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Data Bulletin

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Medical Expenditures in Construction, 2021-2022

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OVERVIEW

Construction workers encounter numerous hazards and exposures on the job site, which not only lead to injuries but can cause chronic health conditions. Although healthcare is vital for preventing and treating diseases and disabilities, there are many barriers to care, including cost, lack of insurance, and not having a primary doctor. Healthcare costs—which have increased faster than inflation—continue to be a concern for both employers and employees.

This Data Bulletin examines medical *expenditures* from 2021 to 2022 among construction workers by demographics, worker characteristics, *insurance status*, *health status*, and *usual source of care*. Expenditure data comes from the Agency for Healthcare Research and Quality Medical Expenditure Panel Survey (MEPS) data. MEPS collects data on health, healthcare, insurance coverage, medical expenditures, as well as employment and demographic data. All expenditures were adjusted for inflation to 2022 dollars.

THIS ISSUE

This issue examines medical expenditures among construction workers by demographics, worker characteristics, insurance status, health status, and usual source of care.

KEY FINDINGS

The average construction worker had a lower annual expenditure on healthcare than workers overall ($5,400 versus $8,300).
Chart 1

Construction workers who were 55 years and older, female, or white, non-Hispanic had higher annual expenditures than construction workers overall.
Chart 2

Approximately 15% of expenditures among construction workers were out-of-pocket expenses.
Chart 5

Expenditures were three times higher among workers who reported fair to poor health than among those who reported good to excellent health.
Chart 10

Those who see a doctor for care had the highest average expenditure at $10,200, compared to those seeing a nurse practitioner ($9,000) or physician's assistant ($4,400).
Chart 12

NEXT DATA BULLETIN

Occupational Exposures

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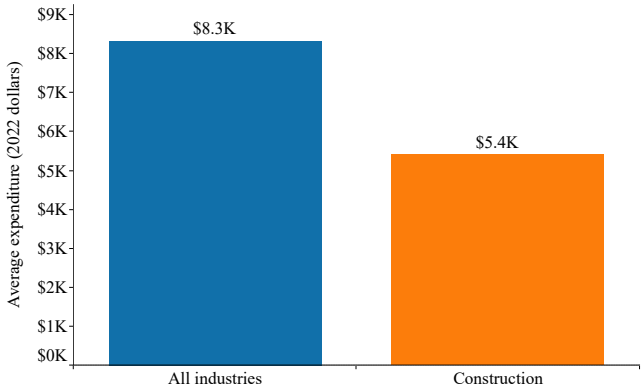
Average expenditures by industry were examined first (Chart 1). From 2021 to 2022, the average expenditure per worker was 1.5 times higher among all industries than in construction ($8.3 thousand (K) versus $5.4K). The lower-than-average expenditure among construction workers is consistent with prior findings.

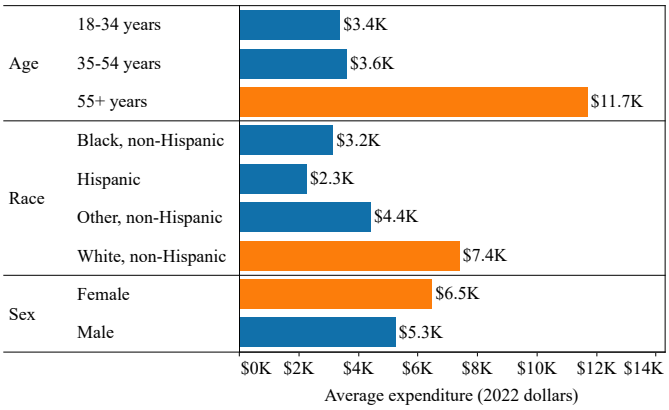
1. Average expenditure per worker, by industry (2021-2022)



Source: *Agency for Healthcare Research and Quality, 2021-2022 Medical Expenditure Panel Survey.*

Next, expenditures among construction workers were explored by demographics (Chart 2). Construction workers who were 55 years and older ($11.7K), white, non-Hispanic ($7.4K), and female ($6.5K) had higher expenditures than the $5.4K average among all construction workers (Chart 1). The $11.7K average expenditure among construction workers 55 years or older was not only the highest among any demographic, it was also 3.4 times higher than that of workers 18 to 34 years old ($3.4K).

2. Average expenditure in construction, by demographic (2021-2022)*

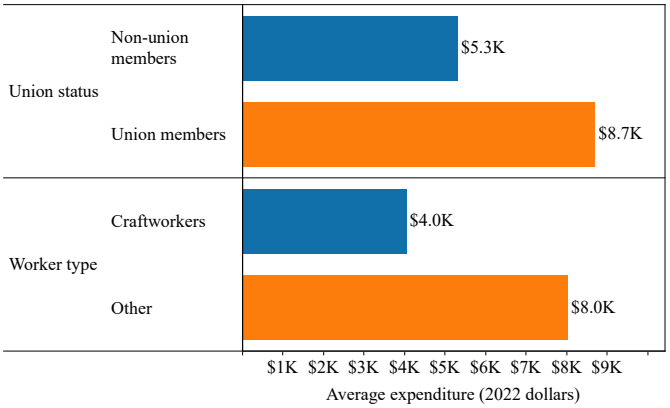


Source: *Agency for Healthcare Research and Quality, 2021-2022 Medical Expenditure Panel Survey.*

**Orange bars indicate expenditure higher than all construction ($5.4K).*

Average expenditures were also examined by worker characteristics (Chart 3). By *union status*, average expenditures were 1.6 times higher among *union workers* than *non-union workers* ($8.7K versus $5.3K). Construction union workers are more likely to have employer-provided insurance and a usual source of care which may explain higher expenditures. By *worker type*, the average expenditure was twice as high among workers other than *craftworkers* ($8.0K versus $4.0K)

3. Average expenditure in construction, by worker characteristics (2021-2022)*

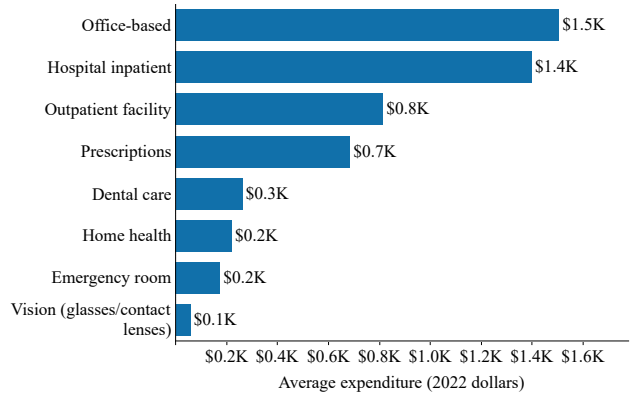


Source: *Agency for Healthcare Research and Quality, 2021-2022 Medical Expenditure Panel Survey.*

**Orange bars indicate expenditure higher than all construction ($5.4K).*

Expenditures by expense type were then analyzed (Chart 4). The highest expenditure was for *office-based expenses* ($1.5K), followed by inpatient hospital expenses ($1.4K). The lowest average expenditure category was vision care (e.g., glasses, contact lenses; $0.1K).

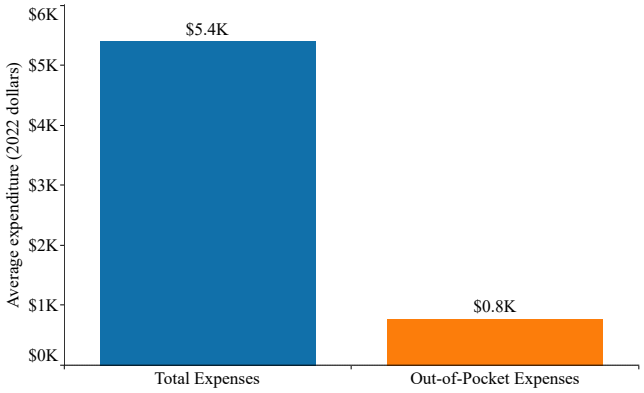
4. Average healthcare expenditure in construction, by expense type (2021-2022)



Source: *Agency for Healthcare Research and Quality, 2021-2022 Medical Expenditure Panel Survey.*

Approximately 15% of healthcare spending among construction workers went to *out-of-pocket* expenditures, with an average annual amount of $0.8K (Chart 5). Nationally, 10.7% of healthcare expenditures in 2021 were for out-of-pocket spending.

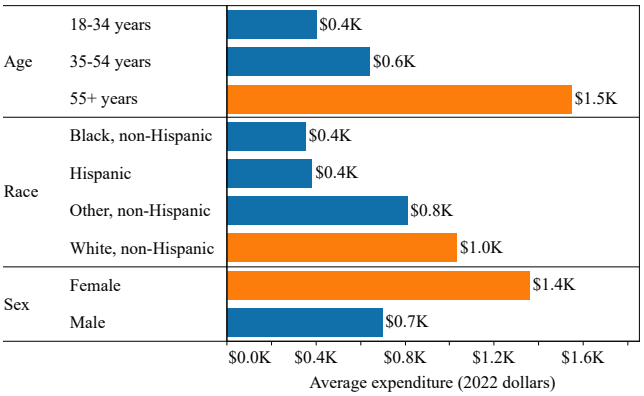
5. Average expenditure in construction, total and out-of-pocket (2021-2022)



Source: *Agency for Healthcare Research and Quality, 2021-2022 Medical Expenditure Panel Survey.*

Next, out-of-pocket expenditures were examined by demographics (Chart 6). Similar to all expenses, construction workers 55 years or older ($1.5K), female ($1.4K), and white, non-Hispanic ($1.0K) had higher out-of-pocket expenditures on average than all construction workers ($0.8K).

6. Average out-of-pocket expenditure in construction, by demographic (2021-2022)

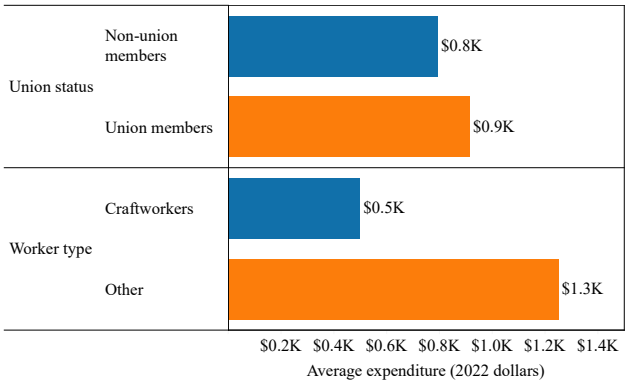


Source: *Agency for Healthcare Research and Quality, 2021-2022 Medical Expenditure Panel Survey.*

**Orange bars indicate expenditure higher than all construction ($0.8K).*

By worker characteristics, out-of-pocket expenditures were comparable among union and non-union workers ($0.9K versus $0.8K), while other construction workers had a higher average out-of-pocket expenditure than craftworkers ($1.3K versus $0.5K).

7. Average out-of-pocket expenditure in construction, by worker characteristics (2021-2022)

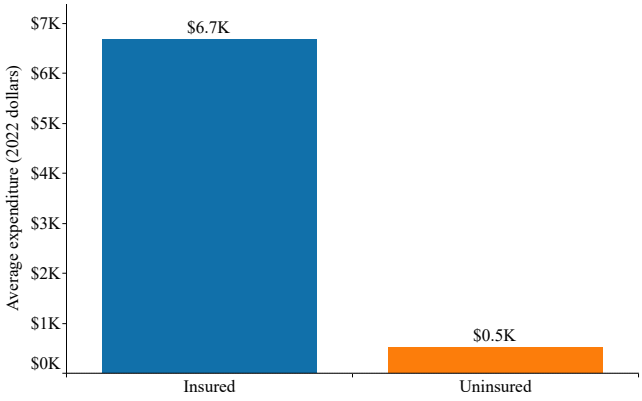


Source: *Agency for Healthcare Research and Quality, 2021-2022 Medical Expenditure Panel Survey.*

**Orange bars indicate expenditure higher than all construction ($0.8K).*

The impact of *insurance status* on expenditures was then examined. From 2021 to 2022, *insured worker's* average expenditure per person was 13.4 times higher than for *uninsured* workers (6.7K versus 0.5K; Chart 8).

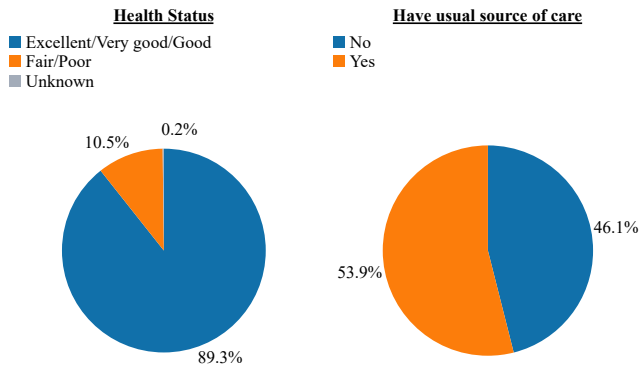
8. Average expenditure in construction, by insurance status (2021-2022)



Source: *Agency for Healthcare Research and Quality, 2021-2022 Medical Expenditure Panel Survey.*

Next, self-reported health status and usual source of care among construction workers were analyzed (Chart 9). The overwhelming majority (89.3%) of construction workers reported good to excellent health. Slightly less than half (46.1%) of construction workers reported they had a usual source of care provider.

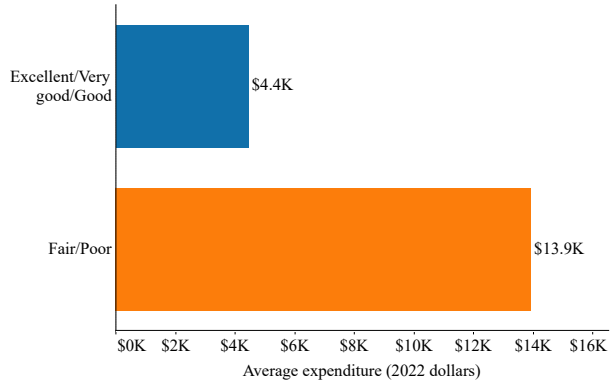
9. Self-reported health status and usual source of care among construction workers (2021-2022)



Source: *Agency for Healthcare Research and Quality, 2021-2022 Medical Expenditure Panel Survey.*

Construction workers who reported fair/poor health had an average expenditure 3.2 times higher than those with good to excellent health ($13.9K versus $4.4K; Chart 10). Chronic diseases, which may result in someone reporting poor health, contribute to healthcare costs in the U.S., with approximately 90% of expenditures being for individuals with chronic disease and mental health conditions.

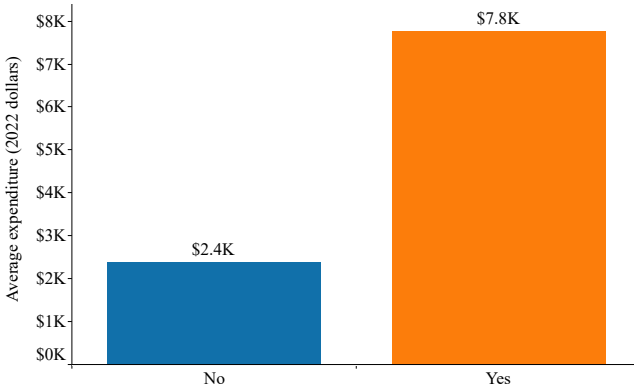
10. Average expenditures, self-reported health status (2021-2022)



Source: *Agency for Healthcare Research and Quality, 2021-2022 Medical Expenditure Panel Survey.*

Construction workers with a usual source of medical care, such as a family doctor, had an average expenditure 3.3 times higher than those without ($7.8K versus $2.4K; Chart 11). Prior work has shown those with usual source of care have higher total expenditures associated with usual care, but lower hospital-related expenses.

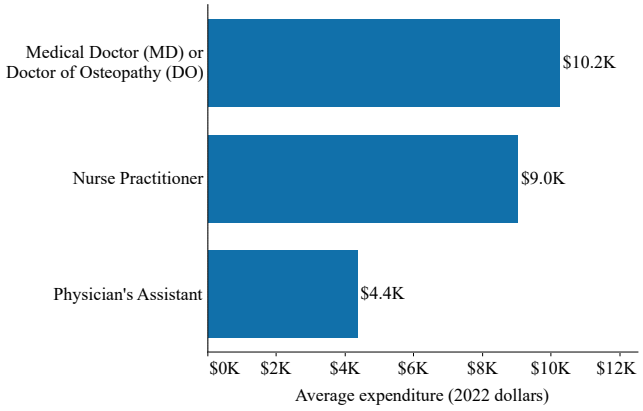
11. Average expenditures in construction, by usual source of care (2021-2022)



Source: *Agency for Healthcare Research and Quality, 2021-2022 Medical Expenditure Panel Survey.*

Lastly, expenditures by type of usual source of care were explored (Chart 12). Those who reported seeing a doctor had the highest average expenditure ($10.2K), followed by those seeing a nurse practitioner ($9.0K). Those who reported seeing a physician's assistant for usual care had the lowest average expenditure ($4.4K). This is consistent with other studies showing patients who see doctors for primary care have higher costs.

12. Average expenditure in construction, by type of usual source of care (2021-2022)



Source: *Agency for Healthcare Research and Quality, 2021-2022 Medical Expenditure Panel Survey.*

Monitoring medical expenditures among construction workers, including identifying workers with above average expenses, remains important. Almost half of workers in the U.S. reported it was difficult to afford healthcare, and the costs can delay seeing a provider.

Analyzing demographic differences can help identify workers who may be suffering from a gap in healthcare services. For example, Hispanic construction workers, who account for almost a third of the workforce, have the lowest average expenditure. Health insurance and source of usual care were also found to be important factors of expenditures.

CPWR provides many resources and training tools to reduce injuries and illnesses among construction workers which would lower associated healthcare costs. Updated information on health insurance coverage can be found on CPWR's new Interactive Construction Chart Book data dashboard. OSHA and NIOSH also have materials that address hazards and exposures in the construction industry.

ACCESS THE CHARTS & MORE

View the charts in PowerPoint and the data underlying the charts in Excel. Downloading will start when you click on each link. These files can also be found under the Data Bulletin at: https://www.cpwr.com/research/data-center/data-reports/.

DEFINITIONS

- ***Expenditures*** *– Direct payments by individuals, public and private insurance, Worker's Compensation, and other public sources for hospital stays, emergency room visits, outpatient department visits, office-based medical provider visits, dental visits, home health care, other medical expenses, and prescription medicines.*
  - ***Average expenditure*** *– The average expenditure per worker based on a pooled sample.*
- ***Health status*** *– Respondents' perceived health status from excellent to poor.*
- ***Insurance status*** *– Indicates if respondent had health insurance.*
  - ***Insured*** *– Reported private or public insurance.*
  - ***Uninsured*** *– Reported being uninsured.*
- ***Office-based expense*** *– Visits that occur in a office, medical clinic, health center, surgical center, walk-in-urgent care. Learn more at: meps.ahrq.gov/mepsweb/data_stats/MEPS_topics.jsp?topicid=36Z-1.*
- ***Out-of-pocket*** *– Expenditures paid by an individual or their family that are not covered by insurance.*
- ***Union status*** *– Indicates if the respondents were a member of a labor union or an employee association.*
  - ***Non-union member*** *– Was not a member of a union.*
  - ***Union member*** *– Was a member of a union.*
- ***Usual source of care*** *– Indicates if the respondent reports having a source of usual care.*
- ***Worker type*** *– Indicates the type of work being performed by the worker.*
  - ***Craftworkers*** *– All workers except those who are managerial, professional, or administrative support. Also called blue-collar or production workers.*
  - ***Other workers*** *– Includes managerial, professional, and administrative support workers. Also called white-collar workers.*

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ABOUT THE CPWR DATA CENTER

The CPWR Data Center is part of CPWR–The Center for Construction Research and Training. CPWR is a 501(c)(3) nonprofit research and training institution created by NABTU, and serves as its research arm. CPWR has focused on construction safety and health research since 1990. The Data Bulletin, a series of publications analyzing construction-related data, is part of our ongoing surveillance project funded by the National Institute for Occupational Safety and Health (NIOSH).

Besides cpwr.com, visit CPWR's other online resources to help reduce construction safety and health hazards:

- Choose Hand Safety
  https://choosehandsafety.org/
- Construction Solutions
  https://www.cpwrconstructionsolutions.org/
- COVID-19 Construction Clearinghouse
  https://covid.elcosh.org/index.php
- Electronic Library of Construction Occupational Safety and Health
  https://www.elcosh.org/index.php
- eLCOSH Nano
  https://nano.elcosh.org/
- Exposure Control Database
  https://ecd.cpwrconstructionsolutions.org/
- Nano Safety Data Sheet Improvement Tool
  https://nanosds.elcosh.org/
- Safety Climate–Safety Management Information System (SC-SMIS)
  www.scsmis.com
- Stop Construction Falls
  https://stopconstructionfalls.com/
- Work Safely with Silica
  https://www.silica-safe.org/

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