5
<b>Race/Ethnicity</b>								
White/Other (non-Hispanic)	92.9	3,333	22.8	40.7	23.0	7.4	2.1	4.1
Black (non-Hispanic)	83.7	3,060	14.5	32.6	22.3	18.5	6.7	5.4
Hispanic	80.4	2,434	18.1	34.3	20.1	20.4	2.9	4.2
<b>Education</b>								
Less than 12 years	87.5	3,928	17.3	20.5	35.3	18.4	2.9	5.7
12 years	89.2	3,141	21.6	39.8	23.2	9.5	1.9	4.0
More than 12 years	92.8	2,892	24.4	51.2	14.8	3.5	2.4	3.7
<b>Census Region</b>								
Northeast	90.9	3,232	22.1	35.6	26.2	11.5	1.3	3.4
Midwest	93.6	3,516	20.8	43.5	20.1	7.5	3.0	5.1
South	89.0	3,119	23.2	36.3	24.5	7.8	3.8	4.5
West	89.3	3,049	19.3	42.8	20.0	12.8	1.4	3.8
<b>Rural-Urban</b>								
Metro	90.2	3,152	21.8	39.1	23.1	9.0	2.8	4.3
Near Metro	90.8	3,594	21.1	42.9	22.3	7.9	1.7	4.1
Near Rural	93.7	3,537	19.1	41.2	19.1	16.1	0.5	4.2
Rural	89.5	3,317	22.9	35.1	23.6	9.4	4.6	4.4



**Table 4. Expenditures and Source of Payment for Health Services, Women: United States, MEPS Data 2000**

	Percent with Expense	Mean Expense per person with expenses	Source of Payment					
			Out of Pocket	Private	Medicare	Medicaid	Other public	Other
Health Insurance Status <sup>d</sup>								
<b>Under 65 yr</b>								
Any private	91.9	2,460	22.6	70.1	1.2	1.3	1.9	2.9
Public only	93.0	4,675	11.2	0.0	19.1	60.5	1.7	7.5
Uninsured	68.6	1,512	50.8	0.0	0.0	0.0	21.5	27.7
<b>Over 65 yr</b>								
Medicare only	96.5	5,143	25.3	0.0	66.7	0.00	2.9	5.1
Medicare & private	97.6	5,773	20.2	25.1	52.6	0.9	0.4	0.8
Medicare and other public	96.5	7,822	11.4	0.0	49.5	33.6	1.2	4.4
<b>Income<sup>e</sup></b>								
Poor or Near Poor	86.8	3,923	17.5	14.2	29.9	28.3	4.3	5.8
Low Income	87.9	4,052	18.7	23.4	35.2	17.5	1.8	3.4
Middle Income	89.7	3,079	20.3	46.9	20.4	3.5	4.1	4.9
High Income	93.5	2,787	26.1	53.9	15.0	0.8	0.8	3.3
<b>Self-reported Health Status</b>								
<b>Under 65 years</b>								
Ex, Very Good or Good	88.3	2,088	24.3	60.3	1.0	7.8	1.7	5.0
Fair or Poor	94.3	6,138	17.5	38.1	12.6	20.3	6.0	5.6
<b>65 or older</b>								
Ex, Very Good or Good	96.6	4,350	24.2	14.6	52.0	5.2	1.3	2.7
Fair or Poor	99.0	9,625	16.0	11.4	61.5	7.0	1.3	2.7

**Table 4**

- a. Private insurance includes TRICARE (Armed Forces related coverage).
- b. For source of payment, other public includes Department of Veterans Affairs (except TRICARE); other Federal Sources (Indian Health Service, Military Treatment facilities, and other care provided by the Federal government); various state and local sources (community and neighborhood clinics, state and local health departments, and state programs other than Medicaid); and other public (Medicaid payments reported for persons who were not enrolled in the Medicaid program at any time during the year).
- c. For source of payment, other includes payments from Worker's compensation; other unclassified sources (automobile, homeowner's, or liability insurance, and other miscellaneous or unknown sources); and other private insurance (any types of private insurance payments reported for people without private health insurance coverage during the years as defined in MEPS).
- d. Uninsured refers to those uninsured during the entire year. Public and private insurance categories refer to individuals with public or private insurance at any time during the year; individuals with both public and private insurance and those with TRICARE (Armed Forces related coverage) are classified as having private insurance.
- e. Poor refers to incomes at or below the poverty line; near poor, over the poverty line through 125% of the poverty line; low income, over 125% through 200% of the poverty line; middle income, over 200% through 400% of the poverty line; and, high income, over 400% of the poverty line.

**Note:** Restricted to women 18 years and older in the civilian non-institutionalized population.

Percents may not add to one hundred due to rounding.

Population estimates by education and health status exclude less than 1.2 percent of cases due to item nonresponse.

**Source:** Center for Financing Access and Cost Trends, Agency for Healthcare and Quality; Medical Expenditure Panel Survey, 2000.

**Table 5. Out-of-Pocket expenses for personal health services as a percent of family income, women; United States, MEPS Data 2000**

	Total Population (in thousands)	No Income	No Expense	0.01-0.99	1.00- 1.99	2.00-2.99	3.00-4.99	5.00-9.99	10.00- more
<b>Total</b>	107,310	0.8	12.2	49.4	13.1	6.6	5.9	6.0	6.0
<b>Age in Years</b>									
18 – 44	55,507	0.7	16.6	58.5	11.1	4.5	3.9	2.6	2.2
45 – 64	31,993	1.2	9.5	48.9	14.9	8.2	6.1	6.0	5.2
65 – 74	10,027	0.4	4.6	29.3	17.0	10.6	10.2	13.5	14.4
75 – 84	7,171	1.2	4.2	18.0	14.9	10.5	12.9	17.8	20.5
85 and older	2,611	0.6	4.8	24.8	12.8	7.2	11.4	15.2	23.4
<b>Marital Status</b>									
Married	57,068	0.5	10.3	57.4	13.1	6.2	5.2	4.5	2.9
Divorced/ Separated	14,743	1.2	12.5	41.8	14.9	7.3	6.5	7.3	8.6
Widowed	11,986	1.4	5.6	21.3	14.4	9.5	12.7	13.4	21.4
Never Married	23,513	1.2	19.9	49.0	11.3	5.9	3.9	4.9	3.8
<b>Race/Ethnicity</b>									
White/Other (non-Hispanic)	83,133	0.6	9.1	50.1	13.8	7.1	6.5	6.5	6.3
Black (non-Hispanic)	13,025	1.9	21.7	47.3	10.4	5.7	4.0	3.8	5.3
Hispanic	11,152	1.5	24.4	46.4	11.2	4.0	4.2	4.2	4.2
<b>Education</b>									
<b>Less than 12 years</b>	22,277	1.6	16.7	36.9	11.6	7.7	7.7	7.8	10.0
<b>12 years</b>	35,533	0.9	13.7	47.4	12.8	6.1	5.8	6.7	6.5
<b>More than 12 years</b>	48,802	0.4	9.1	29.8	10.1	6.5	5.2	4.5	3.6
<b>Census Region</b>									
Northeast	20,920	0.9	12.2	49.9	12.0	6.5	6.0	6.5	6.1
Midwest	24,378	0.8	9.5	50.3	14.6	6.3	6.3	6.0	6.2
South	38,297	0.7	12.7	46.0	13.6	7.5	6.2	6.7	6.7
West	23,715	1.1	14.4	53.4	11.7	5.8	5.0	4.2	4.5

**Table 5. Out-of-Pocket expenses for personal health services as a percent of family income, women; United States, MEPS Data 2000**

	Total Population	Annual out-of-pocket expenses as a percent of family income							
		No Income	No Expense	0.01-0.99	1.00--1.99	2.00-2.99	3.00-4.99	5.00-9.99	10.00-more
Percent distribution									
<b>Rural-Urban</b>									
Metro	87,158	0.9	12.7	50.2	13.2	6.4	5.8	5.5	5.5
Near Metro	7,796	0.6	11.6	44.2	13.8	8.2	7.3	7.6	6.8
Near Rural	7,479	0.7	8.0	48.1	12.6	9.1	6.0	8.3	7.2
Rural	4,876	1.0	12.1	45.8	10.7	5.3	5.7	7.7	11.8
Health Insurance Status <sup>a</sup>									
<b>Under 65 Years</b>									
Any private	68,123	0.2	10.0	61.6	13.0	5.8	4.4	3.1	1.8
Public Only	8,018	3.9	21.5	33.8	9.7	6.1	6.9	7.8	10.3
Uninsured	11,360	2.6	32.6	30.1	11.3	5.8	4.8	5.3	7.6
<b>Over 65 Years</b>									
Medicare only	6,736	0.6	4.2	24.5	12.7	10.8	11.4	14.1	21.7
Medicare & private	10,579	0.6	3.7	24.7	18.4	10.4	11.5	17.0	13.7
Medicare and other public	2,396	1.4	7.9	25.2	13.1	6.5	9.0	11.5	25.5
<b>Income<sup>b</sup></b>									
Poor or Near Poor	17,146	5.2	19.3	21.0	10.2	6.2	7.4	10.3	20.4
Low Income	14,505	0.0	15.1	32.0	12.0	9.1	8.9	10.6	12.3
Middle Income	33,980	0.0	12.2	48.4	15.8	7.8	6.7	6.6	2.5
High Income	41,679	0.0	8.4	67.9	12.5	5.0	3.6	2.0	.07
Self-reported Health Status									
<b>Under 65 years</b>									
Ex, Very Good or Good	77,609	0.7	14.7	57.9	12.4	5.4	4.0	2.9	2.0
Fair or Poor	9,816	2.3	8.0	32.3	12.9	9.8	9.9	11.3	13.6
<b>65 or older</b>									
Ex, Very Good or Good	14,400	0.7	5.1	27.0	16.7	9.9	11.5	15.3	14.0
Fair or Poor	5,177	0.6	1.6	17.8	13.7	10.4	11.0	15.7	29.2

**Table 5**

- a. Uninsured refers to those uninsured during the entire year. Public and private insurance categories refer to individuals with public or private insurance at any time during the year; individuals with both public and private insurance and those with TRICARE (Armed Forces related coverage) are classified as having private insurance.
- b. Poor refers to incomes at or below the poverty line; near poor, over the poverty line through 125% of the poverty line; low income, over 125% through 200% of the poverty line; middle income, over 200% through 400% of the poverty line; and, high income, over 400% of the poverty line.

**Note:** Restricted to women 18 years and older in the civilian non-institutionalized population.

Percents may not add to one hundred due to rounding.

Population estimates by education and health status exclude less than 1.2 percent of cases due to item nonresponse.

**Source:** Center for Financing Access and Cost Trends, Agency for Healthcare and Quality; Medical Expenditure Panel Survey, 2000.