Highlights of the American Academy of Pediatrics Study and What They Mean for the Improvement of Child Health

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For the past couple of years various aspects of the Study of Child Health Services have been presented at meetings of this Association. Heretofore the discussions have necessarily been fragmentary pending completion of the study. Now the findings for the country as a whole are published in two volumes and in more detail in separate reports for the individual states.

I trust that most, or at any rate many of you, are familiar with the overall summary report.1 In this volume we did not attempt to include all of the accumulated data but rather to bring out the highlights with abundant use of charts and graphs. A second supplementary volume2 which appeared only a couple of months ago, gives all of the basic data from which the first was composed and a great deal more that will be of particular interest to state and local health agencies.

The state reports3 with which you are undoubtedly less familiar are not yet completed in all states. Up to the present date, 21 have been published; the rest are in varying stages of preparation. These state reports deserve a special word of comment for they arose from one of the unique features of this study—the fact that it was a survey, state by state, and county by county, for the whole country. We could have done a sample survey with techniques comparable to the National Health Survey of ten years ago. Had we done so, the national averages would have been as reliable—perhaps more reliable—and certainly much less costly. But then we could not have attained one of the most valuable results that have come out of this undertaking. The very act of calling upon health officials and practising physicians to look into services for children in their own community has done much to arouse local interest and pave the way for action designed to remedy the deficiencies which were revealed.

We may also look with gratification upon the team work which was established between governmental and non-governmental interests. The partnership of the Public Health Service and the Children's Bureau and the American Academy of Pediatrics was reflected in similar cooperation between local pediatric groups and state health departments. In many states, the directors of maternal and child health worked with

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the state chairmen of the Academy to collect and to report the data.

Now, with the facts reported at national and state level, we are confronted with the question: "What to do about them?" The question brings us right back to the basic purpose for which all this fact finding was done. From the outset it was recognized that the survey was merely a tooling-up process, a method of obtaining the instrument with which to carve out a pattern for better health for all children.

It is a matter of no little significance that within one year of publication of the study report there should be a panel such as this, with representation from the private practice and public health aspect of pediatrics, and from the dental and nursing professions, all directed toward the common goal of filling existing gaps in child health services.

Perhaps the most important fact, and one with which we have long been familiar, is the clear relation between services and the training of those who are giving the services. In the last analysis, good medical care for children depends not so much on the physical facilities of hospitals or the expansion of health services as upon the judgment and skill of individual physicians, whether caring for children in private practice, conducting well baby clinics, or participating in a school health program.

We have shown that three-fourths of the private medical care of children is in the hands of general practitioners. A corollary of this fact is that one-third of the average day's work of the general practitioner is taken up in the care of children. Yet we have also seen how little opportunity the general practitioner has for training in the medical care of children. It is very clear therefore that one of the prerequisites in a program for the improvement of child health is more pediatric education for the general practitioner. Increased opportunity must be provided for more training in the medical care and health supervision of children during his medical undergraduate years, during his graduate training as hospital intern or resident, and thereafter through various methods of postgraduate training.

Toward this end, medical schools should take into account the large proportion of the practice of general practitioners which is concerned with children and assure all students adequate training in pediatrics. There is need for more opportunity for physicians training for general practice to have pediatric training in those hospitals which are approved for pediatric residency. State licensing boards would do well to look into the requirements for medical licensure with particular reference to the amount of hospital training in pediatrics which is required and the pediatric content of the examination.

Another of the findings highlighted by the Study is related to the remarkable change that has occurred in pediatric practice and the protection of child health during the past generation. Certain diseases, which accounted for a high proportion of deaths twenty or even ten years ago, have become less frequent or have largely disappeared, coincident with better control measures including specific preventive and therapeutic measures. From 1930 to 1945 deaths from diphtheria in children dropped from approximately 15 to 4 per 100,000. During the same period, scarlet fever and other streptococcal infections have shown a striking fall in mortality. In fact, scarlet fever when treated with modern methods has reached such a low mortality rate that it no longer constitutes a serious menace to life for children. General mortality rates for infants and children have shown a remarkable decline. Infant mortality has dropped from 76 deaths per 1,000 live births in 1921 to 32 in 1947. The death rate among preschool children has declined from
approximately 20 deaths per 1,000 population in 1900 to about 3 in 1920, and approximately 1 in 1945.

As childhood diseases have declined in frequency and severity, the physician has given more and more time to the protection of health and less to the care of the sick. Today, health supervision of the well child is the major part of the pediatrician's daily work. During the course of the study 54 per cent of the pediatrician's visits on an average day were for health supervision and 43 per cent for the care of sick children, the remaining 3 per cent being for persons of 15 years or older.

The general practitioner gives relatively less attention to health supervision. Presumably his time is in greater demand for the care of the sick. Thus, only 9 per cent of the general practitioner's visits to all patients are for health supervision of the well child. An additional 21 per cent of the general practitioner's daily visits are for sick children. Thus, about one-third of his practice may be considered of a pediatric nature, of which about one-third has to do with well child supervision.

Nevertheless it is the general practitioners who, because of their numbers, give most of the health supervision for the nation's children. In isolated areas health supervision in private practice is almost entirely carried out by general practitioners.

The training given to physicians, first in medical school and then in hospitals, is poorly adapted to prepare for work which is so largely concerned with health supervision. There is no question that increasing attention should be given to the preventive aspects and supervision of normal growth and development. All physicians should have opportunity to develop an understanding of normal new-born care, immunization procedures, mental hygiene, well child conferences, school health programs, and all other such community services which are organized to protect the health and well-being of a nation's children.

It should also be noted how much of the service in well child clinics and school health services is given by health officers, many of whom have had little if any special training in pediatrics. About one-fourth of all well child clinics are conducted by health officers; of all physicians serving in the schools, about 20 per cent were found to be health officers. In isolated counties there are even larger proportions of services rendered by health officers who include this duty in a daily schedule which is crowded with manifold and varied responsibilities such as environmental sanitation, communicable disease control, venereal disease, and tuberculosis clinics. Their knowledge of normal growth and development and of infant nutrition is frequently unsupported by clinical experience with disease. It is very evident that steps should be taken to provide adequate pediatric training for the medical personnel participating in programs for health supervision of children.

Another of the Study's highlights is inescapable. Children in outlying areas, far removed from the medical centers usually found in the metropolitan areas, do not receive the full benefits of modern medical care. Despite the remarkable advances made within the last generation, if we look within the averages there is little room for complacency. One state has an infant mortality exceeding the national average a generation ago; children in or near cities receive 50 per cent more care than those in isolated counties, more hospital care, more medical care, and more health supervision. There is a gap, and a serious one, between the newer knowledge of the medical center and its application to those living in places from which the medical center cannot be readily reached.

This discrepancy between the rural and urban care and the care in low-
income versus high-income groups is seen not only in private practice and hospital care but also follows the same pattern so far as public health activities are concerned. In other words, where services from practising physicians fail adequately to cover the need, there too a gap is found in the services of community health agencies.

There is no need in this discussion to dwell upon the tremendous expansion of state and local health services which have been stimulated by Children's Bureau grants. As reported by the Children's Bureau in 1947, 561,000 infants and preschool children attended well child clinics. Over 1,800,000 medical examinations of school children were given. Immunization for smallpox totalled more than 2,400,000 and for diphtheria 1,500,000. All states now provide a range of services under the Crippled Children's Program including case finding, diagnosis, and medical care. The states reported that more than 160,000 crippled children received service in 1947.

Despite all the increase that has occurred in the amount of such service given by both private and official health agencies, it is startling to note in the Study data that only 1.5 per cent of the total volume of child care is given by these agencies, all but this small fraction being accounted for by physicians, hospitals, and outpatient clinics. From this point of view the role of public health agencies is seen in a new light. If one looks only at the Children's Bureau's extensive nation-wide program, government assumes a very impressive position. If, however, these services are recognized as only a portion of the 1.5 per cent, the Bureau's position in the overall picture appears in a very different perspective.

For example, the fact that, during the Study year there were 160,000 well child conferences held would seem to add up to a reasonably adequate increment of service. However, viewed from a different angle, we find that only 6 per cent of the country's infants and preschool children received any services from well child conferences. There were 2,000 counties (two-thirds of all counties in the United States) where no well child conferences were held, and in them dwelt 31 per cent of all the children under 5 years of age. Add to this the further fact that, in relation to population, there were 4 times as many sessions and 10 times as many visits to well child conferences in large cities as there were in rural areas.

School health services by a physician hardly existed in over half the counties in the United States, in which were found 22 per cent of the school age children. A few more counties had some school nursing service but 11 per cent of the school age population had neither medical nor nursing school health services. It is therefore clear that health services for children share in the overall problems of distribution of medical care.

Thus, there are certain outstanding facts which emerge from the study and which indicate quite clearly the steps that may be taken on the road to better health for children. First and foremost, is the need for more pediatric training for all physicians—pediatricians, general practitioners, and health officers—a need which must be met before other health measures can be effected. Second, is the need to make available to outlying areas the same high quality of medical care which exists in and around medical centers. It is upon these basic problems that the attention of those concerned with the health problems of children must be focused.

REFERENCES
2. Supplement to Child Health Services and Pediatric Education.
3. For a list of state chairmen under whose auspices the individual state reports are being published, see op. cit. Supplement.