



Financial Burden of Medical Care: Early Release of Estimates From the National Health Interview Survey, January–June 2011

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Highlights

- In the first 6 months of 2011, one in three persons was in a family experiencing financial burden of medical care. One in 5 persons was in a family having problems paying medical bills, 1 in 4 persons was in a family paying medical bills over time, and 1 in 10 persons was in a family that had medical bills they were unable to pay at all.
- Chances of being in families having problems paying medical bills, paying medical bills over time, and having medical bills that could not be paid at all, decreased with age. Almost 24% of children aged 0–17 years were in families having problems paying medical bills compared with 21% of adults aged 18–64, 10% of adults aged 65–74, and 7% of adults aged 75 and over.
- Among persons under age 65, those who were poor and those who were near poor were more likely to be in families having problems paying medical bills and to have medical bills they were unable to pay at all than those who were not poor.
- More than one in five poor and more than one in five near poor persons under age 65 were in families that had medical bills they were unable to pay at all.
- Among adults aged 65 and over, those who were poor and those who were near poor were more than three times as likely as those who were not poor to be in families that had problems paying medical bills in the past 12 months.

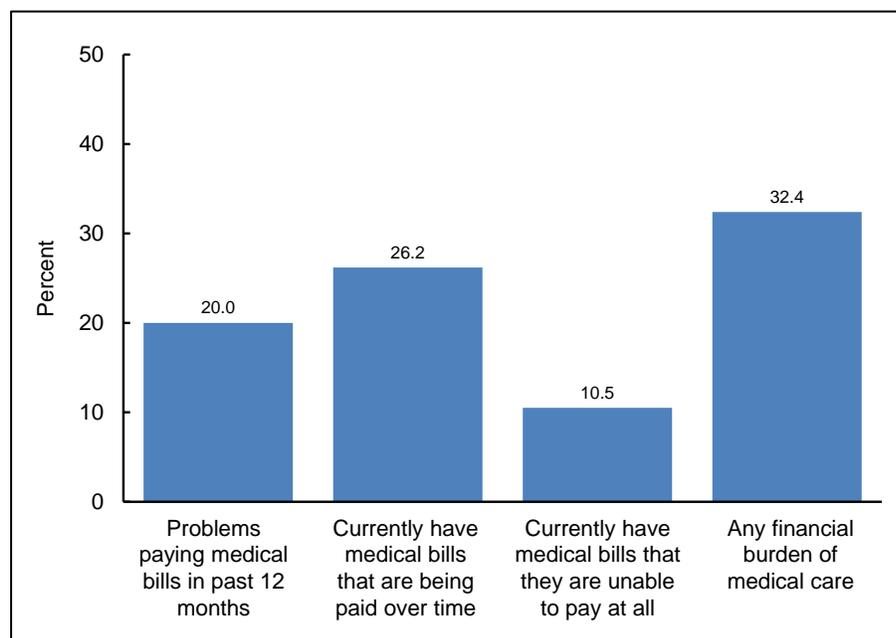
Introduction

Previous work has shown that in 2010, more than one in five Americans were in families reporting problems paying medical bills (1). In 2011, three new questions addressing financial burden of medical care were added to the National Health Interview Survey (NHIS) Family component. These questions addressed problems paying medical bills, paying medical bills over time, and having medical bills that cannot be paid at all. This report provides preliminary estimates of the financial burden of medical care among the U.S. population by selected demographic variables, using NHIS data collected from January through June 2011.

This report is produced by the NHIS Early Release (ER) Program, which releases updated selected estimates that are available from the NHIS website at <http://www.cdc.gov/nchs/nhis.htm>. For more information about NHIS and the ER Program, see the “[Technical Notes](#)” and “[Additional Early Release Program Products](#)” sections of this report.

One in three persons was in a family experiencing financial burden of medical care.

Figure 1. Percentages of persons in families with selected financial burdens of medical care: United States, January–June 2011



NOTES: The estimates for 2011 are based on data collected from January through June. Data are based on household interviews of a sample of the civilian noninstitutionalized population. Any financial burden of medical care is based on a positive response to “problems paying medical bills in the past 12 months” or a positive response to “currently have medical bills that are being paid over time.” Only those who responded positively to the former question were asked if they currently had medical bills that they were unable to pay at all.

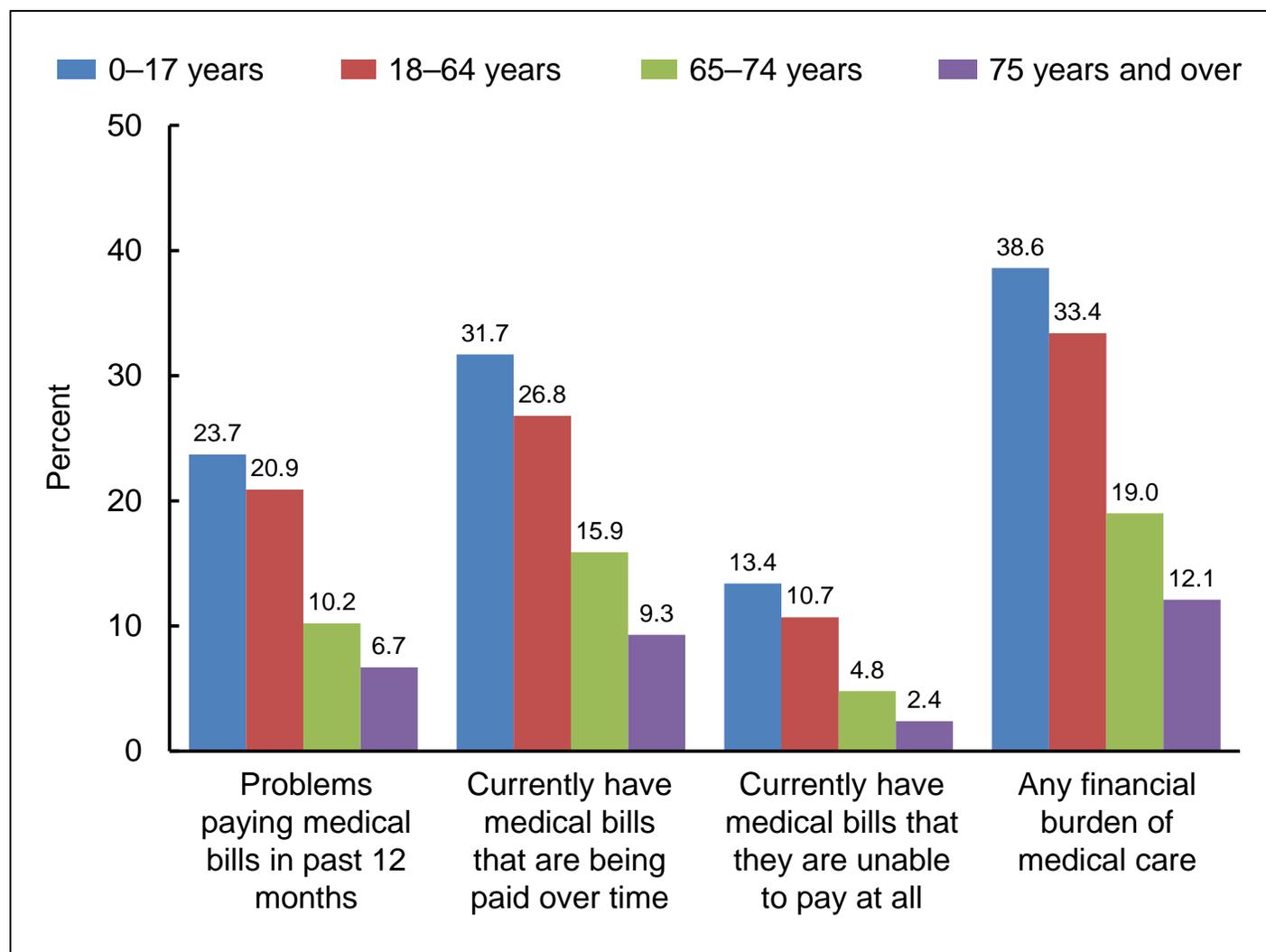
SOURCE: CDC/NCHS, National Health Interview Survey, Family Core and Supplemental components, 2011.



- In the first 6 months of 2011, one in five persons was in a family having problems paying medical bills. One in four persons was in a family paying medical bills over time. One in 10 persons was in a family that had medical bills they were unable to pay at all.

Chances of being in families experiencing financial burdens of medical care decreased with age.

Figure 2. Percentages of persons in families with selected financial burdens of medical care, by age group: United States, January – June 2011



NOTES: The estimates for 2011 are based on data collected from January through June. Data are based on household interviews of a sample of the civilian noninstitutionalized population. Any financial burden of medical care is based on a positive response to “problems paying medical bills in the past 12 months” or a positive response to “currently have medical bills that are being paid over time.” Only those who responded positively to the former question were asked if they currently had medical bills that they were unable to pay at all.

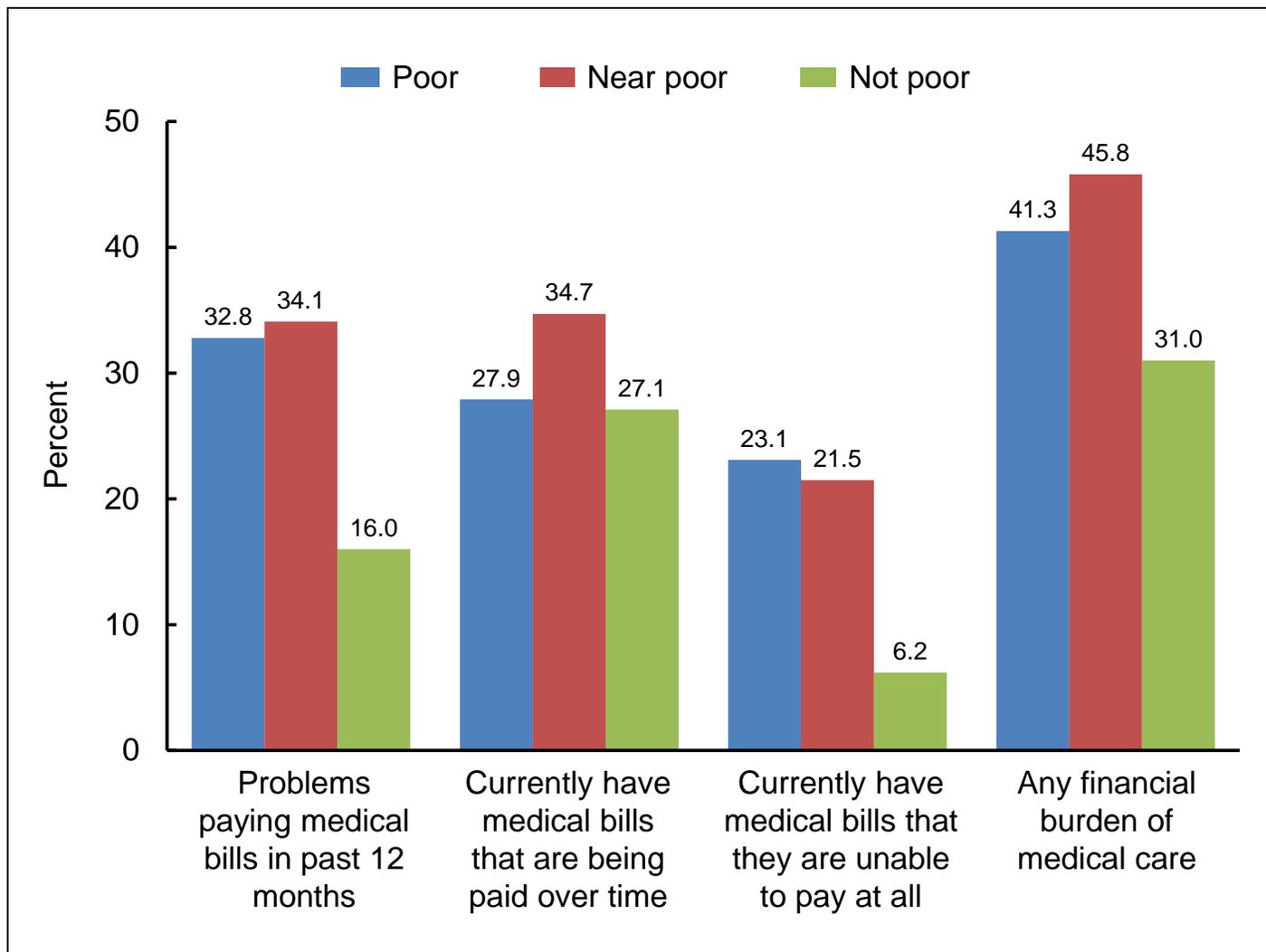
SOURCE: CDC/NCHS, National Health Interview Survey, Family Core and Supplemental components, 2011.

- In the first 6 months of 2011, children aged 0–17 years were more than three times as likely as adults aged 75 and over to be in families having problems paying medical bills in the past 12 months (Figure 2).
- Children aged 0–17 were more than three times as likely as adults aged 75 and over to be in families that currently had medical bills that were being paid over time.
- Children aged 0–17 were more than five times as likely as adults aged 75 and over to be in families that currently had medical bills they were unable to pay at all.



More than 1 in 5 poor and more than 1 in 5 near poor persons under age 65 were in families that had medical bills they were unable to pay at all.

Figure 3. Percentages of persons under age 65 in families with selected financial burdens of medical care, by poverty status: United States, January – June 2011



NOTES: The estimates for 2011 are based on data collected from January through June. Data are based on household interviews of a sample of the civilian noninstitutionalized population. Any financial burden of medical care is based on a positive response to “problems paying medical bills in the past 12 months” or a positive response to “currently have medical bills that are being paid over time.” Only those who responded positively to the former question were asked if they currently had medical bills that they were unable to pay at all.

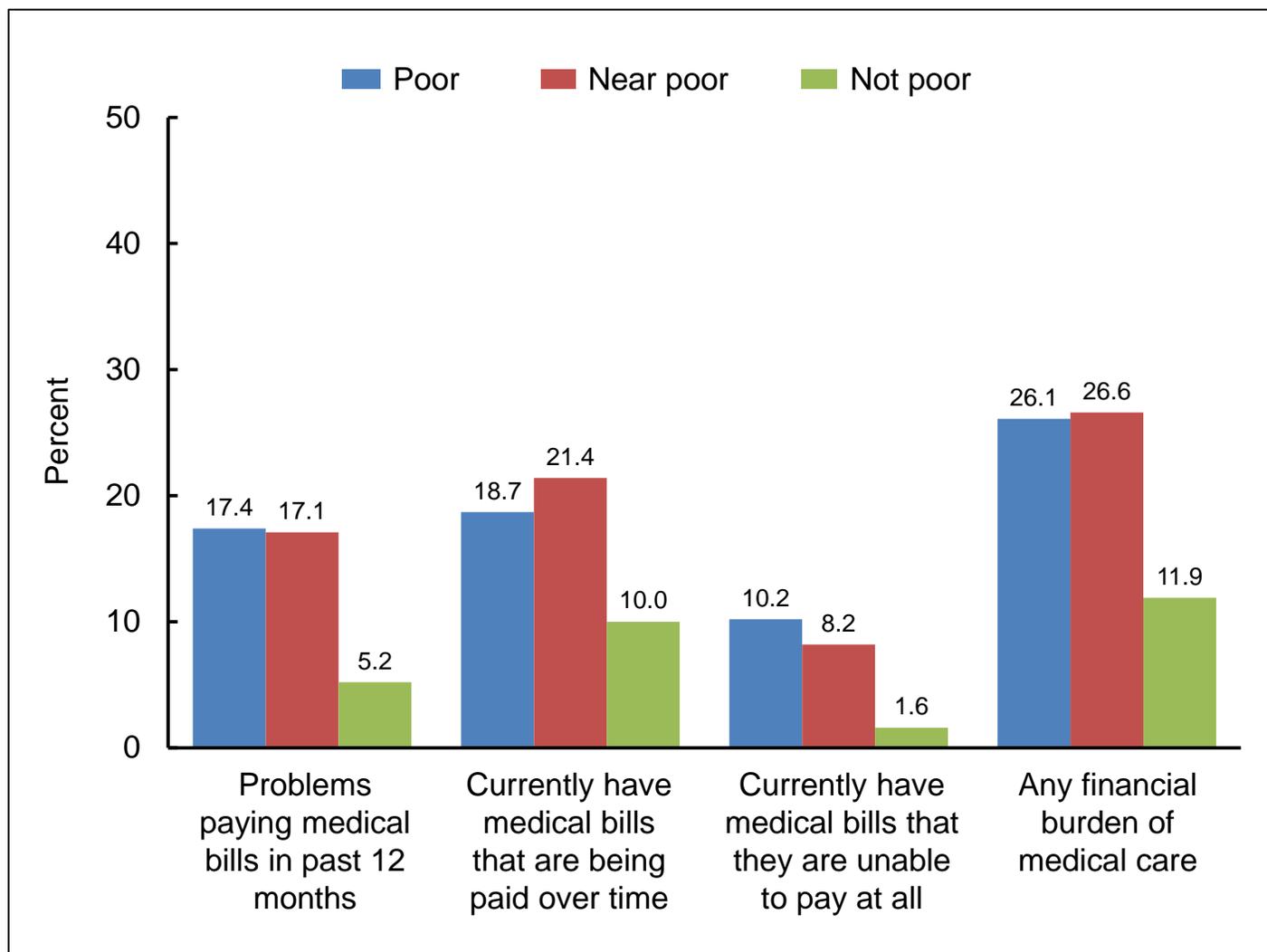
SOURCE: CDC/NCHS, National Health Interview Survey, Family Core and Supplemental components, 2011.

- In the first 6 months of 2011, among persons under age 65, 32.8% of poor, 34.1% of near poor and 16.0% of not poor persons were in families having problems paying medical bills in the past 12 months (Figure 3).
- Almost 35% of near poor persons under age 65 were in families that currently had medical bills that were being paid over time compared with 28% of poor persons and 27% of not poor persons.
- Among persons under age 65, 23.1% of poor, 21.5% of near poor and 6.2% of not poor persons were in families that currently had medical bills that they were unable to pay at all.



Among adults aged 65 and over, financial burdens of medical care were lower for those in not poor families than for those in poor or near poor families.

Figure 4. Percentages of persons aged 65 and over in families with selected financial burdens of medical care, by poverty status: United States, January – June 2011



NOTES: The estimates for 2011 are based on data collected from January through June. Data are based on household interviews of a sample of the civilian noninstitutionalized population. Any financial burden of medical care is based on a positive response to “problems paying medical bills in the past 12 months” or a positive response to “currently have medical bills that are being paid over time.” Only those who responded positively to the former question were asked if they currently had medical bills that they were unable to pay at all.

SOURCE: CDC/NCHS, National Health Interview Survey, Family Core and Supplemental components, 2011.

- In the first 6 months of 2011, 17.4% of poor, 17.1% of near poor, and 5.2% of not poor adults aged 65 and over were in families having problems paying medical bills in the past 12 months (Figure 4).
- Ten percent of not poor adults aged 65 and over were in families that currently had medical bills being paid over time compared with 18.7% of poor and 21.4% of near poor adults aged 65 and over.
- Among persons aged 65 and over, 10.2% of poor, 8.2% of near poor, and 1.6% of not poor persons were in families that currently had medical bills that they were unable to pay at all.



Table 1. Percentages of persons under age 65 who were in families with selected financial burdens of medical care, by selected demographic characteristics: United States, January–June 2011

Selected characteristic	Problems paying medical bills in past 12 months ¹	Currently have medical bills that are being paid over time ²	Currently have medical bills that they are unable to pay at all ³	Any financial burden of medical care ⁴
Percent (standard error)				
Total	21.7 (0.46)	28.1 (0.52)	11.5 (0.36)	34.9 (0.56)
Sex				
Male	20.8 (0.48)	27.4 (0.53)	11.0 (0.36)	33.7 (0.57)
Female	22.6 (0.53)	28.8 (0.57)	11.9 (0.41)	36.0 (0.62)
Age in years				
0–17	23.7 (0.63)	31.7 (0.71)	13.4 (0.54)	38.6 (0.74)
18–64	20.9 (0.45)	26.8 (0.51)	10.7 (0.34)	33.4 (0.55)
Race/ethnicity				
Hispanic	25.2 (1.07)	27.4 (1.02)	13.7 (0.76)	36.2 (1.15)
Non-Hispanic white only	20.1 (0.59)	28.8 (0.70)	9.8 (0.44)	34.4 (0.72)
Non-Hispanic black only	27.9 (1.11)	30.2 (1.12)	18.0 (0.92)	40.5 (1.26)
Non-Hispanic Asian only	10.3 (1.17)	13.6 (1.20)	4.2 (0.86)	17.2 (1.27)
Non-Hispanic other races	26.8 (2.16)	32.1 (2.41)	16.7 (1.85)	39.9 (2.58)
Health insurance coverage status at interview				
Uninsured ⁵	35.7 (1.00)	33.9 (0.98)	22.8 (0.82)	46.7 (1.06)
Private ⁶	15.7 (0.46)	26.7 (0.60)	6.2 (0.31)	30.4 (0.60)
Public ⁷	28.0 (0.80)	28.3 (0.78)	17.6 (0.70)	38.7 (0.88)
Poverty status ⁸				
Poor	32.8 (1.26)	27.9 (1.25)	23.1 (1.13)	41.3 (1.40)
Near poor	34.1 (1.06)	34.7 (1.10)	21.5 (1.00)	45.8 (1.10)
Not poor	16.0 (0.55)	27.1 (0.62)	6.2 (0.35)	31.0 (0.66)
Out-of-pocket medical expenses ⁹				
Less than \$2,000	18.2 (0.46)	22.5 (0.49)	10.1 (0.36)	29.3 (0.55)
\$2,000 and more	33.3 (1.09)	46.5 (1.17)	16.3 (0.80)	53.3 (1.16)

¹Problems paying medical bills in past 12 months is based on the following question: “In the past 12 months did [you/anyone in the family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.”

²Currently have medical bills that are being paid over time is based on the following question: “[Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.”

³Currently have medical bills that they are unable to pay at all is based on the following question: “[Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?” This question was asked of those who had problems paying medical bills in the past 12 months.

⁴Any financial burden of medical care is based on a positive response to “problems paying medical bills in the past 12 months” or a positive response to “currently have medical bills that are being paid over time.”

⁵A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

⁶Excludes plans that paid for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

⁷Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare (disability), and military plans. A small number of persons were covered by both public and private plans and were included in both categories.

⁸Based on family income and family size, using the U.S. Census Bureau’s poverty thresholds. “Poor” persons are defined as those below the poverty threshold; “near poor” persons have incomes of 100% to less than 200% of the poverty threshold; and “not poor” persons have incomes of 200% of the poverty threshold or greater. The percentage of respondents with unknown poverty status was 11.6% in the first two quarters of 2011. Estimates for persons with unknown poverty status are included in the total but are not shown separately. For more information on the unknown income and poverty status categories, see the National Health Interview Survey (NHIS) Survey Description Document for 2010, available from: <http://www.cdc.gov/nchs/nhis.htm>. Estimates may differ from estimates based on both reported and imputed income.

⁹Out of pocket medical expenses is based on the following question: “The next question is about money that [you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [you/your family] spend for medical care and dental care?”

NOTES: The estimates for 2011 are based on data collected from January through June. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, Family Core and Supplemental components, 2011.



Table 2. Percentages of persons aged 65 and over who were in families with selected financial burdens of medical care, by selected demographic characteristics: United States, January–June 2011

Selected characteristic	Problems paying medical bills in past 12 months ¹	Currently have medical bills that are being paid over time ²	Currently have medical bills that they are unable to pay at all ³	Any financial burden of medical care ⁴
Percent (standard error)				
Total	8.7 (0.42)	12.9 (0.56)	3.7 (0.25)	15.9 (0.61)
Sex				
Male	8.0 (0.54)	12.2 (0.71)	3.4 (0.31)	15.3 (0.81)
Female	9.2 (0.52)	13.4 (0.64)	3.9 (0.32)	16.4 (0.68)
Age in years				
65–74	10.2 (0.57)	15.9 (0.79)	4.8 (0.39)	19.0 (0.85)
75 and over	6.7 (0.54)	9.3 (0.64)	2.4 (0.29)	12.4 (0.70)
Race/ethnicity				
Hispanic	16.0 (1.97)	20.9 (2.11)	7.1 (1.13)	26.6 (2.37)
Non-Hispanic white only	6.8 (0.43)	11.0 (0.62)	2.7 (0.27)	13.4 (0.66)
Non-Hispanic black only	19.9 (1.94)	24.5 (1.82)	9.8 (1.08)	31.2 (2.16)
Health insurance coverage status at interview ⁵				
Private ⁶	5.9 (0.53)	9.7 (0.69)	1.8 (0.27)	12.0 (0.76)
Medicare and Medicaid ⁷	14.5 (1.79)	16.9 (1.94)	6.8 (1.21)	23.9 (2.27)
Medicare-only	12.1 (0.86)	17.6 (1.06)	5.9 (0.57)	20.9 (1.12)
Poverty status ⁸				
Poor	17.4 (1.73)	18.7 (2.00)	10.2 (1.34)	26.1 (2.30)
Near poor	17.1 (1.26)	21.4 (1.59)	8.2 (0.91)	26.6 (1.64)
Not poor	5.2 (0.43)	10.0 (0.63)	1.6 (0.23)	11.9 (0.69)
Out-of-pocket medical expenses ⁹				
Less than \$2,000	7.1 (0.43)	9.6 (0.55)	3.2 (0.26)	12.5 (0.60)
\$2,000 and more	13.3 (1.08)	22.4 (1.39)	5.2 (0.76)	25.7 (1.48)

¹Problems paying medical bills in past 12 months is based on the following question: “In the past 12 months did [you/ anyone in the family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.”

²Currently have medical bills that are being paid over time is based on the following question: “[Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.”

³Currently have medical bills that they are unable to pay at all is based on the following question: “[Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?” This question was asked of those who had problems paying medical bills in the past 12 months.

⁴Any financial burden of medical care is based on a positive response to “problems paying medical bills in the past 12 months” or a positive response to “currently have medical bills that are being paid over time.”

⁵Based on a hierarchy of mutually exclusive categories. Adults aged 65 and over with more than one type of health insurance were assigned to the first appropriate category in the hierarchy in the following order: Private, Medicare and Medicaid, and Medicare only. Those older adults who have not previously been classified as having private, Medicare and Medicaid, or Medicare-only coverage are included in the total but are not shown separately.

⁶Excludes plans that paid for only one type of service, such as accidents or dental care. Includes older adults who have both Medicare and any comprehensive private health insurance plan and those who have private health insurance only.

⁷Includes Medicaid, Children’s Health Insurance Program, state-sponsored or other government-sponsored health plan.

⁸Based on family income and family size, using the U.S. Census Bureau’s poverty thresholds. “Poor” persons are defined as those below the poverty threshold; “near poor” persons have incomes of 100% to less than 200% of the poverty threshold; and “not poor” persons have incomes of 200% of the poverty threshold or greater. The percentage of respondents with unknown poverty status was 11.6% in the first two quarters of 2011. Estimates for persons with unknown poverty status are included in the total but are not shown separately. For more information on the unknown income and poverty status categories, see the National Health Interview Survey (NHIS) Survey Description Document for 2010, available from: <http://www.cdc.gov/nchs/nhis.htm>. Estimates may differ from estimates based on both reported and imputed income.

⁹Out of pocket medical expenses is based on the following question: “The next question is about money that [you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [you/your family] spend for medical care and dental care?”

NOTES: The estimates for 2011 are based on data collected from January through June. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: CDC/NCHS, National Health Interview Survey, Family Core and Supplemental components, 2011.



Technical Notes

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) is releasing selected estimates of the burden of medical care cost for the civilian noninstitutionalized U.S. population based on data from the 2011 National Health Interview Survey (NHIS).

The estimates are being released prior to final data editing and final weighting, to provide access to the most recent information from NHIS. The resulting estimates for persons without health insurance are generally 0.1–0.3 percentage points lower than those based on the editing procedures used for the final data files. Occasionally, because of decisions made for the final data editing and weighting, estimates based on preliminary editing procedures may differ by more than 0.3 percentage points from estimates based on final files.

Estimates for 2011 are stratified by age group, sex, race/ethnicity, insurance status, poverty status, and out-of-pocket medical expenses. Separate tables are shown for persons under age 65 and for persons aged 65 and over.

Data source

Data used to produce this Early Release report are derived from the NHIS Family Core and Supplemental components from January through June 2011. These components collect information on all family members in each household. Data analysis for the January–June 2011 NHIS were based on 52,043 persons in the Family Core and Supplemental components. Visit the NHIS website at <http://www.cdc.gov/nchs/nhis.htm> for more information about the design, content, and use of NHIS.

Estimation procedures

NCHS creates survey weights for each calendar quarter of the NHIS sample. The NHIS data weighting procedure is described in more detail at http://www.cdc.gov/nchs/data/series/sr_02/sr02_130.pdf. Estimates were calculated using the NHIS survey weights, which are calibrated to census totals for sex, age, and race/ethnicity of the U.S. civilian noninstitutionalized population. Weights for the 2011 NHIS data were derived from 2000 census-based population estimates.

Point estimates, and estimates of their variances, were calculated using SUDAAN software to account for the complex sample design of NHIS. The Taylor series linearization method was chosen for variance estimation.

Unless otherwise noted, all estimates shown meet the NCHS standard of having less than or equal to 30% relative standard error. Differences between percentages or rates were evaluated using two-sided significance tests at the 0.05 level. Terms such as “greater than” and “less than” indicate a statistically significant difference. Terms such as “similar” and “no difference” indicate that the estimates being compared were not significantly different. Lack of comment regarding the difference between any two estimates does not necessarily mean that the difference was tested and found to be not significant.

Definitions of selected terms

Problems paying medical bills in past 12 months—Based on the following question: “In the past 12 months did [you/ anyone in the family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.”

Currently have medical bills that are being paid over time—Based on the following question: “[Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.”

Currently have medical bills that they are unable to pay at all—Based on the following question: “[Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?” This question was asked only of those who had problems paying medical bills in the past 12 months.

Any financial burden of medical care—Based on a positive response to “problems paying medical bills in the past 12 months” or a positive response to “currently have medical bills that are being paid over time.” Only those who responded positively to the former question were asked if they currently had medical bills that they were unable to pay at all.

Health insurance coverage at interview—The “Private health insurance coverage” category excludes plans that pay for only one type of service, such as accidents or dental care. The “Public health plan coverage” category includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories. A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, CHIP, state-sponsored or other government-sponsored health plan, or military plan, at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. The analyses excluded persons with unknown health insurance status (about 1% of respondents each year).

For adults aged 65 and over, a health insurance hierarchy of mutually exclusive categories was used. Older adults with more than one type of health insurance were assigned to the first appropriate category in the following hierarchy: Private (includes older



adults who have both Medicare and any comprehensive private health insurance plan and those who have private health insurance only), Medicare and Medicaid (includes older persons who do not have any private coverage but who have both Medicare and Medicaid or other state-sponsored health plans including CHIP) and Medicare-only (includes older persons who only have Medicare coverage).

The terms HIKIND, MCAREPRB, and MCAIDPRB refer to questions in NHIS. Data on type of health insurance are collected through the HIKIND question: “What kind of health insurance or health care coverage [do you/does person’s name] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.” Respondents can indicate private and public plans or indicate that they or family members are not covered by insurance. In addition, two additional questions were used to help classify individuals into coverage types, one question, MCAREPRB, was asked of persons aged 65 and over who had not indicated that they had Medicare. The MCAREPRB question is: “People covered by Medicare have a card which looks like this. [Are you/Is person’s name] covered by Medicare?” The other question, MCAIDPRB, was asked of persons under age 65 who had not indicated any type of coverage. The MCAIDPRB question is: “There is a program called Medicaid that pays for health care for persons in need. In this State it is also called [state name]. [Are you/Is person’s name] covered by Medicaid?”

Data on health insurance status were edited using an automated system based on logic checks and keyword searches. For comparability, the estimates for all years were created using these same procedures.

Hispanic or Latino origin and race—Refers to two separate and distinct categories. Persons of Hispanic or Latino origin may be of any race. Hispanic or Latino origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. Race is based on the family respondent’s description of his or her own race background, as well as the race background of other family members. For conciseness, the text, tables, and figures in this report use shorter versions of the 1997 Office of Management and Budget terms for race and Hispanic or Latino origin. For example, the category “Not Hispanic or Latino, black or African American, single race” is referred to as “non-Hispanic black only” in the text, tables, and figures. Estimates for non-Hispanic persons of races other than white only, black only, and Asian only, or of multiple races, are combined into the “non-Hispanic other races” category.

Poverty status—Poverty categories are based on the ratio of the family’s income in the previous calendar year to the appropriate poverty threshold (given the family’s size and number of children) defined by the U.S. Census Bureau for that year (2). Persons categorized as “Poor” have a ratio less than 1.0 (i.e., their family income was below the poverty threshold); “Near poor” persons have incomes of 100% to less than 200% of the poverty threshold; and “Not poor” persons have incomes that are 200% of the poverty threshold or greater. The percentage of respondents with unknown poverty status in the first two quarters of 2011 was 11.6%. For more information on unknown income and unknown poverty status, see the NHIS Survey Description Document for 2010 (available from: <http://www.cdc.gov/nchs/nhis.htm>).

NCHS imputes exact income for approximately 30% of NHIS records. The imputed income files are released a few months after the annual release of NHIS microdata and are not available for the ER updates. Therefore, estimates stratified by poverty status in this ER report are based on reported income only and may differ from similar estimates produced later that are based on both reported and imputed income.

Additional Early Release Program Products

Additional reports are published through the Early Release Program. “Early Release of Selected Estimates Based on Data From the National Health Interview Survey” is published quarterly in March, June, September, and December and provides estimates of 15 selected measures of health. Measures of health include estimates of health insurance, having a usual place to go for medical care, obtaining needed medical care, influenza vaccination, pneumococcal vaccination, obesity, leisure-time physical activity, current smoking, alcohol consumption, HIV testing, general health status, personal care needs, serious psychological distress, diagnosed diabetes, and asthma episodes and current asthma.

“Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey” is published quarterly in about March, June, September, and December and provides detailed estimates of health insurance coverage.

“Wireless Substitution: Early Release of Estimates From the National Health Interview Survey” is published in May and December and provides selected estimates of telephone coverage in the United States.

In addition to these reports, preliminary microdata files containing selected NHIS variables are produced as part of the Early Release Program. For the 2011 NHIS, these files will be made available three times: in September 2011, December 2011, and March 2012. NHIS data users can analyze these files through the NCHS Research Data Center without having to wait for the final annual NHIS microdata files to be released.

New measures may be added as work continues and in response to changing data needs. Feedback on these releases is welcome (e-mail).

Announcements about Early Releases, other new data releases, publications, or corrections related to NHIS will be sent to members of the HISUSERS listserv. To join, visit the CDC website at <http://www.cdc.gov/subscribe.html>.



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