

YOLO

COUNTY'S

HEALTH

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COUNTY OF YOLO

Woodland, California

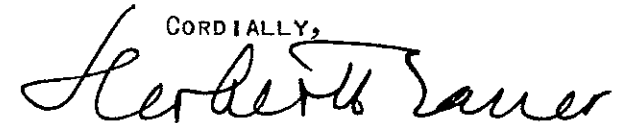
YOLO COUNTY HEALTH DEPARTMENT

HERBERT BAUER, M.D., M.P.H.
PUBLIC HEALTH DIRECTOR

DEAR FRIEND:

THE TROUBLE WITH PEOPLE IS THAT THEY DON'T SUFFER FROM THE KIND OF CONDITIONS WITH WHICH PUBLIC HEALTH TRADITIONALLY DEALS. THEY NEED MEDICAL CARE WHICH IN THE PAST HAS BEEN SEPARATED FROM PUBLIC HEALTH SERVICES. THEY ARE HANDICAPPED BY LACK OF MONEY, LACK OF EDUCATION, LACK OF MOTIVATION, OR LACK OF PEACE. HOWEVER, IF YOU THINK THAT PUBLIC HEALTH IS TOO TRADITION-BOUND TO ADJUST ITS PROGRAMS TO THE NEEDS OF THE TIME, PLEASE HAVE A LOOK THROUGH THE FOLLOWING REPORT. THE MIND YOU CHANGE MAY BE YOUR OWN.

CORDIALLY,



HERBERT BAUER, M.D.
PUBLIC HEALTH DIRECTOR AND
DIRECTOR OF MENTAL HEALTH

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YOLO COUNTY ARCHIVES

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LIFE VERSUS DEATH IN YOLO COUNTY HAS A SCORE OF 2 TO 1 WHICH IS A HEALTHY RATIO. THERE ARE ABOUT TWICE AS MANY BIRTHS AS THERE ARE DEATHS. DURING 1966, 1,021 BABIES WERE BORN AND 530 PERSONS DIED. HERE ARE THE TEN LEADING CAUSES OF DEATH FOR THE YEAR.

<u>CAUSE</u>	<u>1966</u>	<u>1965</u>	<u>FIVE YEAR MEDIAN</u>
HEART DISEASE	243	242	234
ACCIDENTS	77	75	68
CANCER	73	75	68
PNEUMONIA & INFLUENZA	31	38	22
DISEASES OF EARLY INFANCY	27	23	23
CIRRHOSIS OF THE LIVER	13	7	6
EMPHYSEMA	10	10	6
HOMICIDE	8	4	3
SUICIDE	7	4	10
DIABETES	7	0	2

HEART DISEASE, AS ALWAYS, IS RESPONSIBLE FOR HALF OF YOLO COUNTY'S DEATHS; MOST WERE DUE TO ARTERIOSCLEROSIS; ABOUT ONE-SIXTH TO CORONARY HEART DISEASE.

ACCIDENTS AGAIN OCCUPY THE SECOND PLACE IN THE DEATH LIST, AND MURDER BY MOTOR IS AGAIN THE MOST FREQUENT KILLER. IF YOU PLAN TO LIVE THE REST OF YOUR LIFE, FASTEN YOUR SEAT BELT, LEAVE A COMFORTABLE AIR CUSHION BETWEEN YOU AND THE CAR AHEAD AND ASSUME, AS A MATTER OF ROUTINE, THAT EVERY OTHER DRIVER ON THE ROAD IS EITHER DRUNK OR ASLEEP OR DEMENTED OR SOME COMBINATION THEREOF.

CANCER CLAIMED ABOUT THE SAME NUMBER OF PEOPLE IT DID OVER THE PAST SEVERAL YEARS, WITH THE LEADING CAUSE AGAIN BEING LUNG CANCER. REPORTS HAVE IT THAT MORE THAN

10,000,00 PACKS OF CIGARETTES ARE SOLD IN YOLO COUNTY EACH YEAR, WHICH MAKES ABOUT 225 PACKS FOR EVERY PERSON OVER 18. BY CONTRAST, CERVICAL CANCER IS GREATLY REDUCED AND SHOULD BE COMPLETELY ELIMINATED FROM THE LIST SINCE IN MOST INSTANCES THIS IS A PREVENTABLE DEATH.

PNEUMONIA AND INFLUENZA SHOWED A FURTHER DECLINE AND HOPEFULLY CAN BE PUSHED EVEN FARTHER DOWN THE LIST.

DISEASES OF EARLY INFANCY REMAINED ON THE SAME LEVEL AND OUR RATE COMPARES FAVORABLY WITH NATIONAL FIGURES.

CIRRHOSIS OF THE LIVER DOUBLED LAST YEAR AS A WARNING THAT COMMUNITY CONTROL PURPOSES FOR ALCOHOLISM ARE STILL AN URGENT NEED IN OUR COUNTY.

EMPHYSEMA POSES A RISING THREAT TO OUR LIVES AND IS BY NOW THE MOST FREQUENT FATAL LUNG DISEASE. EARLY MEDICAL TREATMENT NEEDS TO BE SOUGHT TO FORESTALL DISASTER.

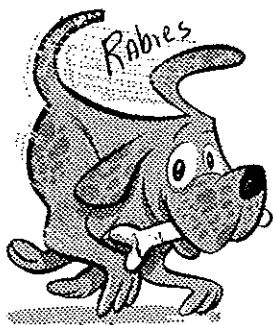
HOMICIDE KILLED MORE PEOPLE THAN SUICIDE, WHICH IS A RARE OCCURRENCE INDEED. FIVE PERSONS WERE SHOT, THREE OTHERS SIMPLY BEATEN TO DEATH.

SUICIDE CLAIMED SEVEN LIVES, SLIGHTLY MORE THAN LAST YEAR, BUT STILL LESS THAN HALF OF THE NUMBER WE ENCOUNTERED IN PREVIOUS YEARS.

DIABETES ENDS THE LIST OF LEADING CAUSES OF DEATH. EARLY DETECTION AND CONTINUOUS TREATMENT ALLOWS MOST DIABETICS TO LEAD A NORMAL LIFE.

SANITATION

THE ELEMENTS OF ENVIRONMENTAL SANITATION ARE STILL THE SAME, BUT OUR EMPHASIS CHANGES FROM YEAR TO YEAR. AT THE MOMENT WE ARE MAKING A DETERMINED EFFORT TO IMPROVE HOUSING CONDITIONS IN YOLO COUNTY. WE HAVE LONG BEEN AWARE THAT SUBSTANDARD HOUSING EXISTS AND WE HAVE BEEN WORKING TOWARD IMPROVEMENT AT A RATHER SLOW PACE, HANDICAPPED BY LEGISLATIVE AMBIGUITY AND STAFF



SHORTAGES. HOWEVER, THE STATE LEGISLATURE RECENTLY EXTENDED HOUSING LAWS TO UNINCORPORATED AREAS WHICH PREVIOUSLY WERE VALID ONLY IN CITIES, AND THE HEALTH DEPARTMENT THEREBY IS IN A MUCH BETTER POSITION TO ENFORCE EXISTING REGULATIONS. AT THE SAME TIME WE REALIZE THAT THIS IS A BATTLE WHICH IS LIKELY TO BE CONTINUOUS AND HARDLY AMENABLE TO RESULTS WHICH WILL BE EQUALLY PLEASING TO ALL THOSE CONCERNED. IN PREVIOUS YEARS THE HEALTH DEPARTMENT OFTEN WAS BLAMED FOR NOT DOING ENOUGH IN THE FIELD OF HOUSING, AND AT THE MOMENT THE SENTIMENT RUNS IN THE OPPOSITE DIRECTION. WE SHALL TRY OUR BEST TO STRIKE A HAPPY BALANCE AND TREAT EVERYBODY WITH THE SAME DEGREE OF RESPECT AND PATIENCE. JUST THE SAME, SOME BUILDINGS WHICH ARE CLEARLY SUBSTANDARD WILL HAVE TO BE IMPROVED AND SOME OLD HOUSES WILL NEED TO BE DESTROYED IF THEY ARE DECLARED BEYOND REPAIR.

YOLO COUNTY'S WATER SUPPLY IS ALMOST ENTIRELY DERIVED FROM WELLS; LARGE PUBLIC SUPPLIES RECEIVE THEIR PERMIT THROUGH THE STATE DEPARTMENT OF PUBLIC HEALTH, SMALL SUPPLIES ARE AUTHORIZED THROUGH THE LOCAL HEALTH DEPARTMENT. ALL PUBLIC SUPPLIES ARE SAMPLED AND TESTED REGULARLY IN OUR LABORATORY. INDIVIDUAL WATER SOURCES ARE TESTED UPON REQUEST OF THE OWNER OR, OF COURSE, IN CASE OF SUSPICION OF DISEASE TRANSMISSION.

MILK SUPPLY IS ENTIRELY SAFE, AND THE TIME HAS COME TO SUPPORT A STATEWIDE LAW AUTHORIZING THE SALE OF PASTEURIZED MILK ONLY. WITH THE EXCEPTION OF OCCASIONAL MILD FOOD POISONINGS, FOOD SANITATION HAS NOT CAUSED ANY PARTICULAR PROBLEM THROUGHOUT THE YEAR; ALL FOOD ESTABLISHMENTS IN YOLO COUNTY ARE VISITED BY OUR SANITARIANS REGULARLY. AIR POLLUTION THREATENS TO CHOKe OUR CIVILIZATION, AND WHILE EXHAUST PROBLEMS IN YOLO COUNTY HAVE SO FAR NOT CAUSED ANY PARTICULAR DISCOMFORT, WE MAY NEED TO BEGIN TO THINK OF DRASTIC CHANGES IN THE OPERATION OF GASOLINE-POWERED VEHICLES. BATTERY-DRIVEN CARS WOULD PRESERVE OUR NATURAL RESOURCES AND AT THE SAME TIME MAKE IT EASIER TO BREATHE. WE HOPE FOR CONTINUED RESEARCH IN THIS FIELD.

WASTE DISPOSAL CREATES AN IMMENSE PROBLEM IN OUR CULTURE. YOLO COUNTY FORTUNATELY STILL HAS SOME OPEN SPACES WHERE WASTES CAN BE SAFELY DEPOSITED. VECTOR CONTROL REQUIRES

COOPERATION WITH OTHER AGENCIES, PARTICULARLY THE MOSQUITO ABATEMENT DISTRICT. RABIES CONTROL IS STILL A TIME-CONSUMING EFFORT AND WE APPRECIATE THE COOPERATION OF THE AGRICULTURAL COMMISSIONER IN ENFORCING THE COUNTY-WIDE DOG VACCINATION PROGRAM. A TOTAL OF 459 ANIMALS NEEDED TO BE OBSERVED AFTER BITING HUMANS. MOST OF THEM OF COURSE WERE DOGS, BUT THERE WERE ALSO CATS, MICE, GOPHERS, RATS, CHIPMUNKS, BATS, MUSKRATS, RABBITS AND SQUIRRELS. WE EVEN HAD A FOX BITE, AND OUR ANNUAL MONKEY BITES.

LABORATORY



MORE THAN 10,000 LABORATORY EXAMINATIONS WERE PERFORMED DURING THE YEAR FOR A WIDE RANGE OF ACTIVITIES. A LARGE AMOUNT OF TIME IS CONSUMED BY DIAGNOSTIC EXAMINATIONS FOR SYPHILIS AND GONORRHEA; TUBERCULOSIS AND OTHER INFECTIOUS DISEASES COME NEXT. DAIRY EXAMINATIONS WERE MADE TO DETECT FOOD POISONING, PARASITES, RABIES, AND FUNGI. PREGNANCY TESTS WERE MADE TO A MUCH LARGER EXTENT THAN PREVIOUS YEARS. IN ADDITION 6,563 CHEST X-RAYS WERE DEVELOPED IN OUR LABORATORY.

TO PERFORM DIAGNOSTIC TESTS WITH REGARD TO DISEASES OF PUBLIC HEALTH SIGNIFICANCE IS UNDOUBTEDLY THE MOST IMPORTANT FUNCTION OF OUR LABORATORY. HOWEVER, IN ADDITION WE RENDER CONSULTATIVE SERVICES TO PRIVATE PHYSICIANS AND COOPERATE WITH THE STATE HEALTH DEPARTMENT IN SETTING STATEWIDE STANDARDS OF LABORATORY PROCEDURE.

PUBLIC HEALTH NURSING



THE DIVISION MOST AFFECTED BY CHANGING TRENDS IN PUBLIC HEALTH WAS OUR NURSING DIVISION. WE WERE CERTIFIED AND LICENSED TO OPERATE AS A HOME HEALTH AGENCY UNDER THE PROVISION OF RECENT FEDERAL LEGISLATION. AS A RESULT SHORT-TERM BEDSIDE NURSING IN THE HOME IS NOW ESTABLISHED AS A REGULAR PART OF OUR GENERALIZED NURSING SERVICE AND AN INCREASING NUMBER OF PATIENTS ARE TRANSFERRED FROM HOSPITALS TO THEIR HOMES WHERE

THEY RECEIVE COMPETENT NURSING CARE. ANOTHER SERVICE CONNECTED WITH OUR BEDSIDE NURSING PROGRAM FOR HOME-BOUND PATIENTS IS PHYSICAL THERAPY FROM WHICH PARTICULARLY ELDERLY PEOPLE DERIVE BENEFIT. TO FACILITATE THIS TRANSITION A LIAISON NURSE WHOSE SALARY IS PAID JOINTLY BY THE AMERICAN CANCER SOCIETY AND THE CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH, WAS ADDED TO OUR STAFF. VOLUNTARY HEALTH AGENCIES IN YOLO COUNTY SUCH AS THE WOODLAND VENTURE CLUB, TUBERCULOSIS AND HEALTH ASSOCIATION OF YOLO COUNTY, AND THE EASTER SEAL SOCIETY, HAVE EXPRESSED THEIR COMMUNITY INTEREST IN OUR PROGRAM BY PROVIDING NURSING BAGS FOR OUR HOME SERVICE. IN THE FIELD OF VISION SCREENING, BETA SIGMA PHI VOLUNTEERS, WERE TRAINED AND THEN ASSISTED IN AMBLYOPIA TESTING.

OTHER INCREASED NURSING RESPONSIBILITIES ARE IN CONJUNCTION WITH OUR MENTAL HEALTH SERVICE SINCE OUR PUBLIC HEALTH NURSES DO MUCH OF THE CASE-FINDING AND FOLLOW-UP CARE FOR PSYCHIATRIC PATIENTS. DEFINITE LIAISON WAS ESTABLISHED BETWEEN THE HEALTH DEPARTMENT AND BOTH DEWITT STATE HOSPITAL AND WEIMAR MEDICAL CENTER, AND PUBLIC HEALTH NURSES WERE ASSIGNED TO PROMOTE COMMUNICATIONS BETWEEN THOSE INSTITUTIONS AND THE HEALTH DEPARTMENT AS WELL AS THE PATIENTS AND THEIR FAMILIES. INCREASED NURSING ACTIVITY BECAME NECESSARY IN OUR PROGRAMS FOR SEASONAL AGRICULTURAL WORKERS WITH THE ESTABLISHMENT OF EVENING CLINICS IN SOME OF OUR LABOR CAMPS. OTHER PROGRAMS WERE INSTITUTED AS PART OF OUR VACCINATION ASSISTANCE PROGRAM AND IN OUR FOLLOW-UP OF MEDICAL SERVICE REJECTEES.

TWO OF OUR OWN STAFF NURSES WERE ELEVATED TO SENIOR NURSE POSITIONS. A COURSE IN REHABILITATION NURSING WAS ORGANIZED IN YOLO COUNTY FOR NURSING PERSONNEL IN HOSPITALS, NURSING HOMES AND THE HEALTH DEPARTMENT; THE FACULTY WAS PROVIDED BY FAIRMONT REHABILITATION CENTER. TO FURTHER THEIR OWN EDUCATION AND IMPROVE THE CARE THEY GIVE, MEMBERS OF OUR NURSING STAFF TOOK COURSES IN MENTAL RETARDATION, REHABILITATION, COMMUNITY MENTAL HEALTH, TUBERCULOSIS, ALCOHOLISM, SUICIDE PREVENTION, VENEREAL DISEASES, AUDIOMETRIC TESTING, PUBLIC HEALTH LAW, WORKING WITH FAMILIES, SCHOOL NURSING, AND, LAST BUT NOT LEAST, IN SPANISH. A CHRISTMAS TEA PARTY WAS HELD TO HONOR THE MORE THAN 200 VOLUNTEERS WHO EACH YEAR GIVE OF THEIR TIME AND TALENT TO IMPROVE OUR SERVICES. IF FIGURES MEAN SOMETHING, HERE ARE A FEW SAMPLES FOR THE YEAR: OVER 2,000 HOURS WERE SPENT BY OUR NURSES SERVING 6,200 CHILDREN IN YOLO COUNTY SCHOOLS. 4,500 VISITS WERE MADE BY PRE-SCHOOLERS TO THE 190 CHILD HEALTH CONFERENCES HELD THROUGHOUT THE COUNTY. 250 EXPECTANT MOTHERS WERE COUNSELED BY PUBLIC HEALTH NURSES THROUGHOUT THEIR PREGNANCY.

SUCH FIGURES COULD BE QUOTED AT LENGTH, BUT WE ARE FAR MORE INTERESTED IN QUALITY THAN IN QUANTITY.

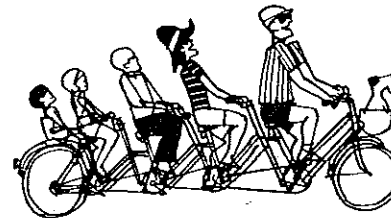
CRIPPLED CHILDRENS SERVICES

DURING 1966, 209 TREATMENTS OF HANDICAPPED CHILDREN WERE BROUGHT TO A SUCCESSFUL CONCLUSION, WHILE ANOTHER 226 WERE ADMITTED TO THE SERVICE. MOST HANDICAPPED CHILDREN ARE REFERRED TO PRIVATE PHYSICIANS' OFFICES. THE ONLY CLINICS WHICH REQUIRE THE ATTENDANCE OF SEVERAL SPECIALISTS ARE OUR CLINICS FOR CEREBRAL PALSY, OF WHICH FOUR WERE HELD DURING THE YEAR. AS BEFORE, WE ARE PRIVILEGED TO RECEIVE THE SERVICES OF AN OCCUPATIONAL THERAPIST AND A PHYSICAL THERAPIST THROUGH THE ELKS MAJOR PROJECT. WITH THEIR HELP 24 YOLO COUNTY CHILDREN RECEIVED PHYSICAL THERAPY AT HOME FOR A WIDE RANGE OF HANDICAPS. TOGETHER OUR OCCUPATIONAL AND PHYSICAL THERAPIST MADE MORE THAN 1,000 HOME VISITS AND DROVE ABOUT 18,000 MILES DURING THE COURSE OF THE YEAR. THEY PROVIDE A MOST VALUABLE ADDITION TO THIS IMPORTANT PROGRAM.

UNDER OUR CRIPPLED CHILDRENS SERVICES WE ALSO INCLUDE

ORTHODONTIC CLINICS FROM WHICH CHILDREN WITH SEVERE ORTHODONTIC PROBLEMS ARE SELECTED FOR TREATMENT. IN SOME INSTANCES, THIS CHANGES THE OUTLOOK ON LIFE IN THE TRUE SENSE OF THE WORD.

FAMILY PLANNING



BY RESOLUTION OF CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS, FAMILY PLANNING PROGRAMS ARE NOW STANDARD FOR LOCAL HEALTH DEPARTMENTS AND ARE TO BE INCLUDED AMONG THE LIST OF REQUIREMENTS. FOR YOLO COUNTY THIS IS OF COURSE NOTHING NEW SINCE OUR DEPARTMENT HAS CONDUCTED A FAIRLY COMPREHENSIVE FAMILY PLANNING SERVICE THROUGHOUT THE PAST SEVERAL YEARS. ADEQUATE DISCUSSION IS BEING HELD IN EACH CASE TO DETERMINE THE MOST SUITABLE METHOD FOR PERSONS DESIRING FAMILY PLANNING SERVICES.

IT SHOULD PERHAPS BE SAID AGAIN THAT FAMILY PLANNING IS NOT THE SAME AS CONTRACEPTION: FAMILY PLANNING REFERS TO A NUMBER OF METHODS DESIGNED TO HELP COUPLES SPACE THEIR CHILDREN AND TO HAVE AS FEW, OR AS MANY AS THEY THEMSELVES DESIRE. IT IS BASED ON THE PREMISE THAT EVERY CHILD HAS THE RIGHT TO BE BORN A WANTED CHILD.

TUBERCULOSIS

A VERY CONSIDERABLE AMOUNT OF WORK BY PHYSICIANS, NURSES AND LABORATORY WORKERS, AND THE COOPERATION OF YOLO COUNTY'S TUBERCULOSIS AND HEALTH ASSOCIATION, RESULTED IN ANOTHER REDUCTION OF TUBERCULOSIS IN YOLO COUNTY. SINCE WE ARE DEALING WITH RELATIVELY SMALL FIGURES, THE DECREASE CAN OF COURSE NOT BE EXPECTED TO BE AS SPECTACULAR AS IN PREVIOUS YEARS. SIXTEEN NEW PATIENTS WERE HOSPITALIZED FOR TREATMENT AND ARE EXPECTED TO RETURN IN GOOD HEALTH. OUR MAIN EMPHASIS HOWEVER LIES IN AN AGGRESSIVE AND ADMITTEDLY SOMEWHAT UNCONVENTIONAL METHOD OF PREVENTION WHEREBY WE RECOMMEND PROPHYLACTIC DRUG TREATMENT TO ANY PERSON WHOSE HISTORY, X-RAY PICTURE OR SKIN TEST GIVES EVIDENCE OF PREVIOUS CONTACT WITH A TUBERCULOUS PATIENT. THIS OF COURSE DOES NOT INCLUDE PERSONS WHO THEMSELVES HAVE BEEN SICK WITH TUBERCULOSIS

AND WHO NEED MUCH MORE INTENSIVE TREATMENT. THE TRUE EFFECT OF OUR PREVENTIVE PROGRAM CANNOT BE DETERMINED UNTIL SEVERAL YEARS FROM NOW, BUT EVEN IN THE SHORT PERIOD OF ITS EXISTENCE IT HAS RECEIVED FAIRLY WIDESPREAD ATTENTION, HAS BEEN PUBLISHED IN A STATEWIDE JOURNAL, AND WILL BE PRESENTED TO THE NATIONAL TUBERCULOSIS ASSOCIATION AT THEIR 1967 ANNUAL MEETING IN PITTSBURGH. UP TO NOW, NO SINGLE PERSON TAKING THIS PROPHYLACTIC DRUG HAS DEVELOPED TUBERCULOSIS, BUT IT WOULD BE FAR TOO EARLY TO ASCRIBE THIS FACT TO THE SUCCESS OF OUR PROGRAM.

VENEREAL DISEASES

SEX HABITS HAVE PROBABLY NOT CHANGED VERY MUCH IN OUR LIFETIME, BUT SEX ATTITUDES DEFINITELY HAVE. WHAT PEOPLE DO TODAY IS STILL THE SAME THEY DID AT THE BEGINNING OF THE CENTURY, BUT WHAT THEY DID THEN AS REBELS AND DEVIATES, THEY DO TODAY AS CONFORMISTS. THERE WERE 19 PATIENTS WHO NEEDED TO BE TREATED FOR SYPHILIS, AND NO LESS THAN 161 WHO ACQUIRED GONORRHEA; AN ADDITIONAL 42 WERE TREATED FOLLOWING EXPOSURE TO INFECTION, MAKING A TOTAL OF 203. THIS LATTER IS A SHARP INCREASE OVER LAST YEAR'S FIGURES.

IN OUR RUSHING TIME GEARED TO SPEED AND NOISE, THERE IS LITTLE WE CAN DO ABOUT "INSTANT SEX". WE ARE REASONABLY CERTAIN THAT DENIAL OF REALITY, BEMOANING THE MORALS OF OUR YOUTH, AND PASSING ANTI-OBSCENITY LAWS WILL NOT BE EFFECTIVE MEASURES OF PREVENTION. WHAT WE COULD DO, BUT DON'T DO, IS TO GIVE REALISTIC DISEASE PREVENTION INSTRUCTION IN OUR HOMES AND SCHOOLS AND TALK ABOUT VENEREAL DISEASES IN THE SAME VEIN WE TALK ABOUT ANY OTHER INFECTION. IN THE MEANTIME, AS WE SAY EVERY YEAR, IF YOU HAVE ANY QUESTION CONCERNING PREVENTION, DIAGNOSIS, OR TREATMENT OF A VENEREAL DISEASE; IF YOU ARE MALE OR FEMALE, YOUNG OR OLD, SINGLE OR MARRIED, SHORT OR TALL, THIN OR THICK, PLEASE CONSULT YOUR PHYSICIAN OR CALL THE HEALTH DEPARTMENT. SERVICES ARE FREELY AVAILABLE, ALL YOU HAVE TO DO IS TO MAKE USE OF THEM.

SUICIDE

YOLO COUNTY NOW HAS A WELL ESTABLISHED SUICIDE PREVENTION PROGRAM. THERE ARE BASICALLY FOUR PARTS TO IT: FIRSTLY, WE STILL CONTINUE TO RECEIVE REPORTS ABOUT PATIENTS WHO HAVE ATTEMPTED SUICIDE AND HAVE EITHER BEEN

ADMITTED TO HOSPITALS FOR EMERGENCY SERVICE OR HAVE COME TO THE ATTENTION OF LAW-ENFORCING OFFICERS, FRIENDS OR RELATIVES. THIS IS ONLY SECONDARY PREVENTION SINCE IT OBVIOUSLY FAILS TO INTERVENE BEFORE AN ATTEMPT ON ONE'S LIFE HAS ACTUALLY BEEN MADE. SECONDLY, THE TOPIC OF SUICIDE IS BROUGHT UP IN THE HEALTH DEPARTMENT DURING ROUTINE INTERVIEWS, REGARDLESS OF THE REASON FOR WHICH A PARTICULAR PERSON MAY HAVE COME TO THE DEPARTMENT. MANY WELCOME THE OPPORTUNITY TO DISCUSS THEIR SUICIDAL APPREHENSIONS AND ARE GLAD TO KNOW THAT HELP MAY BE AVAILABLE IN CASE OF NEED. THIS COMES CLOSER TO PRIMARY PREVENTION. THIRDLY, REGULAR CLINICS ARE NOW HELD TWICE A MONTH AT OUR MENTAL HEALTH CENTER IN WHICH DISTURBED PATIENTS EXPRESS THEIR FEELINGS AND ASSIST EACH OTHER WITH THE HELP OF PROFESSIONAL LEADERSHIP. LASTLY, YOLO COUNTY IS FORTUNATE IN HAVING A WELL ORGANIZED VOLUNTEER SERVICE WHICH OPERATES 24 HOURS A DAY, 7 DAYS A WEEK. THE VOLUNTEERS REMAIN ANONYMOUS BUT HAVE A NUMBER OF PROFESSIONAL BACK-UP PEOPLE IN THE COMMUNITY AT THEIR EMERGENCY. SUICIDE IN YOLO COUNTY HAS BEEN REDUCED TO THE NINTH LEADING CAUSE OF DEATH, BUT ALL OF US NEED TO CONTINUE OUR LIFE-SAVING EFFORTS. AS LONG AS WE CAN KEEP THEM TALKING, WE CAN KEEP THEM LIVING. WE WOULD LIKE TO EXPRESS OUR SINCERE GRATITUDE TO THE MANY VOLUNTEERS WHO UNSELFISHLY HAVE ORGANIZED THE TELEPHONE SERVICE. BEFORE YOU ATTEMPT TO TAKE YOUR LIFE, PLEASE CALL DAVIS 756-5000.

MENTAL HEALTH



IT IS NOW ONLY 15 MONTHS SINCE OUR MENTAL HEALTH SERVICES WERE ORGANIZED AS A SEPARATE DIVISION AND FINANCED JOINTLY BY 25% COUNTY MONEY AND 75% STATE MONEY. IT IS OFTEN CONSIDERED DIFFICULT TO DESCRIBE MENTAL HEALTH SERVICES IN TERMS OF FACTS AND FIGURES, BUT HERE ARE SOME INDICATIONS OF THE EFFECTIVENESS OF OUR COMMUNITY PROGRAM: COMMITMENTS OF MENTAL PATIENTS TO STATE HOSPITALS WERE DECREASED BY NO LESS THAN 80% COMPARED TO THE AVERAGE OF PRECEDING YEARS. THIS IS DONE BY CLOSE COOPERATION WITH OUR DISTRICT ATTORNEY, WHO FIRST REFERS PATIENTS TO US FOR SCREENING BEFORE A PETITION FOR HOSPITAL CARE IS ACCEPTED. IN MOST INSTANCES ALTERNATE

HOME CARE ARRANGEMENTS COULD BE MADE WHICH ACCOUNTS FOR THE DRASTIC REDUCTION IN COMMITMENTS. BUT EVEN FOR THOSE PATIENTS WHO STILL REQUIRE HOSPITAL CARE, WE HAVE ARRANGED FOR VERY SATISFACTORY COOPERATION WITH DEWITT STATE HOSPITAL. A YOLO COUNTY WARD HAS BEEN ESTABLISHED. MEMBERS OF OUR MENTAL HEALTH SERVICE STAFF VISIT THE HOSPITAL REGULARLY, PARTICIPATE IN STAFF MEETINGS AND RESUME RESPONSIBILITY FOR FOLLOW-UP TREATMENT AFTER THE PATIENTS' RETURN. THIS WAY PATIENTS ARE NOT JUST BEING "SENT AWAY", AND CONTINUITY OF CARE IS PRESERVED. DURING THE YEAR OVER 800 PATIENTS WERE SEEN IN OUR MENTAL HEALTH SERVICE WHICH OPERATES BOTH IN WOODLAND AND IN BRODERICK. THOSE PATIENTS WERE REFERRED TO US BY PHYSICIANS, FROM THE HEALTH DEPARTMENT ITSELF, BY COURT AND CORRECTIONAL AGENCIES, BY SOCIAL SERVICE AGENCIES, THE SCHOOLS, OR BY THEMSELVES. ABOUT HALF OF THEM WERE SEEN IN CONSULTATION ONLY AND THEN REFERRED BACK TO THE ORIGINAL SOURCE. MOST OTHERS HAD UP TO SIX INTERVIEWS AND LESS THAN 10% REQUIRED EXTENDED TREATMENT. MANY PATIENTS WITH ACUTE SHORT-TERM MENTAL ILLNESS WERE TREATED IN LOCAL HOSPITALS BUT USE OF SO-CALLED "SECURITY CELLS", WHICH MEANS LOCKED ISOLATION ROOMS, WAS CUT IN HALF DURING THE YEAR, WHICH IS AN INDICATION OF INCREASING COMFORT AND CONFIDENCE OF THE HOSPITAL STAFF IN TREATING EMOTIONALLY DISTURBED PATIENTS. WE WERE HAPPY TO BE ABLE TO ACCEPT THE OFFER OF A PROMINENT SOCIOLOGIST TO PROVIDE US WITH AN EVALUATION OF OUR PROGRAM WHICH HOPEFULLY WILL ASSIST US IN FURTHER IMPROVEMENT OF OUR MENTAL HEALTH SERVICES TO THE COMMUNITY.

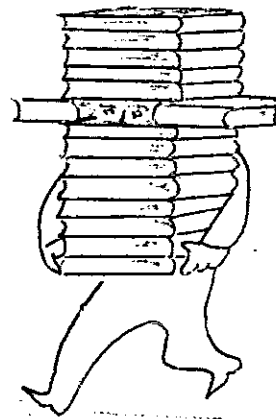
HEALTH EDUCATION



OUR FORMAL HEALTH EDUCATION PROGRAM, ONLY ONE-FIFTH TIME TO BEGIN WITH, CAME TO AN ABRUPT HALT DURING THE SECOND PART OF THE YEAR SINCE OUR DISTINGUISHED PART-TIME HEALTH EDUCATOR, YOLO COUNTY'S FIRST ONE, WAS APPOINTED TO THE FACULTY OF THE UNIVERSITY OF CALIFORNIA AND REGRETFULLY HAD TO LEAVE OUR DEPARTMENT. CONSIDERING THE EXTREMELY LIMITED TIME AT HIS DISPOSAL, THE RANGE OF ACTIVITIES WAS REMARKABLE: NEWS RELEASES WERE DEVELOPED TO COVER OUR MIGRANT HEALTH SANITATION PROGRAM, HOME NURSING CARE, AND A MENTAL HEALTH WORKSHOP FOR POLICE. SCHOOLS WERE CONTACTED AND OFTEN REQUESTED CONSULTATION

HOW TO INCLUDE BASIC HEALTH EDUCATION MATERIAL IN THE CURRICULUM. HEALTH EDUCATION TEXTBOOKS WERE EVALUATED AND CONFERENCES HELD WITH SCHOOL FACULTIES. MATERIAL WAS DEVELOPED FOR HEALTH TEACHING OF PEACE CORPS VOLUNTEERS AT U. C. IN DAVIS. STAFF CONSULTATION WAS MADE AVAILABLE WITHIN OUR OWN DEPARTMENT, PARTICULARLY NURSING, SANITATION, AND MENTAL HEALTH. HEALTH EDUCATION SERVICE WAS ATTACHED TO OUR VACCINATION ASSISTANCE PROGRAM. THREE HEALTH EDUCATION STUDENTS FROM SACRAMENTO STATE COLLEGE RECEIVED FIELD TRAINING IN OUR DEPARTMENT AND OBTAINED INFORMATION FOR US ON IMMUNIZATION LEVELS, V. D. EDUCATION, AND ATTITUDES TOWARD BIRTH CONTROL. THE HEALTH EDUCATION INTEREST OF OUR DEPARTMENT WAS REPRESENTED IN THE MEETINGS ON SUICIDES, CARDIOVASCULAR DISEASES, AND FAMILY PLANNING. EVEN THE WALLS OF OUR OWN OFFICES WERE ADORNED WITH HEALTH EDUCATION DEVICES. WE DO HOPE THAT THIS IMPORTANT SERVICE WILL NOT ONLY BE REINSTITUTED BUT ALSO EXPANDED IN THE COMING YEARS.

PROJECTS



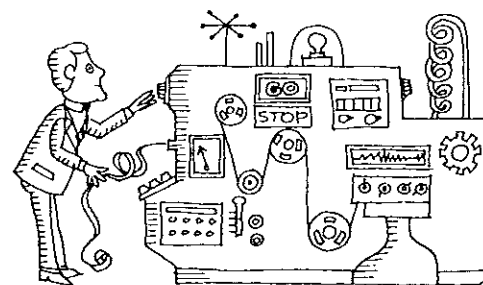
PROJECTS, PROGRAMS, AND PROBLEMS HAVE BECOME SYNONOMOUS TERMS IN PUBLIC HEALTH ADMINISTRATION. GONE ARE THE DAYS WHERE WE COULD ASK FOR WHAT WE NEED, TAKE WHAT WE GET, AND TRY TO MAKE THE BEST OF IT. TODAY ONLY THE VERY NUCLEUS OF OUR PROGRAM, THE SO-CALLED "TRADITIONAL" PUBLIC HEALTH SERVICES, CAN BE ARRANGED THIS WAY. EVERYTHING ELSE HAS TO BE PIECED TOGETHER IN FORM OF SO-CALLED CATEGORICAL PROJECTS WHEREBY CERTAIN SUMS OF MONEY MAY BE APPLIED FOR AND, IF GRANTED BY OUTSIDE SOURCES AND ACCEPTED BY THE COUNTY, HAVE TO BE SPENT FOR SPECIFIC AND NARROWLY DEFINED PROGRAMS. IN OTHER WORDS, IF A DEPARTMENT WISHED TO CONFINE ITSELF TO THE REGISTRATION OF VITAL DATA, CONTROL OF COMMUNICABLE DISEASES, BASIC SANITATION, SERVICES TO PRESCHOOL CHILDREN, AND LABORATORY TESTS, MANY DIFFICULTIES COULD BE AVOIDED. IF ONE WISHES TO RENDER SUCH COMPREHENSIVE SERVICES AS WE ATTEMPT TO PROVIDE FOR YOLO COUNTY, THE SITUATION IS VERY DIFFERENT. THIS IS THE REASON WHY A

RELATIVELY SMALL DEPARTMENT SUCH AS OURS OPERATES ABOUT A DOZEN PROJECTS IN ADDITION TO SO-CALLED ROUTINE SERVICES.

HOME HEALTH SERVICES ARE SUBSIDIZED PARTLY BY THE CANCER SOCIETY, PARTLY THE STATE HEALTH DEPARTMENT, AND REIMBURSED THROUGH SOCIAL SECURITY FUNDS. SEASONAL AGRICULTURAL WORKERS RECEIVE PUBLIC HEALTH SERVICES UNDER A FEDERAL GRANT. A PROGRAM FOR CHRONIC ILLNESS AND AGING IS SUBSIDIZED BY THE STATE WHICH, AMONG OTHER THINGS, ENABLES US TO RENDER NUTRITIONAL CONSULTATION. EXTENSION OF MATERNAL AND CHILD HEALTH PROGRAMS, TOGETHER WITH A SUBSECTION FOR SERVICES FOR THE MENTALLY RETARDED, ARE LIKEWISE SUPPORTED BY THE STATE. A CERVICAL CANCER SCREENING PROGRAM IS ALSO CONDUCTED THROUGH STATE MONEY, AND SO IS PART OF OUR T. B. CONTROL PROGRAM. OUR FIELD SANITATION SERVICE WAS STRENGTHENED BY A CONTRIBUTION FROM THE OFFICE OF ECONOMIC OPPORTUNITY, AND OUR VACCINATION PROGRAM IS COVERED BY A FEDERAL GRANT. EACH OF THOSE PROJECTS MUST BE APPLIED FOR AND RENEWED SEPARATELY, PROGRESS REPORTS MUST BE FILED; THE DATE OF APPROVAL IS UNCERTAIN, AND THE COUNTY NEEDS TO ADVANCE THE MONEY BEFORE REIMBURSEMENT IS RECEIVED. IN ADDITION TO THOSE PROJECTS WE ALSO RECEIVE A SMALL BUT AT LEAST NON-CATEGORICAL GRANT-IN-AID FROM THE FEDERAL GOVERNMENT AND A SUBSTANTIAL STATE SUBSIDY WHICH IS DISTRIBUTED TO LOCAL HEALTH DEPARTMENTS ON A POPULATION KEY BASIS. TWO MORE SMALL STATE GRANTS ARE RECEIVED: ONE PAYS FOR PART OF OUR FAMILY PLANNING SERVICE, THE OTHER ONE FOR FOLLOW-UP OF ARMED SERVICES MEDICAL REJECTEES.

THIS "CATEGORY CRAZE" AND THE MOUNTAINS OF PAPER WORK CONNECTED WITH IT MUST GO! THERE SHOULD BE BUT ONE CATEGORY OF PEOPLE OF CONCERN TO HEALTH AND WELFARE AGENCIES, NAMELY THE CATEGORY OF THE "NEEDY", WHICH SHOULD BE DEFINED, AND GOVERNMENT SHOULD DO FOR THEM WHAT THEY CANNOT DO FOR THEMSELVES. THIS IS NOT DIFFERENT IN HEALTH FROM WHAT IT IS IN ANY OTHER FIELD OF GOVERNMENTAL SERVICES.

ADMINISTRATION



THE MAIN TASK OF A PUBLIC HEALTH ADMINISTRATOR TODAY IS TO COMBINE THE VARIOUS BITS AND PIECES OF A JIGSAW PUZZLE IN AN EFFORT TO PRODUCE A PICTURE OF A WELL-ROUNDED PUBLIC HEALTH PROGRAM. IT MEANS PUTTING TOGETHER VARIOUS STAFF MEMBERS, PART OF WHOSE SALARY MAY BE PAID BY DIFFERENT SOURCES, AND FIT THEM INTO DIFFERENT PROGRAMS AND PROJECTS WHICH IN TURN MAY BE EITHER "GENERAL" OR "CATEGORICAL". FUNDING COMES FROM DIFFERENT SOURCES AND AT DIFFERENT TIMES OF THE YEAR. THE RESULT MAY BE LIKENED TO WATCH WHICH TICKS SMOOTHLY AND REGULARLY AS LONG AS THE MANY COMPLEX INTERLOCKING PARTS OF THE MACHINERY WORK TOGETHER IN A PRESCRIBED FASHION, WITH THE WHOLE CREATION BEING CAREFULLY ENCASED SO THAT NO OUTSIDER CAN SEE WHAT REALLY MAKES IT TICK.

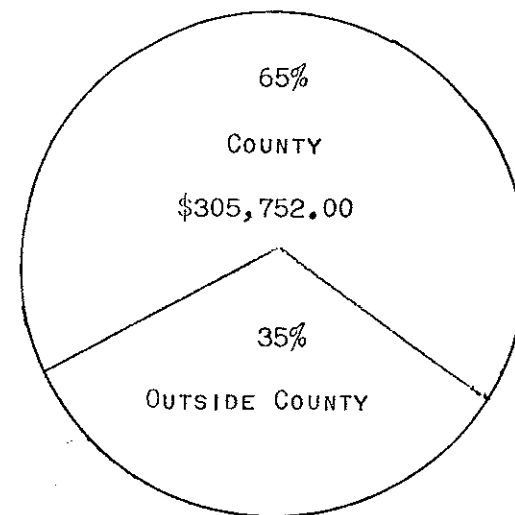
TO CONNECT OUR LOCAL HEALTH DEPARTMENT WITH APPROPRIATE STATE AGENCIES, WE COOPERATE WITH THREE STATE DEPARTMENTS, NAMELY PUBLIC HEALTH, MENTAL HYGIENE, AND SOCIAL WELFARE. OUR FEDERAL RELATIONS ARE MEDIATED THROUGH THE DISTRICT OFFICE IN SAN FRANCISCO. COMMUNICATION BETWEEN LOCAL HEALTH DEPARTMENTS IS PROVIDED THROUGH THE CONFERENCE OF LOCAL HEALTH OFFICERS. TO RAISE OUR LEVEL OF PERFORMANCE, OUR STAFF MEMBERS ARE ENCOURAGED TO ATTEND POST-GRADUATE TRAINING SESSIONS. OUR OWN DEPARTMENT WAS HOST TO REGIONAL MEETINGS ON HEART DISEASE AND ON GENETIC DISEASES; WE ALSO PARTICIPATED IN REGIONAL MEETINGS FOR SEASONAL AGRICULTURAL WORKERS AND FOR MEDICAL REJECTEES. WE WORK CLOSELY WITH CIVIL DEFENSE AUTHORITIES AND PARTICIPATED IN A HOSPITAL EMERGENCY TEST, AND ALSO COOPERATE IN MEDICAL SELF-HELP TEACHING. SOME OF OUR STAFF MEMBERS HELPED TO SUPERVISE THE HEALTH TRAINING OF PEACE CORPS VOLUNTEERS WHO RECEIVED THEIR ORIENTATION AT THE

UNIVERSITY IN DAVIS PRIOR TO THEIR OVERSEAS ASSIGNMENTS. OUR DEPARTMENT PARTICIPATED INTENSIVELY IN HEAD START AND SIMILAR PROGRAMS CONDUCTED THROUGH THE OFFICE OF ECONOMIC OPPORTUNITY; AS LONG AS POVERTY CANNOT BE PREVENTED, IT SHOULD AT LEAST BE TREATED. THE SERVICES WE PROVIDE TO THE PEOPLE WE SERVE NEED TO UNDERGO PERIODIC EVALUATION TO MAKE SURE THAT OUR PROGRAM REMAINS ATTUNED TO THE NEEDS OF THE PUBLIC. WE NEED TO BE ON THE WATCH CONSTANTLY TO SEE WHAT FAMILIES WE ADMIT TO SERVICE AND WHOM IN TURN WE REFER TO OTHER SOURCES IN ORDER TO AVOID WHAT HAS BEEN CALLED "RESISTIVE INTAKE" AND "PUNITIVE REFERRAL". JUST THE SAME, SOME PROGRAMS DEFY EXACT EFFORTS, WHILE OTHERS PROVIDE SUCH AN OBVIOUS GAP THAT NO EVALUATION IS NEEDED TO ESTABLISH THE NEED FOR CONTROL. ALCOHOL, OUR SOCIAL LUBRICANT, WOULD BE A GOOD CASE IN POINT.

IF WE WERE TO ESTABLISH "POINT WITH PRIDE" AND "VIEW WITH ALARM" COLUMNS FOR 1966, WE WOULD VIEW WITH ALARM THE INCREASING TREND OF FRAGMENTATION OF PUBLIC HEALTH SERVICES AND THE TIGHTNESS OF MONEY CAUSED BY OUR FAVOR OF MILITARY EXPENDITURES. WE WOULD POINT WITH PRIDE TO THE COMPREHENSIVENESS OF OUR SERVICES, OUR NEWLY-ACQUIRED LICENSE TO CONDUCT HOME NURSING SERVICES AS A HOME HEALTH AGENCY, AND TO THE REPUTATION OF OUR DEPARTMENT.

BUDGET

MUCH IS WRITTEN THESE DAYS ABOUT PSYCHEDELIC OR MIND-ENLARGING EXPERIENCES. BUDGET HEARINGS SHOULD PERHAPS BE LISTED AS MIND-ENLARGING EDUCATION IN THAT THEY TEACH US THAT DEPARTMENT HEADS WHO REQUEST MORE STAFF, MORE SERVICES, MORE MONEY, MORE OF EVERYTHING, ARE NOT NECESSARILY AT THE SAME TIME THE ONES WHO ARE MOST CHERISHED AND ADMIRER BY THEIR GOVERNING BODIES. BY CONTRAST, THE PUBLIC AT LARGE DOES NOT ALWAYS FEEL THAT THOSE DEPARTMENTS RENDER THE BEST SERVICE WHO ASK FOR NOTHING. BETWEEN THOSE TWO EXTREMES WE ATTEMPT TO STRIKE A PRECARIOUS BALANCE AND THUS, AFTER MOST CAREFUL CALCULATION, AND WITH MUCH ADVICE AND DISSSENT FROM ABOVE, WE ARRIVED AT THE FOLLOWING BUDGET FOR THE CURRENT FISCAL YEAR:



AS YOU SEE BY THIS "PIE" DIAGRAM, OUR TOTAL BUDGET AMOUNTS TO \$305,752.00 OF WHICH \$199,765.00 OR 65% ARE PAID BY COUNTY FUNDS, WHEREAS \$105,987.00 OR 35% ARE FINANCED BY OUTSIDE RESOURCES. IT IS IMPRESSIVE TO NOTE THAT THE GRANTS WHICH OUR DEPARTMENT RECEIVED FROM VARIOUS OUTSIDE SOURCES COMPRISE MORE THAN ONE-THIRD OF OUR WHOLE BUDGET. SINCE THE COUNTY RUNS A CLOSE TO \$15,000,000 BUSINESS, THIS MEANS THAT OUT OF EVERY LOCAL TAX DOLLAR 1.3 PENNIES GO INTO PUBLIC HEALTH. SURPRISINGLY ENOUGH, THIS IS EVEN SOMEWHAT LESS THAN THE PRECEDING YEAR, WHICH GOES TO SHOW THAT NOT ONLY ALL EXPANDED SERVICES BUT ALSO PART OF PREVIOUSLY EXISTING SERVICES WERE COMPENSATED BY OUTSIDE REVENUE.

IS \$3.30 PER PERSON PER YEAR MUCH FOR PUBLIC HEALTH SERVICES IN YOLO COUNTY? YES, IF YOU COMPARE THIS AMOUNT TO THE FEW PENNIES WE PAY TO MAINTAIN THE UNITED NATIONS. NO, IF YOU COMPARE IT TO THE \$60 WHICH THE AVERAGE MODERATE SMOKER SPENDS EACH YEAR TO PURCHASE ILL HEALTH.

OUR BUDGET IS STILL A "LINE ITEM" BUDGET WHICH ONLY TELLS YOU HOW MANY PEOPLE WORK HERE AND HOW MUCH MONEY THEY SPEND. IT DOES NOT REALLY TELL YOU WHAT THOSE PEOPLE ACTUALLY DO. A "PROGRAM BUDGET" IS MORE DIFFICULT TO PREPARE, BUT IT GIVES MUCH BETTER INSIGHT INTO THE WORKINGS OF A DEPARTMENT. IT TELLS YOU NOT ONLY

HOW MUCH MONEY THEY SPEND ON TRAVEL, ON TELEPHONES, ON MAIL, BUT ALSO WHO GOES WHERE FOR WHAT PURPOSE, WHO WRITES OR CALLS WHOM ABOUT WHAT. A LINE ITEM BUDGET IS EASIER TO PREPARE, EASIER TO CONTROL, EASIER TO AUDIT, EASIER TO CUT. BUT A PROGRAM BUDGET IS THE THINKING MAN'S BUDGET. WHATEVER YOU THINK OF MONEY, WE ARE CONSOLED BY THE FACT THAT THE BEST THINGS IN LIFE ARE NOT FOR SALE.

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AFTERTHOUGHT

AS OUR RADAR GAZE SWEEPS OVER OUR COMMUNITIES WE NOTE WITH PLEASURE THAT OUR PATIENT, THE COUNTY OF YOLO, IS DOING WELL. WE ARE STILL BOTHERED BY FRAGMENTATION OF SERVICES WHICH MAKES VARIOUS PARTS OF VARIOUS FAMILIES, SOMETIMES EVEN VARIOUS PARTS OF A SINGLE PERSON ELIGIBLE FOR VARIOUS SERVICES UNDER VARIOUS PROGRAMS. WE HAVE MEDI-CAL AND MEDICARE, WE STILL MISS PREVENTICARE. WE STILL ASK PEOPLE TO ADJUST THEIR NEEDS TO OUR FACILITIES INSTEAD OF THE OTHER WAY AROUND. WE STILL HAVE MOUNTAINS OF PAPER WORK, WE STILL HAVE INNUMERABLE CHECKS AND BALANCES WHICH OFTEN ENOUGH OUTCHECK AND OUTBALANCE THE PURPOSES FOR WHICH THEY WERE ESTABLISHED. BUT FORTUNATELY THOSE WHO ADMINISTER PUBLIC HEALTH PROGRAMS ARE OFTEN MUCH MORE PAINFULLY AWARE OF ALL THOSE INTERNAL HANDICAPS THAN THOSE WHO RECEIVE PUBLIC HEALTH SERVICES. HOW DOES IT LOOK TO YOU? WOULD YOU TELL US?

GOOD LUCK AND GOOD HEALTH!

YOUR HEALTH DEPARTMENT