*Services for Crippled Children: The Program's Thirteenth Year**

"One of the best tests of a civilization," the Federal Security Administrator said recently, "is its concern for its handicapped members, and particularly for its handicapped children." In the United States, public concern for handicapped children has created the State-Federal programs for crippled children. Each year more children who need these services are being helped by the programs. The extent of the services provided in 1948—the first year of a new reporting system—and some background data for the earlier years are shown in the following pages.

THE first State laws to provide medical and surgical aid to crippled children were enacted in 1897 and 1899 by Minnesota and New York. Nearly four decades later, in 1935, Congress recognized the national importance of programs to help crippled children when it passed the Social Security Act, which included a provision establishing the State-Federal programs for crippled children. The programs began providing services to children in 1936, and within a few years all States had established such programs, financed in part by Federal funds and in part by State funds and, in some jurisdictions, local funds.

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

A new and expanded national reporting system, based on selected services that are generally common to the programs and that are uniformly reportable, was first used by the States in making reports for 1948—the program's thirteenth year of operation. These reports provide the basis for the following summary of the types and amounts of crippled children's services provided in that year.

The National Picture

In 1948, the State-Federal program reached 175,000 children under 21 years of age—1 out of every 300 in the United States. Nine out of every 10 of the children, or 155,000, received services that included the attendance of physicians. These children received clinic services, hospital inpatient care, convalescent-home care, or services of physicians through office and home visits.

While receiving direct services from a physician supervising their care, the children were also served, as necessary, by nurses, physical therapists, medical social workers, and the other personnel making up the 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.

Most of the children who received the services of a physician (85 percent) 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 provision 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 instead of or in addition to clinic services; for example, when clinic facilities are not available, or when the services of a specialist who is not available in a clinic are needed. About 12,000 children—8 percent of those seen by physicians—were served in this way.

One child out of 5 was hospitalized, while a very small proportion (3 percent) received care in convalescent homes. Because of the high unit cost of such care and the long periods of hospitalization and convalescent care often needed, these in-patient services constituted the most expensive single element in the program. Together, they accounted for about half of all expenditures of Federal funds and the matching portions of State funds under the crippled children's programs in 1948.

Trends.—The State programs are reaching a gradually increasing number of 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 program. Thus treatment and care for children with rheumatic fever and heart disease, cerebral palsy, epilepsy, speech and hearing defects, and other handicapping conditions are gradually being added by States to programs that in the past provided treatment only for children with orthopedic and plastic conditions. Special programs set up in selected areas of a State usually inaugurate the treatment for these other conditions.

At least 50 percent more children received services in 1948 than in 1943;[1] the number mounted gradually during the period (table 1). The increase was 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

* Adapted from the report, *One in 300: Children Served by the Crippled Children's Program in 1948* (Children's Bureau Statistical Series, No. 10), prepared in the Program Research Branch, Division of Research, Children's Bureau.

[1] A total unduplicated count of children receiving services could be estimated in 1943 for the first time.

Table 1.—*Services received under the crippled children's program, 1937–48*[1]

Major type of service	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Total number of children who received service[2]	([3])	([3])	([3])	([3])	([3])	([3])	115,000	125,000	130,000	155,000	175,000	[4] 175,000
Hospital in-patient care:												
Number of children	[5] 30,000	[5] 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	1,348,000	1,263,000	1,225,000	1,221,000	1,250,000	1,289,000	1,335,000
Average number of days per child [6]	*44.0*	*45.7*	*46.7*	*48.3*	*48.1*	*50.9*	*53.2*	*52.0*	*51.0*	*46.2*	*45.1*	*41.5*
Convalescent home care:												
Number of children	[5] 3,900	[5] 4,300	4,800	4,900	5,300	5,000	4,600	4,200	4,300	4,400	4,900	5,000
Number of days' care	380,000	372,000	410,000	443,000	502,000	517,000	463,000	448,000	464,000	445,000	479,000	484,000
Average number of days per child [6]	*97.3*	*85.8*	*86.2*	*89.6*	*94.1*	*103.8*	*99.7*	*107.0*	*108.7*	*100.5*	*98.3*	*97.1*
Clinic service and physician's office and home services:												
Combined count:												
Number of children	77,000	80,000	89,000	89,000	103,000	93,000	82,000	88,000	92,000	105,000	122,000	[7] 138,000
Number of visits [8]	193,000	181,000	196,000	198,000	221,000	201,000	183,000	184,000	200,000	240,000	285,000	322,000
Average number of visits per child [6]	*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 count:												
Clinic visits	([3])	162,000	176,000	166,000	189,000	178,000	164,000	171,000	176,000	205,000	245,000	284,000
Physician's office and home visits	([3])	19,000	21,000	31,000	32,000	22,000	19,000	13,000	23,000	35,000	40,000	39,000

[1] 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 prediagnostic 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 (except for first quarter). Puerto Rico included beginning the last half of 1940, and Virgin Islands beginning the last half of 1947.

[2] 1943–47 based on State estimates.

[3] Not available.

[4] Changes in definitions of coverage beginning with 1948 narrowed the basis for this count (see footnote 1). Corresponding figure comparable to those of earlier years estimated as 195,000.

[5] Estimated on basis of data reported on total admissions (including readmissions).

[6] Based on unrounded figures.

[7] Estimated as unduplicated number of children who received clinic service and/or physician's office and home services.

[8] Not always the sum of figures given below for clinic visits and other physician visits because of independent rounding.

place almost entirely in the form of services to children in clinics. From 1937 (data are not available for 1936, the first year of the State-Federal program) to 1948, the trend in the number of children who received services at clinics or through physician's office or home visits was generally upward. In the early years of the program about 80,000 children received services of this type. Following a period of growth, the services were curtailed because of wartime shortages of personnel and facilities. After the war, the number of children receiving these services increased at an annual rate of roughly 15 percent,[2] and in 1948 about 138,000 children received clinic services and physician's office and home services. In contrast, hospital care and convalescent-home care were provided for approximately the same numbers of children in 1948 as in the prewar years, although the war had brought a temporary drop. The number of hospitalized children declined during the war to roughly 24,000 a year but quickly built up again to 32,000.

[2] Partial reports for 1949 and 1950 show that this trend has continued.

The frequency of the average child's visits for clinic services and for physician's office and home services has shown little change over the years. During each of the years 1937–48, there was an average of somewhat more than two visits per child among the children receiving these services.

Children have been staying progressively shorter periods in the hospital in recent years. The average time spent in the hospital went up from 44 days in 1937 to 53 days in 1943. Since 1943, however, the trend has been continuously downward, and in 1948 the average length of stay—42 days—was the shortest in the program's history.

Several reasons account for the decline in the length of hospitalization. The development of treatment methods permitting earlier ambulation has, of course, contributed to the 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, which has been accompanied by an apparent trend toward providing treatment services increasingly on an out-patient basis at clinics and in doctors' offices. Availability of local health services, particularly public health nursing service, has frequently permitted earlier return of hospitalized children to their own homes under continuing health supervision. Improved diagnostic techniques and the extension of diagnostic clinic services to larger numbers of children have probably resulted in earlier detection and diagnosis of diseases and disabilities—factors that tend to reduce the extent and length of treatment, including surgical procedures and hospitalization.

The average convalescent-home stay during a year fluctuated between 86 and 109 days during the period 1937–48. Because so few children receive this type of care, the average is apt to show considerable variation from year to year. The 1948 average of 97 days stood at about the midpoint of the experience for the 12 years. Some of the same influences that have brought down the average length of

[3] Further declines are evidenced in partial reports for 1949 and 1950. Despite the downtrend 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.

hospitalization might also have been expected to reduce the length of convalescent-home care. The effects are not revealed by the data, however, partly because of the offsetting influence of the earlier transfers from the hospital to the convalescent home.

State Comparisons

Because each State develops and administers its own program, there are, of course, many variations from State to State in organization, content, and administration. For purposes of a national reporting system, the Children's Bureau therefore selected certain major services. The types of services and the conditions under which they are reportable are those that have been found generally common to the State programs and applicable to most situations. What the reports may fail to reveal in a particular program or situation, they make up for by permitting an ordered portrayal of the major services for the country as a whole.

Comparisons within this framework may be more harmful than helpful, however, 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.

Proportion of child population served. — The number of children who 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 age 21. Thus, nationally, 3.3 children out of every 1,000 received services during 1948. Among the States 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 (table 2). Following the same pattern as these rates, which are based on all professional services, are those based on "physician's services," including clinic service, physician's office and home services, hospital in-patient care, and convalescent-home care.

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 age 21, the numbers served per thousand for the high, middle, and low population groups stand in inverse order. Thus, in the third of the States with the largest child population, the rate was 2.7; in the middle third of the States it was 4.0; and in the States with fewest children, 6.5 per 1,000 received services.

The inverse connection between size of population and proportion of children served by the programs most likely stems from the fact that many large cities are not covered by the

Table 2.—*Proportion of child population who received services under the crippled children's program, by State, 1948*[1]

State	Number of children under age 21 [2]	Children who received any professional services		Children who received physician's services [3]	
		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	2,612	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

[1] Services provided or purchased by official State agencies under the Social Security Act, title V, part 2.

[2] Bureau of the Census, *Population Estimates*, Series P-25, No. 15, Oct. 10, 1948. Estimates for Territories are based on proportion of total population under age 21 in 1940 applied to total civilian population in 1948 (1950 data for Alaska).

[3] Includes clinic service, physician's office and home services, hospital in-patient care, and convalescent-home care.

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 State-Federal program. It is in the large cities, too, that needs are more apt to be met by other organized resources—voluntary organizations and hospital out-patient departments, for example. Examination of data for the largest cities of the country shows, in fact, that in almost every instance a much smaller proportion of children is served by the State program in the city than in the State as a whole.

This fact is reflected in the variations in State rates of service according to the proportion of the population living in cities of 50,000 or more. Among the 12 States with less than 10 percent of the population in cities of this size, an average of 5 children per 1,000 were served by the State crippled children's program in 1948. The rate was only 3 per 1,000 in the 10 States whose big-city population constituted more than 40 percent of the total.

The relationship is significant evidence that the program's intent is being carried out, since 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.

Table 3.—*Amount of major types of service per child under the crippled children's programs, by State, 1948*[1]

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	[2] 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	[2] 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	

[1] 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.

[2] Represents only one child who received convalescent-home care.

***Types of services.*—Of the 155,000** children who received physician's services in 1948, 85 percent received clinic services, 8 percent received physician's office and home services, 21 percent received hospital in-patient care, and 3 percent convalescent-home care.

Among the States, emphasis on the different types of services varied widely. One State (Arizona) furnished convalescent-home care to one-fourth of the children attended by doctors under the program, while as many as 13 State programs provided no convalescent-home care. Availability of convalescent-home facilities and differences in the types of crippling conditions covered are probably the main factors behind these State variations.

In Ohio and New Jersey, where many crippled children are seen at clinics that are not operated directly by the State crippled children's agency, children receiving clinic service furnished under the program represented a smaller proportion of all children receiving program services than in virtually any other State. The least emphasis on this type of service was shown in Texas, where relatively more use is made of the services of physicians in their own offices. There half of all the children who had physician's services received such service in the physician's office. In contrast, 14 States reported that no children were seen under their auspices by physicians outside clinics, hospitals, or convalescent homes.

These State differences in relative emphasis 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.

Amount of services. — Differences among the programs in the amount of services that children receive (table 3) may reflect different operating conditions, along with the factors mentioned above. To take extremes—arrangements for getting Alaska's children into clinics are of necessity vastly different from those possible in the urban program of the District of Columbia. As a result, 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 nine times during 1948. New Mexico showed an average of only one clinic visit per child for a different reason—clinic services provided by the program are regularly supplemented by those of a hospital independent of the crippled children's agency.

On the whole, however, frequency of clinic visits did not vary greatly among the States. Except for the District of Columbia and Puerto Rico, which reported averages of nine and five clinic visits per child receiving clinic service, the State averages varied little from the national average of 2.2 visits:

Number of States	*Average number of visits per child*
6	1.0
19	1.5
13	2.0
9	2.5
4	3.0

The average length of hospitalization in 1948 ranged from 10 days per child in Arizona to 79 days in New York and 211 days in Alaska. Alaska was, of course, extremely atypical, largely because of transportation difficulties and the fact that a very large proportion were cases of tuberculosis of bones and joints requiring prolonged hospitalization. Excluding Alaska and also Delaware (where hospitalization is furnished through resources other than the State agency), the States were distributed according to the average number of days of care per hospitalized child as follows:

Number of States	*Average number of days*
4	10–19.9
15	20–29.9
11	30–39.9
8	40–49.9
6	50–59.9
3	60–69.9
4	70–79.9

The diverse types of crippling conditions accepted for care in the different State programs are, of course, important factors in determining the length of hospitalization and account for much of the variation. This explanation also applies to the extent of care provided in convalescent homes. Thirteen State programs did not provide convalescent-home care in 1948, and two States provided virtually no care of this type. In the remaining 38 States, the average stay per child in convalescent homes varied from 29 days in North Dakota to as high as 263 days in Pennsylvania:

Number of States	*Average number of days*
3	Under 50
14	50–99.9
11	100–149.9
7	150–199.9
2	200–249.9
1	250–299.9

The various differences that show up among the programs may be the result, as has been emphasized above, of many influences. It remains for those who are concerned with particular programs to identify and understand the influences in specific instances and to evaluate whether or not they are to the benefit of the children who are the program's concern.

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