

Health

Expenditures for health services were essentially nonmonetary for WE and T participants. Undoubtedly there were some costs associated with utilizing free medical and dental services; however, from the description of the WE and T Program above, it was inferred that there were no opportunity costs, or income foregone therefrom. It was assumed that visits to the various kinds of health facilities would have a long-run developmental significance for the participants. This was predicted upon Weller's observation that impoverished people in Appalachia see little value in preventive medicine or dentistry. Therefore, if the participants made more visits to physicians and dentists than did applicants, it was assumed that they were at least expressing a desire to improve their health, and that this would have a long-run developmental significance. The hypothesis was that the number of visits to physicians and dentists per participant family would increase as would the number of days spent in the hospital. If this were not the case, then it would seem that there were other barriers to health care than merely the financial ones.

Table 3.3 displays the data on family visits to physicians and dentists, and days spent in hospitals. Of the total of 51 applicant and 52 participant families reporting, 41 applicant and 47 participant families indicated that someone in the family had been to a physician in the previous 12 months. Similarly, 21 applicant and 36 participant families reported having some family member visit a dentist in the past year. Sixteen applicant and 27 participant families reported that some member had been admitted to a hospital in the past six months. A chi square analysis showed all these differences to be significant at the 5 per cent probability level. Thus it appeared that the participant families were visiting these various kinds of health facilities more than the applicant families. Despite Caudill's contention,⁵ that the quality of medicine is low in the Appalachian region, it seemed reasonable to assume that this increased contact with some form of medicine or dentistry would have a desirable impact upon the future development of the recipients.

There appeared to be some people who still would not go to a physician or dentist out of fear, habit or due to good health, but the number was less among the participants than among the applicants. Ten applicant and five participant families reported not having anyone visit a physician in the past year. Similarly, 30 applicant families had not sent anyone to the dentist, while only 15 participant families had not. Thus twice as many applicant as participant families had not been to a dentist in the past year.

TABLE 3.3.—*Utilization of health services by applicants and participants, September 1965 to September 1966*

	Number of families reporting at least 1 visit	Total number of calls	Number of visits per family (days for hospital)	Number of families reporting no visits
APPLICANTS				
Physicians.....	41	422	10.3	10
Dentists.....	21	71	3.4	30
Hospitals ¹ (last 6 months).....	16	169	10.6	35
PARTICIPANTS				
Physicians.....	47	783	16.9	5
Dentists.....	36	179	4.9	15
Hospitals ¹ (last 6 months).....	27	211	7.9	25

¹ Data for hospitals are for number of days spent in hospitals from April to September 1966 and do not include outpatient services.

The number of families who had no member of the household admitted to the hospital in the last six months was 35 in the applicant group and 25 in the participant group. Of course this was more difficult to analyze, for many families did not send anyone to a hospital in a six-month period. The number of days per stay in the hospital was higher (10.6 versus 7.9) among the applicants. This was probably due to the fact that the applicants were not hospitalized unless their condition was fairly serious, and also, several applicants qualified for free medi-

⁵ Caudill, *op. cit.*, p. 295.