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IDENTIFIERS

Colorado

ABSTRACT

Narrative and statistical data on the Colorado Migrant Health Program are presented in this 1969-70 annual progress report. The objectives of the program were to develop, augment, and improve health care services to migrant agricultural workers and their families; to develop, expand, and improve existing programs; and to establish and maintain lines of communication with other agencies involved in the health, education, and welfare of migrants. Separate sections of the report cover the following areas: consumer reaction, dental care, medical care, hospitalization policy, public health nursing care, home economics consultation, and environmental health services. Some of the major problems mentioned are a shortage of trained personnel, inadequate program funding, and the short time that the migrant workers stay in any particular region. It is noted that the mobility of the migrant workers makes follow-up care very difficult. The types and amounts of care given to migrants during the reporting period are presented (by counties) in both narrative and tabular form. (PS)

ANNUAL PROGRESS REPORT

JUNE 1,1969 - JUNE 1,1970

COLORADO DEPARTMENT OF HEALTH
MIGRANT HEALTH PROGRAM

RECEIVED

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ANNUAL PROGRESS REPORT

June 1, 1969 - June 1, 1970

COLORADO MIGRANT HEALTH PROGRAM .

Public Health Service Grant MG - 09G-69

Colorado Department of Health Roy L. Cleere, M.D., M.P.H., Executive Director

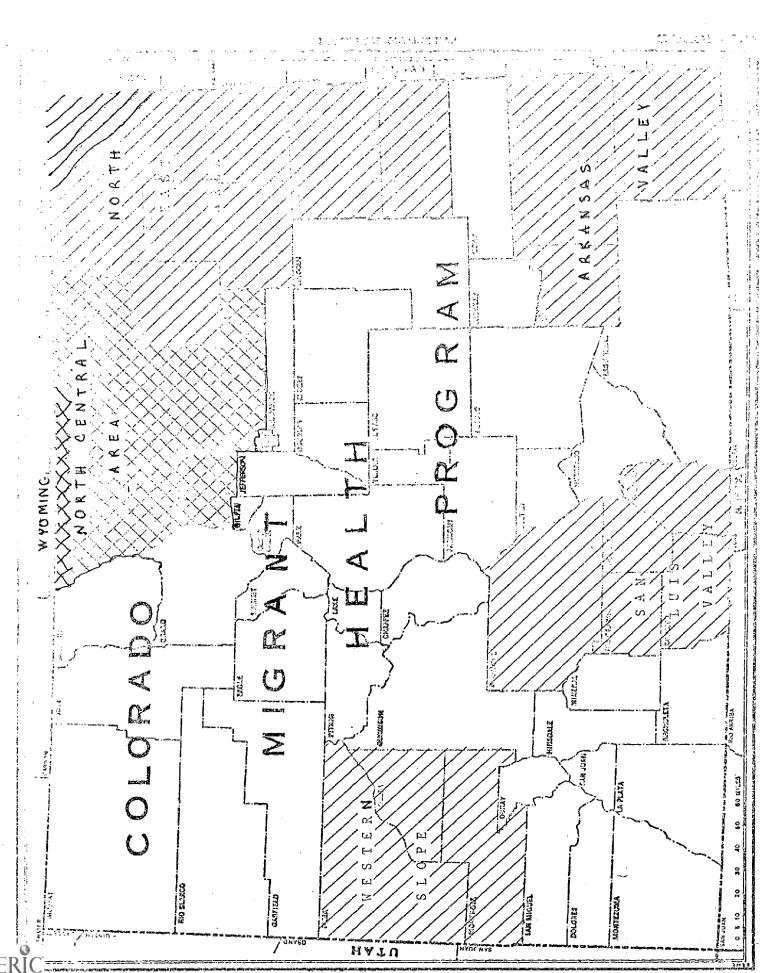
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COLORADO MIGRANT HEALTH PROGRAM

INTRODUCTION

I. THE REPORT:

The report which follows is a compilation of narrative and statistical data submitted by permanent and seasonal program staff.

In accordance with advice offered by Regional and Washington staff connected with the former Migrant Health Branch, no attempt has been made to condense/the narrative contributions reproduced here.

Some material has been reproduced for inclusion in an appendix to this report. In that the bulk of this material precludes inclusion in each copy, only a limited number of these appendices have been prepared for use by Regional and Washington Public Health Service Staff and for others interested in the detailed information presented.

II. NEW DIRECTIONS AND TRENDS:

A most important aspect of Program activities during the reporting period is not reflected in the statistical data which follows. This has been the intense effort, by personnel in all migrant service agencies, to establish a permanent, specific framework in which coordination and communication could take place. The consumer, public agencies, private groups, farm labor movements and churches were brought together in a migrant coalition and its committee structure.

- The Migrant Coalition -

The Migrant Coalition has served to:

- a. Bring into focus, the needs of migrants and seasonal workers as expressed by them;
- Acted as a clearing house to shunt specific problems into committees, or agency groups competent to effect solutions;
- To diminish, and often erase inter-group or inter-agency rivalry, and the attendant waste of energy to be applied toward serving the consumer more effectively;
- d. Compile an inventory of migrant services available and publish a general directory as well as a health services directory to assist field workers in resource finding. (Copies included in the Appendix).



- e. Examine current legislative proposals at the national and state levels, and research existing laws with respect to assisting migrants and seasonal workers to attain their rights within the provisions of these laws.
- f. Conduct hospital care surveys to determine what policies hospital administrators and boards applied with respect to migrant patients, the number of migrants hospitalized, and how much it would cost to provide in-patient care for migrants in Colorado.
- g. Act as an advocate for the migrant through reminding appointed and elected governmental officials as to migrant needs and problems. A voice where there was no voice before.
- h. As a guage of interest level, the calibration being the attendance or non-attendance and performance of representatives of agencies of government and of private agencies.
- i. As a reminder that the objectives of member agencies and groups are more similar than dissimilar, and that the real enemy of the migrant is the accidental or deliberate apathy of those who are committed to serve but who do not. This element of enmity is not solely confined to governmental agencies and top-level decision-makers, but is found among those who claim, by ethnic commonality, to serve the migrants' direct interests.

The Coalition, as a forum, has been successful. The quantity and quality of interest and concern has been identified, and the tired, old cliches are no longer acceptable as official or private excuses for inertia.

The future of the Coalition and the attainment of its objectives will depend in part upon the continued interest, concern and involvement of the men and women of which it is composed. The balance will depend upon whether of not the law-makers and policy makers at the state and national levels have the foresight, courage and honesty to resolve this national dilemma; a problem dating from the diaspora of the dust-bowl farmers of the mid-thirties.

- Consumer Reaction -

The long silence of the Spanish surnamed migrant has been shattered by the cry, "Chicano Power!" Agencies experienced their first confrontations with the voice of organized consumer reaction this spring through a week-long fast and pilgrimage of Farm Labor Task Force members. This after-the-fact or pent-up release of protest is useful as an indicator of grievances. But to serve the migrant, an agency should not wait until its halls and offices are crowded with demonstrators.

Consumer groups which have directly influenced the policies and planning of the Program have been the Farm Labor Task Force (Denver), Farm



Workers United (Fort Lupton, and later, during the 1970 season, Dicho y Hecho (Center).

Migrant Action Program students at the University of Colorado, all of whom have worked in the fields, were recruited and hastily oriented during the reporting period, and very quickly became vocal interpretors of local and immediate needs.

Eight of these students served as Family Health Workers during the close of the reporting period and until early September during the current season. One of these has preven to be of such value, that her Migrant Action Program supervisor has been persuaded by Program staff to allow her to continue her activities in the North Central Region until December 31, 1970.

The effect of Consumer involvement in program planning will not be fully apparent until the close of the 1971 season. However, to formalize consumer input, the Directors of the Colorado Migrant Council were requested to constitute themselves as a Consumer Policy Board for this Program. The correspondence relating to this is reproduced here. (Insert No. 1 - Letter to the Consumer Policy Board in English and Spanish: Insert No. 2 - Letter from the Consumer Policy Board in English; Insert No. 3 - Dr. C. D. Govan's letter to the Consumer Policy Board in English and Spanish).

INSERT NO. 1



STATE OF COLORADO

O LIBRESTAY OF HEALTH

4210 EAST 11TH AVENUE - DENVER, COLORADO 80220 - PHONE 388-6111
R. L. CLEERE, M.D., M.P.H., DIRECTOR

August 28, 1970

Board of Directors. Colorado Migrant Council 665 Grant Street Denver, Colorado

Gentlemen:

Pursuant to conversations held with Council Staff, the Migrant Health Program petitions the Colorado Migrant Council Board of Directors, the regional and Texas components thereof, to act in the capacity of a Consumer Policy Board for the Migrant Health Program.

Your assistance is respectfully solicited in order that program staff can plan and implement health services which will be available, acceptable, accessible and visible for migrant farm workers and their families.

We ask that you assist us in this capacity because you have immediate and current knowledge of the need for health services and because you are ideally constituted to provide data with respect to the consumers! thoughts concerning the kind of health care to which they now have access, and the kind of care they would like to have.

We sincerely hope you will be inclined to assist us in this function.

Respectfully,

Albert G. Lambert

Administrative Assistant

MIGRANT HEALTH PROGRAM

AGL/ch





MIGRANT

Colorado Council on Migrant and Seasonal Agricultural Workers and Families

Area Code 303
665 GRANT
6892-6911
DENVER, COLORADO 80203

August 31, 1970

Mr. Al Lambert Administrative Assistant Migrant Health Program Colorado Department of Health 4210 East 11th Avenue Denver, Colorado 80220

Dear Mr. Lambert:

Your letter of August 28, 1970, to the Colorado Migrant Council Board of Directors has been referred to me.

The Board of Directors met on August 29, 1970, and your letter was reviewed at that time. Your request for the Council Board of Directors to act in the capacity of a Consumer Policy Board for the Migrant Health Program was unanimously approved by the Board.

The Chairman of the Board, Mr. Magdaleno M. Avila, requests that you provide the Board with a clearer explanation of its role as a Consumer Policy Board, and the dates on which the Board is required to meet in order to fulfill that role.

Sincerely,

Ralph D. Martinez

Director for Administration

RDM:mlt

INSERT NO. 3a



STATE OF COLORADO DEPARTMENT OF HEALTH

4210 EAST 11TH AVENUE - DENVER, COLORADO 80220 - PHONE 388-5111
R. L. GLEERE, M.D., M.P.H., DIPECTOR

October 7, 1970

Mr. Magdaleno Avila, Chairman Consumer Policy Board Migrant Health Program Executive Committee Colorado Migrant Council 665 Grant Street Denver, Colorado

Gentlemen:

We wish to thank you for your unanimous vote to act as the Consumer Policy Board for the Migrant Health Program.

We would like to present several ideas to you for consideration. These are very general in nature but their acceptance is a matter of decision for you, the consumers' advocate, the professional staff of migrant service agencies, and the health professionals connected with this program. A summary of resultant plans would be discussed with local and district Health Department Directors. All of these concepts have been discussed informally with other agencies' personnel:

- 1. Colorado Migrant Council!
- 2. Colorado Rural Legal Services
- 3. CWR/MP (outreach workers)
- 4. Emergency-Food and Medical Program
- 5. VISTA

We do not imply "credit" for these ideas, they constitute a consensus which has grown among agency personnel. They are ideas which many feel whose time has come. They are simple to state, but their planning and implementation will be difficult and require good faith, fairness and candor upon the part of all agencies.

- I. Delivery of Health Services 1971 Season
 - A. Because of shortages of health personnel particularly in the area of delivery of health care, we suggest a push for cooperation with all existing health agencies. This is especially so in view of needs of the seasonal as well as the migrant workers.
 - B. Define areas of concern and responsibilities with local health agencies regarding migrant and seasonal workers present funding of migrant health care delivery is too inadequate to handle both both seasonal and migrant workers.



C. One Roof Concept

In each area provide a common roof for all services rendered to the migrant worker and his family - i.e., health, legal, ministry, food, etc. This would necessitate a disengagement of fiscal and supervisory functions of local and district health departments and would provide a more clear definition of areas of responsibility as mentioned in Section B - this would supplement rather than supplant existing facilities.

- Positive involvement, in planning, of regional O.E.O. and H.E.W. consultants --- from the initial stages. (Funding outlook, fiscal period unification, consultation)
- Joint training and use of outreach workers through in-depth orien-E. tation by each agency delivering migrant and seasonal worker services.
- Creation of an executive committee drawing agency and consumer representatives with relatively broad decision-making authority, to coordinate the delivery of services, solve "in-house" problems and act as an advocate for the "house", petition agencies and groups for help and present the plight of the worker to the public in a unified way.

We hope you will give your earnest consideration to these concepts and inform us as to the extent they may or may not reflect your thinking.

We await your reply.

Sincerely,

C. D. Govan, M.D., Director

Migrant Health Program

Caman

CDG/eh

CONSUMER REACTION

SUMMARY

ANNUAL PROGRESS REPORT June 1, 1969 - June 1, 1970

I. GENERAL INFORMATION:

- A. The period covered by the report is from June 1, 1969 to June 1, 1970. Due to a number of new concepts and trends, there are numerous references to the 1970 season which are intended to lend continuity to narrative statements concerning the actual reporting period.
- B. Objectives as listed in the last approved application were:

"To develop, augment and improve the following services to migrant agricultural workers and their families: (1) Medical Care, (2) Dental Care, (3) In-patient Hospital Care, (4) Public Health Nursing Services, (5) Environmental Health Services, (6) Home Economics, and (7) Medical-Social Services.

To develop, expand and improve existing programs in technical areas of known need, in which State staff will give consultation, instruction and aid to migrants, employers, camp operators and others in the community who are concerned with migrant health problems.

To establish and maintain lines of communication with other public and private agencies, governmental units, corporations and individuals directly or indirectly involved in the health, education and welfare of migrants."

C. Changes in Objectives

No significant changes in program objectives are reported.

- D. Significant changes in the migrant situation from the previous reporting period.
 - 1. No major change is reported with respect to the composition of the migrant labor population as to age, sex, cultural background, places of orgin or destination after departure from Colorado.
 - 2. The economic situation: A major loss of profit by the leading producer of beet sugar resulted in a decrease in acreage and a decline in out-of-state recruitment. However, the influx of workers and attendant health problems seemed to remain the same as in previous years.



Labor unrest, new-born during the last reporting period, has grown to formal organization and the beginnings of efforts to attain collective bargaining rights. The increased use of illegal entrants from Mexico has become a major economic issue, according to Mexican-American farm laborers. Mechanization of farming continues to grow, but a decrease in migrant labor population does not seem to be commensurate.

- Effects of these developments upon the migrant labor situation and the need for health services are several in number.
 - a. The increased awareness of the migrant laborer as to the gap between his life-style and that of the stable resident population, has led him to seek out migrant services more energetically than before.
 - b. Labor organization efforts have taught migrants and seasonal workers how to demand services and coverage under existing laws, and how to press for delivery of better services when they feel they have received inadequate treatment.

This increased awareness and the displacement of passivity by the active seeking out of care, has resulted in an increased demand upon existing funds and health care facilities. The use of health aides from the migrant stream will compound this demand if the experience of this current (1970) season serves as an indicator.

II. RELATIONSHIPS:

Several instances of planned, specific involvement of migrants in program development can be cited:

- Close staff involvement in the meetings of farm labor groups, largely composed of Chicano members.
- b. Inclusion of migrants in nursing evaluation and planning; use of farm labor organization manpower for out-reach and transportation of patients.
- c. Recruitment and training of Chicano aides for the 1970 season through arrangements with the Colorado Migrant Council and the University of Colorado.
- d. Close liaison and weekly exchange of ideas with staff members of the Colorado Migrant Council and Migrant Action Program personnel.
- e. Regional meetings in the five crop areas were conducted prior to the 1970 season to determine migrants' expressed wishes and the thoughts of local migrant service personnel. These meetings were a joint undertaking of the Colorado Migrant Council and this Program.



f. Relationships with other agencies included financial contracts whereby this program delivered dental services and was reimbursed at the close of the season by the Colorado Migrant Council and those school districts participating in the Dental Care program.

Other relationships with agencies and groups were on a unilateral basis until mid-April, 1970, when the Migrant Coalition was formed to act as forum and clearing-house for information planning and action. Most migrant service agencies now attend the monthly sessions of the Coalition and its several committees.

III. STAFF ORIENTATION AND TRAINING:

Pre and post season nursing planning and evaluation meetings were held. A week of training for Family Health Workers (M.A.P. students and V.I.S.T.A. workers) was held in May, 1970.

IV. GENERAL APPRAISAL OF THE YEAR'S ACHIEVEMENTS:

During the reporting period a number of accomplishments stand forth:

a.	*Evening Clinic (Location)	*Patient Visits (total)	*Individual Patients Seen
		(clinic & physician's	office)
1968-69	7	3,871	1,777
1969-70	9	4,302	2,503
	*Immunizations	Dental S	Service Provided
1968-69	952	•	4,547
1969-70	1,557		5,869

- b. The Sanitary Standards and Regulations for Labor Camps passed a significant test in the closing of the Fort Lupton Farm Labor Camp in Weld County
- c. Program staff initiated the formation of an inter-agency Migrant Coalition which has met regularly to deal with short-range and long-range migrant service problems.

*These increases reflect greater Public Health Nursing activity and more effective coordination with other migrant service agencies.



V. PLANS FOR PROGRAM CONTINUATION BEYOND GRANT SUPPORT:

A supplemental budget request for hospital care, sanitation services, nursing support and home economics consultation will be submitted to the State General Assembly during the Fall 1970 session.

The State Legislative Council, an advisory body serving the General Assembly, has been provided with data concerning migrant health and housing needs.

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Full Text Provided by ERIC

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MEDICAL CARE

MIGRANT HEALTH PROGRAM
MEDICAL SERVICES NARRATIVE REPORT
June 1, 1969 - June 1, 1970

A. OBJECTIVES:

During the many planning and evaluating meetings held by the Medical Advisor with other Program staff and other agencies, the primary objectives of the Medical Services component of the project were to:

- (1) increase the number of Family Health Clinics,
- (2) increase the provision of medical care in physicians' offices and out-patient hospital facilities where Family Clinics were not feasible,
- (3) strengthen communications and coordination between the providers of medical care and other professional and para-professional personnel and agencies in each region, and
- (4) provide for hospitalization when essential to the proper care of an individual patient.

B. PROGRESS AND PROBLEMS:

Although it has been demonstrated that the provision of evening medical clinics increases the utilization of medical care by migrants, there are numerous problems involved in attempting to establish such clinics in Colorado rural areas. Foremost among these problems is the great reluctance on the part of local physicians to staff evening clinics since their services are already in short supply and they are extremely busy caring for their non-migrant patient load. There is not as serious a problem in the areas close to Denver where the physician shortage is less severe but the problem exists to some degree throughout the State and should not be underestimated. Despite this, we were able to establish Family Health Clinics in five additional locations during the 1969 season in the following areas:

County	Town	Time
Rio Grande	Monte Vista	6:30-9:00 PM twice weekly
Costilla	San Luis	7:00-10:00 PM once weekly
Otero	Rocky Ford	6:30-9:00 PM once weekly
Prowers	Lamar	6:30-9:00 PM once weekly
Larimer "	Timnath	6:30-9:00 PM once weekly



Clinics which had functioned in the 1968 season were also continued in 1969 in the same areas, namely:

County	Town	Time
Weld	Greeley	6:30-9:00 PM twice weekly
Weld	Fort Lupton	6:30-9:00 PM once weekly
Adams	Brighton	6:30-10:00 PM once or twice weekly

In addition to the above Family Clinics, the following Special Clinics were held:

- 1 A Mobile Health-Van Clinic was operated once a week in <u>Kit Carson County</u> east of Burlington. It was sponsored by the Franciscan (Marycrest) Sisters and served migrants from both Colorado and Kansas one evening a week.
- 2 The same clinic van was moved during the latter part of the season to <u>Weld County</u> (Windsor) where it operated once a week for four weeks.
- 3 A Migrant Health Fair and Clinic was held in Delta County (Delta) on a one-time basis in June. Services included Pap Smears, V.D.R.L. tests, immunizations, and health education and counselling.

In all of these clinics, there were some problems involving adequacy of the facility, equipment, records, accessibility of laboratory services, outreach and follow-up. In general, however, the problems were of a minor nature and did not significantly interfere with the effectiveness of the services. The statistics available reflect the role of Family Clinics in making care accessible to patients:

- 1 In the Arkansas Valley (Otero-Bent and Prowers Counties) there was an increase of 220% in the total number of patients seen and the patients seen in Family Clinics accounted for 70% of the increase.
- 2 In the San Luis Valley (Rio Grante, Costilla, Conejos, Saguache Counties), the total number of patients increased by 827% and the patients cared for in Family Clinics accounted for 30% of the increase.
- 3 In Larimer County, the total number of patients increased by 77% and all of the increase was accounted for by patients seen in Family Clinics.



- 4 In Adams County, the total number of patients remained about the same although the number seen in Family Clinics increased 100%.
- 5 In Weld County, the total number of patients decreased 11% and the Family Clinic patients decreased 15%. (the only apparent reason for this decrease is a decrease in the total number of migrants living in Weld County).

If one looks at total Statewide statistics regarding medical services in all types of settings we see the following changes from the previous season:

ITEM	Season 68 - 69	Season 69 - 70	% Change
Tot a l patients receiving Medical Services	2, 249	3,501	+ 56%
Patients served in Physicians' Offices	981	1,447	+ 47%
Patients served in Family Clinics	796	1,336	+ 68%
Patients served in Screening Clinics, Emergency Rooms and Outpatient Clinics	472	697	+ 48%

These data show a significant increase in the number of migrants receiving medical service in all types of settings with the greatest increase being in those served in Family Clinics.

The portion of the estimated total Migrant population receiving medical service in either Physicians' Offices, Family Clinics, Screening Clinics, Emergency Rooms, or Outpatient Clinics is shown in the following table;

	Estimated total Migrant population	Numb e r r ece iving M edical Service	% receiving Medical Service
Season 168-69	26,545	2,249	8 %
Season '69-70	25 , 750	3,501	1.4 %

In general, the <u>quality</u> of care received by the migrants in these facilities is equally as good as that provided to non-migrant patients. Complaints about the medical or personal treatment received by migrants in either offices or clinics are very small in number and can be traced either to administrative problems or to personal attitudes.



More detailed study of the statistics shows the following data concerning selected health <u>services</u> provided:

Types of Service	Season 68 - 69	Season 69 - 70	% Change
Number patients hospitalized	90	189	+ 110%
Number completed immunizations (all t	ypes) 972	1,557	+ 60%
Number patients receiving pre- natal care	71	.205	+ 190%
Number patients receiving vision screening	N.A.	975	N.A.
Number patients receiving T.B. testing	165	1,183	_ ^{610%}
Number patients receiving family planning services	31	76	+ 145%
Number of pres- criptions paid for	888	2,302	+ 160%
Number patients receiving complete physical examination	131	925	+606%

(N.A. ≈ Not Available or Not Applicable)

The project had a limited amount of money available to pay for <u>In-Hospital Care</u> during this season, for the first time. Since the amount of money was small compared to the potential need, guidelines were developed and sent to all areas in order to use the money for the most urgent cases.

As expected, there were some misunderstandings concerning hospitalization but the major problem was the paucity of funds. Quite a few of the physicians providing services have stated rather strongly that they feel this is one of the biggest needs in our present program.

One of our major problem areas is that of coordination and communication with other agencies and persons involved in providing care to migrant families. As in so many other Federally-funded health efforts,

the program has been divided among various agencies in Washington and this places a serious burden on administrative and service personnel in the State and local areas. With nursing services, medical care, outreach, health education, etc. being provided by several agencies, there is a great need for interagency planning and communication throughout the year. Many migrants and professionals alike are confused by seeming duplication and overlap of effort. We are continuing to make persistent efforts to overcome this problem through interagency planning meetings. During the spring of 1970 many more regional planning meetings were held than had been held in 1969. All agencies, organizations and individuals involved in providing some type of service (including medical care to migrants in each such region) were invited to the meeting and as a result channels of communication were strengthened, coordination improved and services strengthened.

C. INTERIM REPORT FOR 1979-71 SEASON

The major goals for the medical services segment of the project in the '70-71 season are to (a) continue the increase in provision of medical services, (b) provide para-professional aides to assist the nurses in various duties, (c) continue interagency planning and coordination efforts, and (d) attempt to obtain funds for inpatient hospital care.

At the present time (September 1, 1970) it appears that all but the last of these goals has been or is being reached to considerable extent. Present indications are that a significant increase in the number of patients receiving service will again be seen this season. A major help in this aspect is the assistance of the University of Colorado Medical Center in providing physicians to staff several new Family Clinics held on Sundays in various locations.

In cooperation with the Colorado Migrant Council and the University of Colorado (Boulder), the services of eight Migrant Family Health Workers and four VISTA Workers were provided to give much needed assistance to migrant nurses in six different regions. A one-week training program for the Family Health Workers and two of the VISTA Workers was held during the last week of May, 1970 (see appendix). Most of these workers are proving to be of valuable help in reaching out into the migrant community. A few have not met expectations thus far.

There seems to be a significant, improvement of communications among helath workers ang agencies this year. People in some regions are developing a "team approach" with better delegation of various duties and smoother coordination.

The Colorado Migrant Coalition Health Committee was organized early this season and is helping to bring State and Local personnel together at regular intervals to discuss mutual problems. One accomplishment of the Migrant Coalition Health Committee was the preparation of a Migrant Health Resources Directory (see appendix) with significant participation by the Colorado Health Department Migrant Program staff.



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Thus far, our attempts to obtain funds for in-patient hospital care have been totally unsuccessful.

D. CONCLUSION AND RECOMMENDATIONS

It is my feeling that despite numerous obstacles such as fragmentation of the migrant care program, some resistance on the part of the "establishment" in local regions to providing any help for migrants, paucity of Project funds, problems in coordination and communication, and insufficient staffing of the Project; definite progress is being made in the delivery of good quality medical services to an increasing number and portion of the migrant population in Colorado.

It is my recommendation that: (1) we need to make more extensive use of the Family Health Workers (aides) and to improve their training program based on the first year's experience, (2) we should increase emphasis on the health education aspects of the program, (3) continued, year-round efforts at coordinated planning be continued, and (4) increased funds be requested for the necessary additional staff time and to ensure an increasing amount of service.

COLORADO MIGRANT HEALTH PROGRAM HOSPITALIZATION POLICY

The Colorado Migrant Health Program will accept for part-payment hospital costs migrant patients under the following conditions:

- 1. The patient is outside a hundred mile radius of Denver and Colorado General Hospital.
- 2. No other payment resource is available. (Liability, Blue Cross, Welfare, other plans)
- 3. Patient conforms to the definition of a migrant eligible for services under Colorado Migrant Health Program.
- 4. The condition requiring care is acute, life-threatening, or catastrophic,
 OR
- Hospitalization is required to prevent serious deterioration of the condition,
 OR
- The diagnosis is that of an acute fulminating infection, OR
- 7. The patient is suffering from an acute, severe, or dangerous trauma, OR
- 8. The pregnant woman is considered in the high-risk group.

After the acute condition is stabilized and if a prolonged hospitalization (beyond one week) is recommended, the Migrant Health Program will authorize ambulance service to transport the patient to Colorado General Hospital. Hospitalization costs will not be authorized after acute care has been provided.



MIGRANT HEALTH PROGRAM

Family Medical Clinic Schedule

Weld County:

Greeley Health Department 16th Street at 17th Avenue

(Weld County Hospital)

Mon. and Fri.

6:30 PM to 9:00 PM

Fort Cupton Labor Camp

Wednesday

6:30 PM to 9:00 PM

Adams County (Tri-County District Health Department)

Brighton Office 1895 Egbert Street

Tues. and Thurs.

6:30 PM to 10:00 PM

Larimer County:

Timnath School Timnath

Tuesday

6:30 PM to 9:00 PM

Otero County:

Dr. T. Martin Medical Arts Bldg. 903 S. 12th

Rocky Ford

Thursday

6:30 PM

Prowers County:

Prowers Medical Center 1001 S. Main

Lamar

Tuesday

6:30 PM to 9:00 PM

San Luis Valley:

Sangre de Cristo Health Center

Professional Services Bldg. 10 Rupert Monte Vista, Colorado

MEDICAL CARE June through October, 1969

COUNTY	TOTAL SEEN	FAMILY MEDICAL CLINIC
Arkansas Valley	466	150
Boulder	42	
Delta	165	
Kit Carson	395	38
Mesa	99	
Northeast Health Department	441	
San Luis Valley	534	143
Weld .	974	530
Tri-County Health Department - Adams	550	347
Larimer	<u>335</u>	160
TOTAL	3,793	1,016

Total number of physicians participating in the Program - 67.

Total number of pharmacies participating in the Program - 50.

Total number of dentists participating in the Program - 65.

Total number of hospitals participating in out-patient services -17.

DENTAL CARE

DENTAL HEALTH NARRATIVE REPORT

MIGRANT HEALTH PROGRAM

1970

I. GENERAL DESCRIPTION

Dental Health must be an intregal part of any comprehensive health program. Integration of dental health within the programs of all agencies involved with the migrant population is the major objective of the program and the key to success.

A Program Dental Hygienist is employed full-time by the Project and a second hygienist was employed for a 3½ month period during the peak season. The Project Dental Hygienist's major responsibilities are to plan, develop, promote, and coordinate dental health activities in cooperation with other health disciplines working within the Project as well as the other agencies.

The purpose of the Migrant Dental Health Program is to achieve better understanding and acceptance of dental health concepts among migrants in Colorado. This has been done through: (1) dental health education, (2) emergency relief of pain and infection in adults and children, (3) restorative dental care for children and adults. Program emphasis is placed upon continuing dental health programs in migrant summer schools and O.E.O. preschool centers and upon increasing evening clinics and direct services to teen-agers and adults. Prevention and preventive services is now a major component of the program with the inclusion of fluoride programs.

II. INTEGRATION AND COOPERATION WITH OTHER DISCIPLINES AND AGENCIES

A. Colorado Department of Education:

- The project dental hygienist conducts a program for school age children through the established channels of the summer migrant schools. The hygienist conducts a dental screening in each school for all children in attendance.
- Prior to the season, the project dental hygienist calls upon each migrant school director to explain the dental program and to coordinate the program for each school.
- Parental permission slips are supplied to each school. School personnel are responsible for securing the signature of the parent.
- 4. Transportation to and from the school and dental offices is the responsibility of school authorities.



- 5. School nurses assist in the follow-up care of children receiving dental treatment. They also aid in the referral of emergency cases, and in the supervision of dental health education.
- 6. Migrant school teachers conduct daily toothbrushing sessions and classroom dental health programs. This is one of the most important phases of the school program. A continuous program of brushing helps develop the habit. The children take their brushes when they leave. In some, this is the first toothbrush they have seen. For others, who are returning to Colorado, their toothbrush is one of the first things they ask for. In our materialistic society, for many it is one of the few possessions they can call their own. (Brushes and paste are furnished by the program.)
- 7. Dental treatment reimbursement agreements for a total of \$5,400 were concluded with 11 of the school districts with migrant summer programs.
- 8. School personnel participated in the preventive fluoride program and gave assistance in the program.
- B. The Colorado Migrant Council, (Office of Economic Opportunity)
 - 1. The project dental hygienist conducts a dental screening in each Colorado Migrant Council preschool center and arranges for dental care in the offices of local private dentists.
 - A reimbursement agreement for \$6,000 was made with the Colorado Migrant Council to be used for the dental care of preschool children enrolled in their program.
 - Local center staff provide dental health education and transportation to and from dental offices.
 - 4. VISTA Volunteers were advised of the program. They assisted by discussing the program during their visits with the migrants.
 - 5. Consultation and materials are provided by the project dental hygienist for the adult education component of the Colorado Migrant Council Program as well as the preschool programs.

C. Dental Societies

All dental societies, in those areas of the state which host migratory workers are contacted prior to the season. The program is explained and the dentists' cooperation is solicited. All Dental Societies pledged their full cooperation. Each individual dentist expressing an interest in the program is contacted personally. Many find working with these children a rewarding and enriching experience. They take a personal interest and some will buy them lunch if the dental appoints run late.



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Payment for dental care is on a fee-for-service basis. All care is provided in private dental offices and local dentists are reimbursed according to an established fee schedule.

All cooperating dentists are asked to reserve time for migrant children in schools and preschool centers. There was an increase in the number of participating dentists and in the amount of time reserved for the migrant program this year. This illustrates organized dentistry's increased awareness and acceptance of the migrant farmworkers. All dentists involved in the program agreed to take emergency cases.

D. Colorado Migrant Ministry

Contact was made with this agency prior to the migrant season. Migrant Ministry staff, located throughout the State, assisted in providing transportation, referral of patients, contact with families and follow-up care.

E. Archdiocesan Committee for Migrant Laborers

Seminary students, contacted prior to the season, assisted with transportation of patients, follow-up, and referral of patients in need of dental care.

F. Migrants In Action (MIA)

MIA was formed in Northern Colorado by the migrants. They volunteered to aid in the dental program. They furnished all transportation to and from dental appointments for all patients seen in the afternoon and evening dental clinics.

- G. Local Health Departments and Local County Public Health Nurses
 - Pre-season contact to coordinate the migrant dental program with local area programs at which time extensive orientation and inservice training was given.
 - 2. Public Health Nurses assist in patient referral, follow-up care, family contact and dental health education in the schools and camps when the project dental hygienist was not in the area.
 - 3. The Tri-County Health Department is the only local health department (outside Denver County) which employs a dental hygienist. This hygienist saw migrant patients in her established dental clinics and referred them for dental care.
 - 4. Physicians involved with the program refer dental problems to the public health nurses who arrange for care.
 - 5. Drugs prescribed by participating dentists are authorized for program payment by the referring Public Health Nurse.



6. The Sangre de Cristo Clinic in the San Luis Valley, an O.E.O. project, provided dental care for some of the children and adults. The Clinic's Dental Hygienist provided dental health education and dental screening for migrants in the area.

H. Colorado Department of Health Personnel

Home Economics Consultant:

- a. The project dental hygienist participated in home economics teachers workshops and developed classroom dental health projects for use by the teachers. Integration of dental hygiene into all home economics activities is encouraged. Giving a toothbrush to the children proved to be one of the best "dooropeners" for the teachers and aides making home visits.
- b. The Home Economics Consultant visited homes in which dental health problems were found to originate in poor nutritional habits. She gave consultation to families with respect to better nutrition.

2. Nursing Consultant:

- a. The Nursing Consultant participates in the development of dental health educational materials and in program planning.
- b. She assists in the integration of dental health into all phases of public health nursing services throughout the State.

3. Sanitarians:

Sanitarian and sanitarian aides assist in the referral of patients, location of patients, and explanation of the dental program.

4. Dental Health Section Staff:

- a. Staff members examine migrant children in established orthodontic clinics throughout the state.
- b. Staff members were responsible for the purchase of several dental health films to be used primarily in the Migrant Health Program.
- c. Staff members assist in the development of all dental health educational materials.

III. DENTAL HEALTH EDUCATION

A. Teachers' Guide

A teachers' guide, "Dental Health Education in Migrant Schools", developed by the project staff, was distributed to all migrant



school teachers and preschool center staff members. Its purpose is to supplement classroom programs given by the dental hygienist and to provide teachers with suggestions, information and ideas for presenting dental health education to migrant children.

B. Dental Inspection Report Card

A card was developed and used in conjunction with the dental screening. The card contained a dental health message and information about what was found during the screenings. Each child was given a card to take home. The purpose of the card was to inform the parents of the dental inspection, the condition of their child's teeth, and to relate dental health facts. The card was a bright cherry color and was printed in both English and Spanish.

C. Project Dental Hygienist provides:

- 1. Limited classroom programs as her schedule allows.
- Individual patient education during dental screenings and to patients seen in clinics.
- 3. In-service programs for volunteer groups, nurses, achool and preschool staffs. Approximately 50 such programs were given this year.
- 4. She provides dental health education in the migrant camps and homes.
- 5. She speaks at conferences and meetings in Colorado and in other states regarding project objectives and activities. Included were lectures to nursing students and dental hygiene students. Conferences were attended in Idaho, New Mexico and California.
- 6. She conducts the preventive fluoride program in schools and preschool centers.
- 7. An extensive orientation was given MAP students who were to serve as Family Health workers this summer.

D. Migrant Schools

- Teachers supervise toothbrushing following meals and snacks in those migrant schools with adequate plumbing facilities. Each child keeps his toothbrush and paste at the school.
- 2. Dental Health films -- six dental health films suggested in the Teachers' Guide were shown 85 times with a total viewing audience of 2,500 migrant children.
- 3. School nurses conducted classroom dental health educational programs in connection with the showing of the films.



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4. New filmstrips and records in English and Spanish were available this year. They were a great success with the younger children.

E. Public Health Nurses

Public health nurses provided dental health education in the schools, preschool centers and camps.

F. Dentists

Local dentists, working with the program, gave intensive dental health education to migrant patients under care in their offices. Local dentists in three migrant schools conducted classroom instruction and dental screenings with the assistance of the Project Dental Hygienist.

IV. ACCOMPLISHMENTS

- A. Migrant Schools and Preschool Centers
 - 1. 2,880 children were given a dental screening.
 - 2. 703 children received dental care.
 - Of these, 221 children received dental care paid for through reimbursement agreements signed with the school districts or the Colorado Migrant Council.
 - 4. A dental health program was conducted in several of the regular term migrant schools. It included dental health education, dental screening, and dental care.
 - 5. The number of 9-14 year olds increased this year. Through the homeliving program, developed in the schools by the Project Home Economics Consultant, children in this age group are now attending school instead of babysitting or working in the fields.
 - 6. Increased dental health education through:
 - a. Increased in-service training of school staff.
 - b. Increased utilization of school auxiliary personnel.
 - c. Increased types, numbers, and availability of audio-visual aids.
 - 26 schools and 32 preschools were included.
 - 1,200 children participated in the preventive fluoride program
 - 9. The percent of children in need of dental care was reduced from 54% in 1968 and 42% in 1969.



B. Emergency Care

- 1. There was an increase in the number of adults and teenagers referred by public health nurses for dental care. Some received emergency dental care paid for by insurance.
- 2. Care was provided in ansoal offices.
- 3. More intensive orientation and in-service training of Public Health Nurses accounted for this increase.

C. Dental Clinics

- 1. There were 38 dental clinics held. One, in conjunction with "Health Fair", the others in family health clinics.
- 2. Clinics were held in the evening 3-4 nights a week in Northern Colorado. Portable equipment was set up in one clinic. A dental clinic room was available in the other.
- 3. A total of 175 migrants was seen, 67 percent of whom were over 15 years of age.
- Some received dental prophylaxes given by the project dental hygienists.
- A total of 85 persons received dental care. 77% of these were over 15 years of age.

V. INNOVATIONS AND EXPANSION OF DENTAL PROGRAM

- A. A second dental hygienist was employed for $3\frac{1}{2}$ months during the migrant season. (Salary was paid through funds of the Dental Health Section of the Colorado Department of Health.) As a result, the number of school dental screenings and afternoon and night migrant dental clinics increased greatly.
- B. The program served ten more schools and preschool centers over last year. This enabled the dental program to reach more migrant children and their families.
- C. Reimbursement agreements amounting to \$5,400 were made with 11 school districts for dental care. An agreement was also made with the Colorado Migrant Council for \$6,000.00. These agreements augmented program funds of the Colorado Department of Health.
- D. A significant step forward this year was an increase of the number of night clinics. A total of 38 clinics were held in the evenings in three areas of the state. This resulted in more teenagers and adults being seen and given care. Approximately 38 percent of program dental funds was spent for adult dental care.



- E. Broken and cancelled appointments were reduced to 14% this year due to excellent inter-agency cooperation in the patients transportation and better dental health understanding of the migrants. Scheduling of care beginning the day after the dental screening in the schools, made it possible to reach almost all of the children before they moved. This made the completion of needed dental care more certain.
- F. An innovation this past year was a preventive program of "Brush-Ins" conducted in some of the schools. A zirconium silicate toothpaste with a high concentration (9%) of fluoride was used by each child in the "Brush-Ins". The paste was developed for self-application by mass segments of the population. Documented studies have shown it to be effective in reducing dental caries by from 40 per cent to 95 per cent in both adults and children. The paste is effective for approximately six months.

The "Brush-Ins" were conducted in each classroom. Toothbrushes, preventive toothpaste, disposable aprons and cups were distributed to each child. The proper toothbrushing technique was first demonstrated and practiced by the children. The effectiveness of the application depends upon a thorough and systematic brushing of all surfaces of every tooth. Teachers, aides, nurses and volunteers assisted with the brushing.

All supplies for the program were furnished by the Colorado Department of Health. Approximately 1,183 preschool and school children participated. It is hoped that all migrant children will be included during the coming season.

- G. Migrants were directly involved in the planning and carrying out of the dental program. Through the "Migrants in Action" effort, more adults were informed of and brought to the dental clinics. The M.I.A. group provided transportation. After a great deal of initial confusion and patience on both sides, this aspect began to run smoothly.
- H. Perhaps the most significant accomplishment of the program is the reduction in the percentage of migrant children needing dental care. (See table below.) This can be attributed to proper dental treatment in the past and better oral hygiene learned and practiced in the migrant schools and clinics.

COMPARISON OF 1969 WITH PAST PROGRAMS

Year	Number Examined	Percent Needing Care	Number Receiving Treatment
1964	503	53	91
1965	913	46	119
1966	986	57	258
1967	792	57	500
1968	2260	54	774
1969	3055	42	788



- I. An attempt was made this year to estimate the total cost of dental treatment. At the time of the dental screenings, an estimate was made for each child and recorded. The total treatment cost was estimated to be \$48,970.00 for those school and preschool children examined. Less than half of this need was funded by program funds.
- J. There was an increased use of specialists in this year's program including: Pedodontists, Oral Surgeons, and Orthodontists.
- K. During the dental screening, a record was kept of all children who exhibited fluorosis of the dental enamel. Variance was from mild fluorosis to mottled enamel. It has been a common belief that one reason for the lower decay rate in these children was that they came from the Southwestern United States where adequate amounts of natural fluoride are frequently found in the water.

2,163 migrant children were included in the study. One-sixth (365) of the children were found to have fluorosis. Three-fourths (264) of these children with fluorosis had no dental caries readily apparent in the cursory examination.

VI. Plans for 1970 Program

- A. Employment of a dental hygienist for four months during the peak season.
- B. Increased number and locations of evening dental clinics.
- C. Continued integration with other agencies and programs involved in serving migrants.
- D. Increased direct dental services with a goal of comprehensive dental care for whole families instead of individuals.
- E. Use of migrant groups, migrant aides and Migrant Action Program students in the dental program.
- F. Making the preventive fluoride program available to 3,000 school-age children and adults.
- G. Providing dental consultation and services to regular-term migrant school programs.
- H. Completion of an Oral Hygiene Study (OH-IS). A base-line study was conducted three years ago. It will provide information on improvement in oral hygiene and prevalence of soft tissues diseases in the mouth.
- I. Coordination with the Farm Workers United group in Ft. Lupton is already in effect. This group is now making dental referrals direct.
- J. Perhaps the one aspect of the total program that will benefit the dental component is regionalization. Program coordination and improved quality of dental services has to date increased as a direct result.



MIGRANT DENTAL CLINICS - NORTH CENTRAL COLORADO

Year	Location	Number of Clinics	Number Seen	Amount	No. receiving care
1965	Ft. Lupton	7 clinics	44	\$ 100.00	4
1966	Ft. Lupton	10 clinics	28	781.00	14
1967	Ft. Lupton	10 clinics	71	369.00	18
1968	Ft. Lupton Greeley Brighton	7 clinics 5 clinics 11 clinics 23	$ \begin{array}{r} 52 \\ 17 \\ \underline{59} \\ 128 \end{array} $	1,905.00 473.00 2,784.00 \$5,162.00	20 12 <u>26</u> 58
1969	Ft. Lupton Brighton	18 clinics 12 clinics 30	109 <u>41</u> 150	\$5,403.00 1,526.00 \$6,929.00	77 <u>22</u> 99
1970	Ft. Lupton Keenesburg Frederick Brighton Greeley	1 clinic 1 clinic 2 clinics 7 clinics 3 clinics 14	0 31 15 63 15 $\overline{124}$	207.00 2,405.00 2,008.00 586.00 \$5,206.00	0 9 24 44 <u>11</u> 68

	ALCOHOLOGICAL CONTRACTOR CONTRACT	OCCUPIE.	WOUNTLY COMPOSITOR		
		1	, Under	15	
	Item	Total	15	01 de	
a.		3,102	2,924	178	
	Number of decayed, missing, filled teeth	7,783	6,837		
	Average DMF per person	2.5		946	
	O I - a prazza		<u> 2.3</u>	5.3	
ь.	Individuals requiring services: total	1,453		•	
- •	Cases completed	1,454	1,299	155	
	Cases partially completed	799	652	147	
•	Cases not started		· ·		
	cases not started	655	647	8	
			i		
С,		5,869	4,992	877	
	Preventive	381	302	79	
	Corrective	5,488	4,690	798	
	Extraction	695	460	235	
	Other	4,793	4,230		
			<u> </u>		
d.	Patient visits: total	1,980	1,577	403	
-	•				
	Patients receiving dental services:	COUNTY: No	orth Central R	egion	
			Under	15 &	
	Item	Total	1.5	01 de 1	
а.	Number of migrants examined: total	1,219	1,121	98	
	Number of decayed, missing, filled teeth	2,836*	2,350		
	Average DMF per person			486	
		2.3	<u> 2.1</u>	5.0	
,	Individual a magnining account and a	10-	į	į	
· •	Individuals requiring services: total	607	525	82	
	Cases completed	317	236	81	
	Cases partially completed		- ,	_	
	Cases not started	290	289	1	
					
Э.	Services provided: total	2,807	2,259	548	
	Preventive	227	166	61	
	Corrective	2,580			
	Extraction		093 و	487	
		342	203	139	
	Other	2,238	1,890	. 348	
	Patient visits: total	840	584	256	
g Without w					
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er-ze	Patients receiving dental services:	, o o o o x 1 x . z 1 . z 1 t t c			
	rationes receiving dental services:				
			Under	15+	
	Item	Total	Under 15	15 + 01der	
	Item Number of migrants examined: total	Total 156	Under 15 131		
	Item Number of migrants examined: total Number of decayed, missing, filled teeth	Total	Under 15	Older	
	Item Number of migrants examined: total	Total 156	Under 15 131	<u>01der</u> 25 130	
,	Item Number of migrants examined: total Number of decayed, missing, filled teetle Average DMF per person	Total 156 435	Under 15 131 305	<u>Older</u> 25	
•	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total	Total 156 435 2.8	Under 15 131 305 2.3	01der 25 130 5,2	
	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed	Total 156 435 2.8	Under 15 131 305 2.3	0lder 25 130 5.2	
	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed	Total 156 435 2.8	Under 15 131 305 2.3	01der 25 130 5,2	
	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed	Total 156 435 2.8 82 40	Under 15 131 305 2.3 60	01der 25 130 5.2 22 21 -	
	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed	Total 156 435 2.8	Under 15 131 305 2.3	Older 25 130 5.2	
•	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started	Total 156 435 2.8 82 40 - 42	Under 15 131 305 2.3 60 19 -	0)der 25 130 5.2 22 21 - 1	
•	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started Services provided: total	Total 156 435 2.8 82 40 - 42 189	Under 15 131 305 2.3 60	0)der 25 130 5,2 22 21 - 1	
•	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started Services provided: total Preventive	Total 156 435 2.8 82 40 - 42 189 20	Under 15 131 305 2.3 60 19 -	0)der 25 130 5.2 22 21 - 1	
•	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started Services provided: total Preventive Corrective	Total 156 435 2.8 82 40 - 42 189	Under 15 131 305 2.3 60 19 - 41 78	0)der 25 130 5.2 22 21 - 1 111 16	
•	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started Services provided: total Preventive Corrective Extraction	Total 156 435 2.8 82 40 - 42 189 20	Under 15 131 305 2.3 60 19 - 41 78 4 74	0lder 25 130 5.2 22 21 - 1 111 16 95	
•	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started Services provided: total Preventive Corrective Extraction Other	Total 156 435 2.8 82 40 - 42 189 20 169 37	Under 15 131 305 2.3 60 19 - 41 78 4 74 11	0)der 25 130 5.2 22 21 - 1 111 16 95 23	
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•	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started Services provided: total Preventive Corrective Extraction Other	Total 156 435 2.8 82 40 - 42 189 20 169 37	Under 15 131 305 2.3 60 19 - 41 78 4 74 11	0)der 25 130 5.2 22 21 - 1 111 16 95 23	

			Under	15 &
_	Item	Total	15	01 de
•	Number of migrants examined: total	122	119	3
	Number of decayed, missing, filled teeth	299	286	13
	Average DMF per person	2.5	2,4	4.1
				1
•	Individuals requiring services: total	64	61 30	$\frac{1}{3}$
	Cases completed			
	Cases partially completed	-		
	Cases not started	31	31	
	Services provided: total	489	465	24
	Preventive	25	24	1
	Corrective	464	441	23
	Extraction	32	12	20
	Other	432	429	3
	Patient visits: total	70		
		70	63	
200	Patients receiving dental services:	COUNTY: L	arimer	
		i	Under	15 &
	Item	Total	15	
	Number of migrants examined: total	1119	<u>11</u> 5	<u>01 de</u> 4
	Number of decayed, missing, filled teeth	243	230	<u>1</u>
	Average DMF per person			
	. Per person	2.0	2.0	3.2
	Individuals requiring services: total	63	59	4
	Cases completed	49	45	4
	Cases partially completed			
	Cases not started	14	14	
	Services provided: total	534	444	90
	Preventive	47	43	
	Corrective			4 .
		487	401	86
	Extraction	39	27	12
	Other	448	374	74
	Patient visits: total	97	91	. 6
J.	Catarina de la catarina del catarina de la catarina del catarina de la catarina del catarina de la catarina de la catarina del catari			· · · · · · · · · · · · · · · · · · ·
	Patients receiving dental services:	COUNTY: We	e1d	
		1	Under	15 &
	Item	Total	15	Olde:
_	Number of migrants examined: total	822	756	66
_		1,859	1,529	330
-	· Number of decayed, missing, filled teeth			
-	Number of decayed, missing, filled teeth Average DMF per person			
-	Average DMF per person	2.3	2.1	5.0
-	Average DMF per person Individuals requiring services: total	398	2.1 345	5.0 53
-	Average DMF per person Individuals requiring services: total Cases completed	2.3	2.1	5.0
	Average DMF per person Individuals requiring services: total Cases completed Cases partially completed	398 195	2.1 345 142	5.0 53 53
. =	Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started	398 195 - 203	2.1 345 142 - 203	5.0 53 53 -
-	Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started Services provided: total	2.3 398 195 - 203 1,595	2.1 345 142 - 203 1,272	5.0 53 53 - - 323
-	Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started Services provided: total Preventive	2.3 398 195 - 203 1,595 135	2.1 345 142 - 203 1,272 95	5.0 53 53 - - 323 40
-	Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started Services provided: total	2.3 398 195 - 203 1,595 135 1,460	2.1 345 142 - 203 1,272	5.0 53 53 - - 323
	Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started Services provided: total Preventive	2.3 398 195 - 203 1,595 135	2.1 345 142 - 203 1,272 95	5.0 53 53 - - 323 40
	Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started Services provided: total Preventive Corrective Extraction Other	2.3 398 195 - 203 1,595 135 1,460	2.1 345 142 - 203 1,272 95 1,177	5.0 53 53 - - 323 40 283
	Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started Services provided: total Preventive Corrective Extraction	2.3 398 195 203 1,595 135 1,460 234	2.1 345 142 - 203 1,272 95 1,177 153	5.0 53 53 - - 323 40 283 81

			
Item	Total	Under	15 ج
a. Number of migrants examined: total	1,235	1,197	<u>Ol der</u> 38
Number of decayed, missing, filled ted	eth $\frac{1,233}{2,803}$		
Average DMF per person	2.3	! 2,620	183
	2.3	2.2	4.8
b. Individuals requiring services: total	566	500	24
Cases completed	334	528	38
Cases partially completed		296	38
Cases not started			-
cases not started	232	232	
c. Services provided: total	1.000	1 700	
Preventive	1,866	1,709	157
	91	. 77	14
Corrective	1,775	1,632	143
Extraction	233	180	53
Other	1,542	1,452	90
d. Patient visits: total	712	632	80

Patients receiving dental services:	COINTY 124	. 0	
dental pervices.	COUNTY: Ki	L Carson	
		Under	1 - 4
Item	Total		15 &
a. Number of migrants examined: total	307	15	<u>Older</u>
Number of decayed, missing, filled teet	307		3÷
Average DMF per person		: 546	156
erverage mar ber berson	2.3	2.0	4.6
b. Individuals requiring services: total	150	105	
Cases completed	159	125	34
Cases completed	104	7,0	34
Cases partially completed Cases not started			
cases not started	55 .	515	
o Complete manifolds in a			
c. Services provided: total	590	453	137
Preventive	24	12	1.2
Corrective	466	441	125
Extraction	704	54	50
Other	462	387	7.5
1 Post of the second of the se			
d. Patient visits: total	187	114	73
	Photo A.B. act of the West Co. A.		Province Selection of the consequence of the contract of the c
	·		
Patients receiving dental services:	COUNTY: Log	an	
	i	Under	15 &
Item	Total	15	01 der
a. Number of migrants examined: total	74	74	
Number of decayed, missing, filled teet	L	163	
Average DMF per person	2.2	2.2	
Average but per person			
b. Individuals requiring services: total	37	27	
	$\frac{37}{24}$	37	
Cases completed		24	
Cases partially completed	13	**	
Cases not started	13	13	
	101		
c. Services provided: total	181	181	
Preventive	13	13	
Corrective .	168	168	
Extraction	18	18	
RIC Other	150	150	
-40-	י ליו		
d. Patient visits: total	53	53	
•			

			111	1 .
	Item	Total	Under 15	15 & 01 d er
a.	Number of migrants examined: total	363	363	0:081
	Number of decayed, missing, filled teeth	691	1 691	
	Average DMF per person	1.9	1.9	
ь.	Individuals requiring services: total	138	138	_
	Cases completed	99	; 99	
٠.	Cases partially completed		- ! <u>-</u> -	
	Cases not started	39	39	
				
٠.	Services provided: total	254	254	
	Preventive	27	27	
	Corrective	227	227	
	Extraction	13	13	-
	Other	214	$\frac{13}{214}$	
	o circ 2	214	<u> </u>	
1.	Patient visits: total	128	100	•
•			128	
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	Patients receiving dental services:	COUNTY: Ph:	illips	
<u> </u>			173	
	Ttom		Under	15 د،
	T Cen	Total 132	15	<u>Older</u>
•	Number of migrants examined: total		132	
	Number of decayed, missing, filled teeth	238	238	
	Average DMF per person	3.1	3.1	
		1	:	
,	Individuals requiring services: total	65	65	-
	Cases completed	28	. 28	-
	Cases partially completed	-	= '	
	Cases not started	37	37	
				
	Services provided: total	176	176	_
	Preventive	5	5	
	Corrective	171	171	
	Extraction	10	ومحمد سم فضمت الأن الكنف الأناف المتحدد المتحدد	
	Other	161	10	
	ocher	101	161	
	Date dana kanada da k	7.7.0		
	Patient visits: total	113	113	
	是我们的一个人,我们就是我们的一个人,但是我们的一个人,我们也不是一个人,我们就是我们的一个人,我们就会没有一个人,我们就是我们的一个人,我们就是我们的一个人,			CHA MARKET AND MINES.
	Patients receiving dental services:	COUNTY: Sed	gwick	
		···		
	·		Under	15 A
	Item	Tot:a1 .	15	01 der
	Number of migrants examined: total	117	117	
	Number of decayed, missing, filled teeth	234	234	
	Average DMF per person	2.0	2.0	
			!	
	Individuals requiring services: total	54	54	-
	Cases completed	20	20	*
	Cases partially completed			
	Cases not started	34	34	=
	ĺ			
;	Services provided: total	98	98	
	Preventive	 5	5	
	Corrective	94	94	_
	Extraction	23	23	
	Other	71	71	
7"	-41-			
, c 1	Patient visits: total 38	7 5	7.5	•
- ,	cactene visits: count	75	<u>75</u>	

			Under	. 15
	Item	Total	15	016
a.	Number of migrants examined: total	242		
	Number of decayed, missing, filled teeth		238	4
	Average DAM non-reserve	765	748	17
	Average DMF per person	3.1	3.2	4.3
b.	Individuals requiring services: total	110	1	
	Individuals requiring services: total	113	109	4
	Cases completed	59	55	4
	Cases partially completed	_	-	
	Cases not started	54	54	
c.	Services provided: total	566	546	20
	Preventive	17	15	2
	Corrective	549	531	
	Extraction	65		18
	Other		62	3
		484	469	15
d.	Patient visits: total	156	149	7
Summer of the			147	
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	Patients receiving dental services:	COUNTY: San	n Luis Valley 1	Region
	THE COLUMN THE PROPERTY AND THE RESIDENCE AND THE PROPERTY OF			
	Item	m	Under	15 8
ì .		. Total	15	O1.de
• •	Number of migrants examined: total	274	268	6
	Number of decayed, missing, filled teeth	1,027	1,009	18
	Average DMF per person	3.8		
		3.0	3.9	3.0
٠.	Individuals requiring services: total	114	108	_
	Cases completed			6
•	Cases partially completed	27	21	6
1	Coose water to compressed	-		
	Cases not started	87	87	
	Sarvices provided, and 1			
•	Services provided: total	128	111	17
	Preventive	16	16	
	Corrective	112	95	17
	Extraction	20		
	Other		17	3
		92	78	14
_	Patient visits: total	48	41	7
÷	or conserve many of MA SEA.		41	/
			. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
		ere steet till taken til same en e	Lines II. And Day Co.	
	Patients receiving dental services:	COUNTY: Cone	ningga, amerika in Lios	
	Patients receiving dental services:	COUNTY: Cone	ijos	RECEIPE TO SECOND
	racients receiving dental services:	COUNTY: Cone	ljos Under	15 &
	Item	COUNTY: Cone	Under 15	15 &
	Item Item Sumber of migrants examined: total	Total	Under 15 24	15 &
	Item Sumber of migrants examined: total Number of decayed, missing, filled teeth	Total 24 99	Under 15 24 99	15 &
	Item Item Sumber of migrants examined: total	Total	Under 15 24	15 &
1	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person	Total 24 99 4.1	Under 15 24 99 4.1	RECEIPE SERVICE
1	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total	Total 24 99	Under 15 24 99	15 &
1	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed	Total 24 99 4.1	Under 15 24 99 4.1	15 &
1	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed	Total 24 99 4.1	Under 15 24 99 4.1	15 &
1	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed	Total 24 99 4.1	Under 15 24 99 4.1	15 &
1	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started	Tota1 24 99 4.1 13	Under 15 24 99 4.1	15 &
i i	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started ervices provided: total	Tota1 24 99 4.1 13	Under 15 24 99 4.1	15 &
l S	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started ervices provided: total Preventive	Tota1 24 99 4.1 13	Under 15 24 99 4.1	15 &
l S	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started ervices provided: total	Tota1 24 99 4.1 13	Under 15 24 99 4.1	15 &
l S	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started ervices provided: total Preventive	Tota1 24 99 4.1 13	Under 15 24 99 4.1	15 &
l S	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started ervices provided: total Preventive Corrective Extraction	Tota1 24 99 4.1 13	Under 15 24 99 4.1	15 &
l S	Item Number of migrants examined: total Number of decayed, missing, filled teeth Average DMF per person Individuals requiring services: total Cases completed Cases partially completed Cases not started ervices provided: total Preventive Corrective	Tota1 24 99 4.1 13	Under 15 24 99 4.1	15 &

COUNTY: Costilla

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	74	m 1	Under	15 &
	Item	Total	15	Older
a.	Number of migrants examined: total	37	37	
	Number of decayed, missing, filled teeth	141	141	-
	Average DMF per person	3.8	3.8	-
b.	Individuals requiring services: total	. 18	18	-
	Cases completed	3	3	÷
٠.	Cases partially completed			
	Cases not started	15	15	
				
c.	Services provided: total	18	18	_
	Preventive	6	6.	
	Corrective	12	12	· · · · · · · · · · · · · · · · · · ·
	Extraction	2	- 	· · · · · · · · · · · · · · · · · · ·
	Other	10	10	
	72,172	;		
d.	Patient visits: total	6	, 6	
_				
COPIE C				in its About District
	Patients receiving dental services:	COUNTY: Ri	o Grande	
		1	Under	15 ε.
	T to a see	7-4-1	; 15	•
	Item	Total		Older
a.	Number of migrants examined: total	150	144	66
	Number of decayed, missing, filled teeth	666	648	18
	Average DMF per person	4.4	4.5	3.0
			i	
Ъ.	Individuals requiring services: total	63	57	66
	Cases completed	14	8	5
	Cases partially completed	-	_	
	Cases not started	49	49	_
			,	
c.	Services provided: total	- 62	45	17
. •	Preventive	5	5	-
	Corrective .	57	40	17
	Extraction	9	6	3
	Other	48	34	14
	Ocher			
d.	Patient visits: total	- 26	19	7
٠,	adelene vacati, coota		<u>. </u>	
E Trans		However the state of the state		
	Patients receiving dental services:	COUNTY: Sag	guache (Center-	·Saguache)
	•		Under	15 &
	Item	Total	1.5	01der
а.	Number of migrants examined: total	. 63	! 63	-
-	Number of decayed, missing, filled teeth	121	121	=
	Average DMF per person	3.5	3.5	-
ь.	Individuals requiring services: total	20	20	
	Individuals requiring services: total Cases completed	10	1.0	
	Cases partially completed			
	Cases not started	10	10	
				
c.	Services provided: total	48	48	
٠.	Preventive	5	5	
	Corrective	43	43	
		9		
(3)	Extraction		9	
RÍC	Other	34	34	
Provided by ERIC	Patient visits: total			i
d.	Patient visits: total	16	16	

	Item	Total	Under 15	15 &
a.	Number of migrants examined: total	269	264	01 de : 5
	Number of decayed, missing, filled teeth	572	543	
	Average DMF per person	2.1	2.1	
	J Plant		<u> </u>	5.8
b.	Individuals requiring services: total	115	110	5
	Cases completed	78	73	<u></u>
	Cases partially completed	-		
	Cases not started	37	37	
c.	Services provided: total	656	597	59
	Preventive	40	39	1
	Corrective	616	558	58
	Extraction	82	58	24
	Other	534	500	34
,				
d.	Patient visits: total	237	227	10
SIET A				namenenen
	Patients receiving dental services:	COUNTY: Ba	ca	
			Under	15 &
	Item	Total	15	Older
a .	Number of migrants examined: total	i 88	88	- 0:001
	Number of decayed, missing, filled teeth	167	167	
	Average DMF per person	1.9	1.9	
	0 100 100000			
٠.	Individuals requiring services: total	24	24	_
	Cases completed	18	18	
	Cases partially completed			
	Cases not started	6-1-	: 6	
			1	
	Services provided: total	92	92	
	Preventive	4	4	<u> </u>
	Corrective	88	88	
	Extraction	8	: 8	· ,-,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-
	Other	80	80	
				
١.	Patient visits: total	58	58	
W.		The second secon		
	Patients receiving dental services:	COUNTY: Ber	it '	ı
 -		in and the second secon	Under	15 6
	Item	Total	15°	15 & Older
•	Number of migrants examined: total	34	34	Order.
	Number of decayed, missing, filled teeth		the state of the same and same and other than the	·
	Average DMF per person		<u>71</u>	
			2.1	
	Individuals requiring services: total	18	18	
	Cases completed	18	18	
	Cases partially completed		<u></u>	
	Cases not started			
	Services provided: total	145	145	
	Preventive	5	<u></u>	
	Corrective	140	140	
	Extraction	$\frac{140}{10}$	10	
~	Other	130	130	
_	-1.1 1.1	A ST ST ST STATE OF S	· · · · · · · · · · · · · · · · · · ·	
ic	Patient visits: total	39	39	_
	the state of the s		J.)	-

0	COUNTY: Otero				
Item		Under	15 &		
2 March 2 C	Total	15	Older		
Number of deceased mined: total	46	42	4		
Number of decayed, missing, filled teeth Average DMF per person	100	72	28		
Average Dur per person	2.2	1.7	7.0		
b. Individuals requiring services: total	20	16	/.		
Cases completed	19	15	4		
: Cases partially completed		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		
Cases not started	1	-			
e de la companya de l					
c. Services provided: total Preventive	207	150	57		
Corrective		: 6			
Extraction	200	144	56		
	47	24	23		
Other	153	120	33		
l. Patient visits: total	}		, ,		
	. 44	35	9		
Position					
Patients receiving dental services:	COUNTY: Pro				
		Under	15 &		
Item	Total	15	•		
. Number of migrants examined: total	70	- 13 70	<u> 01der</u>		
Number of decayed, missing, filled tooth	161				
Average DMF per person		161	~		
D For beyon	2.3	2.3	4		
Individuals requiring services: total	32	20			
Cases completed	12	32	-		
Cases partially completed	12	1.2			
Cases not started	-	_	-		
odoco not statted	20	20			
Services provided: total	141				
Preventive	141	141	-		
Corrective	21	21	-		
Extraction	120	120	-		
Other	5	5			
Other	115	115			
Patient visits: total	ļ 71	77.1			
	/1	71	الله المراجعة		
Patients receiving doubt	MACHINE CONTRACTOR	ALEXANDER SONO DE LA COLO	tomatic property		
Patients receiving dental services:	COUNTY: Pueb	10			
Item	Total	Under	15 &		
Number of migrants examined: total	the same of the sa	15	01der		
Number of decayed, missing, filled tooth	31	30	1		
Average DMF per person	73	72	1		
of the person	2.4	2.4	1.0		
Individuals requiring services: total					
Cases completed	21	20	1		
Cases partially completed	11	10	_		
Cases not started	10	10			
	TO	10			
Services provided: total	71	69	_		
Preventive	3	3	2		
Corrective	68	The second secon			
Extraction	12	66			
Other	56	11	1		
Patient visits: total					
Patient visits: total 42	25				
	4.)	24	1		

CONTE	J .	いこうとしてげ	いよいれ

				
	ltem	m 1	Under	15 &
		Total	15	01de
a.	Number of migrants examined: total	105	74	31
	Number of decayed, missing, filled teeth	545	315	230
	Average DMF per person	5.2	4.2	7.4
	* 1 1		. 1	1
ь.	Individuals requiring services: total	52	28	24
	Cases completed	43	26	17
	Cases partially completed		-	· -
	Cases not started	9	2	7
				1
c.	Services provided: total	412	316	96
	Preventive	/	4	3
	Corrective .	405	312	93
	Extraction	18	2	16
	Other	387	310	77
1.	Patient visits: total	143	93	50
	Patients receiving dental services:	COUNTY: De	1ta	77.122.143.143.143.143.143.143.143.143.143.143
		· · · · · · · · · · · · · · · · · · ·	• • •	·
	Item	. Total	Under 15	15 &
		89		01der
•			64	25
	Number of decayed, missing, filled teeth	499	294	205
	Average DMF per person	5.6	4.6	8.2
	T=32-23-23-3	,;		i
,	Individuals requiring services: total	44	26	18
	Cases completed	37	26	11
	Cases partially completed			
	Cases not started	7	-	7
•	Services provided: total	378	316	62
	Preventive	6	4	2
	Corrective	372	312	60
	Extraction	13	2	11
	Other	359	310	49
	Patient visits: total	128	93	35
				CHERTER THE TOTAL
	Patients receiving dental services:	COUNTY: Mes	а	
	and the second s			
	T4.2		Under	15 &
,	Item	Total	15	01der
	Number of migrants examined: total	16	10	6
	Number of decayed, missing, filled teeth	46	21	25
	Average DMF per person	2.9	2.1	4.2
	Individual			
	Individuals requiring services: total	8	2	6
	Cases completed	6	= : :	. 6
	Cases partially completed	-	***	
	Cases not started	2.	2	
	Country			
		34		34
	Services provided: total			7
	Preventive	1		<u> </u>
,	Preventive Corrective	33		33
,	Preventive Corrective Extraction			33
	Preventive Corrective Extraction Other	33		
	Preventive Corrective Extraction	33		5

NORTH CENTRAL REGION

A total of 1,219 children and adults were examined. The average number of teeth affected by dental disease per person was 2.3. Of the 607 persons needing care, 317 received treatment. A total of 2,807 services were provided, including 342 extractions and 2,465 restorative and preventive services in 840 patient visits.

A. Adams County:

A total of 156 children and adults were examined. The average number of teeth affected by dental disease per person was 2.8. Of the 82 migrants needing care, 40 received treatment. A total of 189 services were provided, including 37 extractions and 152 restorative and preventive services in 109 patient visits.

B. Boulder County:

A total of 122 children and adults were examined. The average number of teeth affected by dental disease per person was 2.5. Of the 64 persons needing care, 33 received treatment. A total of 489 services were provided, including 32 extractions and 457 restorative and preventive services in 70 patient visits.

C. Larimer County:

A total of 119 children and adults were examined. The average number of teeth affected by dental disease per person was 2.0. Of the 63 persons needing care, 49 received treatment. A total of 534 services were provided, including 39 extractions and 495 restorative and preventive services in 97 patient visits.

D. Weld County:

A total of 822 children and adults were examined. The average number of teeth affected by dental disease per person was 2.3. Of the 398 children and adults needing care, 195 received treatment. A total of 1,595 services were provided, including 234 extractions and 1,361 restorative and preventive services in 564 patient visits.

NORTHEASTERN AREA

A total of 1,235 children and adults were examined. The average number of teeth affected by dental disease per person was 2.3. Of the 566 children and adults needing care, 334 received treatment. A total of 1,866 services were provided, including 233 extractions and 1,633 restorative and preventive services in 712 patient visits.

A. Kit Carson County:

A total of 307 children and adults were examined. The average number of teeth affected by dental disease per child was 2.3. Of the 159



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children and adults needing care, 104 received treatment. A total of 590 services were provided, including 104 extractions and 486 restorative and preventive services in 187 patient visits.

B. Logan County:

A total of 74 children were examined. The average number of teeth affected by dental disease per child was 2.2. Of the 37 children needing care, 24 received treatment. A total of 181 services were provided, including 18 extractions and 163 restorative and preventive services in 53 patient visits.

C. Morgan County:

A total of 363 children were examined. The average number of teeth affected by dental disease per child was 1.9. Of the 138 children needing care, 99 received treatment. A total of 254 services were provided, including 13 extractions and 241 restorative and preventive services in 128 patient visits.

D. Phillips County:

A total of 132 children were examined. The average number of teeth affected by dental disease per child was 3.1. Of the 65 children needing care, 28 received treatment. A total of 176 services were provided, including 10 extractions and 166 restorative and preventive services in 113 patient visits.

E. Sedgwick County:

A total of 117 children were examined. The average number of teeth affected by dental disease per child was 2.0. Of the 54 children needing care, 20 received treatment. A total of 98 services were provided, including 23 extractions and 75 restorative and preventive services in 75 patient visits.

F. Yuma County:

A total of 242 children and adults were examined. The average number of teeth affected by dental disease per person was 3.1. Of the 113 persons needing care, 59 received treatment. A total of 566 services were provided, including 65 extractions and 501 restorative and preventive services in 156 patient visits.

SAN LUIS VALLEY

A total of 274 children and adults were examined. The average number of teeth affected by dental disease per person was 3.8. Of the 114 children and adults needing care, 27 received treatment. A total of 128 services were provided, including 20 extractions and 108 restorative and preventive services in 48 patient visits.



A. Conejos County:

A total of 24 children were examined. The average number of teeth affected by dental disease per child was 4.1. Of the 13 children needing care, none received treatment.

B. Costilla County:

A total of 37 children were examined. The average number of teeth affected by dental disease per child was 3.8. Of the 18 children needing care, 3 received treatment. A total of 18 services were provided, including 2 extractions and 16 restorative and preventive services in 6 patient visits.

C. Rio Grande County:

A total of 150 children and adults were examined. The average number of teeth affected by dental disease per person was 4.4. Of the 63 persons needing care, 14 received treatment. A total of 62 services were provided, including 9 extractions and 53 restorative and preventive services in 26 patient visits.

C. Saguache County:

A total of 63 children were examined. The average number of teeth affected by dental disease per child was 3.5. Of the 20 children needing care, 10 received treatment. A total of 48 services were provided, including 9 extractions and 39 restorative and preventive services in 16 patient visits.

ARKANSAS VALLEY

A total of 269 children and adults were examined. The average number of teeth affected by dental disease per person was 2.1. Of the 115 children and adults needing care, 78 received treatment. A total of 656 services were provided, including 82 extractions and 574 restorative and preventive services in 237 patient visits.

A. Baca County:

A total of 88 children were examined. The average number of teeth affected by dental disease per child was 1.9. Of the 24 children needing care, 18 received treatment. A total of 92 services were provided, including 8 extractions and 84 restorative and preventive services in 58 patient visits.

B. Bent County:

A total of 34 children were examined. The average number of teeth affected by dental disease per child was 2.1. Of the 18 children needing care, 18 received treatment. A total of 145 services were provided, including 10 extractions and 135 restorative and preventive services in 39 patient visits.



C. Otero County:

A total of 46 children and adults were examined. The average number of teeth affected by dental disease per person was 2.2. Of the 20 persons needing care, 19 received treatment. A total of 207 services were provided, including 47 extractions and 160 restorative and preventive services in 44 patient visits.

D. Prowers County:

A total of 70 children were examined. The average number of teeth affected by dental disease per child was 2.3. Of the 32 children needing care, 12 received treatment. A total of 141 services were provided, including 5 extractions and 136 restorative and preventive services in 71 patient visits.

E. Pueblo County:

A total of 31 children and adults were examined. The average number of teeth affected by dental disease per person was 2.4. Of the 21 persons needing care, 11 received treatment. A total of 71 services were provided, including 12 extractions and 59 restorative and preventive services in 25 patient visits.

WESTERN SLOPE

A total of 105 children and adults were examined. The average number of teeth affected by dental disease per person was 5.2. Of the 52 children and adults needing care, 43 received treatment. A total of 412 services were provided, including 18 extractions and 394 restorative and preventive services in 143 patient visits.

A. Delta County:

A total of 89 children and adults were examined. The average number of teeth affected by dental disease per person was 5.6. Of the 44 children and adults needing care, 37 received treatment. A total of 378 services were provided, including 13 extractions and 365 restorative and preventive services in 128 patient visits.

B. Mesa County:

A total of 16 children and adults were examined. The average number of teeth affected by dental disease per person was 2.9. Of the 8 persons needing care, 6 received treatment. A total of 34 services were provided, including 5 extractions and 29 restorative and preventive services in 15 patient visits.



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PUBLIC HEALTH NURSING NARRATIVE REPORT

1969 PROGRAM:

The Migrant Health Nursing Program during the agricultural season of 1969 was strengthened by further coordination with agencies serving migrant workers in other capacities. This coordination took many forms but it was always with the migrant health nurse as the focus of service to individuals and to their families.

In 1969, the Migrant Health Program employed six part-time nurses (four to six months) and one full-time nurse plus a nursing consultant on the state staff for six months. Four part-time nurses and the full-time nurse were provided through contracts with two health departments — Weld County Health Department and the Mesa County Health Department. A nurse was employed for the Arkansas Valley for six months and the San Luis Valley for six months. In addition to the Migrant Project Nurses, 15 nurses worked on the Migrant Health Program as part of their regular caseloads or under special contract with four cooperating health departments and five cooperating county nursing services.

Other nurses were employed by other agencies working with the migrant families. These included five nurses employed by the Colorado Migrant Council for health services in their head start and day care center programs, and four nurses employed by that many school districts holding special migrant schools. More schools were held, in all a total of 23, but nursing service was arranged through contracts with local public health agencies or with nurses contracted by the schools for the summer but under supervision of local public health nurses or agencies.

The summer of 1969 saw the first organized attempt by the Colorado Migrant Council to coordinate services with the Migrant Health Program. In the two previous years of the Council's existence, communication was open between the two agencies, but true coordination existed only on the local level. Nurses simply discovered that by working together they could further their contacts with migrant families and render more comprehensive service to children. Communication and coordination with school nurses has been more difficult. Communication on the state level has been eas and open, but each local school district is autonomous in the planning and implementation of the school health program. Some nurses have worked alone and records of statistics have not been available for total evaluation.

With Colorado Migrant Council nurses coordination with the Migrant Health Program nurses, the services in 1969 were much improved. More referrals were possible with better follow-up of health problems of children and adults.

The Migrant Health Program nurses in their planning session desired to work with the objectives outlined in previous years. These objectives and the courses of action for each is outlined.



1. To interpret to the community the public health nursing program as it relates to the migrant farm worker.

To fulfill this objective the migrant public health nurses have availed themselves of every opportunity to present their program to individuals; inform groups, organize clubs and agencies, and the use of news releases.

This information program has resulted in community participation in various programs in all areas. For example; the public health nurses in Delta County were able to involve the entire community in a Health Fair held for the Navajos and Mexican-American workers. Donations for prizes and food, volunteer cooks and assistants literally rolled in.

In Burlington (Kit Carson County) adult migrant women became totally involved in sewing classes conducted by housewives. This was the result of the migrant nurse talking to friends and church women about the migrant women's needs and interests.

Community participation in other areas took form as clothing drives and shops for easy buying (jeans for 2¢ a pair, etc.); making ditty bags equipped with soap, toothbrushes and toothpaste, wash clothes to give to school children; fiesta evenings to honor the Mexican-American workers.

 To seek a common framework of communications within the health team and between related disciplines as a means of coordinating nursing services providing patient and family care.

Coordination with the Colorado Migrant Council was facilitated as the nurses worked together and shared clinics, referrals, and follow-up of patients needing home visits.

For example, in the Arkansas Valley, the nurses from the two agencies attended Family Health Clinics together; the Arkansas Valley was divided with each nurse responsible for all activities in her area -- head start, day care, clinics, home visits, etc. This was also done in the San Luis Valley, with close coordination of services rendered to migrant families by the Sangre de Cristo Health Center in Costilla County. In Delta County, the county public health nurses, the migrant nurse from Mesa County Health Department, and the State migrant staff worked together to conduct a one-day Health Fair for the migrant workers and families in the Holly Camp.

Housing investigators kept the nurses informed of new arrivals, families with problems, as the nurses reported any problems they noted in housing to the housing representatives.

 To establish rapport with the migrants and those who are associated with him such as gorwers, crew bosses, and other workers.

Rapport can be established with the migrant worker by the migrant nurse who exhibits true interest in and concern for the family,



regardless of the language barrier which exists in some cases. However the grower and crew boss are sometimes difficult to work with. Some growers are truly interested in their workers' welfare and report to the nurses immediately when the family has an illness or a suspected health problem. Others growers will take the migrant patient to the doctor himself but never refer to the nurses. Growers often have a hostile attitude toward all health workers because of the problems they meet in the housing field and the standards which force them to make changes and improvements. Nurses have endeavored to become acquainted with the growers so they will at least know who they are and thus, too, have an opportunity to interpret the services available, seek their cooperation, and make care more available to the migrant.

In almost all instances where growers have posted property against trespassing by migrant service personnel (a common practice), the growers have permitted nurses free access to migrant workers.

- 4. To identify and meet the migrants' needs by:
 - a. Helping to identify his own individual needs.

Home visiting, group sessions, assistance of interpreters, conferences with workers such as V.I.S.T.A., Migrant Ministry volunteers, and school out-reach workers aimed at determining the migrants' needs as seen by him with the basis on which the nurses performed their various functions.

b. Helping him to plan for and seek proper care for health problems.

Health was the dominant subject discussed with all migrant workers. Resources were made known to the migrant worker and to all who came in contact with him. Health needs such as immunization, PAP smear, tine testing for tuberculosis, dental care, nutrition with food planning, buying, and storing were presented to the migrant workers, adult and children, through visual aids, movies, one-to-one teaching in home visits and clinic visits, and through radio announcements in Spanish. Emergency or immediate care was not the only concern of the nurses in health teaching with migrant workers. The need for follow-up at either the next stop or at home-base was emphasized. When health problems dictated the need for further care or when the migrant worker seemed uninformed about the need to seek health guidance except when threatened with pain or immobility due to an acute condition.

c. Helping him to recognize and accept his responsibility to the community.

This was the most difficult objective to attain. It is difficult to teach an individual that he has such a responsibility when the community is hostile to him, threatened, and rejecting in every aspect of school, church, and employment. There were some positive factors in this area, however. The doctors who opened their offices to them for evening care were those truly interested and who spent many hours

servicing the migrant families; the Migrant Ministry volunteers were most helpful. The church congregation was another thing. Few of the migrant families attended Sunday services in any church. School often showed rejection. Laboratories and libraries were not open in many of the schools. Home economics was seldom held in the home economics laboratory. Craft shops were not always available to the boys. The community swimming pool was open at hours such as noon-time when attendance was low. There was little opportunity for contact with non-migrant children for the children in migrant schools.

The immediate community of the camp can be a starting place. Too often this, too, shows him rejection.

d. Recognizing the cultural factors that influence his actions and decisions.

Attempts are made to educate the nurses working with migrant families regarding the cultural factors that influence the migrant workers' attitudes towards everything from education to health to inter-personal relationships. The two main groups are Mexican-Americans and Navajo Indians. Each have their own culture, their own traditions, their own teachings and own values. The two cultures are far apart in many ways, not only from our own culture but from each other. To be effective, the nurses know they must learn not only the broad base of their culture, but the finer nuances and the proper approaches to teaching. A library of recognized authorities in the fields of both cultures has been made available. Orientation always includes culture and beliefs. Most nurses are always careful to observe these beliefs.

The nursing services provided to migrants varies with the type of services available -- project or non-project. The project nurses were able to work evenings, weekends, and to plan for time convenient for families. The non-project nurses were committed to other duties in their regular public health nursing duties to the resident population. However, they always made every attempt to reach families and were able to conduct many programs such as clinics, festivals and family days through their own generous volunteer of personal time.

To facilitate work with migrants, procedures were outlined, streamlined, and explained to all nurses involved in migrant health programs. Standing orders were obtained in line with the nurse licensing law which prohibits any form of diagnosis by nurses. This was an obstacle which was overcome by legal agreement that orders for "minor emergencies" according to symptoms and not disease would suffice. The Recommended Procedures for Minor Emergencies is in the Appendix to the report.

Family Health Clinics were available for the first time in four new areas; a one-day health festival was held in one county when expert screening procedures were available from recognized medical experts in the field. Nursing clinics were held in two areas with immediate referrals to either private physicians or to nearby clinics.



Health education was a part of every service rendered by a nurse. Health teaching is so much a part of their activities that some became frustrated when the crises of life-threatening conditions such as diarrheas, pneumonias and accidents prevented any teaching. Nurses felt that the families were being deprived of a service acutely needed in health education regarding their specific problems. But the emergencies were so many, the migrant workers were so ill, the personnel so limited, that the care of the emergency condition could not be enhanced by health teaching in any depth.

Referrals were available for medical care, dental care, and prescription items. The nurses or persons authorized by them were premitted to make out the referrals, and physicians accepted them without question. Many referrals were post-dated by the nurse when the migrant patient sought care without a referral but the physician required payment (in almost 100 percent of the cases). Referrals were made out-of-state usually to home base, but some were successfully referred to the next stop when the family knew where they were going and when. Sometimes the family left without warning and without an address. In these cases the nurses could only refer to home-base where the nurse would have to await the family's return at the end of the season. In 1969, the number of completed referrals from Texas increased. Where only a small percentage of replies had been received in previous years, the percentage of replies leaped in number in 1969. This was most gratifying to nurses who worried about families leaving with health problems unresolved or in need of long-term care. Very few referrals were received from out-of-state. The Appendix contains the detailed report on referrals.

At the end of the season, a questionnaire survey was made by nurses working with migrant families. It was attempted to determine the problems and achievements of the year and of the program in general. The questionnaire and the results are detailed in the Appendix.

Immunizations were not emphasized in DPT because of the feeling that many children were over-immunized and beginning to develop sensitivity to the toxoids or vaccines. Measles vaccine was used in many instances. It is felt that adult DT is a neglected area and one which is difficult to sell. Adults, especially male, feel that immunizations are fine for children but unnecessary for them. This opinion is strengthened when the one dose for the DT hurts for about 24 hours. More education needs to be done on this. It has been noted, too, that the adult male will reject an antibiotic shot if he can.

In recording the number of patients seen, by diagnosis, the nurses have noted that genito-urinary infections are high. Various theories have been advanced:

- Difficulty in finding suitable toilet facilities in the fields, not sufficient water intake probably for the previous reason.
- b. The migrant workers do not like the taste of the water in many places.

 This is an area for future study.
- The number of venereal disease cases is minimal.



d. Upper respiratory and digestive problems present the most problems. The former may be due to poor housing and the latter to poor water and food storage facilities. We can only theorize because no reason has been documented in these cases.

Tine testing is routine procedure in health care of migrant families. Visio and auditory screening are mainly procedures used in schools. Streptococcus cultures are done very often because positive cultures are regularly found in children with sore throats. The State laboratory director feels, however, that about a 23 percent positive return is normal and does not represent an epidemic threat.

The 1969 program was an improvement over former years. However, to assure further improvement and better care for the migrant family, certain specific changes are planned for the 1970 season.

To provide more comprehensive nursing services to some areas, the former plan of contracts with local health departments will be changed. The migrant nurses assigned to the health department areas only will now be available to serve a larger area and to coordinate with other agencies, nurses and schools. A regional program will be planned for the Larimer, Boulder and Weld County Health Departments and the northern part of Tri-County Health Department territory. A coordinator will serve this area and assign nurses to work in those areas in need of nursing service. As this changes during the season, the assignment of nurses will change to assure nursing service in the areas receiving the impact of the moment.

On the Western Slope, the contract with Mesa County Health Department will not be renewed and the nurse formerly in their employ will be available to serve the three county areas of Montrose, Delta and Mesa. A nurse will be assigned for at least two months to the Northeast Health Department area. This is an area of high impact for two months. The present Health Department staff of three part-time nurses in the three counties with heavy migrant census is insufficient to meet the needs. In Logan and Morgan Counties there are four full-time nurses who should be able to serve the migrant population in their counties.

Orientation will be more intense and more prolonged, to give the nurses a better picture of the population and health problems they will be expected to work with and for.

There is a marked need for aides or family health workers, recruited either from the migrant stream or from the Spanish-speaking indigent group. Nurses have asked for this service ever since one has worked with migrant families. Budget needs have not permitted this extra personnel service.

On the minimum funding now granted, it is impossible to conduct a program satisfying to either the migrant recipients or to the nurses furnishing the services. Nurses work not an 8-hour day but 10, 12, 14, and 16 hours on many days, with no compensatory time even available because of program demands. We have been fortunate that nurses interested in working with



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migrant groups are not clock-watchers. However, it is felt that they should not be reduced to this kind of intense work without due rest periods in between, at least. Additional staff is needed. Twice the number of project nurses plus at least one family health worker or out-reach aide for each project nurse would provide opportunity for furnishing the migrant families with the type of service that every nurse sees the need for, longs to give, and that families need if they are to survive, even, or to improve and learn and carry with them the teachings now known to be so important for their life style.

CHARLE PROBLET

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PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

PARTO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·			,				
MIGRANTS RECE	IVING MEDIC	AL SERVI	c és ·		2. MIGRANTS RECLIVING DENTAL SERVICES				
TOTAL MIGRAN PAMILY HEALT HOSPITAL EME	M CLINICS. P	PHYSICIAN	SOFFICE	ES AT S.	ITCM	TOTAL	UNDER 15	IS AND OLDER	
and the second s	амин	ER OF PA	TENTS	NUMBER	a. HO. MIGRANTS EXAMINED-TOTAL	·			
AGÉ	TOTAL	MALE	FEMALE	OF VISITS	(1) NO. DECAYED, MISSING.				
ICTAL	3501	1666	1835	4500	(2) AVERAGE DMF PER PERSON				
ROLRIYEAR	222	118	104	323			1		
. 4 YEARS	985	490	495	1138		•			
. I S YEARS	856	441	415	1007	b. INDIVIDUALS REQUIRING SERVICES - TOTAL	<u> </u>			
44 YEARS	1150	477	673	1448	(1) CASES COMPLETED.		1		
CA YEARS	248	118	130	330	(2) CASES PARTIALLY	}	}		
EL AND OLDER	40	22	18	J <u>58</u>	COMPLETED	-			
b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE: (1) SERVED IN FAMILY HEALTH SERVICE CLINIC! 1336					(3) CASES NOT STARTED				
(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGE- MENT (INCLUDE REFERRALS) 1447					(a) Extraction				
3. MIGRANT PATIE (Regardless of ar	rrangements to	r payment)	. 189	3	d. PATIENT VISITS - TOTAL				
No. of Patients (882	·	. ,	<u> </u>			

4. IMMUNIZATIONS PROVIDED

	COMPLETED IMMUNIZATIONS, BY AGE						BOOSTERS.	
TYPE	TOTAL	UNDER I YEAR	1 - 4	5 - 14	15 AND OLDER	COMPLETE SERIES	REVACCINATIONS	
OTAL ALL TYPES	1557	54	617	3.58	81	224	223	
SMALL POX DIPHTHERIA PERTUSSIS TETANUS POLIO TYPHOID MEASLES OTHER (Specify) Mumps	24 393 313 362 360 94	16 16 11 10 1	144 144 144 160 25	22 64 56 64 76 65	37 7 37 	79 59 47 36 3	2 53 3 ì 59 78 	

HLMARKS



		The state of the s	Janeary Strate	1116 11	
; II 	(Continu	CHE S MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.			,
D 755	MH	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
				0000	(70
		TOTAL ALL CONDITIONS	3533	2039_	<u></u> 6/.3.
	1.	INFECTIVE AND PARASITIC DISEASES: TOTAL	484	367	87
	01-	TUBERCULOSIS	18	10	6
	010	SYPHILIS	4	1	2
	012	GONORRHEA AND OTHER VENEREAL DISEASES	12	7	5
	013	INTESTINAL PARASITES	_ 21	15	1
	1	DIARRHEAL DISEASE (infectious or unknown origins):			
1	014	Children under 1 year of age		123	32
ેંથ	015	All other		11	2
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox		37	<u> </u>
	017	FUNGUS INFECTIONS OF SKIN (Deimatophytoses) OTHER INFECTIVE DISEASES (Give examples):		1 7	
	0 19	Hepatitis		1.	5
		Skin	. 20	10	10
	1		129	120	9
		100111		1	0
		Other	24	10	-
	02-	NEOPLASMS: TOTAL	22		
١.	020	MALIGNANT NEOPLASMS (give examples): Ca of pancreas	7	1	4
		G Malignancy	<u> </u>	1 2	i
		Unknown	7 2	1.	Ī
: .	. •				
		BENIGN NEOPLASMS	_ 8	4	0
	025	NEOPL ASMS of uncertain nature	2	2	0
					i
	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	139	58	50
	030	DISEASES OF THYROID GLAND		1 ,4	
	031	DIABETES MELLITUS		19	33
	032	DISEASES of Other Endoctine Glands	19	13	1 6
	033	NUTRITIONAL DEFICIENCY	1	16	3
	034	OBESITY OTHER CONDITIONS	<u> </u>	5	6
	039	OTHER CONDITIONS			
	04	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	66	41	14
	0.40	IRON DEFICIENCY ANEMIA	59	37	11
	049	OTHER CONDITIONS	7	4	5
	-			3.4.	, , ,
	05-	MENTAL DISORDERS: TOTAL	80	_ 34 -	
	050	PSYCHOSES		15	6
	051.	NEUROSES and Personality Disorders		1 '-	1
	052	MENTAL RETARDATION	8	6	2
	053	OTHER CONDITIONS	49	12	6
	osa	OTHER CONDITIONS	1		
	.00	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	426	251	102.
	060	PERIPHERAL NEURITIS	_ 3	2	
	061	EPILEPSY	- 4	2	1 2
	06.2	CONJUNCTIVITIS and other tye infections	96	53 49	11
	3	REPRACTIVE ERRORS of Vision	64	117	65
F	RIC	OTITIS MEDIA		28	8
A _{Ful}	Text Provided by ERIC	OTHER CONDITIONS59	· · · · · · · · · · · · · · · · · · ·		
		56			_

T PART	11 - 3	5. (Continued)

, ,,,,,		· · · · · · · · · · · · · · · · · · ·			
ICD CLASS	MH	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			101	45	30
711.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	10	5	4
	070	BUFUMATIC FEVER	8	2	2
	071	ARTERIOSCLEROTIC and Descentiative Heart Disease			
	072	CEREBROVASCULAR DISEASE (Stroke)	10	8	2
	073	OTHER DISEASES of the Heart	44	16	17
	074	HYPERTENSION	5 .	3	2
	075	VARICOSE VEINS	14	11	3
	079	OTHER CONDITIONS	1 4	1	,
,			940	563	158
å .	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	1 59	145	14
	080	ACUTE NASOPHARYNGITIS (Common Cold)	30	27	3
٠	081	TONSILLITIS	86	68	18
	082	BRONCHITIS	58	38	13
	083	TRACHEITIS/LARYNGITIS	2	2	0
	084	INFLUENZA	34	34	0
	085	PNEUMONIA	92	38	54
	086	ASTHMA, HAY FEVER	10	9	
	087	CHRONIC LUNG DISEASE (Emphysema)	4 i.e.r	201	52
	088	OTHER CONDITIONS	465	201	24
	,003	· .	241	112	15
iX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	72	53	3
,,,,	090	CARIES and Other Dental Problems	13	12	ĺ
	091	PEPTIC ULCER			
_	092	APPENDICITIS	10	8	2
	093	HERNIA	2	2	0
	094	CHOLECYSTIC DISEASE	144	37	9
	099	OTHER CONDITIONS		7.0	44
x.	10.	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	169 120	79 52	37
۸.	100	URINARY TRACT INFECTION (Pyclonephritis, Cystitis)	7	1 1	1 6
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	, 5	5	l ŏ
•	102	OTHER DISEASES of Male Genital Organs	2	1 2	0
	103	DISORDERS of Menstruction	· 1	1	0
	104	MENOPAUSAL SYMPTOMS	9	9	0
	105	OTHER DISEASES of Female Genital Organs	25	9	1
	1,09	OTHER CONDITIONS			
		COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM:			
XI.	11-	TOTAL	74	44_	
		INFECTIONS of Genitourinary Tract during Pregnancy	3	2	
· F	110	TOXEMIAS of Pregnancy			1 1
	1112	SPONTANEOUS ABORTION	2 34	28	1 6
	113	BEFERRED FOR DELIVERY	1 3 4 1 17 .	20	6
	114	COMPLICATIONS of the Pumperium	17	9	o
	119	OTHER CONDITIONS	{ ',		
		DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	305	189	45
XII.	12.	SOFT TISSUE AGSCESS OR CELLULITIS	24	15	9
	120	IMPETICO OR OTHER PYODERMA	1 , , , ,	111	22
	121	SEBORRHEIC DERMATITIS	10	8	2
	122	THE OR NEURODERMATITIS	26	22	1 "
0	123		1 9	6	3
FRI	C 124	60	80	27	, ,
Full Text Provided by	ERIC				:
	1		 	- المساد و الما	

· · · · · · · · · · · · · · · · · · ·			1607801 100		
	- 5. (C	ontinued)			
ICD CLASS	CODE	DIACHOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND	100		
,,,,,,,	İ	CONNECTIVE TISSUE: TOTAL	138	37	18
	130	RHEUMATOID ARTHRITIS	4	2	2
	131	OSTEOARTHRITIS	9	6	3
	132	ARTHRITIS, Unspecified	16	11 18	5
	139	OTHER CONDITIONS			8
<i>₃</i> -*''∨.	14-	CONGENITAL ANONALIES TOTAL	14	8	<u> </u>
4	140	CONGENITAL ANOMALIES of Circulatory System	_ 6	3	3
•	149	OTHER CONDITIONS	8	5	1
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND			
A 4.		MORTALITY: TOTAL	9		<u> </u>
	150	אונו אונו אונו אונו אונו אונו אונו אונו	_{		
	151	IMMATURITY			
	159	OTHER CONDITIONS	9	2	0
		SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	89	48	9
XYŁ	160	SYMPTOMS AND ILL-DEFINED CONDITIONS. TOTAL		.0	1
	161	BACKACHE	23]	8	5
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	4	4	0
	163	HEADACHE	18	7	0
	169	OTHER CONDITIONS	43	29	3
		TOTAL	236	151	67
. XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	135]	81	31
	170	BURNS] i6	4	12
	172	FRACTURES	40	18	22
	173	SPRAINS, STRAINS, DISLOCATIONS	26	24	. 2
	174	POISON INGESTION	2	2	0
THE STREET CO.	179	OTHER CONDITIONS due to Accidents. Poisoning or Violence	1	L	
				ER OF INDIV	IDUALS
6.	2	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL			
	200	FAMILY PLANNING SERVICES	76		٠.
	20 1	WELL CHILD CARE	329	•	
	202	PRENATAL CARE	205		
g	203	POSTPARTUM CARE	31		•
	: 204	TUBERCULOSIS: Follow-up of inactive case	٠	•	
1- '	! 20S	MEDICAL AND SURGICAL AFTERCARE	925		
	206	PAPANICOL ADU SMEARS	119		
	207	TUBERCULIN TESTING	1183		
	208.	SEROLOGY SCREENING	281	14 - 1	
	210	VISION SCREENING	975		
	211	AUDITORY SCREENING	981		
	. 212	SCREENING CHEST X-RAYS	1 55		4
· · · ·	213	CENERAL HEALTH COUNSELLING	65 245		
0	219	OTHER SERVICES Throat cultures	194		•
ERĬC		(Specify) Pedichiosis Screening	20		
Full Text Provided by ERI	c	Ecological Evaluation Nutrition Counseling	25		•
		industrial comparing	- 29		

PART III - HURSING SERVICE NUMBER TYPE OF SERVICE NURSING CLINICS: 142 . NUMBER OF CLINICS ___ 623 b. NUMBER OF INDIVIDUALS SERVED - TOTAL ___ 2231 FIELD NURSING: a. VISITS TO HOUSEHOLDS ___ 941 b. TOTAL HOUSEHOLDS SERVED C. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS 363 d. VISITS TO SCHOOLS, DAY CARE CENTERS ____ 1496 . TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS CONTINUITY OF CARE: 1302 o. REFERRALS MADE FOR MEDICAL CARE: TOTAL_____ 1272 (Total Completed 54 (2) Out of Area 34 (Total Completed b. REFERRALS MADE FOR DENTAL CARE: TOTAL (Total Completed _____ C. REFERRALS RECEIVED FOR MEDICALOR DENTAL CARÉ FROM OUT 20 TOTAL ----OF AREA: 17 d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED 19 IN PHYSICIANS' OFFICES (Fee for Service) e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD TOTAL ____ OR CLINIC: 394 (1) Number presenting health record. ___ 754 (2) Number given health record. 4. OTHER ACTIVITIES (Specify): Conferences, Classes and Meetings

REMARKS



TOTAL PROJECT NURSES

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

		 							
MIGRANT'S RECE!	VING MEDIC	AL SERVIC	ES		2. MIGRANTS RECEIVING DENTAL SERVICES				
TOTAL MIGRAN FAMILY HEALT HOSPITAL EMER	H CLINICS, P	けいいいしょんけい	L SERVIC S OFFICE	ES AT 5,	ITEM '	TOTAL	שומבת זs	15 AND PECLO	
	HUMBI	ER OF PAT	IENTS	NUMBER	6. NO. MIGRANTS EXAMINED-TOTAL		1		
AGE	TOTAL	MALE	FEMALE	OF VISITS	THE NO. DECAYED, MISSING.			1	
STAL	211	1084	1031	2611	(2) AVERAGE DIME PER PERSON				
MOER I YEAR	_ 118	66	52	151	}				
· 4 YEAHS	582	294	288	628			ļ		
- 14 YEARS	427	230	197	563	b. INDIVIDUAL'S REQUIRING		1		
44 YEARS	<u> </u>	393	426	926	(II CASES COMPLETED		1		
. C4 YEARS	151	87	64	205	(2) CASES PARTIALLY				
S AND OLDER	18	14	4	26	COMPLETED		4		
. OF TOTAL MIGRAN	ITS RECEIVIN	G MEDICAL	SERVICES,	HOW HANY	(3) CASES NOT STARTED				
(1) SERVED IN F SERVICE (. T41	82	3	c. SERVICES PROVIDED - TOTAL_				
(2) SERVED IN PH ON FEE-FOR-S MENT HNELUI	SERVICE ARRA	ANGE"	78	0	(1) PREVENTIVE (2) CORRECTIVE-TOTAL (a) Extraction				
. MAGRANT PATIE (Regardless of an No. of Patients (o No. of Hospital Day	engements for exclude newbo	r payment): om)	79 431		d. PATIENT VISITS - TOTAL				

. IMMUNIZATIONS PROVIDED

	co	MPLETED IM	IN-	BOOSTERS.				
TYPE	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER	SERIES	REVACCINATIONS	
OTAL ALL TYPES	603	. 51	112	98	21	203	118	
SMALLPOX DIPHTHERIA PERTUSSIS TETANUS POLIO TYPHOID MEASLES OTHER (Specify) Mumps	173 142 136 118 28 6	15 15 10 10 10 1	 29 29 29 25 	17 17 17 17 17 24 6	7 7 7 	72 52 40 36 3	33 22 33 30 	

LMAKKS

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) - 5. MEDICAL CONDITIONS INTATE OUT PRESIDENTS IN LAMILY	TOTALL TOTAL	. 1 +1	
Commed	CLIBICS, ROSPITAL OUTPATIENT DEPARTMENTS, AND PRYSICIANS*			
	OFFICES.		FIEST	
2321	DIACHOSIS OR CONDITION	VISITS	VISITS	REVISIT.
CODE		1.51.15		<u>.</u> !
	·	1843±	799	223
Τ.	DTAL ALL CONDITIONS	1042		
		185	1.15	40
01- !!	FECTIVE AND PARASITIC DISEASES: TOTAL	4	,	1
010	TUBERCULOSIS	4	1	2
011	SYPHILIS	10	6	4
012	GONORANEA AND OTHER VENERLAL DISEASES	7	2	0
013	INTESTINAL PARASITES			-
	Children under 1 year of age	13	8	5
014	All other	117	90	27
015	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	_	1.	0
016	FUNGUS INFECTIONS OF SKIN (Decimatophytoses)	_ 14	4	0
017	man a set of ive a symples!	, , , ,	,	0
019	Lymphnodes, Unknown	15	2	
		_		
]	
			2	1.
02- 1	NEOPLASMS: TOTAL	12	 	1
020	MALIGNANT NEOPLASHS (give examples):			4
"	Ca of Pancreas	7	'	1
-				
		5	1	1 - 0
025	BENIGN NEOPLASMS	- 1	{	
029	NEOPL ASMS of uncertain nature			
'	·	72	24	17
0.3-,	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES TOTAL	2	2	
030	DISEASES OF THYROID GLAND	42	10	1.5
031	DIABETES MELLITUS	2	, 1	
032	DISEASES of Other Endockine Glands	4	4	
033	NUTRITIONAL DEFICIENCY	22	7	
034	OBESITY		1	
039	OTHER CONDITIONS			
1		35	23_	
04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	35	23	
040	OTHER CONDITIONS		-	
049	N Company of the Comp			
1	MENTAL DISORDERS: TOTAL	60	22	
05.	PSYCHOSES PSYCHOSES	14	12	
050	NEUROSES and Personality Disorders			1
051	ALCOHOLISM			
052	MENTAL RETARDATION		3.	
053	OTHER CONDITIONS	41	7	
0.357				,
06	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	185_		1
060	PERIPHERAL NEURITIS	\	2	Ì
061	FRIA FRSY		· 15	
562	CONJUNCTIVITIS and other Eye Infections		1	
063	REFRACTIVE ERRORS of Vision		13 58	
364	OTITIS MEDIA		50	'
₹IC	OTHER CONDITIONS -64-	13	4	
-	og i i wikitawa na mana ana ana ana ana ana ana ana an			1

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ART II	- 5. (C	onti-ucd)	GICATET TEED	ant II	
ICD	LIK	DIAGNOSIS OR CONDITION -	TOTAL	FIRST	REVISIT
1.455	CODE	DIAGRASIS ON CONDITION	VISITS	VISITS	
 	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	52	17	9
١- ١	070	RHEUMATIC FEVER	6	3	2
į	971	ARTERIOSCLEROTIC and Descrictative Heart Disease	6	1	1
·	072	CEREBROVASCULAR DISEASE (Stroke)			
	073	OTHER DISEASES of the Heart	2	2	C
	074	HYPERTENSION	29	6	2
	075	VARICOSE VEINS	5	3	2
	1	OTHER CONDITIONS	4	2	2
	079	OTAER CONDITIONS			
Ш.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	496	243 —	-34
111.	080	ACUTE NASOPHARYNGITIS (Common Cold)	68	59	9
	OB1	ACUTE PHARYNGITIS	13	13	Ō
	082	TONSILLITIS	44	38	6
	083	BRONCHITIS	.24	13	4
	084	TRACHEITIS/LARYNGITIS	3.0		
	085	INFLUENZA	13	13	0
-	086	PNEUMONIA	12	8	4
	087	ASTHMA, HAY FEVER	7 2	b	1
	088	CHRONIC LUNG DISEASE (Emphysema)		02	
	089	OTHER CONDITIONS	313	92) 7
			142	25	3
Χ.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	16	0	0
	090	CARIES and Other Dental Problems	12	111	li
	091-	PEPTIC ULCER		1	
	092	APPENDICITIS	5	1,	1
	093	HERNIA	2	2	1 0
	094	CHOLECYSTIC DISEASE	107	8	lĭ
	099	OTHER CONDITIONS			
		DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	111	36	29
х.	10-	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	85	31	23 .
•	100	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	7	1	6
	101	OTHER DISEASES of Male Genital Organs	2	2	0
	102	DISORDERS of Menstruction			
	103	MENOPAUSAL SYMPTOMS			
	105	OTHER DISEASES of Female Genital Organs	2	2	0
٠.	109	OTHER CONDITIONS	15		
xì.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM:	. 5:		
	1,1	TOTAL	28		
	110	INFECTIONS of Genitourinary Tract during Pregnancy] 3	2	
	111	TOXEMIAS of Pregnancy	{		0
	112	SPONTANEOUS ABORTION	{		
	113	REFERRED FOR DELIVERY	1.0		1
	114	COMPLICATIONS of the Puerperium	16 8	4	
	119	OTHER CONDITIONS	† °		_ "
	1	TOTAL	169	79	19
XH.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	_	4	3
-	120	SOFT TISSUE ABSCESS OR CELLULITIS	1 00	52	7
	121	IMPETIGO OR OTHER PYODERMA	- T	4	ó
	122	SEBORRHEIC DERMATITIS	11	8	3
	123	ECZEMA, CONTACT DERMATITIS, OR NEUROBERMATITIS	1 .		1
a	124	ACNE	4	2	Z
	O"	OTHER CONDITIONS65-	.[6]	9	4
FRĬ	129	DIREK CONSTITUTES	1	1	į.

			CHARL HOP	-11 lf	
11 - 5.	(Con	tinund)			
, µ,,		DIAGNOSIS OR CONDITION	TOTAL VISITS	FERST VISITS	FEVISITS
.5 (.0)			:		
1		DISEASES OF THE MUSCULOSKELETAL SYSTEM AND		10	10
1 13	3- !	CONNECTIVE 7 155UE TOTAL	111	18	1 10
1	1	RHEUMATOID ARTHRITIS	4	2	2
1	30	OSTEOARTHRITIS	9	6	3
ļ, i	31	The secretical secretary s	15	10	5
i	32	OTHER CONDITIONS	83	0	"
1	39		10	5	3
i.		CONGENITAL ANOMALIES TOTAL	5	2	3
		CONGENITAL ANOMALIES of Circulatory System	5	3	1 6
	140	OTHER CONDITIONS	·		
. '	149	· ·	1		
١,	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND	7	0	0
1.	. 3-	MORTALITY: TOTAL			
		BIRTH INJURY	- 		
1	150		7	0	0
ļ.	151	OTHER CONDITIONS Early Infancy	┥ ′	"	,
	159	OTHER CONDITIONS	54	18	4
1.		SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	<u> </u>		
- 1	16-	SYMPTOMS OF SENILITY	18	5	3
. 1	160	BACKACHE	- 10	1	0
<u> </u>	161	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	_ '	2	0
	162	HEADACHE	13	7	ĭ
	163	OTHER CONDITIONS	┤ ' '	1 ′	1 '
	169		114	74	22
1		ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	52	28	1 6
· .	17-	ACERATIONS ABBASIONS, and Other Soft Tissue Injuries	12	3	9
	170		12	6	6
	171	CDACTURES -	22	21	l i
	172 173	SPRAINS, STRAINS, DISLOCATIONS			
1	174		16	16	1_0
TAX DOMESTA	179	OTHER CONDITIONS due to Accidents. Poi soning or Violence		BER OF INC	DIVIDUALS
,		SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL			
5.	2		48		
1	200	FAMILY PLANNING SERVICES	298		
į	201	WELL CHILD CARE	164		
į	202	PRENATAL CARE	12		
:	203	DOSTRABTIM CARE	7	•	
!	204	TURGECUL OSIS: Fallow-up of inactive case	7 5		
:	205	MEDICAL AND SURGICAL AFTERCARE	397		
	506	GENERAL PHYSICAL EXAMINATION	73		
:	207	PAPANICOLAOU SMEARS	376		
,	208	TUBERCULIN TESTING	266		
Í	209	SEROLOGY SCREENING	316		
	210	VISION BCREENING	340		
	211	AUDITORY SCREENING	2	-	
	212	SCREENING CHEST X-RAYS	5		
	213		112		
	219	Misce laneous	5 .		
		(Specify)			
		Section 1.1 Sectio	7		
0	~				
ZKI(٠	-66			
ull Text Provided by ERI	RIC	ს ს	1		

GIENTI NO.

PART III - NURSING SERVICE

TYPE OF SERVICE	NUMBER
URSING CLINICS:	134
D. NUMBER OF CLINICS	454
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	
TELD NURSING:	1931
c. VISITS TO HOUSEHOLDS	736
b. TOTAL HOUSEHOLDS SERVED	
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	263
d. VISITS TO SCHOOLS, DAY CARE CENTERS	949
c. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	
CONTINUITY OF CARE:	620
DESCRIPTION OF THE PROPERTY OF	600
(1) Within Area	478
to all Completed	1
(2) Out of Area	
(Total Completed	1 /
L DECERBALS MADE FOR DENTAL CARE: TOTAL	
(Total Completed	
C. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT	,
OF AREA: TOTAL	
· (Total Completed)	
	·
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED	İ
IN PHYSICIANS' OFFICES (Fee-fer-Service)	
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL .	
A FRANCES	47
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD	220
OR CLINIC: TOTAL	320
(1) Number presenting health record.	128
(2) Number given health record	120
(2) Camber grown as a second s	
OTHER ACTIVITIES (Specify):	
·	į
Conferences, Classes, Meeting	
•	

REMARKS



NON-FUNDED NURSES - TOTAL

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

					<u> </u>					
MIGRANTS RECEIV	ANG MEDICA	AL SERVI	CES		2. MIGRANTS RECEIVING DENTAL SERVICES					
TOTAL MIGRANT FAMILY HEALTH HOSPITAL EMER	CLINICS. P	HYSICIAN	LL SERVICES OFFICE	ES AT S.	ITEM	TOTAL	UHDER 15	15 AND OLDER		
	BMUN	R OF PA	HENTS	NUMBER	O. NO. MIGRANTS EXAMINED-TOTAL					
AGE	TOTAL	MALE	FEMALE	OF VISITS	(I) NO. DECAYTO, MISSING,					
TAL	1466	682	784	1889	(2) AVERAGE DMF PER PERSON		i			
DER I YEAR	104	52	52	172	1		1	l I		
4 YEARS	403	196	207	514						
14 YEARS	429	211	218	504	b. INDIVIDUALS REQUIRING SERVICES - TOTAL			<u> </u>		
44 YEARS	411	184	247	542	AL CASES COMPLETED		Ì			
-64 YEARS	97	31	66	125	(2) CASES PARTIALLY					
AND OLDER	22_	8]14	32	COMPLETED					
OF TOTAL MIGRAN'			. SERVICE'S	, HOW MARY	(3) CASES NOT STARTED					
(1) SERVED IN FA		. TH 		513	c. SERVICES PROVIDED - TOTAL_	ļ		<u> </u>		
12) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGE. MENT UNCLUDE REFERRALS) 597				(2) CORRECTIVE-TOTAL						
MIGRANT PATIEN					(b) Other	-		l		
(Regardless of aire			•	110	d. PATIENT VISITS - TOTAL	<u> </u>		 		
No. of Patients fe.	xclude newbo	m)			4	1	1	l		

IMMUNIZATIONS PROVIDED

No. of Hospital Days

	co	MPLETED IM	MUNIZATION	S, BY AGE		_ IN-	BOOSTERS, REVACCIN ATION S	
TYPE	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER	SERIES		
TAL ALL TYPES	954	3	505	260	60	21	105	
SMALL POX	24 220 171 226 242 66	 1 1 1 	115 115 115 135 25	22 47 39 47 59 41	30 30 	7 7 7 	2 20 9 26 48 	

L. WAILES

11 (Continu	(d) - S. MEDICAL CONDITIONS. TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.	CHARLIBRU		
D ASS	WH	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			1690	1240	450
		TOTAL ALL CONDITIONS	299	252	47
	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	14	<u>22</u> 9	5
- [010	TUBERCULOSIS	14	0	Ó
	011	SYPHILIS	2	Ĭ	Ĭ
	012	INTESTINAL PARASITES] 14	13	1
	013	DIARRHEAL DISEASE (infectious of unknown origins);			
		Children under 1 year of age	17	13	4
	014	All other	38	33	5
	015	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	12	10 33	2
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	_ 37)))	
	0 19	OTHER INFECTIVE DISEASES (Give examples): Infectious Hepatitis	6	1	5
			20	fo	10
•		Impetigo Strep Infection	129	120	9
		Tooth	- '- <u> </u>	1	Ó
		Other	9	8	1
	1 .		10	8	2
•	02-	NEOPLASMS: TOTAL			
1	020	MALIGNANT NEOPLASMS (give examples): G. 1. Malignancy	3	2) j
				į	
	1		_		1
			_{		
	1.	•	_		
٠٠.	025	BENIGN NEOPL ASMS	_ 3	3 2	C
	025	NEOPL ASMS of uncertain nature	_ 2		
•			67	34	33
	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	3	2	1-1
	030	DISEASES OF THYROID GLAND	27	9	18
	031	DIABETES MELLITUS	_ _ ₀	0	0
	032	DISEASES of Other Endocrine Glands	15	9	6
	033	NUTRITIONAL DEFICIENCY	11	9	2
	034	OBESITY	11	5	6
	039	OTHER CONDITIONS			
		DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	31	18	13
	040	IRON DEFICIENCY ANEMIA	24	14	10
	049	OTHER CONDITIONS	7.	4	3
			20	12	8
	05-	MENTAL DISORDERS: TOTAL			1
	0.50	PSYCHOSES	— <u> </u>	3	4
	051	NEUROSES and Personality Disorders			
	052			0	0
	053	MENTAL RETARDATION		3	0
	059	OTHER CONDITIONS	8	5	3
			241	158	83
	oe	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	0	0	0
	. 060	PERIPHERAL NEURITIS	ر ا	1	2
	06.1	EPILEPSY	49	38	11
	06.5	0.10 0.10	51	36	1
	0 003		106	59	4
FR	IC^{064}	and the second s	32	24	
	069	- 67 166	Ī	1	1

P	٨	R	T	ı	_	5.	(Continued)
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CLASS					
		DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	49	28	2]
vII.	07-	RHEU!ATIC FEVER	4	2	2
	070 071	ARTERIOSCLEROTIC and Degenerative Heart Disease	2	. 1	1
	071	CEREBROVASCULAR DISEASE (Stoke)	0	0	0
	.]	OTHER DISEASES of the Heart	8	6	2
	073	HYPERTENSION	25	10	15
	074		0	0	0
	075	VARICOSE VEINS	10	9	1
	079	OTHER CONDITIONS			
viii.	08-	OISEASES OF THE RESPIRATORY SYSTEM: TOTAL	444	320	124
,,,,,	080	ACUTE NASOPHARYNGITIS (Common Cold)	91	86	5
	081	ACUTE PHARYNGITIS	17	14	3
	082	TONSILLITIS	42	30	12
	033	BRONCHITIS	34	25	9
	084	TRACHEITIS/LARYNGITIS	2	2	l C
	085	INFLUENZA	31	31	Ü
	056	PNEUMONIA	80	30	50
•	037	ASTHMA, HAY FEVER	3	3	0
	058	CHRONIC LING DISEASE (Emphysema)	2	0	2
*	089	OTHER CONDITIONS Mainly Rhinitis	152	109	43
•			99	87	12
IX.	09-	OISEASES OF THE DIGESTIVE SYSTEM: TOTAL	<u></u>	53	3
	090	CARIES and Other Dental Problems)U	1	0
	091	PEPTIC ULCER	0	0	0
•	092	APPENDICITIS	5	4	1
	093	HERNIA	Ó	,	'
	094	CHOLECYSTIC DISEASE	37	i -	8
	099	OTHER CONDITIONS	_	29	
х.	10-	OISEASES OF THE GENITOURINARY SYSTEM: TOTAL	58	43	1_15
^.	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	35	21	14
	i	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	0	0	0
	101	OTHER DISEASES of Male Genital Organs	3	3	0
	102	DISORDERS of Menaturation	2	2	0
	104	MENOPAUSAL SYMPTOMS	1	1	0
	105	OTHER DISEASES of Female Genital Organs	. 7	7	C
	109	OTHER CONDITIONS	10	9	
		COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM:			
XI.	11-	TOTAL	46	39	7
		INFECTIONS of Genitourinary Tract during Prognancy	0	0	0
	110	TOXEMIAS of Pregnancy	. 0	0	0
	111	SPONTANEOUS ABORTION	2		
	112	REFERRED FOR DELIVERY	34	28	6
	113	COMPLICATIONS of the Puciperium	1	1 1	0
	119	OTHER CONDITIONS	9	9	0
		DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	136	110	26
XII.	12-	DISEASES OF THE SAM AND SAGON THE COOR THOUSE	17	11	6
	120	SOPT TISSUE ABSCESS OF CELLULITIS	74	59	15
	121	IMPETICO OR OTHER PYODERMA	7	4	3
	122	SEBORRHEIC DERMATITIS OD HENDED THAT TITES	15	14	1
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	5	. 4	1
EDIC	124	ACNE	19	18	i
Full Text Provided by ERIO	129	OTHER CONDITIONS 67 67	.		
					1

			61/11/11/11/01/1		
ART II	- 5. (Cc	ontinued) ·			
CLASS	CODE	DIAGNOSIS OR COMBITION	TOTAL VISITS	F1R5T V151TS	REVISITS
			27	19	8
111.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND	-/	ני	
		CONNECTIVE TISSUE: TOTAL	0	0	0
	130	RHEUMATOID ARTHRITIS	\dashv $\overset{\circ}{\circ}$	0	ò
•	131	OSTEOARTHRITIS	i	1	0
	132	ARTHRITIS, Unspecified	26	18	9
	139	OTHER CONDITIONS		10	
	1	CONGERRAL ANOMALIES: TOTAL	4	3	1
υν.	14-		1	1	٥
	140	CONGENITAL ANOMALIES of Circulatory System	3	2	i
•	149	OTHER CONDITIONS		_	
	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND			
XV.	13.	MORTALITY: TOTAL	2	2	0
		BIRTH INJURY	0	0	0
	150	IMMATURITY	0	0	٥
	151			2	0
	159	OTHER CONDITIONS		_	
		SYMPTOMS AND ILL-DEPINED CONDITIONS: TOTAL	35	30	5
XVI.	16-	SYMPTOMS OF SENILITY		0	1
	160	BACKACHE	5	3	2
21	161	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	0	ō	
	162	HEADACHE	5	5	0
· · ·	163	OTHER CONDITIONS	24	22	2
	103	OTREK CONDITIONS			
XVII	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	122	77	45
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	83	58	25
	17.1	BURNS	4	1	3
	172	FRACTURES	28	12	16
	17.3	SPRAINS, STRAINS, DISLOCATIONS	4	3	1
	174	POISON INGESTION	2	2	0
	179	OTHER CONDITIONS due to Accidents Poisoning or Violence		ANIMATER TO SERVE	TANGETTO
			ипжв	ER OF INDI	4DU ALS
6.	2	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL			
			28		
	200	FAMILY PLANNING SERVICES	31		
÷	201	WELL CHILD CARE			
• :	202	PRENATAL CARE	19		
	203	POSTPARTUM CARE	7,0		
	204	MEDICAL AND SURGICAL AFTERCARE	16		
	205	GENERAL PHYSICAL EXAMINATION	528		
	206	PAPANICOL AOU SMEARS	46		
	207		907		
	208	TUBERCULIN TESTING	15		
	209	SEROLOGY SCREENING	659		
	i	AUDITORY SCREENING	641		
	211	SCREENING CHEST X RAYS	<u></u>	•	
	212		57		
1.5	213	GENERAL HEALTH COUNSELLING			
• • •	510	OTHER SERVICES (Specify) Pedienlosis Screening			
		Strep Cultures	1 -		
3	1	Notation Commenting	1 25		
FRĬ	C	Factoriant Funtation	20		
Full Text Provided	by ERIC	Social Services	24		
	1	500 Tall Services 68	- '		

PARLIII	- HURSING SERVICE	•	
	TYPE OF SERVICE		NUMBER
		, -	
HURSING CLINICS:			
. NUMBER OF CLINICS			8
6. NUMBER OF INDIVIDUALS SERVED	- TOTAL		169
FIELD NURSING:		•	300
6. VISITS TO HOUSEHOLDS			178+
E, TOTAL HOUSEHOLDS SERVED			505
c. TOTAL INDIVIDUALS SERVED IN H			100
d. VISITS TO SCHOOLS, DAY CARE CE			547
e. TOTAL INDIVIDUALS SERVED IN S	CHOOLS AND DAY CARE C	CENTERS	
CONTINUITY OF CARE:	C. D.C. TOTA:		688
o, REFERRALS MADE FOR MEDICAL			672
(1) Within Area			?
(Total Completed			16
(2) Out of Area(Total Completed			?
b. REFERRALS MADE FOR DENTAL C			0
(Total Completed			
c. REFERRALS RECEIVED FOR MEDI-			
OF AREA:			0
	• • •		
(Total Completed	 		1
d. FOLLOW-UP SERVICES FOR MIGRA	TITE on originally related	by project WHO WERE TREATS	· D
IN PHYSICIANS OFFICES (Fee-fo			0.0
e. MIGRANTS PROVIDED PRE-DISCHA		T-HOSPITAL .	19
SERVICES	THE PECOPO Form PMS	S. 3652 or Similar Form) IN EIEL	
OR CLINIC:	TOTAL		950
(1) Number presenting health recor			312
(2) Number given health record.			626
(2) Rembet given mentili receptor			
OTHER ACTIVITIES (Specify):		•	
		•	
	•		
			•
	_		
		· St	
			.
			
		·	'

1969 MIGRANT HEALTH PROGRAM IN WELD COUNTY

The 1969 plan for migrant care was to conduct medical care clinics in Greeley two nights a week (Monday and Friday and Wednesday night at Fort Lupton Labor Camp). Two Public Health Nurses, a public health nurse aide, and a secretary receptionist were employed through a grant from the State Health Department Migrant Health Program.

One nurse and secretary worked in the Health Department office at the Fort Lupton Labor Camp when the facility was open - Monday through Friday from 12 o'clock noon to 9 p.m.

The nurse held nursing clinic during the day and referred those who needed immediate medical attention to one of three local physicians (two M.D.'s and one D.O.), or directly to the emergency room at Colorado General Hospital. Appointments for special problems such as needed for eye examinations and/or dental care were obtained. With the fee-for-service payment plan, many more people were served than in previous years. The night clinics served from six people early in the season to as many as 40 persons at the peak season in mid-August.

The first night of clinics at Fort Lupton, clinic staff spoke to a group of demonstrators seeking 24-hour medical coverage at the camp. The Colorado Rural Legal Services followed up the demonstration with a formal written request for more medical staff. Attempts to set up additional medical clinics during the weekends were not successful because of the lack of physicians to provide this service. An answering service during the non-covered hours was set up so that a member of the health department staff was available to authorize referrals for care. Two Saturday evenings, a doctor was available at the labor camp but no one came even through an attempt by the nurse or door-to-door announcement and through the Farm Workers' office to inform the people was made.

in previous years, two additional maternity clinics in Fort Lupton were seen by the regular health department nurses and obstetrical residents that the Colorado University Medical Center. A total of 67 women were seen during the four-month migrant season. Family planning services were also available at those clinics. These same services were available in the regular maternity and planned parenthood clinics in Greeley also even though no extra clinics were added.

One difficulty has always been apparent, many of the women were working in the fields and often did not leave their jobs which were more important at that point than the medical care. It should have been available in the evenings.

Because of frightening experiences which included gun fire on one evering, and several break-ins to the clinic, additional personnel were employed to stay at the clinic when the nurse was out making contacts in the camp in the evenings and also when she served in a Tuesday might cli ic in a neighboring county.



Our fears that the formidable appearance of the hospital and health department structures would deter migrant workers from attending the clinics in Greeley were dispelled when the attendance ranged from 23 the first clinic on the 20th of June to as high as 27. Average attendance was 15 persons.

The greatest problem encountered was lack of transportation to scheduled appointments for medical and dental care. This was partially solved by the Farm Workers' United Program which set up a transportation service not only for medical needs but also for getting to legal counsel.

A frustrating problem in use of nurses time was the many hours the nurses spent making appointments and referring the people to other resources for food, clothing and social services. The use of more aides was recommended to do this type of work so the nurse would be free to follow-up acutely ill patients needing injections, dressing changes, interpretation of medical treatment and teaching preventive aspects and normal growth and development.

Several newly diagnosed diabetics were followed and taught how to administer insulin and plan diabetic diets.

Coordinating with other workers from the Colorado Migrant Council and providing supervision of their infant and day-care centers were additional activities carried out. The Colorado Migrant Council assigned their public health nurse to the health department staff which resulted in maximum coordination.

The problem of hospitalization remained acute even though many were cared for at Colorado General Hospital. The small sum of state money made available for hospitalization did assist us in getting hospital care paid for at Weld County General Hospital.

The migrant housing representative and his aide did an excellent job of case-finding and referral of ill migrants to the nursing staff and worked closely with all the migrant programs in the county.

One migrant nurse was retained during October, November and December and during the two severe snowstorms in October spent many hours in the camp trying to get medical care for those in need. She continued to visit the labor camp daily until all the migrants had moved. Fifty visits to migrants were made in December because many of them stayed in the area.

The difficulty of having a different doctor at each clinic percludes good comprehensive continuous care. Each physician felt frustrate because he did not see the patients for follow-up and the next physician of the next

Even though we had sample drugs in limited quantity and some stock medications, many prescriptions were ordered. The nurses would often find several bottles of drugs in the homes which had not been taken to completion of treatment. As soon as the patient felt better, he would take no more medication and in a short time was ill again.



Because of the short stay of most of the migrant workers the nurses frustration level of incomplete follow-up is very high.

RECOMMENDATIONS:

- 1. More family health aides to assist the nurses.
- 2. Additional hospital money.
- 3. Better coordination between agencies providing services.



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WELD COUNTY

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

THE PROPERTY OF THE PROPERTY O	WARE MEDIC	AL SERVI	r F S		2. MIGRANTS RECEIVING DENT	AL SERV	ICES	
	AGE TOTAL MALE FEMALE OF AL. 974 436. 538 EQ 1 YEAR 66 35 31 YEARS 321 164 157 4 YEARS 265 147 118 44 YEARS 244 53 191 4 YEARS 68 29 39				1			
FAMILY HEALT HOSPITAL EME	H CLINICS, F REENCY ROC	PHYSICIAN DMS, ETC.	IS OFFICE	ES AT S.	ITEM	TOTAL	บห ก ธุญ 15	15 AND. OLDER
	NUMB	ER OF PA	TIENTS	NUMBER	. NO. MIGRARTS EXAMINED-TOTAL		<u> </u>	
AGE	TOTAL	MALE	FEMALE	OF VISITS	(1) NO. DECAYED, MISSING.			
TOTAL				(2) AVERAGE DMF PER PERSON				
UNDER 1 YEAR	66		_	81				
1 - 4 YEARS	321	164	157	338			1 1	
5 . 14 YEARS			1	315	6. INDIVIDUALS REQUIRING SERVICES - TOTAL			
15 44 YEARS	1		191	315	(I) CASES COMPLETED			
I YEARS	68		39	88	(2) CASES PARTIALLY		i l	
65 AND OLDER	10	8	2	13	COMPLETED			
. OF TOTAL MIGRAN	TS RECEIVIN	G MEDICAL	SERVICES	HOW MANY	13) CASES NOT STARTED			
(1) SERVED IN F		-тн ——	530		c. SERVICES PROVIDED - TOTAL_			
(2) SERVED IN PE ON FEE-FOR S MENT (INCLUI	SERVICE ARR	ANGE-	208		(1) PREVENTIVE			
3. MIGRANT PATIE	NTS HOSPITA	ALIZED rpayment)			d. PATIENT VISITS - TOTAL			
No. of Patients (e No. of Hospital Day			35 162					

4. IMMUNIZATIONS PROVIDED

	co	MPLETED IM	AURIZATION	S. BY AGE		IN-	BOOSTERS.
TYPE	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER	SERIES	REVACCINATIONS
TOTAL ALL TYPES	29	22		6		91	20
\$MALLPOX							'
DIPHTHERIA	9	8		1	., 	41	10
PERTUSSIS	9	8		1		21	
TETANUS	4	3	=-	1		9	10
POLIO	4	3		1		20	
MEASLES				_			
CTHER(Specily) Gamma Globulin	3		1	2			

, , , ,	ontino	(cd):- 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.					
	WH ODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	RE. VISIT		
1				_	-		
		TOTAL ALL CONDITIONS	819		ļ		
			1 20				
	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	30		ļ		
	010	TUBERCULOSIS	1 1				
۰ د	Dii	SYPHILIS	- 6				
	012	GONORRHEA AND OTHER VENERCAL DISEASES	5		1		
(D 13	INTESTINAL PARASITES	-				
1.		DIARRHEAL DISEASE (infectious or unknown origins):	0				
- 1	014	Children under 1 year of age	- i				
١ (DIS	All other	⊢ŏ	}	ļ		
1	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	→ 11	}			
٠ ا	0 17	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	- ' ' '	1			
'	019	OTHER INFECTIVE DISEASES (Give examples): DX Unknown	12]			
		DA UITRIOWII	⊣ '~	}			
			-{	1	1		
	••		┪		1		
			-				
	1.00		6				
	02-	NEOPLASMS: TOTAL	- -		}		
1 '	020	MALIGNANT NEOPLASMS (give examples):	2				
			-		1		
- 1			┪		1		
1			-				
	* :						
ĺ			- 4				
	025	BENIGN NEOPLASMS	-				
- '	029	NEOPLASMS of uncertain nature					
1.		TOTAL	31		-		
- 1	03-	DISEASES OF THYROID GLAND	0				
: 1	030	DISEASES OF THYROID GLAND	17	ļ	1		
1	031		0	•			
- [032	· · · DISEASES of Other Endocrine Glands	- O	l			
- 1	£233	NUTRITIONAL DEFICIENCY	14		-		
. }	034	OBESITYOTHER CONDITIONS	0				
- '	039	OTHER COMBITIONS					
1			111	· ·	ł		
	04- 040	IRON DEFICIENCY ANEMIA ORGANS: TOTAL	11		 		
	040	OTHER CONDITIONS	0				
'	~ → 5						
	05-	MENTAL DISCROERS: TOTAL	31				
- 1	050	PSYCHOSES					
ı	051	NEUROSES and Personality Disporders			1		
1	052	ALCOHOLISM					
1	053	MENTAL RETARDATION]	1			
	059	OTHER CONDITIONS					
1.	06.	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	73	1			
	060	PERIPHERAL NEURITIS	1 ^]			
ı	061	EPILEPSY	1 0				
. I	002	CONJUNCTIVITIS and other Eye Infections	1 22				
- 1	063	REFRACTIVE ERRORS of Vision	I ^				
4 '		OTITIS MEDIA	1 22				
0		The second of the Wall and a company of the party of the		1	1		
R I	<u>(</u> 5	OTHER CONDITIONS	1 0		i		

PART II - 5. (Continued)

ICD	MH	DIAGNOSIS OR CONDITION	TOTAL VISITS	EIRST VISITS	REVISITS
CLASS	CODE		26		
/II.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	1		
	070	DUCUME THE FEVER	4		
,	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	0		İ
	072	CEREBROVASCULAR DISEASE (Stroke)	0		
	073	OTHER DISEASES of the Heart	21		
	074	HYPERTENSION	0		
	075	VARICOSE VEINS	Ö		1
	079	OTHER CONDITIONS	,		1
			218		
	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	-0		l l
l.	080	ACUTE NASOPHARYNGITIS (Common Cold)	0		
	081	ACUTE PHARYNGITIS	0		
	082	TONSILLITIS] 7		
	083	BRONCHITIS	0		
	084	TRACHEITIS/LARYNGITIS	0		
	085	INFLUENZA	0		
	086	PNEUMONIA] 0		
	087	ASTHMA, HAY FEVER	0	[
	098	CHPONIC LUNG DISEASE (Emphysema)	181		
	089	Uther	31 114		
		DISEASES OF THE DIGESTIVE SYSTEM: TOTAL		 	
IX.	09-	CARIES and Other Dental Problems	16	Í	į
	090	PEPTIC ULCER] 0	1	
	091		- 0	•	1
	092	HERNIA	J 0		
	093	HERNIA	_ 0		
•	094	CHOLECYSTIC DISEASE Ges roenteritis and colites	98		
	099		46		
v	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	31		
х.	100	TRACT INFECTION (Pyclunephritis, Cysticis)	⊣ -	^f	
	101	Carcinoma)	_ 0	1	
	102	DISEASEE of Male Genital Organs			
	103	DISORDERS of Menstruatica		,	
	104	TO THE STATE OF TH	- o		İ
	105	OTHER DISEASES OF Female Cenital Organs] 15		
	109	OTHER CONDITIONS Genital System	7 '		į.
					- 1
X1.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM:	21	<u></u>	
	}	7074	0		
	110	INFECTIONS of Genitourinary Tract during Pregnancy.			
	111	TOXEMIAS of Pregnancy		1	
	112	SPONTANEOUS ABORTION	- 1		
	113	REFERRED FOR DELIVERY			
	114	COMPLICATIONS of the Puerperium	1 0		
	119		i .		
Х.П.	12-	DISEASES OF THE SKIN AND SUBCUTAN COUSTISSUE: TOTAL	7 <u>.</u> L		
	120	TISSUE AGSCESS OR CELLULITIS	2		
	121	MARTICO OR OTHER PYDDERMA	7		
	122	TO ADDITION DEGINATITIES			
	123	CONTACT DEPMATITIS OR NEURODERMATITIS	0	1	
C	12/		48		
EDI	129	OTHER CONDITIONS73-		1	
Full Text Provide	d by ERIC	75			
		The state of the s		,,,,	

ICD CLASS XIII.	IMH CODE	DIAGNOSIS OR CONDITION	TOTAL	FIRST	REVISIT
XIII.	13-			VISITS	- NE VISIT
		DISEASES OF THE MUSCULOSKELETAL SYSTEM AND			1
		CONNECTIVE TISSUE: TOTAL	83		<u>:</u>
	130	RHEUMATOID ARTHRITIS	0		1
	131	OSTEOARTHRITIS	0		i
	132	ARTHRITIS, Unspecified	0		!
	139	OTHER CONDITIONS	1 05		:
					1
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	2		1
	140	CONGENITAL ANOMALIES of Circulatory System	0		i
	149	OTHER CONDITIONS	2		
	1				
X.V.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND			
	1	MORTALITY: TOTAL	7_		<u>!</u>
	150	BIRTH INJURY	0		i
	151	IMMATURITY Early Infancy			
	159	OTHER CONDITIONS Early Infancy	7		
XVI.	16.	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	32		!
	160	SYMPTOMS OF SENILITY			Į
	161	BACKACHE	10		
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	0		
	163	HEADACHE	11	•	
	169	OT TR CONDITIONS			
		1		£	
x VIII	17-	ACCI 115, POISONINGS, AND VIOLENCE: TOTAL	13		<u> </u>
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	!\3		
	171	BURNS	0		
	172	FRACTURES	0		
	173	SPRAINS, STRAINS, DISLOCATIONS	0	-	
	174	POISON INGESTION	→		
400001000	San Vicani	OTHER CONDITIONS due to Accidents. Poisoning or Violence	0 1	a na teramente (pa pert	nestration of
			NUMBE	ROFINDING	50423
6.	2	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	231		
	1				
	200	FAMILY PLANNING CONVICES	30		
	201	WELL CHILD CARE	2		
	202	PRENATAL CARE	126		
	203	POSTPARTUM CARE	0		. *
	204	TUBERCULOSIS: Follow-up of inactive case	0		
	205	MEDICAL AND SURGICAL AFTERCARE	2		
	206	GENERAL PHYSICAL EXAMINATION	220		
	207	PAPANICOLAGU SMEARS	48		•
	208	TUBERCULIN TESTING	0		
	209	SEROLOGY SCREENING	0		
	210	VISION SCREENING			
	211	AUDITORY SCREENING	1 -	•	
	212	SCREENING CHEST X-RAYS			. •
	213	GENERAL HEALTH COUNSELLING	0		
	219	OTHER SERVICES Fitting Prostetic Devices	2		
		(Specity)	1 .		
]				
	1]		
6:30	\"		1.	•	
EDIC			J		•

PART III - HURSING SERVICE	
TYPE OF SERVICE	азамин
IRSING CLINICS:	. 88
NUMBER OF CLINICS	311
NUMBER OF INDIVIDUALS SERVED . TOTAL	
ELD NURSING:	994
. VISITS TO HOUSEHOLDS	474
b. TOTAL HOUSEHOLDS SERVED	0
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	21
d. VISITS TO SCHOOLS, DAY CARE CENTERS	500
ONTINUITY OF CARE: o. REFERRALS MADE FOR MEDICAL CARE: TOTAL	126
6. REFERRALS MADE FOR MEDICAL CARE: TOTAL (1) Within Area	111
(1) Within Area	1
(2) Out of Area	15
(Total Completed)	1
TOTAL	
(Total Completed)	
C DEFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT	
	5
OF AREA: TOTAL	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TR	EATED
IN PHYSICIANS' OF FICES (Fee for Service)	0
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL	25
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN I	FIELD
TOTAL	
(1) Number presenting health record.	
(2) Number given health record.	
(1) Number River manner -	
THER ACTIVITIES (Specify):	
	65
Conferences, Classes and Meetings	05



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1969 MIGRANT HEALTH PROGRAM IN MESA COUNTY

Since there was minimal migrant labor activity in Mesa County during the month of May it was felt that we should pursue the following:

- 1. Prepare revised program objectives.
- 2. Assign duties and responsibilities.
- 3. Prepare an intensive staff orientation program.

With this report we are submitting the total plan of action for the migrant season.

In addition we have been involved with coordination activities with Migrant Council, the school district, and other persons involved with migrant workers.

The applied definition of a migrant as stated in "Community Health Manual, Volume II" shall be applicable to Mesa County Department of Public Health, Nursing Division.

"For the purpose of the Migrant Health Program, a migrant is defined as a worker who is engaged primarily in agricultural and related seasonal industry, (or who has been so engaged at one or more times during the past two crop seasons) and who must move so far in the course of his regular agricultural employment schedule that he must establish a temporary residence at one or more locations away from the place he calls home. This definition includes family dependents who may or may not move with the worker in a given year for all or part of the season. Persons who leave an area temporarily (out-migrants) to go elsewhere for agricultural work for several weeks or months, as well as those who come into an area temporarily (in-migrants) for agricultural work, are considered migrants within the program's definition."

Orientation to migrant health for public health nursing staff; Session 1, Discussion of:

- 1. Objectives
- 2. Coordinator duties and responsibilities.
- 3. General nursing staff duties and responsibilities.
- Record system.

Session II, Problems of Migrant Workers: Reading Assignments:

1. Lewis, Oscar; Children of Sanchez



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- Compiled by "National Share Croppers Fund Report, Conditions of Farm Workers and Small Farmers in 1966," <u>Summarizations of Rural Problems</u>.
- 3. Moore, Truman, "Slaves for Rent", The Atlantic Extra 1965,
- 4. Holly Agricultural News articles.
- 5. Schulman, Sam, "Barriors to Effective Understanding".
- 6. The Mental Health of the American Indian, Reprints from The Journal of American Psychiatry.

Each nurse has a reading assignment, report to group, generalized discussion to follow.

Session III, Regulations Controlling Migrant Labor.

- Housing James Fowler
- Day care requirements.
- 3. Employment wage requirements.

What can we do in view of our objectives that will be new, innovative, and more adequately give health services?

Objectives:

- To provide health information regarding:
 - a. General health maintenance.
 - b. Screening measures as early case-finding.
 - c. Services available for health care and treatment.
- 2. Provide early case-finding and direct treatment services for current health problems.
- To provide immediate home follow-up services to any person having received physician's services.
- 4. To provide supervision and services to the Day Care Center Program as need $\mathbf{e} \mathbf{d}$.
- To provide screening programs and health education programs to the migrant school as indicated.
- 6. To communicate, coordinate, cooperate with any other services being provided to migrants in Mesa County

Duties and Responsibilities:

The Nursing Coordinator shall be Marguerite Cattles, Public Health Nurse, who shall:



- Be responsible to approve all medical care payments.
- 2. Be responsible to prepare all narrative reports requested by the State Health Department.
- 3. Be responsible to attent all Migrant Council meetings or provide for attendance in her absence.
- Be responsible for visits to the Migrant Day Care Center and Migrant School.
- 5. Keep migrant population spotted on county census tract map.
- 6. Coordinate sources of transportation which might be used for families needing such to a health facility or physician.
- 7. Make site visits with the Migrant Housing Inspector on a periodic basis.
- 8. Participate in generalized Public Health Nursing Department migrant responsibilities.
- 9. Be responsible to see that all adult females being referred for medical care have a pap smear as part of that visit.

General Public Health Nursing Department staff responsibilities:

- 1. During the migrant season, Migrant Health shall be a priority program.
- 2. Public Health Nursing hours shall include evenings:
 - Visit migrant housing areas.
 - b. Do health surveys in adults and children by interviewing and observation.
 - c. Provide follow-up services to any families with illness or injuries.
 - d. Become familiar with farmers employing migrant labor.
- 3. Compensatory time will be given for hours worked over and above usual working hours.
- 4. Provide a home visit within 24 hours after an approved physician's office visit and visit as often thereafter as required by the family situation.
- 5. Be prepared to participate in the operation of any clinic service which might be provided.
- 6. Encourage all migrant women to ave a pap smear and other screen procedures as part of routine lealth teaching.
- 7. Confer with the Migrant Housing Inspector to identify approved housing.



- 8. Observe area for any new migrant families who may not have been recruited through usual channels and therefore unknown to this department.
- Referring persons with continuing health problems to appropriate health service in the next area of employment or a home state.
- Maintain appropriate and complete records using Community Health Nursing Manual, Volumn II, Section 'Migrant Health', Exhibits 101 through 110.
- Provide health education programs to migrant workers and families when 11.
- Use our extablished channels of communication with the Indian Health Service when applicable to migrant persons in Mesa County.

Day-Care Center Activities:

- 1. Migrant Program Nursing Coordinator shall visit the Day-Care Center daily, including holidays and weekends. When there is no other health personnel at the center. Duties shall include.
 - a. Observing children for health problems which should be referred.
 - b. Observing that treatment prescribed is being properly administered.
 - c. Acting as consultant and educator to staff in charge of the center.
- When the Migrant Council nurse is in attendance at the Day-Care Center, the Nursing Coordinator shall:
 - Visit weekly; a.
 - learn of new children in the area.
 - assist her with referrals.
 - determine nursing follow-up needed to families of children
 - provide preventative services appropriate to the needs of the
 - Shall work in a cooperative manner to meet total family needs.

Migrant School Services:

Objectives:

- 1. Provide basic school health services for 1969, District 51, Migrant School to:
 - Inform them of and demonstrate optimal health practices.
 - Provide early case-finding procedures.
 - Refer children with apparent health problems to appropriate sources of medical care.
- 2. Provid salth programs in conjunction with the ·io:... sch ... i. ulum.
- 3. Provide health resource materials to the teacher as requested.



- 4. Arrange for appropriate preventative health services.
- 5. Design a plan for school personnel to follow in handling first aid and medical emergencies.

Method For Meeting Objectives:

- 1. Schedule work planning sessions weekly with the teacher.
- 2. Prepare health histories on all children, contacting their parants in the evenings when appropriate.
- 3. Visit the school a minimum of twice per week and additionally at the request of the teacher.
- 4. Accompany the teacher and pupils on field trips when needed.
- 5. Provide appropriate screening programs or early case-finding
- 6. Provide needed immunizations as a preventative measure.
- 7. Follow through on children referred for medical care.

Statistical Information:

Dailies:

- 1. Code 46 and home visit class shall empear under first ser are column.
- 2. Second service column shall be used as visit classification.

We can prepare our computer information locally and also have the proper data for the State Statistics.

Clinic Services:

- Those services normally rendered in organized clinic shall be coded as clinic; for example:
 - Administering immunizations or TB skin tests, etc., to two or more individuals in a place other than their local residence shall be considered a clinic.
- 2. A clinic summary sheet shall be prepared in the usual manner for such service and headed "Migrant Service".

In pursuing our program objectives, the following activities were carried on in the month of June.



I. Migrant Day-Care Center Activities:

- A. Daily visits (June 4 through June 14) were conducted amil the Colorado Migrant Council's Nurse was available.
 - Health Officer made the initial visit with the nurse for child health review.
 - 2. By the third day of operation a very ill child we found with an initial diagnosis of streptococcal infection later confided by throat culture. The following day 18 asymptomatic mildren were cultured as well as four VISTA workers. Of this group nine children and two VISTA workers were found to have made sufficient and were placed on a treatment program.
 - 3. As of June 30, one child is still on medication and continues to have positive throat cultures.
- 3. Currently twice weekly visits are made to the center to soond nate activities with the Day-Care Center Nurse.
- Saturday visits are made by this department to the Day-Cole Center to provide health coverage in the absence of the Migrant Cole il Murse.
- employees -- one was found to be positive but no active disease was found on x-ray and one is being retested. This nurse is providing at the Center.

11. Migrant Summer School Health Program:

To date the number of school age migrant children has been small. In order to open the school, several local children of low-income framilies have been included.

- A. Visits have been twice weekly since June 11. One visit for routine health matters and one for health education.
- B. Classroom teaching has included personal hygiene and dental health with a follow-up field visit by students to the health department's dental clinic.
- C. Current plans call for the incorporation of environmental health educational programs during July should the school remain open.

III. Home Visiting Program:

The goal for the month was to provide at least one visit to each migrant family while in Mesa County. This was achieved in the Fruita area through evening home visiting during June.



- A. Initial home visits began with follow-up of families of children with positive throat cultures. Fourteen adult family members wer cultured and two were found positive and placed on treatment.
- 5. Referrals were sent to the Indian Health Service with a duplicate to the Arizona State Health Department for two families who while under treatment for streptococcus returned to the reservation.
- Two cases of veneral disease in adult single male migrants were treated at our department on the referral of a local physician.

IV. Other Nursing Service Activities:

- A Attended the monthly Mesa County Migrant Council meeting.
- B. Comtacted local physicians and dentists regarding our screening test referrals.
- C. Attended conferences and site visits with the migrant housing immspectors
- D. In-service discussions of health needs of migrant workers with the Public Health Nursing staff.
- E. Participated in Delta Migrant Health Fair.
- F. Kest migrant population spotted by stick-pins on county census trata map.
- V. Summary and Projected Activities for July:

Due to weather conditions and mechanization in the beet and tomato industry, the Mesa County migrant population has been small to date. Both the school and day-care center are in limbo due to the small numbers of children. However, it is still projected that a large number of male laborers will arrive soon for the fruit crop.

Our revised plan (goal) is to place more emphasis on adult health sings most children are receiving care through the Migrant Council programs.

Also, we strive to continue to make early contacts with families moving into Mesa County.

In pursuimg our program objectives, the following activities were carried out in the month of July.

- Migrant Day-Care Center (five visits)
 - A. We-kly visits for coordination purposes continue.
 - B. Ail of the children have had physical examinations through the Migrant Council program. The Migrant Council nurse has done the follow-up on any medical problems.



- C. We still continue to follow two Hamilies with continued positive streptococcal infections.
- II. Migrant Summer School: (nine visits)
 - A. Twice weekly visits continue one for general health proposes and the other for health education.
 - B. Health education programs for July lave been jointly propered by nursing and environmental health with such topics as air exclution, using petri dishes for growing bacteria from hands, etc.

III. Home Visiting Program: (20 visits)

- A. Since home visits were made by the Migrant Council nurse to many homes, our concentration was related to individuals not receiving her visits.
- B. Follow-up on one acute illness situation equiring hospitation and surgery has been time consuming.
- C. As the month of July closes work is proceeding with hospitalization at Colorado State Hospital in Pueblo for one migrant laborer noused in Mesa County jail.

IV. Problems:

- A. Coordination with local general hospital seems to need toraclarification as we are not being notified when out-patient or in-patient service is rendered.
- B. Someone, presumably the Migramt Council mobil unit, has done vision and hearing screening and a plan for follow-up has been established by the group but we are not clear as to our responsibility. We do know the testing results for the entire state since the list seems to have been left by mistake.
- V. Other Nursing Service Activities:
 - A. Attended the monthly Migrant Council meeting.
 - B. Contacted local physicians and dentists regarding referrals.
 - C. Dental care for rhildren needing such has been proceeding well and as originally planned by the State Health Department Dental Hygimist.

We are now approaching our busy season with the fruit harvest. It geems that both the fruit crop and the entrance of labor are proceeding on schedule.



I. Migrant Day-Care Center (13 visits)

- A. Weekly visits were made for coordination purposes until August 15 when the Migrant Coloncil nurse terminated her employment.
- B. Begin ing August this department began health supervision on a carly basis.
- C. Reeping up with the Day-Care Center and assisting the VISTA worker with this program has been because attendance at the Day-Care learn has more than doubled proceeding two months.
- D. Also, from the physical examinations on new children came two hernias, two questionable heart murmurs and one ear problem. These will be referred to the reservation for follow-up due to shortness of family and lack of urgoncy for hospital care.
- E. We continue to battle positive strep cultures in new families.

II. Migrant Summer School (7 visits)

- A. School has terminated as of August 29 1969
- B. Health education programs were continued as well as routine health visits.
 - C. Twelve children received tubercular skin tests. Two from the same family had over 10 mm positives. They were x-rayed but left the area before family follow-up was complete. A referral was sent to Delta regarding this as well as to their mane area.

III. Home Visiting Program (58 visits)

- A. Home visiting program has tripled the previous month:
 - Due to great increase of workers.
 - Due to nature and type of physician office visits.
- B. Our original goal was to make at least one personal contact with all migrams workers in the area. This must be have fallen short of that goal due to:
 - Great numbers of physician office visits to follow-up.
 - Great numbers of workers in the area.
 - On-going visit needs of some workers who had identified medical problems.
- C. Im addition we have and a number of venereal disease suspects and cases to treat and follow up.



IV. Problems:

- A. Again this year we are faced with a day-care center operating without a murse at the peak of our season. This places added stress upon our program operation.
- B. Physician reporting is slow which hampers rapidity of follow-up care Also, due to slow reporting, we have found some cases of doctor shopping and repeated appointments which perhaps could have been decreased with public health nurse support to the patient.
- C. Provision for follow-up on physical findings in the child examined under the sponsorship of the Migrant Coun cil presents some problems.
- V. Other Names mg Service Activities:
 - A. Attender the monthly Migrant Council meeting.
 - B. Coordinated the medical mare program for acute illnesses and accidents.
 - C. Migramt school screening.
 - 1. It appears that the screening was done prior to the peak of the migrant population.
 - 2 Mow that the school has closed, we received the hearing screening reports with three referrals but the families have either left or are no longer migrants.

The peach crop reached its peak as predicted and large numbers of persons have been involved with the harvest. Our contact with the laborers indicates that a small number intend to stay for pear and apple harvests.

- 1. Migrant Day-Care Center (18 visits):
 - A. Supervision of the Day-Care Cemter on a daily baisis has continued through the month of September.
 - B. While numbers of children have varied, there have been no gross problems at the Center.
- 11. Migrant school has been closed for the month.
- [11]. Home Visit Program (20 visits):
 - A. There has been a steady departure of migrants from the county since the completion of the apple harvest.
 - E. At the beginning of September, we had a major problem with one migrant laborer who had managed to see two different physicians and obtaine different securive and tranquillizing drugs.



- IV. Other Nursing Service Activities:
 - A. Attended the state M grant Meeting in Denver.
 - B. Attended local Migrant Council meeting.
 - C. Several conferences with physicians and pharmacy were necessary to straighten out the problems with the laborer and his drug problems.

GICALL LIMITADE, H

MESA COUNTY

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

					2. MIGRANTS RECEIVING DENTAL SERVICES				
MIGRANTS RECEI									
TOTAL MICRAN FAMILY HEALT HOSPITAL EMER	M CLINICS, P	HYSICIAN	12 OF FICE	ES AT S,	ITEM	TOTAL	UNDER 15	OLDER	
	NUMB	ER OF PA	TIENTS	NUMBER	a. NO. MIGRANTS EXAMINED-TOTAL		ļ		
AGE	TOTAL	MALE	FEMALET	OF VISITS	(I) NO. DECAYED, MISSING FILLED TEETH				
OTAL	133	75	58	153	(2) AVERAGE DMF PER PERSON			·	
NDER 1 YEAR	5	3	2	8		ļ			
. 4 YEARS	36	17	19	43	b. INDIVIDUALS REQUIRING				
· 14 YEARS	15	9	6	61	SERVICES- TOTAL		 	<u> </u>	
44 YEARS	55 16	28	67	21	(1) CASES COMPLETED	1	1		
5 AND OLDER	⊣ '6	5	lí	8	(2) CASES PARTIALLY COMPLETED	-[
OF TOTAL MIGRA		IG MEDICA	L SERVICES	HOW MANY	(3) CASES NOT STARTED	-			
WERE:						ļ	į	•	
(1) SERVED IN I SERVICE	FAMILY HEA CLINICT	L TH	0		. SERVICES PROVIDED - TOTAL				
(2) SERVED IN P		ANGE-	133		(1) PREVENTIVE (2) CORRECTIVE TOTAL (a) Extraction	- - - -			
MIGRANT PATIE (Regardless of an No. of Patients	trangements fo	or payment); 3 36		d. PATIENT VISITS - TOTAL	-	·		

4. IMMUNIZATIONS PROVIDED

No. of Hospital Days

	CC	MPLETED IM	IN-,	BOOSTERS.			
TYPE	TOTAL	UNDER I YEAR	1 · 4	5 · 14	15 AND OLDER	SERIES	REVACCINATIONS
· · · · · · · · · · · · · · · · · · ·	-						
SMALLPOX	_						
PERTUSSIS	So M	one migran igrant Hea	families th Fair -	received Count un	immuniza known	tions at	rne
POLIO			·	1			
MEASLESOTHER (Specify)							

RUMARKS

Colorado Migrant Council provided physical examinations for all pre-school children in the day care center. Public Health Nurse followed up on any abnormal findings.

Dental report not available as this was handled directly between a. local dentist coordinator and the State Health Department. All children at day care center had examinations.



RT II (Commed) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY
CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS'
OFFICES.

		OFFICES.	TOTAL	FIRST	DE MICHTA
ICD C	MH	DIAGNOSIS OR CONDITION _	VISITS	VISITS	RE VISITS
		TOTAL ALL CONDITIONS	146_	122	24
11.		TOTAL ALL COMMITTENS DESIGNATIONS DESIGNATIONS DE LA COMMITTENS DE LA COMM	.,	1.	_
	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	77	44	3
	010	TUBERCULOSIS	0		
1	011	5YPHILIS	0	,	,
	012	GONORRHEA AND OTHER VENEREAL DISEASES	6	3	3
	013	INTESTINAL PARASITES	"	}	
1		DIARRHEAL DISEASE (infectious of unknown origins):	,	1 1	
1	014	Children under 1 year of age	i		
· .	ois	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	1 ŏ	1	
	016	EUNGUS INFECTIONS OF SKIN (Dermatophytoses)	1 o	<u> </u>	
	017		1		
	019	OTHER INFECTIVE DISEASES (Give examples):	0		
	• •,]		
	02-	NEOPLASMS: TOTAL	0		1
	020	MALIGNANT NEOPLASMS (give examples):	1		
			1		
	•		1		
	•		7		
	* 2		_		
	025	BENIGN NEOPLASMS	_		
	029	NEOPLASMS of uncertain nature	-		
	•		0		
1.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	- <u>-</u>		-
	030	DISEASES OF THYROID GLAND	7	1	
	031	DIABETES MELLITUS	1		-
	032	DISEASES of Other Endocrine Glands	₹		
· · ·	033	NUTRITIONAL DEFICIENCY			
.	034	OBESITY	-		
	039	OTHER CONDITIONS	1		
<i>.</i>	04	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	15	15	
	040	IRON DEFICIENCY ANEMIA	15	15	0
	0.49	OTHER CONDITIONS	┥.		
		10T//	1		
	05-	PSYCHOSES			
•	050	NEUROSES and Personality Disorders			
	051	AL COHOLISM			
	052	MENTAL RETARDATION	_		
	059	OTHER CONDITIONS	_		
	Ì		4	- 4	0
'I	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORCANS TOTAL		1	0
	000	PERIPHERAL NEURITIS		i	Ö
	06.1	EPILEPSY	-	i	O
	00.5	CONJUNCTIVITIS and other Eye Infections		Ò	Ŏ
	063	REFRACTIVE ERRORS of Vision		2	0
6	064	OTITIS MEDIA		Ō	0
FR	IC _{ea}	OTHER CONDITIONS	-1		
Full Text Provide	ded by ERIC	90			
11 (1) (1) (1)					

ART II - 5. (Continued) FIRST TOTAL REVISITS VISITS VISITS DIAGNOSIS OR CONDITION MH · ICD CLASS CODE DISEASES OF THE CIRCULATORY SYSTEM: TOTAL 07-/H. RHEUMATIC FEVER ARTERIOSCLEROTIC and Degenerative Meant Discage CEREBROVASCULAR DISEASE (Stroke) OTHER DISEASES of the Heart HYPERTENSION _____ VARICOSE VEINS OTHER CONDITIONS _____ 75. DISEASES OF THE RESPIRATORY SYSTEM: TOTAL O ACUTE NASOPHARYNGITIS (Common Cold)_____ 08-ACUTE PHARYSGITIS TONSILLITIS _____ BRONCHITIS ___ TRACHERTIS/LARYNGITIS_____ INFLUENZA _____ PNEUMONIA ___ ASTHMA, HAY FEVER __ CHRONIC LUNG DISEASE (Emphysema) ___ OTHER CONDITIONS Strep Throat DISEASES OF THE DIGESTIVE SYSTEM: TOTAL CARIES and Other Dental Problems 09-PEPTIC ULCER APPENDICITIS _____ Λ HERNIA _ CHOLECYSTIC DISEASE OTHER CONDITIONS ______Nausea DISEASES OF THE GENITOURINARY SYSTEM: TOTAL URINARY TRACT INFECTION (Pyclonephritis, Cystitis) 10-DISEASES OF PROSTATE GLAND (excluding Carcinoma)_____ OTHER DISEASES of Male Genital Organs DISORDERS of Menstruation _____ MENOPAUSAL SYMPTOMS ____ OTHER DISEASES of Female Genital Organs OTHER CONDITIONS COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: xi. 11-INFECTIONS of Genitourinary Tract during Pregnancy TOXEMIAS of Pregnancy n SPONTANEOUS ABORTION _____ REFERRED FOR DELIVERY COMPLICATIONS of the Puerperium OTHER CONDITIONS 13.... 13 _-DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL XII. 12-IMPETICO DR OTHER PYODERMA SEBOARHEIC DERMATITIS _____

	· · · · · ·	ntinued)	GRAB I RUM	331 11	
RT II	· 5. (Co	ntinued)	TOTAL	FIRST	REVISIT
CD _ASS	CODE	DIAGNOSIS OR CONDITION .	TOTAL VISITS	VISITS	1
1.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND	2	22	0
	1	CONNECTIVE TISSUE: TOTAL	0		İ
	130	RHEUMATOID ARTHRITIS			
	131	OSTEOARTHRITISARTHRITIS	2	2	1
	132	OTHER CONDITIONS	0	İ	
	139			,	
٧.	14-	CONGENITAL ANOMALIES: TOTAL	0	 -	
٧.	140	CONGENITAL ANOMALIES of Circulatory System	U	1	0
	149	OTHER CONDITIONS		'	
		CERTAIN CAUSES OF PERINATAL MORBIDITY AND			
٧.	15-	MORTALITY: TOTAL	00		
		BIRTH INJURY			}
	150				}
	151	OTHER CONDITIONS	 ∤		
	139	i		3	0
VI.	1 16.	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	3 0		
	160	SYMPTOMS OF SENILITY.		1	0
	161	BACKACHE		2	0
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	0		
	163	HEADACHE =	0	1	
	169	OTHER CONDITIONS			
		ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	10	8	2
VII.	17-	The state of the state of the soft Tissue Injuries	3	2	1
	170	BURNS		1	,
	172	FRACTURES	;	1	0
	173	SPRAINS, STRAINS, DISLOCATIONS	─ ┤	'	
	174	OTHER CONDITIONS due to Accidents Poisoning or Violence	$-$ 1 $\stackrel{\circ}{}_{2}$	2	222
	179	OTHER CONDITIONS due to Accidents Poisoning of Violence	NIII	BER OF IND	
			1.60		
6.	2	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	100		
			2		
	200	FAMILY PLANNING SERVICES	0		
	201		3		
	202	CADE	0		
	203	Talleman of inactive case			
	204	AFTERCARE			
	200	GENERAL PHYSICAL EXAMINATION			
	: 207	PAPANICOLAOU SMEARS			
	208	TUBERCULIN TESTING			
	209	SEROLOGY SCREENING			
	210	VISION SCREENING			
	21	AUDITORY SCREENING	2	-	
	213	and the state of t			
	213	Throat Cultures	112	•	
, ,	215	(Specify)			
ED	ĬĊ	(Specify)			
Full Text Provi	ded by ERIC				

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PART III - NURSING SERVICE

TYPE OF SERVICE		. н	UMBER	
IURSING CLINICS:	.	0	-	
a. NUMBER OF CLINICS		0		
B. NUMBER OF INDIVIDUALS SERVED - TOTAL				
TELD NURSING:				
o, VISITS TO HOUSEHOLDS		128		
b. TOTAL HOUSEHOLDS SERVED		60		
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS		0		
d. VISITS TO SCHOOLS, DAY CARE CENTERS		75		
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS		0		
ONTINUITY OF CARE:		•		
0. REFERRALS MADE FOR MEDICAL CARE: TOTAL		0		
		92		
(1) Within Area		87		
(Total Completed)	. `	0,		•
(2) Out of Area		4		
(Total Completed)	·	0		
b. REFERRALS MADE FOR DENTAL CARE: TOTAL				
(Total Completed)				
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT		^		
OF AREA:		0_		
(Total Completed)				
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED	. !			
d. FOLLOW-UP SERVICES FOR MIGHANTS, not originally referred by project, who were tracking	. !			
IN PHYSICIANS' OFFICES (Fee-for-Service)		57		*
. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL	•	2		
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD		·	·. ·	•
	1	0 .		
OR CLINIC: TOTAL				
(1) Number presenting health record.				•
(2) Number given health record.) 		
			•	•
OTHER ACTIVITIES (Specily):				
Annual Little and College Minney Council montines and covo	. '			
Attended the monthly Colorado Migrant Council meetings and gave				*
monthly reports.		}		
	•		•	•
Coordinated activities with physician's offices and Colorado			•	
Migrant Council employees.] .		
Coordinated activities with migrant housing inspectors, made joint				
visits with him to growers to explain medical program.				
		1		

EMARKS

Several children in the Day-Care Center had positive streptococcal cultures. All of the adults in their families were cultured and all positivies placed under treatment.



1969 MIGRANT SEASON IN THE SAN LUIS VALLEY

The migrant season in the San Luis Valley began with lettuce, cabbage, turnips, spinach and radishes. This season commences the middle of May and peaked around the fourth of July. The greatest concentration of migrants occurred in the Blanca - Fort Garland area and the Center area. Professional crews of lettuce workers were employed in both Blanca - Fort Garland and Center, Colo do. Migrants were Mexican and Phillipino in nationality.

Two migrant head start centers were set up during June, July, and August by the Colorado Migrant Council. One center was located at Center, Colorado. The other center was placed in the Sierra Grande School in Costilla County. Colorado Migrant Council employed a nurse, Sherry Carpenter, during this time. She was responsible for the health of the migrant children in the schools. Referrals were made between the Migrant Council Nurse and the Migrant Health Program Nurse. Generally she saw just children in the schools while I did the home visiting.

Two evening migrant clinics were begun in Monte Vista, Colorado, Monday and Thursday, staffed by one doctor, the Migrant Council Nurse, an interpreter from the Colorado Migrant Council and the Migrant Health Program Nurse. Attendance at these clinics varied from no one to 15 patients during these summer months. Mid-July another evening migrant clinic was begun at the Sangre de Cristo Medical Unit in Costilla County. This facility, staffed at night by the regular day time staff, saw on the average of 10 migrant families per clinic night.

Referrals for sick migrants came from several sources, principally from the Migrant Program Sanitarian, Colorado Migrant Council Nurse, the day-care centers, and from other migrants. I was able to see about six families at the homes and one of the two day-care centers each day. Evening visits were necessary to see the husbands and other field workers.

For the most part, medical care was obtained through existing health facilities in the valley; evening clinics for those patients in Rio Grande and Saguache Counties; the Sangre de Cristo Health Unit for Costilla and Conejos Counties; the day time maternal child health "Lariet" clinic in Monte Vista; and several local doctors in Alamosa County. Most dentists in the valley were willing to see migrants if they could be assured that their patients would keep their appointments. Eye problems requiring attention were sent to Pueblo, Colorado, residence of the nearest ophthomologist.

Physicals conducted by the local doctors were done with every migrant head start child. Urine was tested by the head start teachers. The Monte Vista Hospital tested blood samples.

There were several medical problems that arose which could not be handled through local agencies. Several children were referred to the state Crippled



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Children's Program in Denver for diagnosis and treatment. There are numerous drawbacks to this. The cost of transportation to and from Denver is excessively expensive. Local welfare departments are reluctant to help defray this cost. Another drawback is the time element. Migrants are in this valley for a by limited time. The referral-appointment making process sometimes take more time than that time for which the patient is in the valley. Encouragement from this nurse does not speed up the process at the state level. One referral was made to vocational rehabilitation in Alamosa County but the partient moved before vocational rehabilitation could interview the patient. A refermal was sent to Las Vegas, New Mexico, the patient's home base with interesting results; a representative from H.E.L.P. came to see me in response to the meterral and outlined his tentative plans for rehabilitation of this patient as well as gathered information concerning the nature of his infirmity. One child was sent to Colorado General Hospital in Denver for treatment of meningit He remained in Denver for approximately one month.

Social or welfare problems were usually referred to the Colorado Migrant Council. They provided money for emergency food samples, food, and clothing. They also made referrals to the local welfare departments for food stamps. When approached concerning extra money for special shoes, crutches, money for transportation or for non-prescription drugs, they usually found the money to provide for these things. I very much enjoyed working with the Colorado Migrant Council contact workers, teachers, and nurse. They were most cooperative when consulted about transportation to appointments for patients. Also, they provided many referrals and assisted in finding homes.

All migrant schools closed about September 1, 1969, in preparation for new facilities for the potato harvest. The harvest began the middle of September and lasted until snows occurred the second weekend in October. Both Navajo and Mexican people were employed for this harvest. Potato harvesting activity occurred in the Del Norte, Capuline, Stanley, and Monte Vista areas.

Five day-care centers were opened for operation potato; Carmel in Alamosa County; Stanley in Alamosa County; two centers in Center, Colarado; and two centers in Monte Vista, Colorado and Seven-mile Plaza between Del Norte and Monte Vista. All of these centers were overcrowded.

There was no nurse hired for this season by the Colorado Migrant Council. The last week in September an L.P.N. from Denver, Sister Mary, came down to the valley and offered her services. She was put to work immediately in the two day-care centers in Center, Colorado. I attempted to cover the other three centers, home visits, and clinic visit follow-up.

I have never seen such an influx of sick people into an area in my life. The only care I could give was crisis care. There was no time for teaching or health counseling. We saw in the evening clinics in Monte Vista an average of 25 people per night and hospitalized about one clinic patient per week. On the average of one patient not seen in the clinic was also hospitalized per week. Sister Mary helped staff this clinic as well as an interpreter from the Colorado Migrant Council. To say that clinic was hectic is an understatement.



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In addition, three doctors in the valley were seeing an average of six migran per day during regular office hours, and the "Iariet" clinic saw about 31 migrant children per week.

During this time, the V.I.S.T.A.'s in Center, Monte Vista, and Alamosa were most helpful in case-finding and providing transportation to and from climics and private doctor's appointments. They also did basic follow-up concerning diet, medicine, and checking on minor wounds, etc., as well as delousing.

In addition to agencies referred to during the summer months, two referrals were made to the New Child Research Unit in Alamosa County. Both referrals were made for purposes of determining mental age, growth and development levels, and treatment potential. Both children were suspected of being mentally retarded and one also mentally disturbed.

Physicals were again conducted on the migrant children this time by physicans from Colorado University Medical School. Auditory screening was done by Adams State College in Alamosa.

The second weekend in October we had snow and below freezing weather. Most migrants were not able to work. They went home the next week, so follow-up on the sick families was minimal. Many out-of-state referrals have been made, and we hope they will be attended to by the public health departments and Bureau of Indian Health in the home-base towns.

During the month of potato harvest, diarrhea, dehydration, flu, pneumonia, and starvation were the immediate prevalent problems. One baby was hospitalized twice within the same month for 20 percent dehydration. His family lived in a sheep shed. One five-month old was treated for kwashiorkor. My priorities during this season consisted of just keeping people alive. I had no time to emphasize or even consider prevention.

Nursing service at this time was far from adequate. At least three extra nurses should have been employed. The Migrant Council Nurse and I were able to give basic public health service this summer. An influx of 5,000 people with questionable baseline "health" in the fall could not be serviced by half the nursing power. In addition the local head start teachers were not adequately trained to deal with health problems they faced this fall.

In treatment of health problems time was an element not to be ignored. Very frequently health care had to be compromised to accommodate the time that the migrant spent in the valley.

There were people in the valley upon whom I depended very heavily; first and foremost were the two state health department people with whom I shared an office. They gave me an orientation to the valley, its political makeup, geographical layout and the migrant situation here. They also boosted my very often lagging moral. The V.I.S.T.A., several head start teachers, and in the summer, the Colorado Migrant Council nurse were also a great help to me. This job would have been unbearably depressing without their support. The San Luis Valley houses a high percentage of quietly dedicated people.

This five-month experience in migrant "health" was an enlightening parody on this sleepy affluent society.



SAM LUIS VALLEY DATE SURVEY TEAC

2. MIGRANTS BY CLIVING DENTAL SERVICES

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

					1 _			
MIGRANTS RECE	AGE TOTAL MALE GEMALE OF V				2. MIGRANTS RECEIVING DENT	AL SERV	ICES	
PAMILY HEALT	H CLINICS, P	SH A 21 CIWW	15 OF PICE	ES AT	ITEM	TOTAL	UNDER	IS A Crizin
	нимв	ER OF PA	TIENTS	NUMBER	d. NO. MIGRARIES EXAMINED FOTAL		1	
AGE	TOTAL	MALE	FEMALE	OF VISETS	(1) NOTE OF THE TERMS.		1	
DTAL	542	303	.239	674	12) AVERAGE DIME PER PERSON		1	
NOER FYEAR	15	9	6	20				
· 4 YEARS	62	28	34	75			1	
. 14 YEARS	94	45	49	154	B. INDIVIDUALS REQUIRING SERVICES TOTAL			
- 44 YEARS	326	185	141	367	(II CHSES COMPLETED	}		
64 YEARS	43	35	8	53	(2) CASES PARTIALLY	1	ļ	
S AND OLDER	2:	<u> </u>	<u> </u>	5	COMPLETED		}	
OF TOTAL MIGRA			SERVICES	. HOW MARY	(3) CASES NOT STARTED			
(1) SERVED IN I		L ТН 	14	13	c. SERVICES PROVIDED . TOTAL _			!
	DE REFERRAL	ANGE-	36	<u> </u>	(1) PREVENTIVE		İ	
MIGRANT PATIE	NTS HOSPIT.	ALIZED ir payment)	:		d. PATIENT VISITS - TOTAL		Ř.	
No. of Patients (om)		27				

4. IMMUNIZATIONS PROVIDED

	CO	MPLETED IM	IN-	BOOSTERS.			
TYPE	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER	SERIES	REVACCINATIONS
TOTAL ALL TYPES	- 173		92	60	21	78	87
SMALLPOX OIPHTHERIA PERTUSSIS TETANUS POLIO. TYPHOID MEASLES OTHER (Specify)	0 45 45 45 38 0 0	 	 24 24 24 20 	14 14 14 18 	7 7 7 7 	26 26 26 26 8 	19 19 19 30

		MEDICAL COMDITIONS TREATED BY PHYSICIANS IN FAMILY	1.10 811 1 11.1130	• •	
HIC	Çelnike e e	CLINICS, HOSPITTAL DELINATION DEL ARTICLE			
		OFFICE'S.	TOTAL	7 1785 T	REVE TS
□ 55 0	CODE	DEAGNOSIS OR COMPITION	VISITS	VISITS	
	1		521	421	
ļ	1-	TOTAL ALL CONFITIONS	J 24-L		
1		7074	110	83	27
	01-	TUBERCULOSIS OISEASES TOTAL	_ 2	1	1
ĺ	010	SYPHILIS	_ 0	0	0
	011	SONOF RHEA AND OTHER VENEREAL DISEASES	2	2	0
1	012	INTESTINAL PARASITES	_ 0	0) 0.
	013	DIARTHEAL DISEASE (infectious or unknown origins):	1 .		,
		Children under 1 year of age	4	3	25
1	0:4	All other	102	97	25
Ì	ŋ·5	"CHIL DHOOD DISEASES" - grumps, measles, chickenpox	- 0	1	
ļ	016	FUNGUS INFECTIONS OF SKIH (Dermatophytoses)	_		
1	217	OTHER INFECTIVE DISEASES (Give examples):	0		
ļ	019				
			-		
				1	
	02-	HEOPLASMS TOTAL		 	
	020	MALIGNANT NEOPLASMS (give examples):	1		1
	1				
				1	1 (
	025	BENIGN NEOPLASMS			
	029	NEOPLASMS of uncertain nature			
		ENDOCRINE, NUTRITION: , AND METABOLIC DISEASES: TOTAL	18	13_	
	03	DISEASES OF THYROIL GLAND		0	
	030	DIABETES MELLITUS	9	5	
	031	DISEASES of Other Endocrine Glands	2	1	
	032	NUTRITIONAL DEFICIENCY	4	4.	j ,
	033	OBESITY	3	3	i i
	034	OTHER CONDITIONS	 0	0	,
	039			I.	
	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	4		
	040	IRON DESICIENCY ANEMIA	- 0		1
	0.49	OTHER CONDITIONS		1	
			18	1.5	; <u> </u>
	05.	MENTAL DISORDERS: TOTAL	0	, 0	•
	0.50	PSYCHOSES		8	3
	051	NEUROSES and Personality Disorders)
	052	ALCOHOLISM	0)
	053	MENTAL RETARDATION Anxiety	10	7	7
	059	OTHER CONDITIONS Anxiety			
		DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	47.	4	7
	cs	DISEASES OF THE NERVOUS SYSTEM AND SENSE ONG AND			1
	000	PERIPHERAL NEURITIS		. (0
	C% 1	1 11 m Esta Infactions		l l	6
	oes.	a a a a a a a a a a a a a a a a a a a			1
3	063		28	2	8
ERÍ	C 00.4	OTITIS ME QIA	0		0
ull Text Provided b	OL 1	OTHER CONDITIONS -96-98	.	- 1	
	1	30	1		

· · : : 5 A continued) TOTAL FIRST REVISITS DIAGNOSIS OF CONDITION VISITS ICD : MH VISITS CLASS COOF DISEASES C F THE CIRCULATORY SYSTEM: TOTAL _____ . . . ARTERIOSCLEROTIC and Degenerative Heart Disease 6.15 CEREBROVASCULAR DISEASE (Stroke) . 12 OTHER DISEASES of the Heart _____ HYPERTENSION _____ . 2.3 VARICCUE VEINS 5.75. OTHER CONDITIONS ____ DISEASES OF THE RESPIRATORY SYSTEM: TOTAL _____ tig. ACUTE NASOPH ARYNGITIS (Common Cold) 0..0 ACUTE PHARYNGITIS ___ TONSILLITIS ____ BRONCHITIS ____ TRACHEITIS/LARYNGITIS _____ OB 4 INFLUENZA __ **JB**5 PHEUMONIA _____ ASTHMA, HAY FEVER _____ CHRONIC LUNG DISEASE (Emphysema) Strept OTHER CONDITIONS ___ DISEASES OF THE DIGESTIVE SYSTEM: TOTAL _____ £9-CARIES and Other Dental Problems PEPTIC ULCER ____ APPENDICITIS ____ O , 0 CHOLECYSTIC DISEASE _____ OTHER CONDITIONS DISEASES OF THE GENITOURINARY SYSTEM: TOTAL 10-URINARY TRACT INFECTION (Pyelonephritis, Cystitis) DISEASES OF PROSTATE GLAND (excluding Carcinoma)______ OTHER DISEASES of Male Genital Organs DISORDERS of Mensixuation MENOPAUSAL SYMPTOMS _____ OTHER DISEASES of Female Genital Organs _____ OTHER CONDITIONS ______ COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: a INFECTIONS of Genitourinary Tract during Pregnancy ____ TOXEMIAS of Pregnancy SPONTANEOUS ABORTION REPERRED FOR DELIVERY COMPLICATIONS of the Puerperium n OTHER CONDITIONS DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL 6]_. 12-IMPETIGO OR OTHER PYODERMA SEBORRHEIC DERMATITIS ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS ACNE . OTHER CONDITIONS ⁻⁹⁷⁻ **99** 12.9

GRADE BURGETE

-			300 1100		
 27 II -	- 5. (Ca	intinued)			
CD . A5 5	MH	DIAGNOSIS OR CONDITION	TOTAL	FIRST VISITS	REVISITS
-		DISEASES OF THE MUSCULOSHELET IL SYSTEM AND	. 1		_
•	13-	CONNECTIVE TISSUE TOTAL	14		1 _ 5 _
	130	RHEUMATOID ARTHRITES	4	6	2 3
	131	OSTEO ARTHRITIS	9 1	1	1 6
	132	ARTHRITIS, Unspecified	ĥ	0	1 0
	139	OTHER CONDITIONS	Ū		
	1	COINGENITAL ANOMALIES TOTAL	0	0	<u> </u>
-	14-	CONGENITAL ANOMALIES OF Circulatory System			į
	140	OTHER CONDITIONS			
	149	OTHER CONDITIONS			
		CERTAIN CAUSES OF PERINATAL MORBIDITY AND	_		
	15-	MORTALITY: TOTAL	00	0	
	150	BIRTH INJURY			
	150	IMMATURITY			
	159	OTHER CONDITIONS			
	133		_	<u>,</u>	
i.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL		4	<u> </u> 0
•	160	SYMPTOMS OF SENILITY	0	0	1
	161	BACK ACHE	7	0 4	3
	162	OTHER SYMPTOMS REFERRABLE TO LINBS AND JOINTS	0	0	0 0
	163	HEADACHE	0		0
	169	OTHER CONDITIONS	U		
		·	31	31	0
11.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	9	9	0
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	ó	Ó	0
	171	BURNS	0	0	0
	172	FRACTURES	9	9	0
	17.3	SPRAINS, STRAINS, DISLOCATIONS	Ó	Ó	0
	174	POISON INGESTION THE CONDITIONS due in Accidents, Poisoning or Violence	13	13	CONTRACTOR OF CO.
77.LT L.T	179	O 1 1 5 K CONTRACTOR OF THE CO	NUMBER OF INDIVIDUALS		
				1.58	
6.	2	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL			<
	200	FAMILY PLANNING SERVICES	4		
	201		294		:
	202		17		
	203		6.		
	204	Teller up of ignative case	- /		
	205	MEDICAL AND SURGICAL AFTERCARE	75		
	206	The state of the s	.] /2		
	: 207	PAPANICOL AOU SMEARS	276		
	208		266		
	203	SEROLOGY SCREENING	⊣ .		•
	210	VISION SCREENING	315		
	211	AUDITORY SCREENING	_ 315 0	•	
	; , 212	SCREENING CHEST X-RAYS	-{ <u>.</u>		
	1 213	GENERAL HEALTH COUNSELLING	- 7	•	
	210				
		(Specify)	{		
	0	The second secon	-	_	
FI	RĬC	-98-400	-	•	
Full Text	t Provided by ERIC	⁻⁹⁸ -100			
	- 1	200	1		

PART III - HURSING SERVICE

TYPE OF SERVICE	NUMBER
NURSING CLINICS:	. 46
o. NUMBER OF CLINICS	143
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	143
FIELD NURSING:	
o. VISITS TO HOUSEHOLDS	445
E. TOTAL HOUSEHOLDS SERVED	98
C. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	
d. VISITS TO SCHOOLS, DAY CARE CENTERS	· · · · · · · · · · · · · · · · · · ·
. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	266
CONTINUITY OF CARE:	
O. REFERRALS MADE FOR MEDICAL CARE: TOTAL	115
(1) Within Area	
(Total Completed)	115
(2) Out of Area	12
(Total Completed)	?
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	
(Total Completed)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT	none
OF AREA: TOTAL	none
(Total Completed)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED	j
IN PHYSICIANS' OFFICES (Fee-for-Service)	1
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL	12
SERVICES	
OR CLINIC: TOTAL	143
(1) Number presenting health record.	17
(2) Number given health record	34
	· ·
OTHER ACTIVITIES (Specily):	
Training session with VISTA's	·
Training session with teacher corps.	
Talked with hospital administrators	
Numerous conferences with Colorado Migrant Council	
Administrators	
	1
Conference with Mr. Smith - Potato Growers Association	1
Conference with Mr. Smith - Potato Growers Association Conference with Mr. Galleger - Freshpict Corporation Conference with Mr. T. Smith and Mr. Davis - growers Two training sessions with Colorado Migrant Council Head	

REMARKS



1969 MIGRANT HEALTH PROGRAM IN THE ARKANSAS VALLEY

The main objectives of the Migrant Program this year were:

- A. To be able to discover the needs of the people through home visits, school visits and clinic contacts.
- B. To be known and accepted by the people in such a way that they would be receptive and feel free to be expressive concerning their needs.
- C. To help them understand the meaning of preventative care and how they can avoid some of the health problems frequently found in migrant families.
- D. To encourage family planning.
- E. To inform the community of the Migrant Health Program (physicians, hospitals, growers, etc.) and solicit their cooperation in making a more effective program.
- F. To set up evening Family Medical Clinics to provide better health care for migrant families.

This year a written agreement was mede, between Migrant Health Nurse Consultant of the Colorado Department of Health and the nurse responsible for health services of the Colorado Migrant Council, which placed the Migrant Council Nurse in this area under my supervision. We worked together on clinics; then in order to avoid duplicating home visits, we each made our home visits in a different area. The Migrant Council Nurse spent a week with me in order to become orientated to migrants and the migrant program.

I kept in close contact with her in order to give direction and suggestions when problems arose. The arrangement seemed to work very effectively and certainly made it possible to give better coverage to the entire area in health matters.

I felt there was much better cooperation from the local health department (Otero County) this year. It seemed some of the resentment was replaced by concern and interest.

At the beginning of the season, I made a special effort to inform local physicians and hospitals of some of the facts about the Migrant Health Program. There was a notable difference in the attitude of physicians toward caring for migrants. One physician who last year was very heritant about accepting migrant patients was especially cooperative this year. His office nurse frequently called me to request that I follow-up with a home visit to someone seen in his office.



I was able to locate the families through schools and referrals from local health departments, physicians' offices and growers.

When I encountered conditions which did not require immediate medical attention those people were referred to clinic. Conditions requiring immediate care were referred to physician's offices or emergency rooms. People who had been to the area previously and preferred a specific physician were encouraged to return to him.

On one occasion I suggested that a family take their son to the emergency room as he was quite congested and had a temperature elevated of 103°R. The father was not home and it was quite late in the evening. As I suspected, they did not arrive at the emergency room so after talking with Dr. Martin, he made a house call with me to evaluate and treat the child.

We were able to have Family Medical Clinics one night per week in Rocky Ford and Lamar. We publicized for the clinic through local radio stations, newspapers, migrant schools, school contact workers and personal contacts.

The clinic in Rocky Ford was held on Thursday night in Dr. T. E. Martin's office on a fee-for-service basis. There the patients received good care though their wait was usually long if it was a large clinic night. Doctor Martin frequently gave starter doses from his supply of sample medicines which eliminated the long wait at the pharmacy for the migrants.

In Lamar, the clinic was set up in three empty rooms in the basement of the local hospital. The decision for this was made by those doctors who were going to staff the clinic. We stocked the clinic with the minimum necessities and requested suggestions from physicians. We stocked no medications other than immunizations.

The physicians were paid per hour for their coverage of this clinic. Two local general practitioners and a pediatrician supplied the coverage.

A local pharmacist cooperated by opening on an "on call" basis to fill prescriptions for clinic patients at night.

There were times when adult patients who came to clinic received poor treatment. Their examinations consisted of sitting opposite the doctor discussing symptoms with him after which he wrote a prescription and sometimes advised the patient.

Attendance at clinics was good in both areas. People responded by coming when referred, often brought a neighbor or another family member and frequently returned again for a new problem.

Frequently, the clinics would last quite late, then there was the wait for filling of prescriptions. The clinic in Prowers County was held in Lamar which made an 18-25 mile drive for those attending. It does make a long day for those who must rise early and go to the fields the next day.



Many referrals were made to offices or clinic through Title I Migrant Schools and Day-Care Centers. School personnel were usually cooperative in notifying me or the public health nurse if a child needed medical care.

There were some problems with teacher aides at the Day-Care Centers as they have so little experience and training for the responsibility they are expected to assume. In one instance, a child was teken to a physician for diarrhea from the center. Neither I nor the parents were notified, the medicine was left at the Center over the weekend and the parents made another visit to the physician.

Instructions would be given for a child to be placed on certain foods and several days later aides would still be feeding every child the same foods.

It seems this might indicate a need for better initial and more continuous training of these people, perhaps in cooperation with local health departments.

We were able to refer to Colorado General Hospital several patients who either needed extensive hospitalization or the care of a specialist.

"D.C." an eight-year old, came to us in May from Texas. In January of 1969, he sustained burns of the lower right leg - a large ares of these burns were third degree. He was treated from January to May with vaseline dressings in Texas. Upon arrival in Swink, Colorado in May, the parents took "D" to a physician in Rocky Ford. "D" not only had problems because of the burns but had been walking with crutches and had contractures of the right knee. We were able to get "D" into the Crippled Children's Program. He was hospitalized at Children's Hospital for nearly a month for grafting procedures.

It was surely good to see "D" able to walk and run like an eight year old should. I am sure he and his family felt this even more than I.

Mr. G. - age 63- came to our clinic with numerous medical and surgical problems - hypertension, prostate problem, bilateral inguinal hernias and an old injury to the left knee causing it to be stiff. We began by taking him to Colorado General Hospital in order to stabilize some of his medical problems. Later, he had surgery to repair the hernias.

It is a problem still to get people to and from Colorado General Hospital but this year by working with the social worker there we were able to use the bus as means of transportation.

The Welfare Departments in Prowers and Otero Counties were helpful this year. During July work was quite scarce, so frequently people were referred to them for food stamps. In Prowers County, welfare people went to the camp on Sunday to make food stamps available to the people.

In 1968, I sent a referral to Texas concerning Mary Camacho, a four-year old deaf-mute. I was happy to find that a complete workup was done on the child in Galveston (we wrote there for information). The parents seemed discouraged



and wanted something done here this year. However, after discussing this with the physician, we felt it would be better to encourage the parents to keep their next appointment in Galveston in December since the evaluation had already been started there.

I attempted to spend quite a lot of time with families who I felt needed suggestions for better nutrition. Most mothers were quite receptive particularly when good nutrition was directed toward better health for their children and maybe weight loss for them.

With two evening clinics a week this year and the follow-up visits required for those people, I found it difficult to visit as many homes as I wanted. The days would become 12 and 14 hours long and still there were things I did not do. For this reason, I feel it would be extremely beneficial for the migrant nurse to have the assistance of an aide. With proper training and guidance, there are many responsibilities which could be given aides.

On several occasions, I found that mothers were not giving prescription drugs as directed or that they would give one or two doses, then stop. It takes frequent follow-up visits to be certain directions are followed for taking medicines. This is something an aide could do.

Now the migratory farm laborers have gone, leaving us to evaluate and plan for next year. I think we were able to reach more migrants this year through evening clinics and through better relationships with other agencies. I suspect that even the community is beginning to "see" the migrant and his problems.

ARKANSAS VALLEY

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

•					,,			
I. MIGRANTS RECEIV	THE MEDICA	AL SERVI	CES		2. MIGRANTS RECEIVING DERT	AL SURV	ICES	
TOTAL MIGRANT FAMILY HEALTH HOSPITAL EMER	CLINICS, P	4 Y 5 (C) A N	15 OF FICE	ES AT S.	ITEM	TOTAL	UNDER 15	15 AND # 3010
	HINUMBE	R OF PA	TIENTS	NUMBER	. NO. MIGRANTS EXAMINED-TOTAL			
AGE	TOTAL	MALE	FEMALE	OF VISITS	(1) NO. DECAYED, MISSING,			
	AMILY HEAL LINIC! (SICIANS' OF ERVICE ARRA E REFERRAL	FICE,		532 42 172 82 183 43 0 HOW MANY	b. INDIVIDUALS REQUIRING SERVICES-TOTAL (1) CASES COMPLETED (2) CASES PARTIALLY COMPLETED (3) CASES NOT STARTED			
MENT (INCLUDE REFERRALS) 3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment): No. of Patients (exclude newborn) No. of Hospital Days 61				d. PATIENT VISITS - TOTAL				

4. IMMUNIZATIONS PROVIDED

	co	MPLETED IM	IN-	BOOSTERS,			
TYPE	TOTAL	UNDER 1 YEAR	1 . 4	5 - 14	15 AND OLDER	SERIES	REVACCINATIONS
TOTAL ALL TYPES	15	8		2	-	3	
SMALL POX	14 14 0	0 7 7 7 7 0 1	0 5 5 5 5 0 0	0 2 2 2 2 2 0 0	0 - - - 0 0	0 5 5 5 8 0 0	0 4 3 4 - 0 0

CHARKS

CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

		•		
MH	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISIT
	TOTAL ALL CONDITIONS	255	25/	
	TOTAL ACE COMMITTORS		_	
01-	INFECTIVE AND PARASITIC DISEASES TOTAL	1 _	28	10
0.10	TUBERCULOSIS		0	0
011	SYPHILIS	· I		2
012	GONORRHEA AND OTHER VENEREAL DISEASES		1	1
013	INTESTINAL PARASITES	2	2	0
	DIARRHEAL DISEASE (infectious or unknown origins):		J .	,
014	Children under 1 year of age	1	4	4
015	All other		13	2
016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	1	1	0
017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	3	3	0
019	OTHER INFECTIVE DISEASES (Give examples): Lymph Node	2	1	,
	Strep Throat		1	1
. :		}	2	0
		į		
02-	NEOPLASMS: TOTAL		l	4
020	MALIGNANT NEOPLASMS (give examples):			
	Ca of Pancreas	5]	Ļ
025	BENICH NEOAL ACUE			
025	NEOPLASMS of uncertain mature			
1	, co. chang of uncereast nature			
03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	23		1.2_
030	DISEASES OF THYROID GLAND		2	0
031	DIABETES MELLITUS		5	111
032	DIBEASES of Other Endocrine Glands		ó	0
033	NUTRITIONAL DEFICIENCY		0	0
034	OBESITY		4	1
039	OTHER CONDITIONS	0	0	0
04-	DISEASES OF BLOOD AND WLOOD COO.	_	1.	
040	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL IRON DEFICIENCY ANEMIA	5	<u>4</u> 4	
049	OTHER CONDITIONS		0	
05-	MENTAL DISORDERS: TOTAL			
05-			6	J4
050	PSYCHOSES		0	0
051	NEUROSES and Personality Disorders	5 0	3	2
053	ALCOHOLISM		. 2	0
059	OTHER CONDITIONS	1	0	0
06+	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL		42	1.9
060	PERIPHERAL NEURITIS		1	1
06.1	EPILEPSY		0	0
. 062	CONJUNCTIVITIS and other Eye Infections		8	0
063	REPRACTIVE ERRORS of Vision		1	0
064	OTITIS MEDIA	1 1	28	18
DIC	OTHER CONDITIONS		4	0
KIC	-10 5-	·		
	107	Ţ		1

GREET HUMBER

				_		
7>	8 D.	r II	- 5.	16-6,	dinucd)

ICD	MH	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISTS
CLASS	CODE		11	.7	4
	07.	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL		0	ō
711.	070		0	0	0
	071	The same and Desenciative Heart Discase	0	· 0	0
	072	CEREBROVASCULAR DISEAGE (Snoke)	0	0	0
	073	OTHER DISEASES of the Heart	2	2	0
	074	HYPERTENSION	5 ·	3	2
	075	VARICOSE VEINS	4	2	2
	079	OTHER CONDITIONS	,		
-		DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	72	63	3
.111.	08.	CONTENACONIADYNGITIS (Common Cold)	7	6	
	080	ACUTE PHARVNGITIS	3	19	
	081	TOUGH ATTIC	1 20 1 1 5	111	à
	082	BRONCHITIS	0	0	0
	093	TRACHELTES/LARYNGITIS	13	13	1 0
	085	INCLUENZA	5	4	1
	080	Overting with	$\frac{1}{4}$	3	1
	087	ACTURA MAY FEVEN	1 5	4	1
,	088	- Disease (Emphysema)] -	1	
	089	OTHER CONDITIONS			
÷		DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	10		1-1/-
IX.	09-	CARIES and Other Dental Problems	0	0	Ç
	090	PEPTIC ULCER	_ 0		0
	091	APPENDICITIS	0) 0	,
	092	HERNIA	3	1 2	
	093	CHOL FOYSTIC DISEASE	~		
	0.9 4		6	6	0
-	095		7	7	
х.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	5	5	0
۸.	100	TO ACT INSECTION (Pyclonephilits, Cycles)	_1 _	0	Ø
	101		0	0	9
	, 02		0	0	0
	103		_ 0	0	0
	100		2	2	0
	,08		<u> </u>	0	Ø
	109				
		COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM:	2	3	0
ΧΙ.	11.				0
	11	of Genitaurinary Tract during Pregnancy	- 1	'	0
		C Dunchas C		Ò	0
	,,	A CONTION	- 00	Ō	0
	1.5	The DELIVERY	1 .	1	0
	11	and the Prespective		0	P
	11		1 01		6
		DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	24	. 18	D
ΧП.	1:				10
	1	TO THE PYODERMA		3	0
	!:	TO THE TITLE		0	ō
	ł	OF OF ONE THE OF NEURODERINATION	··· `` ` ` .		2
a	. I .		'	2	~
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Full Text Provided	by ERIC	· · · · · · · · · · · · · · · · · · ·			
		108	المحمدة بيدأ بيرين	سند و ماز:.	

.	. , , -		aazaa noo		
	. 5. (Co	ntimed)		· ·	<u> </u>
> 55	CODE	DIAGNOSIS OR CONDITION	VISITS	FIRST VISITS	REVISITS
	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND	12	7	5
		RHEUMATOID ARTHRITIS	0	0	0
	130	OSTEGARTHRITIS	0	0	0
	131	ARTHRITIS, Unspecified	12	7	5
	132	OTHER CONDITIONS	. 0	0	0
	139	OTHER COMMITTORS		}	
	j	CONGENITAL ANOMALIES TOTAL	7	<u> </u>	3
	14-	CONGENITAL ANOMALIES of Circulatory System	5	2	3
	140	OTHER CONDITIONS	. 2	2	0
	149	OTHER CONDITIONS			
	15-	MORTALITY TOTAL	0	00	0
		BIRTH INJURY			
	150	HAMATURITY			
	151	OTHER CONDITIONS		1	·
	159	OTHER CORDITIONS		}	
	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	12		<u> </u>
	160	SYMPTOMS OF SENILITY	0	0	. 0
	161	84CKACHE	. 0	0	0
	-	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	2	2	0
	162	HEADACHE	2	2	0
	163	OTHER CONDITIONS	8	7	
	1		55	35	20
	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL			
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	22	17	5
	171	BURNS	11	2	9
	172	FRACTURES	3	11	
	17-3	SPRAINS, STRAINS, DISLOCATIONS	12	0	, ,
	17,4	DOLGOU W.CESTION) 0 1	_	1 0
*04	179	OTHER CONDITIONS due to Accidents Poisoning or Violence		ER OF INDI	
•	1 .2	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL		161	
			11		
	200	FAMILY PLANNING SERVICES	2		
	201	WELL CHILD CARE	18		
	202	PRENATAL CARE	6		
	203	POSTPARTUM CARE	2		
	204	TUBERCULOSIS: Follow-up of inactive case	3		
	205	MEDICAL AND SURGICAL AFTERCARE	7 72		
	. 200	GENERAL PHYSICAL EXAMINATION	18		
	207	PAP ANICOL AOU SMEARS	-1 <u> </u>		
	208		1 7		
	500	SEROLOGY SCREENING	┥ 、		
	210	VISION SCREENING			
	1	AUDITORY SCREENING		-	
	211		, –		
	211	SCREENING CHEST X-RAYS			
	i	GENERAL HEALTH COUNSELLING			
	212	OTHER SERVICES Removal of Crumon from ear	2		
	213	OTHER SERVICES REMOVAL OF CTUMEN From ear	2		
	213	GENERAL HEALTH COUNSELLING OTHER SERVICES Removal of Crumon from ear (Specify)	2		
	213	OTHER SERVICES REMOVAL OF CTUMEN From ear (Specify)	2		
Ell	213	GENERAL HEALTH COUNSELLING OTHER SERVICES Removal of Crumon from ear (Specify)	2		

GREATER TAIL

PART III -	NURSING SERVICE					
TYPE OF SERVICE						
NURSING CLINICS:			0			
			0			
B. NUMBER OF INDIVIDUALS SERVED	TOTAL					
FIELD NURSING:			36 ¹ 4			
			104			
			0			
	10116 EUOL DS		115			
	C 11 T C D C		183			
e. TOTAL INDIVIOUALS SERVED IN S	SCHOOLS AND DAY CARE CENTERS					
CONTINUITY OF CARE.	• .	,	287			
	CARE: TOTAL		282			
en with the Amen			276			
			F.			
(A) (A) (A) (A)	and the second s		3			
			1 ^			
	CARE TOTAL		<u></u>			
b. REFERRALS MADE FOR DENTAL	CARE FROM OUT	<u>·</u>)				
(Total Completed	DICALOR DENTAL CARE FROM OUT	***	,			
	TOTAL					
OF AREA:	10146		1			
(Total Completed		··················)				
4	ANTS not originally referred by project,	WHO WERE TREATED	16.			
DUNCHAME DEFICES (Fee-	For-Service)		-			
	LEROR DE AMERICA AND POST-HUSPILA	\ L	8			
			ر ر			
SERVICES	MEALTH RECORD FORM PASSOUR OF ST	Miller Comme	185			
	10165		65			
OR CLINIC	cord.		94			
(1) Number presenting health fee			_ ³⁴			
(3) Number given health record.						
OTHER ACTIVITIES (Specify):						
Adul ł grou p work - c	lasses, films, etc.					
Food demonstrations		*				
Cla sses In school.						
0100062 111 0010011						
		···				

REMARKS



1969 MIGRANT HEALTH PROGRAM - TRI-COUNTY HEALTH DEPARTMENT

The 1969 Migrant Health Program at the Tri-County District Health Department in Brighton formally began July 1, 1969. However, migrant farm workers were coming into the clinics and being referred to private medical doctors and Colorado General Hospital beginning April 1, 1969. The migrant Public Health Nurse, Mrs. Linda Peters, began working with the program June 19, 1969, and continued with the program for the season. Staffing for the migrant clinics varied with the need.

Objectives:

The long-range and immediate objectives of the program are as follows:

- A. To interpret to the community the public health nursing program as it relates to the migrant worker.
- B. To seek a common framework of communications within the health team and between related disciplines as a means of coordinating nursing services with other services in providing patient and family care.
- C. To establish rapport with the migrant and those who are associated with him. such as growers, crew bosses, etc.
- D. To identify and meet the migrants' needs by:
 - 1. Helping him to identify his own individual needs in a family health clinic setting.
 - 2. Helping him recognize and seek help in establishing a healthful environment.
 - 3. Helping him to plan for and seek proper care for health problems.
 - 4. Providing health education on a formal or informal basis.
 - 5. Recognizing cultural factors that influence his actions and decisions.

Long-Range Objectives:

- A. To provide health services and care for the migrant and his family while residing in this community.
- B. To encourage community awareness and involvement in providing health care for the migrant and his family.
- C. To coordinate, communicate and cooperate with other community and county agencies in providing health services for the migrant and his family.
- D. To utilize all channels of community communication to create an awareness of availability of health services.

The evening clinic staff consisted of two physicians, one supervisor, three public health nurses, one R.N. clinic nurse, one clerk-typist, two home health



aides, a dental hygienist and several volunteers. All of the employees were paid by Tri-County District Health Department with the exception of the physicians, the dental hygienist, one public health nurse from Weld County and one of the home health aides. These individuals were paid by the State Health Department. In addition to our regular evening staff, the Tri-County District Health Department Pap Smear bus sponsored by the Cancer Project held a clinic one evening a week in our parking lot or directly in the clinic if space was available.

Funding for all medical services rendered was through the State Migrant Program. These services included physicians fees, dental fees, medications, laboratory and other diagnostic procedure, clinic and private medical doctor referrals, etc. The state program provided 55 percent coverage for hospitalization outside a 100-mile radius of Colorado General Hospital or on an emergency basis. We did not take advantage of this program due to our location, 20 miles north of Colorado General Hospital and the uncooperativeness of Brighton Community Hospital.

Adams County and Weld County worked quite closely this migrant season. We had evening clinics Tuesday and Thursday evening in which the migrant nurse from Fort Lupton worked with the public health nurse from Brighton. On Wednesday evenings, Fort Lupton held a clinic in which the migrants could receive medical attention or continuity of care from Tuesday, if the need arose. Both public health nurses made home visits in Adams and Weld Counties, as the needs warranted. The county line was eliminated for all intensive purposes. Tri-County District Health Department also worked very closely with the Migrant Ministerial Council sponsored by the Colorado Council of Churches. Rev. Keith Merriman, Pastor of the First Methodist Church in Brighton, did the initial planning. Two college students did much of the field work and recruitment this past season. They also provided transportation in both Adams and Weld Counties.

Good working relationships were also developed with the Colorado Migrant Council, the Migrants in Action, and the Catholic Sisters in Fort Lupton. The Colorado Migrant Council provided our clinic with various medications and multivitamins. The field nurse for the Colorado Migrant Council volunteered for the evening clinics as a translator. The Migrants in Action provided transportation to clinics and to Colorado General Hospital. The Sisters also provided transportation, in addition to teaching adult classes and helping families with food, clothing, etc. The Tri-County District Health Department Ecologist evaluated many of the migrant homes according to the evaluation form found at the back of this report. The results of his findings are also included.

Nursing services were provided much the same as services to any Children and Youth or Maternal and Infant family seen at the Tri-County District Health Department. Evening clinics were held two evenings weekly. During these evening clinics patients were provided with dental as well as medical services. The patients living in Adams County were given C & Y cards and payment was from this source rather than the Migrant Health Program. The Weld County



patients were covered under the Migrant Health Pregram. Home visits were on an ad lib basis as the need arose and time was available in both the Brighton and Henderson areas and occasionally in the Fort Lupton area.

Standing orders were minimal because an ill patient could be seen directly by the physician rather than requiring the nurse to provide the medical services in the home. We did use medicated shampoo for treatment of headlice, providing the family with a large enough supply to treat the whole family and instrucin Spanish. We also routinely treated infant diarrhea with rice water and Kaopectate per order of the physician until the infant could be seen in the physician's office. Multi-vitamins were given to all migrant families as dietary supplements. The migrant clinics began July 2, 1969, and continued through September 30, 1969. The clinics were held every Tuesday and Thursday evening from 6 to 9 p.m. The clinics attempted to provide comprehensive care for both children and adults. The clinics were informal, appointments were not made, and patients were seen on a first come, first served basis. Patients requiring clinical workups, hospitalization, or emergency care, were referred to Colorado General Hospital. Brighton Community Hospital and the State Health Department were utilized for x-rays and laboratory services. dental hygienist was available in the clinic on Tuesday evening. She provided dental screening, instructions or oral hygiene, and made referrals to area dentists for all patients requiring further care. A total of 32 migrants received this service and 26 referrals were made to dentists. There were no other specialized services provided the migrant. Nutrition records were kept on a minimal basis, largely due to lack of personnel and time during the clinic.

A total of 371 migrants were seen in the Family Health Clinics during the months of June through August, from Adams and Weld Counties. Forty-eight of these families were followed intensively by the migrant nurse. Many of the other patients were followed closely by the migrant nurse from Fort Lupton (Weld County). The migrant nurse also spent 15 four-hour days in the migrant school held at Southeast Elementary in Brighton. During this period, 125 of the 142 students enrolled had vision screenings and throat cultures taken. The eye problems were reported to the principal of the school and referred, if possible. The positive throat cultures were treated at Tri-County. Dental screening and oral hygiene instruction was provided by the dental hygienist from the State Health Department assigned to the Migrant Health Program. Nutritional counselling and personal hygiene counselling was done on a limited basis in the schools. Much of this was deferred until the migrant nurse could get into the child's home and involve the entire family.

Health education was carried out on an individual or family basis for the most part. This teaching was done in the home or during the post interview following a clinic visit. This interview was handled by a University of Colorado instructor who volunteered her time. During this interview the medical diagnosis was explained to the patient, along with the plan of treatment, any medications they needed to take, and the prevention for the future. The patient usually felt free at this time to ask many of the questions he would not ask a physician. A formal educational program was not carried out at the clinic due to limited space and lack of a Spanish-Speaking instructor.



Local referrals were made on the standard pink migrant referral form provided by the State Health Department. Referrals to Colorado General Hospital were made for pediatric and adult patients. Patients were scheduled into the various clinics fairly rapidly. Short forms were filled out by the patient prior to going to the hospital in order to speed the initial visit and obtain a clinic card. Following a clinic visit the referral was answered and returned to the Brighton office. The only problem was frustration resulting from this procedure when the migrant repeatedly failed to keep appointments. Referrals were made to private medical doctors in Brighton when a migrant came into the office and a physician was not available. Cooperation was very good from these physicians and the referrals were answered promptly.

No out-of-state referrals were made this past season, however, we did request hospital records from Texas on two occasions. We had complete and prompt response in both instances.

Staff orientation was done very informally on the job as the migrant nurse was hired during the start of the peak season. Several meetings were held with the State Health Department but most of the migrant staff had not been hired at this time. The evening supervisor and doctors had all had previous experience in working with migrants. Both home health aides were Spanish-American - one having been a migrant the past season. The handbook, Nurse-Patient Communication, a manual for Public Health Nurses by Lyle Saunders, June, 1964, was used extensively. The migrant nurse made approximately 90 home visits to 48 households. Approximately 375 persons were followed in these homes, however, these statistics are not totally accurate. Tri-County District Health Department had two home health aides working with the migrants this season who did little or no charting. These two girls made innumerable visits daily, thus a more accurate estimate of home visits cannot be truly stated.

The reported number of referrals on Form PHN 4202-7 includes the month of August. In addition to this, Form SH-DH-M-48 states the number of referrals made from June 1 to July 31, 1969. All of these statistics stated in both reports are not accurate. Account was not kept until June 1969, and many referrals were made beginning April 1969, when the migrants first began coming into the clinic. In addition to this, many times a migrant would come into the office when a physician was not available. This person would be referred to Colorado General Hespital or a private medical doctor and if the patient had no record with the clinic, the referrals were not counted.

Tri-County District Health Department received no referrals from out of the area with the exception of one tuberculosis follow-up from Texas. This patient was never located in either the Adams or Weld County areas.

On two occasions migrants went directly to a private medical doctor and the physician notified Tri-County and requested follow-up care.

The migrants were very consistant about carrying their health records with them and the majority of these migrants had these health records up-to-date. Many of the migrants asked for new records if they had lost them.



The community was well aware of the services available at Tri-County District Health Department for the migrant diseases. The patients came into the C & Y clinics during the daytime hours and the migrant children under 18 years of age were seen and treated. Adults, as well as children, were seen and treated in evening migrant clinics. Very little recruitment was necessary this season. Word of Tri-County services spread among the workers very rapidly. The majority of the migrants lived in the Brighton-Henderson area, however, migrants from Fort Lupton, Keenesburg, Platteville, and other Weld County areas were seen in our clinics. The migrant nurse from Weld County and Tri-County's migrant nurse met weekly to exchange information about mutual patients, make referrals, etc.

The two home health aides working with the migrants were a tremendous asset. They aided the staff in translating and interpreting a great deal. They also performed such functions as confirming clinical appointments, arranging and providing transportation, taking throat cultures on entire families, collecting specimens, and many other time consuming, non-nursing functions. This allowed the migrant nurse more free time to work more intensively with the migrant families having the greatest need.

Tri-County District Health Department had fairly good cooperation from various community groups as previously stated in this report. Several of the community physicians and dentists were very cooperative about seeing migrants when we had no physician and the patient had no way to Colorado General Hospital. However, Brighton Community Hospital wanted nothing to do with the migrant for any reason. A request for an emergency x-ray had to be cosigned by a physician on the hospital staff - the signature of our physician was not sufficient.

The migrant school initially agreed to sign a contract with Tri-County District Health Department to have the migrant nurse spend four hours daily in the school for health supervision, teaching, screenings, etc. However, after three weeks working with the school, the nurse was asked to withdraw because of a misunderstanding between Tri-County and the school system.

An area of need is to increase the consultations with nutritionists and home economists. The migrant is the type of person who could really benefit from this kind of advice. Their limited income, large families, and many debts, make them prime candidates for counselling.

In general, the statistics included in the statistical report are inaccurate. Many times the primary diagnosis was the only diagnosis picked up by the statistical clerk when the patient had several ailments of equal intensity or seriousness. Each of these should have been recorded for a more accurate report.

Recommendations For the 1970 Migrant Season:

A. Continue the Home Health Aid Program. These Spanish-speaking girls are essential for the Migrant Program.



-11315

- B. More comprehensive health education by specialized individuals such as nutritionists, home economists, etc. The ideal time for a program of this nature would be during the evening migrant clinics.
- C. Establish a workable school health program for the migrant school. School is the ideal setting for picking up a multitude of problems and then following through with them in clinics and the home situation. To initiate this, Tri-County District Health Department and the school district will need to settle on a workable plan.
- D. Maintain the working relationships between the Weld County and the Adams County Migrant Programs.
- E. Maintain current community support and attempt to increase the support and the resources available to the migrant. Seek additional community volunteers to assist with transportation, translation, clinics, etc.

ADAMS COUNTY

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

							~	
I. MIGRANT'S RECE!	VING MEDIC	AL SERVIC	CES		2. MIGRANTS RECLIVERS DERT	AU SERVI	Cr.S	
TOTAL MIGRAN' FAMILY HEALTH HOSPITAL EMET	CLINICS, P	MYSICIAN	S OFFICE	ES AT S.	ITEM	TOTAL	UHOER 15	15 AND OLDER
June 1	- August	$\frac{31}{1}$	969		TOTAL TOTAL			
A =	Numbi	ER OF PA	111 1115	NUMBER	S. NO. MIGRANTS LEAMINE, D-TOTAL			
AGE :	TOTAL	MANE	FEMALE	OF VISITS	(1) NO. DECAYED, HISSING, FILLED TLETH.		}	
10765	383	169	21.4	746	(2) AVERAGE DIME PER PERSON			
UNDERTYEAR	40	22	1.8	96				
1 · 4 YEARS	81	42	39	168				
14 YEARS	92	39	53	137	L. INDIVIDUALS REQUIRING SERVICES - TOTAL			
11 44 VEARS	134	52	102	294	II) CASES COMPLETED			
45 . 64 YEARS	19	9	10	29	(2) CASES PARTIALLY		1	
ES AND OLDER	2(15)				COMPLETED		I	
b. OF TOTAL MIGRAN			_ SERVICES	, HOW MANY	(3) CASES NOT STARTED			
(1) SCRVED IN F SERVICE (AMILY HEAL	,TH 	34	7	c. SERVICES PROVIDED - TOTAL_	ļ		
(2) SERVED IN FIR ON FEE-FOR-L MENT INCLUI	YSICIANS OF	ANGE-		24	(1) PREVENTIVE	1		
3. MIGRART PATIENTS HOSPITALIZED (Requirdless of grean generits (or payment): No. of Patients (exclude newborn). 4					d. PATIENT VISITS - TOTAL	-		

4. IMMUNIZATIONS PROVIDED

No. of Hospital Days

The state of the s							
	cc	MPLETED IM	MUNIZATIO	IS, BY AGE		-111	BOOSTERS.
TYPE	TOTAL	UNDER I YEAR	1 - 4	5 - 14	15 AND OLDER	SERIES	REVACCINATIONS
TOTAL- ALL TYPES	20	3	2	0	6	5	44
SMALL POX	- 7 - 5 - 1	- 1 - 1 - 0 1	- 2 - 0 - 0 0	- 0 - 0 - 0 - 0	- 0 - 0 - 0 6	3 - 1 - 1 0	- 1 - 3 - 0 0
				1			

HI. MALOR S

(C ++-	ntinu	CLINICS. HOSPITAL OUTPATIENT DEPARTMENTS AND PHYSICIANS	1.11.511.1 1:013		
	AH AH	OFFICES. DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISHT S	REVISIT
CO	DDE		679	516	163
		TOTAL ALL CONDITIONS			
		INFECTIVE AND PARASITIC DISEASES TOTAL	137	11.8	_
i	11-	TUBERCULOSIS		0	
1 -	010	SYPHILIS	0	0	
	211	GONORRHEA AND OTHER VENEREAL DISEASES	٠, ١	1 1 2	1
ì	012	INTESTINAL PARASITES	13	1.2	j -
1 0	013	DIARRHEAL DISEASE (infectious of unknown origins):	}	1	i .
		Children under Lyear of age	_ 16	12	
1	014	All other	-1 18	13	
- }	015	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	10	9	
- 1	016	FUNGUS REFECTIONS OF SKIN (Dermatophytoses)	_ 4	3.	
- 1	017	OTHER INFECTIVE DISEASES (Give examples):	1	1	
'	019	Strep Infection	64	58	
		Strep Contact	3	3	
.		Lice		3	
			5	4	
		Herpes Simplex	1	1	
		NEOPLASMS: TOTAL	4	4_	
	02-	MALIGNANT NEOPLASMS (give examples)	ł		
	020	GI Malignancy	_ 1	1	
-				ļ	İ
				1	
-		BENIGH NEOPLASMS		1	
	025	MEOPLASMS of uncertain nature	21	2	
	029.	NEOPLASMS of uncertain nature			j .
		ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	22	18	
	03-	DISEASES OF THYROID GLAND	3	2	1.
.	030	DISEASES OF THYROTO GERNO	7	5	1
	031	DISEASES of Other Endocrine Glands		0	
	035	NUTRITIONAL DEFICIENCY	2	2	l l
	033	OBESITY	5	5	1
	034	OBESITY	5	. 4	İ
ŀ	039	OTHER CONDITIONS			
ļ		TOTAL	1	11	
1	04.	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	16	10	
	040		1	1	
	049	OTHER CONDITIONS			
	İ	MENTAL DISORDERS: TOTAL		5	
	0.5-	PSYCHOSES	2	1	
	0.50	1 Nicolan	0	. 0	
	051	NEUROSES and Personality Disorders.	0	0	
	052	ALCOHOLISM	1.	1	to yet a
	053	Psychophysiologic bisoiders	4] 3	}
	059	OTHER CONDITIONS		-	
		TOTAL	93	57	
	06	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	0	C)
,	060	PERIPHERAL NEURITIS	0	. .)
	06	EPILEPSY	13	12	2
	063	CONJUNCTIVITIS and other Eye Infection	10	. 8	3
0	ا من	REPRACTIVE ERRORS of Vision		31	L
DΙ	Colle	OTITIS MEDIA			6
II ZI	\mathcal{L}_{ord}	OTHER CONDITIONS	{ ·~~~	1	-

			GRART III	mant R	
PART II	- 5. (Co	ontinued)	TOTAL	FIRST	REVISITS
CLASS	CODE	DIAGNOSIS OR CONDITION	VISITS	VISITS 14	1
; VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	16	0	0
	070 071 072	ARTERIOSCLEROTIC and Degenerative Heart Disease	1 -	0 0 1	0
	073	OTHER DISEASES of the Heart	9	8 0	0
	075	OTHER CONDITIONS Heart Murmur, etc.	6	5	0
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	202 12	1 42 12	55 0 2
	080 081 082	ACUTE PHARYNGITIS	9 15 8	9 7	5 1
	083	BRONCHITIS TRACHEITIS/LARYNGITIS INFLUENZA	1 0 15	1 0 5) 3 2 q
	085 086 087	PNEUMONIA	3 2	3 0	0 2
	088 089	OTHER CONDITIONS URT, Rhinitis, etc.	137	98	36
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL CARLES and Other Dental Problems	1/	11 1	0
	091	PEPTIC ULCER APPENDICITIS HERNIA	5	4	1
	093 094 099	OTHER CONDITIONS Mouth infection, etc.	11	5 5	1 0
х.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL			9 0
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)		2	2 0
	103	MENOPAUSAL SYMPTOMS		4	4 0 7 1
	10	OTHER CONDITIONS GUERACL INTEGRAL STATES		1	1 0
. XI.	11	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL INFECTIONS of Genitouringry Tract during Pregnancy		0	$\begin{array}{c c} 7 & 0 \\ \hline 0 & 0 \\ 0 & 0 \end{array}$
•	11	1 TOXEMIAS of Pregnancy		0 1	0 0
	11	REFERRED FOR DELIVERY		0 2	0 0 0
XII.		Diagnosis of pregnancy		ii	49 9
ΛΠ. 	1	SOFT TISSUE ABSCESS OR CELLULITIS		25 2 9	1 1 9 0
•		SEBORRHEIC OLRMATITIS		2 9	2 0 1
ERU Full Text Provide		OTHER CONDITIONS -117119			
		المنعابة بوليون الروايين	سينوه دو د بيت بيت		ه د د د د موجود میرسید و برد د بد موجود میرود.

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PART II	- 5. (Co	ntinued)	·		
ICD CLASS	CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
		!			
XIII.	13-	CONNECTIVE TISSUE: TOTAL	15	11	4
	130	RHEUMATOID ARTHRITIS	0	0	1 0
	131	OSTEO ARTHRITIS	0	0	0
	132	ARTHRITIS, Unspecified	0	0	0
	139	OTHER CONDITIONS Muscle strain, etc.	15	11	4
	!		_	_	
٧.	14-	CONGENITAL ANOMALIES TOTAL	11	<u> </u>	.!0
	140	CONGENITAL ANOMALIES of Circulatory System	0	0	, 0
	149	OTHER CONDITIONS	. 1	1	0
		CERTAIN CAUSES OF PERINATAL MOREIDITY AND		·	
XV.	15-	MORTALITY TOTAL	0	0	0
		YRULKI HTRIB	0	0	0
	150) o	0	0
	151	OTHER CONDITIONS	0	0	0
			1.6	,,	,
χVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	16	11	4 0
	160	SYMPTOMS OF SENILITY.	$\frac{1}{2}$	1 1	2
	161	BACKACHE	3	1	
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	0	0	0
	163	HEADACHE	2	2	0
	169.	OTHER CONDITIONS	10	8	2
· .			18	16	2
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	ρ	8	1
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	1 6	0	0
	27.1	BURNS	8	7	1
	172	SPRAINS, STRAINS, DISLOCATIONS	1 0	0	. 0
	173	POISON INGESTION] 0	0	. 0
	174	OTHER CONDITIONS due to Accidents. Poisoning or Violence			
AND DESCRIPTION OF THE PERSON	Mary Park		NUMB	ER OF INDI	VIOLIALS
6.	2	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	338		
			1 22		
	200	FAMILY PLANNING SERVICES	22 28		•
	201	WELL CHILD CARE	18		
	202	PRENATAL CARE	8		
	203	POSTPARTUM CARE	1 0		
	204	TUBERCULOSIS: Follow-up of inactive case	1 0	•	
	205	MEDICAL AND SURGICAL AFTERCARE	7 22		•
	206	GENERAL PHYSICAL EXAMINATION	23		
	207	PAPANICOL AOU SMEARS	0		
	208.	TUBERCULIN TESTING	o		
	209	SEROLOGY SCREENING	7 2		
	210	VISION SCREENING	4 .		7
	211	AUDITORY SCREENING		•	
	212	SCREENING CHEST X-RAYS	1 13		•
	213	GENERAL HEALTH COUNSELLING	· 1.		•
•	213	(Specify) Strep culture (August 1-31)	107		. :
	1	Stool culture (August 1-31)	21		
0	1	Nutritional counseling (June 1-Aug.31)	25	197	total oth
FRĬ	\mathbb{C}	Nuclicional counseling (dune i-Aug. 31)	20		services
Full Text Provided by	ERIC	Ecological Evaluation (June 1-Aug. 31)	24		-
		Social Services (June 1-12031)			

PART III - NURSING SERVICE	
TYPE OF SERVICE	NUMBER
· · · · · · · · · · · · · · · · · · ·	
PURSING CLINICS:	None
a NUMBER OF CLINICS	0
b. NUMBER OF CLINICS	
IELO NURSING:	90
A VISITS TO HOUSEHOLDS	24
	375
	15
THE PART OF THE PA	142
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	
ONTINUITY OF CARE:	78
TOTAL	78
VIA Within Area	—
(Total Completed)	0
The state of the s	0
WEEDDALS MADE FOR DENTAL CARE: TOTAL	
transfer of the state of the st	
	0
TOTAL	
(Total Completed)	0
(Total Completes	n
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATE	2
WALLES OF FICES (Fee-for-Service)	
THE ORE DISCHARGE PLANNING AND POST-HOSPITAL	0
SERVICES INT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD	400
101AL	
(1) Number presenting health record.	
(1) Number presenting it afforms to the second 150	
(2) Number geren derrin 12.	·
OTHER ACTIVITIES (Specily):	
O IREA NO	
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·	
	4.
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1969 MIGRANT HEALTH PROGRAM - BOULDER COUNTY

This report is being prepared in an effort to evaluate the Migrant Health Program in Boulder County. The report is limited to those aspects of the program which involve the Public Health Nursing Division of the Boulder City-County Health Department.

The overall objectives of the program are as follows:

- A. To acquaint the migrant family with the local health department and community health, education, welfare and social services available.
- B. To provide professional nursing services to the migrant or seasonal workers in an effort to maintain and promote optimal health.
- C. To provide home counseling and teaching in health habits and family care.
- D. To provide family planning services.
- E. To provide immunizations and other well-child services for pre-school members of the migrant family.

During the preceeding months of this year approximately 35 migrant families have resided in Boulder County. Of this number, 22 families received service through the local program. The summary of services given are as follows:

Nursing visits to migrant patients - 130

New contacts	54
Follow-up visits	76
Types of visits include:	
Ante partum	9
Post partum	6.
Planned parenthood follow-up	3
General health	83
Short-term illness	1
Orthopedic	10
Vision	5
Other long-term illness	1
Hearing	5
Mental Health	2
Mental retardation	5
Conferences pertaining to migrant	
families	41
Child Health Conference contacts	52
Mental Health Mental retardation Conferences pertaining to migrant families	5 2 5 41

Three staff nurses - Janice Jacoby, Eileen Lemmon and Mary Muma, provide these services on a part-time basis as a collateral duty.



The public health nurse typically serves the seasonal worker and his family in their home, as well as in the various clinic services such as the Child Health Nursing and Medical Conferences, the Handicapped Children's Clinics and the Planned Parenthood Clinic. She frequently acts as a middleman between migrant families and the various health, education and social resources in the community. Families needing out-patient care are referred to local physicians, and persons needing in-patient care are generally referred to Colorado General Hospital.

During the month of June 1969 the rains prevented many seasonal workers from gainful employment and these families were referred to the Department of Welfare, where food stamps and other social services were provided.

One cannot discuss the Migrant Health Program without mentioning Emily Chavez and Georgia Najera, who are field workers for the Boulder County Planned Parenthood Association. These ladies have a first-hand understanding of the many social and health problems of the migrant family. They are of the responsible for making the family known to the agency. Mrs. Chavez and Mrs. Najera frequently provide transportation to and from clinic services and are available to act as interpreters. Their concern for the migrant family and their willingness to work closely with the nurses provides invaluable assistance to the overall management of the Migrant Health Program.

In the initial evaluation of this program, several problem areas have been encountered.

- A. The nurses have been well received and nearly always the families express interest in the clinic services offered. However, a small fraction of these families fail to keep their appointments and some leave the area before a specific health need has been resolved.
- B. The nurses have occasionally met attitudes of suspecion by the migrant family and she has frequently been subjected to overt hostility and suspicion by supervisors or employers of the seasonal worker.
- C. Another problem is the inability to finance hospital care in the immediate area. Women going to Colorado General Hospital for prenatal care have been required to spend so much time in the admission office that they often miss their clinic appointments and must return at a later date for care.
- D. The migratory nature of these families make follow-up very difficult. Communication between our agency and those agencies of neighboring states seems to have improved, but there is still some difficulty in referring families for health care or follow-up.
- E. It appears that 30 percent of the migrant families living in Boulder County have not received any of the services available through our agency. It seems probable that these families also have had health problems. Hopefully, some of these problems can be resolved. Presently, the



Planned Parenthood Association of Boulder County is planning an extension of their services and this extension will include a prenatal clinic.

It seems apparent that we need to improve relations with the supervisors and employers of the seasonal worker. This could perhaps be accomplished by the participation of public health nursing in selected community activities and discussion groups.

The services provided by the Planned Parenthood field workers have proven to be so effective, it seems we must consider the use of agency field workers or volunteer workers to assist the public health nurses with case-finding, interpretation, transportation and general family support.



1969 MIGRANT HEALTH PROGRAM - DELTA COUNTY

The following is a summary of the 1969 Migrant Season:

Nursing Services

- A. Two Public Health Nurses served on a voluntary basis. There was one Migrant Nurse (hired by the Colorado Migrant Council') who started work July 5, 1969 and left work August 30, 1969.
- B. Two full-time VISTA workers in our area plus 6 summer VISTA workers under sponsorship of the Colorado Migrant Council. These two full-time VISTAs were of great help to us.

2. Services Provided to Migrants

A. Services provided to the Migrants were through referrals from the Public Health Office, Migrant Nurse and field supervisor of the Holly Sugar Company. Our local doctors and dentists provided these services either in their private offices or local hospital. We did have one evening health clinic at the Holly Sugar Camp where PAP, dental checks, serology were drawn and D.T. immunizations were offered. During the course of the evening a home economics consultant with the State Health Department explained to Migrants food value and also gave a food demonstration.

3. 1969 Program

A. This year's program was more satisfactory because of interested VISTA workers. We had Navajo and Spanish-American aids and teachers in our Migrant School, Day Care Center and Nursery. These people understood the language and customs of their respective groups.

4. Migrant Nurse

A. We are hopeful that next year we will have a full-time Migrant Nurse on duty as soon as the Migrants arrive in the area.

5. Sanitation

A. There has been no change from last year. Plumbing: Restrooms - stools - not sectioned off. Men/women have own side. Showers - men/women one division or room for each sex. Showers in one room with center drain. Not individually divided. Small wash basin and hand laundry facilities in one room. There is outside hydrant for unit use.

6. Problems

- A. Crowded housing conditions.
- B. Need health records of incoming Migrants.
- C. Language barrier.



D. Working hours: The Migrant out in the fields by 6:00 or 7:00 AM and works until 6;00 to 7:00 PM. Hard to find them for follow-up or information.

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GRAILE PRODUCTS	
DATE SUBMITTED	 -

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

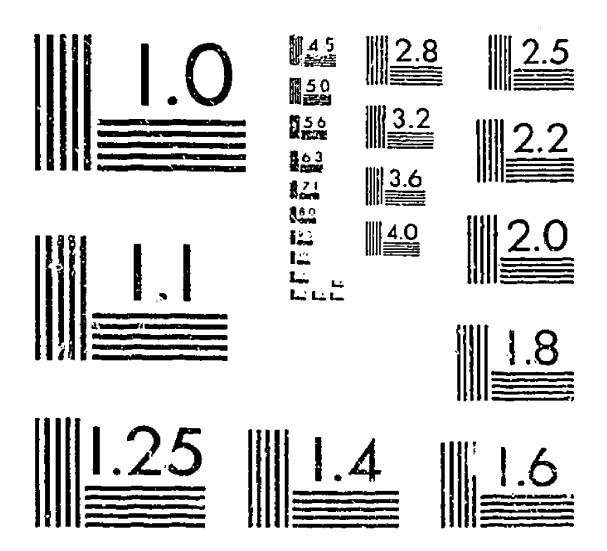
MIGRANTS RECEI	VING MEDICA	L SERVI	CES		Z. MIGRANTS RECEIVING DENT	AL SERVI	ICES	
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	HUMBI	ER OF PA	TIENTS	HUMBER	O. NO. MIGRANTS EXAMINED-TOTAL		.	
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OTAL.	100	55	45	143	(2) AVERAGE DIME PER PERSON			
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No. of Patients (om)	56_		-			

. IMMUNIZATIONS PROVIDED

	cc	MPLETED IM	IN-	BOCSTERS.			
TYPE	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER	SERIES	REVACCINATIONS
TOTAL ALL TYPES	92	1	52	30	9		44
SMALL POX	-	_	-	-	_	-	~
OIPHTHERIA	-	-		-	-	-	_
PERTUSSIS	-	-	· -	-	-	-	-
TETANUS TOXOID	6	· -	2	4	-	-	6
POLIO	38	-	22	16	-	.] -	38
TYPHOID	-	-	-	-	-	-	- ' '
MEASLES	25	-	25	-	-	-	
Gamma Globulin	23	1	3	10	9	-	
Adult D.T.	-	_	_		-	30	-

REMARKS





MICROCOPY RESOLUTION TEST CHART NATIONAL BUREAU OF STANDARDS-1963-A



1 11	(Continue	CLINICS. HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS OFFICES.	run runni	14 47	
D A 5 5	MH	DIACNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			1.57	88	69
	1	TOTAL ALL CONDITIONS	157	00	
		INFECTIVE AND PARASITIC DISEASES: TOTAL	30	J.2	18
	1 1	TUGERCULOSIS	4	1	3
	010	SYPHILIS		0	0
	012	GONORRHEA AND OTHER VENEREAL DISEASES		0	0
	013	INTESTINAL PARASITES	0	0	0
		DIARRHEAL DISEASE (infectious or unknown origins):	0	0	0
	014	Children under 1 year of age		0	0
	015	All other		0	0
	016	"CHIL DHOOD DISEASES" - mumps, measles, chickenpox	\dashv	0	0
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	"		1
	0 19	OTHER INFECTIVE DISEASES (Give examples):		,	5
		Infectious Hepatitis	6 20	10	10
		Impetigo	7 20	'	'
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	1]	
	}			0	
	02-	NEOPLASMS: TOTAL			Ì
	020	MALIGNANT NEOPLASMS (give examples):		1	
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	Ì				-
		BENIGN NEOPLASMS			
	025	NEOPLASMS of uncertain nature			
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	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	<u> </u>	<u>U</u>	
	030	DISEASES OF THYROID GLAND			
	031	DIABETES MELLITUS			
	032	DISEASES of Other Endocrine Glands			
	033	NUTRITIONAL DEFICIENCY			
	034	OBESITY			
	039	OTHER CONDITIONS			-
			0	0	0_
	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL			
	040	IRON DEFICIENCY ANEMIA			
	049	OTHER CONDITIONS			
	1	TOTAL		0	
	05-	MENTAL DISORDERS: TOTAL			İ
	0.50	NEUROSES and Personality Disorders]		
	051	ALCOHOLISM			
	052	MENTAL RETARDATION			
	053	OTHER CONDITIONS			
	059	OTHER COROLLIANS		-	
	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	6		
	060	PERIPHERAL NEURITIS	0	0	0
	060	EPILEPSY	0	. 0	0
	300	CONJUNCTIVITIS and other Eye Infections		0	0
	063		o	0	0
	064	OTITIS MEDIA		3	3
EF		OTHER CONDITIONS	0	0	0
Full Text	Provided by ERIC	-126 128	·		

		1	FEATER 1417	14 t 14	
11 -	· 5. (Co	ntinuce)	TOTAL	FIRST	1
,	CODE	DIAGNOSIS OR CONDITION	VISITS	VISITS	REVISITS
+			1_		_0
	07-	THE CINCULATORY SYSTEM: TOTAL	0	0	0
	070	and the state of t	O	0	0
	071	ARTERIOSCLEROTIC and Descriptive Heart Disease	0	0	0
	072	CEREBROVASCULAR DISEASE (Stroke)	1	1	0
- 1	073	OTHER DISEASES of the Heart l tachycardia	0	Q	0
1	074	HYPERTENSION	0	0	0
	075	VARICOSE VEINS	0	0	0
	079	OTHER CONDITIONS			_
1	1	1	11	6	5
}	08-	ACUTE NASOPHARYNGITIS (Common Cold)	. 0	0	0
	080		0	0	0
	081	ACUTE PHARYNGITIS	10	5	2 2
١	082	BRONCHITIS	0	0	0
ļ	083	BRONCHITIS	0	0	0
	084	TRACHEITIS/LARYNGITIS	1		2 0
	085	INFLUENZA	0	0	0
	086	PNEUMONIA	0	0	0
	087	ASTHMA, HAY FEVER	0	0	0
	880	CHRONIC LUNG DISEASE (Emphysema).	0	0	0
	089	OTHER CONDITIONS	20	20	1 0
	}	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	39	39	
	09-	CARIES and Other Dental Problems	39	39	C
	090	CARIES and Other Dental Problems	0	0	6
	091	PEPTIC ULCER	0	0	C
	092	APPENDICITIS	0	0	0
	093		10	0	0
	094	CHOLECYSTIC DISEASE	0	0	
	099	OTHER CONDITIONS			
		DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	0	0	
	10-	URINARY TRACT INFECTION (Pyclonephritis, Cystifis)	1	ļ	
	100	DISEASES OF PROSTATE GLAND (excluding Carcinoma)		ł	•
	101	OTHER DISEASES of Male Genital Organs	4	Ì	1
	102	DISORDERS of Menshuation	4	Ì	
	103	MENOPAUSAL SYMPTOMS			
	104	OTHER DISEASES of Female Genital Organs		1	
	105	OTHER CONDITIONS	-		1
	109	OTHER CONDITIONS	1		1
	1	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM:	1		
	11-	TOTAL	6_	1	
	1	TOTAL	ľ	0	0
	110	TOXEMIAS of Pregnancy	0	0	0
	11	SPONTANEOUS ABORTION	2] !	L
	111	THE PART OF INCOV	7	4	1 0
	1.5			0	0
	11	OTHER CONDITIONS age and number of pregnancies -		1	i
	111	l high risk = /	L		
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Н.	12	O SOUT TISSUE ANGELS OR CELLULITIS		0	. 0
	12	O SOUT TISSUE AUGCLES OR CELEBETTIS 2	20	10	10
	12	MELTIGO OR OTHER PYODERMA	0	0	0
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,_(() 12	ECZUMA, CONTACT DERMATITIS, OR REURODURANTITIS.	0	1	0
D	IC \sim	ACHC	: 1 0	0	0
		other conditions			

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IC! CLASS	CODE	DIAGROSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
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	131	ARTHRITIS, Hospecified			1
	132	OTHER CONDITIONS		1	1
	139		0		
	14-	CONGENITAL ANOMALIES TOTAL	0	0	1 0
	140	CONGENITAL ANOMALIES of Circulatory System		į	
	149	OTHER CONDITIONS		1	
				1	
N.	15.	CERTAIN CAUSES OF PERINATAL MORBIDITY AND	•		
•	1	MORTALITY TOTAL	0	0	0
	150	BIRTH INJURY			1
	151	IMMATURITY			
	159	OTHER CONDITIONS		}	
			.0	0	0
VI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL			<u> </u>
	160	SYMPTOMS OF SENILITY		Ì	
	161	BACKACHE		1	ļ
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS			į.
	163	HEADACHE 2		1	
	169	OTHER CONDITIONS			
		•	44	12	32
VH.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	30	10	20
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	0	0	0
	171	BURNS BURNS BURNS ladult, 2 child	1 -	2	12
	172				1 '-
	173	SPRAINS, STRAINS, UISLOCATIONS)	1	
	124	OTHER CONDITIONS due to Accidents. Poisoning or Violence	ys. weather than the se	mericanical const	arenamiraes.co. com
ואני אנו ליפטילו	ation of the	TO MAKEDINE COME OF AN EXPLANT FRANCE REPORT OF THE COME OF THE CO	ผบเห	ER OF INDI	MOUALS
6.	2	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL			
			0		
	200	FAMILY PLANNING SERVICES	1 0		
	201	PRENATAL CARE	2		
	202	POSTPARTUM CARE]]		
	203	TUBERCULOSIS: Follow-up of inactive case	0		
	204	MEDICAL AND SURGICAL AFTERCARE] 0		
	1 205	GENERAL PHYSICAL EXAMINATION] 13		
	506	PAPANICOL AOU SMEARS	11		
	207		55		
	208.	SEROLOGY SCREENING] 15		
	209	VISION SCREENING	10		
	210	AUDITORY SCREENING	9	-	
	217	SCREENING CHEST X-RAYS	9		
	1 213	GENERAL HEALTH COUNSELLING] 0		
	219	OTHER SERVICES			
	1 612		٥ [
		(Sec. Fy)			
		(Specify)	0		
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	TYPE OF SERVICE		NUMBE R
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6. NUMBER OF CLINICS Health	Clinic : Holly Sugar Camp		56
b. HUMBER OF INDIVIDUALS SERVED -	11 pap smear		
	ii pap smear	1	
FIELD NURSING:	15 serology		0
O. VISITS TO HOUSEHOLDS	30 adult D.T.		0
The second of the second in			0 .
THE PARTY OF THE P	USEHOLDS	4	35
TO LOUIS DAY CARE CEL	VIERS		130
TOTAL MOMBUALS SERVED IN SCI	HOOLS AND DAY CARE CENTERS		1,50
g. TOTAL MOTIFICATION			
CONTINUITY OF CARE:			5 7
TOP TOP TOP MEDICAL C	ARE: TOTAL		
AND MICH AREA	وه بدور والمهام والمهام والمهام والمهام والمهام والمساور		57
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المماد والماد	The state of the s		39
DENTAL C	ADE: TOTAL		18
b. REFERRALS MADE FOR BEHTAE OF)		10
c. REFERRALS RECEIVED FOR MEDIC	ALOR DENTAL CARE FROM OUT		0.6
	TOTAL		96
OF AREA:			75
(Total Completed			1
	NTS, not originally referred by project, WHO WER	E TREATED	
d. FOLLOW-UP SERVICES FOR MIGRAI	r-Service)		1
IN PHYSICIANS, OFFICES (Fee-10)	PSEIVICE)	-	
e. MIGRANTS PROVIDED PRE-DISCHA	RGE PLANRING AND POST-1105.		2
SERVICES	ALTH RECORD Form PMS-3652 or Similar Form)	IN FIELD	
I. MIGRANTS ASKED TO PRESENT HE	TOTAL		
OR CLINIC:	TOTAL		
(1) Rumber presenting health recor	d		
(2) Number given health record	V ·		
-			
OTHER ACTIVITIES (Specify):		٠	
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REMARKS



1969 MIGRANT HEALTH PROGRAM - KIT CARSON COUNTY

Migrant School started in Burlington on June 4. The average attendance at the school was 181. The average in the Head Start was 48 and the Infant Education was 31. At the beginning of the school, a team of 5 pediatricians from the University of Colorado Medical Center came to Burlington to do physicals on all the children in the Head Start and Nursery. Since the nurse hired by the Migrant Council wasn't in Burlington yet, I helped with this clinic. The doctors checked 122 children. Their findings were as follows:

Upper Respiratory Infection - 4
Vitamin A deficiency - 17
Anemia - 2
Slight anemia - 4
Lice - 3
Angular conjunctivities of the yye - 1
Heart murmur - 1
Innocent heart murmur - 2
Rickets - 1
Early rickets - 7
Otitis media - 1
Impetigo - 7

With the help of a girl hired by the Board of Education, I checked the vision of 210 school children and the hearing of 214 school children. Since there were 14 school children needing eye examinations and several others needing follow-up by specialists, I made arrangements to take a bus load into the University of Colorado Medical Center on June 27.

The Board of Education paid for the bus and we stayed overnight at the Marycrest convent in Denver. We were given dinner and breakfast by the Nuns.

Accompanying me on this trip were the mothers of all the children except those going to the eye clinic, 2 nuns and the Migrant Council nurse. A special eye clinic was held for the 13 children that went and all but one of those received glasses. One child didn't go to Denver because he was receiving attention in Texas and the other one didn't receive glasses because the doctors felt that they couldn't improve on the glasses that the child already had. The glasses were paid for by the Board of Education and the State Health Department Migrant Fund. One 6 year old girl had a cardiac evaluation and it was found that she didn't need any immediate attention. However, she will be followed up each year by the Medical Center if she returns to this area.

A 20 year old mentally retarded girl, who is the size of about of about a 5 year old and has the mental capacity of a toddler, was given different examinations and it was recommended that she be placed in a home for the mentally retarded in Texas. The Migrant Consultant at the State Health Department will follow up on this case.



A 9 month old girl was seen at the eye clinic because of a paralytic squint left cye. She has a patch on her eye and will return to the clinic in 3 weeks. The doctors will decide what follow-up needs to be done at that time.

A 17 year old boy was seen in the dermatology clinic and he was given medication. Arrangements had been made for a woman with female trouble to have a physical, but because of lack of time, this was not done. When we returned to Burlington, I referred her to the doctor. One other child was to go to Denver with us, but she didn't make it to the bus. She will be followed-up at a later date by the Migrant Council nurse. I felt like this was a very worthwhile trip and all the health problems were taken care of at the same time.

I did TB testing on 181 children and 16 adults in the School. I found 6 positive reactors and they all had x-rays and were found negative.

I found 2 hearing cases that needed attention and had planned to taken them to the University of Colorado Medical Center but the clinic was not open at the time we could get the other appointments. Therefore, I sent those 2 to the local doctor and they were put on medication for ear infections.

I did strep cultures on 25 people and 8 were found positive. All of these were referred to the doctor for follow-up.

The Dental Hygienist from the State Health Department came to the School and did dental inspections on 291 children. 68 of them were referred to the local dentists for care. All of those that have not left town, will receive care before the School is out. This will be paid for by the Migrant Fund of the Dental Section at the State Health Department.

I spent all the month of June in the Migrant School. Although I was not working for the Migrant Council this year, I took care of all their accident cases and sick children and made referrals to the doctors. They have a nurse hired but she was also to be in 7 other schools so she is not able to spend much time in Burlington. Many adults in the community also came to the School to see me, and those that needed medical care, I referred to the doctor.

The Spanish-American that I took to Colorado General on Memorial Day was found to have pulmonary TB. He was transferred to the TB section at the Hospital. I did follow-up on all the labor camps and found 6 positive TB reactors. All of them were sent for x-rays and those were found negative. However, it was recommended that they have repeat x-rays in 6 lmonths. I went to get their home addresses and found that they had all left. However, I did get their addresses and the State Health Department will follow-up on these cases by notifying the Health Departments in their home places.

One possible TB case was referred to me by Dr. Ross. I did follow-up on the family and all were negative. Later on it was found that the patient didn't have TB.



I made arrangements for Doctor Ross and Doctor Beethe to each hold an evening clinic at the Mobile Unit run by the Nuns that on the Kansas-Colorado border. Doctor Beethe saw 23 patients and Doctor Ross saw 15.

One case of G.C. was reported to me by Doctor Beethe. He asked me to follow-up on three contacts. I found two of the contacts and one of them has started treatment and the other promised to see a doctor right away. The third contact moved out of town and I did not locate him but I did get his parents address. Follow-up on this will be done by the State Health Department.

Due to the fact that my husband had to leave a week earlier than planned, my last working day was Saturday, June 28 instead of July 3. However, I worked Memorial Day and every Saturday and Sunday and many evenings during the month of June. Therefore, I feel I am not cheating any of you by leaving a few days early.

The Migrant School is very fortunate to have two Nuns that will donate their time in the school until it is over. One is an R.N. and the other an L.P.N. The State Health Department gave the R.N. permission to make all necessary referrals to the doctors since a new County Nurse had not been hired yet.

My secretary is doing all the necessary reports and letters to finish up the work started in the Migrant School. Any local follow-up that is needed will be done by the Nuns and anything requiring communication to Texas will be done by the State Health Department.



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ICRANTS RECE					2. MIGRANTS RECEIVING DENT	AL SERVE	GLS	
TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.					ITEM	TOTAL	UNDER 15	IS AND OLDER
	NUMB	ER OF PA	TIENTS	NUMBER	. NO. MIGRANTS EXAMINED TOTAL			
AGE	TOTAL	MALE	FEMALE	OF VISITS	(I) NO. DECAYED, PESSING,		1	
TAL	278	119	159	278	(2) AVERAGE DMF PER PERSON			
IN B T YEAR	15	16	9	15				
4 YI ARS	102	48	54	02 ا	The second state of the se			
14 YEARS	82	39	43	82	5. INDIVIDUALS PEQUIRING SERVICES TOTAL	·		
44 YEARS	<u> </u>	22	39	[6]	(I) CASES COMPLETED			
CA YEARS	18	4	14	18	(2) CASES PARTIALLY		,	
AND OLDER	0-	00	0	⊥0	COMPLETED	1		
OF TOTAL MIGRA			L SERVICES	, HOW MARY	(3) CASES NOT STARTED			i !
(I) SERVED IN SERVICE	CLIMICT		38		C. SERVICES PROVIDED - TOTAL _		_	
(2) SERVED IN F	HYSICIANS, OF	ANGE.			* COERECTIVE TOTAL	_]		

(a) Extraction -

(b) Other ____

d. FATIERT VISITS - TOTAL ...

No. of Hospital Days ______

MENT UNCLUDE REFERRALS

3. MIGRANT PATIENTS HOSPITALIZED

(Refaidless of arrangements for payment):

No. of Patients (exclude newborn) 6 months

						7	
	CO	MPLETED IM	MUNIZATION	S. BY AGE		114-	BOOSTERS.
TYPE	TOTAL	UNDER I YEAR	1 . 6	5 - 14	15 AND OLDER	SERIES	REVACCINATIONS
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TOTAL ALL TYPES							and the state of t
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OTHUR (Specify)			1	1	Į.		
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BUMARKS



		OFFICES.	<u></u>		
ICD LASS	MH CODE	DIACHOSIS OR CONDITION	TOTAL	FIRST VISITS	REVISITS
_ 		TOTAL ALL CONDITIONS	172	124	1:8
I.		TOTAL ACL COMMITTEES TO THE STATE OF THE STA	10	7	,
	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	104	7	! <u>.</u> 3
	010	TUBERCULOSIS		0	0
	011	SYPHILIS.	- 2	1	1
	012	GONDRRHEA AND OTHER VENEREAL DISEASES	1 6	ò	0
	013	INTESTINAL PARASITES	1 1		
		DIARRHEAL DISEASE (infectious or unknown origins):	0	0	0
~	014	Children under 1 year of age	1 0 1	0	0
	015	All other	1 2	1	1
	016	"CHILDHOOD DISEASES" - momps, measles, chickenpox	2	1	1
	017	FUNGUS INFECTIONS OF SKIN (Demandphyloses)	-		
	013	OTHER INFECTIVE DISEASES (Give examples):	0	0	0
	1		٦		1
	-		╡ !		
	1				
			· -	<i>G</i>	
			0	0	0
	02-	NEOPLASMS TOTAL			
	020	MALIGNANT NEOPLASMS (give examples):			
		The state of the s	-	İ	1
		Physical and the second		!	
				}	
		The second state of the Statement State of the Statement State of the Statement State of the Sta	-		
	025	BENIGN NEOPL ASMS	-		
	029	NEOPL ASMS of uncertain nature			
			0	0	0
	0.3	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL			
	030	DISEASES OF THYROID GLAND	-		
	031	DIABETES MELLITUS		1	į
	032	DISEASES of Other Endocrine Glands		Ì	
	033	NUTRITIONAL DEFICIENCY			Ì
	034	OBESTTY			
	039	OTHER CONDITIONS		1	
			.,	-	6
<i>'</i> .	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	11	2	6
	040	IRON DEFICIENCY ANEMIA	\dashv	1	3
	0.49	OTHER CONDITIONS	6	3	3
	ļ				
	05-	MENTAL DISORDERS TOTAL	2	2	. 0 .
	0.50	P5YCHOSES		0	0
	051	NEUROSES and Personally Disorders		0	0
	052	AL COHOLISM		0	
	053	MENTAL RETARDATION		1	0
	0.59	OTHER CONDITIONS	_	1	0
				. ,	
۱.	C.F.	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	61	47	114
• •	060	PERIPHERAL NEURITIS		0	0
	06.1	EPILEPSY		0	0
•	062	CONJUNCTIVITIS and other Eye Infections	31	22	9
	063	REFRACTIVE ERRORS of Vision	13	12	0
		THE RAL HAR CIVE CONTRACT PRODUCTION OF THE PROPERTY OF THE PR	1 12	10	1 3
6	a .		13	10	-'
ERI	064 C 069	OTITIS MEDIA	3 4	2	2

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			Herri Clicas	(+ t : 1 · · · · · · · · · · · · · · · · · ·	
CART U	= 5. (Cc	istinued)	2024	1 11:51	05
ICD CL/SE	CODE	DIAGROSIS OR CORDITICH	TOTAL VISITS	VI343	REVISITS
ZIL -	67.	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	2 0 0	l. 0 0	0 0
	070	1 Danage at the Medit 1/15, 03, 14 minutes	0	0	G
	071	I DISEASE (SHOKE)	2	1	,
	072	- I do Many	0	0	i è
	073	The second secon	0	. 0	0
	075	The second secon	0	0	6
	075	OTHER CONDITIONS	U		
	079		42	28	14
		DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	15	12	3
VIII.	08-	TODAY DENEGITIS (Common Cotto)	0	0	0
	080		1	1	0
	087		18	11	7
	693		0	0	5
	084	1 CONTROL OF THE CONT	1		0
	085			0	3
	080		1 0	0	5
	037	The state of the s	0 7	3	4
	038	CHRONIC LUNG DISEASE (Emphyseita) OTHER CONDITIONS	1 /		•
	089		11	8	3
		DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	2	2) 0
1X.	09-	The December Problems	0	0	
	090		- 0	0	5
	031		0	0	o o
	092		, 0	0	j - 5
	093	The state of the s	9	6	3
	094	THE CONDITIONS		-	5
	08.9	TOTAL	10	5_	5
Χ.	10-			5	0
,	100	URINARY TRACT INFECTION (Pyeloding Carcinoms)	0	0	0
	10			0	0
	10:			0	Ö
	10			0	0
	10	Cential Official	0	0	0
	10	0.0000171015			
	10				
		COMPLICATIONS OF PREGRANCY, CHILDBIRTH, AND THE PUFRPERIUM:	0	0	_0_
~ XI.	11	TOTAL President			*

					1
	1	TOXEMIAS of Picenancy			
	1				
	1				1
	1	19 OTHER CONDITIONS			
		DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL			
Σ.11	. 1				6 0
		SOFT TISSUE ABSCESS OR CELLULITIS		1	
, · · · · · · · · · · · · · · · · · · ·		MPETIOD OR OTHER PYODERMA SEBORRHEIC DERMATITIS	n	1) 0
		SEBORRHEIC DERMATITIS OR NEURODERMATITIS	0		
0		ECZEMA, CONTACT DERMATITIS, OR NED TO		1	
EDI	C	17A ACNE			-
Full Text Provided I	by ERIC	129 OTHER CONDITIONS			
		The second secon			سامان به این میمد آم ریشا میشدورید

) A S T II	. h. l.Ce	intinued)	. 14 A C4 T - 24 L ST	(1 t d - F)	
100	JAH	DIAGNOSIS OR CONDITION	TOTAL	FIRST	REVISITS
CLV22	cöbe	DIXOROSIS DE COMPLICA	VISITS	VISITS	
	13-	DISEASES OF THE MUSCULOSHELETAL SYSTEM AND	6	4	2
хπ.	, , , ,	CONNECTIVE TISSUE TOTAL			
	130	RHEUMATOID ARTHRITIS	0	0	0
	131	OSTEUARTHRITIS	0	0	0
	132	ARTHRITIS, Unspecified	0 6	0	0 2
	139	OTHER CONDITIONS	В	4	
Y1 V.	14-	CONGENITAL ANOMALIES TOTAL	0	0	0
	140	CONGENITAL ANOMALIES of Circulatory System			
•	149	OTHER CONDITIONS		<i>,</i>	
		OTOMA W TAUSES OF BESINATAL MORRUPITY AND			
XV.	15-	MORTALITY TOTAL	0	0	0
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
			0	0	0
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL			
	160	BACKACHE		1	
	161	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS			
	163	HEADACHE			
	169	OTHER CONDITIONS			
			11	11	0
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	9	9	0
	170	LA CERATIONS, ABHASIONS, and Other Soft Tissue Injuries	0	0	0
	171		0	0	0
	172	FRACTURES	0	0	0
	173	POISON INGESTION	2	2	0
***********	179	OTHER CONDITIONS due to Accident VISOning of Violence	0 		22-22-12-12-12-12-12-12-12-12-12-12-12-1
			NUMB	er of indi	MOUALS
G.	2	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKHESS: TOTAL		<u> </u>	
		· ·	0		
	200	WELL CHILD CARE	0		
	201	PRENATAL CARE	1		
	202	POSTPARTUM CARE	0		
7>	204	TUBERCULOSIS Follow-up of inactive case	6		
in.	205	MEDICAL AND SURGICAL AFTERCARE	14		
	: 506	GENERAL PHYSICAL EXAMINATION	125		
	207	PAPAINCOL AOU SNEARS	2		
	208	TUBERCULIN TESTING	197		
	209	SEROLOGY SCREENING	0		
	210	VISION SCREENING	210	•	
	211	AUDITORY SCREENING	214	. •	
	217	SCREENING CHEST X-RAYS	14		
	213	CENERAL HEALTH COUNSELLING			
	230	OTHER SERVICES Prosthetic device fitting	1		
_		(Specify) Strep cultures	25		
			-		
ED					
<u>EKI</u>		-136-38	1		
Full Text Provided	by ERIC	3.9	1		

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PART III - HURSING SERVICE	NUMBER
TYPE OF SERVICE	
URSING CLANCS:	0
	0
6. NUMBER OF CLINICS	
IELD NURSING:	0
IELD NURSING: a. VISITS TO HOUSEHOLDS b. TOTAL HOUSEHOLDS SERVED	0
	0
6. TOTAL HOUSEHOLDS SERVED IN HOUSEHOLDS	0
d. VISITS TO SCHOOLS, DAY CARE CENTERS] 0
d. VISITS TO SCHOOLS, DAY CARE CENTERS	
	265
ONTINUITY OF CARE: OR REFERRALS MADE FOR MEDICAL CARE: TOTAL	256
	251
	1
	.] 9 -
(2) Out of Area	1 11
	_
b. REFERRALS MADE FOR DENTAL CARE: 1017.1 CARE FROM OUT	
(Total Completed	
$\tau \cap \tau \wedge \tau$	
OF AREA;	2
(Total Completed)	
The servicionally referred by project, WHO WERE TREATED	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally terror	7
OFFICE (Fice for Scivice)	
MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND 1 001	3
SERVICES IN FIELD (MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD TOTAL	300
OR CLINIC: (1) Number presenting health record.	41
(1) Number presenting health record.	251
(1) Number presenting health record.	
OTHER ACTIVITIES (Specify):	
	м.
	·
	1

REMARKS



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1.4	ΔR	11	4F	R	1	0!	IN	TY
1/			11.4	٠.	· L			

DEST SUBSETED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

MIGRALITS RECEI	JING MEDICA	AL SERVI	C≜S		2. MIGRANTS RECEIVING CENT	AL SERV	ions	-
TOTAL MIGRARTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CUBICS, PHYSICIADS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.					ITEM	TOTAL	UNDER IS	15 AND OLDER
AGE	MUMBI LATOT	MALE	FEMALE	NUMBER OF VISITS	a. RO. MIGRANTS EXAMINED TOTAL (1) NO. DECAYED, MISSING, FILLED 18 ETH			
OF TOTAL MIGRAN WERE: (1) SERVED IN PH ON FLE-FOR-S MENT (INC.) UD	AMILY HEAL LINIC! YSICIANS! OF ERVICE ARRA DE REFERRAL	1 2 FICE. 7	121 6 14 17 767 14 3 SERVICES 28 indiv 14 visit	viduals ts res iduals	b. INDIVIDUALS REQUERING SERVICES - TOTAL (11 CASES COMPLETED (2) CASES PARTIALLY COMPLETED (3) CASES NOT STARTED (11 PREVENTIVE (2) CORRECTIVE TOTAL (2) EXECUTED			
MIGRART PATIENT (Regardless of air. No. of Patients (e. No. of Hospital Day	angements fo. xclude newho	r payment) om)	80	13	d. PATIENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

			MUNIZATION	S. BY AGE		1N-		
		111658	COMPLETED IMMUNIZATIONS, BY AGE				BOOSTERS.	
эчүт	TOTAL	UNDER 1 YEAR	1 - 4	5 · 14	15 AND OLDER	SERIES	REVACCINATIONS	
TOTAL ALL TYPES	. 0	0	16	L _t	00	20	0	
SMAT (POX: BERIA PET AIS TETARUS POLIO TYPHOID MEASLES OTHER (Specify)	- - - - -		- ! ₄ ! ₄ ! ₄ ! ₄	- 1 1 + 1 -		- 5555		
							and the state of t	

169 Dental Screenings by dental hygienist als , fluorise treatment.



HERAKKS

ARTH	Centine	OFFICES.		11	- -
1CD 51.455	MH CODE	DIAGNOSIS OR CONTRITION	TOTAL VISITS	FIRST VISITS	F -
			- 40		0.0
1.		TOTAL ALL CONDITIONS	268	1.73	88
		INFECTIVE AND PARASITIC DISEASES TOTAL	72	67.	5
	01-	TUBERCULOSIS	0	0	j 0
	0.15	SYPHILIS.	0	0	0
	011	GONORRHEA AND OTHER VENEREAL DISEASES		0	0
	012	INTESTINAL PARASITES	_	1	0
	013	DIARRHEAL DISEASE (infectious or unknown origins):	_	Е	0
	014	Children under 1 year of age		2	0
	015	All other		0	
	016	"CHILDHOOD DISEASES" - mumps, mensles, chickenpex	-1 · ·	1	2
	017	FUNGUS INFECTIONS OF SKIN (Deimatophytoses)	- 3	1	
	019	OTHER INFECTIVE DISEASES (Give examples):	1	1	0
	1	Tooth	28	28	0
	1	Strep Cervical Lymph with strep	4	i	3
		Additional strep	30	30	0
		Add (Clonal Strop	_		-
		·	. 2	1_1_	0
!.	02-	NEOPLASMS: TOTAL MALIGNANT NEOPLASMS (give examples):		1	
	050	Non-malignant Polyp at base of cenoio regions	2	1	1
		TOTA MAY (GIVEN TO A PART OF TOTAL TO A PART OF TOTAL TOTAL TO A PART OF TOTAL		1	
			_		
			_		
	i		_{		1
		BENIGH NEOPL ASMS	_ 0	0	0
	025	NEOPLASMS of uncertain nature	_		
	023,				
111.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL		-1	
	030	DISEASES OF THYROID GLAND	'	_	16
	031	DIABETES MELLITUS		1	10
	032	DISEASES of Other Endoctine Clands		2	1
	033	NUTRITIONAL DEFICIENCY		3	2
	034	CBESITY			5
	039	отнея соирітюмя <u>Нурод Гусеміа</u>	-	'	
			3	2	1
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL		8	i
	040	IRON DEFICIENCY ANEMIA	- 1 o	0	0
	0.49	OTHER CONDITIONS			
_		MENTAL DISORDERS. TOTAL	88	_ 2	6
Y	05-	The state of the s			
	0.50	in the second se		1	-
	051	<u> </u>	0	0	(
	052		!	0	
		Reactive Disorders	3	1	
	959	§	\		
Y1.	,	DISEASES OF THE MERVOUS SYSTEM AND SENSE ORGANS TOTAL	25	1 -	
	1 6 .0		0	0	
	061		3	1.	
	662	CONJUNCTIVITIS and other Eye Infections	?	1	, .
	66.3	REFRACTIVE ERRORS OF VISION			=
3	8.1,4	OTITIS MEDIA	10))	0
ERĬO	3	OTHER CONDITIONS Menicres		3	2

PARTII	- 5. (Ce	entimical)	Light to the order		
ICD.	MH	DIACHOSIS OR CONDITION	TOTAL. VISITS	FIRST VISITS	REVISITS
CLASS	CODE				14
	1	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	17	3	0
₹II.	070		a	0	o
	071	Decement Descriptive Heart Disease	0	ō	0
	072	CEUE DROVASCULAR DISEASE (Suoke)	0	0	0
	073	are the second second	16	2	14
	074	The state of the s	0	0	0
	075	VARICOSE VEINS	J	1	0
	079	OTHER CONDITIONS REC LET DIESOTHS			
		i i	25	22	3
VIII	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	10	9	1
	080	ACUTE PHARYNGITIS (Common Cold)	8	7	
	081	TONSILLITIS	2	2	1 0
	082	BRONCHITIS	2	,	
	083	TRACHEITIS/LARYNGITIS	0	0	
	084	INFLUENZA		0	
	085		0	1	0
	086		0	0	0
	037	ASTHMA, HAY FEVER. CHRONIC LUNG DISEASE (Emphysema) OTHER CONDITIONS hugh tonsils - 1 had T&A	0 2	2	Ŏ
	089	OTHER CONDITIONS hugh tonsiis - I Had 194			
		1	6	6_	0_
łX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	1	0	0
• • • • • • • • • • • • • • • • • • • •	090	CARIES and Other Deutal Problems oral ulcer	0		0
	091	PEPTIC ULCER	0	0	0
	092	APPENDICITIS	0	0	0
	093	CHOLECYSTIC DISEASE	.] 0	0	0
	094	Tiel vous scomocii			0
	059	OTHER CONDITIONS	2 2	Ź	Ö
	-	gastroenter TTS Constipation DISEASES OF THE GENITOURINARY SYSTEM: TOTAL COnstipation DISEASES OF THE GENITOURINARY SYSTEM: TOTAL CONSTIPATION (Pyclunephritis, Cystitis)		3	1
х.	100		3	0	0
	101	- DECETATE OF AND (excluding Catcinoma)	-1 :	0	0
	102	The same of Male Central Opeans	7	0	0
	103	The state of Man state of	_1	0	0
	104	MENOPAUSAL SYMPTOMS		0	0
	105	MENOPAUSAL SYMPTOMS OTHER DISEASES of Female Genital Organs OTHER CONDITIONS CETVICAL OD VP	_ 1	1	0
	109	OTHER CONDITIONSCCI VIOLETTE STATE	-	'	
		COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM:	12	6	6
₹ XI.	11	the state of the s			0
1		TOTAL INFECTIONS of Schibourinary Trackduring Pregnancy		0	0
	11	The state of the s	1	0	0
	11	THE PROPERTY OF THE PROPERTY O		4	6
	11	THE INCOV	~	0	\ c
	11			2	C
	11	Drimipera delivery de dome 21.2 de anti-		_	
		DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL)	1.3	6
MH.	1.	SOFT TISSUE ABSCERS OR CELLULITIS			
	1 1	SOFT TISSUE ABSCESS OR CELLULITIS		3	
	\ \ \lambda \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and the state of t)	3	
	1	SEBORRIEL DERMATITIS OR NEURODERMATITIS			,
	,		. \	6	,
EDIC	-	ACNE			
Full Text Provided by ERI	1.	OTHER CONDITIONS			
	-	The state of the s	1		

ART II •	- 5. (Ca	ntinumd)	. 2004 12000	g - Y - E f	
100	MH	DIAGNOSIS OR COMPLTION	TOTAL VISITS	FIRST VISITS	REVIS17
CI. ASS	CODE				<u> </u>
		TO THE WAR CONTINUE OF THE CASTER AND			
11-	13-	CONNECTIVE TISSUE TOTAL	44	2	2
		RHEUMATOID ARTHRITIS	0	0	0
	130	OSTEO ARTHRITIS	0	0	0
	131	OSTEO AN INRITIS	1	1	0
	132	OTHER CONDITIONSBursitis	3	1	2
,	139	OTHER CONDITIONS	į.		
	i	CONGENITAL ANOMALIES TOTAL	22		
v.	14-	CONGENITAL ANOMALIES OF Circulatory System	0	0	0
	140	CONGENITAL ANOMALIES of Circulatory System OTHER CONDITIONS Bilateral tibal torsion	. 2	1	1
	149	OTHER CORDITIONS			
.,	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND	0		
٧,	15-	MORTALITY TOTAL	0	0	
		YRTHINITATION YRTHIN			
	150	IMMATURITY			
	151	OTHER CONDITIONS			
	159	OTHER CONDITIONS			
		SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	9	9	0
Vi.	16-	SYMPTOMS AND ICC-DEFINED CONTATIONS.	0	0	0
	160	· 1	2	2	0
	161	BACKACHE	0	0	0
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	3	3	0
	163	HEADACHEFainting	2	2	0
	169	OTHER CONDITIONS Fainting Nosebleed	1,	1,	00
		ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	20	12	
MH.	17-	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	6	5	1 1
	170	BURNS	4	l i	3
	171	FRACTURES	6	3	3
	172	SPRAINS, STRAINS, DISLOCATIONS	4	3	1 1
	17.3	POISON INGESTION	0	ō	0
	17.4	OTHER CONDITIONS due La Accidents Poisoning or Violence		an whater own a Grant	a marco
e construction	and the first	or to constitute for the first the form of the second of t		ER OF INDI	
		TOTAL	-		
6.	2	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL			
	250	FAMILY PLANNING SERVICES	4		
	200	WELL CHILD CARE	3		
	201	PREDATAL CARE	7		
	202	POSTPARTUM CARE	j 4		
	203	TUBERCULOSIS: Follow-up of inactive rase	0 -		*
	204	MEDICAL AND SURGICAL AFTERCARE] 3.		
	1 20%	CENERAL PHYSICAL EXAMINATION	70	•	
	20.0	PAPAINCOL AOU SMEARS	10		
	20.7		200		
	1 20%	SEROLOGY SCREENING	0		
	1 200		103		
	510	VISION SCREENING	101		
	21.7	AULITORY SCREENING	1	•	
	1 21	SCREENING CHEST & RAYS	(-		
	213	GENERAL HEALTH COUNSEL ING tubal ligation	2		
	219				
		(Spec(Py)			
		and the second of the second o			
EDI					
EKI		And the second of the second o			
	W EBIC	-14!- 143	1		

-141-**143**

. PART III - HURSING SURVICE	Alle Charles
TYPL OF SERVICE	HUMBET.
THE WISCHNESS	
KURSING CLINICS:	. 7
	113
L. NUMBER OF INDIVIDUALS SERVED - TOTAL	
FIELD HURSING: a. VISITS TO HOUSEHOLOS	ts - 80 revisits 210
a. VISITS TO HOUSEHOLDS	0
b. TOTAL HOUSEHOLDS SERVED	0
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	50
d. VISITS TO SCHOOLS, DAY CARE CENTERS	275
TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CE	VIERS
CONTINUITY OF CARE:	58
TOTAL	58
(1) Wishin Area	
	/
(2) Out of Area	2
the state of the s	·
TOTAL	
(Total Completed	
PROBALC BECEIVED FOR MEDICAL OR DENTAL CARE FRO	, 0
TOTAL	
OF AREA: TOTAL)
d. FOLLOW-UP SERVICES EOR MIGRANTS, not originally referred b	y project, WHO WERE TREATED
IN PHYSICIANS OFFICES (Fee-for-Service)	
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-	HOSPITAL 10
SERVICES TO PRESENT HEALTH RECORD Form PMS.	3652 or Similar Form) IN FIELD
TOTAL	10
OR CLINIC:	25
(2) Number given health record.	1 47
(2) Number given nearth records	
OTHER ACTIVITIES (Specify):	
Other wounding outcome.	į
·	

REMARKS



NORTHEAST HEALTH DEPARTMENT - NON-FUNDED NURSES

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

. MIGRANTS RECEIVING MEDICAL CURVICES					2. MIGRARITS RECEIVING DENTAL SERVICES			
TOTAL MIGRAN FAMILY HEALT HOSPITAL EMEL	TS RECLIVING CLUMES, F	io medica Rajorana	a. SERVIC	ES AT	пем	TOTAL	UNDER 15	15 AND OLOER
AGE	HUMBI	ER OF PA	FEMALE	NUMBER OF VISITS	G. NO. MIGRANTS EXAMINED-TOTAL (1) NO. DECAYED, MISSING. FILLED TEETH			
TOTAL MALE FEMALE OF VISITS TOTAL 547 291 256 597 UNDER 1 YEAR 26 14 12 26 1 4 YEARS 170 80 90 170 1 4 YEARS 206 101 105 206 44 YEARS 118 91 27 118 45 - 64 YEARS 27 5 22 27 65 AND OLDER 0 0 0 0 0 b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE: (1) SERVED IN FAMILY HEALTH SERVICE CLINIC! ON FEE-FOR-SERVICE ARRANGE. MENT UNCLUDE REFERRALS) 351					(2) AVERAGE DME PER PERSON b. INDIVIDUALS REQUIRING SERVICES TOTAL (1) CASES COMPLETED (2) CASES PARTIALLY COMPLETED (3) CASES NOT STARTED (1) PREVENTIVE (2) CORRECTIVE TOTAL (3) Extraction (b) Other			
3. MIGRANT PATIE (Regardless of an No. of Patients (No. of Hospital Da	rangements lo exclude newb	r payment)	55 135		d. I A HENT VISITS - TOTAL			

4. IMMUNIZATIONS PROVIDED

No. of Hospital Days

	co	MPLETED IM	IN-	BOCSTERS.				
TYPE	TOTAL	UPIDER YEAR	1 - 4	5 - 14	15 AND OLDER	SERIES	REVACCINATION	
TOTAL - ALL TYPES	632		316	228		21	61	
SMALL POX	24 153 134 142 133 0 41		79 79 79 79 79 	22 47 39 47 27 41	 	7 7 7 7 	2 20 9 20 10 	

REMARKS

Many patients went to physicians on their own. We have no way of knowing. Perhaps 200 are not counted above. Many come over from Nebraska, also.



11 (Continu	CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.	Tree and the state of the state	1. IT .	
D	#H CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
3.3			433_	351	82
		TOTAL ALL CONDITIONS			
1		INFECTIVE AND PARASITIC DISEASES: TOTAL	50	48	!2
	01-	TUBERCULOSIS	_ 6	4	2
	011	SYPHILIS	_	0	0
	012	GONORRHEA AND OTHER VENEREAL DISEASES	- 0	0	
	013	INTESTINAL PARASITES	0	0	0
		DIARRHEAL DISEASE (infactions of unknown origins):	, ,	1	
	014	Children under 1 year of age	-\	15	C
	015	All other	28	28	0
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	- 20	0	ď
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	- "		
•	0 19	OTHER INFECTIVE DISEASES (Give examples):	0	0	0
					1
	1				
•		NEOPLASMS: TOTAL	4	3	_
	02-	MALIGNANT NEOPLASMS (give examples):			İ
	020	MALIGNANT NEOF ASMS 18, ve examples.	2	1	1
	1		0	0	0
	1		Q	0	0
			0	0	0
			_ 0	Q	0
	025	BENIGN NEOPLASMS	2	2	0
	029	NEOPL ASMS of uncertain nature			
	1	•		,	
	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	12		_ <i></i>
	030	DISEASES OF THYROID GLAND			
	031	DIABETES MELLITUS.		0	0
	032	DISEASES of Other Emilierine Glands		5	5
	033	NUTRITIONAL DEFICIENCY	- 10	1 1	1 6
	034	OBESITY	- i	ò	0
	039	OTHER CONDITIONS			
		·	0	0	0
	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL			
	040	OTHER CONDITIONS			
	049	OTHER CONDITIONS			
	0.5	MENTAL DISORDERS. TOTAL	3	_ 3_	0
	05-	PSYCHOSES		0	0
	050	NEUROSES and Pensonality Disorders		2	0
	052	AL COHOLISM		0	0
	052	MENTAL RETARDATION		1	0
	059	OTHER CONDITIONS	0	0	0
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	oc	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	56	36	_ 29
	060	PERIPHERAL MEURITIS		0	
	061	EPILEPSY		0	
	00.5	The second secon		0	
	3	3.85	4/	14	1
ΕІ	oïc.	OTITIS MEDIA		10	
	ATC.	OTUE CONNTRIBE	1 17	12	1 '

_1446

ICD CLASS	MH	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
,			13	9	4
⁵ √II.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	4	2	2
	070	RHEUMATIC FEVER	2	1	1
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	0	0	0
	072	CEREBROVASCULAR DISEASE (Stroke)	4	3	1
	073	OTHER DISEASES of the Heart	0	0	0
•	074	HYPERTENSION	0	0	0
	07S	VARICOSE VEINS	3	3	0
	079	OTHER CONDITIONS			
1	İ	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	1.76	134	42
्या.	08-	ACUTE NASOPHARYHGITIS (Common Cold)	· 66	65	1
	080	ACUTE PHARYNGITIS	0	0	0
	081	TONSILLITIS	14	13	1
	082	BRONCHITIS	6	6	0
	083	TRACHEITIS/LARYNGITIS	0	0	0
	084	INFLUENZA	19	19	0
	088	PNEUMONIA	65	25	40
	086	ASTHMA, HAY FEVER	0	0	0
	087	CUROUS LINE DISEASE (Emphysema)	0	0	0
	088	OTHER CONDITIONS	6	6	0
•	083	·	0	0	0
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL		<u> </u>	<u>-</u>
17.	090	CARIES and Other Dental Problems			
	091	PEPTIC ULCER			
Ċ	092	APPENDICITIS			
•	093	HERNIA			
	094	CHOLECYSTIC DISEASE			Ì
	099	OTHER CONDITIONS			
			15	11	4
Х.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	10	6	4
	100	URINARY TRACT INFECTION (Pyclonephtitis, Cystitis)	0	0	0
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	2	2	0
	102	OTHER DISEASES of Male Genital Organs	0	0	0
	103	DISORDERS of Menstruction	0	. 0	0
	104	MENOPAUSAL SYMPTOMSOTHER DISEASES of Female Genital Organs	3	3	0
	105	OTHER CONDITIONS	0	0	0
	109	OTHER CONDITIONS	ļ		
	ĺ	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM:			
X1,	11.	TOTAL	21	21	1-0
4		Track during Pregnancy	0	0	0
	110] 0	0	0
	111	SPONTANEOUS ABORTION	1 ,,	0	
	113	PEFERRED FOR DELIVERY	17	19	0
	114	COMPLICATIONS of the Purperium	-		0
	119		-	'	
			22	32	1
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL		2 2	1
, e	120	SOFT TISSUE ABSCESS OR CELLULITIS	-	18	0
,	12	IMPETIGO OR OTHER PYODERMA	7	0	0
*.	12	SEBORRHEIC DERMATITIS	" -	1	0
	12			0	ő
0	12	ACNE .	10	10	0
ERIC	12		10	10	
Full Text Provided by ERIC		1.45-			1
	<u> </u>	- 1.4 U		,_	حدودة المنطوية سيوسور

		ntinued) ·			
ICD LASS	CODE	DIACROSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISIT
1.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND	2	2	
		CONNECTIVE TISSUE TOTAL	0	20	0
	130	RHEUMATOID ARTHRITIS	_	0	0
	131	OSTEOARTHRITIS	0 0	0	, 0
	132	ARTHRITIS, Unspecified	2	2	. 0
	139	OTHER CORDITIONS	_		
,	14-	CONGENITAL ANOMALIES TOTAL		1	<u>o_</u>
٧.	140	CONGENITAL ANOMALIES of Circulatory System	1	1	, 6
	149	OTHER CONDITIONS	. 0	0	0
		CERTAIN CAUSES OF PERINATAL MORBIDITY AND			
'·	15-	MORTALITY: TOTAL	2	2	0
			0	0	0
	150	BIRTH INJURY	0	0	0
	151	OTHER CONDITIONS	2	2	0
	159	OTHER CONDITIONS			
1.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	10	10	<u> 0</u>
1-	160	SYMPTOMS OF SENILITY	0	0	0
	161	BACKACHE	0	0	0
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	0	0	0
	163	HEADACHE	0	0	0
	169	OTHER CONDITIONS	10	10	0
41.1	-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	29	26	3
/11.	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	29	26	3
	171	BURNS	0 '	0	0
	172	FRACTURES	0	0	0
	173	SPRAINS, STRAINS, DISLOCATIONS	0	0 0	0
	174	POISON INGESTION] 0 <i>LL</i>	0 4.1	3
dan't sess	17.9	OTHER CONDITIONS due to Accidents Poisoning or Violence	MARKET PROPERTY	ER OF INDIV	
				EKOT INOU	
G.	2	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL			
	200	FAMILY PLANNING SERVICES	0		
	201	WELL CHILD CARE	1 0		
	202	PRENATAL CARE	13		
	203	POSTPARTUM CARE] 6		
	204	TUBERCULOSIS: Follow-up of inactive case	2		
	205	MEDICAL AND SURGICAL AFTERCARE	90		
	. 206	GENERAL PHYSICAL EXAMINATION	1 6		•
	207	PAPANICOL AOU SMEARS .	455		
	808	TUBERCULIN TESTING	1 n		
	209	SEROLOGY SCREENING	334		
	210	VISION SCREENING	312		
	211	AUDITORY SCREENING	22		
	212	SCREENING CHEST X-RAYS	6		
	213	GENERAL HEALTH COUNSELLING	0	•	
	219	OTHER SERVICES Pediculosis Screening	194		
		(Specify)			
	3				
FR				٠	•

PART III - NURSING SERVICE		NUMBER
TYPE OF SERVICE		NURBER
URSING CLINICS:		0
URSING CLINICS		0
B. NUMBER OF INDIVIDUALS SERVED - TOTAL		
TELD NURSING:		
TELD NURSING: a. VISITS TO HOUSEHOLDS		
b. TOTAL HOUSEHOLDS SERVED		
A THE PARTY OF THE		
d. VISITS TO SCHOOLS, DAY CARE CENTERS		
6. VISITS TO SCHOOLS, DAY CARE CENTERS		
CONTINUITY OF CARE:		230
		2.25
o. REFERRALS MADE FOR MEDICAL CARE: TOTAL	\	225
		5
the contract of the contract o		?
(2) Gut of Area(Total Completed	·	0
TOTAL CARE TOTAL		
· · · · · · · · · · · · · · · · · · ·	 '	
DECERBALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM CO.		4
TOTAL		
(Total Completed	· —)	4
A 10th Completes	AN WERE TREATED	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, Wi	TO WELLE THEM !	<u> </u>
DIVERGIANS OF FICES (Fee-for-Service)		7
THE PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL		4
	IL Form) IN FIELD	
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD FOR PMS-3032 OF START		220_
f. MIGRANTS ASKED TO PRESENT ALACTIME		
OR CLINIC: TOTAL		_j 2 0 0
(1) Number presenting nearth record.		
OTHER ACTIVITIES (Specify):		
·		
•	•	
	,	

REMARKS



FAMILY HOME LIVING

HOME ECONOMICS CONSULTATION

HOME ECONOMICS NARRATIVE

June 1, 1969 - Sepbember 10, 1970

(This report was prepared from oral narratives and some field notes. The consultant left the program prior to completing a report for the period.)

I. GENERAL DESCRIPTION:

The purpose of this component was to increase understanding of food and nutrition, home management, child development, household care, sanitation and home safety.

The home economics consultant planned, developed and coordinated programs and gave consultation when requested or needed. Direct service was given when possible, in nutrition home economics and related areas.

II. NUTRITION CONSULTATION:

. A nutrition consultation service was initiated to provide professional dietetic consultation to migrant patients with nutrition related problems.

III. HEALTH AND HOMELIVING CLASSES:

These classes, which were sponsored by the Colorado 4-H Visitors Program were held in 17 schools for boys and girls nine years old and over. It is estimated that 700 children received health and homeliving education as opposed to the previous season when 400 children in 12 schools received this training.

As before, training classes were also held for home economics teachers and aides to present methods and materials appropriate for use with migrant students.

IV. DIRECT SERVICE TO MIGRANT FAMILIES:

Over 60 families received direct services, either through the Program Home Economics Consultant or professional consultation. Most referrals were received by migrant summer schools from the local public health nurse. Problems encountered were in the areas of pre-natal diet, infant and basic nutrition. The apparent causes continue to be poverty and poor home management.

During a special Health I at Delta during the early part of the reporting period, Navajo mag in were given practical demonstrations in the preparation and use of cased milk products.



V. RELATIONSHIPS WITH OTHER AGENCIES:

A. Colorado Migrant Council

Consultation was given to staffs of Day-Care and Head Start centers. This included outlines for basic teaching as well as advice of center food preparation.

Similar consultation relating to foods, nutrition, home sanitation, household care and consumer buying was provided for teachers of adult education classes.

B. Migrant Ministry

The Consultant assisted ministry volunteers to plan health and homeliving classes around local resources and facilities. (Private homes and kitchens.)

C. Other Groups

The consultant spoke before womens' groups and volunteer organizations to motivate the members toward initiating local programs in areas lacking migrant summer school programs.

VI. Due to the consultant's resignation from the program to continue her education, the formal program was terminated during September 1969.

- A consultant was hired for the 1970 season to re-motivate local school districts with respect to carrying on the Home Living Programs in Migrant Summer Schools. She also planned a survey to determine changes in food use patterns. New teaching units and audio visual aides were developed for use during the 1971 season.

It is felt that this activity is of vital importanct to the migrant student who will hopefully 'settle out' of the migrant stream in the future. Job re-training and other more dramatic programs must be supplemented by home living education which will enable the ex-migrant to make the transition from a migratory life-style to one compatible with a stable living environment.



-149-51

MIGRANT HEALTH PROGRAM ENVIRONMENTAL HEALTH SERVICES NARRATIVE REPORT June 1, 1969 - June 1, 1970

A. Sanitation services:

- I. a. The objectives of this component are to provide for the provide well-being of migrant families and individuals through improvement of their living and working environments. Methods used in Jude:
 - 1. Inspections of housing facilities to determine combrance with departmental "Standards and Regulations for Labor Camps".
 - 2. Notices to operators and owners ordering correction of deficiencies within a stipulated period. This includes housing on faces as well as in towns.
 - 3. Promotion of construction of new housing in community aving severe housing shortages for pertainent and transient dents; particularly in those areas with a large influx of magazine labor competing with permanent residents for the large amount of decent available housing. Promotional efforts the large of community block environmental surveys, public meeting organzing local citizens' improvement groups, consultation with county commissioners, town boards, city council and other local officials and Federal Funding Agencies to detailed appropriate codes and to develop low cost housing facilities
 - b. The level of service and program accomplishment is dependent upon the number of personnel available for field work. Staffing for this reporting period was as follows:
 - 1. Weld County July 1 to October 1, 1970 one full-rime * anitary Aide.
 - 2. San Luis Valley in 1969 and San Luis Valley and Arkansas Valley 1969 and 1970. One full-time Sanitary Aide.
 - 3. One Sanitarian assigned to Colorado Department of Health Denver Office, for periods July 1, 1979 to January 1, 1970 and May 1, 1970 to date. Severe staffing shortages have restricted 1970 activities to requests for service
 - c. Major on-going and functioning relationships are maintained with:
 - 1. U. S. Labor Department, Colorado Employment Department, coordination survey findings and program requirements for the provision of adequate housing and field sanitation feet ties.
 - 2. Colorado Migrant Council, Colorado Rural Legal Services, Micho y Hecho, Colorado Migrant Ministry, Loral Council of the community Action Program groups and other



government and private service organizations. Providers of information about improper environmental conditions and local groups assisting in the development and implementation of plans for housing and improvements in living and working conditions.

- 3. University of Colorado: Assisting in orienting VIST trainees in the basics of sanitation.
- 4. University of Colorado, University of waver, Great Western United Foundation: Consultation in planning production of low-cost housing.
- 5. Great Western, Holly, and American Compatal Sugar Companies,
 Kuner Empson, Western Canning and other food processor companies:
 Additionally, beet growers association chapters, grower co-ops,
 onion and potato growers associations. and other produce and
 fruit growers groups. Cooperation of about a gricultural groups
 in providing information about program requirements and stimulating grower interest in compliance, frough growers meetings
 and information in the organizations new releases.
- 6. Colorado Division of Housing, Farmers How Administration, H.U.D. Local Housing Authorities, County and Town officials. Water Pollution Commission, consult and a light as incicated in promoting development of housing and sale ary facilities in agricultural communities.
- II. a. Table A, Part IV reflects total numbers of family and single type housing facilities in the state that are or have been used. The figures do not indicate housing numbers inspected this report period because severe staffing shortages prevented extensive housing survey activities.
 - b. There is no requirement for permits in Coloraco and enforcement criteria are departmental "Standards and Regulations for Labor Camps" adopted by the Colorado Board of Halim on June 18, 1968. They are comprehensive in scope to adequately cover sanitation deficiencies common to such Housing. They are limited in areas of application relating to (slum) rentals, third-rate motels, converted store buildings, etc. Statutory authority is also provided for abatement of public health nuisances in Chapter 66, Article 1, Colorado Revised Statutes 1963.
 - c. The major factor contributing to the improvement in housing conditions has been a strict enforcement program. However, some adverse side effects have resulted, such as extempts by growers to circumvent requirements by:
 - 1. Housing migrants in slum rentals, substantiard hotels, morels, etc. or by not providing housing and compelling migrants to seek out their housing in farming a real towns.
 - 2. Housing migrants in adjacent state border towns, particularly along Colorado-Kansas boundary.



Accordingly, it has been necessary to broaden the scope of migrant housing activities into a more generalized program to encourage local adoption of building and housing zering codes and formation of housing authority functions to evelop housing for low-income groups.

d. Table B, Part IV. All sanitation categories were considered during inspections conducted at each location. (Refer to "Statestical Summary of Environmental Health Activities"). The rumbe of corrections with respect of total numbers of inspection and numbers of defects found, is not numerically or accurately interest as since many camps were vacated and closed to further a upon order.

Inasmuch as program efforts were directed during the 1970 source to complaints of substandard housing conditions, most were ordered closed and corrections not made. Housing, other camps or on farms is mot specifically identified for report purposes but will be so done in future reporting.

- B. Because of inadequate staffing limited attention has been directed to sanitary facilities for field or shed workers. Such efforts have been confined to requiring lettuce and other produce growers as well as shippers to provide water, toilet and hand washing facilities.
- C. Principle difficulties in achieving program goals have been:
 - 1. Insufficient field staffing.
 - 2. Inherent antagonisms and oppositions to a housing enforcement regram.
 - 3. Limited numbers of proprietary farm operators. Most farming acreages in the state which require field labor are absentee owned. The percentages are particularly significant in the San Luis Valley and eastern part of Colorado, varying from 60 to 80 percent. The lamb is held in estates or by owners for investment purposes and their interest is not in rehabilitating tenant operators farming on a seasonal basis.
 - 4. Inability of operators to provide or maintain labor housing. Creators are reluctant and often financially unable to repair or improve housing on farms not owned by them and rented only for the agricultural season.
 - 5. Provisions of labor housing not always economically feasible. Many crops require labor for short seasonal periods, e.g., peach, cherry, pear, harvest one to two weeks; potato harvest 4 weeks; sugar beet cultivation 4 to 6 weeks. The short term use periods, the availability, and decreasing costs of mechanization and herbicide use make it economically unfeasible to build, repair, or otherwise maintain farm labor housing. Additional factors are real property taxes and upkeep costs resulting from some vandalism damage caused by migrants or local delinquents.
 - 6. Financial limitations; cost-profit margin compaction, increased fixed costs; interest, taxes, repairs, labor and a decreased return on the investment does not provide sufficient money for capital improvements.



7. Seasonal crollosses. Two severe October storms with freezing and wet weather conditions caused extensive losses in marvesting in crops. Sugar best growers lost approximately 33 million dollars in Southeastern Colorado and Southwest Kansas border counties and 2 million dollars in Western Colorado. There was a demillion dollar loss to growers of produce (crops, pumpkins, potations, cabbage, carrots) throughout the state. Financial repercusations of the losses continue and acreages devoted his year to some of these high priced labor crops have decreased. The example, there were a 22 percent decrease in sugar best acreages from 200,000 acres in the store for 1969.

D. The trend is toward:

- 1. Production of feed crops to salve needs of increasing numbers of feed lot operations.
- 2. Increased mechanization to eliminate labor and remed for housing.
- 3. Reliance on various kinds of watel housing in the agricultural area communities for their familians.
- 4. Increased use of locals to obtain the cost of housing and collateral costs of using migrant labor. It present local workers provide 51 percent of the agricultural seasonal labor needed in the state. The number is increasing because of higher unemployment rates, opportunities for women and students to sacure part-time work, and a higher settling out rate of migrants. The migrants are so intermingled with the local agricultural seasonal workers in slum sections of some agricultural areas that solutions to sanitation problems must now be considered on a community-wide basis to serve all residents.
- E. The transitional trends makes necessary, continuing, evaluations and applications of program approaches to achieve maximum accommishment and effectiveness in providing an adequate level of environmental health services to the rural poor of Colorado.



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DEPARTMENT OF HEALTH, EDUCATION, AND WELLFARE HEALTH SERVICES AND MENT OF HEALTH ADMINISTRATION

DATE SURMITTED

CHELL SEMAICES NIED WEST OF CIENCELLY VENETIALS WESTERN	
	PERIOD COVERED BY THIS REPORT

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT	FROM	THROUGH
PART I - GENERAL PRIGJECT INFORMATION		
1. PROJECT TITLE	2. GRANT NUMBER (Umr Gear	number shown on the lauxii of Award Notice)
3. GRANNTEE CREE PRIZETION (Name & ad s)	4. PROJECT DIRECTOR	

SUMMARE OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

o. NUMB	BEF OF BUTCHANTS BY MO	ONTH		b. NUMBER OF MIGRANTS	DURING REAK MO	NTH	
MONTH	TOTAL	IN-MIG/RAKTS	OUT-MIGRANTS		TOTAL	MALE	FEMILE
J Atè	•			(1) OUT-MIGRANTS:			
FEB.				TOTAL			
MAR.				UNDER! YEAR	-		
970 APRIL	1.,47.3	1,4737	N.A.	1 - 4 YEARS	N.A.		
970MAT	4_351	4,8		5 - 14 YEARS	-		
970-	21,717	21,717		15 - 44 YEARS	_		
969 3024	16,4446	5 غنب رُ 16		45 - 64 YEARS	4		
969 AUS.	16_265	16,26		65 AND OLDER	4		
969 SEPT-	11,553	11,56			<u> </u>	-	
969 ост.	6 ,3∉8	6,368		(2) IN-MIGRANTS:			
969 NOV-	1_980	1,98≎		TOTAL	 		
969 DEC-				UNDER 1 YEAR	7 _≈ 239 wa	rkers and	
TOTALS	80 653	80,663		1 - 4 YEARS	14 ₂ 478 no	n-working	
= A V = F	RAGE STAY OF MIGRANT	S IN PROJECT AR	EA	5 - 14 YEARS	de:	pendents.	
	NG OF WEEKS	FROM (MO.)	THROUGH (ME)	15 - 44 YEARS	<u> </u>		
OUT-MIGRA	NTS			45 • 64 YEARS	_]	ı
				65 AND CLDER	4		
EN-MIGRAN	τs 22	5-1	10-15	- !			

- d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR So.
 - 1. Sugar Processors: Great Western, Holly, and American Crystal.
 - 2. Food Processors: H.J. Heinz, Kuner Emeson, Western Canning Co.
 - 3. Local Co-op and Grower Associations: Motato, Lettuce, Onion, Peach, Apple, etc.
 - 4. Government Agencies: Colo. Employment Dept., U.S. Labor, U.S. Invieration.

						
E. HOUSING TOMMODATIONS						
O. CAMPS			b. OTHER HOUSING ACCOMMODATIONS			
MASIMUM CYCACITY	NUMBER	OCCUPANCY (PEAK)	LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK	
LESS THEN EDIFFERSONS						
10 - 25 PERSONS		PLEASE RETER	TO NEXT PAGE			
26 - 55 MERSONS				-		
SI - 100 PERSONS				_1		
MORE THAN 195 PERSONS			· · · · · · · · · · · · · · · · · · ·	4		
TOTAL*	**************************************		TOTAL*			

OF COLOR JECT AREA - Append map showing location of camps, roads, clinics, and other places important to project

PH5-4202-7 / AGE 1)

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^{*}NOTE: The ambined occupancy totals for "a" and "b" should equarapproximately the total peak migrant population for the year.

HOUSING ACCOMMODIATIONS		ł				S
o. CAMPS	F _	<u> </u>	F	S	S	
MAXIMUM CAPACITY	NUMBER	OCCUPANNCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
ESS THAN 10 PERSONS	1,732	11,684	1,732	6	40	19
10 - 25 PERSONS	674	12,876	1,752	32	570	40
26 - 50 PERSONE	99	3,576	546	29	1,053	_16
61 - 100 PERSONS	19	1,368	232	15	1,325	7_
MORE THAN 100 PERSONS	10	3,466	562	3	450	_3
fiot al *	2,534	32,970	4,824	85	3,438	85

I man a section of the section of						<u>a,</u>
LOCATACH (Specifor):	MUMBER	DECUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D., U
Less than 10 pers.	106	716	106	0	0	0
0-25 persons	41 '	738	109	i 1	20	
26-50 persons	18	414	63	ブ 7	266	7
01-100 persons	, 3	216	35	- 5	372	 '-
Amre than 100 pers.	O	0	0	1 0	0	- 0
TOTAL*	168	2,084	313	13	658	13

S = Singles



^{*} Capacities only. Total occupant loads not determined because all housing occupied by migrants not surveyed. Occupant data for inspected dwellings noted in "Statistical Summary" of Environmental Health Services.

F = Family

POPULATION SAN	AND HOUSING DATA JUAN BASIN, DOLORE	S-MONTEZUMA
FOR	COUNTY.	COUNTIES

Ī	GR AN' T	NUMBE	भ	 	
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INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ____) for each county and summarize all the county data for total project area on page 1. Projects covering only one sounty will report population and housing on page 1.

0. NUME	ER OF MEGRANTS BY MO	N IF		b. NUMBER OF MIGRANTS	DURING PEAK M	ONTH	
MONTH	TOTAL	IN-MIGRANITS	OUT-MIGRANTS	<u>_</u>	TOTAL	MALE	FEMALE
JAN.				TO OUT-MIGRANTS:			
FEB.				TOTAL			
MAR.	•			UNDER 1 YEAR]]	A.	
APRIL	150	150	N.A.	1 - 4 YEARS		1	
MAY	300	300		5 - 14 YEARS		1	
JUNE	300	300		15 - 44 YEARS	•		į.
JULY	300	300		45 - 64 YEARS		j	
AU G.	300	300		65-AND OLDER			ĺ
SEPT.	750	750				ļ	
ост.	75	75		(2) IN-MIGRANTS:			
NO V.				TOTAL			
DEC.	<u> </u>			UNDER LYEAR		1	
TOTALLS	2,175	2,175		1-4 YEARS	250 worl	ers and	į
c. AVER	AGE STAY OF MIGRANTS	IN COUNTY		5 - 14 YEARS	•	f	dependents
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	15 - 44 YEARS			į -
OUT-MIGR	ANITS			45 - 64 YEARS			
				65 AND OLDER			İ
IN-MIGRAN	TS .						
	8	8-1	9-1	1	1	1	!

 C	Α	M	5

b. OTHER HOUSING ACCOMMODATIONS

MAXIMUM CAPACIT	Y D.U.	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify)	NUMBER	OCCUPANCY (Ped)
LESS THAN 10 PERSONS	12	12	68			
mo · 25 PERSONS	3	1	18		N.	A.
26 · 50 PERSONS						
51 - 100 PERSONS			4		1	
MORE THAN 100 PERSONS	Į;	•			1	
				TOTAL*	ļ	ļ
Total*	_ 5 F	13F	86F	TOTAL		

^{*}NOTE: The combined occupancy totals for "o" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

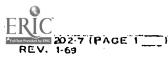
F = Family

S = Singles

Above housing condemned and vacated. Acceptable housing for Navajo Indian families cultivating and harvesting pinto beans virtually non-existent. No program activities this reporting period.

NSTRUCTIONS:	Projects involving more than one county will comple all the county data for total project area on page 1.	te a continuation sheet (page 1) for each county and summarize Projects covering only one county will report population and hous t
	on page 1.	

MONTH	TOTAL	T IN-MIGRANTS	OUTMICHANTS	b. NUMBER OF MIGRANT		T	<u>-</u>
MONTH JAN. FEB. MAR. APRIL MAY JUNE JULY AUG. SEPT, OCT. NOV.	27 15 315 390 1,620 1,890 345	27 15 315 390 1,620 1,890 345	N.A.	(1) OUT-MIGRANTS: TOTAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS 15 - 44 YEARS 45 - 64 YEARS 65 AND OLDER (2) IN-MIGRANTS: TOTAL	1,430 wor	N.A. kers and	F F M A
DEC.				UNDER 1 YEAR	Does not	accuratel	y refl
TOTALS	4,602	4,602		1 - 4 YEARS	numbers o	‡ depende	nts fo
c. AVER	AGE STAY OF MIGRANT	S IN COUNTY		5 - 14 YEARS	other sea	son and p	eriods
OUT-MIGRANTS		FROM (MO.)	THROUGH (MO.)	15 - 44 YEARS		large inf	
				45 - 64 YEARS 65 AND OLDER	single pe	ople harv 15 to Sep	esters
IN·MI GRAN	тѕ		T				
6. HOUSIN	IG ACCOMMODATIONS			b. OTHER HOUSING ACCO	OMMODATIONS		'
KAM	GMUM CAPACITY	NUMBER : 0	CCUPANCY (Peak)	LOCATION (Specify		ER OCCUF	PANCY LP
LESS THAN 10 - 25 PER 26 - 50 PER 51 - 100 PE	sons		REFER TO	NEXT PAGE			
	1 100 PERSONS						
	TOTAL*		<u> </u>	TO	TAL		d



WESTERN SLOPE

F	F	म	S	S .	5
NUMBER	OCCUPANCY (PEAK)	D_U.	NUMBER	OCCUPANCY IPEAK)	D 11
84	567	84			V.Q.
83	1,494	221		!	
6	216	45	13	468	13
1	72	19	8	576	8
1	250	50			
175	2 500	/10	21	1 0//	01
	84	84 567 83 1,494 6 216 1 72 1 250	NUMBER OCCUPANCY IPEAK) D.U. 84 567 84 83 1,494 221 6 216 45 1 72 19 1 250 50	NUMBER OCCUPANCY (PEAK) D.U., NUMBER 84 567 84 83 1,494 221 6 216 45 13 1 72 19 8 1 250 50	NUMBER OCCUPANCY IPEAK) 84 567 84 83 1,494 221 6 216 45 13 468 1 72 19 8 576 1 250 50

LOCATION (Specify)			 			
GOCATION COPECITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	Ī
	;					
	-	1		ī		
_N.A.				1	·	
			<u> </u>	1		
				-		
					-	
TOTAL				i		

^{*} Summary only. Population data not indicated for individual counties in Western Slope region because of Inter-county shifting of migrants within the area.



^{**} Capacities of existent housing facilities. Occupant data relating to dwellings surveyed during report period are noted in "Statistical Summary of Environmental Health Activities".

POPUL	ATION	AND	DUSING	DATA

FOR	MESA	COUNTY.

all the county dota for total project area on page 1. Projects covering only one county will report population and hous on page 1.	INSTRUCTIONS:	Projects involving more than one county will complete a continuation sheet (page 1) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.
--	---------------	---

	ON DATA - MIGRA F MIGRANTS BY MO	•	d dependents)	b. NUMBER OF MIGRANTS E	DURING PEAK MON	———— тн •	
монтн	TOTAL	IN-MIGRANTS	OUT-MIGHANTS		TOTAL	MALE	FEMALE
JAN. FEB. MAR. APRIL				(1) OUT-MIGRANTS: TOTAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS	-		·
'UNE				15 - 44 YEARS			
JULY				45 - 64 YEARS			
AUG.				65 AND OLDER	}		
SEPT.							
ост.				(2) IN-MIGRANTS:			
NO V.				TOTAL			
DEC.				UNBERTYEAR			
	STAY OF MIGRANTS	IN COUNTY		1 • 4 YEARS 5 • 14 YEARS			
	NO. OF WEEKS	FROM (MO_)	THROUGH (MD.)	15 - 44 YEARS			
OUT-MIGRANTS				45 + 64 YEARS			
IN-MIGRAN TS	6 (beets)	6-1	7 -1 5				
	4 (peach)	8 -1 5	9-15.	<u> </u>			
6. HOUSING AC	COMMODATIONS			b. OTHER HOUSING ACCOM	MODATIONS		
MAXIMUM	CAPACETY	NUMBER O	CCUPANCY (Peak)	LOCATION (Specify)	NUMBER	0 C C U F	ANCY (Peak)
LESS THAN 10 P			REFER TO NE	EXT PAGE			
		1	WELFK TO MI	** >		1	

			1		
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
LESS THAN IN PERSONS				-	
10 - 25 PERSONS		REFER TO NE	YT BACE	-	
26 - 50 PERSONS		KEPEK IO NE	AI_FAGE	-	
\$1 - 100 PERSONS					
MORE THAN 100 PERSONS					
TO T AL*			TO TAL*		
	<u> </u>		L		1

^{*}NOTE: The combined occupancy totals far "a" and "b" should equal approximately the total peck migrant population for the year.

REMARKS

MESA COUNTY

. HOUSING ACCOMMODATIONS				_		S
o. CAMPS	· F	F	F	S	S	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	, MUMBER	OCCUPANCY (PEAK)	D.U
LESS THAN TO PERSONS	44	297	44			
10 - 25 PERSONS	50	900	133	4		
26 - 50 PERSONS			13	13	468 _	
51 - 100 PERSONS			8	8	576 =	
MORE THAN 100 PERSONS					· -	
TOTAL*	94	1.197	198	21	1.044	

		IONS F		F	<u> </u>		
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.
]		
		,]		
		•	UNKNOWI	N			
			1		1		
			i		1	· -	 -

S = Singles



F = Family

SF = Family housing also used by single workers.

^{*} Maximum occupant loads. Much housing not used because of recent mechanization in beet cultivation and tomato harvest. Also because of variable peach production from year to year. Health Department has not assumed program and there have been no housing improvement activities in 1970.

	- مي							
	POP	ULATION AND	HOUSING DATA	6	MANT NUM	WER		
	FOR	DELTA	COUNTY.					
NS TRUCTIONS				ete a continuation sheet Projects covering anly a				
	N DATA - MIGRAI F MIGRANTS BY MO		and dependents)	b. NUMBER OF MIGRAN	TS DUPING	PEAK MONTH	ł	_
MONTH	TOTAL	IN-MIGRANT	S OUT-MIGHANTS		то	TAL	MALE	FEMALE
JAN. FEB. AAR. APRIL AAY JUNE JULY AUG. BEPT.				(1) OUT-MIGRANTS: TOTAL UNDER 1 YEAR 1 · 4 YEARS 5 · 14 YEARS 45 · 64 YEARS 65 AND OLDER (2) IN-MIGRANTS:				
10 v.				TOTAL				
DEC.				UNDER TYEAR		ļ ·		ļ
TOTALS				1-4 YEARS]		{
c. AVERAGE	TAY OF MIGRANTS	IN COUNTY		5 - 14 YEARS	İ			1
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	15 - 44 YEARS				
DUT-MIGRANTS			.	.45 - 64 YEARS 65 AND OLDER				
N-MIGRAN TS	6 (beets) 8 (apples)	6 - 1 9 -1 5	7-15 11-15					
. HOUSING A	COMMODATIONS							·
o. CAMPS				b. OTHER HOUSING ACC	COMMODAT	10NS		
MAXIMU	CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Speci	(ye)	NUMBER	OCCUP	ANCY (Peak)
ESS THAN 10 P 10 - 25 PERSONS 26 - 50 PERSONS 51 - 100 PERSON	s		REFER TO I	NEXT PAGE				
SOLE IMAN IOO	FERSONS			Ī		ı	1	

NOTE:	The tombined occuponcy totals for	''o''	מים י	ъ.	should equal approximately the total peak migrant population for the year.	
-------	-----------------------------------	-------	-------	----	--	--

DELTA COUNTY

. HOUSING ACCOMMODATIONS						S
o. CAMPS	F	F	F	·S	S i	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY FAK)	D.U.
LESS THAN 10 PERSONS	19 SF	128	_19			
10 - 25 PERSONS	28 SF	504	75			
26 - 50 PERSONS	6 SF	216	32			
51 - 100 PERSONS	1 SF	72 ·	11		1	
MORE THAN 100 PERSONS	1 F	250	50			
* JA 10T	55	1,170	187			

HER HOUSING ACCOMMODA	110143	- F	<u> </u>	٥	5	
LOCATION (Specify);	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U
	1	1		}		
	· .	l				
]	l ·				
	1	i				
	4	1		l	1	

F = Family

Most camps are designated to accommodate either single or family workers with few dependents, in beet cultivating and fruit harvest. The latter primarily apple harvest. Housing consists mostly of multiple dwelling units in the camps. No Health Department and no program activities in 1970.



S = Singles

F = Occupancy by either family or single workers.

POPULATION	AND	ноизіне	DATA

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

. NUMBER O	F MIGRANTS BY MC	NTH	•	b. NUMBER OF MIGRANTS	DURENG PEAK HED	ENTH.	
MON TH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS		DTAL	MALE	FEMALE
JAN.				IN OUT-MIGEANTS:			
FEB.		ļ		TOTAL	The state of the s		
MAR.				UNDER I YEAR	!!		
APRIL				1 - 4 YEARS			İ
MAY		İ		5 - 14 YEARS			Ì
JUNE				15 - 44 YEARS			
JULY				415 - 64 YEARS			
AUG.				65 AND OLDER	!		1
SEPT.							
OCT.				(2) IN-MIGRANTS:			
NO V.		·	ļ	TOTAL			
DEC.	- 			UNDER TYEAR	·		i
TOTALS				1 - 4 YEARS			
c. AVERAGE	STAY OF MIGRANTS	IN COUNTY		5 - 14 YEARS			
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	15 - 44 YEARS		•	
OUT-MIGRANTS				.45 * 64 YEARS	}		
				65 AND OLDER			
IN-MIGRANTS	6 (beets)	6-1	7-15				
6. HOUSING A	COMMODATIONS	L	L	1			
- CAMPS						•	

1 2. OTHER HOUSING ACCOMMODATION	- 1	Ь.	OTHER	HOUSING	ACCOMMODATION	15
----------------------------------	-----	----	-------	---------	---------------	----

			- Strand Recompositions				
MAXIMUM CAPACITY	NUMBER .	OCCUPANCY (Peak)	LOCATION (Specity)	NUMBER	OCCUPANCY (PEBK)		
LESS.THAN & PERSONS 10 - 25 PERSONS 26 - 50 PERSONS 51 - 100 PERSONS MORE THAN 100 PERSONS		REFER TO	NEXT_PAGE				
TOTAL*			TOTAL*				

^{*}NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

MONTROSE COUNTY

HOUSING ACCOMMODATIONS						
a, CAMPS	F	F	F	S	9.	3
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANICY (PIJANI)	T2 17
LESS THAN 10 PERSONS	21	142	21		<u> </u>	
10 - 25 PERSONS	5	90	13			
26 - 50 PERSONS						
51 - 100 PERSONS						
MORE THAN 100 PERSONS				_		
<u>,</u> }						
TOTAL*	26	232	34			

HER HOUSING ACCOMMODAT			r	0	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	1. C
	1					
		<u> </u>		-		
		 	<u> </u>	- ∤ •		
		ĺ <u>├</u>		_	1	
				1		
				-i :	l —	

F = Family

No Health Department and no program activities conducted this reporting period.



166

					GF47. F	NUMBER				
PART IV - SANI	HATION	SERVICE	S 							
TABLE A. SURVEY OF HOUSING ACCOM	MODATION	15		<u>.</u>						
HOUSING ACCOMMOD	ATIONS			T	OTAL	OTAL COVE			RED BY PERMITS	
*F=Family *S=Singles			F	F NUMBERS		ACITYS	NUME FO.		ALFACITY_	
CAMPS			2		35, 32,97					
OTHER LOCATIONS				168	L3 2,08	4 65/8				
HOUSING UMITS - Femily:				0.7%	22 070		-			
IN CAMPS				, <u>824</u> 313		32,970 2,084		maitl		
IN OTHER LOCATIONS							No per	l l		
HOUSING UNITS - Single				85	3,438		provisions in Colorado.			
IN CAMPS				13	658			COLOTA	.40.	
TABLE B. INSPECTION OF LIVING AND	WORKING	ENVIRON	MENT OF M	IGRANTS						
		NIL INC	BER OF	Τ.	OT AL					
ITEM		LOCA	ATIONS ECTED*	MUM	BER OF ECTIONS	DEF	DEFECTS POUND		NUMBER OF CORRECTIONS MADE	
LIVING ENVIRONMENT:		CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	
a. WATER		485		1,230		339		56		
b. SEWAGE		485		1,230		467	į.	146		
c. GARBAGE AND REFUSE		485	İ	1,230		406	I	78		
d- HOUSING		485		1,230		544		69		
e. SAFETY		485	1	1,230		144		29		
f. FOOD HANDLING		485 485	ľ	1,230	·	114		23		
g. INSECTS AND RODENTS		485	}	1,230 1,230		213		41		
Detailed info. in "Statisti			f Envir	onmental	Health	Activit	les". C	amps an	d other	
				ally cate				-		
c. WATER		xxxx	17	xxxx	17	xxxx	17	xxxx	17	
b. TOILET FACILITIES		xxxx	11	xxxx	11	xxxx	11	xxxx	11	
c. OTHER		xxxx		xxxx		xxxx		xxxx	!	
* Locations - comps or other locations where	minerate	work or gra	housed			<u> </u>	<u> </u>	!	1	
					· · · ·			**************************************		
PART V- HEALTH EDUCATION SERV	VICES II	sy type of s	ervice, per				5.)			
TYPE OF HEALTH	HEA	LTH		NU!	ABER OF SE	SSIONS	1 410-0		THER (Specify	
EDUCATION SERVICE	EDUC	ATION AFF	PHYSICIA	NS NUR	SES SA	NITARIANS	AIDES than Heal		HER Copecin	
A. SERVICES TO MIGRANTS:						7 9				
(1) Individual counselling							 			
(2) Group counselling	•	1	:	<u> </u>			+ -		<u> </u>	
(2) Group counselling			•	ı				1		
(2) Group counselling B. SERVICES TO OTHER PROJECT			"	·					•	
	-		,						•	
B. SERVICES TO OTHER PROJECT	_						,			
B. SERVICES TO OTHER PROJECT STAFF:									· · · · · · · · · · · · · · · · · · ·	
B. SERVICES TO OTHER PROJECT STAFF: (1) Consultation										
B. SERVICES TO OTHER PROJECT STAFF: (1) Consultation						185				

* G=Groups

D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS:

(2) Consultation with groups ___

Greenwe services ___

F SEALTH EDUCATION

(1) Consultation with individuals __

*P=Persons.

287

73

*152 G, 1536 P

	GRANT NUMBER
POPULATION AND HOUSING DATA	
SAN LUIS VALLEY	
FORCOUNTY.	
	<u></u>

INSTRUCTIONS: Projects involving more than one county will camplete a continuation sheet (page 1 ___) for each county and summarize all thre county data for total project area on page 1. Projects covering only one county will report population and housing om page 1-

	F MIGRANTS BY MOI		*	b. NUMBER OF MIGRANT		MALE	FEMALS
HENOM	TOTAL	IN-MIGRANTS	OUT-MIGRANTS	-	TOTAL	MALE	FEMALE
JAN.				(1) OUT-MIGRANTS:			
-E8.				TOTAL			
MAR	1			UNDER 1 YEAR	N.A.		
APRIL	120	120	N.A.	1 - 4 YEAR5			
YAY	360	3 €∙ 0		5 - 14 YEARS			
JUNE	1,,005	_ ,0 05		15 - 44 YEARS			
JULY	1,479	1 , 479		45 - 64 YEARS			
ΑΨG.	1,754	1,754		65 AND OLDER			
SEPT.	813	813					
DCT-	1,680	1,680		(2) IN-MIGRANTS:	878 worker	i	_
NO V.				TOTAL	876 non-w		
DEC.				UNDER I YEAR	Does not		
TOTALS	7,211	7,211		1 - 4 YEARS	numbers of	depende	hts for any
c. AVERAGE	STAY OF MIGRANTS	IN COUNTY		5 - 14 YEARS			tod because
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	15 - 44 YEARS	of large	number of	single
OU T-MIGRANTS				45 - 64 YEARS	lettuce ha	rvesters	July 15-
00 -MIGRAN 13				55 AND OLDER			Sept. 15.

6. HOUSING ACCOMMODATIONS

g. CAMPS			b. OTHER HOUSING ACCOMMODATIONS				
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)		
LESS THAN 10 PERSONS 10 - 25 PERSONS 26 - 80 PERSONS 51 - 100 PERSONS MORE THAN 100 PERSONS	PLE	ASE REFER TO N	EXT_PAGE				

15. OTHER HOUSING ACCOMMODATIONS

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

SAN LUIS VALLEY

. HOUSING ACCOMMODATIONS						S
a. CAMPS	F	F	F	S	S	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY IFEAK)	D.U.
LESS THAN 10 PERSONS	. 37	256	37			
10 - 25 PERSONS	207	4,546	610	4		
26 - 80 PERSONS	11	396	59	1 1 [.]	45	 -
51 - 100 PERSONS	3	27-6	33	_ 4	323	4
MORE THAN 100 PERSONS	-			3	450	3
TOT&L*	258	5,414	739	8	818	8

OTHER HOUSING ACCOMMODAT	IONS F	F	F	S	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PRAK)	D.U
ess than 10 pers.	57	386	57			
0-25 persons	34	612	90	1	20	1
6-50 persons	14	270	40	5	194	5
1-100 persons				4	300	4
More than 100 pers.				7		
TOTAL*	105	1.268	187	10	514	10

^{*} Summary only. Population data not indicated for individual counties because of intercounty shifting of migrants in San Luis Valley geographical area.



^{**} Capacities of existent housing. Occupant data relating to dwellings surveyed during report period noted in "Statistical Summary of Environmental Health Activities".

		ALAMOSA		COUNTY.		RANT NUM			
NSTRUCT:101	NS: Projects involvi all the country do on page 1.	क्काटु more than खाट for उठावी p	one co roject	ounty will complo area on page 1.	ete a continuation sheet Prajects cavering only ((page 1 _ one county) for each of will report p	county and opulation	d summarize and housin
	TON DATA - MIGRAS		and de	ependents)	b. NUMBER OF MIGRAN	CS DURING	PEAK MONTH	,	
MONTH	TOTAL TOTAL	M-MICRANTS OUT-MIGRANTS		TO HOMBETT OF MICHAEL			MALE	FEMALE	
MON IA	TOTAL		-			<u> </u>	<u> </u>		
JAN.	i		1		IN OUT-MIGRANTS:		1		
FEB.			- 1		TOTAL		1		
AAR.			- 1		UNDER TYEAR	1	1		
APRIL			- 1		1 - 4 YEARS		1		
YAN			- 1		5 - 14 YEARS				
JUNE			- 1		15 - 44 YEARS	ĺ			
JULY					45 - 64 YEARS		1		
AUG.			1		65 AND OLDER		ł		!
SEPT.			i			_		_	
ост.		1	i	•	(2) IN-MIGRANTS:				
NO V.			ļ		TOTAL				
DEC.					UNDER ! YEAR				
TOTALS		<u> </u>			1 - 4 YEARS				
c. AVERAG	E STAY OF MIGRANTS	IN COUNTY			5 - 14 YEARS		1		
	NO. OF WEEKS	FROM (MO	.)	THROUGH (MO.)	15 - 44 YEARS				j
OUT-MIGRANI			Ī		45 - 64 YEARS				i
OUT-MIGRAN	1.3				65 AND OLDER				
	12 (lettuce) 6-15		9-15	1	ĺ			ļ
IN-MIGRANTS	4 (potato)			10-15					1
E. HOUSING	ACCOMMODATIONS		-		·				
a. CAMPS					b. OTHER HOUSING AC	COMMODA	TIONS		
MAXIM	IUM CAPACITY	NUMBER	000	UPANCY (Peak)	LOCATION (Spec	ify)	NUMBER	OC CUF	ANCY (Peak
		<u> </u>	1						
LESS THAN H	PERSONS		1				7	1	
10 - 25 PERSO	กร						1	1	•
26 + 50 PER50	ons	1		PLEASE F	REFER TO NEXT PAC	E	1		
51 - 100 PERS	ONS		1			·····	1		
MORE THAN	100 PERSONS						1		
	TOTAL*				. 1	O TAL*			
*NOTE: The	combined occupancy to	tols for ''o'' on	'9р 	should equal appr	oximately the total peak mi	grant popul	ation for the ye	ear.	
REMARKS									
							•		

ALAMOSA COUNTY

			<u> </u>			
6. HOUSING ACCOMMODATIONS		-				5
o. CAMPS	F·	F	F	S	S :	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY IPEAK)	D.U.
LESS THAN 10 PERSONS			L	1		
10 - 25 PERSONS				4		
26 - 50 PERSONS				1	45 _	L
51 - 100 PERSONS			ļ	1	-	
MORE THAN 100 PERSONS				· ·	r	
				 	 	
TOTAL*			l	1	45	1

b. OTHER HOUSING ACCOMMODAT	TONS F	F	<u> </u>	S	S	S
LOCATION (Specify):	NUMBER	GECUPANCY IPEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
Less than 10 pers.	42	284	42			
*10-25 persons	15 SF	270	40	1	 	
26-50 persons	i I	l t		3	114	3
51-100 persons	1	•		┥ 4	300	
Slum rental houses,	, ,	i t		╡	1	 -
hotels & one motel.	 !					
TOTAL*	57	554	82	7	414	7

F = Family S = Singles

* Family housing used by single workers.



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	POP	PULATION AND	HOUSING DATA	GR	INT NUI	MBER		
		CONEJOS						
	FOR		COUNTY.					
NSTRUCTION:				eta a continuotion sheet (Projects covering only o				
	ON DATA - MIGRA		and dependents)	b. NUMBER OF MIGRANT	S DURIN	G PEAK MON	TH	,
MONTH	TOTAL	IN-MIGRANT	S OUT-MIGRANTS	·		OTAL	MALE	FEMALE
JAN.				(1) OUT-MIGRANTS:				\vdash
EB.				TOTAL		1		
AR.				UNDER 1 YEAR		1		1
PRIL				1 - 4 YEARS		ł		
IAY				5 - 14 YEARS		1		1
UNE				15 - 44 YEARS		1.		
ULY		ļ		‡		1		
UG-				45 - 64 YEARS		.		
EPT.								<u> </u>
OCT.						1		
1				(2) IN-MIGRANTS:		1		
DEC.			}	UNDER I YEAR		j		
OTALS				J-4 YEARS		}		Ì
c. AVERAGE	STAY OF MIGRANT	S IN COUNTY		5 - 14 YEARS		. 1		1
	NO. OF WEEKS	FROM (MO.I	THROUGH (MO.)	15 - 44 YEARS		1	•	
				45 - 64 YEARS		1		ļ
UT-MIGRANTS				65 AND OLDER		ì		
	12 (lettuce	6-15	9-15	US AND OLDER		1		1
N-MIGRAN TS	4 (potato)	9-15	10-15			Į		
. HOUSING A	COMMODATIONS							<u>'</u>
o. CAMPS				b. OTHER HOUSING ACC	OMMODA	TIONS		
MAXIMUN	CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify	y)	NUMBER	OCCU!	ANCY (PEE
		İ						
ESS THAN OF	ERSONS		•			1	1	
0 - 25 PERSONS	i					†		
6 - 50 PERSONS	•		PLEASE REFER	TO NEXT PAGE		1		
1 - 100 PERSON	s	1				1		
ORE THAN 100	PERSONS					1		
	TOTAL*			то	TAL*			
k				eximately the total peak migr				

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CONEJOS COUNTY

HOUSING ACCOMMODATIONS				•		S
a. CAMPS	F	.F	F	· S	S	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	10	68	10			
10 - 25 PERSONS	8	184	21	4		
26 - 50 PERSONS	5 S F	180	27	_{		
51 - 100 PERSONS	1	72	11	_ 2	179	
MORE THAN 100 PERSONS					<u> </u>	
TOTAL*	24	504	69	2	179	Ż

OTHER HOUSING ACCOMMODATE	ONS F	F	F	S	S	S
LOCATION (Specify);	NUMBER	OCCUPANCY IPEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.
Less than 10 persons	1	7	1			
10-25 persons	5 S F	90	13	1	\	
Slum rentals					l · ⊦	
		1		-{	ļ -	
				4		
TOTAL*	6	97	14			

F = Family S = Singles

* Family housing occupied by single workers



				GRA	TNUMBER			
	POPU	LATION AND H	OUSING DATA					
	FOR	COSTILL	A COUNTY.					
STRUCTIONS	Projects involvi oil the county do on page 1.	ng more than a ata for total pro	ne county will comple pject area an page 1.	ete a continuation sheet (po Projects covering only one	age 1) for e county will rep	ach cou port pop	unty and ulation	summarize and housing
	N DATA - MIGRAN		nd dependents)	b. NUMBER OF MIGRANTS	DURING PEAK M	ОМТН		
	TOTAL	IN-MIGRANT	OUT-MIGRANTS		TOTAL		ALE	FEMALE
MON TH	TOTAL			(1) OUT-MIGRANTS:				
.N.				TOTAL				
В.				UNDER 1 YEAR				
R.				J - 4 YEARS				
PRIL				5 - 14 YEARS		1		
'Y	,			15 - 44 YEARS		1.		
NE			İ	45 - 64 YEARS		1		[
LY				65 AND OLDER				
ıc.						+		
ЕРТ,		•		(2) IN-MIGRANTS:				
с т.				TOTAL				
o v.				UNDER I YEAR	! 			
EC. OTALS			_	1 · 4 YEARS				
	TAY OF MIGRANTS	IN COUNTY		5 - 14 YEARS	İ			ļ
	NO. OF WEEKS	FROM (MO.	THROUGH (MO.)	15 - 44 YEARS				
	10.07 1122113	17.104.7		45 - 64 YEARS				1
U T-MI GRAN TS				65 AND OLDER				
I-MI GRAN TS	12 (lettuce) 6-15	9-15					
	CCOMMODATIONS	ľ		16. OTT.ER HOUSING ACCO	MMODATIONS			
o. CAMPS		 	(B-1)	LOCATION (Specify			OCCUF	ANCY (Peak
MAXIMUN	A CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCA HOR (Specify				
ESS THAN 10 F	ERSONS					1		
D - 25 PERSON:	s		DETEN T	NEVT DAGE		}		•
6 - 50 PERSON	s		REFER 1	O NEXT-PAGE		ŀ		
1 - 100 PERSON	is					1		
ORE THAN 100	PERSONS							
	. TOTAL*			то	TAL*			
*NOTE: The co	mbined occuponcy to	otals for "a" an	d "b" should equal app	roximately the total peak migr	ant population for	the yea	r.	
								

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COSTILLA COUNTY

						S
HOUSING ACCOMMODATIONS 6. CAMPS MAXIMUM CAPACITY	F	F OCCUPANCY (PEAK)	F D.U.	NUMBER	S OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	43 SF 5 SF	774 180	115 27	2	150	2
MORE THAN 100 PERSONS	48	954	142	2	150	2

b. OTHER HOUSING ACCOMMODAT	IONS F	F	F	S	S OCCUPANCY (PEAK)	S D.U.
LOCATION (Specify)	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	BECOPANC. (FE	
10-25 persons Slum rentals, old store buildings.	14	252	3/			
TOTAL*	14	252	37	<u> </u>		·

F = Family
S = Singles
SF = Family housing occupied periodically by single workers.



				•	GRANT NUN	1		
	POP		HOUSING DATA	•.	GRANI NON	MBER		
	FOR	RIO GRA	NDE COUNTY.	,				
NSTRUCTIONS	: Projects involved the county don page 1.	ing more than	one county will compl	ete a continuation shee Projects covering only	et (page 1 _ r one county) for each y will report	county and	d summarize and housing
	N DATA - MIGRA		and dependents)	b. NUMBER OF MIGRA	NTS DURING	PEAK MONT	— ———— H	
MON TH	TOTAL	IN-MIGRANT	S OUT-MIGRANTS			TAL	MALE	FEMALE
IAN. EB. IAR. IPRIL IAY UNE ULY UG. EPT. ICT. IOV. EC. OTALS c. AVERAGE S	TAY OF MIGRANTS	IN COUNTY	THROUGH (MO.)	TO TAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS 15 - 44 YEARS 45 - 64 YEARS 65 AND OL DER 121 IN-MIGRANTS: TO TAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS 15 - 44 YEARS	A	-		
UT-MIGRANTS	4 (potatoes) 9-15	10-15	45 - 64 YEARS 65 3ND OLDER				
HOUSTNO	COMMODATIONS		10-13					
c. CAMPS	COMMODATIONS			b. OTHER HOUSING AC	COMMODAT	TONE		
MAXIMUM	CAPACITY	NUMBER	OCCUPANCY (Pest)	LOCATION (Spec	cify)	NUMBER	OCCUP.	ANCY (Peaks)
ESS THAN 10 PE 0 - 25 PERSONS 6 - 50 PERSONS 1 - 100 PERSONS ORE THAN 100	5		REFER	TO-NEXT-PAGE				
ONE IMAN 100	TOTAL*				TO TAL*			

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REMARKS

*NOTE: The combined occupancy totals for "o" and "b" should equal approximately the total peck migrant population for the year.

RIO GRANDE COUNTY

6. HOUSING ACCOMMODATIONS				<u> </u>	<u> </u>	S
a. CAMPS	F	F	\mathbf{F}^{\cdot}	S	S	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY IPEAKI	D.U.
LESS THAN 10 PERSONS	5 130 FS	40 3,120	5 405		-	
26 - 80 PERSONS	1 FS	72	11		-	
TOTAL*	136	3,232	421			

THER HOUSING ACCOMMODAT	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.1
26-50 persons Slum cabin court in Del Norte	1 FS	36	5			
TOTAL*	1	36				

F = Family S = Singles

* Most are not currently used.



all the county data far total project area on page 1. Projects cavering only one county will report population and housing on page 1. 5. POPULATION DATA - MIGRANTS (Workers and dependents) 6. NUMBER OF MIGRANTS DURING PEAK MONTH MONTH				15110 5.7.	GR	ANT NUM	BEH		
INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1) for each county and summarize oil the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1. 5. POPULATION DATA - MIGRANTS (Workers and dependents) 6. NUMBER OF MIGRANTS DURING PEAK MONTH MONTH TOTAL N-MIGRANTS OUT-MIGRANTS JAN. FEB. JAN. FEB. JAN. JAN. JAN. JAN. JAN. JAN. JAN. JAN. JAN. JAN. JAN. JAY YEARS JAY				JSING DATA					_
S. POPULATION DATA - MIGRANTS (Workers and dependents) e. NUMBER OF MIGRANTS BY MONTH MONTH TOTAL IN-MIGRANTS OUT-MIGRANTS JAN. FEB. JAN. FEB. MAR. MAR. MAR. JAN. JUNE 1 4 YEARS JUNE 4 5-14 YEARS 45-44 YEARS 55-14		FOR	SAGUACHE	_ COUNTY.					
G. NUMBER OF MIGRANTS BY MONTH MONTH TOTAL IN-MIGRANTS OUT-MIGRANTS FEB. MAR. APRIL WAY JUNE JU	INSTRUCTIONS	all the county d	ng mare than ane ata far total praje	caunty will campl ct area on page 1.	- ete a continuation sheet (Projects covering only ar :	page 1 _ ne caunty	_) for each will repart	caunty on papulation	d summarize
JAN. FEB. MAR. AARIL MAR. AARIL MAY JUNE JULY AUG. AUG. SEPT. OCT. NOV. DEC. C. AVERAGE STAY OF MIGRANTS IN COUNTY NO. OF WEEKS FROM IMO.) THROUGH IMO.) OUT-MIGRANTS IS - 44 YEARS 8 - 14 YEARS 65 AND OLDER 1-4 YEARS 8 - 14 YEARS 8 - 14 YEARS 1-4 YEARS 1-4 YEARS 8 - 14 YEARS 1-4 YEARS 1-4 YEARS 8 - 14 YEARS 1-4 YEARS 8 - 14 YEARS 1-4 YEARS 1-4 YEARS 8 - 14 YEARS 1-4 YEARS 1-5 - 44 YEARS 8 - 14 YEARS 1-6 4 YEARS 1-6 4 YEARS 1-7 - 44 YEAR				dependents)	b. NUMBER OF MIGRANTS	S DURING	PEAK MONT	`H	•
FEB. MAR. APRIL MAR. APRIL MAY MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. C. AVERAGE STAY OF MIGRANTS IN COUNTY NOV. DEC. OUT-MIGRANTS 10. OF WEEKS FROM IMO.) THROUGH IMO.) THROUGH IMO.) THROUGH IMO.) THROUGH IMO.) MAY BE A VEARS 15 - 44 YEARS 16 - 14 YEARS 17 - 44 YEARS 18 - 14 YEARS 19 - 45 YEARS 19 - 45 YEARS 19 - 45 YEARS 10 - 45 YEARS 10 - 45 YEARS 10 - 45 YEARS 11 - 44 YEARS 11 - 44 YEARS 12 - 44 YEARS 13 - 44 YEARS 14 YEARS 15 - 44 YEARS 15 - 44 YEARS 16 - 44 YEARS 16 - 44 YEARS 17 - 44 YEARS 18 - 14 YEARS 19 - 64 YEARS 19 - 64 YEARS 10 - 64 YEARS 10 - 65 AND OLDER 10 - 15 PAGE 10 - 25 PERSONS 20 - 59 PERSONS 21 - 100 PERSONS 10 - 25 PERSONS 22 - 59 PERSONS 31 - 100 PERSONS 10 - 1	₁			OUT-MIGRANTS		то	TAL	MALE	FEMALE
FEB. MAR. APRIL MAR. APRIL MAY MAY JUNE JULY AUG. SEPT. OCT. NOV. DEC. C. AVERAGE STAY OF MIGRANTS IN COUNTY NOV. DEC. OUT-MIGRANTS 10. OF WEEKS FROM IMO.) THROUGH IMO.) THROUGH IMO.) THROUGH IMO.) THROUGH IMO.) MAY BE A VEARS 15 - 44 YEARS 16 - 14 YEARS 17 - 44 YEARS 18 - 14 YEARS 19 - 45 YEARS 19 - 45 YEARS 19 - 45 YEARS 10 - 45 YEARS 10 - 45 YEARS 10 - 45 YEARS 11 - 44 YEARS 11 - 44 YEARS 12 - 44 YEARS 13 - 44 YEARS 14 YEARS 15 - 44 YEARS 15 - 44 YEARS 16 - 44 YEARS 16 - 44 YEARS 17 - 44 YEARS 18 - 14 YEARS 19 - 64 YEARS 19 - 64 YEARS 10 - 64 YEARS 10 - 65 AND OLDER 10 - 15 PAGE 10 - 25 PERSONS 20 - 59 PERSONS 21 - 100 PERSONS 10 - 25 PERSONS 22 - 59 PERSONS 31 - 100 PERSONS 10 - 1					(1) OUT-MIGRANTS:				:
MAR. APRIL APRIL APRIL JUNE JULY JULY AUG. SEPT. OCT. NO.V. DEC. TOTALS C. AVERAGE STAY OF MIGRANTS IN COUNTY OUT-MIGRANTS NO. OF WEEKS FROM IMO.) THROUGH (MO.) NI-MIGRANTS 12 (lettuce) 6-15 9-15 6. HOUSING ACCOMMODATIONS C. CAMPS C. CAMPS D. OCCUPANCY (Peak) LESS TMAN ID PERSONS 10 - 25 PERSONS 10 - 25 PERSONS 11 - 100 PERSO	·				1		1		•
AAPRIL MAY JUNE JUNE JUNE JUNE AUG. SEPT. OGT. NOV. DEC. TOTAL UNDER 1 YEAR 1. 4 YEARS 65 AND OLDER (2) IN-MIGRANTS: TOTAL UNDER 1 YEAR 1. 4 YEARS 65 AND OLDER UNDER 1 YEAR 1. 4 YEARS 5. 14 YEARS 65 AND OLDER 1. 4 YEARS 5. 14 YEARS 65 AND OLDER 1. 4 YEARS 1. 4 YEARS 1. 4 YEARS 1. 4 YEARS 1. 5 A YEARS 65 AND OLDER NO. OF WEEKS FROM IMO.] THROUGH IMO.] IN-MIGRANTS IN-MIGRANTS 12 (Lettuce) 6-1.5 9-15 6. HOUSING ACCOMMODATIONS a. CAMPS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LOCATION (Specify) NUMBER OCCUPANCY (Peak) 10 · 25 PERSONS 11 · 100 PERSONS			-						
JUNE JULY AUG. SEPT. OCT. NOV. DEC. TOTALS C. AVERAGE STAY OF MIGRANTS IN COUNTY NO. OF WEEKS FROM IMO.] THROUGH (MO.) OUT-MIGRANTS IN-MIGRANTS IN-MIGRANTS 12 (lettuce) 6-15 MAXIMUM CAPACITY MAXIMUM CAPACITY MAXIMUM CAPACITY MAXIMUM CAPACITY MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) REFER TO REFER TO REFER TO TOTAL* TOTAL* TOTAL* TOTAL* TOTAL*	ł				i				•
JUNE JULY AUG. 45 - 64 YEARS 45 - 64 YEARS 65 AND OLDER 12) IN-MIGRANTS: TOTAL OCT. NO V. DEC. TOTALS C. AVERAGE STAY OF MIGRANTS IN COUNTY NO OF WEEKS FROM IMO.) THROUGH IMO.) IN-MIGRANTS 12 (1ettuce) 6-15 9-15 6. HOUSING ACCOMMODATIONS G. CAMPS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LESS THAN IN PERSONS 10 - 25 PERSONS 11 - 100 PERSONS 15 - 100 PERSONS 16 - 15 PERSONS 17 - 100 PERSONS 18 - 100 PERSONS 18 - 100 PERSONS 19 - 100 PERSONS 10 - 25 PERSONS 11 - 100 PERSONS 11 - 100 PERSONS 15 - 100 PERSONS 16 - 100 PERSONS 17 - 100 PERSONS 18 - 100 PERSONS 18 - 100 PERSONS 19 - 100 PERSONS 10 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 - 100 PERSONS 10 PER					5 - 14 YEARS	}	1		
JULY AUG. SEPT. OCT. NOV. DEC. TOTAL C. AVERAGE STAY OF MIGRANTS IN COUNTY NO. OF WEEKS FROM IMO.) THROUGH (MO.) OUT-MIGRANTS 12 (lettuce) 6-15 MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LESS TMAN IN PERSONS 10 - 25 PERSONS 11 - 25 PERSONS 11 - 100 PERSONS MORE THAN 100 PERSONS TOTAL* 12) IN-MIGRANTS 12) IN-MIGRANTS: TOTAL* 13 - 14 YEARS 15 - 14 YEARS 68 AND OLDER 15 - 44 YEARS 68 AND OLDER 16 - 15 PERSONS 16 - 25 PERSONS 17 - 26 PERSONS 18 - 100 PERSONS 19 - 25 PERSONS 10 - 25 PERSONS 11 - 100 PERSONS				1	15 - 44 YEARS	1	1		:
AUG. SEPT. OCT. NOV. DEC. TOTALS C. AVERAGE STAY OF MIGRANTS IN COUNTY NO. OF WEEKS FROM IMO.) THROUGH (MO.) OUT-MIGRANTS OUT-MIGRANTS 12 (1ettuce) 6-15 9-15 6. HOUSING ACCOMMODATIONS a. CAMPS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LESS TMAN IN PERSONS 10 - 25 PERSONS 26 - 50 PERSONS 51 - 100 PERSONS MORE THAN 100 PERSONS TOTAL* 12) IN-MIGRANTS: TOTAL* 1-4 YEARS 5 - 14 YEARS 6	1				45 - 64 YEARS	-	1		:
SEPT. OCT. NOV. DEC. TOTALS C. AVERAGE STAY OF MIGRANTS IN COUNTY NO. OF WEEKS FROM (MO.) THROUGH (MO.) OUT-MIGRANTS IN-MIGRANT	1				65 AND OLDER		-		•
OCT. NOV. DEC. TOTAL C. AVERAGE STAY OF MIGRANTS IN COUNTY C. AVERAGE STAY OF MIGRANTS IN COUNTY NO. OF WEEKS FROM (MO.) THROUGH (MO.) OUT-MIGRANTS 12 (lettuce) 6-15 9-15 6. HOUSING ACCOMMODATIONS G. CAMPS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LESS THAN (PERSONS 10 - 25 PERSONS 26 - 50 PERSONS 15 - 14 YEARS 65 AND OLDER D. OTHER HOUSING ACCOMMODATIONS REFER TO NEXT PAGE TOTAL* TOTAL* TOTAL*	1	· .				+			
NOV. DEC. TOTAL DEC. TOTALS C. AVERAGE STAY OF MIGRANTS IN COUNTY NO. OF WEEKS FROM (MO.) THROUGH (MO.) OUT-MIGRANTS OUT-MIGRANTS 12 (1ettuce) 6-15 9-15 6. HOUSING ACCOMMODATIONS G. CAMPS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LESS TMAN (PERSONS 10 - 25 PERSONS 21 - 100 PERSONS S1 - 100 PERSONS MORE THAN 100 PERSONS MORE THAN 100 PERSONS TOTAL* TOTAL* TOTAL* TOTAL* UNDER 1 YEAR 1- 4 YEARS 4- 14 YEARS 4-	į				(2) IN-MIGRANTS:	1		,	
TOTALS C. AVERAGE STAY OF MIGRANTS IN COUNTY NO. OF WEEKS FROM (MO.) THROUGH (MO.) IN-MIGRANTS 12 (lettuce) 6-15 9-15 6. HOUSING ACCOMMODATIONS a. CAMPS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LESS THAN (6) PERSONS 10 - 25 PERSONS 11 - 100 PERSONS MORE -THAN 100 PERSONS TOTAL* 1 - 4 YEARS 5 - 14 YEARS 5 - 14 YEARS 5 - 14 YEARS 5 - 14 YEARS 6 - 14 YEARS 5 - 14 YEARS 6 - 14 YEARS 6 - 14 YEARS 6 - 14 YEARS 6 - 14 YEARS 6 - 14 YEARS 6 - 14 YEARS 6 - 14 YEARS 1 - 10 - 4 YEARS 6 - 14 YEARS 1 - 10 - 4 YEARS 6 - 14 YEARS 1 - 10 - 4 YEARS 6 - 14 YEARS 1 - 10 - 4 YEARS 6 - 14 YEARS 1 - 10 - 4 YEARS 6 - 14 YEARS 1 - 10 - 4 YEARS 1 - 10 - 4 YEARS 6 - 14 YEARS 1 -	į				TOTAL				
C. AVERAGE STAY OF MIGRANTS IN COUNTY NO. OF WEEKS FROM (MO.) THROUGH (MO.) OUT-MIGRANTS 12 (lettuce) 6-15 9-15 6. HOUSING ACCOMMODATIONS G. CAMPS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LESS THAN 100 PERSONS 10 - 25 PERSONS 26 - 50 PERSONS MORE THAN 100 PERSONS TOTAL* TOTAL* NO. OF WEEKS FROM (MO.) THROUGH (MO.) 15 - 44 YEARS 15 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 16 - 44 YEARS 65 AND OLDER 17 - 44 YEARS 65 AND OLDER 18 - 14 YEARS 15 - 44 YEARS 16 - 44 YEA	DEC.				UNDER TYEAR				1
NO. OF WEEKS FROM (MO.) THROUGH (MO.) OUT-MIGRANTS IN-MIGRANTS 12 (lettuce) 6-1.5 9-15 6. HOUSING ACCOMMODATIONS G. CAMPS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LESS THAN (PERSONS 10 - 25 PERSONS 26 - 50 PERSONS 115 - 44 YEARS 45 - 64 YEARS 65 AND OLDER B. OTHER HOUSING ACCOMMODATIONS NUMBER OCCUPANCY (Peak) REFER TO NEXT PAGE 10 - 25 PERSONS 11 - 100 PERSONS MORE THAN 100 PERSONS TOTAL* TOTAL*	· · · · · · · · · · · · · · · · · · ·			<u> </u>	1-4 YEARS				;
OUT-MIGRANTS IN-MIGRANTS 12 (lettuce) 6-15 9-15 6. HOUSING ACCOMMODATIONS G. CAMPS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LOCATION (Specify) NUMBER OCCUPANCY (Peak) LESS THAN (PERSONS 10 - 25 PERSONS 26 - 50 PERSONS 51 - 100 PERSONS MORE THAN 100 PERSONS TOTAL* TOTAL*	c. AVERAGE	TAY OF MIGRANTS	IN COUNTY		5 - 14 YEARS		[1
IN-MIGRANTS 12 (1ettuce) 6-15 9-15 6. HOUSING ACCOMMODATIONS G. CAMPS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LOCATION (Specify) NUMBER OCCUPANCY (Peak) LESS THAN PERSONS 10 - 25 PERSONS 26 - 50 PERSONS 51 - 100 PERSONS MORE THAN 100 PERSONS TOTAL* TOTAL*		NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	15 • 44 YEARS				
IN-MIGRANTS 12 (1ettuce) 6-15 9-15 6. HOUSING ACCOMMODATIONS a. CAMPS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LOCATION (Specify) NUMBER OCCUPANCY (Peak) REFER TO NEXT PAGE 10 - 25 PERSONS 26 - 50 PERSONS 51 - 100 PERSONS MORE THAN 100 PERSONS TOTAL* TOTAL*	OUT-MIGRANTS				45 - 64 YEARS				•
6. HOUSING ACCOMMODATIONS a. CAMPS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LOCATION (Specify) NUMBER OCCUPANCY (Peak) REFER TO NEXT PAGE 10 · 25 PERSONS 26 · 50 PERSONS 51 · 100 PERSONS MORE THAN 100 PERSONS TOTAL* TOTAL*					65 AND OLDER		İ		1
B. OTHER HOUSING ACCOMMODATIONS MAXIMUM CAPACITY NUMBER OCCUPANCY (Peak) LOCATION (Specify) NUMBER OCCUPANCY (Peak) LOCATION (Specify) NUMBER OCCUPANCY (Peak) NUMBER OCCUPANCY (Peak) NUMBER OCCUPANCY (Peak) NUMBER OCCUPANCY (Peak) NUMBER OCCUPANCY (Peak) TOTAL*	IN-MIGRANTS	12 (lettuce) 6-15	9-15					<u> </u>
LESS TMAN MOPERSONS 10 - 25 PERSONS 26 - 50 PERSONS 51 - 100 PERSONS MORE THAN 100 PERSONS TOTAL* TOTAL*		COMMODATIONS			b. OTHER HOUSING ACC	OMMODAT	TIONS		
10 - 25 PERSONS 26 - 50 PERSONS 51 - 100 PERSONS MORE THAN 100 PERSONS TOTAL* TOTAL*	MAXIMUM	CAPACITY	NUMBER O	CCUPANCY (Peak)	LOCATION (Specif	y)	NUMBER	occu	Pancy (Peak)
	10 - 25 PERSONS 26 - 50 PERSONS 51 - 100 PERSON	s 5		REFER TO	NEXT_PAGE				
NOTE: The selection of the "e" and "h" should equal approximately the total peak migrant population for the year.	<u>.</u>	TOTAL			тс	TAL*	<u> </u>		
	*NOTE: The	ahinad occupancy to	tale for "a" and "	h' should eaual ann	eximately the total peak mig	rant popul	ation for the	year.	

(CONTINUATION PAGE FOR PART I)

SAGUACHE COUNTY

HOUSING ACCOMMODATIONS		1				5
a. CAMPS	F	F		S	S	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	22	148	22	_		
10 - 25 PERSONS	26	468	69	4	_	
26 - 50 PERSONS	1	36	5	_	-	
51 - 100 PERSONS	1	72	11	_ 2	144	2
MORE THAN 100 PERSONS	0	0		1	300	1
TOTAL *	50	724	107	3	444	3

b. OTHER HOUSING ACCOMMODATE	ions p	F	F	· s	S	S
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
Less than 10 persons	14	95	14			
10-25 persons	_			1	20	
26-50 persons	13	234	35	2	80	2
51-100 persons		Ţ		1		
				1		
TOTAL*	27	329	49	3	100	3

F = Family S = Singles



POPU	LATION	AND	HOUSING	DATA
	ΔργΔΝ	CAC	VALLEY	Z

INARG	NUMBER	~	 -	

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

	ATION DATA - MIGRA ER OF MIGRANTS BY MO		na gependents)	b. NUMBER OF MIGRANT	S DURING	PEAK MO	нтис		
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS		TO	TAL	MALE		FEMALE
JAN.				(1) OUT-MIGRANTS:					
-EB.				TOTAL					
AAR.				UNDER I YEAR					
APRIL	315	315	N.A.	1 - 4 YEARS				Ì	
AAY	711	711		5 - 14 YEARS				1	
UNE	2,901	2,901		15 - 44 YEARS				1	
IULY	2,622	2,622		45 - 64 YEARS	1		1		
AUG. :	1,893	1,893		65 AND OLDER				-	
SEPT.	1,195	1,195					 		
>с т.	623	623		121 IN-MIGRANTS:	967	worke	rs and	.	
10 V.	540	540		TOTAL					pendents
EC.				UNDER LYEAR	1			l i	_
TOTALS	10,800	10,800		1 - 4 YEARS				į	
c. AVER	GE STAY OF MIGRANTS	IN COUNTY		5 - 14 YEARS	İ				
:	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	15 - 44 YEARS				1	
				45 - 64 YEARS	-		}	ļ	
OUT-MI GRA	NTS] .	j	65 AND OLDER				1	
				1			}	1	
N-MIGRAN	rs							-	
5. HOUSIN	G ACCOMMODATIONS								
o. CAMPS				b. OTHER HOUSING ACC	OMMODAT	IONS .			
MAX	MUM CAPACITY	NUMBER .	OCCUPANCY (Peak)	LOCATION (Specia	'y)	NUMBI	ER OC	CUPA	NCY (Perk)
,		1							
LESS THAN	10 PERSONS				-		-		
10 - 25 PER	SONS	1							
6 - 50 PER	sons		REFER TO	MEXT PAGE					
1 - 100 PE	RSONS		KEFEK 10	THE EAGLS					
	100 PERSONS						i		

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS



ARKANSAS VALLEY

6. HOUSING ACCOMMODATIONS						S
a. CAMPS	F	F	F	S	S	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	ทบพยะส	OCCUPANCY (PEAK)	D.E.
** LESS THAN 10 PERSONS	130	876	130	6	40	6_
10 - 25 PERSONS	34	612	43	32	570	32
26 · 50 PERSONS	17	635	97	15	540	15
51 - 100 PERSONS	5	360	64	3	426	3
MORE THAN 100 PERSONS	4	1,364	143	_]	ļ	
TOTAL*	190	3,847	477	56	1,576	56

OTHER HOUSING ACCOMMODATE	ons #	F	F	S	S	Ś
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.E.
Less than 10 persons	39	263	39			
10-25 persons	2	36	6			
26-50 persons	3	108	18	2	72	2
51-100 persons	2	144	24] 1	72	1
More than 100 pers.			`	7		
TOTAL*	46	551	87	3	144	3

F = Family



S = Singles

^{*} Summary for Arkansas Valley. Population data not indicated for individual counties. Population densities not subject to accurate determination because of inter-county shifting within area.

^{**} Capacities of existent housing. Occupant data relating to dwellings surveyed during report period noted in "Statistical Summary of Environmental Health Activities".

			ULATION AND		SING DATA		GHANT NUM	вЕн		
		FOR	PUEBLO		_ COUNTY.					
INSTRUCT	IONS:					ete a continuation shee Projects covering only				
		N DATA - MIGRA		and o	dependents)	1				
	ER OF	MIGRANTS BY MO	NTH IN-MIGRAN		OUT-MIGRANTS	b. NUMBER OF MIGRA		TAL TAL		FEMALE
JAN.	•=	TOTAL	IN-MIGRAN	.3	OU 1-MIGRAN 15	(1) OUT-MIGRANTS:		7140	MALE	PEMALE
FEB.				1		TOTAL				
MAR.				1		UNDER J YEAR		1		
APRIL					1 - 4 YEARS		ì			
MAY		• -		ĺ		5 - 14 YEARS				
JUNE						15 - 44 YEARS		Ì		
JULY				- 1		45 - 64 YEARS		1		
AUG.				l		65 AND OLDER				
SEPT.						(2) IN-MIGRANTS:				
NO V.				ļ		TOTAL				
DEC.						UNDER 1 YEAR				
TOTALS						1 - 4 YEARS				
c. AVER	AGE S	TAY OF MIGRANTS	IN COUNTY			5 - 14 YEARS		1		
		NO. OF WEEKS	FROM LMO	.1	THROUGH (MO.)	15 - 44 YEARS		l		
OUT-MIGRA	NTS					45 - 64 YEARS				İ
						65 AND OLDER				
IN-MIGRAN	τs	20 (Produce) 5- 15		10-15					1
6. HOUSIN		COMMODATIONS				b. OTHER HOUSING A	CCOMMODA	TIONS		
				1 00	CUPANCY (Peak)	LOCATION (Spe		NUMBER	T occur	PANCY (Penis)
	MUM	CAPACITY	NUMBER	1	CUPANCY (PERIO	LOCATION (Spe		NOMBER		PANCTITERS
LESS THAN	10 P	ERSONS								
10 - 25 PER	SONS			TOT T	14 OF BUILD W	NEVE DACE		1		•
26 - 50 PER	s on s			PLE	EASE REFER TO	NEAL PAGE]		
51 - 100 PE	RSON:	s								
MORE THA	N 100	PERSONS								
		TOTAL*					TOTAL*			
*NO TE: TI	he com	bined occupancy to	tals for "a" an	9P.	" should equal appro	ximately the total peak n	nigrant popul	ation for the	year.	
REMARKS										Maria Maria
		•				•				

PUEBLO COUNTY

6. HOUSING ACCOMMODATIONS						s
o. CAMPS	F	F	F	S	S	_
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	47 13 1	317 234 36	55	1 1	12 36	1 1
TOTAL*	61	587	52	2 .	48	2

THER HOUSING ACCOMMODAT	T 2401T	F	F	S	S	S
LOCATION (Specify):	HUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U
	_					
	 			4		
	1			-		
		1		1		
· *	-					
TOTAL*		· 1	1		l F	

F = Family

S = Singles

No program activities conducted this reporting period. Local Health has not indicated willingness to conduct program.



	POPL FOR	OTERO	OUSING DATA COUNTY.		GRANT NUN	OER		
STRUCTIO	ONS: Projects involvi all the county do on page 1.	ng more than or ota far total pro	ie county will compliect area on paga 1.	ete a continuorion shee Projects covering only	one county) for each , will report	county on population	id summerize
	TION DATA - MIGRAN R OF MIGRANTS BY MOI		nd dependents)	b. NUMBER OF MIGRA	NTS DURING	PEAK MONT	тн •	
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS		то	TAL	MALE	FEMALE
AN. EB. AR. PRIL AY				TOTAL UNDER 1 YEAR 1 · 4 YEARS 5 - 14 YEARS 15 - 44 YEARS 45 - 64 YEARS				
ne.				65 AND OLDER		-		
ЕРТ. Ст.		. •		(2) IN-MIGRANTS:				
o v.				TOTAL		ļ		
DTALS		<u> </u>		UNDER TYEAR		1		
ī	GE STAY OF MIGRANTS	IN COUNTY		8 - 14 YEARS		ŀ		İ
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	15 - 44 YEARS		Į		
UT-MIGRAN	ITS			45 - 64 YEARS		1		
I-MI GRĀN T	4 (beets) 20 (produce)	5-15 5-15	7-15 10-15	65 AND OLDER				
a. CAMPS	G ACCOMMODATIONS			15. OTHER HOUSING A	CCOMMODA	TIONS		
	MUM CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Spe	ci(y)	NUMBER	occu	PANCY (Peak
0 • 25 PERS 5 • 50 PERS 1 • 100 PER	SONS		REFER TO	NEXT PAGE				
	TOTAL*				TOTAL*		T	
NOTE: Th	e combined occupancy 10	tals for "o" and	"b" should equal appr	oximately the total peak r	migrant popul	lotion for the	year.	

OTERO COUNTY

6. HOUSING ACCOMMODATIONS					-	S
a. CAMPS	F	F	F	S	S	!
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	HUMBER	OCCUPANCY (PEAK)	D.U.
LESS THAN 10 PERSONS	32	216	32]		
10 - 25 PERSONS	7	126	19	4	1	<u></u>
26 - 50 PERSONS	, 8	288	43	_		
51 - 100 PERSONS	3	216	32	_	,	
MORE THAN 100 PERSONS	2	500	50	_	,	
	<u> </u>	<u></u>		<u> </u>	- 	
TOTAL*	52 ·	1,346	176			L

b. OTHER HOUSING ACCOMMODAT	ions F	F	F	S	s	S
LOCATION (Specify)	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
Less than 10,	16	108	16			
slum rental				7		
26-50, slum	1	36	8	7		
motel				٦		
51-100 slum	2	144	24	1		
multiple rental					<u></u>	
TOTAL*	19	288	48	<u> </u>		

F = Family



^{*} Except for Manzanola Camp (fifty 3-room units, capacity 350) constructed in 1967 much of the labor housing closed by order or not used by grower choice. However, substantial numbers of migrants are housed in slum rentals located in the communities and are not readily identifiable.

^{**} Motel closed by court action. Local Health Department has assumed responsibility for migrant housing program.

POPULATION	AND	нои	SING	DATA	
12	ENT				

INSTRUCTIONS: Projects involving mare than one county will complete a continuation sheet (page 1 ____) for each county and summare all the county data for total project area on page 1. Projects covering only one county will report population and how on page 1.

	MIGRANTS BY MON		a dependents,	b. NUMBER OF MIGRANTS D	URING PEAK MO	H TH	
монтн	TOTAL	IN-MIGRANTS	OU T-MIGHANTS		TOTAL	MALE	FEMA
JAN. FEB. Mar.				(1) OUT-MIGRANTS: TOTAL UNDER 1 YEAR 1 • 4 YEARS			
APRIL MAY JUNE JULY AUG.				5 - 14 YEARS 15 - 44 YEARS 45 - 64 YEARS 65 AND OLDER			
SEPT. OCT. NOV. DEC.			:	(2) IN-MIGRANTS: TOTAL UNDER 1 YEAR			
c. AVERAGE S	TAY OF MIGRANTS	IN COUNTY .		1 - 4 YEARS			
OUT-MIGRANTS	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	15 - 44 YEARS 45 - 64 YEARS 65 AND OLDER			
IN-MIGRANTS	4 (beets) 20 (produce	5-15 5-15	7-15 10-15				
6. HOUSING AC	COMMODATIONS			b. OTHER HOUSING ACCOM	MODATIONS		
MAXIMUM	CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify)	илмв	ER OCC	UPANCY (P
LESS THAN IN P 10 - 2% PERSONS 26 - 50 FERSONS 81 - 100 PERSON MORE THAN 100	s		REFER TO				. •
	TOTAL*			тот	AL"		

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

BENT COUNTY \

e. CAMPS	\mathbf{F}	F	\mathbf{F}^{-}	S	S ;	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	
LESS THAN 10 PERSONS	15 4 2	101 72 95	15 11 17		-	
**	21	268	43			 -

				·		1	
OTHER HOUSING	G ACCOMMODA	ATIONS F	F	F	s	S	
LOCATION	(Specify):	NUMBER .	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)] .
-							
	•	Ⅎ.	;			•	

F = Family

10TAL*

* Not currently used. No program activities conducted this reporting period. No local health department.



	POPU	LATION AND H	HOUSING DATA	GRA	HI NUMBER		
			COUNTY.				
NSTRUCTIONS:	Projects involvin	a mote than a	ne county will comple	Projects covering only one	oge 1) for eac county will repo	th county on the population	d summerrze end housin
the state of the s	DATA - MIGRAN		end dependents)	b. NUMBER OF IMGRANTS	NURING PEAK MŌ!	итн	
	MIGRANTS BY MON	IN-MIGRANT	S OUT-MIGNANTS	B. NUMBER OF MIGRARITS	TOTAL	MALE	FEMALE
DUT-MIGRANTS	TAY OF MIGRANTS NO. OF WEEKS 4 (beets) 20 (produce)	IN COUNTY FROM (MO		(1) OUT-MIGRANTS: TOTAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS 45 - 64 YEARS 65 AND OLDER (2) IN-MIGRANTS: TOTAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS 45 - 64 YEARS 65 AND OLDER		•	
o. CAMPS	· · · · · · · · · · · · · · · · · · ·			b. OTHER HOUSING ACCO			·
MAXIMUM LESS THAN 10 P 10 - 25 PERSONS 26 - 50 PERSONS 51 - 100 PERSON MORE THAN 100	s	NUMBER	REFER	TO NEXT PAGE) NUMBE	ROCCU	PANCY [Pes
*NOTE: The cor	ubined occupancy to	als for "o" an	d "b" should equal appr	oximately the total peak migra	ant population for th	e year.	
				· · ·			

RIC

PHS-4202-7 (PAGE 1)

PROWERS COUNTY

6. HOUSING ACCOMMODATIONS		, , , , , , , , , , , , , , , , , , ,				
o. CAMPS	F	_F!	F	S	S	ï
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	
LESS THAN 10 PERSONS	22	148	22			
10 - 25 PERSONS	2	36	5	_		
26 - 50 PERSONS] 3	108	16	_		
51 - 100 PERSONS	J 1	72	21	_		<u>. </u>
MORE THAN 100 PERSONS	1 1	720	72	-		
TOTAL*	29	1,084	136	1		

• •						
b. OTHER HOUSING ACCOMMODAT	IONS F	F	F	S	8	
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	
Less than 10 persons	8	54	8			
Slum rentals	<u> </u>				İ	
10-25 persons-motel	1	18	3		· .	
26-50 persons-multi-	1	36	5			
<u>ple slum rental units</u>	}					
TOTAL*	1.0	108	16			

F = Family



^{*} Granada Camp, seventy two 3-bedroom units, constructed in 1967. No local health department.

1	r 11	 T	 	_	

PUP	JLATION	AND	HOUSH	40	DAT	A
FOR	BA	ACA		cot	UNT	Υ.

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ____) for each county and summer all the county data for total project area on page 1. Projects covering only one county will report population and how on page 1.

	ON DATA - MIGRA F MIGRANTS BY MO		dependents)	b. NUMBER OF MIGRANTS	DURING PEA	K MONTH	(·	
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS		TOTAL		MALE	FEMA
JAN. FEB. MAR. APRIL MAY JUNE JULY AUG. SEPT.				(1) OUT-MIGRANTS: TOTAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS 15 - 44 YEARS 45 - 64 YEARS 65 AND OLDER				
OCT. NOV. DEG. TOTALS	· ·			(2) IN-MIGRANTS: TOTAL UNDER ! YEAR 1 - 4 YEARS				
c. AVERAGE	TAY OF MIGRANTS	IN COUNTY		5 - 14 YEARS		1		
OUT-MIGRANTS	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	15 - 44 YEARS . 45 - 64 YEARS 65 AND OLDER				
IN-MI GRANTS	4 (broom co		10 -1 5 7 -1 5				· · ·	
6. HOUSING AC	(beets)			b. OTHER HOUSING ACCO	MODATIONS			
				in a tributanto no con			1 0-00	

o. CAMPS		ſ	b. OTHER HOUSING ACCOMMODATIONS				
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify)	NUMBER	OCCUPANCY (P.		
LESS THAN & PERSONS 10 - 33 PERSONS 26 - 50 PERSONS 51 - 100 PERSONS		REFER TO	NEXT PAGE				
MORE THAN 100 PERSONS			TOTAL*				

*NOTE: The combined occupancy totals for "o" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

BACA COUNTY !

HOUSING ACCOMMODATIONS		1				
o. CAMPS	F	F	F	S	S	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D
LESS THAN 10 PERSONS	14	94	14	6	40	
10 - 25 PERSONS	8	144	8	31	558	
24 - 50 PERSONS	3	108	16	14	504	1
51 - 100 PERSONS	1	72	11	3	426	
MORE THAN 100 PERSONS	1	144	21	-		
TOTAL*	27	562	70	54	1,528	

OTHER HOUSING ACCOMMODATI	IONS F	F	F	S	S	
LOCATION (Specily)!	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	
Less than 10 persons	15	101	15	-	·	
10-25 persons	. 1	18	3			
26-50 persons	· 1	36	. 5	2	72	
51-100 persons				1	72	
More than 100 pers.		Γ		7		
TOTAL*	17	155	23	3	144	

F = Family
S = Singles



^{*} Family slum rental occupancies. There are fluctuating occupant loads with substantial numbers now vacant. This is because of variable labor demands conditional to beet and broom corn acerages. Also many beet preharvest laborers are now housed in Kansas and slum rentals and mobile homes in the Baca County Towns. No health department.

POPU	LATION AND I	HOUSING DATA
FOR	NORTHERN	COLORADO

кийн тимиен

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ____) for each county and sums all the county data for total project area on page 1. Projects covering only one county will report population and hon page 1.

	R OF MIGRANTS BY MO			b. NUMBER OF MIGRAN	15 DURING PEAK	MONTH	
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS		TOTAL	MALE	FL
* JAN. FED. MAR. O APRIL. MAY JULY O AUG. O SEPT. O OCT. NO V. DEC. TOTALS C. AVERAG	861 3,465 17,196 11,655 10,698 6,915 3,645 1,440	861 3,465 17,196 11,655 10,698 6,915 3,645 1,440	N.A.	IN OUT-MIGRANTS: TOTAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS 45 - 64 YEARS 65 AND OLDER I2) IN-MIGRANTS: TOTAL UNDER 1 YEAR 1 - 4 YEARS	5,732 wo	N.A.	
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	5 - 14 YEARS			
OUT-MIGRANT	тѕ		THROUGH IMO.	15 - 44 YEARS 45 - 64 YEARS 65 AND OLDER			
LE HOUSING	ACCOMMODATIONS	<u> </u>		<u> </u>			
o. CAMPS				b. OTHER HOUSING ACC	OMMODATIONS		
MAXIM	IUM CAPACITY	NUMBER	OCCUPANCY (Peck)	LOCATION (Specif		- Deci-	PANCY

			P. DIHER HOUSING ACCOMMODA	TIONS	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peck)	LOCATION (Specify)	NUMBER	OCCUPANCY (
LESS THAN 10 PERSONS				4	
10 - 25 PERSONS				_{	
26 - 50 PERSONS		REFER TO	O NEXT_PAGE	4	
51 - 100 PERSONS		1		4	į
MORE THAN 100 PERSONS				_	
· Total*			TOTAL*	-	
			TOTAL		

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

NORTHERN COLORADO

6. HOUSING ACCOMMODATIONS		j				
a. CAMPS	F	F	<u>F</u>	S	S	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	
LESS THAN 10 PERSONS	1,469	9,917	1,469			
10 - 25 PERSONS	349	6,206	875]	1	
26 - 50 PERSONS	65	2,329	3 45]		
51 - 100 PERSONS	10	720	116	j		
MORE THAN 100 PERSONS	5	1,852	369	j		
						i
*JATOT	1,898	21,024	3,174			

OTHER HOUSING ACCOMMODATE		F	<u>_</u>		J	
LOCATION (Specify):	NUMBER	OCCUPANCY IPEAK	D.U.	NUMBER	OCCUPANCY (PLAK)	
Less than 10 persons	10	67	10			
10-25 persons	5	90	13			
26-50 persons	. 1	36	5	7		
51-100 persons	1	72	11	7	·	-
More than 100 pers.				1		\vdash
 		065	20			
TOTAL*	17	265	39		1	ĺ

F = Family



^{*} Summary of population data for Northern Colorado area and not indicated for individual counties. Density factors not readily determined with validity because inter-county shifting of migrant populations.

^{**} Capacities of existent housing. Occupant data relating to dwellings surveyed during report period noted in "Statistical Summary of Environmental Health Activities".

ADAMS COUNTY

	<u>l</u>				
					1
F	F	\mathbf{F}	·S	S	
NUMBER	OCCUPANCY (PEAK)	D.U.	' NUMBER	OCCUPANCY (PEAK)	D
41	276	41			
14	252	37	_}	!	
2	72	11			
3	216	32		1 :	
	[_]	1	
60	816	121	1		
	41 14 2 3	41 276 14 252 2 72 3 216	NUMBER OCCUPANCY (PEAK) DID. 41 276 41 14 252 37 2 72 11 3 216 32	NUMBER OCCUPANCY (PEAK) D. B. MUMBER 41 276 41 14 252 37 2 72 11 3 216 32	NUMBER OCCUPANCY (PEAK) 41

b. OTHER HOUSING ACCOMMODAT	ions F	F	F	S	S	
LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)]
Less than 10 persons,	6	40	6			
<pre>slum rentals 10-25 persons-store</pre>	2	36	5	1		ļ
bla, conversion,	<u>-</u>			1		
actual amt. housing occ. by migrants in	·	·	·			
towns unknown. TOTAL*	8	76	11	-		

^{*} Including 12 condemned vacant.



BOULDER COUNTY

		_			
F	F	F	S	S	3
NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D
40	270	40			
12	216	32	_		
		•	_		
	1	<u> </u>			
			-	·	
52	486	72			
	40	40 270 12 216	40 270 40 12 216 32	40 270 40 12 216 32	40 270 40 12 216 32

	ACCOMMODATI			 _			
LOCATION	(Specify):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	
		1	·				
-			,		1		
		י זו א ^ו א זו י	K N O W N		·	1	<u> </u>
		~ ,	, 		-	1	<u> </u>
		,	. -		1	1	$oldsymbol{ol}}}}}}}}}}}}}}}}}$
		ļ	ί Ι	ł		!	Γ

^{*} Single family on farm-type housing with some no longer used to house migrants or rented and occupied by permanent residents.



LARIMER COUNTY

S. HOUSING ACCOMMODAT ONS					
o. CAMPS	F	F	F	S	S
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	D.U.	HUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS	76	514	76	7	1
10 - 25 PERSONS	28	504	75]	1
26 - 80 PERSONS	1	36	5]	
51 - 100 PERSONS	1	250	50	-	
* JATOT	106	1,304	206		

	G ACCOMMODAT	10/13		F	S	S
LOCATION	(Specily):	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)
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^{*} Closed, 50 unit Dreher Pickle Co. Camp.



WELD COUNTY

6. HOUSING ACCOMMODATIONS						
a. CAMPS	${f F}$	F	F	S	S .	
MAXIMUM CAPACITY	HUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	
LESS THAN 10 PERSONS	214	1,445	214			
10 - 25 PERSONS	104	1,872	233	4		
26 - 50 PERSONS	10	360	53	4		
*51 - 100 PERSONS	2	144	31	_	;	
MORE THAN 100 PERSONS	1	808	202	4	,	
TOTAL*	331	4,629	733			

b. OTHER HOUSING ACCOMMODAT	TIONS TO	P		c	c	
LOCATION (Specify)	NUMBER	OCCUPANCY (PELK)	D.U.	NUMBER	OCCUPANCY (PEAK)	-
-Unknown but reports	1	1				
use of slum housing				3		
_program pressures ar	id Ft. Luf	con crosure.				
					·	
TOTAL*			·			

^{*} One camp (H. J. Heinz Pickle Co.) with 20 units and capacity of 80, removed.



^{*} Ft. Lupton Camp (202 dwelling units) closed by order.

KIT CARSON COUNTY

F OCCUPANCY (PEAK) 81 432	F D.U. 12 64	S NUMBER	S OCCUPANCY (PEAK)	D.U.
81	D.U. 12 64	NUMBER	OCCUPANCY (PEAK)	D.V.
81 432	12 64		-	
432	64		1	
			<u> </u>	
396	59		_	
360	53		_	
288	42		_	
1 007	230			
	,	,	288 42	288 42

b. OTHER HOUSING ACCOMMODAT	TONS F	F	F	S	S	S
LOCATION (Specify)	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
Less than 10, single	4	27	4			!
family rentals	. '			-		
10-25 multiple	3	54	8			
rentals	, 1					
**25-50 Trailer Fark	, 1 '	36	5	7	· ·	
51-100 Trailer Park		72	11		·	
TOTAL		189	28		1	

^{*} Approximately 1,000 pre-harvest beet workers (Texas Mexican families) used in Kit Carson County. A considerable number housed in Kansas because of housing enforcement pressures in Colorado.



^{**} Mobile homes owned by growers renting space to park same in Trailer Parks.

BALANCE OF NORTHERN COLORADO Morgan, Logan, Sedgwick, Phillips, Yuma, Washington and Cheyenne Counties

. HOUSING ACCOMMODATIONS			_ · ·			S
a. CAMPS	\mathbf{F}	F	F	S	S .	
MAXIMUM CAPACITY	NUMBER	OCCUPANCY IPEAKI	D.U.	NUMBER	OCCUPANCY IPEAR!	D.U.
LESS THAN 10 PERSONS	1,086 167 41	7,331 2,930 1,465	1,086 434 217			
SI - 100 PERSONS	1	506	75			
TOTAL*	1,295	12,232	1,812			

b. OTHER HOUSING ACCOMMODAT	TIONS -			c	C	
			F		3	1
LOCATION (Specify)	NUMBER	OCCUPANCY (PEAK)	D.U.	NUMBER	OCCUPANCY (PEAK)	D.U.
	_	<i>!</i>		· ·		
	1 '	,		1	1	
	['	7		1	1	-
	'	1		4	1	h
•	1			- ·	1	
					·	
* JATOT						

^{*} Company owned 75 unit mobile home park, not presently used. Approximately 11,724

Texas Mexican families (3,908 workers) work in above counties, primarily cultivating beets. Morgan, Logan, Sedgwick, Phillips and Yuma Counties are in a Health Unit that has not indicated an interest in conducting program activities.



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		7722 56 146	69 63 63 63 63	29 4 257	233
CORRECTIONS		ं न्व		7	
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100		Yard Water Sewage	Netuse Vector Housing Food San, Fac	Mise. Vacant Vacant	Total
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" OF LIVING UNITS	4	1193			
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MIGRANT HEALTH PROGRAM June 1, 1969 to June 1, 1970

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	CORRECTIONS				Yard 1 Water 1	Sewage Refuse 1 Vector 1 Housing 1 Food 1 San. Fac. 1	DEPARTMENT		Yard 3 Water 11 Sewage 57 Refuse 2
	VIOLATIONS			PROGRAM		Refuse 1 Vector 1 Housing 1 Food 1 San. Fac. 1 Misc. 0	EMPLOYMENT DEPA		Yard 11 Water 33 Sewage 65 Refuse 14
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-	MAX. CAPCY.		292 297 589	HEALTH DEPARTMENT	437		PRE-OCCUPANCY SURVEYS FOR NO LOCAL HEALTH DEPARTMENT		118 60
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	# OF INITIAL INSPS.		3F 49S	LOCAL	. 56	7.	PRE-OK NO LOC		9F 1S*
ERIC *Full Text Provided by ERI	JNTY	STERN	AS:		TTA	201		AN UIS ALLEY	LAMOSA

NO LOCAL HEALTH DEPARTMENT

MIGRANT HEALTH PROCNAM June 1, 1969 to June 1, 1970

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UNTY	# OF INITIAL INSPS.	# OF LIVING UNITS	MAX. CAPCY.	VIOLATIONS	S	Þ	RE- INSPS.	OCC. LOAD	VIOLATIONS	CORRECTIONS S U F.S I	Conf.
cont.)	* # Hotel	te]	•	Vector Housing Food San. Fac. Misc.	0880				Vector 7 Housing 7 Food 7 San. Fac. 7 Misc. 2	Vector 2 Housing 1 Food 1 San. Fac. 1 Misc. 2 Vacant 188	
S02	12 * " La	49 Jara	375 Town Water St	Yard Water Sewage Refuse Vector Housing San. Fac. 1 Misc. 1	12 1 10 10 110 110 110 110 111 111 111 111	[. 28	203	Yard 9 Water 6 Water * 56 Sewage 7 Refuse 9 Vactor 10 Housing 10 Food 5 San. Fac. 5 Misc. 5	Yard 7 16 9 14 Water 6 Water * 49 Sewage 5 Refuse 5 Vector 4 Housing 4 Food 5 San. Fac. 6 Misc. 4	
OSTILLA	12F 5S	47	692 150	Yard Water Sewage Refuse Vector Housing Food San. Fac.	14 5 10 10 11 11 11 11 8 8	12	67	475	Yard 10 Water 5 Sewage 6 Refuse 8 Vector 12 Housing 7 Food 5 San. Fac. 5 Misc. 5	Yard 7 17 7 4 4 19 Water 3 Sewage 6 Refuse 6 Voctor 5 Housing 7 Food 4 San. Fac. 2 Misc. 3	



JAMIESICAL SUMMAKY OF ENVIKONMENTAL NEALTH ACTIVITIES
MIGRANT HEALTH PROGRAM
June 1, 1969 to June 1, 1970

UNIY # OF # OF UNITS INSPS. UNITS	IO RANDE 2S 2 28F 65	AGUACHE 8SF 14 6F 11 3S 3S 3	HINC HINC
OF WAX.	2 62 152 62 323	118 18 85 3 304	
VIOLATIONS	Yard 17 Water 11 Sewage 20 Refuse 19 Vector 11 Housing 21 Food 13 San. Fac. 17 Misc. 5	Yard 12 Water 9 Sewage 13 Refuse 13 Vector 10 Housing 15 Food 7 San. Fac. 9 -Misc. 9	
n	15 15	7 10	
RE- INSPS.	09	88	
OCC.	246	1192	
VIOLATIONS	Yard 15 Water 4 Sewage 11 Refuse 16 Vector 6 Housing 11 Food 0 San, Fac 9 Misc. 0	Yard 22 Water 19 Swage 24 Refuse 19 Vector 16 Housing 16 Food 14 San. Fac. 15 Misc. 14	
CORRECTIONS	Yard 10 Water 3 Sewage 9 Refuse 7 Vector 6 Housing 8 Food 6 San. Fac. 6 Misc. 4	Yard 5 Water 12 Sewage 13 Refuse 3 Vector 1 Housing 5 Food 0 San. Fac. 2 Misc. 0	
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Water Yard

30 35 27 24 10

Yard Water Sewage Refuse

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DAMS

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Yard Water Sewage Refuse

Sewage Refuse Vector



STATISTICAL SUNMARY OF ENVIRONMENTAL HEALTH ACTIVITIES
MIGRANT HEALTH PROGRAM
June 1, 1969 to June 1, 1970

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F.W.										i t	
Ð	20			18	4		63		53	capacity	
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CORRECTIONS	Housing 14 Food 3 San. Fac. 20 Misc. 9			Yard 6 Water 2 Sewage 14	Keruse 10 Vector 10 Housing 12 Food 3 San. Fac. 15 Misc.	tion	Yard 9 Water 4 Sewage 11	* 0	Food 0 San. Fac. 7 Misc. 1 Vacant*	dwelling units	
VIOLATIONS	Housing 54 Food 4 San. Fac. 60 Misc. 11		·		Keruse 12 Vector 4 Housing 10 Food 1 San. Fac. 8 Misc. 2	unfit for habitation 1970	Yard 87 Water 53 Sewage 66	***	Food 0 San. Fac. 72 Misc. 14	one camp of 20 c	
OCC. LOAD		, .		180		ips in	1318			And.	
RE- INSPS.			АМ	97		ing 4 prog1	170			eity 800.	RAM
þ		39	PROGRAM	20		44	43		,	capacity	PROGRAM
N		40	DUCT	10		ies to	99			S	conpuct
VIOLATIONS	Housing 77 Food 8 San, Fac. 54 Misc. 16	sy Survey	HAS AGREED TO CONDUCT		Vector 15 Vector 15 Housing 18 Food 4 San. Fac. 20 Misc. 6	unsatisfactory with major deficiencies Local Health Department has agreed to	Yard 82 Water 52	Refuse 30 Vector 8 Housing 70	• U	202 dwelling units	HAS AGREED TO CON
MAX. CAPCY.		te-occupancy Survey	DEPARTMENT	296		factory wi	. 1346		منه صد دن جند صر دن بند	one camp of	DEPARTMENT
# OF LIVING UNITS		= Vacant - P	HEAL TH	. 37			190			Closed:	LOCAL HEALTH D
# OF INITIAL INSPS.		e \ #	LOCAL	30	·	# 50 *	111			 	LOCAL
JNLY	DAMS Sont.)			OULDER	204		ELD				



STATISTICAL SUMMARY OF ENVIRONMENTAL HEALTH ACTIVITIES MIGRANT HEALTH PROGRAM
June 1, 1969 to June 1, 1970

# YINNO	# OF INITIAL INSPS.	# OF LIVING UNITS	MAX. CAPCY.	VIOLATIONS	တ	p	RE- INSPS.	occ.	VIOLATIONS	CORRECTIONS	S	U F S	}	Conf.	P F
NORTHEAST COLGRADO													~		-
KIT CARSÓN	31	71	456	7	6	~	10	126			·		4		ω
		-		Retuse 9 Vector 6 Housing 19 Food 6 San. Fac. 17 Misc. 6		to and with the case with reflecting some difference parts. And the desiration of the case consisted that you can		· · · · · · · · · · · · · · · · · · ·							
205	NO LOC	AL HEALT	NO LOGAL HEALTH DEPARTMENT	·Vacant «T		2			i	Vacant					
ARKANSAS VALLEY											:				
OTERO	33*	247	1527	Yard 24 Water 3 Sewage 20 Refuse 16 Vector 8	7	W	_	007	Yard 5 Water 2 Sewage 3 Refuse 5 Housing 6	Yard 4 Water 2 Sewage 2 Refuse 4 Vector 2	4 3		H H		
				• •	<u>س</u>	23	١		• •	ပ					
	*	Includes 3 20 4	camps wit camps (s1 on farm c	3 camps with 61 dwelling units, 3 camps (slum metal and rentals) 20 on farm camps with 81 dwelling 4 major on farm camps and the Ma		nits, capacity ntals) with 30 elling units, c	00		capacity sed ling unit	283, closed.		<u>9</u>			
	LOCAL	HEALTH D	EPARTMENT	LOCAL HEALTH DEPARTMENT HAS AGREED TO CONDUCT		PROCRAM	АМ		,		, 				



MIGRANT HEALTH PROGRAM June 1, 1969 to June 1, 1969

	i	t -	1	1 - 1
	Conf.			23 348
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**	CORRECTIONS	nt	city.	(00
	COR	Vacant	capacity.	on 1,100)
	VIOLATIONS	Yard 4 Water 0 Sewage 4 Refuse 4 Vactor 4 Housing 4 Food 0 San. Fac. 4 Misc. 2	camps with 160	ALSH (Population d Sanitation Water Toilets
1970 ·	occ.		ng1e	IN HELL
mickini healih Prockan ne 1, 1969 to June 1, 15	RE- INSPS.	4	t tuding 4	TSES CONDUCTED
ANT HEA 1969 CC	n	4	13 13 13 inc.	
1, 1	တ	2	2 2	OCK SUI 590 PI Eactory
June	IONS	40000000	17 3 44 16 3 15 8 8	BL OF Sist
	VIOLATIONS	Yard Water Sewage Réfuse Vector Housing Food San. Fac.	Yan Wat Wat Sev Wec Hou Hou Wac	•
ik.	MAX. CAPCY.	6 39 256 NO LOGAL HEALTH DEPARTMENT	647 Yard Water Sewage Refuse Vector Housing Food San. Fe Misc. Vacant	NO LOGAL HEALTH DEPARTMENT LIY Sles
	# OF LIVING UNITS	39 AL HEALTH	90 Vacant,	AL HEALTH
	# CF INITIAL INSPS.	NO LOC	19*	NO LOUA Family Singles
ERIC	UNTY	PROWERS	206	ENVER REA F = F S = S

.7

G = Groups
P # Persons No distinction made regarding location of housing for migrants or seasonal farm workers, e.g., on-farm housing, centralized multi-family camps, motels, hotels, trailer courts, etc. FULL SURVEYS NOT MADE OF VACANT HOUSING SINCE SUCH HOUSING PREVIOUSLY HAD BEEN INSPECTED AND OWNERS NOTIFIED TO CORRECT VIOLATIONS OR VACATE