

*Aged Beneficiaries of Old-Age and Survivors Insurance: Highlights on Health Insurance and Hospitalization Utilization, 1957 Survey**

DATA on health insurance ownership and use of hospitals were collected in the national survey of a sample of beneficiaries conducted by the Bureau of Old-Age and Survivors Insurance in the fall of 1957. The following highlights on ownership of hospitalization insurance or hospital-surgical insurance and on use of general hospitals by the aged persons in the surveyed families are from the preliminary tabulations.

An earlier article presented background information about the survey and provided data on the income of beneficiary groups.¹ As explained in that article, the survey itself omitted certain numerically small beneficiary types. In addition, the income tabulations did not include those beneficiary groups in which the beneficiary status of the spouse changed during the survey year because of death or separation or in which one member of a beneficiary couple was hospitalized for the full year. Since a review of hospital utilization is one of the purposes of the present article, those beneficiary couples in which one member had a full year of hospitalization have been included in these tabulations, as have the beneficiaries separated from their spouses during the survey year. Only the surviving members of beneficiary couples in which the spouse died during the survey year are included in the data. The exclusion of deceased spouses from these highlights follows from the exclusion from the survey itself of all beneficiaries who had died during the survey year. Thus the data reported in this article are concerned only with persons who survived the survey year.

*Prepared in the Division of Program Research, Office of the Commissioner.

¹ "Income of Old-Age and Survivors Insurance Beneficiaries: Highlights from Preliminary Data, 1957 Survey," *Social Security Bulletin*, August 1958.

In order to focus upon the aged portion of the beneficiary population, only those members of beneficiary groups who were aged 65 or over at the time of the survey are included in the data presented here. Since widowed mothers with entitled children are generally under age 65, they have been excluded as a group even though a few were aged 65 or over. Although it is true that women aged 62-64 became eligible for benefits for the first time during the survey year, the sampling procedure specified that beneficiaries to be included had to have received at least one benefit before October 1956. Thus, women aged 62-64 were excluded from the survey except for the newly eligible wives of beneficiaries already on the rolls. The few wives in this group have been excluded from the analysis since they could not be considered to be representative of all female beneficiaries—retired workers and widows—in this age group.

In analyzing health insurance ownership and hospital utilization, each member of a family unit must be treated separately so that the rates may be in terms of individuals. This treatment allows an examination of the data in terms of age-sex specific rates. In the tables presented here, all persons aged 65 or over who were in beneficiary groups of the types encompassed have been included even though some spouses may not have been in receipt of benefits.

Rates of ownership of health insurance and use of hospitals reveal significant relationships to age among those over age 65. The age distributions of the sample beneficiary population² are presented in table 1.

The beneficiary population aged 65 and over differs somewhat in age distribution from the general popu-

² Hereafter the sample beneficiary population will be designated as the beneficiary population.

lation aged 65 and over. In the beneficiary population the median age for men was 72.8 and for women it was 71.7; in the total aged population, the median ages were 71.9 for men and 72.4 for women. The percentage distributions of the different age groups are shown below for the two aged populations.

Sex and age	Beneficiary sample ¹	Total aged population ²
Male, aged 65 and over....	100.0	100.0
65-69.....	29.2	39.1
70-74.....	36.7	28.6
75-79.....	22.9	18.2
80 and over.....	11.2	14.1
Female, aged 65 and over....	100.0	100.0
65-69.....	38.1	36.3
70-74.....	36.0	28.3
75-79.....	18.1	19.3
80 and over.....	7.7	15.1

¹ At end of survey year.

² July 1, 1957.

Two reasons combine to account for the markedly smaller proportion of men aged 65-69 in the surveyed population than in the total population: (1) the age at which male workers start drawing old-age benefits has averaged well above 65 (between 68 and 69 in recent years); and (2) to be included in the survey, beneficiaries must have been entitled to benefits for a full year. The age distributions for women reflect the fact that many of the oldest women never had an opportunity to become beneficiaries. Not workers themselves, they were already widowed when the insurance system began or were wives (many of whom are now widowed) of men already out of the labor force or, if employed, not covered by the Social Security Act. Thus the proportion of women who are aged 80 and over in the beneficiary population was less than half that in the total population.

Table 1.—Percentage distribution of aged OASI beneficiaries in survey sample, by sex, marital status, and age, 1957 survey year ¹

Age	Total	Male			Female			
		Total	Single	Married	Total	Single	Married	Widowed
Number in sample aged 65 and over ²	5,365	2,679	856	1,823	2,686	789	1,268	629
Total percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
65-69.....	33.7	29.2	23.1	32.0	38.1	32.2	47.0	27.7
70-74.....	36.3	36.7	33.4	38.2	36.1	39.9	34.3	34.7
75-79.....	20.5	22.9	25.4	21.7	18.1	19.9	14.1	23.8
80 and over.....	9.4	11.2	18.1	7.9	7.7	8.0	4.5	13.8

¹ Includes small number of spouses not on beneficiary rolls. Data on age and marital status of beneficiary, as well as ownership of health insurance, are as of the end of the survey year. Divorced, separated, or widowed beneficiaries are classified as

single persons, except that women entitled to widow's benefits are shown separately. Widows entitled to benefits on their own employment record are included with other "single" women.

² Includes 4 persons of unknown age.

Health Insurance

In the analyses that follow, only two kinds of health insurance are designated—insurance limited to hospitalization and insurance applicable to hospitalization and surgical expense. The hospitalization and surgical expense insurance may, in some instances, also provide benefits applicable to physicians' nonsurgical attendance on in-patients or out-patients. Insurance applicable only to accidents or confined to loss of income has not been counted as health insurance. A few instances of major medical expense insurance may have been excluded when the policy was not one that supplemented the two basic forms of insurance generally available to retired persons and shown in the tables.³

Among all beneficiaries aged 65 and over, 430 per 1,000 had some insurance protection; 285 had hospitalization combined with surgical insurance, and 145 had policies limited to hospitalization insurance (table 2). The proportions that had hospital-surgical insurance are almost the same for men and women, but relatively fewer men than women have policies restricted to hospitalization insurance.

Aged women beneficiaries were somewhat more frequently insured

³ Because "comprehensive major medical expense insurance" has been available only a comparatively short time and has been most widely sold to employed groups, few persons in the survey sample would be expected to have this particular form of coverage and the amount of understatement is therefore thought to be negligible.

than aged men beneficiaries, with 451 out of every 1,000 women protected and 410 out of every 1,000 men. Part of the explanation lies in the fact that women beneficiaries were on the whole younger than male beneficiaries; as a result, relatively more of them were closer to the age when health insurance protection could have been obtained without age having been a barrier. The under-representation in the sample of very old women—a group unlikely to have health insurance—also improved the picture for the women. Among men beneficiaries, the fact that more than a third of them were aged 75 and over held down the proportions insured in the group as a whole, since the proportion with insurance protection declined with age.

Among men, married beneficiaries were more likely than single beneficiaries to be insured. The extent of

insurance protection achieved by single female retired workers (498 per 1,000) was decidedly greater than that of any of the other age and sex groups analyzed. The explanation does not rest entirely on age differences, although single female retired workers are younger on the average than other nonmarried beneficiaries. The types of employment through which these women obtained old-age and survivors insurance coverage probably provided more opportunity for obtaining health insurance, which they maintained after retirement, than would be true of single male workers. Their opportunities for obtaining coverage would also be better than those of aged widows, who were between the single male and the single female retired workers in the proportion insured. The married women, even though a large proportion were aged 65-69, would in general have derived their health insurance protection as dependents of their husbands. Until 5 or 6 years ago, men often had health insurance protection for themselves, but their wives were not included in the policies. Two-thirds of the husbands of the married women were over age 69, and nearly 30 percent were over age 75. Many of them would have retired without having a health insurance policy covering their wives.

That insurance ownership declines with the age of the beneficiaries is to be expected. Those without health insurance usually gave one of two reasons for not having it: 39 per-

Table 2.—Number of aged OASI beneficiaries with health insurance per 1,000, by sex, marital status, age, and type of health insurance, 1957 survey year ¹

Age and type of health insurance	Total	Male			Female			
		Total	Single	Married	Total	Single	Married	Widowed
65 and over, total ²	430	410	303	460	451	498	454	385
Hospitalization and surgery..	285	284	192	327	286	300	313	213
Hospitalization only.....	145	126	111	133	165	198	141	172
65-69.....	495	483	328	536	504	579	493	431
Hospitalization and surgery..	338	350	207	399	328	378	331	247
Hospitalization only.....	157	133	121	137	176	201	163	184
70-74.....	447	412	332	445	481	537	460	445
Hospitalization and surgery..	293	281	206	312	306	317	326	248
Hospitalization only.....	153	131	126	134	176	219	133	197
75-79.....	372	392	332	424	348	363	363	313
Hospitalization and surgery..	243	266	230	285	214	210	257	167
Hospitalization only.....	129	126	101	139	134	153	106	147
80 and over.....	265	247	174	326	290	317	298	264
Hospitalization and surgery..	156	157	90	229	155	127	211	138
Hospitalization only.....	109	90	84	97	135	190	88	126

¹ See footnote 1, table 1.

² Includes data for 4 persons of unknown age (3 married men, 1 married woman).

cent said they could not afford it; and 37 percent said they had never had the opportunity to purchase it, had not thought much about it, or the like. The remaining 23 percent were not insured because the policy had been canceled, could not be continued after retirement, and so forth. The first two reasons were cited by a larger proportion of the beneficiaries who came on the rolls in the 1940's than of those who had retired more recently. Those who said they could not afford health insurance represented 21 percent of all beneficiaries. Most of them had retired before 1955.

Comparison of 1951 and 1957 Surveys

In a survey of old-age and survivors insurance beneficiaries conducted in 1951, information was collected on the extent of ownership of health insurance.⁴ A comparison of the data on health insurance coverage in the two surveys indicates the progress in enrollment that has been achieved by beneficiaries in the 6-year interval. Although a detailed study by beneficiary type, marital status, age, and sex would be necessary to understand all the ramifications of the changes that have occurred, even general observations may be of considerable interest.

Health insurance coverage of beneficiaries—men and women—increased during the 6-year period from 227 per 1,000 to 430 per 1,000, or about 34 per 1,000 a year. The gain was greater for women than for men—100 percent compared with 80 percent—partly because of the expansion

⁴ Dorothy McCamman and Agnes W. Brewster, "Voluntary Health Insurance Coverage of Aged Beneficiaries of Old-Age and Survivors Insurance," *Social Security Bulletin*, August 1954. The 1951 survey determined health insurance coverage as of the end of the survey year. The 1957 survey registered health insurance coverage even when it had been discontinued before the end of the survey year. Thus, to the extent that some of the beneficiaries lost their coverage during the survey year, the 1957 survey probably yielded a somewhat higher coverage ratio than would have been found if the 1951 reporting-time definition had been employed. Preliminary analysis indicates, however, that the proportion whose coverage was discontinued during the survey year was so small that this difference does not invalidate the comparison.

Table 3.—Number hospitalized in general hospitals per 1,000 aged OASI beneficiaries, by sex, marital status, age, and health insurance status, 1957 survey year¹

Age and health insurance status	Total	Male			Female			
		Total	Single	Married	Total	Single	Married	Widowed
65 and over, total ²	111	113	126	107	109	119	109	99
Insured.....	142	142	135	144	141	158	128	145
Not insured.....	88	94	122	76	83	81	92	70
65-69.....	108	111	121	108	105	106	107	98
Insured.....	120	119	77	128	120	143	116	93
Not insured.....	96	104	143	85	91	56	99	101
70-74.....	109	106	147	89	112	127	99	115
Insured.....	144	133	179	119	152	172	130	165
Not insured.....	81	87	131	65	74	75	72	74
75-79.....	119	130	111	141	105	108	128	73
Insured.....	181	196	125	226	160	140	185	149
Not insured.....	83	88	103	79	76	90	96	39
80 and over.....	115	104	116	90	130	159	140	103
Insured.....	157	135	148	128	183	200	118	217
Not insured.....	99	93	109	72	109	140	150	62

¹ See footnote 1, table 1.

² Includes hospitalization data for 1 married man of unknown age.

in family policies and the growing number of employed women.

Use of General Hospitals

The highlights that follow are concerned with the survey data bearing upon the receipt of care in general hospitals only. Included in general hospital care, for present purposes, is care received in short-term special hospitals providing an equivalent type of care. Before discussing the volume of care received in general hospitals, the care received by beneficiaries in long-stay types of institutions—that is, nursing homes, mental hospitals, and tuberculosis sanatoriums—should be briefly mentioned.

Only 23.1 out of every 1,000 beneficiaries were in long-stay institutions, and the average stay was 194 days. More than half (13 per 1,000) were in nursing homes, with an average stay of 209 days. Those in mental institutions (3.5 per 1,000) had averaged 277 days per case, and those in tuberculosis sanatoriums (3.2 per 1,000) had an average stay of 164 days. Beneficiaries in other types of long-stay institutions (3.2 per 1,000 beneficiaries) had spent, on the average, 70 days per case.

The long-term care received by this small segment of the beneficiary population amounted to 1,723 days in mental, tuberculosis, and other long-stay institutions per 1,000 beneficiaries and 2,759 days in nursing homes per 1,000 beneficiaries, or a total of 4,482 days of long-term care of all types per 1,000 beneficiaries. Slightly more

than a fourth of the beneficiaries in receipt of long-term care were reported to have some form of health insurance.

Persons Hospitalized

The rate of utilization of hospitals by a given group of persons can be expressed in several ways. One significant rate is the number of persons per 1,000 receiving hospitalization in a year. This rate is smaller than a rate based on the number of hospital admissions in a year, since some persons who are hospitalized enter the hospital more than once during the year.

For all the individuals aged 65 and over who were included in the beneficiary groups sampled, there were 111 persons hospitalized (in general hospitals) per 1,000 during the survey year. The aged men and the aged women had similar hospitalization rates: 113 aged men per 1,000 and 109 aged women per 1,000 were hospitalized (table 3).

No consistent pattern relating rates of hospitalization to advancing age was discernible for any of the marital classes. Among all women with hospital insurance, however, the rates of persons hospitalized in the course of the year rose with age.

The lack of a consistent pattern of increased utilization with advancing age in the survey group is not altogether surprising. Beneficiaries who died before the survey month were not a part of the survey sample so that the data do not reflect hospi-

talizations that preceded terminal illnesses. The reluctance of aged persons to be hospitalized is well known; resistance to hospital care could be present in varying degrees in the different age-sex-marital groups. Sample size, too, affects the findings.

For the surveyed individuals as a whole, more persons among those having insurance protection received hospital care in the survey year (142 per 1,000) than among those not having insurance (88 per 1,000). With only a few exceptions, the higher utilization rate for insured persons, compared with that for the noninsured, is characteristic of each of the various subgroups. One exception is the rate for single male retired workers aged 65-69, and another exception is that for the widows in the same age bracket. In both these groups the insured persons were hospitalized less frequently than the uninsured. To the extent that the insured persons in these groups were more likely than the uninsured to still have some attachment to the labor force, their lower-than-average rates of hospitalization would follow because their ability to work would reflect their relatively healthy condition.

In general, fewer married male beneficiaries per 1,000 than single men were hospitalized in the survey year. The presence or absence of insurance affected the single and married groups in different ways. In each age group the uninsured single beneficiaries had greater proportions hospitalized than the uninsured married beneficiaries. The lack of a similar consistent relationship between the insured married and the insured single men beneficiaries of the different age groups seems to indicate that the presence of a wife may serve to reduce the hospital utilization of men beneficiaries when they have no protection against hospitalization costs.

A similar pattern does not appear among the women in the sample—a finding that suggests that husbands cannot so readily assist in the care of their ill wives. In addition, the living arrangements of single women and widows—a relatively high proportion of whom live with children or other persons—may be such that their need for hospital care is less than that of elderly couples, with

husbands and wives more dependent on each other.

Admissions to Hospitals

Since each person hospitalized in the course of a year represents at least one hospital admission, annual rates of admission to general hospitals equal or exceed the rates describing the number of persons hospitalized per year. There were 1.2 admissions per hospitalized person in the beneficiary group as a whole, with similar figures for the insured and uninsured groups.

As is apparent when tables 3 and 4 are compared, the admission rates follow the same general patterns with respect to the factors of age, sex, health insurance ownership, and marital status as the rates of persons hospitalized.

Number of Days in Hospital

The average number of days in a year spent in the hospital by those who were hospitalized varied among the different age-sex groups to some extent, with the insured persons generally hospitalized fewer days than the uninsured (table 5).

Uninsured widows in the age bracket 75-79 had unusually long hospital stays. The rate at which this group was hospitalized was low (39 per 1,000), but because of the many long-term cases the number of days per 1,000 persons was similar to that of other groups.

The data suggest that many of the men beneficiaries who were aged

65-69 and were without insurance may have retired for reasons of health, since those who were hospitalized spent, on the average, a longer time in the hospital than did the men in any other age group. Persons of this age frequently postpone retirement when they are sufficiently able-bodied to continue working.

Probably the most significant measure of the use of hospitals is the number of days that a given population has spent in the hospital in the 12-month period for every 1,000 persons in the group. For each 1,000 beneficiaries aged 65 and over, both sexes combined, 2,355 days of general hospital care were recorded in the survey year (table 6).

There was no consistent increase in the number of hospital days with advancing age and no association between insurance ownership and the rate of utilization of days of hospital care. A high admission rate for a given group, coupled with a short average stay, may produce a rate of days per 1,000 no greater than a low admission rate and a long average stay for another group. (Durations of as many as 365 days were recorded.) Other points to be borne in mind are the differential death rates of the several age groups and the absence from the surveyed population of beneficiaries whose deaths occurred during the survey year.

The male beneficiaries had somewhat more days of hospitalization than the females in the course of the year, but this relationship was

Table 4.—Number of general hospital admissions per 1,000 aged OASI beneficiaries, by sex, marital status, age, and health insurance status, 1957 survey year¹

Age and health insurance status	Total	Male			Female			
		Total	Single	Married	Total	Single	Married	Widowed
65 and over, total ²	136	139	150	134	132	144	135	111
Insured.....	174	180	166	185	168	198	151	161
Not insured.....	107	111	142	91	102	91	121	80
65-69.....	132	137	146	134	128	126	133	115
Insured.....	142	148	92	160	138	177	129	93
Not insured.....	122	126	173	103	118	56	136	131
70-74.....	134	134	175	118	133	156	122	124
Insured.....	175	175	232	158	174	207	145	175
Not insured.....	101	106	147	85	96	96	102	83
75-79.....	143	155	134	167	128	121	173	80
Insured.....	222	233	153	268	207	158	277	170
Not insured.....	96	105	124	92	85	100	114	39
80 and over.....	138	124	129	118	159	222	140	126
Insured.....	224	176	148	191	283	400	118	304
Not insured.....	108	107	125	82	109	140	150	62

¹ See footnote 1, table 1.

² Includes hospitalization data for 1 married man of unknown age.

not consistent at each age level. The relatively higher age of the men and their concentration at the top of the age group 65-69, in contrast to the women in this particular age group, explain in part the age-sex differences found. When those aged 80 and over were grouped by marital status, the number with insurance in the sample became so small that the few persons who were hospitalized could have been atypical with respect to their hospital stays. The size of the sample thus seems the most probable explanation for the high rates recorded for single women and widows in this age group and the low rate found for single men. Reluctance to be hospitalized or to remain in an alien environment undoubtedly is a factor in-

fluencing use of hospitals by both the insured beneficiaries and the uninsured, particularly at the more advanced ages.

To sum up, among male beneficiaries neither age, marital status, nor health insurance ownership can be isolated as controlling the level of utilization of hospital care. The marked variations found in admissions were not apparently related to age. In two of the four age groups, insured single men went into the hospital less often than insured married men. Furthermore, once admitted, uninsured single men spent a longer time in the hospital than uninsured married men.

Among the women, the relationship of insurance to higher utilization

rates seems clearer than the relationship of the other factors. In the first place, as with the men, age in itself did not seem to be a controlling factor. Secondly, once admitted, there was little variation between single and married women or between insured and uninsured women in the average time spent in the hospital. Since insured women were admitted to hospitals with greater frequency than uninsured women, it follows that the rates of days of hospital care per 1,000 varied in the same direction as admissions. Consequently, insured women, regardless of marital status or age, used more days per 1,000 than uninsured women.

Comparison of 1951 and 1957 Surveys

The 1951 survey of aged beneficiaries also measured hospital utilization.⁵ As a result, changes may be observed over the 6-year interval in the proportions of beneficiaries going to the hospital and in the days spent in the hospital in a 12-month period. Although precise comparisons for each of the groups (considered in terms of age, marital status, and insurance status) cannot be made because of the definitional differences between the sample populations in the two surveys, the direction of the changes is of general interest.

Six more beneficiaries per 1,000 were hospitalized in 1957 than in 1951. Insured beneficiaries were hospitalized at a somewhat higher rate in 1957 than in 1951 (142 per 1,000 compared with 131 per 1,000), but the reverse was true of the uninsured (88 per 1,000 in comparison with 97 per 1,000). Consequently there was a greater spread between the rates for insured beneficiaries and those for uninsured beneficiaries in the more recent survey than in 1951.

The number of days of hospital care used per 1,000 beneficiaries was higher in 1957 than in 1951 (2,355 per 1,000 compared with 2,250 per 1,000). For the beneficiaries with insurance, however, 323 fewer days

(Continued on page 32)

⁵ Dorothy McCamman and Agnes W. Brewster, "Incapacity and Hospital Care of Aged Beneficiaries of Old-Age and Survivors Insurance," *Social Security Bulletin*, July 1955.

Table 5.—Average number of days in general hospitals per hospitalized OASI beneficiary, by sex, marital status, age, and health insurance status, 1957 survey year¹

Age and health insurance status	Total	Male			Female			
		Total	Single	Married	Total	Single	Married	Widowed
65 and over, total.....	21.2	21.9	21.9	21.9	20.5	19.8	21.3	19.2
Insured.....	17.4	16.6	18.2	16.1	18.3	19.5	19.3	14.1
Not insured.....	25.7	27.3	23.7	31.1	23.4	20.2	23.8	25.8
65-69.....	21.7	27.1	30.1	25.9	17.5	11.7	20.3	15.8
Insured.....	13.4	12.7	6.8	13.4	14.0	12.5	15.2	12.3
Not insured.....	31.9	42.4	36.2	47.5	21.9	8.5	26.0	18.4
70-74.....	17.7	15.9	17.2	15.0	19.5	20.5	23.8	10.7
Insured.....	19.1	18.7	22.5	17.0	19.6	22.7	22.3	9.4
Not insured.....	15.6	12.8	13.7	12.0	19.4	14.6	26.2	13.1
75-79.....	23.0	22.3	29.3	19.2	24.2	20.9	21.0	36.3
Insured.....	20.8	19.2	20.7	18.9	23.4	21.4	25.7	21.8
Not insured.....	25.7	26.6	34.7	19.7	24.9	20.4	15.7	61.0
80 and over.....	21.7	15.8	11.8	21.4	28.7	36.8	18.3	28.8
Insured.....	16.4	10.2	8.5	11.3	22.1	29.2	10.5	21.0
Not insured.....	24.9	18.5	12.8	29.9	33.1	41.9	20.8	38.6

¹ See footnote 1, table 1.

Table 6.—Annual number of days of hospital care in general hospitals per 1,000 aged OASI beneficiaries, by sex, marital status, age, and health insurance status, 1957 survey year¹

Age and health insurance status	Total	Male			Female			
		Total	Single	Married	Total	Single	Married	Widowed
65 and over, total ²	2,355	2,477	2,762	2,344	2,232	2,356	2,321	1,898
Insured.....	2,477	2,355	2,456	2,324	2,587	3,084	2,476	2,045
Not insured.....	2,262	2,562	2,894	2,361	1,941	1,634	2,192	1,806
65-69.....	2,342	3,009	3,646	2,793	1,833	1,236	2,169	1,552
Insured.....	1,607	1,511	523	1,716	1,678	1,789	1,758	1,147
Not insured.....	3,062	4,411	5,173	4,037	1,990	477	2,570	1,859
70-74.....	1,930	1,681	2,531	1,332	2,182	2,606	2,352	1,229
Insured.....	2,754	2,489	4,021	2,019	2,985	3,911	2,895	1,557
Not insured.....	1,264	1,114	1,791	780	1,436	1,096	1,889	967
75-79.....	2,741	2,960	3,249	2,710	2,539	2,261	2,687	2,653
Insured.....	3,760	3,771	2,583	4,280	3,746	3,000	4,754	3,255
Not insured.....	2,136	2,340	3,579	1,553	1,896	1,840	1,569	2,379
80 and over.....	2,496	1,639	1,374	1,924	3,734	5,857	2,561	2,966
Insured.....	2,575	1,378	1,250	1,447	4,050	5,850	1,235	4,565
Not insured.....	2,468	1,724	1,398	2,155	3,605	5,860	3,125	2,391

¹ See footnote 1, table 1.

² Includes hospitalization data for 1 married man of unknown age.

Table 12.—Amount of vendor payments for medical care for recipients of public assistance, by program and State, September 1958¹

State	Old-age assistance	Aid to dependent children	Aid to the blind	Aid to the permanently and totally disabled	General assistance
Total	\$14,607,864	\$4,333,070	\$485,370	\$2,506,320	\$7,366,000
Alabama	<i>2,253</i>	<i>1,064</i>	<i>14</i>	<i>196</i>	<i>2</i>
Alaska				(²)	<i>19,983</i>
Arkansas	223,465	25,047	9,017	31,094	
California	1,594,464	881,751	83,928		79,928
Colorado	610,681	39,977	2,762	11,459	(³)
Connecticut	306,540	132,320	5,056	74,375	(³)
Delaware			1,247		
District of Columbia	366	972		572	337
Hawaii	8,430	33,075	567	6,054	
Illinois	1,895,399	423,955	64,080	448,245	<i>616,879</i>
Indiana	467,455	109,515	18,412	(³)	<i>273,362</i>
Iowa				(³)	<i>254,176</i>
Kansas	314,285	68,065	7,840	54,944	41,041
Louisiana	211,603	8,289	3,367	47,361	3,187
Maine	90,968	15,672	2,784	18,228	<i>56,091</i>
Maryland	30,147	53,902	1,183	23,007	
Massachusetts	1,668,372	148,638	34,028	318,776	154,466
Michigan	397,152	77,045	10,722	22,620	212,661
Minnesota	564,824	136,693	14,809	9,314	383,923
Montana	<i>1,415</i>	<i>318</i>	<i>536</i>		<i>183,697</i>
Nebraska	184,975	7,924	15,375	20,305	<i>71,486</i>
Nevada	15,600		936	(³)	(³)
New Hampshire	78,660	14,819	2,750	10,590	(³)
New Jersey	231,378	28,370	2,697	48,065	175,093
New Mexico	66,948	13,820	1,975	13,896	10,582
New York	1,652,820	979,971	64,034	782,850	160,033
North Carolina	64,991	38,121	3,346	38,654	<i>227,868</i>
North Dakota	98,785	25,053	1,668	24,069	<i>16,334</i>
Ohio	538,454	<i>9,453</i>	23,234	83,414	<i>1,209,274</i>
Oklahoma	972,594	215,982	19,362	90,519	(³)
Oregon	463,317	57,690	3,515	112,033	96,923
Pennsylvania	250,625	243,733	54,785	100,332	161,503
Rhode Island	79,167	68,883	792	33,642	<i>21,295</i>
South Carolina					<i>11,653</i>
South Dakota					<i>110,696</i>
Tennessee	102,603	36,963	4,354	10,104	
Utah	51,528	29,082	1,284	11,526	1,127
Virgin Islands	309	131	6	52	148
Virginia	39,285		1,893	11,139	<i>10,198</i>
Washington	677,821	194,940	7,655	77,932	133,371
West Virginia	64,495	55,706	2,673	20,257	<i>7,960</i>
Wisconsin	552,420	152,087	12,184	36,296	237,550
Wyoming	33,180	4,953	354	4,409	15,127

¹ For the special types of public assistance figures in italics represent payments made without Federal participation. For State programs not shown, no vendor payments were made during the month or such payments were not reported.

² Includes an estimated amount for States making vendor payments for medical care from general assistance funds and from special medical funds and reporting

these data semiannually but not on a monthly basis.

³ No program for aid to the permanently and totally disabled.

⁴ Includes payments made in behalf of recipients of the special types of public assistance.

⁵ Data not available.

HOSPITAL UTILIZATION

(Continued from page 7)

of care were used per 1,000 than in 1951.

Since the increase from 1951 to 1957 in the rate of persons hospitalized was somewhat greater than the increase in the rate of days of hospitalization, it follows that the average number of hospital days per hospitalized person declined. That this decline occurred only with respect to insured persons is indicated in the comparison in the next column.

Uninsured beneficiaries were hospitalized less often in 1957 than in 1951. Once in the hospital, these patients remained on the average longer than in 1951 so that the num-

ber of days of hospital care per 1,000 persons in this segment of the beneficiary population rose by 252. For this group, whose size declined relatively but increased in absolute numbers (as the total number of beneficiaries rose), the increased cost of

hospital care that has occurred in recent years would have a significant impact.

The reduction in the use of hospitals among insured aged beneficiaries over the past 6 years may arise from a variety of causes. Part of the explanation may lie in the fact that this group could have already received some of their needed medical attention before retirement as a consequence of having had health insurance while still at work. Relative levels of health for insured and uninsured persons cannot be determined, although they too could be a factor, since beneficiaries who retired because of a chronic condition would be relatively uninsurable.

Sex and health insurance status	Average number of hospital days per hospitalized person per year	
	1951	1957
Male	22.5	20.1
Insured	21.7	16.8
Not insured	22.8	23.7
Female	20.1	19.3
Insured	20.9	18.4
Not insured	19.8	20.5