

as a guide of what to expect, in terms of paper and pencil work, from their students in a one year course.

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ESTIMATES OF DISABLING ILLNESS PREVALENCE IN THE UNITED STATES¹

ESTIMATES of the prevalence of disabling illness in the United States in February, 1949, are presented in a recent article by Theodore Woolsey. Statistics are given for the civilian non-institutional population 14-64 years of age. Data are based on results of special questions on illness added to the regular monthly schedule of the Census Bureau Current Population Survey. The Survey was made by interviews in a sample of 25,000 households in forty-two states and the District of Columbia.

On an average week-day in February, 1949, an estimated 4,569,000 persons were disabled by illness or some condition preventing anything but occasional part-time work. Woolsey indicates that the prevalence of disability in February was probably above the average for the year.

Morbidity differed with the occupation, residence, race, age, and sex of the individual. For example, the prevalence of disability was higher among male workers employed in agriculture than among male nonagricultural workers, among housewives than among employed females, and among non-white persons (especially females) than among white persons. Prevalence of disabling illness among males was about the same as for females at ages 14-19, less than among females for ages 20-44, and higher than among females at ages 45-64 years.

Prior to the interview, 45 per cent of the disabled had been disabled over six months. Only one-fourth of the disabled had suffered disability of not more than a week. Such statistics provide some indication of the extent of coverage that would be involved in a permanent disability insurance program providing

¹ Woolsey, Theodore D.: Estimates of Disabling Illness Prevalence in the United States, Based on the February, 1949, Current Population Survey. *Public Health Reports*, February 10, 1950, 65, No. 6, pp. 163-184.

payments to persons with disability lasting six months or longer. Of course, coverage would be reduced by restriction of the program to persons employed prior to disability.

The article by Woolsey shows that a large body of morbidity data can be obtained by addition of a few questions on illness to a regular Census Bureau survey. In the future perhaps additional morbidity surveys can be made in conjunction with statistical studies designed to provide other types of data. Such cooperative studies would facilitate analysis of relationships between different types of data, such as statistics on morbidity and occupation. Joint studies might also prevent duplication of effort involved in selecting a sample population, interviewing families, and collecting basic information about surveyed individuals. Cooperative studies are, of course, limited by such factors as willingness of families to furnish answers to long questionnaires, ability of interviewers to do a good job of obtaining various types of information, and the capacity of statistical computers and analysts to handle large masses of data.

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