

HEALTH STATISTICS

FROM THE U. S. NATIONAL HEALTH SURVEY.

Children and Youth selected health characteristics

United States

July 1957 - June 1958

Selected statistics relating to acute conditions, persons injured, impairments, limitation of activity and mobility, disability days, hospital discharges, physician visits, and dental visits for persons under 25 years of age. Based on data collected in household interviews during July 1957-June 1958.

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The U. S. National Health Survey is a continuing program under which the Public Health Service makes studies to determine the extent of illness and disability in the population of the United States and to gather related information. It is authorized by Public Law 652, 84th Congress.

CO-OPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. For the national household survey the Bureau of the Census designed and selected the sample, conducted the household interviews, and processed the data in accordance with specifications established by the Public Health Service.

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CHILDREN AND YOUTH

INTRODUCTION

This report brings together statistics on a variety of health topics for the population under 25 years of age—the children and youth of the Nation. The statistics presented are based on data collected in household interviews by the U. S. National Health Survey.

The report is divided into sections according to topic. No one topic is dealt with in detail, but rather summary type information is presented, covering the major facts relating to the amount and kind of illness, injury, and disability experienced by young persons and the extent to which they use the services of physicians, dentists, and hospitals.

In the introduction of each section of the report, references are given to National Health Survey reports covering that particular health subject in greater detail. These detailed reports contain more explicit definitions of terms, the exact wording of the questions used in gathering the data, additional statistics in the form of frequencies and rates, and tables and instructions for determining sampling errors. A complete list of National Health Survey publications appears on the inside back cover of this report.

HIGHLIGHTS FROM THE REPORT

Data from the U. S. National Health Survey indicate that illnesses of an acute type occur more frequently among children than among adults. During the year ending June 1958, the incidence rates for acute conditions which involved activity restriction or medical attention ranged from a high of 4.0 conditions for children under 5 years of age to a low of 2.0 conditions for adults 25 years of age and over. For both children and adults about two thirds of the acute conditions were respiratory ailments—colds, sore throats, and so forth.

Home accidents were the chief cause of activity restricting or medically attended injuries among children under 15 years of age, and were an important cause, along with motor vehicle and work accidents, for young people in the 15-24 year age group.

Illness and injury caused less disability among children and young persons than among adults. Those in the different age groups under 25 experienced from 13.2 to 16.4 days of restricted activity per person during the year ending in June 1958 as compared with 24.1 days for adults. Children 6-16 years of age lost an average of 8.4 days from school during the year.

The rate of physician visits varied considerably among the age groups. Children under 5 had the highest rate, 6.4 visits per child per year, and those 5-14 the lowest rate, with an average of 3.9 visits.

Although the average number of dental visits for persons in the 5-24 year age range was about 2 visits per person, only half of the people in that age group had been to a dentist within the past year.

SOURCE OF DATA

The data presented in this report were collected in the household-interview survey conducted by the U. S. National Health Survey. The survey is continuous, each week covering a random sample of the civilian noninstitutional population of the United States. The data included in the present report are based on interviews obtained during the one-year period, July 1957 through June 1958, during which time health information was collected for 115,000 persons living in 36,000 households spread throughout the Nation.

Since the data in this report consist of estimates based on a sample of persons rather than on the entire population, they are subject to sampling error and should not be considered exact figures. Because of the complex design of the sample, the common textbook formulas for computing sampling errors do not apply. More elaborate computational procedures are necessary. Sampling error calculations have been made for the different types of data obtained in the survey, and these sampling errors have been taken into consideration in the interpretation of the data presented in this report. Appropriate sampling error tables, although not included here, are presented in the detailed reports on the separate health topics.

For additional information on the origin and program of the U. S. National Health Survey, on the statistical design of and on the basic concepts and definitions used in the household-interview survey see Health Statistics from the U. S. National Health Survey, Series A, Numbers 1, 2, and 3, respectively.

ACUTE CONDITIONS

Illnesses and injuries of an acute type—including everything from chickenpox and sore throats to appendicitis and broken legs—are the most common ailments among children. These conditions are important from a public health standpoint because of their frequency rather than because of their severity.

To measure how frequently these acute conditions occur, the National Health Survey collects data pertaining to acute illnesses and injuries from family reports of conditions which started during the two weeks prior to the week of interview. The accumulation of such reports over a year of continuous interviewing provides an estimate of the number of new cases occurring during the year. Excluded from the counts are specific conditions which are usually classified as chronic, such as asthma, diabetes, epilepsy, deafness, paralysis, and other long term conditions.

In estimating the incidence of acute conditions, illnesses and injuries which caused no disability and received no medical attention were excluded. The resulting estimates, therefore, refer to acute conditions which caused the individual to restrict his normal daily activities for at least a day or which caused him to seek medical attention.

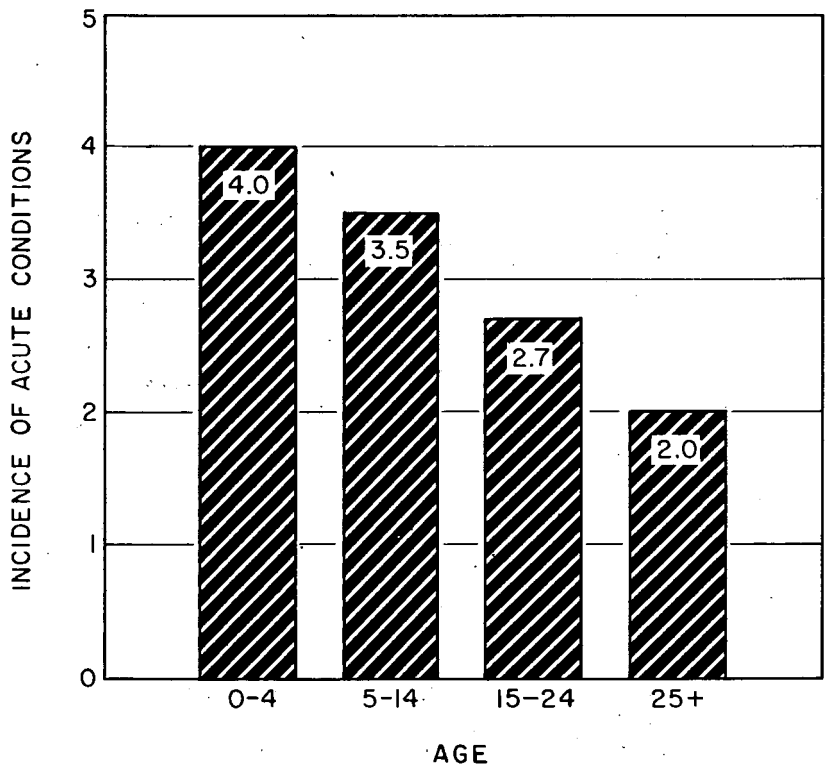
Since an epidemic of Asian influenza spread throughout the Nation during the fall of 1957, the estimates of incidence of acute conditions, and of acute respiratory conditions in particular, for the year July 1957-June 1958 are somewhat higher than would be expected for a typical year.

For additional information pertaining to acute conditions, see Health Statistics from the U. S. National Health Survey, Series B, Numbers 5 and 6.

During the year July 1957-June 1958 persons under 25 years of age experienced 252.4 million cases of acute conditions involving either restricted activity or medical care. This represents 58 percent of all such acute conditions which occurred in the population as a whole. Children under 5 averaged 4.0 conditions per child during the year, a rate twice as large as the rate for adults. Children 5-14 and young persons 15-24 years of age averaged successively fewer episodes than children in the youngest age group, but the rates for these two groups were still well above the rate for adults.

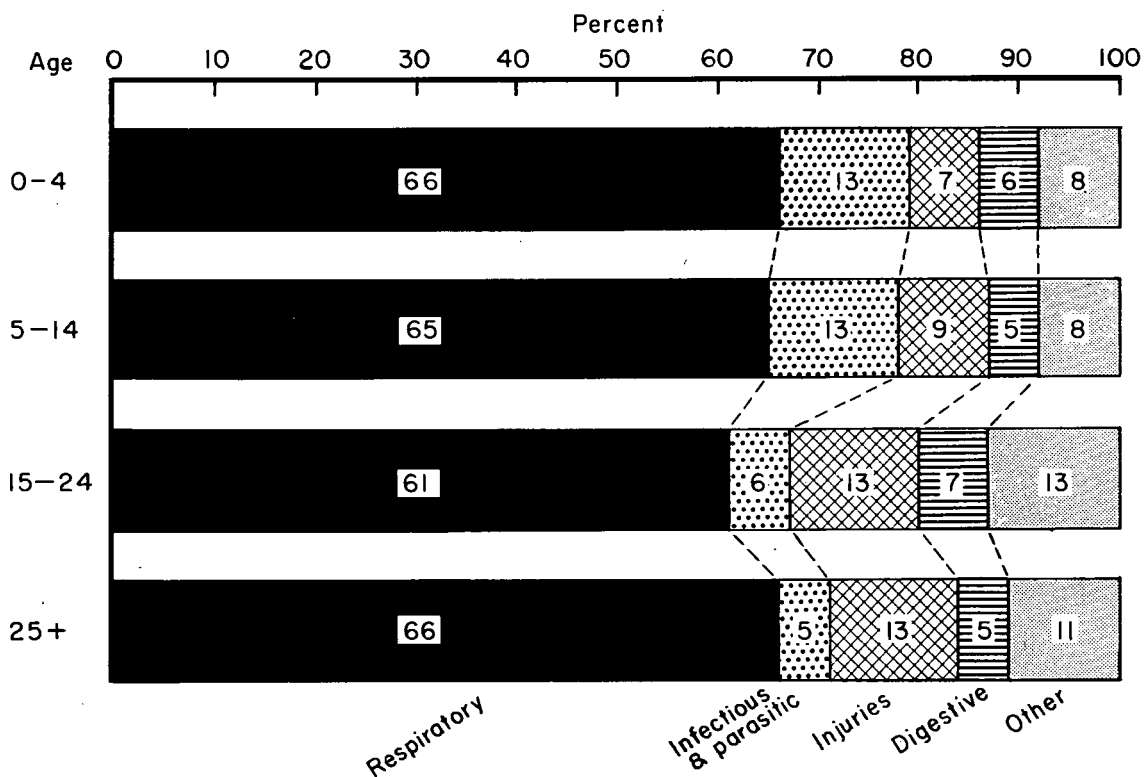
Incidence of acute conditions by age: United States, July 1957-June 1958

| Age | Number of conditions |
|------------|----------------------|
| 0-4----- | 78,100,000 |
| 5-14----- | 116,900,000 |
| 15-24----- | 57,400,000 |
| 25+----- | 185,500,000 |



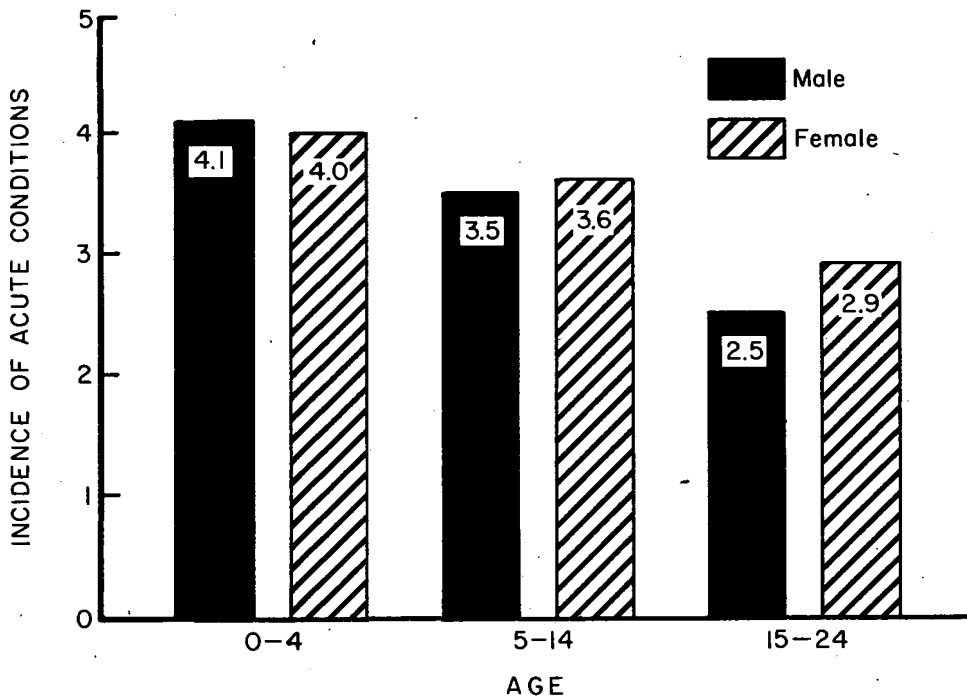
Incidence of acute conditions per person per year by age.

For both children and adults, about two thirds of all episodes of acute conditions occurring during the year were respiratory conditions. These include such illnesses as sore throats, colds, influenza, tonsillitis, and so forth. The Asian influenza epidemic which occurred during the fall of 1957 is no doubt responsible for these high percentages, but even in typical years, respiratory conditions would lead the list. Children 0-4 and 5-14 years of age experienced a greater proportion of "infectious and parasitic" conditions than persons in older age groups. The common childhood diseases such as measles, mumps, and chickenpox are included in this category. Injuries accounted for a greater proportion of acute conditions among youths and adults than among children.



Percent distribution of acute conditions by age and type of condition.

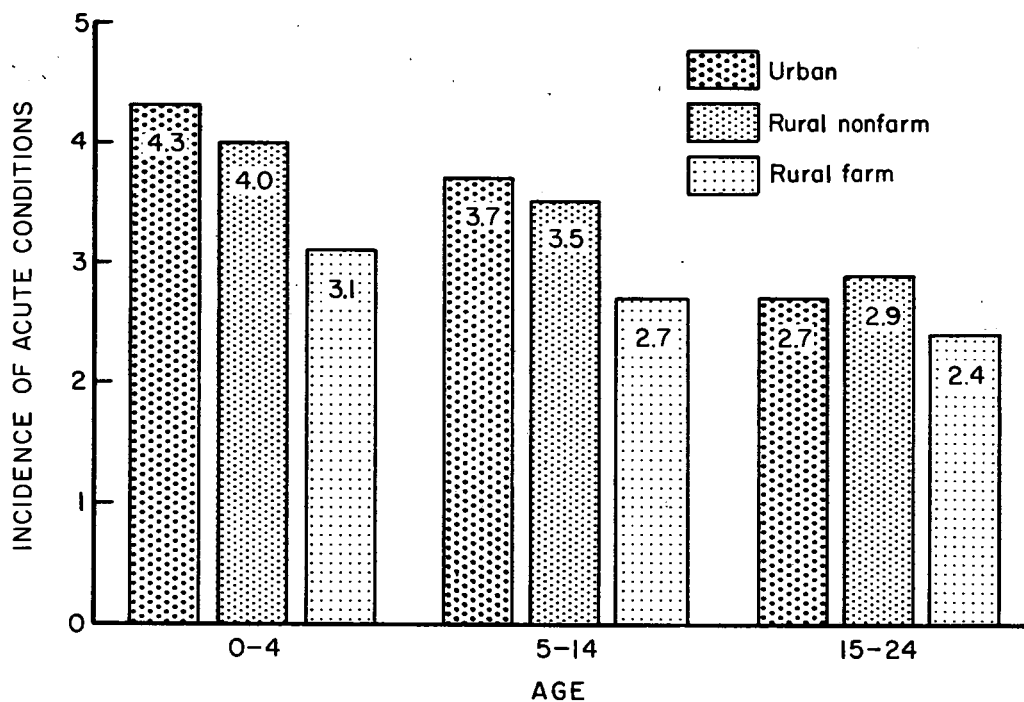
Boys and girls in both the 0-4 and 5-14 year age groups had about the same average number of episodes of acute illness. However, among young persons 15-24, females averaged slightly more episodes of acute conditions than males. In compiling the data, deliveries were included as acute conditions, and this category accounted for part, but not all of the difference in rates between the two sexes in this age group. Excluding deliveries, girls in the 15-24 year age group averaged 2.8 conditions during the year.



Incidence of acute conditions per person per year by sex and age.

Fewer episodes of acute conditions were reported among children 0-4 and 5-14 years of age by families living on farms in rural areas than by urban or rural-nonfarm families. This may represent a difference between farm and nonfarm children with respect to the contracting of communicable or other acute conditions. However, since an acute condition was counted only if it caused restriction of activity or was medically attended, the differences in rates may also reflect a difference in the degree to which people in the several areas restrict activity or consult a physician when an illness strikes.

For young persons 15-24 years of age, the differences among the rates for the three residence groups were minor.



Incidence of acute conditions per person per year by residence and age.

PERSONS INJURED

For many years mortality statistics have shown accidental injuries to be one of the leading causes of death among children and young people. Because of the high incidence of fatal injuries, interest in accident prevention has increased. The data presented in this section show the frequency with which nonfatal accidental injuries occur among those in these younger age groups.

The estimates of the number of persons injured include not only persons injured in accidents or in some type of nonaccidental violence but also persons suffering from conditions not commonly thought of as injuries such as poisonings, sunburn, and adverse reactions to immunizations.

Only persons sustaining injuries which involved medical attention or at least one full day of restricted activity were included in the statistics. A person receiving such injuries on two separate occasions was counted as two persons injured, therefore the actual number of individuals injured during the year was less than the estimates included here. A person sustaining two injuries in a single accident was counted as one person injured.

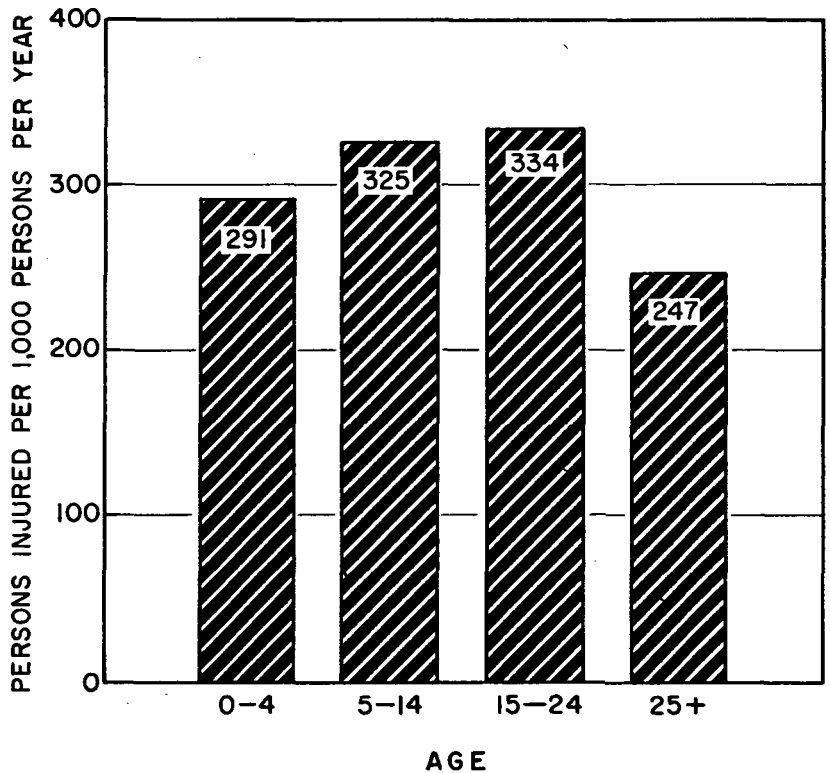
Since the data are based on persons alive at the time of interview, and on injuries occurring during the two weeks prior to the week of interview, the statistics do not include persons who were injured and who died immediately or shortly after the accident.

For additional information on persons injured, see Health Statistics from the U. S. National Health Survey, Series B, Numbers 5 and 8.

During the year ending June 1958, approximately 23.4 million persons under age 25 received injuries that caused them to seek medical attention or to restrict their normal daily activities for at least a day. Persons in this age group accounted for half of the total number injured in the population. Although the differences in rates among the age groups are not large, there seems to be a tendency for persons under 25 to have higher injury rates than adults 25 years of age and over.

Number of persons injured by age: United States, July 1957-June 1958

| Age | Number of persons injured |
|------------|---------------------------|
| 0-4----- | 5,600,000 |
| 5-14----- | 10,800,000 |
| 15-24----- | 7,000,000 |
| 25+----- | 23,400,000 |

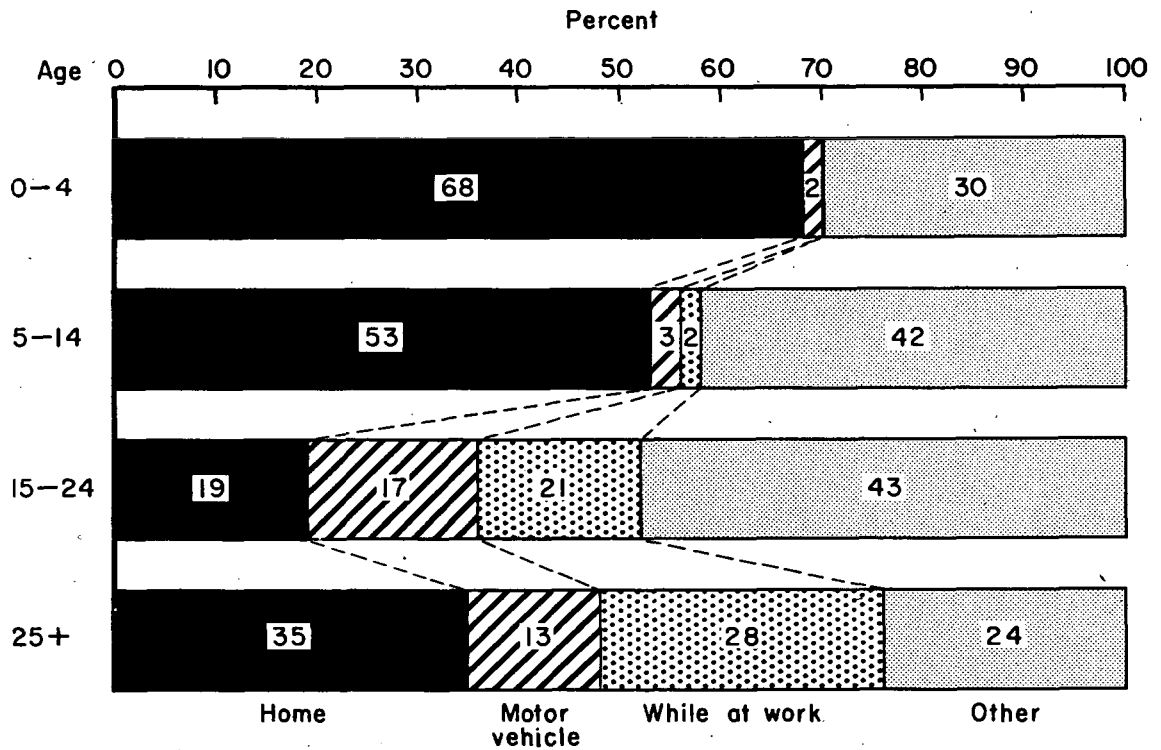


Number of persons injured per 1,000 persons per year by age.

Accidents occurring in or around the home were the chief cause of injuries among children under 15 years of age. Motor vehicle accidents, which include accidents in any way involving a motor vehicle, were of relatively minor importance for children in this age group. Work accidents were by definition restricted to persons 14 years of age and over.

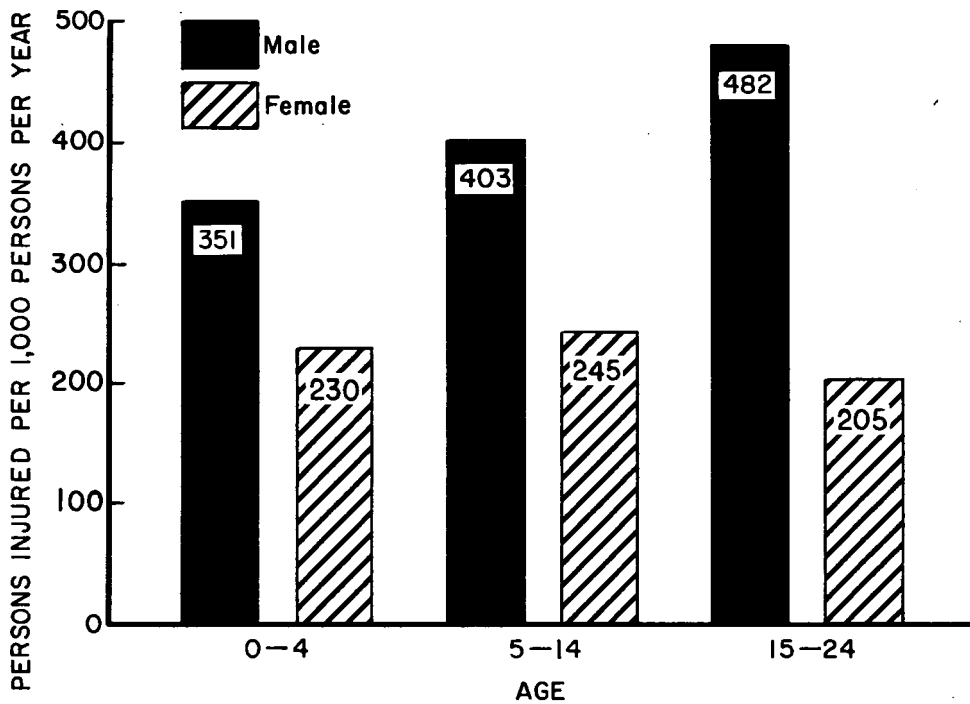
For young people 15-24 years of age, motor vehicle and work accidents are of major importance, each accounting for about 20 percent of the persons injured, while home accidents accounted for an additional 20 percent.

Accidents classified as "other," which include accidents occurring in public places such as schools and playgrounds, adverse reactions to immunizations, and so forth, were responsible for a substantial proportion of the injured children and youths in each of the age groups.



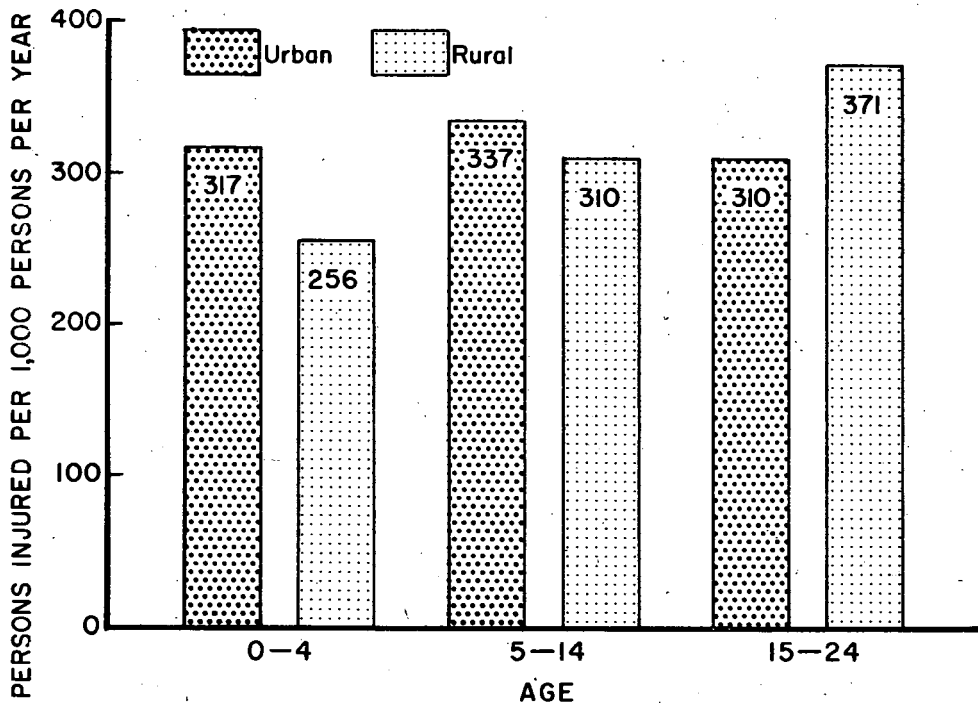
Percent distribution of persons injured by age and class of accident.

Corroborating¹ findings from many other sources, the National Health Survey data show that, among children and young persons, males sustained injuries from accidents more frequently than females. In each of the age groups, the rate of persons injured for the year ending June 1958 was higher for males than for females.



Number of persons injured per 1,000 persons per year by sex and age.

For children and young persons, place of residence seems to bear little relationship to rate of persons injured. For each of the age groups, persons living in urban areas sustained injuries in accidents at about the same rate as those living in rural areas.



Number of persons injured per 1,000 persons per year by residence and age.

IMPAIRMENTS

Certain chronic or permanent defects are classified as impairments by the National Health Survey. These defects are, for the most part, conditions which cause a decrease in or a loss of the ability to perform certain functions, and include such conditions as blindness, deafness, paralysis, and missing or deformed limbs.

The number of such impairments per 1,000 persons was greater for young persons in the age group 15-24 than for children under 15 years of age. The rates were 82.8 for the older age group as compared with 41.0 for the younger.

Visual impairments, including both blindness and other serious visual defects, accounted for about 8 percent of the impairments in each of the two age groups, while hearing impairments, which include both deafness and serious trouble with hearing, accounted for an additional 15 percent.

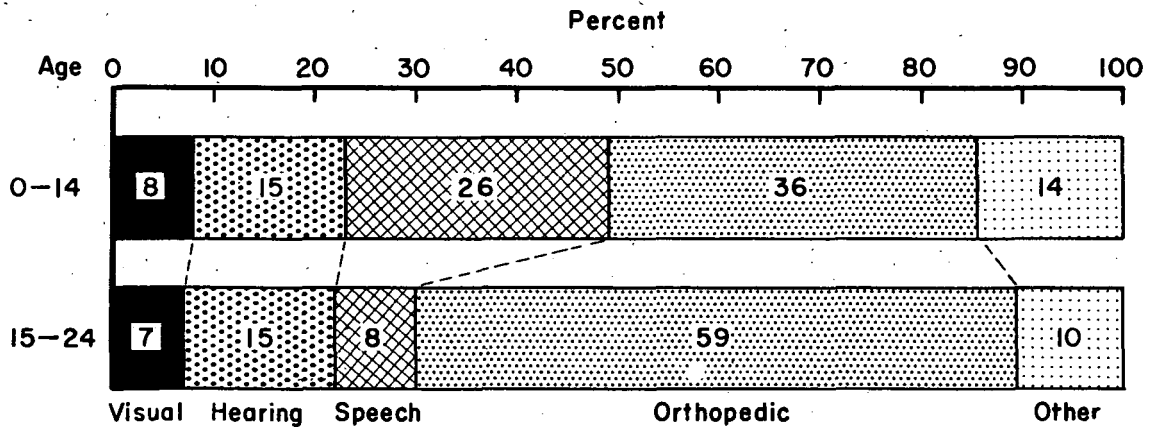
Speech impairments were relatively more important in the younger age group, accounting for 26 percent of all impairments among children under 15 years of age as compared with 8 percent for young persons in the 15-24 year age group.

Orthopedic impairments, including paralysis, amputations, and other orthopedic defects were relatively more important among youths than among children.

For additional information pertaining to impairments, see Health Statistics from the U. S. National Health Survey, Series B, Number 9.

Number of impairments by age and type of impairment:
United States, July 1957-June 1958

| Type of impairment | Age | |
|--------------------------------|-----------|-----------|
| | 0-14 | 15-24 |
| All impairments----- | 2,158,000 | 1,746,000 |
| Visual----- | 181,000 | 126,000 |
| Hearing----- | 316,000 | 267,000 |
| Speech----- | 567,000 | 147,000 |
| Orthopedic | | |
| Fingers and/or toes only----- | 89,000 | 106,000 |
| Arms----- | 88,000 | 95,000 |
| Legs----- | 463,000 | 330,000 |
| Arms and legs and/or back----- | 144,000 | 496,000 |
| Other----- | 310,000 | 178,000 |



Percent distribution of impairments by age and type of impairment.

LIMITATION OF ACTIVITY AND MOBILITY

All persons who were reported to have one or more chronic conditions were classified according to whether or not they were limited in their activity to any extent. Approximately 9 million children under age 15 had some sort of chronic condition—which might be anything from hay fever or flat foot to heart disease or paralysis. Of these 9 million children, approximately 700,000 were chronically limited in their activities as a result of their condition. About 600,000 children (1.2 percent of the children under 15), had what was classified as a partial limitation of activity. For school children this means being limited to certain types of schools, being limited in the amount of school attendance, or being limited in extracurricular activities. For preschool children this means being limited in the amount or kind of play with other children. About 100,000 children (0.2 percent of the children under 15 years of age) had a major activity limitation. A child of school age was classified as having a major activity limitation if he was unable to attend school, and a preschool child, if he was unable to take part in ordinary play with other children.

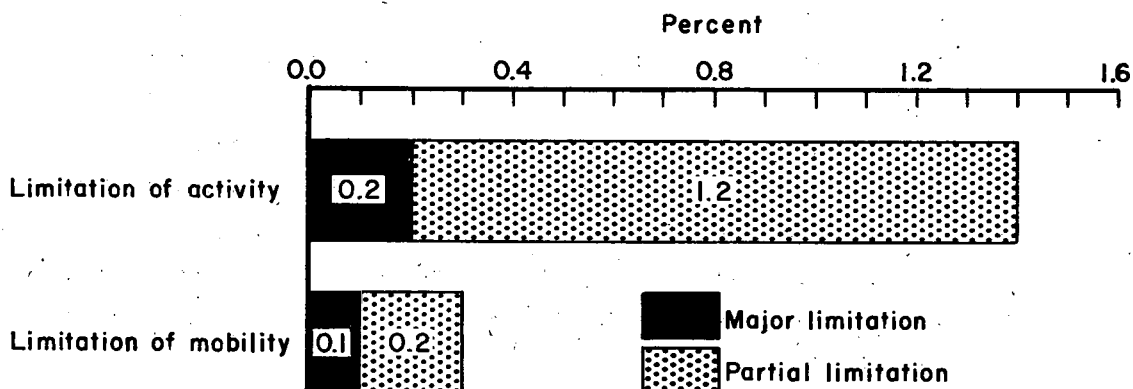
Of the 700,000 children under 15 years of age who were reported to have some degree of limitation of activity, about 150,000 also had some degree of limitation in ability to get around. About 100,000 children under 15 years of age, had a partial limitation of mobility, that is they had trouble getting around alone outside the home, or they needed help of some kind in getting around outside because of some physical disability. Another 58,000 had a major mobility limitation, that is, they were confined to the house all of the time except in emergencies.

Information is not currently available on chronic limitations of persons 15-24 years of age as a separate group.

For additional information pertaining to limitation of activity and mobility, see Health Statistics from the U. S. National Health Survey, Series B, Number 11.

Number of children under 15 years of age by limitation of activity and mobility: United States, July 1957-June 1958

| | | |
|--|------------|-----------|
| All children under 15----- | 52,637,000 | |
| Children with no chronic condition--- | 43,446,000 | |
| Children with 1+ chronic condition--- | 9,190,000 | |
| Total with chronic conditions----- | | 9,190,000 |
| With no limitation of activity----- | | 8,447,000 |
| With partial limitation of activity----- | | 627,000 |
| With major limitation of activity----- | | 117,000 |
| Total with chronic conditions----- | | 9,190,000 |
| With no limitation of mobility----- | | 9,032,000 |
| With partial limitation of mobility----- | | 100,000 |
| With major limitation of mobility----- | | 58,000 |



Percent of children under 15 years of age with limitation of activity and mobility.

DISABILITY DAYS

The volume of disability is considered by many to be the most meaningful measure of the social impact of illness or injury. Disability has been measured in the National Health Survey in terms of the number of persons with long term limitations of activity and mobility, and also in terms of the number of days of various types of disability experienced because of illness or injury. This section presents data on three types of disability days: restricted activity, bed disability, and school loss.

A restricted-activity day is a day when a person cuts down on his normal daily activities for the entire day because of an illness or an injury. A child who normally plays outdoors but who is kept indoors all day because of a cold experiences a day of restricted activity.

A bed-disability day is a day when a person spends all or most of the day in bed because of an illness or an injury. Any day spent in the hospital is considered to be a bed-disability day, even if the person is not actually confined to bed.

School-loss days are counted only for children from 6-16 years of age. This type of disability day is a day when a child stays away from school for the whole of his school day because of an illness or an injury condition.

Bed-disability days and school-loss days are counted as restricted-activity days as well, since spending the day in bed or staying home from school constitutes restricting one's daily activities.

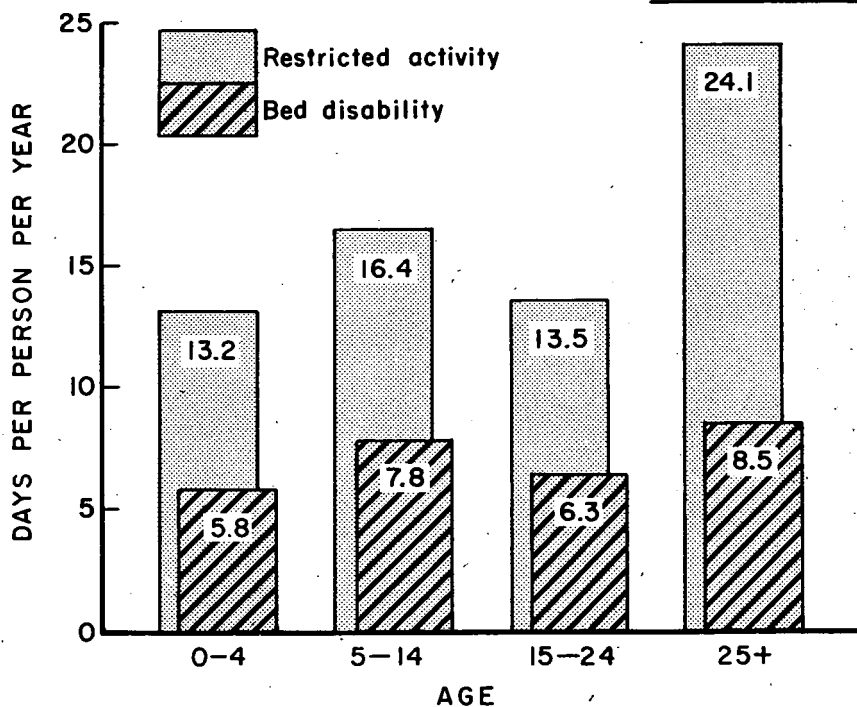
Additional information pertaining to disability days can be found in Health Statistics from the U. S. National Health Survey, Series B, Numbers 5 and 10.

Approximately one billion days of restricted activity were experienced by persons under 25 years of age during the year July 1957-June 1958. Of these, about half were days on which the affected person was confined to bed; the remaining half were days when the person restricted his normal daily activities in some other way.

Children and young persons in each of the age groups under 25 years of age averaged fewer days of restricted activity and bed disability than did adults. For both types of disability days, the rates for children 5-14 years of age were greater than those for children 0-4 or young persons 15-24.

Number of days of restricted activity and bed disability by age: United States, July 1957-June 1958

| Age | Restricted activity | Bed disability |
|------------|---------------------|----------------|
| 0-4----- | 255,800,000 | 111,800,000 |
| 5-14----- | 545,500,000 | 260,400,000 |
| 15-24----- | 284,300,000 | 133,500,000 |
| 25+----- | 2,284,100,000 | 804,200,000 |



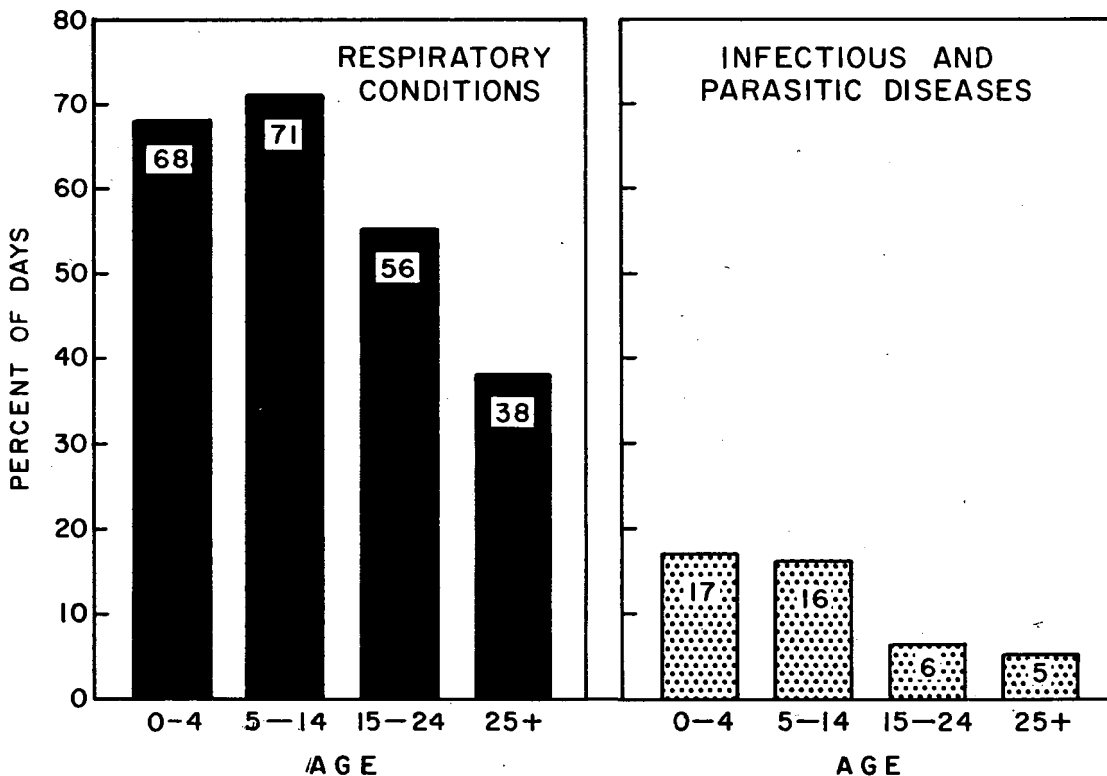
Number of days per person per year of restricted activity and bed disability by age.

Respiratory conditions were the chief cause of bed disability among children under 15 years of age and also among young persons 15-24. The proportion of bed-days attributed to this type of condition decreased with age from about 70 percent for children under 15, to 56 percent for young people, and to 38 percent for adults.

The condition groups shown include both acute and chronic conditions. Conditions of an acute type were responsible for virtually all of the bed-disability days of children and young people, but for adults, chronic conditions were responsible for a substantial proportion of the days.

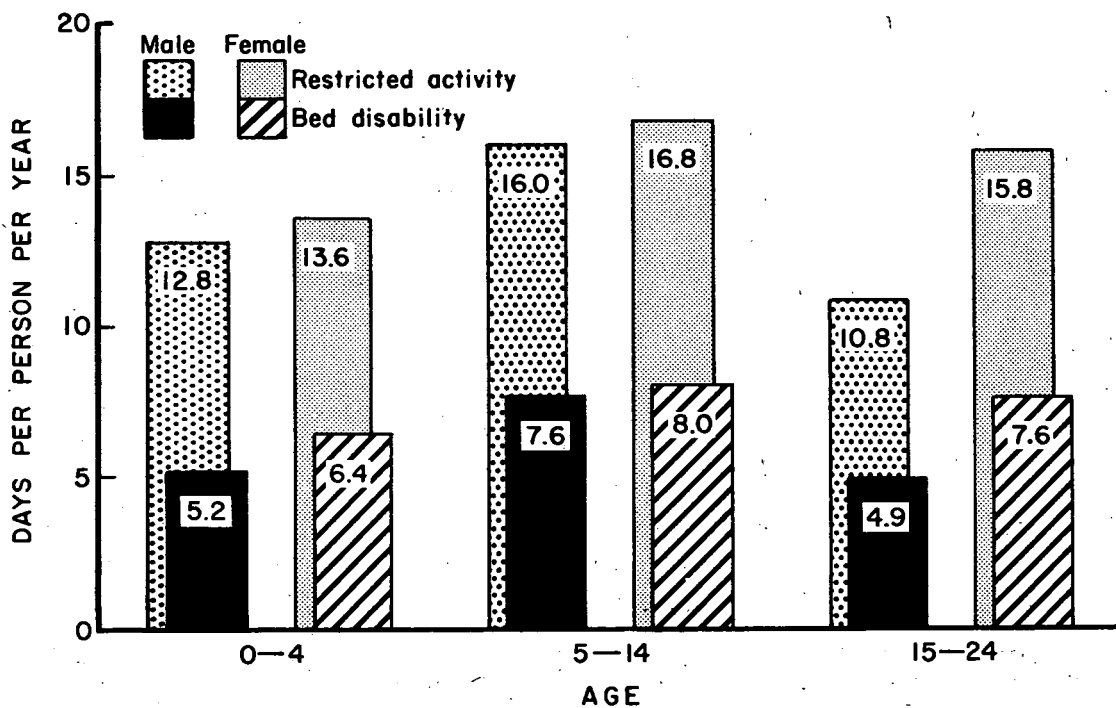
Infectious and parasitic diseases accounted for a greater proportion of bed-days among children under 15 years of age than among young persons and adults. The reverse situation was true for days attributed to injuries and their effects (graph not shown).

The distributions according to type of condition are not presented for restricted-activity days but they are substantially the same as those for bed-disability days.



Percent of total bed-disability days associated with respiratory conditions and infectious and parasitic diseases by age.

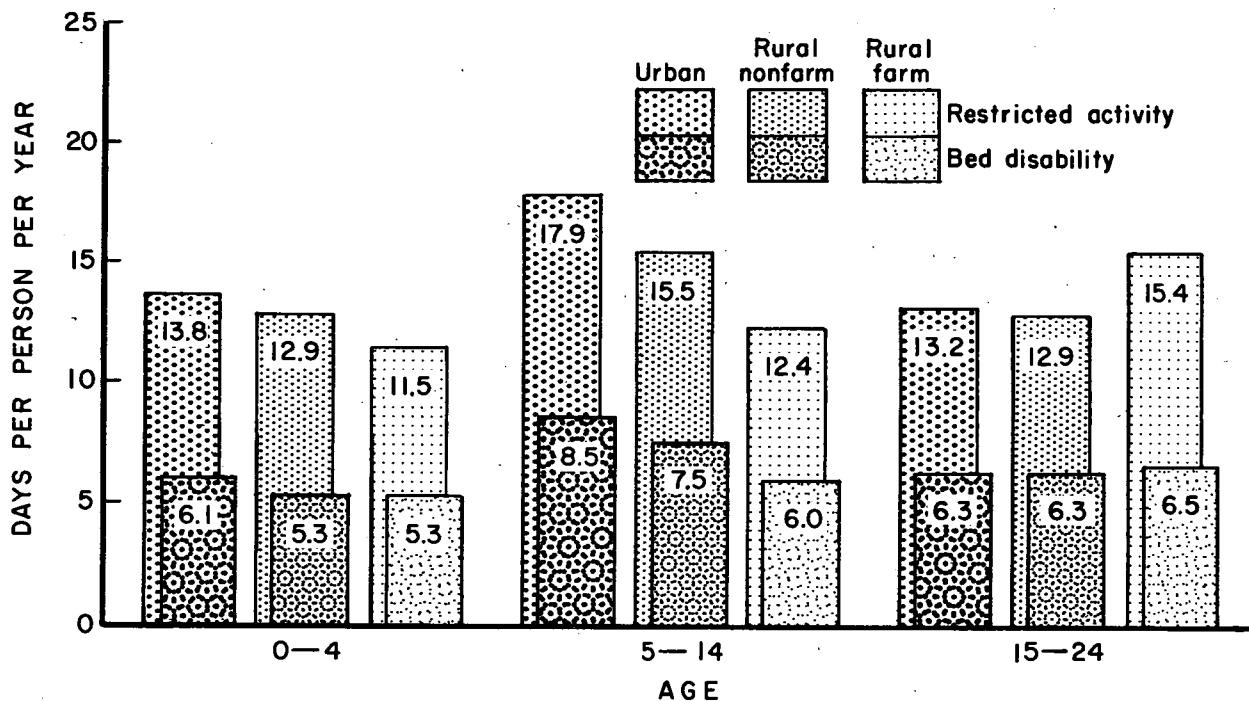
In the age groups 0-4 and 5-14 years, the average amount of restricted activity and bed disability was approximately the same for boys and girls. However, in the 15-24 year age group young women had a greater average number of restricted-activity days and bed-disability days than did young men of the same age.



Number of days per person per year of restricted activity and bed disability by sex and age.

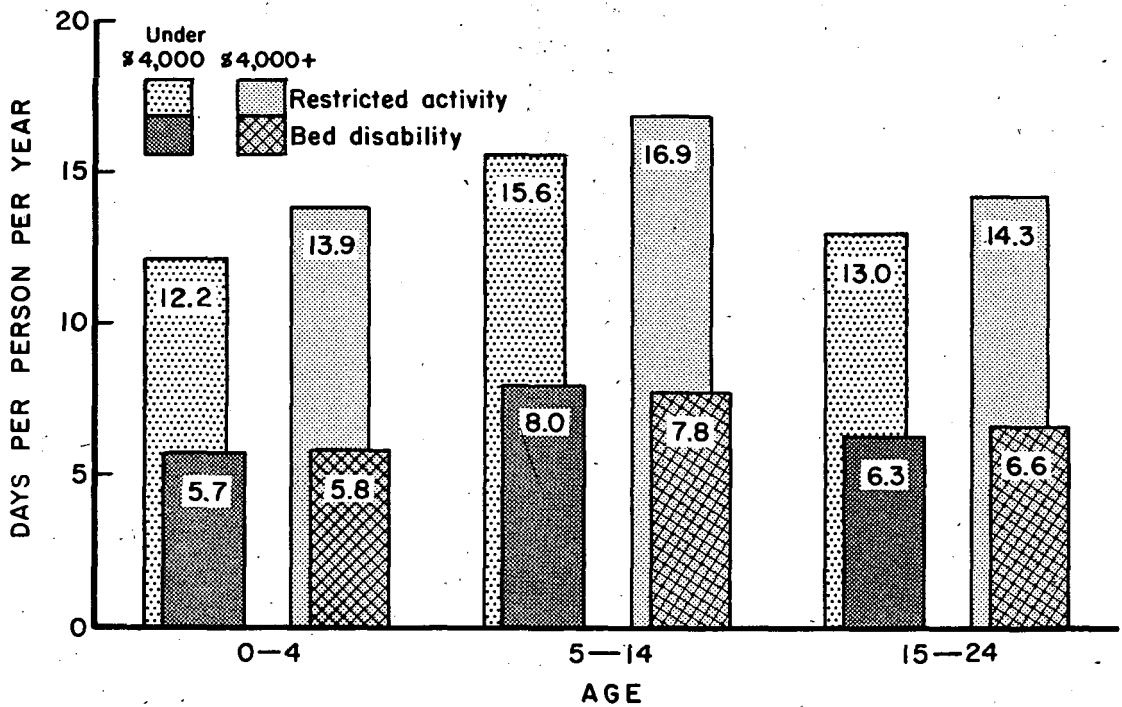
For children under 15 years of age, the average numbers of days of restricted activity and of bed disability were greater for urban children than for rural-farm children. The rates for rural-nonfarm children occupied a middle position.

Among young persons 15-24 years of age, the average number of bed-disability days was substantially the same in each of the residence groups. The rates for restricted-activity days, even though they appear to be more-variable than the bed-disability days, show no statistically significant difference between the residence groups.



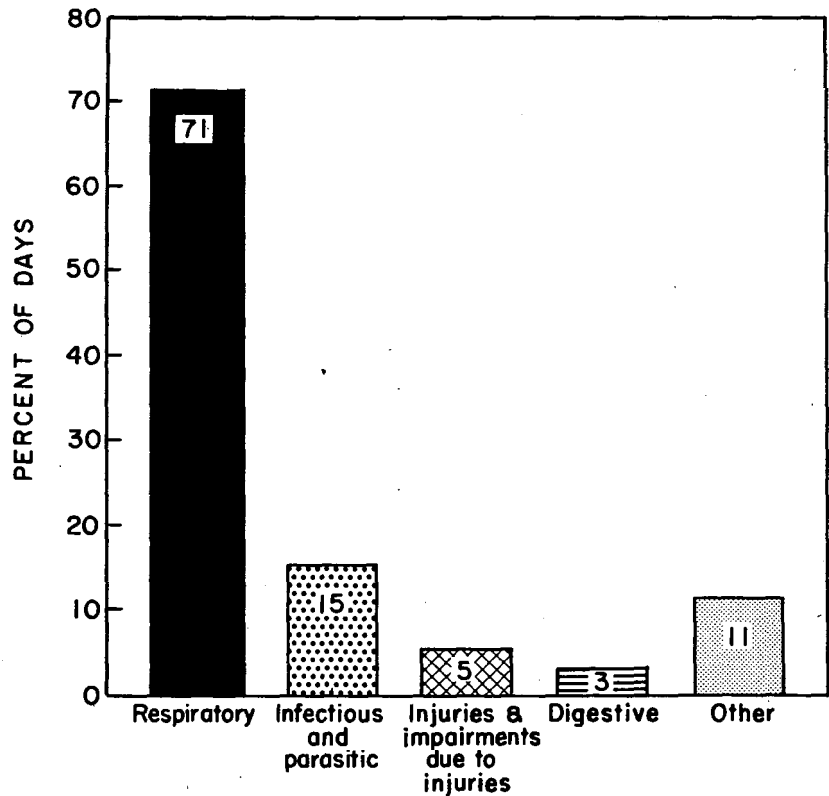
Number of days per person per year of restricted activity and bed disability by residence and age.

Each child and young person was classified according to the total yearly income of his family. For each of the age groups, those in families with incomes under \$4,000 experienced substantially the same average number of restricted-activity days and bed-disability days as those in families with incomes \$4,000 and over.



Number of days per person per year of restricted activity and bed disability by family income and age.

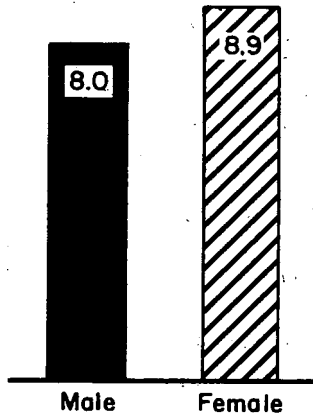
During the year July 1957-June 1958, children 6-16 years of age missed 291.5 million days from school because of illness or injury. This represents an average of 8.4 school days lost per child during the year. Respiratory conditions were the chief cause of school loss, while infectious and parasitic conditions ranked second, and injuries and their effects third. It should be recalled that influenza rates were particularly high among school-age children in the fall and winter of 1957-58.



Percent distribution of school-loss days by type of condition for children 6-16 years of age.

Number of school-loss days per child per year for children 6-16 years of age ...

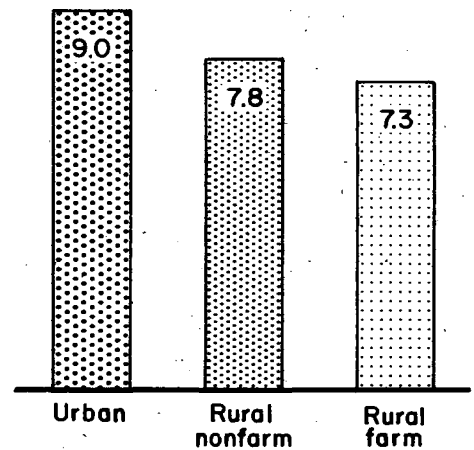
... by sex



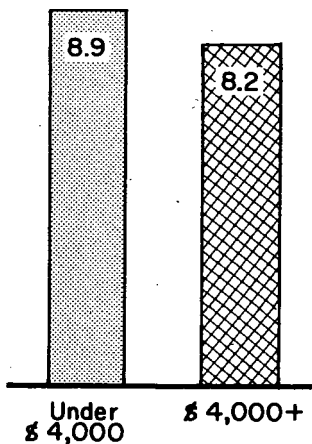
Boys and girls 6-16 years of age missed about the same number of days from school because of illness and injury.

On the average urban children missed a greater number of days from school than did either rural-non-farm or rural-farm children.

... by residence



... by family income



Children in families with incomes under \$4,000 had about the same average number of school-loss days as did children from higher income families.

HOSPITAL DISCHARGES

The data presented in this section show how frequently children and young persons were hospitalized as inpatients.

The National Health Survey has gathered information relating to all hospitalizations of overnight or longer experienced by persons in the sample during the one-year period prior to the week of interview. The data presented here are estimates of numbers and rates of completed hospitalizations, that is hospital discharges, occurring during the 12 months prior to interview.

The data are restricted to discharges from short-stay hospitals—where most of the patients stay for less than 30 days. The vast majority of all hospital discharges are from short-stay hospitals. Long-stay hospitals are chiefly psychiatric and tuberculosis institutions.

Estimates of average length of stay in the hospital are computed for the hospital discharges and refer to average length of stay per episode of hospitalization. Length of stay is measured in terms of the number of nights spent in the hospital.

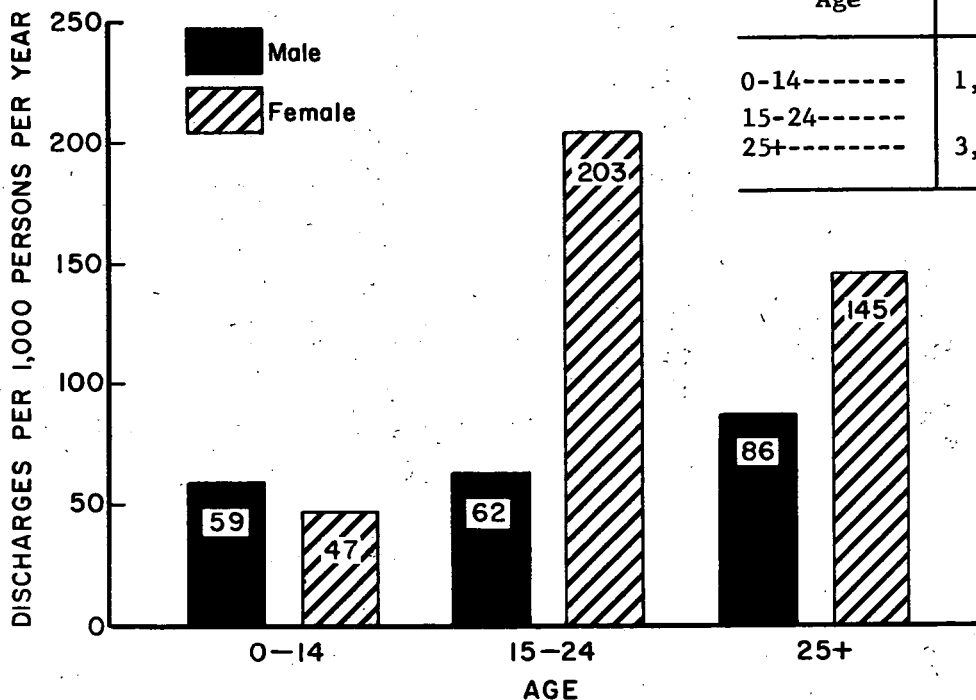
Since the interviewer did not inquire about deceased members of the household, any hospitalization of deceased persons during the year prior to interview is not included in the estimates presented here. This omission affects the number and rate of discharges for persons 25 years of age and over to a much greater extent than it does for younger people, and this fact should be borne in mind in the comparisons of hospitalization by age that follow.

For additional information on hospitalization, see Health Statistics from the U. S. National Health Survey, Series B, Number 7.

Boys and girls under 15 years of age were hospitalized at about the same rate, about 50 hospitalizations per 1,000 persons per year. However, among young persons 15-24 years of age, the hospitalization rate for females was three times the rate for males. This difference is largely due to maternity cases. If hospitalizations for deliveries were excluded from the calculations, the rates for males and females in this age group would be substantially the same.

Hospital discharge rates for males in the three age groups shown do not differ significantly, but the rates for females do. Discharge rates including deliveries were highest for females in the age group 15-24, next highest for adult women, and lowest for girls under 15 years of age. If the hospitalization experience of deceased persons were included in the data, the rates for both males and females 25 years of age and over would be somewhat higher.

Number of hospital discharges by sex and age: Short-stay hospitals, United States, July 1957-June 1958

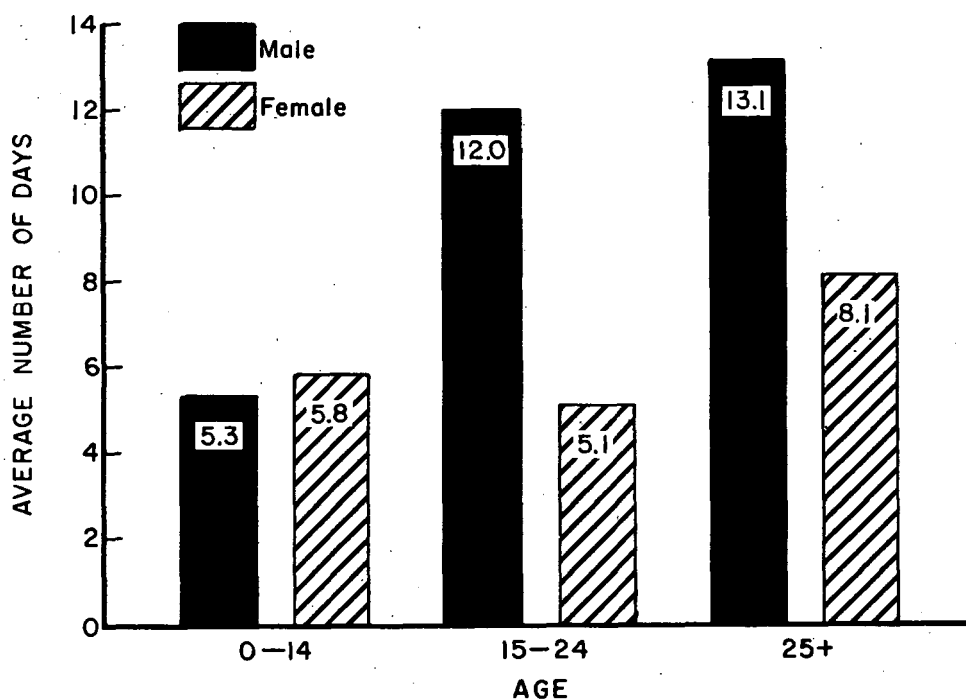


| Age | Male | Female |
|------------|-----------|-----------|
| 0-14----- | 1,600,000 | 1,200,000 |
| 15-24----- | 600,000 | 2,300,000 |
| 25+----- | 3,900,000 | 7,100,000 |

Number of discharges from short-stay hospitals per 1,000 persons per year by sex and age.

The average length of hospital stay for children under 15 years of age was approximately the same for boys and girls, about 5½ days. For young people and adults, however, the average length of hospital stay was considerably greater for males than for females. This was true, even when hospitalizations for deliveries were excluded from the calculations. The average stay, excluding deliveries, was 6.3 days for young women 15-24 years of age and 9.5 days for women 25 and over.

Looking at the rates by age, for males and females separately, one can see that the length of stay for males 15 years of age and over was considerably greater than for boys under 15. For females, the rate for adult women was greater than for young women 15-24 years of age or for girls under 15.



Average length of stay in short-stay hospitals by sex and age.

PHYSICIAN VISITS

Data on frequency of physician visits provide an index of the total amount of medical care people are receiving, including treatment for illnesses and injuries and preventive medical services.

Estimates of the volume of physician visits presented here include visits to or by a physician for medical care, visits to a physician's office or clinic for some type of medical service, and medical consultations with a physician by telephone. The service received does not have to be given by the physician himself during a "physician visit" but may be administered by a nurse or technician acting under a physician's supervision. Thus, a visit to a physician's office where X-rays are taken by a technician or where injections are administered by a nurse is considered to be a physician visit. A visit is counted only once, even when several medical services are received.

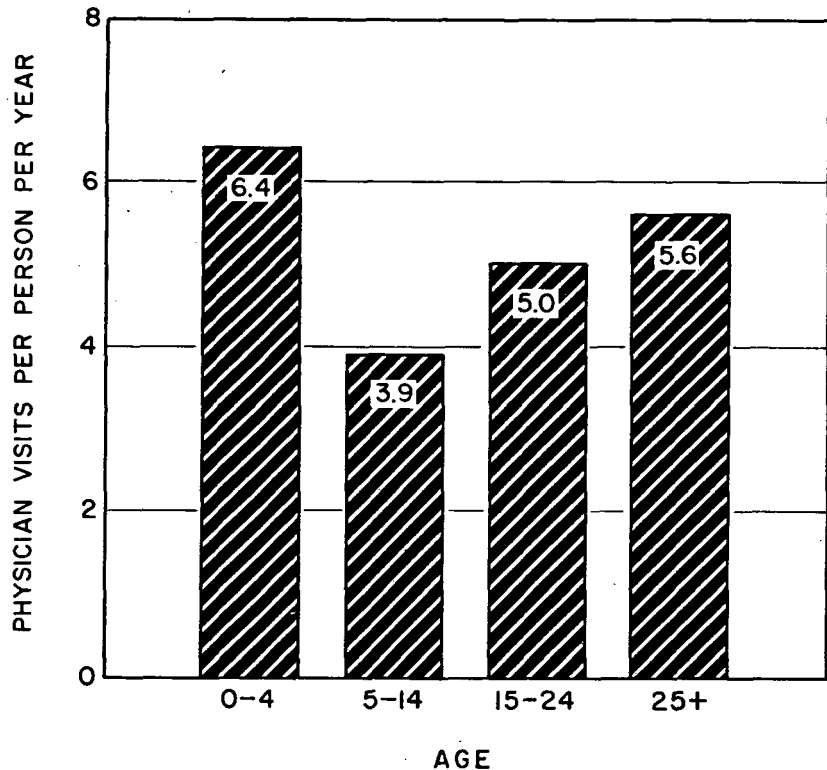
Visits while a person is an inpatient in a hospital and services provided on a mass basis such as mass X-ray screening for tuberculosis or mass polio inoculations for children are not included in the estimates of physician visits.

For additional information pertaining to physician visits, see Health Statistics from the U. S. National Health Survey, Series B, Numbers 1 and 5.

Children and young persons accounted for about 360 million physician visits during the period July 1957-June 1958. Babies and pre-school children visited physicians at a greater rate than older children, young persons, or adults. Children in the 5-14 year age group had the lowest average number of visits during the year, while young persons 15-24 averaged a somewhat higher rate, and adults a still higher rate.

Number of physician visits by age: United States, July 1957-June 1958

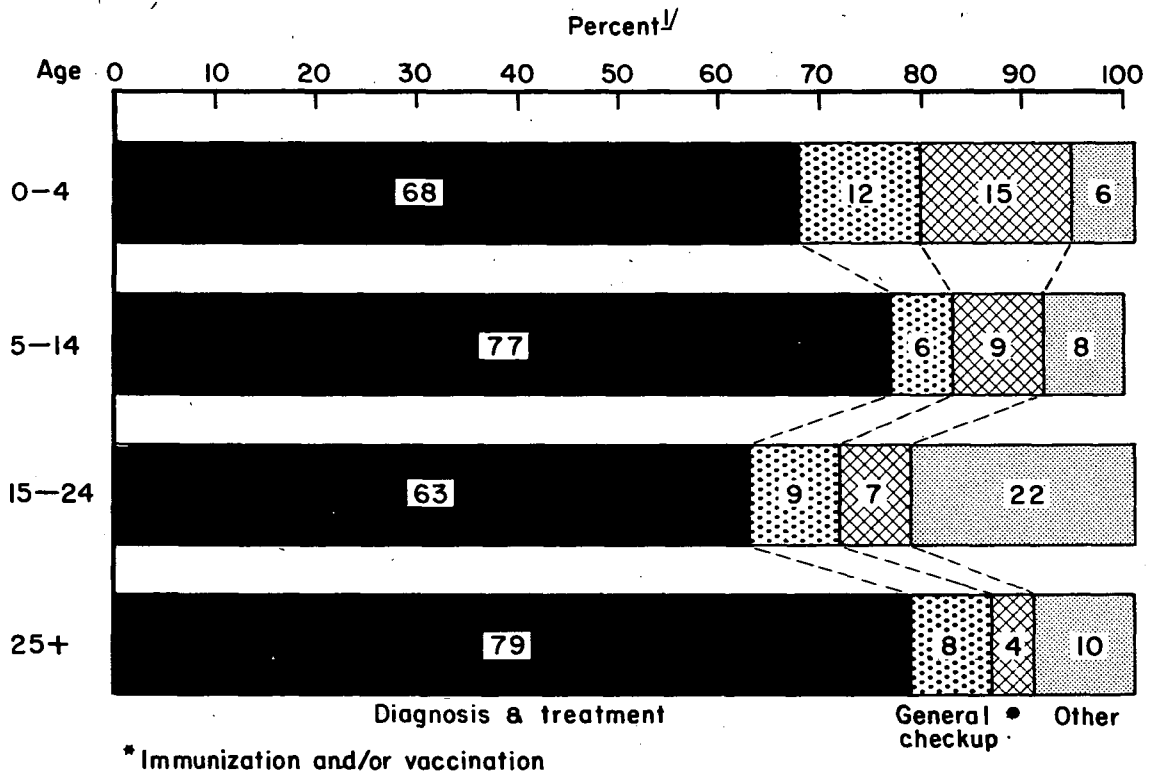
| Age | Number of visits |
|------------|------------------|
| 0-4----- | 124,500,000 |
| 5-14----- | 130,100,000 |
| 15-24----- | 104,700,000 |
| 25+----- | 530,500,000 |



Number of physician visits per person per year by age.

For each of the age groups, "diagnosis and treatment" was the chief type of service being sought when the physician was visited. The preventive types of services, "general checkup" and immunization, accounted for only a small proportion of visits. The proportion of visits for these two types of services was larger for the preschool-age group than for older children, young persons, or adults.

Included in the category "other" are all other types of services, including "pre- and post-natal care," which accounts for the large percent of visits for "other" services among young persons 15-24 years of age.



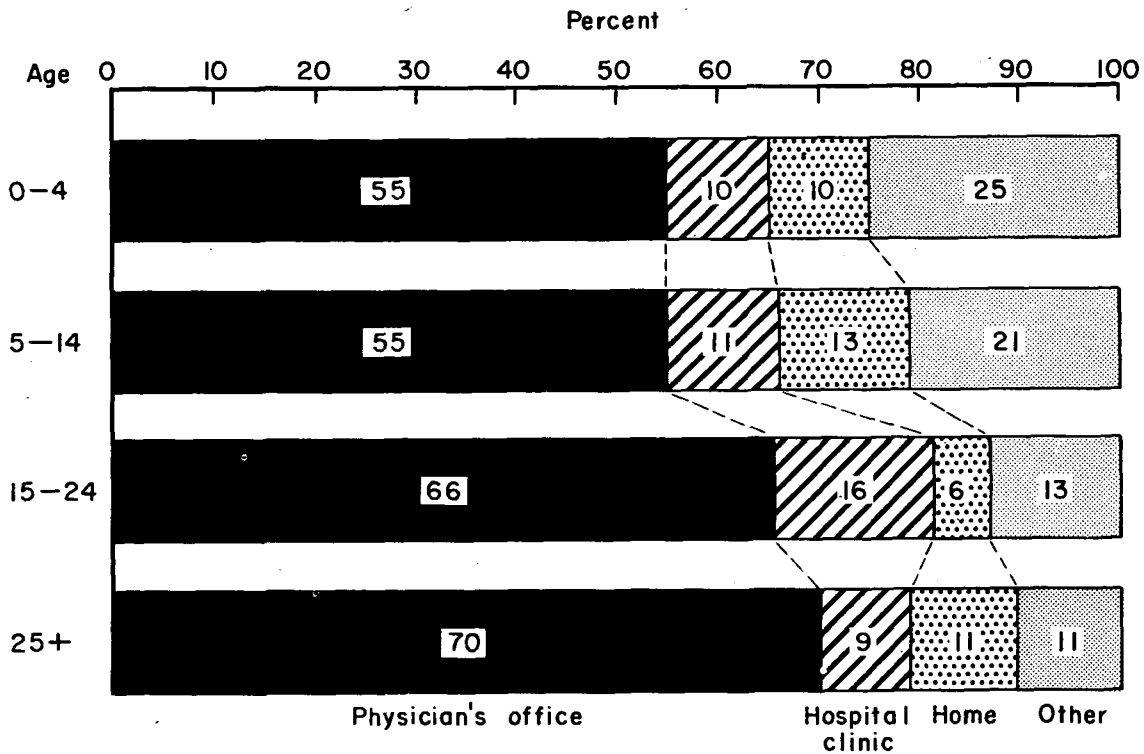
Percent distribution of physician visits by age and type of service.

¹The sum of the percentages may add to more than 100 percent because one physician visit may involve more than one type of service.

For all age groups, the majority of physician visits took place in the physician's office. The proportion of office visits was greater for adults than for young persons 15-24 years of age. This latter group had a greater proportion of office visits than children in the age groups under 15 years.

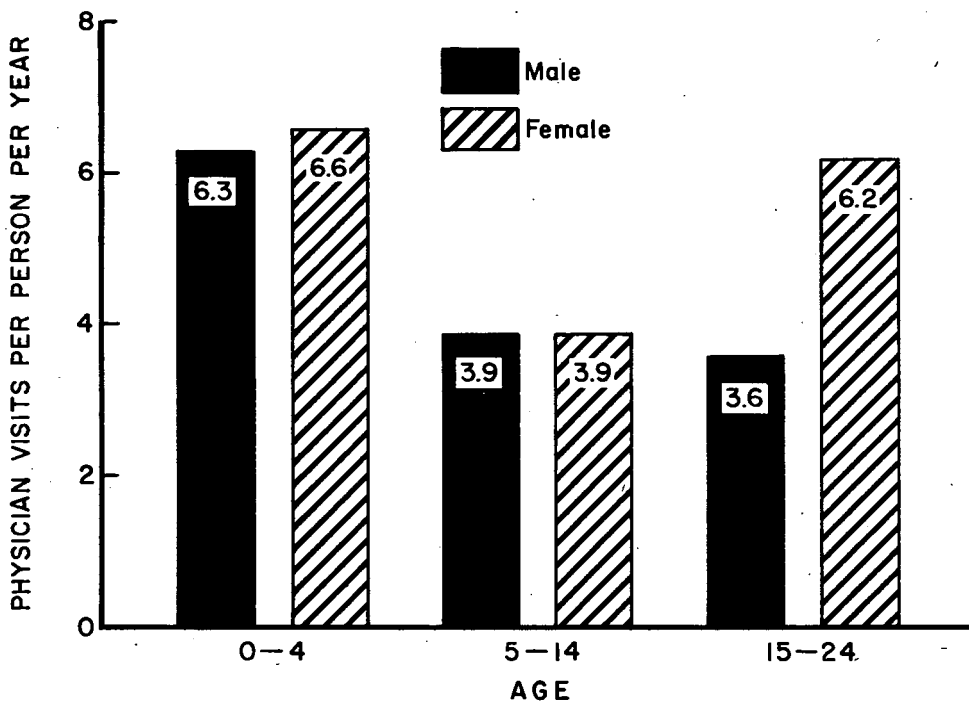
About one tenth of the visits for adults and children under 15 took place at home, while for youths 15-24 years of age only 6 percent were home visits.

Telephone calls were included in the "other" category, a fact which helps explain the high proportion of visits in this category for preschool and school-age children.



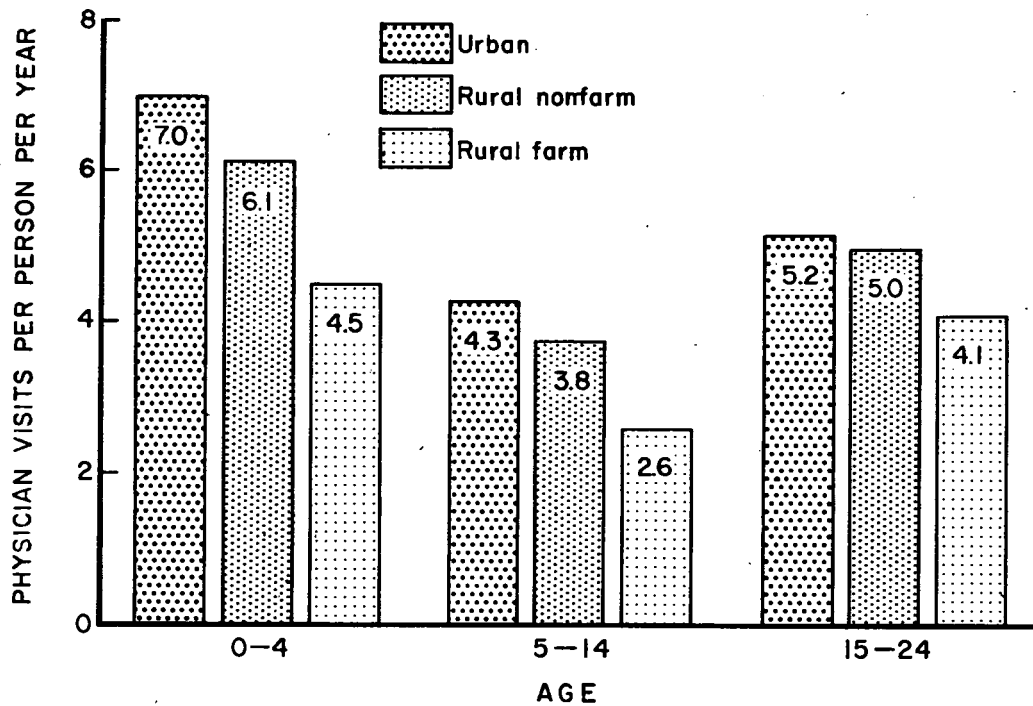
Percent distribution of physician visits by age and place of visit.

In the two age groups under 15 approximately the same average number of visits to physicians were reported for boys and girls. However, in the 15-24 year age group, females averaged considerably more physician visits than males of the same age. The peak of the childbearing period is in this age range, which would, of course, lead to a higher rate of visits for females.



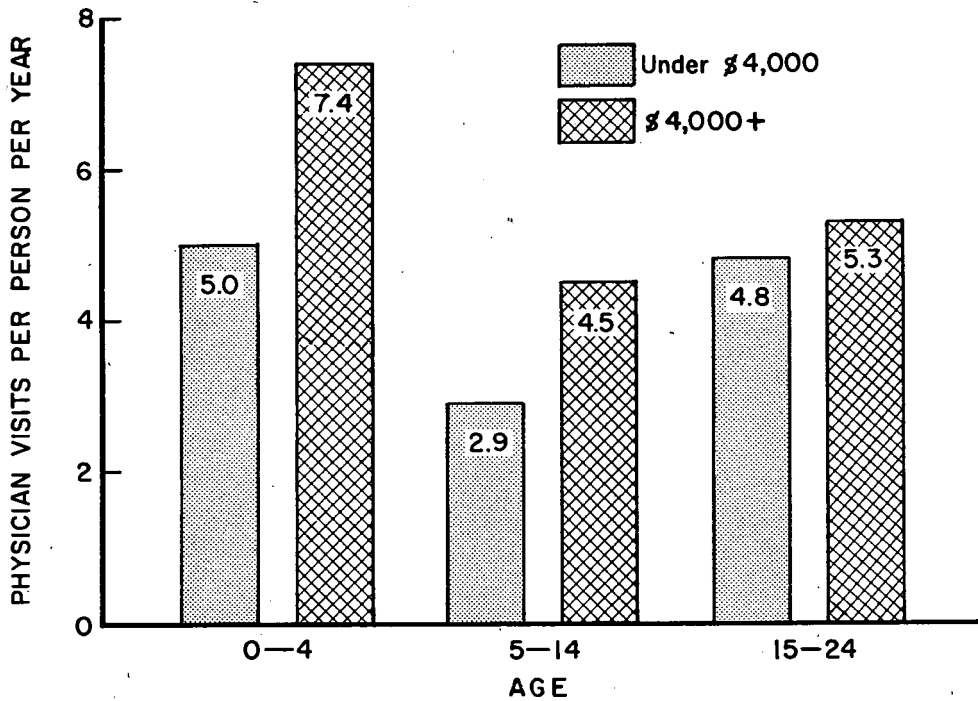
Number of physician visits per person per year by sex and age.

In each of the three age groups, children and young persons living on farms visited the physician less often than those living in urban areas or those living in rural areas but not on farms. There is also some evidence that rural-nonfarm children and young persons visited the physician less frequently than their urban counterparts, but the differences are not statistically significant.



Number of physician visits per person per year by residence and age.

Family income is strongly related to frequency of physician visits. In each of the three age groups under 25, children and young persons from families with incomes \$4,000 or more visited physicians more frequently than those from families with lower incomes. The difference in rates between the two family income groups are most striking in the two younger age groups, where the rates for children in higher income families were one and one half times the rates for children in lower income families.



Number of physician visits per person per year by family income and age.

DENTAL VISITS

Frequency of visits to the dentist provides a measure of the amount of dental care young people are receiving. In addition, it provides an index of the degree of interest in and ability to obtain preventive health care in general, since much of dental care is preventive in nature and can be easily postponed by those unwilling or unable to secure it.

Two types of measures relating to frequency of dental visits are available from National Health Survey data. One measure is the estimated number of dental visits during the year ending June 1958, from which rates of dental visits have been computed. The other measure is a distribution of the population according to the interval of time that has elapsed since the last visit to a dentist.

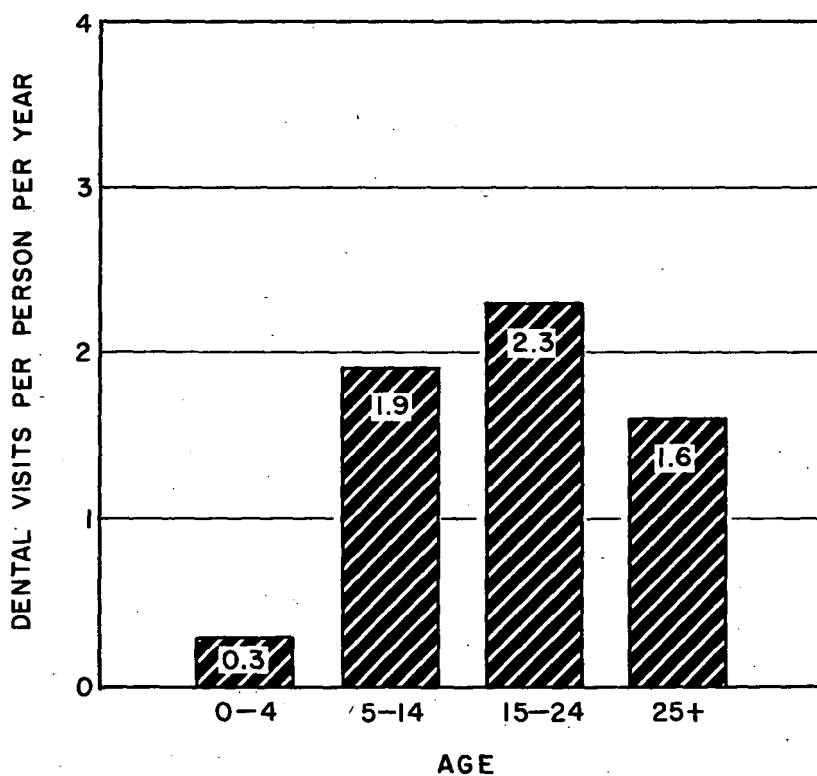
In the survey a visit to a dentist or to a dentist's office for treatment or advice is considered to be a dental visit. The service can be provided by the dentist himself or by a hygienist working under a dentist's supervision. A dental visit is counted only once even if several different types of dental services are received. Dental services received while a person is an inpatient in a hospital are not counted as dental visits.

Additional information on dental care can be found in Health Statistics from the U. S. National Health Survey, Series B, Numbers 2 and 5.

Young persons 15-24 years of age visited the dentist more often, on the average, than any other age group. Children 5-14 years of age had a somewhat lower rate of dental visits, but they averaged more visits than adults. Babies and preschool children made very few visits, as would be expected.

Number of dental visits by age: United States, July 1957-June 1958

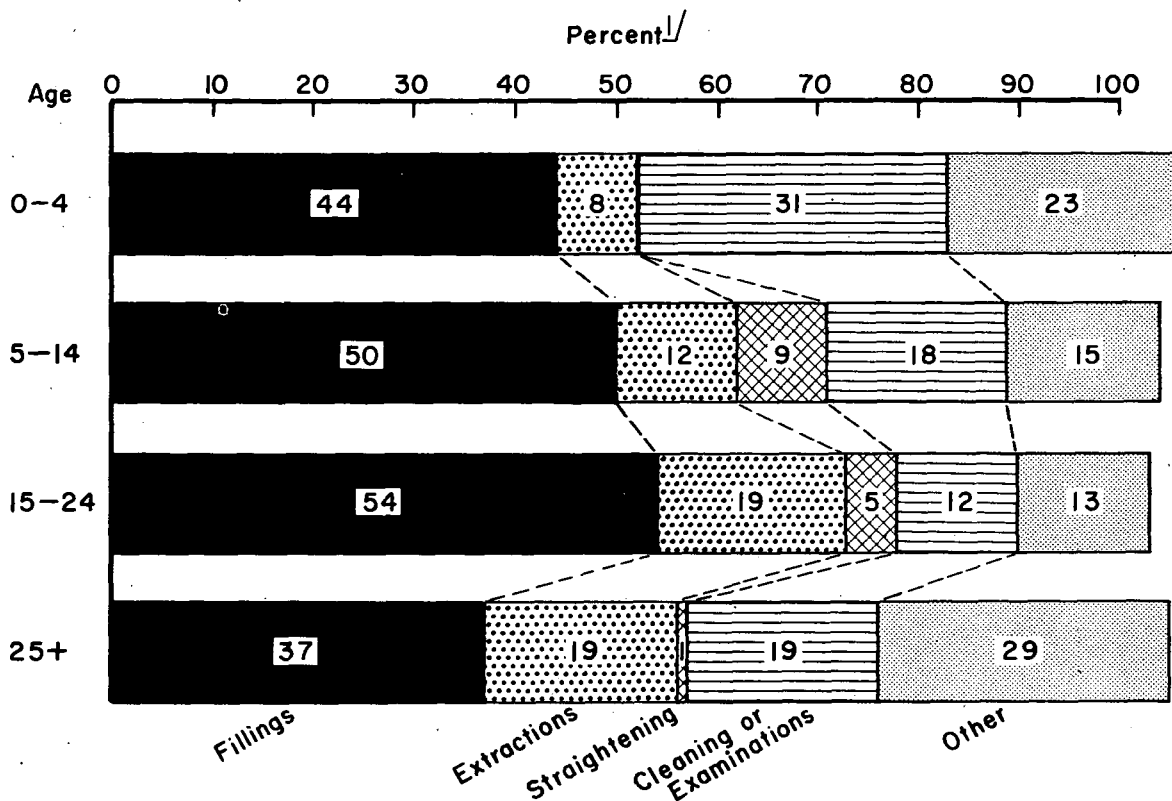
| Age | Number of visits |
|------------|------------------|
| 0-4----- | 6,000,000 |
| 5-14----- | 62,000,000 |
| 15-24----- | 47,500,000 |
| 25+----- | 153,700,000 |



Number of dental visits per person per year by age.

"Fillings" was the largest single type of service provided during the dental visits of persons in each of the age groups. About half of the visits of children 5-14 years old and young persons 15-24 years old involved this type of service, as compared with 37 percent for adults. "Extractions" was a relatively more important service for persons 15 years of age and over, than it was for children under 15.

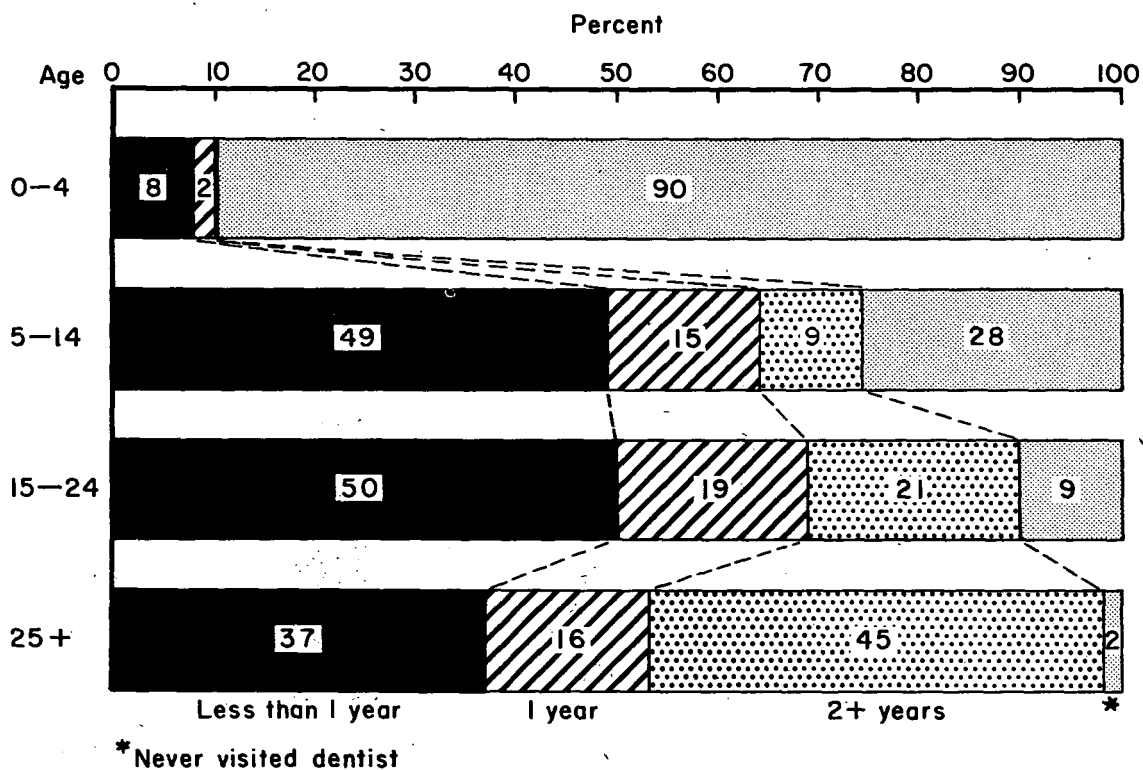
As would be expected, "teeth straightening" was reported principally for persons in the 5-14 and 15-24 year age groups.



Percent distribution of dental visits by age and type of service.

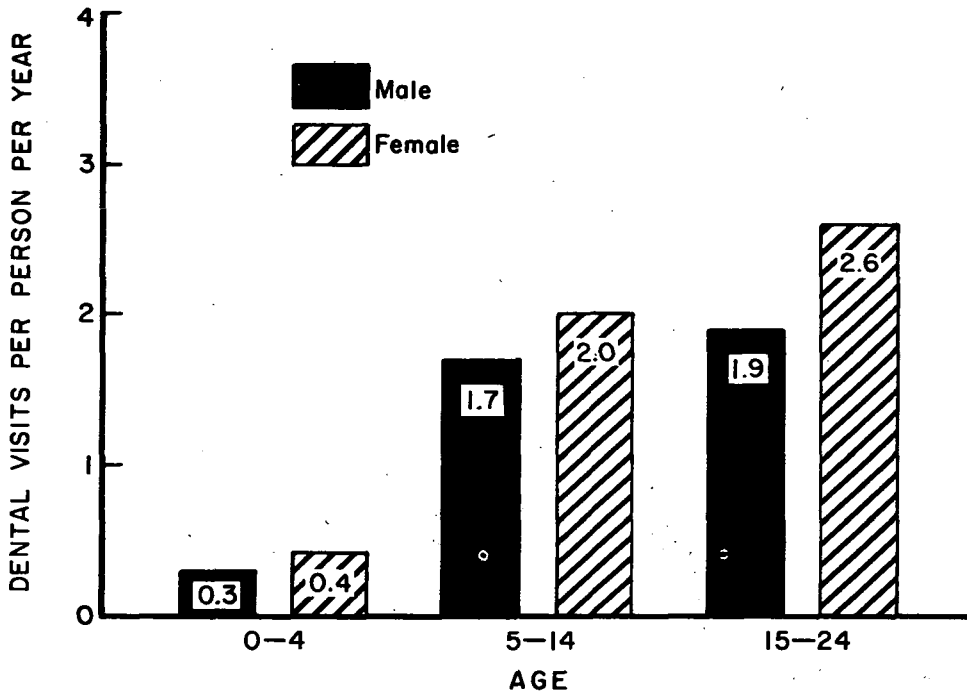
¹The sum of the percentages add to more than 100 percent because one dental visit may involve more than one type of service.

While children 5-14 and young persons 15-24 years of age averaged about two visits to the dentist during the year, about half of the people in these age groups had not visited the dentist at all during the 12-month period prior to the interview. About one quarter of those 5-14 years of age and one tenth of those 15-24 had never been to a dentist.



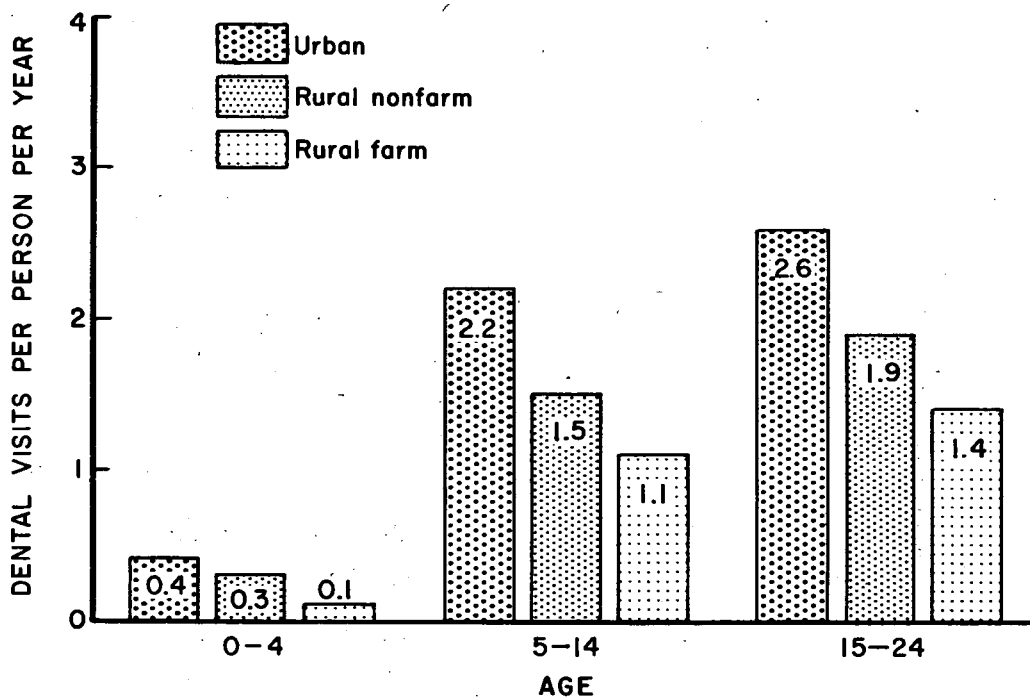
Percent distribution of persons by age and time interval since last dental visit.

While the rates of dental visits were much the same for boys and girls under 15 years of age, this was not the case for young persons in the 15-24 year age group. Young women in this age group visited the dentist more frequently than young men. Dental care during pregnancy may well account for this difference.



Number of dental visits per person per year by sex and age.

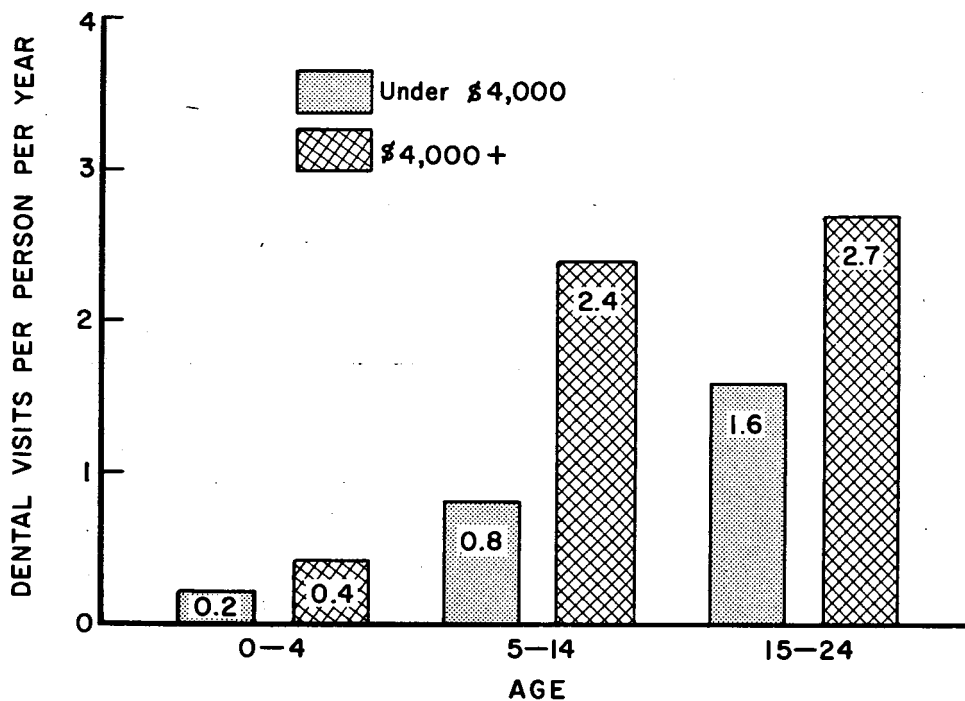
The rates of dental visits among school-age children and young people living in urban areas were higher than among their rural-nonfarm counterparts. The rates for rural-nonfarm children and youths, in turn, were higher than for children and youths living on farms.



Number of dental visits per person per year by residence and age.

Substantial differences in rate of dental visits occurred between the two family income groups.

In the 5-14 year age group, children in families with incomes \$4,000 and over had a rate of dental visits three times that for children in families with lower incomes. Young persons in higher income families visited the dentist at a rate 1.7 times that for those in lower income families.



Number of dental visits per person per year by family income and age.

POPULATION ESTIMATES

Population estimates from the U. S. National Health Survey are included in this section to provide an indication of the approximate size of the population groups for which health data have been presented. These population figures should not be considered as official estimates.

Population estimates used in computing rates included in this publication: United States, July 1957-June 1958

| Age | Total | Sex | | Residence | | | Income ¹ | |
|-------|------------|------------|------------|------------|---------------|------------|---------------------|------------|
| | | Male | Female | Urban | Rural nonfarm | Rural farm | Under \$4,000 | \$4,000+ |
| 0-4-- | 19,352,000 | 9,858,000 | 9,494,000 | 11,145,000 | 5,932,000 | 2,275,000 | 6,850,000 | 11,727,000 |
| 5-14- | 33,285,000 | 16,982,000 | 16,303,000 | 18,495,000 | 9,885,000 | 4,905,000 | 10,916,000 | 20,814,000 |
| 15-24 | 21,093,000 | 9,801,000 | 11,292,000 | 12,967,000 | 5,122,000 | 3,004,000 | 8,376,000 | 11,257,000 |
| 25+-- | 94,639,000 | 45,265,000 | 49,374,000 | 60,378,000 | 23,396,000 | 10,865,000 | 35,368,000 | 52,999,000 |
| 6-16- | 34,673,000 | 17,671,000 | 17,002,000 | 19,301,000 | 9,997,000 | 5,376,000 | 11,520,000 | 21,460,000 |

¹Rates were not computed for persons whose family income was not ascertained.

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