#### VITAL and HEALTH STATISTICS DATA FROM THE NATIONAL HEALTH SURVEY

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# characteristics of patients of Selected Types of Medical Specialists and Practitioners

United States July 1963 - June 1964

Statistics on persons with one or more visits to selected types of medical specialists and practitioners during the survey year, by age, sex, residence, geographic region, family income, usual activity status, color, and education of head of family. Based on data collected in household interviews during the period July 1963-June 1964.

Washington, D.C.

May 1966

, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE John W. Gardner Secretary

Public Health Service William H. Stewart Surgeon General



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IN THIS REPORT, data show the percentage of persons who consulted selected types of medical specialists and practitioners by age, sex, residence, geographic region, family income, usual activity status, color, and education of the head of family. Collected in the Health Interview Survey during July 1963-June 1964, the data also show the annual number of visits per patient to each type of specialist or practitioner. Seven types of medical specialists and three types of practitioners were included in the survey. A study conducted to derive an estimate of the accuracy with which respondents recognized the 10 specialty areas is summarized in Appendix IV.

The topic concerning specialists and practitioners was a supplemental item on which information had not previously been collected in the survey. Preliminary estimates showing the percentage of persons consulting medical specialists, based on data collected during the first three months of the survey, were published in Vital and Health Statistics, Series 10, No. 9.

In general, data in this report indicate that a greater percentage of persons in high income families consulted these types of specialists and practitioners than did those in low income families. Also, for the majority of these specialists and practitioners, a greater percentage of the population residing in metropolitan areas reported visits than did those outside metropolitan areas.

#### 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	*

# CHARACTERISTICS OF PATIENTS OF SELECTED TYPES OF MEDICAL SPECIALISTS AND PRACTITIONERS

Mary M. Hannaford, Division of Health Interview Statistics

### SELECTED FINDINGS

Among the civilian, noninstitutional population of the United States, a greater percentage of persons in high income families consulted selected types of medical specialists and practitioners during the year ending June 1964 than did persons in low income families. In addition, a larger proportion of persons living in standard metropolitan statistical areas (SMSA's) visited these specialists than did nonmetropolitan residents. This information is based on data obtained in household interviews conducted in the Health Interview Survey, National Center for Health Statistics, during July 1963-June 1964.

The types of specialists and practitioners chosen for the survey were pediatricians, obstetricians or gynecologists, ophthalmologists, otolaryngologists, psychiatrists, dermatologists, orthopedists, chiropractors, optometrists, and podiatrists. They were selected because it was felt that household respondents would recognize these specialty areas and be able to provide reasonably accurate information concerning them. Visits to specialists may have included some visits to physicians who were not certified as specialists even though their practice was limited to one of the specialty areas listed above.

Certain illnesses, injuries, conditions, or preventive services for which these types of medical specialists and practitioners were consulted were often particularly characteristic of one sex group or of certain age groups. For example, while only 19.5 percent of the population under 17 years of age were seen by pediatricians during the survey year, one out

of every three children under 6 was seen by this type of specialist. Although a fairly large percentage of females in the childbearing years (18.9 percent of females aged 17-44 years) consulted obstetricians and gynecologists, an even larger percentage (24.4 percent) of the females 25-34 years of age reported visits to these specialists. Dermatologists were seen by approximately 2.4 percent of persons 17-24 years of age. Proportionately more females in this age group (2.8 percent) saw medical skin specialists than did males (2.0 percent). About 2.2 percent of children under 6 years of age were seen by orthopedists during the survey year. Relative to other age groups of podiatry patients, a large percentage of females 45 years or older (5.0 percent) consulted podiatrists.

For each selected type of specialist, family income had a direct relationship to the percentage of persons consulting that particular specialist. As family income rose, there was a corresponding increase in the percentage of the population reporting visits to each type of specialist. For pediatric patients this increase ranged from 7.5 percent of the children under 17 years of age in families with incomes less than \$2,000 to 33.0 percent of children in the same age group whose family had an annual income of \$10,000 or more. For chiropractor's services, however, the increase in the percentage of persons in the higher income group was much smaller. Those consulting chiropractors ranged from 2.0 percent of the persons in lower income families to 2.4 percent of the persons in higher income families.

With the exception of chiropractic patients. a percentage increase of persons consulting each selected type of specialist was related to increased educational attainment of the head of the household in which the person lived. This increase, for obstetric and gynecologic patients, ranged from 2.9 percent of females in families whose head of household had less than 9 years of education to 15.0 percent of the females in households whose head of family had at least one year of college education. For pediatric patients, this increase ranged from 7.0 percent of the children under 17 years of age whose head of household was in the lower educational group to 37.4 percent of the children in the same age group whose head of family had completed at least one year of college. However, the decrease in percentage of chiropractic patients ranged from 2.4 percent of those in families at the lower

educational level to 1.9 percent of those in families at the highest educational level.

The average annual number of visits per patient to each of the selected types of medical specialists and practitioners is related to the type of service the specialist or practitioner performs and to the severity of the condition for which the patient consults the specialist. Pediatric patients had 3.2 visits per child during the year. Obstetric and gynecologic patients averaged 3.9 visits per female, although this rate varied by age group, ranging from 2.2 visits per female 45-64 years of age to 5.2 visits per female 17-24 years of age. Both psychiatric and chiropractic patients averaged about 4.7 visits per person during the year while the ophthalmologic patient had 1.8 visits and the optometric patient had 1.4 visit per person.

### SOURCE AND LIMITATIONS OF THE DATA

The information contained in this publication is derived from household interviews conducted by the Health Interview Survey in cooperation with the U.S. Bureau of the Census in a probability sample of the civilian, noninstitutional population of the United States. The sample is designed so that interviews are conducted during every week of the year. During the 52-week period from July 1963 through June 1964, the sample was composed of approximately 42,000 households containing about 134,000 persons living at the time of the interview.

A description of the design of the survey, the methods used in estimation, and the general qualifications of data obtained from surveys is presented in Appendix I. Since the estimates shown in this report are based on a sample of the population rather than on the entire population, they are subject to sampling error. Therefore, particular attention should be paid to the section entitled "Reliability of Estimates." Sampling errors for most of the estimates are of relatively low magnitude. However, where an estimated number or the numerator or the denominator of a rate or percentage is small, the sampling error may be high. Charts of relative sampling errors and instructions for their use are shown in Appendix I.

Certain terms used in this report are defined in Appendix II. Because many of these terms have specialized meanings to serve the purpose of the survey, the reader should familiarize himself with these definitions.

The questionnaire items used to obtain data about certain medical specialists and practitioners during the 12 months prior to the time of the survey are illustrated in Appendix III. Before answering specific questions about the specialists, the respondent was asked to check "ves" or "no" on card NHS-HIS-1(a) (also illustrated in Appendix III), indicating which specialists had been seen by members of the family during the past 12 months. For some medical specialists and practitioners, brief definitions were given on the card to help the respondent more easily identify the type of specialist that had been consulted.

These questions about medical specialists and practitioners were asked during an interview which included many other questions about health, medical care, and basic demographic characteristics for all persons in the household. Readers who are interested in the entire questionnaire will find it reproduced in the report *Vital and Health Statistics*, Series 10, No. 13.

A general limitation to all data obtained by household interview is that the data are no better than the respondent's knowledge of and willingness to discuss his affairs. A small study was conducted to obtain some information about the respondents' ability to identify professional persons as specific types of specialists or practitioners. Appendix IV describes that study and summarizes its results.

### INTRODUCTION TO DETAILED DATA

The body of this report is divided into 10 sections, one for each of the medical specialists and practitioners selected for inclusion in the questionnaire. The seven types of medical specialists (pediatrician, obstetrician or gynecologist, ophthalmologist, otolaryngologist, psychiatrist, dermatologist, and orthopedist) and the three types of practitioners (chiropractor, optometrist, and podiatrist) were selected because it was felt that they would usually be recognized by respondents who had consulted them and that respondents would be able to provide reasonably accurate information about visits to them.

In general, the tabular material shown for each medical specialist or practitioner has been presented in a manner to facilitate comparisons of the percentage of a population group using a specialty service and the annual number of visits per patient to a specialist by these population groups according to sex by age, residence, region, family income, and usual activity status. Further comparisons can be made for the percentage of the population and the number of visits for these people by color and the educational level of the head of the family according to family income.

An attempt has been made to present some interpretation of the meanings of the survey data shown in this report. In addition, the discussion of the tabular material in each of the sections is descriptive. Definitions have been provided where it was felt that clarification of the material was needed.

### PEDIATRICIAN

An estimated 12,833,000 children under 17 years of age were seen by a pediatrician during the survey year. This figure represents 19.5 percent of the total civilian, noninstitutional population under 17 years of age. About one-third of the children under 6 years of age were seen by these medical doctors, who specialize in the treatment of children and children's illnesses (table 1). Approximately 11.8 percent of the children 6-16 years of age utilized pediatric services. There was little difference in the percentage of males and females seen by pediatricians.

About one-fourth of the children under 17 years of age who resided in metropolitan areas were seen by pediatricians, while one out of eight children in the same age group who lived in nonfarm areas outside SMSA's received pediatric services. About 4.0 percent of those children under 17 years of age who lived on farms were seen by this type of specialist during the survey year.

A greater percentage of the children under 17 years of age in the Northeast and the West Regions had visits to pediatricians than those in the North Central and South Regions. Both groups (24.4 percent of the Northeast population under 17 and 20.7 percent of the population of the same age group in the West) were above the 19.5 percent of the total population under 17 years of age seen by pediatricians. Only 16.4 percent of the children in the North Central Region and 18.0 percent of

the children in the South Region saw pediatricians during the survey year.

Although the percentage of the population under 17 years of age utilizing pediatric services increased as family income increased, the percent of the children seeing pediatricians within each income group where the family income was less than \$7,000 was below that for the total population under 17 years of age. For members of families with less than \$2,000 annual income, 7.5 percent saw pediatricians while about one-third of all children under 17 years of age in families with income of \$10,000 or more saw this type of specialist.

The average annual number of visits (3.2 per pediatric patient) was about the same for most of the characteristics shown in table 2. Fewer visits were made by children 6-16 than for those under 6 years of age. For children under 6 years, 3.6 visits per person were made, while only 2.4 visits per person were made to pediatricians by the age group 6-16 years. Children under 17 years of age in metropolitan areas had more visits per person to this specialist than did those living outside metropolitan areas. This was 3.2 visits per child in the urban area compared with 2.7 visits per person who lived on farms outside metropolitan areas.

The percent of the white population under 17 years of age to whom pediatric services were rendered was greater than that for the nonwhite population (table 3). About 20.7 percent of the white children under 17 years of age were seen by pediatricians while only 12.3 percent of the nonwhite children saw this type of specialist. Proportionately twice as many children in families with income of \$4,000 or more (23.0 percent) saw a pediatrician as did those in the lower income families (10.0 percent). This income differential was observed for both the white and nonwhite populations who required pediatric services during the survey year.

The percentage of the population under 17 years of age who were seen by pediatricians during the survey year increased as the educational level of the head of family increased, ranging from 7.0 percent of the population whose head of family had less than 9 years of school to 37.4 percent of those in families where the head of household had some college education (fig. 1).

Regardless of family income, there was a significant increase in percent of the population seeing this type of specialist as educational level increased.



Figure 1. Percent of population under 17 years of age who consulted pediatricians, by family income and education of head of family.

Table 1. Number of persons and percent of the population under 17 years of age with pediatric visits, by sex according to selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female	
	Number of persons with visits in thousands			Percen	Percent of population with visits		
All persons under 17 years <sup>1</sup>	12,833	6,522	6,310	19.5	19.5	19.5	
Age							
Under 6 years	8,007	4,114	3,893	32.1	32.4	31.7	
6-16 years	4,826	2,409	2,417	11.8	11.6	12.0	
Residence							
SMSA	10,156	5,127	5,029	24.5	24.4	24.7	
Outside of SMSA:							
Nonfarm	2,498	1,301	1,197	12.5	12.8	12,1	
Farm	179	94	84	4.0	4.0	3.9	
Geographic region						•	
Northeast	3,768	1,863	1,906	24.4	24.0	24.7	
North Central	3,115	1,629	1,486	16.4	16.7	16.1	
South	3,721	1,864	1,857	18.0	17.8	18.2	
West	2,229	1,167	1,062	. 20.7	21.1	20.2	
Family income							
Under \$2,000	· 420	· 192	227	7.5	6.9	8.0	
\$2,000-\$3,999	1,168	585	583	11.3	11.2	11.5	
\$4,000-\$6,999	4,281	2,179	2,102	18.3	18.2	18.3	
\$7,000-\$9,999	3,347	1,726	1,621	23.8	24.2	23.3	
\$10,000 and over	3,214	1,634	1,580	33.0	32.8	33.3	

<sup>1</sup>Includes unknown income.

#### Table 2. Number of pediatric visits and number of visits per patient (under 17 years) per year, by sex and selected characteristics: United States, July 1963-June 1964

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Numb	er of visit thousands	s in	Number of visits per patient per year		
All persons under 17 years <sup>1</sup>	40,579	20,737	19,841	3.2	3.2	3.1
Age						1
Under 6 years	29,024	15,088	13,936	3.6	3.7	3.6
6-16 years	11,555	5,649	5,905	2.4	2.3	2.4
Residence						
SMSA	32,730	16,620	16,111	3.2	3.2	3.2
Outside of SMSA:						
Nonfarm	7,369	3,861	3,508	2.9	3.0	2.9
Farm	480	257	223	2.7	2.7	2.7
Geographic region						
Northeast	12,336	6,183	6,153	3.3	3.3	3.2
North Central	9,253	4,801	4,453	3.0	2.9	3.0
South	11,762	5,818	5,944	3.2	3.1	3.2
West	7,227	3,936	3,291	3.2	3.4	3.1
Family income						
Under \$2,000	1,244	646	598	3.0	3.4	2.6
\$2,000-\$3,999	3,725	1,904	1,822	3.2	3.3	3.1
\$4,000-\$6,999	13,987	7,163	6,823	3.3	3.3	3.2
\$7,000-\$9,999	10,604	5,500	5,104	3.2	3.2	3.1
\$10,000 and over	9,860	4,933	4,927	3.1	3.0	3.1

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

<sup>1</sup>Includes unknown income.

Table 3. Number of persons and percent of the population under 17 years of age with pediatric visits, number of pediatric visits, and number of visits per patient per year, by family income according to selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

	Family income						
Characteristic	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	
	Number of persons with visits in thousands		Percent	Percent of population with visits			
All persons under 17 years <sup>2</sup>	12,833	1,588	10,842	19.5	10.0	23.0	
Color							
White	11,670	1,117	10,214	20.7	10.8	23.3	
Nonwhite	1,162	471	629	12.3	8.5	18.7	
Education of head of family							
Under 9 years	1,231	329	850	7.0	4.1	9.8	
9-12 years	6,368	1,012	5,163	19.0	15.3	20.2	
13 years and over	5,126	220	4,766	37.4	30.3	37.8	
	Number of visits in thousands		Number of visits per patient per year		per r		
All persons under 17 years <sup>2</sup>	40,579	4,969	34,450	3.2	3.1	3.2	
Color		•					
White	37,092	3,550	32,560	3.2	3.2	3.2	
Nonwhite	3,487	1,419	1,890	3.0	3.0	3.0	
Education of head of family							
Under 9 years	3,606	970	2,489	2.9	2.9	2.9	
9-12 years	20,005	3,198	16,241	3.1	3.2	3.1	
13 years and over	16,661	716	15,541	3.3	3.3	3.3	

<sup>1</sup>Includes unknown income. <sup>2</sup>Includes unknown education.

### OBSTETRICIAN AND GYNECOLOGIST

During the survey year, approximately 7,866,000 females reported consulting an obstetrician or a gynecologist (table 4). This represents 8.2 percent of the noninstitutional, civilian female population. An obstetrician is a medical doctor who specializes in the care and treatment of women during pregnancy, labor, and delivery, and for a short time thereafter. The gynecologist, also a medical doctor, specializes in the treatment of diseases of women, particularly conditions affecting the reproductive system. Obstetrics and gynecology have been considered a single specialty area for this report.

A greater percentage of females 17-44 years of age consulted obstetricians and gynecologists than did any other age category. This is to be expected, since these are the childbearing years. Within the age range 17-44 years, the population having the largest percentage of females requiring the services of these specialists (24.4 percent) was the age group 25-34 years (fig. 2).



Figure 2. Percent of female population who consulted obstetricians or gynecologists, by age.

The proportion of females in metropolitan areas who consulted obstetricians and gynecologists (9.9 percent) was about four times greater than that of females living on farms outside metropolitan areas (2.7 percent). About 5.6 percent of the females who lived outside metropolitan areas but who did not reside on farms saw these specialists.

Proportionately more females residing in the Northeast and the West Regions (9.5 percent and 9.7 percent) consulted obstetricians and gynecologists than did those living in the North Central and the South Regions (6.9 percent and 7.6 percent, respectively).

The percent of the female population using the services of obstetricians and gynecologists increased as family income increased. This



Figure 3. Number of visits per female who consulted an obstetrician or gynecologist, by age.

percent ranged from 2.8 in the lowest income group (under \$2,000) to 12.5 percent in the group with family income of \$10,000 or more.



Figure 4. Percent of female population who consulted an obstetrician or gynecologist, by family income and education of head of family.

Relatively more females who were keeping house during the survey year consulted obstetricians or gynecologists (14.6 percent) than did any of the other usual activity groups. The percent of working women who saw this type of specialist (10.1 percent) was somewhat lower than the comparable figure for those keeping house. In the "other" usual activity category, 4.8 percent of the population consulted specialists of this type.

The average annual number of visits per obstetric or gynecologic patient was 3.9. However, this number ranged from 2.2 visits for females aged 45-64 years to 5.2 visits for females 17-24 years of age (fig. 3). The highest rate of visits was evident during the childbearing years, 17-44.

The rate at which white females consulted obstetricians and gynecologists (8.7 percent) was approximately twice that for nonwhite females (4.9 percent), as shown in table 5. In the upper family income group (\$4,000 or more) the percent of females who saw these specialists was about twice that for the lower income group in both the white and nonwhite groups.

Increased educational attainment of the head of household affected the percentage of females utilizing the services of obstetricians and gynecologists in a manner similar to increased family income (fig. 4). Of the lower income group, about 1.7 percent of the females whose head of household had less than a high school education consulted these specialists, as opposed to 10.9 percent of the females whose head of household had some college education. For the upper income group, this increase ranged from 4.3 percent to 15.8 percent for the corresponding educational levels of the head of family. Table 4. Number of females and percent of the population with obstetric or gynecologic visits, number of obstetric or gynecologic visits, and number of visits per patient per year, by selected characteristics: United States, July 1963-June 1964

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Characteristic	Fema	les	Visits			
	Number with visits in thousands	Percent of population with visits	Number in thousands	Number per patient per year		
All females <sup>1</sup>	7,866	8.2	30,731	3.9		
Age						
Under 6 years 6-16 years 17-24 years 25-34 years 35-44 years	* 78 1,915 2,735 1,839 871 304 108	* 0.4 18.0 24.4 14.7 7.9 3.6 1.1	* 278 9,948 12,196 5,387 1,959 658 251	* 3.6 5.2 4.5 2.9 2.2 2.2 2.2 2.3		
Residence						
SMSA	6,104	9.9	23,648	3.9		
NonfarmFarm	1,608 154	5.6 2.7	6,551 532	4.1 3.5		
Geographic region						
Northeast North Central South West	2,290 1,850 2,256 1,469	9.5 6.9 7.6 9.7	8,794 7,379 8,798 5,759	3.8 4.0 3.9 3.9		
Family income						
Under \$2,000 \$2,000-\$3,999 \$4,000-\$6,999 \$7,000-\$9,999 \$10,000 and over	337 885 2,590 2,002 1,791	2.8 5.5 8.7 11.0 12.5	1,365 4,063 11,277 7,529 5,557	4.1 4.6 4.4 3.8 3.1		
Usual activity status						
Preschool School Usually working Keeping house Retired Other	* 78 1,991 5,556 * 212	* 0.4 10.1 14.6 * 4.8	* 278 6,614 23,096 * 655	* 3.6 3.3 4.2 * 3.1		

<sup>1</sup>Includes unknown income.

Table 5. Number of females and percent of the population with obstetric or gynecologic visits, number of obstetric or gynecologic visits, and number of visits per patient per year, by family income according to selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

-	Family income					
Characteristic	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over
	Number of persons with visits in thousands		Percent of population with visits		on with	
All females <sup>2</sup>	7,866	1,222	6,382	8.2	4.3	10.3
Color				•		
White	7,311	997	6,081	8.7	4.6	10.4
Nonwhite	555	225	301	4.9	3.3	7.6
Education of head of family						
Under 9 years	865	242	578	2.9	1.7	4.3
9-12 years	4,075	723	3;226	9.0	6.8	10.0
13 years and over	2,878	246	2,548	15.0	10.9	15.8
	Number of visits in thousands			Number of visits per patient per year		
All females <sup>2</sup>	30,731	5,428	24,362	3.9	4.4	3.8
Color						
White	28,267	4,435	23,026	3.9	4.4	3.8
Nonwhite	2,464	992	1,336	4.4	4.4	4.4
Education of head of family						
Under 9 years	3,285	914	2,207	3.8	3.8	3.8
9-12 years	16,895	3,388	12,999	4.1	4.7	4.0
13 years and over	10,368	1,068	9,062	3.6	4.3	3.6

<sup>1</sup>Includes unknown income. <sup>2</sup>Includes unknown education.

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### OPHTHALMOLOGIST

An estimated total of 11,521,000 persons, or 6.2 percent of the noninstitutional, civilian population, reported consulting an ophthalmologist during the 12-month period of the survey. An ophthalmologist is a medical eye specialist who, in addition to giving medical and surgical treatment for eye diseases, makes examinations and prepares prescriptions for corrective lenses.

Many eye problems for children are of a severe nature and probably require the services of an ophthalmologist,<sup>1</sup> This may account for the 1.6 percent of the children under 6 years of age who were seen by an ophthalmologist (table 6). During the age span where school participation is concentrated (6-24 years), the percentage of persons utilizing ophthalmologic services was between 6 and 7 percent. The incidence of eye conditions is comparatively low among persons in the age interval 25-44 years.<sup>2</sup> Furthermore, persons who have reached the age of 25 without the need of corrective lenses do not often need such correction until the development of agerelated conditions affecting visual perception. These considerations may have contributed to the comparatively low percentage of persons in this age group with visits to ophthalmologists (5.2 percent). Eye changes, which begin to occur at 45 years, were largely responsible for the greater percentage of people aged 45-64 who consulted ophthalmologists. About 8.1 percent of this age group saw ophthalmologists. Eye changes, which are even more numerous at 65 years of age or over, together with the onset of eye diseases such as cataracts and glaucoma, which occur at a higher rate in this age group, would account for the large percentage (9.9 percent) of people 65 or over who reported consulting an ophthalmologist during the survey year.

Figure 5 shows that the pattern for the percentage of persons consulting ophthalmologists was similar for both sexes, although the percentage for females with visits was slightly higher throughout the life span except under 6 years of age. The sex differential is apparent when the data are considered by other characteristics shown in table 6.

The proportion of the population that consulted ophthalmologists was greater for persons residing in metropolitan areas than for people who lived outside metropolitan areas. In fact, the proportion of persons in metropolitan areas who consulted ophthalmologists (7.1 percent) was twice that for people living on farms in rural areas (3.5 percent).

When the percent of the population using the services of an ophthalmologist for the four major geographic regions was compared with that of the total population, proportionately more people in the Northeast (7.5 percent) and the West (6.8 percent) Regions visited this type of specialist. The percentages of persons with visits in the North Central (5.4 percent) and the South (5.5 percent) Regions were below the 6.2 percent of the total population to whom ophthalmologic services were rendered.



Figure 5. Percent of population who consulted ophthalmologists, by age and sex.

<sup>&</sup>lt;sup>1</sup>Hirsch, M. J., and Wick, R. E., eds.: Vision of Children. hiladelphia. Chilton Co., 1963.

<sup>&</sup>lt;sup>2</sup>Hirsch, M. J., and Wick, R. E., eds.: Vision of the Aging Patient. Philadelphia. Chilton Co., 1960.

Since some people are not capable of properly distinguishing between ophthalmologists, optometrists, and opticians, there undoubtedly is some confusion on the part of the respondent who considers all three of these "eye doctors." While we have no way of measuring the extent of the reporting error this introduces, it probably affects the estimates for persons of low economic and educational status more than it affects estimates for persons in higher socioeconomic groups. This may explain to some extent why 5.2 percent of the persons with less than \$2,000 family income reported visiting an ophthalmologist during the 12-month period while only 4.3 percent in the \$2,000-\$3,999 group and 5.0 percent in the \$4,000-\$6,999 group visited an ophthalmologist during the survey year. The low income group's high rate of visits to ophthalmologists is also related to the large proportion of persons aged 65 or older living in low income families. With the exception of the lowest income group, the percentage of the population who used the services of ophthalmologists increased with income.

The usual activity status of the people who reported seeing an ophthalmologist reillustrates the influence of age on the distribution of this specialist's services. It also more clearly defines the population aged 45 or older as the major users of ophthalmologic services. This is reflected by the retired population, of which 8.9 percent consulted an ophthalmologist. The "other" group also had a large percentage (8.1) of people who saw this type of specialist.

Although the average annual rate of visits per ophthalmologic patient was approximately 1.8, the rate was somewhat greater at the extreme age groups (table 7). Children under 6 and people 65 or older made an average of 2.3 visits per person per year. This is perhaps explained by the severity of the eye conditions experienced by people in these age groups.

As shown in table 8, proportionately twice as many white people (6.6 percent) visited ophthalmologists during the survey year as did nonwhite persons (3.2 percent). The ratio of the percentages of these two groups who consulted ophthalmologists remained fairly constant when color was compared by family income.

When family income and educational level of the head of household increased, the percentage of the population using ophthalmologic services also increased (fig. 6). Table 8 shows that proportionately twice as many people whose head of household had some college education saw ophthalmologists as did those in the other education categories. The proportion of the college level group who consulted ophthalmologists was 10.6 percent as compared with 4.3 percent for members of families whose head of household had less than 9 years of education and 5.7 percent whose head of family had some high school education.



Figure 6. Percent of population who consulted ophthalmologists, by family income and education of head of family.

#### Table 6. Number of persons and percent of the population with ophthalmologic visits, by sex according to selected characteristics: United States, July 1963-June 1964

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number of persons with visits in thousands			umber of persons with visits Percent of in thousands with y		
All persons <sup>1</sup>	11,521	4,892	6,629	6.2	5.4	6.9
Age						
Under 6 years	402	203	200	1.6	1.6	1.6
6-16 years	2,806	1,303	1,503	6.9	6.3	7.5
17-24 years	1,208	495	713	6.1	5.4	6.7
25-44 years	2,365	1,055	1,311	5.2	4.9	5.5
45-64 years	3,053	1,235	1,818	8.1	6.8	9.3
65 years and over	1,686	600	1,086	9.9	8.0	11.5
Residence						
SMSA	8,404	3,606	4,797	7.1	6.3	7.8
Outside of SMSA:						
Nonfarm	2,706	1,086	1,620	4.9	4.1	5.7
Farm	411	199	212	3.5	3.3	3.8
Geographic region						
Northeast	3,505	1,484	2,021	7.5	6.7	8.4
North Central	2,874	1,251	1,622	5.4	4.8	6.0
South	3,137	1,264	1,873	5.5	4.6	6.3
West	2,005	892	1,113	6.8	6.2	7.3
Family income						
Under \$2,000	1,104	336	768	5.2	3.6	6.3
\$2,000-\$3,999	1,296	478	818	4.3	3.4	5.1
\$4,000-\$6,999	2,934	1,288	1,646	5.0	4.4	5.5
\$7,000-\$9,999	2,472	1,122	1,350	6.8	6.1	7.4
\$10,000 and over	3,184	1,476	1,708	11.0	10.2	11.9
Usual activity status						
Preschool	402	203	200	1.6	1.6	1.6
School	2,806	1,303	1,503	6.9	6.3	7.5
Usually working	3,907	2,391	1,516	6.2	5,5	7.7
Keeping house	2,835		2,835	7.5	•••	7.5
Retired	668	540	128	8.9	8.5	11.3
Other	902	454	448	8.1	6.8	10.2
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<sup>1</sup>Includes unknown income.

# Table 7. Number of ophthalmologic visits and number of visits per patient per year, by sex and selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number of visits in thousands			Number of visits per patient per year		
All persons <sup>1</sup>	20,250	8,542	11,707	1.8	1.7	1.8
Age						
Under 6 years	932	433	500	2.3	2.1	2.5
6-16 years	4,247	2,022	2,225	1.5	1.6	1.5
17-24 years	2,001	795	1,206	1.7	1.6	1.7
25-44 years	3,943	1,751	2,192	1.7	1.7	1.7
45-64 years	5,312	2,145	3,166	1.7	1.7	1.7
65 years and over	3,815	1,396	2,418	2.3	2.3	2.2
Residence						
SMSA	14,859	6,347	8,512	1.8	1.8	1.8
Outside of SMSA:						
Nonfarm	4,631	1,794	2,837	1.7	1.7	1.8
Farm	760	401	359	1.8	2.0	1.7
Geographic region						
Northeast	5,802	2,489	3,313	1.7	1.7	1.6
North Central	5,057	2,176	2,881	1.8	1.7	1.8
South	5,575	2,224	3,351	1.8	1.8	1.8
West	3,816	1,654	2,162	1.9	1.9	1.9
Family income	•					
Under \$2,000	2,294	702	1,592	2.1	2.1	2.1
\$2,000-\$3,999	2,535	986	1,549	2.0	2.1	1.9
\$4,000-\$6,999	5,208	2,322	2,886	1.8	1.8	1.8
\$7,000-\$9,999	4,218	1,838	2,380	1.7	1.6	1.8
\$10,000 and over	5,006	2,351	2,655	1.6	1.6	1.6
Usual activity status						
Preschool	932	433	500	2.3	2.1	2.5
School	4,247	2,022	2,225	1.5	1.6	1.5
Usually working	6,655	4,046	2,608	1.7	1.7	1.7
Keeping house	5,211	•••	5,211	1,8		1.8
Retired	1,567	1,249	318	2.3	2.3	2.5
Other	1,638	793	845	1.8	1.7	1.9

<sup>1</sup>Includes unknown income.

Table 8. Number of persons and percent of the population with ophthalmologic visits, number of ophthalmologic visits, and number of visits per patient per year, by family income according to selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

	Family income					
Characteristic	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over
	Number of	persons wi n thousands	th visits	Percent	of populati visits	on with
All persons <sup>2</sup>	11,521	2,399	8,590	6.2	4.6	6.9
<u>Color</u>						
White	10,832	2,053	8,291	6.6	5.2	7.1
Nonwhite	689	347	299	3.2	2.8	3.7
Education of head of family						
Under 9 years	2,523	1,080	1,293	4.3	3.9	4.8
9-12 years	4,934	887	3,825	5.7	4.7	6.0
13 years and over	3,939	383	3,422	10.6	9.7	10.8
	Number of visits in thousands			Number of visits per patient per year		
All persons <sup>2</sup>	20,250	4,829	14,432	1.8	2.0	1.7
Color						
White	18,909	4,081	13,911	1.7	2.0	1.7
Nonwhite	1,341	,748	521	1.9	2.2	1.7
Education of head of family					1	
Under 9 years	4,919	2,286	2,314	1.9	2.1	1.8
9-12 years	8,673	1,660	6,625	1,8	1.9	1.7
13 years and over	6,443	805	5,398	1.6	2.1	1.6

 ${}^{1}_{2}$ Includes unknown income. Includes unknown education.

### OTOLARYNGOLOGIST

During the survey year an estimated 4,609,000 persons—2.5 percent of the civilian, noninstitutional population—consulted otolaryngologists (physicians who specialize in conditions affecting the ear, nose, and throat).

In each of the age categories except the group under 6 years, 2.4 to 2.8 percent of the population utilized the services of an otolaryngologist during the 12-month period (table 9). The youngest age group recorded the smallest percentage. Only 1.8 percent of the children under 6 years were seen by a doctor specializing in ear, nose, and throat conditions. Among persons 45-64 years of age, the largest percentage of the population (2.8 percent) consulted otolaryngologists.

Proportionately more females 17 years or older utilized the services of otolaryngologists than did males in the same age group (fig. 7). Sex differences in the prevalence of conditions for which otolaryngologists are usually consulted may explain to some extent the variations in the percentages of males and females seeing this medical specialist. For example, *Health Statistics*, Series B, No. 12, shows that the prevalence rate for sinusitis is significantly higher among females than among males. In general, the percentage of the population using the services of otolaryngologists increased with age up to 65 years. The percentage of females consulting otolaryngologists decreased at this age, but there was no change in the percentage of males.

The distribution of persons with visits according to place of residence indicated that the availability of specialists was an important factor in the proportion of people who utilized such services. Specialists usually establish their practices in urban areas and, therefore, are more readily available to urban dwellers. As shown in table 9, proportionately twice as many people living in standard metropolitan statistical areas (2.8 percent) utilized the services of otolaryngologists as did those living on farms (1.4 percent).



Figure 7. Percent of population who consulted otolaryngologists, by age and sex.



Figure 8. Percent of population who consulted otolaryngologists, by family income and education of head of family.

Of the four major geographic regions into which the United States is divided, the greatest percentage of the population using the services of otolaryngologists was found in the West Region (3.1 percent). In each of the other major regions, the percentage of the population consulting this specialist was about the same as that of the total population.

In general, the percentage of the population consulting otolaryngologists increased as family income increased. For those living in families with income of \$7,000 or more, the percent of the population consulting otolaryngologists (3.2 percent) was above the percent of the total population consulting this type of specialist (2.5 percent).

The average annual number of visits for otolaryngologic patients was approximately 2.5 visits per person for most of the characteristics shown in table 10. However, the number of visits yearly per patient increased with age up to 65 years, ranging from 2.1 visits for children under 6 years to 2.7 visits for people aged 45-64.

Not only was the percentage of the population with visits of this type appreciably higher in the white than in the nonwhite population, but the number of visits per person receiving this type of service was also greater in the white population (table 11). The proportion of white persons who consulted otolaryngologists (2.6 percent) was twice that for the nonwhite population (1.3 percent). This differential was consistent even within income groups.

The pattern of the effect of educational level on the percent of the population consulting otolaryngologists was quite similar to the pattern for income (fig. 8). The group in which the head of family had some college education was comparable to that of the highest income class (3.7 percent). However, at this level of education, income had little effect on the percent of the population consulting otolaryngologists. Table 9. Number of persons and percent of the population with otolaryngologic visits, by sex according to selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number of persons with visits			Percent of population		
	i	n thousand:	5	with visits		
All persons <sup>1</sup>	4,609	2,116	2,494	2.5	2.3	2.6
Age						
Under 6 years	459	251	208	1.8	2.0	1.7
6-16 years	1,057	562	495	2.6	2.7	2.5
17-24 years	474	199	275	2.4	2.2	2.6
25-44 years	1,141	478	664	2.5	2.2	2.8
45-64 years	1,047	444	602	2.8	2.4	3.1
65 years and over	432	182	250	2.5	2.4	2.6
Residence						
SMSA	3,291	1,518	1,774	2.8	2.7	2.9
Outside of SMSA:						
Nonfarm	1,156	521	636	2.1	1.9	2.2
Farm	162	77	84	1.4	1.3	1.5
Geographic region						
Northeast	1,084	498	586	2.3	2.2	2.4
North Central	1,229	553	676	2.3	2.1	2.5
South	1,374	621	754	2.4	2.3	2.6
West	922	443	478	3.1	3.1	3.2
Family income						
Under \$2.000	419	165	254	2.0	1.8	2.1
\$2.000-\$3.999	540	206	334	1.8	1.5	2.1
\$4.000-\$6.999	1,357	668	689	2.3	2.3	2.3
\$7,000-\$9,999	1,043	490	552	2.9	2.7	3.0
\$10,000 and over	1,041	502	539	3.6	3.5	3.8
Usual activity status						
Preschool	459	251	208	1.8	2.0	1.7
School	1,057	562	495	2.6	2.7	2.5
Usually working	1,528	968	561	2.4	2.2	2.8
Keeping house	1,042	•••	1,042	2.7		2.7
Retired	200	160	*	2.7	2.5	*
Other	324	176	148	2.9	2.6	3.4

<sup>1</sup>Includes unknown income.

Table 10. Number of otolaryngologic visits and number of visits per patient per year, by sex and selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

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Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number of visits in thousands		Number of visits per patient per year			
All persons <sup>1</sup>	11,324	5,235	6,089	2.5	2.5	2.4
Age						
Under 6 years	979	511	467	2.1	2.0	2.2
6-16 years	2,427	1,370	1,057	2.3	2.4	2.1
17-24 years	1,131	510	621	2.4	2.6	2.3
25-44 years	2,928	1,254	1,674	2.6	2.6	2.5
45-64 years	2,813	1,178	1,636	2.7	2.7	2.7
65 years and over	1,046	412	634	2.4	2.3	2.5
Residence						
SMSA	8,242	3,795	4,446	2.5	2.5	2.5
Outside of SMSA:	0 701	1 076	1 445	<b>2</b> 4	2.6	
Nontarm	2,721	1,2/6	1,445	2.4	2.4	2.3
farm	362	104	198	2.2	2.1	2.4
Geographic region						
Northeast	2,609	1,271	1,338	2.4	2.6	2.3
North Central	2,988	1,350	1,638	2.4	2.4	2.4
South	3,336	1,527	1,809	2.4	2.5	2.4
West	2,391	1,087	1,304	2.6	2.5	2.7
Family income			:			
Under \$2,000	967	349	618	2.3	2.1	2.4
\$2,000-\$3,999	1.319	516	802	2.4	2.5	2.4
\$4 000-\$6 999	3,425	1,704	1.721	2.5	2.6	2,5
\$7 000-\$9,999	2,500	1,209	1,291	2.4	2.5	2.3
\$10,000 and over	2,655	1,286	1,369	2.6	2.6	2.5
Usual activity status						
Preschool	979	511	467	2.1	2.0	2.2
School	2,427	1,370	1,057	2.3	2.4	2.1
Usually working	4,044	2,568	1,475	2.6	2.7	2.6
Keeping house	2,603		2,603	2.5		2.5
Retired	482	363	119	2.4	2.3	*
Other	791	423	367	2.4	2.4	2.5

<sup>1</sup>Includes unknown income.

Table 11. Number of persons and percent of the population with otolaryngologic visits, number of otolaryngologic visits, and number of visits per patient per year, by family income according to selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

	Family income					
Characteristic	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over
	Number of persons with visits in thousands			Percent of population with visits		
All persons <sup>2</sup>	4,609	960	3,441	2.5	1.9	2.8
Color						
White	4,336	818	3,327	2.6	2.1	2.9
Nonwhite	274	142	114	1.3	1.1	1.4
Education of head of family						
Under 9 years	955	395	499	1.6	1.4	1.8
9-12 years	2,232	404	1,735	2.6	2.1	2.7
13 years and over	1,370	148	1,178	3.7	3.7	3.7
	Number of visits in thousands			Number of visits per patient per year		
All persons <sup>2</sup>	11,324	2,286	8,581	2.5	2.4	2.5
<u>Color</u>						
White	10,789	1,997	8,363	2.5	2.4	2.5
Nonwhite	535	289	218	2.0	2.0	1.9
Education of head of family						
Under 9 years	2,270	916	1,238	2.4	2.3	2.5
9-12 years	5,515	981	4,335	2.5	2.4	2.5
13 years and over	3,394	343	2,927	2.5	2.3	2.5

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<sup>1</sup>Includes unknown income. <sup>2</sup>Includes unknown education.

### PSYCHIATRIST

Based on data reported in the household interviews during the year July 1963-June 1964, an estimated 979,000 persons (about 0.5 percent of the civilian, noninstitutional population) consulted a psychiatrist (table 12). Because of the exclusion of psychiatrists' visits to patients in hospitals and in institutions, and because of the reluctance of respondents to give information which could indicate the presence of mental illness, the estimates shown here must be regarded as minimal.

Less than 1.0 percent of the population in each age category reported consulting a psychiatrist. In age groups for which estimates met the standards of statistical reliability, the range was from 0.4 percent of the population aged 6-16 years to 0.9 percent of the population aged 17-44.

About 0.6 percent of the total female population and 0.4 percent of the male population reported seeing a psychiatrist. Little difference appeared in each age category with the exception of the age group 25-44 years. Within this age group, 1.1 percent of the females saw a psychiatrist while only 0.6 percent of the males consulted this type of specialist.

Among persons living in metropolitan areas the percentage who reported seeing a psychiatrist was slightly higher than among people residing outside metropolitan areas. There was very little geographic variation in the percentage of persons who saw a psychiatrist.

Although the percentage of the population seeing a psychiatrist increased as family income rose, the increase was small, ranging from 0.4 percent of the population with family incomes less than \$2,000 to 0.8 percent of those with family incomes of \$10,000 or more.

Comparison of each usual activity group with the total population shows that the percentages of the school and working populations seeing psychiatrists were close to the 0.5 percent of the total population seeing this type of specialist. Although 0.9 percent of the women keeping house saw a psychiatrist during the survey year, proportionately more of the "other" usual activity category saw this type of specialist. The fact that students 17 years and older were included in the "other" activity category might explain to some extent why 1.3 percent of this group reported seeing a psychiatrist.

The average annual number of visits per person for those consulting a psychiatrist was 4.7 (table 13). Males who consulted a psychiatrist had an average of 4.6 visits during the year compared with 4.8 visits by females. The number of visits during the year per psychiatric patient increased with rising family income, ranging from 4.1 visits per person in the lowest income category (less than \$2,000) to 5.4 visits per person in the highest income category (\$10,000 or more).

There was little difference in the percentage of the white population (0.5 percent) and the nonwhite population (0.4 percent) who reported seeing a psychiatrist (table 14). However, the white psychiatric patient had an average of 4.8 visits



Figure 9. Percent of population who consulted psychiatrists, by family income and education of head of family.

during the year compared with only 3.7 visits for the nonwhite patient.

When the education level of the head of household increased, the percentage of the population consulting a psychiatrist rose. This ranged from 0.3 percent of the population in households where the head of family had less than a high school education to 0.9 percent of the population where the head of family had completed 1 or more years of college. With the exception of those with 13 or more years of education, there was little difference in the percentage of the population seeing this type of specialist when education for the head of family was considered according to amount of family income (fig. 9). In the highest educational group, 0.9 percent of the population with annual family incomes of \$4,000 or more reported seeing a psychiatrist during the survey year, while 1.4 percent of those in families

with income less than \$4,000 saw this type of specialist.

Approximately 50 percent of the group with high education and low income who reported seeing a psychiatrist were aged 17-24 years. Probably a high proportion of them were students. This unusual relationship of high educational level with low income is brought about by a peculiarity of the collection procedure used in the Health Interview Survey. A student interviewed while he is at school is not recorded as a member of a family but as an individual. Likewise, his income status is determined from his income as an individual. This procedure inflates the estimate of people with some college education and low income. More than likely, the student would have been included in a higher family income group if interviewed while home on vacation, where he would have been included as a member of a family.

Table 12. Number of persons and percent of the population with psychiatric visits, by sex according to selected characteristics: United States, July 1963-June 1964

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number of persons with visits			Percent of population with visits		
All persons <sup>1</sup>	979	405	574	0.5	0.4	0.6
Age						
Under 6 years	*	*	*	*	*	*
6-16 years	158	91	67	0.4	0.4	0.3
17-24 years	171	75	96	0.9	0.8	0.9
25-44 years	· 387	128	259	0.9	0.6	1.1
45-64 years	223	87	136	0.6	0.5	0.7
65 years and over	*	*	*	*	*	*
Residence						
SMSA	746	309	437	0.6	0.5	0.7
Outside of SMSA:	01.6		107	0.4	0.2	0.4
Nonfarm	216	89	127	0.4	0.3	0.4
Farm	×	×	×	*	*	
Geographic region						
Northeast	273	111	162	0.6	0.5	0.7
North Central	265	124	141	0.5	0.5	0.5
South	258	98	160	0.5	0.4	0.5
West	184	72	112	0.6	0.5	0.7
Family income						
Under \$2,000	91	*	*	0.4	*	*
\$2,000-\$3,999	157	59	97	0.5	0.4	0.6
\$4,000-\$6,999	277	120	157	0.5	0.4	0.5
\$7.000-\$9,999	199	78	122	0.5	0.4	0.7
\$10,000 and over	217	87	130	0.8	0.6	0.9
Usual activity status						
Preschool	*	*	*	*	*	*
School	1.58	91	67	0.4	0.4	0.3
Usually working	317	181	136	0.5	0.4	0.7
Keeping house	323		323	0.9		0.9
Retired	*	*	*	*	*	*
Other	141	100	*	1.3	1.5	*

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<sup>1</sup>Includes unknown income.

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Table 13. Number of psychiatric visits and number of visits per patient per year, by sex and selected characterisitcs: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number of visits in thousands		Number pati	Number of visits per patient per year		
All persons <sup>1</sup>	4,601	1,849	2,752	4.7	4.6	4.8
Age						
Under 6 years	*	*	*	*	*	*
6-16 years	658	411	247	4.2	4.5	3.7
17-24 years	808	347	461	4.7	4.6	4.8
25-44 years	2,005	634	1.371	5.2	5.0	5.3
45-64 years	983	374	608	4.4	4.3	4.5
65 years and over	130	*	*	*	*	*
Residence		ς.				
SMSA	3,696	1,493	2,203	5.0	4.8	5.0
Outside of SMSA:						
Nonfarm	862	345	517	4.0	3.9	4.1
Farm	*	*	*	*	*	*
Geographic region						
Northeast	1,337	582	755	4.9	5.2	4.7
North Central	1,261	541	720	4.8	4.4	5.1
South	1,118	397	722	4.3	4.1	4.5
West	885	330	556	4.8	4.6	5.0
Family income						
Under \$2,000	376	197	179	4.1	*	*
\$2,000-\$3,999	654	256	397	4.2	4.3	4.1
\$4,000-\$6,999	1,225	564	661	4.4	4.7	4.2
\$7,000-\$9,999	990	326	664	5.0	4.2	5.4
\$10,000 and over	1,180	452	728	5.4	5.2	5.6
Usual activity status						
Preschool	*	*	*	*	*	*
School	658	411	247	4.2	4.5	3.7
Usually working	1,434	790	644	4.5	4.4	4.7
Keeping house	1,695		1,695	5.2		5.2
Retired	130	127	*	*	*	*
Other	667	508	159	4.7	5.1	*

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<sup>1</sup>Includes unknown income.

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Table 14. Number of persons and percent of the population with psychiatric visits, number of psy-chiatric visits, and number of visits per patient per year, by family income according to se-lected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general cualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

	Family income						
Characteristic	All 1 incomes	Under \$4,000	\$4,000 and over	All 1 incomes	Under \$4,000	\$4,000 and over	
	Number of persons with visits in thousands			Percent of population with visits			
All persons <sup>2</sup>	979	247	693	0.5	0.5	0.6	
Color							
White	901	207	657	0.5	0.5	0.6	
Nonwhite	79	*	*	0.4	*	*	
Education of head of family							
Under 9 years	200	84	100	0.3	0.3	0.4	
9-12 years	434	107	311	0.5	0.6	0.5	
13 years and over	337	55	276	0.9	1.4	0.9	
	Number of visits in thousands			Number of visits per patient per year			
All persons <sup>2</sup>	4,601	1,029	3,395	4.7	4.2	4.9	
Color							
White	4,307	906	3,235	4.8	4.4	4.9	
Nonwhite	294	123	160	3.7	*	*	
Education of head of family							
Under 9 years	829	306	462	4.1	3.6	4.6	
9-12 years	1,884	463	1,355	4.3	4.3	4.4	
13 years and over	1,847	252	1,555	5.5	4.6	5.6	

 ${}^{1}_{2}$ Includes unknown income. Includes unknown education.

### DERMATOLOGIST

An estimated 2,871,000 persons (approximately 1.5 percent of the civilian, noninstitutional population) utilized the services of dermatologists during the survey year.

By age groups, percentages of the population seeing this medical skin specialist varied from 0.8 percent of children under 6 years to 2.4 percent of persons 17-24 years of age (table 15). Skin problems are numerous in adolescence and early adult years, so the relatively large percentage of the age group 17-24 years was expected. The percentages of the other age categories are approximately the same as that of the total population (1.5 percent).

Proportionately more females (1.7 percent) saw dermatologists during the survey year than did males (1.4 percent). This sex difference occurred in all age categories from 6-64 years (fig. 10). Children under 6 and people aged 65 or older had little sex differential in the percentage of persons consulting this type of specialist. In the age group 17-24 years, 2.8 percent of the females and 2.0 percent of the males consulted



Figure 10. Percent of population who consulted dermatologists, by age and sex.

dermatologists. This was the largest percentage of any age category for either sex.

A larger percent of persons residing in metropolitan areas (1.9 percent) consulted dermatologists than did those living outside metropolitan areas. Of the persons living on farms, 0.7 percent saw dermatologists, while 1.0 percent of the persons outside metropolitan areas but not living on farms saw this type of specialist.

About 2.2 percent of the people in the West Region reported visiting a dermatologist during the survey year. The percentages of the other three regions (Northeast, North Central, and South) were all approximately 1.5 percent—almost the same as the percent of the total population.

Family income had a direct relationship to the percent of persons who utilized the services of dermatologists. As family income increased, the percent of the population seeing dermatologists increased, ranging from 1.0 percent of those in families with an income less than \$4,000 to 3.0 percent of those in the highest income class (over \$10,000). However, the percentage of persons in the lowest income group (less than \$2,000) who saw a dermatologist (1.1 percent) was about the same as the percentage in the group with incomes of \$2,000-\$3,999 (1.0 percent). Within this income group are a number of people 17-24 years of age, the age group with the highest rate of dermatologic consultation.

Percentages of the population seeing dermatologists, when compared by usual activity status, ranged from 0.8 percent of the preschool population (children under 6) to 2.7 percent of the "other" group. The "other" category includes college students, which explains to some extent the large percentage of this group who had visits to dermatologists. The remaining usual activity categories were proportionately representative of the 1.5 percent of the total population who saw dermatologists during the survey year.

During the period covered by the survey, the people who consulted dermatologists made an average of 3.2 visits (table 16). Preschool children had 2.6 visits during the year, while retired males had 4.1 visits per patient and females with "other usual activity" made 4.3 visits per patient. The proportion of white people (1.6 percent) who consulted dermatologists was twice as large as that for nonwhite people (0.8 percent). The ratio was evident for the low income category (less than \$4,000), where 1.1 percent of white persons and 0.6 percent of nonwhite persons consulted this type of specialist (table 17). In the group with \$4,000 or more annual family income, 1.8 percent of the white population consulted a dermatologist, as compared with 1.1 percent of the nonwhite population.

The level of education attained by the head of household had a direct relationship to the percent of the population utilizing the services of dermatologists (fig. 11). As the educational level of the head of family increased, the percent of the population seeing dermatologists also increased, ranging from 0.9 percent of the people in families whose head of household had not attended high school to 2.9 percent of persons whose head of family had some college. For all educational categories. a slightly greater percentage of the group with income of \$4,000 or over consulted dermatologists than in the lower income group. An exception to this occurs at the highest educational level, where there is little difference in the percent of dermatological patients in the two income groups.



Figure II. Percent of population who consulted dermatologists, by family income and education of head of family.
Table 15. Number of persons and percent of the population with dermatologic visits, by sex according to selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number of persons with visits in thousands			Percent of population with visits		
All persons <sup>1</sup>	2,871	1,225	1,646	1.5	1.4	1.7
Age						
Under 6 years	212	110	102	0.8	0.9	0.8
6-16 years	586	252	334	1.4	1.2	1.7
17-24 years	482	187	295	2.4	2.0	2.8
25-44 years	791	302	489	1.7	1.4	2.1
45-64 years	568	262	306	1.5	1.4	1.6
65 years and over	231	112	119	1.4	1.5	1.3
Residence						
SMSA	2,237	949	1,287	1.9	1.7	2.1
Outside of SMSA:						
Nonfarm	556	240	316	1.0	0.9	1.1
Farm	78	*	*	0.7	*	*
Geographic region						
Northeast	686	304	382	1.5	1.4	1.6
North Central	719	316	403	1.4	1.2	1.5
South	803	328	475	1.4	1.2	1.6
West	663	277	386	2.2	1.9	2.5
Family income						
Under \$2,000	232	81	150	1.1	0.9	1.2
\$2,000-\$3,999	293	119	174	1.0	0.8	1.1
\$4,000-\$6,999	690	290	400	1.2	1.0	1.3
\$7,000-\$9,999	649	291	359	1.8	1.6	2.0
\$10,000 and over	877	399	478	3.0	2.8	3.3
<u>Usual activity status</u>						
Preschool	212	110	102	0.8	0.9	0.8
School	586	252	334	1.4	1.2	1.7
Usually working	983	624	360	1.6	1.4	1.8
Keeping house	685		685	1.8	•••	1.8
Retired	101	92	*	1.3	1.4	*
Other	304	148	156	2.7	2.2	3.5

<sup>1</sup>Includes unknown income.

Table 16. Number of dermatologic visits and number of visits per patient per year, by sex and selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

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Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number of visits in thousands			Number of visits per patient per year		
All persons <sup>1</sup>	9,269	4,094	5,175	3.2	3.3	3.1
Age						
		0.01	0(1	0.6	2.6	0.6
6-16 years	272 1 878	291 875	1 003	2.0	2.0	2.0
17-24 years	1 721	640	1,005	3.6	3.4	37
25-44 years	2,415	1.003	1,002	3.1	3.3	2.9
45-64 years	1,900	865	1,035	3.3	3.3	3.4
65 years and over	803	421	382	3.5	3.8	3.2
Residence						
SMSA	7,288	3,219	4,069	3.3	3.4	3.2
Outside of SMSA:						
Nonfarm	1,741	748	993	3.1	3.1	3.1
Farm	239	127	113	3.1	*	*
Geographic region						
Northeast	2,307	1,071	1,236	3.4	3.5	3.2
North Central	2,382	1,077	1,305	3.3	3.4	3.2
South	2,490	1,062	1,428	3.1	3.2	3.0
West	2,091	885	1,206	3.2	3.2	3.1
Family income						
Under \$2,000	800	251	549	3.4	3.1	3.7
\$2,000-\$3,999	953	422	531	3.3	3.5	3.1
\$4,000-\$6,999	2,205	1,009	1,196	3.2	3.5	3.0
\$7,000-\$9,999	2,114	981	1,132	3.3	3.4	3.2
\$10,000 and over	2,817	1,299	1,517	3.2	3.3	3.2
Usual activity status						
Preschool	552	291	261	2.6	2.6	2.6
School	1,878	875	1,003	3.2	3.5	3.0
Usually working	3,126	2,016	1,110	3.2	3.2	3.1
Keeping house	2,106	•••	2,106	3.1	•••	3.1
Ketired	405	379	*	4.0	4.1	*
Utner	1,202	533	668	4.0	3.6	4.3

<sup>1</sup>Includes unknown income.

Table 17. Number of persons and percent of the population with dermatologic visits, number of dermatologic visits, and number of visits per patient per year, by family income according to selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general cualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

	Family income						
Characteristic	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	
	Number of persons with visits in thousands			Percent of population with visits			
All persons <sup>2</sup>	2,871	525	2,217	1.5	1.0	1.8	
Color							
White	2,696	446	2,127	1.6	1.1	1.8	
Nonwhite	175	79	89	0.8	0.6	1.1	
Education of head of family							
Under 9 years	497	204	268	0.9	0.7	1.0	
9-12 years	1,267	199	1,019	1.5	1.1	1.6	
13 years and over	1,073	113	908	2.9	2.9	2.9	
	Numb	er of visit thousands	s in	Number of visits per patient per year			
All persons <sup>2</sup>	9,269	1,753	7,135	3.2	3.3	3.2	
<u>Color</u>							
White	8,676	1,479	6,844	3.2	3.3	3.2	
Nonwhite	593	274	291	3.4	3.5	3.3	
Education of head of family							
Under 9 years	1,848	755	1,018	3.7	3.7	3.8	
9-12 years	4,090	633	3,322	3.2	3.2	3.3	
13 years and over	3,217	339	2,713	3.0	3.0	3.0	

<sup>1</sup>Includes unknown income. <sup>2</sup>Includes unknown education.

# ORTHOPEDIST

During the survey year an estimated 3,332,000 persons, or about 1.8 percent of the noninstitutional, civilian population, reported consulting an orthopedist. The medical specialist these people consulted deals with the medical and surgical treatment of bones, joints, and other parts of the body engaged in locomotion or movement.

The percentages of the population seeing orthopedists ranged from 1.4 percent of the age group 65 or older to 2.2 percent of the children under 6 (table 18). The visits to orthopedists by children under 6 were probably the results of injuries (such as fractures) or conditions which were present at birth (such as deformities or abnormalities). From age 6 to age 64 there was a gradual increase in the percent of the population using the services of orthopedists. This ranged from 1.6 percent for the group aged 6-16 to 1.9 percent of the age group 45-64 years.

A slightly larger percentage of males (1.9 percent) consulted orthopedists than did females (1.7 percent). However, the pattern of the percentages by age group was strikingly different



Figure 12. Percent of population who consulted orthopedists, by age and sex.

(fig. 12). For males under 45 years, the percentage level in each age group was about 0.5 higher than that for females. Injuries sustained by males in the age groups under 45 are chiefly responsible for this difference (see *Health Statistics*, Series B, No. 37). A larger percentage of females aged 45 or older saw orthopedists than did males of the same age. Arthritic disorders, which occur more frequently in older females than males, would account to some extent for this difference (see *Health Statistics*, Series B, No. 20).

Proportionately twice as many people who resided in metropolitan areas (2.1 percent) saw orthopedists as did those who lived on farms outside metropolitan areas (0.9 percent). About 1.4 percent of the population outside metropolitan areas but not living on farms consulted orthopedists during the survey year.

A larger proportion of persons in the Northeast (2.0 percent) and the West (2.3 percent) Regions consulted orthopedists than did people in the North Central (1.6 percent) and South (1.6 percent) Regions (table 18).

The percentage of the population using orthopedic services increased as family income increased, ranging from 1.2 percent of persons with family incomes less than \$4,000 to 2.9 percent of the population with family incomes of \$10,000 or more.

By usual activity status, the percentages of the population seeing orthopedists reflect the age distribution with one exception—the "other" usual activity category had the largest percentage (3.1 percent) who had consulted orthopedists. This category includes persons aged 17 years or older who are not classified as working, keeping house, or retired, suggesting that the reason for which the orthopedist was consulted may have been the result of limitations which kept the individual from being classified in a specific usual activity category.

The average number of visits per person for those consulting orthopedists was 3.2 visits per year (table 19). The number of visits per orthopedic patient increased with age up to 65 years, ranging from 2.6 visits per child under 6 years to 3.5 visits per person aged 25-64. Orthopedic patients who lived on farms outside metropolitan areas had fewer visits (2.6 visits per person) during the year than those people in metropolitan areas (3.3 visits per person). The group having the most visits during the year was males in the "other" usual activity category (4.0 visits per person). As stated previously, it is known that the "other" category contains large numbers of persons who are unable to work.

Proportionately twice as many white persons (1.9 percent) consulted orthopedists as did nonwhite persons (0.9 percent). This ratio is approximately the same when color is considered by amount of family income (table 20).

Increased educational level of the head of household had a direct relationship to the percent of the population using orthopedic services. In families where the head of family had less than 9 years' education, 1.1 percent of the population made orthopedic visits, while 2.8 percent of persons whose head of household had some college education visited orthopedists. At each level of education, the percentage of orthopedic patients was larger for the higher income (over \$4,000) group (fig. 13).



Figure 13. Percent of population who consulted orthopedists, by family income and education of head of family. Table 18. Number of persons and percent of the population with orthopedic visits, by sex according to selected characteristics: United States, July 1963-June 1964

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number of persons with visits in thousands			Percent of population with visits		
All persons <sup>1</sup>	3,332	1,720	1,612	1.8	1.9	1.7
				<u></u>		
Age						
Under 6 years	556	309	247	2.2	2.4	2.0
6-16 years	649	385	264	1.6	1.8	1.3
17-24 years	348	192	1.56	1.7	2.1	1.5
25-44 years	817	445	373	1.8	2.1	1.6
45-64 years	728	319	409	1.9	1.8	2.1
65 years and over	233	70	163	1.4	0.9	1.7
Residence						
SMSA	2,456	1,215	1,241	2.1	2.1	2.0
Outside of SMSA:		_	-			
Nonfarm	771	431	340	1.4	1.6	1.2
Farm	104	74	*	0.9	1.2	*
Geographic region						:
Northeast	943	444	500	2.0	2.0	2.1
North Central	833	461	372	1.6	1.8	1.4
South	888	461	426	1.6	1.7	1.4
West	668	353	314	2.3	2.4	2.1
Family income						
Under \$2,000	284	122	162	1.3	1.3	1.3
\$2,000-\$3,999	377	208	169	1.2	1.5	1.1
\$4,000-\$6,999	967	508	460	1.6	1.7	1.5
\$7,000-\$9,999	766	408	357	2.1	2.2	2.0
\$10,000 and over	823	424	399	2.9	2.9	2.8
Usual activity status						
Preschool	556	309	247	2.2	2.4	2.0
School	649	385	264	1.6	1.8	1.3
Usually working	1,124	748	376	1.8	1.7	1.9
Keeping house	570		570	1.5		1.5
Retired	85	60	*	1.1	0.9	*
0ther	346	218	128	3.1	3.2	2.9
	1					1

<sup>1</sup>Includes unknown income.

Table 19. Number of orthopedic visits and number of visits per patient per year, by sex and selected characteristics: United States, July 1963-June 1964

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female	
	Number of visits in thousands			Number of visits per patient per year			
All persons <sup>1</sup>	10,562	5,401	5,161	3.2	3.1	3.2	
Age							
Under 6 years	1,460	851	609	2.6	2.8	2.5	
6-16 years	1,886	1,030	856	2.9	2.7	3.2	
17-24 years	1,026	623	402	2.9	3.2	2.6	
25-44 years	2,878	1,551	1,326	3.5	3.5	3.6	
45-64 years	2,533	1,122	1,412	3.5	3.5	3.5	
65 years and over	780	223	557	3.3	3.2	3.4	
Residence							
SMSA	8,048	4,003	4,045	3.3	3.3	3.3	
Outside of SMSA:							
Nonfarm	2,244	1,189	1,055	2.9	2.8	3.1	
Farm	270	209	*	2.6	2.8	*	
Geographic region							
Northeast	2,979	1,401	1,577	3.2	3.2	3.2	
North Central	2,579	1,425	1,153	3.1	3.1	3.1	
South	2,882	1,486	1,396	3.2	3.2	3.3	
West	2,123	1,089	1,034	3.2	3.1	3.3	
Family income							
Under \$2,000	966	429	538	3.4	3.5	3.3	
\$2,000-\$3,999	1,179	622	558	3.1	3.0	3.3	
\$4,000-\$6,999	3,144	1,687	1.457	3.3	3.3	3.2	
\$7,000-\$9,999	2,436	1.286	1,150	3.2	3.2	3.2	
\$10,000 and over	2,447	1,213	1,234	3.0	2.9	3.1	
Usual activity status				) }			
Preschool	1.460	851	609	2.6	2.8	2.5	
School	1,886	1.030	856	2.9	2.7	3.2	
Usually working	3,706	2.474	1.232	3.3	3.3	3.3	
Keeping house	1.946		1.946	3.4		3.4	
Retired	274	167	107	3.2	2.8	*	
Other	1.289	878	411	3.7	4.0	3.2	

<sup>1</sup>Includes unknown income.

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Table 20. Number of persons and percent of the population with orthopedic visits, number of or-thopedic visits, and number of visits per patient per year, by family income according to se-lected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

	Family income						
Characteristic	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	
	Number of persons with visits in thousands			Percent of population with visits			
All persons <sup>2</sup>	3,332	661	2,556	1.8	1.3	2.1	
Color							
White	3,138	555	2,477	1.9	1.4	2.1	
Nonwhite	194	107	79	0.9	0.9	1.0	
Education of head of family							
Under 9 years	655	261	368	1.1	0.9	1.4	
9-12 years	1,616	302	1,260	1.9	1.6	2.0	
13 years and over	1,022	85	907	2.8	2.1	2.9	
	Number of visits in thousands			Number of visits per patient per year			
All persons <sup>2</sup>	10,562	· 2,146	8,027	3.2	3.2	3.1	
Color				,			
White	9,967	1,815	7,788	3.2	3.3	3.1	
Nonwhite	595	331	239	3.1	3.1	3.0	
Education of head of family							
Under 9 years	2,257	962	1,200	3.4	3.7	3.3	
9-12 years	5,161	869	4,093	3.2	2.9	3.2	
13 years and over	3,012	279	2 <sup>,</sup> 646	2.9	3.3	2.9	

<sup>1</sup>Includes unknown income. <sup>2</sup>Includes unknown education.

# CHIROPRACTOR

Approximately 4,250,000 persons reported that they had consulted a chiropractor during the survey year. This figure represents 2.3 percent of the civilian, noninstitutional population.

The percentage of each age group of the population who saw chiropractors increased up to age 65, ranging from 0.4 percent of the children under 6 years to 4.2 percent of the population aged 45-64 years (table 21). About 2.9 percent of the people 65 or older saw this type of practitioner.

A somewhat larger percentage of males (2.4 percent) reported consulting chiropractors than did females (2.2 percent). This sex difference occurred in all age groups 25 years or older. The largest difference (1.0 percent) was in the age group 25-44 years, where 3.9 percent of the males and 2.9 percent of the females saw this practitioner.

Proportionately more people residing outside metropolitan areas saw chiropractors than did those living in metropolitan areas. Outside the SMSA's, 4.3 percent of the farm dwellers and 2.7 percent of the nonfarm dwellers utilized chiropractic services; only 1.9 percent of the people in metropolitan areas used these services.

A larger percentage of the people in the North Central Region (3.0 percent) saw chiropractors during the survey year than did those in the other three regions. In the West Region, 2.7 percent of the population consulted this type of practitioner, while only 1.8 percent of the populations in the Northeast and South reported the use of chiropractic services.

According to family income, there was little variation in the percentage of population seeing chiropractors. Although the percentage ranged from 2.0 percent of the population with family incomes of less than \$2,000 to 2.5 percent of the people in the \$7,000-\$9,999 income group, there was no consistent relationship between income and the percentage of persons visiting chiropractors.

A larger proportion of people who were working during the time of the survey (3.7 percent) consulted chiropractors than did any other usual activity group, but the percentages of the retired population (2.8 percent) and women keeping house (3.1 percent) were almost as large. These three activity categories reflected the percentages in the age groups 25 or older who had reported seeing chiropractors.

Among persons consulting chiropractors, the average number of visits per person was 4.7 per year (table 22). People over 45 years of age had the largest number of visits per chiropractic patient (5.0 visits per person per year).

Proportionately, many more white people had chiropractic visits during the survey year than did nonwhite persons. While 2.6 percent of the white population reported the use of chiropractic services, only 0.3 percent of the nonwhite population saw chiropractors (table 23).

About 2.4 percent of the people in families whose head of household had less than a college education saw chiropractors. In families where the head of the household had some college education, 1.9 percent of the people consulted this practitioner. When education was compared with family income, a smaller percentage of the group with higher income (over \$4,000) and some college education (1.9 percent) reported using chiropractic services than did the lower income groups with the same level of education (2.1 percent).

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Table 21. Number of persons and percent of the population with chiropractic visits, by sex according to selected characteristics: United States, July 1963-June 1964

Both Both Characteristic Male Female Male Female Sexes sexes Percent of population with visits Number of persons with visits in thousands All persons<sup>1</sup>-----4,250 2,175 2,074 2.31 2.4 2.2 Age Under 6 years-----92 51  $\star$ \* 0.4 0.4 6-16 years------236 119 117 0.6 0.6 0.6 17-24 years-----331 149 181 1.7 1.6 1.7 25-44 years-----1,524 838 686 3.4 3.9 2.9 45-64 years-----1,571 790 782 4.2 4.4 4.0 65 years and over-----496 228 268 2.9 2.8 3.0 Residence SMSA-----2,242 1,139 1,102 1.9 2,0 1.8 Outside of SMSA: 1,501 748 Nonfarm-----753 2.7 2.8 2.6 Farm-----507 283 223 4.3 4.7 4.0 Geographic region 830 Northeast------456 374 1.8 2.0 1.5 North Central-----1,584 822 762 3.0 3.2 2.8 1,045 529 South 516 1.8 1.9 1.7 790 369 422 2.7 2.6 West-----2.8 Family income Under \$2,000-----419 173 246 2.0 1.9 2.0 \$2,000-\$3,999-----714 340 375 2.4 2.4 2.3 \$4,000-\$6,999-----1,303 684 619 2.2 2.3 2.1 \$7,000-\$9,999-----483 910 427 2.5 2.3 2.6 \$10,000 and over------688 401 287 2.4 2.8 2.0 Usual activity status Preschool-----\* 92 × 51 0.4 0.4 School-----236 119 117 0.6 0.6 0.6 Usually working-----2,335 1,692 643 3.7 3.9 3.3 Keeping house-----1,180 1,180 3.1 3.1 • • • . . . Retired-----208 \* 2.8 187 2.9 \* 199 Other-----127 73 1.8 1.9 1.7

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

<sup>1</sup>Includes unknown income.

Table 22. Number of chiropractic visits and number of visits per patient per year, by sex and selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

Characteristic	Both sexes	Male	Female	Both sexe <i>s</i>	Male	Female
	Number of visits in thousands			Number of visits per patient per year		
All persons <sup>1</sup>	19,830	9,507	10,323	4.7	4.4	5.0
Age						
Under 6 years	308	191	116	3.3	3.7	*
6-16 years	969	509	460	4.1	4.3	3.9
17-24 years	1,282	525	757	3.9	3.5	4.2
25-44 years	6,865	3,423	3,442	4.5	4.1	5.0
45-64 years	7,903	3,745	4,158	5.0	4.7	5.3
65 years and over	2,504	1,114	1,390	5.0	4.9	5.2
Residence						
SMSA	10,555	4,960	5,596	4.7	4.4	5,1
Outside of SMSA:						
Nonfarm	6,911	3,219	3,692	4.6	4.3	4.9
Farm	2,363	1,328	1,035	4.7	4.7	4.6
Geographic region						
Northeast	3,903	2,072	1,832	4.7	4.5	4.9
North Central	7,243	3,435	3,807	4.6	4.2	5.0
South	5,245	2,511	2,734	5.0	4.7	5.3
West	3,438	1,489	1,950	4.4	4.0	4.6
Family income						
Under \$2,000	2,024	837	1,187	4.8	4.8	4.8
\$2,000-\$3,999	3,476	1,590	1,886	4.9	4.7	5.0
\$4,000-\$6,999	5,904	2,894	3,010	4.5	4.2	4.9
\$7,000-\$9,999	4,209	1,997	2,213	4.6	4.1	5.2
\$10,000 and over	3,349	1,840	1,509	4.9	4.6	5.3
Usual activity status						
Preschool	308	191	116	3.3	• 3.7	*
School	969	509	460	4.1	4.3	3.9
Usually working	10,681	7,347	3,334	4.6	4.3	5.2
Keeping house	5,969		5,969	5.1		5.1
Retired	1,014	920	94	4.9	4.9	*
Other	890	540	349	4.5	4.3	4.8

<sup>1</sup>Includes unknown income.

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Table 23. Number of persons and percent of the population with chiropractic visits, number of chiropractic visits, and number of visits per patient per year, by family income according to selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general cualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

	Family income					
Characteristic	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over
	Number of persons with visits in thousands			Percent of population with visits		
All persons <sup>2</sup>	4,250	1,133	2,902	2.3	2.2	2.3
Color						
White	4,191	1,111	2,867	2.6	2.8	2.5
Nonwhite	58	*	*	0.3	*	*
Education of head of family						
Under 9 years	1,388	607	715	2.4	2.2	2.6
9-12 years	2,133	432	1,582	2.4	2.3	2.5
13 years and over	690	83	589	1.9	2.1	1.9
	Number of visits in thousands			Number of visits per patient per year		
All persons <sup>2</sup>	19,830	5,500	13,463	4.7	4.9	4.6
Color						
White	19,590	5,418	13,308	4.7	4.9	4.6
Nonwhite	240	82	155	4.1	*	*
Education of head of family						
Under 9 years	6,831	2,939	3,635	4.9	4.8	5.1
9-12 years	9,821	2,162	7,150	4.6	5.0	4.5
13 years and over	3,024	366	2,596	4.4	4.4	4.4

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<sup>1</sup>Includes unknown income. <sup>2</sup>Includes unknown education.

# OPTOMETRIST

In the household interviews conducted July 1963-June 1964, an estimated 16,237,000 persons reported seeing an optometrist. These people represent 8.7 percent of the civilian, noninstitutional population. The practitioner these people consulted provides visual training, tests visual acuity, and prescribes corrective lenses.

By age, the percentage of the population using optometric services ranged from 0.4 percent of the children under 6 years to 13.4 percent of the population in the age group 45-64 years (table 24). Eye changes occurring after age 45 are largely responsible for the high percentage in this group. A comparatively large percentage of the population aged 17-24 consulted optometrists (10.7 percent). College students, who are in this age group and for whom eyestrain might be a problem, probably account for the large portion of this group who saw optometrists. Only 7.9 percent of the adults aged 25-44 (the years during which refractive changes are relatively few) consulted this type of practitioner.

Proportionately more females (9.7 percent) saw optometrists during the survey year than did males (7.7 percent). This sex difference occurs for all characteristics shown in the table.

The greatest proportion of a population group who saw optometrists resided outside metropolitan areas and did not live on farms. About 9.1 percent of these people reported the use of optometric services, while 8.6 percent of the populations who lived in metropolitan areas or who lived on farms saw this type of practitioner.

Relatively fewer people in the South Region consulted optometrists than did persons in the other three regions. While only 7.3 percent of the population in the South saw optometrists, between 9 and 10 percent of the populations in the Northeast, North Central, and West Regions used optometric services.

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There was a direct relationship between family income and the percentage of persons in an income group who saw optometrists. As family income rose, the percent of persons who saw an optometrist also rose. The increase ranged from 7.5 percent of the persons whose family income was less than \$2,000 to 11.2 percent of the persons whose income was \$10,000 or more. About 12.0 percent of the "other" usual activity group reported seeing an optometrist during the survey year. A large portion of this group (about 80 percent) were 17-24 years old. The remaining activity groups that had a large percentage of their population consulting this type of practitioner were the working population (10.3 percent) and the females keeping house (10.4 percent). The relatively high percentages in these two groups result from the presence of a large proportion of persons aged 45-64 years in these groups.



Figure 14. Percent of population who consulted optometrists, by family income and education of head of family.

Each person who reported consulting an optometrist during the survey year had an average of 1.4 visits (table 25). This number of visits per patient is representative of all the characteristics shown in the table.

The proportion of white persons (9.2 percent) who had optometric visits was almost twice as large as that for nonwhite persons (5.3 percent). As family income increased, the ratio between the two color groups decreased (table 26). For people in families with less than \$4,000 income, 8.5 percent of the white population saw this type of practitioner as compared with 4.4 percent of the nonwhite population. However, in the higher income group (\$4,000 or more) 9.5 percent of the white population reported optometric visits

as compared with 6.7 percent of the nonwhite population.

As the educational level of the head of household increased, the percentage of the population within each education group using optometric services increased, ranging from 7.9 percent of the people in families where the family head had less than 9 years of education to 9.7 percent of people in households whose household head had some college education. The lower income (less than \$4,000) group with some college education had the largest percentage of persons (12.7 percent) reporting visits to optometrists (fig. 14). This is partially a result of the presence of college students in this income-education category.

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Table 24. Number of persons and percent of the population with optometric visits, by sex according to selected characteristics: United States, July 1963-June 1964

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number of persons with visits in thousands			Percent of population with visits		
All persons <sup>1</sup>	16,237	6,916	9,321	8.7	7.7	9.7
Age						
Under 6 years	112	62	*	0.4	0.5	*
6-16 years	3,670	1,603	2,066	9.0	7.7	10.3
17-24 years	2,133	821	1,312	10.7	8.9	12.3
25-44 years	3,594	1,452	2,142	7.9	6.7	9.0
45-64 years	5,036	2,282	2,754	13.4	12.6	14.2
65 years and over	1,691	694	997	9.9	9.2	10.5
Residence						
SMSA	10,187	4,410	5,776	8.6	7.7	9.4
Outside of SMSA:						
Nonfarm	5,042	2,107	2,936	9.1	7.9	10.3
Farm	1,007	399	609	8.6	6.6	10.8
Geographic region						
Northeast	4,166	1,791	2,376	9.0	8.0	9.8
North Central	5,123	2,265	2,859	9.7	8.7	10.6
South	4,154	1,672	2,483	7.3	6.1	8.4
West	2,792	1,189	1,603	9.4	8.2	10.6
Family income						
Under \$2 000	1.614	547	1.067	7.5	5.9	8.7
\$2,000-\$3,999	2,278	865	± '3	7.6	6.1	8.8
\$4 000-\$6 999	4,892	2,090	2,802	8.3	7.1	9.4
\$7,000-\$9,999	3 470	1.637	1,833	9.5	9.0	10.1
\$10,000 and over	3,229	1,513	1.717	11.2	10.4	12.0
Usual activity status						1
Preschool	112	62	*	0.4	0.5	*
School	3,670	1,603	2,066	9.0	7.7	10.3
Usually working	6,527	3,991	2,536	10.3	9.2	12.8
Keeping house	3,965		3,965	10.4	• • •	10.4
Retired	630	543	87	8.4	8.5	7.7
Other	1,333	716	616	12.0	10.7	14.0

<sup>1</sup>Includes unknown income.

## Table 25. Number of optometric visits and number of visits per patient per year, by sex and selected characteristics: United States, July 1963-June 1964

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[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number of visits in thousands			Number of visits per patient per year		
All persons <sup>1</sup>	22,544	9,591	12,953	1.4	1.4	1.4
Age		· ·				
Under 6 years	183	110	72	1.6	1.8	*
6-16 years	5,238	2,352	2,886	1.4	1.5	1.4
17-24 years	3,223	1,217	2,007	1.5	1.5	1.5
25-44 years	5,073	2,004	3,069	1.4	1.4	1.4
45-64 years	6,565	3,003	3,562	1.3	1.3	1.3
65 years and over	2,261	904	1,356	1.3	1.3	1.4
Residence						
SMSA	14,320	6,206	8,114	1.4	1.4	1.4
Outside of SMSA:					(	
Nonfarm	6,891	2,879	4,012	1.4	1.4	1.4
Farm	1,333	506	827	1.3	1.3	1.4
Geographic region						
Northeast	5,401	2,353	3,048	1.3	1.3	1.3
North Central	7,302	3,253	4,049	1.4	1.4	1.4
South	5,626	2,229	3,397	1.4	1.3	1.4
West	4,215	1,756	2,458	1.5	1.5	1.5
Family income						
Under \$2,000	2,242	766	1,476	1.4	1.4	1.4
\$2,000-\$3,999	3,079	1,176	1,903	1.4	1.4	1.3
\$4,000-\$6,999	6,848	2,976	3,872	1.4	1.4	1.4
\$7,000-\$9,999	4,845	2,255	2,590	1.4	1.4	1.4
\$10,000 and over	4,516	2,078	2,438	1.4	1.4	1.4
Usual activity status						
Preschool	183	110	72	1.6	1.8	*
School	5,238	2,352	2,886	1.4	1.5	1.4
Usually working	8,838	5,293	3,545	1.4	1.3	1.4
Keeping house	5,371	•••	5,371	1.4		1.4
Retired	866	739	127	1.4	1.4	1.5
Other	2,047	1,095	952	1.5	1.5	1.5

<sup>1</sup>Includes unknown income.

Table 26. Number of persons and percent of the population with optometric visits, number of op-tometric visits, and number of visits per patient per year, by family income according to se-lected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II] .

	Family income						
Characteristic	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	
	Number of persons with visits in thousands			Percent of population with visits			
All persons <sup>2</sup>	16,237	3,892	11,591	8.7	7.5	9.3	
Color							
White	15,086	3,347	11,056	9.2	8.5	9.5	
Nonwhite	1,151	545	535	5.3	4.4	6.7	
Education of head of family							
Under 9 years	4,558	1,948	2,393	7.9	7.1	8.8	
9-12 years	7,808	1,346	6,093	9.0	7.1	9.5	
13 years and over	3,617	503	2,998	9.7	12.7	9.4	
	Numb	er of visit thousands	s in	Number of visits per patient per year			
All persons <sup>2</sup>	22,544	5,321	15,209	1.4	1,4	1.4	
Color							
White	20,973	4,583	15,460	1.4	1.4	1.4	
Nonwhite	1,570	738	749	1.4	1.4	1.4	
Education of head of family							
Under 9 years	6,087	2,575	3,234	1.3	1.3	1.4	
9-12 years	10,864	1,864	8,494	1.4	1.4	1.4	
13 years and over	5,269	752	4,351	1.5	1.5	1.5	

<sup>1</sup>Includes unknown income. <sup>2</sup>Includes unknown education.

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# PODIATRIST

From July 1963-June 1964, 3,060,000 persons, or about 1.6 percent of the civilian population not in institutions, reported visiting a podiatrist, a practitioner who deals in the care and treatment of the human foot.

There was a direct relationship between the aging process and the percent of a population group that consulted podiatrists. As age increased, the percentage of persons who reported seeing this type of practitioner increased, ranging from 0.4 percent of the children under 6 years of age to 4.5 percent of the people 65 years or older (table 27). A relatively large percent of the age group 45-64 years (3.2 percent) also used podiatry services.

For persons younger than 25 years there was little difference between the percent of males and females seeing podiatrists (fig. 15). However, beginning with age 25, the proportion of females who saw or talked to podiatrists increased more rapidly with age than it did for males. This sex difference occurred for every characteristic



Figure 15. Percent of population who consulted podiatrists, by age and sex.

for which the data included persons aged 25 or older.

Proportionately more persons residing in metropolitan areas used podiatry services than did persons in less urbanized areas. About 2.0 percent of the people living in metropolitan areas consulted podiatrists. This was more than three times the percentage for people who lived on farms (0.6 percent). About 1.0 percent of the people who were nonfarm residents outside the metropolitan areas saw this practitioner.

There was a considerable variation in the percentage of the population consulting podiatrists in the four major regions of the country. In the Northeast Region, 2.7 percent of the population saw this practitioner, but only 0.9 percent of the population in the South consulted a podiatrist. The percentages of the populations in the North Central (1.7 percent) and West (1.4 percent) Regions were about the same as that for the total population. These figures are largely affected by the availability of podiatry services in each area. According to the American Podiatry Association, almost half of the registered podiatrists (46.0 percent) in 1963 had their practices in the Northeast Region.<sup>3</sup>

In the family income groups under \$10,000 there was almost no variation in the percentages of people consulting podiatrists. The percentage of the population consulting this practitioner in each family income group was about the same as that for the total population. In the group with family incomes of \$10,000 or more, 2.7 percent of the population utilized podiatry services during the survey year.

The usual activity categories which had the greatest percentage of the population consulting podiatrists (2 to 3 percent) were the working population 17 years of age or older, females keeping house, and retired persons. The aging process affects the percentage of the population who consult podiatrists, and these three activity groups

<sup>&</sup>lt;sup>3</sup>Calculated from table I of "Present Manpower Deficit in Podiatry," by L. E. Blanch, *Journal of the American Podiatry* Association, Vol. 54, No. 8, Aug. 1964, pp. 551-553.

contain the greatest percentages of older persons (aged 45 years or over).

The average annual number of visits per podiatry patient was 3.6 (table 28). Generally, persons under 25 years made fewer annual visits per person to podiatrists than did population groups over 25 years.

The percentage of the white population who consulted podiatrists (1.8 percent) was more than twice as great as the percentage of the nonwhite population (0.7 percent) visiting this type of practitioner (table 29). There was less variation by color when family income increased.

As the educational attainment of the head of household became greater, the percentage of the population visiting podiatrists increased, ranging from 1.2 percent of the people in families where the head of household had less than 9 years of education to 2.3 percent of the population where the head of family had some college education. Both family income categories show an increase based on the educational attainment of the head of household (fig. 16). This increase with education was greater for the lower income group (less than \$4,000). The largest percent of the population using podiatry services, according to income and education, was among people whose family income was less than \$4,000 but whose head of family had some college education (2.9 percent).



Figure 16. Percent of population who consulted podiatrists, by family income and education of head of family.

### Table 27. Number of persons and percent of the population with podiatrist visits, by sex according to selected characteristics: United States, July 1963-June 1964

Characteristic	Both	Male	Female	Both	Male	Female	
	sexes		ĺ	sexes			
	Number of persons with visits			Percent of population			
	in thousands			ĥ	with visits		
All persons <sup>1</sup>	3,060	984	2,076	1.6	1.1	2.2	
Age							
Under 6 years	93	54	*	0.4	0.4	*	
6-16 years	239	129	110	0.6	0.6	0.5	
17-24 years	173	82	91	0.9	0.9	0.9	
25-44 years	598	219	379	1.3	1.0	1.6	
45-64 years	1,193	333	860	3.2	1.8	4.4	
65 years and over	764	168	596	4.5	2.2	6.3	
Residence							
SMSA	2,429	764	1,665	2.0	1.3	2.7	
Outside of SMSA:							
Nonfarm	564	196	. 368	1.0	0.7	1.3	
Farm	67	*	*	0.6	*	*	
Geographic region			-				
Northeast	1,241	372	869	2.7	1.7	3.6	
North Central	892	316	576	1.7	1.2	2.1	
South	503	154	349	0.9	0.6	1.2	
West	425	143	282	1.4	1.0	1.9	
Family income							
Under \$2,000	276	58	218	1.3	0.6	1.8	
\$2,000-\$3,999	397	97	301	1.3	0.7	1.9	
\$4,000-\$6,999	820	299	521	1.4	1.0	1.8	
\$7,000-\$9,999	619	230	389	1.7	1.3	2 1	
\$10,000 and over	766	260	506	2.7	1.8	3.5	
Used activity status							
Preschool	93	54	*	0.4	0.4	*	
School	239	129	110	0.6	0.6	0.5	
Usually working	1.339	608	730	2.1	1 4	27	
Keeping house	1.066		1.066	2.8		2.8	
,	218	132	-,000	2.0	2 1	7 6	
0ther	105	62	*	0.9	0.9	*	
	· · · · · · · · · · · · · · · · · · ·			1			

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

<sup>1</sup>Includes unknown income.

Table 28. Number of podiatrist visits and number of visits per patient per year, by sex and selected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Characteristic	Both sexes	Male	Female	Both sexes	Male	Female
	Number of visits in thousands		Number of visits per patient per year		per ear	
All persons <sup>1</sup>	11,000	3,557	7,443	3.6	3.6	3.6
Age						
Under 6 years	243	156	88	2.6	2.9	*
6-16 years	806	456	350	3.4	3.5	3.2
17-24 years	482	265	218	2.8	3.2	2.4
25-44 years	2,149	812	1,337	3.6	3.7	3.5
45-64 years	4,457	1,294	3,163	3.7	3.9	3.7
65 years and over	2,862	575	2,288	3.7	3.4	3.8
Residence						-
SMSA	8,957	2,802	6,155	3.7	3.7	3.7
Outside of SMSA:		_,	-,	5.7		5.7
Nonfarm	1,832	679	1,153	3.2	3.5	3.1
Farm	211	76	135	3.1	*	*
Geographic region						
Northeast	4,721	1,401	3,320	3.8	3.8	3.8
North Central	3,083	1,106	1,978	3.5	3.5	3.4
South	1,639	539	1,100	3.3	3.5	3.2
West	1,557	512	1,045	3.7	3.6	3.7
Family income						
Under \$2,000	996	196	800	3.6	3.4	3.7
\$2,000-\$3,999	1,291	302	990	3.3	3.1	3.3
\$4,000-\$6,999	2,965	1,125	1,840	3.6	3.8	3.5
\$7,000-\$9,999	2,270	808	1,463	3.7	3.5	3.8
\$10,000 and over	2,799	1,005	1,794	3.7	3.9	3.5
Usual activity status						
Preschool	243	156	88	2.6	2.9	*
School	806	456	350	3.4	3.5	3.2
Usually working	5,059	2,301	2,758	3.8	3.8	3.8
Keeping house	3,789		3.789	3.6		3.6
Retired	794	456	338	3.6	3.5	3.9
Other	308	189	120	2.9	3.0	*

<sup>1</sup>Includes unknown income.

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Table 29. Number of persons and percent of the population with podiatrist visits, number of po-diatrist visits, and number of visits per patient per year, by family income according to se-lected characteristics: United States, July 1963-June 1964

Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II

	Family income					
Characteristic	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over
	Number of	persons wi n thousands	th visits	Percent of population wit visits		on with
All persons <sup>2</sup>	3,060	673	2,205	1.6	1.3	1.8
Color						
White	2,912	606	2,133	1.8	1.5	1.8
Nonwhite	149	67	72	0.7	0.5	0.9
Education of head of family						
Under 9 years	712	284	380	1,2	1.0	1.4
9-12 years	1,430	261	1,084	1.6	1.4	1.7
13 years and over	865	114	716	2.3	2.9	2.3
	Number of visits in thousands		Number of visits per patient per year		e per ear	
All persons. <sup>2</sup>	11,000	2,288	8,034	3.6	3.4	3.6
Color		•				
White	10,450	2,076	7,742	3.6	3.4	3.6
Nonwhite	550	212	292	3.7	3.2	4.1
Education of head of family						
Under 9 years	2,649	1,003	1,456	3.7	3.5	3.8
9-12 years	5,364	884	4,161	3,8	3.4	3.8
13 years and over	2,798	356	2,333	3.2	3.1	3.3

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<sup>1</sup>Includes unknown income. <sup>2</sup>Includes unknown education.

## Table 30. Population used in computing rates for this publication, by sex and selected characteristics: United States, July 1963-June 1964

Characteristic	Both sexes	Male	Female
	Popula	ntion in tho	ousands
All persons'	185,797	90,078	95,720
Age			
Under 6 years- 6-16 years- 17-24 years- 25 years and over- 25-34 years- 35-44 years- 45-64 years- 45-64 years- 55-64 years- 55-64 years- 65 years and over-	24,973 40,956 19,911 99,957 45,333 21,370 23,964 37,602 16,295 17,022	12,67920,8309,24547,32321,62710,14711,48018,15310,3437,8107,544	12,29420,12610,66552,63423,70611,22312,48319,44910,9648,4459,479
Residence			
SMSA	118,731	57,266	61,466
Nonfarm	55,346 11,720	26,737 6,075	28,610 5,644
Geographic region			
Northeast North Central South	46,476 52,898 56,804 29,619	22,303 26,029 27,284 14,461	24,173 26,869 29,520 15,158
Family income			
Under \$2,000 \$2,000-\$3,999 \$4,000-\$6,999 \$7,000-\$9,999 \$10,000 and over	21,430 30,170 58,956 36,476 28,825	9,225 14,141 29,259 18,269 14,504	12,204 16,029 29,698 18,206 14,321
Usual activity status			
Preschool (under 6 years) School (6-16 years)	24,973 40,956 63,259 37,996 7,504 11,109	12,679 20,830 43,491 6,368 6,709	12,294 20,126 19,768 37,996 1,136 4,400

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

<sup>1</sup>Includes unknown income.

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States in <u>Current Population Reports</u>: Series P-20, P-25, and P-60. Table 31. Population under 17 years of age used in computing rates for this publication, by sex, and selected characteristics: United States, July 1963-June 1964

Characterístic	Both sexes	Male	Female
	Popula	tion in the	usands
All persons under 17 years <sup>1</sup>	65,929	33,510	32,420
Residence			
SMSA	41,397	21,012	20,385
Outside of SMSA:			
Nonfarm	20,047	10,166	9,880
Farm	4,486	2,331	2,154
Geographic region			
Northeast	15,471	7,748	7,723
North Central	19,007	9,760	9,247
South	20,665	10,484	10,181
West	10,787	5,518	5,268
Family income			
Under \$2,000	5,600	2,777	2,823
\$2,000-\$3,999	10,314	5,225	5,089
\$4,000-\$6,999	23,406	11,946	11,460
\$7,000-\$9,999	14,063	7,120	6,944
\$10,000 and over	9,731	4,982	4,749

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

<sup>1</sup>Includes unknown income.

NOTE: For official population estimates for more general use, see Bureau of the Census reports on the civilian population of the United States in <u>Current Population Reports</u>: Series P-20, P-25, and P-60.

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Table 32. Population used in computing rates for this publication, by sex and selected character-istics: United States, July 1963-June 1964

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

	Family income						
Characteristic		Both sexes		Females			
	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	All incomes <sup>1</sup>	Under \$4,000	\$4,000 and over	
	Population in thousands						
All persons	185,797	51,599	124,257	95,720	28,233	62,225	
Color							
White	163,966	39,161	116,263	84,319	21,483	58,279	
Nonwhite	21,831	12,438	7,994	11,401	6,750	3,946	
Education of head of family							
Under 9 years	58,044	27,488	27,088	29,741	14,655	13,311	
9-12 years	87,236	18,830	64,055	45,162	10,675	32,157	
13 years and over	37,147	3,959	31,818	19,174	2,247	16,130	
Unknown	3,371	1,323	1,295	1,642	656	627	
All persons under 17 years	65,929	15,914	47,200		•••		
Color							
White	56,495	10,373	43,830			•••	
Nonwhite	9,435	5,541	3,370		•••		
Education of head of family							
Under 9 years	17,706	8,118	8,678	•••	•••		
9-12 years	33,468	6,636	25,519		•••	•••	
13 years and over	13,708	727	12,592	•••		• • •	
Unknown	1,046	434	412	•••	•••	•••	

<sup>1</sup>Includes unknown income.

NOTE: For official population estimates for more general use, see 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.

# APPENDIX I

# TECHNICAL NOTES ON METHODS

#### **Background of This Report**

This report is one of a series of statistical reports prepared by the National Health Survey. It is based on information collected in a continuing nationwide sample of households in the Health Interview Survey, a major part of the program.

The Health Interview Survey utilizes a questionnaire which, in addition to personal and demographic characteristics, obtains information on illnesses, injuries, chronic conditions and impairments, and other health topics. As data relating to each of these various broad topics are tabulated and analyzed, separate reports are issued which cover one or more of the specific topics. The present report is based on the consolidated sample for 52 weeks of interviewing ending June 1964.

The population covered by the sample for the Health Interview Survey is the civilian, noninstitutional population of the United States living at the time of the interview. The sample does not include members of the Armed Forces, U.S. nationals living in foreign countries, or crews of vessels.

## Statistical Design of the Health Interview Survey

General plan.— The sampling plan of the Survey follows a multistage probability design which permits a continuous sampling of the civilian population of the United States. The first stage of this design consists of drawing a sample of 357 from about 1,900 geographically defined primary sampling units (PSU's) into which the United States has been divided. A PSU is a county, a group of contiguous counties, or a standard metropolitan statistical area.

With no loss in general understanding, the remaining stages can be combined and treated in this discussion as an ultimate stage. Within PSU's, then, ultimate stage units called segments are defined in such a manner that each segment contains an expected nine households. A segment consists of a cluster of neighboring households or addresses. Two general types of segments are used: (1) area segments which are defined geographically, and (2) B segments which are defined from a list of addresses from the Decennial Census and Survey of Construction. Each week a random sample of about 90 segments is drawn. In the approximately 800 households in these segments, household members are interviewed concerning factors related to health.

Since the household members interviewed each week are a representative sample of the population, samples for successive weeks can be combined into larger samples. Thus, the design permits both continuous measurement of characteristics of high incidence or prevalence in the population and, through the larger consolidated samples, more detailed analysis of less common characteristics and smaller categories. The continuous collection has administrative and operational advantages as well as technical assets, since it permits field work to be handled with an experienced, stable staff.

Sample size and geographic detail.— The national sample plan for the 12-month period ending June 1964 included about 134,000 persons from 42,000 households in about 4,700 segments.

The overall sample was designed in such a fashion that tabulations could be provided for each of the major geographic regions and for urban and rural sectors of the United States.

Collection of data.—Field operations for the household survey are performed by the Bureau of the Census under specifications established by the National Center for Health Statistics. In accordance with these specifications the Bureau of the Census selects the sample, conducts the field interviewing as an agent of the Center, and performs a manual edit and coding of the questionnaires. The Health Interview Survey, using Center electronic computers, carries out further editing and vabulates the edited data.

Estimating methods.—Each statistic produced by the survey—for example, the number of persons utilizing specialists in a specified period—is the result of two stages of ratio estimation. In the first of these, the control factor is the ratio of the 1960 decennial population count in the 1960 estimated population in the National Health Survey's first-stage sample of PSU's These factors are applied for some 25 color-residence classes.

Later, ratios of sample-produced estimates of the population to official Bureau of the Census figures for current population in about 60 age-sex-color classes are computed and serve as second-stage factors for ratio estimating.

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The effect of the ratio-estimating process is to make the sample more closely representative of the population by age, sex, color, and residence, thus reducing sampling variance.

As noted, each week's sample represents the population living during that week and characteristics of that population. Consolidation of samples over a time period, say a calendar quarter, produces estimates of average characteristics of the U.S. population for that calendar quarter. Similarly, population data for a year are averages of the four quarterly figures.

#### **General Qualifications**

*Nonresponse.*—Data were adjusted for nonresponse by a procedure which imputes to persons in a household which was not interviewed the characteristics of persons in households in the same segment which were interviewed. The total noninterview rate was 5—1 percent was refusal, and the remainder was primarily due to the failure to find any eligible household respondent after repeated trials.

The interview process.— The statistics presented in this report are based on replies secured in interviews of persons in the sampled households. Each person 19 years of age and over, available at the time of interview, was interviewed individually. Proxy respondents within the household were employed for children and for adults not available at the time of the interview, provided the respondent was closely related to the person about whom information was being obtained.

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information, the household respondent can, at best, pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. However, other facts, such as the number of disability days caused by the condition, can be obtained more accurately from household members than from any other source since only the persons concerned are in a position to report this information.

Rounding of numbers.—The original tabulations on which the data in this report are based show all estimates to the nearest whole unit. All consolidations were made from the original tabulations using the estimates to the nearest unit. In the final published tables the figures are rounded to the nearest thousand, although these are not necessarily accurate to that detail. Devised statistics, such as rates and percent distributions, are computed after the estimates, on which these are based, have been rounded to the nearest thousand. *Population figures.*—Some of the published tables include population figures for specified categories. Except for certain overall totals by age and sex, which are adjusted to independent estimates, these figures are based on the sample of households in the National Health Survey.

These are given primarily to provide denominators for rate computation and for this purpose are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. In some instances, these will permit users to recombine published data into classes more suitable to their specific needs. With the exception of the overall totals by age and sex, mentioned above, the population figures differ from corresponding figures (which are derived from different sources) published in reports of the Bureau of the Census. For population data for general use, see the official estimates presented in Bureau of the Census reports in the P-20, P-25, and P-60 series.

### **Reliability of Estimates**

Since the estimates are based on a sample, they will differ somewhat from the figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and interviewing personnel and procedures. As in any survey the results are also subject to measurement error.

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might lie in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than 2½ times as large.

The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself, and is expressed as a percentage of the estimate. Included in this Appendix are charts from which the relative standard errors can be determined for estimates shown in the report. A description of the classes of statistics used in the health survey and general rules for determining relative sampling errors are presented in Appendix I of "Current Estimates" (Vital and Health Statistics, Series 10, No. 13).

The following guide indicates the appropriate rules and charts to be used in deriving relative standard errors for estimates shown in this report. The code shown below identifies the appropriate curve to be used in estimating the relative standard error of the statistic described. The four components of each code describe the statistic as follows: (1) A =

aggregate, P = percentage; (2) the number of calendar quarters of data collection; (3) the type of the statistic and (4) the range of the statistic as described in Series 10, No. 13.

	Use:						
Statistic	Rule	Code on	page				
Number of: Persons in the U.S. population, or total number in any age-sex-color category	Not subject	to sampling error					
Persons in any other population group Specialist visits	1 1	A4AN A4AM	57 57				
Percentage distribution of: Persons with specialist visits	2	P4AN-M	58				
Number of specialist visits: Per 100 persons in the U.S. population, or per 100 persons in any age-sex-color category	4(a)	A4AM	57				
Per 100 persons in any other population group	4(b)	{Numer.: A4AM {Denom.: A4AN	57 57				



Size of estimate (in thousands)

Example of use of chart: An aggregate of 2,000,000 (on scale at bottom of chart) for a Narrow range Type A statistic (code: A4AN) has a relative standard error of 3.6 percent, (read from scale at left side of chart), or a standard error of 72,000 (3.6 percent of 2,000,000). For a Wide range Type B statistic (code: A4BW), an aggregate of 6,000,000 has a relative error of 16.0 percent or a standard error of 960,000 (16 percent of 6,000,000).

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# Relative standard errors for percentages based on four quarters of data collection for type A data, Narrow and Medium range

(Base of percentage shown on curves in millions)



Estimated percentage

Example of use of chart: An estimate of 20 percent (on scale at bottom of chart) based on an estimate of 10,000,000 has a relative standard error of 3.2 percent (read from the scale at the left side of the chart), the point at which the curve for a base of 10,000,000 intersects the vertical line for 20 percent. The standard error in percentage points is equal to 20 percent X 3.2 percent or 0.64 percentage points.

## APPENDIX II

# DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

### **Medical Care Terms**

Services of certain medical specialists or practitioners.—A service from a medical specialist or practitioner is the service received when the medical specialist or practitioner is consulted. The service is recorded each time a member of the household is reported to have consulted a medical specialist or practitioner during the 12-month period prior to the interview week. If two or more different specialists of the same type are seen, a record is made of the combined total of the number of times each is seen.

For the purpose of the survey, the doctor who is a medical specialist must limit his practice to the speciality involved. Doctors who do not qualify to use the specialist name but limit their practice to the speciality involved, if so indicated by the respondent, are counted as specialists.

#### Demographic, Social, and Economic Terms

Age.—The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions depending upon the purpose of the table.

*Color*.—The population is divided into two groups according to color, "white" and "nonwhite." Nonwhite includes Negro, American Indian, Chinese, Japanese, and so forth. Mexican persons are included with white unless definitely known to be Indian or of another nonwhite race.

*Head of family*.—The head of the family is usually the person regarded as the "head" by the members of the group. Married women are never classified as heads if their husbands are living with them at the time of the survey except when the husband is a member of the Armed Forces. Only one person in each family can be designated as the head. Therefore, the number of heads of families is equal to the number of families.

*Education.*—Each person age 17 or older is classified by education in terms of the highest grade of school completed. Only grades completed in regular schools, where persons are given a formal education, are included. A "regular" school is one which advances a person toward an elementary or high school diploma, or a college, university, or professional school degree. Thus, education in vocational, trade, or business schools

outside the regular school system is not counted in determining the highest grade of school completed.

Each member of a family is classified according to the education of the head of the family of which he is a member. Within the household all persons related to each other by blood, marriage, or adoption constitute a family. Unrelated individuals are classified according to their own education.

Income of family or of unrelated individuals.— Each member of a family is classified according to the total income of the family of which he is a member. Within the household all persons related to each other by blood, marriage, or adoption constitute a family. Unrelated individuals are classified according to their own income.

The income recorded is the total of all income received by members of the family in the 12-month period prior to the week of interview. Income from all sources is included, e.g., wages, salaries, rents from property, pensions, help from relatives, and so forth.

Usual activity status.—All persons in the population are classified according to their usual activity status during the 12-month period prior to the week of interview. The "usual" activity status, in case more than one is reported, is the one at which the person spent the most time during the 12-month period. Children under 6 years of age are classified as "preschool." All persons 6-16 years are classified as "school age."

The categories of usual activity status used for persons aged 17 years and over are usually working, usually keeping house, retired, and other. For several reasons these categories are not comparable with somewhat similarly named categories in official Federal labor force statistics. First, the responses concerning usual activity status are accepted without detailed questioning since the objective of the question is not to estimate the numbers of persons in labor force categories but to identify crudely certain population groups which may have differing health problems. Second, the figures represent the usual activity status over the period of an entire year, whereas official labor force statistics relate to a much shorter period, usually one week. Third, the minimum age for usually working persons is 17 in the National Health Survey and the official labor force categories include all

persons aged 14 or older. Finally in the definitions of specific categories which follow, certain marginal groups are classified differently to simplify procedures.

Usually working includes persons 17 years of age or older who are paid employees; self employed in their own business, profession, or in farming; or unpaid employees in a family business or farm. Work around the house, or volunteer or unpaid work, such as for a church, etc., is not counted as working.

Usually keeping house includes female persons 17 years of age or older whose major activity is described as "keeping house" and who cannot be classified as "working."

Retired includes persons 45 years old or over who consider themselves to be retired. In case of doubt, a person 45 years of age or older is counted as retired if he, or she, has either voluntarily or involuntarily stopped working, is not looking for work, and is not described as "keeping house." A retired person may or may not be able to work. Other in this report includes males 17 years of age or older not classified as "working" or "retired" and females 17 years of age or older not classified as "working," "keeping house," or "retired." Persons aged 17 years and over who are going to school are included in this group.

### Location of Residence Terms

Residence.— The place of residence of a member of the civilian, noninstitutional population is classified as either inside a standard metropolitan statistical area (SMSA) or outside an SMSA, according to farm or nonfarm residence.

Standard metropolitan statistical areas.—The definitions and titles of standard metropolitan statistical areas are established by the U.S. Bureau of the Budget with the advice of the Federal Committee on Standard Metropolitan Statistical Areas. There were 212 SMSA's defined for the 1960 Decennial Census, for which data may be provided for places of residence in the Health Interview Survey.

The definition of an individual SMSA involves two considerations: first, a city or cities of specified population which constitute the central city and identify the county in which it is located as the central county; and, second, economic and social relationships with contiguous counties (except in New England)

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which are metropolitan in character, so that the periphery of the specific metropolitan area may be determined. SMSA's are not limited by State boundaries.

Farm and nonfarm residence.—The population residing outside SMSA's is subdivided into the farm population, which comprises all non-SMSA residents living on farms, and the nonfarm population, which comprises the remaining non-SMSA population. The farm population includes persons living on places of 10 or more acres from which sales of farm products amounted to \$50 or more during the previous 12 months and persons residing on places of less than 10 acres from which sales of farm products amounted to \$250 or more during the preceding 12 months. Other persons living in non-SMSA territory were classified as nonfarm. Persons were also classified as nonfarm if their household paid rent for the house but their rent did not include any land used for farming.

"Sales of farm products" refer to the gross receipts from the sale of field crops, vegetables, fruits, nuts, livestock and livestock products (milk, wool, etc.), poultry and poultry products, and nursery and forest products produced on the place and sold at any time during the preceding 12 months.

*Region.*—For the purpose of classifying the population by geographic area, the States are grouped into four major regions. These regions, which correspond to those used by the Bureau of the Census, are as follows:

Region	States Included
Northeast	- Maine, New Hampshire, Vermont,
	Massachusetts, Rhode Island,
	Connecticut, New York,
	New Jersey, Pennsylvania
North Central	-Michigan, Ohio, Indiana, Illinois
	Wisconsin, Minnesota, Iowa,
	Missouri, North Dakota,
	South Dakota, Nebraska, Kansas
South	- Delaware, Maryland, District of
	Columbia, Virginia, West Virginia,
	North Carolina, South Carolina,
	Georgia, Florida, Kentucky, Texas,
	Tennessee, Alabama, Mississippi,
	Arkansas, Louisiana, Oklahoma
West	Montana, Idaho, Wyoming,
	Colorado, New Mexico, Arizona,
	Utah, Nevada, Alaska, Washingtor,
	Oregon, California, Hawaii

# APPENDIX III

# QUESTIONNAIRE ITEMS REFERRING TO MEDICAL SPECIALISTS AND PRACTITIONERS

21	DURING THE PAST 12 MONTHS has ANYONE in the family — that is, you, your, etc., — received any		🕈 (Mark (X) Specialist)		Times
	services from any of the persons listed on this card? Please check "Yes" or "No" for each one listed.		Pediatrician	Α.	
	Hand respondent pencil and card (NHS-HIS-1(a))		Obstetrician or		
	For each "Yes" box checked on the card, ask:		Gynecologist	в	
	(a) Who new the (specialist)? (Mark (X) for each specialist in person's column.)		Ophthalmologist	c	
	(b) About how many times did you see a (specialist) during the past 12 months (not counting		Otolaryngologist	D	
	any visits while you were in the hospital/r		Psychiatrist	E	
	(c) Did anyone else see a (specialist) during the past 12 months?	H	Dermatologist	F	
	If "Yes," ask:		Orthopedist	G	
	(d) Who was this?		Chiropractor	н	
	(e) About how many times did you see a (specialist) during the post 12 months (not counting any visits while you were in the haspital)?		Optometrist	1	
	Check the "None" box for each person who did not see a specialist.		Podiatrist or Chiropodist	L	
			None		

#### DURING THE PAST 12 MONTHS HAS ANYONE IN THE FAMILY RECEIVED ANY SERVICES FROM ANY OF THE FOLLOWING MEDICAL SPECIALISTS? Please check: "Yet" No" for each one listed.

Flease check les of	r No tor each	one itsteu.					
Pediatrician	-	TYes	No No				
Obstetrician		Yes	□ No				
UR Gynecologist		🗌 Yes	∏ No				
Ophthalmologist (Physician eye specialist	)	Yes	No				
Otolaryngologist (Ear, nose, and throat spe	cialist)	🗌 Yes	No No				
Psychiatrist		Yes	□ No				
Dermatologist (Physician skin specialis	t)	Ves 🗌	No No				
Orthopedist (Physician bone specialis	t)	Yes	D No				
DURING THE PAST 12 RECEIVED ANY SERV PRACTITIONERS? Please check "Yes" of	DURING THE PAST 12 MONTHS HAS ANYONE IN THE FAMILY RECEIVED ANY SERVICES FROM ANY OF THE FOLLOWING PRACTITIONERS? Please check "Yes" or "No" for each one listed.						
Chiropractor		🗌 Yes	[] No				
Optometrist (Examines eyes for glass Does not treat eye diseas	es. es.)	🗌 Yes	D No				
Podiatrist or Chiropodi (Foot doctor)	st	Yes	No No				
PSU No.	Segment No.		Serial No.				
FORM NHS-HIS-1(a) U.S. DEPARTMENT OF COMMERCE (4-17-83) BUREAU OF THE CENSUS							
U.S. NATIONAL HEALTH SURVEY							

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## APPENDIX IV

# THE ACCURACY OF REPORTING TYPES OF MEDICAL SPECIALISTS AND PRACTITIONERS

### Introduction

In the Health Interview Survey, an extension of the usual data collection procedure was used as a means of estimating the accuracy with which respondents could identify the types of medical specialists and practitioners consulted by family members. During a 4-week period of the survey year (July 1963-June 1964), respondents who reported use of the services of any of the selected types of medical specialists and practitioners were asked for the names and addresses of those rendering such services. By checking this supplementary information with medical directories, listings, and other sources of identification, it was possible to obtain a rough estimate of the reliability of the data on medical specialists' and practitioners' services collected throughout the year.

### **Matching Procedure**

The medical specialists and practitioners whose names and addresses were given by the respondents were matched with listings in the 1963 American Medical Directory, the 1963 Yearbook and Directory of Osteopathic Physicians, the Directory of Medical Specialists, 1963-1964, the Desk Reference of the American Podiatry Association, 1964, the Blue Book of Optometrists, 1964, the Official Membership Directory of the American Chiropractic Association, 1964, the mailing list of the American Podiatry Association (which includes both members and nonmembers of the American Podiatry Association), the mailing list of the International Chiropractors Association, and local telephone directories.

In general, a response was considered as matching an identification source if one or more of the following criteria were applicable:

- 1. The entire name and address of the specialist in the response was the same as that in the directory.
- The last name and address of the specialist in the response was the same as that in the directory.

- 3. The last name of the specialist in the response was the same as that in the directory and the address of the designated specialist was reasonably identifiable with that in the directory. For example, the respondent might have reported that the specialist had his practice in a suburb of a community, while the directory listed the address as within the community.
- 4. The address of the specialist in the response was the same as that in the directory and the phonetic spelling of the specialist's name resembled that in the directory.

The names of some physicians whose practice is limited to a specialty area but who are not certified specialists were reported on the interview but could not be located in the directories.

#### Results of the Study

The figures in table I, which summarizes the results of the study, represent a combination of the ability of the coder to determine a match and the knowledge and willingness of the respondent giving the information. Since both of these factors entered into the matching procedure, the percentages of specialists and practitioners whose specialty areas were reported correctly by the respondents out of the total number of medical specialists and practitioners consulted by the respondents (shown in column 6 of table I) must be considered as minimal estimates.

Approximately 81.8 percent of the 3,169 specialists and practitioners reported by respondents in this study could be identified in the listings and directories. Identification of a specialist could not be made when the information the respondent gave did not meet the criteria for a match or when the respondent did not know or refused to give the name and address of the specialist he had consulted. Of the 81.8 percent identified specialists, the specialty areas of 88.2 percent were reported correctly by the respondents. This means that of the total number which respondents reported as specialists, 72.1 percent could be identified within their specialty area in listings, directories, and other identification sources.

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Table I. Results of the study of accuracy in reporting types of medical specialists and practitioners by household respondents in the Health Interview Survey, United States, September 22, 1963-October 19, 1963

Type of medical specialist or practitioner	Total number reported by re- spondents <sup>1</sup>	Total number identified in direc- tories by matching names and addresses	Percent identified of total reported	Total number identified whose specialty area was reported correctly by re- spondents	Percent whose specialty area was reported correctly of those identified	Percent whose specialty area was reported correctly of total reported by re- spondents
	1		$(Col. 2 \div Col. 1)$		$(001.4 \div 001.2)$	$(001.4 \div 001.1)$
	(1)	(2)	(3)	(4)	(5)	(6)
Total sample <sup>2</sup>	3,169	2,592	81.8	2,286	88.2	72.1
Pediatrician	480	403	84.0	375	93.1	78.1
Obstetrician or gynecologist	477	396	83.0	354	89.4	74.2
Ophthalmologist	547	451	82.4	375	83.1	68.6
Otolaryngologist	244	185	75.8	164	88.6	67.2
Psychiatrist	51	30	58.8	30	100.0	58.8
Dermatologist	153	112	73.2	109	97.3	71.2
Orthopedist	209	160	76.6	1.33	83.1	63.6
Chiropractor	180	154	85.6	142	92.2	78.9
Optometrist	678	572	84.4	480	. 83.9	70.8
Podiatrist	150	129	86.0	124	96.1	82.7

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 $^1 Includes$  "don't know" and refusals by respondents. "Unweighted data.

Proportionately fewer psychiatrists named by respondents were properly identified as psychiatrists (58.8 percent) than any other type of specialist selected for this study. This low percentage of properly identified psychiatrists was due mainly to the high proportion of respondents who refused to give the names and addresses of the psychiatrists they consulted. This reluctance may have been associated with the respondent's fear that the psychiatrist, if identified, might be contacted for further information.

The low percentage of reporting accuracy by the respondents of some of the types of specialists and practitioners was a result of respondents' confusion regarding the types of services rendered by these specialists and practitioners. While 67.2 percent of the reported otolaryngologists were properly identified as otolaryngologists, others were found to be ophthal-mologists. Although 68.6 percent of the ophthalmologists were reported correctly by the respondents, an additional number were identified as otolaryngologists or as optometrists. About 70.8 percent of the optometrists were reported correctly as optometrists by respondents. However, some of those reported as optometrists or opticians.

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A relatively large percentage of pediatricians were reported correctly by respondents (78.1 percent). Housewives who, in most instances, respond for their children would be expected to know the names and addresses of the pediatricians who had seen their children. In addition, the comparatively large number of visits for children under 17 years of age (3.2 visits during the year per pediatric patient) to this type of specialist would indicate that the frequency of consultation to this type of specialist would account for more accurate information given by respondents for pediatricians.

The types of specialists and practitioners most accurately reported by the household respondents were chiropractors (78.9 percent were reported correctly) and podiatrists (82.7 percent were reported correctly). Two factors contributed to this high degree of identification: (1) more complete listings were available for these two practitioners than for the other types of specialists and practitioners and (2) because of the specific type of service rendered, respondents did not easily confuse these practitioners with other types of specialists and practitioners.

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