

Title: Farm Labor Family Health Project ^{2/}

Sponsor: San Luis Obispo Department of Public Health
San Luis Obispo, California 93401

Area: 1 county (Except for the joint operation of a family health service center at Nipomo with neighboring project in Santa Barbara County sponsored by the Santa Barbara County Health Department).

Number of migrants: 7,000 during year; 4,000 at peak in the two counties.

Duration of season: Year round.

Services: Remedial and preventive medical care is provided workers and dependents from both San Luis Obispo and Santa Barbara Counties at a family health service clinic in Nipomo. Dental care is also provided to limited number of patients. Clinic services are supplemented by fee-for-service arrangements with local physicians for care between clinic sessions.

Home visits by nurses and aides provide for early casefinding, health counseling, and follow-up services for patients seen at clinics. Sanitarians check water and sewage systems and carry on other work to improve housing and general environment at home and work sites.

Cooperating groups (examples): California Polytechnic home economics majors conduct sewing classes; local citizens donate sewing machines; clinic building is the setting for other services and information related to welfare, social security, employment, legal aid, driver training, and English classes for Spanish-speaking persons; Lions Club provides glasses for children; county provides parking lot for patients; Catholic Charities administers the county surplus food program (Santa Barbara County); the Guadalupe Community Council involves seasonal farmworkers in study and planning to meet their own problems.

Staff: Full-time employees of the project in San Luis Obispo County include the coordinator, a clinic nurse, an aide and a clerk. In the Santa Barbara county project they include a social worker, typist and sanitarian. Part-time employees of the project in San Luis Obispo county include a sanitarian, physicians, and a laboratory technician; in Santa Barbara county they include a health educator and six aides.

In addition project services in both counties are supported by local health department staff members including the director, nurses, sanitarians, laboratory workers, and others.

The San Luis Obispo project has negotiated arrangements for medical and dental care with cooperating local physicians and dentists.

^{1/} The projects were selected to indicate variations in sponsorship, geographic location, and scope and arrangements for services.

^{2/} Pertinent data are included for Santa Barbara as well as for San Luis Obispo County.

Title: State Migrant Health Program

Sponsor: Colorado Department of Health
Denver, Colorado 80220

Area: 26 Counties.

Number of migrants: Approximately 26,400.

Duration of season: April - November.

Services:

Out-patient care: In physician's office, out-patient department or emergency room of local hospitals, and in family or special health service clinics. Referral by public health nurse.

In-patient care: Limited to selected emergencies; very limited funding. Authorizations made by the public health nurse in consultation with attending physicians and Project Medical Advisor.

Prescription items: Drugs or items prescribed by the M.D., D.O., or D.D.S. and authorized by the public health nurse.

Dental services: Screening, prophylaxis, topical fluoride treatments, referrals to local dentists or clinics for emergency and restorative treatment, dental health education. Referral by Project Dental Hygienist or Public Health Nurse.

Public health nursing: In all counties using migrant labor; casefinding, health care, referral, health teaching, follow-up care. Nurses are project or county sponsored.

Nutrition consultation: For migrants with medical or dental problems which might be related to nutrition upon referral by the physician, dentist or public health nurse.

Medical-social work: In instances of special need or unusual circumstances; consultation, referral, resource finding; provided by State staff.

Environmental health: Inspection of migrant housing, food service facilities, and other working and living environment areas and structures. Enforcement of "Sanitary Standards and Regulations for Labor Camps". Consultation with occupants, owners, operators, growers and processors, civic and farm organizations, volunteers and other migrant related agencies. Project, State, and local staff participate.

Home economics consultation: Home Economics Consultant develops, plans, organizes, and coordinates a home-living program for migrant families. She provides consultation to staff and other agency personnel.

General health education: Given informally by all program staff involved in direct or consultative services.

Cooperating groups: Colorado Department of Migrant Education and Colorado Migrant Council (Adult and Infant Education) have health components budgeted for migrant children. Programs are jointly planned for coordination. Extension Service, Department of Employment and Department of Welfare cooperate in health programs.

Staff: 10 full-time employees (administrator, supervising nurse, supervising sanitarian, home economics consultant, public health educator, senior public health nurse, sanitarian housing representative, dental hygienist and two clerks); 5 part-time employees contributed by State Health Department (project director and directors of nursing, sanitation, health education and social service); 3 nurses for four months; dental hygienist for four months; one housing representative for six months; local physicians and dentists on a clinic session or fee-for-service basis; and county public health staff members.

The project sponsor has negotiated referral and payment arrangements with local physicians and dentists.

Title: Comprehensive Health Services for Domestic Agricultural Migrants in Palm Beach County

Sponsor: Florida State Board of Health
Palm Beach County Health Department
West Palm Beach, Florida 33402

Area: Palm Beach County, Florida

Number of migrants: More than 30,000.

Duration of season: Year-round, with lull during summer.

Services: Medical care - including treatment and preventive services - is provided all members of migrant families through a clinic strategically located to be conveniently reached. Some clinic sessions are held during the evening. Hospital care is provided upon referral from the project. Emergency cases are seen in a private physician's office.

Public health nurses and aides make field visits for early casefinding, health counseling, referring migrants to other sources of care, and follow-up after clinics.

Sanitarians inspect camps and work with growers and camp occupants to get buildings and premises maintained at required standards.

The health educator works with other staff members, other groups in the community, and migrants themselves to define health education needs and develop a program to meet them. Another health education objective is to inform the general public of health needs and services for migrants.

Cooperating groups: The health educator has worked with the American Friends Society to develop in-service training for crew leaders. He has also taken part in an adult education class for migrants in which he taught health subjects. The local school board, Florida Council for the Blind, Migrant Legal Aid, Florida Crippled Children's Commission, vocational rehabilitation, and welfare are among agencies accepting referred migrants or contributing services under project auspices. The American Friends Society planned and assisted in the operation of special family planning clinics. Dental services for children are provided under the Elementary and Secondary Education Act, Title I, through the Palm Beach County of Public Instruction.

Staff: About 25 employees are full-time year-round workers paid by project grant funds. They include public health nurses, sanitarians, and aides. In addition 48 health department staff members provide part-time service and backstopping. They include the director, a full-time physician, public health nurses, sanitarians, dentists, clerks, administrators, and custodial workers. Local physicians provide both in- and outpatient care under arrangements negotiated by the project.

Title: Tri-County Migrant Health Program

Sponsor: Tri-County Associated Health Departments
St. Joseph, Michigan 49085

Area: Van Buren, Cass and Berrien counties plus a portion of Allegan county bordering on the tri-county area

Number of migrants: 39,000

Duration of season: April - October

Services: Medical and dental care are provided through evening clinics conducted in both mobile and stationary facilities at two locations conveniently accessible to migrants in the three counties. The clinic services are supplemented by fee-for-service arrangements for care when the clinic is not in operation and for specialists' services. Local hospitals cooperate by accepting referred patients under arrangements with the project sponsor.

Nurses assist in clinics, make home visits, utilize the health aides in health counseling, and alert other staff members to problems such as camp sanitation which require attention.

The sanitarians make camp inspections (730 camps), provide consultation to growers with special problems, and conduct educational programs on migrant housing for employer organizations.

The health educator serves as program coordinator and also works with other staff members in planning and implementing health education activities.

Cooperating groups: Michigan Catholic Conference rents mobile facility to project for nominal amount; day care center at one location provides parking space for patients and for mobile unit; Center also provides electricity, shower and toilet facilities; OEO funded project provides facilities; the local health department follows up on communicable disease cases; the local medical and osteopathic societies have provided certain clinic equipment; volunteers (more than 450 altogether) recruited by Red Cross, Migrant Ministry, and other church-related groups and schools assist in clinics, provide patient transportation, supply nurses' aides and help in other ways.

Staff: Full-time year round employees include a public health nurse, sanitarian and clerk. Part-time employees (some of whom are full-time for the season) include a health educator (coordinator), nurses, dental hygienist, laboratory technician, health aides, sanitarians, and clerks. The health department contributes the time of the supervising nurse, sanitarian and dental staff as well as 20 percent of the time of the health director and 20 percent of the time of 15 staff nurses. Physicians and dentists serve on an hourly or clinic session basis in the family health service clinics. They also participate on a fee-for-service basis in their own offices and in hospital outpatient departments.

Title: Migrant Health Clinic, Nursing and Sanitation Service Program

Sponsor: Sandusky County-Fremont City General Health District
Fremont, Ohio 43420

Area: Sandusky County.

Number of migrants: About 12,000.

Duration of season: April - October.

Services: Family health service clinics provide men, women and children remedial and preventive care on two evenings a week during the peak season. Immunizations are updated, family planning services and materials are provided, and physical checkups are given in addition to care of sore throats, broken arms, and other illnesses and injuries.

The clinic operates in a remodeled house conveniently reached from nearby camps. It is staffed by local physicians under agreements with the project sponsor. In addition local physicians accept referrals of patients on a fee-for-service basis between clinic sessions, and early and late in the season when the clinic is not operation. Local dentists also accept referred patients.

A nurse on duty at the family clinic each day works under standing orders, changing dressings, giving prescribed medications, and advising patients and groups on special problems such as diabetes, prenatal care, care of infants and family diets. On camp visits, also, project nurses follow-up on clinic services, identify and refer people in need of care, and do general family health counseling.

Arrangements with local hospitals assure acceptance of referred patients. Plans are made with the hospital staff and the patient for follow-up by project staff after hospital discharge. Referrals for necessary care are sent to the next location if a patient leaves before care is completed.

A sanitarian inspects camps before the migrants come in and follows up during the season to see that camps are maintained at an acceptable level. The Farm Labor Service cooperates by sending recruits only to licensed camps.

Cooperating groups (examples): The Sandusky Council of Churches comprised of the Migrant Ministry Committee and the Council of Catholic Men and Women provides patient transportation, recreation, food and clothing; operates two Thrift Shops; and makes patient referrals. School principals and project staff cooperate in the provision of care for Headstart children. A Red Cross volunteer serves as "traffic director" at every migrant clinic.

Staff: 1 full-time nurse on a 10-month basis; 1 project medical director for half-time; 1 full-time nurse for six months' and 1 for 3 months; two clerk-typists for seven and four months, respectively; others on a part-time basis (health registrar, a caretaker, and two sanitarians). Local physicians and clinic nurses serve under part-time arrangements negotiated by the project sponsor.

Title: Gonzales County Migrant Health Project

Sponsor: Gonzales County Medical Society
Gonzales, Texas 78629

Area: Gonzales County

Number of migrants: 3,000.

Duration of season: Year round (Outmigration during summer; immigrants from other areas from June to February).

Services: Medical clinics are held at two locations in the county, and dental clinics at one location. These are supplemented by fee-for-service arrangements with local physicians and dentists for care between clinic sessions. Arrangements with local hospitals assure necessary hospital care. Home visits by nurses provide early casefinding, health counseling and follow-up care after clinic sessions. Personal health records are issued to all family members at the time of home visits, with careful instructions as to their use.

Sanitation services are community-wide since no other such service exists in the area. Emphasis has been placed on rat control in addition to garbage and refuse disposal, assurance of safe water at migrants' homes, and improved practices for food preparation and storage.

Cooperating groups (examples): The Red Cross helps meet problems of patient transportation, food and clothing; the Lions Club provides glasses; the school superintendent operates a "clothing bank" for children; the Jackson Todd Cancer Detection Center assists in diagnosing cancer; and the school nurses refer patients. In addition the project staff assisted the local OEO project in its adult education classes.

Staff: The project has five full-time year round employees (administrator nurse, sanitarian, clerk, and clinic aide). The medical director serves on a part-time basis. Local physicians and dentists serve on a clinic session and fee-for-service basis. Some professional services are contributed.

Title: Migrant Health Project

Sponsor: Division of Local Health Services
State Department of Health
Richmond, Virginia 23219

Area: 14 counties with the major concentration of services in two Eastern Shore counties, Northampton and Accomack.

Number of migrants: About 10,000, 7,000 of whom are in Northampton and Accomack.

Duration of season: May - November.

Services: Remedial and preventive medical care is provided workers and dependents through a mobile unit stationed during the evening once a week at each of six strategic sites that can be conveniently reached by migrant families in Northampton and Accomack Counties. The mobile unit services are supplemented by a fee-for-service arrangement for care in local physicians' offices between clinic visits, and in those counties of the State in which a clinic is impractical.

Dental care is provided at the mobile unit, supplemented by fee-for-service care in the dentist's office. Laboratory services are locally supplemented by the State. Drugs are dispensed at the mobile unit. Aides visit families in the camps for health counseling and other purposes under the direction of the public health nurses and the sanitarians. Sanitarians inspect camps and work with owners and occupants to bring them up to State requirements. Health education is provided through camp visits, and through discussions and films at the clinic sessions. Hospital care is provided upon referral by the project.

Cooperating groups (examples): Labor camp operators provide electricity and water for the mobile unit. The Virginia Council of Churches operates three day care centers; all day care center personnel cooperate with the health project. School officials also work with the project in providing health care and patient transportation for migrant children. The Eastern Shore Branch of the Southeast Tuberculosis Association furnishes needed clothing for migrants who enter the sanatorium. The Association also helps with transportation costs. The Maternal and Child Health, Crippled Children's and Vocational Rehabilitation Programs assist in supporting hospital costs.

Staff: Five persons serve full-time on a year round basis (administrator, two public health nurses, sanitarian and clerk-typist); 16 persons serve full-time for 3 to 6 months during the summer (aides, sanitarians, clerk-typists, driver of mobile unit, physician trainees); about 40 local public health directors, nurses and sanitarians contribute time to the project; local physicians, dentists and nurses serve part-time under clinic or fee-for-service arrangements negotiated by the project sponsor.