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UBLIC AFFAIRS PAMPHLETS

WHO CAN AFFORD HEALTH?

Y BEULAH AMIDON

TRUE OR FALSE?

The very poor and the very rich get the best medical care.

The unemployed are healthier than the employed.

Most persons with chronic illnesses are under 50.

PUBLIC AFFAIRS PAMPHLETS
No. 27 1939

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WHO CAN AFFORD HEALTH?

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Amidon

FIRST STREET cuts Clarkville from north to south. Out on North First there are big houses, set well back from the street among pleasantly planted shade trees and shrubbery. As it runs south, First Street is lined with the little city's best shops and stores, its two first-run picture theaters, the "modern business blocks" put up by the First National Bank, the Farmers Trust, the Valley Loan and Mortgage. They are no longer so shiningly new as they were in the boom days when they were built, but the Clarkville Chamber of Commerce boasts confidently that "few midwestern cities of 30,000 inhabitants can show a business district as metropolitan as ours." As it goes farther south, First Street becomes less and

General 9F1 & 42 Stock 1 no 27 4.143 Pan 3

This pamphlet was prepared by Beulah Amidon on the basis of the National Health Survey, made by the United States Public Health Service in 1935-1936, together with other research studies compiled by the United States Government Interdepartmental Committee to Coordinate Health and Welfare Activities.

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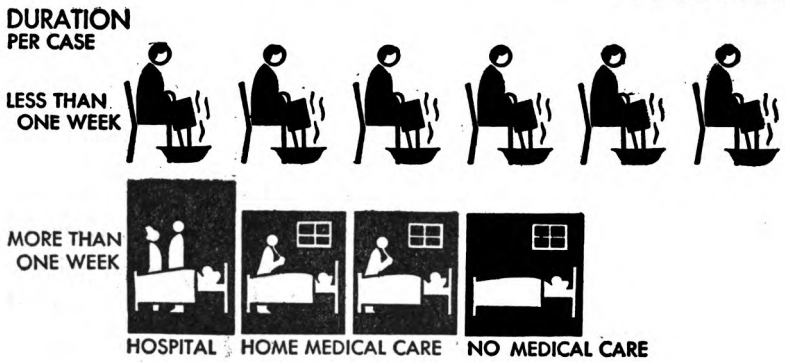
The situation is the more serious because low-income families are more frequently and more seriously ill than are families at a higher income level. Infant death rates, death rates of tuberculosis, and other major causes of death are higher for the poor than for the well-to-do. But though death rates meas-

DISABLING SICKNESS AMONG THE POOREST THIRD OF THE NATION



Each symbol represents 2 million cases in 1935-36
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ure loss of life, they represent only a fraction of the heavy toll which illness exacts. Counting only disabling sickness lasting for one week or longer, there are about 16 illnesses that mean loss of work for the family wage earner, inability of the wife and mother to attend to her normal duties, or absence from school for the school-age child for each death occurring in a year.

THE NATIONAL HEALTH SURVEY

THE National Health Survey, made by the United States Public Health Service with the aid of grants from the Works Progress Administration, gives the first nation-wide picture of the state of the nation's health, and the underlying social

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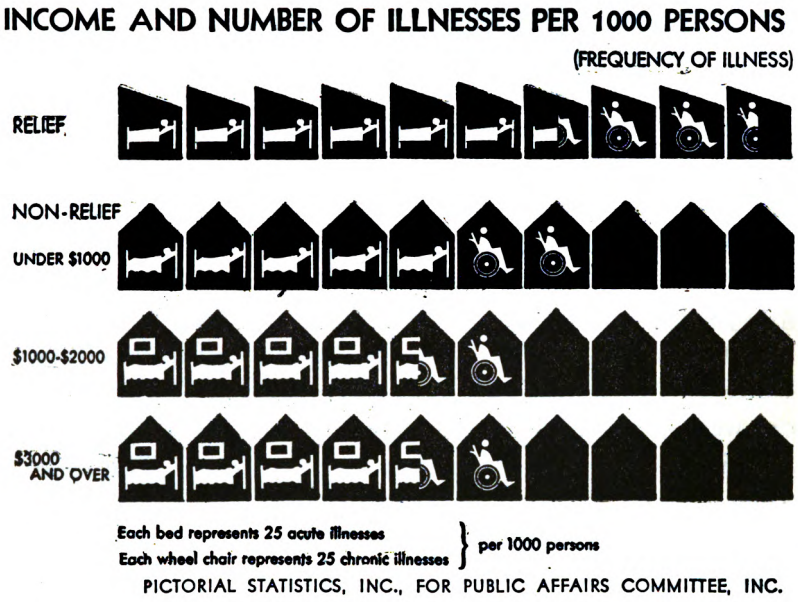
Here "cause and effect" become confused. How much of the poverty of this group is due to sickness, especially chronic sickness; how much of the sickness is due to malnutrition and bad housing resulting from poverty, together with the inability to purchase adequate medical care, cannot even be guessed



at. However, the amount that sickness incapacitates the wage earner gives some indication of the part illness plays in pushing families on relief. The health survey shows that in the comfortable income group, 1 in 250 family heads was not seeking work because of chronic disability; in non-relief families with incomes under $1,000, the rate was 1 in 33; while in relief families, in 1 family out of every 20, the head of the family was unable to seek work because of disability. How many of the latter gave ill health as an excuse for not finding work could not be ascertained definitely. Nor was it stated how

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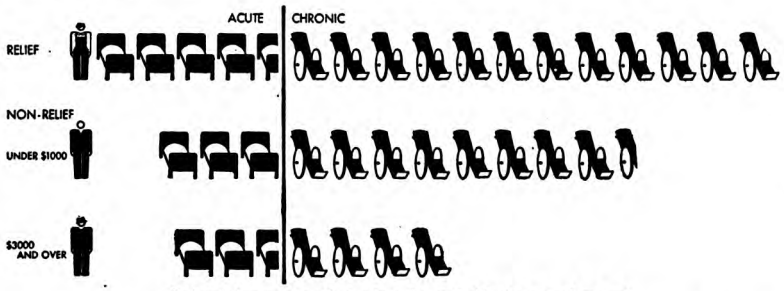
DAYS OF DISABILITY PER PERSON PER YEAR



Each symbol represents one day lost due to illnesses disabling for one week or more

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And Have Less Medical Care

IT MUST be borne in mind that the figures on medical care do not reflect the quality of medical care received by various groups. Had John Larson and Robert Foster been included, the reports on their respective illnesses would have shown the number of visits made by the family physician to the Foster home, the number of calls paid in the Larson home by Dr. Martin, together with the number of days of bedside nursing in the former family. But nothing would have shown the differences in ability, training, experience, and interest of the leading physician of the community as compared with the doctor who is the customary medical adviser of families in "the Hollow."

The proportion of disabling illnesses, lasting seven days or more, receiving no medical care from a physician was much larger among relief and other poor families than among the well-to-do. In families with incomes in excess of $3,000, 17 per cent of such sicknesses had no medical care. For relief families, the figure was 30 per cent. For families not on relief but with incomes under $1,000, 28 per cent. In 81 large cities, the average case of disabling illness in families with incomes of $3,000

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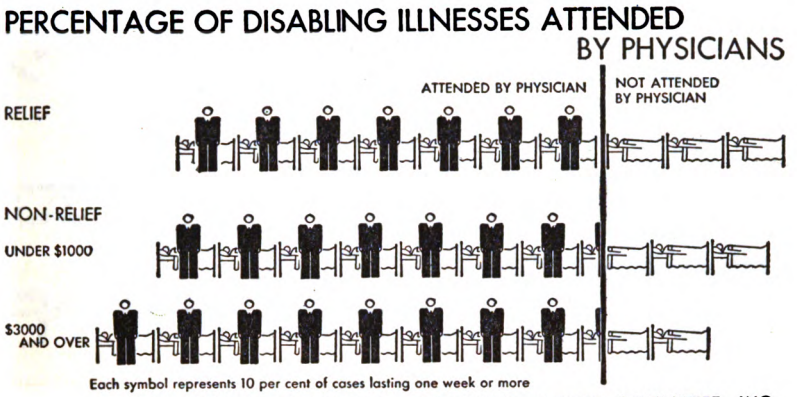
and over received 5.7 calls from a physician, compared with 3.9 calls for each such illness among relief families. That is, the higher income families had 46 per cent more medical service for each attended illness than had families on relief. The preliminary report adds: "In the interpretation of these



figures . . . it should be noted that a relatively large volume of medical care was provided with the aid of federal relief funds in 1935, the approximate survey year. In the fall of 1935, federal subsidies for medical relief were discontinued."

And Less Care from Nurses

AN EVEN wider gap exists between low-income and more prosperous families in the amount of nursing care which they received. Only one per cent of disabling illness among the families on relief had care from a private-duty nurse as compared with 12 per cent in families with incomes of $3,000 and over. This was partly offset, however, by the fact that 13 per cent of the illnesses in the relief families received care from a visiting nurse.

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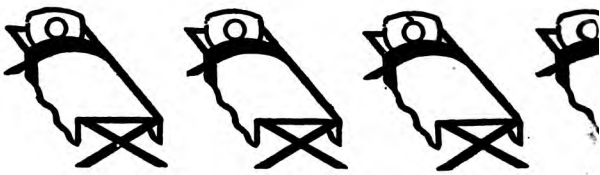
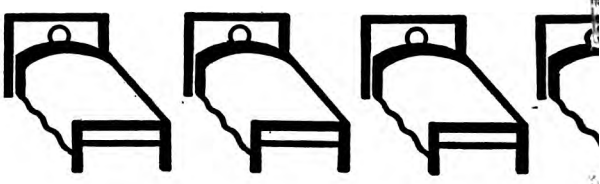
INCOME, SEVERITY OF ILLNE

INCOME	DAYS OF DISABILITY PER CASE
RELIEF	
NON-RELIEF UNDER $1000	
$1000-$2000	
$3000 AND OVER	

Each bed represents 50 days of d
Each doctor represents one doctor

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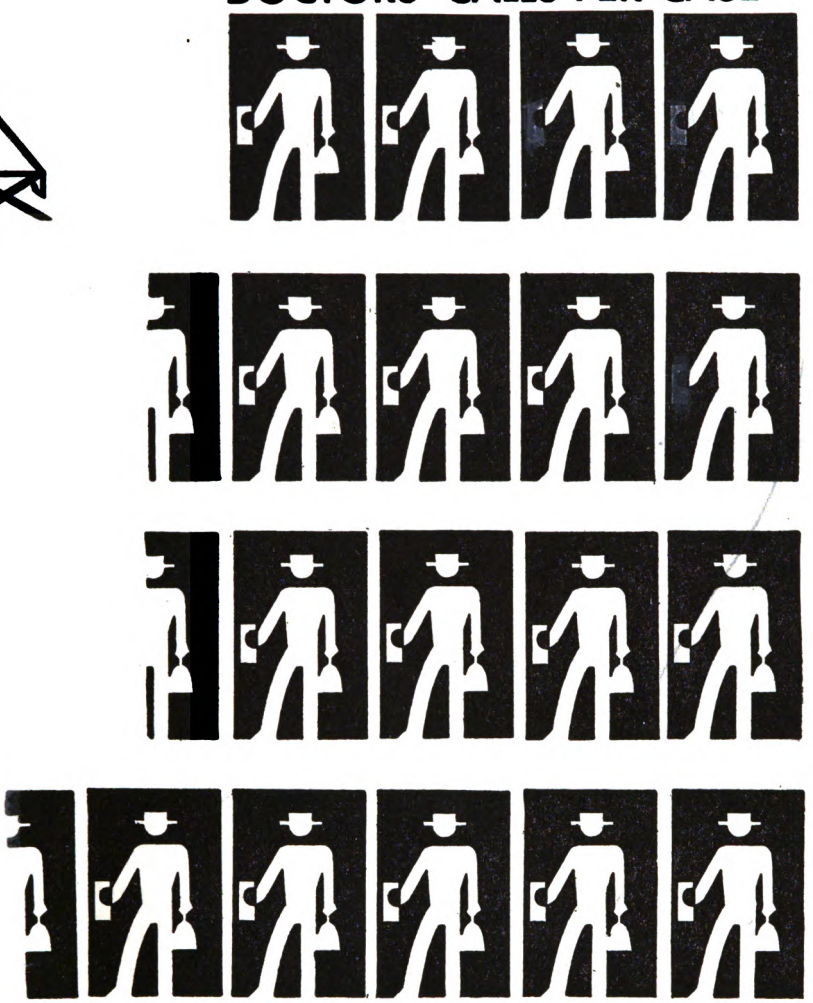
ESS, AND DOCTORS' CALLS



isability
r's call

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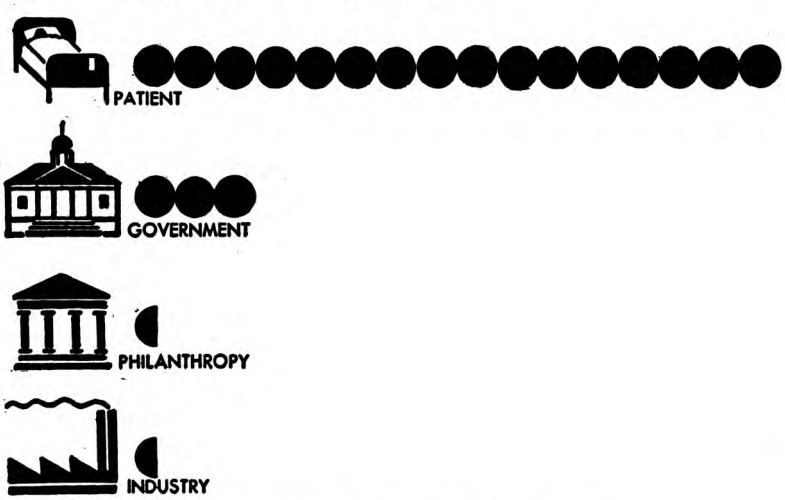
vate and individual expenditures still remain approximately 80 per cent of the total.

Studies summarized by the Technical Committee on Medical Care of the National Health Conference indicate that American families spend, on the average, 4 to 5 per cent



Each disc represents *5* per cent of sickness cost
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of their income for medical care up to incomes of $5,000. Beyond that the proportion tends to decline. Average expenditures in 1928-1931 ranged from $39.08 a year for low-income families in towns and rural areas to $546.80 a year for those in the $10,000-and-over class in large cities.

Budgeting Not Enough

BUT AVERAGES do not give an accurate picture of how sickness costs fall. The need for medical care is unpredictable and

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