

American Medical
Association.

Study of Medical Care.

A Bulletin of
Suggestions.

American Medical Association
STUDY OF MEDICAL CARE

A BULLETIN OF SUGGESTIONS

The resolutions of the Board of Trustees state clearly the objectives of the nationwide Study of Medical Care now in progress. These are:

1. To determine "for each county in the United States the prevailing need for medical and preventive medical service where such may be insufficient or unavailable."
2. To "develop for each county the preferable procedure for supplying these several needs."

Once the state has carefully and thoroughly explained the objectives and method of conduct of the study to county medical societies or their representatives, it then becomes the duty of each county medical society in turn to appoint a special committee or to assign the responsibility for the conduct of the study in the county to an already existing committee. It will be helpful if committees of the county medical societies will call together, wherever practicable, representatives of agencies, organizations and associations having some responsibility for or interest in arrangements to provide medical care with the use of existing facilities.

Preliminary Organization

One of the most important of all the details connected with this study is the preliminary organization and preparation of the field before attempting to collect information. It is hoped that those who are charged with the responsibility of carrying through this study will realize that this is an exceptional opportunity to develop a close friendly and cooperative relationship with all those organizations (many of them nonmedical) which are

concerned with the provision of or arrangements for medical care. This is an opportunity to express the desires, the motives and objectives of the medical profession and perhaps to understand a little better the attitudes and problems of the organizations outside of medicine. These organizations are to be asked to take the appropriate forms which have been prepared and to supply answers to the questions. If done according to the plans which have been made, all such organizations and agencies in the community will actually be contributing in information and effort to the study; in short, this should be a community study.

The Forms #1-9 to be filled out through committees appointed by the county medical societies are only tools to attain these objectives and all phases of the study are designed to the same end. Some questions may fail to fit local circumstances or information may be needed on points not covered in the forms. Although it is necessary to use the prepared forms to enable the results from various sections of the United States to be compared, state and county medical societies are at liberty to add to any form other questions which they believe will secure a more accurate and complete understanding of the medical services and facilities and their use. Each county medical society must decide how best to secure necessary information, always remembering that too many changes, although desirable locally, may possibly interfere with the uniformity of the study throughout the United States.

Objectives of the Study

These objectives, which were stated in the "Instructions" sent with the forms, are as follows:

The objective of Form 1 is to obtain from each physician and dentist information concerning the persons who require free medical or dental care as well as the extent of preventive medical services furnished.

The objective of Form 2 is to determine the extent to which there may be a lack of hospital facilities for the indigent or low-income groups. If there is no hospital, information should be obtained to show whether or not the facilities in surrounding counties are adequate to fulfill all needs.

The objective of Form 3 is to determine if there is an insufficiency of nursing services. This form is concerned with nursing care of the sick in their homes.

The objective of Form 4 is to secure from the Health Department information concerning vital statistics and the organization of such services as may be required by the entire community.

The objective of Form 5 is to obtain information concerning need for medical care from all private and governmental welfare and relief agencies.

The objective of Form 6 is to determine the relations between elementary and secondary educational institutions and the practicing physicians concerning the health supervision of pupils.

The objective of Form 7 is to obtain information concerning the arrangements within the university or college for the care of its own students, faculty members, and employees.

The objective of Form 8 is to make possible an analysis of all plans and organizational methods whereby patients are brought into contact with physicians.

The objective of Form 9 is to secure from pharmacists information concerning persons who inquire how to obtain medical services and the extent of free services provided by pharmacists.

Forms Remain with County Medical Society

The completed Forms #1-9 should remain in the possession of the county medical society. It is not intended that the answers to all questions on these forms shall be added together to form a quantitative measure of the medical needs of a county. County medical society committees should be able to summarize the information collected by following carefully the headings on the summary sheet.

The fact that some of the individuals or institutions receiving these forms may not be able to answer every question does not necessarily affect the value of the answers to other questions and will not necessarily nullify the entire study. Wherever necessary information on some questions is lacking, it may serve to point out needed lines of further investigation. For example, in several localities it has been found that neither physicians nor dentists keep sufficient records to enable them to give satisfactory answers to the first three questions on Form 1. Wherever this is the case, physicians and dentists should supply all other information to the best of their ability. It has been suggested that a uniform record could be kept by physicians and dentists during a certain period to obtain the information necessary to answer the first three questions on Form 1, or that an extensive study could be made by sending a post card to physicians and dentists on which would be recorded uniform information for a specified period. These methods may be tried locally or some such method may be undertaken on a nationwide scale through the Bureau of Medical Economics.

Each step in the progress of the study should be accompanied by regular discussions by the committee in charge of the study. The study will not run itself, and the value of the information obtained will be largely due to the interest and supervision of those in charge.

Publicity

It is urged that county medical societies refrain from any attempt to initiate through the public press a publicity campaign in connection with the study. It is perfectly proper to announce that the county medical society, with the help of other

agencies and organizations, will, on a designated date or week, undertake to collect information pertaining to the prevailing needs for medical care where these may be insufficient or unavailable. Such a statement is news and would announce the medical society activity. State and county medical societies should, however, publicize the study thoroughly and repeatedly in the pages of state medical society journals and county medical society bulletins.

It will be well to avoid predictions as to the outcome of the study or the procedures which may be needed in some places to supplement present medical services and facilities. All comments of such a nature must necessarily be deferred until the facts shall have been collected and carefully studied.

Time Limit

No definite "dead line" has been set for the completion of the study. All state and county medical societies will not begin the study simultaneously; some medical societies will require much more time than others for the collection and analysis of the necessary data. Wherever possible, it is hoped that the collection of the factual data, i.e., the answers to the questions on Forms #1-9 inclusive, can be completed by July 1, 1938. In many communities it is believed that the forms will probably be filled in and should be back in the hands of the county medical society committee by the above date. It will then be necessary for the committee to summarize and study this material. The summary and the report based on the summary should be made by the committee as soon as practicable, but no time limit has been placed on that phase of the study.

The summary sheets will not be needed until the forms (#1-9 inclusive) have been filled out and returned to the county medical society committee. These summary sheets are being prepared and will be forwarded to county medical societies through the secretaries of the respective state medical societies in ample time. County medical society committees should keep record of the number of the forms sent to agencies, organizations, or individuals.

Information Obtained from Various Sources

Utilizing the available sources of information is especially important. The collection of all the information desired on the several forms and the preparation of a Summary Sheet and a Report of Findings and Recommendations need not be laborious nor is it impossible of accomplishment. In many counties there are numerous organizations directly or indirectly concerned with medical relief and these should be called on for information not readily available to the county medical societies. Published reports of organizations, information obtainable from existing committees and from agencies such as clubs, the local press, etc., can be of much assistance. No county medical society, however small, should consider itself incapable of undertaking the study. The task will correspond in some degree with the sources of information in the community. For example, in the county medical societies with a small membership many of the institutions and activities concerning which information is requested will probably not exist. Many counties do not have the number and variety of agencies and organizations that are found in the counties with a large population and the correspondingly large number of organizations which have something to do with medical care. It is expected

that county medical society committees will concern themselves only with the study forms which pertain to the agencies and organizations found in their respective jurisdictions.

This study provides an opportunity to invite and encourage the production of all facts that will bear on the subject of need for medical care. It is important that information concerning the lack of medical care be specific and accompanied with evidence that such care was both needed and desired. Wherever it is deemed necessary records should be consulted to obtain the names and addresses of individuals who failed to receive needed and desired medical care. Here generalities are probably of least value as specific data will be essential to the county medical society committee in the preparation of its report.

Special attention should be given to the instrumentalities by which those in need of medical care are brought in contact with physicians. The fact that a social worker or a visiting nurse or an administrator of poor relief found someone who was ill and without medical attention is not as important as the nature of the efforts that might be made to put the possible patient in connection with a source of medical care.

Perhaps the most valuable part of the study will be the local analysis by county medical society committees of the whole body of information concerning need for medical care and the existing methods of distributing medical services. The discussion and formation of judgments by the various county medical society committees and the preparation of a Report of Findings and Recommendations will form the largest and most authoritative body of expert, informed opinion on the need for medical care and the dis-

tribution of medical services ever assembled. Its value will depend not only on the thoroughness and accuracy with which the information is collected, but even more on the care with which it is assembled in the Summary Sheet and analyzed in the accompanying Report of Findings and Recommendations.

We are anxious to explain to state and county medical societies the details of this study. Please direct your requests for information and supplies to the Bureau of Medical Economics.

INSTRUCTIONS

Fill in at the top of each form the name of the county medical society and the name and address of the secretary before distributing to individuals, agencies, or organizations that are to be asked to supply the answers to the questions.

Each of the eight forms has been prepared to record information from a functional grouping of individuals, agencies, or organizations which provide or arrange for medical services. Consideration may well be given to efforts to obtain information from the local press, radio, clubs, and similar agencies concerning the supply of or need for medical care, and to utilize these agencies for announcing the general objectives of the study. Assistance from all possible sources should be sought to the end that no helpful information will be overlooked.

The forms have necessarily been arranged for an average county and will manifestly not be wholly suited to very large or small counties. They will need to be greatly enlarged and supplemented in some of the larger cities, while in some of the rural counties with a small membership in the county medical society many of the institutions and activities concerning which information is asked will not exist. Fortunately, the problems correspond in some degree to the resources for investigation, and the essential objective of determining the supply and demand for medical services and studying the possibilities of better organization can be attained by any county medical society.

Wherever records are not available to answer questions which call for exact numbers or percentages, the closest possible estimate should be made—accompanied with a statement that the answer is an estimate.

Special attention should be given to all questions pertaining to insufficiency or unavailability of medical or hospital care. Examples of these questions are:

Form 1, question 7; Form 2, question 7; Form 3, questions 6 and 7; Form 4, questions 8 and 9; Form 5, questions 9 and 10; Form 6, question 4; Form 7, question 6; and Form 8, question 3.

These questions should be answered with as great accuracy as possible, since the replies will be important elements in formulating measures to supply deficiencies.

Form 1

The objective is to obtain from each physician and dentist information concerning the persons who require free medical or dental care as well as the extent of preventive medical services furnished. The replies to all questions concerning free services should include both charity services and services for which a charge was made but could not be collected.

Form 2

The objective is to determine the extent to which there may be a lack of hospital facilities for the indigent

or low-income groups. If there is no hospital, information should be obtained to show whether or not the facilities in surrounding counties are adequate to fulfill all needs.

This Form is also to be used to obtain information from institutions for convalescents and from institutions for the chronically ill. *Notice that state and federal hospitals are to be surveyed by the state medical society.*

In question 2, observe that the types of room accommodations are based on a specific number of beds in the room. If there is any variation from these customary classifications, please indicate clearly. A lack of bed capacity for one type of room accommodations or for one class of patients may be accompanied by an excess of beds in other types of room accommodations or for other classes of patients. Such conditions may be determined by an examination of the percentage of occupancy according to types of room accommodations and classes of patients served.

In question 3, the classification "pay and part-pay patients" is to include all patients who themselves paid for their hospital care, regardless of the amount or what proportion of the usual hospital charge they paid, and those patients whose hospital charges were paid by insurance companies, private or voluntary welfare and relief agencies, mutual benefit associations, workmen's compensation carriers, or some similar agency. The classification "public charges" includes all those patients for whose care a fixed amount was paid by some governmental agency. The classification "free patients" is to include only those patients for whose care the hospital received no money from any source. (Indicate, if possible, the number of these patients whose hospital care was "free" by reason of the fact that the charges made for their care could not be collected.)

The second part of question 4 asks for the daily rates, and not for costs. If more than one rate is charged in each of the three classifications, list all such charges.

Questions 8 and 9 refer to services rendered at no charge to the patient—include both public charges and free patients.

Form 3

The objective is to determine if there is an insufficiency of nursing services. This form is concerned with nursing care of the sick in their homes. Nursing services in hospitals or in physicians' or dentists' offices come within the scope of Forms 1 and 2. In most localities the necessary information can be obtained from nursing organizations such as public health and visiting nurse associations, and nurses' registries.

Where no such organizations exist, information should be secured from individual nurses.

Form 4

The objective is to secure from the Health Department information concerning vital statistics and the organization of such services as may be required by the entire community. The questions in this Form outline the type of information desired. Published reports of the Health Department should be given careful study concerning the possibility of better coordination of the Health Department with other agencies in the community for the supplying of preventive medical services and facilities.

Form 5

The objective is to obtain information concerning need for medical care from all private and governmental welfare and relief agencies. Care should be taken to see that every such agency is included in the study. Some of these agencies are listed on page 8 of the pamphlet "Study and Provision of Medical Care."

In many localities the information required for the questions in this Form may be obtained from individuals such as judges, poor commissioners, etc. In all these instances the term "agency" is to include such persons.

Notice that hospitals or outpatient departments, clinics, and dispensaries operated by hospitals are included in Form 2; health departments or clinics operated by health departments in Form 4; and health and medical care arrangements in educational institutions in Forms 6 and 7.

The replies to questions 3 and 4 should set forth the exact procedures followed in bringing persons needing medical care to physicians.

Replies to questions 6 and 9, if carefully based on actual practices and case records, will supply valuable information concerning the persons who apply for free medical services and the number of such cases.

Replies to question 10 should set forth the instructions or information given to indigents and persons in the low-income groups concerning the procedure to follow when medical or dental services may be needed by such persons and their dependents.

Question 11 calls for a description of any agreements between the agency and the medical society or hospitals in the community for supplying medical services required by persons needing assistance.

Form 6

The objective is to determine the relations between elementary and secondary educational institutions and the practicing physicians concerning the health supervision of pupils.

Information requested by the questions in this Form can best be obtained directly from the local administrative units for public, parochial, or private schools.

There are many types of these local administrative units for public schools, but they may be classified, in general, as boards of education for county, city, town, township, and district. A proper officer in each such administrative unit can probably furnish the desired information concerning the local school system. Wherever possible, the same procedure can be followed for parochial and private schools. In some localities it may be necessary to obtain information direct from individual schools.

Form 7

The objective is to obtain information concerning the arrangements within the university or college for the care of its own students, faculty members, and employees. Information can be furnished by the director of the health service or by the president of the university. Particular attention should be given to questions 5 and 6 in order to determine the number of students (as well as faculty members and employees) unable to obtain necessary medical or hospital care, and whatever arrangements, if any, have been made between the university or college and the local medical agencies.

Form 8

The objective is to make possible an analysis of all plans and organizational methods whereby patients are brought into contact with physicians. Complete information and material, as indicated in question 2, should be obtained from each such organization to permit an appraisal of the various organized methods now in existence in the community to assist persons in obtaining medical services. If possible, triplicate copies of all material and information concerning each plan or organizational arrangement should be obtained to provide one copy for the county medical society, one for the state medical society, and one for the Bureau of Medical Economics of the American Medical Association.

The final question on each of the forms asks for comments concerning the need for medical services and the methods which should be considered to supply those needs. The persons making such comments should be urged to express themselves fully and freely. It may be helpful to the members of the committee charged with the duty of analyzing the information gathered for the purpose of preparing the report and recommendations to have these comments copied, without indicating the source, and distributed to members of the committee as a preliminary survey of the views of persons concerned with the medical services in the community.

The pamphlets "Study and Provision of Medical Care" and "Conduct of a Study of Medical Care" should be examined to determine the scope of the study to be undertaken and the procedures that can be utilized.

THE AMERICAN MEDICAL ASSOCIATION
STUDY OF NEED AND SUPPLY OF MEDICAL CARE

Information Concerning Medical and Dental Practice

Record the information from each physician or dentist on a separate blank to be retained by:

Name of County Medical Society

Name and Address of Secretary



1. How many persons *did you refer*, during 1937, to hospitals, dispensaries, or clinics for free medical, dental, or hospital care? _____
2. How many persons *referred to you* from central admitting bureaus, courts, county commissioners, relief agencies, or other sources, during 1937, did you accept for free care or for a predetermined reduced fee in your office, the patient's home, or a hospital? _____
3. To how many persons *who consulted you voluntarily* (not referred by any governmental or voluntary relief agency or other source), during 1937, did you give free service in your office, the patient's home, or a hospital? _____
4. How many hours, during 1937, did you devote to the care of free ambulatory patients in outpatient departments, dispensaries, or clinics? _____
5. Which of the following services do you perform? (Give the nearest approximate number of persons served or, if not available, check the services rendered)

	In private practice	For the Health Department	For other agencies
Schick tests	_____	_____	_____
Toxoid injections	_____	_____	_____
Typhoid immunizations	_____	_____	_____
Smallpox vaccinations	_____	_____	_____
Mantoux tests	_____	_____	_____
Dick tests	_____	_____	_____
Dental examinations	_____	_____	_____
Other preventive services	_____	_____	_____

What portion of these services do you perform free of charge? Explain in detail.

6. How many obstetric patients did you care for during 1937? _____
 To how many of these patients did you give free service? _____
 How many of these patients first consulted you during the first three months of pregnancy _____; during the fourth to the sixth months _____; during the seventh and eighth months _____; during the ninth month _____?

7. Do you know of any instance in your community in which a person has been unable to obtain medical, dental, or hospital services? —Yes. —No.

State reasons fully:

8. How many hours did you devote, during 1937, to public health services for organizations such as well baby clinics, Parent-Teacher Association summer roundups, examinations for 4-H Clubs, Boy Scouts, and others?

Name of Organization	Hours of Service
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What portion of these services were rendered without compensation?

9. Please comment on your experiences and observations concerning the need for medical services and the methods you believe should be considered to supply these needs.

Information furnished by Physician Dentist

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THE AMERICAN MEDICAL ASSOCIATION STUDY OF MEDICAL CARE

Record of Free Medical Services

Return this form to:

Name of County Medical Society

Name and Address of Secretary



Physicians and Dentists are requested to keep for seven consecutive days an actual record of the total number of persons seen in the office or home and the number of these persons to whom *services were rendered without charge* and for which services *no payments were received or expected* from relatives or friends of the patients or from any welfare, relief or philanthropic agency or organization. The record is to include also the number of persons referred to some other source for free medical care.

Record kept by:

Physician; Dentist Number of years in practice _____

General Practice; Special Practice _____
(State Specialty)

Be Sure to Fill In the Starting and Closing Dates

Record was started _____, 193___; Record was closed _____, 193___

1. Number of Persons Given Medical Services or Referred to Some Source of Medical Care. (See Instructions on reverse side of this sheet.)

Days	A Total Number of Persons Who Received Any Form of Medical Services in the Office and Home	B Total Number of Persons Who Were Served Without Charge	C Total Number of Persons Referred to Some other Source for Free Medical Care
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Total			

(OVER)

2. Free Surgical Services (See Instructions)

Enter here each day the number of surgical operations of all types performed for which no charge was made and no compensation was received.

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	

3. Please discuss freely your observations and experiences concerning any abuses that may exist in your community in the hospital, dispensary, or clinic facilities and services intended for the indigent sick.

INSTRUCTIONS

1. Enter in Column A the daily total of the number of persons for whom you rendered any form of medical, surgical or dental services. Include only those persons seen in your office or in the patient's home.

Enter in Column B the daily total of the number of persons whom you served without charge. Include only those persons receiving free services. Do not include persons for whom charges for medical or dental services could not be collected.

Enter in Column C the daily total of the number of persons you referred to some source for free medical, surgical or dental care such as hospitals, dispensaries, clinics or physicians employed to care for the poor.

2. Enter in each of the seven designated spaces in 2. Free Surgical Services, above, the daily total of the number of surgical operations of all types which you performed free of charge. Include all free surgical operations regardless of where they were performed.

This is the first of three forms which will be distributed to physicians and dentists for an actual enumeration of the number of persons seen as patients in private practice. Two additional records for a definite number of days each will be requested at other periods to adjust for seasonal variations.

STUDY OF NEED AND SUPPLY OF MEDICAL CARE

Information Concerning Hospitalization

(Do Not Include State or Federal Hospitals)

Record the information from each hospital on a separate blank to be retained by:

Name of County Medical Society Name and Address of Secretary



1. Name of hospital

Check this classification: General Special Children's Nervous and mental
 Tuberculosis Maternity Other

Ownership or control:

Governmental _____ Nonprofit organizations _____ Private _____

2. Number of hospital beds in 1937 for:

	Private rooms (1 bed only)	Semiprivate rooms (2 to 4 beds)	Wards (5 or more beds)	Total No. of Beds
General medicine and surgery	_____	_____	_____	_____
Maternity (bassinets _____)	_____	_____	_____	_____
Children	_____	_____	_____	_____
Nervous and Mental	_____	_____	_____	_____
Tuberculosis	_____	_____	_____	_____
All others	_____	_____	_____	_____
Total	=====	=====	=====	=====

Per cent of beds occupied during 1937 _____% _____% _____% _____%

3. Total number of patients receiving inpatient hospital care during 1937 _____

Number of these inpatients who received hospital care as:

Pay and part-pay patients _____; public charges _____; free patients _____

4. Total patient days of hospital care during 1937 (excluding days of care of newborn infants) _____

Number of hospital days care for:

Pay and part-pay patients _____; public charges _____; free patients _____

What are your daily rates for hospital care in:

Wards \$ _____ per day; semiprivate accommodations \$ _____ per day; private rooms \$ _____ per day.

5. Does your hospital operate an outpatient department, clinic, or dispensary? Yes No

Number of individual patients served by these facilities during 1937 _____

Number of visits by these patients during 1937 _____

Total charges, if any, collected from these same patients \$ _____

6. Monies received for the care of outpatients and inpatients who were themselves unable to pay for the services received: ¹

Source:

- | Governmental | Private Agencies |
|---|---|
| <input type="checkbox"/> City or county | <input type="checkbox"/> Community chest |
| <input type="checkbox"/> State | <input type="checkbox"/> Philanthropic agencies |
| <input type="checkbox"/> U. S. Government | <input type="checkbox"/> Individual donations |

Did these receipts pay the total cost of care for these patients? Yes No

7. Need for additional facilities:

Number of patients, if any, during 1937 who needed hospital care but were not admitted as bed patients _____

Reasons for refusal to accept these patients:

Number of patients, if any, during 1937, who needed medical services but were turned away from the outpatient department _____

Reasons for refusal to accept these patients:

8. Number of patients referred to the hospital for free service by:

Physicians _____; relief and welfare agencies _____;
other agencies and organizations _____; direct applications _____

9. What standards and procedures are used by your hospital in determining eligibility to receive free hospital care?

Explain fully:

10. Please comment on your experience and observations concerning the need for hospital and outpatient care, and the methods you believe should be considered to meet these needs:

STUDY OF NEED AND SUPPLY OF MEDICAL CARE

Information Concerning Nursing Services

Record the information from each organization or nurse on a separate blank to be retained by:

Name of County Medical Society

Name and Address of Secretary



1. Name of organization _____
(If there is no nursing organization, information should be secured from individual nurses)

2. Number of nurses available for duty:

	Full time	Part time
Private duty nurses	_____	_____
Public health or visiting nurses	_____	_____

3. Number of persons served during 1937 _____
 Number of visits to these persons during 1937 _____
 What percentage of nursing visits, during 1937, was made without any charge to the patient? _____ %
 What method is used to determine the ability of the patient to pay?

What is the actual cost per nursing visit? \$ _____

4. Number of persons who required nursing services for the following conditions:

Acute medical and surgical _____	Communicable diseases _____
Chronic medical and surgical _____	Health supervision _____
Maternity _____	All other conditions _____

5. Source of funds:

<input type="checkbox"/> City	<input type="checkbox"/> Private or philanthropic contributions
<input type="checkbox"/> County	<input type="checkbox"/> Income from insurance companies
<input type="checkbox"/> State	<input type="checkbox"/> Fees from patients
<input type="checkbox"/> Federal	<input type="checkbox"/> Interest earnings from reserves, endowments or investments
<input type="checkbox"/> Combination of tax funds	

6. Number of requests for nursing services that you have been unable to fulfill _____. Explain why need could not be met:

7. Number of persons visited during 1937 who were not receiving medical care_____

Number of these persons during 1937 who had endeavored but had been unable to secure medical services_____

Reasons for the inability of such persons to secure medical services:

Was it possible for you or your agency to secure medical care for these persons? Yes No

8. What understanding or arrangement exists between your organization and the county medical society to obtain medical services for those who need such services but cannot pay for them?

9. Please comment on your experiences and observations concerning the need for medical services and the methods you believe should be considered to supply these needs.

STUDY OF NEED AND SUPPLY OF MEDICAL CARE

Information Concerning Health Department Activities

Record information from each city, county, or district health department (if there is more than one health department in the county) on a separate blank to be retained by:

Name of County Medical Society Name and Address of Secretary



1. Name of Health Department Name and Address of Health Officer

2. Vital statistics (for latest year of complete returns, 1937 if possible):

General birth rate General death rate
Maternal mortality rate Infant mortality rate
Diphtheria morbidity rate Diphtheria mortality rate

3. Have any studies been made to compare the morbidity and mortality rates of those portions of the community in which the well-to-do or entirely self-supporting persons live, with the morbidity and mortality rates of those portions of the community in which the indigent or low income persons live? [] Yes [] No
If so, please attach a copy of the study or give the tables showing these comparisons.

4. What percentage of all births are attended by physicians? % Attended by midwives? %
Unattended by either physician or midwife? %

5. How many children, of each 1,000 born alive during 1937, were immunized against diphtheria?
What percentage of children who entered school for the first time in 1937 were successfully vaccinated against smallpox? %
By whom is the immunization work done—By physicians in private practice?
By health department physicians? By both?

6. Is the health department charged by regulations or agreement with the supervision or actual provision of medical care for the indigent? [] Yes [] No. Describe fully:

7. Does the health department render service through any of the following types of clinics? Yes No
If it conducts clinics, check below:

(a) Type of clinic:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> General medicine and surgery | <input type="checkbox"/> Heart | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Maternity and Child Welfare | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Health examination | <input type="checkbox"/> Nervous and Mental | <input type="checkbox"/> Traveling |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Eye, Ear, Nose, Throat | <input type="checkbox"/> Other |

(b) Total number of persons who received services at health department clinics during 1937_____

Total number of visits to the clinics by these persons during 1937_____

(c) Nature of the services rendered in these clinics:

- Preventive medicine Medical treatment

8. How many persons made requests of the health department for medical care in 1937?_____

In how many instances was it impossible for the health department to arrange for the medical care requested?_____

9. How many persons, during 1937, were reported by nurses or others as apparently in need of medical care which they were not receiving?_____

Explain reasons for not receiving such care:

How many persons, during 1937, were reported by nurses or others as apparently in need of medical care but *did not desire* medical services?—Give reasons why they did not desire medical care:

10. Has the health department any working agreement with the county medical society on public health policies?

Yes No

Explain fully any coordinated arrangement:

11. Please comment on your experiences and observations concerning the need for medical care and the methods you believe should be considered to meet these needs:

Information Concerning Medical Services Arranged for or Provided by Private or Governmental Welfare and Relief Agencies

(Do Not Include Hospitals, Health Departments, or Educational Institutions)

Record the information from each agency on a separate blank to be retained by:

Name of County Medical Society

Name and Address of Secretary



1. Name of agency _____

2. Source of financial support _____
(tax funds, foundations, philanthropy, individual contributions)

3. Does your agency undertake to supply or arrange for medical or hospital services for persons who cannot themselves pay for such services? Yes No

4. Does your agency make any regular or periodic investigations of indigent persons or families to disclose the possible need for medical services? Yes No
Or must indigent persons voluntarily apply for medical care? Yes No

5. What medical or hospital services are supplied or arranged for?
 Care in physician's or dentist's offices Medical care in the home
 Hospitalization Drugs, eyeglasses, surgical appliances, etc.

6. What standards and procedures are used by your agency in determining eligibility to receive free medical care?
Explain fully:

7. Does your agency operate its own clinic? Yes No If so, check the type of clinic.
 General medicine and surgery Heart Orthopedic
 Maternity and child welfare Venereal disease Dental
 Health examination Nervous and Mental Traveling
 Tuberculosis Eye, Ear, Nose and Throat Other

Total number of visits to the clinic during 1937 _____

8. Total number of persons, during 1937, for whom your agency arranged medical, dental or hospital care _____

9. For how many persons, during 1937, was it impossible for your agency to arrange for needed medical, dental or hospital care? _____

Explain fully the failure to secure the needed care:

Have any persons been found who need but do not desire medical care? Yes No

10. What instructions do nurses, social workers, or other representatives of your agency give to assist persons in obtaining their own medical or dental care?

11. What understanding or arrangements exist between your agency and the county medical society or the hospitals in your community to provide medical and hospital care?

12. Please comment on your experiences and observations concerning the need for medical care and the means you believe should be considered in meeting those needs.

6

STUDY OF NEED AND SUPPLY OF MEDICAL CARE

Information Concerning Health and Medical Services Arranged for or Provided by Public, Parochial, and Private Schools Below the College Level

Record the information from each school system or school on a separate blank to be retained by:

_____ Name of County Medical Society

_____ Name and Address of Secretary



1. Describe the arrangements for health supervision of pupils in your school.

Indicate whether the school health supervision is a function of:

Board of Education Health Department Some other agency

Explain:

What services are included in the school health supervision program?

Inspection only Examination Medical treatment

2. Who determines the health status of pupils?

Physician and dentist Teacher Nurse Others

Explain:

3. At what intervals are health examinations made?

Annually Semiannually

Is an examination certificate for reentrance to classes after an illness required? Yes No

By whom are such examinations made?

Family physicians Physicians employed by Board of Education

4. Number of pupils found by health examination, during 1937, to be in need of some medical or dental services_____

(a) Number who received recommended medical or dental care_____

(b) Number who were unable to secure such recommended care_____

Reasons for inability to obtain needed medical or dental care:

5. Have any arrangements been made with the county medical society for school health examinations? Yes No
Describe fully:

Have any arrangements been made with the county medical and dental societies for medical or dental treatment of pupils who need such services? Yes No Describe fully:

6. Please comment on your experiences and observations concerning the need for medical care and the means you believe should be considered to meet these needs.

Information Concerning Health and Medical Services Arranged for or Provided by Colleges and Universities

Record the information from each college or university, if any, in your county on a separate blank to be retained by:

Name of County Medical Society Name and Address of Secretary

1. Name of college or university Address

2. Does your institution maintain a health service for students?

- 3. What types of service are provided students by your institution? Health examinations, Health advice, Medical treatment, Hospitalization

If medical treatment or hospitalization is provided, enumerate the services which are included:

- 4. How are the health and medical services financed? Student fees, College funds, Extra payments for services, Other sources

Indicate the other sources:

5. What arrangements exist between the college or university and the medical and dental professions, hospitals or other community medical facilities to provide necessary medical and hospital care to students?

6. How many students in your institution, during 1937, were unable to obtain medical or hospital care when needed? _____

Reasons for inability to obtain needed medical or hospital care:

7. Please comment on your experiences and observations concerning the need for medical care and the means you believe should be considered to meet these needs.

STUDY OF NEED AND SUPPLY OF MEDICAL CARE

Information Concerning Medical Services Arranged for or Provided by Industrial, Fraternal, Mutual Benefit, Group Hospitalization, Community Health and other Similar Organizations or by the County Medical Society

Name of County Medical Society

Name and Address of Secretary



1. Determine the nature and extent of all organizational arrangements or plans to provide medical services or cash benefits for persons who need medical care.

Some of these arrangements are as follows:

a. Plant arrangements for employees.

Industrial Health Services. Plant first aid and medical consultations for employees maintained entirely at the expense of the employer.

Industrial Medical Service Plans. Arrangements for more or less complete medical and hospital care for employees and their dependents maintained largely by contributions from employees. The medical services may be provided through physicians and hospitals employed by or under contract with the employer.

Mutual Benefit Associations. Organizations sponsored by employees or by employers and employees whereby cash benefits are provided for members requiring medical or hospital services.

b. Arrangements for the general public.

Group Hospitalization Plans. Corporations or associations organized by hospital administrators and physicians which contract to provide a designated number of days of hospital care for employees and their dependents.

Community Health Associations. Organizations maintained by subscriptions or endowments to assist members in paying for medical and hospital care.

Medical and Hospital Benefit Organizations. Corporations or associations organized to sell medical and hospital services which may be obtained by contract with physicians or through hospital clinics.

All-inclusive Rate Plans. A special arrangement offered by individual hospitals whereby patients are charged a flat amount which covers the complete cost of services while in the hospital.

Arrangements organized and operated by county medical societies for the care of the indigent or low-income groups such as medical-dental service bureaus, central admitting bureaus, etc.

c. Arrangements for special groups of persons.

Fraternal or Lodge Practice Plans. Fraternal groups which hire physicians to care for members.

2. List all such organizations in your county and secure from each organization the contracts, by-laws, descriptive material, financial statements, number of members, and all printed materials, reports, or statistics pertaining to the medical or hospital services which are supplied to or arranged for members.

3. Do any of these organizations complain of any difficulty in securing needed medical or hospital services for their members? Yes No Explain fully:

INSTRUCTIONS

FOR FORM 9

For the use of the County Medical Society Committee

Fill in at the top of each Form the name of the county medical society and the name and address of the secretary before distributing to pharmacists who are to be asked to supply the answers to the questions. It should be emphasized that all Forms are to be returned to the secretary of the county medical society indicated. The names of pharmacists or pharmacies are to be omitted.

The objective of this Form is to secure from each pharmacist information concerning persons who inquire how to obtain medical services as well as the extent of free services provided by pharmacists.

Where more than one pharmacist is employed in a single pharmacy, all replies may be combined and entered on one Form. In all such instances the number of pharmacists included should be indicated.

Wherever records are not available to answer the questions which call for exact numbers or percentages, the closest possible estimate should be made—accompanied with a statement that the answer is an estimate. For example, the answers to the last part of question 1 may have to be estimated percentages.

The reply to question 2 should outline the instructions given to persons who ask to be referred to some source of medical care.

The number of persons referred to each source of medical care indicated in question 3 should include all persons referred by the pharmacist to the respective source of medical care and not just those persons seeking emergency treatment or those who are considered unable to pay.

Where the Form is to include information from more than one pharmacist, the reply to question 4 should give the total number of reduced fee or cost-price prescriptions and the total number of free prescriptions compounded during the year 1937 by all the pharmacists employed.

Question 6 calls for a description of any special arrangements for the provision of medicines to indigents or low-income persons in the community.

In considering question 7, there may be no formal agreement between the medical society and the pharmacists concerning provision of medical care for persons unable to pay regular fees. However, a reply to this question is sought in order to determine how familiar the pharmacists are with whatever arrangements the county medical society may have to provide medical services for these persons.

In their replies to question 8 pharmacists should be encouraged to express themselves fully and freely.

9

THE AMERICAN MEDICAL ASSOCIATION
STUDY OF NEED AND SUPPLY OF MEDICAL CARE

Information from Pharmacists

Record the information from each pharmacist on a separate blank to be retained by:

Name of County Medical Society

Name and Address of Secretary



1. Do persons who come to your pharmacy ask to be directed to some source of medical care? Yes No

Are these requests for:

- Physicians
- Dentists
- Hospitals
- Clinics and Dispensaries
- Others

What percentage of the requests are for:

Physicians in general practice _____% Physicians who limit their practice to some special branch
of medicine _____% Dentists _____% Hospitals _____%
Clinics and Dispensaries _____% Others _____%

2. What procedure do you follow in referring persons to physicians, dentists, hospitals, clinics, or to some other source of medical care?

3. How many persons did you refer during 1937 to some source of medical care such as:

Physicians _____ Dentists _____ Hospitals _____
Clinics and Dispensaries _____ Others _____

4. How many prescriptions did you compound at cost or reduced fees for poor patients during 1937? _____

• How many prescriptions did you compound free during 1937? _____

[OVER]

5. For the year 1937, as compared with the year 1936, did the number of sales of medicine on physicians' prescriptions show an increase or a decrease in relation to the number of sales of home remedies and patent or proprietary remedies?
- Increase Decrease
6. What arrangements, if any, exist in your community for the provision of medicine to the indigent and low income groups of the population?
7. What understanding, if any, exists between the pharmacists and the county medical society of your community to arrange for medical care for those persons who appeal to pharmacists with the statement that they are in need of medical care but are unable to pay regular fees?
8. Please comment on your experience and observations concerning the need for medical services and the methods you believe should be considered to supply these needs.

INSTRUCTIONS

Form "A" for State Medical Societies

The purpose of Form A is to obtain information concerning those medical services and facilities which are provided by voluntary and governmental agencies and departments for the needs of the entire population of a state. State medical societies are asked to assume this part of the study, since it is believed that they are in a position to secure a more accurate record of state-wide medical services and facilities than would be possible for county medical societies.

In many counties there are institutions such as those for the care of patients with mental and nervous diseases and tuberculosis which are maintained for the entire population of the state and not solely for the persons in the counties in which the institutions are located. A study of the services provided by such institutions, as well as by other state-wide institutions and agencies concerned with medical and health services, should be made by or under the direction of the state medical society.

Question 1 calls for a determination of the counties or communities in the state which may possibly be considered as having a meager supply of medical facilities. The population asked for in each of the four parts of question 1 should be based on the Census of Population for 1930 or Bureau of the Census estimates of population of a later date. If population estimates from the Bureau of Census for later years or if some local determination of the population are used, be sure to state the source and year of the estimate.

In part b of question 1 an arbitrary limit of two thousand or more persons for each physician is taken as an index of insufficiency. This index may not apply to the counties in your State. However, list the name and population of the counties and the number of physicians in all counties that have two thousand or more persons for each physician. If for any reason you feel that this arbitrary index is not appropriate in certain counties, please give the reasons why the index should not be applied. Such an explanation should include a description of the conditions peculiar to these counties such as the incomes of residents, facilities in adjoining counties, topography, road conditions, meth-

ods of transportation, means of communication, etc., on a separate page attached to the completed duplicate Form A to be returned to the Bureau of Medical Economics.

In part d of question 1 by subsidies or guarantees is meant the payment to a physician of a stated minimum cash annual income or similar inducements from voluntary subscriptions, taxation, or sources other than patients' fees for services. List the communities in which physicians receive such guarantees or subsidies and obtain as detailed information as possible concerning the nature of the arrangements. A copy of this information attached to the completed Form to be returned to the Bureau of Medical Economics will be valuable in formulating similar arrangements for communities in other states which may desire to offer some sort of subsidy or guarantee to obtain the services of physicians for certain areas.

The replies to the several parts of questions 2 and 3 should include information concerning medical services provided in all institutions throughout the state which are operated or supported by the state government.

For question 4 each state medical society will need to determine and list all departments of the state government and state-wide agencies which provide health or medical services and facilities. Parts a, b, and c of question 4 indicate some of the departments and agencies that should be included in the study by the state medical society, but this listing is only suggestive and not necessarily complete. Part e of question 4 also includes all arrangements or agreements entered into by the state medical society to provide medical services for the special groups of persons indicated. The findings of these several studies should be prepared as a report and a copy returned with the completed Form A to the Bureau of Medical Economics.

You will notice that Form A is printed in an "end-fold" style to facilitate the use of a typewriter in entering the replies to the several questions and the making of a carbon copy.

Send a copy of the completed Form A to the Bureau of Medical Economics, 535 N. Dearborn Street, Chicago, Illinois.

A

**THE AMERICAN MEDICAL ASSOCIATION
STUDY OF NEED AND SUPPLY OF MEDICAL CARE**

Information to be Secured by State Medical Society

Name of State Medical Society

Name and Address of Secretary



1. Distribution of medical facilities within the state:

a. Number of counties in which there are no practicing physicians_____

List the name and population of each such county:

b. Number of counties with an insufficient number of physicians_____

(Include all counties having 2,000 or more persons for each physician).

List the name and population of, and the number of physicians for, each such county:

c. Number of counties having no hospital_____

List the name and population of each such county:

3. Information concerning institutions for *special* services operated by the state government.

- a. Is the present capacity of state institutions for mental and nervous diseases, the feeble minded, the epileptic, the blind and deaf, tuberculosis, or other special conditions sufficient to meet the demand throughout the state?

Yes No

If not, enumerate the institutions in which there is overcrowding.

- b. What effort or plans, if any, are contemplated to increase the facilities of any of these state institutions which are now insufficient? Describe fully:

- c. Are the facilities of these institutions available to the indigent only? Yes No

Or do these institutions accept pay patients? Yes No

- d. To what extent is the service of these institutions custodial or educational, and to what degree is this service medical?

- e. Are the medical and hospital facilities in state-operated penal institutions sufficient to meet the needs of the population of these institutions? Yes No. Discuss any deficiencies :

4. Information concerning departments of the state government devoted to health or medical services.

- a. It is important that the programs and activities of departments of the state government which devote all or any part of their efforts to health or medical services be studied to determine the extent to which these services are complete or satisfactory.

This study should include an examination of programs on preventive medicine, health education of the public, demonstration clinics on tuberculosis, heart disease, cancer, diphtheria, maternal and child welfare, state laboratory facilities, the provision of biological products, vital statistics, control of environmental conditions, and any other programs or activities which concern health and medical care of a state-wide nature.

- b. A study should also be made of the programs of voluntary agencies whose activities concerning health and medical care are of a state-wide nature.
- c. Likewise, a study should be made of any laws and any rules or regulations of governmental agencies which may include provisions pertaining to medical and hospital services. Obtain full information concerning agreements expressed or implied between county medical societies and organizations responsible for the welfare of special groups of persons such as indigents, crippled children, dependent mothers and children, clients under old-age or unemployment insurance, relief workers, clients of the Farm Security Administration, and venereal disease patients.

Make a report of the findings of these studies and attach a copy for the Bureau of Medical Economics.

- d. Are there any communities in your state where physicians are receiving subsidies or guarantees of any kind to enable them to remain in the community? Yes No

List the name and population of each such community:

2. Information concerning hospitals for *general* services operated by the state government.

- a. Does the state own and operate one or more charity hospitals or a hospital connected with the state university for the care of indigent persons from any part of the state? Yes No

Give name, location, and bed capacity:

- b. What standards and procedures are used in determining eligibility of patients to receive services in these hospitals?

- c. Is the present capacity of these hospitals sufficient to meet the demand throughout the state? Yes No
If not, what effort or plans, if any, are now contemplated to increase these state-operated general hospital facilities?

INSTRUCTIONS

FORM S—SUMMARY SHEETS FOR COUNTY MEDICAL SOCIETIES

The summary sheets are to be used for recording the consolidated data contained on the study Forms 1-9 inclusive. These sheets are provided in triplicate. The blue sheet is to remain with the county medical society, the pink sheet is to be sent to the secretary of the state medical society, and the buff sheet is to be forwarded to the Bureau of Medical Economics, American Medical Association, 535 North Dearborn Street, Chicago, Illinois.

The items on the summary sheet have been grouped by sections to enable the county medical societies more easily to prepare a report based on the information collected. These sections are: I Extent of Study, II Facilities, III Free and Part Pay Medical Care, IV Need for Medical Care, V Preventive Medical Services, and VI General.

Section I is designed to provide information relative to the geographic area covered by the study, and the number and nature of the agencies which provided information. This section, Extent of Study, requires information that could not be put on the individual forms. It will be necessary, therefore, for the county medical society committee in charge of the study to supply the name or names of the counties studied (in case the study by a medical society included more than one county), the number of each of the forms sent or given to assisting agencies, and the number of these forms which were returned with the requested information recorded.

In Section II, the nature and number of many of the professions and facilities necessary in medical care are to be summarized. This section also provides for a record of the extent to which hospital facilities are being used.

Section III is intended for a summary of the reported extent of free and part-pay medical care, the procedures used by agencies to determine eligibility of patients to receive free services, and the sources of funds for free medical care.

The need for medical care is to be summarized in Section IV. A summary of the reasons for the inability of persons to obtain needed medical services is no less important than the summary of the quantitative need for medical care.

Section V provides for the consolidated information pertaining to available preventive medical services and the extent to which these services have been utilized in the area studied.

General information pertaining to vital statistics, the sale of medicines on physicians' prescriptions and medical society organization or community plans to furnish medical and hospital care to the indigent or low income groups, are to be recorded in Section VI.

Throughout the summary sheet, with the exception of a few questions, each heading or subheading is followed by a reference in parentheses to the Form and Question which will provide the desired information. Thus, in Section II, Question D-2 "Number of hospitals classified as: (Form 2, Question 1)" calls for a consolidation of the data in Question 1 of all Forms 2 that have been returned to the committee. The committee would proceed by adding, from Question 1 of all Forms 2, the checks in each classification—general, special, children's, etc., and then entering the total number of checks for each classification in the proper space on the summary sheet.

If, during the process of summarizing the collected information, some data appear to be inconsistent, such items should be rechecked with the proper agency, organization, or individual before recording the figures or statements on the summary sheets. It is not expected that any one county medical society will find use for all the spaces on the summary sheet. The objective is to get as complete a picture as possible of the supply of and demand for medical services in the locality investigated. Before this summary sheet is completed and the copy mailed to the Bureau of Medical Economics, it should be discussed at least by a committee in charge of the study and preferably by a full meeting of the county medical society. Such a discussion will probably bring considerable additional information not secured by the forms. While this information may be of a general rather than a statistical nature, this does not lessen its importance in arriving at conclusions as to the supply of and demand for medical care.

In the larger cities it is probable that much of the material will be obtained from the reports of welfare organizations, hospital and nursing associations, health departments, and other organizations. Many of these have already collected the material asked for and such reports should be consulted and checked against the information obtained on the forms.

It is possible that in some instances the figures given will need to be estimates. There is no objection to estimates if they are so designated. The main purpose of this study is to collect information pertaining to the

supply of and demand for medical care in each county and not simply to prepare a statistical report. This information is to be utilized by both the county medical societies and state medical societies. Wherever the figures are estimates, it would be helpful if minimum and maximum estimates were given.

Studies of this kind are rarely if ever absolutely accurate. There is a need for constant watchfulness for omissions or duplications, in order that the results may be as complete and dependable as possible. The factors to which special attention should be given are omissions or duplications dealing with the amount of "Free Medical Care" furnished, and the "Need for Medical Care." Every source of information should be checked to avoid counting individuals or services more than once, and likewise to avoid the omission of important data. The same care should be exercised in consolidating the information called for in Section IV, Need for Medical Care. The important point in this section of the study is to determine the extent to which the persons needing and not receiving medical care

made efforts to get it and whether those efforts were properly organized so that the persons in need of medical care knew of agencies through which to apply.

After the summary sheet has been filled out and the recorded information has been analyzed, the committee responsible for the study should prepare a report of findings and recommendations. The committee will be best acquainted with local medical demands, facilities, and conditions, and should be able to interpret existing local medical needs or to recommend means to supply those needs. Reports which recommend medical needs satisfactorily met will be as useful as reports which set forth deficiencies or recommendations to meet needs. The definite opinions of those who have made the study and are in a position to judge the value of its various elements is one of the most important sources of information. When all the summary sheets and reports of findings and recommendations are assembled for a state or, finally, for the United States, the result should provide reliable information as to the need for medical care and the means of supplying those needs in every section of the United States.



THE AMERICAN MEDICAL ASSOCIATION
STUDY OF NEED AND SUPPLY OF MEDICAL CARE

To be retained by
County Medical Society

Summary Sheet for County Medical Society Study

Name of County Medical Society	Secretary
City	State
	Date



I EXTENT OF STUDY

A Name and Population of Counties included in Study:

Name	Population	Name	Population
------	------------	------	------------

B Distribution of Forms:

	Number Sent	Number Returned and Used in Study
Form 1. (Physicians and Dentists)	_____	_____
Form 2. (Hospitals)	_____	_____
Form 3. (Nurses)	_____	_____
Form 4. (Health Departments)	_____	_____
Form 5. (Welfare and Relief Agencies)	_____	_____
Form 6. (Schools)	_____	_____
Form 7. (Colleges)	_____	_____
Form 8. (Other Organizations)	_____	_____
Form 9. (Pharmacists)	_____	_____

II FACILITIES

A-1 Total number of physicians in active practice (Form 1) _____

What is the greatest distance, in miles, that the nearest physician would have to travel to reach persons in the area included in your study? _____

-2 Total number of dentists in active practice (Form 1) _____

B-1 Total number of private duty nurses (Form 3, Ques. 2):

Full-time _____, Part-time _____

-2 Total number of public health and visiting nurses (Form 3, Ques. 2):

Full-time _____, Part-time _____

C Total number of pharmacists (Form 9) _____

D-1 Total number of hospitals (Form 2) _____

-2 Number of hospitals classified as (Form 2, Ques. 1):

General _____, Special _____, Children's _____, Nervous & Mental _____

Tuberculosis _____, Maternity _____, Other _____

-3 Number of hospitals classified according to control as (Form 2, Ques. 1):

Governmental _____, Nonprofit _____, Private _____

-4 Total number of hospital beds (Form 2, Ques. 2)

For:	In Private rooms (1 bed only)	In Semiprivate rooms (2-4 beds)	In Wards (5 or more beds)	Total No of Beds
General Medicine and Surgery	_____	_____	_____	_____
Maternity (bassinets _____)	_____	_____	_____	_____
Children	_____	_____	_____	_____
Nervous and Mental	_____	_____	_____	_____
Tuberculosis	_____	_____	_____	_____
All others	_____	_____	_____	_____
Total	=====	=====	=====	=====

Bed occupancy in General Hospitals during 1937:

In Private rooms _____% In Semiprivate _____% In Wards _____%

-5 Daily rates for hospital care (Form 2, Ques. 4) :

	Ward	Semiprivate	Private
High	\$_____per day	\$_____per day	\$_____per day
Low	\$_____per day	\$_____per day	\$_____per day

E-1 Total number of outpatient departments or clinics_____

Number of outpatient departments or clinics operated by Hospitals (Form 2, Ques. 5)_____

Number of clinics operated by Health Departments (Form 4, Ques. 7)_____

Number of clinics operated by Welfare and Relief Agencies (Form 5, Ques. 7)_____

Number of clinics operated by other organizations (Form 8, Ques. 1)_____

-2 Number of clinics maintained for the following types of services (Form 2, Ques. 5; Form 4, Ques. 7; Form 5, Ques. 7; Form 8, Ques. 1)_____:

General medicine & surgery_____, Health examination_____, Heart _____

Maternity & child welfare _____, Venereal diseases _____, Dental _____

Eye, ear, nose and throat _____, Tuberculosis _____, Traveling_____

Nervous and mental _____, Orthopedic _____, Other _____

F Number of Health Departments (Form 4)_____

G-1 Number of Private Agencies_____, Number of Governmental Agencies_____, which arrange for or provide medical services (Form 5, Ques. 2)

-2 Number of such agencies which arrange for or provide the following services (Form 5, Ques. 5)_____:

Care in physician's or dentist's office_____, Medical care in the home_____, Hospitalization_____,

Drugs, eyeglasses, surgical appliances, etc._____

H-1 Total number of schools below the college level having health supervision services (Form 6)_____

-2 Number of school health supervision services under control of the Board of Education_____, Health Department_____, some other agency_____(Form 6, Ques. 1)

-3 Number of school health supervision services which provide the following (Form 6, Ques. 1) :

Inspection only_____, Examination_____, Medical Treatment_____

I-1 Total number of Universities and Colleges having student health services (Form 7, Ques. 2)_____

-2 Number of student health services providing the following types of service (Form 7, Ques. 3):

Health examinations _____, Health advice _____,

Medical treatment _____, Hospitalization _____

J Total number of other organizations which arrange for or provide medical services (Form 8) _____

Plant arrangements for employees _____

Arrangements for the general public _____

Arrangements for special groups of persons _____

III FREE AND PART-PAY MEDICAL CARE

A-1 Total number of persons, during 1937, who were reported as having been given free services in the office, home or hospital (Form 1, Ques. 2 & 3) by physicians _____, by dentists _____

-2 Hours devoted, during 1937, to the care of free ambulatory patients in outpatient departments, dispensaries or clinics (Form 1, Ques. 4) by physicians _____, by dentists _____

B-1 Total number of hospital patients, during 1937, (Form 2, Ques. 3) Classified as:

Pay and part-pay patients _____, Public charges _____, Free patients _____

-2 Number of patients referred to hospitals for free care (Form 2, Ques. 8)

By physicians _____, by relief and welfare agencies _____, by other agencies and organizations _____, by direct applications _____

-3 Total patient days of hospital care, during 1937 (Form 2, Ques. 4) _____ Number of days of hospital care for:

Pay and part-pay patients _____, Public charges _____, Free patients _____

C-1 Total number of patients, during 1937, in hospital outpatient departments, clinics, and dispensaries (Form 2, Ques. 5) _____

-2 Total number of visits by these patients (Form 2, Ques. 5) _____

D Total number of nursing visits made during 1937 (Form 3, Ques. 3) _____

Percentage of these visits made without charge to the patient (Form 3, Ques. 3) _____%

E-1 Number of prescriptions compounded by pharmacists, during 1937, for which no charge was made (Form 9, Ques. 4) _____

-2 Number of prescriptions compounded during 1937 by pharmacists at cost or reduced fees (Form 9, Ques. 4)

F What arrangements exist in the area included in your study for the provision of medicines to indigents (Form 9, Ques. 6) _____

G Standards or procedures used to determine inability of patients to pay for medical services:

a. By Hospitals (Form 2, Ques. 9):

b. By Welfare and Relief Agencies (Form 5, Ques. 6):

c. By Nursing Organizations (Form 3, Ques. 3):

H From what sources—other than payments made by patients themselves—were funds derived for the payment of medical care for the indigent? (Form 2, Ques. 6; Form 3, Ques. 5; Form 5, Ques. 2; Form 7, Ques. 4)

Governmental Funds

City or County

State

U. S. Government

Private Agencies

Community Chest

Philanthropic Agencies

Individual Donations

(Note:—If details of amounts and sources are available please attach complete statements of such facts)

NEED FOR MEDICAL CARE

A-1 Number of patients, during 1937, who needed hospital care but who were not admitted as bed patients (Form 2, Ques. 7)_____

Summarize reasons for refusal to accept these patients:

-2 Number of patients, during 1937, needing medical services who were turned away from the outpatient departments (Form 2, Ques. 7)_____

Summarize reasons for refusal to accept these patients:

-3 Number of persons visited by nurses, during 1937, who were not receiving medical care (Form 3, Ques. 7)

Number of these persons that endeavored but was unable to secure medical services_____

Summarize reasons for the inability of these persons to secure medical services:

-4 Number of requests, during 1937, for nursing services which could not be filled (Form 3, Ques. 6)_____

Summarize reasons for not being able to meet this need:

-5 Number of persons, during 1937, who required nursing services for the following conditions (Form 3, Ques. 4) :

Acute medical and surgical _____ Maternity _____

Chronic medical and surgical _____ Health supervision _____

Communicable diseases _____ All other conditions _____

-6 Number of persons, during 1937, who made requests of the Health Department for medical care (Form 4, Ques. 8)_____

Number of instances reported by Health Department where medical services requested could not be obtained

Summarize reasons for inability to obtain these services:

-7 Number of persons, during 1937, reported to the Health Department as in need of medical care which they were not receiving (Form 4, Ques. 9)_____

Summarize reasons for not receiving such care:

Number of these persons reported to be in need of medical care who did not desire medical services

Summarize reasons why they did not desire medical services:

- 8 Number of persons, during 1937, reported by welfare and relief agencies as needing medical care which could not be furnished or obtained (Form 5, Ques. 9)_____

Summarize reasons for failure to secure the needed care:

- 9 Number of pupils in elementary or secondary schools reported, during 1937, to be in need of medical care (Form 6, Ques. 4)_____

Number of these pupils unable to secure such recommended care_____

Summarize reasons for inability to obtain needed care:

- 10 Number of students in universities and colleges reported, during 1937, as being unable to obtain needed medical care (Form 7, Ques. 6)_____

Summarize reasons for inability to obtain needed care:

- 11 Number of instances, during 1937, reported by physicians or dentists where medical services could not be obtained (Form 1, Ques. 7)_____

Summarize reasons:

- 12 Total number of persons, during 1937, in the area included in your study who were unable to obtain either medical, dental, nursing or hospital care_____

B Summarize on separate sheets, numbered according to the respective Forms 1-9, the comments on experiences and observations concerning the need for medical services and the methods considered necessary to supply these needs.

V PREVENTIVE MEDICAL SERVICES

- A-1 Number of physicians reporting who performed preventive medical services (Form 1, Ques. 5):
In private practice _____, For Health Departments _____,
For other agencies _____,
- 2 Percentage of births unattended by physician or midwife (Form 4, Ques. 4) _____ %
- 3 Number of children, of each 1,000 born alive during 1937, immunized against diphtheria (Form 4, Ques. 5)

- 4 Of the total number of obstetric patients reported, what percentage waited until after the third month of pregnancy to consult their physicians (Form 1, Ques. 6)? _____ %
- 5 What percentage of children who entered school for the first time in 1937 were successfully vaccinated against smallpox (Form 4, Ques. 5)? _____ %

VI GENERAL

- A Vital statistics for the latest year of complete returns—1937, if possible—(Form 4, Ques. 2):
Birth rate _____, Diphtheria mortality rate _____,
Death rate _____, Diphtheria morbidity rate _____,
Maternal mortality rate _____ Infant mortality rate _____,
Attach copies of any special studies pertaining to vital statistics for the area included in your survey.
- B Did the number of sales of medicine on physicians' prescriptions for the year 1937, as compared with 1936, show an increase or a decrease in relation to the number of sales of home remedies or patent or proprietary remedies (Form 9, Ques. 5)? _____
Number of pharmacists reporting increase _____,
Number of pharmacists reporting decrease _____
- C What plans, understandings, or arrangements exist by which the county medical society and other organizations undertake to provide or arrange for medical services for those who need and are unable to pay for such services (Form 3, Ques. 8; Form 4, Ques. 10; Form 5, Ques. 11; Form 6, Ques. 5; Form 7, Ques. 5; Form 9, Ques. 7)?
- D Attach printed material and a description pertaining to organized arrangements or plans for providing medical services or cash benefits for medical care that exist in the area included in your survey. (Form 8)

S THE AMERICAN MEDICAL ASSOCIATION
STUDY OF NEED AND SUPPLY OF MEDICAL CARE

Summary Sheet for County Medical Society Study

Name of County Medical Society

Secretary

City State

Date



I EXTENT OF STUDY

A Name and Population of Counties included in Study:

Name	Population	Name	Population
------	------------	------	------------

B Distribution of Forms:

Number Sent

**Number Returned
and Used in Study**

Form 1. (Physicians and Dentists)

Form 2. (Hospitals)

Form 3. (Nurses)

Form 4. (Health Departments)

Form 5. (Welfare and Relief Agencies)

Form 6. (Schools)

Form 7. (Colleges)

Form 8. (Other Organizations)

Form 9. (Pharmacists)

II FACILITIES

A-1 Total number of physicians in active practice (Form 1) _____

What is the greatest distance, in miles, that the nearest physician would have to travel to reach persons in the area included in your study? _____

-2 Total number of dentists in active practice (Form 1) _____

B-1 Total number of private duty nurses (Form 3, Ques. 2):

Full-time _____, Part-time _____

-2 Total number of public health and visiting nurses (Form 3, Ques. 2):

Full-time _____, Part-time _____

C Total number of pharmacists (Form 9) _____

D-1 Total number of hospitals (Form 2) _____

-2 Number of hospitals classified as (Form 2, Ques. 1):

General _____, Special _____, Children's _____, Nervous & Mental _____

Tuberculosis _____, Maternity _____, Other _____

-3 Number of hospitals classified according to control as (Form 2, Ques. 1):

Governmental _____, Nonprofit _____, Private _____

-4 Total number of hospital beds (Form 2, Ques. 2)

For:	In Private rooms (1 bed only)	In Semiprivate rooms (2-4 beds)	In Wards (5 or more beds)	Total No of Beds
General Medicine and Surgery	_____	_____	_____	_____
Maternity (bassinets _____)	_____	_____	_____	_____
Children	_____	_____	_____	_____
Nervous and Mental	_____	_____	_____	_____
Tuberculosis	_____	_____	_____	_____
All others	_____	_____	_____	_____
Total	=====	=====	=====	=====

Bed occupancy in General Hospitals during 1937:

In Private rooms _____% In Semiprivate _____% In Wards _____%

-5 Daily rates for hospital care (Form 2, Ques. 4) :

	Ward	Semiprivate	Private
High	\$ _____ per day	\$ _____ per day	\$ _____ per day
Low	\$ _____ per day	\$ _____ per day	\$ _____ per day

E-1 Total number of outpatient departments or clinics _____

Number of outpatient departments or clinics operated by Hospitals (Form 2, Ques. 5) _____

Number of clinics operated by Health Departments (Form 4, Ques. 7) _____

Number of clinics operated by Welfare and Relief Agencies (Form 5, Ques. 7) _____

Number of clinics operated by other organizations (Form 8, Ques. 1) _____

-2 Number of clinics maintained for the following types of services (Form 2, Ques. 5; Form 4, Ques. 7; Form 5, Ques. 7; Form 8, Ques. 1) _____:

General medicine & surgery _____, Health examination _____, Heart _____

Maternity & child welfare _____, Venereal diseases _____, Dental _____

Eye, ear, nose and throat _____, Tuberculosis _____, Traveling _____

Nervous and mental _____, Orthopedic _____, Other _____

F Number of Health Departments (Form 4) _____

G-1 Number of Private Agencies _____, Number of Governmental Agencies _____, which arrange for or provide medical services (Form 5, Ques. 2)

-2 Number of such agencies which arrange for or provide the following services (Form 5, Ques. 5) _____:

Care in physician's or dentist's office _____, Medical care in the home _____, Hospitalization _____,

Drugs, eyeglasses, surgical appliances, etc. _____

H-1 Total number of schools below the college level having health supervision services (Form 6) _____

-2 Number of school health supervision services under control of the Board of Education _____, Health Department _____, some other agency _____ (Form 6, Ques. 1)

-3 Number of school health supervision services which provide the following (Form 6, Ques. 1) :

Inspection only _____, Examination _____, Medical Treatment _____

I-1 Total number of Universities and Colleges having student health services (Form 7, Ques. 2) _____

-2 Number of student health services providing the following types of service (Form 7, Ques. 3):

Health examinations _____, Health advice _____,
Medical treatment _____, Hospitalization _____

J Total number of other organizations which arrange for or provide medical services (Form 8) _____

Plant arrangements for employees _____

Arrangements for the general public _____

Arrangements for special groups of persons _____

III FREE AND PART-PAY MEDICAL CARE

A-1 Total number of persons, during 1937, who were reported as having been given free services in the office, home or hospital (Form 1, Ques. 2 & 3) by physicians _____, by dentists _____

-2 Hours devoted, during 1937, to the care of free ambulatory patients in outpatient departments, dispensaries or clinics (Form 1, Ques. 4) by physicians _____, by dentists _____

B-1 Total number of hospital patients, during 1937, (Form 2, Ques. 3) Classified as:

Pay and part-pay patients _____, Public charges _____, Free patients _____

-2 Number of patients referred to hospitals for free care (Form 2, Ques. 8)

By physicians _____, by relief and welfare agencies _____, by other agencies and organizations _____, by direct applications _____

-3 Total patient days of hospital care, during 1937 (Form 2, Ques. 4) _____ Number of days of hospital care for:

Pay and part-pay patients _____, Public charges _____, Free patients _____

C-1 Total number of patients, during 1937, in hospital outpatient departments, clinics, and dispensaries (Form 2, Ques. 5) _____

-2 Total number of visits by these patients (Form 2, Ques. 5) _____

D Total number of nursing visits made during 1937 (Form 3, Ques. 3) _____

Percentage of these visits made without charge to the patient (Form 3, Ques. 3) _____%

E-1 Number of prescriptions compounded by pharmacists, during 1937, for which no charge was made (Form 9, Ques. 4) _____

-2 Number of prescriptions compounded during 1937 by pharmacists at cost or reduced fees (Form 9, Ques. 4)

F What arrangements exist in the area included in your study for the provision of medicines to indigents (Form 9, Ques. 6) _____

G Standards or procedures used to determine inability of patients to pay for medical services:

a. By Hospitals (Form 2, Ques. 9):

b. By Welfare and Relief Agencies (Form 5, Ques. 6):

c. By Nursing Organizations (Form 3, Ques. 3):

H From what sources—other than payments made by patients themselves—were funds derived for the payment of medical care for the indigent? (Form 2, Ques. 6; Form 3, Ques. 5; Form 5, Ques. 2; Form 7, Ques. 4)

Governmental Funds

City or County

State

U. S. Government

Private Agencies

Community Chest

Philanthropic Agencies

Individual Donations

(Note:—If details of amounts and sources are available please attach complete statements of such facts)

NEED FOR MEDICAL CARE

A-1 Number of patients, during 1937, who needed hospital care but who were not admitted as bed patients (Form 2, Ques. 7)_____

Summarize reasons for refusal to accept these patients:

-2 Number of patients, during 1937, needing medical services who were turned away from the outpatient departments (Form 2, Ques. 7)_____

Summarize reasons for refusal to accept these patients:

-3 Number of persons visited by nurses, during 1937, who were not receiving medical care (Form 3, Ques. 7)

Number of these persons that endeavored but was unable to secure medical services_____

Summarize reasons for the inability of these persons to secure medical services:

-4 Number of requests, during 1937, for nursing services which could not be filled (Form 3, Ques. 6)_____

Summarize reasons for not being able to meet this need:

-5 Number of persons, during 1937, who required nursing services for the following conditions (Form 3, Ques. 4):

Acute medical and surgical _____ Maternity _____

Chronic medical and surgical _____ Health supervision _____

Communicable diseases _____ All other conditions _____

-6 Number of persons, during 1937, who made requests of the Health Department for medical care (Form 4, Ques. 8)_____

Number of instances reported by Health Department where medical services requested could not be obtained

Summarize reasons for inability to obtain these services:

-7 Number of persons, during 1937, reported to the Health Department as in need of medical care which they were not receiving (Form 4, Ques. 9)_____

Summarize reasons for not receiving such care:

Number of these persons reported to be in need of medical care who did not desire medical services

Summarize reasons why they did not desire medical services:

- 8 Number of persons, during 1937, reported by welfare and relief agencies as needing medical care which could not be furnished or obtained (Form 5, Ques. 9)_____

Summarize reasons for failure to secure the needed care:

- 9 Number of pupils in elementary or secondary schools reported, during 1937, to be in need of medical care (Form 6, Ques. 4)_____

Number of these pupils unable to secure such recommended care_____

Summarize reasons for inability to obtain needed care:

- 10 Number of students in universities and colleges reported, during 1937, as being unable to obtain needed medical care (Form 7, Ques. 6)_____

Summarize reasons for inability to obtain needed care:

- 11 Number of instances, during 1937, reported by physicians or dentists where medical services could not be obtained (Form 1, Ques. 7)_____

Summarize reasons:

- 12 Total number of persons, during 1937, in the area included in your study who were unable to obtain either medical, dental, nursing or hospital care_____

B Summarize on separate sheets, numbered according to the respective Forms 1-9, the comments on experiences and observations concerning the need for medical services and the methods considered necessary to supply these needs.

V PREVENTIVE MEDICAL SERVICES

A-1 Number of physicians reporting who performed preventive medical services (Form 1, Ques. 5):

In private practice _____, For Health Departments _____,

For other agencies _____,

-2 Percentage of births unattended by physician or midwife (Form 4, Ques. 4) _____ %

-3 Number of children, of each 1,000 born alive during 1937, immunized against diphtheria (Form 4, Ques. 5)

-4 Of the total number of obstetric patients reported, what percentage waited until after the third month of pregnancy to consult their physicians (Form 1, Ques. 6)? _____ %

-5 What percentage of children who entered school for the first time in 1937 were successfully vaccinated against smallpox (Form 4, Ques. 5)? _____ %

VI GENERAL

A Vital statistics for the latest year of complete returns—1937, if possible—(Form 4, Ques. 2):

Birth rate _____, Diphtheria mortality rate _____,

Death rate _____, Diphtheria morbidity rate _____,

Maternal mortality rate _____ Infant mortality rate _____,

Attach copies of any special studies pertaining to vital statistics for the area included in your survey.

B Did the number of sales of medicine on physicians' prescriptions for the year 1937, as compared with 1936, show an increase or a decrease in relation to the number of sales of home remedies or patent or proprietary remedies (Form 9, Ques. 5)? _____

Number of pharmacists reporting increase _____,

Number of pharmacists reporting decrease _____

C What plans, understandings, or arrangements exist by which the county medical society and other organizations undertake to provide or arrange for medical services for those who need and are unable to pay for such services (Form 3, Ques. 8; Form 4, Ques. 10; Form 5, Ques. 11; Form 6, Ques. 5; Form 7, Ques. 5; Form 9, Ques. 7)?

D Attach printed material and a description pertaining to organized arrangements or plans for providing medical services or cash benefits for medical care that exist in the area included in your survey. (Form 8)

S

THE AMERICAN MEDICAL ASSOCIATION
STUDY OF NEED AND SUPPLY OF MEDICAL CARE

To be sent to
Bureau of Medical Economics
535 N. Dearborn St.
Chicago, Ill.

Summary Sheet for County Medical Society Study

Name of County Medical Society

Secretary

City State

Date



I EXTENT OF STUDY

A Name and Population of Counties included in Study:

Name	Population	Name	Population
------	------------	------	------------

B Distribution of Forms:

Number Sent

Number Returned
and Used in Study

Form 1. (Physicians and Dentists)

Form 2. (Hospitals)

Form 3. (Nurses)

Form 4. (Health Departments)

Form 5. (Welfare and Relief Agencies)

Form 6. (Schools)

Form 7. (Colleges)

Form 8. (Other Organizations)

Form 9. (Pharmacists)

II FACILITIES

A-1 Total number of physicians in active practice (Form 1) _____

What is the greatest distance, in miles, that the nearest physician would have to travel to reach persons in the area included in your study? _____

-2 Total number of dentists in active practice (Form 1) _____

B-1 Total number of private duty nurses (Form 3, Ques. 2):

Full-time _____, Part-time _____

-2 Total number of public health and visiting nurses (Form 3, Ques. 2):

Full-time _____, Part-time _____

C Total number of pharmacists (Form 9) _____

D-1 Total number of hospitals (Form 2) _____

-2 Number of hospitals classified as (Form 2, Ques. 1):

General _____, Special _____, Children's _____, Nervous & Mental _____,
Tuberculosis _____, Maternity _____, Other _____

-3 Number of hospitals classified according to control as (Form 2, Ques. 1):

Governmental _____, Nonprofit _____, Private _____

-4 Total number of hospital beds (Form 2, Ques. 2)

For:	In Private rooms (1 bed only)	In Semiprivate rooms (2-4 beds)	In Wards (5 or more beds)	Total No of Beds
General Medicine and Surgery	_____	_____	_____	_____
Maternity (bassinets _____)	_____	_____	_____	_____
Children	_____	_____	_____	_____
Nervous and Mental	_____	_____	_____	_____
Tuberculosis	_____	_____	_____	_____
All others	_____	_____	_____	_____
Total	=====	=====	=====	=====

Bed occupancy in General Hospitals during 1937:

In Private rooms _____% In Semiprivate _____% In Wards _____%

-5 Daily rates for hospital care (Form 2, Ques. 4) :

	Ward	Semiprivate	Private
High	\$_____per day	\$_____per day	\$_____per day
Low	\$_____per day	\$_____per day	\$_____per day

E-1 Total number of outpatient departments or clinics_____

Number of outpatient departments or clinics operated by Hospitals (Form 2, Ques. 5)_____

Number of clinics operated by Health Departments (Form 4, Ques. 7)_____

Number of clinics operated by Welfare and Relief Agencies (Form 5, Ques. 7)_____

Number of clinics operated by other organizations (Form 8, Ques. 1)_____

-2 Number of clinics maintained for the following types of services (Form 2, Ques. 5; Form 4, Ques. 7; Form 5, Ques. 7; Form 8, Ques. 1)_____:

General medicine & surgery_____, Health examination_____, Heart _____

Maternity & child welfare _____, Venereal diseases _____, Dental _____

Eye, ear, nose and throat _____, Tuberculosis _____, Traveling_____

Nervous and mental _____, Orthopedic _____, Other _____

F Number of Health Departments (Form 4)_____

G-1 Number of Private Agencies_____, Number of Governmental Agencies_____, which arrange for or provide medical services (Form 5, Ques. 2)

-2 Number of such agencies which arrange for or provide the following services (Form 5, Ques. 5)_____:

Care in physician's or dentist's office_____, Medical care in the home_____, Hospitalization_____,

Drugs, eyeglasses, surgical appliances, etc._____

H-1 Total number of schools below the college level having health supervision services (Form 6)_____

-2 Number of school health supervision services under control of the Board of Education_____, Health Department_____, some other agency_____ (Form 6, Ques. 1)

-3 Number of school health supervision services which provide the following (Form 6, Ques. 1) :

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I-1 Total number of Universities and Colleges having student health services (Form 7, Ques. 2)_____

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Health examinations _____, Health advice _____,

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Arrangements for the general public _____

Arrangements for special groups of persons _____

III FREE AND PART-PAY MEDICAL CARE

A-1 Total number of persons, during 1937, who were reported as having been given free services in the office, home or hospital (Form 1, Ques. 2 & 3) by physicians _____, by dentists _____

-2 Hours devoted, during 1937, to the care of free ambulatory patients in outpatient departments, dispensaries or clinics (Form 1, Ques. 4) by physicians _____, by dentists _____

B-1 Total number of hospital patients, during 1937, (Form 2, Ques. 3) Classified as:

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-2 Number of patients referred to hospitals for free care (Form 2, Ques. 8)

By physicians _____, by relief and welfare agencies _____, by other agencies and organizations _____, by direct applications _____

-3 Total patient days of hospital care, during 1937 (Form 2, Ques. 4) _____ Number of days of hospital care for:

Pay and part-pay patients _____, Public charges _____, Free patients _____

C-1 Total number of patients, during 1937, in hospital outpatient departments, clinics, and dispensaries (Form 2, Ques. 5) _____

-2 Total number of visits by these patients (Form 2, Ques. 5) _____

D Total number of nursing visits made during 1937 (Form 3, Ques. 3) _____

Percentage of these visits made without charge to the patient (Form 3, Ques. 3) _____%

E-1 Number of prescriptions compounded by pharmacists, during 1937, for which no charge was made (Form 9, Ques. 4) _____

-2 Number of prescriptions compounded during 1937 by pharmacists at cost or reduced fees (Form 9, Ques. 4) _____

F What arrangements exist in the area included in your study for the provision of medicines to indigents (Form 9, Ques. 6) _____

G Standards or procedures used to determine inability of patients to pay for medical services:

a. By Hospitals (Form 2, Ques. 9):

b. By Welfare and Relief Agencies (Form 5, Ques. 6):

c. By Nursing Organizations (Form 3, Ques. 3):

H From what sources—other than payments made by patients themselves—were funds derived for the payment of medical care for the indigent? (Form 2, Ques. 6; Form 3, Ques. 5; Form 5, Ques. 2; Form 7, Ques. 4)

Governmental Funds

City or County

State

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Private Agencies

Community Chest

Philanthropic Agencies

Individual Donations

(Note:—If details of amounts and sources are available please attach complete statements of such facts)

V NEED FOR MEDICAL CARE

A-1 Number of patients, during 1937, who needed hospital care but who were not admitted as bed patients (Form 2, Ques. 7)_____

Summarize reasons for refusal to accept these patients:

-2 Number of patients, during 1937, needing medical services who were turned away from the outpatient departments (Form 2, Ques. 7)_____

Summarize reasons for refusal to accept these patients:

-3 Number of persons visited by nurses, during 1937, who were not receiving medical care (Form 3, Ques. 7)

Number of these persons that endeavored but was unable to secure medical services _____

Summarize reasons for the inability of these persons to secure medical services:

-4 Number of requests, during 1937, for nursing services which could not be filled (Form 3, Ques. 6) _____

Summarize reasons for not being able to meet this need:

-5 Number of persons, during 1937, who required nursing services for the following conditions (Form 3, Ques. 4):

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Chronic medical and surgical _____ Health supervision _____

Communicable diseases _____ All other conditions _____

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Number of instances reported by Health Department where medical services requested could not be obtained

Summarize reasons for inability to obtain these services:

-7 Number of persons, during 1937, reported to the Health Department as in need of medical care which they were not receiving (Form 4, Ques. 9) _____

Summarize reasons for not receiving such care:

Number of these persons reported to be in need of medical care who did not desire medical services

Summarize reasons why they did not desire medical services:

- 8 Number of persons, during 1937, reported by welfare and relief agencies as needing medical care which could not be furnished or obtained (Form 5, Ques. 9)_____

Summarize reasons for failure to secure the needed care:

- 9 Number of pupils in elementary or secondary schools reported, during 1937, to be in need of medical care (Form 6, Ques. 4)_____

Number of these pupils unable to secure such recommended care_____

Summarize reasons for inability to obtain needed care:

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- 11 Number of instances, during 1937, reported by physicians or dentists where medical services could not be obtained (Form 1, Ques. 7)_____

Summarize reasons:

- 12 Total number of persons, during 1937, in the area included in your study who were unable to obtain either medical, dental, nursing or hospital care_____

B Summarize on separate sheets, numbered according to the respective Forms 1-9, the comments on experiences and observations concerning the need for medical services and the methods considered necessary to supply these needs.

V PREVENTIVE MEDICAL SERVICES

A-1 Number of physicians reporting who performed preventive medical services (Form 1, Ques. 5):

In private practice _____, For Health Departments _____,
For other agencies _____,

-2 Percentage of births unattended by physician or midwife (Form 4, Ques. 4) _____ %

-3 Number of children, of each 1,000 born alive during 1937, immunized against diphtheria (Form 4, Ques. 5)

-4 Of the total number of obstetric patients reported, what percentage waited until after the third month of pregnancy to consult their physicians (Form 1, Ques. 6)? _____ %

-5 What percentage of children who entered school for the first time in 1937 were successfully vaccinated against smallpox (Form 4, Ques. 5)? _____ %

VI GENERAL

A Vital statistics for the latest year of complete returns—1937, if possible—(Form 4, Ques. 2):

Birth rate _____, Diphtheria mortality rate _____,

Death rate _____, Diphtheria morbidity rate _____,

Maternal mortality rate _____ Infant mortality rate _____,

Attach copies of any special studies pertaining to vital statistics for the area included in your survey.

B Did the number of sales of medicine on physicians' prescriptions for the year 1937, as compared with 1936, show an increase or a decrease in relation to the number of sales of home remedies or patent or proprietary remedies (Form 9, Ques. 5)? _____

Number of pharmacists reporting increase _____,

Number of pharmacists reporting decrease _____

C What plans, understandings, or arrangements exist by which the county medical society and other organizations undertake to provide or arrange for medical services for those who need and are unable to pay for such services (Form 3, Ques. 8; Form 4, Ques. 10; Form 5, Ques. 11; Form 6, Ques. 5; Form 7, Ques. 5; Form 9, Ques. 7)?

D Attach printed material and a description pertaining to organized arrangements or plans for providing medical services or cash benefits for medical care that exist in the area included in your survey. (Form 8)