

## USE OF MEDICAL CARE SERVICES AND THEIR RELATION TO ECONOMIC AND SOCIAL CHARACTERISTICS

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Medicare consists of two related health insurance programs for persons aged 65 and over--a basic compulsory program of hospital insurance and a voluntary program of supplementary medical insurance. The hospital insurance program pays for a large part of the cost of hospital and skilled nursing home services in facilities qualifying for Medicare participation, and under certain conditions, the cost of home health services. The medical insurance program provides payment for 80 percent of "allowable" charges for physicians' and other covered services after the enrollee pays the first \$50 of such charges during the calendar year. In addition to the payment of physicians' services regardless of place of service, this program also pays for diagnostic tests and therapeutic treatment either in the physician's office or in an outpatient department of a hospital. It also pays for rental or purchase of durable medical equipment, ambulance use, and home health services.

This paper deals only with this latter program, supplementary medical insurance, and will present data from a survey designed to collect information on use of and charges for medical services. After reviewing the survey, we will summarize findings for calendar year 1967. The discussion will be divided into three general areas: (1) characteristics of persons who use medical services; (2) sources of payment which enrollees use in paying the deductible and coinsurance amounts not paid by Medicare; and (3) use of prescription drugs, not covered under the medical insurance program, but about which data have been collected in the Current Medicare Survey.

The basic Medicare data system has certain limitation because medical bills are its sole source of information. Perhaps the major limitation is the considerable delay in the reporting of current information. Final data for the supplementary medical insurance program do not become available until SSA receives the medical bills sent to and paid by carriers throughout the country. Another disadvantage is the inability to collect information on any thing not specified on the bills which are needed to effect payment. In addition, physicians or enrollees may decide to accumulate a number of bills before filing for reimbursement. In fact, initially they were encouraged not to send in their bills until they had met the \$50 deductible. As a result, it was originally estimated that there would be a 6-month delay from the date of service to receipt of the bill by SSA. In fact, the lag has turned out to be much longer than the anticipated 6-months. Recognizing the need for current data, the Social Security Administration initiated a continuing monthly Current Medicare Survey. A series of household interviews with persons enrolled in the supplementary medical insurance program was initiated in July 1966 when Medicare began.

### Sample Design

The medical insurance sample includes about 4,500 persons selected from the 5-percent statistical sample of persons enrolled in the supplementary medical insurance program.

Each year, a new panel is selected and these individuals remain in the sample for 15 months. This 15-month cycle was determined by the fact that any covered medical expenses incurred by an individual in the last 3 months of a calendar year and applied to the deductible for that year may be carried over and applied to the deductible for the next calendar year.

The Current Medicare Survey includes persons in the final annual estimates even though they may have actually been in the sample only part of the year. For example, persons aging into the universe in December of the survey year are considered a part of the sample even though only one month's data may be collected. Likewise, a person who either terminates medical insurance or dies at the beginning of the survey year is included in the cumulative estimates for the complete year even though interviewing stops.

### Limitations of the Data

The Current Medicare Survey excludes charges made and services provided for hospital patients by hospital-based pathologists and radiologists which are reimbursable under the medical insurance program because the hospital patient is frequently unaware of them and may not be billed separately for them. This exclusion results in some understatement of total charges. General under-reporting as a result of faulty recall by the aged may also depress charges but the use of a diary form helps to minimize this problem because the enrollee is encouraged to record his use of medical care services in advance of the interviewer's visit.

The reimbursable charges derived from the Current Medicare Survey are, of course, estimates. Reimbursement for covered services is predicated upon the individual's meeting the \$50 deductible. Each person's deductible status in the survey is calculated as charges occur. We also assume that all charges are "allowable" as determined by the Medicare carrier, who has this responsibility and makes payment. Finally, the Survey uses the term "potentially reimbursable" because there is no certainty that all persons entitled to reimbursement will, in fact, file for benefits. This estimating procedure leads perhaps to some overestimation of reimbursable charges.

While a 15-month time period for the monthly interviews of a panel of eligible persons offers many advantages, it is also realized that the person possibly becomes better acquainted with Medicare so that the data from the sample could

become biased. However, Census interviewers are instructed not to answer any questions about the Medicare program; they refer persons with genuine questions to a Social Security district office.

Before discussing some of the new findings from the survey on the use by the aged of medical care services and their relation to economic and social characteristics, it is essential to note that the data include only those services covered under the medical insurance program. Charges and services covered by the hospital insurance program are excluded but the services of physicians during a hospital stay are included. Also excluded are charges for the services of non-covered practitioners such as dentists and chiropractors. Some data on prescription drugs will be presented separately from the data for covered services under the program.

It should also be mentioned that unknowns on some demographic characteristics constituted about 10 percent of the sample in 1967. In that year, the demographic information was collected near the end of the year thereby eliminating some persons who had been enrolled earlier in the year but had terminated coverage due to death, or disenrollment, or had moved out of the sampling area. In subsequent years these questions were asked near the beginning of the survey period which will result in an improved response rate. In addition to nonresponses, many who answered most questions could not or would not supply complete income information. Data on family income were reported in full for about three-fifths of all persons who were ever enrolled in 1967. Proportions cited by income, therefore, only apply to those who reported on income, and do not represent the entire enrolled population.

Previously published data from the Current Medicare Survey has examined the use of medical services by age, sex, and region. This report represents the first time that data have been presented that relate the use of medical services to a larger number of social and economic characteristics. In the data that follow, all differences discussed are significant at the .05 level. Within the allotted time, I can only highlight a few findings. The tables we have distributed will enable you to follow our discussion.

In 1967--the first full year of Medicare--there were about 19 million persons enrolled at some time during the year in the supplementary medical insurance program. This represented about 93 percent of all persons entitled to the hospital insurance portion of Medicare at any time during the year.

This ever-enrolled population (those enrolled at any time during the year) is used as a base for determining the proportion of persons who used services during the year.

### Use of Covered Medical Services

In calendar year 1967 about 15 million persons, or almost four-fifths of all enrollees used some covered medical services. Total charges of almost \$2.2 billion were incurred during the year, representing an annual average of \$152 per person using medical services. Various types of services are covered under the medical insurance program including physician visits in and out of the hospital, services of other medical personnel such as nurses, physical therapists, and those providing ambulance services and other medical services and supplies. All types of medical services numbered 238 million in 1967, of which 221 million were physicians' visits. Physicians' visits are defined as the visits or services of physicians to patients, performed in the hospital and in out-of-hospital settings (i.e. extended care facilities, clinics, offices, private residences, etc.).

The number of physician visits averaged 16 per person using this service. On a per person enrolled basis, the average is 14 visits per person. For those familiar with the data on physician visits from the health interview survey conducted by the National Center for Health Statistics (NCHS), this figure would appear to be much too high. A total of 6 physician visits per person aged 65 and over is reported by NCHS for the year ending June 30, 1967. <sup>1/</sup> Most of the difference between the two numbers--14 visits per person from the Current Medicare Survey and 6 visits per person from the National Health Survey--is that the former counts the surgical and medical visits of physicians in hospitals and nursing homes whereas the latter omits such visits from their total count. When the in-hospital and nursing home visits are omitted from the total reported by the Current Medicare Survey, the number is reduced substantially and compares closely to the National Health Survey figure. <sup>2/</sup>

Let's look now at the use of and charges for covered medical care services in terms of some of the demographic, economic, and social characteristics of the aged persons as presented on table 1.

Age, Race, and Sex. By age, the proportion of the population using covered medical services increased with advancing age from 75 percent for persons aged 65-69 to 82 percent for persons aged 75 years and over. There was also a rising trend in the average number of physicians' visits per person served--14 visits for persons aged 65-74 and 18 visits for persons aged 75 and older. These differences are not unexpected since the aging process is generally coupled with a rise in chronic health conditions which require medical attention.

By sex, a larger percentage of women (82 percent) than of men (75 percent) used medical care services during the year, but differences in average

charges and the average number of physicians' visits were not significant.

For race, it is interesting that there was no significant difference in the proportion of persons using services. Average charges and visits per person using services, however, were significantly higher for white persons than for persons of all other races. Average charges for the former were almost twice that for the latter group--\$157 compared with \$86. The average number of physician visits per person using services was also significantly higher for white persons--16 visits compared with 12 visits for persons of all other races. The larger number of visits for white persons partly accounts for the higher charges.

Health Limitations. The impact of poor health on use of medical services is clearly demonstrated by the data on health limitations of the sample population. Twice a year the sample person is asked to rate his health in terms of his mobility inside and outside of his living quarters. The proportion of persons confined to bed (not shown separately on table 1), and who used services is about one-third higher than for persons who had no health limitations. Seventy-four percent of persons with no limitations used some medical service while 99 percent of persons confined to bed used services. It is clear and not surprising that persons with no health limitations are least likely to use medical services, while those at the other end of the severity of limitation spectrum are the most likely to seek medical care.

Health limitations also have a significant impact on the charges and frequency of use of services. For persons confined to bed or house, the average number of physician visits per person served was about  $3\frac{1}{2}$  times that of persons who reported no health limitation--38 visits compared with 11 visits. The large number of physician visits per person using services who report severest health limitations account for the very high average for this group. Average charges per person confined to bed or house was \$338 during 1967. This amount decreased proportionately with the severity of limitation to \$119 for those reporting no health limitations.

You will note that the response rate is high for this question. The question was asked only once in 1967, at the end of the year. It is clear that those not responding in 1967 had died prior to the interview and these persons might have had health limitations resulting in a high rate of use of medical services--91 percent of the persons not reporting health limitation used medical services in 1967, a rate of use comparable to that for persons reporting the severest limitations.

Work Status and Family Income. An individual's employment status influences the amount of income and other resources which accrue to the family unit. Particularly for persons 65 years and older, this factor also may be a partial

indication of the ability of the individual to work. While many factors must be considered, including the availability of, and the desire to work, it is probably true that people with major health problems are less likely to be employed. The data on use of services by employment status confirm this hypothesis. Persons who worked full or part time had a lower rate of utilization and had fewer physicians' visits per person served than did those who did not work. Almost four-fifths who did not work during the year used medical services, compared with 71 percent for part-time workers and 67 percent for full-time workers. The average number of physicians' visits for those who did not work was about  $1\frac{1}{2}$  that for workers.

Welfare Status. For purposes of the survey, persons were classified as receiving some welfare if--(1) the central records at the Social Security Administration showed that a State where the person resided had agreed with the Administration to pay the premium for the individual or (2) in response to a question in the survey about sources of income, a person listed some public assistance or other welfare payments or (3) he indicated when reporting a medical service that welfare would pay either the entire amount or, at least, the part not covered by Medicare.

About 17 percent of all medical insurance enrollees received some welfare services during 1967. Welfare recipients had higher utilization rates and a higher average number of physicians' visits per person served, although differences in average charges per person served were not significant.

Region and Size of Community. There were slight variations reported in the use of and charges for medical services among the four Census regions. There were differences between the North Central region and the West in the percent utilizing services and the average charges per person using services--77 percent for the North Central region compared with 82 percent for the West. Average charges per person served were highest in the West, while the average number of physicians' visits per person served was highest in the Northeast. Differences among the regions in the use of and charges for medical care services reflect differences in age composition, illness rates, type of illness, and level of charges for medical care.

Size of community apparently is an important factor in the use of medical services. Persons residing in urban areas had higher utilization rates, higher average charges, and more physicians' visits per person served than persons in rural areas. The availability of a larger number and variety of medical services perhaps contributes to the higher use of services and the higher physician visits for persons in urban areas.

#### Source of Payment

Medicare is not responsible for the first \$50 of covered charges incurred by the enrollee nor for

more than 80 percent of charges after this deductible is paid. These amounts may be paid by the enrollee or the spouse, by private insurance plans, by welfare, or by combinations of these and other sources.

While the relative importance of payment sources can be measured in various ways, we have chosen to classify enrollees in mutually exclusive categories which may represent one or a combination of payment sources for all services in the period. Only selected categories have been tabulated and shown on table 2. In 1967, about half the enrollees using services indicated that they or their spouses paid all deductible and coinsurance charges. One-fifth of the enrollees indicated the participation of a private insurance plan either alone or with some payment by the person. One-tenth indicated that welfare paid all of the coinsurance and deductible in combination with some self-payment. The remaining fifth of the enrollees used other combinations of sources of payment.

As expected, welfare recipients as a group are likely to have welfare pay a major share of their expenses not covered by Medicare. It is not surprising, therefore, to find that 50 percent of the enrollees indicated that welfare had paid all or part of the deductible and coinsurance amounts. It is also clear that this group has very little private health insurance--only 3 percent indicated private insurance as a payment source.

Another group indicating high use of welfare as a source of payment is the institutional population--30 percent had their deductible and coinsurance paid for by welfare.

Younger persons are more likely than older persons to pay their own bills for the deductible and coinsurance amounts not covered by the medical insurance program. Younger persons are also somewhat more likely to have private insurance as a payment source.

There are differentials by race in payment source. While about the same proportion of white persons and persons of all other races indicated self or spouse as the sole payment source for deductibles and coinsurance, there is an inverse relationship between insurance and welfare payments for these two groups.

By level of education, again there are no significant differences in the proportion of persons paying their own deductibles and coinsurance bills. But there are differences between insurance and welfare payments. There is more reliance on private insurance and less on welfare as a source of payment with higher levels of education. Undoubtedly, this pattern of decreasing reliance on welfare as education level rises is interrelated with income.

As expected, the proportion of persons who rely upon welfare was inversely proportional to reported family income. Persons with lower incomes are less likely than those with higher incomes to

have used private insurance as a means to cover deductible and coinsurance amounts.

With respect to health limitations, when insurance or welfare is a payment source there are differences between persons without limitations and all others. The proportion of enrollees who pay the deductible and coinsurance amounts themselves, however, increases from a low of 28 percent for persons confined to the bed or house, to 42 percent for those with other limitations, and, finally, it reaches 55 percent for persons with no limitations.

It is interesting to compare for persons with and without health limitations the proportion relying on themselves as the sole payment source with the average charges per person served shown in table 1. As average charges rise from \$119 for persons with no limitations to \$338 for persons confined to bed or the house, the percent who use themselves solely as the payment source falls from 55 percent to 28 percent. In addition to higher charges for these persons, it is possible that many of the persons who were limited in physical activity in 1967 also may have suffered a reduction in income and/or assets and, therefore, became less able to rely upon themselves as a payment source.

#### Use of Prescription Drugs

While the medical insurance program does not cover the cost of prescription drugs, charges for drugs constitute a sizeable portion of a person's total medical expenses.

About 14.8 million persons, representing almost four-fifths of the medical insurance enrollees, had prescriptions filled during 1967. This represented an average of 14.1 prescriptions per person acquiring drugs. Charges per prescription averaged \$3.96, or \$56 per person acquiring drugs during 1967.

About the same proportion of persons used prescription drugs and medical services (78 percent), but average charges for drugs per person served was about one-third of the average charges for medical services. Highlighting some of the data, it is interesting to note that while differences existed between urban and rural areas in regard to the use of medical care services, no such differences are indicated in the use of and charges for prescription drugs among rural and urban residents. This probably reflects the general availability of drugs regardless of size of community. On the other hand, rural areas generally do not have the more sophisticated and costly medical services which are available in urban areas, possibly accounting for the lower utilization rates and charges in rural areas.

As with the use of medical services, there were significant differences between persons confined to bed or house and persons with no limitations, in the use of drugs, average charges, and average number of drugs. Workers were less likely to use prescription drugs than nonworkers.

Average charges and the average number of prescriptions per person served also were higher for nonworkers than for workers. Finally, relatively more persons with some welfare services acquired prescription drugs than persons not receiving welfare. More women acquired drugs than men.

#### Summary

In summary, the Current Medicare Survey was initiated to provide current information on the utilization of and charges for medical care since lags in processing bills prevented the regular system for providing these data on a current basis. It has also proven useful in collecting types of information not obtainable from other sources, such as the use of noncovered services, and utilization and charges at levels below \$50 as well as above.

In examining the data for 1967, a rough profile of medical care users emerges. Persons more likely to utilize services at higher rates tend to be older, confined to the bed or house, and to reside in urban areas. They are further inclined to be nonworkers, be alone in the household, and have received some welfare services in the year. Persons using services at lower rates

tend to be relatively younger, have no health limitation, be rural residents, and are more likely to be employed.

To pay deductible and coinsurance amounts, individuals frequently rely on themselves, a private health insurance plan, and welfare as primary sources of payment. These data tend to support a fact commonly accepted--that often the persons who must use medical care the most, have the least resources to pay for it.

Although prescription drugs are not covered under the medical insurance program, data on use of and charges for them are collected in the survey. About four-fifths of all enrollees acquired prescription drugs, the same proportion as used covered medical care services. Older persons, those with some health limitations, and persons not working were more likely to acquire drugs.

1/ "Volume of Physician Visits, United States, July 1966-June 1967," National Center for Health Statistics, Series 10, Number 49.

2/ See "Current Medicare Survey Report, Medical Insurance Sample, January-December 1968," R&S Health Insurance Statistics, Social Security Administration, CMS-12, January 27, 1970.

TABLE 1.--Estimated use of and charges for covered medical services under the supplementary medical insurance program (SMI), by selected characteristics, 1967

Characteristic	Persons ever enrolled			SMI charges		Physicians' visits (ambulatory and hospital)	
	Total (in thou- sands)	Using SMI services		Total (in mil- lions)	Average per person using services	Number (in thou- sands)	Average per person using services
		Number (in thou- sands)	Percent of total				
Total.....	18,960	14,946	79	\$2,159	\$152	220,972	16
Age:							
65-69.....	5,933	4,448	75	552	136	55,961	14
70-74.....	5,528	4,350	79	637	151	62,333	15
75 and over.....	7,499	6,148	82	971	165	102,678	18
Sex:							
Men.....	8,090	6,039	75	893	157	92,263	16
Women.....	10,870	8,907	82	1,267	149	128,710	15
Race:							
White.....	17,248	13,605	79	2,032	157	204,081	16
All other.....	1,462	1,134	78	91	86	13,009	12
Unknown.....	251	207	82	37	219	3,883	23
Education:							
Less than 7 years..	4,622	3,503	76	429	125	48,154	14
7-8 years.....	4,920	3,795	77	545	147	51,987	14
9 years and over...	7,007	5,456	78	829	156	72,724	14
Not reported.....	2,411	2,191	91	357	206	48,107	28
Health limitations:							
Confined to bed or house.....	880	825	94	277	338	30,980	38
Other limitations..	2,190	1,931	88	403	211	41,078	22
No limitation.....	13,782	10,266	74	1,191	119	114,044	11
Not reported.....	2,109	1,923	91	289	197	34,870	24
Marital status:							
Nonmarried.....	8,582	6,757	79	923	140	99,561	15
Married.....	8,896	6,814	77	1,038	158	95,244	14
Not reported.....	1,482	1,375	93	198	196	26,168	26
Living arrangement:							
Institution.....	869	812	93	272	343	39,080	49
Living alone.....	4,076	3,162	78	386	124	38,837	12
Living with spouse only.....	6,914	5,274	76	775	151	69,132	14
Living with other..	5,291	3,997	76	498	128	46,485	12
Not reported.....	1,809	1,700	94	229	180	27,438	22
Household size:							
1 person.....	4,879	3,907	80	646	168	76,598	20
2 persons.....	8,744	6,670	76	918	142	83,823	13
3 or more persons..	3,524	2,663	76	367	142	33,013	13
Not reported.....	1,813	1,704	94	229	180	27,539	22

TABLE 1.--Estimated use of and charges for covered medical services under the supplementary medical insurance program (SMI), by selected characteristics, 1967--Continued

Characteristic	Persons ever enrolled			SMI charges		Physicians' visits (ambulatory and hospital)	
	Total (in thou- sands)	Using SMI services		Total (in mil- lions)	Average per person using services	Number (in thou- sands)	Average per person using services
		Number (in thou- sands)	Percent of total				
Work status:							
None.....	12,537	9,914	79	1,449	148	149,164	15
Part time.....	1,631	1,164	71	115	103	10,186	9
Full time.....	1,857	1,236	67	140	122	11,044	10
Not reported.....	2,935	2,632	90	455	211	50,578	23
Family income:							
Less than \$3,000....	6,130	4,674	76	632	137	70,150	15
3,000-4,999.....	2,539	1,886	74	258	141	24,605	13
5,000 and over.....	2,746	2,072	75	305	152	26,491	13
Not reported.....	7,545	6,314	84	965	168	99,727	17
Private health in- surance coverage:							
No plan at all.....	8,284	6,210	75	876	144	95,974	16
Hospital care only..	1,333	1,046	78	147	145	13,025	13
Hospital and sur- gical care only...	1,993	1,611	81	237	150	20,748	13
Hospital, surgical and physicians' care.....	4,849	3,809	79	570	154	51,194	14
Other combinations..	307	268	87	32	123	2,984	11
Not reported.....	2,196	2,001	91	297	192	37,047	24
Welfare status:							
No welfare.....	15,696	12,077	77	1,682	147	160,008	14
Some welfare.....	3,265	2,869	88	477	174	60,964	22
Region:							
Northeast.....	5,170	4,130	80	587	150	67,654	17
North Central.....	5,587	4,313	77	569	139	62,203	15
South.....	5,386	4,190	78	590	147	57,280	14
West.....	2,817	2,313	82	414	189	33,836	15
Size of community:							
Urban.....	16,641	13,242	80	1,973	158	200,460	16
Rural.....	2,315	1,699	73	186	112	20,491	12

1/ Less than \$500,000.

Note: Small numbers are subject to relatively large sampling variability. They are shown here only to assist the users of data should they wish to form aggregates, and not because they possess reliability in and of themselves.

TABLE 2.--Estimated number and percent of supplementary medical insurance enrollees using covered medical services, by source of payment of deductibles and coinsurance amounts and selected characteristics

Characteristic	Enrollees using services (in thousands)	Percent by source of payment				
		Total	Self or spouse	Insurance <u>1/</u>	Welfare <u>1/</u>	Other <u>2/</u>
Total.....	14,946	100	49	20	10	21
Age:						
65-69.....	4,448	100	53	23	7	17
70-74.....	4,350	100	51	20	9	20
75 and over.....	6,148	100	44	17	12	27
Sex:						
Men.....	6,039	100	50	20	9	21
Women.....	8,907	100	48	20	10	22
Race:						
White.....	13,605	100	49	21	9	21
All other.....	1,134	100	48	7	19	26
Unknown.....	207	100	36	14	18	32
Education:						
Less than 7 years.....	3,503	100	52	10	15	23
7-8 years.....	3,795	100	51	23	9	17
9 years and over.....	5,456	100	53	25	4	18
Not reported.....	2,191	100	29	18	17	36
Health limitations:						
Confined to bed or house..	825	100	28	14	17	41
Other limitations.....	1,931	100	42	14	15	29
No limitation.....	10,266	100	55	22	7	16
Not reported.....	1,923	100	30	19	15	36
Marital status:						
Nonmarried.....	6,757	100	47	18	12	23
Married.....	6,814	100	54	23	6	17
Not reported.....	1,375	100	29	16	19	36
Living arrangement:						
Institution.....	812	100	16	10	30	43
Living alone.....	3,162	100	50	20	12	18
Living with spouse only...	5,274	100	55	25	4	16
Living with other.....	3,997	100	55	16	8	21
Not reported.....	1,700	100	29	19	16	36
Household size:						
1 person.....	3,907	100	43	18	16	23
2 persons.....	6,670	100	55	23	5	17
3 or more persons.....	2,663	100	53	16	8	23
Not reported.....	1,704	100	29	19	16	36



TABLE 2.--Estimated number and percent of supplementary medical insurance enrollees using covered medical services, by source of payment of deductibles and coinsurance amounts and selected characteristics, 1967--Continued

Characteristic	Enrollees using services (in thousands)	Percent of source of payment				
		Total	Self or spouse	Insurance <u>1/</u>	Welfare <u>1/</u>	Other <u>2/</u>
<b>Work status:</b>						
None.....	9,914	100	50	19	10	21
Part time.....	1,164	100	60	22	4	14
Full time.....	1,236	100	59	24	1	16
Not reported.....	2,632	100	34	20	14	32
<b>Family income:</b>						
Less than \$3,000.....	4,674	100	53	14	14	19
3,000-4,999.....	1,886	100	51	26	7	16
5,000 and over.....	2,072	100	50	23	4	23
Not reported.....	6,314	100	44	22	9	25
<b>Private health insurance coverage:</b>						
No plan at all.....	6,210	100	57	4	20	19
Hospital care only.....	1,046	100	57	22	2	19
Hospital and surgical care only.....	1,611	100	52	30	1	17
Hospital, surgical and physicians' care.....	3,809	100	42	42	1	15
Other combinations.....	268	100	41	36	6	17
Not reported.....	2,001	100	30	18	15	37
<b>Welfare status:</b>						
No welfare.....	12,077	100	55	24	---	21
Some welfare.....	2,869	100	20	3	50	27
<b>Region:</b>						
Northeast.....	4,130	100	43	23	10	24
North Central.....	4,313	100	50	26	7	17
South.....	4,190	100	56	14	8	22
West.....	2,313	100	45	14	17	24
<b>Size of community:</b>						
Urban.....	13,242	100	47	21	10	22
Rural.....	1,699	100	64	13	10	13

1/ Either alone or in combination with payment by self or spouse.

2/ Includes other combinations of sources of payment and unknowns.

**Note:** Small numbers are subject to relatively large sampling variability. They are shown here only to assist the users of data should they wish to form aggregates and not because they possess reliability in and of themselves.

TABLE 3.--Estimated use of and charges for prescription drugs, supplementary medical insurance enrollees, by selected characteristics, 1967

Characteristic	Persons acquiring prescription drugs		Number of prescriptions		Charges		
	Total (in thousands)	Percent of total enrolled	Total (in thousands)	Per person acquiring drugs	Total (in millions)	Per person acquiring drugs	Per prescription
Total.....	14,780	78	199,007	14.1	\$788	\$56	\$3.96
Age:							
65-69.....	4,430	75	51,997	12.8	211	52	4.05
70-74.....	4,348	79	58,261	13.7	230	54	3.94
75 and over.....	6,002	80	88,748	15.3	347	60	3.91
Sex:							
Men.....	5,914	73	72,723	13.0	297	53	4.08
Women.....	8,865	82	126,284	14.8	491	58	3.89
Race:							
White.....	13,481	78	185,351	14.4	737	57	3.98
All other.....	1,110	76	11,227	10.7	40	39	3.59
Unknown.....	189	75	2,428	15.8	10	67	4.22
Education:							
Less than 7 years.....	3,613	78	51,438	14.6	191	54	3.70
7-8 years.....	3,857	78	52,487	13.9	204	54	3.89
9 years and over.....	5,486	78	74,191	13.9	311	58	4.19
Not reported.....	1,823	76	20,891	14.3	83	56	3.95
Health limitations:							
Confined to bed or house.....	766	87	19,804	26.1	81	107	4.09
Other limitations.....	1,981	90	37,945	19.5	146	75	3.84
No limitation.....	10,454	76	124,660	12.2	496	49	3.98
Not reported.....	1,580	75	16,598	13.6	65	53	3.90
Marital status:							
Nonmarried.....	6,783	79	94,498	14.3	359	54	3.80
Married.....	6,892	77	92,796	13.9	382	57	4.12
Not reported.....	1,105	75	11,714	14.2	47	57	4.03
Living arrangement:							
Institution.....	686	79	13,797	20.6	57	86	4.15
Living alone.....	3,193	78	40,163	12.8	156	50	3.88
Living with spouse only.....	5,387	78	72,729	13.9	297	57	4.09
Living with other.....	4,139	78	57,933	14.4	221	55	3.81
Not reported.....	1,375	76	14,385	13.8	57	54	3.94
Household size:							
1 person.....	3,829	78	53,373	14.2	211	56	3.95
2 persons.....	6,809	78	92,285	13.9	372	56	4.03
3 or more persons.....	2,762	78	38,904	14.5	148	55	3.81
Not reported.....	1,379	76	14,445	13.8	57	54	3.94

TABLE 3.--Estimated use of and charges for prescription drugs, supplementary medical insurance enrollees, by selected characteristics, 1967--Continued

Characteristic	Persons acquiring prescription drugs		Number of prescriptions		Charges		
	Total (in thousands)	Percent of total enrolled	Total (in thousands)	Per person acquiring drugs	Total (in millions)	Per person acquiring drugs	Per prescription
<b>Work status:</b>							
None.....	10,119	81	149,456	15.0	589	59	3.94
Part time.....	1,194	73	12,024	10.5	48	42	4.00
Full time.....	1,189	64	10,594	9.7	44	40	4.17
Not reported.....	2,277	78	26,931	14.1	107	56	3.97
<b>Family income:</b>							
Less than \$3,000.....	4,796	78	66,965	14.2	257	55	3.84
3,000-4,999.....	1,962	77	25,946	13.6	100	52	3.86
5,000 and over.....	2,133	78	30,087	14.5	125	60	4.16
Not reported.....	5,889	78	76,009	14.0	305	56	4.02
<b>Private health insurance coverage:</b>							
No plan at all.....	6,415	77	86,860	13.8	336	54	3.87
Hospital care only.....	1,090	82	14,916	14.0	58	54	3.87
Hospital and surgical care only.....	1,585	80	23,054	14.9	93	60	4.01
Hospital, surgical and physicians' care.....	3,767	78	52,150	14.3	215	59	4.12
Other combinations.....	260	85	4,150	16.2	17	67	4.15
Not reported.....	1,662	76	17,878	13.7	70	53	3.89
<b>Welfare status:</b>							
No welfare.....	12,102	77	157,672	13.7	634	55	4.02
Some welfare.....	2,677	82	41,334	16.0	154	60	3.73
<b>Region:</b>							
Northeast.....	4,024	78	48,746	12.7	186	48	3.81
North Central.....	4,250	76	56,521	13.9	230	56	4.07
South.....	4,281	79	63,717	15.6	235	58	3.69
West.....	2,224	79	30,023	14.2	137	65	4.57
<b>Size of community:</b>							
Urban.....	12,984	78	173,592	14.0	691	56	3.98
Rural.....	1,791	77	25,376	14.5	97	56	3.83
Not reported.....	4	100	38	9.1	1/	30	3.34

1/ Less than 500,000.

Note: Small numbers are subject to relatively large sampling variability. They are shown here only to assist the users of data should they wish to form aggregates and not because they possess reliability in and of themselves.