



**ANNUAL REPORT      1974**

**TUSCARAWAS COUNTY  
GENERAL HEALTH DISTRICT**

**818 BOULEVARD  
DOVER, OHIO**

**TELEPHONE 364-4438**

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT  
318 Boulevard, Dover, Ohio 44622

December 31, 1974

Again it is a pleasure to present the Annual Report of the Tuscarawas County Health Department.

The Department is the custodian of public health and charged with providing preventive health services which include environmental and sanitation programs. We must be prepared and in position to render the highest quality of health care to those we serve. The Health Department's programs cannot remain status quo but we must expand and develop services so that we will be in position to fulfill the needs of the community.

In your examination of this report you will note that 1974 has been an exceptionally busy year. In addition to the programs we have previously conducted over the years, new programs have been added, i.e., the E.P.S.D.T. Program under Title XIX of the Social Security Act, the WIC Program under the United States Department of Agriculture, and the Family Planning Program a component part of the Maternal and Child Health Program.

In November, 1974, a 2/10th mill health levy renewal was on the ballot. We appreciate the overwhelming passage that this levy received from the Tuscarawas County residents.

The changing concept of delivery of health care services is widening in scope. Next year, 1975, and the years to follow in which these changes are taking place, are challenging ones. The projected provisions are of such magnitude as to incite an intense interest in all health personnel.

The Staff of the Health Department is working at a severe disadvantage which is not conducive for maximum efficiency. The physical structure of the Health Department quarters is extremely overcrowded. Staff members are forced to seek outside space for counseling of patients, for any parent group meetings, or staff inservice training activities. Steps are being taken to alleviate this condition. We would recommend that sufficient space be made available in order that the staff as well as staff activities could be housed under one roof with adequate facilities to carry on our present programs as well as those projected in the near future.

Any suggestions you may offer which will benefit our residents as well as our community will be highly appreciated.

Robert C. Hastedt, M.D.  
Health Commissioner

BOARD OF HEALTH AND STAFF PERSONNEL 1974

William Johnson, Chairman of Board  
Doran Baab, Member of Board  
Terry Hillyer, Member of Board  
Dr. Thomas Ogden, Member of Board  
Wallace Pealey, Member of Board

Robert C. Hastedt, M.D., Health Commissioner  
Vivian J. Stewart, Director, Health Services  
Robert Z. Randolph, Project Director, Maternal & Child Health  
Wayne W. Schroyer, M.D., Pediatrician  
C. Raymond Crawley, M.D., F.P. & O.B. Consultant  
T. E. Ogden, M.D., F.P. Consultant

Ronald Berry, Director, Alcohol & Drug Abuse Program  
Norman Miller, Supervising Environmentalist  
Mary Fay Polen, P.H.N., Supervisor, Home Health Services  
Mary Shotwell, P.H.N., Clinical Supervisor

Elizabeth Barr, P.H.N.  
Mary Margaret Breeding, R.N., Pediatric Nurse Associate  
Mary Lou Cambert, R.N., Pediatric Nurse Associate  
Sally DeSeyn, P.H.N.  
Betty Huffman, P.H.N.  
Violet Jentes, P.H.N.  
Marcia Murray, R.N., Family Nurse Practitioner  
Ella Mae Riggle, P.H.N.  
Margaret Streb, P.H.N.  
Rosemary Smith, P.H.N.

Norma Briggs, Home Health Aide  
\*Karen Milburn, Home Health Aide  
Verna Marshall, Home Health Aide  
Dorothy Lawhun, Nursing Assistant  
\*Donna Myers, Nursing Assistant  
Susan Scott, L.P.N.

\*Katherine Fuller, Social Worker  
Dianne Johnson, Social Worker

Patricia Figuly, Dietician  
Elizabeth Gooding, Nutrition Aide

\*Isabel Auerbach, Health Educator  
Margaret Bear, Health Educator

Kim Kwasnicka, Education Consultant, Alcohol & Drug Abuse

Charles T. Dill, Environmentalist  
Roger Fanning, Environmentalist  
Steve Gallion, Environmentalist

Carl Kempf, Environmentalist  
Earl Paulus, Environmentalist

Emma Ammiller, Clerk Typist  
Vickie Beach, Clerk Typist  
\*Nancy Burnhouse, Clerk Steno  
Linda Fanning, Secretary  
\*Wilma Gasser, Clerk

Sarah Conner, Clerk Typist  
Linda Kinsey, Clerk Typist  
Carol Petricola, Clerk Accountant  
Cora Russell, Clerk Typist  
Mary Jane Zifer, Clerk Typist

## NURSING

The nursing division is an increasingly busy section of the Tuscarawas County Health Department, providing services to all county residents and emphasizing the quality of life within the total family setting.

The Home Health Agency continued to serve the county's homebound patients. Under doctors' orders, the registered nurses give skilled nursing care to patients in their homes on a part-time or intermittent basis. Those patients which require regular or frequent care, the nurses taught family members to perform the necessary care. Under the direction of the registered nurses and the doctors the Home Health Aides administered the personal care services to the patients. Their services include: bathing, feeding and dressing the patient, preparing the patients meals and doing light housekeeping, laundry and ironing for the patient. This program extends the range of health services necessary to the residents of Tuscarawas County who required nursing care yet did not require hospitalization.

The Public Health Nurse visits schools in the county on a regular basis providing consultation, guidance, education, vision and hearing screening, and referrals for teachers and students. The students immunizations were also brought up to date.

Public Health Nurses have taken an active role in the crippled children's program providing follow-up service for the state and local Crippled Children's Bureau. Referrals for the Orthopedic Clinic, held each month in the Uhrichsville Clinic, are handled by the nurses.

Weekly a tuberculin skin testing clinic was conducted in the Dover Clinic. In 1974, the nurses went into the county's schools to administer the skin tests to the school staff. The tests were also administered to those residents of the county home and in nursing homes upon request.

Visiting the homes of premature infants was part of the duties of the Public Health Nurses. Their duties include instructing parents on the care of their infants.

Public Health Nurses perform the follow-up work done on the communicable diseases in the county. Follow-up is done on tuberculosis, venereal disease, hepatitis, scarlet fever, and any other communicable diseases which may arise in Tuscarawas County.

A total of 3,861 visits were made by the nurses in 1974, for the purpose of providing a variety of health services to residents of Tuscarawas County.

## MATERNAL AND CHILD HEALTH

The Maternal and Child Health Centers continue their work examining and screening the children birth to six years of age in Tuscarawas County, and providing services to pregnant women who would not otherwise receive prenatal care.

The centers are operating in four clinic locations as established in 1972, with two PNA's, a Nurse Practitioner, other nurses and aides. Dr. W. W. Schroyer continues as our Pediatric Consultant, Dr. C. R. Crawley as the Obstetric and Family Planning Consultant and Dr. T. E. Ogden also served as a Family Planning Consultant. Mrs. Sally DeSeyn is attending school at Ohio State University in Columbus, Ohio, to become a Nurse Practitioner and will be added to the Maternal and Child Health staff upon the completion of the course at the end of February 1975.

Health services which are provided for the children include: physical examinations, screening tests, preventive health care and health education. The children are given tests for hearing, vision, tuberculosis, language skills and over all general development. Laboratory work is done and necessary immunizations are given. An environmental evaluation by an environmentalist is to provide total health care for the children and their families. Follow-up is done on all referrals from the Center to other health professionals as well as on missed appointments. Appointments are made on a regular schedule according to the age of the child and is a continuing program of health care for the child.

The WIC program was instituted in March. This United States Department of Agriculture, nutritional supplement program is for Women, Infants and Children who qualify for the program with a deficiency in one or more of the following areas: nutritional anemia, inadequate diet, a deficiency in the growth pattern, a high risk pregnancy or financial. In order that a woman may qualify for the program she must be either pregnant or breast feeding the infant. Post-Partum mothers who do not breast feed their infants may receive their products up to six weeks after delivery. Mothers who breast feed are eligible to participate in the program as long as they are breast feeding or a maximum of one year after delivery. Infants are those children who have not yet reached their first birthday. Children are at least one year of age but not yet four years of age. Women and children receive a specified amount of milk, juice, eggs, cereal and cheese each month, while infants receive a predetermined amount of infant formula, baby cereal and infant juice. The Goshen Dairy cooperates in this program by delivering the products to the homes of the program recipients. Patricia Figuly, was hired in April, as the dietician for the program. She instructs the participants of the program on nutrition and how to incorporate the dairy products into their diets. During the nine months of operation in 1974, 1,528 Women, Infants and Children up to four years of age have participated in the program.

Five different times during the year a Pediatric Otological Diagnostic (POD) Clinic was held. Referrals to this clinic came from the school nurses, Maternal and Child Health Clinic and speech therapists as a result of deficiencies which are found in screenings which are done throughout the county.

The aim of the Maternal Health Services is to provide early and continuing prenatal care for the mother. The purpose of early prenatal care is to prevent low birth weights, congenital defects and premature births. We also hope to continue the health care of the newborns by educating the parents as to the services available to the children in the Maternal and Child Health Centers.

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Clinic was initiated in September in conjunction with the Tuscarawas County Welfare Department and the Ohio Department of Welfare. Children of welfare recipients are given physical examinations, immunizations and other screening tests by the Maternal and Child Health staff and referred for further diagnosis and remedial care when indicated.

Family Planning services were added to the Center in 1974. The patient is educated on the importance of family planning and the various methods available to the patient. They are given a physical examination and an appropriate method is dispensed for the individual patient. A fee is charged for the service based on a sliding scale according to the ability of the patients financial status.

The statistics are impressive in terms of the numbers of children seen in 1974, in the clinics. 9,111 visits were made to the clinics with 2,234 of these visits being new patients from birth to six years of age. To date 92% of the 1972 projected goal has been attained by seeing 5,800 of Tuscarawas County's preschool children.

## Environmental Health Concerns

It is important to realize that the physical, mental and social health as well as the quality of living and economic well being of this and future generations is and will be influenced by how we plan, care for and develop our environment today. The control and improvement of our environment, which is necessary in the maintenance of health, cannot be accomplished by a few individuals or agencies which have been delegated certain responsibilities in this category. It is only through the understanding, cooperation and support of individual citizens, governmental officials, and industry that meaningful and effective environmental programs can be established and maintained. We acknowledge past support and urge continued support and participation as we look to the future of our County.

Recognized environmental concerns and issues such as solid waste, air pollution, water quality, sewage disposal, insects and rodents, housing, food service, food establishments, and land use have provided a full schedule for our sanitarians in the past year. The demands created by individuals proposing to build and develop in rural areas were exceedingly heavy. Federal and state levels of government have instigated or proposed new standards and thinking with respect to food, water supply, solid waste and sewage disposal. Their efforts, standards and guidance will be reflected in our continuing program activities.

## County Growth, Development and Land Use

Are we ready for the year 2000? Predictions by the Ohio Department of Economic and Community Development indicate that Tuscarawas County will, in the next 25 years, experience development to the extent that it will become a metropolitan area. While we may not, within the time span indicated, reach the densities projected development in recent years tends to support their statements.

Faced with development on this scale it is time that we examine our capabilities to control and guide our growth in an orderly, planned manner. Some beneficial controls and guidelines have been established, (1) a Regional Planning Commission has been established, (2) a comprehensive Land Use Plan has been prepared, (3) Subdivision standards have been adopted. Supporting these beginnings are regulations covering water supplies, sewage disposal, air pollution and minimum housing standards which exist on the local and state levels. All of these, while good, lack the ability to assure quality of, or proper location for the various types of development which will occur.

The County and townships are generally lacking the two important legal tools which guide quality and location, Building Codes and Zoning Regulations. Zoning is in effect in only two of our Townships, Lawrence and Sandy. As we look to the future we should make every effort to cover all areas of our county with these important controls. If we properly plan for the future now we can reap a maximum of benefit from development and at the same time minimize the problems it may create.

## Rural Development Assistance

The indiscriminate purchase and development of certain rural properties can lead to health hazards, nuisance conditions, pollution problems, economic shock to the property owner and lending institutions and eventually financial problems to the County in attempting to resolve health, nuisance and pollution problems. Conditions which lead to the above problems are location, topography, inadequate property size, wet soil conditions and impervious soils, all or any one of which may make the installation and proper operation of sewage disposal devices impossible. Experiencing and recognizing these problems the County Commissioners, the County Engineer, the Regional Planning Commission and the Board of Health implemented a policy whereby property evaluation, to determine disposal capabilities, is conducted before deed transfers are made. While there are some who are reluctant to accept the results of evaluation the overall reaction from the parties involved has been very favorable. This policy is not law and transfer can be accomplished. The individual who proceeds where the evaluation demonstrates unsatisfactory conditions is however well advised that problems which may prevent planned development do exist.

## Sewage Disposal

New regulations governing the design, installation and operation of private sewage disposal devices were adopted by our Board of Health in June. Adoption of these was necessary to meet and comply with Sections HE-29-01 to HE-29-20, of the Ohio Sanitary Code as adopted by the Ohio Public Health Council earlier in the year. The Public Health Council action provided minimum standards for disposal devices for uniform application throughout the entire state. Significant provisions in the new regulations are as follow:

1. A permit to install and operate a sewage disposal system must be secured before building construction is started.
2. Each building lot must have sufficient area, of acceptable nature, to provide for the complete relocation and construction of the designed disposal system.
3. Leaching tile fields and sub-surface sand filters must be divided into two equal sections with provisions to periodically alternate the flow from one section to another.
4. Recorded easements and written permission are required before treated sewage effluent can be discharged off lot. Off lot discharge requires an acceptable discharge point approved by the board of health.
5. All installers of sewage disposal devices must be registered with the board of health.

The state and corresponding locally adopted regulations employ technology which will prolong the capability of effective disposal on individual properties. They will however require a greater amount of department time in the initial lot evaluation.



## Water

Our assistance in drinking water quality is provided by standards for water well location, construction and development, inspections and water sampling (1116 water samples were taken this year - 187 were found to be unsafe). This year also found a growing public concern of the chemical quality of both municipal and private water supplies. The influence and seeming increase of chlorides, iron, and sulfides in our underground water demands that we give increased attention to this phase. One has only to examine the many areas of our county where our ground waters are chemically undesirable today, to realize that we must project our thinking to the quality of water that will be available in the future if we continue to pollute the surface and underground soil stratas.

The U.S. Congress in the past year adopted the "Safe Drinking Water Act". This act will cover both municipal and certain rural and semi-public water supplies. The Ohio Environmental Protection Agency has developed a regulation which will provide minimum standards for the location, development and construction of all private and semi-public wells in the State of Ohio.

Both of these acts will increase the emphasis placed on drinking water supplies in the future. What effect they may have on problems which now exist in our underground waters is questionable.

## Food Service Operation and Food Handling Establishments

Our local food service and food establishment programs have been surveyed and approved by the Ohio Department of Health. The Ohio Public Health Council early in 1974, adopted Food Establishment Regulations for uniform application throughout the State of Ohio. These were intended to prevent duplication of inspection by the Ohio Department of Agriculture and local boards of health, and to provide minimum standards in areas of the State where local health departments have failed to provide standards. The Agriculture Department would provide inspection where local and approved programs do not exist. On the basis of our existing program, and after a survey by the Ohio Department of Health, we were designated as the "regulating authority" within our jurisdiction. In December questions of interpretation, possible conflict with statutory duties and interests brought the program as set up to a halt. We will, however, continue our existing program under powers and duties delegated to local Boards of Health by the Ohio Revised Code.

## Rabies Control

Rabies control requires our department to investigate all known animal bites. This is required by Section HE-3-29 of the Ohio Sanitary Code. A total of 584 inspections and consultations were required during the year to carry out our control program.

Laboratory confirmed cases of animal rabies for the County dropped to 4 in the past year. All were confined to skunks with the last case being found in May. This decrease (from 8 in 1973) along with the seeming absence of the disease in the latter part of the year hopefully may mean that the disease has run its cyclic course at least so far as skunk populations are concerned.

All dog and cat owners, irrespective of any decline in confirmed cases, are urged to have their animals immunized and maintain previous immunization by securing booster shots as required. Immunization of all dogs is required by our local health department regulations.

#### Solid Waste

The disposal of solid wastes, both industrial and community, continue to be a concern in our environment. The elimination of this undesirable nuisance will require the cooperation of the individuals responsible for it and more emphasis on collection services. Complaints of improper, indiscriminate disposal of household wastes occur all too frequently. Our congratulations to the Cooperative Extension Service, York Township, and the Tuscarawas County Commissioners in their joint solid waste collection effort. It is through projects such as this that we demonstrate the means whereby rural areas can have successful collection of solid wastes. It is hoped that this demonstration will result in like programs being established in other townships.

State level jurisdiction over solid waste disposal has been transferred from the Ohio Department of Health to the Ohio Environmental Protection Agency. Our local department is responsible for the inspection and licensing of our sanitary landfills but we now work under the supervision of a new master, the E.P.A.

The "resource recovery" aspect of solid waste is receiving an increasing amount of consideration. This, if and when accomplished, would be on a regional basis and would greatly reduce the amount of solid waste to be disposed of by burial or other means and more importantly conserve and save those natural resources which we and future generations are vitally dependent.

#### Mosquito Control

Eight townships participated in the Mosquito Control program which covered approximately 200 sq. miles. Regular misting applications over designated areas helped to control the adult mosquito throughout the summer. Excessive September rainfall indicated that we should provide a more complete program of misting, larvaciding and draining if we are to acquire more comfortable living conditions and freedom from the health hazard generated by these insects.

## Housing

Definite progress has been made in improving housing conditions within our county. This can in part be attributed to the implementation of housing regulations two years ago. Our ability to provide a completely successful housing program is impaired by the lack of acceptable housing for our low income citizens. We must explore every possibility to provide adequate housing, be it through private individual, governmental agencies or local community efforts. Our failure today can have a detrimental effect on our people, our communities, and our environment tomorrow.

## ALCOHOL AND DRUG ABUSE

It has been the objective of the Tuscarawas County Alcohol and Drug Abuse Center to provide and develop a program of services which emphasizes the prevention of alcoholism and drug abuse and the rehabilitation of alcoholics and drug abusers for people residing in this county and for people in Carroll, Harrison, and Guernsey counties who have been unable to obtain aid from within their respective county.

Our program has endeavored to maintain the above objective through the establishment and continuation of a comprehensive plan which encompasses the provision for inpatient care, outpatient care, intermediate care, emergency care, and educational consultation. Though our program it is primarily outpatient and educational in nature, we function as an integral part in the three other areas by disseminating information about alcoholism to people with alcohol and/or drug problems and to their family members, and by referring alcoholics and family members to appropriate treatment facilities. The range of activities conducted by our program as a referring agency include making arrangements with treatment facilities on behalf of the client for admission, establishing the source of payment for such treatment, providing transportation, and bridging the gap between the alcoholic and his family by interpreting the nature of alcoholism to the patient himself and his family, and by helping the patient and his family in motivation; thereby making the referral more productive and effective.

On an outpatient level the center provided extensive individual and group counseling for many persons. These people came to our center through self referral, family and/or friends, other social agencies, medical professionals, and law enforcement agencies. Counseling focused on alcohol and/or drug problems with marital and/or family problems, financial problems, employment problems, and law enforcement problems as concomitant variables.

Follow-up care has been broadened with facilities that are being utilized by our program outside the county. These facilities include Cambridge State Hospital, Molly Stark Hospital, St. Thomas Hospital, and others. We are assisting them by remaining in contact with the client after release from the hospital to insure successful alcoholism rehabilitation.

Through planning with the State Alcoholism Occupational Consultant, policy standards on alcoholism in local industry and city government has been initiated. Plans were discussed with local industrial personnel and city government administration in establishing an employee alcohol program to enable them to maintain efficiency in their work and to aid employees in seeking professional help for their health problem.

Greater awareness of the significance of alcohol and drug education has been assumed by school administrators and counselors in planning for a realistic approach to early detection of problems. This was further manifested by a study conducted by the Child Study Program of the New Philadelphia School System in conjunction with assistance and advise from our office and the prosecuting attorney's. The survey demonstrated that overall usage of drugs, which also includes alcohol usage, amounted to 23.2% (including 9th graders). It is therefore indicative and imperative that more emphasis should be placed upon alcohol/drug education in our schools. It is our hope to prevent the young in our county from starting or continuing to use drugs. Through planning with teachers and

educators for an effective and meaningful program, perhaps some strides toward decreasing the number of users can be achieved; a program which can be directed to the young in personal and informative terms whereby they are not dictated to by elders who are in authority and whereby they can be included in the educative process by involving them in the planning and implementation of such a program in order that the communication gap can be bridged, that they might be given some responsibility in the decision-making process, and that they might make use of their peer group influence. Besides working with administrators, teachers, and counselors, films and other educational materials were provided to our public school systems. School guidance counselors have worked cooperatively with our center to provide counseling and aid for students who are alcohol and/or drug abusers. Here again, all variable and related problems were dealt with so that a comprehensive approach was offered to the student.

Participation in local radio and TV programs, contributions in local newspapers, and presentation of information through "talks" to the general public have been measures taken to disseminate essential information for the purpose of prevention and rehabilitation of alcoholics.

The local police departments have assumed greater awareness of the necessity for an alcoholism program which can best serve the needs of persons who have a high rate of recidivism due to offenses connected with alcohol abuse. They have expressed an interest in establishing a non-medical detoxification facility and a willingness to cooperate in any way which will make such a facility reality. Tentative plans have also been made to work with probation officers who in turn will be working with juveniles who have an alcohol and/or drug problem.

Our antabuse program saw its inception in October of 1973. In 1974 a total of 16 persons were enrolled in this infant program. At present there are 3 persons on the medication. It seems that the key to the usefulness and success of such medication is motivation. The client has to want to honestly want to achieve a state of sobriety and at the same time seek supportive help through counseling; this enables the client to work out other accompanying problems and no other added anxieties are created while he is striving for sobriety.

The alcohol and drug education segment of our program reached its greatest success during 1974. This was accomplished by the addition of an Educational Consultant to our staff. The Educational Consultant's responsibilities include planning, motivating, and initiating educational services and activities for such target populations as school age children, drinking drivers, low income persons, minority groups, persons on probation, and young adults.

The close contact which has now been established with the county school and industrial population enables us to be more conscious of the alcohol and drug problems effecting them. Thus, we are better able to develop educational programs which will directly relate to their present existing problems and hopefully decrease future ones of the same nature.

We are attempting through education to regulate the flow of factual information while motivating individuals to decide for themselves what is best rather than letting others decide for them. Our alcohol and drug education task is not one that will be accomplished immediately. It is; however, a problem solution which will eventually unite an entire community and its resources under the same goal; that goal being to provide successful measures for those citizens who wish to escape the ill effects of alcohol and drug abuse.

The following is a compilation of the efforts during 1974 to promote public health in Tuscarawas County.

1. Health Information Activities:

Radio Programs	23
Meetings Attended	153
Newspaper Releases	54
T.V.	3
Talks	29

2. There were 11 Inservice Training Seminars or Shortcourses attended by the Sanitarians, Nurses, Social Worker, Nutrition Aide and Health Educator.

3. Acute Communicable Disease Control:

Cases reported	203
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4. Venereal Disease Control:

Cases reported	39
Gonorrhea	35
Syphilis	4
Admissions	25
Nursing Visits	32

5. Community Rheumatic Fever Program:

New cases reported	20
Number of patients on preventative therapy	177
Admissions	8
Nursing Visits	11

6. A. New Cases of Tuberculosis diagnosed in 1974

Persons on T.B. Register 12/31/74	5
Persons admitted to hospitals in 1974	16
Persons discharged from hospital in 1974	2
Persons in T.B. Hospital as of 12/31/74	4
T.B. Cases on medication	0
Contacts to T.B. Cases	11
5 years inactive cases	44
Reactors on register	1
Positive Reactors on medication	100
	71

B. Number of Tuberculin Tests given at Clinic

Number of Positive Reactors found at Clinic	610
Number of Tuberculin Tests given at Rest Homes	39
	209

7. Child Health Services:

School Visits by Nurse	671
School Visits by Nursing Assistant	247
T-N Conferences	1,398
Vision Screenings	3,177
Vision Rescreened	420
Vision Referred	218
Vision Referrals Completed	200
Hearing Screenings	911
Hearings Rescreened	26
Hearings Referred	5
Hearing Referrals Completed	7
Other Screenings	77
Talks	28
Films Shown	26
School Enrollment Grades Kg. - 12	16,683
Number of Children receiving home nursing visits	333
Number of home nursing visits	498

Immunizations given in school:

DPT	10
DT	22
DT Boosters	725
Polio	339
Polio Boosters	553
Rubeola 9 Day Measles	14
Rubella 3 Day Meagles	55
Tuberculin Skin Test	147
Measles-Rubella Combined	30
Flu Vaccine	86

8. Orthopedic Clinic:

Number of persons seen at clinic	453
Number of visits	759

9. Alcoholism and Drug Abuse:

New Clients	111
Visits	566
Auxiliary Visits	497
Educational Assistance and Meetings Attended	384
Public Information - Newspaper Articles	29
Radio Programs	3
T.V.	1
Films Shown	37
Clients Referred	235

10. Total Home Nursing Visits	3,962
Total Admissions for Nursing Services	888
Home Health Aide Home Visits	1,072

Number of home visits made by category.

Tuberculosis	599
V.D.	32
Cancer	274
Diabetes	378
Vision & Hearing	144
Stroke	312
Prematurity	32
Heart & Rheumatic Fever	170
Circulatory System	340
Respiratory System	231
Dental	40
Digestive System	137
Skin & Cellular Tissue	105
Arthritis	144
Congenital Malformation	91
Occupational Diseases	54
Mental Health	70
Nervous System	199
Bones & Organs of Movement	82
Injuries	94
Genitourinary System	29
Health Promotion	273
All Other Diseases	132
11. Visits & Auxiliary Visits by Speech Therapist	590
12. Home Visits & Auxiliary Visits by Social Worker	15



## Maternal and Child Health Centers

<b>1. Total No. Patients</b>	<b>9,947</b>
No. Child Development Patients	9,111
No. O.B. Patients	836
<b>2. Screening Tests</b>	
Hematocrit	4,698
PKU	561
Urinalysis	1,867
Vision	1,516
Hearing	1,584
Denver Developmental Screening Tests	3,568
Tine Tests	1,768
Color Blind Tests	970
Dase	1,613
Throat Culture	153
Serology	81
GC Culture	76
Pap Test	51
Gravindex	336
Microstix	815
Pinworm	123
<b>3. Total Referrals</b>	<b>1,208</b>
School Psychologist	12
Dental	209
Family Services	37
Speech Therapy	157
Ophthalmologist	69
Dermatologist	4
Cardiology	6
Orthopedist	44
Orthopedic Clinic	167
Family Physician	332
Urologist	9
ENT	30
Pediatrician	79
Mental Health	5
Neurologist	9
All Other Referrals	39
<b>4. Immunizations</b>	<b>6,115</b>

5. Cases Referred to Public Health Nurse for follow-up	1,088
Referrals Completed	1,502

Number of home visits and auxiliary visits by category.

Vision & Hearing	
Home Visits and Auxiliary Visits	15
Dental	
Home Visits and Auxiliary Visits	23
Genitourinary System	
Home Visits and Auxiliary Visits	8
Maternity	
Home Visits and Auxiliary Visits	8
Health Promotion	
Home Visits and Auxiliary Visits	72
All Other Diseases	
Home Visits and Auxiliary Visits	27

6. Total Inspections and Consultations	538
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Water Supply Inspections and Consultations	92
Total Water Samples Collected	174
Samples Positive	45
Housing Inspections and Consultations	446

7. Home Visits and Auxiliary Visits by Social Worker	455
Referrals	130
Referrals Completed	153

8. Visits by Speech Therapist	1,431
Referrals	157
Referrals Completed	55

9. Home Visits and Auxiliary Visits by Health Educator	64
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## Family Planning

1. Total No. Patients	177
2. Screening Tests	
Hematocrit	91
Urinalysis	123
Pap	94
Serology	86
GC Culture	89
Tine Test	75
Pregnancy Testing	99
Microstix	77
3. Total Referrals	6
Laboratory	2
Family Physician	3
Cardiologist	1

## Early Periodic Screening Diagnostic Treatment

1. Total No. Patients	82
2. Screening Tests	
Hematocrit	75
Urinalysis	72
Vision	76
Hearing	76
Denver Developmental Screening Tests	7
Color Blind Test	73
Dase	37
Tine Test	68
Microstix	32
All Other Screening Tests	18
3. Total Referrals	38
Speech	5
Dental	14
ENT	4
Family Physician	5
All Other Referrals	10
4. Immunizations	48

ENVIRONMENTAL ACTIVITIES 1974

Total Inspections and Consultations	5180		
1. Semi-Pub. & Mun. Water Supply Inspections & Consultations	105	18. Nuisance Inspections & Consultations	510
2. Private Water Supply Inspections & Consultations	434	A. Refuse Inspections & Consultations	179
3. Private Water Samples Collected	469	B. Garbage Inspections & Consultations	17
Semi-Pub. & Mun. Samples Coll.	647	C. Sewage Inspections & Consultations	139
Water Samples Collected(Chemical)	6	D. Insect-Rodent Inspections & Consultations	12
4. Semi-Pub. & Mun. Sewage Disposal Inspections & Consultations	129	E. Animal Inspections & Consultations	96
5. Private Sewage Disposal Inspections & Consultations	1542	F. Other Inspections & Consultations	67
6. Schools Inspections & Consultations	30	19. Landfill - Solid Waste	
7. Trailer Parks Inspections & Consultations	29	A. Transportation & Storage Inspections & Consultations	6
8. Camps, Parks & Resorts Inspections & Consultations	8	B. Disposal Inspections & Consultations	38
9. Swimming Pools Inspections & Consultations	32	C. Other Inspections & Consultations	1
10. Housing Inspections & Consultations	610	20. Animal Bites Reported	306
11. Other Programs Inspections & Consultations	173	Animal Heads Submitted to Lab.	38
12. Food Service Operation Inspections & Consultations	635	Animal Heads Positive	4
13. Vending Machine Inspections & Consultations	141	A. Cats Investigations & Consultations	73
14. Food Handling Establishment Inspections & Consultations	164	B. Dogs Investigations & Consultations	416
15. Milk Program Inspections & Consultations	9	C. Other Pets Investigations & Consultations	14
16. Milk Samples Collected	8	D. Wild Animals Investigations & Consultations	81
Swab Tests for Milk Containers	11	21. Mosquito Control Program	
Whey Samples Collected	12	Approx. acres treated	2300
17. Air Samples Collected	57	Application Frequency	8

ENVIRONMENTAL ACTIVITIES 1974

Permits and Licenses Issued:

- 341 Sewage Disposal Permits
- 42 Sewage Disposal Installers Registration
- 215 Water Supply Permits
- 299 Food Service Licenses
- 153 Vending Machine Licenses
- 107 Food Handling Establishment Permits
- 36 Solid Waste Collector & Sewage Tank Cleaner Permits
- 6 Trailer Park Licenses
- 4 Landfill Licenses
- 9 Camp Permits

RECEIPTS & EXPENDITURES BY FUND 1974 FOR THE TUSCARAWAS COUNTY HEALTH DEPARTMENT

Receipts:	Health Fund	HHA Fund	F.S.O. Fund	Landfill Fund	Child Development	Totals
Balance 12/31/73	\$ 11,084.27	\$25,802.87	\$ .00	\$ 72.90	\$ 24,863.88	\$ 61,823.92
Townships	11,613.26					11,613.26
Villages	6,059.56					6,059.56
Dover	5,995.56					5,995.56
Jhrichsville	1,331.62					1,331.62
5/10th Levy	118,779.64					118,779.64
State Subsidy	4,062.00					4,062.00
Water Project	3,800.00					3,800.00
Alcohol Project	15,000.00					15,000.00
Licenses			4,971.00	400.00		5,371.00
Permits	10,595.00					10,595.00
Inspection Fees	224.28					224.28
T.B. Register	5,600.00					5,600.00
Clinic Fees & Donation	3,491.11					3,491.11
Medicare		30,436.96				30,436.96
Patient Pay		1,762.35				1,762.35
Agency Pay		1,730.53				1,730.53
Child Development					200,009.01	200,009.01
Mosquito Spraying	444.75					444.75
Miscellaneous	301.65					301.65
W.I.C.	208,000.00					208,000.00
Family Planning	26,552.75					26,552.75
Speech Clinic	4,276.55					4,276.55
<b>Total Receipts &amp; Bal.</b>	<b>\$437,212.00</b>	<b>\$59,732.71</b>	<b>\$4,971.00</b>	<b>\$472.90</b>	<b>\$224,872.89</b>	<b>\$727,261.50</b>

Expenditures:

Salaries	\$177,451.14	\$44,398.40	\$4,045.04	\$371.20	\$151,517.20	\$377,782.98
Supplies	13,371.18	2,056.37			10,206.92	25,634.47
Equipment	2,109.10					2,109.10
Contract & Service	180.77					180.77
Contract & Repair	1,287.57					1,287.57
Maintenance					5,281.00	5,281.00
Travel	20,232.87	7,276.24			3,985.76	31,494.87
Advertisements	560.11					560.11
P.E.R.S.	19,426.52				14,060.84	33,487.36
Workmen Compensation	2,265.79	495.08	67.96	11.47	2,449.28	5,289.58
Other Expenditures	7,765.21	64.96			21,293.96	29,124.13
State of Ohio				858.00		858.00
EEA	73.50					73.50
Food Products	155,283.16					155,283.16
<b>Total Expenditures</b>	<b>\$400,006.92</b>	<b>\$54,291.05</b>	<b>\$4,971.00</b>	<b>\$382.67</b>	<b>\$208,794.96</b>	<b>\$668,446.60</b>
* Balance 12/31/74	37,205.08	5,441.66	0.00	90.23	16,077.93	58,814.90
Encumber W.I.C.	31,472.26					
* Health Balance	\$ 5,732.82					

\* ( ) 1973 figures

DEATHS FOR THE YEAR 1974

Over TOTALS

BIRTHS  
1121  
(1150)

	Under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85	1973	1974
HEART & CIRCULATORY						5	26	68	99	111	77	410	386
VAS. LES. C.N.S.							4	4	25	28	23	85	84
CANCER		1	1	1		3	5	21	19	10	6	90	67
RESPIRATORY	1	1			1	1	2	5	30	35	24	59	100
INFANTS													2
Under 1 year	2											14	10
Neo Natal												8	18
Stillbirth												27	26
ACCIDENT													
Home			1	1					1		2	7	5
Highway		1	1	4	3	3	1				1	13	14
Pedestrian								1				1	1
Industrial				1								3	2
Farm			1			1						3	2
Drowning			1	2								2	3
DIGESTIVE							4	2	7	1	1	24	15
GNT. URINARY								3	3	2	3	17	11
DIABETES									1			3	1
SUICIDE					1	3	1	2			2	10	9
HOMICIDE					1							1	1
MISCELLANEOUS				1			1		3	1	1	15	7
	21	2	5	10	6	16	44	106	188	188	140	763	719