

872 ECONOMIC OPPORTUNITY ACT AMENDMENTS OF 1967

Total population, number and percent of persons with last physician visit within a year, by sex, family income, and age: United States, July 1963-June 1964—Continued

[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 app. I. Definitions of terms are given in app. II]

Family income and age	Both sexes			Male			Female		
	All persons		With visit within a year	All males		With visit within a year	All females		With visit within a year
		Num-ber			Num-ber			Num-ber	
	Thou-sands	Thou-sands		Thou-sands	Thou-sands		Thou-sands	Thou-sands	
\$10,000 plus:									
All ages.....	28,825	20,991	72.8	14,504	10,254	70.7	14,321	10,737	75.0
Under 5 years.....	2,196	1,943	88.5	1,129	1,011	89.5	1,067	932	87.3
5 to 14 years.....	6,222	4,741	76.2	3,213	2,486	77.4	3,008	2,255	75.0
15 to 24 years.....	4,039	2,802	69.4	2,004	1,364	68.1	2,034	1,438	70.7
25 to 34 years.....	2,684	2,015	70.5	1,430	894	62.5	1,554	1,211	77.9
35 to 44 years.....	4,881	3,473	71.2	2,327	1,550	66.6	2,554	1,923	75.3
45 to 54 years.....	4,616	3,183	69.0	2,344	1,533	65.4	2,272	1,649	72.6
55 to 64 years.....	2,685	1,849	68.9	1,490	1,014	68.1	1,196	835	69.8
65 to 74 years.....	813	597	73.4	400	275	68.8	413	322	78.0
75 plus years.....	389	298	76.6	166	127	76.5	223	171	76.7

¹ 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.

Source: Department of Health, Education, and Welfare, Vital and Health Statistics, Data From the National Health Survey: Physician Visits. Washington, D.C.: National Center for Health Statistics, series 10, No. 19, 1965, pp. 25-26, table 11.

Mr. STEIGER. Thank you, Mr. Gibbons.

Mr. GIBBONS. I was wondering about the figure that you gave for the Oregon plan. You mentioned a thousand families and I think Mr. Berry gave a figure of \$800,000, roughly \$800,000.

Dr. ENGLISH. We could give it more easily per patient. The cost per family really is what you are thinking about, is that right, Mr. Gibbons?

Mr. GIBBONS. Yes.

Dr. FRANKEL. Now Mrs. Green is going to get her question answered because we have, in the budget, provision for more than 1,000 families and this is why the cost shows this high. We would rather not state the figure at this point for the very reason I think that Mrs. Green was concerned about, that if you open up the enrollment in a certain number and then have to close it off immediately it would be somewhat embarrassing to our grantee. There will be more than 1,000 in the plan. Kaiser has taken into account in assessing the premium that they are in effect charging a premium for this program because of the tremendous health deficit of the poor population, and they are anticipating a higher utilization based on very real need than they would get in their middle-class clientele, and this is why the relatively higher cost figures.

Mr. GIBBONS. You say they are taking into consideration the fact that these lower income category people will have greater medical needs and therefore the cost is going to be greater.

Dr. FRANKEL. Yes, sir. They are quoting a lower premium than they would to their labor union clientele.