


*Meeting Medical Care Costs
Among the Aging*

reported employment, income, and resources
to pay for health services among those
aged 65 and over

Ethel Shanas, Ph.D.

*Senior Study Director, National Opinion Research Center,
University of Chicago*

Research  *Series 17*
1960

MEDICAL CARE IS MOST NEEDED AND MOST USED at both extremes of the life span—in infancy and childhood, and in later life. The costs of medical care for children are absorbed by their parents and, when necessary, by the community. In general, communities consider it their responsibility and duty to give children the advantages of modern medical knowledge. But the picture is quite different for older adults. The costs of medical care among older people are absorbed by the individual, his relatives, and only as a last resort by the community through welfare and charitable agencies. Communities assume the responsibility for medical care of the aged only after the older person is impoverished and indigent.

Unfortunately, increased medical care costs in later life coincide with a time-period in which the income of the older person usually has been drastically reduced. Such reduction in income follows retirement from work for most men, or the death of a spouse for most women.

In evaluating how older people manage to meet the costs of medical care, it is not enough to compare the average income of persons over 65 years of age with their average expenditures for medical care. The income and assets of the aged must be considered in relation to the individual's whole scheme of life—where he lives, with whom he lives, how he meets his present medical bills, and how he feels he can meet future medical bills should they occur. Data on these elements of the lives of the elderly were an important objective of a study in 1957 by the National Opinion Research Center under a grant from Health Information Foundation. In the spring of that year detailed interviews were held with 1,734 persons 65 years of age and older, a random sample of all older persons in the United States not in institutions. This report is based on a portion of the data obtained in that study.*

*The aim of the study was to examine the health needs of older people as perceived by older people themselves and by those family members to whom they would turn in a health crisis. A detailed, final report on this study will be published at a later date. Other preliminary reports based on the same survey are listed on page 49.

Employment and retirement

Employment and health status. In the United States, the medical bills of most adults are met through current income (usually received from employment) and insurance. After age 65, however, most people are no longer employed or looking for work. Of the older people interviewed by NORC, only four of every ten men, and one of every ten women were at work or seeking work at the time of the survey (Table 1).^{*} Among the older men still working, one-third worked only part-time; among older women who were working, one-half worked only part-time.

The occupational distribution of older men differs from that of men under 65 years. They are far less likely to be in blue-collar occupations as operatives, craftsmen or laborers, and far more likely to be employed on farms. In this survey, 33 per cent of all men employed, either full- or part-time, were in so-called white-collar occupations, 33 per cent were in blue-collar occupations, 10 per cent were service workers, and 24 per cent were employed on farms.^{**}

Among women in this survey who were working either full- or part-time, 38 per cent were in white-collar occupations, 13 per cent in blue-collar occupations, 39 per cent in service occupations, and 6 per cent said they were employed on farms. Older women are less likely than women under 65 to be employed in white-collar clerical occupations, and more likely than younger women to be employed in service occupations, as domestics or household service workers.[†]

A substantial proportion of men in the United States give up working before the usual retirement age of 65. At the time of the survey almost one in five in the age group 60 to 64 (18 per cent) was no longer at work or seeking work. Among men aged 60 to 64 who were employed, one in six was working only part-time (Table 1).

^{*}These findings from the survey are comparable to the reports of the Census Bureau. Thirty-nine per cent of all men 65 years and older, and 11 per cent of all women in this age group, were still in the labor force in May, 1957. U. S. Bureau of the Census, *The Monthly Report on the Labor Force: May, 1957*, Current Population Reports, P-57, No. 179, June, 1957. See also Seymour L. Wolfbein, "Work Patterns Among Older Persons." Paper presented before Fifth International Gerontological Congress, San Francisco, August, 1960.

^{**}White-collar occupations include professional and technical positions; proprietors, managers, and officials; clerical and sales jobs; blue-collar occupations include craftsmen, operatives, and laborers other than farm laborers; service occupations include household and other service jobs.

[†]Data reported by Wolfbein, *op. cit.*, indicate that while the present sample agrees closely with independent estimates of the proportion of older persons employed, it apparently underrepresents women employed on farms, and overrepresents men still employed in blue-collar occupations.

People give up paid employment for various reasons—poor health, compulsory retirement practices, out-moded skills, relocation of industry, or because, as some respondents said, "I just didn't want to work any more." The reasons why men aged 60 to 64, and men and women aged 65 and older, said that they had retired from work are shown in Table 2.

It is widely believed that most older men retire from work involuntarily because of age restrictions in industry, or because of layoffs. Contrary to popular belief, in this survey only 21 per cent of men over 65, and 10 per cent of those aged 60 to 64, said they had retired involuntarily because of compulsory retirement practices or layoffs. A substantial num-

Table 1
Employment Status of Persons Aged 65 Years and Over,
and Aged 60-64 Years, by Sex^a

Employment status	Percentage distribution			
	Age and sex			
	65 and over		60-64	
	Male	Female	Male	Female
In the labor force	40.4	11.3	81.6	29.0
Employed:	39.3	11.2	79.2	28.1
Full-time	25.7	5.5	66.9	14.7
Part-time	13.6	5.7	12.3	13.4
Looking for work	1.1	0.1	2.4	0.9
Not in the labor force	59.3	88.4	17.8	70.5
Retired	59.3	15.8	17.8	7.8
Housewife	—	72.6	—	62.7
No answer	0.2	0.4	0.6	0.5
N =	801	933	326	434

^a Based on household interviews during May-June, 1957.

ber of men said that they had retired because of their "age" without indicating whether the initiative came from them or their employers (Table 2).

More older women than older men had retired voluntarily, and fewer older women than men stated that their retirement was the result of compulsory retirement practices or lay-offs.*

"Poor health" was the main reason given by both older men and women in explaining why they had retired. Four of every ten men and women over 65 who had retired, and almost seven of every ten men aged 60 to 64 who had retired, said they had given up working because of poor

*The data presented here show the same general pattern of retirement practices reported for 1952 by Peter O. Steiner and Robert Dorfman, *The Economic Status of the Aged* (Berkeley, California: University of California Press, 1957), Chapters III and IV.

Table 2
Reasons for Retirement, Persons Aged 65 Years and Over,
and Aged 60-64, by Sex

Type of retirement and reason	Percentage distribution			
	Age and sex			
	65 and over		60-64	
	Male	Female	Male	Female*
Involuntary retirement	21.3	15.6	10.3	—
Compulsory retirement	21.3	15.6	10.3	—
Voluntary retirement	54.3	63.9	79.2	—
Health	24.4	25.9	62.1	—
Age and health	16.0	17.0	3.4	—
Could afford to retire	6.5	3.4	10.3	—
Other reason	7.4	17.6	3.4	—
No indication as to type of retirement	22.9	16.3	6.9	—
Age	22.9	16.3	6.9	—
No answer	1.5	4.1	3.4	—
N =	475	147	58	34

* So few women were reported as "retired" in the age group 60-64 that this category is omitted from the table.

health, or a combination of poor health and advanced age. For these persons, the end of their working careers with an associated drop in money income occurred at the time when they might have been expected to incur substantial medical costs.

Another popular belief about retirement is that the depriving of older men and women of paid work through compulsory retirement practices somehow has a detrimental effect on their health. This widely-held belief may be the result of the observed fact that so many retired people are in poor health. The data from the study reported here, however, suggest that poor health is more likely to be a causative factor in retirement than a result of retirement.* The majority of older people give up working because their health is poor, or their "health and age" in combination make it impossible for them to continue in paid employment.

The meaning of work. In our society, work exerts an influence which pervades the whole of a worker's life. The "job" gives him an income or source of livelihood; by filling his day, it regulates his pattern of activity; since work is carried on in a group setting, the job provides the worker with associates. Some investigators have felt that since work has meanings for the worker other than earning a living, these meanings play an important part in the worker's wish to continue working past the usual retirement age.**

The retired. Taking such previous research into consideration, this survey was directed to what retired workers said they missed most about their jobs, and what persons who were still employed said they would miss most about their jobs if they retired. About half of all retired persons, regardless of why they had retired, said that they missed "money" more than anything else about their jobs (Table 3). About three of every ten retired persons said they missed the non-economic aspects of work more than they missed the income the job had given them. Those persons who had retired voluntarily because they could afford to, or because they "didn't want to work any more," were the least likely of all to say that they missed "money," and the most likely to stress the non-economic meanings of work.

*This same point has been made in a paper by Wayne E. Thompson and Gordon F. Streib, "Situational Determinants: Health and Economic Deprivation," *The Journal of Social Issues*, XIV (1958), 18-34. Thompson and Streib indicate that some persons who retire because of "poor health" find that their health improves in retirement.

**E. A. Friedmann and R. J. Havighurst and Associates, *The Meaning of Work and Retirement*, (Chicago: University of Chicago Press, 1954), 2-7.

Charles McCarter is representative of the five of every ten retired workers who said they missed "money" more than anything else about their jobs. Mr. McCarter is 70. He is married, and he and his wife live alone, a short ride from one of their two children. Mr. McCarter was a carpenter, and was employed in a lumber yard until he retired three years earlier at the age of 67. Mr. McCarter said he retired because of his "age and poor health." He has high blood pressure, but complained chiefly of his legs. Both knees are stiffened by arthritis. He told the interviewer, "That's the only reason I can't work. When I'm on my feet too

much I almost cry with the pain." Mr. McCarter said that he and his wife had about \$2,000 in cash income in 1956.

John March is representative of those three of every ten older men and women who stressed the non-economic meanings of work. Like Charles McCarter, John March is 70; he is married, and he and his wife live alone, within walking distance of two of their children. Mr. March was also a carpenter. He worked as a maintenance man in a large factory until his compulsory retirement five years ago when he was 65. Mr. March suffers from rheumatism and sees a doctor monthly for treatments. Otherwise, his health is good. He said that he and his wife had about \$2,900 in cash income in 1956. Mr. March missed mostly the "people on the job."

Why did Mr. March miss "people" mostly, and Mr. McCarter "money"? This question cannot be answered solely on the basis of the reported \$900 difference in yearly cash incomes between the two men. Both Mr. March and Mr. McCarter were among the more affluent older people interviewed. Both owned their own homes, both said they had savings accounts, and, in addition, Mr. McCarter said that he had life insurance policies and stocks and bonds. The explanation of why Mr. March missed "people" and Mr. McCarter "money," when each considered his former work, cannot be found within the survey data.

The employed. It is possible, however, to investigate what people 65 years or older who were still working said they would miss most about their jobs if they were to retire. Four of every ten men and one of every ten women over 65 were still working, either full- or part-time, at the time of the survey.

The proportion of men who stressed the non-economic meanings of work was higher among those still working than among men who had retired. About four of every ten older men who were still working, regardless of when they expected to retire, said that should they retire they would miss work associates, the job routine and the feeling of being useful, more than "money." Whether, in the event of their retirement, "money" would become increasingly important to this still-working group cannot be determined from the data.

More than half of all persons who were still working (13 per cent of all older people in the United States) expected or hoped to keep work-

Table 3

What Retired Men and Women Aged 65 Years and Over Miss Most About Their Jobs, by Type of Retirement

Item missed and sex of respondent	Percentage distribution				
	Type of retirement				Retired because of age
	Voluntary			Involuntary	
	Total	Health, age and health	Other reasons		
Male					
Total	100.0	100.0	100.0	100.0	100.0
Money	50.0	56.8	30.3	57.4	50.5
Other items ^a	32.9	29.7	42.4	27.7	30.3
Nothing	8.9	4.7	21.2	7.9	13.8
No answer	8.1	8.9	6.1	6.9	5.5
N =	258	192	66	101	109
Female					
Total	100.0	100.0	100.0	b	b
Money	54.3	57.1	48.4	—	—
Other items ^a	36.2	31.7	45.2	—	—
Nothing	4.3	3.2	6.5	—	—
No answer	5.3	7.9	—	—	—
N =	94	63	31	23	24

^a "Other items" include people on job, feeling of being useful, respect of others, routine, new things on the job.

^b Per cents not computed when base is less than 25.

ing as long as they were physically able to hold a job (Table 4). These men and women said that they would "never retire" or that they would retire only when they were unable to keep on working, meaning when they were physically unable to work. Half of those who never want to retire, like half of all other older men and women still working, said they would miss "money" more than anything else about their jobs (Table 5). About four of every ten men who never want to retire—roughly the same proportion as among other older men who were working—stressed the non-economic meanings of work. There is no indication from these data that non-economic are more important than economic factors in motivating some people to defer their retirement indefinitely.

In general, this survey, like other studies of the older worker, reinforces the belief that work has meanings in addition to its primary economic function.* The existence of these non-economic meanings of work, however, cannot be accepted as the primary reason why older men and women wish to keep working "forever," or as evidence that persons who miss these aspects of their jobs are unhappy in retirement.**

Income and sources of income†

Income and living arrangements. All sample studies and estimates of incomes of older people agree that roughly 55 to 60 per cent of all persons over 65 had money incomes of less than \$1,000 a year in 1956.†† Income data for the aged are most meaningful, however, when these data can be related to living arrangements. An older person with very limited money income living with grown children may be supplied with adequate

*Male white collar workers, whether employed or retired, were more likely than other men to mention the non-economic meanings of work. This may be the result of higher incomes among this group or it may represent a genuine attachment to the "idea" of working.

**Friedmann and Havighurst state: "We have found workers in all groups who stressed the extra-economic meaning of work who indicated that they would welcome retirement or, having already retired, were satisfied with their lot." *Ibid.*, p. 186.

†A careful and thorough evaluation of income data for the aged is given in Lenore A. Epstein, *Some Problems in Measuring the Economic Status of the Aged in the United States*. Paper presented before Fifth International Gerontological Congress, San Francisco, August, 1960.

††See: Ethel Shanas, *Financial Resources of the Aging—reported resources available to those aged 65 and over in meeting medical costs up to \$500*, Research Series 10, New York: Health Information Foundation, 1959; United States Department of Health, Education, and Welfare, Social Security Administration, Division of Program Research, *Health Information Foundation Report on Financial Resources of the Aged*, Research and Statistics No. 34, December 18, 1959; "Excerpts from the December 28, 1959 Response by Dr. Ethel Shanas, National Opinion Research Center to Inquiry From Sub-Committee with Respect to HIF-NORC Survey on 'Financial Resources of the Aged,'" in *The Aged and the Aging in the United States: A National Problem*. A Report by the Sub-Committee on Problems of Aged and Aging to the Committee on Labor and Public Welfare, (Washington: U. S. Government Printing Office, 1960).

Table 4

Age at Which Persons 65 Years and Over Still in the Labor Force Expect to Retire, by Sex

Age	Percentage distribution		
	Total	Male	Female
Total	100.0	100.0	100.0
65-69	12.4	11.7	14.3
70-74	14.9	15.1	14.3
75-79	7.5	6.2	11.4
80 and over	12.4	14.8	4.8
Never	52.9	52.2	55.2
N =	429	324	105

Table 5

What Employed Men and Women Aged 65 Years and Over Say They Would Miss Most About Their Jobs, by Expected Retirement Age

Item and sex of respondent	Expected age at retirement			
	Total	65-74	75 and over	Never
Male				
Total	100.0	100.0	100.0	100.0
Money	47.8	54.0	39.7	47.9
Other items ^a	39.5	35.6	45.6	39.1
Nothing	3.1	5.7	1.5	2.4
No answer	9.6	4.6	13.2	10.7
N =	324	87	68	169
Female				
Total	100.0	100.0	^b	100.0
Money	52.4	56.7	—	56.9
Other items ^a	33.3	43.3	—	24.1
Nothing	2.9	—	—	5.2
No answer	11.4	—	—	13.8
N =	105	30	17	58

^a "Other items" include people on the job, feeling of being useful, respect of others, routine, new things on the job.

^b Per cents not computed when base is less than 25.

food, housing and medical care by his children; an older person with the same limited income, living alone and without help from relatives, may be seriously deprived of food, housing and medical care.

Table 6 presents income data for older couples and unmarried older men and women classified by their living arrangements. From this table it is possible to compare the reported incomes of older persons living with relatives with the incomes of older persons living alone or with people to whom they are not related.

In the survey sample, 44 per cent of all married couples headed by men aged 65 years or more had money incomes in 1956 of less than \$2,000; 44 per cent of all unmarried older men had incomes that year of less than \$1,000; and 59 per cent of all unmarried older women interviewed had incomes of less than \$1,000. The median money income for couples where the man was 65 years of age and over was \$2,347; for unmarried men it was \$1,245; for unmarried women, \$867.*

The actual 1956 median income for unmarried women in the survey sample may be substantially less than \$867. Almost 14 per cent of all unmarried women interviewed did not answer the questions on income or said they did not know what their money income was. Half of the women who did not answer the income question were supported by cash contributions from someone outside their household, or by public assistance, or by social security pensions. Since all of these sources might be expected to yield only small amounts of money income, if all the income questions had been answered the median income for unmarried women would have been lowered.

While the income data secured for unmarried men in the survey sample is fairly complete, the sample itself underrepresents the very old unattached men in the older population. These very old men are likely to have extremely low incomes. Their omission from the sample has probably resulted in raising the median income reported for unmarried men in this survey above the "true" median in the older population.

*A report of income for husband-wife families with heads 65 years of age and over and for other aged persons, with no relatives in the home, comparable to data in Table 6 appears in Table 9, Lenore A. Epstein, "Money Income of Aged Persons: A 10 Year-Review, 1948 to 1958," *Social Security Bulletin*, XXII (1959), 3-11. Miss Epstein reports median income of \$2,080 for these husband-wife families compared to the median of \$2,361 in Table 6. Median income for unmarried men is reported as \$960 compared to \$1,339 in Table 6; median income for women is \$880 compared to \$972. Data used by Miss Epstein are Census survey data.

Older people, whether married or not, who shared a home with relatives had lower incomes than older people not living with relatives. Lowest incomes among the aged were reported by unmarried men and women who lived with relatives. It may be assumed that most of these persons were widowed parents living with children. Forty-eight per cent of these men and 67 per cent of these women had incomes of less than \$1,000 in 1956. Yet, as will be shown, the living conditions of these people—because of substantial non-cash assistance by other household members—probably were better than those of unmarried men and women living alone who might have comparably low incomes.

Among older couples where the wife was under 65, there were substantially higher incomes than among those where both the wife and the husband were 65 years of age or older. The data suggest that women under 65 years of age married to older men may be working full- or part-time to supplement reduced family incomes.

Non-cash assistance. As a supplement to limited cash incomes, three of every ten older persons (24 per cent of all men and 39 per cent of all women) reported that they had received some form of non-cash assistance during the survey year.

Respondents were asked about "*important help that you didn't have to pay for in cash*," and were queried specifically about medical or dental care, food, and clothing.

Income supplements in the form of non-cash assistance whether in the form of medical care, food, or clothing, were reported more often by older persons sharing a home with relatives than by persons not living with relatives. Half of all older persons living with relatives (30 per cent of the men and 55 per cent of the women) compared to one-fourth of older people not living with relatives (21 per cent of the men, 30 per cent of the women) reported they had received some such assistance.

As Table 7 shows, men and women with the lowest cash income—that is, unmarried men and women living with relatives—were more likely than other older people to report that they had received "important help" for which they had made no cash payments. Six of every ten of these women and four of every ten of these men reported such assistance. Most often this income supplement to the lowest income group was in

Table 6

Income and Living Arrangements: Percentage Distribution by Money Income in 1956 of Couples with Head Aged 65 Years and Over, and Unmarried Persons Aged 65 Years and Over, by Presence of Relatives^a

Money income and presence of relatives	Married couples, head 65 years and over			Unmarried men	Unmarried women
	Total	Wife 65 years and over	Wife under 65 years		
Total					
\$ Under 500	5.1	6.2	4.0	18.2	25.0
500- 999	12.3	13.9	10.7	26.2	34.1
1,000-1,999	26.4	25.1	27.7	22.9	25.2
2,000-2,999	19.1	25.1	13.0	13.1	6.9
3,000-3,999	12.1	12.7	11.5	6.5	4.2
4,000-4,999	8.4	5.8	11.1	5.1	2.2
5,000-5,999	5.7	4.6	6.7	2.8	0.8
6,000-6,999	2.7	2.3	3.2	1.4	0.4
7,000-9,999	4.9	2.7	7.1	1.4	0.6
10,000 and over	3.3	1.5	5.1	2.3	0.6
Median income	\$2,347	\$2,215	\$2,606	\$1,245	\$ 867
N =	512	259	253	214	496
Sharing a home with relatives					
\$ Under 500	8.6	12.5	6.0	19.8	33.5
500- 999	14.3	14.3	14.3	28.6	33.1
1,000-1,999	24.3	25.0	23.8	19.8	21.5
2,000-2,999	13.6	16.1	11.9	14.3	5.8
3,000-3,999	12.1	14.3	10.7	6.6	3.3
4,000-4,999	8.6	3.6	11.9	7.7	2.1
5,000-5,999	4.3	5.4	3.6	2.2	0.4
6,000-6,999	2.9	1.8	3.6	—	0.4

(Table 6, continued)

Money income and presence of relatives	Married couples, head 65 years and over			Unmarried men	Unmarried women
	Total	Wife 65 years and over	Wife under 65 years		
7,000-9,999	7.1	5.4	8.3	—	—
10,000 and over	4.3	1.8	6.0	1.1	—
Median income	\$2,289	\$1,999	\$2,550	\$1,139	\$ 750
N =	140	56	84	91	242
Not sharing a home with relatives					
\$ Under 500	3.8	4.4	3.0	17.1	16.9
500- 999	11.6	13.8	8.9	24.4	35.0
1,000-1,999	27.2	25.1	29.6	25.2	28.7
2,000-2,999	21.2	27.6	13.6	12.2	7.9
3,000-3,999	12.1	12.3	11.8	6.5	5.1
4,000-4,999	8.3	6.4	10.7	3.3	2.4
5,000-5,999	6.2	4.4	8.3	3.3	1.2
6,000-6,999	2.7	2.5	3.0	2.4	0.4
7,000-9,999	4.0	2.0	6.5	2.4	1.2
10,000 and over	3.0	1.5	4.7	3.3	1.2
Median income	\$2,361	\$2,250	\$2,630	\$1,339	\$ 972
N =	372	203	169	123	254

^a The total money income referred to in this table is received from wages or salary, net earnings from self-employment, interest, dividends, rents, social insurance and related programs, public assistance, private assistance, contributions from outside the household, and periodic receipts from insurance policies or annuities. Amounts received represent income before deductions for personal taxes. Income as defined here excludes money receipts from the following sources: withdrawals from bank deposits, loans, tax refunds, gifts, lump-sum inheritance or insurance payments, and income derived from sale of assets. It also excludes income in kind, such as the value of home-grown food, free housing, and contributions of food or clothing. This table includes income "None." Forty-five married women whose husbands were not in the sample because these men were under 65 years of age, or "too sick to be interviewed," are omitted from the table. The median income for these couples is \$2,300. "No answer" to this question: 54 married couples, 21 unmarried men, and 79 unmarried women.

Table 7

Non-Cash Assistance and Living Arrangements: Percentage Distribution of Couples with Head Aged 65 Years and Over, and Unmarried Persons, Aged 65 Years and Over, Reporting Non-Cash Assistance^a

Type of assistance and presence of relatives	Married couples, head 65 years and over			Un-married men	Un-married women
	Total	Wife 65 and over	Wife under 65		
Total					
With some non-cash assistance	18.9	18.9	18.9	36.2	49.6
Medical or dental care	8.1	8.4	7.9	12.3	16.7
Food	9.4	10.1	8.6	24.7	39.0
Clothing	7.6	8.0	7.1	13.2	25.9
With no non-cash assistance	81.1	81.1	81.1	63.8	50.4
N =	565	286	279	233	574
Sharing a home with relatives					
With some non-cash assistance	21.9	20.7	22.7	42.4	61.2
Medical or dental care	9.6	10.3	9.1	9.1	19.4
Food	13.7	15.5	12.5	37.4	54.7
Clothing	9.6	10.3	9.1	15.2	33.1
With no non-cash assistance	78.1	79.3	77.3	57.6	38.8
N =	146	58	88	99	278
Not sharing a home with relatives					
With some non-cash assistance	17.7	18.4	16.8	31.3	38.9
Medical or dental care	7.4	7.9	6.8	14.2	14.2
Food	7.9	8.8	6.8	14.9	24.3
Clothing	6.9	7.5	6.3	11.9	19.3
With no non-cash assistance	82.3	81.6	83.2	68.7	61.1
N =	419	228	191	134	296

^a Where husband and wife were both interviewed, the tabulation for non-cash assistance received by the couple is based on the husband's replies.

the form of "food," shared family meals, toward whose cost the older person made no cash contribution. A substantial group of these older women reported receiving clothing. Unmarried older women living with relatives were also more likely than other old people to report that they had received medical or dental care without out-of-pocket expenditures. One of every five of these women had received such help.

Twelve of every 100 older persons interviewed, regardless of where they lived, reported that they had received some medical or dental care without making out-of-pocket expenditures for such care. For seven of these 12 persons this care was provided through welfare and charitable agencies; for five of these twelve persons it was paid for by children or relatives.

*Sources of income.** The main source of money income for two of every three persons in the older population in 1956 was either social insurance or employment. Thirty-four per cent of all older people reported social insurance benefits as their main source of income, although 57 per cent had said that they received such benefits. Thirty-one per cent of all older people reported employment, either their own or that of a spouse, as their main source of money income.

Public assistance programs were the main source of money income for 14 per cent of the older population (17 per cent of the women and 11 per cent of the men); about 15 per cent of the older population had reported receiving public assistance.

Thirteen per cent of all older people reported interest, dividends, annuities, or rents as their main source of cash income; about 20 per cent of the older population reported the receipt of some income from interest, dividends, and annuities, and about 20 per cent reported some income from rents. Four per cent of all older people said their main source of money income was someone outside their household who made cash contributions toward their care. A small group, 2 per cent of all older people interviewed (1 per cent of all men and 4 per cent of the women), said that they had no cash income of any kind in 1956 (Table 8).

When older men and women are employed, their income level has

* These data on sources of income may be compared with the discussion of income sources in *Hospitalization Insurance for OASDI Beneficiaries*. Report submitted to the Senate Committee on Ways and Means by the Secretary of the Department of Health, Education, and Welfare, April 3, 1959. (Washington: U. S. Government Printing Office, 1959.)

been estimated at "two and one-half to three times that for all aged persons."* Corroborating these estimates, the overall income level of older couples and individuals in this survey was highest where their main source of cash income was reported as employment (Table 9). When social insurance programs or public assistance were reported as the main sources of the older person's cash income, the level of money income for both couples and individuals dropped sharply.

In the total population over 65 years of age, those who are 75 years of age or more are least likely to have income from employment. As a result, both men and women at this age level are likely to have the low-

*Epstein, "Money Income of Aged Persons," *op. cit.*, p. 6.

Table 8

Percentage Distribution of Persons Aged 65 Years and Over,
by Main Source of Money Income in 1956, by Sex^a

Source of income	Per cent with main income from specified sources		
	Total	Men	Women
Employment	30.9	39.2	23.9
Wages or salary	19.1	23.8	15.1
Business, farming, or professional practice	11.8	15.4	8.7
Social insurance and related programs	33.8	36.0	31.9
Public Assistance	13.8	10.6	16.6
Pensions from private employer	2.1	2.8	1.5
Interest, dividends, annuities, insurance	5.7	4.1	7.0
Rent from house or property	6.9	4.3	9.2
Regular cash contribution from someone outside the household	3.5	1.6	5.2
Other	0.8	0.5	1.0
No money income	2.4	0.8	3.8
N =	1,677	772	905

^a For married women with no independent income, main source of income is the same as that reported by husband.

est incomes among the aged. Since the group aged 75 or more is also likely to be the sickest group in the older population, it would seem that for the aged the highest medical care costs would be faced by those with the lowest incomes.

Financial status compared with status at age 60. Despite the low income levels of the aged, the average older person interviewed in 1957 thought that financially he was getting along as well as, or better than, he had at age 60. All respondents were asked "How would you say you're getting along financially, compared with when you were 60?" About half (45 per cent) of those interviewed thought their financial status was about the same as it had been at age 60, about one person in seven (15 per cent) thought it was better, and only one person in three (37 per cent) thought it was worse. These proportions remained fairly stable, whether the older person was married or unmarried, sharing a home with relatives, or living alone or without relatives.

A different picture of how well older people thought they were getting along financially emerged when the financial self-evaluations of older people who were still working were compared with the self-evaluations of those who had retired. The optimistic national picture reported above, in which only one person in three felt that his financial situation was worse than when he was 60, seems to be the result of the self-reports of older people who were still working.

Only about one in four among married couples where the husband was employed, and one in four among unmarried older men and women who were still working said that their financial situation was worse than it had been at age 60. In contrast, half of all married couples where the husband had retired (49 per cent) said that their situation was worse than it had been when he was 60. Half of all retired unmarried men (48 per cent) and two of every five unmarried women not in the labor force (40 per cent) said their situation was worse than it had been when they had been 60.

These subjective reports of their financial status by older people reinforce the objective reports of their income and income sources. As has been indicated, the incomes of older couples and of older unmarried men and women who were working were substantially higher than the incomes of older people no longer in the labor market. As a lesser pro-

Table 9

Income and Income Source: Percentage Distribution by Money Income in 1956 of Couples with Head Aged 65 Years and Over, and Unmarried Persons Aged 65 Years and Over, by Main Source of Income

Money income and marital status	Main income source ^a		
	Employment	Social insurance	Public assistance
Married couples, head 65 years and over			
Total	100.0	100.0	100.0
\$ 1- 499	3.9	2.2	8.5
500- 999	6.8	14.6	31.9
1,000-1,999	10.7	41.0	53.2
2,000-2,999	12.2	29.8	6.4
3,000-3,999	18.5	7.9	—
4,000-4,999	15.1	3.4	—
5,000-5,999	10.2	—	—
6,000-6,999	5.4	1.1	—
7,000-9,999	9.8	—	—
10,000 and over	7.3	—	—
N =	205	178	47
Unmarried men			
Total	100.0	100.0	100.0
\$ 1- 499	13.7	12.2	42.9
500- 999	9.6	40.2	53.6
1,000-1,999	15.1	32.9	3.6
2,000-2,999	19.2	11.0	—

(Table 9, continued)

Money income and marital status	Main income source ^a		
	Employment	Social insurance	Public assistance
3,000-3,999	12.3		
4,000-4,999	12.3		
5,000-5,999	5.5		
6,000-6,999	2.7		
7,000-9,999	4.1		
10,000 and over	5.5	—	—
N =	73	82	28
Unmarried women			
Total	100.0	100.0	100.0
\$ 1- 499	9.2	16.0	28.3
500- 999	21.1	48.6	53.8
1,000-1,999	30.3	29.2	17.9
2,000-2,999	15.8	4.9	—
3,000-3,999	14.5	0.7	
4,000-4,999	5.3	0.7	
5,000-5,999	1.3	—	
6,000-6,999	1.3		
7,000-9,999	—		
10,000 and over	1.3		
N =	76	144	106

^a Tabulations are not given for couples and unmarried men and women whose main source of income was from rents, private pensions, investments or relatives because of the small number of cases.

^b Per cents not computed when base is less than 25.

portion of older people are employed, it may be expected that a higher proportion of older people will feel, quite rightly, that their financial status is worsening, and that making ends meet is more difficult than it was when they were 60.

Since those no longer employed are among the older persons in the over 65 group, the data indicate that the overall financial optimism of the group 65 years and over reflects largely the younger members of this age group.

Income and resources of the very sick. The very sick have been estimated at about 10 per cent of all older people interviewed. This small group of persons used from 17 to 31 per cent of all medical and related services investigated.* Because the very sick seem to be the heaviest users of medical care in the older population, their ability to pay for medical care is of special interest.

All indices of financial status available from this survey show that the very sick were also the poorest members of the older population (Table 10).

The very sick reported the lowest incomes. Eight of every ten married couples in which the husband was 65 years of age and older and classified as very sick (80 per cent), compared to four of every ten among all married couples (44 per cent), reported incomes of less than \$2,000 in 1956. Similarly, eight of every ten unmarried very sick women (76 per cent), compared to six of every ten unmarried older women (60 per cent), reported incomes of less than \$1,000 in 1956.

As might be expected among such a low income group, the very sick reported substantially greater non-cash assistance than other persons. The very sick were more likely than other older people to report that they had received free medical or dental care. Three of every ten very sick persons compared to one of every ten in the rest of the population said that they had had medical or dental care during the survey year for which they personally had made no payments.

The very sick were more likely than other older persons to be dependent upon public assistance for money income. One of every three

*See: Ethel Shanas, *Medical Care Among Those Aged 65 and Over—reported illness and utilization of health services by the "sick" and the "well,"* Research Series 16, New York: Health Information Foundation, 1960.

very sick persons compared to one of every nine persons in the remainder of the older population was primarily dependent upon public assistance for money income.

The very sick were more likely than other old people to feel their financial status had worsened since they were aged 60. For example, 64 per cent of all very sick men compared to 36 per cent of all other older men thought their financial status was worse; 50 per cent of all very sick women compared to 35 per cent of all other older women thought that their financial status was worse than at age 60.

Once again, subjective feelings about money and finances were correlated with objective reports of income. Those who by their own reports were the poorest persons in the older population were also most likely to feel that their present financial situation was worse than it had been in earlier years.

Table 10
Selected Indices of Financial Resources, Persons Aged 65 Years and Over, by Degree of Illness

Item	Percentage with given characteristic	
	Very sick	All others
<i>Non-cash assistance</i>		
Total	100.0	100.0
With some non-cash assistance	55.4	29.4
Medical or dental care	29.7	9.7
Food	36.0	19.9
Clothing	25.7	14.1
With no non-cash assistance	44.6	70.6
<i>Main source of income</i>		
Selected sources		
Social insurance and related programs	30.3	33.0
Public Assistance or welfare	37.1	10.7
Regular contributions from someone outside the household	4.6	3.3
N =	175	1,559

The data suggest that among the very sick who were the heaviest users of medical care in the older population, many were able to survive in the community only because of the help of relatives and of available health and welfare services. The income of the average very sick person was so low, and his need for food, clothing and medical care so great, that without such outside assistance his survival outside of an institution would not have been possible.

Meeting the costs of medical care

The discussion so far has reviewed the financial status of persons 65 years and older living outside of institutions in early 1957. The relation of the money income of the aged to their living arrangements, to their income sources, and to their reports of non-cash assistance has been indicated. Against this background, attention is now turned to how older people meet the costs of medical care. The topics include how older people thought they could meet a medical bill as large as \$500; the extent of health insurance coverage among older people; their opinions about government health insurance; how older people said they actually paid for physicians' services incurred during the four-week period before their interviews; and how they paid for hospitalization expenses during the survey year.

Meeting the cost of sickness. Not all older people interviewed incurred major expenditures for medical care during the survey year. Some persons had had no expenditures for medical care whatever. On the other hand, any older person might conceivably have become ill and need to meet a large medical bill. To learn how such medical care costs might be met, all older people were asked several questions about large medical bills. The first of these was: *"What about sickness? Suppose you had a large bill, say \$500 or more, how would you pay for it? Do you have anything to fall back on (other than health and hospital insurance), such as your own house or real estate, money in the bank or cash savings, life insurance policies, stocks and bonds, anything else?"*

Four of every five older people reported that they had some of these assets. The help which they might receive from grown children or from relatives was an additional asset reported by the aged. Three persons in

every 100 voluntarily reported such help as a type of asset which could be drawn on for financial assistance should it be needed to pay a bill for medical expenses.

While the proportion of older persons reporting assets ranged from 86 per cent for married couples living alone to 70 per cent for older men and women living with relatives, many older people had only one type of asset holding (Table 11). An owned home or real estate was the only asset of about 12 per cent of married couples and 10 per cent of unmarried men and women; the cash value of life insurance was the only asset of an additional 2 per cent of married couples and 6 per cent of unmarried men and women; and savings were the only asset of 6 per cent of older couples, 16 per cent of unmarried men and 11 per cent of unmarried women. If those older people whose only reported assets are owned homes, or the cash value of life insurance, or the help of children, are combined with those older people who had no assets, 32 per cent of all married couples, 43 per cent of all unmarried men, and 46 per cent of all unmarried women would have no ready resources from which to meet a medical bill of \$500.

Married couples living alone or without relatives reported the highest proportion of asset holdings. These married couples had previously reported the highest median incomes among the aged. Unmarried men and women living with relatives reported the lowest proportion of asset holdings. As may be recalled, these unmarried men and women had had the lowest median incomes among the aged. In general, it seems that those older people who had the highest current incomes were most likely to be those who had accumulated savings. Those persons who might be able to pay a large medical bill from current income apparently were those most likely also to have asset holdings from which they could pay such a bill.

Following the questions on types of assets, all respondents were asked: *"What would you do if it just happened that you had that kind of bill for sickness? How would you manage it?"*

Four of every ten respondents said they could meet a \$500 medical bill, in whole or in part, from their savings. About one of every six respondents would meet such a bill from their current incomes. Only one

Table 11

Reported Assets and Living Arrangements: Proportion of Couples With Head Aged 65 Years and Over, and Unmarried Persons Aged 65 Years and Over, Reporting Assets Available for Payment of \$500 Medical Bill^a

Type of asset and living arrangement	Percent reporting this type of asset				
	Married couples, head 65 years and over			Un-married men	Un-married women
	Total	Wife 65 and over	Wife under 65		
Total					
With assets	83.4	83.6	83.2	73.6	73.0
Own home or real estate	67.0	71.0	62.9	37.9	41.2
Life insurance	45.6	42.7	48.6	23.4	26.6
Savings	59.5	60.1	58.9	53.2	45.0
Stocks and bonds ^b	22.6	21.0	24.3	16.6	15.7
Help of children or relatives	1.6	1.7	1.4	1.7	4.5
With no assets	16.6	16.4	16.8	26.4	27.0
N =	565	286	279	233	574
Sharing a home with relatives					
With assets	77.4	79.3	76.1	69.7	68.7
Own home or real estate	58.9	69.0	52.3	27.3	31.7
Life insurance	39.0	34.5	42.0	25.3	29.5
Savings	50.7	53.4	48.9	53.5	38.5
Stocks and bonds ^b	16.4	20.7	13.6	10.1	13.7
Help of children or relatives	2.1	3.4	1.1	3.0	6.1
With no assets	22.6	20.7	23.9	30.3	31.3
N =	146	58	88	99	278
Not sharing a home with relatives					
With assets	85.4	84.6	86.4	76.9	77.4
Own home or real estate	69.7	71.5	67.5	46.3	50.3
Life insurance	48.0	44.7	51.8	22.4	24.0
Savings	62.8	61.8	63.9	53.0	51.4
Stocks and bonds ^b	24.8	21.1	29.3	21.6	17.6
Help of children or relatives	1.4	1.3	1.6	0.7	3.0
With no assets	14.6	15.4	13.6	23.1	22.6
N =	419	228	191	134	296

^a When both husband and wife have been interviewed, assets are those reported by the husband.

^b Includes U. S. Savings bonds, usually reported as "bonds" rather than "savings."

(Table 11, continued)

Type of asset and living arrangement	Per cent with this type only				
	Married couples, head 65 years and over			Un-married men	Un-married women
	Total	Wife 65 and over	Wife under 65		
Total					
With assets	—	—	—	—	—
Own home or real estate	12.0	13.6	10.4	10.2	10.3
Life insurance	2.3	1.0	3.6	5.5	6.3
Savings	6.0	5.2	6.8	15.7	11.3
Stocks and bonds ^b	0.2	—	0.4	1.3	0.3
Help of children or relatives	0.5	0.3	0.7	0.9	2.3
With no assets	16.6	16.4	16.8	26.4	27.0
N =	565	286	279	233	574
Sharing a home with relatives					
With assets	—	—	—	—	—
Own home or real estate	13.0	19.0	9.1	6.1	8.3
Life insurance	4.1	1.7	5.7	7.1	8.3
Savings	7.5	1.7	11.4	18.2	11.9
Stocks and bonds ^b	0.7	—	1.1	1.0	0.4
Help of children or relatives	0.7	—	1.1	1.0	2.9
With no assets	22.6	20.7	23.9	30.3	31.3
N =	146	58	88	99	278
Not sharing a home with relatives					
With assets	—	—	—	—	—
Own home or real estate	11.5	12.3	10.5	13.4	12.2
Life insurance	1.7	0.9	2.6	4.5	4.4
Savings	5.5	6.1	4.7	13.4	10.8
Stocks and bonds ^b	—	—	—	1.5	0.3
Help of children or relatives	0.5	0.4	0.5	0.7	1.7
With no assets	14.6	15.4	13.6	23.1	22.6
N =	419	228	191	134	296

^a When both husband and wife have been interviewed, assets are those reported by the husband.

^b Includes U. S. Savings bonds, usually reported as "bonds" rather than "savings."

person in 100 stated he would draw on his life insurance, and one in twelve reported he would consider a mortgage on his house or property. The help of grown children or relatives, mentioned as a type of asset by three of every hundred older people, would actually be called upon by about one of every seven respondents. Twenty-one per cent of the older population had reported earlier that they had no assets; now 8 per cent said that if they had a large medical bill, they would call on public assistance to help pay it, and 10 per cent said that they could not pay such a bill, without mentioning the possibility of public aid or free care.

Whether older people lived with or without relatives, a substantial group felt that children or relatives would help them to meet a large medical bill. Persons living with relatives, however, were more likely than persons living without relatives to mention such help; they were less likely than persons living alone or without relatives to state that they would turn to public assistance or to charitable organizations for help (Table 12).

In early 1957 the older population could be divided into three groups: those who had resources from which they could meet a medical bill as large as \$500; those who had no ready resources for meeting such a bill; and a small amorphous middle group whose position cannot be clearly ascertained. These findings would seem to be related to the asset position of the aged population as reported in a survey made for the Federal Reserve Board in early 1957: "... 45 per cent of all spending units headed by a person aged 65 or over had financial assets of less than \$500 or none at all, and 35 per cent had \$2,000 or more, including 11 per cent with holdings of \$10,000 or more."* No categorical statement can be made to summarize how older people said they would meet a large medical bill. Some felt they could pay a medical bill as large as \$500 from a combination of current income and savings. This group included roughly six of every ten couples, five of every ten unmarried older men, and four of every ten unmarried older women. On the other hand, some older persons would have to mortgage property, borrow on life insurance, ask help from their children, turn to public assistance or charitable aid, or say in despair, "*No one would charge me that . . . I just couldn't pay it!*" This group included about three of every ten couples, four of every ten unmarried older men, and five of every ten unmarried older women.

*Hospitalization Insurance for OASDI Beneficiaries, *op. cit.*, p. 9.

Table 12

Sources of Funds to be Used in Payment of \$500 Medical Bill:
Proportion of Couples With Head Aged 65 Years and Over,
and Unmarried Persons Aged 65 Years and Over,
Reporting Various Sources, by Living Arrangements

Source of funds and living arrangements	Married couples, head 65 years and over			Un-married men	Un-married women
	Total	Wife 65 and over	Wife under 65		
Total ^a					
Savings	44.7	46.5	42.9	43.4	32.7
Current income	21.7	18.9	24.6	12.8	12.0
Life insurance	0.9	1.0	0.7	1.3	1.2
Mortgage on house or property	9.2	9.1	9.3	6.4	6.1
Hospital or health insurance	9.7	7.0	12.5	6.4	5.9
Children or relatives	7.6	9.4	5.7	13.2	24.2
Public Assistance or charitable aid	6.0	4.5	7.5	12.8	10.8
Other	0.4	0.3	0.4	1.3	0.9
Could not pay such a bill	7.1	8.4	5.7	7.7	11.8
No answer	1.2	1.4	1.1	0.4	1.0
N =	565	286	279	233	574
Sharing a home with relatives					
Savings	39.7	41.4	38.6	42.4	28.8
Current income	18.5	15.5	20.5	15.2	13.7
Life insurance	1.4	1.7	1.1	2.0	1.8
Mortgage on house or property	11.0	12.1	10.2	5.1	3.2
Hospital or health insurance	8.2	5.2	10.2	5.1	5.0
Children or relatives	12.3	19.0	8.0	21.2	31.3
Public Assistance or charitable aid	7.5	3.4	10.2	8.1	9.0
Other	1.4	1.7	1.1	2.0	—
Could not pay such a bill	8.9	6.9	10.2	8.1	11.2
No answer	1.4	1.7	1.1	—	1.8
N =	146	58	88	99	278

(Continued on following page)

(Table 12, continued)

Source of funds and living arrangements	Married couples, head 65 year and over			Un-married men	Un-married women
	Total	Wife 65 and over	Wife under 65		
Not sharing a home with relatives					
Savings	46.5	47.8	45.0	44.8	36.5
Current income	22.9	19.7	26.7	11.2	10.5
Life insurance	0.7	0.9	0.5	0.7	0.7
Mortgage on house or property	8.4	8.3	8.4	7.5	8.8
Hospital or health insurance	10.3	7.5	13.6	7.5	6.8
Children or relatives	6.0	7.0	4.7	6.7	17.2
Public Assistance or charitable aid	5.5	4.8	6.3	16.4	12.5
Other	—	—	—	0.7	1.7
Could not pay such a bill	6.4	8.8	3.7	7.5	12.5
No answer	1.2	1.3	1.0	0.7	0.3
N =	419	228	191	134	296

* Per cents do not add to 100 since an individual might report payments from several sources.

The very sick and a large medical bill. The very sick in the older population were less likely than all other older people to report that they would pay a large medical bill from liquid assets or current income and far more likely than other people to state that they would turn to public assistance or that they simply could not pay such a bill.

Seventeen per cent of the very sick compared to 7 per cent of the rest of the population mentioned public assistance or charitable aid as a solution to the problem of a large medical bill; 24 per cent of the very sick compared to 8 per cent of the rest of the population said that they could not pay such a bill, without mentioning the possibility of free care.

Six of every ten very sick persons compared to three of every ten persons in the remainder of the older population said they could meet a large bill only through the help of children or public assistance, or said, "I just couldn't pay it."

Voluntary health insurance. In 1957 almost four of every ten persons over 65 had some form of voluntary health insurance. Coverage was more usual among men than women, and far more usual among the well segments of the population than among the very sick. While the very sick might be expected to be among the heaviest users of hospital facilities, less than two of every ten very sick persons (18 per cent) compared to four of every ten well older people (41 per cent) reported that they had health insurance coverage.

Among the six of every ten persons who had no voluntary health insurance at the time of the survey, about one-fourth (16 per cent of the total population) had been insured at some time in the past. A very small group of persons, about 3 per cent of the total aged, had tried to get health insurance and had been turned down, mostly because they were too old or had specific health complaints which made them uninsurable at the time of their application (Table 13).

The currently insured. The vast majority of older people who were currently insured in 1957 were covered under a single insurance plan; those with duplicate coverage were less than 1 per cent of all older persons interviewed and 2 per cent of the insured. The majority of insured persons were covered against more than one of the three main types of medical costs—hospital bills, doctor bills while in the hospital, and doctor bills for home and office visits. Almost all persons who said they had some type of health insurance had whole or part coverage for their hospital bills; about two of every three persons had whole or part coverage for doctor bills incurred while in the hospital, and about one person in five had whole or part coverage for visits in the doctor's office (Table 14).

Only about one-third of the persons with health insurance reported that they had complete coverage for any type of cost; for the remainder of the insured, hospital bills, doctor bills in the hospital or for other doctor visits, would be only partly paid for through their insurance.

About half of all persons with health insurance had first secured such coverage through a job, either their own or their spouse's. Such coverage was either required of them or was offered to them on a voluntary basis. About one of every five persons with health insurance reported that it had been sold to him by a salesman who had called.

Older people who had secured their health insurance in other ways than through employment, either through a salesman, or through re-

Table 13
Voluntary Health Insurance Status, Persons Aged
65 Years and Over, 1957

Insurance status	Percentage distribution		
	Total	Male	Female
Total	100.0	100.0	100.0
Insured	38.5	42.2	35.4
Not insured	61.4	57.8	64.5
Formerly insured	15.8	18.2	13.7
Rejected	2.8	2.1	3.4
Never applied	42.8	37.5	47.4
N =	1,734	801	933

Table 14
Selected Characteristics of Voluntary Health Insurance Coverage
Reported by Currently Insured Persons Aged 65 Years and Over, 1957

Characteristic	Percentage
<i>Payments</i>	
Pays hospital bills, all or part	93.3
Pays doctor bills in hospital, all or part	67.0
Pays doctor bills for home or office visit, all or part	20.8
<i>How insurance was secured</i>	
Total	100.0
Employment	57.0
Salesman	17.9
Other	19.9
Don't know	5.1
<i>Time-duration of insurance ownership</i>	
Total	100.0
Less than five years	24.3
Five to nine years	22.4
Ten years or more	48.1
Don't know	5.1
Median monthly payment	\$4.00
N =	669

sponding to advertisements, or through the efforts of relatives, spoke of the function of health insurance in relieving them or their families of worries about hospital bills should these occur. "Protection" was stressed by these persons in their discussion of health insurance. As many respondents said, "*It's a good thing . . . You never know when you need it.*"

Almost half of all older persons with health insurance had had such insurance for ten years or more. Since many respondents had secured their insurance through their work, this response was expected. Many persons said that they had had coverage since "*Blue Cross went in and we got it at work.*"

The reported cost of health insurance to the respondents personally ranged from less than a dollar a month at the low extreme to \$20 or more at the high end. Some persons who were still working did not know how much of their payroll deduction was for health insurance and how much was for other benefits. The median monthly cost of health insurance reported by respondents was \$4. Three of every four persons interviewed said they paid the total costs of this insurance themselves. Other sources of payment for all or part of these insurance costs were: present or former employers, trade unions or fraternal orders, and children or relatives.

The formerly insured. About one-sixth of all persons interviewed had no health insurance at the time of the survey but had been insured some time in the past. About four of every ten formerly-insured persons had secured their insurance through their work, and about three of every ten had bought insurance from a salesman (Table 15). Almost half of those formerly insured had terminated their coverage less than five years before the interview, although some persons said they had given up their health insurance as long ago as fifteen years previously. While some respondents might have been vague about the time-lapse since they had given up their health insurance coverage, all of the respondents who had dropped their health insurance coverage clearly knew why they had done so. Three of every ten persons who no longer had health insurance had given up their coverage when they or their spouse had retired from work. Whether these persons had had some option to continue their coverage after retirement and had chosen not to do so is not apparent from their replies. About the same proportion of persons, three of every ten, had given up their insurance coverage because they felt it was too

expensive to maintain. Two of every ten persons had given up their health insurance because they were dissatisfied with the coverage, and about one person in ten had lost his insurance when he was disqualified by the insurance company. Some people who had given up their insurance because they were dissatisfied with its coverage were annoyed and upset by their experiences under voluntary health insurance. Their annoyance resulted from the fact that either they had not realized insurance coverage would pay only part of hospital and doctor bills, or—even if they had understood this aspect of their insurance—they were surprised by the gap between insurance reimbursements and the total expenses of hospitalization.

Desire for health insurance coverage. All persons who had no health insurance coverage were asked whether they would be interested in obtaining such insurance. Half said that they would be, but that they either could not afford it (34 per cent of the total), or that *"They won't*

Table 15

Selected Characteristics of Former Voluntary Health Insurance Coverage Reported by Persons Aged 65 Years and Over, 1957

Characteristic	Percentage distribution
<i>How insurance was secured</i>	
Total	100.0
Employment	43.4
Salesman	28.8
Other	27.7
<i>Reasons for termination</i>	
Total	100.0
Gave up employment	27.0
Plan too expensive	30.7
Dissatisfied with coverage	23.7
Disqualified	8.4
Other	10.2
N =	274

sell me any" (16 per cent). One-fourth of the group said flatly *"I don't want it!"* and the same proportion said *"I've never thought about it."*

Those who were already ill and therefore most conscious of medical bills were most interested in health insurance. Seven of every ten very sick persons without insurance would have liked to have it, but five among these seven could not afford it, and two among these seven said that *"They won't sell me any."*

Nearly two-thirds of the total population, whether or not they had insurance coverage at the time of the survey, said they would like to have insurance covering *all* medical expenses such as doctor bills, hospital bills, and medicines. The proportion of persons in favor of complete coverage was higher among people who already had some type of health insurance (71 per cent) than among those who had no insurance (61 per cent). Apparently once an older person was convinced that health insurance was a good thing, he was more interested than other older persons in the expansion of his health insurance coverage. Those not interested in complete health insurance coverage, about one-third of the total aged population, gave a variety of reasons for their attitudes. Some responded in terms of money: they could not afford such insurance, or they had enough money to take care of their medical needs. Others responded in terms of their health: they were not insurable, or they were rarely sick. About one person in ten among those not interested in health insurance (3 per cent of all older persons interviewed) said they objected to the idea of health insurance.

Opinions about government health insurance. All respondents, whether or not they had health insurance, were asked: *"Some people think the government should provide insurance that pays doctor and hospital bills. Other people disagree with this idea. Are you in favor of government insurance that pays doctor and hospital bills, or against it?"* As Table 16 shows, slightly over half of all older people were in favor of government insurance in 1957. The proportion in favor of it was highest among the very sick—two-thirds of those interviewed.

Those in favor of government health insurance were asked whether they favored it for everyone or just for certain kinds of people. About half (constituting 29 per cent of *all* persons interviewed) were in favor of such insurance for all people, the remainder felt that it should be

available for the old or young who could not afford voluntary health insurance, or for elderly or disabled persons.

The data show a slight majority of all old people in the United States favoring government health insurance in 1957. Table 17 gives some clues as to who these people were. More persons in poor financial circumstances than persons in average or good financial standing were in favor of government health insurance. A higher proportion of those who shared homes with relatives favored it than older people living alone or without relatives. The lowest incomes among the aged had previously been reported for persons who lived with relatives. Similarly, a higher proportion who said their financial status was worse than at age 60 than those who said their financial status was the same or better favored government health insurance.

The single most important indicator of whether an older person favored government health insurance seemed to be his overall attitude toward the functions of the federal government. In a section of the interview, separate from the section on insurance, respondents were asked, "Who should take care of older people when they are no longer working?" Among respondents who thought that the older person should

Table 16
Attitudes Toward Government Health Insurance,
Persons Aged 65 Years and Over, 1957*

Attitude	Percentage distribution				
	Total	Male	Female	Very sick	All others
Total	100.0	100.0	100.0	100.0	100.0
In favor	53.5	55.9	51.5	65.7	52.1
Against	42.7	42.3	43.0	29.7	44.1
Don't know	3.5	1.5	5.1	4.0	3.4
No answer	0.3	0.2	0.4	0.6	0.3
N =	1,734	801	933	175	1,559

* Based on answers to question: "Some people think that the *government* should provide insurance that pays doctor and hospital bills. Other people disagree with this idea. Are you in favor of government insurance that pays doctor and hospital bills, or against it?"

Table 17

Attitudes Related to Financial Support: Persons Aged 65 Years
and Over Who Favor Government Health Insurance

Item	Percentage distribution	Per cent of specified group in favor of government health insurance
	All respondents	
<i>Living arrangements</i>		
Total	100.0	53.5
Sharing a home with relatives	34.4	59.8
Not sharing a home with relatives	65.6	50.3
<i>Who should take care of older people when they are no longer working?</i>		
Total	100.0	53.5
Should provide for themselves	23.7	37.7
Children or relatives	26.2	46.7
Employer pension plan	3.9	60.3
Government through social security and other methods	41.3	67.2
Other and no answer	4.8	45.2
<i>How are you getting along financially compared with when you were 60?</i>		
Total	100.0	53.5
About the same	45.4	49.9
Better	15.1	45.4
Worse	37.3	61.2
Can't compare	1.2	*
No answer	1.1	*
N =	1,734	

* Per cents not computed for bases less than 25.

provide for himself, only one-third were in favor of government health insurance; among respondents who thought that children and relatives should take care of older people who were no longer working, almost half were in favor of such insurance; among respondents who thought that the "government should take care of older people," whether through social security or other means, two-thirds were in favor of it. Those older persons who believed that the "government" should assume welfare responsibilities were more likely to favor government health insurance than persons who felt that the individual should assume these responsibilities for himself.

Payments for medical costs. This discussion so far has been concerned with how older people thought they could pay large medical bills, and how voluntary health insurance has helped them meet such bills. Information was also secured on the income sources from which people actually had paid medical bills during the four weeks preceding their interview, and the sources to which they had turned in meeting hospital bills incurred during the survey year.

Recent contacts with doctors. Three of every ten respondents had some contacts with doctors outside of a hospital during the four-week period preceding the interview. Seven of every ten persons who had such doctor contacts (19 per cent of all older persons) paid the doctor for his services from their own resources (Table 18). In most instances these older persons paid the doctor from current income or savings; in a few instances, doctor payments were made through insurance coverage or in some other way. In contrast to the seven of every ten older persons who had paid the doctor personally, about two of every ten persons with doctor contacts (8 per cent of all older persons) specifically stated that they personally had not made any payments to a doctor for his services. As may be seen in Table 18, 6 per cent of all older persons who had seen a doctor said that their children or relatives had paid for their care, 7 per cent said that welfare or charitable organizations had paid, and 4 per cent said that they had been given free care by a physician.

The reported experiences of respondents in meeting the costs of physicians' care during the four-week period are probably more reliable than answers to overall questions about free care during the survey year.

To recapitulate: 12 of every 100 respondents interviewed (about 8 per cent of all older people) reported that they had received medical

or dental care for which they personally had made no payments during the survey year. This care had been furnished by welfare or charitable agencies for seven of every 12 of these respondents; the costs of this care had been assumed by children and relatives for five of every 12 respondents.

Older people who received medical care during the four-week period preceding the interview reported that welfare agencies and children and relatives had contributed to their care at about this same level. In addition, these older people reported that individual physicians had given them free care, (4 per cent) and that they had received free care through government hospitals or in other ways (4 per cent).

Table 18

How Older People Paid Current Doctor Bills: Reports of Persons Aged 65 Years and Over with Out-of-Hospital Contacts with Physicians During the Four Weeks Preceding the Interview

Method of payment	Percentage distribution ^a
Total	100.0
Older person paid physician for services	69.4
Through income or savings	60.3
In some other way	6.7
No answer	2.4
Older person did not pay physician for services	21.9
Child or relative paid	6.1
Welfare or charitable organization paid	7.4
Doctor took no fee	3.8
Other reason	4.6
No answer	8.7
N =	473

^a These tabulations differ slightly from those reported in Health Information Foundation Research Series #16, *Medical Care Among Those Aged 65 and Over—reported illness and utilization of health services by the "sick" and the "well."* This is due to six persons who reported earlier that they had paid the doctor personally, but whose children or relatives were later reported as having paid the doctor.

Apparently, the answers to the overall question of non-cash assistance during the survey year underreport the number of older people who received medical or dental care for which they made no out-of-pocket expenditures. Two types of free care seem to have been underreported: free care given on a personal basis by the individual doctor, and care received by veterans through a government agency.

The very sick were less likely than other older people to pay a doctor for his services. Thirty-three per cent of all very sick persons who had had some contact with doctors during the four weeks before the interview said they did not pay the doctor for his services; only 19 per cent of all other persons reported that they personally did not pay the doctor.

Payments for hospital care and for physicians' services in the hospital. Eight of every ten stays of older people in short-term hospitals were paid for by the older person from his income, savings, insurance coverage, or with the help of his children and relatives (Table 19). Physicians were reported to have been paid for their services in the hospital in about the same proportion of hospitalizations and from about the same sources.

About half of all persons who reported having paid hospitalization fees and physician fees said they had drawn on more than one source in meeting these bills. Older people reported that insurance payments had enabled them to meet part or all of their hospital bills in 45 per cent of all hospitalizations, and part or all of the physicians' fees in 30 per cent of all hospitalizations. Children and relatives helped older people meet their hospital bills in 14 per cent of all reported hospitalizations, and physicians' fees in 12 per cent of all cases.

Charitable or welfare organizations were reported to have assumed hospital and physician costs in about one in every six hospitalizations in short-term hospitals.

The reported need for medical care

To what extent did older people feel they needed medical care and that, for any reason, this care was not available to them? Information on this topic was sought in several ways—through investigating why respondents had not seen doctors for specific illnesses and health com-

Table 19

How Older People Paid Hospitals and Physicians: Reports of Persons Aged 65 Years and Over with Hospitalization During the Survey Year

Method of payment	Percentage distribution		
	Total ^a	Male	Female
<i>Payments made to hospital</i>			
Total	83.4	82.0	84.9
Income	23.3	25.0	21.5
Savings	32.1	34.0	30.1
Insurance	44.6	46.0	43.0
Child or relative	14.0	12.0	16.1
Borrowed money	1.6	2.0	1.1
<i>No payments made to hospital</i>			
Total	16.6	18.0	15.1
Welfare or charitable organization	15.0	15.0	15.1
Employer	1.6	3.0	—
N =	193	100	93
<i>Payments made to physicians for services while hospitalized</i>			
Total	81.3	79.0	83.9
Income	25.4	29.0	21.5
Savings	36.3	34.0	38.7
Insurance	29.5	32.0	26.9
Child or relative	11.9	9.0	15.1
Borrowed money	1.6	3.0	—
<i>No payments made to physicians</i>			
Total	18.7	21.0	16.1
Welfare or charitable organization	15.0	14.0	16.1
Employer	1.6	3.0	—
No fee charged	2.1	4.0	—
N =	193	100	93

^a Proportions based on number of admissions, not on number of persons (193 hospitalizations, 181 persons). Per cents do not add to total since an individual may have made payments from several sources.

plaints, through encouraging respondents to speak about any aspects of their health care which they felt were being neglected, and by specifically asking them if there were goods or services of any kind which they needed but had had to do without because of lack of money.

Seventeen of every 20 persons interviewed in this survey (84 per cent) reported at least one illness or health complaint during the four weeks preceding their interview. Only one-third of these, however, said they had seen a doctor or talked to one over the telephone. The reasons why people who previously had reported an illness said that they had not seen a doctor are shown in Table 20.

Regardless of the nature of their complaints, the main reason older people had not seen a doctor was that they did not think they were sick enough to require such services. A substantial number felt they could treat their illness as well as a doctor could, and some persons thought a doctor did not seem able to treat their illness. A number of older people gave vague reasons for not seeing a doctor which hinted at their feelings that they "*shouldn't bother the doctor.*" Only one person in 20 among those who had reported a current illness—about three persons in every

Table 20
Reasons For Not Seeing A Doctor: Persons Aged 65 Years
and Over, with Reported Illness

Reason for not seeing doctor	Percentage distribution
Total	100.0
Illness has not bothered respondent enough to see doctor	43.4
Respondent can treat illness as well as doctor can	15.2
Doctor does not seem to be able to treat illness	9.8
Cannot afford doctor	5.6
Other reasons	3.7
Reasons too vague to classify or no answer	22.4
N =	765

100 in the older population—said that lack of money was keeping them from medical care.

These replies from the aged explaining why they do not see doctors must be interpreted in light of their attitudes toward their own health and toward the medical profession. It seems correct to say that most older people do not see doctors because, despite their many illnesses and complaints, they do not think they are really sick. The illnesses and complaints of the aged are largely chronic conditions of long duration. People tend to take these complaints for granted and to accept the associated discomforts as part of normal existence. After all, most respondents agree that "*older people have to expect a lot of aches and pains.*"

Further, there is a general belief among the aged that a doctor should be consulted only for an acute illness episode. Most older people believe firmly that "*a person understands his own health better than most doctors do.*" Unless an older person thinks that he is seriously ill, he will not consult a physician.

Although only three of every 100 persons in the total older population mentioned lack of money as a major deterrent to their currently receiving medical care, about eight persons in every 100 reported that they were dissatisfied with some aspect of their health care, and about eight in every 100 said specifically that they were doing without medical care because of lack of money. Both groups—those who felt their health was not being taken care of properly and those who felt they were doing without medical care because of lack of money—included high proportions of the very sick.

Respondents were asked "*Is there anything [else] about your health that you feel is not being taken care of properly?*" For the two groups, the very sick and the remainder of the population, one in four, and one in 16 respectively, (a total of eight of every 100 persons in the older population) thought that something about his health was not being taken care of properly (Table 21).

Some of these older people thought they should have medical or dental care, appliances such as glasses or dentures, or special medication, in order to improve their health or to meet health needs. A few persons said they needed more money for better living arrangements or better

food which would in turn result in an improvement in their health status. A substantial number of persons said they did not know what should be done to improve their health.

Four of every 100 older persons (16 of every 100 very sick persons, and three of every 100 persons in the remainder of the older population) said their health was not being taken care of properly because they could not afford adequate care. Some who previously had said they needed medical care in order to improve their health made no mention of lack of money in explaining why they were not receiving such care. Instead, they said they had not attempted to secure medical care because they felt they could keep going without it, or alternatively, that they had not sought medical care because they felt a doctor could not really help them. Some persons who had mentioned a need for surgery in order to be in good health reported that they were afraid of surgery and would go without it as long as possible.

In designing the interview schedule it was expected that some of the older population might hesitate to mention poor financial status as an explanation of why they were not interested in medical care for current illnesses or for improving their overall health. It was, decided therefore, that a direct question be asked the aged about deprivations generally attributed to lack of money. Well along in the interview, after detailed

Table 21

Complaints About Health Care: Persons Aged 65 Years and Over, by Degree of Illness^a

Complaint	Percentage with each complaint		
	Total	Very sick	All others
Something about health not being cared for properly	8.2	24.0	6.5
Need medical care in order to have better health	5.5	18.3	4.0
Not receiving proper care because of lack of money	3.9	16.0	2.6
N =	1,734	175	1,559

^a Based on answers to questions: *Is there anything about your health that you feel is not being taken care of properly? What do you feel should be done about it? What's keeping you from doing this?*

discussions of finances and the problems which older people faced in living on a limited income, all respondents were asked: *"Are there any things you especially need that you've had to do without because you don't have enough money?"*

Twenty of every 100 persons in the older population said that they had needs (of varying kinds) which could not be met because they did not have enough money. Only eight of every 100 persons in the older population specifically said they needed medical or dental care. Among the persons who said they needed medical care, one of every three had previously been classified as very sick. One of every four very sick persons and one in 16 in the remainder of the older population said they were doing without needed medical care because they had no money.

Table 22 gives some of the characteristics of that group of the aged who felt they needed medical care which they could not afford. The composition of the group is somewhat surprising. Two of every five re-

Table 22

Selected Characteristics of Persons Aged 65 Years and Over Reporting Unmet Medical Needs Due to Lack of Money

Characteristic	Percentage with given characteristic
<i>Main income from Public Assistance</i>	
Total	38.6
Very sick	40.5
All others	37.8
<i>Attitude toward doctors</i>	
A person understands his own health better than most doctors	71.4
<i>Last saw doctor</i>	
Total	100.0
Within last four weeks	55.0
Within 1-11 months	20.0
One year or more	25.0
N =	140

ported their main source of income as public assistance. Older people on public assistance may in most states receive some sort of medical care although the level of such care varies widely from state to state.

Further, almost six of every ten of the total respondents who said they could not afford medical care had seen a doctor in the four weeks preceding the interview.

The data suggest that the 8 per cent of all older people in the United States who said they needed medical care but were doing without it because of lack of money were not a homogeneous group. Two distinct kinds of individuals felt they were not receiving medical care because they lacked money. One group (about 3 per cent of all older people) were already receiving some kind of care through assistance programs. Their feelings about doing without medical care were really criticisms of the adequacy of their care. Their attitudes would seem to be expressed in the phrase *"If I had more money, I could go to a better doctor."* Some of this feeling is suggested in the high proportion of all persons with unmet medical needs (71 per cent) who agreed that *"A person understands his own health better than most doctors do."*

Another group (about 5 per cent of all older people) was not receiving free care. These persons apparently had a valid basis for their feelings that they were not receiving medical care because they could not afford it.

The data secured in this survey indicate that most older people do not feel they are being deprived of needed medical care because of lack of money. The proportion of older people specifically mentioning finances as a deterrent to medical care and who were not already receiving such care was only 5 per cent of the aged population.

During the four-week period preceding the interview 22 per cent of all older people who saw physicians made no out-of-pocket payments to physicians and during the survey year the costs of one in six hospitalizations of the aged in short-term hospitals were assumed by welfare or charitable agencies. The 5 per cent of the aged who said that they could not afford medical care must be considered as a group of medically indigent who exist in addition to the roughly 20 per cent of the non-institutional aged whose medical costs were already being met by welfare agencies, children and relatives, and various other forms of free care.

Summary

The 15,000 people in the United States who are 65 years of age and older are often considered as if they were all alike, but there are wide differences within this older age group. Some of these differences have been indicated in the present analyses of the employment and income levels of the aged, and in the discussion of the experiences of the aged in meeting the costs of medical care.

Some older people interviewed in the survey were employed; most had already retired. Only about three of every ten reported that employment, either their own or that of a spouse, was their main source of money income in 1956. The income of older men and women who were employed was higher than the income level of the remainder of the older population. As might be expected, those couples and individuals whose major income was derived from employment were more optimistic about their financial status than most other aged persons.

The actual money income received by most aged persons in 1956 was lower than the incomes of other segments of the population. Median incomes reported in this study were less than \$1,000 for unmarried women, slightly more than \$1,000 for unmarried men, and less than \$2,500 for married couples. The lower the income of the older person the more likely he was to report supplementary non-cash assistance in the form of food, clothing and free medical and dental care. Unmarried older men and women sharing a home with relatives, largely a group of widowed parents living with their children, were most likely to report such income supplements.

Older people themselves, through their income and savings, met most medical care costs associated with visits to doctors, hospitalizations, and physician services in the hospital. For about one older person in five, however—roughly 20 per cent of the older population—these costs were being met in other ways: by welfare or charitable organizations, through assistance of children and relatives, by free care given by individual physicians, or by some other form of free care.

Although most older people were meeting the costs of occasional or routine medical bills themselves, a substantial group of the aged were concerned about their ability to make expenditures for medical care should they incur a bill as large as \$500. About two of every five older

people (twice as many as those already reporting free care and care paid for by children and relatives) apparently could meet such a bill only by mortgaging their homes, borrowing on life insurance or by calling on their children and relatives or welfare agencies for help.

In general, the "very sick" group in the older population seemed the least able to pay for medical care. Many of these persons were already receiving substantial free care and services. The income of the average very sick person was so low it seems obvious that his continued existence outside of an institution was possible only because of economic as well as other forms of help given by relatives and health and welfare agencies.

About one person in 20 in the older population (5 per cent) reported that he was doing without needed medical care because he lacked money. These persons seemed to be a marginal group who were not welfare or assistance clients, but whose money income was so small they could not afford expenditures for medical care.

Slightly more than half of all older people were in favor of government health insurance in 1957. In general, those persons who felt themselves to be in a precarious or poor financial position were more likely to favor government health insurance than those who felt their financial status was as good as it ever had been. Even more important than finances as an indicator of whether an older person would favor government health insurance was his or her overall attitude toward functions of the federal government. Those who felt that the federal government should assume broad responsibilities for the level of support of its older citizens were more likely to favor government health insurance than those who felt the individual should assume these responsibilities himself.

The attitudes of the aged toward government health insurance demonstrate once again that the opinions and attitudes of the older population vary as much as do the opinions and attitudes of the population in general. ■

APPENDIX I

Definitions and Explanations

Income and living arrangements. In the discussion of income and living arrangements respondents are classified both by marital status and by living arrangements.

All respondents were placed in one of three categories: married couples, unmarried men and unmarried women. The "married couple" category includes all couples in which the male head was 65 years of age and older, even though the wife may have been under 65 years of age. Unmarried men and women include all men and women who were single, widowed, and divorced or separated at the time of the survey.

When husband and wife were both interviewed, the tabulations for the couple are based on the replies of the husband.

Relatives include blood relatives of the respondent, such as children, grandchildren, nieces, nephews, brothers and sisters, et cetera, as well as relatives by marriage, such as brothers-in-law and sisters-in-law.

Persons reported as not sharing a home with relatives may be living alone or sharing living quarters with others to whom they are not related by blood or marriage.

The very sick. The classification of older people into "sick" and "well" is based on self-reports of illness by each older person. A full discussion of the "very sick" appears in Ethel Shanas, Research Series #16, *Medical Care Among Those Aged 65 and Over—reported illness and utilization of health services by the "sick" and the "well."*

Survey year. Interviewing of older people was carried on during May-June, 1957. The survey year referred to in the text is the year ending April-May, 1957.

Payments for hospital care and for physicians' services in the hospital. Data on the proportion of the older population making payments for hospital care must be interpreted cautiously. As has been indicated in Research Series #16, the figures on hospital admissions secured in this survey are lower than the "true" number of hospitalizations among older

people. Analysis of the "true" number of hospitalizations might show that payments to hospitals were made by either fewer or more older people than are reported here.

Savings. In general, respondents reported as "savings" cash which might be available to them. Such ready cash might be in the form of deposits in both savings and checking accounts. United States savings bonds were almost always identified by name and reported as "Bonds" by the respondents. Investments in stocks, in mortgages, *et cetera*, were usually not reported as "savings" but as "Stocks and Bonds."

APPENDIX II

Reports and Papers based on
A Study of the Health Needs of Older People
by the
National Opinion Research Center

Published Reports and Papers

- Health Information Foundation. "Voluntary Health Insurance among the Aged," *Progress in Health Services*, VIII, No. 1, January 1959.
- . "Use of Health Services among the Aged," *Progress in Health Services*, VIII, No. 4, April 1959.
- Shanas, Ethel. "Family Responsibility and the Health of Older People," *Journal of Gerontology*, 15, October 1960.
- . *Financial Resources of the Aging—reported resources available to those aged 65 and over in meeting medical costs up to \$500*, Research Series 10, New York: Health Information Foundation, 1959.
- . "How Sick Are Older People?" *Journal of the American Medical Association*, 172, January 9, 1960.
- . "Reported Illness and the Utilization of Medical Care," *Public Welfare*, 18, April 1960.
- . "Some Findings from a National Study of the Health Needs of Older People," *Proceedings of the Joint Council to Improve the Health Care of the Aged*, Washington, D. C., June 1959.
- . "Some Sociological Research Findings about Older People Pertinent to Social Work," *Toward Better Understanding of the Aging*, I, Seminar on the Aging, Aspen, Colorado, New York: Council on Social Work Education, 1959.
- . "The 'Very Sick' in the Older Population," *Journal of the Michigan State Medical Society*, 59, May 1960.
- . *Medical Care Among Those Aged 65 and Over—reported illness and utilization of health services by the "sick" and the "well,"* Research Series 16, New York: Health Information Foundation, 1960.

Unpublished Papers

Shanas, Ethel, and Selma F. Monsky. "Interviewers' Attitudes in a

Nationwide Study of Older People." Paper presented at the meeting of the Gerontological Society, Inc., Cleveland, Ohio, November 1957.

Shanas, Ethel. "The Living Arrangements of Older People in the United States." Paper presented at the Fifth Congress, International Association of Gerontology, San Francisco, California, August 1960.

———. "National Surveys of Older People in the United States." Paper prepared for the International Research Seminar, Social and Psychological Aspects of Aging, Berkeley, California, August 1960.

———. "Self-Reports of Illness in a Study of Older People." Paper presented at the Annual Meeting of the Population Association of America, Chicago, Illinois, May 1958.

HEALTH INFORMATION FOUNDATION

CITIZENS ADVISORY COMMITTEE

Chairman

THE HONORABLE HERBERT HOOVER

DETLEV W. BRONK, *President*
The Rockefeller Institute

FERDINAND EBERSTADT, *President*
F. Eberstadt & Co.

HAROLD W. DODDS, *President Emeritus*
Princeton University

HENRY T. HEALD, *President*
The Ford Foundation

DONALD W. DOUGLAS, *President*
Douglas Aircraft Company, Inc.

MRS. E. LEE OZBIRN, *Int'l President*
General Federation of Women's Clubs

L. A. DUBRIDGE, *President*
California Institute of Technology

LEWIS L. STRAUSS
New York City

OFFICERS

President

GEORGE BUGBEE

Chairman of Board

GEORGE R. CAIN, *President*
Abbott Laboratories

Treasurer

S. BARKSDALE PENICK, JR.
Chairman of Board
S. B. Penick & Company

Secretary

HENRY S. MCNEIL
McNeil Laboratories, Inc.

Vice Presidents

EUGENE N. BEESLEY, *President*
Eli Lilly and Company

J. MARK HIEBERT, M.D.
Chairman of Board and President
Sterling Drug, Inc.

JOHN G. SEARLE, *President*
G. D. Searle & Co.

GEORGE F. SMITH, *Retired President*
Johnson & Johnson

GEORGE VAN GORDER, *Chairman of Board*
McKesson & Robbins, Inc.