BALTIMORE CITY HEALTH DEPARTMENT

Learn To Do Your Part In The Prevention Of Disease

FOR RELEASE Immediately

HEALTH HIGHLIGHTS FOR 1971

An almost perfect record of protective inoculations against diphtheria, whooping cough and tetanus in Baltimore children through age 14 and 11 cases of child lead paint poisoning, the lowest number in 24 years, are two of several notable events in Baltimore's public health picture in 1971, according to a year end review released today by Dr. Robert E. Farber, Commissioner of Health of Baltimore City.

New active cases of tuberculosis were down by about 7 per cent from 1970's total of 493, another major advance; likewise, the city experienced sharp declines in measles and German measles.

The year was also noteworthy in that for the first time on record not a single person in Baltimore was ill with typhoid fever.

While these highlights are chiefly the result of long-term public health measures by the nation's oldest local health department, important events have occurred recently in medical care and manpower fields. The year 1971 saw increased activity by the medical profession and private health and medical agencies, assisted by the City Department of Health, in the development of Health Maintenance Organizations or medical service groups which are directing their efforts at filling the need for easily available medical care in city areas where private practitioners are lacking.

The Maryland Consortium for the Health Sciences moved ahead in its program of health manpower development in schools. A Medi-School program, jointly sponsored by Dunbar Community High School and the Johns Hopkins Medical Institutions, is now in operation. Similarly, curricula are being evolved or adjusted by participating educational institutions to provide allied health specialists through master's degree programs.

Reviewing those concerns evident earlier in the year, the Commissioner has noted progress toward meeting the health needs of Cherry Hill and nearby areas in the groundbreaking of the Cherry Hill Multi-Purpose Center. The center, now under construction, will house major health and social welfare services including a drug abuse unit. Target date for opening is mid 1972.

In those areas of personal health requiring special public health attention, Dr. Farber noted a 50 per cent increase in infectious syphilis from 299 cases in 1970 to 450 cases in 1971, and a continuing inordinately high number of cases of gonorrhea--11,200 cases in 1971--both attributed to the increasing sexual permissiveness of our society and an insensitivity on the part of sexually promiscuous individuals to the medical aspects of the venereal diseases.

Noting that heart disease and cancer continue as the two leading causes of death with 4,143 and 2,000 deaths respectively, the health commissioner reaffirms leading medical opinion that cigarette smoking has both direct and indirect impacts on these killers. In 1971 a total of 484 persons died of lung cancer. Of these 383 were males and 101 were females. However, considering that the number of males far exceeded females in the smoking habit during the early popularization of cigarette smoking, the toll among males currently is higher than females.

If male and female lung cancer death trends are compared, one can see that women are slowly catching up with men and it is reasonable to predict that the number of deaths in women will continue to increase at a faster rate unless smoking habits are modified or eliminated. The following table graphically shows these trends.

Lung Cancer Deaths By Sex

Year	Male	Female	Total
1931	32	13	45
1941	91	16	107
1951	173	22	195
1961	289	33	322
1971	383	101	484

Other Noteworthy Events

Other noteworthy events for 1971 included the following:

1. Nutrition--Continuation of the drive against malnutrition through an iron-enriched milk feeding program for infants in Cherry Hill supplementing a like program in the Model Cities area begun in 1969; nutrition education programs for staff, community agencies, teachers, and residents of all ages; participation in the State and National conference on aging with a focus on nutrition; and professional guidance in the City's summer feeding program.

2. Mental Health--Promotion by the City Health Department's Mental Health Advisory Council of the development of adequate mental health service networks throughout the City, and the beginning, through a contract from the State Department of Health and Mental Hygiene, of a program designed to reduce the role of alcohol as a contributing factor in highway accidents. Also, the beginning of a Women's Counseling Alcoholism Group.

3. Sickle Cell Anemia--Inauguration of testing for sickle cell trait and sickle cell disease in selected City Health Department clinics and some schools. Hopefully, funds will be made available for testing black children in the senior high schools of the city.

4. Immunization--Establishment of follow-through mop-up programs in schools to improve immunization levels for polio, measles and German measles.

5. Special Home Services for the Elderly Sick--Expanded transportation services to medical facilities for Medical Assistance clients through reimbursement by the State Department of Health and Mental Hygiene, and provision of housekeeping and volunteer services through the addition of 17 additional staff members through the Public Employment Program. Health Aides will now wash, iron, cook, clean, shop and perform other household tasks so that clients can maintain themselves in the community.

6. New Clinics--The addition of: Broad, adult and child health and medical services jointly with Mercy Hospital for residents of South Baltimore at the Southern Health District Building, 1211 Wall Street; the establishment of a Foot Care Clinic in the Western Health District Building, 700 W. Lombard Street, jointly with the Maryland Podiatry Association for persons on Medical Assistance; and family planning, prenatal and well baby clinics at the Kirk Community Activity Center, 22nd Street and Kirk Avenue.

7. Dental Care--The delivery of the first of six mobile dental units provided through a Model Cities grant. When all units are in operation an estimated 100,000 needy residents will have available comprehensive dental services.

8. Animal Bites--Closer cooperation by animal owners in complying with the quarantine regulations in the prevention of rabies resulted in a 65 per cent increase in animal's quarantined at the Municipal Shelter or at private locations. A total of 2,700 animals, chiefly dogs, were quarantined in 1971 compared with 1,600 in 1970. Over 7,000 animal bites were reported during the past year.

9. Vital Records--Provision through legislation for the amalgamation of the City Health Department's Bureau of Vital Records with the State's Division of Vital Records effective July 1, 1972. Until such times as both units can be centralized in one location, the city's vital records office will continue in the Municipal Building at Lexington and Holliday Streets.

Population

The estimate of the resident population as of July 1, 1971 is 897,000 persons. This estimate indicates that Baltimore City has continued to lose population with a decline of 7,000 persons between July 1, 1970 and July 1, 1971. This decline is the net result of a drop of 12,000 in the white population from 476,000 to 464,000 persons and an increase of 5,000 in the nonwhite population from 428,000 to 433,000 persons. As of July 1, 1971 the nonwhite population constituted 48.3 per cent of the total population compared to 47.3 per cent on July 1, 1970.

Births

An examination of the birth statistics for 1971 shows that the number of live births among city residents has continued to decline. The total of 15,311 resident births is the lowest such figure since 1940. It is 757 or 4.7 per cent below the number registered in 1970 and 7,951 of 34.2 per cent below the number registered in 1960. The birth rate or the number of births per 1,000 city residents was 17.1 compared to 17.8 in 1970, 21.1 in 1965 and 24.1 in 1960.

Deaths

There were 10,716 resident deaths reported in 1971, 611 fewer than the 11,327 deaths reported during 1970. The resident death rate per 1,000 population was 11.9 in 1971, 12.5 in 1970 and 12.7 in 1969. Among the white population deaths exceeded births for the fourth consecutive year.

The infant mortality rate, the number of infant deaths per 1,000 live births, is an important health index. In 1970 the rate was 25.9, the lowest rate ever recorded in Baltimore City. In 1971 there were 408 infant deaths resulting in a slightly higher rate of 26.6 infant deaths per 1,000 live births. In 1971 there were 5 maternal deaths compared to 7 maternal deaths in 1970.

The number of accidental deaths declined from 469 in 1970 to 384 in 1971, a decline of 85 or 18.1 per cent. All categories of accidental deaths showed substantial declines except occupational deaths which increased from 22 in 1970 to 31 in 1971. The largest decline was registered in the home accidents category which fell from 186 in 1970 to 124 in 1971, a decrease of 33.3 per cent.

In 1971 there were 309 resident deaths due to homicide. This represents an increase of 32.1 per cent over the 234 deaths registered in 1970 and an increase of 125.5 per cent over the 137 deaths in 1965. Approximately 60 per cent of all homicide deaths are among persons who are between the ages of 15 to 39 years.

Among the other leading causes of death the statistics for 1971 are as follows: heart disease--4,143 down 294 from 1970; cancer--2,000, down 48; cerebrovascular disease 759, down 45; cirrhosis of liver 333, down 26; diabetes mellitus 323, down 31; congenital malformations and diseases of early infancy 319, up 10; influenza and pneumonia 220, down 85; suicide 108, up 6.

Tuberculosis

During 1971, the number of cases of new active tuberculosis fell to 460, a decline of approximately 7 per cent from the prior year's total of 493. Approximately 90 per cent of new cases are treated initially in hospitals, but the duration of hospital stay is now less than four months compared to eleven months six years ago.

In City Health Department clinics 90 per cent of active tuberculosis cases continue to receive drug therapy. One of the major emphasis in the tuberculosis program is directed toward eradication of the disease by special casefinding programs among the high incidence groups in the inner city, both by X-ray and tuberculin testing.

In addition, the tuberculosis prevention program continues to expand both through the clinics and in industry. This acceleration has again increased the number of clinic visits which reached a total of 120,000 in 1971--almost three times the number recorded in 1965.

Since it is increasingly obvious that many tuberculosis patients can be treated entirely on an outpatient basis, a study has been designed to start early in 1972 to compare the effects both on the patient and on the contacts of treating patients at home as compared to treating them in the hospital. The study is supported by a grant from the National Tuberculosis and Respiratory Disease Association.

The Venereal Diseases

Gonorrhea is still, by far, the most common of reportable communicable diseases. A total of 11,200 cases were recorded in 1971 almost the same number as in 1970. In 1968, with financial assistance from the U.S. Communicable Disease Center, the City Health Department began a mass screening program to determine the extent of the reservoir of female carriers who present no symptoms of infection. At year's end the city had screened 179,000 women attending City Health Department clinics, cooperating hospitals and other medical facilities.

While screening has proved effective and cases remain high the rising trend over the past several years has stopped. Statistically this shows some control but the fact remains that we have barely scratched the surface of the problem. The real problem lies in the large reservoir of asymptomatic women who are not aware they are infected and who should be seeking treatment.

While screening, case investigation of contacts and education-information programs are continued, the control of gonorrhea will come when the laboratory develops more effective tools and there is public acceptance of the new methods.

Other Communicable Diseases

Noteworthy among communicable disease events in 1971 was the attainment of protection against diphtheria, whooping cough and tetanus (DPT) by 95 per cent of Baltimore children in the 1 to 14 year age group. As seen in preliminary data of Baltimore children with DPT, 89 per cent of children 1-4 years are protected, 97.3 per cent of those 5-9 years, and 98.4 per cent of youngsters 10-14 years old. The study also shows that about 80 per cent of children in the 1-14 year group have received polio and measles vaccines.

Apart from streptococcal infections, all minor communicable diseases show a reduction as compared to 1970. No case of typhoid, polio and diphtheria was reported during the year, but a significant increase in cases of infectious hepatitis and serum hepatitis was noted. Shigellosis, an intestinal infection sometimes transmitted in infected foods, has also shown an increase, particularly in young children.

Child Health and Maternity Services

The year 1971 saw the beginning of a greater involvement of the University of Maryland pediatric staff and its resident physicians in City Health Department child health programs. Agreements were reached with the hospital for resident physicians to serve in 8 child health clinics in the Western Health District. While the City Health Department's child health clinics provide preventive pediatric services and health supervision, these physicians are also treating minor illnesses which ordinarily would have been referred to outpatient or emergency departments of hospitals.

In another step to provide additional child care service, four child health clinics were located in medical facilities where ill children can be referred immediately to a doctor or dentist in the same building.

With the cooperation of the Maryland State Department of Health and Mental Hygiene and the Title 19 Medicaid Program, the City Health Department's federally funded Comprehensive Children and Youth Programs serving some 45,000 youngsters from birth through age 18 in selected areas, have been able to continue rendering health services to their original catchment areas and to maintain the quality of care despite rising costs and the stabilization of federal funds. Although expansion of these special children and youth health service projects is impossible without more federal money, the Child Health Services section of the Department is striving to bring better health care to Baltimore's children through a coordinated cooperative effort with public, voluntary and private agencies.

Altogether the city's child health clinics including the comprehensive pediatric centers served a total of about 75,000 Baltimore children in 1971.

The Baltimore Maternity Project 501 which provides services at the Baltimore Maternity Center and in 8 neighborhood clinics had 7,400 women under obstetrical care at the end of the year. This represents an increase of 10.5 per cent over the number under care in 1970.

Family Planning

Family Planning clinics of the Bureau of Maternal and Child Health served more than 16,500 patients in 1971. Of these 11,800 were active patients at year's end.

Family Planning services first were provided for women in the City's maternity clinics beginning in 1962. This was expanded in 1965 with the establishment of the Maternity and Infant Services Project 501. In 1969, with additional federal assistance, Family Planning services were expanded through Project 722. In 1970, the Maternity and Family Planning projects together served 14,932 patients. During the past year 16,500 patients made a total of 41,162 visits.

The Family Planning project now has 22 clinic sessions in 9 locations, available for any woman in Baltimore who requests the services. There are morning, afternoon and twilight clinics. In June the 722 Project established an adolescent clinic in the Druid Health District Building. In the seven months it has been open, this clinic has seen about 350 patients.

Especially noteworthy was the enactment of Chapter 758 of the Maryland State Laws of 1971 effective July 1 which permits treatment or advice concerning venereal diseases, pregnancy or contraception for any minor that seeks such medical services.

Day Care of Children

A steadily increasing number of day nurseries are opening in Baltimore City. Exclusive of summer programs, there are now 160 centers serving 6,150 children. Some 4,000 of these children are in 97 centers giving care 10 to 11 hours per day while parents are employed.

New Regulations Governing Group Day Care Centers, which were adopted October 1, by Dr. Neil Solomon, Secretary of the Maryland State Department of Health and Mental Hygiene, became effective December 1 throughout the state and apply to all day care centers in Baltimore City. These regulations call for specific training in early childhood education for all adults working with children.

The local day care scene reflects the present activity in federal legislation dealing with universal child care subsidization plans. Private agencies and corporations, individuals and partnerships are requesting information on licensing requirements and presenting plans so as to take advantage of expected increases in public funds for child day care. The three greatest needs facing Baltimore in 1972 in the child day care field are: Total planning to meet community needs, determination of suitable child care auspices, and appropriate facilities for use. The chief focus of the Health Department's Division of Child Day Care will be to aid in meeting these needs and to continue to safeguard the quality of child day care in Baltimore City.

Medicaid in Baltimore City

The Medical Care Services section, which assists in the local administration of Maryland's Medicaid program, reported that for the fiscal year of 1971 the number of needy persons eligible in Baltimore City for medical assistance rose nearly 10 per cent over the previous year to an average of 187,090 persons or one-fifth of the population of the city. In support of the Medicaid program, coordinative services provided to eligible recipients and participating providers of services, including the issuance of almost two million forms to providers of care and over 50,000 preauthorizations for drugs, dental services, medical supplies and eyeglasses.

Medical Care Services' system of census-tract mapping of providers of services in Baltimore City was used for nearly 350 provider referrals during the year. In addition, this section's 1971 updated survey of physicians in the Baltimore metropolitan area documented the nature and scope of the critical shortage of family physicians in the area. These findings were used in a statewide conference, held on September 25, 1971 by Maryland's Secretary of Health and Mental Hygiene, to explore ways to alleviate the shortage of family physicians and to improve the availability of primary care.

Review and evaluation of the medical assistance program in Baltimore City is effected on an ongoing basis by measuring use of service and analyzing the appropriateness of medical care purchased. The collection of current data relies heavily on an efficient system of over 50 computer programs for data acquisition, using payment tapes furnished by the State. To satisfy needs for small area data these efforts were expanded in 1971 to include the capability of reviewing the program in selected postal zone areas of the city. In progress for 1972, through a joint effort of the City Health Department and the City Department of Planning, are plans to meet the needs for eligibility data and utilization data on a census tract basis. In addition to new computer techniques for data collection further strides were made in utilization review by the initiation in 1971 of pharmacy onsite visits to study the prescribing and dispensing of drugs for medical assistance patients in Baltimore City. These pharmacy services totalled 1.2 million services in fiscal year 1971.

The following table gives a broad summary of program utilization for the past fiscal year.

Expenditures for Baltimore City Residents Utilizing Maryland's Medicaid Program in F.Y. 1971

Type of Service	$ Expenditures	% of Total Expenditure	No. of Services	No. of persons who received services
Hosp. Inpatient	24,531,683	48	251,312 (days)	20,692
Nursing Home	9,552,139	19	739,923 (days)	3,822
Hosp. Outpatient	8,320,261	16	418,036 (visits)	110,075
Physicians:				
Home & Office	1,672,089		233,771 (visits)	61,252
In Hospital	599,718	4	—	—
Pharmacy	4,837,992	9	1,209,341	122,132
Dental Home Health, Special Services, Others	2,272,260	4	—	—

Total Expenditures—$51,786,142; Eligible Person-Years—187,090; Per. Cap.—$277/yr.

Medical Care Services' evaluations for State aided patients who are in possible need of or are receiving skilled nursing home care provided for: an estimated 3,600 initial level of care determinations resulting in the placement of 1,500 patients in skilled nursing home care facilities and for the evaluation of 2,100 extension-of-stay requests. Onsite visits to skilled nursing home care facilities, to determine if the care provided is acceptable and meets the current needs of an individual patient, resulted in evaluations of 2,200 patients in 1971. To further the goal of improving the care of chronically ill persons, this section's public health nurses, in cooperation with the State Health Department, strived in 1971 to upgrade nursing home facilities by evaluating the quality of care delivered.

Environmental Health

The Bureau of Food Control which inspects retail, wholesale and manufacturing food establishments in the city established a record breaking year in which over 25,000 inspections were made and 82.1 per cent of all establishments were found satisfactory on initial inspection. Institutional establishments including hospital and nursing homes were inspected on a quarterly basis.

The Bureau of Milk Control reports that its surveillance work and the cooperation of the milk plants providing milk for Baltimore City has resulted in sixteen consecutive years in which no unpasteurized milk has been sold to the public.

The need for a method of disposal of solid wastes, as well as locations for sanitary land-fill sites, and ensuring proper operations at existing sanitary land-fill sites, received much attention during the past year from the agencies involved, namely, the Department of Public Works, the Department of Housing and Community Development and the City Health Department. The numerous meetings and conferences resulted in the enactment December 6 of Ordinance No. 1221 in which the responsibility of issueing permits, operation approval and enforcement of proper operation of sanitary land-fills, and other land-fills, except that of "clean earth" land-fill was delegated to the Bureau of Environmental Hygiene.

Inspection and surveillance of hospitals, nursing homes and domiciliary care homes was intensified in the past year in an effort to prevent any recurrence of the salmonella outbreak experienced in the summer of 1970. In cooperation with the Maryland State Department of Health and Mental Hygiene, inspections of hospitals and convalescent homes were increased to four inspections annually and the reports were given priority over all other work.

The Division of Community Sanitation handled 1,630 complaints relating to general insanitary conditions. An additional 5,450 special investigations were made including institutional investigations of hospitals, convalescent homes, day care centers, family day care homes, foster homes, the Maryland State Penitentiary and the City Jail; also clinical laboratories, ambulances, sanitary land-fills and pier watering facilities.

Noteworthy among its many activities the Sanitary Enforcement Division was successful in having a 4 1/2 acre lot in Armistead Gardens cleared. The lot was badly overgrown with tall grass and weeds, heavily infested with mosquitoes, old lumber and discarded bulk items. The entire area was bull-dozed and replanted with grass seed.

A lot at Aliceanna and Central Avenue, which had become a deposit point for all types of trash, was cleared. This area along with many others received attention and interest through telephone calls by readers to local newspapers' action services.

Toward the end of the year the Commissioner of Health created a citizens advisory group consisting of representatives of various civic organizations and municipal agencies to seek their assistance in the Department's program of eliminating exterior insanitary conditions within the city.

In reporting on the city's health particular mention should be made of the educational work of the Bureau of Rodent and Insect Control. The Rat Eradication Program has been cited for its effective education program. This program not only includes rodent and insect control but also provides information on good housekeeping practices, drug abuse, and general information concerning sanitation. During 1971 the Bureau made 488,639 inspections and gave instructions to 12,650 school children. The bureau also purchased a 3 1/2 ton dump truck which is being used to expedite clean up services in the program.

The Bureau of Industrial Hygiene has noted increasing success in the fight against child lead paint poisoning. The year 1971 was ended with only 11 cases of child lead poisoning from chewing leaded paint. This is the lowest figure attained in 24 years. Additionally, the bureau has purchased two X-ray lead detectors which should speed the inspection of homes for lead paint and aid in a more rapid removal of this dangerous condition.

With new monies available from federal sources through the Lead-based Paint Prevention Act of 1971, the Department is seeking a federal grant so that large-scale screening of Baltimore children can be initiated for the early detection and prevention of lead paint poisoning.

During the year the Bureau of Industrial Hygiene participated in a federal study of data collection on industrial health and safety in 122 local plants directed toward establishing a National Occupational Surveillance Network.

The Federal Bind

A look at the City Health Department's budget of 17.7 million dollars will reveal the significant fact that about 1/5, or 3.4 million, of the total sum utilized in departmental programs comes from city general funds. Baltimore's health department has already felt the effects of the tightening federal purse strings, and its top administrators are continually searching for answers to keep needed programs going. Some answers are found at state levels, others through the cooperation with other agencies and coordination of health services to prevent duplication and overlap. To the extent that our administrators are able to do this, Baltimore's health programs will continue as required. Hopefully, the plight of the cities will continue to ring in the ears of our federal legislators who certainly should know that "health comes first" and institute and pass such legislation as is needed to improve the quality of life that eventually makes for productive citizenship.

Baltimore City Health Department
PROVISIONAL REPORT OF VITAL STATISTICS FOR 1971

	Provisional Figures, 1971			Final Figures, 1970		
	Recorded	Resident		Recorded	Resident	
		Number	Rate*		Number	Rate*
Births: Total	22,288	15,811	17.1	23,539	16,068	17.8
White	12,376	6,014	13.0	13,585	6,782	14.1
Nonwhite	9,912	9,297	21.5	9,954	9,386	21.8
Deaths: Total	12,267	10,716	11.9	12,987	11,327	12.5
White	8,078	6,574	14.2	8,899	7,116	14.9
Nonwhite	4,189	4,142	9.6	4,238	4,211	9.8
Infant Deaths: Total	530	408	26.6	586	416	25.9
White	232	126	21.0	290	143	21.2
Nonwhite	298	282	30.3	296	278	29.2

*Birth and death rates per 1,000 population; infant mortality rates per 1,000 live births.

	Cases		Resident Deaths	
	1971	1970	1971	1970
Total	16,058*	17,358*	10,716	11,327
REPORTABLE DISEASES				
Chickenpox	287	467	2	-
Diarrhea & enteritis	11	18	7	9
Diphtheria	-	-	-	-
Dysentery	596	248	-	1
Encephalitis(acute infectious)	1	2	-	-
German measles	51	202	-	-
Hepatitis, infectious	324	297	9	7
Measles	17	734	-	1
Meningococcal infections	14	15	5	2
Mumps	338	685	-	-
Poliomyelitis (paralytic)	-	-	-	-
Salmonellosis	488	437	1	7
Smallpox	-	-	-	-
Streptococcal sore throat & scarlet fever	359	213	-	1
Tetanus	1	-	-	-
Tuberculosis (active)	460	493	67	91
Typhoid fever	-	2	-	-
Undulant fever	-	-	-	-
Venereal disease				
Syphilis	1,451	1,486	8	9
Gonorrhea	11,200	11,526	-	-
Whooping cough	11	14	-	-
OTHER CAUSES OF DEATH				
Accidental Causes			384	469
Home			124	186
Occupational			31	22
Motor vehicle			130	155
Other public			99	106
Cancer			2,000	2,048
Cerebrovascular disease			759	804
Cirrhosis of liver			333	359
Congenital malformations and diseases of early infancy			319	309
Diabetes mellitus			323	354
Heart disease			4,148	4,437
Homicide			309	234
Influenza			1	6
Nephritis and nephrosis			48	50
Pneumonia			219	299
Puerperal causes			5	7
Suicide			108	102
Other external causes			55	55
Other specified causes			1,611	1,666

*Includes other reportable diseases: 454 cases in 1971 and 524 in 1970.