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FROM PANOCHE TO THE BOLSA
HEALTH CARE IN A RURAL COUNTY

A Thesis

Presented to

The Faculty of the School of Social Work

San Jose, State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

By

Julia Bauder-Nishita

August, 1977

APPROVED FOR THE SCHOOL OF SOCIAL WORK

APPROVED FOR THE UNIVERSITY GRADUATE COMMITTEE

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PREFACE

The scope of this thesis has been limited to a general, exploratory discussion of health care delovery in a rural county. Included in this discussion is an examination of the public and private health sector's response to the health care needs of the permanent residents of San Benito County.

As time, funding, and other resources were limited for this study, the mental health sector of the health care delivery system was not included in the scope of this thesis. Also the provision of care to the migrant farmworker population of the county and an assessment of their health needs was not made, as it is the feeling of the author that a major study should be undertaken concentrating solely on this population's special needs.

The development of this study was very often a joint effort by many others besides myself. Esperanza Walters, Margot Smith, and Hector Garcia collectively contributed many hours of input into the development of the study. Their continued interest and guidance was invaluable. The tremendous effort of collating, addressing, and mailing entailed in the community health questionnaire was primarily possible due to the assistance of Aileen Bauder, and Niessa and Adrian Cisneros. Much of the data presented

herein was collected only through the continued cooperation of community members (particularly those families responding to the community health survey) and health providers. Particularly cooperative were the staff of Hazel Hawkins Hospital, San Benito County Health Department, and El Centro de Salud.

A final acknowledgement must be made to Allan Nishita for not only his many hours of assistance with the clerical activities necessary to the development of this study, but also for the emotional and financial support necessary for it's completion. It is hoped that the information herein will help to make possible conditions far better than those which took a year and a half of his life.

Chapter 1

INTRODUCTION

The process of obtaining initial access and maintaining that access throughout the consumer's search for health care has increasingly come under public scrutiny. The consumers of health care have found that often because of their gender, age, ethnicity, or their place of residence they cannot obtain care for preventive, curative, or even emergency situations. Many people keep trying to find that elusive level of care that will enable them to lead healthy and healthful lives by traveling many miles, by searching out many providers. Other consumers give up the search and accept only fragmented, and, at best barely adequate care. The rest simply reject the delivery system that offers so little that they become sicker or try to cure themselves or they die.

For many of us this analysis of the process we go through to get health care that really fits our needs and our lives it all too true. Although for many urban dwellers modern medical resources are abundant and in proximity such factors as language, the lack of transportation, and medical insurance makes that modern medicine unavailable. For rural communities modern medicine and its distributors are either

nonexistent or in such small numbers only a few can use their services. Those few are often the wealthy, the influential, the "old families" of the area. For the rural person access to health care means having little access at best and no access at worst.

This thesis lays out a study of access in a rural county in California. Why was a rural county chosen? As has been alluded to above, a rural area personifies all those elements that tend to limit access in the urban areas of this country and more. The rurality of the area itself creates obstacles to obtaining care. And why access and not another framework that could explain the low level of care in a given location, for example, the effect of the economy on the health care delivery system of the nation. It is the author's feeling that the framework provided by the concept of access gives a broad and relevant look at what is occurring in the particular geographic area chosen and, more generally, any rural area. It is hoped that a short review of the various theories that make up the body of knowledge concerning access will further support the use of this framework.

Purpose

The purpose of this thesis is to determine the level of access to the health care delivery system of San Benito County which is experienced by the population of that county. Evaluated will be the level of care, the health care needs

of the county's population, how the health care delivery system is attempting or has attempted to meet those needs, and what elements could, in the future, further access to health care delivery in San Benito County.

Hypothesis

It is hypothesized that the citizens of San Benito County, California, are not receiving complete access to health care delivery in the county and are thus going out of the county to seek care.

Operationalization of the Hypothesis

Herein the term "citizen of San Benito County, California", will mean those people residing within the geographic boundaries of the county on a permanent or semi-permanent basis rather than those residing in other locations and are merely passing through those boundaries.

Herein the term "complete access to care" of a medical nature will be defined as the ability to receive health care at a level that the consumer perceives as acceptable. Further, this process of receipt must be so defined as to insure both immediate and long-term health for the consumer. Finally, to make an asserted effort to bring about, "...an active state of physical, emotional, and social well-being that contributes to the achievement of human potential".[1]

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[1]San Benito County Comprehensive Health Planning Council, Home Health Services for San Benito County, Mid-Coast Comprehensive Planning Association, Salinas, December, 1974, p. 5.

It must be kept in mind that access is a process that occurs throughout the consumer's search for health care, not the initial outreach for care. This process begins with the consumer's birth and ends with the death of the consumer.

Herein the term "health care delivery system" shall connote that system of practitioners and/or providers of health care that either receive monies for their services or are mandated by a governmental body as a county or state agency.

Basic Questions

(1) What immutable variables affect access to health care? (such as age, sex, marital status, educational level, race, ethnicity, length of residency in county, and language)

(2) What enabling variables affect access to health care? (such as income level, occupation, source of income, mode of payment for health care, and ease of obtaining care with such factors as travel time, office waiting time, ease of obtaining an appointment, and ability to find a family physician, affecting that ease)

(3) What are the health care delivery system's resources in San Benito County? (acute and non-acute hospitals, physicians, dentists, non-traditional providers such as curanderas, Christian Science practitioners, and spiritual healers, pharmeceutical distributors such as pharmacists, and over-the-counter drug distributors, home care

providers, and emergency care services and facilities)

(4) What is the ratio of hospital beds and physicians to the population of San Benito County?

(5) How does the county's population obtain health care within the county?

(6) How is the Hazel Hawkins Hospital Emergency Room utilized by the county's population?

(7) What is the rate of county population leaving the county to obtain care?

METHODS AND PROCEDURES

In order to develop a common information base a review of the literature written about the concept of access will be made. Accompanying this review will be a formulation of a theoretical framework to be used. Following the two general sections will be a discussion of the need for research in this field of investigation. Shifting from this discussion the study will then examine general characteristics of San Benito County and its population in order to provide the reader a description of the county's society and the institutions that serve it. Focusing even narrower there will then be a discussion of access to health care in rural counties across the nation and an application of the elements found on a national level to the county level of San Benito. Completing this section will be a general profile of medical facilities and providers in San Benito County.

Turning from essentially secondary data to that of primary, a presentation will be made of the data collected in the studies to be discussed later in this section. Following this analysis of the date will then be a section discussing the conclusions made utilizing the primary data collected and recommendations for further studies and change in the delivery system to better serve the county's population.

The primary data presented in this thesis was gathered by a variety of methods in order to complete the four studies undertaken. These included a patient origin study, a comparative study of deaths in the county, a survey of health providers serving San Benito County, and a mail survey of the county's population. Supplementing the four studies were informal interviews with community members and providers and participatory observation of health facilities and community meetings.

Death and Fetal Death Study

In order to determine the health needs of San Benito County and to investigate trends in illnesses within the county as they compare with adjacent counties and with the state as a whole, a review of death and fetal death certificates was made. To review the death certificates permission was necessary from the San Benito County Health Department. Upon receiving permission a review of the 1974 death and fetal death certificates was made.

From the form utilized by the California State Department of Vital Statistics two data collection instruments were developed. Utilizing these instruments one hundred and twenty nine certificates were reviewed. (See Appendix.)

When the review of certificates was completed the data was compiled and tabulated. To analyze the data, cross-tabulations were made using Dominguez and Garcia's Health Resources for Unemployed Latinos in the United States which analyzed similar data collected in Santa Clara County. (See Appendix.)[2]

San Benito County Health Survey

A survey of San Benito County residents was made in order to gain data on the effect of various immutable and enabling factors on the receipt of health care within the county. Also to be studied was the level of consumer utilization of out-of-county providers and facilities as an alternative to in-county care. Finally, the utilization of various non-traditional practitioners was studied.

A sample of one thousand families was randomly selected from those having listed telephone nimbers in the most recent telephone directory. To insure that a self-

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[2]Simon Dominquez and Hector B. Garcia, Health Resources for Unemployed Latinos in the United States, paper presented at the Annual Meeting of the American Public Health Association, Chicago, Illinois; November 17, 1975.

select sample was not selected it was found that there were approximately one telephone per family group within the county when adjusting for the unlisted telephones. Also, the utilization of a telephone listing sample excluded the migrant population who would tend not to secure a private telephone nor would be available during the winter months when the migrant population would be at its lowest and when this survey was carried out. This, however, was considered and since the migrant population's health needs are not within the scope of this study this was not problematical.

The population sampled then, were one thousand families randomly selected from listed telephone numbers who had obtained that listing prior to August, 1976.

A questionnaire packet was mailed to those one thousand families which included a cover letter in both English and Spanish as well as a bi-lingual questionnaire and a stamped return envelope. (See Appendix.) Each return envelope was coded to indicate what families had not returned their questionnaire and two weeks later a follow-up letter, also bi-lingual, was mailed to those families.

In addition to a follow-up letter, an article in the local newspaper was utilized to accelerate returns. (See Appendix.)

Returned questionnaires were then tabulated by hand for frequencies and cross-tabulations and then put in table form for analysis. (See Appendix.)

San Benito County Physician Survey

A survey of all physicians was undertaken to investigate what enabling and immutable characteristics of San Benito County health consumers affect access to those physician's services. The total population of nineteen physicians serving the county were surveyed with a one-hundred percent response.

Physicians were mailed a questionnaire packet which included a cover letter, questionnaire, and self-addressed, stamped return envelope. It was explained in the cover letter that the physicians' staff could complete the questionnaire for the physician when necessary. (See Appendix.)

As all the questionnaires were returned within the deadline stated on the cover letter no follow-up letter was necessary. Upon receipt of all questionnaires, tabulations were made from the responses for frequencies. Due to the limited nature of the questionnaire no cross-tabulations were made. (See Appendix.)

Emergency Room Study

A review of utilization of San Benito County's Hazel Hawkins Hospital Emergency Room by consumers was made to determine the level of the utilization, the nature of that utilization, and its appropriateness in terms of emergency or non-emergency status of the patient's complaint. In order to implement the review it was necessary to secure permission from Gary Di Mecurio, Hazel Hawkins Hospital

Administrator, to review Emergency Room records as well as patient's charts when those Emergency Room patients had prior admissions at Hazel Hawkins.

After reviewing a sample Emergency Room record from a data collection instrument was developed. Utilizing this instrument the Emergency Room records were reviewed as well as the charts of the Emergency Room patients with prior admissions. This totaled fourteen hundred and fifty-five separate Emergency Room visits and records. Six hundred and fifty-eight of those records were unavailable for review due to mis-filing or current admissions. Upon completion of the data gathering phase the data was tabulated, cross-tabulated, and put in table form for analysis. (See appendix.)

Patient Origin Study

In order to determine the level of utilization of out-of-county physicians and facilities in non-emergency situations a patient origin study of count residents going outside the county to give birth was made. For purposes of comparison an additional examination was made of the deliveries made within the county.

The in-county births were studied in similar fashion to the death certificate study. Permission had to be received from the San Benito County Health Department before birth certificates could be examined, and, once received, a data collection instrument was designed. Certificates were then reviewed and analyzed. (See Appendix.)

Out-of-county births were examined by the review of birth certificates from the three adjacent counties of Santa Clara, Santa Cruz, and Monterey. These three counties were chosen due to their proximity and the traditional flow of consumers to these counties. The birth certificates were reviewed at the California State Department of Vital Statistics in Sacramento and permission had to be also received prior to review.

The same data collection instrument was used for the in and out-of-county birth studies and the certificates for 1975 were chosen for review as they are the most recent records to be completed by the Vital Statistics Department. The same process of review, tabulation, and analysis was utilized as with the in-county births and the data from both groups was then analyzed. (See Appendix.)

PROBLEMS ENCOUNTERED IN DATA COLLECTION

There were three primary problems encountered while collecting the data which is presented in this study. These were time, money, and difficulties with mailing.

It was found that to do a very complete study of the entire health care delivery system in San Benito County - including mental and migrant health delivery - much more time was needed than that allowed by the confines of the School of Social Work. Due to this many times throughout the study further areas of study will be suggested for those doing research in this area.

As no source of funding was found to finance the cost of this study it was necessary for the author to absorb the expenses incurred. Much of the data, such as the birth and death certificates reviewed, had to be paid for, travel to Sacramento on two separate occasions was necessary and printing and mailing expenses were incurred. Due to all of these expenses the final cost of the study was approximately four hundred dollars. As this expense had to be absorbed by the author's family it can be easily concluded that it is necessary for the School of Social Work to develop sources of funding in the future for research projects, such as this, which is providing valuable primary data to a county previously without such information.

The largest and most persistent problem encountered in this study was that of mailing difficulties. Due to the author's reliance on secondary information regarding mailing fees for the community health survey it was necessary to pay nineteen cents for each envelope returned and many envelopes ended up in dead letter offices throughout the state. It was only after many long-distance phone calls that the letters were returned to the author so that tabulation could take place. With better planning this could all have been avoided.

Chapter 2

BACKGROUND OF THE STUDY

REVIEW OF THE LITERATURE

Access is a complex and many faceted concept. The schools of thought are many, but, for the most part two trends are found in the literature. The first group of literature implies that,

> "...access is a function of the characteristics of the delivery system or the population. Indices of access, for this group, are simply descriptors of the organization or availability of care or the attitudes or resources of potential consumers."[3]

The second group of literature concludes that access can be evaluated by,

> "...,outcome indicators of the rate or quality of passage through the system, such as utilization rates or satisfaction scores. These measures, they argue, permit external validation of the importance of the system and individual characteristics."[4]

As we look at the characteristics that make up these two types of concepts we will develop a working definition of access.

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[3]Mid-Coast Health Systems Agency, Overview of the Mid-Coast Health Systems Agency, Salinas, 1976.

[4]Lu Ann Aday and Ronald Anderson, Access to Medical Care, Health Administration Press, Ann Arbor, 1975, p. 5.

Access has been emphasized by two sources as services which are available to the consumer wherever and whenever needed and the point of the delivery system is well-defined.[5] In 1973, for instance, Rogers noted the decline in the number and availability of primary care physicians inhibits access of consumers to the system.[6] It was also found in 1970 that the emergency rooms of acute care hospitals are becoming primary care centers due to the absence of primary care physicians as a result of specialization, a reluctance of physicians to make house calls, and the unavailability of private physicians in the inner city.[7]

Two aspects of access are discussed by Donabedian in Aspects of Medical Care Administration. The first socio-organizational attributes are those characteristic of the resources which either facilitate or obstruct the efforts of the consumer to obtain care. These include such variables as sex of the provider, specialization, fee scale, etc. Geographic accessibility refers to, "...the friction of space that is a function of the time and physical distance

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[5]T.S. Bodenheimer, Inquiry, "Patterns of American Ambulatory Care Systems", Vol. 11, March-April Supplement, 1973, pp. 68-75.

[6]D.E. Rogers, New England Journal of Medicine, "Shattuck Lecture-The American Health Care Scene", Vol. 288, June 28, 1973, pp. 1377-1383.

[7]D.K. Freeborn, and M.R. Greenlick, Medical Care, "Evaluation of the Performance of Ambulatory Care Systems", Volume 11, September 1970, pp. 26-35.

that must be traversed to get care."[8]

It is pointed out by Mechanic in Public Expectations and Health Care, that the availability of services and resources is not sufficient to account for whether entry to the system was achieved.[9] Also what must be considered is the willingness of the consumer to seek care. This is dependent upon attitudes about health, knowledge about health care and social and cultural definitions of illness. This point of view is taken exception with, however, by Shortell as he feels access in terms of costs, waiting time and other types of internal economy, availability, psychological factors or knowledge of health do not indicate whether the consumer wants entry into the system and whether he/she obtains that entry.[10] He points out that a form of external validation which indicates differences with respect to getting care should be utilization rates for a period of time.

In Health Care in Transition, Somers states:

> "A considerable part of the problem...is the fact that so many people still lack access to good health care. For many, it is quantitatively deficient. For many more, including many in the middle and upper-income categories, it is qualitatively lacking particularly in the educational influence of a good doctor-

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[8]A. Donabedian, Aspects of Medical Care Administration, Harvard University Press, Cambridge, 1973.

[9]D. Mechanic, Public Expectations and Health Care, John Wiley and Sons, New York, 1972.

[10]S. Shortell, Patterns of Medical Care, presented at Workshop, Center for Health Administration Studies, Chicago, April 5, 1973.

patient relationship, a lack that probably disturbs the patient more than it does the doctor."[11]

Access has been characterized by some researchers as being best considered in the context of whether consumers in need of care receive it or are thwarted in their attempt. The analogy of a "medical iceberg" has been used to represent consumer's medical needs which might be treated by a physician. The area above the water line indicates those needs actually receiving medical attention and the portion below, those needs being neglected. The larger the areas above the water the greater the access to care for the group of consumers represented by the iceberg.[12]

Consumer satisfaction has been used by two research groups to gauge access. Anderson reported using consumer evaluations which measured satisfaction with waiting time in physician's offices, availability of care during non-working hours and the difficulty or ease in obtaining doctor's care.[13] Freeborn and Greenlick stated satisfaction with accessibility of care may be evaluated by consumers attitudes regarding the extent of services available at a time and location needed and whether the consumer perceived a change in his/her

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[11] A.R. Somers, Health Care in Transition, Hospital Research Trust, Chicago, 1971, p. 23.

[12] R.G. Beck, International Journal of Health Services, "Economic Class and Access to Physician Services Under Public Medical Care Insurance", Vol. 2, Summer, 1973, pp. 341-355.

[13] R. Anderson, et. al., Economics and Business Bulletin, "The Public's View of the Crisis in Medical Care", Vol-

condition as a result of care.[14]

THEORETICAL FORMULATION

The consumers access to medical services may be considered as a type of social indicator of the process, behavioral and subjective outcomes of the consumers entry to the health care system. A framework that can be applied to the utilization of health services dependent and manipulable and non-manipulable independent variables. Aday and Anderson state that such an approach implies:

> "...an approach to or use of a given service or object and the foctors that affect or impede this process. Webster, for example, defines access as 'permission, liberty, or ability to enter, approach, communicate with, or pass to or from or to make use of.' Health services utilization research, provide a framework to describe those factors that inhibit or facilitate entrance to the health care delivery system, measurements of where, how often, and for what purposes entry is gained, and how these inhibiting (or facilitating) factors operate to affect admittance."[15]

NEED FOR RESEARCH

As a result of the National Health Planning and Resources Development Act of 1974 (Public Law 93-641) the Mid-Coast Health Systems Agency was created. In the

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ume 24, Fall, 1971, p. 44052.

[14]D.K. Freeborn and M.R. Greenlick, op. cit.

[15]Lu Ann Aday and Ronald Anderson, op. cit, p. 6.

Overview of the Mid-Coast Health Systems Agency the HSA was described as:

> "...an attempt to reorganize the health care system so that it is more efficient, effective, and responsive to the people."[16]

Along with Monterey, San Luis Obispo, and Santa Cruz Counties, San Benito is represented by consumers, providers, and members of the county's Board of Supervisors. It is the responsibility of these local representatives to provide input into the Health Services Plan which will, when completed, be the basis for the Health Systems Agency's planning and evaluative activities. These activities will potentially have great impact upon the health care delivery system in San Benito County as we know it today. Due to a low level of respresentation on the various planning committees, true input about the country's needs and desires for the delivery system's future seems doubtful.

Also, there is very little empirical data about the health care delivery system in San Benito County. What data there is either has not been made available to the residents of the county and those implementing health planning decision, or has not dealt in a broad basis with the interaction between consumer and provider within the county or the flow of consumers out of the county to obtain care. It is hoped

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[16]San Benito County Chamber of Commerce, Economic Profile for San Benito County, Hollister, January, 1975, p. 4.

that this proposed study will provide data that will contribute greatly to the body of knowledge about the health care delivery system within the county and that this data will be useful in re-thinking the delivery system and planning for its future.

In addition to providing new data about health care delivery system of San Benito County it is hoped that this will contribute knowledge to the field of public health social work. I hope to use the perspective of a social worker in studying a delivery system within the sphere of public health.

CHARACTERISTICS OF THE POPULATION

Geographic Characteristics

The subjects of this study reside in the portion of California known as the Central Coast Range of the state. On the east lies the Diablo Range with Fresno on the opposite side. To the south and west, beyond the Gavilan Range, is Monterey County with Salinas (the county seat) twenty-five miles away. North lies Santa Clara County.

The county encompasses 890,690 acres and is seventy miles long and twenty miles wide.[17] Surrounded on the east and west sides by mountain ranges creates a dry, even climate conducive to agriculture which is the major industry of

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[17]United States Department of Commerce, Bureau of the Census, 1975.

the county. The northern portion of the county's terrain is flat or rolling hills and proceeding south the ranges on either side converge until the southern portion of the area which is for the most part hilly and mountainous.

Table 1

Geographic Distribution[18]

San Benito County

County Census Divisions	1970	1974	% of Change
Hollister CCD	12730	13809	8.5%
Bolsa-Pacheco CCD	2018	2114	4.8%
San Juan Bautista CCD	2898	2978	2.8%
San Benito-Bitterwater CCD	580	599	3.3%
	18226	19500	7.0%

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Table 2

Jurisdictional Distribution[19]

San Benito County

Jurisdiction	1970	1974	% of Change
Hollister	7663	8575	11.9%
San Juan Bautista	1164	1200	3.1%
San Benito County Unincorporated	9399	9725	3.5%
	18226	19500	7.0%

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[18]United States Department of Commerce, Bureau of the Census, 1975.

[19]Ibid.

Table 3

Urban/Rural Distribution[20]

San Benito County

Urban/Rural	1970	1974	% of Change
Urban (2500 and up)*	7663	8575	11.9%
Percent	42%	44%	- -
Rural (less than 2500)*	10563	10925	3.5%
Percent	58%	56%	- -
	18226	19500	7.0%

*U.S. Bureau of Census Definition

Population Characteristics

The urban areas of the county are located in the northern portion. Hollister, which houses the county government, had a population of 8,575 in 1974 and all but ten percent of the county's entire population of 18,226 lives within a ten mile radius of Hollister.[21]

The other incorporated cities in the county are San Juan Bautista and Tres Pinos with populations of 1,144 and 331, respectively.

The population has grown from 15,396 in 1960 to 18,226 in 1974 and estimates project an increase of approximately twenty percent in 1980. Also the population of the county is 48.4% rural with a density of 13.9 persons per square mile. The population is evenly distributed between

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[20]United States Department of Commerce, Bureau of the Census, 1975.

[21]San Benito County Chamber of Commerce, op.cit.

the young (45.5 percent were twenty-one or younger in 1970) and middle age (44.2 percent) population and with a small percentage of the population over sixty-five years of age (10.3 percent).[22] The median age of the population was 27 years.

Table 4

Population Density[23]

San Benito County

	Land Area (mi^2)	Population 1970	Population 1974	Density 1970	Density 1974
Hollister	2	7663	8578	3831.5	4287.5
San Benito-Bitterwater	931	580	599	0.6	0.6
Balance of Rural Cty.	464	9983	10326	21.5	22.3
Total County	1397	18226	19500	13.	14.

Table 5

Population Estimates and Projections[24]

for San Benito County

Year	Population	% Change
1950	14370	7.86%
1960	11550	9.68%
1965	17000	9.68%
1970	18300	7.65%
1975	19700	7.65%
1980	21000	6.60%
1985	23000	9.52%
1990	25100	9.13%

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[22] San Benito County Chamber of Commerce, Population Projection, Hollister, August 1974, p. 1

[23] Ibid. [24] Ibid.

Racial Composition

The racial composition of the county in 1974 was comprised of 52.9 percent white, or "Anglo", 44.9 percent Spanish-surnamed, or "Chicano", and 2.2 percent Black or other races. These as well as other statistics from the 1970 census have been found to be inaccurate by up to 10 percent of the actual number and this should be taken into consideration. There were 3.3 people per Anglo household and 4.0 Chicanos per household. The median Anglo family's income was $9,028 as compared to the median Chicano's income of $7,866. Nine hundred and ninety-nine Anglos received Social Security as compared to 331 Chicanos in 1969. There were 11.6 percent of the Chicano households headed by women as compared to 9.1 percent of the Anglo households. And finally, 13.6 percent of all persons fell below the "poverty level" as defined by the Social Security Administration.[25]

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[25]United States Department of Labor Manpower Administration, Summary Indicators for San Benito County in California, Lawrence Berkeley Lab., Data Systems and Reports, Region IX, Manpower Package No. 1, November 1, 1972, p. 6.

Table 6

Selected Population Characteristics[26]

San Benito County, 1970

Race	Population	Percent	Sex Ratio	Median Age All	Male	Female
All	18226	100%	.98	27	26.4	27.5
White	17553	96.3%	.98	--	26.4	27.5
Black	63	0.4%	1.52	--	15.4	19.5
American Indian	54	0.3%	.80	--	----	----
Chinese	34	0.2%	1.83	--	----	----
Japanese	111	0.6%	.91	--	----	----
Filipino	148	0.8%	2.61	--	----	----
Ethnic Group						
Spanish American	8185	44.9%	1.00	20.9	20.9	21.2

Race	Population Per Household	Median Years of Schooling	School Yrs. Comp. by % Persons 25/up Under 8 Years	H.S. Grad.	Coll. Grad.
All	3.3	10.4	24.7	44.1	7.0
White	3.3	10.5	24.5	43.9	7.1
Black	4.1	6.0	30.0	50.0	0.0
Other	2.8	10.0	36.2	49.2	4.3
Ethnic Group					
Spanish American	4.0	8.3	45.5	23.0	1.6

[26]United States Department of Labor Manpower Administration, Summary Indicators for San Benito County in California, Lawrence Berkeley Lab., Data Systems and Reports, Region IX, Manpower Package No. 1, November 1, 1972, p. 6.

Table 7

Family Income[27]

1970

	Median Income	% Below Poverty Level	% $15,000 or More
San Benito	$ 8939	10.7%	16.9%
State	$10732	8.4%	26.7%
Urban	$10899	8.1%	27.4%
Rural Non-Farm	$ 8958	11.8%	18.7%
Rural Farm	$ 9238	9.9%	22.8%

Family Income By Race[28]

Race/Ethnicity	# of Families	Median	#Families + Unrelated of 14+ years	Median
Total	4375	$8939	5774	$7334
White	4275	9028	5647	7385
Black	18	4399	18	4399
Other	81	7574	109	6821
Spanish-American	1714	7861	2147	6637

Employment Characteristics

In 1974 the labor force was distributed thus:[29]

Population	19,600
Civilian Labor Force	12,300
Employment, Total	11,775
Non-agricultural Wage and Salary Workers	5,425
Manufacturing	2,375
Non-Manufacturing	3,050
Trade	975
Service	475
Government	1,075
All Other Wage and Salary Workers	525
Agriculture	4,975

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[27]California Department of Finance, Population Research, June 1974, Projections.

[28]Ibid. [29]Ibid.

The unemployment rate swings from a low of 4.3 percent as in September 1974 to a high of twenty percent in March of 1975. This swing is due to the large number of workers in agricultural related industries and also to the large number of industries in the county that are dependent upon government contracts as well as those industries sensitive to the economic situation of the country. Another factor that may be increasing the unemployment rate is the growing number of farm workers that are remaining in the county looking for off-season work that would normally leave the county at the end of the growing season.

Agriculture currently employs 44 percent of the yearly labor force. The prevailing wage for agriculture is $2.50 per hour. This is .25 cents more than the prevailing rate in county industry and .40 cents more than the state minimum wage of $2.10 per hour.[30] However, these figures are somewhat misleading due to the fact that a great deal of the agricultural workers are paid by the "piece". For instance, you would be paid by the row or by the bushel or crate, rather than by the flat hourly rate.[31]

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[30]United States Department of Labor Manpower Administration, op. cit., p. 7.

[31]Ibid.

Table 8

Selected Characteristics of the Labor Force[32]

San Benito, 1970

	All	White	Black	Other	Spanish-American
Total Labor Force	7228	7046	30	152	3152
Percent	100%	97.5%	.4%	2.1%	43.6%
Total Employed	6530	6360	30	140	2650
Percent	100%	97.4%	.5%	2.1%	40.6%
White Collar	2251	2220	6	25	567
Blue Collar	2146	2092	9	45	1036
Service	788	757	15	74	768
Farm	1345	1291	--	12	679
Low Pay/Status	1923	1825	24	7.9%	1041
Unemployed	698	686	0		502
Percent	9.7%	9.7%	0		15.9%
High (January)	16.7%				
Low (September)	4.3%				

PROFILE OF FACILITIES SERVING SAN BENITO COUNTY

Facilities serving the communities of Hollister, San Juan Bautista, and Tres Pinos include educational institutions, 14 churches, 2 libraries, one daily newspaper, one radio station, two movie theaters, one live theater, one 9, and one 18-hole golf course, one bowling alley, two state parks, and one national park.

Transportation is a serious consideration in San Benito. Beyond the public modes of transportation to and from Hollister and cities outside, there are none existing to the outlying areas of the county. Those public trans-

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[32]United States Department of Labor Manpower Administration, op. cit.

portation modes include a line of the Pacific Greyhound, an airport with charter and private plane service and the public dial-a-ride (San-Tran) recently implemented as a joint city and county venture. San-Tran runs on week days in Hollister and twice weekly to San Juan and Tres Pinos. This leaves such population areas such as Aromas and Paicines without public transportation to the county seat or out of the county.

Public Services[33]

Law Enforcement and Fire Control

- .State-California Highway Patrol (32 uniformed personnel)
- .California Department of Conservation, Division of Forestry (19 fire fighters)
- .County-Sheriff's Department and County Jail (14 uniformed personnel and 7 sworn reserves)
- .City of Hollister-Police Department (18 uniformed personnel)
- .Fire Department (7 full-time and 25 volunteers)
- .City of San Juan Bautista-Police Department (2 uniformed personnel)
- .Fire Department (all volunteer)

Education Facilities

- .State-Bureau of Migrant Education (Region 1)
  Serves 759 children within San Benito area, 60% in labor camps and 40% in cities.
- .County-San Benito Unified School District
  Previously 35 schools and now consolidated to 15 public schools (k-8th), one public high school and three private schools (k-8th)

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[33]United States Department of Commerce, Bureau of the Census, 1975.

ACCESS TO HEALTH CARE IN RURAL COUNTIES

Access to health care and availability of health services in rural localities is often undermined by poverty; lack of buying power; limited availability of public services, such as sewage disposal, pure drinking water, adequate housing, and public health care; chronic health problems, and a high incidence of traffic fatalities and post-accident fatalities.

Rural counties in this nation are, for the most part, poor as one of every four people living in a rural area is below the poverty level.[34]

> "Median family income of rural people is about 27% less than that of urban families. Moreover, health insurance is much more commonly available in urban areas where approximately ninety percent of the families have some kind of medical insurance contrasted with sixty to sixty-five percent in non-urban areas, depending on the rurality of the areas."[35]

San Benito is one of those poor counties. In 1970 the median family income was $8,939 which has risen only about five percent in the past six years.[36] Further, unemployment has risen to a high of up to twenty percent during

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[34]Neveille Doherty, Rurality, Poverty, and Health, United States Department of Agriculture, Economic Research Service, Agricultural Report, No. 172, 1970, p. 1.

[35]Rural America, Inc., Toward a Platform for Rural America, Report on the First National Conference on Rural America, Washington, D.D., April 14, 1975, p. 19.

[36]Rhesa Penn, American Journal of Public Health, "The Application of a Model for Health Care Service in a Rural Setting, Volume 63, No. 1, January 1973, p. 33.

winter months which would indicate that those families living under the poverty level are greatly increasing thus exceeding the 34.9 percent reported in the 1970 census.[37]

Public assistance, once thought to be an aid to the receipt of health care through the Medicaid Program (known as Medi-Cal in California), does not insure that service will actually be provided. While working as an Eligibility Worker from San Benito County Welfare Department, the researcher had learned, on many occasions, that often people just above the poverty level could not afford a liability which would have to be prepaid before Medi-Cal stickers would be made available. Also the use of publicly financed health care proved to be considered as stigmatizing and the process of receipt demeaning. This results in a lack of utilization of the health care services that might be available. Finally, many services are not financed by the Medi-Cal Program and many, although financed, must be reviewed by a Medi-Cal consultant before services may be provided. This can take months to come through.

Buying power is a serious consideration to the poor consumer as she/he does not have the ability to secure the same amount of services as does the middle and upper class consumer. The poor have been characterized as paying more for food, rent and personal services which make medical care

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[37]United States Department of Labor Manpower Administration, op. cit., p. 10.

a highly priced convenience.[38] Preventive care such as physicals and dental examinations are eliminated almost entirely as well as much needed pre-natal care for the poor mother.

> "Although the first trimester is the traditionally advised time for starting prenatal care, only 64% of the mothers reported coming in that early, while 23% came in during the fourth and fifth months of their pregnancy, and 13% waited until the sixth month or later to start prenatal care."[39]

Beyond the obvious expenses found when seeking health care are additional expenses which include the cost of transportation to the doctor or hospital for the patient and the family, the wages lost when a person must leave their job during working hours to go to the doctor or to take a family member, and the expense of hiring a baby sitter to care for small children while seeing a physician or while obtaining care in a hospital.

In 1975 the California Department of Health's Infectious Diseases Section conducted an Immunization Assessment Survey. It was found that the proportion of kindergarten students immunized with polio, measles, Rubella and mumps was the same throughout the state. However, only 35% were immunized by their family physicians while the state level was 75%.[40]

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[38]Bernard Challenor, American Journal of Public Health, "Health and Legal Services in a Disadvantaged Community," Volume 63, No. 9, September 1973, p. 814.

[39]Ibid.

[40]Bo Tunestam, An Overview of San Benito County, Cal-

Health problems are a pervasive consequence of rurality. Housing though thought to be standard or above standard in the urban areas of the county fall below standard in the less visible areas such as in Aromas. The labor camps within the county, for instance, and only fourteen are now operating with a permit from the County's Health Department.[41]

In 1973 a San Jose firm reviewed the plumbing characteristics as an indication of housing standards and found the following:

Table 9

PLUMBING CHARACTERISTICS[42]

in San Benito County

Plumbing Facilities With All Plumbing Facilities	5,674
Lacking some or all Plumbing Facilities	189
Lacking only hot water	50
Lacking other Plumbing Facilities	139
Piped Water in Structure	5,752
Hot and cold	92
None	19
Flush Toilet For Exclusive Use of Household	5,746
Also used by another household	10
None	108

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ifornia Department of Health, Sacramento, 1976, p. 814.

[41]Ibid, p. 67.

[42]Nestor Barrett, County of San Benito, California, Land-use, Housing, and Scenic Highways Elements of the General Plan, 73, San Benito County Brd. of Supervisors, Hol-

Bathtub or Shower for Exclusive Use of Household	5,746
Also used by another household	6
None	108
Complete Kitchen Facilities For Exclusive Use of Household	5,714
Also used by another household	11
None	138
Source of Water	
Public System or Private Company	3,974
Individual Well	1,755
Other	121
Sewage Disposal	
Public Sewer	3,033
Septic Tank or Cesspool	2,770
Other	47

Also found in this housing study was the comparatively high percentage of substandard housing units when San Benito County was compared to adjacent counties and to the state:

San Benito County	6.0%
Santa Cruz County	2.8%
Monterey County	3.3%
San Luis Obispo County	3.2%
Fresno County	4.5%
Merced County	4.6%
California	3.9%[43]

When using the United States Bureau of the Census definition of rural housing units San Benito County was found to have a deficiency rate of 7.5%.[44]

The elderly of the county represented 10.3% of the

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lister, 1973, p. 14.

[43]Nestor Barrett, op. cit., p. 13.

[44]San Benito County Chamber of Commerce, op. cit., p.1.

population which is slightly higher than the state's average of 9.3%.[45] Of this group of 1,880 people there were 459 Chicanos counted in 1970 and 536 elderly in the county living alone.[46] What we have then, is a predominantly white population of elderly, most of whom are near or below the poverty line and many of whom live alone, often in isolated housing.[47] Access to health care in the county for elderly people, as elsewhere, is supposedly assured by the Medicare Program, but it has been found that,

> "...equality in financing is not sufficient to guarantee equal access to medical care. Even in Medicare with uniform benefits for all covered persons, higher income persons, whites, and persons residing outside of the South receive far more benefits than do other elderly persons."[48]

Further, it was found by Anne and Herman Somers in Medicare and the Hospitals, that the elderly with incomes above $15,000 per year visit physicians almost 60% more frequently than persons with similar health conditions and incomes below $5,000.[49] Access, then, for the rural elderly is not quite as assured a benefit as we might prefer to believe.

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[45]Karen Davis, Lessons of Medicare and Medicaid for National Insurance, Brookings Institutions, Washington, 1974, No. 295, p. 206.

[46]Ibid. [47]Ibid. [48]Ibid.

[49]Anne Somer and Herman Somer, Medicare and the Hospitals, The Brookings Institution, Washington, 1967, p. 207.

Associated with the low income of the rural population in the county is chronicity.[50] Chronic health conditions are:

> "...defined by the United States Public Health Service as heart conditions, rheumatism, mental and nervous conditions, high blood pressure, visual impairment, and some orthopedic impairments. Even when allowances are made for the greater number of older persons living in rural areas, the incidence of such activity-limiting conditions increases with rurality. Farmers, in particular, experience a high rate of chronic illness."[51]

Table 10

Vital Statistics[52]

San Benito	1960		1970		1974	
	#	Rate	#	Rate	#	Rate
Deaths	153	9.9	174	9.5	162	8.4
Live Births	384	24.8	403	22.0	373	19.4
Fetal Deaths	6	----	5	----	6	----
Maternal Deaths	---	----	---	----	---	----
Infant Deaths						
All	5	----	5	----	10	----
Neonatal	3	----	3	----	8	----
1-11 months	2	----	2	----	2	----

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[50]Neveille Doherty, Rurality, Poverty and Health, United States Department of Agriculture, Economic Research Service, Agricultural Report, No. 172, 1970, p. 2.

[51]Ibid.

[52]California Department of Health, Vital Statistics, 1975.

Table 11

Most Commonly Reported Diseases[53]

in San Benito County

Diseases	65	66	67	68	69	70	71	72	73	74
Hepatitis	1	23	3	6	17	7	3	2	4	10
Salmonellosis	--	--	1	--	1	--	--	--	--	1
Shigellosis	7	3	--	--	1	--	2	2	--	1
Streptoccocal Infections	--	--	--	1	3	1	1	1	1	4
Tuberculosis	5	3	7	6	7	1	1	3	5	4
Venereal Diseases	19	5	8	19	13	12	14	22	16	29

Chronic health problems reduce income thus reducing the buying power needed to acquire health care. A vicious circle is instituted. In the 1970 census count it was found that 683 people under sixty-five and 1424 people over sixty-five were disabled which constitutes a large portion of the county's population.[54] Also to be considered is the fact that chronicity is a very slow process that may affect many more of the population in less disabling terms and thus not fully be enumerated.

Farm related occupations are especially susceptible to chronic disease. The average farm population was found by the federal government to have 12.4 percent of the population suffering from chronic disease as compared to 9.5%

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[53]California Department of Health, Communicable Diseases, 1975.

[54]United States Department of Commerce, Bureau of the Census, 1975.

of the rural non-farm population.[55] The average farm worker lost seventeen days per year due to restricted illness caused by chronic disease in relation to twelve days lost by all other occupations.[56] And finally rural farm rates for bed-disabling injuries per 1000 people per year was 87 compared to 73 for rural non-farm workers.[57]

Chronic Illness directly affects the income of the consumer by limiting his/her ability to work. The ability to keep a job and thus some source of income in turn effects the ability of the consumer to purchase the needed health care necessitated by her/his illness. Loss of access is thus directly caused by a lack of income resulting from loss of working days and possible job loss.

Table 12

Deaths From Accidental Causes[58]

San Benito	1970	1971	1972	1973	1974
Total Deaths	156	128	152	125	122
Accidental	25	11	17	12	11
Transport	19	10	15	10	4
Non-Transport	6	1	2	2	7
Other	---	---	---	---	---
Percent Accidental	16%	8.6%	11.2%	9.6%	9.0%

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[55]United States Department of Labor Manpower Administration, op. cit., p. 9.

[56]Ibid. [57]Ibid.

[58]California Department of Health, Vital Statistics, 1975.

Access to emergency care facilities and transportation is an important concern in San Benito. There is one ambulance service available to the entire population of the county which is enough perhaps to service on rural community but does not begin to cover the needs of a county with a population located sixty to seventy miles away from the service's location. The problem of undetected accidents for long periods of time for emergency care to arrive on the scene of the accident or other medical emergency.

With an abundance of major freeways and highways adjacent to the county as well as the infamous Pacheco Pass Highway traffice accidents are the most probable type of emergency in the county. It has been found that:

> "...People injured in rural counties were almost four times as likely to die of their injuries as were people injured in urban areas, despite the occurrance of more survivable injuries in rural traffic accidents."[59]

A final barrier to health care receipt in Southwestern areas of the nation is the omnipresence of a health care delivery system that does not represent the cultural beliefs and practices of the majority of the population. San Benito County is representative of this situation as the majority of the population of the county is Spanish surnamed and the health care delivery system Anglo. It can be

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[59]United States House of Representatives, Subcommittee on Rural Development of the Committee on Agriculture, Effect of Federal Programs on Rural America, United States Printing Office, 1969, p. 683

assumed from this that the population may use a language other than English as their major language, have a different culture and realize a different life experience than do the Anglo Health care professionals within the county. These differences could very easily conflict with the health care delivery system's values.

Language is the first barrier to complete accessibility of the system. In 1970 the number of Spanish speaking people in the county was estimated to be 7,392.[60] Secondly, cultural differences such as the traditional use of folk medicine may create conflict. Many people will use the services of a curandera until quite ill and then use the services of a physician after their illness needs emergency attention. A prevalence of Anglo male physicians, for example, may create problems for a Chicana accustomed to receiving care from a woman curanders. Class and cultural differences may arise between provider and consumer as well as a lack of sensitivity and education of these differences by the provider. All of these barriers make complete access questionable.

Such access is crucial for the Chicano(a) due to the experience of a high rate of medical pathology. It is known that Chicanos/Chicanas have an exceedingly high mortality

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[60]United States Department of Labor Manpower Administration, op. cit., p. 9.

[61]United States House of Representatives, op. cit., p. 683.

rate, short life spans and high TB rate.[61] The accident rate for Chicanos/Chicanas is three times as high as for Anglos which is partly due to the low-paying, high risk employment the Chicano(a) often must accept such signs of malnutrition as growth retardation in terms of height was found to be in evidence in forty-one percent of the Chicano/Chicanas in the Southwest and West Coast and fourteen percent were retarded in terms of height.[62]

PROFILE OF MEDICAL FACILITIES AND PROVIDERS

Acute General Hospitals[63]

Hazel Hawkins Memorial Hospital (Hollister)

Beds	38	8	4	50
Types of Beds	Medical-Surgical	Obstetrical-Pediatrics		Total

Admissions (1974)-1419
Patient Days (1974)-6854

Occupancy Rate:	Medical Surgical	Obstetrical-Pediatrics Maternity		Total
1972	37%	30%	25%	35%
1973	51%	24%	25%	44%
1974	44%	17%	17%	38%

Skilled Nursing Facilities

Hazel Hawkins Convalescent Hospital (Hollister)

Beds: 41 with 12 under construction
Admissions (1974): 72
Patient Days (1974): 25387

Occupancy Rates:	1972	1973	1974
	72%	97%	99.4%

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[61] United States House of Representatives, op. cit., p. 683.

[62] Ibid. [63] Ibid, 684.

Hollister Convalescent Hospital (Hollister)

Beds: 70
Admissions (1974): 40
Patient Days (1974): 14875

Occupancy Rates:	1972	1973	1974
	98%	97.6%	95.4%

Clinics

Hollister Clinica de Salud Para Familias (Hollister)

Staff: One MD, One RNP, One LVN
Provides primary health care with one evening clinic week. Receives external funding for allied health personnel and maintains active county-wide outreach into farm worker communities.

Hollister Medical Center (Hollister)

Staff: 3 MD's (1 private and 2 NHSC), 3 RN's
Has no outreach program. Operates as a family practice group with one night clinic per week.

San Benito County Health Department (Hollister)

Staff: 1 MD (Part-time Health Officer), 3 Public Health RM's. Receives state support through California Department of Health. Walk-in and clinic services provided in the areas of immunization, family planning, Crippled Children's Services, Child Health and Disability Prevention Program and venereal disease education.

Other Services

San Benito Unified School District (Hollister)

Provides school nursing services, eye and ear testing. Receives state funding from Department of Education.

Migrant Education Services (Santa Cruz)

Provides community workers as advocates. Maintains emergency "health fund" used for children with exceptional needs and limited resources.

Health Providers Based Within the County

12 MD's	1 Chiropractor	18 LVN's
6 Dentists	2 Optometrists	3 Physical Therapists
68 RN's (44 active)		
10 Pharmacists	4 Pharmacies	

Chapter 3

HAZEL HAWKINS HOSPITAL EMERGENCY ROOM STUDY

ANALYSIS OF THE DATA

A study of Emergency Room (E.R.) utilization by San Benito County residents at Hazel Hawkins Hospital was undertaken to determine whom in the population was using these services, when they were using them, how they were being used, and what medical personnel was providing the service. The period of January through June of 1976 was studied and two distinct groups were found - that group which utilized the E.R. and did not have any prior admissions to the hospital and those that had. In discussing these two groups they will be identified as Group "A" and Group "B", respectively.

There were 2113 visits made to the E.R. in that 6 month period. Six hundred and fifty-eight were unavailable due to misfiling or readmissions during the period of the study. Those charts or E.R. records which were included in the study totaled 1455 or 69% of the E.R. visits made during this period.

Demographic Profile of Emergency Room Patients

Those utilizing the E.R. were almost evenly divided between male and female patients for both Group A and Group B. The Patients in Group A tended to be in their teens to late thirties, while Group B tended to be elderly. This

represents a relatively young population which had no prior admissions and a relatively elderly population with prior admissions.

Table 12

AGE

	Group A		Group B		Total	
	#	%	#	%	#	%
Infant-1 year	123	10	13	7	136	9
2-5	146	12	7	4	153	11
6-10	93	7	6	3	99	7
11-17	183	14	16	18	199	14
18-35	249	20	26	13	275	19
26-40	235	19	31	16	266	18
41-55	139	11	25	13	164	11
56-62	29	2	17	9	46	3
63-75	36	3	28	14	64	4
76+ years	16	1	23	12	39	3
No Record	12	1	2	1	14	1
TOTAL	1261		194		1455	

This is also substantiated by the percentage of patients under 18 years of age in both groups. Group A had 44 percent of the population under 18 while Group B had only 21 percent of its' population under 18.

Group A primarily was single with a smaller percentage (35 percent) married. In contrast Group B was generally married with a smaller percentage (33 percent) single. A significant percentage (13 percent) were widowed which gives further indication of a predominantly elderly population not only using the E.R. facilities, but also have had prior admissions.

Hollister was generally the city of residence for

both groups with a significant amount of people using the E.R. facilities from out of the county.

TABLE 13

CITY OF RESIDENCE

	Group A		Group B		Total	
	#	%	#	%	#	%
Hollister	901	71	149	77	1050	72
San Juan Bautista	100	7	12	6	112	8
Tres Pinos	14	1	4	2	18	1
Paicines	24	2	2	1	26	2
Aromas	2	1	-	-	2	.5
Out of County	214	17	27	14	241	16
No Record	6	1	-	-	6	.5
Total	1261		194		1455	

Of the population 18 years and older in Group A, 53 percent were employed while 59 percent were not employed at the time of the E.R. visit. The percentage of those employed in Group B was less as only 39 percent were employed, 22 percent were unemployed and 35 percent were retired.

EMERGENCY ROOM UTILIZATION

During the evening and weekends Ft. Ord contracts to provide Army physicians to Hazel Hawkins Hospital. A San Benito County physician is also on 24 hour call for those patients that prefer the emergency services of a local physician.

It was found that 61.5 percent of Group A received care from Ft. Ord physicians. Only 37 percent of the patients

received care from a San Benito County physician. In sharp contrast to this was the 92 percent of Group B which received care from a San Benito County physician. Only 7 percent received services in this group from a Ft. Ord physician.

Sixty percent of Group A had a family physician while forty percent had no family physician. Both groups tended to pay for the E.R. services with cash (out-of-the-pocket payment). Group B almost all had a family physician and tended to pay for the services received with either private insurance or out-of-the-pocket payments. (See Tables 15 and 16)

TABLE 14

MODE OF PAYMENT

	Group A		Group B		Total	
	#	%	#	%	#	%
Cash	436	35	40	21	476	33
Blue Cross	139	11	19	9	158	11
Medi-Cal	208	16	28	14	236	16
Compensation	85	7	9	5	94	6
Blue Shield	15	1	2	1	15	1
Kaiser	15	1	1	1	16	1
Medicare	26	2	33	17	59	4
Private Insurance	298	24	43	22	341	23
R.F.K. Insurance	24	2	5	2.5	29	2
Medicare/Medi-Cal	10	.5	9	5	19	2
CHAMPUS	7	.5	5	2.5	12	1
Total	1261		194		1455	

TABLE 15

Family Physician and Mode of Payment

Mode of Payment	Family Physician											
	Group A				Group B				Total			
	No Family Physician		Family Physician		No Family Physician		Family Physician		No Family Physician		Family Physician	
	#	%	#	%	#	%	#	%	#	%	#	%
Compensation	63	13	22	3	-	-	9	5	63	13	31	3
Cash	16	35	269	35	-	-	40	21	167	34	309	32
Blue Shield	5	1	8	.5	-	-	2	1	5	1	10	1
Kaiser	9	2	8	.5	-	-	1	1	9	2	9	1
Medicare	15	3	11	1	-	-	33	17	15	3	44	5
Medi-Cal	54	11	154	19	-	-	28	14	54	11	182	19
Private Insurance	89	18	209	30	1	100	42	22	90	19	231	26
R.F.K. Insurance	7	1	17	2	-	-	5	2	7	1	22	2
Medicare/Medi-Cal	4	1	6	.5	-	-	9	5	4	1	15	1
CHAMPUS	-	-	7	.5	-	-	5	2	-	-	12	1
Blue Cross	72	15	67	8	-	-	19	10	72	15	86	9
Total	485		778		1		193		486		971	

Forty-four percent of the visits to the E.R. made by Group A were injuries incurred through accidents. For Group B, however, accidents represented only twenty-eight percent of the complaints presented by patients.

Of those incurring accidents in Group A the location of the accidents was either at home or work with 53 percent of the injuries occuring in those locations. Group B differed greatly from this with 43 percent of the injuries occuring at home and 31 percent on the highway in auto or motorcycle accidents. The nature of the accidents for both groups tended to be falls, work related injuries, or a by-product of home injuries.

For accidents and other non-illness types of complaints only a small number of times were the police or other law enforcement authorities notified. Only one percent of the visits for both groups to the E.R. resulted in notification. For Group A the police were generally the agency notified while in the case of Group B the Mental Health Department of San Benito County received almost 56 percent of the referrals. For the most part the Hollister Police Department was called in to calm disruptive patients who were usually admitted in an intoxicated state. The Mental Health Department was notified, for the most part, when a patient needed placement in a locked psychiatric facility. According to the E.R. records possible child beatings, wife beatings, and overdoses

tended not to be referred to law enforcement authorities but rather were considered "accidents" by the E.R. Staff.

For Groups A and B the E.R. was generally visited on the weekends with 45 percent of Group A and 37 percent of Group B utilizing the E.R. on Saturday and Sunday. During weekdays the visits for Group A tended to occur during the weekday hours between 8 A.M. and 4 P.M. or after work hours of 5 P.M. to 8 P.M. The visits then decreased from 9 P.M. to 7 A.M.

Patients in Group A generally were brought to the E.R. by family members or transported themselves. A small percentage (8 percent) were brought to the E.R. by the county's only ambulance service. On the other hand, Group B came generally by ambulance or by family members indicating that they may have been too ill or seriously injured to transport themselves.

Table 16

MODE OF TRANSPORTATION TO EMERGENCY ROOM

	Group A		Group B		Total	
	#	%	#	%	#	%
Family Member	654	54	75	39	729	50
Self	382	30	28	14	410	28
Ambulance	95	8	78	40	173	12
Co-Worker	5	.5	2	1	7	1
Friend	46	3.5	6	3	52	3
Police	21	3.5	2	1	23	1
School Authorities	5	.5	-	-	5	.5
Employer	16	1	1	1	17	1
Hollister Valley Manor	1	.5	2	1	3	.5
Scout Master	7	.5	-	-	7	.5
Passerby	2	.5	-	-	2	.5
No Record	27	2	-	-	27	2
TOTAL	1261		194		1455	

To determine if a visit was an emergency the definition utilized by the Subcommittee on Health and the Environment of the Committee on Interstate and Foreign Commerce, House of Representatives was used. This defined emergency care as that for:

> "...patients with severe, life-threatening, or potentially disabling conditions that require intervention within minutes or hours."[64]

Keeping the definition above in mind it was found that only 20% of the visits by Group A were emergencies. Group B, however, had almost the opposite situation occur with 78% of the visits emergency in nature.

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[64]Subcommittee on Health and the Environment of the Committee on Interstate and Foreign Commerce, A Discursive Dictionary of Health Care, U.S. House of Representatives, U.S. Government Printing Office, Washington, 1976, p. 53.

Table 17

EMERGENT STATUS

	Group A		Group B		Total	
	#	%	#	%	#	%
Emergency	255	20	151	78	406	28
Non-Emergency	1006	80	43	22	1049	72
TOTAL	1261		194		1455	

The above data was supported by the data indicating the disposition of the visit. Ninety-four percent of Group A returned to their homes after the visit while ninety-five percent of Group B were admitted to Hazel Hawkins Hospital.

Table 18

DISPOSITION

	Group A		Group B		Total	
	#	%	#	%	#	%
Morgue	10	1	-	-	10	1
Hazel Hawkins Hospital	11	1	185	95	196	13
Jail	17	1	-	-	17	1
Home	1185	94	9	5	1194	82
Doctor's Office	8	1	-	-	8	1
Out-of-County Hospital	30	2	-	-	30	2
TOTAL	1261		194		1455	

Using Kilman and Lanes Use of the Hospital Emergency Room in Relation to Use of Private Physicians, published in a recent issue of the American Journal of Public Health, an analysis was made of the complaints presented at the E.R.[65]

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[65]Howard Kilman and Dorothy Lane, American Journal of Public Health, "Use of the Hospital Emergency Room in Relation to Use of Private Physician", Volume 66, No. 12, p. 1190.

It was found that there were six types of E.R. utilization: accidents, illnesses, maintenance, substance abuse, crimes or self-inflicted injuries, and non-diagnosis. Three months complaints or diagnosis were studied to control for seasonally related illnesses or injuries.

Accidents represented 50 percent of the complaints with a large number of lacerations making up the total. Illnesses made up forty percent of the complaints with infectious diseases such as viral syndrome and ear, nose, and throat complaints such as ear infections the leading complaint. Three percent of the complaints were actually maintenance oriented activities such as laboratory testing, medication dispersal, and cast application. Substance abuse made up 2 percent of the complaints with overdosage leading in occurance. Crimes or self-inflicted injuries made up one percent of the complaints and non-diagnosis totaled four percent. (See Appendix).

DEATH AND FETAL DEATH CERTIFICATE STUDY

In order to examine various indicators of the level of health within San Benito County death and fetal death certificates were examined for 1974 and 1975. Using the death certificates for 1974 a comparison was made between the age, ethnicity, and cause of death of Santa Clara and San Benito Counties and the State of California as a whole. The certificated for 1975 were utilized to develop a profile of deaths

which included such data as place of death, gender, birth place, marital status, and level of deaths from crimes and suicide.

TABLE 19

COMPARISON OF THE NUMBER AND PERCENT OF DEATHS IN 1974 IN SANTA CLARA AND SAN BENITO COUNTIES BETWEEN THE SPANISH SURNAMED, THE WHITE, AND THE TOTAL POPULATION

SANTA CLARA COUNTY

	Total County Population		White Only Population		Spanish Surnamed Population	
Age Group	#	%	#	%	#	%
Less Than 1 Year	197	3	140	3	44	8
1 to 4 Years	43	1	33	1	9	2
5 to 14 Years	88	2	63	1	17	3
15 to 39 Years	570	8	411	7	115	20
40 to 49 Years	441	6	369	6	48	8
50 to 64 Years	1334	20	1196	20	99	17
65 Years and Over	3981	60	3643	62	239	42
Total	6654		5855		571	
Total (Percentage)	100		88		9	

SAN BENITO COUNTY

	Total County Population		White Only Population		Spanish Surnamed Population	
Age Group	#	%	#	%	#	%
Less Than 1 Year	6	5	2	2	4	22
1 to 4 Years	-	-	-	-	-	-
5 to 14 Years	-	-	-	-	-	-
15 to 39 Years	5	4	5	4	-	-
40 to 49 Years	6	5	5	4	2	11
50 to 64 Years	17	13	14	13	3	17
65 Years and Over	95	73	86	77	9	50
Total	129		111		18	
Total (Percentage)	100		86		14	

Using the table above it was found that San Benito County had a slightly higher percentage (14 percent) of Spanish Surnamed deaths than Santa Clara County (9 percent). Deaths for the white population were subsequently lower with 86 percent in San Benito and 88 percent in Santa Clara.

When comparing the ages of white deaths for the two counties it was found that Santa Clara had a higher infant mortality rate while San Benito's rate of death was much higher for those over 64 years of age. For Spanish Surnamed deaths in that year San Benito had a very high infant mortality rate (22 percent) in comparison to Santa Clara (8 percent). San Benito had no deaths in the age group of between 1 and 39 years while Santa Clara had 25 percent of its deaths occur in this group. Also, as with deaths for the white aged of San Benito, there was a higher rate of death for those 65 years or older (50 percent) in contrast to Santa Clara (42 percent).

The data discussed above gives indication that for the white population death tended to occur at a higher rate for the elderly than that of Santa Clara County and had a very low rate of deaths for infants. On the other hand, deaths for the Spanish Surnamed were widely spread out with an extremely high level of death for infants and those 65 years or older.

TABLE 20

TEN MOST FREQUENT CAUSES OF DEATH, CALIFORNIA
SANTA CLARA AND SAN BENITO COUNTIES, 1974
(WHITE POPULATION ONLY)

Santa Clara County

No.	Cause	Number of Deaths
1	Chronic Ischemic Heart Disease	1,141
2	Acute Ischemic Heart Disease	778
3	Cerebrovascular Disease	625
4	(Neoplasm) Digestive Organs	284
5	(Id.) Trachea, Bronchus and Lung	237
6	(Id.) Other and Unspecified Sites	180
7	Suicide	170
8	Other and Unspecified Pneumonia	151
9	Motor Vehicle Traffic Accidents	147
10	Cirrhosis of Liver	140

San Benito County

No.	Cause	Number of Deaths
1	Chronic Ischemic Heart Disease	33
2	Acute Ischemic Heart Disease	14
3	Cirrhosis of Liver	11
4	Cerbrovascular Disease	11
5	Unspecified Pneumonia	9
6	(Neoplasm) Digestive Organs and Perit.	8
7	Diabetes Mellitus	6
8	Motor Vehicle Accidents	5
9	Emphysema	3
10	All Other Accidents and Late Effects of Accidental Injury	2

California (Total)

No.	Cause	Number of Deaths
1	Heart Disease	62715
2	Neoplasm (Digestive Organs and Perit)	33979
3	Cerebrovascular	18782
4	Accidents	10016
5	Cirrhosis of Liver	4740
6	Influenza/Pneumonia	4085
7	Suicide	3720
8	Respiratory Disease	3232
9	Arteriosclerosis	2715
10	Diabetes Mellitus	2463

As indicated in the table above San Benito's two most frequent causes of deaths are generally the same as Santa Clara and California although acute and chronic ischemic heart disease are not differentiated in the case of California. San Benito's third most frequent cause of death - cirrhosis of the liver was much higher in frequency than that of both Santa Clara and California.

This was also true of San Benito's seventh most frequent cause of death-diabetes mellitus-as it was much higher than California's and did not even rank in the top ten in Santa Clara County. Emphysema, the ninth most frequent cause of death, was unusally high when comparing it with the other locations.

TABLE 21

TEN MOST FREQUENT CAUSES OF DEATH
SANTA CLARA AND SAN BENITO COUNTIES, 1974
(Spanish Surnamed Population Only)

Santa Clara County

No.	Cause	Number of Deaths
1	Acute Ischemic Heart Disease	59
2	Chronic Ischemic Heart Disease	58
3	Cerebrovascular Disease	52
4	Motor Vehicle Traffic Accidents	34
5	Cirrhosis of Liver	31
6	Diabetes Mellitus	26
7	Certain Causes of Mortality in Early Infancy	24
8	Suicide	22
9	Congenital Anomalies	18
10	All Other Accidents and Late Effects of Accidental Injury	17

San Benito County

No.	Cause	Number of Deaths
1	Acute Ischemic Heart Disease	4
2	Chronic Ischemic Heart Disease	4
3	Certain Causes of Mortality in Early Infancy	3
4	Cirrhosis of Liver	2
5	Motor Vehicle Traffic Accidents	2
6	Nalnutrition	1
7	Congenital Anomalies	1
8	(Neoplasm) Unspecified Sites	1

When contrasting San Benito and Santa Clara's ten most frequent causes of death for the Spanish Surnamed population it was found that San Benito had a very high incidence of infant mortality and malnutrition. This data would indicate that poverty may play a greater part in the deaths of the Spanish Surnamed in San Benito than previously believed.

Upon review of the death and fetal deaths of San Benito for 1975 it was found that 56 percent of those dying were male while 44 percent were female. Those having died generally tended to have been born either within the State of California or somewhere else in the United States. Also, the population had been either widowed (45 percent) or married (36 percent) at the time of death. A very low percentage of the deaths during that period were suicides and San Benito had its first homicide in many years during this period.

In the table below are the locations of deaths for the San Benito residents dying in the county during 1975. Whites tended to die in larger numbers (51 percent) in Hazel Hawkins Hospital in comparison to other locations. Convalescent hospitals within the county were the location of death for 27 percent of the white population, home was the location for 16 percent of the deaths and various highway locations for 6 percent. Spanish Surnamed deaths occured in large percentages (68 percent) in Hazel Hawkins Hospital while 20 percent of the deaths occured in the home.

It is indicated in Table 24 that whites tended to die either in acute hospital or intermediate care facilities at a much larger rate than Spanish Surnamed. In fact, only one Spanish Surnamed death occured in a convalescent care facility during this period. Also, Spanish Surnamed deaths occured in greater frequency at home or on the highway. This may point to the fact that due to various factors an ill person or accident victim of Spanish Surnamed ethnicity may tend to arrive at Hazel Hawkins Hospital already near death or may convalesce at home rather than in an intermediate care facility.

TABLE 22

ETHNICITY AND LOCATION OF DEATH

Location	Ethnicity									
	White		Spanish Surnamed		Asian		Filipino		Total	
	#	%	#	%	#	%	#	%	#	%
Hazel Hawkins Hospital	58	51	20	68	-	-	-	-	78	55
Hazel Hawkins Convalescent Hospital	16	14	1	4	-	-	-	-	17	12
Hollister Convalescent Hospital	15	13	-	-	-	-	-	-	15	10
Home	19	16	5	20	-	-	-	-	24	17
Highway	8	6	2	8	1	100	1	100	9	6
Total	116		25		1		1		143	

SAN BENITO COUNTY HEALTH STUDY

One thousand families were randomly chosen to participate in a survey to determine what enabling and immutable factors affect the receipt of health care in San Benito County. The families chosen represented 20% of the county's total population of 20,500.[66]

Of the 1000 questionnaires mailed, 294 were completed and returned. This represents a return rate of 30%. A comparison was made between the response group and the total population of San Benito to determine the accuracy of the sample. A much larger percentage (77%) of the respondents lived in Hollister than the general population (44%). It must be kept in mind, however, that much of the county's population indicated residence in Hollister, but actually live in the rural areas of the county. A slightly larger percentage (13%) of the respondents resided in San Juan Bautista than that of the population (6%). And a much smaller percentage (10%) of the respondents lived in rural areas of the county that the population (50%). Again, this is affected by the large number of respondents indicating Hollister as their city of residence.

A slightly larger percentage of respondents had graduated from high school than the general population indicating a possibly better educated response group than population.

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[66]United States Department of Labor Manpower Administration, op. cit., p. 1.

This is substantiated by the somewhat larger percentage (23%) of college graduates in the response group than the general population (7%).

When comparing the ethnicity of the groups, two methods were utilized. The first was to compare the two groups combining the white and Spanish-surnamed populations which was the outcome of the 1970 census. When using this ethnic combination the two groups, response group and population, were generally the same with 95% of the response group and 98% of the general population white.

The second method of comparison was the extraction of the Spanish-surnamed population from that of the white. The response group had a larger white population (74%) than the general population (53%) and subsequently the Spanish surnamed sector of the response group was smaller with 21% compared to 45% for the general population. This large difference in percentage of the Spanish-surnamed population can be attributed to the fact that a great many people of Spanish-surnamed ethnicity identify themselves as white due to self-perception and social status.

TABLE 23

COMPARISON OF ETHNICITY
OF THE POPULATION OF SAN BENITO COUNTY
AND SAMPLE GROUP

Ethnicity (Spanish Surnamed Group Not Extracted)	County Population	Sample Group
	%	%
White	97.8	95
Black	.5	-
Other	1.7	4
No Response	-	1
Total	100	100

Ethnicity (Spanish Surnamed Group Extracted)	County Population	Sample Group
	%	%
White	52.9	74
Spanish Surnamed	44.9	21
Black	.5	-
Other	1.7	4
No Response	-	1
Total	100	100

Profile of Survey Respondents

The respondents generally had been living in San Benito County from 2 to 41 or more years indicating a largely static population. Seventy-seven percent of the population lived in or near the city of Hollister. Thirteen percent lived in San Juan Bautista and five percent in rural areas of the county.

TABLE 24

LENGTH OF RESIDENCE

	#	%
Up to 1 Year	12	4
2-5 Years	39	13
6-10	36	12
11-20	45	16
21-30	58	20
31-40	31	11
41 + Years	53	18
Life	16	5
No Response	4	1
Total	294	

The median educational level attained was the twelfth grade. Three percent of the population had received no formal education. Twelve percent of the population, on the other hand, had received more than a bachelor's degree.

TABLE 25

EDUCATIONAL LEVEL

	#	%
No Formal Education	8	3
Grades 1-5	17	6
6-8	30	10
9-12	125	42
13-14	40	14
15-16	32	11
17-18	16	5
Additional Education	20	7
No Response	6	2
Total	294	

Seventy-four percent of the population identified themselves as white and twenty-one percent as Spanish Surnamed. English was the major language spoken by seventy-nine percent of the respondents while sixteen percent spoke Spanish.

Thirty-one percent of the population received the major portion of their income from property or business (generally farming) and monthly salary was the source of income for twenty-nine percent of the population. Twenty percent of the population received hourly wages and Social Security was received by thirteen percent of the population. Private pension was the source of income for four percent of the population. This data indicates that approximately 37 percent of the population was generally lower income, 29 percent was middle income and 31 percent upper-middle or upper income.

TABLE 26

PRIMARY SOURCE OF INCOME

	#	%
Income From Property or Business	90	31
Monthly Salary	86	29
Hourly Wages	58	20
Social Security or SSI/SSP	39	13
Private Pension	13	4
A.F.D.C.	1	.5
Unemployment	1	.5
No Response	6	2
Total	294	

Profile of Health Services Utilization

Eighty-seven percent of the population indicated that they had a family physician. Of this group 82 percent of the physicians were in-county with one physician serving 31 percent of the response group. Eight percent of the respondents had out-of-county physicians, primarily in Gilroy or Salinas, and ten percent did not indicate the location of their physician.

TABLE 27

LOCATION OF FAMILY PHYSICIAN

In-County Physician	#	%
No. 1	71	35
2	29	14
3	13	6
4	24	11
5	22	10
6	3	1
7	2	1
8	4	2
9	17	8
10	26	12
Total	211	
Out-of-County Physician (By Location of Practice)	**#**	**%**
Gilroy	12	57
Salinas	6	28
Watsonville	1	5
Palo Alto	1	5
San Jose	1	5
Total	21	
Physician's Location Not Recorded	**#** 25	**%** 100
No Family Physician	**#**	**%**
	34	100
No Response	**#**	**%**
	3	100

A similar percentage of the response group had a family dentist, however, due to clerical error the location of their practices was not ascertained.

TABLE 28

FAMILY DENTIST

	#	%
Yes	242	82
No	49	17
No Response	3	1
Total	294	

Hazel Hawkins Hospital had been utilized by sixty-three percent of the respondents while thirty percent of the population had gone out of the county for hospital care. Two percent of the population had not utilized either Hazel Hawkins Hospital or an out-of-county hospital because they could not afford it while three percent did not need a hospital.

TABLE 29

HOSPITAL UTILIZATION

	#	%
Hazel Hawkins Hospital	186	63
Out-of-County Hospital	88	30
Could Not Afford It	2	2
Did Not Need Hospitalization	9	3
No Response	6	2
Total	294	

Blue Cross or Blue Shield was utilized as the major mode of payment for health services by thirty-seven percent of the respondents. Various other types of private insurance were used by twenty-eight percent of the respondents while out-of-pocket payments were used by eighteen percent of the population. Medi-Cal was the major mode of payment for four percent of the respondents, Medicare by three percent and a combination of the two was used by six percent.

TABLE 30

MODE OF PAYMENT

	#	%
Blue Cross/Blue Shield	108	37
Cash	52	18
Private Insurance	83	28
Medi-Cal	9	3
Medicare	11	4
Medicare and Medi-Cal	19	6
Kaiser	4	1
R.F.K. Insurance	4	1
CHAMPUS	1	1
No Response	3	1
Total	294	

When asked if the families had utilized the services of various types of non-traditional health practitioners (chiropractors, Christian Science practitioners, curanderas, or spiritual ["faith"] healers) twenty-three percent indicated that they had while seventy-three percent had not. Of that group that had received services it was found that the vast majority (84 percent) had received chiropractic service. Twelve percent had received spiritual healing and four per-

cent had visited a curandera/o.

It was found that ninety-six percent of those English speaking respondents had family physicians in San Benito County while seventy-two percent of non-English speaking respondents had in-county family physicians. Only one percent of the English speaking respondents had out-of-county physicians in contrast to fourteen percent of the non-English speaking population. Three percent of the English speaking population had no family physician which also contrasted greatly with the fourteen percent of the non-English speaking population that had no physician. This data indicates that the inability to speak English affected the population's use of a family physician and also contributed to the utilization of out-of-county physicians to a significant extent.

TABLE 31

LANGUAGE AND FAMILY PHYSICIAN

Family Physician	Language							
	English Speaking		Non-English Speaking		No Response		Total	
	#	%	#	%	#	%	#	%
In-County Physician	223	96	41	72	-	-	264	90
Out-of-County Physician	2	1	8	14	-	-	10	3
No Physician	8	3	8	14	-	-	16	6
No Response	-	-	-	-	4	100	4	1
Total	233		57		4		294	

This relationship was also found when the language variable was compared to that of hospital utilization. It was found that a greater number of English speaking respondents (74 percent) had utilized Hazel Hawkins Hospital as compared to the non-English speaking respondents (65 percent). Also found was that there was a much larger percentage of the population of non-English speakers (33 percent) that had gone out of the county for hospital services than English speakers (21 percent).

TABLE 32

LANGUAGE AND HOSPITAL UTILIZATION

Hospital	Language							
	English Speaking		Non-English Speaking		No Response		Total	
	#	%	#	%	#	%	#	%
Hazel Hawkins Hospital	170	74	37	65	-	-	207	71
Out-of-County Hospital	50	21	18	33	-	-	68	23
Could Not Afford It	3	1	1	1	-	-	4	1
Did Not Need One	10	4	1	1	-	-	11	4
No Response	-	-	-	-	4	100	4	1
Total	233		57		4		294	

To study any possible effect source of income might have on the utilization of a family physician the following table was developed:

TABLE 33

SOURCE OF INCOME

AND FAMILY PHYSICIAN UTILIZATION

Source of Income	Family Physician									
	No Family Physician		In County Physician		Out of County Physician		No Response		Total	
	#	%	#	%	#	%	#	%	#	%
Income From Business or Property	4	14	78	35	8	21	-	-	90	31
Monthly Salary	15	52	58	26	13	34	-	-	86	29
Hourly Wages	6	21	41	19	11	29	-	-	58	20
Social Security or SSI/SSP	1	3	32	14	6	16	-	-	39	13
Private Pension	2	7	11	5	-	-	-	-	13	4
A.F.D.C.	-	-	1	1	-	-	-	-	1	.5
Unemployment	1	3	-	-	-	-	-	-	1	.5
No Response	-	-	-	-	-	-	6	100	6	2
Total	28		221		38		6		294	

Upon viewing Table 39 it can be seen that over half of those without a family physician were receiving income from monthly salaries. Also the largest percentage of the population leaving the county to use a physician were also receiving monthly salaries. In contrast thirty-five percent of those people using an in-county physician received income from business or property. This indicates that a large percentage of middle or upper middle income people within the county rely upon out-of-county physicians or do not have a family physician at all. This further leads us to conclude that many upper income people and lower-middle or lower income people rely on in-county physicians. This may be due to a well-developed relationship between the upper income patient and his/her in-county family physician and the lack of time, money and other resources for lower income peoples.

When looking at the various income sources and their relationship to hospitalization it was found that almost an equal percentage of those receiving income from property or business used both Hazel Hawkins Hospital and out-of-county hospitals. When studying the hourly wage earner's hospital utilization it was found that a larger percentage (twenty-three percent) went out-of-the-county than used the services of San Benito's hospital (nineteen percent).

Such data indicates that those with more buying power tended to use both out-of-county and in-county hospital faci-

lities equally while the hourly wage earner tended to leave the county somewhat more often for care. When looking at those with increasingly less buying power it was found that these groups tended to utilize Hazel Hawkins Hospital also at a greater rate.

TABLE 34

SOURCE OF INCOME
AND HOSPITAL UTILIZATION

Source of Income	Hospital Utilized											
	Hazel Hawkins Hospital		Out Of County Hospital		Could Not Afford It		Did Not Need It		No Response		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Income From Property or Business	59	32	26	30	1	50	4	44	-	-	90	31
Monthly Salary	55	30	26	30	1	50	4	44	-	-	86	29
Hourly Wages	36	19	20	23	-	-	1	12	-	-	58	20
Social Security or SSI/SSP	26	14	11	12	-	-	-	-	2	33	39	13
Private Pension	8	4	5	5	-	-	-	-	-	-	13	4
A.F.D.C.	1	.5	-	-	-	-	-	-	-	-	1	.5
Unemployment	1	.5	-	-	-	-	-	-	-	-	1	.5
No Response	-	-	-	-	-	-	-	-	4	67	6	2
Total	186		88		2		9		6		294	

A final table was developed to determine if there was a relationship between source of income and mode of payment. As seen in the table below those receiving income from property or business tended to utilize various types of private insurance with a small percentage using Blue Shield, Blue Cross, or out-of-pocket payment. The monthly salaried employee, on the other hand, utilized Blue Cross or Blue Shield most often. Out-of-pocket payments and private insurance were also used widely by this group. Also, out-of-pocket payments were generally used by hourly wage earners while those receiving Social Security or SSI/SSP generally used a combination of Medicare and Medi-Cal.

As will be discussed in later sections of the study this data indicates that as the respondent received his/her income from a lower status type income source and thus received lower income the mode of payment shifted from private reimbursement modes, to out-of-pocket payments, and in turn to governmentally subsidized forms of reimbursement.

TABLE 35

SOURCE OF INCOME
AND MODE OF PAYMENT

Source of Income	Mode of Payment									
	Blue Cross Blue Shield		Private		Cash		R.F.K. Insurance		Medicare	
	#	%	#	%	#	%	#	%	#	%
Income From Property or Business	32	30	37	45	14	27	-	-	2	18
Monthly Salary	40	47	28	34	15	29	-	-	1	9
Hourly Wages	21	19	15	18	20	38	4	100	-	-
Social Security or SSI/SSP	8	8	2	2	1	2	-	-	-	-
Private Pension	7	6	1	1	2	4	-	-	6	55
A.F.D.C.	-	-	-	-	-	-	-	-	2	18
Unemployment	-	-	-	-	-	-	-	-	-	-
No Response	-	-	-	-	-	-	-	-	-	-
Total	108		83		52		4		11	

TABLE 35
(cont'd)

	Medi-Cal		Medicare/ Medi-Cal		Kaiser		CHAMPUS		No Response		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
	-	-	1	5	2	50	-	-	-	-	88	30
	-	-	-	-	1	25	1	100	-	-	86	29
	4	45	-	-	1	25	-	-	-	-	65	22
	3	33	18	95	-	-	-	-	-	-	38	13
	-	-	-	-	-	-	-	-	-	-	12	4
	1	11	-	-	-	-	-	-	-	-	1	.5
	1	11	-	-	-	-	-	-	-	-	1	.5
	-	-	-	-	-	-	-	-	3	100	3	1
Total	9		19		4		1		3		294	

PHYSICIAN MAIL SURVEY

During March, 1977 the physicians serving San Benito County were surveyed to determine if they accept certain types of patients, how many people are on their staff, and if the physician is available for emergencies and makes house calls. The response rate for the survey was 100% with all nineteen physicians currently practicing in the county responding.

Ten physicians are based in the county, seven outside the county with limited practices in Hollister, and two National Health Service Corps (NHSC) physicians currently practicing in San Benito. The NHSC is:

> "...a program which places U.S. Public Health Service personnel in areas with a critical shortage of health manpower for the purpose of improving the delivery of health services to persons residing in such areas."[67]

It was found that the average age of the physicians with county based practices was 51, and the average age for out-of-county based physicians was 37 years, with 31 years for the NHSC physicians.

All physicians with practices, either full or part time in the county, were located in Hollister either near Hazel Hawkins Hospital or in the downtown shopping district. There are no satellite practices located in San Juan Bautista,

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[67] Subcommittee on Health and the Environment of the Committee on Interstate and Foreign Commerce, op. cit., p. 106.

Tres Pinos, or the rural areas of the county.

Six physicians with in-county based practices are in general practice, one in internal medicine, and one is a surgeon. Those out-of-county based physicians were represented by two podiatrists, one obstetrician/gynecologist, one orthopedist, one urologist, one radiologist, and one opthalmologist. One NHSC physician is a general practitioner and the other a pediatrician.

Utilizing additional data from the San Benito County Medical Society, it was found that of those in-county based physicians only three of the ten were actually practicing full-time, one was practicing four-fifths of the work week, two had two and one half day per week practices, and four physicians practiced only two days per week. Both NHSC physicians practice full-time.

Table 36

SAN BENITO COUNTY BASED PHYSICIANS

DAYS PER WEEK SPENT IN OFFICE PRACTICE

In-County Based Physicians	Days Per Week
1	5 (full-time)
2	5 (full-time)
3	5 (full-time)
4	4
5	2-1/2 days
6	2-1/2 days
7	2
8	2
9	2
10	2
National Health Service Corps Physicians	
1	5 (full-time
2	5 (full-time)

Of the nineteen physicians practicing in the county, only one, an in-county physician, indicated that he did not accept new patients. The same physician also indicated that he did not accept new Medi-Cal patients. All other physicians accepted new Medi-Cal patients. Two physicians, both in-county based, indicated that they were not accepting Medicare patients.

The median number of workers on the physician's staff were three with a variety of personnel working. Below is an enumeration of those staff positions:

Table 37

AUXILIARY STAFF POSITIONS IN OFFICE PRACTICES

Title of Position	Nature of Practice					
	In-County Based*		Out-of-County Based		Total	
Medical Staff	#	%	#	%	#	%
RN	6	20	-	-	6	14
LVN	4	13	-	-	4	10
Lab Technician	1	3.5	1	8	2	5
Medical Assistant	3	10	5	42	8	19
Clerical Personnel						
Receptionist	7	23	5	42	12	29
Bookkeeper	6	20	1	8	7	17
Clerical Aide	1	3.5	-	-	1	2
Administrative Personnel						
Clinic Director	1	3.5	-	-	1	2
Community Worker	1	3.5	-	-	1	2
TOTAL	30		12		42	

*Practice (NHSC Physicians Included)

From the data above it can be concluded that the in-county based physicians generally utilize one type of medical personnel-the registered nurse-and two types of clerical personnel-the receptionist and bookkeeper. In contrast to this is the much heavier reliance on the medical assistant and receptionist by out-of-county based physicians. Such data indicates that in-county physicians utilize auxiliary medical personnel with much more medical training than do out-of-county physicians.

Upon inquiring if the physicians spoke Spanish it was found that forty percent (or four physicians) had at least a limited ability while none of the out-of-county based physicians could speak Spanish. A contrast to this was the fact that 60 percent of the in-county based physicians had Spanish speaking staff while only 43 percent of the out-of-county based physicians had Spanish speaking staff. This would indicate that although receipt of care for Spanish speaking consumers is somewhat limited when it is received from in-county physicians it is even more limited when received from out-of-county physicians.

All in-county physicians indicated that they were available for emergencies while 86 percent of the out-of-county physicians indicated they were available.

When asked if they made house calls, four of the in-county physicians indicated they did not while six said only

when necessary. In contrast, five of the out-of-county physicians said they did not make house calls while twenty-nine percent indicated they did.

PATIENT ORIGIN STUDY

During 1975 there were 391 live births delivered by San Benito County residents. A live birth is defined by the California State Vital Statistics Department as:

> "...the complete expulsion or extraction from its mother of a product of conception (irrespective of the duration of pregnancy) which, after such separation, breaths or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached."[68]

Approximately one half (49%) of the births were delivered at Hazel Hawkins Hospital and the other half were delivered primarily in Santa Clara County (68%) with the balance delivered in Monterey (21%) or Santa Cruz (11%) counties.

Within County Births

Primarily, those women giving birth within San Benito County were residents of Hollister (44.5%) or the rural areas of the county (44%). A much smaller number of women lived in San Juan Bautista, Paicines, or Tres Pinos, and the balance lived outside of the county (6%).

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[68]California Department of Health, Vital Statistics, 1975.

The median age of the women delivering was 25 years of age with a somewhat higher median age for the infant's father (29 years). When this population was divided by ethnicity, the white mothers median age was 25 and the Spanish surnamed mothers median age was 23.5 years. (See Table 38.)

TABLE 38

BIRTHS TO RESIDENTS OF SAN BENITO COUNTY
MOTHER'S AGE, ETHNICITY, AND LOCATION OF BIRTH

Age of Mother	Location of Birth											
	IN COUNTY BIRTH				OUT OF COUNTY BIRTH				TOTAL			
	White		Spanish Surnamed		White		Spanish Surnamed		White		Spanish Surnamed	
	#	%	#	%	#	%	#	%	#	%	#	%
12-14 Years	-	-	1	1	-	-	1	1	-	-	2	1
15-17	1	2	12	10	2	3	9	8	3	2	21	9
18-21	12	20	34	28	13	19	33	31	25	20	67	30
22-25	17	29	29	24	23	35	33	31	40	32	62	27
26-30	23	39	23	19	25	38	19	18	48	38	42	19
31-35	5	8	12	10	3	4	7	6	8	6	19	8
36-40	1	2	8	7	1	1	3	3	2	2	11	5
41-45	-	-	1	1	-	-	2	2	-	-	3	1
Total	59		120		67		107		126		227	

Sixty-two percent of the parents were Spanish Surnamed and twenty-nine percent were white. Two percent of the births were to Asian parents. When comparing these statistics it was found that the Spanish Surnamed and Asian births were larger than the general population of the county while the white births were much smaller than the general population.

Forty-three percent of the women giving birth were born in Mexico while thirty-four percent were born in California. Twenty-three percent of the women had been born out of the state or out of the country in a nation other than Mexico.

It was found that thirty-nine percent of the fathers were farm laborers and thirty-four percent were hourly wage earners. This would indicate that seventy-three percent of the fathers were either low or lower-middle class. Twenty percent of the fathers were salaried by the month and four percent received their income from property or business, primarily farmers owning their own ranches.

TABLE 39

OCCUPATION OF FATHER

Occupation	Location of Birth					
	In County Birth		Out-of-County Birth		Total	
	#	%	#	%	#	%
Farm Laborer (Piecework/Hourly)	76	39	55	28	131	34
Hourly Wage Earner	66	34	70	35	136	35
Monthly Salaried Employee	38	20	36	18	74	19
Income From Property or Business	8	4	19	10	27	7
Student	-	-	6	2.5	6	1
Unemployed	-	-	4	2	4	1
Armed Forces	3	2	3	1.5	6	1
No Information on Father	2	1	5	3	7	2
Total	193		198		391	

This was the first birth for 34 percent of the women or the second birth for 31 percent. A smaller percentage had given birth to their third or fourth birth (21 percent).

Those women that received no prenatal care made up six percent of the population. A much larger number (55 percent) received some type of prenatal care during their first trimester of pregnancy. This large number, however, is influenced greatly by women visiting their physician solely for confirmation of their pregnancy rather than to receive prenatal care.

Twenty-three percent of the women waited until their second trimester to receive care. Sixteen percent waited until the last trimester for care.

Five percent of the children born within the county were illegitimate as opposed to ninety-five percent which were legitimate.

Out-of-County Births

The vast majority (68 percent) of births outside of the county took place within Santa Clara County. Two other counties had been the location of births for San Benito County residents, Monterey and Santa Cruz, with eleven percent of the out-of-county births taking place there.

Fifty-nine percent of these births occured at Wheeler Hospital in Gilroy. A much smaller percentage of the deliveries were performed at Salinas Valley Memorial Hospital (15 percent) in Salinas and Watsonville Community Hospital (9 percent). Small percentages of births occured in various hospitals in the three counties. Also, one birth during 1975 was performed in a private home by medical personnel.

The average age of women delivering out-of-county was 24 years and the average age of fathers was 27. These median ages differed slightly from that of in-county births which were 25 and 29, respectively. The median age for Spanish Surnamed women was 23.5 years and the median for the white population was 25. (See Table 38)

Fifty-three percent of the out-of-county deliveries were Spanish Surnamed and thirty-three were white. This represents a larger white population than the in-county births

which had twenty-nine percent white births.

Fifty-two percent of the mothers that had deliveries out-of-county were born in California. Twenty-three percent of the women were born in Mexico. This was also the same percentage for the women born in a state other than California. This represents a large increase in women that were born within the State of California and a large decrease in women born in Mexico.

Hollister was the city of residence for fifty-five percent of the county residents going out of the county to deliver and thirty-five percent lived in rural areas of the county. Ten percent lived in other localities in the county. A larger number of women in this group lived in the city limits of Hollister than the in-county group. This indicates a more urban population leaving the county to utilize prenatal and delivery facilities.

TABLE 40

CITY OF RESIDENCE AND LOCATION OF BIRTH

	In-County Birth		Out-of-County Birth		Total	
	#	%	#	%	#	%
Hollister	86	44.5	110	55	196	50
Rural	85	44	69	35	154	39
San Juan Bautista	6	3	12	6	18	5
Tres Pinos	1	.5	2	1	3	.5
Paicines	3	2	-	-	3	.5
Aromas	-	-	5	2	5	1
Gilroy	6	3	-	-	6	1
San Martin	1	.5	-	-	1	.5
Los Banos	1	.5	-	-	1	.5
Commerce	1	.5	-	-	1	.5
Salinas	1	.5	-	-	1	.5
Rock Island, Ill.	1	.5	-	-	1	.5
San Jose	1	.5	-	-	1	.5
Total	193		198		391	

Twenty-eight percent of the fathers having children outside the county were farm workers while thirty-five percent were hourly wage earners. This represents a total of sixty-three percent of the population that are lower or lower-middle class. Thirty-five percent of the fathers were monthly salaried employees while ten percent were receiving their income from business or property.

Upon comparing this data with that of the in-county births it was found that the fathers of out-of-county births were less often receiving income from farm labor and hourly wages and increasingly received monthly salary or income from business.

Forty-three percent of the women giving birth outside the county had given birth for the first time while thirty-seven percent had given birth to their second child. Ten percent gave birth to their third child and a much smaller percentage gave birth to their fourth child or more.

Those women receiving no prenatal care represented 5.5 percent of the population giving birth outside the county. First trimester care was received by 69.5 percent of the women and twenty-one percent of the population began their prenatal care during their second trimester. Finally, four percent waited until their third trimester to obtain prenatal care.

TABLE 41

MONTH PRENATAL CARE BEGAN AND LOCATION OF BIRTH

	In-County Birth		Out-of-County Birth		Total	
	#	%	#	%	#	%
No Prenatal Care	11	6	11	5.5	22	6
First Trimester						
Month 1	20	10	21	10.5	41	11
2	52	27	67	34	119	30
3	34	18	49	25	83	21
Second Trimester						
4	19	9	24	12	43	11
5	19	9	13	6.5	32	8
6	9	5	5	2.5	14	4
Third Trimester						
7	15	8	5	2.5	20	5
8	11	6	2	1	13	3
9	3	2	1	5	4	1
Total	193		198		391	

Approximately the same amount of women with both in and outside the county deliveries did not receive prenatal care while the out-of-county group tended to receive care during the first trimester more often than the in-county group.

A slightly larger percentage of illegitimate children were born outside the county than inside with 10 and 5 percent respectively.

Chapter 4

CONCLUSIONS AND RECOMMENDATIONS

Utilizing the various studies described in the Analysis of the Data, there was found to be many barriers to receipt of adequate health care. These barriers were of two types, immutable and enabling. As discussed in the Basic Questions section, immutable variables are those which the consumer has no control over such as sex and ethnicity. Enabling variables, on the other hand, are under the consumers control. These include the type of physician utilized and the mode of payment utilized for services.

It was found that these variables have a great effect on receipt of care but only begin to explain the whole process of receipt of care and the problems a consumer might have obtaining that care. It was found, instead, that one particular factor controls the process of receipt of care. This will be discussed later in this chapter.

The Health Care Delivery System of San Benito County

The consumer enters the health care delivery system through one of five points. These are clearly defined and are used by the consumer each time care is sought. Also, the consumer may utilize a different point of entry depending upon the circumstances of the illness. These points of entry are: Hazel Hawkins Hospital Emergency Room, Hazel

Hawkins Hospital Acute Care Facility, In-County Physicians, Out-of-County Physicians, San Benito County Health Department, and through the use of community advocates. Utilization of these different points also is controlled by the social status, social class, and income level of the consumer.

In-County Physicians For those consumers with a family physician care is generally received at this point. This is contingent upon the physician being available at the time the consumer needs him. As we have seen in the Emergency Room Study many consumers with a family physician utilized the Emergency Room during the weekends and evenings when the physician was unavailable.

From this point the consumer may receive the care he/she perceives as sufficient and returns home or may continue through the health care delivery system. If she/he will be admitted to the hospital in the county, or, if the illness is of a grave condition such as with many forms of cancer or heart conditions, the patient will be transferred to an out-of-county hospital and physician. If the illness is not grave but beyond the capabilities of the in-county physician the consumer will be referred to an out-of-county physician. In order to obtain such a referral it is, of course necessary to have a family physician as many out-of-county physicians will not see a patient without a referral.

Through the family physician the consumer often is giving access to intermediate care facilities (convalescent

hospitals) inside the county and outside. It is also necessary to have a family physician admit the consumer to the convalescent hospital.

Hazel Hawkins Hospital Entry to the system through admittance to Hazel Hawkins Hospital is also a common method used in obtaining care. Since most admittances have an attending physician they enter the system through that point. However, some consumers gain admittance by arriving at the hospital in a grave condition and an attending physician is found for the consumer by the hospital administration or staff. This is how many women obtain a physician to deliver their child if they have received no prenatal care.

Hazel Hawkins Hospital is also the point of entry for those eventually entering convalescent care. A great many patients enter convalescent care after a short period at Hazel Hawkins. Many consumers also enter Hazel Hawkins and subsequently are transferred as was discussed above.

Hazel Hawkins Hospital Emergency Room The Emergency Room is the middle status point of entry for many consumers as was seen in the Emergency Room Study. There were 2113 individual visits to the Emergency Room in the first six months of 1976. For many consumers the Emergency Room is a substitute for a primary physician as they have an inability in obtaining such a physician. For instance 40 percent of those using the Emergency Room did not have a family physician.

Generally, the Emergency Room is the only contact the

consumer has with the delivery system since 82 percent of the patients visiting the Emergency Room return home after the visit. However, some consumers are admitted to the hospital directly through the Emergency Room, are referred to an in-county physician, or are transferred to a hospital out of the county.

Out-of-County Physicians Many consumers circumvent the entire in-county health care system by going outside the county for care. This is true of primary and secondary physician care as well as hospital care and auxiliary medical care. It was found, for instance, that 51 percent of the women seeking obstetrical care leave the county and that 30 percent of the population sought acute hospital care outside the county. This point of entry is also commonly utilized to obtain out-of-county convalescent care.

Community Advocates Many people moving into the county, many migrant farmworkers, and many low income consumers gain access to an in-county physician and hospital via the use of community advocates. These advocates may be a school nurse, a neighbor, or employer. The advocate will use his/her social status in the community to obtain an office appointment or admittance to the hospital. The consumer often then continues the process of receipt of care on his/her own although sometimes it is necessary for the advocate to accompany the consumer throughout the entire process due to

their perceived status by the physician, his staff, or that of the hospital.

San Benito County Health Department The Health Department is generally the point of entry for those with the lowest social status and income. Due to the limited services of the Department and its stringent eligibility requirements, for the most part, the poor migrant and/or farmworker family are the only consumers eligible for its services. The consumer is generally seen by a Public Health or Registered Nurse although a very limited number are seen by the Department's Administrator/Physician.

The consumer usually does not go further in the system at this point although the Department sometimes acts as an advocate in obtaining the services of an in-county physician.

Barriers to Receipt of Care

As mentioned earlier, through the use of the four studies, various barriers were found to the receipt of care within the county and result in the consumer seeking that care outside the county. There will now be an examination of those various barriers found in the studies undertaken by the author.

San Benito County Health Study It was found that only 13 percent of the respondents to the survey did not have a family physician which would indicate that most of those responding to the questionnaire had access to a physician. However, 31 percent of the respondents had to go outside the

county to obtain care from the primary physician.

A similar percentage of consumers had gone outside the county for acute hospital care. Not studied via the questionnaire was the amount of San Benito County consumers which leave the county for auxiliary health care such as for laboratory services, dental care, or for optometric service. This is a possible area for future study.

Sixty-five percent of the respondents had some form of insurance and only eighteen percent of the respondents utilized out-of-pocket payments to purchase care. However, it has been found that those living in rural areas generally pay more for private insurance and have less access to a variety of insurance policies.[69] This could limit access considerably.

Language proved a particular deterrent to receipt of care. Although ninety-six percent of the English speaking respondents had an in-county physician, only seventy-two percent had a local physician. Also, only one percent of the English speaking respondents had an out-of-county physician while 14% of the non-English speaking respondents had an out-of-county doctor. This is substantiated by the Physician Mail Survey which indicated a low number of physicians which either spoke Spanish or had Spanish-speaking medical personnel.

Language also had an effect on hospital utilization.

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[69]Rural America, op. cit., p. 21.

Seventy-four percent of the English speaking respondents had used Hazel Hawkins Hospital while sixty-five percent of the Spanish speaking respondents had used its services. Also a large percentage of non-English speaking respondents had gone out of the county in contrast to the percentage of English speaking respondents which had left the county.

Source of income had a measurable effect on family physician utilization. It was fount that over half of those without a family physician were receiving a monthly salary. Also this group had the largest percentage of respondents leaving the county. This indicates that a great many middle income poeple are not receiving primary care access. This may be due to the fact that since this group earns a reasonable income they are not eligible for governmentally subsidized medical coverage such as Medi-Cal but do not have the necessary income to purchase private insurance or make out-of-pocket purchase of that care. Those leaving the county may very well be those of the group that have sufficient coverage or cash. This could be investigated further in study of access and the middle income family.

In contrast to the large number of salaried employees leaving the county for primary care is the higher percentage of hourly wage earners that went out of the county for acute care than remained in the county for care at Hazel Hawkins

Hospital. The reason for this can be two-fold. One may be that they cannot afford the services of Hazel Hawkins and the other may be the general feeling among many lower and middle income families that the level of care is insufficient at the hospital. Throughout the interviews I conducted in the community I was told by most informants that the staff was poorly prepared to provide care, the facilities insufficient, and that the general level of care was terrible.

Hazel Hawkins Hospital Emergency Room Study. The study of the Emergency Room at Hazel Hawkins Hospital gives further data to support the findings of the community study. There is a large segment of the population which does not receive care in the county and which must seek alternative care either outside the county or at the Emergency Room. When dividing the two distinct groups utilizing the Emergency Room it can be seen that the Emergency Room serves three purposes. The first is that of a truly emergency-oriented facility providing care to those needing immediate attention. This fulfills the purpose of the Emergency Room concept, but is only true in a very limited number of the visits to the Emergency Room. The second type is that of a screening device for those entering the hospital. In other words, the patient enters the hospital through the Emergency Room rather than through the front door of the hospital. For those needing psychiatric care, for instance, the Emergency Room would identify this as a psychiatric case and the patient would be

screened out of the hospital's system and to another facility capable of providing care for the patient. The third use of the Emergency Room is that of a provider of primary care in an out-patient type of situation. The type of use is acknowledged by the staff and administration of the hospital as well as the community. For instance, the county and city penal system utilizes the hospital's Emergency Room for primary care frequently as do the local convalescent hospitals. Beyond the fact that the Emergency Room is not set up for this type of service with its door usually locked at night and on weekends and with its absence of staff for the most part during these hours, but also it is tow to three times the expense of a comparable out-patient clinic. There is also the question of whether the Emergency Room staff is trained to provide adequate care on an out-patient level. A great many respondents to the community questionnaire indicate they were not. The following comment was common:

> "...was refused at Hazel Hawkins in an emergency. The hospital has extremely bad reputation...Doctors have told their patients not to attend Hazel Hawkins if at all possible."

The reason for the excessive and inappropriate use of the Emergency Room can be explained by two factors found in the Emergency Room records. Forty percent of those using the Emergency Room did not have a family physician and forty-five percent of the visits occurred at night or on the weekend. This indicates that although many did not have a physician it did not matter since those having a physician could not obtain their services anyway.

Data from the study also brought up the question of whether the consumer or his/her family was transporting him/her to the Emergency Room due to the inability to afford an ambulance although the consumer was gravely ill. As only 12 percent of the consumers were transported by ambulance and 28 percent of the visits were emergencies this indicates that 16 percent of the consumers were transported by insufficient means. This might be studied further.

Death and Fetal Death Study There were two major phenomenons found in this study. The first was that the Spanish Surnamed population had a very high infant mortality rate and a very high death rate for white elderly members of the population.

Also found was the white population tended to die in Hazel Hawkins Hospital, in convalescent care, or at home while the Spanish Surnamed population tended to die in either Hazel Hawkins or at home. This indicates that convalescent hospitals are serving a specifically white population. This finding might be investigated further as well as a duplication of the whole death study to determine the long-range nature and location of deaths in the county.

Physician Mail Survey Physicians currently based permanently in San Benito County represent a group of aging men. Although the out-of-county based physicians and NHSC physicians are in their thirties or forties they do not represent a permanent solution to the advancing age of the

physicians. Further, there has been only one woman physician practicing in the county in recent history and she was only in the county a short period of time.

Barriers to care are represented by an all-male group of physicians that are reaching retirement. Continuity of care becomes limited when the family physician is semi-retired or is no longer practicing. Also there may be a question of whether a physician can judge when he is no longer capable of providing adequate care to his patients.

A further barrier is that of the location of the physician's practices. As there are not "out-stations" of care in the county the population must either travel to Hollister or go to communities out of the county for care which has been the case for the populations of Aromas, San Juan Bautista, and South County.

As will be discussed later in depth, only 3 of the 10 physicians currently practicing permanently in the county practice full-time. It can be concluded that as only 30 percent of the physicians are practicing full-time it would be very difficult for the population to gain receipt of care. This will be discussed in depth later in this section.

A very low number of physicians indicated that they did not accept new patients, new Medi-Cal patients, or Medicare patients. This would indicate that these consumer groups could easily obtain a physician. However, this is not the

case due to the fact that although the physician might accept these patient groups in his practice they will be accepted only after long-term, paying patients are seen. Since most of the in-county physicians limit their practice this would be difficult.

It was found that the in-county physicians and the NHSC physicians tended to rely on trained medical and clerical personnel in contrast to the reliance of out-of-county physicians on non-professional medical and clerical staff. This would indicate that since auxiliary medical staff is often utilized for such tasks as taking medical histories the consumer gets a lower quality of care from out-of-county based physicians.

A further barrier was found when examining the Spanish speaking ability of the physicians and their staff. Only two physicians spoke Spanish, two had a limited ability, and the balance of the physicians spoke no Spanish. Although more in-county based physicians had staff that could do translations than out-of-county physicians the staff utilized was generally clerical personnel for both groups. This brings up the question of how well a non-medical staff person can translate detailed medical instructions or express the condition of an ill patient.

House calls are perceived by many rural people to be an essential characteristic of good medical care. However,

only 21 percent of all physicians made house calls. Some physicians indicated that they considered the house call a poor type of health care provision.

Finally, it was found that the NHSC physician currently practicing general practice within the county has had a major impact on the level of care for the county's population. It was found that in the Emergency Room study he saw the largest amount of patients in the Emergency Room for in-county physicians and in the Patient Origin Study it was found that he performed the most births in the county during 1976. This would indicate that the loss of this doctor would have a dramatic effect on the level of care provided in San Benito.

Patient Origin Study The major finding of this study was the fact that over fifty-five percent of the births to San Benito County residents were Spanish Surnamed. This is particularly important when you consider that 81 percent of the deaths in the county in the same year were white. This indicates the nature of the population is changing rapidly. This has major political, economic, and social implications. A future study might be undertaken to examine the long-term study of births and deaths in the county and an impact study which would project the effect this will have on the county.

Also found in the study was that half of all births to the county residents are outside the county. This was due primarily to the only obstetrician serving the county not delivering within San Benito but rather in Santa Clara

County.

The nature of the two groups delivering was very different. Those giving birth inside the county generally were more rural, more often Spanish Surnamed, were born more often in Mexico, and came from lower or lower-middle class families. The out-of-county births, on the other hand; tended to live in Hollister, were slightly more often white, were born in California, and came from middle or upper class families.

The median age for the white population was only slightly older with the median age 25 years. The median age for Spanish Surnamed women was 23 and a half years.

In determining where county residents went for elective acute care it was found that Wheeler Hospital overwhelmingly served the women delivering outside the county. Salinas Valley Memorial and Watsonville Community Hospital were also utilized significantly, with other hospitals used occasionally. This was again affected by the fact that the only obstetrician serving San Benito, and having a very large patient load, will only deliver in Gilroy at Wheeler Hospital.

A Final Barrier to Care The greatest barrier to care found was that of limited physician office practice. As was found through the Physician Mail Survey only three of the ten physicians permanently based in San Benito are currently practicing full-time (five days per week). The other seven

practice a limited number or hours per week. This limited practice has repercussions throughout the entire health care delivery system in San Benito.

Reasons for limiting practice have most often to do with the life-style chosen by county physicians. They have found that with a minimum of practice they can have a maximun of beneifts. Other physicians have limited their practice as they are moving toward retirement.

Since the number of hours physicians practice is limited, so then are the number of patients served by the physician. The physician and his office staff must determine through a set of priorities which patients will be served and which will be turned away. This ranking of priority has been discussed by Margot Smith in her as yet unpublished doctoral thesis, The Distribution of Medical Services in Rural Areas and the Regions of California: A Social and Economic Analysis.[70]

In the study of San Benito and other rural areas, Ms. Smith found that social status and social class determined the priority of the patients that might be served. Since the physician can only serve a certain number of patients, in proportion to the number of hours practiced, those patients with the high priority get service.

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[70]Margot W. Smith, The Distribution of Medical Services in Rural Areas and Regions of California: A Social and Economic Analysis, (unpublished thesis), School of Public Health, University of California, Berkeley, 1977.

Physician's Priorities	Patient Characteristics	
	Social Status	Social Class
1.	Within Social Network	Able to Pay
2.	Outside Social Network	Able to Pay
3.	Within Social Network	Without Ability to Pay-Charity (Ministers, relatives, etc.)
4.	Within Social Network	Without Ability to Pay-Medicare, Medi-Cal
5.	Outside Social Network	With Limited Ability to Pay
6.	Outside Social Network	Unable to Pay

Those patients within the physician's social network and with the ability to pay for those services are highest in priority. On the other hand, those outside the physician's social network and unable to pay are last in priority. As has been demonstrated, many consumers within the county are effectively disenfranchised from the system.

Recommendations for Future Studies

As has been mentioned earlier, this study has been exploratory in nature with the intent of the author to survey the health care delivery system in order to determine general trends and areas for future study.

It is suggested that the following areas be explored in the future:

(1) The limited receipt of care by the middle and lower classes and the subsequent utilization of out-of-county

services.

(2) The utilization level of out-of-county auxiliary health care services by county residents.

(3) The transportation utilized to the Hazel Hawkins Hospital Emergency Room by emergency-type patients.

(4) A follow-up study of long range trends in births and deaths of county residents and the effect of certain trends on the character of the population.

Recommendations for Improvement of the Health Care Delivery System of San Benito County

As has been discussed in previous sections of this study the major obstacle to receipt of care in the county is that of the limited number of hours practiced by county physicians. In view of this it is unreasonable to make recommendations for change when this obstacle remains. What has been viewed as an insufficient number of physicians serving the county really is an insufficient number of physicians serving the county full-time. Thus, it is necessary that either hours per physician be increased or more physicians recruited to serve the county. The latter seems more reasonable since it seems unlikely that a physician would give up a life-style so sought after.

Recruitment should be made to obtain a physician or group of physicians which speak Spanish and have bicultural backgrounds. Also there should be an effort made to find female physicians for the county. Finally, an obstetrician/

gynecologist should be found that would be willing to not only deliver infants in the county but deliver the infants of low-income women.

A re-evaluation of the Emergency Room at Hazel Hawkins Hospital should be made to determine if a truly out-patient clinic would not serve the needs of the community input into the future of Hazel Hawkins Hospital and the services it provides. This input should come from the sectors long neglected by the county's institutions; the poor, Spanish-surnamed, and Spanish-speaking.

Satellite office practices should be set up throughout the rural areas of the county as well as the smaller communities. Outreach should follow this institution of satellite practices to enable a wide sector of the county to receive care.

A final recommendation would be the institution of a medical social work component of either the county's Health Department, Welfare Department, or County Hospital, to do outreach, counseling, program planning, discharge planning, and advocacy.

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APPENDICES

APPENDIX A

SAMPLE DATA COLLECTION INSTRUMENTS

DEATH CERTIFICATE STUDY

Date:_____ Sex: Male_____ Female_____
Race:_____
Birthplace:_____
Age:_____
Birthplace of Father:_____
Citizen of What Country?_____
Marital Status: M S W D Sep.
Last Occupation:_____
Kind of Industry:_____
Place of Death:_____
Length of Stay in County of Death:_____
Length of Stay in California:_____
Permanent Residence:_____
Cause of Death: A. Immediate Cause_____
B. Due to, or as a consequence of_____
_____
Other Significant Conditions-Contributing to But Not Related to:_____
Significant Accident, Suicide, Homicide:_____
Place of Injury:_____
Injury: Yes_____ No_____ Date of Injury:_____
Place of Injury:_____
Description of How Injury Occured:_____
_____

FETAL DEATH CERTIFICATE STUDY

Sex: Male_____ Female_____ Date of Delivery:_____
Place of Delivery:_____

Mother Birthplace:_____
Age:_____ Race:_____

Father Occupation:_____
Age:_____ Race:_____

Cause of Death A. Immediate Cause_____

B. Due to, or as a consequence of_____

C. _____

Other Significant Condition of Fetus or Mother:_____

Autposy: Yes_____ No_____

Previous Deliveries How many other children were born alive but now dead?_____
How many fetuses born dead after 20 weeks of gestation?_____
Date of Last Live Birth:_____
Date of Last Fetal Death:_____

Complications of Pregnancy, Labor, or Delivery:_____

Birth injury to Fetus:_____
C Section: Yes_____ No_____
Congenital Malformations or Anomalies:_____

SAN BENITO COUNTY HEALTH SURVEY
COVER LETTER

February 18, 1977

Dear Community Member:

This questionnaire has been sent to you to find if residents of this county have family doctors and dentists, if they have used the services of Hazel Hawkins Hospital, how they pay for those medical services, and if they have used the services of other types of health professionals. The findings of this survey will be added to other surveys and will be made available to the residents of the county and other interested parties.

It is very important that you complete this questionnaire fully and return it in the enclosed, stamped envelope no later than March 4. Other parts of this project cannot be completed until I receive this form from you.

I would welcome any comments you may have. All questionnaires will be confidential.

Thank you very much,

Julia Bauder-Nishita
P.O. Box 1303
Hollister, California
95023

SAN BENITO COUNTY HEALTH SURVEY
COVER LETTER

Febrero 18, 1977

Querido Miembro de la Comunidad:

Este cuestionario ha sido mandado a Usted para investigar si residentes de este condado tienen doctores y dentistas privados, si usan los servicios del hospital Hazel Hawkins, y como pagan por esos servicios. Ademas desiamos saber si la gente usa los servicios de personas que no son profesionales de salud. Los descubrimientos de este cuestionario seran comparados a esos de otros cuestionarios, y los residentes del condado tendran ha su desposicion los resultados finales.

Es muy importante que Usted complete este cuestionario totalmente y lo regrese en el sobre entampillado no mas tarde que el dia cuatro de marzo. No se pueden completar otras partes de este projecto haste que se reciba este cuestionario. Por favor escribame al domicilio seguiente. Todos los cuestionarios seran confidencial.

Muchas gracias,

Julia Bauder-Nishita
P.O. Box 1303
Hollister, CA 95023

SAN BENITO COUNTY HEALTH SURVEY

1. This questionnaire is being filled out by: (Check One Only)
   Male Head of the Household_____
   Female Head of the Household_____
2. How long have you lived in San Benito County?_____
3. What city in San Benito County do you live?_____
4. I or a member of my family receive all or part of our income from:
   Income From Property or Business_____
   Monthly Salary_____
   Hourly Wages_____
   Social Security or SSI/SSP_____
   Private Pension_____
   Aid to Families With Dependent Children ("Welfare")_____
   Other (Please Specify)_____
5. Circle the highest grade you have completed:
   1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 More
6. My family's ethnic background or race is:
   ( )White ( ) Spanish-Surnamed ( )Black ( )Asian
   ( )Filipino ( )Other
7. What language does your family speak most at home?_____
8. My family has a family doctor? (Check Only One) Yes_____
   No_____ His or Her name is:_____
9. My family has a family dentist: (Check Only One) Yes_____
   No_____
10. When I or my family have had to go to the hospital, we:
    Used the services of Hazel Hawkins Hospital_____
    Went to a hospital out of the county_____
    Did not go because we could not afford it_____
11. My family pays for all or part of our doctor and hospital bills with:
    Blue Cross or Blue Shield_____
    Robert F. Kennedy Farm Workers Medical Plan_____
    Medi-Cal_____
    Medicare_____
    Cash_____
    Other (Please Specify)_____
12. I or my family have used the services of a:
    Curandera_____
    Christian Scientist Practitioner_____
    Chiropractor_____
    Spiritual Healer (Faith Healer)_____

SAN BENITO COUNTY HEALTH SURVEY

1. Este cuestionario fue llenado por: (Marque Una Solamente)
   Jefe maculino de la familia_____
   Jefe feminina de la familia_____
2. ¿Cuantos años ha vivido en el condado de San Benito?_____
3. ¿En que ciudad del condado de San Benito vive?_____
4. Yo o mi familia recibimos todo o parte de nuestros ingresos de:
   Ingresos de propiedad o comercio_____
   Salario mensual_____
   Pago por hora_____
   Seguridad Social del Departmento de Seguro Social or SSI/SSP_____
   Pension Privado_____
   AFDC o "Welfare"_____
   Otro (Especifique, Por Favor)_____
5. Marque el grado más alto que Usted completo:
   1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Más
6. Yo considero la raza de mi familia ser: (Marque Una O Más)
   ( )Anglo o Blanco ( )Apellido Espanol ( )Negro
   ( ) Asiantico ( )Otro
7. ¿Que langua habla su familia mas en su casa?_____
8. Mi familia tiene un doctor privado: (Marque Una Solamente)
   Si_____ No_____ Su nombre es:_____
9. Mi familia tiene un dentista privado: (Marque Una Solamente)
   Si_____ No_____
10. Cuando yo o mi familia hemos tenido que ir al hospital nosotros: (Marque Una Solamente)
    Usamos los servicios del hospital de Hazel Hawkins_____
    Fuemos al hospital afuera del condado_____
    No fuimos porque no podiamos pagar por el servicio_____
11. Mi familia paga para todo o parte de las cuentas medicas con:
    Blue Cross o Blue Shield (Aseguranza Privada)_____
    Plan Medical de Robert F. Kennedy_____
    Medi-Cal_____
    Medicare_____
    Dinero o cheque_____
    Otro (Especifique, Por Favor)_____
12. Yo o mi familia usamos los servicios de una:
    Curandera_____
    Quiropráctico_____
    Practicante de la Religion Ciencia Cristiana_____

SAN BENITO COUNTY HEALTH SURVEY
FOLLOW-UP LETTER

March 11, 1977

Dear Community Member:

On February 18th a questionnaire was mailed to 1000 families in San Benito County asking if residents of this county have family doctors, if they have used the services of Hazel Hawkins Hospital and how they pay for those health servies. To date I have received 200 completed questionnaires but I still have not received yours. It is very important that you complete the questionnaire and return it in the mail as soon as possible.

Some members of the community have asked the purpose of the study being done by myself. The questionnaires will be counted, analyzed and added to a larger study being done on the health care system of San Benito County. Such services as the Emergency Room at Hazel Hawkins Hospital and the various clinics in San Benito are being studied. This study is part of the requirements for my Masters Degree in Social Work at San Jose State University. Also various health organizations and community groups will be receiving copies of the study to help them plan for health care in San Benito County in the future. It is hoped that this questionnaire will give them and myself an accurate picture of what is going on in the county today. Any community members, such as yourself, will be able to get a copy if you wish.

Thank you very much,

Julia Bauder-Nishita
P.O. Box 1303
Hollister, CA 95023

SAN BENITO COUNTY HEALTH SURVEY
FOLLOW-UP LETTER

Marzo 11, 1977

Querido Miembro de la Comunidad:

Febrero 18, 1977 un cuestionario fue mandado a 1000 familias en el Condado de San Benito preguntando si los residentes de este condado tienen doctores o dentistas privados; si ellos han usado los servicios del hospital Hazel Hawkins; y como pagan por esos servicios medicos. Hasta ahora yo he recibido 200 cuestionaio pero todavia no he recibido el que le made a Usted. Es muy importante que le complete y le regrese tan pronto posible.

Algunos miembros de la comunidad han preguntado que el el proposito de este projecto. Los analisis del cuestionario seran andidos con otro projecto que esta estudiando el systema de salud en el Condado de San Benito. Este projecto es parte del requisito para consiquir mi titulo Maestrado de Servicios Sociales de la Universidad en San Jose. Ademas, varias organizaciones y grupos en la comunidad recibiran copias para ayudarles planear para los servicios futuros tocante el bien estar le los residentes del Condado de San Benito. Cualquier miembro de la comunidad tambien puede tener una copia si desea. Su comentario sera recibido con agrado, y todos los cuestionarios seran confidencial.

Muchisimas gracias,

Julia Bauder-Nishita
P.O. Box 1303
Hollister, CA 95023

HAZEL HAWKINS HOSPITAL
EMERGENCY ROOM STUDY
DATA INSTRUMENT

Date:_____ Time Arrived:_____ Time Left:_____

Attending Physician:_____ Family Physician:_____

City of Residence:_____

Age:_____ Sex:_____ Marital Status:_____

Employed: Yes_____ No_____

Disabled_____ Retired_____

Injured on the Job: Yes_____ No_____

Insurance Carrier:_____

Accident: Yes_____ No_____

Type of Accident: Auto_____ Other_____

Date:_____ Time:_____

Place:_____

Notified: Coroner____ Police____ Relative____

Mental Health Department____

Brought in By:_____

Disposition: Home____ Hospital____ Other_____

Emergency: Yes_____ No_____

Diagnosis:_____

_____

SAN BENITO COUNTY
PHYSICIAN SURVEY
COVER-LETTER

March 25, 1977

Dear Dr.

Enclosed is a short questionnaire that many be completed by your office staff. The purpose of this questionnaire is primarily to determine what modes of payment are being accepted by physicians in San Benito County, the size and Spanish speaking ability of your staff and where your main practice is located. Your individual responses will be kept completely confidential.

The information gathered from the questionnaire will be used as part of a larger study of health care in San Benito County which has been conducted in the past few months. This study will be used as partial fulfillment of my Master's degree requirements in Social Work at San Jose State University.

Please have the questionnaire completed and returned in the enclosed self-addressed, stamped envelope no later than March 31st.

If you have any questions about my study or if you would like to make some comments on health care in the county please feel free to contact me at the address below. Also any comments on the questionnaire would be appreciated.

Thank you for your attention in this matter.

Julia Bauder-Nishita
P.O. Box 1303
Hollister, CA
95023

SAN BENITO COUNTY PHYSICIAN SURVEY
DATA INSTRUMENT

Physician's Name_____

Address:_____

Age:_____ Gender: Male_____ Female_____

Type of Practice or Specialty:_____

Accepts New Patients: Yes_____ No_____
Comments:_____
_____

Accepts New Medi-Cal Patients: Yes_____ No_____
Comments:_____
_____

Accepts Medicare Patients: Yes_____ No_____
Comments:_____
_____

Number of Workers on Staff:_____
Their Positions Are:_____
_____

Does the physician speak Spanish? Yes_____ No_____
Does anyone on staff speak Spanish? Yes_____ No_____
Their positions are:_____
_____

In what city is your main practice located?_____

Is the physician available for emergencies during non-working hours? Yes_____ No_____

Does the physician make house calls? Yes_____ No_____

Comments:

BIRTH CERTIFICATE STUDY
DATA INSTRUMENT

Physician:_____

Infant Sex:Male_____ Female_____
Date of Birth:_____
Location of Birth:_____
City:_____ County:_____

Mother Age:_____ Race:_____
Birthplace:_____
Residence:_____

Father Age:_____ Race:_____
Birthplace:_____
Occupation:_____

Delivery Notes How many other children are now living?____
How many other children were born alive but are now dead?_____
How many fetuses were born dead after 20 weeks of gestation?_____
Date of Last Live Birth:_____
Date of Last Fetal Death:_____
Month of Pregnancy Prenatal Care Began:_____

Complication Related to Pregnancy:_____
_____
_____
Complication of Labor and Delivery:_____
_____
_____
Birth Injury to Child:_____
_____
_____
Congenital Malformations or Anomalies:_____
_____
_____

Legal Status of Child: Legitimate:_____ Illegitimate____

APPENDIX B

SUMMARY TABLES

HAZEL HAWKINS HOSPITAL
EMERGENCY ROOM STUDY
JANUARY-JUNE 1976

Outcome of Chart Review

	#	%
Number of Charts Reviewed	1455	69
Number of Charts Unavailable	658	31
Total	2113	

Demographic Profile

Sex

	Group A		Group B		Total	
	#	%	#	%	#	%
Male	739	59	113	58	852	59
Female	522	41	81	42	603	41
Total	1261		194		1455	

Age

	Group A		Group B		Total	
	#	%	#	%	#	%
Population Over 18	555	44	42	22	597	41
Population Under 18	706	66	152	78	858	59
Total	1261		194		1455	

Age

	Group A		Group B		Total	
	#	%	#	%	#	%
Infant-1 Year	123	10	13	7	136	9
2-5 Years	146	12	7	4	153	11
6-10	93	7	6	3	99	7
11-17	183	14	16	8	199	14
18-25	249	20	26	13	275	19
26-40	235	19	31	16	266	18
41-55	139	11	25	13	164	11
56-62	29	2	17	9	46	3
63-75	36	3	28	14	64	4
76 + Years	16	1	23	12	39	3
Not Recorded	12	1	2	1	14	1
Total	1261		194		1455	

City of Residence

	Group A		Group B		Total	
	#	%	#	%	#	%
Hollister	901	71	149	77	1050	72
San Juan Bautista	100	7	12	6	112	8
Tres Pinos	14	1	4	2	18	1
Paicines	24	2	2	1	26	2
Aromas	2	1	-	-	2	.5
Out of County	214	17	27	14	241	16
Not Recorded	6	1	-	-	6	.5
Total	1261		194		1455	

Employment Status of Those 18 Years and Older

	Group A		Group B		Total	
	#	%	#	%	#	%
Yes	375	53	59	39	414	50
No	273	39	33	22	295	36
Retired	44	6	54	33	98	12
Disabled	6	1	6	4	12	1
Not Recorded	8	1	-	-	8	1
Total	706		152		827	

Profile of Emergency Room Visits

Attending Physician

	Group A		Group B		Total	
	#	%	#	%	#	%
Ft. Ord Physician	776	61.5	15	7	791	54
San Benito County Physician	472	37.5	178	92	659	44.5
Out of County Physician	5	.5	1	1	6	.5
Not Recorded	7	.5	-	-	7	1
Total	1261		194		1455	

Mode of Payment

	Group A		Group B		Total	
	#	%	#	%	#	%
Cash	436	35	40	21	476	33
Blue Cross	139	11	19	9	158	11
Medi-Cal	208	16	28	14	238	16
Compensation	85	7	9	5	94	6
Blue Shield	13	1	2	1	15	1
Kaiser	15	1	1	1	16	1
Medicare	26	2	33	17	59	4
Private Insurance	298	24	43	22	341	23
R.F.K. Insurance	24	2	5	2.5	29	2
Medicare/Medi-Cal	10	.5	9	5	19	2
CHAMPUS	7	.5	5	2.5	12	1
Total	1261		194		1455	

Accident

	Group A		Group B		Total	
	#	%	#	%	#	%
Yes	551	44	54	28	605	42
No	710	56	140	72	850	58
Total	1455		194		1455	

Injured on Job (Of Those Working)

	Group A		Group B		Total	
	#	%	#	%	#	%
Yes	88	23	10	17	98	23
No	287	77	49	83	336	77
Total	375		59		434	

Place of Accident

	Group A		Group B		Total	
	#	%	#	%	#	%
Home	173	31	23	43	196	32
Work	120	22	6	11	126	21
School	42	8	-	-	42	7
Highway	75	14	17	31	92	15
Hollister Hills	17	3	1	2	18	3
Pinnacles	10	1.5	-	-	10	1.5
Bolado Park	10	1.5	-	-	10	1.5
Memorial Park	9	1	-	-	9	1
Jail	1	1	-	-	1	1
Other	94	17	7	13	101	17
Total	551		54		605	

Nature of Accident

	Group A		Group B		Total	
	#	%	#	%	#	%
Auto	59	10.5	14	26	73	12
Motorcycle	45	8	4	7		
Work	60	11	-	-	60	10
Fall	77	14	19	36	96	16
Bicycle	7	1	1	2	8	.5
Dog Bite	12	2	-	-	12	1.5
Burn	8	1	4	7	12	1.5
Wife Beating	4	.5	-	-	4	.5
Gunshot	1	.5	-	-	1	.5
Cat Bite	2	.5	-	-	2	.5
Snake Bite	1	.5	-	-	1	.5
Plane Crash	1	.5	-	-	1	.5
Stabbing	1	.5	-	-	1	.5
Scorpian Sting	1	.5	-	-	1	.5
Other	272	49	12	22	284	47
Total	551		54		605	

Notification

	Group A		Group B		Total	
	#	%	#	%	#	%
Yes	8	1	9	5	17	1
No	1253	99	185	95	1438	99
Total	1261		194		1455	

Agency or Party Notified

	Group A		Group B		Total	
	#	%	#	%	#	%
Law Enforcement Authorities	6	75	4	44.5	10	59
Coroner	1	12.5	-	-	1	6
Mental Health Department	-	-	5	55.5	5	29
Relative	1	12.5	-	-	1	6
Total	8		9		17	

Day of Visit

	Group A		Group B		Total	
	#	%	#	%	#	%
Weekday (8 A.M.- 4 P.M.)	213	17	47	24	260	18
(5 P.M.- 8 P.M.)	215	17	29	15	244	17
(9 P.M.- 12 A.M.)	168	13	27	14	195	13
(1 A.M.- 7 A.M.)	64	5	16	8	80	5
Weekend	573	45	72	37	645	45
Weekday Holiday	22	2	-	-	22	1.5
Not Recorded	6	1	3	2	9	.5
Total	1261		198		1455	

Emergent Status

	Group A		Group B		Total	
	#	%	#	%	#	%
Emergency	255	20	151	78	406	28
Non-Emergency	1006	80	43	22	1049	72
Total	1261		194		1455	

Disposition

	Group A		Group B		Total	
	#	%	#	%	#	%
Morgue	10	1	-	-	10	.1
Admittance to Hazel Hawkins Hospital	11	1	185	95	196	13
Jail	17	1	-	-	17	1
Home	1185	94	9	5	1194	82
Doctor's Office	8	1	-	-	8	1
Transferred to Out of County Hospital	30	2	-	-	30	2
Total	1261		194		1455	

Type of Condition

	February		April		June		Total	
	#	%	#	%	#	%	#	%
ACCIDENT	(111)	(47)	(145)	(49)	(128)	(52)	(384)	(50)
Fractures and Dislocations	14	6	25	8	14	6	53	7
Sprains and Strains	26	11	15	5	14	6	55	7
Lacerations	35	16	44	15	41	17	120	15
Contusions	10	4	28	9	17	7	55	7
Other Trauma	26	11	33	11	42	17	101	13
ILLNESS	(101)	(42)	(126)	(43)	(88)	(36)	(315)	(40.5)
Ear, Eye, Nose and Throat	28	12	25	8	11	4	64	8
Chest	21	9	14	5	5	2	40	5
Gastrointestinal	12	5	15	5	10	4	37	5
Genitourinary	12	5	11	4	8	3	31	4
Musculoskeletal	-	-	-	-	3	1	3	.75
Cental Nervous System	8	3	7	2	9	4	24	3
Psychophysiological	4	1.5	6	2	9	4	19	2
Infectious Parasitic	11	5	34	11	16	7	61	8
Other	5	2	14	5	17	7	36	5
MAINTENANCE	(9)	(4)	(8)	(3)	(10)	(4)	(27)	(3)
SUBSTANCE ABUSE	(4)	(2)	(3)	(1)	(7)	(2.5)	(14)	(2)
OTHER CONDITIONS	(0)	(0)	(5)	(2)	(2)	(.5)	(7)	(.5)
NO DIAGNOSIS	(13)	(5)	(6)	(2)	(12)	(5)	(31)	(4)
Total	238		293		247		778	

DEATH AND FETAL DEATH CERTIFICATE STUDY

Profile of Deaths in San Benito County, 1975

Gender

	#	%
Male	80	56
Female	63	44
Total	143	

Ethnicity

	#	%
White	116	81
Spanish Surnamed	25	17
Asian	1	1
Filipino	1	1
Total	143	

Birthplace

	#	%
California	60	41
Out of State	61	43
Out of Country	22	16
Total	143	

Marital Status

	#	%
Widowed	63	45
Married	50	36
Single	25	16
Divorced	5	3
Total	143	

Comparison of the Number and Percentage of Deaths in 1974 in Santa Clara and San Benito Counties Between the Spanish Surnamed, the White, and the Total Population

Santa Clara County

	Total County Population		White Only Population		Spanish Surnamed Population	
	#	%	#	%	#	%
Less Than 1 Year	197	3	140	3	44	8
1 to 4 Years	43	1	33	1	9	2
5 to 14	88	2	63	1	17	3
15 to 39	570	8	411	7	115	20
40 to 49	441	6	369	6	48	8
50 to 64	1334	20	1196	20	99	17
65 Years and Older	3981	60	3643	62	239	42
Total	6654		5855		571	

San Benito County

	Total County Population		White Only Population		Spanish Surnamed Population	
	#	%	#	%	#	%
Less Than 1 Year	6	5	2	2	4	22
1 to 4 Years	-	-	-	-	-	-
5 to 14	-	-	-	-	-	-
15 to 39	5	4	5	4	-	-
40 to 49	6	5	5	4	2	11
50 to 64	17	13	14	13	3	17
65 Years and Older	95	73	86	77	9	50
Total	129		111		18	

Deaths Due to Crime and Self-Inflicted Wounds

	#	%
Non-Criminal Deaths	140	97
Suicide	3	2
Homicide	1	1
Total	143	

Ethnicity and Location of Death

	White		Spanish Surnamed		Asian		Filipino		Total	
	#	%	#	%	#	%	#	%	#	%
Hazel Hawkins Hospital	58	51	20	68	-	-	-	-	78	55
Hazel Hawkins Convalescent Hospital	16	14	1	4	-	-	-	-	17	12
Hollister Convalescent Hospital	15	13	-	-	-	-	-	-	15	10
Home	19	16	5	20	-	-	-	-	24	17
Highway	8	6	2	8	1	100	1	100	9	6
Total	116		25		1		1		143	

Ten Most Frequent Causes of Death, Santa Clara and San Benito Counties, 1974 (White Population Only)

Santa Clara County

No.	Cause	Number of Deaths
1	Chronic Ischemic Heart Disease	1,141
2	Acute Ischemic Heart Disease	778
3	Cerebrovascular Disease	625
4	(Neoplasm) Digestive Organs	284
5	(Id.) Trachea, Bronchus, and Lungs	237
6	(id.) Other and Unspecified Sites	180
7	Suicide	170
8	Other and Unspecified Pnuemonia	151
9	Motor Vehicle Traffic Accidents	147
10	Cirrhosis of Liver	140

San Benito County

No.	Cause	Number of Deaths
1	Chronic Ischemic Heart Disease	33
2	Acute Ischemic Heart Disease	14
3	Cirrhosis of Liver	11
4	Cerebrovascular Disease	11
5	Unspecified Pnuemonia	9
6	(Neoplasm) Digestive Organs and Perit.	8
7	Diabetes Mellitus	6
8	Motor Vehicle Accidents	5
9	Emphysema	3
10	All Other Accidents and Late Effects of Accidental Injury	2

Ten Most Frequent Causes of Death, California, 1974 (Total)

No.	Cause	Number of Deaths
1	Heart Disease	62715
2	(Neoplasm) Digestive Organs and Perit.	33979
3	Cerbrovascular	18782
4	Accidents	10016
5	Cirrhosis of Liver	4740
6	Influenza/Pnuemonia	4085
7	Suicide	3720
8	Respiratory Disease	3232
9	Arteriosclerosis	2715
10	Diabetes Mellitus	2463

Ten Most Frequent Causes of Death. Santa Clara and San Benito Counties, 1974 (Spanish Surnamed Population Only)

Santa Clara County

No.	Cause	Number of Deaths
1	Acute Ischemic Heart Disease	59
2	Chronic Ischemic Heart Disease	58
3	Cerebrovascular Disease	52
4	Motor Vehicle Traffic Accidents	34
5	Cirrhosis of Liver	31
6	Diabetes Mellitus	26
7	Certain Causes of Mortality in Early Infancy	24
8	Suicide	22
9	Congenital Anomalies	18
10	All Other Accidents and Late Effects of Accidental Injury	17

San Benito County

No.	Cause	Number of Deaths
1	Acute Ischemic Heart Disease	4
2	Chronic Ischemic Heart Disease	4
3	Certain Causes of Mortality in Early Infancy	3
4	Cirrhosis of Liver	2
5	Motor Vehicle Traffic Accidents	2
6	Malnutrition	1
7	Congenital Anomalies	1
8	(Neoplasm) Unspecified Sites	1

SAN BENITO COUNTY HEALTH SURVEY

Comparative Profile of San Benito County and Sample Group

City of Residence

	County Population		Sample Group	
	#	%	#	%
Hollister	8575	44	229	77
San Juan Bautista	1200	6	37	13
Rural	9725	50	28	10
Total	19,500		294	

Educational Level

	County Population	Sample Group
	%	%
Less Than High School Education	24.7	19
Graduated From High School	44.1	56
College Graduates	7	23
Total	100%	100%

Median Grade Completed

County Population	11 Years
Sample Group	12 Years

Ethnicity (Spanish Surnamed Group Not Extracted)

	County Population	Sample Group
	%	%
White	97.8	95
Black	.5	-
Other	1.7	4
No Response	-	1
Total	100%	100%

Ethnicity (Spanish Surnamed Group Extracted)

	County Population	Sample Group
	%	%
White	52.9	74
Spanish Surnamed	44.9	21
Black	.5	-
Other	1.7	4
No Response	-	1
Total	100%	100%

Outcome of Mailed Survey

	#	%
Total Returned	294	29
Total Non-Deliverable	58	6
Total Unreturned	648	65
Total	1000	

Demographic Profile of Survey Respondents

Length of Residence

	#	%
Up to 1 Year	12	4
2-5 Years	39	13
6-10	36	12
11-20	45	16
21-30	58	20
31-40	31	11
41 + Years	53	18
Life	16	5
No Response	4	1
Total	294	

City of Residence

	#	%
Hollister	229	77
San Juan Bautista	37	13
Aromas	1	1
Tres Pinos	3	1
Paicines	6	2
Pinnacles	2	1
Rural	16	5
Total	294	

Educational Level

	#	%
No Formal Education	8	3
Grades 1-5	17	6
6-8	30	10
9-12	125	42
13-14	40	14
15-16	32	11
17-18	16	5
Additional Education	20	7
No Response	6	2
Total	294	

Ethnicity

	#	%
White	216	74
Spanish Surnamed	63	21
Black	-	-
Asian	9	3
Filipino	3	1
No Response	3	1
Total	294	

Language

	#	%
English	233	79
Spanish	48	16
Filipino	2	1
Italian	1	.5
Portuguese	3	1
Hungarian	1	.5
Swiss-German	1	.5
Indian	1	.5
No Response	4	1
Total	294	

Primary Source of Income

	#	%
Income From Property or Business	90	31
Monthly Salary	86	29
Hourly Wages	58	20
Social Security or SSI/SSP	39	13
Private Pension	13	4
A.F.D.C.	1	.5
Unemployment	1	.5
No Response	6	2
Total	294	

Profile of Health Services Utilization

Location of Family Physician

In-County Physician

	#	%
No. 1	71	35
2	29	14
3	13	6
4	24	11
5	22	10
6	3	1
7	2	1
8	4	2
9	17	8
10	26	12
Total	211	

Out-of-County Physician (By Location of Practice)

	#	%
Gilroy	12	57
Salinas	6	28
Watsonville	1	5
Palo Alto	1	5
San Jose	1	5
Total	21	

Physician's Location Not Recorded

	#	%
Total	25	100

No Family Physician

#	%
34	100

No Response

	#	%
Total	3	100

Utilization of Family Dentist

	#	%
Yes	242	82
No	49	17
No Response	3	1
Total	294	

Hospital Utilization

	#	%
Hazel Hawkins Hospital	186	63
Out-of-County Hospital	88	30
Could Not Afford It	2	2
Did Not Need Hospitalization	9	3
No Response	6	2
Total	294	

Mode of Payment

	#	%
Blue Cross/Blue Shield	108	37
Cash	52	18
Private	83	28
Medi-Cal	9	3
Medicare	11	4
Medicare and Medi-Cal	19	6
Kaiser	4	1
R.F.K. Insurance	4	1
Total	294	

Utilization of Non-Traditional Health Practitioners

	#	%
Yes	79	27
No	215	73
Total	294	

	#	%
Chiropractor	66	84
Christian Science Practitioner	-	-
Curandera	3	4
Spiritual Healer	10	12
Total	294	

PHYSICIAN MAIL SURVEY
SAN BENITO COUNTY, MARCH 1977

Gender

	County Based Physicians		N.H.S.C. Physicians		Out-of-County Based Physicians		Total	
	#	%	#	%	#	%	#	%
Male	10	100	2	100	7	100	19	100
Female	-	-	-	-	-	-	-	-
Total	10		2		7		19	

Type of Practice

	County Based Physicians		N.H.S.C. Physicians		Out-of-County Based Physicians		Total	
	#	%	#	%	#	%	#	%
General Practice	6	60	1	50	-	-	7	38
Internal Medicine	1	10	-	-	-	-	1	5
Family Practice	2	20	-	-	-	-	2	11
Pediatrics	-	-	1	50	-	-	1	5
Surgery	1	10	--	-	-	-	1	5
Obstetrics-Gynecology	-	-	--	-	1	14.2	1	5
Podiatry	-	-	-	-	2	29	2	11
Orthopedics	-	-	-	-	1	14.2	1	5
Urology	-	-	-	-	1	14.2	1	5
Radiology	-	-	-	-	1	14.2	1	5
Opthalmology	-	-	-	-	1	14.2	1	5
Total	10		2		7		19	

Location of Main Practice

	County Based Physicians		N.H.S.C. Physicians		Out-of-County Based Physicians		Total	
	#	%	#	%	#	%	#	%
Hollister	10	100	2	100	-	-	12	64
Gilroy	-	-	--	-	4	58	4	21
San Jose	-	-	-	-	1	14	1	5
Salinas	-	-	-	-	1	14	1	5
Monterey	-	-	-	-	1	14	1	5
Total	10		2		7		19	

Accepts New Patients

	County Based Physicians		N.H.S.C. Physicians		Out-of-County Based Physicians		Total	
	#	%	#	%	#	%	#	%
Yes	9	90	2	100	7	100	18	95
No	1	10	-	-	-	-	1	5
Total	10		2		7		19	

Accepts New Medi-Cal Patients

	County Based Physicians		N.H.S.C. Physicians		Out-of-County Based Physicians		Total	
	#	%	#	%	#	%	#	%
Yes	9	90	2	100	7	100	18	95
No	1	10	-	-	-	-	1	5
Total	10		2		7		19	

Accepts Medicare Patients

	County Based Physicians		N.H.S.C. Physicians		Out-of-County Based Physicians		Total	
	#	%	#	%	#	%	#	%
Yes	7	70	1	50	7	100	15	79
No	2	20	-	-	-	-	2	11
No Response	1	10	-	-	-	-	1	5
Not Applicable	-	-		50	-	-	1	5
Total	10		2		7		19	

Auxiliary Staff Positions In Office Practice

	In-County Based Practice (N.H.S.C. Physicians Included)		Out-of-County Based Practice		Total	
	#	%	#	%	#	%
Medical Staff						
RN	6	20	-	-	6	14
LVN	4	13	-	-	4	10
Lab Technician	1	3.5	1	8	2	5
Medical Assistant	3	10	5	42	8	19
Clerical Personnel						
Receptionist	7	23	5	42	12	29
Bookkeeper	6	20	1	8	7	17
Clerical Aide	1	3.5	-	-	1	2
Administrative Personnel						
Clinic Director	1	3.5	-	-	1	2
Community Worker	1	3.5	-	-	1	2
Total	30		12		42	

Physician Speaks Spanish

	County Based Physicians		N.H.S.C. Physicians		Out-of-County Based Physicians		Total	
	#	%	#	%	#	%	#	%
Yes	1	10	1	50	-	-	2	10
Limited	3	30	-	-	-	-	3	16
No	6	60	1	50	7	100	14	74
Total	10		2		7		19	

Staff Speaks Spanish

	County Based Physicians		N.H.S.C. Physicians		Out-of-County Based Physicians		Total	
	#	%	#	%	#	%	#	%
Yes	6	60	2	100	3	43	11	58
No	4	40	-	-	4	57	8	42
Total	10		2		7		19	

Available for Emergencies

	County Based Physicians		N.H.S.C. Physicians		Out-of-County Based Physicians		Total	
	#	%	#	%	#	%	#	%
Yes	10	100	2	100	6	86	18	95
No	-	-	-	-	1	14	1	5
Total	10		2		7		19	

Makes House Calls

	County Based Physicians		N.H.S.C. Physicians		Out-of-County Based Physicians		Total	
	#	%	#	%	#	%	#	%
Yes	2	20	-	-	2	29	4	21
No	2	20	2	100	5	71	9	47
Only When Necessary	6	60	-	-	-	-	6	32
Total	10		2		7		19	

Source of Income and Mode of Payment

	Blue Cross/ Blue Shield		Private		Cash		R.F.K. Insurance		Medicare	
	#	%	#	%	#	%	#	%	#	%
Income From Business or Property	32	30	37	45	14	27	-	-	2	18
Monthly Salary	40	37	28	34	15	29	-	-	1	9
Hourly Wages	21	19	15	18	20	38	4	100	-	-
Social Security or SSI/SSP	8	8	2	2	1	2	-	-	-	-
Private Pension	7	6	1	1	2	4	-	-	6	55
A.F.D.C.	-	-	-	-	-	-	-	-	2	18
Unemployment	-	-	-	-	-	-	-	-	-	-
No Response	-	-	-	-	-	-	-	-	-	-
Total	108		83		52		4		11	

Medi-Cal		Medicare/ Medi-Cal		Kaiser		CHAMPUS		No Response		Total	
#	%	#	%	#	%	#	%	#	%	#	%
-	-	1	5	2	50	-	-	-	-	88	30
-	-	-	-	1	25	1	100	-	-	86	29
4	45	-	-	1	25	-	-	-	-	65	22
3	33	18	95	-	-	-	-	-	-	38	13
-	-	-	-	-	-	-	-	-	-	12	4
1	11	-	-	-	-	-	-	-	-	1	.5
1	11	-	-	-	-	-	-	-	-	1	.5
-	-	-	-	-	-	-	-	3	100	3	1
9		19		4		1		3		294	

Source of Income and Family Physician Utilization

	No Family Physician		In County Physician		Out of County Physician		No Response		Total	
	#	%	#	%	#	%	#	%	#	%
Income From Business or Property	4	14	78	35	8	21	-	-	90	31
Monthly Salary	15	52	58	26	13	34	-	-	86	29
Hourly Wages	6	21	41	19	11	29	-	-	58	20
Social Security or SSI/SSP	1	3	32	14	6	16	-	-	39	13
Private Pension	2	7	11	5	-	-	-	-	13	4
A.F.D.C.	-	-	1	1	-	-	-	-	1	.5
Unemployment	1	3	-	-	-	-	-	-	1	.5
No Response	-	-	-	-	-	-	6	100	6	2
Total	28		221		38		6		294	

Language and Family Physician

	English Speaking		Non-English Speaking		No Response		Total	
	#	%	#	%	#	%	#	%
In-County Physician	223	96	41	72	-	-	264	90
Out-of-County Physician	2	1	8	14	-	-	10	3
No Physician	8	3	8	14	-	-	16	6
No Response	-	-	-	-	4	100	4	1
Total	233		57		4		294	

Language and Hospital Utilization

	English Speaking		Non-English Speaking		No Response		Total	
	#	%	#	%	#	%	#	%
Hazel Hawkins Hospital	170	74	37	65	-	-	207	71
Out-of-County Hospital	50	21	18	33	-	-	68	23
Could Not Afford It	3	1	1	1	-	-	4	1
Did Not Need One	10	4	1	1	-	-	11	4
No Response	-	-	-	-	4	100	4	1

Family Physician and Mode of Payment

	Group A				Group B				Total			
	No Family Physician		Family Physician		No Family Physician		Family Physician		No Family Physician		Family Physician	
	#	%	#	%	#	%	#	%	#	%	#	%
Compensation	63	13	22	3	-	-	9	5	63	13	31	3
Cash	167	35	269	35	-	-	40	21	167	34	309	32
Blue Shield	5	1	8	.5	-	-	2	1	5	1	10	1
Kaiser	9	2	8	.5	-	-	1	1	9	2	9	1
Medicare	15	3	11	1	-	-	33	17	15	3	44	5
Medi-Cal	54	11	154	19	-	-	28	14	54	11	182	19
Private Insurance	89	18	209	30	1	100	42	22	90	19	251	26
R.F.K. Insurance	7	1	17	2	-	-	5	2	7	1	22	2
Medicare/Medi-Cal	4	1	6	.5	-	-	9	5	4	1	15	1
CHAMPUS	-	-	7	.5	-	-	5	2	-	-	12	1
Blue Cross	72	15	67	8	-	-	19	10	72	15	86	9
Total	485		778		1		193		486		971	

Source of Income and Hospital Utilization

	Hazel Hawkins Hospital		Out of County Hospital		Did Not Need One		Could Not Afford It		No Response		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Income From Property or Business	59	32	26	30	1	50	4	44	-	-	90	31
Monthly Salary	55	30	26	30	1	50	4	44	-	-	86	29
Hourly Wages	36	19	20	23	-	-	1	12	-	-	58	20
Social Security or SSI/SSP	26	14	11	12	-	-	-	-	2	33	39	13
Private Pension	8	4	5	5	-	-	-	-	-	-	13	4
A.F.D.C.	1	.5	-	-	-	-	-	-	-	-	1	.5
Unemployment	1	.5	-	-	-	-	-	-	-	-	1	.5
No Response	1	.5	-	-	-	-	-	-	-	-	1	.5
Total	186		88		2		9		6		294	

PATIENT ORIGIN STUDY
BIRTHS BY SAN BENITO COUNTY RESIDENTS-1975

Location of Birth

	#	%
In-County Births	101	52.3
Out-of-County Births	92	47.7
Total	193	

Location of Birth

	In-County Birth		Out-of-County Birth	
	#	%	#	%
Home	-	-	1	.5
Hazel Hawkins Hospital	193	100	-	-
Wheeler Hospital	-	-	117	59
Salinas Valley Memorial Hospital	-	-	30	15
Watsonville Community Hospital	-	-	18	9
Carmel Community Hospital	-	-	6	3
Santa Clara Valley Medical Center	-	-	4	2.5
Silas B. Hayes Army Hospital	-	-	3	1.5
Good Samaritan Hospital	-	-	3	1.5
Kaiser-Permanente Hospital	-	-	3	1.5
Mee Memorial Hospital	-	-	2	1
Dominican Hospital	-	-	2	1
Los Gatos-Saratoga Hospital	-	-	2	1
Santa Theresa Hospital	-	-	2	1
Natividad Hospital	-	-	1	.5
San Jose Hospital	-	-	1	.5
Stanford Medical Center	-	-	1	.5
O'Connor Hospital	-	-	1	.5
El Camino Hospital	-	-	1	.5
Total	193		198	

City of Residence

	In-County Birth		Out-of-County Birth		Total	
	#	%	#	%	#	%
Hollister	86	44.5	110	55	196	50
Rural	85	44	69	35	154	39
San Juan Bautista	6	3	12	6	18	5
Tres Pinos	1	.5	2	1	3	.5
Paicines	3	2	-	-	3	.5
Aromas	-	-	5	2	5	1
Gilroy	6	3	-	-	6	1
San Martin	1	.5	-	-	1	.5
Los Banos	1	.5	-	-	1	.5
Commerce	1	.5	-	-	1	.5
Salinas	1	.5	-	-	1	.5
Rock Island, Ill.	1	.5	-	-	1	.5
San Jose	1	.5	-	-	1	.5
Total	193		198		391	

Mother's Age

	In-County Birth		Out-of-County Birth		Total	
	#	%	#	%	#	%
12-14 Years	1	.5	1	.5	2	.5
15-17	13	7	13	7	26	7
18-21	46	24	55	28	101	26
22-25	54	28	64	32	118	30
26-30	50	26	47	24	97	25
31-35	18	9	11	5	29	7
36-40	6	3	5	2.5	11	3
41-45	4	2	2	1	6	1
46-50	1	.5	-	-	1	.5
Total	193		198		391	

Parent's Ethnicity

	In-County Birth		Out-of-County Birth		Total	
	#	%	#	%	#	%
Spanish Surnamed	120	62	105	53	225	56
White	56	29	65	33	121	31
Mother-Spanish Surnamed/No Information On Father	1	.5	2	1	3	.5
Mother-White/No Information On Father	1	.5	2	1	3	.5
Asian	3	2	1	.5	4	1
Spanish Surnamed/ Asian	1	.5	-	-	1	.5
Spanish Surnamed/ White	10	5	21	10.5	31	9
White/Indian	-	-	1	.5	1	.5
Filipino	-	-	1	.5	1	.5
White/Filipino	1	.5	-	-	1	.5
Total	193		198		391	

Birthplace of Mother

	In-County Birth		Out-of-County Birth		Total	
	#	%	#	%	#	%
California	65	34	103	52	168	43
Mexico	83	43	46	23	129	33
Out of State	39	20	46	23	85	22
Out-of-Country	6	3	3	2	9	2
Total	193		198		391	

Occupation of Father

	In-County Birth		Out-of-County Birth		Total	
	#	%	#	%	#	%
Farm Laborer (Piecework/ Hourly)	76	39	52	28	131	34
Hourly Wage Earner	66	34	70	35	136	35
Monthly Salaried Employee	38	20	36	18	74	19
Income From Property or Business	8	4	19	10	27	7
Student	-	-	6	2.5	6	1
Unemployed	-	-	4	2	4	1
Armed Forces	3	2	3	1.5	6	1
No Information On Father	2	1	5	3	7	2
Total	193		198		391	

Number of Children Living

	In-County Birth		Out-of-County Birth		Total	
	#	%	#	%	#	%
None	65	34	86	43	151	38.5
1 Child	60	31	73	37	133	34
2 Children	22	11	20	10	42	11
3	19	10	5	3	24	6
4	5	2.5	6	3	11	3
5	9	5	6	3	15	4
6	5	2.5	1	.5	6	1
7	-	-	-	-	-	-
8	4	2	-	-	4	1
9	2	1	-	-	2	.5
10	-	-	1	.5	1	.5
11	2	1	-	-	2	.5
Total	193		198		391	

Month Prenantal Care Began

	In-County Birth		Out-of-County Birth		Total	
	#	%	#	%	#	%
No Prenatal	11	6	11	5.5	22	6
First Trimester						
Month 1	20	10	21	10.5	41	11
2	52	27	67	34	119	30
3	34	18	49	25	83	21
Second Trimester						
4	19	9	24	12	43	11
5	19	9	13	6.5	32	8
6	9	5	5	2.5	14	4
Third Trimester						
7	15	8	5	2.5	20	5
8	11	6	2	1	13	3
9	3	2	1	5	4	1
Total	193		198		391	

Status of Child

	In-County Birth		Out-of-County Birth		Total	
	#	%	#	%	#	%
Legitimate	183	95	178	90	361	92
Illegitimate	10	5	20	10	30	8
Total	193		198		391	

Births to Residents of San Benito County, Mother's Age, Ethnicity, and Location of Birth

	In County Birth				Out of County Birth				Total			
	White		Spanish Surnamed		White		Spanish Surnamed		White		Spanish Surnamed	
	#	%	#	%	#	%	#	%	#	%	#	%
12-14 Years	-	-	1	1	-	-	1	1	-	-	2	1
15-17	1	2	12	10	2	3	9	8	3	2	21	9
18-21	12	20	34	28	13	19	33	31	25	20	67	30
22-25	17	29	29	24	23	35	33	31	40	32	62	27
26-30	23	39	23	19	25	38	19	18	48	38	42	19
31-35	5	8	12	10	3	4	7	6	8	6	19	8
36-40	1	2	8	7	1	1	3	3	2	2	11	5
41-45	-	-	1	1	-	-	2	2	-	-	3	1
Total	59		120		67		107		126		227	