

FAMILY UTILIZATION OF HEALTH RESOURCES IN RURAL AREAS¹

DATA on the extent to which families in two rural counties in Upper New York State made use of available medical care in the year ending September 30, 1949, are presented in an article entitled "Family Utilization of Health Resources in Rural Areas." The data were collected in a study made by the Department of Rural Sociology, Cornell University, in cooperation with the Bureau of Agricultural Economics, United States Department of Agriculture. The study was developed in close consultation with the New York State Department of Health.

The authors were interested in discovering how extensively families in rural areas utilized the provisions for medical care which were available to them, although facilities in these areas were acknowledged to be inferior in number to those in urban areas. They also sought to determine to what extent the availability of medical care affects the use of medical services.

The plan was to choose two rural counties in New York State with similar social, economic, and agricultural characteristics, but with different medical resources. Cortland and Oswego counties were chosen. They are both in the dairy belt of New York State and equidistant from the nearest metropolitan center, Syracuse. The proportion of the total population which was rural was approximately the same for the two counties. Cortland, however, was considered to have more medical facilities when number of physicians, number of nurses, number of specialists, number of hospital beds etc. were com-

¹ Larson, Olaf F.; Hay, Donald, G.; Levy, Walter C.; and Mosher, William E.: Family Utilization of Health Resources in Rural Areas. *New York State Journal of Medicine*, February 1, 1951, 51, No. 4, pp. 335-340.

pared to those of Oswego on a per 1,000 population basis. In addition, Cortland had its own Health Department, while Oswego shared its District Health Office with two other counties.

The sample consisted of 250 rural families in Cortland and 283 rural families in Oswego. There were 950 persons in the 250 families in Cortland and 966 persons in the 283 families in Oswego. The families in the two counties were similar in respect to certain selected measurements such as: median and mean size of family, median age of household head and homemaker, median school grades completed by household head and homemaker, median net cash family income, and median Sewell socio-economic status score.²

USE OF PRIVATE MEDICAL SERVICES BY FAMILIES AND INDIVIDUALS

The families were queried as to whether any member had received care rendered by a general physician, dentist, hospital, medical specialist or other type of medical attendant during the year October, 1948–September 30, 1949. Eighty-seven per cent of the Cortland County families and 91 per cent of the Oswego County families had made use of the services of a general physician. Twenty-nine per cent of the Cortland and 25 per cent of the Oswego families had had hospital care. Only 8 per cent in Cortland and 4 per cent in Oswego received no medical care.

Data were compiled on the use of these same services by the individual members of the families. Fifty-four per cent of the family members in Cortland and 62 per cent of the family members in Oswego had a general physician. Thirty per cent of the family members in Cortland and 35 per cent in Oswego received dental care. Thirty-two per cent of the family members in Cortland sought no medical advice of a private nature and 24 per cent of those members in Oswego had no medical care. "The general over-all similarity in the pattern of use for the

² The authors gave no explanation of the Sewell socio-economic status score, but investigation disclosed the following information. The Sewall socio-economic status score is a value derived from a standardized test which measures rural families on certain indices of socio-economic status, such as: condition of home, possession of material goods, and participation in community activities. The test was devised by William H. Sewell of Oklahoma Agricultural and Mechanical College.

two counties carries over into the record for individual family members despite some statistically significant differences."

USE OF PUBLIC HEALTH SERVICES

The proportion of families in both counties receiving some kind of public health service during the year under examination was 56 per cent of the families in Cortland and 50 per cent in Oswego. The proportion of individuals in Cortland was 35 per cent and 31 per cent in Oswego.

When broken down by type of service, more Cortland individuals made use of public health nurses, school nurses, and clinics, other than chest x-ray, than did Oswego persons. The proportion in Cortland using a public health nurse was 9 per cent; school nurses, 4 per cent; and clinics, 7 per cent. None of the Oswego persons used a public health nurse, nor a school nurse, and only 0.5 per cent visited a clinic.

On the other hand, Oswego had a better record of proportion of persons attending a chest x-ray clinic. Twenty-one per cent of the persons aged 15 and over made use of chest x-ray clinics in Oswego and 17 per cent did so in Cortland. It might be stated here that Oswego County had a nurse who specialized in tuberculosis work.

The proportion of children aged 1 to 14 years of age who had a record of vaccination or immunization against four specific diseases was shown. The proportion of children in Cortland County who were vaccinated against smallpox, 61 per cent, and immunized against diphtheria, 78 per cent, and tetanus, 63 per cent, was higher in each instance than the proportion in Oswego County which was 50 per cent for smallpox, 60 per cent for diptheria and 26 per cent for tetanus. The proportion vaccinated against whooping cough was the same in the two counties, 51 per cent.

SOURCES OF INFORMATION ABOUT HEALTH PRACTICES

An important consideration in determining health education methods is what sources of information for medical advice do the families already use. Ninety-two per cent of the families in Cortland County and 84 per cent in Oswego rely on the family doctor as one of their sources of information. Other sources were magazine articles, 44 per cent in Cortland and 26 per cent in Oswego; books, bulletins and meetings, 33 per cent and 30 per cent; radio, 31 per cent and 12 per cent; public health workers, 27 per cent and 5 per cent. When queried as to what source was considered most dependable 83 per cent in Cortland and 74 per cent in Oswego said the family doctor.

The data which have been presented by the authors are most interesting and add valuable information to the field of the practice of medicine in rural areas.

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MATERNAL CARE AND MENTAL HEALTH¹

I N 1948, at the third session of the Social Commission of the United Nations, the decision was made to undertake a study of the needs of homeless children. The study was confined to "children who were homeless in their native country," that is, children separated from their families or orphans who were in need of care in institutions or foster homes. Refugees from war were not included in this analysis.

The World Health Organization offered to investigate the mental health aspects of the problem and appointed Dr. John Bowlby, consultant in mental health for WHO and Director of the Child Guidance Department of the Tavistock Clinic, London, to prepare the report. Dr. Bowlby visited France, the Netherlands, Sweden, Switzerland, the United Kingdom, and the U.S.A., where he collected material and had discussions with child-care and child-guidance workers. The results are presented in the volume MATERNAL CARE AND MENTAL HEALTH.

The first part of the book deals with the adverse effects of maternal deprivation, while part two is chiefly concerned with the prevention of this kind of deprivation.

One of the most significant contributions made by psychiatry in past years is the concept that a child's future mental health

¹ Bowlby, John: MATERNAL CARE AND MENTAL HEALTH. World Health Organization, Monograph Series No. 2, Palais des Nations, Geneva, 1951, 180 pp., 21 Tables. \$2.00.