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Attendance at Well Child conferences

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ATTENDANCE AT WELL CHILD CONFERENCES

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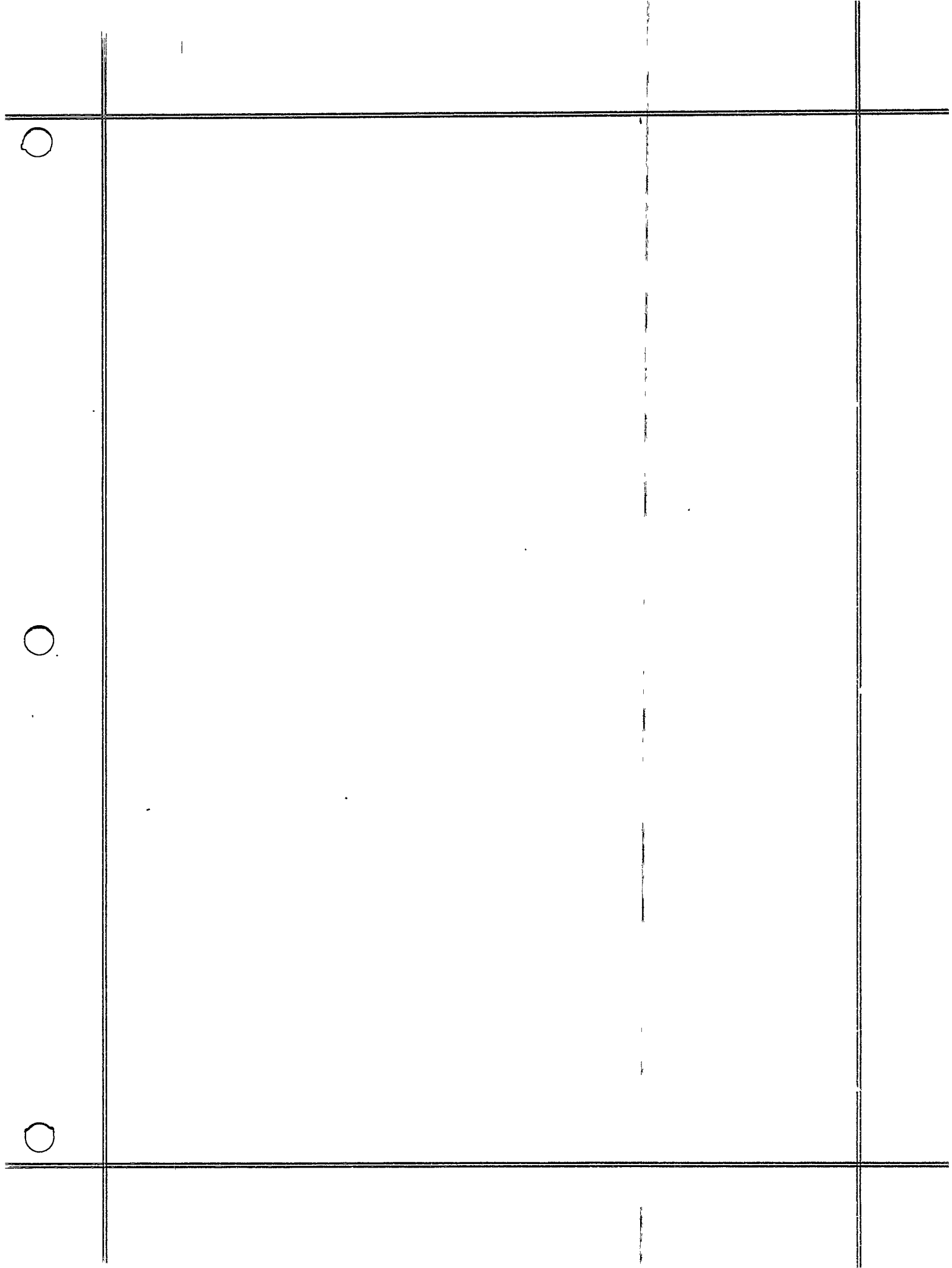
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TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION.....	1
Statement of the Problem	2
Justification of the Problem.....	2
Scope and Limitation.....	3
Definition of Terms.....	3
Preview of Methodology.....	4
Sequence of Presentation.....	4
II. REVIEW OF THE LITERATURE.....	5
Statement of Hypothesis.....	11
III. METHODOLOGY.....	
Selection and Description of the Sample.....	12
Procurement of Data.....	15
Tools Used to Collect Data.....	15
IV. FINDINGS.....	
Presentation and Discussion of Data..	17
V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	
Summary.....	29
Conclusions.....	31
Recommendations.....	32
APPENDIX.....	33
BIBLIOGRAPHY.....	38

LIST OF TABLES

Table		Page
1.	Distribution of Numbers of Broken Appointments.....	14
2.	Distribution of Families According to Districts.....	17
3.	Distribution According to Housing Project Population.....	18
4.	Distribution of Income.....	19
5.	Distribution of Telephones.....	20
6.	Distribution According to Occupation.	21
7.	Birthplace of Fathers.....	22
8.	Birthplace of Mothers.....	23
9.	Distribution of the Ages of the Mothers	24
10.	Distribution of Siblings.....	25
11.	Distribution According to Antepartum Visits by the Visiting Nurses.....	26

CHAPTER I

INTRODUCTION

Some families have problems which they recognize fully or partially, but about which they are not stimulated to take any action. This inaction or lack of desire to learn or do something may arise from several factors....¹

Well child conferences, which took roots in the latter part of the nineteenth century as an out-growth of milk stations, were developed to provide health supervision for well young children. The mid-twentieth century has seen increasing need for well child conferences to provide health services for those who cannot avail themselves of the services of a private physician. These conferences, whether they are sponsored by voluntary or official agencies, depend largely upon public health nurses to educate the community to an awareness of the services offered by the well child conferences. There are, however, many families whose needs could be met by the well child conference but who for various reasons are unable to avail themselves of the services. It is this group which concerned and interested the writer and was the basic reason for this study.

¹Ruth B. Freeman, Public Health Nursing Practice (Philadelphia: W. B. Saunders Co., 1957), p. 187.

Statement of the Problem

What are the differences on selected variables between families with regular attendance at well child conferences and those families with irregular attendance?

Justification of the Problem

Once regular attendance at well child conference has been established, much of the work of diagnosing, teaching, and counseling families regarding health needs, becomes the responsibility of a professional team. However, the public health nurse is almost alone in her responsibility of locating and recognizing families with irregular attendance at well child conferences and motivating them to attend conferences where their needs can be analyzed and met by the professional staff of the conference.

The writer hoped that through an analysis of data, usually obtained by the public health nurse in her first home visit to the family, differences could be found between families with good attendance and with poor attendance at well child conferences. This information should be of value to the public health nurse as it could give her a better understanding of the factors which contribute to attendance at well child conferences.

Scope and Limitation

This study was conducted in one division of a visiting nurse association in Connecticut. The fifty families selected for the study had infants born between May and September of 1959, and were registered with the well child conferences for one year following the date of admission to the conference. Findings apply only to the families in one division of one visiting nurse association and no generalizations can justifiably be made beyond this study group.

Definition of Terms

The following terms are defined as they were used throughout the study.

Regular attendance: families with no more than two broken appointments at well child conferences.

Irregular attendance: families with more than two broken appointments at well child conferences.

Broken appointments: all appointments which were not kept.

Preview of Methodology

All selected data were transferred from the agency records² to forms³ devised by the writer. After the two groups (regular and irregular attendance) had been defined, the data were transferred to other forms⁴ which were devised for tabulating group data.

Sequence of Presentation

Chapter II includes a review of the literature and a statement of the hypothesis.

Chapter III includes a description of the selected samples, the tools used for collecting data, and the procurement of the data.

Chapter IV presents the findings and a discussion of the data.

Chapter V includes the summary, conclusions, and recommendations of the study.

²Appendix A.

³Appendix B.

⁴Appendix C and D.

CHAPTER II

REVIEW OF THE LITERATURE

The available literature revealed some studies about the mothers who bring their children to well child conferences, the expectations and satisfactions of mothers who come to well child conferences, the attendance patterns at well child conferences, and the reasons for broken appointments at well child conferences. However, a great deal had been written about the content of well child conferences and the standards for well child conferences. The writer was unable to find any studies concerned with analyzing the differences between families who attend well child conferences regularly and those families who do not.

The American Public Health Association¹, in 1955, published a guide for practicing physicians and child health conference personnel. This manual covered the general organization and administration of the conferences, the content of professional services, and the techniques of counseling families in matters of health. The essentials of what constituted an efficient conference were listed as follows:

1. Adequate quarters, with sufficient space, carefully laid out.

¹Committee on Child Health of the American Public Health Association, Health Supervision of Young Children (New York: American Public Health Association, 1955).

2. An appointment system, and if there are several physicians, a plan by which the same physician sees the same patient over a period of time.
3. Enough staff, so that the doctors and nurses do not have to rush too many patients through, or handle too many different duties.
4. Time for discussion of cases and interchange of information in order to develop harmonious working relations.²

Gilbert was more interested in the people involved in the conferences than such matters as the physical factors listed above. She pointed out advantages in the well child conferences which benefit the mothers, the babies, and the professional personnel.

There are certain strengths inherent in well baby conferences. Mothers and babies come to the conferences, which means that the mother has some degree of readiness for what can be learned there. Most of the babies are relatively "well" and therefore the mother has some concrete evidence of achievement to present. The babies belong to the chronological age group that can react most quickly and enduringly to good care. We have an opportunity to observe, to approach mothers and babies with perception, and to fortify the relationship between them.³

Wishik⁴ placed mothers who came to well child conferences into three groups: those who needed information, those who had encountered difficulty, and those whose relationship with their children had already been disturbed.

²Ibid., p. 98.

³Ruth Gilbert, The Public Health Nurse and Her Patient (Cambridge: Harvard University Press, 1955), p. 103.

⁴Samuel M. Wishik, "Current Practices and Trends in the Child Health Conference," Public Health Nursing, XL (January, 1951), 59.

Foster⁵, in 1952, studied the reasons mothers gave for attending well child conferences. She interviewed 175 mothers and 90 public health nurses. In general, the reasons given by the mothers fell into four categories: (1) the clinic had a therapeutic effect on the child, (2) to get information, (3) it was the thing to do, (4) to get assurance. The nurses tended to view the mothers in light of their own job concepts and believed that the mothers attended the well child conferences because they wanted to get more information about child care.

The American Academy of Pediatrics in a report on a study of child health services, found that a large number of children do not receive preventive and curative care because "there is an unwillingness to use, of a lack of knowledge of available facilities."⁶

In 1956, Lenihan⁷ did a record analysis of attendance and content of visits at two child health centers. Her interests were rather broad and general and included all families attending two centers for a period of five years. Some of her findings were: (1) that more than one child registered at the conference did not significantly alter the pattern of visits, (2) there was

⁵Mary L. Foster, "Reasons for Attending Child Health Station," Public Health Nursing, XLIV (March, 1952), 123.

⁶American Academy of Pediatrics, Child Health Services and Pediatric Education (New York: The Commonwealth Fund, 1949), p. xxii.

⁷Ellinora Lenihan, "Attendance and Content of Visits at Two Child Health Conferences, Quincy, Massachusetts" (unpublished Master's thesis, Library, Simmons College, 1956), p. 36.

no significant difference in the number of visits made by the first child of a family and subsequent children, (3) first born children made either very few or a relatively large number of visits at the conference, (4) if children made fewer than six visits at the conference in their first year they were not likely to return in their second year.

The results of another record analysis, done by Doten and DuBois⁸, concurred with some of Lenihan's⁹ findings, for they also concluded that first born children tended to be extreme in the number of visits at well child conferences, and that there was an association between attending well child conferences six or more times and continuing on to the preschool conferences. They further concluded that as the age of the child at the time of the first visit increased, the number of visits at conferences decreased. Doten and her associate recommended that "socio-economic factors be studied in relation to attendance to child health conferences."¹⁰

The American Public Health Association listed the reasons they thought people broke appointments at well child conferences. These reasons were:

1. The season and the weather.

⁸Letitia E. Doten and Mary E. DuBois, "A Study of Certain Factors on Attendance at Well Baby Conference and on the Continuity of Health Supervision" (unpublished Master's thesis, Library, Simmons College, 1956), p. 34.

⁹Lenihan, loc. cit.

¹⁰Doten and DuBois, op. cit., p. 36.

2. Holidays.
3. Undependable transportation.
4. Illness in the family, epidemics.
5. Percentage of preschool children.
6. How well the mother understood the center's system.
7. The extent to which appointments are scheduled to fit the needs of different mothers.¹¹

Christie, in discussing poorly attended well child conferences, said:

Occasionally the attendance will take a radical drop. If this should happen for three consecutive conferences, a study of the situation may reveal an obvious reason - inclement weather for example. Again, the reason may lie in the personnel....Before discontinuing poorly attended conferences, changes in conducting personnel might be considered.¹²

In 1953, Hansen¹³ reported on a study of broken appointments at well child conferences done at the John Hopkins School of Hygiene and Public Health. This study employed two methods for analyzing the problem. First, various objective factors from the nursing records and appointment books were studied. In addition, within ten days of the broken appointments, nurses on a routine visit to the homes recorded the reasons for the broken appointments which were volunteered by the parents. During the period of study, 35 per cent of the appointments were broken. Immunization status appeared to be important in

¹¹Committee on Child Health of the American Public Health Association, op.cit., p. 121.

¹²Amos Christie, "Conducting a Child Health Conference," Public Health Nursing, XXXI (September, 1939), 487-88.

¹³Ann C. Hansen, "Broken Appointments in a Child Health Conference," Nursing Outlook, I (July, 1953), 417-19.

determining whether an appointment was kept. Race was not significant and other factors were borderline. Illness in the family accounted for nearly half the reasons volunteered. Other reasons were: weather, 13 per cent; criticism of service, 8 per cent; health supervision obtained elsewhere, 6 per cent; mothers working, 4 per cent; and 22 per cent of the answers were classified as "other".

Dr. Schlesinger's statement should hold some gratification for public health nurses:

Education of parents in the community through the child health conference is greater than the actual number of children seen would believe one to expect. Education relating to the immediate health problems of their own children tends to be diffused to neighbors and other persons in the community.¹⁴

The review of the literature revealed that, although several studies on various aspects of attendance at well child conference and on broken appointments had been done, there were still many aspects of this problem which needed to be studied.

¹⁴Edward R. Schlesinger, Health Services for the Child (New York: McGraw-Hill Co., 1953), p. 283.

Statement of Hypothesis

Objective differences between families who regularly attend well child conferences and those who do not can be obtained through an analysis of the family records in a visiting nurse association.

CHAPTER III

METHODOLOGY

Selection and Description of the Sample

This study was done in a visiting nurse association, located in a large metropolitan area in Connecticut. For the purpose of administration, the agency divided the city into divisions and each division was subdivided into districts. One district usually constituted the case load of one public health nurse. The visiting nurse association provided nurses for the well child conferences through a contractual agreement with the municipal health department.

The well child conferences were restricted to those families who were unable to retain the services of a private physician. Admissions to the conferences were from three sources: referrals from other social agencies, case finding efforts of the visiting nurses, and direct request from the family. Many families were referred by the local hospitals at the time the mother and baby were discharged from the hospital. Before a child was given an appointment to the well child conference, a visiting nurse made a home visit. During the visit, the nurse evaluated the health and social needs of the family and obtained the necessary data for the records.

The services of the well child conference were: health

supervision of well children, periodic physical examinations, referrals to other agencies for health needs which could not be met by the conference, and an immunization program. Visiting nurses made home visits to families registered with the conferences according to a priority system established by the agency and according to priorities established by the individual district nurse.

Families selected for this study were taken from one division of the agency and all had infants registered with the well child conference for one year. Fifty-six families had infants born between May, 1959, through September 1959, and were the subject of this study. However, six families were subsequently eliminated because necessary data were incomplete. This period, May through September, was selected because changes had been made in the immunization program both before and after this time. It was felt that these changes might reflect a possible difference in attendance patterns.

The data revealed that families with two broken appointments represented the largest group. It was arbitrarily decided, by the writer, to define regular attendance as those families with no more than two broken appointments and irregular attendance as those families with more than two broken appointments. Twenty-one families fell into the regular attendance category and twenty-nine families fell into the irregular attendance category. Table 1 shows the distribution of broken appointments among these families.

TABLE 1
DISTRIBUTION OF NUMBER OF
BROKEN APPOINTMENTS

Number of Broken Appointments	Number of Families
0	5
1	6
2	10
3	7
4	6
5	6
6	5
7	3
8	1
9	0
10	0
11	1

Procurement of the Data

Written permission for the study was obtained from the director of the agency. The writer made three visits to the agency to collect data. These three visits constituted about twelve hours of recording time.

Tools Used to Collect Data

Twelve variables from the family records were selected and analyzed in relation to attendance at well child conferences. These variables were: (1) the nursing district in which the family lived, (2) residence in municipal housing projects, (3) the amount paid for rent, (4) the income, (5) telephone in the home, (6) the occupation, (7) the race, (8) the age of the parents, (9) the birthplace of the parents, (10) the size of the family, (11) antepartum visits from the visiting nurses, and (12) the length of the time families were known to the visiting nurse association.

To procure and record the data, the writer devised individual forms¹ for each family in the study. All information pertaining to the selected variables was transferred from the visiting nurse association family folder records² onto these individual forms. After the data from the individual forms had been analyzed and regular and irregular attendance had been

¹Appendix B.

²Appendix A.

defined, the writer made two copies of a form³ devised for tabulating group data. Data from the individual forms were transferred to one of the two groups according to whether the individual family attended well child conferences regularly or irregularly. From these group data forms, the writer obtained all the figures from which the findings of this study were calculated.

³Appendix C and D.

CHAPTER IV

FINDINGS

Presentation and Discussion of Data

Families from eight districts were represented in this study. Table 2 shows the distribution of families according to districts.

TABLE 2

DISTRIBUTION OF FAMILIES ACCORDING TO DISTRICTS

Districts	Regular Attendance		Irregular Attendance	
	Number	Percentage	Number	Percentage
3A	4	19	3	10
3B	4	19	3	10
5A	6	29	3	10
8	3	14	8	28
9B	...	...	1	4
9C	1	5	1	4
11B	1	5	5	17
11C	2	9	5	17

As findings later showed, there was great similarity in the families of all districts. It was noted, however, that in districts with the largest percentage of irregular attendance (8, 11B, and 11C) there were municipal housing projects. Table 3 shows the numbers and percentages of families who lived in housing projects.

TABLE 3

DISTRIBUTION ACCORDING TO HOUSING PROJECT OCCUPANTS

Item	Regular Attendance		Irregular Attendance		x ²
	Number	Percentage	Number	Percentage	
Project	2	10	12	41	4.65*
Non-project	19	90	17	59	

*Significant at .05 per cent level.

Forty-one per cent of the families in the irregular attendance group lived in housing projects; whereas, only 10 per cent of the families in the regular attendance group lived in housing projects. Residence in a housing project was a significant factor in irregular attendance at well child conferences.

One of the fifty families in the study owned their own home and forty-nine families rented their homes. The amount paid, per month, for rent ranged from \$29.00 to \$110.00 for those with regular attendance and from \$45.00 to \$100.00 for the

group with irregular attendance. The average mean for rent in the regular attendance families was \$67.58, while, for the irregular attendance group the mean was \$70.90. There was no significant relationship between the amount of rent paid and attendance at well child conferences.

A study was done to determine whether income was a factor in attendance at well child conferences. Table 4 shows the distribution of income in the two groups.

TABLE 4
DISTRIBUTION OF INCOME

Weekly Income	Regular Attendance		Irregular Attendance	
	Number	Percentage	Number	Percentage
\$41.00 - \$50.00	2	9	1	4
51.00 - 60.00	4	19	9	31
61.00 - 70.00	4	19	5	17
71.00 - 80.00	1	5	2	7
81.00 - 90.00	3	14	3	10
91.00 - 100.00	....	....	1	4
Other	7	34	8	27

The income range for the group with regular attendance was \$47.00 to \$90.00, a week, with a mean of \$67.00. The income range for the group with irregular attendance was \$44.00 to \$100.00 and the mean was \$67.05. Seventy-one per cent of the

families in both groups received a weekly income of \$70.00 or less and approximately the same percentage of families in both groups earned between \$71.00 to \$100.00, per week. It appears that income was not specifically related to attendance at well child conferences.

Table 5 shows the distribution of families according to whether they had a telephone in their home.

TABLE 5
DISTRIBUTION OF TELEPHONES

Item	Regular Attendance		Irregular Attendance	
	Number	Percentage	Number	Percentage
Telephone	11	52	21	73
No telephone	9	43	5	17
Not recorded	1	5	3	10

Seventy-three per cent of the families in the irregular attendance group had telephones; whereas, only 52 per cent of the regular attendance group had telephones. However, this finding was not significant.

Occupations were analyzed to determine whether they were a factor in attendance at well child conferences. According to the records, none of the mothers was employed. Among those families with regular attendance, one father was unemployed and in two instances the fathers' occupations were not recorded.

One father was unemployed in the irregular attendance group and in three instances occupations were not recorded. Table 6 shows the distribution of families according to the occupations of the fathers. For the purpose of this study: a salesman, an office clerk, a grocery manager, an insurance supervisor, a poultry inspector, and a clerk stenographer, were classified as skilled workers. Only the salesman was in the regular attendance group.

TABLE 6
DISTRIBUTION ACCORDING TO OCCUPATION

Classification	Regular Attendance		Irregular Attendance	
	Number	Percentage	Number	Percentage
Skilled	5	24	8	28
Unskilled	13	62	17	58
Unemployed	1	5	1	4
Not recorded	2	9	3	10

There was a larger percentage of skilled workers and a smaller percentage of unskilled workers in the irregular attendance group. However, occupation was not a significant factor in distinguishing families with regular attendance at well child conferences from families with irregular attendance.

Analysis of racial differences revealed that 90 per cent in the regular attendance group were white and 76 per cent in

the irregular attendance group were white. Racial distribution was not significant in distinguishing good and poor attendance at well child conferences. These findings concurred with the findings of the study done by the John Hopkins School of Hygiene and Public Health.¹

The two following tables represent the two groups according to the parents' place of birth. Table 7 pertains to the birthplaces of the fathers and Table 8 pertains to the birthplaces of the mothers.

TABLE 7
BIRTHPLACE OF THE FATHERS

Birthplaces	Regular Attendance		Irregular Attendance		χ^2
	Number	Percentage	Number	Percentage	
United States	9	43	26	88	15.03**
Canada	3	14	1	4	
Puerto Rico	4	19	1	4	
Other	2	10	1	4	
Not recorded	3	14	...	...

**Significant at .01 per cent level.

¹Hansen, op.cit., p. 419.

TABLE 8
BIRTHPLACE OF THE MOTHERS

Birthplace	Regular Attendance		Irregular Attendance		χ^2
	Number	Percentage	Number	Percentage	
United States	11	53	26	88	10.84**
Canada	3	14	1	4	
Puerto Rico	3	14	1	4	
Other	1	5	1	4	
Not recorded	3	14	...	...

**Significant at .01 per cent level.

Nationality differences were limited. Only one family in the total study was European born. Canadians and Puerto Ricans represented the largest groups born out of the United States. Canadians and Puerto Ricans also constituted the two largest ethnic groups in the study. It was of interest to the writer, that although there was a language barrier (most Canadians were French speaking) for both these groups, there were more Canadians and Puerto Ricans in the regular attendance group. Eighty-eight per cent of the group with irregular attendance were born in the United States, while 53 per cent of the parents with regular attendance were born in the United States. A significant finding was that there were fewer families born in the United States in the regular attendance group than in

the irregular attendance group.

The ages of the parents were analyzed to determine their effect on attendance. Because it was the mother who usually brought the children to well child conferences, the ages of the mothers were of particular interest. The following table shows the distribution of the ages of the mothers.

TABLE 9
DISTRIBUTION OF THE AGES OF THE MOTHERS

Ages (Years)	Regular Attendance		Irregular Attendance	
	Number	Percentage	Number	Percentage
19 or less	2	9	...	...
20 - 24	6	29	13	44
25 - 29	4	19	8	28
30 - 34	7	34	7	24
35 - 39	2	9	1	4

The mothers' ages ranged from sixteen to thirty-seven years in the regular attendance group and from twenty to thirty-nine years in the irregular attendance group. The average age for the mothers with regular attendance was 27.2 years, while the average age for the irregular attendance group was 26.4. Seventy-two per cent of the mothers with irregular attendance at well child conferences were less than thirty years of age and only 57 per cent of the mothers with regular attendance

were less than thirty years of age. However, this age difference was not significant. The fathers' ages ranged from twenty-one to thirty-five years in the regular attendance group and from twenty-four to forty years in the irregular attendance group. The average was 28.7 years for the fathers of families with regular attendance and 29.5 years for the other group. There was apparently no essential difference in the ages of the fathers in either group. Age was not a factor in determining attendance at well child conferences.

The number of siblings was analyzed to determine whether the size of the family had any effect upon attendance. Table 10 shows the distribution of siblings according to school and pre-school groups.

TABLE 10
DISTRIBUTION OF SIBLINGS

Siblings	Averages	
	Regular Attendance	Irregular Attendance
Preschool	2.04	2.34
School	.62	1.10
Average number of siblings	2.66	3.44

Mothers of families with irregular attendance averaged 3.4 children, while mothers of families with regular attendance averaged 2.7 children. Apparently, the size of the family did

not significantly affect attendance at well child conferences. Lenihan², also, concluded that more than one child in a family did not sufficiently alter the pattern of visits at well child conferences.

An analysis was made to determine whether mothers who had received antepartum visits from the visiting nurses were more likely to be regular in attendance at well child conferences. Table 11 shows this distribution.

TABLE 11
DISTRIBUTION ACCORDING TO ANTEPARTUM
VISITS BY THE VISITING NURSES

Item	Regular Attendance		Irregular Attendance	
	Number	Percentage	Number	Percentage
Antepartum visits	6	29	10	34
No antepartum visits	15	71	18	62
Unknown	...	...	1	4

A slightly higher percentage of mothers in the irregular attendance group had received antepartum visits from the visiting nurses. This difference was not significant.

The records were analyzed to determine whether the length of time families were known to the visiting nurse

²Lenihan, op.cit., p. 36.

association had any effect upon attendance at well child conferences. Approximately 35 per cent of the families in both groups had not been previously known to the agency. The length of time families in the regular attendance group were known to the agency ranged from 2 months to 104 months. The time range for families with irregular attendance was from 3 months to 136 months. The average length of time families in the regular attendance group were known to the agency was 23.9 months and the average for the irregular attendance group was 29.5 months. Apparently the length of time families were known to the visiting nurse association did not affect attendance at well child conferences.

Only two variables, of the twelve selected for this study, proved statistically significant. Families born in the United States, when compared with families born outside of the United States, were significantly irregular in attendance at well child conferences. Families residing in municipal housing projects were, also, significantly irregular in attendance at well child conferences.

It would be interesting to consider why there was a statistically significant number of families born outside of the United States in the regular attendance group. It is possible that because these people experienced cultural and language barriers, the well child conferences met some of their social and cultural needs. The well child conferences could have provided them a place to go and a place to meet other

people. Some might have looked upon the conferences as opportunities to learn American ways and of becoming more familiar with the English language. There, also, might have been the desire to please the American nurse or to imitate the American neighbor. It is possible that American born parents do not identify with the well child conferences in these same ways.

This study did not provide all the facts relating to the people who lived in the housing projects. It is known that the well child conference centers were located outside of the project areas. It is not known how far these families had to travel to get to the conferences in relationship to other families, nor what transportation problems were involved. The writer feels that the fact that the residents of the housing projects were less regular in attending well child conferences could be attributed to these physical circumstances.

This study revealed two significant differences between families who regularly attended well child conferences and families who did not. Therefore, the writer feels that this study shows some support for her hypothesis; namely, that objective differences between families who regularly attend well child conferences and those who do not can be obtained through an analysis of the family records of the visiting nurse association.

CHAPTER V

SUMMARY

Well child conferences, which originated as out-growths of milk stations, were developed to provide health supervision for well young children. Most of the studies on well child conferences reviewed by the writer, were concerned with the content of the conferences and the establishing of standards. However, a few studies were found which treated such subjects as: the satisfactions of mothers who brought their children to well child conferences, the analysis of attendance at conferences, and the broken appointments. The writer, as a public health nurse, was interested in the problem of attendance at well child conferences. It was hoped that by analyzing the records of families who attended conferences, differences might be distinguished between families who were regular in attendance at well child conferences and families who were not.

The fifty families selected for the study were divided into two groups: families who attended well child conferences regularly and families who were irregular in attendance. The two groups were analyzed according to selected variables taken from the family records of a visiting nurse association.

Only two findings in the study proved statistically significant when tested by the chi square formula. A significant number of families in the irregular attendance group were

born in the United States and a significant number of families in the irregular attendance group lived in municipal housing projects. The writer attributed the irregularity in attendance among the housing project residents to physical problems which might be involved in getting to the well child conferences. The regularity in attendance of families born outside of the United States, in comparison to those born in the United States, might be explained on the basis that the well child conferences met some of their social and cultural needs. There were apparent differences in the two groups which did not prove to be statistically significant. Families who were regular in attendance at well child conferences had smaller families and fewer of them had telephones in their homes. Fewer of the mothers in the regular attendance group received antepartum visits from the visiting nurses and more of the mothers in this group were over thirty years of age. There was a higher percentage of skilled workers in the irregular attendance group. The two groups proved to be similar in regard to income, amount paid for rent, racial distribution, and length of time they were known to the visiting nurse association. The writer felt that, although only two of the variables proved to be statistically significant, the study gave some support for the hypothesis; namely, that objective differences between families who regularly attended well child conferences and those who did not could be obtained through an analysis of the family records in a visiting nurse association.

Conclusions

As a result of the findings, the following conclusions are made:

1. Some differences between families with regular attendance at well child conferences and families with irregular attendance can be determined by an analysis of the family records.

2. There is poorer attendance at well child conferences among families who live in housing projects than among families who do not.

3. Facility with the English language is not a factor in regular attendance.

4. American born parents are less regular in attendance than parents born outside of the United States.

5. A telephone in the home does not contribute to regular attendance.

6. Home visits to the mother by the visiting nurses during her antepartum period do not contribute to regular attendance.

7. Occupation, size of the family, and the age of the parents do not significantly affect the attendance pattern.

8. The length of time families are known to a visiting nurse association does not affect attendance.

9. Race, income, and the amount paid for rent are not factors in attendance.

Recommendations

On the basis of the findings of this study, the writer recommends the following:

1. That a similar study be done with the sample increased to include a larger population with more diversified socio-economic factors.
2. That another study be done to determine the attitudes of skilled workers toward well child conferences.
3. That a study be done of families who live in housing projects to determine their attitude about health.
4. That the agency study the transportation facilities of the housing project residents in this study.
5. That a study be done of two groups of housing project families to determine if well child conferences are better attended when a well child conference center is located within the project area.
6. That a study be done to determine the possible differences in attitude toward well child conferences between families born in the United States and foreign born families.
7. That a study be done to determine if there is any difference in knowledge and understanding of health needs between families who regularly attend well child conferences and families who do not.

APPENDIX

SURNAME

Date	Address	Floor Code	District	Telephone	Rent (Mon.)	No. Rooms

Family	Color	S	M	W	Sep.	Div.	Date of Birth	Place of Birth (State or Country)	Note if living elsewhere. If dead, date and cause.
Man									
Woman									
Children:									
(First Name) (Maiden Name)									
(Previous Married Name or Names) Relationship Sex Married Name									

Date	Others in Household	Relationship to Household	Date Moved

Date	Name	OCCUPATIONAL HISTORY			Weekly Earnings	B	SS	INCOME	
		Occupation	Employer	Other (Specify)				Amount	

Religion (Check)	C.	P.	J.	O.	Name of Church Attended

Relatives of Possible Service —	Address	Relationship

Other Agencies Interested (write in)

SUMMARY OF SERVICES

Date of 1st Contact

Name of Individual Carried	Date Admitted	Classification or Diagnosis	Date Discharged	Special Notations

APPENDIX B

INDIVIDUAL DATA FORM

Code No. _____ District _____

Shelter:

Own _____ Rent _____ Project _____

Amount paid for rent _____

Telephone _____

Parents:

Father

Mother

Race _____

Race _____

Date of birth _____

Date of birth _____

Place of birth _____

Place of birth _____

Occupation _____

Occupation _____

Full time _____ Income _____

Full time _____ Income _____

Part time _____ Income _____

Part time _____ Income _____

Unemployed _____

Unemployed _____

Antepartum visits _____

Infant:

Date of birth _____

Date admitted to well child conference _____

Other Siblings:

No. of preschool age _____ No. of school age _____

Length of time family known to V.N.A. _____

No. of unkept appointments _____

Remarks:

GROUP
FAMILIES WITH

DATA FORM
REGULAR ATTENDANCE

No.	Code No.	District	Shelter	Amount of rent per. mo.	Telephone	Father Race	Father Age (yrs.)
1	1	3A	R	\$ 45		W	?
2	2	3A	R	108		W	31
3	3	4	R	70	X	W	24
4	4	5	R	85	X	W	31
5	5	9	R	73		W	31
6	6	10	R	35		W	27
7	7	13	R	57	X	W	35
8	8	14	R	?		W	33
9	9	18	R	X 51	X	O	29
10	10	19	R	?	X	W	26
11	11	24	O	110 (mtge)	X	W	33
12	12	25	R	85		W	29
13	13	26	R	55	X	W	33
14	14	27	R	78	X	W	21
15	15	28	R	95		W	26
16	16	30	R	75		W	20
17	17	35	R	50	X	W	21
18	18	38	R	29	X	W	31
19	19	40	R	X ?	?	W	28
20	20	47	R	?	X	W	34
21	21	49	R	48		C	30

Pl. of birth	Occupation	Full time	Part time	Income (wk)	Mother Race	Mother Age (yrs)	Pl. of birth	Occup.	A.P. sup.
1 ?	Laborer	X		\$ 47.00	W	37	?		
2 Vermont	Lab.	X		48	W	32	Vermont	No	
4 ?	Lab.	X		70	W	24	?	work-	
5 Maine	Lab.		X	?	W	30	Canada	ing	X
9 S. Carolina	Lab.	X		90	C	30	S.C.	mothers	X
10 Canada	Carpenter	X		80	W	30	Maine		X
13 Conn.	Lab.	X		58	W	37	Mass.		
14 P. Rico		Unemployed			W	28	P. Rico		X
18 P. Rico	Lab.	X		?	W	24	Conn.		
19 ?	Plumber		X	?	W	23	?		
24 Canada	Salesman	X		85	W	32	Canada		
25 Mass.	Lab.	X		72	W	29	Vermont		
26 Maine	Lab.	X		63	W	28	Mass.		
27 P. Rico	Baker	X		?	W	21	P. Rico		
28 P. Rico	?			?	W	20	P. Rico		
30 Canada	Tree climber	X		90	W	18	Maine		X
35 Conn.	Lab.	X		55	W	16	Conn.		
38 Conn.	?	X		?	W	32	Conn.		
40 Cuba	Lab.	X		65	W	22	Cuba		X
47 Haiti	Lab.	X		55	W	27	Canada		
49 N. Carolina	Lab.	X		60	C	30	N.C.		

APPENDIX D

GROUP
FAMILIES WITH

DATA FORM
IRREGULAR ATTENDANCE

No.	Code No.	District	Shelter		Amount for rent per mo.	Telephone	Father		Pl. of birth	Occupation	Full time	Part time	Income	Mother			A.P. sup.	
			Rent Own	Proj.			Race	Age						Race	Age	Pl. of birth		Occup.
1	1	3	3A	R	\$?	X	W	22	Conn.	Salesman	X		\$ 65.00	W	23	Conn.	No.	X
2	2	6	3A	R	?		W	23	Maine	Laborer	X		65	W	22	Maine	work-	X
3	3	7	11B	R	X 72		W	23	W. Virginia	Grocery manager	X		85	W	23	Penn.	ing	
4	4	8	3A	R	46	X	W	28	New York	Lab.	X		65	W	28	Conn.	mothers	
5	5	11	3B	R	45	X	W	26	Vermont	Lab.	X		71	W	26	Maine		
6	6	12	3B	R	60	X	W	26	Canada	Lab.	X		80	W	26	Canada		
7	7	15	11B	R	X 73	X	W	23	Vermont	Lab.	X		?	W	23	Conn.		
8	8	16	11B	R	X 73	X	W	21	Conn.	Clerk stenographer	X		60	W	21	Conn.		
9	9	17	3B	R	?	X	W	32	Penn.	Lab.	X		?	W	32	Conn.		
10	10	20	9C	R	85	X	W	29	Conn.	Carpenter	X		100	W	29	Maine		X
11	11	21	11B	R	X 73		W	23	Penn.	?	X		?	W	23	Conn.		X
12	12	22	9B	R	?	X	W	25	Maine	Lab.	X		70	W	25	Maine		
13	13	23	5A	R	?	X	W	39	Conn.	Lab.	X		?	W	39	Maine		
14	14	29	5A	R	87	X	W	22	Mass.	Welder	X		85	W	22	New York		
15	15	31	5A	R	95		W	22	P. Rico	Lab.	X		44	W	22	P. Rico		
16	16	32	8	R	X 73	X	W	32	Conn.	Unemployed		X	56	W	32	Mass.		X
17	17	33	8	R	X ?	?	C	26	Georgia	Lab.	X		65	C	26	Georgia		
18	18	34	8	R	X ?	X	C	26	Conn.	Office clerk	X		52	C	26	Conn.		
19	19	36	8	R	X 73	X	W	26	Mass.	?			?	W	26	Mass.		
20	20	37	8	R	46	X	W	20	Poland	Lab.	X		90	W	20	Poland		?
21	21	39	8	R	73	X	W	31	Conn.	Insurance supervisor			?	W	31	Conn.		X
22	22	41	8	R	65	X	W	33	Conn.	?			?	W	33	Conn.		X
23	23	42	8	R	60	X	W	32	Vermont	Lab.	X		60	W	32	Vt.		
24	24	43	11C	R	X 73		C	22	S. Carolina	Lab.	X		60	C	22	Conn.		X
25	25	44	11C	R	X 73	X	W	22	Georgia	Lab.	X		55	W	22	Conn.		
26	26	45	11C	R	?	?	C	33	Virginia	Lab.	X		60	C	33	Va.		
27	27	46	11C	R	X ?	?	C	32	Alabama	Lab.			?	C	32	Va.		X
28	28	48	11C	R	100	X	C	23	W. Virginia	Lab.	X		60	C	23	N. Carolina		
29	29	50	11B	R	X 73	X	C	24	Conn.	Inspector poultry mkt.	X		60	C	24	Conn.		X

Code No.	Siblings		Time fam.
	P.S.	Sch.	known to V.N.A. (months) 0
3	2	0	0
6	2	1	35
7	3	1	3
8	1	1	0
11	1	1	0
12	3	2	52
15	3	0	14
16	2	0	0
17	2	4	105
20	3	0	0
21	3	0	38
22	2	1	39
23	1	0	0
29	1	0	0
31	2	0	0
32	3	2	26
33	4	2	56
34	3	0	50
36	3	2	28
37	2	0	23
39	2	2	26
41	3	1	27
42	3	1	21
43	3	1	65
44	3	0	26
45	2	5	136
46	2	4	73
48	2	0	0
50	2	1	12

BIBLIOGRAPHY

BIBLIOGRAPHY

Books

- Committee on Child Health of the American Public Health Association. Health Supervision of Young Children. New York: The American Public Health Association, 1955.
- Freeman, Ruth B. Public Health Nursing Practice. 2nd ed., revised. Philadelphia: W. B. Saunders Company, 1950
- Gilbert, Ruth. The Public Health Nurse and her Patient. Cambridge: Harvard University Press, 1951.
- Schlesinger, Edward R. Health Services for the Child. New York: McGraw-Hill Book Company, 1953.

Periodicals

- Christie, Amos. "Conducting a Child Health Conference," Public Health Nursing, XXXI (September, 1939), 486-491
- Foster, Mary. "Reasons for Attending Child Health Station," Public Health Nursing, XLIV (March, 1952), 123-128.
- Hansen, Ann C. "Broken Appointments in a Child Health Conference," Nursing Outlook, I (July, 1953), 417-419.
- Wishik, Samuel M. "Current Practices and Trends in the Child Health Conference," American Journal of Public Health and the Nation's Health, XLI (January, 1951), 57-65

Report

- American Academy of Pediatrics. Child Health Services and Pediatric Education. New York: The Commonwealth Fund, 1949.

Unpublished Material

Doten, Letitia and DuBois, Mary. "A Study of Certain Factors on Attendance at Well Baby Conference and the Continuity of Health Supervision." Unpublished Master's thesis, Library, Simmons College, Boston, 1956.

Lenihan, Ellinora. "Attendance and Content of Visits at Two Child Health Conferences, Quincy, Massachusetts." Unpublished Master's thesis, Library, Simmons College, Boston, 1956.