

variables unidentified in this analysis or errors in the reporting of the levels of expenditure within each category.

DEVELOPMENTALLY SIGNIFICANT EXPENDITURES AND ACTIVITIES

Using the total number of visits per family to physicians and dentists in the year preceding the survey as the dependent variable, Y_1 , the following regression equation was obtained:

$$Y = 21.584 - 0.619X_1 + 2.390X_2 - 0.572X_{11} + 0.070X_{13}$$

(0.245) (0.829) (0.323) (0.050)

$$r^2 = 0.41$$

$$\text{Total } F = 5.58$$

$$n = 36$$

The standard errors of the regression coefficients are presented in parentheses throughout this chapter. X_1 , the age of the head of the participant household, was negatively associated with the total number of visits to physicians and dentists per participant family in the year preceding the survey. Therefore, the younger participant heads of households and their families went to physicians and dentists more than the families of older participant heads of households. Participants' level of education before entering the WE and T Program, X_2 , was positively associated with the total number of visits to physicians and dentists per participant family; and thus the families of participants with more education before entering the WE and T Program went to physicians and dentists more than the families of participants with less education before they entered the WE and T Program. It was interesting that X_6 , the number of children less than eight years of age, apparently was not significantly associated with the number of visits to physicians and dentists. It seemed from this analysis that the demand for medical services for themselves and their families was greater among the younger adults participating in the WE and T Program, especially those with more education, or at least more exposure to education. Once again, the value of education was suggested here, for it seemed to help people more fully utilize opportunities for enhanced health for themselves and their families.

Total mileage to town, X_{11} , was negatively associated with the total number of visits per family to physicians and dentists; the participant families living closer to town went to physicians and dentists more than those living farther from town. Perhaps this was due to the difficulties of transportation from the more participant family dwellings; however, 33 of the 36 participants had autos, and one would expect that transportation problems would be somewhat minimized. Quite possibly the total mileage to town was a rough index of the isolation of the families, and possibly this isolation has been the cause of their lack of interest in, knowledge of, or skills in acquiring health services.

X_{13} , total cash income per family per month was positively associated with the number of visits to physicians and dentists per family. However, since the monthly income grant for WE and T participants was determined approximately in proportion to the number of children in the family, there was high intercorrelation with X_{13} and X_{10} , total family members. Thus, the positive association with X_{13} was probably in some way correlated with the total family size, and logically one would expect that the more members there were in a family, the more visits to physicians and dentists would be made. The independent variable Y_2 , in the following equation was the total expenditures in October by participant families for the developmentally significant categories of expenditure minus anything spent beyond the developmentally significant upper limit.

$$Y = 191.658 - 0.243X_1 + 17.197X_6$$

(0.856) (5.689)

$$r^2 = 0.28$$

$$\text{Total } F = 6.611$$

$$n = 36$$

There was a negative association with X_1 , age of the head of the participant household, and Y_2 , developmentally significant expenditures in October. Thus the younger participants spend more than the older participants for the categories of developmentally significant expenditures. This indicated that the younger adults apparently tended to make more expenditures of the kind regarded in this study as investments in themselves and their children. This was understandable in light of the fact that the older participants tended to be more disabled and infirm, and therefore might not have had as affirmative a view of the future for themselves and their children as did the younger participants.