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Table 2: Publications on Childhood Injury in the United States

	1966-1975	1976-1980	1981-1986	1987-1992	1993-1997
Annual Publications	19.1	24.8	35	50	58.4
Proportion of all United States References	0.39%	0.36%	0.55%	0.54%	0.59%
Proportion of all References to Children	0.11%	0.12%	0.15%	0.21%	0.26%
Proportion of all References to Wounds and Accidents	0.21%	0.27%	0.33%	0.38%	0.46%

Source: Medline 1966-1997

Table 4: Dr. Spock on Injury Prevention

	Spock 1957 (2nd edition), 15 million copies sold	Spock 1976 (4th edition), 28 million copies sold	Spock 1992 (6th ed.), 40 million copies sold
Section title	Avoiding Accidents and Fears	Avoiding Accidents	Preventing Injuries
Location	One Year Old section	One Year Old section	Entire Chapter
Length	3 pages	5 pages	13 pages + 1 paragraph in 1 year old section
Preamble	One year is a dangerous age. Parents cannot prevent all injuries. If they were careful enough or worrisome enough, they would only make a child timid.	Accidents are now the biggest cause of death. (1957 preamble appears later)	"Injuries now cause more deaths in children over the age of 1 year than all illnesses combined. The three leading causes of these injuries are motor vehicles, fire..., and drowning." Two basic principles: awareness and supervision (1957 preamble appears later)
Cautions	high chair baby carriage stairs windows pot handles small objects bath temperature cover wall sockets with tape tools medicine and poisons	high chair baby carriage stairs windows pot handles small objects bath temperature **OUTLET COVERS** tools medicine and poisons **CAR SEATS** seat belts pedestrian safety fire extinguisher **CLOTHES FLAMMABILITY** tub drowning	high chair baby carriage stairs windows pot handles small objects bath temperature **OUTLET COVERS** tools medicine and poisons **CAR SEATS** seat belts pedestrian safety fire extinguisher **CLOTHES FLAMMABILITY** tub drowning **BICYCLE HELMETS** **HOT WATER HEATER** **SMOKE DETECTORS**

Production of Child Injury Mortality

- National Mortality Detail File 1968-1970, 1978-1980, 1988-1990
- All E –Codes among children 1-12
- Compute state total for children 1-5 and 6-12
- Compute state total by age for 1968-1970, 1978-1980, 1988-1990

- Current Population Survey 1968-1970, 1978-1980, 1988-1990
- Compute average characteristics of families with children 1-5, 6-12 by state (region before 1973)

- Census 1970, 1980, 1990
- Counts of children by age group by state

Glied, Sherry. "The Value of Reductions in Child Injury Mortality in the U.S.", in Medical Care Output and Productivity, (David M. Cutler and Ernst R. Berndt, eds.) University of Chicago Press, Chapter 13, pg. 511-538, 2001.

Relationship between Race and Having Had a Mammogram for Women Age 50+

Race	Mean Value	Unadjusted		Adjusted*	
		Odds Ratio	P	Odds Ratio	P
White, not Hispanic	0.621				
Black, not Hispanic	0.657	1.16	0.220	**1.94**	0.000
Hispanic	0.548	0.737	0.095	1.12	0.563
Other	0.548	0.738	0.296	0.765	0.429

"Mammogram": 1. Had a mammogram within the past two years 0. Did not have a mammogram within the past two years

Note: All mean values differ significantly from each other (P < .0001)

*Adjusted odds ratio controls for insurance type, family income, educational level, health status, and region.

Odds ratios are calculated by excluding "White, not Hispanic"

Insurance types: 0 Uninsured 1 Private health insurance only 2 Private health insurance and Medicare 3 Medicare only 4 Medicare and Medicaid 5 Champ 6 Medicaid only 7 Military health care 8 Indian Health Care 9 Other Public Assistance 10 Other insurance

Source: NHIS, 1994

Analyses for Commonwealth Fund.

Table 1: Percent of All Visits in which Patient's Reason for visit was Mental Health Symptom or Disorder										
Age of Patient	Type of Physician at Visit	Year								
		1993	1994	1995	1996	1997	1998	1999	2000	2001
<19	General	1.7	2.5	2.5	2.2	2.7	2.3	3.0	3.3	3.2
19-65	General	4.0	4.7	4.6	5.7	4.5	5.9	5.0	5.5	5.3
65+	General	3.4	3.7	4.0	3.6	3.6	3.9	4.2	3.8	4.7
Source: NAMCS 1993-2001										

Table 1: Percent of All Visits that Included a Mental Health Diagnosis										
Age of Patient	Type of Physician at Visit	Year								
		1992	1993	1994	1995	1996	1997	1998	1999	2000
<19	ER	0.9	1.0	1.4	1.5	1.5	1.6	1.7	1.6	1.8
	OP	3.5	4.6	5.7	6.4	8.5	8.0	9.1	6.9	8.1
19-64	ER	5.6	5.3	5.3	5.7	6.0	6.8	6.7	5.8	5.5
	OP	10.5	10.4	11.4	11.3	10.8	12.9	11.8	11.1	11.3
65+	ER	3.5	3.4	3.0	3.2	2.5	2.3	2.8	3.4	2.9
	OP	3.1	6.2	5.2	5.9	3.8	4.5	4.9	5.4	5.2

NHAMCS

Table 1: Percent of All Discharges that Included a Mental Health Diagnosis							
Age of Patient	Year						
	1996	1997	1998	1999	2000	2001	2002
<19	3.8	4.3	4.7	4.7	5.2	6.4	6.3
19-64	18.4	20.0	20.2	21.5	23.1	24.4	25.9
65+	9.0	10.0	10.2	10.7	11.7	11.5	11.7

NHDS

Sherry Glied. Preliminary Analyses for MacArthur Tracking Survey

Table 1. Descriptive Statistics

	Obs.	Mean	S.D.	25th %	75th %	TFFS Mean	HMO Mean	Medicaid Mean	Medicare Mean
Duration	100195	17.82	10.50	10	20	18.28	16.95*	16.10*	18.52*
Tests	109895	0.83	0.92	0	1	0.77	0.84*	0.77	0.95*
Medications	109895	1.33	1.37	0	2	1.20	1.23*	1.36*	1.72*
Return Spec.	109895	0.62	0.49			0.59	0.57*	0.61*	0.75*
HMO patients (%)	109895	24.50							
Medicaid patients (%)	109895	8.46							
Medicare patients (%)	109895	20.90							

Table 2. Practice Composition by Patient Insurance Status

Patient Insurance Status	TFFS Share	Medicaid Share	Medicare Share	HMO Share	25th% HMO Share	Median HMO Share	75th% HMO Share
TFFS	0.60	0.07	0.18	0.15	0	0.05	0.25
HMO	0.29	0.04	0.10	0.57	0.33	0.59	0.83
Medicaid	0.36	0.39	0.14	0.12	0	0.01	0.19
Medicare	0.41	0.06	0.42	0.11	0	0.04	0.17
Total	0.46	0.08	0.21	0.25	0	0.13	0.40

Table 4. Effect of Practice Composition on Treatment

Dependent Variable	Duration	Count of Tests	Medications Ordered	Return Specified
HMO	-0.161	-0.0055	-0.028**	-0.032
	(0.104)	(0.0091)	(0.014)	(0.029)
Medicaid	-0.490**	-0.0043	0.086**	0.130**
	(0.149)	(0.015)	(0.023)	(0.044)
Medicare	-0.662**	0.018	0.056**	0.027
	(0.164)	(0.012)	(0.023)	(0.040)
Practice HMO %	-2.724**	0.081**	0.171**	-0.063
	(0.525)	(0.034)	(0.052)	(0.094)
Practice Medicaid%	-2.297**	0.088	0.223**	0.131
	(0.964)	(0.058)	(0.084)	(0.200)
Practice Medicare %	-2.997**	0.059	0.204**	0.508**
	(0.770)	(0.045)	(0.084)	(0.138)
R-sq.	0.224	0.390	0.249	0.165
#obs:	100195	109895	109895	109895

(standard errors in parentheses with p<0.05 *) Data are from 1993-1996 National Ambulatory Medical Care Survey.

Glied, Sherry and J. Graff Zivin, "How Do Doctors Behave When Some (But Not All) of Their Patients are in Managed Care?" Journal of Health Economics, 21(2002): 337-353.

TABLE 3: EFFECT OF EDUCATION ON MORTALITY-LEAST SQUARE RESULTS

Variables						
Data		Census	NHEFS	NHEFS	NHEFS	NHEFS
Method		WLS	OLS	Probit[a]	WLS	W LS
Level[d]		Aggregate[b]	Individual	Individual	Aggregate[b]	Aggregate[c]
Dependent Variable		10-year death rate	died 75-85	died 75-85	death rate 75-85	death rate 75-85
Individual characteristics	Education	-0.012** (0.004)	-0.012** (0.002)	-0.011** (0.002)	-0.017** (0.004)	-0.013** (0.005)

TABLE 4: EFFECT OF EDUCATION ON MORTALITY-IV RESULTS

Variables		NHEFS[b]	Census[a][c]	Census[a][b][c]	Census[a][b][c]
Data		NHEFS[b]	Census[a][c]	Census[a][b][c]	Census[a][b][c]
Method		2SLS	Wald	2SLS	Mixed 2SLS
Level		Individual	Aggregate	Aggregate	Aggregate
Dependent Variable		Died 1975-1985	10-year death rate	10-year death rate	10-year death rate
Individual characteristics	Education	-0.020 (0.054)	-0.037** (0.006)	-0.045* (0.026)	-0.059** (0.027)

Adriana Lleras-Muney. The Relationship Between Education and Adult Mortality in the United States. NBER **w8986** Jun 2002

TABLE 4: Results with the NHIS
The effect of education on the probability of dying in five years
(all causes of death)

Dependent Variable: dead=1 if died within 5 year	All	Males	Females
Education	-0.0048***	-0.0055***	-0.0035***
	(0.0003)	(0.0004)	(0.0004)
Interview Year (1986=0)	-0.0008	-0.0014	-0.0004
	(0.0006)	(0.0009)	(0.0007)
Hispanic	-0.0204**	-0.0207**	-0.0194**
	(0.0030)	(0.0048)	(0.0036)
Married	-0.0137***	-0.0354***	-0.0153**
	(0.0019)	(0.0035)	(0.0022)
Female	-0.0489***		
	(0.0015)		
N	164,710	75,770	88,940

Notes: Data: NHIS-MDC data. Sample consist of whites ages 40 and above with no missing values. Regressions also include single year of age dummies and use person weights provided by NHIS.
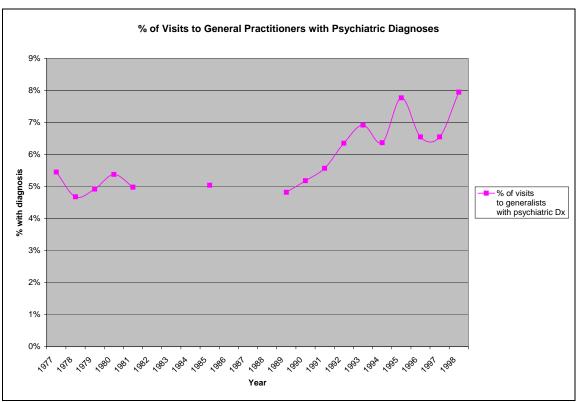
Table 6: Results using the NHIS: Is the Effect of education on mortality larger for diseases where more progress has occurred between 1985 and 1995? Fully Flexible specification

Dependent variable: Effect of education on the probability of dying within 5 years of diagnosis (separate regression by cause of death)	Education	Education
WEIGHT	Inverse of variance of beta	Number of deaths by disease in 1986
Progress measured by decreases in age-adjusted mortality (-Estimated annual percent change in age-adjusted mortality)	-1.64e-07 2.26e-07	-0.0000612*** (0.0000216)

Notes: Standard errors in parentheses. N=55. Each coefficient comes from a separate regression, where the effect of education for each cause of death is regressed on a constant and on the relevant measure of innovation, using the variance of the effect of education as weights. The effect of education is the coefficient on education in a regression of the probability of dying in 5 years after the interview, which includes single age dummies, family income, female dummy, Hispanic dummy and interview year. We obtained 55 different coefficients (and their standard errors) by running a regression for each cause of death. Sample consists of whites ages 40 and above with no missing data.

% of Visits to General Practitioners with Psychiatric Diagnoses

Source: NAMCS 1977 – 1998.

Frank, Richard and Sherry Glied. <u>Better, but Not Well</u>. Book Manuscript.