Child Health Services

in

Florida

Report of

The Florida State Pediatric Association
Study of Child Health Services
Made with the cooperation of the Florida
State Board of Health

Published by The Florida State Board of Health

Florida Study
of
Child Health Services

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American Academy of Pediatrics
Nation-Wide
Study of Child Health Services

Made with the cooperation of the U. S. Children's Bureau and the U. S. Public Health Service

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FOREWORD

In the fall of 1944, the American Academy of Pediatrics undertook a far reaching project based on the conviction that physicians themselves should assume greater responsibility in planning medical care for children.[1] The stated objective was: **"To make available to all mothers and children of the United States all essential preventive, diagnostic and curative medical services of high quality which, used in cooperation with other services for children, will make this country an ideal place for children to grow into responsible citizens."**

To achieve such an objective, more complete information as to existing facilities was necessary in order to devise the most effective plans. To obtain this complete picture, a nationwide study of child health services was undertaken on a national, state and local level. The U. S. Public Health Service and the U. S. Children's Bureau cooperated.[2]

The Florida Pediatric Association was one of the first groups to get its study underway. This report summarizes the results of the survey in Florida.

The Florida State Pediatric Association expresses thanks to the State Board of Health, especially to Dr. Wilson T. Sowder, the State Health Officer, and to Dr. Lucille J. Marsh, formerly director of the Bureau of Maternal and Child Health. They made possible office space, equipment and the loan of personnel, without which it is probable data could not have been gathered. Contributions from the county chapters of the National Foundation for Infantile Paralysis paid most of the other expenses. Acknowledgment with gratitude is made to the chairmen of the many chapters and especially to Mr. Marion T. Jeffries, state representative of the National Foundation for Infantile Paralysis. Thanks are also given the Florida State Tuberculosis Association and Mrs. May Pynchon, its executive secretary. Appreciation is expressed for the aid given by the Florida Medical Association, the Florida State Dental Society, the Florida State Hospital Association, the State Department of Education, state and local welfare agencies, parent-teacher organizations, the Florida Crippled Children's Commission and other organizations which assisted in verifying, clarifying and supplementing data from localities. The Florida Pediatric Association expresses appreciation for the part the Florida Children's Commission has taken in respect to recommendations suggested for the improvement of child health services in Florida. The plans the commission is inaugurating to activate the recommendations by bringing this report to the people on the local level are of inestimable value.

Particular attention is directed to the fact that the central office staff of the Academy study prepared the schedules, outlined procedures for conducting the work, maintained consistent supervision and tabulated all data for the study. The Florida Pediatric Association thanks Dr. Warren R. Sisson and the Academy Committee for the study of which he is chairman, Dr. John P. Hubbard, director of the study, the U. S. Public Health Service and the U. S. Children's Bureau for their invaluable assistance.

George L. Cook, M.D.

1. Journal of Pediatrics 25:625 (Dec.) 1944.

2. At the national level the U. S. Children's Bureau and the U. S. Public Health Service contributed the full time services of medical and statistical personnel, office space and equipment. The study has been financed from the limited reserve fund of the Academy, with generous financial contributions from the National Foundation for Infantile Paralysis, the National Institute of Health (Research Grant), the Field Foundation and a number of commercial firms.

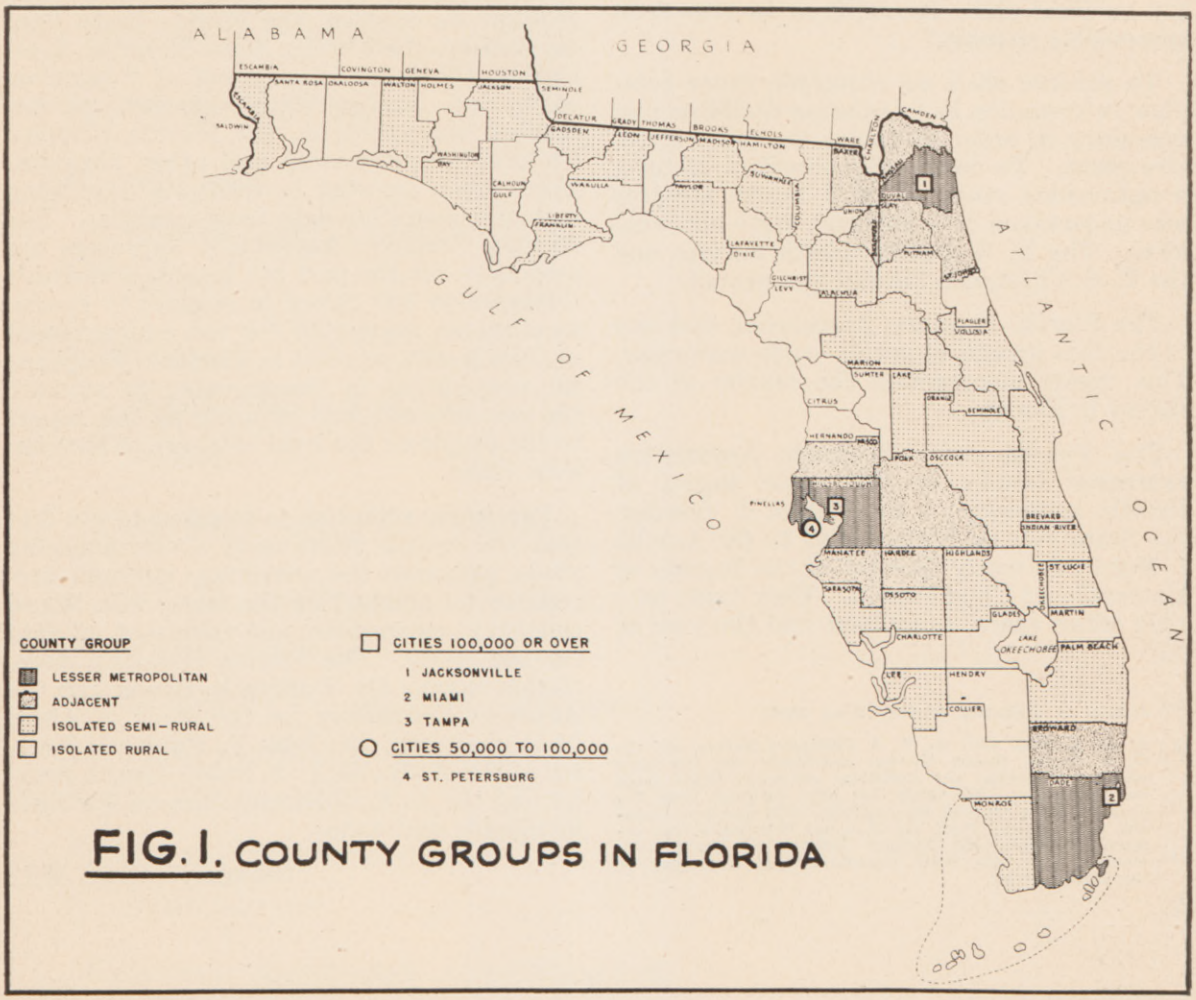


FIG. 1. COUNTY GROUPS IN FLORIDA

Chapter I—INTRODUCTION

The factual material for the study of existing facilities for medical child health services was obtained through four major sources: (1) physicians, (2) dentists, (3) voluntary and official health agencies, and (4) all hospitals admitting children and maternity cases.[3]

Eighteen different types of schedules were prepared by the central staff of the Academy study for distribution in each of the forty-eight states. Some schedules could be mailed, but others required field visits to obtain needed information. In order to insure as complete a response to the schedules as possible, a campaign of publicity was begun one month preceding distribution. This was carried out first through meetings with different state organizations, namely, the Florida Medical Association, the Florida Hospital Association, groups of officers of public health units and chairmen of county chapters of the National Foundation for Infantile Paralysis; the second, by local meetings with dental and medical societies. The purpose and scope of the questions were presented to these groups. Since some pediatricians did not attend the state meetings and because others did not start practicing until later in the summer, the executive secretary made field trips to interview them, acquainting each with the facts of the study as well as enlisting their help in getting complete data.

The planning of better medical or health services for children should be made by those most interested and closest to the problem. It was decided that in all localities where they were available, pediatricians should assume the responsibility of collecting special data and of enlisting the cooperation of physicians, dentists and community agencies. In many areas there was no pediatrician. In these localities the assistance of the many general practitioners who evince special interest in children was obtained. Much of the credit for the excellent response to the inquiries is therefore due the pediatricians and general practitioners who devoted time and energy to the completion of data from their respective localities.[4] The State Board of Health appointed one full time worker for the collection of data from the hospitals.

3. In order to produce a report brief enough for practical use in the state, a large mass of data collected in the course of the study has necessarily been referred to only briefly or omitted entirely.

4. Ninety-five per cent of the pediatricians each reported data for a twenty-eight day period. Seventy-three per cent of other physicians in private practice responded. Sixty-one per cent of the dentists in private practice responded.

Distribution of schedules to physicians, dentists and community health agencies was begun in June 1946. A few pediatricians who started practice after the first distribution of schedules reported for a later month.

Hospital and community health service records covered a full year. Pediatricians reported for a twenty-eight day period. A one day record was requested from each general practitioner and specialist, other than pediatricians, in private practice, one-seventh of the practitioners reporting for each of the days of the week. For nonreporting practitioners, adjustment was made on the basis of a special study. Hence, unless otherwise indicated, the figures represent service for all physicians in specified areas.

Since this was a national as well as a state study, duplication of data had to be avoided.[5] The lists of physicians and dentists in private practice in Florida were made up of the names of those who were residents of the state in the spring and summer of 1946.

Because this is a study of child health services, the estimate of child population[6] was used as a basis of comparison, rather than the entire population (Appendix-A).[7]

This study was not intended to include an analysis of the quality of medical services rendered children. It is hoped that interested people of local areas will determine, to as great an extent as possible, the quality of health services given. It is probable that the frequency data will imply better conditions than actually exist. Figures alone cannot tell the story.

Comparison with Other States

The data for all states had not been completed at the time this report was prepared. A fairly representative group of states was therefore selected for use as a basis of comparison.

The academy staff conducting the study

5. Inasmuch as the study in Florida was being conducted simultaneously with a national study, out-of-state physicians who practiced a few of the winter months in Florida were counted in the states of which they were residents.

6. In this report "children", unless otherwise qualified, refers to persons under 15 years of age, including the newborn.

7. Population under 5 years of age, as of July 1, 1945, was estimated for each county on the basis of the number of births for each of the five calendar years 1940 through 1944. Survival rates for each year of age were applied to the number of births occurring in each of the years. The figures obtained by the application of survival rates to the births occurring in each of the five years 1940 through 1944 were added for each county, and these totals were corrected for underregistration of births. The number of children aged 5 through 14 years was estimated for each county on the basis of changes in school enrollment since 1940. The ratio of elementary public day school enrollment as of June 1945 to that of June 1940 was used to project to 1945 the 1940 census population in this age group. In both cases the figures for all states were adjusted to tally with the estimated population of the entire United States for the specific age group for July 1, 1945.

explains: "In the selection, an attempt has been made to obtain an approximate sample of the whole country based upon such considerations as geographic location, size of State, per capita income, population distribution between metropolitan and rural counties, and the relative number of available physicians, dentists and hospital beds. Although this group of States may be said to represent 'a little United States,' it is not a true sample in the strict sense of the word because the selection was conditioned by the necessity of having to exclude States that had not yet finished collecting their data at the time the sample was chosen.

The States selected are: Oregon, Montana, New Mexico, Illinois, Alabama, North Carolina, New Hampshire, and a new 'State' which has been 'admitted to the Union' for this purpose, composed of Maryland, the District of Columbia, and two counties of Virginia. [8] These eight selected States contain about five and one-half million children or approximately 15 per cent of the Nation's children."

8. This new "State" was devised primarily for presenting hospital data, since facilities in the District of Columbia serve surrounding counties.

Comparisons in some cases are made with the eight selected states individually and in other instances with the highest, lowest and average values for a particular item among these selected states. It is well to emphasize that the highest record attained by any state does not necessarily set a standard for adequate care. It rather indicates what has been accomplished under favorable conditions.

Comparison Within Florida

Distribution of medical services for children in Florida reveals glaring inequalities. The fact that some of the counties have low health care rates within their borders does not always mean the services are not available. Metropolitan areas or counties containing fair-sized cities often become medical centers for a larger area than the immediate county. Hospital and physicians' services of these densely populated counties may provide some needed care for children from other counties. This fact reduces the inequalities which county tables indicate. This being true, instead of studying services by counties individually, grouping of counties as to their location near or isolated from medi-

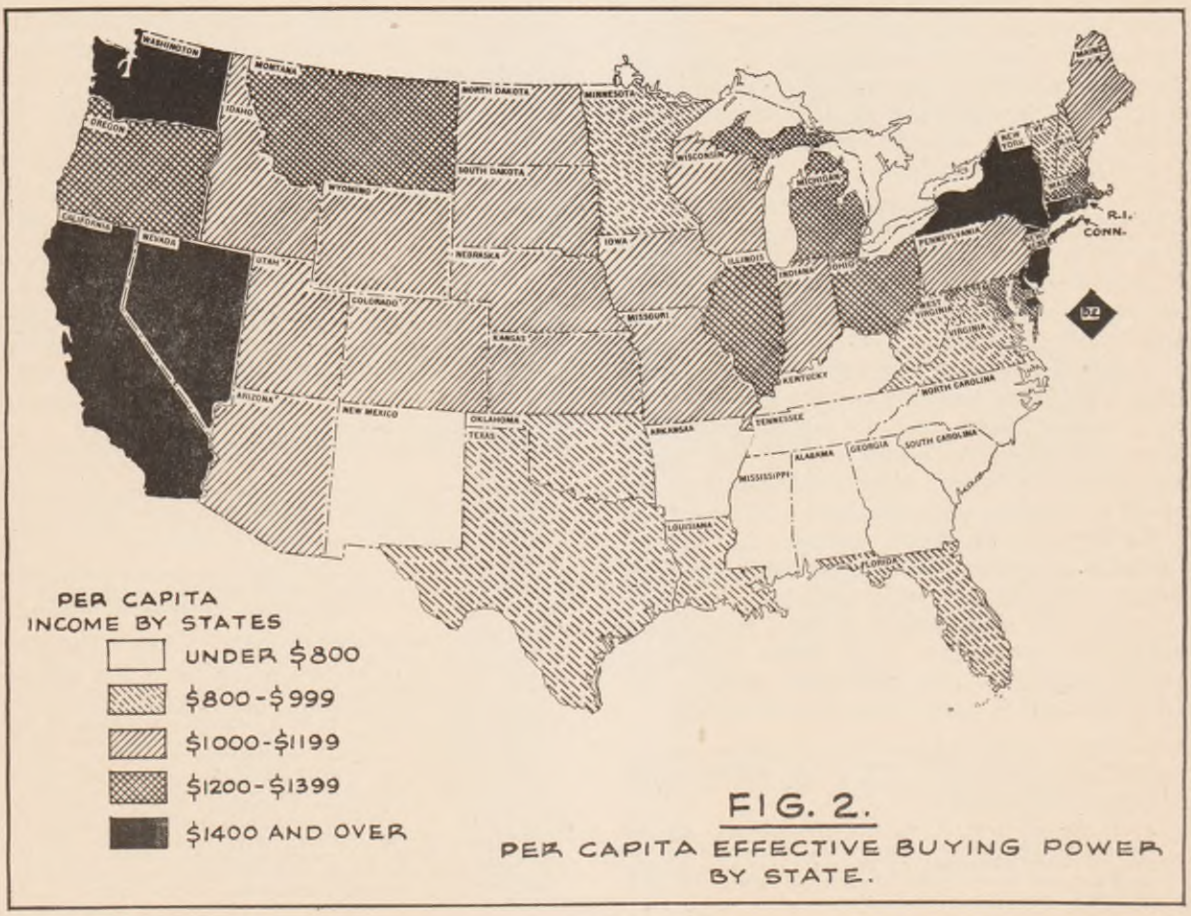


FIG. 2.

PER CAPITA EFFECTIVE BUYING POWER BY STATE.

cal centers has been used. Under this grouping, **metropolitan** counties are those which include the metropolitan districts of 50,000 or more population. Counties contiguous to the metropolitan counties are classified as **adjacent.** Other counties are classified as **isolated** and are subdivided into those with an incorporated place of 2,500 or more population (semirural) and those without such a place (rural).[9]

The Economic and Health Setting of the Child

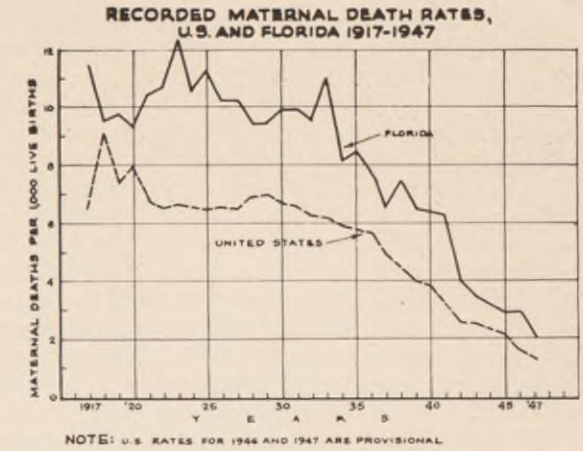
The economic standing of an area determines to a great degree the medical facilities of that region. The Florida per capita income of $974 in 1946 is exceeded by thirty-three states.[10] Figure 2 shows the per capita buying power of the states.

Comparison of figures 1 and 7 reveal the high correlation between the economic status of and the health services provided in the counties of Florida. Figure 7 does not indicate the number of health services received by children in other than their home counties. As mentioned in a foregoing paragraph, children of outlying counties receive relatively better care than data for an individual county indicates.

Children under fifteen years of age comprise about 25 per cent of the total population of Florida. The ratio of child population to total population is lower in this state than in twenty-four other states. About 51 per cent of the children live in isolated (semirural and rural) counties.

The age-adjusted death rate for Florida in 1940 was 12.3 per 1,000 population [11]. This rate is higher than the rates in thirty-eight of the other states.

During the five-year period 1941-1945, an average of 47 out of 1,000 children born alive in Florida died during the first year of life. Average infant mortality for the United States in the same period stood at 40.7 per 1,000 live births. In comparison with other states Florida ranked thirty-third in infant mortality during the 1941-1945 period. Figure 3 shows the trend of infant mortality rates for Florida compared with that of the



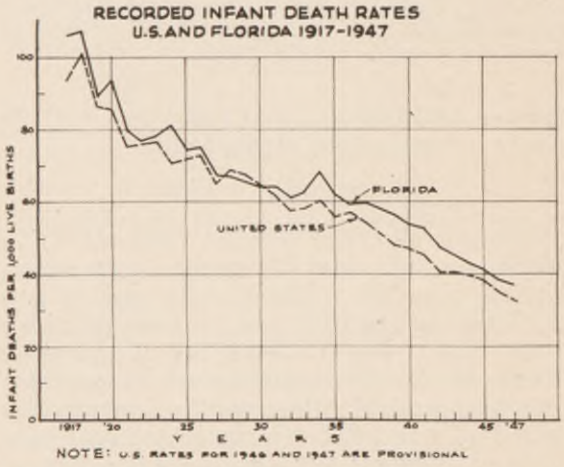


Fig. 3 Trend of Infant and Maternal Mortality United States and Florida 1917-1947

United States for the period 1917-1947. Consistent improvement has occurred from 105.9 in 1917 to 37.0 per 1,000 live births in 1947. The maternal mortality rate has also shown much improvement. Figure 3 shows that Florida maternal death rate has dropped from 11.6 in 1917 to 2.1 per 1,000 live births in 1947. During the five-year period 1941 1945, there was an average of 3.9 maternal deaths per 1,000 live births in Florida, as compared with a maternal mortality rate of 2.5 for the United States in the same period. Only two other states had higher maternal death rates for those five years.

During 1945, 70 per cent of the births occurred in hospitals, giving Florida thirty-second place in the country and sixth place in comparison with the eight selected states. Metropolitan counties have a much higher rate of births in hospitals than do the other counties. In metropolitan counties 85 per cent of the births were in hospitals, in adjacent

9. For a more detailed description of the classification by county group, see Hubbard, John P.: Pennell, Maryland Y.; and Britten, Rollo H.: Health Services for the Rural Child—Availability of Hospitals, Physicians, and Dentists in Service Areas. Submitted for publication in the Journal of the American Medical Association.

10. Calculated from estimates of income made by Sales Management for 1944-46, Sales Management, Vol. 54, No. 10, May 15, 1945 and corresponding issues 1946 and 1947. Copyright 1947, Sales Management, Inc.; further reproduction not licensed.

11. The rates were adjusted to the age composition of the entire country. Data for 1940 are used since that is the last year for which population data by age are available.

counties 65 per cent, in isolated semirural counties 63 per cent and in isolated rural counties 43 per cent.

The rate of births of nonwhite babies born in hospitals in 1945 was about 32 per cent of the rate of white babies born in hospitals. This ratio has steadily increased through the years. It is interesting to note the comparison in the rate of increase in the number of white and nonwhite babies born in hospitals for the decade of 1935-1945. In 1945 the rate of hospitalized births of white children was 2½ times what it was in 1935. The rate of hospitalized nonwhite births was slightly more than 4 times what it was in 1935.

At this point it is logical to consider how Florida ranks in other studies. In one study, after evaluation of many factors as to health and sanitation, Florida places thirty-third in comparison with other states.[12]

Chapter II—TOTAL VOLUME OF CHILD HEALTH SERVICES

A. MEDICAL CARE

No exact standard has yet been set up to meet the actual need for medical care existing in the nation. Much more care is undoubtedly needed than has yet been provided in any area. Nevertheless, for the purpose of this study, it is appropriate to consider some standard of attainment. A composite picture of the total volume of medical care has been developed through the study. Phases of the study which make up the picture are based on both visits and hospital days[13] rendered to children: (a) in private practice (home and office); (b) in clinics[14] and (c) in hospitals.[15] Using this picture in relation to the number of children in the state, one can determine the number who are actually under medical care for one day. A method was devised to determine the number of children under medical care for an average day in Florida. A one day period in a hospital was given the same weight as a visit to a physician or clinic. This form of evaluation may minimize the true worth of hospital care. Comparison with the eight selected states is made to measure differences between highest, lowest and average attainments.

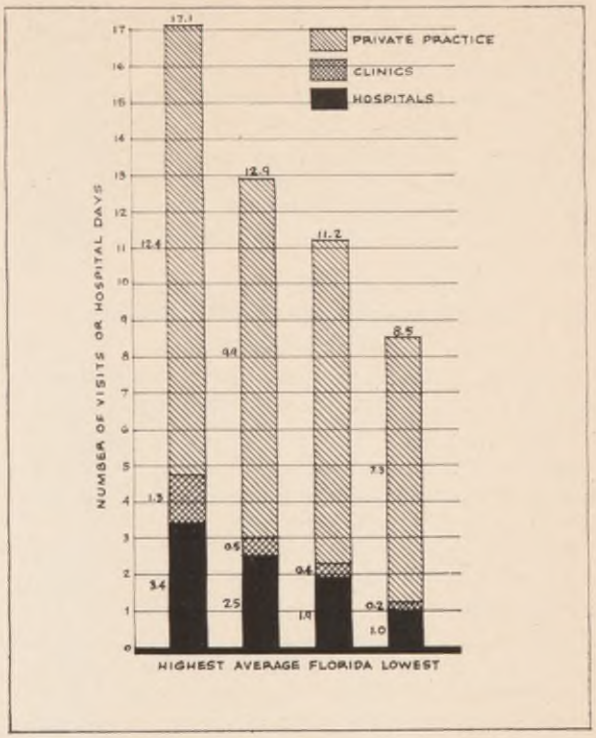


Fig. 4. Total Volume of Medical Care for Children on One Day per 1,000 Children in Florida—Comparison with Eight Selected States

Comparing the record of the state of Florida with the highest record among the eight selected states [16] may indicate, to some extent, what improvement could be made. Children of Florida receive 35 per cent less care, as defined in the foregoing paragraph, than children of the state with the highest record. Figure 4 shows the highest, average and lowest record in comparison with the record of Florida. Florida ranks below the average of the eight selected states in all phases of the study, private practice, clinics and hospitals.[17] When one considers that the average includes some very low rates of accomplishment, it is evident that there is great room for improvement.

Since, as mentioned previously, all children of any county are not always dependent upon the facilities within the respective county for health care, a composite picture of the two large groups of counties is presented. Metropolitan and adjacent counties combine to form

12. Hirschfeld, G., and Strow, C. W., Comparative Health Factors Among the States, Am. Soc. Rev. 11:42 (Feb.) 1946.

13. Since for this purpose, equal weight is given to a physician's visit, a clinic visit and a day of hospital care, it may be felt that the importance of hospital care has been underestimated in the figures for total volume.

14. Outpatient departments, medical well child clinics, mental hygiene clinics and community health services for crippled children.

15. Days of care in institutions for the feeble-minded excluded.

16. See Chapter I, Introduction, for description of these eight states.

17. The assumption is made that the need for medical care in terms of service per 1,000 children is the same in different parts of the state and in the individual states with which comparison is made.

one group and semirural and rural counties combine to make the isolated group.

In metropolitan-adjacent counties the ratio is 12.5 visits per 1,000 children, while in isolated counties 9.4 visits per 1,000 is shown.[18] Children of isolated counties receive 25 per cent less care than those of the metropolitan-adjacent group. The analysis of services in each group is given in Table 1.

TABLE 1. NUMBER OF VISITS PER 1,000 CHILDREN ON ONE DAY

County group	Total children under medical care	Visited by physicians(a)	Visiting clinics	In hospitals
Metropolitan-adjacent	12.5	10.4	0.5	1.94
Isolated	9.4	7.9	0.18	1.34

(a) Office and home.

Included in Table 1 is the number of children who were attended for health supervision by physicians or within clinics.[19] Of the total number (exclusive of the newborn) under medical care, 23 per cent are for health supervision of well children. Additional information regarding health supervision will be discussed in following chapters.

Summary

Comparison with eight selected states is made to measure the difference between the highest, lowest and average records attained.

1. In spite of the fact that even the highest attained record of the eight selected states does not reflect the entire medical and health need, Florida is deficient, compared with the highest record of these states.
2. Children of metropolitan-adjacent counties receive considerably more care than those of outlying counties.
3. About one-fourth of the medical care is for health supervision of well children.

B. DENTAL CARE

There were 2 children per 1,000 children in Florida who were under dental care on an average day. The study of the eight selected states showed a wide range in the number under dental care per day, with 5.3 per 1,000 in the highest to less than 1 per 1,000 in the lowest state.

The study revealed that less than 4 per cent of the total volume of dental care was given in dental clinics. Table 2 shows the comparison of Florida rates per 1,000 with those made in the selected states.

TABLE 2. NUMBER OF CHILDREN UNDER DENTAL CARE PER 1,000 CHILDREN ON ONE DAY
COMPARISON WITH EIGHT SELECTED STATES

	Total	Private practice	Dental clinics
Florida	2.2	2.1	0.08
Eight states			
Highest	5.3	5.2	0.28
Average	3.1	3.0	0.12
Lowest	0.9	0.9	0.01

Children of outlying counties in Florida had but 54 per cent of the amount of clinical dental service provided in the metropolitan counties.

Summary

1. Florida provided only about two-fifths the amount of dental care for children as did the highest of the selected states.
2. Clinic dental services cared for so few children that it is evident that many children have no dental care, either in private practice or in clinics.

Chapter III—HEALTH SUPERVISION [20]

Parents are becoming more keenly alert to the need of consistent health supervision of their children. This changing attitude has been due in great part to the combined efforts of the medical profession and public and private agencies, with the assistance of press, radio and school. They are learning that no child should "just grow," as did Topsy. Too many of the conditions of childhood determine the sort of adults the children will become for parents to ignore them. Feeding and care, hygiene habits, emotional and social adjustments are all phases of growing up which should be supervised. It is well, then, to observe the rate of health supervision provided today.

Of the total number of visits to children for health supervision in Florida made by private practitioners, general practitioners care for 61 per cent, pediatricians care for 33 per cent and other specialists care for 6 per cent. Considering the ratio of well child visits to the total child visits for each type of practitioner, general practitioners devote 23 per cent of their practice among children to the well child;[21] pediatricians devote 50 per cent of their practice to the well child; other specialists report 9 per cent of the children they care for are well children. Comparison of the percentage of practice among

18. In comparison by county group, data for special hospitals and for mental hygiene and physically handicapped services are excluded.

19. Hospital care, a part of total volume, was excluded from well child care.

20. The term "health supervision" refers to supervision of well children.

21. Including the newborn.

children devoted to the well child in Florida and the eight selected states is given in Table 3.

TABLE 3. PER CENT OF TOTAL VISITS TO CHILDREN

Visits made by:	Florida	Eight selected states		
		Highest	Average	Lowest
General practitioners	23	33	26	19
Pediatricians	50	61	54	33

As mentioned previously, private and public health agencies also contribute toward the supervision of the well child. Health clinics for infants and young children have been conducted by them at community health centers. Data as to the combined practice of physicians and health centers are discussed in the following paragraphs. Most of the well child cinics care for children from 1 month to 5 years of age. The following comparisons are limited to those ages.

As shown in figure 5, about 4 out of 1,000 children under 5 years of age[22] in Florida are under health supervision on one day. This is about 55 per cent of what has been attained in the highest of the eight selected states. Attention is directed to the small proportion

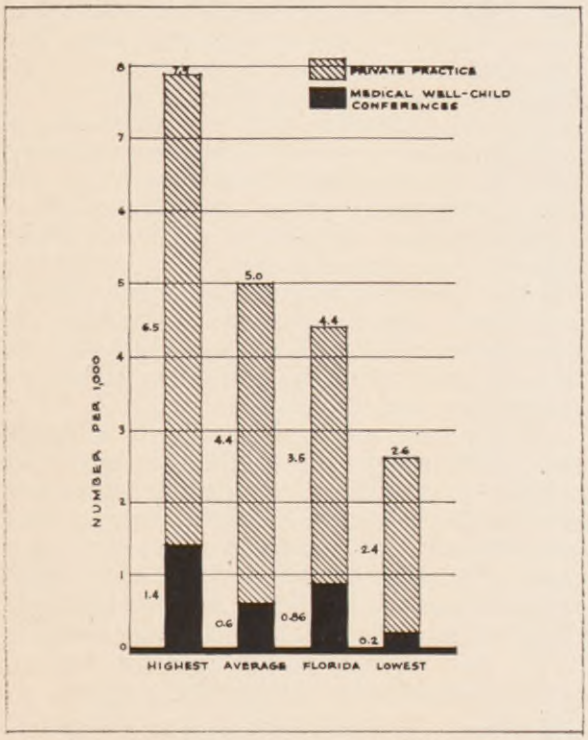


Fig. 5. Children Receiving Health Supervision on One Day per 1,000 Children in Florida—Comparison with Eight Selected States

22. Because of the age groups in Census data the estimated population under 5 years of age is used in calculating rates.

TABLE 4. HEALTH SUPERVISION BY COUNTY GROUP

Florida counties	Number of children per 1,000 children under 5 years of age	Ratio of rate in metropolitan counties
Metropolitan	5.39	—
Adjacent	5.31	.99
Isolated semi-rural	3.86	.72
Isolated	2.28	.42

of health supervision given through well child clinics as indicated in figure 5.

Comparison relating to the amount of health supervision by county group is given in Table 4. Children of outlying counties received less than one-half as much well child supervision as children in metropolitan counties.

Summary

1. About three-fifths of the health supervision by private physicians is done by general practitioners.

2. There is a wide difference in the percentage of practice devoted to well child supervision, in that general practitioners reported 23 per cent of their practice with children is for the well child; pediatricians reported 50 per cent; other specialists reported 9 per cent.

3. The rate of number of children 1 month to 5 years of age seen for health supervision in Florida is about one-half the rate in the highest selected state.

4. The lowest rate of health supervision in Florida is in isolated counties.

Chapter IV—PRIVATE PRACTICE

A. PHYSICIANS

Number, Type and Training

In the summer of 1946, there were 1,412 physicians in private practice in Florida.

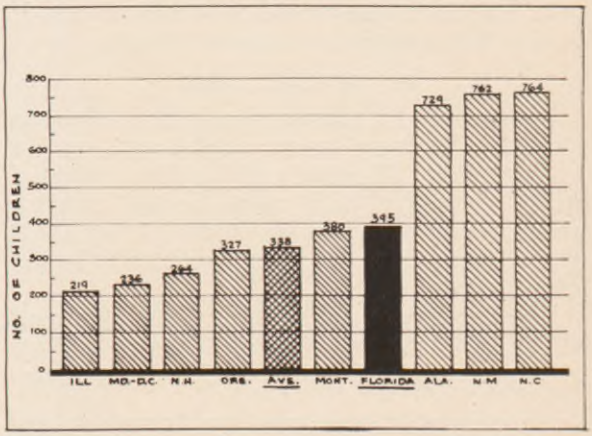


Fig. 6. Number of Children per Physician in Private Practice in Florida and Eight Selected States

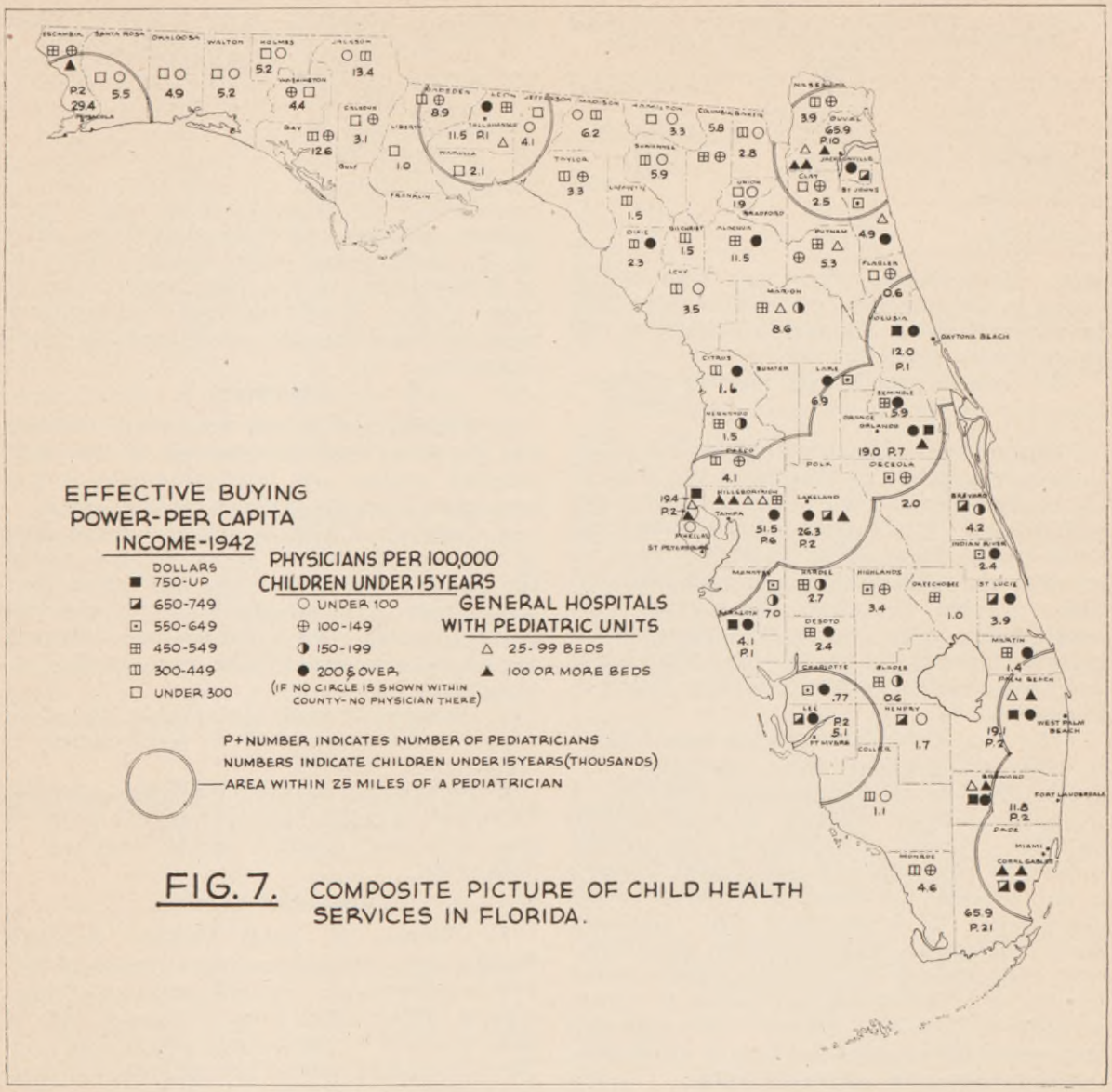


FIG. 7. COMPOSITE PICTURE OF CHILD HEALTH SERVICES IN FLORIDA.

Physicians devoting full time to public health, institutional work, industrial practice and research were not counted as being in private practice. Physicians listed in private practice in other states and spending but a few months in Florida were not included in the count of private practitioners in this state.

Because the purpose of this study is to learn more about the facilities for child health services, the count of children rather than the total population has been used in different ratios. There were 395 children per physician in the state at the time of the study. In comparison with the eight selected states, three of the states rank lower than Florida. The average of these sample states was 338 children per physician and the state ranking highest had 219 children per physician. Figure 6 shows the position of each of the selected states and Florida with respect to this ratio. In Florida, the best record is in one county with 196 children per physician. Four of the Florida counties had no physician. In only seven counties was the ratio better than the average of the eight selected states. In seventeen counties the ratio was more than 1,000 children per physician. A high correlation between the economic status of a county and the rate of physician-child ratio can be observed in figure 7. Table 5 indicates both the actual number of physicians and the child-physician ratio by county group.

No accurate count of the number of physicians in private practice today, 1948, is avail-

TABLE 5. NUMBER OF PHYSICIANS AND CHILD-PHYSICIAN RATIOS BY COUNTY GROUP

Florida counties	Number of children per physician	Actual number of physicians
Metropolitan	276	735
Adjacent	470	148
Isolated semi-rural	474	474
Isolated rural	1,111	55

able. Nevertheless, there has been an increase in the number of physicians since 1946 in estimates made by medical societies and public health agencies.

The types of practice and number of physicians per county are shown in Appendix B.

Pediatricians.—There were 59 pediatricians in private practice in Florida at the time of the study, giving a ratio of 9,472 children per pediatrician. In the eight selected states this ratio varied from 5,300 to 31,000 with an average of 11,000 children per each pediatrician. Florida was above the average, but considerably below the highest standard attained. Twenty-six of the 59 pediatricians had been certified by the American Board of Pediatrics.

Fifty-two of the pediatricians were located in cities of 10,000 or more population. Of these, 39 were in metropolitan counties; 4 were in counties adjacent to metropolitan counties. Sixteen pediatricians were located in isolated semirural counties. Figure 7 shows a map of areas not generally covered by pediatricians. It is assumed that, although some children far removed from a pediatrician may receive his services, the greater portion of a pediatrician's practice is within a radius of 25 miles. Figure 7 also indicates that pediatricians tend to locate in cities having hospitals with children's units.

Other Specialists.—There were 487 specialists other than pediatricians in Florida at the time of the study. Most of them were practicing internal medicine or surgery. Table 6 indicates the proportion of the specialists engaged in specified specialties.

Training.—Of the 516 general practitoners who reported on their hospital training, 46 per cent had had two or more years of such training. Eighteen per cent had had no hospital training. Thirty-three per cent had had one to two years' training and the remainder less than one year. As to specific pediatric training, 43 per cent reported none or less than 1 month's training.

Age, Sex and Race.—Of the 1,412 physicians in private practice in Florida, 22 were

TABLE 6. PERCENTAGE OF TOTAL NUMBER OF SPECIALISTS ENGAGED IN SPECIFIED TYPE OF SPECIALTY

Internal medicine	27%
Surgery	29
Ophthalmology & otolaryngology	21
Obstetrics	13
Radiology & others	10

women; 68 were nonwhite physicians. Five of the pediatricians were women. Two out of 5 physicians in the state were under 45 years of age. Almost one-half the physicians were between the ages of 45 and 64 years, inclusive.

Summary

1. Florida had 17 per cent more children per physician than the average of the eight selected states, and approximately 80 per cent more than the highest ranking state.
2. Counties of Florida differed in the ratio of number of children per physician within the county. Seven counties had better than the average of the selected states; 25 per cent of the counties had 1,000 or more children per physician; four of the counties had no physicians.
3. Children in many counties of the state were too far removed from pediatricians to obtain their services.
4. Forty-three per cent of the general practitioners reported having received none or less than one month's special training in pediatrics.

Physicians' Services

In Chapter II, Total Volume of Child Health Services, counties were combined into two broad groups. Private practice of physicians differs from total volume of care in that most of a physician's practice is confined to an area near or not far removed from the locality in which he lives. It is therefore expedient to return to the division of four major groups: metropolitan, adjacent, isolated semirural and isolated rural counties.

TABLE 7. RATE OF NUMBER OF PHYSICIANS' VISITS TO CHILDREN AND COMPARISON WITH PER CENT OF CHILD POPULATION BY COUNTY GROUP

County group	Physicians' visits per 1,000 children(a)	Percentage of state child population by county group
Metropolitan	13.4	36%
Adjacent	10.3	13
Isolated semi-rural	10.8	40
Isolated rural	6.4	11
Highest of the eight states(b)	15.8	—

(a) Office, home and hospital
(b) Metropolitan and adjacent counties only

Children living in isolated rural counties in Florida received about 47 per cent of the amount of physicians' services received by children in metropolitan counties.

Table 7 reveals ratios of the four county groups. To present a clearer picture of the number of children who are getting less care than others, the child population ratio is also included in the table. For instance, 36 per cent of the children in the state live in metropolitan counties where the average number of visits per 1,000 children is slightly more than 13 per physician located there; isolated rural counties have but 11 per cent of the total number of children in the state. The combined rural and semirural isolated counties have 51 per cent of the children of the state.

Proportion of Care Rendered by General Practitioners and Specialists.—General practitioners provide most of the medical care for children in the state. Sixty-six per cent of the visits made by physicians to children in Florida were made by general practitioners. This ratio drops somewhat in metropolitan areas where more pediatricians and other specialists assume much of the care of children. Even in metropolitan counties the general practitioners see almost twice as many children as do the pediatricians. Table 8 indicates the percentage rates of visits by different types of practitioners by four county groups.

TABLE 8. PERCENTAGE OF VISITS TO CHILDREN BY SPECIFIED TYPE OF PRACTITIONER BY COUNTY GROUP

	All physicians	General practitioner	Pediatrician	Other Specialist
Whole state	100%	66.3%	17.5%	16.2%
Counties				
Metropolitan	100	49.6	25.9	24.5
Adjacent	100	77	14.3	8.7
Isolated semirural	100	76.4	11.7	11.9
Isolated rural	100	100	—	—

Number of Visits per Day.—On the average, general practitioners who reported the number of patients for one day saw 20, 15 of whom were adults and 5 children.[23] Six per cent of the general practitioners reported seeing 50 or more patients on the day assigned them. Five hundred and eleven general practitioners reported the total number of patients and how many children were seen on one day. Table 9 indicates the number of these physicians who saw a specified number of patients on one day.[24] Thirty-one per cent of the physicians saw no children on the day assigned. Forty-three per cent of the general practitioners saw more than 20 patients on one day.

TABLE 9. NUMBER OF GENERAL PRACTITIONERS (a) REPORTING SPECIFIED NUMBER OF VISITS ON ONE DAY

Number of visits on one day	Number of general practitioners seeing: Persons of all ages	Children
None	85	174
1-9	91	280
10-19	114	80
20-29	83	16
30-39	64	3
40-49	44	2
50 and over	30	–

(a) Five hundred and eleven general practitioners reported the number of visits for persons of all ages and 555 reported number of visits for children.

Pediatricians reported on a twenty-eight day period each. On an average day for them patients numbered 18. Other specialists averaged 15 patients a day, 12 per cent of whom were children.

Location of Visits.—The three types of practitioners see about two-thirds of the child patients in their offices. Table 10 indicates the proportion of visits to office, home and hospital, by type of practitioner.

TABLE 10. PERCENTAGE OF CHILDREN'S VISITS TO SPECIFIED TYPE OF PRACTITIONER BY LOCATION OF VISIT

Location of visit	General practitioner	Pediatrician	Other specialist
Office	69%	69%	65%
Home	14	10	4
Hospital	17	21	31
Total	100	100	100

Summary

1. Children living in isolated rural counties receive about 47 per cent of the amount of physicians' services received by children living in metropolitan counties of Florida.

2. Metropolitan counties of Florida compare rather favorably with the metropolitan counties of the highest of the eight selected states, providing about 85 per cent as much care.

3. In Florida, most of the medical services to children are provided by general practitioners.

23. It is probable that the average number of visits per day by physicians increases during the winter months. Inasmuch as the number of tourists increases the total population in winter months, the number of visits in terms of services per 1,000 patients would not change appreciably.

24. Sundays, holidays and days off were included in making this average.

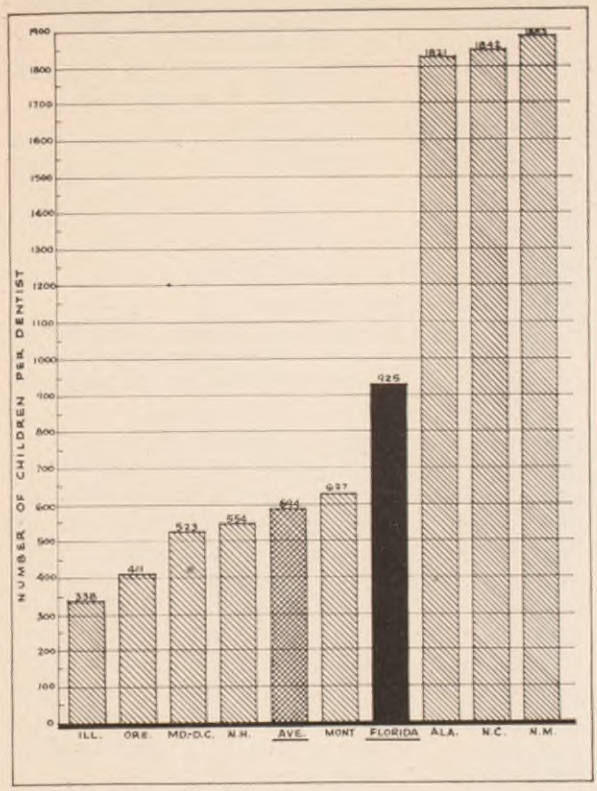


Fig. 8. Number of Children Per Dentist in Florida and Eight Selected States

4. The average number of patients seen by general practitioners on one day was 20, although 6 per cent of those reporting saw 50 or more and 43 per cent saw more than 20.

5. The average number of patients seen by pediatricians on one day was 18.

B. DENTISTS

Number, Type and Training

In the summer of 1946, 604 dentists were reported as being in private practice. A relatively low percentage of these reported as to their type of practice. Of 382 dentists who gave information, 91 per cent were general practitioners. Three dentists said they were pedodontists, with 6 others reporting special interest in that type of practice. Thirteen dentists said they limited their practice to orthodontia. Specialists tend to locate in metropolitan areas. Of the dentists who reported that they practiced in metropolitan counties, 17 per cent were specialists. In the state as a whole, 9 per cent of the dentists reporting were specialists.

There were 925 children per dentist at the time of the study. Figure 8 indicates the comparison of Florida with the eight selected states in regard to the number of children per dentist. The average number of children per dentist does not tell the detailed story, as there were seventeen counties in Florida with no dentist at all. These counties tended to be the sparsely settled ones, which have the smallest percentage of children of the state. Figure 9 shows the position of the individual counties in Florida in respect to the relative number of dentists.

Table 11 indicates the number of children per dentist by county group.

TABLE 11. NUMBER OF CHILDREN PER DENTIST COMPARISON BY COUNTY GROUP

Metropolitan	646
Adjacent	1,275
Isolated semirural	1,017
Isolated rural	4,363

Age, Sex and Race.—There were 2 women dentists in the state at the time of the study. Forty per cent of the dentists were less than 45 years of age; 53 per cent were between the ages of 45 and 64, inclusive. There were 34 nonwhite dentists in the state.

Office Assistants. — Of the 360 dentists who reported data as to office assistants, 90 per cent had one or more assistants. Forty-two dentists reported that they had dental hygienists.

Summary

1. Five of the eight selected states have fewer children per dentist than does Florida. Florida ranks below the average of the eight selected states.

2. Because many of the isolated counties have no dentists, the average number of children per dentist in rural counties was almost six times as great as in metropolitan counties.

Dentists' Services

In Chapter II, Total Volume of Child Health Services, is listed the rate of visits for dental care on one day for Florida compared with the selected states. The number of visits per 1,000 children on one day to private dental practitioners is given in Table 12.

Dentists who reported the number of patients seen on one day averaged 9 patients a day, 2 of whom were children.

TABLE 12. NUMBER OF CHILDREN'S VISITS PER 1,000 CHILDREN, BY COUNTY GROUP

Whole state	2.1
County group	
Metropolitan	3.2
Adjacent	1.6
Isolated semirural	1.7
Isolated rural	.5

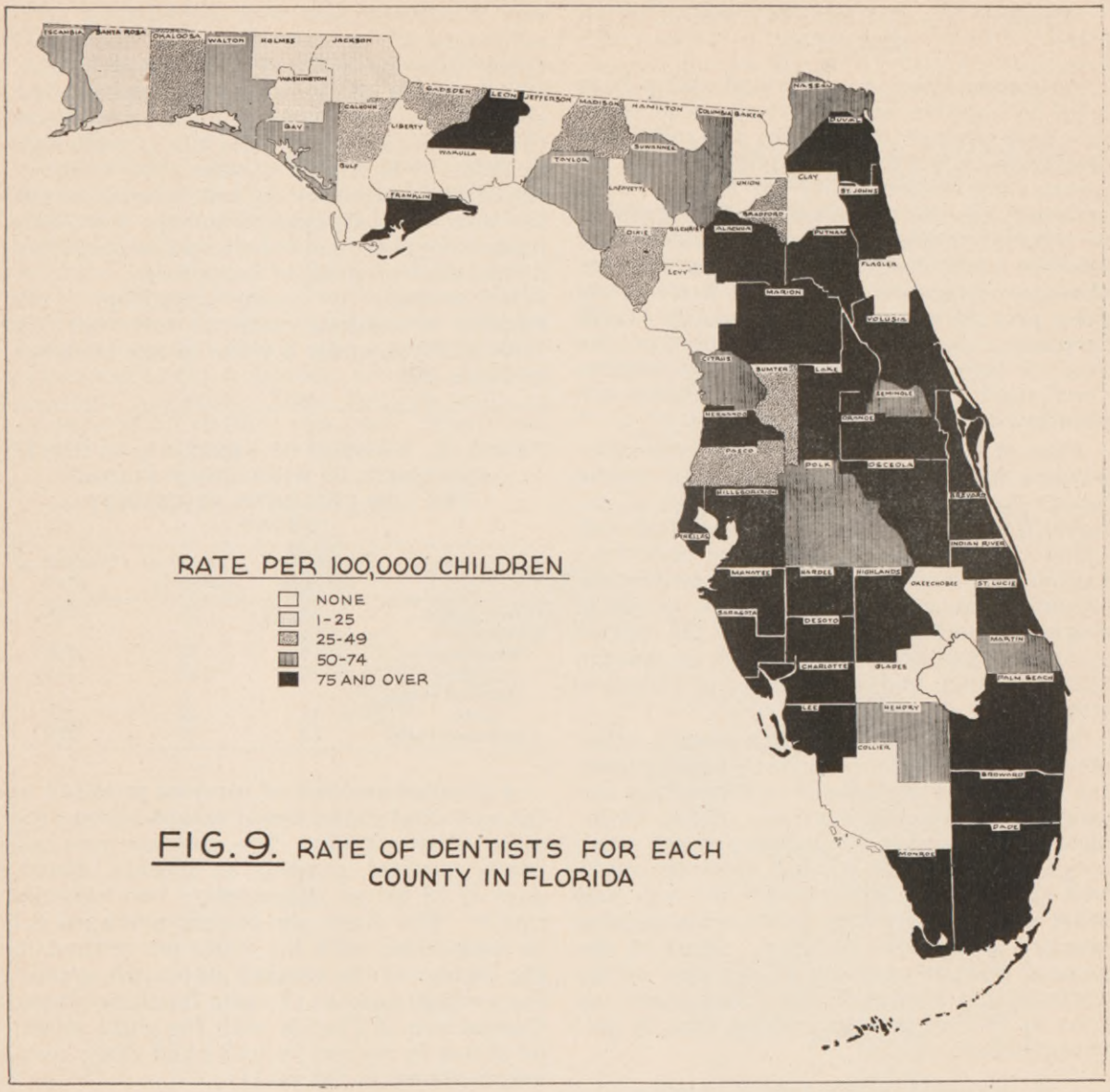


FIG. 9. RATE OF DENTISTS FOR EACH COUNTY IN FLORIDA

It was not possible to develop a complete picture of services rendered as all dentists did not report services to children. Three hundred and twenty-six dentists reported services as shown in Table 13.

Three hundred and twelve dentists reported facts as to activities other than private practice. Nine of these said they engaged in some preschool or school activities, averaging about five hours a week. Eleven reported activities such as teaching, outpatient departments, clinics and institutional work.

TABLE 13. NUMBER OF DENTAL SERVICES TO CHILDREN ON ONE DAY, BY 326 DENTISTS

	Number of services to: Children under 6 years	Children 6-14 years
Extractions	59	120
Fillings	122	397

Summary

1. Children in isolated counties receive less dental service than those in metropolitan counties. The ratio is about 1 to 6.

2. An extremely small number of dentists render any preschool or school services in the state.

Chapter V—COMMUNITY HEALTH SERVICES

As communities, counties and states have tried to improve health records, some services have proved to be better controlled and distributed when the community or state assumes some responsibility for them. Seven such services are considered in this study as of especial interest to those who desire to improve child health. It is thought that these seven types of service will, to a fair degree, provide an index of community health programs. Some data are presented on the state or area basis because care can be rendered some distance from home. Others are reported on the county or city basis.

Most of the health services for community welfare in Florida are provided by public health agencies with the cooperation of interested groups, such as Kiwanis, Rotary and Lions Clubs, women's clubs, the American Legion, junior service leagues, parent-teacher organizations and others. Many of these cooperative organizations assume the cost of equipment and appliances needed, or provide transportation and personnel for effective work.

In Florida the public health agency often obtains the services of private practitioners for medical service needed in conducting the program for specific services. Table 14 indictates the number of hours per month spent by general practitioners and pediatricians in well child clinics, school health services and other medical activities aside from private practice as reported by them. Most of the general practitioners and 27 per cent of the pediatricians indicated that they spent no time in medical activities other than in private practice.

A. MEDICAL WELL CHILD CLINICS

About 3,000 sessions of well child clinics were held in the state in 1945. These were free clinics for the supervision of well children under 5 years of age[25] when a physician was in attendance. Well child clinics were administered by the Maternal and Child Health Bureau of the State Board of Health. Only two out of five counties reported that such clinics were held. Figure 10 indicates in which counties well child clinics were held in 1945. It is true that some other counties reported a session or so, but because of the low number in attendance and the few visits made, they were not considered as providing a consistent program of supervision.

An analysis by county grouping of the number of sessions, patients and visit per 1,000 children under 5 years of age is shown in Table 15.

TABLE 14. HOURS PER MONTH DEVOTED TO SPECIFIED TYPE OF SERVICE BY TYPE OF PRACTITIONER

Type of practitioner	Child health clinics	School health services	Other medical activities
General practitioner			
Participating	13.6	8.3	18
Reporting	0.9	0.7	2.3
Pediatrician			
Participating	14.3	4.0	19
Reporting	2.1	0.2	10

TABLE 15. NUMBER OF SESSIONS, PATIENTS AND VISITS TO WELL CHILD CLINICS PER 1,000 CHILDREN BY COUNTY GROUP

	Number of sessions	Number of patients	Number of visits
Whole state	14	77	238
Counties:			
Metropolitan	16	87	314
Adjacent	16	148	461
Isolated semi-rural	11	49	106
Isolated rural	13	75	222

A detailed analysis of services provided in the well child clinics would extend beyond the scope of this study. The sessions were not overly crowded, showing an average attendance of 18 for an approximate two hour period.[26] The visits per patient averaged 3.1 in comparison with 5.1 visits per patient in the highest of the selected states and equaled the average number of visits for those states. Comparison of Florida with the eight selected states in respect to well child clinic services is shown in figure 11.

Immunizations were reported as routine procedure in about 90 per cent of the clinics.[27] Advice to parents as to formulas, feeding, care and training were considered routine in the majority of the clinics. Forty-nine per cent of the clinics reported that they used the assistance of the state nutritionist on a consultant basis.

25. Rates for medical well child clinics are expressed per 1,000 children under 5 years of age; for all other community health services, they are expressed per 1,000 chilldren under 15 years of age.

26. In some instances maternity patients also were seen during the sessions.

27. Although the policy expressed for these clinics was routine immunizations, procedure was different as revealed by percentages of number of children immunized for specific disease showing a range of 47 per cent, 62 per cent and 24 per cent.

B. MENTAL HYGIENE SERVICES

No organized program for mental hygiene had been developed in Florida through public health or other educational channels, nor through any nonofficial agency at the time of the study. Since 1945 a mental health program has been set up by the State Board of Health. Three clinics have been started to date. The director of this program has since resigned but plans to continue these clinics on a consultant basis. In the course of the study, a report for the year 1945 was received from one county stating that mental hygiene clinics were held, indicating 47 days and caring for 71 patients. These patients made an average of 2.3 visits in one year. There was no psychiatrist on the staff of these clinics. The record of the eight selected states showed an average of 1.7 patients per 1,000 children cared for in mental hygiene clinics.[28]

C. SERVICES FOR THE PHYSICALLY HANDICAPPED CHILDREN

The Florida Crippled Children's Commission conducts a well integrated program for the care and treatment of crippled children in the state. Its duties are to designate hospitals, clinics, convalescent homes and medical centers for the care and treatment of crippled children, and to administer the pro-

28. In four of the eight selected states there were no mental hygiene services reported.

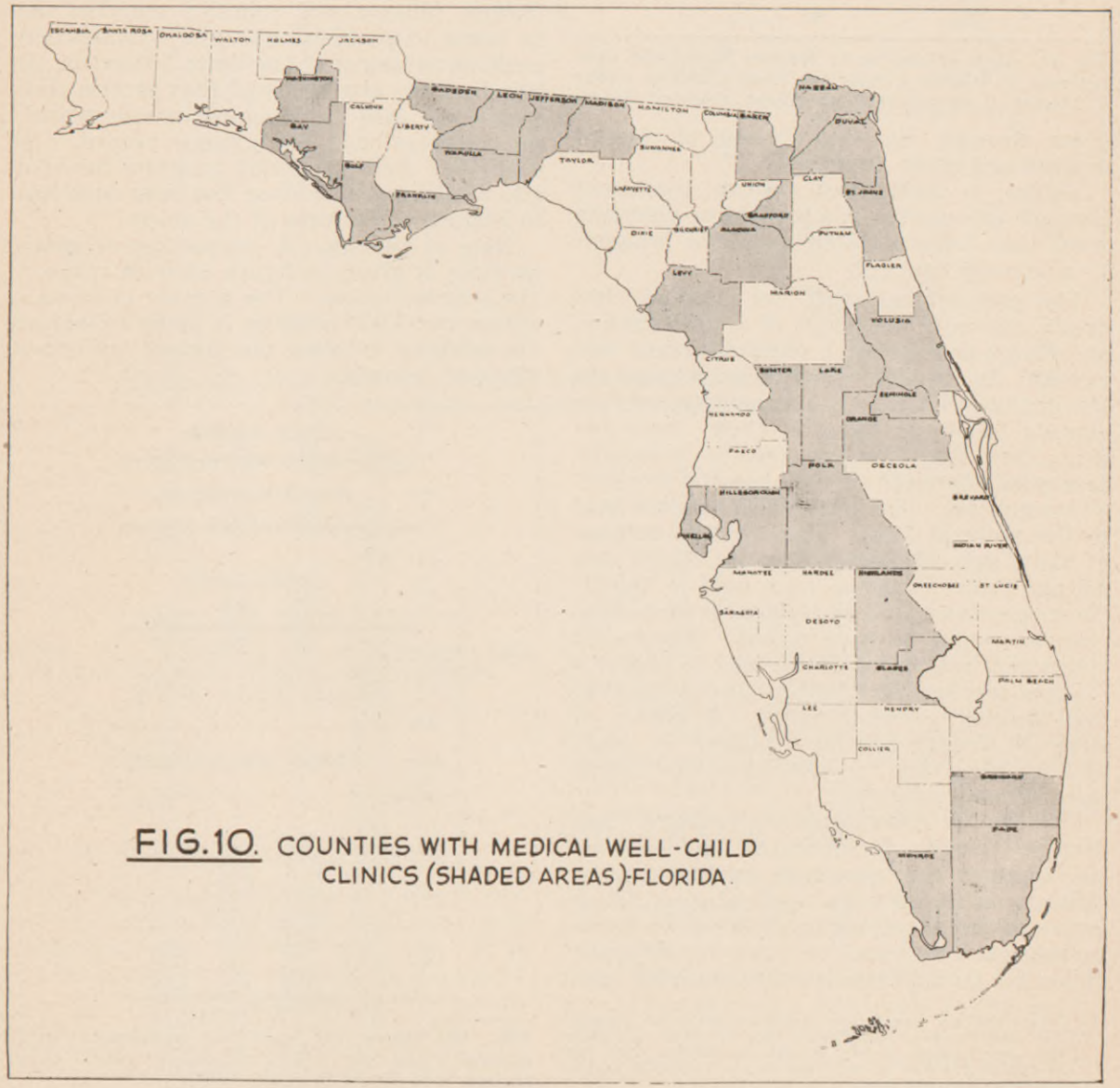


FIG. 10. COUNTIES WITH MEDICAL WELL-CHILD CLINICS (SHADED AREAS)-FLORIDA.

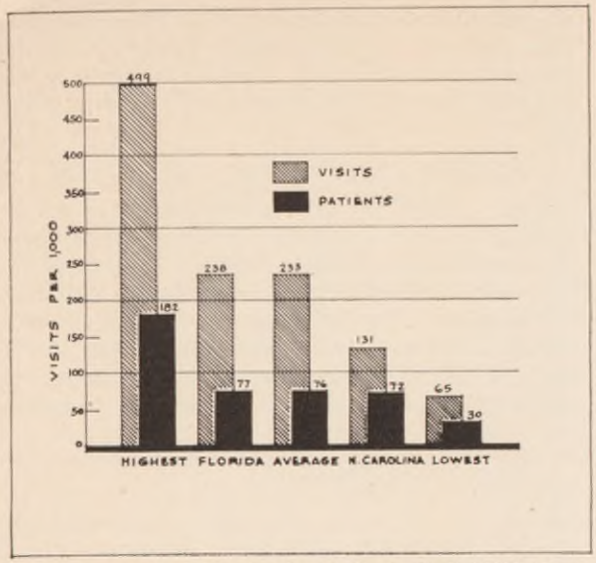


Fig. 11. Rate of Service in Medical Well-Child Conferences in Florida (visits per 1,000 Children Under 5 Years)—Comparison with Eight Selected States

gram through the employment of needed medical and other personnel.

Before a child may receive treatment through this service, his parents or guardian must have been declared medically indigent by a juvenile court.[29]

The professional staff for crippled children's clinics is composed of a pediatrician, an orthopedic surgeon, a physiotherapist and nurses. An auxiliary staff of lay persons assist at these clinics. A nursing group of five experts follow up cases in their respective areas, see that children receive necessary treatments through clinical, hospital or physiotherapy care. There were 264 sessions held in the state in 1945. The average number of visits per child attending the clinics was 2.5 per year. Sessions were held in thirty-three counties, to which children from nearby counties could be transported. Figure 12 shows the location of clinics held in 1945.

Some services have been rendered the children having cerebral palsy. A school in Broward County has for a number of years had facilities for the education and treatment of such patients.

The Florida Association for Crippled Children and Adults, Incorporated, has been active in promoting programs for the care of children suffering from cerebral palsy. They have assisted in setting up clinics and schools to improve the care for such handicapped children. In 1945 two counties reported having this special type of clinic. There are now six schools operating in the state especially designed for the education and treatment of these exceptional children. These schools have physical therapists who provide needed treatment under medical supervision. Three of the schools have monthly clinics conducted by orthopedic and pediatric physicians. The association is also interested in setting up speech clinics for deaf children and others who have speech defects. Such plans are handicapped by the lack of trained personnel to teach speech correction.

29. Before children may receive treatment from the commission, the juvenile court must, upon petition and after full investigation, certify to the commission that the parents or guardian of such children are financially unable to provide for such care and treatment.

Services for the Blind.—No clinics were held for the visually handicapped children. The Florida Council for the Blind assisted in locating children with poor vision and urged that they consult an ophthalmologist. Towns, villages and counties reported that in some cases check-ups and examinations could be arranged at the State School for the Blind. They also reported that service clubs frequently paid for examinations by private practitioners, and for glasses needed. No concerted, well integrated program for visually handicapped children had been developed in Florida at the time of the study.

Rate of Service.—A comparison of special services is given in figure 13 with ratios of the selected states. The number of visits to clinics per 1,000 children is given to indicate the contrast between the highest and lowest attained records.

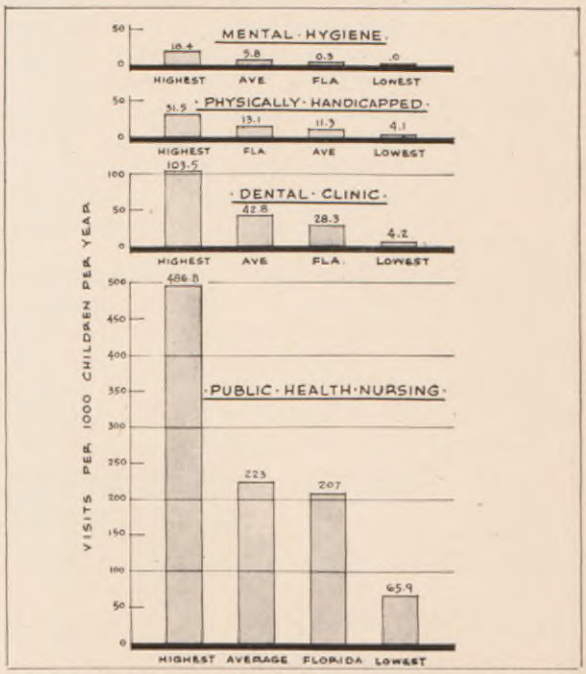


Fig. 13. Rates for specified community health services (visits per 1,000 children per year) —Comparison with Eight Selected States

FIG. 12. LOCATION OF CLINICS PROVIDING SERVICES FOR CRIPPLED CHILDREN IN FLORIDA

TABLE 16. NUMBER OF CHILDREN PER PUBLIC HEALTH NURSE, COMPARISON WITH EIGHT STATES

Florida	2,699
Eight states	
Highest	1,300
Average	2,600
Lowest	5,000

D. PUBLIC HEALTH NURSING

The work of the public health nurse is recognized as one of the fundamentals of a well rounded community health program. It is she who deals directly with the people, analyzing their needs, executing the programs drawn up, determining and influencing the attitudes of the people and deciding how best to convey ideas of hygiene and better health habits. The general shortage of nurses during and since the war has affected the nursing program in Florida as it has in other states. Many of the vacancies exist because no nurse can be found. Of the nurses who reported facts as to their training, only 32 per cent had had one full year of academic training in public health.

In 1945 there were nineteen counties in Florida without any full time public health nurse. Some of the counties reported visits to adjoining counties for special emergencies. When a nurse reported giving full time service in one county with slight assistance in another, she was counted as a full time nurse for the county where her headquarters were.

Public health authorities estimate that 1

nurse per 2,500 population is needed for an adequate program.[30] This estimate would mean about 1 nurse for 800 children. Florida falls short of this standard with an average in the state of 1 nurse per 2,699 children. The comparison with the eight selected states is given in Table 16.

TABLE 17. NUMBER OF CHILDREN PER PUBLIC HEALTH NURSE BY COUNTY GROUP

County group	
Metropolitan	2,009
Adjacent	5,396
Isolated semirural	2,775
Isolated rural	5,090

The county groups in Florida differed considerably in respect to the number of children per public health nurse. Table 17 indicates this ratio by county group.

Figure 13 shows the number of home visits per 1,000 children made by public health nurses in Florida in comparison with the eight selected states. Table 18 compares the rate of visits by county group. This table reveals that metropolitan counties vary considerably from the other county groups in respect to nurses' home visits.

No report was given regarding the number of home visits made to nonwhite children. It is understood that where public health nursing is available, the nonwhite children are considered and cared for to the same degree as the white children.

TABLE 18. NUMBER OF HOME VISITS TO CHILDREN PER 1,000 CHILDREN BY COUNTY GROUP

County group	
Metropolitan	255
Adjacent	179
Isolated semirural	177
Isolated rural	189

E. SCHOOL HEALTH SERVICES

The problem of administration of school health services differs from state to state. Some place the responsibility upon the Department of Education, others upon the Department of Health, and others carry on a cooperative plan, using both departments. In Florida most of the school health services were administered by public health agencies.

In a study such as this, some standards had to be set up by which to judge whether or not medical school services were given. A school was classified as having medical school services if: (1) all pupils are examined once a year, (2) certain grades are examined once a year, or (3) referrals by nurses or teachers are examined once a year. In the third type of care, attention is directed to the fact that such referrals do not mean emergency cases, but rather imply a consistent program of examination, depending upon the nurse or teacher to screen the pupils for selection of children needing examinations.

Data from the numerous towns, villages and counties were not complete enough to give an exact picture of school health services. Because of this fact, it is necessary to view the data obtained negatively. Of the sixty-seven counties, for instance, twenty-eight reported no medical school services in even one school of the county. In the remaining counties at least one school had some medical service. It is well to keep in mind that an indication of medical services given in schools in a county (Appendix B) does not necessarily mean that all schools have the service.

In some counties the public health officer, who is a private practitioner, was the school physician. Two cities reported that the Board of Education appoints the physician.

Of the 196 nurses reporting school services, 181 were public health nurses conducting a generalized program in the county or area.

F. COMMUNICABLE DISEASE CONTROL

For this study a report was not made on how the actual number of cases of diseases compared with the number of immunizations given in the state.[31] Reports of the official community agencies, however, indicate the rates of children immunized by them per 1,000 children. Table 19 shows these rates per specific disease.

Because smallpox immunizations for adults were included in the data from fifteen counties, the first average is not exact. Rural areas reported half as high a rate per 1,000

TABLE 19. NUMBER OF CHILDREN PER 1,000 CHILDREN IMMUNIZED FOR SPECIFIC DISEASES

Smallpox	68
Diphtheria	69
Whooping cough	17

30. This rate includes bedside nursing needed in an adequate program of public health nursing. The American Public Health Association, after a detailed study of the local health picture in the United States, established a quantitative standard of 1 public health nurse for 5,000 people. Reported by the Federal Security Agency—The Local Health Unit Story, June 1948. Based on this standard, the shortage of such nurses in Florida and other states is cut in half.

31. Physicians were not asked to record the number of immunizations given in their private practice. The data for community health agencies are subject to underreporting. Also the reports of diseases to the State Board of Health are considered incomplete.

children immunized for smallpox as did the metropolitan counties. Nineteen of the counties in Florida reported no information regarding the number of immunizations given.

G. DENTAL SERVICES

The effect of caries on the health of the child places it as one of the major diseases to be considered if child health is to improve. With the control of this disease in mind, schools and public health agencies in different states have set up dental programs. Some of the plans include only class instruction; others include dental examinations of all school children, notices and bulletins to parents, and a follow-up by nurse or teacher to ascertain the number of corrections made. These programs attest to the recognition of the need which exists, but in general fall short of sufficient provision for correction.

It is recognized that dental examination of the children for caries is a beginning. Without corrective measures being carried out, the examinations are of little value. For the purpose of this study, therefore, community dental service is defined as one providing dental care other than examination.

In Florida, for some years the State Board of Health has had a Bureau of Dental Health. The program for 1945, as explained by the director, "called for promotion of dental health on a statewide basis and provided dental health education for everyone in the state and correctional service for indigent maternal and preschool cases and elementary school children." The personnel of this bureau was limited to a director, a field dentist and one secretary.

Two dentomobiles were used in the counties, usually in cooperation with a county health unit. Ten counties received visits from three to eight weeks by the dentomobile units. Six counties availed themselves of the care afforded preschool children through the Maternal and Child Dental Corrective Clinics. Three county health departments operated dental clinics in connection with general health programs.

Figure 13 gives the rate of visits to dental clinics during the year of the study, compared with records of the selected states. The rate of service in the highest state was slightly more than 3½ times the rate of service in Florida.

Summary

1. Three out of five counties reported no well child clinics with continued supervision.
2. With an average of 18 patients per session of about two hours' duration, the well child clinics were not overcrowded. Florida showed about the same rate of service as that shown in the average of the selected states.
3. No concerted program for mental hygiene had at the time of this study been developed in the state. A program has now been started with three clinics in operation.
4. The rate of service for the physically handicapped child in the highest of the selected states was 2½ times the rate of service given in Florida. No clinics were held for blind children.
5. There was one public health nurse per 2,699 children in Florida compared with an accepted standard of one public health nurse per 800 children. The highest record of the selected states was one public health nurse per 1,300 children.
6. Many counties had no full time public health nurse. Counties differed considerably in the public health nursing care provided for children.
7. More than two-fifths of the counties had no elementary schools within their borders conducting a medical school service program. One hundred and ninety-six nurses reported health work in school, but most of them were conducting a generalized program which included school nursing services.
8. The rate of services in dental clinics in the highest of the selected states was 3½ times that of Florida.

Chapter VI—HOSPITAL FACILITIES AND SERVICES[32]

A. GENERAL HOSPITAL

The preservation of health in any community depends to a large extent upon the hospital facilities available within or near it. Hospitals have become essential instruments in public health, acting with increasing frequency as medical health centers providing, through clinics, diagnostic, preventive and curative care. An adequate number of physicians for a community is also determined in large measure by the facilities afforded by available hospitals. Added to these facts is the ever present need for training future nurses and physicians in hospitals.

1. Facilities and Services for Children (Other Than the Newborn)

At the time of this study, there were 107

32. In this report the term "hospitals" is limited to those caring for children, including the newborn. No institution is included having less than 5 beds for regular inpatient care. Federally owned hospitals are excluded.

general[33] hospitals in Florida caring for children. Twenty-three of these hospitals had pediatric units.[34] The state of Florida had no pediatric hospitals. Of the 107 general hospitals, 50 per cent were between 25 and 100 beds in capacity.

The study revealed that the general hospitals had 6,396 hospital beds, or an average of 11.4 beds per 1,000 children. In actual fact, only 404 beds were set aside for the exclusive use of children, or 6.3 per cent of the total number of beds.

In figure 14 and Table 20, comparison with the eight selected states is made.

The discrepancy, in terms of total beds per 1,000 children, between the record of the highest state and that of Florida was 45 per cent. Considering the number of beds permanently set up for children, there was a greater variance, or a discrepancy of 65 per

TABLE 20. NUMBER OF HOSPITAL BEDS PER 1,000 CHILDREN AND PERCENTAGE OF BEDS SET ASIDE FOR CHILDREN

	Per 1,000 children		Percentage of total beds permanently set up for children
	Total beds	Pediatric beds	
Florida	11.4	0.7	6.3%
Selected states			
Highest	20.6	2.0	9.8
Average	12.5	1.2	9.4
Lowest	5.7	0.5	4.3

cent. A number of hospitals in Florida explained, in the course of the study, that they did not have sufficient personnel to care for children and therefore tended toward the acceptance of adults instead of children.

There was a wide variance between the average number of beds in hospitals when comparing metropolitan-adjacent counties with isolated cunties. There were 14.8 beds per 1,000 children in the former group and 8.1 beds per 1,000 children in the latter. Hospitals of isolated areas had little better than half the rate of beds for children as had the metropolitan-adjacent counties.

Child admissions to hospitals totaled 16,757 in 1945, or a rate of 30 admissions per 1,000 children. The highest record of the selected states was 83 admissions per 1,000 children.

A comparison of the rate of child admissions to hospitals between the two broad county groups reveals that there were 35 child admissions per 1,000 children in the metro-

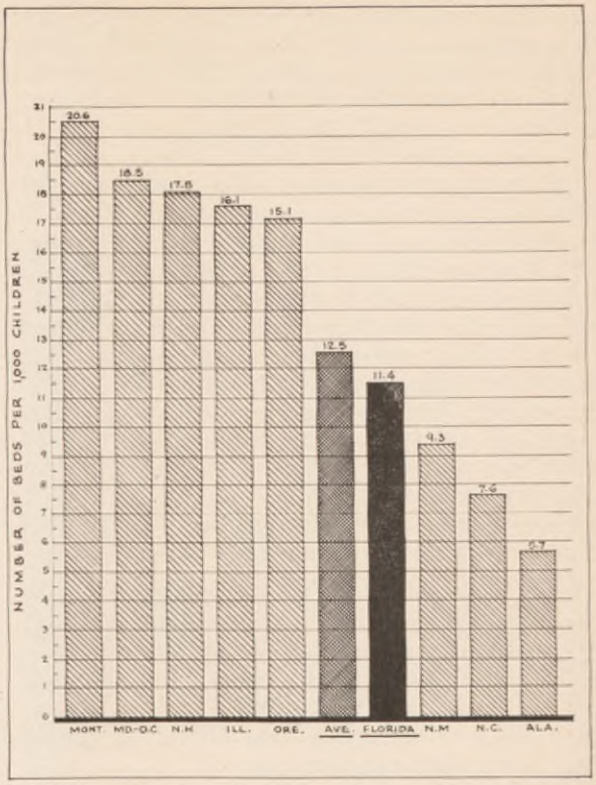


Fig. 14. Beds (total) in General Hospitals per 1,000 Children in Florida and Eight Selected States

politan-adjacent counties and 25 child admissions per 1,000 children in isolated counties. Some of this variance can be explained by the number of children from outlying counties who were referred to the larger medical centers where there are many specialists and highly skilled professional services.

Hospitals of 100 beds or more had more than half the child admissions made in the state. Small hospitals, having 5 through 24 beds, cared for 17 per cent of the child admissions in the state.

Fifty-three of the general hospitals cared for white patients only; 9 were exclusively for nonwhite; 45 were for both white and nonwhite patients. Complete records of admissions of white patients compared to nonwhite patients were not supplied.

2. Care of the Newborn[35]

An analysis of the number of all the children cared for in general hospitals shows that 63 per cent of the child patients were newborn. This ratio did not differ greatly between the metropolitan-adjacent county grouping and the isolated county grouping.

33. For the purpose of this study "general" is taken to include maternity and pediatric. A few hospitals cared for the newborn but not other children.

34. A unit of 5 or more beds permanently set aside for the care of children in hospitals with 25 beds or more.

35. Data on the proportion of births in hospitals were presented in Chapter I of this report.

At the time of the study there were 1,300 bassinets and 149 incubators in the general hospitals.

3. Characteristics of Hospitals Caring for Children

As was mentioned previously in this report, the quality of care has not been analyzed in this study. There are, however, numerous characteristics which have been associated with good quality of hospital care for children. Items such as space, organization of pediatric care, medical staff, nursing and special procedure are considered in relation to the amount of service provided by hospitals which have them.

TABLE 21. PERCENTAGE OF CHILD ADMISSIONS OCCURRING IN HOSPITALS WITH SPECIFIED CHARACTERISTICS(a) COMPARISON WITH EIGHT SELECTED STATES

Characteristics	Florida	Eight states		
		Highest	Average	Lowest
Separate pediatric units	64	91	73	51
Graduate nurse on duty at all times in pediatric unit	62	71	61	41
Any house staff	51	90	56	8
Clinical laboratory	90	97	89	72
Selected clinical laboratory service (b)	77	96	83	35
Separate ward for infants other than the newborn	23	79	52	18
Average percentage	61	88	70	39

(a) Hospitals of 25 beds or more.
(b) Blood level for sulfonamides, sedimentation rate, blood culture and serum protein.

Table 21 indicates the percentage of child admissions to general hospitals with specified characteristics and comparison with the corresponding percentage for the eight selected states. Considering the average percentages for the table of characteristics, one sees that Florida is below the highest of the selected states, a discrepancy of slightly more than 31 per cent. But studying the characteristics separately, one finds the widest difference is the separate ward for infants other than the newborn. This table reveals that only 23 per cent of the admissions of children to hospitals were made in hospitals with separate wards for sick infants. Numerous hospitals in Florida explained that when an infant is sick, a private room, not permanently set up for such patients, was used. Only about one-half of the admissions of children were made to hospitals having a house staff.

Newborn.—Table 22 gives data regarding the newborn, indicating the proportion of births in hospitals with specified characteristics. This table reveals that 99 per cent of the births occurring in hospitals were in those with a graduate nurse on duty at all times in the nursery. This high average is in contrast with the provision for a special formula room indicated by the fact that only 66 per cent of the births occurring in hospitals were in those with a room used exclusively for formulas.

The Very Small Hospitals.—In some areas the only hospital available is necessarily small in size, 5 to 24 beds. Seventeen per cent of the child admissions to general hospitals in the state occurred in these small hospitals, and approximately 16 per cent of the babies born in hospitals were born in smaller hospitals. Table 23 indicates the deficiency of facilities in these hospitals compared with those of 25 beds or more.

In many of the smaller hospitals not having a clinical laboratory, it was explained that the clinical laboratory of the physician was used, or specimens were sent to the nearest city or to the State Board of Health.

TABLE 22. PERCENTAGE OF HOSPITALIZED BIRTHS OCCURRING IN HOSPITALS WITH SPECIFIED CHARACTERISTICS (a) COMPARISON WITH EIGHT SELECTED STATES

Characteristics	Florida	Eight states		
		Highest	Average	Lowest
Any house staff	52	90	58	4
Graduate nurse on duty at all times in nursery	99	98	91	77
Room used exclusively for formulas	66	94	78	29
Nursery for full term or suspected sick newborn separate from well	14	66	37	0
Average percentage	58	87	66	28

(a) Hospitals of 25 beds or more.

TABLE 23. PERCENTAGE OF LARGE AND SMALL HOSPITALS WITH SPECIFIED CHARACTERISTICS

Characteristics	Hospitals 5-24 beds	Hospitals 25 or more beds
Registered by AMA	37	85
Clinical laboratory in hospital	33	74
Separate nursery for newborn only	78	99
Graduate nurse on duty at all times in newborn nursery	61	97
With pediatric unit(a)	—	35
Average percentage	41.8	78

(a) By definition.

4. Facilities for the Care of Acute Poliomyelitis

A well organized plan of cooperation and service was developed to provide sufficient care for children suffering from poliomyelitis in the state in 1946, during the time of the study. The National Foundation for Infantile Paralysis and the State Board of Health with the cooperation of the medical profession worked out efficient plans to enable a stricken child to be taken to the nearest hospital for diagnostic care. From there children who needed treatment were transported to hospitals where a special setup had been provided for such patients. These hospitals were located so that care was available in every area of the state. Of hospitals having 25 beds or more, 87 per cent admitted patients with acute poliomyelitis. Thirty-two per cent of these larger hospitals rendered complete care. Thus if one hospital failed to have complete facilities needed for specific problems, the children were transported to one which did.

5. Convalescent Care for Poliomyelitis

Most of the hospitals which cared for patients in the acute stage of poliomyelitis had no facilities for convalescent care. The National Foundation for Infantile Paralysis arranged for such care in five of the larger hospitals. These hospitals were located so as to serve different areas of the state. Some families applied to the Florida Crippled Children's Commission for assistance. Children from these families were cared for in one of the four orthopedic hospitals or convalescent homes sponsored by the commission. Convalescent care was therefore readily available to any child in need of it, no matter where he lived in the state.

Summary

1. Florida general hospitals had an average of 11.4 beds per 1,000 children, a little better than half the rate in the highest of the eight selected states.

2. Metropolitan-adjacent counties had almost twice as many beds per 1,000 children as did the isolated counties.

3. About 6 per cent of the beds in general hospitals were assigned permanently to children.

4. Admissions of children to general hospitals for the year of the study, on the basis of the number of admissions per 1,000 children, were only 36 per cent of those in the highest of the eight selected states. The rate of isolated counties was 29 per cent less than the rate in metropolitan-adjacent counties.

5. Comparing hospitals on the basis of characteristics which are needed for good quality of care, Florida data reveal a much lower rate than the highest attained record of the eight selected states and one which does not reach the average of the sample states.

B. SPECIAL HOSPITALS ADMITTING CHILDREN

Of the 6 special hospitals admitting children, 1 was for patients with cardiac conditions, 1 was for feeble-minded and epileptic children, and 4 for those requiring orthopedic care. The locations of these special hospitals are shown in figure 15.

Excluding the Farm Colony[36] for feeble-minded and epileptic children, the total days of care in special hospitals was 58,177 for the year. The Farm Colony reported 237,757 days of care, which included custodial as well as hospital care.

The special hospitals, excluding the Farm Colony, provided annually an average of 104 days of care per 1,000 children in the state. The highest rate of the selected states was 246 days of care per 1,000 children in a year; the average of these states was 91 days; the lowest was 15 days. Florida ranks above the average, but shows a discrepancy of 57 per cent with the state having the highest record among the eight selected states.

C. OUTPATIENT SERVICES FOR CHILDREN

There were only 14 outpatient departments reported in Florida, all of which were in hospitals. Two of these hospitals had separate pediatric clinics. The total number of visits of children to outpatient departments for one year was 16,486.[37]

Chapter VII—RECOMMENDATIONS AND CONCLUSIONS

1. Florida Children's Commission

The pertinent facts revealed by the Florida study of available facilities for medical and health care of children give evidence that inequities and deficiencies exist. Florida ranks below the average of many other states in relation to the amount and distribution of health services provided for children. It is

36. The Farm Colony is the State Institution for the care of feeble-minded and epileptic children.

37. For the purpose of determining the total volume of medical care, it was necessary to include some figures for outpatient services for children; if not reported, these were estimated as 10 per cent of the total number of outpatient visits by persons of all ages.

FIG. 15. LOCATION OF SPECIAL HOSPITALS ADMITTING CHILDREN IN FLORIDA

believed that when local groups are aroused to the health needs of their children and have organizations set up to promote and carry out health programs, one of the prime difficulties will be overcome.

The Florida Children's Commission, appointed by the Governor, has included better health care for children as one of its objectives. The commission recognizes the influence of health factors on the development of the growing child in relation to character, mental training and social adjustments. To implement such a program, a Children's Committee in each county assumes responsibility for leadership on the local level. With such a body already organized or in the process of formation, it is believed that it is one of the logical groups with which the pediatricians and other physicians can work to achieve the goals set for better health services for children. It is suggested that a pediatrician or, in counties which have no pediatricians, a general practitioner who takes a special interest in children, should be appointed, as a consultant to or member of the Children's Committee. It is recommended on the state level, that a pediatrician be appointed to the Children's Commission. His knowledge of and experience with the growing child should be of inestimable value to the commission.

2. Training of Physicians in Child Health

Sixty-six per cent of the physicians' visits to children in Florida were made by general practitioners. Yet, 43 per cent of them reported that they had had none or less than one month's special training in pediatrics. It is believed that the majority of general practitioners would avail themselves of any feasible plans for added training. It is recommended that seminars be arranged at strategic locations in the state, so that the physicians would find it convenient to attend. These meetings would be for the purpose of discussing developments and strides made in methods of diagnosis, prevention and treatment of diseases of children. Such seminars could be sponsored by the Florida State Pediatric Association in cooperation with the Florida State Board of Health

3. Physicians' Services to Children

On the average, the general practitioners reported that 25 per cent of their patients were children but that less than one-fourth of these were well children. Further analysis showed that 31 per cent of the general practitioners saw no children on the day assigned them. It is recommended that in localities where there are no pediatricians, a greater number of general practitioners devote more time to well children.

4. Expansion of Community Health Services

Only twenty-eight counties reported having well child clinics. Two-fifths of the counties had no medical school services. A marked deficiency in programs for the immunization of young children against dread diseases was revealed in the study. Many counties were without full time public health nurses. A concerted effort on the state and local levels should be made to provide adequate community health services. It is recommended that the number of well child clinics for the supervision of medically indigent[38] children from the ages of 1 month to 5 years of age should be increased. These clinics should be so distributed that all such children can obtain health supervision. Programs for medical examination of preschool and elementary school chidren should be instituted. Such programs should include a follow-up system[39] to insure correction of defects as far as possible. The decision regarding whether or not corrections have been made as far as possible should be made by the family physician. Parents should be notified in respect to the findings of the medical examiner and in case of defects, referred to the family physician for correction. Medically indigent children should be the responsibility of the public health agency. It is further recommended that correction of defects should be compulsory, insofar as possible.[40]

If preventive medicine is to be expanded, an immunization program is needed in every county. It is recommended that before a child is enrolled in his first year of school he should be immunized against typhoid fever, smallpox, diphtheria, tetanus and whooping cough. Children should be referred to the family physician for such immunizations, except in cases of the medically indigent. Children from families who are unable to pay for immunizations should be the responsibility of the public health agency. The parent should be notified regarding the number and types of immunizations given and warned that in cases of exposure to a disease, further immunization may be called for. It is recommended that the State Board of Health carry on an intensive educational program for parents of young children in respect to the need for immunizations.

One of the major qualifications for a public health nurse is that of one full year's training in public health. In the year 1945, ony 32 per cent of the nurses in this field in Florida had had this required training. It is recommended that the present plan of providing post-graduate training for employees be continued, and when possible expanded. Insofar as is feasible, with the existing shortage of nurses in the nation, it is suggested that new appointees to the public health nursing staff meet the qualification of one full year's training in public health nursing.

5. Rheumatic Fever Program

The study did not reveal the facts pertaining to the prevalence of rheumatic fever among children in Florida. It is the concensus of the pediatricians in the state that the more severe stages of the diseases are seldom found among the children in Florida. Nevertheless, the earlier stages of the disease are serious in the effect they have upon the

38. The classification in respect to which families are medically indigent should be the responsibility of the social or public health agency which sponsors the clinics.

39. A follow-up system should include a file of individual health cards of the children examined. Each card should record the findings of the medical examiner and notation as to corrections made. This card should go with the child when he is transferred to another school.

40. When the findings of the medical examiner indicate defects, the respective child should have a certificate from the family physician or public health agency, as the case may be. This certificate should indicate that correction of defects, insofar as the attending physician deems possible, has been made before the child enrolls in school.

growth and health of the child. It is suggested that a special study of the prevalence of rheumatic fever among children in the state be made. This study could be sponsored by the Florida State Board of Health. Plans for improving the care of children suffering from this disease, could be based on the findings of the special study made.

6. Expansion of Hospital Facilities

According to the findings of the study, most of the hospitals admitted children. The lack of personnel and facilities resulted in a minimum number of children being able to obtain such needed service. Only 404 beds were permanently set up for the exclusive use of children and most of them were in the largest hospitals. It is recommended that the Hospital Planning Division of the Florida Improvement Commission plan for needed hospital facilities for children. It is believed that such plans could be more rapidly effected by enlarging present hospitals by placing special emphasis upon more pediatric beds and basic needs for laboratories, diagnostic equipment and all other features which assist in providing the highest quality of medical care for children. It is further recommended that medical centers should be so located that required hospitalization for children from all counties would be readily available.

7. Premature Infants

When expanding facilities in hospitals, special attention is directed to the need of better care for premature infants. It is recommended that all larger general hospitals and small hospitals, which serve a wide area, should have a separate nursery for premature infants. To implement the program of better care for the premature infants, several medical centers at strategic locations in the state should have facilities for training graduate nurses in this highly specialized type of care. Such a course of training would necessarily be of short duration but is highly desirable if infants in outlying counties are to have the required care.

8. A Long Term Program

There is little doubt but what the general improvement of child health services in Florida will evolve slowly and step by step. Nevertheless, it is gratifying to note the changes which are already taking place. All except five counties in Florida now have accredited public health agencies. There are now more physicians, dentists and public health nurses in the state than there were at the time the study was made. School and public health agencies are striving to work out better plans for medical school health services. Dental programs for the medically indigent children have expanded. Mental hygiene is now a recognized program with four clinics in operation.

With groups in each county aroused to the necessity of enlightening parents regarding the medical needs of their children and with the cooperation of medical, dental and public health agencies, many of the goals on both the state and local level can be achieved.

9. Recommendations on Dental Services for Children

There is a high correlation between good teeth and good health. Diseased teeth among children affect their health and, in turn, childhood diseases affect the teeth. The problem of providing adequate dental care for children is one of the most serious phases of any plans designed for the improvement of child care. The Florida State Dental Society is considering recommendations for more dental care for children. The State Board of Health has plans now in operation to meet the dental needs of a greater number of children among the medically indigent.

Appendix Tables

Appendix A. Child population, physicians, dentists, hospital beds and rates, by county in Florida

	County	Group	Child Population		Private Practitioners					
					Number			Number per 1,000 children		Number of beds in general hospitals
			Under 15 years	Under 5 years	Physicians		Dentists	Physicians	Dentists	
					Total	General practitioners				
1	Whole state		558,854	219,262	1,412	866	604	2.53	1.08	6,396
2	Alachua	3	11,493	4,519	23	19	9	2.00	0.78	116
3	Baker	2	2,778	1,049	1	1	0	0.36	—	0
4	Bay	3	12,624	3,936	16	14	8	1.27	0.63	66
5	Bradford	2	4,081	1,620	3	3	2	0.74	0.49	0
6	Brevard	4	4,212	1,516	7	6	5	1.66	1.19	46
7	Broward	2	11,857	4,534	48	24	17	4.05	1.43	193
8	Calhoun	4	3,121	1,404	4	4	1	1.28	0.32	0
9	Charlotte	4	771	296	2	2	1	2.59	1.30	0
10	Citrus	4	1,598	595	4	4	1	2.50	0.63	0
11	Clay	2	2,524	1,061	3	3	0	1.19	—	7
12	Collier	4	1,197	473	1	1	0	0.84	—	0
13	Columbia	3	5,751	2,523	9	7	4	1.56	0.70	57
14	Dade	1	65,966	25,793	336	154	134	5.09	2.03	1,156
15	De Soto	3	2,353	945	6	6	3	2.55	1.27	24
16	Dixie	4	2,274	1,308	1	1	1	0.44	0.44	0
17	Duval	1	65,990	25,053	165	80	75	2.50	1.14	798
18	Escambia	3	29,435	13,042	40	21	18	1.36	0.61	247
19	Flagler	4	601	237	1	1	0	1.66	—	0
20	Franklin	3	2,056	786	4	4	2	1.95	0.97	0
21	Gadsden	3	8,954	3,569	10	10	4	1.12	0.45	30
22	Gilchrist	4	1,566	712	0	0	0	—	—	0
23	Glades	4	610	249	1	1	0	1.64	—	0
24	Gulf	4	2,795	1,298	5	5	0	1.79	—	28
25	Hamilton	4	3,296	1,449	2	2	0	0.61	—	0
26	Hardee	2	2,653	1,086	4	4	2	1.51	0.75	15
27	Hendry	4	1,741	712	1	1	1	0.57	0.57	24
28	Hernando	4	1,541	634	3	3	2	1.95	1.30	25
29	Highlands	3	3,372	1,364	5	4	4	1.48	1.19	45
30	Hillsborough	1	51,528	20,938	130	68	53	2.52	1.03	917
31	Holmes	4	5,202	2,226	3	3	1	0.58	0.19	6
32	Indian River	3	2,441	885	5	5	2	2.05	0.82	18
33	Jackson	3	13,350	5,633	11	10	3	0.82	0.22	62
34	Jefferson	3	4,137	1,851	1	1	0	0.24	—	0
35	Lafayette	4	1,479	565	1	1	0	0.68	—	0
36	Lake	3	6,926	2,480	14	12	7	2.02	1.01	96
37	Lee	3	5,055	1,888	13	10	6	2.57	1.19	45
38	Leon	3	11,538	4,797	20	14	11	1.73	0.95	48
39	Levy	4	3,491	1,431	3	3	0	0.86	—	0
40	Liberty	4	1,011	368	0	0	0	—	—	0
41	Madison	3	6,245	2,998	6	6	2	0.96	0.32	14
42	Manatee	2	7,041	2,712	11	8	6	1.57	0.86	106
43	Marion	3	8,599	3,182	17	12	9	1.98	1.05	72
44	Martin	4	1,439	525	3	3	1	2.08	0.69	33
45	Monroe	3	4,615	1,772	5	5	5	1.08	1.08	68
46	Nassau	2	3,915	1,581	5	5	2	1.28	0.51	28
47	Okaloosa	4	4,970	2,023	4	4	2	0.80	0.40	17
48	Okeechobee	4	1,020	468	0	0	0	—	—	0
49	Orange	3	18,998	7,250	79	40	45	4.16	2.37	369
50	Osceola	3	2,014	691	3	3	2	1.49	0.99	58
51	Palm Beach	3	19,134	7,045	78	43	25	4.08	1.31	282
52	Pasco	2	4,074	1,535	5	5	2	1.23	0.49	20
53	Pinellas	1	19,391	6,958	103	66	52	5.31	2.68	421
54	Polk	2	26,333	9,905	59	44	16	2.24	0.61	256

Appendix A (cont'd). Child population, physicians, dentists, hopital beds and rates, by county in Florida

		County group	Child Population		Private Practitioners					Number of beds in general hospitals
					Number			Number per 1,000 children		
			Under 15 years	Under 5 years	Physicians		Dentists	Physicians	Dentists	
					Total	General practitioners				
55	Putnam	3	5,256	1,840	9	9	7	1.71	1.33	55
56	St. Johns	2	4,914	1,842	10	8	8	2.04	1.63	153
57	St. Lucie	3	3,937	1,542	8	8	3	2.03	0.76	47
58	Santa Rosa	4	5,502	2,060	5	5	1	0.91	0.18	0
59	Sarasota	3	4,131	1,554	19	16	9	4.60	2.18	84
60	Seminole	3	5,873	2,067	13	10	4	2.21	0.68	32
61	Sumter	4	3,361	1,300	4	4	1	1.19	0.30	0
62	Suwannee	3	5,924	2,514	5	5	1	0.84	0.17	0
63	Taylor	3	3,263	1,304	4	4	2	1.23	0.61	0
64	Union	4	1,887	812	1	1	0	0.53	—	0
65	Volusia	3	12,029	4,090	42	32	18	3.49	1.50	199
66	Wakulla	4	2,086	953	0	0	0	—	—	0
67	Walton	3	5,174	2,007	3	3	3	0.58	0.58	13
68	Washington	4	4,388	1,916	5	5	1	1.14	0.23	0

Notes

1. Child population, estimated as of July 1, 1945.
2. Physician and dentists in private practice in Spring and Summer, 1946.
3. Beds in general hospitals in 1945.
4. See Fig 1 for classification by county group.

Appendix B. Physicians, by type of specialty, and number of dentists in each county and each city with 10,000 or more population in Florida in Spring and Summer of 1946.

County and city	Number of physicians											Number of dentists
				Other specialties								
	Total	General Practitioners	Pediatricians	Internal medicine	Allergy	Psychiatry and neurology	Surgery (except orthopedic)	Orthopedic surgery	Obstetrics and gynecology	Ophthalmology and otolaryngology	Radiology, pathology and anesthesiology	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1. Whole state	1412	866	59	133	4	13	125	18	61	101	32	604
2. Alachua	**23**	**19**					**2**			**2**		**9**
3. Gainesville	16	12					2			2		8
4. Balance	7	7										1
5. Baker	1	1										0
6. Bay	**16**	**14**					**2**					8
7. Panama City	15	13					2					8
8. Balance	1	1										
9. Bradford	3	3										2
10. Brevard	7	6		1								5
11. Broward	**48**	**24**	**2**	**6**			**7**		**3**	4	2	**17**
12. Fort Lauderdale	35	13	1	6			7		3	3	2	12
13. Balance	13	11	1							1		5
14. Calhoun	4	4										1
15. Charlotte	2	2										1
16. Citrus	4	4										1
17. Clay	3	3										0
18. Collier	1	1										0
19. Columbia	9	7								1	1	4
20. Dade	**336**	**154**	**21**	**54**	**2**	**5**	**36**	**10**	**20**	**24**	**10**	**134**
21. Miami	232	107	11	32		4	29	7	14	20	8	108
22. Miami Beach	76	35	5	16	2	1	6	1	4	4	2	15
23. Balance	28	12	5	6			1	2	2			11
24. De Soto	6	6										3
25. Dixie	1	1										1
26. Duval	**165**	**80**	**10**	**16**	**1**	**2**	**18**	**3**	**14**	**15**	**6**	**75**
27. Jacksonville	163	78	10	16	1	2	18	3	14	15	6	75
28. Balance	2	2										
29. Escambia	**40**	**21**	**2**	**3**			4	**1**	4	4	**1**	18
30. Pensacola	38	19	2	3			4	1	4	4	1	18
31. Balance	2	2										
32. Flagler	1	1										0
33. Franklin	4	4										2
34. Gadsden	10	10										4
35. Gilchrist												0
36. Glades	1	1										0
37. Gulf	5	5										0
38. Hamilton	2	2										0
39. Hardee	4	4										2
40. Hendry	1	1										1
41. Hernando	3	3										2
42. Highlands	5	4	1									4
43. Hillsborough	**130**	**68**	**6**	**12**	**1**	**1**	**19**	**1**	**8**	**10**	**4**	**53**
44. Tampa	123	62	6	12	1	1	18	1	8	10	4	51
45. Balance	7	6					1					2
46. Holmes	3	3										1
47. Indian River	5	5										2
48. Jackson	11	10		1								3
49. Jefferson	1	1										0
50. Lafayette	1	1										0
51. Lake	14	12					1			1		7
52. Lee	**13**	**10**	**1**							**2**		**6**
53. Fort Myers	13	10	1							2		6

Appendix B (cont'd). Physicians by type of specialty, and number of dentists in each county and each city with 10,000 or more population in Florida in Spring and Summer of 1946.

County and city	Number of physicians											Number of dentists
				Other specialists								
	Total	General practitioners	Pediatricians	Internal medicine	Allergy	Psychiatry and neurology	Surgery (except orthopedic)	Orthopedic surgery	Obstetrics and gynecology	Ophthalmology and otolaryngology	Radiology, pathology and anesthesiology	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
54. Balance												0
55. Leon	**20**	**14**	**1**				**1**			**4**		**11**
56. Tallahassee	20	14	1				1			4		11
57. Balance												0
58. Levy	3	3										0
59. Liberty												0
60. Madison	6	6										2
61 Manatee	11	8					1			2		6
62. Marion	17	12					2			2	1	9
63. Martin	3	3										1
64. Monroe	**5**	**5**										**5**
65. Key West	5	5										5
66. Balance												0
67. Nassau	5	5										2
68. Okaloosa	4	4										2
69. Okeechobee	0	0										0
70. Orange	**79**	**40**	**7**	**5**		**3**	**10**	**1**	**4**	**8**	**1**	**45**
71. Orlando	70	33	7	3		3	10	1	4	8	1	41
72. Balance	9	7		2								4
73. Osceola	3	3										2
74. Palm Beach	**78**	**43**	**2**	**13**			**8**		**4**	**5**	**3**	**25**
75. W. P. Beach	53	24	2	11			4		4	5	3	16
76. Balance	25	19		2			4					9
77. Pasco	5	5										2
78. Pinellas	**103**	**66**	**2**	**16**		**1**	**7**	**2**	**1**	**6**	**2**	**52**
79. St. Petersburg	84	49	2	15		1	6	2	1	6	2	43
80. Clearwater	12	10		1			1					7
81. Balance	7	7										2
82. Polk	**59**	**44**	**2**	**3**			**3**		**2**	**4**	**1**	**16**
83. Lakeland	29	16	2	3			3		2	2	1	9
84. Balance	30	28								2		7
85. Putnam	9	9										7
86. St. Johns	**10**	**8**					**1**			**1**		**8**
87. St. Augustine	10	8					1			1		8
88. Balance												0
89. St. Lucie	8	8										3
90. Santa Rosa	5	5										1
91 Sarasota	**19**	**16**	**1**	**1**						**1**		**9**
92. Sarasota	18	15	1	1						1		9
93. Balance	1	1										
94. Seminole	**13**	**10**		**1**			**1**			**1**		**4**
95. Sanford	12	9		1			1			1		4
96. Balance	1	1										
97. Sumter	4	4										1
98. Suwannee	5	5										1
99. Taylor	4	4										2
100. Union	1	1										0
101. Volusia	**42**	**32**	**1**	**1**		**1**	**2**		**1**	**4**		**18**
102. Daytona Beach	31	22	1			1	2		1	4		12
103. Balance	11	10		1								6
104 Wakulla	0	0										0
105 Walton	3	3										3
106. Washington	5	5										1

Notes

1. Of the number of dentists reporting type of practice, 91 per cent were general practitioners.

Appendix C. Community health services for children during one year in each county and city of 50,000 or more population in Florida in 1945.

County	Medical well child clinics				Dental clinics		Public health nursing		School health services		Location of clinics					
	Number of sessions		Number of centers		Number of dentist-hours		Number of full-time public health nurses					Services for physically handicapped				
	Off.	Vol.	Off.	Vol.	Off.	Vol.	Off.	Vol.	Medical service	Nursing service only	Mental hygiene Service	Orthopedic and plastic	Rheumatic fever	Speech	Vision	Hearing
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
1 Whole state	2,975				8,598	1,365	199	8								
2 Alachua	45		5				10		*			*				
3 Baker	30		1		136		1		*							
4 Bay	10		1				4		*			*				
5 Bradford	50		2				1		*							
6 Brevard							1			*		*				
7 Broward	79		3				6		*			*				
8 Calhoun																
9 Charlotte						R	1			*						
10 Citrus												*				
11 Clay							1		*							
12 Collier																
13 Columbia							1		*			*				
14 Dade	151		2		2,080		37	2	*			*				
15 Miami	X		NR		X		X	2	*			*				
16 Balance	X		NR		X		X		*							
17 De Soto							1			*						
18 Dixie												*				
19 Duval	349		11		120		24		*			*				
20 Jacksonville	200		1				18			*		*				
21 Balance	149		10		120		6		*							
22 Escambia					88		6	1	*							
23 Flagler																
24 Franklin	50		2		90		1		*							
25 Gadsden	153		5				5a			*		*				
26 Gilchrist																
27 Glades	4		1				1		*							
28 Gulf	29		1				1		*			*				
29 Hamilton																
30 Hardee												*				
31 Hendry																
32 Hernando									*							
33 Highlands	85		2		'150'		2		*							
34 Hillsborough	656		19		1,820		25	2	*			*				
35 Tampa	X		NR		X		X	X	*			*				
36 Balance	X		NR		X		X	X	*							
37 Holmes					56		1		*							
38 Indian River							1		*							
39 Jackson							2			*		*				
40 Jefferson	24		1		120		1		*							
41 Lafayette																
42 Lake	18		5		200		4		*							
43 Lee							1c					*				
44 Leon	72		NR		R		7		*			*				
45 Levy	50		1				1		*							
46 Liberty							b			*						
47 Madison	22		5		'148'		1		*			*				
48 Manatee							1		*							
49 Marion									*			*				
50 Martin																
51 Monroe	77		1		146		6		*			*				
52 Nassau	13		4				2		*							
53 Okaloosa							1			*						
54 Okeechobee							1									
55 Orange	168		7		48R		10	1	*			*				

Appendix C (cont'd). Community health services for children during one year in each county and city of 50,000 or more population in Florida in 1945.

County	Medical well child clinics				Dental clinics		Public health nursing		School health services		Location of clinics					
	Number of sessions		Number of centers		Number of dentist-hours		Number of full-time public health nurses					Services for physically handicapped				
	Off.	Vol.	Off.	Vol.	Off.	Vol.	Off.	Vol.	Medical services	Nursing service only	Mental hygiene Service	Orthopedic and plastic	Rheumatic fever	Speech	Vision	Hearing
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
56 Osceola						1365	3	1	*			*				
57 Palm Beach																
58 Pasco																
59 Pinellas	130		4		'714'		10	1	*		*					
60 St. Petersburg	X		NR		X		10	1	*		*					
61 Balance	X		NR		X				*							
62 Polk	240		1		102		1		*			*				
63 Putnam					'174'		1		*			*				
64 St. Johns	4		2		2.200				*							
65 St. Lucie										*		*				
66 Santa Rosa							1			*		*				
67 Sarasota					11							*				
68 Seminole	96		3		80		3		*							
69 Sumter	18		1				1		*							
70 Suwannee												*				
71 Taylor					80		1		*			*				
72 Union																
73 Volusia	138		5		R		6		*			*				
74 Wakulla	50		3		35		1		*							
75 Walton							1		*		*					
76 Washington	164		5				1		*							

Notes

1. Data given for a specific service in a city of 50,000 or more population, if reported separately.
2. Blank space indicates that specified service is not given in particular location, although services may be available elsewhere to residents of that county or city.
3. X Indicates that allocation of particular service between city and county not reported.
4. * indicates that specified service is given or clinic is located in particular county or city.
5. NR indicates not reported.
6. R indicates dental services (other than examinations) in particular county or city are provided through organized referral to private offices, hours of which are not included.
7. a indicates one or more of these nurses serve other counties.
8. b indicates nursing service available from another county.
9. c indicates nurse employed by the U. S. Indian Service listed only in county of headquarters although service may be available for other counties.
10. Figures shown in quotes are statistical estimates.