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HISTORY OF VISITING NURSE ASSOCIATION
OF INDIANAPOLIS, 1913-1959

by

Charlotte Akins

A Thesis

Submitted in Partial Fulfillment of the
Requirements for the Degree
of Master of Science
College of Education

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CHAPTER I

INTRODUCTION

Statement of the problem

The Visiting Nurse Association of Indianapolis, formerly the Public Health Nursing Association of Indianapolis, is a non-official community agency in Marion County. It was incorporated January 4, 1913. According to its constitution, it was organized to "provide graduate registered nurses to teach needy individuals and the general public hygiene, cleanliness, and the proper care of the sick; to prevent disease; and to render such aid as may from time to time be proper."¹ This organization has provided nursing care in homes, in clinics, in industries, and in other situations outside the hospitals since its beginning. Since 1921 it also has provided field experience for student nurses from basic schools of nursing and since 1937, for students from Indiana University, Division of Nursing Education. The purpose of this paper is to present an historical account of the activities of the Visiting Nurse Association from 1913 through 1959.

¹ Public Health Nursing Association of Indianapolis, Second and Third Annual Report-1914 and 1915 (Indianapolis: By the association, 1916), p. 27.

Significance of the problem

The Board of Directors of the Visiting Nurse Association has felt the need of a review of the nursing services as it approached fifty years of service to the community. An understanding of the problems solved while giving care in the past may provide a guide for current administrators to plan for service in the future. Since only about fifty per cent of the financial support for the Association comes from the United Fund, special significance has been attached to its relationship with other community agencies. The teaching of public health principles and the evaluation of the student practitioner, formerly the prerogative of the visiting nurse agency, has gradually become the responsibility of the school for nursing and its faculty. Schools of nursing, that need to use agencies away from their own campus for clinical experience in public health nursing, are interested in the ways a service centered program can become an education experience for their students, without jeopardizing either the learning activities of the student, or the quality of service provided the patient. The review of the student program should be valuable to schools of nursing that plan to expand their programs to meet collegiate status.

A history of the Visiting Nurse Association of Indianapolis should be valuable to the agency as a basis for evaluating the growth and development of its service. United Fund supporters, as well as contributors to other voluntary agencies, could use the

material to increase their understanding of the scope of services their donations have provided, and to demonstrate the interrelatedness of agencies that are concerned with the health and welfare of the people in Marion County. As far as can be determined, no history of the Visiting Nurse Association has been written.

Source of data

Annual reports, nursing service reports, minutes of the Board of Director's meetings, and minutes of various committee meetings of the Visiting Nurse Association for each year from 1913 through 1959; and student records from 1921 through 1959 were the primary documents used to develop this project. This material has been stored in the offices of the Visiting Nurse Association; the Board has given written permission to use it for this study. Since 1930, the Executive Board and the Nursing Service Committee have met at regular intervals and kept minutes of the discussions and decisions. Prior to 1930, some minutes were kept; however, it was difficult to discern a regular pattern for these meetings, with the exception that each committee included a detailed report of its activities once each year for the Annual Board Meeting. Speeches made by board members to various groups, as well as playlets and skits about the nursing service, had been inserted into the minutes. Names of organizations and persons were used freely. Of the nearly twenty-five hundred student records that had been filed, nine hundred

and sixty-five were investigated thoroughly. A summary of the nursing service given by each student, while she was in the agency, had been filed with her record.

Method of study

A survey of related literature was made. Valuable material was found in Dr. Allen's History of Nursing in Indiana²; in The Hoosier Health Officer, A Biography written by Dr. Rice about Dr. Hurty; in A History of the Indiana University Training School for Nurses by Dorcas Rock:⁴ and in a partially published Master's thesis "History of Indiana State Nurses Association" from The Indiana Nurse by Mary M. Schroder.⁵ Two unpublished manuscripts, one a study of chronic care given by the Visiting Nurse Association, and the other,⁶

² Dotaline E. Allen, History of Nursing in Indiana (Indianapolis: Wolfe Publishing Col, 1950), 122 pp.

³ Thurman B. Rice, "History of Public Health Nursing in Indiana," The Hoosier Health Officer, A Biography of Dr. J. N. Hurty and The History of the Indiana State Board of Health to 1925. A collection of articles previously published in the Monthly Bulletin of the Indiana State Board of Health, (Indianapolis: by Indiana State Board of Health, n.d.), pp. 297-300.

⁴ Dorcas Irene Rock, A History of the Indiana University Training School for Nurses Vol. I: 1914-1946 (Bloomington: Indiana University, 1956), 138 pp.

⁵ Mary M. Schroder, "History of ISNA," The Indiana Nurse, XXIII (July, 1959), p. 4.

⁶ Margaret F. Anderson, et al., Characteristics of 148 Patients with Long Term Illnesses Given Care by the Visiting Nurse Association of Indianapolis Which Was Terminated Between January 1 and June 30, 1952 (Unpublished Master's Thesis, Division of Social Service, Indiana University, 1953), 82 pp.

a collection of plays and activities, collected by Marietta F. Hahn for the Silver Anniversary of the Public Health Association⁷, were sources that contributed information about the Agency.

The data were collected and organized chronologically into three major areas: nursing service, educational program, and relationships to other community agencies. Annual reports, minutes of the Board and Committee meetings, and nursing service reports provided data for each area; however, student records produced much of the data used for the discussion of the educational program. These records had been stored alphabetically for the entire period, from 1921 to 1959, except for some of the records of students in 1959. Of an estimated twenty-five hundred records in the file, nine hundred and sixty-five were reviewed. Each of the first four hundred records in the file was studied; then, since each year between 1921 and 1959 was represented, and since the information obtained seemed to vary little, if any, during a calendar year, every fifth record was examined. However, the summary of each record from 1921 through 1925 was carefully read and included in the tabulation of information.

⁷Marietta F. Hahn, Plays and Days (An unpublished collection of skits, plays, and descriptions of a visiting nurse's "day". Indianapolis: Visiting Nurse Association, 1938), Not paginated.

Limitation of the problem

First, an effort has been made to review the documents and reports in terms of what has happened, with no attempt to evaluate the service, to predict the future, or to identify trends in public health nursing. Second, there has been a geographical limitation; the agency does not provide service outside Marion County. And third, since students spent only six to nine weeks, of their total three year training period, in the field of public health nursing, only a small part of the total educational program for any specific student nurse has been investigated. Many community organizations have had contact with the Visiting Nurse Association; however, only those which seemed to directly affect the solution of nursing service problems have been mentioned. This history attempts to portray, in a comprehensive rather than an exhaustive approach, the activities of the Public Health Nursing Association, from its incorporation in 1913 through 1959.

Definition of terms

The terms, Visiting Nurse Association, Public Health Nursing Association, and Agency have been used interchangeably to indicate the organization now incorporated as the Visiting Nurse Association of Indianapolis. When abbreviations have been used, the full title has been written in the initial reference in the text. The expressions,

public health nursing, nursing service, and service have each been used to indicate the special kind of work performed by registered nurses in the community. The following definition, approved by the National League for Nursing, has been used throughout the paper to define nursing service.

Public health nursing is a field of specialization within both professional nursing and the broad area of organized public health practice. It utilizes the philosophy, content, and methods of public health and the knowledges and skills of professional nursing. It is responsible for the provision of nursing service on a family basis for individuals and groups, at home, at work, at school, and in public health centers. Public health nursing interweaves its services with those of other health and allied workers, and participates in the planning and implementation of community health programs.⁸

⁸Department of Public Health Nursing, National League for Nursing, "The NLN Convention: Department of Public Health Nursing," Nursing Outlook, VII (June, 1959), p. 351.

CHAPTER II

PRE-CHARTER ACTIVITIES

Most of the recorded pre-charter activities that led to the formal organization of the Public Health Nursing Association in 1913 included the name of Abbie Hunt Bryce. The first visiting nurses in Indianapolis who were known to have had any training were three students from the Flower Mission Training School during the years 1884 to 1887. It has been established by Dr. Allen that the first training school for nurses in Indiana was established at the Indianapolis Flower Mission in 1883.⁹ In 1884 Abbie Hunt became the first director of the Flower Mission Training School.

Miss Hunt was influential in several areas of nursing service and education in the Indianapolis area.¹⁰ Born near Cincinnati, Ohio in 1850, her interest in nursing was aroused during the Civil War. She graduated from the Bellevue Training School for Nurses in 1881, only seven years after its founding. Mary M. Roberts in her book American Nursing, History and Interpretation

⁹Allen, op. cit., p. 45.

¹⁰Mrs. William W. Thornton, A History of the Public Health Nursing Association, n.d. This short undated history had been inserted in front of the minutes of the Agency for 1930. Most of the material for this chapter has been taken from this article.

stated that Bellevue "was the first to introduce the Nightingale principles of nursing education in this county.... With them came the dawn of modern nursing in the United States."¹¹ Prior to her work at the Flower Mission Training School, now the Marion County General Hospital School of Nursing, Miss Hunt had organized a training school at City Hospital in St. Louis. In 1887, when Abbie Hunt married Peter F. Bryce, Chairman of the Hospital Board of the Indianapolis City Hospital, she resigned as director of the Flower Mission Training School.¹²

In 1890 the Fresh Air Mission, a voluntary organization, dedicated to providing fresh outdoor air for the poor and sick children from slum areas, had a shelter house for sick babies. Two untrained nurses were employed to make visits into the homes of the children receiving care at the shelter house. In 1893, the Flower Mission supported the first graduate visiting nurse, Miss Mae Currie, who served the west side of Indianapolis from 1893 through 1896. The Flower Mission ladies lost their money in the Haughey bank failure incident, and were unable to continue to pay the salary of their

¹¹ Mary M. Roberts, American Nursing History and Interpretation (New York: The MacMillan Company, 1954), p. 12.

¹² Public Health Nursing Association of Indianapolis, For the Years 1927-1928, 1928-1929 (Indianapolis: By the association, 1930), p. 3.

nurse.¹³ There was no record found, however, indicating an organized visiting nurse program before 1908.

During this year of 1908, in order to teach mothers, whose children needed milk, the fundamentals of health and nutrition, the Children's Aid Association employed four nurses to work with the families of children who received milk from the Pure Milk Stations. No records were found that indicated the exact purpose of the stations, or the nature of the work performed by the nurses. In 1914, the last year the Children's Association employed their own nurses, five nurses were visiting in homes; during 1912 and 1913, as many as six nurses at a time had been employed.

At about the same time, from 1908 to 1914, the Christamore Settlement, a social service center that helped immigrants and migrants adjust to urban culture, employed a nurse who had graduated from the Flower Mission Training School. She was assigned to visit families, known to the Christamore Settlement social worker through their activities at the center, to teach maternity care, and to assist with other health problems. Christamore Settlement discontinued the visiting nurse program in 1914 because of a lack of funds.

¹³Flower Mission Society was a group of women who began their charities by taking flowers and jelly to the sick. Their concern for the sick then led to the development of the hospital and later the school of nursing. This organization had their savings in the Indianapolis National Bank which, according to Dunn in his History of Greater Indianapolis failed, in 1895, due to the unwise investments made by Theodore P. Haughey, president of the bank.

A third organization using a public health nurse during the first decade of the twentieth century was the City Dispensary. A clinic-like arrangement for the poor of Indianapolis, the City Dispensary was administered by the Indiana University Medical College from 1909 through 1911. The doctors in charge of this dispensary recognized that many of the problems of their patients were nursing problems; consequently a graduate nurse was employed to visit in the community and to help with the work of the dispensary. This nursing service was interrupted by the death, in 1911, of Dr. Roscoe H. Ritter, clinical instructor of medicine at the college.

As early as 1910 the Marion County Nurses' Association tried to develop an organization of visiting nurses that would meet the requirements set up by the Metropolitan Life Insurance Company. This plan, discussed in more detail in another chapter, began in 1909, throughout the United States, to provide nursing service to policy holders, for the maternity patient and the acutely ill person, in his home. One of the requirements, when nursing service was purchased from a local agency, was that the superintendent be a graduate nurse. Community leaders objected to this provision, consequently a visiting nurse program in Indianapolis was delayed.

Mrs. Peter Bryce (Abbie Hunt) became active in the Woman's Department Club in 1912. She chose the Home Department as her area

of interest. In October, the same year, the Marion County Graduate Nurses Association paid the salary for one month for Miss Belle Emden who was employed as a visiting nurse for the Indiana University Medical School.¹⁴ The Home Department and the Social Welfare Department of the Woman's Department Club then shared her salary for the next eleven months, until October 1, 1913.

Mrs. W. W. Thornton, an early historian for the Public Health Nursing Association, succinctly expressed the culmination of nearly thirty years of groundwork for a visiting nurse association in Indianapolis when she wrote:

In December 1912, an evening meeting was held at the Chamber of Commerce for the purpose of incorporating a Public Health Nursing Association. Mr. Alex G. Cavins presided. Sixty or seventy people were present. Several persons were called to express their views as to the advantages of such an organization. Mrs. Peter Bryce, Mr. Grune, Mrs. Geddes, Miss Edna Henry, Mrs. V. H. Lockwood and others discussed the matter from various points of view. Finally, Mr. Wm. W. Thornton made a motion that a committee be appointed by the chair, with power to draw up a constitution. This was seconded and carried. January 4, 1913, Incorporation papers were issued to the Public Health Nursing Association.¹⁵

¹⁴ Thornton, op. cit. Miss Belle Emden was a graduate of the Flower Mission Training School.

¹⁵ Thornton, op. cit. Not paginated.

In an early Annual Report of the Public Health Nursing Association an entire page was devoted to the following notation:

Incorporated January 4, 1913.
 Incorporators-Officers of Marion County Nurses' Association
 as follows:

Mrs. Abbie Hunt Bryce
 Miss Ella Hand
 Miss Annabelle Peterson
 Miss Edith Baynes¹⁶

Very little could be learned about any of these women or about the Marion County Nurses' Association. Annabelle Peterson was a graduate nurse, whose last position was that of national director of the American Red Cross. Mrs. Abbie Hunt Bryce, also a graduate nurse, after her marriage to a prominent business man, in 1897, became an active club woman. No material could be found that identified Miss Ella Hand or Miss Edith Baynes.

The executive secretary of the Indiana State Nurses' Association, District number five, (the Marion County area), suggested that the Marion County Nurses' Association may have been a group of registered nurses who had graduated from schools outside of Indiana. In the early years of the American Nurses Association, membership was held through the alumnae association of the nurse's training school,

¹⁶ Public Health Nursing Association of Indianapolis, Second and Third Annual Report - 1914 and 1915 (Indianapolis: By the association, 1916), p. 2.

rather than through the district organization, to assure the limitation of membership to graduate nurses. Since Mrs. Bryce was known to have graduated from Bellevue, in New York, it seemed possible she would have been active in a club of nurses who had graduated from schools of nursing located in some state other than Indiana. No documents were found to give absolute proof to this conjecture.

CHAPTER III

NURSING SERVICES

The kinds of nursing services that have been provided to families in Marion County by Visiting Nurse Association have varied from inspections of sanitary conditions to the complicated bedside care of patients with an acute illness. Though the emphasis on different services has not been the same throughout the years, the problem of financing the service has constantly been a major concern. Shortage of qualified personnel has been another deterrent for providing certain services. These problems and their solution, as they have related to nursing services, are to be discussed in the three parts of this chapter.

The problems in the early years, from 1913 to 1920, related to acquiring a qualified staff and to developing an established role in the community. The middle years, from 1921 through 1950, included the depression and World War II. The recent years, from 1951 through 1959, have been years of adjusting from an agency accustomed to the support of a large insurance company, to a voluntary agency entirely dependent on community resources for providing nursing services to the patient and his family in the home.

Early years, 1913-1920

The activities of the first year were not minutely documented. In the first annual report it was implied that Miss Belle Emden, who had been employed by the Indiana University Medical School, as a visiting nurse on October 1, 1912, became the first nurse for the Public Health Nursing Association. The current "Manual for Board Members of the Visiting Nurse Association" lists Miss Emden as the first executive director, serving as administrator until 1914 when Miss Wilhelmson was employed. (see Appendix for listing of directors). However, minutes of the Board indicated that the major nursing service problem in 1913 was the need for a superintendent of nurses.

Three nurses besides Miss Emden had been employed in 1913. The salary of one, Miss Nellie F. Gregory, was assumed by the Public Health Nursing Association. Another, Mrs. Jessie Furman, called the "first district nurse", was assigned to the Flanner Guild District; her salary furnished through the Agency by the Christian School of Missions in Irvington. Also, early in February of 1913, Dr. J. H. Ford, president of the City Health Board, permitted a nurse to be placed in the schools as an experiment. Miss Elsie Peacock, a graduate of the Deaconess Hospital Training School, undertook this work. Her salary was paid by the Home Department of the Woman's Department Club and by the Parent-Teachers Clubs

of Schools 45 and 60. Since school nursing became a part of the work of the City Health Board in 1914, her work has been credited with convincing the Board of Health and school officials of the value of a nurse in the schools.¹⁷

A superintendent of nurses had been employed by the Public Health Nursing Association; and, the Metropolitan Life Insurance Company began to transfer their cases, in accordance with their national policy of purchasing nursing service from a local agency, in August of 1914. During this month sixty-two cases were transferred and one hundred and fifty-two new cases were reported by the agents for the company. The nurses made seven hundred and ninety-six visits to these two hundred and fourteen policy holders. Almost seven-eighths of the case load in August of 1914 was provided by these insurance company referrals since the total number of visits was eight hundred and sixty-seven. This was the beginning of a relationship that lasted until 1952, when the Metropolitan Insurance Company stopped paying for nursing service not included in the contract with the policy holder.

Nursing service was given to many nationalities during this period. In the minutes of the Board at its Annual Meeting

¹⁷ Public Health Nursing Association of Indianapolis, Second and Third Annual Report-1914 and 1915 (Indianapolis: By the association, 1916), p. 2.

TABLE I

CASES CARRIED BY PHNA NURSES IN 1918,
ACCORDING TO DISEASES

Disease	Number
Accident cases	180
Chronic	232
Heart and kidney	138
Carcinoma	41
Paralysis	38
Senility	15
General Medical	2,006
Influenza	1,258
Tonsillitis	102
Gastro-enteritis	178
Typhoid	10
Rheumatism	129
Others	329
Minor Medical	507
Colds	313
Headaches	16
Indigestion	64
Others	114
Obstetrical	1,229
Prenatal	441
Confinement	411
Birth	314
Abortion	63
Gynecological	128
Respiratory	634
Pneumonia	327
Bronchitis	125
Tuberculosis	182
Postoperative	97
Contagious	58
TOTAL	5,071

there were fourteen nationalities listed among the recipients of care. Irish, German, Russian, and Italian were the most frequent languages encountered. Teaching health procedures had to be done by demonstration since verbal communication was impossible. In the first recorded report to the Board, the superintendent reported that hourly nursing had been provided for every class, "from the Assistant Superintendent of a large department store to the poorest colored woman within our boundaries. This would have been impossible in some cities, and ... in this respect Indianapolis has an opportunity peculiar to no other city of its size."¹⁸

A copy of a report of visits, made by the Public Health Nursing Association Staff, in Table I, shows the major categories of diseases cared for in the home during 1918. The large number of visits to patients with influenza, sometimes called La Grippe in the records, was indicative of the epidemic. Neither tuberculosis nor typhoid were listed in the contagion column. Several Annual Reports, in the description of services, mentioned that contagious diseases were not accepted; however, tuberculosis has been routinely listed as a respiratory condition.

¹⁸From Laura Wilhelmson's report attached to the Executive Board Meeting minutes for December, 1914.

TABLE II

NUMBER OF VISITS MADE AND CASES CARRIED
BY PHNAN NURSES, 1913-1920

Year	Total number visits	Total number cases	Number negroe patients	Number foreign patients
1913	a	a	a	a
1914	5,560	1,040	a	a
1915	11,336	2,665	876	a
1916	16,649	2,796	995	130
1917	22,861	3,730	1,169	220
1918	27,613 ^b	5,227	a	a
1919	25,205	6,431	a	a
1920	36,661	6,110	2,271	141
:	:	:	:	:

^a No record was located giving information in these categories.

^b A influenza epidemic occurred in 1918.

This period from 1913 through 1920 was one of rapid expansion. The stabilizing force was the support of the Metropolitan Life Insurance Company through the transfer of their old cases, and the referral of new cases, to the Public Health Nursing Association. When this occurred nurses previously employed by the insurance company were given the opportunity to come under the supervision of the Public Health Nursing superintendent. Four nurses agreed to this arrangement. Metropolitan had also set up standards of service, methods of keeping records, and insistence on a cost-per-visit fee that contributed to a strong visiting nurse association. Table II shows a portion of this growth. In no other five year period since its beginning has the Agency more than quadrupled the number of its service calls, as it did in the period from 1914 through 1918.

The middle years, 1921-1950

1921-1930

By 1921 the Public Health Nursing Association had become a part of the community. Along with other organizations that employed nurses, it needed "nurses who could give intelligent care to their patients ... who could also help to teach patients and their families not only how to follow instructions but why they should do so."¹⁹ These were the years that collaboration with other agencies became the accepted practice. The Public Health Nursing Association began taking students in 1921. The student program will be discussed in detail in another chapter. Metropolitan Life Insurance continued to lead in the number of referrals as well as in setting standards for nursing care.²⁰ Table III shows the development of the total nursing service from 1920 through 1959. The changes in therapeutic and maternity nursing visits, and the increase in the staff required to meet these changed services have also been indicated.

During 1921 there was an increased emphasis on hourly nursing. Fees were collected in three categories. No fee was collected for service from the patient who could not afford to

¹⁹ Roberts, op. cit., p. 246.

²⁰ Alma Haupt, "Forty Years of Teamwork in Public Health Nursing", American Journal of Nursing, 53:81-84, January, 1953.

TABLE III

DEVELOPMENT OF SERVICE AND STAFF
FROM 1920-1959

Year	:	1920	:	1930	:	1940	:	1950	:	1959
Number of nurses	:	21	:	29	:	33	:	30	:	30
Number of patients	:	6,431	:	10,232	:	12,540	:	10,155	:	4,617
Number of maternity and newborn visits	:	16,172	:	45,467	:	32,204	:	25,081	:	6,286
Therapeutic visits	:	20,489	:	25,363	:	25,208	:	20,714	:	24,975
Health guidance visits	:	Unknown:	:	6,739	:	3,639	:	5,190	:	4,119
Total visits	:	36,661	:	77,469	:	61,051	:	51,785	:	38,534

pay; partial fees were paid by the family who could not pay the full cost; and, the full amount was collected from the family who could afford the fee of one dollar for the first hour and fifty cents for the second hour. Industrial work was started this year and developed another kind of full fee visit. Factory managers would telephone the Public Health Nursing Association when employees were absent, due to illness, and a visiting nurse would call on the family to give care in accordance with the policies of the agency. Diamond Chain was one of the first companies to use this service, paid for by the industry requesting the visit.

Children's Aid Association worked out an agreement for their nurses to work under the supervision of Public Health Nursing Association superintendent in Baby Health Clinics. Seven nurses began within the framework of this arrangement in May of 1921. The copy of the agreement with the Children's Aid Association was the first agreement or plan of working together with another agency for service to families who needed the services of several organizations.

Staff nurses went directly to the homes of their patients by street car. Their districts were compact areas; and they walked from case to case. The working day was from 8 A.M. to 5 P.M. Some time during the morning, and again at noon, each nurse called the supervisor to learn if any special work was needed in her area. Each evening each nurse came to the office to record her work for the day, to fill her "bag" with the supplies she would need, and to prepare for her work the next day. Walking in the area gave the nurse an opportunity to become aware of many unsanitary conditions.

Nurses found outdoor toilets less than three feet from shallow wells that were the source of drinking water. Rats were numerous in many areas, especially around Kingan's packing plant. Babies were found with their fingers bitten off by rats that were seen playing in their cribs. Stables and chicken houses were often

shared as a play yard for neighborhood children. Since the Public Health Nursing Association was the only organized body able to collect data, statistics on a thousand cases of poor sanitation were presented to the City Health Department in 1921.

In this same year Miss Edna Hamilton reported to the Board of Directors that the Agency had furnished two nurses at the Gypsy Smith meetings who cared for over sixty patients, including a paralysis case, an epileptic, and other more or less serious complaints.

The budget for 1922 included \$125 for an interpreter and Foreign House physician. The Foreign House was located on West Pearl Street near Kingan's. Many of the fathers of families, referred from this settlement, worked in the packing house. There was a note in the minutes that Kingan's helped with the program; but, the nature of the help was not described. With a physician to examine the children of foreign-born parents in the presence of a Public Health Nursing Association nurse who could "gather up her interpreter" and make a productive educational visit, one of the major problems of providing nursing service for this district was being solved.

Education for nurses, as opposed to the training of nurses, made in-service education imperative. Meetings were held once each week in the Teaching Centre for the entire staff. No minutes or agendas of these meetings were found. More than in-service education

was needed for certain staff members if the pattern of collaboration with other agencies was to be maintained. Consequently, in a resolution adopted at the Annual Meeting in January, 1922, a fund called the Abbie Hunt Bryce Fund was initiated. It was stated that the nucleus of this fund should be "securities, now in the possession of the Public Health Nursing Association, that were purchased from various donations, to be used for special purposes and as scholarships for nurses"²¹ Since this time Flower Memorials, usually money given to Visiting Nurse Association in memory of someone who had died, have become a part of this fund. A description of the amount and kinds of educational activities provided to staff nurses through the Abbie Hunt Bryce Fund are beyond the scope of this study.

Early in 1923, the American Red Cross added four nurses to the Public Health Nursing Association staff, for a period of six weeks, to meet the increased service needs caused by a "Flu" epidemic. These nurses made eight hundred and sixty-four visits. There was no indication whether the nursing services given by the American Red Cross nurses were limited to the patients with influenza, or if they were absorbed into the general pattern so that each nurse had relief. Working with these nurses, as well as with the orthopedic nurses, was a volunteer motor corp organized by a special committee of Board members.

²¹ Public Health Nursing Association of Indianapolis, Seventh and Eighth Annual Reports for Years Ending December 31, 1920 and 1921 (Indianapolis: By the association, 1922), p. 17.

Over seven hundred visits were made to crippled children this year. Throughout the minutes of the Board meeting, frequent reference was made for the need of a school, specially equipped for crippled children. A separate report of the work with these children was included in the minutes of the December meeting in 1923. According to this report, the nurse called in the home of every child with a crippling defect; and, if he was not under the care of a doctor, she would take him with the consent of a parent, to an orthopedic clinic where the supervision of a doctor was provided.

During 1923 two kinds of school programs in the American Settlement area were added to the services the nurse provided the community. The parish priest of Holy Trinity School, a parochial school in western Indianapolis, requested that a nurse be assigned to his school. In order to enhance the teaching opportunities provided by the Teaching Centre for student nurses, Teacher's College gave health supervision of six kindergartens attended by foreign children to the Public Health Nursing Association.

A new need, brought to the attention of the Public Health Nursing Association Board during 1925, was for nurses to be present at home deliveries. At this time 28 per cent of all babies born in Indianapolis were born in the home. By 1927 a twenty-four hour home delivery service had been provided for the community by the visiting nurses who had been present at seventy-one deliveries.

At about the same time, construction of the Suetta Coleman Hospital for the care of maternity patients and gynecological conditions was completed on the Indiana University Campus. Through the efforts of Miss Grace Ferguson, a social worker at the Coleman Hospital, a plan was developed for follow-up of certain clinic patients.

The John Hancock Insurance Company began making referrals in 1926. Agents referred patients who were pregnant or who had some acute disease. Nursing care was continued only when a physician was in attendance. This company also paid for the service at a cost-per-visit basis. These visits to policy holders of various insurance companies were fitted into a fee schedule, classified as Group Nursing. No visit was considered a free visit. Every call made by a visiting nurse was paid for by someone in some way.

When a blind beggar at Meridian and Washington Streets asked a nurse to buy his pencils, early in 1927, she began a study of the beggar, the pencil seller, and the street musician. She learned that these handicapped and deformed persons were usually a part of a well-organized corporation and were fairly successful in their business. She also began to find other adults and children hidden in homes who needed rehabilitative care. Before the year was over, three nurses were maintained by the Indianapolis Foundation to provide specialized care for the deformed.

Inserted between the minutes of the Board in 1926-1927 was found a "Goiter Report". According to this report seven hundred and fourteen visits had been made to goiter patients. Seven of the visits had been made to a goiter clinic; none had been considered nursing visits. There was frequent mention in the student records of attendance and referrals to a clinic of this sort, but there was no description of the purpose of the clinic or of the content of the educational visit.

Care to the maternity patient and to persons with contagious diseases received major emphasis during the latter part of the twenties. One nurse described the difficult time a mother of a nine day old baby had when trying to sit on the edge of the bed to bathe the baby so early in the post-partum period. Expectant mother's classes were started at the Phyllis Wheatley YWCA. In 1929, of all the work being done by the Public Health Nursing Association nurse, 51 per cent was concerned with maternity. She was present in ninety confinement cases.

Many communicable diseases were listed among the services provided. In the 1927 Annual report, these diseases listed separately, included diphtheria, scarlet fever, chicken pox, whooping cough, suspected tuberculosis, pulmonary tuberculosis, measles, erysipias, typhoid, small pox, mumps, pneumonia, and gonorrhoea. In addition to

nursing care to these patients classified as communicable, one hundred and forty-six cases of tuberculosis were listed under medical care. There was no way to determine whether the tuberculosis patients counted as "medical care" were considered less communicable than those listed in the "communicable disease" column. In Plays and Days one of the nurses told about her visits to "placarded homes."²² This leads one to conjecture that perhaps only in those homes that were placarded for a communicable disease was the care listed as being given to a patient with contagion.

By 1930 the Public Health Nursing Association had begun to experiment with making visits outside the city limits. Many of the staff nurses were driving either their own cars or one owned by the Agency. Because there was no longer a need for a compact area that would provide all kinds of service for students, plans were being made to generalize the American Settlement area. Since 1921 this area had been used as a teaching center for student nurses and for new staff. During this time, the records showed the first analysis of how the nurse spent her time. Table IV outlines her major activities and the percentage of time spent in each.

²²Hahn, op. cit. Not paginated.

TABLE IV

PERCENTAGE OF TIME PHNA NURSE SPENT
IN VARIOUS ACTIVITIES
EACH WEEK IN 1930

Activities	Percentage of time	
Visit (time in home)	58.6	
Travel	27.0	
Office	10.0	
Staff education	3.0	
Clinics, special conferences, etc.	1.4	100

1931-1940

Two kinds of challenges described by Mary Roberts, in her history of the years from 1931 through 1940, were reflected in the minutes of the Nursing Service Committee of the Visiting Nurse Association during this period of depression. The historian pointed out that "public health nursing agencies were under pressure to provide more service for more patients with less food and fuel, as well as to provide employment for a surprising number of nurses who were frantically searching for employment"²³ Miss Beatrice Short, the executive director, in 1932 indicated that the number of services requested exceeded the number of nurses; but, the budget did not permit expansion of the staff.

²³ Roberts, op. cit., p. 223.

At the same time qualifications for nurses that were employed became more stringent. In 1931 it was agreed to employ only nurses who had completed four years of high school. Although no decision was reached, many discussions of the status of the nurse who married while working with the Agency were recorded. In 1933 a motion was made that a nurse should resign from the staff when she married; in a later meeting the same year, a motion carried which requested that when a nurse planned marriage, she should present her resignation to the Nurses' Committee for consideration. It was also during this period that annual health examinations were first required.

In October 1932, Community Fund mandated a 10 per cent reduction of salary and wages of all workers in member agencies. In the December, 1932 minutes of the Executive Committee there was the notation that the financial situation was a very serious one. No other direct reference to the economic status was found; however, activities of the committees and nursing service reports indicated that the major problem of this decade was to secure a sufficient budget to meet the nursing needs of the community.

Every effort was made to meet each added request for service. In April of 1932 nurses employed by the Public Health Nursing Association stopped hauling patients from Indianapolis City Hospital Clinics. An arrangement was worked out for volunteers provided by the St. Margaret's Guild to take them home. This gave the nurse

additional time to give direct patient care. Also in 1932, Methodist Hospital requested follow-up visits for clinic antepartal patients. This clinic was discontinued in 1934. A program that had begun at Coleman in 1927 was accelerated during this period, with each clinic patient to have one postpartum visit following dismissal from the hospital. This arrangement with Coleman has continued to the present.

Three nurses were available for staff assignments through funds from the Civil Work Service Appropriation (CWSA) during 1933. The Federal Emergency Relief Act (FERA) provided ten part-time nurses in 1934. Records indicate that each of these nurses worked half days. Over seven thousand visits were made by these nurses working as a supplement to the regular staff. Both FERA and CWSA withdrew their nurses from the Agency on July 1, 1935. In this same period, during 1934, eighty-six students had a six weeks experience with the Agency. A survey of records for these students indicated that over half of them each made over two hundred visits.

Some of the problems relating to health were described by a staff nurse in a report at the 1933 Annual Meeting. She made a visit in response to a call for care to a mother who had just delivered her sixth child at home. Upon arrival at the house she discovered that another child had scarlet fever. The unemployed father was capable of learning to give adequate care to the sick members of his family; he had been doing the housekeeping and cooking during his

wife's confinement. However, he had been listed for a job with the Civil Works Appropriation (CWA); and, he felt it was about time for him to be called. If he could not take the work offered, he would need to go to the bottom of the list; and if he took it, the life of several members of his family was jeopardized. The public health nurse verified the emergency in the home with CWA, and was able to arrange for his place to be saved on the list. Then she cared for the mother and newborn and taught the father to care for the child with scarlet fever.

At this same Annual Meeting, Mrs. Kautz, president of the Board of Directors declared, "Whether social service work may ultimately become Federalized, or whether it become a function of local government, bedside nursing will most certainly be included.... Whatever the ultimate source of support which public health nursing shall receive, the fact is significant and important that the machinery for carrying on this work is already in existence in the corporate person of our association"²⁴

During the following year there seemed to begin a self-evaluation of the nursing services by the Nursing Service Committee. It was agreed that if a nurse made a visit and the patient refused care, or if a patient neglected to cancel hourly visit plans it would be

²⁴ Public Health Nursing Association of Indianapolis, For The Years 1931 - 1932, 1932 - 1933 (Indianapolis: By the association, 1934), p. 10.

necessary to charge one-half the regular fee for the call, rather than to consider it a free visit. Much attention was given to duplication of services, particularly in relation to the Pre-school Projects. Sometimes a child from a family might be seen as a pre-schooler at one of the clinics conducted by a Visiting Nurse Association nurse. At the same time other children were cared for by the school nurse with both nurses making visits to the home. Records indicated that delivery charges were sometimes greater than the fee for private duty would have been, and that the number of delivery cases was decreasing. Following this year of program analysis the primary function of the Agency was considered that of nursing the sick in their homes, the instruction of members of the household in simple rules of hygiene, and nursing, and the prevention of further illness when possible.

Policies regarding the staff nurse and her relationship to the Agency were mentioned often in the minutes during the last half of the thirties. For the first time, turnover in staff was considered important enough for discussion. Such subjects as the length of the lunch hour, reimbursement to nurses driving their own cars, development of a nurses' manual, military leave for nurses, staff classification for merit-plan salary increment, and the five day week seemed to have gained importance. A new policy, approved in April of 1937, regarding married nurses stated that they should be retained as long as professional interest existed, and conditions were such that its expression was not hampered.

The broad scope of the requests for nursing service has been shown in Table V along with the disposition of each request. The work that was done with patients from the Indianapolis City Hospital Gonorrhoeal-Vaginitis Clinic demonstrated the kind of co-operation required for effective use of the visiting nurse. Dr. Morgan, Director of the City Board of Health, requested help in giving daily treatment, that required nurses who were skilled in handling contagion, to thirty or more cases attending the out-patient clinic, in September 1939. The Community Fund immediately provided \$500 to be used until a project could be set up; however, this money could not be used without assurance that the work would also have the financial support of the State Board of Health and of the City Board of Health. It was also verified that Agency files were released for review of information only to "accredited Social Agency with trained social workers." This joint City-State, Public-Private Agency arrangement did secure funds for home care given the patients by the Public Health Nursing Association. In the first three months of 1940 seventy-five children were cared for at the clinic; thirty-eight of these were referred to the visiting nurse. The maximum number of daily treatments to a child was seventy-two; no child was seen less than eight times. These were the years of expansion and collaboration for the Agency.

1941-1950

During World War II the major problem in providing adequate nursing service was securing enough nurses to meet the service request.

TABLE V

DISPOSITION OF SERVICES REQUESTED FROM THE PHNA
FROM 1935-1940

Year	Service Requested	Disposition
1935	Care for sick pre-school babies	Summer Mission Board financed the project
1936	Industrial nurse for Kingan and Company during illness of company nurse	Mrs. Wolting, a VNA staff nurse loaned to Kingan's for one month, September
1937	Volunteer nursing service for Ohio River Flood	Nine staff nurses gave service through the Red Cross from a few days up to four months
1937	Dental care for children at Pre-school Clinics	An arrangement worked out with Indiana University Dental College Clinic to give periodic examination and reparative care
1939	Brightwood WPA Clinic requested nursing service	No record found of disposition
1939	Northeast Community Center requested nurse for Pre-School Clinic, one time each week	Agreed to provide nurse providing a doctor's service was available
1939	Nursing service for Insurance policyholders in Mars Hill, Speedway, Beech Grove, and Maywood	Services extended into suburbs within three blocks of all street car lines in 1941
1939	Nurses for Jewish Federation camp examinations	School nurses to provide this service
1940	Hourly nursing to small industries	Further study to be given this matter
1940	Daily visits to patients from City Hospital Gonorrhoeal-Vaginitis Clinic	Agreed to provide service if funds to finance it were available

A special committee, appointed in 1941 developed policies for relief nurses and made the following five recommendations to the Nursing Service Committee:

1. Relief nurses with experience with Public Health Nursing Association or another visiting nurse association were to be paid the current rate for private duty nurses with no payment for days not worked (The rate was \$6 for an eight hour day)²⁵

Relief nurses without experience were to have a smaller salary

2. There should be a mileage allowance for use of their own auto

3. Nurses should be able to arrange to work half time

4. The Public Health Nursing Association should stock some uniforms for loan to relief nurses and bear laundry expenses for short periods

5. Conferences should be arranged with nurses who might be available for relief work using the list prepared by the U.S. Public Survey that had been filed with the Indiana State Nurses Association, Professional Counseling and Placement Service division

Even with adjustments in personnel policies it was impossible to secure relief nurses to help with a measles epidemic in 1946. Married nurses were "invited to return to work for the duration of the war": the possibility of employing a well qualified negro nurse was considered; employment of practical nurses under supervision was considered; and, the Board agreed not to

²⁵Letter, from Janet Davis, Executive Secretary, District 5, Indiana State Nurses Association, December 2, 1957.

support the "Draft Bill now before the house" in 1945 since in their opinion drafting of nurses should be a part of a National Service Act which would affect all women. The "turnover" problem of professional help remained acute.

Additional benefits may have prevented classified career nurses from moving. Such benefits divided into two categories: non-salary rewards that may have compensated to a degree for the freezing of labor by the Man Power Commission in 1943 and, re-definition of the nurses activities within the Agency. Into the first could be placed the opportunity to participate in a Group Annuity Plan in which the Agency matched a percentage of the nurses' salary for retirement benefits. Called "insurance security" and approved by the Community Fund this plan began operation in 1945. The Blue Cross Hospital plan became available to the Public Health Nursing Association staff nurses through the Central District of the Indiana State Nurse's Association. Judge Bradshaw ruled that the forty-eight hour week, demanded by the Man Power Commission, was not applicable to the Visiting Nurse Association so that the forty hour week remained a policy. Residence requirements for nurses were no longer in force; until 1941, nurses employed by the Agency had been required to live within the City limits. The Board of Directors, at their regular meeting on December 14, 1950, voted to provide Social Security for the staff.

Redefinition of the nurses' activities generally provided for a delegation of non-nursing activities to a non-professional

person. Clerks began to do the posting and summarizing of the Daily Work Sheets prepared by the nurses. Paper towels were substituted for fabric towels in the supplies for the nurses' bags because laundries limited their service. Dates for billing were staggered to conserve time for the nurses and for the clerical staff. Nurses began to report to the office at the beginning of the day, so that time formerly spent fighting evening traffic would be available for patient care in the district.

New kinds of services and expansion of services previously provided are indicated in Table VI. This material continues the information found in Table V through the years to 1950. The emergency Maternity and Infant Care program, first recorded in the minutes of the Nursing Service Committee on August 30, 1943, provided care to wives and children of all enlisted men up to the rank of Technical Sergeant. During one month, July 1943, one hundred and ninety-four patients in this category had been seen. Many of these young mothers were patients of private physicians. Records were not clear about how fees were handled for this service; however, it was clearly stated that antepartal visits were free; visits to the mother during the postpartal period (the immediate six weeks following delivery) and her baby carried a rate of \$1.50 for each call; when a sick mother, or a sick child was given care alone \$1.25 was collected. All EMIC care needed to be reported to the State Department of Public Health no later than five days following the visit. Three

TABLE VI

DISPOSITION OF SERVICES REQUESTED FROM VNA
FROM 1941-1950

Year	Service requested	Disposition
1941	Service for Travler's In- surance policyholders	Provided at a cost-per-visit basis
1941	Report on kinds of service provided persons 65 and over for Community Chest	Material given as requested
1942	Pre-school Project for Flet- cher Community Center	Geographic boundaries of Mayer House Project extended
1942	Ancillary help in Pre-school Clinics	Pre-school Volunteer Air Committee developed
1943	Orchard School needed part time health service	Given on an hourly basis until 1949
1943	Part time industrial nurse for Metal Auto Parts	An agreement was reached and service provided
1943	Industrial nurse for Inter- national Machine and Tool Company	Service given in accordance with previous pattern to industries
1945	Loan center for portable incubators for prematures by State Board of Health	Center established
1946	Hourly nursing service for migratory laborers by Dept. of Labor	No record found of further action or care
1947	Visits to cancer patients by Cancer Society	Policy to be developed
1947	Industrial nurse at Wire Box Company	Service provided
1947	Part-time nurse for Inland Container	Service provided
1950	Indianapolis General Hospital requested aid with diabetics	Plan worked out but no re- ferrals made by hospital

special beds for premature infants were in use at one time, in 1946, for the EMIC program.

From the beginning of the Crippled Children's Program, Visiting Nurse Association orthopedic nurses had been concerned about the schooling for intelligent children who were unable to attend conventional schools because of their braces, their appearance, and their need for extra time to perform routine activities. During the thirties, the City Board of Education had expressed a willingness to provide tutoring if there were enough children to warrant employment of a home teacher. Through the efforts of the Public Health Nursing Association nurses, twenty-two children, considered too crippled to attend either the regular school or the James E. Roberts School for Handicapped, were tutored during the 1940-1941 school year. Miss Jeanette Riker, Supervisor of Special Instruction of the City Board of Education, requested a new listing of potential students when ten of the twenty-two who were tutored returned to school.

Contagious diseases required considerable attention during these war years. The State Board of Health provided typhoid vaccine that was given to the staff nurses in 1944. An epidemic of diphtheria in the City resulted in Schick testing and subsequent immunization recommendation for visiting nurses in 1945. Visits were made to over three hundred tuberculosis cases in 1949. Epidemics of minor contagion increased the number of visits for hypodermic medication.

In order to avoid the connotation of government support implied by the word public in the name of the Public Health Nursing Association some feeling that the name should be changed was expressed by Board members. The Executive Board minutes, dated October 10, 1946, record a suggestion that the name of the organization be changed to Visiting Nurse Association of Indianapolis. A committee began work on implementing this suggestion. The work was completed in 1947 and the Public Health Nursing Association of Indianapolis became the Visiting Nurse Association of Indianapolis.

Home nursing services had been provided by many agencies since the beginning of organized public health nursing in Indianapolis. A review of early records did not always clarify whether the visiting nurse was supported directly by the tax structure, or by a non-official agency. In several instances the salary of the nurse was paid from voluntary sources, to be taken over by the tax supported agency when appropriations were accepted in the budget. Efforts to co-ordinate the service given by public health nurses in Marion County received major attention during 1950. Early in the year a series of joint staff meetings including nurses from Visiting Nurse Association and the City Board of Health were approved. Records from pre-school conferences conducted by the Visiting Nurse Association were transferred to the City Board of Health, who provided nurses for the

schools, when the child was of school age. When a physician from General Hospital made a visit to a patient receiving medication, usually given by the visiting nurse, he gave the medication that day to avoid duplication of services. A report of a visit to Columbus, Ohio where the Board of Health and the Instructive Nursing Association had co-ordinated their nursing services was included in the minutes of the October 1950 Nursing Service Committee.

The recent years, 1951-1959

Nursing service problems in the recent years related first to the withdrawal of funds by December 31, 1952 by the John Hancock and Metropolitan Insurance Company for care to their policy holders; second, to the increased number of patients requiring care for chronic illness; third, to an increased use of the interdisciplinary approach in solving nursing care problems; and fourth, to the need to provide nursing care to residents of the entire county.

Both insurance companies had begun to restrict their work before they announced withdrawal of payment for care to policy holders. As early as 1941 they reduced the time allowed for care to acute illness, from a six week to a four week period. As early as 1942, representatives from Metropolitan had suggested a decrease in the number of visits to maternity patients. Since the service was not an integral part of the insurance policy, but rather an

additional service provided for persons whose life insurance policy was small, the companies were not bound to continue the service. About 10 per cent of the total income for the Agency in 1952 was from fees paid by insurance companies. Withdrawal of the fees did not stop the need for nursing care, since most of these families were medically indigent and conditioned to "free" nursing service.

Other ways to provide nursing service were explored. Due to the use of antibiotics and to an increased understanding of the values of immunization, the incidence of contagion had dropped markedly by 1953. All pre-school conferences were discontinued in June of 1954, since the City Board of Health was unable to provide this service. The only elementary school in the city not served by the school nurses from the official agency was Holy Trinity Parochial School. The Visiting Nurse Association began work in this school in 1921, when an interpreter accompanied the nurse to the homes in order to communicate with foreign-born parents. Now this school work was returned to the City Board of Health. A different accent had been given maternity care; early ambulation of the mother reduced the number of visits required in the home. Comparatively few babies have been born at home in Marion County since 1950. An experiment in classes for expectant parents was attempted. It was hoped that they would supplement classes taught by the Red Cross; however, when they seemed to be a duplication they were discontinued.

Every effort was made to encourage payment of full fees or partial fees by the recipient of nursing care. In-service education meetings for the staff nurses centered on techniques for helping the nurse understand her role in interpreting the Visiting Nurse Association to the patient and his family. A demonstration that began at Methodist Hospital in 1952, for securing referrals from patients about to be released from the hospital, provided the impetus for other referral plans that have been adopted at St. Vincent's and Community Hospitals. Table III, at the beginning of this chapter, shows the reduction in the number of visits and the number of patients in this recent period.

The increase in the chronic case load may also be indicated in the figures in this table. In 1950 the number of visits was about five times the number of cases; in 1959 the number of visits was nearly nine times the number of cases. This increase in the number of visits to each case reflected the findings of a survey in 1953. In the ten year period ending in 1950, the number of visits to patients with a chronic disease had increased 610 per cent. The role of the visiting nurse had shifted from emphasis of care of maternity patients, to care of patients with long illness.

When a person with a chronic illness was old, or living in a small home on a limited income, provision for services of other disciplines, administered through the Visiting Nurse Association office proved valuable. Physical therapists have been employed,

when available, for practicing their profession as well as to serve as consultants to the staff nurse. A nutritionist provided by the Indiana Heart Foundation, from 1956 through August of 1958, worked with the nurses and directly with patients. Licensed practical nurses have been employed since 1952 to work with the district nurse in the care of patients who need only routine nursing procedures. A series of conferences with a social worker provided by the Family Service Association in 1954 was arranged to further understanding of family problems by the public health nurse. The executive director of the Visiting Nurse Association has been a member of a committee sponsored by the Health and Welfare Council that has been given the responsibility for investigating the total care needed by the sick person in the home with his family.

Sporadic requests for service beyond the City limits had come to the Agency throughout its existence. By 1954, these calls for services were so numerous that it was necessary to expand the geographical territory to the County Lines. This expansion has increased the amount of time the nurse spends in travel, so that the number of visits made have decreased. At about the same time the City Board of Health became the Marion County Health and Hospital Corporation. When clinic patients were accepted from the entire county, follow up by visiting nurses was indicated. Since the urban area has expanded beyond the County Lines, occasional calls during 1959 have been received for nursing service to residents of adjoining counties: the Visiting Nurse Association continued to limit its activities to Marion County.

Table VII, compiled from the Nursing Service Report for 1959, shows the number of cases carried, the number of visits made, and the accepted nomenclature currently used on reports for visiting nurse organizations. When compared with Table I showing cases carried by the Public Health Nursing Association in 1918, a chief difference was found in the number of conditions grouped under major headings; nine in 1918; three in 1959. Industry, hospitals, and the school for the blind are activities listed on current reports; one hundred and thirty-six hours were spent in this sort of activity during December of 1959. This interweaving of the services of the public health nurse with those of other health and allied workers, now showing on the monthly reports, has been consistently a part of the nursing services provided by the Visiting Nurse Association since its beginning in 1913.

TABLE VII

CASES CARRIED AND VISITS MADE BY THE VNA NURSE
IN 1959, ACCORDING TO DISEASES

Disease	Cases	Visits
Therapeutic Nursing		
Non-communicable	178	1,186
Crippled children and adults	204	2,855
Rheumatic fever	1	1
Arthritis	39	737
Acute communicable	11	40
Tuberculosis	16	708
Cancer	267	3,953
Heart	87	2,946
Diabetes	33	453
Other chronic conditions	484	11,978
Mental Health	7	118
Total	1,327	24,975
Maternity		
Antepartum	937	2,673
Postpartum with antepartal	519	2,789
Postpartum without antepartal	378	824
Total	1,834	6,286
Health Guidance		
Premature	137	505
Under one month (newborn)	1,237	3,094
Over one month (to 1 year)	35	193
Preschool	16	136
School	12	60
15 through 19	2	13
Adult	17	118
Total	1,456	4,119
Nursing Home visits		2
Not home & not found		2,844
In behalf of		189
Christmas deliveries		119
GRAND TOTAL	4,617	38,534

CHAPTER IV

THE EDUCATIONAL PROGRAM

The responsibility and some of the problems of defining a profession have been discussed by the Bixler's in their progress reports on the professional status of nursing in the American Journal of Nursing.²⁶ Every area of nursing must be careful that it recognizes the role of professional nurses in assuming the responsibility for amassing a body of knowledge that can be transmitted to others who desire to be skilled in giving nursing service. Even before the beginning of a student program in the Public Health Nursing Association in 1921, the founders of the organization were firm in formulating policies that assured the employment of prepared nurses, so that it was natural for agreements to be reached with hospitals for affiliation with the Visiting Nurse Association.

The educational program discussed in this chapter has been limited to the educational experience provided students from various schools of nursing. A summary of the experience of each student since 1921, excepting those students who were subsequently

²⁶ Genevieve K. Bixler and Roy W. Bixler, "The Professional Status of Nursing." American Journal of Nursing, 59:1142-1147, August, 1959.

employed by the Agency, was stored alphabetically in the Visiting Nurse Association office. These records were reviewed for the following information:

1. Names of schools of nursing that have used the agency for student experience
2. Length of time students spent in agency
3. The number of classes held in the agency offices
4. The kind and amount of service the student did while in the agency.

Schools of Nursing that have used VNA for student experience in public health nursing

Excepting the schools that sent students who were enrolled in the United States Cadet Nurse Corps, established by the Nurse Training Act of 1943, and discussed more fully later in this chapter, ten schools have used the agency as a field center for their students. These schools are listed in Table VIII, which also shows the number of records studied for each school during five year periods. The Indiana University School of Nursing, which is a part of the Indiana University Medical School in Indianapolis, and the Methodist Hospital School of Nursing were the only schools that used the Visiting Nurse Association facilities for field experience every year. Deaconess, Fletcher's, and Indiana Christian training schools for nurses, all located in downtown Indianapolis during the first quarter of the twentieth century, no longer exist. The program for nursing at DePauw is a basic collegiate program

TABLE VIII

NUMBER OF STUDENT RECORDS REVIEWED
FROM VARIOUS SCHOOLS OF NURSING
FROM 1921-1959

Name of School	1921	1926	1931	1936	1941	1946	1951	1956	Total
	to	to	to	to	to	to	to	to	
	1925	1930	1935	1940	1945	1950	1955	1959	
Deaconess Hospital	15								15
Depauw University							5		5
Fletcher's Hospital			1						1
Indiana Christian Hospital		9							9
Indiana University Division of Nursing				12	15	17	19	27	90
Indianapolis General Hospital	16	29	33	26	21	14	26		165
Indiana University School of Nursing	37	55	84	82	58	45	44	40	445
Indianapolis School of Practical Nursing						18			18
Methodist Hospital	21	15	22	20	12	18	21	17	146
St. Vincent's Hospital	14	6	17	23	16	14	22		112

that accepted the first students, in 1955; and who were affiliated with the Visiting Nurse Association for public health nursing experience during the first semester of 1959. Each of these schools was in Marion County except Indiana University, Division of Nursing Education at Bloomington, Indiana and DePauw University at Greencastle, Indiana. The Indiana University, Division of Nursing Education students have been registered graduate nurses. DePauw University has used Methodist Hospital in Indianapolis for all clinical facilities in its nursing program.

Time spent in VNA by affiliating students

No material was found in the records investigated that indicated the reason for the differences in the amount of time students spent in the agency. In the first year, 1921, each student spent nine weeks in the field. During 1922, Indiana University School of Nursing began sending students for a six weeks period so that more students could have the experience. The shorter period of time was not initiated in any other school until 1924, when some students from both Indianapolis General Hospital and St. Vincent's Hospital had six weeks experience in the Public Health Nursing Association. Each school continued to have some students in the field for a nine week period until 1939, when the experience became a six week period without exception. Beginning in 1940 basic diploma students were allowed six weeks in the agency while the registered nurse students had eight weeks. This pattern continued until 1958 when the Indiana State Board of Nurses'

Registration and Nursing Education recommended that "students in basic collegiate programs have a block of not less than eight weeks experience in public health nursing."²⁷ It then became necessary to adhere to the previously developed priorities for field experience in public health nursing.

These priorities were outlined early in 1955 at a meeting, held in the Visiting Nurse Association office, that was attended by representatives of each of the schools of nursing, administrators of agencies providing public health nursing, and the Director of the Division of Public Health Nursing of the State Board of Health. As a result of this meeting, the following priorities were set as guides for accepting students for field experience:

1. Registered nurse students in B.S. program with a public health major
2. Registered nurse students in a B.S. program with a general nursing major
3. Student nurses in basic collegiate program
4. Student nurses in basic diploma programs

Due to the critical need occasioned by expansion of numbers of student nurses for public health facilities, basic diploma students ceased having field work with the Visiting Nurse Association in

²⁷Quoted from a mimeographed memorandum from Miss Caroline Hauenstein, Executive Secretary, Indiana State Board of Nurses' Registration and Nursing Education which also stated that this recommendation had been adopted on July 16, 1958 to become a part of Regulations and Administrative Policies for Indiana Accredited Schools of Nursing, approved May 24, 1954.

1959.²⁸ The length of experience for each student in 1959 approximated three hundred and twenty hours. Until the fall of 1958 this was accomplished by the student spending an eight weeks period in the agency; however, in order to accommodate a heavy class load this pattern was changed, and time in the public health nursing clinical experience was extended to nine weeks with time allowed for classes. Tentative plans have been proposed by each of the nursing schools that would permit the student to spend twenty hours each week in the public health nursing laboratory for a period of sixteen weeks. Concurrent with the field experience, appropriate theory courses would be offered by the nursing school so that the time spent in the clinical area would approximate the academic year.

Class work provided by VNA
for affiliating students

According to the minutes of the Board Meeting on April 12, 1921, an educational instructor had been employed to begin her work on May 1, 1921. In the beginning, the Agency personnel had full responsibility for teaching public health nursing concepts and fundamentals. The Jewish Welfare Federation, an organization that co-ordinates all social, educational, and welfare activities of the Jewish community, had provided a room on the near South Side of Indianapolis

28

Raymond S. Butler, A Layman's View of the Professional Nursing Shortage in Indiana (unpublished report prepared for the Indiana Joint Conference Committee on Expanding and Financing Nursing Education by the Bureau of Institutional Research, Indiana University, Bloomington, Indiana, May 1959), 24 pp. (Mimeographed.)

to be known as the Teaching Centre. This area was chosen because it provided a variety of nursing experiences in a compact, highly populated area. This center was used for instructing "Probationers", new persons on the staff, as well as for students. Evaluation notes indicated that recruitment of staff may have been the primary purpose for providing this student experience. No information was available on the student records to indicate the amount of time spent in classes in the Agency before 1922. The number of classes given to students whose records were reviewed is shown in Table IX for 1921 through 1959. Copies of the summaries used to report the classes and service experience are found in Appendix E.

Prior to 1930 no special summary of the classes or the service experience was made. Information about the students was kept on the same kind of form that was used for the regular employees. Very little adaptation was made; only the part of the record that dealt with professional history was not used. Consequently, the number of classes shown in Table IX may not depict an accurate number of classes.

Evaluations of students were made by as many as four supervisors. Since the student was in the Agency nine weeks; and, since services tended to be specialized the time spent in evaluation does not seem out of proportion.²⁹ On early records these evaluations

²⁹In a specialized nursing service each speciality is cared for by a different nurse; orthopedic patients by an orthopedic nurse, maternity patients by a maternity nurse; children in school by a school nurse. In a generalized program each nurse is responsible for a geographical area or "district" and uses consultants in special fields to help her meet the special needs of patients and their families.

TABLE IX

NUMBER OF CLASSES TAUGHT IN AGENCY TO STUDENTS
WHOSE RECORDS WERE REVIEWED FROM 1921-1959

Year	Number of classes taught in agency							Over 30	No in-formation
	Under 5	5-10	11-15	16-20	21-25	26-30			
1921									4
1922									14
1923	5	1			1				10
1924	6	2							16
1925	8	1			1				17
1926	2		1						13
1927	4	3							14
1928	1	14	4		2				3
1929		4	4		7				1
1930		1	10		14				1
1931			3		18	1			
1932			1		33	5			1
1933			1		26	2			1
1934			3		25	5			3
1935			3		21	2			
1936							3	2	
1937							35		
1938						1	29	1	
1939							30	1	
1940							25	1	
1941					3	1	30		
1942					1	3	23	2	
1943						3	16		2
1944						1	17		
1945						3	17	1	
1946						6	11		
1947						5	17		
1948						2	11		1
1949							18		
1950							27		
1951					1	13			1
1952					1	18			5
1953						23			
1954					3	34			
1955						24			
1956				2	2	17			
1957				18		1			
1958			3	20	3				
1959	13	7	3						

usually stated "class work as planned by Miss Glover", or "class work as planned originally". One student record, in 1923, listed the following classes:

- Introductory conference
- General instructions and standing orders
- Nursing service fees, Metropolitan Life
and free medical care
- Records
- Problems of students
- Public Health Nursing Association
Metropolitan work
- Fundamentals and principles
- Family welfare and Confidential Exchange
- Prenatal care, infant and mother hygiene
- Preparation for home delivery
- Infant and child hygiene
- School nursing
- Tuberculosis: relation to visiting nursing

Neither was the date of each class nor the amount of time spent in each class shown on these early records. Three staff nurses had taught the classes; one of the classes, "Public Health Nursing Association" was taught by the executive director. On another record, in 1924, a class called "Bag Demonstration and Clerical Instruction" was listed on the first day of field experience.³⁰

In January of 1925, one student listed three classes, all taught in the Public Health Nursing Association office on her first day. Three classes were "Bag Demonstration and General Instructions",

³⁰

Visiting nurses carry sufficient equipment into the home, in a small leather bag, to enable them to give usual nursing care. A special technique is followed for opening the bag and arranging its contents so that they are available for use.

"Postpartum care, demonstration postnatal care", and Conference, Main Office Lecture". Another record, for March of 1925, carried a notation that all teaching had been done in the home. One may postulate that different approaches to class work was needed because high school education was not a prerequisite for entrance into training schools for nursing. Such comments as "Grade school education, finished course creditably ... appreciates lack of education"; "asked for application, but had no high school..."; and, "advised to finish high school work" were often written on the summary sheets. In 1929 one record listed twelve classes one of which was called "Letters to other agencies".

Beginning in 1930, all records reviewed included a mimeographed or dittoed summary sheet that related directly to student activities. These records were changed periodically and provided some concept of changes in the number of classes and the purpose of each class. (A copy of each kind of record that was found has been placed in Appendix E.) The largest number of classes listed on any summary was thirty-two. This number occurred on two records in 1942; and, in each instance a class in "bag technique" and in "records and charting" was listed on separate dates. There was no way to know if these particular students needed extra help or if the teacher provided different content for each class. In her report to the executive director in 1930, the educational director stated that student nurses had twenty-five to thirty hours of class work at the teaching center. The number of classes listed on records of students that were studied for this project have

been shown in Table IX. Classes were not always limited to one hour periods; one student record indicated that an entire day had been spent in three classes. Apparently, the number of hours spent in classes had no direct relationship to the number of classes.

Plans for moving the Teaching Center into the main office were made in 1931. Other areas were providing the variety of cases needed for students; many nurses were driving, either their own or agency cars, so that the highly populated compact area was no longer essential; and, during this period, from 1931 through 1940, demands were made both in relation to services requested by the community for visiting nurses and for working within a lower budget than previously. By 1932 the teaching center had been discontinued and responsibility for students was divided between supervisors, while the educational director co-ordinated these activities.

In March of 1936, Dr. Smith, Dean of Indiana University School of Education began negotiations for field experience for Indiana University Division of Nursing students. It was not until June of 1937 that nurse students from Indiana University were accepted for affiliation. (Table VIII shows the number of student records that were reviewed from Indiana University Division of Nursing.) It has been impossible to determine from the records if there was any difference in the content of classes taught in the Agency for graduate nurses and for nurses who were basic students.

One record, reviewed for an Indiana University Division of Nursing student in 1945, had a summary attached for her experience in

1941 as a basic student from the Indiana University School of Nursing. The same classes were listed on each summary sheet and each class had been repeated by the student; visits to allied agencies had been repeated in two instances, while six additional trips were made during her advanced experience. In 1947 there was a summary form titled "Summary of Course for Graduate Students"; however, differences between this form and others seemed minor. The Visiting Nurse Association continued to provide a large number of classes, in their office, in public health nursing until after 1950, as indicated in Table IX.

Since 1950 there has been much emphasis placed on education of nurses as opposed to training nurses. Dr. Butler summarized the need for this shift of emphasis in his report to the Indiana Joint Conference Committee on Expanding and Financing Nursing Education in relation to the cost of nursing education as compared to education for other professions.³¹ The National League for Nursing, the accrediting body for collegiate basic nursing education programs, had not accredited any collegiate program in Indiana by the end of 1959. The sharp decrease in the number of classes taught in the Agency since 1950 has been shown in Table IX. Although a discussion of class content provided for affiliating students is beyond the scope of this paper, it seems appropriate to mention that content, previously taught in the office of the Agency, by staff personnel, had been transferred to classes in public health principles, conducted

³¹Butler, op. cit., pp. 13-14

in the school of nursing by university faculty members.

Services provided for the VNA
by affiliating students

In order to get some concept of the number of visits students have made, a tally sheet was set up with seven headings, shown in Table X, for the total number of visits made by each student whose record was studied. A cursory inspection of the records indicated that most of the students had made more than one hundred visits and fewer than two hundred and fifty visits during the time spent in the Agency for affiliation in public health nursing. No attempt has been made to evaluate the service provided by each nurse; rather, an effort has been made to indicate the amount of nursing service the entire student program has provided the community through the Visiting Nurse Association. No material was found that could be used to indicate

TABLE X

TOTAL NUMBER OF VISITS MADE BY 965 NURSING STUDENTS
AT VNA FROM 1921 - 1959

Range of total number of visits	Number of nurses who made number of visits within the range
Under 100.....	96
100 to 125.....	230
126 to 150.....	211
151 to 200.....	189
201 to 250.....	80
Over 250.....	119
No record.....	40

whether the quality and depth of service given by the students had approximated that given by the staff nurses. Maternity service had been an important source of calls to the Public Health Nursing Association throughout the entire period. Table XI shows the range of number of visits made to maternity patients by student nurses whose records were studied. Notes on the records of some of the students, between 1921 and 1930, indicated that much of their experience was related to maternity. One of the student records, in 1925, showed that the student nurse had made two hundred and eighty-seven visits to one hundred and ninety-seven families; of this total number of visits two hundred and five were related to maternity nursing care.

TABLE XI

NUMBER OF VISITS MADE TO MATERNITY PATIENTS BY 965
NURSING STUDENTS AT VNA FROM 1921-1959

Range of number of visits to maternity patients	Number of nurses who made number of visits within the range
Under 50.....	142
51 to 75.....	159
76 to 100.....	171
101 to 125.....	156
126 to 150.....	83
Over 150.....	176
No record.....	78

In her report to the Executive Board in January of 1939, the executive director pointed out that, in the six to eight weeks the students were with the Agency, they repaid in service for the cost of their instruction. Since the total number of students can not be accurately stated, the full amount of service provided to the Visiting Nurse Association by students, who have affiliated with the agency, can not be measured. In an effort to determine the approximate number of students who have had a clinical experience with the Visiting Nurse Association, the number and percentage of student records reviewed was compared with the number of students known to have been in Visiting Nurse Association for those years that this number had been reported in the minutes. The results of this comparison are shown in Table XII. Assuming from the known figures that the 965 student records studied for the entire period was 38 per cent of the total number of students that have had field experience in the Agency, then around 2,530 student nurses have had clinical practice in public health nursing at the Visiting Nurse Association during the period from 1921 through 1959, for which the study was made.

All the student records that could be found for 1925 were studied. As previously stated, student records of nurses who were subsequently employed by the Public Health Nursing Association were not filed with the records used for this project. No effort was made to determine if 37 per cent of the nurses who had student experience during 1925 became graduate nurse employees of the Agency. Since the offices of the agency were moved five times during this period between

TABLE XII

THE NUMBER AND PERCENTAGE OF STUDENT RECORDS REVIEWED
 COMPARED WITH THE NUMBER OF STUDENTS KNOWN
 TO HAVE BEEN IN THE VNA IN CERTAIN YEARS

Year	Number of students in agency	Number of student records reviewed	Percentage of students whose records were reviewed
1925	46	29	63
1926	52	15	29
1929	72	18	25
1930	79	27	35
1931	97	24	24
1932	99	40	40
1933	86	33	38
1934	84	37	44
1935	88	30	34
1936	84	34	40
1937	98	36	36
1939	102	33	32
1946	59	17	28
Total	946	373	38 ^a

^aOf the total number of students known to have affiliated with the Visiting Nurse Association, 373, or 38 per cent, of their records were reviewed.

1921 and 1959, it seemed possible that some records may have been lost.

At the Board of Directors' meeting on November 28, 1938, there was discussion of the recommendation made by the National Organization of Public Health Nursing that the ratio of staff nurses to student nurses at any given time should be three staff to one student. The Public Health Nursing Association ratio had been twelve to fourteen students to twenty-one staff. This discussion also

showed that Indiana School of Nursing had been sending all their students for public health affiliation; and, that there had been no written agreements made with any of the schools about the student experience. As a result, three recommendations were made:

1. There should be a gradual balance to correct the student-staff ratio
2. There should be a limitation placed on the number of classes for which the student returned to the hospital
3. There should be an exploration of the possibility of a tuition fee for the student experience within the Agency

The first recommendation meant that there could be only seven student nurses affiliating at any given time. When the length of time was six weeks, fifty-six students could be accommodated each year; this was about one-half the number of students who had experience in public health nursing at Public Health Nursing Association in 1939, and in each of the seven preceeding years. The other recommendations helped compensate for the loss of service, as it related to loss of students, by providing a tuition income for the Visiting Nurse Association; and, by lengthening the amount of time the student spent in the Agency giving service. The struggle for nursing to break from the traditions of an apprenticeship toward true professional status, described briefly for Indiana by Dr. Butler in his previously cited report, permeated the visiting nurse field.³²

³²Butler, op. cit., pp. 2-3

The Cadet Nurse Program

Early in 1943, the State Board of Examination and Registration of nurses requested the Public Health Nursing Association to provide experience for senior students from the United States Cadet Nurse Corps. This program, made possible by the Nurse Training Act of 1943, commonly known as the Bolton Act, offered participating institutions maintenance of students for the first nine months; tuition throughout the program; and, assistance in securing funds for expansion of residential and educational facilities. The content of the course was condensed into a thirty month period. In states where a thirty-six months period was required before registration, the student was allowed six months of supervised experience. Three years training was a prerequisite for taking the State Board Examination for registration in Indiana; consequently, students, who participated in this program from Indiana schools for nursing, needed this Senior Cadet period.³³

The Public Health Nursing Association Board of Directors agreed to provide visiting nurse experience for those cadets who elected it, and to use these students, in the agency, as junior staff nurses. The records of only eight students who had this experience were located; although, at least eleven senior cadets had this type of experience in the Visiting Nurse Association. Their summaries indicated that the class work was completed in about six weeks; and, it was directed toward an orientation to staff activities.

³³
Roberts, op. cit., pp. 383-393

The first cadet nurses were accepted in January of 1945; the program was terminated in August, 1948. Four of the students had complete summaries; of these four, each averaged 766 visits of which 448 related to maternity.

CHAPTER V

RELATIONSHIPS TO OTHER COMMUNITY AGENCIES

Relationships to other community agencies have varied from the loan of a room for a teaching center by the Jewish Welfare Center in 1921, to the yearly financial appropriation provided members of the United Fund of Greater Indianapolis, which raises, by voluntary subscription, funds for distribution among its affiliated organizations. No effort has been made to analyze or evaluate these relationships. The agencies discussed have been some of those that seemed to have made major contributions, either money or services, in relation to the solution of a nursing care problem. In the minutes these interactions were reported in relationship to the problem at the moment; however, it seemed that, for the purposes of this project, four major categories emerged. One of these was interaction with insurance companies; another was the nursing problems that involved tax-supported or official agencies; the third related to the solution of the problem with the help of non-official or voluntary agencies; and last, the use of professional organizations as advisors and consultants. Although these interactions frequently involved the exchange of money, no attempt has been made to describe the budget nor any of the financial aspects of the Visiting Nurse Association.

Insurance companies

In the beginning year of 1913, the Women's Department Club provided the major portion of the salary of the only nurse employed. Parent Teacher Clubs from several schools paid part of the salary of one of the first nurses. Another source of income this first year was from subscribers; an imposing list of the names of contributors and the amount each gave was included in the early annual reports of the Agency. Throughout 1912 and 1913 frequent reference was made to the possibility that the Metropolitan Life Insurance Company would transfer the visiting nurse work done by their nurses to a community organization, providing that organization employed graduate registered nurses. Community leaders in Indianapolis opposed this requirement; consequently, no arrangement could be made with the insurance company. As early as 1909 the Metropolitan Life Insurance Company began, on a demonstration basis, to provide nursing care to policy holders throughout the United States, for acute illnesses and maternity care. Whenever a community had an established visiting nurse program that met their criteria, the insurance company purchased this care for their policy holder on a cost-per-visit basis. If no such nursing organization existed, the Metropolitan Life provided nurses whose services in the community were limited to policy holders.

By August of 1914, following the incorporation of the Public Health Nursing Association in January of 1913, the Metropolitan Life

Insurance Company had worked out a satisfactory arrangement for transferring its cases, for making new referrals, for withdrawing its own nurses from the community, and for payment of the nursing service purchased from the Public Health Nursing Association. According to the treasurer's report for 1916, the Metropolitan Life Insurance Company paid 6,618 dollars to the Public Health Nursing Association for fees for nursing. This amount was nearly one-half the total receipts for the year.³⁴ This program, initiated in 1909 as a demonstration to show the value of visiting nurse services, continued through December 31, 1952, when the public health movement was considered strong enough to assume full responsibilities for these activities.³⁵

Beginning in 1927, the John Hancock Insurance Company contracted for nursing service to certain policy holders in Indianapolis, through the Public Health Nursing Association. The volume of cases was never as great as that of the Metropolitan Life Insurance Company; however, special instructions were given to new nurses on the staff during their orientation, as well as to students affiliating with the agency, for the kinds of care that could be provided these policy holders. Nursing service was provided to anyone for whom a doctor had prescribed; it was the

³⁴ Public Health Nursing Association of Indianapolis, Fourth and Fifth Annual Report-1916 and 1917 (Indianapolis: by the association, 1918), not paginated.

responsibility of the nurse to learn if an insurance company should pay for the service.

There was a short, poorly described, relationship with the Superior Life Insurance Company in 1920. The minutes also indicated that service for Traveler's Insurance policy holders was provided at a cost-per-visit basis on request of the insurance company in 1941. No record was found that showed the termination of either of these arrangements; however, neither was found listed as a source of receipts in 1959. Other insurance companies have provided care for their clients on an individual basis. Usually this service was offered to holders of group policies carried in relation to the place of employment of the patient.

During the Board Meeting on October 13, 1949, the possibility of a prepayment plan for nursing service becoming a part of the Blue Cross-Blue Shield coverage was discussed. No plan had been developed by the end of 1959, ten years later, although frequent consideration of the possibility of such a plan being made available to Marion County residents continued to be mentioned in the minutes of various committees as well as in the Board Meeting minutes. A pilot study³⁶ conducted in New York, discussed in the

³⁶ Associated Hospital Service of New York, Interim Report, a Study Concerning the Feasibility of Providing Nursing Service to Associated Hospital Service Subscribers Through Visiting Nurse Agencies (New York: Associated Hospital Service of New York, 1955), 23 pp.

Interim Report that was published by the Associated Hospital Service of New York in 1955, stimulated the thinking of the administrators of the Visiting Nurse Association.

Official agencies

Agencies whose functions have been described by the government and implemented by taxes, have been called official or public agencies, to differentiate their administration from voluntary or non-tax supported agencies. In order to avoid duplication of services, and in order for the tax supported structure to discharge certain of its responsibilities for the health of the community as they arise, a pattern of the tax supported agency purchasing services from a voluntary agency has developed throughout the nation, as well as in Marion County. As early as 1925, the treasurer's report of the Public Health Nursing Association indicated receipts from the Board of Health for nursing service fees. This notation occurred each year until 1932. There was no indication of the nature of the service provided nor was the method of referring patients for visiting nurse service outlined.

Early in 1948 a definite plan was made with the Indianapolis General Hospital, the public hospital serving the City, to collect a fee from obstetrical patients who delivered either at home or at the hospital, and who had been referred for prenatal and postnatal care. Definite standing orders were provided by the hospital doctors for this service. The fee was based on a sliding scale that related to the ability of the family to pay for care.

This program gradually declined in importance to the Visiting Nurse Association as more babies were born in the hospitals, and as the Public Health Nursing Bureau, a Division of the Marion County Health and Hospital Corporation, became able to absorb this activity into their services for that part of the population dependent on tax-supported institutions for maternity care.³⁷

In the minutes of the June, 1950, Board Meeting, it was mentioned that the City Board of Health was providing the dental technician for dental clinics at Mayer House. (The Mayer Chapel Neighborhood Services at 448 West Norwood Street provided space for dental, prenatal, and well-baby clinics.)³⁸

In 1951, the Indianapolis General Hospital was asked to include visiting nurse care to the indigent sick, who were cared for in their homes by the visiting nurse, in their proposed budget for 1952. The minutes of the Visiting Nurse Association did not indicate if this was done; however, in January of 1956 a contract was made with the Health and Hospital Corporation in which the

³⁷ The Provisional Mortality Reports for Indiana, distributed by the Indiana State Board of Health in January, 1960, showed that 98.81 per cent of the 17,658 births in Marion County in 1959 were hospital births.

³⁸ According to Nursing Service Committee minutes for October 1950, the Theta Sigma Pi sorority paid \$20 each month to the dentist at the preschool clinic at Mayer House. Also, the Junior League provided two volunteer workers to help in these clinics. The minutes did not clearly state if these were relationships with the Visiting Nurse Association or the Mayer Chapel Neighborhood Services.

Indianapolis General Hospital agreed to pay for care given to patients by nurses of the Visiting Nurse Association when referral was made through the hospital's social service department. This contract continued to be in effect, with care having been given to 601 patients referred, during 1959, by Marion County General Hospital.

Plans were made, in January of 1951, with the Veterans' Administration for payment for care provided patients referred through their social service department. The number of patients living in Marion County who need this kind of nursing service has been limited, since the local Veterans' Administration Hospitals provide care for residents of a larger geographical area. During 1959, there was no record of any new case being referred for visiting nurse service; however, the nursing service report for December of 1959 showed that fourteen visits were paid for by the Veterans' Administration. The number of patients receiving these visits was not indicated on the report.

The first mention of the Old Age Assistance program, made in the minutes of the Nursing Service Committee in October of 1939, related to a report of cases receiving this assistance who were also receiving visiting nurse care. The number of persons receiving assistance was not listed. At about the same time, in May of 1959, the Board minutes mentioned the possibility that the Public Health Nursing Association might be able to collect fees for nursing care

given to Social Security recipients. In the discussion that was recorded, it seemed that the \$30 per month allocated to these persons was considered enough to pay for care in a private nursing home. Since Old Age Assistance was the part of the Social Security Act that provided medical care for recipients, it seemed possible that the minutes may have been ambiguous on this point; and, that recipients of the Old Age Assistance rather than Social Security were being considered. Effective on January 1, 1951, an agreement with the Marion County Department of Public Welfare provided that the department would pay for nursing service to their clients who received either Old Age Assistance, Aid to Dependent Children, or Blind Assistance, providing a copy of the doctor's orders were filed with the department after eligibility of the patient for nursing care had been verified. During 1959, nearly twenty-five hundred visits were made by the visiting nurses to recipients of funds administered by the Marion County Department of Public Welfare.

Since 1950, there has been a close working relationship between the Crippled Children's Division of the State Department of Public Welfare and the Visiting Nurse Association. Beginning as a consultation service, it has developed into a referral plan for supervision of crippled children, living in Marion County and Indianapolis, whose medical care has been delegated to the Department of Public Welfare. This division does not pay for the nursing service; rather, they adhere to a state wide policy of providing

specialized consultation services to local public health nurses who give the care to these crippled children. During 1959, seventy children, persons under twenty one, were referred to the agency for health guidance and nursing service.

The Cadet Nurse Training and the Emergency Infant and Maternity Care programs, each major co-operative arrangements with governmental agencies, have been described in the previous chapter.

In at least two instances the work of the visiting nurse led to the development of programs supported by an official agency. The first began in 1925, shortly after the Robert's School for Crippled Children was founded. Three nurses were supported by the Indianapolis Foundation to work with crippled children. These nurses were disturbed by the evidence that the mental capacities of home-bound children seemed to compare favorably with other children in the same age range; and, some did not want to go to school, when physically improved, because they had to be in classes with smaller children. Throughout the years between 1925 and 1940, frequent reference was made of the need for a teacher for crippled children in their homes. In March of 1941, the Volunteer Committee of the Council of Social Agencies reported to the Nursing Service Committee of the Public Health Nursing Association that if a plan for tutoring home-bound children could be worked out, the School Board was willing to take it over. A plan was developed; and, the Supervisor of Special

Instruction of the City Board of Education had charge of the program in the fall of 1941.

The other related to providing housekeeping aides; during August of 1940, as a part of the Works Projects Administration, the Marion County Department of Public Welfare secured a house, at 1228 Cornell Street, to use as a training center for domestic helpers. Since most of the calls for these aides came from the Public Health Nursing Association, the agency was asked to help pay for the utilities. The Board of Directors voted to pay one third of the cost for six months; then to evaluate the nurses' relationship to the program. No comments were found concerning an evaluation; however, in March of 1941, the Board of Directors voted to extend financial assistance to the WPA Housekeeping Aide project until July 5, 1941, when this phase of the program was discontinued.

Non-official Agencies

It would be impossible to list all the clubs, churches, societies, and organizations that have contributed supplies and money to support the nursing service program of the Visiting Nurse Association since its organization in 1913. Some of these organizations have been mentioned elsewhere in this paper. The Woman's Department Club provided a major portion of the initial funds for the Public Health Nursing Association, in 1913. Probably of equal importance, the members of this group have continued to work with and for the association.

Only those non-official agencies have been considered in this chapter whose contribution was of sufficient significance to be mentioned in the treasurer's report in the Annual Reports, and those that were described in the Board Members' Manual. The data in Table XIII was collected from Annual Reports. An effort was made to show every non-official source of funds, except insurance, that was mentioned at least once in the report, for the period of years indicated. For example, Diamond Chain and Company was listed one time, in 1917. After that, Industrial Nursing included all receipts from industries that purchased service. In some instances this has been a nursing service fee for care to an employee; at other times, it has been an industrial nursing service provided within a plant, on a part time basis. In 1959 both types of industrial service was provided. Certain voluntary agencies, like the Little Red Door (Marion County Cancer Society) and the Indiana Chapter, Multiple Sclerosis Society provided nursing service for persons afflicted with the disease entity mentioned. Other voluntary agencies have made grants to the Visiting Nurse Association to be used as needed.

Since the War Chest, which was established in 1918 to meet the recurring demands of war activities (World War I) and to accomplish a fairer distribution of voluntary funds, decided to support the Public Health Nursing Association, a large percentage of the financial needs of the association has been met through this kind of subscription. This fund-raising organization, called

TABLE XIII

NON-OFFICIAL AGENCIES THAT WERE LISTED AS CONTRIBUTORS
TO VNA, AT LEAST ONCE DURING THE SPAN OF YEARS
INDICATED, IN THE TREASURER'S REPORT

Span of years	Name of non-official agency
1913 through 1922	Children's Aid Society Community Fund Diamond Chain and Company Industry Marion County Tuberculosis Society War Chest
1923 through 1932	Community Fund Industry
1933 through 1942	Community Fund
1943 through 1952	Cancer Society Community Chest Indiana Heart Foundation Indianapolis Foundation Industry James Proctor Fund Summer Mission for Sick Children
1953 through 1959	American Cancer Society, Marion County Unit Cerebral Palsy of Central Indiana Community Chest Indiana Chapter Multiple Sclerosis Society Indiana Heart Foundation Indianapolis Foundation Industry Marion County Heart Committee The Little Red Door United Fund

the War Chest from 1918 through 1920; the Community Fund from 1921 through 1948; the Community Chest from 1949 through 1956; and, the United Fund of Greater Indianapolis from 1956 through 1959, has included the Visiting Nurse Association as a member agency since its first campaign in 1918. The comparison of the percentage of receipts from the United Fund, from fees paid by the recipient of the nursing service, and from other sources shown in Table XIV, indicates the important role the United Fund has had in supporting the activities of the Visiting Nurse Association.

TABLE XIV

A COMPARISON OF THE PERCENTAGE OF RECEIPTS FROM FEES PAID BY THE RECIPIENT OF THE NURSING CARE, FROM THE UNITED FUND, AND FROM ALL OTHER SOURCES TO VNA AT 5 YEAR INTERVALS SINCE 1915

Year	Total receipts in dollars	% of total from fees for nursing care	% of total from United Fund	% of total from all other sources
1915	9,560	2	none	98
1920	20,644	3	39	58
1925	32,152	3	65	32
1930	64,487	5	51	44
1935	54,945	4	48	48
1940	55,233	9	52	39
1945	76,055	9	49	42
1950	111,865	7	54	39
1955	175,967	12	50	38
1959	180,813	34	46	20

From the time this organized support began, it has accounted for nearly fifty per cent of all the receipts. There has been a steady increase in the percentage of the total receipts that were collected from fees for nursing care. Some of this may have reflected the increased number of persons paying for their own care; it also included fees paid by some other agency, like the Cerebral Palsy of Central Indiana, in behalf of a certain patient.

The voluntary organizations that were described in the Visiting Nurse Association Board Manual seemed significant because the activities performed by these co-operating groups were described. A recapitulation of this material from the manual included the following:

Indiana Heart Foundation: An agreement, made in December, 1956, provided for the foundation to pay the salary and overhead, \$5,500 annually, for one nutritionist, who conducted classes in weight control and work simplification for the foundation and served as a nutrition consultant to the staff and patients of the Visiting Nurse Association.

Industry: The association provided nursing service and health guidance to industrial plants and their employees on a part time basis.

Insurance Companies: Aetna Life Insurance Company had a group policy that provided nursing service in the home on a visit basis. Blue Cross-Blue Shield had an extended benefits program that provided nursing service in the homes of chronic or convalescent patients released from hospitals.

James E. Proctor Fund: A trust fund, administered by the Merchant's National Bank, Trust Department. Through a court order, in 1941, the Visiting Nurse Association was named a beneficiary to receive \$1,150 to be used to serve the

sick aged poor in Indianapolis during the calendar year of 1942. Since that time the grant has been made, by court order, each year.

Marion County Cancer Society: Marion County Cancer Society at first gave annual grants to cover cost of nursing service to cancer patients, ill in their homes; the first grant, in 1949, was for \$1800. In 1956 the society began monthly payments on a cost-per-visit basis; the Visiting Nurse Association received \$14,315 in 1959 from this source.

Marion County Chapter of National Foundation for Infantile Paralysis: NFIP paid for nursing care and physical therapy on acute polio cases authorized for such service; this plan became effective in 1955.

Methodist Hospital School of Nursing: An agreement was made in 1946 to provide a six weeks affiliation for basic students of nursing.

Multiple Sclerosis Society: A contract was made, in 1956, with the Visiting Nurse Association to give nursing and physical therapy services to multiple sclerosis patients in their homes, on a full fee basis.

Summer Mission for Sick Children: Beginning in 1937, the Visiting Nurse Association received a contribution from the Summer Mission, a voluntary organization dedicated to helping sick, under-privileged children, to help with the pre-school clinics in the Mayer Chapel area. When these clinics were transferred to the Indianapolis Department of Health in 1952, the money was provided for nursing visits to sick children.

This inter-relatedness of voluntary agencies as visiting nurse services have been provided to the community was demonstrated, when, early in 1959, the Health and Welfare Council of Indianapolis and Marion County set up a Home Care Appraisal Committee, for the purpose of evaluating a proposal for a demonstration of organized

home care. The Visiting Nurse Association was considered the logical place to start a survey, since its service already involved care to patients in their own homes.³⁹

Professional Organizations

Prompted by the Chicago Visiting Nurse Association, early in 1912, the American Nurses' Association and the National League for Nursing Education named a joint committee to consider methods for developing national standards for the rapidly-growing visiting nurse movement. This committee, with Lillian D. Wald as chairman and Mary S. Gardner as secretary, invited agencies employing public health nurses to send representatives to the conventions held in Chicago during June of 1912. The response was enthusiastic. As a result, the National Organization for Public Health Nursing came into being. It was not composed solely of nurses; rather there were three kinds of membership: corporate (agency), individual (active public health nurses), and associate (non-public health nurses and lay persons).⁴⁰

Mrs. Peter F. Bryce, who was the same Abbie Hunt Bryce that signed incorporation papers for the Public Health Nursing

³⁹ A Survey of Patients of the Visiting Nurse Association of Indianapolis with Unmet Medical and Social Needs, March 9, 1959 (Indianapolis, Ind.: Health and Welfare Council of Indianapolis and Marion County, 1959), (Mimeographed) p. 1.

⁴⁰ Roberts, op. cit., pp. 83-105

Association of Indianapolis in 1913, attended this meeting in Chicago and returned to Indianapolis more zealous than before in her efforts to organize a visiting nurse service in her own community. From its beginning in January of 1913, the Public Health Nursing Association has been guided by the standards developed by the National Organization of Public Health Nursing. Miss Ella Phillips Crandall, executive secretary of the National Organization of Public Health Nursing visited Indianapolis as a luncheon guest of the Chamber of Commerce in 1914; it was reported to the Board of the Public Health Nursing Association that she gave a "comprehensive talk on public health nursing".

The Annual Report, each year, listed the Public Health Nursing Association as a corporate member since 1921, through 1952. Much of the guidance provided by the National Organization of Public Health Nursing was collected in a manual, The Public Health Nursing Curriculum Guide.⁴¹ One copy of the guide, found in the Visiting Nurse Association reading room, was carefully underscored with marginal notes that explained how the Public Health Nursing Association in Indianapolis had met these goals.

During 1952, a reorganization of the structure of a national nursing organizations was completed, and the National League for Nursing emerged as the organization that provided corporate membership

⁴¹The Public Health Nursing Curriculum Guide (New York: N.Y.: National Organization for Public Health Nursing, 1942), pp. 186-190.

for visiting nurse associations, as well as for hospitals, and for schools of nursing. The Visiting Nurse Association of Indianapolis has been an agency member each year since 1952. This relationship has provided specific services such as a cost analysis of the various nursing services offered by the Visiting Nurse Association in 1956; an approval of the agency as a placement center for students from both basic nursing programs and advanced nursing programs in 1957; and, counseling regarding proposed changes in public health nursing affiliation programs in 1959. Also, the executive director receives copies of reports in research pertinent to visiting nurse organizations, to personnel policies, to salary scales, and of new programs in other parts of the United States.

All employees have been encouraged to maintain membership in the American Nurses' Association, an organization, limited to nurse membership, that is concerned with legislation affecting nurses, with providing placement service and professional counseling to its members, and with developing economic security measures consistent with the community in which each nurse works.

CHAPTER VI

SUMMARY

The Visiting Nurse Association of Indianapolis was organized in January, 1913, as the Public Health Nursing Association, to provide graduate registered nurses to give nursing care to the sick person, in his home. The purpose of this paper has been to present an historical account of the activities of the Visiting Nurse Association from 1913 through 1959. The chief source of data was the Annual Reports of the Visiting Nurse Association for each year since 1913, stored in the reading room of that organization, as well as the Indiana State Library; and, the minutes of the meetings of the Executive Board and Nursing Service Committee of the Visiting Nurse Association. These minutes had been filed in the executive director's office. Since 1930, both the Executive Board and the Nursing Service Committee have met at regular intervals and kept minutes of the discussions and decisions. Prior to 1930, some minutes were kept; however, it was difficult to discern a regular pattern for these meetings, with the exception that each committee included a detailed report of its activities once each year for the Annual Board Meeting.

Student records, stored in the office of the educational director, were used to study the student program. Of the nearly twenty-five hundred records of students in the agency from 1921

through 1959, summaries of nine hundred and sixty-five student records were pulled at random for study. The data, from all sources, were collected and organized chronologically into three major areas: nursing service, educational program, and relationships to other community agencies.

The kinds of nursing care that has been provided to families in Marion County have varied from simple inspections of sanitary conditions to the skilled techniques used when nursing the acutely ill. In the early years, from 1913 through 1920, nursing service provided by the Public Health Nursing Association was dependent on the employment of a qualified superintendent who met the criteria set up by the Metropolitan Life Insurance Company. When this was accomplished, late in 1914, most of the nursing care was given to acutely ill persons and to maternity patients, who, as policyholders of the insurance company, qualified for care in their home which was paid for by the Metropolitan Life Insurance Company.

During the middle years, 1921 through 1950, the Public Health Nursing Association established itself as a part of the community. Collaboration with other agencies, interested in providing nursing care to the patient in his home, became an accepted practice. Hourly nursing, in which fees were collected from the recipient of the nursing care, or from some one in his behalf, increased. This period also saw a shift in emphasis from maternity care toward therapeutic nursing which was continued into the recent

years. In 1930 over 50 per cent of all visits were to maternity patients; while, in 1959, less than 20 per cent of all visits were to maternity patients. For the same period, in 1930, about 35 per cent of all visits provided therapeutic, or direct bedside care; while, in 1959, around 65 per cent of all visits were for bedside nursing.

Nursing service in the recent years, 1951 through 1959, has been influenced by the withdrawal of contracts that provided for payment of care to holders of certain Metropolitan Life Insurance and John Hancock Life Insurance policies; to an increased number of chronically-ill patients requiring nursing care in their homes; to an increased use of the interdisciplinary approach in solving nursing care problems; and, to the need to provide nursing service to residents of the entire county.

In 1921, several schools for training nurses began to use the Public Health Nursing Association as a field placement center for their students. During the years, from 1921 through 1959, ten schools of nursing have had students affiliating for visiting nurse experience. Students have spent from as little as six weeks to as much as six months in the agency; no effort was made to evaluate the difference in the kind of program provided for the different period of time spent in the agency. Records indicated that the Visiting Nurse Association was delegated full responsibility for teaching theory and principles of public

health nursing until in 1955, when more formal co-operative planning began. By 1959, each of the three schools assigning students for clinical experience also assigned their own faculty member to be responsible for teaching theory and content as well as for supervising the quality of the performance of the students.

The trend toward accentuating the educational experience of the student rather than exploiting her service potential during the public health affiliation has paralleled the struggle for nursing to break from the traditions of an apprenticeship into a true professional status that has permeated each area of nursing education. During 1939, there were one hundred and two students working in the agency, the largest number for any year for which a record was found. This was more than twice as many students as have had experience each year, since 1950. If no other factor were used to measure the quantity of service, it would seem logical to believe that student nurses provided less service for the Visiting Nurse Association in 1959 than in 1939. Further research into the quality and depth of the experiences provided during the public health nursing affiliation might be pertinent to the student program.

Relationships with other community agencies have been an integral part of the Visiting Nurse Association activities in providing nursing care for the sick in their homes. These interactions have varied from the simple loan of a room for a teaching center to the complicated budget prepared yearly for the United Fund of Greater

Indianapolis. Each of these collaborative efforts has been concerned with some phase of securing more adequate care for the home-bound patient. These relationships seemed to occur with four major types of agencies. One of these was the interaction with insurance companies; another was the nursing problems that involved tax supported, or official agencies; the third related to the solution of the problem with the assistance of non-official, or voluntary agencies; and last, the use of professional organizations as advisors and consultants.

The Visiting Nurse Association of Indianapolis has expanded its services and its staff to cope with the changing nursing needs in a growing urban area. It has used community resources effectively to solve the financial problems that were concomitant with this expansion. It has helped implement the responsibility inherent in a profession for transferring a body of knowledge to its practitioners. It has been a dynamic, voluntary organization, fully cognizant of its role in providing nursing service to the patient in his home.

ANNOTATED BIBLIOGRAPHY

ANNOTATED BIBLIOGRAPHY

BOOKS

Allen, Dotaline E. History of Nursing in Indiana. Indianapolis: Wolfe Publishing Company, 1950. 122 pp.

A chronological arrangement of the development of nursing in Indiana with considerable material about the beginnings of the Flower Mission Training School for Nurses in Indianapolis.

Dunn, Jacob Piatt. History of Greater Indianapolis Vol. I. Chicago: Lewis Publishing Company, 1910. pp. 353-354.

A detailed account of the Haughey Bank failure was found in this historical account of Indianapolis during the latter half of the nineteenth century and the early part of the twentieth century.

Facilities for Professional Laboratory Experience in Teacher Education. Association for Student Teaching, Thirty-third Yearbook. Ann Arbor, Mich.: Edwards Brothers, Inc. 1954. 285 pp.

A collection of discussions about the value, the cost, and the professional implications of laboratory experience for student teachers that seemed equally applicable for student nurses.

Gardner, Mary Sewall. Public Health Nursing. New York: The MacMillan Company, 1936. 476 pp.

A detailed history of the entire public health nursing movement, from its beginning in England, through the rapid expansion of visiting nurse care programs in United States. The fundamental principles of public health nursing outlined in Chapter VII have become classic.

Hyman, Max R., ed. Handbook of Indianapolis. Indianapolis: Carlon and Hollenbeck, 1897.

This handbook, directed to prospective business men, outlined the activities of various philanthropic organizations, as well as important business ventures, that existed in Indianapolis during the latter half of the nineteenth century.

Myers, Burton Dorr. The History of Medical Education in Indiana.
Bloomington, Ind.: Indiana University Press, 1956. 209 pp.

A detailed account of medical education that occasionally mentioned nursing. The description of the City Dispensary, which was located in Indianapolis, and referred many nursing service problems to the Public Health Nursing Association, was invaluable.

Public Health Nursing Curriculum Guide. New York: National Organization for Public Health Nursing, 1942. 206 pp.

This guide was used by public health nursing organizations to measure their achievements and to standardize their practice. The modern concept of developing principles for practice have resulted in diminished use of this guide.

Roberts, Mary M. American Nursing, History and Interpretation.
New York: The MacMillan Company, 1954. 688 pp.

An objective interpretation of nursing practice related to social developments of the immediate past century, 1850-1950.

Rock, Dorcas Irene, A History of the Indiana University Training School for Nurses, Volume I, 1914-1946. Bloomington, Ind.: Indiana University Press, 1956. 138 pp.

This account of nursing was too limited to contribute more than a general understanding of some of the problems in nursing education. No comment was found about the public health affiliation that the Indiana University School for Nurses has had with the Visiting Nurse Association from 1921 through 1959.

Wensley, Edith. Building Sound Public Relations. New York:
League for Nursing, 1959. 94 pp.

A guide for board members and administrators for developing and maintaining public relations.

PERIODICALS

Bixler, Genevieve K., and Roy W. Bixler, "The Professional Status of Nursing," American Journal of Nursing, 59: 1142-1147, August, 1959.

An outline of professional criteria and an interpretation of how nurses meet these criteria.

Haupt, Alma, "Forty Years of Teamwork in Public Health Nursing," American Journal of Nursing, 53: 81-84, January, 1953.

An account of the Metropolitan Life Insurance Company demonstration, carried out under Miss Haupt's direction, from 1909 through 1952, in providing visiting nurse service for communities throughout United States.

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A short article, with pictures, about equipment used by nurses in 1889. Miss Ott graduated from the Flower Mission and Training School for Nurses in 1886. Flower Mission became Marion County General Hospital.

Pannett, Juliet, "Centenary Year of District Nursing," The Illustrated London News, 234: 522-523, March 28, 1959.

A series of sketches depicting the activities of the district nurse in London, as they have emerged in the hundred years since William Rathbone employed Mary Robinson, considered the first visiting nurse, in 1859.

Rice, Thurman B., "Beginnings of Public Health Nursing in Indiana," Indiana State Board of Health, Monthly Bulletin, 45: 37-40, February, 1945.

Dr. Rice called Abbie Hunt Bryce, the founder of the Public Health Nursing Association in Indianapolis, "Mother of public health nursing in Indiana."

Schroder, Mary M., "History of ISNA," Indiana Nurse, 24: 14, March, 1960.

Chapter four in the History of the Indiana Nurses Association, in which Miss Schroder discussed the Cadet Nurse Corps program in Indiana, is one part of a series of articles that shows the role played by a professional nursing organization in Indiana.

"The NLN Convention: Department of Public Health Nursing," Nursing Outlook 7: 351, June 1959.

A discussion of the decisions made by the Department of Public Health Nursing at the Convention of the National League for Nursing in May, 1959. The adopted definition of Public Health Nursing was included in the discussion.

PAMPHLETS, REPORTS, AND OTHER SOURCES

Annual Report. The Public Health Nursing Association of Indianapolis. 1913-1946.

Annual Report. The Visiting Nurse Association of Indianapolis. 1947-1959.

Early annual reports were detailed and frequently gave a case history type of story about the nurses' work. Each annual report had a detailed financial report. Later reports have been printed leaflets. Two or three reports were mimeographed sheets describing activities of the organization. These reports are available at the Indiana State Library.

A Survey of Patients of the Visiting Nurse Association of Indianapolis With Unmet Medical and Social Needs, March 9, 1959. Indianapolis, Ind.: Health and Welfare Council of Indianapolis and Marion County, 1959. 9 pp. (Mimeographed).

This study appraised the case load of the Visiting Nurse Association to determine the need for additional services for the home-bound patient.

Butler, Raymond S. A Layman's View of the Professional Nursing Shortage in Indiana. Bloomington, Indiana: Bureau of Institutional Research, Indiana University, 1959. 23 pp. (Mimeographed).

A study that suggested that the chief problem in financing nurse education might be due to inability to recognize the difference between an education and an apprenticeship for nurses.

Criteria for the Evaluation of Educational Programs in Nursing Leading to a Diploma. New York, N.Y.: National League for Nursing, 1958. 32 pp. (Mimeographed).

A curriculum design suitable for a self-evaluation by nursing schools that anticipate accreditation.

Hahn, Marietta F., ed. Plays and Days. Indianapolis, Ind.: The Public Health Nursing Association, 1938. Not paginated.

A collection of narratives and skits, written by a group of nurses over a period of years between 1924 and 1938, used by the Public Health Nursing Association in the celebration of their twenty-fifth anniversary.

Halderman, Jack C. Elements of Progressive Patient Care. Washington, D. C.: United States Department of Health, Education, and Welfare, 1959. 87 pp.

A discussion of special care units, including a home nursing care program, developed by hospitals to better utilize professional and ancillary workers.

Hospitals and Public Health Nursing Services Plan Better Patient Care. New York, N. Y.: National League for Nursing, 1957. 39 pp.

Principles of referral, as they relate to patients moving back and forth between the hospital and their homes, are discussed, with considerable attention paid to the role of nursing service administrators, in the hospital, for this function.

Interim Report. New York, N. Y.: Associated Hospital Service of New York, 1955. 23 pp.

The report of a pilot study concerning the feasibility of providing nursing service to Associated Hospital subscribers through visiting nurse agencies. The Associated Hospital Service of New York administers the Blue Cross pre-payment program in New York.

Letter, Janet Davis, executive secretary, District 5, Indiana State Nurses' Association to Charlotte Akins, December 2, 1958.

This letter listed the private duty nurses fee schedule for the Marion County area, from 1933 through November, 1958.

Minutes of Executive Board. The Public Health Nursing Association. 1913-1946.

Minutes of Executive Board. The Visiting Nurse Association. 1947-1959.

Minutes of Nursing Service Committee. The Public Health Nursing Association. 1913-1946.

Minutes of Nursing Service Committee. The Visiting Nurse Association. 1947-1959.

The minutes of the two committees had been filed in nine loose leaf note books that were stored in the office of the executive director of the Visiting Nurse Association. Early minutes were written in long hand; more recently the recordings have been typed. These minutes were the most reliable source of data used in this paper.

Nurses For A Growing Nation. New York, N. Y.: National League
for Nursing, 1957. 31 pp.

This pamphlet shows, in graphical form, the current and projected need for nurses by regions in United States. The greatest shortage was among nurses who were adequately prepared to teach in nursing schools.

APPENDIX

APPENDIX A

APPENDIX A

HISTORICAL DATA OF THE VISITING NURSE ASSOCIATION

- 1912 Mrs. Abbie Hunt Bryce, first superintendent of nurses at Indianapolis General Hospital, saw a need for nursing care for persons in their homes.
- 1913 Public Health Nursing Association of Indianapolis was duly incorporated under Indiana Law, January 4, 1913.
- First visiting nurse was appointed. Marion County Graduate Nurse Association paid for the incorporation costs and the salary of the nurse for one month. Woman's Department Club furnished balance of operating costs for 1913.
- 1914 One dollar, \$5.00, \$100.00 and Life Memberships were solicited. The Board also gave silver teas, operated a downtown lunch room for one week, etc., in efforts to supplement income.
- The Public Health Nursing Association initiated a school nursing program.
- 1915 There were nine nurses on the staff; four were paid by Children's Aid Association for infant care, an important phase of early public health nursing and the fore-runner of well baby clinics.
- 1918 First World War and influenza epidemic increased the need for nursing service. Auxiliaries were formed to help with loan closet and other volunteer work.
- 1919 Public Health Nursing Association joined War Chest which later developed into Community Chest, Inc. The Association's Annual Report read "No more pink teas or civic markets".
- 1921 The first automobile (Ford Touring) was purchased at a cost of \$593.00. The Association instituted follow-up service of patients attending prenatal clinic and out-patient delivery service by Indianapolis City Hospital.
- The teaching center was established at the Jewish Federation Center, 27 West Morris Street.

- 1922 The Abbie Hunt Bryce Fund was inaugurated in honor of the founder of the Association. The Anniversary Day Endowment Fund was started.
- The Division of Child Hygiene was created in the Indianapolis Board of Health. The work done for Children's Aid Association by the Public Health Nursing Association was turned over to this division.
- 1923 A crippled children's survey and services was undertaken with a grant from the Indianapolis Foundation.
- 1924 Twenty-six nurses were employed.
- 1925 Special training was given six nurses in the home care of crippled children through the Abbie Hunt Bryce Fund.
- 1926 A twenty-four hour maternity delivery service was started.
- 1927 A service for adult handicapped persons was started with a grant from the Indianapolis Foundation.
- 1930 Prenatal classes were started.
- 1931 The teaching center was closed.
- 1932 The depression reduced the salaries of the entire staff by 22 per cent.
- 1936 Preschool conferences (similar to well baby clinic) were started on funds from the Summer Mission for Sick Children.
- 1937 Thirty-two nurses were employed. Graduate nurse students from Indiana University, Bloomington, were accepted for field work.
- 1938 The twenty-four hour maternity delivery service was discontinued.
- 1943 World War II reduced staff to twenty-seven. Prenatal classes were discontinued.
- 1945 Part-time industrial nursing was started.
- 1947 Name of Public Health Nursing Association was changed to Visiting Nurse Association of Indianapolis, Inc.
- 1949 The Indianapolis Foundation financed two cars, bringing total number of agency-owned cars to seven.

The first grant for nursing service was received from the Marion County Cancer Society.

- 1951 The Marion County Department of Public Welfare began paying for nursing care for clients ill in their homes.
- The Association accepted an agreement with Veterans Administration to provide nursing service on a visit basis for veterans ill in their homes.
- 1952 The first licensed practical nurse was employed.
- A continuity of patient care program was started at Methodist Hospital.
- 1953 The Metropolitan and John Hancock Life Insurance Companies discontinued nursing services, on a national basis, thus cancelling contracts in effect since 1915 and 1925 respectively.
- The Abbie Hunt Bryce Fund started paying tuition of Visiting Nurses taking I. U. Extension courses.
- 1954 Nursing service was extended to cover all of Marion County.
- All preschool conferences were turned over to Division of Public Health.
- 1955 A full-time physical therapist was employed through a grant from the United Cerebral Palsy Association.
- Classes for Expectant Parents, on pay basis, were started.
- The Health and Hospital Corporation of Marion County signed an agreement to pay V.N.A. for nursing care provided to patients under medical care of the Indianapolis General Hospital.
- Follow-up service of patients attending prenatal clinics of Indianapolis General Hospital was taken over by Division of Public Health.
- The National Foundation for Infantile Paralysis began paying for visits made to acute polio cases in their homes.
- 1956 A full-time nutritionist was employed in co-operation with Indiana Heart Foundation.
- A school health service was started at Indiana School for the Blind.

The Association instituted a program to follow up patients discharged from Indiana Central Hospital.

The Multiple Sclerosis Society assumed payment for care of multiple sclerosis patients.

1957 A continuity of patient care program was started at St. Vincent's and Community Hospitals.

The Community Chest Agencies joined the United Fund of Greater Indianapolis, Inc.

1958 The professional staff included thirty registered nurses and four licensed practical nurses, making a total of thirty-four nurses.

APPENDIX B

APPENDIX B

PRESIDENTS OF THE BOARD
OF THE VISITING NURSE ASSOCIATION

Year	President of Board
1913	Mrs. Robert S. Fletcher
1914	Mrs. Robert M. Bryce
1916	Mrs. William P. Hapgood
1919	Mrs. Henry B. Heywood
1923	Mrs. William H. Insley
1924	Mrs. Henry B. Heywood
1927	Mrs. Ethel P. Clark
1931	Mrs. Frederick R. Kautz
1935	Mrs. Benjamin D. Hitz
1939	Mrs. Donald A. Morrison
1943	Mrs. Montgomery S. Lewis
1947	Mrs. Marlow W. Manion
1951	Mrs. Charles J. Lynn
1953	Mrs. John H. Roberts, Jr.
1955	Mrs. John W. Lee
1957	Mrs. Frances Terrell Dobbs
1959	Mrs. William F. Kraas, Jr.

APPENDIX C

APPENDIX C

EXECUTIVE DIRECTORS
OF THE VISITING NURSE ASSOCIATION

Year	Executive Director
1913	Miss Bell Emden (first nurse, not a director)
1914	Miss Laura Wilhemsen
1919	Miss Zora Huddleston
1920	Miss Margaret Tupper
1921	Miss Edna Hamilton
1929	Miss Beatrice Short
1951	Miss Helen Hestad
1954	Miss Marie Winkler
1958	Miss Anne Gibbs

APPENDIX D

HEADQUARTERS
OF THE VISITING NURSE ASSOCIATION

Year	Location
1913	214 Hume Mansur Building, 23 East Ohio Street
1916	91-2 Baldwin Block, 155 East Market Street
1925	323 Indiana Pythian Building, 216 Massachusetts Avenue
1929	801 Majestic Building, 47 South Pennsylvania Street
1940	401 Doctor's Building, 224 North Meridian Street (The exact date could not be determined. A supervisor stated she knew the move occurred between 1938 and 1942)
1953	306 English Foundation Building, 615 North Alabama Street

APPENDIX E

STATEMENT OF FINANCIAL POSITION

Balance sheet of the company as of the end of the fiscal year 1960. Each item represents the amount of the asset or liability as of the end of the fiscal year. The balance sheet is prepared on the basis of the company's records. The items are listed in the order of their liquidity. The assets are listed on the left side of the statement and the liabilities and equity are listed on the right side. The total assets are equal to the total liabilities and equity. The items are listed in the order of their liquidity. The assets are listed on the left side of the statement and the liabilities and equity are listed on the right side. The total assets are equal to the total liabilities and equity.

APPENDIX E

APPENDIX E

FORMS USED TO SUMMARIZE STUDENT EXPERIENCE

Copies of each kind of record on which student summaries were found have been included in Appendix E. Each has been marked, in the lower left corner, with the year in which it was first used. The earliest summary sheet, printed on both sides, was also used for the employee's record. The first side of this printed form, on page 112, and the second side, on page 113, have been copied separately.

APPENDIX E

PUBLIC HEALTH NURSING ASSOCIATION
OF INDIANAPOLIS

Nurse _____ Date of Birth _____ Wt _____ Ht _____

Address _____ Phone _____

Civil Status _____ Nationality _____ Religion _____

High School _____ Date of Graduation _____

Further Education and Experience, with dates _____

School of Nursing _____ Date of Graduation _____

Character of Hospital _____ No. of Beds _____ Obstetrical Cases _____

Children _____ Contagion _____

Place and Date of Registration _____

Member of Alumnae _____ A.N.A. _____ N.O.P.H.N. _____ Red Cross No. _____

Post Graduate Courses _____

Positions held since Graduation--Dates _____

Physical Status _____

Efficiency Record--Executive Ability _____
Health _____

Adaptability _____

Personality _____

Ability to Win Co-operation _____

INDIANAPOLIS PUBLIC HEALTH NURSING ASSOCIATION
SUMMARY OF INTRODUCTORY PERIOD

NAME		SCHOOL				
VISITS		Observ.	Demons.	Relief	Supv.	Total
Ante Partum						
Post Partum Nursing						
Post Natal Nursing						
Post Partum Welfare						
Post Natal Welfare						
Acute						
Chronic						
T. B.						
Other						
Health Supv. Infant						
"	" School					
"	" Preschool					
"	" Adult					
Not found						
Not home						
Not taken up						
Am. Settlement-Home						
"	" To school					
"	" Kindergarten					
"	" Nursery					
"	" Clinic					
"	" Transportation					

TOTAL							
Time	Field Visits	Travel	Office Conf.	Office Record	Ed. Ac-tivities	Class	Time Absent

CLASS	DATE	EXCURSIONS
Introduction-Bag demonstration		
Maternity Care-Dem. Infants Bath		
General Care-Partial Care-Dressing		
Ante Partum -- Follow-up		
CHARTING		STAFF MEETINGS
Return Bag Demonstration		
" Dem. Infants Bath		
M. L. & J. H. Nursing		
Communicable Disease Technique		
Tuberculosis Nursing		
Importance of Records		
Orthopedic Nursing		REFERRED TO:
Community Resources		
School Pre-school Nursing		
Public Health Nursing		

(1930)

INDIANAPOLIS PUBLIC HEALTH NURSING ASSOCIATION
SUMMARY OF COURSE

NAME	SCHOOL	Date begin end		Supervised by	
		observed	assigned	Nurse	Supervisor
VISITS - (Number)					
Ante Partum					
Post Partum Nursing					
Post Natal Nursing					
Post Partum Welfare					
Post Natal Welfare					
Acute					
Chronic					
Tuberculosis					
Other					
Health Supervisor - Infant					
School					
Preschool					
Adult					
Not found-Home-Taken up					
In Behalf of					
Transportation - Clinic					

TOTAL

Class-Conference-Demonstration	Date		Date
Introduction, Bag Technique		The meaning of Health	
General Nursing-Surgical Nursing		Child Training	
Maternity and Infant Care		M. L. & J. H. Nursing	
Follow-up		Communicable Disease	
Records, Value of		Orthopedic	
Return, Maternity and Infant		Tuberculosis	
Evaluation of Nursing Visit		Public Health Nursing	
Community Resources		Ante Partum	
School and Pre-school		Case Studies	
		Special Assignments	

Other Activities	Date	Obs.	Assigned	Date	Obs.
School, Kindergarten			Prenatal Clinic		
Nursery			Baby "		
Diagnostic Clinic			T.B. "		
Mothers Club			Dental "		
			Other		

Time	Visits	Observation visits	Other Activities	Travel	Class Demonstration	Office Abs Records
Total	Care given					

INDIANAPOLIS PUBLIC HEALTH NURSING ASSOCIATION
SUMMARY OF COURSE

NAME	SCHOOL	DATE beginning ending		Supervised by	
		Observed	Assigned	Staff Nurse	Supervisor
Ante Partum					
Post Partum Nursing					
Post Natal Nursing					
Post Partum Welfare					
Post Natal Welfare					
Acute					
Chronic					
Tuberculosis					
Other					
Health Supervision-Infant					
Preschool					
Adult					
Not Found - Home-Taken up					
In Behalf of					
Transportation - Clinic					

TOTAL

	Date	Date
Class-Conference-Demonstration		
Introductory Talk	The Development of Public Health	
Dem. Gen. & Surgical Nursing	General Conference	
Talk on Maternity Care	Communicable Disease Nsg.	
Dem. Maternity and Infant Care	T. B. Nursing	
Dem. Follow-up	Trends in P.H. Nursing	
General Conference	General Conference	
Return Demonstration	Pre-School-School Age	
Monthly Post Sheets	The Meaning of Health	
M.L. & J.H. Ins. Co.	Holy Trinity-Demon.Sch.	
Further Work on Charting and Value of Records	Orthopedic Nursing	
Explanation of Criteria	General Conference	
General Conference	Papers-Case Studies or Anniversary Days	
Community Resources	Examination - 1 hour	
Ante Partum	Gen. Conf. & Finishing of Records	
Delivery Set-up		
Child Training		

ACTIVITIES OBSERVED

	Date	Date
School, Kindergarten	Community House	
Nursery	Social Service Exchange	
Diagnostic Clinic	Baby Clinic	
Mothers Club	Other	

TIME SUMMARY

General Visits

Assigned Duties

Total

INDIANAPOLIS VISITING NURSE ASSOCIATION
SUMMARY OF COURSE FOR GRADUATE STUDENTS

NAME	SCHOOL	DATE: BEGINNING	ENDING
CLASSES - CONFERENCES - DEMONSTRATIONS - Date			
Introductory Talk		Social Case Work	
Bag Technique		Social Case Work	
Demonstration Med. & Surgical		Social Case Work	
Talk on Maternity		General Conference	
Conference		General Conference	
Dem. New Born Care		General Conference	
Dem. Post-partial Care		Examination	
Insurance		Finish Records etc.	
Home Visit Evaluation			
General Conference		SPECIAL ACTIVITIES	Date Time
Charting and value of Records		Community House	
Ante-partial nursing		Child Hygiene	
Preparation for Delivery		Ante-partial Clinic	
Community Resources		Social Service Ex.	
General Conference		Pre-school Conf.	
Discussion of Comm. Disease			
Communicable Disease Dem.		Tuberculosis Clinic	
Orthopedic Nursing		Industrial Clinic	
Tuberculosis Nursing		Riley Hospital	
School Nursing Dem.		State Bd. of Health	
General Conference		Nurses Comm.	
Special Conference		V N A Bd. Meeting	
Special Classes			

VISITS MADE

	FIELD DEMONSTRATIONS			SUPERVISED BY		VISIT ASSIGNED
	O	X	Observed	Return	Supervisor	
Ante-partial						
Post-partial						
New born						
Infant Health						
Pre-school Health						
School Health						
Acute						
Chronic						
Colds Influenza Pneu.						
Placarded						
Tuberculosis						
Veneral Disease						
NH NF NTU						
In Behalf Of						
TOTAL						
Check if have had:	Diabetes	Cancer	Orthopedic	Heart		

TIME SUMMARY

Hours spent in Assigned duties General Visits Total Time

(1947)

VISITING NURSE ASSOCIATION OF INDIANAPOLIS
SUMMARY OF COURSE

NAME	SCHOOL		SUPERVISED BY		VISITS ASSIGNED
	O OBSERVED	X RETURN DEMONSTRATION	SUPV.	STAFF	
ANTE PARTAL					
POST PARTAL					
NEW BORN					
ACUTE					
CHRONIC					
TUBERCULOSIS					
COMMUNICABLE-SPECIFY					
HEALTH SUPERVISION-INFANT					
PRESCHOOL					
ADULT					
NOT FOUND-HOME-TAKEN UP					
IN BEHALF OF					
TOTAL					

CLASS - CONFERENCE - DEMONSTRATION - DATE	DATE
INTRODUCTION	
BAG TECHNIQUE	
DEM. GEN. & SURGICAL NURSING	
TALK ON MATERNITY	
GENERAL CONFERENCE	
DEM. NEW BORN CARE	
DEM. POST PARTAL CARE	
INSURANCE NURSING	
PRACTICE PERIOD	
GENERAL CONFERENCE	
EXPLANATION HOME VISIT EVAL. AND SUMMARY OF COURSE	
CHARTING AND VALUE OF RECORDS	
COMMUNITY RESOURCES	
FOLLOW-UP	
GENERAL CONFERENCE	
PREP. FOR HOME DEL.	
ANTE PARTAL NURSING	
SPECIAL CONFERENCE	
SPECIAL CLASSES	

SPECIAL ACTIVITIES OBSERVED OR ASSISTED WITH					
NAME	DATE	TIME	NAME	DATE	TIME

TIME SUMMARY

Hours Spent In	Reading	Special Activities	Visits	Total
_____	_____	_____	_____	_____

VISITING NURSE ASSOCIATION OF INDIANAPOLIS
SUMMARY OF COURSE - GRADUATE STUDENT

Name	School		Dates - From To	
	No. visits observed	No. visits Return Dem.	No. visits supervised	No. visits Assigned
Type of Visit				
Not home				
Ante Partal				
Post Partal with A.P.				
Post Partal without A.P.				
Premature				
Neonatal				
Health Guidance-Infant				
Preschool				
School				
Adult				
Tuberculosis				
Communicable - Specify				
Cancer				
Cardiac				
Diabetes				
Other Chronic				
Acute				
Crippled Children-Adults				

TOTAL VISITS

Classes - Conferences	Date	Date
Introduction		General Conference
Bag Technique		Child Training
General and Surgical Care		Orthopedic Nursing
Talk on Maternity		Preschool and School Child
General Conference		Communicable Disease Nursing
Newborn Care		General Conference
Post Partum Care		Social Case Work
Charting and Value of Records		Tuberculosis Nursing
Evaluating a Home Visit		Examination
Summary of Course		Case Study or Other Paper
General Conference		General Conference
Community Resources		Special Conference
Ante Partal Care		General Conference
Preparation for Delivery		Finish Records
Conference		Conference
Social Work		Social Case Work

Special Activities Observed or Assisted With

Name	Date	Time	Name	Date	Time
Planned Parenthood			Crossroads		
Palsy Clinic			Social Service Ex.		
Occupational Nursing			Heart Clinic		
PP Clinic			Expectant Mothers Class		
Goodwill Industries					
Tuberculosis Clinic					
Child Hygiene Clinic					
State Board of Health					

Reading Time	Special Activities Time	Hours	Total Time	Visit Time

VISITING NURSE ASSOCIATION OF INDIANAPOLIS
SUMMARY OF STUDENT EXPERIENCE

NAME	SCHOOL	DATES: From To			
		NO. VISITS OBSERVED	NO. VISITS RETURN DEMONSTRATION	NO. VISITS SUPERVISED	NO. VISITS ASSIGNED
Not Home					
Antepartal					
Postpartal					
Premature					
Neonatal					
Health Guidance-Infant					
Preschool					
School					
Adult					
Tuberculosis					
Communicable -Specify					
Cancer					
Cardiac					
Diabetes					
Other Chronic					
Acute					
Crippled Children & Adult					
In Behalf					
Mental Hygiene					
Total Visits					

Classes and Conferences	Date	Time	Name	Date	Time
Introduction			Conference		
Bag Technique			Conference		
Conference			Conference		
Charting & Value of Records			Conference		
Conference			Conference		
Community Resources			Conference		
Conference					

SPECIAL ACTIVITIES					
Name	Date	Time	Name	Date	Time

HOURS			
Reading Time	Special Activities Time	Visit Time	Total Time

VISITING NURSE ASSOCIATION OF INDIANAPOLIS: Summary of Supervised Field Experiences

Name	School		Period: From				To	
	No. Visits Observed	Return Dem.	No. Visits Assigned	No. Visits Supv.	Total Visits	Old Cases	New Cases	Total Family Ref.: Name Agency
TYPE OF VISIT								
Not Home, etc.								
Antepartal								
Postpartal								
Premature								
Neonatal								
Health Guidance								
Infant								
Preschool								
School								
Adult								
Communicable - Specify								
Tuberculosis								
Cancer								
Cardiac								
Diabetes								
Other Chronic								
Acute								
Crippled Child & Adult								
Mental Hygiene								
Total Visits								
School Health								
Dental Cl.								
Hearing Testing								
Audiometric								
Vision Testing								
Massachusetts								
Snellen								
Physical Exams								
Immunization								
Inspections								
Patch Testing								
Testape								
Special Education								
Nurse-Teacher Conf.								
Nurse-Social W. "								
Other Conf.								
Reading Time	Conference Time	Special Activities Time	Special Activities Time	Visit Time	Total Time			