

ANNUAL REPORT

1972

TUSCARAWAS COUNTY

GENERAL HEALTH DISTRICT

818 BOULEVARD

DOVER, OHIO

TELEPHONE: 364-4438

BOARD OF HEALTH AND STAFF PERSONNEL 1972

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Ronald Berry, Director, Alcohol & Drug Abuse Program

Elizabeth Barr, P.H.N.
*Rebecca Baker, P.H.N.
Mary Margaret Breeding, R.N., Pediatric Nurse Associate
Mary Lou Cambert, P.H.N.
Betty Huffman, P.H.N.
Violet Jentes, P.H.N.
Marcia Murray, R.N., Nurse Practitioner
Mary Fay Polen, P.H.N.
Ella Mae Riggle, P.H.N.
Mary Shotwell, P.H.N., Clinical Supervisor
Rosemary Smith, P.H.N.

Norma Briggs, Home Health Aide
Dorothy Lawhun, Nursing Assistant
Freda Walton, Nursing Assistant
Juanita Wise, L.P.N.

Katherine Fuller, Social Worker

Pauline Lanzer, Nutrition Aide

Norman Miller, Supervising Sanitarian
Charles T. Dill, Sanitarian
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*Phyllis Carli, Health Educator

* Resigned

Alcohol & Drug Abuse

During 1972, the Tuscarawas County Alcohol and Drug Abuse Center has made many definite accomplishments toward serving our community better.

The alcoholism segment of our dual program has earned a great deal of respect in our community. This has been proven by the consistency of referrals and the cooperation that is established between our center and all other agencies.

We are providing a comprehensive range of alcoholism services by the use of the teamwork approach. Our clients have been served both day and night, when necessary, and many have called on us in emergency crises type situations when hospitalization was necessary.

We are working closely with our Industrial personnel toward helping employees solve their problems and remain employed instead of being released from the firm because of increased absenteeism and a decrease in production standards. Many times we have helped in providing a wide range of family services that have benefitted not only the client, but also the spouse and children of the home.

Our most recent additional service is our State funded Intermediate Care Facility for persons being released from an alcoholism treatment facility such as a hospital, clinic, etc. Here a homeless individual will receive residence opportunities, regular meals, and the full range of counseling, employment, Alcoholics Anonymous, and pastoral services as contracted for between the Tuscarawas County Health Department and the Dover Salvation Army Unit. The length of stay will be determined by the amount of success in rehabilitation efforts and the ability of the individual to be self-supporting.

The Drug Abuse segment of our program has been especially successful in the attempt to fulfill the obligation of drug education in our schools.

We are conducting regular classroom sessions in one of our area schools. These are being conducted twice weekly for forty-five minute periods with a class of twenty-five junior and senior high students. These are students who all have drug related problems but have voluntarily asked for help in solving them. We are being assisted by both the Guidance Counselors and the school Principals in our joint efforts.

Success has been determined by the increase in sincerity and the changes in attitude toward education. Also, a marked change, for the better, has been noted in earned grades by a large percentage of these students. Again, parents and child, with our help, have been successful in solving individual problems and re-establishing good parent-child relationships.

A full scale drug education program is being planned by our program, Mrs. Mary Jane Bergman of the New Philadelphia City Health Department, Mrs. Nancy Potasky, and the nurses of the New Philadelphia schools. Our efforts will be focused on the fifth and sixth grades of the New Philadelphia school system. A new approach to drug prevention is being planned which correlated with the most recent drug education materials from the State Department of Education.

We are also planning to produce drug education teaching units promoting visual aid materials and transparencies to help teachers in their efforts. We have endeavored to aid teachers in every way possible by providing speakers, films, and classroom Alcohol and Drug literature in our joint efforts toward drug and alcohol abuse prevention.

Our greatest accomplishments have been because we have become aware of some of the problems facing our community, have made some realistic plans for solving them, and now are working together in a team effort to make our county an even better place to live.

Maternal & Child Care

During the past years, the consumers' demand for health services has increased greatly, while the supply of health professionals and health services has remained relatively unchanged. These increased demands have created an added strain on the county's health care delivery system.

Tuscarawas County was given an opportunity, through the Tuscarawas Valley Regional Advisory Committee, Inc., to help alleviate this problem. A Child Development Grant was approved for Tuscarawas County to establish a comprehensive Maternal and Child Health Program. Funding for this program was received in January 1972, and the first satellite center opened April 3, 1972, in Dover, Ohio. Within a month the second center was opened in the Twin City area followed by centers being opened in Mineral City and Newcomerstown within three months.

News of the Centers apparently spread rapidly by word of mouth and through excellent newspaper, radio and T.V. coverage. After three months operation the Centers had over 600 patients. The response indicated that many parents were sufficiently concerned about their children to seek prompt preventative and/or medical care.

Services at the neighborhood Centers include pediatrics and obstetrics with examination of children and evaluation for defects and/or conditions needing treatment as well as pre-natal care to expectant mothers. Most parents delay consulting a physician because, being unable to pay for medical service or a prescription, they are reluctant to enter a physician's office. The same is true of the pregnant woman and a high percentage of women are delivering babies with little or no pre-natal care. Limited resources and economic factors in the area can be detrimental to children's health. Therefore primary health care, social and other supportive assistance is furnished through the Centers in an effort to make total care available to all children. Health education and preventative services are stressed and encouraged by the staff.

Wayne Schroyer, M.D., a Board Certified Pediatrician is conducting the pediatric clinics and serves as the Pediatric Consultant. C. Raymond Crawley, M.D., Obstetrician conducts the pre-natal services as the OB Consultant.

Two nurses from the Health Department Staff were trained to assist the physicians in the distribution of health professionals and delivery of primary care.

Mrs. Mary Margaret Breeding completed a Pediatric Nurse Associate course in Cincinnati, Ohio, and Mrs. Marcia Murray completed a Family Nurse Practitioner training course at the Medical Center, University of Kansas.

These four persons are assisted by a competent clinic staff consisting of nurses; nutritionist, social worker and aides who administer various tests, i.e., vision, hearing, urinalysis, hematocrit, color blind tests, PKU, tine test, etc.

This program offers assistance to parents in obtaining financial help for the treatment of defects and/or conditions found during their child's examination. During the nine months the Program has been in operation 2,819 patients have been seen with 554 referrals being made for follow-up of defects and/or conditions discovered.

Patients of primary concern to the Staff are the ones who have received a diagnosis which indicates the necessity for further treatment, but who have not, for some reason or another received treatment.

The response in the community to this program has been extremely favorable. Parents are receptive to the Pediatric Nurse Associate and the Family Nurse Practitioner because they can spend more time with parents discussing a child's and/or patients health. This project is a demonstration program and is funded 100% for two years and 75% for an additional three years with 25% matching funds being provided by the community.

The purpose of this program is to provide preventative services; health education; diagnostic testing; evaluation of the physical, mental and emotional environmental and social health as well as therapeutic and rehabilitation services to the approximately 8,000 children in Tuscarawas County age 0 through age 5 and provide early and continued pre-natal care to those women who either receive inadequate or no medical care during pregnancy.

The services provided by this program would minimize the risk of childbirth and would give each baby born the best possible chance for survival with optimum opportunity for a normal birth and subsequent satisfactory development and to present this child at school age with the best possible physical, emotional and mental health which will assure better learning capabilities.

Through demonstrations and the ability to meet the above objectives, continuation beyond the grant period can hopefully be assured through effective mobilization, cooperation and support of the community.

The Environment Around Us

Webster defines environment as "all the conditions, circumstances, and influences surrounding, and affecting the development of an organism".

The 1970's have been referred to as, "The decade of the environment." For the first time a great number of persons from all walks of life have paused to seriously consider and observe the effects our daily living habits and behavior

have on the environment in which we live, and in turn the effects the environment may have on man. In this close examination every phase of our daily living, from housing to the production of our food, natural resources, and conveniences, have been questioned and evaluated.

Because of this concern the 1970's represent a new era, one in which we attempt to cure the environmental problems which exist because of our past apathy, mistakes and failures. Of even more importance is the demonstrated need to establish guidelines, new technology and methods, and to utilize those tools and controls which are presently available to the end that we will not make the same mistakes again.

Regardless of our personal feelings and beliefs we are all a part of the change which is taking place. We will never return to the free, easy and independent ways of the past. We as concerned citizens and public officials have a responsibility to examine our positions, the effectiveness of our methods, and to implement such action, options and efforts as are necessary to correct those situations which exist and to prevent their reoccurrence in the future.

In the following paragraphs some of the major areas of concern, which relate directly to the environment, the action proposed and taking place along controls available, and which will be of benefit to all, are briefly discussed.

Ohio Environmental Protection Agency (E.P.A.)

The Ohio Legislature in the past year created the new Environmental Protection Agency. It became operational in October, 1972. All duties formerly vested in the Ohio Department of Health pertaining to air pollution, water, waste water (sewage and industrial wastes) and solid wastes have been transferred to this new agency. Still in its formative and organizational stages its effects have not been too observable as yet. The agency represents a legislative attempt to more effectively deal with major and complex problems of pollution and the environment.

Consumer Protection

A great deal of effort is being directed by Federal and State agencies in the categories of safety, foods, cosmetics, pesticides, etc., which may be harmful to the user or the future of our environment. Information relative to harmful or dangerous items is constantly being released to the public the news media. Local health departments receive direct communications on such items with requests to further inform the public and to determine by investigation if such hazard items or substances are being used or may be stocked in local retail outlets.

Housing

Substandard housing has been demonstrated as having a detrimental effect on the physical, mental and social health and well being of those persons who may occupy it. It likewise has serious effect on the economics of the community in which it is located.

The Board of Health, in an effort to cope with such housing, adopted in August of 1972, minimum standards governing the hygiene and maintenance of premises and dwellings for application within the Tuscarawas County Health District.

The State, because of the serious effects of housing, has taken a serious look at the statewide situation. Legislative proposals dealing with the subject have been prepared for introduction into the Ohio Legislature. If passed they will be for uniform application throughout the State.

Zoning

Zoning represents one of the most significant options available to us in guiding the growth and development of our county, townships, villages and cities. Without it we have industry, business, and commercial ventures of various types located in the wrong places where they can become obnoxious to adjoining residential areas. Lacking zoning we can and do have objectionable types of housing developing in certain residential areas where it soon evolves into neighborhood conflict. Without such control we can see precious farm ground, which can never be replaced, disappear under housing or industrial development. We can see development taking place where it can only result in future problems.

Lawrence Township is to be congratulated on being the first township in the county to adopt zoning standards. Adoption of zoning on a county wide or individual township level is urged. Let's not wait until the horse gets out before we lock the barn door.

Rural Development

Proposals for development in the form of allotments, trailer parks, camps, and single lot sales has practically reached hysterical proportions in the past year. A sizeable portion of this has been proposed for areas of the county where soil conditions, location, topography and drainage is such that development should not take place. Because of subdivision standards of the Regional Planning Commission, sewage disposal standards of the Board of Health and standards of the Ohio Environmental Protection Agency the undesirable proposals have been prevented at least in part. Unfortunately individuals do devise ways and means of evading existing controls and standards. Of particular concern are those single lot sales and resultant building which is turning our County and township highways into veritable stringtowns. Such development will result in serious problems for the future due to the almost impossible costs of providing sewerage to them at such time as their private disposal devices fail. The present demand for rural development indicates that our subdivision standards, our sewage disposal standards should be upgraded. Likewise controls such as zoning, building standards and building permits should be implemented.

County and Municipal Sewerage

A number of our municipalities are in the process of installing, planning or upgrading municipal sewage collection and treatment systems. This is being

accomplished either on their own initiative or because of orders or directives from the state.

While progress is evident there are numerous situations existing in the smaller unincorporated residential areas, incorporated villages and on the outskirts of our cities where the inability to provide for proper private sewage treatment and disposal results in pollution problems, public health hazards and nuisance conditions which we cannot continue to ignore.

Elimination of these problems will mean that Tuscarawas County must enter the sewage collection and treatment field. To correct those situations which exist adjacent to and near municipalities having municipal sewage systems will require that a cooperative effort or agreement between the county and the municipalities be established. It may also mean that municipalities must relax their policy of requiring annexation before connection can be made to their facilities.

In anticipation of county sewerage the County Commissioners have, in accord with authority granted them by State Law, established the county as a sewer district. The major task of evaluating existing conditions and needs, preparing plans, and instigating action necessary to provide the needed facilities still remains. In the interest of the public health we urge that full support and encouragement be given to this effort.

Private Sewage Disposal

The County has, through sewage treatment and disposal standards adopted by the board of health in 1951, exercised control over the installation of disposal devices as installed for private drillings. These standards have served the immediate needs of today. We must however question seriously the problems of tomorrow when these systems begin to fail, and they will fail. In addition to obvious and obnoxious surface conditions which exist when disposal systems fail, there are other concerns. We must consider the effects of possible underground pollution which may be generated by the ever increasing waste flow created by modern plumbing and conveniences when discharged into the underground in the high density type of development existing, proposed and taking place in the rural areas.

This is not a concern limited to Tuscarawas County. At the moment it is being given serious consideration on the State level. There are now two proposals pending to provide for uniform statewide standards for private disposal. One would be through the Ohio Public Health Council, the other through the Ohio Environmental Protection Agency.

Irrespective of the fate of these two state proposals we should carefully examine the subject of private sewage disposal and establish such controls as are necessary to assure that we are not building problems for the future.

Building Permits

Sanitarians representing the health department are routinely requested to visit building sites in rural areas to give advice on the installation of the sewage

disposal devices. A very perplexing situation is often encountered when they arrive at the location. They find that home construction has been started and at times practically completed. Very little area remains for the installation of disposal devices, or they find that the home is located on a property where soil conditions are unsuitable for disposal devices. What should be done? Refuse permission to install disposal devices? Do your best and set up devices which you know are doomed to failure in a short period of time?

One of the best services or favors possible to prospective home builders and owners would be to require building permits. This will provide an opportunity to detect shortcomings or make a site inspection before the first shovel of earth is turned thereby preventing financial loss to the home builder or subsequent home owner as well as preventing future pollution, health hazards and nuisance conditions.

A county wide requirement of building permits should be established.

Disposal Sites, Solid Waste, Industrial Liquid Wastes and Sewage Sludges

Present efforts on the part of the State and Federal Government to abate the pollution of our streams and lakes along with the need for area to dispose of solid wastes will mean that new methods and locations for disposal of such wastes will constantly be sought.

Tuscarawas County having remaining open spaces and considerable amounts of what may be called waste land created by stripmining operations will probably be considered as a potential site for such operations. For example, at the moment there are three proposals pending for new solid waste disposal sites within the County.

Properly planned, engineered, developed and maintained there is nothing wrong with such operations. They may in fact be beneficial in reclaiming waste ground. Solid waste disposal sites can possibly become so numerous that none will receive enough volume of solid waste to financially support themselves. As a result the quality of operation and maintenance can suffer and deteriorate.

Regardless of how well such facilities are developed and maintained there will be those residents within a considerable radius of their location who will object to them. At present, unless well documented hazards to health or the environment can be established, we have no substantial means of preventing their being established. The mere fact that we don't like or want them in our county is not sufficient to keep them out.

As concerned citizens and public officials we must consider this subject, determine where such facilities are acceptable, and where they are not, and then establish or put into effect those controls available to us. Points to be considered as controls are:

1. Land use plan. This is established under regional planning. Is it adequate, well defined and being strictly adhered to?
2. Zoning must be established. This is probably the most effective tool available to us in controlling types and locations of disposal facilities or other types of business, industry or commercial operations which may be obnoxious to us.

3. The County Commissioners can possibly control the development and location of solid waste disposal sites under authority granted them in Chapter 343 of the Ohio Revised Code.

Solid Wastes

Probably 90% of the solid wastes generated in Tuscarawas County is properly handled and disposed of. The remaining 10% turns into problems due to improper storage on the premises, or as an eyesore along our County and Township roads or by being dumped into some convenient strip pit.

A major portion of this problem revolves around poor, infrequent, or the complete lack of collection. The only means of collection available in some communities is that provided by private collectors. All persons do not subscribe to or avail themselves of this service. Except in highly developed rural areas collection services of any type are usually lacking. Most of our illegal dumping results from these inadequacies.

It is urged that all communities consider and adopt a method of collection which will make regular pick up service available to every household. It is recommended that township officials along with County Commissioners consider the possibility of establishing strategically located bulk collection containers or other type of collection system to provide a service for rural residents.

Nuisance Complaints

All too frequently we tend to look upon nuisance complaints as an evil which exists in a society such as ours. However, one has only to examine the complaints received by county, township and municipal officials, and the Nuisance files in our office to determine that practically all of them result from situations discussed in this report. A large majority will be found to exist because we have failed to adjust to changing times and life styles, our failure to utilize those legal tools and options available to us, and perhaps to our distorted sense of values. In reality, they constitute a valuable measuring stick of our failures and effectiveness. Proper evaluation of nuisance complaints can give valuable direction to our future efforts.

We respectfully encourage that all citizens and officials duly consider the content of this report and to the best of their ability implement programs that will provide the best environment possible for today and for the future.

The following is a compilation of the efforts during 1972 to promote public health in Tuscarawas County.

1. Health Information Activities:

Radio Programs	118
Meetings attended	180
Newspaper releases	74
T.V.	2

2. There were 7 Inservice Training seminars or shortcourses attended by the Sanitarians, Nurses, and Alcohol and Drug Abuse Consultant.

3. Acute Communicable Disease Control

Cases reported	123
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4. Venereal Disease Control:

Cases reported	21
Gonorrhoea	18
Syphilis	3
Admissions	11
Nursing Visits	46

5. Community Rheumatic Fever Program:

New cases reported	17
Number of patients on preventative therapy	202
Admissions	21
Nursing Visits	105

6. A. New Cases of Tuberculosis diagnosed in 1972

Persons on T.B. Register 12/31/72	5
Persons admitted to hospitals in 1972	31
Persons discharged from hospital in 1972	3
Persons in T.B. Hospital as of 12/31/72	7
T.B. Cases on medication	0
Contacts to T.B. Cases	19
5 years Inactive Cases	58
Reactors on register	26
Positive Reactors on medication	505
	13

B. Number of X-rays taken at clinic

Number of Suspects found	4,579
Number of Tuberculin Tests given at clinic	24
Number previously unknown Cases found	1,624
	0

7. Child Health Services:

School Visits by Nurse	758
School Visits by Nursing Assistant	332
T-N Conferences	1,403
Vision Screenings	4,624
Vision Rescreened	752
Vision Referred	482
Vision Referrals Completed	344
Hearing Screenings	505
Other Screenings	969
Talks	39
School Enrollment grades Kg.-12	16,761
Number of Children receiving home nursing visits	422
Number of home nursing visits	728
Auxiliary Visits	288

Immunizations given in school:

DPT	16
DT	17
DT Boosters	1,788
Polio	42
Rubeola 9 Day Measles	393
Rubella 3 Day Measles	68
Tuberculin Skin Test	358
Measles-Rubella Combined	24

8. Immunization Clinic:

Number of persons receiving immunizations at clinic	525
Number of immunizations given	777

9. Orthopedic Clinic:

Number of persons seen at clinic	193
Number of visits	354

10. Alcoholism and Drug Abuse

New Clients	78
Visits	449
Auxiliary Visits	594
Educational Assistance and Meetings Attended	260
Public Information - Newspaper Articles	20
Radio Programs	26
Films Shown	43
Clients Referred	172

11. Total Home Nursing Visits	3,830
Total Auxiliary Nursing Visits	838
Total Admissions for Nursing Services	943
Home Health Aide Home Visits	717

Number of home visits made by category.

Tuberculosis	576
Cancer	215
Diabetes	291
Blood Diseases	94
Vision & Hearing	261
Stroke	367
Dental	59
Heart & Rheumatic Fever	370
Circulatory System	67
Respiratory System	144
Digestive System	267
Arthritis	73
Congenital Malformation	82
Symptoms, Senility & Ill-Defined Conditions	65
Mental Health	85
Genitourinary System	95
Bones & Organs of Movement	254
Injuries	71
Health Promotion	234
All Other Diseases	160

Maternal and Child Health Centers

Total No. Patients	2,819
No. Child Development Patients	2,725
No. O.B. Patients	94
Screening Tests	
Hematocrit	1,529
Urinalysis	991
Vision	544
Hearing	625
Denver Developmental Screening Test	1,658
Tine Tests	1,229
All Other Screening Tests	235
Total Referrals	554
Dental	111
Laboratory	77
Speech Therapy	54
Ophthalmologist	44
X-ray	32
Iron Deficiencies	31
General Practitioner	23
Orthopedic Clinic	22
Nutritionist	19
Urologist	18
ENT	17
Pediatrician	14
Mental Health	13
Obstetrician	13
All Other Referrals	66
Immunizations	2,063
Cases Referred to Public Health Nurse for follow-up	339
Home Visits and Auxiliary Visits	487
Vision & Hearing	
Home Visits and Auxiliary Visits	70
Nervous System	
Home Visits and Auxiliary Visits	22
Dental	
Home Visits and Auxiliary Visits	79
Genitourinary System	
Home Visits and Auxiliary Visits	48
Maternity	
Home Visits and Auxiliary Visits	39
Health Promotion	
Home Visits and Auxiliary Visits	177
All Other Diseases	
Home Visits and Auxiliary Visits	52
Home Visits and Auxiliary Visits by Nutrition Aide	76
Total Inspections and Consultations	570
Water Supply Inspections & Consultations	169
Total Water Samples Collected	174
Samples Positive	52
Housing Inspections and Consultations	401

SANITATION ACTIVITIES 1972

Total Inspections and Consultations	4166		
1. Municipal Water Supply Inspections & Consultations	132	16. Plumbing Systems Inspections & Consultations	6
2. Private Water Supply Inspections & Consultations	344	17. Nuisance Inspections & Consultations	422
Total Water Samples Collected	898	A. Refuse Inspections & Consultations	112
Water Samples Collected (Industrial)	74	B. Garbage Inspections & Consultations	24
3. Municipal Sewage Disposal Inspections & Consultations	150	C. Sewage Inspections & Consultations	127
4. Private Sewage Disposal Inspections & Consultations	992	D. Housing Inspections & Consultations	19
5. Schools Inspections & Consultations	50	E. Insect & Rodent Inspections & Consultations	20
6. Trailer Parks Inspections & Consultations	33	F. Animal Inspections & Consultations	72
7. Camps, Parks & Resorts Inspections & Consultations	35	G. Other Inspections & Consultations	48
8. Housing Inspections & Consultations	178	17. Landfill - Solid Waste	
9. Swimming Pools Inspections & Consultations	63	A. Transportation & Storage Inspections & Consultations	10
0. Other Programs Inspections & Consultations	105	B. Disposal Inspections & Consultations	83
1. Food Service Operation Inspections & Consultations	658	C. Other Inspections & Consultations	27
Food Poisoning Tests	4	18. Animal Bites - Reported	254
Food Borne Outbreaks Investigated	9	Animal Heads Submitted to Lab	33
2. Vending Machine Inspections & Consultations	152	Animal Heads Positive	0
3. Food Handling Establishment Inspections & Consultations	158	A. Bats Investigations & Consultations	3
4. Milk Program Inspections & Consultations	10	B. Cats Investigations & Consultations	60
Milk Samples Collected	19	C. Dogs Investigations & Consultations	398
Swab Tests for Milk Containers	8	D. Other Pets Investigations & Consultations	19
Whey Samples Collected	16	E. Wild Animals Investigations & Consultations	37
5. Air Pollution Inspections & Consultations	32		
Air Samples Collected	52		

RECEIPTS & EXPENDITURES BY FUND 1972 FOR THE TUSCARAWAS COUNTY HEALTH DEPARTMENT

<u>Receipts:</u>	Health Fund	HHA Fund	F.S.O. Fund	Landfill Fund	Child Development	Totals
Balance 12/31/71	\$ 15,696.57	\$13,869.68	\$ 105.00	\$ 56.00		\$ 29,727.25
Cities, Twp., Village	25,000.00					25,000.00
Real Estate Roll Back	2,710.25					2,710.25
5/10th Levy	107,237.05					107,237.05
Federal Funds	3,800.00					3,800.00
State Subsidy	4,170.00					4,170.00
Alcohol Project	9,162.06					9,162.06
Licenses	130.00		4,882.00	300.00		5,312.00
Permits	6,782.00					6,782.00
Inspection Fees	224.28					224.28
T. B. Register	5,000.00					5,000.00
Clinic Fees	5,033.00					5,033.00
Contracts	111.50					111.50
Donations	2,096.13					2,096.13
Rental	1,755.00					1,755.00
Medicare		19,213.60				19,213.60
Child Development					\$144,168.82	144,168.82
Transfers	(2,489.33)		194.68		2,294.65	(2,489.33)
EEA Program	1,904.00					1,904.00
Total Receipts & Bal.	\$190,811.84	\$33,083.28	\$5,181.68	\$356.00	\$146,463.47	\$375,896.27
Less Transfers	-2,489.33					-2,489.33
Total	\$188,322.51	\$33,083.28	\$5,181.68	\$356.00	\$146,463.47	\$373,406.94

Expenditures:

Salaries	\$109,337.66	\$16,653.61	\$4,241.68		\$ 89,761.34	\$219,994.29
Supplies	6,188.61	469.75			5,604.73	12,263.09
Equipment	6,493.76				8,060.96	14,554.72
Contract & Service	296.19					296.19
Contract & Repair	631.64				30.99	662.63
Rental					7,580.00	7,580.00
Travel	16,062.29				2,197.61	18,259.90
Advertisements	581.15					581.15
P. E. R. S.	10,414.07		105.00		6,128.95	16,648.02
Workmen Compensation	1,766.15					1,766.15
Other Expenditures	5,482.39	18.21			11,606.28	17,106.88
State of Ohio			835.00			835.00
Transfers	2,489.33					
EEA Program	327.66					327.66
Total Expenditures	\$157,581.57	\$17,141.57	\$5,181.68	\$.00	\$130,970.86	\$310,875.68
Balance 12/31/72	\$ 30,740.94	\$15,941.71	\$.00	\$ 356.00	\$ 25,492.61	\$ 62,531.26

* () 1972 figures

DEATHS FOR THE YEAR 1972

	Under										Over			TOTALS	
	1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85			1971	1972
HEART & CIRCULATORY		2	1	2		2	20	67	101	121	78			418	394
VAS. LES. C.N.S.						1	2	2	28	33	32			117	98
CANCER		1			1	5	13	17	17	29	12			93	95
RESPIRATORY		2	1			1	2	7	15	27	19			67	74
INFANTS														48	31
Under 1 year	1												(2)		
Neo Natal	13												(25)		
Stillbirth	17												(21)		
ACCIDENT														35	29
Home			1				3			3			(9)	7	
Highway		1		9	1	1	3			1			(20)	16	
Pedestrian													(1)	0	
Industrial							1	1					(1)	2	
Farm													(2)	1	
Drowning			2	1									(2)	3	
DIGESTIVE		1		1			4		7	4	2			18	19
G-NT. URINARY						2	2	3	5	9	4			15	25
DIABETES						1		3	2		2			9	8
SUICIDE						5	2		3	2				10	12
HOMICIDE						2								2	2
MISC.				1	1			4		2	3			13	11
TOTAL	31	7	5	15	3	20	52	104	178	231	152			845	798

BIRTHS - 1138
(1284)