

A large, stylized graphic of the American flag, rendered in black and white. The top portion shows the stars and stripes, while the rest of the flag is represented by thick, black, blocky shapes that suggest the stripes and the overall form of the flag. The graphic is positioned on the left side of the page, partially overlapping the title.

HEALTH UNITED STATES 1975

DHEW Publication No. (HRA) 76-1232

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Health Resources Administration
National Center for Health Statistics
Rockville, Maryland

SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05----	0.0
Figure does not meet standards of reliability or precision-----	*

This publication consists of reports to the Congress required by Section 308 (a) (2) of the Public Health Service Act:

Part A: Financial Aspects of the Nation's Health Care 1
Part B: Health Resources 101
Parts C and D: Health Status and Use of Health Services.... 147

Part A was prepared by the National Center for Health Services Research. Parts B and C-D were prepared by the National Center for Health Statistics.

Tables of Contents appear at the beginning of each part.
An index to the full publication begins on page..... 600

Technical Note

The data presented in this report were obtained from a wide range of sources, including governmental and nongovernmental, and primary and secondary sources. In some cases, information on a single topic was derived from different sources, occasionally resulting in apparent inconsistencies. Because of the differences in data sources, the inconsistencies in estimates can not always be resolved. Inconsistencies particularly resulted when different populations (end of year, mid year, total resident, civilian resident) were used in the computations of various rates. Despite these differences which produce minor inconsistencies in the data, the major conclusions about the health status and utilization patterns are not affected.

SECTION A.

FINANCIAL ASPECTS
OF THE NATION'S HEALTH CARE

TABLE OF CONTENTS

	Page
Introduction	1
I. National Health Expenditure Trends (Tables A.1 - 4).....	6
Health expenditures and GNP; expenditure growth and its components	
II. Sources of Funds for Health Expenditures	14
1. Public and private funds (Tables A.5 - 19).....	14
Public expenditures by source of funds; personal health care expenditures by source of funds; personal health care expenditures by source of funds for three age groups; public expenditures and sources by geographic area; public expenditures by program; public expenditures by program for three age groups; public expenditures by program and type of expenditure; Medicare reimbursement by State; Medicare in urban, suburban and rural counties; Medicare reimbursement by type of service and geographic area; Medicaid expenditures and recipients; Medicaid expenditures by State; Medicaid expenditures per recipient by State; distribution of personal health care expenditures met by third parties and by direct payment	
2. Personal health care expenditures related to family socio-economic characteristics (Tables A.20 -22).....	43
Personal expenditures by population characteristics; family health expenditure as a proportion of income; catastrophic expenditures	
3. The population's health insurance coverage (Tables A.23-28)	50
Individual coverage by type of coverage; coverage by population characteristics; the uninsured population; hospital insurance by group versus non-group coverage; contributions for group policies; private health insurance enrollment and employment	
III. Allocation of Health Expenditures.....	64
1. Expenditures by type of medical care provider (Tables A.29 - 30).....	64
2. Medical care prices (Tables A.31 - 35).....	67
The medical care component of the CPI as a measure of medical care prices; hospital price and cost inflation; factors contributing to increases in hospital cost	
3. Hospital and nursing home revenues (Tables A.36 - 39).....	78
Hospital inpatient revenues; hospital outpatient revenues; nursing home revenues; nursing home source of funds	
4. Physicians' and dentists' incomes (Tables A.40 - 46).....	86
Physicians' incomes by region; physicians' incomes by specialty and location; physicians' incomes by type of practice; physicians' fees by specialty and region; physicians' fees by specialty and type of practice; dentists' incomes by region; dentists' incomes by type of practice	

INTRODUCTION

This section covers three major financial aspects of the Nation's health care: (A.I) National Health Expenditure Trends, (A.II) Sources of Funds for Health Expenditures, and (A.III) the Allocation of Health Expenditures.

In the sections on Expenditure Trends and Source of Funds, we have devoted a large portion of the space to aggregate data on public programs, especially Medicare, and have therefore drawn heavily on Social Security Administration data. On the other hand, in the latter part of the Source of Funds section much of the data have been derived very differently (from surveys), and it is important to note that per capita values derived from aggregate data are not necessarily comparable to per patient values derived from survey data (from the Center for Health Administration Studies).

The first section (A.I), on Expenditure Trends, describes the level of U.S. health expenditures since 1929 and their rate of growth. In calendar year 1973 the U.S. spent approximately \$99 billion for health and medical care, or 7.7 percent of the Gross National Product (GNP). The rate of growth of total health expenditures exceeded 12.2 percent per year during the latter 1960s, with implementation of Medicaid in 1966, but slowed to 10.4 percent per year after 1971. The proportion of GNP spent on health and medical care rose steadily through 1971, and then remained essentially constant at approximately 7.7 percent through 1973.

Three major elements account for changes in the level of total health care expenditures--prices, population, and other residual factors which include, particularly, utilization and quality changes.

During the period 1965-1971, price increases accounted for about half of the increase in expenditures. Between 1971 and 1973, the share accounted for by price increases declined, largely as a result of the Economic Stabilization Program.

The contribution of population growth has shown a downward trend over the entire period, owing in part to a decline in the birth rate.

Section A.II reflects the shift from private to public sources of health care expenditures. Since 1929, when about 13 percent of total health expenditures were financed from public funds, public expenditures have risen steadily, covering nearly 40 percent of health expenditures in 1974. The shift is even more dramatic in expenditures for personal health care; public expenditures were 8.9 percent and 37.6 percent for 1929 and 1974, respectively.

Medicare and Medicaid together made up three-fifths of the public expenditures for supplies and services (a category that excludes funds for research and medical-facilities construction), with each program contributing 30 percent. Fifty-eight percent of all public outlays for health services financed hospital care. In 1974, hospital expenditures accounted for 71 percent of government payments under the Medicare program, yet only 37 percent of Medicaid expenditures were paid to hospitals. Detail on reimbursement rates is available in Section A.II.

At the same time that public funds have been covering a larger part of the health care bill, private insurance coverage has also expanded. The result is that third-party payments now cover nearly two-thirds of personal health expenses, as compared with approximately one-third in 1950.

However, third-party payments by type of service provided have remained uneven. Nearly 90 percent of hospital expenses involve third-party payments, but only 61 percent of physicians' services and 14 percent of dental and drug expenses are covered.

In addition, health insurance coverage also varies by demographic characteristics. Such disparities in coverage influence the proportion of family income spent on health care: for families with incomes under \$2,000, 12.6 percent of family income was consumed by health care in 1970, and only 3.5 percent for families with income of \$7,500 and over. Some of this disparity was probably due to the larger proportion of persons over 65 who had high health expenditures, in the lower income category. Increased public funds for health care lowered the proportion of family income spent on health by 3.1 percentage points from 1963 to 1970 for families with income less than \$2,000 but was ineffective for other low levels of income.

The final section (A.III), dealing with the allocation of expenditures, indicates that 39 percent of the total health expenditures went to pay for hospital care while physician services (and other professional services) accounted for 26 percent. The proportion spent for hospital and nursing home care has risen steadily since 1929,

while the share for other categories (professional services, drugs, research, and construction) has declined.

Some of this shift in expenditures can be explained by examination of the components of medical care prices. Medical care prices in general rose at a faster annual rate (4.2%) than did the overall Consumer Price Index (3.8%) during 1940-1974.

The index accelerated during 1965-1970, but then decelerated rapidly with the imposition of cost controls in 1971. Whereas prices for physician and dental services did not rise much faster than the CPI (except during 1965-1970), the increase in rates for hospital semi-private room ranged from two to three times the annual rate of increase experienced by the CPI, with notable acceleration recorded after the implementation of Medicare.

Section A.III also includes data on geographic variations in hospital and nursing home revenues, and on physicians' and dentists' incomes. Community hospital inpatient revenues were highest, on average, in the Pacific region, while outpatient revenues and nursing home charges were greatest in New England and the North East, respectively. The East South Central region recorded the highest average net income for physicians and the Far West showed the highest average net income of dentists.

A.1. NATIONAL HEALTH EXPENDITURE TRENDS

HEALTH EXPENDITURES AND GNP

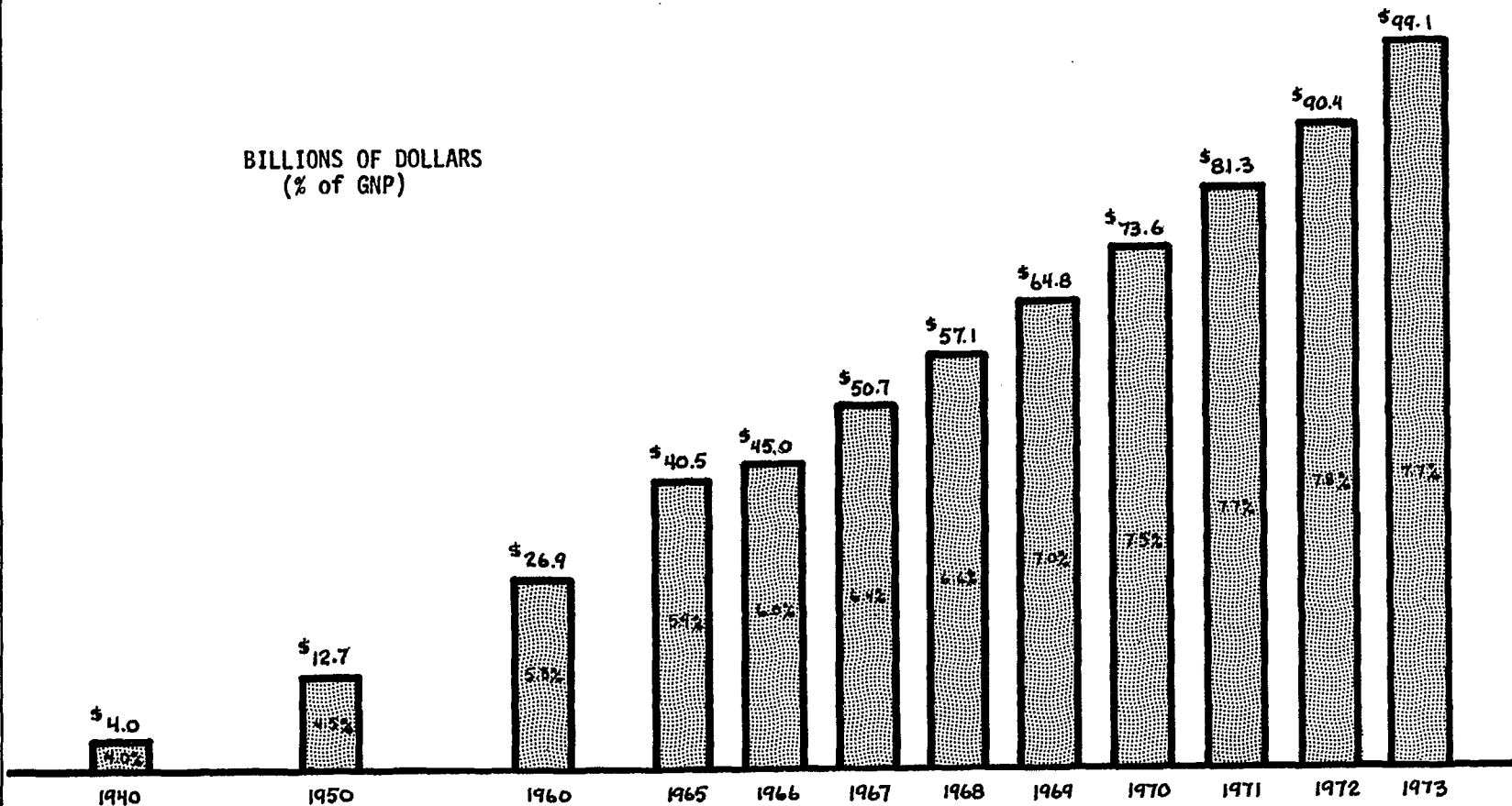
In calendar year 1973 the U.S. spent approximately \$99 billion (or \$463.07 per capita) for health and medical care--four times the total amount spent in 1960, roughly 8 times the total amount spent in 1950.

In 1965 medical care expenditures totalled \$40.5 billion --5.9 percent of the GNP, but the rate of growth accelerated notably with implementation of Medicare and Medicaid in 1966. While during the previous 10 years the average rate of growth had been about 8.6% per year, since 1966 it has exceeded 12.6% per year, on average, through 1971.

After 1971, however, the proportion of GNP accounted for by health care expenditures remained steady, at about 7.7% through 1973, with the average rate of growth slowing to 10.4%.

A.1 TOTAL AND PERCENT OF GROSS NATIONAL PRODUCT SPENT ON HEALTH
CALENDAR YEARS: 1940-1973

BILLIONS OF DOLLARS
(% of GNP)



SOURCE: Social Security Administration, ORS, Research and Statistics Notes, No. 1, SSA
publication No. 75-11701, February 19, 1975.

A.2 GROSS NATIONAL PRODUCT AND NATIONAL
HEALTH EXPENDITURES, SELECTED CALENDAR YEARS, 1929-1973.

Calendar Year	Gross National Product (in billions)	National Health Expenditures			
		Amount (in millions)	Percent of GNP	Average Annual Rate of Growth	Amount (per- capita)
1929	\$ 103.1	\$3,649	3.5%	...	\$ 29.49
1935	72.2	2,936	4.0	(3.6)%	---
1940	99.7	3,987	4.0	6.3	29.62
1950	284.8	12,662	4.5	12.2	81.86
1955	398.0	17,745	4.4	7.0	105.38
1960	503.7	26,895	5.3	8.7	146.30
1965	684.9	40,468	5.9	8.5	204.61
1966	749.9	44,974	6.0	11.1	224.80
1967	793.9	50,696	6.4	12.7	250.67
1968	864.2	57,085	6.6	12.6	279.45
1969	930.3	64,817	7.0	13.5	314.22
1970	977.1	72,962	7.5	12.6	350.10
1971	1,054.9	81,294	7.7	11.4	386.11
1972	1,158.0	90,391	7.8	11.2	425.69
1973 <u>1/</u>	1,294.9	99,069	7.7	9.6	463.07

1/ Preliminary estimates

Source: SSA, ORS, Research and Statistics Notes, No. 1, SSA
publication No. 75-11701, February 19, 1975

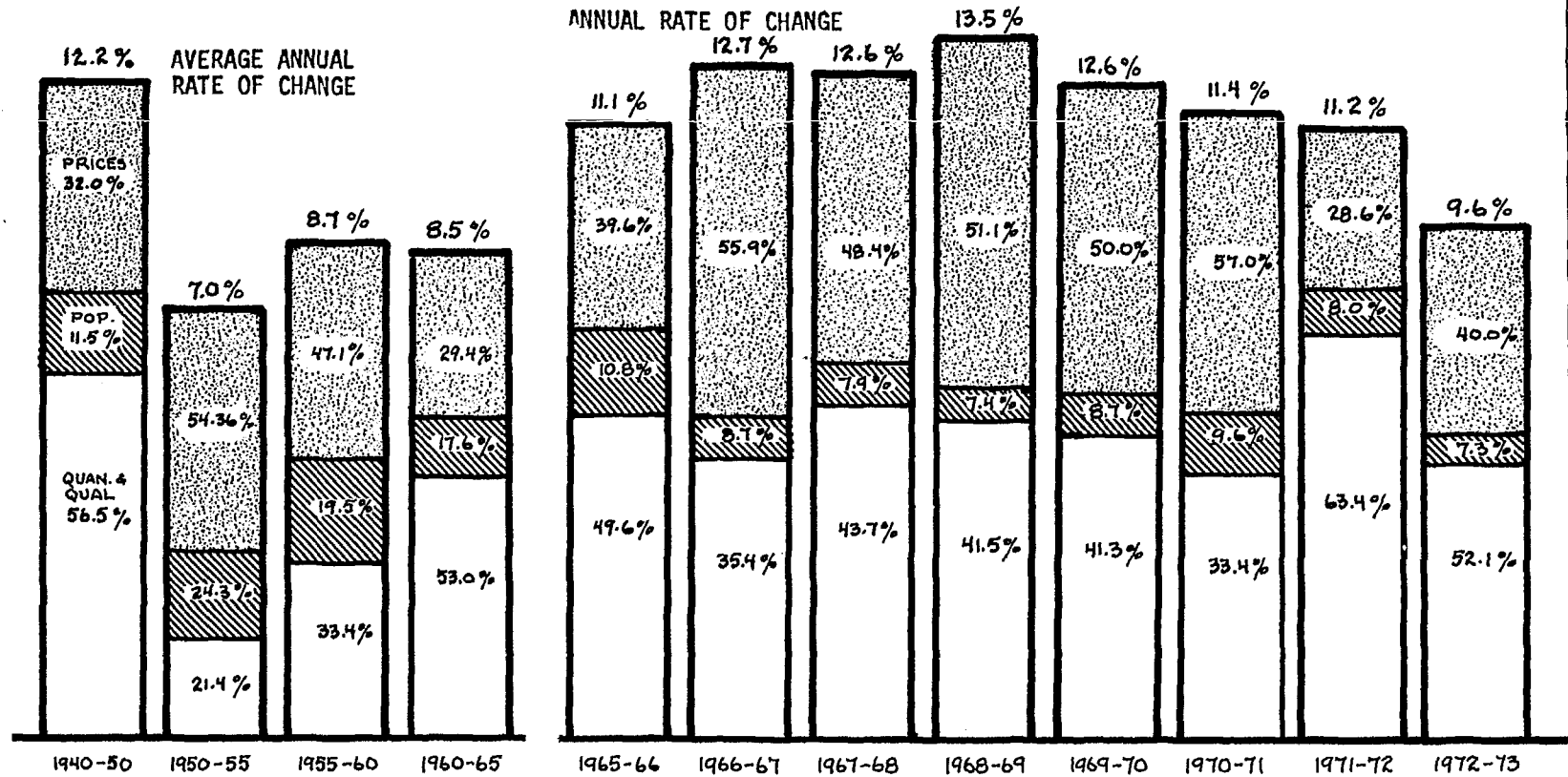
EXPENDITURE GROWTH AND ITS COMPONENTS

Three major elements account for changes in the level of total health care expenditures--prices, population, and other residual factors which include, particularly, utilization and quality changes.

During the period 1965-1971, price increases accounted for about half of the increase in expenditures. Since 1971, the share accounted for by prices has declined, and did so especially during 1971-1972 when the economic stabilization program was in effect.

The contribution of population growth has shown a downward trend over the entire period.

A.3 ANNUAL GROWTH OF NATIONAL HEALTH EXPENDITURES AND PERCENTAGE INCREASE ATTRIBUTABLE TO INFLATION, POPULATION INCREASE, AND INCREASED QUANTITY AND QUALITY OF SERVICES, CALENDAR YEARS 1940 - 1973



SOURCE: Calculated from 1) SSA data on Expenditures--Research and Statistics Notes, February 19, 1975; 2) SSA data on Prices--Social Security Bulletin, February, 1975; 3) SSA methodology--Sources of Increase in Selected Medical Care Expenditures, 1929-1969, staff paper; and 4) data on population--Economic Report of the President, February, 1975.

A.4 COMPONENTS ACCOUNTING FOR INCREASE IN NATIONAL HEALTH EXPENDITURES:
 AVERAGE ANNUAL PERCENTAGE RATE OF CHANGE AND
 PERCENTAGE DISTRIBUTION, SELECTED CALENDAR YEARS, 1940-1973

CALENDAR YEARS	AVERAGE ANNUAL PERCENTAGE RATE OF CHANGE				PERCENTAGE DISTRIBUTION			
	EXPENDITURES	MEDICAL PRICES	POPULA- TION	ALL OTHER	EXPENDITURES	MEDICAL PRICES	POPULA- TION	ALL OTHER
1940 - 1973	10.2%	4.1%	1.4%	4.4%	100.0	40.2	13.7	46.1
1940 - 1950	12.2	3.9	1.4	6.6	100.0	32.0	11.5	56.5
1950 - 1955	7.0	3.8	1.7	1.3	100.0	54.3	24.3	21.4
1955 - 1960	8.7	4.1	1.7	2.7	100.0	47.1	19.5	33.4
1950 - 1960	7.8	3.9	1.7	2.0	100.0	50.0	21.8	28.2
1960 - 1965	8.5	2.5	1.5	4.3	100.0	29.4	17.6	53.0
1965 - 1970	12.5	6.1	1.1	4.9	100.0	48.8	8.8	42.4
1960 - 1970	10.5	4.3	1.3	4.6	100.0	41.0	12.4	46.6
1965 - 1966	11.1	4.4	1.2	5.3	100.0	39.6	10.8	49.6
1966 - 1967	12.7	7.1	1.1	4.1	100.0	55.9	8.7	35.4
1967 - 1968	12.6	6.1	1.0	5.1	100.0	48.4	7.9	43.7
1968 - 1969	13.5	6.9	1.0	5.2	100.0	51.1	7.4	41.5
1969 - 1970	12.6	6.3	1.1	4.7	100.0	50.0	8.7	41.3
1970 - 1971	11.4	6.5	1.1	3.6	100.0	57.0	9.6	33.4
1971 - 1972	11.2	3.2	0.9	6.8	100.0	28.6	8.0	63.4
1972 - 1973	9.6	3.9	0.7	4.7	100.0	40.6	7.3	52.1

Source: See A.3

A.II. SOURCES OF FUNDS FOR HEALTH EXPENDITURES

PUBLIC AND PRIVATE FUNDS

Public Expenditures by Source of Funds

Funds for national health expenditures from public sources have been increasing steadily since 1929. Medicare and Medicaid caused a spurt in public expenditures (from 24.5 percent of total health expenditures in 1965 to 37.8 percent in 1969), with a less rapid increase since 1969.

A. 5 NATIONAL HEALTH EXPENDITURES BY SOURCE
OF FUNDS, SELECTED FISCAL YEARS 1929-1974

Fiscal Year	Total Health Expenditures (in millions)	Source of Funds					
		Private			Public		
		Amount (in Millions)	Amount (per capita)	Percent of Total	Amount (in millions)	Amount (per capita)	Percent of Total
1929	\$3,589	\$3,112	\$25.28	86.7	\$ 477	\$ 3.88	13.3
1935	2,846	2,303	17.85	80.9	543	4.21	19.1
1940	3,863	3,081	22.90	79.8	782	5.84	20.2
1950	12,028	8,962	58.38	74.5	3,065	19.97	25.5
1955	17,330	12,909	77.29	74.5	4,421	26.46	25.5
1960	25,856	19,461	106.60	75.3	6,395	35.03	24.7
1965	38,892	29,357	149.27	75.5	9,535	48.48	24.5
1966	42,109	31,279	157.15	74.3	10,830	54.41	25.7
1967	47,879	32,057	159.30	67.0	15,823	78.63	33.0
1968	53,765	33,727	165.84	62.7	20,040	98.54	37.3
1969	60,617	37,682	183.51	62.2	22,937	111.70	37.8
1970	69,202	43,964	211.92	63.5	25,238	121.65	36.5
1971	77,162	48,558	231.74	62.9	28,604	136.51	37.1
1972	86,391	53,365	252.22	61.8	33,025	156.09	38.2
1973	94,235	58,415	273.95	62.0	35,819	167.98	38.0
1974 ^{1/}	104,239	62,929	293.01	60.4	41,311	192.35	39.6

^{1/} Preliminary estimates.

Source: SSA, Social Security Bulletin, February 1975, Page 5.

Personal Health Care Expenditures by Source of Funds

Personal health care expenditures include all expenditures for health services and supplies other than expenses for prepayment and administration, government public health activities, and expenditures of private voluntary agencies for other health services. Research and medical-facilities construction are also excluded.

Although only 20.8 percent of personal health care expenditures in 1965 were financed by public sources, by 1969 they had reached 35.5 percent (a 71 percent increase compared with a 54 percent increase in the share of total health expenditures provided by public sources). Again, this growth slowed after 1969, so that by 1974, 62.4 percent of funds are from private sources and 37.6 percent are from public sources.

A.6 AMOUNT AND PERCENTAGE DISTRIBUTION OF PERSONAL
HEALTH CARE EXPENDITURES 1/ BY SOURCE OF FUNDS, SELECTED FISCAL YEARS, 1929-74

Fiscal Year	Personal Health Care Expenditures (in millions)	Source of Funds					
		Private			Public		
		Amount (in millions)	Amount (per capita)	Percent of Total	Amount (in millions)	Amount (per capita)	Percent of Total
1929	\$3,165	\$2,882	\$23.42	91.1	\$ 282	\$ 2.29	8.9
1935	2,585	2,204	17.07	85.3	382	2.96	14.8
1940	3,413	2,891	21.57	84.7	523	3.90	15.3
1950	10,400	8,298	54.05	79.8	2,102	13.69	20.2
1955	15,231	11,762	70.42	77.2	3,469	20.77	22.8
1960	22,729	17,799	97.50	78.3	4,930	27.00	21.7
1965	33,498	26,540	134.95	79.2	6,958	35.38	20.8
1966	36,216	28,324	142.30	78.2	7,892	39.65	21.8
1967	41,343	28,883	143.53	69.9	12,461	61.92	30.1
1968	46,521	30,322	149.10	65.2	16,200	79.66	34.8
1969	52,690	33,987	165.51	64.5	18,705	91.09	35.5
1970	60,113	39,568	190.73	65.8	20,545	99.03	34.2
1971	67,228	43,999	209.98	65.4	23,229	110.86	34.6
1972	74,688	47,738	225.62	63.9	26,949	127.37	36.1
1973	81,859	51,886	243.33	63.4	29,972	140.56	36.6
1974	90,281	56,329	262.28	62.4	33,953	158.09	37.6

1/ Includes all expenditures for health services and supplies other than (a) expenses for prepayment and administration; (b) government public health activities; and (c) expenditures of private voluntary agencies for other health services.

Source: SSA, Social Security Bulletin, February 1975, page 16.

Personal Health Care Expenditures by Source of Funds for Three Age Groups

Fifteen percent of total personal health care expenditures in FY 1973 were made for care for persons under 19 years of age, 57 percent for 19-64 year olds, and 28 percent for persons 65 and over. Yet only 12 percent of public funds went toward care for those under 19, while 41 and 47 percent, respectively, were spent on the other groups. The impact of Medicare is more apparent when the proportion of total spending in each age group contributed by public funds is examined: 64 percent of total spending on behalf of the 65 and older group came from public funds while only 29 and 27 percent of spending for groups under 19 and 19 to 64, respectively, was provided publicly.

The proportions translate into per capita public spending of \$678.75, \$104.20, and \$48.33 from the oldest group to the youngest group, respectively. Unfortunately, data on the relative healthiness of these groups are limited, but it is anticipated that the disparity in spending among groups should not all be attributable to inequity in public subsidies.

A. 7 ESTIMATED PERSONAL HEALTH CARE EXPENDITURES, BY SOURCE OF FUNDS
AND TYPE OF EXPENDITURE, FOR THREE AGE GROUPS, FISCAL YEAR 1973 ^{1/}

(In millions)

Type of expenditure	All ages			Under 19			19-64			65 and over		
	Total	Private	Public	Total	Private	Public	Total	Private	Public	Total	Private	Public
Total	\$80,048	49,713	30,335	12,367	8,792	3,576	45,240	32,950	12,287	22,442	7,972	14,473
Hospital care	36,200	16,951	19,249	3,765	1,884	1,881	21,573	13,063	8,510	10,860	2,004	8,856
Physicians' services	18,040	13,999	4,041	3,938	3,484	465	10,133	8,810	1,323	3,960	1,707	2,262
Dentists' services	5,385	5,097	288	1,199	1,096	103	3,805	3,654	151	381	347	34
Other Professional services	1,680	1,439	241	386	336	50	941	849	92	353	254	99
Drugs & drug sundries	8,780	8,110	670	1,713	1,611	102	4,994	4,681	313	2,074	1,818	258
Eyeglasses and appliances	2,109	2,025	84	346	334	12	1,311	1,245	66	452	446	6
Nursing home care	3,735	1,512	2,223	93	47	46	467	88	379	3,175	1,376	1,799
Other health services	4,119	580	3,539	927	---	927	2,016	560	1,456	1,178	20	1,158

Per Capita Amount

Total	\$375.41	233.15	142.27	167.15	118.83	48.33	383.67	279.44	104.20	1,052.48	373.87	678.75
Hospital care	169.77	79.50	90.28	50.89	25.46	25.42	182.96	110.78	72.17	509.31	93.98	415.33
Physicians' services	84.61	65.65	18.95	53.22	47.09	6.14	85.94	74.72	11.22	186.14	80.05	106.08
Dentists' services	25.25	23.90	1.35	16.21	14.81	1.39	32.27	30.99	1.28	17.87	16.27	1.59
Other Professional services	7.88	6.75	1.13	5.22	4.54	.68	7.98	7.20	.78	16.55	11.91	4.64
Drugs & drug sundries	41.18	38.03	3.14	23.15	21.77	1.38	42.35	39.70	2.65	97.27	85.26	12.01
Eyeglasses and appliances	9.89	9.50	.39	4.68	4.51	.16	11.12	10.56	.56	21.20	20.92	.28
Nursing home care	17.52	7.09	10.43	1.26	.64	.62	3.96	.75	3.21	148.90	64.53	84.37
Other health services	19.32	2.72	16.60	12.53	---	12.53	17.10	4.75	12.35	55.25	.94	54.31

^{1/} Preliminary data

Source: SSA, Social Security Bulletin, May 1974, p. 4.

Public Expenditures and Sources by Geographic Area

In 1969 the average government outlay per person for personal health care in the United States was about \$91, but the variation among the regions was substantial--ranging from \$73 in the South to \$117 in the Northeast. Sixty-five cents out of each U.S. public personal health care dollar was provided by Federal funds. The remaining 35 cents came from State and local sources. This distribution also varies, however, by census division. The lowest Federal proportion was in the Middle Atlantic States (53.3 percent), the highest in the East South Central (75.9 percent). The Federal share was greatest in those divisions with lower per capita personal income.

A.8 PUBLIC PER CAPITA PERSONAL HEALTH CARE EXPENDITURES AND
PERCENTAGE DISTRIBUTIONS OF GEOGRAPHIC DIVISION AND SOURCE OF FUNDS, 1969

Region and Division	Total Per Capita Expenditures	Federal		State and Local		Per Capita Personal Income
		Per Capita Amount	Percent of Total	Per Capita Amount	Percent of Total	
United States	\$ 90.58	\$ 58.91	65.0	\$ 31.67	35.0	\$3,542
Northeast.....	117.39	65.46	55.8	51.93	44.2	3,987
New England.....	110.42	71.07	64.4	39.35	35.6	3,942
Middle Atlantic.....	119.54	63.73	53.3	55.81	46.7	4,001
North Central.....	78.42	51.23	65.3	27.19	34.7	3,659
East North Central..	75.27	47.65	63.3	27.61	36.7	3,777
West North Central..	86.21	60.05	69.7	26.16	30.3	3,369
South	72.87	53.61	73.6	19.25	26.4	2,954
South Atlantic.....	75.13	54.62	72.7	20.51	27.3	3,139
East South Central..	59.64	45.24	75.9	14.40	24.1	2,546
West South Central..	78.22	57.66	73.7	20.55	26.3	2,939
West	105.04	72.02	68.6	33.02	31.4	3,803
Mountain.....	83.31	61.61	74.0	21.70	26.0	3,181
Pacific.....	111.75	75.24	67.3	36.51	32.7	3,996

Source: SSA, Office of Research and Statistics, DHEW publication No. (SSA) 73-11906, 1973.

Public Expenditures by Program

The Medicare and Medicaid programs have accounted for 80 percent of the overall rise in public spending for health care from 1973 to 1974. Each program spent more than \$11 billion for benefits and administration in 1974. Together, they made up three-fifths of the government health budget for supplies and services. Medicare has been substantially the larger since the two programs began in 1966. Because of significant increases registered in vendor medical payments under Medicaid in recent years, however, that program now spends nearly as much as Medicare.

The third largest category of public expenditure, general hospital and medical care, mostly represents government spending for direct provision of medical services (excepting those provided to veterans and to the military). Federal spending includes primarily the operation of Public Health Service hospitals and Indian health services. State and local spending, nearly 80 percent of the total for this category, includes for the most part funds for the operation of State or locally owned psychiatric hospitals.

A.9 EXPENDITURES FOR HEALTH SERVICES AND
SUPPLIES UNDER PUBLIC PROGRAMS, BY PROGRAM,
FISCAL YEAR 1974

Program	Expenditures	
	Amount (in millions)	Percent of Total
Health Insurance for the aged	11,321.9	30.3%
Public assistance (vendor medical payments): primarily Medicaid	11,218.4	30.0
General hospital and medical care	5,022.4	13.4
Veterans hospital and medical care	2,786.6	7.5
Defense Department hospital and medical care	2,709.0	7.2
Other public health activities	2,126.2	5.7
Workmen's compensation	1,450.0	3.9
Maternal and child health services	469.8	1.3
Medical vocational rehabilitation	193.5	0.5
Temporary disability insurance	71.2	0.2
	37,369.0	100.0%

Source: SSA, Social Security Bulletin, February 1975, page 10

Expenditures by Public Programs for Three Age Groups

Public funds financed 37 percent of total personal health care expenditures in fiscal year 1973, but the distribution of these funds across age groups was uneven. Forty-one percent of health expenditures from all public programs in 1973 was spent on persons 19 to 64; 48 percent went to those 65 and over; but only 12 percent subsidized health care for the group under 19 years of age. Public assistance for vendor medical payments (primarily Medicaid) was the largest program contributing to health care for the young, but even in this program only 16 percent of program funds were used for persons under 19 years of age.

A.10 EXPENDITURES FOR HEALTH SERVICES AND SUPPLIES
 UNDER PUBLIC PROGRAMS, BY PROGRAM FOR THREE AGE GROUPS
 FISCAL YEAR 1973^{1/}

	(in millions)			
	All ages	Under 19	19-64	65 and over
Total	\$30,335	\$3,576	\$12,287	\$14,473
Health insurance for the aged	9,039	...	...	9,039
Temporary disability insurance	68	...	68	...
Workmen's compensation (medical benefits)	1,370	...	1,324	46
Public Assistance (vendor medical payments): primarily Medicaid	8,525	1,370	3,896	3,259
General hospital and medical care	5,050	560	3,070	1,420
Defense Department hospital and medical care (including military dependents)	2,597	909	1,610	78
Maternal and child health services	455	310	145	...
School health	320	320	...	...
Veterans hospital and medical care	2,561	...	1,955	608
Medical vocational rehabilitation	197	40	153	4
Office of Economic Opportunity	152	67	66	19

^{1/} Preliminary estimates

Source: SSA, Social Security Bulletin, May 1974, page 8

Public Expenditures by Type of Expenditure - Medicare and Medicaid

Fifty-eight percent of all public outlays for health services and supplies went toward the financing of hospital care. This proportion differs among the various programs and depends on the coverage extended by each individual program. In 1974 hospital expenditures accounted for 71 percent of government payments under the Medicare program, yet only 37 percent of Medicaid expenditures were paid to hospitals. This reflects Medicaid's far more extensive coverage of services other than hospital and physician care. These include drugs, nursing home care, and the services of dentists, mental health professionals, paramedical personnel, and other health professionals.

A.11 TOTAL EXPENDITURES FOR HEALTH SERVICES AND SUPPLIES
 UNDER MEDICARE AND MEDICAID, BY TYPE OF EXPENDITURE
 FISCAL YEAR 1974

Program	TOTAL		HOSPITAL CARE		PHYSICIANS SERVICES		OTHER	
	Amount (in millions)	Percent of Total	Amount (in millions)	Percent of Total	Amount (in millions)	Percent of Total	Amount (in millions)	Percent of Total
Health Insurance for the aged	\$11,321.9	100.0%	\$8,005.7	70.7%	\$2,318.2	20.5%	998.0	8.8%
Public assistance (vendor medical payments)	11,218.4	100.0	4,105.2	36.6%	1,222.5	10.9	5,890.8	52.5
Total	37,369.0	100.0	21,628.5	57.9	4,524.3	12.1	11,216.4	30.0

Source: SSA, Social Security Bulletin, February 1975, page 10

Medicare Reimbursement by State

The monthly average Medicare reimbursement rate for the United States in 1971 was \$29.71 per enrollee. This included reimbursement under hospital and/or medical insurance. By state, reimbursement ranged from \$16.84 in South Carolina to \$39.44 for New York. The greater share of these payments went to hospital care. Across the U.S., \$21.84 per enrollee was reimbursed under hospital insurance and \$8.35 under supplementary medical insurance.

A.12 HOSPITAL AND MEDICAL INSURANCE FOR THE AGED: NUMBER OF PERSONS ENROLLED AND TOTAL AND AVERAGE MONTHLY REIMBURSEMENT PER PERSON, BY REGION, DIVISION AND STATE, 1971

Area of residence	Hospital and/or medical insurance			Hospital insurance			Supplementary medical insurance		
	Number of persons enrolled	Amount reimbursed		Number of persons enrolled	Amount reimbursed		Number of persons enrolled	Amount reimbursed	
		Total (in thousands)	Monthly average per person enrolled		Total (in thousands)	Monthly average per person enrolled		Total (in thousands)	Monthly average per person enrolled
Total, all areas.....	20,914,896	\$7,354,419	\$29.30	20,742,250	\$5,358,204	\$21.53	19,974,692	\$1,996,214	\$8.33
United States.....	20,547,417	7,326,482	29.71	20,375,400	5,338,953	21.84	19,842,731	1,987,530	8.35
Northeast.....	5,278,572	2,159,777	34.10	5,246,863	1,573,132	24.99	5,107,321	586,646	9.57
New England.....	1,296,779	538,708	34.62	1,287,008	409,646	26.52	1,262,014	129,062	8.52
Maine.....	122,282	36,622	24.96	121,188	28,024	19.27	119,235	8,599	6.01
New Hampshire.....	83,829	25,724	25.57	83,317	19,594	19.60	80,558	6,130	6.34
Vermont.....	50,388	19,254	31.84	49,986	14,981	24.98	49,002	4,273	7.27
Massachusetts.....	640,109	280,250	37.66	634,722	219,736	28.85	622,675	69,514	9.30
Rhode Island.....	106,160	46,081	36.17	105,548	33,875	26.75	103,056	12,206	9.87
Connecticut.....	294,011	121,776	34.52	292,247	93,427	26.64	287,488	28,340	8.21
Middle Atlantic.....	3,981,793	1,621,070	33.93	3,959,855	1,163,486	24.49	3,845,307	457,584	9.92
New York.....	1,979,948	937,157	39.44	1,969,015	679,217	28.75	1,908,945	257,940	11.26
New Jersey.....	707,234	262,769	30.96	703,342	180,318	21.36	689,520	82,451	9.96
Pennsylvania.....	1,294,611	421,143	27.11	1,287,498	303,950	19.67	1,246,842	117,193	7.83
North Central.....	5,850,073	1,995,259	28.42	5,812,882	1,530,123	21.94	5,664,247	465,137	6.84
East North Central.....	3,890,526	1,340,619	28.72	3,865,974	1,029,612	22.19	3,763,429	311,007	6.89
Ohio.....	1,013,997	329,628	27.09	1,005,720	260,497	21.58	975,635	69,131	5.90
Indiana.....	502,068	156,897	26.04	500,345	120,124	20.01	483,802	36,772	6.33
Illinois.....	1,110,699	382,925	28.73	1,102,503	289,059	21.85	1,073,710	93,866	7.29
Michigan.....	778,574	303,283	32.46	774,524	229,905	24.74	756,607	73,378	8.08
Wisconsin.....	485,188	167,887	28.84	482,882	130,028	22.44	473,675	37,860	6.66
West North Central.....	1,959,547	654,640	27.84	1,946,908	500,511	21.42	1,900,818	154,129	6.76
Minnesota.....	420,417	162,857	32.28	417,672	126,761	25.29	410,294	36,095	7.33
Iowa.....	357,751	109,371	25.48	356,110	84,787	19.84	348,396	24,584	5.88
Missouri.....	570,328	189,284	27.66	565,520	143,443	21.14	550,675	45,842	6.94
North Dakota.....	69,350	23,461	28.19	68,898	18,431	22.29	67,249	5,030	6.23
South Dakota.....	82,635	24,837	25.05	82,170	19,719	20.00	79,839	5,118	5.34
Nebraska.....	186,596	56,460	25.21	185,620	41,468	18.62	180,789	14,992	6.91
Kansas.....	272,470	88,371	27.03	270,918	65,902	20.27	263,576	22,469	7.10
South.....	6,221,663	1,867,539	25.01	6,146,240	1,325,597	17.97	5,977,547	541,942	7.56
South Atlantic.....	3,012,256	925,323	25.60	2,978,505	653,560	18.29	2,891,952	271,673	7.83
Delaware.....	46,184	16,362	29.52	45,968	12,476	22.62	44,644	3,886	7.25
Maryland.....	303,367	108,584	29.83	299,143	82,507	22.98	289,926	26,077	7.60
District of Columbia.....	68,888	29,256	35.39	65,701	21,423	27.17	62,712	7,834	10.41
Virginia.....	377,916	99,866	22.02	373,338	76,205	17.01	359,039	23,661	5.49
West Virginia.....	202,687	48,265	19.84	201,023	38,579	15.99	195,779	9,686	4.12
North Carolina.....	432,015	113,255	21.85	428,131	87,030	16.94	415,927	26,224	5.25
South Carolina.....	201,450	40,720	16.84	199,198	28,386	11.88	190,954	12,335	5.38
Georgia.....	380,431	104,722	22.94	374,277	69,637	15.50	365,062	35,084	8.01
Florida.....	998,718	346,293	30.38	991,726	237,317	19.94	971,909	126,976	10.89
East South Central.....	1,319,666	346,523	21.88	1,301,860	234,665	16.30	1,271,471	91,858	6.02
Kentucky.....	349,029	91,252	21.79	344,643	69,917	16.91	338,239	21,335	5.26
Tennessee.....	399,407	103,369	21.57	394,597	75,761	16.00	385,407	27,609	5.97
Alabama.....	339,288	91,738	22.53	334,051	64,883	16.19	327,367	26,854	6.84
Mississippi.....	231,942	60,164	21.62	228,567	44,103	16.08	220,458	16,061	6.07
West South Central.....	1,889,741	595,692	26.27	1,865,875	417,372	18.64	1,814,124	178,320	8.19
Arkansas.....	245,447	59,202	20.10	242,458	42,316	14.54	235,969	16,886	5.96
Louisiana.....	314,385	84,580	22.42	310,324	62,154	16.69	287,089	22,425	6.51
Oklahoma.....	305,578	97,643	26.63	301,660	68,196	18.84	295,683	29,447	8.30
Texas.....	1,024,331	354,267	28.82	1,011,433	244,705	20.16	993,383	109,562	9.17
West.....	3,189,705	1,301,257	34.00	3,162,233	907,830	23.92	3,088,345	393,427	10.62
Mountain.....	729,495	244,101	27.88	723,459	174,959	20.15	701,152	69,142	8.22
Montana.....	70,965	22,982	26.99	70,590	17,358	20.49	68,809	5,625	6.81
Idaho.....	71,325	20,600	24.07	70,963	15,232	15.23	68,985	5,368	6.48
Wyoming.....	31,660	9,032	23.77	31,496	6,861	18.15	30,421	2,171	5.95
Colorado.....	194,424	72,842	31.22	192,439	51,980	22.51	188,575	20,862	9.22
New Mexico.....	76,953	22,310	24.16	75,878	15,727	17.27	72,773	6,584	7.59
Arizona.....	170,136	62,983	30.85	168,788	44,416	21.93	162,981	18,568	9.49
Utah.....	80,127	19,094	19.86	79,732	13,147	13.74	76,688	5,947	6.46
Nevada.....	33,905	14,258	35.04	33,573	10,239	25.41	32,420	4,019	10.33
Pacific.....	2,460,210	1,057,156	35.81	2,438,774	732,871	25.04	2,387,193	324,285	11.32
Washington.....	331,798	100,260	25.18	329,706	69,123	17.47	321,914	31,136	8.06
Oregon.....	233,054	72,639	25.97	232,240	54,654	19.61	222,831	17,985	6.73
California.....	1,840,832	866,953	39.25	1,822,986	597,123	27.30	1,790,598	269,830	12.56
Alaska.....	6,963	2,110	25.26	6,903	1,450	17.50	5,626	661	9.79
Hawaii.....	47,563	15,194	26.62	46,939	10,521	18.68	46,224	4,673	8.42
Residence unknown.....	7,404	2,650	29.83	7,182	2,271	26.35	5,271	379	6.00
Outlying areas:									
Guam.....	1,689	244	12.05	1,552	210	11.27	1,369	34	2.08
Puerto Rico.....	182,229	24,722	11.31	181,803	16,714	7.66	98,508	8,008	6.77
Virgin Islands.....	3,029	594	16.35	2,977	479	13.07	2,601	124	3.98
Other outlying areas.....	580	97	13.90	578	86	12.34	188	11	4.96
Foreign countries.....	179,952	2,279	1.06	179,920	1,772	.82	29,295	507	1.44

Source: SSA, ORS, Health Insurance Statistics, December 5, 1973, page 15.

Medicare in Urban, Suburban, and Rural Counties

In 1971, over 20 million persons were enrolled in Medicare. Fifty-three percent of them resided in counties containing the central city of an SMSA and 12.6 percent in suburban counties. The remainder (33.8 percent) lived in nonmetropolitan or rural counties.

Medicare reimbursements are lowest for nonmetropolitan counties, for both hospital insurance and supplementary medical insurance, probably reflecting lower cost of care as well as lower utilization by enrollees in rural areas.

A.13 HOSPITAL AND MEDICAL INSURANCE FOR THE AGED: PERSONS ENROLLED AND AVERAGE MONTHLY REIMBURSEMENT PER PERSON, BY TYPE OF COUNTY, 1971

Type of county	Persons enrolled		Average monthly reimbursement per person
	Number	Percentage distribution	
Hospital and/or medical insurance			
United States.....	<u>1</u> /20,547,417	100.0	\$29.71
Metropolitan counties:			
With central city.....	10,983,279	53.5	33.33
Without central city.....	2,590,581	12.6	31.37
Nonmetropolitan counties.....	6,952,578	33.8	23.36
Hospital insurance			
United States.....	<u>1</u> /20,375,400	100.0	\$21.84
Metropolitan counties:			
With central city.....	10,896,576	53.5	24.18
Without central city.....	2,568,778	12.6	23.00
Nonmetropolitan counties.....	6,889,596	33.8	17.68
Supplementary medical insurance			
United States.....	<u>1</u> /19,842,731	100.0	\$ 8.35
Metropolitan counties:			
With central city.....	10,601,523	53.4	9.68
Without central city.....	2,510,848	12.7	8.84
Nonmetropolitan counties.....	6,713,375	33.8	6.05

1/ Includes persons whose State of residence is unknown.

Source: SSA, ORS, Health Insurance Statistics, December 5, 1973, page 11.

Medicare Reimbursement by Type of Service and Geographic Area

Hospital inpatient services were reimbursed an average of \$955 per person served by Medicare in 1969, while outpatient services claimed only \$48 per person. Between these extremes were extended care services, home health and physicians services.

The East South Central region of the U.S. in 1969 received the lowest Medicare reimbursement per person served for inpatient and extended care services, while New England received the largest amount per person. However, reimbursement for home health under hospital insurance in the East South Central exceeded that for New England, and some other census divisions that showed higher reimbursement rates for institutionalized care. This reversal was most evident in the West South Central, which exceeded only the East South Central in reimbursement for all hospital insurance services, but received the largest average reimbursement (56 percent above the average for all states) for home health services.

A.14 HOSPITAL AND MEDICAL INSURANCE FOR THE AGED: REIMBURSEMENT PER PERSON SERVED BY TYPE OF SERVICE:
 RATIO OF AVERAGE AMOUNT FOR EACH GEOGRAPHIC DIVISION TO AVERAGE FOR THE UNITED STATES, 1969

Division	Hospital and/or medical insurance	Hospital insurance services				Supplemental medical insurance services			
		Total	Inpatient	Extended care	Home health	Total	Physicians	Out-patient	Home health
United States: Average reimbursement	\$697	\$1,024	\$955	\$790	\$261	\$209	\$201	\$48	\$179
Ratio	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
New England	1.16	1.27	1.27	1.17	.79	.97	.96	.89	.81
Middle Atlantic ...	1.02	1.20	1.21	1.12	.91	1.05	1.06	.86	.97
East North Central.	1.06	1.03	1.04	1.07	.79	.91	.92	.87	.88
West North Central.	.96	.85	.87	.86	1.04	.88	.88	.85	1.04
South Atlantic ....	.93	.87	.87	.97	.84	1.01	1.02	.92	.87
East South Central.	.85	.71	.72	.74	.85	.84	.85	.76	.74
West South Central.	.87	.76	.77	.80	1.56	.98	.98	1.15	1.30
Mountain .....	.92	.88	.88	.72	1.19	.98	.96	1.13	1.10
Pacific	1.03	1.22	1.16	1.00	1.32	1.15	1.12	1.54	1.26

Source: SSA, ORS, Health Insurance Statistics, June 24, 1974, page 8.

Medicaid Expenditures and Recipients

During calendar year 1974, a total of \$11.3 billion was paid out of Title XIX funds. Vendor payments alone of about \$11 billion were expended on behalf of an estimated average monthly number of 8.1 million recipients. Of the five eligibility categories, members of families with dependent children under 21 constituted 4,369,000 recipients, more than half (54.1 percent) of the total. However, payments made on their behalf amounted to an average monthly amount of \$298,457,000 or less than one-third of the total. The second largest category of recipients were the aged 65 and over, who numbered 1,969,000 (24.4 percent). Payments on behalf of the aged amounted to \$343,565,000, more than one-third of the total. The average monthly number of recipients eligible on the basis of permanent and total disability was 1,076,000, with an average monthly payment of \$210,096,000. For other Title XIX recipients, the average monthly number was 604,000, with an average expenditure of \$53,945,000. The number of and payments on behalf of blind recipients represented less than one percent of the totals.

An additional \$97.6 million and \$24.9 million were paid out of Title XIX funds to health maintenance organizations and for costs of screening services under the Early and Periodic Screening Diagnosis and Treatment Program (EPSDT), respectively

A.15 AVERAGE MONTHLY NUMBER OF RECIPIENTS OF MEDICAL ASSISTANCE UNDER TITLE XIX FOR WHOM PAYMENTS WERE MADE TO VENDORS DIRECTLY OR THROUGH FISCAL AGENTS AND AVERAGE MONTHLY AMOUNTS OF SUCH PAYMENTS, BY BASIS OF ELIGIBILITY CALENDAR YEAR 1974

Basis of Eligibility of Recipient	Recipients		Medical Assistance	
	Total Number	Percent	Total Amount	Percent
Total	8,070,000	100.0	\$912,919,000	100.0
Recipients eligible on the basis of:				
age 65 or over	1,969,000	24.4	343,565,000	37.6
Blindness	52,000	0.6	6,855,000	0.8
Permanent and total disability	1,076,000	13.3	210,096,000	23.0
Membership in family with dependent children under 21, Total	4,369,000	54.1	298,457,000	32.7
Children	2,699,000	33.4	145,958,000	16.0
Adults	1,670,000	20.7	152,499,000	16.7
Other Title XIX Recipients, Total	604,000	7.5	53,945,000	5.9
Under age 21	263,000	3.3	25,502,000	2.8
Age 21-64	341,000	4.2	28,443,000	3.1

DATA partially estimated.

NOTE: Totals may not add due to rounding.

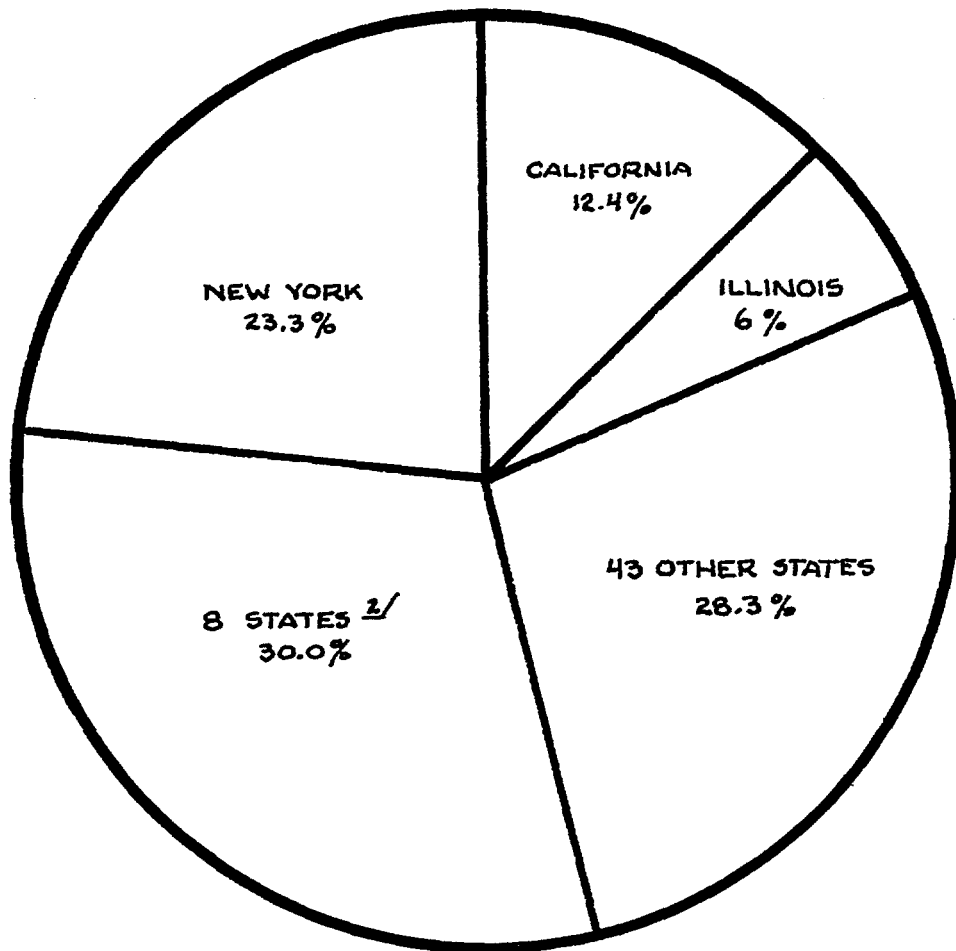
SOURCE: SRS, National Center for Social Statistics, Medical Assistance Financed under Title XIX of the Social Security Act, December 1974, NCSS Report B-1, p. 41.

Total Medicaid Expenditures by State

Expenditures from assistance funds for medical assistance amounted to \$11.3 billion in calendar year 1974 (up from \$4.4 billion in fiscal year 1969). Expenditures in three states, New York, California, and Illinois, accounted for 41 percent of the total, while 8 other states received 30 percent and 43 remaining states only 28.3 percent of total U.S. medical assistance payments.

A.16 PROPORTION OF TOTAL UNITED STATES MEDICAID PAYMENTS
BY SELECTED STATES, CALENDAR YEAR 1974

Total Expenditures, ^{1/} Calendar Year 1974, Were \$11.3 Billion



^{1/} Includes expenditures for payments made directly to medical vendors and for monthly premiums or per capita payments into agency pooled funds, to the Social Security Administration (for aged persons), or to health insuring agencies. Includes all such expenditures made under federally-aided assistance programs and under general assistance programs financed from state-local funds.

^{2/} Michigan, Pennsylvania, Massachusetts, Texas, New Jersey, Ohio, Wisconsin, Minnesota

Source: SRS, NCSS, Medical Assistance Financed under Title XIX of the Social Security Act, December 1974, NCSS report B-1 p 40.

Medicaid Expenditures per Recipient by State

The wide variation in Medicaid expenditures by State is not eliminated by adjusting for number of recipients, although the relative ranking of many states change. Alaska reports the highest monthly reimbursement per person, for December 1974, (\$369), with Mississippi (\$53), Puerto Rico (\$28) and the Virgin Islands (\$23) the lowest. The average reimbursement rate for all reporting states was \$120. New York paid above average rates (\$198 per recipient), although California's (\$101) and Illinois' (\$118) rates fell below the average.

A.17 Recipients and Amounts of Medical Vendor Payments by
HEW Region and State, Monthly Data, December 1974

<u>HEW Region and State</u>	<u>Total Recipients</u>	<u>Total Amount of Medical Vendor Payments</u>	<u>Payments per Recipients</u>
Total Reporting States	7,825,992	\$941,504,934	\$120
<u>Region I</u>	216,477	64,303,167	
Connecticut	73,721	10,942,040	148
Maine	57,476	4,294,363	75
Massachusetts	---	38,858,581	---
New Hampshire	18,397	1,875,708	102
Rhode Island	47,062	5,758,956	122
Vermont	19,821	2,573,519	130
<u>Region II</u>	1,738,346	266,097,646	
New Jersey	259,561	29,168,452	112
New York	1,146,923	227,793,803	198
Puerto Rico	330,316	9,098,503	28
Virgin Islands	1,546	36,888	24
<u>Region III</u>	782,402	83,525,031	
Delaware	15,688	1,087,357	69
Dist. of Col.	55,194	6,951,156	126
Maryland	149,393	14,250,481	95
Pennsylvania	378,907	45,600,170	120
Virginia	141,606	12,606,851	89
West Virginia	41,614	3,029,016	73
<u>Region IV</u>	1,058,121	88,292,107	
Alabama	143,934	10,796,557	75
Florida	144,400	12,304,391	85
Georgia	208,924	22,110,033	106
Kentucky	134,980	8,131,630	60
Mississippi	128,053	6,753,114	53
North Carolina	94,637	12,166,983	129
South Carolina	83,509	6,231,685	75
Tennessee	119,684	9,797,714	82
<u>Region V</u>	1,794,951	212,691,617	
Illinois	774,137	64,022,151	118
Indiana	96,367	13,704,904	142
Michigan	302,188	49,452,809	164
Minnesota	135,327	24,712,015	183
Ohio	330,758	32,123,493	97
Wisconsin	156,174	28,676,245	184
<u>Region VI</u>	646,299	67,128,012	
Arkansas	81,355	6,096,892	75
Louisiana	159,934	11,957,141	75
New Mexico	27,504	2,548,086	93
Oklahoma	62,804	12,863,225	205
Texas	314,702	33,662,668	107
<u>Region VII</u>	297,589	24,028,373	
Iowa	55,841	6,505,929	117
Kansas	64,524	8,277,516	128
Missouri	147,123	7,507,694	51
Nebraska	30,101	1,737,234	58
<u>Region VIII</u>	62,562	8,258,904	
Montana	12,809	2,139,284	167
North Dakota	8,628	1,497,649	174
South Dakota	19,276	1,846,442	96
Utah	19,263	2,455,600	127
Wyoming	2,586	319,929	124
<u>Region IX</u>	1,032,465	104,806,185	
California	991,772	100,568,369	101
Hawaii	32,075	2,795,837	87
Nevada	8,618	1,441,979	167
<u>Region X</u>	196,780	22,373,892	
Alaska	2,420	893,734	369
Idaho	14,266	1,728,417	121
Oregon	48,918	4,822,437	99
Washington	131,176	14,929,304	114

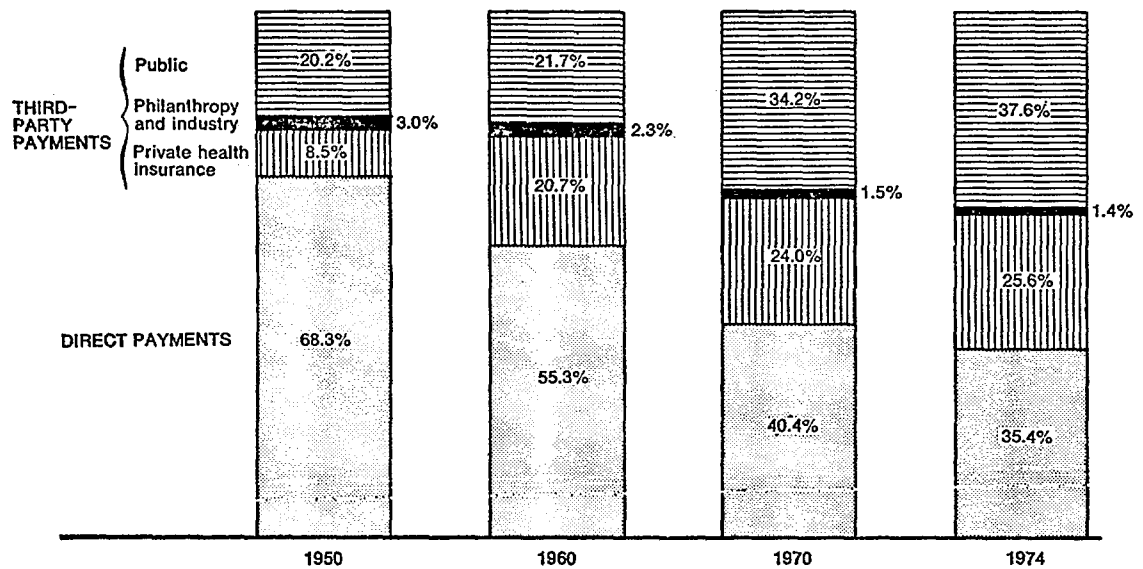
SOURCE: Medical Assistance Financed under Title XIX of the Social Security Act, December 1974, NCSS Report B-1, P. 10.

Distribution of Personal Health Care Expenditures Met By Third Parties

Third-party payments in the aggregate accounted for nearly two-thirds of all expenditures for personal health care in fiscal year 1974. Government-supported programs (such as Medicare and Medicaid) paid nearly 38 percent of the health care bill, while private health insurance benefit payments covered 26 percent. Out-of-pocket costs to consumers have decreased proportionally over the years.

However, insurance coverage by type of service provided remains uneven, as does third-party coverage by population group. More than 60 percent of all third-party-benefits were devoted to hospital care, and 20 percent paid for physicians services, mainly surgical services. Third-party payments covered nearly 90 percent of hospital expense, but only 14 percent of dental and drug expenses.

A.18 DISTRIBUTION OF PERSONAL HEALTH CARE EXPENDITURES, BY SOURCE OF FUNDS, SELECTED FISCAL YEARS, 1950-1974



Source: SSA, Social Security Bulletin, February, 1975, p. 17.

A.19 AMOUNT AND PERCENTAGE DISTRIBUTION OF PERSONAL HEALTH CARE EXPENDITURES MET BY THIRD PARTIES, BY TYPE OF EXPENDITURE, FISCAL YEAR, 1974

Type of expenditure	Total	Direct pay-ments	Third party payments			
			Total	Pri- vate health insur- ance	Gov- ern- ment	Phi- lan- throphy and in- dustry
Aggregate amount (in millions)						
Total-----	\$90,282	\$31,970	\$58,312	\$23,139	\$33,953	\$1,220
Hospital care-----	40,900	4,274	36,626	14,485	21,628	513
Physicians' services---	19,000	7,381	11,619	7,081	4,524	14
Dentists' services-----	6,200	5,326	874	532	342	...
Drugs and drug sundries-----	9,695	8,345	1,350	555	795	...
All other services ¹ ----	14,487	6,644	7,843	486	6,664	693
Per capita amount						
Total-----	\$420.38	\$148.86	\$271.52	\$107.74	\$158.09	\$5.68
Hospital care-----	190.44	19.90	170.54	67.45	100.71	2.39
Physicians' services---	88.47	34.37	54.10	32.97	21.06	.07
Dentists' services-----	28.87	24.80	4.07	2.48	1.59	...
Drugs and drug sundries-----	45.14	38.86	6.28	2.58	3.70	...
All other services-----	67.46	30.94	36.52	2.26	31.03	3.23
Percentage distribution						
Total-----	100.0	35.4	64.6	25.6	37.6	1.4
Hospital care-----	100.0	10.4	89.6	35.4	52.9	1.3
Physicians' services---	100.0	38.8	61.2	37.3	23.8	.1
Dentists' services-----	100.0	85.9	14.1	8.6	5.5	...
Drugs and drug sundries-----	100.0	86.1	13.9	5.7	8.2	...
All other services ¹ ----	100.0	45.9	54.1	3.4	46.0	4.8

¹Includes other professional services, eyeglasses and appliances, nursing-home care, and other services not elsewhere classified.

SOURCE: Social Security Administration, Office of Research and Statistics.

A.II.2 PERSONAL HEALTH CARE EXPENDITURES RELATED TO FAMILY SOCIO-ECONOMIC CHARACTERISTICS

Data relating health care spending to family socio-economic characteristics, as well as information on the health insurance coverage of different segments of the population (Tables A.20 through A.28 of this report), are based on a national survey conducted in 1971 by the Center for Health Administration Studies and the National Opinion Research Center of the University of Chicago under Contract HSM 110-70-392.

In this survey 3,765 families consisting of 11,619 individuals were interviewed in their homes in early 1971. One or more members of each family provided information regarding use of health services, the cost of these services, and how these costs were met for the calendar year 1970. The inner city poor, the aged, and rural residents were over-represented. This sample design was used instead of a self-weighting probability sample so groups of particular policy interest could be examined in detail. All tables and figures in this report were based on weighted distributions to correct for over-sampling, thus allowing estimates to be made for the total non-institutionalized population of the United States.

Personal Expenditures by Population Characteristics

Substantial differences in personal health care expenditures and source of funds occur in relation to family characteristics. The total health bill generally increases with age and decreases as families live farther from metropolitan areas. Total expenses are generally higher for lower income groups, but the proportion of total expenses borne out-of-pocket (as opposed to expenses as a proportion of income) is not.

A.20 MEAN EXPENDITURES FOR PERSONAL HEALTH SERVICES AND PERCENT OF EXPENDITURE BY SOURCE OF PAYMENT AND SELECTED CHARACTERISTICS:

1970

Characteristic	Mean Expenditure in dollars	Percent of Expenditure From: ^{a/}			
		Medicaid, Welfare, free institutions	Medicare	Voluntary Insurance	Out-of-Pocket
<u>Age:</u>					
0-5	\$105	11%	...	37%	51%
6 - 17	96	11	...	26	61
18 - 34	246	9	...	36	48
35 - 54	236	8	...	35	51
55 - 64	376	6	...	45	46
65 and over	428	6	48%	7	36
<u>Family Income:</u>					
Under \$2,000	302	29	28	8	32
2,000 - 3,499	259	24	24	11	35
3,500 - 4,999	256	12	11	29	43
5,000 - 7,499	255	9	12	33	41
7,500 - 9,999	186	5	3	39	48
10,000 - 14,999	208	3	5	36	50
15,000 and over	231	2	2	37	56
<u>Poverty Level: ^{b/}</u>					
Below near poverty	213	26	20	16	33
Above near poverty	256	9	6	34	47
<u>Residence:</u>					
SMSA, central city	235	13	9	31	42
SMSA, other	299	6	7	34	48
Urban, non-SMSA	190	8	9	30	49
Rural, non-farm	199	6	9	35	46
Rural, farm	181	6	16	24	48
Total	\$248	13%	8%	31%	44%

^{a/}Percentages do not add to 100 because certain sources of expenditure were excluded from the source tabulation.

^{b/}Poverty level is an income measure that adjusts for family size and was determined using Bureau of Labor Statistics data. For example, a family of four was considered to be at the near poverty level or below, if they reported their annual income to be less than \$5700.

Source: Andersen, R. Final Report, Contract No. HSM-110-70-392, National Survey Trends in Health Service Utilization and Expenditures as a Basis for Social Policy Formulation, 1975.

Family Health Expenditure as a Proportion of Income

It is especially notable that the proportion of family income spent on personal health services is highest for low-income families. For families with incomes under \$2,000, 12.6 percent of family income was consumed by health care in 1970, and only 3.5 percent for families with income of \$7,500 and over. Some of this disparity was probably due to the larger proportion of persons over 65 in the lower income category. Increased public funds for health care lowered the proportion of family income spent on health by 3.1 percentage points from 1963 to 1970 for families with income less than \$2,000 and have been ineffective for other low levels of income.

A.21 AGGREGATE FAMILY OUTLAY FOR PERSONAL HEALTH SERVICES AS A PERCENT OF FAMILY INCOME, BY INCOME GROUP, 1963 AND 1970

Family Income	Aggregate Outlay as a Percent of Family Income			
	1953	1958	1963	1970
Total	4.8%	5.5%	5.0%	4.2%
Under \$2,000	11.8	13.0	15.7	12.6
2,000 - 3,499	6.1	8.4	8.5	9.0
3,500 - 4,999	5.4	6.4	6.8	7.3
5,000 - 7,499	4.7	5.4	5.6	5.7
7,500 and over	3.0	3.9	3.8	3.5

Source: See Table A.20

Catastrophic Expenditures

Several of the National Health Insurance proposals include protection against the cost of catastrophic illness, where "catastrophic" is defined in monetary terms. As a consequence, provisions of catastrophic insurance proposals require that the beneficiary incur expenses up to a specified level before their provisions take effect. Some proposals contain a flat deductible, applicable to all families, while others employ a series of deductibles which are based upon family size and/or income.

Table A.22 shows the proportion of families by family income category who incurred expenses that would be considered catastrophic under three definitions: (1) gross expenditure (payment from all sources) greater than \$5,000; (2) outlays (out-of-pocket expense) greater than \$1,000; and (3) outlays equalling 15 percent or more of family income. Of the families incurring gross expenditures greater than \$5,000, over 84 percent had incomes above \$5,000 for 1969. However, this category of catastrophic expense (those incurring gross health expenditures above \$5,000) represented only 1.2% of the total population. Eleven percent of the families who had out-of-pocket expenses of \$1,000 or more had annual incomes below \$5,000. However, when this outlay is compared to family income, 76 percent of those families that spent more than 15 percent of their income on health expenditures had incomes under \$5,000; 12 percent of the nation's families fell into this category.

A.22 PERCENT DISTRIBUTION OF FAMILIES BY CATASTROPHIC EXPENDITURE
FOR MEDICAL CARE AND BY FAMILY INCOME: 1970

Family Income	Catastrophic Expenditures			Income Distri- bution of all families
	Gross expenditure greater than \$5,000	Outlay is \$1,000 or more	Outlay is 15.0% or more of Family income	
Under \$2,000	5%	1%	38%	10%
\$2,000 - 3,499	8	4	25	11
\$3,500 - 4,999	3	6	13	9
\$5,000 - 7,499	20	13	14	16
\$7,500 - 9,999	8	12	4	15
\$10,000 - 14,999	18	28	3	22
\$15,000 and over	38	37	4	17
Total	100%	100%	100%	100%
Number in the Sample	(47)	(209)	(451)	(3765)

Note: (1) Expenditures are defined as all amounts paid by, or on behalf of, a family (including insurance benefits and care received through government programs).

(2) Outlays are amounts paid out-of-pocket by families (including deductibles and coinsurance under public programs and commercial insurance programs).

Source: See Table A.20

A.II.3 THE POPULATION'S HEALTH INSURANCE COVERAGE

Individual Coverage by Type of Coverage

Three-quarters of the population had hospital and surgical-medical coverage in 1970. Physician visit coverage has expanded over the past few years, so that it covered over half the population by 1970. Much of the expansion of physician visit coverage is due to the increasing prevalence of major-medical insurance, which had covered one-fifth of the population in 1963 but two-fifths by 1970. The expansion of outpatient drug coverage in recent years is also largely through major medical type coverage. Most individuals shown to have doctor visit and drug coverage are not covered for the first dollar cost, but only after a deductible (of \$50 or \$100, for example) has been paid. Coverage of the costs of regular dental care is a relatively recent phenomena which covered only 11 percent of the population in 1970 and has increased considerably since then.

A.23 PERCENT OF INDIVIDUALS WITH HEALTH INSURANCE BY TYPE OF COVERAGE

Type of Coverage	Percent Covered			
	<u>1953</u>	<u>1958</u>	<u>1963</u>	<u>1970</u>
Hospital	57%	65%	68%	77%
Surgical-medical	48	61	66	74
Outpatient doctor visit ^a	b	b	35	57
Major medical	b	b	22	41
Outpatient drug ^c	b	b	26 ^d	46
Dental	b	b	2	11

^aIncludes first dollar doctor visit coverage as written by prepaid group practice plans, unions, and certain other insurers, all major medical policies whether or not connected with a base plan, and Medicare, Part B. First dollar doctor visit coverage, excluding major medical policies and Medicare, Part B, both of which have a deductible, is estimated at 11 percent of the population for 1970.

^bNot available.

^cIncludes first dollar drug coverage as written by some prepaid group practices, unions, and certain other insurers, and major medical policies. First dollar drug coverage excluding major medical policies is estimated at 5 percent of the population for 1970.

^dFrom Statistical Abstract of the United States, 1971, Table 706.

Source: See Table A.20

Coverage by Population Characteristics

Older individuals 55-64 who are not yet eligible for Medicare appear less likely to have doctor visit and major medical insurance than younger persons. Only 5% of the elderly had major medical insurance to supplement their Medicare coverage. Coverage in 1970 did not differ according to sex, but persons with family incomes below the near-poverty level were much less likely to have any of the coverages than were those with incomes above the near-poverty level. The lower the educational level of the family head, the less likely it was that family members would be covered by insurance. The difference in proportion covered according to education was much greater for doctor visit and major medical coverage than for hospital insurance. Central city and rural farm residents were less likely to have insurance than other urban and rural non-farm residents. This discrepancy is found for all types of coverage reported.

A.24 PERCENT OF INDIVIDUALS WITH SELECTED TYPES OF COVERAGE
BY SELECTED CHARACTERISTICS: CALENDAR YEAR 1970

Characteristic	Percent of Individuals With:		
	Hospital. Insurance	Doctor Visit Insurance	Major Medical
Age			
0-5	69%	51%	44%
6-17	73	53	44
18-34	72	53	45
35-54	80	60	51
55-64	75	48	35
65 and over	97	85	5
Sex			
Male	76	57	42
Female	77	56	40
Poverty Level ^{a/}			
Above near poverty	85	64	49
Below near poverty	47	33	14
Education of Head			
0-8 years	65	43	21
9-11 years	73	51	37
12 years	80	60	45
13 or more years	87	70	58
Residence			
SMSA, central city	71	49	34
SMSA, other	82	64	45
Other, urban	76	56	40
Rural, non-farm	80	60	47
Rural, farm	66	48	33
Total	77	57	41

^{a/}See Table A.20, footnote b.

Source: See Table A.20

The Uninsured Population

Twenty-three percent of the population was not covered by hospital insurance in 1970. The uninsured are a relatively young population with 44% of them being 17 or under. Few of the uninsured are over 65, and also a smaller proportion of the uninsured are 35 to 64 than is true for the insured population.

Half of the uninsured are males and half are females, which is approximately the same as the insured. Approximately one-half of the uninsured are below the near-poverty income level. In this respect, they differ greatly from the insured population, where only 14 percent are below the near-poverty level.

Over one-third of the uninsured live in families headed by a person with 8 years or less of formal education. About three-fifths were in families where the head had not completed high school. In comparison, two-fifths of the insured persons were in families where the head had not completed high school.

Thirty-seven percent of the uninsured live in the central city of an SMSA, compared to 28 percent of the insured. While they are largely an urban group, the uninsured also include a disproportionate number of rural farm residents.

In sum, the uninsured population can be described as relatively young, low income, poorly educated, and urban.

A.25 SELECTED CHARACTERISTICS OF THE POPULATION UNINSURED
FOR HOSPITAL COVERAGE: 1970

Characteristics	Distribution by Demographic Characteristics		
	Of the uninsured population	Of the insured ^a population	Of the total population
Age			
0-5	14%	9%	10%
6-17	30	24	26
18-34	26	22	23
35-54	19	23	22
55-64	10	9	9
65 and over	1	13	10
Sex			
Male	50	49	49
Female	50	51	51
Poverty Level			
Above near poverty	47	86	77
Below near poverty	53	14	23
Education of head			
0-8 years	36	20	24
9-11 years	23	19	20
12 years	25	30	29
15 years or more	14	30	26
Residence			
SMSA, central city	37	28	30
SMSA, other	21	29	27
Other urban	12	12	12
Rural non farm	20	26	24
Rural farm	10	6	7
Total	100%	100%	100%

^aIncludes Medicare and CHAMPUS.

Source: See Table A.20

Hospital Insurance by Group vs. Non-Group Coverage

Persons 55-64 years of age, the group least likely to have group coverage in 1970, appear to have compensated by purchasing non-group insurance, resulting in 27% having non-group coverage. Thirty-six percent of those 65 and over had some non-group coverage. This proportion indicates the extent to which the elderly are supplementing their Medicare coverage.

There is little difference in the type of enrollment according to sex. While similar portions of the poor and non-poor have non-group coverage, 76% of the people above the near poverty level have group coverage compared to one-half that percentage for those below the near-poverty level. Thus, the low income group are not only less likely to have insurance than the rest of the population, but those that have insurance are more likely to have non-group coverage--which is less comprehensive and more expensive to buy.

The proportion of people with group coverage increases as the education of the family head increases, while the proportion with non-group coverage shows no discernible pattern according to education. Fifty-five percent of families headed by a person with an eighth grade education or less have group coverage, compared to 79 percent of those in families with a family head who attended college. Thus, in a fashion similar to that for low income families, those with little education who have insurance are less likely to have group coverage. However, the differences according to education are considerably smaller than according to income.

Central city and rural farm residents are less likely than other residents to have group coverage. Actually, less than one-half of all rural farm residents had group coverage in 1970. In contrast, 24% of the rural farm residents had non-group coverage compared to 15% for the population as a whole.

A.26 PERCENT OF TOTAL POPULATION COVERED BY HOSPITAL INSURANCE
BY METHOD OF ENROLLMENT BY SELECTED CHARACTERISTICS: 1970

Characteristic	Method of Enrollment ^a	
	Group	Non-Group
Age		
0-5	63%	7%
6-17	64	11
18-34	64	11
35-54	69	13
55-64	55	27
65 and over	96	36
Sex		
Male	67	13
Female	67	17
Poverty level		
Above near poverty	76	15
Below near poverty	38	16
Education of head		
0-8 years	55	17
9-11 years	67	11
12 years	69	17
13 years or more	79	14
Residence		
SMSA, central city	63	14
SMSA, other	73	14
Other urban	68	17
Rural non-farm	71	15
Rural farm	47	24
Total	67	15

^aIndividuals with both a group and non-group policy are double counted in this table.

Source: See Table A.20

Contributions for Group Policies

Employer participation in the payment for health insurance increased steadily over the period from 1953 to 1970. By 1970 employers were paying all of the group health insurance premiums for 39% of the families with group insurance. In addition, 53% of the families with group health insurance had some of the premiums paid for by employers. Only 8% of the families with health insurance through a work group had no employer contribution to the premium in 1970, compared to 21% in 1963 and 41% in 1953.

A.27 EMPLOYER CONTRIBUTION TOWARD FAMILY'S PREMIUMS FOR HEALTH
INSURANCE POLICIES CARRIED THROUGH A WORK GROUP OR UNION:
1953, 1963, AND 1970

Extent of Contribution	Percent of Families Carrying One or More Health Insurance Policies Through Work Group or Union		
	1953	1963	1970
Employer pays all ^a	10%	27%	39%
Employer pays part	49	52	53
Employer pays none	41	21	8
Total	100	100	100

a

Includes premiums for any dependents covered under policy. If family has more than one policy through a work group, the employer must pay the entire premium for each policy for the family to be included in this category.

Source: See Table A. 20

Private Health Insurance Enrollment and Employment

Since most private health insurance coverage is employment-linked, persons becoming unemployed not only face a loss of income, but are vulnerable to the cost of medical care. Eighty-eight percent of the full-time employed in 1970 had private health insurance coverage, but only 27 percent of the unemployed had any coverage. Only 6 percent of the unemployed had coverage for out-of-hospital services.

This is not necessarily representative of the health insurance coverage of the unemployed in 1974-75. Current unemployment includes a larger number of white male heads-of-households and other individuals with little unemployment experience, who may or may not have health insurance coverage.

A.28 PRIVATE HEALTH INSURANCE ENROLLMENT RATES OF PERSONS UNDER AGE 65 NOT COVERED BY MEDICAID, BY LABOR FORCE STATUS AND SELECTED INCOME CLASS, 1970

Labor force status of family head	All incomes	Annual income class			
		Poor (under \$3,000)	Near poor (\$3,000-5,000)	Middle income (\$7,000-10,000)	High income (\$Over \$15,000)

All health insurance

<u>All persons</u>	76%	38%	65%	92%	95%
Full-time employed	88	41	73	89	98
Part-time employed	44	35	52	62	--
Disabled ^a	38	20	40	--	--
Unemployed	27	4	20	--	--

Insurance doctor office visits

<u>All persons</u>	32%	11%	23%	39%	45%
Full-time employed	47	8	21	38	50
Part-time employed	18	11	23	24	--
Disabled ^a	15	1	22	--	--
Unemployed	6	3	1	--	--

^aMany disabled counted in these statistics are now covered by Medicare.

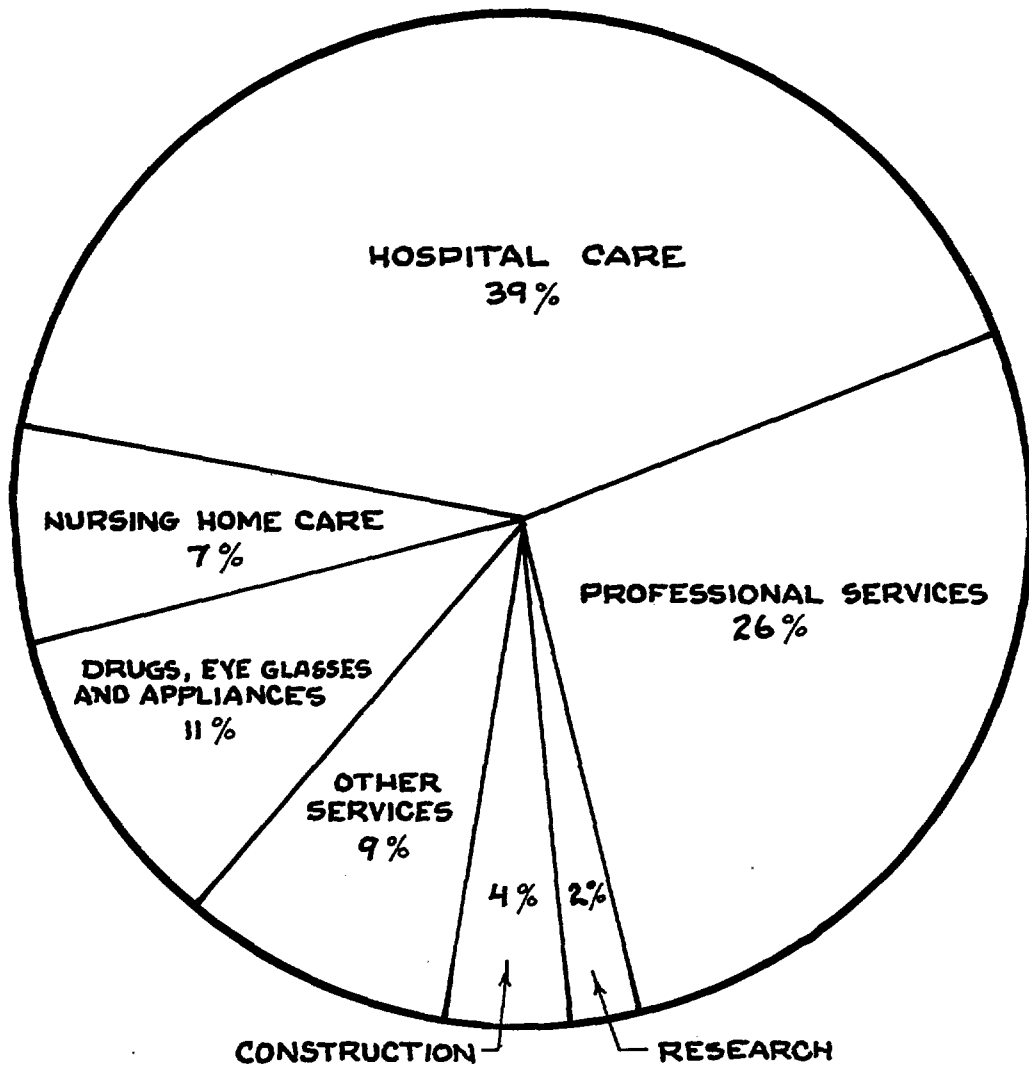
Source: Charles E. Phelps, "Testimony before U.S. House of Representatives, Subcommittee on Public Health and Environment" (Rand Corporation, December 14, 1973; processed), Tables 6 and 7.

A.III. ALLOCATION OF HEALTH EXPENDITURES

EXPENDITURES BY TYPE OF MEDICAL CARE PROVIDER

Of the \$104.2 billion spent in fiscal year 1974 on health care services, 39 percent went to pay for hospital care. Physician services (and other professional services) accounted for 26 percent of the expenditures. The remainder was allotted among nursing home care, drugs, research and construction. The proportion spent for hospital and nursing home care has risen steadily since 1929 and the share for other categories has declined.

A.29 TYPES OF HEALTH EXPENDITURES, FISCAL YEAR 1974



Source: Social Security Bulletin, 38(2), February 1975

A.30 NATIONAL HEALTH EXPENDITURES BY TYPE OF EXPENDITURE,
FISCAL YEARS 1972-74

Type of expenditure	National Health Expenditures (in millions)		
	1974 ^a	1973	1972
Total	<u>\$104,239</u>	<u>\$94,235</u>	<u>\$86,391</u>
Health services and supplies	97,183	87,805	80,252
Hospital care	40,900	36,174	32,720
Physicians' services	19,000	17,518	16,431
Dentists' services	6,200	5,767	5,342
Other professional services	1,990	1,803	1,634
Drug and drug sundries	9,695	8,942	8,233
Eyeglasses and appliances	2,153	1,985	1,877
Nursing home care	7,450	6,650	5,860
Expenses for prepayment and Administration	4,224	3,753	3,181
Government public health Activities	2,126	1,685	1,923
Other health services	3,445	3,528	3,051
Research and medical-facilities construction	7,056	6,430	6,139
Research ^b	2,684	2,285	2,058
Construction	4,372	4,145	4,081

^aPreliminary estimates.

^bResearch expenditures of drug companies included in "drugs and drug sundries" excluded from "research expenditures."

Source: SSA, Social Security Bulletin, February 1975, p. 13

A.III.2 MEDICAL CARE PRICES

The Medical Care Component of the CPI As a Measure of Medical Care Prices

The Consumer Price Index prepared by the Bureau of Labor Statistics measures the change in average prices of the goods and services purchased by urban wage earners and clerical workers and their families. These items are weighted by their importance in the typical city worker's family budget. The general procedure is to measure price changes by repricing a "market basket" of goods and services at regular intervals and comparing the aggregate costs with those of an equivalent market basket purchased in a selected base period. The CPI is the prime barometer of price changes, and its medical care components are the most widely used indicators of health care prices.

Some claim that the index introduces a bias because it fails to take account of quality changes. This idea is based on the assumption that prices are compared directly and that, when the quality of goods deteriorates, the index tends to understate the true price rise; conversely, when quality improves, the index tends to overstate the true rise in prices. The handling of quality changes has always posed problems in computing price indexes. This is particularly true with prices for medical care and services measured in the CPI, where quality changes are especially difficult

to measure because of advances in medical technology. As a result, the medical care index may overstate the actual increase in medical care prices over the long run.

Another limitation is the inability of some items to be representative of the total service or commodity. For example, the CPI prices 15 drugs which have declined slightly in price in recent years because newer more expensive drugs are not included among those priced.

Table A.31 shows that medical care prices in general rose at a faster annual rate (4.2%) than did the overall Consumer Price Index (3.8%) during 1940-1974. The medical care index accelerated during 1965-1970, but decelerated rapidly with the imposition of cost controls in 1971. Whereas prices for physician and dental services did not rise much faster than the CPI (except during 1965-1970) the increase in rates for hospital semi-private room ranged from two to three times the annual rate of increase experienced by the CPI, with notable acceleration recorded after the onset of Medicare.

The first year of data after cost controls were dropped shows increased pressure on medical care prices. During the first quarter of 1975, medical care prices increased at nearly twice the rate for the Consumer Price Index, with prices for physicians' services leading the increase.

Additional detail on medical care services and drugs is presented in table A.32 with their annual rates of change in table A.33.

A.31 SELECTED MEDICAL CARE COMPONENTS OF THE CONSUMER PRICE INDEX,
 SELECTED CALENDAR YEARS 1940-1973 (1967 = 100)

Calendar Years	Total CPI	Total Medical Care	Hospital Semi-Private Room	Physicians' Services	Dentists' Fees
1940	42.0	36.8	13.7	39.6	42.0
1950	72.1	53.7	30.3	55.2	63.9
1955	80.2	64.8	42.3	65.4	73.0
1960	88.7	79.1	57.3	77.0	82.1
Average Annual Percentage Change 1940-60	3.8%	3.9%	7.4%	3.4%	3.4%
1965	94.5	89.5	75.9	88.3	92.2
1966	97.2	93.5	83.5	93.4	95.2
1967	100.0	100.0	100.0	100.0	100.0
1968	104.2	106.1	113.6	105.6	105.5
1969	109.8	113.4	128.8	112.9	112.9
1970	116.3	120.6	145.4	121.4	119.4
Average Annual Percentage Change 1965-70	4.3%	6.1%	13.9%	6.6%	5.3%
1971	121.3	128.4	163.1	129.8	127.0
1972	125.3	132.5	173.9	133.8	132.3
1973	133.1	137.7	182.1	138.2	136.4
1974	147.7	150.5	201.5	150.8	146.8
Average Annual Percentage Change 1971-74	6.8%	5.4%	7.3%	5.1%	4.9%
1975					
January	156.1	161.0	222.8	160.9	156.0
February	157.2	163.0	226.1	162.9	157.2
March	157.8	164.6	227.8	165.0	158.7
April	158.6	165.8	228.8	166.2	159.7
May	159.3	166.8	230.1	167.2	161.2
Annualized Rate of Change January - May 1975	6.1%	11.2%	10.2%	12.2%	10.2%

Source: U.S. Department of Labor, Bureau of Labor Statistics

A.32 AVERAGE ANNUAL INDEX FOR CONSUMER PRICES AND MEDICAL CARE COMPONENTS, SELECTED CALENDAR YEARS, 1950-74 (1967 = 100)

Item	1950	1955	1960	1965	1970	1971	1972	1973	1974	1975						
										Jan	Feb	Mar	Apr	May	June	July
CPI, all items	72.1	80.2	88.7	94.5	116.3	121.3	125.3	133.1	147.7	156.1	157.2	157.8	158.6	159.3	160.6	162.3
Less medical care	---	---	89.4	94.9	116.1	120.9	124.9	132.9	147.7	156.0	156.9	157.5	158.2	158.9	160.3	162.0
CPI, all services	58.7	70.9	83.5	92.2	121.6	128.4	133.3	139.1	152.1	161.3	162.6	163.2	164.1	164.5	165.7	166.6
Less medical care	---	---	85.2	93.2	121.3	127.7	132.6	138.3	151.0	159.9	160.9	161.4	162.2	162.6	163.7	164.4
Medical care, total	53.7	64.8	79.1	89.5	120.6	128.4	132.5	137.7	150.5	161.0	163.0	164.6	165.8	166.8	168.1	169.8
Medical care services	49.2	60.4	74.9	87.3	124.2	133.3	138.2	144.3	159.1	170.7	172.9	174.7	175.9	177.0	178.4	180.4
Hospital service charges: ^{1/}	---	---	---	---	---	---	102.0	105.6	115.1	125.3	127.3	124.4	129.3	130.1	131.1	133.2
Semiprivate room	30.3	42.3	57.3	75.9	145.4	163.1	173.9	182.1	201.5	222.8	226.1	227.8	228.8	230.1	232.8	239.0
Operating room charges	---	---	---	82.9	142.4	156.2	168.6	179.1	201.3	225.6	230.6	232.7	234.6	236.3	237.2	240.6
X-ray diagnostic series, upper G.I.	---	---	---	90.9	110.3	124.9	129.1	131.8	140.6	150.1	151.0	151.4	153.0	154.2	155.8	156.8
Professional services:																
Physicians' fees	55.2	65.4	77.0	88.3	121.4	129.9	133.8	138.2	150.9	160.9	162.9	165.0	166.2	167.2	168.8	169.7
General physician, office visits	54.9	65.4	75.9	87.3	122.6	131.4	134.8	139.5	154.3	165.3	167.4	169.7	170.6	171.2	173.0	173.8
General physician, house visits	52.9	61.2	75.0	87.6	122.4	131.0	136.7	141.7	151.3	161.7	163.4	166.4	167.2	168.5	169.4	170.5
Herniorrhaphy(adult)	---	---	---	91.3	115.0	123.4	128.2	131.3	138.6	146.2	147.5	148.4	150.2	150.6	151.8	151.8
Tonsillectomy & adenoidectomy	60.7	69.0	80.3	91.0	117.1	125.2	129.9	132.3	144.2	152.4	155.8	159.5	160.2	162.2	164.1	165.5
Obstetrical cases	51.2	68.6	79.4	89.0	121.8	129.0	133.8	128.1	149.0	157.7	158.7	160.2	163.6	164.6	166.8	167.5
Pediatric care, office visits	---	---	---	85.8	122.7	132.0	136.2	140.5	153.4	164.4	166.1	167.4	169.1	170.3	172.1	173.2
Psychiatrist, office visits	---	---	---	92.1	119.4	124.8	129.2	133.6	141.0	147.9	147.8	148.8	149.6	151.8	153.0	153.4
Dentists' fees	63.9	73.0	82.1	92.2	119.4	127.0	132.3	136.4	140.8	156.0	157.2	158.7	159.7	161.2	161.8	163.0
Other professional services:																
Examination, prescription & dispensing of eyeglasses	73.5	77.0	85.1	92.8	113.5	120.3	124.9	129.5	138.6	144.6	145.8	146.9	148.1	148.7	149.2	150.3
Routine laboratory tests	---	---	---	94.8	111.4	116.1	120.4	122.8	135.4	145.0	145.3	148.1	150.5	152.5	153.1	154.0
Drugs & prescriptions	88.5	94.7	104.5	100.2	103.6	105.4	105.6	105.9	109.6	114.7	116.0	116.8	117.5	118.1	118.7	119.4
Prescriptions	92.6	101.6	115.3	102.0	101.2	101.3	100.9	100.5	102.9	106.7	107.4	107.7	108.1	108.5	109.0	109.6
Over-the-counter items	---	---	---	98.0	106.2	110.2	111.3	112.4	117.6	124.3	126.3	127.6	128.8	129.5	130.3	131.2

^{1/} Jan 1972 = 100 (the date the index was introduced).

Source: Consumer Price Index, Bureau of Labor Statistics

A.33 AVERAGE ANNUAL PERCENTAGE CHANGE FOR CONSUMER PRICES AND MEDICAL CARE COMPONENTS,
SELECTED PERIODS, CALENDAR YEARS 1950-74

Item	1950-55	1955-60	1960-65	1965-70	1970-74	1970-71	1971-72	1972-73	1973-74
CPI, all items	2.2	2.0	1.3	4.2	6.2	4.3	3.3	6.2	11.0
Less medical care	---	---	1.2	4.1	6.2	4.1	3.3	6.4	11.1
CPI, all services	3.9	3.3	2.0	5.7	5.7	5.6	3.8	4.4	9.3
Less medical care	---	---	1.3	5.4	5.6	5.3	3.8	4.3	9.2
Medical care, total	3.8	4.1	2.5	6.1	5.7	6.5	3.2	3.9	9.3
Medical care services	4.2	4.4	3.1	7.3	6.4	7.3	3.7	4.4	10.2
Hospital service charges	---	---	---	---	---	---	---	3.5	9.0
Semiprivate room	6.9	6.3	5.8	13.9	8.5	12.2	6.6	4.7	10.7
Operating room charges	---	---	---	11.4	9.0	9.7	7.9	6.2	12.4
X-ray diagnostic series, upper G.I.	---	---	---	5.1	4.9	7.4	3.4	2.1	6.7
Professional services:									
Physicians' fees	3.5	3.3	2.8	6.0	5.0	6.9	3.1	3.3	3.2
General physician, office visits	3.6	3.0	2.9	7.0	5.9	7.2	2.6	3.5	10.6
General physician, house visits	3.0	4.2	3.2	6.9	5.4	7.0	4.4	3.7	6.8
Herniorrhaphy(adult)	---	---	---	4.7	4.8	7.3	3.8	2.4	5.6
Tonsillectomy & adenoidectomy	2.6	3.1	2.5	5.2	5.3	6.9	3.8	2.2	8.5
Obstetrical cases	6.0	3.0	2.3	6.5	5.2	5.9	3.7	3.2	7.9
Pediatric care, office visits	---	---	---	7.4	5.7	7.0	3.2	3.2	9.2
Psychiatrist, office visits	---	---	---	5.3	4.2	4.5	3.9	3.4	5.5
Dentists' fees	2.7	2.4	2.4	5.3	5.3	6.4	4.2	3.0	7.6
Other professional services:									
Examination, prescription & dispensing of eyeglasses	1.0	2.0	1.7	4.1	5.1	6.0	3.8	3.7	7.1
Routine laboratory tests	---	---	---	3.3	5.0	4.2	3.7	2.0	10.3
Drugs & prescriptions	1.4	2.0	1.8	.7	1.1	1.7	.2	.3	3.5
Prescriptions	1.9	2.0	-2.2	-.1	.4	.1	-.4	-.4	2.4
Over-the-counter items	---	---	---	1.6	2.6		1.0	1.0	4.5

Source: Consumer Price Index, Bureau of Labor Statistics

Hospital Price and Cost Inflation

Hospital price and cost inflation can be measured various ways. Rates of change in hospital prices can be measured by the BLS semiprivate room charge index. This index, a component of the CPI, refers to the average daily charge for room and board and routine nursing care in semiprivate accommodations. All special services, such as drugs, tests, blood, and use of the operating room and intensive care units, are excluded. Since the semiprivate room charges index reflects only charges for a portion of hospital services, it will accurately reflect changes in overall prices only if the weighted average of all other prices increases at the same rate. As yet no comprehensive hospital price index exists for which historical data are available.

Some comprehensive measures of hospital costs, on the other hand, are available: The American Hospital Association's average expenses per patient day and per admission. The average expense per patient day is an estimate of the total cost of a day of hospital care. It is derived by dividing total expenses (including outpatient and other expenses not attributable to inpatient care) by the number of adult and pediatric (not newborn) patient days. Expenses incurred by inpatients but not billed by the hospital, such as physicians' fees for treatment, are also excluded.

The problem of dividing by an output figure which excludes outpatient care can be alleviated by a variant of this measure called average expense per adjusted patient day. For this measure total expenses are divided by adjusted patient days in which patient days are added together with the patient-day equivalents of outpatient visits. For example, if the value of an inpatient day is four times the value of an outpatient visit, then four visits will be equal (in terms of effort required) to 1 inpatient day. Adjusted patient days would then equal patient days plus one-fourth of the number of outpatient visits.

Another measure of cost inflation is the average expense per admission derived by dividing total expense by the number of admissions. This represents the cost per cast. A similar correction for the exclusion of outpatient visits is required to get the average expense per adjusted admission--if the value of one admission is 30 times the value of one visit, then adjusted admissions are derived by adding admissions and one-thirtieth of the number of outpatient visits.

Table A.34 shows the values of the various measures since 1950 and the rates of increase for several periods. The difference between the rate of change in expense per day and

expense per admission results from changes in length of stay. Because length of stay has been falling since 1969, the rate of change of expense per admission will be somewhat lower than the rate for expense per day.

A.34 INDICATORS OF HOSPITAL COST AND PRICE INFLATION,
AVERAGE ANNUAL PERCENTAGE INCREASE,
SELECTED CALENDAR YEARS 1950-1973

Year	Hospital semi-private room charges	Total expense per patient day	Expense per adjusted patient day	Expense per admission	Expense per adjusted admission
Index or amount					
1950	30.3	\$15.62	(1/)	\$127.23	(1/)
1955	42.3	23.12	(1/)	179.79	(1/)
1960	57.3	32.23	(1/)	244.54	(1/)
1961	61.1	34.98	(1/)	267.38	(1/)
1962	65.3	36.83	(1/)	281.44	(1/)
1963	68.6	38.91	\$35.11	298.10	\$269.15
1964	71.9	41.58	37.58	321.28	285.97
1965	75.9	44.48	40.56	345.65	310.79
1966	83.5	48.15	43.66	382.05	337.54
1967	100.0	54.08	49.46	447.64	409.04
1968	113.6	61.38	55.80	519.21	471.30
1969	128.8	70.03	64.26	587.99	539.25
1970	145.4	81.01	73.73	668.67	610.10
1971	163.1	92.31	83.43	743.15	675.01
1972	173.9	105.21	94.61	830.13	744.88
1973	182.1	114.69	101.78	897.20	796.65
Average annual percentage increase, selected years					
1950-73	8.1	9.1	(1/)	8.9	(1/)
1950-60	6.6	7.5	(1/)	6.8	(1/)
1960-65	5.8	6.7	<u>2/7.5</u>	7.2	<u>2/7.5</u>
1965-70	13.9	12.7	12.7	14.1	14.4
1965-67	14.8	10.3	10.4	13.8	14.7
1967-69	13.5	13.8	14.0	14.6	14.8
1969-71	12.5	14.8	13.9	12.4	11.9
1971-73	5.7	11.5	10.5	9.9	8.6

1/ Not available

2/ Average annual percentage increase from 1963 to 1965.

Source: Charges data are from the Consumer Price Index, Bureau of Labor Statistics. Expenses data are from Hospital Statistics 1973, American Hospital Association, 1974.

Factors Contributing to Increases in Hospital Costs

Increases in the average expense per patient day for short-term community hospitals result from two major factors:

- (1) Increases in wage rates and prices paid by hospitals.

This cost rise represents the additional cost necessary to maintain the same level of hospital services.

- (2) Expenditures for improvement in services, including the cost for more employees and for such expenses as additional equipment and supplies. These arise in large part from new medical technology, procedures and techniques.

Table A.35 indicates that, except for the 1965-67 period, each factor has accounted for about half the total rise in expense per patient day over the 23-year period 1950-73. During the 1965-67 span, improved services accounted for over three-fifths of the increase; apparently, hospital administrators anticipated greater and more intensive use of hospital services under the newly created Medicare and Medicaid programs and subsequently expanded labor and nonlabor inputs to meet the increased demand. Increases in wages and prices in the 1971-73 period were considerably lower than those reported during the previous 2-year periods, largely due to the mandatory wage and price controls (under the Economic Stabilization Program) in effect for the health care industry until April 1974.

A.35 FACTORS CONTRIBUTING TO INCREASES IN HOSPITAL COSTS,
 AVERAGE ANNUAL PERCENTAGE INCREASE
 SELECTED CALENDAR YEARS 1951-1973

Item	Average annual percentage increase					
	1951-60	1960-65	1965-67	1967-69	1969-71	1971-73
Total increase	7.5	6.7	10.3	13.8	14.8	11.5
Increase in wages and prices	3.8	3.5	4.1	8.0	8.2	5.9
Wages	5.2	4.7	4.7	9.9	10.0	6.6
Prices	1.5	1.3	2.9	4.8	5.1	4.9
Changes in services	3.7	3.2	6.2	5.8	6.6	5.6
Labor	3.1	1.7	3.8	2.8	3.7	2.3
Other	4.6	5.6	9.6	9.8	10.3	10.0
Percent of total increase due to:						
Wages and prices	50.0	51.5	39.7	58.2	55.3	51.3
Improved services	50.0	48.5	60.3	41.8	44.7	48.7

Source: Price data are from the Consumer Price Index, Bureau of Labor Statistics. All other data are from Hospitals, Guide Issues, Aug. 1, various years, and Hospital Statistics 1973, American Hospital Association, 1974.

A.III.3 HOSPITAL AND NURSING HOME REVENUES

Hospital Inpatient Revenues

On average, the highest level of gross revenue per inpatient day was recorded by community hospitals in the Pacific region of the U.S. during 1969-1973, while the lowest levels were observed in the East South Central and West North Central regions.

A.36 GROSS REVENUE PER INPATIENT DAY FOR COMMUNITY HOSPITALS, BY CENSUS DIVISION AND YEAR

Census Divisions	Amount (per day)			Average Annual Percentage Change		
	1969	1971	1973	1969-73	1969-71	1971-73
New England	\$81.33	\$118.27	\$126.25	11.6%	20.2%	3.3%
Middle Atlantic	74.48	110.34	119.68	12.6	21.6	4.1
South Atlantic	63.32	91.35	99.16	11.9	19.8	4.1
East North Central	67.19	99.76	107.61	12.5	21.6	3.8
East South Central	59.69	81.80	86.75	9.8	17.0	3.0
West North Central	57.77	81.85	86.97	10.8	18.8	3.1
West South Central	63.54	87.31	90.61	9.3	17.0	1.9
Mountain	65.14	97.44	104.24	12.5	22.2	3.4
Pacific	82.87	122.87	133.03	12.5	21.6	4.0
TOTAL U. S.	68.82	99.97	107.30	11.7	20.2	3.6

Source: American Hospital Association, Hospital Guide Issue, various years

Hospital Outpatient Revenues

In 1973, gross revenue per outpatient visit ranged from a low of \$16.74 in the West South Central region to a high of \$20.17 in the New England region. In contrast with the data on an inpatient basis, the Pacific regions gross revenue per outpatient visit was just slightly above the national average in 1973, although the Pacific region experienced the most rapid rise during 1969-1973--a 17.0% average annual rate of increase.

A.37 GROSS REVENUE PER OUTPATIENT VISIT FOR COMMUNITY HOSPITALS, BY CENSUS DIVISION AND YEAR

Census Division	Amount (per visit)			Average Annual Percentage Change		
	1969	1971	1973	1969-73	1969-71	1971-73
New England	\$13.68	\$17.78	\$20.17	10.2%	14.0%	6.5%
Middle Atlantic	12.42	17.53	19.20	11.5	18.6	4.6
South Atlantic	12.60	16.06	18.25	9.7	12.9	6.6
East North Central	12.97	17.13	19.56	10.8	15.0	6.8
East South Central	12.96	14.54	16.75	6.6	5.9	7.3
West North Central	12.09	15.31	16.91	8.7	12.5	5.1
West South Central	11.38	15.01	16.74	10.1	14.8	5.6
Mountain	11.66	16.85	18.26	11.9	20.0	4.1
Pacific	10.11	16.36	18.99	17.0	27.0	7.7
TOTAL U. S.	12.16	16.62	18.73	11.4	16.8	6.1

Source: See Table A.36

Nursing Home Revenues

Over the 10 year period 1964-1974 average monthly nursing home charges increased at an average annual rate of 9.9 percent, with the largest regional increases in the North East. For all regions the increases were more rapid prior to 1969 than after that year. (Observations coinciding with the critical period of the introduction of Medicare and Medicaid were not available, since the data are collected only every five years; however, the 1964 and 1969 observations provide pre- and post-Medicare (Medicaid) information.)

A.38 NURSING HOME AVERAGE MONTHLY CHARGES AND AVERAGE ANNUAL PERCENTAGE CHANGE,
BY REGIONS

Region	Average Monthly Charge			Average Annual Percentage Change		
	1964	1969	1974	1964-69	1969-74	1964-74
United States	\$186	\$328	\$479	12.0%	7.9%	9.9%
North East	213	388	652	12.8	10.9	11.8
North Central	171	298	433	11.8	7.8	9.7
South	161	307	411	13.8	6.0	9.8
West	204	350	455	11.4	5.4	8.3

Source: U. S. Department of Health, Education, and Welfare, National Center for Health Statistics.

Nursing Home Source of Funds

Medicaid is the largest primary source of payment for nursing home residents who have been residents for at least one month. It is used by half of the residents while Medicare is the primary source for only about 1 percent. For about a third of the residents, their own income is the primary source of payment; personal income is used more frequently to pay for care for persons age 75 and over than for persons under age 75.

A.39 NUMBER AND PERCENT DISTRIBUTION OF NURSING HOME RESIDENTS IN THE
HOME FOR ONE MONTH OR MORE BY AGE AND SEX, ACCORDING TO PRIMARY
SOURCE OF PAYMENT FOR CARE:
UNITED STATES, 1973-74

Primary source of payment	Residents in nursing home for 1 month or more						
	Total	Age				Sex	
		Under 65 years	65-74 years	75-84 years	85 years and over	Male	Female
All residents of 1 month or more -----	1,010,700	107,400	151,800	359,000	392,500	294,500	716,200
	Percent distribution						
Total -----	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Primary source of payment							
Self & Family Resources--	36.7	18.1	30.8	41.6	39.7	35.9	37.1
Medicare -----	1.2	*	1.6	1.5	0.9	1.0	1.2
Medicaid -----	49.1	55.9	53.2	46.5	48.1	47.9	49.6
Public Assistance/Welfare	10.0	20.1	11.9	7.4	8.9	10.8	9.7
All other sources -----	3.0	5.6	2.5	3.0	2.4	4.4	2.4

SOURCE: National Center for Health Statistics: unpublished provisional data from the 1973-74 Nursing Home Survey.

A.III.4 PHYSICIAN AND DENTIST INCOMES

Physician Incomes by Region

On average, the highest net income of non-federal patient-care physicians was recorded in the East South Central region during 1969-1973. In 1973, average net income ranged from a low of \$44,510 in the Mountain region to a high of \$57,466 in the East South Central area. The latter region also experienced the most rapid annual rate of growth in physician net income over the entire period.

A.40 AVERAGE NET INCOME OF PHYSICIANS BY CENSUS DIVISION AND YEAR

Census Division	Year					Average Annual Percentage Change				
	1969	1970	1971	1972	1973	1969-73	1969-70	1970-71	1971-72	1972-73
New England	\$36,469	\$38,019	\$41,925	\$43,460	\$45,890	5.9%	4.3%	10.3%	3.7%	5.6%
Middle Atlantic	36,451	37,618	40,510	43,229	45,649	5.8	3.2	7.7	6.7	5.6
East North Central	40,746	47,000	48,232	49,400	51,830	6.2	15.3	2.6	2.4	4.9
West North Central	41,288	41,057	44,987	46,004	48,205	4.0	-0.1	9.6	2.3	4.8
South Atlantic	39,739	42,577	46,782	48,088	50,408	6.1	7.1	9.9	2.8	4.8
East South Central	44,772	41,963	51,084	53,910	57,466	6.5	-6.3	21.7	5.5	6.6
West South Central	43,322	43,457	47,162	49,548	50,301	3.8	0.3	8.5	5.1	1.5
Mountain	38,469	39,359	40,291	43,095	44,510	3.7	2.3	2.4	7.0	3.3
Pacific	40,848	44,049	46,813	49,076	50,882	5.6	7.8	6.3	4.8	3.7
Total	39,726	41,770	45,278	47,239	49,415	5.6	5.1	8.4	4.3	4.6

Source: American Medical Association, Profiles of Medical Practice.

Physician Incomes by Specialty and Location

The highest average net incomes, regardless of location, were received by surgical and obstetrical-gynecological specialties during the years 1971-1973. For all specialties except that of obstetrics, physician net income was generally higher in the smaller rather than larger metropolitan areas. The non-metropolitan areas recorded higher net income for only two specialties--internal medicine and obstetrics-gynecology.

A.41 AVERAGE NET INCOME OF PHYSICIANS BY SPECIALTY, LOCATION AND YEAR

Specialty	Location								
	Non-Metropolitan			Metropolitan 50,000 - 999,999 ^a			Metropolitan 1,000,000 and over ^b		
	1971	1972	1973c	1971	1972	1973c	1971	1972	1973c
Total	\$43,533	\$45,067	\$47,284	\$47,475	\$49,264	\$51,544	\$44,301	\$46,548	\$48,620
General Practice	41,208	42,612	43,613	41,018	42,396	43,677	37,460	39,007	39,950
Internal Medicine	44,864	49,042	50,896	42,459	44,926	47,333	42,823	43,874	46,583
Surgery	49,963	50,067	53,950	57,724	58,941	62,320	52,279	55,568	57,416
Obstetrics-Gynecology	49,414	49,171	55,600	49,662	52,050	53,262	52,293	54,953	59,945
Pediatrics	39,583	39,357	38,923	40,895	41,578	43,570	36,648	36,782	37,954
Psychiatry	27,889	29,250	30,556	40,119	40,344	42,565	36,680	39,154	39,556
Anesthesiology	37,438	41,000	45,588	49,687	51,899	52,971	47,264	49,435	52,176
Other	42,857	45,125	46,750	47,775	50,298	53,405	45,447	48,662	51,408

a- Includes all counties in SMSA's with 50,000 to 999,999 inhabitants and all counties considered potential SMSA's.

b- Includes all counties in SMSA's with 1,000,000 or over inhabitants.

c- Estimated 1973 new income.

Source: American Medical Association, Profiles of Medical Practice, Table 63, p. 192, 1974 edition.

Physicians Incomes by Type of Practice

In general, partnerships and other types of group associations of physicians averaged considerably higher net incomes than did solo physicians. Two-person groups reported the highest level of net income (\$58,117 in 1973). However, groups of 26 physicians and more recorded a lower net income compared to solo practice, although the former was rapidly closing the gap during 1971-1973 (rising at twice the annual rate experienced by solo physicians).

A.42 AVERAGE NET INCOME OF PHYSICIANS BY TYPE OF PRACTICE

Type of Practice	Year			Average Annual % Change 1971-73
	1971	1972	Estimated 1973	
Total	\$46,170	\$48,168	\$50,234	4.3%
Solo	44,267	45,939	47,516	3.6
2 Man	51,232	53,678	58,117	6.5
Group:				
3 Man	50,637	51,837	54,223	3.5
4 Man	49,161	51,651	52,586	3.4
5-7 Man	49,913	53,756	55,927	5.9
8-25 Man	47,327	49,093	51,013	3.8
26 Man & Over	39,872	43,036	45,911	7.3

Source: American Medical Association, Profiles of Medical Practice, Table 66, p. 195, 1974 edition.

Physicians' Fees by Specialty and Region

Average physician fees for initial office visit were generally higher for the specialty of internal medicine, regardless of census region. The lowest fees were recorded by physicians in general practice. The West North Central region had the lowest recorded office fee in 1973 (\$8.89 for general practice) while the Middle Atlantic region experienced the highest fee (\$23.12 for internal medicine).

A.43 AVERAGE PHYSICIAN FEE FOR INITIAL OFFICE VISIT BY CENSUS DIVISION AND SPECIALTY, 1973

Census Division	Specialty				
	General Practice	Internal Medicine	Surgery	Obstetrics-Gynecology	Pediatrics
Total	\$10.77	\$20.68	\$17.62	\$19.73	\$12.17
New England	10.83	20.58	17.25	17.36	11.20
Middle Atlantic	10.19	23.12	21.26	22.07	13.30
East North Central	10.86	19.67	16.48	17.24	10.79
West North Central	8.89	15.68	13.66	17.14	13.21
South Atlantic	11.03	20.58	17.48	22.08	11.75
East South Central	9.98	20.36	15.28	18.78	9.62
West South Central	10.73	19.09	15.52	18.64	10.16
Mountain	9.43	20.34	15.95	15.75	11.90
Pacific	13.08	20.64	18.95	20.21	14.42

Source: American Medical Association Profiles of Medical Practice, 1974 edition, Table 77, p. 208.

Physicians' Fees by Specialty and Type of Practice

Average physician fees for initial office visit in 1973 were higher for 2-person groups than for solo practitioners. Associations of 26 or more in general practice and internal medicine recorded notably higher fees than did smaller groups or solo physicians.

A.4.4 AVERAGE PHYSICIAN FEE FOR INITIAL OFFICE VISIT BY TYPE OF PRACTICE AND SPECIALTY, 1973

Type of Practice	Specialty				
	General Practice	Internal Medicine	Surgery	Gynecology	Pediatrics
Total	\$10.73	\$20.34	\$17.59	\$19.59	\$11.96
Solo	10.99	19.95	17.53	19.42	12.02
2 Man	10.12	22.25	18.83	19.29	12.27
Group:					
3-Man	9.40	21.11	18.96	19.90	10.69
4-Man	8.98	21.18	16.30	22.92	12.67
5-7 Man	10.99	21.39	17.90	19.93	13.83
8-25 Man	9.64	17.48	14.61	17.95	11.00
26-Man and Over	17.60	23.10	14.70	14.71	12.25

Source: American Medical Association, Profiles of Medical Practice, 1974 edition, Table 78, p. 209.

Dentists' Incomes by Region

Average net income of dentists (1970) ranged from a low of \$26,355 in the Northwest area of the country to a high of \$34,159 in the Far West, averaging \$29,487 for the total U.S.

A.45 AVERAGE NET INCOME OF DENTISTS BY AREA, 1970

<u>AREA</u>	<u>AVERAGE NET INCOME</u>
New England	\$31,339
Middle East	31,174
Central	29,338
Southeast	30,952
Southwest	28,518
Northwest	26,355
Far West	34,159
Total	29,487

Source: American Dental Association, Bureau of Economic Research and Statistics, "1971 Survey of Dental Practice - Summary," Journal of the American Dental Association, Vol. 85, December 1972, pp. 1371-1376.

Dentists' Incomes by Type of Practice

Compared to an average net income of \$29,487 for dentists overall, dentists in an incorporated practice earned \$51,084, or nearly twice as much. The lowest net income was recorded for salaried dentists.

A.46 AVERAGE NET INCOME OF DENTISTS BY TYPE OF PRACTICE, 1970

<u>Type of Practice</u>	<u>Average Net Income</u>
All types	\$29,487
Independent	30,770
Self-employed (partnerships)	38,398
Self-employed (cost sharing)	31,515
Incorporated	51,084
Salaried	18,376

Source: American Dental Association, Bureau of
Economic Research and Statistics, "1971
Survey of Dental Practice - Summary,"
Journal of the American Dental Association,
Vol. 85, December 1972, pp. 1371-1376 .

SECTION B.

HEALTH RESOURCES

CONTENTS

	Page
B. Health Resources	
I. Health manpower (Tables B.I.1 - 23).....	103
Persons in selected health occupations; physicians, dentists and pharmacists for selected countries; physicians by type of practice and selected characteristics; population/physician ratio, population/dentist ratio, and population/nurse ratio by State; selected characteristics of dentists and nurses; other health practitioners	
II. Health facilities (Tables B.II.1 - 12).....	131
Hospital beds and beds per 1,000 population, selected years; hospital beds by geographic division and ownership; hospitals reporting services, selected years; nursing care and related homes; other inpatient facilities by type of facility; employees in hospitals and nursing homes; home health agencies participating in Medicare, selected years; Poison Control Centers, selected years	

B.I. Health Manpower

In 1973 there were an estimated 4.4 million persons employed in health-related occupations, one-half of whom were in nursing or related services. There was one physician for every 562 persons in the United States. The number of persons to be served by each physician ranges rather widely even among industrialized nations; several countries, including the USSR, Israel, Italy and Hungary, had larger numbers of physicians relative to population than the United States. Some countries with longer life expectancies than the United States had relatively fewer physicians. Scandinavian countries have more favorable population/dentist ratios and the United States and Italy are among the most favorable in terms of pharmacists.

The proportion of health professionals who are members of racial or ethnic minorities varies widely by profession. For example, less than 3 percent of physicians and dentists but over 20 percent of dietitians and practical nurses and 40 percent of lay midwives are black. These differences probably reflect differentials in access to the health professions.

About 91 percent of all M.D.s reported to be active are directly involved in patient care, with 62 percent of active physicians in office-based practices.

In recent years, the number of active physicians in the United States has been growing at a considerably more rapid rate

than the population as a whole, and thus the population-physician ratio has been decreasing. Since 1950 there has been a 64 percent increase in the total number of physicians, reducing the number of persons per physician from 672 in 1950 to 562 in 1973. The formation of new medical schools and the increase in the number of admissions to some of the older medical schools has resulted in an increase in the annual number of graduates from United States medical schools. There has also recently been an appreciable increase each year in the number of foreign-trained physicians practicing in the United States. In 1963, 11.2 percent of the country's physicians were foreign-trained, but by 1973 the percent had increased to 19.5. There was a 131 percent increase in the number of foreign-trained physicians practicing in the U.S.

The geographic distribution of physicians is weighted heavily toward metropolitan areas. In 1973, there was one non-Federal physician providing patient care for approximately every 500 individuals living in the largest metropolitan areas. The comparable ratio for small nonmetropolitan counties was one physician for every 2,000 to 2,500 patients. The population-physician ratio was thus about four or five times as high in the smaller nonmetropolitan counties as in the largest metropolitan areas. With respect to medical specialists, the geographic distribution is biased even more towards the larger metropolitan areas.

There are also major differences among States in the population-physician ratio. The extremes are South Dakota, where there is one physician for every 1,343 persons, and New York, where there is one physician for every 432 persons. The population density is much higher in New York than in South Dakota and New York also has a major metropolitan area which attracts physicians. The differences among States, however, are not simply a function of population density. Vermont and Iowa, for example, have approximately the same density but there is one physician for every 565 persons in Vermont in contrast with one for every 999 in Iowa.

In addition, there is no clear relationship between the number of persons per physician and the health status of the population as measured by available indicators. States with relatively few physicians include those in West North Central division and those in the South; the highest life expectancies are found in the first area and the lowest in the second.

It is commonly believed that an efficient medical care system requires that there be physicians who take long-term responsibility for patients. Rather than having patients move indiscriminately from one specialist to the next, it is felt to be desirable for primary care physicians to serve as points of initial contact and as coordinators of the patient's total care. In the absence of detailed information as to the composition of physicians' practices, it is generally assumed that physicians who classify themselves as

general practitioners, internists, pediatricians, and obstetricians-gynecologists devote at least part of their time to the performance of primary care functions. While there has been a decline in the number of general practitioners during the past decade, there have been compensating increases in the other primary care specialties. Overall, there has been a shift away from primary care towards surgical and medical specialties. There is considerable controversy over the optimum distribution of specialties and the need to alter present trends in the allocation of new physicians into specialties.

There were 100,000 active non-Federal dentists in 1973. The supply of dentists in relation to the population improved only slightly between 1960 and 1973, from one dentist for every 2,138 persons to one dentist for every 2,088 persons. The greatest increases in the number of dentists occurred in the West South Central and Mountain states.

Registered nurses comprise the largest single group of health professionals. However, almost 30 percent of registered nurses were not employed in nursing in 1972. Two-thirds of the nurses working in the field of nursing are employed in hospitals. The total number of registered nurses in practice has increased 70 percent since 1960 to 857,000 nurses in 1974, reducing the population-nurse ratio from one nurse to every 355 persons to one nurse to every 246 persons in 1974. As with other health professionals, nurses are not evenly distributed around the country; in the South Central states there is one nurse for every 400-500 persons while in the

New England states there is one nurse for every 150-210 persons.

The number of practical nurses has steadily increased from 137,500 in 1950 to 492,000 in 1974, resulting in a current level of one practical nurse for every 428 persons.

The two other large categories of health professionals are the radiological technologists and the pharmacists, with 100,000 and 133,000 persons respectively. Over the past 25 years the number of radiological technicians has increased three-fold and number of pharmacists has increased by one-third. The numbers of chiropractors, optometrists and podiatrists have increased slightly over the same period, while there has been a marked drop in the number of opticians.

Table B.I.1 Estimated number of persons active in selected occupations within each health field: United States, 1973

Health field and selected occupations	Persons active
Total ¹	4,403,450 to 4,448,250
Administration of health services	48,200
Anthropology and sociology	1,600
Automatic data processing in the health field	4,000
Basic sciences in the health field	60,000
Biomedical engineering	11,500
Chiropractic	15,500
Clinical laboratory services	162,800
Dentistry and allied services	274,400
Dentists	105,400
Dental hygienist	21,000
Dental assistant	116,000
Dental laboratory technician	32,000
Dietetic and nutritional services	68,000
Economic research in the health field	400
Environmental sanitation	17,000 to 20,000
Food and drug protective services	44,400
Funeral directors and embalmers	50,000
Health and vital statistics	1,350
Health education	22,500 to 23,000
Health information and communication	6,700 to 9,300
Library services in the health field	7,900
Medical records	54,000
Medicine and osteopathy	345,300
Physician(M.D.)	333,300
Physician (D.O.)	12,000
Midwifery	4,200
Nursing and related services	2,207,000 to 2,212,000
Registered nurse	815,000
Practical nurse	459,000
Nursing aide, orderly, attendant	910,000
Home health aide	23,000 to 28,000
Occupational therapy	13,200 to 14,200
Optometry and opticianry	35,200 to 35,400
Orthotic and prosthetic technology	2,500 to 3,500
Pharmacy	132,900
Physical therapy	24,600
Podiatry	7,100
Psychology	27,000
Radiologic technology	100,000
Respiratory therapy (inhalation) technician	11,000 to 12,000
Secretarial & office services in the health field	275,000 to 300,000
Social work	33,800
Specialized rehabilitation services	11,050
Speech pathology and audiology	26,500
Veterinary medicine	26,900
Vocational rehabilitation counseling	17,000
Miscellaneous health services	252,950 to 258,450
Ambulance attendant	207,000
Animal technician	5,000
Electrocardiograph technician	9,500
Electroencephalograph technician	3,500 to 4,000
Operating room technician	11,400
Ophthalmic assistant	15,000 to 20,000
Orthoptist	450
Physician's assistant	900
Surgeon's assistant	200

1

Each occupation is counted only once. For example, all physicians are in medicine and osteopathy.

SOURCE: National Center for Health Statistics: Health Resources Statistics, 1974. DHEW Pub. (HRA) 75-1509. Table 1.

Table B.I.2 Occupation of persons age 16 and over employed in selected health occupations: United States, 1970

Occupation	Both sexes	Male	Female	Percent male
Total employed, all occupations-----	76,553,599	47,623,754	28,929,845	62.2
Total employed, specified health occupations-----	3,076,149	869,734	2,206,415	28.3
Physicians, dentists and related practitioners-----	538,746	493,081	45,665	91.5
Chiropractors-----	13,729	12,602	1,127	91.8
Dentists-----	90,801	87,691	3,110	96.6
Optometrists-----	17,219	16,527	692	96.0
Pharmacists-----	109,642	96,610	13,032	88.1
Physicians, medical and osteopathic-----	280,929	255,105	25,824	90.8
Podiatrists-----	6,026	5,566	460	92.4
Veterinarians-----	19,435	18,450	985	94.9
Health practitioners, n.e.c.-----	965	530	435	54.9
Registered nurses, dietitians, and therapists-----	944,983	53,152	891,831	5.6
Dietitians-----	40,131	3,222	36,909	8.0
Registered nurses-----	829,691	22,332	807,359	2.7
Therapists-----	75,161	27,598	47,563	36.7
Health technologists and technicians-----	259,839	78,946	180,893	30.4
Clinical laboratory technologists and technicians-----	117,606	32,965	84,641	28.0
Dental hygienists-----	15,805	942	14,863	6.0
Health record technologists and technicians-----	11,164	881	10,283	7.9
Radiological technologists and technicians-----	52,230	16,767	35,463	32.1
Therapy assistants-----	3,211	1,093	2,118	34.0
Health technologists and technicians, n.e.c.-----	59,823	26,298	33,525	44.0
Embalmers-----	4,749	4,528	221	95.3
Funeral directors-----	35,800	33,298	2,502	93.0
Health administrators-----	84,139	46,604	37,535	55.4
Opticians, and lens grinders and polishers-----	27,380	21,279	6,101	77.7
Health service workers-----	1,180,513	138,846	1,041,667	11.8
Dental assistants-----	88,175	1,866	86,309	2.1
Health aides except nursing-----	118,907	18,305	100,602	15.4
Health trainees-----	17,655	1,106	16,549	6.3
Lay midwives-----	675	138	537	20.4
Nursing aides, orderlies, and attendants-----	717,968	108,946	609,022	15.2
Practical nurses-----	237,133	8,485	228,648	3.6

SOURCE: U.S. Bureau of the Census: Detailed Characteristics, United States Summary, PC(1)-D1, February 1973

Table B.I.3 Physicians, dentists and pharmacists for selected countries: selected recent years

Country	Year	Population (in thousands)	Physicians		Dentists		Pharmacists	
			No.	Population per physician	No.	Population per dentist	No.	Population per pharmacist
USA	1972	209,717	371,434	574	119,700	1,752	142,856	1,458
Africa								
Congo	1971	960	112	8,570	3	320,000	13	73,850
Nigeria	1971	56,510	1,300	43,500	60	941,830	458	123,380
S. America								
Argentina	1969	22,940	45,340	500	^{1/} 12,948	(1,770)	^{2/} 2,625	(8,740)
Bolivia	1970	4,930	2,143	2,300	903	5,460	1,600	3,080
Peru	1972	14,456	8,023	1,800	2,542	5,690	2,422	5,970
Venezuela	1971	10,919	11,222	980	2,686	4,070	2,749	3,970
Asia								
India	1970	539,860	112,000	4,820	9,000	59,980	^{1/} 51,000	(10,580)
Europe								
Denmark	1972	4,995	8,000	600	3,800	1,310	2,000	2,500
France	1971	51,249	71,780	730	20,740	2,470	26,500	1,930
E. Germany	1972	17,043	28,590	600	7,447	2,290	2,935	5,810
Hungary	1971	10,368	21,017	490	2,176	4,760	4,199	2,470
Italy	1971	54,005	99,341	540	(a)	--	37,200	1,450
Netherlands	1972	13,329	^{3/} 17,381	760	3,648	3,650	1,114	11,960
Sweden	1971	8,098	11,250	720	6,660	1,220	3,220	2,510
Switzerland	1971	6,324	10,452	610	2,440	2,590	NR	--
USSR	1972	247,460	731,800	340	(a)	--	NR	--
England and Wales	1971	48,815	62,000	790	13,400	3,640	13,900	3,510
Middle East								
Egypt	1971	34,076	18,802	1,810	2,511	13,570	6,665	5,110
Iran	1972	30,994	9,470	3,250	1,692	18,320	3,316	9,350
Israel	1970	2,958	7,281	400	1,444	2,050	1,705	1,730
Kuwait	1971	790	744	1,060	67	11,790	163	4,850
Tunisia	1971	5,241	1,004	5,220	76	68,960	163	32,150
W. Pacific								
Australia	1971	12,756	16,107	790	3,477	3,670	8,046	1,580
Japan	1971	105,600	121,254	860	38,143	2,770	57,945	1,820
Philippines	1970	36,849	4,051(b)	9,100	626(b)	58,860	378(b)	97,480

Derived from: WHO, Fifth Report on the World Health Situation, 1969-72

*

Provisional figures. (a) Included with physicians. (b) In government service only.

^{1/} 1967

^{2/} 1968

^{3/} 1971

Table B.I.4 NUMBER OF PERSONS EMPLOYED IN SELECTED HEALTH PROFESSIONS IN THE UNITED STATES, BY RACIAL/ETHNIC CATEGORY:
April 1, 1970

Profession	Total	Negro	White and all other	Spanish heritage
Number of employed persons				
Medicine (M.D. and D.O.)	280,929	6,106	274,823	10,293
Dentistry	90,801	2,098	88,703	1,224
Optometry	17,219	¹ 99	17,120	300
Pharmacy	109,642	2,501	107,141	2,083
Podiatry	6,026	250	5,776	80
Veterinary medicine	19,435	252	19,183	246
Nursing (R.N.)	² 829,691	62,325	767,366	17,368
Percent				
Medicine (M.D. and D.O.)	100.0	2.2	97.8	3.7
Dentistry	100.0	2.3	97.7	1.3
Optometry	100.0	0.6	99.4	1.7
Pharmacy	100.0	2.3	97.7	1.9
Podiatry	100.0	4.1	95.9	1.3
Veterinary medicine	100.0	1.3	98.7	1.3
Nursing (R.N.)	100.0	7.5	92.5	2.1

¹ The National Optometric Association compiled a list of 130 Black optometrists in 1971.

² The Division of Nursing considers this figure to be an overcount and uses the Inter-agency Conference on Nursing Statistics (ICONS) figure of 700,000 as of January 1, 1970.

Source: U.S. Bureau of the Census. United States Census of Population: 1970. Detailed Characteristics. United States Summary. PC(1)-D1. U.S. Government Printing Office, February 1973.

As reported in:
Minorities and Women in the Health Fields:
Applicants, Students, and Workers
 Bureau of Health Resources Development
 DHEW Publication No. (HRA) 75-22
 May 1974

Table B.I.5 Number of Negroes and persons of Spanish heritage employed in selected allied health occupations in the United States, by sex: April 1, 1970

Occupation	Negro			Negro as percent of total	Persons of Spanish heritage			Spanish heritage as percent of total
	Total	Male	Female		Total	Male	Female	
Dietitians	8,433	919	7,514	21.0	1,199	227	972	3.0
Therapists	5,670	2,571	3,099	7.5	1,886	898	988	2.5
Technologists and technicians:								
Clinical laboratory	11,100	3,812	7,288	9.4	4,606	1,886	2,720	3.9
Dental hygienists	280	46	234	1.8	239	25	214	1.5
Health record	559	69	490	5.0	291	47	244	2.6
Radiologic	3,990	1,501	2,489	7.6	2,163	981	1,182	4.1
Therapy assistants	482	172	310	15.0	173	48	125	5.4
Health administrators	3,914	1,713	2,201	4.7	1,680	987	693	2.0
Dental laboratory technicians	1,441	1,001	440	5.4	1,668	1,354	314	6.3
Opticians, lens grinders, and polishers	1,154	647	507	4.2	1,520	1,098	422	5.6
Dental assistants	2,975	141	2,834	3.4	3,085	81	3,004	3.5
Health aides	22,420	3,731	18,689	18.9	5,024	1,295	3,729	4.2
Lay midwives	273	47	226	40.4	8	0	8	1.2
Nursing aides, orderlies, and attendants	180,628	29,962	150,666	25.2	27,627	5,133	22,494	3.8
Practical nurses	51,886	1,931	49,955	21.9	7,872	469	7,403	3.3

Source: U.S. Bureau of the Census. United States Census of Population: 1970. Detailed Characteristics. United States Summary, (PC(1)-D1. U.S. Government Printing Office, February 1973.

As reported in:
Minorities and Women in the Health Fields
Applicants, Students, and Workers
 Bureau of Health Resources Development
 DHEW Publication No. (HRA) 75-22
 May 1974

Table B.I.6 Physicians by type of practice: United States, selected years, 1968-1973

Type of practice	1968	1970	1973	
			No.	Percent
Doctors of medicine ¹	317,032	334,028	366,379	--
Active M.D.s	296,312	311,203	338,111	100.0
Non-Federal	266,544	281,702	311,342	92.1
Patient care	238,481	255,027	272,850	80.7
Office-based practice	180,991	188,924	199,134	58.9
General practice ²	54,994	53,257	50,229	14.9
Other full-time primary specialty	125,997	135,667	148,905	44.0
Hospital-based practice	57,490	66,103	73,716	21.8
Training programs ³	41,545	45,840	53,879	15.9
Full-time hospital staff	15,945	20,263	19,837	5.9
Other professional activity ⁴	28,063	26,317	24,748	7.3
Not classified ⁵	--	358	13,744	4.1
Federal	29,768	29,501	26,769	7.9
Patient care	23,241	23,508	22,407	6.6
Office-based practice	3,623	3,515	2,301	0.7
General practice ²	1,858	1,657	991	0.3
Other full-time primary specialty	1,765	1,858	1,310	0.4
Hospital-based practice	19,618	19,993	20,106	5.9
Training programs ³	5,567	5,388	4,373	1.3
Full-time hospital staff	14,051	14,605	15,733	4.7
Other professional activity ⁴	6,527	5,993	4,362	1.3
Inactive M.D.s	18,631	19,621	22,624	--
Address unknown	2,089	3,204	5,644	--

1

Includes non-Federal physicians in the 50 states, District of Columbia, Puerto Rico, and other U. S. outlying areas (American Samoa, Canal Zone, Guam, Pacific Islands and Virgin Islands); those with addresses temporarily unknown to the American Medical Association; and Federal physicians in the United States and abroad. Excludes physicians with temporary foreign addresses

²Includes physicians reporting "no specialty" and other specialties not listed on AMA list of specialty designations.

³Includes interns and residents.

⁴Includes medical teaching, administration, research and other.

⁵Not classified as to their specialty.

Source: AMA Center for Health Services Research and Development, Distribution of Physicians in the U. S., 1973, Regional, State, County, Metropolitan Areas. G. A. Roback, Chicago American Medical Association, 1974. Also, prior annual reports.

Table B.I.7 Type of practice and primary specialty of active physicians: United States, 1973

Primary specialty	Active M.D.s(Dec. 31, 1973)					
	Total ¹		Patient care			Other professional activity ²
	Number	Percent	Office-based practice	Hospital-based practice		
				Training programs	Full-time physician staff	
Total -----	324,367	100.0	201,435	58,252	35,570	29,110
Percent -----	100.0	-	62.1	18.0	11.0	9.0
General practice ³ -----	69,823	21.5	51,220	8,504	5,335	4,764
Specialty practice -----	254,544	78.5	150,215	49,748	30,235	24,346
Medical specialties -----	86,924	26.8	48,689	19,333	9,576	9,326
Allergy-----	1,640	0.5	1,418	-	76	146
Cardiovascular diseases -----	6,159	1.9	4,345	-	815	999
Dermatology -----	4,340	1.3	3,188	623	268	261
Gastroenterology -----	1,983	0.6	1,348	-	257	378
Internal medicine -----	49,899	15.4	25,315	14,163	5,328	5,093
Pediatrics ⁴ -----	20,849	6.4	12,135	4,547	2,182	1,985
Pulmonary diseases -----	2,054	0.6	940	-	650	464
Surgical specialties -----	103,745	32.0	71,700	19,428	8,369	4,248
Anesthesiology -----	12,196	3.8	8,217	1,820	1,410	749
Colon and rectal surgery -----	658	0.2	602	27	15	14
General surgery -----	30,857	9.5	19,040	7,885	2,740	1,192
Neurological surgery -----	2,809	0.9	1,851	586	221	151
Obstetrics and gynecology -----	20,494	6.3	14,823	3,311	1,396	964
Ophthalmology -----	10,496	3.2	8,208	1,448	502	338
Orthopedic surgery -----	10,587	3.5	7,450	1,970	875	292
Otolaryngology -----	5,484	1.7	4,068	827	403	186
Plastic surgery -----	1,991	0.6	1,497	303	118	73
Thoracic surgery -----	1,875	0.6	1,283	264	213	115
Urology -----	6,298	1.9	4,661	987	476	174
Psychiatry and neurology -	28,804	8.9	14,387	4,944	5,581	3,892
Child psychiatry -----	2,362	0.7	1,293	322	329	418
Neurology -----	3,741	1.2	1,614	941	542	644
Psychiatry -----	22,701	7.0	11,480	3,681	4,710	2,830
Other specialties -----	35,071	10.8	15,439	6,043	6,709	6,880
Aerospace medicine -----	779	0.2	220	43	173	343
General preventive medicine ---	769	0.2	212	50	51	456
Occupational medicine -----	2,374	0.7	1,639	7	73	655
Pathology ⁵ -----	11,498	3.5	3,782	2,638	2,811	2,267
Physical medicine and rehabilitation -----	1,569	0.5	554	286	572	157
Public health -----	2,737	0.8	531	40	151	2,015
Radiology ⁶ -----	15,345	4.7	8,501	2,979	2,878	987

¹ Excludes 5,644 M.D.s with addresses unknown, 13,744 unclassified M.D.s, and an estimated 12,000 doctors of osteopathy, for whom recent data are not available.

² Includes medical teaching, administration, research, and other.

³ Includes no specialty reported, and other specialties not listed.

⁴ Includes pediatric allergy and pediatric cardiology.

⁵ Includes forensic pathology.

⁶ Includes diagnostic radiology and therapeutic radiology.

SOURCE: AMA Center for Health Services Research and Development: Distribution of Physicians in the United States, 1973.

Regional, State, County, Metropolitan Areas. G.A. Roback, Chicago, American Medical Association, 1974.

Table B.I.8 Physicians in relation to population: United States, selected years, 1950-1973

Year ^{1/}	Number of physicians			Population/ physician ratio ^{3/}
	M.D. and D.O.	M.D.	D.O.	
	All physicians, active and inactive ^{2/}			
1973 -----	381,579	366,379	<u>3/</u> 15,200	562
1972 -----	371,434	356,534	<u>3/</u> 14,900	574
1971 -----	359,423	344,823	<u>3/</u> 14,600	589
1970 -----	348,328	334,028	<u>3/</u> 14,300	602
1969 -----	338,942	324,942	<u>3/</u> 14,000	613
1968 -----	330,732	317,032	<u>3/</u> 13,700	622
1965 -----	305,115	292,088	13,027	653
1960 -----	274,833	260,484	14,349	674
1955 -----	255,211	241,711	13,500	668
1950 -----	232,697	219,997	12,700	672

¹ All data as of December 31.

² Includes non-Federal physicians in the 50 States, District of Columbia, Puerto Rico, and other U.S. outlying areas (American Samoa, Canal Zone, Guam, Pacific Islands, and Virgin Islands); those with addresses temporarily unknown to the AMA; and Federal physicians in the United States and abroad. Excludes physicians with temporary foreign addresses.

³ Estimated.

Sources: AMA Center for Health Services Research and Development: *Distribution of Physicians in the U.S., 1973 Regional State, County, Metropolitan Areas*. G. A. Roback. Chicago. American Medical Association, 1974. Also, prior annual reports.

Divisions of Public Health Methods, Dental Public Health and Resources, and Nursing: *Manpower in the 1960's. Health Manpower Source Book 18*. PHS Pub. No. 263, Section 18. Public Health Service, U.S. Department of Health, Education, and Welfare. Washington. U.S. Government Printing Office, 1964. Table 12.

AOA Membership and Statistics Department: *A Statistical Study of the Osteopathic Profession, December 31, 1967*. Chicago. American Osteopathic Association. June 1968. Also, prior editions.

U.S. Bureau of the Census: *Current Population Reports*. Series P-25, No. 516. Also, prior reports, and 1970 *Census of Population*. Series PC(P1), Nos. 53 and 55. Also, unpublished estimates.

Table B.I.9 AGE DISTRIBUTION OF PHYSICIANS, UNITED STATES, 1963 and 1973

Age Group	1963		1973		Change	
	Number	Percent	Number	Percent	Number	Percent
Total Physicians	276,475 ⁿ	100.0	366,379	100.0	89,904	32.5
Under 30	30,262	10.9	43,104	11.8	12,842	42.4
30-34	38,206	13.8	53,432	14.6	15,226	39.9
35-39	38,325	13.9	47,676	13.0	9,351	24.4
40-44	36,783	13.3	43,709	11.9	6,926	18.8
45-49	29,791	10.8	41,103	11.2	11,312	38.0
50-54	27,662	10.0	36,974	10.1	9,312	33.7
55-59	23,611	8.5	29,520	7.8	4,909	20.8
60-64	16,754	6.1	25,031	6.8	8,277	49.4
65-69	12,495	4.5	19,492	5.3	6,997	56.0
70-74	8,802	3.2	12,449	3.4	3,647	41.4
75 and over	12,449	4.6	14,889	4.1	2,440	19.6

n-Includes 1,335 address unknown who are not distributed throughout the table.

Sources: Theodore, C.N. and Haug, J.N.: Selected Characteristics of the Physician Population, 1963 and 1967. Chicago: Department of Survey Research, American Medical Association, 1968; AMA Physician Masterfile, 1973. Special tabulations. Center for Health Services Research and Development, 1974.

From: Socioeconomic Issues of Health '74
AMA

Table B.I.10 COUNTRY OF EDUCATION OF PHYSICIANS. UNITED STATES, 1963 and 1973

Country of Education	1963		1973		Change	
	Number	Percent	Number	Percent	Number	Percent
Total Physicians	276,475 ^o	100.0	366,379	100.0	89,904	32.5
Country of Education						
United States	238,571	86.3	288,719	78.8	50,148	21.0
Canada	5,644	2.0	6,325	1.7	681	12.1
Foreign	30,925	11.2	71,335	19.5	40,410	130.7

^o-Includes 1,335 address unknown who are not distributed throughout the table.

Sources: Theodore, C.N. and Haug, J.N.: Selected Characteristics of the Physician Population, 1963 and 1967. Chicago: Department of Survey Research, American Medical Association, 1968; AMA Physician Masterfile, 1973. Special tabulations. Center for Health Services Research and Development, 1974.

From: Socioeconomic Issues of Health '74
AMA

Table B.I.11 Population-physician ratios by size of county, United States, 1973

Demographic county classification	Population per physician, 1973 ^{1/}
Total -----	768
Nonmetropolitan	
Less than 10,000 inhabitants -----	2,512
10,000-24,999 inhabitants -----	2,040
25,000-49,999 inhabitants -----	1,432
50,000 or more inhabitants -----	1,160
Metropolitan	
Potential metropolitan -----	1,095
50,000-499,999 inhabitants -----	835
500,000-999,999 inhabitants -----	747
1,000,000-4,999,999 inhabitants -----	623
5,000,000 or more inhabitants -----	511

^{1/} Total non-Federal physicians in patient care as of 12-31-73

SOURCE: AMA Center for Health Services Research and Development:
Distribution of Physicians in the U.S., 1973. G. A. Roback.
 Chicago. American Medical Association 1974. Table F.

Table B.I.12 Number of active non-Federal physicians providing patient care by type of practice and by geographic division and State: United States, 1973

Geographic division and State	Total	M.D.s (Dec. 31, 1973) ^{1/}				D. O.'s (Dec. 31, 1967) ^{2/}
		Office-based practice	Hospital-based practice			
			Interns	Residents	Full-time physician staff	
United States	270,412	197,644	11,437	42,053	19,278	11,023
New England						
Maine	1,030	880	15	50	85	166
New Hampshire	965	787	33	103	42	16
Vermont	702	500	23	143	36	31
Massachusetts	10,266	6,430	465	2,312	1,059	181
Rhode Island	1,425	961	78	222	164	73
Connecticut	5,172	3,511	250	877	534	41
Middle Atlantic						
New York	35,624	22,044	1,861	7,476	4,243	472
New Jersey	9,601	7,152	370	1,136	943	546
Pennsylvania	15,734	10,782	754	2,803	1,395	1,354
East North Central						
Ohio	12,765	9,013	601	2,333	818	1,002
Indiana	4,906	4,058	153	469	226	174
Illinois	14,055	9,835	746	2,438	1,036	238
Michigan	10,280	7,011	517	1,996	756	1,932
Wisconsin	4,981	3,929	185	625	242	161
West North Central						
Minnesota	5,170	3,629	295	1,000	246	50
Iowa	2,581	2,006	63	411	101	339
Missouri	5,431	3,692	305	1,055	379	916
North Dakota	530	492	8	5	25	9
South Dakota	482	444	5	13	20	31
Nebraska	1,585	1,220	78	229	58	32
Kansas	2,328	1,795	65	332	136	160
South Atlantic						
Delaware	691	536	19	70	66	38
Maryland	6,366	4,057	308	1,366	635	15
District of Columbia	2,495	1,401	192	739	163	12
Virginia	5,292	4,056	185	761	290	29
West Virginia	1,661	1,291	36	191	143	100
North Carolina	5,196	3,878	242	820	256	21
South Carolina	2,339	1,845	54	303	137	4
Georgia	4,813	3,739	187	626	261	66
Florida	9,668	7,809	288	964	607	460
East South Central						
Kentucky	3,111	2,442	118	391	160	30
Tennessee	4,396	3,251	229	677	239	51
Alabama	2,888	2,382	98	319	89	2
Mississippi	1,743	1,471	44	151	77	1
West South Central						
Arkansas	1,650	1,358	43	175	74	15
Louisiana	3,925	2,990	156	555	224	11
Oklahoma	2,363	1,971	79	212	101	382
Texas	12,447	9,923	386	1,594	544	718
Mountain						
Montana	686	666	-	1	19	28
Idaho	663	644	-	1	18	24
Wyoming	310	292	-	1	17	9
Colorado	3,570	2,653	161	578	178	235
New Mexico	1,055	854	32	129	40	107
Arizona	2,662	2,024	139	340	159	245
Utah	1,452	1,040	68	284	60	17
Nevada	551	516	1	1	33	22
Pacific						
Washington	4,526	3,732	123	502	169	163
Oregon	2,898	2,338	99	340	121	136
California	34,059	27,184	1,247	3,843	1,785	141
Alaska	236	224	-	-	12	2
Hawaii	1,087	906	33	91	57	15

^{1/} Excludes 24,748 non-Federal M.D.'s in other professional activities; 22,624 in inactive status; 5,644 with addresses temporarily unknown to the AMA; and 13,744 unclassified.

^{2/} Excludes 1,486 non-Federal D.O.'s in other professional activities or inactive status and 734 with status not reported to the AOA.

SOURCE: AMA Center for Health Services Research and Development: Distribution of Physicians in the U.S., 1973. G. A. Roback. Chicago. American Medical Association 1974. Table 9.

AOA Membership and Statistics Department: A Statistical Study of the Osteopathic Profession, December 31, 1967. Chicago. American Osteopathic Association, June 1968.

Table B.I.13 Number of active non-Federal physicians and population/physician ratio and percent increase in physician by geographic division and State: United States, 1968 and 1973

Geographic division and State	1968		1973		Percent increase in physicians 1968-73
	M.D.s	Population/physician ratio	M.D.s	Population/physician ratio	
United States-----	264,287	754	308,543	680	16.7
New England					
Maine-----	932	1,067	1,144	908	22.7
New Hampshire-----	846	838	1,068	743	26.2
Vermont-----	700	614	825	565	17.9
Massachusetts-----	10,536	533	12,183	476	15.6
Rhode Island-----	1,277	722	1,549	624	21.3
Connecticut-----	5,117	579	6,005	513	17.4
Middle Atlantic					
New York-----	38,902	464	42,156	432	8.4
New Jersey-----	9,015	777	10,930	670	21.2
Pennsylvania-----	16,356	718	17,889	663	9.4
East North Central					
Ohio-----	13,003	809	14,173	758	9.0
Indiana-----	4,753	1,072	5,422	978	14.1
Illinois-----	13,954	788	15,993	699	14.6
Michigan-----	10,049	865	11,543	785	18.7
Wisconsin-----	4,702	924	5,548	818	18.0
West North Central					
Minnesota-----	5,174	716	5,934	656	14.7
Iowa-----	2,696	1,040	2,865	999	6.3
Missouri-----	5,495	831	6,274	760	14.2
North Dakota-----	542	1,146	581	1,093	7.2
South Dakota-----	501	1,335	508	1,343	1.4
Nebraska-----	1,503	976	1,773	865	18.0
Kansas-----	2,324	954	2,621	864	12.8
South Atlantic					
Delaware-----	652	819	762	752	16.9
Maryland-----	6,170	618	7,748	526	25.6
District of Columbia--	2,773	281	3,046	241	9.8
Virginia-----	4,853	939	6,072	798	25.1
West Virginia-----	1,655	1,065	1,868	957	12.9
North Carolina-----	4,947	1,012	5,984	886	21.0
South Carolina-----	2,004	1,277	2,589	1,052	29.2
Georgia-----	4,361	1,028	5,368	898	23.1
Florida-----	7,558	851	10,809	717	43.0
East South Central					
Kentucky-----	3,033	1,053	3,511	948	15.8
Tennessee-----	4,231	917	5,001	819	18.2
Alabama-----	2,754	1,251	3,194	1,110	16.0
Mississippi-----	1,653	1,342	1,889	1,227	14.3
West South Central					
Arkansas-----	1,560	1,219	1,794	1,134	15.0
Louisiana-----	4,015	897	4,466	839	11.2
Oklahoma-----	2,361	1,060	2,647	1,008	12.1
Texas-----	11,463	944	13,885	852	21.1
Mountain					
Montana-----	641	1,092	730	1,000	13.9
Idaho-----	596	1,166	710	1,093	19.1
Wyoming-----	286	1,133	332	1,063	16.1
Colorado-----	3,340	635	4,068	607	21.8
New Mexico-----	918	1,083	1,228	895	33.8
Arizona-----	1,902	884	2,994	692	57.4
Utah-----	1,298	793	1,631	705	25.7
Nevada-----	446	1,040	591	932	32.5
Pacific					
Washington-----	4,318	757	5,110	671	18.3
Oregon-----	2,643	758	3,266	679	23.6
California-----	32,334	600	38,749	533	19.8
Alaska-----	180	1,583	281	1,174	56.1
Hawaii-----	965	761	1,236	680	28.1

SOURCE: AMA Center for Health Services Research and Development: Distribution of Physicians in the U.S., 1973. G. A. Roback. Chicago. American Medical Association 1974. Table 9.

AMA Center for Health Services Research and Development: Reclassification of Physicians, 1968. Chicago. American Medical Association. 1971. Appendix Table 1.

U.S. Bureau of the Census: Population Estimates: Current Population Reports. Series P-25, No. 460, June 1971, and No. 533, October 1974.

Table B.I.14 Dentists in relation to population, dental specialists, dental students, and graduates: United States, selected years, 1960-1973

Dentists, students and graduates	1960	1970	1973
Total dentists -----	102,940	116,280	121,800
Population/dentist ratio -----	1,755	1,762	1,727
Active dentists -----	90,040	102,220	107,320
Active civilian dentists -----	84,500	95,680	100,780
Ratio of total population to active civilian dentists -----	2,138	2,141	2,088
Specialists: total -----	4,170	10,315	<u>1/</u> , <u>2/</u> 11,142
Endodontists -----	--	497	585
Oral pathologists -----	42	97	120
Oral surgeons -----	1,183	2,406	2,714
Orthodontists -----	2,097	4,335	4,566
Pedodontists -----	229	1,159	1,225
Periodontists -----	307	1,003	1,114
Prosthodontists -----	278	715	702
Public health dentists -----	34	103	116
Students enrolled in dental schools ^{3/} -----	13,581	16,008	18,376
Dental graduates -----	3,252	3,749	4,230

1/ Includes 103 specialists who are counted twice since they indicated being specialists in two fields.

2/ 1972 data.

3/ In the school year ending in the indicated calendar year.

SOURCES: National Center for Health Statistics: Health Resources Statistics, 1974. DHEW Pub. (HRA)75-1509, Tables 38, 40, and 41.

Division of Dentistry, Bureau of Health Manpower, Health Resources Administration, U.S. Department of Health, Education, and Welfare.

U. S. Bureau of the Census: Population Estimates: Current Population Reports. Series P-25, No. 516, April 1974.

Table B.I-15 Number of active non-Federal dentists and population/dentist ratio and percent increase in dentists, by geographic division and State: United States, 1968 and 1974

Geographic division and State	Jan. 1, 1968		Jan. 1, 1974		Percent increase in dentists 1968-1974
	Active non-Federal dentists	Population/dentist ratio	Active non-Federal dentists	Population/dentist ratio	
United States -----	92,013	2,147	100,780	2,082	9.5
New England					
Maine -----	348	2,767	375	2,771	7.8
New Hampshire -----	291	2,402	361	2,199	24.1
Vermont -----	166	2,554	184	2,533	10.8
Massachusetts -----	3,314	1,639	3,438	1,687	3.7
Rhode Island -----	407	2,170	429	2,254	5.4
Connecticut -----	1,685	1,751	1,975	1,559	17.2
Middle Atlantic					
New York -----	12,183	1,481	13,196	1,380	8.3
New Jersey -----	3,783	1,856	4,117	1,779	8.8
Pennsylvania -----	5,621	2,083	6,462	1,836	15.0
East North Central					
Ohio -----	4,463	2,367	4,691	2,290	5.1
Indiana -----	2,007	2,517	2,046	2,592	1.9
Illinois -----	5,387	2,030	5,597	1,997	3.9
Michigan -----	3,990	2,185	4,255	2,129	6.6
Wisconsin -----	2,142	1,969	2,295	1,978	7.1
West North Central					
Minnesota -----	2,127	1,712	2,234	1,741	5.0
Iowa -----	1,288	2,151	1,305	2,194	1.3
Missouri -----	1,903	2,408	1,956	2,438	2.8
North Dakota -----	228	2,693	233	2,725	2.2
South Dakota -----	239	2,724	240	2,842	0.4
Nebraska -----	793	1,796	830	1,847	4.7
Kansas -----	841	2,690	977	2,317	16.2
South Atlantic					
Delaware -----	226	2,323	224	2,558	-.9
Maryland -----	1,466	2,508	1,801	2,262	22.9
District of Columbia --	724	1,091	569	1,290	-21.4
Virginia -----	1,725	2,558	1,902	2,547	10.3
West Virginia -----	564	3,193	590	3,030	4.6
North Carolina -----	1,423	3,518	1,576	3,364	10.8
South Carolina -----	581	4,448	746	3,651	28.4
Georgia -----	1,266	3,517	1,543	3,122	21.9
Florida -----	2,745	2,203	3,065	2,527	11.7
East South Central					
Kentucky -----	1,041	3,036	1,175	2,832	12.9
Tennessee -----	1,428	2,759	1,562	2,622	9.4
Alabama -----	1,038	3,393	1,021	3,473	-1.6
Mississippi -----	581	3,995	585	3,961	0.7
West South Central					
Arkansas -----	543	3,639	624	3,261	14.9
Louisiana -----	1,227	2,998	1,380	2,714	12.5
Oklahoma -----	874	2,832	970	2,752	11.0
Texas -----	3,626	2,974	4,241	2,789	17.0
Mountain					
Montana -----	318	2,157	330	2,212	3.8
Idaho -----	299	2,338	333	2,330	11.4
Wyoming -----	135	2,304	162	2,179	20.0
Colorado -----	1,052	1,888	1,189	2,076	13.0
New Mexico -----	315	3,143	339	3,242	7.6
Arizona -----	650	2,509	767	2,703	18.0
Utah -----	564	1,824	645	1,783	14.4
Nevada -----	184	2,386	231	2,385	25.5
Pacific					
Washington -----	1,893	1,693	2,076	1,653	9.7
Oregon -----	1,373	1,459	1,373	1,616	0.0
California -----	10,419	1,816	11,995	1,722	15.1
Alaska -----	90	2,678	107	3,084	18.9
Hawaii -----	437	1,664	463	1,384	5.9

SOURCES: Division of Dentistry, Bureau of Health Manpower, Health Resources Administration, U.S. Department of Health, Education, and Welfare.

U.S. Bureau of the Census: Population Estimates. Current Population Reports, Series P-25, No. 460, June 1971, and No. 533, October 1974.

Table B.I.16 Registered nurses by sex, age group, and employment status: United States, 1972

Age	Total	Male		Female		Sex not reported
		Number	Percent employed in nursing ^{1/}	Number	Percent employed in nursing ^{1/}	
Total-----	1,127,657	14,625	86.0	1,111,206	70.9	1,826
Under 25-----	73,396	657	96.5	72,696	91.5	43
25-29-----	164,925	2,076	91.9	162,774	77.1	75
30-34-----	143,914	2,144	91.1	141,692	65.5	78
35-39-----	129,075	1,679	89.0	127,334	66.0	62
40-44-----	117,181	1,465	88.2	115,620	70.8	96
45-49-----	124,706	1,206	87.8	123,365	73.9	135
50-54-----	99,969	1,013	83.6	98,823	74.1	133
55-59-----	76,978	908	76.0	75,963	71.9	107
60-64-----	66,213	557	70.8	65,529	66.4	127
65 and over-----	59,953	541	49.3	59,223	43.2	189
Age not reported	71,347	2,379	83.2	68,187	71.9	781

^{1/}

Percent employed, of those reporting whether or not they were employed in nursing.

Source: American Nurses Association, Facts About Nursing 72-73, Kansas City, Mo., p. 16.

Table B.I.17 Employed registered nurses, by field of employment: United States, 1972

Field of Employment	Number of nurses	Percent ^{1/} of total
Total-----	778,470	100.0
Hospital-----	499,594	65.2
Nursing home-----	53,988	7.0
School of nursing-----	28,820	3.8
Private duty-----	38,923	5.1
Public health-----	39,096	5.1
School nurse-----	29,849	3.9
Industrial-----	19,403	2.5
Office nurse (physician's or dentist's)-----	52,390	6.8
Other specified field-----	4,086	0.5
Not reported-----	12,321	--

^{1/} Excludes those whose field of employment was not reported.

Source: American Nurses' Association, Facts About Nursing 72-73
Kansas City, Mo. 1974, p. 15.

Table B.I.18 Registered nurses and nursing training: United States, 1960, 1970, 1974

	1960	1970	1974
Total nurses in practice-----	504,000	722,000	857,000
Full time-----	413,300	519,000	608,000
Part time-----	90,700	203,000	249,000
Population/nurse ratio-----	355	281	246
Number of nursing schools---	1,123	1,343	1,359
Number of nursing school students-----	118,849	164,545	232,589
Number of nursing school graduates-----	30,267	47,001	-
Diploma-----	25,311	22,334	-
Associate degree-----	917	14,754	-
Bachelor degree-----	4,039	9,913	-

SOURCES: Interagency Conference on Nursing Statistics.

National League for Nursing: State-Approved Schools of Nursing-R.N. New York, 1974. Published annually.

U.S. Bureau of the Census: Population Estimates. Current Population Reports. Series P-25, No. 525, August 1974. Also prior reports.

Table B.I.19 Number of registered nurses employed in nursing and population/nurse ratio, and percent increase in employed nurses, by geographic division and State: United States, 1966 and 1972

Geographic division and State	1966		1972		Percent increase in employed nurses 1966-72
	Registered nurses employed in nursing	Population/nurse ratio	Registered nurses employed in nursing	Population/nurse ratio	
United States-----	613,188	319	794,979	262	29.6
New England					
Maine-----	4,051	247	4,810	213	18.7
New Hampshire-----	3,521	193	4,445	174	26.2
Vermont-----	1,836	225	2,854	161	55.4
Massachusetts-----	28,743	193	37,620	154	30.9
Rhode Island-----	3,673	245	4,712	206	28.3
Connecticut-----	15,438	188	17,887	172	15.9
Middle Atlantic					
New York-----	74,280	240	89,375	206	20.3
New Jersey-----	24,942	275	31,943	230	28.1
Pennsylvania-----	45,809	255	61,927	192	35.2
East North Central					
Ohio-----	32,649	316	42,032	255	28.7
Indiana-----	72,829	390	15,841	334	23.5
Illinois-----	35,552	305	44,783	251	26.0
Michigan-----	23,441	363	30,546	295	30.3
Wisconsin-----	14,084	303	18,887	240	34.1
West North Central					
Minnesota-----	14,441	250	19,169	202	32.7
Iowa-----	9,981	277	11,959	241	19.8
Missouri-----	11,291	401	14,982	317	32.7
North Dakota-----	2,114	306	2,885	202	36.5
South Dakota-----	2,089	327	3,140	217	50.3
Nebraska-----	4,730	308	6,802	225	43.8
Kansas-----	6,895	319	9,098	249	32.0
South Atlantic					
Delaware-----	2,098	191	2,935	195	39.9
Maryland-----	10,005	369	14,847	273	48.4
District of Columbia-----	3,662	216	5,020	150	37.1
Virginia-----	11,511	387	16,647	286	44.6
West Virginia-----	4,707	377	6,255	287	32.9
North Carolina-----	12,126	404	16,649	314	37.3
South Carolina-----	5,625	448	7,916	340	40.7
Georgia-----	6,956	630	12,492	379	79.6
Florida-----	21,760	281	26,202	280	20.4
East South Central					
Kentucky-----	6,297	500	8,487	390	34.8
Tennessee-----	6,755	566	9,446	431	39.8
Alabama-----	5,912	586	7,847	449	32.7
Mississippi-----	3,670	612	5,129	440	39.8
West South Central					
Arkansas-----	2,609	728	3,776	532	44.7
Louisiana-----	6,758	525	9,133	409	35.1
Oklahoma-----	4,650	528	6,514	404	40.1
Texas-----	20,167	520	28,213	411	39.9
Mountain					
Montana-----	2,483	285	3,261	220	31.3
Idaho-----	1,954	353	2,518	300	28.9
Wyoming-----	1,209	267	1,480	234	22.4
Colorado-----	8,312	241	11,780	218	41.7
New Mexico-----	2,511	401	2,778	387	10.6
Arizona-----	5,862	275	8,513	231	45.2
Utah-----	2,347	430	3,260	346	38.9
Nevada-----	1,060	421	1,732	308	63.4
Pacific					
Washington-----	11,361	269	14,476	236	27.4
Oregon-----	6,814	289	8,790	249	29.0
California-----	58,694	321	68,668	297	17.0
Alaska-----	590	459	1,399	232	37.1
Hawaii-----	2,334	304	3,110	262	33.2

SOURCES: American Nurses Association, Statistics Department: 1972 Inventory of Registered Nurses. Kansas City, 1974.

American Nurses Association, Research and Statistics Department: R.N.'s, 1966: An Inventory of Registered Nurses New York, 1969.

U.S. Bureau of the Census: Population Estimates. Current Population Reports, Series P-25, No. 520, July 1974 and No. 460, June 1971.

Table B.I.20 Practical nurses in relation to population: United States, selected years, 1950-1974

Year ^{1/}	Number of practical nurses in practice	Ratio of population to practical nurses
1974-----	492,000	428
1973-----	459,000	456
1972-----	427,000	486
1971-----	400,000	513
1970-----	370,000	548
1968-----	320,000	621
1966-----	282,000	690
1964-----	250,000	760
1962-----	225,000	820
1960-----	206,000	868
1950-----	137,500	1,101

^{1/} As of January 1.

Sources: U. S. Public Health Service, Division of Nursing's estimates of practical nurses employed 1962
 U. S. Bureau of the Census data for 1950 and 1960.

U. S. Bureau of the Census: Population estimates. Current Population Reports. Series P-25, No. 543. Also, prior reports.

Table B.I.21 Trends among selected other practitioners, students and graduates, United States, 1950-1973

	Chiropractors	Opticians	Optometrists	Pharmacists	Podiatrists	Radiological technologists	Veteri- narians
Practitioners	<u>Active</u>	<u>Employed</u>	<u>Active and Inactive</u>	<u>Active</u>	<u>Active</u>	<u>Active</u>	<u>Total</u>
1973	15,500 ^{1/}	11,000	21,706	132,899	7,113	100,000 ^{1/}	28,261 ^{2/}
1970	15,552 ^{3/}	10,963 ^{4/}	20,611 ^{4/}	128,843	7,113	75,000 ^{1/}	26,391 ^{5/}
1960	14,360	20,300	21,824	117,796 ^{5/}	7,600 ^{1/}	60,000 ^{1/}	20,200
1950	13,091	19,200	20,792	101,630 ^{7/}	6,400 ^{1/}	30,800 ^{1/}	15,800
Enrolled Students							
1973-1974	4,684 ^{1/}	NA	3,529	21,367	1,631	16,717	5,763
1972-1973	3,768 ^{1/}	NA	3,328	19,040	1,401	16,161	5,439
1970-1971	2,497	NA	2,831	15,734	1,148	15,870	5,006
1960-1961	NA	NA	1,101	13,755	478	5,512	3,497
1950-1951	NA	NA	2,435	NA	1,633 ^{8/}	1,447 ^{9/}	3,132 ^{9/}
Graduating Students							
1973-1974	NA	500	684	NA	305	7,115	1,339
1972-1973	654 ^{1/}	129	691	5,725	269	6,346	1,280
1970-1971	589 ^{1/}	108*	528	5,232	242	5,975	1,233
1960-1961	665	NA	316	3,749	116	2,315 ^{10/}	824
1950-1951	NA	NA	961	NA	476 ^{8/}	923 ^{9/}	695 ^{9/}

* 1971-72 and 87 for 1969-70

- 1/ Estimated
- 2/ December 31, 1972
- 3/ July 1971
- 4/ 1969
- 5/ December 31, 1968
- 6/ 1961
- 7/ 1951
- 8/ 1951-52
- 9/ 1949-50
- 10/ 1961-62

SOURCES: American Chiropractic Association and the Association of Chiropractic Colleges.

Data collected from the 1969 vision and eye care survey of dispensing opticians and contact lens technicians conducted by the National Center for Health Statistics.

The Blue Book of Optometrists. Chicago. Professional Press, Inc. 1972. Also, prior biennial editions at this directory.

Data collected from Optometric Resources Project conducted under contract with the Bureau of Health Resources Development.

American Optometric Association.

National Association of Boards of Pharmacy: 1973 Proceedings of the National Association of Boards of Pharmacy, Inc., Licensure Statistics and Census of Pharmacy. Chicago, 1973. Also, prior annual issues.

American Association of Colleges of Pharmacy: American Journal of Pharmaceutical Education 38: February 1974. Also, prior annual issues. Unpublished data on Hampden College, Massachusetts.

Data from the survey of podiatrist's conducted January through March 1970 by the National Center for Health Statistics with the cooperation of the American Podiatry Association.

American Association of Colleges of Podiatric Medicine.

Bureau of Health Professions Education and Manpower Training: Health Manpower Source Book 20. PHS Pub. No. 263, Section 20. National Institutes of Health, U.S. Department of Health, Education, and Welfare, Washington. U.S. Government Printing Office, 1969.

American Registry of Radiologic Technologists.

American Medical Association, Division of Medical Education, Department of Allied Medical Professions and Services.

Council on Medical Education: Education number of J.A.M.A. Chicago. American Medical Association. Annual issues.

American Veterinary Medical Association.

American Veterinary Medical Association: J.A.J.M.A. 163(1): July 1, 1973. Also, prior annual issues.

Association of American Veterinary Medical Colleges.

Table B.I.22 Numbers of selected other practitioners, by geographic division and State: United States, most recent year available

Geographic division and State	Active chiro- practi- cians (April 1974)	Employed dispensing opticians and contact lens tech- nicians (1969)	Active optome- trists (1973)	Active pharma- cists (Jan. 1, 1973)	Active podi- atrists (1970)	Registered radiologic tech- nologists (June 1974)	Veter- inarians (Dec. 31, 1973)
United States	17,559	10,963	19,271	131,833	7,113 ^{1/}	83,022	29,928
New England							
Maine	35	10	124	520	22	636	128
New Hampshire	175	30	72	355	21	463	116
Vermont	40	8	44	225	8	292	113
Massachusetts	236	473	749	5,021	414	2,861	486
Rhode Island	38	66	127	549	54	493	59
Connecticut	117	199	266	2,105	183	1,849	302
Middle Atlantic							
New York	1,492	1,357	1,592	14,076	1,241	5,206	1,686
New Jersey	590	337	674	4,024	365	2,469	669
Pennsylvania	986	698	1,129	10,559	703	5,195	1,142
East North Central							
Ohio	550	566	975	7,274	530	4,854	1,411
Indiana	295	212	538	3,276	149	2,183	906
Illinois	650	426	1,566	6,163	630	4,609	1,457
Michigan	825	366	744	5,585	264	3,412	1,175
Wisconsin	480	235	437	2,394	136	2,605	763
West North Central							
Minnesota	465	283	363	2,367	76	2,288	875
Iowa	595	170	314	1,635	95	1,269	1,255
Missouri	1,001	277	422	2,682	85	1,875	888
North Dakota	68	20	74	447	6	272	114
South Dakota	110	37	87	463	15	294	230
Nebraska	73	113	150	1,012	41	652	496
Kansas	559	99	246	1,482	43	1,051	656
South Atlantic							
Delaware	18	48	38	259	21	239	79
Maryland	173	316	210	2,372	93	1,686	761
District of Columbia	5	138	68	570	61	152	74
Virginia	75	254	326	2,065	55	1,781	628
West Virginia	42	62	135	743	44	681	112
North Carolina	244	165	336	2,204	54	1,750	491
South Carolina	197	57	179	1,509	14	922	236
Georgia	250	254	291	3,280	59	1,604	727
Florida	799	434	622	4,370	190	3,257	1,100
East South Central							
Kentucky	405	159	227	1,789	53	1,029	407
Tennessee	132	167	362	2,477	32	1,296	419
Alabama	260	163	184	2,301	21	1,060	533
Mississippi	200	64	124	1,186	9	516	262
West South Central							
Arkansas	128	33	163	1,098	18	683	257
Louisiana	150	152	225	2,411	39	1,233	375
Oklahoma	331	130	273	2,173	45	895	523
Texas	1,134	667	827	6,418	185	4,014	1,896
Mountain							
Montana	95	53	101	447	14	307	227
Idaho	58	21	85	510	16	317	212
Wyoming	44	8	40	205	7	156	107
Colorado	225	256	208	1,631	70	1,646	722
New Mexico	115	48	80	607	20	357	178
Arizona	248	109	149	1,171	38	890	320
Utah	75	118	75	769	24	417	148
Nevada	48	23	48	330	18	276	103
Pacific							
Washington	400	179	384	2,507	63	1,301	686
Oregon	191	106	305	1,368	34	924	395
California	2,094	732	2,421	12,485	731	8,465	2,900
Alaska	18	14	18	96	2	100	43
Hawaii	25	55	74	268	5	240	80

^{1/} State figures do not add to total due to rounding.

SOURCES: American Chiropractic Association.

Data collected from the 1969 vision and eye care survey of dispensing opticians and contact lens technicians conducted by the National Center for Health Statistics.

Data collected from the Optometric Manpower Resources Project conducted under contract with the Bureau of Health Resources Development.

National Association of Boards of Pharmacy: 1973 Proceedings of the National Association of Boards of Pharmacy, Inc., Licensure Statistics and Census of Pharmacy. Chicago, 1973.

Data from the survey of podiatrists conducted January through March 1970 by the National Center for Health Statistics with the cooperation of the American Podiatry Association.

The American Registry of Radiologic Technologists: Directory of X-ray Technologists-Nuclear Medicine Technologists-Radiation Therapy Technologists. Minneapolis, June 1974.

American Veterinary Medicine Association.

Table B.I.23 Ratio of population to practitioner for selected groups of practitioners, by geographic division and State: United States, most recent year available

Geographic division and State	Population/Practitioner ratio for:					
	Active chiro-practors (1974)	Employed dispensing opticians & specialists (1969)	Active optometrists (1973)	Active pharmacists (1973)	Active podiatrists (1970)	Registered radiologic technologists (1974)
United States —	12,039	18,362	10,889	1,592	28,653	2,547
New England						
Maine -----	29,914	99,200	8,379	1,998	45,318	1,646
New Hampshire -----	4,617	24,133	11,028	2,237	35,333	1,745
Vermont -----	11,750	54,625	10,591	2,071	55,750	1,610
Massachusetts -----	24,576	11,945	7,742	1,155	13,783	2,027
Rhode Island -----	24,658	14,121	7,614	1,761	17,611	1,901
Connecticut -----	26,393	15,075	11,579	1,463	16,617	1,670
Middle Atlantic						
New York -----	12,139	13,342	11,441	1,294	14,720	3,479
New Jersey -----	12,424	21,053	10,868	1,820	19,707	2,969
Pennsylvania -----	12,003	16,821	10,507	1,123	16,804	2,278
East North Central						
Ohio -----	19,522	18,663	11,018	1,477	20,121	2,212
Indiana -----	18,068	24,259	9,859	1,619	34,913	2,442
Illinois -----	17,125	25,913	7,137	1,813	17,663	2,415
Michigan -----	11,028	23,992	12,179	1,622	33,674	2,666
Wisconsin -----	9,513	18,630	10,387	1,896	32,566	1,753
West North Central						
Minnesota -----	8,424	13,279	10,716	1,643	50,197	1,712
Iowa -----	4,798	16,500	9,118	1,751	29,811	2,250
Missouri -----	4,772	16,751	11,299	1,778	55,153	2,548
North Dakota -----	9,368	31,050	8,581	1,421	103,333	2,242
South Dakota -----	6,200	18,054	7,839	1,473	44,533	2,320
Nebraska -----	21,137	13,044	10,220	1,515	36,293	2,367
Kansas -----	4,061	22,586	9,203	1,528	52,302	2,160
South Atlantic						
Delaware -----	31,833	11,250	15,079	2,212	26,238	2,397
Maryland -----	23,665	12,241	19,400	1,718	42,344	2,428
District of Columbia	144,600	5,522	10,794	1,288	12,393	4,757
Virginia -----	65,440	18,165	14,859	2,346	84,709	2,756
West Virginia -----	42,643	28,161	13,244	2,406	39,795	2,630
North Carolina -----	21,980	30,491	15,780	2,406	94,407	3,065
South Carolina -----	14,132	45,088	15,218	1,805	185,500	3,020
Georgia -----	19,528	17,917	16,557	1,469	78,085	3,044
Florida -----	10,125	15,302	12,452	1,772	36,042	2,484
East South Central						
Kentucky -----	8,289	20,113	14,661	1,860	60,962	3,262
Tennessee -----	31,280	23,335	11,312	1,653	123,031	3,186
Alabama -----	13,758	21,104	19,272	1,541	164,333	3,375
Mississippi -----	11,620	34,688	18,685	1,954	246,667	4,504
West South Central						
Arkansas -----	16,109	57,970	12,485	1,853	107,333	3,019
Louisiana -----	25,093	23,809	16,649	1,554	93,641	3,053
Oklahoma -----	8,184	19,500	9,777	1,228	57,044	3,027
Texas -----	10,626	16,559	14,302	1,843	60,735	3,002
Mountain						
Montana -----	7,737	13,094	7,228	1,633	49,857	2,394
Idaho -----	13,776	33,667	9,129	1,522	44,875	2,521
Wyoming -----	8,159	41,125	8,825	1,722	47,714	2,301
Colorado -----	11,093	8,461	11,865	1,513	31,757	1,516
New Mexico -----	9,757	21,063	13,738	1,811	51,150	3,143
Arizona -----	8,681	15,936	13,913	1,770	47,158	2,419
Utah -----	15,640	8,873	15,333	1,495	44,417	2,813
Nevada -----	11,938	20,870	11,479	1,670	27,389	2,076
Pacific						
Washington -----	8,690	18,676	8,935	1,369	54,175	2,672
Oregon -----	11,864	19,453	7,275	1,622	61,794	2,452
California -----	9,984	26,928	8,530	1,654	27,369	2,470
Alaska -----	18,722	21,143	18,333	3,438	152,000	3,370
Hawaii -----	33,880	13,636	11,365	3,138	154,800	3,529

SOURCES: Table M-22.

U.S. Bureau of the Census: Population Estimates. Current Population Reports, Series P-25, No. 460, June 1971; No. 520, July 1974; and No. 533, October 1974.

B.II. Health Facilities

There are currently approximately 4.3 non-Federal general medical and surgical hospital beds per 1,000 civilian resident population. In 1948, at the time the Hill-Burton Program was becoming operational, there were an estimated 3.4 beds per 1,000 population. However, some states had as few as two beds per 1,000 population while others had as many as six beds per 1,000 population. During the nearly three decades since the Hill-Burton Program was enacted, more than \$12 billion have been spent for hospital construction and modernization, some 30 percent of which came directly from the Federal government. As a consequence of this program and other forces, the distribution over the country of hospital beds has become more nearly balanced. States such as Mississippi, Alabama, Arkansas, Georgia and Tennessee, which had the lowest bed/population ratios in 1948, now are at the national average or above it. Some of the states with particularly high bed/population ratios in 1948 have actually experienced a decrease. Within states there is also evidence of an improved balance in hospital facilities between the less affluent and more affluent areas. There has been a shift in recent years from construction and expansion to the modernization of existing facilities.

During the same period that there has been an increase in the number of non-Federal short-term hospital beds, there has been a marked reduction in the number of other types of hospital beds. The number of Federal hospital beds has dropped from 1.7 per 1,000 total population in 1946 to 0.7 beds per 1,000 total population in 1973. The number of non-Federal psychiatric and tuberculosis beds has also dropped, resulting in a reduction in the overall bed/population ratio from 10.3 to 7.3 per 1,000 population.

Less than one-third of all general medical and surgical hospital beds are under governmental ownership. The vast majority of beds in psychiatric facilities are in hospitals owned by State and local governments.

The number of hospitals offering most types of special services has increased over the past decade. Such facilities as open-heart surgery, radioisotope, and renal dialysis units have proliferated. This addition of special facilities to a hospital's service capacity has been one of the factors in the rising cost of hospital care.

The number of beds in nursing homes more than doubled between 1963 and 1973, from 569,000 to 1,328,000. This increase was due in part to the coverage of the charges for certain types of nursing home care under the Medicare and Medicaid programs, as well as changes in family living arrangements and advances in medical technology. Some of the growth in nursing home use

appears to be the result of placement in nursing homes of older patients who in earlier years would have been resident in state and county mental hospitals. There are wide differences in the nursing home bed/population ratios among the different regions of the country.

In addition to beds in hospitals and nursing homes, there are 451,000 beds in other residential health facilities. These include facilities for the mentally retarded (217,000 beds), orphans and dependent children (49,000 beds), the emotionally disturbed (60,000 beds), alcohol and drug users (33,000 beds), the deaf and blind (24,000 beds) and the physically handicapped (5,000 beds).

The increase in the relative number of hospital employees, including physicians, nurses, and other personnel, per patient in short-term hospitals has been one of the factors in the rising cost of hospital care. In 1950 there was a full-time equivalent of 1.78 employees per patient in a non-Federal short-term hospital, while by 1973 the number had increased to 3.15 full-time equivalent employees per patient.

The availability of home health services is often a factor in determining if a person can remain at home. The number of home health agencies approved for participation in the Medicare program increased appreciably between 1966 and 1970, the first four years of the program. Since that time, the number of approved agencies

has remained stable at about 2,200. The bulk of these agencies are governmental health agencies or visiting nurse associations.

The number of Poison Control Centers in the country has almost tripled since 1960. There are now 594 Centers providing emergency and other care for persons who have come in contact with poisonous substances.

Table B.II.1 Number of hospital beds and beds per 1,000 population for Federal and non-Federal hospitals: United States, selected years, 1946-73

Year	Total	Federal hospitals	Non-Federal				
			Total	Psychiatric	Tuberculosis and other	Long-term general and other	Short-term general and other
<u>Number of beds in thousands</u>							
1946-----	1,436	236	1,200	568	75	83	474
1950-----	1,456	189	1,267	620	72	70	505
1955-----	1,604	183	1,421	707	70	76	568
1960-----	1,658	177	1,481	722	52	67	640
1965-----	1,704	174	1,530	685	37	66	742
1970-----	1,616	161	1,455	527	20	60	848
1973-----	1,535	142	1,393	422	10	57	904
<u>Beds per 1,000 population</u>							
1946-----	10.3	1.7	8.6	4.1	0.5	0.6	3.4
1950-----	9.6	1.3	8.4	4.1	0.5	0.5	3.3
1955-----	9.8	1.1	8.6	4.3	0.4	0.5	3.5
1960-----	9.2	1.0	8.2	4.0	0.3	0.4	3.6
1965-----	8.8	0.9	7.9	3.5	0.2	0.3	3.8
1970-----	7.9	0.8	7.1	2.6	0.1	0.3	4.2
1973-----	7.3	0.7	6.6	2.0	0.05	0.3	4.3

Source: Hospital Statistics, 1974 Edition, 1973 data from the American Hospital Association Annual Survey.

Table B.II.2
Non-Federal hospital beds/1,000 population by geographic division and State: United States, 1973

Geographic division and State	Population in Thousands	Total beds per 1,000 population	Number of beds per 1,000 population			
			Psychiatric	Tuberculosis	Long-term general and other	Short-term general and other
United States		6.6	2.0	.05	0.3	4.3
Geographic Divisions:						
New England-----	12,145	7.9	2.8	-	0.9	4.2
Middle Atlantic-----	37,401	8.2	3.2	.03	0.5	4.4
East North Central-----	40,823	6.5	1.9	.04	0.2	4.4
West North Central-----	16,635	7.3	1.7	.04	0.1	5.5
South Atlantic-----	32,602	6.5	2.2	.11	0.2	4.0
East South Central-----	13,286	6.5	1.8	.13	0.1	4.5
West South Central-----	20,278	5.8	1.3	.05	0.1	4.3
Mountain-----	9,200	4.7	0.7	.02	0.1	3.9
Pacific-----	27,473	5.1	1.1	.02	0.3	3.7
New England						
Maine-----	1,039	6.9	2.5	-	0.2	4.2
New Hampshire-----	794	7.8	3.6	-	0.1	4.1
Vermont-----	466	8.6	3.9	-	-	4.8
Massachusetts-----	5,799	8.9	3.1	.02	1.2	4.6
Rhode Island-----	967	7.5	2.2	-	1.8	3.6
Connecticut-----	3,080	6.5	2.2	-	0.8	3.5
Middle Atlantic						
New York-----	18,214	9.0	3.9	.01	0.4	4.7
New Jersey-----	7,325	6.2	2.1	.03	0.3	3.8
Pennsylvania-----	11,862	8.3	3.0	.05	0.7	4.5
East North Central						
Ohio-----	10,743	6.5	2.1	.01	0.2	4.2
Indiana-----	5,304	6.5	2.1	.04	0.2	4.2
Illinois-----	11,176	6.9	1.9	.08	0.2	4.8
Michigan-----	9,061	5.9	1.7	-	0.2	4.0
Wisconsin-----	4,539	6.9	1.6	.05	0.2	5.1
West North Central						
Minnesota-----	3,890	8.0	2.1	.03	-	5.9
Iowa-----	2,863	6.9	1.2	.03	-	5.6
Missouri-----	4,768	6.9	1.8	.09	0.2	4.9
North Dakota-----	635	8.4	1.9	-	-	6.5
South Dakota-----	682	7.1	1.9	-	0.1	5.1
Nebraska-----	1,533	6.8	0.9	-	0.1	5.8
Kansas-----	2,264	7.3	1.8	.02	0.1	5.4
South Atlantic						
Delaware-----	573	7.7	3.0	-	1.5	3.2
Maryland-----	4,074	6.7	3.0	0.1	0.5	3.1
District of Columbia	734	8.6	0.2	-	1.2	7.2
Virginia-----	4,844	6.8	2.8	0.1	0.1	3.8
West Virginia-----	1,788	8.3	2.3	0.2	0.3	5.5
North Carolina-----	5,302	5.9	1.9	0.2	0.0	3.8
South Carolina-----	2,724	6.4	2.4	0.1	0.1	3.8
Georgia-----	4,818	6.1	2.2	0.1	-	3.8
Florida-----	7,745	6.0	1.8	0.1	-	4.1
East South Central						
Kentucky-----	3,328	5.3	1.0	0.1	-	4.2
Tennessee-----	4,095	7.2	1.9	0.2	0.2	4.9
Alabama-----	3,546	6.8	2.1	0.1	-	4.5
Mississippi-----	2,317	6.5	2.2	0.1	-	4.2
West South Central						
Arkansas-----	2,035	4.5	0.3	-	-	4.2
Louisiana-----	3,746	6.5	1.8	0.1	0.3	4.3
Oklahoma-----	2,669	6.1	1.5	0.1	0.2	4.3
Texas-----	11,828	5.8	1.3	0.0	0.1	4.4
Mountain						
Montana-----	730	5.4	-	0.2	-	5.2
Idaho-----	776	4.6	0.5	-	0.0	4.1
Wyoming-----	353	6.2	1.4	-	-	4.7
Colorado-----	2,468	4.9	0.8	-	0.2	3.9
New Mexico-----	1,099	4.8	1.3	-	0.4	3.1
Arizona-----	2,073	4.3	0.6	-	-	3.7
Utah-----	1,150	3.7	0.3	-	0.2	3.2
Nevada-----	551	5.2	0.9	-	-	4.4
Pacific						
Washington-----	3,431	4.2	0.7	0.1	-	3.4
Oregon-----	2,219	5.0	1.1	-	-	3.9
California-----	20,652	5.3	1.2	-	0.3	3.8
Alaska-----	330	2.8	0.7	-	-	2.1
Hawaii-----	841	5.5	1.4	0.3	0.8	3.0

Sources: Hospital Statistics, 1974 Edition, 1973 data from the American Hospital Association Annual Survey
Population figures, P-25 Series, Bureau of Census

Table B.II.3 Number of hospital beds by ownership of hospitals: United States, 1973

Ownership	Total beds	General medical and surgical	Specialty				
			Total	Psychiatric	Chronic disease	Tuberculosis	Other ¹
Total-----	1,449,062	1,030,432	418,630	338,574	22,350	10,215	47,491
Government-----	696,259	320,671	375,588	322,675	18,571	9,846	24,496
Federal-----	139,044	106,361	32,683	29,572	-	-	3,111
State-local	557,215	214,310	342,905	293,103	18,571	9,846	21,385
Proprietary----	80,584	68,551	12,033	8,572	418	-	3,043
Nonprofit-----	672,219	641,210	31,009	7,327	3,361	369	19,952
Church-----	192,742	188,598	4,144	1,280	195	65	2,604
Other-----	479,477	452,612	26,865	6,047	3,166	304	17,348

¹Includes eye, ear, nose, and throat hospitals; epilepsy hospitals, alcoholism hospitals; narcotic addiction hospitals; maternity hospitals; orthopedic hospitals; physical rehabilitation hospitals; and other hospitals.

Source: National Center for Health Statistics unpublished data from the Master Facility Census.

Table B.II.4 Number of hospitals reporting services: United States, selected years, 1962-73

Hospital services	Number of hospitals reporting							
	All hospitals					Medical & surgical ¹		
	1962	1970	1971	1972	1973	1970	1971	1973
Total-----	6,814	6,993	6,964	6,622	6,960	6,053	6,008	6,070
Abortion services-----	---	---	810	1,033	2,624	---	793	2,591
Blood bank-----	3,420	3,785	3,862	3,840	3,972	3,655	3,728	3,845
Burn care unit-----	---	---	122	146	152	---	120	148
Cobalt therapy-----	---	727	768	784	787	712	752	774
Dental services-----	2,687	---	---	2,493	2,506	---	---	2,025
Electroencephalography-----	1,372	2,302	2,379	2,500	2,619	1,978	2,040	2,297
Emergency department-----	5,725	---	5,418	5,023	5,225	---	5,368	5,189
Extended care unit-----	---	974	812	833	834	732	645	715
Family planning service-----	---	---	547	529	542	---	522	522
Genetic counseling-----	---	---	136	194	210	---	124	195
Histopathology laboratory-----	---	3,066	2,922	2,985	3,124	2,878	2,745	2,954
Home care program-----	510	593	440	422	434	476	391	404
Hospital auxiliary-----	4,147	4,636	4,336	4,236	4,321	4,227	4,052	4,080
Inhalation therapy department-----	---	3,523	3,765	3,871	4,312	3,378	3,622	4,155
Intensive cardiac care unit-----	---	2,529	2,876	2,062	2,081	2,509	2,853	2,064
Intensive care unit-----	1,313	3,068	3,275	3,518	3,838	2,919	3,143	3,721
Occupational therapy department-----	1,471	1,600	1,666	1,706	1,719	940	1,001	1,097
Open-heart surgery facilities-----	---	442	460	497	512	436	455	508
Organ bank-----	---	192	169	154	164	174	159	158
Organized outpatient department-----	---	2,721	2,216	2,038	1,970	2,264	1,940	1,759
Pharmacy-----	3,668	5,744	5,768	5,644	5,891	5,062	5,053	5,239
Physical therapy department-----	3,187	4,176	4,344	4,430	4,647	3,743	3,899	4,214
Podiatrist services-----	---	---	---	1,023	1,118	---	---	846
Postoperative recovery room-----	3,829	4,770	4,805	4,754	4,972	4,507	4,565	4,764
Premature nursery-----	3,323	2,471	2,398	2,204	2,222	2,450	2,380	2,205
Psychiatric services-----	1,208	4,475	4,941	6,487	6,642	3,144	3,783	5,016
Psychiatric foster and/or home care-----	---	242	236	229	224	70	66	73
Radioisotope facility-----	1,491	2,175	3,677	3,902	4,263	2,132	3,607	4,180
Radium therapy-----	973	1,583	1,542	1,511	1,515	1,562	1,518	1,494
Rehabilitation services-----	929	1,787	1,185	987	973	1,216	839	781
Renal dialysis-----	---	1,079	1,110	1,184	1,353	1,066	1,097	1,339
Self-care unit-----	---	541	423	333	303	397	307	240
Social work department-----	---	2,379	2,765	3,173	3,479	1,678	2,026	2,763
Speech therapist services-----	---	---	---	1,236	1,350	---	---	1,102
Volunteer services department-----	---	---	---	2,678	2,785	---	---	2,280
X-ray therapy-----	2,136	1,997	2,080	1,997	2,001	1,947	2,004	1,926

¹Data for 1962 and 1972 are not available.

SOURCES: 1962 - Journal of American Hospital Association, August 1, 1963 - Guide Issue, pages 478-481, table 5.

1970 - Health Resources Statistics, NCHS, 1971 issue, page 310, table 186.

1971 - Health Resources Statistics, NCHS, 1972-73 issue, page 370, table 207.

1972 - Health Resources Statistics, NCHS, 1974 issue, page 366, table 207.

1973 - Unpublished data from NCHS Health Statistics Master Facility Census.

Table B.II.5 Numbers of homes and of beds in nursing care and related homes, by type of nursing care: United States, selected years, 1963 through 1973

Type of nursing care	Number of homes			Number of beds		
	1963	1969	1973	1963	1969	1973
Total.....	16,701	18,910	21,834	568,560	948,876	1,327,704
Nursing care.....	8,128	11,484	14,873	319,224	704,217	1,107,358
Personal care homes with nursing.....	4,958	3,514		188,306	174,874	
Personal care homes without nursing.....	2,927	3,792	$\frac{1}{6}$ 6,961	48,962	63,532	$\frac{1}{2}$ 220,346
Domiciliary care.....	688	120		12,068	1,253	

$\frac{1}{6}$ Includes personal care homes with nursing, personal care homes without nursing and domiciliary care homes.

Source: National Center for Health Statistics unpublished data from the Master Facility Census.

Table B.II.6

Number of beds and beds per 1,000 population 65 years and over in nursing care and other homes¹ by geographic division and State: United States, 1973

Geographic Division and State	Population 65 years and over in 1,000's	Total Beds	Total Beds per 1,000 persons ¹ 65 years and over	Nursing care beds per 1,000 persons 65 years and over	Personal care and other home beds per 1,000 persons 65 years and over
United States	21,333	1,327,704	62.3	51.9	10.3
Geographic Divisions:					
New England	1,321	102,647	77.7	66.1	11.6
Middle Atlantic	4,044	193,281	47.8	38.2	9.6
East North Central	3,951	280,059	70.9	58.7	12.1
West North Central	1,984	168,168	84.8	69.2	15.5
South Atlantic	3,308	135,768	41.0	34.4	6.7
East South Central	1,364	55,734	40.9	34.7	6.1
West South Central	1,996	144,978	72.6	68.3	4.4
Mountain	781	43,328	55.5	49.3	6.2
Pacific	2,584	203,741	78.8	62.1	16.8
New England:					
Maine	120	9,227	76.3	63.4	12.9
New Hampshire	84	5,873	69.9	62.1	7.8
Vermont	50	3,902	78.0	67.4	10.7
Massachusetts	652	53,858	82.6	70.7	11.9
Rhode Island	109	6,493	59.6	51.1	8.5
Connecticut	306	23,294	76.1	63.5	12.6
Middle Atlantic:					
New York	1,985	92,888	46.7	34.2	12.5
New Jersey	734	34,430	46.9	38.4	8.5
Pennsylvania	1,325	65,963	49.9	44.0	5.8
East North Central:					
Ohio	1,035	65,134	62.8	56.1	6.7
Indiana	514	34,247	66.8	58.1	8.7
Illinois	1,122	80,151	71.2	59.8	11.5
Michigan	785	48,567	61.7	49.2	12.5
Wisconsin	495	51,960	105.0	77.0	28.0
West North Central:					
Minnesota	425	44,661	105.1	88.7	16.4
Iowa	357	35,152	98.5	74.9	23.6
Missouri	583	33,644	57.7	50.1	7.6
North Dakota	70	6,631	94.7	65.2	29.5
South Dakota	83	7,795	93.9	79.9	14.0
Nebraska	189	17,396	92.0	77.8	14.2
Kansas	277	22,889	82.6	64.3	18.3
South Atlantic:					
Delaware	47	2,213	47.1	46.8	0.3
Maryland	324	17,755	54.5	49.7	4.8
District of Columbia	71	3,147	44.3	39.8	4.5
Virginia	398	16,732	42.0	35.0	7.0
West Virginia	203	4,753	23.3	17.2	6.1
North Carolina	457	22,145	48.6	30.5	18.1
South Carolina	211	8,131	38.4	35.4	2.9
Georgia	401	25,936	64.5	60.5	4.0
Florida	1,196	34,956	29.4	24.6	4.7
East South Central:					
Kentucky	354	18,177	51.2	37.0	14.3
Tennessee	415	14,827	35.8	30.8	5.0
Alabama	355	14,844	41.6	39.2	2.4
Mississippi	240	7,886	32.6	31.0	1.6
West South Central:					
Arkansas	258	17,952	69.6	66.2	3.4
Louisiana	330	17,004	51.7	50.3	1.4
Oklahoma	321	29,512	91.9	87.9	4.0
Texas	1,087	80,510	74.3	68.7	5.6
Mountain:					
Montana	72	4,759	67.0	56.0	11.0
Idaho	74	4,190	56.6	54.7	1.9
Wyoming	32	1,896	59.3	49.0	10.2
Colorado	200	16,670	83.4	75.6	7.7
New Mexico	82	3,345	40.8	32.3	8.5
Arizona	198	6,430	32.8	30.5	2.4
Utah	85	4,556	53.6	46.4	7.2
Nevada	38	1,482	39.0	31.6	7.4
Pacific:					
Washington	345	31,147	90.5	81.3	9.3
Oregon	245	18,306	74.7	57.8	16.9
California	1,935	150,956	78.3	59.9	18.3
Alaska	8	606	75.8	75.8	—
Hawaii	51	2,726	53.5	41.3	12.2

¹Includes personal care homes with nursing, personal care homes without nursing, and domiciliary care homes.

Sources: National Center for Health Statistics unpublished data from the Master Facility Census.

U. S. Bureau of Census: Population Estimates, Current Population Reports, Series P-25, No. 518.

Table B.II. 7 Number of beds, population, and beds per 1,000 population for other inpatient facilities, by type of facility and geographic division: United States, 1973

Geographic division	Total other inpatient facilities/		Mentally retarded		Orphans and dependent children		Emotionally disturbed		Unwed mothers		Alcohol and drug abusers		Deaf and blind		Physically handicapped		Other		
	Population	Beds	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons	Beds per 1,000 persons		
UNITED STATES	209,843	451,460	2.15	217,067	1.05	49,568	.23	60,195	.29	6,015	.03	35,128	.16	24,321	.12	4,812	.02	57,354	.27
Geographic Divisions:																			
New England	12,145	32,102	2.64	16,019	1.32	1,684	.14	4,470	.37	378	.03	1,640	.14	1,354	.11	940	.08	5,617	.46
Middle Atlantic	37,401	90,811	2.43	47,793	1.28	9,555	.26	12,018	.34	944	.02	3,307	.09	3,507	.09	1,658	.04	5,519	.15
East North Central	40,823	80,496	1.97	39,332	.96	7,777	.19	14,122	.35	2,121	.05	1,623	.04	3,450	.09	270	.01	11,751	.29
West North Central	15,635	39,733	2.53	18,134	1.09	2,504	.15	3,944	.24	341	.02	1,994	.12	1,847	.11	135	.01	9,834	.68
South Atlantic	32,602	59,552	1.83	30,034	.92	10,145	.31	4,280	.13	579	.02	4,447	.14	5,797	.18	305	.01	3,985	.12
East South Central	15,286	18,013	1.36	7,007	.53	4,641	.35	661	.06	270	.02	626	.05	2,517	.19	110	.01	1,981	.15
West South Central	20,278	56,621	2.79	23,059	1.14	8,480	.42	5,931	.29	710	.04	1,655	.08	2,566	.13	769	.04	15,451	.66
Mountain	9,200	16,453	1.79	8,270	.90	1,916	.21	2,322	.25	255	.05	1,281	.14	1,052	.11	162	.02	1,195	.13
Pacific	27,475	58,679	2.14	27,539	1.00	1,666	.07	11,647	.42	487	.02	10,555	.39	2,201	.08	453	.02	4,941	.15
New England:																			
Maine	1,039	3,404	3.28	1,118	1.08	156	.15	630	.61	29	.03	85	.08	219	.21	-	-	1,167	1.12
New Hampshire	794	2,545	3.21	1,047	1.32	333	.42	302	.38	-	-	28	.04	-	-	640	*	195	.25
Vermont	466	1,557	3.34	601	1.29	239	.64	206	.44	33	.07	123	.25	120	.28	-	-	165	.35
Massachusetts	5,799	16,209	2.80	7,953	1.37	183	.05	2,169	.37	304	.05	944	.15	459	.09	300	*	3,978	.67
Rhode Island	967	1,959	2.03	1,013	.95	450	.48	192	.20	-	-	163	.11	23	.02	-	-	168	.17
Connecticut	3,930	9,428	2.40	4,303	1.40	253	.08	971	.32	12	*	357	.12	486	.16	-	-	44	.01
Middle Atlantic:																			
New York	19,214	49,490	2.66	25,621	1.39	6,207	.24	6,790	.37	499	.03	5,027	.28	1,354	.07	-	-	3,543	.19
New Jersey	7,325	11,625	1.59	7,947	1.03	329	.07	1,189	.16	121	.02	710	.10	610	.09	83	.01	440	.06
Pennsylvania	11,652	20,636	2.59	14,785	1.25	2,619	.24	4,639	.33	225	.02	3,570	.30	1,533	.13	1,579	.13	1,525	.13
East North Central:																			
Ohio	10,743	19,320	1.71	10,975	1.02	2,653	.25	1,854	.17	182	.02	239	.03	777	.07	40	*	1,520	.14
Indiana	5,204	11,155	2.10	4,732	.93	1,437	.28	862	.15	153	.03	215	.04	912	.17	52	.01	2,785	.53
Illinois	11,176	25,703	2.30	9,243	.85	3,085	.28	6,625	.59	202	.02	337	.03	904	.08	100	.01	5,156	.46
Michigan	9,061	15,154	1.67	9,733	1.07	477	.05	1,900	.21	1,465	.16	322	.04	441	.05	-	-	816	.09
Wisconsin	4,523	10,164	2.24	4,669	1.05	64	.01	2,931	.65	113	.02	339	.09	446	.10	68	.01	1,474	.32
West North Central:																			
Minnesota	3,890	9,933	2.55	5,179	1.33	14	*	931	.25	136	.03	942	.24	179	.05	-	-	2,492	.64
Iowa	2,863	6,539	2.28	2,324	.81	222	.08	676	.24	9	*	276	.10	199	.07	-	-	2,854	.99
Missouri	4,768	6,613	1.39	3,175	.67	883	.19	748	.16	42	.01	162	.03	807	.17	11	*	785	.16
North Dakota	655	3,502	5.34	1,501	2.36	500	.79	-	-	22	.03	113	.18	142	.22	86	.14	138	.22
South Dakota	682	1,933	2.83	1,039	1.60	95	.14	119	.17	-	-	70	.10	194	.29	-	-	366	.54
Nebraska	1,533	5,205	3.40	2,079	1.36	367	.24	973	.63	56	.04	182	.12	165	.12	-	-	1,363	.89
Kansas	2,884	6,009	2.05	3,783	1.23	423	.13	437	.19	76	.04	249	.11	142	.06	39	.02	1,256	.82
South Atlantic:																			
Delaware	573	1,406	2.45	704	1.23	173	.30	356	.62	-	-	105	.18	-	-	-	-	69	.12
Maryland	4,074	8,625	2.12	4,767	1.17	641	.16	564	.14	66	.02	769	.19	705	.17	-	-	1,112	.27
District of Columbia	734	852	1.16	45	.06	30	.04	290	.40	22	.05	369	.50	81	.11	-	-	15	.02
Virginia	4,944	10,464	2.16	4,921	1.00	1,622	.33	740	.15	52	.01	1,035	.22	807	.17	165	.03	1,151	.24
West Virginia	1,783	3,132	1.75	1,651	.92	435	.24	360	.20	76	.04	58	.03	308	.17	55	.03	150	.11
North Carolina	5,302	11,609	2.19	5,437	1.04	2,764	.52	335	.06	93	.02	908	.17	1,619	.34	10	*	177	.03
South Carolina	2,724	2,887	1.05	1,693	.79	1,340	.49	58	.02	46	.02	209	.08	36	.01	-	-	172	.06
Georgia	4,816	9,722	2.02	4,282	.89	1,951	.40	648	.13	24	*	229	.05	1,149	.24	73	.02	366	.08
Florida	7,745	11,977	1.53	7,213	.95	1,121	.15	921	.12	134	.03	746	.10	692	.12	-	-	704	.09
East South Central:																			
Kentucky	3,328	5,629	1.69	921	.30	1,417	.43	166	.05	28	.01	205	.06	503	.15	-	-	319	.10
Tennessee	4,025	6,894	1.68	2,651	.70	1,893	.49	350	.09	130	.03	219	.05	685	.16	28	.01	644	.16
Alabama	5,546	4,723	1.33	1,770	.50	697	.19	345	.10	80	.02	153	.04	740	.21	34	.01	914	.26
Mississippi	2,517	2,777	1.20	1,395	.60	533	.23	-	-	32	.01	50	.02	609	.26	48	.02	104	.04
West South Central:																			
Arkansas	2,035	2,977	1.46	352	.17	614	.30	699	.34	35	.02	112	.06	521	.26	40	.02	614	.20
Louisiana	3,746	9,469	2.53	4,449	1.19	947	.25	353	.09	145	.04	48	.01	656	.18	385	.10	2,508	.67
Oklahoma	2,669	10,487	3.93	3,566	1.34	2,169	.81	293	.11	66	.02	377	.14	491	.18	114	.04	3,412	1.29
Texas	11,828	35,638	2.95	14,692	1.24	4,751	.40	4,596	.39	484	.04	1,120	.09	898	.08	250	.02	6,917	.58
Mountain:																			
Montana	730	1,727	2.37	760	1.04	532	.73	40	.05	32	.04	142	.19	100	.14	-	-	121	.17
Idaho	776	984	1.27	522	.67	76	.10	83	.11	20	.03	69	.09	171	.22	-	-	33	.05
Wyoming	353	998	2.83	675	1.91	196	.56	93	.26	-	-	34	.10	-	-	-	-	-	-
Colorado	2,468	4,056	1.64	2,429	.98	179	.07	818	.33	54	.02	126	.04	61	.02	-	-	331	.13
New Mexico	1,039	2,455	2.26	508	.53	515	.47	239	.23	14	.01	194	.11	205	.19	-	-	404	.37
Arizona	2,974	5,887	1.98	1,693	.79	1,340	.49	58	.02	46	.02	209	.08	36	.01	-	-	172	.06
Utah	1,150	2,931	2.54	1,225	1.15	110	.10	165	.14	-	.00	174	.15	215	.19	-	-	101	.09
Nevada	841	201	.36	19	.03	94	.17	7	.01	-	.00	81	*	-	-	-	-	-	-
Pacific:																			
Washington	3,431	8,674	2.53	5,054	1.47	390	.11	1,696	.49	122	.04	666	.19	476	.14	53	.02	227	.07
Oregon	2,219	5,280	2.38	3,375	1.46	8	*	758	.34	132	.05	235	.11	260	.11	39	.02	1,315	.59
California	20,552																		

Table B.II.8 Full-time equivalent employees per daily census
for non-Federal short-term general hospitals:
United States, selected years, 1950-73

Year	Employees per daily census
1973	3.15
1972	3.10
1971	3.01
1970	2.92
1969	2.80
1967	2.65
1965	2.46
1960	2.26
1955	2.03
1950	1.78

SOURCE: American Hospital Association Guide Issue

Table B.II.9 Number of hospital and nursing care and related home employees by geographic division and State:
United States, 1973

Geographic division and State	Hospitals ¹			Nursing Care and Related Homes ²	
	Full-time equivalent employees	Average daily census	Full-time equivalent employees per daily census	Full-time employees	Full-time employees per resident
Geographic Divisions:					
New England-----	198,558	82,211	2.42	48,406	.50
Middle Atlantic-----	567,950	267,470	2.12	113,627	.64
East North Central-----	531,370	225,634	2.36	130,137	.53
West North Central-----	227,562	97,733	2.33	67,679	.44
South Atlantic-----	415,455	191,485	2.17	70,013	.57
East South Central-----	166,529	76,782	2.17	28,601	.56
West South Central-----	244,623	99,673	2.45	67,245	.52
Mountain-----	105,176	36,117	2.91	21,245	.54
Pacific-----	311,384	111,944	2.78	88,757	.50
New England:					
Maine-----	13,437	6,002	2.24	4,944	.57
New Hampshire-----	9,921	5,031	1.97	3,022	.55
Vermont-----	6,966	3,334	2.09	2,029	.59
Massachusetts-----	110,982	43,927	2.53	24,957	.80
Rhode Island-----	15,585	6,817	2.29	2,606	.42
Connecticut-----	41,667	17,100	2.44	10,848	.49
Middle Atlantic:					
New York-----	316,988	145,426	2.18	56,943	.66
New Jersey-----	82,067	38,628	2.12	18,408	.58
Pennsylvania-----	168,895	83,416	2.02	38,276	.63
East North Central:					
Ohio-----	135,340	59,833	2.26	31,606	.53
Indiana-----	61,019	28,574	2.14	16,885	.55
Illinois-----	161,995	66,823	2.42	34,549	.48
Michigan-----	112,728	45,354	2.49	27,577	.64
Wisconsin-----	60,288	25,050	2.41	19,520	.47
West North Central:					
Minnesota-----	52,737	24,102	2.19	15,978	.39
Iowa-----	35,210	14,693	2.40	13,116	.41
Missouri-----	69,440	28,970	2.40	16,804	.55
North Dakota-----	8,557	3,992	2.14	2,405	.38
South Dakota-----	8,931	4,316	2.07	3,035	.42
Nebraska-----	20,402	7,908	2.58	6,650	.42
Kansas-----	32,285	13,752	2.35	9,691	.46
South Atlantic:					
Delaware-----	8,221	4,123	1.99	1,481	.71
Maryland-----	55,048	25,457	2.16	10,064	.60
District of Columbia-----	23,000	9,686	2.37	1,635	.60
Virginia-----	59,114	31,236	1.89	8,702	.58
West Virginia-----	25,336	12,808	1.98	2,519	.58
North Carolina-----	59,347	27,313	2.17	9,532	.48
South Carolina-----	28,849	15,467	1.87	4,740	.63
Georgia-----	61,319	26,333	2.33	13,211	.54
Florida-----	95,221	39,062	2.44	18,129	.61
East South Central:					
Kentucky-----	38,848	15,949	2.44	7,749	.48
Tennessee-----	57,178	26,280	2.18	7,657	.56
Alabama-----	44,739	21,072	2.12	8,882	.63
Mississippi-----	25,764	13,481	1.91	4,313	.58
West South Central:					
Arkansas-----	21,442	8,559	2.51	8,369	.52
Louisiana-----	47,608	20,306	2.34	8,060	.50
Oklahoma-----	31,918	12,899	2.47	13,419	.51
Texas-----	143,655	57,909	2.48	37,397	.53
Mountain:					
Montana-----	7,376	2,775	2.66	2,362	.52
Idaho-----	6,848	2,589	2.65	2,053	.54
Wyoming-----	4,151	1,854	2.24	805	.47
Colorado-----	32,115	10,838	2.96	8,142	.54
New Mexico-----	12,132	4,471	2.71	1,904	.67
Arizona-----	25,588	7,842	3.26	3,315	.58
Utah-----	10,762	3,498	3.08	1,857	.44
Nevada-----	6,204	2,250	2.76	807	.62
Pacific:					
Washington-----	34,806	11,817	2.95	13,200	.47
Oregon-----	22,448	8,685	2.58	7,969	.47
California-----	241,567	86,609	2.79	65,838	.51
Alaska-----	3,195	1,027	3.11	238	.50
Hawaii-----	9,368	3,806	2.46	1,512	.61

¹Hospital Statistics, 1974 Edition, 1973 data from the American Hospital Association Annual Survey

²National Center for Health Statistics, unpublished data from the Master Facility Census

Table B.II.10
 Number of home health agencies participating under the Medicare program:
 United States, 1966-74

Year ^{1/}	All agencies	Official health agency ^{2/}	Visiting nurse association	Combined government and voluntary agency	Hospital based program	Other ^{3/}
1974	2,222	1,270	541	54	244	133
1973	2,212	1,255	531	55	231	140
1972	2,256	1,312	554	61	217	112
1971	2,333	1,331	567	77	214	144
1970	2,311	1,334	552	102	202	121
1969	2,173	1,286	541	107	172	67
1968	1,890	1,035	562	97	148	48
1967	1,753	939	549	93	133	39
1966	1,275	579	506	83	81	26

^{1/}As of October 1966, March 1967, and as of January for the years 1968 through 1974.

^{2/}An agency administered by a State, county, or other local unit of government.

^{3/}Includes extended care facility-based programs, rehabilitation facility-based programs, proprietary, or other home care programs.

Source: Social Security Administration, Office of Research and Statistics.

Table B.II.11 Number and percent of home health agencies participating under the Medicare program offering selected services by type of service: United States, 1967 and 1974

Service	1967		1974	
	Number	Percent of total	Number	Percent of total
Total ^{1/}	1,753	100.0	2,222	100.0
Nursing care.....	1,753	100.0	2,222	100.0
Physical therapy.....	1,201	68.5	1,598	71.9
Occupational therapy.....	244	13.9	480	21.6
Speech therapy.....	361	20.6	682	30.7
Medical social service.....	400	22.8	518	23.3
Home health aides service.....	601	34.3	1,498	67.4

^{1/} Numbers do not add to total because some agencies offer two or more services.

SOURCE: Social Security Administration, Office of Research and Statistics.

Table B.II.12 Number of reporting Poison Control Centers: United States
selected years, 1960-74

Year	Number	Year	Number
1974.....	594	1967.....	395
1973.....	594	1966.....	356
1970.....	432	1965.....	341
1969.....	439	1960.....	213
1968.....	420		

Source: Food and Drug Administration unpublished data from the Poison Control Program.

SECTIONS C. AND D.

HEALTH STATUS

AND

USE OF HEALTH SERVICES

CONTENTS

	Page
Introduction	152
I. Overview for Persons of All Ages.....	157
1. Population and population change (Tables CD.I.1-12).....	173
Total population and population change, 1940-1973; age-sex distribution of population by color; dependency ratios and sex ratios for selected years; percent of population in institutions; estimated and projected populations under different assumptions of fertility, 1974, 1985, and 2000	
2. Fertility (Tables CD.I.13 - 21).....	199
Live births, birth rates, and fertility rates by selected characteristics; birth expectations; extent of sterilization; contraceptive usage; reported legal abortions and maternal deaths	
3. Mortality (Tables CD.I.22 - 29).....	219
Life expectancy at birth for females and males, selected countries; selected life table values by color and sex; age-adjusted death rates by selected characteristics	
4. Measures of health, illness, and disability (Tables CD.I.30 - 36).....	239
Assessment of health status; incidence of acute conditions; prevalence of selected chronic conditions and measures of impact; prevalence of visual and hearing impairment; disability days; persons with limitation of mobility	
5. Reportable communicable diseases (Tables CD.I.37 - 43).....	257
Most commonly reported communicable diseases; venereal diseases; tuberculosis; paralytic poliomyelitis; viral hepatitis	
6. Preventive care (Tables CD.I.44 - 49).....	272
Preventive examinations; vaccinations for measles, rubella, polio, diphtheria-pertussis-typhoid; fluoridation	
7. Ambulatory care (Tables CD.I.50 - 57).....	285
Physician visits by selected demographic characteristics, seriousness of problem, services provided, disposition of visit	

	Page
8. Inpatient utilization: short and long-term care (Tables CD.I.58 - 74).....	305
Persons with short-stay hospital episodes; persons dying in hospitals and institutions by cause of death; residents of institutions, 1950, 1960, 1970; inpatient and outpatient services in mental health facilities, selected years, referrals on release from State and county mental hospitals; nursing home residents, selected years; persons in homes and schools for the mentally handicapped; tuberculosis patients in hospitals	
II. Children and Youth under 18 Years of Age	
Introduction	338
1. Mortality and measures of health, illness, and disability ...	344
a. Mortality in infancy (Tables CD.II.1 - 7).....	344
Infant mortality, 1925-1974; infant mortality for selected countries and by selected characteristics	
b. Childhood mortality (Tables CD.II.8 - 9).....	358
Death rates by cause, 1925-1973	
c. Health indicators of pregnancy and the puerperium (Tables CD.II.10 - 16).....	362
Illegitimacy, prenatal care, complications of pregnancy, birth weight, Apgar scores, congenital anomalies	
d. Health measures (Tables CD.II.17 - 30).....	376
Assessment of health status; caloric intake; hemoglobin and vitamin A values; average heights of 10-year-olds; use of special educational resources; teenage smokers; incidence of acute conditions; prevalence of selected chronic conditions and measures of impact; prevalence of defective visual acuity	
2. Utilization of services	404
a. Ambulatory care (Tables CD.II.31 - 33).....	404
Physician visits by selected characteristics	
b. Short-term care (Tables CD.II.34 - 37).....	410
Persons with hospital episodes; discharges from short-stay hospitals by selected characteristics	
3. Dental morbidity and dental care (Tables CD.II.38 - 42)....	418
Decayed, missing, and filled teeth; dental visits by type of service and selected characteristics	

	Page
III. Adults, 18 through 64 Years of Age	
Introduction.....	429
1. Mortality and measures of health, illness, and disability	436
a. Mortality and health measures (Tables CD.III.1 - 19)....	436
Assessment of health status; death rates by cause, 1925-1973; caloric intake; obesity; persons who exercise; prevalence of elevated blood pressure; adult smokers; death rates and cancer incidence by smoking status; alcohol drinking; death rates by drinking behavior	
b. Disabling conditions and disability (Tables CD.III.20 - 31).....	474
Work disability by selected characteristics; incidence of acute conditions; prevalence of selected chronic conditions and measures of impact; persons with limitation of mobility	
2. Utilization of services.....	498
a. Ambulatory care (Tables CD.III.32 - 37).....	498
Physician visits by selected characteristics	
b. Short-term care (Tables CD.III.38 - 44).....	510
Persons with hospital episodes; discharges from short-stay hospitals by selected characteristics	
3. Dental morbidity and dental care (Tables CD.III.45 - 52)....	524
Periodontal disease; decayed, missing and filled teeth; edentulousness; dental visits by selected characteristics	
IV. Adults, 65 Years of Age and Older	
Introduction.....	542
1. Mortality and measures of health, illness and disability (Tables CD.IV.1 - 7).....	550
Assessment of health status; death rates by cause, 1925-1973; incidence of acute conditions; prevalence of chronic conditions and measures of impact; disability days; persons with limitation of mobility	
2. Utilization of services	564
a. Ambulatory care (Tables CD.IV.8 - 10).....	564
Physician visits by selected characteristics	
b. Short-term care (Tables CD.IV.11 - 14).....	570
Persons with hospital episodes; discharges from short-stay hospitals by selected characteristics	

	Page
c. Long-term care (Tables CD.IV.15 - 21).....	578
Residents of nursing homes; prior living arrangements; primary diagnosis; visual, auditory and speech impairment; medical care received	
3. Dental morbidity (Tables CD.IV.22 - 25).....	592
Periodontal disease; decayed, missing and filled teeth; edentulousness	

Introduction

There is a large store of information on health in the United States. While a great deal of the data do not go back very far in our history, it is possible, with recognition of the limitations of the early years, to trace trends in deaths and the causes of deaths back to the early 1900's. Regular reporting of the occurrence of communicable diseases, which began in the late 1800's, continues. But it was not until 1956 that the National Health Survey Act established a continuing program to gather data related to illness and disability from the people themselves and from the providers of health care. As a result of that program it is possible in the mid-1970's to look at health in relation to the social and economic characteristics of the nation's people. It is more nearly possible than ever before to assess the health of our population.

We cannot, however, measure health status as well as we would like. There are still gaps in information. For example, the total volume of mental illness in the United States has never been measured accurately nor has the total number of people in "need" of health care. In other areas, the data available vary in quality, in the time periods covered, and in the population groups to which they apply. With time and more knowledge, many of these information gaps will be closed. A more difficult problem, perhaps in the future, and certainly in the present is to fully interpret the implications of the information which is available.

The purpose of this introduction and of the brief review of selected aspects of the health of the total population which immediately follows, is to point up some of the problems involved in the use of health data and in assessment of the health status of a population before presenting the health data. This approach has been adapted primarily to emphasize the high complexity of any attempt to assess the health status of a population. For example, the declining death rates and increasing life expectancy which characterize the United States are generally accepted indicators of improvements in health. Death rates, however, pertain to only a narrow segment of the spectrum of health. Populations with the same death rates may and do differ in terms of a wide variety of other indicators of illness. They may differ, for example, in the prevalence of specified chronic conditions or the amount of disability. There are, unfortunately, problems of interpretation with regard to many such indicators.

Consider as a measure the extent to which illness or impairment inhibits people from carrying out their normal responsibilities. For instance, the proportion of the working-age population with long-term employment disability is a measure that appears to be straightforward. But the disability rate for a population depends on many factors in addition to the purely medical ones. The provisions of income maintenance programs for occupational disability are a major influence on the number and characteristics of individuals classified as "unable to work." As disability benefits become more

liberal, the number of workers leaving the labor force due to impaired health increases. The extent to which jobs and working conditions are adapted to the capacities of individuals with certain impairments is also an important determinant of labor force participation. Individuals with moderate impairments may be more likely to be viewed as unable to work at times of labor surplus than at times of labor shortage. Thus, differences in work disability rates between populations or changes in the rates over time reflect social and economic factors as well as difference in health and rehabilitation.

The prevalence of illness is another indicator whose interpretation may vary and which alone is insufficient for assessment of a population's health. As a population experiences, as ours has done, a decline in health problems resulting from the infectious diseases which formerly acted so lethally on children and young adults, a substantial increase in the more slowly operating chronic degenerative diseases is inevitable. These are conditions whose prevalence increases sharply with age. The increasing longevity of the population and the resultant shift in its composition toward the older ages have resulted in a greatly increased frequency of chronic diseases. The development of techniques such as renal dialysis for kidney failure or drugs such as insulin for diabetes, that postpone death without effecting a cure of the disease itself, has also contributed to the greater prevalence of certain conditions. Thus, increased rates of certain chronic diseases in the population may reflect more effective rather than less effective management of illness.

For some chronic conditions, effective management may greatly diminish such consequences as severe disability and reduced life expectancy. Appropriately treated diabetics and hypertensives may now be included in the count of those suffering from chronic illness while experiencing minimal incapacity.

Factors such as poor eating habits, smoking, excessive drinking, insufficient exercise, occupational hazards, and exposure to environmental contaminants can contribute to the premature development of a disabling chronic condition. To the extent that the public health and medical care systems are responsible for the promotion of health and the primary prevention of disease, incidences of preventable diseases become important indicators of effectiveness.

In addition to long-standing conditions and impairments, a great many short-term, acute episodes of illness occur. The number of days of disability resulting from such episodes is also used as a measure of the extent of illness in a population. Whether certain marginal episodes are viewed as illness or ignored depends, however, on the individual and his situation. Some episodes are so severe that they would be recognized or defined as disabling illness by anyone experiencing them. Most episodes, however, are less clearcut. Individuals differ among themselves and from time to time, depending on circumstances, regarding whether and how long they will "permit themselves" to be disabled. On some occasions individuals pay too little attention to their symptoms and may suffer severe consequences from over-exertion or delay in treatment. On other occasions, individuals react more extremely to their symptoms than may be indicated. In general, the

the rate of short-term disability days for a population appears to rise with increasing access to medical care. This may be due, at least in part, to the common recommendation by physicians "to take it easy for a few days" in acute episodes. In any case, higher rates of short-term disability days for populations are not necessarily an indicator of poorer health.

Although many of the measures of the extent of ill-health included in the present report are subject to interpretative difficulties, they constitute the best information available as to the health problems of the population. In the selection of material for presentation, care has been exercised to focus on the least equivocal of the data available. Cautionary statements are included to assist the reader. Meanwhile, research continues to develop better measures.

CD.I. Overview for Persons of All Ages

Most babies in the United States now get a good start in life, with certain advantages having been conferred upon them even before they entered the world. About 70 percent of their mothers start prenatal care during the first three months of pregnancy and 99 percent of the babies are delivered in hospitals. It has not always been this way. In 1940 little more than half of all births occurred in hospitals, and nearly 9,000 mothers died in childbirth. In 1973 there were fewer than 500 such deaths.

The importance of having adequate prenatal care and delivery facilities available is emphasized by the frequency of problems during pregnancy and delivery. Among mothers of legitimate live births in 1972, about 16 percent were reported by the hospital to have one or more complications of pregnancy and about 20 percent to have one or more complications of labor. The complication rates would probably be even higher if illegitimate births were included as 30 percent of the illegitimate births are to women under age 18. Early prenatal care is essential for detecting conditions which may lead to complications of pregnancy and delivery and for those women at high risk of having a difficult or complicated labor and/or delivery, a hospital is the best place for the birth.

Although the amount and timing of prenatal care and the extent of hospitalization for delivery have improved greatly in the past few decades, there are still large differences among socioeconomic

groups. Prenatal care is received in the first trimester of pregnancy by 75 percent of white women as compared with 52 percent of women of other races, and by far more of the women with some education beyond high school than of those who never went beyond eighth grade.

During the first year of life infants are subject to high risk of death. Fortunately, the infant mortality rate is declining again after a period of stability. In 1940 the infant mortality rate was 47.0 per 1,000 live births; in 1974 it was 16.5.

There is still room for improvement, however. The United States ranks fifteenth among nations in infant mortality rates. Rates are two-thirds higher for black infants than for white ones. Rates are higher when the mother is economically poor or poorly educated, when the birth is illegitimate, or when the mother is under age 20 or over 35.

Death rates in childhood are still influenced by developmental defects, low birth weight, and other factors that cause relatively high neonatal and infant death rates but these causes contribute less to mortality with each year of age. The period 1-14 years of age now has the lowest overall death rate of any period throughout the span of life.

Epidemic diseases that once struck fear in people virtually disappeared as causes of death as the modes of transmission became known and with improved sanitary measures and quarantine controls. By the end of the first quarter of this century cholera, plague,

typhus, yellow fever and smallpox were rarely seen, but the more endemic and occasional epidemic diseases persisted as important causes of death until 25 years ago. In 1950, tuberculosis, diphtheria, poliomyelitis, and measles claimed the lives of 2,729 children. In 1973, these diseases caused only 43 childhood deaths in the entire United States. During the 1930's there were about 14,000 deaths of children from influenza and pneumonia each year; by 1950 there were 3,245 and in 1973 there were 1,345. Many factors contributed to these dramatic declines, including improved sanitation, emphasis on child health programs and, particularly in the 1940's and 1950's, the development of vaccines and of chemotherapeutic and antibiotic agents.

While there has been great progress in controlling the infectious diseases of childhood, death rates from accidents have remained fairly constant among children ages 1-14. Almost 6,000 of the 12,448 accidental deaths resulted from motor vehicle accidents. These deaths are preventable if the accident is avoided and so is the disability which sometimes is the result of the accident which did not cause death.

Accidents were also the second leading cause of acute conditions in 1973 among children under 17. There were about 25 million accidental injuries. Eighty-five percent of these injuries received some degree of medical attention, and approximately one-half million resulted in inpatient hospital care during the year. A sad thing about the high number of injuries in children is that many of them cause problems that are carried

through life. Among our children under age 17 there are 435,000 who have impairments due to injuries.

With all the improvements in health of children, large numbers of them still have problems. One of the more important of these at early ages is faulty vision. At age 6 when most children enter regular school classes, 7 percent have defective binocular distant vision and 10 percent have defective near vision. By age 11, there are 17 percent with defective distant vision while the percentage with faulty near vision remains relatively constant throughout these early years. There is evidence that many of the children with defective vision either do not have glasses or have glasses that fail to provide the necessary degree of correction.

Another common problem of childhood is poor dental health. There are about 700,000 children whose lower front teeth are contacting or biting into the palate. An additional 1.5 million children ages 6-11 have other severe malocclusion problems. At age 6 one child in eight has one or more decayed permanent teeth, and by age 11 six out of eight children have decayed teeth. At 17 years of age, 19 out of 20 youths have decayed, missing or filled permanent teeth, averaging about 9 such teeth per person.

Death rates, which are so low in childhood, start to increase as people move into the early working and reproductive years of life. The rates are higher for young men than for young women and the gap has widened during the present century. One major reason for this is that while death rates have decreased for both men and women, the decrease has been greater for women.

Death rates for people ages 15-44 have decreased for tuberculosis, heart disease, and influenza and pneumonia. Tuberculosis, which claimed 30,000 lives in 1940, caused only 407 deaths among young adults in 1973. In 1940 there were 27,200 deaths from heart disease and 11,600 from influenza and pneumonia. By 1973 these had been reduced to 17,700 and 3,200 respectively.

In contrast to the dramatic reductions in death rates from some diseases, and modest reductions in others, such as diabetes and strokes, deaths by violence have increased rapidly among younger adults since midcentury. Motor vehicle and other accidents, suicides, and homicides have taken their greatest toll among males and contributed to widening the gap in total mortality between young women and men. In 1973 there were 77,575 deaths of people aged 15-44 from accidents, suicides, and homicides--almost equal to the number of deaths from all other causes.

Among people ages 15-24, the increases were even more striking. From 1950 to 1973 death rates from motor vehicle accidents increased by one-third, while those from suicides and homicides more than doubled.

Accidents among young people, in addition to being a hazard to life, are a serious cause of permanent impairments. Among people 15-24 years of age, 1.6 million are impaired and among those 25-44 years of age 3.7 million are impaired by accidents which occurred during these age periods or earlier. Of the 5.3 million, 1.2 million were impaired as a result of moving motor

vehicle injuries and an additional 1.2 million by non-vehicle injuries which occurred while at work. About 30 percent of these impairments cause the people to be either unable or limited in ability to participate in the usual activities of going to school, homemaking, or working.

Another preventable condition is venereal disease which, after a period of decline, is again epidemic. When undetected cases and underreporting are considered, it is estimated that about 2.7 million cases of gonorrhea occur each year. There are about 81,000 new cases of infectious syphilis each year and about 450,000 persons are in need of treatment for syphilis at the present time.

While disability from chronic diseases is not high among young adults, there are evidences of the development of those diseases which are serious at older ages. For example, 7 percent of people 18-24 years old and 22 percent of those 35-44 have definite or borderline hypertension. Although heart disease is found in about 1 percent of the youngest group, it is found in about 7 percent of those from 35-44 years old. Similarly the percentage with evidence of osteoarthritis increases from 4 to 25 percent through the age span 18-44, though at these ages it is rarely seriously disabling.

One of the health problems growing in part out of our life-style and the relative affluence of our society is obesity. While the problems of obesity exist throughout the age range, it is this period of young adult life when the number of obese people gets

to be large. Not only do average weights increase with each decade of age beyond 20, leveling off at older ages, but also indexes of obesity increase. Obesity at ages 20-44 is more prevalent among females than among males and particularly among black females. The percentages judged obese as measured by skinfold tests are: black females, 30 percent; white females, 19 percent; white males, 16 percent; black males, 11 percent. Many health experts believe that such increases in body weight are undesirable and that we would reduce disease if we could change our behavior to avoid obesity.

The total volume of mental illness in the United States has never been measured accurately because of the problems of defining mental illness and identifying persons in the population who suffer from it. Therefore, our information is based upon records of facilities which provide mental health services rather than from population surveys.

Utilization rates of both inpatient and outpatient psychiatric facilities are higher at ages 18-44 than at any other age. While utilization rates have more than doubled for persons of all ages over the past 20 years, they have increased even more rapidly for these young adults. The increasing availability of outpatient services which permit the individual to remain in the community while receiving care instead of being institutionalized has made it possible for people in the ages with heavy home and work

responsibilities to receive care. The majority of the episodes of care for this age group are in outpatient facilities.

By the time people move into the later working years of 45-64 and out of the reproductive period, chronic diseases increase as principal causes of morbidity and mortality and are much more important than the external causes such as accidents. While diseases of the heart are among the top five causes of death from age 15 on, they are by a large margin the leading cause from age 45 on and are recorded as causing 404 deaths per 100,000 persons in this age group in 1973. They are also the leading cause of inpatient hospitalization and cause more long-term limitation of activity than any other condition. Despite the decline in death rates from heart conditions in recent years, they remain a major health problem.

During the past 25 years, death rates from most other major diseases have also decreased in the age group 45-64. The rates for strokes, arteriosclerosis, kidney diseases and gastric ulcer have all shown marked reductions. However, a notable exception is malignant neoplasms which ranks second in causes of death, and has increased from 269 per 100,000 persons in 1950 to 292 in 1973. In the latter year this cause of death took the lives of 125,914 people from ages 45 through 64. Other exceptions to the general decline in mortality rates are the increases in rates for the fifth leading cause of death of the middle-aged, cirrhosis of the liver, and for the ninth

cause, a group of diseases comprised of bronchitis, emphysema and asthma. Cirrhosis of the liver, which is associated with alcoholism, increased from 23 to 45 deaths per 100,000 persons between 1950 and 1973. Death rates for bronchitis, emphysema, and asthma, which are aggravated by smoking and air pollution, increased during this period from 7 to 18 per 100,000 population. The number of deaths from these diseases is still only a small fraction of the number caused by heart disease.

While the leading causes of death are indicative of major health problems and of the loss to the economy because of death during the later working years, mortality data alone fail to describe the full impact of disease and disability. Interview data reveal that of the 43 million people in this age group, 1.5 million are limited in their activities because of heart problems. Approximately 1.3 million are limited by arthritis, 620,000 by impairments of the lower limbs or hips, 420,000 by hypertension and 400,000 by diabetes. In total there are 8 million adults in their middle years who report some degree of chronic limitation of activity. Of these, 1.8 million are completely unable to work or do housework, 4.6 million are somewhat limited in their ability to carry out such activities, and 1.6 million have lesser limitations related to recreation, shopping, and the like. Among approximately 1.5 million people 45-64 years old who report that they are retired, 72 percent have limitations involving their ability to work.

When the continued toll of disability from acute conditions is added to the rising toll from chronic diseases, the total amounts to nearly one billion days of restricted activity, including one-third of a billion bed days, each year among persons ages 45 through 64. Behind these figures lies a large burden on society and on the afflicted individuals and their families. The days of disability include 180 million days of work loss each year, or an average of 6.6 days for each employed person of these ages. This does not even include the work loss experienced by those who are not in the work force because of chronic diseases or impairments.

Ill health also results in increased utilization and expenditures for medical care. In 1973 there were 7.8 million episodes of care in short-stay hospitals or 1.7 days per person ages 45-64. There were also 240 million visits to physicians or 5.5 visits per person.

A decade ago the poor population 45-64 years of age had slightly lower rates of hospital use than those with better incomes. However, between 1964 and 1973 hospital care of the poor increased from 14.6 to 22.5 episodes of care per 100 persons, while in the population with higher family incomes, the rate of care increased only modestly from 14.8 to 15.2. A similar change has occurred in use of physicians' services. Among the poor ages 45-64 the number of visits per person increased from 5.1 in 1958 to 6.3 in 1973, whereas among the not poor the rate remained the same at 5.4 visits.

The available data do not reveal the extent to which poverty is a cause or a result of disease and disability. The statistics show that employed persons with family incomes of less than \$6,000 averaged 7.0 days of work loss in 1973 in contrast to 5.9 days for those of higher family incomes. Similarly 12.6 percent of the poor in this age group were unable to work as compared with 2.2 percent of those with higher family incomes. These relationships are determined by many complex educational, social and economic variables. While there are wide differences in health status between the poor and not-so-poor, it is evident that in recent years, possibly because of the institution of Medicaid and of low-cost community clinics, the gap in opportunity for health care has been reduced. The fact that the poor often have higher rates of utilization than the not poor reflects both a greater need for health care in this group and a catching up of a deficit which had accumulated in earlier years.

The age of retirement in this country is generally set at age 65. In 1900 only 41 percent of the newborn babies could be expected to reach age 65; by 1973 about 73 percent of those born could expect to reach that age. Most of this change has been due to the great strides in reducing mortality from infectious diseases, particularly at early ages. Recent progress has been slower because less is known about the prevention and cure of the chronic conditions which are now the major cause of death.

The gains in life expectancy at age 65 which have been made are greater for women than for men. In 1973 women of age 65 could expect to live for another 17.2 years--4.1 years longer than men.

The greater longevity of women and the resultant breakup of marriages due to the death of one spouse, usually the husband, leads to needs for health services which are different from those encountered at younger ages. Approximately 3.4 million persons, about 18 percent of the aged noninstitutionalized population, are limited in mobility to some degree. They have difficulty getting around alone, need help from a special aid or another person, or are confined to the house. They cannot easily go to a physician's office or a clinic for outpatient care and yet they need medical services and frequently they need the help of another person to carry out daily activities.

In 1972 about 3.2 million of the older people who were not residents of institutions were unable to work or do housework. A total of 8.6 million reported some degree of activity limitation because of chronic conditions. Approximately 17 percent of the 8.6 million report heart disease as the major cause of their limitation and an additional 16 percent report arthritis. Other major causes are senility, impairments of the back or extremities, and severe defects in vision. The health problems that cause disability among older people often start in earlier years of life; 45 percent of older people with limitations had been disabled for over five years.

An example of the after effects of earlier events is the extent of residual impairments resulting from accidents. Nearly 2.4 million older people have accident-related defects, one-third of which are severe enough to cause limitation of activities. Most of the cases are orthopedic problems, but 400,000 are visual or hearing impairments from earlier accidents.

Another example of need for early prevention and treatment is in dental care. Recent studies show that one-half of the people over age 65 have lost all of their natural teeth. This is a decrease from 1957 when 61 percent of the people then over age 65 had no teeth. This progress probably results from a generation effect in public awareness of the need for good dental care, coupled with improved professional techniques for coping with dental problems. Strong evidence of this is provided by data which show an increase in the percentage of people who visit a dentist within a given year.

As needs for care become overwhelming and there is no one in the household to provide the care, some solution must be found. One possibility is home health care. Another is long-term institutionalization.

About one million people, 5 percent of our elderly population, reside in nursing homes and, because of their longer survivorship, 72 percent of these are women. Nearly all of the residents have multiple chronic conditions, averaging three per person. About

23 percent have arteriosclerosis, 11 percent suffer the after effects of strokes and 14 percent are senile, and 10 percent have mental disorders. In view of this, it is not surprising that many patients are reported by nursing homes to have mental deterioration.

Disorders affecting mobility are also highly prevalent among nursing home residents. Arthritis, amputations, paralysis or deformity of the arms or legs and permanent stiffness or deformity of the back are common as are impairments of vision and hearing. Again, although there may be duplication among these conditions, 51 percent of the patients are either confined to bed or are unable to walk without help.

It is obvious that these residents of nursing homes are in need of a wide range of services. Some can profit by therapy and rehabilitation, others require highly skilled nursing care to survive acute episodes of illness, and some cannot be expected to ever recover their health but require good care for long periods. Nevertheless, 40 percent have not been seen by a physician within a month; of those who have been residents for at least a year, 9 percent have not been seen by a physician for a year or more. Only 10 percent are receiving any physical therapy.

Our statistics show the progress that has been made over the years in preventing disease and delaying death. But they also reveal those areas where we have yet far to go. It is

obvious that for those conditions that we cannot prevent we must reduce the disabling effects that lead to physical and psychological distress and dependency. Even at present rates of mortality, the population of older people is projected to increase and if mortality rates continue to decline we may expect it to increase more rapidly. Without improvements in early detection and reduction in the residual effects of disease and injury, we may also expect the numbers of disabled people to increase substantially.

Population and Population Change

There are over 200 million people in the United States. Each person is at risk of morbidity and mortality and each will need or utilize health care at some time.

The risks are highly uneven. Old people are at higher risk of death and of disease than any other age group. The young are more likely to die of accidental injuries than anything else and the middle aged of heart conditions.

The needs for health care also vary with age, with sex, and with residence. Preventive care is needed by all ages as is crisis care. Long-term care is needed by some segments of the population at all times and particularly by the old. Women in the childbearing ages need specialized care as do young children.

For these reasons it is necessary to know the composition of the population. Consequently, this report begins with a description of the United States population now, some indications of past changes, and projections of the population composition in the year 2000 which is only 25 years away.

In mid-1973, the total population of the United States, including the Armed Forces abroad, was estimated at 210 million. This represents the world's fourth largest population, following China (814 million), India (574 million) and the USSR (250 million).* The resident population excludes the Armed Forces abroad and was estimated to be 209,844,000 in mid-1973.

The slightly smaller civilian population (208,087,000 in mid-1973) is estimated separately because of differences between civilians and the military population in living arrangements, migration, growth rates and socioeconomic characteristics.

*SOURCE: Population Index, Vol. 41, No. 1 (Jan. 75), pp 160-165

Table C.D.I.1 Total, resident, and civilian populations:
 United States, selected years 1940-73
 (estimates as of July 1)

Year	Total population including Armed Forces overseas	Resident population	Civilian population
Number in 1,000's			
1973-----	210,396	209,844	208,087
1972-----	208,842	208,230	206,457
1971-----	207,045	206,212	204,250
1970-----	204,875	203,806	201,718
1960-----	180,671	179,979	178,140
1950-----	152,271	151,868	150,790
1940-----	132,594	132,457	132,129

Source: U.S. Bureau of the Census: Statistical Abstract of the United States, 1974 (95th edition).

The total population of the United States reached an estimated 211,210,000 on January 1, 1974. Between 1970 and 1973, 1,840,000 persons per year, on the average, were added to the population. Most of this increase (80 percent) was due to natural increase (the excess of births over deaths) rather than to the immigration component of population growth. Natural increase has accounted for most of the population growth, although the immigration component has been increasing.

Mainly as a result of record low birth rates and rates of natural increase during the 1970s, the rate of annual population growth fell to 8.9 per 1,000 for 1970-73. This represents a growth rate of about half that observed during the 1950s when the population was increasing at a rate of 17 per 1,000 (1.7 percent) per year.

Table CD.I.2 Average annual (1940-73) and 1974 population change by components: United States, 1940-74
(includes Armed Forces abroad, Alaska, and Hawaii)

Year or period	Population at beginning of period	Components of change during period					
		Annual change ^{1/}	Natural increase ^{2/}	Net civilian immigration	Annual rate of increase	Natural increase	Net civilian immigration
		Numbers in thousands			Rate per 1,000 midyear population		
1974-----	211,210	---	1,233 ^{3/}	---	---	5.9 ^{3/}	---
1970-73-----	203,849	1,840	1,470	374	8.9	7.1	1.8
1965-69-----	193,223	2,125	1,739	419	10.7	8.7	2.1
1960-64-----	179,386	2,767	2,453	346	14.9	13.2	1.9
1955-59-----	164,588	2,960	2,646	316	17.2	15.4	1.8
1950-54-----	151,135	2,690	2,403	285	17.1	15.2	1.8
1945-49-----	139,767	2,274	1,827	231	15.7	14.0	1.6
1940-44-----	132,054	1,543	1,404	114	11.4	10.4	0.8

^{1/} Through 1972, includes admissions and discharges of Armed Forces abroad. Through 1970, includes "error of closure" (the amount necessary to make the components of change add to the net change between censuses).

^{2/} Births minus deaths.

^{3/} Provisional.

Sources: U.S. Bureau of the Census: Statistical Abstract of the United States, 1974 (95th edition).
 U.S. Bureau of the Census: Current Population Report, Series P-25, No. 521.
 National Center for Health Statistics: Annual Summary for the United States, 1974, Monthly Vital Statistics Report, Vol. 23, No. 13.

The geographic regions have been growing at unequal rates in recent years. The South and West accounted for three-fourths of the national net increase of 6,616,000 persons between 1970 and 1973, although these two regions comprise only about half the nation's population. Natural increase (the excess of births over deaths) in the South and West was slightly above the national average, but net migration into these areas accounted for much of their growth. Between 1970 and 1973 their net migration rates averaged a net gain of 7 persons per 1,000 population per year. On the other hand, Northeast and North Central regions grew more slowly than the national average mainly because of net losses of population through migration.

Table CD.I.3 Population, amount of change, and annual average rate of change by region: United States, 1970-73

Region	Population July 1, 1973	Total change 1970 to 1973	Components of Change 1970 to 1973	
			Natural Increase ^{1/}	Net Migration
Numbers in 1,000's				
United States-----	209,851	6,616	4,885	1,731
Northeast-----	49,678	628	779	- 150
North Central-----	57,601	1,024	1,322	- 298
South-----	66,005	3,206	1,779	1,428
West-----	36,567	1,758	1,006	751
Average annual rate of change, 1970-73 per 1,000 population in 1970				
United States-----	---	9.8	7.3	2.6
Northeast-----	---	3.9	4.8	- 1.0
North Central-----	---	5.5	7.1	- 1.6
South-----	---	15.3	8.6	6.9
West-----	---	15.1	8.7	6.6

^{1/} Births minus deaths.

Source: U.S. Bureau of the Census, Current Population Report, Series P-25, No. 520.

The age distribution of the population is sensitive to historical fluctuations in fertility. The recent decline of births is reflected in the drop in the percentage of the pre-school age children (ages under 6) from over 13 percent in 1960 to about 10 percent in 1973. As these children enter school age (6-17) in the near future, the pre-school percentage of the population should continue its decline. The population in the younger adult ages (18-44) has increased slightly and this trend will continue as the large numbers born during the post-World War II "baby boom" continue to inflate this age group, replacing the relatively small numbers born during the 1930's. The increase in the percentage of population ages 65 and over has been very small and restricted to women in recent years.

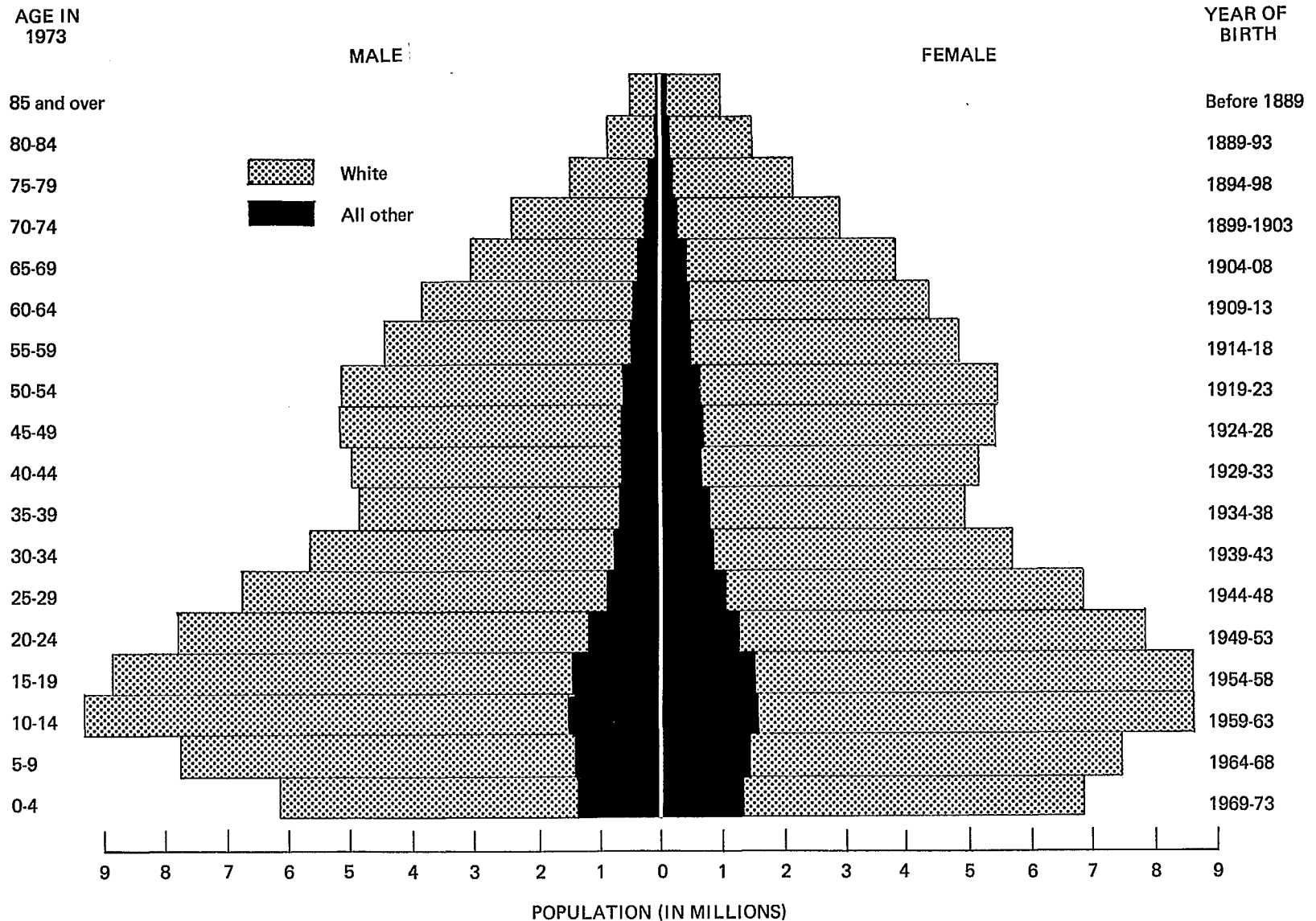
Table CD.I.4 Number and percent distribution of resident population
by age and sex: United States, 1960, 1970, 1973
(Resident population as of July 1)

Sex and age	Year		
	1973	1970	1960
Both sexes, all ages----- (in 1,000's)	209,851	203,810	179,979
	Percent Distribution		
Total-----	100.0	100.0	100.0
0-5 years-----	9.6	10.3	13.5
6-17 years-----	22.9	23.9	22.3
18-44 years-----	36.8	35.4	34.8
45-64 years-----	20.5	20.6	20.1
65 years and over-----	10.2	9.9	9.3
Male, all ages----- (in 1,000's)	102,229	99,203	88,632
	Percent Distribution		
Total-----	100.0	100.0	100.0
0-5 years-----	10.0	10.7	13.9
6-17 years-----	24.0	25.1	23.0
18-44 years-----	37.3	35.5	34.6
45-64 years-----	20.1	20.2	19.9
65 years and over-----	8.6	8.5	8.5
Female, all ages----- (in 1,000's)	107,622	104,607	91,347
	Percent Distribution		
Total-----	100.0	100.0	100.0
0-5 years-----	9.1	9.8	13.1
6-17 years-----	21.9	22.9	21.7
18-44 years-----	36.4	35.2	35.0
45-64 years-----	20.9	20.9	20.3
65 years and over-----	11.6	11.2	10.0

Source: U.S. Bureau of the Census: Current Population Reports, Series P-25, No.519.

The effect of the low birth rate of the thirties, the post-World War II "baby boom," and the recent decline in fertility-- all are clearly visible on the age-sex population pyramid. The shift in the sex ratio at older ages makes the top of the pyramid off-center.

Table CD.I.5 AGE-SEX DISTRIBUTION OF POPULATION BY COLOR: UNITED STATES, JULY 1, 1973



The percentage distributions of the major social variables show a slight majority of females (51.8 percent), a 12.6 percent minority of Negroes and other races, and an income distribution that changes noticeably with age. About half the population is in the middle-income classes until age 65; at ages 65 and over, nearly half (47.8 percent) are in the lowest income class. The geographic distribution of the population is such that the South is the largest, and the West the smallest of the four geographic regions. Nearly 7 out of 10 persons (68.9 percent) live in metropolitan areas, but slightly less than half (3 out of 7) of the metropolitan residents live in Central cities. Of the nonmetropolitan population, only a small minority live on farms.

These percentage distributions of the major social variables used throughout this analysis, specific for broad, functional age groups, are based on household interviews in 1973 of the civilian, noninstitutionalized population for the National Health Interview Survey. For official United States population estimates, see the Bureau of the Census, Current Population Reports, Series P-20, P-25, and P-60.

Table CD.I.6 Number and percent distribution of civilian noninstitutionalized population by selected demographic characteristic according to age: United States, 1973

Demographic Characteristic	Age					
	Total	0-5 Years	6-16 Years	17-44 Years	45-64 Years	65 Years and over
Number (in 1,000's)	205,799	20,391	43,605	79,016	42,534	20,253
	Percent Distribution					
Both sexes-----	100.0	100.0	100.0	100.0	100.0	100.0
Male-----	48.2	51.7	50.6	48.2	47.4	41.4
Female-----	51.8	48.3	49.4	51.8	52.6	58.6
All races-----	100.0	100.0	100.0	100.0	100.0	100.0
White-----	87.4	83.5	84.8	87.3	90.1	91.2
Negro and other-----	12.6	16.5	15.2	12.7	9.9	8.8
Negro-----	11.5	15.0	14.2	11.2	9.1	8.3
Other-----	1.1	1.5	1.0	1.5	0.8	0.5
All family incomes ^{1/} ---	100.0	100.0	100.0	100.0	100.0	100.0
Under \$5,000-----	17.0	14.8	12.3	13.3	14.9	47.8
\$5,000-\$9,999-----	25.1	29.7	23.5	25.5	23.6	25.2
\$10,000-\$14,999-----	24.7	28.7	27.4	27.1	23.1	9.2
\$15,000 and over-----	26.0	19.6	29.5	28.1	29.9	8.7
All regions-----	100.0	100.0	100.0	100.0	100.0	100.0
Northeast-----	23.7	22.7	22.8	23.2	25.2	25.3
North Central-----	27.4	28.0	27.5	27.0	27.3	28.2
South-----	31.6	32.4	32.2	31.8	30.8	30.8
West-----	17.3	16.9	17.6	18.0	16.7	15.7
All places of residence	100.0	100.0	100.0	100.0	100.0	100.0
Metropolitan-----	68.9	68.5	67.9	70.7	68.9	64.1
Central City-----	30.2	30.3	28.0	30.8	30.4	32.0
Not-central City---	38.7	38.2	39.9	39.9	38.6	32.1
Nonmetropolitan-----	31.1	31.5	32.1	29.3	31.1	35.9
Nonfarm-----	27.6	29.0	28.3	26.5	26.2	31.6
Farm-----	3.6	2.6	3.8	2.8	4.9	4.3

^{1/} Total includes unknown family income, which is not shown as a separate category.
 SOURCE: Unpublished data from household interviews from the Health Interview Survey, National Center for Health Statistics. For official population estimates for more general use, see U.S. Bureau of the Census reports on the civilian population of the United States in Current Population Reports, Series P-20, P-25, and P-60.

For the young and elderly combined, the dependency ratio (numbers of younger or older persons per 100 persons in the working ages 18-64) has declined by 10 percent between 1960 and 1973, with the major portion of the decline occurring since 1970. The ratio for the young dependent population (ages under 18) has dropped by 15 percent--from 65 to 57 between 1960 and 1973--largely as a consequence of fertility declines. The old age dependency ratio has shown little change and remains much smaller, only about one-third of that for the younger ages. Actually, the dependency ratio for ages 65 and older has increased slightly for women while decreasing for men. In 1973, the old age dependency ratio of women (20) was one-third larger than that of men (15).

Table CD.I.7 Dependency ratios of population by sex:
 United States, selected years 1960-73
 (Resident population as of July 1)

Sex and Year	Dependency ratios		
	Ages under 18	Ages 65 and over	Total, ages under 18 and ages 65 and over
	Number in age group per 100 population ages 18-64 years		
Both sexes			
1973-----	56.7	17.7	74.4
1970-----	61.1	17.6	78.7
1960-----	65.3	16.9	82.2
Male			
1973-----	59.3	15.0	74.3
1970-----	64.2	15.2	79.4
1960-----	67.8	15.6	83.4
Female			
1973-----	54.2	20.3	74.5
1970-----	58.2	19.9	78.1
1960-----	62.9	18.1	81.0

Source: U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 519.

Between 1960 and 1973, the sex ratio of the population (males per 100 females) dropped from 97 to 95. This decline is nearly totally explained by the pronounced drop in the sex ratio at ages 65 and over from 83 to 70 males per 100 females. At ages 85 and over, the ratio is only 50, meaning that women outnumber men 2:1 at the oldest ages. There has been little change in the sex ratio at birth, where males slightly outnumber females. The impact on the sex ratio of more favorable female survival rates increases with age, so that by young adulthood (ages 18-44) women slightly outnumber men. The imbalance between the numbers of women and men grows larger with increasing age because of the continued lower mortality rates of women. Consequently, women make up a disproportionately large share of the survivors at the older ages, ages when chronic illness and disability levels are highest and when demands for long-term institutionalized care are greatest.

Table CD.I.8 Sex ratio of population by age:
 United States, selected years 1960-73
 (Resident population as of July 1)

Age	Year		
	1973	1970	1960
	Males per 100 females		
All ages-----	95.0	94.8	97.0
0-5 years-----	104.3	103.4	103.4
6-17 years-----	103.9	103.8	103.1
18-44 years-----	97.2	95.6	95.8
45-64 years-----	91.5	91.6	95.6
65 years and over-----	70.3	72.0	82.6
65-74 years-----	77.0	77.7	86.7
75-84 years-----	63.0	65.9	77.4
85 years and over-----	50.2	53.2	63.8

Source: U.S. Bureau of the Census: Current Population Reports, Series P-25, No.519.

Comparison of the age distributions of the white and "all other" populations shows that the white population is the "older" in that it has larger percentages at the oldest ages, smaller percentages at the youngest ages. This is largely due to the lower fertility rates of the white population in comparison with the "all other." A secondary factor is the lower mortality of the white population, which allows more survivors at the older ages.

Table CD.I.9 Number and percent distribution of resident population
by 5-year age groups and color: United States, 1973
(Resident population as of July 1)

Age	Color		
	Total	White	All other
Number (in 1,000's)-----	209,851	183,049	26,802
	Percent Distribution		
All ages-----	100.0	100.0	100.0
0-4 years-----	8.0	7.6	10.2
5-9 years-----	8.6	8.3	10.8
10-14 years-----	9.9	9.7	11.9
15-19 years-----	9.8	9.6	11.2
20-24 years-----	8.6	8.5	9.1
25-29 years-----	7.4	7.4	7.0
30-34 years-----	6.2	6.2	6.1
35-39 years-----	5.3	5.4	5.2
40-44 years-----	5.5	5.5	5.2
45-49 years-----	5.7	5.8	4.9
50-54 years-----	5.6	5.8	4.6
55-59 years-----	4.8	5.0	3.5
60-64 years-----	4.3	4.5	3.3
65-69 years-----	3.6	3.7	2.8
70-74 years-----	2.7	2.8	1.8
75-79 years-----	1.9	2.0	1.1
80-84 years-----	1.2	1.3	0.8
85 years and over-----	0.8	0.8	0.5

Source: U.S. Bureau of the Census: Current Population Reports, Series P-25, No. 519.

The 1970 Census shows that residents of institutions comprise about one percent of the total resident population; therefore, the noninstitutionalized population may generally be taken to represent the total resident populations except at the oldest ages. About 5 percent of the population ages 65 and over and 19 percent of the population ages 85 and over live in institutions. The percentage for women ages 85 and over in institutions is one and one-half times that for men.

Table CD.I.10 Resident population and percent residing in institutions,
by age and sex: United States, 1970
(Population as of April 1)

Age and sex	Resident population	Percent residing in institutions
	Number in 1,000's	
Both sexes, all ages-----	203,235	1.0
0-5 years-----	20,976	0.1
6-17 years-----	48,713	0.5
18-44 years-----	71,738	0.8
45-64 years-----	41,837	0.9
65-74 years-----	12,443	2.1
75-84 years-----	6,122	7.1
85 years and over-----	1,408	19.3
Male, all ages-----	98,926	1.1
0-5 years-----	10,692	0.1
6-17 years-----	24,814	0.6
18-44 years-----	35,047	1.3
45-64 years-----	20,005	1.1
65-74 years-----	5,440	2.1
75-84 years-----	2,437	5.4
85 years and over-----	489	14.3
Female, all ages-----	104,309	1.0
0-5 years-----	10,284	0.1
6-17 years-----	23,899	0.3
18-44 years-----	36,691	0.3
45-64 years-----	21,831	0.7
65-74 years-----	7,002	2.2
75-84 years-----	3,684	8.2
85 years and over-----	919	21.9

Sources: U.S. Bureau of the Census: Current Population Reports, Series P-25, No. 529.

U.S. Bureau of the Census: Census of Population: 1970, Final Report PC(2)-4E, Persons in Institutions and Other Group Quarters (1973).

The expected future trend of total population and its age composition is useful in planning for future health needs of the Nation. Projections assuming replacement level fertility of 2.1 children per woman, a level which would ultimately lead to no population growth due to natural increase, indicate a total population of 262 million in the year 2000, an overall increase of 24 percent. Under this assumption, the increase in the number of children and youth is expected to be relatively small. Growth is greatest in the adult population and the population as a whole is expected to grow older. The median age is projected to increase from 28.6 in 1974 to 31.1 in 1985 and 34.8 in 2000.

One consequence of this projection is a decrease in the total dependency ratio, although a slight increase is projected for the dependency ratio of persons 65 years old and over to the working age population. In view of the large health care needs of the older population, this ratio is especially significant.

Projections based on assumptions of higher or lower fertility lead to different conclusions about the health care needs of the population 25 years from now.

Table CD.I.11 Age components of estimated and projected populations under different assumptions of fertility:
 United States, 1974, 1985, and 2000
 (As of July 1; includes Armed Forces abroad)

Age	1974 Estimate	1985 Projection			2000 Projection		
		Series I (2.7 children) ^{1/}	Series II (2.1 children) ^{1/}	Series III (1.7 children) ^{1/}	Series I (2.7 children) ^{1/}	Series II (2.1 children) ^{1/}	Series III (1.7 children) ^{1/}
Total population----- (in 1,000's)	211,909	241,274	234,068	228,355	287,007	262,494	245,098
		Percent distribution					
All ages-----	100.0	100.0	100.0	100.0	100.0	100.0	100.0
0-4 years-----	7.7	10.0	8.5	7.2	8.6	7.0	5.8
5-17 years-----	24.0	19.8	19.1	18.5	23.2	20.1	17.6
18-44 years-----	37.5	41.0	42.3	43.4	37.2	38.9	40.2
45-64 years-----	20.4	18.2	18.7	19.2	20.4	22.4	23.9
65 years and over-	10.3	11.0	11.4	11.7	10.7	11.7	12.5
Median age-----	28.6	30.1	31.1	31.8	31.4	34.8	37.0
Dependency ratio		Number in age group per 100 population ages 18-64 years					
Under 18 and 65+--	72.5	68.9	63.8	59.9	73.7	63.2	55.9
Under 18 years----	54.8	50.2	45.2	41.2	55.2	44.2	36.5
65 years and over-	17.8	18.7	18.7	18.7	18.5	19.0	19.5

^{1/} Assumed ultimate completed cohort fertility rate per woman.

Source: U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 541.

Under replacement level fertility assumptions, the increase projected for the white population by the year 2000 is 20 percent, the increase projected for "all other" population is 52 percent for all ages and will exceed 70 percent for ages 18 and over. For children and youth, population increases will be relatively small for both color groups because of low fertility under this assumption.

In the white population those under age 18 are expected to be outnumbered by those ages 45 and older. In the "all other" population, the reverse age pattern of children and youth outnumbering adult ages 45 and older is expected to continue but diminish to near equal numbers in the young and old age groups by the year 2000. The implication is that, for both color groups, population growth will create larger increases in needs for health care for the aged than for children and youth.

Table CD.I.12 Age components of estimated and projected population
by color: United States, 1974, 1985, and 2000
(As of July 1; includes Armed Forces abroad)

Age	Year and color					
	1974 Estimate		1985 Projection ^{1/}		2000 Projection ^{1/}	
	White	All Other	White	All Other	White	All Other
Total population--- (in 1,000's)	184,543	27,367	200,548	33,520	220,785	41,710
Percent increase--- from 1974	---	---	8.7	22.5	19.6	52.4
	Percent Distribution					
All ages-----	100.0	100.0	100.0	100.0	100.0	100.0
0-4 years-----	7.4	10.0	8.2	9.7	6.8	7.8
5-17 years-----	23.3	29.2	18.3	24.2	19.6	22.5
18-44 years-----	37.5	37.7	42.2	42.9	38.3	42.4
45-64 years-----	21.1	16.2	19.3	15.4	23.0	19.0
65 years and over	10.8	7.1	12.0	7.7	12.3	8.4
Median age-----	29.4	23.5	31.9	26.4	35.7	30.2

^{1/} Census Bureau Series II projection; assumes ultimate completed cohort fertility of 2.1 children per woman (replacement level).

Sources: U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 529. Unpublished projections by color consistent with data in Current Population Reports, Series P-25, No. 541.

Fertility

The population projections are based on completed fertility of 2.1 children per woman. This very low rate has been used because the data available at this time suggest that fertility rates which have been declining since the mid-fifties will remain low although the precise level is difficult to predict.

The assumption of low fertility is based on the currently low fertility rates, on the number of births young women expect to have, and on the high utilization of contraception including sterilization. Not only do young couples expect to have relatively few children, they are using methods to be certain about it.

Continued low fertility over the immediate future will mean that health care needs of children and youth will decline relative to the rest of the population.

The birth rate and fertility rate have gradually declined since their peak in 1957. These rates reached record low levels in 1973.

White women have maintained consistently lower levels of fertility than women of all other races, but rates for both groups have dropped in recent years.

Table CD.I.13 Live Births, Birth Rates, and Fertility Rates, by Race: United States, selected years 1910-74
 [Birth rates per 1,000 population residing in area for specified group. Fertility rates per 1,000 women
 aged 15-44 years in specified group]

Year	Number				Birth rate ¹				Fertility rate			
	Total	White	All other		Total	White	All other		Total	White	All other	
			Total	Negro			Total	Negro			Total	Negro
REGISTERED BIRTHS²												
1974 (est)-----	3,166,000	---	---	---	15.0	---	---	---	68.4	---	---	---
1973 ³ -----	3,136,965	2,551,030	585,935	512,597	14.9	13.9	21.9	21.5	69.2	65.3	94.3	94.3
1972 ³ -----	3,258,411	2,655,558	602,853	531,329	15.6	14.6	22.9	22.6	73.4	69.2	100.3	100.5
1971 ⁴ -----	3,555,970	2,919,746	636,224	564,960	17.2	16.2	24.7	24.5	81.8	77.5	109.5	110.1
1970 ⁴ -----	3,731,386	3,091,264	640,122	572,362	18.4	17.4	25.1	25.3	87.9	84.1	113.0	115.4
1969 ⁴ -----	3,600,206	2,993,614	606,592	543,132	17.8	16.9	24.4	24.0	86.5	82.4	114.8	113.6
1968 ⁴ -----	3,501,564	2,912,224	589,540	531,152	17.5	16.6	24.2	23.9	85.7	81.5	114.9	114.0
1967 ⁵ -----	3,520,959	2,922,502	598,457	543,976	17.8	16.8	25.0	24.9	87.6	83.1	119.8	119.7
1966 ⁴ -----	3,606,274	2,993,230	613,044	558,244	18.4	17.4	26.1	25.9	91.3	86.4	125.9	125.7
1965 ⁴ -----	3,760,358	3,123,860	636,498	581,126	19.4	18.3	27.6	27.5	96.6	91.4	133.9	133.9
1960 ⁴ -----	4,257,850	3,600,744	657,106	602,264	23.7	22.7	32.1	31.9	118.0	113.2	153.6	153.5
BIRTHS ADJUSTED FOR UNDERREGISTRATION⁶												
1955-----	4,097,000	3,485,000	613,000	---	25.0	23.8	34.5	---	118.3	113.7	154.5	---
1950-----	3,632,000	3,108,000	524,000	---	24.1	23.0	33.3	---	106.2	102.3	137.3	---
1945-----	2,858,000	2,471,000	388,000	---	20.4	19.7	26.5	---	85.9	83.4	106.0	---
1940-----	2,559,000	2,199,000	360,000	---	19.4	18.6	26.7	---	79.9	77.1	102.4	---
1930-----	2,618,000	2,274,000	344,000	---	21.3	20.6	27.5	---	89.2	87.1	105.9	---
1920-----	2,950,000	2,566,000	383,000	---	27.7	26.9	35.0	---	117.9	115.4	137.5	---
1910-----	2,777,000	2,401,000	---	---	30.1	29.2	---	---	126.8	123.8	---	---

¹For 1945, based on population including Armed Forces abroad.

²Beginning 1970, excludes births to nonresidents of the United States.

³Based on 100 percent of births in selected States and on a 50-percent sample of births in all other States.

⁴Based on a 50-percent sample of births.

⁵Based on a 20- to 50-percent sample of births.

⁶Due to rounding to the nearest thousand, figures by race may not add to totals. For 1920 and 1930, figures include adjustments for States not in the registration area; for 1910, figures are estimates based on the number of registered births in the 10 original registration States for the same period. Estimates for 1910-30 were prepared by P.K. Whelpton. See National Office of Vital Statistics, "Births and Birth Rates in the Entire United States, 1909 to 1948," Vital Statistics--Special Report, Vol. 33, No. 8, 1950.

Source: National Center for Health Statistics: Vital Statistics of the United States, 1973, Vol. I, Natality (in press) and Annual Summary for the United States, 1974, Monthly Vital Statistics Report, Vol. 23, No. 13.

Age-specific birth rates have declined with little interruption since 1957 among women in almost every age group. In 1973, the birth rate among women 20-24 years of age was 54 percent below the rate for 1957 and 11 percent below the rate for 1940.

The total fertility rate, which shows the implications of current levels of fertility for completed family size, has declined from a postwar peak of 3,724 births per 1,000 women in 1957 to the record low level of 1,896 in 1973.

Table CD.I.14 Total fertility rates and birth rates, by age of mother: United States, selected years, 1940-73

[Total fertility rates are the sums of birth rates by age of mother multiplied by 5. Birth rates are live births per 1,000 women in specified group, enumerated as of April 1 for 1960 and 1970 and estimated as of July 1 for all other years. Figures for age of mother not stated are distributed.]

Year	Total fertility rate	Age of mother							
		Under 15 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years
1973 ^{1,2}	1,895.6	1.3	59.7	120.7	113.6	56.1	22.0	5.4	0.3
1972 ^{1,2}	2,021.9	1.2	62.0	131.0	118.7	60.2	24.8	6.2	0.4
1971 ^{1,3}	2,274.6	1.1	64.7	150.6	134.8	67.6	28.7	7.1	0.4
1970 ^{1,3}	2,480.0	1.2	68.3	167.8	145.1	73.3	31.7	8.1	0.5
1969 ³	2,465.0	1.0	66.1	166.0	143.0	74.1	33.4	8.8	0.5
1968 ³	2,476.8	1.0	66.1	167.4	140.3	74.9	35.6	9.6	0.6
1967 ⁴	2,572.6	0.9	67.9	174.0	142.6	79.3	38.5	10.6	0.7
1966 ³	2,736.1	0.9	70.6	185.9	149.4	85.9	42.2	11.7	0.7
1965 ³	2,928.0	0.8	70.4	196.8	162.5	95.0	46.4	12.8	0.8
1960 ³	3,653.6	0.8	89.1	258.1	197.4	112.7	56.2	15.5	0.9
1955	3,573.7	0.9	90.5	242.0	190.5	116.2	58.7	16.1	1.0
1950	3,090.5	1.0	81.6	196.6	166.1	103.7	52.9	15.1	1.2
1945	2,491.2	0.8	51.1	138.9	132.2	100.2	56.9	16.6	1.6
1940	2,301.3	0.7	54.1	135.6	122.8	83.4	46.3	15.6	1.9

¹Excludes births to nonresidents of the United States.

²Based on 100 percent of births in selected States and on a 50-percent sample of births in all other States.

³Based on a 50-percent sample of births.

⁴Based on a 20- to 50- percent sample of births.

Source: National Center for Health Statistics: Vital Statistics of the United States, 1973, Vol. I, Natality (in press).

During 1973 birth rates were generally lowest in the New England and Middle Atlantic Divisions and highest in the Mountain Division. There was, however, considerable variation among States within most Divisions —in the Pacific Division, for example, rates ranged from 13.9 to 20.0 births per 1,000 population.

Table CD.I.15 Birth rates by geographic division and State: United States, 1970

[By place of residence. Based on 100 percent of births in selected States and on 50-percent sample of births in all other States. Rates per 1,000 estimated midyear population in each area]

Division and State	Birth rate	Division and State	Birth rate
United States-----	14.9	South Atlantic-Con.	
New England-----	12.8	Virginia-----	15.0
Maine-----	15.2	West Virginia-----	15.4
New Hampshire-----	14.6	North Carolina-----	16.3
Vermont-----	14.6	South Carolina-----	18.0
Massachusetts-----	12.4	Georgia-----	17.8
Rhode Island-----	12.6	Florida-----	14.0
Connecticut-----	12.2	East South Central-----	16.7
Middle Atlantic-----	13.0	Kentucky-----	16.0
New York-----	13.1	Tennessee-----	15.6
New Jersey-----	13.0	Alabama-----	16.8
Pennsylvania-----	12.9	Mississippi-----	19.5
East North Central-----	15.1	West South Central-----	17.3
Ohio-----	15.0	Arkansas-----	16.5
Indiana-----	15.8	Louisiana-----	17.6
Illinois-----	15.1	Oklahoma-----	15.3
Michigan-----	15.6	Texas-----	17.8
Wisconsin-----	13.7	Mountain-----	18.1
West North Central-----	14.2	Montana-----	15.8
Minnesota-----	13.8	Idaho-----	18.9
Iowa-----	13.4	Wyoming-----	17.2
Missouri-----	14.5	Colorado-----	15.8
North Dakota-----	15.2	New Mexico-----	18.8
South Dakota-----	15.6	Arizona-----	18.4
Nebraska-----	14.8	Utah-----	24.2
Kansas-----	14.1	Nevada-----	15.7
South Atlantic-----	15.4	Pacific-----	14.5
Delaware-----	14.3	Washington-----	13.9
Maryland-----	13.2	Oregon-----	13.9
District of Columbia-----	14.5	California-----	14.5
		Alaska-----	20.0
		Hawaii-----	18.5

Source: National Center for Health Statistics: Vital Statistics of the United States, 1973, Vol. I., Natality, (in press).

Young wives ages 18-24 expect to complete their childbearing with an average of 2.1 children in contrast to wives ages 35-39 who have an average of 3.1 children each.

The expected completed family size is lower for very young women than for older ones for each level of education but the decrease is greatest for those women who have not finished high school. If these birth expectations are realized, differentials in fertility by level of education will virtually disappear.

Table CD.I.16 Births to date, addition births expected, and lifetime births expected per 1,000 wives 18-39 years old, by age, years of school completed, and residence: United States, June 1974 (Civilian noninstitutional population. Wives reporting on birth expectations)

Demographic characteristics	Births to date	Additional births expected		Expected lifetime births	Percent of expected lifetime fertility already completed
		In 5 years	In all future years		
AGES 18-24 YEARS					
Years of School Completed					
Not a high school graduate-----	1,389	704	932	2,321	59.8
High school, 4 years-----	836	949	1,288	2,124	39.4
College, 1 year or more-----	370	1,181	1,742	2,112	17.5
Residence					
Metropolitan-----	787	965	1,362	2,148	36.6
Nonmetropolitan-----	955	922	1,241	2,196	43.5
Nonfarm-----	843	946	1,309	2,152	39.2
Farm-----	1,000	1,061	1,585	2,585	38.7
AGES 25-29 YEARS					
Years of School Completed					
Not a high school graduate-----	2,544	269	316	2,860	89.0
High school, 4 years-----	1,748	450	517	2,265	77.2
College, 1 year or more-----	1,194	836	984	2,178	54.8
Residence					
Metropolitan-----	1,599	596	699	2,298	69.6
Nonmetropolitan-----	1,893	456	524	2,417	78.3
Nonfarm-----	1,681	556	648	2,329	72.2
Farm-----	2,051	449	515	2,566	79.9
AGES 30-34 YEARS					
Years of School Completed					
Not a high school graduate-----	3,308	106	122	3,430	96.4
High school, 4 years-----	2,506	134	144	2,650	94.6
College, 1 year or more-----	1,983	279	313	2,296	86.4
Residence					
Metropolitan-----	2,474	187	203	2,677	92.4
Nonmetropolitan-----	2,687	122	144	2,831	94.9
Nonfarm-----	2,525	170	188	2,713	93.1
Farm-----	3,023	62	85	3,108	97.3
AGES 35-39 YEARS					
Years of School Completed					
Not a high school graduate-----	3,733	31	39	3,772	99.0
High school, 4 years-----	2,968	21	22	2,990	99.3
College, 1 year or more-----	2,560	24	26	2,586	99.0
Residence					
Metropolitan-----	2,987	28	31	3,018	99.0
Nonmetropolitan-----	3,221	18	19	3,240	99.4
Nonfarm-----	3,043	25	27	3,070	99.1
Farm-----	3,418	19	19	3,437	99.4

Source: U.S. Bureau of the Census: Prospects for American Fertility: June 1974 (Advance data from the June 1974 Current Population Survey). Current Population Reports, Series P-20, No. 269.

Among currently married couples where the wife is in the child-bearing ages, 15 percent of the wives and 8 percent of the husbands have had a sterilizing operation effectively preventing all future pregnancies. Sterilization is rare where the wife is under age 25 but by the time the wife is 35-44 years of age over a third of the couples have chosen this form of contraception.

Table CD.I.17
 Number of Currently Married Couples and Percentage Where Husband or Wife has had a Sterilizing Operation, by Wife's Age and Race: United States, 1973

Age and Race of Wife	Number of Currently Married Couples	Percentage with Sterilizing Operation		
		Total	Wife	Husband
	(in 1,000's)			
Age-----	25,763	22.7	14.7	8.1
15-24 years---	5,644	3.9	*	*
25-34 years---	10,905	20.1	11.6	8.5
35-44 years---	9,213	37.4	25.7	11.7
Race				
White-----	23,258	23.0	14.3	8.7
Negro-----	2,195	19.9	18.8	*
All other-----	210	*	*	*

Source: National Center for Health Statistics: Unpublished data from the National Survey of Family Growth.

Nearly 8 percent of the women having live legitimate births in 1972 also had an operation performed which would prevent future pregnancies, i.e., a postpartum sterilization.

Table CD.I.18

Number of mothers and percent distribution of mothers by whether or not postpartum sterilization was performed according to selected demographic characteristics:
Legitimate Live Births, United States, 1972

Demographic characteristic	Number of mothers (In 1000's)	POSTPARTUM STERILIZATION ^{1/} ("Was operation performed which will prevent future pregnancies?")			NONHOSPITAL BIRTHS
		TOTAL	YES	NO	
TOTAL	2,839	100.0	7.8	91.5	0.7
SEX OF INFANT ^{2/}			Percent distribution		
MALE	1,465	100.0	8.1	91.3	0.6
FEMALE	1,375	100.0	7.4	91.7	0.9
COLOR OF MOTHER ^{2/}					
WHITE	2,504	100.0	7.6	91.8	0.6
ALL OTHER	335	100.0	8.6	89.4	2.0
REGION ^{2/}					
NORTHEAST	605	100.0	7.2	92.3	0.4
NORTH CENTRAL	777	100.0	7.6	92.2	0.2
SOUTH	953	100.0	8.4	90.2	1.4
WEST	504	100.0	7.4	91.9	0.7
RESIDENCE ^{2/}					
METROPOLITAN	1,886	100.0	7.9	91.6	0.6
NONMETROPOLITAN	954	100.0	7.6	91.4	1.0
FAMILY INCOME ^{3/}					
UNDER \$5000	475	100.0	6.8	91.5	1.7
\$5000 - \$9,999	1,054	100.0	8.2	91.2	0.7
\$10000-\$14,999	821	100.0	7.8	91.9	0.4
\$15,000 and OVER	489	100.0	7.9	91.6	0.5

^{1/} Information from questionnaires mailed to hospital where infant was born and/or physician who attended the birth.

^{2/} Information from certificate of live birth.

^{3/} Information from questionnaire mailed to mother.

Source: National Center for Health Statistics: Unpublished data from the 1972 National Natality Survey.

In late 1973, about two-thirds of the married women ages 15-44 reported that they or their husbands were using some form of contraception; about half of these were using methods requiring medical consultation. Among the one-third who were not using contraception, many were either pregnant, trying to become pregnant, or unable to have a child.

Table CD.I.19 Contraceptive status of currently married women 15 to 44 years old by age and race: United States, 1973^{1/}

Contraceptive use Method	All races				White				Black			
	All ages 15-44	15-24	25-34	35-44	All ages 15-44	15-24	25-34	35-44	All ages 15-44	15-24	25-34	35-44
Number of wives in thousands ^{2/} ---	25,763	5,644	10,905	9,213	23,250	4,990	9,918	8,343	2,193	611	847	736
Percent-----	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Not using contraception ^{3/} -----	31.2	32.2	28.0	24.4	30.2	31.8	27.1	33.0	40.4	34.8	37.5	48.2
Using contraception-----	68.8	67.8	72.0	75.6	69.8	68.2	72.9	67.0	59.6	65.2	62.5	52.8
Wife sterilized-----	8.5	2.4	8.3	12.4	8.0	2.2	8.2	11.4	13.2	4.0	10.6	23.8
Husband sterilized-----	7.8	1.4	8.1	11.4	8.5	1.6	8.7	12.4	1.0	0.1	1.8	0.8
Pill-----	24.7	44.4	25.3	11.7	24.5	44.0	25.3	11.9	26.7	48.0	27.0	8.6
IUD-----	6.6	7.1	8.8	3.6	6.5	7.1	8.7	3.6	7.7	7.7	10.8	4.0
Diaphragm-----	2.3	1.0	2.2	3.3	2.5	1.2	2.3	3.5	1.0	0.1	1.4	1.3
Condom-----	9.3	5.5	9.6	11.2	9.9	6.1	10.0	12.0	3.2	1.5	3.1	4.7
Foam-----	3.4	2.6	4.3	2.9	3.5	2.7	4.5	2.8	3.0	1.6	4.2	2.8
Withdrawal-----	1.5	0.7	1.3	2.1	1.6	0.8	1.4	2.3	0.4	0.2	0.2	0.9
Rhythm-----	2.8	1.3	2.3	4.2	2.9	1.3	2.3	4.5	0.7	1.0	0.6	0.6
Douche-----	0.6	0.2	0.5	0.9	0.5	0.1	0.4	0.8	1.8	1.0	2.0	2.2
Other methods-----	1.3	1.0	1.1	1.7	1.3	1.1	1.2	1.7	0.9	0.0	0.8	1.9

^{1/} Status at time of interview, with September 15 as the midpoint of interviewing.

^{2/} All data are subject to sampling variability as well as changes involved in final processing.

^{3/} Not using contraception includes women pregnant, post partum, trying to get pregnant, and sterile for non-contraceptive reasons as well as other women using no method of contraception.

SOURCE: National Center for Health Statistics: Unpublished preliminary data from the National Survey of Family Growth, 1973-74.

In 1973 there were over 600,000 legal abortions reported to the Center for Disease Control. The vast majority (83 percent) were performed by the end of the 12th week of gestation when abortion is safest.

There were only 24 maternal deaths reported as resulting from these abortions, half of which were from the relatively rare abortions performed at 16--20 weeks of gestation.

Table CD.I.20

Number of reported legal abortions and maternal deaths and death rate per 100,000 abortions by period of gestation and method of abortion: United States, 1973

Period of gestation and method of abortion	Number of abortions	Number of maternal deaths	Maternal death rate per 100,000 abortions
<u>Period of gestation^{1/}</u>			
Total -----	615,831	24	3.9
Under 8 weeks -----	222,100	0	.0.0
9-10 weeks -----	181,326	3	1.7
11-12 weeks -----	110,178	4	3.6
13-15 weeks -----	42,604	4	9.4
16-20 weeks -----	49,193	12	24.4
21 weeks and over -----	10,430	1	9.6
<u>Method of abortion^{2/}</u>			
Total -----	615,831	24	3.9
Curettage -----	544,402	6	1.1
Suction -----	461,369	6	1.3
Sharp -----	83,033	0	0.0
Amniotic fluid exchange -----	63,852	14	21.9
Hysterotomy/hysterectomy -----	4,117	3	72.9
Other -----	3,460	1	28.9

^{1/} Based on distribution of 454,701 abortions (73.8 percent of total) in which gestation period was known.

^{2/} Based on distribution of 457,179 abortions (74.2 percent of total) in which the method was known.

SOURCE: Center for Disease Control: Abortion Surveillance, Annual Summary 1973. DHEW Publication No. (CDC) 75-8276

The majority of all legal abortions (61 percent) were for women ages 15-24, the ages when the risk of bearing an illegitimate or premaritally conceived child is greatest.

Over two-thirds (68 percent) were for women who were not married at the time either because they had never married or were separated, divorced, or widowed.

Table CD.I.21

Reported legal abortions by region of residence, age, marital status: Selected States, 1973

Region, Age Marital Status	Number of abortions	Percent distribution
REGION OF RESIDENCE		
Total -----	615,831	100.0
Northeast-----	202,441	32.9
North Central-----	67,560	11.0
South-----	115,300	18.7
West-----	165,344	26.8
Place of residence unknown-----	65,186	10.6
AGE		
Total from age-reporting States ¹ -----	489,735	100.0
Under 15 years-----	7,329	1.5
15-19 years-----	147,112	30.0
20-24 years-----	151,060	30.8
25-29 years-----	83,618	17.1
30-34 years-----	46,925	9.6
35-39 years-----	25,930	5.3
40 years and over-----	10,414	2.1
Age unknown-----	17,347	3.5
MARITAL STATUS		
Total from marital status-reporting States ² -----	339,980	100.0
Married-----	87,056	25.6
Unmarried ³ -----	230,717	67.9
Marital status unknown-----	22,207	6.5

1 Reported for all States with age data available, representing nearly 80 percent of the total number of abortions reported.

2 Reported for all States with marital status data available.

3 Includes widowed, separated, divorced, and never married.

Source: Center for Disease Control: Abortion Surveillance: 1973, issued May 1975.

DHEW Publication No. (CDC) 75-8205.

Mortality

The oldest and in many ways the most reliable measure of the health status of a population is counting the number of deaths. Death is an either-or proposition and much easier to ascertain than morbidity or illness.

Because mortality is relatively easy to define and in industrialized countries such as the United States virtually every death is officially registered, mortality data are extremely useful for comparing different countries, States, or other populations. Mortality data are used in this report for that purpose. The entire United States has been included in the Death Registration Area since 1933 and so the data are also useful for measuring trends over time.

One great disadvantage of mortality statistics is that they do not give a good indication of the amount of morbidity or disability in the living population and so must be supplemented with other data. Some conditions which kill cause relatively little disability before death while other conditions which seldom cause death (such as arthritis) are responsible for a great deal of disability. Both kinds of data are needed to obtain the total health picture.

The United States ranks seventh for female and nineteenth for male life expectancy at birth among the 35 sovereign countries with the highest life expectancy and with population of at least one million.

Even among these nations there is wide variation of over 10 years for females and over seven for males.

Table CD.I.22a

Life expectancy at birth for females: selected countries

(Selected countries, ranked according to expected years of life for most recent period available)

Rank	Country	Data Period	Life Expectancy
1	Sweden	1972	77.41
2	Norway	1966-70	76.83
3	Netherlands	1972	76.8
4	France	1971	76.1
5	Japan	1972	75.92
6	Denmark	1970-71	75.9
7	UNITED STATES	1972	75.2
8	Canada	1965-67	75.18
9	Switzerland	1960-70	75.03
10	Germany, Democratic Republic of	1969-70	74.19
11	Australia	1960-62	74.18
12	Austria	1972	74.1
13	USSR	1970-71	74
14	United Kingdom	1968-70	73.81
15	Poland	1970-72	73.76
16	New Zealand	1960-62	73.75
17	Finland	1966-70	73.57
18	Belgium	1959-63	73.51
19	Germany, Federal Republic of	1968-70	73.44
20	Italy	1964-67	73.36
21	Czechoslovakia	1970	72.94
22	Ireland	1965-67	72.85
23	Israel	1972	72.83
24	Bulgaria	1965-67	72.67
25	Hungary	1970	72.05
26	Spain	1960	71.90
27	Uruguay	1963-64	71.56
28	Portugal	1970	71.02
29	Romania	1970-72	70.85
30	Greece	1960-62	70.70
31	Argentina	1965-70	70.22
32	Yugoslavia	1970-71	70.14
33	Singapore	1970	70.0
34	Albania	1965-66	67.0
35	Sri Lanka	1967	66.9

NOTE: This table is limited to sovereign countries with estimated populations of 1 million or more, with life expectancy based on 1960 or more recent data for the female population. The table is further limited to the 35 countries with the highest life expectancy shown in the Demographic Yearbook of the United Nations, 1973.

SOURCE: National Center for Health Statistics.

Table CD.I.22b
Life expectancy at birth for males: selected countries

(Selected countries, ranked according to expected years of life for the most recent period available)

Rank	Country	Data Period	Life Expectancy
1	Sweden-----	1972	71.97
2	Norway-----	1966-70	71.09
3	Netherlands-----	1972	70.8
4	Denmark-----	1970-71	70.7
5	Japan-----	1972	70.49
6	Israel-----	1972	70.14
7	Switzerland-----	1960-70	69.21
8	Germany, Democratic Republic of-----	1969-70	68.85
9	Bulgaria-----	1965-67	68.81
10	Canada-----	1965-67	68.75
11	Ireland-----	1965-67	68.58
12	France-----	1971	68.5
13	New Zealand-----	1960-62	68.44
14	Australia-----	1960-62	67.92
15	Italy-----	1964-67	67.87
16	United Kingdom-----	1968-70	67.81
17	Belgium-----	1959-63	67.75
18	Greece-----	1960-62	67.46
19	UNITED STATES-----	1972	67.4
20	Spain-----	1960	67.32
21	Germany, Federal Republic of-----	1968-70	67.24
22	Poland-----	1970-72	66.83
23	Austria-----	1972	66.8
24	Hungary-----	1970	66.28
25	Romania-----	1970-72	66.27
26	Czechoslovakia-----	1970	66.23
27	Finland-----	1966-70	65.88
28	Uruguay-----	1963-64	65.51
29	Portugal-----	1970	65.30
29	Yugoslavia-----	1970-71	65.30
31	Singapore-----	1970	65.1
32	USSR-----	1970-71	65
33	Albania-----	1965-66	64.9
34	Sri Lanka-----	1967	64.8
35	Argentina-----	1965-70	64.06

NOTE: This table is limited to sovereign countries with estimated populations of 1 million or more, with life expectancy based on 1960 or more recent data for the male population. The table is further limited to the 35 countries with the highest life expectancy shown in the Demographic Yearbook of the United Nations, 1973.

SOURCE: National Center for Health Statistics.

There is also wide variation in average lifetime among the 50 States and the District of Columbia.

Hawaii leads the States and the District of Columbia is last in the average lifetime of the total population. Hawaii is the only State in which the average lifetime of males exceeds 70 years.

For the white population there is less variation among the States than there is for the all other population where the variation among the States is due at least in part to the differing racial composition within this group.

Table CD.I.23
AVERAGE LIFETIME IN YEARS BY COLOR AND SEX: UNITED STATES AND EACH STATE IN RANK ORDER, 1969-71

(States are ranked according to the average lifetime for the total population)

Rank	Area	Total			White			All other		
		Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
1	Hawaii-----	73.60	71.02	76.79	(1)	(1)	(1)	73.67	71.08	76.93
2	Minnesota-----	72.96	69.38	76.80	73.04	69.46	76.87	(1)	(1)	(1)
3	Utah-----	72.90	69.49	76.55	72.95	69.54	76.60	(1)	(1)	(1)
4	North Dakota-----	72.79	69.23	77.01	73.09	69.55	77.28	(1)	(1)	(1)
5	Nebraska-----	72.60	68.85	76.61	72.89	69.12	76.92	(1)	(1)	(1)
6	Kansas-----	72.58	68.83	76.54	72.87	69.11	76.84	(1)	(1)	(1)
7	Iowa-----	72.56	68.83	76.50	72.64	68.91	76.57	(1)	(1)	(1)
8	Connecticut-----	72.48	69.04	75.94	72.88	69.45	76.33	67.17	63.68	70.57
8	Wisconsin-----	72.48	69.15	76.04	72.64	69.32	76.20	(1)	(1)	(1)
10	Oregon-----	72.13	68.43	76.20	72.20	68.51	76.25	(1)	(1)	(1)
11	South Dakota-----	72.08	68.49	76.19	72.96	69.41	77.03	(1)	(1)	(1)
12	Colorado-----	72.06	68.40	75.43	72.18	68.53	76.04	(1)	(1)	(1)
13	Rhode Island-----	71.90	68.31	75.48	72.07	68.50	75.62	(1)	(1)	(1)
14	Idaho-----	71.87	68.20	76.10	71.99	68.31	76.22	(1)	(1)	(1)
15	Massachusetts-----	71.83	68.12	75.45	72.01	68.33	75.58	67.73	63.22	72.32
16	Washington-----	71.72	68.07	75.78	71.95	68.29	75.99	(1)	(1)	(1)
17	California-----	71.71	68.19	75.37	71.95	68.41	75.60	70.10	66.81	73.73
18	Vermont-----	71.64	67.76	75.77	71.62	67.75	75.75	(1)	(1)	(1)
19	Oklahoma-----	71.42	67.40	75.70	71.85	67.83	76.15	67.82	63.47	72.25
20	New Hampshire-----	71.23	67.48	75.19	71.21	67.46	75.17	(1)	(1)	(1)
21	Maine-----	70.93	67.24	74.85	70.93	67.25	74.83	(1)	(1)	(1)
21	New Jersey-----	70.93	67.52	74.38	71.84	68.56	75.16	64.44	60.09	68.82
23	Texas-----	70.90	67.05	74.99	71.74	67.85	75.88	65.51	61.71	69.47
24	Indiana-----	70.88	67.23	74.72	71.32	67.65	75.18	65.37	61.89	68.98
25	Ohio-----	70.82	67.25	74.55	71.44	67.90	75.11	65.34	61.34	69.52
	UNITED STATES-----	70.75	67.04	74.64	71.62	67.94	75.49	64.95	60.98	69.05
26	Missouri-----	70.69	66.88	74.66	71.57	67.79	75.50	63.88	59.55	68.21
27	Arkansas-----	70.66	66.68	74.97	71.71	67.58	76.26	65.88	62.01	69.67
27	Florida-----	70.66	66.61	74.96	72.16	68.15	76.41	62.94	58.89	67.25
29	Michigan-----	70.63	67.09	74.48	71.47	67.99	75.24	64.97	60.95	69.28
30	Montana-----	70.56	66.73	75.08	71.01	67.16	75.56	(1)	(1)	(1)
31	Arizona-----	70.55	66.57	75.04	71.30	67.46	75.59	(1)	(1)	(1)
31	New York-----	70.55	66.95	74.15	71.48	68.04	74.94	65.10	60.39	69.67
33	Pennsylvania-----	70.43	66.90	74.06	71.16	67.71	74.69	63.80	59.42	68.25
34	New Mexico-----	70.32	66.51	74.51	71.00	67.29	75.07	(1)	(1)	(1)
35	Wyoming-----	70.29	66.19	75.19	70.47	66.34	75.40	(1)	(1)	(1)
36	Maryland-----	70.22	66.47	74.17	71.55	67.83	75.42	64.59	60.67	68.81
37	Illinois-----	70.14	66.48	73.96	71.23	67.66	74.95	63.69	59.46	68.03
38	Tennessee-----	70.11	66.15	74.26	71.22	67.07	75.61	64.52	61.09	67.86
39	Kentucky-----	70.10	66.22	74.31	70.66	66.74	74.91	63.58	59.81	67.57
40	Virginia-----	70.08	66.26	74.17	71.61	67.72	75.72	64.09	60.36	68.19
41	Delaware-----	70.06	66.29	74.07	71.42	67.66	75.37	(1)	(1)	(1)
42	West Virginia-----	69.48	65.56	73.74	69.78	65.84	74.04	(1)	(1)	(1)
43	Alaska-----	69.31	66.05	74.03	(1)	(1)	(1)	(1)	(1)	(1)
44	North Carolina-----	69.21	64.94	73.78	71.08	66.76	75.71	63.20	58.82	67.80
45	Alabama-----	69.05	64.90	73.41	70.93	66.56	75.64	63.93	59.86	67.83
46	Nevada-----	69.03	65.60	73.32	69.43	66.02	73.73	(1)	(1)	(1)
47	Louisiana-----	68.76	64.85	72.88	70.70	66.55	75.17	64.40	60.65	68.05
48	Georgia-----	68.54	64.27	73.01	70.62	66.18	75.38	62.89	58.59	67.10
49	Mississippi-----	68.09	64.06	72.40	70.50	66.14	75.32	64.03	60.17	67.78
50	South Carolina-----	67.96	63.85	72.29	70.32	66.11	74.82	62.64	58.33	67.01
51	District of Columbia--	65.71	60.92	70.52	70.64	66.08	74.76	63.55	58.96	68.34

¹Not computed because fewer than 1,600 female or male deaths of this color were registered in the 3-year period 1969-71.

SOURCE: National Center for Health Statistics: U.S. Decennial Life Tables, 1969-71, Vol. II. DHEW Pub. No. (HRA)75-1151 (In press).

Life expectancy at birth has begun again to increase at an appreciable rate after a period of only negligible change.

Life expectancy for females at birth is approximately eight years longer than for males. Life expectancy for the white population is between five and six years longer than for others but the gap has been narrowing in recent years.

Table CD.I.24

Selected life table values, by color and sex: United States death-registration areas,^{1/} selected years 1900-74

Life table value and year	Total	White		All other	
		Male	Female	Male	Female
Life expectancy at birth:					
1974 (est)-----	72.0	68.9	76.7	62.9	71.3
1973 -----	71.3	68.4	76.1	61.9	70.1
1972 -----	71.1	68.3	75.9	61.5	69.9
1970 -----	70.9	68.0	75.6	61.3	69.4
1960 -----	69.7	67.4	74.1	61.1	66.3
1900 -----	47.3	46.6	48.7	32.5	33.5
at age 20:					
1973 -----	53.4	50.5	57.7	44.9	52.6
1900-1902 -----	42.8	42.2	43.8	35.1	36.9
Percent reaching age 65:					
1973 -----	72.9	67.5	82.2	51.0	68.1
1900-1902 -----	40.9	39.2	43.8	19.0	22.0

SOURCE: National Center for Health Statistics, Vital Statistics of the United States, Vol. II, Mortality. Selected years.

^{1/} Increased from 10 States and the District of Columbia in 1900 to the entire coterminous United States in 1933.

At any given age the average number of years of life remaining is greatest for white females. By age 65 the gap between white and minority people of the same sex is a year or less, but the average years of life remaining is still about 3-4 years more for females than for males in the same color group.

Table CD.I.25

Average number of years of life remaining at specified age by color and sex:
United States, 1973

Life expectancy at	Total	White		All other	
		Male	Female	Male	Female
Birth -----	71.3	68.4	76.1	61.9	70.9
Age 25 -----	48.8	46.0	52.8	40.8	47.9
Age 45 -----	30.5	27.8	33.9	24.9	30.3
Age 65 -----	15.3	13.2	17.3	13.1	16.2

SOURCE: National Center for Health Statistics: Vital Statistics of the United States, 1973, Vol. II, Mortality, Part A, Section 5.

The age-adjusted death rates declined dramatically during the first half of the century but very slowly for the past 20 years. The greatest decrease has been for minority people, especially females. By the mid-fifties the rates for minority females equaled those for white males and have been lower ever since. White females have the lowest rates of all.

Table CD.I.26

Age-adjusted death rates by color and sex: Death-registration States, selected years 1900-1930, and United States selected years 1940-73

(Computed by the direct method, using as the standard population the age distribution of the total population of the United States as enumerated in 1940.)

Area and year	Total			White			All other		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
Rates per 1,000 population									
UNITED STATES									
1973 -----	6.9	9.1	5.1	6.6	8.7	4.8	9.5	12.1	7.4
1972 -----	7.0	9.2	5.2	6.7	8.8	4.9	9.7	12.3	7.5
1971 -----	7.0	9.2	5.2	6.7	8.8	4.9	9.6	12.1	7.5
1970 ¹ -----	7.1	9.3	5.3	6.8	8.9	5.0	9.8	12.3	7.7
1969 -----	7.3	9.5	5.5	6.9	9.0	5.2	10.5	13.0	8.3
1968 -----	7.5	9.6	5.6	7.1	9.2	5.3	10.8	13.3	8.6
1967 -----	7.3	9.4	5.5	6.9	9.0	5.2	10.2	12.4	8.2
1966 -----	7.5	9.5	5.7	7.1	9.2	5.3	10.5	12.7	8.6
1965 -----	7.4	9.4	5.7	7.1	9.1	5.3	10.3	12.4	8.5
1960 -----	7.6	9.5	5.9	7.3	9.2	5.6	10.5	12.1	8.9
1955 -----	7.7	9.3	6.1	7.4	9.1	5.7	10.4	11.9	9.1
1950 -----	8.4	10.0	6.9	8.0	9.6	6.5	12.3	13.6	10.9
1945 -----	9.5	11.1	8.0	9.1	10.7	7.5	13.1	14.5	11.9
1940 -----	10.8	12.1	9.4	10.2	11.6	8.8	16.3	17.6	15.0
DEATH-REGISTRATION STATES ²									
1930 -----	12.5	13.5	11.3	11.7	12.8	10.6	20.1	21.0	19.2
1920 -----	14.2	14.7	13.8	13.7	14.2	13.1	20.6	20.4	21.0
1910 -----	15.8	16.9	14.6	15.6	16.7	14.4	24.1	24.8	23.2
1900 -----	17.8	18.6	17.0	17.6	18.4	16.8	27.8	28.7	27.1

¹Excludes deaths of nonresidents of the United States.

²Increased in number from 10 States and the District of Columbia in 1900 to the entire coterminous United States in 1933.

SOURCE: National Center for Health Statistics: Vital Statistics of the United States, 1973, Vol. II, Mortality, Part A. (In press.)

Death rates, even after age adjustment, vary among the nine geographic regions of the United States. The East South Central division has the highest rates; the Pacific division has the lowest which is consistent with the life table values for the States.

Table CD.I.27

Age-adjusted death rates by geographic divisions: United States, 1973

Geographic divisions	Death rates per 100,000 population
New England -----	911.0
Middle Atlantic -----	947.9
East North Central -----	964.4
West North Central -----	896.8
South Atlantic -----	960.2
East South Central -----	1,005.0
West South Central -----	948.7
Mountain -----	887.5
Pacific -----	882.7

SOURCE: National Center for Health Statistics: Unpublished data from the Division of Vital Statistics.

Death rates are lower for adults who have attended college than for those who have not gone beyond elementary school even when the rates are adjusted to take the differences in age distribution into account. Within any of the three educational classes, the age-adjusted rates for males are still higher than those for females.

Table CD.I.28

Age-adjusted death rates for persons ages 25 years and over, according to level of education, by sex and color: United States, 1962-63

Sex and color	Education		
	Elementary or none	Any high school	Any college
	Rate per 1,000 persons ages 25 and over		
Total-----	18.3	13.9	13.6
Sex			
Male-----	22.4	17.0	15.8
Female-----	14.4	11.6	11.5
Color			
White-----	17.4	13.9	13.4
All other-----	22.7	13.6	*

SOURCE: National Center for Health Statistics: Socioeconomic Characteristics of Deceased Persons, United States, 1962-63 Deaths. Vital and Health Statistics. PHS Pub. No. 1000 - Series 22, No. 9.

In general, residents of suburban metropolitan counties have lower death rates than residents of metropolitan counties with central cities or residents of nonmetropolitan counties. Death rates in the latter two areas are about the same for the white population, but rates in nonmetropolitan counties are higher for the rest of the population.

7.512
7.512
7.512
7.512

7.512
7.512
7.512
7.512

7.512
7.512
7.512
7.512

7.512

Table CD.I.29

Age-adjusted death rates by color and sex according to metropolitan counties with and without central cities and nonmetropolitan counties: United States, 1969-71

Race and metropolitan-nonmetropolitan residence	Total	Sex	
		Male	Female
United States -----	710.8	931.2	527.7
Met. counties with central cities-----	724.6	953.0	541.4
Met. counties without central cities-----	659.6	856.0	498.0
Nonmet. counties -----	713.8	934.9	519.7
<u>White</u>			
United States -----	674.7	891.4	495.7
Met. counties with central cities-----	679.9	902.7	503.4
Met. counties without central cities-----	645.4	841.0	485.3
Nonmet. counties -----	682.6	902.5	489.8
<u>All Other</u>			
United States -----	996.5	1,251.0	780.0
Met. counties with central cities-----	997.6	1,261.0	777.3
Met. counties without central cities-----	904.6	1,123.7	713.6
Nonmet. counties -----	1,023.2	1,267.7	808.8

SOURCE: National Center for Health Statistics: Unpublished data from the Division of Vital Statistics.

Measures of Health, Illness, and Disability

There are five measures of health status generally used in this report. None is perfect but all are useful for specific purposes.

The first is the perception the individual or a member of his household has of his own health compared to other people his own age. Regardless of impairments or disabilities the person may think of himself as being in good health and behave accordingly or he may think of himself as being in poor health and behave as if he is.

Next are measures of illness determined either by reports of illness from the individual or by a physical examination.

Illnesses are usually classified into two types, acute and chronic. Acute illnesses are of relatively short duration; however, they account for about 60 percent of all bed disability days. Chronic conditions have a longer duration and are generally more serious in nature and often result in long-term or permanent disability. Most interview surveys which collect data on illness use some criteria of severity to eliminate very minor acute illnesses which have little or no impact on a person. The criteria used for the Health Interview Survey are that the acute illness must have caused the person to seek medical attention or to miss work or school, go to bed or cut down on other activity. These criteria, particularly the seeking of

medical attention, result in a socioeconomic bias in the data. Persons who do not know that symptoms indicate a need for care or who lack the income to pay for care might be less likely to obtain care for the same type of illness than would a less disadvantaged person. Therefore, estimates of acute illness by income are not presented in this report, since most existing data would be misleading.

These criteria are not usually applied to the reporting of chronic disease, although there is still some bias in the data reported in interviews since medical attention for chronic illness usually results in a more specific medical diagnosis and often in the diagnosis of several diseases when the patient complained of what he thought was a single cluster of symptoms.

Data from the Health Examination Survey do not suffer from this bias. The people selected for the survey are examined using standard tests and criteria for determining the existence of the specified condition. The determination is independent of any medical care which the individual received from an attending physician. The examination does not measure, however, the impact the condition has on an individual and so does not yield measures of disability.

Finally there are two measures of disability--short-term and long-term.

Short-term disability is temporary although it may be caused by either an acute or chronic illness. It is measured by days when the individual reduced his usual activity by cutting out something he usually did, by staying in bed, or by staying home from work or

school. It is possible to measure the number of days of disability in this way but not the number of persons who have days of disability during the year.

Long-term disability is more or less permanent resulting in inability to work or limitation in the ability to move about freely. Because of its long duration it can result only from chronic conditions or impairments. This kind of disability is measured by the number of persons disabled; days of disability can be calculated by multiplication.

One problem with these measures is that the different measures cannot be added to obtain unduplicated counts of persons as the individual with arthritis may also have a heart condition or the person with a long-term disability may also have days of restricted activity. It is advisable, therefore, to use the measures independently of one another.

The American people think of themselves as being in good health. In the Health Interview Survey--a national sample survey of the civilian, noninstitutionalized population of the United States--people were asked to compare their health with other people their own age. Eighty-seven percent regard their health as excellent or good, nine percent as fair, and only three percent as poor.

Males are more likely than females, and white persons more likely than others to report excellent health. Persons living in high income families, in metropolitan areas, or in the West were more likely to report excellent health than their counterparts.

Table CD.I.30

Assessment of health status as reported in health interviews for persons of all ages, according to selected demographic characteristics: United States, 1973

Demographic characteristic	Health status, all ages				
	Total	Excellent	Good	Fair	Poor
	Percent distribution				
TOTAL ¹ -----	100.0	48.7	38.4	9.4	2.8
SEX					
Male-----	100.0	51.9	36.5	8.3	2.7
Female-----	100.0	45.7	40.2	10.6	2.9
COLOR					
White-----	100.0	50.4	37.6	8.8	2.6
All other-----	100.0	36.7	44.2	14.1	4.2
REGION					
Northeast-----	100.0	48.6	40.3	8.2	2.2
North Central-----	100.0	50.3	38.1	8.8	2.3
South-----	100.0	44.4	39.6	11.4	3.9
West-----	100.0	54.1	34.3	8.6	2.5
RESIDENCE					
Metropolitan-----	100.0	50.4	37.8	8.7	2.4
Nonmetropolitan-----	100.0	44.8	39.9	11.1	3.7
FAMILY INCOME					
Under \$5,000-----	100.0	32.4	41.3	17.9	7.7
\$5,000-\$9,999-----	100.0	44.5	41.4	10.9	2.6
\$10,000-\$14,999-----	100.0	53.0	38.1	6.7	1.6
\$15,000 and over-----	100.0	60.7	33.2	4.7	0.8

^{1/} Includes unknown income.

SOURCE: National Center for Health Statistics: unpublished data from the Health Interview Survey.

For every 100 persons in the civilian noninstitutionalized population there are 175 short-term acute conditions during the year. Over half (52 percent) of these are upper respiratory conditions; another 18 percent are injuries. Seventy percent of the acute conditions are due to these two causes.

These are the relatively serious conditions by definition because they are recorded only if they involve either medical attention or restricted activity. The definition may also introduce biases in the estimated numbers as some persons are more likely to restrict their activity or receive medical attention than others.

There are no National data to determine how many people have acute conditions during a given year. The number of conditions and the number of persons are estimated but not the distribution of persons according to whether they have none or many acute conditions.

Table CD.I.31

Incidence of acute conditions per 100 persons of all ages by selected demographic characteristic: United States, 1973

Demographic characteristic	All acute conditions	Selected acute conditions		
		Infective and parasitic	Respiratory	Injuries
Rate per 100 persons of all ages				
Total	175.1	19.4	91.7	30.7
SEX				
Male-----	171.3	18.9	87.5	36.8
Female-----	178.7	19.9	95.7	25.0
REGION				
Northeast-----	153.3	24.7	72.2	28.7
North Central---	185.4	14.1	105.6	30.0
South-----	171.7	24.7	81.7	30.6
West-----	192.3	11.0	115.0	34.9
RESIDENCE				
Metropolitan----	177.4	20.4	91.6	31.2
Nonmetropolitan-	170.1	17.2	92.0	29.7

SOURCE: National Center for Health Statistics: Current Estimates from the Health Interview Survey, United States, 1973. Vital and Health Statistics. Series 10, No. 95. DHEW Pub. No. (HRA) 75-1522; and unpublished data from the survey.

NOTE: Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

Among the chronic conditions reported in interviews of the civilian noninstitutionalized population arthritis is the most common and hearing impairments are second.

Heart conditions, however, cause more limitation of activity than any other condition. Forty-two percent of the people reporting heart conditions say that they have limited their usual activity because of the condition and eleven percent report that they have spent more than two weeks in bed during the previous year.

Table CD.I.32 Prevalence of selected chronic conditions reported in health interviews and selected measures of impact: all ages, United States

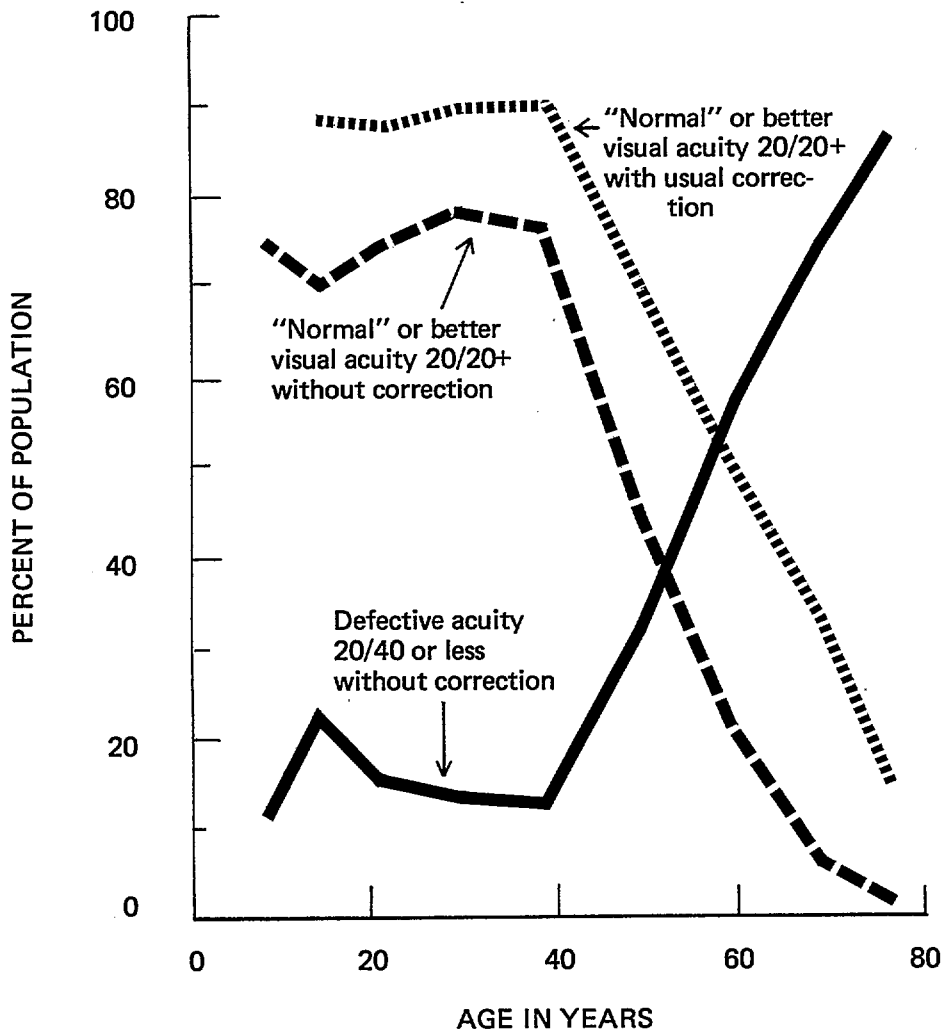
Prevalence and impact of condition	Arthritis (1969)	Asthma (1970)	Chronic bronchitis (1970)	Diabetes (1973)	Heart conditions (1972)	Hypertensive disease ^{1/} (1972)	Visual impairments (1971)	Hearing impairments (1971)
Number of conditions (in thousands) ----	18,339	6,031	6,526	4,191	10,291	12,271	9,596	14,491
Number per 1,000 persons -----	92.9	30.2	32.7	20.4	50.4	60.1	47.4	71.6
Percent of conditions								
Causing activity limitation -----	17.6	17.1	4.0	29.7	41.6	8.9	12.5	4.0
With doctor visit in past year -----	41.6	60.3	71.5	82.6	75.2	80.7	36.5	21.0
Ever hospitalized -----	7.6	19.1	14.3	29.4	41.0	7.1	NA	NA
Under medical treatment -----	36.4	51.4	19.9	73.6	58.6	59.5	NA	NA
With one or more bed days in past year -----	8.1	31.7	47.1	13.6	21.6	6.9	2.3	1.6
With 15 or more bed days in past year -----	3.1	5.2	5.8	4.4	10.5	1.4	0.4	0.1

^{1/} Without heart involvement

SOURCE: National Center for Health Statistics: Selected Reports from the Health Interview Survey, Vital and Health Statistics, Series 10 and unpublished data from the survey.

The prevalence of defective visual acuity (less than 20/40) is 22 per 100 among persons age 12-17 and then decreases until approximately age 45 at which point the prevalence of defective vision increases with age. By age 75-79 only 15 per 100 persons have 20/20 vision even with their visual correction.

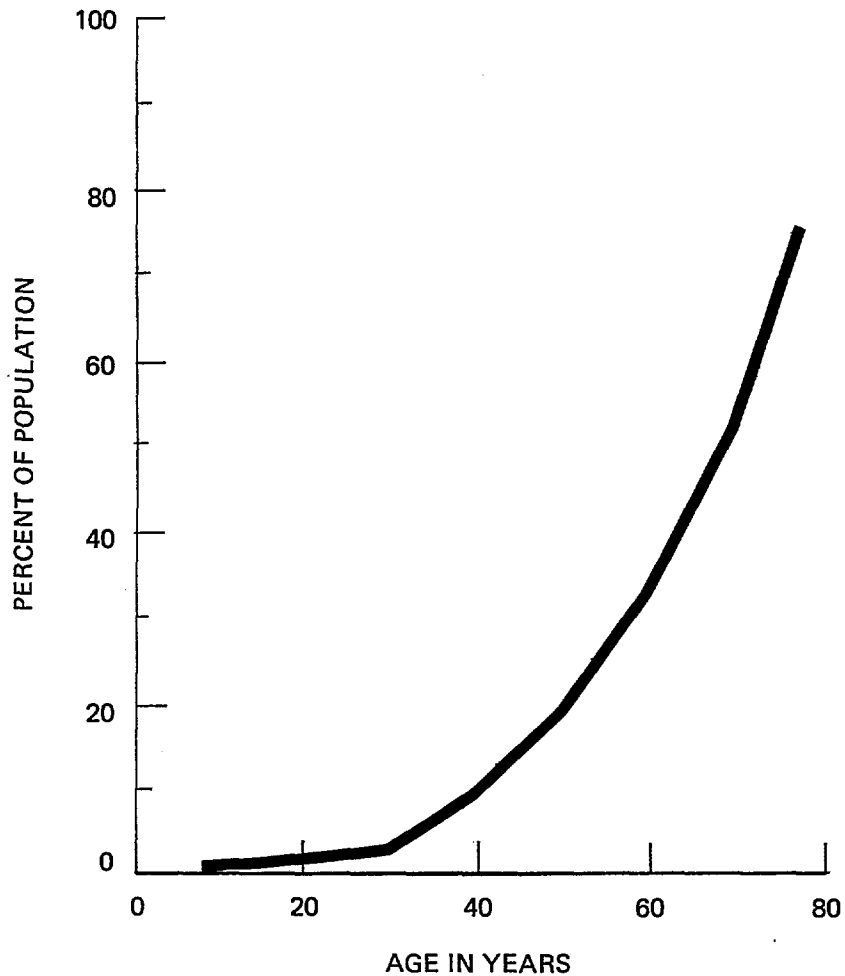
Table CD.I.33
 PERCENT OF PERSONS WITH AND WITHOUT DEFECTIVE VISUAL ACUITY
 AS SPECIFIED FOR PERSONS AGES 6-79 YEARS, BY AGE: UNITED STATES,
 1960-70



Source: National Center for Health Statistics: Selected reports from the Health Examination Survey. Vital and Health Statistics, Series 11, Nos. 3, 101, 127.

Difficulty in hearing is rare in young persons: the prevalence starts to increase in the middle years with 19 percent of those aged 45-54 having some difficulty. By age 75-79 years 75 persons out of 100 have difficulty hearing.

Table CD.I. 34
PERCENT OF PERSONS HAVING SOME DIFFICULTY HEARING SPEECH, AS
ESTIMATED FROM AUDIOMETRIC TEST RESULTS, BY AGE: UNITED STATES
POPULATION, AGES 6-79 YEARS, 1960-70



NOTE: Better ear hearing levels of 16 dB or more at 500-2000 Hertz (ASA-1951).

Source: National Center for Health Statistics: Selected reports from the Health Examination Survey. Vital and Health Statistics, Series 11, Nos. 11, 102, 145.

On the average people restrict their "normal" activity because of health for 17 days during the year. About 6 of the 17 days are spent in bed and 5 are days lost from work.

These are estimates of temporary disability, not of total disability. By definition, a restricted-activity day is one in which usual activity is reduced. Days for the individual whose normal activity is permanently reduced because of a long-term disability are not included unless a temporary illness causes him to further reduce his activity. Days for the permanently bed-ridden are not included in the count of bed-disability days, nor are days for the permanently unable to work included in the count of work-loss days.

Table CD.I.35

Number of disability days per person per year, by selected demographic characteristics: United States, 1973

Demographic characteristic	Restricted activity days	Bed disability days	Work loss days
Total -----	16.5	Days per person 6.4	5.4
Sex			
Male -----	14.7	5.3	5.2
Female -----	18.1	7.3	5.8
Color			
White -----	16.1	6.1	5.3
All other -----	18.8	8.0	6.7
Region			
Northeast -----	13.9	5.5	5.2
North Central -----	15.5	5.8	5.2
South -----	18.4	7.4	5.9
West -----	18.1	6.6	5.2
Residence			
Metropolitan -----	16.3	6.4	5.6
Nonmetropolitan -----	16.9	6.2	5.0
Family Income			
Under \$5,000 -----	28.8	10.7	6.8
\$5,000-\$9,999 -----	16.5	6.5	6.3
\$10,000-\$14,999 -----	13.0	5.2	5.1
\$15,000 and over -----	12.2	4.5	4.9

Source: National Center for Health Statistics: Current Estimates from the Health Interview Survey, 1973. Vital and Health Statistics, Series 10, No. 95; and unpublished data.

About 3 percent of the civilian noninstitutionalized population are limited in mobility in some degree.

About 2.6 million people have trouble getting around alone, 2.1 million need help in getting around, and 1.8 million are confined to the house. Mobility limitation is age-related (over half of those limited are age 65 or older) and so relatively high proportions of limited persons are found among females and among low-income people.

Table CD.I.36

Percent of persons all ages with limitation of mobility by selected demographic characteristics:
United States, 1972

Demographic Characteristic	Population all ages (in 1,000's)	With limitation of mobility			
		Total	Confined to the house	Needs help in getting around	Has trouble getting around alone
Percent of population of all ages					
Total ^{1/} -----	204,148	3.2	0.9	1.0	1.3
Sex					
Male -----	98,445	2.9	0.8	0.9	1.2
Female -----	105,704	3.4	1.0	1.1	1.3
Color					
White -----	178,727	3.1	0.8	1.0	1.2
All other -----	25,421	3.7	1.2	1.0	1.6
Region					
Northeast -----	48,011	3.1	1.0	1.0	1.1
North Central -----	55,974	2.7	0.6	1.0	1.1
South -----	64,128	3.9	1.1	1.1	1.6
West -----	36,036	2.7	0.7	0.9	1.1
Residence					
Metropolitan -----	131,100	2.9	0.8	0.9	1.1
Nonmetropolitan -----	73,049	3.7	0.9	1.2	1.6
Family Income					
Under \$5,000 -----	40,835	8.6	2.6	2.7	3.2
\$5,000-\$9,999 -----	59,134	2.5	0.6	0.8	1.1
\$10,000-\$14,999 -----	51,074	1.3	0.3	0.4	0.6
\$15,000 and over -----	40,983	1.1	0.2	0.4	0.5

^{1/} Includes unknown income.

Source: National Center for Health Statistics: Limitation of Activity and Mobility Due to Chronic Conditions, United States - 1972. Vital and Health Statistics, Series 10, No. 96. DHEW Pub. No. (HRA) 75-1523.

Reportable Communicable Diseases

When communicable diseases were major causes of death in the United States, reporting systems were instituted as part of the effort to control these conditions.

The success of the control programs is amply demonstrated by the dramatic decline in death rates from infectious and parasitic diseases. Many of these reportable conditions can be prevented by immunization and others by good hygiene. Their incidence has declined and their impact on the health of the Nation is small.

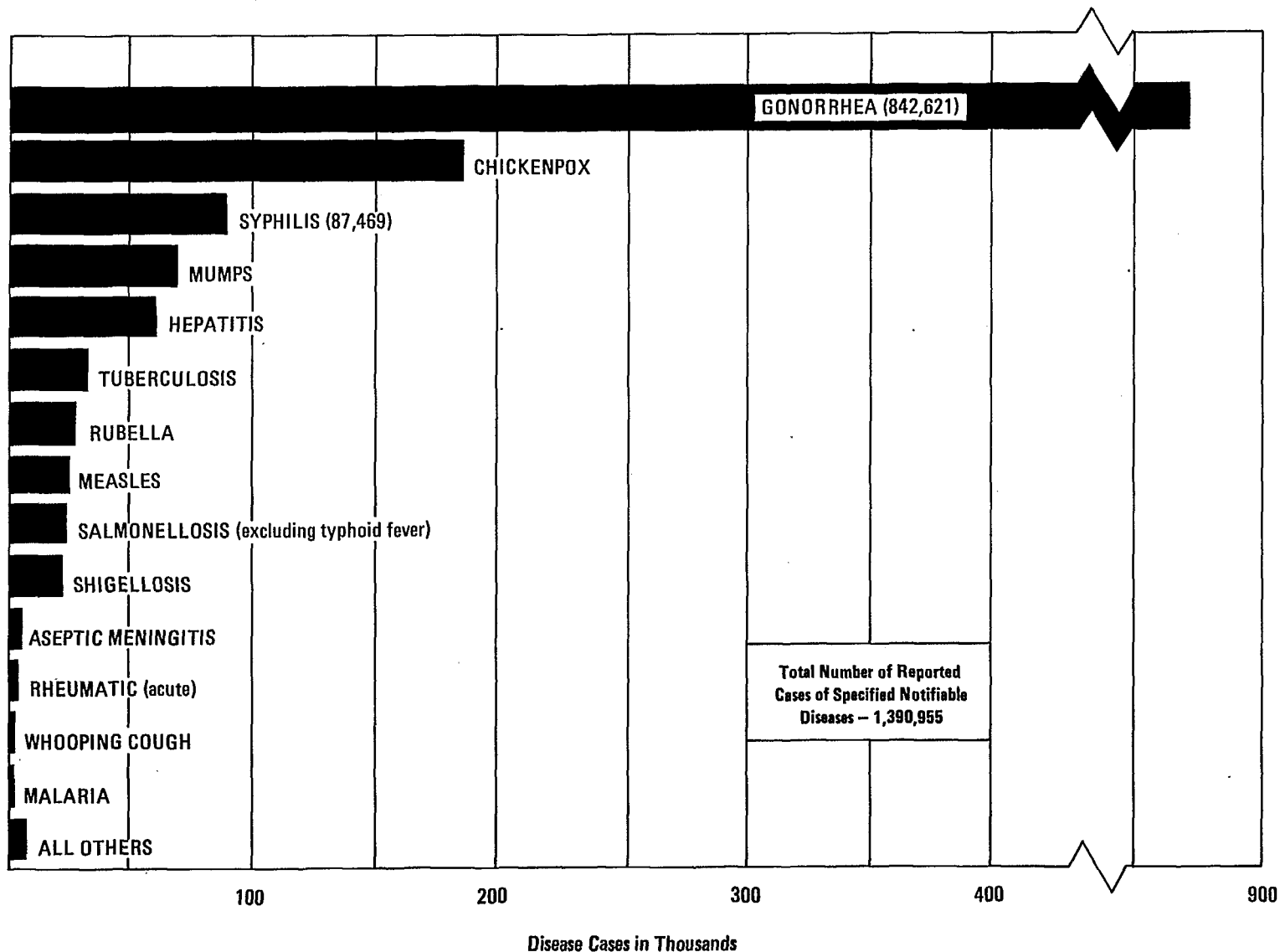
An exception is venereal disease. The incidence of both gonorrhea and syphilis dropped after World War II but the rates for gonorrhea have been rising for the past 15 years and it is now epidemic in the United States.

One problem with reportable conditions is that many of them are not reported particularly when there is a social stigma. Therefore, venereal disease incidence is almost certainly underestimated. Trends over time and geographic comparisons are still very useful if one assumes that there are no differentials in the level of underreporting.

Gonorrhoea ranks first and syphilis ranks third (exceeded only by chickenpox and gonorrhoea) among reportable communicable diseases in the United States.

When underreporting and undetected cases are considered it is estimated that about 2,700,000 cases of gonorrhoea occur each year. It is estimated that 81,000 new cases of infectious syphilis occur each year and that about 450,000 persons are in need of treatment for syphilis (includes all stages) at the present time.

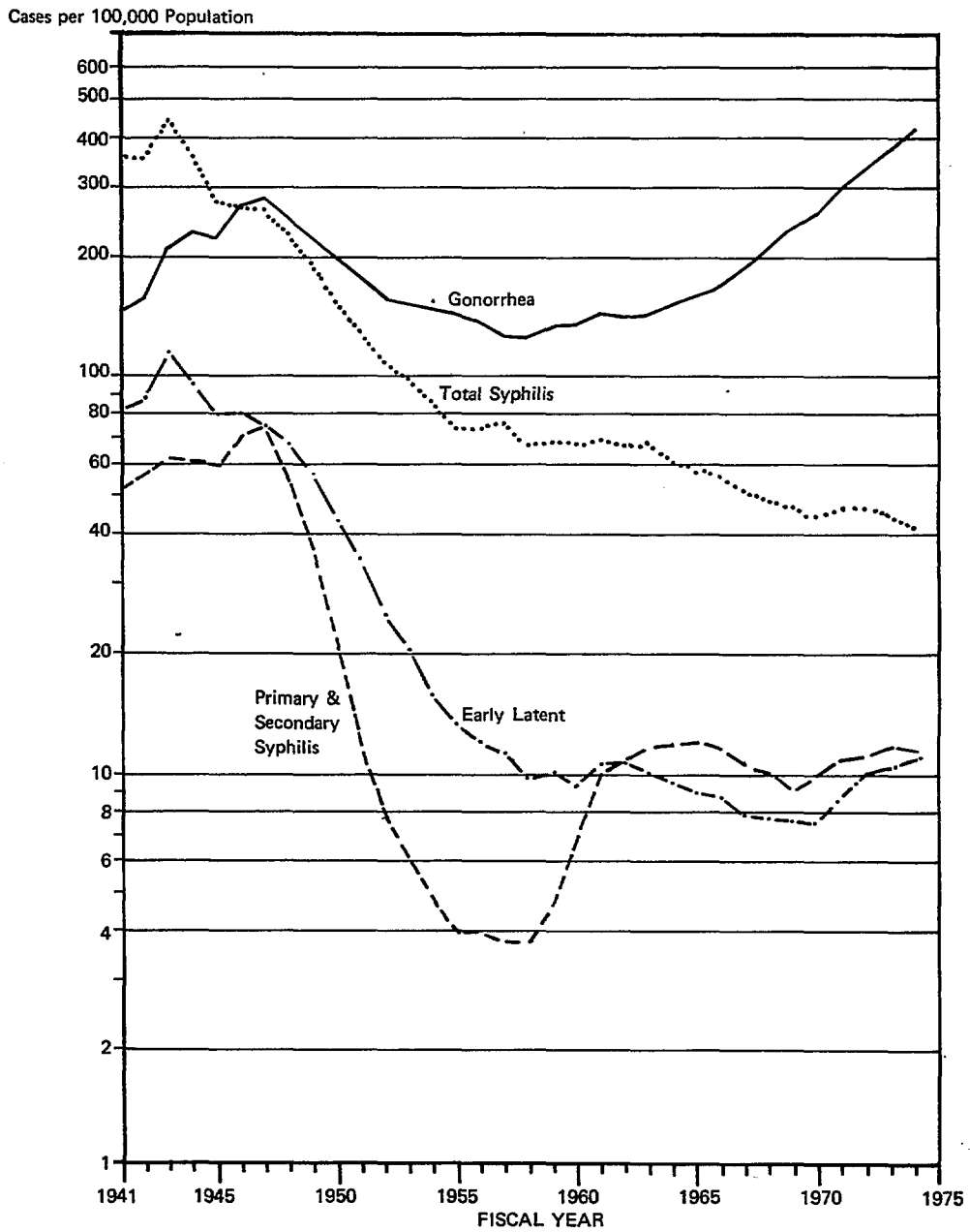
Table CD.I.37 **COMMUNICABLE DISEASES – NUMBER OF REPORTED CASES**
 United States, Calendar Year 1973



Source: Center for Disease Control.

Cases of syphilis which occur but go untreated form a large reservoir of cases needing treatment, most of which are in the latent stage and detectable only by blood tests. In gonorrhoea, underdiagnosis occurs more frequently in females than in males, due to the high proportion of females who exhibit no evidence of infection.

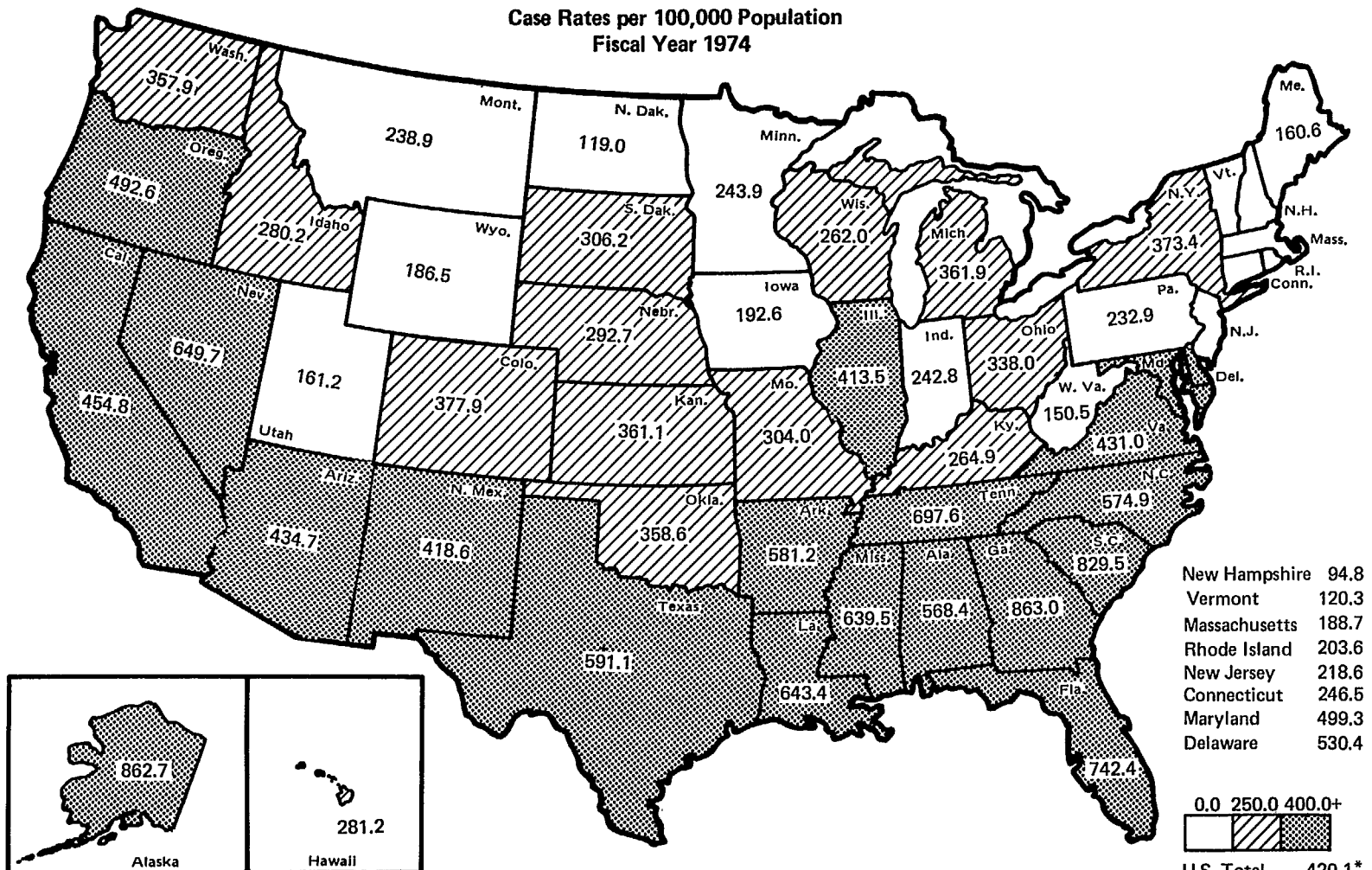
Table CD.I.38 REPORTED CASES OF SYPHILIS AND GONORRHEA
 PER 100,000 POPULATION
 UNITED STATES, FISCAL YEARS 1941-1974



Source: Center for Disease Control: VD Fact Sheet 1974. DHEW
 Pub No. (CDC) 75-8195.

There were 874,161 reported cases of gonorrhea in fiscal year 1974, an increase of 8.0 percent (males: +4 percent; females: +15 percent). The rate of increase was much less than it was during 1973 (+12.7 percent) and 1972 (+15.1 percent). In part the changing trend of gonorrhea reflects increased case finding activities, particularly in females (8,016,879 screened and 345,090, or 4.3 percent, found to be positive) and changes in control and reporting practices. The recent trend is also believed to reflect real changes in disease incidence, which appears to be leveling off. One-half of the States reported more than 359 gonorrhea infections for every 100,000 persons in the State. High rates may reflect a good control program with good case detection and reporting, as well as high disease rates.

Table CD.I.39 GONORRHEA
Case Rates per 100,000 Population
Fiscal Year 1974

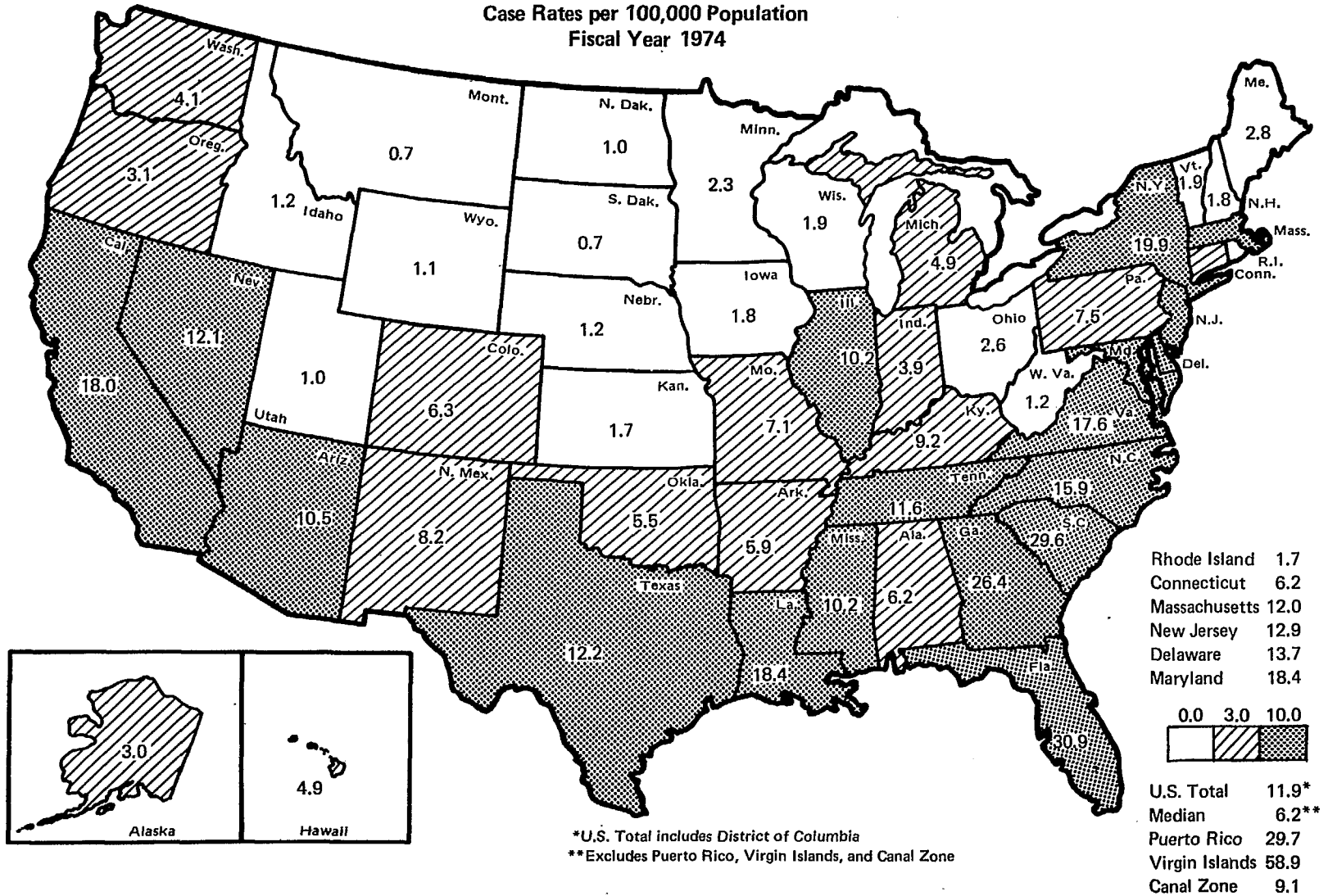


*U.S. Total includes District of Columbia
**Excludes Puerto Rico, Virgin Islands, and Canal Zone

Source: Center for Disease Control: VD Fact Sheet 1974. DHEW Pub. No. (CDC) 75-8195.

During fiscal year 1974, 84,164 cases of syphilis in all stages were reported, a decrease of 7.1 percent from the previous year. Reported cases of early infectious syphilis (primary and secondary stages) numbered 24,728 in 1974, a decrease of 1.4 percent from the previous year and the first such decrease since 1969. However, slight increases in the number of cases of infectious syphilis have been reported during the past several months so that it might be more accurate to say that the attack rate of infectious syphilis is relatively stationary rather than definitely declining.

Table CD.I.40 PRIMARY & SECONDARY SYPHILIS
Case Rates per 100,000 Population
Fiscal Year 1974

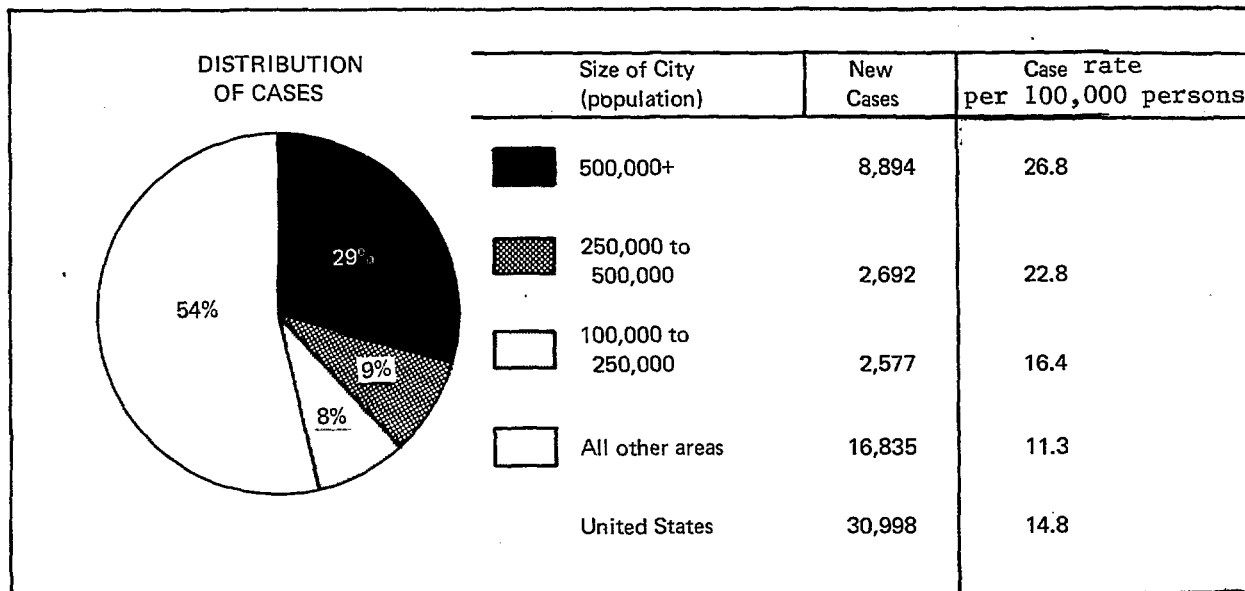


One disease which formerly caused death and long-term disability is tuberculosis. It has not disappeared but both incidence and the amount of resulting disability have decreased.

In 1973 cities were more successful in reducing incidence of tuberculosis than was the rest of the country. The decrease in the number of new cases in the 58 largest cities was 8.5 percent, in 94 intermediate size cities 10.5 percent, and only 2.9 percent in all other areas.

Nearly one-half of the tuberculosis cases in the country were found in cities with 100,000 or more population. In the 58 cities of 250,000 or more population, 11,586 new cases were reported, a case rate of 25.7 per 100,000 population. In the 95 cities with 100,000 to 250,000 residents, 2,577 cases were reported, a case rate of 16.4. The rate for all other areas was 11.3.

Table CD.I. 41 NEW ACTIVE CASES OF TUBERCULOSIS, BY SIZE OF CITY
 UNITED STATES, 1973

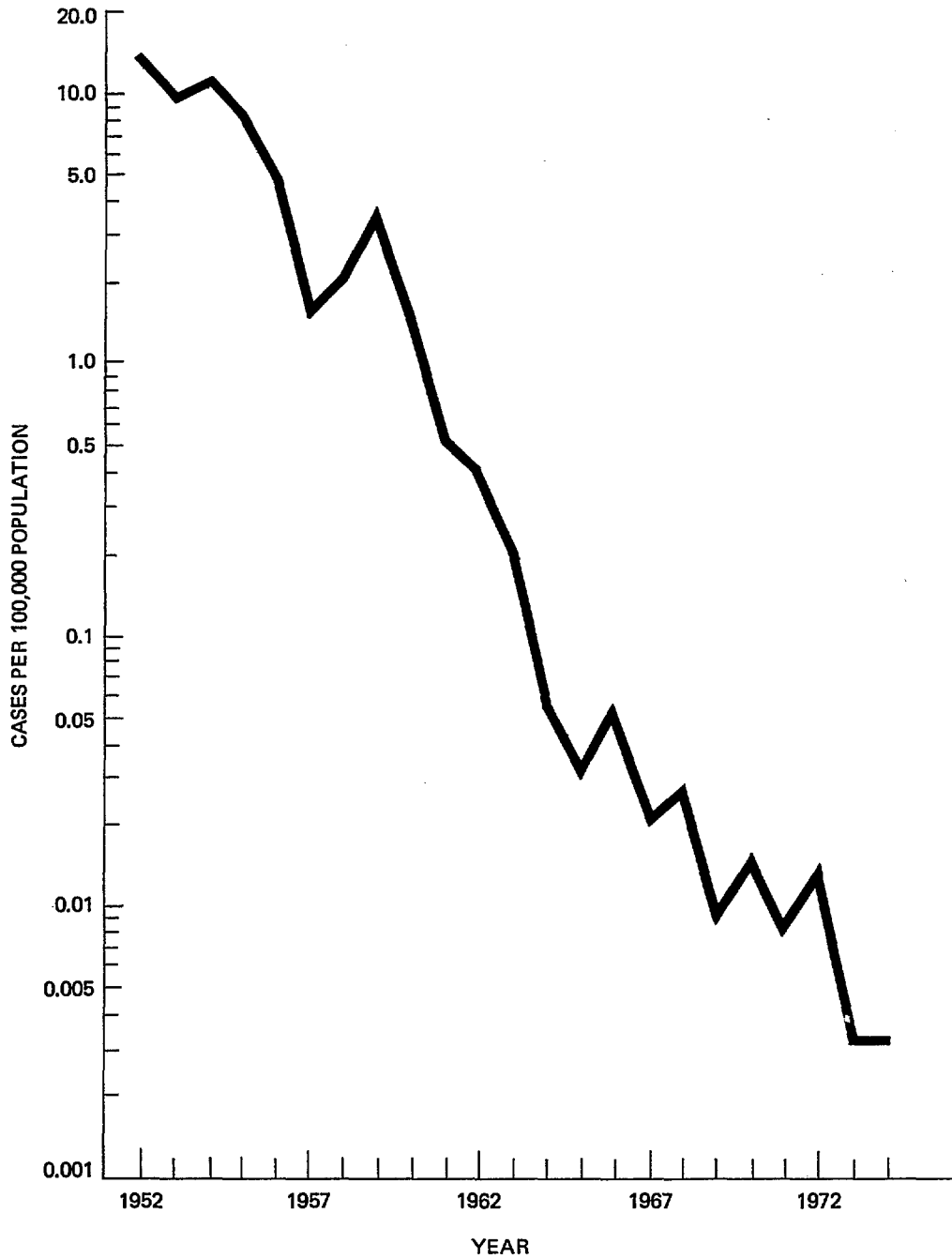


Source: Center for Disease Control: Reported Tuberculosis Data 1973.
 DHEW Pub. No. (CDC)75-8201.

A major success has been the reduction in cases of paralytic polio during the past 20 years. In 1954 there were 38,476 cases; in 1974 there were seven.

Table CD.I.42

POLIOMYELITIS (PARALYTIC)—REPORTED CASES PER 100,000 POPULATION
BY YEAR, UNITED STATES, 1952-74

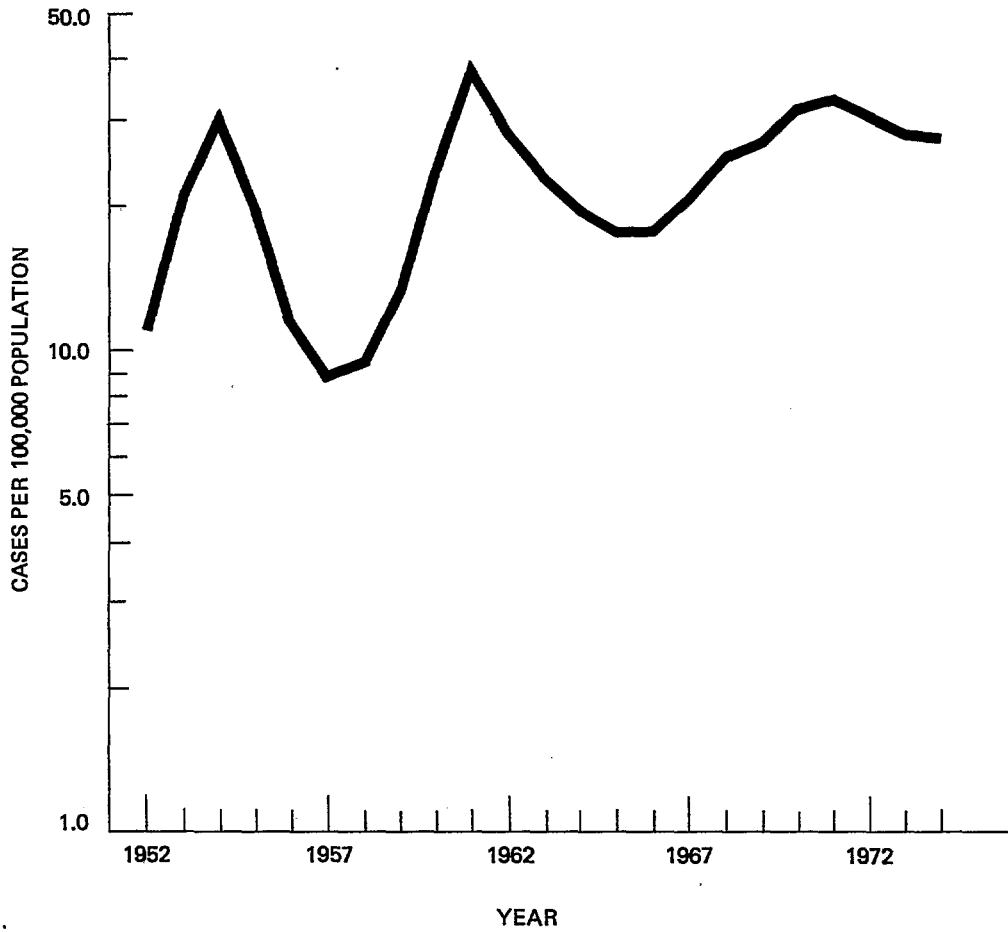


Source: Center for Disease Control: Reported Morbidity and Mortality in the United States 1974.

Despite all efforts, some serious notifiable diseases are not under control. In 1974, almost 60,000 cases of hepatitis were reported.

Table CD.I.43

HEPATITIS (VIRAL)—REPORTED CASES PER 100,000 POPULATION BY YEAR,
UNITED STATES, 1952-74



Source: Center for Disease Control: Reported Morbidity and Mortality in the United States 1974.

Preventive Care

Persons living in nonmetropolitan areas are less likely to have had preventive care examinations within the past two years than are residents of metropolitan areas. Only one-third of all persons age 40 or older had an electrocardiogram or a glaucoma test within two years and less than two-thirds of the females age 17 or older had a breast examination or a Pap test within two years.

High-income persons are more likely to have had preventive health care than low-income persons, although the income differences are only minor for x-rays and electrocardiograms, two types of exams that are usually initiated by the physician rather than by the patient. Only two-thirds of all females in the highest income families had a Pap test or breast examination within two years prior to the study.

Table CD.I.44

Percent of population with preventive care examination within the past two years by selected demographic characteristics: United States, 1973

Demographic characteristic	Type of examination						
	Routine physical, under 17 years	Eye examination, 3 years and over	Chest x-ray, 17 years and over	Pap smear, females 17 years and over	Breast examination, females 17 years and over	Electrocardiogram, 40 years and over	Glaucoma test, 40 years and over
All persons ^{1/} -----	62.4	56.6	43.8	57.6	59.5	33.0	33.3
AGE							
3-16 years -----	57.7	71.3	...	...	...	...	...
17-24 years -----	...	55.9	39.1	58.1	59.9	...	...
25-44 years -----	...	46.2	44.7	74.7	73.7	...	...
45-64 years -----	...	54.5	47.2	52.0	54.8	32.7	34.8
65 years and over -----	...	48.4	41.5	30.1	36.9	37.3	34.0
SEX							
Male -----	64.6	56.3	44.5	...	...	36.3	31.1
Female -----	60.2	56.9	43.2	57.6	59.5	30.2	35.2
COLOR							
White -----	62.7	57.0	42.4	57.8	59.8	33.1	34.0
All other -----	61.1	53.8	54.8	56.0	57.4	31.4	27.2
GEOGRAPHIC REGION							
Northeast -----	72.6	62.0	42.2	52.7	57.5	34.2	35.2
North Central -----	62.3	57.1	43.5	57.9	58.0	31.1	31.5
South -----	56.4	52.6	44.6	57.7	59.7	32.4	31.8
West -----	60.5	55.7	45.3	63.9	64.5	35.3	36.2
RESIDENCE							
Metropolitan -----	66.7	58.0	46.4	59.4	62.0	35.4	35.8
Nonmetropolitan -----	53.3	53.2	38.0	53.4	53.8	27.7	28.1
FAMILY INCOME							
Under \$5,000 -----	55.4	50.2	42.4	42.9	46.6	31.9	27.6
\$5,000-\$9,999 -----	59.0	53.8	42.4	58.1	59.3	31.1	30.9
\$10,000-\$14,999 -----	63.7	58.0	43.5	64.9	65.6	31.0	33.6
\$15,000 and over -----	69.0	63.0	47.6	66.2	68.7	37.9	42.0

^{1/} Includes unknown income.

SOURCE: National Center for Health Statistics. Unpublished data from the Health Interview Survey.

White children are more likely to be protected against measles than other children. At all ages the difference is at least 10 percent. Part of the protection is due to some children already having had measles as is evidenced by the increasing level of protection with increasing age.

Table CD.I.45

Percent of persons with history of measles vaccine and/or measles infection
by race and age, 1969-74, and by geographic division and age, 1974:
United States

Year	Race	Age in years		
		1-4	5-9	10-13
1969	Total-----	66.9	80.1	79.9
	White-----	69.1	81.8	81.8
	All other-----	56.0	70.8	68.4
1970	Total-----	62.3	79.8	80.9
	White-----	64.9	82.1	82.6
	All other-----	50.0	67.8	70.3
1971	Total-----	66.6	81.3	81.6
	White-----	67.7	82.4	83.1
	All other-----	61.3	75.5	72.7
1972	Total-----	66.0	81.3	82.1
	White-----	67.1	82.9	83.5
	All other-----	60.5	73.0	74.0
1973	Total-----	64.1	79.6	81.6
	White-----	66.1	81.4	83.1
	All other-----	54.2	70.1	73.3
1974	Total-----	66.6	80.8	81.1
	White-----	68.6	82.4	83.2
	All other-----	56.3	72.4	69.4
Year	Geographic Division	Age in years		
		1-4	5-9	10-13
1974	New England -----	76.2	80.9	83.5
	Middle Atlantic-----	71.1	83.0	82.0
	East North Central-----	67.1	80.5	80.3
	West North Central-----	66.1	83.7	83.7
	South Atlantic-----	64.8	79.6	79.0
	East South Central-----	63.0	79.6	81.1
	West South Central-----	65.1	83.6	83.7
	Mountain-----	57.9	77.0	79.2
	Pacific-----	64.4	77.5	79.4

SOURCE: Center for Disease Control: Data from the U. S. Immunization Survey.

Protection against rubella is important among small children as an infected child can easily infect a mother who is pregnant with another child and cause congenital malformations in the unborn child.

Despite the possible dangers, the level of immunization is low. Less than two-thirds of the children age 1-4 have been vaccinated to prevent the spread of the disease.

Table CD.I.46

Percent of persons with history of rubella vaccine by race and age, 1970-74,
and by geographic division and age, 1974: United States

Year	Race	Age in years		
		1-4	5-9	10-12
1970	Total-----	37.2	46.5	29.5
	White-----	38.3	47.4	29.0
	All other-----	31.8	41.7	32.0
1971	Total-----	51.2	63.2	47.3
	White-----	51.8	63.5	46.7
	All other-----	48.2	61.6	51.2
1972	Total-----	56.9	66.8	55.2
	White-----	57.8	67.4	54.8
	All other-----	52.6	63.7	57.7
1973	Total-----	55.6	64.9	54.1
	White-----	57.0	65.8	54.0
	All other-----	48.5	59.8	54.2
1974	Total-----	59.8	68.0	57.5
	White-----	61.0	69.0	57.9
	All other-----	53.6	62.9	55.2

Year	Geographic Division	Age in years		
		1-4	5-9	10-12
1974	New England-----	57.1	66.8	53.7
	Middle Atlantic----	66.5	73.5	63.2
	East North Central-	59.9	67.7	57.5
	West North Central-	58.2	73.9	63.5
	South Atlantic-----	59.7	70.2	57.2
	East South Central-	55.9	61.4	50.8
	West South Central-	58.3	67.9	60.0
	Mountain-----	52.8	61.6	56.6
	Pacific-----	59.0	61.6	50.3

SOURCE: Center for Disease Control: Data from the U. S. Immunization Surveys.

In the past 10 years the level of protection against polio has decreased. Perhaps two-thirds of the children under age 15 are protected against polio and less than half the minority children under age 5 are protected.

Table CD.I.47
 Percent of persons with 3 or more doses of polio vaccine by race and age,
 1965-1974, and by geographic division and age, 1974: United States

Year	Race	Age in years			
		1-4	5-9	10-14	15-19
1965	Total -----	73.9	89.9	92.1	88.3
	White -----	76.6	91.4	93.1	89.2
	All other -----	59.6	81.3	85.9	82.1
1966	Total -----	70.2	88.2	90.0	86.4
	White -----	72.9	89.6	90.9	87.4
	All other -----	56.6	79.8	85.0	79.1
1967	Total -----	70.9	88.3	89.7	82.5
	White -----	73.1	89.8	90.7	83.5
	All other -----	60.2	80.5	83.5	75.5
1968	Total -----	68.3	84.9	87.8	81.3
	White -----	71.0	86.3	89.2	82.5
	All other -----	54.5	77.0	79.3	73.2
1969	Total -----	67.7	83.6	85.7	79.8
	White -----	70.7	85.4	87.7	81.4
	All other -----	53.6	73.6	74.8	69.6
1970	Total -----	65.9	82.3	85.3	77.8
	White -----	69.2	83.8	86.6	79.5
	All other -----	50.1	74.8	76.7	67.7
1971	Total -----	67.3	81.2	83.9	77.0
	White -----	70.5	82.8	85.9	79.0
	All other -----	51.9	72.9	71.9	65.0
1972	Total -----	62.9	78.9	81.8	75.4
	White -----	66.3	81.6	83.7	77.3
	All other -----	45.2	64.7	71.5	63.7
1973	Total -----	60.4	71.4	69.3	59.1
	White -----	64.4	73.5	71.1	61.0
	All other -----	39.8	60.3	59.0	47.8
1974	Total -----	63.1	73.5	69.8	60.2
	White -----	66.7	76.0	71.8	62.1
	All other -----	45.0	60.4	59.1	49.3

Year	Geographic division	Age in years			
		1-4	5-9	10-14	15-19
1974	New England -----	71.4	79.6	73.4	59.6
	Middle Atlantic ---	64.1	71.8	67.7	56.0
	East North Central	59.0	66.2	61.6	53.2
	West North Central	61.4	71.9	66.0	57.3
	South Atlantic ----	63.1	74.5	70.7	59.9
	East South Central	57.9	73.4	70.9	66.1
	West South Central	67.3	81.1	79.7	71.6
	Mountain -----	62.9	75.1	71.9	68.5
	Pacific -----	63.9	77.2	76.3	64.1

SOURCE: Center for Disease Control: Data from the U. S. Immunization Surveys.

Protection against diphtheria, typhoid and pertussis is universally recommended in the first year of life yet only three-fourths of the children age 1-4 in the United States have such protection.

Table CD.I.48
 Percent of persons with 3 or more doses of diphtheria-typhoid-pertussis vaccine
 by race and age, 1965-1974, and by geographic division and age, 1974: United States

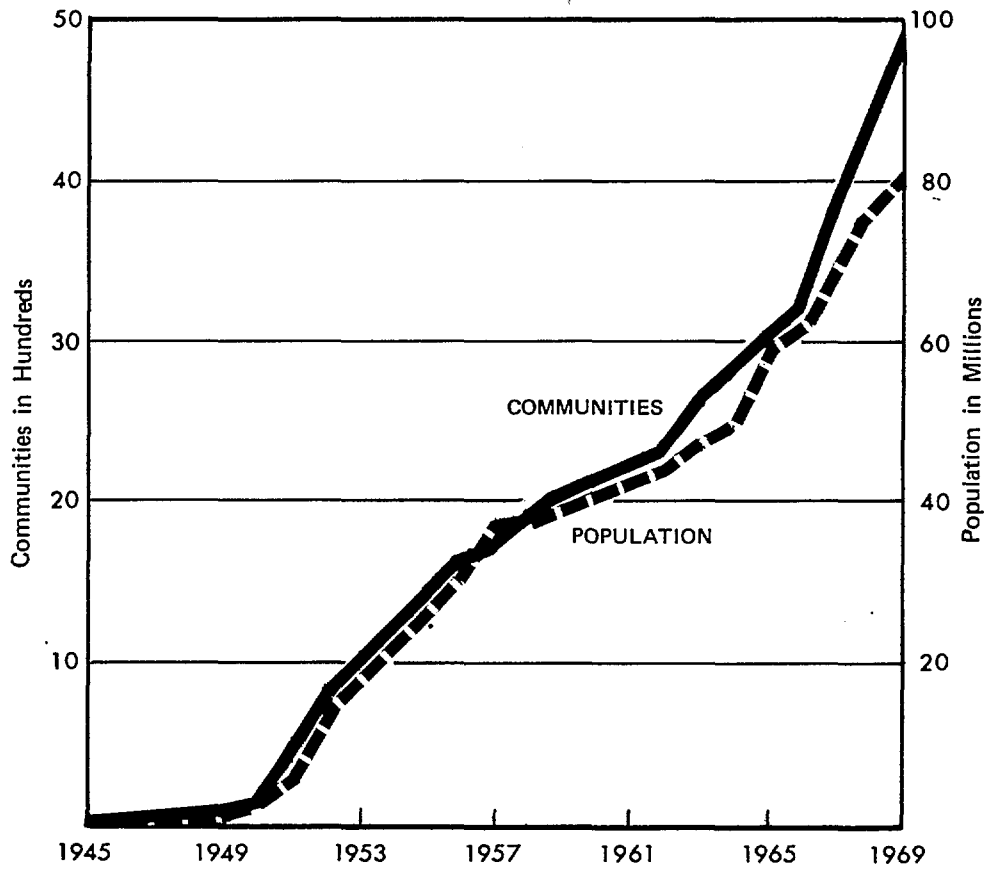
Year	Race	Age in years		
		1-4	5-9	10-13
1965	Total-----	73.9	83.9	---
	White-----	77.8	86.0	---
	All other-----	53.3	71.2	---
1966	Total-----	74.5	83.4	---
	White-----	78.6	85.7	---
	All other-----	52.9	69.8	---
1967	Total-----	77.9	87.7	89.3
	White-----	81.2	89.7	91.0
	All other-----	61.5	75.9	79.2
1968	Total-----	76.5	85.4	87.8
	White-----	80.0	87.5	90.1
	All other-----	58.8	73.3	73.8
1969	Total-----	77.4	86.1	88.0
	White-----	80.4	87.6	80.4
	All other-----	62.8	78.0	80.2
1970	Total-----	76.1	85.9	87.0
	White-----	79.7	87.6	88.8
	All other-----	58.8	77.5	76.4
1971	Total-----	78.7	86.4	87.4
	White-----	81.6	88.1	89.2
	All other-----	65.1	77.7	77.1
1972	Total-----	75.6	85.4	87.2
	White-----	78.8	87.3	88.7
	All other-----	58.7	75.0	78.5
1973	Total-----	72.6	81.9	83.8
	White-----	75.8	83.4	85.5
	All other-----	56.7	74.3	74.0
1974	Total-----	73.9	84.7	85.5
	White-----	76.8	86.7	87.5
	All other-----	59.6	74.2	74.8
Year	Geographic division	Age in years		
		1-4	5-9	10-13
1974	New England-----	77.9	88.3	87.6
	Middle Atlantic-----	72.8	83.6	84.0
	East North Central-----	75.4	82.7	85.8
	West North Central-----	73.3	81.4	85.7
	South Atlantic-----	73.4	84.4	82.9
	East South Central-----	72.4	87.4	88.0
	West South Central-----	75.3	89.4	90.2
	Mountain-----	71.4	82.1	84.3
	Pacific-----	72.4	85.4	84.6

SOURCE: Center for Disease Control: Data from the U. S. Immunization Surveys.

By 1969 about 80 million people were living in communities served by controlled fluoridation a vast increase from 20 years earlier when fluoridation programs first went into effect.

Table CD.I.49

**COMMUNITIES AND POPULATION SERVED BY
CONTROLLED FLUORIDATION, 1945 - 1969**



Source: Division of Dental Health: Fluoridation Census 1969.
NIH Pub. No. NN-139.

Ambulatory Care

Ambulatory care is used here to define the medical care received by people who are not patients in hospitals or institutions. It includes visits to the offices of physicians, to hospital outpatient departments and to clinics, and in some cases it includes telephone contacts.

There are two major sources for the measures of ambulatory care presented here. One is the Health Interview Survey where persons in the household are asked about all contacts for such care wherever they may be. The second is the National Ambulatory Medical Care Survey where physicians in office-based practices are asked to report certain characteristics of the patients visiting them. Each source has its own advantages and disadvantages; they are designed to complement one another.

One fact that is clear from these data is that physician visits are not distributed equally among all segments of the population. In fact, five percent of the population account for more than one-third of all outpatient physician visits and 22 percent of the population account for about three quarters of all physician visits. The uneven distribution of physician care is not necessarily bad, provided that it is the sick people who are seeing the doctor. However, the data needed to relate need for care to utilization are difficult to obtain.

During the past four years, from 1971 to 1974, the aggregate number of physician contacts, excluding those with hospital inpatients, has remained almost constant at about one billion contacts each year. During that period, the number of practicing physicians has increased by between five and ten percent. Detailed data are not available as to the types of practice situations which have shown the greatest growth. While there has probably been greater growth in the hospital-based specialties than in office-based primary care, there has undoubtedly been at least some growth in the number of physicians providing primary care, particularly if hospital emergency rooms are taken into account. It thus appears that the average number of patient contacts per physician providing primary care has declined somewhat since 1971. Some part of the decline could be due to an increase in the average time duration of physician contacts. Another explanation could be a shortening by physicians of the average number of hours devoted to ambulatory patient contacts. There is evidence from other countries, notably Canada and Sweden, that physicians tend, on the average, to shorten their working hours in response to the potential for increased hourly income. Since, in 1971, practicing physicians in the U.S. reported working an average of 53.6 hours per week, an average of 46.3 hours being devoted to direct patient care, physicians could have reduced their working hours somewhat and still have had a relatively long work week by general societal standards.

Over the past decade there has been an appreciable shift in the pattern of ambulatory medical care utilization between the poor and the nonpoor. In 1964 the poor tended to have fewer physician visits per person per year than did the nonpoor; however, by 1973 the differences between the poor and the nonpoor were actually reversed. At the same time the difference in the proportion of the two groups that had not seen a doctor within the past two years had decreased. Although direct evidence is difficult to obtain, this increased access to ambulatory physician care probably reflects the impact of the Medicare and Medicaid programs.

In 1964 about 28 percent of the poor people in the United States had not seen a physician in the past two years. By 1973 the percentage had dropped to 17 percent. The corresponding numbers for people who were not poor are 18 and 13 percent.

The minority poor showed the greatest increase in utilization of physician services. The percentage who had not seen a physician within two years dropped from 33 to 19 for 1964 to 1973 which is still a larger percentage than the white poor or the not poor regardless of color.

Table CD.I.50

Number of physician visits per person per year and percent of the population with no physician visits in the past 2 years by poor and not poor status, and color for all ages: United States, 1964 and 1973

Age and Year	Total		White		All Other	
	Poor	Not Poor	Poor	Not Poor	Poor	Not Poor
Number of physician visits per person per year						
All ages						
1964 -----	4.3	4.6	4.7	4.7	3.1	3.6
1973 -----	5.6	4.9	5.7	5.0	5.0	4.3
Percent with no physician visits in past 2 years						
All ages						
1964 -----	27.7	17.7	25.7	17.1	33.2	24.7
1973	17.2	13.4	16.8	13.2	18.5	15.3

NOTE: Definition of poor is based on family income: Under \$3,000 in 1964
Under \$6,000 in 1973

In each case, this included about 1/5 of the population.

SOURCE: National Center for Health Statistics: Unpublished Data from the Health Interview Survey.

In general, females see a physician more frequently than males and white persons more frequently than minority persons. The utilization differs by socioeconomic status and by place of residence, with the use of services generally higher in urban areas, where there are generally higher physician/population ratios. However, there is no clear-cut relationship between the number of health services providers, the actual rate of utilization, and the health status of residents in a given area. For example, while the residents in some areas of the rural South with poor access to medical care also have poor health status as measured by infant mortality or overall mortality, persons living in areas of the rural Midwest with poor access to health services have a relatively high level of health status.

Table CD.I.51

Number of physician visits per person per year and percent of population with one or more visits in past year by selected demographic characteristic: Persons of all ages, United States, 1973

Demographic Characteristic	Number of visits per person per year	Percent with physician visit in past year
Total ^{1/} -----	5.0	74.5
SEX		
Male-----	4.3	70.4
Female-----	5.6	78.3
COLOR		
White-----	5.1	75.1
All Other-----	4.5	70.7
REGION		
Northeast-----	4.9	75.5
North Central-----	5.0	74.3
South-----	4.8	73.7
West-----	5.4	74.9
RESIDENCE		
Metropolitan-----	5.2	75.7
Nonmetropolitan-----	4.5	71.8
FAMILY INCOME		
Under \$5000-----	5.7	73.8
\$5,000-\$9,999-----	4.8	72.9
\$10,000-\$14,999-----	4.9	75.3
\$15,000 and over-----	5.1	77.4

^{1/}Includes unknown income.

SOURCE: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

Over two-thirds of all outpatient physician contacts occur at the physician's office. Home visits account for only one percent of visits as compared to over five percent a decade ago. The poor and the minorities make much greater use of hospital outpatient clinics than do the remainder of the population.

Table CD.I.52

Physician visits by place of visit by selected demographic characteristic:
Persons of all ages, United States, 1973

Demographic Characteristic	Total visits ^{1/} (in 1,000's)	Office	Hospital Outpatient Clinic	Hospital Emergency Room	Tele- phone	Home
		Percent Distribution				
Total ^{2/} -----	1,031,010	69.1	6.8	3.9	12.7	1.4
SEX						
Male-----	429,734	67.8	6.8	4.7	11.5	1.5
Female-----	601,276	70.0	6.8	3.3	13.6	1.3
COLOR						
White-----	914,208	70.2	5.6	3.5	13.6	1.5
All Other-----	116,802	60.1	16.4	7.0	5.9	0.9
REGION						
Northeast-----	241,030	65.7	7.9	4.7	12.6	2.8
North Central-----	284,012	70.1	6.0	3.4	14.3	1.2
South-----	314,792	68.9	7.1	3.8	12.0	1.0
West-----	191,155	72.0	6.0	3.6	11.6	0.4
RESIDENCE						
Metropolitan-----	742,845	67.1	7.5	4.1	13.5	1.5
Nonmetropolitan--	288,165	74.2	5.0	3.3	10.7	1.1
FAMILY INCOME						
Under \$5,000-----	199,710	65.2	10.5	3.8	9.6	1.9
\$5,000-\$9,999-----	249,207	71.4	6.7	4.0	11.5	1.3
\$10,000-\$14,999--	251,453	68.4	5.7	4.0	15.3	0.8
\$15,000 and over-	270,842	70.0	4.9	3.8	14.3	1.8

^{1/}Includes all other places of visits.

^{2/}Includes unknown income.

SOURCE: National Center for Health Statistics: Unpublished data
from the Health Interview Survey.

This table and the following ones present data from the National Ambulatory Medical Care Survey in which data are obtained from a sample of physicians in private practice. Some of these tables corroborate data presented earlier based on household interviews while other tables present data only available from physician records. The number of visits to the offices of private physicians increases steadily with age. Females have more office visits than do males and whites have more office visits than do minority persons. The higher level of office visits in the metropolitan areas than in the nonmetropolitan areas reflects the considerably greater number of office-based physicians per 1,000 population in the metropolitan areas.

Table CD.I.53

Rate of visits to physicians' offices by patient's age, according to patient's sex and color and region and location of visit: United States, May 1973-April 1974

Sex and color and region and location of visit	Total	Age				
		Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over
COLOR AND SEX		Number of visits per person				
Total-----	3.1	2.3	2.6	3.2	3.8	4.9
Male-----	2.5	2.3	1.9	2.1	3.2	4.5
Female-----	3.7	2.2	3.4	4.2	4.3	5.2
White-----	3.2	2.4	2.7	3.1	3.8	5.0
Male-----	2.6	2.5	2.0	2.1	3.2	4.6
Female-----	3.7	2.3	3.4	4.1	4.3	5.3
All Other-----	2.6	1.5	2.4	3.4	3.7	4.0
Male-----	2.0	1.4	1.3	2.1	3.4	3.7
Female-----	3.2	1.6	3.3	4.3	4.0	4.2
REGION						
Northeast-----	3.1	2.4	2.8	3.3	3.6	4.3
North Central-----	3.0	2.2	2.6	3.0	3.6	4.9
South-----	3.1	2.4	2.6	3.2	3.8	4.8
West-----	3.2	1.9	2.6	3.3	4.2	6.2
LOCATION OF VISITS						
Metropolitan Area-----	3.4	2.3	2.8	3.6	4.2	5.4
Male-----	2.7	2.4	2.0	2.3	3.5	5.0
Female-----	4.0	2.3	3.7	4.7	4.8	5.6
Nonmetropolitan Area-----	2.5	2.1	2.2	2.2	2.9	4.1
Male-----	2.2	2.2	1.6	1.6	2.5	3.6
Female-----	2.9	1.9	2.8	2.8	3.2	4.5

SOURCE: National Center for Health Statistics: Unpublished Data from the National Ambulatory Medical Care Survey.

Sixteen percent of all office-based physician contacts are for an initial visit by the patient. The proportion of initial visits is particularly low among the aged, with only 7.5 percent of their visits being initial contacts. The proportion of initial visits is higher among the minority population than among other persons.

The proportion that are return visits for a current problem increases with the age of the patient, while the proportion which is due to seeing the same patient for a different problem is high for young patients.

Table CD.I.54

Percent distribution of visits to physicians' offices by prior visit status, according to patient's age, sex, and color, and region and location of visit: United States, May 1973 - April 1974

Age, sex, and color, and region and location of visit	Prior visit status			
	Total	Patient seen for the first time	Patient seen before For current problem	For another problem
Percent distribution				
AGE				
All ages-----	100.0	15.6	61.5	22.9
Under 15 years-----	100.0	16.7	48.5	34.8
15-24 years-----	100.0	22.8	52.3	25.0
25-44 years-----	100.0	19.0	59.1	22.0
45-64 years-----	100.0	11.8	69.2	19.0
65 years and over-----	100.0	7.5	78.8	13.7
SEX				
Male-----	100.0	17.5	58.4	24.1
Female-----	100.0	14.3	63.6	22.1
COLOR				
White-----	100.0	14.9	62.4	22.7
All Other-----	100.0	21.0	54.6	24.4
REGION				
Northeast-----	100.0	15.0	64.1	20.9
North Central-----	100.0	14.1	62.6	23.3
South-----	100.0	17.1	59.4	23.5
West-----	100.0	15.9	60.4	23.7
LOCATION OF VISIT				
Metropolitan-----	100.0	15.9	62.4	21.7
Nonmetropolitan-----	100.0	14.5	59.0	26.5

SOURCE: National Center for Health Statistics: Unpublished Data from the National Ambulatory Medical Care Survey.

One-half of all visits to physicians' offices were for conditions that the physician judged to be not serious in nature. The greatest differences occurred by age, with six out of ten visits for children and young adults of a nonserious nature, while only one out of three visits for the aged were for nonserious problems.

A problem with using utilization rates to judge the health of the population is overcome here by having the physician evaluation of the seriousness of the principal problem. Utilization rates increase with age and the proportion of visits which are for serious problems also increases. Males have lower utilization rates than females but the proportion of visits for serious problems by males is higher than for females.

Table CD.I.55

Percent distribution of visits to physicians' offices by seriousness of patient's principal problem, according to patient's sex, color, and age, and region and location of visit: United States, May 1973 - April 1974

Sex, Color, Age, Region and Loca- tion of Visit	Office Visits Per Person Per Year	Seriousness of Patient's Principal Problem				
		Total	Very Serious	Serious	Slightly Serious	Not Serious
		Percent Distribution				
All Patients-----	3.1	100.0	3.2	16.0	30.4	50.5
SEX						
Male-----	2.5	100.0	3.8	18.1	31.9	46.2
Female-----	3.7	100.0	2.8	14.6	29.4	53.2
COLOR						
White-----	3.2	100.0	3.1	15.7	30.5	50.6
All Other-----	2.6	100.0	3.3	18.2	29.5	49.0
AGE						
Under 15 years-----	2.3	100.0	1.5	10.2	29.4	58.9
15-24 years-----	2.6	100.0	1.7	10.7	26.0	61.6
25-44 years-----	3.2	100.0	2.7	14.0	29.4	54.0
45-64 years-----	3.8	100.0	3.9	20.1	32.2	43.9
65 years and over---	4.9	100.0	6.3	25.1	34.7	33.9
REGION						
Northeast-----	3.1	100.0	3.7	17.8	28.7	49.8
North Central-----	3.0	100.0	2.8	13.8	31.6	51.7
South-----	3.1	100.0	2.6	13.8	29.5	54.1
West-----	3.2	100.0	4.0	20.5	32.3	43.2
LOCATION OF VISIT						
Metropolitan-----	3.4	100.0	3.4	16.4	29.5	50.7
Nonmetropolitan-----	2.5	100.0	2.5	14.7	33.1	49.7

SOURCE: National Center for Health Statistics: Unpublished Data from the National Ambulatory Medical Care Survey.

The ordering of prescription or nonprescription drugs and other drug therapies is the most common treatment with one-half of all visits to doctors' offices involving some form of drug therapy.

Approximately one-third of the visits involved a general history or examination. Visits involving injections or immunizations were particularly common for children and those involving surgical treatment in the office were common for patients aged 15-24 years.

Table CD.I.56

Percent of visits to physicians' office's by treatment and services ordered or provided, according to patient's sex, color, and age, and region and location of visit: United States, May 1973 - April 1974

Sex, color, and age, and region and location of visit	Treatments/services ordered or provided									
	None	General history/exam	Lab procedure/test	X-rays	Injection/immunization	Office surgical treatment	Drug therapy ²	Psychotherapy/therapeutic listening	Medical counseling/advice	Other
	Percent of visits with specified treatment or service ^{1/}									
All Patients----	5.3	35.9	19.6	7.1	18.6	8.9	49.4	4.3	19.7	8.8
SEX										
Male-----	5.2	36.8	16.0	8.2	19.4	11.0	47.2	3.8	19.1	8.6
Female-----	5.4	35.4	22.0	6.4	18.1	7.6	50.8	4.6	20.1	9.0
COLOR										
White-----	5.4	35.8	19.5	7.3	18.5	9.2	48.3	4.5	20.2	9.2
All other-----	4.9	37.1	20.8	5.8	19.5	6.6	58.5	2.6	15.3	5.4
AGE										
Under 15 years-----	6.0	41.2	13.0	4.0	26.0	7.8	46.2	0.8	19.6	5.4
15-24 years-----	6.5	35.6	21.3	5.7	14.0	11.0	45.2	3.1	17.3	9.9
25-44 years-----	5.7	33.8	21.2	7.6	14.1	8.8	47.6	8.0	19.2	8.9
45-64 years-----	4.2	34.6	20.7	9.3	19.6	8.6	51.7	5.0	20.7	10.6
65 years and over--	4.6	35.4	22.0	8.0	19.5	9.1	56.9	2.6	21.4	8.9
REGION										
Northeast-----	4.0	43.3	16.7	6.9	17.4	8.4	50.0	7.2	22.1	10.0
North Central-----	5.2	32.8	18.2	7.0	21.6	8.6	48.6	2.4	18.3	8.2
South-----	6.1	37.9	22.5	6.4	19.4	8.5	51.4	3.2	17.5	7.6
West-----	6.0	27.5	20.4	8.7	14.2	10.9	46.4	5.0	22.3	10.2
LOCATION OF VISIT										
Metropolitan-----	4.9	36.3	19.6	7.8	17.4	9.3	48.5	5.2	20.9	9.4
Nonmetropolitan----	6.7	34.8	19.6	5.1	22.1	7.8	52.2	1.6	16.1	7.0

^{1/}Percents will not add to 100 because most patient visits required the provision of more than one treatment or service.

^{2/}Includes prescription and nonprescription drugs.

SOURCE: National Center for Health Statistics: Unpublished Data from the National Ambulatory Medical Care Survey.

Instructions to return at a specified time are the most common disposition of the visit to a physician (61 percent) followed by instructions to return if necessary (21 percent). Referrals and hospital admissions are rare.

For about 13 percent of the visits no follow-up is planned. The differences in the proportion for whom no followup is planned are the reverse of the differences among those who are told to return at a specified time.

Table CD.I.57

Percent of office visits by disposition of visit, according to patient's sex, color, and age, and region and location of visit: United States, May 1973 - April 1974

Sex, color, and age, and region and location of visit	Disposition of visit							
	No follow-up planned	Return at specified time	Return if needed, P.R.N.	Telephone follow-up planned	Referred to other physician	Returned to referring physician	Admit to hospital	Other
	Percent of visits with specified disposition ^{1/}							
All Patients---	12.7	61.2	21.4	2.9	2.7	1.1	2.1	0.6
SEX								
Male-----	14.5	58.0	22.4	2.9	3.2	1.2	2.1	0.7
Female-----	11.5	63.2	20.7	3.0	2.5	1.1	2.0	0.5
COLOR								
White-----	12.7	61.0	21.4	3.1	2.8	1.1	2.1	0.6
Other-----	12.6	62.3	21.0	2.0	2.6	*	2.0	*
AGE								
Under 15 years----	18.5	48.0	28.6	4.6	2.3	*	1.2	*
15-24 years-----	17.5	56.1	21.7	2.9	2.2	*	*	*
25-44 years-----	12.4	62.4	20.0	2.7	3.0	1.4	2.3	0.6
45-64 years-----	9.3	65.4	20.0	2.6	3.6	1.4	2.2	0.7
65 years & over---	6.5	74.0	16.3	1.9	2.1	1.1	2.6	*
REGION								
Northeast-----	10.4	65.8	18.9	5.4	2.8	1.7	1.6	*
North Central----	12.9	61.1	21.1	1.9	2.0	*	2.2	0.5
South-----	14.6	56.5	24.7	2.0	3.0	*	2.4	0.6
West-----	12.1	63.3	19.0	2.9	3.4	1.2	2.1	0.9
LOCATION OF VISIT								
Metropolitan-----	12.0	63.7	19.1	3.3	2.8	1.3	2.0	0.7
Nonmetropolitan --	14.8	53.6	27.9	1.7	2.4	*	2.4	*

^{1/} Percent will not add to 100 because some patient visits had more than one disposition.

SOURCE: National Center for Health Statistics: Unpublished data from the National Ambulatory Medical Care Survey.

Inpatient Utilization: Short and Long-Term Care

In general, short-stay hospitals are defined as those where the average length of stay is less than 30 days. These are hospitals where medical care is provided for acute illnesses, for surgery, and for childbirth. Such hospitals do not provide care for the long-term patient who may need care for months or years.

Because the patient does not remain in a short-stay hospital for a long period of time, one can measure admissions, episodes, or discharges, and for each the number of days of care and the average length of stay for the year without introducing biases in the data. The number of admissions during the year will approximately equal the number of discharges. The choice of which to use depends on the availability of the data desired.

For long-term care institutions the situation is more complicated. Patients may not be discharged during the year in which they are admitted; they may remain for many years and eventually die in the institution. The institution may become their place of residence. Thus, data for long-term care institutions are more difficult to collect and are more difficult to interpret after they have been collected.

The most common measure is a count of persons who are residents at a point in time. Its usefulness is limited because it does not reveal the dynamics of the situation but for most purposes it is the only measure available and so is used in this report. For State and county mental hospitals where data on admissions and discharges are also available they are shown. This example is extremely useful as it demonstrates that the three measures - admissions, discharges, and residents - do not necessarily move in the same direction.

Eighty-nine percent of the people living in the civilian, noninstitutionalized population are not hospitalized at any time during the year. The remaining eleven percent of this population, plus those persons discharged to long-term institutions or by death account for the 255 million hospital days per year.

Even among the population living outside institutions, those age 65 and older are more likely to be hospitalized than any younger age-sex group with the exception of women in the child-bearing ages. They do not account for a high proportion of the short-stay episodes, however, because they make up less than 10 percent of the population.

Table CD.I.58 Number and percent distribution of persons with short-stay hospital episodes during the past year by number of episodes, according to sex and age: United States, 1973

Sex and age	Population	Number of Hospital Episodes				
		Total	None	1	2	3+
<u>BOTH SEXES</u>	Number of persons (in 1000's)	Percent distribution				
All ages-----	205,799	100.0	89.3	8.9	1.4	0.4
Under 17 years-----	63,997	100.0	94.4	4.9	0.5	0.2
17-24 years-----	29,063	100.0	87.7	10.6	1.4	0.3
25-34 years-----	27,750	100.0	86.6	11.6	1.4	0.4
35-44 years-----	22,204	100.0	88.5	9.4	1.5	0.6
45-64 years-----	42,534	100.0	87.7	9.8	1.9	0.6
65 years and over----	20,253	100.0	83.2	13.0	2.8	1.0
<u>MALE</u>						
All ages-----	99,241	100.0	91.2	7.3	1.1	0.4
Under 17 years-----	32,599	100.0	94.2	5.1	0.5	0.2
17-24 years-----	14,000	100.0	92.8	6.3	0.6	*
25-34 years-----	13,418	100.0	93.0	6.3	0.6	*
35-44 years-----	10,673	100.0	91.1	7.6	0.9	0.4
45-64 years-----	20,164	100.0	87.9	9.5	2.0	0.7
65 years and over----	8,386	100.0	82.4	13.3	3.2	1.0
<u>FEMALE</u>						
All ages-----	106,558	100.0	87.5	10.4	1.6	0.5
Under 17 years-----	31,397	100.0	94.7	4.7	0.5	*
17-24 years-----	15,062	100.0	82.9	14.6	2.1	0.5
25-34 years-----	14,332	100.0	80.6	16.7	2.1	0.6
35-44 years-----	11,531	100.0	86.1	11.2	2.0	0.8
45-64 years-----	22,370	100.0	87.5	10.1	1.8	0.6
65 years and over----	11,867	100.0	83.7	12.8	2.5	1.0

Note:

Data are based on household interviews of the civilian, noninstitutionalized population and thus exclude persons discharged to long-term institutions or by death.

Source: National Center for Health Statistics: Current Estimates from the Health Interview Survey, United States, 1973, Vital and Health Statistics, Series 10, No. 95. DHEW Pub. No. (HRA) 75-1522.

For every 1,000 persons in the civilian, noninstitutionalized population there are 160 discharges from short-stay hospitals and 1,238 days of care during the year. The average patient stays in the hospital just over a week.

Women are more likely to be hospitalized than men and utilize more hospital days but a man, when hospitalized, stays longer than a woman. This is partly because of the large proportion of short hospitalizations for childbirth among women.

The rate of hospitalization, the number of days per 1,000 persons, and the average length of stay per patient all increase with increasing age and decrease with higher income.

Table C.D.I.59 Discharges from short-stay hospitals per 1,000 population, days of hospital care per 1,000 population, and average length of stay by sex, age, geographic region and family income: United States, 1973

Sex, age, region, and income	Population (in 1000's)	Discharges per 1,000 population	Days of care per 1,000 population	Average length of stay in days
Total-----	205,836	160	1,238	7.8
Male-----	99,307	132	1,090	8.3
Female-----	106,529	185	1,375	7.4
AGE				
0-14 years-----	55,559	72	329	4.6
15-44 years-----	87,342	158	898	5.7
45-64 years-----	42,641	186	1,698	9.1
65 years and over----	20,294	350	4,228	12.1
REGION				
Northeast-----	48,940	148	1,334	9.0
North Central-----	56,772	178	1,426	8.0
South-----	64,499	160	1,169	7.3
West-----	35,625	146	930	6.4
FAMILY INCOME				
Under \$5,000-----	34,931	236	2,297	9.6
\$5,000-\$9,999-----	51,628	172	1,349	7.9
\$10,000-\$14,999-----	50,924	133	873	6.5
\$15,000 and over----	53,549	126	800	6.4

Source: National Center for Health Statistics: Unpublished data from the Hospital Discharge Survey and the Health Interview Survey.

Approximately 50 percent of all deaths occur in short-stay hospitals - a proportion that appears to have remained constant over the past 15 years. In the early sixties about 60 percent of those who died in the hospital had not been hospitalized before during the year preceding death.

The number of episodes preceding the terminal one varied enormously by cause of death. Two-thirds of the person dying of malignant neoplasms had been hospitalized at least once before during the year in contrast to 22 percent of those whose deaths were caused by accidents.

Table CD.I.60

Average annual number of decedents who died in hospitals and in institutions and percent distribution by number of previous episodes, according to place of death and leading causes of death: United States, 1962-65 deaths

Place and cause of death	Decedents in thousands	Previous episodes during 12 months			
		Total	No previous episodes	One previous episode	Two or more previous episodes
<u>Persons who died in short-stay hospitals</u>		Percent distribution			
Total, all causes	902	100.0	58.6	23.7	17.7
Diseases of heart 400-402, 410-443	243	100.0	63.1	22.4	14.5
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues 140-205	189	100.0	33.6	30.0	36.5
Vascular lesions affecting central nervous system 330-334	105	100.0	68.9	21.6	9.5
Accidents E800-E962	35	100.0	78.5	18.5	3.0
Certain diseases of early infancy 760-776	59	100.0	92.7	6.9	*
Influenza and pneumonia, except pneumonia of newborn 480-493	29	100.0	60.0	25.2	14.8
General arteriosclerosis 450	11	100.0	62.0	21.3	16.7
Diabetes mellitus 260	18	100.0	56.1	26.2	17.7
Congenital malformations 750-759	17	100.0	59.1	24.7	16.2
Cirrhosis of liver 581	16	100.0	60.3	21.9	17.8
Suicide E963, E970-E979	*	*	*	*	*
All other causes Residual	175	100.0	57.1	26.4	16.4
<u>Persons who died in resident institutions</u>		Percent distribution			
Total, all causes	254	100.0	80.9		19.1
Diseases of heart 400-402, 410-443	95	100.0	80.1		19.9
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues 140-205	32	100.0	81.3		18.7
Vascular lesions affecting central nervous system 330-334	44	100.0	82.0		18.0
Accidents E800-E962	*	*	*		*
Certain diseases of early infancy 760-776	*	*	*		*
Influenza and pneumonia, except pneumonia of newborn 480-493	17	100.0	79.7		20.3
General arteriosclerosis 450	15	100.0	83.8		15.7
Diabetes mellitus 260	5	100.0	64.4		35.6
Congenital malformations 750-759	*	*	*		*
Cirrhosis of liver 581	*	*	*		*
Suicide E963, E970-E979	*	*	*		*
All other causes Residual	40	100.0	83.8		16.0

(Numbers after causes of death are category numbers of the Seventh Revision of the International Lists, 1955)

SOURCE: National Center for Health Statistics: Care in Hospitals and Institutions during the Last Year of Life, by Cause of Death, United States, 1962-65. NTIS Accession No. PB 208-639

The proportion of the resident population in institutions has been approximately one percent at the 1950, 1960, and 1970 censuses.

While the classification for the three censuses may not be strictly comparable, it is obvious that there have been shifts in the type of institution where the institutionalized population reside. For example, the proportion in mental hospitals declined from 39 to 20 percent while the proportion in homes for the aged and dependent increased from 19 to 44 percent.

Table CD.I.61

Number of persons in institutions and other group quarters by type of institution and specified ages: United States, 1950

Age	Total	Tuberculosis hospitals	Other special hospitals	Homes for the aged and dependent	Homes and schools for the mentally handicapped	Mental hospitals	All correctional institutions ^{1/}
All ages ----	1,566,846	76,291	20,084	296,783	134,189	613,628	264,557
Under 5 years ---	...	951	183	662	2,152	3,823	661
5-14 years -----	...	2,276	443	2,036	23,693		
15-44 years -----	...	44,367	3,965	13,607	85,003	215,489	214,412
45-64 years -----	...	22,105	6,636	62,942	19,157	252,970	44,344
65+ years -----	...	6,592	8,857	217,536	4,184	141,346	5,140

	Homes for dependent and neglected children	Homes and schools for the physically handicapped	Public training schools for juvenile delinquents, detention homes, and homes for unwed mothers
All ages ----	96,300	20,999	44,015
Under 5 years ---	9,728	997	1,555
5-14 years -----	69,608	11,834	11,802
15-24 years -----	16,123	6,037	28,427
25+ years -----	841	2,131	2,231

^{1/} Includes local jails and workhouses.

SOURCE: Tables 4,5,6,7,8,9,10, and 11, U.S. Bureau of the Census, U.S. Census of Population: 1950. Vol. IV, Special Reports, Part 2, Chapter 3, Institutional Population. U.S. Government Printing Office, Washington, D.C., 1953. (1950 Pop. Census Report P-E No. 2C.)

Table CD.I.62

Number of persons in institutions and other group quarters by type of institution and specified ages: United States, 1960

Age	Total	All mental hospitals and residential treatment centers	Tuberculosis hospitals	Chronic disease hospitals (except tuberculosis hospitals)	Homes for the aged and dependent	Homes and schools for the mentally handicapped	All correctional institutions ^{1/}
All ages ---	1,886,967	630,046	65,009	42,476	469,717	174,727	346,015
Under 5 years --	...	417	1,123	349	294	4,473	75
5-14 years -----	...	7,070	1,684	925	1,013	41,796	660
15-44 years -----	...	196,368	22,316	5,767	15,180	97,901	283,038
45-64 years -----	...	248,351	25,688	12,271	65,277	25,795	57,146
65+ years -----	...	177,840	14,198	23,164	387,953	4,762	5,096

	Home for dependent and neglected children	Homes for the physically handicapped			All training school for juvenile delinquents	Detention homes ^{2/}	Homes for unwed mothers
		For the blind	For the deaf	Other homes and schools			
All ages-----	73,306	7,177	11,628	5,486	45,695	12,188	3,497
Under 5 years --	5,965	54	160	767	48	213	1,084
5-14 years -----	50,051	4,287	6,821	2,966	12,637	4,989	216
15-24 years -----	15,077	2,049	4,429	960	32,236	6,084	1,945
25+ years -----	2,213	787	218	793	774	902	252

^{1/} Includes local jails and workhouses.^{2/} Includes diagnostic and reception centers.

SOURCE: Tables 3,4,5,6,7,8,9,10 and 11, U.S. Bureau of the Census, U.S. Census of Population: 1960. SUBJECT REPORTS. Inmates of institutions. Final report PC(2)-8A.

Table CD.I.63

Number of persons in institutions and other group quarters by type of institution, according to age: United State, 1970

Age	Total	All mental hospitals and residential treatment centers	Tuberculosis hospitals	Chronic disease hospitals (except tuberculosis and mental)	Homes for the aged and dependent	Homes and schools for the mentally handicapped	All correctional institutions ^{1/}
All ages ----	2,126,719	433,890	16,912	67,120	927,514	201,992	328,020
Under 5 years ---	...	401	161	528	389	3,593	113
5-14 years -----	...	13,721	326	2,527	1,278	44,548	1,187
15-44 years -----	...	148,677	4,373	10,448	24,932	111,585	282,315
45-64 years -----	...	158,048	6,984	18,425	105,108	31,539	40,212
65+ years -----	...	113,043	5,068	35,192	795,807	10,727	4,193

	Home for dependent and neglected children	Homes and schools for the physically handicapped			All training schools for juvenile delinquents	Detention homes	Homes for unwed mothers
		For the blind	For the deaf	Other homes and schools			
All ages ----	47,594	6,949	8,911	6,879	66,457	10,272	4,209
Under 5 years ---	2,102	40	94	384	162	207	843
5-14 years -----	31,236	2,977	6,070	2,651	16,407	3,916	214
15-24 years -----	12,181	2,832	2,558	1,648	47,038	5,984	2,933
25+ years -----	2,075	1,100	189	2,196	2,850	165	219

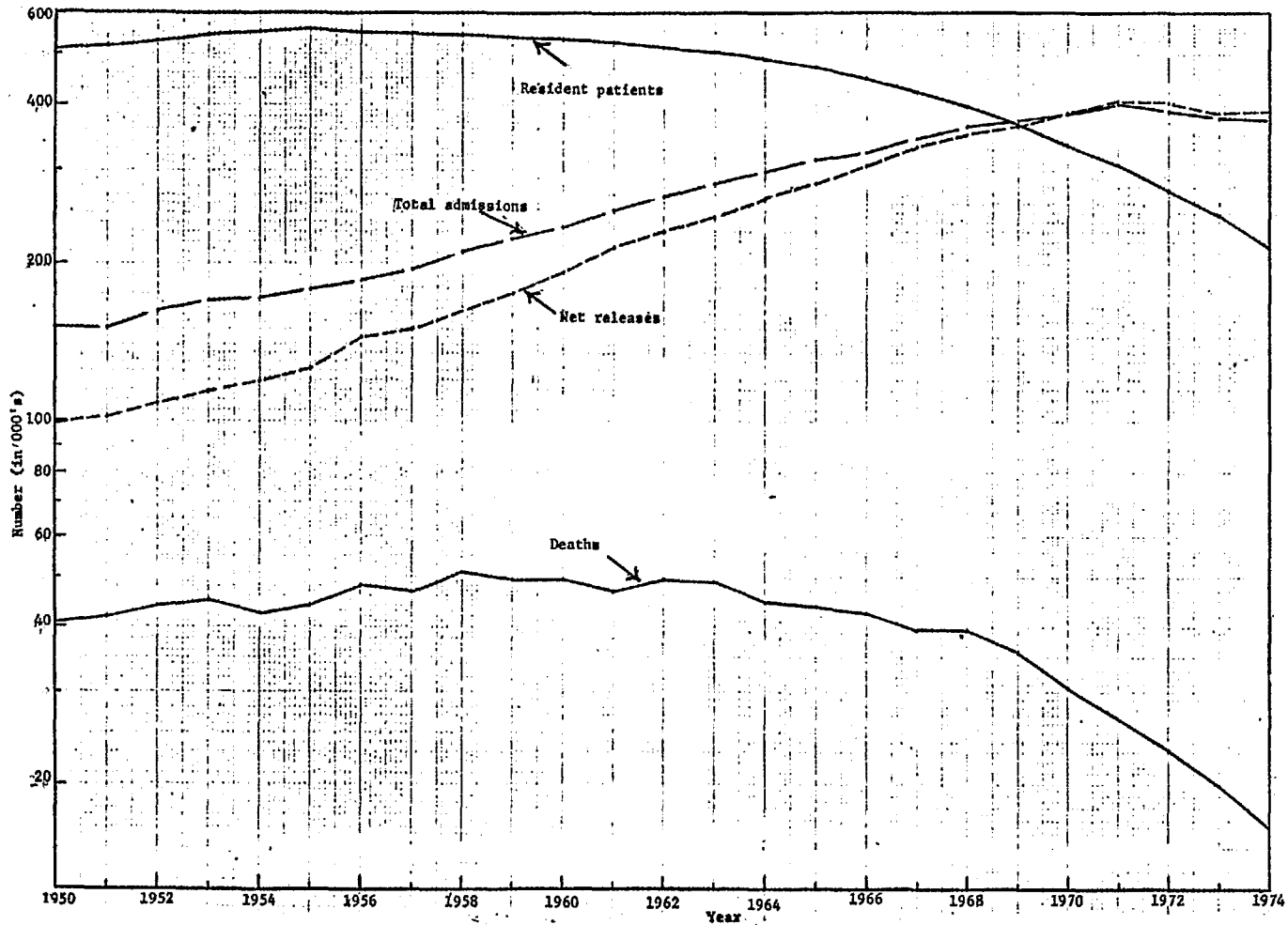
^{1/} Includes local jails and workhouses.

SOURCE: Tables 4,5,6,7,8,9, and 10, U.S. Bureau of the Census, Census of the Population: 1970. SUBJECT REPORTS.Final report PC(2)-4E, Persons in institutions and other group quarters (1973).

The number of residents in State and county mental hospitals decreased for the first time between 1955 and 1956. The decrease has continued each year thereafter with an accelerated decline beginning in the mid 1960's. The number of admissions each year continued to increase, however, until 1971 after which they too began to decline.

Table CD.I.64

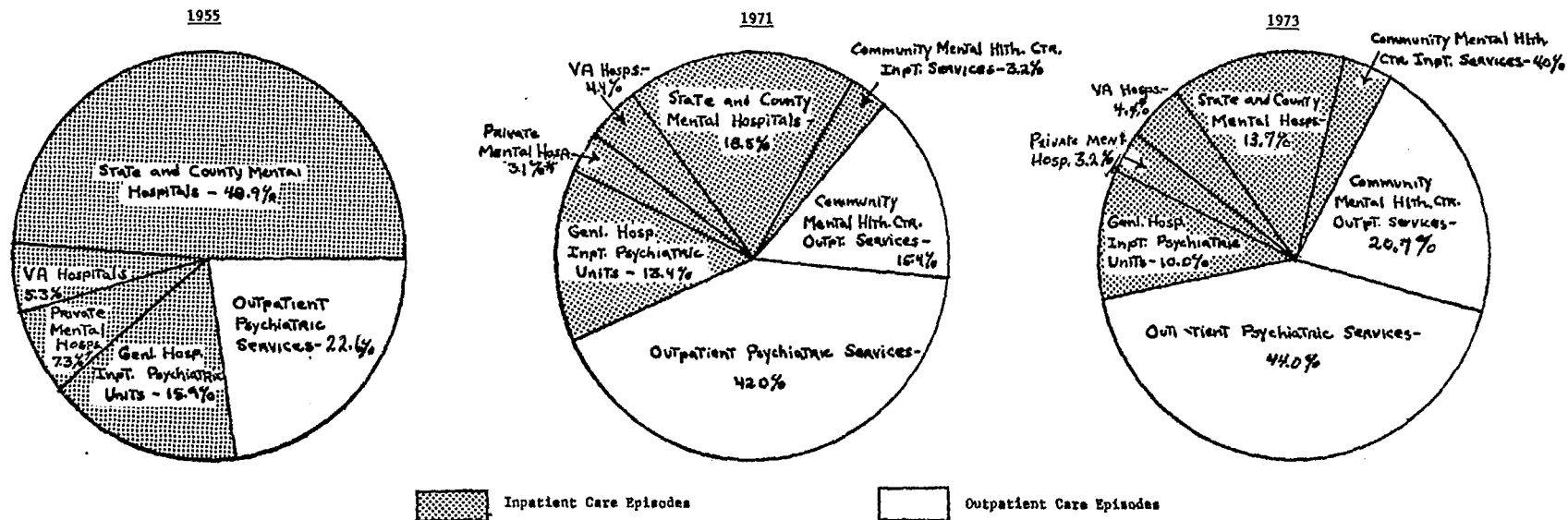
Number of resident patients, total admissions, net releases and deaths, State and county mental hospitals, 1950-74



The number and rate per 100,000 of patient care episodes in mental health facilities more than doubled between 1955 and 1973 with a significant shift in the locale of these episodes from inpatient to outpatient facilities. The decline in the proportion of inpatient episodes is attributable primarily to State and county mental hospitals which accounted for only 14 percent of all episodes in 1973 compared with almost half the episodes in 1955.

Table CD.I.65

Percent distribution of inpatient and outpatient care episodes¹ in selected mental health facilities by type of facility: United States, 1955, 1971, and 1973



* Includes estimates of episodes of care in residential treatment centers for emotionally disturbed children.

Source: National Institute of Mental Health, *Utilization of Mental Health Facilities, 1971*, Series B, No. 5, January 1974, Table 22; unpublished provisional data for 1973 -- National Institute of Mental Health.

¹/Patient care episodes are defined as the number of residents in inpatient facilities at the beginning of the year (or the number of persons on the rolls of noninpatient facilities) plus the total additions to these facilities during the year. Total additions during the year include new admissions, readmissions, and returns from leave. It is, therefore, a duplicated count of persons.

Rates of inpatient care episodes reached their peak in 1969, had declined slightly by 1971 and had decreased considerably by 1973. Outpatient care episodes continued to increase steadily.

Table CD.I.66 Number, percent distribution, and rates per 100,000 population of inpatient and outpatient care episodes,^{1/} in selected mental health facilities, by type of facility: United States 1955, 1965, 1967, 1969, 1971, and 1973

Year	Total facilities ^{1/}		Inpatient services of:						Outpatient psychiatric services of:		
			Total inpatient	State and county mental hospitals	Private mental hospitals ^{2/}	Gen. hosp. psychiatric service (non-VA)	VA psychiatric inpatient services	Federally assisted comm. men. health cen.	Total outpatient	Federally assisted comm. men. health cen.	Other
	Number		Percent distribution								
1973.....	4,749,362	100.0	35.3	13.7	3.2	10.0	4.4	4.0	64.7	20.7	44.0
1971.....	4,038,143	100.0	42.6	18.5	3.1	13.4	4.4	3.2	57.4	15.4	42.0
1969.....	3,572,822	100.0	47.0	21.5	3.5	15.0	5.2	1.8	53.0	8.1	44.9
1967.....	3,139,742	100.0	52.9	25.5	4.0	18.4	4.1	0.9	47.1	3.1	44.0
1965.....	2,636,525	100.0	59.4	30.5	4.8	19.7	4.4	-	40.6	-	40.6
1955.....	1,675,352	100.0	77.4	48.9	7.3	15.9	5.3	-	22.6	-	22.6
			Rate per 100,000 population								
1973.....	...	2282.4	807.2	313.3	73.0	228.5	100.2	92.2	1475.2	472.2	1003.0
1971.....	...	1981.5	847.2	364.9	66.1	265.7	86.9	63.7	1134.3	305.0	829.3
1969.....	...	1797.7	849.6	384.2	62.0	268.2	93.6	41.7	948.1	145.2	802.9
1967.....	...	1604.3	847.9	409.5	63.5	295.6	65.5	13.8	756.4	49.7	706.7
1965.....	...	1374.0	815.9	419.5	65.4	270.6	60.4	-	558.1	-	558.1
1955.....	...	1032.2	798.6	504.5	75.9	163.8	54.4	-	233.5	-	233.5

^{1/} Omitted from this table are: private psychiatric office practice; psychiatric service modes of all types in hospitals or outpatient clinics of Federal agencies other than the V.A. (e.g., Public Health Service, Indian Health Service, Department of Defense, Bureau of Prisons, etc.); inpatient service modes of multi-service facilities not shown in this table; all partial care episodes, and outpatient episodes in V.A. hospitals.

^{2/} Includes estimates of episodes of care in residential treatment centers for emotionally disturbed children.

Source: National Institute of Mental Health: Utilization of Mental Health Facilities, 1971, Series B, No. 5. DHEW Publication No. NIH 74-657. For 1973, unpublished provisional data from the National Institute of Mental Health.

There were 2.5 million admissions to psychiatric services in 1971, 1.2 million to inpatient services and 1.3 million to outpatient services. Males had higher inpatient than outpatient rates, while for females the reverse was true. Children had much higher outpatient than inpatient rates while the reverse was true for the elderly.

Table CD.I.67
Admission rates per 100,000 population to psychiatric inpatient and outpatient services by color and sex, by sex and age, and by diagnosis: United States, 1971

Color, sex, age, and diagnosis	All inpatient and outpatient services	Inpatient ^{1/}	Outpatient ^{2/}
<u>Rates per 100,000 population</u>			
Color and sex			
Both sexes.....	1238.5	596.7	641.8
Male.....	1319.1	685.9	633.2
Female.....	1162.2	512.3	649.9
White.....	1173.2	566.8	606.4
Male.....	1241.4	642.1	599.4
Female.....	1108.3	495.4	613.0
All other.....	1696.2	806.1	890.0
Male.....	1871.4	998.0	873.4
Female.....	1534.4	629.1	905.3
<u>Rates per 100,000 population</u>			
Sex and age			
Both sexes.....	1238.5	596.7	641.8
Under 18 years.....	626.8	123.8	503.1
18-24 years.....	1936.0	879.8	1056.1
25-44 years.....	1982.2	1017.3	964.8
45-64 years.....	1315.7	811.5	504.2
65 years and over.....	615.2	464.1	151.0
Male.....	1319.1	685.9	633.2
Under 18 years.....	736.4	127.7	608.8
18-24 years.....	2264.9	1167.5	1097.5
25-44 years.....	1914.2	1121.9	792.2
45-64 years.....	1403.8	962.2	441.6
65 years and over.....	658.6	535.5	123.1
Female.....	1162.2	512.3	649.9
Under 18 years.....	513.1	119.7	393.4
18-24 years.....	1634.9	616.6	1018.3
25-44 years.....	2047.8	916.4	1131.5
45-64 years.....	1235.2	673.9	561.4
65 years and over.....	583.5	412.1	171.4
<u>Rates per 100,000 population</u>			
Diagnosis ^{3/}			
All diagnoses.....	1238.5	596.7	641.8
Mental retardation.....	28.9	7.4	21.5
Organic brain syndromes.....	54.9	37.6	17.3
Schizophrenia.....	258.0	161.1	96.9
Depressive disorders.....	216.9	134.3	82.6
Other psychotic disorders.....	18.9	9.8	9.1
Alcoholism.....	127.9	94.0	33.9
Drug abuse.....	43.1	30.2	12.9
All other disorders.....	401.1	110.9	290.2
Undiagnosed.....	88.9	11.5	77.4

^{1/} Excludes residential treatment centers for emotionally disturbed children and other multi-service facilities for which the demographic characteristics of admissions were not available.

^{2/} Excludes VA administration hospitals and residential treatment centers for emotionally disturbed children for which the demographic characteristics of admissions were not available.

^{3/} The diagnostic groupings used in this table are defined in terms of the Diagnostic and Statistical Manual-DSM II, American Psychiatric Association, as follows: Mental Retardation 310-315; Organic Brain Syndromes 290,292,293,294 (except 294.3), 309 (except 309.13, 309.14); Schizophrenia 295; Depressive Disorders 296,298.0,300.4; Other Psychotic Disorders 297,298.1-298.9; Alcohol Disorders 291,309.13,303; Drug Disorders 294.3,309.14,304.

Source: National Institute of Mental Health, Utilization of Mental Health Facilities, 1971. DHEW Pub. No. (NIH) 74-657.

Half of the patient care episodes among those 65 years of age and over were provided in State and county mental hospitals and only 20 percent in outpatient facilities. Among those under 45 years of age on the other hand, two-thirds of the patient care episodes were provided in outpatient facilities.

Table CD.I.68 Number and percent distribution of patient care episodes by type of psychiatric facility^{1/} according to age and sex of patients: United States, 1971

Sex and age	Total facilities		Inpatient services of:					Outpatient services of:	
			State and county mental hospitals	Private mental hospitals	VA hospitals	Genl. hosp. inpt. psych. units (excl. VA)	Community mental health centers	Community mental health centers	Other outpatient psychiatric services
	Number		Percent distribution						
Both sexes.....	4,009,506	100.0	18.6	2.5	4.4	13.5	3.2	15.5	42.3
Under 18 years..	743,237	100.0	5.3	1.0	0.0	6.2	2.4	26.2	58.9
18-24 years.....	681,641	100.0	14.3	2.1	3.0	13.9	2.7	13.6	50.4
25-44 years.....	1,433,133	100.0	16.5	2.4	4.2	16.1	3.7	15.5	41.6
45-64 years.....	888,231	100.0	26.9	3.3	9.0	15.0	3.5	10.7	31.6
65+ years.....	263,264	100.0	50.8	4.7	6.2	14.3	3.5	6.9	13.6
Male.....	2,044,576	100.0	20.1	2.0	8.5	12.2	2.9	14.6	39.7
Under 18 years..	447,959	100.0	5.7	0.8	0.0	4.8	2.0	24.2	62.5
18-24 years.....	371,376	100.0	17.8	1.8	5.6	14.3	2.2	11.3	47.0
25-44 years.....	666,389	100.0	20.7	1.9	8.8	15.6	3.5	14.4	35.1
45-64 years.....	443,289	100.0	28.2	2.8	17.4	12.6	3.3	10.0	25.7
65+ years.....	115,563	100.0	49.7	3.8	13.5	13.2	3.5	6.7	9.5
Female.....	1,964,930	100.0	17.0	2.9	0.2	14.9	3.6	16.5	44.9
Under 18 years..	295,278	100.0	4.7	1.4	0.0	8.2	3.2	29.2	53.3
18-24 years.....	310,265	100.0	10.0	2.4	0.0	13.4	3.2	16.3	54.7
25-44 years.....	766,744	100.0	12.9	2.8	0.1	16.6	3.9	16.4	47.3
45-64 years.....	444,942	100.0	25.6	3.8	0.6	17.3	3.8	11.4	37.5
65+ years.....	147,701	100.0	51.7	5.4	0.4	15.2	3.5	7.1	16.7

^{1/} Excludes episodes of care in day treatment services, the inpatient services of "other multi-service mental health facilities," all services of residential treatment centers for emotionally disturbed children, and outpatient psychiatric services of the VA hospitals. For these facilities or services, demographic data on the episodes of care were not available.

Source: National Institute of Mental Health: Utilization of Mental Health Facilities - 1971, DHEW Publication Number NIH-74-657, 1973

The West had the lowest rate of additions to State and county mental hospitals and the second highest rate of admissions to outpatient services. Thus, the ratio of outpatient admissions to mental hospital additions was 3.97 for the West, followed closely by the Northeast with 3.70 and only 1.67 for the South.

Table CD.I.69 Number, percent distribution, and rate per 100,000 population of additions to State and county mental hospitals and admissions to outpatient psychiatric services, by region: United States, 1973

Region	Additions to State and county mental hospitals - 1973 <u>1/</u>	Admissions to outpatient psychiatric services - 1973 <u>2/</u>	Ratio of outpatient admissions to mental hospital additions
	<u>Number</u>		
United States.....	442,530	1,209,271	2.73
Northeast.....	105,010	388,979	3.70
North Central....	128,574	342,650	2.67
South.....	152,916	255,299	1.67
West.....	56,030	222,343	3.97
	<u>Rate per 100,000 population</u>		
United States.....	213.5	583.4	...
Northeast.....	212.0	785.2	...
North Central....	224.3	597.6	...
South.....	236.5	394.8	...
West.....	156.8	622.2	...

1/ Additions include admissions and returns from long-term leave.

2/ Excludes outpatient psychiatric services of the Veterans Administration and of federally assisted community mental health centers.

Source: National Institute of Mental Health: State Trends in Additions -- State and County Mental Hospital Inpatient Services 1969-1973. Statistical Note 119; and unpublished data.

Admission rates to State and county mental hospitals decreased with increasing educational level, with rates for males considerably higher than those for females. Outpatient rates followed a different pattern, with high rates not only among those with 0-7 years of grade school, but also among those with 1-3 years of high school.

Table CD.I.70
 Age-adjusted^{1/} admission rates per 100,000 population 14 years and over by highest level of education attained and sex, State and county mental hospitals 1969 and 1972, and outpatient psychiatric services^{2/}, 1969: United States

Highest level of education attained	Outpatient psychiatric services	State and county mental hospitals	
	1969	1969	1972
Both sexes - total.....	478.6	249.7	261.6
0-7 years grade school.....	698.5	490.3	699.7
Completed grade school.....	497.9	428.6	452.4
1-3 years high school.....	600.0	348.1	426.3
Completed high school.....	411.4	224.4	189.2
College and above.....	407.0	111.0	115.6
Males - total.....	425.7	310.5	333.6
0-7 years grade school.....	739.1	630.8	834.0
Completed grade school.....	359.6	498.9	577.3
1-3 years high school.....	507.0	448.4	573.9
Completed high school.....	383.2	299.2	248.6
College and above.....	344.9	111.0	135.5
Females - total.....	528.9	194.5	194.4
0-7 years grade school.....	653.8	330.7	543.9
Completed grade school.....	651.8	358.4	312.2
1-3 years high school.....	678.5	259.6	299.3
Completed high school.....	433.2	176.6	145.1
College and above.....	490.0	110.4	90.3

1/ The total U.S. population 14 years of age and over as of March of the respective years 1972 and 1969 was used as the base population.

2/ Excludes outpatient psychiatric services of the Veterans Administration and of federally assisted community mental health centers.

Source: National Institute of Mental Health. Statistical Note 46, April 1971; Statistical Note 34, December 1970; and Statistical Note 104, April 1974.

Almost half the females aged 65 years and over were referred to nursing homes or homes for the aged compared with 29 percent of the males in the same age group. Forty percent of the females were referred to outpatient psychiatric clinics compared with only 24 percent of the males but a larger proportion of males than of females were not referred at all upon release from the hospital.

Table CD.I.71

Percent of persons referred to selected agencies among those released from State and county mental hospitals, by age: United States, 1969

Referral on discontinuation	Age in years					
	Total all ages	Under 25 years	25-34 years	35-44 years	45-64 years	65 years and over
Total number of discontinuations- <u>both sexes</u> ...	376,105	71,125	76,834	79,054	112,030	37,062
		Percent				
No referral.....	37.6	38.1	36.8	39.6	39.0	29.5
Mental hospital (incl. private & VA).....	5.4	6.3	5.7	4.7	5.4	4.2
Nursing home or home for aged.....	5.8	*	*	*	4.7	37.7
Outpatient psychiatric clinic.....	30.6	26.1	36.9	34.7	31.4	14.6
Community mental health center.....	7.1	5.5	6.0	8.2	9.2	4.2
Total number of discontinuations- <u>male</u>	211,665	44,076	44,625	46,447	55,800	20,717
		Percent				
No referral.....	41.5	36.5	39.0	44.0	48.6	33.0
Mental hospital (incl. private & VA).....	11.8	8.2	6.8	5.0	8.2	7.4
Nursing home or home for aged.....	4.5	*	*	*	3.5	29.1
Outpatient psychiatric clinic.....	23.6	-22.0	29.9	26.4	21.8	11.6
Community mental health center.....	6.2	4.8	5.6	4.9	9.7	*
Total number of discontinuations- <u>female</u>	164,440	27,049	32,209	32,607	56,230	16,345
		Percent				
No referral.....	32.5	40.8	33.7	33.4	29.5	25.0
Mental hospital (incl. private & VA).....	3.2	*	*	*	2.7	-
Nursing home or home for aged.....	7.4	*	*	*	5.9	48.7
Outpatient psychiatric clinic.....	39.6	32.8	46.7	46.6	40.9	18.4
Community mental health center.....	8.3	6.5	6.4	12.9	8.7	*

Source: National Institute of Mental Health: Referral of Discontinuations from Inpatient Services of State and County Mental Hospitals, United States - 1969. Statistical Note 57.

As the resident population of nursing homes more than doubled in the last decade, the proportion of female residents increased from 65.5 percent to 70.4 percent, and the proportion aged 85 and over increased from 28.0 percent to 38.4 percent.

Table CD.I.72 Percent distribution of nursing home residents by sex and age: United States 1964, 1969 and 1973-74

Sex and age	1964	1969	1973-74
Number of residents -----	518,700	778,300	1,074,500
	Percent distribution		
Total -----	100.0	100.0	100.0
SEX			
Male -----	34.5	30.7	29.6
Female -----	65.5	69.3	70.4
AGE			
Under 65 years -----	11.4	10.8	10.6
65-74 years -----	18.9	16.8	15.2
75-84 years -----	41.8	39.7	35.8
85 years and over -----	28.0	32.6	38.4

SOURCE: National Center for Health Statistics, Vital and Health Statistics, Series 12, Nos. 12 and 19; and unpublished data from the Nursing Home Survey.

The majority of the persons receiving care in homes and schools for the mentally handicapped were under 25 years of age, and approximately one-third were under 18 years.

There were more males than females in these homes, particularly among those under age 18 where there were three boys for every two girls.

Table CD.I. 73

Number of persons^{1/} receiving care in homes and schools for the mentally handicapped by age, sex, race, and Spanish origin: United States, 1970

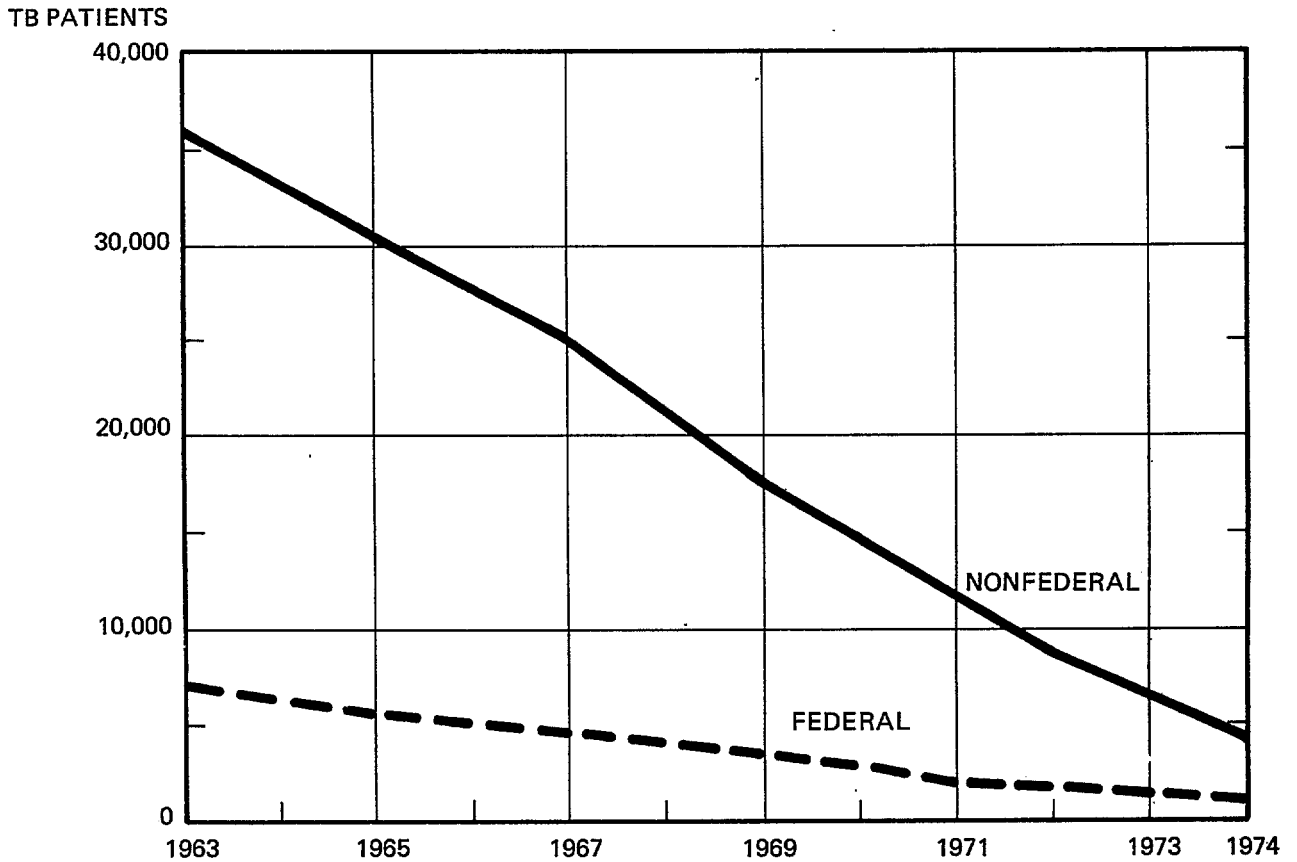
Age	All homes and schools			White			Black			Spanish origin		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
All ages -----	201,992	113,659	88,333	179,757	100,563	79,194	19,937	11,839	8,098	3,706	2,198	1,508
Under 6 years -----	3,593	1,985	1,608	3,136	1,738	1,398	407	222	185	118	118	-
5 years -----	1,879	1,045	834	1,593	896	697	254	133	121	133	70	63
6 years -----	2,198	1,298	900	1,908	1,149	759	261	144	117	44	29	15
7-9 years -----	10,537	6,525	4,012	8,930	5,559	3,371	1,374	845	529	321	124	197
10-13 years -----	23,121	14,345	8,776	19,205	11,883	7,322	3,646	2,279	1,367	532	280	252
14 years -----	6,813	4,078	2,735	5,798	3,471	2,327	923	549	374	178	81	97
15-17 years -----	21,611	13,072	8,539	17,989	10,859	7,130	3,214	2,000	1,214	627	394	233
18 and 19 years -----	12,676	7,256	5,420	11,046	6,309	4,737	1,462	832	630	205	157	48
20-24 years -----	25,377	14,922	10,455	22,374	13,128	9,246	2,714	1,623	1,091	521	300	221
25-29 years -----	17,667	10,154	7,513	16,086	9,220	6,866	1,400	847	553	362	234	128
30-34 years -----	12,686	7,176	5,510	11,601	6,589	5,012	986	538	448	188	81	107
35-39 years -----	11,040	5,881	5,159	10,221	5,405	4,816	684	402	282	96	56	40
40-44 years -----	10,528	5,642	4,886	9,825	5,258	4,567	594	341	253	122	58	64
45-49 years -----	10,366	5,267	5,099	9,681	4,857	4,824	607	372	235	41	41	-
50-54 years -----	8,181	4,313	3,868	7,779	4,117	3,662	369	185	184	38	38	-
55-59 years -----	7,441	3,747	3,694	6,977	3,463	3,514	434	268	166	20	20	-
60-64 years -----	5,551	2,693	2,858	5,251	2,532	2,719	276	143	133	62	62	-
65 years and over -----	10,727	4,260	6,467	10,357	4,130	6,227	332	116	216	98	55	43
18 years and over -----	132,240	71,311	60,929	121,198	65,008	56,190	9,858	5,667	4,191	1,753	1,102	651
21 years and over -----	114,028	60,803	53,225	105,380	55,904	49,476	7,740	4,436	3,304	1,419	883	536

^{1/}Data based on sample.

SOURCE: Bureau of the Census: Persons in institutions and other group quarters (1973).
Census of Population: 1970. SUBJECT REPORTS. Final Report PC(2)-4E.

The number of TB patients in non-Federal hospitals with a minimum of 10 beds decreased from 6,687 in 1973 to 4,608 in 1974. In part this is due to a general trend in the shortening of length of stay and in part because more patients now receive short-term hospitalization in general hospitals.

Table CD.I. 74 TUBERCULOSIS PATIENTS IN HOSPITALS*
UNITED STATES, 1963-1974



*TB beds occupied on June 30.

Source: Center for Disease Control: Reported Tuberculosis Data 1973.
DHEW Pub. No. (CDC) 75-8201.

CD.II. Children and Youth Under 18 Years of Age
Introduction

A population's infant mortality rate is frequently considered to be an indicator of general health conditions. The infant mortality rate for the United States dropped appreciably from 1973 to 1974. The provisional 1974 rate of 16.5 infant deaths per 1,000 live births was 7 percent lower than the 1973 rate (17.7). The decline in the infant mortality rate over the ten years since 1964 has averaged 4 percent per year. This decade of relatively steady decline follows a decade, from the mid-1950's to the mid-1960's, of mild fluctuations with only a slight decline.

During that decade of relatively unchanging infant mortality rates in the United States, infant mortality rates were dropping markedly in most other industrialized nations. It is not clear what forces have been responsible for the worldwide decline. There may have been contributions from advances in the state-of-the art in obstetrics and neonatology, more widespread access to adequate prenatal care, improved nutritional status of women of childbearing age, changes in the number and spacing of children connected with more widespread availability of effective contraception and abortion, and contributions from various as yet unidentified factors. Whatever the causes, for approximately the past ten years, the United States has been experiencing reductions in infant mortality

rates more nearly in line with worldwide trends. However, the United States rate remains higher than that of some fourteen other industrialized nations.

The mortality rate for minority infants is two-thirds again as high as the rate for white infants; the provisional estimates for 1974 are 24.6 infant deaths per 1,000 live births for minority infants as compared to 14.7 for white infants. Mortality among minority infants has, for the past decade, been declining somewhat more rapidly than for white infants. The resulting narrowing of the gap between minority and white infant mortality rates follows a period of more than fifteen years in which the gap had been widening. The recent decrease has brought the ratio of minority to white infant mortality back down to approximately the same level it was in 1950.

The excess infant mortality in the minority segment of the population is in part related to the higher prevalence of poverty in minority groups. Data from the mid-1960's bearing on the white population revealed that the poorer segments suffered appreciably higher infant mortality rates than did the economically better off. The extent to which the higher infant mortality resulted from problems of access to high quality medical care as opposed to generally poor living conditions is not clear. Unfortunately, it is not possible to determine from available data whether the socioeconomic differential has been widening or narrowing during the past decade.

Mortality rates during early childhood have shown a greater decline since the beginning of the century than the rates for any other age group. Mortality rates for children in the 1-4 age group have decreased by more than 95 percent. Throughout the early decades of this century young children were at great risk of dying from various communicable diseases or complications developing from them. At the turn of the century, children from one to four were experiencing higher death rates than any group from age 5 through ages 45-54. As a result of improved nutrition, sanitation, the development and widespread administration of vaccines, and the introduction of sulfonamide and antibiotic therapy, the death rate for young children had dropped more than 90 percent by 1950. The death rate for young children in 1950 was only one-sixth as great as the rate for the 45-54 age group, indicating the sharpness of the decline for young children in comparison to the trend for older age groups. In the two decades following 1950, mortality among young children declined more slowly than it had been during the first half of this century, but it was still declining more rapidly than were the rates for older age groups.

The death rate for minority pre-school children is approximately 50 percent higher than the rate for white children. The gap has been narrowing because, on the average, the minority rates have been declining somewhat more rapidly than the white

rates over the past fifteen years. In spite of relatively rapid declines, minority children are still suffering from inordinately high death rates from influenza, pneumonia and other infectious diseases which tend to take their heaviest toll in the more impoverished segments of the population. With respect to future reduction of these death rates, the relative potential effectiveness of improvements in nutrition, in general living conditions, and in access to medical care is not clear.

Episodes of acute illness constitute the most common health problem among children. Respiratory illnesses and childhood diseases result in a large volume of short-term disability and medical care use. Medical attention frequently serves to prevent serious complications and more permanent residual impairments from illnesses which are generally self-limiting and of short duration. Thus, while the impact of communicable diseases on children is only a small fraction of what it had been in the past, these conditions still play a major role in the health of children.

While chronic impairments have a relatively low prevalence rate among children, they constitute a major challenge to the medical care system. Such conditions may handicap the individual throughout his entire lifetime. While there currently exists little definitive data concerning the number and treatment of children with serious impairments, certain inferences can be drawn from available information. For instance, during the

mid-1960's, approximately fifteen percent of non-college bound 18-year-old boys were rejected for military service for medical reasons. It is believed that prevention, correction, or rehabilitation could have been possible in a substantial proportion of these cases. The extent to which recent improvements in access to health care have brought accomplishment closer to potential is not known.

Children in low-income families have in the past received a considerably lower amount of ambulatory medical care than have children from higher income families. Recently, this difference in use has been greatly diminished. This change can be in part attributed to the advent of Medicaid and other programs aimed at increasing access to care for lower income children. However, there appear to remain substantial socioeconomic differences in the receipt of routine, preventive services.

Currently, a larger proportion of children from poorer than from better off families are hospitalized each year. This differential has been growing in recent years, probably in response to coverage under Medicaid and more general social changes. The incidence of serious illness is greater among lower income children, an excess which is now reflected in the hospital use pattern.

There is, however, concern that some of the low-income children now being hospitalized could be treated as well on an

ambulatory basis. Children from poor families are considerably more likely to receive their ambulatory medical care from hospital outpatient clinics and emergency rooms than are children from better off families. The relatively fragmented ambulatory care received through hospitals may be less of a preventive of inpatient hospitalization than more comprehensive and continuous ambulatory care would be. Since there are geographic areas where financial and other barriers to the use of hospital care remain high, it is safe to state that there are sizable numbers of low-income children who should be hospitalized but are not, while elsewhere there are other low-income children who are hospitalized unnecessarily.

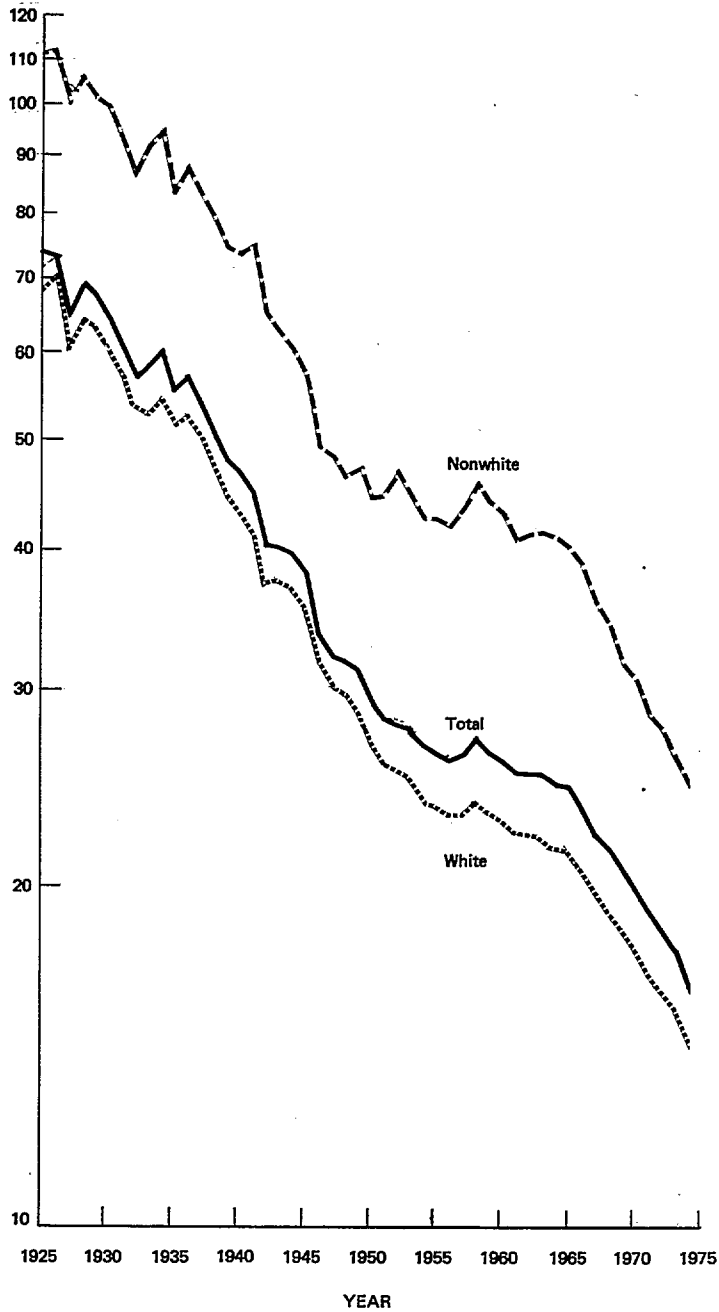
Events during childhood are also felt to have a major impact on adult health through the establishment of health habits. The increased use of medical care by children from lower income families may promote earlier detection and treatment of illness during adulthood. At the same time, it appears that a larger proportion of females are now becoming regular smokers by age 18 than has been the case in the past. There appears to have been no decline in smoking among teenage males. Practically nothing is known about trends in eating, exercise, and alcohol consumption patterns in the younger age groups.

Mortality and Measures of Health,
Illness, and Disability

After 30 years of rapid decline infant mortality rates leveled off from about 1955 to 1965 and then again declined rapidly. By 1974, the rates for white babies were still much lower than the rates for all other babies which had declined to the level attained for white babies 20 years earlier.

Table CD.II.1 **INFANT MORTALITY RATES BY COLOR: UNITED STATES, 1925-74.**

(Rates are the number of deaths under 1 year of age per 1,000 live births)



NOTES: 1925-1932 include Birth-Registration States only.
 1932-1934, Mexicans are included with "nonwhite."
 1962-1963, figures by color exclude data for residents of New Jersey.
 1974, provisional.

Source: National Center for Health Statistics Vital Statistics Rates in the United States, 1940-60. PHS Pub. No. 1477; and Monthly Vital Statistics Report, Provisional Statistics, Annual Summary for the United States, 1974. Vol. 23, Number 13.

Since 1950 infant mortality in the United States has declined by about 40 percent. Nearly three-fourths of all infant deaths now occur within the first 28 days of life as the great percentage decline has been in deaths of infants over that age.

Table CD.II.2 Infant mortality rates by age and color: United States, 1950 and 1960-73
(Rates are deaths under 1 year per 1,000 live births)

Year	Total			White			All other		
	Under 1 year	Under 28 days	28 days to 11 months	Under 1 year	Under 28 days	28 days to 11 months	Under 1 year	Under 28 days	28 days to 11 months
1973-----	17.7	13.0	4.7	15.8	11.8	4.0	26.2	17.9	8.3
1972-----	18.5	13.6	4.9	16.4	12.4	4.0	27.7	19.2	8.5
1971-----	19.1	14.2	4.9	17.1	13.0	4.0	28.5	19.6	8.9
1970-----	20.0	15.1	4.9	17.8	13.8	4.0	30.9	21.4	9.5
1969-----	20.9	15.6	5.3	18.4	14.2	4.2	32.9	22.5	10.4
1968-----	21.8	16.1	5.7	19.2	14.7	4.5	34.5	23.0	11.6
1967-----	22.4	16.5	5.9	19.7	15.0	4.7	35.9	23.8	12.1
1966-----	23.7	17.2	6.5	20.6	15.6	5.0	38.8	24.8	13.9
1965-----	24.7	17.7	7.0	21.5	16.1	5.4	40.3	25.4	14.9
1964-----	24.8	17.9	6.9	21.6	16.2	5.4	41.1	26.5	14.6
1963-----	25.2	18.2	7.0	22.2	16.7	5.5	41.5	26.1	15.4
1962-----	25.3	18.3	7.0	22.3	16.9	5.5	41.4	26.1	15.3
1961-----	25.3	18.4	6.9	22.4	16.9	5.5	40.7	26.2	14.5
1960-----	26.0	18.7	7.3	22.9	17.2	5.7	43.2	26.9	16.4
1950-----	29.2	20.5	8.7	26.8	19.4	7.4	44.5	27.5	16.9

SOURCE: National Center for Health Statistics: Vital Statistics of the United States, 1973, Vol. II, Mortality, Part A. (In press).

Despite our declining infant mortality rate the United States ranked 15th in the world in 1973 in this measure of health status.

Table CD.II.3^a Infant Mortality Rates: Selected Countries, 1973

(Rates are deaths under one year of age per 1,000 live births)

<u>Rank</u>	<u>Country</u>	<u>Rate</u>
1	Sweden	9.6
2	Finland	*10.1
3	Norway (1972)	11.3
4	Netherlands	*11.6
5	Japan (1972) ^{1/}	11.7
6	Switzerland	*12.8
7	Denmark (1971)	13.5
8	France (1972) ^{2/}	*16.0
8	German Democratic Republic	16.0
10	New Zealand	16.2
11	Australia (1972)	*16.7
12	Canada	16.8
13	Belgium	*17.0
14	United Kingdom (1972)	17.5
15	UNITED STATES	17.7
16	Ireland	*17.8
17	Federal Republic of Germany (1972)	*20.4
17	Singapore	*20.4
19	Czechoslovakia	*21.2
20	Israel	22.1
21	Austria	*23.7
22	Spain (1971) ^{2/}	*25.2
23	Italy	*25.7
24	Bulgaria	*25.9
25	Jamaica	26.2
25	Trinidad and Tobago (1972)	26.2
27	USSR ^{3/}	*26.3
28	Greece (1972)	*27.8
29	Poland (1972)	28.5
30	Hungary	*33.5
31	Romania	38.2
32	Uruguay (1971)	40.4
33	Yugoslavia	*43.3
34	Portugal	*44.8
35	Sri Lanka (1972)	*45.1
36	El Salvador (1971)	52.5
37	Costa Rica (1971)	56.5
38	South Africa (1971)	*63.2
39	Chile (1970)	78.8
40	Guatemala	79.1

*Provisional

^{1/} Excludes data for Okinawa.^{2/} The 1973 rates of 12.9 for France and 15.1 for Spain were not used because they exclude live born infants dying before registration of birth.^{3/} Data exclude infants born alive of less than 28 weeks gestation, less than 1000 grams in weight and 35 cm in length, who die within 7 days of birth.NOTE: This table is limited to sovereign countries with estimated populations of one million or more, and with "complete" counts of live births and infant deaths, as indicated in the 1973 Demographic Yearbook of the United Nations.

At every age infant mortality rates are high for illegitimate babies. The difference by legitimacy status is greater for white than for black babies.

Table CD.II.4

Annual average number of live births and infant mortality rates by race of child and legitimacy status by age of mother: United States, 1964-66

Race of child and legitimacy status	Age of mother					
	Total	Under 20 years	20-24 years	25-29 years	30-34 years	35 years and over
	Number of live births in 1,000's					
Total ^{1/} -----	3,796	607	1,358	934	529	367
Legitimate-----	3,480	475	1,257	892	506	350
Illegitimate-----	315	133	101	42	23	17
White-----	3,148	452	1,146	798	445	306
Legitimate-----	3,013	398	1,099	783	436	298
Illegitimate-----	134	54	47	15	*	*
Black-----	589	148	192	119	75	55
Legitimate-----	413	72	140	93	61	47
Illegitimate-----	177	77	52	26	14	*
	Rate per 1,000 live births					
Total-----	24.4	31.5	21.3	22.6	24.5	29.0
Legitimate-----	23.0	29.9	20.5	21.5	22.9	27.0
Illegitimate-----	39.9	37.2	31.5	45.5	58.4	71.4
White-----	21.3	25.9	19.2	19.4	22.4	26.2
Legitimate-----	20.8	25.2	18.9	19.2	21.5	24.9
Illegitimate-----	34.2	31.1	25.8	31.0	*	*
Black-----	41.0	48.4	34.8	44.2	35.7	42.8
Legitimate-----	39.5	55.2	34.1	41.5	31.9	37.2
Illegitimate-----	44.5	42.0	36.5	54.3	52.9	*

^{1/} Includes all other races.SOURCE: National Center for Health Statistics: "Infant Mortality Rates by Legitimacy Status, United States, 1964-66," Supplement to Monthly Vital Statistics Report, Vol. 20, No. 5.

Infant mortality rates are highest among babies born to women under 20 or over 35 years of age. The risk of an infant death is higher for children born to these women even when only births to married women are considered.

Table CD.II.5 Estimated average annual number of infant deaths per 1,000 legitimate single live births, by age of mother, live-birth order, and race of infant: United States, 1964-66 legitimate, single births

Race and live-birth order	Infant deaths					
	Total	Age of mother in years				
		Under 20 years	20-24 years	25-29 years	30-34 years	35 years and over
<u>All races</u>						
Rate per 1,000 live births						
All birth orders-----	21.7	28.0	19.5	20.0	21.5	26.3
First-----	18.1	21.7	15.1	14.4	27.3	*
Second-----	22.0	39.0	20.4	17.0	19.0	28.5
Third-----	22.2	*	23.3	20.6	16.9	21.1
Fourth-----	21.2	*	23.9	20.1	20.1	16.9
Fifth-----	25.2	*	31.4	26.8	21.3	24.2
Sixth or more-----	29.7	*	*	29.3	26.3	31.7
<u>White</u>						
All birth orders-----	19.5	23.6	17.8	17.8	20.3	24.1
First-----	16.3	20.1	14.1	11.7	25.6	*
Second-----	20.1	30.5	19.5	16.7	17.3	29.0
Third-----	20.1	*	21.4	18.7	17.5	17.1
Fourth-----	19.5	*	22.3	18.8	19.2	16.7
Fifth-----	20.5	*	*	18.9	18.5	26.4
Sixth or more-----	28.8	*	*	30.1	26.8	29.2
<u>Black</u>						
All birth orders-----	37.6	52.0	33.0	39.0	29.5	37.0
First-----	38.1	34.0	31.4	*	*	*
Second-----	39.4	*	27.6	*	*	*
Third-----	39.5	*	36.5	*	*	*
Fourth-----	34.2	*	*	*	*	*
Fifth-----	51.4	*	*	*	*	*
Sixth or more-----	31.1	*	*	28.1	25.5	36.0

SOURCE: National Center for Health Statistics: Infant Mortality Rates: Relationships with Mother's Reproductive History, United States. Vital and Health Statistics. Series 22, No. 15. DHEW Pub. No. (HSM) 73 - 1976.

Infant mortality rates for babies born to married women are higher in nonmetropolitan than in metropolitan counties particularly for black infants who have higher mortality rates than white ones regardless of region or residence.

Table CD.II.6

Estimated average annual number of infant deaths per 1,000 legitimate live births, by race of infant, geographic region, and metropolitan or nonmetropolitan county: United States, 1964-66

Race, region, and metropolitan or nonmetropolitan county	Total ^{1/}	White	Black
<u>All races</u>	Rate per 1,000 live births		
All regions -----	23.0	20.8	39.5
Metropolitan -----	22.0	20.0	36.9
Nonmetropolitan -----	24.9	22.0	45.1
Northeast -----	20.4	19.1	33.8
Metropolitan -----	20.0	18.5	33.2
Nonmetropolitan -----	22.0	21.3	*
North Central -----	23.3	21.7	43.8
Metropolitan -----	24.1	21.8	42.8
Nonmetropolitan -----	22.1	21.5	*
South -----	25.7	21.7	40.5
Metropolitan -----	24.3	21.3	35.8
Nonmetropolitan -----	27.0	22.1	45.0
West -----	21.3	19.9	35.2
Metropolitan -----	19.3	18.4	35.9
Nonmetropolitan -----	26.9	24.0	*

^{1/} Includes all other races.

SOURCE: National Center for Health Statistics: Infant Mortality Rates: Socioeconomic Factors. Vital and Health Statistics. Series 22, No. 14. DHEW Pub. No.(HSM) 72-1045.

Families with low income and low educational levels have higher infant mortality rates than those of higher levels. Infant mortality rates do not vary significantly in income levels above \$5,000 or in educational levels of high school graduates and above.

Table CD.II. 7

Estimated average annual number of infant deaths per 1,000 legitimate live births, by race, sex, family income, and parental education: United States, 1964-66

Family income and parental education	Total ^{1/}		White		Black	
	Male	Female	Male	Female	Male	Female
	Deaths per 1,000 live births					
Total-----	25.6	20.3	23.1	18.2	43.5	35.1
<u>Family income</u>						
Under \$3,000-----	36.2	27.9	32.0	22.4	44.3	40.7
\$3,000-\$4,999-----	28.1	21.9	24.7	19.2	53.7	38.9
\$5,000-\$6,999-----	20.3	15.9	19.5	16.1	29.8	15.1
\$7,000-\$9,999-----	21.3	18.2	20.8	17.4	*	*
\$10,000 and over-----	22.1	17.6	21.4	17.4	*	*
<u>Father's education</u>						
8 years or less-----	36.3	29.7	33.8	26.8	44.7	39.9
9-11 years-----	29.6	25.1	24.8	22.8	55.3	35.3
12 years-----	21.6	16.2	20.1	14.8	34.9	28.9
13-15 years-----	23.4	17.8	22.1	15.8	*	*
16 years or more-----	20.2	14.5	19.7	14.2	*	*
<u>Mother's education</u>						
8 years or less-----	37.6	32.9	34.8	29.2	48.0	44.0
9-11 years-----	31.0	24.2	27.2	21.8	47.2	35.6
12 years-----	22.6	16.1	20.8	14.9	41.1	27.2
13-15 years-----	14.9	16.9	14.6	15.3	*	*
16 years or more-----	24.0	16.0	23.2	16.0	*	*

^{1/} Includes all other races.

SOURCE: National Center for Health Statistics: Infant Mortality Rates: Socio-economic Factors, United States. Vital and Health Statistics, Series 22, No. 14, DHEW Pub. No. (HSM) 72-1045

Death rates from influenza and pneumonia in early childhood have dropped from 150 per 100,000 in 1925 to 6 per 100,000 in 1973. Diarrhea, which does not even appear as a leading cause in 1973 caused 115 deaths per 100,000 in 1925--higher than the rate from all causes in 1973.

Table CD.II.8 Death rates for all causes and for leading causes of death for persons ages 1-4 years, based on the 1973 ranking of causes:
United States, 1925-73

Causes of death ¹	1925	1930	1935	1940	1945	1950	1955	1960	1965	1969	1970	1971	1972	1973
Rates per 100,000 estimated population ages 1-4 years														
All causes-----	641.0	563.6	440.9	289.6	203.0	139.4	113.4	109.1	92.9	85.0	84.5	82.6	80.9	79.5
<u>Diseases and conditions</u>														
Congenital anomalies-----	8.6	9.0	8.3	10.3	11.6	11.1	12.1	12.9	10.2	9.9	9.7	9.6	10.4	9.6
Malignant neoplasms-----	3.4	4.1	4.0	4.8	5.2	11.7	11.1	10.9	8.6	7.3	7.5	7.2	6.0	6.4
Influenza and pneumonia-----	150.3	123.1	111.6	62.5	38.4	18.9	14.9	16.2	11.4	8.2	7.6	7.1	6.6	5.9
Diseases of heart-----	11.2	8.3	6.8	4.5	3.5	1.6	1.6	1.3	1.3	1.4	1.7	1.8	2.1	2.1
Meningitis-----	---	6.3	5.2	3.8	3.1	2.8	2.5	3.3	2.8	1.8	1.9	1.5	1.8	1.6
Enteritis and other diarrheal diseases-----	---	---	---	---	---	---	---	---	---	1.4	1.4	1.1	0.8	1.0
Cerebrovascular diseases-----	1.7	1.4	1.6	1.5	1.5	0.9	0.9	0.8	0.7	0.9	1.0	1.1	0.9	1.0
Anemias-----	---	1.1	1.0	0.8	0.7	0.8	1.0	1.2	1.1	0.8	0.8	0.7	0.7	0.6
<u>Accidents and violence</u>														
Motor vehicle accidents ² -----	12.0	14.5	13.7	12.4	11.2	11.5	10.5	10.0	10.5	11.8	11.5	11.2	11.6	12.3
All other accidents ² -----	58.4	46.7	43.0	36.3	35.5	25.3	22.0	21.6	21.3	19.6	20.0	20.0	20.1	19.6
Homicide-----	0.6	0.9	0.5	0.6	0.7	0.6	0.5	0.7	1.1	1.6	1.9	2.2	1.8	2.5

¹Because of decennial revisions of the International List of Causes of Death and changes in rules of cause-of-death selection, there is lack of comparability to a varying degree for some causes from one revision to the next. The beginning dates of the revisions are 1921, 1930, 1939, 1949, 1958, and 1968. In some instances data are omitted for earlier years because appropriate subcategories are not available by age of the decedent. Except for diseases which are epidemic in nature abrupt changes at the beginning of the revision period are indicative of breaks in comparability. The cause-of-death titles are based on the Eighth Revision and in some instances have been considerably shortened.

²The "motor vehicle accident" rate should be added to the "other accident" rate to provide the single category "all accidents."

SOURCE: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, selected years.

Death rates for children ages 5-14 in 1973 were about one-fifth as high as in 1925. Rates from most causes including influenza and pneumonia, heart disease, and accidents have declined. Rates from malignant neoplasms have increased.

Table CD.II.9 Death rates for all causes and for leading causes of death for persons ages 5-14 years, based on the 1973 ranking of causes:
United States, 1925-73

Causes of death ¹	1925	1930	1935	1940	1945	1950	1955	1960	1965	1968	1969	1970	1971	1972	1973
Rates per 100,000 estimated population, ages 5-14 years															
All causes -----	196.6	171.7	152.9	103.7	90.2	60.1	48.8	46.6	42.2	42.6	42.2	41.3	41.1	40.8	41.0
<u>Diseases and conditions</u>															
Malignant neoplasms-----	1.6	2.0	2.1	3.0	3.1	6.7	7.0	6.8	6.5	6.3	6.1	6.0	5.8	5.5	5.4
Congenital anomalies-----	1.4	1.4	1.8	2.1	2.3	2.4	2.7	3.6	2.8	2.5	2.5	2.2	2.3	2.4	2.2
Influenza and pneumonia-----	23.3	18.8	19.9	9.0	6.9	3.2	2.5	2.6	2.1	1.8	1.8	1.6	1.4	1.4	1.4
Diseases of heart-----	20.2	15.0	12.8	10.6	7.9	3.9	1.8	1.3	0.9	1.0	1.0	0.8	1.0	1.0	1.0
Cerebrovascular diseases-----	1.0	0.8	1.1	0.9	0.8	0.5	0.7	0.7	0.7	0.7	0.7	0.7	0.6	0.6	0.6
Benign neoplasms and neoplasms of unspecified nature-----	---	---	---	1.0	0.9	0.8	0.7	0.7	0.6	0.5	0.4	0.4	0.5	0.4	0.4
Anemias-----	---	---	---	---	---	---	0.4	0.5	0.4	0.4	0.4	0.3	0.3	0.3	0.3
<u>Accidents and violence</u>															
Motor vehicle accidents ² -----	15.0	14.7	12.3	11.5	11.0	8.8	8.0	7.9	8.9	10.0	9.8	10.2	10.5	10.7	10.6
All other accidents ² -----	26.9	21.4	19.9	17.1	20.5	13.8	12.2	11.3	9.8	10.4	10.0	9.9	9.6	10.0	10.2
Homicide-----	0.6	0.9	0.6	0.6	0.6	0.5	0.4	0.5	0.6	0.7	0.7	0.9	1.0	0.9	1.1
Suicide-----	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.4

¹ Because of decennial revisions of the International List of Causes of Death and changes in the rules of cause-of-death selection, there is lack of comparability to a varying degree for some causes from one revision to the next. The beginning dates of the revisions 1921, 1930, 1939, 1949, 1958, and 1968. In some instances data are omitted for earlier years because appropriate subcategories are not available by age of decedent. Except for diseases which are epidemic in nature, abrupt changes at the beginning of the revision period are indicative of breaks in comparability. The cause-of-death titles are based on the Eighth Revision and in some instances have been considerably shortened.

²The "motor vehicle accident" rate should be added to the "other accident" rate to make the single category "all accidents".

SOURCE: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, selected years.

An illegitimate birth means a higher than usual risk of dying in infancy for the newborn and frequently means social problems for both mother and child. Many of the mothers of illegitimate birth are children themselves; in 1973 over half were under age 20 and 30 percent were under age 18.

Table CD.II.10 Estimated Number of Illegitimate Live Births, Illegitimacy Rates, and Illegitimacy Ratios, by Age of Mother and Race: United States, 1973.

[National estimates based on 100 percent of births in selected States and on a 50-percent sample of births in all other of the 38 States and the District of Columbia which require reporting of legitimacy status. Figures for age of mother not stated are distributed.]

Age	Number ¹				Rates per 1,000 unmarried women in specified group				Ratio per 1,000 live births			
	Total	White	All other		Total	White	All other		Total	White	All other	
			Total	Negro			Total	Negro			Total	Negro
All ages-----	407,300	163,000	244,300	234,500	24.5	211.9	284.2	289.5	129.8	63.9	416.9	457.5
Under 15 years-----	10,900	3,200	7,700	7,500	---	---	---	---	847.5	652.1	968.1	964.3
15-19 years-----	204,900	81,100	123,800	119,800	22.9	10.7	89.7	96.0	339.2	190.9	690.6	709.8
15 years-----	23,000	8,100	15,000	14,600	---	---	---	---	661.8	442.6	911.9	914.6
16 years-----	39,600	15,200	24,400	23,700	---	---	---	---	508.4	312.2	835.4	849.2
17 years-----	48,700	19,100	29,600	28,700	---	---	---	---	387.2	221.0	752.6	769.8
18 years-----	49,100	20,300	28,800	27,900	---	---	---	---	293.1	166.9	627.5	648.5
19 years-----	44,400	18,400	26,000	25,000	---	---	---	---	224.0	122.8	537.5	560.7
20-24 years-----	119,100	48,300	70,800	67,500	31.8	15.6	108.9	117.2	108.2	53.4	358.9	386.3
25-29 years-----	43,100	18,300	24,800	23,400	30.0	16.1	82.4	86.0	48.5	23.6	217.5	257.0
30-34 years-----	18,500	7,600	11,000	10,400	20.5	10.7	56.4	58.1	50.0	24.3	194.4	233.4
35-39 years-----	8,200	3,400	4,800	4,500	10.8	5.9	26.2	27.4	64.7	33.0	201.5	229.0
40 years and over-----	2,600	1,100	1,400	1,400	33.0	31.7	37.2	37.7	76.9	41.1	199.7	231.8

¹Due to rounding estimates to the nearest hundred figures by race may not add to totals.

²Rates computed by relating total illegitimate births, regardless of age of mother, to unmarried women 15-44 years.

³Rates computed by relating illegitimate births to mothers aged 40 years and over to unmarried women aged 40-44 years.

SOURCE: National Center for Health Statistics: Vital Statistics of the United States 1973, Vol. 1, Natality (in press).

About 70 percent of the women giving birth in 1973 began prenatal care before the end of the first trimester of pregnancy. Married women began care much earlier than unmarried ones; only 40 percent of the latter had any care before the end of the first trimester even though they are predominantly young and risks to mother and child are high.

Table CD.II.11

Percent distribution of live births by month of pregnancy prenatal care began, by legitimacy status and race: Total of 33 reporting States and the District of Columbia, 1973

[Based on 100 percent of births in selected States and on a 50-percent sample of births in all other States. Refers only to birth occurring within the areas reporting both month of pregnancy prenatal care began and legitimacy status to residents of these areas. Figures for legitimacy status not stated or not reported are included in legitimate births]

	Total births			Legitimate births			Illegitimate births		
	Total	White	Negro	Total	White	Negro	Total	White	Negro
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1st-2nd month	42.9	46.3	27.2	46.5	48.2	33.8	19.3	19.0	19.6
3rd month	27.4	28.3	23.2	28.5	28.9	25.4	20.2	19.7	20.7
4th-6th month	23.0	20.0	37.0	20.2	18.7	31.8	41.6	39.7	43.1
7th-9th month	5.1	4.2	9.0	3.8	3.4	6.7	13.7	16.4	11.6
No prenatal care ..	1.5	1.1	3.6	1.0	0.8	2.4	5.2	5.2	5.0

Source: National Center for Health Statistics: Vital Statistics of the United States, 1973, Vol I, Natality (in press).

In general, fertility rates are higher in low income areas of cities than in the rest of the city for both white and black women although there were a few exceptions in 1970. This may be due to higher birth rates to women in low income areas or to high concentrations of younger women (who have high birth rates) in poorer sections of the cities.

Table CD.II.12

Fertility Rates by Income Area and Race for 18 Selected Cities; United States, 1969-71 Average

(Rates are live births per 1,000 women aged 15-44 in specified group enumerated as of April 1, 1970.)

City	Total			Low-Income Areas			Remainder of City		
	White	All Other		White	All Other		White	All Other	
		Total	Negro		Total	Negro		Total	Negro
Atlanta -----	67.8	100.1	---	92.7	103.6	---	64.4	96.1	---
Baltimore -----	73.5	95.5	94.7	87.4	102.5	102.1	71.0	86.6	85.3
Buffalo -----	81.7	105.8	---	85.4	108.9	---	81.3	99.7	---
Chicago -----	83.8	116.9	118.2	117.2	131.3	131.9	80.7	100.6	101.7
Cincinnati -----	92.1	104.7	104.5	118.9	111.1	111.6	86.9	92.6	90.9
Cleveland -----	96.9	100.5	---	100.1	106.7	---	96.6	93.8	---
Dallas -----	80.1 ¹	---	119.8	145.8 ¹	---	123.6	74.8 ¹	---	108.0
Denver -----	83.3	105.4	107.4	113.3	123.9	125.1	75.3	95.2	97.7
District of Columbia ---	47.1	95.4	---	55.4	102.5	---	46.4	90.8	---
Indianapolis -----	84.2	111.4	112.2	99.3	121.5	121.4	83.3	105.1	106.4
Los Angeles ² -----	80.6	95.5	102.2	129.9	107.9	110.9	74.7	82.5	89.5
Minneapolis -----	77.0	151.1	138.3	59.6	158.7	141.3	80.4	144.8	135.6
New York City -----	73.0	93.0	94.9	106.2	88.9	91.0	65.6	99.0	101.2
Philadelphia -----	76.1	98.5	---	74.4	103.5	---	76.4	93.6	---
Pittsburgh -----	63.7	104.7	---	64.8	105.1	---	63.6	104.2	---
San Diego -----	79.7	114.4	117.8	118.7	132.4	125.2	76.5	100.7	108.3
San Francisco -----	60.9	90.8	107.5	86.8	109.1	116.5	56.5	82.0	99.8
Seattle -----	68.3	112.9	134.4	69.1	124.6	144.8	68.3	110.0	131.2

¹Includes all races other than Negro.²Average of 1969 and 1970.Source: National Center for Health Statistics: Selected Vital and Health Statistics in Poverty and Nonpoverty Areas in 19 Large Cities, United States, 1969-71. Vital and Health Statistics (in preparation).

About 16 percent of the women who had a live legitimate birth in 1972 had one or more complications of pregnancy as reported by the hospital where the birth occurred. White mothers had lower complication rates than all other mothers. Mothers living in the Northeast and North Central Regions of the United States had lower rates of complications of pregnancy than did mothers living in other regions.

Table CD.II.13

Number of mothers and percent distribution of mothers by whether or not there were complications of pregnancy, according to selected demographic characteristics, legitimate live births: United States, 1972

Demographic characteristic	Number of mothers (in 1,000's)	Number of complications of pregnancy ^{1,2}			
		Total	No Complications	Complications	Nonhospital birth
		Percent distribution			
Total	2,839	100.0	83.1	16.2	0.7
SEX OF INFANT ³					
Male	1,465	100.0	82.9	16.5	0.6
Female	1,375	100.0	83.3	15.8	0.9
COLOR OF MOTHER ³					
White	2,504	100.0	83.8	15.6	0.6
All other	335	100.0	77.8	20.2	2.0
REGION ³					
Northeast	605	100.0	84.8	14.8	0.4
North Central	777	100.0	84.7	15.1	0.2
South	953	100.0	82.3	16.3	1.4
West	504	100.0	80.0	19.4	0.7
RESIDENCE ³					
Metropolitan	1,886	100.0	82.9	16.4	0.6
Nonmetropolitan	954	100.0	83.4	15.6	1.0

1/ Information from questionnaires mailed to hospital where infant was born and/or physician who attended the birth.

2/ Complications of pregnancy reported by hospital are urinary infection, hypertension, toxemia, pre-eclampsia, eclampsia, anemia, rubella, embolism, obesity, and other complications.

3/ Information from certificate of live birth.

Source: National Center for Health Statistics: Unpublished data from the 1972 National Natality Survey.

The percentage of low-birth-weight (2500 grams or less) babies is higher when the family income is low, the mother is not white, is a resident of the South, a resident of a nonmetropolitan area, or the child is female than under other conditions.

Table CD.II.14 Number of births, average birth weight of infants, and percent distribution of infants by birth weight according to selected demographic characteristics, legitimate live births: United States, 1972

Demographic characteristic	Number of mothers (In 1,000's)	Average birth-weight	Infant birthweight in grams ¹					
			Total	2500 or less	2501-3000	3001-3500	3501-4000	4001 or more
Total-----	2,839	3,315	100.0	7.0	17.4	38.8	26.4	10.4
Sex of Infant ¹				Percent distribution				
Male-----	1,465	3,386	100.0	6.6	13.7	37.1	29.0	13.6
Female-----	1,375	3,240	100.0	7.5	21.4	40.6	23.5	7.0
Color of Mother ¹				Percent distribution				
White-----	2,504	3,343	100.0	6.3	16.2	38.7	27.7	11.1
All other-----	335	3,101	100.0	12.7	26.2	39.7	16.5	4.9
Region ¹				Percent distribution				
Northeast-----	605	3,309	100.0	6.4	19.7	39.0	24.5	10.4
North Central-----	777	3,354	100.0	6.4	16.3	37.7	27.3	12.3
South-----	953	3,289	100.0	8.4	17.3	38.3	26.7	9.3
West-----	504	3,316	100.0	6.3	16.7	41.1	26.4	9.4
Residence ¹				Percent distribution				
Metropolitan-----	1,886	3,316	100.0	6.7	17.7	38.7	26.2	10.6
Nonmetropolitan--	954	3,312	100.0	7.6	16.9	39.0	26.6	10.0
Family Income ²				Percent distribution				
Under \$5,000-----	475	3,228	100.0	9.9	20.9	36.8	23.7	8.7
\$5,000-\$9,999-----	1,054	3,328	100.0	6.8	17.0	37.9	27.8	10.6
\$10,000-\$14,999--	821	3,336	100.0	6.0	17.1	39.8	26.0	11.2
\$15,000 and over--	489	3,340	100.0	6.5	15.6	41.1	26.3	10.4

¹Information from certificate of live birth.

²Information from questionnaire mailed to mother.

SOURCE: National Center for Health Statistics: Unpublished data from the 1972 National Natality Survey.

The Apgar score, a score based on medical judgments indicating the overall health of the child a few minutes after birth, was measured at one minute for 83 percent and at 5 minutes for 59 percent of the legitimate live hospital births in 1972. The score was not measured as frequently when the mother was a resident of the South or a non-metropolitan county as it was when she resided in the other regions or in a metropolitan county.

Table CD.II.15

Number of births, Percent in hospital, and Percent Distribution by (One Minute and Five Minute) Apgar Score according to selected demographic characteristics, legitimate Live Births: United States, 1972

Demographic characteristic	Number of births (In 1000's)	HOSPITAL BIRTHS								
		Percent in hospital	ONE-MINUTE APGAR ³				FIVE-MINUTE APGAR ³			
			TOTAL	Not done	DONE		TOTAL	Not done	DONE	
					Score 0-7	Score 8-10			Score 0-7	Score 8-10
			Percent distribution				Percent distribution			
TOTAL	2,839	99.3	100.0	16.5	12.5	71.0	100.0	40.7	2.4	56.9
SEX OF INFANT ¹										
MALE	1,465	99.4	100.0	17.4	12.6	70.0	100.0	41.3	2.6	56.1
FEMALE	1,375	99.1	100.0	15.7	12.3	72.0	100.0	40.0	2.2	57.8
COLOR OF MOTHER ¹										
WHITE	2,504	99.4	100.0	16.6	12.1	71.3	100.0	40.6	2.3	57.1
ALL OTHER	335	98.0	100.0	16.5	15.2	68.3	100.0	41.0	2.9	56.1
REGION ¹										
NORTHEAST	605	99.6	100.0	7.4	12.5	80.1	100.0	30.3	2.2	67.5
NORTH CENTRAL	777	99.8	100.0	16.8	13.1	70.1	100.0	39.6	2.3	58.1
SOUTH	953	98.6	100.0	23.2	10.6	66.2	100.0	51.4	2.4	46.2
WEST	504	99.3	100.0	14.7	14.9	70.4	100.0	34.8	2.8	62.4
RESIDENCE ¹										
METROPOLITAN	1,886	99.4	100.0	12.6	13.2	74.2	100.0	35.6	2.6	61.8
NONMETROPOLITAN...	954	99.0	100.0	24.5	10.9	64.6	100.0	50.7	2.1	47.2
FAMILY INCOME ²										
UNDER \$5000	475	98.3	100.0	21.4	11.9	66.7	100.0	46.6	2.5	50.9
\$5000 - \$9,999 ...	1,054	99.3	100.0	16.8	12.7	70.5	100.0	43.0	2.1	54.9
\$10000-\$14,999 ...	821	99.6	100.0	14.6	12.3	73.1	100.0	37.6	2.4	60.0
\$15000 and OVER ..	489	99.5	100.0	14.6	12.7	72.7	100.0	35.0	2.8	62.2

¹ Information from certificate of live birth.

² Information from questionnaire mailed to mother.

³ Information from questionnaires mailed to hospital where infant was born and/or physician who attended the birth.

Source: National Center for Health Statistics: Unpublished data from the 1972 National Natality Survey.

About 7 percent of the 2.8 million legitimate babies born in 1972 were reported to have one or more congenital malformations or anomalies noted before the baby was discharged from the hospital. Congenital malformations are more common among male than female babies.

Table CD.II.16 Number of births and percent distribution of infants with congenital malformations or anomalies noted before discharge from hospital, according to selected demographic characteristics; legitimate live births: United States, 1972

Demographic characteristic	Number of births (in 1,000's)	Congenital malformations or anomalies noted before discharge from hospital ^{1/}			
		Total	Yes	No	Nonhospital birth
Total-----	2,839	100.0	7.2	92.0	0.7
Sex of Infant ^{1/} -----			Percent distribution		
Male-----	1,465	100.0	7.9	91.5	0.6
Female-----	1,375	100.0	6.7	92.5	0.9
Color of Mother ^{2/}					
White-----	2,504	100.0	7.2	92.2	0.6
All Other-----	335	100.0	7.8	90.2	2.0
Region ^{2/}					
Northeast-----	605	100.0	7.3	92.2	0.4
North Central---	777	100.0	7.9	91.9	0.2
South-----	953	100.0	6.5	92.2	1.4
West-----	504	100.0	7.9	91.4	0.7
Residence ^{2/}					
Metropolitan----	1,886	100.0	7.6	91.8	0.6
Nonmetropolitan-	954	100.0	6.7	92.3	1.0
Family Income ^{3/}					
Under \$5,000----	475	100.0	5.7	92.5	1.7
\$5,000-\$9,999---	1,054	100.0	7.8	91.6	0.7
\$10,000-\$14,999-	821	100.0	7.5	92.1	0.4
\$15,000 and over	489	100.0	7.3	92.1	0.5

^{1/} Information from questionnaires mailed to hospital where infant was born and/or physician who attended the birth.

^{2/} Information from certificate of live birth.

^{3/} Information from questionnaire mailed to mother.

SOURCE: National Center for Health Statistics: Unpublished data from the 1972 National Natality Survey.

In general, children living outside institutions are reported to be in good or excellent health. The proportion in excellent health is higher in upper than in lower income families and higher for white than for other children.

Table CD.II.17

Assessment of health status as reported in health interviews for persons under 17 years of age, according to selected demographic characteristics: United States, 1973

Demographic characteristic	Health status, under 17 years				
	Total ^{1/}	Excellent	Good	Fair	Poor
	Percent distribution				
TOTAL ^{2/} -----	100.0	59.6	35.5	3.7	0.4
SEX					
Male-----	100.0	59.8	35.2	3.7	0.4
Female-----	100.0	59.3	35.9	3.8	0.4
COLOR					
White-----	100.0	62.5	33.3	3.1	0.4
All other-----	100.0	43.4	47.7	7.3	0.6
REGION					
Northeast-----	100.0	59.8	36.0	3.1	0.3
North Central-----	100.0	62.2	33.4	3.3	0.4
South-----	100.0	54.0	40.4	4.4	0.5
West-----	100.0	65.5	29.4	4.2	0.4
RESIDENCE					
Metropolitan-----	100.0	61.1	34.0	3.6	0.4
Nonmetropolitan-----	100.0	56.3	38.8	4.0	0.4
FAMILY INCOME					
Under \$5,000-----	100.0	42.4	48.1	7.8	0.9
\$5,000-\$9,999-----	100.0	54.3	39.8	4.7	0.5
\$10,000-\$14,999-----	100.0	62.2	34.0	2.5	0.4
\$15,000 and over-----	100.0	72.1	25.3	1.9	*

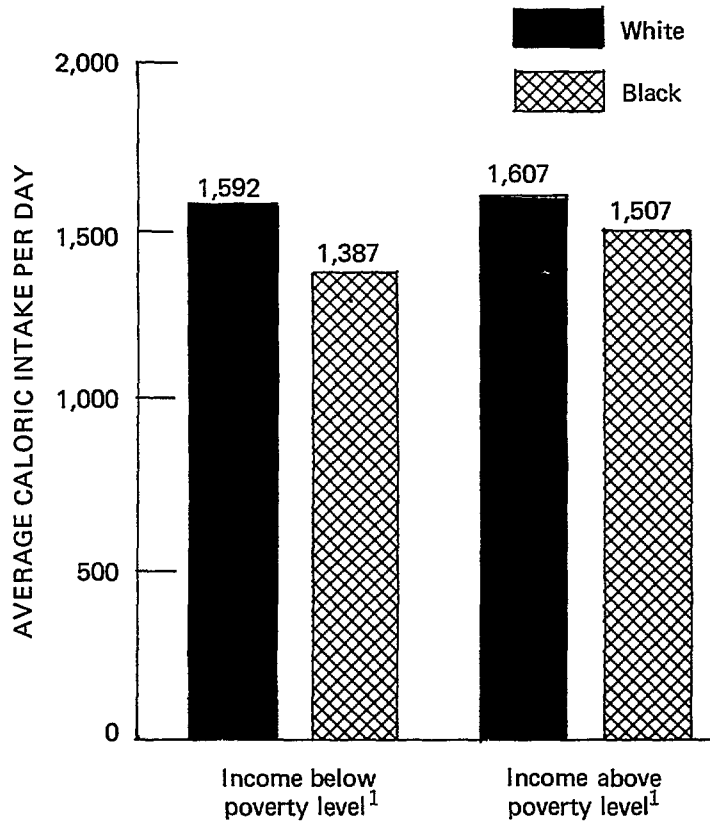
^{1/}Includes unknown health status.

^{2/}Includes unknown income.

SOURCE: National Center for Health Statistics: unpublished data from the Health Interview Survey.

The average daily intake of calories is lower for black than for white children and for children of poor families than for those of families with incomes above poverty level.

Table CD.II.18
 AVERAGE INTAKE OF CALORIES FOR CHILDREN AGES 1-5
 YEARS, BY COLOR FOR INCOME LEVELS: UNITED STATES,
 1971-72

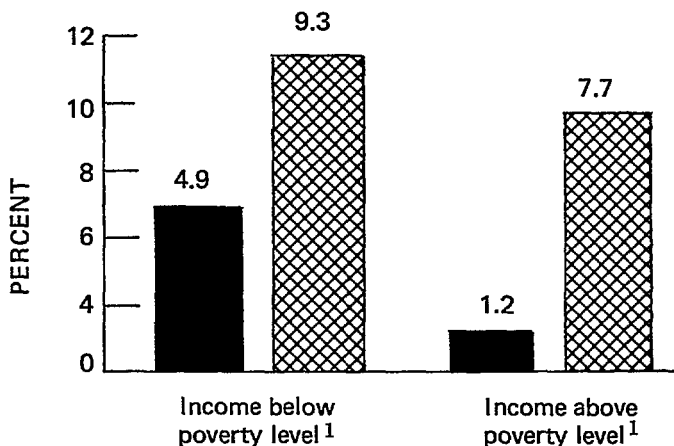


¹ Excludes persons with unknown income.

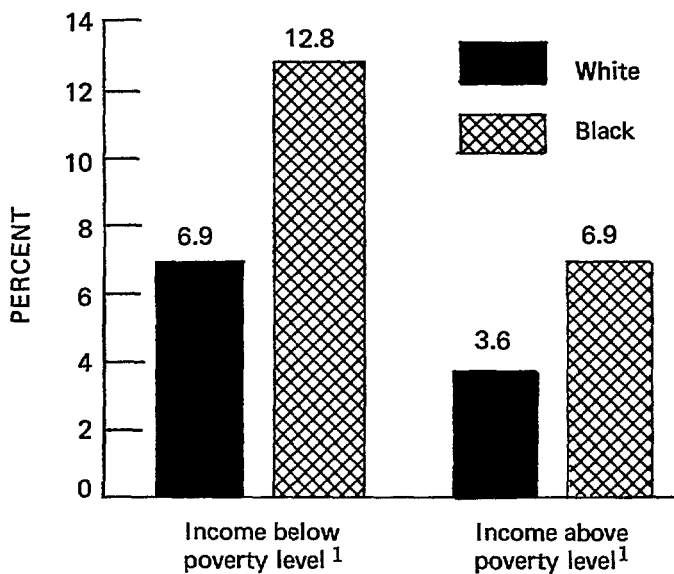
Source: National Center for Health Statistics: Preliminary Findings of the First Health and Nutrition Examination Survey, United States, 1971-1972: Dietary Intake and Biochemical Findings. DHEW Pub. No. (HRA) 74-1219.

The percent of children with low hemoglobin values is higher among those of families with incomes below the poverty level than above it and among those of black families than of white families. The percents with very low iron intakes on a given day follow the same pattern.

Table CD.II.19
PERCENT OF CHILDREN AGES 1-5 YEARS WITH LOW HEMOGLOBIN VALUES, BY COLOR FOR INCOME LEVELS: UNITED STATES, 1971-72



PERCENT OF CHILDREN AGES 1-5 YEARS CONSUMING LESS THAN 3.0 mgs. OF IRON ON A GIVEN DAY, BY COLOR FOR INCOME LEVELS: U.S., 1971-72 (HANES Preliminary)



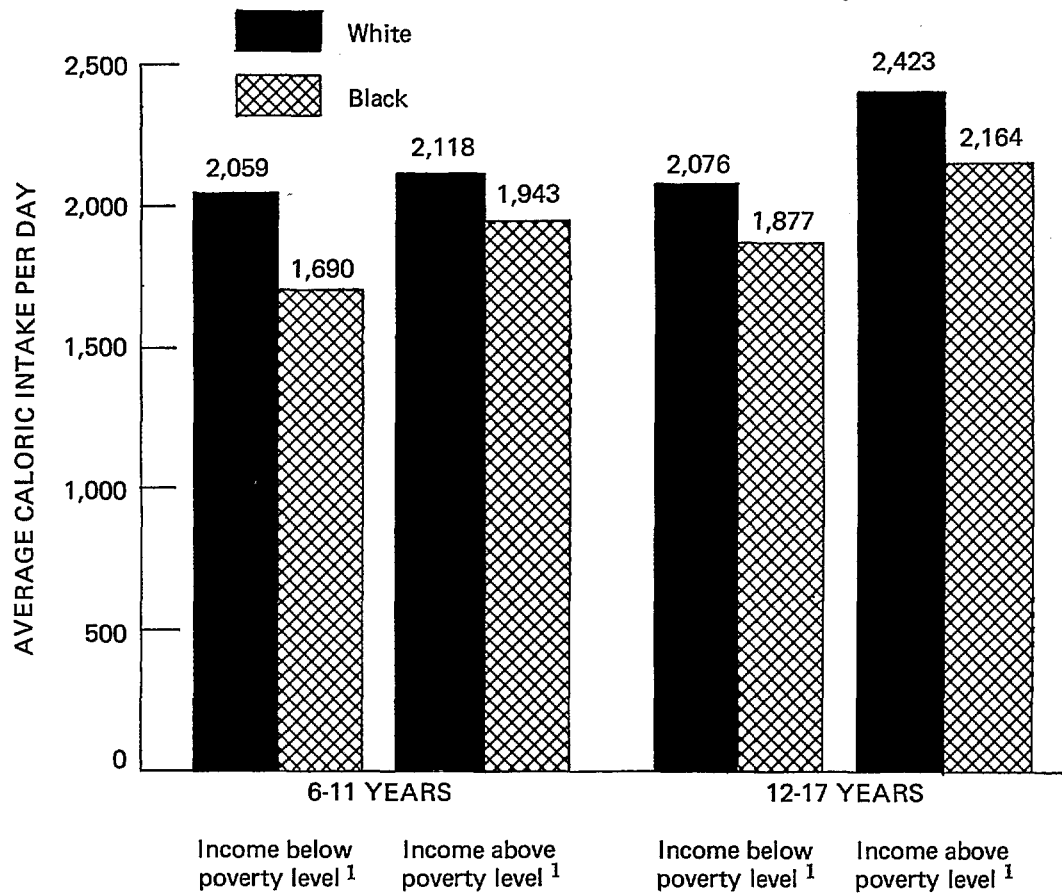
¹Excludes persons with unknown income.

Source: National Center for Health Statistics: Preliminary Findings of the First Health and Nutrition Examination Survey, United States, 1971-1972: Dietary Intake and Biochemical Findings. DHEW Pub. No. (HRA) 74-1219.

The average daily intake of calories is lower among children of poor families than among children of families with incomes above the poverty level. The black children of families both below and above poverty level consume on the average fewer calories than comparable white children.

Table CD.II.20

AVERAGE DAILY INTAKE OF CALORIES FOR CHILDREN AGES 6-11 YEARS AND 12-17 YEARS, BY COLOR FOR INCOME LEVELS: UNITED STATES, 1971-72

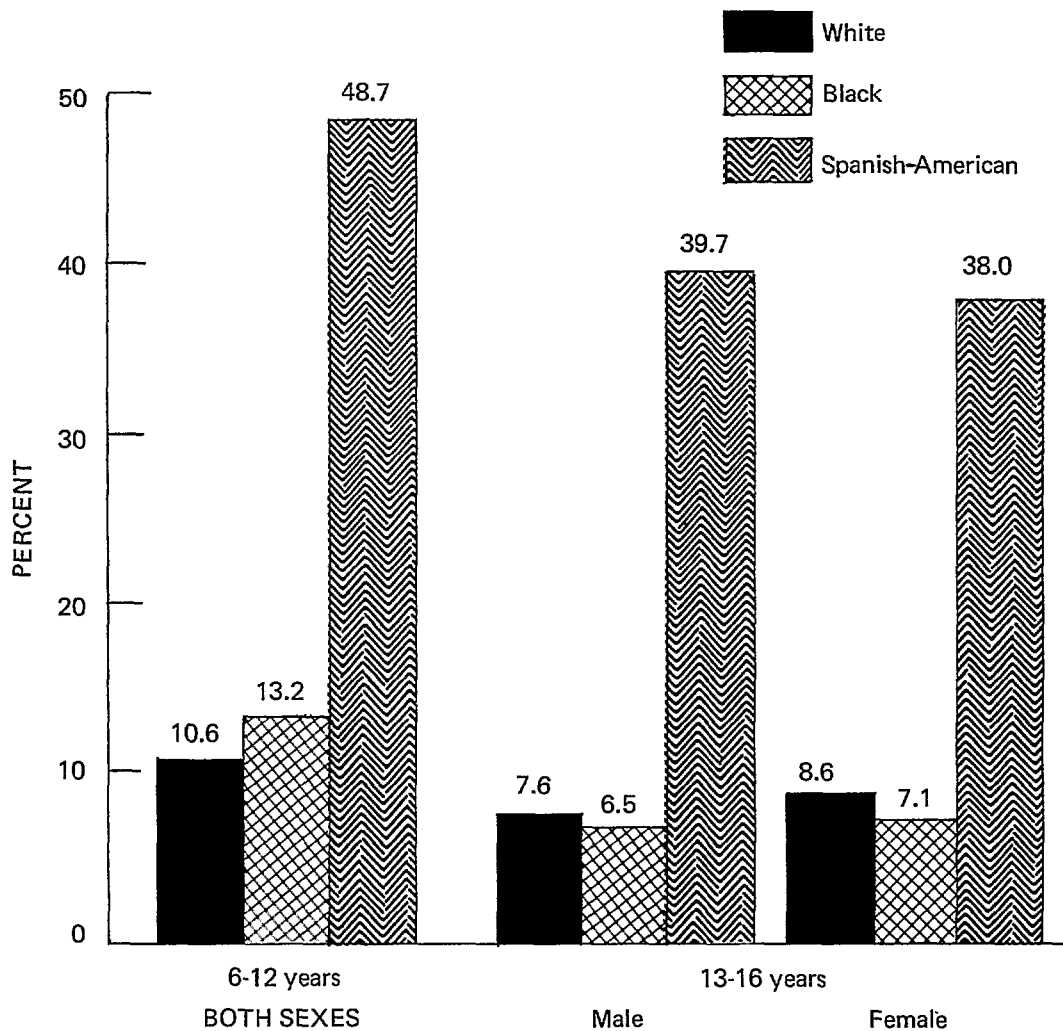


¹Excludes persons with unknown income.

Source: National Center for Health Statistics: Preliminary Findings of the First Health and Nutrition Examination Survey, United States, 1971-1972: Dietary Intake and Biochemical Findings. DHEW Pub. No. (HRA) 74-1219.

A high proportion of the children of a specified Spanish-American origin have deficient or low plasma vitamin A values. The low vitamin A values in these particular Spanish-American children are strongly associated with low family incomes.

Table CD.II.21 PERCENT OF CHILDREN HAVING DEFICIENT OR LOW PLASMA VITAMIN A VALUES, BY AGE, SEX, AND ETHNIC GROUP FOR KENTUCKY, LOUISIANA, SOUTH CAROLINA, TEXAS, AND WEST VIRGINIA--TEN-STATE NUTRITION SURVEY (1968-69)

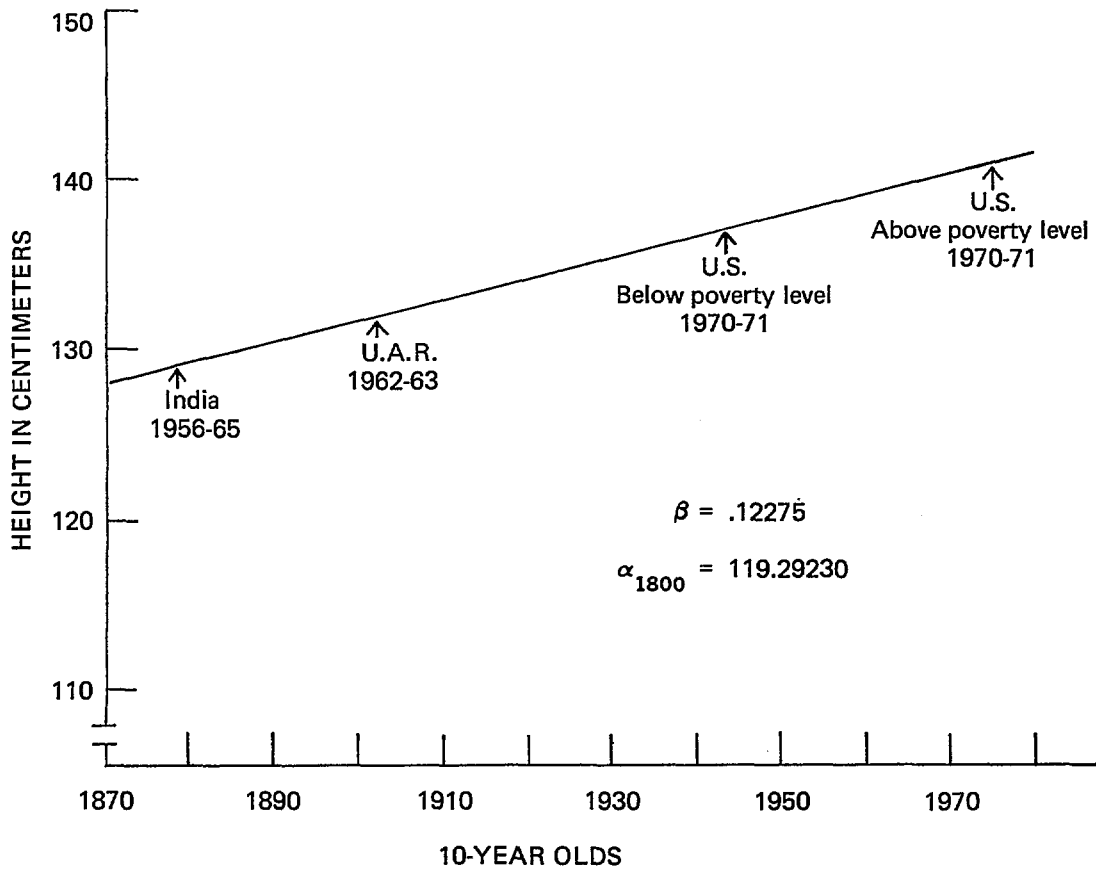


Source: Center for Disease Control: Ten-State Nutrition Survey, 1968-70. Vol. IV-Biochemical. DHEW Pub. No. (HSM) 72-8132.

Children in the United States have been gradually growing taller for the past century or so. Poor children generally fail to grow as tall or as rapidly as other children. The average height of 10-year-old children of families with incomes below poverty level lags behind that of the 10-year-olds of families with incomes above poverty level by more than a generation. This is not due to a difference in height associated with race, for the average height of black children is slightly more than that of white children of the same income level.

Table CD.II. 22

REGRESSION SHOWING THE INCREASE IN MEAN HEIGHT OF 10-YEAR-OLD U.S. CHILDREN DURING THE PAST CENTURY, WITH A COMPARISON OF THE MEAN HEIGHTS OF INDIAN CHILDREN (1956-65), U.A.R. CHILDREN (1962-63), AND U.S. CHILDREN BY INCOME LEVEL (1970-71)



Source: National Center for Health Statistics: Preliminary findings of the First Health and Nutrition Examination Survey, United States, 1971-1972: Anthropometric and Clinical Findings. DHEW Pub. No. (HRA) 75-1229; and Height and Weight of Children: Socioeconomic Status. Vital and Health Statistics, Series 11, No. 119. DHEW Pub. No. (HSM) 73-1601.

The needs of children for special services are of prime importance because conditions which are not dealt with early in life may affect the individual's functioning for the rest of his life. The unavailability of resources to help these children is especially critical during the early school years. When the resources are available they are used by the majority of the children needing them. The problem is that there are no resources for so many children.

Table CD.II.23

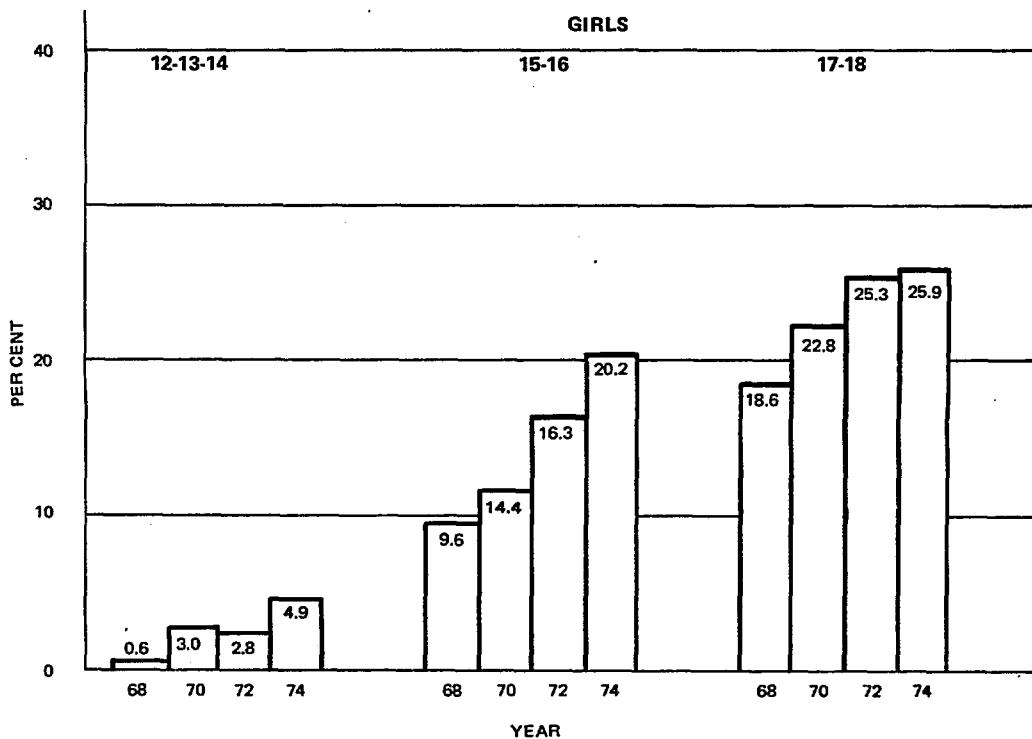
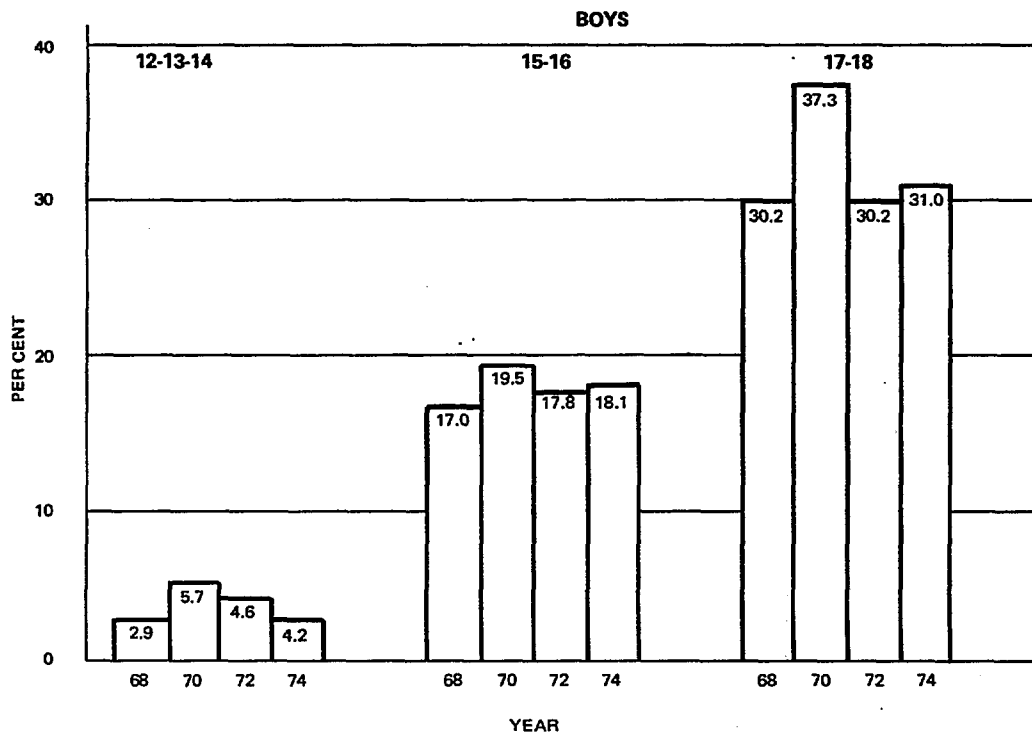
School-age population needing or using special educational resources according to availability and use of resources by type of problem: United States, 1963-70

Type of problem	Population needing or using resources		Distribution according to availability and use of resources							
			Ages 6-11				Ages 12-17			
	Ages 6-11	Ages 12-17	Total	Resources available		Resources not available	Total	Resources available		Resources not available
				Used	Not used			Used	Not used	
	Percentage of age group		Percent distribution				Percent distribution			
Hard of hearing -----	1.0	0.3	100.0	33.9	14.4	51.7	100.0	51.8	19.4	28.9
Sight-saving -----	1.4	0.2	100.0	35.2	14.3	50.4	100.0	68.9	20.0	11.1
Speech therapy -----	6.2	1.1	100.0	47.4	19.2	33.4	100.0	67.3	6.6	26.0
Orthopedic handicap -----	0.3	0.2	100.0	44.1	23.0	32.9	100.0	85.2	5.9	9.0
Gifted -----	4.6	2.8	100.0	34.2	9.1	56.7	100.0	89.2	3.4	7.4
Slow learner (not mentally retarded) -----	13.1	5.3	100.0	29.4	13.6	56.9	100.0	72.9	5.7	21.4
Mentally retarded -----	1.2	1.3	100.0	65.4	15.7	18.9	100.0	86.8	3.2	10.0
Emotionally disturbed -----	3.4	1.2	100.0	22.2	22.6	55.1	100.0	51.5	19.0	29.5
Remedial reading -----	---	6.2	100.0	---	---	---	100.0	73.3	9.2	17.5
English (for non-English speaking) -----	---	2.6	100.0	---	---	---	100.0	52.2	3.8	44.0
Remedial training in subject(s) -----	---	0.7	100.0	---	---	---	100.0	57.4	7.2	35.4
Other -----	4.0	1.4	100.0	30.9	18.2	50.9	100.0	53.8	17.1	29.2

SOURCE: National Center for Health Statistics: Behavior Patterns of Children in School, United States. Vital and Health Statistics. Series 11, No. 133. DHEW Pub. No. (HRA) 74-1615; and Behavior Patterns in School of Youths 12-17 Years, United States. Vital and Health Statistics. Series 11, No. 139. DHEW Pub. No. (HRA) 74-1621.

Approximately 31 percent of the boys ages 17-18 are regular cigarette smokers in 1974 which is a smaller proportion than in 1970. The proportion of girls ages 17-18 who are regular smokers, while still lower than that for boys, has increased each year. For younger girls, those ages 15-16, the proportion smoking is now higher than that for boys.

Table CD.II:24
PERCENT CURRENT REGULAR SMOKERS-TEENAGE, UNITED STATES, 1968-1974



Source: Center for Disease Control, National Clearinghouse for Smoking and Health: Chilton Teenage Telephone Surveys, 1968, 1970, 1972, 1974. DHEW Publication No. (HSM) 74-8701

A higher incidence of acute conditions is reported for preschool children than for any other age group--approximately three such conditions per child per year. This high incidence may be partly a function of the reporting system which includes only those conditions involving either medical attention or restricted activity.

Table CD.II.25

Incidence of acute conditions per 100 persons under age 6 years by selected demographic characteristic: United States, 1973

Demographic characteristic	All acute conditions	Selected acute conditions		
		Infective and parasitic	Respiratory	Injuries
Rate per 100 persons under age 6 years				
Total	304.5	48.8	162.9	35.3
SEX				
Male-----	318.8	50.4	166.8	41.7
Female-----	289.2	47.0	158.8	28.5
REGION				
Northeast-----	272.6	47.9	142.1	33.4
North Central---	338.0	44.4	195.1	32.2
South-----	285.4	57.2	139.2	35.0
West-----	328.5	41.0	183.2	43.7
RESIDENCE				
Metropolitan----	313.2	54.3	162.5	35.4
Nonmetropolitan-	285.6	36.8	163.9	35.2

SOURCE: National Center for Health Statistics: Current Estimates from the Health Interview Survey, United States, 1973. Vital and Health Statistics. Series 10, No. 95. DHEW Pub. No. (HRA) 75-1522; and unpublished data from the survey.

NOTE: Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

Over half the acute conditions reported for school-age children are respiratory conditions. Injuries are the next most frequent condition especially for boys.

Table CD.II.26

Incidence of acute conditions per 100 persons ages 6-16 years
by selected demographic characteristic: United States, 1973

Demographic characteristic	All acute conditions	Selected acute conditions		
		Infective and parasitic	Respiratory	Injuries
Rate per 100 persons ages 6-16 years				
Total	230.3	31.0	121.8	38.7
SEX				
Male-----	228.0	30.4	115.4	46.2
Female-----	232.7	31.7	128.4	31.0
REGION				
Northeast-----	234.0	43.8	111.2	37.8
North Central---	233.4	26.8	131.7	37.0
South-----	222.7	35.5	106.8	39.1
West-----	234.8	12.9	147.9	41.8
RESIDENCE				
Metropolitan----	233.9	32.7	123.3	38.0
Nonmetropolitan-	222.8	27.6	118.7	40.1

SOURCE: National Center for Health Statistics: Current Estimates from the Health Interview Survey, United States, 1973. Vital and Health Statistics. Series 10, No. 95, DHEW Pub. No. (HRA) 75-1522; and unpublished data from the survey.

NOTE: Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

In general, the prevalence of chronic conditions is low for people under age 17 but the existence of a chronic condition means that the person may suffer consequences for many years.

Table CD.II.27

Prevalence of selected chronic conditions reported in health interviews by selected demographic characteristics for persons under 17 years; United States

Demographic characteristic	Asthma (1970)	Chronic bronchitis (1970)	Heart conditions (1972)	Hearing impairments (1971)	Vision impairments (1971)
	Number per 1,000 persons under 17 years				
Total ¹ -----	31.1	38.9	10.5	13.0	9.4
Sex					
Male-----	37.6	43.6	11.9	14.2	12.1
Female-----	24.3	34.0	9.1	11.7	6.5
Color					
White-----	29.8	41.8	10.8	13.3	9.6
All other-----	38.2	22.7	9.0	11.1	7.9
Region					
Northeast-----	27.4	40.6	12.4	9.8	10.2
North Central-----	24.7	37.1	9.4	11.5	8.5
South-----	36.8	41.0	8.5	13.7	9.8
West-----	36.5	35.1	13.6	18.1	8.8
Residence					
Metropolitan-----	32.2	39.8	11.9	12.3	9.3
Nonmetropolitan-----	29.1	37.1	8.2	14.2	9.5
Family income					
Under \$5,000-----	32.3	33.6	9.3	15.0	10.4
\$5,000-\$9,999-----	32.1	37.3	11.3	12.3	8.4
\$10,000-\$14,999-----	28.3	46.9	11.5	13.9	7.6
\$15,000 and over-----	31.9	38.8	8.5	12.0	12.6

¹Includes unknown income.

Source: National Center for Health Statistics: Selected reports from the Health Interview Survey, Vital and Health Statistics, Series 10.

The majority of acute conditions among children are respiratory and the two chronic conditions which have a high impact on the child's life, asthma and chronic bronchitis, are also respiratory. Asthma is more likely to cause the child to limit activities while bronchitis is more likely to cause days spent in bed.

Table CD.II.28

Prevalence of selected chronic conditions reported in health interviews
and selected measures of impact for persons under 17 years: United States

Prevalence and impact of condition	Asthma (1970)	Chronic Bronchitis (1970)	Heart Conditions (1972)
Number of conditions (in 1,000's)-----	2,075	2,592	683
Number per 1,000 persons-----	31.1	38.9	10.5
Percent of conditions			
Causing activity limitation-----	12.9	2.6	10.4
With physician visit in past year-----	68.0	81.1	67.5
Ever hospitalized-----	17.8	14.7	13.0
Under medical treatment-----	51.1	19.0	10.7
With one or more bed days in past year-	43.6	59.0	8.5
With 15 or more bed days in past year--	5.6	6.5	*

SOURCE: National Center for Health Statistics: Selected reports from the Health Interview Survey, Vital and Health Statistics, Series 10, and unpublished data from the Survey.

Defective distance vision, if uncorrected, is a problem which interferes with the child's ability to see the blackboard, movies, etc. About 7 percent of the elementary school children have a visual acuity of 20/40 or less; 20 percent of the junior high school and high school age children have poor distance vision.

Table CD.II.29 Percentage of children with defective visual acuity of 20/40 or less without correction for persons under 17 years, by age and sex: United States, 1963-1970

Age	Defective visual acuity of 20/40 or less without correction		
	Both sexes	Boys	Girls
	Percent of youths		
Total			
All ages, 6-11 years-----	7.3	6.6	7.9
All ages, 12-17 years-----	19.6	17.0	22.4
6 years-----	2.3	2.3	2.4
7 years-----	5.1	5.5	4.7
8 years-----	5.8	5.2	6.6
9 years-----	6.6	6.0	7.5
10 years-----	10.5	8.7	12.4
11 years-----	13.5	12.4	14.6
12 years-----	16.0	14.4	17.7
13 years-----	19.7	14.6	24.7
14 years-----	19.7	15.3	24.2
15 years-----	18.8	18.9	19.6
16 years-----	22.4	20.6	24.4
17 years-----	21.6	18.2	24.9

SOURCE: National Center for Health Statistics: Selected reports from the Health Examination Survey. Vital and Health Statistics, Series 11, Nos. 101, 127.

Children under age 6 have an average of almost 12 days of restricted activity per year; those age 6 through 16 have about 10 days on the average. Regardless of age, children in families with incomes under \$5,000 have more days of restricted activity, of bed disability, and of school loss than children in families with higher incomes.

Table CD.II.30

Number of disability days per person per year for persons under 6 years of age and for persons ages 6-16 years, by selected demographic characteristics: United States, 1973.

Demographic Characteristic	Restricted Activity	Bed Disability	Restricted Activity	Bed Disability	School loss days
	Days per person under 6 years of age		Days per person ages 6-16 years		
Total -----	11.7	4.9	10.2	4.3	5.1
Sex					
Male -----	12.4	5.3	9.6	3.8	4.7
Female -----	11.0	4.6	10.7	4.9	5.5
Color					
White -----	12.3	5.1	10.4	4.4	5.1
All other -----	8.9	4.0	8.7	3.7	4.9
Region					
Northeast -----	10.1	4.2	9.6	3.7	5.0
North Central -----	11.9	4.7	10.2	4.2	5.0
South -----	11.5	4.9	9.7	4.4	5.0
West -----	13.9	6.3	11.7	5.1	5.6
Residence					
Metropolitan -----	12.1	5.0	10.5	4.4	5.2
Nonmetropolitan ---	10.9	4.8	9.5	4.1	4.9
Family income					
Under \$5,000 -----	14.4	7.2	13.4	5.7	7.3
\$5,000-\$9,999 -----	10.7	4.7	9.3	4.4	5.0
\$10,000-\$14,999 ---	11.5	5.1	9.9	4.0	4.7
\$15,000 and over --	11.6	3.4	9.9	3.9	4.6

Source: National Center for Health Statistics: Current Estimates from the Health Interview Survey, 1973. Vital and Health Statistics, Series 10, No. 95; and unpublished data.

Utilization of Services

Children under age 17 average about 4 physician visits per year; about one quarter have not had any visits within a year. Children living in metropolitan areas are more likely to have had a physician visit than other children and children in upper income families are more likely than children in lower income families to have had a physician visit within a year.

Table CD.II.31

Number of physician visits per person per year and percent of population with one or more visits in past year by selected demographic characteristics for persons under 17 years of age: United States, 1973

Demographic Characteristic	Number of visits per person per year	Percent with physician visit in past year
Total ^{1/} -----	4.2	73.0
SEX		
Male-----	4.4	73.7
Female-----	4.0	72.3
COLOR		
White-----	4.4	74.5
All Other-----	3.1	65.1
REGION		
Northeast-----	4.3	77.0
North Central-----	4.4	73.4
South-----	4.1	70.0
West-----	3.9	72.7
RESIDENCE		
Metropolitan-----	4.4	75.3
Nonmetropolitan-----	3.7	68.2
FAMILY INCOME		
Under \$5000-----	3.9	67.2
\$5,000-\$9,999-----	3.8	70.0
\$10,000-\$14,999-----	4.3	74.9
\$15,000 and over-----	4.6	78.1

^{1/}Includes unknown income.

SOURCE: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

The majority of the contacts children have with physicians are in the physician's office; telephone is the next most frequent means of contact for most children. Low income families and minority families, however, utilize hospital out-patient clinics and emergency rooms for about a fourth of their visits. Visits to the child's home are rare.

Table CD.II.32

Physician visits by place of visit by selected demographic characteristics for persons under 17 years of age: United States, 1973

Demographic Characteristic	Total visits ^{2/} (in 1,000's)	Office	Hospital Outpatient Clinic	Hospital Emergency Room	Tele- phone	Home
		Percent Distribution				
Total ^{1/} -----	267,803	62.0	6.0	5.8	18.6	1.6
SEX						
Male-----	143,746	61.6	5.4	6.1	18.2	1.9
Female-----	124,057	62.5	6.8	5.4	19.1	1.2
COLOR						
White-----	237,210	63.7	4.6	5.0	20.0	1.6
All Other-----	30,593	49.0	17.4	11.5	7.6	*
REGION						
Northeast-----	62,450	57.2	6.8	7.2	19.8	3.3
North Central----	76,997	63.2	4.6	4.8	22.7	1.2
South-----	84,532	61.5	7.4	6.1	15.2	1.0
West-----	43,824	67.7	4.9	5.0	16.2	*
RESIDENCE						
Metropolitan-----	192,992	60.0	6.9	6.0	19.6	1.7
Nonmetropolitan--	74,810	67.3	3.9	5.1	16.0	1.2
FAMILY INCOME						
Under \$5000-----	32,616	51.4	12.2	9.0	12.2	*
\$5,000-\$9,999----	61,765	63.7	6.5	6.5	16.1	1.8
\$10,000-\$14,999--	77,023	61.7	4.1	5.1	23.7	*
\$15,000 and over-	77,680	65.8	3.9	4.7	19.4	2.5

^{1/}Includes unknown income. ^{2/}Includes all other places of visits.

SOURCE: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

From 1964 to 1973 the average number of physician visits per year increased more for poor children than for others and the proportion of poor children who had not had a visit for at least two years was cut almost in half. Still, in 1973 almost a fifth of the poor children and an eighth of the not poor had not been seen by a physician for at least two years.

Table CD.II.33

Number of physician visits per person per year and percent of the population with no physician visits in the past 2 years by poor and not poor status, and color for persons under 17 years of age: United States, 1964 and 1973

Age and Year	Total		White		All Other	
	Poor	Not Poor	Poor	Not Poor	Poor	Not Poor
Under 17 years	Number of physician visits per person per year					
1964 -----	2.3	4.0	2.6	4.1	1.9	2.4
1973 -----	3.8	4.3	4.2	4.4	3.2	2.9
Under 17 years	Percent with no physician visits in past 2 years					
1964 -----	33.2	15.1	28.9	14.1	39.4	24.6
1973 -----	18.7	11.9	16.8	11.4	21.8	16.9

NOTE: Definition of poor is based on family income: Under \$3,000 in 1964
Under \$6,000 in 1973

In each case, this included about 1/5 of the population.

SOURCE: National Center for Health Statistics: Unpublished Data from Health Interview Survey.

Ninety-five percent of the children living outside of institutions are not hospitalized at all during any given year. Of those who are, almost all are hospitalized only once.

Table CD.II.34

Number and percent distribution of persons under 17 years of age, with short-stay hospital episodes during the past year by number of episodes, according to sex: United States, 1973

Sex	Population	Number of Hospital Episodes				
		Total	None	1	2	3+
	Number of persons (in 1000's)		Percent distribution			
Both sexes -----	63,997	100.0	94.4	4.9	0.5	0.2
Male-----	32,599	100.0	94.2	5.1	0.5	0.2
Female-----	31,397	100.0	94.7	4.7	0.5	*

Note:

Data are based on household interviews of the civilian, noninstitutionalized population and thus exclude persons discharged to long-term institutions or by death.

Source: National Center for Health Statistics: Current Estimates from the Health Interview Survey, United States, 1973, Vital and Health Statistics, Series 10, No. 95. DHEW Pub. No. (HRA) 75-1522.

There are about 72 discharges and 329 days of care in short-stay hospitals per year per 1,000 children under age 15. Children in low income (under \$5,000) families utilize more in-patient days than children in other income groups; they are more likely to become hospital patients and once admitted they stay longer.

Table CD.II.35

Discharges from short-stay hospitals, days of hospital care, and average length of stay for persons under 15 years of age by family income and geographic region: United States, 1973

Income and Geographic Region	Persons under 15 years		
	Number of discharges per 1,000 population	Number of days of care per 1,000 population	Average length of stay in days
Total	72	329	4.6
FAMILY INCOME			
Under \$5,000-----	96	496	5.2
\$5,000-\$9,999----	78	364	4.7
\$10,000-\$14,999--	69	250	3.6
\$15,000 and over--	55	245	4.5
REGION			
Northeast-----	67	340	5.1
North Central-----	86	388	4.5
South-----	71	326	4.6
West-----	61	224	3.7

Source: National Center for Health Statistics: Unpublished data from the Hospital Discharge Survey and the Health Interview Survey

Diseases of the respiratory system are the most frequent reason for children being hospitalized, accounting for about 36 percent of the hospital discharges and 29 percent of the inpatient hospital days. Accidents, poisonings, and violence account for about 14 percent of the hospitalization and 16 percent of the days.

Table CD.II.36

Discharges from short-stay hospitals, days of hospital care, and average length of stay for persons under 15 years of age excluding newborn by ten leading classes of diagnosis: United States, 1973

Diagnostic category and ICDA code	Persons under 15 years		
	Number of discharges per 1,000 population	Number of days per 1,000 population	Average length of stay in days
All conditions-----	70.8	321.9	4.5
Infective and parasitic diseases----- 000-136	5.2	24.3	4.7
Neoplasms----- 140-239	1.3	11.3	9.0
Diseases of the nervous system and sense organs----- 320-389	5.2	20.3	3.9
Diseases of the respiratory system----- 460-519	25.6	92.9	3.6
Diseases of the digestive system----- 520-577	7.0	29.2	4.2
Diseases of the genitourinary system--- 580-629	4.3	16.9	3.9
Diseases of the musculoskeletal system and connective tissue----- 710-738	1.4	9.0	6.3
Congenital anomalies----- 740-759	3.0	19.4	6.6
Symptoms and ill-defined conditions----- 780-792, 794-796	1.7	7.0	4.0
Accidents, poisonings, and violence---- 800-999	10.0	50.6	5.1
All others-----	6.2	41.0	6.6

Source: National Center for Health Statistics: Utilization of Short-Stay Hospitals by Diagnosis: United States, 1973. Monthly Vital Statistics Report, Vol. 24, No. 3, Supplement.

During the past decade the proportion of children from poor families who were hospitalized because of illness or injury increased dramatically while the proportion of the not poor children who were hospitalized decreased slightly. The average length of stay for the poor children has declined, however, although they still remain in the hospital longer than children who aren't from poor families. The changes reflect, to some extent, the impact of government programs to increase the accessibility of health care for the poor.

Table CD.II.37

Number of discharges from short-stay hospitals per 1,000 persons per year and average length of stay by income status and color for persons under 17 years of age: United States, 1964 and 1973

Year	Total		White		All Other	
	Poor	Not Poor	Poor	Not Poor	Poor	Not Poor
Number of discharges per 1,000 population						
Under 17 years of age						
1964-----	58	70	75	72	35	53
1973-----	96	63	106	64	80	59
Average length of stay in days						
Under 17 years of age						
1964-----	9.1	5.4	8.3	5.3	11.3	7.8
1973-----	6.4	5.3	5.4	5.2	8.3	6.8

Note: Definition of poor is based on family income: under \$3,000 in 1964
under \$6,000 in 1973.

In each case this included about 1/5 of the population.

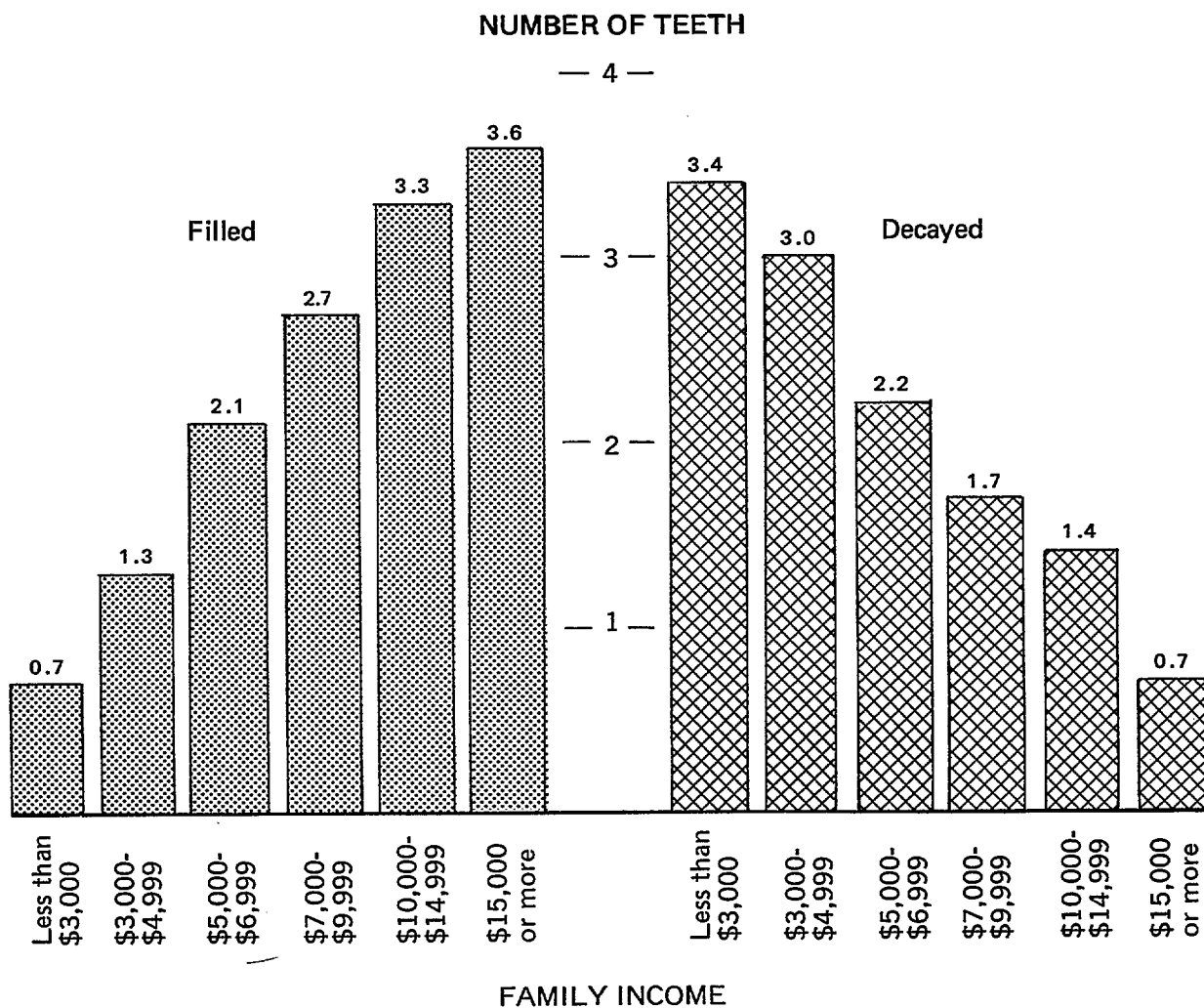
Source: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

Dental Morbidity and Dental Care

The children of families with lower incomes have many more untreated decayed teeth and missing teeth and many fewer filled teeth than the children of families with higher incomes. The dental health of black children, as compared with that of white children, shows the same differentials.

Table CD.II.38

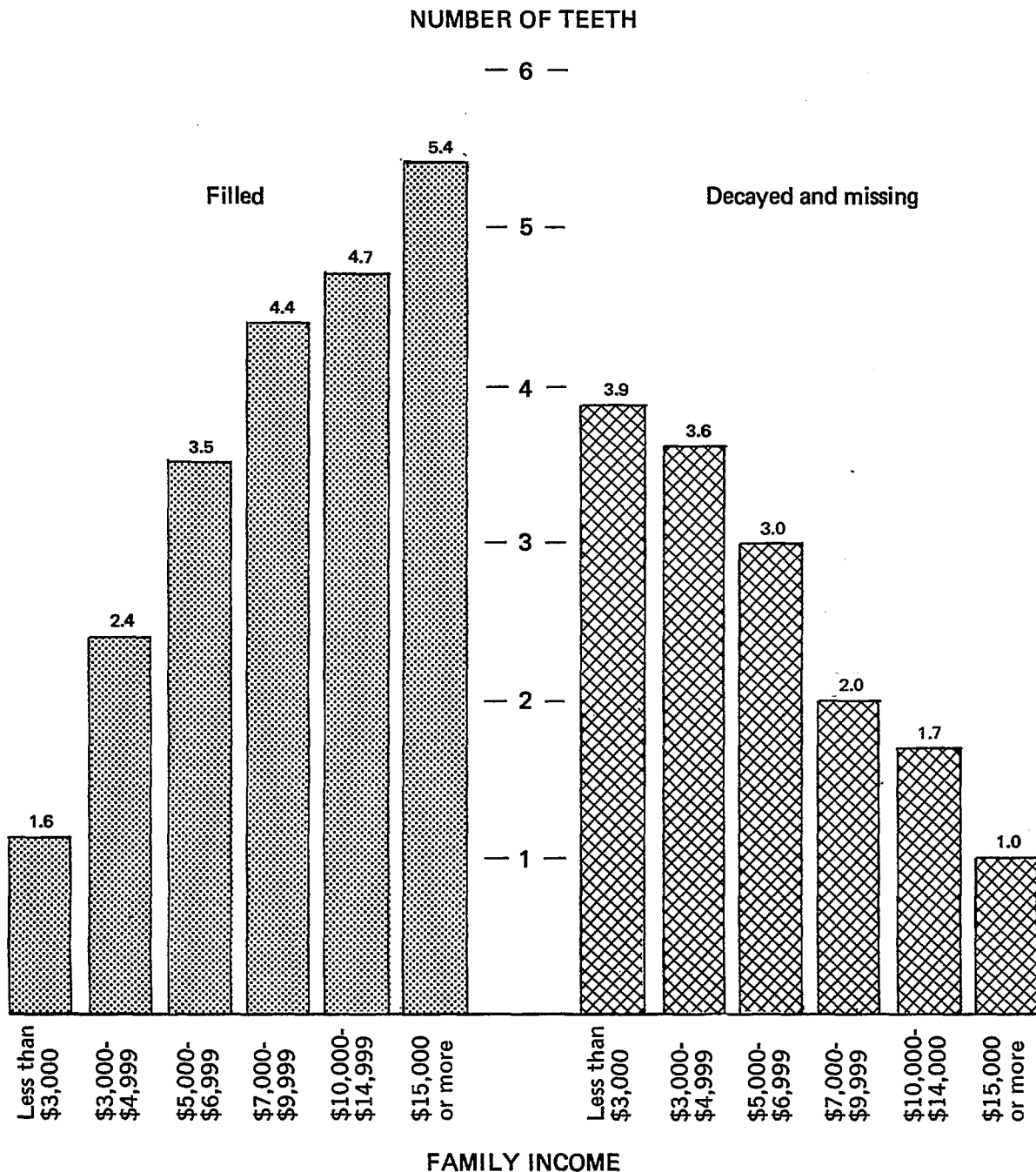
AVERAGE NUMBER OF FILLED AND OF DECAYED PRIMARY AND PERMANENT TEETH PER CHILD AGES 6-11 YEARS, BY FAMILY INCOME: UNITED STATES, 1963-65.



Source: National Center for Health Statistics: Decayed, Missing and Filled Teeth Among Children, United States. Vital and Health Statistics, Series 11, No. 106. DHEW Pub. No. (HRA) 72-1003.

Table CD.II.39

AVERAGE NUMBER OF FILLED AND OF DECAYED AND MISSING PERMANENT TEETH PER PERSON AGES 12-17 YEARS, BY FAMILY INCOME: UNITED STATES, 1966-70.

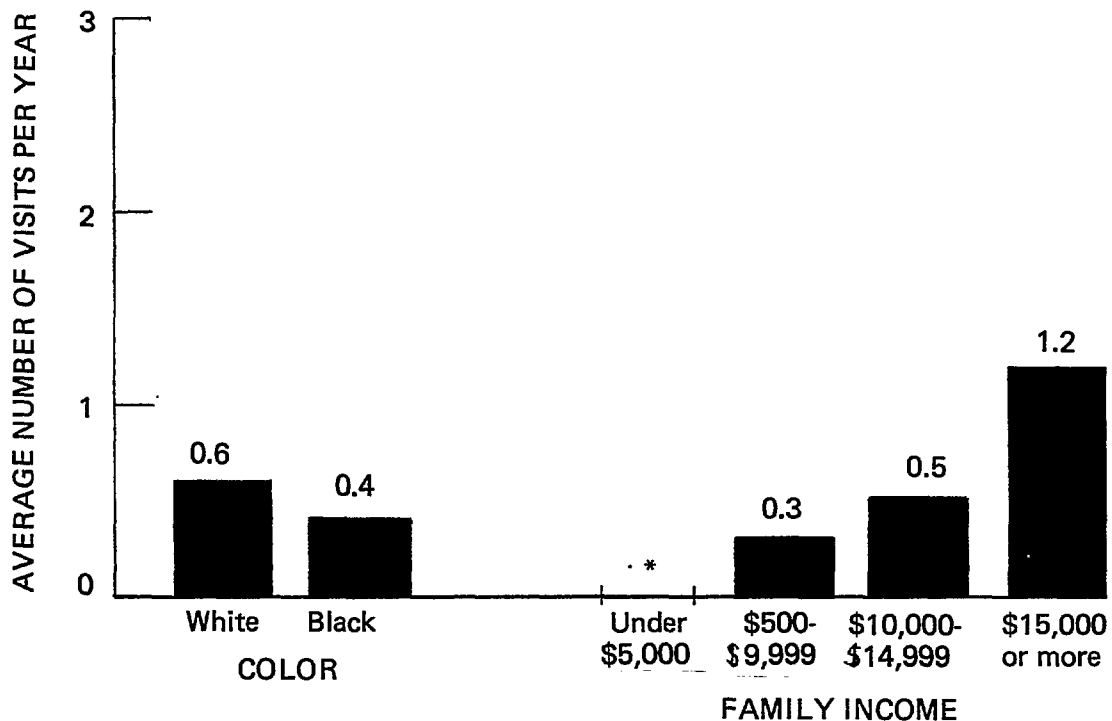


Source: National Center for Health Statistics: *Decayed, Missing, and Filled Teeth Among Youths 12-17 Years, United States*. Vital and Health Statistics, Series 11, No. 144. DHEW Pub. No. (HRA) 75-1626.

The average number of dental visits is higher for the white children than the black children and for the children of families with higher incomes than for those of families with lower incomes.

Table CD.II.40

NUMBER OF DENTAL VISITS PER PERSON PER YEAR FOR CHILDREN UNDER 6 YEARS OF AGE, BY COLOR AND FAMILY INCOME: UNITED STATES, 1973

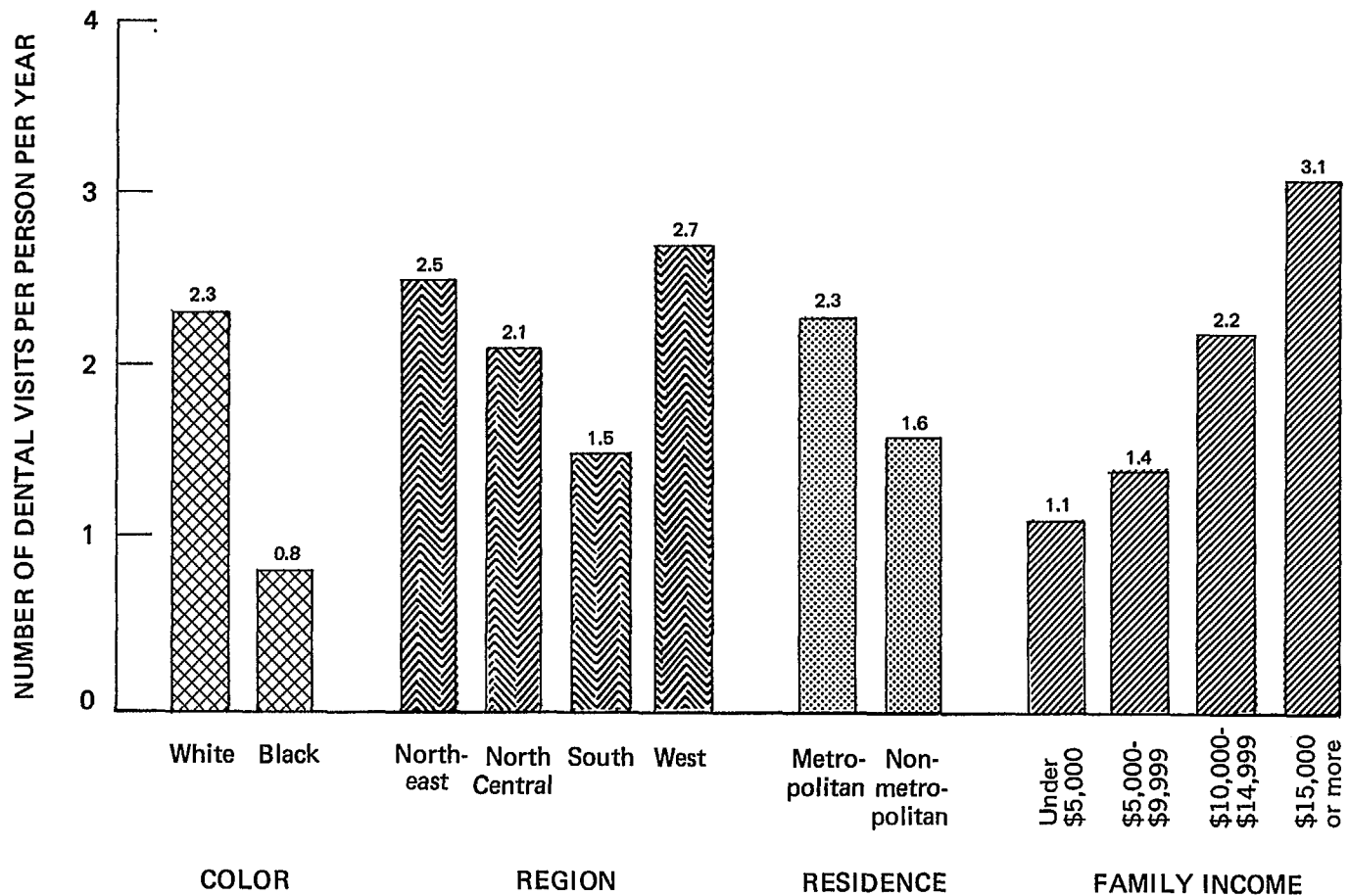


Source: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

Many children, especially those of the poorer families, do not see a dentist as often as they should.

Table CD.II.41

NUMBER OF DENTAL VISITS PER PERSON PER YEAR FOR CHILDREN AGES 6-16 YEARS, BY SELECTED DEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1973.

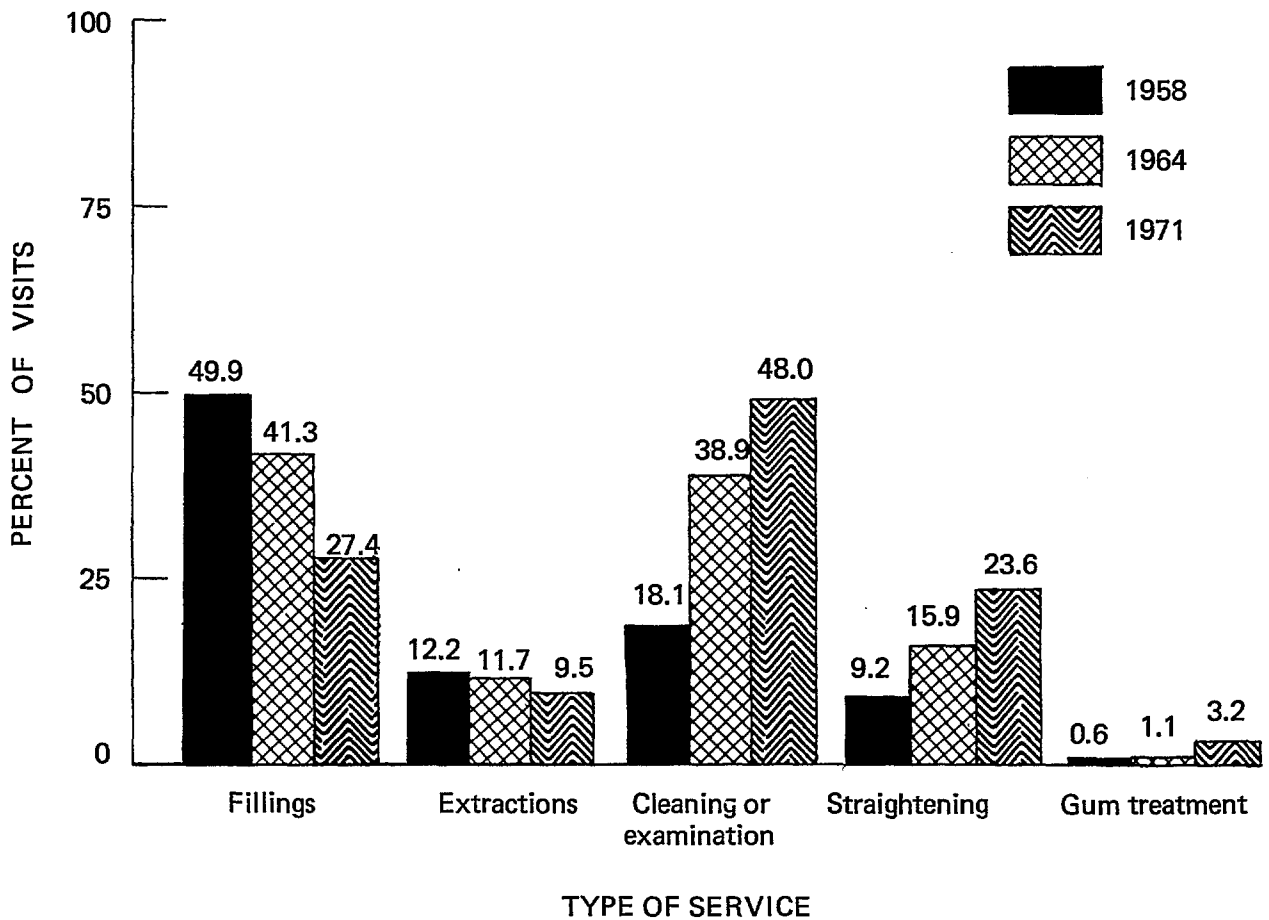


Source: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

During the past decade or so, the type of dental service children receive has been rapidly changing. The percent of visits for fillings and extractions is significantly lower now than before, and the percent for cleaning or examination is significantly higher. The shift in the type of dental service required by children doubtless is due largely to the recent steady increase in the number of communities that have begun to fluoridate their water supplies.

Table CD.II.42

PERCENT DISTRIBUTION OF DENTAL VISITS BY CHILDREN AGES 5-14 YEARS
 ACCORDING TO SPECIFIED TYPE OF SERVICE: UNITED STATES, JULY 1957-JUNE
 1958, JULY 1963-JUNE 1964, AND 1971.



Note: More than one type of service may be performed during a single visit.

Source: National Center for Health Statistics: Selected reports from the Health Interview Survey (Series B, No. 15 and Series 10, No. 23) and unpublished data from the survey.

C and D. III. HEALTH STATUS AND USE OF HEALTH SERVICES

Adults, 18-64 years of age

CD.III. Adults, 18-64 Years of Age

Introduction

The working-age adult population, generally defined as those ages 18-64, probably has more varied health status and health care needs than either children or the elderly. Over half the total population and 97 percent of the labor force is included in these ages which are primarily responsible for the economic support of the entire population.

About 42 percent of the 18-24 year olds are still enrolled in school although many are also in the labor force. The labor force participation rate is 63 percent. By ages 25-34 only 5 percent are enrolled in school and 73 percent (95 percent of the males and 50 percent of the females) are in the labor force. Labor force participation rates remain at approximately this level for the next 20 years and then decline so that by age 55-64 only 77 percent of the males and 40 percent of the females are in the labor force.

Particularly in the young years, this is a very healthy population which also views itself as being healthy. Over 90 percent of the persons age 17-44 view their health as good or excellent. The prevalence of chronic conditions is low and less than 1 percent report any limitation of mobility as a result of chronic illness or impairments. Death rates in this age group are also low.

Despite the generally good health status of the young working-age population, there are special needs for health care for reasons peculiar to the age group and there are pockets of need at least partially caused by the inter-relationship between income and disability.

In over half of the first marriages the bride is age 15-21 and almost two-thirds of all births are to women ages 20-29. Needs for medical services relating to childbirth are thus high. One-fifth of all short-stay hospital days for persons age 15-34 are for childbirth or complications of pregnancy and about 10 percent of all outpatient visits are visits for prenatal care.

A special need for health care services is created by births to very young women. Risks for the new-born child are high when the mother is very young (under 18) and the problems are further compounded because a high proportion of the births to these young women are illegitimate.

Another major need for health services is that created by accidental injuries, suicide, and homicide. Externally caused conditions are the leading cause of utilization of short-stay hospital days and are the leading cause of death among persons under 35. From age 35 on, heart disease is the leading cause. Despite the recent decline in rates, heart disease accounted for one-third of all deaths of persons ages 35-44 in 1973.

It is worth noting that the proportion of the population covered by hospital insurance is lower at ages 17-24 than at any other adult working age. Coverage under a parent's policy usually ends with attainment of majority or leaving school and coverage under group policies usually comes only with regular employment. Only 70 percent of those ages 17-24 have hospital insurance coverage in contrast with 81 percent of those ages 25-44.

The relationship between disability and family income is striking. In 1970, the median family income when the head had no work disability was \$9,854. When the head had partial work disability it was \$8,546 and for those families where the head had complete work disability it was \$3,965. In families with incomes under \$5,000, 17 percent of the young adults assessed their health as fair or poor; in families with incomes of \$15,000 or over, the comparable figure was 4 percent. In the lowest income families there were 21 restricted activity days including 8 bed disability days per person per year. In the highest income families the comparable figures were 11 and 4 days per person ages 17-44 per year.

Women ages 17-44 are more likely to have seen a physician than are the men and they see the doctor more frequently. These differences cannot be attributed entirely to medical attention related to childbirth. Physician contacts among the poor in this age group are twice as likely to occur at hospital outpatient

clinics or emergency rooms than the contacts for the upper income groups are. The poor now make more use of physician care than they did a decade ago. At that time the poor saw physicians less than did the not poor, while in 1973 the poor actually saw doctors more frequently than did the not poor.

Admissions to psychiatric facilities are high at ages 18-44. At 18-24, the majority of the admissions are to outpatient facilities; at 25-44 the majority are to inpatient facilities. Not included as admissions to psychiatric facilities are about 40 percent of the patients discharged from short-stay hospitals where mental disorders account for almost 10 percent of the days of care.

The death rates are low relative to rates in the older age groups but they are high relative to many other countries. Age-specific death rates in the United States are higher for both males and females than they are for the comparable ages in many European countries. The reasons are not clear but it does appear that there is potential for an appreciable decrease in the United States death rates through improved health care, health education, or behavioral changes.

A number of factors such as smoking, drinking, exercise and eating habits, have been found to be related to a person's general health status. Death rates are considerably higher for cigarette smokers than for nonsmokers, although the differences are smaller at the older ages. The proportion of cigarette smokers has been declining among males, particularly among the young adults, while the proportion of females who smoke cigarettes has been increasing,

432

especially among the older females.

Frequent heavy drinkers have a much higher mortality rate than other persons. Between 10 and 20 percent of the adult males and about 3 to 5 percent of the females are heavy drinkers. The proportion of the population that drinks alcoholic beverages decreases with age.

By ages 45-64, people no longer view their health as being so good. Although the majority still view themselves as being in good or excellent health, 16 percent report fair health and 6 percent poor health. The prevalence of chronic conditions and resulting disability is higher, almost 5 percent report some degree of limitation of mobility, and death rates at ages 55-64 are 10 times those at ages 25-34.

The rate of utilization of ambulatory medical care is similar at 45-64 to the rate at 15-44. Females and the poor report more physician visits than male and the not poor report. While hospital outpatient clinics or emergency rooms account for only about 10 percent of all physician contacts in this group, almost one-quarter of the visits for minority persons occur at outpatient clinics or emergency rooms.

Utilization of inpatient short-stay hospital days is twice as high among this age group primarily because those hospitalized stay longer. The poor utilize hospital inpatient care more frequently and they also stay in the hospital longer than the not poor stay.

Diseases of the circulatory system are the leading cause of hospitalization among adults 45-64 years of age, accounting for 34 discharges and 365 days of care per year per 1,000 persons. Heart diseases are the leading cause of activity limitation and of death (626 deaths per 100,000) despite the decline in death rates from heart disease over the past decade. Malignant neoplasms are the second leading cause of death and the third cause of short-stay hospitalizations. Impairments are common. Musculoskeletal, hearing, and vision impairments, while not causes of death or of much short-stay hospital utilization, may affect the individual's way of life or his ability to function effectively on a job.

The relationship between family income and work disability of the head of the family is about the same as at the younger ages but the percentage with work disability is much higher. About 13 percent of the family heads ages 45-64 have partial work disability and 10 percent have complete work disability. People with low incomes in this age group have more than twice as many restricted activity days and almost twice as many bed days per person per year as those ages 17-44, but only 15 percent more days lost from work. Those with long-term work disability are no longer working and are not counted as losing days from work. The relationship between low income and disability is also shown by the fact that only 1.5 percent of the persons 45-64

years of age in high income families have any degree of mobility limitation as a result of a chronic condition, while almost 13 percent of the persons in low income families have some degree of mobility limitation because of chronic illness.

Mortality and Measures of Health,
Illness, and Disability

About one-half of the young adults assessed their health status as excellent and a total of 91 percent rated their health as excellent or good. Low-income young adults assess their health less favorably than do those in high income families.

Table CD.III.1

Assessment of health status as reported in health interviews for persons ages 17-44 years, according to selected demographic characteristics: United States 1973

Demographic characteristic	Health status, ages 17-44 years				
	Total ^{1/}	Excellent	Good	Fair	Poor
TOTAL ^{2/}	100.0	52.2	38.8	7.1	1.4
SEX					
Male-----	100.0	57.1	35.4	5.8	1.2
Female-----	100.0	47.6	41.9	8.3	1.7
COLOR					
White-----	100.0	54.2	37.8	6.2	1.2
All other-----	100.0	38.0	45.2	13.4	2.9
REGION					
Northeast-----	100.0	53.4	39.3	5.6	1.1
North Central-----	100.0	54.0	38.0	6.3	1.1
South-----	100.0	47.6	40.7	9.1	2.0
West-----	100.0	55.8	35.7	6.7	1.4
RESIDENCE					
Metropolitan-----	100.0	53.4	38.0	6.8	1.3
Nonmetropolitan-----	100.0	49.2	40.7	7.9	1.8
FAMILY INCOME					
Under \$5,000-----	100.0	40.3	42.3	13.0	3.8
\$5,000-\$9,999-----	100.0	47.6	42.1	8.5	1.5
\$10,000-\$14,999-----	100.0	54.2	38.5	5.8	1.0
\$15,000 and over-----	100.0	61.5	33.7	3.8	0.6

^{1/} Includes unknown health status.

^{2/} Includes unknown income.

SOURCE: National Center for Health Statistics: unpublished data from the Health Interview Survey.

About three-quarters of the adults ages 45-64 assess their own health status as excellent or good. The largest income differentials in the self-assessment of health occurs in the 45-64 year age group, with 45 percent of the persons in low-income families assessing their health as fair or poor compared to only 10 percent of the upper income persons. It is this age group in which poor health has the greatest impact on family income. This strong relationship of health status to income is also shown in later tables on illness and disability.

Table CD.III.2

Assessment of health status as reported in health interviews for persons ages 45-64 years, according to selected demographic characteristics: United States, 1973

Demographic characteristic	Health status, ages 45-64 years				
	Total	Excellent	Good	Fair	Poor
TOTAL ¹	100.0	35.2	42.0	16.2	6.0
SEX					
Male	100.0	38.1	40.2	14.8	6.4
Female	100.0	32.5	43.7	17.5	5.7
COLOR					
White	100.0	36.4	42.3	15.2	5.6
All other	100.0	24.2	38.8	26.0	9.9
REGION					
Northeast	100.0	35.3	46.2	13.9	4.0
North Central	100.0	35.6	44.0	15.2	4.8
South	100.0	31.6	39.0	20.1	8.7
West	100.0	40.9	38.1	14.3	6.1
RESIDENCE					
Metropolitan	100.0	37.3	42.4	14.6	5.2
Nonmetropolitan	100.0	30.5	41.1	19.8	8.0
FAMILY INCOME					
Under \$5,000	100.0	18.4	35.3	28.1	17.7
\$5,000-\$9,999	100.0	29.0	43.7	20.3	6.2
\$10,000-\$14,999	100.0	36.8	44.8	14.1	3.9
\$15,000 and over	100.0	47.3	41.8	8.7	1.8

¹/ Includes unknown income.

SOURCE: National Center for Health Statistics: unpublished data from the Health Interview Survey.

The leading causes of death for persons age 25-34 are accidents, homicide, malignant neoplasms and suicide. The death rates from violence in this age group have doubled over the past two decades. Deaths from diseases of the heart have dropped from 38.0 per 100,000 to 10.0 per 100,000 over the past half century, primarily due to reductions in rheumatic heart disease, and deaths from influenza and pneumonia have declined from 44.3 to 3.1 per 100,000 population.

Table CD.III.3

Death rates for all causes and for leading causes of death for persons ages 25-34 years, based on 1973 ranking of causes, United States, 1925-73

Cause of death ¹	1925	1930	1935	1940	1945	1950	1955	1960	1965	1968	1969	1970	1971	1972	1973
Rate per 100,000 estimated population ages 25-34 years															
All causes-----	483.7	465.8	402.7	305.9	267.3	178.7	149.6	146.4	151.6	157.3	158.8	157.4	156.5	153.9	153.6
<u>Diseases and conditions</u>															
Malignant neoplasms-----	15.3	16.7	16.3	17.3	19.0	20.0	19.3	19.5	19.0	17.3	16.9	16.5	17.0	15.8	15.6
Diseases of heart-----	38.0	39.8	34.3	29.7	27.4	19.4	17.2	15.6	14.1	11.9	11.5	11.4	10.7	10.2	10.0
Cirrhosis of liver-----	1.4	1.5	1.6	1.8	2.2	2.1	2.1	2.9	3.5	4.2	4.3	4.4	4.2	4.3	4.2
Cerebrovascular diseases-----	5.8	6.4	6.0	5.5	5.5	4.2	5.0	4.7	4.8	4.9	5.0	4.5	4.6	4.2	4.2
Influenza and pneumonia-----	44.3	38.9	43.6	17.1	11.4	4.2	3.1	4.8	3.6	4.4	4.1	3.8	3.3	3.3	3.1
Diabetes mellitus-----	3.4	3.5	2.7	2.8	3.5	2.2	2.4	2.3	2.6	2.6	2.5	2.2	2.3	2.4	2.0
Congenital anomalies-----	0.2	0.3	0.4	0.7	1.0	1.9	1.7	2.0	1.9	1.8	1.8	1.7	1.5	1.5	1.5
<u>Accidents and violence</u>															
Motor vehicle accidents ² -----	12.4	24.0	27.8	24.8	20.5	24.6	27.0	24.3	29.8	32.6	32.4	30.9	30.6	30.3	30.3
All other accidents ² -----	44.5	38.4	30.2	27.2	28.9	21.1	18.5	18.6	19.4	19.9	20.8	20.7	19.6	19.6	20.4
Suicide-----	12.2	14.9	14.3	13.5	10.3	9.1	8.4	10.0	12.3	12.1	12.9	14.1	13.8	14.7	14.9
Homicide-----	16.8	17.3	16.5	12.2	10.5	9.9	8.8	9.7	11.9	15.3	15.9	16.6	18.6	18.5	19.0

¹Because of decennial revisions of the International List of Causes of Death and changes in rules of cause-and-death selection, there is lack of comparability to a varying degree for some causes from one revision to the next. The beginning dates of the revision are 1921, 1930, 1939, 1949, 1958, and 1968. In some instances data are omitted for earlier years because appropriate subcategories are not available by age of the decedent. Except for diseases which are epidemic in nature abrupt changes at the beginning of the revision period are indicative of breaks in comparability. The cause-of-death titles are based on the Eighth Revision and in some instances have been considerably shortened.

²

The "motor vehicle accident" rate should be added to the "other accident" rate to provide the single category "all accidents."

SOURCE: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, selected years.

The three leading causes of death among persons 55-64 years of age are diseases of the heart, malignant neoplasms, and cerebrovascular diseases. Since 1960 there has been a marked decline in the death rate from heart diseases. Over the past 50 years there has been an increase in the death rate from malignant neoplasms and a drop in the rate from cerebrovascular diseases.

Table CD.III.4

Death rates for all causes and for leading causes of death for persons ages 55-64 years, based on the 1973 ranking of causes: United States 1925-73

Cause of death ¹	1925	1930	1935	1940	1945	1950	1955	1960	1965	1968	1969	1970	1971	1972	1973
All causes-----	2,326.1	2,402.7	2,315.7	2,215.5	2,049.0	1,901.0	1,729.4	1,735.1	1,694.5	1,724.3	1,677.5	1,658.8	1,622.8	1,631.1	1,611.9
Rates per 100,000 estimated population ages 55-64 years															
<u>Diseases and conditions</u>															
Diseases of heart-----	512.2	602.2	648.7	710.9	727.4	804.3	738.9	737.9	704.3	695.0	667.6	652.3	640.5	637.6	626.0
Malignant neoplasms-----	350.4	355.6	362.7	367.8	375.4	390.7	392.3	396.8	406.6	418.3	419.7	423.0	421.3	427.1	430.0
Cerebrovascular diseases--	258.2	256.6	228.3	211.8	199.8	194.2	163.2	147.3	127.9	123.1	117.0	115.8	112.2	111.8	106.9
Cirrhosis of liver-----	27.5	26.8	27.3	27.8	27.0	27.2	28.8	32.7	40.1	46.7	47.7	49.3	49.8	50.3	52.5
Influenza and pneumonia---	177.8	164.6	166.9	98.3	64.4	38.2	29.5	43.2	33.3	42.4	39.4	36.2	29.1	33.0	31.6
Diabetes mellitus-----	69.8	76.6	80.6	86.8	75.1	42.1	37.3	37.9	36.1	39.2	37.1	36.7	35.2	33.8	34.1
Bronchitis, emphysema, and asthma-----	---	---	---	---	---	3,410.3	19.4	26.9	37.0	41.3	37.5	36.2	33.8	33.5	31.4
<u>Accidents and violence</u>															
Motor vehicle accidents ² --	27.5	44.3	47.5	41.1	28.7	29.0	28.0	25.1	29.0	28.8	28.3	27.9	26.1	26.2	24.8
All other accidents ² -----	80.7	75.9	69.7	60.1	58.0	41.8	36.4	33.9	35.5	36.6	36.9	35.3	34.8	34.7	34.6
Suicide-----	30.3	41.2	34.9	34.3	23.5	26.8	24.8	23.7	23.8	21.8	21.3	21.4	21.5	21.4	20.3
Homicide-----	5.3	7.1	7.1	4.7	3.9	4.0	4.0	4.2	5.0	6.3	6.5	7.1	7.5	7.8	7.9

¹Because of decennial revisions of the International List of Causes of Death and changes in rules of cause-and-death selection, there is lack of comparability to a varying degree for some causes from one revision to the next. The beginning dates of the revision are 1921, 1930, 1939, 1949, 1958, and 1968. In some instances data are omitted for earlier years because appropriate subcategories are not available by age of the decedent. Except for diseases which are epidemic in nature abrupt changes at the beginning of the revision period are indicative of breaks in comparability. The cause-of-death titles are based on the Eighth Revision and in some instances have been considerably shortened.

²The "motor vehicle accident" rate should be added to the "other accident" rate to provide the single category "all accidents."

³Excludes data for emphysema without mention of bronchitis (ICD No. 527.1) because data were not available for these years.

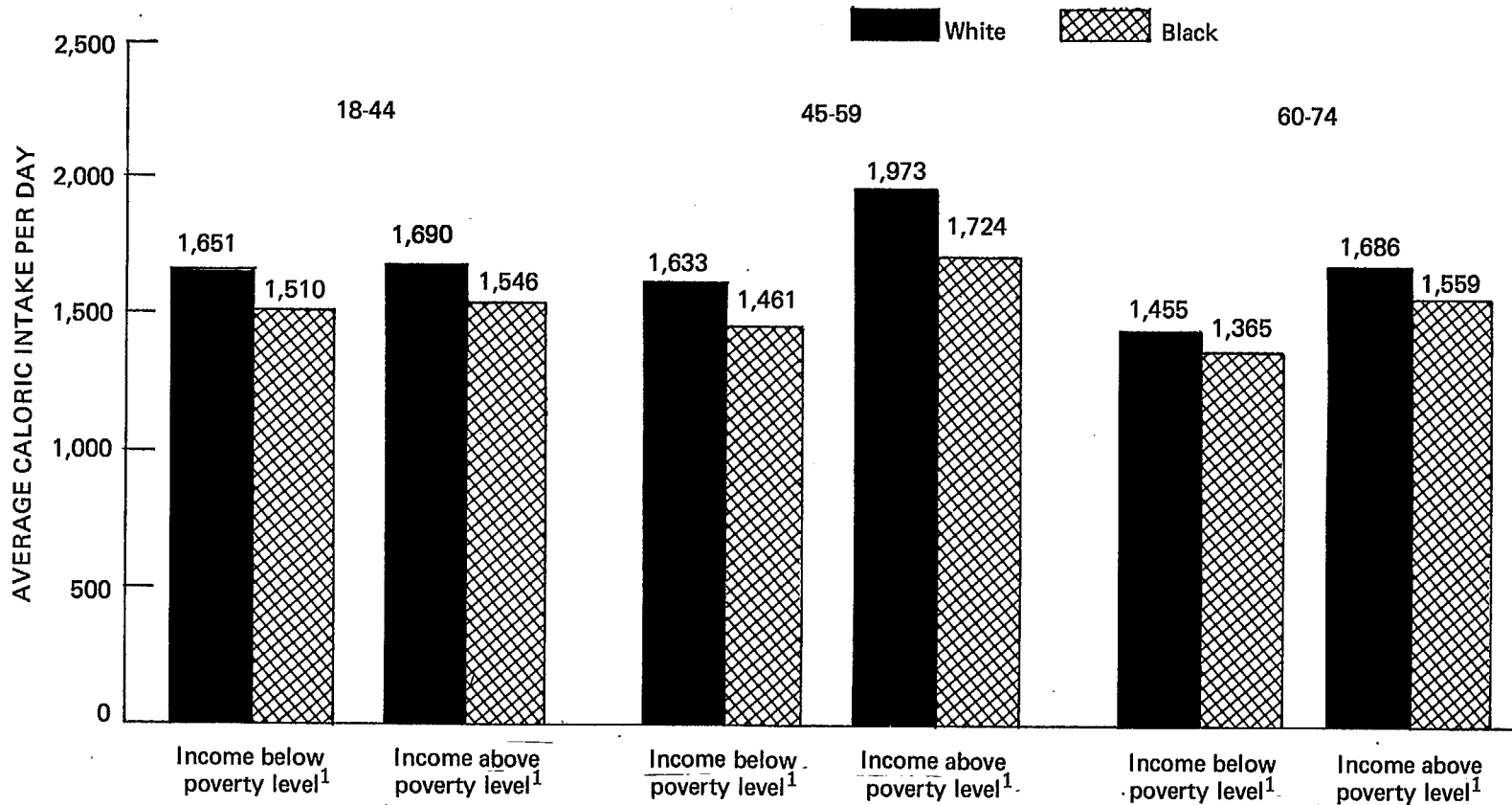
⁴Population adjusted for age bias in races other than white.

SOURCE: National Center for Health Statistics: Vital Statistics of the United States, Vol. II, Mortality, selected years.

The average daily intake of calories is lower for black adults than for white adults regardless of income group. Both white and black adults in the income group below poverty level generally have lower intakes of calories than comparable adults in the income group above poverty level. These relationships prevail for both men and women.

Table CD.III.5

AVERAGE DAILY INTAKE OF CALORIES FOR ADULTS AGES 18-44 YEARS, 45-59 YEARS, AND 60-74 YEARS, BY COLOR FOR INCOME LEVEL: UNITED STATES, 1971-72 (HANES Preliminary)

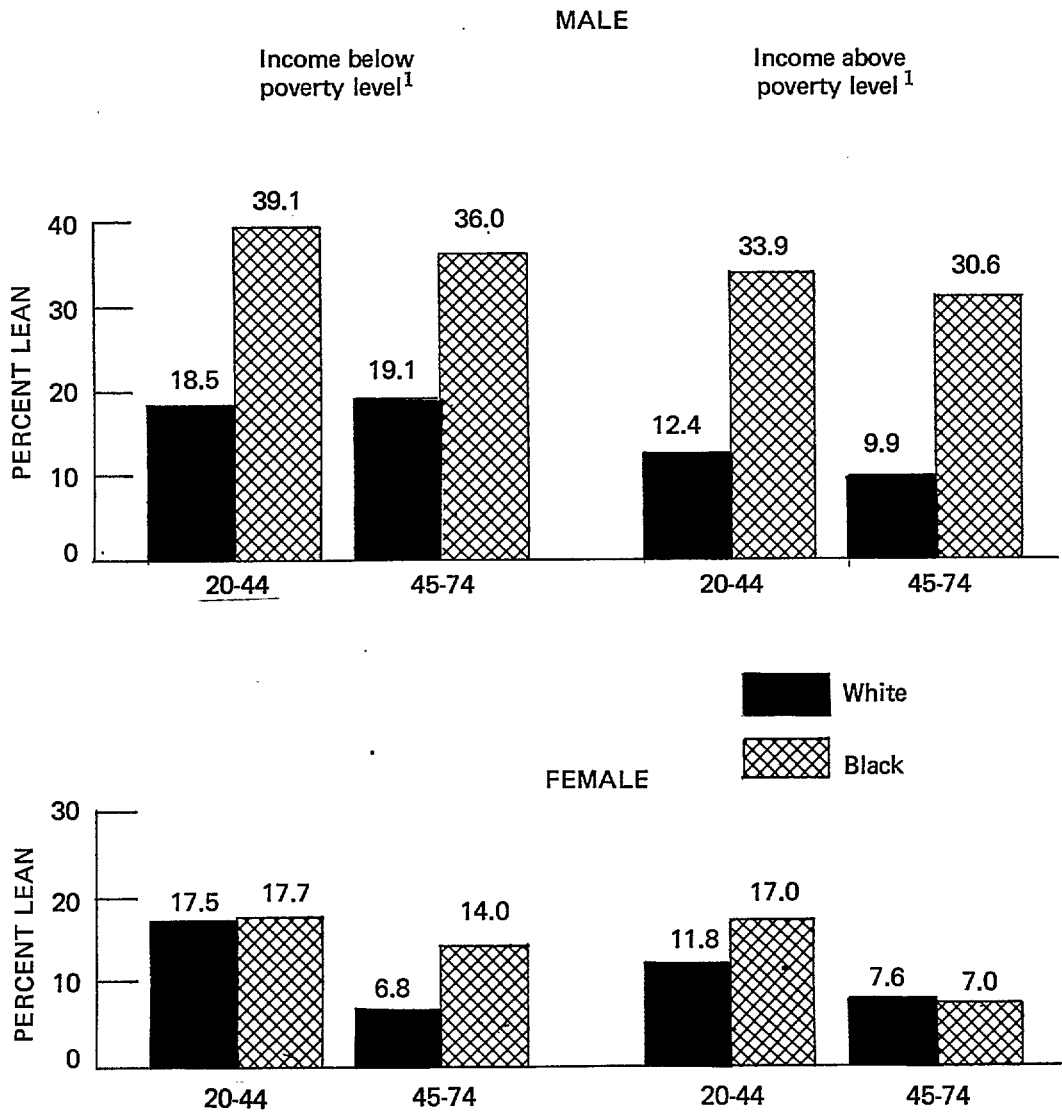


¹Excludes persons with unknown income.

Source: National Center for Health Statistics: Preliminary Findings of the First Health and Nutrition Examination Survey, United States, 1971-1972: Dietary Intake and Biochemical Findings. DHEW Pub. No. (HRA) 75-1219

Relatively more adults are classified as "lean" in the income group below the poverty level than in the income group above the poverty level. More adult males are classified as "lean" than are females regardless of income level. The highest proportions of "leanness" are found among black males, with approximately one-third classified as "lean."

Table CD.III.6
 PERCENT OF LEAN ADULTS AGES 20-74 YEARS, BY RACE, SEX, AND
 INCOME LEVEL: UNITED STATES, 1971-72 (HANES Preliminary)

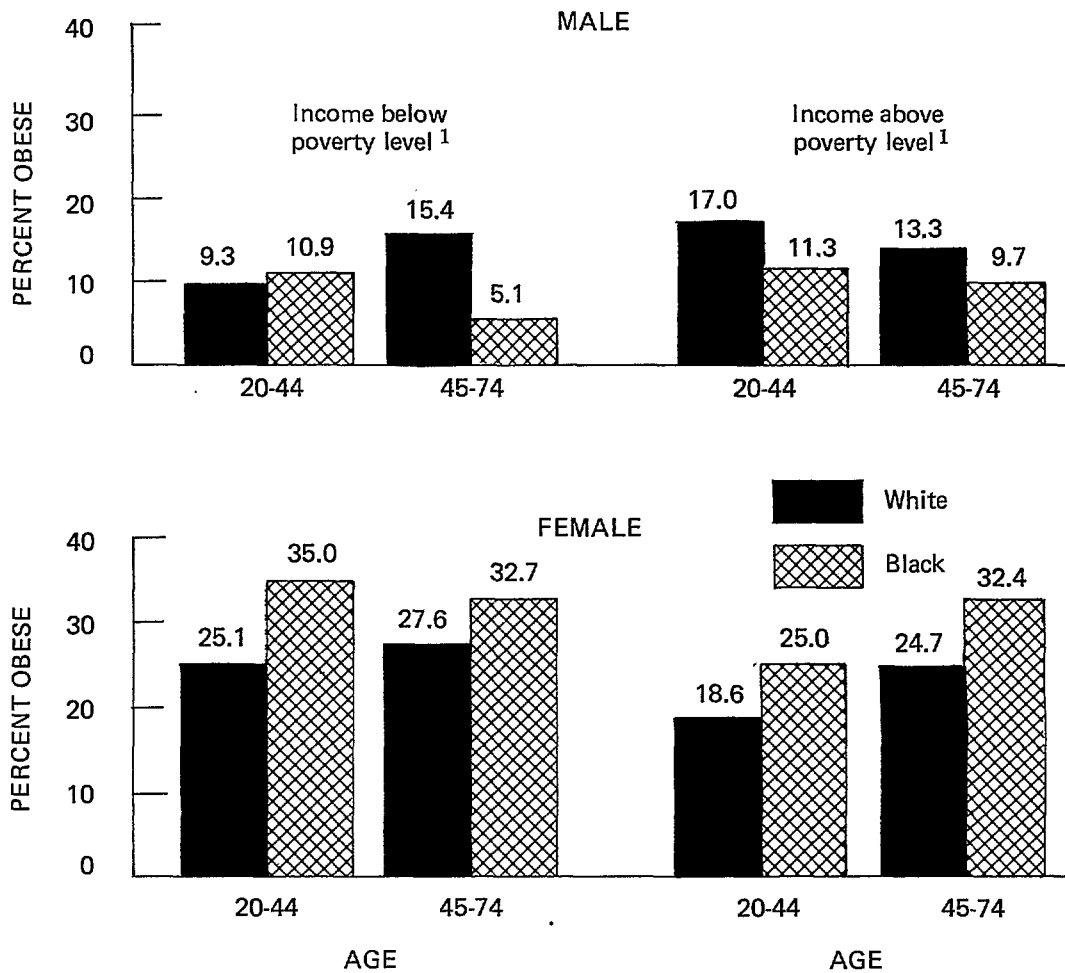


¹ Excludes persons with unknown income.

Source: National Center for Health Statistics: Unpublished preliminary data from the Health and Nutrition Examination Survey.

The prevalence of obesity is higher among women than among men. Women in the income group below poverty level are more likely to be obese than women in the income group above poverty level. While relatively more black women than white women are obese, the opposite is true for the men.

Table CD.III.7
 PERCENT OF OBESE ADULTS AGES 20-44 YEARS AND 45-74 YEARS, BY RACE,
 SEX, AND INCOME LEVEL: UNITED STATES, 1971-72 (HANES Preliminary)



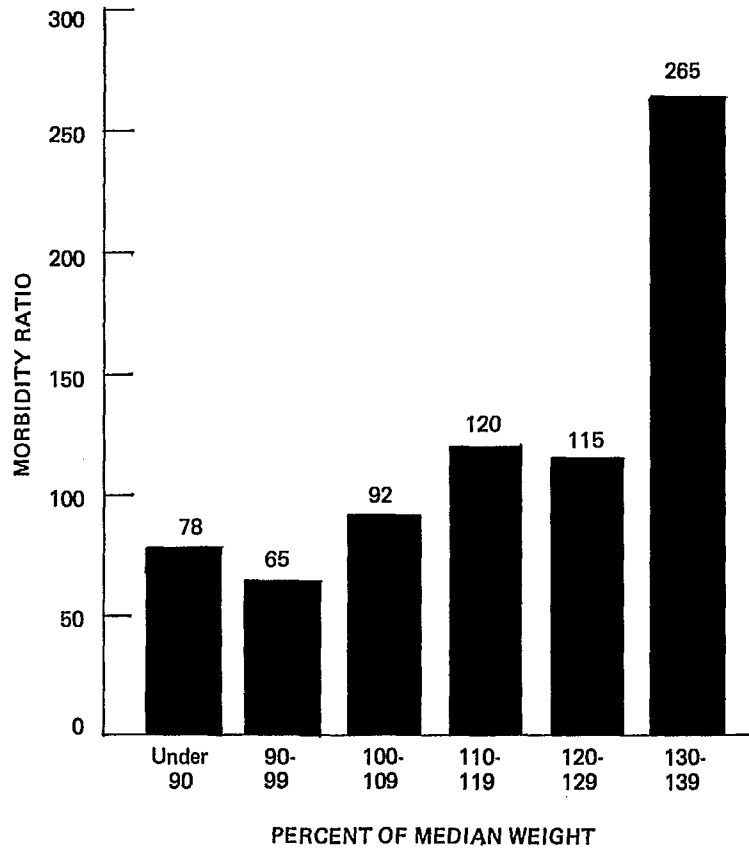
¹ Excludes persons with unknown income.

Source: National Center for Health Statistics: Preliminary Findings of the First Health and Nutrition Examination Survey, United States, 1971-1972: Anthropometric and Clinical Findings DHEW Pub. No. (HRA) 74-1229

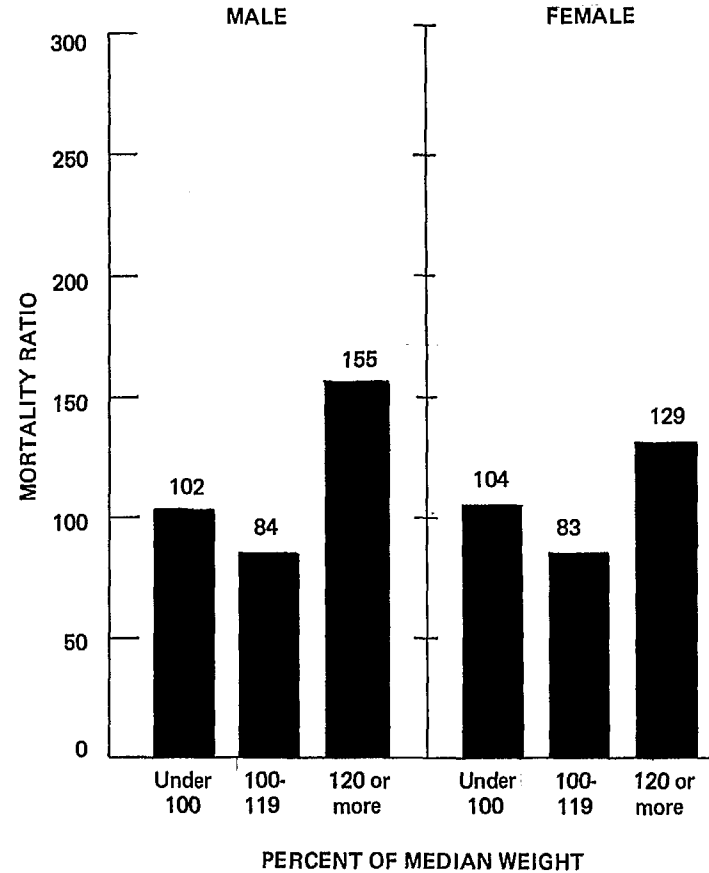
The findings of numerous studies show that morbidity and mortality rates are generally higher for obese adults than for those who are not obese.

Table CD.III.8

RISK OF DIABETES IN 10 YEARS ACCORDING TO RELATIVE WEIGHT AT INITIAL EXAMINATION, MEN AND WOMEN AGES 30-62 AT ENTRY; FRAMINGHAM HEALTH STUDY.



RISK OF DEATH (ALL CAUSES) IN 8 YEARS ACCORDING TO RELATIVE WEIGHT AT INITIAL EXAMINATION, MEN AND WOMEN AGES 30-59 AT ENTRY; FRAMINGHAM HEART STUDY.



NOTE: Obese subjects were defined as those weighing 120 percent of median weight.

Source: Kannel, W. B., Pearson, G., and McNamara, P. M.: Obesity as a force of morbidity and mortality, in F.P. Heald, ed., Adolescent Nutrition and Growth, New York, Appleton-Century-Crofts, 1969.

Almost half of the adult population 22 years of age and over do not engage in routine physical exercise. Walking is the most popular form of regular exercise, followed by bike riding, swimming and calisthenics.

Table CD.III.9

Percent of the population ages 22 years and over who currently exercise by sex and type of exercise: United States, 1972

Type of exercise	Persons ages 22 and over		
	Both sexes	Male	Female
None -----	45	44	45
Walk for exercise -----	40	38	41
Ride a bicycle -----	17	16	17
Swim -----	13	16	10
Do calisthenics -----	13	12	14
Jog -----	6	8	3
Lift weights -----	3	5	1
Other -----	5	6	4

SOURCE: Opinion Research Corporation Survey conducted for the President's Council on Physical Fitness and Sports.

Over one-half of the black population over 45 years of age have significantly elevated blood pressure levels as compared to only one-third of the white population. The differences between white and black people in levels of elevated blood pressure are most pronounced among females.

Table CD.III.10

Prevalence rates for significantly elevated blood pressure among adults 18-74 years by age, race, and sex: United States, 1971-72

Age and Sex	Population in 1000's	Prevalence rate for significantly high blood pressures ¹			
		Total	White	Negro	Other
<u>Both sexes</u>		Rate per 100 persons			
18-44 years-----	11,869	16.7	15.7	24.8	13.1
45-59 years-----	12,972	38.0	36.7	51.4	26.1
60-74 years-----	7,898	38.5	37.0	54.9	24.1
<u>Male</u>					
18-44 years-----	7,500	21.9	21.1	30.6	11.1
45-59 years-----	7,391	45.0	45.0	46.2	6.0
60-74 years-----	3,607	40.1	38.6	54.9	18.8
<u>Female</u>					
18-44 years-----	4,367	11.8	10.6	20.5	16.6
45-59 years-----	5,581	31.5	28.8	55.8	33.6
60-74 years-----	4,291	37.3	35.7	55.0	33.0

¹Systolic pressure of 140 mm. Hg or greater and/or diastolic pressure of 90 mm. Hg or greater.

Source: National Center for Health Statistics: Blood Pressure of Persons 18-74 years, United States, 1971-72. Vital and Health Statistics Series 11, No. 150. DHEW Pub. No. (HRA) 75-1632.

The proportion of adult males who smoke cigarettes dropped significantly between 1955 and 1970, from 54 percent to 43 percent, while during the same period the proportion of female cigarette smokers increased, from 27 percent to 31 percent.

Table CD.III.11

Percent distribution of population by cigarette smoking status, sex, and age, 1955 and 1970

Sex and age	Never smoked		Former smoker		Present smoker	
	1955	1970	1955	1970	1955	1970
<u>Male</u>						
All ages 18 years and over -----	30.3	30.7	10.5	25.5	53.8	43.2
18-24 years ^{1/} -----	37.4	48.6	3.4	9.4	53.0	40.6
25-34 years -----	22.3	27.9	8.5	19.8	63.6	51.6
35-44 years -----	21.5	23.2	10.4	26.9	62.1	49.6
45-54 years -----	24.6	22.2	11.9	30.0	58.0	47.4
55-64 years -----	34.0	24.0	14.9	34.8	45.8	40.9
65 years and over -----	57.5	37.2	13.1	39.5	25.8	23.0
<u>Female</u>						
All ages 18 years and over -----	65.2	57.2	3.8	11.3	27.4	30.9
18-24 years ^{1/} -----	59.0	61.7	3.3	7.1	33.3	30.2
25-34 years -----	51.3	46.4	5.6	14.9	39.2	38.1
35-44 years -----	56.4	46.4	4.7	14.3	35.4	39.2
45-54 years -----	67.1	50.8	3.8	12.3	25.7	36.5
55-64 years -----	80.9	59.2	1.4	12.0	13.4	28.3
65 years and over -----	90.4	81.0	1.5	7.6	4.7	10.9

^{1/} 1970 data are for ages 17-24.

SOURCE: Haenszel, W.; Shimkin, M.B.; and Miller, H.P.: Tobacco smoking patterns in the United States. Public Health Monograph Number 45. PHS Pub. No. 463; and National Center for Health Statistics: Cigarette Smoking Status: United States, 1970. Monthly Vital Statistics Report, Vol. 21, No. 3 Supplement.

Persons living on farms are less likely to smoke cigarettes than are their city and metropolitan counterparts. Males in families with high income are less likely to smoke cigarettes than are other males.

Table CD.III.12

Percent of the population who are present cigarette smokers by sex according to age, residence, and income: United States, 1970

Age, residence, and family income	Sex	
	Male	Female
Age		
17-24 years -----	40.6	30.2
25-34 years -----	51.6	38.1
35-44 years -----	49.6	39.2
45-54 years -----	47.4	36.5
55-64 years -----	40.9	28.3
65 years and over -----	23.0	10.9
Residence		
Metropolitan -----	43.4	33.1
Nonmetropolitan		
City -----	44.3	28.2
Farm -----	32.9	14.2
Family income		
Under \$3,000 -----	39.2	22.8
\$3,000-\$4,999 -----	43.9	28.9
\$5,000-\$6,999 -----	47.2	32.5
\$7,000-\$9,999 -----	46.9	32.5
\$10,000-\$14,999 -----	43.3	33.3
\$15,000 and over -----	37.8	34.1

SOURCE: National Center for Health Statistics: Cigarette Smoking: United States, 1970. Monthly Vital Statistics Report, Vol. 21, No. 3 Supplement; and unpublished data from the Health Interview Survey.

Among cigarette smokers males 35-54 years of age and upper-income males are the heaviest smokers with almost 20 percent smoking more than a pack and a half a day.

Table CD.III.13

Number of cigarettes smoked per day by present smokers, according to sex, age, and income: United States, 1970

Age and income	Male							Female						
	Number of cigarettes smoked per day							Number of cigarettes smoked per day						
	0-4	5-14	15-24	25-34	35-44	45+	Unknown	0-4	5-14	15-24	25-34	35-44	45+	Unknown
	Percent							Percent						
Total -----	6.6	20.1	42.6	11.7	11.5	3.2	4.4	9.5	28.7	41.9	9.6	6.8	1.2	2.5
Age														
17-24 years -----	7.2	30.1	42.0	9.0	4.5	1.1	6.0	10.9	35.0	38.9	6.8	3.8	*	3.8
25-34 years -----	5.8	17.9	47.4	11.7	10.9	3.1	3.1	9.2	26.1	42.5	11.1	7.5	1.3	2.4
35-44 years -----	5.5	14.6	42.1	14.8	14.9	4.7	3.3	8.1	24.8	42.7	12.4	9.0	1.4	1.6
45-54 years -----	5.5	15.3	42.1	13.3	15.5	4.3	3.9	9.0	26.6	42.7	10.0	7.9	1.7	2.2
55-64 years -----	7.0	20.2	39.7	10.8	13.3	3.3	5.7	9.3	31.6	43.4	7.6	5.6	*	2.0
65 years and over -----	12.3	29.5	36.5	7.1	7.1	*	5.9	12.9	32.5	39.9	4.7	5.5	*	*
Family income														
	Percent							Percent						
Under \$3,000 -----	10.5	28.9	38.4	8.1	7.3	*	4.7	12.3	37.3	34.5	6.4	5.5	*	2.6
\$3,000-\$4,999 -----	8.5	26.3	39.8	8.7	8.9	2.5	5.2	9.9	31.2	40.5	7.6	6.9	*	2.5
\$5,000-\$6,999 -----	5.3	21.9	43.7	10.9	11.7	3.0	3.5	8.6	28.4	45.4	8.7	6.8	*	*
\$7,000-\$9,999 -----	6.2	18.0	46.7	12.7	10.9	2.6	3.0	8.9	27.0	43.7	10.4	6.7	*	2.3
\$10,000-\$14,000 -----	4.7	17.4	43.4	14.0	13.5	3.6	3.4	8.0	27.5	44.0	10.3	6.7	1.1	2.3
\$15,000 and over -----	6.8	17.0	39.8	13.3	14.3	4.9	3.9	10.1	25.4	39.7	12.9	8.0	*	2.4

SOURCE: National Center for Health Statistics.

Both males and females who have ever smoked cigarettes have higher death rates than do those who have never smoked cigarettes. Overall, male current smokers have a death rate 70 percent higher than males who have never smoked and females have a rate 77 percent higher than nonsmokers. The decline in cigarette smoking among males is occurring at the same time that death rates from heart disease are dropping among males.

Table CD.III.14

Death rates by cigarette smoking status, sex, and 10-year age groups: United States, 1966-68

Cigarette smoking status	Total 35-84 ^{1/}	Age in years				
		35-44	45-54	55-64	65-74	75-84
Death rate per 100,000 population						
All men -----	1,973.7	412.3	990.7	2,422.9	5,066.4	10,491.1
Ever smoked -----	2,220.6	462.6	1,106.2	2,657.2	5,893.8	11,647.7
Current smoker -----	2,516.4	523.4	1,243.4	2,959.8	6,704.6	13,442.7
Ex-smoker -----	1,736.8	256.9	707.7	2,050.8	4,940.0	10,230.4
Never smoked -----	1,482.1	249.3	628.3	1,767.5	3,794.8	9,417.8
All women -----	1,121.5	239.0	527.5	1,099.9	2,868.6	7,478.3
Ever smoked -----	1,746.4	298.6	678.2	1,590.6	4,261.1	14,354.7
Current smoker -----	1,692.8	294.5	665.3	1,520.7	4,267.8	13,532.6
Ex-smoker -----	1,887.4	320.2	745.0	1,846.4	4,245.0	15,867.4
Never smoked -----	956.7	178.3	400.2	856.4	2,579.0	6,933.5

^{1/} Standardized by the direct method on the age distribution of the total population of the United States, ages 35-84, as enumerated in the 1940 census.

SOURCE: Godley, F. and Kruegel, D.L.: "Cigarette Smoking and Differential Mortality: New Estimates from Representative National Samples." Paper presented at Population Association of America meeting, Seattle, April, 1975.

There is a very strong relationship between cigarette smoking and cancer of the lung. Cancers of the mouth and oral cavity are also highly related to the use of both tobacco and alcohol. Most of these cancers are more prevalent in males than in females.

Table CD.III.15

RELATIONSHIP BETWEEN CANCER AT VARIOUS SITES AND THE USE OF ALCOHOL AND TOBACCO				
Sites	Number of Cases	Relationship with Use of Alcohol	Relationship with Use of Tobacco	Sex Ratio (M:F)
Hypopharynx	4,225	very strong	very strong	28.0
Larynx	5,524	very strong	very strong	27.4
Esophagus	5,007	very strong	strong	16.6
Lung	4,616		very strong	11.8
Oropharynx	3,216	strong	very strong	11.6
Tongue	4,856	very strong	strong	9.3
Oral cavity (other sites)	4,145	strong	very strong	8.6
Lips	3,609		strong	8.1
Bladder and other urinary organs	962		strong	2.6

Source: Flamant, R.; Lasserre, O.; Lazar, P.; Leguerinains; Denoix, P.; and Schwartz, D.: Differences in sex ratio according to cancer site and possible relationship with use of tobacco and alcohol; Review of 65,000 cases. *J Nat'l Cancer Inst*, 32:1309-1316, 1964.
As quoted in Alcohol and Health: New Knowledge.
DHEW Pub. No. (ADM) 75-212.

Frequent heavy drinking of alcohol is highly related to mortality; for example, males who drink heavily at least four times a week have death rates four times higher than do other drinkers. The high rate of mortality among total abstainers is difficult to explain with existing data.

o

o

.

Table CD.III.16

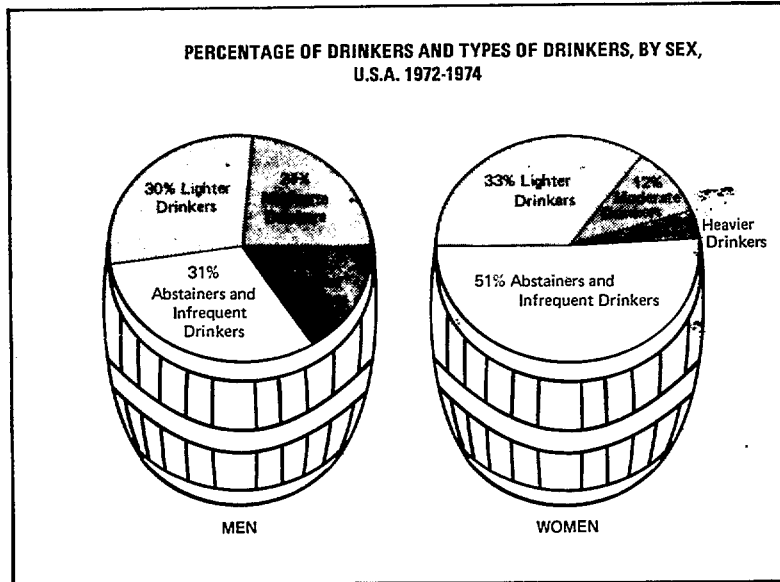
Mortality of men under age 60 not in poor health, by different measures of drinking behavior, U.S.A. general population samples

<u>Overall frequency of drinking</u>	<u>Percent mortality</u>
At least twice a day -----	2.7
Daily or nearly daily -----	1.3
1-4 times a week -----	1.1
Less than once a week -----	0.7
Abstainers -----	2.0
 <u>Frequent heavy drinking (5+ drinks in a day)</u>	
At least 4 times a week -----	4.5
1-3 times a week -----	0.9
All other frequencies -----	1.0
 <u>Current overall drinking problems score</u>	
High -----	1.9
Medium -----	1.8
Low -----	0.8
None -----	0.8

SOURCE: Room, R., and Day, N.: "Alcohol and Mortality." Special Report to National Institute on Alcohol Abuse and Alcoholism, March 1974, as quoted in Alcohol and Health: New Knowledge. DHEW Pub. No. (ADM)75-212.

Half of all adult females, but less than one-third of all males are abstainers or infrequent drinkers of alcoholic beverages. Almost 40 percent of adult males are moderate or heavy drinkers while only 16 percent of the females are moderate or heavy drinkers.

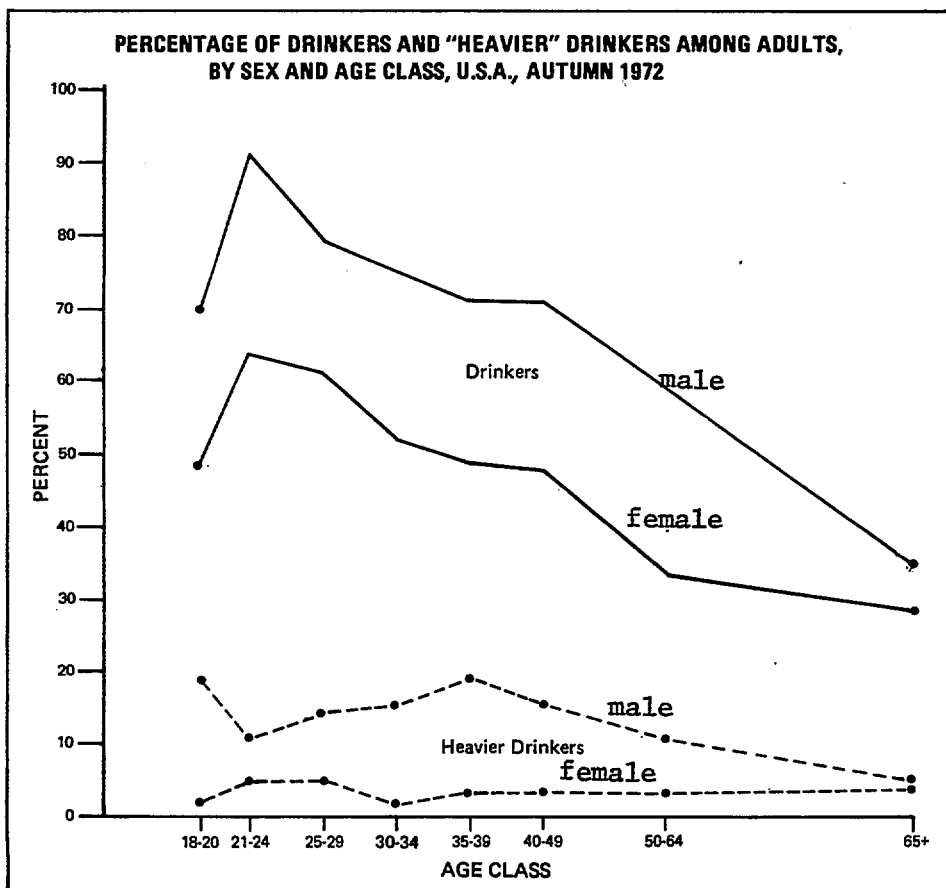
Table CD.III.17



SOURCE: National Institute on Alcohol Abuse and Alcoholism: Alcohol and Health: New Knowledge, DHEW Pub. (ADM) 75-212.

Heavy drinking is most frequent in young and middle-aged males. The proportion of heavy drinkers among females remains fairly stable across all ages. While there are more light and moderate drinkers among males, the age pattern of drinking is similar for both sexes.

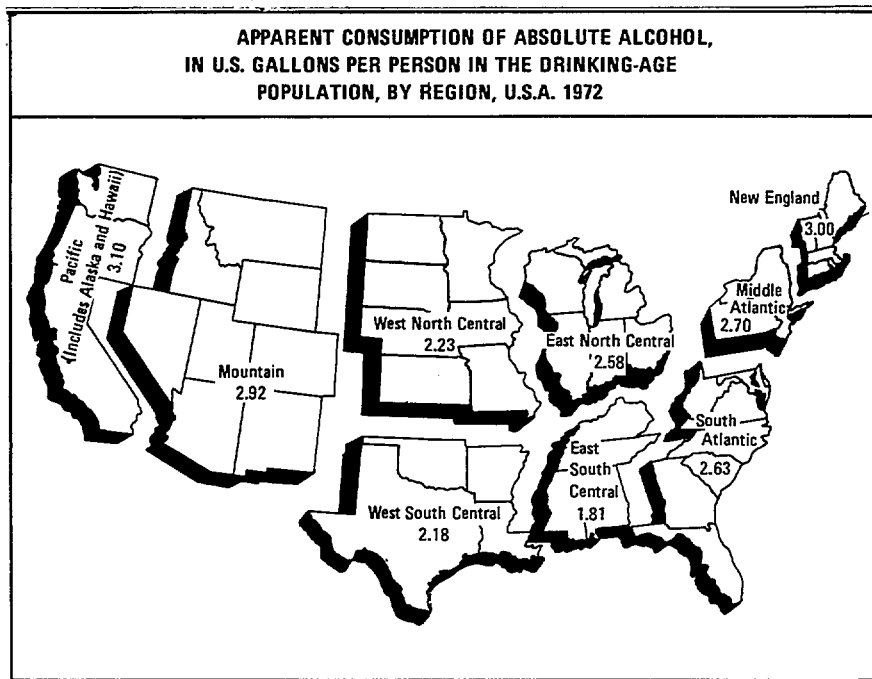
Table CD.III.18



Source: National Institute on Alcohol Abuse and Alcoholism:
Alcohol and Health: New Knowledge.
DHEW Pub. (ADM) 75-212.

Residents of the Pacific and New England regions consume the greatest amount of alcohol, while those in the East South Central region consumes the least.

Table CD.III.19



Source: Efron, V.; Keller, M.; and Gurioli, C.: Statistics on Consumption of Alcohol and on Alcoholism; 1974 Edition. New Brunswick, N.J. : Rutgers Center of Alcohol Studies, 1974
As quoted in Alcohol and Health: New Knowledge
DHEW Pub. No. (ADM) 75-212.

The 1970 Census indicated that 1.4 million persons age 18-44 were unable to carry on gainful employment due to the impact of long-term illness or injury. An additional 3.3 million persons had partial work disability. Approximately one-half of the disabled persons had been disabled for five or more years.

The effect of work disability on family income is evidenced by the differences in family income between families in which the head is disabled and those in which the head had no work disability. In 1970, 1.4 million family heads between the ages of 18 and 44 or 5.6 percent, had partial work disability and one-third of a million or 1.4 percent had complete work disability. The median family income for families in which the head had no disability was \$9,854, while for families in which the head had partial work disability the median income was \$8,546 and for those with complete disability it was \$3,965.

Table CD.III.20 Work disability and duration of disability for population ages 18-44 years: United States, 1970

Sex and color	Partial Work Disability			Complete Work Disability		
	Number with partial disability (in 1,000's)	Percent of population ages 18-44	Percent of partially disabled with disability of 5 years or more	Number with complete disability (in 1,000's)	Percent of population ages 18-44	Percent of completely disabled with disability of 5 years or more
Total ages 18-44 -----	3,268	4.6	51.1	1,421	2.0	50.3
Sex						
Male -----	2,030	5.9	53.6	584	1.7	51.5
Female -----	1,238	3.4	46.9	837	2.3	49.3
Color						
White -----	2,819	4.5	52.3	1,108	1.8	51.3
Black -----	406	5.4	43.1	291	3.9	47.1

Source: Bureau of the Census: "Persons with Work Disability," Census of Population: 1970. SUBJECT REPORTS. Final Report PC(2)-6C.

The 1970 Census indicated that 3.5 million persons age 45-64 were unable to carry on gainful employment due to the impact of long-term illness or injury. An additional 3.9 million persons had partial work disability. Approximately one-half of the disabled persons had been disabled five or more years.

The effect of work disability on family income is evidenced by the differences in family income between families in which the head is disabled and those in which the head had no work disability. In 1970, one million family heads between the ages of 45 and 64 or 13.1 percent had partial work disability and 0.8 million or 9.7 percent had complete work disability. The median family income for families in which the head had no disability was \$9,959, while for families in which the head had partial work disability the median income was \$8,819 and for those with complete disability it was \$4,766.

Table CD.III.21 Work Disability and Duration of Disability for Population ages 45-64 years: United States, 1970

Sex and Color	Partial Work Disability			Complete Work Disability		
	Number with partial disability (in 1,000's)	Percent of population ages 45-64	Percent of partially disabled with disability of 5 years or more	Number with complete disability (in 1,000's)	Percent of population ages 45-64	Percent of completely disabled with disability of 5 years or more
Total ages 45-64 ---	3,892	9.4	56.0	3,510	8.5	53.9
Sex						
Male -----	2,326	11.8	57.2	1,426	7.2	48.5
Female -----	1,566	7.2	54.3	2,084	9.6	57.6
Color						
White -----	3,468	9.3	56.3	2,938	7.9	53.7
Black -----	391	10.6	53.7	536	14.6	55.4

Source: Bureau of the Census: "Persons with Work Disability," Census of Population: 1970. SUBJECT REPORTS. Final report PC(2)-6C.

About one-half of all acute conditions among the young adult population are respiratory conditions and an additional 20 percent of the acute conditions are injuries.

Table CD.III. 22
 Incidence of acute conditions per 100 persons ages 17-44 years
 by selected demographic characteristic: United States, 1973

Demographic Characteristic	All acute conditions	Selected Acute Conditions		
		Infective and parasitic	Respiratory	Injuries
Rate per 100 persons ages 17-44 years				
Total	172.8	15.7	89.2	33.8
SEX				
Male-----	158.1	13.9	78.5	43.0
Female-----	186.5	17.5	99.2	25.3
REGION				
Northeast-----	145.4	22.0	63.5	32.5
North Central---	185.8	7.9	107.4	32.5
South-----	167.4	22.4	78.3	31.8
West-----	198.2	7.7	114.5	41.2
RESIDENCE				
Metropolitan----	176.5	15.8	89.9	35.9
Nonmetropolitan-	163.9	15.5	87.6	29.0

SOURCE: National Center for Health Statistics: Current Estimates from the Health Interview Survey, United States, 1973. Vital and Health Statistics, Series 10, No. 95. DHEW Pub. No. (HRA) 75-1522; and unpublished data from the survey.

NOTE: Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

The most frequent chronic conditions among young adults are impairments of the back or spine, hearing impairments, arthritis and hypertension. These conditions tend to be more common among persons in low income families.

Table CD.III.23

Prevalence of selected chronic conditions reported in health interviews by selected demographic characteristics: Persons 17-44 years, United States

Demographic characteristic	Arthri- tis (1969)	Asthma (1970)	Chronic bron- chitis (1970)	Diabe- tes (1973)	Heart condi- tions (1972)	Hyper- tension (without heart involve- ment (1972)	Impair- ment of back or spine (except paraly- sis) (1971)	Hearing impair- ments (1971)	Vision impair- ments (1971)
	Number per 1,000 persons 17-44 years								
Total ¹ -----	40.3	26.2	23.2	8.9	24.6	37.8	49.0	42.4	31.9
Sex									
Male -----	28.0	24.6	16.7	6.9	19.5	36.4	51.9	51.4	44.7
Female-----	51.3	27.6	29.1	10.8	29.3	39.1	46.4	34.2	20.3
Color									
White-----	40.2	26.3	24.5	6.8	24.2	34.4	51.3	44.2	32.6
All other-----	41.4	25.2	14.2	12.8	27.5	62.3	33.0	29.7	27.2
Region									
Northeast-----	32.1	22.4	23.0	8.4	24.4	35.3	48.0	35.1	29.1
North Central-----	43.4	22.7	21.2	9.3	22.7	34.9	47.0	42.3	27.8
South-----	45.5	29.5	24.7	7.9	24.0	43.3	42.1	41.5	37.2
West-----	37.7	30.8	24.1	10.6	29.0	35.8	65.7	53.7	32.8
Residence									
Metropolitan-----	37.5	26.0	24.0	9.3	25.7	37.9	51.2	39.9	30.0
Nonmetropolitan----	46.1	26.5	21.7	7.9	22.5	37.8	44.9	47.2	35.6
Family income									
Under \$5,000-----	46.9	34.1	28.4	11.4	32.5	48.9	59.4	55.4	43.2
\$5,000-\$9,999-----	40.5	23.6	22.3	8.7	23.3	40.8	50.5	44.0	31.7
\$10,000-\$14,999----	38.7	24.4	21.8	8.4	22.5	35.9	47.4	39.3	28.7
\$15,000 and over---	35.9	26.8	23.7	8.0	24.3	29.8	42.4	35.8	30.9

¹Includes unknown income.

Source: National Center for Health Statistics: Selected reports from the Health Interview Survey, Vital and Health Statistics, Series 10.

The impact of chronic illnesses in young adults varies markedly. Persons with diabetes and hypertension are the most likely to have seen a physician recently for their condition. The most prevalent chronic conditions, arthritis and hypertension, result in lower levels of activity limitation and bed disability than do the less frequent conditions such as diabetes.

Table CD.III.24 Prevalence of selected chronic conditions reported in health interviews and selected measures of impact: Persons ages 17-44 years, United States

Prevalence and Impact of Condition	Arthritis (1969)	Asthma (1970)	Chronic Bronchitis (1970)	Diabetes (1973)	Heart Conditions (1972)	Hyper-tensive Disease ^{1/} (1972)
Number of conditions (in thousands)	2,868	1,906	1,691	704	1,900	2,917
Number per 1,000 persons	40.3	26.2	23.2	8.9	24.6	37.8
Percent of Conditions						
Causing Activity Limitation	10.4	16.7	1.8	22.0	21.9	4.2
With Doctor Visit in Past Year	41.3	58.1	70.3	82.2	58.5	74.2
Ever Hospitalized	8.6	20.8	11.8	36.6	22.9	8.4
Under Medical Treatment	28.3	50.8	16.6	10.1	25.9	32.2
With one or more bed days in past year	10.0	31.0	48.4	15.2	13.8	9.2
With 15 or more bed days in past year	2.5	5.1	4.4	*	5.1	1.7

^{1/} Without heart involvement.

Source: National Center for Health Statistics: Selected reports from the Health Interview Survey, Vital and Health Statistics, Series 10, and unpublished data from the Survey.

The highest rates of acute illness among persons age 45-64 are for persons living in the West regions. As with other age groups, respiratory conditions account for about one-half of all acute illnesses in this age group.

Table CD.III.25

Incidence of acute conditions per 100 persons ages 45-64 years
by selected demographic characteristic: United States, 1973

Demographic characteristic	All acute conditions	Selected Acute Conditions		
		Infective and parasitic	Respiratory	Injuries
Rate per 100 persons ages 45-64 years				
Total	102.3	7.3	55.1	20.0
SEX				
Male-----	92.9	5.5	51.3	20.3
Female-----	110.7	8.9	58.5	19.7
REGION				
Northeast-----	81.7	9.8	35.7	17.1
North Central---	108.7	*	61.5	21.2
South-----	105.8	10.9	52.6	22.5
West-----	116.3	*	78.5	17.6
RESIDENCE				
Metropolitan----	99.9	7.3	54.2	18.4
Nonmetropolitan-	107.5	7.4	57.1	23.5

SOURCE: National Center for Health Statistics: Current Estimates from the Health Interview Survey, United States, 1973. Vital and Health Statistics, Series 10, No. 95. DHEW Pub. No. (HRA) 75-1522; and unpublished data from the survey.

NOTE: Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

Arthritis, hypertension and hearing impairments are the major chronic conditions among adults ages 45-64. It is this age group that has the largest income differentials in the prevalence of chronic conditions with adults in families with incomes under \$5,000 having considerably higher prevalence rates of chronic illness. Family income is often reduced as a result of disabling chronic conditions.

Table CD.III.26

Prevalence of selected chronic conditions reported in health interviews by selected demographic characteristics:
Persons 45-64 years, United States

Demographic characteristic	Arthri- tis (1969)	Asthma (1970)	Chronic bron- chitis (1970)	Diabe- tes (1973)	Heart condi- tions (1972)	Hernia of abdom- inal cavity (1968)	Hyper- tension (without heart involve- ment (1972)	Ulcer of stom- ach or duode- num (1968)	Impair- ment of back or spine (except paraly- sis) (1971)	Hearing impair- ments (1971)	Vision impair- ments (1971)
	Number per 1,000 persons 45-64 years										
Total ¹ -----	204.2	33.1	35.4	42.6	88.8	28.3	126.7	33.4	68.2	114.1	63.0
Sex											
Male-----	148.0	29.3	28.5	40.6	97.4	34.0	101.3	45.0	68.2	140.2	73.6
Female-----	255.3	36.7	41.6	44.4	81.0	23.2	149.6	22.8	68.2	90.5	53.4
Color											
White-----	202.4	31.9	36.6	39.6	88.4	29.9	119.1	33.5	66.8	116.8	59.1
All other-----	221.8	44.5	23.5	70.0	91.6	13.3	196.8	32.6	80.7	88.7	99.6
Region											
Northeast-----	178.9	25.2	34.2	39.6	82.3	29.9	119.1	28.4	64.2	99.7	47.3
North Central-----	203.6	29.4	30.8	43.5	84.8	23.2	118.0	30.2	60.1	114.4	58.5
South-----	229.6	42.8	41.7	47.2	96.0	31.3	145.0	43.0	65.4	119.4	80.3
West-----	200.6	34.1	33.4	37.4	91.7	29.1	119.3	29.1	92.1	125.6	62.7
Residence											
Metropolitan-----	191.3	30.6	34.3	42.6	86.1	26.8	122.2	30.1	67.6	106.3	58.7
Nonmetropolitan---	229.3	38.0	37.5	42.7	93.7	31.1	135.1	39.3	69.3	128.7	70.9
Family income											
Under \$5,000-----	297.8	53.5	44.2	74.1	139.3	40.5	172.7	45.2	102.8	158.9	114.1
\$5,000-\$9,999-----	200.3	33.5	38.7	43.8	92.5	26.7	125.4	31.8	67.2	118.1	57.4
\$10,000-\$14,999----	163.7	23.7	29.0	37.8	74.3	23.1	121.3	28.3	62.3	107.3	45.9
\$15,000 and over---	159.8	22.7	30.3	30.5	66.6		105.3		52.2	85.9	48.9

¹Includes unknown income.

Source: National Center for Health Statistics: Selected reports from the Health Interview Survey, Vital and Health Statistics. Series 10.

Heart conditions, while less prevalent than arthritis and hypertension among persons 45-64 years of age, have a greater impact on the person. Almost one-half of the persons with heart conditions have some degree of long-term activity limitation, one-half have been hospitalized for the condition and more than one in eight have spent over 15 days in bed during the past year as a result of their heart disease.

Table CD.III.27 Prevalence of selected chronic conditions reported in reported in health interviews and selected measures of impact: Persons ages 45-64 years, United States

Prevalence and Impact of Condition	Arthritis (1969)	Asthma (1970)	Chronic Bronchitis (1970)	Diabetes (1973)	Heart Conditions (1972)	Hyper-tensive Disease ^{1/} (1972)
Number of conditions (in thousands)	8,320	1,369	1,461	1,813	3,749	5,350
Number per 1,000 persons	204.2	33.1	35.4	42.6	88.8	126.7
Percent of Conditions						
Causing Activity Limitation	15.1	19.3	6.3	28.9	46.4	8.7
With Doctor Visit in Past Year	40.9	55.8	62.4	83.4	78.8	81.6
Ever Hospitalized	7.8	18.0	15.3	27.1	50.1	7.1
Under Medical Treatment	35.6	52.4	21.1	72.9	64.0	65.7
With one or more bed days in past year	8.4	21.4	36.4	12.4	27.8	7.0
With 15 or more bed days in past year	3.1	4.7	5.6	4.6	13.6	1.6

^{1/} Without heart involvement.

Source: National Center for Health Statistics: Selected reports from the Health Interview Survey, Vital and Health Statistics, Series 10, and unpublished data from the Survey.

Low-income persons in this age group have twice as many restricted activity days per person as those in families with high incomes. Residents of metropolitan areas have more disability days per person than do non-metropolitan residents.

Table CD.III.28

Number of disability days per person per year for persons ages 17-44 years, by selected demographic characteristics: United States, 1973

Demographic characteristic	Restricted activity days	Bed disability days	Work loss days
Days per person ages 17-44 years			
Total -----	13.6	5.4	5.1
Sex			
Male -----	11.4	3.9	4.6
Female -----	15.6	6.8	5.8
Color			
White -----	13.0	5.1	4.8
All other -----	17.2	7.6	7.0
Region			
Northeast -----	11.4	4.4	4.9
North Central -----	13.2	5.2	4.9
South -----	14.4	6.0	5.5
West -----	15.5	5.9	4.8
Residence			
Metropolitan -----	14.1	5.6	5.4
Nonmetropolitan -----	12.2	4.8	4.4
Family Income			
Under \$5,000 -----	21.1	8.3	6.5
\$5,000-\$9,999 -----	14.6	5.7	5.9
\$10,000-\$14,999 -----	11.9	4.8	4.8
\$15,000 and over -----	11.4	4.4	4.6

Source: National Center for Health Statistics: Current Estimates from the Health Interview Survey, 1973. Vital and Health Statistics, Series 10, No. 95; and unpublished data.

Persons in families with low income report three times as many total restricted activity days as do persons in families with high incomes. They also report three times as many bed days. In addition to high levels of short-term disability, low-income persons also have more long-term disability, such as limitation of mobility and long-term work disability.

Table CD.III.29

Number of disability days per person per year for persons ages 45-64 years, by selected demographic characteristics: United States, 1973

Demographic characteristic	Restricted activity days	Bed disability days	Work loss days
Days per person ages 45-64 years			
Total -----	22.6	7.8	5.9
Sex			
Male -----	21.4	7.1	6.0
Female -----	23.6	8.3	5.8
Color			
White -----	21.5	7.3	6.0
All other -----	32.2	12.2	5.7
Region			
Northeast -----	18.4	6.5	5.5
North Central -----	19.9	6.3	5.9
South -----	27.0	9.8	6.5
West -----	25.3	8.1	5.7
Residence			
Metropolitan -----	21.6	7.7	5.9
Nonmetropolitan -----	24.7	7.8	5.9
Family Income			
Under \$5,000 -----	45.7	15.5	7.5
\$5,000-\$9,999 -----	25.1	8.7	7.3
\$10,000-\$14,999 -----	16.9	5.9	5.5
\$15,000 and over -----	14.0	4.5	5.3

Source: National Center for Health Statistics: Current Estimates from the Health Interview Survey, 1973. Vital and Health Statistics, Series 10, No. 95; and unpublished data.

The ability to move about freely is one of the major benefits of good health. Less than one person in every 100 persons age 17-44 have some limitation of mobility because of poor health, although 2.5 out of every 100 in families with incomes under \$5,000 have limited mobility.

Table CD.III.30
 Percent of persons ages 17-44 years with limitation of mobility by selected demographic characteristics:
 United States, 1972

Demographic characteristic	Population ages 17-44 years (in 1,000's)	With limitation of mobility			
		Total	Confined to the house	Needs help in getting around	Has trouble getting around alone
Percent of population ages 17-44 years					
Total ^{1/} -----	77,131	0.9	0.3	0.3	0.5
Sex					
Male -----	37,060	1.0	0.2	0.2	0.5
Female -----	40,071	0.9	0.1	0.2	0.4
Color					
White -----	67,620	0.9	0.2	0.3	0.4
All other -----	9,511	1.5	0.4	*	0.7
Region					
Northeast -----	17,575	1.1	0.3	0.3	0.5
North Central -----	21,023	0.7	*	0.2	0.4
South -----	24,558	1.0	0.3	0.2	0.5
West -----	13,975	0.9	*	0.3	0.5
Residence					
Metropolitan -----	50,499	0.9	0.2	0.3	0.4
Nonmetropolitan -----	26,632	0.9	0.1	0.2	0.4
Family Income					
Under \$5,000 -----	12,068	2.5	0.7	0.6	1.1
\$5,000-\$9,999 -----	23,197	0.9	*	*	0.5
\$10,000-\$14,999 -----	21,253	0.6	*	0.2	0.3
\$15,000 and over -----	16,715	0.4	*	*	0.2

^{1/} includes unknown income.

Source: National Center for Health Statistics: Limitation of Activity and Mobility Due to Chronic Conditions United States - 1972. Vital and Health Statistics, Series 10, No. 96. DHEW Pub. No. (HRA) 75-1523.

About one of every 20 persons age 45-64 have some kind of long-term mobility limitation due to chronic illness or injury. The major conditions which cause these persons to be confined to the house or cause other problems in getting around are arthritis and rheumatism, impairments of the lower extremities and heart conditions. The rate of disability is almost twice as high among black and other persons than among the white population; however the most marked differences occur between the income groups, with about 12.9 percent of the persons in families with incomes under \$5,000 having some degree of limitation and only 1.5 percent of those in families with incomes in excess of \$15,000. In many of these families the low-income level is a direct result of the illness causing the limitation of activity.

Table CD.III.31

Percent of persons ages 45-64 years with limitation of mobility by selected demographic characteristics:
United States, 1972

Demographic characteristic	Population ages 45-64 years (in 1,000's)	With limitation of mobility			
		Total	Confined to the house	Needs help in getting around	Has trouble getting around alone
Percentage of population ages 45-64 years					
Total ^{1/} -----	42,229	4.8	1.3	1.1	2.4
Sex					
Male -----	20,046	5.0	1.2	1.2	2.6
Female -----	22,183	4.6	1.4	1.0	2.3
Color					
White -----	38,104	4.4	1.2	1.0	2.2
All other -----	4,125	8.6	2.7	1.6	4.3
Region					
Northeast -----	10,918	3.7	1.1	0.9	1.6
North Central -----	11,174	4.2	1.0	0.9	2.3
South -----	12,787	6.5	1.7	1.5	3.3
West -----	7,350	4.6	1.4	1.0	2.3
Residence					
Metropolitan -----	27,539	4.3	1.2	1.0	2.1
Nonmetropolitan ----	14,690	5.9	1.6	1.3	3.0
Family Income					
Under \$5,000 -----	7,528	12.9	4.1	2.7	6.1
\$5,000-\$9,999 -----	11,738	4.8	1.1	1.2	2.5
\$10,000-\$14,999 ----	10,001	2.8	0.6	0.6	1.5
\$15,000 and over ---	9,988	1.5	*	0.4	0.9

^{1/} includes unknown income.

Source: National Center for Health Statistics: Limitation of Activity and Mobility Due to Chronic Conditions, United States - 1972. Vital and Health Statistics, Series 10, No. 96. DHEW Pub. No. (HRA) 75-1523.

Utilization of Services

Women ages 17-44 see the doctor almost twice as frequently as do men. Persons in the West region have the highest number of visits per person even though there are only minor regional differences in the proportion of the population who have seen a doctor at least once within the past year. Adults in families with incomes under \$5,000 have the highest number of visits of all income groups, reflecting the poorer health status of the low-income population.

Table CD.III.32

Number of physician visits per person per year and percent of population with one or more visits in past year by selected demographic characteristic: Persons ages 17-44 years, United States, 1973

Demographic Characteristic	Number of visits per person per year	Percent with physician visit in past year
Total ^{1/} -----	5.0	76.2
SEX		
Male-----	3.6	68.3
Female-----	6.4	83.6
COLOR		
White-----	5.1	76.4
All Other-----	4.9	74.6
REGION		
Northeast-----	4.7	75.9
North Central-----	5.1	76.1
South-----	4.9	76.4
West-----	5.7	76.4
RESIDENCE		
Metropolitan-----	5.3	76.9
Nonmetropolitan-----	4.5	74.6
FAMILY INCOME		
Under \$5000-----	5.9	78.9
\$5,000-\$9,999-----	4.8	75.3
\$10,000-\$14,999-----	5.1	76.5
\$15,000 and over-----	5.1	77.2

^{1/}Includes unknown income.

SOURCE: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

Women ages 45-64 see physicians more frequently than do men of the same ages. Low-income minority persons and residents of the West region have the highest number of visits per person per year.

Table CD.III.33

Number of physician visits per person per year and percent of population with one or more visits in past year by selected demographic characteristic: Persons ages 45-64 years, United States, 1973

Demographic Characteristic	Number of visits per person per year	Percent with physician visit in past year
Total ^{1/} -----	5.5	72.6
SEX		
Male-----	4.8	68.3
Female-----	6.0	76.5
COLOR		
White-----	5.4	72.6
All Other-----	6.0	72.8
REGION		
Northeast-----	5.4	71.9
North Central-----	5.2	71.6
South-----	5.3	73.1
West-----	6.2	74.5
RESIDENCE		
Metropolitan-----	5.6	73.5
Nonmetropolitan-----	5.1	70.6
FAMILY INCOME		
Under \$5000-----	6.5	71.3
\$5,000-\$9,999-----	5.6	70.5
\$10,000-\$14,999-----	5.2	72.6
\$15,000 and over-----	5.4	76.4

^{1/}Includes unknown income.

SOURCE: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

Seven out of 10 outpatient contacts with physicians take place at doctors' offices. The poor and minority person tends to get a higher proportion of their care at hospital outpatient clinics or hospital emergency rooms, e.g., almost 17 percent of the visits for persons 17-44 in families with less than \$5,000 income were at outpatient clinics or emergency rooms, compared with only 9 percent of those in families with incomes over \$15,000.

Table CD.III.34

Physician visits by place of visit by selected demographic characteristic:
Persons ages 17-44 years, United States, 1973

Demographic Characteristic	Total visits ^{2/} (in 1,000's)	Office	Hospital Outpatient Clinic	Hospital Emergency Room	Tele- phone	Home
		Percent Distribution				
Total ^{1/} -----	398,704	69.1	6.5	4.4	11.5	0.6
SEX						
Male-----	138,239	66.9	7.0	6.3	7.8	0.8
Female-----	260,465	70.3	6.3	3.5	13.5	0.5
COLOR						
White-----	350,092	69.9	5.6	4.0	12.4	0.6
All Other-----	48,613	63.5	13.4	7.3	5.0	*
REGION						
Northeast-----	85,947	67.6	8.4	5.5	10.4	1.4
North Central-----	108,893	70.2	5.9	4.1	11.6	*
South-----	123,318	68.5	6.6	3.8	12.1	*
West-----	80,547	70.1	5.3	4.7	11.7	*
RESIDENCE						
Metropolitan-----	294,668	67.9	7.0	4.7	12.0	0.6
Nonmetropolitan--	104,036	72.6	5.1	3.7	10.1	*
FAMILY INCOME						
Under \$5000-----	61,917	58.3	11.8	5.0	9.1	*
\$5,000-\$9,999----	97,492	71.4	6.8	4.1	11.1	*
\$10,000-\$14,999--	109,760	71.2	5.3	4.2	12.5	*
\$15,000 and over-	113,287	70.5	4.3	4.7	12.7	1.2

^{1/}Includes unknown income. ^{2/}Includes all other places of visits.

SOURCE: National Center for Health Statistics: Unpublished data
from the Health Interview Survey.

Almost one-quarter of the visits for minority persons ages 45-64 took place at hospital outpatient clinics or emergency rooms, compared to less than one-tenth of the visits for the nonminority persons in this age group. Minority and low-income persons make less use of the telephone for medical advice than do nonminority and high income persons.

Table CD.III.35

Physician visits by place of visit by selected demographic characteristic:
Persons ages 45-64 years, United States, 1973

Demographic Characteristic	Total visits ^{2/} (in 1,000's)	Office	Hospital Outpatient Clinic	Hospital Emergency Room	Tele- phone	Home
		Percent Distribution				
Total ^{1/} -----	232,002	73.7	8.0	2.2	9.9	0.8
SEX						
Male-----	96,915	73.5	8.4	2.4	8.6	0.9
Female-----	135,087	73.8	7.7	2.0	10.8	0.8
COLOR						
White-----	206,935	74.9	6.5	2.0	10.6	0.9
All Other-----	25,067	63.7	20.6	3.2	4.3	*
REGION						
Northeast-----	57,683	68.2	9.4	2.6	10.7	*
North Central----	60,691	76.3	6.8	1.7	10.6	*
South-----	69,343	75.3	8.0	2.6	8.9	*
West-----	44,285	74.8	7.8	*	9.4	*
RESIDENCE						
Metropolitan-----	164,728	70.8	8.9	2.2	10.8	0.9
Nonmetropolitan--	67,274	80.8	5.7	2.0	7.5	*
FAMILY INCOME						
Under \$5000-----	41,517	69.3	12.6	1.8	8.5	*
\$5,000-\$9,999----	56,586	76.2	7.3	3.0	8.4	*
\$10,000-\$14,999--	50,796	74.0	7.3	2.1	9.8	*
\$15,000 and over-	68,201	74.0	6.4	1.4	12.1	*

^{1/}Includes unknown income. ^{2/}Includes all other places of visits.

SOURCE: National Center for Health Statistics: Unpublished data
from the Health Interview Survey.

Ten years ago poor adults ages 17-44 had fewer physician visits than did the nonpoor, but by 1973 the pattern had reversed itself, with the poor now reporting more physician visits than the nonpoor. In addition, the differences that existed ten years ago in the proportion of the poor and the nonpoor who had not seen a doctor at least once in the past two years have all but disappeared.

Table CD,III.36

Number of physician visits per person per year and percent of the population with no physician visits in the past 2 years by poor and not poor status, and color for persons ages 17-44 years: United States, 1964 and 1973

Age and Year	Total		White		All Other	
	Poor	Not Poor	Poor	Not Poor	Poor	Not Poor
17-44 years	Number of physician visits per person per year					
1964 -----	4.1	4.7	4.5	4.8	3.3	4.2
1973 -----	5.7	5.0	5.8	5.0	5.6	4.8
17-44 years	Percent with no physician visits in past 2 years					
1964 -----	24.2	18.1	23.2	17.7	26.6	22.9
1973 -----	13.4	12.8	13.1	12.7	14.5	13.5

NOTE: Definition of poor is based on family income: Under \$3,000 in 1964
Under \$6,000 in 1973

In each case, this included about 1/5 of the population.

SOURCE: National Center for Health Statistics: Unpublished Data from the Health Interview Survey.

A decade ago there were no differences between the poor and the nonpoor in this age group in the annual number of physician contacts, even though most evidence indicates that the poor are less healthy and in need of more care. By 1973 the poor reported more contacts than the nonpoor, reflecting the impact of government programs to increase their access to health care. It is difficult to determine the relationship between income and health status, i.e., the extent to which low income contributes to poor health and the extent to which poor health results in low income.

Table CD.III.37

Number of physician visits per person per year and percent of the population with no physician visits in the past 2 years by poor and not poor status, and color for persons ages 45-64 years: United States, 1964 and 1973

Age and Year	Total		White		All Other	
	Poor	Not Poor	Poor	Not Poor	Poor	Not Poor
45-64 years	Number of physician visits per person per year					
1964 -----	5.1	5.1	5.2	5.1	4.9	4.6
1973 -----	6.3	5.4	6.1	5.4	7.1	5.3
45-64 years	Percent with no physician visits in past 2 years					
1964 -----	29.2	21.7	28.0	21.3	33.1	29.0
1973 -----	20.6	16.9	21.4	16.9	17.0	16.9

NOTE: Definition of poor is based on family income: Under \$3,000 in 1964
Under \$6,000 in 1973

In each case, this included about 1/5 of the population.

SOURCE: National Center for Health Statistics: Unpublished Data from the Health Interview Survey.

The high level of hospitalization among females in this age group is due primarily to hospital stays related to childbirth. Beyond the child-bearing ages and up to age 64 there are only minor differences between males and females in the rate of hospitalization.

Table CD.III.38

Number and percent distribution of persons 17-64 years of age with short-stay hospital episodes during the past year by number of episodes, according to sex and age: United States, based on data collected in health interviews in 1973

Sex and age	Population	Number of hospital episodes				
		Total	None	1	2	3+
<u>BOTH SEXES</u>	Number of persons (in 1000's)	Percent distribution				
17-24 years-----	29,063	100.0	87.7	10.6	1.4	0.3
25-34 years-----	27,750	100.0	86.6	11.6	1.4	0.4
35-44 years-----	22,204	100.0	88.5	9.4	1.5	0.6
45-64 years-----	42,534	100.0	87.7	9.8	1.9	0.6
<u>MALE</u>						
17-24 years-----	14,000	100.0	92.8	6.3	0.6	*
24-34 years-----	13,418	100.0	93.0	6.3	0.6	*
35-44 years-----	10,673	100.0	91.1	7.6	0.9	0.4
45-64 years-----	20,164	100.0	87.9	9.5	2.0	0.7
<u>FEMALE</u>						
17-24 years-----	15,062	100.0	82.9	14.6	2.1	0.5
25-34 years-----	14,332	100.0	80.6	16.7	2.1	0.6
35-44 years-----	11,531	100.0	86.1	11.2	2.0	0.8
45-64 years-----	22,370	100.0	87.5	10.1	1.8	0.6

Note:

Data are based on household interviews of the civilian, noninstitutionalized population and thus exclude persons discharged to long-term institutions or by death.

Source: National Center for Health Statistics: Current Estimates from the Health Interview Survey, United States, 1973, Vital and Health Statistics, Series 10, No. 95. DHEW Pub. No. (HRA) 75-1522.

Young adults in lower income families are much more likely to be hospitalized than are persons in higher income families. Lower income persons also stay in the hospital longer than do higher income persons. There is a higher rate of hospitalization in the North Central region than in any other region. The North Central region also has more hospital beds per 1,000 population than does any other region.

Table CD.III.39

Discharges from short-stay hospitals, days of hospital care, and average length of stay for persons ages 15-44 years by family income and geographic region: United States, 1973

Income and Geographic Region	Persons 15-44 years		
	Number of discharges per 1,000 population	Number of days of care per 1,000 population	Average length of stay in days
Total	158	898	5.7
FAMILY INCOME			
Under \$5,000-----	204	1173	5.8
\$5,000-\$9,999----	181	1082	6.0
\$10,000-\$14,999--	142	783	5.5
\$15,000 and over--	136	730	5.4
REGION			
Northeast-----	146	918	6.3
North Central-----	173	1044	6.0
South-----	162	880	5.4
West-----	144	675	4.7

Source: National Center for Health Statistics: Unpublished data from the Hospital Discharge Survey and the Health Interview Survey.

Adults ages 45-64 in low-income families have two and one-half times as many days of short-stay hospital care than do persons in high income families. Residents of the North Central region have more days of hospital care per 1,000 population than do residents of other regions.

Table CD.III.40

Discharges from short-stay hospitals, days of hospital care, and average length of stay for persons ages 45-64 years by family income and geographic region: United States, 1973

Income and Geographic Region	Persons 45-64 years		
	Number of discharges per 1,000 population	Number of days of care per 1,000 population	Average length of stay in days
Total	186	1698	9.1
FAMILY INCOME			
Under \$5,000-----	253	2907	11.5
\$5,000-\$9,999----	201	2055	10.2
\$10,000-\$14,999--	164	1348	8.2
\$15,000 and over--	161	1163	7.2
REGION			
Northeast-----	167	1793	10.7
North Central-----	214	2017	9.4
South-----	182	1540	8.5
West-----	179	1313	7.3

Source: National Center for Health Statistics: Unpublished data from the Hospital Discharge Survey and the Health Interview Survey.

Over the past decade the rate of discharges from short-stay hospitals has increased about 9 percent for the poor and has decreased about 8 percent for the nonpoor. The major increase occurred among the minority poor. The average length of stay in the hospital decreased over the past 10 years.

Table CD.III.41

Number of discharges from short-stay hospitals per 1,000 persons per year and average length of stay by income status and color for persons ages 17-44 years: United States, 1964 and 1973

Year	Total		White		All Other	
	Poor	Not Poor	Poor	Not Poor	Poor	Not Poor
Number of discharges per 1,000 population						
Ages 17-44 years						
1964-----	181	161	188	164	163	132
1973-----	198	148	190	148	223	149
Average length of stay in days						
Ages 17-44 years						
1964-----	6.9	6.3	6.8	6.2	7.1	8.0
1973-----	6.4	6.0	6.0	5.9	7.2	7.0

Note: Definition of poor is based on family income: under \$3,000 in 1964
under \$6,000 in 1973.

In each case this included about 1/5 of the population.

Source: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

There was a 60 percent increase in short-stay hospital use by the poor over the past decade, while among the not poor the only significant increase was among minority adults. This increase in use by the poor shows the impact of government programs to improve the access to health care by the poor. The average length of stay in the hospital for the poor decreased, particularly among minority races, reflecting hospitalization in the past by this group for only the most serious illness while currently this group has access to hospital care for a broader range of conditions.

Table CD.III.42

Number of discharges from short-stay hospitals per 1,000 persons per year and average length of stay by income status and color for persons ages 45-64 years: United States, 1964 and 1973

Year	Total		White		All Other	
	Poor	Not Poor	Poor	Not Poor	Poor	Not Poor
Number of discharges per 1,000 population						
Ages 45-64 years						
1964-----	146	148	159	151	102	111
1973-----	225	152	238	153	174	133
Average length of stay in days						
Ages 45-64 years						
1964-----	14.4	9.7	12.8	9.5	22.6	13.5
1973-----	12.8	9.3	12.3	9.0	15.3	13.0

Note: Definition of poor is based on family income: under \$3,000 in 1964
under \$6,000 in 1973.

In each case this included about 1/5 of the population.

Source: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

The most frequent reasons for hospitalization among persons 15-44 years of age are childbirth, accidents, and diseases of the digestive and genitourinary systems.

Table CD.III.43

Discharges from short-stay hospitals, days of hospital care, and average length of stay for persons ages 15-44 years by ten leading classes of diagnosis: United States, 1973

Diagnostic category and ICDA code	Persons 15-44 years		
	Number of discharges per 1,000 population	Number of days per 1,000 population	Average length of stay in days
All conditions-----	154.4	878.5	5.7
Neoplasms----- 140-239	6.4	44.5	7.0
Mental disorders----- 290-315	7.7	85.0	11.1
Diseases of the nervous system and sense organs----- 320-389	3.4	23.5	6.9
Diseases of the circulatory system----- 390-458	6.3	52.0	8.3
Diseases of the respiratory system----- 460-519	9.3	44.3	4.8
Diseases of the digestive system----- 520-577	16.0	101.8	6.4
Diseases of the genitourinary system--- 580-629	18.9	98.3	5.2
Childbirth, complications of pregnancy and the puerperium----- 630-678	45.1	167.2	3.7
Diseases of the musculoskeletal system and connective tissue----- 710-738	6.8	53.8	7.9
Accidents, poisonings, and violence---- 800-999	18.0	117.3	6.5
All others-----	16.5	90.8	5.5

Source: National Center for Health Statistics: Utilization of Short-Stay Hospitals by Diagnosis: United States, 1973. Monthly Vital Statistics Report, Vol. 24, No. 3, Supplement.

Diseases of the circulatory, digestive, and genitourinary systems and neoplasms are the most frequent causes of hospitalization among persons 45-64 years of age. Diseases of the circulatory system account for more hospital days than does any other group of diseases.

Table CD.III.44

Discharges from short-stay hospitals, days of hospital care, and average length of stay for persons ages 45-64 years by ten leading classes of diagnosis: United States, 1973

Diagnostic category and ICDA code	Persons 45-64 years		
	Number of discharges per 1,000 population	Number of days per 1,000 population	Average length of stay in days
All conditions-----	182.3	1661.0	9.1
Neoplasms----- 140-239	19.0	210.4	11.1
Endocrine, nutritional, and metabolic diseases----- 240-279	6.8	67.4	10.0
Mental Disorders----- 290-315	8.8	99.5	11.4
Diseases of the nervous system and sense organs----- 320-389	7.7	55.9	7.2
Diseases of the circulatory system----- 390-458	34.0	364.5	10.7
Diseases of the respiratory system----- 460-519	13.3	107.5	8.1
Diseases of the digestive system----- 520-577	30.1	260.5	8.6
Diseases of the genitourinary system--- 580-629	22.5	141.8	6.3
Diseases of the musculoskeletal system and connective tissue----- 710-738	13.5	132.7	9.8
Accidents, poisonings, and violence---- 800-999	14.8	139.2	9.4
All others-----	12.0	81.6	6.8

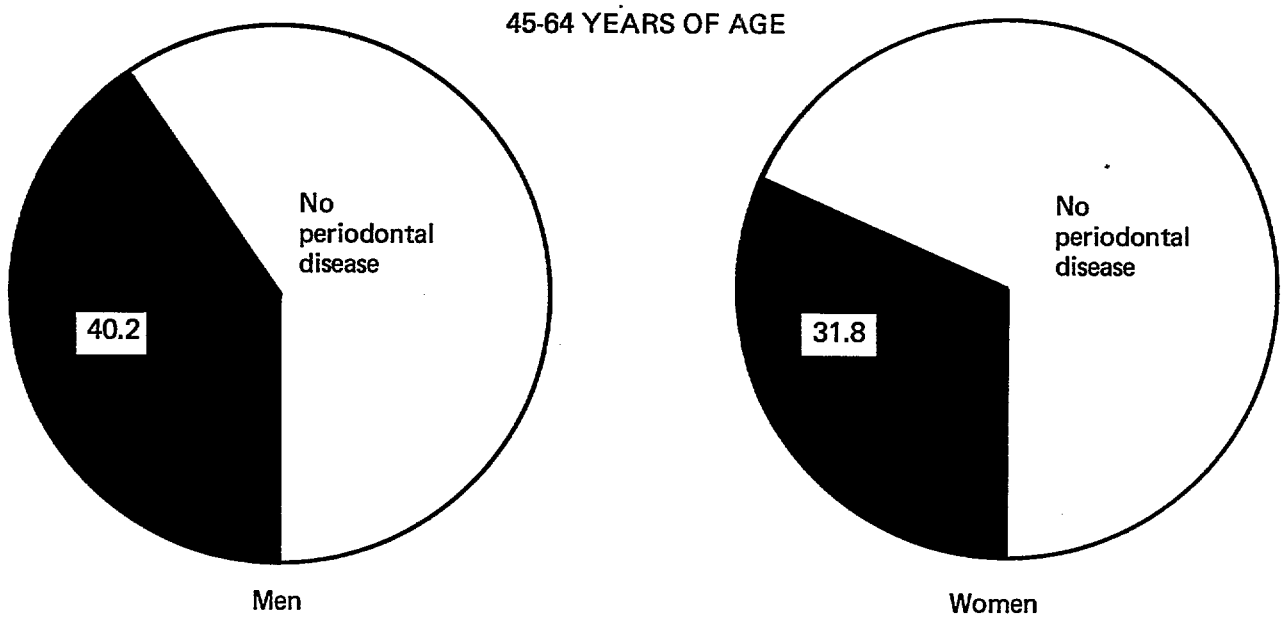
Source: National Center for Health Statistics: Utilization of Short-Stay Hospitals by Diagnosis: United States, 1973. Monthly Vital Statistics Report, Vol. 24, No. 3, Supplement.

Dental Morbidity and Dental Care

The prevalence of destructive periodontal disease increases rapidly and steadily with advancing age. Far-advanced periodontal disease, which undermines the teeth by destroying the bone that embeds them, rivals decay as the leading cause of tooth loss among older adults.

Table CD.III.45

PREVALENCE OF DESTRUCTIVE PERIODONTAL DISEASE¹ AT AGES 45-64
BY SEX: UNITED STATES, 1960-62

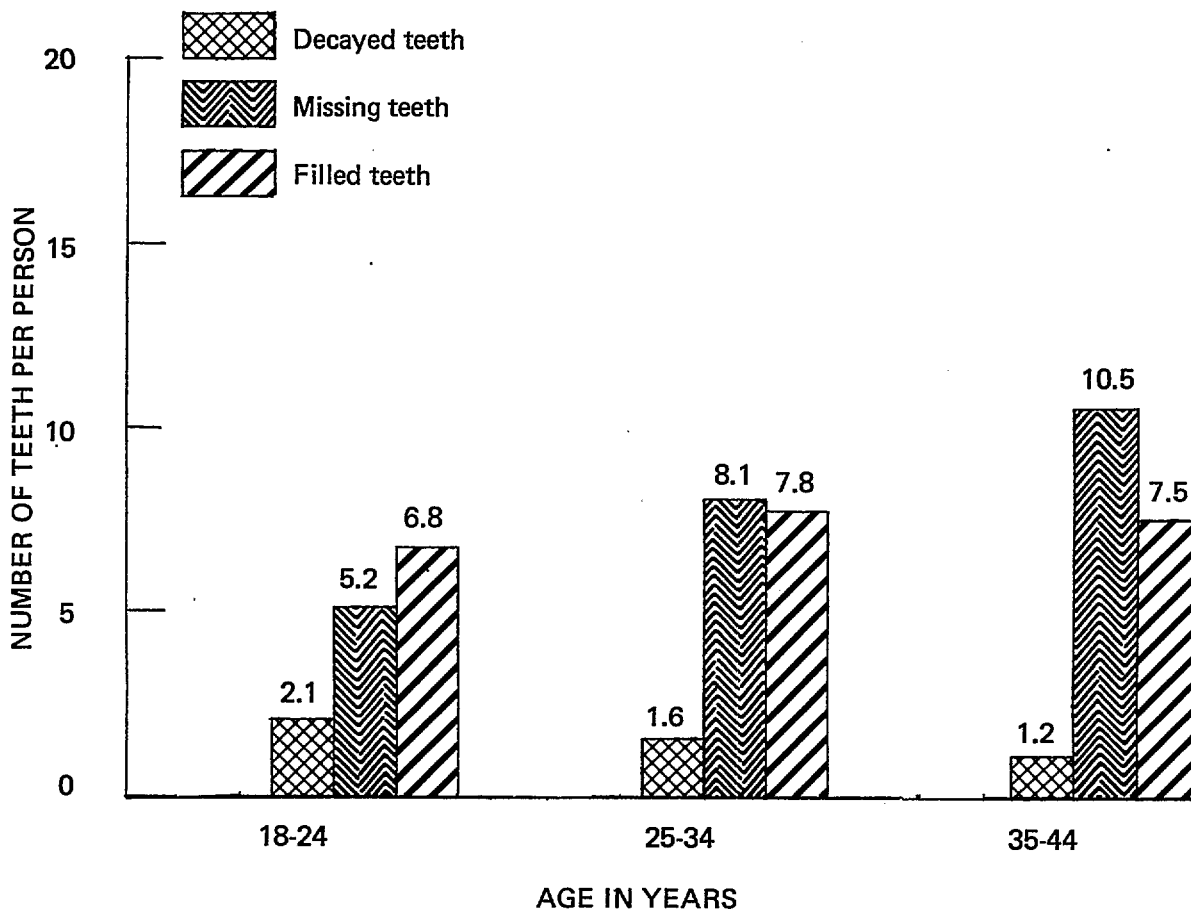


¹ Among persons with one or more natural teeth.

Source: National Center for Health Statistics: Selected Dental Findings in Adults by Age, Race, and Sex, United States, 1960-1962. Vital and Health Statistics. PHS Pub. No. 1000, Series 11, No. 7.

As men and women grow older, the number of decayed, missing, and filled teeth they have increases rapidly. The increase is due to the steadily rising number of missing teeth.

TABLE CD.III.46 AVERAGE NUMBER OF DECAYED, MISSING, AND FILLED TEETH AMONG ADULTS AGES 18-44 YEARS, BY SPECIFIED AGE GROUP: UNITED STATES, 1960-62

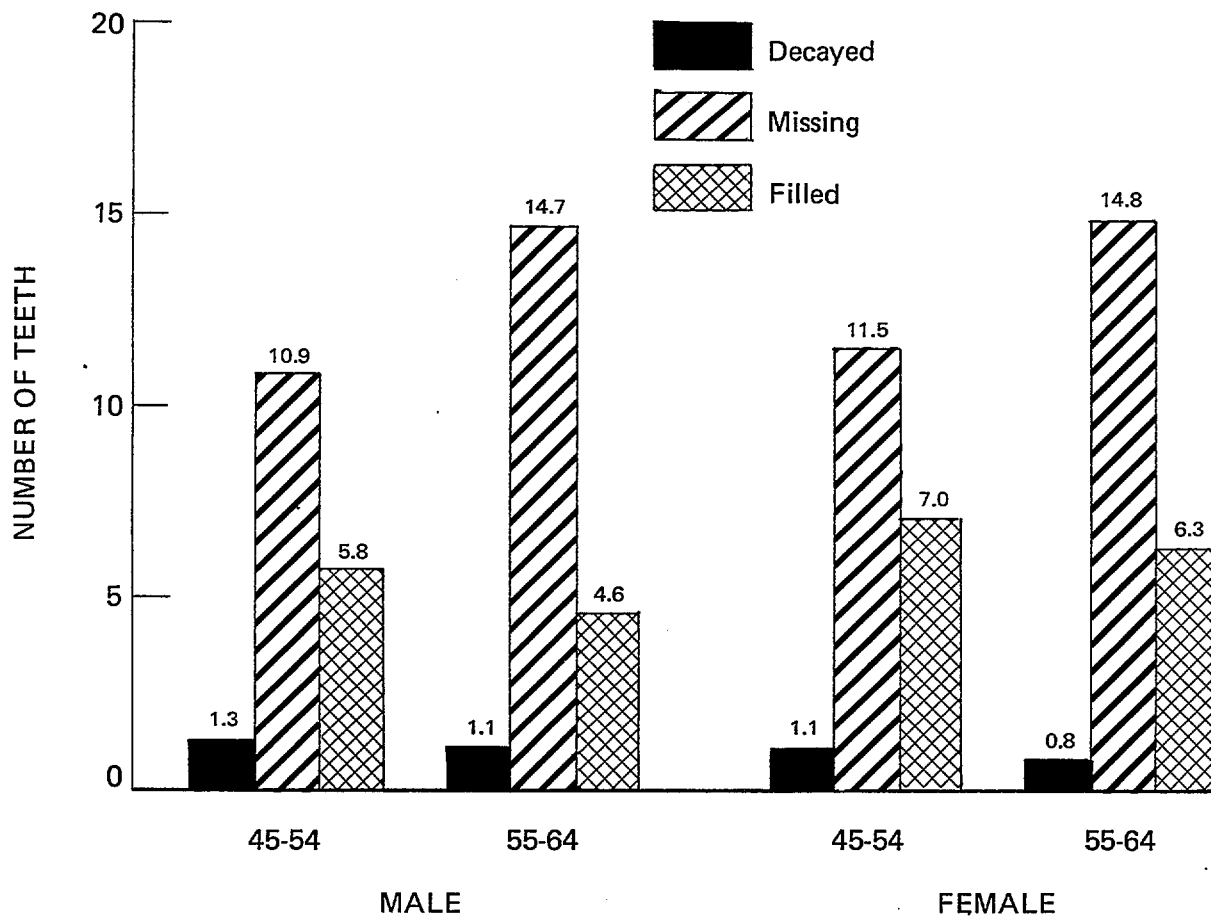


Source: National Center for Health Statistics: Selected Dental Findings in Adults, by Age, Race, and Sex, United States, 1960-1962. Vital and Health Statistics. PHS Pub. No. 1000, Series 11, No. 7.

Among those adults who have natural teeth left, the average number of missing teeth rises sharply with advancing age, while the average number of decayed and filled teeth falls steadily.

Table CD.III.47

**AVERAGE NUMBER OF DECAYED TEETH, FILLED TEETH, AND MISSING TEETH
AMONG DENTULOUS (WITH NATURAL TEETH) ADULTS AGES 45-64 YEARS,
BY SEX AND SPECIFIED AGE GROUP: UNITED STATES, 1960-62.**

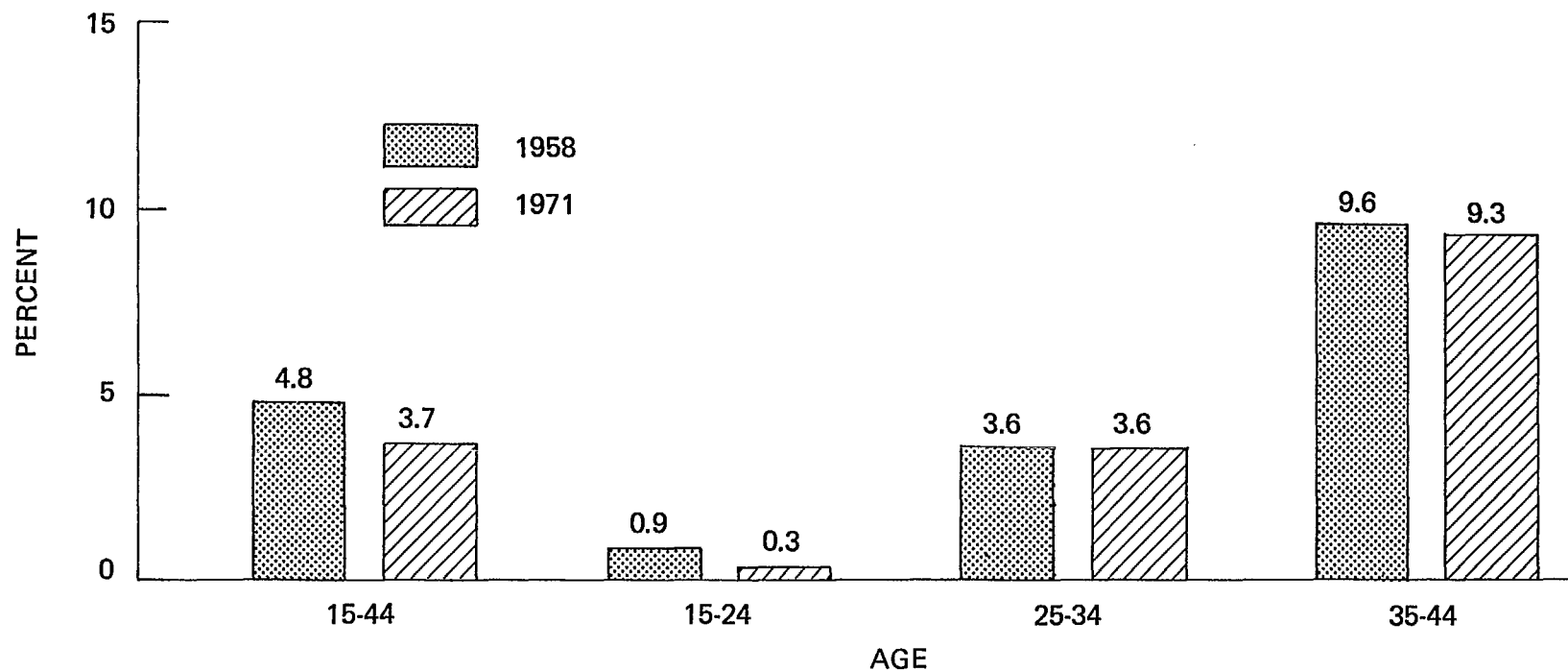


Source: National Center for Health Statistics: Decayed, Missing, and Filled Teeth in Adults, United States, 1960-1962. Vital and Health Statistics. PHS Pub. No. 1000, Series 11, No. 23.

Almost 10 percent of the men and women age 35-44 have lost all their natural teeth. The percentage did not change significantly between 1958 and 1971.

Table CD.III.48

NUMBER OF EDENTULOUS PERSONS PER 100 PERSONS AGES 15-44 YEARS, BY SPECIFIED AGE GROUP: UNITED STATES, JULY 1957-JUNE 1958 AND 1971

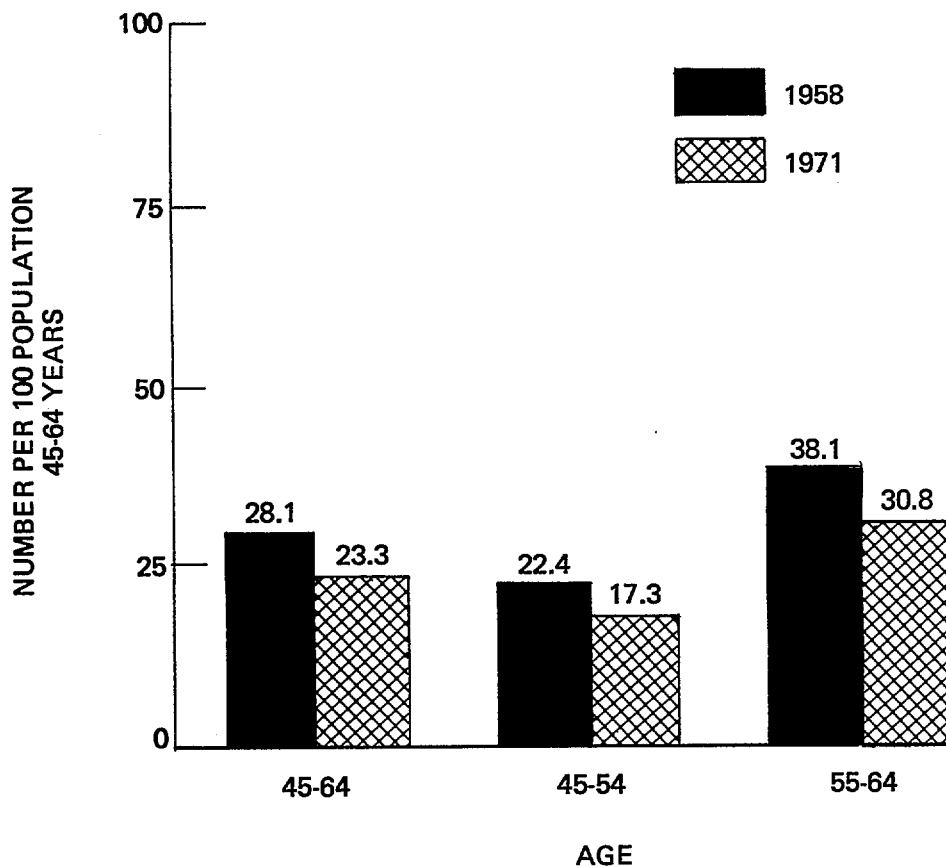


Source: National Center for Health Statistics: Edentulous Persons, United States, 1971. *Vital and Health Statistics*. Series 10, No. 89. DHEW Pub. No. (HRA) 74-1516.

During the later middle years, the number of men and women who lose all of their natural teeth continues to rise steadily. Although the prevalence of total tooth loss today is still high, it has declined significantly since 1958.

Table CD.III.49

NUMBER OF EDENTULOUS PERSONS PER 100 PERSONS AGES 45-64 YEARS, BY SPECIFIED AGE GROUP: UNITED STATES, JULY 1957-JUNE 1958 AND 1971.

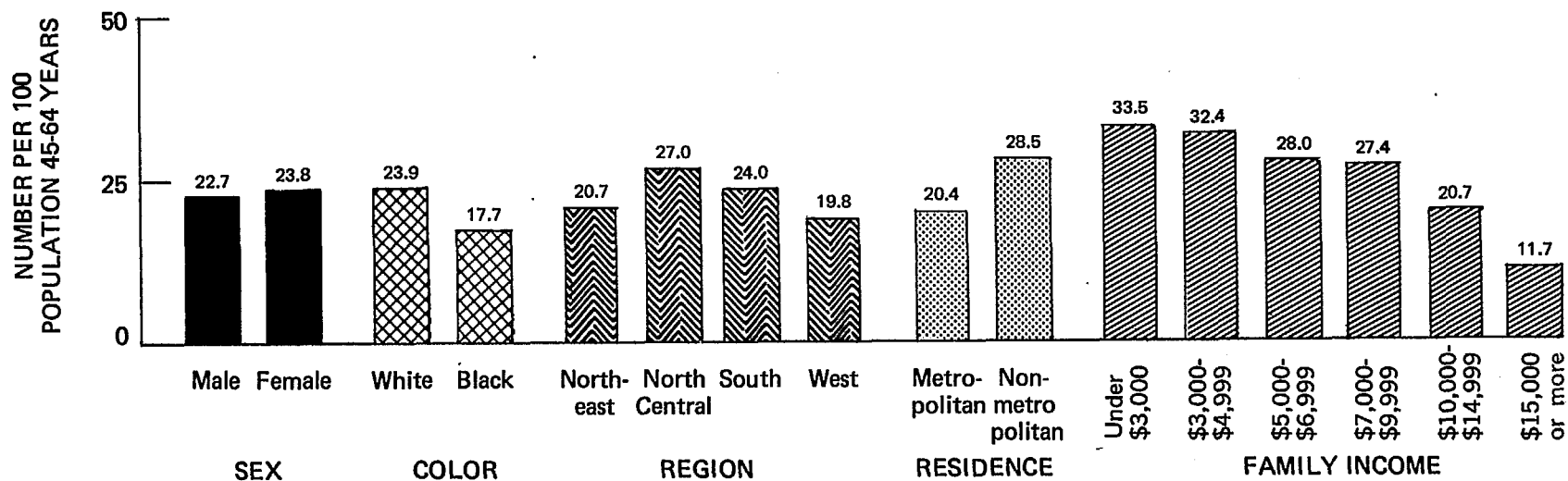


Source: National Center for Health Statistics: Edentulous Persons, United States, 1971. Vital and Health Statistics. Series 10, No. 89. DHEW Pub. No. (HRA) 74-1516.

The prevalence of total tooth loss is associated with various demographic characteristics, especially the amount of family income.

Table CD.III.50

NUMBER OF EDENTULOUS ADULTS PER 100 PERSONS AGES 45-64 YEARS, BY SELECTED DEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1971.

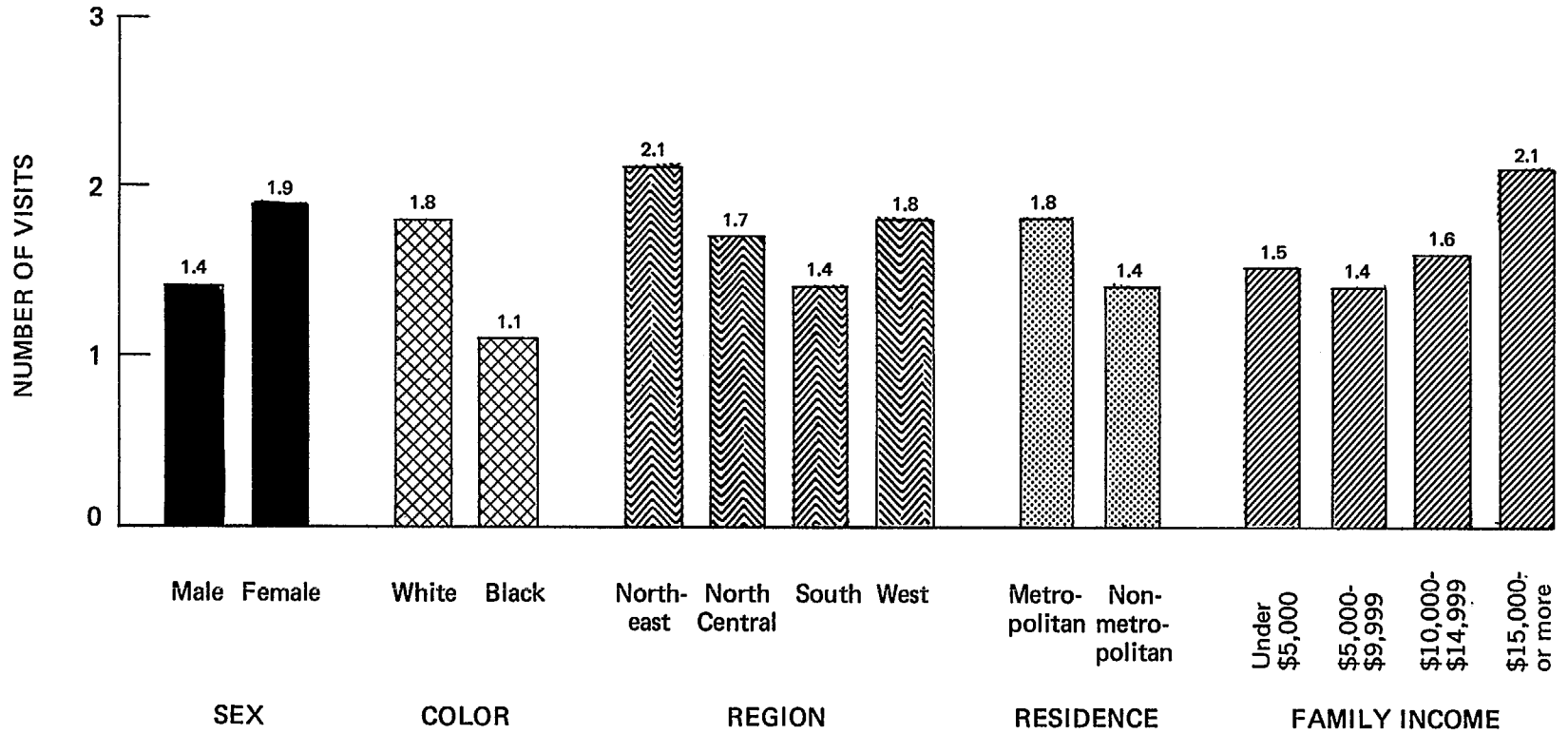


Source: National Center for Health Statistics: Edentulous Persons, United States, 1971. Vital and Health Statistics. Series 10, No. 89. DHEW Pub. No. (HRA) 74-1516.

Adults 17-44 years old average 1.7 dental visits per year. The number of visits varies according to various demographic characteristics.

Table CD.III.51

NUMBER OF DENTAL VISITS PER PERSON PER YEAR FOR ADULTS AGES 17-44 YEARS, BY SELECTED DEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1973.

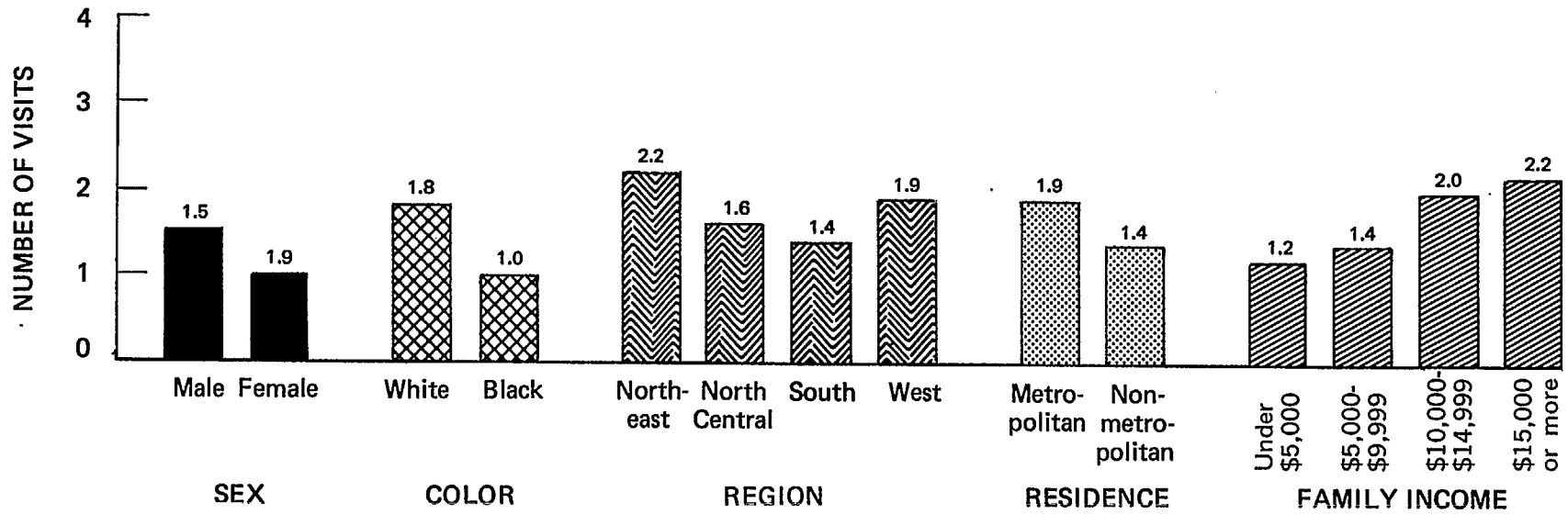


Source: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

Adults in the middle years of life average 1.7 dental visits per year, the same as younger adults. The number of visits differs according to various demographic characteristics.

Table CD.III.52

NUMBER OF DENTAL VISITS PER PERSON PER YEAR FOR ADULTS AGES 45-64 YEARS BY SELECTED DEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1973



Source: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

C and D. IV. HEALTH STATUS AND USE OF HEALTH SERVICES

Adults, 65 years of age and older

CD.IV. Adults, 65 Years of Age and Older
Introduction

When we look at population projections we see that planning for the health needs of a large number of older people will remain with us into the foreseeable future. In 1900 there were only 3.1 million people ages 65 and older in the United States. By 1940 the number had tripled to 9.0 million and in the next 30 years it more than doubled to 20.2 million in 1970. The number is increasing by approximately 300,000 to 400,000 per year so that by the year 2000 we expect that there will be about 29 million persons ages 65 or older.

The size of the population can be predicted with a fair degree of accuracy because the people who will be age 65 or older in the year 2000 are for the most part already living in the United States. Those people who will have their 65th birthday in the year 2000 were born in 1935 and will have their 40th birthday this year--1975. Unless there is a great increase in immigration of persons age 40 and older, there will be few additions to this population. Unless there are radical changes in the death rates, 77 percent of those having their 40th birthday this year will survive to age 65.

There is wide variation in the proportion surviving from birth to age 65. Under 1970 mortality rates, 81 percent of the white females, 66 percent of the white males and of all other females, and 50 percent of all other males born alive will reach that age. The regional and state variations are highly dependent on the sex and color compositions of the population as well as social and economic differences among the regions and perhaps to differences inherent in the environment itself.

Death rates are high in the older population and so membership in this age group is relatively short in duration. On the average, persons achieving age 65 can expect to live another 15 years, 13 years for males and 17 for females, but the average does not reveal the wide variation in the expectation.

Because the expectation of life is lower at every age for males than for females, because males die younger, the sex-ratio--the number of males per 100 females--in this age group is very low. There are 105 male babies born for every 100 females. By age 65 and over there are only 70 males per 100 females and by age 85 and over there are only 50 males per 100 females. This sex ratio has changed radically over the last few decades. In 1960 the sex ratio at age 65 and over was 83 males per 100 females but the persons who immigrated during the great waves prior to World War I, waves which had a large proportion of males relative to females, have mostly died by now thus decreasing

the sex ratio at the older ages and the increased expectation of life over the past decades has been greater for females than for males.

These changes in the demographic composition of the population have led to changes in the needs for health care in the United States. There are not only more older people than there used to be but they form a larger portion of the population (10 percent in 1973). There are relatively fewer people in the working age groups to care for and support the aged. And the change in the sex ratio means that fewer couples remain intact to care for one another.

The needs for care are greater in this population than for any other age segment of the adult population and so as marriages end through the death of one spouse, usually the husband, alternative forms of living arrangements are frequently necessary. The most common solution is living with other relatives but in this age group long-term institutional care also becomes a major factor. Overall, only one percent of the U.S. population are residents of institutions and so measures of health care based on the noninstitutionalized population are adequate. Among those ages 65 and older, however, 5 percent are residents of institutions. By age 85 and older, 19 percent are residents of institutions.

The type of institution has changed over recent years. According to the 1950 census, 37 percent of those in institutions were residents of mental hospitals. By the time of the 1970 census 8 percent of the institutionalized older population were residents of mental hospitals while 60 percent were in homes for the aged and dependent. In 1969, 29 percent of the men ages 65 and over and 48 percent of the women ages 65 and older discharged from mental hospitals were discharged to nursing homes or homes for the aged. Unfortunately, data on previous residence of persons admitted to nursing homes are not available but of those persons who were residents of nursing homes in 1973, 8 percent had been in a mental hospital before they were admitted to the nursing home. The actual proportion may have been higher as one-third of these residents were transferred from short-stay hospitals and their residence before admission to the short-stay hospital was not recorded.

Residents of long-term institutions require health care from several kinds of health professionals. Their most commonly diagnosed conditions are hardening of the arteries, senility, strokes, and mental disorders. Almost half of them cannot see well enough to read an ordinary newspaper, regardless of whether they use glasses; one-third cannot hear a conversation on an ordinary telephone. All of them are receiving some kind of nursing care. Yet very few are receiving any kind of therapy--

15 percent recreational therapy, 10 percent physical therapy, 6 percent occupational therapy. One-fourth had not been seen by a physician for at least three months at the time the survey was conducted. Of those who had been in the home for a year or more, 13 percent had not been seen by a physician for at least six months and almost nine percent had not been seen by a physician for at least a year.

Even among the aged, however, the vast majority of the population (95 percent) are not residents of institutions. They are living in their own homes or with relatives for the most part. A few are living in group quarters, boarding houses, or other communal arrangements. Two-thirds regard their health as being good or excellent compared to other people their age. Eighty-two percent report no limitation of mobility; 83 percent have not been hospitalized during the preceding year.

All of these proportions are lower than in the immediately preceding age group. Death rates are high with diseases of the heart as the leading cause. The prevalence of chronic conditions reported in household interviews is high. Thirty-eight percent report arthritis, almost 30 percent report hearing impairments, and 20 percent report visual impairments. Fifty-one percent have lost all their teeth. These are conditions which do not cause death but they do frequently cause limitation in the way the person lives his life. For example, 23 percent of

the 7 million elderly people reporting that they have arthritis also report that the arthritis causes limitation of activity.

Retirement, widowhood, increasing inability to care for oneself without help are all stress-producing situations, yet admission rates to either inpatient or outpatient psychiatric facilities are lower in this age group than in any other group of adults. Whether they do not seek help or are unable to get it is not known. What is known is that admission rates are low and that half of the episodes reported are in state or county mental hospitals in contrast to younger adults whose episodes are more likely to be in outpatient facilities.

Other measures of utilization are higher in this age group than among younger adults. Persons ages 65 and older see a physician 6.5 times a year on the average in contrast with 5.5 times for those ages 45-64. About 77 percent as compared with 74 percent have seen a physician within a year. Low-income people do not have more physician visits per person, however, and low-income people (under \$5,000) make up 48 percent of this population in contrast with only 15 percent of the population ages 45-64. It is possible that the reasons for being low-income are different for the two age classes; that many of those ages 65 and over have low incomes because of retirement while those ages 45-64 have low incomes due to health-related inability to work. There are no strong income differentials in the average

number of physician visits among the aged, and the marked differentials of a decade ago have all but disappeared. There are differentials by region and residence. Residents of the South and of nonmetropolitan areas have relatively few visits but about three-fourths of the residents of all regions had seen a physician within a year. The aged are the least likely to utilize hospital outpatient clinics or emergency rooms, with less than 10 percent of their visits occurring at such places; however, these hospital-based facilities still provide 20 percent of the physician care for the minority aged.

On the average, the residents in the West make the most visits to physicians and have the fewest days of inpatient hospital care. Residents of the North Central region have the most days of inpatient hospital care. There are also more beds per 1,000 persons in this region than in any other. The availability of beds, the difficulty of traveling any distance for old people may lead the physician to have his patients utilize inpatient rather than outpatient facilities in this region.

There were over 4,000 days in short-stay hospitals for every 1,000 persons in this age group--over twice the utilization rate for those ages 45-64 who had less than 1,700 days per 1,000 persons. Almost a third of these days were for diseases of the circulatory system, a category which includes heart conditions, hypertension and cerebrovascular diseases--all of which are among the leading causes of death in this age group. In fact,

heart disease, cerebrovascular diseases and cancer account for almost two-thirds of all the deaths in this age group, even though the death rates from heart diseases have been dropping in recent years. Neoplasms, another of the leading causes of death, were the next leading diagnosis for hospital days. Older people also had close to 500 days of hospitalization because of digestive disorders and over 400 days because of accidents (the hospitalizations were mainly for fractures) per 1,000 persons. This short-stay hospitalization is in addition to any long-term care received in a nursing home after discharge from a short-stay hospital. The long-term care, of course, would make the utilization rates much higher than they appear to be here.

Mortality and Measures of Health,
Illness, and Disability

Over two-thirds of the people age 65 and older living in the civilian, noninstitutionalized population report their health as being good or excellent compared to other people their age. About 22 percent report that their health is fair and 9 percent report poor health. If we assume that those in long-term institutions are all in poor health, about 14 percent of the older people are then in poor health.

Thus, the majority of the older population of the United States view themselves as being in good health despite the high prevalence of chronic conditions and impairments and high utilization of health care services. Only a minority view their health as poor. Minority people, residents of the South, residents of nonmetropolitan areas, and persons with low incomes are more likely to report themselves as in poor health than their counterparts.

Table CD.IV.1

Assessment of health status as reported in health interviews for persons ages 65 years and over, according to selected demographic characteristics: United States, 1973

Demographic characteristic	Health status, ages 65 years and over				
	Total ^{1/}	Excellent	Good	Fair	Poor
TOTAL ^{2/}	100.0	29.1	38.9	22.4	9.1
Percent distribution					
SEX					
Male-----	100.0	30.7	37.7	21.1	9.9
Female-----	100.0	27.9	39.7	23.3	8.5
COLOR					
White-----	100.0	29.9	39.5	21.9	8.2
All other-----	100.0	20.4	32.7	27.8	17.9
REGION					
Northeast-----	100.0	27.1	44.2	20.6	7.7
North Central-----	100.0	29.3	40.7	22.2	7.4
South-----	100.0	26.9	33.9	25.7	12.8
West-----	100.0	36.2	36.9	19.2	7.0
RESIDENCE					
Metropolitan-----	100.0	31.5	39.4	20.7	7.8
Nonmetropolitan-----	100.0	24.7	37.9	25.4	11.3
FAMILY INCOME					
Under \$5,000-----	100.0	24.5	38.1	25.3	11.4
\$5,000-\$9,999-----	100.0	31.4	39.3	21.9	6.9
\$10,000-\$14,999-----	100.0	36.2	37.7	17.9	7.8
\$15,000 and over-----	100.0	39.0	41.4	14.7	4.4

^{1/} Includes unknown health status.

^{2/} Includes unknown income.

SOURCE: National Center for Health Statistics: unpublished data from the Health Interview Survey,

Death rates are high in the older ages. Among persons aged 75-84, for example, the death rate in 1973 was 79 per 1,000 persons. Fifty years earlier it had been 119 per 1,000 persons in this age group.

Even though the death rates for diseases of the heart has been declining since 1950, this is still the leading cause of death as it has been since the statistics have been available. In 1973, diseases of the heart accounted for 46 percent of the deaths in this age group. Malignant neoplasms and cerebrovascular diseases each accounted for about 15 percent of the deaths. These three causes accounted for 63 percent of all deaths reported for these people.

Dramatic declines have been recorded for influenza and pneumonia. Rates for deaths due to accidents and to arteriosclerosis have also declined over the past 50 years while rates for deaths due to congestive lung diseases have increased.

Table CD.IV. 2 Death rates for all causes and for leading causes of death for persons ages 75-84 years, based on the 1973 ranking of causes: United States, 1925-73

Cause of death ¹	1925	1930	1935	1940	1945	1950	1955	1960	1965	1968	1969	1970	1971	1972	1973
	Rates per 100,000 estimated population ages 75-84 years														
All causes...	11,929.0	11,269.2	11,312.6	11,203.9	9,835.2	9,331.1	8,794.6	8,745.2	8,192.7	8,078.8	7,896.0	8,004.4	7,866.6	7,965.4	7,932.1
<u>Diseases and conditions</u>															
Diseases of heart-----	3,224.6	3,486.4	3,888.2	4,216.6	3,916.3	4,311.0	4,211.5	4,089.4	3,833.9	3,726.4	3,644.9	3,683.8	3,630.5	3,647.7	3,609.2
Malignant neoplasms-----	1,027.1	1,019.7	1,133.9	1,155.5	1,144.4	1,153.3	1,146.4	1,127.4	1,093.9	1,104.4	1,112.0	1,169.2	1,167.7	1,179.9	1,187.9
Cerebrovascular diseases-----	1,866.8	1,651.0	1,487.6	1,444.8	1,342.6	1,499.6	1,497.6	1,491.3	1,322.2	1,283.5	1,232.3	1,254.2	1,233.1	1,237.9	1,233.5
Influenza and pneumonia-----	1,071.6	834.3	853.5	687.9	417.9	296.5	249.8	340.6	295.1	322.1	295.4	272.8	257.7	289.2	295.6
Arteriosclerosis-----	---	511.0	453.5	415.5	398.0	392.0	340.2	307.4	270.5	215.0	206.8	197.8	190.3	194.0	190.6
Diabetes mellitus-----	161.6	181.1	229.1	273.3	252.9	166.7	150.6	163.7	166.4	183.3	185.9	186.8	182.4	181.5	179.7
Bronchitis, emphysema, and asthma-----	---	---	---	---	---	3,4/30.3	51.1	71.0	114.1	135.5	126.8	129.1	127.2	128.2	126.2
Cirrhosis of liver-----	71.7	57.5	60.2	51.8	44.9	36.9	35.9	32.1	29.9	28.8	28.8	30.9	30.1	29.5	28.8
Hypertension-----	---	5.8	7.9	11.5	14.1	109.6	85.8	81.8	67.8	45.1	41.4	42.7	39.4	38.5	37.3
<u>Accidents and violence</u>															
Motor vehicle accidents ² -----	56.0	85.0	83.4	76.1	54.8	52.7	47.1	41.8	45.5	46.1	42.9	43.5	42.4	44.8	40.7
All other accidents ² -----	387.2	392.8	417.9	414.6	388.0	263.0	215.0	172.7	154.5	137.8	132.5	131.2	123.9	124.1	119.8

¹Because of decennial revisions of the International List of Causes of Death and changes in rules of cause-and-death selection, there is lack of comparability to a varying degree for some causes from one revision to the next. The beginning dates of the revision are 1921, 1930, 1939, 1949, 1958, and 1968. In some instances data are omitted for earlier years because appropriate subcategories are not available by age of the decedent. Except for diseases which are epidemic in nature abrupt changes at the beginning of the revision period are indicative of breaks in comparability. The cause-of-death titles are based on the Eighth Revision and in some instances have been considerably shortened.

²The "motor vehicle accident" rate should be added to the "other accident" rate to provide the single category "all accidents."

³Excludes data for emphysema without mention of bronchitis (ICD No. 527.1) because data were not available for these years.

⁴Population adjusted for age bias in races other than white.

Older people have a higher prevalence of chronic conditions than younger ones but relatively low rates of acute conditions, almost half of which are respiratory. It is difficult to compare acute condition rates for older persons with those of younger persons, because only those acute conditions involving medical attention or restriction of usual activity are counted and older people in general tend to have higher levels of utilization and long term disability due to chronic conditions than younger people.

Table CD.IV.3

Incidence of acute conditions per 100 persons ages 65 years and over by selected demographic characteristic: United States, 1973

Demographic Characteristic	All acute conditions	Selected Acute Conditions		
		Infective and parasitic	Respiratory	Injuries
Rate per 100 persons ages 65 years and over				
Total	88.2	4.9	42.1	19.4
SEX				
Male-----	85.8	*	41.9	17.7
Female-----	89.9	*	42.2	20.6
REGION				
Northeast-----	86.8	*	40.7	17.7
North Central---	86.1	*	44.2	21.5
South-----	92.2	*	39.4	18.9
West-----	86.4	*	45.6	*
RESIDENCE				
Metropolitan----	81.7	5.9	35.2	19.7
Nonmetropolitan-	99.8	*	54.3	18.8

SOURCE: National Center for Health Statistics: Current Estimates from the Health Interview Survey. United States, 1973. Vital and Health Statistics. Series 10, No. 95, DHEW Pub. No (HRA) 75-1522; and unpublished data from the survey.

NOTE: Excluded from these statistics are all conditions involving neither restricted activity nor medical attention.

Among the most frequent chronic diseases of the aged are arthritis, vision and hearing impairments, heart conditions and hypertension. The prevalence rate for each of these is 20 percent or higher among people age 65 or older; almost 40 percent have arthritis which is the most frequently reported condition.

Prevalence rates are higher among the poor for each of the conditions except ulcers.

Women, who are on the average older, have higher rates of arthritis, diabetes, hypertension, back impairments and vision impairments than men while men have higher rates of asthma and chronic bronchitis, hernias, ulcers and hearing impairments.

Table CD.IV.4
Prevalence of selected chronic conditions reported in health interviews by selected demographic characteristics:
Persons 65 years and over, United States

Demographic characteristic	Arthri- tis (1969)	Asthma (1970)	Chronic bron- chitis (1970)	Diabe- tes (1973)	Heart condi- tions (1972)	Hernia of abdom- inal cavity (1968)	Hyper- tension (without heart involve- ment (1972)	Ulcer of stom- ach or duode- num (1968)	Impair- ment of back or spine (except paraly- sis) (1971)	Hearing impair- ments (1971)	Vision impair- ments (1971)
	Number per 1,000 persons 65 years and over										
Total ¹ -----	380.3	35.8	41.2	78.5	198.7	58.8	199.4	29.0	67.1	294.3	204.6
Sex											
Male-----	287.0	42.3	47.3	60.3	199.3	80.9	141.2	38.4	54.6	338.2	183.1
Female-----	450.1	31.1	36.6	91.3	198.3	42.2	240.9	22.0	76.3	262.1	220.4
Color											
White-----	376.3	35.2	42.5	75.9	200.0	61.0	194.6	29.8	65.8	299.4	200.9
All other-----	424.8	42.9	26.0	104.5	185.2	33.9	248.7	*	81.9	237.5	245.7
Region											
Northeast-----	351.2	26.5	39.6	74.9	192.9	48.4	186.0	27.3	59.2	244.0	182.8
North Central-----	371.4	34.3	37.8	79.9	187.6	68.8	192.8	22.3	59.2	293.5	187.5
South-----	414.4	43.8	45.5	83.5	212.6	61.2	226.8	29.8	75.4	327.5	249.5
West-----	381.5	39.1	41.2	71.8	200.6	51.6	179.0	46.0	77.9	312.8	181.4
Residence											
Metropolitan-----	364.4	30.3	42.0	79.3	192.3	55.4	196.2	27.3	62.0	265.6	193.0
Nonmetropolitan---	405.0	44.8	39.8	76.9	208.9	64.1	204.4	31.6	74.7	337.3	221.9
Family income											
Under \$5,000-----	411.7	41.4	45.4	82.0	219.0	65.6	216.1	27.4	78.7	323.0	232.0
\$5,000-\$9,999-----	353.3	32.6	37.2	76.1	190.0	51.4	179.5	34.7	57.3	271.6	163.2
\$10,000-\$14,999---	310.9	*	27.4	81.1	158.9	43.8	192.6	30.6	39.3	247.3	181.3
\$15,000 and over--	300.8	*	40.7	62.7	174.8		161.4		48.5	259.2	169.2

¹Includes unknown income.

Source: National Center for Health Statistics: Selected reports from the Health Interview Survey, Vital and Health Statistics, Series 10.

The impact of the chronic conditions varies markedly. For example, only 23 percent of the 7 million aged persons with reported arthritis reported that it caused any limitation of activity and only 3 percent reported more than two weeks of bed disability due to arthritis.

Approximately equal numbers of people were reported to have heart conditions and hypertensive disease without heart involvement. Yet four times as many with heart conditions reported limitation of activity, eight times as many reported that they had been hospitalized and nine times as many reported more than two weeks of bed disability during the year.

Table CD.IV.5 Prevalence of selected chronic conditions reported in health interviews and selected measures of impact: Persons ages 65 years and over, United States

Prevalence and Impact of Condition	Arthritis (1969)	Asthma (1970)	Chronic Bronchitis (1970)	Diabetes (1973)	Heart Conditions (1972)	Hyper-tensive ^{1/} Disease (1972)
Number of conditions (in thousands)	7,095	681	782	1,589	3,959	3,972
Number per 1,000 persons	380.3	35.8	41.2	78.5	198.7	199.4
Percent of Conditions						
Causing Activity Limitation	23.3	26.6	9.3	34.2	51.8	12.3
With Doctor Visit in Past Year	42.5	51.8	59.6	81.5	81.0	81.7
Ever Hospitalized	6.8	20.7	15.9	26.5	45.8	5.9
Under Medical Treatment	40.6	51.7	28.0	79.7	77.4	70.5
With one or more bed days in past year	6.8	18.8	24.8	12.6	21.7	5.0
With 15 or more bed days in past year	3.0	*	6.9	4.4	11.4	1.3

^{1/} Without heart involvement.

Source: National Center for Health Statistics: Selected reports from the Health Interview Survey, Vital and Health Statistics, Series 10, and unpublished data from the survey.

The greatest difference in short-term disability among the aged is between the white and other aged persons, with the white population reporting only half as many bed disability days per person relative to the remainder of the population. Women in this age group report more short-term disability than do men, but this is due to some extent to the fact that since women live longer, women in this age group are older than are the men. Differences by family income are not as marked in this age group as in the younger ages, although the poor still report more total restricted activity days than do the not poor.

Table CD.IV.6

Number of disability days per person per year for persons ages 65 years and over, by selected demographic characteristics: United States, 1973

Demographic characteristic	Restricted activity days	Bed disability days	Work loss days
Days per person ages 65 and over			
Total -----	33.5	13.1	6.2
Sex			
Male -----	29.9	11.7	6.8
Female -----	36.0	14.1	5.2
Color			
White -----	31.7	12.1	6.0
All other -----	52.1	23.1	*
Region			
Northeast -----	24.9	11.6	7.0
North Central -----	30.4	11.8	3.8
South -----	43.6	16.8	7.8
West -----	33.2	10.5	*
Residence			
Metropolitan -----	31.1	13.0	6.0
Nonmetropolitan -----	37.7	13.3	6.5
Family Income			
Under \$5,000 -----	39.2	14.1	7.0
\$5,000-\$9,999 -----	28.0	11.5	4.8
\$10,000-\$14,999 -----	28.0	12.5	*
\$15,000 and over -----	28.4	14.0	*

Source: National Center for Health Statistics: Current Estimates from the Health Interview Survey, 1973. Vital and Health Statistics, Series 10, No. 95; and unpublished data.

One of the major indicators of the long-term impact of chronic illness is limitation of mobility. Approximately 3.4 million persons or 17.6 percent of the aged, noninstitutionalized population have some degree of mobility limitation with about one-third of them confined to the house because of their illnesses, another third needing the help of a special aid or another person to get around and the remainder having difficulty getting around alone. This is in addition to about 960,000 aged persons in nursing homes, most of whom have some degree of mobility limitation. The major causes of mobility limitation among the aged are arthritis and rheumatism, impairment of the lower extremities, heart conditions and stroke.

Table CD.IV.7

Percent of persons ages 65 years and over with limitation of mobility by selected demographic characteristics: United States, 1972

Demographic characteristic	Population ages 65 years and over (1,000's)	With limitation of mobility			
		Total	Confined to the house	Needs help in getting around	Has trouble getting around alone
Percent of population ages 65 years and over					
Total ^{1/} -----	19,924	17.6	5.2	6.7	5.8
Sex					
Male -----	8,301	16.2	4.9	6.0	5.4
Female -----	11,623	18.6	5.3	7.2	6.1
Color					
White -----	18,174	17.0	4.9	6.5	5.6
All other -----	1,749	23.7	7.7	8.3	7.7
Region					
Northeast -----	5,184	16.5	5.9	6.0	4.5
North Central -----	5,507	15.8	3.7	6.9	5.2
South -----	6,137	21.2	6.4	7.0	7.8
West -----	3,095	15.5	4.0	6.6	4.8
Residence					
Metropolitan -----	12,207	16.4	5.3	6.1	5.0
Nonmetropolitan -----	7,716	19.5	4.9	7.5	7.1
Family Income					
Under \$5,000 -----	10,769	20.2	6.0	7.5	6.7
\$5,000-\$9,999 -----	4,580	14.7	4.2	5.2	5.2
\$10,000-\$14,999 -----	1,542	14.9	4.3	6.2	4.5
\$15,000 and over -----	1,499	14.9	3.7	7.2	4.0

^{1/} includes unknown income.

Source: National Center for Health Statistics: Limitation of Activity and Mobility Due to Chronic Conditions, United States - 1972. Vital and Health Statistics, Series 10, No. 96. DHEW Pub. No. (HRA) 75-1523.

Utilization of Services

Over three-fourths of the aged population have seen a physician within a year. On the average people in this age group see a doctor 6.5 times during the year. The white aged have fewer physician contacts during the year than do all other aged in contrast to the white children who have more visits than other children. These differences reflect the different nature of physician visits for the young and the old, with more of the visits for the young being of an optional nature or related to less serious acute illness, while doctor visits for the aged are more frequently for more serious chronic diseases. One of the lowest rates of physician visits among the aged are for the nonmetropolitan residents. While this lower level of physician contacts may be due in part to the lower level of physician accessibility in the rural areas, it might also be because of selective migration of ill, aged persons out of the rural areas. The aged tend to use emergency room care less than do other age groups and to use physicians' offices more. Outpatient clinics are still a major source of care for the older minority person.

Table CD.IV.8

Number of physician visits per person per year and percent of population with one or more visits in past year by selected demographic characteristic: Persons ages 65 years and over, United States, 1973

Demographic characteristic	Number of visits per person per year	Percent with physician visit in past year
Total ^{1/} -----	6.5	76.5
SEX		
Male-----	6.1	72.5
Female-----	6.9	79.4
COLOR		
White-----	6.5	76.7
All Other-----	7.0	75.3
REGION		
Northeast-----	6.8	77.4
North Central-----	6.6	75.4
South-----	6.0	76.4
West-----	7.1	77.5
RESIDENCE		
Metropolitan-----	7.0	77.5
Nonmetropolitan-----	5.8	74.8
FAMILY INCOME		
Under \$5000-----	6.6	75.7
\$5,000-\$9,999-----	6.5	77.0
\$10,000-\$14,999-----	7.5	79.5
\$15,000 and over-----	6.7	81.4

^{1/}Includes unknown income.

SOURCE: National Center for Health Statistics: Unpublished Data from the Health Interview Survey.

Visits to the patient's home are more common for the aged than for any other age group but they still account for only 4 percent of the physician contacts except in the Northeast where 8 percent of the contacts are home visits.

Office visits are the most frequent means of seeing a physician for the aged just as they are for the younger population. Three-quarters of all outpatients visits are in the physicians office, and the hospital outpatient clinic is an important service for the minority aged.

Table CD.IV.9

Physician visits by place of visit by selected demographic characteristic:
Persons ages 65 years and over, United States, 1973

Demographic Characteristic	Total visits ^{2/} (in 1,000's)	Office	Hospital Outpatient Clinic	Hospital Emergency Room	Tele- phone	Home
		Percent Distribution				
Total ^{1/} -----	132,501	75.1	6.9	1.4	9.4	4.4
SEX						
Male-----	50,835	76.4	7.5	1.1	8.0	3.2
Female-----	81,667	74.2	6.6	1.6	10.3	5.1
COLOR						
White-----	119,972	75.9	5.9	1.3	9.6	4.5
All Other-----	12,529	66.9	17.0	*	7.9	*
REGION						
Northeast-----	34,971	72.3	6.4	*	8.5	8.2
North Central----	37,432	73.8	7.9	*	11.0	4.4
South-----	37,599	75.1	6.3	*	10.2	3.3
West-----	22,500	81.5	7.2	*	6.8	*
RESIDENCE						
Metropolitan-----	90,457	72.8	7.4	1.5	10.0	4.9
Nonmetropolitan--	42,045	79.9	6.0	*	8.1	3.3
FAMILY INCOME						
Under \$5000-----	63,660	76.4	6.9	1.4	9.4	4.2
\$5,000-\$9,999----	33,364	77.2	5.4	*	9.7	3.8
\$10,000-\$14,999--	13,875	63.8	10.9	*	10.3	5.2
\$15,000 and over-	11,674	69.7	8.5	*	8.5	6.8

^{1/}Includes unknown income. ^{2/}Includes all other places of visits.

SOURCE: National Center for Health Statistics: Unpublished data
from the Health Interview Survey.

Prior to the enactment of the Medicare program the aged poor had fewer physician visits per person per year than did the not poor. In 1973 the aged poor still reported fewer visits but the differences had decreased, with the poor having more visits than they did prior to Medicare and the not poor reporting fewer visits than in the earlier period. The proportion who had not seen a physician decreased for both categories but in 1973 was still higher for the poor than the not poor.

Table CD.IV.10

Number of physician visits per person per year and percent of the population with no physician visits in the past 2 years by poor and not poor status, and color for persons 65 years and over: United States, 1964 and 1973

Age and Year	Total		White		All Other	
	Poor	Not Poor	Poor	Not Poor	Poor	Not Poor
65 years and over	Number of physician visits per person per year					
1964 -----	6.0	7.3	6.2	7.3	4.9	6.5
1973 -----	6.5	6.9	6.4	6.8	7.0	8.6
65 years and over	Percent with no physician visits in past 2 years					
1964 -----	24.0	18.7	23.8	18.3	25.8	26.3
1973 -----	18.0	14.5	17.7	14.5	19.7	14.1

NOTE: Definition of poor is based on family income: Under \$3,000 in 1964
Under \$6,000 in 1973

In each case, this included about 1/5 of the population.

SOURCE: National Center for Health Statistics: Unpublished Data from the Health Interview Survey.

About 17 percent of the 20 million aged noninstitutionalized population had been hospitalized in a short-stay hospital during the year. This is certainly an underestimate of the number of persons hospitalized in this age group where death rates are high and 5 percent of the population are residents of institutions.

Table CD.IV.11

Number and percent distribution of persons 65 years and over with short-stay hospital episodes during the past year by number of episodes, according to sex; United States, based on data collected in health interviews in 1973

Sex	Population	Number of hospital episodes				
		Total	None	1	2	3+
	Number of persons (in 1000's)		Percent distribution			
Both sexes---	20,253	100.0	83.2	13.0	2.8	1.0
Male -----	8,386	100.0	82.4	13.3	3.2	1.0
Female -----	11,867	100.0	83.7	12.8	2.5	1.0

Note:

Data are based on household interviews of the civilian, noninstitutionalized population and thus exclude persons discharged to long-term institutions or by death.

Source: National Center for Health Statistics: Current Estimates from the Health Interview Survey, United States, 1973, Vital and Health Statistics, Series 10, No. 95. DHEW Pub. No. (HRA) 75-1522.

Persons aged 65 and older utilize short-stay hospitals more frequently in the North Central than in any other region. Because of the high utilization rate they have more days of care per 1,000 persons in that region than in any other.

The utilization rate is relatively low in the Northeast but the aged person once hospitalized remains in the hospital longer there than in any other region.

Table CD.IV.12

Discharges from short-stay hospitals, days of hospital care, and average length of stay for persons ages 65 years and over by geographic region: United States, 1973

Geographic Region	Persons 65 years and over		
	Number of discharges per 1,000 population	Number of days of care per 1,000 population	Average length of stay in days
Total	350	4228	12.1
Northeast-----	312	4457	14.3
North Central-----	379	4710	12.4
South-----	361	4001	11.1
West-----	335	3445	10.3

Source: National Center for Health Statistics: Unpublished data from the Hospital Discharge Survey and the Health Interview Survey.

There were 342 discharges from short-stay hospitals and 4,136 days of care in these hospitals per 1,000 persons aged 65 and older. The leading cause of hospitalization was diseases of the circulatory system a category which includes heart conditions, hypertension, and cerebrovascular disease. Neoplasms, where the average length of stay was over two weeks, accounted for more than 500 days per 1,000 persons. Diseases of the digestive system and accidents, poisonings and violence (the majority of which were fractures) were each responsible for more than 400 days per 1,000 persons.

Table CD.IV.13

Discharges from short-stay hospitals, days of hospital care, and average length of stay for persons ages 65 years and over by ten leading classes of diagnosis: United States, 1973

Diagnostic category and ICDA code	Persons 65 years and over		
	Number of discharges per 1,000 population	Number of days per 1,000 population	Average length of stay in days
All conditions-----	341.8	4136.4	12.1
Neoplasms----- 140-239	35.8	521.6	14.6
Endocrine, nutritional, and metabolic diseases----- 240-279	12.2	158.0	13.0
Mental disorders----- 290-315	7.2	103.6	14.4
Diseases of the nervous system and sense organs----- 320-389	18.1	140.8	7.8
Diseases of the circulatory system----- 390-458	102.2	1306.8	12.8
Diseases of the respiratory system----- 460-519	30.9	337.9	10.9
Diseases of the digestive system----- 520-577	45.7	487.9	10.7
Diseases of the genitourinary system--- 580-629	26.7	278.7	10.4
Diseases of the musculoskeletal system and connective tissue----- 710-738	14.9	195.9	13.1
Accidents, poisonings, and violence---- 800-999	29.2	410.4	14.1
All others-----	18.8	194.8	10.4

Source: National Center for Health Statistics: Utilization of Short-Stay Hospitals by Diagnosis: United States, 1973. Monthly Vital Statistics Report, Vol. 24, No. 3, Supplement.

Between 1964 and 1973 the rate of hospitalization increased by almost 40 percent for the poor and by 16 percent for the not poor aged population. The rates which were higher for the not poor in 1964 were higher for the poor in 1973 with the greatest increase recorded for the poor white population.

Table CD.IV.14

Number of discharges from short-stay hospitals per 1,000 persons per year and average length of stay by income status and color for persons ages 65 years and over: United States, 1964 and 1973

Year	Total		White		All Other	
	Poor	Not Poor	Poor	Not Poor	Poor	Not Poor
Number of discharges per 1,000 population						
Ages 65 years and over						
1964-----	179	202	179	203	187	181
1973-----	248	234	255	234	194	222
Average length of stay in days						
Ages 65 years and over						
1964-----	12.3	11.9	12.4	11.7	11.8	15.7
1973-----	12.5	11.6	12.5	11.2	12.8	19.3

Note: Definition of poor is based on family income: under \$3,000 in 1964
under \$6,000 in 1973.

In each case this included about 1/5 of the population.

Source: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

About 5 percent of the U. S. population age 65 and over resided in nursing homes in 1973-1974. The nursing home population is composed primarily of the very elderly: 74 percent are 75 years old or older. A greater proportion of nursing home residents are female than male, white than other races, and widowed than any other marital status. A somewhat greater proportion of residents are in homes located in the North Central region (34%) than in any other region.

Table CD.IV.15

Number and percent distribution of nursing home residents by age, according to selected demographic characteristic: United States 1973-74

Demographic characteristic	Total	Age			
		Under 65 ^{1/} years	65-74 years	75-84 years	85 years and over
Number of residents ---	1,074,500	114,200	162,900	384,400	413,000
Percent distribution					
Total -----	100.0	100.0	100.0	100.0	100.0
SEX					
Male -----	29.6	45.8	40.0	26.6	23.8
Female -----	70.4	54.2	60.0	73.4	76.2
MARITAL STATUS					
Married -----	12.4	14.5	18.4	14.2	7.8
Widowed -----	63.9	17.5	46.1	68.4	79.5
Divorced/Separated --	4.7	15.6	9.9	3.0	1.2
Never married -----	19.0	52.4	25.6	14.3	11.5
RACE/ETHNICITY					
White -----	93.9	86.7	90.2	95.1	96.3
Black -----	4.6	10.2	7.5	3.5	2.9
Spanish-American ----	1.1	2.3	1.9	1.0	0.6
Other -----	0.4	*	*	0.5	*
REGION					
Northeast -----	21.9	16.3	20.9	23.3	22.6
North Central -----	34.2	34.7	33.9	33.3	35.1
South -----	25.9	27.7	28.3	26.5	23.8
West -----	17.9	21.3	16.8	16.8	18.5

^{1/} Of the 10.6 percent of residents under age 65, 5.8 percent are aged 55-64, 2.6 percent are aged 45-54, and 2.2 percent are under age 45.

SOURCE: National Center for Health Statistics: unpublished provisional data from the 1973-74 Nursing Home Survey.

About 38 percent of nursing home residents lived in a private residence immediately before entering the home; another 35 percent were transferred from a general or short-stay hospital. The percentage of persons coming to nursing homes from mental hospitals or other long-term specialty hospitals is considerably larger among persons under 65 years old than in the older ages, although the differences in absolute numbers are not quite so dramatic.

Table CD.IV.16 Number and percent distribution of nursing home residents by prior living arrangements, according to sex and age: United States, 1973-74

Sex and age	All arrangements		In institutions or group quarters				In private residence				Prior living arrangements unknown
	Number of residents	Total	Another nursing home or related facility	Mental hosp. or other specialty hospital	General or short-stay hospital	Boarding home or other place	Total	Alone	With others	Unknown if with others	
			Percent distribution								
All residents -----	1,074,500	100.0	13.9	7.9	34.8	2.2	37.5	11.9	21.6	4.0	3.8
Sex											
Male -----	317,800	100.0	14.3	12.0	34.1	3.2	32.9	9.0	20.8	3.1	3.5
Female -----	756,600	100.0	13.7	6.1	35.1	1.8	39.4	13.1	21.9	4.4	3.9
Age											
Under 65 years -----	114,200	100.0	17.0	27.6	25.7	3.3	23.2	2.7	18.6	1.9	3.2
65-74 years -----	162,900	100.0	13.8	14.2	34.9	2.7	31.2	8.7	19.2	3.3	3.2
75-84 years -----	384,400	100.0	13.2	5.3	36.3	2.2	39.4	13.0	22.1	4.3	3.7
85 years and over -----	413,000	100.0	13.8	2.3	35.8	1.7	42.0	14.7	22.8	4.6	4.3

SOURCE: National Center for Health Statistics: unpublished provisional data from the 1973-74 Nursing Home Survey.

Hardening of the arteries is the most frequent primary diagnosis (23%) at last examination among residents of nursing homes, followed by senility, stroke and mental disorders. Conditions of the circulatory system such as heart attack, stroke and hardening of the arteries account for 33 percent of primary diagnoses. Among persons under 65 years of age, the most frequent primary diagnosis (37%) is mental disorders. On the other hand, hardening of the arteries and senility are the most frequent primary diagnoses for those over 65.

Table CD.IV.17 Number and percent distribution of nursing home residents by age according to primary diagnosis at last examination: United States, 1973-74

Primary Diagnosis at Last Examination	All Ages	Under 65 Years	65-74 Years	75-84 Years	85 Years and over
All Diagnoses	1,074,500	114,200	162,900	384,400	413,000
	Percent distribution				
TOTAL	100.0	100.0	100.0	100.0	100.0
Senility, old age and ill-defined conditions	13.6	2.1	8.5	14.1	18.5
Heart attack	5.2	1.0	4.1	5.5	6.4
Stroke	10.5	9.4	13.8	12.1	8.2
Hardening of arteries	22.5	3.7	15.2	23.7	29.4
Other diseases of circulatory system	3.7	2.0	3.1	4.0	4.0
Accidents, poisonings and violence	4.6	4.0	3.6	4.6	5.1
Mental disorders	9.6	37.4	16.6	6.2	2.3
Diseases of the musculoskeletal system and connective tissue	6.8	4.8	5.9	7.1	7.4
Endocrine, nutritional and metabolic diseases	4.5	4.4	6.0	4.7	3.7
Diseases of the respiratory system	2.1	2.0	3.3	2.3	1.4
Neoplasms	2.4	2.8	2.9	2.4	2.1
Diseases of the nervous system and sense organs	5.8	14.9	7.7	4.8	3.5
Diseases of the digestive system	1.9	2.0	1.9	1.8	2.0
Diseases of the genitourinary system	1.5	*	1.4	1.7	1.5
Other	4.5	8.6	5.1	4.2	3.5
Don't know diagnosis	0.9	*	0.9	0.9	1.0

Source: National Center for Health Statistics, unpublished provisional data from the 1973-74 Nursing Home Survey.

Over half the nursing home residents can read ordinary newspaper print including those who do and those who do not wear glasses or contact lenses to correct deficiencies. About one-fourth have trouble reading print even with corrective lenses and about 3 percent are blind.

About two-thirds can hear a conversation on an ordinary telephone without a hearing aid and 28 percent have difficulty but do not use a hearing aid. Only 4 percent of all the residents use hearing aids at all and one percent are completely deaf.

Three-quarters of the residents are reported to have no speech impairment. The proportion with impaired speech is higher among younger (under 65) than older residents.

Table CD.IV.18 Number and percent distribution of nursing home residents by age according to visual, auditory, and speech status: United States, 1973-74

Visual, Auditory, and Speech Status	All Ages	Under 65 Years	65-74 Years	75-84 Years	85 Years and over
Number of Residents	1,074,500	114,200	162,900	384,400	413,000
	Percent distribution				
TOTAL	100.0	100.0	100.0	100.0	100.0
VISUAL STATUS					
Sight unimpaired, does not use glasses ^{1/}	19.0	48.0	27.9	15.1	11.0
Sight unimpaired, uses glasses ^{1/}	34.5	22.6	34.4	38.7	33.9
Sight impaired, does not use glasses	16.4	14.9	15.7	15.2	18.3
Sight impaired, uses glasses	27.3	11.8	19.4	28.7	33.3
Sight completely lost	2.8	2.7	2.6	2.3	3.5
AUDITORY STATUS					
Hearing unimpaired, does not use hearing aid ^{2/}	66.5	87.8	79.4	68.8	53.4
Hearing unimpaired, uses hearing aid ^{2/}	1.3	*	0.9	1.2	1.8
Hearing impaired, does not use hearing aid	28.3	10.2	17.8	26.9	38.8
Hearing impaired, uses hearing aid	2.9	*	1.1	2.4	4.6
Hearing completely lost	1.0	*	*	0.7	1.4
SPEECH STATUS					
Speech not impaired	74.3	58.6	70.7	76.2	78.2
Speech impaired	22.8	33.7	25.5	21.3	20.0
Speech completely lost	3.0	7.6	3.8	2.5	1.8

^{1/} Can read ordinary newspaper print does not use glasses.

^{2/} Can hear conversation on ordinary telephone.

Source: National Center for Health Statistics, unpublished provisional data from the 1973-74 Nursing Home Survey.

Sixty percent of all nursing home residents had been examined by a physician less than a month prior to the survey date, and another 17 percent from 1-2 months prior to the survey date. A somewhat greater proportion of residents who had been in the home less than six months had a physician visit in the last month (71%) than of persons who had resided in the home for a longer period of time. About 9 percent of the residents who had been in the homes for a year or more had not been examined by a physician for at least a year.

Table CD.IV.19 Numbers and percent distribution of nursing home residents by length of time since current admission according to interval since last saw physician: United States, 1973-74

Interval since last saw physician	All residents	Length of stay since current admission				
		Under 6 months	6 months-1 year	1-3 years	3-5 years	5 years or more
Number of residents -----	1,074,500	258,800	155,500	357,200	149,600	153,400
		Percent distribution				
All intervals -----	100.0	100.0	100.0	100.0	100.0	100.0
Less than 1 month -----	60.1	70.6	63.1	56.8	55.1	52.1
1-2 months -----	16.8	13.8	17.3	17.8	18.4	17.4
3-5 months -----	11.9	6.2	12.8	12.9	14.2	15.8
6 months-1 year -----	3.2	...	4.7	3.9	3.6	5.2
1 year or more -----	4.7	...	...	7.3	7.5	8.3
Not since admission -----	3.4	9.3	2.2	1.4	1.3	1.2

SOURCE: National Center for Health Statistics:
Provisional data from the 1973-74 Nursing Home Survey.

About 41 percent of nursing home residents receive intensive nursing care, which refers to catheterizations, full bed baths, intravenous feeding, and the like. The next largest category of persons (32%) are those who receive routine nursing care such as blood pressure readings.

Table CD.IV.20

Number and percent distribution of nursing home residents by age and sex according to level of nursing care received: United States, 1973-74

Level of nursing care received ^{1/}	All residents	Age				Sex	
		Under 65 years	65-74 years	75-84 years	85 years and over	Male	Female
Number of residents -----	1,074,500	114,200	162,900	384,400	413,000	317,800	756,600
		Percent distribution					
ALL LEVELS-----	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Intensive nursing care -----	41.0	35.5	37.0	41.1	44.1	37.6	42.5
Limited nursing care -----	9.8	9.5	11.0	10.2	9.1	10.1	9.7
Routine nursing care -----	32.3	30.0	33.8	33.2	31.5	33.6	31.7
Personal nursing care -----	16.0	24.1	17.1	14.5	14.7	17.5	15.4
No nursing care -----	0.9	*	1.0	1.0	0.6	1.1	0.8

^{1/} Intensive nursing care includes: full bed bath, catheterization, oxygen therapy, intravenous injections, tube feeding, or bowel/bladder training; limited nursing care includes sterile dressings, irrigation, or hypodermic injections; routine nursing care includes enemas, blood pressures, and temperature, pulse, or respiration checks; and personal nursing care includes a rub or massage, a special diet, medication or other treatment, or assistance in personal hygiene or eating. A resident receiving multiple types of services, was classified at the higher level of nursing care.

SOURCE: National Center for Health Statistics: unpublished provisional data from the 1973-74 Nursing Home Survey.

Few residents of nursing homes receive any type of therapy service. Only 15 percent receive recreational therapy, 10 percent receive physical therapy and 6 percent receive occupational therapy. These data do not show, however, the proportion of residents who could benefit by these services.

Table CD.IV.21

Number and percent of nursing home residents receiving types of therapy by age and sex: United States, 1973-74

Type of therapy received	All residents	Age				Sex	
		Under 65 years	65-74 years	75-84 years	85 years and over	Male	Female
Number of residents -----	1,074,500	114,200	162,900	384,400	413,000	317,800	756,600
		Percent receiving therapy ^{1/}					
Physical therapy -----	9.9	11.2	13.4	10.6	7.5	9.5	10.1
Recreational therapy -----	15.2	17.0	17.3	15.3	13.8	14.1	15.7
Occupational therapy -----	5.7	8.6	6.7	5.7	4.4	5.1	5.9
Speech therapy -----	0.5	1.4	1.0	*	*	0.6	0.4
Professional counseling --	8.0	11.7	9.3	7.6	7.0	8.7	7.8

^{1/} Percentages do not add to 100.0 because residents may receive more than one type of therapy.

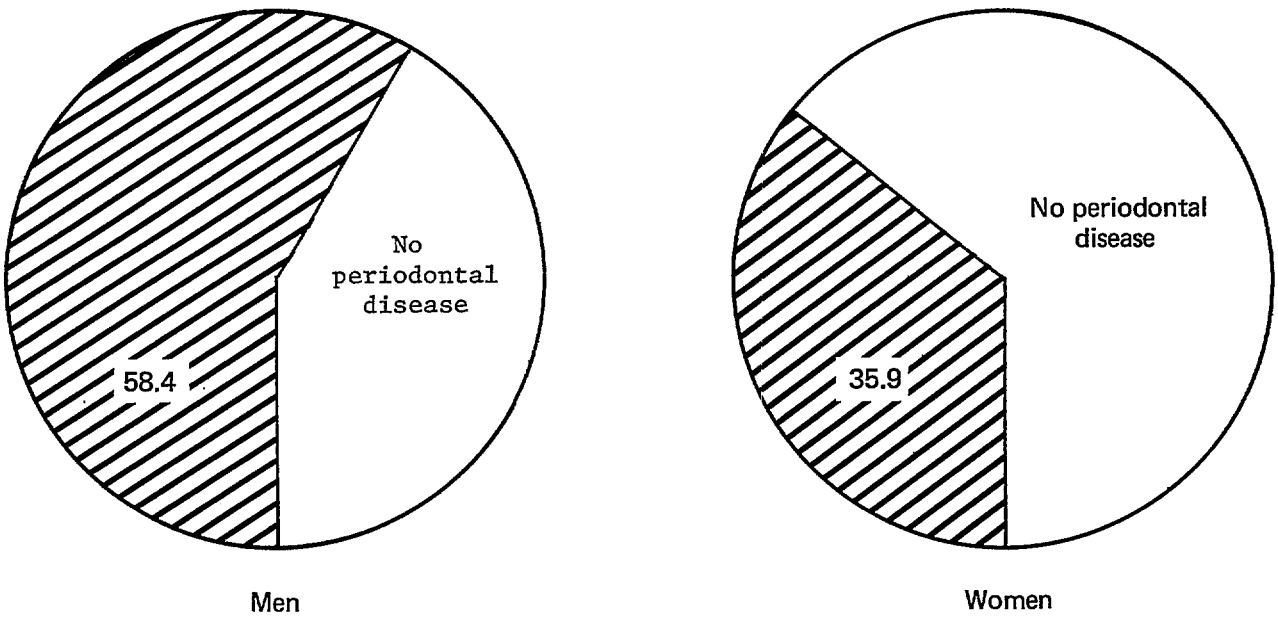
SOURCE: National Center for Health Statistics:
Provisional data from the 1973-74 Nursing Home Survey.

Dental Morbidity

Destructive periodontal disease becomes increasingly prevalent, especially among men, with advancing age. During the later years of life, it is the leading cause of tooth loss.

Table CD.22
PREVALENCE OF DESTRUCTIVE PERIODONTAL DISEASE¹
AT AGES 65-79, BY SEX: UNITED STATES, 1960-62

65-79 YEARS OF AGE



¹ Among persons with one or more natural teeth.

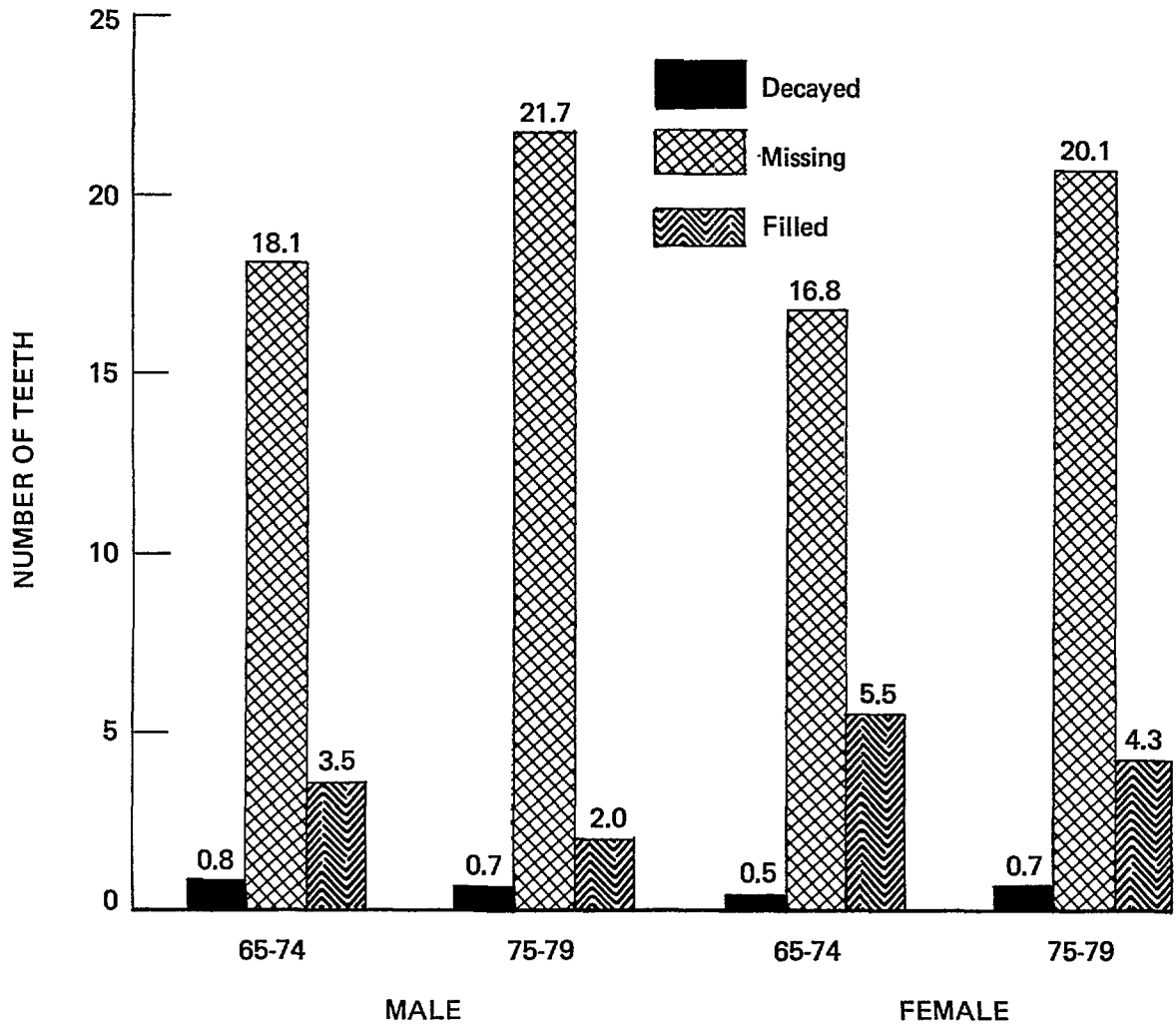
Source: National Center for Health Statistics: Selected Dental Findings in Adults by Age, Race, and Sex, United States, 1960-1962. Vital and Health Statistics. PHS Pub. No. 1000, Series 11, No. 7.

Only about half of the adults 55-74 years of age have any of their natural teeth left.

Among those who still have some, the average number of missing teeth is about 15.

Table CD.IV.23

AVERAGE NUMBER OF DECAYED TEETH, MISSING TEETH, AND FILLED TEETH AMONG DENTULOUS ADULTS AGES 65-79 YEARS, BY SEX AND SPECIFIED AGE GROUP: UNITED STATES, 1960-62

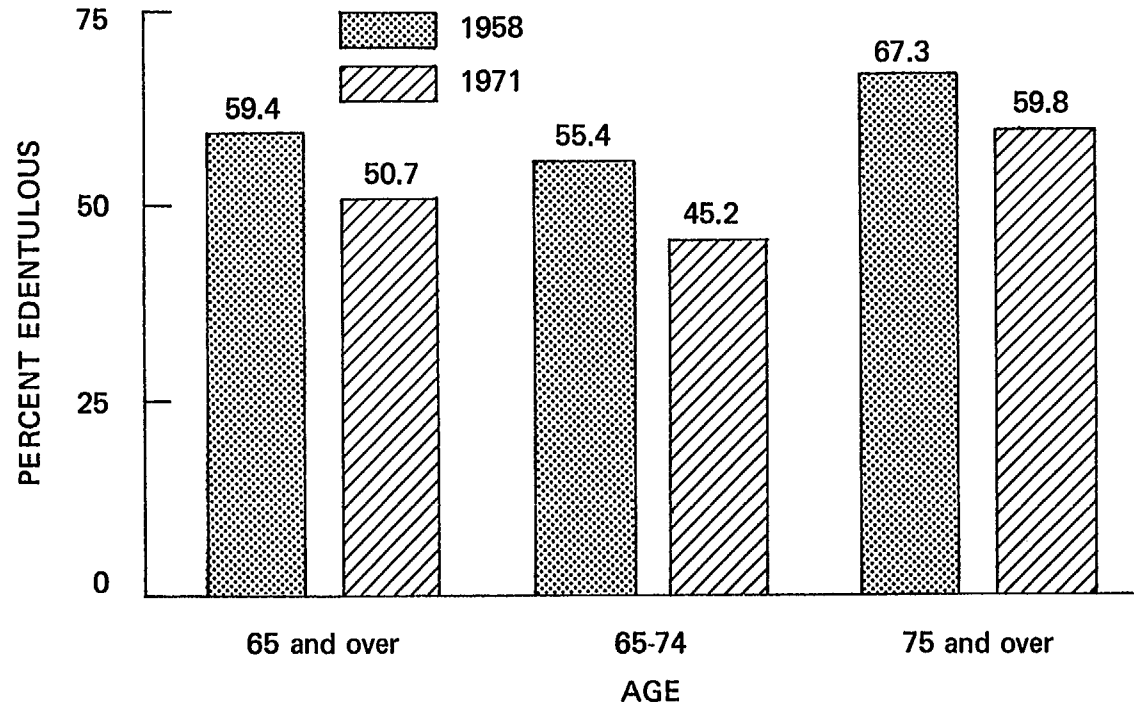


Source: National Center for Health Statistics: Decayed, Missing, and Filled Teeth in Adults, United States, 1960-62. Vital and Health Statistics. PHS Pub. No. 1000-Series 11, No. 23

During the later years of life, many Americans continue to lose their teeth. The proportion that becomes toothless rises steadily with advancing age, but has decreased markedly over time.

Table CD.IV.24

PERCENT OF EDENTULOUS ADULTS AGES 65 AND OVER, BY SPECIFIED AGE GROUP: UNITED STATES, JULY 1957-JUNE 1958 AND 1971

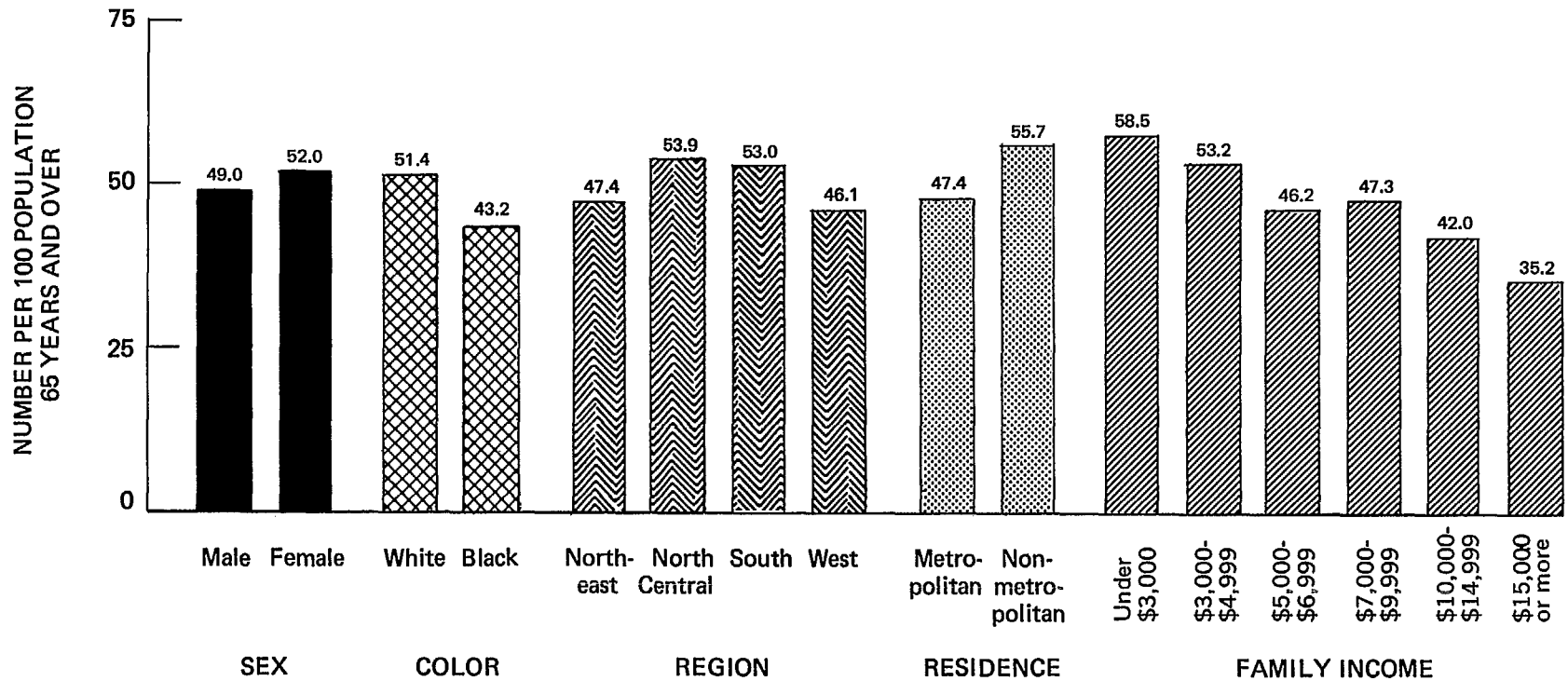


Source: National Center for Health Statistics: Edentulous Persons, United States, 1971. *Vital and Health Statistics*. Series 10, No. 89. DHEW Pub. No. (HRA) 75-1516.

The loss of all teeth is the most familiar dental problem of older Americans. Although a large proportion of most groups in the population become edentulous as they grow older, the prevalence of total tooth loss is highest among those who are the poorest.

Table CD.IV.25

NUMBER OF EDENTULOUS ADULTS PER 100 PERSONS AGES 65 YEARS AND OVER, BY SELECTED DEMOGRAPHIC CHARACTERISTICS: UNITED STATES, 1971



Source: National Center for Health Statistics: Edentulous Persons, United States, 1971. Vital and Health Statistics. Series 10, No. 89. DHEW pub. No. (HRA) 75-1516.

Index

<u>Subject</u>	<u>Table Number</u>
abortion, legal -----	CDI-20, CDI-21
abortion, method -----	CDI-20
accidents ----- see also acute conditions	CDI-60, CDII-8, CDII-9, CDII-36, CDIII-3, CDIII-4, CDIII-43, CDIII-44, CDIV-2, CDIV-13
acute conditions -----	CDI-31, CDII-25, CDII-26, CDIII-22, CDIII-25, CDIV-3
alcoholic drinking -----	CDIII-15, CDIII-16, CDIII-17, CDIII-18, CDIII-19
allied health occupations -----	BI-5
ambulatory care, see physician visits	
Apgar score -----	CDII-15
arteriosclerosis -----	CDI-60, CDIV-2
arthritis, see chronic conditions	
asthma ----- see also chronic conditions	CDIV-2
auditory perception -----	CDIV-18
birth control, see contraception	
birth control, see sterilization, sexual	
birth control pill -----	CDI-19
birth defects, see congenital anomalies	
births, expected -----	CDI-16

<u>Subject</u>	<u>Table Number</u>
births, live -----	CDI-13, CDII-4, CDII-6, CDII-10, CDII-11, CDII-14, CDII-15, CDII-16
birth order -----	CDII-5
birth rate -----	CDI-13, CDI-14, CDI-15
blood pressure -----	CDIII-10
body height -----	CDII-22
body weight -----	CDII-14, CDIII-6, CDIII-7, CDIII-8
bronchitis ----- see also chronic conditions	CDIV-2
cancer, see neoplasms	
cause of death -----	CDI-60, CDII-8, CDII-9, CDIII-3, CDIII-4, CDIV-2
cerebrovascular disease, see cause of death	
chiropractor -----	BI-21, BI-22, BI-23
chronic conditions -----	CDI-32, CDII-27, CDII-28, CDIII-23, CDIII-24, CDIII-26, CDIII-27, CDIV-4, CDIV-5
cirrhosis, liver, see cause of death	
city -----	CDII-12
communicable diseases ----- see also acute conditions	CDI-37, CDII-36
community mental health centers -----	CDI-65, CDI-66, CDI-68, CDI-71
congenital anomalies -----	CDI-60, CDII-8, CDII-9, CDII-16, CDII-36
contraception -----	CDI-19

<u>Subject</u>	<u>Table Number</u>
costs, see hospital costs; fees and charges	
counseling -----	CDIV-21
county -----	BI-11
death rate ----- see also cause of death	CDI-20, CDII-1, CDII-6, CDIII-14
death rate age adjusted -----	CDI-26, CDI-27, CDI-28, CDI-29
dentists, non-Federal -----	BI-15
dentist population ratio -----	BI-15
dentist visit -----	CDII-40, CDII-41, CDII-42, CDIII-51, CDIII-52
dependency ratio -----	CDI-7, CDI-11
diabetes ----- see also chronic conditions	CDI-60, CDIII-3, CDIII-4, CDIII-8, CDIV-2
digestive disorders -----	CDII-36, CDIII-43, CDIII-44, CDIV-13, CDIV-17
diphtheria-typhoid-pertussis -----	CDI-48
disability days ----- see also restricted activity days; work loss days	CDI-35, CDII-30, CDIII-28, CDIII-29, CDIV-6
disability, work -----	CDIII-20, CDIII-21
edentulous persons -----	CDIII-48, CDIII-49, CDIII-50, CDIV-24, CDIV-25
educational status -----	CDI-16, CDI-28, CDI-70, CDII-7

<u>Subject</u>	<u>Table Number</u>
education, medical -----	BI-10
education, nursing -----	BI-18
education, special -----	CDI-73, CDII-23
emergency room visits, see hospital emergency services	
employee per daily census, hospital -----	BII-8, BII-9
employee per daily census nursing home ---	BII-9
emphysema -----	CDIV-2
employment status -----	A-28
ethnic groups -----	BI-4, BI-5, CDI-73, CDII-21
expenditures, catastrophic health -----	A-22
expenditures, health -----	A-1, A-2, A-3, A-5, A-19, A-29, A-30
expenditures, health services -----	A-9, A-10, A-11
expenditures, personal health care -----	A-7, A-8, A-18, A-20, A-21
extended care facilities ----- see also nursing homes	BII-5, BII-6, BII-7, BII-9
facility, design and construction -----	A-30
fees and charges, nursing home -----	A-38
fees and charges, physician ----- see also medical care prices	A-43, A-44
fertility rate -----	CDI-11, CDI-13, CDI-14, CDII-12
fluoridation -----	CDI-49
foreign medical graduates -----	BI-10

<u>Subject</u>	<u>Table Number</u>
funding source, private -----	A-5, A-7, A-18, A-19, A-20, A-27
funding source, public -----	A-5, A-7, A-8, A-18, A-20
general practice -----	A-41, A-43, A-44
gestation period -----	CDI-20
gonorrhoea -----	CDI-37, CDI-38, CDI-39
graduates, dental -----	BI-14
graduates, medical -----	BI-21
group practice -----	A-42, A-44
gynecology -----	A-44
see also obstetrics	
health status -----	CDI-30, CDII-17, CDIII-1, CDIII-2, CDIV-1
health occupations -----	BI-1, BI-2, BI-4
hearing disorders -----	CDI-32, CDI-34, CDII-23, CDII-27, CDIII-23, CDIII-26, CDIV-4
heart disease, morbidity -----	CDIV-17
see also cause of death; chronic conditions	
hemoglobin values -----	CDII-19
hepatitis -----	CDI-37, CDI-43
home health agencies -----	BII-10, BII-11
home visit -----	CDI-52, CDII-32, CDIII-34, CDIII-35, CDIV-9
see also physician visits	

<u>Subject</u>	<u>Table Number</u>
homicide -----	CDII-8, CDII-9, CDIII-3, CDIII-4
hospital admissions -----	CDI-69
hospital based medical practice -----	BI-6, BI-7, BI-12
hospital bed capacity -----	BII-3
hospital beds, Federal -----	BII-3
hospital beds, non-Federal -----	BII-1, BII-2
hospital beds, nonprofit -----	BII-3
hospital beds, proprietary -----	BII-3
hospital beds, psychiatric -----	BII-1, BII-2, BII-3
hospital costs -----	A-34, A-35
hospital discharge -----	CDI-59, CDII-35, CDII-36, CDII-37, CDIII-39, CDIII-40, CDIII-41, CDIII-42, CDIII-43, CDIII-44, CDIV-12, CDIV-13, CDIV-14
hospital emergency service -----	CDI-52, CDII-32, CDIII-34, CDIII-35, CDIV-9
hospital employees -----	BII-9
hospital episodes -----	CDI-58, CDII-34, CDIII-38, CDIV-11
hospital, Federal -----	BII-1
hospital outpatient clinic -----	CDI-52, CDII-32, CDIII-34, CDIII-35, CDIV-9
hospital price inflation -----	A-34
hospital services -----	A-30, BII-4
hospitals, community -----	A-36, A-37
hospitals, psychiatric -----	CDI-61, CDI-62, CDI-63, CDI-64, CDI-65, CDI-66, CDI-67, CDI-68, CDI-69, CDI-70, CDI-71

<u>Subject</u>	<u>Table Number</u>
hospitals, special -----	BII-3, CDI-61, CDI-62, CDI-63, CDI-74
hospitals, short-stay -----	CDI-58, CDI-59, CDI-60, CDII-34, CDIII-38
hypertension mortality -----	CDIV-2
hypertension, see also chronic conditions	
immunization -----	CDI-45, CDI-46, CDI-47, CDI-48
income, dentists -----	A-45, A-46
income, family -----	A-21, A-22
income, physicians -----	A-40, A-42
infant mortality -----	CDII-1, CDII-2, CDII-3, CDII-4, CDII-5, CDII-6, CDII-7
influenza -----	CDII-8, CDII-9, CDIII-3, CDIII-4, CDIV-2
injuries, see acute conditions	
insurance, health -----	A-9, A-10, A-12, A-13, A-14, A-23, A-24, A-27, A-28
insurance, hospital -----	A-12, A-13, A-14, A-25, A-26
internal medicine -----	A-41, A-43, A-44
intrauterine device -----	CDI-19
iron deficiency -----	CDII-19

<u>Subject</u>	<u>Table Number</u>
legitimacy status -----	CDII-4, CDII-10, CDII-11
length of stay -----	CDII-35, CDII-36, CDII-37, CDIII-39, CDIII-40, CDIII-41, CDIII-42, CDIII-43, CDIII-44, CDIV-12, CDIV-13, CDIV-14, CDIV-19
life expectancy -----	CDI-22, CDI-23, CDI-24, CDI-25
liver cirrhosis, see cause of death	
measles -----	CDI-45
medicaid ----- see also public assistance	A-11, A-15, A-16, A-17, A-20, A-28, A-39
medical care prices -----	A-31, A-32, A-33
medicare ----- see also public assistance	A-11, A-20, A-39, BII-10, BII-11
mental disorders -----	CDIII-43, CDIII-44, CDIV-13, CDIV-17
mobility limitation -----	CDI-36, CDII-28, CDIII-24, CDIII-27, CDIII-30, CDIII-31, CDIV-5, CDIV-7
morbidity ratio -----	CDIII-8
mortality ----- see also cause of death; infant mortality	CDIII-16
mortality ratio -----	CDIII-8
mumps -----	CDI-37
neoplasms ----- see also cause of death	CDII-36, CDIII-15, CDIII-43, CDIII-44, CDIV-13, CDIV-17
neurological disorders -----	CDIII-43, CDIII-44, CDIV-13

<u>Subject</u>	<u>Table Number</u>
neurology -----	BI-7
nursing care -----	BII-11, CDIV-20
nursing home -----	A-38
nursing home residents -----	A-39, CDI-71, CDI-72, CDIV-15, CDIV-16, CDIV-17, CDIV-18, CDIV-19, CDIV-20, CDIV-21
nurse population ratio -----	BI-19, BI-20
nurses, practical -----	BI-20
nurses, registered -----	BI-16, BI-17, BI-18, BI-19
nutrition -----	CDII-18, CDII-20, CDII-21, CDIII-5, CDIII-6, CDIII-7
obstetrics-gynecology -----	A-41, A-43
occupational therapy -----	BII-11, CDIV-21
occupations, health, see health occupations	
office based medical practice -----	BI-6, BI-7, BI-12
office visit -----	A-43, A-44, CDI-57
see also physician visits	
opticians -----	BI-21, BI-22, BI-23
optometrists -----	BI-21, BI-22, BI-23
parasitic diseases, see communicable diseases; acute conditions	
pediatrics -----	A-41, A-43, A-44
periodontal disease -----	CDIII-45, CDIV-22

<u>Subject</u>	<u>Table Number</u>
pharmacists -----	BI-3, BI-21, BI-22, BI-23
physical examination -----	CDI-44
physical fitness -----	CDIII-9
physical therapy -----	BII-11, CDIV-21
physicians, Federal -----	BI-6
physician, full-time -----	BI-6, BI-7
physicians, non-Federal -----	BI-6, BI-12, BI-13
physician population ratio -----	BI-8, BI-11, BI-13, BI-23
physician visits -----	CDI-52, CDI-54, CDI-55, CDI-56, CDII-32, CDIII-32, CDIII-33, CDIII-34, CDIII-35, CDIII-36, CDIII-37, CDIV-5, CDIV-8, CDIV-9, CDIV-10, CDIV-19
physicians visit, number per year -----	CDI-50, CDI-51, CDII-31, CDII-33, CDIII-24, CDIII-27
pneumonia, see cause of death	
podiatrists -----	BI-21, BI-22, BI-23
poisonings -----	CDII-36, CDIII-43, CDIII-44, CDIV-13
poison control centers -----	BII-12
poliomyelitis -----	CDI-42, CDI-47
population -----	CDI-2, CDI-3, CDI-5, CD-6
population, civilian -----	CDI-1
population, dentists -----	BI-3
population institutionalized -----	BII-7, CDI-10, CDI-62, CDI-63, CDI-73, CDII-23
population, pharmacists -----	B-3

<u>Subject</u>	<u>Table Number</u>
population, physician -----	BI-3, BI-9
population projected -----	CDI-11, CDI-12
population, resident -----	CDI-1, CDI-4, CDI-7, CDI-8, CDI-9, CDI-10
population, school age -----	CDII-23
practice management, dental -----	A-46
pregnancy complications -----	CDII-13, CDIII-43, CDIII-44
prenatal care -----	CDII-11
private practice -----	A-42, A-44
psychiatry -----	A-41, BI-7
public assistance ----- see also funding source, public; medical assistance	A-9, A-10, A-15
radiological technologists -----	BI-21, BI-22, BI-23
residential facilities ----- see also extended care facilities; nursing homes	CDI-60, CDI-61, CDI-62, CDI-63, CDI-73, CDIV-16
respiratory diseases ----- see also tuberculosis; acute conditions	CDII-36, CDIII-43, CDIII-44, CDIV-13, CDIV-17
revenue per inpatient -----	A-36
restricted activity days -----	CDII-28, CDIII-24, CDIII-27, CDIV-5
revenue per outpatient -----	A-37
rubella ----- see also measles	CDI-46

<u>Subject</u>	<u>Table Number</u>
school loss days, see disability days	
services, dentists -----	A-7, A-19, CDII-42
services, physicians -----	A-7, A-19, CDI-56
services, psychiatric -----	CDI-65, CDI-66, CDI-67, CDI-68, CDI-69, CDI-70, CDI-71
smoking -----	CDII-24, CDIII-11, CDIII-12, CDIII-13, CDIII-14
specialities, dental -----	BI-14
specialities, medical -----	A-41, A-43, A-44, BI-7, BI-21, BI-22
specialities, nursing -----	BI-17
specialities, surgical -----	BI-7
speech disorders -----	CDII-23, CDIV-18
speech therapy -----	BII-11, CDIV-21
sterilization, sexual -----	CDI-17, CDI-18, CDI-19
stroke -----	CDIV-17
students, dental -----	BI-14
students, medical -----	BI-21
suicide -----	CDI-60, CDII-9, CDIII-3 CDIII-4
surgery -----	A-41, A-43, A-44
syphilis -----	CDI-37, CDI-38, CDI-40
teeth, decayed, missing, filled ----- see also edentulous persons	CDII-38, CDII-39, CDIII-46, CDIII-47, CDIV-23
Title 18, see medicare	

<u>Subject</u>	<u>Table Number</u>
Title 19, see medicaid	
tobacco consumption ----- see also smoking	CDIII-15
tuberculosis -----	CDI-41, CDI-74
uninsured population -----	A-25
venereal disease, see syphilis; gonorrhoea	
veterinarians -----	BI-21, BI-22
violence -----	CDII-9, CDII-36, CDIII-43, CDIII-44, CDIV-2, CDIV-13
vision disorders -----	CDI-32, CDII-27, CDIII-23, CDIII-26, CDIV-4
visiting nurse association -----	BII-10
visual acuity -----	CDI-33, CDII-29, CDIV-18
work loss days, see disability days	
x-ray examination, see physical examination	