

*Final  
Report?*

COLORADO PUBLIC HEALTH NEEDS  
AND HOW TO MEET THEM

January, 1946

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January 1946

PUBLIC HEALTH IN COLORADO

Scope and Sponsorship of Study.

The health study, of which this is a preliminary and partial report, is being made, at the request of the Governor, the Health Committee of the Governor's Post-War Planning Committee, the State Board of Health, and the Colorado Public Health Association, by the American Public Health Association through its Field Staff.\* The study is being made without cost to the State of Colorado through a grant to the American Public Health Association by the Commonwealth Fund for the purpose of conducting health studies in a few carefully selected states. This and other state surveys are made under the sponsorship and supervision of the Sub-Committee on State and Local Health Administration of the Committee on Administrative Practice of the American Public Health Association.\*\*

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The statements in this report are those of the field staff and do not necessarily represent the opinion of the American Public Health Association or its Sub-Committee on State and Local Health Administration.

The field staff acknowledges with deep appreciation the splendid assistance of Dr. Roy L. Cleere, the Executive Officer, and the members of the State Division of Public Health and the State Board of Health.

The consideration and careful study which this report is receiving in the Health Committee of the Interim Committee, through its chairman, Mr. Hubert Henry, is worthy of special mention.

The interest and support of Mr. Harry Huffman, the Chairman of the Governor's Post-War Planning Committee, and the enthusiastic, sound, and untiring efforts of Doctor Florence Sabin, the distinguished Chairman of the Health Committee, and the members of her Committee, constitute the study's most important and far-reaching asset.

The field staff is also deeply appreciative of the helpful advice and counsel given by Dr. Fred T. Foard, Director of District No. 8, of the United States Public Health Service and by Dr. L. B. Byington, and Dr. H. T. Wagner, and Mr. C. T. Wright, all of the United States Public Health Service.

This is essentially an administrative study, designed to suggest a simplification of administration and a more effective approach to the problem of encouraging and facilitating the development of full-time local health programs geared to meet local needs. It makes no effort to evaluate the details of professional or technical procedures.

#### Objectives of the Study

The objectives of the study are to reduce sickness and death rates in Colorado and to suggest ways and means by which the people of the state may enjoy the maximum of good health, health over and above the mere absence of disease.

To attain these objectives it seems pertinent to examine critically, but constructively,

- (a) The present plan of organization and administration of the state health service.
- (b) The extent and soundness of the development of local health services.
- (c) The effectiveness of the cooperation or working relationships between the public health agencies (which are essentially, but not solely educational in character), and the medical, dental, nursing and allied professional groups (which groups provide the services for which the health agencies have created a demand.)

- (d) The extent to which there are effective working relationships between health departments (state and local) and other governmental agencies and between them and the voluntary health agencies.
- (e) Last, but perhaps most important, the degree to which the people of the state understand the services which they should have for themselves and their families in order to enjoy the maximum of good health.

#### Understanding of Essential Health Services

Upon these several factors depends the health of the people. In its final analysis the effectiveness of all the other factors (a,b,c, and d) depend upon (e) the understanding of the people as to what health protection and health promotion services they need for themselves and their families.

It is this lack of understanding on the part of the people, (due to the failure to conduct a well planned, continuous program of health education or health information) in Colorado, as in many other states, which is responsible for the failure to provide the best in the way of health protection and health promotion services.

To use but a few examples. If you and I don't see the value of visiting a physician and a dentist regularly we won't do so. If we don't see the need for and value of protecting our children against such diseases as diphtheria and smallpox we will not have them protected. If we don't understand the value of adequate medical pre-natal, obstetrical and post-natal care for our wives we will not seek those services. If we don't understand that safe, potable water supplies, adequate, safe sewerage systems, and a clean, safely pasteurized milk supply, are essential for our health, we, of course, won't care whether anything is done or isn't done about them. If we don't recognize adequate hospital facilities as a necessity we will not be concerned about their presence or absence. If we don't think we need physicians and dentists in our community we won't have them. If we don't feel that continuous adequate appropriations for medical education are important we won't have the best of physicians.

If we don't recognize the fact that a strong State Department of Health (freed from political interference and permitted to progress on a sound scientific basis) and adequately staffed full-time local health departments (also freed from political maneuvering) are essential to the stimulation and development of these facilities and services, we won't have them.

To state the problem somewhat differently this means that the study should endeavor,

- (a) to determine what types of organization, planning and program seem likely to bring about the greatest degree of good health for the people of Colorado, and,
- (b) to recommend such legislation and planning as seem necessary to obtain this objective.

Some, perhaps many of you, may doubt that Colorado has any important

health problems which need solution. The fact that Colorado has the reputation of having a superior climate unfortunately seems to have resulted in people having a false sense of security; a feeling that, because of the climate, people in Colorado are healthy and therefore no special effort is necessary to attain or maintain good health.

That this is a totally erroneous conception is amply attested to by the records which will soon be presented.

It is to be hoped that this report will convince one,

- (a) that Colorado has some very important un-met health problems
- (b) that meeting these health problems successfully would constitute a tremendous asset to the state and,
- (c) will suggest practical means (both in terms of legislation and administration) of so reducing Colorado's sickness and death rates that it will have a health record of which it can be justly proud.

#### Some Facts Concerning Colorado's Health Record

We have said that the records will prove that it is a fallacy to think that Colorado is an unusually healthy state. Let us examine the death rates (rates per 100,000 population) from certain causes which are either preventable or controllable to determine how Colorado stands in relation to the other forty-seven states and the District of Columbia.

The following table gives Colorado's standing, among the forty-eight states and the District of Columbia in 1936 and 1943, in deaths from certain causes which are preventable or controllable.

<u>Cause</u>	*Colorado Standing <u>1936</u>	*Colorado Standing <u>1943</u>
Scarlet Fever	6	3
Diphtheria	19	6
Diarrhea & Enteritis	10	7
Pneumonia (all forms)	4	7
Infant Mortality	4	8
Acute Rheumatic Fever	32	11
Premature Births	17	14
Maternal Deaths	-	18
Auto Accidents	12	18
Syphilis	15	20
Tuberculosis (all forms)	-	26
Whooping Cough	9	28
Typhoid & Paratyphoid	16	31
Average Standing	13	15

\*Based on death rates per 100,000 population as published by the U.S. Census Bureau. Rates for Maternal Deaths, Infant Mortality and Premature Births are per 1,000 live births. The figure given for standing (such as

14 or 16) indicates Colorado's position in relation to the other forty-seven states and the District of Columbia when 1 is the highest or most unfavorable rate and 49 is the lowest or most favorable rate. For example, in 1943 in Diphtheria death rates Colorado stood 6th, meaning that it had the 6th worst record in the United States; 41 states and the District of Columbia had better records.

The year 1943 is used since that is the most recent year for which complete data for the entire United States is available.

The foregoing table shows clearly that Colorado has an unenviable record for these preventable or controllable causes of death. There has been a slight, but a very slight improvement since 1936. In 1936 Colorado had the 13th worst record and in 1943 it had the 15th worst record which means that 33 states and the District of Columbia all have better records than Colorado. In 10 of the 13 causes listed Colorado stands on the unfavorable side of the ledger.

The people of Colorado and particularly Chambers of Commerce and other groups who are looking to the future of the state's development would not like to have these facts broadcast. Yet these figures, even if they are not publicized, are available to industries and individuals who may wish to locate in Colorado.

Very recently the medical school had the possibility of obtaining a substantial grant from one of the large philanthropic agencies. The grant was not made because the agency said, "There does not seem to be sufficient interest in public health in Colorado to justify the grant which you request."

Would it not be a very valuable asset if Colorado could truthfully say that it had one of the best health records in the nation instead of having to rely upon platitudinous statements about its superior climate?

The none-too-rosy picture which these figures portray can and should be changed. These are preventable or controllable causes of death and all that is needed to attain a really good health record is to establish and support an adequate State Department of Health, freed from political machinations and maneuvering, and to develop adequate local health services through the institution of full-time city-county, county, or multiple county health departments.

Thus far, we have been describing how Colorado stands in relation to other states on the basis of death rates. Let us for a moment examine the records to see what this means to Colorado's own citizens. The following table gives the number of deaths from certain preventable or controllable causes in the five year period from 1940 to 1944.

Deaths of Colorado Citizens from Certain Causes, 1940-1944			
Preventable Causes	Number of Deaths	Controllable Causes	Number of Deaths
Typhoid Fever	24	Tuberculosis (all forms)	2069
Diphtheria	106	Pneumonia (all forms)	4071
Syphilis	490	Maternal Deaths	278
Rocky Mt. Spotted Fever	18	Premature Births	1773
Diarrhea & Enteritis	916	Accidents	4642
Whooping Cough	169	Total	12833
Measles	106		
Total	1829	Grand Total	14,662

These figures conclusively refute the theory that Coloradans do not suffer from, or die from preventable diseases. These are Colorado citizens - 1829 of them, who died from definitely preventable causes and an additional 12833 who died from controllable causes, making a total of 14662 or an average of 2932 each year.

All of the deaths from preventable causes, 1829, could have been prevented and at a very conservative estimate at least half of the deaths from controllable causes, 6416, making a total of 8245, could have been prevented had the knowledge which we already have concerning preventive medicine and health protection been universally applied throughout the state. This means that at least 8245 Colorado citizens are dead who might be alive today had we had well organized and adequately supported state and local health departments. An average of about 1650 unnecessary deaths each year is a big toll to pay for failing to provide adequate health protection and health promotion services. Even if a human life were worth as little as \$5000 the saving of 1650 lives would represent an annual saving of \$8,250,000. As you will note, these estimates take no account of the misery, suffering and economic losses which result from these same preventable or controllable causes which do not end in death. (For more detailed information on deaths by suggested health districts and by counties see Appendix A.)

With such appalling, unnecessary losses, wouldn't reasonable appropriations for, and adequate support of good state and local health departments be a sound investment if such health departments can, and we know they can, produce such savings in terms of life and health?

The total amount of money spent in Colorado is insufficient to provide the health protection and health promotion services which the people need and ought to have. Public health budgets for 1945-1946 in Colorado total \$751,799.00 or 68.3 cents per capita.\* This amount includes the budget of the State Division of Public Health and the budgets of the various counties which are receiving some federal financial aid through the State Division of Public Health. It does not include local funds expended for public health in Denver and Pueblo. (This information appears not to be available.)

The State Division of Public Health has \$412,682.41 to spend (\$475,060.97 less on estimated income of \$62,378.50 which goes back into the general fund.) or 37.5 cents per capita. Of this amount, \$107,384.00 or 9.8 cents per capita is from state tax funds, 17.8 cents from the U.S. Public Health Service, 8.3 cents from the U. S. Children's Bureau (making a total of 26.1 cents of federal funds) and 1.6 cents from other sources.

Considering county health budgets we find that 52.3 percent of these funds are from local health sources, 31.5 percent from the U.S. Public Health Service, and 16.2 percent from the U. S. Children's Bureau. Not a cent of state money is available for assisting in the maintenance of local health departments.

Considering the source of funds of the total health budgets (State Div. of Public Health and county budgets receiving federal financial aid) we find that only 14.3 percent of the money comes from state funds, 23.6 percent from local tax funds, 40.2 percent from the U.S. Public Health Service, 19.5 percent from the U.S. Children's Bureau (making a total of 59.7 from federal sources) and 2.4 percent from other sources.

\*Based on an estimated population of 1,100,000.

There are three significant facts in these figures. First, Colorado is not spending enough from all sources to secure adequate health services. Second, the state, through state tax funds, is not assuming anything like its rightful responsibility for public health, only 14 percent of the budget being state money. Third, the actual total of state tax funds being devoted to health is 9.8 cents - think of it - less than 10 cents per capita.

How does Colorado's contribution, through state tax funds, to total state health expenditures compare with that of other states in this region? As already stated, state tax funds in Colorado represent but 14 percent of total state health expenditures. In Wyoming, state tax funds amount to 22 percent of all health expenditures in the state, in Idaho 23 percent, in Montana 35 percent and in Utah 43 percent.\* The fact that Colorado stands lowest in its percent contribution to public health, in comparison with its neighboring states, is amazing when one considers how strongly Colorado champions states' rights. As far as wealth is concerned, Colorado is much better able to contribute a substantial proportion of its total health budget than any of the other states with which it is compared; yet its percent contribution is considerably less than any of its neighbors. (For more detailed information concerning health expenditures see Appendix B.)

Before discussing specific recommendations for the improvement of Colorado's health record it would seem pertinent to mention some of the assets or strengths of the present health situation in the state.

#### Strengths

The State Division of Public Health is fortunate in having a well trained, capable health administrator as its executive officer.

The Division of Laboratories, with its Central Laboratory and three branch laboratories, is capably administered and is rendering valuable service to the state.

The Division of Public Health Nursing is well administered and sound in its planning.

The Division of Venereal Disease Control is in capable hands and is probably the most highly developed service in the State Division of Public Health.

The Division of Tuberculosis Control, working in cooperation with the State Tuberculosis Association, has a well formulated plan which is making commendable progress.

The State Division of Public Health has two well trained medical social workers.

The Division of Public Health Dentistry was quite well developed and progressive in its planning but because of vacancies the Director of Dentistry has been obliged to act also as Director of Maternal and Child Health, the E.M.I.C. program and Crippled Children, which obviously has interfered with the normal development of the dental program.

\*Based on budgets for the year ending June 30, 1946.

Colorado has a strong State Tuberculosis Association which, with its affiliated societies and committees in the various counties of the state, constitute a very valuable public health asset.

The Denver Public Health Council, with its unusually strong membership, can and should have a very powerful influence in bringing about a sounder and more effective health organizational and administrative plan for the state as a whole, even though it has, thus far, been relatively ineffectual in improving the official health services in the City of Denver.

The Governor's Post-War Planning Committee, through its Chairman, Mr. Harry Huffman, has indicated an interest which can be very helpful to the future of public health progress in Colorado.

The Health Committee, of the Governor's Post-War Planning Committee, chairmanned by Dr. Florence Sabin, the distinguished scientist, is unquestionably the most potent and hopeful asset to effective public health effort in Colorado.

#### Major Public Health Issues and Recommendations Designed to Meet Them

The most important weaknesses affecting public health in Colorado and the recommendations which, if put into effect, will correct them are:

#### The Place of Health in State Government

The most important weakness in state public health organization is that at present public health is a division of the executive branch of government under the direct control of the governor. The health of the people in any state is altogether too important to place it in State Government in a position to be so completely susceptible to political machinations and maneuvering. (If one does not believe that public health in Colorado is susceptible to, and is being politically maneuvered, there is plenty of evidence to prove it.) Public health must be completely freed from political interference and permitted to develop and progress on a sound scientific basis.

It is therefore recommended:

- (1) THAT THE DIVISION OF PUBLIC HEALTH BE TAKEN OUT OF THE ADMINISTRATIVE BRANCH OF STATE GOVERNMENT AND MADE A DEPARTMENT OF HEALTH CONSISTING OF TWO BRANCHES, THE STATE BOARD OF HEALTH AS THE ADVISORY, CONSULTATIVE, JUDICIARY, BUT NOT EXECUTIVE BRANCH, AND THE STATE HEALTH OFFICER AND HIS STAFF AS THE EXECUTIVE BRANCH. THE DEPARTMENT OF HEALTH SHOULD CONSIST OF SUCH DIVISIONS AND SECTIONS AS THE STATE BOARD OF HEALTH SHALL DECIDE. DIVISIONS AND SECTIONS OF THE DEPARTMENT MAY BE ABOLISHED OR ADDED AT THE DISCRETION OF THE BOARD.

A bill should be introduced to make possible this fundamentally important change. The great majority of our states now have departments of health constituted essentially as suggested in the foregoing recommendation. (See also recommendation 4 concerning the reorganization of the State Board of Health.)

### Selection and Employment of Personnel

The next most important weakness lies in the present system of selecting and employing personnel. No person may be placed on the state payroll until he or she is accepted by the State Civil Service Commission. This plan would seem to be in accord with good administrative practice but the Civil Service Commission is composed of three members politically appointed by the Governor for long overlapping six year terms of office. The members of the Commission are paid salaries and thus the Commission is an executive body rather than an advisory, judiciary, regulatory group. Members of the Commission need have no special qualifications for the positions to which they are appointed. The Commission (probably because it is a paid rather than a non-paid Commission) does not have an appropriation which will permit the employment of an adequate staff of trained personnel. The one trained person whom it does employ is not given the authority and backing to do a good job. He does not attend meetings of the Commission at which appointments are discussed and made. It would appear that his recommendations are accepted when they coincide with what the Commission wants, or is told, to do, and ignored when they do not. To date, no examinations have been held for professional personnel. This is understandable because of the scarcity of professional personnel during the war but it is still in no position to give adequate, fair examinations for professional personnel. The Commission is certainly not in a position to give such examinations nor does it have the trained staff to do so. Many of the classifications adopted by the Commission are extremely faulty, meaningless and confusing. The salary scales, or one should say salaries, because there are no salary scales, for professional personnel are among the lowest in the entire United States.

The Civil Service Commission instead of being an agency for the recruitment and employment of properly qualified persons actually is a formidable barrier to the procurement of good people. The Colorado Civil Service System is a disgrace to the state. Civic minded persons who have an interest in good government ought to circularize a petition for the abolition of the present Civil Service system and its complete reorganization.

Unless public health can be freed from politics by establishing a real State Department of Public Health and by completely reorganizing the State Civil Service system, there is little hope of improving Colorado's none-too-enviable health record.

The State Division of Public Health has an alarming number of important vacancies. At present (January 1946) there are six principal administrative positions vacant with another certain to occur in the very near future. These positions are Director of Maternal and Child Health, Director of Crippled Children's Service, Director of Epidemiology, Director of Local Health Services, Director of Public Health Engineering, Director of Industrial Hygiene and, to be vacant very soon, the Director of Laboratories. This is by far the greatest number of important vacancies which your surveyor has found in any state. Granted that there is a scarcity of trained professional personnel

this alarming and unusual number of vacancies is unquestionably due to poor salaries, the lack of a training program in recent years, and the totally unnecessary and unwarranted barriers to obtaining appointments of qualified personnel.

It is recommended:

(2) THAT THE SELECTION AND EMPLOYMENT OF PERSONNEL IN THE STATE DIVISION OF PUBLIC HEALTH ( RECOMMENDED TO BE THE STATE DEPARTMENT OF HEALTH ) BE TRANSFERRED FROM THE STATE CIVIL SERVICE COMMISSION TO THE STATE BOARD OF HEALTH AND THAT THE STATE BOARD OF HEALTH ESTABLISH ITS OWN MERIT SYSTEM.

Since the State Division of Public Health receives and expends funds from the United States Public Health Service and the United States Children's Bureau the merit system established by the State Board of Health would, of course, have to meet the approval of these federal agencies.

If this transfer of the function of selecting and employing personnel cannot be effected then it is recommended:

(2a) THAT THERE BE A COMPLETE REORGANIZATION OF THE STATE CIVIL SERVICE SYSTEM. THE CIVIL SERVICE COMMISSION, CONSISTING OF FIVE MEMBERS, SHOULD BE APPOINTED BY THE GOVERNOR ON A NON-PARTISAN BASIS, FOR FIVE YEAR STAGGERED TERMS OF OFFICE. THE COMMISSION SHOULD BE AN ADVISORY, JUDICIARY, REGULATORY, BUT NOT AN EXECUTIVE BODY. MEMBERS OF THE CIVIL SERVICE COMMISSION SHOULD SERVE WITHOUT COMPENSATION EXCEPT FOR NECESSARY EXPENSES INCURRED IN CONNECTION WITH THEIR DUTIES. THE COMMISSION SHOULD, HOWEVER, BE GIVEN AN APPROPRIATION WHICH WILL PERMIT THE EMPLOYMENT OF AN ADEQUATE STAFF OF TRAINED PERSONNEL.

The Civil Service System should be essentially a recruiting agency for qualified personnel.

The fundamental necessities for its success are:

- (a) That the Commission be non-political.
- (b) That it establish proper classifications for positions to be filled. For example, Public Health physicians grades 1, 2, 3 and 4; Bacteriologists grades 1,2,3 and 4; Public Health Nurses grades 1,2,3 and 4; Public Health Dentists grades 1,2, 3 and 4; Public Health Engineers grades 1,2,3 and 4, etc.
- (c) That it establish adequate qualifications of training and experience for the various broad classifications established and write job specifications for individual positions to be

filled as the only assured method of obtaining the right person for the particular job.

- (d) To institute salary scales which will enable the Department of Health to recruit and retain adequately trained personnel. It is impossible to do this at present because of the very faulty system of classifications and the totally inadequate salary scales.
- (e) That the Civil Service Commission establish a retirement age with retirement permitted at a certain age, probably 60, and required at say 65.

The same principles as have just been enumerated should of course be observed by the State Board of Health if it develops its own merit system.

Legislation should be enacted to provide for this very important change. If a constitutional amendment is necessary, civic minded persons throughout the state should join together in circularizing a petition to place the question on the ballot at the next general election.

#### Local Health Departments

There are at present only four full-time local health departments in Colorado and three of these are now without full-time health officers. There is need for local health department legislation which will encourage and facilitate the development of City-County, County and Multiple County full-time health departments in general accordance with the plan as outlined in Local Health Units for the Nation.\*

It is therefore recommended:

- (3) THAT A PERMISSIVE LOCAL HEALTH BILL BE ENACTED WHICH WILL PERMIT AND FACILITATE THE DEVELOPMENT OF CITY-COUNTY, COUNTY AND MULTIPLE COUNTY FULL-TIME HEALTH DEPARTMENTS WITH A SINGLE BOARD OF HEALTH AND A SINGLE FISCAL AGENT FOR EACH AREA OF HEALTH JURISDICTION. THE BILL SHOULD FURTHER PROVIDE THAT ANY CITY OR CITIES OF LESS THAN 50,000 POPULATION (AS GIVEN IN THE MOST RECENT OFFICIAL U.S. CENSUS BUREAU REPORT) IN ANY CONTEMPLATED COUNTY OR MULTIPLE COUNTY HEALTH DEPARTMENT SHOULD AUTOMATICALLY BECOME AN INTEGRAL PART OF SUCH HEALTH DEPARTMENT. THE BILL SHOULD ALSO PROVIDE THAT ANY CITY OF OVER 50,000 POPULATION MAY ELECT TO COME IN OR STAY OUT OF THE CONTEMPLATED COUNTY OR MULTIPLE COUNTY HEALTH DEPARTMENT PROVIDED, HOWEVER, THAT IF

\*Local Health Units for the Nation, Published by the Commonwealth Fund, New York, N.Y., 1945

IT ELECTS TO STAY OUT IT MUST MAINTAIN A FULL-TIME HEALTH DEPARTMENT WITH PERSONNEL AND FUNCTIONS MEETING SUCH MINIMUM REQUIREMENTS AS MAY BE ESTABLISHED BY THE STATE BOARD OF HEALTH.

(See Appendix C for a more detailed discussion of the provisions which should be included in the bill.)

The suggestions concerning the inclusion, or exclusion, of cities of under or over 50,000 population are based on the premise that it is uneconomical for places of under 50,000 to have full-time adequately staffed health departments and that communities of over that size should be required to provide full-time health service.

#### The State Board of Health

The State Board of Health should be reorganized. (This statement has nothing whatsoever to do with personnel but rather with functions and composition.)

The composition of the State Board of Health is faulty and its functions are not adequately or satisfactorily defined. There are nine members of the Board (which seems an unnecessarily large number) and the Secretary of the Board and Executive Officer of the Division of Public Health is a member of the Board and is elected to that position by his fellow members. The qualifications for the Executive Officer of the State Division of Public Health are inadequate. The qualifications are merely that he be a physician licensed to practice in Colorado and be experienced in public health work. This latter phrase is obviously indefinite and relatively meaningless. While it might never happen, with the present plan, it would be possible for the governor or succeeding governors to appoint a State Board of Health of eight laymen and one physician. That physician regardless of the fact that he might not have any real knowledge of public health would have to be elected as State Health Officer.

It is recommended:

(4) THAT THE STATE BOARD OF HEALTH BE COMPOSED OF EITHER FIVE OR SEVEN MEMBERS APPOINTED FOR REASONABLY LONG OVERLAPPING TERMS OF OFFICE. IF THE BOARD IS TO BE A FIVE MEMBER BOARD THE TERMS OF OFFICE SHOULD BE FOR FIVE YEARS; IF OF SEVEN MEMBERS, THE TERMS SHOULD BE FOR SEVEN YEARS. THE ORIGINAL APPOINTMENTS SHOULD BE MADE IN SUCH A MANNER THAT ONE MEMBER'S TERM EXPIRES IN ONE YEAR, A SECOND AT TWO YEARS, ETC. AT ITS FIRST MEETING THE BOARD SHOULD DETERMINE BY LOT THE TERMS OF OFFICE OF EACH MEMBER. REAPPOINTMENTS OR NEW APPOINTMENTS SHOULD BE FOR FIVE OR SEVEN YEAR TERMS AS THE CASE MAY BE. MEMBERS OF THE BOARD SHOULD BE APPOINTED BY THE GOVERNOR ON A NON-PARTISAN BASIS. REGARDLESS

OF THE SIZE OF THE BOARD NO BUSINESS OR PROFESSIONAL GROUP SHOULD CONSTITUTE A MAJORITY OF SUCH BOARD. MEMBERS OF THE BOARD OF HEALTH SHOULD BE APPOINTED ON THE BASIS OF THEIR INTEREST IN CIVIC AFFAIRS AND NOT BECAUSE OF ANY POLITICAL AFFILIATION. MEMBERS SHOULD SERVE WITHOUT REMUNERATION EXCEPT FOR EXPENSES INCURRED IN CONNECTION WITH THEIR DUTIES.

THE BOARD OF HEALTH SHOULD BE THE ADVISORY, CONSULTATIVE, JUDICIARY, BUT NOT THE EXECUTIVE BRANCH OF THE STATE DEPARTMENT OF HEALTH.

THE STATE HEALTH OFFICER AND HIS STAFF SHOULD CONSTITUTE THE EXECUTIVE BRANCH OF THE DEPARTMENT.

THE STATE HEALTH OFFICER OR STATE DIRECTOR OF HEALTH SHOULD BE APPOINTED BY THE STATE BOARD OF HEALTH FOR A FIVE YEAR TERM OF OFFICE PROVIDED, HOWEVER, THAT HE MUST MEET THE QUALIFICATIONS FOR SUCH OFFICE HEREBINAFTER ENUMERATED.

IF IT IS IMPOSSIBLE TO PUT INTO EFFECT THIS RECOMMENDATION THE STATE HEALTH OFFICER OR DIRECTOR OF HEALTH SHOULD BE APPOINTED BY THE GOVERNOR, ON THE RECOMMENDATION OF THE STATE BOARD OF HEALTH, FOR A FIVE YEAR TERM OF OFFICE. HE SHOULD BE ELIGIBLE FOR REAPPOINTMENT AT THE DISCRETION OF THE APPOINTIVE AGENCY (THE STATE BOARD OF HEALTH OR THE GOVERNOR ON THE RECOMMENDATION OF THE BOARD OF HEALTH.)

THE PRINCIPAL FUNCTIONS OF THE STATE BOARD OF HEALTH SHOULD INCLUDE:

- (a) THE APPOINTMENT OF THE STATE HEALTH OFFICER.
- (b) ON THE RECOMMENDATION OF THE STATE HEALTH OFFICER, TO PASS SUCH RULES AND REGULATIONS AS IT DEEMS NECESSARY AND ADVISABLE FOR THE PROTECTION AND PROMOTION OF THE PUBLIC HEALTH. SUCH RULES AND REGULATIONS SHOULD HAVE THE EFFECT OF LAW AS LONG AS THEY ARE NOT IN CONFLICT WITH EXISTING LEGISLATION.
- (c) THE RESPONSIBILITY FOR SEEING TO IT THAT THE STATE HEALTH OFFICER ENFORCES STATE HEALTH LAWS, AND RULES AND REGULATIONS OF THE STATE

BOARD OF HEALTH.

- (d) TO HOLD HEARINGS FOR EMPLOYEES, COMPANIES, CORPORATIONS, OR INDIVIDUALS WITH ALLEGED GRIEVANCES AGAINST THE STATE DEPARTMENT OF HEALTH WHICH ALLEGED GRIEVANCES CANNOT BE SATISFACTORILY DISPOSED OF BY THE STATE HEALTH OFFICER. DECISIONS OF THE BOARD SHOULD BE CONSIDERED FINAL.

Legislation should be enacted providing for such a Board of Health as has been recommended in the foregoing paragraphs.

Qualifications and Functions  
of the State Health Officer

As previously indicated the provisions concerning the qualifications of the state health officer are weak and relatively meaningless. It should be borne in mind that public health is a definite profession with specific qualifications. A doctor of medicine is not qualified to be a health officer unless he or she has had training and experience in public health. A nurse is not a public health nurse unless she has had special training and experience in public health. An engineer is not a public health engineer simply because he is a graduate engineer. It is important that we recognize these facts if we are to keep public health out of politics and obtain properly qualified personnel to carry on our health services.

It is recommended:

- (5) THAT TO BE ELIGIBLE FOR APPOINTMENT AS STATE HEALTH OFFICER OR DIRECTOR OF HEALTH A PERSON SHOULD BE A GRADUATE OF A GRADE A MEDICAL SCHOOL AND BE ELIGIBLE FOR LICENSE TO PRACTICE IN COLORADO. HE, OR SHE, SHOULD HAVE HAD AT LEAST ONE YEAR OF POST-GRADUATE CURRICULAR WORK IN AN ACCREDITED SCHOOL OF PUBLIC HEALTH AND AT LEAST THREE YEARS SUCCESSFUL EXPERIENCE IN A FULL-TIME ADMINISTRATIVE POSITION IN AN APPROVED HEALTH DEPARTMENT OR OTHER HEALTH AGENCY. IN LIEU OF THE YEAR OF POST-GRADUATE WORK IN AN ACCREDITED SCHOOL OF PUBLIC HEALTH ONE SHOULD HAVE HAD A TOTAL OF AT LEAST FIVE YEARS SUCCESSFUL EXPERIENCE IN A FULL-TIME ADMINISTRATIVE POSITION IN AN APPROVED HEALTH DEPARTMENT OR OTHER HEALTH AGENCY. (THE QUESTIONS OF SUCCESSFUL EXPERIENCE AND APPROVED HEALTH DEPARTMENT OR OTHER HEALTH AGENCY SHOULD BE DECIDED BY THE STATE BOARD OF HEALTH.)

THE STATE HEALTH OFFICER OR DIRECTOR OF HEALTH MAY ACT AS SECRETARY OF THE STATE BOARD OF HEALTH BUT HE SHOULD NOT BE A MEMBER OF IT.

THE STATE HEALTH OFFICER SHOULD BE THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH AND SHOULD APPOINT ALL MEMBERS OF HIS STAFF PROVIDED THEY MEET THE QUALIFICATIONS ESTABLISHED BY THE MERIT OR CIVIL SERVICE SYSTEM.

THE STATE HEALTH OFFICER SHOULD BE RESPONSIBLE, EITHER PERSONALLY OR BY DEPUTIZATION, FOR ENFORCING ALL THE HEALTH LAWS OF THE STATE AND FOR CARRYING OUT THE PROVISIONS OF SUCH RULES AND REGULATIONS AS MAY BE PROMULGATED BY THE STATE BOARD OF HEALTH.

(This recommendation should be included in state legislation.)

#### The Milk Supply

At present the legal responsibility for milk and other dairy products is with the Department of Agriculture. The control of the public health aspects of milk and milk products is a basically important public health function which should be vested in the health department.

It is therefore recommended:

(6) THAT THE PUBLIC HEALTH ASPECTS OF THE CONTROL AND SUPERVISION OF MILK AND MILK PRODUCTS BE MADE A FUNCTION OF THE DEPARTMENT OF HEALTH.

(This recommendation could be effected either by legislation or by a "gentlemen's agreement" between the Departments of Agriculture and Health.)

The successful and effective control and supervision of the milk supply will depend largely on the establishment of full-time adequately staffed local health departments.

#### State Tuberculosis Sanatorium

There is an insufficient number of beds for the care of the tuberculous and a number of the institutions for tuberculous are not equipped to provide anything more than custodial care.

A recent study by the United States Public Health Service recommends the establishment of a State Tuberculosis Sanatorium of from 300 to 400 beds, to be erected on the grounds of the University of Colorado Medical School. In this recommendation we must heartily concur. This would seem to be a paramount need if Colorado's pressing tuberculosis problem is to be met satisfactorily.

It is recommended:

(7) THAT A STATE TUBERCULOSIS SANATORIUM OF FROM 300 TO 400 BEDS BE ERECTED ON THE GROUNDS OF THE UNIVERSITY OF COLORADO MEDICAL SCHOOL AND, TO ASSURE THE FULFILLMENT OF ITS MOST USEFUL ROLE IN RELATION TO THE ENTIRE TUBERCULOSIS CONTROL PROGRAM, IT IS FURTHER RECOMMENDED THAT:

- (a) THE STATE TUBERCULOSIS SANATORIUM BE CLOSELY ALLIED TO THE UNIVERSITY OF COLORADO MEDICAL SCHOOL, IN ORDER THAT IT MAY BE USED AS AN IMPORTANT TEACHING CENTER.
- (b) THE STATE TUBERCULOSIS SANATORIUM BE ESSENTIALLY FOR THE CARE OF THOSE TUBERCULOUS PATIENTS WHO NEED SPECIAL TUBERCULOSIS SURGERY OR/AND ADDITIONAL MEDICAL OR SURGICAL SERVICES NOT AVAILABLE AT OTHER TUBERCULOSIS INSTITUTIONS.
- (c) THE STATE DEPARTMENT OF HEALTH HAVE A TUBERCULOSIS CONTROLLER WHO SHOULD, IN GENERAL, BE RESPONSIBLE FOR THE ENTIRE STATE PROGRAM OF TUBERCULOSIS CONTROL AND MORE SPECIFICALLY BE RESPONSIBLE FOR:
  - I. ALL OUT PATIENTS SERVICES ESTABLISHED BY THE STATE DEPARTMENT OF HEALTH.
  - II. THE ADMISSION TO AND DISCHARGE FROM THE PROPOSED STATE TUBERCULOSIS SANATORIUM AND ALL OTHER INSTITUTIONS, CARING FOR THE TUBERCULOUS, WHICH ARE SUBSIDIZED BY THE STATE.
  - III. THE ESTABLISHMENT OF (SUBJECT TO THE APPROVAL OF THE STATE HEALTH OFFICER AND THE STATE BOARD OF HEALTH) MINIMUM RULES AND REGULATIONS, FOR ALL INSTITUTIONS RECEIVING STATE SUBSIDY FOR THE CARE OF THE TUBERCULOUS AND THE ENFORCEMENT OF SUCH RULES AND REGULATIONS. NO INSTITUTION CARING FOR THE TUBERCULOUS SHOULD RECEIVE ANY STATE OR FEDERAL SUBSIDY UNLESS OR UNTIL IT HAS BEEN APPROVED BY THE TUBERCULOSIS CONTROLLER.

(This recommendation will require legislation.)

## Water and Sewerage

Colorado has many unsafe or potentially dangerous water supplies and there are very, very few adequate sewage disposal plants.

Legislation with respect to public water supplies and sewerage systems is not adequate to assure full protection for these public health essentials.

It is recommended:

(8) THAT STATE LEGISLATION WITH RESPECT TO WATER AND SEWERAGE BE SO STRENGTHENED AS TO INSURE TO THE PEOPLE OF COLORADO:

(a) SAFE, POTABLE WATER SUPPLIES

(b) ADEQUATE, SAFE SEWERAGE SYSTEMS. (See Appendix D)

## Public Health Training

Colorado should be training public health personnel in accredited schools of public health. Funds are available for this purpose but the present state administration has refused to permit training outside of the state and at present there is no school of public health in the state. Because of the governor's attitude it has been difficult if not impossible for nurses in the state service to obtain public health nursing and training even in the state.

This failure to train personnel in the past several years is now a serious drawback because there is absolutely no backlog of trained persons.

It is strongly recommended:

(9) THAT COLORADO IMMEDIATELY RE-ESTABLISH ITS PROGRAM OF TRAINING PUBLIC HEALTH PERSONNEL, BOTH WITHIN THE STATE AND WHERE NECESSARY OUTSIDE THE STATE, AS THE ONLY LOGICAL MEANS OF ASSURING ADEQUATELY QUALIFIED PERSONNEL FOR PUBLIC HEALTH SERVICE IN THE STATE.

The present exceptionally large number of vacancies in the state health service is ample testimony as to the need for such a training program. (This recommendation requires no legislation, merely a change of attitude on the part of the state administration.

## Health Education

At present there is no Division of Health Education or any trained health educator in the State Division of Public Health. As previously stated, the future of public health progress in Colorado will depend largely upon the extent to which there is widespread understanding of the health protection and health promotion services which they should have for themselves and their families. There should therefore be a Division of Health Education, with

adequately trained personnel paid decent salaries, carrying on a continuous year-around program of health education or health information. Doctor Sabin's Health Committee can and should constitute the backbone of the finest kind of health education program.

It is recommended as one of the very fundamental essentials of good public health service:

(10) THAT A DIVISION OF HEALTH EDUCATION WITH A WELL QUALIFIED AND WELL PAID DIRECTOR BE ESTABLISHED AT THE EARLIEST POSSIBLE OPPORTUNITY.

(This recommendation does not need legislative action; merely a change in the attitude of state administration.)

#### Medical Education

In its final analysis the health of the people of any state or area will depend upon four major factors:

- (a) Full-time adequately staffed and decently paid state and local health departments.
- (b) A sufficient number of well trained physicians.
- (c) Adequate, modern hospital facilities.
- (d) A general understanding of the need for and value of these facilities.

All four of these factors need further development. Colorado has a well organized and administered medical school which, however, has not always had sufficient appropriations to do the job of which it is capable. The State Tuberculosis Sanatorium (already recommended) should prove an aid to medical education.

It is greatly to be hoped that effective working relationships between the University of Colorado Medical School and the Denver General Hospital can be brought about. Some plan might be worked out by which the City of Denver would own (as it now does), and operate the hospital from the standpoint of house-keeping, general administration, and the control of admissions and discharges, and would finance the resident and interne service and the University of Colorado Medical School would furnish the medical and surgical service including the visiting medical staff and the appointment of residents and internes. (This is very similar to the plan now in operation at the San Francisco Hospital.)

At present there is no school of public health between California and Michigan. There has been considerable discussion concerning the possibility of establishing such a school in Colorado. It is to be hoped that a school of public health in the University of Colorado can and will be established and it seems probable that the Committee on Professional Education of the American Public Health Association will so recommend. The successful operation of such a school of public health will depend in no small measure on the stabilization of a sound, progressive state department of health and the establishment of a well organized, adequately staffed, and adequately financed Field Training

Center either in or near Denver or in a community not too far distant from Denver and Boulder.

It is recommended:

(11) THAT A SCHOOL OF PUBLIC HEALTH BE ESTABLISHED IN THE UNIVERSITY OF COLORADO.

It is also strongly recommended:

(12) THAT THE PEOPLE OF COLORADO GIVE ACTIVE SUPPORT TO THE PROCUREMENT AND MAINTENANCE OF ADEQUATE APPROPRIATIONS FOR THE COLORADO MEDICAL SCHOOL AND ITS HOSPITALS AS THE ONLY ASSURED MEANS OF OBTAINING THE BEST TYPE OF PHYSICIANS FOR THEMSELVES AND THEIR FAMILIES.

(This recommendation needs widespread public support to obtain necessary legislative action.)

Although the State Division of Health has worked closely with the State Nutrition Council there is no trained nutritionist in its (the Division of Health) personnel. Nutrition is altogether too important as a basic health need to be so neglected in a state health service program.

It is recommended:

(13) THAT A WELL TRAINED NUTRITIONIST, PAID A DECENT SALARY, BE ADDED TO THE STAFF OF THE STATE DIVISION OF PUBLIC HEALTH (RECOMMENDED TO BE THE STATE DEPARTMENT OF HEALTH.)

As previously pointed out state appropriations for public health are very meagre and inadequate; less than \$.10 per capita and only 14% of the total health budget.

It is therefore recommended:

(14) THAT MORE ADEQUATE STATE TAX FUNDS BE APPROPRIATED FOR PUBLIC HEALTH TO; (a) INCREASE THE SALARIES OF PROFESSIONAL PUBLIC HEALTH PERSONNEL IN THE STATE DIVISION OF PUBLIC HEALTH (RECOMMENDED TO BE THE STATE DEPARTMENT OF HEALTH) WHICH PERSONNEL WILL GIVE CONSULTATION ADVISORY SERVICE TO LOCAL HEALTH DEPARTMENTS AND (b) TO ASSIST LOCAL AREAS IN DEVELOPING FULL-TIME ADEQUATE LOCAL HEALTH SERVICES,

Hospital facilities in certain areas of the state are inadequate or non-existent. A survey now being made by the State Division of Public Health, with personnel loaned by the United States Public Health Service, under the sponsorship of the Health Committee of the Governor's Post-War Planning Committee, will make recommendations for a state-wide hospital program.

These are, of course, not the only needs which should be met but they do, we believe, constitute the more important basic needs which can only be met satisfactorily by a comprehensive and enlightened understanding on the part of the people throughout the state.

While it is realized that this group is naturally essentially concerned with its own health problems, we assume that it also has an interest in the basic health needs of the state as a whole.

As a matter of fact the kind and quality of health services which you will have in your own communities will depend largely upon the effective solution of these basic state-wide health needs. Whether or not these recommendations are actually put into effect will depend largely on the active and enthusiastic support and backing of this group and the numerous agencies and organizations which it represents. Obviously many of these recommendations will require legislative action. If you decide to actively support these recommendations, as we hope you will, and the bills for their achievement have been satisfactorily formulated and if you are interested in the future health of Colorado, do not permit your legislators to be "pressured" into accepting amendments which will make the bills worse than useless. Doctor Sabin and her Health Committee, of which you are affiliated members, are relying very heavily on you people to bring about a health record for Colorado of which you can be justly proud.

APPENDIX A

FIVE YEAR DEATHS AND  
DEATH RATES FROM CERTAIN CAUSES  
IN SUGGESTED HEALTH UNIT AREAS  
and deaths by counties

Tables, 1,2, and 3

TABLE I  
DEATHS FROM CERTAIN CAUSES IN THE FIVE YEAR PERIOD 1940 - 1944 \*

(1) UNITS	POPULATION	PREVENTABLE CAUSES								CONTROLLABLE CAUSES						
		DIARRHEA ENTERITIS	SYPHILIS	DIPHTHERIA	TYPHOID AND PARATYPHOID	ROCKY MT. SPOTTED FEVER	MEASLES	WHOOPING COUGH	TOTAL PREV.	INFANT DEATHS	ACCIDENTS	PNEUMONIA (ALL FORMS)	TUBERCULOSIS (ALL FORMS)	DIABETES	MATERNAL DEATHS	TOTAL CONTROLLABLE
Unit 1	21,670	10	8	3	0	1	3	3	28	102	143	61	14	8	4	332
2	26,811	12	4	3	2	1	3	8	33	186	146	122	27	19	7	507
3	64,626	39	19	10	1	6	8	10	93	369	293	183	64	61	23	993
4	27,075	33	14	2	1	2	6	15	73	253	126	133	50	20	11	593
5	44,641	168	17	4	1	1	21	15	227	569	162	287	35	13	22	1088
6	31,818	15	6	4	3	1	9	1	41	146	158	130	56	32	12	534
7	67,567	30	11	0	0	1	2	5	49	260	249	204	96	67	13	889
8	91,557	34	29	5	1	1	6	10	86	356	315	257	224	74	24	1250
9	331,000	123	166	23	5	2	10	24	353	1348	1287	1133	803	342	51	4964
10	91,833	26	20	7	0	0	8	3	64	347	356	261	209	73	23	1269
11	71,850	66	23	5	4	0	8	13	119	412	291	247	108	62	14	1134
12	42,273	145	25	14	4	1	6	25	220	534	238	307	100	37	25	1241
13	56,737	114	23	8	1	0	7	16	169	398	307	125	90	53	25	998
14	59,904	31	8	4	1	1	5	14	64	288	229	133	45	70	15	780
15	59,989	61	13	12	0	0	4	7	97	368	241	177	79	41	9	915
	1,089,351	907	388	104	24	18	106	169	1716	5936	4541	3760	2000	972	278	17,487

\* THIS TABLE DOES NOT AGREE WITH COUNTY TABLE SINCE DEATHS IN INSTITUTIONS COULD NOT BE ALLOCATED TO PROPER UNIT

(1) THESE UNITS ARE THE HEALTH UNIT AREAS SUGGESTED IN LOCAL HEALTH UNITS FOR THE NATION, THE COMMONWEALTH FUND, NEW YORK CITY, 1945

TABLE 2

DEATH RATES FROM CERTAIN CAUSES IN THE FIVE YEAR PERIOD 1940 - 1944

(1)		PREVENTABLE CAUSES				CONTROLLABLE CAUSES					
		DIARRHEA AND ENTERITIS	SYPHILIS	DIPHTHERIA	TYPHOID AND PARATYPHOID	(2) INFANT DEATHS	ACCIDENTS	PNEUMONIA (ALL FORMS)	TUBERCULOSIS (ALL FORMS)	DIABETES	(2) MATERNAL DEATHS
Unit	POPULATION										
1	21,670	9.2	7.4	2.8	0	44.8	132.0	56.3	12.9	7.4	1.8
2	26,811	9.0	3.0	2.2	1.5	66.0	108.9	91.0	20.1	14.2	2.5
3	64,626	12.1	5.9	3.1	0.3	52.5	90.7	56.6	19.8	18.9	3.3
4	27,075	24.4	10.3	1.5	0.7	73.8	93.1	98.2	36.9	14.8	3.2
5	44,641	75.3	7.6	1.8	0.4	112.8	72.1	128.6	15.7	5.8	4.4
6	31,818	9.4	5.0	2.5	1.9	49.5	99.3	81.7	35.2	20.1	4.2
7	67,567	8.9	3.3	0	0	40.7	73.7	60.4	28.4	19.8	2.0
8	91,557	7.4	6.3	1.1	0.2	36.4	68.8	56.1	48.9	16.2	2.5
9	331,000	7.4	10.0	1.9	0.03	39.9	77.8	68.4	48.5	20.7	1.5
10	91,833	5.7	4.4	1.5	0	42.0	77.5	56.8	45.5	15.9	2.8
11	71,850	18.4	6.4	1.4	1.1	53.8	81.0	68.8	30.1	17.3	1.8
12	42,273	68.6	11.8	6.6	1.9	112.4	112.6	144.8	47.3	17.5	5.3
13	56,737	40.2	8.1	2.8	0.4	55.7	108.2	44.1	31.7	18.7	3.5
14	59,904	10.3	2.7	1.3	0.3	44.3	76.5	44.4	15.0	23.4	2.3
15	59,989	20.3	4.3	4.0	0	55.0	80.3	59.0	26.3	13.7	1.3
RATE FOR STATE	1,089,351	16.8	9.0	1.9	0.4	52.0	85.2	74.7	38.0	18.2	2.4

(1) THESE UNITS ARE THE HEALTH UNIT AREAS SUGGESTED IN LOCAL HEALTH UNITS FOR THE NATION, THE COMMONWEALTH FUND, NEW YORK CITY 1945.

(2) THESE RATES ARE BASED ON 1000 LIVE BIRTHS. ALL OTHERS ARE BASED ON 100,000 POPULATION

CASES OF CERTAIN COMMUNICABLE DISEASES IN 1945

	MEASLES	WHOOPING COUGH	DIPHTHERIA	UNDULANT FEVER	SMEALLPOX	TYPHOID & PARATYPHOID	ROCKY MOUNTAIN SPOTTED FEVER	TOTAL
COLORADO	822	1672	284	63	5	56	13	2,915
ADAMS	6	20	7			1		34
ALAMOSA	13	52	5					70
ARAPAHOE	31	119	14	2				166
ARCHULETA		22				1		23
BACA	1	2						3
BENT	88		7					95
BOULDER	1	12	2	4		1		20
CHAFFEE		4	11					15
CHEYENNE	2							2
CLEAR CREEK	1							1
CONEJOS	1	1						2
COSTILLA		7						7
CROWLEY		4	1			1		6
CUSTER								
DELTA	8	8				2	3	21
DENVER	204	750	101	8	1	9	2	1075
DOLORES								
DOUGLAS			1					1
EAGLE	1	5					1	7
ELBERT	5	1						6
EL PASO	56	59	18	1		1		135
FREMONT	4	15	1					20
GARFIELD	6	1				1		8
GILPIN							1	1
GRAND	1	9						10
GUNNISON	19	57	1					77
HINSDALE								
HUERFANO		1				1		2
JACKSON								
JEFFERSON	13	32	2	35				82
KIOWA								
KIT CARSON	4	25	3					32
LAKE	2	22						24
LA PLATA	21	13			1	1		36
LARIMER	1	2	2		1	1		7
LAS ANIMAS	7	129	19	3		4		162
LINCOLN		2	1					3
LOGAN	2	32	2					36
MESA	211	5	1			2		219
MINERAL								
MOFFAT	4	7					3	14
MONTEZUMA		1	1			3	1	6
MONTROSE	2	3	6			2	2	15
MORGAN	3	40	2	1				46
OTERO	5	8	40			7		60
OURAY		5	1					6
PARK	7	3			2			12
PHILLIPS	31							31
PITKIN				1				1
PROWERS	2	17	2					21
PUEBLO	28	94	13	3				138
RIO BLANCO	3	18						21
RIO GRANDE	2	16				6		24
ROUTT	6	15						21
SAGUACHE								
SAN JUAN								
SAN MIGUEL								
SEDGWICK			6					6
SUMMIT								
TELLER								
WASHINGTON	1		4					5
WELD	19	34	9	5		12		79
YUMA			1					1

## DEATHS FROM CERTAIN CAUSES IN THE FIVE YEAR PERIOD

1940 - 1944

	POPULATION	PREVENTABLE CAUSES								CONTROLLABLE CAUSES							TOTAL CONTROLLABLE
		MEASLES	WHOOPING COUGH	DIARRHEA & ENTERITIS	SYPHILIS	DIPHTHERIA	TYPHOID & PARATYPHOID	ROCKY MT. SPOTTED FEVER	TOTAL PREVENTABLE	ACCIDENTS	PNEUMONIA (ALL FORMS)	TUBERCULOSIS (ALL FORMS)	DIABETES	MATERNAL DEATHS	TOTAL		
COLORADO	1,089,351	107	169	916	490	106	24	18	1829	5936	4642	4071	2069	994	278	17,990	
ADAMS	21,301	3	3	16	10	1	1		34	129	71	62	55	17	5	339	
ALAMOSA	9,302	4	3	35	6				48	113	39	42	4	4	2	204	
ARAPAHOE	33,850	2	3	7	7				19	104	116	99	73	30	9	422	
ARCHULETA	3,458	2	6	4		1	1		14	34	10	13	2		1	60	
BACA	6,405			6	5				11	32	28	8	2	4	2	76	
BENT	9,562	3	2	20	4				29	59	31	12	12	3	8	125	
BOULDER	35,991		4	16	5			1	26	140	152	121	61	37	6	517	
CHAFFEE	6,681	4		6	2		2		14	41	31	30	5	7	4	118	
CHEYENNE	2,739				1				1	10	8	13	1	2	1	35	
CLEAR CREEK	2,560	1		1	4			1	7	13	33	15	3	3	2	69	
CONEJOS	10,890	7	3	47	2				59	139	29	82	14	3	7	274	
COSTILLA	6,586	1	1	13	1			1	17	25	22	28	8	1	4	88	
CROWLEY	4,846		3	8	1	1			13	33	15	12	7	8	1	76	
CUSTER	1,607							1	1	5	4	7	1	1		18	
DELTA	14,770	2	3	14	5	3	1	2	30	94	68	37	8	7	8	222	
DENVER	331,000	10	24	123	166	23	5	2	353	1348	1287	1133	803	342	51	4964	
DOLORES	1,932		1	1					2	11	7	7	2		1	28	
DOUGLAS	3,187	1		1					2	6	22	6	3	5	1	43	
EAGLE	4,742	1	3	7	1				12	50	37	23	5	4	2	121	
ELBERT	4,642	1		1		1			3	13	7	13	2	3	4	42	
EL PASO	64,354	6	2	20	14	2			44	245	220	177	189	49	11	891	
FREMONT	17,665	4	1	9	6	4	1		25	79	83	68	44	21	7	302	
GARFIELD	9,476		3	4	1	1	1	1	11	46	42	32	9	5	1	135	
GILPIN	1,046									6	6	5	4	1	1	23	
GRAND	3,774		1		2				3	19	14	7		1	1	42	
GUNNISON	5,586									21	39	24	6	3	1	94	
HINSDALE	279	1							1		1	1				2	
HUERFANO	13,142	3	6	51	6	1	3		70	162	81	69	23	12	12	359	
JACKSON	1,622	1			1				2	6	10	3	1			20	
JEFFERSON	32,800		3	10	8	4			25	104	89	76	89	23	7	388	
KIOYA	2,580		2		2				4	13	20	7	3	5		48	
KIT CARSON	6,920		1	4	1				6	30	34	11	4	4		83	
LAKE	7,281	2	2	1	2	2			9	72	38	54	5	8	2	179	
LA PLATA	12,495	2	5	22	12			1	42	111	51	72	26	12	6	278	
LARIMER	31,576	2	1	14	6				23	120	97	83	35	30	7	372	
LAS ANIMAS	29,131	3	16	94	19	13	1	1	147	372	157	238	77	25	13	882	
LINCOLN	5,534				2	4			6	19	16	18	3	8	2	66	
LOGAN	16,660	1	8	4	1				14	81	54	39	16	13	5	208	
MESA	29,800	3	5	13	9			2	32	167	135	77	28	35	8	450	
MINERAL	824			1					1	4	4	1				9	
MOFFAT	4,705			2	1	1		1	5	31	21	13	4		2	71	
MONTEZUMA	7,954	2	3	6	1	1		1	14	87	46	35	14	8	2	192	
MONTROSE	15,068	2	2	11	5			2	22	84	61	52	17	13	5	232	
MORGAN	16,084	2	3	19	6	4		1	35	97	71	33	13	17	3	234	
OTERO	21,761	2	4	69	9	6	1		91	192	168	59	51	20	11	501	
OURAY	1,621	1							1	6	10	4	9	5	1	35	
PARK	2,304								1	11	13	8	3	1	1	37	
PHILLIPS	4,528							1		24	25	17	1	12	2	81	
PITKIN	1,455									2	7	3	3	1	1	17	
PROMERS	11,583	2	8	11	2	1			24	69	45	27	15	13	3	172	
PUEBLO	71,850	8	13	66	23	5	4		119	412	291	247	108	62	14	1134	
RIO BLANCO	2,721	2	1	3		1			7	8	8	8	1	1		26	
RIO GRANDE	11,659	5	3	58	5	4	1		76	191	46	78	4	4	5	328	
ROUTT	8,848		1	5	4	1			11	38	90	30	8	6	1	173	
SAGUACHE	5,380	4	5	14	3				26	97	22	56	5	1	4	185	
SAN JUAN	1,236				1				1	10	12	6	6		1	35	
SAN MIGUEL	3,367			1		7			8	18	19	13	2	1	1	54	
SEDGWICK	4,666		3	1					4	21	18	10	4	8		61	
SUMMIT	1,553									5	9	2	2			18	
TELLER	4,457				2				2	24	49	23	7	2	4	109	
WASHINGTON	7,373		1	2					3	26	18	16	3	9		72	
WELD	59,989	4	7	61	13	12			97	368	241	177	79	41	9	915	
YUMA	10,593	2	2	3			1		8	39	43	18	8	11	5	124	
INSTS.				7	102				109		130	303	63	22		518	

HEALTH DISTRICT \*

UNIT 1

GRAND  
JACKSON  
MOFFAT  
RIO BLANCO  
ROUTT

UNIT 2

EAGLE  
GARFIELD  
LAKE  
PARK  
PITKIN  
SUMMIT

UNIT 3

DELTA  
MESA  
MONTROSE  
OURAY  
SAN MIGUEL

UNIT 4

ARCHULETA  
DOLORES  
LA PLATA  
MONTEZUMA  
SAN JUAN

UNIT 5

ALAMOSA  
CONEJOS  
COSTILLA  
MINERAL  
RIO GRANDE  
SAGUACHE

UNIT 6

CHAFFEE  
CUSTER  
FREMONT  
GUNNISON  
HINSDALE

UNIT 7

BOULDER  
LARIMER

UNIT 8

ADAMS  
ARAPAHOE  
CLEAR CREEK  
GILPIN  
JEFFERSON

UNIT 9

DENVER

UNIT 10

CHEYENNE  
DOUGLAS  
ELBERT  
EL PASO  
KIT CARSON  
LINCOLN  
TELLER

UNIT 11

PUEBLO

UNIT 12

HUERFANO  
LAS ANIMAS

UNIT 13

BACA  
BENT  
CROWLEY  
KIOWA  
OTERO  
PROWERS

UNIT 14

LOGAN  
MORGAN  
PHILLIPS  
SEDGWICK  
WASHINGTON  
YUMA

UNIT 15

WELD

\*AS SUGGESTED IN "LOCAL HEALTH UNITS FOR THE NATION," PUBLISHED BY THE COMMONWEALTH FUND, NEW YORK, 1945

APPENDIX B

HEALTH EXPENDITURES

TABLES

1, 2, 3, and 4

TABLE 1

COLORADO PUBLIC HEALTH BUDGET - YEAR ENDING JUNE 30, 1946  
SHOWING SOURCE OF FUNDS

STATE DIVISION OF PUBLIC HEALTH	STATE	GENERAL HEALTH	U.S. P.H. SERVICE			U.S. CHILDREN'S BUREAU			OTHER	TOTAL	TOTAL	
			V.D.	T.B.	M.C.H.	C.C.	E.M.I.C.	PERCENT			PER CAP.	
ADMINISTRATION	16,361.21	23,930.00	1,000.00	1,472.00	2,490.00	3,509.20	300.00		49,062.41	10.3	4.5	
EPIDEMIOLOGY		4,908.40							4,908.40	1.0	0.4	
VENERAL DISEASE	6,000.00		41,599.20						47,599.20	10.0	4.3	
TUBERCULOSIS CONTROL				47,134.00					47,134.00	9.9	4.3	
CANCER CONTROL	1,626.00	2,783.00						FIELD ARMY 16,000.00	8,444.20	4.3	1.9	
DENTAL HEALTH	5,794.20				2,650.00				8,444.20	1.8	0.8	
MAT. & CHILD HEALTH	5,189.80				17,770.96		9,300.00	COLO. UNIV. 2,000.00	34,260.76	7.2	3.1	
CRIPPLED CHILDREN	45,000.00					31,102.80			76,102.80	16.0	6.9	
P. H. NURSING	1,456.00	7,413.00	2,508.00		7,466.00	7,341.00			26,184.00	5.5	2.4	
LABORATORIES	16,865.60	17,940.20	9,207.60	1,899.00					45,906.40	9.7	4.2	
SAN. ENGINEERING	5,599.20	5,599.20	9,092.00						14,691.20	3.1	1.3	
TABULATING UNIT	2,897.00	1,200.00	8,278.00	2,000.00	1,848.40	600.00			16,823.40	3.5	1.5	
FOOD AND DRUGS	26,044.00								26,044.00	5.5	2.4	
PLUMBING	7,771.00								7,771.00	1.6	0.7	
VITAL STATISTICS	20,492.00				1,516.00				22,008.00	4.6	2.0	
IND. HYGIENE		9,996.00							9,996.00	2.1	0.9	
TRAINING				190.00	2,900.00				3,090.00	0.7	0.2	
BEDDING INSPECTION	3,619.00								3,619.00	0.8	0.3	
HOSPITAL INSPECTION	5,047.20								5,047.20	1.1	0.5	
IN SERVICE FIELD ORIENT		3,000.00			3,000.00				6,000.00	1.3	0.6	
TOT. STATE DIV. OF PUBLIC HEALTH	169,762.21	80,262.60	62,552.80	52,689.00	39,641.36	42,553.00	9,600.00	18,000.00	475,060.97	100.0	43.2	
POPULATION - 1,100,000												

TABLE 2

## COLORADO PUBLIC HEALTH BUDGET - YEAR ENDING JUNE 30, 1946

COUNTIES	U.S. PUBLIC HEALTH SERVICE						U.S. CH. BUR.		PERCENT OF TOTAL		
	LOCAL	PERCENT	GENERAL HEALTH	V.D.	T.B.	TOTAL U.S.P.H.S.	PERCENT	M.C.H.(1)		PERCENT	TOTAL
ADAMS	3,691.00	42.9			1,932.00	1,932.00	22.4	2,983.00	34.7	8,606.00	2.5
ARAPAHOE	7,429.00	60.9	4,769.00			4,769.00	39.1			12,198.00	3.6
BENT	1,347.00	40.8	1,247.00	708.00		1,955.00	59.2			3,302.00	0.9
BOULDER	7,332.00	73.6						2,632.00	26.4	9,964.00	2.9
CLEAR CREEK	1,281.50	50.0						1,281.50	50.0	2,563.00	0.8
CROWLEY	861.00	25.8	1,771.00	708.00		2,479.00	74.2			3,340.00	1.0
V.D. CITY & CO. - DENVER	30,327.20	57.8		22,167.00		22,167.00	42.2			52,494.20	15.5
DOUGLAS	975.00	41.0						1,405.00	59.0	2,380.00	0.7
EAGLE	1,466.00	50.0	1,466.00			1,466.00	50.0			2,932.00	0.9
EL PASO - CITY & CO.	43,321.00	60.1	13,250.00	4,328.40		17,578.40	24.4	11,152.00	15.5	72,051.40	21.2
FREMONT	1,361.00	50.0						1,361.00	50.0	2,722.00	0.8
GARFIELD	1,316.00	50.0						1,316.00	50.0	2,632.00	0.8
GUNNISON	1,610.00	61.6						1,004.00	38.4	2,614.00	0.7
JEFFERSON	6,284.20	59.2	4,339.20			4,339.20	40.8			10,623.40	3.1
LAKE	2,574.20	65.2	924.20	450.00		1,374.20	34.8			3,948.40	1.2
LA PLATA	1,367.00	50.0						1,367.00	50.0	2,734.00	0.8
LARIMER	8,606.00	70.7		708.00		708.00	5.8	2,859.00	23.5	12,173.00	3.6
LAS ANIMAS CO. H. UNIT	12,322.00	44.1	2,950.00	2,478.00	2,532.00	7,960.00	28.5	7,658.40	27.4	27,940.40	8.2
LOGAN	1,361.00	50.0						1,361.00	50.0	2,722.00	0.8
MORGAN	1,316.00	50.0						1,316.00	50.0	2,632.00	0.8
OTERO CO. H. UNIT	8,758.00	32.7	12,959.00	1,040.00		13,999.00	52.2	4,038.00	15.1	26,795.00	7.9
PUEBLO				6,630.00		6,630.00	100.0			6,630.00	2.0
ROUTT	1,507.00	50.0						1,507.00	50.0	3,014.00	0.9
WELD CO. H. UNIT	29,436.90	50.0	18,875.50	390.00		19,265.50	32.7	10,171.40	17.3	58,873.80	17.4
YUMA	1,616.00	50.0						1,616.00	50.0	3,232.00	1.0
TOTAL	177,466.00		62,550.90	39,607.40	4,464.00	106,622.30		55,028.30		339,116.60	
PERCENT OF TOTAL		52.3					31.5		16.2		100.0

(1) M.C.H. MEANS MATERNAL AND CHILD HEALTH

TABLE 3

COLORADO PUBLIC HEALTH BUDGET - YEAR ENDING JUNE 30, 1946  
SHOWING SOURCE OF FUNDS

	STATE	LOCAL	U.S. P.H. SERVICE				U.S. CHILDREN'S BUREAU				OTHER	TOTAL	(3)	
			GENERAL HEALTH	V.D.	T.B.	TOTAL	M.C.H.	C.C.	E.M.I.C.	TOTAL			INCOME	PERCAPITA
STATE DIV. OF PUBLIC H.	169,762.21		80,262.60	62,552.80	52,689.00	195,504.40	39,641.36	42,553.00	9,600.00	91,794.36	18,000.00	475,060.97	\$ 62,378.50	
PERCENT	35.6					41.2				19.3	3.9	100.0	PERCENT	
PER CAPITA*	15.5					17.8				8.3	1.6	43.2	PERCAPITA	
FUNDS USED LESS INCOME (1)	107,383.71					195,504.40				91,794.36	18,000.00	412,682.41	54.9	37.5
PERCENT	26.0					47.4				22.3	4.3	100.0		
PER CAPITA*	9.8					17.8				8.3	1.6	37.5		
COUNTY HEALTH BUDGETS		177,466.00	62,550.90	39,607.40	4,464.00	106,622.30	55,028.30			55,028.30		339,116.60		30.8
PERCENT		52.3				31.5				16.2		100.0		
PER CAPITA*		16.1				9.7				5.0		30.8		
GRAND TOTAL (2)	107,383.71	177,466.00	142,813.50	102,160.20	57,153.00	302,126.70	94,669.66	42,553.00	9,600.00	146,822.66	18,000.00	\$ 751,799.01	45.1	
PERCENT	14.3	23.6				40.2				19.5	2.4	100.0	100.0	
PER CAPITA*	9.8	16.1				27.5				13.3	1.6	68.3		68.3

\* BASED ON POPULATION OF 1,100,000

(1) INCOME REVERTS TO THE STATE GENERAL FUND

(2) GRAND TOTAL LESS INCOME (BASED ON 1945 INCOME)

(3) INCOME OF DIVISION OF PUBLIC HEALTH 1945

RESTAURANTS	27,610.00
PLUMBING	7,725.50
BEDDING INSPECTION	10,575.00
HOSPITAL INSPECTION	26.00
VITAL STATISTICS	<u>16,442.00</u>
TOTAL	\$ 62,378.50

TABLE 4

COLORADO COUNTY HEALTH BUDGETS FOR THE YEAR ENDING JUNE 30, 1946  
SHOWING SOURCE OF FUNDS

COUNTIES	POPULATION	LOCAL	FEDERAL	TOTAL	LOCAL		FEDERAL		TOTAL	
					PERCENT	PER CAPITA IN CENTS	PERCENT	PER CAPITA IN CENTS	PERCENT	PER CAPITA IN CENTS
ADAMS	21,301	3,691.00	4,915.00	8,606.00	42.9	17.3	57.1	23.1	100.0	40.4
ARAPAHOE	33,850	7,429.00	4,769.00	12,198.00	60.9	21.9	39.1	14.1	100.0	36.0
BENT	9,562	1,347.00	1,955.00	3,302.00	40.8	14.1	59.2	20.4	100.0	34.5
BOULDER	35,991	7,932.00	2,632.00	9,964.00	73.6	20.4	26.4	7.3	100.0	27.7
CLEAR CREEK	2,560	1,281.50	1,281.50	2,563.00	50.0	50.0	50.0	50.0	100.0	100.0
CROWLEY	4,846	861.00	2,479.00	3,340.00	25.8	17.7	74.2	51.2	100.0	68.9
DOUGLAS	3,187	975.00	1,405.00	2,380.00	41.0	30.6	59.0	44.1	100.0	74.7
EAGLE	4,742	1,466.00	1,466.00	2,932.00	50.0	30.9	50.0	30.9	100.0	61.8
*ELPASO -CITY-COUNTY	64,354	43,321.00	28,730.40	72,051.40	60.1	67.3	39.9	44.6	100.0	111.9
FREMONT	17,665	1,361.00	1,361.00	2,722.00	50.0	7.7	50.0	7.7	100.0	15.4
GARFIELD	9,476	1,316.00	1,316.00	2,632.00	50.0	13.9	50.0	13.9	100.0	27.8
GUNNISON	5,586	1,610.00	1,004.00	2,614.00	61.6	28.8	38.4	18.0	100.0	46.8
JEFFERSON	32,800	6,284.20	4,339.20	10,623.40	59.2	19.2	40.8	13.2	100.0	32.4
LAKE	7,281	2,574.20	1,374.20	3,948.40	65.2	35.4	35.3	18.9	100.0	54.2
LA PLATA	12,495	1,367.00	1,367.00	2,734.00	50.0	10.9	50.0	10.9	100.0	21.8
LARIMER	31,576	8,606.00	3,567.00	12,173.00	70.7	27.3	29.3	11.3	100.0	38.6
*LASANIMAS CO. H. UNIT	29,131	12,322.00	15,618.40	27,940.40	44.1	42.3	55.9	53.6	100.0	95.9
LOGAN	16,660	1,361.00	1,361.00	2,722.00	50.0	8.2	50.0	8.2	100.0	16.4
MORGAN	16,084	1,316.00	1,316.00	2,632.00	50.0	8.2	50.0	8.2	100.0	16.4
*OTERO CO. H. UNIT	21,761	8,758.00	18,037.00	26,795.00	32.7	40.2	67.3	82.9	100.0	123.1
ROUTT	8,848	1,507.00	1,507.00	3,014.00	50.0	17.0	50.0	17.0	100.0	34.0
*WELD CO. H. UNIT	59,989	29,436.90	29,436.90	58,873.80	50.0	49.1	50.0	49.1	100.0	98.2
YUMA	10,593	1,616.00	1,616.00	3,232.00	50.0	15.3	50.0	15.2	100.0	30.5
TOTAL	460,338	147,138.80	132,853.60	279,992.40	52.6	32.0	47.4	28.8	100.0	60.8

\* FULL-TIME HEALTH DEPARTMENTS; ALL OTHERS ARE PART-TIME.

DENVER AND PUEBLO COUNTIES HAVE BEEN OMITTED BECAUSE OF LACK OF INFORMATION AS TO THEIR COMPLETE BUDGETS

PROVISIONS WHICH SHOULD BE INCLUDED  
IN A LOCAL HEALTH BILL

(Appendix C)

## APPENDIX C

A bill to permit the establishment of full-time county, city-county, or combination of county health departments should provide:

- (1) That the County Commissioners of any county may vote to establish a full-time county health department.
- (2) That two, three or four but not over four counties may combine for public health purposes to establish a full-time health department by the favorable vote of the several Boards of County Commissioners. More than four counties may combine for public health purposes only with the permission of the State Health Officer.
- (3) That the city-county, county or counties involved in the establishment of a full-time health department may, through their duly constituted appropriating bodies, appropriate such funds as may be necessary for the operation and maintenance of such full-time health department.
- (4) That where available tax funds are insufficient for the maintenance and operation of the health department the County Commissioners of the county or the several counties included in the proposed health department may by a majority vote levy a tax of not to exceed one mill per each dollar of assessed valuation for maintaining and operating such department.
- (5) That in such county, or multiple county, health departments, cities of under 50,000 population (as shown in the last U. S. Census) shall become integral parts, for purposes of public health administration, of such health departments.
- (6) That cities of over 50,000 population (as shown in the last U. S. Census) may elect to come into the county or multiple county health department or to maintain their own health departments. If a city of over 50,000 population decides to maintain its own health department, it must have a full-time qualified health officer (a health officer meeting the qualifications for full-time health officers as established by the State Board of Health).

(This and the preceding provision are based on the premise that it is not economical for a city of less than 50,000 population to maintain its own independent health department and that, if it is large enough to support its own department, it should be required to employ properly qualified personnel to conduct it.)

- (7) That nothing in this bill shall be construed as in any way interfering with the appointment, prerogatives, or financial support of local boards of health, health officers or other local health personnel except that the full-time county or multiple county health officer shall be the senior health officer of the area and shall have general supervision over other health officers of the area except full-time qualified health officers of cities of over 50,000 population.

- (8) That, similarly, nothing in the bill should be construed as preventing other local health jurisdictions in full-time county or multiple county health department areas from abolishing such local health jurisdiction functions if they so desire.
- (9) That the properly constituted authorities, in a county or counties establishing full-time health departments, be authorized to negotiate with the State Department of Public Health for such financial assistance for the operation and maintenance of the full-time county or multiple county health department as the State Department of Public Health may be able to provide through state and federal funds.
- (10) That the properly constituted authorities in a county or counties establishing full-time health departments be authorized to accept private funds, donations, property and materials for the use of such health departments.
- (11) That there be a Board of Health as the advisory, judiciary, policy forming, but not executive body, for each such county, multiple county or city-county health department established in accordance with the provisions of this act.
- (12) That the Board of Health of a single county Health Department be appointed by the Chairman of the Board of County Commissioners and consist of five members, appointed for five year staggered terms of office, two of whom should be physicians and three from other walks of life.
- (13) That the Board of Health of a combined City-County Health Department consist of five members, three of whom should be appointed by the Chairman of the Board of County Commissioners, one of whom should be a physician, and two should be appointed by the Mayor of the City, one of whom should be a physician. If the population of the city is larger than the population of the remainder of the county, then the city should appoint three members and the county two. At the time of original appointment the five members thus appointed should determine by lot which members shall serve respectively for one, two, three, four and five years. All subsequent appointments should be for five year terms.
- (14) That where two or more counties establish a Health Department the Chairman of the Board of County Commissioners of each participating county should appoint one member of the Board of Health except that where only two counties are participating two members should be appointed from each county and the county having the larger population should appoint the fifth member. Two members of the Board of Health, whether it be a Board for two, three or more counties, should be physicians. At the time of original appointments of Boards established in accordance with the provisions of this clause the members thus appointed should determine by lot the length of term to be served by each member. All subsequent appointments should be for five year terms.

- (15) Any Board of Health, established in accordance with the provisions of any of the preceding clauses, should appoint a single fiscal agent for the Health Department.
- (16) That any Board of Health, established in accordance with the provisions of any of the preceding clauses should have the right to make such rules and regulations as it deems necessary for the protection and promotion of health provided, however, that such rules and regulations must not be in conflict with state legislation or with rules and regulations of the State Board of Health. Rules and regulations adopted by local boards of health may be more stringent but not less stringent than state legislation or rules and regulations of the State Board of Health.
- (17) The Board of Health of any such county, multiple county, or city-county health department should appoint the health officer provided, however, that he or she must meet the qualifications for such health officers as are established by the State Board of Health.
- (18) The appointment of the health officer should be for five years and he or she may be reappointed at the discretion of the Board. The health officer may be removed at any time for cause but should have the right to a hearing by the Board of Health.
- (19) That the health officer of a full-time city-county, county or multiple county health department should be responsible for the appointment of all other personnel in his or her department, provided, however, that such personnel must meet the qualifications of training and experience as prescribed by the State Board of Health.
- (20) That the health officer of any city-county, county, or combination county health department shall observe such rules and regulations as may from time to time be promulgated by the State Department of Public Health and shall make such reports as may be required by such Department.
- (21) Any city-county, county or multiple county health department established in accordance with the provisions of this act may be abolished by a majority vote of the people of the area provided, however, that such vote shall be taken only if 10% or more of the electors have petitioned for such vote. No popular vote on the question of abolishing a full-time health department should be taken until such health department has been in existence for at least two years.

It is fully appreciated that the legislation proposed in the preceding sections places no compulsion upon any unit of government. It simply makes it possible for the properly constituted county authorities to act if the people want them to act. This philosophy is based on the premise that sound public health progress is seldom achieved by compulsion or compulsory legislation but rather by a sound program of health education or health information.

Appendix D

Water Supplies and Sewerage Systems

(A brief summary)

Appendix D

Colorado has about 178 communities of 200 or more population.

The following table gives a brief summary of the water supplies and sewerage systems in these 178 communities:\*

<u>Water Supplies</u>	<u>Number</u>	<u>Percent</u>
Adequate Supplies	29	16.3
Supplies needing minor corrections	<u>63</u>	<u>35.3</u>
Total supplies in fairly good shape	92	51.6
Supplies needing treatment	64	36.0
Supplies needing other major corrections	14	7.9
Communities with no water systems	<u>8</u>	<u>4.5</u>
Total Communities needing real improvement	86	48.4
Grand total	178	100.0
 <u>Sewerage Systems</u>		
With adequate systems and adequate treatment	16	9.2
Only minor corrections needed	9	5.1
Sewerage systems impractical	<u>3</u>	<u>1.7</u>
Total in fairly good shape	28	16.0
Communities with no systems	79	45.2
Systems with no treatment	41	23.4
Systems with inadequate treatment	21	12.0
Communities with inadequate systems	<u>6</u>	<u>3.4</u>
Total Communities needing real improvement	147	84.0
Grand total	175	100.0
Towns for which no information was obtained	<u>3</u>	
Total	178	

\*Data obtained from a report compiled January 25, 1946 by H. M. Giges, Ass't. Engineer (R) U.S.P.H.S. Dist. #8, from information obtained by the U.S.P.H.S. through a state-wide sanitary facilities survey conducted September to November, 1945.