M i C

Annual Report

Activities & Accomplishments

1970

MOBILE COUNTY BOARD OF HEALTH
248 COX STREET, PO BOX 4533
MOBILE, ALABAMA 36604

"Good Health Is Community Wealth"

TABLE OF CONTENTS

Page

MOBILE COUNTY BOARD OF HEALTH..... 1

1970 AT A GLANCE..... 2

SOURCE AND APPLICATION OF FUNDS..... 5

BUREAU OF ENVIRONMENTAL HEALTH

Division of Air Pollution and Solid Wastes..... 6
Division of General Sanitation..... 7
Division of Veterinary Public Health..... 8
Division of Vector Control..... 9

BUREAU OF PREVENTABLE DISEASES

Division of Nursing..... 10
Division of Tuberculosis Control..... 13
Division of Venereal Disease Control..... 15
Division of Immunization..... 17
Division of Epidemiology..... 18

BUREAU OF MATERNAL AND CHILD HEALTH..... 19

Division of Health Education..... 22
Division of Nutrition..... 23
Division of Family Planning..... 26
Division of Social Service..... 27
Division of Nursing..... 34
Laboratory Division..... 37

BUREAU OF DENTAL HEALTH..... 38

Division of Dental Health Education..... 39
Division of Preventive Dentistry..... 39
Division of Special Projects and Research..... 40
Division of Dental Services..... 40

MOBILE BRANCH LABORATORY..... 42

BUREAU OF ADMINISTRATION

Division of Research and Planning..... 43
Division of Health Education..... 45
Division of Vital Statistics..... 46
Fees Collected..... 47
Births and Stillbirths..... 48
Deaths by Sex, Race and Age..... 48
Births, Stillbirths, Deaths, Infant Deaths, Neo-Natal Deaths and Maternal Deaths by Race and Rate..... 49
Recorded Births by Month..... 50
Resident Births by Birthweight..... 51
Live Births and Neo-Natal Deaths..... 52
Recorded Deaths..... 53

MOBILE COUNTY
BOARD OF HEALTH

	Term Expires:
John W. Donald, M.D., Chairman	December, 1970
Sidney Phillips, M.D.	December, 1971
Charles M. Walsh, III, M.D.	December, 1972
J. Richard Moore, M.D.	December, 1973
William H. Cooner, M.D.	December, 1974
Mr. Howard Yeager, President Mobile County Commission	Member by Reason of His Office

George W. Newburn, Jr. M.D.

Health Officer

1970 AT A GLANCE...

The Mobile County Board of Health was plagued this past year with financial difficulties and a threatening diphtheria situation. The financial crisis reached its peak July 1st, when employees went on a four-day work week and took a one step reduction in pay which lasted until August 15th. The diphtheria crisis resulted in 18 cases being reported for the year.

The total annual budget was $1,029,533 and included the following appropriations: Mobile County $177,149; Municipalities $235,719; State of Alabama $122,722; Federal Grants $295,235; Board of Health receipts $71,373; revenue from prior years $68,672 and other funds, $58,663.

Dr. Newburn was granted sabbatical leave to obtain his Master's Degree in Public Health at Tulane University. Dr. Clark was acting health officer during this period.

Construction of the third floor addition, made possible by the City of Mobile, Mobile County Medical Society and Hill-Burton funds, was started in late summer. Delays due to strikes and non-availability of some materials set anticipated completion date back to early 1971.

Comprehensive Health Planning and Regional Medical Program were put in force and started handling their responsibilities and processing actions under their official title of "Southwest Alabama Health Planning Council". The Board of Health remains as grantee agency and furnishes full administrative support.

The Vital Statistics Division recorded 7,011 live births, 3,073 deaths and 108 stillbirths.

The Data Processing Division, in cooperation with the Controller, installed a system of division cost accounting.

A total of 1,687 new maternity patients were admitted to service which resulted in 20,359 clinic visits.

The Board of Health was awarded a federal grant in the amount of $91,348 for the purpose of supporting Family Planning Project #7112. Subsequently one present clinic was expanded, a new clinic established and plans for an additional clinic were finalized.

Dental services were furnished to Maternity and Infant Care Project patients as well as school children eligible for Title I Care. Services are furnished at the Board of Health and Mobile General Hospital. The director has been appointed to the Council on Dental Health of the Alabama Dental Association. Dental health education continues to receive emphasis, consequently, the number of completed dental cases have doubled.

The Division of Air Pollution Control and Solid Waste Disposal completed its study of air pollution for the South Alabama Regional Planning Commission. Additional air monitoring units were placed in Mobile County as a result of an agreement with the State Department of Health to perform certain functions in the field of air pollution control. Mobile County was named as part of the Gulf Coast Air Quality Control Region. Hearings on standards and plans for implementation will be held during 1971. Arrangements were completed to have a mobile air sampling unit loaned to the Board of Health from the U.S. Public Health Service. Several landfill sites were approved during the year but none have been put into use. The Division cooperated with the South Alabama Regional Planning Commission on a study of solid waste disposal.

The Division of Vector Control continued to operate a mosquito control program on Dauphin Island. The first meetings of the Mobile-Baldwin Mosquito Control Commission were held with attempts made to organize and plan future actions.

The General Sanitation and Inspection Services Division, regardless of curtailed services, was able to perform 16,634 inspections and field visits. Since the Board of Health obtained the services of an attorney, the Division has initiated court cases in regard to milk, boarding houses and cafes.

The Bureau of Preventable Diseases was forced to curtail activities in the programs of tuberculosis control and immunization clinics. Low immunization levels throughout the county, resultant from the curtailment, no doubt had a bearing on the diphtheria threat which became evident in August. Plans were formulated to resume full scale clinics during November in both of these facets of public health.

A "Rub out Rubella" campaign on November 8th resulted in 30,392 immunizations being given. Without assistance from the Mobile County Medical Society and various civic groups such an ambitious undertaking would not be possible. The vaccine was furnished by the State Department of Health using federal funds.

The Board of Health was certified as an official Home Health Agency on July 1st.

MOBILE COUNTY BOARD OF HEALTH
SOURCE AND APPLICATION OF FUNDS
FISCAL YEAR 1969 - 1970
ENDING SEPTEMBER 30, 1970

SOURCES OF FUNDS

Appropriations:		
Local Governments:		
County of Mobile	$ 177,149	
City of Mobile	192,595	
Other municipalities	43,124	
State of Alabama	122,722	
Total Appropriations		$ 535,590
Other Funds Received:		
Federal funds	$ 295,235	
State funds	26,233	
Local funds	32,430	
Total Other Funds Received		353,898
Local Fees, Permits, Miscellaneous Revenue		71,373
Revenue from Prior Years		68,672
TOTAL REVENUE FOR THE YEAR		$1,029,533

APPLICATION OF REVENUE

Expenditures:		
Personnel cost, including fringe benefits	$ 877,955	
Supplies	11,992	
Mileage and travel	23,583	
Equipment and buildings	4,877	
Other costs (includes clinicians)	67,384	
Total Expenditures	$ 985,791	
Appropriated funds	5,500	
Total Application of Funds		$ 991,291
REVENUE EXCEEDS EXPENDITURE FOR YEAR		$ 38,242

Division of Air Pollution and Solid Wastes

A study initiated by the South Alabama Regional Planning Commission, and contracted to the Board of Health, was completed and published. This study was the first such study designed for use by the average citizen for the three county area.

Air sampling activities continued throughout the year. A total of 847 air samples were collected and analyzed.

Mobile County was part of a three county area in Alabama designated in a Federal Air Quality Control Region. As part of the Air Quality Control Region, the county is now under the Federal Clean Air Act. This does not mean federal control but it does mean that the state Air Pollution Control Commission has certain deadlines to meet in the control process.

A mobile air sampling trailer, designed to continuously monitor gaseous and particulate pollutants, has been assigned to the Mobile Area. This sampling site should be operable in early 1971.

Solid waste disposal activities have been centered around the inspection of existing facilities and assistance to the governing bodies in their preparation to meet the deadlines for safe disposal as outlined in the state solid waste law.

Division of General Sanitation

Due to the lack of funds and the inability to retain qualified personnel in the Division of General Sanitation, it was decided to have the community health specialists specialize in two areas, general sanitation and inspection services. Thus far, this has resulted in a more efficient operation of the Division.

STATISTICAL REPORT

General Sanitation	City of Mobile	County Exclude City	Total
1. Water supply inspections	64	411	475
2. Water samples collected for testing	174	219	393
3. Septic tank inspection	109	1,075	1,184
4. Septic tanks approved	56	468	524
5. Nuisances investigated	2,089	886	2,975
6. Motels and trailer park inspections	151	159	310
7. Headstart, child day care, kindergarten, public and private institutions, jails, etc.	494	312	806
8. Garbage disposal site inspections	66	261	327
9. VA and FHA forms processed	35	224	259
10. Individual lots approved	27	248	275
11. Subdivisions approved	19	60	79
12. Swimming pool inspections	200	50	250
Food Inspection Branch			
1. Food service establishment inspections	4,032	1,638	5,670
2. Meat market inspections	1,138	834	1,972
3. Foodhandler classes taught	44	-	44
4. Attendance at above	3,669	-	3,669

Division of Veterinary Public Health

Primary emphasis of the Division is on milk, milk products, rabies control and zoonoses. There were no cases of rabies in Mobile County in 1970. Veterinary Public Health, in cooperation with the Department of Virology at the Medical School in Birmingham and Bureau of Laboratories of the Alabama Department of Public Health, initiated work on the viral encephalitis epidemiology that was started after hurricane Camille in 1969. Due to shortage of funds at the Board of Health, the activities of this Division were curtailed to conserve funds and reduce expenses.

STATISTICAL REPORT

	City of Mobile	County Exclude City	Total
1. Dairy inspections	0	459	459
2. Pasteurization plant inspections	48	0	48
3. Water samples collected	0	66	66
4. Ice cream manufacturing plant inspections	37	0	37
5. Ice milk manufacturing establishment insp.	14	14	28
6. Milk samples collected	101	900	1001
7. Ice cream samples collected	226	0	226
8. Ice milk & ice milk mix samples collected	1246	416	1662
9. Bottling plant inspections	48	0	48

Division of Vector Control

Mosquito control operations were conducted on a contract basis for Dauphin Island. Equipment update, methodology, and personnel improvements, provided high quality mosquito control for the area. Project efforts were evaluated through the use of New Jersey Light Traps and landing rate counts in uncontrolled and controlled areas.

Continued use and research on Dursban was conducted in parallel studies on Dauphin Island. Liquid Abate was used successfully as a new larviciding agent for the mosquito project and gave excellent long range results.

Assistance was given other divisions of the Board of Health. A virology study was continued along with the Division of Veterinary Public Health.

Legislation, applicable to Mobile and Baldwin Counties, was passed allowing the creation of a mosquito abatement district. Board members officially took office in October 1970.

Rodent control continued in conjunction with urban renewal projects. The Beauregard-Water Street Project is approximately 90% complete. A new project, Texas Street Urban Renewal, was begun under contract with the City of Mobile. A total of 1,175 premises were treated with rodenticides and 1,175 buildings were dusted with insecticides.

The field investigators answered numerous complaints concerning rats, flies, mosquitoes, etc.

BUREAU OF PREVENTABLE DISEASES

Division of Nursing

It is the responsibility of the Nursing Division to provide nursing service on a family centered basis for individuals and groups at home, at work, at school, and in public health centers. With emphasis on preventive as well as restorative health teaching, the nurses provided services in seven broad areas: (1) Communicable Diseases; (2) Maternal - Child Health; (3) Health Education; (4) Mental Hygiene; (5) Accident Prevention; (6) Home Health Services; and (7) Chronic Diseases. Home health services were added to the nursing program on January 1, 1970. In addition to the generalized services provided by the nurses, one nurse was assigned full time to do epidemiological investigation and follow-up patient education.

The Division acted as an affiliating agency in providing observational experiences for nursing students in the three diploma schools of nursing in Mobile. The students observed the nurses in a variety of settings in order to understand the role of the public health nurse in the total health program.

There were 11 midwives in the county who had permits to deliver babies. From this group, 19 deliveries were made. The midwives were supervised on a limited basis by the nurses in the home setting and with deliveries (when possible). Babies of mothers delivered by midwives were followed by the district nurse at intervals. In addition to the supervision, the

Division conducted a monthly in-service education program for the midwives.

As part of the community involvement, the nurses voluntarily participated in a number of community related activities. For example, 4 nurses participated in a special rubella campaign in which 30,392 immunizations were given.

Due to the fact that 18 cases of diphtheria were reported in Mobile County from August to December, 1970, 31 extra immunization clinics were set up by the nurses and, with the combined efforts of the nurses and the immunization project, a total of 23,776 diphtheria immunizations were given.

A planned inservice education program was provided for the nursing personnel. Several members of the staff attended training courses on Planning Your Family and Administration in Family Planning. Members of the staff attended local nursing conferences and one day workshops.

Plans are being made to provide services on a continuum of care based on need which utilizes a team of nursing personnel in providing the services. The team will include professional nurses, technical nurses, licensed practical nurses, and nurses aides.

At the beginning of 1970, the Division had a staff of 25 nurses to serve a population of 300,000. There were 9 resignations (3 new nurses employed) and the year ended with 19 nurses on the staff. This number includes nurses assigned to the Maternal and Infant Care Project, Family Planning Project,

Tuberculosis Project, and Epidemiology. Even though the number is far short of the accepted ratio of nurses per population, the following statistical report will reflect the overall activities and work responsibilities of the nurses.

STATISTICAL REPORT

Clinic sessions held:

Total clinics held this year	2,149
Blood tests (foodhandlers, private physicians patients)	480
Immunization	306
Venereal disease	190
Maternity	478
Well-baby	237
Family planning	250
Tuberculosis	208
Total patients contacted	143,199

Nursing visits:

Total visits	10,613
Mental health	61
Communicable disease	929
Tuberculosis (cases, contacts, suspects, reactors)	6,839
Venereal disease	22
Premature infants	295
Child health	849
Chronic diseases	105
Maternity	239
Post-partum (hospital)	1,001
Family planning	66
Medicare-Medicaid	94
Health promotion	113

Screening:

Total patient contacts	40,027
Vision	644
Hearing	624
PKU	2,902
TB skin testing	35,850
Dental-	7

Division of Tuberculosis Control

Tuberculosis control programs in 1970 continued to play a major role in the health and welfare of the entire community. With our new active case rate two and one half times greater than that for the United States, considerable effort was made in the disease control programs. In fact, last year 14 states had fewer new active cases than were reported in Mobile County.

Concentrated effort was made in case finding or detection programs; case holding or extended treatment activities; and in disease prevention areas. This has resulted in a small drop in our new case rate, the first in several years.

By year's end, there were 887 cases in the open TB patient register. Of these, 787 were at home with 108 being active. Other listed stages of disease were: (1) undetermined activity, 112; (2) quiescent, 26; and (3) inactive, 541. The following statistics show our performance levels in outpatient management:

Percentage of active cases at home with current x-ray and drug theraphy	$\frac{105}{108} = 97.2\%$
Per cent of active cases at home with bacteriology exam in past 6 months	$\frac{88}{90} = 97.8\%$
Per cent of TB suspects with medical disposition within six months of initial screening	$\frac{171}{173} = 98.8\%$
Per cent of all cases at home with x-ray evaluation in past year	$\frac{699}{787} = 88.8\%$
Per cent of all contacts to new active case undergoing examination	$\frac{288}{324} = 88.8\%$

TB health services were provided to patients, contacts, reactors, suspects, and associates through regularly scheduled and staffed clinics.

In 1970 a total of 16,740 skin tests were administered with 734 positive. There were 2,704 cases receiving chemotheraphy; 4,029 suspects, reactors, and contacts receiving chemoprophylaxis. In addition, the clinician in charge saw or made specific recommendations on a total of 3,673 such individuals during the year. A total of 1,155 aerosol sputums were collected for bacteriological study. The Division took and processed 15,876 70mm screening x-rays along with 2,361 14X17 diagnostic chest films.

Beyond these clinic activities, TB Project nurses and field representatives visited and consulted with referred TB patients in their homes to further continue the success of our out-patient programs.

The child centered program in the schools covered more than 7,000 children and school employees. Follow-up here led to eight primary cases in children as well as pulmonary disease in two adults. Associate and case follow-up was effected and x-ray and clinician services were made available to all.

For the year a total of 201 new TB cases were reported, 155 of these active. We are hopeful that this drop from 227 and 186 in 1969 respectively, coupled with a continued reduction in infection rates from our extensive school testing programs, will lead to a true and continuous drop in tuberculosis in Mobile County.

Division of Venereal Disease Control

Syphilis Control

The year of 1970 showed an increase in infectious syphilis (primary and secondary) in Mobile County. The cooperation of private physicians, rapid epidemiology, and prophylactic treatment of all syphilis contacts, who were clinically negative for syphilis, helped to hold the number of cases at sixteen. Of these cases, one half (8) had sources outside of Mobile County.

The Mobile County Venereal Disease Control Division in conjunction with the Alabama State Venereal Disease Control Program, continued the 24 hour darkfield service available throughout the state. A physician wishing this service can call collect 269-7610 (269-6011 nights and holidays) in Montgomery, Alabama.

Although the rate of infectious syphilis is remaining at a low level, it was re-emphasized that field personnel draw as many serologies as possible. The Division also continued to encourage private physicians to screen patients with a routine serology.

TABLE I
Primary and Secondary Syphilis Cases and Rates*

Year	Number of Cases	Rate
1965	222	61.9
1966	162	44.7
1967	215	57.3
1968	31	8.1
1969	6	1.5
1970	16	5.0

*Rate per 100,000 population

Gonorrhea Control

A continuation was made of the gonorrhea study initiated in 1968. Patients admitted to any of the four weekly venereal disease clinics were cultured for gonorrhea. An expansion of the program was made to culture maternity and infant care patients at the Wilson Avenue satellite clinic. The Alabama State Laboratory, Mobile Branch handles all cultures from the venereal disease clinics.

TABLE II
Gonorrhea Cases and Case Rates*
Mobile County 1965 - 1970

Year	Number of Cases	Rate
1965	1226	341.8
1966	1246	343.6
1967	1082	288.2
1968	1359	353.9
1969	1344	342.8
1970	1566	493.5

*Rate per 100,000 population

V. D. Clinic

A total of 2286 serologies were drawn in 1970, and 2130 patients were cultured for gonorrhea. Darkfield examinations were performed on 57 patients with suspicious lesions. Cultures were performed on 576 maternity and infant care patients.

Division of Immunization

Highlights of the Immunization Project activities for 1970 consisted of the diphtheria outbreaks and the mass rubella campaign held during the year. Of course, the infant maintenance program was continued throughout the year also.

Through the infant maintenance program, the Project mailed 5,156 cards to parents with newborn children during 1970. The average card return was 56%. Personnel telephoned or home visited 1,815 of the parents who did not return their card. A total of 454 cards were closed out through a record search. As a consequence, records indicate that a total of 4,739 of the children, or 92%, started their immunizations.

A total of 18 cases of diphtheria were reported during 1970. The project participated in the holding of special clinics where some 25,000 doses of of the diphtheria toxiod were administered. No new cases have occurred in Mobile County since December 9, 1970. Plans were initiated to offer diphtheria immunizations to all elementary school children and neighboring residents sometime during 1971.

A mass rubella campaign was conducted throughout Mobile County on Sunday, November 8, 1970. Twenty-nine rubella clinics were held in strategic locations throughout the county during the one day program. A total of 30,392 children received the vaccine. The Board of Health had already given 10,705 rubella immunizations in their regular immunization clinic since the vaccine was licensed on June 9, 1969. Therefore, a total of 41,097 doses of rubella vaccine have been given by public health sources alone.

Division of Epidemiology

During 1970 a total of 929 visits were made in the investigation of contagious diseases. This entailed education of patient and family regarding possible source of infection, mode of transmission, prevention of spread of disease.

There were 94 reported cases of viral hepatitis concentrated in 15-25 age group. Twenty-three of these were known to be associated with illicit use of drugs.

One hundred and forty cases of infections by salmonella, shigella and E. coli were investigated. Since several cases of salmonella were associated with pet turtles, an investigation of pet shops involving sale of turtles was initiated. Water from turtle bowls was checked periodically and shop managers notified of results.

Diphtheria cases numbered 18, follow-up on household and close contacts revealed 23 associates with positive virulant diphtheria cultures. They were classed as carriers and treatment was necessary.

Because of the vast number of children in schools with impetigo, a survey (in conjunction with school nurses and State Health Department personnel) to determine if these children might be diphtheria carriers was undertaken. Lesions were cultured on children in schools where cases or contacts attended. Two hundred and eighty-one children participated; only one had a positive virulent culture. Five hundred thirteen visits were made to hospitals, schools and clinics in investigation of measles, mumps, chickenpox and meningitis.

BUREAU OF MATERNAL AND CHILD HEALTH

Due to the funding situation, workload of the Bureau of Maternal and Child Health is directly connected with two (2) federally funded grants: (1) The Maternity and Infant Care Project; and (2) The Family Planning Project. These projects are financed by the federal and local funds on a matching basis. Federal funds granted may not exceed 75% of the cost and local funds (minimum 25%) are required for the remaining cost of the project.

The Maternity and Infant Care Project is authorized by the 1963 Maternal and Child Health and Mental Retardation Planning Amendments to Section 531, Part 4, of Title V of the Social Security Act. The Mobile County Board of Health initially received the grant through the Alabama State Department of Health, July 1, 1966. In its fifth fiscal year beginning July 1, 1970 and ending June 30, 1971, a budget of $812,800.00 was authorized - $600,000.00 federal funds and $212,800.00 local funds.

Maternity and Infant Care Projects were established to reduce the incidence of mental retardation caused by complications associated with childbearing. To do this, comprehensive medical and health care is provided to prospective mothers and their infants who have or are likely to have conditions associated with childbearing which increase the hazards to the health of the mothers and their infants, and whom it is determined that necessary health care will not be received for reasons beyond their control.

The Health Officer of Mobile County is the Director of the Maternity and Infant Care Project. Personnel employed with the project fulltime include: administrator, public health nurses, nurses aides, nutritionists, social

workers, lab assistant, accountant and clerks. Part time personnel include: deputy directors of obstetrics and pediatrics, medical consultants and clinicians, nurses, health educator and dental personnel (dentists, dental hygienists, dental assistant).

A contractual arrangement exists with Mobile General Hospital for outpatient clinic services, lab services, and hospitalization of indigent high risk expectant mothers and infants up to one year of age.

The administrative offices are located at the Board of Health and the Maternity and Infant Care Center, 802 South Wilson Avenue, Prichard,Alabama. It was necessary, due to the growth and expansion needs of the project, to rent a building sufficient for offices and clinics separate from the Board of Health. This was accomplished July 1, 1968. Since that time (after additional growth and expansion) the building next door to the Maternity and Infant Care Center has been rented and is utilized for offices and clinics.

Outpatient clinics for maternity, well-baby and family planning patients are held at five (5) locations: (1) Maternity and Infant Care Center; (2) Board of Health; (3) A.F.Owens; (4) R.V. Taylor Plaza; and (5) Mobile General Hospital.

All initial maternity intake clinics are held at the Maternity and Infant Care Center. Patients are seen at the local clinics for prenatal care, post-partum examination, pediatric care, family planning services and dental care.

Maternity patients with high risk complications are delivered at Mobile General Hospital with no charge to the patient. The Maternity and Infant Care Project then reimburses Mobile General Hospital for all reasonable costs for inpatient care.

During 1970, a federal grant award was received for a Family Planning Project. The effective grant award date was June 1, 1970. The total budget is $122,348.00 - federal funds awarded $91,348.00 and local matching funds $31,000.00

Even though the Maternity and Infant Care and the Family Planning Projects are separtely funded, personnel work closely and in conjunction with each other in the delivery of services to residents of Mobile County.

The objectives of the Family Planning Project are:

1. To improve the maternal health of patients.
2. To provide families the freedom of choice to determine the number and spacing of their children.
3. To implement and expand the existing program operated by Maternity and Infant Care Project #551 in order to provide family planning services to more women in Mobile County.
4. To reduce maternal and infant mortality.
5. To provide all medically recognized methods of child spacing and make them available to women in the childbearing age group regardless of age, race, or marital status.

Division of Health Education

Education of the patient is of prime importance in the Maternity and Infant Care Program. This is accomplished through direct patient counseling, special classes and demonstrations, distribution of printed materials, and selected poster and exhibit displays.

Activity increased during 1970 due primarily to the increase in special classes by the public health nurses.

Emphasis was placed on taking care of one's self early in pregnancy, special exercises at post-partum, formula preparation and feeding the baby, the importance of spacing pregnancies, and the importance of good dental hygiene.

A sound film-strip projector and an overhead projector were purchased during the period. These have proven to be valuable aids in the special classes. Use of the slide projector in the patient waiting room was begun in 1970.

STATISTICAL REPORT

Lectures and talks	451
Attendance at above	6,853
Film showings	356
Attendance at above	5,639
Exhibits	7
Pamphlets distributed	70,558
Orientation and/or inservice training	81
Staff meetings	64
Attendance at above	398
Number of classes taught	563
Attendance at above	7,499
Health promotion visits	18
Radio and T.V. programs	7

Division of Nutrition

The nutrition staff consists of a nutrition consultant, and two nutritionists. The primary service of the nutrition staff is rendering direct patient counseling.

The nutritionists provide services in three maternity intake clinics, five return maternity clinics and six infant clinics on a weekly basis.

There were 10,986 ante-partum visits for 1970, the Nutrition Section provided services for 9,922. Of the 8,230 infant clinic visits, the Nutrition Section provided services for 5,670.

The maternity patients are interviewed individually at each maternity clinic visit. It has been possible for all maternity patients to be seen because of the number of nutritionists, and clerical assistance.

At the initial patient interview, a 24 hour recall is taken and an evaluation of eating habits is made by the nutritionist. At this intake interview, the primary concern is teaching normal nutrition and improving eating habits. If a specific problem is noted, i.e.,diabetes, obesity, underweight, anemia, etc., proper diet instruction is begun immediately. Throughout all the counseling, emphasis is placed on including adequate amounts of high quality protein in the diet during pregnancy.

The well-baby clinics are attended by one nutritionist. Mothers of the infants are instructed in proper infant nutrition and feeding. Whenever pos-

sible, the mothers are instructed in small groups. The nutritionist interviews mothers of infants in the following age groups: 1 month; 3 months; 6 months; and 12 months.

STATISTICAL REPORT

I.	Total number of maternity patients seen		9,922
	A. Regular prenatal diets given	6,387	
	B. Low salt diets given	498	
	C. Low calorie - low salts given	2,849	
	D. Diabetic diet instructions	188	
II.	Total number of infants seen by nutritionist		5,670
III.	Total number of all nutrition patients		15,592
IV.	Total number of nutrition service visits to clinics		843
V.	Post clinic conferences attended		49
VI.	Regular maternity clinic visits		8,208
VII.	Intake patients interviewed		1,714

The main problems found in infant feeding are:

1. Failure to begin and include adequate meats in the diet.
2. Excessive amounts of milk.
3. Poor selection of table foods.

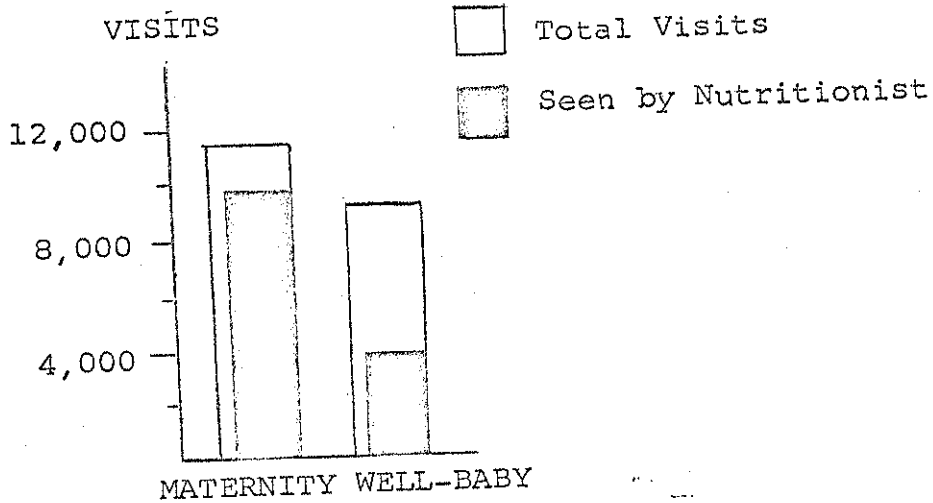

Fig. 1. Maternity & Well-Baby Clinic Visits, Seen by Nutritionist, Maternity & Infant Care Project, 1970

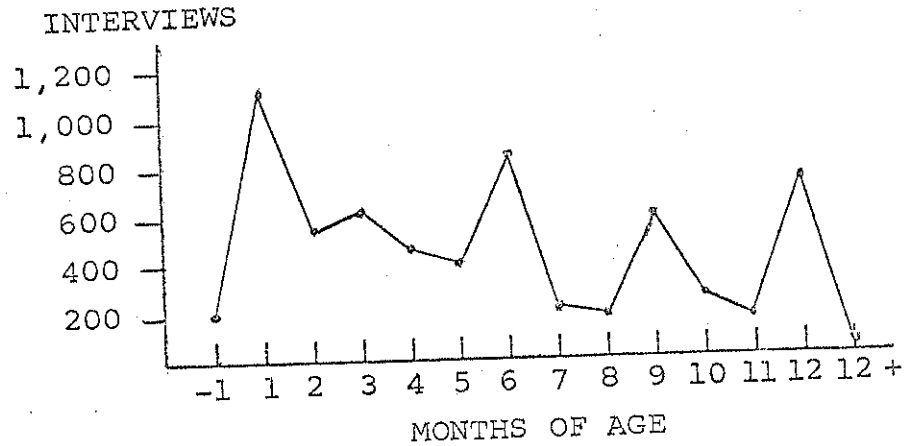

Fig. 3. Nutrition Interviews at Well-Baby Clinics, By Age of Baby, Maternity and Infant Care Project, 1970

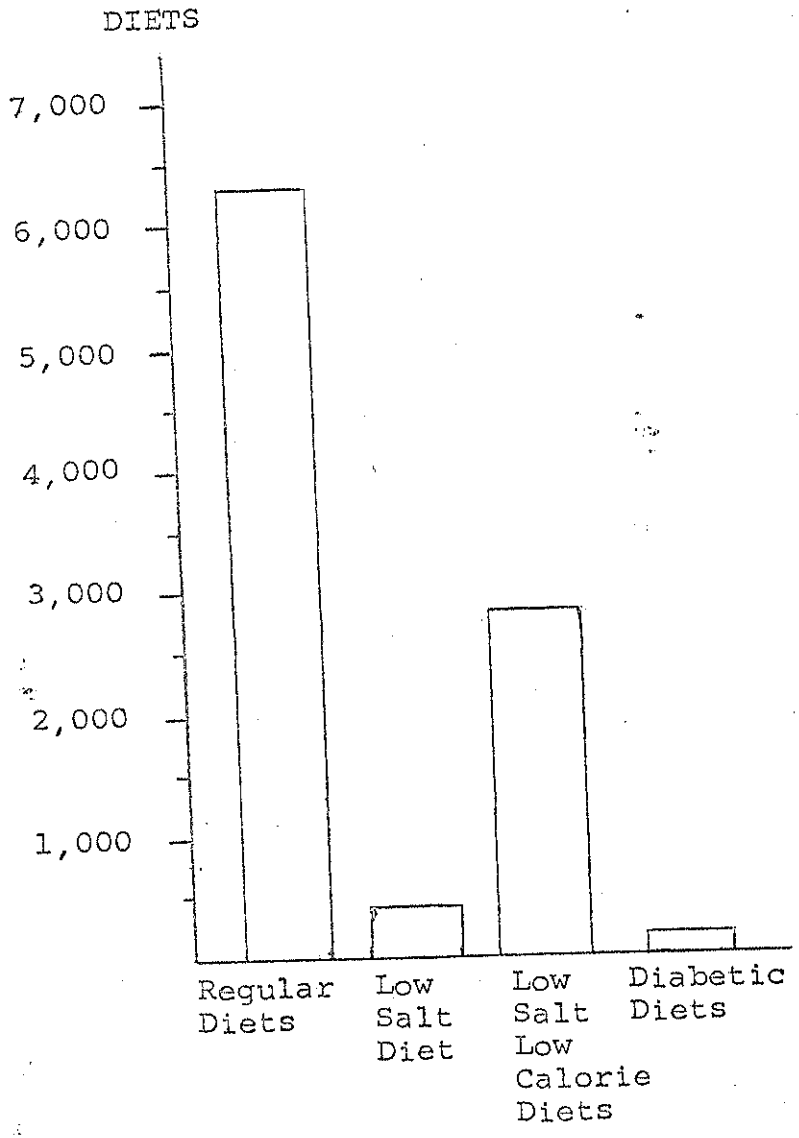

Fig. 2. Maternity Patients Diet Instructions, By Type of Diet, Maternity and Infant Care Project, 1970

Division of Family Planning

The Family Planning Division continues to provide safe and effective methods of contraception, educational information to interested couples or individuals, and provides limited infertility services.

Volunteers from the Junior League of Mobile, Inc. and the Planned Parenthood Association of Mobile helped to staff family planning clinics.

Speeches were given to groups in the community utilizing films, slides and pamphlets. A total of 649 persons attended these meetings. The groups included students of the W.I.N. program, headstart parents, church youth training programs, home economics class and sociology classes at the University of South Alabama, Mobile State College and clinic groups.

Two T.V. programs were presented.

The staff participated in the State In-Service Program (ten hour course sponsored by the Mobile County Personnel Board) and a two week course on Family Planning Administration.

STATISTICAL REPORT

I. Clinic sessions..... 302

II. Total clinic visits.....9,534
Methods used:
Pills.....6940
I.U.D.....2066
Other..... 528

III. Pap smears.....2,857

IV. Home visits..... 82

Division of Medical Social Service

During the period of this annual report, the Social Service Unit has been staffed by one chief social worker and two social worker assistants. Involvement in the intake clinic has continued to be the primary responsibility of the Unit. Each patient is screened by a social worker at intake, with short term casework service involvement, such as counseling and referral. During this period 1,766 intake interviews were completed. The social history is later presented to the staff at the post clinic conference and patients needing additional social services are then followed in the regular OB clinic. In addition to the intake screening interviews, Social Service provided follow up services and counseling during the prenatal course, at post-partum, and in pediatric problem areas for an additional 1,171 contacts. Some patients were seen several times, whereas some were seen for only one additional contact.

The Team Approach

The team approach has been invaluable to Social Services in identifying problem areas that have become apparent in subsequent clinic visits. We have worked most closely with the nutritional staff where nutritional problems have developed due to economic and cultural factors. Consultation between the nutritionist and the social worker and subsequent follow up services with the patient, has been the method used.

The maternity and pediatric nursing staff and the laboratory technician have also shared information on patients and made referrals to Social Service when indicated.

Mobile General Hospital

During 1970, we have also established a good working relationship with both the OB and pediatric staff at Mobile General Hospital. Requests for casework services had previously been made by the pediatric staff only. Now the OB staff has recognized the usage of social services, and have requested these services on several occasions. With some of the severe problem cases, there have been mutual discussions with the patient, the social worker, and the physician. It is felt that this has been the area of greatest change within this unit and the most productive.

Drug Abuse

In evaluating the services given in 1970, several pertinent factors are outstanding indicators of changes needed in direction of services and the benefits of working closely with other agencies. Through a liaison relationship with the local Drug Abuse Center, Social Service has been able to identify more cases of drug addiction. This liaison was established through a counseling session at the Drug Abuse Center, meeting there with the in-patients who in turn have been helpful in referring addicts. Also, a cooperative arrangement with their social worker. Statistically, the problem of drug addiction shows an increase in the patient population. It is obvious, however, that the problem was present to some degree before. The increase in the number of known addicted patients has come with the acceptance of the social worker by the addict who consequently is able to discuss her problem with us. Even when

the addiction could not be determined in a cursory manner, the patient has advised the social worker of her problem. The Social Service Unit; therefore, has been able to present to the staff, the factual information on several patients who have taken hallucinogenic drugs during the first trimester and assisted the physician in obtaining the necessary evaluation for treatment. The majority of the known heavy drug users (Heroin) have been identified in the teenage maternity population. In these instances, the parents have also been involved in counseling. It has been also in the teenage group where the social worker has been most involved. Drug addiction in the older patients has usually been with the amphetamines rather than Heroin. In the last six months of 1970, when we began to keep records on drug addiction, we were also able to identify 15 patients on narcotics and present this information to the medical staff. Eleven of these patients were between the ages of 15 and 17 with the majority in the 15 year age group and all of these were using narcotics. A deterioration in the family relationship (particularly father-daughter) was noted. These pateints blamed their poor home situation on the father in the home and mentioned inability to communicate with him.

Mental Health

A closer working relationship with the Mobile Mental Health Center has also been established. An agreement was made between our two agencies for MIC Social Service to participate

in the psychiatric evaluation by completing the social history on the patient and the family. The main purpose of this was the cost factor, but also, with most of the patients involved, this was found to be the most feasible planning where the patient was concerned.

Cooperation With Other Agencies

The cooperative relationship with other agencies had developed immensely. Always with the patients permission, there is not only a sharing of information, but a mutual planning for the patient. During this period there were 115 such agency consultations mostly with the following agencies: (1) Department of Pensions and Security; (2) Mental Health Center; (3) Drug Abuse Center; (4) Diagnostic and Evaluation Clinic and (5) Juvenile Court. Social Service also provided counseling to 15 mothers who were considering adoptive placement with subsequent referral to the proper adoption agency.

Problem Areas

Other problem areas in which casework services were given included some of the following which should be noted. There were two cases of suspected child abuse and three failure to thrive infants. All were referred by the Mobile General Hospital pediatrics staff. In addition, there were 27 cases where problems erupted after the birth of the child: (1) 3 crib deaths (all three mothers were mentally slow); (2) 5 severe birth defects (arrangements were made for nursing home care for two of these infants); and (3) 19 other birth defects.

By far, the problem area in need of most services was those in which financial deprivation was the root of the problem. Indicative of this would be 250 referrals to the Department of Pensions and Security for assistance and referrals to the food stamp services. In many of these cases of financial deprivation, emotional problems were evident, but in most cases they were certainly due to the stresses of urban living, poor housing and disruptive family relationships. Meeting the need of survival (food, clothing and housing) has been the primary target in service.

Adolescent Services

Special services to the adolescent were continued during the year with specialized counseling services at post-partum. Some factors on the adolescent are indicative of areas for which planning for additional services can be made. At the post-partum examination 266 adolescents were counseled. Of the 266, ninety-one were still dating the putative father and twenty-five of these stated they were planning marriage, but in most of these instances, no definite arrangements had been made. Only 15 girls had returned to school. The three months restriction established by the school commissioners was preventing the return of the majority earlier. The pill was the most popular contraceptive measure and was chosen by 162 girls, but it was determined in the social service interview that there were no immediate plans for usage in many instances. Some of the girls

frankly stated that they accepted the pill only to have them on hand if they began dating. This factor would influence the return appointment status of the adolescents in family planning clinics. Also, in studying the adolescent recidivist, this factor was seen in the second pregnancy where a new relationship had been established which the patient had not considered stable enough to warrant the beginning of the use of the birth control pills. The I.U.D. was chosen by 85 girls, 15 chose other methods, and 4 refused any method at all. These 266 adolescents produced 263 live births of which there were 30 prematures with 2 postnatal deaths. There were 3 stillbirths in this group.

In an appraisal of statistical data, several factors need specific attention. Some of these factors point out certain needs for service. There were 1,766 intake interviews completed. Of these patients, 1,031 had used no method of family planning. Within a two year period, 569 patients were repeat pregnancies and 388 of these repeaters were former MIC patients over 18 years of age. Three hundred and three had accepted a method of family planning but only 19 of the repeat pregnancies were planned. Of these 388 former MIC patients there were 345 full term deliveries and 21 prematures. There were 13 postnatal deaths. There were 47 adolescents who had delivered previously on MIC. Only 26 of these girls had accepted a family planning method, but 4 of the 26 never used the method selected (pills). The majority of all former patients began prenatal care in the second trimester.

The total number of all adolescent pregnancies was 289. The pregnancy had disrupted the education process of 199 girls. Seventy-four other adolescents were still in school trying to conceal the pregnancy. Eighty-nine had already dropped out of school prior to conception. The putative fathers of 105 of these adolescent pregnancies were under the age of 18 also.

Service to the community is considered as an important facet of Social Services. Through speaking engagements, attendance at meetings and other services, we have not only been able to make our services known, but to perform a service for this clinic and for the community. The following such engagements were completed this year.

SUPERVISION

Spring Hill College student in field placement for pre-social work training 6 hours per week - Jan 1970 through May 15, 1970

GUEST LECTURER

Class on Introduction to Social Work, University of South Alabama - May 8,1970
Class on Introduction to Social Work, Spring Hill College - June 17, 1970

DISCUSSANT

Re: MIC Program: Volunteer Workers, American Red Cross - Feb 12, 1970
Mobile Dietetic Association - May 13, 1970
Youth Conference, United Church of Christ - June 11, 1970
Orientation of new workers, Dept of Pensions and Security - June 16, 1970
Career Day, Toulminville High School - April 1970
Career Day, Blount High School - April 1970

PARTICIPANT

State Chapter Meeting, National Assoc. of Social Workers - Mar 13 and 14, 1970

JUDGE

Miss United Fund Contest - June 4 and 6, 1970

WORKSHOP LEADER

Conference for Social Workers in Maternal & Child Health Prog. - October, 1970

MEMBERSHIP ON ADVISORY BOARDS WITH ACTIVE PARTICIPATION

Home Health Nursing,Comprehensive Health Planning,Mental Retardation Facilities Planning, March of Dimes

Division of Nursing

The primary function of the Nursing Division continued to be provision of direct nursing services to patients in a variety of settings (intake clinics, maternity clinics, post-partum clinics, well-baby clinics, hospital obstetrical units and in homes).

All pertinent information obtained from patients by the nurses at the initial visit was presented to the interdisciplinary staff in the post clinic conference. After presentation of the information, appropriate theraphy was planned for subsequent prenatal and infant care visits.

Aside from the routine operation of the clinics, the nurses spent a large portion of the patients' clinic time in health teaching. Through the use of lectures, closed circuit television, films, slides and group discussions, the nurses presented information related to prenatal, post-partum and infant care. Preventive health teaching was incorporated into the classes.

All patients who were having problems could contact the nurses and receive follow-up care in one of the regularly assigned clinics. The nurses made home visits on patients who had special problems and were available to patients both day and night for needed information and assistance.

Post-partum hospital visits were initiated in December, 1969. During 1970 there were 1,001 post-partum visits made at Mobile General Hospital. Aside from the discussing of general care for the mother and baby, great emphasis was placed on follow-up post-partum check at six weeks and infant visits to the well-baby clinics at four weeks of age. In 1969, 86% of the patients who

delivered at Mobile General Hospital received a post-partum examination and were admitted to family planning services. In 1970, the number increased to 87% and would have been much greater if patients certified for medicaid had been eligible to receive post-partum examinations.

An infant screening program was established by nurses in the well-baby clinics. All infants at one month of age received a PKU evaluation. At one year of age they were given tuberculosis skin tests. In addition, all infants were screened by a nurse at each clinic visit to rule out obvious contagious diseases or other abnormalities.

In addition to the above responsibilities, the nurses participated in the following activities: (1) Diabetic screening program; (2) Special Rubella Campaign; (3) Healthy baby week; (4) Five special television programs on maternity and infant care; (5) Two health classes at the University of South Alabama; and (6) Provisions of special observation experiences in both the maternity and well-baby clinics for nursing students in the three diploma schools of nursing in Mobile.

Special inservice education programs were provided for the nurses on a monthly basis. Members of the Nursing Division attended the Alabama Public Health Association Meeting, National Public Health Association Meeting, and a workshop on Planning Your Family.

NURSING DIVISION

STATISTICAL REPORT

Clinics:

Total clinics held	715
Maternity	424
Post-partum	54
Well-baby	237

Clinic Visits:

Total visits	19,742
Maternity intake	1,687
Maternity	9,299
Post-partum	1,170
Infants examined by doctor	7,586

Nursing Visits:

Total visits	1,214
Maternity	88
Well-baby	125
Post-partum (hospital)	1,001

Screening:

Total patient contacts	3,412
PKU	2,823
TB skin testing (infant)	589

Laboratory Division

The function of the Maternity and Infant Care Laboratory is to administer tests at intake clinics which can be accomplished and placed in the patient's record prior to seeing the physician. This procedure eliminates two visits for the patient. The tests done at these clinics are: (1) Blood grouping; (2) RH typing; (3) Hemoglobin; (4) Pack Cell volume; (5) Two minute pregnancy test; and (6) Sickle Cell prep.

On regular maternity check ups, tests are also done prior to patient seeing the doctor and these are: (1) BUN; (2) SGOT: (3) Two hour post prandial; (4) Pack Cell volume; and (5) Urinalysis. All other tests such as Three hour GTT, Two hour pregnancy and CBC test are done when ordered.

During the well-baby clinic all Hemoglobins are done prior to physicians arrival. Urinalysis is also accomplished. CBC is done when ordered.

STATISTICAL REPORT

Two minute pregnancy slide test	310
Bilirubin	34
B.U.N.	7
S.G.O.T.	44
C.B.C.	44
Three hour glucose tolerance test	109
Urinalysis	1,168
Pack cell volume	2,478
Hemoglobin	3,564
Blood grouping	1,820
RH factor	1,820
Sickle cell prep	151
Two hour post prandial glucose	500
Two hour pregnancy test	85
Total protein	2
Alkaline phosphatase	2
TOTAL TESTS	12,138
Total patients	6,067
Total cost of material used	$2,444.09

The director attended quarterly meetings in Montgomery of the Council on Dental Health of the Alabama Dental Association, the National Conference of Maternal and Child Health in Washington, D.C., and the Alabama Dental Association Meeting in Birmingham where he served as an elected delegate. The director also attended the Alabama Public Health Association Meeting in Montgomery and was elected secretary of the Dental Section. The hygienist attended the American Dental Hygienists Association meeting and the Alabama Dental Hygienists Association Meeting.

The director participated in a two-week course "Principles of Public Health for Dentists and Dental Hygienists" at the University of North Carolina. The hygienist and one dental assistant attended a two-day course "Dental Materials for Auxiliary Personnel" presented by the University of Alabama School of Dentistry.

The director continued to serve as dental consultant and professional review consultant to the Mobile Head Start program. The director also served on a committee to study child care programs in Mobile County and lectured to the junior class at the University of Alabama School of Dentistry. The Alabama Dental Association initiated a program of instructions for safe use of dental x-ray procedures which will be presented to all dental personnel in the state in 1971. The director was appointed to present this material to the dental people in the first district.

Division of Dental Health Education

Public schools in the county were visited by dental personnel to speak on dental health, inspect children's teeth, and to distribute dental health literature. The director and hygienist spoke at P.T.A. meetings, civic clubs and appeared on radio and television. During "National Children's Dental Health Week" every school in Mobile County was visited,also, first and sixth grade school children were provided a dental inspection. During the same week a booth on dental health was set up in Bel-Air Mall to provide dental health information orally with pamphlets. It was manned by dental hygienists and assistants from private offices and the Board of Health and by members of the First District Dental Society Auxiliary. Members of the District Dental Society and Dental Auxiliary also participated in an educational program for Head Start children. The hygienist developed a dental health education presentation for the Maternal and Infant Care Project which is presented to each patient at intake to the program. Some 2,500 copies of various educational materials were distributed.

Division of Preventive Dentistry

Efforts were made to rewrite a State Water Fluoridation Bill for introduction at the 1971 session of the Legislature. This bill was voted favorably out of the health committee in the 1969 session but failed to reach the floor before the session ended. The director served on the State Preventive Dentistry Committee.

Division of Special Projects and Research

The Dental Bureau, First District Dental Society and the City of Mobile, again, co-sponsored a dental clinic football game. The proceeds, again, were used for the dental health program for indigent Mobile County children. Dental care kits were purchased for the patients of the children's clinic at the Mobile General Hospital. Plans were made to provide some form of mass preventive dental program for Mobile County children who do not enjoy the benefits of water fluoridation.

Division of Dental Services

Dental services were provided at the Board of Health Dental Clinic and at the Mobile General Hospital. Maternal and Infant Care Project patients were treated at the Board of Health four days a week. All essential dental treatment was rendered in this clinic. Selected patients from distant locations were referred to private offices when transportation to the clinic was a problem. The dental clinic at Mobile General Hospital was used to provide essential treatment for indigent children and for emergency treatment of indigent adults. This clinic was in service two days a week. Treatment was rendered by practicing dentists on a rotational basis and by the director.

DENTAL BUREAU CLINICAL SERVICES

STATISTICAL REPORT

	Board of Health	Mobile General
Number of dentists participating	21	14
New patient visits	1502	491
Old patient visits	3128	835
Examinations	1179	1290
X-rays	3402	818
Prophylaxes	1099	126
Topical fluorides	4	73
Amalgam fillings	2503	990
Silicate and plastic fillings	228	85
Teeth removed	1403	1434
Miscellaneous*	950	1139

*Cement bases, pulp capping, post-operative treatment, oral surgery, endodontic theraphy, temporary filling, suture removal, fracture

MOBILE BRANCH LABORATORY

The Mobile Branch Laboratory is one of nine State Health Department Laboratories in Alabama and is located in the Mobile County Health Center. This Branch Laboratory serves an area consisting of Mobile, Baldwin, Escambia, Washington, Clarke and Choctaw Counties.

A total of 74,633 specimens (109,976 examinations) were examined during 1970, which was an increase of 791 over the total for 1969. Of this total number, 46,255 were received from City of Mobile and 12,661 from Mobile County (total 58,916). A slight increase was noted in all categories with two exceptions. The number of water samples and frozen dessert samples, from Mobile City and County, showed a decrease.

There were 161 examinations made for rabies in 1970 with no positive results.

The Laboratory participated in an over-all orientation program planned and supervised by Mobile County Health Department and assistance and supplies were given to high school students preparing science projects.

Laboratory personnel assisted nurses from Mobile County Board of Health and Mobile County School Board in collecting specimens and preparing cultures to be examined for cutaneous diphtheria. These specimens were collected from pupils in the Mobile County Public Schools and were examined in the Central Laboratory in Montgomery.

In a recent comparative study of public health laboratories in the United States, conducted by USPHS, the Bureau of Laboratories of Alabama Department of Public Health ranked among the top five on 10 different procedures - based on number of specimens. This Laboratory is a part of that Bureau.

BUREAU OF ADMINISTRATION

Division of Research and Planning

The primary responsibility of this Division is the conduct of a program of areawide comprehensive health planning in a geographic area comprising the counties of Mobile, Baldwin and Escambia, designated by Executive Order of Governor Brewer in July, 1970, as Planning and Development District #8. The program is under the jurisdiction of Department of Health, Education and Welfare pursuant to Section 314 (b),P.L. 89-749. The Grantee under the program is the Mobile County Board of Health.

During 1970, the following significant events took place, in relation to this program:

1. Initially, the Board of Health had been approved by D.H.E.W. as the Health Planning Agency for this area, in late December 1969 - but no federal funding was authorized at that time.

2. Development of the program continued during the first five months of 1970 under the auspices of the Board of Health.

3. In April, 1970 an adivsory council was formed consisting of a wide range of citizens in the three county area and designated as "Southwest Alabama Health Planning Council".

4. In June, 1970 the program was funded by D.H.E.W. and completion of basic organization was begun.

5. From June to October, categorical health and fiscal committees were formed as follows:

Health Facilities and Services Committee
Health Manpower and Training Committee
Environmental Health Committee
Public Education and Public Relations Committee
Mental Health and Rehabilitation Committee
Technical Review Committee
Services for and Liaison with Poverty Groups Committee
Legal and Financial Committee
Executive Committee
Rules Committee
Nominating Committee

6. In September-November, 1970, staff complement was completed by addition of the following:

Hugh Ed Turner, Associate Director - Health Planning
Robert K. Powell, P.H. Administrative Assistant
Jeff Caskey, Health Planning Coordinator
Mrs. Louise Fulford, Stenographer

7. During November and December, full details of each committee's work program and areas of responsibility were completed by staff.

8. Also, during this period, work was completed on a continuation application to D.H.E.W. for the second year of operation for FY 1971-1972 and will be filed for approval on February 1, 1971.

9. It is anticipated that completed organization structure will be finalized in early 1971 and the work of actual planning for the improvement of the delivery of health care services in the area can be begun.

Division of Health Education

The primary function of this Division is to give assistance by providing printed materials, films, photographs, slides, exhibits, charts and statistical information. For the most part each Division is responsible for its own educational programs. We promote the use of good health practices by distributing health education pamphlets and by issuing timely news releases.

Dollars invested in prevention serve to promote health and happiness for all. Health Education is at the "grass roots" level in the field of preventive public health.

STATISTICAL REPORT

Planned lectures and talks	543
Attendance at above	11,862
Film showings	442
Attendance at above	8,566
Radio and television programs	31
News articles published	54
Exhibits displayed	40
Prepared bulletin board displays	33
Pamphlets distributed	139,469
Posters displayed	52
Orientation and/or inservice education	434
Staff meetings	173
Attendance at above	1,455
Number of classes taught	586
Attendance at above	11,257
Number observing ETV programs	665
Health promotion visits	105

Division of Vital Statistics

The Vital Statistics Division collects, reviews, and copies - birth, death and stillbirth certificates - retaining the copies for permanent file and transmitting the original certificates to the Alabama Department of Public Health. Certified copies of these records are issued whenever the need arises. The Division recorded 7,011 live births, 3,073 deaths and 108 stillbirths during 1970.

Information is provided to attorneys, insurance companies, police, coroner, genealogists, students and others wishing to do research in vital statistics. Records are verified for the Department of Pensions and Security, Mobile County School Board, Federal Bureau of Investigation, Social Security Administration and others.

Vital Statistics personnel are responsible for the registration of applicants for foodhandling permits and patients referred,by private physicians, to the Board of Health for x-rays and blood tests. All miscellaneous fees received by the Board of Health are collected by the Division.

FEES COLLECTED

Verification cards	$ 1,913.50	
Birth certificates	5,822.00	
Death certificates	9,341.00	
Foodhandling permits	25,182.00	
Foodhandling x-rays	8,549.00	
Foodhandling blood tests	8,750.00	
Other x-rays	3,365.00	
Other blood tests	2,201.00	$65,123.50

MISCELLANEOUS SERVICES

V.D.R.L. - Dr. Jerome	$ 280.00	
T.B. Test - Mental Health	68.00	
International certificates	639.00	
Fee for international certificate books	94.00	
Fee for xerox copies of statistical information	3.60	
Medical reports - insurance companies	11.00	
Gamma globulin	325.00	$ 1,420.60

MISCELLANEOUS REVENUE

Refund - South Central Bell	$ 131.28	
Doctors Hospital - rent auditorium	400.00	
Coin dispensers	12.10	
Medical Society - rent, xerox and labels	606.00	
Mobile County Board of Censor (donation)	100.45	
Health Employees Fund - refund for postage & supplies	1.61	
Rent auditorium - West Mobile Study Club	50.00	$ 1.301.44
TOTAL DEPARTMENTS		$67,845.54
Cash sales	$66,014.54	
Received on accounts	1,817.00	
Less refunds	102.50	
TOTAL CASH RECEIVED		$67,729.04
CASH OVER	$ 1.00	$ 1.00
Previous Accounts Receivable	$ 161.00	
Plus charge sales	1,831.00	
Less received on account	1,817.00	
NET ACCOUNTS RECEIVABLE		$ 175.00

TOTAL CUSTOMERS 26,719

BIRTHS AND STILLBIRTHS BY RACE, SEX AND KIND OF OBSTETRICAL CARE, MOBILE COUNTY 1970

LOCATION	TYPE	TOTAL	WHITE		COLORED		KIND OF OBSTETRICAL CARE							
							Hospital		Home					
									Physicians		Midwives		Unattended	
			M	F	M	F	W	C	W	C	W	C	W	C
RESIDENT	Live	6330	2146	1913	1149	1122	4055	2255	-	1	4	14	-	1
MOBILE	Still	98	24	26	29	19	49	48	1	-	-	-	-	-
COUNTY	Total	6428	2170	1939	1178	1141	4104	2303	1	1	4	14	-	1
RECORDED	Live	7011	2468	2198	1186	1159	4662	2329	-	1	4	14	-	1
MOBILE	Still	108	25	31	33	19	55	51	1	-	-	1	-	-
COUNTY	Total	7119	2493	2229	1219	1178	4717	2380	1	1	4	15	-	1

DEATHS BY SEX, RACE, AND AGE MOBILE COUNTY, 1970

	TOTAL	SEX	COLOR	Age											
				Under 1	1	2	3	4	5-9	10-14	15-24	25-34	35-44	45-64	65 and Over
RESIDENT		M-1416	W- 893	43	2	2	2	1	3	2	24	19	46	297	452
ALL			C- 523	26	2	2	-	1	4	2	18	21	44	165	8
CAUSES	2574	F-1158	W- 664	24	2	2	2	1	3	2	9	10	27	145	437
			C- 494	24	2	-	-	-	2	2	8	14	38	145	259
RECORDED		M-1680	W-1068	53	2	2	2	1	5	4	30	25	60	353	531
ALL			C- 612	29	2	2	-	1	4	3	23	24	53	188	283
CAUSES	3073	M-1393	W- 788	31	3	3	2	1	4	2	14	12	30	172	514
			C- 605	30	3	1	-	-	4	3	8	16	44	164	332

RESIDENT BIRTHS, STILLBIRTHS,

DEATHS, INFANT DEATHS, NEO-NATAL DEATHS, AND MATERNAL DEATHS,

BY RACE AND RATE *

MOBILE COUNTY, 1970

Item	Total		White		Non-White	
	No.	Rate	No.	Rate	No.	Rate
Live births	6330	19.9	4060	19.0	2270	22.0
Stillbirths	98	15.2	50	12.2	48	20.7
Total deaths	2573	8.1	1556	7.3	1017	9.8
Infant deaths	117	18.5	67	16.5	50	22.0
Neo-natal deaths	80	12.6	52	12.8	28	12.3
Maternal deaths	4	6.2	2	4.9	2	8.6

* Rates: Live births and total deaths - per 1,000 population

Stillbirths - per 1,000 deliveries

Maternal deaths - per 10,000 deliveries

Infant deaths and neo-natal deaths - per 1,000 live births

RESIDENT BIRTHS BY BIRTHWEIGHT AND PLACE OF BIRTH,

MOBILE COUNTY, 1970

Birthweight	Mobile General		Mobile Infirmary		Providence		St Martin de Porres		Suburban		Other Hospitals		Born Home		Total Births	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
lbs 3 ozs r ess	14	0.7	14	0.5	6	0.5	1	0.5	-	-	-	-	-	-	35	0.6
lbs 4 ozs hrough lbs 4 ozs	21	1.1	23	0.8	4	0.3	1	0.5	-	-	-	-	-	-	49	0.8
lbs 5 ozs hrough lbs 6 ozs	51	2.7	21	0.7	13	1.1	7	3.1	-	-	-	-	-	-	92	1.4
lbs 7 ozs hrough lbs 8 ozs	173	9.0	87	3.1	46	3.7	15	6.8	5	7.5	-	-	2	9.5	328	.2
lbs 9 ozs r ore	1660	86.5	2711	94.9	1170	94.4	197	89.1	62	92.5	7	100	19	90.5	5826	92.0
OTAL	1919	100	2756	100	1239	100	221	100	67	100	7	100	21	100	6330	100

RECORDED BIRTHS BY MONTH AND PLACE OF OCCURRANCE

MOBILE COUNTY, 1970

Place	Month												
	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Mobile Infirmary	253	249	252	225	239	239	283	297	286	287	328	320	3258
Providence Hospital	125	93	119	91	90	115	132	153	135	112	143	145	1453
Mobile General Hospital	188	183	159	122	135	141	194	182	188	141	154	185	1972
Suburban Hospital	11	5	5	4	3	8	5	6	6	9	5	6	73
St. Martin de Porres	13	18	12	11	10	14	25	26	23	35	23	17	227
Other Hospital	-	1	2	-	1	2	-	1	-	-	-	-	
Born at Home	3	1	1	2	-	1	3	3	2	2	1	2	21
TOTAL BIRTHS	593	549	550	455	478	520	642	668	640	587	654	675	7011

LIVE BIRTHS AND NEO-NATAL DEATHS
BY BIRTHWEIGHT, RACE AND SEX,
(Exclusive of Non-Residents), Mobile County, 1970

BIRTHWEIGHT	LIVE BIRTHS					DEATHS UNDER 28 DAYS				
	TOTAL	WHITE		NON-WHITE		TOTAL	WHITE		NON-WHITE	
		M	F	M	F		M	F	M	F
2 lbs.3 ozs.or less	35	8	10	7	10	23	6	6	6	5
2 lbs.4 ozs. through 3 lbs.4 ozs.	49	16	15	7	11	16	8	4	4	
3 lbs.5 ozs. through 4 lbs.6 ozs.	92	20	19	22	31	4		1	2	1
4 lbs.7 ozs. through 5 lbs.8 ozs.	228	54	47	64	63	9	4	1	1	3
5 lbs.9 ozs. or more	5926	2049	1822	1049	1006	28	11	9	5	3
TOTAL	6330	2147	1913	1149	1121	80	29	21	18	12

RECORDED DEATHS FROM SELECTED CAUSES

MOBILE COUNTY, 1970

Disease of the Heart	(410-429)	996
Malignant Neoplasm	(140-209)	521
Cerebrovascular Diseases	(430-438).	233
Diseases of the Arteries	(440-448)	217
Pneumonia	(480-486)	157
Certain causes of perinatal Morbidity and Mortality	(760-779)	85
Motor vehicle accidents	(810-819) (940)	79
Diabetes Mellitus	(250)	67
Symptoms and ill defined conditions	(780-796)	58
Homicide	(960-969)	56
All other		604
Total		3,073