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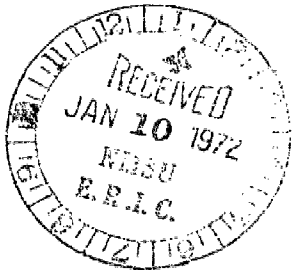
ABSTRACT

The major portion of this annual report is divided into 4 chapters: (1) Migrant Health: Background and Objectives; (2) The Migrancy Situation; (3) State Report and Regional Reports; and (4) A Look to the Future. Projects and activities of the central office and of the 3 regions discussed relate to such topics as health, education, employment, housing, sanitation, family planning, and nutrition. Improvements and needs are reviewed; these include the need for more medical facilities, an increase in medical manpower, better housing, and more employment opportunities. Tables compiled from the monthly reports of each local migrant health project are presented; mainly, the tables depict the number of migrant recipients of services in such areas as immunizations, admissions to the leprosy program, venereal disease control, tuberculosis control, chronic disease control, maternity, family planning, child health, crippled children services, and cardiovascular disease. A look to the future indicates that even though 23 local migrant health projects provide services to the migrant population (approximately 147,000), additional local projects are needed. Many counties, due to economic conditions, are not able to provide needed services to the migrant population as well as to the local indigent population. Unless outside funds are made available, migrants' needs will go unmet. (JB)

ANNUAL REPORT —1970—



TEXAS STATE DEPARTMENT OF HEALTH MIGRANT PROJECT GRANT MG—03

DEPARTMENT of HEALTH, EDUCATION and WELFARE - PUBLIC HEALTH SERVICE

MIGRANT HEALTH PROGRAM

TEXAS STATE DEPARTMENT of HEALTH, AUSTIN, TEXAS

Texas State Department of Health

JAMES E. PEAVY, M.D., M.P.H.
COMMISSIONER OF HEALTH

J. B. COPELAND, M.D.
DEPUTY COMMISSIONER

AUSTIN, TEXAS
April, 1971

TO ALL READERS:

I am happy to present this annual report of the activities of the Texas Migrant Project for 1970.

My special congratulations go to the staffs of the local projects for the programs they have carried out, and this Department has been glad to give them the utmost possible support in the implementation of their programs.

One has only to read the annual reports from these projects to fully realize the scope of their activities, many of them in areas where no other organized public health services had existed previously.

To the extent that funds and personnel have been available, they truly represent an approach to comprehensive health planning and services in local areas.

Their success has also been enhanced by the efforts of their Medical Directors, and the cooperation of other physicians, city and county officials and voluntary agencies.

Sincerely,

J. E. Peavy, M. D.
Commissioner of Health

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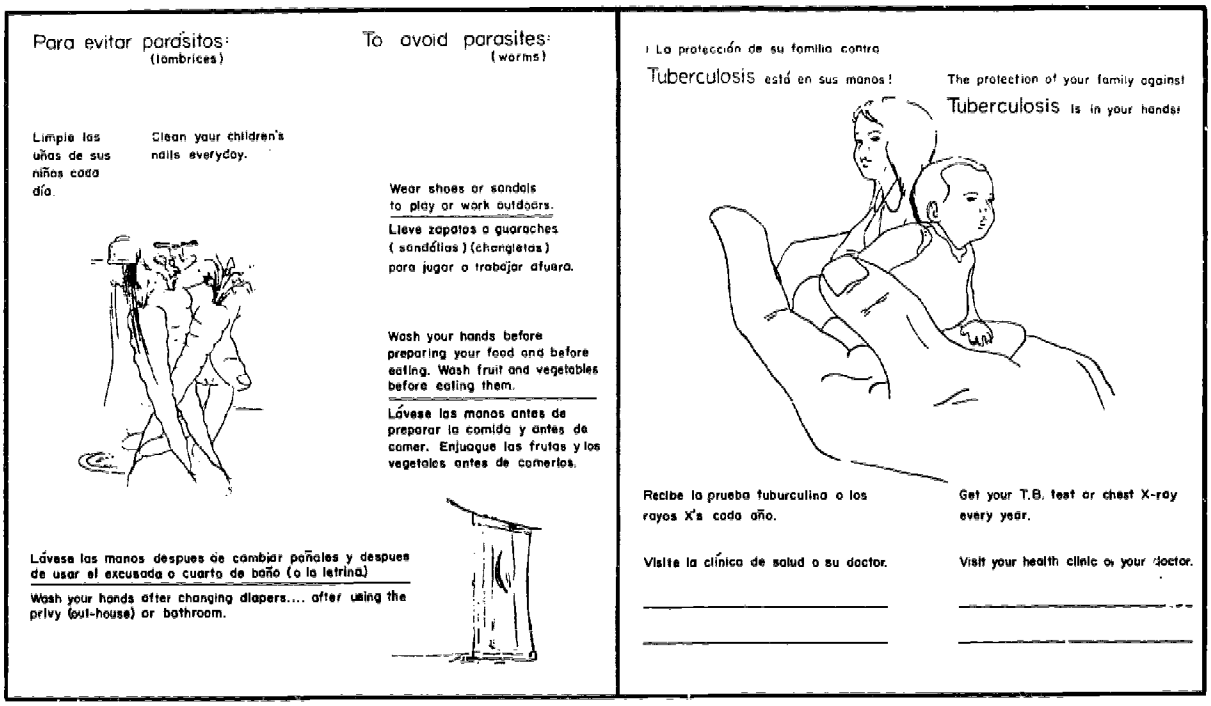
Shown on these two pages are six (6) copies of posters whose original size is 22" x 18". In general, these posters are used in clinic settings where the large size makes them easier to see from anywhere in the room. Some of the posters have a space to put the clinic's name and address. These are appropriate for bus stops, grocery stores, and other community locations.

The size and topics reflect the requests of local projects and needs observed. Bi-lingual posters are preferred over having separate ones of each language. More are planned on topics such as dental health and venereal diseases. Also, it would be nice if health students and other interested groups could design some geared to our specific problems.



Si usted y su esposo quieren tener niños cuando estén listos....

If you and your husband want to have children when you are ready....

Hable ud. o hablen uds. con su doctor y/o su enfermera sobre

Planificación Familiar (protección).

Talk with your doctor and/or nurse about

Family Planning (protection)

¿Tiene un bebito nuevo? **Do you have a new baby?**

¡Felicitaciones!

Congratulations!

Si quiere tener mas tiempo y energía para él....

If you want more time and energy for him....

Hable con nuestros doctores y enfermeras sobre Planificación Familiar (Protección)

Talk with our doctors and nurses about Family Planning (Protection)

visite a su clínica

visit your clinic

Are you pregnant?
¿Está encinta? (embarazada)

We all want healthy babies, so you should go to a doctor.
Todos queremos niños sanos, por eso, debe ir a un doctor.

What can he do?
¿Qué puede hacer él?

With special examinations he can learn things that you can't see from outside.

Con examines especiales él puede saber cosas que no puede ver por fuera.

Why does he want to know so much?
¿Por qué quiere saber tanto?

Sometimes he can prevent having a baby born blind, deaf or retarded!
A veces él puede prevenir que un niño nazca ciego, sordo o retardado!

Todos queremos que nuestros niños sean Sanos.

We all want our children to be healthy

Para cuidarles bien, no olvide las inyecciones:

To take good care of them don't forget their "shots" (immunizations).

1. D.P.T. [contra difteria (angina blanca), pertussis y tétanos (mal de arco)]	1. D.P.T. [against diphtheria, pertussis (whooping cough) and tetanus]
2. Polio	2. Polio
3. Sarampión	3. Measles
4. Sarampión alemán (rubéola)	4. German measles (rubella)
5. Viruela	5. Smallpox

EXHIBITS

EXHIBITS

MIGRANT HEALTH BACKGROUND AND OBJECTIVES:

The domestic farm worker has been a valuable factor in the production, harvesting and marketing of agricultural crops.

Texas is one of the leading labor supplying states. Texas Migrants have been found working in thirty-six (36) states during one calendar year. Some of these individuals will work in as many as four (4) or five (5) states during a year. The majority of our migrants consider South Texas, from San Antonio to the Texas-Mexican border, as their home. However, quite a number of migrants have now established West Texas, especially the Lubbock and Plainview areas, as their home base. The exact number of Texas migrants is not known.

Many migrants, through the years, have established work contracts with both Texas employers and other state employers and do not register with any official employment agencies. As a result of the enactment of Federal and State laws concerning transportation, crew leader licensing, reqruitment and housing, many employees do not seek their labor through any official employment agency.

The large and frequent movement of the migrant farm worker and his dependents into rural areas has caused hardships not only for the migrants, but for the communities as well. In some cases, the influx has been equal to the entire resident county population.

In 1962, Public Law 87-692 "Migrant Health Act" was enacted. The aims of this legislation were to assist state and local governmental agencies and non-profit organizations to provide, and/or improve, health services to the migrant farm worker and his dependents. The Migrant Health Act was amended in 1970 to include seasonal farm workers.

The Texas State Department of Health received its initial award for a thre--year period in June, 1963. The Texas State Department of Health has received subsequent three-year awards in 1966 and 1969. The original objective was to establish priorities and employ qualified personnel.

During the past seven (7) years, the project has grown in scope and responsibility. The Texas Migrant Health Project has made a concerted effort to improve the health and medical services available to the migrant farm worker and his dependents. This effort has been through direct consultative services to local migrant health projects and other agencies, the coordination of all Federal, State and local resources, and direct services to the migrant population itself.

The initial program was coordinated through the Division of Sanitary

Engineering with the director of that division serving as Project Director. A coordinator was employed to implement the program's activities.

In 1963 the administration of the project was transferred to the Division of Maternal and Child Health in order to have a physician as its Director. Three (3) district offices were established with a nurse and sanitarian in each to provide a closer contact with local communities with a high migrant population.

An assistant Project Director was employed in July, 1964, to provide administrative support to the projects. This person resigned in October, 1964. A Health Education Consultant in the central office was employed to coordinate the health education activities and develop health educational material geared to the needs of the migrant population. A Public Health Officer was employed in December 1965, as a full-time Assistant Project Director. His title was changed to Project Medical Director in December, 1966. The project was further expanded in 1965-1966 to include a Public Health Nursing Consultant, Sanitarian Consultant, four (4) nurses, a Field Records Analyst, three (3) Health Program Specialists as Health Educators and several secretaries. The lack of qualified personnel to fill the positions of Health Program Specialists made it necessary to delete these positions from the program.

The program was further expanded to four (4) districts with nursing, sanitation and clerical positions in each district. A Dental Consultant from the Dental Division was assigned to the Project.

In September, 1969, due to substantial reduction in grant support from the Department of Health, Education and Welfare, drastic modifications in the operation of the Texas State Migrant Health Project were necessary. These modifications included the elimination of one district office and respective personnel, the elimination of one nursing position in each of the three (3) remaining districts and the elimination of the Field Records Analyst. Realignment was made in an effort to serve high migrant impact areas.

Presently each of the three (3) regions (District) is staffed with nursing, sanitation and clerical personnel. However, in Region I, the Sanitarian took an educational leave in September, 1970, and has since resigned.

The project activities are coordinated through the Central Office located in Austin, Texas. Personnel assigned to the Central Office includes: Dental Consultant (also serving as Project Medical Director), Administrative Assistant, Sanitation Consultant, Nursing Consultant (Vacancy), Health Educator, and secretarial assistance.

The Texas Migrant Health Project Staff has continually strived to stimulate

local communities to analyze and recognize the existing gaps between services provided and the health and medical needs of the migrant population. A concerted effort has been made to coordinate all available Federal, State and local resources in order to provide a comprehensive approach to meet the migrant's needs. The project staff, to the extent possible, has provided direct services to not only local migrant health projects and other interested agencies and individuals, but to the migrant farm workers.

In addition to the Texas State Migrant Project, there are twenty-three (23) local migrant health projects in Texas. Nine (9) of these are integrated into the operations of state affiliated local health departments. Of the ramaining fourteen (14), three (3) are in counties with State affiliated local health departments, while the other eleven (11) are operating in counties which have no other health agency. Most of these eleven (11) counties have never had any public health programs before the development of the Migrant Health Project. Twenty-four (24) counties are now served by local migrant health projects.

The objectives of the Texas Migrant Projects as stated in the Grant Applicants are:

The Texas State Department of Health Migrant Project Medical Director or his designee will provide Public Health Program and Medical Consultation to all local, State and Federal Health Officers, or their designees, in all matters pertaining to the promotion and protection of migrant health status in Texas.

The Texas State Department of Health Migrant Project Acting Medical Director or his designee will provide Dental Health Program and Dental Consultation in all matters pertaining to the promotion and protection of migrant dental health status.

The Texas State Department of Health Migrant Project Health Educator, acting under the administrative direction of the project director, will provide to the extent possible, health education services in support of all migrant health activities in Texas.

The Texas State Department of Health Migrant Project State and Regional Public Health Nursing Staff under administrative direction of the project director and through Local Health Officers will:

A. continually analyze, plan, develop and coordinate public health nursing activities for domestic agricultural migratory farmworkers and their dependents within all local migrant impact areas in Texas to the extent possible. Special emphasis will be placed on migrancy situations existing in local health jurisdictions without organized public health services and/or

public health service programs designed to meet the public health needs of resident or migrant populations.

B. endeavor to promote and provide expert clinical and technical nursing knowledge to stimulate interest and action in comprehensive public health nursing programs for domestic agricultural migratory farmworkers and their dependents.

C. endeavor to promote and provide for the provision of public health nursing care for domestic agricultural migratory farmworkers and their dependents utilizing, to the extent possible, local and State Health and Welfare Resources in Texas and User States.

D. work toward developing firm committments to receive and transmit interarea referrals of migrant health cases as well as appropriate follow-up care.

The Texas State Department of Health Migrant Project Environmental Sanitation Staff under administrative direction of the project medical director or his designee will:

A. continually analyze, plan, develop, and coordinate environmental sanitation services for domestic agricultural migratory farmworkers and their dependents within all local migrant impact areas in Texas to the extent possible. Special emphasis will be placed on migrancy situations existing in local health jurisdictions devoid of public health services.

B. continually provide general and technical information and promote maximum utilization of all resources, Federal, State and local, which can be beneficial to the sanitation personnel of the Texas Migrant Project and Local Migrant Health Projects.

C. continually promote and participate in orientation and "in-service" programs to develop competencies of the sanitation personnel of the Texas Migrant Health Project and Local Migrant Health Projects.

D. continually promote the team approach in the delivery of all services in an effort to provide a comprehensive health program for the migrant farmworker and his dependents.

The Texas State Department of Health Migrant Project will continue to accumulate substantive health data through:

A. compilation, analysis, and interpretation of electronic data processing of records relative to inter area referral on all

migrant cases directed through the Texas State Department of Health Migrant Project Referral Program.

B. compilation, analysis, and interpretation of data accumulated by organized local migrant health activities throughout the state.

C. accumulation, analysis, and interpretation of migrancy data relative to the physical-psycho, psycho-social, social- cultural facets of the promotion and protection of the health status of the migrant will be exercised to the extent possible to corroborate health data.

The accomplishment of these stated objectives necessitates a team approach by all Federal, State and local agencies. The Public Health Service, Migrant Branch, Department of Health, Education and Welfare, at both the regional and national levels, are frequently consulted. The utilization of all resources of the Texas State Department of Health is mobilized, especially Tuberculosis Eradication Program, Special Health Services, Local Health Services, Preventive Medical Services, Environmental Health Services, Public Health Education, and the Laboratory and Records and Statistics Division.

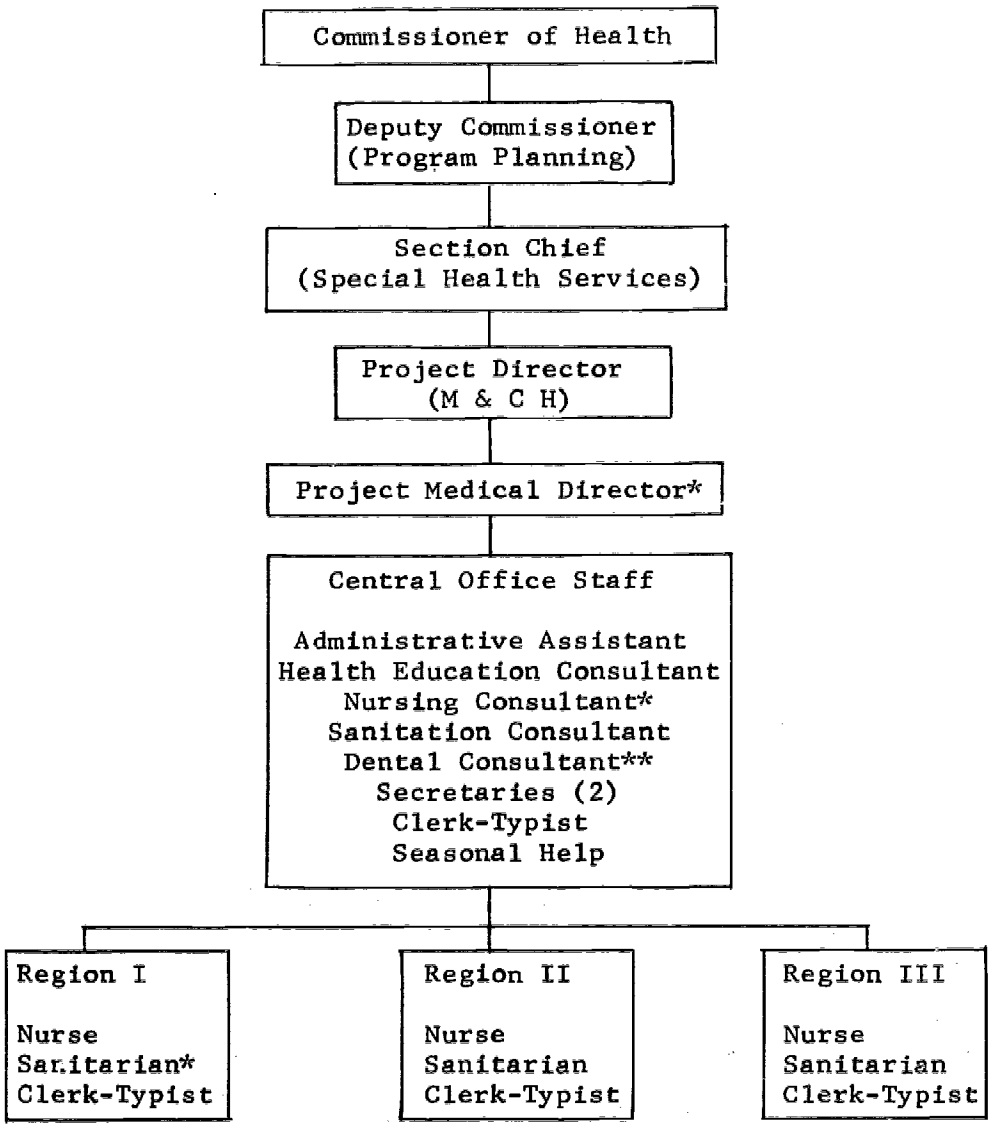
Working relationships for mutual coordination and consultation have been developed with medical and dental societies and other voluntary and state organizations providing public health services to the migrant population.

The Texas State Migrant Health Project has made a concerted effort to establish and maintain liaison with other state agencies, such as the Good Neighbor Commission of Texas, Texas Employment Commission, Texas Education Agency, Office of Economic Opportunity and Farmer Home Administration.

The Texas Migrant Health Project in order to provide a more continuity of health services to the migratory farm worker and his dependents has established a referral system, both in-state and out-of-state. The central office serves as a "clearing house", dispatching referrals to proper agencies and making every effort to follow up on the referral to completion.

The overall project activities are outlined more fully under sections entitled "State Report" and "Region Reports".

Staffing Pattern
August 1, 1970 - Present



*Vacant
**Acting Project Medical Director

S T A F F

J. E. Peavy, M. D., M. P. H.	- Commissioner of Health
Fratis L. Duff, M. D., Dr. P. H. Program Planning	- Deputy Commissioner
W. S. Brumage, M. D., M. P. H. Special Health Services	- Section Chief
Carl F. Moore, Jr., M. D., M. S. in Ob. Maternal and Child Health	- Director
W. A. Buckner, D. D. S.	- Acting Medical Director - Dental Consultant
Charles J. Scottino, B. S.	- Administrative Assistant
Patricia L. Alex, R. N., M. S. (Resigned October 1, 1970)	- Nursing Consultant
Troy W. Lowry, R. S., B. S., M. S.	- Sanitation Consultant
Frances Haslund, B. A., M. P. H.	- Health Education Consultant
Juanita Kay Ledesma	- Secretary
Sharon Montgomery	- Secretary
Marylou Ellison (Resigned October 30, 1970)	- Secretary
Patricia D. dela Pena	- Clerk-Typist
Carrie G. Baker	- Seasonal Help
Frances Goertz	- Seasonal Help

DISTRICT I - REGION I (LUBBOCK)

Jerry J. Delashaw, R. S., B. S.*	-	Sanitarian
Geneva M. Shropshire, R. N.	-	Public Health Nurse
Shirley E. Dunn	-	Clerk-Typist

DISTRICT II - REGION II (SAN ANTONIO)

Rafael Gomez, Jr., R. S., B. S.	-	Sanitarian
Nellie P. Baker, R. N., B. S. N.	-	Public Health Nurse
Hortence B. Ward	-	Clerk-Typist

DISTRICT III - REGION III (SAN BENITO)

Joe L. Stone, R. S., B. A.	-	Sanitarian
Agatha C. Martinez, R. N., B. S. N.	-	Public Health Nurse
Martha O. Cole	-	Clerk-Typist

*Resigned

THE MIGRANCY SITUATION

The migratory labor situation is an ever-changing picture. Again, as in previous years, the migratory labor situation is influenced by many factors. Some of these factors are climatic conditions, mechanization, travel patterns, mode of travel, duration of migrations, point of origin and marketing procedures. The total number of migrant farm workers since 1965 has shown a gradual decrease. The following table reflects the overall trends in migration for the past six (6) years. (1.)

Year	Total Individuals	Change From Prev. Year	Interstate	Intrastate	Intra Percentage
1964	129,000	-	104,000	25,000	20%
1965	167,000	+30%	128,500	38,500	23%
1966	162,000	- 3%	129,500	32,500	20%
1967	158,000	- 2%	132,300	26,200	16%
1968	152,000	- 4%	125,400	26,600	18%
1969	147,000	- 3%	120,000	27,000	22%

The following table reflects the characteristics of the migrant population for a four (4) year period. (1.)

	1966	1967	1968	1969
Total Individuals	162,000	158,550	152,000	147,000
Men, 16 and over	59,500	57,300	51,800	47,700
Women, 16 and over	45,500	46,050	46,600	44,100
Youths under 16 years	56,700	55,200	54,600	55,200
Families	22,800	21,457	21,300	20,000
Unattached men	11,000	10,180	10,600	13,400
Unattached women	2,600	2,870	3,500	3,700
Work groups	11,800	11,700	13,000	10,000
School age youths	30,600	31,800	31,100	31,000
Family size on migration	6.5	7.0	7.2	7.4

Again, as in previous years, the size of the family has shown an increase. The more family members on the stream, the more contributing wage earners.

The majority of Texas migrants (95%) are Mexican-American. For a large number of migrants, South Texas from San Antonio to the Gulf and to the border, especially in the lower Rio Grande Valley, is generally considered home base. Some migrants live Southwest, along the Texas-Mexican border to El Paso. Some of the migrants have also established West Texas, especially in the Lubbock and Plainview area, as home base.

(1.) Texas Migrant Labor - 1969 Migration
The Texas Good Neighbor Commission

The following table gives a comparison of seasonal migration by month of both intrastate and interstate workers during 1969 and 1970. (2.)

Seasonal Employment - Statewide
(Thousands)

Month	Total Workers		Local Workers		Migrants			
					Intrastate		Interstate	
	1970	1969	1970	1969	1970	1969	1970	1969
Jan.	50.9	56.2	50.2	56.1	.7	.1	0	0
Feb.	60.0	61.3	59.4	61.2	.6	.1	0	0
Mar.	70.3	70.2	61.1	69.9	1.0	.3	.2	0
Apr.	90.1	91.6	87.9	90.1	2.0	1.5	.2	0
May	110.3	109.3	107.9	106.7	2.1	2.6	.3	0
Jun.	134.9	144.3	127.6	133.7	7.0	10.0	.3	.6
Jul.	125.6	129.1	105.8	108.0	19.4	20.3	.4	.2
Aug.	102.9	113.4	88.1	98.7	14.6	14.5	.2	.2
Sep.	88.7	0.5	85.1	86.1	3.5	4.3	.1	0
Oct.	84.7	89.2	83.1	84.1	1.5	5.0	.1	.4
Nov.	81.3	81.1	78.5	76.6	2.7	4.4	.2	.4
Dec.	66.0	79.1	60.2	71.7	5.6	7.3	.2	.1

The duration and mode of migration, for the most part, remains about the same as in previous years. The largest number of migrants leave home in April and May and return in October and November. The family group is still the most common pattern of travel. Sixty-five (65) per cent of groups studied were traveling in groups of ten (10) or less. Approximately one-third (36,000) of the Texas Migrant workers never leave Texas.

The unemployment rate of the migrant farm worker is still approximately twice the rate of all other workers. The average employment for a migrant is something less than 150 days per year, with an average hourly wage of $1.32 or a yearly income of approximately $1600.

(2.) Texas Farm Labor - 1970 Annual Report
Texas Employment Commission

The climatic conditions in Texas again effect the overall production and consequently the demand for agricultural labor. In some areas, especially West Texas, lack of rain and extended periods of 100 degree temperature hurt dryland vegetable productions. In the lower Rio Grande Valley area, fall vegetable acreage was cut due to continuous rain in August and September, the normal land preparation and planting months. Also, due to a shortage of irrigation water, winter vegetable production was further reduced. In West Texas an early freeze cut short fall vegetable production. The leading vegetable crops are watermelons, carrots, potatoes, cabbage and onions.

The Texas Education Agency in September, 1963, initiated an educational program geared to the needs of the migrant children. The program basically has two approaches:

(1) A six-month program for the child with little time at home base.
(2) A regular nine-month term or enrichment program.

The following table indicates the growth of migrant school programs. (3.)

Growth of Migrant Program

Year	Number of School Districts		Number of Migrant Children Enrolled
	Six Month	Enrichment	
1963	5		3,000
1964	10		6,000
1965	20	20	20,000
1966	20	20	20,000
1967	20	25	25,000
1968	20	45	35,000
1969	20	63	40,000
1970	20*	79	55,000**

* Designation changed to Seven-Month in 1970
** Projected figure which includes the summer programs

(3.) Texas Child Migrant Program
Texas Education Agency 1970

Many of these schools now run in grade levels from Kindergarten to 12th grade. The Texas Education Agency has been instrumental in the development of pre-school programs for non-English speaking children, bi-lingual education, staff and program development. The Texas Education Agency entered into an Interstate cooperation project to share with other states in the search for solutions to the problems of education of migrant children and to develop an Interstate School Record Transfer System. The program has grown from twelve (12) states in 1966, to eighteen (18) states in 1970. This program involved twenty-four (24) teachers from Texas in an effort to offer a sequential education program to migrant children. Adult education programs are developed and conducted along the same lines as the migrant child school programs, ie, basic and fundamental education. Some adult programs also have vocational and skill training of which some are outside the field of agriculture. Many of these programs are sponsored and/or coordinated through the Texas Employment Commission and the Texas Education Agency.

The health and medical services provided to the migrant population vary from grossly inadequate in some areas to complete health and medical needs including hospitalization. In some counties in Texas, there are no physicians, dentists, hospitals or any type of medical care. As stated earlier, there are twenty-three (23) local migrant health projects in Texas. Many of these local projects do not provide all services needed by the migrant population, especially hospitalization and dental care. In some areas where local health departments operate, only preventive care is available. The medical and health needs of the migrant farm worker and his dependents, in many areas, go unmet.

The living environment of the migrant farm worker and his dependents varies, both in home base and harvest areas, from grossly inadequate housing to modern housing and/or camps, with complete sanitary facilities. Many migrants in home base and harvest areas live in overcrowded substandard housing. Some families of six (6) to ten (10) people live in two-room houses without any indoor plumbing facilities. Some do not have cooking and heating facilities inside the house and cooking is done outside over an open fire. However, in some areas, many improvements have been made through the Farmer Home Administration loans, self-help housing programs, and mutual aid groups. Many migrants now have modern homes with all sanitary facilities.

These improvements are in general due to the coordinated efforts of the local migrant health project personnel, with the building and/or loan agencies, and the migrants. In the lower Rio Grande Valley (Cameron and Hidalgo counties), the feasibility of a rural water supply for the area is presently being studied. See Region III report, page 117.

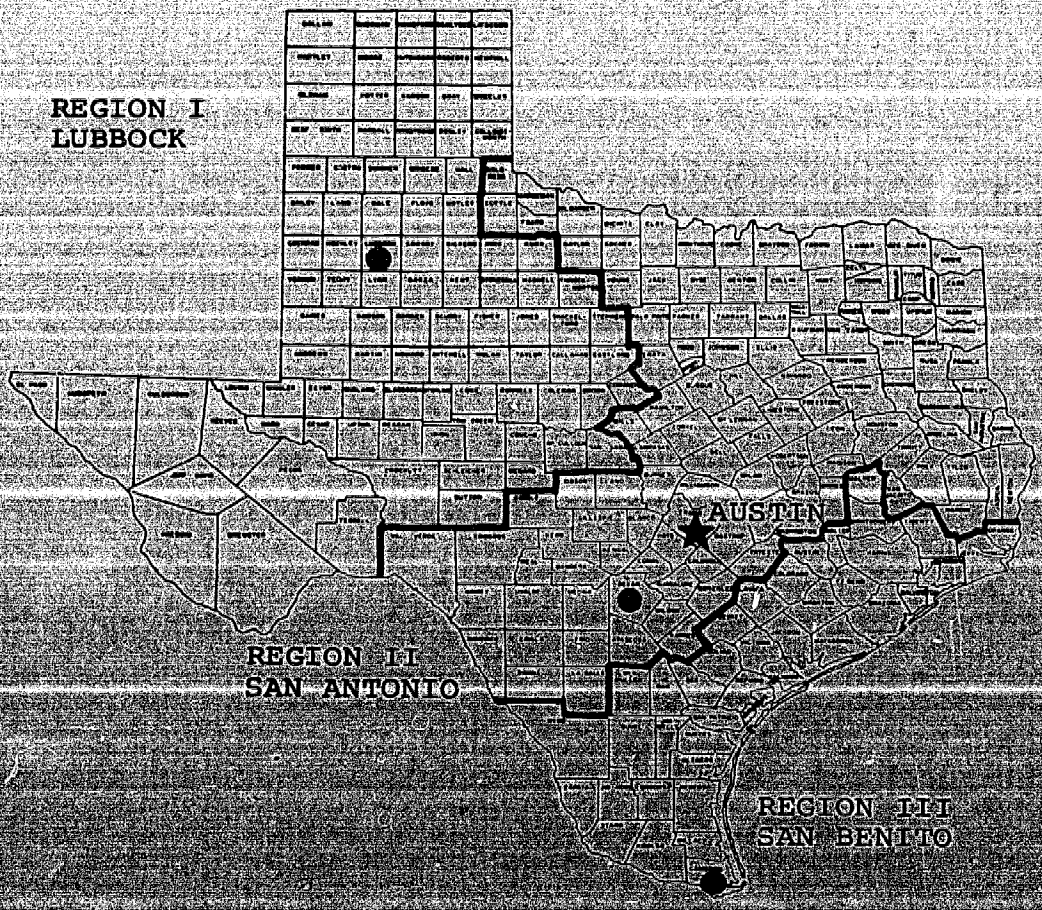
The exact number and location of migrant labor camps in Texas is not known; however, there are approximately 700 camps scattered over some

forty-nine (49) counties. These camps vary in size from two (2) units to 192 units, with approximately sixty (60) percent ranging from two (2) to ten (10) units, thirty-five (35) percent from twelve (12) to thirty (30) units and the remainder over thirty (30) units. These camps very from dilapidated barrack-like structures to modern camps with board and brick structures, indoor plumbing, sidewalks and streets, community rooms, day care centers, health facilities, etc. Many growers content that due to the small margin of profit they are unable to make the needed repairs to their camps. Others content that the migrants do not appreciate good housing and will destroy it. Three (3) camps have been built with a combination of grant and loan funds from the Farmers Home Administration. These camps are modern in design and provide all the necessary conveniences. Legislation giving the Texas State Department of Health authority to prescribe and enforce minimum standards for migrant housing has been introduced in the 56th, 57th, 58th, 60th and 61st sessions of the Texas Legislature. To date this legislation has not been enacted.

The activities of the Texas Migrant Health Project staff in an attempt to meet our objectives are expanded herein under "State Report" and "Regional Reports".

State Report

Central and Regional Offices of the Texas State Department of Health Migrant Project



CENTRAL OFFICE REPORT

Since the enactment of the Migrant Health Act and the funding of Migrant Health Projects in Texas, some inroads have been made to improve the health, dental and medical services, and environmental conditions of the migrant farm worker and his dependents.

The State Migrant Health Project staff has attempted to stimulate local communities to develop comprehensive health, medical, dental and environment programs to benefit the agricultural farm worker and his dependents. The majority of effort has been directed to those communities with a high migrant concentration.

At the present time, there are twenty-three (23) local migrant health projects in Texas. Nine (9) of these projects are integrated into a local state affiliated health department. Several local migrant health projects have expressed a desire to expand their activities into neighboring counties. However, due to the lack of funds, these expansion applications have not been submitted. Several additional counties have also expressed a desire for a migrant health project. Again, due to the shortage of funds, these applications have not been submitted.

The Texas Migrant Health staff, under the supervision of local city and/or county medical officers has provided direct assistance to the migrant population and to the community as well. Such programs as immunization clinics, screening clinics, community-wide water sampling programs and vector control programs have been well accepted by the local counties as they benefit the total county. These programs have stimulated some counties to explore possibilities of establishing local health units. In some counties, sanitary health districts have been formed.

The operations of the Texas State Migrant Health Project have been guided by the objectives as stated in "Background and Objectives" of this report. The following activities reflect to what extent these objectives were met.

The Texas State Department of Health Migrant Project Medical Director or his designee will provide Public Health Program and Medical Consultation to all Local, State, and Federal Health Officers, or their designees, in all matters pertaining to the promotion and protection of migrant health status in Texas.

At the present time, this position is vacant. However, the duties and/or responsibilities have been assumed by the Dental Consultant who is Acting Medical Director. The activities relative to meeting these duties and/or responsibilities are covered in activities of the Acting Medical Director.

The Texas State Department of Health Migrant Project Acting Medical

Director or his designee will provide Dental Health Program and Dental Consultation in all matters pertaining to the promotion and protection of migrant dental health status.

The Texas State Department of Health Migrant Project Medical Director or his designee has provided consultation in the Public Health and the Medical aspects of the Migrant Health Program. Also, he has provided assistance in the administration of the Program.

The Texas State Department of Health Migrant Project Acting Medical Director or his designee has provided consultation in the Dental Health aspect of the Program. Also, he has, under supervision of the Medical Director, provided administration to the Program.

Provision for some type of dental care program is being rendered in 82.6% of the projects. Even though four (4) projects with dental care programs were terminated, there were five (5) projects added to the ones with a dental program. Dental programs for two (2) more projects are being contemplated.

As of now, 82.6% of the projects are funded to do some type of dental service.

The following chart reflects the dental program of the local Migrant Health Projects:

Migrant Health Projects

	1969	1970
Number of Projects	26	23
Number with Dental Components	17	19
Migrant Population in Projects with Dental Components	97,442	115,311
Number of migrants receiving some type of dental service in Projects	1,079	1,395
Dental Clinic visits	2,410	2,840
Number of dental services rendered to migrants in Projects	6,105	7,766
Average number of visits per patient	2.23	2.03
Average number of corrections per patient	5.65	5.56
Average cost per patient	$37.31	$24.93
Average cost per visit	$16.70	$12.25
Average cost per service	$ 6.59	$ 4.48

The Administrative Assistant assists the Project Director and Project Medical Director by rendering administrative support in executing the non-medical phases of the project operation: specifically; fiscal management, including financial reporting and authorization of expenditure of project funds within the limits of the currently approved budget;

assist the Project Director and Project Medical Director in the development of continuation application and revisions necessary for the operations of the Texas Migrant Health Project; assists the Project Director in formulating applications for Migrant Health Programs and revisions of existing programs and assistance to potential applicants for separate migrant health grants, particularly in the administrative areas; supervises clerical and non-professional workers; develops administrative procedures and methods; reviews program content for the purpose of developing sound administrative practices; formulates administrative policies which will contribute to the improvement of the project operations; maintains administrative liason with various organizations and agencies - Federal, State, Local, voluntary, etc., interested in the migrant problem.

The Administrative Assistant assists the Project Director and Project Medical Director in the review of all local Migrant Projects, application, continuation and revision, particularly in the administrative area. The Administrative Assistant makes visits to local migrant projects concerning fiscal and administrative matters. He will continue to give fiscal and administrative support to the Texas Migrant Health Project and local Migrant Projects.

Continuation of a close liason is being made with the Fiscal Office of the State Health Department pertaining to all budgeted items of the Migrant Health Project.

Health Education Service

The Texas State Department of Health Migrant Project Health Educator, acting under the administrative direction of the project director, will provide to the extent possible, health education services in support of all migrant health activities in Texas.

Prior to September, 1970, when the vacancy of the position of Health Educator was filled, health education was a function of all employees to a certain degree.

With a migrant program, there is a need for health education especially geared to their problems. A mother with a private physician does not need to be urged so strongly to consult her doctor. Also, for small doubts, she can ask questions by phone. To a mother who has to give up a day's pay in the field, borrow bus fare, understand signs and directions in a foreign language, and perhaps sit quite a while in a clinic waiting, the need to visit a doctor must be strongly felt. This is also true of pregnant women who may not see any reason to see a doctor until delivery date.

The goal of the Health Educator has been first of all to reach people through live demonstrations. The two subjects have been child care (mental and emotional) and nutrition. (See accompanying page)

After the demonstration, bi-lingual picture booklets were distributed. These are as reinforcements of the ideas and as reminders once they are home. Without the demonstrations, the booklets are useful, but not as vivid. Another purpose of the demonstrations has been to train migrants, aides, and/or nurses to inform others - a health education chain.

The soy-vitamin iron supplement, "Meals for Millions Multi-Purpose Food" was donated by the Meals for Millions Foundation. Later, it may have to be bought at low cost, but so far 875 four-pound cans are available. Eighty-five (85) have already been given to migrants who saw the demonstrations. The other 875 could be picked up in San Antonio.

As requested by the O.E.O. Migrant Director, Augusto Vidales, demonstrations were given in Pearsall, Cotulla and Carrizo Springs. Two demonstrations were given in Hebbronville on nutrition and one in De Leon on child care. Visits were made to San Benito Regional Office. Also, consultation was given in Laredo, McAllen, Edinburg, and Alice.

Second to demonstrations would be films, filmstrips and slides. The Health Educator worked on making a record in Spanish to use as sound track with a family planning movie. Filmstrips and slides with bi-lingual records were ordered. Others were reviewed and declared as unpractical or unrealistic in reaching the people of our clinics. Actually, material of this type should be written with the viewers in mind, not just written for the general public and hope it applies.

When demonstrations and films are not available, posters and fliers may be used - always as an addition to personal contact on the local level. Six large bi-lingual posters were made (see inside first pages of this report). Pictures are of great importance in a migrant program. Even those who can read English and/or Spanish are not in the habit of reading lengthy materials. Pictures must attract their attention emotionally with subjects such as babies or families. The topics of the posters were tuberculosis, family planning (2), the importance of prenatal care, immunizations, and parasites.

A flier on home safety was written which gave the patients an opportunity to think and express their ideas. (See accompanying page). The flier was meant to be a starting point to a discussion. When the flier was presented in Plainview, participants were given a chance to add suggestions before its final form was written. Also, a scene was acted out which showed the same dangers. This scene could be demonstrated impromptu in clinics with the right props.

Besides writing material, the Health Educator is always on the lookout for bi-lingual materials available which are appropriate to the migrant. She has ordered materials on menstruation, nutrition and birth defects to be distributed. She bought a smoking lung to help with visual demonstrations of the dangers of cigarettes. Visual aides should always be stressed above written materials with migrants. Papers on a drug addiction center in Puerto Rico, and on a condom program were read and passed on to interested personnel.

Make a circle around whatever is dangerous to the children.
Haga un círculo alrededor de las cosas peligrosas a los niños.

ANSWERS:

1. sissors on the floor
2. a knife on the table
3. a can in the garbage
4. signs of rats:
    a. rat tracks
    b. rat excreta
    c. holes in the wall and in the boxes
5. a clorox bottle within reach of the children
6. the pan handle turned where the children can reach it
7. the emotional danger: the parents fighting
8. the flies, especially on the baby bottle

RESPUESTAS:

1. unas tijeras en el piso
2. un cuchillo en la mesa
3. una lata en la basura
4. los signos de la prescencia de ratones:
    a. las pesuñas (huellas) de ratones
    b. excreta de ratones
    c. los agujeros de ratones en la pared y en las cajas
5. una botella de cloro en el alcance de los niños
6. la manijera de la olla en el alcance de los niños
7. el peligro emocional- los padres peleando
8. las moscas, especialmente en la botella de la niña

Since other departments do not always have translators, the Health Educator has spent some of her time translating. She has worked on a nutrition flier, baby booklet, and a whooping cough booklet.

She attended a state migrant health conference in McAllen, a workshop in Plainview and a staff meeting in Austin.

Students, by letter and in person, requested information on migrants. The Health Educator hopes that maybe one or two of them to whom she supplied information will be encouraged to go to work in the health field for migrants.

Health Education should also be directed at the entire family. So many programs seem to have the idea that the consumers include only mothers and young children. Whenever possible, demonstrations should be shown in the evening, so family groups can attend. Fathers who were given tortillas with soy supplement were as eager as the mothers to obtain more cans of the product. Also, the Health Educator was told that although some women are even too shy to mention the "pill" to their husbands, men in some adult education classes in Hidalgo County were glad to see filmstrips on family planning. The area of V.D. is, of course, one that should involve the men, but not all counties have adult education classes in which to present a health topic. Also, fathers who bring their wives often wait for them outside the clinics and do not hear the talks.

The Health Educator tries to be receptive to ideas for new material when observing local projects. Also, the referrals give her some idea of the most common problems. It is hoped that in the coming year more pertinent bi-lingual and pictorial and perhaps audio-visual material can be produced for the migrants.

The Health Educator wishes to thank the Dairy-Cattlemen of Texas for their materials provided. Nutrition charts and posters in Spanish and English were given to the educator for use with demonstrations and for distribution to local migrant projects.

Public Health Nursing Services

The Texas State Department of Health Project State and Regional Public Health Nursing Staff under administrative direction of the Project Medical Director or his designee, and through Local Health Officers will:

A. Continually analyze, plan, develop, and coordinate public health nursing activities for domestic agricultural farm workers and their dependents within all local Migrant impact areas in Texas to the extent possible. Special emphasis will be placed in Migrancy situations existing in local health jurisdictions without organized public health services and/or public health service programs designed to meet the

public health needs of resident or migrant populations.

Public Health Nursing service under medical direction within the Texas State Department of Health Migrant Project is developed to promote and protect the health status of the domestic agricultural farm worker and his dependents. Activities unique in their own realm, enhance health status through public health programs directed toward the control of contagious diseases, early detection of disease conditions and applicable health supervision, maintenance of normal patterns of growth and development, prompt and effective treatment, and reduction to the extent possible of disease disabilities.

Seventy-six (76) of the 254 counties of Texas are served by state-affiliated County Health Departments; ten (10) of these counties also have local migrant health projects, eighteen (18) also have migrant school programs, and seven (7) have both local migrant projects and migrant school programs. In an additional fifteen (15) counties migrant school programs are operating to meet certain health service needs of migrant school-age children. Of the 150 counties without organized health services to meet needs of residents and/or migrants, forty-seven (47) counties have been designated migrant impact areas. From these statistics, it becomes evident that the full range of public health services to meet migrant health needs through organized community public health action programs is in need of concerted public health nursing action under the medical direction of Local Health Officers in the fifty-two (52) county-wide local health jurisdictions identified as migrant impact areas.

An evaluation of the effectiveness of public health nursing is evidenced through a completion rate of 89.6% of referral activities in support of migrant health service needs in local health jurisdictions with only health services for migrant scholastics through migrant schools. A 54.3% completion rate of referral activities for migrant health service was achieved in local health jurisdictions without any local organized public health service for migrant or resident, of which twenty-one (21) of the forty-seven (47) migrant impact counties received migrant referrals requesting follow-up health care.

Until September 30, 1970, three public health nurses supported by a state-wide migrant health nursing consultant deployed their efforts, in collaboration with Local Project Directors and/or Local Health Officers, in migrant impact areas to promote and provide public health nursing

service within and between local health jurisdictions and local and state agencies, to the extent possible. With the resignation of the state nursing consultant, in the Central Office, the total activities of the total nursing program had to be curtailed. The Region II Nurse has assumed many of the duties and responsibilities of the Nursing Consultant thus limiting her activities in Region II.

B. Endeavor to promote and provide expert clinical and technical nursing knowledge to stimulate interest and action in comprehensive public health nursing programs for domestic agricultural migratory farm workers and their dependents.

Public Health Nursing contacts were made to determine strengths and weaknesses in migrant health nursing programs for aspects of Maternal and Child Health, Communicable Disease Control, and Chronic Disease Detection and Control. Two workshop programs have been held directed to comprehensive migrant health nursing service in the areas of procedures, records, and statistical tabulations needed to meet the standards of the Texas State Department of Health. Five workshop programs had been planned but due to lack of staff, only two were held.

C. Endeavor to promote and provide for the provision of public health nursing care for domestic agricultural migratory farm workers and their dependents utilizing to the extent possible, Local and State Health and Welfare Resources in Texas and User States.

Public Health Nursing contacts were made to determine strengths and weaknesses in migrant school health programs and one workshop program was held with school and migrant project nurses to promote comprehensive migrant health services that foster continuity of care without duplication of facilities or services.

Two workshop programs had been planned but due to lack of staff, only one was possible.

D. Work toward developing firm committments to receive and transmit inter-area referrals of migrant health cases as well as appropriate follow-up care.

Due to lack of time and staff not all Local Health Officers in migrant impact areas were contacted. In some counties follow-up was completed and services were rendered; however, in other counties services were not available or the migrant had left the area. In some counties, Local Health

Officers were reluctant to commit their office to the necessary follow-up, due to lack of medical man-power, facilities, etc.

In the forty-seven local health jurisdictions without organized health programs for residents or migrants, and recognized as migrant impact areas, Local Health Officers were contacted, to the extent possible, to aid in the development of a referral system with efficient and effective follow-through at the local level in order to provide comprehensive migrant health service and continuity of migrant health care through inter-area referrals. Twenty-one (21) of these forty-seven (47) counties received migrant referrals during the 1970 reporting period with a completion rate of 54.3%. The State Migrant Project Nurses, at the request and under the medical direction of, Local Health Officers, provided the public health nursing follow-up services in some of these counties. However, follow-up has been limited due to lack of time and personnel.

Considerations for the Future

The public health nursing program will continue to work with local migrant projects in an effort to up-grade their public health nursing programs.

The public health nursing program will continue to develop an inventory of all Local, State, and Federal resources pertaining to Public Health Nursing and Medical Care Delivery facilities. This information will be shared with local migrant projects, health departments, Local Health Officers, and other health personnel who may request it.

The public health nursing program will continue to provide and promote the provision of public health nursing services in migrant impact areas in counties without organized health programs. These programs will be geared to benefit the migrant population and the total community.

The public health nursing program will continue to secure data concerning migrant population, health needs, and facilities and resources for health care in migrant impact areas.

Environmental Sanitation Services

The Sanitation Staff of the Texas Migrant Health Project consists of a Sanitation Consultant in the Central Office, and three (3) Regional Sanitarians. The Sanitation Consultant, who is under the direction of

the Project Medical Director or his designee, is primarily responsible for the overall administration of the environmental Sanitation program. The Regional Sanitarian, under the supervision of the Sanitation Consultant, provides consultative and direct assistance to counties, especially those with local migrant health projects.

The primary objective of the environmental sanitation program is to develop a sound comprehensive environmental sanitation program to benefit the Migrant farm worker and his dependents. In addition, the Sanitation Staff, especially Regional Sanitarians, are frequently requested by local migrant health projects to assist them in administrative and fiscal matters. The staff has spent considerable time with other counties who have expressed a desire to develop a migrant health program and/or a public health program. The staff, in some cases to insure the individual migrant receives all available services, has served as an intermediary between the migrant and other agencies and/or organizations.

At the present time, Region I sanitation position is vacant. The Sanitarian took an educational leave in September, 1970, and has since resigned.

The Texas State Department of Health Migrant Project Environmental Sanitation Staff under Administrative direction of the Project Medical Director or his designee will:

A. Continually analyze, plan, develop and coordinate environmental sanitation services for domestic agricultural migratory farm workers and their dependents, within all local migrant impact areas in Texas to the extent possible. Special emphasis will be placed on migrancy situations existing in local health jurisdictions devoid of public health services.

The Sanitation Staff through periodic visits and reviewing reports has attempted to determine the environmental conditions and the resources available to improve these conditions.

Inadequate housing, both in the home base and harvest areas is an ever-pressing problem. In the home base areas, many migrants live in very substandard housing. In some cases, no indoor plumbing is present. It is estimated that approximately fifty (50) percent of the migrants live in substandard housing. In some communities, especially in the colonies in South Texas, public utilities are not available. Some improvements have been made through loans made available from Farmers Home Administration. These improvements have consisted of new and/or improved homes.

In some projects the staff has served as an intermediary between the Farmers Home Administration Representative and the individual. Adequate water supply in many areas is badly needed. In some project areas, county-wide water sampling programs have stimulated an awareness for an adequate and safe water supply. The feasibility of a bi-county water supply is

presently under study in Cameron and Hidalgo Counties.

Other problems effecting the migrant population in home base areas are improper waste disposal, inadequate rodent and vector control and health and safety hazards. In some communities pit privies are still in common use. In one area a community-wide sewage system is being installed.

In some project areas, community-wide clean-up and rodent control programs have been initiated. The migrant staff has, through consultative visits to local migrant health projects, requested each project record all health and safety hazards.

Housing in the employment area is in most cases very inadequate. The exact number of locations of migrant labor camps is not known. However, there are approximately 700 camps scattered over some forty-nine (49) counties. These camps vary in size from two (2) units to 192 units, with approximately 60% ranging from two (2) to ten (10) units, 35% from eleven (11) to thirty (30) units and the remainder over thirty (30) units. In general at the labor camps, water supply consists of one (1) water top to each twelve (12) units, pit privies are used for waste disposal, garbage and refuse disposal is by open burn barrels, rodent and vector control is not provided. Some labor camps are located adjacent to cotton gins and the entire camp is engulfed in smoke when cotton burs are being burned. Farm housing, in general, is better than the "gin" camps as many of the housing now used for the migrant workers was the original family home.

The problems encountered in the field environment are similar to those in labor camp housing; i.e., Inadequate water supply, waste disposal, garbage and refuse disposal and safety hazards. The open wooden barrel and common drinking cup is still in use. The growers are very reluctant to purchase or rent chemical toilets due to the short duration of use and the need of constantly moving them from one field location to another. Also, in some areas, securing maintenance services are very expensive and/or difficult to obtain. In most fields, no facilities are provided for garbage disposal. Some migrants bring their smaller children to the fields, and in some cases they are left unattended. In some project areas, attempts are being made to interest community groups to set up day care centers for smaller children. Some improvements have been made, especially in project areas, but much remains to be done.

B. Continually provide general and technical information and promote maximum utilization of all resources, Federal, State, and Local, which can be beneficial to the sanitation personnel of the Texas Migrant Project and Local Migrant health Projects.

The sanitation staff through requested and periodic visits to local migrant health projects, has attempted to develop a sound environmental sanitation program. The staff has provided general and technical information and "In service" training services to the local migrant health projects. The sanitation staff has frequently rendered consultative and

direct services to counties without a local migrant health project and/or local health departments. The Regional Sanitarians' activities are covered more fully in appropriate regional reports. The Sanitation Consultant's activities are summarized herein:

The Sanitation Consultant

The Sanitation Consultant through consultative visits and reviewing monthly reports received from local migrant health projects makes recommendations to improve the overall environment sanitation program of each project. The Sanitation Consultant has made 104 consultative visits to local migrant health projects during this reporting period. These consultative visits were made to make recommendations for the improvement of the project operations, especially the environmental sanitation component. The Sanitation Consultant has disseminated information concerning available sources from other State and Federal agencies to local migrant projects.

Liaison has been established with all other divisions within the Texas State Department of Health, especially Sanitary Engineering Division. The Sanitation Consultant has conferred with other agencies, especially Farm Home Administration, concerning their program which may be utilized to the migrant population. The Sanitation Consultant has made thirty-eight (38) visits to the Texas Migrant Project Regional Office to disseminate information, coordinate activities and promote the team approach. The Sanitation Consultant served on the Advisory Board of the Governor's Inter-Agency Task Force on Migrant Health. The Board is made up of various agencies whose services may be utilized by the migrant population. Some migrants were also in attendance and related their problems. The Advisory Board made a number of recommendations which were passed on to the Governor's Office. The Sanitation Consultant has worked with the Good Neighbor Commission and two members of the Texas Legislature in drafting a bill to give the Texas State Department of Health the authority to prescribe and enforce minimum standards for migrant labor housing. The Sanitation Consultant also served on the Planning Committee for a State-wide Migrant Health Conference and a State-wide Workshop. These meetings are covered more fully under special events. The activities of the Regional Sanitarian are explained more fully in appropriate reports.

C. A continuous review and evaluation of the orientation and "in service" program will be made, through which changes will be made to develop competencies of the State and Local Migrant Health Project Staffs. Additional "in-service" training sites will be developed. Three (3) workshops, relative to environmental sanitation, will be developed during this project year.

The Sanitation Consultant has continued working with the San Marcos-Hays County Migrant Health Project to improve the "in-service" training program. The program is designed to provide training in most areas of

migrant population. The staff has been most cooperative in the development and carrying out of the "in-service" program. Several workshops and/or seminars have been held during the year. These seminars and/or workshops were designed to provide both general and technical information in order to develop competencies of the State and Local Migrant Health Project Staff.

D. Attempt to demonstrate the benefits of the team approach in the delivery of all services designed to promote and protect the environmental conditions of the migrant and his dependents will be made.

The Sanitation Consultant has recommended that each migrant project hold frequent staff meetings to discuss overall program activities and specific needs of the migrant population. Suggestions also have been made that daily inter changes be made between the sanitation and nursing staff to assure problems, either sanitation or nursing, be investigated as soon as possible. Three (3) staff meetings were held in the Central Office during the year.

CONSIDERATION FOR THE FUTURE

The Sanitation staff under the direct supervision of the Project Director or his designee, will continue to direct their effort toward the improvement of the environmental conditions that effect the agricultural farm worker and his dependents.

The Sanitation staff will continue to provide direct and indirect services to local migrant health projects in an effort to up-grade the services and/or living and working conditions of the migrant population.

The Sanitation staff will continue to provide direct and indirect services to those counties without any organized health program in an effort to improve the migrant's living and working environment.

The Sanitation staff will continue to comply on inventory of all Federal, State and Local resources relative to improving the migrant's environment. This information will be disseminated to all local migrant health projects, local health officials, and other organizations, groups and individuals providing services to the migrant population.

The Sanitation staff will continue to compile data relative to the migrant population, environmental needs and available resources in counties of high migrant population, including local migrant project areas.

The Sanitation staff will sponsor seminars and/or workshops to develop competencies in local migrant health project environmental staffs. These seminars and/or workshops will include: techniques for collecting and recording basic data relative to the living and working environment of

the migrant, new and innovated approaches in the developing of environmental sanitation services and utilization of available resources to benefit the migrant population.

The Sanitation staff will make a written review of the environmental sanitation program and make recommendations for improvement.

The Sanitation staff, under the direct supervision of the Medical Director or designee will perform other duties as assigned.

The Texas State Department of Health Migrant Project will continue to accumulate substantial health data through:

A. Compilation, analysis, and interpretation of electronic data processing of records relative to inter area referrals on all migrant cases directed through the Texas State Department of Health Migrant Project Referral Program.

During this reporting period, individual migrant health data has been relayed to Data Processing; however, sufficient information has not yet been relayed to the system in order to receive adequate data on a quarterly basis. A print-out has been received covering the period from July 1, 1968, through September 30, 1970, which reflects services requested for 2371 migrants. Since this print-out, an additional 2450 migrant referrals have been recorded on computer cards and sent to Data Processing, but no further report has been received.

B. Compilation, analysis, and interpretation of data accumulated by organized local migrant health activities throughout the state.

The Texas State Department of Health Migrant Health Project receives a monthly report from each local migrant health project in Texas. These reports are reviewed by the migrant health staff in an effort to determine the comprehensiveness of each project. Recommendations are made to each project as to improvement that should be made. These reports are also used to determine the need and types of seminars and/or workshops needed to develop competencies in local migrant project staffs. Also, to some extent, these reports are used to determine frequency of visits to local migrant health projects. The following tables were computed from the monthly reports received from local migrant health projects:

MIGRANT RECIPIENTS OF SERVICE REPORTED BY LOCAL MIGRANT HEALTH PROJECTS, 1970

	MG-95	MG-97	MG-128	MG-37	MG-117	MG-119	MG-42	MG-146	MG-147
	*9-30-70			Integrated					
COMMUNICABLE DISEASE CONTROL									
Admissions to Service	7	49	2	6	99	76	1	1	19
Field and Office Visits	10	77	18	9	221	111	1	2	57
Smallpox Immunizations	174	1495	8	827	3413	51	104	19	310
DPT (Completed Series)	132	1839	429	658	13047	40	53	143	163
DT (Completed Series)	253	793	616	424	3066	66	43	443	97
Poliomyelitis (Completed Series)	319	1120	181	1314	6724	86	109	85	178
Measles Immunizations	90	263	33	769	2102	13	67	32	136
Rubella Immunizations	5	120	4	5203	11791	143	375	0	177
Typhoid Immunizations	6	2193	0	0	0	0	32	0	0
Epidemiological Investigations	33	5	0	52	194	3	1	23	266
VENEREAL DISEASE CONTROL									
Admissions to Service	11	6	1	35	189	0	0	0	2
Field and Office Visits	32	6	29	116	244	0	0	0	29
LEPROSY PROGRAM									
Admissions to Service	0	2	0	0	17	0	0	0	0
Field and Office Visits	0	3	0	0	54	0	0	0	0

*Termination Date of Project

Integrated				Non-Integrated							
MG-44	MG-160	MG-174	MG-143	MG-108	MG-141	MG-115	MG-109	MG-142	MG-99	MG-120	MG-140
*3-31-70			*11-30-70								
1	11	22	0	410	0	80	2	0	2	0	8
32	53	73	0	1084	0	137	3	0	14	0	11
14	581	142	2	194	190	20	32	14	138	59	62
64	429	214	2	63	165	86	91	213	101	270	112
4	516	22	0	138	84	154	60	363	1	344	80
15	989	426	0	199	231	92	102	159	176	682	103
3	310	234	0	110	89	11	34	40	118	96	0
0	0	0	0	1180	17	89	98	8	0	780	67
0	0	0	0	0	0	0	0	0	0	0	0
5	42	30	0	31	19	15	0	0	10	0	0
31	4	5	1	0	1	19	10	0	2	0	3
130	10	4	1	0	4	66	88	0	16	0	22
0	6	0	0	0	0	0	0	0	0	0	0
0	42	0	0	0	0	0	0	0	0	0	0

Non-Integrated

MG-139	MG-110	MG-113	MG-100	MG-114	MG-213	MG-214	
	*3-31-70	*9-30-70					COMMUNICABLE DISEASE CONTROL
38	0	4	9	2	1	26	Admissions to Service
55	0	29	12	0	1	26	Field and Office Visits
304	42	18	88	0	0	253	Smallpox Immunizations
286	7	17	99	0	11	264	DPT (Completed Series)
95	2	8	122	0	0	532	DT (Completed Series)
323	130	42	270	0	0	550	Poliomyelitis (Completed Series)
237	18	0	87	0	0	145	Measles Immunizations
254	171	0	294	1000	0	0	Rubella Immunizations
0	0	0	22	0	0	0	Typhoid Immunizations
0	0	5	14	0	0	2	Epidemiological Investigations
							VENEREAL DISEASE CONTROL
10	0	0	1	4	4	4	Admissions to Service
26	0	0	1	5	3	0	Field and Office Visits
							LEPROSY PROGRAM
0	0	0	0	0	0	0	Admissions to Service
0	0	0	0	0	0	0	Field and Office Visits
							*Termination Date of Project

Integrated

	MG-95	MG-97	MG-128	MG-37	MG-117	MG-119	MG-42	MG-146	MG-147
CHRONIC DISEASE CONTROL									
Admissions to Service	25	85	25	15	1474	14	8	69	31
Field and Office Visits	87	269	92	38	3136	153	11	468	261
TUBERCULOSIS CONTROL SERVICES									
Admissions to Service									
Cases	32	287	0	45	480	1	1	5	77
Contacts	12	1042	0	66	1079	0	0	6	134
Suspects	4	48	0	6	31	0	1	5	11
Associates	0	361	0	5	194	0	0	0	64
Field and Office Visits	104	2380	0	737	6493	115	45	76	1892
Clinic Visits	38	653	0	247	1080	0	0	0	0
Tuberculin Tests	632	892	0	497	7032	195	248	43	2671
MATERNITY SERVICES									
Admissions to Service	44	226	26	42	900	3	27	1	52
Field and Office Visits	148	597	63	39	1991	18	60	3	91
FAMILY PLANNING SERVICES									
Admissions to Service	22	95	0	148	618	0	0	3	309
Field and Office Visits	22	399	54	438	1076	33	0	2	2682

Integrated			Non-Integrated								
MG-44	MG-160	MG-174	MG-143	MG-108	MG-141	MG-115	MG-109	MG-142	MG-99	MG-120	MG-140
13	128	0	12	17	25	196	3	7	144	28	32
43	372	0	9	57	68	371	21	83	600	94	134
123	51	0	0	1	0	9	0	0	0	0	4
206	333	0	0	0	0	28	3	0	0	0	0
2	11	0	0	11	0	1	4	0	0	0	0
118	7	0	0	0	14	2	13	0	0	0	0
1117	1615	0	0	25	102	77	169	7	0	0	5
0	195	0	0	0	0	0	0	0	0	0	0
110	1903	0	0	150	220	286	606	9	3	0	0
18	91	37	20	24	59	42	13	5	55	39	66
23	198	108	56	29	118	458	42	41	370	78	359
12	135	0	18	4	40	40	8	3	4	20	35
50	398	0	24	8	169	485	43	3	3	58	105

Non-Integrated

MG-139	MG-110	MG-113	MG-100	MG-114	MG-213	MG-214	
							CHRONIC DISEASE CONTROL
331	8	11	74	23	14	50	Admissions to Service
570	33	20	1514	113	2	818	Field and Office Visits
							TUBERCULOSIS CONTROL SERVICES
							Admissions to Service
2	0	1	0	5	0	2	Cases
0	0	8	0	6	0	22	Contacts
0	0	4	0	0	0	14	Suspects
0	0	0	0	0	0	0	Associates
14	50	105	0	4	0	25	Field and Office Visits
0	0	0	0	0	0	2	Clinic Visits
0	32	112	814	0	0	17	Tuberculin Tests
							MATERNITY SERVICES
45	1	20	20	7	3	75	Admissions to Service
121	0	40	70	6	0	310	Field and Office Visits
							FAMILY PLANNING SERVICES
15	6	27	2	6	0	124	Admissions to Service
17	39	78	1	6	0	348	Field and Office Visits

Integrated

	MG-95	MG-97	MG-128	MG-37	MG-117	MG-119	MG-42	MG-146	MG-147
CHILD HEALTH SERVICES									
Admissions to Service	128	1362	60	858	1863	252	64	173	209
Field and Office Visits	224	2865	304	1953	4298	1047	165	482	2214
CRIPPLED CHILDREN SERVICES									
Admissions to Services	18	110	0	65	405	3	12	0	64
Field and Office Visits	48	263	1	141	1236	8	25	0	384
ADULT HEALTH SERVICES									
Admissions to Service	4	739	12	149	46	262	14	53	66
Field and Office Visits	6	1615	134	306	339	1501	22	62	1049
CANCER CONTROL SERVICES									
Admissions to Service	4	11	5	4	21	5	0	0	440
Field and Office Visits	13	30	8	12	75	0	0	0	815
Screening Programs (Pap Smears)	25	65	8	153	2081	12	0	0	436
CARDIOVASCULAR DISEASE									
Admissions to Service	9	70	0	18	89	17	0	0	15
Field and Office Visits	13	139	5	72	221	627	0	0	105

Integrated			Non-Integrated								
MG-44	MG-160	MG-174	MG-143	MG-108	MG-141	MG-115	MG-109	MG-142	MG-99	MG-120	MG-140
117	272	344	150	230	385	477	210	60	246	392	391
185	562	4545	213	528	1061	1950	572	409	768	2227	1269
1	53	4	1	0	0	24	9	2	0	0	1
2	198	3	1	5	0	94	36	14	0	0	13
22	74	129	102	128	298	227	35	30	104	259	172
141	149	2083	346	972	991	1207	138	466	287	1430	682
2	1	0	1	1	0	4	0	1	0	2	0
4	8	0	1	1	0	145	0	1	0	12	0
55	241	0	4	2	72	116	26	1	2	21	103
2	19	0	3	0	16	33	2	0	8	3	0
18	28	0	4	0	51	203	12	0	25	17	0

Non-Integrated

MG-139	MG-110	MG-113	MG-100	MG-114	MG-213	MG-214	
							CHILD HEALTH SERVICES
257	8	53	516	107	358	825	Admissions to Service
525	204	40	1897	241	469	772	Field and Office Visits
							CRIPPLED CHILDREN SERVICES
5	0	1	8	0	2	3	Admissions to Services
16	0	1	61	0	4	0	Field and Office Visits
							ADULT HEALTH SERVICES
130	7	27	4	39	0	775	Admissions to Service
253	78	56	5	59	0	787	Field and Office Visits
							CANCER CONTROL SERVICES
17	0	1	16	0	1	0	Admissions to Service
20	0	1	39	0	1	0	Field and Office Visits
10	2	0	21	6	0	123	Screening Programs (Pap Smears)
							CARDIOVASCULAR DISEASE
53	0	0	2	14	0	12	Admissions to Service
214	0	0	27	54	2	50	Field and Office Visits

Integrated

	MG-95	MG-97	MG-128	MG-37	MG-117	MG-119	MG-42	MG-146
DENTAL HEALTH								
Admissions to Service	0	0	33	0	0	34	299	38
Corrections and/or Treatments	0	0	106	0	131	81	888	107
Dental Clinic Visits	0	0	36	0	46	59	689	42
GENERAL SANITATION								
WATER								
Water Supplies Installed	2	7	0	1	13	0	0	3
Number of Water Samples Collected for Analysis	223	709	6	49	1833	8	0	61
Number of Supplies Chlorinated	0	58	0	24	4	0	0	4
Water Supplies Inspection	15	0	3	59	63	10	0	26
SEWAGE								
Sewage Disposal Inspections	52	92	0	62	167	27	271	6
Premise Inspections	380	61	108	125	912	57	335	22
Miscellaneous Inspections	83	52	2	64	51	8	0	5
General Sanitation Conferences	2	2761	531	288	2371	727	0	147
VECTOR CONTROL								
Number Premises Treated for Vector Control	20	1766	6	1	1472	185	0	232
Vector Control Conferences	3	484	1	96	611	537	0	2

Integrated				Non-Integrated							
MG-147	MG-44	MG-160	MG-174	MG-143	MG-108	MG-141	MG-115	MG-109	MG-142	MG-99	MG-120
16	0	0	0	0	30	27	240	1	0	0	216
34	0	0	0	0	48	137	1800	8	0	0	776
0	26	0	0	0	32	114	598	3	0	0	607
49	0	51	0	0	0	0	0	0	0	0	0
728	0	34	127	0	83	10	16	7	16	16	0
70	1	16	1	0	0	6	4	0	0	0	0
646	1	123	73	212	57	75	4	0	0	4	0
1127	4	484	37	8	23	19	90	318	2	1	0
535	210	902	2	69	146	233	202	357	71	11	0
291	16	31	2	9	1	11	0	27	0	0	0
1855	222	6319	617	37	248	368	415	224	126	15	0
465	0	7	13	0	0	0	30	16	94	3	0
426	0	690	21	1	45	23	403	74	0	2	0

Non-Integrated

MG-140	MG-139	MG-110	MG-113	MG-100	MG-114	MG-213	MG-214	
								DENTAL HEALTH
37	58	5	0	0	0	190	0	Admissions to Service
56	236	5	0	0	0	385	0	Corrections and/or Treat.
0	58	0	0	0	0	294	0	Dental Clinic Visits
								GENERAL SANITATION
								WATER
13	0	0	0	3	0	0	0	Water Supplies Installed
295	36	0	0	91	8	0	0	No. of Water Samples Collected for Analysis
40	15	0	0	0	36	0	0	No. of Supplies Chlorinated
384	30	0	0	271	60	0	0	Water Supplies Inspection
								SEWAGE
306	46	0	0	281	57	0	0	Sewage Disposal Inspections
395	355	0	0	277	112	0	0	Premise Inspections
266	6	0	0	272	10	0	0	Miscellaneous Inspections
670	162	0	0	628	40	0	0	Gen. Sanitation Conferences
								VECTOR CONTROL
128	0	0	0	1812	0	0	0	No. Premises Treated for Vector Control
636	15	0	0	706	41	0	0	Vectrol Control Confer.

	Integrated								
	MG-95	MG-97	MG-128	MG-37	MG-117	MG-119	MG-42	MG-146	MG-147
FOOD & MILK SANITATION									
Inspection of Food-handling Establishments	466	597	0	570	2566	2	0	117	437
Inspection of Dairy Farms	0	0	0	145	0	0	0	0	0
Inspection of Milk & Milk Products, Processing Plants	0	0	0	7	17	0	0	0	4
Number of Milk & Milk Products Samples Collected for Analysis	0	0	0	503	17	0	0	0	117

Integrated			Non-Integrated								
MG-44	MG-160	MG-174	MG-143	MG-108	MG-141	MG-115	MG-109	MG-142	MG-99	MG-120	MG-140
2	45	0	0	0	0	0	0	0	2	0	0
1	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0

Non-Integrated

MG-139	MG-110	MG-113	MG-100	MG-114	MG-213	MG-214	
							FOOD & MILK SANITATION
0	0	0	4	7	0	0	Inspection of Food-handling Establishments
0	0	0	0	0	0	0	Inspection of Dairy Farms
0	0	0	0	0	0	0	Inspection of Milk & Milk Products, Processing Plants
0	0	0	10	0	0	0	Number of Milk & Milk Products Samples Collected for Analysis

C. Accumulation, analysis, and interpretation of migrancy data relative to the physical-psycho, psycho-social, social-cultural facets of the promotion and protection of the health status of the migrant will be exercised to the extent possible to corroborate health data.

The following information provides an overview of data received by the Texas Migrant Health Projects.

From the print-out covering the period from July 1, 1968 through September 30, 1970, the average age of migrant requesting service is 17 years, the largest consumers of migrant health services by age group is 15-44 years, and the median age of migrant requesting services is 22 years.

MIGRANT REFERRAL ACTION BY SEX, AGE, AND I.C.D. CLASSIFICATION

I. Infective and Parasitic Diseases

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	-	2	8	17	7	-	34
Female	2	6	5	17	7	1	38

II. Neoplasms

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	-	-	1	-	1	-	2
Female	-	1	1	6	4	-	12

III. Endocrine, Nutritional, and Metabolic Diseases

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	-	1	1	20	25	1	48
Female	1	2	-	41	36	2	82

IV. Diseases of Blood and Blood Forming Organs

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	3	7	3	-	-	1	14
Female	2	2	4	6	2	-	16

V. Mental Disorders

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	1	1	-	4	1	-	7
Female	1	2	4	7	1	-	15

VI. Diseases of the Nervous System and Sense Organs

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	-	11	33	11	4	1	60
Female	1	11	23	17	3	-	55

VII. Diseases of the Circulatory System

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	-	-	5	10	19	2	36
Female	-	5	7	19	24	-	55

VIII. Diseases of the Respiratory System

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	4	5	10	5	3	-	27
Female	-	3	7	6	2	1	19

IX. Diseases of the Digestive System

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	-	20	147	10	9	-	186
Female	3	21	145	22	10	4	205

X. Diseases of the Genito-urinary System

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	-	1	5	2	-	-	8
Female	-	4	6	34	6	-	50

XI. Complications of Pregnancy, Childbirth, and the Puerperium

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	-	-	-	1	-	-	1
Female	-	-	16	10	-	-	26

XII. Diseases of the Skin and Subcutaneous Tissue

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	1	2	6	1	1	-	11
Female	1	2	6	2	-	-	11

XIII. Diseases of the Musculoskeletal System and Connective Tissue

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	1	4	7	1	2	-	15
Female	-	3	5	4	5	-	17

XIV. Congenital Anomalies

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	1	6	3	1	-	-	11
Female	2	4	-	-	-	-	6

XV. Certain Causes of Perinatal Morbidity and Mortality

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	2	-	-	-	-	-	2
Female	-	-	-	-	-	-	-

XVI. Symptoms and Ill-defined Conditions

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	-	-	1	3	7	-	11
Female	-	2	-	9	2	-	13

XVII. Accidents, Poisonings, and Violence

	Under	1-4	5-14	15-44	45-64	65+	Total
Male	1	6	5	4	-	-	16
Female	-	1	3	7	1	-	12

XVIII. Special Conditions and Examinations Without Sickness

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	16	53	70	101	46	4	290
Female	16	44	104	428	48	4	644

Total - All Conditions - Each Sex

	Under 1	1-4	5-14	15-44	45-64	65+	Total
Male	30	119	305	191	125	9	779
Female	29	113	320	651	151	12	1276

Grand Total All Ages in All Categories

Under 1	1-4	5-14	15-44	45-64	65+	Total
59	232	625	842	276	21	2055

The following table reflects the rating and per cent of services by categories.

1. XVIII - 45.45	7. X - 2.82	13. XI - 1.31
2. IX - 19.02	8. VII - 2.23	14. XVI - 1.16
3. III - 6.32	9 V - 1.70	15. XII - 1.07
4. VI - 5.10	10. XIII - 1.50	16. XIV - 0.82
5. VII - 4.42	11. IV - 1.45	17. II - 0.68
6. I - 3.50	12. XVII - 1.36	18. XV - 0.09

The following tables provide a comparison of hospitalization for two (2) reporting periods in each of the three (3) Texas Migrant Health Project Regions:

REGION I HOSPITALIZATION
January 1, 1969 - December 31, 1969

1.	Deliveries	51.1%
2.	Diseases of the Respiratory System	10.2%
3.	Diseases of the Digestive System	9.1%
4.	Infective and Parasitic Diseases	8.0%
5.	Accidents, Poisonings, and Violence	5.1%
6.	Diseases of the Genitourinary System	3.3%
7.	Endocrine, Nutritional, and Metabolic Diseases	2.2%
8.	D seases of the Circulatory System	1.8%
9.	Diseases of the Skin and Subcutaneous Tissue	1.8%
10.	Diseases of the Nervous System and Sense Organs	1.8%
	Total	94.4%

REGION I HOSPITALIZATION
January 1, 1970 - December 31, 1970

1.	Deliveries	50.9%
2.	Diseases of the Respiratory System	16.6%
3.	Diseases of the Genitourinary System	6.1%
4.	Infective and Parasitic Diseases	5.9%
5.	Diseases of the Digestive System	5.3%
6.	Accidents, Poisonings, and Violence	4.1%
7.	Diseases of the Circulatory System	2.4%
8.	Endocrine, Nutritional, and Metabolic Diseases	1.8%
9.	Diseases of the Skin and Subcutaneous Tissue	1.8%
10.	Diseases of the Musculoskeletal System and Connective Tissue	1.8%
	Total	96.7%

Region I Top Ten Conditions
1969 - 1970

In both years Deliveries lead in causes for hospitalization with diseases of the Respiratory System the second leading cause. In 1969, Diseases of the Digestive System was third but in 1970, it dropped to fifth. Both years Infective and Parasitic Disease was the fourth cause for hospitalization. In 1969, Accidents, Poisonings and Violence was the fifth, but in 1970, it dropped to sixth. In 1969, Diseases of the Genitourinary System was sixth while in 1970, it was the third leading cuase for hospitalization. In 1969, Endocrine, Nutritional and Metabolic Diseases was seventh, but dropped to eighth in 1970. In 1969, Diseases of the Circulatory System was eighth, but in 1970 was the seventh. Both years Diseases of the Skin and Subcutaneous Tissue was ninth. In 1969, Diseases of the Nervous System and Sense organs was the tenth, but in 1970, Diseases of the Musculoskeletal System and Connective tissue was tenth.

REGION II HOSPITALIZATION
January 1, 1969 - December 31, 1969

1.	Deliveries	46.5%
2.	Diseases of the Respiratory System	18.8%
3.	Infective and Parasitic Disease	6.3%
4.	Diseases of the Digestive System	6.3%
5.	Endocrine, Nutritional, and Metabolic Diseases	5.6%
6.	Diseases of the Genitourinary System	5.6%
7.	Diseases of the Nervous System and Sense Organs	3.7%
8.	Neoplasms	1.8%
9.	Accidents, Poisonings and Violence	1.8%
10.	Diseases of the Skin and Subcutaneous Tissue	1.3%
	Total	99.6%

REGION II HOSPITALIZATION
January 1, 1970 - December 31, 1970

1.	Deliveries	42.0%
2.	Diseases of the Respiratory System	13.4%
3.	Diseases of the Circulatory System	7.7%
4.	Diseases of the Nervous System and Sense Organs	7.7%
5.	Infective and Parasitic Diseases	7.3%
6.	Diseases of the Genitourinary System	4.8%
7.	Accidents, Poisonings, and Violence	4.2%
8.	Endocrine, Nutritional and Metabolic Diseases	3.6%
9.	Diseases of the Digestive System	3.6%
10.	Diseases of the Musculoskeletal System	1.8%
	Total	99.1%

Region II Top Ten Conditions
1969 - 1970

Changes:

Both years Deliveries lead in causes for hospitalization with Diseases of Respiratory System the second leading cause. In 1969 Infective and Parasitic Diseases was third but in 1970, it dropped to fifth. In 1969, Diseases of Digestive System was fourth but dropped to ninth in 1970. In 1969, Endocrine, Nutritional and Metabolic Diseases was fifth but dropped to eighth in 1970. Diseases of Genitourinary System was sixth both years. In 1969 diseases of the Nervous Systems and Sense Organs was seventh while in 1970 this condition was fourth. In 1969 Neoplasms was eighth in frequency but not listed in 1970. Accidents, Poisonings, and Violence were ninth in 1969, but seventh in 1970. Diseases of the Skin and Subcutaneous Tissues was tenth in 1969, but not listed in 1970. In 1970, Diseases of the Circulatory System, not listed among top ten in 1969, was third in frequency and Diseases of Musculoskeletal System, also not listed in 1969, was [illegible] in frequency.

REGION III HOSPITALIZATION
January 1, 1969 - December 31, 1969

1.	Deliveries	37.1%
2.	Diseases of the Digestive System	18.7%
3.	Diseases of the Respiratory System	12.3%
4.	Diseases of the Genitourinary System	9.8%
5.	Neoplasms	7.8%
6.	Infective and Parasitic Diseases	3.9%
7.	Endocrine, Nutritional and Metabolic Diseases	3.5%
8.	Diseases of the Circulatory System	3.5%
9.	Diseases of the Nervous System and Sense Organs	1.6%
10.	Diseases of the Skin and Subcutaneous Tissue	1.6%
	Total	99.8%

REGION III HOSPITALIZATION
January 1, 1970 - April 1, 1970

1.	Deliveries	37.7%
2.	Diseases of the Digestive System	18.7%
3.	Diseases of the Respiratory System	13.4%
4.	Neoplasms	7.3%
5.	Diseases of the Genitourinary System	7.3%
6.	Diseases of the Nervous System and Sense Organs	5.4%
7.	Diseases of the Circulatory System	3.5%
8.	Endocrine, Nutritional, and Metabolic Diseases	3.3%
9.	Diseases of Blood and Blood Forming Organs	1.2%
10.	Diseases of the Skin and Subcutaneous Tissue	.9%
	Total	98.9%

Region III Top Ten Conditions
1969 - 1970

In both 1969 and 1970 Deliveries were the most frequent cause for hospitalization, Diseases of the Digestive System were second most frequent, and Diseases of the Respiratory System third. In 1969, fourth in frequency was Diseases of the Genitourinary System which dropped to fifth in 1970. In 1969, Neoplasms was fifth but increased to fourth in 1970. Sixth in frequency in 1969 was Infective and Parasitic Diseases which was not among the top ten in 1970. In 1969, Endocrine, Nutritional and Metabolic Diseases was seventh, but dropped to eighth in 1970. Diseases of the Circulatory System was eighth in 1969, but seventh in 1970. In 1969, Diseases of the Nervous System and Sense Organs was ninth but moved up to sixth place in 1970. Tenth in both 1969 and 1970 was Diseases of the Skin and Subcutaneous Tissues. In 1969, Diseases of Blood and Blood Forming Organs was not listed among the first ten conditions but was ninth in frequency in 1970.

Referral Action - Texas
July 1, 1967 - June 30, 1968

1. Infective and Parasitic Diseases (I)	62.7%
2. Special Conditions and Examination without Sickness (XVIII)	20.5%
3. Diseases of the Digestive System (IX)	2.2%
4. Diseases of the Circulatory System (VII)	2.0%
5. Allergic, Endocrine, Metabolic and Nutritional Diseases (III)	1.8%
6. Diseases of the Musculoskeletal System and Connective Tissue (XIII)	1.6%
7. Diseases of the Skin and Subcutaneous Tissue (XII)	1.5%
8. Diseases of the Nervous System and Sense Organs (VI)	1.3%
9. Neoplasms (II)	1.1%
10. Diseases of the Genitourinary System (X)	.9%
Total	95.6%

(Based on MIGRANT INTER-AREA REFERRAL SYSTEM; A study of the Patient Care Completions, April 1, 1969)

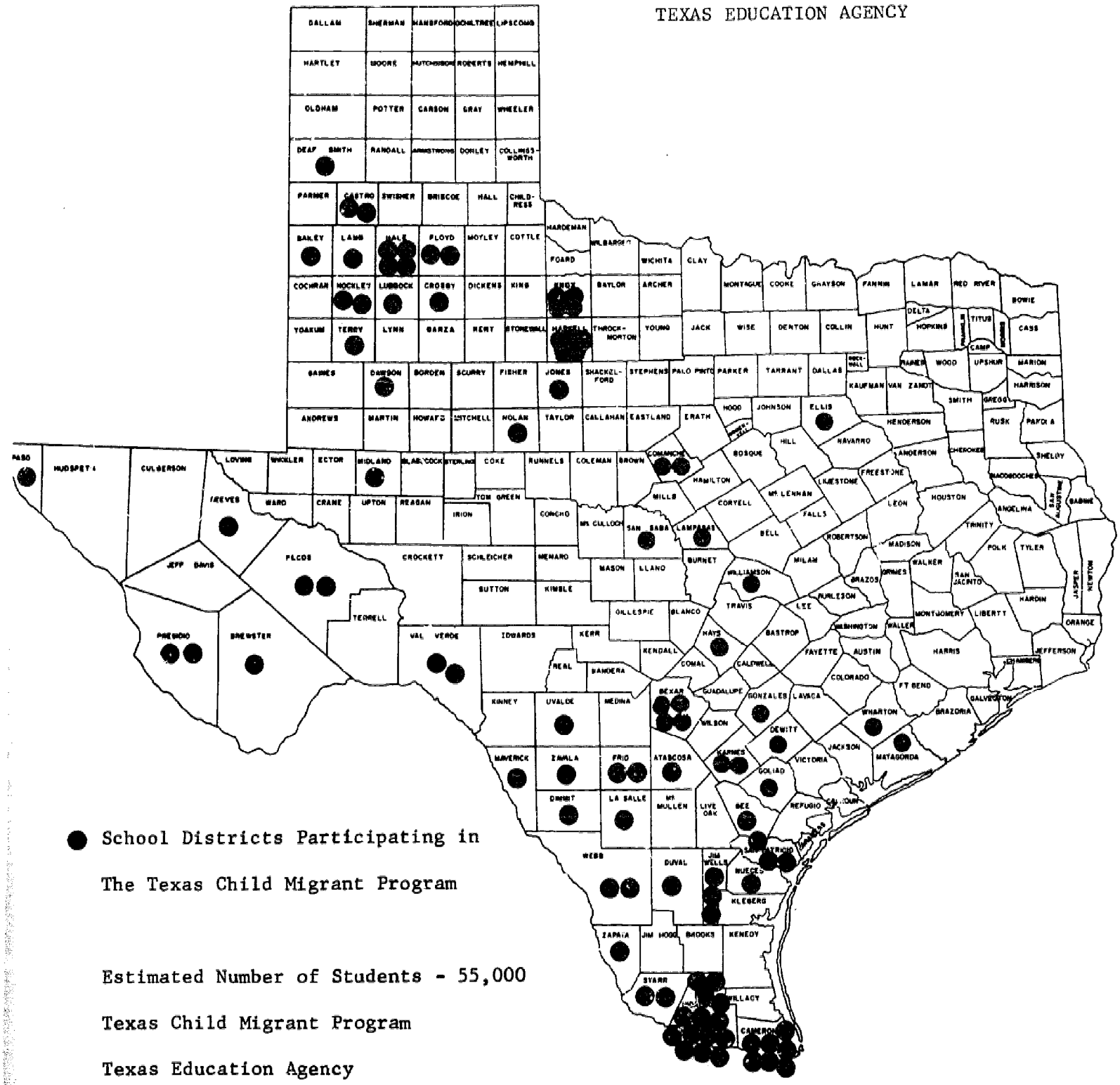
Referral Action - Texas
July 1, 1968 - September 30, 1970

1. Special Conditions and Examinations without Sickness (XVIII)	45.45%
2. Diseases of the Digestive System (IX)	19.02%
3. Allergic, Endocrine, Nutritional, and Metabolic Diseases (III)	6.32%
4. Diseases of the Nervous System and Sense Organs (VI)	5.10%
5. Diseases of the Circulatory System (VII)	4.42%
6. Infective and Parasitic Disease (I)	3.50%
7. Diseases of the Genitourinary System (X)	2.82%
8. Diseases of the Respiratory System (VIII)	2.23%
9. Mental Disorders (V)	1.70%
10. Diseases of the Musculoskeletal System and Connective Tissue (XIII)	1.50%
Total	91.07%

(Based on computer print-out of referrals relayed to Data Processing)

The above tables provide a comparison of the referral action for two (2) reporting periods.

TEXAS EDUCATION AGENCY



● School Districts Participating in The Texas Child Migrant Program

Estimated Number of Students - 55,000

Texas Child Migrant Program

Texas Education Agency

December 1970

The Texas State Department of Health Migrant Health Project will continually compile, analyze and evaluate data in order to develop more comprehensive health services for the domestic agricultural migratory farmworkers, seasonal farmworkers and their dependents.

Special Events

Since the funding of migrant health projects throughout the United States, a number of Regional Migrant Health Conferences have been held. These conferences were sponsored by the Public Health Services - Migrant Branch - Department of Health, Education and Welfare. The conferences were designed to provide a better understanding of the intent of the "Migrant Health Act" and to develop a program to accomplish this intent. Equally as important, they provided an opportunity for local migrant health projects to exchange ideas and share experiences. Several personnel from the Texas Migrant Project and local migrant projects have attended these conferences and found them very beneficial.

Also from the time of their funding, local health projects in Texas have made numerous requests to the State Office for a Texas State-Wide Migrant Health Conference. Most of the local migrant health projects felt that since the Texas Migrant Health Project staff was in contact with all local migrant health projects throughout Texas, the State Migrant Staff could better serve as coordinators for the conference. A planning committee was named to select the site and plan the agenda. The selection of the planning committee was made to have representation from all disciplines on the committee. The following persons were selected:

W. A. Buckner, D.D.S.
Co-Chairman
Project Medical Director

Jerry Delashaw, R.S.
Co-Chairman
Region I Sanitarian
Texas Migrant Health Project

Ruth Shelby, R.N.
Project Director
Gonzales County Migrant Health Project

Beverly Kincer
Project Clerk
Floyd County Migrant Health Project

Ruth McDonald, R.N.
Director of Nursing
Hidalgo County Health Department

Troy W. Lowry, R.S.
Sanitation Consultant
Texas State Migrant Health Project

Local Arrangements
John R. Copenhaver, M.D.
Project Director
Hidalgo County Health Department

Joe Stone, R.S.
Region III Sanitarian
Texas Migrant Health Project

Agatha Martinez, R.N.
Region III Nurse
Texas Migrant Health Project

Joe Abb Neely
Project Administrator, Sanitarian
Hudspeth County-Dell City Migrant Health Project

Robert S. Winston
Ass't. Migrant Health Representative
Department of Health, Education,
and Welfare
Dallas, Texas

Hilda Bacanegra
Nurses Aide
Leon Valley Migrant Health Project

Alternate
Mary Lou Williams, R.N.
Project Nurse
Hidalgo County Health Department

Two planning meetings were held to select the site and plan the program agenda. The program of the conference centered around three (3) main objectives: (1) Program Evaluation and Continuation; (2) Development of Consumer Motivation and (3) Development of Consumer Participation (emphasis on consumer advisory committee). Dr. John R. Copenhaver, Director of the Hidalgo County Health Department hosted the meeting. One hundred and fifty-five (155) attended the conference. Several allied agencies were represented at the conference including: Texas Good Neighbor Commission, Texas Education Agency, Texas Employment Agency, Texas O.E.O., and Planned Parenthood. Three (3) other states, New Mexico, Arkansas, and Florida were represented. A group of migrants served on a panel, and several migrants were also present. Resource persons for the conference were as follows:

Miss Cherry Tsutsumida
Public Health Educator
Department of Health, Education
and Welfare
Room 6A-55 Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20852

Mr. Glen Bell
Regional Migrant Health Rep.
Department of Health, Education
and Welfare
1114 Commerce Street
Dallas, Texas 75202

Mr. Robert J. Winston
Ass't. Regional Migrant Health Rep.
Department of Health, Education
and Welfare
1114 Commerce Street
Dallas, Texas 75202

Mr. Lee Frazier, Director
Texas Education Agency
Migrant Pre-School Program
201 East Eleventh Street
Austin, Texas 78701

Mr. Jerry Vasquez
Austin Research Development Center
800 Brazos Street, Room 510
Austin, Texas

Carl F. Moore, Jr., M.D., Director
Texas State Department of Health
Maternal and Child Health
1100 West 49th Street
Austin, Texas

Conley C. Kemper, Coordinator
Texas Good Neighbor Commission
Sam Houston Bldg., Room 501
Austin, Texas

Mrs. Patricia L. Alex, R.N.
Nursing Consultant
Texas State Department of Health
Migrant Health Project
1100 West 49th Street
Austin, Texas

Mr. Troy W. Lowry, R.S.
Sanitation Consulatnt
Texas State Department of Health
Migrant Health Project
1100 West 49th Street
Austin, Texas 78756

A tour of the home base area was arranged to provide a better understanding of the living environment of the migrants. The tour was enjoyed by project people from West Texas, as many of them had never been in the Valley area. Most of the conference participants felt the conference was successful and felt they had a better understanding of the intent of the Migrant Health Act and of the reporting kit.

Plainview Workshop

The McAllen conference demonstrated the need for special workshops to provide more detailed information on methods and procedures to secure basic data for the project's annual report and the writing of more meaningful objectives. Gerald W. Wagner, M.D., Project Medical Director, Hale County Migrant Health Project, hosted the workshop. The basic aims of the workshop were to provide information and techniques to improve project reports, and to enable each project to determine and establish meaningful and measurable objectives and to write a plan of action. Sixty-four (64) persons attended the workshop. The workshop proved to be quite stimulating and beneficial to those who attended. A tour of the labor camps was made which was very informative to project personnel from the home base area.

The following persons served on the planning and resources committees for the workshop.

Planning Committee

Rita Anderson, R.N.
Project Nurse
Greenbelt Medical Society
Migrant Health Project
1645 North 18th Street
Memphis, Texas

Raul Chapa, Administrator
Live Oak County Health Department
Courthouse
George West, Texas 78022

Louise Fischer, R.N.
Director of Nursing
Cameron County Health Department
186 North Sam Houston Blvd.
San Benito, Texas 78586

Leon Kessler
Project Sanitarian
Littlefield-Lamb County Migrant
Health Project
P. O. Box 1267
Littlefield, Texas 79339

Joe Abb Neely, R.S.
Administrator, Sanitarian
Hudspeth County-Dell City
Migrant Health Project
P. O. Box 68
Sierra Blanca, Texas 79851

Patricia L. Alex, R.N.
Nursing Consultant
Texas State Department of Health
Migrant Health Project
1100 West 49th Street
Austin, Texas 78756

Nellie P. Baker, R.N.
Region II Nurse
Texas State Department of Health
Texas Migrant Project
c/o St. Mary's University
2700 Cincinnati Avenue
Room 335, Chaminade Hall
San Antonio, Texas

Ralph Gomez, R.S.
Region II Sanitarian
Texas State Department of Health
Texas Migrant Project
c/o St. Mary's University
2700 Cincinnati Avenue
Room 335, Chaminade Hall
San Antonio, Texas 78228

Troy W. Lowry, R.S.
Sanitation Consultant
Texas State Department of Health
Texas Migrant Project
1100 West 49th Street
Austin, Texas 78756

Charles J. Scottino
Assistant Project Administrator
Texas State Department of Health
Texas Migrant Project
1100 West 49th
Austin, Texas 78756

Agatha C. Martinez, R.N.
Region III Nurse
Texas State Department of Health
Texas Migrant Project
186 N. Sam Houston Boulevard
San Benito, Texas 78586

Geneva Shropshire, R.N.
Region I Nurse
Texas State Department of Health
Texas Migrant Project
P. O. Box 2548
Lubbock, Texas 79408

Joe Stone, R.S.
Region III Sanitarian
Texas State Department of Health
Texas Migrant Project
186 N. Sam Houston Blvd.
San Benito, Texas

Greg Scott, B.A.
Training Coordinator
Texas State Department of Health
Public Health Education
1100 West 49th Street
Austin, Texas 78756

Reuel H. Waldrop
Chief, State and Community Services Division
National Communicable Disease Center
Atlanta, Georgia

Program Resource Personnel

Mr. Reuel Waldrop, Chief
Community Demonstrations
State and Community Services Div.
National Communicable Disease Center
Atlanta, Georgia 30333

Mr. Lawrence Posey
State and Community Service Div.
National Communicable Disease Center
Atlanta, Georgia 30333

Mr. Bill Dyal
State and Community Services Div.
National Communicable Disease Center
Atlanta, Georgia 30333

Mr. Larry Granberry
Texas State Department of Health
Data Processing
1100 West 49th Street
Austin, Texas 78756

Mrs. Margaret Guy, R.N.
Director of Nursing
Lubbock City-County Health Dept.
Lubbock, Texas

Mrs. Mary Lou Truesdale, R.N.
Director of Nursing
Plainview-Hale County Health Dept.
Plainview, Texas

Mrs. Geneva Shropshire, R.N.
Nursing Consultant
Texas State Department of Health
Migrant Health Project
Lubbock, Texas

Mrs. Louise Fischer, R.N.
Director of Nursing
Cameron County Health Department
San Benito, Texas

Mr. Leon Kessler, Sanitarian
Littlefield-Lamb Migrant Health Proj.
Littlefield, Texas

Mr. Dempsey Taylor, Health Educator
Lubbock City-County Health Dept.
Lubbock, Texas

Mr. Greg Scott, Training Coordinator
Texas State Department of Health
1100 West 49th Street
Austin, Texas 78756

Troy W. Lowry, R.S.
Sanitation Consultant
Texas State Department of Health
Migrant Health Project
1100 West 49th Street
Austin, Texas 78756

On the behalf of the conference and workshop participants, we wish to extend our gratitude to the planning committees, resource personnel and the program hosts for a job well done.

These types of conferences and workshops are necessary to gain knowledge and skills in order to develop a more effective and comprehensive migrant health program for the benefit of the migrant farm laborer and his dependents.

Inter-Agency Task Force on Migrant Health

The Task Force Committee was formed by the Governor's Office. The committee is made up of Federal and State agencies whose programs are utilized

by the migrant worker and his dependents. The basic aim of the committee is to explore and coordinate all Federal, State and local resources to meet the needs of the migrant population.

The Project Director and Acting Medical Director were assigned to represent the Texas State Department of Health. The Acting Project Medical Director has attended several meetings of the Committee. The Committee named an advisory board to draft recommendations for the consideration by the Committee. The Sanitation Consultant of the Texas Migrant Project served on the advisory committee. The Advisory Board made a number of recommendations concerning housing, health and welfare, employment, education and community resources. These recommendations were passed on to the Governor's Office.

The three Public Health Nursing Workshops which were held during the reporting period for in-service education for public health nurses utilized the following resource persons:

Dr. W. A. Buckner, D.D.S.
Migrant Project Director
Division of Dental Health
Texas State Department of Health

Miss Mildred Garrett, R.N., Director
Division of Public Health Nursing
Texas State Department of Health

Miss Margaret Boice, R.N.
Nursing Consultant
Division of Public Health Nursing
Texas State Department of Health

Mrs. Laura Houpt, R.N., Nursing Consultant
Division of Public Health Nursing
Texas State Department of Health

Miss Alta Harrison, R.N.
School Nurse Consultant
Texas State Department of Health

Miss Fern Vann Zandt, Child Health Specialist
Division of Maternal and Child Health
Texas State Department of Health

Mrs. Jean Bell, Records Analyst
Division of Local Health Services
Texas State Department of Health

Miss Dorothy Melear, Records Analyst
Division of Local Health Services
Texas State Department of Health

Mrs. Patricia Alex, R.N., Public Health Nursing Supervisor
Texas Migrant Project
Texas State Department of Health

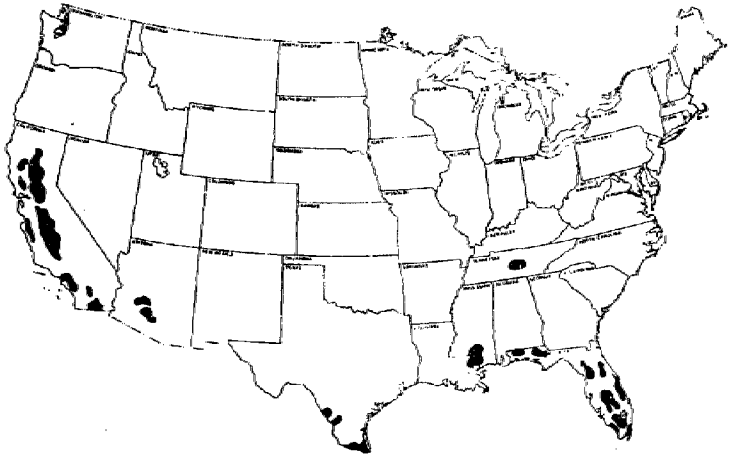
Mrs. Nellie P. Baker, R.N., Regional Field Nursing Consultant
Texas Migrant Project
Texas State Department of Health

Richard Ybarra, Migrant Consultant
Region XVII Education Service Center
Texas Education Agency

Ray Garcia, Migrant Consultant
Region XVII Education Service Center
Texas Education Agency

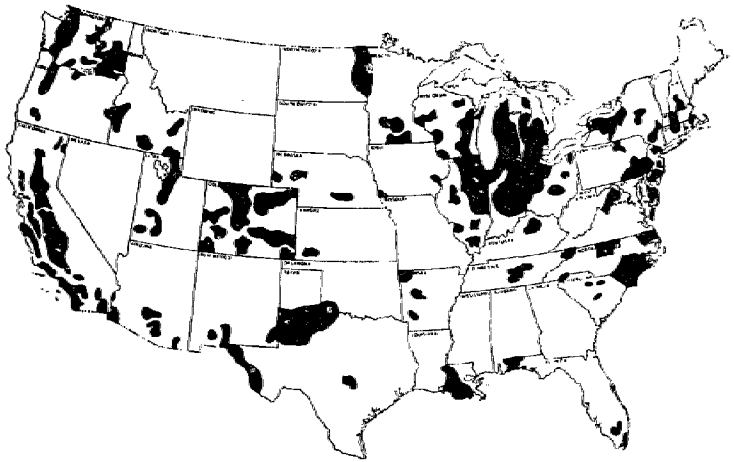
MAJOR AGRICULTURAL MIGRANT LABOR DEMAND AREAS

WINTER

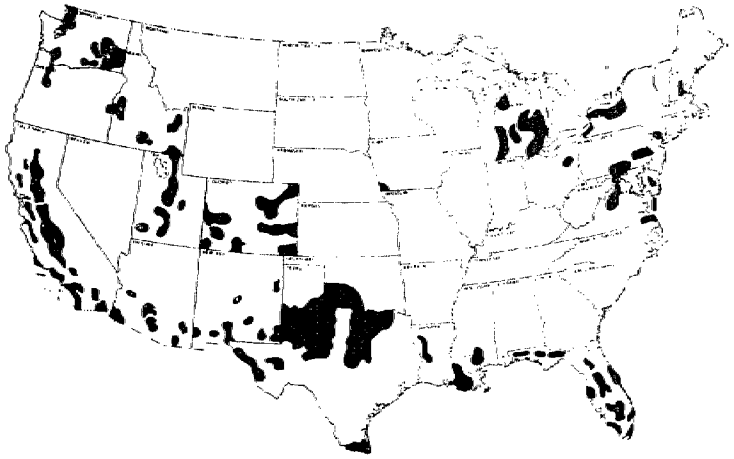


SPRING

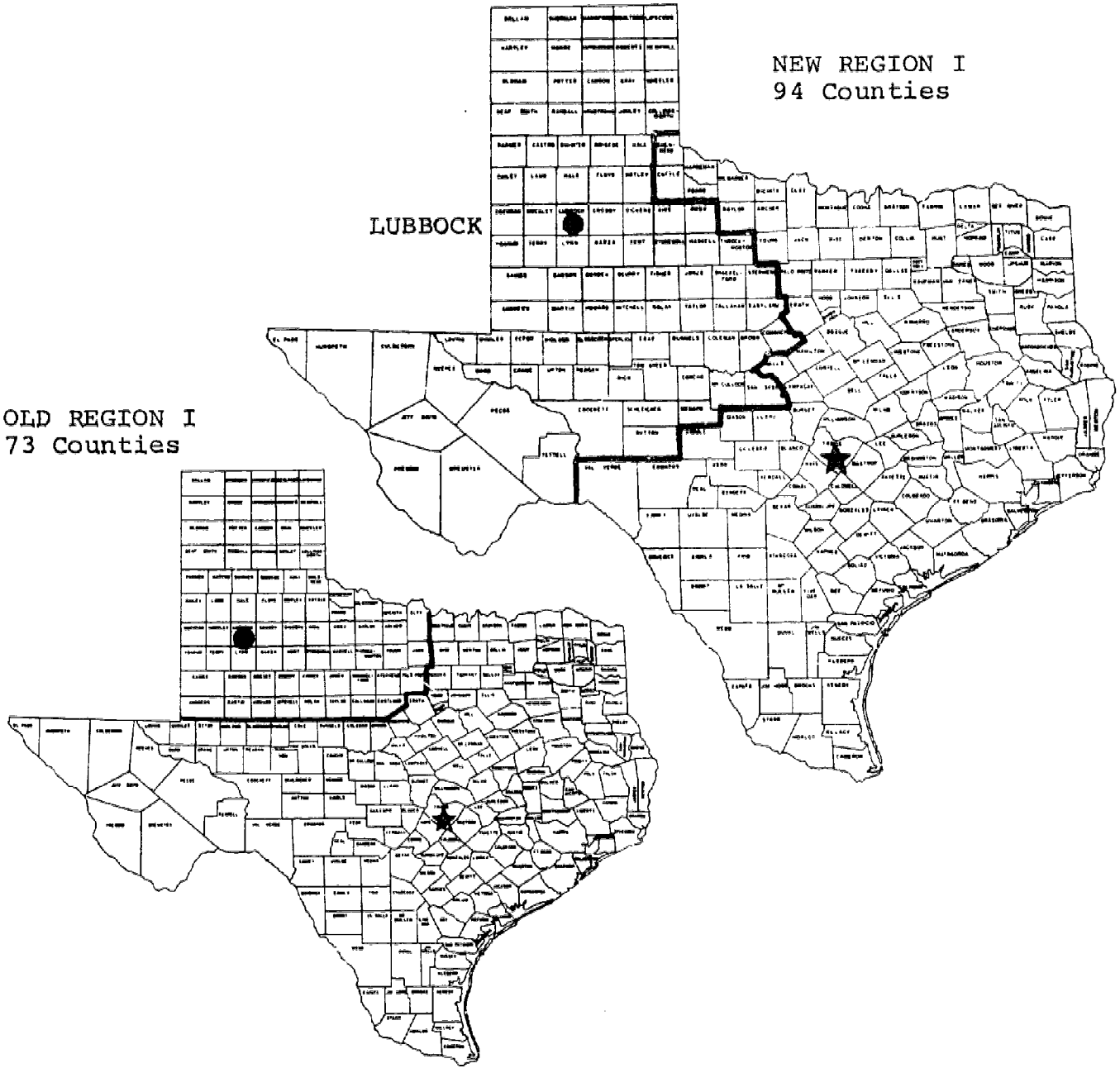
SUMMER



FALL



REGION I



TEXAS MIGRANT HEALTH PROJECT - REGION I

Scope of the Region

Region I of the Texas Migrant Health Project is situated in the Northwestern portion of the state. The area includes ninety-four (94) county subdivisions and covers 114,194 square miles or approximately 43% of the entire state. The region has been realigned with the Texas State Department of Health Comprehensive Planning Regions and the Council of Government Planning Regions. The general nature of Region I is rural. The agriculture in the Region varies. All available data indicates that twenty-three (23) in Region I utilizes the greatest portion of the migrant labor. Many counties in the Region do not use a large number of migrant labor as oil and gas production and cattle ranching are the major enterprises.

In some counties of the Region, many growers are experimenting with vegetables, especially in the Plainview-Hereford areas and in the Knox-Haskell area. However, before vegetable production can become a major crop in this area, many problems must be solved. Some of these include marketing of both fresh and prepared vegetables, adequate labor, adequate water supply and adequate transportation. Of course, the climatic conditions must remain favorable. In October, 1970, an early freeze in the plains area drastically reduced the fall vegetables in this area.

Region I has not only "in-migrant", but also those who use the area for a "rest area" as well as those who consider the area as "home base". All of these people provide an adequate supply of agricultural workers for the area. Each year Region I becomes increasingly more important as a "home base", especially from December through February. The duration of the in-migration occurs in the region from late February through mid December.

The Region I Staff previously consisted of two (2) nurses, one Sanitarian and a clerk. In September, 1970, the staff had dwindled to one (1) Nurse and a clerk. The Director of the Texas Department of Health Migrant Project is not so presumptuous as to assume that the limited regional staff could meet the objectives of the State Migrant Health Program in this vast area, but rather that the staff will be available in the region when problems arise. The major effort of the Regional Migrant Health Staff should be expanded in counties with the greatest number of migrant agricultural workers and their dependents.

The major factors which produced changes in Region I activities were (1) tornadoes (regional office moved three times), (2) crop failures in the eastern counties and (3) epidemics in other areas of the state. For example, a diphtheria epidemic in parts of the state re-focused the people's attention on the need for immunizations in all areas.

Migrant Health Needs

Whether the Region is viewed from the aspects of being a home base, harvest or rest area, the availability and accessibility of preventive and curative health services and care are the primary health needs. Also, basic to the total health picture of the migrant is the quality of the environment in which he must live and work.

Fundamental to meeting the health needs of migrants is the fact that in rural settings, the shortage of health resources and specialized manpower is particularly keen, not only for migrants, but for the resident population as well. Therefore, the procurement of health care is more than a question of economic ability of migrants to obtain health services. The problem is also the need to supply additional health personnel or to improve the coordination of existing services of care. The local migrant projects are the only comprehensive health programs in Region I.

The following is a list of local migrant health projects and services provided:

Crosby County Migrant Health Service Project (MG-108)
Mr. T. J. Taylor, Project Director
Dale R. Rhoades, M.D., Medical Director
P. O. Box 462
Crosbyton, Texas 79322
Phone: 675-2021 (806)
Grantee: Crosby County Commissioners' Court
Services: Dental, Health Education ****, Hospitalization, Out-patient Medical care, Nursing, Sanitation

Deaf Smith County Migrant Health Project (MG-214)
Mrs. Patricia Barber, R.N., Project Director
Gerald G. Payne, M.D., Medical Director
Box 2113
Hereford, Texas 79045
Phone: 364-2691 (806)
Grantee: Deaf Smith County Public Health Clinic, Inc.
Services: Dental, Health Education ****, Out-patient Medical Care, Nursing

Floyd County Migrant Health Service Project (MG-141)
Hon. J. K. Holmes, County Judge, Project Director
Jack G. Jordan, M.D., Medical Director
Floyd County Courthouse
Room 206
Floydada, Texas 79235
Phone: 983-5371 (806)
Grantee: Floyd County Commissioners' Court
Services: Dental, Health Education****, Out-patient Medical Care, Nursing, Sanitation, Optometric

Greenbelt Medical Society Migrant Health Project (MG-109)
Jack F. Fox, M.D., Co-Project Director (Childress County)
801 Commerce
Childress, Texas 79201
Phone: 937-3761 (807)
Harold R. Stevenson, M.D., Co-Project Director (Hall County)
Box 669
Memphis, Texas 79245
Phone: 259-2515 (806)
Grantee: Greenbelt Medical Society
Services: Dental, Health Education****, Out-patient Medical Care, Nursing, Sanitation.

Hale County Migrant Health Project (MG-37)
Gerald W. Wagner, M.D., Project and Medical Director
P. O. Box 1738
Plainview, Texas 79073
Phone: 293-1359 (806)
Grantee: Plainview-Hale County Health District
Services: Health Education****, Hospitalization, Out-patient Medical Care, Nursing, Sanitation.

Hudspeth County-Dell City Migrant Health Project (MG-119)
Doyle Ziler, County Judge, Project Director
Raymond E. Showery, M.D., Medical Director
Box 68
Sierra Blanca, Texas 79851
Phone: 369-2651 (915)
Grantee: Hudspeth County Commissioner's Court
Services: Dental fee-for-service, Health Education****, Hospitalization, Out-patient Medical Care, Nursing, Sanitation

Leon Valley Migrant Health Project (MG-140)
F. A. Eisenrich, M.D., Project Director
P. O. Box 30
DeLeon, Texas 76444
Phone: 893-5895 (817)
Grantee: DeLeon Municipal Hospital
Services: Dental, Health Education****, Hospitalization, Out-patient Medical Care, Nursing, Sanitation.

Littlefield-Lamb County Migrant Health Project (MG-139)
Mr. Pat Bradley, Project Director
J. R. Fain, M.D., Medical Director
P. O. Box 312
Littlefield, Texas 79339
Phone: 385-5368 (806)
Grantee: Littlefield City Council
Services: Dental, Health Education****, Out-patient Medical Care, Nursing, Sanitation, Optometric

This project was phased out on November 30, 1970.

Castro County Migratory Health Project (MG-143)
Mr. James Horton, Project Director
John D. Blackburn, M.D., Medical Director
P. O. Box 296
Dimmitt, Texas 79027
Phone: 647-2191 (806)
Grantee: Castro County Commissioners' Court
Services: Dental, Health Education****, Hospitalization, Out-patient Medical Care, Nursing, Sanitation.

This project was phased out on March 31, 1970.

Spur-Dickens County Migrant Health Service Project (MG-110)
Mrs. M. A. Rickels, Project Director
Bob Alexander, M.D., Medical Director
Box 1093
Spur, Texas 79370
Phone: 272-3239 (915)
Grantee: V.F.W.
Services: Dental, Health Education****, Out-patient Medical Care, Nursing.

This project was phased out on September 30, 1970.

Yoakum County Migrant Health Service Project (MG-113)
Hon. Gene H. Bennett, County Judge, Project Director
139 E. Broadway
Denver City, Texas 79323
Phone: 592-3601 (806)
Grantee: Yoakum County Commissioners' Court

****Not Specified Component - All Staff Members

Resource Development

The South Plains Dental Society has continued yearly seminars for school nurses and project nurses which have increased preventive care for migrant students.

The Migrant Health Project in Deaf Smith County has coordinated all known resources to enable the project to provide comprehensive care. Two other counties in Region I have three family service clinics. Two counties that have been added to the region have family service clinics which is a total of five family service clinics.

One county has made provisions for a well baby clinic. Another county

has started a sick baby clinic as a combined effort of the Health Department, Community Action Program, physicians, nurses and volunteers.

The counselors for the State Commission for the Blind did a mass screening program and all follow-up needed was provided by the Commission for the Blind and locally. (One patient was found to have a detached retina.)

One county has employed a nurse to hold an immunizations clinic once a month. This program was started as a combined effort of the Community Action Program, TB Control nurse, Regional Representative with Immunizations, school nurse, Region I Migrant Project nurse, and the local physicians.

One county has community health aides working with the OEO program who have agreed to assist in locating patients and assisting with services needed. Family planning services are also available for referral.

Three new family service clinics have become operational and two new counties which have family service clinics have been added to Region I.

Arrangements were made for referrals to be made to Family Planning Clinics in three (3) counties.

Clinic assistance has been rendered in Deaf Smith, Floyd, Hale, Haskell, Hockley and Lubbock.

Resources which contributed ideas were two conferences. The first was the State Migrant Health Conference in McAllen, Texas and the second was a community survey workshop in Plainview. Topics included program statistics, development and evaluation.

Regional Activities

The Regional Staff usually provides indirect services through the local projects rather than direct services to individual migrants. Indirect services include helping with the development of a quality program, data-gathering activities, and the provision of technical assistance. Having been associated with the development of the original grant applications for the local grant programs in the area, the regional staff continues to support the programs.

Due to their attendance at the conferences of McAllen and Plainview, the local projects requested more assistance with their annual reports and in preparation of objectives. This was provided by the regional staff.

Also, the regional staff was involved in two (2) grant developments with

successful approval and fundings of one grant, the Deaf Smith County Project. The project was able to employ the necessary staff almost immediately, and the clinic became functional August 10, 1970. Therefore at that time, it became necessary for the regional nurse to be involved in an orientation program for the staff.

Other counties interested in a Migrant Health Project are Knox, Haskell, Baily, Swisher, Hockley, Parmer and Lubbock.

Local Project Nursing

To insure improved delivery of nursing services to migrant patients and other indigents, the Region I nurse has been involved in planning and participating in programs for migrant health project nurses, health unit nurses, and school nurses.

The following is a list of programs the Region I nurse was involved in which reflects the endeavor to meet the education needs of these nurses:

1. The Community Survey Workshop (planning and participation)
2. The Texas State Migrant Health Conference (participation)
3. The Migrant School Nurses Workshop (planning and participation)

Direct Nursing Service

Clinic assistance with mass programs is the only direct nursing service rendered by the Region I nurse. This service was necessary due to the previously mentioned disasters and an "awareness" created by epidemics in other areas of the state, combined with a critical nursing shortage.

Referrals

Considering the vast area in which there are so many referrals and so few resources, it was of the utmost importance to utilize every means of providing continuity of care. The Regional nurse depends on assistance from other agencies and Health Officers to do follow-up. Letters were written to school nurses or other persons in a county that had been contacted and agreed to assist with this project. Letters were also written to the patients.

Out of fifty-one (51) letters written, 16 were to patients and only one patient responded. Eighteen of the agencies or persons contacted provided follow-up. The Region I nurse had to rely more on the telephone for contacts that possibly would have been more productive if a visit could have been made. However, this arrangement proved to be profitable in many instances.

The following table reflects the nursing activities for Region I.

TEXAS STATE DEPARTMENT OF HEALTH

MIGRANT PROJECT ACTIVITIES

Public Health Nurse — Visits to Local Health Jurisdictions December 1, 1969 - February 28, 1971 — Region I

I Local Health Unit Only County - 4	II Migrant Health Project Only	III Local Health Unit and Migrant Health Project	IV Local Health Unit and Migrant School Health	V Migrant Health Project and Migrant School Health
CC - 2 CR - 5 PD - 2	County - 4			
	CC - 1 NC - 17 CR - 7 PD - 1 DS - 3	County - 1		
		NC - 3	County - 4	
			CC - 34 NC - 30 CR - 19 PI - 2 DS - 7 PD - 9 HE - 18	County - 5
				CC - 12 NC - 63 CR - 26 PD - 10 DS - 4 SO - 11 HE - 3

TEXAS STATE DEPARTMENT OF HEALTH

MIGRANT PROJECT ACTIVITIES

Public Health Nurse — Visits to Local Health Jurisdictions, December 1, 1969 - February 28, 1971 — Region I

VI Local Health Unit & Migrant Health Project & Migrant School Health	VII Migrant School Health Only	VIII Other	Total
			CC - 2 CR - 5 PD - 2
			CC - 1 NC - 17 CR - 7 PD - 1 DS - 3
			NC - 3
			CC - 34 HE - 18 PD - 9 CR - 19 NC - 30 DS - 7 PI - 2
County - 1 CC - 3 NC - 15 CR - 5 PD - 1 DS - 2			CC - 12 CR - 26 DS - 4 HE - 3 NC - 63 PD - 10 SO - 11
	County - 3 CC - 6 NC - 5 CR - 5 PI - 3 DS - 1 PD - 15		CC - 3 NC -15 CR - 5 PD - 1 DS - 2 CC - 6 NC - 5 CR - 5 PI - 3 DS - 1 PD -15
		County - 14 CC - 5 HE - 1 CR - 5 NC - 3 DS - 3 PI - 7	CC - 5 HE - 1 CR - 5 NC - 3 DS - 3 PI - 7

Regional Public Health Nursing

Public Health Nursing Service, within Region I of the Texas State Department of Health Migrant Project, has been directed toward achieving health services for migrants within local health jurisdictions and through local health jurisdictions to utilize all existing organized health programs to the extent possible. These nursing activities are coded to describe location and type of activity in such a manner as to present an overall view of all public health nursing activities within the specified region.

INTERPRETATIONS OF CATEGORICAL CLASSIFICATIONS

Standard Health Regions _ Standard Health Regional Areas defined by Comprehensive Health Planning of the Texas State Department of Health.

Local Health Unit Only - Local health jurisdictions encompassing county-wide areas in which local state affiliated health programs operate to meet public health service needs of county residents.

Migrant Health Projects Only - Local health jurisdictions covering county-wide areas in which local organized migrant health programs operate in cooperation with the Texas State Department of Health to meet public health service needs of migrants only within the respective area.

Local Health Unit and Migrant Health Project - Local health jurisdictions covering county-wide areas in which local state affiliated public health programs operate to meet public health service needs of residents within the respective areas. In this same local area, migrant school health programs operate to provide health and ancillary services to a specific group of migrant school-age children.

Migrant School Health Only - Local health jurisdictions covering county-wide areas in which local migrant school health programs operate to provide health and ancillary services to a specified group of migrant school age children lacking support of a local Health Unit or Migrant Health Project.

Other - Local county-wide health jurisdictions lacking support of local Health Units, Migrant Health Projects, or Migrant School Health Programs in which County Health Officers and/or City Health Officers supported by Texas State Department of Health Migrant Project Regional Public Health Nurses direct their energies in matters pertaining to public health service needs of migrants within the respective area.

Public Health Nursing activities to promote and protect the health status of the domestic agricultural migratory farmworker and his dependents have included:

P.I.-Identification of migrant populations.
S.O.-Migrant Health Service Orientation.
P.D.-Development of migrant health programs.
N.C.-Nursing Consultation in migrant health activities
C.R.-Coordinating community resources to meet migrant health service needs.
C.C.-Continuity of care.
D.S.-Providing direct public health nursing service under the direction of Local Health Officers.
H.E.-Selecting and making available health educational materials to support public health nursing programs for migrants.

ENVIRONMENTAL SANITATION SERVICES

The Region I Sanitation activities are provided by one full-time Sanitarian. The Region I Sanitarian, under the direct supervision of the Acting Medical Director and Sanitation Consultant, has endeavored to meet the objectives of the Texas Migrant Health Project in Region I.

The Region I Sanitarian has provided both indirect and direct services to local migrant health projects, Federal and State and Local agencies and organizations and interested individuals, as well as to the migrant population.

The Region I Sanitarian has placed the major emphasis of his activities in those areas in Region I with a high migrant population.

A concerted effort has been made to develop a comprehensive environmental sanitation program in local migrant health projects. These efforts have been made through routine and/or requested visits to local migrant projects. Also, several meetings have been held in the Region I office in Lubbock.

The Region I office is located in the Lubbock City-County Health Department. The Health Department and the Region I office were destroyed by a tornado. The Region I Sanitarian spent considerable time in moving the office to another location.

The following statistical information and brief resume represent the major activities within respective categories and within the codes definition.

TEXAS STATE DEPARTMENT OF HEALTH

MIGRANT PROJECT ACTIVITIES

Visits to Local Health Jurisdictions

Sanitarian — December 1, 1969 - February 28, 1971 — Region I

I Local Health Unit Only County - 4	II Migrant Health Project Only	III Local Health Unit and Migrant Health Project	IV Local Health Unit and Migrant School Health	V Migrant Health Project and Migrant School Health
ES 7 COS 2	County - 2			
	ES 7 IST 1 HE 4 COS 2 Ad 3	County - 3		
		Ad 12 HE 14 COS 2 ES 18 IST 1	County - 4	
			Ad 9 HE 3 COS 7 ES 17 IST 1	County - 5
				Ad 27 HE 17 COS 6 ES 26 IST 10

Administrative Services - Ad
Health Education - HE
Coordination of Services - COS
Environmental Services - ES
In-service Training - IST

TEXAS STATE DEPARTMENT OF HEALTH

MIGRANT PROJECT ACTIVITIES

Visits to Local Health Jurisdictions
December 1, 1969 - February 28, 1971

Sanitarian — Region I

VI Local Health Unit & Migrant Health Project & Migrant School Health	VII Migrant School Health Only	VIII Other	Total
			ES 7 COS 2
			ES 7 HE 4 IST 1 COS 2 Ad 3
			Ad 12 HE 14 ES 18 COS 2 IST 17
			Ad 12 HE 14 ES 18 COS 2 IST 7
County - 1			Ad 27 HE 17 ES 26 COS 6 IST 10
Ad 8 COS 2 HE 13 ES 6 IST 7	County - 2		Ad 8 ES 6 HE 13 IST 7 COS 2
	ES 5	County - 24	ES 7
		ES 57	ES 57

Administrative Services - Ad
Health Education - HE
In-service Training - IST
Coordination of Services - COS
Environmental Services - ES

The following is an interpretation of the activities performed during the period from December 1, 1969, through September 23, 1970.

In categories II through VI, a total of 59 visits were made for administrative activities. This included a variety of activities including:

1. Visits to counties to discuss the migrant health program - Federal, State and Local.

2. Visits to counties to assist in preparation of renewal and continuation applications.

3. Visits to counties to assist in preparation of budget revision.

4. Visits to discuss new coding and reporting procedures.

In categories I through VII, a total of 143 visits were made for Environmental Sanitation activities. These activities include:

1. Visits to counties to assist in the development of a comprehensive environmental sanitation program.

2. Visits made to counties for technical and consultation assistance.

3. Visits made for special assistance in specific environmental programs.

4. Visits made to counties for actual involvement or performing environmental sanitation services.

5. Visist made to counties for the purpose of locating migrant labor camps.

In categories II through VI, 51 visits were made for Health Education activities. These activities include:

1. Assist in presentation of health education program.

2. Dissemination of printed materials.

3. Information by contact to groups and individuals.

In categories II through VI, a total of 26 visits were made for "in-service" training activities. These activities include:

1. Training of project sanitarians in special sanitation programs.

2. Accompanying local sanitarian while performing routine duties.

3. Assisted project sanitarian in establishing priorities.

4. Familiarization of sanitation law (Federal, State and Local).

In categories I through VI, 21 visits were made for coordination of Services activities. These activities include:

1. Utilization of federal resources, especially Farmer Home Administration.

2. Utilization and coordination of state resources, especially Texas State Department of Health.

3. Utilization of local resources such as local O.E.O. agencies, and county agencies.

Special Activities

The Region I Sanitarian continued to survey counties in the region in an effort to determine the number and location of migrant labor camps. Thirty-eight (38) counties are known to have the labor camps in Region I.

The Region I Sanitarian was also co-Chairman of the Texas State-Wide Migrant Health Conference held in McAllen, Texas on September 27, 1970, through September 30, 1970.

Future Activities for Region I

The Region I staff will continue to provide consultative and technical services to all local migrant health projects through routine and/or requested visits.

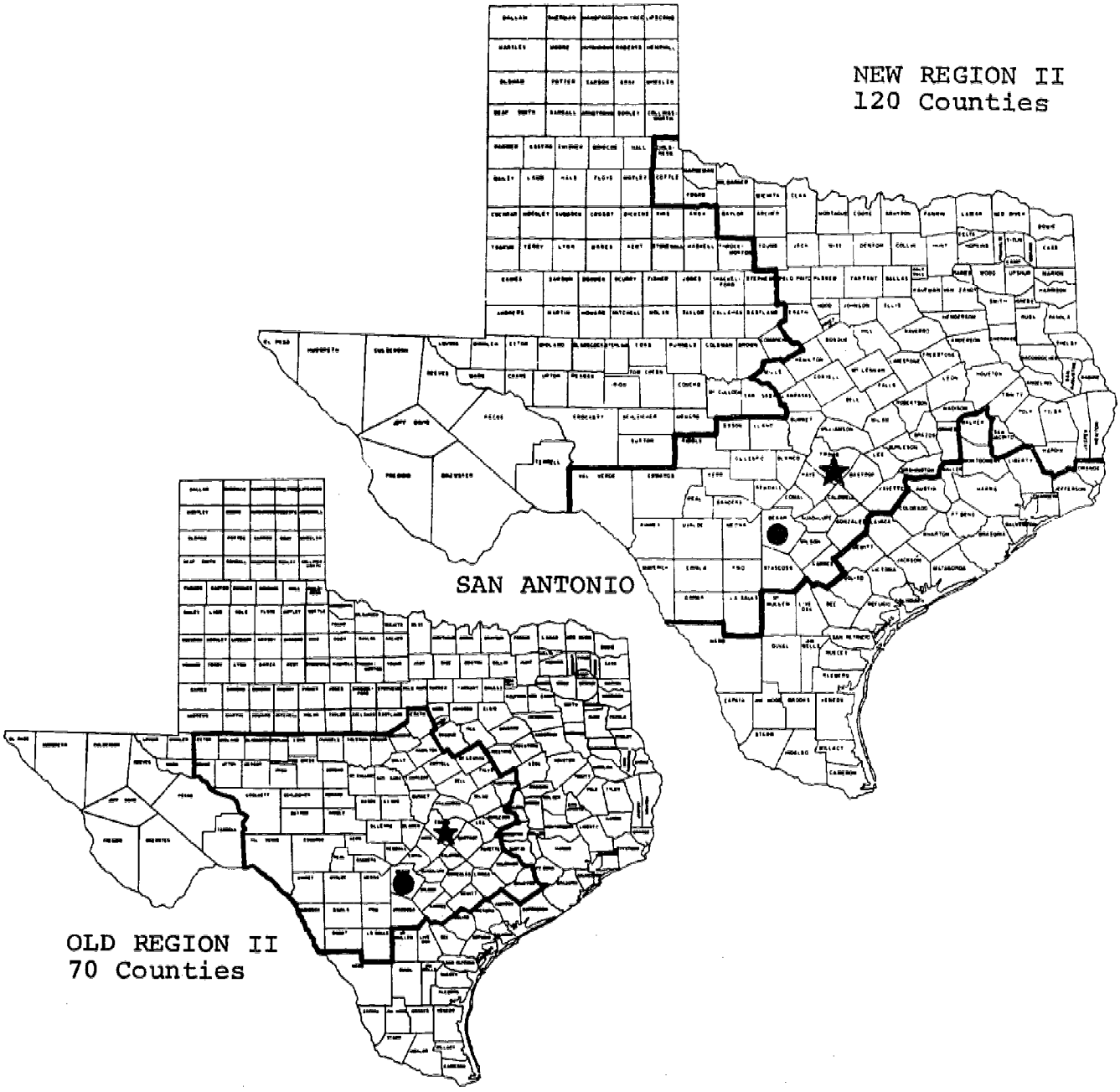
The Staff will endeavor to stimulate the utilization of all Federal, State and Local resources.

The Staff will on request provide assistance to interested governmental and non-profit organizations for the development of migrant health grant applications. The staff will assist in the development and coordination of seminars and workshops designed to benefit local migrant health project personnel.

The staff will continue to provide "in-service" training as necessary.

The Regional staff will provide direct services to migrant population to the extent possible. The Regional staff will continue to provide both consultative and direct services to local city and county officials in high migrant impact areas, devoid of other public health service to the extent possible. The Regional staff will continue to gear their activities to meet the present and/or modified guidelines of the Public Health Service-Migrant Health Program.

REGION II


NEW REGION II
120 Counties
SAN ANTONIO
OLD REGION II
70 Counties

TEXAS MIGRANT HEALTH PROJECT - REGION II

Scope and Background of the Region

Region II of the Texas State Migrant Project is made up of seventy (70) counties with headquarters located in San Antonio, Texas (Bexar County). From headquarters the Region extends virtually the four corners, being North, South, East and West. The outlying counties that make up the borders when travel originates from Region II headquarters are Ector County on the West, Erath County on the North, Wharton County on the East, and La Salle County on the South. So the reader can readily see or realize that the Region is not necessarily square, but that it extends in the directions previously mentioned.

In the past the Region's migrant population consisted of "home base" and "in-migrants", usually migrating into a county or counties during peak harvesting season of certain crops such as corn, carrots, cabbage, onions, cucumbers, etc.

At this point it would be appropriate to estimate that the migrant population in Region II will be doubled and in many counties tripled, due to the change or amendment to the Public Health Service Act, Section 310 made by sub-section (b), to writ, "the Secretary of Health, Education and Welfare may use funds appropriated under that section to provide health services to seasonal agricultural workers (and their families) when he finds that the provision of such services will contribute to the improvement of the health conditions of the domestic migrant agricultural workers and their families who may presently receive health services under that section". Certainly, the United States Public Health Service definition of a migrant has not been changed, the key here is the addition of the phrase "seasonal agricultural workers (and their families)", which in effect increases the migrant population needing and/or seeking services. Also, the Region has just recently been expanded to encompass 120 counties, or 50 more than during this reporting period.

The Migrants' Health Needs

Medical and dental services have improved, but much remains to be accomplished. The medical and dental services, both in the preventive and diagnostic/curative aspects need improvement, particularly in the availability and accessability of the services. Also, in both services, medical and dental, continuity of care remains a major problem.

The economic needs are, in reality, deplorable. In some areas where wages have improved, the working months during the year have decreased. In many areas, wages have not improved to the point where the worker is able to make a decent living. In general, economically speaking, the migrant agriculture

work is not experiencing any appreciable increase in income, considering that farm work is the poorest paid of any industry. There are many reasons for this situation; for example, mechanization, competition, employer or grower abuses in relation to deductions taken by the employer, claim of growers of certain amount of acreage planted versus more acreage worked or harvested by the migrant, and many other like situations. The education services to the migrants have improved tremendously, especially to the children or young adult migrant. This has been primarily accomplished through the various educational programs offered by various agencies at different levels, Federal, State and Local.

The transportation problem in many cases is an acute one. With no offense or disrespect to any particular agency, individual or discipline, this is a problem that we tend to forget or overlook in many situations. However, the problem exists and will continue to exist, unless the economic, health, education, and other factors or conditions improve.

Health Resources

Within the Region there are (21) affiliated Health Departments, which means that 30% of the Region is provided with some services, varying in quantity and quality. Although we are aware of other health agencies in some counties, it would be difficult to list each and every one without an adequate survey in each county. We know of some counties that have health departments, but neither Federal or State funds are utilized to support the services, consequently, these departments are not considered or listed as affiliated health departments. In many counties you may have a county nurse, or a city and county Sanitation Inspector, or several school nurses working in various school districts within the county.

There are many allied agencies within Region II, which we contact if and when the need arises. On many occasions, these agencies are contacted to obtain needed information, to understand and become aware of their services, to refer individuals needing their services, and to explain the Migrant Health Program at the various levels; Federal, State and Local. Attempting to list or name these agencies would only be time consuming and would also be unjust to name only a few, and inadvertently omit others which have at times helped or rendered services.

In reviewing a print-out furnished by Texas Education Agency to the Texas State Department of Health Migrant Project, and distributed to the Region, listing "Texas Migrant Project Schools - 1970-71", it was determined that Region II has currently in operation 18 counties with 25 migrant schools with a student enrollment of approximately 9,465.

REGION II LOCAL MIGRANT HEAL" PROJECTS

Bexar County Migrant Farm Workers Association (MG-213)
Mr. Joe L. DeLos Santos, Project Director
Mr. Manual S. Perez, Property and Fiscal Officer
2327 Castroville Road
San Antonio, Texas 78237
Phone: 434-9391 (512)
Services: Dental, Medical Outpatient, Nursing, Health Education****

Del Rio-Val Verde County Migrant Health Project (MG-128)
Del Rio-Val Verde County Health Department
Mr. Lewis G. Owens, Director
Manuel A. Martinez, Jr., M.D., Project Medical Director
200 Bridge Street
Del Rio, Texas 78840
Phone: 775-5985 (512)
Services: Dental, Medical Outpatient, Nursing, Health Education****

Gonzales County Migrant Health Project (MG 115)
Mrs. Ruth Shelby, R.N., Project Director
Stewart M. Ponder, M.D., Medical Advisor
409½ St. George Street, Suite 8
Gonzales, Texas 78629
Phone: 672-6079 (512)
Services: Hospitalization, Medical Outpatient, Nursing,
Sanitation, Dental, Optometric, Health Education ****

La Salle County Migrant Health Project (MG-120)
J. M. Barton, M.D., Project Director
Drawer E (105 South Stewart Street)
Cotulla, Texas 78014
Phone: 879-2450 - Project
879-2342 - Hospital (512)
Services: Dental, Medical Outpatient, Nursing, Health Education ****

Leon Valley Migrant Health Project (MG-140)
F. A. Eisenrich, M.D., Project Director
P. O. Box 30
De Leon, Texas 76444
Phone: 893-5895 (817)
Services: Dental, Hospitalization, Medical Outpatient,
Nursing, Sanitation, Health Education ****

San Marcos-Hays County Migrant Health Project (MG-147)
San Marcos-Hays County Health Department
B. M. Primer, M.D., Project Director
County Courthouse, Second Floor
San Marcos, Texas 78666
Phone: 392-5831 (512)
Services: Medical Outpatient, Sanitation, Nursing, Dental, Health Education ****

**** Not specified component - all Staff members

Region Activities

In view of Region II scope and background, which has been previously described, the Region staff has concentrated their efforts primarily in the indirect services approach. This is not meant to imply that direct services have not been undertaken or performed, as will be explained and documented in greater detail by the activity charts. Efforts have been made to meet the objectives as stated on the grant application, but due to so many changes at the Federal level, Region activities have had to be modified or altered in some aspects, primarily to comply with Federal guidelines.

INTERPRETATIONS OF CATEGORICAL CLASSIFICATIONS

Local Health Unit Only

Local health jurisdictions encompassing county-wide areas in which local organized migrant health programs operate. They are Federally funded and in cooperation with the Texas State Department of Health to meet public health services, primarily to migrants and their dependents.

Local Health Unit and Migrant Health Projects

Local health jurisdictions covering county-wide areas or in some instances covering four or five counties in which organized local State affiliated health programs operate to meet the public health needs of residents and migrants and their dependents. Usually, but not always, the local health department being the grantee organization.

Local Health Unit and Migrant School Health

Local health jurisdictions covering county-wide areas in which local State affiliated public health programs operate to meet public health service needs of residents within the respective area. In this same area, migrant school health programs operate to provide health and education to migrant school age children.

Local Health Unit, Migrant Health Project, and Migrant School Health

To avoid repetition, this classification constitutes a combination of the last two previously mentioned categories.

Migrant School Health Only

Local health jurisdiction covering county-wide areas in which local migrant school health programs operate, usually by school districts, to provide health and education to migrant children of school age, lacking support of Local Health Unit or Migrant Health Project.

Other

Local county-wide jurisdictions lacking support of an affiliated Health Unit, Migrant Health Project or Migrant School Health Programs in which County Health Officers and/or City Health Officers supported by the Texas State Department of Health Migrant Project Regional staff (Sanitarian or Nurse) direct their energies in matters pertaining to public health needs of migrants and their dependents.

Region II Public Health Nursing

Public Health Nursing Services within Region II of the Texas State Department of Health Migrant Project, has again been directed toward achieving health services for migrants within local health jurisdictions to utilize all existing organized health programs to the extent possible. These nursing activities are coded to describe location and type of activity in such a manner as to present an overview of all public health nursing activities within the specified Region.

Because of the resignation of the Public Health Nursing Supervisor in September, 1970, the Region II Public Health Nurse was assigned to assist the Texas State Department of Health Migrant Project Central Office clerical staff in processing migrant referrals, completing migrant referral computer cards, and other supervisory nursing duties. This assignment limited the activities of the Region II Public Health Nurse in the counties of the Region.

The following statistical information and brief resume represents a portion of the Region's activities within respective categories and within the codes definition. It is of importance to inform the reader that category II and III do not apply to Region II because not any of the 70 counties fall within either of the two categories.

TEXAS STATE DEPARTMENT OF HEALTH

MIGRANT PROJECT ACTIVITIES

Visits to Local Health Jurisdictions

Public Health Nurse — December 1, 1969 - September 30, 1970 — Region II

I Local Health Unit Only County -	II Migrant Health Project Only	III Local Health Unit and Migrant Health Project	IV Local Health Unit and Migrant School Health	V Migrant Health Project and Migrant School Health
(5 counties) CR-4 DS-1 CC-8 PD-1 HE-2	(0)	(0)	(8 counties)	(3 counties)
			CR-15 PD-4 CC-21 IST-1 HE- 4 PI-2 DS- 1	
				CC-9 NC-7 CR-1 HE-10 DS-5 PD-4 IST-2

TEXAS STATE DEPARTMENT OF HEALTH

MIGRANT PROJECT ACTIVITIES

Visits to Local Health Jurisdictions

Public Health Nurse — December 1, 1969 - September 30, 1970 — Region II

VI **Local Health Unit & Migrant Health Project & Migrant School Health**	VII **Migrant School Health Only**	VIII **Other**	**Total** (46 counties)
(3 counties)	(5 counties)	(22 counties)	CR-4 CC-8 DS-1 HE-2 PD-1

			CR-15 DS-1 PI-2 CC-21 PD-4 HE-4 IST-1
			CC-9 IST-2 PD-4 CR-1 NC-7 DS-5 HE-10
CC-23 CR-12 NC-10 HE-7 PD-8			CC-23 NC-10 CR-12 PD-8 HE-7
	CC-9 CR-3 PD-2 DS-14 HE-6		CC-9 CR-3 PD-2 DS-14 HE-6
		CC-33 HE-4 CR-5 PD-2 DS-12 IST-2	CC-33 HE-4 CR-5 PD-2 DS-12 IST-2

CC-Continuity of Care
CR-Coordinating Resources
DS-Direct Nursing Service
HE-Health Education
NC-Nursing Consultation
PI-Population Identification
PD-Program Development
IST-In-Service Training

Public Health Nursing activities to promote and protect the health status of the domestic agricultural migratory farmworker, seasonal farmworker, and their dependents have included:

C.C. - Continuity of care
P.I. - Identification of migrant populations
S.O. - Migrant health service orientation and In-service training (I.S.T.)
P.D. - Development of migrant health programs
N.C. - Nursing consultation in migrant health activities
C.R. - Coordinating community resources to meet migrant health service needs
H.E. - Selecting and making available health education materials to support public health nursing and school health programs for migrants

For ten months of the Texas Migrant Project year - December 1, 1969, through September 30, 1970 - the public health nursing activities in Region II are presented as relates to the Health Services available within local health jusisdictions in which are located organized public health services for local residents, for local residents and migrants, and/or for migrants only. In all categories of counties visited, the Region II Public Health Nurse carried on nursing activities under the administrative direction of the Medical Directors of local health departments, local migrant projects, county and/or city health officers, and/or school physicians with the cooperation of school superintendents and/or migrant school program coordinators, where applicable; also, activities were under the supervision of higher level nursing personnel and/or consultants from the Texas State Department of Health, as applicable, to assist in analyzing, planning, and coordinating public health nursing services within the local health jurisdictions.

During the reporting period there were seventy counties, of five standard health regions, in six of the eight categories of health jurisdictions; there were no counties in categories II or III. The Region II nurse was able to visit forty-six of the seventy counties during the ten months of this report of field activities.

The following information represents some of the activities of the Region II Nurse within the Health Jurisdiction Categories and the codes' definitions. In the six categories thirty-one visits were made to assist in identifying community resources interested in public health nursing problems and needs of migrants and their families; in developing and coordinating public health nursing services for migrants within the respective health jurisdictions; and in providing consultation services for the development and maintenance of migrant programs designed to meet the special needs of the migrant school age child.

In the six categories thirty visits were made to assist in coordinating migrant health activities with on-going health programs within local and state organized health programs; and to provide for continuity of patient care by exchanging information and cooperating with community health and welfare agencies.

In categories IV and VII three visits were made to interpret the philosophy policies, and functions of the migrant health program to professional groups and to attempt to identify for county health officers barriers to effective public health nursing communication between migrants and health resources to assist in ways of overcoming these barriers.

In category V two visits were made to assist in the orientation and teaching of inexperienced migrant project staff nurses and auxiliary workers and in categories IV and VIII, three visits were made to set up or assist with in-service training programs.

In the six categories of health jurisdictions seventy-five contacts were made to assist in developing and maintaining an effective referral system to support migrants through a series of health service changes. (Thirty-nine counties of Region II received 565 inter-state referrals from nineteen states and thirteen received forty-five intra-state referrals from counties in Texas; forty-one inter-state and eight intra-state referrals were originated by counties of Region II during the State Migrant Project 1970 reporting period. There were 521 referrals completed for a completion rate of 85.4%; four of the five counties of Region II with migrant school health programs only, received 29 migrant referrals while completing 36 for a completion rate of 124%; fourteen of the 41 unorganized counties received 51 migrant referrals, completing 44 for a completion rate of 86.3%).

The seventy-five contacts concerning referrals does not include the assignment of handling all referrals in the headquarters county of Region II. The referrals originating in Bexar County are routed out of the State through the State Migrant Project Referral system. All in-coming referrals are routed to the various local public health nursing districts, except dental referrals. Following the funding of a local migrant project in Bexar County, and subsequent change of category, these dental referrals are routed to the local project, which has a dental component. Also, a home visit was made to migrant family referred for service living in an incorporated town in the country, to provide direct public health nursing service as an integral part of the delivery of all Region II nursing activities.

At all times, health promotional activities stressed the utilization of PHS Form 3562 "Personal Health Record" and the benefits of presenting it to physicians and other health personnel for the purpose of promoting

continuity of health services within and between health jurisdictions were stressed.

In all categories twenty-four visits were to provide public health nursing care to migrants requiring professional nursing service through immunization clinics or home visits for follow-up of inter-state referrals for care, as requested by the respective Medical Directors, in the local health jurisdictions.

In all categories thirty-five contacts were made to serve as resource to local health personnel in selecting health education material useful in the development or improvement of migrant public health nursing or migrant school health programs designed to contribute to the health and welfare of the local migrant population.

Other activities of the Region II Nurse during the ten-month reporting period included:

1. Setting up of a workshop concerning migrant referrals and records for local Health Department and Migrant Project Nursing and clerical staffs of a six-county area.
2. With a representative from the Dallas H.E.W. Regional Office, visiting four counties where interest in migrant health project grant applications had been expressed.
3. Assisting with preparation of migrant health grant applications in two counties.
4. Advising personnel of new migrant health project in setting up public health nursing component of the project.
5. Providing public health nursing service in community-wide immunization programs, and home visits to migrants referred for follow-up service in unorganized counties, as requested by local Health Department Directors, County Health Officers, and/or local Migrant Project Directors.
6. Providing 1,675 pieces of health education material to project, school, health department, and county nurses with information as to sources of the material which was furnished by Health Education, Chronic Disease, Communicable Disease, and Maternal and Child Health Divisions of the Texas State Department of Health, the American Dairy Council, and the Planned Parenthood-World Population.
7. Participated in a state migrant project workshop concerned with the writing of project objectives and techniques for securing migrant health data in communities.
8. Participated in the First Annual State-Wide Migrant Health Conference.

On March 1, 1971, the State Migrant Project Regional boundaries were changed to conform to the standard health region boundaries; Region II lost 46 counties while gaining 70, for a total of 120 counties. Future activities will include contacting health and allied personnel in migrant impact areas of the added counties to coordinate public health nursing activities to the extent possible, with special emphasis being in local health jurisdictions without organized public health service programs designed to meet the needs of resident or migrant to provide public health nursing consultation to local migrant project, and migrant school, nurses to assist in up-grading of public health nursing programs to promote and protect the health status of the domestic agricultural migratory farm workers, the seasonal farmworker, and their dependents.

All Regional Public Health Nursing activities will be geared to the present and/or modified policies and guidelines of the Migrant Health Program.

ENVIRONMENTAL SANITATION SERVICES

The environmental sanitation services of Region II are provided by one full time sanitarian. The Region II Sanitarian, under the direct supervision of the Acting Medical Director and Sanitation Consultant, has endeavored to meet the objectives of the Texas Migrant Health Project in Region II.

The Region II Sanitarian has also the assignment or responsibility of office administrator. The Sanitarian in general is responsible for routine office operations and correspondence. Also, during this reporting period, the office was relocated and this required time for the making of arrangements for moving office equipment and supplies and telephones.

The Region II Sanitarian has placed the major emphasis of his activities in those areas in Region II with a high migrant population concentration.

The Region II Sanitarian has provided both indirect, and direct services to local migrant health projects, Federal, State and Local agencies and organizations and interested individuals, as well as to the migrant population within Region II.

The following statistical information and brief resume represents a portion of the Region's activities within respective categories and within the codes definition. It is of importance to inform the reader that category II and III do not apply to Region II because not any of the 70 counties fall within either of the two categories.

TEXAS STATE DEPARTMENT OF HEALTH

MIGRANT PROJECT ACTIVITIES

Visits to Local Health Jurisdictions
December 1, 1969 - February 28, 1971

Sanitarian — Region II

I Local Health Unit Only County -	II Migrant Health Project Only	III Local Health Unit and Migrant Health Project	IV Local Health Unit and Migrant School Health	V Migrant Health Project and Migrant School Health
County - 10				
AD-9 COS-8 ES-11 HE-2			County-5	
			AD-16 COS-20 ES-9 HE-2	County-3
				AD-48 COS-21 ES-51 HE- 5 IST-5

TEXAS STATE DEPARTMENT OF HEALTH

MIGRANT PROJECT ACTIVITIES

Visits to Local Health Jurisdictions
December 1, 1969 - February 28, 1971

Sanitarian — Region II

VI Local Health Unit & Migrant Health Project & Migrant School Health	VII Migrant School Health Only	VIII Other	Total
			AD-9 COS-8 ES-11 HE-2
			AD-16 COS-20 ES-9 HE-2
County-3			AD-48 COS-21 ES-51 HE-5 IST-5
AD-72 COS-21 ES-51 HE-2 IST-7	County-2		AD-72 COS-21 ES-51 HE-2 IST-7
	AD-19 COS-26 ES-19	County-6	AD-19 COS-26 ES-19
		AD-13 COS-18 ES-27 HE-1	AD-13 COS-18 ES-27 HE-1

AD-Administrative Services
ES-Environmental Services
COS-Coordination of Services
HE-Health Education
IST- In-Service Training

In categories I, IV, V, VI, VII and VIII, a total of 177 administrative services were provided under the following situations or conditions:

1. Visits to local projects on routine basis or by request.

2. Visits to counties with a high concentration of migrants either as routine visit or upon request, to explain the Migrant Health Programs at various levels (Federal, State Local).

3. Visist to local projects to meet with Federal (United States Public Health Service Regional Migrant Health Representatives), State (Central Office and/or other division) and Local (Project staff).

4. Upon request, or as a routine service, visits to local Projects to assist with initial grant applications, revisions, continuations, renewals, annual progress reports, etc.

5. Visits to discuss up-to-date information concerning new reporting codes, tabulation forms, laws, ordinances, regulations, formulation of health districts.

6. Information concerning Comprehensive Health Planning Agencies (A & B Agency).

7. Provide information concerning Texas Merit System Council Services, application for examinations, etc.

In categories I, IV, V, VI, VII and VIII, a total of 168 services were provided in Environmental Services, through the following method or approach:

1. Professional consultation as a Sanitarian, with first priority to Sanitarians employed by local migrant health projects, second priority to Sanitarians employed by local Health Departments affiliated or non-affiliated, and third priority to interested individuals, local groups, local governments, schools, and others interested in the environment and its complexity of problems.

2. Technical assistance with priorities established as stated above, either on routine basis or upon request.

3. Performing direct services as the need arises or upon request. Examples of work performed:

   a. Collecting and submitting water samples to the laboratory from individual private water supplies.

b. Interpretation of laboratory results, with proper recommendations and follow-up on all positive or contaminated supplies.
c. Investigation of health hazards or complaints and reported or referred to proper authorities or divisions.
d. Assist with insect and rodent control projects.
e. Assisting or conducting environmental surveys.
f. Housing project inspections.

In categories I, IV, V, VI, VII, and VIII, a total of 114 contacts were made to provide coordination of services. Although the number of agencies contacted to provide these services are too numerous to mention, there is proper documentation to support this figure. Perhaps the following case will illustrate the point. Mrs. X, mother of a migrant family and eligible for social security benefits, had been denied the benefits for approximately four or five months due to some technicalities in proving her age (baptismal certificate was not accepted). At the time she had just been admitted to a local hospital with a kidney infection and other complications. Although, not as a result of this problem the Sanitarian visited this home and during the visit the situation was revealed and discussed with the husband, daughter and sons, who asked for help. Upon return to headquarters, a Social Security Office Representative was contacted and delay or denial explained in detail. The following day, after a revisit to the family and a few local contacts, the proper documentation was obtained and hand-carried back to the Social Security Office. Within three weeks this lady had received her first social security check and her problem was resolved.

In categories I, IV, V, VI, and VIII a total of 12 health education services were provided by one or a combination of the following:

1. Films or film strips.

2. Lectures.

3. Promoting utilization of film libraries or providing film catalogues from various agencies (Federal, State, Local).

4. A total of 705 pieces of health education materials were also disseminated.

In categories V and VI a total of 12 in Service Training services were provided. The services were provided to Sanitarians or Sanitation Inspectors with local migraht health projects. The training normally consists of the following:

1. Explanation of duties, responsibilities, and role of their position.

2. Proper utilization of resources available in the community, State or Federal, directly or indirectly concerned or helpful with environmental problems.

3. Identification of environmental problems in the area to be served to establish priorities and goals.

4. Familiarization of environmental laws, rules, regulations, ordinances at all levels (Federal, State, Local).

5. Actual on-the-job training by visiting homes, dumps or land fills, water and sewage treatment plants, or any other troubled or problem areas.

6. Pointing out other factors concerning proper refrigeration; safety hazards, fire hazards, proper storage of non-perishable foods, etc.

Special Activities

The following activities were not reported in the Activity Charts nor are they reflected any where else in the report.

March 2 - 6, 1970
Attended Water and Sewage Short School at Texas A & M University.

March 23 - 27, 1970
Participated in planning committee meeting in San Angelo, Texas which was the first planning meeting in preparation for the Texas Migrant State-Wide Conference to be held at a later date.

April 1 - 2, 1970
Attended staff conference in Austin, Texas (Central Office).

May 11 - 15, 1970
Assisted the Zapata County Migrant Health Project staff with an environmental survey of the County (Region III)

June 30, 1970
Worked with the Live Oak County Migrant Health Project staff and the Jim Wells County Migrant Health Project staff (Region III).

July 1 - 2, 1970
Worked with Jim Wells, Jim Hogg, and Zapata County Migrant Health Projects' personnel (Region III).

September 20, 1970
Assisted the Gonzales County Migrant Health Project staff with county-wide immunization project.

September 28 - 30, 1970
In McAllen, Texas attending State-wide Migrant Health Conference

October 20 - 22, 1970
Attended and participated in workshop in Plainview, Texas, entitled, "Disease Control Using Demonstration Methodology".

October 26 - 27, 1970
Assisted Gonzales County Migrant Project staff, with second phase of county-wide immunization project.

December 8 - 10, 1970
Attended Sanitarian's Seminar conducted in Laredo, Texas by the Laredo Webb County Health Department and the Texas State Department of Health

January 6 - 7, 1971
Region II Sanitarian served as a member of the Environmental Health Policy Development Committee, meeting was held in Regional Office in Dallas, Texas, with Mr. Glen Bell, Regional Migrant Health Representative, as Chairman of the Committee.

January 21, 1971
Visited Zapata County Migrant Health Project (Region III) with Mr. Robert Winston, Migrant Health Representative, United States Public Health Service Regional Office, Dallas, Texas.

January 26 - 29, 1971
Attended staff meeting in Austin, Texas (Central Office)

February 18 - 19, 1971
Region II Sanitarian, accompanied Mr. Troy Lowry, Sanitation Consultant, Texas State Department of Health, Migrant Project and visited the following local migrant health projects in Region II: Laredo Webb County Migrant Health Project, Jim Hogg County Migrant Health Project, Jim Wells County Migrant Health Project, Live Oak County Migrant Health Project.

Future Activities

Future activities will continue to be based on the objectives as stated on grant application. Priorities will be established, for example; (1) on consultation services we will routinely visit local projects in the Region, however additional visits will be made upon request from the local project. (2) Consultative services to any individual, groups, City and County governments, local agencies, etc., covering migrant health grants activities of on-going projects, current information at the Regional or National level on different changes received as feedback from Regional Office.

Direct services will continue to be performed with local migrant health projects, and/or counties with a high concentration of migrants, by request or by obtaining permission from the County or City Health Officer, whichever the case may be.

Other activities will be geared to meet the present guidelines and modified to comply with the final results of the proposed policy statements and guidelines, at the National level which are presently being formalized.

The following attachments are supportive examples of activities in which Region II Sanitarian has participated, which would be divorced from traditional "environmental Sanitation services".

Leon Valley Migrant Health Project
Department of Health, Education and Welfare
Drawer 30
Phone 817-893-5895
De Leon, Texas 76444

NOV 27 1970

November 25, 1970

Mr. Ralph Gomez
District Sanitarian
Texas Migrant Project
2700 Cincinnati Avenue
San Antonio, Texas 78228

Dear Sir:

As we discussed during your recent visit to our Project, I met with Mrs. Zina Worley, Executive Director of Planned Parenthood in Del Rio, Texas. We received the full cooperation from this office. We believe in the near future it will be possible to establish this needed service for our area.

While there I also visited with the Migrant Project as well as the State Health Department. These people are no doubt doing an excellent job, but as yet they have not made a "dent" in the services to be performed.

The Child Development Center was most impressive. We are in the planning stage of constructing a building to facilitate a service of this type in De Leon.

We would like to express our gratitude for your time and efforts during your visit last week. Most of all we appreciate very much your deep personal interest in our effort to better the standard of migrant life.

Sincerely,

J.L. Chandler
Assistant Project Director

JLC:sw

cc: Troy Lowry, Sanitarian
Texas Migrant Project

Glenn A. Bell
Regional Migrant Health Representative
Department of Health, Education and Welfare

OCT 16 1970

Gonzales County Migrant Health Project

409½ St. George Street, Suite 8
Gonzales, Texas 78629
AREA CODE 512 672-5079

MRS. RUTH SHELBY, R.N.
PROJECT DIRECTOR

STEWART M. PONDER, M.D.
MEDICAL ADVISOR

October 5, 1970

Ralph Gomez, B. A.
Region II Sanitarian
%St. Mary's University
2700 Cincinatti Ave.
Room 335, Chaminade Hall
San Antonio, Texas 78228

Dear Mr. Gomez: (Ralph

On behalf of the Community and the Gonzales Co. Migrant Health staff I would like to express our appreciation and gratitude for your assistance in the Immunization Program.

We are planning the second phase of the Immunization Program on October 26 and 27. If you have not committed yourself on those dates we would appreciate any assistance you could give us.

Thanks again for helping make our Community a healthier place in which to live.

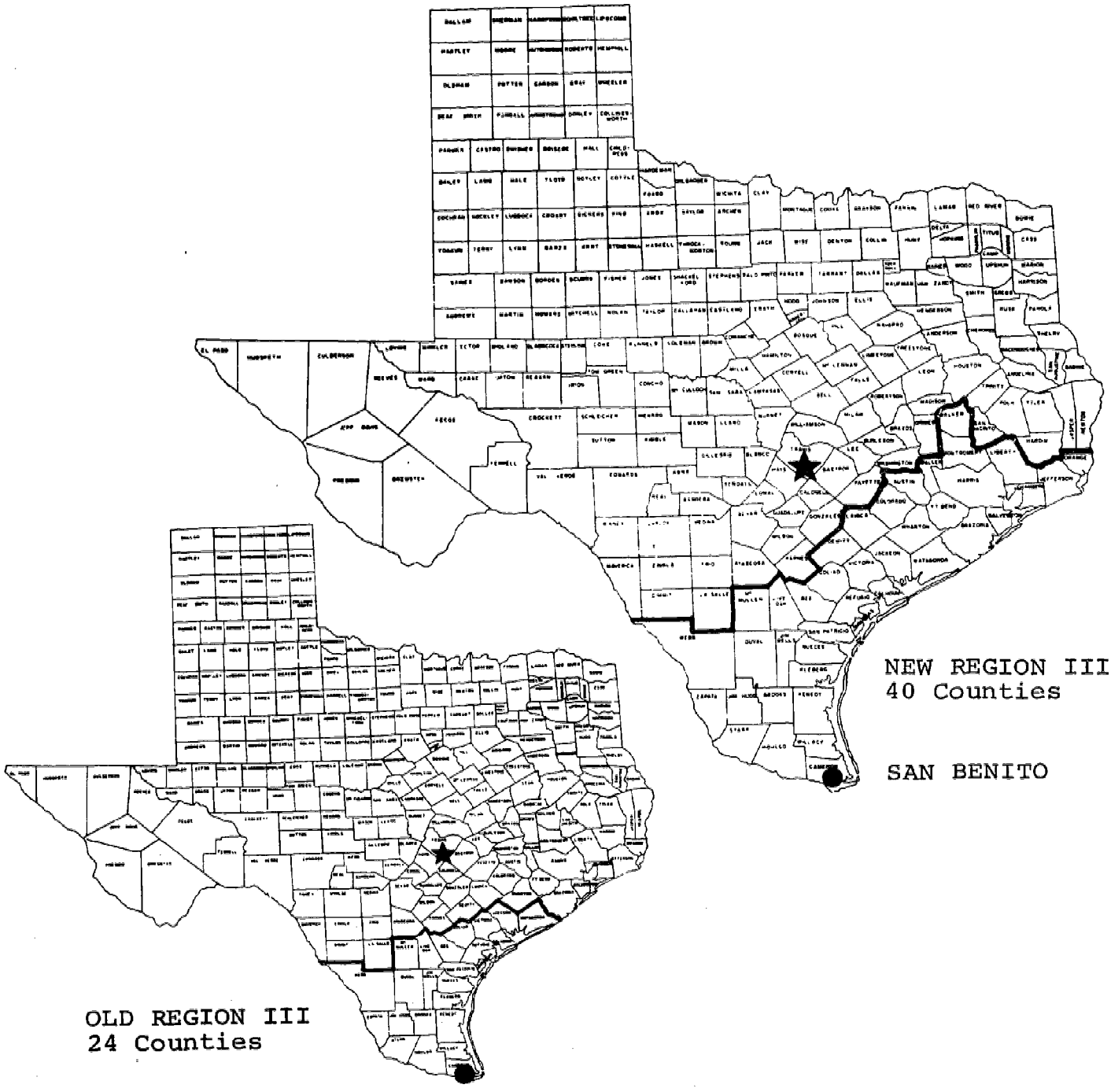
Sincerely,

Ruth Shelby

Ruth Shelby
Project Director

RS/mb

REGION III


NEW REGION III
40 Counties
SAN BENITO
OLD REGION III
24 Counties

TEXAS MIGRANT HEALTH PROJECT - REGION III

Scope of the Region

Region III of the Texas State Migrant Project encompassed the twenty-four (24) southernmost counties of the State. It represents an area of approximately forty-one thousand square miles of principally farming and ranching country, and is the home-base area of approximately one-hundred and fifty thousand migrants, the majority of which reside in the lower Rio Grande Valley. However, since current legislation has expanded the program to also include seasonal farm labor, the target population of the project will probably double. This target population lives, for the most part, in small rural communities in owned or rented houses; there being no labor camps as such, having been either closed or transferred to local housing authorities. Almost all of the migrants are in residence for about eight (8) months (September through May) as this permits school attendance for the children, and then during the summer the very old, the very young, and some mothers are left behind during the migration. The migration from this area covers not only the entire State of Texas, but the continental United States. More and more of these migrants are becoming "free-wheelers," that is, they do not depend upon a crew leader for a work plan. An estimated thirty per cent last year were covered by the State Employment Commission "Annual Work Plan;" however, changing conditions "up north", such as legislation that has affected housing avialability, mechanization, and weather conditions, have forced the migrant to become as mobile as possible, and this increases the demand for "free-wheeling". And this, in turn, complicates such services as referrals, outreach, and follow-up. Many of the migrants are as mobile among the communities here at home as they are among Northern States, so the same conditions prevail.

There have been several attempts made here in this region to organize the migrants and seasonal farm laborers into unions, but any progress that would have improved agricultural wages has been more than offset by farm mechanization and a decrease in winter vegetable acreage. Texas' agricultural wages remain almost thirty per cent below the national average, and the competition between home-based migrants and the seasonal labor force, which includes many from Mexico, continues the low wage trend. The increase in the amounts of fruits and vegetables imported from Mexico has also had quite a bit of influence on the labor situation here, the result being even fewer jobs available.

Migrant Needs

Economically, the migrant remains at the bottom of the scale. The majority of them who are fortunate enough to have a good year "up North" are still bringing home only about sixteen hundred dollars per worker. The

temperate climate at home base does not force them to spend too much of their income on housing, nor does their seasonal stay here demand that they connect to available utilities for this, then, would be an additional expense while away. Also, the larger portion of these people are making payments on either a house or a lot in this area and would therefore be quite reluctant to pay even an average rent in areas along the migrant work stream. Figures taken from the counties with the highest migrant population reflect that less than ten per cent of the total population are Surplus Commodity recipients, consequently the number of migrants involved would be almost nil. This would seem to indicate that the migrant is economically bound somewhere between welfare and lower income levels.

Economic problems created by language difficulties and related educational deficiencies have motivated a segment of the predominantly Mexican-American population to travel in pursuit of a suitable type of employment--namely, agricultural work. The immediate need is met through the family unit effort. However, parents and children fail to perceive future educational advantages, or monetary recompense.

Migrant children are interested in school until they reach the teen-age level, at which time they begin to drop out. Conferences with School Administrators during 1969-1970, revealed that median school years for migrants range from five (5) to eight (8) and of all Mexican-Americans in the state, only 46% graduate from high school. This problem is being alleviated by special school programs.

There are thirty-four (34) child migrant schools in Region III, with an estimated enrollment of 35,417.

Flexibility of school instructional programs and short term curriculi geared to meet the migrant's specific needs have induced parents to gradually develop a positive educational concept. Heads of households now demonstrate concern for returning to home base in time to enroll the children in school.

The Adult Migrant Educational, Technical and Rehabilitation Programs offered in various counties are being utilized by some migrants. Texas Technological Institute in Harlingen, graduated fifty nurse's aides in 1970, all of whom were migrants. Basic education classes are well attended by migrants, who, upon graduation, are placed on jobs through S.E.R. and related job opportunity agencies.

Each special school program contains a Health Component, thus complimenting medical services of Migrant Health Projects or county programs.

Agricultural workers continue to migrate and pool the manpower within their family units for greater monetary gains. However, the coordinated

effort of the Health Units, Migrant Health Projects, O.E.O. Programs, State Welfare, Rehabilitation and Volunteer groups have made a positive dent in migrants' lives. This statement is substantiated by the writer's observation through personal contacts with migrants throughout the Region. Children speak English, they have a healthier, cleaner, more intelligent appearance, and have lost the formerly withdrawn attitude. Adults are aggressive, the majority try to improve their status in life, and very few cannot write their name. All told, migrants are gaining in scholastic growth and social adjustment.

Transportation within the immediate vicinity of migrant communities presents little or no problem, as transportation and migration are so inter-related. However, travel and related expenses connected to hospitalization, or some other health facility, outside of that immediate vicinity, work severe hardships on migrant families. In many cases, costs for such has been borne by either the local project, the county, or some civic organization. Transportation to clinics is shared by friends, relatives, and neighbors. One of the more rurally oriented counties has been utilizing a mobile clinic in order to overcome some of the transportation problems that they have encountered at the local level, however, this is not the ultimate solution.

Medical and Dental Needs

The migrant health and dental health needs in Region III are basically the same as those of other migrants in the state. They are aware of their problems, but lacking understanding of U.S. culture, their values are different. Their concept of time, as well as fear, ignorance, lack of money and transportation, interferes with their seeking medical advice and keeping appointments. Their poor economic and hygenic problems make them vulnerable to disease. Some migrants were involved in a communicable disease epidemic, which occurred in the Valley in 1970. Recent studies revealed that 5.5% of the U.S. population lives in Texas, yet of all communicable disease cases reported, 50% of the diphtheria, 42% of the polio, 23% of the measles, and 16% of the whooping cough cases occurred in Texas. An intensive immunization program is in operation in the Valley at the present time. The geographic distribution of doctors and dentists is not capable of providing proper care of the migrants.

A very limited number of migrants can pay for medical services. The chief source of support for the migrants' medical needs is the Migrant Health Grant which fund ten Projects in the Region. Other resources are few. During this reporting period, the Region contained twenty-four counties, only eleven have active Health Units. All counties extend curative care to the poor, but the scope is controlled by limited budgets and large needy populations.

Dental problems affect 99% of the migrant population. Poor economic circumstances and a blurred perception of dental needs are the predominant socio-economic problems. Migrants are deprived of regular dental examinations with follow-up corrective treatment and well balanced diets. A dental component for each project is urgently needed.

The manpower shortage is obvious with the absence of practicing dentists in six (6) counties in the Region.

NATIONAL NUTRITION SURVEY OF TEXAS

Age Group	DMF Total*	Decayed	Missing	Filled	% With DMF Teeth
Total, 5 & over	10.1	5.2	4.3	0.6	96.3
5-9	1.5	1.3	0.2	*	89.4
10-16	7.0	7.0	0.6	0.4	97.5
17-24	11.6	8.7	2.1	0.8	98.6
25-34	14.3	8.0	4.8	1.5	98.2
35-44	15.3	7.1	7.1	1.1	98.4
45-54	15.8	6.0	8.6	1.2	100.0
55-64	16.4	5.0	10.6	0.8	99.3
65 +	15.7	3.6	11.3	0.8	99.2

*As used here, the total DMF score is the sum of all decayed and filled teeth, both permanent and primary, plus all missing permanent teeth.

*Less than 0.005 teeth.

COUNTY	Health Departments State	City	County	Migrant Projects	Regional Labs	Migrant Schools	Family Planning	Emergency Food and Medicine	Surplus Commodity
Webb	X	X	X	X	X	X		X	X
Zapata				X		X	X	X	X
Starr	X		X	X		X	X	X	X
Hidalgo	X	X	X	X		X	X	X	X
Cameron	X	X	X	X	X	X	X	X	X
Willacy			X**	X*****		X	X	X	X
Brooks		X*	X**				X	X	X
Jim Hogg				X			X		X
Duval						X			X
Jim Wells				X		X		X	X
Live Oak	X			X*****			X		X
Kleberg		X*	X**						X
Kennedy									
Nueces	X	X	X		X	X	X	X	X
Sub-total	6	6	8	9	3	9	9	9	13

COUNTY	Health Departments			Migrant Projects	Regional Labs	Migrant Schools	Family Planning	Emergency Food and Medicine	Surplus Commodity
	State	City	County						
San Patricio	X		X	X***		X	X	X	X
Bee			X			X	X	X	X
Refugio									
Aransas									X
McMullen									
Goliad				X****		X			
Jackson	X								X
Calhoun	X			X****			X		X
Matagorda	X			X					X
Victoria	X								X
Totals	11	6	10	12	3	13	12	11	20

*Sanitation only
**Nursing Services only
***Implemented 1970
****Deleted 1970
*****Deleted 1971

Regional Activities

Insight into the coordinated approach utilized toward local project activities by the Regional Sanitarian could, perhaps, best be shown by listing those services provided to one particular county during the past year:

1. Assisted the County Auditor with the project's grant continuation request
2. In-service training for sanitation inspector, aided him with correspondence courses
3. Addressed DEO/CAP Neighborhood Council meeting on community environmental sanitation
4. Conferred with County Attorney on resolution to adopt sanitation regulations
5. Detailed guidelines (PHS) to project staff
6. Assisted director and staff with organization of advisory committee
7. Attended three advisory committee meetings, explaining guidelines and policy (PHS)
8. Assisted County Auditor with supplemental budget request and ensuing revisions
9. Coordinated water district and State Health Department relationships on private premise plumbing requirements.
10. Conferred with County Commissioners on regulations governing refuse sanitation
11. Assisted sanitation inspector on vector control program (louse-borne Typhus)
12. Assisted with a nutrition and health education program sponsored by the State Project
13. Coordinated development of a request for dental component
14. Wrote project's Annual Progress Report

TEXAS STATE DEPARTMENT OF HEALTH

MIGRANT PROJECT ACTIVITIES

Visits to Local Health Jurisdictions
December 1, 1969 - February 28, 1971

Sanitarian — Region III

I Local Health Unit Only County -	II Migrant Health Project Only	III Local Health Unit and Migrant Health Project	IV Local Health Unit and Migrant School Health	V Migrant Health Project and Migrant School Health
	County-1			
	Adm. 12 ES 12 O 20	County-2		
		Adm. 3 ES 3 O 1	County-1	
			0 3	County-3
				Adm. 28 ES 27 O 19

Adm.-Administration; ES-Environmental Sanitation; O-Others

TEXAS STATE DEPARTMENT OF HEALTH

MIGRANT PROJECT ACTIVITIES

Visits to Local Health Jurisdictions
December 1, 1969, - February 28, 1971

Sanitarian — Region III

VI Local Health Unit & Migrant Health Project & Migrant School Health	VII Migrant School Health Only	VIII Other	Total
			Adm. 12 ES 12 0 20
			Adm. 3 ES 3 0 1
			0 3
County-5			Adm. 28 ES 27 0 19
Adm. 60 ES 27 0 31	County - 1		Adm. 60 ES 27 0 31
	ES 4 0 1	County-1	ES 4 0 1
		0 3	0 3

Adm.-Administration; ES-Environmental Sanitation; 0-Others

Administrative Services: (Consultative) provided to:

County Officials (Judges, Commissioners, Health Officers, Attorneys, Auditors)
Medical Societies
Pharmacists
Clinicians
Project Officials (Directors, Administrators, Advisory Committees
Staff Personnel
Hospital Administrators

Covering such subject matter as:

Grant applications	Annual Progress Reports
Budget revisions	Advisory Groups
Budget Continuations	Dental Components
Grant renewals	Hospitalization Components
Supplemental funds	Orientation

Environmental Services: provided to local project sanitation personnel and services provided to migrants in areas without resources, covering such phases of operation as:

In-Service training	Inspectional Services
Program Planning	Resource Development
Program Development	Environmental Surveys
Program Execution	Sanitary Districts
Program Evaluation	

Other Related Services: Provided to allied agencies capable of providing services to migrants or migrant personnel

Resource Development	Coordination of Services
Health Education	Environmental Referrals

Other than those resources noted that the State Project has dealt with directly, there are several others, such as the various divisions of the State Health Department, that have provided some type of assistance to the local projects and should receive credit for such. The following is a list of some of those divisions or allied agencies that have contributed to an effort coordinated by the Regional Sanitarian.

Food and Drug--inspectional services of fruit and vegetable packing sheds, canning plants, and other food processing institutions employing migrant or seasonal agricultural labor; also, in-service training for project sanitation inspectors.

Sanitary Engineering--inspection of current and proposed water systems (municipal and rural) that have been extended or expanded to cover migrant communities.

Veterinary Public Health--inspection of slaughterhouses, packers, and meat processors; also, animal control (rabies) programs in project areas.

Air Pollution--surveillance of cotton gins, especially, or other agricultural industries in this migrant impacted area.

Vector Control--technical assistance to migrant projects executing fly, mosquito, and rodent control programs.

Community Pesticides--surveillance of pesticide levels by utilizing control groups, and investigation of referrals from poison control centers or migrant projects.

These same divisions have participated in the four seminars held in this Region this past year by providing instructors and educational material. All Migrant Project sanitation personnel attended at least one of these workshops.

Farmers Home Administration--reports number of migrants obtaining home improvement loans, or economic opportunity loans; also finances rural water systems. (FHA is currently planning a water system in the lower Rio Grande Valley to serve two counties which will result in 95% of the migrant population having a potable supply available to them.)

OEO/CAP programs such as Adult Basic Education, Multi-service Centers, and Manpower Development--served as vehicles for health education, and responded to random sampling surveys on housing and environment.

Liaison is also being maintained with agencies such as the Council of Government, the United Farm Workers Organizing Committee, Colonias del Valle (council of rural-poor representatives), Organizaciones Unidas (Texas Consumer Participation Program), and any other unit that possess the potential of serving as a resource for migrant health projects.

Resources Utilized

Medical Societies
Council of Government Planning Agencies
Local Health Units
County Health Officers and Nurses
County Agriculture Extension Service

1. Home Demonstration Agents
2. Nutrition Program

Texas State Department of Health

1. C.D.C. Division
2. Maternal and Child Health Division
3. MH/MR
4. Tuberculosis Control Division
5. Health Education Division
6. V.D. Control Division
7. Nutritionist
8. Driscoll Foundation Children's Hospital
9. Baptist Mobile Dental Unit
10. O.E.O.
    a. Family Planning Program
    b. Emergency Food and Medical Program
11. Surplus Commodities
12. Lower Rio Grande Valley Rehabilitation Center
13. Texas Technological Institute
14. State Department of Public Welfare
15. County Welfare Programs
16. Rio Grande Valley Council of Churches

Plans for future activities are contingent upon the results of current developments. One development is based on the fact that Region III has been expanded to include an additional sixteen (16) counties. The resulting forty (40) counties are those encompassed by Comprehensive Health Regions 10 and 8. Comprehensive Health Region 10 is scheduled to be funded and implemented this year, which will provide more readily available State Health Department services to local projects. This, of course, would permit the Regional Sanitarian to devote more time and effort toward those counties with migrant populations but without environmental health resources; in other words, direct services.

Another development to be considered is the legislation governing farm labor housing that is now under advisement. Something such as this has the potential of greatly effecting the migrant environmental health program.

Regardless, the Region III office will continue to provide technical assistance to the ongoing local projects, and if more grant funds are made available will work to develop new projects or expand and extend current local projects that are now hampered by the shortage of funds (environmental personnel). One specific plan now being developed in this Region is a health education program to be executed through the migrant school program, since there are more schools than projects, and particularly through those schools operating in non-project areas.

During the 15 months of the Texas Migrant Project reporting period from December 1, 1969, to February 28, 1971, the nursing activities in Region III are presented as relates to the health services available within local health jurisdictions, in which are found organized health services for local residents, for local residents and migrants, and/or for migrants only. In the field the nurse works under the administrative direction of Medical Directors of local health units, or Medical Project Directors, and State administrative personnel as applicable. The nurse's effort has been directed toward expending services to migrants by:

1. Exploring new potential sponsoring agencies for new Migrant Health Projects
2. Exploring for all types of services available to migrants (such as preventive, curative, rehabilitative, and educational)
3. Assisting Migrant Project Administrative, nursing, and supportive personnel in 1.) analyzing, planning, assessing, evaluating, and coordinating services for migrants, 2.) providing guidelines for a consistent family centered approach.
4. Attending consumers and Advisory Board meetings to assist nurses with direction of meeting procedures, to act as resource person in clarifying policies, objectives, and related items, as well as detecting potential leaders among migrant populations.
5. Interpreting needs of migrants to community leaders, and volunteer agencies
6. Coordinating services to mobilize every resource and provide extension of programs for migrants.
7. Preparing new nursing personnel and broadening the knowledge and skills of experienced workers through In-Service Training programs.
8. Compiling statistical data on migrant population and identifying the migrants needs in each county

Public Health Nursing service within Region III has been directed toward effective delivery of services for migrants within local health jurisdictions and to utilize all existing inter and extra Regional resources. The nursing activities have also involved administrative assistance to project administrators and Boards of sponsoring agencies. The Regional nurse has assisted project nurses and administrators with preparation of budgets, writing annual reports, preparation of materials for presentation to advisory boards, writing of standing orders and nurses' manuals, to name a few. Activities are coded to describe location and type of services rendered within the specified county. Tabulations are presented on the following page.

TEXAS STATE DEPARTMENT OF HEALTH

MIGRANT PROJECT ACTIVITIES

P. H. Nurse — **Visits to Local Health Jurisdictions** — Region III

December 1, 1969 - February 28, 1971

I Local Health Unit Only County -	II Migrant Health Project Only	III Local Health Unit and Migrant Health Project	IV Local Health Unit and Migrant School Health	V Migrant Health Project and Migrant School Health
CR 3 SO 6 PI 4 CC 3 PD 1	County-1			
	PD 4 NC 4 DS 1 HE 2 IST 2	County-2		
		PD 5 CC 1 CR 2 NC 1	County-1**	
			PI 10 PD 5 CC 5 SO 13 DS 2 CR 5 NC 6	County-3
**Dec. 1969 - June, 1970 This category contained 2 counties; June, 1970 - Feb. 1971, it contained 1 county				HE 12 PI 3 DS 1 NC 19 PC 1 SO 3 PD 47 CC 5 IST4

TEXAS STATE DEPARTMENT OF HEALTH

MIGRANT PROJECT ACTIVITIES

P. H. Nurse

Visits to Local Health Jurisdictions
December 1, 1969 - February 28, 1971

Region III

VI Local Health Unit & Migrant Health Project & Migrant School Health	VII Migrant School Health Only	VIII Other	Total
			CR 3 SO 6 PI 4 CC 3 PD 1
			PD 4 NC 4 DS 1 IST 2 HE 2
			PD 5 CC 1 CR 2 NC 1
			PI 10 PD 5 DS 2 CC 5 SO 13 NC 6 CR 5
County-5**			HE 12 PD 47 NC 19 CC 5 PI 3 DS 1 PD 1 SO 3 IST 44
PD 101 CR 15 DS 4 IST 8 CC 11 SO 3	County-2		PD 101 CR 15 DS 4 IST 8 CC 11 SO 3 HE 29 PI 7 NC 35
	PD 5 PI 6 CR 4 DS 10 CC 2 SO 1	County-7	PD 5 PI 6 CR 4 DS 10 CC 2 SO 1
**Dec. 1969-June, 1970 this category contained 4 counties; June, 1970, Feb. 1971, 5 counties		CC 6 PI 7 DS 16 SO 6 PD 3 CR 10 NC 1	CC 6 PI 7 DS 16 SO 6 PD 3 CR 10 NC 1

CC - Continuity of Care
CR - Coordinating Resources
DS - Direct Nursing Service
HE - Health Education
NC - Nursing Consultation
PI - Population Identification
PD - Program Development
IST - In-service Training

Coding Interpretation

CR: In one (I) through eight (VIII), thirty-five (35) visits were made for coordination of services with the following agencies:

1. Personnel involved with T.B. Control Programs for purpose of expanding services to migrants
2. Migrant school nurses to consult with them on continuity of care, referrals, and P.H.S. form #3652

SO: In categories one (I) through eight (VIII), thirty-five (35) visits were made to identify barriers to health services for migrants.

PI: In categories one (I) through eight (VIII), thirty (30) vi its were made to identify the migrant population and assess the migrants' needs. This achieved conferences with school superintendents, principals, county judges, T.E.C., Regional Directors, and others.

CC: In categories one (I) through eight (VIII), thirty-three (33) visits were made to MH/MR staff meetings, migrant schools, county health officers, private doctors, T.B. Control personnel, Rehabilitation Center, County officials, health units, and migrant projects, to implement utilization of referral system and PHS form #3652, to assist in locating a resource for patients continuity of care and assist with follow-up of incoming referrals.

PI: In categories one (I) through eight (VIII), thirty (30) visits were made to compile factual information concerning public health nursing needs of migrants.

PD: In categories one (I) through eight (VIII), 217 visits were made to assist with development of components of Migrant Health Projects to introduce new services and develop new Migrant Health Projects.

NC: In categories one (I) through eight (VIII), 85 visits were made to consult with project personnel, county nurses, and doctors, migrant and other school administrators, concerning problems affecting the migrant population.

DS: In categories one (I) through eight (VIII), 38 visits were made to deliver health services to migrants.

IST: In categories one (I) through eight (VIII), 90 visits were made to assist nursing and para-medical personnel with nursing procedures, inform them on Project policies, development of positive community relationship, etc.

HE: In categories one (I) through eight (VIII), 55 visits were made to assist and issue health teaching materials in schools and migrant projects.

Future Activities

1. As a result of information acquired from February 28, 1971, through February 28, 1972, through a form to be designed and implemented in Region III, an accurate count of migrants not receiving medical care will be obtained. An evaluation of progress made during the reporting months, December 1, 1969, through February 28, 1971, reveals that the number of migrants not receiving services, as well as other identifying information is unknown.

2. As a result of the writer's continued attendance at consumers' meetings, we well as consultation with Project Administrators and personnel, a change in program focus from Project goals to that of meeting consumers' needs as recommended by Project Advisory Boards, will be emphasized during the next reporting year, February 28, 1971, to February 28, 1972. Dissatisfaction with present deliver of services in the Region at present, February 28, 1971, has been observed by the writer while attending consumers' meetings in the Region.

As a result of teaching Project nursing and supportive staffs how to use the family centered approach, with emphasis on needs of each family member during the coming year, I hope to improve delivery of health care to migrants both qualitatively and quantitatively. The writer's observation of nursing activities in Migrant Project Clinics and during home contacts, reveals considerable weakness in this area.

As a result of the Regional nurse's continued effort to give support and guidance in nursing techniques to project nursing and para-nursing personnel, higher standards of medical and nursing care will be achieved. The need for a nursing care plan has been observed, and a form to guide the nurses in clinics and in the field, will be introduced to be used at their discretion.

As a result of continuing the coordination effort, Family Planning components through the State Health Department Maternal and Child Health Division, and O.E.O. Family Planning Program, this type of service to migrants will be increased in Region III, by adding components to the non-participating Migrant Health Projects. In some areas, consumers have requested such services.

As a result of the Regional nurse's effort to place greater emphasis on dental needs of migrants in the Region, requests for more dental components will be made by Migrant Health Projects. The need for this service is justified by the fact that 99% of the population in the Region is in need of some form of dental care.

As the result of knowledge gained by the Projects' staff nurses, through a workshop on comprehensive health care to be held during the next reporting

period, February 28, 1971, through February 28, 1972, improved Health Education Programs, including the new concepts in Drug Abuse, Dental Care, and Nutrition, will be available to the consumers. Need for the workshop has been expressed by the Project nurses.

The Regional nurse will visit each project once during the reporting period, February 28, 1971, through February 28, 1972, for the purpose of evaluating activities and services. The evaluation will be shared with Project Administrators and their staffs.

The U.S.P.H.S. Region VI, and Texas State Administration office should receive annual reports on time, as the result of advanced information now being dissiminated to Project Directors by the Regional Nurse, concerning type of information needed and methods of its compilation.

As a result of the Regional nurse's continued contact with community and consumer leaders, and other existing agencies in the counties served, the migrants and their needs will continue to be identified. Also, the search for new sponsors of Migrant Health Projects will be actively maintained.

The new counties added to Region III, effective March 1, 1971, will be explored for resources, health needs of the population, identification of the migrants and their dependents, and their particular needs.

All objectives stated above will be evaluated by the Regional nurse through personal conferences and written outlines. Assistance in Health Education evaluation will be secured from the State Migrant Project Administrative office.

LOCAL PROJECTS OPERATING IN REGION III
And Services Offered

Calhoun County Migrant Health Program (MG-95)*
Port Lavaca-Calhoun County Health Department
J. C. McGuire, M. D., Project Director
111 West Ash Street
Port Lavaca, Texas 77979
Phone: 512-524-4341
Services: Hospitalization; Outpatient Medical Care; Nurse; Sanitarian****

Cameron County Migrant Health Project (MG-97)
Cameron County Health Department
John R. Copenhaver, M. D., Project Director
186 North Sam Houston Boulevard
San Benito, Texas 78586
Phone: 512-399-1356
Services: Health Education****, Hospitalization; Outpatient Medical Care; Nurse; Sanitarian

Goliad County Migrant Health Project (MG-114)*
Mr. Jack Hays, Project Director
Don Carlisle, M. D., Medical Director
Goliad, Texas 77963
Services: Outpatient Medical Care; Nurse; Sanitarian; Health Education****

Hidalgo County Migrant Health Project (MG-117)
Hidalgo County Health Department
John R. Copenhaver, M. D., Project Director
1425 South Ninth Street
Edinburg, Texas 78539
Phone: 512-363-6222
Services: Dental; Health Education; Hospitalization; Outpatient Medical Care; Nurse; Sanitarian

Jim Hogg County Migrant Health Project (MG-142)
Hon. H. T. Martinez, County Judge, Project Director
Jim Hogg County Courthouse Hebbronville, Texas 78361
Phone: 512-527-3311 or 512-527-3015

M. B. Guerra, M. D., Project Medical Director
Hebbronville, Texas 78361
Phone: 512-527-3322
Services: Outpatient Medical Care; Nurse; Sanitarian; Health Education****

Jim Wells County Migrant Health Project (MG-99)
Mr. Gonzalo Trevino, Project Director
Jim Wells County Courthouse
200 North Almond Street
Alice, Texas 78332
Phone: 512-664-5582

P. S. Joseph, M. D., Project Medical Director
P. O. Box 1378
Alice, Texas 78332
Phone: 664-3361 (512)
Services: Hospitalization; Outpatient Medical Care; Nurse; Health Education****

Laredo-Webb County Migrant Health Project (MG-42)
Mr. Jose L. Gonzalez, Project Director
Lauro Montalvo, M. D., Acting Medical Director
400 Arkansas Avenue
Laredo, Texas 78040
Phone: 512-722-2481
Services: Health Education; Outpatient Medical Care; Medical Social Worker; Nurse; Sanitarian

Live Oak County Migrant Health Project (MG-146)**
Elmo Walter Muecke, M. D., Acting Director
Live Oak County Health Department
Courthouse
George West, Texas 78022
Phone: 512-449-4581
Services: Dental; Outpatient Medical Care; Nurse, Sanitarian; Health Education****

San Patricio County Migrant Health Project (MG-215)***
Thomas A. Williams, D. O., Project Director
300 West San Patricio Avenue
Mathis, Texas 78368
Phone: 512-547-3353

Mr. Sam E. Quintana, Bookkeeper
Courthouse
Sinton, Texas 78387
Phone: 512-364-1948
Services: Outpatient Medical Care; Nurse

Starr County Migrant Health Project (MG-160)
Francisco G. Zarate, Project Director
Fort Ringgold, Building #2
Rio Grande City, Texas 78580
Phone: 512-487-2215
Services: Dental; Hospitalization; Outpatient Medical Care; Nurse; Sanitarian; Health Education****

Willacy County Migrant Health Project (MG-174)**
Willacy County Health Department
John R. Copenhaver, M. D., Project Director
759 West Hidalgo Street
Raymondville, Texas 78580
Phone: 512-689-2354
Services: Dental; Hospitalization; Outpatient Medical Care; Nurse; Sanitarian; Health Education***

Zapata County Migrant Health Project (MG-100)
Hon. Pedro Ramirez, Jr., County Judge, Project Director
P. O. Box 875
Zapata, Texas 78076
Phone: 512-765-4342

Jose Alfonso Calcaneo, M. D., Project Medical Director
P. O. Box 875
Zapata, Texas 78076
Phone: 512-765-4367
Services: Outpatient Medical Care; Nurse; Sanitarian; Health Education***

*Deleted, 1970
**Deleted, 1971
***Initiated, 1970
****Not Specified Component - All Staff Members

Look to the Future

The number of Texas migrants has decreased for the past four (4) years (167,000 recorded by Texas Good Neighbor Commission in 1965 to 147,000 in 1969). Mechanization in many states is eliminating several thousand jobs annually. In some areas, migrants have received notices warning them not to come unless they have a work contract. However, in some states and in some areas of Texas many crops do not lend themselves to mechanization. Consequently, hand labor will still be needed. Vegetable acreage and production is constantly increasing in West Texas, thus expanding the labor demands. Until there is more adult educational and job training and until more migrant children stay in high school, there will continue to be a labor supply. This is also influenced by Mexicans continuing to seek residency and jobs in the United States as some migrants settle out along the migrant stream or completely drop out of agricultural employment.

Mechanization to a certain extent will cause a demand for some workers. There may be less stoop labor, but there will be need for semi and skilled laborers such as tractor drivers and combine operators.

The Texas Child Migrant Program has begun to affect the duration of the migrant season. Migration is now coordinated with the migrant school program allowing the children to complete the school year. Many of the younger migrants, having completed more years of formal education are better able to cope with the many problems they face during migration. The younger migrants are making a more concerted effort to see that their children obtain a better education. In many cases, the children of these migrants will no longer migrate.

With the increased involvement of adult migrants in Federal and State training programs, the number of migrants will be reduced. Many migrants after having completed these training courses will drop out of agricultural or related employment.

In some areas of the state, many improvements to individual housing have been made through a coordinated effort of the local migrant staff, the migrant and governmental and/or private lending agencies. In many areas, the Farmer Home Administration has been involved in many home improvement and/or new homes construction. In some areas, community-wide water and sewage system are being constructed. Improvements such as these will greatly improve the living condition of the agricultural migrant and seasonal farm worker and his dependent.

In the employment areas, some improvements have been made. However, medical care, both preventive and curative, and environmental conditions are still inadequate. Local migrant health projects are continuing to improve the provision of medical care and to some extent the living and working environment of the migrant.

In many areas, the limited medical manpower and medical facilities will continue to limit services available to the migrant population. Until a realization by the providers of the gaps between the services provided and the migrant needs, much improvement could be made to benefit the migrant population.

With a better coordination and utilization of resources, many improvements could be made in the living and working environment of the migrant and seasonal farm worker and his dependent.

Twenty-three (23) local migrant health projects now provide services to the migrant population in Texas at the present time. There remains a need for several additional local migrant health projects in Texas. Many counties, due to economic conditions, are not able to provide needed services to the migrant population as well as to local indigent population. Unless outside funds are made available, the migrant needs will go unmet.

Many counties have become aware of the needs of the migrant population and are requesting assistance in securing funds to provide programs to benefit the migrant population.

Objectives

The Texas State Department of Health Migrant Health Project activities will be directed by the following objectives:

The Texas State Department of Health Migrant Project Medical Director or his designee will provide Public Health Program and Medical Consultation to all Local, State and Federal Health Officers, or their designee, in all matters pertaining to the promotion and protection of migrant health status in Texas.

The Texas State Department of Health Migrant Health Project Dental Consultant will provide Dental Health Program and Dental Consultation in all matters pertaining to the promotion and protection of migrant dental health status.

The Texas State Department of Health Migrant Project Administrative Assistant will provide consultation and assistance in the fiscal and administrative phases to the Texas Migrant Health Project and all local migrant projects.

The Texas State Department of Health Migrant Project Educator, acting under the administrative direction of the project directors, will provide health education services in support of all migrant health activities in Texas.

Specific objectives are as follows:

1. As a result of correspondence with migrant projects in other states, and correspondence and visits to Texas projects, there will be more

exchange of ideas and bi-lingual material pertinent to the migrants. Also, the health education sections of Texas and out-of-state annual reports will be studied to help in deciding on materials needed.

2. As a result of a questionnaire sent to each project, of reading the referral tabulations, and of observations, a topic will be chosen for each month or two months. Appropriate bi-lingual material will be devised and/or ordered on these topics to improve health practices among migrants.

3. As a result of coordination in conferences and workshops, materials will be developed and information disseminated to benefit the migrant population.

✓ 4. As a result of cooperation between other Federal, State, and local agencies, the migrant's health information will be increased.

The Texas State Department of Health Migrant Project State and Regional Public Health Nursing Staff, under the administrative direction of the State Migrant Project Director and through Local Health Officers will:

1. Provide assistance to local projects in assessing and/or up-grading nursing programs on the basis of the "Program Guidelines for Migrant Health Projects Offering Direct Service."

2. Provide nursing consultation and direct assistance to local projects, local health departments, and nursing personnel of unorganized counties, in developing public health nursing programs geared to the needs of the agricultural migratory farm workers, seasonal farm workers, and their dependents, under the administrative direction of the Project Medical Director, Health Department Director and/or County or City Health Officers, to the extent possible.

3. Promote and provide for the provision of public health nursing care for domestic agricultural migratory farm workers, seasonal farm workers, and their dependents, to the extent possible, in local health jurisdictions without organized public health services and/or public health service programs designed to meet the public health needs or resident or migrant populations.

4. Identify to local nursing and/or other health personnel, consultants available from divisions of the Texas State Department of Health, and/or other agencies, to assist in developing specific aspects of nursing programs, as requested.

5. Advise and assist local projects in the selection of qualified nursing personnel, to the extent possible, and make concerted efforts to provide or arrange for initial orientation and continued in-service training for nursing personnel of migrant projects, and of ancillary personnel recruited from the migrant population.

6. Provide a system of processing referrals to facilitate intra- and inter-state coordination of follow-up activities necessary for continuity of care to promote and protect the health status of the domestic agricultural migratory farm workers, seasonal farm workers, and their dependents.

The Texas State Department of Health Migrant Project environmental sanitation staff under administrative direction of the Project Director or his designee will:

As a result of a coordinated effort with local migrant health projects, local health officers and other local governmental agencies, the State Migrant Health Project environmental sanitation staff will initiate programs to improve the living and working environment of the agricultural and seasonal farm workers and his dependent.

As a result of following the new guidelines and environmental health service policies, the State Migrant Health Project environmental staff through local migrant health project, local health officials, and other local governmental agencies will develop new approaches to environmental problems affecting the agricultural and seasonal farm workers and his dependent.

As the result of becoming more aware of all available resources, Federal, State and local; the State Migrant Health Project environmental sanitation staff will emphasize the maximum utilization of these resources to the fullest extent possible for improved housing, sanitary facilities, employment, education, etc.

As a result of compliance with the guidelines and the reporting kit, the State Migrant Health Project environmental staff will develop new and initiative environmental programs rather than the traditional inspectional programs. This will include safety and accident hazards both in the living and working areas.

As a result of closer coordination with local migrant health projects, local health officials; local governmental agencies and other groups and/or individuals, the Texas State Migrant Health Project environmental sanitation staff will obtain and record environmental data and resources available, affecting the agricultural and seasonal farm workers and his dependent, in high migrant impact areas.

The Texas State Department of Health Migrant Project will continue to accumulate substantive health data through:

1. Compilation, analysis, and interpretation of electronic data processing of records relative to inter-area referrals on all migrant cases directed through the Texas State Department of Health Migrant Project Referral Program.

2. Compilation, analysis, and interpretation of data accumulated by

organized local migrant health activities throughout the State.

3. Compilation, analysis, and interpretation of data accumulated through Federal, State and local agencies and other agencies in those areas with high migrant concentration and without organized migrant health program activities.

4. The Texas State Department of Health Migrant Project in coordination with the Federal Migrant Program will continually provide direct and indirect assistance to Federal, State and local agencies, and/or organization, group or individual, and local migrant health projects to develop comprehensive programs for the Texas agricultural and seasonal farm worker and his dependent in Texas.

The number of Texas agricultural migrant workers in Texas has continually declined in recent years, however, many Texas residents still migrate seeking employment in agricultural or related jobs. With this knowledge, the Texas State Department of Health Migrant Project will continue to analyze, plan, develop and coordinate public health and allied efforts to promote and protect the health and welfare status of the agricultural migrant and seasonal farm worker and his dependent in Texas.