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The Fife-Hamill Memorial Health Center
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CHILDREN'S BUREAU
STATISTICAL SERIES

NUMBER **10**

one in three hundred...

**CHILDREN SERVED
BY THE
CRIPPLED CHILDREN'S
PROGRAM IN 1948**

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This is the first release in a series which will be based on data provided to the Children's Bureau by State crippled children's agencies. The reporting system was designed by Lillian R. Freedman, Chief of the Health Program Section. Jerry Solon, Program Analyst, wrote the report under the supervision of Miss Freedman.

one in three hundred..

**CHILDREN SERVED
BY THE
CRIPPLED CHILDREN'S
PROGRAM IN 1948**

■ ONE CHILD OUT OF EVERY THREE HUNDRED CHILDREN in the United States received "crippled children's services" in 1948.

"Crippled children's services" means here the diagnostic and treatment services given to children under the State crippled children's programs. Every State (including, as the term is used in this paper, the District of Columbia, Alaska, Hawaii, Puerto Rico and the Virgin Islands) has such a program. These programs are cooperatively financed by Federal funds, appropriated under the Social Security Act, and by State funds; in some jurisdictions local funds are also used.

Services under the programs are provided by physicians and surgeons, nurses, medical social workers, physical therapists and occupational therapists, nutritionists, dentists and orthodontists, speech and hearing therapists, and other medical personnel. Children receive services mainly in clinics, hospitals, convalescent homes, physicians' offices, and in their own homes.

TYPES OF SERVICES

In this the thirteenth year of its operation, the Federal-State program reached 175,000 children under 21 years of age.

Nine out of every ten of the children received services which included attendance of physicians. These 155,000 children received clinic services, hospital in-patient care, con-

valescent-home care, or services by physicians through office and home visits (see Table 1).

While receiving direct services from a physician supervising their care, they were also served, as needed, by nurses, physical therapists, medical social workers, and the other personnel making up the rounded team of the crippled children's program. An additional 20,000 children received services from one or more members of the team without being seen by a physician.

. The proportions of children who received the various types of services which included attendance of physicians are shown in Chart 1. Most of the children were seen at clinics. They came either to permanent clinic centers or, in more isolated areas, to itinerant clinics held at intervals in outlying areas.

Usually the State programs also make provisions for children to be seen by physicians in their offices or in the child's home. These arrangements enable children to receive diagnostic or treatment services in lieu of or supplemental to clinic services; for example, when clinic facilities are not available, or when the services of a specialist not available in a clinic are needed. About 12,000 children were served in this way by physicians during the year.

One child out of five was hospitalized. A very small proportion (3 percent) received services in convalescent homes. These in-patient services constituted the most expensive single element in the program, because of the high unit cost of such care and the long periods of hospitalization and convalescent care often needed. Hospital and convalescent-home care make up about half of all expenditures of Federal funds and the matching portions of State funds under the crippled children's programs.

MORE CHILDREN ARE RECEIVING SERVICES EACH YEAR

The State programs are reaching a gradually widening circle of crippled children as funds, facilities, and personnel are added from time to time, as itinerant clinics make the rounds of the States and case finding methods are extended, and as different types of conditions are included under the programs. Thus treatment for children with rheumatic fever and heart disease, cerebral palsy, epilepsy, speech and hearing defects, and others

Table 1

TYPES OF SERVICES RECEIVED UNDER THE
CRIPPLED CHILDREN'S PROGRAM IN 1948^a

(Totals rounded to nearest 1,000)

Type of service	Number of children	Amount of service	
		Total	Average per child ^b
Any combination of services _____	175,000	_____	_____
Any combination of services which included attendance of physician (1-4 below) _____	155,000	_____	_____
			Visits
1. Clinic service _____	131,000	284,000	2.2
2. Physician's office and home services _____	12,000	39,000	3.1
			Days' care
3. Hospital in-patient care _____	32,000	1,335,000	41.5
4. Convalescent-home care _____	5,000	484,000	97.1
Any combination of other services exclusive of 1-4 above _____	20,000	_____	_____

^a Services provided or purchased by official State agencies under the Social Security Act, Title V, Part 2. Data are for total U. S. including the 48 States, District of Columbia, Alaska, Hawaii, Puerto Rico and Virgin Islands.

^b Based on unrounded figures.

MOST OF THE 155,000 CHILDREN WHO RECEIVED SERVICES OF PHYSICIANS UNDER THE CRIPPLED CHILDREN'S PROGRAM IN 1948 WERE ATTENDED AT CLINICS

Many also received surgical and hospital care

Each of these types of services . . .

was received by the proportion shown below:

CLINIC SERVICE

85%

HOSPITAL IN-PATIENT CARE

21%

CONVALESCENT-HOME CARE

3%

PHYSICIAN'S OFFICE AND HOME SERVICES

8%

Some children received several types of services, and so show up in more than one group.

are gradually being added by States to programs which in the past included only children with orthopedic and plastic conditions. Treatment for children with such additional conditions is usually inaugurated through special programs set up in selected areas of a State.

At least 50 percent more children received services in 1948 than in 1943,* the number having mounted gradually over that period (see Table 2**). The increase has been much more rapid than the growth in the child population, which increased 6 percent from 1943 to 1948. The ratio of children who received services per 1,000 children under 21 years of age was 2.3 in 1943, and 3.3 in 1948.

The expansion of the program took place almost entirely in the form of services to children in clinics. Chart 2, which--along with Table 2--traces the major services since 1937 (data are not available for 1936, the first year of the Federal-State program), shows the rising trend in the number of children who were attended at clinics or through physicians' office or home visits. About 80,000 children annually received these services in the early years of the program. After an upward trend, services were curtailed because of the wartime shortages of personnel and facilities. Since the war, the number of children receiving these services has increased at an annual rate of roughly 15 percent.*** About 138,000 children, in 1948, received clinic services and physician's office and home services.

In contrast to the rapidly gaining trend of clinic services, approximately the same numbers of children as in the prewar years received hospital and convalescent-home care in 1948. The number of hospitalized children fell off during the war to roughly 24,000 a year, but quickly built up again to 32,000.

Little change has taken place in the frequency of the average child's visits for clinic services and physician's office and home services. During each year throughout the period 1937-48, there was an average of somewhat over 2 visits per child among the children receiving these services.

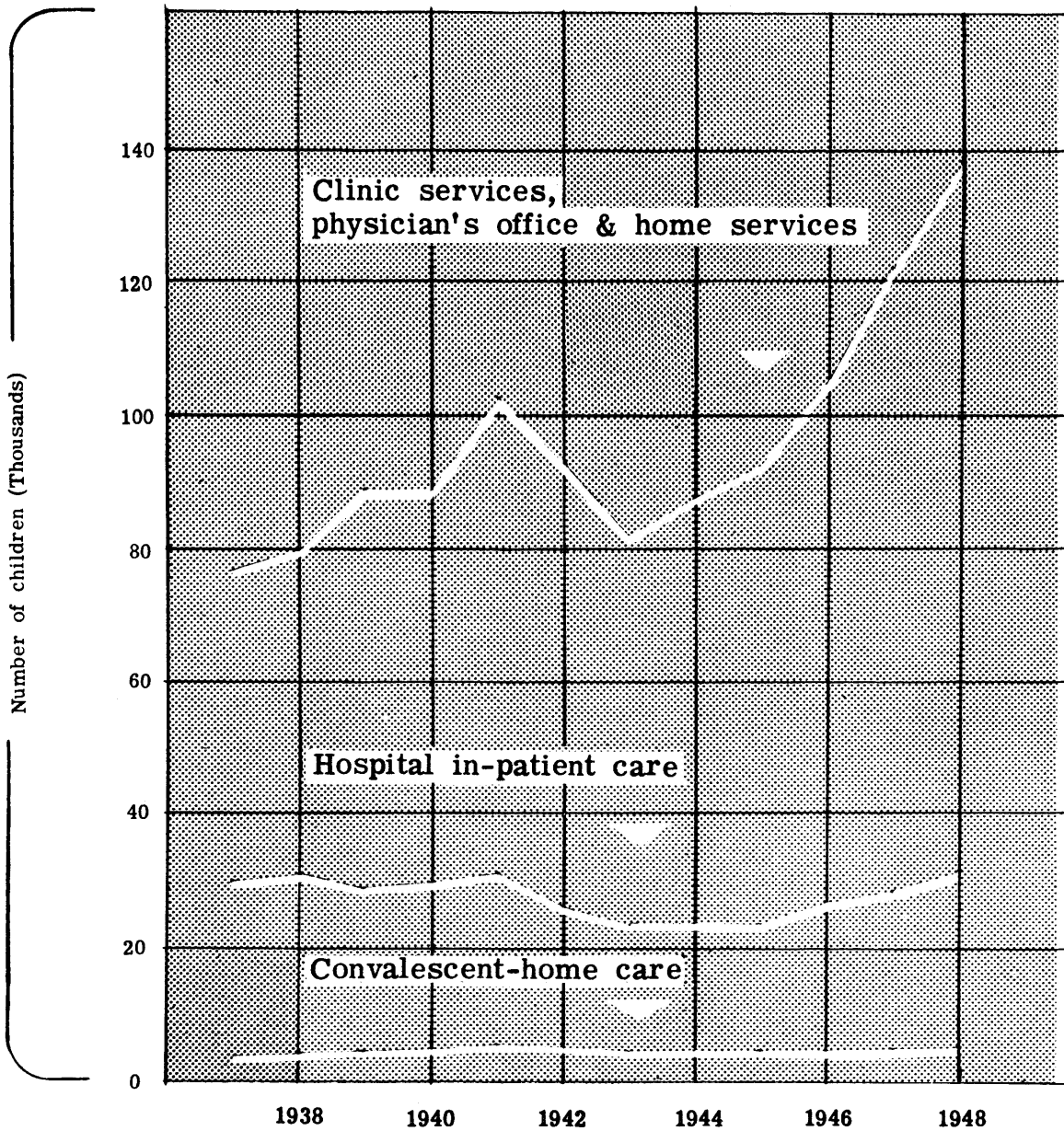
* A total unduplicated count of children receiving services first became available in 1943.

** Attached, along with succeeding tables, at end of report.

*** Partial reports for 1949 and 1950 show that this trend has continued.

CRIPPLED CHILDREN'S CLINIC SERVICES ARE REACHING INCREASING NUMBERS OF CHILDREN IN NEED OF CARE

Hospital and convalescent-home care under the crippled children's programs have remained more constant



Children have been staying progressively shorter periods in the hospital in recent years. During the early years of the program, the average time spent in the hospital went up from 44 days to 53 days. Since 1943, however, the trend has been continuously downward, and in 1948 the average length of stay--42 days--was the shortest in the experience of the program.*

The decline in length of hospitalization is due to a variety of causes. The development of treatment methods permitting earlier ambulation has of course contributed to this trend. The sharply increasing costs of hospital care have undoubtedly also been an important influence. As this major cost factor in the program has made itself felt, there has been an increasing emphasis on earlier discharge. This has been accompanied by an apparent trend toward providing treatment services increasingly on an out-patient basis, at clinics and doctors' offices. Availability of local health services, particularly public health nursing service, has frequently permitted earlier return of hospitalized children to their own homes with continuing health supervision. Improved diagnostic techniques and the extension of diagnostic clinic services to larger numbers of children have probably had the effect of earlier detection and diagnosis of diseases and disabilities, thus tending to reduce the extent and length of treatment, including surgical procedures and hospitalization.

The average convalescent-home stay during a year has fluctuated between 86 and 109 days. This average is apt to show considerable chance variation from year to year, since so small a number of children receive convalescent-home care. In 1948, the average of 97 days stood at about the midpoint of the experience for the 12-year period starting with 1937. Some of the same influences which have brought down the average length of hospitalization might be expected to have also reduced the length of convalescent-home care. The effects there are not revealed by the data, however, partly due to the offsetting influence of earlier transfers from the hospital to the convalescent home.

* Further declines are evidenced in partial reports for 1949 and 1950. Despite the downward trend in average length of stay, the total number of days of care provided under the program has gone up with the moderate increases, since 1945's low, in the number of children hospitalized (see Table 2).

Regarding State Comparisons . . .

With each State developing and administering its program, there are of course many variations in the organization, content, and administration of the programs from State to State.

The Children's Bureau has defined, for purposes of a national reporting system, selected elements of service which are uniformly reportable. The types of services and the conditions under which they are reportable are those which have been found generally common to the State programs and applicable to most situations. What they may fail to reveal in a particular program or situation, they make up for by permitting an ordered portrayal of major services of the programs in composite.

Comparisons within this framework may be more harmful than helpful if State differences observed in the data are used as sole criteria for evaluations. State comparisons can and should be useful as points of departure for further exploration.

THE STATE PROGRAMS REACH DIFFERENT PROPORTIONS OF THE CHILD POPULATION

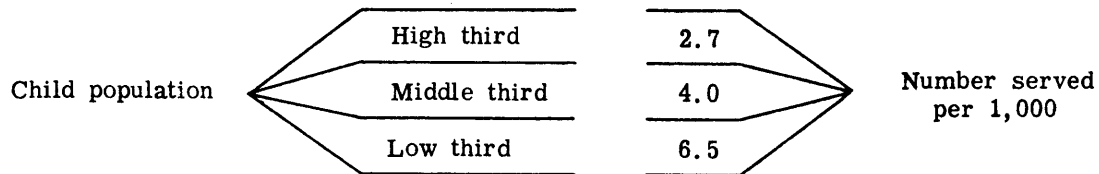
How many children receive services from a particular crippled children's agency depends on the need of children in that State for services, the availability of other resources, and the capacity and effectiveness of the program in reaching the children in need. The variations in the costs of care and the conditions treated in different States also affect the number of children served.

The extent of services received has been measured against the child population under 21 years of age. Thus an average of 3.3 children out of every thousand received services during 1948 for the country as a whole. Statewise (see Table 3) the rates ranged from

1.3 in Texas and 1.4 in New Jersey, to 12.5 in Nevada and 12.7 in the Virgin Islands.*

Chart 3 gives a picture of the comparative rates over the country.

There is a distinct tendency for proportionately fewer children to receive services under the crippled children's program in the highly populated States than in the less populated. If the States are ranked in three groups according to the number of children under 21 years, the numbers served per thousand for the high, middle and low population groups stand in inverse order:

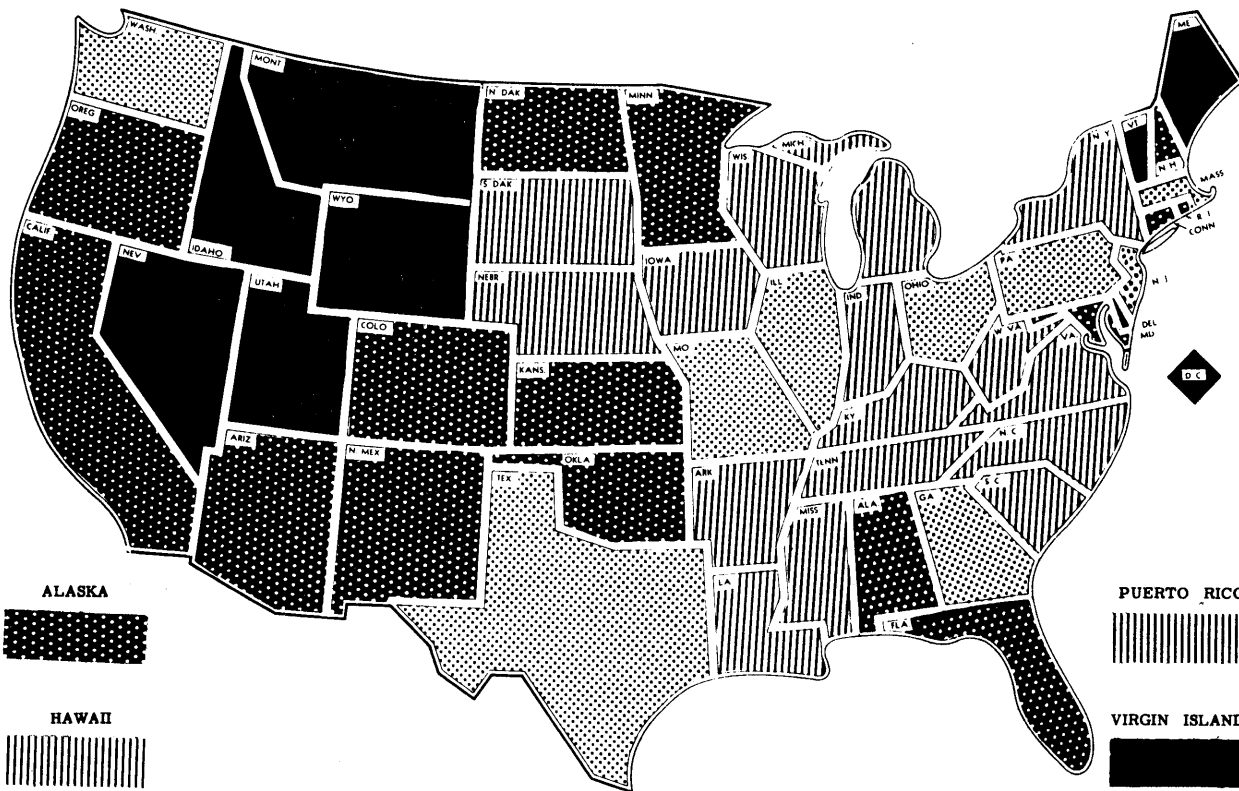






The inverse connection between size of population and proportion of children served by the programs is most likely due to the fact that many large cities are not covered by the State program for crippled children. Crippled children's services had been developed under local public auspices in many large cities before the development of the Federal-State program. It is in the large cities, too, that needs are more apt to be covered by services of voluntary organizations, hospital out-patient departments, and other organized resources besides the public programs. Examination of data for the largest cities of the country shows, in fact, that in almost every case a much smaller proportion of children in the city is served by the State program than is true for the State as a whole.

The effect of this is reflected in variations of State rates of service according to the proportion of the population living in cities of 50,000 or more. Among the twelve States where less than 10 percent of the population is found in these large cities, an average of 5 children per thousand were served by the State crippled children's program. The rate

* Closely related to these rates based on all professional services are those based on "physician's services" (see Table 3). The latter is used to designate clinic service, physician's office and home services, hospital in-patient care, and convalescent-home care. The two series of rates show a rank order correlation of $.97 \pm .14$.

THE MORE POPULOUS STATES' CRIPPLED CHILDREN'S SERVICES REACH SMALLER PROPORTIONS OF THE CHILD POPULATION



Number of children who received services per 1,000 population under 21 years: 1948	
	6.5 & Over (10 States)
	4.5 - 6.4 (16 ")
	2.5 - 4.4 (18 ")
	Under 2.5 (9 ")

was only 3 per thousand among the ten States whose big-city population constituted more than 40 percent of the total.*

This relationship is significant evidence of the carrying out of the program's intent, for the Social Security Act, in establishing the crippled children's grant-in-aid program, directed special attention to the extension and improvement of services in rural and needy areas. Thus the distribution of Federal funds to the States under the program is designed to favor the low-income and rural States.

EMPHASIS ON THE TYPES OF SERVICES VARIES FROM STATE TO STATE

As shown earlier, of the 155,000 children who received physician's services, the proportion receiving each of the types of services involved was as follows:

	percent
Clinic service	85
Hospital in-patient care	21
Convalescent-home care	3
Physician's office and home services	8

These are the national averages. Emphasis on the different types of services varied widely among the States (see Table 4). For example, one State (Arizona) furnished convalescent-home care to one-fourth of the children attended by doctors under the program, while as many as 13 States did not provide any convalescent-home care at all under their programs. Availability of convalescent-home facilities and the types of crippling conditions covered are probably the main factors behind variations in this type of care.

* These gross measures for the extremes alone should not be taken to imply that the relationship holds clearly throughout. For the country as a whole, the correlation (product-moment) between the State service rates and the proportion of the population in cities of 50,000 or more is $-.33$. While small, the correlation is statistically reliable at the 5 percent level of significance.

In Ohio and New Jersey, where many crippled children are seen at clinics which are not operated directly by the State crippled children's agency, clinic service under the program shows up relatively more lightly than in virtually every other State. In this regard, the least emphasis is shown in Texas, where relatively more use is made of physicians in their own offices. There half of all the children who received physician's services were so attended. The Texas program stands in contrast to 14 State programs which reported that none of their children were seen under their auspices by physicians outside of clinics, hospitals or convalescent homes.

The variations in relative emphases which can be observed in Table 4 are reflections of differences in content and organization of programs. These differences sometimes flow from different philosophies of program responsibility; sometimes from considerations of priority made necessary by limited resources, and by the nature of community resources otherwise available; and sometimes from community attitudes which shape the development of a program.

THE AMOUNT OF SERVICES CHILDREN GET VARIES IN THE DIFFERENT STATES

Differences among the programs in the amount of services which children receive (see Table 5) may reflect different operating conditions, along with the factors mentioned above. To take extremes: arrangements for getting snowbound Alaska's children into clinics are vastly different from those possible in the urban program of the District of Columbia. And so crippled children in Alaska are rarely seen at a clinic more than once a year, while in the District of Columbia those who came to clinics were seen on an average of 9 times during 1948. But why did New Mexico show only a single visit during the year for all but a handful of children? One reason is that clinic services provided by the program were supplemented by those of the Carrie Tingley Hospital. Whys and wherefores may be numerous, and Table 5 (in conjunction with Table 6) may be used as a starting point for inquiring into factors associated with large differences.

On the whole, frequency of clinic visits did not vary greatly among the States. Other than the District of Columbia and Puerto Rico, which reported, respectively, averages of

9 and 5 clinic visits per child receiving clinic service, the State averages were not dispersed far from the national average of 2.2 visits:

In this number of States	6	1.0	the averages clustered around this number of visits
	19	1.5	
	13	2.0	
	9	2.5	
	4	3.0	
	<u>4</u>		
	51		

The average amount of time spent in the hospital ranged among the States all the way from 10 days per child (Arizona), to 79 days (New York) and 211 days (Alaska). The latter was of course extremely atypical, largely due to transportation difficulties and the fact that a very large proportion are cases of tuberculosis of bones and joints requiring prolonged hospitalization. Excluding Alaska, and Delaware (where hospitalization is furnished through resources other than the State agency), the remaining States were distributed as follows according to the average number of days of care per hospitalized child:

Number of States	4	10-19.9	Days
	15	20-29.9	
	11	30-39.9	
	8	40-49.9	
	6	50-59.9	
	3	60-69.9	
	<u>4</u>	70-79.9	
	51		

The diverse types of crippling conditions accepted for care in the different State programs are of course influential in determining the length of hospitalization and would account for much of the variation. This also applies to the extent of care provided in convalescent homes.

Thirteen State programs did not provide convalescent-home care at all in 1948, and two additional States provided virtually none. In the remaining 38 States, the average stay per child in convalescent homes varied from 29 days (North Dakota) to as high as 263 days (Pennsylvania). The distribution in summary:

Number of States	3	Under 50	Days
	14	50- 99.9	
	11	100-149.9	
	7	150-199.9	
	2	200-249.9	
	1	250-299.9	
	<u>38</u>		

■ The data presented here tell something about the nature, extent and accomplishments of the State crippled children's programs. They reveal variations among the programs. Numerous circumstances may account for the variations and for apparent departures from the "usual," as some of the explanations in the discussion above have shown. The data sometimes reveal these explanations, sometimes raise questions and provide clues for further exploration. These program statistics, in either event, can serve as invaluable aids and guides to understanding the programs and to their administration.

Table 2

TRENDS OF SERVICES RECEIVED UNDER THE CRIPPLED CHILDREN'S PROGRAM^a
1937-1948

Type of service	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Total number of children who received service ^b ..	(c)	(c)	(c)	(c)	(c)	(c)	115,000	125,000	130,000	155,000	175,000	2175,000
Major types of services												
HOSPITAL IN-PATIENT CARE												
Number of children.....	30,000	31,000	29,000	30,000	31,000	26,000	24,000	24,000	24,000	27,000	29,000	32,000
Number of days' care.....	1,323,000	1,398,000	1,376,000	1,465,000	1,493,000	1,346,000	1,263,000	1,225,000	1,221,000	1,250,000	1,289,000	1,335,000
Average number of days per child ^f	44.0	45.7	46.7	48.3	48.1	50.9	53.2	52.0	51.0	46.3	45.1	41.5
CONVALESCENT HOME CARE												
Number of children.....	3,900	4,300	4,800	4,900	5,300	5,000	4,600	4,200	4,300	4,400	4,500	5,000
Number of days' care.....	380,000	372,000	410,000	443,000	502,000	517,000	463,000	446,000	464,000	445,000	479,000	428,000
Average number of days per child ^f	97.3	85.8	86.2	89.6	94.1	103.8	99.7	107.0	108.7	100.5	96.3	77.1
CLINIC SERVICE and PHYSICIAN'S OFFICE AND HOME SERVICES												
Combined counts:												
Number of children.....	77,000	80,000	89,000	89,000	103,000	93,000	82,000	86,000	92,000	105,000	122,000	143,300
Number of visits ^g	193,000	181,000	196,000	196,000	221,000	201,000	183,000	184,000	200,000	240,000	285,000	322,000
Average number of visits per child ^f	2.5	2.3	2.2	2.2	2.1	2.2	2.2	2.1	2.2	2.3	2.3	2.3
Individual counts:												
Clinic visits.....	(c)	162,000	176,000	166,000	189,000	178,000	164,000	171,000	176,000	205,000	215,000	284,000
Physician's office and home visits.....	(c)	19,000	21,000	31,000	32,000	22,000	19,000	13,000	23,000	35,000	40,000	39,000

^a Includes, up to 1948, services administered or financed in whole or in part by official State agencies under the Social Security Act, Title V, Part 2; for 1948, includes only services provided or purchased by the official State agencies exclusive of pre-diagnostic services. Data for 1937 are for 45 States, District of Columbia, Alaska, Hawaii (Georgia, Louisiana, Oregon not participating); for 1938, Georgia and Oregon also included; and for 1939, Louisiana as well (except for first quarter). Puerto Rico included beginning the last half of 1940, and Virgin Islands beginning the last half of 1947.

^b Not available

^c Not available

^d Changes in definitions of coverage beginning with 1948 narrowed the basis for this count (see footnote e). Corresponding figure comparable to those of prior years estimated as 195,000.

^e Estimated on basis of data reported on total admissions (including readmissions).

^f Based on unrounded figures.

^g Not always the sum of figures given below for clinic visits and other physician visits because of independent rounding.

^h Estimated as unapplicated number of children who received clinic service and/or physician's office and home services.

Table 2

PROPORTION OF CHILD POPULATION WHO RECEIVED SERVICES
UNDER THE CRIPPLED CHILDREN'S PROGRAM IN 1948,^a BY STATE

State	Number of children under 21 years ^b	Children who received any professional services		Children who received physician's services ^c	
		Number	Rate per 1,000 child population	Number	Rate per 1,000 child population
United States.....	53,200,000	174,963	3.3	155,239	2.9
Alabama.....	1,274,000	7,367	5.8	6,699	5.3
Alaska.....	49,000	259	5.3	259	5.3
Arizona.....	280,000	1,515	5.4	1,515	5.4
Arkansas.....	823,000	3,071	3.7	2,968	3.6
California.....	3,180,000	15,344	4.8	15,344	4.8
Colorado.....	429,000	2,675	6.2	1,713	4.0
Connecticut.....	632,000	2,848	4.5	2,622	4.1
Delaware.....	101,000	764	7.6	764	7.6
District of Columbia.....	261,000	2,184	8.4	2,184	8.4
Florida.....	855,000	4,807	5.6	4,807	5.6
Georgia.....	1,343,000	2,894	2.2	2,812	2.1
Hawaii.....	226,000	591	2.6	591	2.6
Idaho.....	212,000	1,665	7.9	1,665	7.9
Illinois.....	2,726,000	6,382	2.3	6,048	2.2
Indiana.....	1,350,000	3,439	2.5	3,439	2.5
Iowa.....	907,000	2,919	3.2	2,919	3.2
Kansas.....	659,000	3,735	5.7	2,501	3.8
Kentucky.....	1,174,000	4,358	3.7	3,971	3.4
Louisiana.....	1,070,000	4,308	4.0	4,054	3.8
Maine.....	329,000	2,368	7.2	1,579	4.8
Maryland.....	755,000	3,914	5.2	3,792	5.0
Massachusetts.....	1,477,000	2,204	1.5	2,047	1.4
Michigan.....	2,208,000	8,192	3.7	6,130	2.8
Minnesota.....	1,032,000	5,717	5.5	3,439	3.3
Mississippi.....	956,000	3,023	3.2	3,023	3.2
Missouri.....	1,322,000	2,152	1.6	1,934	1.5
Montana.....	189,000	1,451	7.7	1,451	7.7
Nebraska.....	450,000	1,926	4.3	1,926	4.3
Nevada.....	51,000	638	12.5	638	12.5
New Hampshire.....	181,000	1,161	6.4	1,154	6.4
New Jersey.....	1,436,000	2,074	1.4	1,371	1.0
New Mexico.....	266,000	1,297	4.9	1,167	4.4
New York.....	4,322,000	11,693	2.7	8,524	2.0
North Carolina.....	1,626,000	5,364	3.3	5,364	3.3
North Dakota.....	228,000	1,345	5.9	1,308	5.7
Ohio.....	2,600,000	4,101	1.6	2,286	0.9
Oklahoma.....	913,000	4,216	4.6	3,173	3.5
Oregon.....	516,000	2,621	5.1	2,621	5.1
Pennsylvania.....	3,565,000	6,112	1.7	5,267	1.5
Puerto Rico.....	1,173,000	2,897	2.5	2,897	2.5
Rhode Island.....	239,000	1,520	6.4	1,094	4.6
South Carolina.....	931,000	2,822	3.0	2,822	3.0
South Dakota.....	233,000	571	2.5	571	2.5
Tennessee.....	1,299,000	3,471	2.7	3,471	2.7
Texas.....	2,842,000	3,778	1.3	3,748	1.3
Utah.....	283,000	2,222	7.9	2,179	7.7
Vermont.....	136,000	1,421	10.4	1,192	8.8
Virgin Islands.....	12,000	152	12.7	152	12.7
Virginia.....	1,203,000	4,363	3.6	4,363	3.6
Washington.....	804,000	1,565	1.9	1,402	1.7
West Virginia.....	811,000	2,153	2.7	2,076	2.6
Wisconsin.....	1,160,000	4,640	4.0	3,697	3.2
Wyoming.....	101,000	694	6.9	516	5.1

^a Services provided or purchased by official State agencies under the Social Security Act, Title V, Part 2.

^b Bureau of the Census, Population Estimates, Series P-25, No. 15, October 10, 1948. Estimates for territories are based on proportion of total population under 21 years in 1940 applied to total civilian population in 1948 (1950 for Alaska).

^c Includes clinic service, physician's office and home services, hospital in-patient care, and convalescent-home care.

RELATIVE EMPHASES ON MAJOR TYPES OF SERVICES UNDER THE
CRIPPLED CHILDREN'S PROGRAM IN 1948,^a BY STATE

State	Total number of children who received physician's services	Percent of total who received specific type of service			
		Clinic service	Physician's office and home services	Hospital in-patient care	Convalescent-home care
United States.....	155,239	84.7	8.0	20.7	3.2
Alabama.....	6,699	96.9	3.7	15.6	8.0
Alaska.....	259	49.8	12.4	45.9	3.9
Arizona.....	1,515	100.0	0	18.6	24.6
Arkansas.....	2,966	93.5	6.7	30.4	8.8
California.....	15,344	65.0	20.5	17.0	.7
Colorado.....	1,713	74.6	25.2	19.0	4.0
Connecticut.....	2,612	89.1	9.2	7.6	2.8
Delaware.....	764	100.0	0	0	0
District of Columbia.....	2,184	85.7	0	22.4	0
Florida.....	4,807	86.1	0	18.7	11.8
Georgia.....	2,812	94.6	5.1	21.2	8.6
Hawaii.....	591	75.6	13.9	24.0	.2
Idaho.....	1,665	97.2	5.6	9.5	.9
Illinois.....	6,048	86.3	10.5	19.1	1.0
Indiana.....	3,439	96.5	0	24.9	0
Iowa.....	2,919	80.7	0	32.5	2.1
Kansas.....	2,501	90.2	0	37.7	0
Kentucky.....	3,971	74.2	28.3	23.3	.2
Louisiana.....	4,054	98.2	3.6	8.0	0
Maine.....	1,579	95.0	9.6	17.7	2.2
Maryland.....	3,792	91.1	.6	15.6	.9
Massachusetts.....	2,047	96.0	8.5	10.7	1.0
Michigan.....	6,130	94.8	0	18.2	7.4
Minnesota.....	3,439	91.1	4.6	23.6	0
Mississippi.....	3,023	93.0	7.4	19.3	3.0
Missouri.....	1,934	95.6	0	25.9	5.4
Montana.....	1,451	87.9	13.9	9.0	0
Nebraska.....	1,926	86.7	0	28.5	.5
Nevada.....	638	83.8	12.1	12.2	1.7
New Hampshire.....	1,154	90.6	.7	10.3	.1
New Jersey.....	1,371	60.9	0	39.6	8.0
New Mexico.....	1,167	78.7	9.8	23.0	0
New York.....	8,524	76.5	3.6	26.5	6.2
North Carolina.....	5,364	85.0	.4	25.9	1.7
North Dakota.....	1,308	72.2	29.8	26.1	1.3
Ohio.....	2,286	46.7	11.7	60.5	9.0
Oklahoma.....	3,173	93.8	0	30.6	4.3
Oregon.....	2,621	77.9	22.3	7.6	0
Pennsylvania.....	5,267	86.3	.6	12.3	1.2
Puerto Rico.....	2,897	95.0	6.9	22.6	5.5
Rhode Island.....	1,094	88.6	8.8	15.2	6.3
South Carolina.....	2,822	97.4	5.6	19.0	2.8
South Dakota.....	571	69.7	19.3	23.6	0
Tennessee.....	3,471	86.7	1.0	20.0	2.7
Texas.....	3,748	40.1	55.6	40.1	.5
Utah.....	2,179	85.8	6.2	13.8	1.4
Vermont.....	1,192	95.9	3.4	11.1	1.2
Virgin Islands.....	152	100.0	0	10.5	0
Virginia.....	4,363	100.0	0	16.1	1.3
Washington.....	1,402	82.1	15.7	14.5	0
West Virginia.....	2,076	96.7	1.5	28.1	5.2
Wisconsin.....	3,697	92.5	1.7	14.2	1.5
Wyoming.....	516	84.7	12.8	13.5	0

^a Services provided or purchased by official State agencies under the Social Security Act, Title V, Part 2.

AMOUNT OF MAJOR TYPES OF SERVICES PER CHILD UNDER
THE CRIPPLED CHILDREN'S PROGRAM IN 1948,^a BY STATE

State	Average number of visits per child		Average number of days' care per child	
	Clinic service	Physician's office and home services	Hospital in-patient care	Convalescent-home care
United States.....	2.2	3.1	41.5	97.1
Alabama.....	2.4	1.1	29.6	44.0
Alaska.....	1.0	1.0	210.7	130.1
Arizona.....	3.0	---	10.1	79.0
Arkansas.....	1.5	1.2	26.2	62.0
California.....	1.7	5.6	21.5	75.1
Colorado.....	1.9	2.0	25.4	72.5
Connecticut.....	2.0	1.5	49.6	119.7
Delaware.....	1.9	---	---	---
District of Columbia.....	8.7	---	52.9	---
Florida.....	2.0	---	28.7	59.6
Georgia.....	2.2	1.0	43.6	67.9
Hawaii.....	2.0	2.4	41.2	^b (10.0)
Idaho.....	1.9	2.1	33.9	68.6
Illinois.....	1.4	3.3	44.3	171.3
Indiana.....	2.9	---	38.0	---
Iowa.....	1.4	---	22.5	105.9
Kansas.....	3.2	---	25.5	---
Kentucky.....	1.7	1.1	63.8	175.7
Louisiana.....	2.2	2.5	31.3	---
Maine.....	1.5	2.1	47.2	159.3
Maryland.....	1.6	2.3	70.4	181.5
Massachusetts.....	2.0	13.3	73.3	98.8
Michigan.....	3.0	---	27.3	80.3
Minnesota.....	1.5	2.1	75.4	---
Mississippi.....	2.4	2.8	32.2	88.2
Missouri.....	2.6	---	51.0	122.8
Montana.....	1.3	2.2	54.2	---
Nebraska.....	2.0	---	13.5	134.9
Nevada.....	1.3	1.3	17.5	49.9
New Hampshire.....	2.2	1.8	21.6	^b (16.0)
New Jersey.....	1.9	---	30.9	126.6
New Mexico.....	1.0	3.2	37.6	---
New York.....	1.9	1.7	78.8	149.4
North Carolina.....	2.4	4.1	53.3	59.9
North Dakota.....	1.0	2.3	29.7	29.5
Ohio.....	1.4	1.7	35.3	108.6
Oklahoma.....	2.6	---	33.5	113.7
Oregon.....	1.2	2.3	26.7	---
Pennsylvania.....	1.4	2.9	42.9	263.2
Puerto Rico.....	5.2	1.1	55.1	202.2
Rhode Island.....	1.6	1.8	27.2	162.1
South Carolina.....	2.7	1.4	31.9	98.0
South Dakota.....	1.1	2.9	61.2	---
Tennessee.....	2.7	3.6	66.9	137.7
Texas.....	2.5	2.4	28.9	160.9
Utah.....	1.7	1.5	24.6	88.4
Vermont.....	1.6	2.3	22.7	203.2
Virgin Islands.....	1.7	---	39.8	---
Virginia.....	1.7	---	46.9	169.6
Washington.....	1.6	2.0	41.1	---
West Virginia.....	2.4	1.3	53.6	67.4
Wisconsin.....	1.4	2.3	39.8	120.8
Wyoming.....	1.1	2.2	15.7	---

^a Services provided or purchased by official State agencies under the Social Security Act, Title V, Part 2.

The averages are figured over the number of children who received the specified type of service (see Table 6).

^b Represents only one child who received convalescent-home care.

Table 6

NUMBER OF CHILDREN WHO RECEIVED MAJOR TYPES OF SERVICES
UNDER THE CRIPPLED CHILDREN'S PROGRAM IN 1948,^a BY STATE

State	Number of children who received--			
	Clinic service	Physician's office and home services	Hospital in-patient care	Convalescent-home care
United States.....	131,451	12,493	32,134	4,983
Alabama.....	6,493	250	1,046	533
Alaska.....	129	32	119	10
Arizona.....	1,515	0	282	372
Arkansas.....	2,775	200	903	261
California.....	9,969	3,140	2,612	114
Colorado.....	1,278	431	326	69
Connecticut.....	2,328	241	198	73
Delaware.....	764	0	0	0
District of Columbia.....	1,872	0	489	0
Florida.....	4,137	0	900	568
Georgia.....	2,660	144	596	243
Hawaii.....	447	82	142	1
Idaho.....	1,619	94	158	15
Illinois.....	5,220	636	1,157	58
Indiana.....	3,319	0	855	0
Iowa.....	2,357	0	948	62
Kansas.....	2,255	0	944	0
Kentucky.....	2,947	1,124	927	10
Louisiana.....	3,982	148	324	0
Maine.....	1,500	152	279	34
Maryland.....	3,454	23	591	33
Massachusetts.....	1,965	175	220	20
Michigan.....	5,813	0	1,115	452
Minnesota.....	3,134	158	811	0
Mississippi.....	2,810	224	584	92
Missouri.....	1,849	0	501	104
Montana.....	1,275	202	131	0
Nebraska.....	1,670	0	549	10
Nevada.....	535	77	78	11
New Hampshire.....	1,046	8	119	1
New Jersey.....	835	0	543	110
New Mexico.....	918	114	269	0
New York.....	6,518	307	2,261	525
North Carolina.....	4,562	19	1,389	92
North Dakota.....	945	390	342	17
Ohio.....	1,068	268	1,384	207
Oklahoma.....	2,975	0	972	138
Oregon.....	2,042	584	200	0
Pennsylvania.....	4,517	30	646	62
Puerto Rico.....	2,753	201	655	159
Rhode Island.....	969	96	166	69
South Carolina.....	2,750	157	537	80
South Dakota.....	398	110	135	0
Tennessee.....	3,009	34	693	95
Texas.....	1,502	2,085	1,503	18
Utah.....	1,870	136	301	31
Vermont.....	1,143	40	132	15
Virgin Islands.....	152	0	16	0
Virginia.....	4,363	0	704	55
Washington.....	1,151	220	203	0
West Virginia.....	2,007	32	584	109
Wisconsin.....	3,420	63	526	55
Wyoming.....	437	66	69	0

^a Services provided or purchased by official State agencies under the Social Security Act, Title V, Part 2.

CHILDREN'S BUREAU STATISTICAL SERIES

Bulletins in this series present analyses of periodic data useful to research, administrative, and informational specialists in the field of services for children. In these bulletins from time to time will appear data on the operations of public health and welfare programs, statistics on conditions of child life, and related source materials. Copies are available without charge. If you would like to receive future issues in this series, please send to the Children's Bureau a request that your name be placed on this mailing list.

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