

CHAPTER 1

Access to Health Services (AHS)

Lead Agencies

Agency for Healthcare Research and Quality
Health Resources and Services Administration

Contents

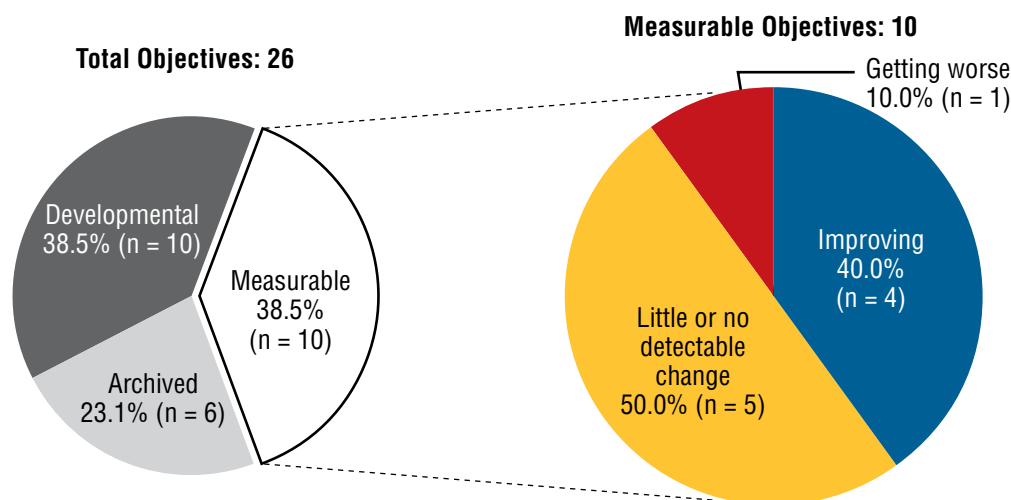
Goal	1–2
Status of Objectives	1–2
Figure 1–1. Midcourse Status of the Access to Health Services Objectives	1–2
Selected Findings	1–2
More Information	1–3
Footnotes	1–3
Suggested Citation	1–4
Table 1–1. Access to Health Services Objectives	1–5
Table 1–2. Midcourse Progress for Measurable Access to Health Services Objectives	1–8
Table 1–3. Midcourse Health Disparities for Population-based Access to Health Services Objectives	1–10

Goal: Improve access to comprehensive, quality health care services.

This chapter includes objectives that monitor persons with health insurance, a primary care provider and source of primary care, and those unable to obtain needed medical care. The [Reader's Guide](#) provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.¹

Status of Objectives

Figure 1–1. Midcourse Status of the Access to Health Services Objectives



Of the 26 objectives in the Access to Health Services Topic Area, 6 objectives were archived,² 10 were developmental,³ and 10 were measurable (Figure 1–1, Table 1–1). The midcourse status of the measurable objectives (Table 1–2) was as follows:

- 4 objectives were improving,⁵
- 5 objectives had demonstrated little or no detectable change,⁶ and
- 1 objective had worsened.⁷

Selected Findings

Access to Health Services

- The proportion of **persons under age 65 with medical insurance** (AHS-1.1) increased from 83.2% in 2008 to 86.7% in 2014, moving toward the 2020 target (Table 1–2).
 - » In 2014, there were statistically significant disparities by sex, race and ethnicity, education, family income, disability status, and geographic location in the proportion of persons under age 65 with medical insurance (Table 1–3, AHS-1.1).

- There was little or no detectable change (76.3% in 2007 and 76.5% in 2012) in the proportion of **persons with a usual primary care provider** (Table 1–2, AHS-3).
 - » In 2012, there were statistically significant disparities by sex, race and ethnicity, education, and family income in the proportion of persons with a usual primary care provider (AHS-3). The disparity by geographic location was not statistically significant (Table 1–3).
- Between 2008 and 2014, the proportion of **persons with a source of ongoing care** increased for **persons of all ages** (AHS-5.1) from 86.4% to 87.9%; for **children and youth aged 17 and under** (AHS-5.2) from 94.3% to 96.4%; and for **adults aged 18–64** (AHS-5.3) from 81.3% to 82.7%, moving toward their respective 2020 targets (Table 1–2).
 - » In 2014, there were statistically significant disparities by sex, education, family income, disability status, and geographic location in the proportion of persons of all ages with a source of ongoing care (AHS-5.1). The disparity by race and ethnicity was not statistically significant (Table 1–3).

- » In 2014, there were statistically significant disparities by race and ethnicity and family income in the proportion of persons aged 17 and under with a source of ongoing care (AHS-5.2). The disparities by sex and geographic location were not statistically significant (Table 1–3).
- » In 2014, there were statistically significant disparities by sex, education, family income, disability status, and geographic location in the proportion of persons aged 18–64 with a source of ongoing care (AHS-5.3). The disparity by race and ethnicity was not statistically significant (Table 1–3).
- There was little or no detectable change (96.3% in 2008 and 96.8% in 2014) in the proportion of **adults aged 65 and over with a source of ongoing care** (Table 1–2, AHS-5.4).
 - » In 2014, there were statistically significant disparities by sex, education, and family income in the proportion of persons aged 65 and over with a source of ongoing care (AHS-5.4). The disparities by race and ethnicity, disability status, and geographic location were not statistically significant (Table 1–3).
- Between 2007 and 2012, there was little or no detectable change in the proportion of **persons who were unable to obtain or who delayed needed medical care, dental care, or prescription medications** (AHS-6.1: 10.0% and 10.5%), the proportion who were **unable to obtain or delayed needed medical care** (AHS-6.2: 4.7% and 4.7%), and the proportion who were **unable to obtain or delayed needed dental care** (AHS-6.3: 5.5% and 5.7%) (Table 1–2).
 - » In 2012, there were statistically significant disparities by sex, race and ethnicity, education, and family income in the proportion of persons who were unable to obtain or who delayed needed medical care, dental care, or prescription medication (AHS-6.1), the proportion who were unable to obtain or delayed needed medical care (AHS-6.2), and the proportion who were unable to obtain or delayed needed dental care (AHS-6.3). The disparities by geographic location were not statistically significant for these 3 objectives (Table 1–3).
- The proportion of **persons who were unable to obtain or who delayed receipt of needed prescription medicines** (AHS-6.4) increased from 3.1% in 2007 to 3.6% in 2012, moving away from the baseline and 2020 target (Table 1–2).
 - » In 2012, there were statistically significant disparities by sex, race and ethnicity, education,

and family income in the proportion of persons who were unable to obtain or delayed the receipt of needed prescription medicines (AHS-6.4). The disparity by geographic location was not statistically significant (Table 1–3).

More Information

Readers interested in more detailed information about the objectives in this topic area are invited to consult the [HealthyPeople.gov](http://www.healthypeople.gov) website, where extensive substantive and technical information is available:

- For the background and importance of the topic area, see: <http://www.healthypeople.gov/2020/topics-objectives/topic/access-to-health-services>
- For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: <http://www.healthypeople.gov/2020/topics-objectives/topic/access-to-health-services/objectives>
Select an objective, then click on the “Data Details” icon.
- For objective data by population group (e.g., sex, race and ethnicity, or family income), including rates, percentages, or counts for multiple years, see: <http://www.healthypeople.gov/2020/topics-objectives/topic/access-to-health-services/objectives>
Select an objective, then click on the “Data2020” icon.

Data for the measurable objectives in this chapter were from the following data sources:

- Medical Expenditure Panel Survey: <http://meps.ahrq.gov/mepsweb/>
- National Health Interview Survey: <http://www.cdc.gov/nchs/nhis/>

Footnotes

¹The **Technical Notes** provide more information on Healthy People 2020 statistical methods and issues.

²**Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

³**Developmental** objectives did not have a national baseline value.

⁴**Measurable** objectives had a national baseline value.

⁵**Improving**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

⁶**Little or no detectable change**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
- » There was no change between the baseline and the midcourse data point.

⁷**Getting worse**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

Suggested Citation

National Center for Health Statistics. Chapter 1: Access to Health Services. Healthy People 2020 Midcourse Review. Hyattsville, MD. 2016.

Table 1–1. Access to Health Services Objectives

LEGEND



Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
AHS-1.1	Increase the proportion of persons with medical insurance	National Health Interview Survey (NHIS), CDC/NCHS	 
AHS-1.2	(Developmental) Increase the proportion of persons with dental insurance	(Potential) National Health Interview Survey (NHIS), CDC/NCHS	Not Applicable
AHS-1.3	(Developmental) Increase the proportion of persons with prescription drug insurance	(Potential) National Health Interview Survey (NHIS), CDC/NCHS	Not Applicable
AHS-2	(Developmental) Increase the proportion of insured persons with coverage for clinical preventive services	(Potential) AGing Integrated Database (AGID), AoA; Medicare Current Beneficiary Survey (MCBS), CMS	Not Applicable
AHS-3	Increase the proportion of persons with a usual primary care provider	Medical Expenditure Panel Survey (MEPS), AHRQ	 
AHS-4.1	(Archived) Increase the number of practicing medical doctors		Not Applicable
AHS-4.2	(Archived) Increase the number of practicing doctors of osteopathy		Not Applicable
AHS-4.3	(Archived) Increase the number of practicing physician assistants		Not Applicable
AHS-4.4	(Archived) Increase the number of practicing nurse practitioners		Not Applicable
AHS-5.1	Increase the proportion of persons of all ages who have a specific source of ongoing care	National Health Interview Survey (NHIS), CDC/NCHS	 
AHS-5.2	Increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care	National Health Interview Survey (NHIS), CDC/NCHS	 
AHS-5.3	Increase the proportion of adults aged 18–64 who have a specific source of ongoing care	National Health Interview Survey (NHIS), CDC/NCHS	 
AHS-5.4	Increase the proportion of adults aged 65 and over who have a specific source of ongoing care	National Health Interview Survey (NHIS), CDC/NCHS	 

Table 1–1. Access to Health Services Objectives—Continued

LEGEND



Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
AHS-6.1	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines	Medical Expenditure Panel Survey (MEPS), AHRQ	 
AHS-6.2	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care	Medical Expenditure Panel Survey (MEPS), AHRQ	 
AHS-6.3	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care	Medical Expenditure Panel Survey (MEPS), AHRQ	 
AHS-6.4	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary prescription medicines	Medical Expenditure Panel Survey (MEPS), AHRQ	 
AHS-7	(Developmental) Increase the proportion of persons who receive appropriate evidence-based clinical preventive services	(Potential) Medical Expenditure Panel Survey (MEPS), AHRQ	Not Applicable
AHS-8.1	(Archived) Increase the proportion of persons who are covered by basic life support		Not Applicable
AHS-8.2	(Archived) Increase the proportion of persons who are covered by advanced life support		Not Applicable
AHS-9.1	(Developmental) Reduce the proportion of all hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe	(Potential) National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS	Not Applicable
AHS-9.2	(Developmental) Reduce the proportion of Level 1—immediate hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe	(Potential) National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS	Not Applicable
AHS-9.3	(Developmental) Reduce the proportion of Level 2—emergent hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe	(Potential) National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS	Not Applicable

Table 1-1. Access to Health Services Objectives—Continued

LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.

 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

 A state or county level map for this objective is available at the end of the chapter.

Not Applicable

Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
AHS-9.4	(Developmental) Reduce the proportion of Level 3-urgent hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe	(Potential) National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS	Not Applicable
AHS-9.5	(Developmental) Reduce the proportion of Level 4-semi-urgent hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe	(Potential) National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS	Not Applicable
AHS-9.6	(Developmental) Reduce the proportion of Level 5-non-urgent hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe	(Potential) National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS	Not Applicable

Table 1–2. Midcourse Progress for Measurable¹ Access to Health Services Objectives

LEGEND

 Target met or exceeded ^{2,3}	 Improving ^{4,5}	 Little or no detectable change ^{6–10}	 Getting worse ^{11,12}	 Baseline only ¹³	 Informational ¹⁴
--	--	--	--	---	---

Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target ¹⁵	Movement Away From Baseline ¹⁶	Movement Statistically Significant ¹⁷
 ⁴ AHS-1.1 Persons with medical insurance (percent, <65 years)	83.2% (2008)	86.7% (2014)	100%	20.8%		Yes
 ⁶ AHS-3 Persons with a usual primary care provider (percent)	76.3% (2007)	76.5% (2012)	83.9%	2.6%		No
 ⁴ AHS-5.1 Persons with a source of ongoing care (percent, all ages)	86.4% (2008)	87.9% (2014)	95.0%	17.4%		Yes
 ⁴ AHS-5.2 Children and youth with a source of ongoing care (percent, ≤17 years)	94.3% (2008)	96.4% (2014)	100%	36.8%		Yes
 ⁴ AHS-5.3 Adults with a source of ongoing care (percent, 18–64 years)	81.3% (2008)	82.7% (2014)	89.4%	17.3%		Yes
 ⁶ AHS-5.4 Adults with a source of ongoing care (percent, 65+ years)	96.3% (2008)	96.8% (2014)	100%	13.5%		No
 ⁸ AHS-6.1 Persons unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medications (percent)	10.0% (2007)	10.5% (2012)	9.0%		5.0%	No
 ¹⁰ AHS-6.2 Persons unable to obtain or delay in obtaining necessary medical care (percent)	4.7% (2007)	4.7% (2012)	4.2%		0.0%	
 ⁸ AHS-6.3 Persons unable to obtain or delay in obtaining necessary dental care (percent)	5.5% (2007)	5.7% (2012)	5.0%		3.6%	No
 ¹¹ AHS-6.4 Persons unable to obtain or delay in obtaining necessary prescription medicines (percent)	3.1% (2007)	3.6% (2012)	2.8%		16.1%	Yes

Table 1–2. Midcourse Progress for Measurable¹ Access to Health Services Objectives—Continued

NOTES

See [HealthyPeople.gov](https://www.healthypeople.gov) for all Healthy People 2020 data. The [Technical Notes](#) provide more information on the measures of progress.

FOOTNOTES

¹**Measurable** objectives had a national baseline value.

Target met or exceeded:

²At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)

³The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

Improving:

⁴Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.

⁵Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

Little or no detectable change:

⁶Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.

⁷Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.

⁸Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.

⁹Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.

¹⁰There was no change between the baseline and the midcourse data point.

Getting worse:

¹¹Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.

¹²Movement was away from the baseline and target, and standard errors were not available, and the objective had moved 10% or more relative to the baseline.

¹³**Baseline only:** The objective only had one data point, so progress toward target attainment could not be assessed.

¹⁴**Informational:** A target was not set for this objective, so progress toward target attainment could not be assessed.

¹⁵For objectives that **moved toward** their targets, movement toward the target was measured as the percentage of targeted change achieved (unless the target was already met or exceeded at baseline):

$$\text{Percentage of targeted change achieved} = \frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100$$

¹⁶For objectives that **moved away** from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:

$$\text{Magnitude of percentage change from baseline} = \frac{|\text{Midcourse value} - \text{Baseline value}|}{\text{Baseline value}} \times 100$$

¹⁷Statistical significance was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.

DATA SOURCES

AHS-1.1	National Health Interview Survey (NHIS), CDC/NCHS
AHS-3	Medical Expenditure Panel Survey (MEPS), AHRQ
AHS-5.1	National Health Interview Survey (NHIS), CDC/NCHS
AHS-5.2	National Health Interview Survey (NHIS), CDC/NCHS
AHS-5.3	National Health Interview Survey (NHIS), CDC/NCHS
AHS-5.4	National Health Interview Survey (NHIS), CDC/NCHS
AHS-6.1	Medical Expenditure Panel Survey (MEPS), AHRQ
AHS-6.2	Medical Expenditure Panel Survey (MEPS), AHRQ
AHS-6.3	Medical Expenditure Panel Survey (MEPS), AHRQ
AHS-6.4	Medical Expenditure Panel Survey (MEPS), AHRQ

Table 1–3. Midcourse Health Disparities¹ for Population-based Access to Health Services ObjectivesMost favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point



Group with the most favorable (least adverse) rate



Group with the least favorable (most adverse) rate



Data are available, but this group did not have the highest or lowest rate.



Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Sex		Summary Disparity Ratio ²	Race and Ethnicity							Summary Disparity Ratio ³	Education ⁴							Summary Disparity Ratio ³	Family Income ⁵					Summary Disparity Ratio ³	Disability		Summary Disparity Ratio ²	Location		Summary Disparity Ratio ²
	Male	Female		American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic		Less than high school	High school graduate	At least some college	Associate's degree	4-year college	Advanced degree	Poor		Near-poor	Middle	Near-high	High	Persons with disabilities		Persons without disabilities	Metropolitan		Nonmetropolitan		
AHS-1.1 Persons with medical insurance (percent, <65 years) (2014)			1.032*							1.084*							1.186*						1.160*	a	a	1.022*			1.026*		
AHS-3 Persons with a usual primary care provider (percent) (2012)			1.103*							1.140*							1.087*						1.088*						1.000		
AHS-5.1 Persons with a source of ongoing care (percent, all ages) (2014)			1.077*							1.054							1.066*						1.087*	a	a	1.080*			1.016*		
AHS-5.2 Children and youth with a source of ongoing care (percent, ≤17 years) (2014)			1.003							1.025*													1.026*						1.006		
AHS-5.3 Adults with a source of ongoing care (percent, 18–64 years) (2014)			1.131*							1.096							1.066*						1.155*			1.055*			1.019*		
AHS-5.4 Adults with a source of ongoing care (percent, 65+ years) (2014)			1.018*							1.019							1.066*						1.018*			1.002			1.001		
AHS-6.1 Persons unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medications (percent) (2012)			1.237*							1.608*							1.363*						1.882*						1.026		
AHS-6.2 Persons unable to obtain or delay in obtaining necessary medical care (percent) (2012)			1.405*							1.765*							1.372*						1.979*						1.014		

Table 1–3. Midcourse Health Disparities¹ for Population-based Access to Health Services Objectives—ContinuedMost favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios^{2,3} for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point



Group with the most favorable (least adverse) rate



Group with the least favorable (most adverse) rate



Data are available, but this group did not have the highest or lowest rate.



Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Characteristics and Groups																													
	Sex		Summary Disparity Ratio ²	Race and Ethnicity							Summary Disparity Ratio ³	Education ⁴						Summary Disparity Ratio ³	Family Income ⁵					Summary Disparity Ratio ³	Disability		Summary Disparity Ratio ²	Location		Summary Disparity Ratio ²
	Male	Female		American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic		Less than high school	High school graduate	At least some college	Associate's degree	4-year college	Advanced degree		Poor	Near-poor	Middle	Near-high	High		Persons with disabilities	Persons without disabilities		Metropolitan	Nonmetropolitan	
AHS-6.3 Persons unable to obtain or delay in obtaining necessary dental care (percent) (2012)			1.169*								1.543*							1.889*						2.758*						1.014
AHS-6.4 Persons unable to obtain or delay in obtaining necessary prescription medicines (percent) (2012)			1.455*								2.240*							1.679*						1.864*						1.020

NOTES

See [HealthyPeople.gov](https://www.healthypeople.gov) for all Healthy People 2020 data. The **Technical Notes** provide more information on the measures of disparities.

FOOTNOTES

¹**Health disparities** were assessed among population groups within specified demographic characteristics (sex, race and ethnicity, educational attainment, etc.). This assessment did not include objectives that were not population-based, such as those based on states, worksites, or those monitoring the number of events.

²When there were only two groups (e.g., male and female), the **summary disparity ratio** was the ratio of the higher to the lower rate.

³When there were three or more groups (e.g., white non-Hispanic, black non-Hispanic, Hispanic) and the most favorable rate (R_b) was the highest rate, the **summary disparity ratio** was calculated as R_b/R_a , where R_a = the average of the rates for all other groups. When there were three or more groups and the most favorable rate was the lowest rate, the summary disparity ratio was calculated as R_a/R_b .

⁴Unless otherwise footnoted, data do not include persons under age 25 years.

⁵Unless otherwise footnoted, the poor, near-poor, middle, near-high, and high income groups are for persons whose family incomes were less than 100%, 100%–199%, 200%–399%, 400%–599%, and at or above 600% of the poverty threshold, respectively.

⁶Data do not include persons under age 18 years.

*The summary disparity ratio was significantly greater than 1.000. Statistical significance was assessed at the 0.05 level using a normal one-sided test on the natural logarithm scale.

DATA SOURCES

AHS-1.1	National Health Interview Survey (NHIS), CDC/NCHS
AHS-3	Medical Expenditure Panel Survey (MEPS), AHRQ
AHS-5.1	National Health Interview Survey (NHIS), CDC/NCHS
AHS-5.2	National Health Interview Survey (NHIS), CDC/NCHS
AHS-5.3	National Health Interview Survey (NHIS), CDC/NCHS
AHS-5.4	National Health Interview Survey (NHIS), CDC/NCHS
AHS-6.1	Medical Expenditure Panel Survey (MEPS), AHRQ
AHS-6.2	Medical Expenditure Panel Survey (MEPS), AHRQ
AHS-6.3	Medical Expenditure Panel Survey (MEPS), AHRQ
AHS-6.4	Medical Expenditure Panel Survey (MEPS), AHRQ