but it is possible to indicate some factors involved in utilization of hospital care by the insured and the uninsured.

The 1953 Health Information Foundation survey [23] revealed that hospital admission rates vary little between different income groups, but that insured persons, regardless of income, had higher admission rates—14 admissions per 100 insured persons per year, compared with 9 admissions per 100 uninsured persons per year. The survey also indicated utilization of 100 hospital days per 100 insured persons pear year and 70 hospital days per 100 uninsured persons per year but with an average length of stay in hospitals of 7 days per insured person and 8.3 days per uninsured person.

Among the uninsured, there was little variation in hospital utilization, regardless of family income. Among insured persons, however, individuals from low-income families (less than $2,000 a year) had a much higher hospital admission rate than any other income group—21 hospital admissions per 100 persons. This rate is far above the general average admission rate of 14 per 100 insured persons per year and 9 per 100 uninsured persons per year,[24] but this high utilization by low income individuals may reflect the large number of older retired people in this income group.

In all income groups, hospital utilization by insured persons exceeded utilization by the uninsured, even at very high income levels. Apparently, families with health insurance go to hospitals more often and stay a shorter time than do those without such insurance. This higher utilization by the insured does not imply excessive use of hospitalization insurance protection, although it does indicate that insured persons (or their doctors) use hospitals for less serious conditions. If at least some of these less serious conditions are presumed to require hospital care, it would appear that there are unmet hospitalization needs and lack of health consciousness among uninsured people. The lack of health consciousness is indicated by the failure of uninsured persons to demand more hospital care as family income rises.

Whether insured persons get more hospital care because they have hospitalization insurance or whether they get hospitalization insurance because they want hospital care, it is clear that insured persons are more health conscious. The significance of health consciousness in hospital utilization is confirmed by the observation that insured persons, regardless of income or insurance benefits, spend more for "out of pocket" medical expenses than do the uninsured.

As health insurance benefits become more comprehensive, covering "out of hospital" medical care, it is possible that the high rate of hospital utilization by insured persons will be reduced. If a patient must be hospitalized to get the benefit of health insurance, both patient and doctor may have some incentive to use hospital care to ease financial burdens on the patient. On the other hand, comprehensive health insurance, which covers outpatient hospital visits and doctor visits to the patient's home or patient's visits to the doctor's office, may reduce hospital utilization, but will also raise questions concerning overutilization of nonhospital medical services. There exists already a growing trend toward greater comprehensiveness of

[23] Anderson, op. cit., pp. xiv–xv, 55.
[24] Ibid., p. 58.