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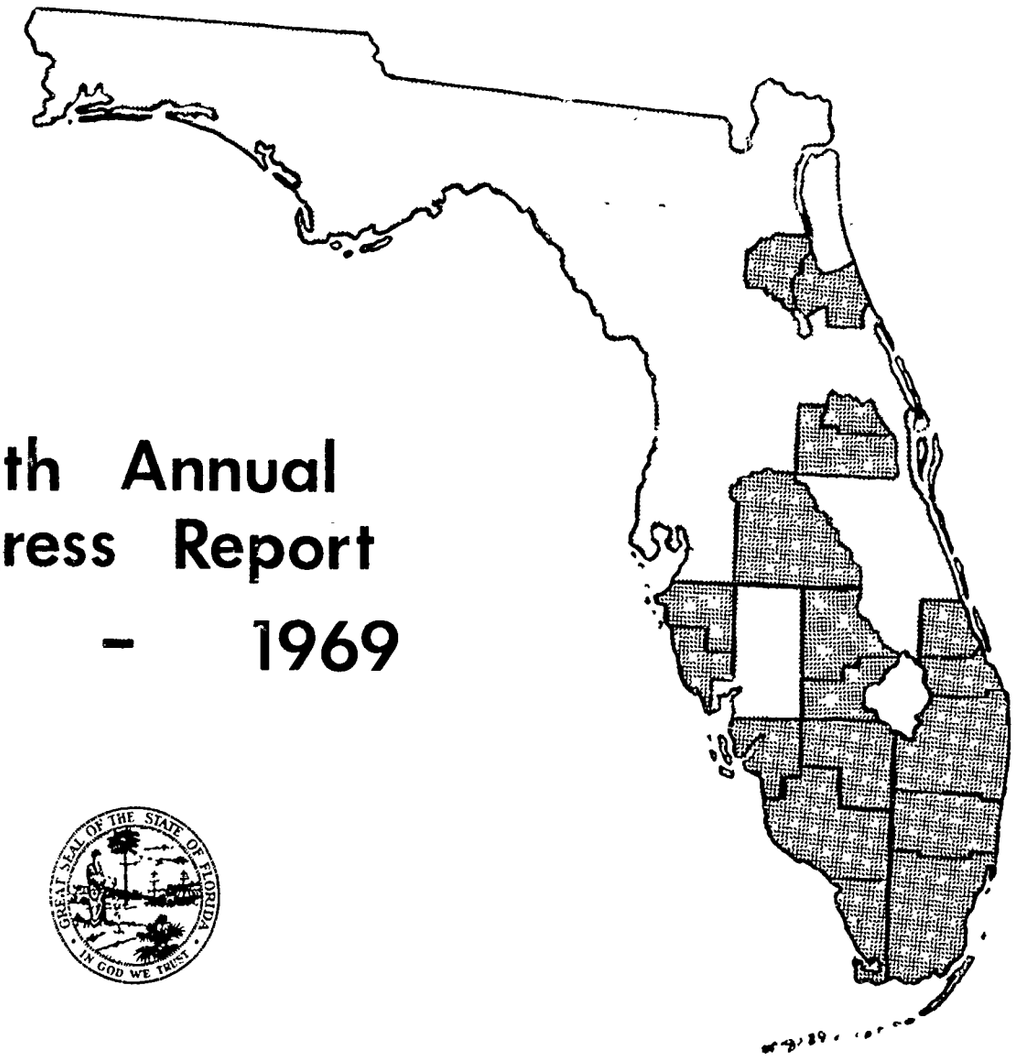
ABSTRACT

Migrant health activities carried on by the 17 Florida county health departments that are recipients of Federal grants for this purpose from the United States Public Health Service are detailed in this report. Data concerning the number of people treated, descriptions of the medical services available, and a narrative report are included for each project. The county projects described are those for Broward, Collier, Dade, Highlands, Hendry, Glades, Lee, Manatee, Martin, Orange, Palm Beach, Polk, Putnam, Flagler, Saint Lucie, Sarasota, and Seminole. Additional topics discussed include Florida's migrant project history, the migrant situation, the Migrant Health Referral System, nutrition services to the migrant health project, and general sanitation exhibits--the Sanitary Code of Florida, House Bill No. 269, and the Camp Inspection Form. Future plans include increasing the slide and film library and reaching more migrants with the message of the importance of good health practices. It is concluded that although Polk and Manatee counties were separated from the project during the fall of 1968, there was an increase in the number of services rendered in all categories and an increase in the number of migrants seen or brought into contact with public health workers. (HBC)

# Florida Migrant Health Project



## Sixth Annual Progress Report 1968 - 1969



Florida State Board of Health
in cooperation with the
U.S. Public Health Service

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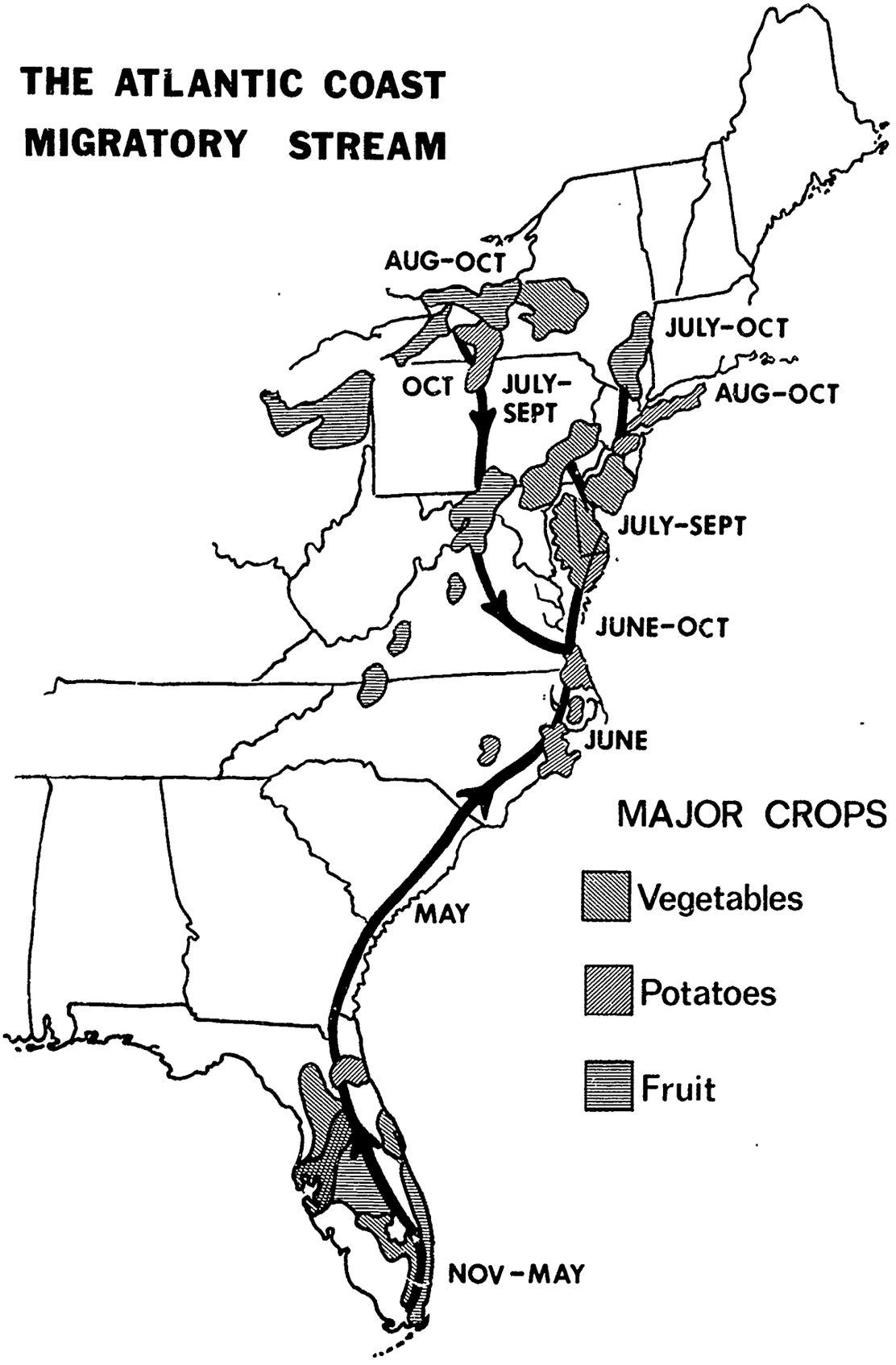
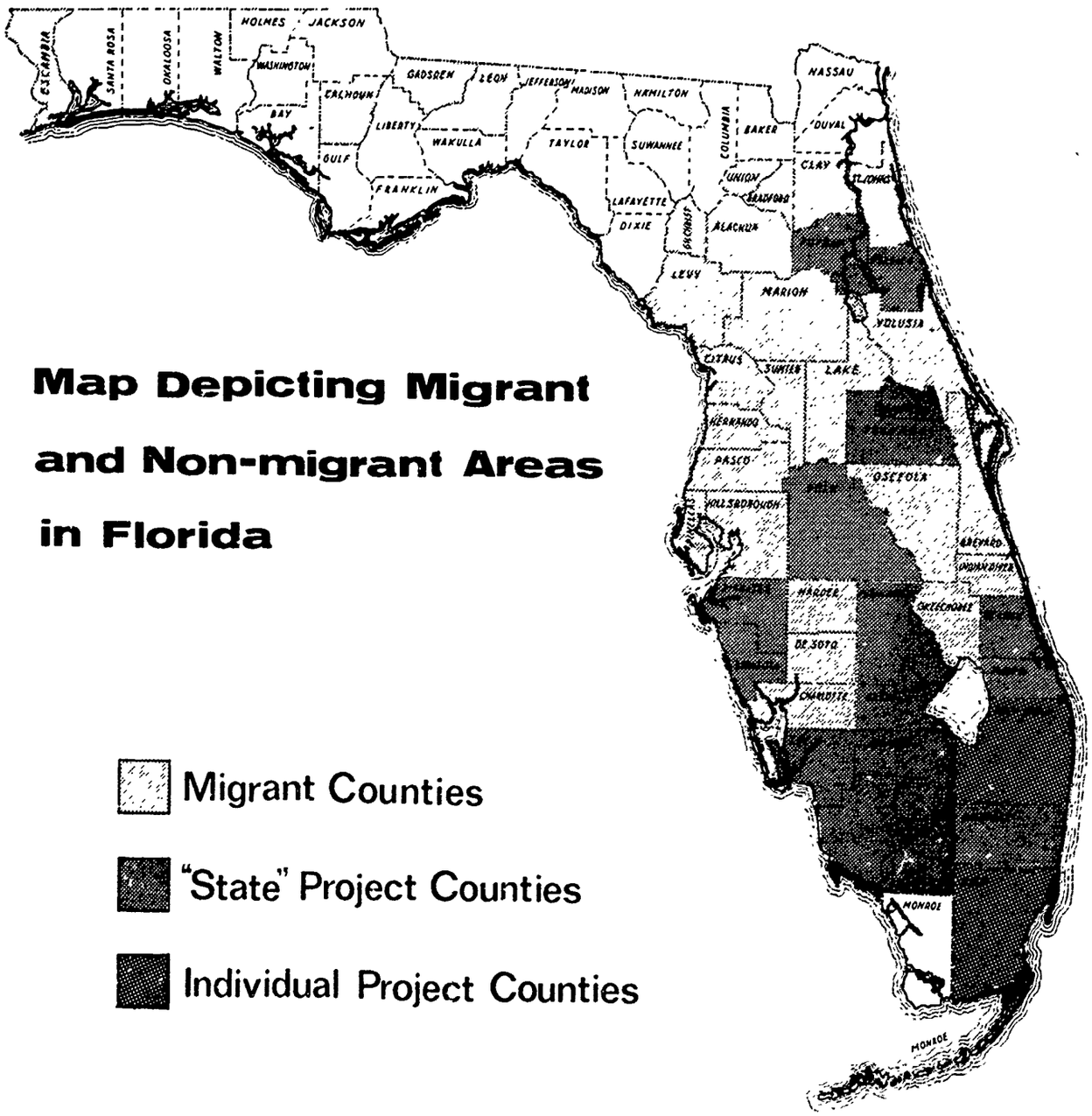
# THE ATLANTIC COAST MIGRATORY STREAM




(Dates shown indicate heavy season of labor demand.)




# Map Depicting Migrant and Non-migrant Areas in Florida

Migrant Counties

"State" Project Counties

Individual Project Counties

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FLORIDA STATE BOARD OF HEALTH

ANNUAL PROGRESS REPORT

MIGRANT HEALTH GRANT MG-18F (69)

## PREFACE

This is the sixth Annual Progress Report on the Migrant Health Program in Florida to be submitted to the United States Public Health Service.

Migrant health activities carried on by seventeen (17) Florida county health departments who were recipients of Federal grants during 1968 for this purpose from the United States Public Health Service are detailed in the following pages. The period covered by the individual reports of these counties extends from May 1, 1968, through April 30, 1969.

For purposes of clarification, it might be appropriate to mention that in previous years the annual project reports published by the Florida State Board of Health were limited to the inclusion of migrant health services provided by those county health departments participating in the Florida "State" Migrant Health Project. The term "State" was employed to differentiate between the multiple-county project and the two (2) separate projects of Dade and Palm Beach counties. These two (2) counties are funded by the United States Public Health Service on an individual basis and the administration of their projects is vested in their respective county health officials. This current annual report comprises the reports of fifteen (15) of the fifteen (15) counties of the "State" or multiple-county projects, plus those of Dade and Palm Beach counties. The word "project," when used in subsequent pages of this report (with the exception of the individual county report sections), refers exclusively to the "State" project.

The "State" project is administered by the Bureau of Maternal and Child Health of the Florida State Board of Health. The Bureau Director (and also the Project Director) is A. F. Caraway, M.D.; the Assistant to the Project Director is William J. Clarke, Jr. The Dade County project is under the directorship of Hunter B. Rogers, M.D., Director, Bureau of Adult Health and Aging, Dade County Department of Public Health. The Palm Beach County project is under the directorship of Carl L. Brumback, M. D., Director of the Palm Beach County Health Department.

# ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

## Project History

The Florida State Board of Health initially received a grant award from the United States Public Health Service in 1963 to inaugurate a migrant project entitled: "A Project to Develop a Basic Statewide Program of Health Services for Migrant Farm Workers and their Dependents in Florida." This title was retained for the second and third years' operations of the project. The title was slightly modified for the fourth year's operation by dropping the word "basic" as it was felt that the project had progressed in many ways, by then, past the fundamental point and was reaching for the attainment of a more complete status. The first year's operation might be considered as a "planning" year during which information necessary to implement the following year's "action" program was gathered. The project period for the first year extended from September 1, 1963, through August 31, 1964. The First Annual Progress Report covered this twelve (12) month period.

The United States Public Health Service approved Florida's Project Continuation Request and the second or "action" year of the project started in September of 1964. Ten (10) counties comprised the nucleus of the "State" project during the first few months of the second year's operation, but a subsequent Project Revision made it possible for three (3) additional counties to participate and to extend the project period through the calendar year 1965.

Florida's second Project Continuation Request was tentatively approved (subject to some budget revisions) by the United States Public Health Service in the late fall of 1965. The necessary Budget Revisions were later submitted and approved in January, 1966, with the project year designated as February 1, 1966, through December 31, 1966. During this period an additional county joined the project, thereby increasing the total number of counties participating in the project to fourteen (14).

An Application for a Project Renewal to take effect on January 1, 1967, was submitted by the Florida State Board of Health during the summer of 1966 and was extended by the United States Public Health Service through February, 1967, with the 1967 grant period to be in effect from March 1, 1967, through December 31, 1967. This action, extending the grant period through two additional months, necessitated the submission of an additional Budget Revision, to assure funds for this two month period.

Two additional counties joined the project in March of 1967, bringing the total number of participating counties up to sixteen (16).

During the summer a Continuation Application was submitted for review and was

subsequently revised in early December. At the conclusion of the grant year, one of the ten (10) original counties dropped out of the project, thus reducing the number of participants to fifteen (15). In early January, 1968, a grant was awarded by the United States Public Health Service continuing the project through the calendar year 1968.

In August of 1968, a Continuation Application to cover project objectives for 1969 was submitted to the United States Public Health Service. This was revised in early December and a grant was awarded on the last day of that month to continue the project through 1969. In October, one of the counties withdrew from the project and an additional county discontinued participation in December.

The new year (1969) opened with thirteen (13) county health departments participating in the project.

ANNUAL PROGRESS REPORT

FLORIDA STATE MIGRANT HEALTH PROJECT

Migrant Situation

Seasonal agricultural workers in Florida numbered approximately 66,064 as of April 30, 1968. This included 46,967 local; 8,350 intrastate; and 10,747 interstate workers. Florida-based migrants are included in the local category when working in their own area. The smallest number of migrant workers during 1968 was reported for August 31, 1968, when there were only 230 intrastate workers and 190 interstate workers, and 21,736 local workers.

By mid-October the number of domestic agricultural workers had increased to 29,299; of which 24,269 were local; 1,410 were intrastate; and 3,620 were interstate workers. Volume of the 1968-69 citrus crop, was well above that of the previous year, although not quite so great as the record 1966-67 crop. Citrus maturity was lagging somewhat at this time and employment was below that of the year-ago level. At this time, labor supply and demand were generally in good balance. Workers returning to their own volition filled most labor needs and vigorous recruitment did not become necessary until about mid-December.

About the middle of December freezing temperatures caused damage to some citrus fruit and vegetables. Additional workers were needed to help pick damaged citrus and get it to the processors. Salvage operations were also necessary for sugarcane. Some vegetable crops were completely or partially destoryed, causing temporary unemployment or underemployment for some vegetable workers. Efforts were made to divert these workers into citrus harvest operations where they were badly needed.

Employment reached peak level for the season on January 31, 1969, with an estimated 77,984. Of this number, 7,803 were intrastate and 14,188 were interstate workers. Approximately 37 per cent of the total workers were in citrus; 35 per cent in mixed vegetables; 12 per cent in tomatoes; 5 per cent in sugarcane; and 11 per cent in other crops.

The lull between the early and mid-season and the valencia harvest was somewhat extended. Some migrants were employed in grapefruit harvest or grove care work, but many others went on to other job commitments. Severe labor shortages could develop by the time valencias are mature enough to move in volume.

Some increases in mechanization were noted during the 1968-69 growing season. This was only a matter of degree, however, and there were no innovations in this respect. Potatoes, radishes, and southern peas were harvested in South Florida almost entirely by machinery. The use of mechanical harvesters increased in celery, sweet corn, tung nuts, and tobacco. Labor displaced by machinery was easily absorbed into other jobs.

There was little change in total acreage with the exception of citrus. Several thousand acres were planted in citrus along the lower West coast of Florida. If a successful citrus harvesting machine has not been invented by the time these trees reach bearing age, it could seriously affect labor requirements in Florida. Some new acreage in Northwest Florida is being planted in wheat and soybeans. These crops are handled primarily by local workers. There was a five per cent cutback in sugarcane acreage; however, this did not reduce labor requirements.

Wages continued to increase during the 1968-69 season. There were some increases due to the agricultural wage and hour law; however, many seasonal workers had earnings well about the $1.30 minimum. Increased piece rates for citrus, coupled with this year's large crop, brought high earnings to the diligent citrus harvest worker.

Labor requirements for the 1969-70 growing season should be approximately the same as for the current season. The size of the citrus crop cannot yet be determined, but some citrus is just reaching the age of productivity and will add to labor requirements. Employment in other crops should be approximately the same as for the current season.

Migrants begin leaving Florida during May and June. Some 40,000 to 45,000 workers, many of them Florida residents, are expected to leave Florida with their families during the summer. The migrant stream continues up the east coast to South Carolina, North Carolina, and Virginia. After June 15, they continue on to Pennsylvania, Maryland, New Jersey, and into New York after July 1. Many Florida-based crews are used in apple harvest in Virginia and New York in September and October and in late fall vegetable harvest in North and South Carolina and Virginia. There is also a significant migrant pattern to the mid-western states of Ohio, Indiana and Michigan. This pattern has grown rapidly in recent years with a total estimated migrant workforce from Florida of approximately 8,500 workers. This pattern begins in July with vegetables and cherries and is completed in September with the Michigan apple harvest.

Information furnished by:

Farm Labor Department
Florida State Employment Service
Florida Industrial Commission

## MIGRANT HEALTH SERVICE REFERRAL SYSTEM

During this report period a total of 1,060 referral forms were returned to the Migrant Health Project office of the Florida Board of Health by various states for evaluation.

Approximately 4,100 forms were received for processing since the initiation of the Referral System. These forms were recently evaluated by a team of knowledgeable individuals*. Two hundred (200) of them were either illegible or could not be deciphered for one reason or another and consequently are not included in the following evaluative tables in this section of the report.

* Sam Schulman, Ph.D., Professor of Sociology, University of Houston
* Robert H. Browning, M.P.H., Program Consultant, Planned Parenthood Federation of America

### TABLE 1

SERVICE/CONTACT RATIO, CONFIRMED REFERRALS, BY STATE TO WHICH REFERRED:

| State | No. Conf. Ref. | (A) % Contact | (B) % Service | Service/Contact Ratio |
|---|---|---|---|---|
| Alabama | 20 | 45.0 | 45.0 | 100.0 |
| California | 1 | .0 | .0 | ---- |
| Conn. | 0 | .0 | .0 | ---- |
| Delaware | 40 | 62.5 | 52.5 | 84.0 |
| Florida | 1,698 | 58.8 | 49.2 | 83.7 |
| Georgia | 27 | 55.6 | 55.6 | 100.0 |
| Illinois | 4 | 100.0 | 75.0 | 75.0 |
| Indiana | 38 | 39.5 | 10.5 | 26.6 |
| Louisians | 0 | .0 | .0 | ---- |
| Maryland | 122 | 72.1 | 56.6 | 78.5 |
| Mass. | 3 | .0 | .0 | ---- |
| Michigan | 113 | 40.7 | 34.5 | 84.8 |
| Miss. | 30 | 43.3 | 30.0 | 69.3 |
| N. J. | 123 | 68.3 | 61.0 | 89.3 |
| N. Y. | 502 | 73.1 | 62.2 | 85.1 |
| N. Car. | 64 | 64.1 | 57.8 | 90.2 |
| Ohio | 77 | 48.1 | 41.6 | 86.5 |
| Penn. | 177 | 70.6 | 61.0 | 86.4 |
| R. I. | 0 | .0 | .0 | ---- |
| S. Car. | 211 | 51.2 | 40.2 | 78.5 |
| Texas | 148 | 48.0 | 35.1 | 73.1 |
| Va. | 347 | 70.3 | 61.7 | 87.8 |
| Other | 40 | 57.5 | 55.0 | 95.7 |
| Not Rep. | 10 | 70.0 | 70.0 | 100.0 |
| Total | 3,795 | 61.2 | 51.4 | 84.0 |

NOTE: Better than six out of every ten referrals resulted in contact between the migrant and a health worker. This would indicate that a high percentage of the migrants do know where they are going next and do reach this destination. Eighty-four per cent (84%) of the contacts made resulted in either partial or complete service being rendered.

TABLE 2

SERVICE/CONTACT RATIO, CONFIRMED REFERRALS, BY SERVICE REQUESTED:

| Service Requested | No. of Conf. Refs. | (A) % Contact | (B) % Service | SCR |
|---|---|---|---|---|
| Ca Cytol | 109 | 67.0 | 54.1 | 80.7 |
| Chest X-ray | 369 | 59.6 | 53.4 | 89.6 |
| Child Spacing | 567 | 58.9 | 47.8 | 81.2 |
| Health Appraisal | 1,339 | 63.0 | 54.1 | 85.9 |
| Immunization | 1,060 | 54.6 | 43.3 | 79.3 |
| Nutrition | 134 | 64.9 | 59.0 | 90.9 |
| Post Partum | 192 | 57.8 | 47.4 | 82.0 |
| Prenatal | 575 | 69.4 | 61.7 | 88.9 |
| Diabetes | 121 | 62.8 | 54.5 | 86.8 |
| Parasites | 63 | 68.3 | 65.1 | 95.3 |
| Rheum. Fever | 22 | 63.6 | 59.1 | 92.9 |
| T.B. | 381 | 61.7 | 57.2 | 92.7 |
| V.D. | 108 | 51.9 | 46.3 | 89.2 |
| V.N.A. ** | 22 | 59.1 | 45.5 | 77.0 |
| Crip. Child. | 40 | 70.0 | 55.0 | 78.6 |
| Vocational | 17 | 58.8 | 47.1 | 80.1 |
| Dental | 14 | 78.6 | 35.7 | 45.4 |
| Other | 73 | 74.0 | 48.0 | 64.9 |
| Total | 5,206 | 61.2 | 52.0 | 85.0 |

** V.N.A. - Visiting Nurse Association

TABLE 3

| Sex | Frequency |
|---|---|
| Male | 1,442 |
| Female | 2,385 |
| Unknown | 75 |

TABLE 4

| Ethnicity | Frequency |
|---|---|
| Unknown | 202 |
| Negro | 2,547 |
| Spanish | 1,051 |
| Anglc | 98 |
| Other | 4 |

ITEM: The evaluatory team noticed that a drop in the referrals of Negroes was evident when comparing referrals made during the earlier pattern of the system's existence with those made more recently.

TABLE 5

| Service Requested | Frequency |
|---|---|
| Cancer Cytology | 111 |
| Chest X-ray | 371 |
| Child Spacing | 587 |
| Health Appraisal | 1,387 |
| Immunizations | 1,098 |
| Nutrition | 137 |
| Post Partum | 198 |
| Prenatal | 584 |
| Diabetes | 123 |
| Parasites | 64 |
| Rheumatic Fever | 23 |
| Tuberculosis | 388 |
| V.D. | 110 |
| V.N.A. | 23 |
| Crippled Child | 41 |
| Vocational | 17 |
| Dental | 17 |
| Other | 75 |

TABLE 6

| Number of Services | Frequency |
|---|---|
| 0 | 11 |
| 1 | 2,758 |
| 2 | 887 |
| 3 | 205 |
| 4 | 35 |
| 5 | 4 |
| 6 | 2 |
| 7 | 0 |
| 8 | 0 |
| 9 or more | 0 |

NOTE: Over 50 per cent (50%) of the referral forms requested a single service only. The highest number of services requested on a form was six.

TABLE 7 - TIME LAPSE/REFERRAL RETURN

| Months | Frequency |
|---|---|
| Less than 1 | 523 |
| 1 | 1,167 |
| 2 | 968 |
| 3 | 549 |
| 4 | 255 |
| 5 | 112 |
| 6 | 80 |
| 7 | 62 |
| 8 or more | 193 |
| Incomplete Data | 2 |

ITEM: The median time for a referral to be completed was one and one-half (1½) months. (Time lapse was between referral sent out, service rendered, and referral returned.)

TABLE 8 - CONTACT ESTABLISHED BETWEEN PHP AND PATIENT

| Answer Code: | Answer | Frequency | Per Cent |
|---|---|---|---|
| 0 - No | 0 | 1,474 | 37.8 |
| 1 - Yes, Patient Sought Service | 1 | 375 | 9.6 |
| 2 - Yes, PHP* Sought Patient Out | 2 | 1,211 | 31.0 |
| 3 - Yes, But Cannot Determine | 3 | 735 | 18.8 |
| 1 or 2 | 4 | 107 | 2.7 |
| 4 - Cannot be Confirmed | | 3,902 | 100.0 |

* Public Health Personnel

## TABLE 9 - WAS SERVICE PROVIDED TO PATIENT

| Answer | Frequency |
|---|---|
| No, No Additional Information | 36 |
| No, Could Not be Located | 1,435 |
| No, Requested Service not Available | 57 |
| No, Patient Refused Service | 105 |
| No, Other Reasons | 175 |
| Yes, Partially | 625 |
| Yes, Completely | 1,324 |
| Cannot Be Confirmed | 145 |

## TABLE 10

| State Initiating Referral | Frequency |
|---|---|
| Alabama | 28 |
| California | 0 |
| Connecticut | 0 |
| Delaware | 1 |
| Florida | 1,433 |
| Georgia | 0 |
| Illinois | 0 |
| Indiana | 1 |
| Louisiana | 0 |
| Maryland | 30 |
| Massachusetts | 0 |
| Michigan | 6 |
| Mississippi | 1 |
| New Jersey | 526 |
| New York | 365 |
| No. Carolina | 250 |
| Ohio | 115 |
| Pennsylvania | 20 |
| Rhode Island | 0 |
| So. Carolina | 320 |
| Texas | 4 |
| Virginia | 761 |
| Other | 5 |
| Not Reported | 36 |

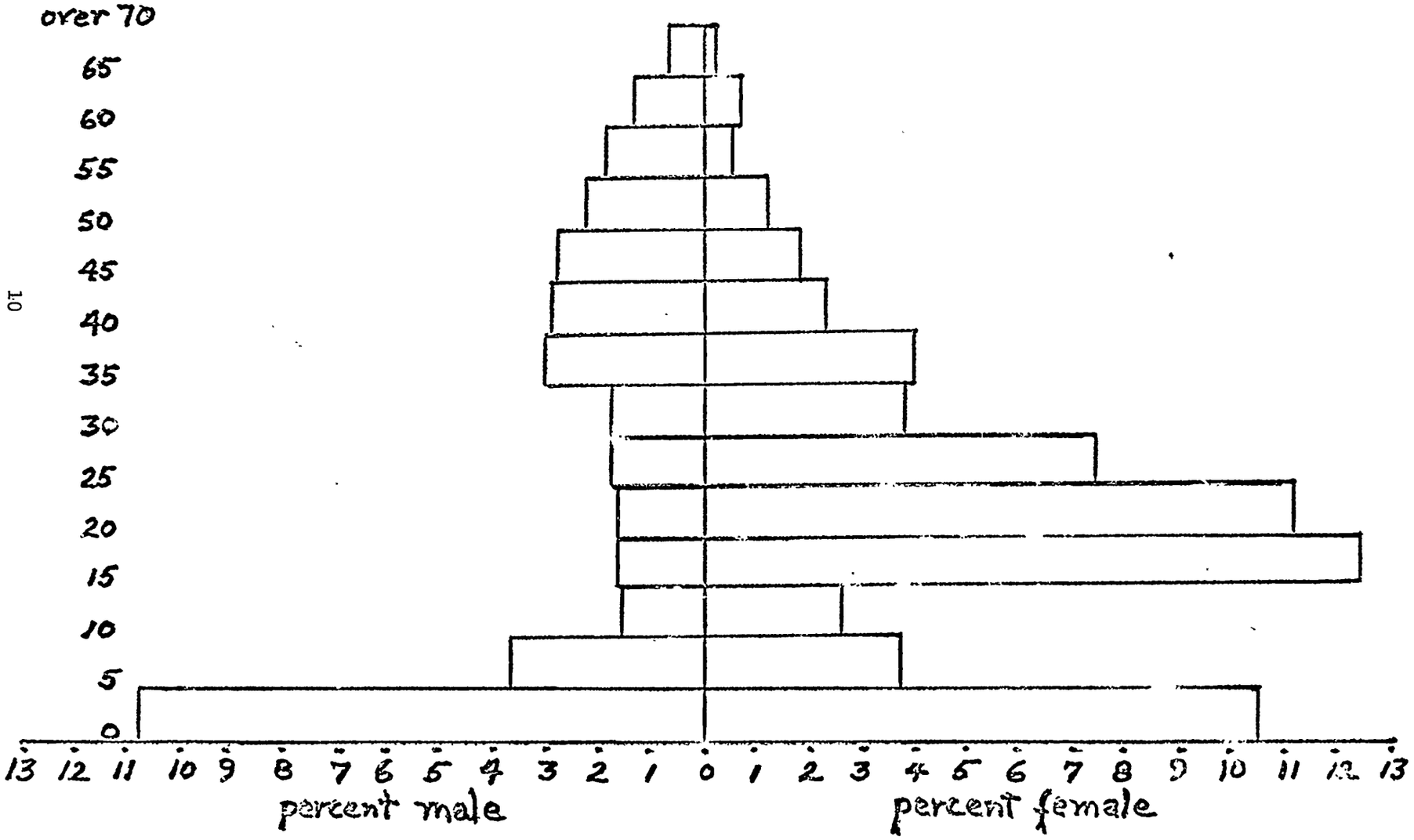
ITEM: Puerto Rico is included under "Other." There are no migrant health projects in the states of Alabama, Georgia, Mississippi & Rhode Island.

## TABLE 11

| State to which Referral made | Frequency |
|---|---|
| Alabama | 23 |
| California | 1 |
| Connecticut | 0 |
| Delaware | 40 |
| Florida | 1,731 |
| Georgia | 28 |
| Illinois | 6 |
| Indiana | 38 |
| Louisiana | 0 |
| Maryland | 126 |
| Massachusetts | 3 |
| Michigan | 114 |
| Mississippi | 32 |
| New Jersey | 124 |
| New York | 524 |
| No. Carolina | 65 |
| Ohio | 78 |
| Pennsylvania | 178 |
| Rhode Island | 0 |
| So. Carolina | 220 |
| Texas | 149 |
| Virginia | 356 |
| Other | 41 |
| Not Reported | 25 |

ITEM: Puerto Rico is included under "Other." There are no migrant health projects in the states of Alabama, Georgia, Mississippi & Rhode Island.

# age-sex distribution of Persons served



## NUTRITION SERVICES TO THE MIGRANT HEALTH PROJECT

### 1968 - 1969

During the 1968 - 1969 migrant season, a significant increase in nutrition services provided to the families of migrant agricultural workers has resulted in the improved food practices and eating habits of many migrant families. These direct services provided by the nutrition coordinator and two other regional nutrition consultants of the Florida State Board of Health have reached 3,000 migrant parents, teenagers, and children. The direct services through the migrant medical clinics and consultation to staffs of health departments and other agencies providing health education has been the two major thrusts of this year's service. The nutrition coordinator has provided regularly scheduled services to Sarasota, Lee, Collier, Broward, St. Lucie and Martin Counties, while two regional nutrition consultants have served Putnam, Flagler, Orange, and Seminole Counties. Active recruitment efforts are being continued to fill the regional nutrition position for Highlands, Glades, and Hendry Counties.

The types and degrees of hunger and malnutrition that exist in the migrant population today are an explosive issue and up-to-date comprehensive nutritional status studies need to be done on this population to document nutritional problems and needs of migrant families. Observation through the medical care facilities indicates the major nutrition problems observed in migrant families are iron deficiency anemias; especially among the pre-school children and pregnant mothers, and obesity; especially among the middle-age migrant women. Evaluation of migrant family food intakes indicates among some of the groups studied that they consume below one-half of the recommended daily dietary allowances of nutrients as established by the Food and Nutrition Board of the National Research Council. Review of diet histories of prenatal patients attending health department clinics reflects insufficient intake of food sources of important nutrients (calcium, iron, vitamin A, and vitamin C). Many of the patients, however, did eat two or more servings of meat each day, the most expensive food in the diet. Dietary deficiencies observed are generally due to poor facilities for food preparation and storage in available housing. Other contributing factors are inaccessibility to competitively priced food markets; undependable income; the frequent unavailability of commodity foods, food stamps, or community assistance to migrant families in need; mobility; fatigue after long days in the field; lack of food preparation; lack of home management skills; and a lack of education and motivation. In Collier County, a one-day food intake survey comparing migrant children with resident children in grades six through twelve shows both groups' food intakes to be similar. Seventy-five per cent (75%) of each group had an acceptable food intake, while 25 per cent did not. This survey may have reflected the excellent county school food service program.

To bring about solutions to these problems, the nutritionists in the past year

have been working in the following ways:

(1) Giving culturally modified, basic instructions on foods meeting nutritional needs to groups and individual migrants in the family health clinics and in the migrant schools.

(2) Demonstrating easy and sanitary preparation of low cost, nutritious foods to groups of workers and their families at camps and at clinics.

(3) Providing diet counseling services to the maternity patients, mothers with young children, persons with diabetes, or who are overweight, have heart conditions, and any other disorders which the migrant clinic physicians refer.

(4) Offering consultation on nutrition and diet to professional and non-professional staffs of county health departments, schools, day care centers, community action programs, church groups, and other interested groups, to extend the nutrition education component of health and welfare services to the migrants and their families. The public health nurse, school teacher, and community aide are the workers most frequently involved.

During the past year, the nutritionist and nurses have worked closely with the parents and guardians of the 23 children from Collier County referred by a team from The Citizens' Board of Inquiry into Malnutrition and Hunger to Variety Children's Hospital in Miami in February, 1968. These children were cited as being the most serious cases of "malnutrition" in the county and showed 39 health problems. Of these, eleven cases of iron deficiency anemia (six borderline) and three cases of diarrhea were those that could be considered food related. They have noted improvement in the food habits in most of these families as documented in changes of food selection, increased growth in height and weight of the children, and improved hemoglobin levels. (See Attachment B under the Nutrition Section to Collier County.)

To further reach migrant families, a pilot program providing training to aides employed by the Community Action Fund Program was conducted in Lee County. These aides, former migrants themselves, were trained in family food management to assist the migrant families with whom they work. After further development of the teaching outline, visual aides and resource materials, this program will be offered to other Community Action Fund aides in Florida. In addition, suitable nutrition education materials are needed for use with migrant families. Materials being prepared and pretested are based on foods which are available, inexpensive, and enjoyable. The materials must be easily understood, attractive, and meaningful. Teaching aids are being prepared by the nutritionists for family nutrition, child feeding and sanitary use of foods. Guidelines for food demonstrations, outlines and visual aids for group instruction are also being prepared.

The nutrition coordinator spoke to the participants of the Statewide Migrant Health

Conference, Migrant Teacher Training Groups, Citrus Industry Nurses, and several community agencies interested in the health and well-being of migrant families. To become more familiar with the total migrant picture, the nutrition coordinator participated in the Annual Farm Labor Conference and a training conference on the use of family health workers in migrant projects.

In March, 1969, the Senate Select Committee on Hunger and Human Needs visited South Florida to determine the extent of malnutrition, hunger, and related human needs among the migrant population. The Senate Committee suggested the causes of malnutrition to be poverty, lack of knowledge, inadequate food programs, and communication gaps. The anticipated results of the hearings are common sense, legislation and administrative actions. Two witnesses representing public health testified at the hearings - the county health officer and the migrant project nutrition coordinator. The presentations in Immokalee overall conveyed the problem of insufficient food, inadequate housing, health problems, and poor working conditions which overwhelmed the migrant farm worker. The needs cited were for a county food distribution program in Collier County and an expansion of the one in Lee County. A massive nutrition education program, increased health services, greatly improved housing, more day care centers, expanded educational programs, and legal protection are needed. Current efforts to meet the needs and problems were presented. The regional nutrition consultant reported on nutrition services to these counties, trying to document how nutrition is an integral part of health and what progress had been made in the past year. The following recommendations made by the nutritionist to the Senate Committee apply to needs for improvement of nutrition services to the project:

(1) The State Board of Health, with the county health departments, should undertake a carefully planned nutrition and health status study on the population (or representative sample) to document existing problems and suggest directions for future health programing. Sound documentation is needed on the nutrition and health problems in the counties with comparison between migrant and non-migrant and between various cultural groupings.

(2) The primary problem appears to be widespread lack of knowledge among mothers about how to spend their limited funds to meet the nutritional needs of their families. Nutrition education efforts need to be greatly enlarged. A public health nutritionist position should be established for Collier and Lee Counties. (To improve services, several nutritionist positions are needed to serve the migrant population through county health units.) A wider audience must be reached with practical nutrition, with information based upon current research findings. This means that the nutrition education efforts must be directed by a qualified nutritionist, working with a trained public health staff. Aides working with the nutritionist could be trained to enlarge the nutrition education efforts.

(3) County agencies, migrant committees, O.E.O., legal services, and other interested community groups should try and assist the county commissioners to implement the distribution of food.

A commodity food program or a food stamp program is greatly needed in these counties where it does not exist.

The regional nutritionist should assist the county health officer in trying to establish a supplemental food program for pregnant mothers, of low income, and their children through five years of age. It is hoped that this program will soon be activated over the State of Florida.

(4) Interested agencies should work cooperatively to expand and develop a suitable day care program for all pre-school children. This should be planned to meet the needs of all children and mothers who work. Such a program should include an adequate feeding program, including serving two or more nutritious meals and snacks. An educational program for parents, including nutrition education should be a part of day care programs.

A detailed report of nutrition services in each of the project counties may be found under Section G of each project report.

For the 1969 - 1970 project year, to further develop the nutrition component of the Statewide Migrant Health Project, a realistic program plan for the delivery of nutrition services is being completed for the overall state project and by each of the nutritionists working with county health officers and project staffs in the counties covered.

## GENERAL SANITATION EXHIBITS

In the Sanitation Section of many of the county reports, reference is made to Chapter 170C-32 of the Sanitary Code of Florida, House Bill No. 269, and the Camp Inspection Form. For the purpose of eliminating duplication, these materials (concerned with migrant camps) are reproduced on the following 12 pages.

RULES OF THE STATE BOARD OF HEALTH

THE SANITARY CODE OF FLORIDA

CHAPTER 170C-32

CAMPS



170C-32.01 Camps - general - Sanitary practices relating to construction, operation and maintenance of migrant labor, recreation and other camps. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.422-.482 F.S.)

170C-32.02 Definitions - (1) "Camp" - One or more buildings or structures, tents, trailers, or vehicles, together with the land appertaining thereto used as living quarters for fifteen (15) or more persons, including children, whether or not rent is paid or reserved in connection with the use or occupancy of such premises. Included are camps operated for recreational, educational and other purposes and labor camps established for the permanent or temporary housing of farm laborers or other workers; provided that this definition shall not apply to forestry or tobacco farm operation. (2) "Person" - An individual or group of individuals, association, partnership or corporation. (3) "Camp operator" - The person who has been granted a permit in accordance with these regulations to operate a camp. (4) "Shelter" - Any building of one or more rooms or tents or trailers used for sleeping or living quarters at a camp. (5) "Habitable room" - A room or enclosed floor space used or intended to be used at a camp for living, sleeping, cooking or eating purposes excluding bathrooms, water closet compartments, laundries, pantries, foyers, connecting corridors, closets, or other storage space. (6) "Toilet facili-

ties" - Water closets, privies, urinals and the rooms provided for the installation of these units. (7) "Refuse" - Solid waste except body wastes, including garbage, rubbish, and ashes. (8) "Garbage" - Waste products of all animal or vegetable matter resulting from growing, processing, marketing and preparation of food items, including containers in which packaged. (9) "Sanitary landfill" - A planned method of compacting and completely covering garbage in a prepared area so as to prevent sanitary nuisances and insect and rodent breeding and harborage. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031 (1)(g)3.F.S. 381.422.F.S.)

170C-32.03 Notice of construction - Each person who is planning to construct or enlarge for occupancy or use a camp or any portion of facility thereof, or to convert a property for use or occupancy as a camp shall give notice in writing of his intent to do so to the board at least fifteen (15) days before the date of beginning such construction, enlargement or conversion. The notice shall give the name of the city, village, town or county in which the property is located, the location of the property within that area, a brief description of the proposed construction, enlargement or conversion and the name and mail address of the person giving the notice and his telephone number, if any. Upon receipt of such notice the board shall send promptly to the person giving notice copies of the state law and regulations issued thereunder applicable to camps. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031(1)(g) 381.472.F.S.)

170C-32.04 Permit for operation - Before any person shall either directly or indirectly operate a camp, he shall make an application for and receive from the board a valid permit for operation of the camp. (General Authority 381.031(1)(g) 3.F.S. Law Implemented 381.031 (1)(g)s F.S., 381.432F.S.)

170C-32.05 Application and issuance of permit - Application for such permit shall be made in writing to the board through the local health department on a form provided for this purpose at least fifteen (15) days prior to commencement of camp operation. The application shall include the name and address of the camp owner, name and address of the person requesting a permit to operate the camp, the location of the camp, the approximate period during which the camp is to be operated and such other pertinent information as the board shall find necessary. A separate application shall be submitted for each camp and a separate permit shall be issued annually for each such camp. If the board finds, after investigation, that the camp or proposed operation thereof conforms or will conform to the minimum standards required by these regulations, they shall issue a permit for operation of the camp. The permit, unless sooner revoked, shall expire on June 30 next after the date of issuance. The permit shall not be transferrable or assignable. In the event of a change of operator of a camp, the new operator shall immediately file an application for permit in accordance with provisions of this section. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031 (1)(g)3.F.S. 381.442 F.S.; 381.452 F.S.)

170C-32.06 Revocation of permit - A permit may be revoked at any time if the board finds the camp for which the permit is issued is maintained, occupied or operated in violation of law or any regulations applicable to a camp or in violation of a condition stated on the permit. In case of a revocation of permit the camp operator may make application for a new permit by complying with the provisions of Section 170C-32.05 of this chapter. (General Authority 381.031(1)(g) 3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.462 F.S.)

170C-32.07 Camp sites - (1) All camp sites shall be well drained and free from depressions in which water may stan. No camp shall be located in or immediately adjacent to marshes, bottom lands, or other potential mosquito breeding areas unless adequate board approved safeguards or preventive measures are taken. Natural sink holes, swamps, pools or other surface collectors of water within two hundred (200) feet of the periphery of the camp shall either be drained or filled to remove quiescent surface water, except that such areas containing water not subject to such drainage or filling shall be treated with oil or other larvacide as necessary to prevent the breeding of mosquitoes. (2) No camp shall be located on a site which is subject to or may cause extreme traffic or other hazards unless acceptable safeguards are provided. (3) No camp shall be located on the watershed of a domestic or public water supply so as to create a pollution hazard. (4) No camp structure shall be located less than two hundred (200) feet from barns, pens, or similar quarters of livestock or poultry. (5) All camp sites shall be adequate in size to permit locating of buildings so as to minimize the hazards of fire. (6) All camps shall provide space for recreation commensurate with the purpose of the camp, the size of the camp, and the type of occupancy. (General Authority 381.031 (1)(g)3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.472 F.S.)

170C-32.08 Shelters - (1) Shelters in all camps shall be structurally sound and shall provide protection to the occupants against the elements. At least one-half (½) of the floor area of each habitalbe room shall have a minimum ceiling height of seven (7) feet. Floors of the buildings used as living quarters shall be constructed of wood, concrete, or other comparable material. Wooden floors shall be of tight durable construction with a smooth finish and in buildings without a cellar or basement, shall be elevated not less than eighteen (18) inches above the average ground level to permit free circulation of air. (2) All concrete floors shall be smooth finished and the floor level shall be not less than twelve (12) inches above the average ground level. (3) All rooms designed or used for sleeping purposes shall provide a minimum three hundred (300) cubic feet of air space for each occupant. In computing the cubic footage of sleeping rooms, ceiling heights shall be counted to a maximum of nine (9) feet and no floor area shall be counted where the ceiling height is less than six (6) feet. In a house-trailer furnished by a person other than the occupants there shall be a minimum of twenty (20) square feet of clear floor area for each person sleeping therein. (4) All shelters hereafter constructed or remodeled for family living quarters shall contain a minimum of seventy (70) square feet of floor space for the first occupant and fifty (50) square feet of floor space for each additional occupant. Sleeping rooms in such family quarters shall also meet air space requirements of this section. (5) Separate sleeping quarters shall be provided for each sex, except in the housing of families. (6) Each habitable room shall have at least one (1) window or skylight opening directly to the outside. The minimum total window area shall be ten (10) per cent of the floor area of each room. When the only window in a room is of the skylight type located in the roof of the building, the total window area shall be fifteen (15) per cent of the floor area of such room. At least one window or skylight shall be easily opened for ventilating the room. The total openable window area shall equal at least forty-five (45) per cent of the minimum window area required for a room, except where board approved mechanical ventilation is provided. In computing total window area and openable window area, jalousie doors may be counted. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031 (1)(g)3.F.S. 381.472 F.S.)

170C-32.09 Water supply - (1) An adequate and convenient supply of water that conforms with the requirements of Chapter I of this code shall be available at all times in each camp for drinking, culinary, bathing, and laundry purposes. (2) The water supply shall provide at least thirty-five (35) gallons per person per day to

the camp site. (3) Adequate facilities for providing hot water for bathing and dishwashing purposes shall be available. (4) In existing camps with water pressure systems, water outlets shall be located in such manner that no shelter or habitable area is more than one hundred (100) feet distance from such an outlet. Drainage facilities shall be provided for the overflow or spillage from such outlets. (5) In all camps hereafter constructed water under pressure shall be supplied to all buildings housing family living quarters and all other buildings in which cooking is permitted or which contain facilities for bathing, laundering, or dishwashing. (6) Where water is distributed under pressure a supply rate at least two and one-half (2½) times the average hourly demand shall be possible and the distribution line shall be capable of supplying water at normal operating pressure to all fixtures. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031 (1)(g)3.F.S. 381.472 F.S.)

170C-32.10 Garbage and refuse disposal - (1) All garbage, kitchen wastes and other refuse shall be deposited in metal cans with tight fitting metal coverings not to exceed twenty (20) gallons capacity. Such cans shall be conveniently located to all households throughout the camp area and shall be provided in sufficient number to handle all refuse from the camp. (2) The contents of said cans shall be emptied and the cans cleaned as often as necessary to keep them and their surroundings in a sanitary condition. (3) Provisions shall be made for disposing of the garbage, kitchen wastes and other refuse by incineration, grinding, burial, or incorporation in a sanitary landfill. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.472 F.S.)

170C-32.11 Insect and rodent control - (1) Effective measures shall be taken to control rats, flies, mosquitoes and bed bugs and other insect vectors or parasites within the camp premises. (2) No standing water shall be allowed to pool in the vicinity of the camp and the premises shall be kept clear of cans, rubbish, and other articles that will hold water. (3) No accumulation of materials shall be allowed that will breed flies. (4) All windows, screen doors and outside openings in any camp shelter shall be protected with wire fly screening of not less than sixteen (16) mesh. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031 (1)(g)w.F.S. 381.472 F.S.)

170C-32.12 Heating - (1) When a camp is located in an area where prolonged temperatures below seventy degrees fahrenheit (70°F) are normally experienced, during the period of camp occupancy, adequate heating equipment shall be installed in all living quarters. (2) A stove or other source of heat shall be installed and vented in such a manner to avoid both a fire hazard and a dangerous concentration of fumes or gas. In rooms with wooden or combustible flooring, there shall be a concrete slab, metal sheet or other fire resistant material on the floor under every stove extending at least eighteen (18) inches beyond the perimeter of the base of the stove. Any wall or ceiling, not having a fire resistant surface within twenty-four (24) inches of a stove or stove pipe, shall be protected by a metal sheet or other fire resistant material. Heating appliances, other than electrical, shall be provided with a stove pope or vent connected to the appliance and discharging to the outside air or chimney. Such chimney shall extend two (2) feet above the peak of the roof. A vented metal collar shall be installed around the stove pipe, vent or flue in a wall, ceiling, floor or roof through which the stove pope, vent, or flue passes. (3) Automatically operated heat producing equipment shall be provided with controls to cut off the fuel supply upon the failure or interruption of flame or ignition or whenever a predetermined safe temperature or pressure is exceeded. All steam and hot water systems shall be provided with safety devices designed to prevent hazardous pressures and excessive temperatures. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.472 F.S.)

170C-32.13 Lighting - Where electric service is available each habitable room in a camp shall be provided with at least one ceiling type light fixture and a separate double electric wall outlet. Other rooms in which people congregate, laundry rooms, shower rooms, and toilet rooms shall be provided with a minimum of one ceiling or wall-type fixture. Electric wiring shall be installed in accordance with the provisions of local electrical ordinance or if no such ordinance exists, in accordance with the provisions of the National Electrical Code. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.472 F.S.)

170C-32.14 Excreta and liquid waste disposal - (1) Facilities shall be provided and maintained in all camps for the satisfactory disposal or treatment and disposal of excreta and liquid waste. (2) Such facilities shall be maintained in compliance with provisions of Chapter VI of the code. (General Authority 381.031 (1)(g)3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.472 F.S.)

170C-32.15 Plumbing - All plumbing shall be in compliance with provisions of Chapter VII of this code or local plumbing ordinances whichever establishes the higher standards. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031 (1)(g)3.F.S. 381.472 F.S.)

170C-32.16 Toilets - (1) Approved toilet facilities adequate for the capacity of the camp shall be provided. (2) Each toilet room shall be so located that no individual is required to pass through a sleeping area, other than his own, in order to use toilet facilities. Toilet rooms shall have a window area of not less than six (6) square feet opening directly to the outside. No flush toilet fixture or urinal shall be located in a sleeping room. (3) A toilet facility shall be located within two hundred (200) fet of the door of each sleeping room. No privies shall be closer than fifty (50) feet from any sleeping room, dining room, mess hall, or kitchen. Privies shall comply with the requirements of Chapter IV of this code. (4) Where the toilet facilities are shared such as in multi-family dwellings and in dormitory-type facilities separate toilet rooms shall be provided for each sex. These rooms shall be distinctly marked "For Men" and "For Women" by signs printed in English and in the native language of the persons occupying the camp. If the facilities for each sex are in the same building they shall be separated by a solid wall or partition extending from the floor to the roof or ceiling. (5) Where toilet facilities are shared the number of water closets or privies provided for each sex shall be based on the maximum number of persons of that sex which the camp is designed to house at any one time, in the ratio of one (1) such unit to each fifteen (15) women and one (1) such unit to each twenty (20) men within a minimum of two (2) units for any shared facility. Family living accommodations containing private toilet facilities shall not be considered when establishing this number of shared toilet facilities. (6) Urinals shall be provided on the basis of one for each twenty-five (25) men. The wall and floor space to a point of one (1) foot in front of the urinal lip, four (4) feet above the urinal and one (1) foot to each side of the urinal shall be faced with a non-absorbent material. (7) Every water closet or flush toilet hereafter installed shall be located in a toilet room and shall be properly connected to a satisfactory disposal system which complied with the requirements of Chapter VI of this code. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.472 F.S.)

170C-32.17 Washrooms, bathrooms and laundry tubs - (1) Approved washing, bathing and laundry facilities adequate for the capacity of the camp shall be provided. (2) Where they will be used by more than one (1) family or by non-family group, separate washrooms and bathrooms conveniently located shall be provided for each sex. Each separate facility shall be plainly designated "For Men" and "For Women."

If the facilities for each sex are in the same building they shall be separated by solid walls or partitions extending from the floor to the roof or ceiling. Washrooms and bathrooms provided in family living accommodations shall be partitioned off from the rest of the room. Provisions shall be made for adequate dressing space adjacent to bathing facilities. (3) Where washbasins and shower baths are shared, washbasins shall be provided in the ratio of one (1) for every twenty (20) persons and shower baths shall be provided with one (1) shower head for every twenty (20) persons or fraction thereof. All shower and wash fixtures shall be provided with both hot and cold water under pressure. (4) A two (2)-compartment stationary laundry tub or tray or other laundry facility for every twenty-five (25) families or fraction thereof shall be provided for laundry purposes and shall be convenient to all living quarters. Water under pressure shall be provided at each laundry tub or tray. Laundry facilities shall not be used for kitchen waste disposal. Laundry waste shall be disposed of in accordance with the requirements of Chapter VI of this code or in some other sanitary manner approved by the board. (5) Family living accommodations containing private washrooms, bathrooms, and laundry tubs shall not be considered when establishing the required number of shared facilities. (6) The floors of toilet facilities shall be of smooth but non-skid finish and impervious to moisture and sloped to drain. Floor drains properly trapped shall be provided in all shower baths and shower rooms to remove waste water and facilitate cleaning. The walls and partitions of shower rooms shall be smooth and impervious to moisture. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.472 F.S.)

170C-32.18 Food service facilities - (1) In camps where individuals or families are permitted or required to cook within their living quarters, stoves shall be installed in accordance with provisions of sub-section 170C-32.12(2) of this chapter. Conveniently located facilities, consisting of sinks supplied with hot and cold water under pressure in a ratio of one (1) to ten (10) persons or one (1) to two (2) families shall be provided. (2) In camps where cooking facilities are used in common, the kitchen shall be screened with wire fly screening of not less than sixteen (16)-mesh. Stoves, installed in accordance with provisions of subsection 170C-32.12 (2) of this chapter, and sinks, supplies with hot and cold water under pressure, shall be provided in a ratio of one (1) to ten (10) persons or one (1) to two (2) families. Provision shall be made for safe storage and refrigeration of food. (3) All shelters hereafter constructed or remodeled for family living quarters shall provide a stove installed in accordance with provisions of sub-section 170C-32.12 (2) of this chapter, a sink supplied with hot and cold water under pressure and a refrigerator capable of maintaining temperatures below fifty degrees fahrenheit (50°F); provided that this sub-section shall not apply in camps which limit all food preparation and service to central mess or multi-family feeding operations conducted in accordance with provisions of sub-section (4) below. (4) In camps where there is a central mess or multi-family feeding facility such as a dining room or mess hall, it shall be operated in compliance with Chapter XVI of this code, except where the type of service is limited as so described in subsection (5) below (5) Camps operating field kitchens shall be inspected and approved by the board and shall comply with the following minimum requirements: (a) Food preparation equipment, eating utensils, and service facilities shall be made or constructed as to be easily cleaned and shall be maintained in a safe and sanitary condition at all times, (b) Cleaning and bactericidal treatment of utensils and equipment shall be performed in accordance with the provisions of Chapter XVI of this code, (c) Field kitchens, dining rooms, mess halls, and other areas where food is prepared or served shall be screened with wire screening of not less than sixteen (16)-mesh. All screen doors shall be self-closing and open outward, (d) Adequate provision shall be made for the sanitary storage and protection of food supplies and adequate refrigeration and equipment, capable of maintaining temperatures below fifty degrees fahrenheit (50°F) shall be provided for the storage of meat, milk, and other perishable foods. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.472 F.S.)

170C-32.19 Beds and bedding - (1) Sleeping facilities shall be provided for each camp occupant. Such facility shall consist of beds, cots, or bunks complete with springs and shall include clean mattresses and mattress covers or mattress ticks filled with clean straw or other suitable material free from dust or burlap. Mattresses, mattress ticks, blankets and other bed coverings provided by the camp operator shall be laundered or otherwise sanitized between assignment to different camp occupants. (2) All sheets, pillowcases, blankets or other bed coverings provided by the camp operator shall be kept and maintained in a sanitary condition by camp occupants. (3) Regular inspection of beds and bedding shall be made to insure freedom from vermin. Bedding shall be treated with an insecticide as necessary to prevent vermin infestation. When vermin are found or reported, effective extermination measures shall be undertaken immediately. (4) Every bed, cot, or bunk shall have a clear space of at least twelve (12) inches from the floor. There shall be a clear ceiling height of not less than thirty-six (36) inches above any mattress and there shall be a clear space of not less than twenty-seven (27) inches between the top of the lower mattress and the bottom of the upper bunk of a double deck facility. Triple deck facilities shall be prohibited and in sleeping rooms provided for other than family groups, double beds shall be prohibited. (5) Single beds, cots, or bunks shall be spaced not less than thirty (30) inches laterally or end-to-end and double deck facilities shall be spaced not less than thirty-six (36) inches laterally or end-to-end. A minimum of four (4) feet of clear aisle space shall be provided in all barracks and dormitories. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031(1)(g) 3.F.S., 381.472 F.S.)

170C-32.20 Fire protection - All buildings in which people sleep or eat shall conform to the requirements established by the laws of this state and regulations or standards issued by the state fire marshal. (General Authority 381.031(1)(g) 3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.472 F.S.)

170C-32.21 Sanitary maintenance of premises - All tents, buildings, shelters, or other structures and the entire premises of the camp shall be maintained in a clean, safe, and sanitary condition, free from rubbish, waste paper, garbage and other refuse. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.472 F.S.)

170C-32.22 Responsibility of camp operator - (1) The camp operator shall be responsible for complying with all statutory requirements and regulations issued thereunder relating to camps and with all conditions stated in the permit issued to him under these regulations. (2) The permit required under these regulations shall be posted and kept in a conspicuous place in the camp by the camp operator. (3) The camp operator himself shall inspect daily or provide a competent individual to inspect daily the grounds and common-use spaces of buildings, structures or tents including toilets, showers, laundries, mess halls, dormitories, kitchens or any facilities relating to the operation of the camp and see that each is maintained in a clean and orderly condition and that the buildings are kept in good repair. (4) The camp operator shall inform himself of the rules and regulations relative to the reporting and control of communicable diseases adopted by the board and shall comply with the pertinent requirements thereof. (5) It shall be the duty of the camp operator, where no physician is in attendance at the camp, to report immediately to the local health department in the county where the camp is located any person in the camp affected with any disease designated as reportable in the rules and regulations of the control of communicable diseases adopted by the board and to insure the complete isolation of such person. (6) There shall be adequate medical and nursing care at or available to all camps. (7) No person known to be infected with any disease in a communicable form or to be a carrier of such disease

shall be employed in the operation or maintenance of a camp. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.472, F.S.)

170C-32.23 Camp supervision - All camps housing fifty (50) or more persons shall be supervised by a qualified resident supervisor who may be the camp operator or the camp operator's agent or employee. All camps housing less than fifty (50) persons shall be supervised and regularly inspected by the camp operator or his designated agent or employee. All persons designated as camp supervisors shall be jointly responsible with the camp operator for the sanitary condition of the camp. The name(s), telephone number, address or instructions as to how to locate the camp operator and supervisor shall be kept posted in a prominent location in the camp at all times. (General Authority 381.031(1)(g)3.F.S. Law Implemented 381.031(1)(g)3.F.S. 381.472 F.S.)

170C-32.24 Responsibility of occupants - Every occupant of the camp shall use the sanitary and other facilities furnished for his convenience and shall comply with all applicable camp regulations which may concern or affect his conduct. (General Authority 381.031(1)(g)3.F.S., Law Implemented 381.031(1)(g)3.F.S., 381.472 F. S.)

CHAPTER 59-476

HOUSE BILL NO. 269

AN ACT relating to the State Board of Health; defining migrant labor camps; requiring that such camps be licensed; providing for the application, issuance and revocation of license; authorizing the board to issue regulations; providing for right of entry; and setting an effective date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF FLORIDA:

Section 1. Definitions. - The following words and phrases shall mean:

(1) Migrant labor camp. One (1) or more buildings or structures, tents, trailers, or vehicles, together with the land appertaining thereto, established, operated or used as living quarters for fifteen (15) or more seasonal, temporary or migrant workers whether or not rent is paid or reserved in connection with the use of or occupancy of such premises, provided however this definition shall not apply to forestry or tobacco farm operation.

(2) Board. The State Board of Health.

Section 2. License required for establishment, maintenance or operation of migrant labor camp. - No person shall establish, maintain, or operate any migrant labor camp in this state without first obtaining a license therefor from the board and unless such license is posted and kept posted in the camp to which it applies at all times during maintenance or operation of the camp.

Section 3. Application for license. - Application for a license to establish, operate or maintain a migrant labor camp shall be made to the board in writing and on a form and under regulations prescribed by the board. The application shall state the location of the existing or proposed migrant labor camp, the approximate number of persons to be accommodated, the probable duration of use and any other information the board may require.

Section 4. Issuance of license. - If the State Health Officer is satisfied, after causing an inspection to be made, that the camp meets the minimum standards of construction, sanitation, equipment and operation required by regulations issued under Section 6 of this act, he shall issue in the name of the board the necessary license in writing on a form to be prescribed by the board. The license, unless sooner revoked, shall expire on June 30 next after the date of issuance unless renewed, and it shall not be transferrable. All applications for renewal shall be filed with the State Health Officer thirty (30) days prior to its expiration on form blanks furnished by the board.

Section 5. Revocation of license. - The State Health Officer may revoke a license authorizing the operation of a migrant labor camp if he finds the holder has failed to comply with any provision of this act or of any regulation or order issued hereunder.

Section 6. Authority to issue regulations. - The board shall make, promulgate and repeal such rules and regulations as it may determine to be necessary to protect the health and safety of persons living in migrant labor camps, prescribing standards for living quarters at such camps, including provisions relating to construction of camps, sanitary conditions, light, air, safety, protection from fire hazards, equipment, maintenance and operation of the camp and such other matters as it may determine to be appropriate or necessary for the protection of the life and health of occupants. Regulations adopted hereunder shall be a part of the Sanitary Code of Florida created by 381.031(1)(g) 12., and may be enforced in the manner provided in 381.031 (4), and may be enforced in the manner provided in 381.031 (4), and violations thereof shall be subject to the penalties provided in 381.411.

Section 7. Right of entry. - The board and/or its inspectors may enter and inspect migrant labor camps at reasonable hours and investigate such facts, conditions, and practices or matters as may be necessary or appropriate to determine whether any person has violated any provisions of this chapter or rules and regulations of the board pertaining hereto are being violated. The board may from time to time at its discretion publish the reports of such inspections in its monthly bulletin.

Section 8. Effective date. - This act shall take effect immediately upon its becoming law.

Approved by the Governor June 19, 1959

Filed in Office Secretary of State June 20, 1959

## INSPECTION FORM - CAMPS

(AUTHORITY: Chapter 381, Section 381.422 - 381.482 Florida Statutes and Chapter 170C-32, Florida State Sanitary Code)

Date_____ Permit No._____

Number of Occupants_____
Name_____ Location_____
Owner_____ Person in charge_____
Address_____ Address_____

1. CAMP SITE
Adequate drainage_____
Adequate size_____
Approved location_____

2. SHELTER
Structurally sound_____
All openings properly screened_____
Approved floor elevation & construction_____
Floor space adequate_____
Approved ceiling height_____
Adequate ventilation_____
Window area adequate_____
Air volume in sleeping quarters adequate_____
Adequate beds provided_____
Beds of proper design and adequately spaced_____
Beds and bedding properly maintained & vermin free_____

3. HEATING AND LIGHTING
Heating adequate, if needed_____
Heating facilities properly installed_____
Approved wiring_____
Adequate illumination_____

4. FIRE PROTECTION
Adequate fire control measures_____

5. FOOD SERVICE
Central mess and/or field kitchen facility_____
Attach separate inspection report - per Chapter 170C-16. When provided common kitchen facilities properly screened_____;
Stoves and sinks adequate_____;
Adequate supply of hot and cold water under pressure_____;
Provision for safe food storage and refrigeration_____;
Properly maintained_____
Where provided, individual or family kitchen facilities adequate_____

6. WATER SUPPLY
Adequate and approved supply and distribution_____
Adequate hot water for bathing and dish washing_____

7. SANITARY FACILITIES
Properly located_____
Adequate toilets_____
Adequate urinals_____
Adequate lavatories_____
Adequate showers_____
Separate facilities provided for each sex in central units_____
Properly identified_____
Adequate window area_____
Area and fixtures clean and properly maintained_____
Privies comply with Chapter 170C-4_____
Satisfactory laundry facilities_____

8. PLUMBING
Comply with Chapter 170C-7 or local Code_____
Properly operating and maintained_____

9. SEWAGE DISPOSAL
Approved design & Capacity_____
Satisfactory operation_____

INSPECTION FORM - CAMPS
(Continued)

10. GARBAGE AND TRASH DISPOSAL
Adequate number of approved cans_____
Collection and disposal satisfactory___

11. PEST CONTROL
Satisfactory rodent and insect control

12. General
Premises properly maintained_____
Daily inspection provided_____
Resident camp supervisor provided_____
Adequate medical and nursing care available_____
Adequate communicable disease control and knowledge_____
and measures_____

An inspection of this camp has been made this date. Your attention is called to those items not in compliance with provisions of Chapter 170C-32, Florida State Sanitary Code. Satisfactory compliance must be made within _____ days or your permit will be subject to revocation.

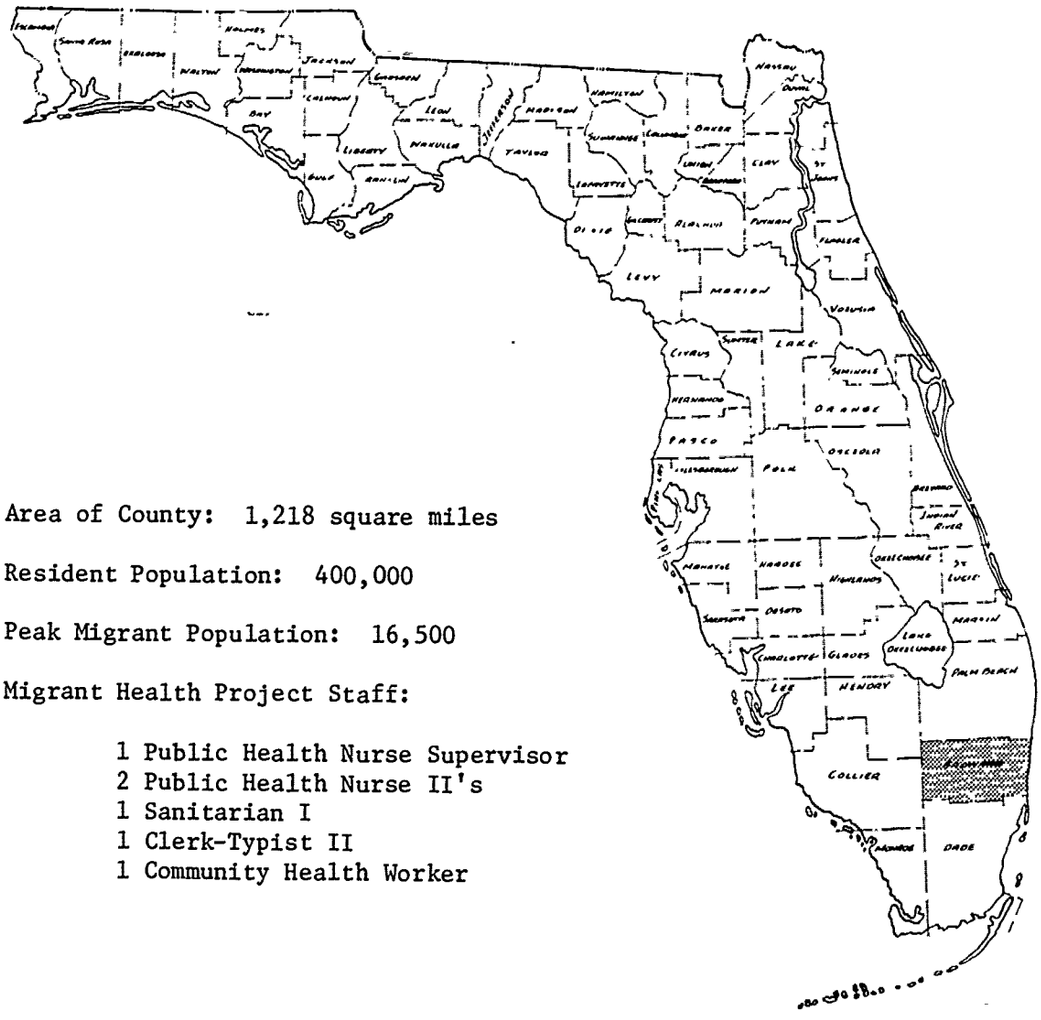
Copy of Inspection report received_____
(Owner, Manager, Person in charge)

Sanitarian_____ _____County Health Dept.

FLORIDA STATE BOARD OF HEALTH SAN 435 (Rev. 5/62)

## BROWARD COUNTY HEALTH DEPARTMENT

Paul W. Hughes, M. D., Director




Area of County: 1,218 square miles

Resident Population: 400,000

Peak Migrant Population: 16,500

Migrant Health Project Staff:

1 Public Health Nurse Supervisor
2 Public Health Nurse II's
1 Sanitarian I
1 Clerk-Typist II
1 Community Health Worker

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted: May 15, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report
From May 1, 1969 Through April 30, 1969

PART I. GENERAL PROJECT INFORMATION

1. Project Title: A Project to Develop A Statewide Program of Health Services for Migrant Farm Workers and Their Dependents in Florida.

2. Grant Number (Use no. shown on the Grant Award Notice)
MG-18F (69)

3. Grantee Organization (Name & Address)
Broward County Health Department
2421 Southwest Sixth Avenue
Post Office Box 1021, Fort Lauderdale 33302

4. Project Director
Paul W. Hughes, M.D., Director

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 16,000 | 12,000 | 4,000 |
| Feb. | 16,500 | 12,000 | 4,500 |
| Mar. | 16,000 | 12,000 | 4,000 |
| Apr. | 15,500 | 12,000 | 3,500 |
| May | 14,000 | 12,000 | 2,000 |
| June | 13,000 | 11,500 | 500 |
| July | 12,000 | 11,500 | 500 |
| Aug. | 12,000 | 11,500 | 500 |
| Sep. | 13,000 | 12,000 | 1,000 |
| Oct. | 14,000 | 12,000 | 2,000 |
| Nov. | 15,000 | 12,000 | 3,000 |
| Dec. | 15,000 | 12,000 | 4,000 |
| TOTALS | 172,000 | 142,500 | 29,500 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 4,024 | 1,993 | 2,031 |
| Under 1 year | 170 | 80 | 90 |
| 1 - 4 years | 668 | 310 | 358 |
| 5 - 14 years | 1,670 | 790 | 880 |
| 15 - 44 years | 1,116 | 590 | 526 |
| 45 - 64 years | 275 | 160 | 115 |
| 65 + older | 125 | 63 | 62 |
| (2) IN-MIGRANTS TOTAL: | 12,076 | 5,608 | 6,468 |
| Under 1 year | 510 | 245 | 265 |
| 1 - 4 years | 2,004 | 900 | 1,104 |
| 5 - 14 years | 5,010 | 2,400 | 2,610 |
| 15 - 44 years | 3,348 | 1,518 | 1,830 |
| 45 - 64 years | 827 | 360 | 467 |
| 65 + older | 377 | 185 | 192 |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 32 | October | May |
| In-Migs. | 32 - 52 | January | January |

d. (1) Indicate sources of information and/or basis of estimates for 5a. The Fla. Industrial Commission lists Broward as having a migrant workforce of 4,000 workers and feels that 12,000 is no overestimation of the number of dependents.

(2) Describe briefly how proportions for sex and age for 5b were derived.
See Section I.F. of the Sanatation narrative.

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | 1 | 8 |
| 10 - 25 persons | 2 | 39 |
| 26 - 50 persons | 6 | 211 |
| 51 - 100 persons | 5 | 335 |
| More than 100 pers. | 4 | 2,889 |
| TOTAL* | 18 | 3,482 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Not Available - See Explanation 5.D. and Section 1.F. of the Sanitation Narrative. | | |
| TOTAL* | | |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.

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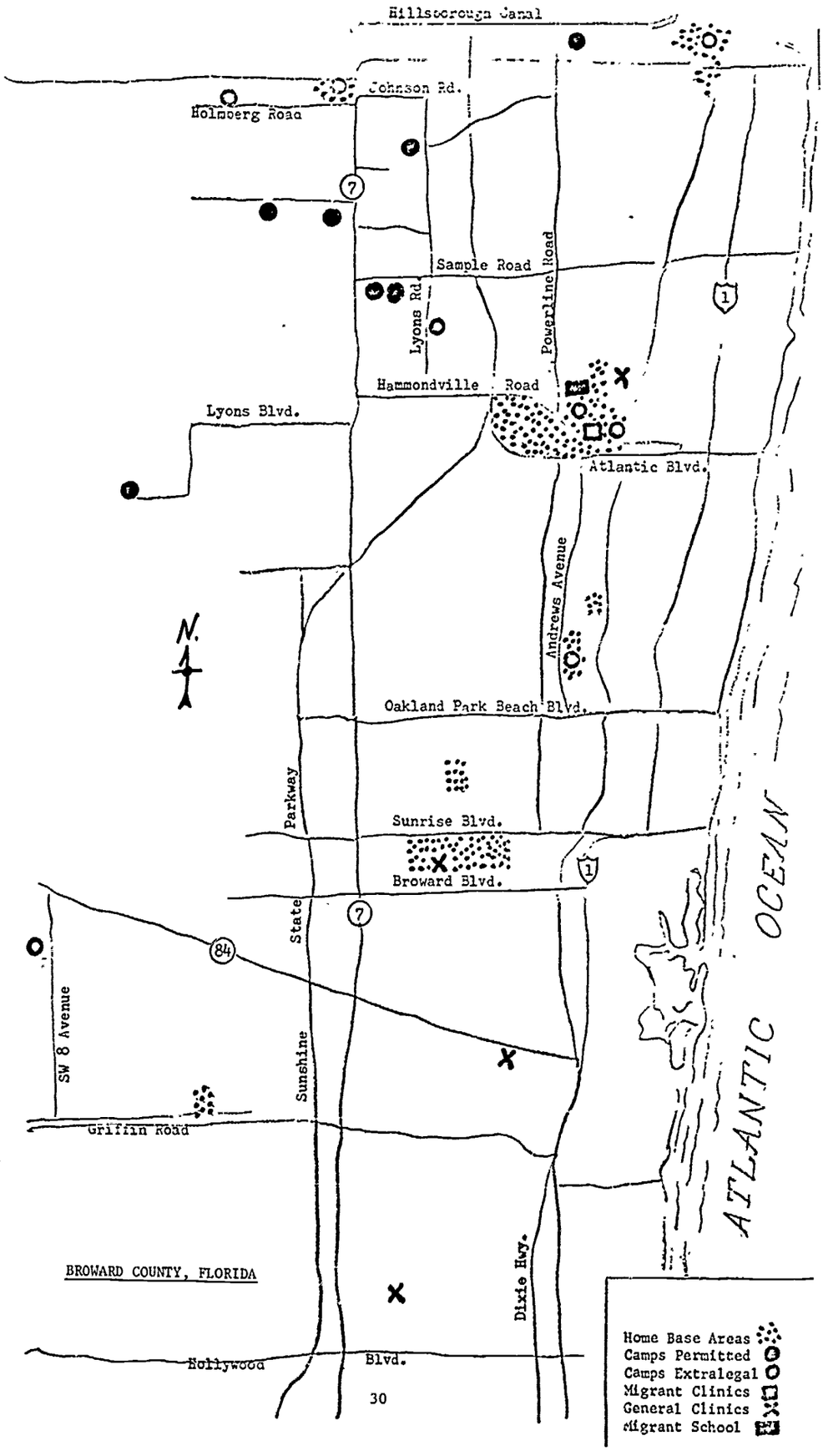
7-68

Form approved:
Budget Bureau No. 68-R1005


Hillsborough Canal
Johnson Rd.
Holmberg Road
Sample Road
Lyons Rd.
Powerline Road
Hammondville Road
Lyons Blvd.
Atlantic Blvd.
Andrews Avenue
N.
Oakland Park Beach Blvd.
Parkway
Sunrise Blvd.
Broward Blvd.
State
SW 8 Avenue
Sunshine
Griffin Road
ATLANTIC OCEAN
BROWARD COUNTY, FLORIDA
Dixie Hwy.
Hollywood Blvd.
Home Base Areas
Camps Permitted
Camps Extralegal
Migrant Clinics
General Clinics
Migrant School

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

GRANT NUMBER MG-18F (69)
DATE SUBMITTED May 15, 1969

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 2,873 | 1,372 | 1,501 | 287 |
| Under 1 year | 460 | 203 | 257 | 33 |
| 1 - 4 years | 445 | 207 | 238 | 29 |
| 5 - 14 years | 725 | 366 | 359 | 15 |
| 15 - 44 years | 993 | 438 | 555 | 146 |
| 45 - 64 years | 196 | 112 | 84 | 59 |
| 65 + older | 54 | 46 | 8 | 5 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? 2,612

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 261

3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment)

No. of patients (exclude newborn) 110

No. of hospital days 1,161

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 946 | 169 | 777 |
| (1) No. Decayed, missing, filled teeth | | | |
| (2) Avg. DMF per person | | | |
| b. Individuals Requiring Services - Total: | 946 | 169 | 777 |
| (1) Cases completed | 946 | 169 | 777 |
| (2) Cases partially completed | | | |
| (3) Cases not start. | | | |
| c. Services Provided - Total: | 1,800 | 822 | 978 |
| (1) Preventive | *560 | 560 | |
| (2) Corrective-Total | | | |
| (a) Extraction | 1,239 | 262 | 977 |
| (b) Other/Endon. Oral Hyg. | 1 | | 1 |
| d. Patient Visits - Total: | 946 | 169 | 777 |

* Fluoride treatment of school children

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 950** | 62 | 545 | 331 | 12 | 248 | 448 |
| Smallpox | 170 | 2 | 113 | 51 | 4 | 0 | 55 |
| Diphtheria | 153 | 12 | 78 | 61 | 2 | 65 | 85 |
| Pertussis | 129 | 12 | 78 | 34 | 0 | 61 | 60 |
| Tetanus | 152 | 11 | 81 | 56 | 4 | 65 | 181 |
| Polio | 167 | 14 | 79 | 72 | 2 | 57 | 67 |
| Typhoid | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Measles | 184 | 11 | 116 | 57 | 0 | 0 | 0 |
| Other (Spec.) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS:

** This figure does not include Incomplete Series or Boosters & Revaccinations.

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 3,839 | 2,639 | 1,200 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 663 | 649 | 14 |
| | 010 | Tuberculosis | | | |
| | 011 | Syphilis | 5 | 5 | |
| | 012 | Gonorrhea and Other Venereal Diseases | 57 | 55 | 2 |
| | 013 | Intestinal Parasites | 550 | 538 | 12 |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | 15 | 15 | |
| | 015 | All other | 31 | 31 | |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | | | |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | | | |
| | 019 | Other Infectious Diseases (give examples): | | | |
| | | Thrush | 2 | 2 | |
| | | Hemolytic strep infection-leg | 1 | 1 | |
| | | Contact possible inf. hepatitis | 2 | 2 | |
| | | | | | |
| II. | 02- | NEOPLASMS: TOTAL | 45 | 4 | 41 |
| | 020 | Malignant Neoplasms (give examples): | | | |
| | | Pelvis Stage 5 | 2 | 1 | 1 |
| | | Cervix | 26 | 1 | 25 |
| | | Lung | 16 | 1 | 15 |
| | | | | | |
| | 025 | Benign Neoplasms | 1 | 1 | |
| | 029 | Neoplasms of uncertain nature | | | |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 169 | 69 | 100 |
| | 030 | Diseases of Thyroid Gland | 2 | 2 | |
| | 031 | Diabetes Mellitus | 103 | 33 | 70 |
| | 032 | Diseases of Other Endocrine Glands | 4 | 3 | 1 |
| | 033 | Nutritional Deficiency | 26 | 18 | 8 |
| | 034 | Obesity | 25 | 9 | 16 |
| | 039 | Other Conditions Malnutrition, Gout, Pancreatitis, Hepatitis | 9 | 4 | 5 |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 94 | 42 | 52 |
| | 040 | Iron Deficiency Anemia | 82 | 40 | 42 |
| | 049 | Other Conditions Sickle cell | 12 | 2 | 10 |
| V. | 05- | MENTAL DISORDERS: TOTAL | 35 | 26 | 9 |
| | 050 | Psychoses | 1 | 1 | |
| | 051 | Neuroses and Personality Disorders | 6 | 6 | |
| | 052 | Alcoholism | 18 | 9 | 9 |
| | 053 | Mental Retardation | | | |
| | 059 | Other Conditions Nervous, convulsions | 10 | 10 | |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 211 | 132 | 79 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | | | |
| | 061 | Epilepsy | | | |
| | 062 | Conjunctivities and other Eye Infections | 27 | 12 | 15 |
| | 063 | Refractive Errors of Vision | 54 | 38 | 16 |
| | 064 | Otitis Media | 13 | 11 | 2 |
| | 069 | Other Conditions Bells Palsy | 106 | 62 | 44 |
| | | Earache | 2 | 1 | 1 |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 9 | 8 | 1 |
| | 070 | Rheumatic Fever | 359 | 147 | 212 |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 5 | 1 | 4 |
| | 072 | Cerebrovascular Disease (Stroke) | 2 | 1 | 1 |
| | 073 | Other Diseases of the Heart | 10 | 4 | 6 |
| | 074 | Hypertension | 87 | 28 | 59 |
| | 075 | Varicose Veins | 240 | 104 | 136 |
| | 079 | Other Conditions Congestive Failure | 2 | 1 | 1 |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 13 | 8 | 5 |
| | 080 | Acute Nasopharyngitis (Common cold) | 734 | 591 | 143 |
| | 081 | Acute Pharyngitis | 555 | 478 | 77 |
| | 082 | Tonsillitis | 6 | 6 | |
| | 083 | Bronchitis | 47 | 45 | 2 |
| | 084 | Tracheitis/Laryngitis | | | |
| | 085 | Influenza | | | |
| | 086 | Pneumonia | 1 | 1 | |
| | 087 | Asthma, Hay Fever | 14 | 14 | |
| | 088 | Chronic Lung Disease (Emphysema) | 86 | 30 | 56 |
| | 089 | Other Conditions | 1 | 1 | |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 24 | 16 | 8 |
| | 090 | Caries and other Dental Problems | 372 | 278 | 94 |
| | 091 | Peptic Ulces | 219 | 174 | 45 |
| | 092 | Appendicitis | 15 | 7 | 8 |
| | 093 | Hernia | | | |
| | 094 | Cholecystic Disease | 2 | 1 | 1 |
| | 099 | Other Conditions Epigastric pain, vomiting | | | |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 136 | 96 | 40 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 204 | 148 | 56 |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | 90 | 51 | 39 |
| | 102 | Other Diseases of Male Genital Organs | 6 | 1 | 5 |
| | 103 | Disorders of Menstruation | 5 | 5 | |
| | 104 | Menopausal Symptoms | 47 | 45 | 2 |
| | 105 | Other Diseases of Female Genital Organs | 13 | 8 | 5 |
| | 109 | Other Conditions Kidney Stone | 40 | 35 | 5 |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 3 | 3 | |
| | 110 | Infections of Genitourinary Tract during Preg. | 6 | 4 | 2 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | | | |
| | 112 | Spontaneous Abortion | | | |
| | 113 | Referred for Delivery | | | |
| | 114 | Complications of the Puerperium | 3 | 1 | 2 |
| | 119 | Other Conditions Incomplete Abortion | 3 | 3 | |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 509 | 272 | 237 |
| | 120 | Soft Tissue Abcess or Cellulitis | 210 | 77 | 133 |
| | 121 | Impetigo or Other Pyoderma | 151 | 96 | 55 |
| | 122 | Seborrheic Dermatitis | | | |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | 50 | 38 | 12 |
| | 124 | Acne | 5 | 5 | |
| | 129 | Other Conditions | 93 | 56 | 37 |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 32 | 17 | 15 |
| | 130 | Rheumatoid Arthritis | 2 | 1 | 1 |
| | 131 | Osteoarthritis | | | |
| | 132 | Arthritis, Unspecified | 14 | 5 | 9 |
| | 139 | Other Conditions | 16 | 11 | 5 |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | 1 | 1 | |
| | 140 | Congenital Anomalies of Circulatory System | 1 | 1 | |
| | 149 | Other Conditions | | | |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | | | |
| | 150 | Birth Injury | | | |
| | 151 | Immaturity | | | |
| | 159 | Other Conditions | | | |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 280 | 167 | 113 |
| | 160 | Symptoms of Senility | | | |
| | 161 | Backache | 52 | 30 | 22 |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 116 | 50 | 66 |
| | 163 | Headache | 73 | 62 | 11 |
| | 169 | Other Conditions | 39 | 25 | 14 |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 125 | 92 | 33 |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | 81 | 54 | 27 |
| | 171 | Burns | 15 | 12 | 3 |
| | 172 | Fractures | 3 | 3 | |
| | 173 | Sprains, Strains, Dislocations | 16 | 13 | 3 |
| | 174 | Poison Ingestion | 1 | 1 | |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | 9 | 9 | |

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| PART II. | | | Grant Number MG-18F (69) |
|---|---|---|---|
| | | | Number of Individuals |
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | 788 |
| | 200 | * Family Planning Services | |
| | 201 | Well Child Care | |
| | 202 | * Prenatal Care | |
| | 203 | * Postpartum Care | |
| | 204 | Tuberculosis: Follow-up of inactive case | 106 |
| | 205 | Medical and Surgical Aftercare | 148 |
| | 206 | General Physical Examination | |
| | 207 | Papanicolaou Smears | 22 |
| | 208 | Tuberculin Testing | 150 |
| | 209 | Serology Screening | 167 |
| | 210 | Vision Screening | |
| | 211 | Auditory Screening | 28 |
| | 212 | Screening Chest X-rays | 167 |
| | 213 | General Health Counselling | |
| | 219 | Other Services: | |
| | | Specify _____ | |
| | | _____ | |
| | | _____ | |
| | | _____ | |
| | | _____ | |

* Served in regular health department clinics where migrant records on patients are not recorded separately from non-migrant records.

| PART III. - NURSING SERVICE | Grant No. MG-18F (69) |
|---|---|

| Type of Service | Number |
|---|---|
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 38 |
| b. Number of Individuals Served - Total | 1,066 |
| 2. FIELD NURSING: | |
| a. Visits to Households | 897 |
| b. Total Households Served | 274 |
| c. Total Individuals served in Households | 1,670 |
| d. Visits to Schools, Day Care Centers | 67 |
| e. Total Individuals Served in Schools and Day Care Centers | 94 |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | 223 |
| (1) Within Area | 192 |
| (Total Completed 192 ) | |
| (2) Out of Area | 31 |
| (Total Completed 9 ) | |
| b. Referrals Made For Dental Care: Total | 108 |
| (Total Completed 92 ) | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | 0 |
| (Total Completed 0 ) | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | 0 |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | 56 |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | 1,057 |
| (1) Number presenting health record | 6 |
| (2) Number given health record | 359 |
| 4. OTHER ACTIVITIES (Specify): | |
| Field visits made in an attempt to either locate a patient or deliver a message are not coded. However, this is expended nursing time. | |

REMARKS

PART IV. SANITATION SERVICES | Grant Number MG-18F (69)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 18 | 3,482 | 7 | 1,226 |
| Other locations | 402 | N.A. | N.A. | N.A. |
| Housing Units - Family: | | | | |
| In camps | 450 | 1,583 | 6 | 395 |
| In other locations | 375 | N.A. | N.A. | N.A. |
| Housing Units - Single: | | | | |
| In camps | 846 | 1,899 | 4 | 831 |
| In other locations | 27 | N.A. | N.A. | N.A. |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 18 | 29 | 116 | 59 | 19 | 19 | 14 | 17 |
| b. Sewage | 18 | 53 | 135 | 129 | 60 | 45 | 26 | 40 |
| c. Garbage and Refuse | 18 | 64 | 81 | 169 | 30 | 58 | 19 | 45 |
| d. Housing | 18 | 20 | 264 | 38 | 346 | 10 | 332 | 4 |
| e. Safety | 18 | 63 | 50 | 111 | 13 | 43 | 1 | 37 |
| f. Food Handling | 18 | 80 | 72 | 131 | 51 | 508 | 18 | 96 |
| g. Insects and Rodents | 18 | 7 | 46 | 9 | 9 | 6 | 0 | 1 |
| h. Recreational facilities | 2 | 0 | 6 | 0 | 0 | 0 | 0 | 0 |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | *** | xxxxx | *** | xxxxx | *** | xxxxx | *** |
| b. Toilet facilities | xxxxx | *** | xxxxx | *** | xxxxx | *** | xxxxx | *** |
| c. Other | xxxxx | *** | xxxxx | *** | xxxxx | *** | xxxxx | *** |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physicians | Nurses | Sans. | Aides(*) | Other (Spec. |
| A. Services to Migrants: | | | | | | |
| (1) Individual counselling | | | | 246 | | |
| (2) Group counselling | | | | 17 | | |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | | | | 29 | | |
| (2) Direct services | | | | 1 | | |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | | | | 53 | | |
| (2) Group counselling | | | | 14 | | |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | | | | 98 | | |
| (2) Consultation with groups | | | | 25 | | |
| (3) Direct services | | | | NA | | |
| E. Health Education Meetings | | | | 4 | | |

(*) Aides - other than Health Ed.

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*** See Section III, Sanitation Narrative

## A. SUMMARY FOR ANNUAL PROGRESS REPORT

## BROWARD COUNTY

I. General Information

A. In the fall of 1964, after months of preliminary groundwork and planning, Broward County was provided funds for a Migrant Health Project grant through the Florida State Board of Health Migrant Health Grant MG-18B (65) and became one of the ten original counties to participate in the Florida project.

The first few months of the Broward County operation were devoted to finding a permanent clinic location, hiring staff and assembling equipment. Public health nursing service was the first service provided by the grant to the migrant community and medical clinic services were started in January, 1965, when a local physician was obtained to cover the day and evening clinic sessions.

From the meager but enthusiastic beginning in an old frame building in 1964, to a beautiful, new constructed clinic building in 1969, the Broward County project has developed into a program which offers a wide range of services to the migrant and his family. The staff consists of two physicians (fee-for-clinic basis), two dentists (same), three public health nurses, one sanitarian, one clerk, and one community health worker; with consultation services available from a health educator, a nutritionist, and a social worker.

The project staff works closely with established community agencies, state and local welfare, the school system, the Office of Economic Opportunity, and local church groups to further meet the needs of the migrant community.

While it is not possible nor feasible to have an accumulative account of previous accomplishments in each annual report, it is the feeling of the Broward County Project staff that the past five years have been progressive ones in understanding the health problems of the migrant, in formulating plans to meet many of the health needs of the migrant, and in providing the actual service to migrants.

The reporting period covered by this report is May 1, 1968, through April 30, 1969.

B. & C. In brief, the primary objective of the 1967-1968 program was to improve the general health status of the migrant and his family. This was done through an effort to motivate the migrant himself, increase field visits to make the migrant more aware of the Migrant Health Project services,

maintain the number of migrant health service referrals and personal health records and to make the community more aware of the Migrant Health Project.

The two objectives that were not accomplished in this reporting period were in this year's list of objectives. We were unable to begin the planned classes in health education and were unable to appreciably increase the staff's knowledge of the cultural background of the Puerto Rican migrant. Strides have been made in both of these areas, but not to the extent that we had hoped. The Expectant Mother's Classes were to include human growth and development, reproduction, nutrition, dental care, personal hygiene, prenatal care, labor and delivery, post partum care, child spacing, formula preparation, and feeding and bathing the newborn infant. The mother was to receive a complete layette, formula, baby food and spoon, vitamins. All necessary visual aids, pamphlets, layettes and other needed articles have been obtained, but unfortunately the staff has been unable to find the time to set up a workable program. We had also planned on learning basic Spanish so that we might begin to know the Puerto Rican migrant better and have him know that we are concerned about his care. However, the migrant who planned to teach us moved out of the migrant stream and into the community life and we were unable to find a suitable time for all concerned. When this season comes to an end, we plan to begin to learn Spanish with a VISTA worker as our teacher. It is hoped that this coming year will also find an Expectant Mother's class in full swing.

D. Significant Changes in Migrant Situation from Previous Year

1. The migrants themselves

a. The number of migrants remains about the same as the previous reporting year - 16,000.

b. For "age and sex" breakdown, see Population and Housing Data for Total Project Area (see Part I, Section 5b(1) and (2).

c. & d. Negro - 59%; Puerto Rican - 33%; Texas-Mexicans - 7%; and Caucasians - 1%. There has been no appreciable change since the last reporting year.

e. The Negro, after finishing the season in Florida, follows the stream to the Carolinas, Virginia, Pennsylvania, and New Jersey. The Puerto Ricans, for the most part, go to New York, Indiana, and Michigan. Others return to Puerto Rico. Many of the Texas-Mexicans go to Michigan, others to Oklahoma and back to Texas.

2. The economic situation

a. The season in South Florida is from November to May, as in previous years.

b. This season, all the Broward County bean farmers converted to machine harvesting. Hand pickers were still used on the first picking, but machines were used on second pickings. Broward

County escaped a major seasonal weather disaster this year, but did not escape an economic disaster in the tomato industry. The increased importing of Mexican-grown tomatoes affected this area and many acres of tomatoes were not harvested. Tomato growers had increased their acreage in anticipation of a profitable season and the affect that the Mexican growers had on this area is difficult to evaluate.

3. Since this is the first year that bean farmers have almost exclusively used bean harvesters after the first picking, it is difficult to evaluate the effect of this mechanization on the number of migrant workers needed. Little change has been experienced this season in the number of migrants who have sought health care, but there could be a significant change by next season. The possible reduction of next season's tomato crop could have a similar effect on the migrant community.

II. Community Involvement

Giant steps have been made this year in making the community aware of the needs of the migrant people. This involvement includes providing transportation, layettes, baby food, canned food, clothing, household articles, money, clerical help, Christmas and Easter gifts. Last October a plan was set in motion to make our idea of voluntary transportation a reality. By the first of December, with the help of a feature newspaper article and many, many phone calls by a staff nurse, the Migrant Health Center Volunteer Transportation Committee was ready. We have sixteen women on a one-day-per-month-per=person standby basis, with a volunteer as chairman of the committee. These women are on call in their homes from 8:00 a.m. until 4:30 p.m. on "their" day, which is the same day each month. We also have a standby crew of eight other women who cover instances when two trips may be scheduled at the same time but having different destinations or when a trip is scheduled on a Friday. The driver picks the patient up at the clinic or home, takes the patient to his destination, waits and returns the patient to the point of origin. We have found that the volunteers as well as the patients, have found this program to be a mutually enjoyable experience. We recently learned that the drivers have been buying hamburgers, watermelons, etc. for the patients and taking blankets and other articles to the patients' homes, which illustrates the personal interest the volunteers have for the migrant people. In the five months this committee has been in operation, a total of 72 trips have been made. This committee is used only when a migrant family cannot arrange their own transportation. A letter is sent to each volunteer every month keeping them abreast of the past month's activities. The transportation committee has been so successful that in February we began receiving phone calls from other agencies in the community requesting our help. Since this was not the original intent of the committee, the decision to help in most instances has been left up to the volunteer. Each time the request has been fulfilled. In other instances, the staff has had to refuse. The struggle involved in making this committee a functioning one has been difficult, but the results have been gratifying.

Another problem which presented itself this year was the need of money

for eyeglasses, and on one occasion, for a glass eye. The cost of the glass eye was one hundred dollars ($100). The Florida Council for the Blind approved seventy five dollars ($75) of this amount, leaving a balance of twenty-five dollars ($25) needed to provide a glass eye for a four-year-old Negro boy. This started the staff on a whole new program. We again turned to the community for help. We talked to church organizations, individuals, and neighbors. To date, we have furnished the glass eye, in addition to glasses, for four adult patients. The total cost of this project to date is $125.75.

It may be remembered that in the last reporting period we had what we called "Operation: Migrant Christmas." At that time the children in the fifth grade at a local school brought Christmas presents to their school for the migrant children. The response of those children was great, and many of the migrant children had a wonderful Christmas in 1967. The Migrant Health Center staff did not realize at that time that the project was only a stepping stone toward total school involvement for this past year. With the help of the school's administrative staffs and the P.T.A., "Operation: Migrant Christmas, 1968" was launched. We were fortunate to have newspaper coverage of the event. When the time arrived to pick up the Christmas presents at the school, we were not prepared for what we found. There were just too many presents to put in our cars. A phone call to the husband of one of our staff nurses resulted in the arrival of two trucks. These trucks were used to pick up the gifts, food, clothing the 980 school children had so generously brought for the migrant people. The gifts were kept in a warehouse over the weekend, during which time the nurses worried about what to do with them. On Monday, it was decided that what was needed was a bus. We finally obtained the use of a bus, but had no driver. Our secretary's husband, who happened to have the day off, offered his services. Finally, with the bus loaded, we were off to the outlying camps. Three days later the last gift had been given out. What a time we had seeing the delight and joy in each child's face as he received his Christmas presents.

We have just mentioned two of the projects in detail involving help from the community, but there are many more. Another concern of the staff has been the needs of the newborn infant. At the present time, we have twenty-six (26) complete layettes ready for mothers who will be attending the planned "Expectant Mother's Classes." Realizing that a proper diet is also of major importance, we have started, with the help of our part-time (fee) nurse "Operation: Baby Food." A bassinette, along with a letter and a picture of a migrant child is placed in a different church in the community each month. To date we have a closet full of baby food. This food is given out as an instructional aid to new mothers and also to families that are in need. We would like to mention that two migrant families have been taken care of by two families in the community. This includes clothing, toys, candy, food, money, and household articles such as blankets, sheets, and rugs, not only for Christmas but Easter as well. Speaking of Easter, the migrant children received candy from a sorority in the community which had heard of our work from one of its members and over one hundred, fifty (150) portions were distributed.

Other organizations and individuals have become actively involved in

our work and the idea of community involvement has mushroomed. The film, "The Season People," has been shown on five occasions. The staff has presented a program on two other occasions, and three more are lined up. The staff, wanting to be able to present the migrant picture on a closer-to-home basis, has almost completed a series of colored slides which can be used for presentations such as this. Needless to say, many people and organizations have toured our clinic and talked to us. It would be impossible to place a monetary value on what we have received this past year. We are most grateful to the people of Broward County for their help, and are hopeful that next year will equal this year or be even more fruitful.

## B. MEDICAL AND DENTAL SERVICES

### I. Medical

All clinics are held at the Migrant Health Center located in the Pompano Farm Labor Camp, Pompano Beach, Florida. On March 25, 1969, the clinic moved into a new building provided for us by the Pompano Housing Authority. Prior to that, our clinic building was an old frame house. Many thanks to the Housing Authority for including us in their plans when it was decided to tear down all the old frame houses and replace them with modern cement block homes.

Every medical and dental clinic is staffed with a physician and dentist on a fee-for-clinic basis. The clinic has two medical examining rooms and two dental rooms. At the present time just one of the dental rooms is equipped. The other room is being used as a waiting room for the dental patients.

The patients are seen first by the clerk who pulls their existing record or makes out a new record. The patient is then interviewed by a nurse who obtains any previous medical history in addition to their present complaints. Each patient is weighed, temperature, blood pressure and pulse taken, and if so indicated, urinalysis and hematocrit. If the physician requests other laboratory work, the nurses draw the blood or obtain any other specimens and these are sent to a professional laboratory. Patients who are to be seen at any of the clinics at Broward General Medical Center have all their lab work completed before they are seen in the clinic. Here again, it is the nurse in the clinic who draws all the blood. This service, in addition to referrals to private physicians, has greatly increased over the past year. We have endeavored and feel that we have succeeded in giving the best medical care possible to all our patients due to these services.

Patients have been referred to an ophthalmologist for vision testing, foreign bodies in the eye or severe infections of the eye. One patient arrived in this area from Indiana who had been operated on for a fractured hip. All his follow-up has been done by an orthopedic surgeon. A child was found to have a 90% hearing loss in one ear and she is being seen by a specialist at Broward Medical Center and cobalt treatment was advised. One of the physicians in the county provided the services with no cost to the project. A number of patients have been seen in the GYN Clinic at Broward General and some were advised to have surgery. All these services were provided and the only cost to the project was the hospital care and laboratory

work necessary. We continue to have an excellent working relationship with the Medical Center. Due to limited funding, complete medical care would be prohibitive without the interest and cooperation of the staff of Broward Medical Center.

All medication prescribed by the physician or dentist during a clinic session is given to the patient before he leaves the clinic. The project purchases most of the drugs dispensed. However, many sample drugs donated by physicians in the community are also used. In the event a patient, following his discharge from a hospital or hospital clinic, brings a prescription to the clinic when a physician is not present, he is sent to a local pharmacist who in turn bills the project for the drug. During the past year the following number of prescriptions were filled:

Migrant Health Center..1,425
Samples.....1,651
Local Pharmacist..... 200

On three different occasions the mobile chest x-ray unit was available to outlying camps for a survey. In addition to the chest x-ray, a serology was taken on the patient and a tetanus booster given. In previous years many patients, especially those with active cases of tuberculosis, were not discovered until late in the season. Of the 158 patients screened, six were found to have active tuberculosis and were hospitalized at the State Tuberculosis Hospital in Lantana, two were suspects and were followed in the field. Of the 34 PPD's (skin test for tuberculosis), there were nine reactors who were placed on prophylactic drug treatment. There were seven patients with positive or weakly reactive serologies and these patients were treated.

It is evident in the few short years of operation of the Migrant Health Clinic, that we have tried to provide the migrant with the type of medical care that is available to others in the community. Much time and effort on the part of the project personnel has been spent in trying to educate, motivate, and gain the confidence of the migrant so that he is assured that someone is available and really cares when he needs help. We have made definite progress.

Each season has demonstrated that more migrants are seeking early care for members of their families rather than waiting until they become critically ill or incapacitated. We are seeing more and more patients in the early stages of disease and illness.

| CLINIC SESSIONS HELD | PATIENTS SEEN |
|---|---|
| Medical.....104 | Number of Patients Seen....2,612 |
| Dental..... 61 | Number of Patients Seen.... 779 |
| Immunizations.... 35 | Number of Patients Seen.... 908 |

## SCHEDULE OF CLINICS

May 1, 1968 - January 2, 1969

| | | |
|---|---|---|
| Monday: | Medical Clinic | 6:00 - 9:00 p.m. |
| | Dental Clinic | 6:00 - 9:00 p.m. |
| Wednesday: | Medical Clinic | 2:00 - 4:00 p.m. |

August 8, 1969 - April 24, 1969

| | | |
|---|---|---|
| Thursday: | Immunization Clinic | 9:00 - 11:00 a.m. |

January 2, 1969 - April 30, 1969

| | | |
|---|---|---|
| Monday: | Medical Clinic | 6:00 - 9:00 p.m. |
| | Dental Clinic | 6:00 - 9:00 p.m. |
| Wednesday: | Medical Clinic | 6:00 - 9:00 p.m. |
| | Dental Clinic | 6:00 - 9:00 p.m. |
| Thursday: | Medical Clinic | 2:00 - 4:00 p.m. |

II. Dental

As the Dental Clinic enters its fourth year of operation, we are starting to recognize some results of our efforts. Statistically there has been a decrease in the number of surgical procedures which indicates that the first priority of treatment, relief of pain and infection, has been met.

Since Broward County has one of the few fixed dental facilities for migrants in the State of Florida, there is a greater latitude in which to operate within the field of public health dentistry. Consequently, at this stage, more effort can be devoted to patient education and the prevention of dental disease, which is the second priority of the program.

Unfortunately, two factors hinder the effort: (1) City water is not fluoridated. (2) There is no central water supply. In order to circumvent the situation, supplemental dietary fluoride is administered to all children reporting to the clinic and day care centers.

In an attempt to upgrade dental education, our patients are exposed to home care techniques by the physician, nurses, dentists, and dental assistant as they attend the clinic.

As in the past, there is an excellent relationship with the local dentists in the county. Donations of equipment are still being recognized. Likewise, oral surgery consultants donate their time and private services (endodonties) have been donated.

During the summer sessions, further evaluation of services will be carried out. Since more teeth are lost because of periodental disease than due to caries, it may be feasible to purchase an ultrasonic scaler. Thus, we will be better equipped to expand the preventative phase of treatment.

## C. HOSPITAL SERVICES

As in the past, non-emergency cases needing either further medical or surgical care are seen in specialty clinics at Broward General Medical Center. If hospitalization is indicated, they are admitted. Many of the migrants are seen in the emergency rooms at both of our contract hospitals and the physician in attendance determines whether or not the patient is to be admitted. All termination of pregnancy patients and the newborn are cared for under the Migrant Hospital Contract. To date, neither the hospital nor the project has exercised any priority in admittance. We have encountered some difficulty in follow-up after discharge because the patient either leaves the area or changes his local residency. When the Migrant Health Center is informed of discharge, follow-up care is started. If the patient has no permanent residence, he is often placed in Halfway House which is located next to the Migrant Clinic and is followed by the project nurses and physicians.

Several instances have occured during this reporting period when a patient was in need of nursing home care. One patient has terminal cancer of the lung with metastasis to the brain. This patient has been in the hospital for over four months. The Migrant Project has no funds for nursing home care and County Welfare will not assume the responsibility because of residency requirements. Two other patients are suffering from congestive heart failure plus other medical problems. The situation was brought before the Broward County Commission by the Migrant Council. Opinions expressed by the Commissioners were not in favor of the County assuming any responsibility for nursing home care. Though we have not had too many requests for nursing home care, it is a matter which should be given consideration.

Weakness:

(1) In cases where surgery is indicated or where a test must be done in order to evaluate a medical problem, we have run into difficulty. North District Hospital, one of our contract hospitals, refuses laboratory testing due to non-payment for service. Arrangements must be made with another contract hospital.

(2) There is no nursing home or boarding home care available.

Strength:

(1) We have been able to provide complete care of the migrant from the first visit to our clinic, hospital or home again, with the above exceptions.

Adequacy of arrangements and procedure depend primarily upon the relationship of the Migrant Health Center staff and the hospital personnel, which is excellent.

PATIENT REFERRALS FROM THE MIGRANT PROJECT TO OTHER AGENCIES

| Other Agency | Number of Referrals |
|---|---|
| Hospitals | 29 |
| Specialists | 34 |
| Welfare Clinics | 93 |
| Health Department Clinics* | 30 |
| Florida Council for the Blind | 4 |
| Florida Crippled Children's Commission | 2 |
| TOTAL | 192 |

* Although we do not have Tuberculosis, Well Baby, Maternity, Child Spacing, or Glaucoma Screening Clinics at the Migrant Center, we do open records and follow in the field all patients for these clinics from our territory. These patients are seen at the Pompano Health Clinic.

## HOSPITAL ADMISSIONS FROM MIGRANT HEALTH CENTER 1968-1969

| DIAGNOSIS | TOTAL | SEX | | AGE GROUP | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | MALE | FEMALE | Under 1 | 1-4 | 5-14 | 15-20 | 20-30 | 30-40 | 40-50 | Over 50 |
| ACCIDENTS & VIOLENCE | 17 | 14 | 3 | | 1 | 1 | | 4 | 5 | 6 | |
| stab wounds | 2 | 2 | | | | | | | 1 | 1 | |
| gunshot wounds | 6 | 5 | 1 | | | | | 2 | 2 | 2 | |
| burns | 4 | 2 | 2 | | 1 | 1 | | 1 | 1 | | |
| fractures | 3 | 3 | | | | | | 1 | | 2 | |
| amputated finger | 1 | 1 | | | | | | | | 1 | |
| poisoning | 1 | 1 | | | | | | | 1 | | |
| CIRCULATORY/CARDIAC | 13 | 7 | 6 | | | 1 | | | 2 | 4 | 6 |
| Congestive heart failure | 5 | 4 | 1 | | | | | | | 1 | 4 |
| Congenital heart disease | 1 | 1 | | | | 1 | | | | | |
| Hypertension | 1 | | 1 | | | | | 1 | | | |
| Cerebral Vascular Dis. | 3 | 2 | 1 | | | | | | | 1 | |
| Coronary insufficiency | 1 | | 1 | | | | | | | 1 | |
| Myocarditis | 1 | | 1 | | | | | | 1 | | |
| Premature Ventri. Contr. | 1 | | 1 | | | | | | | 1 | |
| DIGESTIVE-GASTRO-INTESTINAL | 17 | 14 | 3 | 1 | 1 | | | 1 | 2 | 5 | 7 |
| Cirrhosis | 1 | 1 | | | | | | | | | 1 |
| Enteritis | 3 | 2 | 1 | 1 | 1 | | | | | | 1 |
| Hemorrhage | 1 | 1 | | | | | | | | | 1 |
| Incarcerated hernia | 1 | 1 | | | | | | | | 1 | |
| Pancreatitis | 1 | 1 | | | | | | | | | 1 |
| Perforated ulcer | 1 | 1 | | | | | | 1 | | | |
| Hepatitis | 3 | 3 | | | | | | | 2 | 1 | |
| Diabetes | 5 | 4 | 1 | | | | | | | 2 | 3 |
| Poss. Intestinal Obstr. | 1 | | 1 | | | | | | | 1 | |
| GENITO-URINARY | 1 | 1 | | | | | | | 1 | | |
| Ureteral calculus | 1 | 1 | | | | | | | 1 | | |
| NERVOUS-MENTAL-EMOTIONAL | 5 | 4 | 1 | 3 | | | | 1 | 1 | | |
| Acute psychosis | 1 | 1 | | | | | | | 1 | | |
| Convulsions | 3 | 2 | 1 | 3 | | | | | | | |
| Schizophrenia | 1 | 1 | | | | | | 1 | | | |

## HOSPITAL ADMISSIONS FROM MIGRANT HEALTH CENTER 1968-1969, CONT'D.

| DIAGNOSIS | TOTAL | SEX | | AGE GROUP | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | MALE | FEMALE | Under 1 | 1-4 | 5-14 | 15-20 | 20-30 | 30-40 | 40-50 | Over 50 |
| OBSTETRICAL & GYN | 34 | | 34 | | | 1 | 18 | 12 | 3 | | |
| Delivery | 28 | | 28 | | | 1 | 16 | 9 | 2 | | |
| D & C | 1 | | 1 | | | | | 1 | | | |
| False Labor | 1 | | 1 | | | | 1 | | | | |
| Incomplete abortion | 2 | | 2 | | | | 1 | 1 | | | |
| Uterine Bleeding | 1 | | 1 | | | | | 1 | | | |
| Vag. Hysterectomy | 1 | | 1 | | | | | | 1 | | |
| RESPIRATORY DISEASES | 18 | 16 | 2 | 1 | 1 | 1 | 2 | 1 | 1 | 3 | 8 |
| Carcinoma of Lung | 3 | 3 | | | | | | | | | 3 |
| Emphysema | 1 | 1 | | | | | | | | | 1 |
| Pneumonia | 13 | 12 | 1 | 1 | 1 | 1 | 2 | 1 | | 3 | 4 |
| Tbc. pnuemonitis | 1 | | 1 | | | | | | 1 | | |
| NEWBORNS | 31 | | | | | | | | | | |
| TOTAL NO. HOSPITALIZED | 135* | | | | | | | | | | |

* Number of patients hospitalized = 110; 25 patients had more than one problem on admission.

## D. NURSING SERVICES

I. General Description

A. Objectives: The following were our objectives for the period May 1, 1968, through April 30, 1969:

1. Promote more community involvement.

2. Improve grower and crewleader cooperation with the project.

3. Promote health education, both in classes at the Migrant Health Center and at home.

4. Increase casefinding through venereal disease and tuberculosis screening at the beginning of each season.

5. Promote transportation service.

6. Increase the staff's knowledge of the cultural backgrounds of the Puerto Rican migrants.

7. Promote attendance of migrant mothers to child spacing clinics.

8. Organize an active immunization program.

9. Alert the Economic Opportunity Coordinating Group and Community Action Fund agencies to likely prospects in the migrant community who would be interested in education and job placement.

It should be noted that the list of objectives for the period May 1, 1968, through April 30, 1969, was compiled as a supplement to the previous reporting period and was not to indicate any real changes in the policies of the Broward County Migrant Health Project for this reporting period. The objectives for both reporting periods are interrelated and all of the objectives have been accomplished to some degree which is shown in another area of this report. All of the objectives of the reporting period May 1, 1967, through April 30, 1968, were met.

B. Staff Involved

1. Professional - One (1) Public Health Nursing Supervisor
   Two (2) Public Health Nurses
   One (1) Part-Time Fee Nurse

2. Other - One (1) Full-Time Clerk
   One (1) Full-Time Community Health Worker
   One (1) Part-Time Dental Assistant
   Two (2) Neighborhood Youth Students
   a. One to assist the Clerk
   b. One to assist in the Dental Clinic

C. Working relationships on a planned basis with other project staff members and with other individuals and groups.

1. State Representative and Migrant Nutritionist

2. Migrant State Coordinator

3. A monthly meeting with the Migrant Council

II. Services Provided to Migrants

A. The Broward County Migrant Project functions under the direct supervision of the Broward County Health Department and follows the procedures and policies set up by the Florida State Board of Health and the County Health Department. The nurses assigned to the Migrant Project open the records and follow, in the field, all maternity, well baby and family planning patients. These patients receive their clinic services and immunizations at the Pompano Beach branch of the health department and are not included in this report. However, they do receive initial and periodic services from the Migrant Nursing staff. Tuberculosis cases are opened by the TB office but are followed in the field by the Migrant staff.

1. Due to the fact that our medical clinic function is to take care of the varied illnesses of the patient, we follow the instructions of the clinic doctors and dentists. The staff nurses make all appointments for patients referred to a consultant or hospital clinic and are responsible for all laboratory work to be completed prior to the patient's appointment.

2. & 3. Seventeen (17) conferences and eight immunization clinics were held at the Child Care Center. The children received their immunizations, tuberculin skin testing and treatments for parasites. If any of these children were in need of medical care, they were seen in the Migrant Health Clinic by the attending physician.

B. Health Education

We do not have a specific class for health education. However, during clinic sessions, a variety of films are shown. These films are reviewed by the staff prior to showing in order to present those that are easily understood by the migrant. Pamphlets are given to the patients in the homes during field visits and if necessary, during clinic visits.

C. Our work at the migrant clinic is enhanced in that we have many individuals and agencies in the community with whom we have established a rapport, and with whom we work very closely. Among them we number:

1. The Administrator of the Pompano Housing Authority

2. Community Action Fund

3. Office of Economic Opportunity

4. County, State and Child Welfare

5. Social Service Departments of Broward General Medical Center and North District Hospital

Other agencies that we contact routinely are the Tuberculosis Association, Cancer Society, Florida Crippled Children's Commission, and Florida Council for the Blind. We have many facilities available to us, such as Halfway House, which provides food and lodging for migrants temporarily incapacitated; and the Child Care Center, which provides day care for a limited number of migrant children. We also have close contact with the Broward County Sheriff's Department, due to three separate instances of breaking and entering and robbert at the Migrant Clinic.

Many of the case workers from the above-mentioned agencies have visited the migrant clinic for conferences with the staff and we have a close personal relationship with them, rather than just telephone communication. Our success depends, in a large measure, on this close relationship. We have many sources for obtaining information regarding the families, and cooperate fully whenever necessary to obtain or supply additional information. Our duties are not just clinical. Many field visits are made and we have developed close relationships with all family members. Incomplete referrals are sometimes due to the fact that a patient moves and we are unable to locate him, or due to a complete lack of interest for his own well-being. We endeavor to teach the migrant to assume some responsibility for his care, but often he is not motivated to do so.

The Medical night clinic staff consists of a physician on a fee basis, three project nurses, a fee nurse, and the project clerk who also handles the clerical work for the Dental clinic. The Medical day clinic staff consists of a physician on a fee basis, three project nurses, and a clerk. The Dental clinic staff consists of a dentist on a fee basis, a dental assistant on a fee basis, and a Neighborhood Youth Center worker who is paid by that organization. We also have a venereal disease field representative on a "call basis" from the Broward County Health Department when the clinic physician has a patient whom he feels should have a dark field examination and further interrogation of immediate importance.

D. At the time of the first patient visit to the clinic we determine where the patient has resided and if he intends to return to the same area when he leaves the state. As the end of the season draws near, he is again questioned as to his destination. We give him the bottom part of the Migrant Referral, explaining the exact location of a Migrant Health Center in the general area to which he is migrating. We also obtain, if possible, the name of the crewleader and the name of the farm at which he will be working. Some of the reasons for incomplete referrals received in this county are vague addresses. We receive many with an address of just Fort Lauderdale or Pompano, nothing more. More patients are now living in the community and are not in the farm camps. If a patient has not been in to see us previously, we have no idea as to his location. Often patients will tell you they are going to a certain area and never arrive there. As we mentioned in last year's report, some of

the patients are only know to their crewleaders and co-workers by a nickname. Information concerning nicknames would be helpful if it were on the referral.

E. All new nursing personnel are oriented by the county health department educational supervisor in the main health department office. This is necessary because the nurse must be familiar with the policies and procedures set up by the state and local health department. Following this orientation, she is given an orientation to Migrant Health Project activities by the Project supervisor. This is necessary due to the diversity of the nurses functions as required by the Project. Once a month an in-service meeting is held, attended by the combined nursing staff of the county health department. Various speakers are obtained in an endeavor to boraden our scope of knowledge in nursing, newer medical advances, and special agency services. Any additional college courses or leave for education requests are at the discretion of the individual nurse.

A staff nurse made 60 visits to an elementary school for children of migrants and agricultural workers. These visits were for routine matters and special programs. An audio-visual program on tuberculin testing was given to all students. Dental screening was done by the dentist from the Pompano Dental Clinic, assisted by a project staff nurse. The children were also treated for intestinal parasites. Films on menstruation and growth and development were shown to a group of students and arrangements were made by the staff nurse to have a physician present for questions and answers following the showing of the films.

III. General Appraisal of Nursing Program

We have expanded our nursing services both in the clinic and in the field. In the clinic the staff nurses are responsible for pre-medical examination information and laboratory tests. One nurse assists the physician, giving all injections and dressings following the doctor's examination. A nurse also completes follow-ups on patients regarding lab testing and Broward General Hospital Clinic appointments. The clinic must run smoothly with no delay in getting the patient to the doctor or dentist, thus enabling the patient to be cared for within a reasonable length of time. The doctors work on a fee-for-clinic-service basis and for a specific number of hours. It is up to the nurses to see that the patients receive the care they need within those hours.

The field work also has improved in quality of service. In cooperation with the maternity and Infant Care Project an effort is made to obtain a detailed medical history on prenatal patients so that all factors of importance can be considered in the medical and nursing care of this patient. Many nursing hours are spent following a clinic in compiling the statistics required for the annual report. Clerical employees cannot perform this duty because they are not familiar with medical terminology. As our services increase, so does the paperwork.

## MIGRANT HEALTH CENTER SERVICE

"Above and Beyond the Call of Duty"

Much time and energy are expended by all personnel staffing the migrant clinic on matters not strictly codable as medical. We are looked upon as "Big Sisters," "Financial Advisors," and "Father Confessors" by many of our patients. Yet all of these problems directly affect their physical and emotional health.

This is Wednesday, 9:00 a.m.: How do you accound for the time used in three telephone calls to determine the exact whereabouts and condition of a hospitalized infant? (The mother is also hospitalized with strep septicemia and endocarditis.) This infant was "passed around" for four days from one friend to another and finally cared for by an alert and understanding individual who immediately recognized that the infant was ill and sought our help. How could we NOT spend the time to get information for her when she walked half a mile in the hot sun to inquire about the infant. The baby was hospitalized with possible meningitis.

This is Wednesday, 10:00 a.m.: How do you accound for the time spent when the son of a carcinoma patient, who died in a nursing home on Saturday, comes in to the clinic for help? He learned of his mother's death only yesterday. He went to the nursing home and the hospital, both of them twenty miles from here, and nobody would tell him where his mother's body was. She was about to be given a pauper's burial, until we notified another agency that there were family members anxiously looking for her and that there was insurance to pay for the co of the burial.

This is Wednesday, 11:30 a.m.: A man walks in with both arms bandaged. He was in a fight on Saturday, has multiple abrasions and no medical care till today when he was seen at North District Hospital Emergency Room. County welfare referred him to us . . . no money, no food, hungry. We took him to Halfway House for food and lodging until 6:00 p.m. when our clinic doctor saw him.

Another request for help comes to us. "I have to be at the hospital for x-ray treatment at 10:30 a.m. tomorrow morning and I have no way to get there. Can you find somebody to take me?" . . . A typical morning, so far. This accounds for four of the 857 people seen during the year OUTSIDE clinic hours. Somebody oil the hinges on the door!

CASE HISTORY NO. 1: Webb, Inez

A migrant referral was received on this 56-year-old non-white female at the beginning of August, 1968, stating that the patient had received x-ray therapy for a diagnosis of squamous cell carcinoma of the cervix. It further stated that the patient had received an x-ray burn to the right labia and had refused her last treatment because of this burn. She was on Tylenol and Codeine grains ½ for pain. On August 7, 1968, the first home visit was made. The patient was out of medication and obviously in pain, had nausea and vomiting, anorexia and asthma. She was intelligent, clean, and pleasant. The patient stated that she would come to the Migrant Health Clinic for medication but that she would not go along with any further care at a hospital or any place else. It was not until two months had passed and five more home visits were made that the patient did come into the clinic for care. We knew then that we had broken down the

barrier she had built up and that she would allow us to help her. The physician at the Migrant Health Clinic placed the patient on medication and referred her to the Tumor Clinic at the hospital for further evaluation. She did not want to go but by this time we had gained her confidence and the appointment was made and kept. Since that time the patient has been seen regularly at the clinic, at the hospital, and at the radiologists office where she had received 35 more x-ray treatments. An IVP done on the patient in late March, 1969, showed metastasis of the cancer. No more x-ray therapy is planned. The patient is being kept comparatively comfortable on medication which is changed as the need arises. Even though the fight has been lost regarding the patient's condition, we were able to help her. She will continue to be seen at our clinic and the hospital clinic on a regular basis. The obstacle that was placed before us by this patient, because she was burned by x-ray therapy during earlier treatment, was surmounted and we did all that could possibly be done for her.

CASE HISTORY NO. 2: Tennyson, Willie

This 49-year-old non-white male apparently had been well until three weeks prior to his admission to the hospital for control of his diabetic condition, which was discovered by his physician. The patient had been seen at the Migrant Health Center 14 months prior to his hospital admission with the complaint of indigestion. During his hospital stay, it was found to be impossible to control his diabetes with oral medication and so he was placed on insulin. Upon discharge from the hospital a decision was made that the Visiting Nurse Association would be called in order that the patient would receive proper care regarding his insulin injection each day. The patient could not see well enough to fill his own syringes. The VNA nurse would go into the home and fill all seven syringes which would then carry him through the week until her next visit. The patient could manage all of his other care. The Migrant Health Center staff made arrangements for the patient to be seen by an ophthalmologist. We were surprised and delighted to learn that the patient, with glasses, would be able to see well enough to take complete care of himself. Even though the Migrant Health Program in Broward County is not funded for this type of service, we were determined to find the money somewhere. After several phone calls to organizations and individuals, the money was obtained. Today, instead of a patient sitting out each day alone at home, we have an active, alert, happy, and productive patient.

CASE HISTORY NO. 3: Turner, James

This 56-year-old non-white male was discharged from a northern hospital on July 26, 1968, after having had a left pneumonectomy 16 days prior to this date for probably squamous cell carcinoma and arrived at our clinic door on July 29, 1968, in need of care. On the patient's discharge date, the Broward County Health Department received a long distance phone call from the hospital requesting that this patient be met at the bus station that evening. The hospital also stated that the Migrant Center knew all about it. The staff at the clinic had no information regarding this patient and, in fact, had never seen him prior to this time. At the Migrant Health Center that night, while receiving care, he told us that a bus ticket was purchased for him and that he was given $3 in cash prior to being placed on the bus which was headed south. As he arrived in Broward, with no money and no place to stay, he was placed in Halfway House, which is a residence maintained for this purpose. He was seen at the Migrant Health Center on a regular basis and maintained fairly well on medication. He was sent to the Tumor Clinic at the hospital and subsequently given a series of cobalt therapy.

As the weeks went by his condition became progressively worse and on December 26, 1968, he was admitted to the hospital where he has remained since that date. His condition is terminal.

This case study is presented for two reasons. The first being the fact that this patient was discharged from another hospital and put on a bus and sent to an area where he was unknown and where he had not one relative. Certainly the hospital knew that this patient would be unable to work or to provide for himself in any way or manner. The second reason shows clearly the need for nursing home care funds for these migrant patients. The local hospital calls the Migrant Health Center on a regular basis in an effort to discharge patients of this type and make space available for other ill patients. The President of the Migrant Council and the Nursing Supervisor of the Migrant Health Center have appeared before the County Commission and on television requesting local support for nursing home care, of which there is none at present. It is hoped that in the future provision will be made in the funding of the Migrant Health Program for patients who are in need of nursing and boarding home care. The migrant who is unable to work and unable to provide for himself has no place to go for help.

CASE HISTORY NO. 4: Watson, Christine

This 26-year-old non-white female was getting along well until her husband, a farm laborer, contracted tuberculosis and was sent to the hospital for an indefinite stay. The dependency of this patient on her husband was not realized by her friends, family, or the Migrant Health Center staff. On the initial home visit it was found that the patient was working every day and leaving three small children in the care of her eleven-year-old son. The children were crying, dirty, the house was in shambles, and the food that was left for the day was woefully inadequate. The nurse planned to return to the home that evening when the patient would be home from work. Upon questioning the patient that evening it was discovered that she absolutely could not cope with the responsibility of her family. A plan was formulated with the patient that she might begin thinking positively about her situation. It was decided that the patient could continue to work, that the younger children could be placed in a child care center allowing the older boy to return to school, and that Commodity Surplus Foods could be sought and that state welfare could be contacted so she could apply for AFDC. The patient's response was negative. She quit work and made no effort to contact other agencies for help. She was unable to even find the interest or energy to care for the house and the children. Instead, she began to drink. She would be found lying on the bed crying and depressed. It was also discovered that during this period she was calling and visiting her husband in the hospital, telling him of all her troubles. The husband had reached the point that he was going to leave the hospital against medical advice. It was then decided that the only way to get this patient on her feet again would be to actively participate in the solving of this situation. Contact was made with the child care center and state welfare. Transportation arrangements were made through the Migrant Volunteer Transportation Committee. Commodity Surplus Foods were started. After much encouragement the patient called her former employer and was given her job back. Just when everything seemed to be working out, the 11-year-old son began skipping school. However, by this time the mother began to make an effort to control her family problems. She went to the school asking their help. It was given freely and the boy is now attending regularly. Her telephone conversations and visits with her husband were happy events. All was well. By this time Christmas was approaching and it

was decided that this family could really benefit from a Merry Christmas. A family in the community who was interested in helping a migrant family was contacted. On Christmas Eve, a tree, decorations, toys, clothing, food, and household articles were delivered to the home. We then felt that the care given this family was complete.

The next several months have not, by any means been smooth, but with the cooperation of the patient the problems have been met. The family situation is stable. Word was just received from the hospital that the patient's husband will be able to return home at the end of this month. The family has remained intact.

## SANITATION SERVICES

### I. General Description of System for Providing Sanitation Services

A. Specific Objectives: This year a goal was set to have all camps operating under State Board of Health permits or closed. At the start of the project, three years ago, we had approximately 30 camps listed. We are currently listing 13 locations with five having been closed during the past year. The other 12 camps were phased out during the previous years. There has been a total rebuilding of the Pompano Labor Camp, replacing 150 two-unit sub-standard buildings with 100 four-unit buildings having the conveniences of hot and cold water, modern toilers, showers, lavatories, kitchen sinks, electric stoves, refrigerators, and space heaters. With the elimination of many sub-standard camps already and the rebuilding of the large camp, our goal of all camps either permitted or closed appears to be an achievable one.

Our second priority has been placed on public food service establishments and food outlers which serve the migrant population. Complete inspections of these establishments are being conducted with the goal in mind of either improving them sufficiently to meet the minimum requirements of the State code or to close them. Administrative hearings have been scheduled for some of the constant violators, and legal proceedings have been started against the most flagrant ones. The improvement of the sanitary conditions in bars, restaurants, and grocery stores should have a beneficial impact on the community. We believe it to be just as important to upgrade the public establishments frequented by the migrants as to improve the home environment. The total environment needs to be improved.

Priority number three is placed on attempts to improve the general environment in what are considered the worst poverty pockets which contain many migrants. The elimination of the trademark of these areas (junk cars, sub-standard and dilapidated buildings, accumulated garbage, trash, litter, etc.) is our goal. An example of this endeavor is typified by the Harlem-McBride nine-block area. This is an unincorporated community existing as an island surrounded by the City of Oakland Park. Under the direction of the E.O.C.G., this area achieved the following:

(1) 1½ tons of debris was buried.

(2) One ton of old household appliances was removed.

(3) 30 tons of trees, lumber, and other debris were removed by truck.

(4) 100 junk cars were removed.

(5) 7 sub-standard buildings were demolished.

In the Carver Ranches area a clean-up program was carried out with the Broward County Health Department providing leadership. In this community there were over 1,500 tons of trash removed. A similar effort was conducted by the health department in what is known as the Camp Blanding area. Here, again, attempts were made to develop leadership in the community after the health department had first conducted a complete sanitary survey. This campaign was responsible for the removal of approximately 460 tons of debris and 117 junk cars. It was estimated that 90 per cent of the residents were persuaded to use the garbage collection service. Through aroused interest more than 50 per cent of the property owners signed petitions requesting the extension of public water into this area.

These examples indicate the magnitude of the problem. To obtain these results took trucks, dozers, graders, and other heavy equipment. This equipment was volunteered by several private business firms in the area of the community being cleaned. Once the bulk of the debris is removed, however, there is still the problem of keeping additional trash from accumulating.

B. Staff Involved: Broward County's Migrant Health Project sanitation staff consists of one full-time Sanitarian I financed by the project funds. The sanitarian is supplemented by the supervision of a Sanitarian Supervisor and the Director of Sanitation. He receives consultation from the health department engineering staff. These positions are filled by registered sanitarians and professional engineers who are on the general staff of the Broward County Health Department.

C. Working relationships continued with the following agencies:

(1) The Hotel and Restaurant Commission.
(2) The Housing Authority of the City of Pompano Beach.
(3) The Building Departments of Deerfield Beach, Pompano Beach, and Broward County.
(4) The Broward County Solicitor's Office.
(5) The operators of portable toilet companies in regard to the use of these units in the fields.
(6) The Economic Opportunity Coordinating Group in attempting to coordinate the efforts through in-service training.
(7) Broward County Technical Advisory Committee on Migrant Projects.
(8) Community Action Fund - Community Action Program.
(9) Broward County Migrant Council
(10) Various church groups.

D. & E. Consultation obtained and Needed: Consultation was obtained from outside the project from the following sources:

(1) Florida Industrial Commission.
(2) Florida Migrant Conference (Attempt for statewide uniformity).

(3) State Board of Health Sanitarian Consultant (Statewide uniformity endeavor).
(4) Sanitary engineers (Relative to water and sewage problems).
(5) County Solicitor's Office (Legal questions and enforcement procedures).
(6) County Sanitation Director and Supervisor (Establishment of priorities and coordination of the program with the rest of the county environmental health program).

F. Discussion of Statistical Information from Part IV. Of Statistical Report: The statistical data in Table IV. was compiled from the coding of activities as routinely coded by Florida sanitarians. This statistical compilation takes much time which could be better utilized in performing services in the field.

Broward County being the home base for many migrants compounds our problem of compiling a population statistic. These people are not a constant group but are an ever changing group. Many of Broward's poor will go to work in the fields when they are in dire need of money. During the summer if work gets slow, different members of the family (with or without dependents) may go north to work.

Counting our estimated 4,000 migrant workers and 12,000 dependents spread over a 30-mile strip, two miles wide, with a staff of three nurses, a sanitarian, and a clerk would be a full-time job for all. We, therefore, do the best we can by estimating.

Only camps meeting the definition of a camp in the State of Florida are permitted by the health department. Another state agency (Florida State Hotel and Restaurant Commission) permits multiple dwellings and no permit is required for single family dwellings.

In Table "A" the surveyed housing units listed under the category "Other Locations" were visited for various routine sanitation purposes.

Public food establishments serving the migrants were included under "Food Handling" at "Other Locations" in Table "B". The small number of corrections compared to defects will be altered in the coming year due to the new hearing procedures instigated and a stricter enforcement procedure. The accent in the past has been placed on health education.

The high correction-defect ratio in camp housing can be attributed to the complete rebuilding of the Pompano Labor Camp.

There was a total of 398 visits to camps by the sanitarian during the year according to the information in Table "B". Many of these visits were not for the purpose of a complete inspection, but for inspecting particular items. The statistical Table "B" lists inspections by item and a total of this column will always exceed the total visits.

For information relative to the working environment in Table "B", see Section III of the narrative.

II. General Description and Condition of Housing Accommodations for Migrants.

A. Migrant camp housing is primarily concrete block with some frame buildings. The single family type dwellings occupied by migrants are usually frame. The condition of camp housing has improved considerably in recent years due to the removal of the worst structures from occupancy.

The trend in migrant housing is still the individual unit. It is almost physically impossible to supervise community facilities adequately. It is hoped that some of the several proposed low-income housing developments will materialize and put a further dent in our poverty pocket shack housing. Much has been done toward this already, but there is still more to be accomplished.

With the rebuilding of the Pompano Labor Camp, we hope for many social and economic changes. Some of the more inferior labor camps should be closing with their people being housed in this new facility. Those paying rent in this facility will find the rent increased for the improved conditions from $4 per week for a two-room shack unit to $12.50 per week for a two-bedroom apartment. This will be an increased financial burden but should instill some financial responsibility.

The new school which was built a year ago adjacent to this new camp can now logically teach some personal hygiene, whereas before there were no facilities in the home environment to use after receiving such instruction.

B. Analysis of Table "A".

(1) The authority for the issuance of migrant labor camp permits is found in Chapter 381 of the Florida Statutes. This chapter defines a migrant labor camp and requires a license or permit for establishment, maintenance, and/or operation of such labor camp. It gives the authority for the State Health Officer to revoke the permit, grants the State Board of Health authority to issue regulations, and grants the Board and/or its inspectors the right of entry to migrant labor camps for the purpose of inspection. The State Board of Health has promulgated regulations relative to such camps which are found in Chapter 170C-32 of the Sanitary Code of Florida.

(2) Our figure of 402 "Other Locations" represents the number of housing units in the migrant community that received services. These services covered lack of water, sewage problems, garbage complaints, etc.

With the increase in the number of units and facilities at the Pompano Labor Camp a major improvement has been made in the general housing picture. We anticipate accelerated progress in migrant housing in the coming year due to:

a. Increased interest and assistance from the County Solicitor's Office.

b. Increase in construction of new housing in migrant areas by private enterprise.

C. Analysis of Table "B".

(1) Again, the rebuilding of the Pompano Labor Camp is the biggest improvement. Major problems were encountered with water and sewage service to apartment complexes. Water was cut off at intervals due to lack of payment in City areas and failure of pumps in county areas where public water is not available. Sewage problems ranged from single living units without any facilities at all to large complexes with complete failure of the system. Problems with garbage and trash ranged from single family clean-up to the removal of 1,500 tons from one area. Five camps have garbage collection provided by franchised collectors, and the other camp operators remove their own garbage.

(2) Food handling in camps has improved generally with all camps having access to hot and cold water. Again, the Pompano Labor Camp now has 400 living uints with stoves, refrigerators, sinks with hot and cold water, and sanitary sewers.

Two camps have installed basketball backboards to provide some recreation. One camp has installed a jukebox area and one community has a new park being developed.

Several camps have a full-time maintenance man for general cleaning. This is strongly encouraged. Many still have constant problems due to lack of maintenance, especially where communal facilities exist.

During the summer months most of the farmers carry out extensive rodent control programs. In the past two years no notable rodent problems have been encountered. Most camps fumigate for insects during the off season, and routine control measures are provided during the rest of the year.

III. General Description of Work Environment. Food handling for field hands still leaves much to be desired. Four of our camps have farm kitchens with minimal facilities to prepare some of the food for the fields. Many use the local food service establishments or food outlets.

Most drinking water for field hands is obtained from service stations in Margate which are served by the public water supply.

Many farmers have started providing portable chemical toilets for use in the fields. One of the advantages in the use of these units in the field is the time saved. Most bean farmers have these units at their grading belts.

In the area of field handwashing, not much has been accomplished. It has been noted that most of the food consumed in the field is wrapped and that most workers are somewhat adept in eating their meal with minimum hand contact with the food. Major emphasis has not been placed on this aspect of the program inasmuch as it was not considered to be one of the major problems.

IV. Health Education. The main thrust of the health education program is to

explain the reasons for garbage control, proper sanitation, safe food handling, potable water, good housing, rodent control, etc., to the individual who is directly involved. Examples of this type of counseling are the explanation of the life cycle of the housefly, explaining its abilities to land on feces and then food, pointing out the unnoticed fly specks which are fly feces, etc. This sometimes helps in getting improved cleaning procedures carried out. Similar information regarding rodents, their usual contamination and possible cause of disease is also discussed. This type of knowledge offered to the migrant at his level will often aid in remedying insanitary conditions.

Camp occupants were spoken to on various aspects of health and sanitation such as:

(1) The health dangers of flies, rats, and other vermin.

(2) Water contamination problems.

(3) The need to use proper bathing facilities after they are provided.

The discussions with the farmers included:

(1) Stressing the need for basic shelter, toilet facilities, bathing facilities, and dishwashing facilities.

(2) Stressing the fact that the lack of camp supervision is the cause of the greatest problems in the camp.

Individual counseling, while beneficial, does not always get thejob done. In many instances, the educational effort falls on deaf ears. Currently the County Solicitor is being consulted to back up the educational effort where there is a violation of the law. Using legal tools as educational supplements will hopefully make our efforts more effective.

V. General Appraisal of Sanitation Program.

A. With the rebuilding of the Pompano Labor Camp, our camp program is taking a giant step towards achieving the structural goals we had previously set for camp facilities. Coupled with this has been a gradual phasing out of the worst of our camps and the improvement of the facilities in the others. Currently, a complete re-evaluation of the existing camps is being conducted for compliance with Chapter 170C-32.

It is anticipated that with the camp facilities conforming to the Code and operating under the provisions of the Code, problems that in the past seemed uncorrectable will be more easily taken care of.

Some work has been done in environmental improvement of poverty pocket areas. Increased efforts in this direction are proposed this year, including the use of a newly acquired sanitation aide. Attempts will be made to identify potential leaders in this area and to guide and involve these individuals into a community improvement program.

B. It has been found in the past that some corrections can be accomplished with the educational approach, but often legal procedures must be resorted to. A combination of each could be considered effective. Major problems encountered involve the lack of adequate supervision in camp living environments and the natural resistance to change from the old way of life.

VI. Plans for the Future. It is hoped that with the cooperation that the County Solicitor's Office has offered many areas of frustration in the past will have a realistic solution. Many of the migrant's health problems often evolve from his lack of training and education. We hope to remove the slum conditions and change the migrant's way of life for the better. As already stated, our method will be an educational approach with increased enforcement and will include the use of the sanitation aide from the health department general staff to complement the project personnel to some extent.

## HEALTH EDUCATION SERVICES

I. A., B., & C. The Migrant Health Center does not have a health educator assigned to our staff. Our maternity patients are interviewed and given nutritional advice as well as advice on family planning methods at the Pompano Health clinics.

The only educational program at the Migrant Clinic is a one-to-one contact between staff nurses and patients; between community health worker and patients; and between our sanitarian and patients. This is done in an informal manner.

D. The nursing staff attends regular monthly meetings with the entire nursing staff of the Broward County Health Department, at which time various pertinent material is presented.

II. As above.

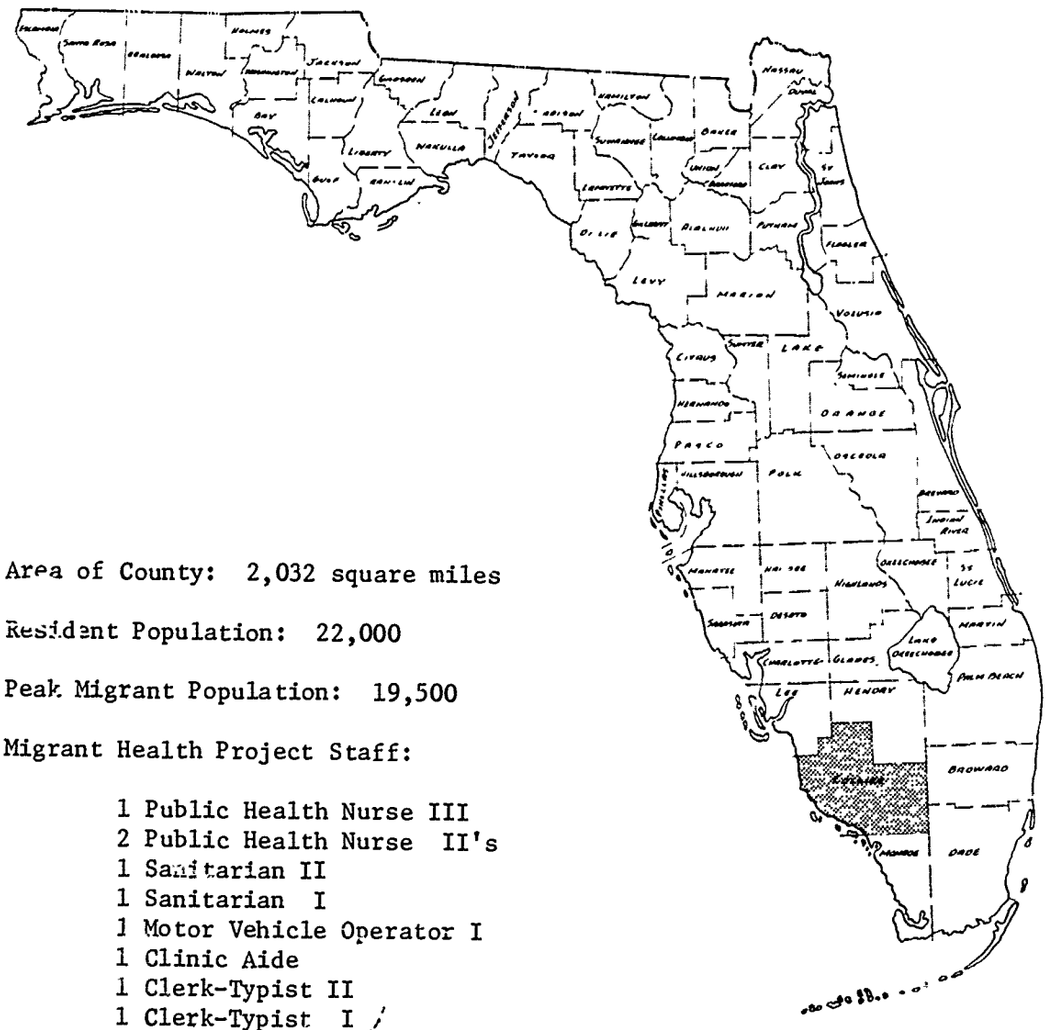
III. As above.

IV. The effectiveness of our efforts cannot be judged on a day-to-day basis. A long-range view is necessary. We have a staff nurse at the Migrant Clinic who was an employee of the Broward County Health Department approximately 12 years ago. At that time she went out on surveys for venereal disease and tuberculosis, at some of the same camps that are now in her territory. It is apparent that the migrants have a better understanding of the importance of immunization and that they recognize the necessity of medical care. This can only be attributed to the close field and clinic contact with patients that has been made possible by the establishment of the Migrant Health Project. There is definite progress towards a better concept of good health.

V. Until such time as the migrant clinic is assigned a health educator, we can only continue as we have.

## COLLIER COUNTY HEALTH DEPARTMENT

Charles F. Bradley, M.D., Director




Area of County: 2,032 square miles

Resident Population: 22,000

Peak Migrant Population: 19,500

Migrant Health Project Staff:

1 Public Health Nurse III
2 Public Health Nurse II's
1 Sanitarian II
1 Sanitarian I
1 Motor Vehicle Operator I
1 Clinic Aide
1 Clerk-Typist II
1 Clerk-Typist I
1 Physician II
1 Laboratory Technician
2 Community Health Workers

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted May 22, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report: From April 1, 1968 Through April 30, 1969

PART I. GENERAL PROJECT INFORMATION

1. Project Title: A Project to Develop a Statewide Program of Health Services for Migrant Farm Workers and their Dependents in Florida.

2. Grant Number (Use no. shown on the Grant Award Notice): MG-18F (69)

3. Grantee Organization (Name & Address)
Collier County Health Department
County Government Center, Post Office Box 477
Naples, Florida 33940

4. Project Director
Charles F. Bradley, M. D.
Director

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 18,552 | 10,872 | 7,680 |
| Feb. | 18,240 | 10,560 | 7,680 |
| Mar. | 18,730 | 11,020 | 7,710 |
| Apr. | 19,500 | 11,800 | 7,700 |
| May | 17,300 | 10,400 | 6,900 |
| June | 10,200 | 6,200 | 4,000 |
| July | 5,500 | 2,500 | 3,000 |
| Aug. | 4,800 | 2,800 | 2,000 |
| Sep. | 9,000 | 5,000 | 4,000 |
| Oct. | 12,000 | 6,000 | 6,000 |
| Nov. | 17,057 | 9,870 | 7,187 |
| Dec. | 18,521 | 11,470 | 7,051 |
| TOTALS | 169,400 | 98,492 | 70,908 |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 26 | November | May |
| In-Migs. | 22 | December | May |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 7,710 | 3,960 | 3,750 |
| Under 1 year | 232 | 119 | 113 |
| 1 - 4 years | 1,267 | 554 | 713 |
| 5 - 14 years | 1,657 | 832 | 825 |
| 15 - 44 years | 3,201 | 1,663 | 1,538 |
| 45 - 64 years | 1,100 | 634 | 466 |
| 65 + older | 253 | 158 | 95 |
| (2) IN-MIGRANTS TOTAL: | 11,800 | 7,260 | 4 540 |
| Under 1 year | 281 | 145 | 136 |
| 1 - 4 years | 1,288 | 653 | 635 |
| 5 - 14 years | 2,812 | 1,452 | 1,360 |
| 15 - 44 years | 6,345 | 4,356 | 1,998 |
| 45 - 64 years | 944 | 581 | 363 |
| 65 + older | 121 | 73 | 48 |

d. (1) Indicate sources of information and/or basis of estimates for 5a. Personal observation & interviews with growers, Farm Labor Office, Co. Ext. Agent. Migrant birth rate & other vital statistics. Help from Fla. Mig. Child Comp. Prog., Public School enrollment figs.

(2) Describe briefly how proportions for sex and age for 5b were derived.
General percentages noted during Migrant Survey and random sampling results from another county.

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | 0 | 0 |
| 10 - 25 persons | 24 | 565 |
| 26 - 50 persons | 37 | 1,339 |
| 51 - 100 persons | 28 | 1,917 |
| More than 100 pers. | 10 | 1,857 |
| TOTAL* | 99 | 5,678 |

b. Other Housing Accommodations

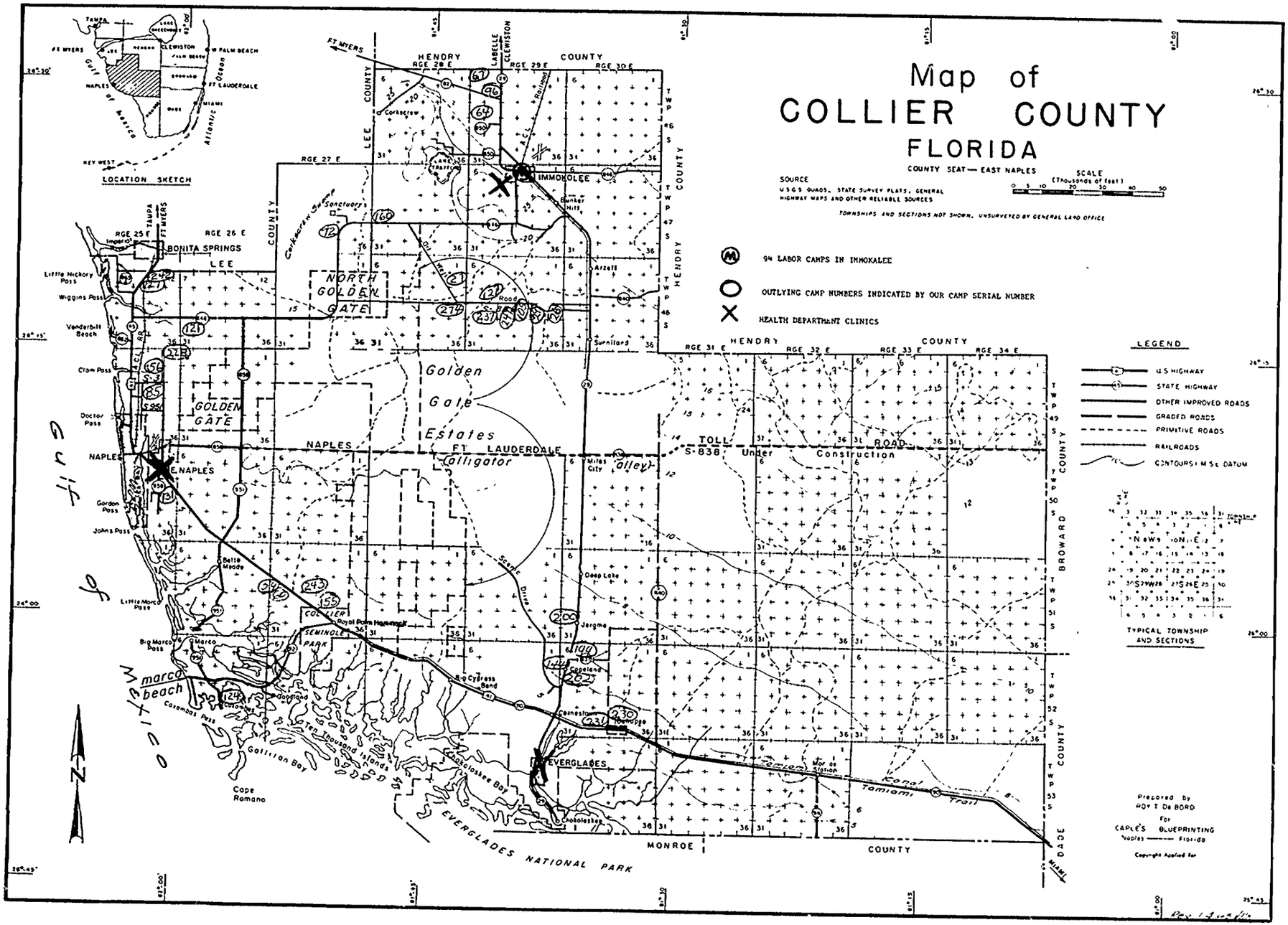
| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Immokalee (Survey) | 604 | 3,020 |
| Sub-standard | 151 | 755 |
| Immokalee (unsurvey.) & rest of county | 1,670 | 10,020 |
| TOTAL* | 2,425 | 13,795 |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.

PHS-4207-7 (Page 1) The actual total number of migrants that pass through the county is unknown. There is a continual shifting around due to crop changes & seasonal variations along the total migrant "streams." We estimate there is as much as 150% seasonal turnover in personnel at some of the camps. The ratio of "camps" to "other housing" changes continually.

Form approved: Budget Bureau No. 68-R1005


Map of
COLLIER COUNTY
FLORIDA
COUNTY SEAT — EAST NAPLES
SCALE
(Thousands of feet)
0 5 10 20 30 40 50
SOURCE
U.S.G.S. QUADS., STATE SURVEY PLATS, GENERAL HIGHWAY MAPS AND OTHER RELIABLE SOURCES
TOWNSHIPS AND SECTIONS NOT SHOWN, UNSURVEYED BY GENERAL LAND OFFICE
LOCATION SKETCH
94 LABOR CAMPS IN IMMOKALEE
OUTLYING CAMP NUMBERS INDICATED BY OUR CAMP SERIAL NUMBER
HEALTH DEPARTMENT CLINICS
LEGEND
U.S. HIGHWAY
STATE HIGHWAY
OTHER IMPROVED ROADS
GRADED ROADS
PRIMITIVE ROADS
RAILROADS
CONTOURS MSL DATUM
TYPICAL TOWNSHIP AND SECTIONS
HENDRY COUNTY
LEE COUNTY
COLLIER COUNTY
BROWARD COUNTY
DADE COUNTY
MONROE COUNTY
IMMOKALEE
BONITA SPRINGS
NAPLES
E. NAPLES
NORTH GOLDEN GATE
GOLDEN GATE
Golden Gate Estates
Alligator Alley
TOLL S-838 Under Construction ROAD
Tamiami Trail
Gulf of Mexico
Marco Beach
Cape Romano
Gullivan Bay
Ten Thousand Islands
Chokoloskee Bay
EVERGLADES
EVERGLADES NATIONAL PARK
Prepared by
ROY T. DE BORD
For
CAPLE'S BLUEPRINTING
Naples — Florida
Copyright Applied for

GRANT NUMBER MG-18F (69)

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

DATE SUBMITTED May 2[illegible] 1969

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 3,020 | 1,300 | 1,720 | 4,041 |
| Under 1 year | 326 | 186 | 140 | 355 |
| 1 - 4 years | 436 | 249 | 187 | 516 |
| 5 - 14 years | 842 | 380 | 462 | 998 |
| 15 - 44 years | 1,084 | 296 | 788 | 1,729 |
| 45 - 64 years | 320 | 185 | 135 | 431 |
| 65 + older | 12 | 4 | 8 | 12 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? 2,496

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 564

3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment)

No. of patients (exclude newborn) 261

No. of hospital days 1,620

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 3,040 | 2,955 | 85 |
| (1) No. Decayed, missing, filled teeth | 30,240 | 29,550 | 680 |
| (2) Avg. DMF per person | 9 | 10 | 8 |
| b. Individuals Requiring Services - Total: | 2,213 | 1,533 | 680 |
| (1) Cases completed | 285 | 285 | |
| (2) Cases partially completed | 1,665 | 1,122 | 543 |
| (3) Cases not start. | 263 | 126 | 137 |
| c. Services Provided - Total: | 2,444 | 2,088 | 356 |
| (1) Preventive | 690 | 640 | 50 |
| (2) Corrective-Total | 2,754 | 2,448 | 306 |
| (a) Extraction | 664 | 389 | 275 |
| (b) Other | 1,090 | 1,059 | 31 |
| d. Patient Visits - Total: | 3,040 | 2,955 | 85 |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total* | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 1,526 | 323 | 548 | 449 | 206 | | |
| Smallpox | 129 | 21 | 68 | 40 | | | 29 |
| Diphtheria | 400 | 73 | 100 | 125 | 102 | 765 | 245 |
| Pertussis | 217 | 73 | 98 | 46 | | 690 | 115 |
| Tetanus | 402 | 73 | 100 | 125 | 104 | 765 | 245 |
| Polio | 256 | 71 | 101 | 84 | | 675 | 90 |
| Typhoid | 4 | 1 | 1 | 2 | | | 1 |
| Measles | 118 | 11 | 80 | 27 | | | |
| Other (Spec.) | | | | | | | |

(*) This total does not include Incomplete Series or Boosters & Revaccinations.

Patients transported by health department project bus for medical services in Dade County (110 to 125) miles distance.

| Age | No. of Patients Total | No. of Visits Male | Female | Total |
|---|---|---|---|---|
| Under 1 yr. | 6 | 6 | 6 | 12 |
| 1- 4 yrs. | 16 | 27 | 9 | 36 |
| 5-14 yrs. | 80 | 116 | 67 | 183 |
| 15-44 yrs. | 88 | 36 | 162 | 198 |
| 45-64 yrs. | 70 | 126 | 200 | 326 |
| 65 + yrs. | 9 | 14 | 30 | 44 |

PHS 4202-7 (Page 2) (Ref. to report on transportation for Medical Service or Diagnosis.)
Rev. 1-69

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 2,496 | 2,167 | 329 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 280 | 255 | 25 |
| | 010 | Tuberculosis | 13 | 13 | |
| | 011 | Syphilis | 38 | 35 | 3 |
| | 012 | Gonorrhea and Other Venereal Diseases | 56 | 45 | 11 |
| | 013 | Intestinal Parasites | 31 | 30 | 1 |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | 23 | 19 | 4 |
| | 015 | All other | 25 | 23 | 2 |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | 8 | 8 | |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | 39 | 38 | 1 |
| | 019 | Other Infectious Diseases (give examples): | | | |
| | | Hepatitis | 6 | 3 | 3 |
| | | Scarlet Fever | 30 | 30 | |
| | | Thrush | 11 | 11 | |
| II. | 02- | NEOPLASMS: TOTAL | 63 | 34 | 29 |
| | 020 | Malignant Neoplasms (give examples): Lung | 10 | 6 | 4 |
| | | Throat | 1 | 1 | |
| | | Cervix | 15 | 5 | 10 |
| | | Breast | 8 | 4 | 4 |
| | | G.I. | 2 | 1 | 1 |
| | 025 | Benign Neoplasms | 24 | 14 | 10 |
| | 029 | Neoplasms of uncertain nature | 3 | 3 | |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 70 | 58 | 12 |
| | 030 | Diseases of Thyroid Gland | 1 | 1 | |
| | 031 | Diabetes Mellitus | 9 | 8 | 1 |
| | 032 | Diseases of Other Endocrine Glands | 2 | 2 | |
| | 033 | Nutritional Deficiency | 46 | 38 | 8 |
| | 034 | Obesity | 12 | 9 | 3 |
| | 039 | Other Conditions | | | |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 23 | 19 | 4 |
| | 040 | Iron Deficiency Anemia | 18 | 15 | 3 |
| | 049 | Other Conditions | 5 | 4 | 1 |
| V. | 05- | MENTAL DISORDERS: TOTAL | 119 | 87 | 32 |
| | 050 | Psychoses | 40 | 30 | 10 |
| | 051 | Neuroses and Personality Disorders | 25 | 17 | 8 |
| | 052 | Alcoholism | 31 | 21 | 10 |
| | 053 | Mental Retardation | 6 | 4 | 2 |
| | 059 | Other Conditions | 17 | 15 | 2 |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 167 | 144 | 23 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | 9 | 8 | 1 |
| | 061 | Epilepsy | | | |
| | 062 | Conjunctivities and other Eye Infections | 60 | 56 | 4 |
| | 063 | Refractive Errors of Vision | 3 | 3 | |
| | 064 | Otitis Media | 82 | 66 | 16 |
| | 069 | Other Conditions | 13 | 11 | 2 |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 129 | 98 | 31 |
| | 070 | Rheumatic Fever | 15 | 12 | 3 |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 15 | 10 | 5 |
| | 072 | Cerebrovascular Disease (Stroke) | 5 | 5 | |
| | 073 | Other Diseases of the Heart | 31 | 22 | 9 |
| | 074 | Hypertension | 46 | 32 | 14 |
| | 075 | Varicose Veins | 3 | 3 | |
| | 079 | Other Conditions | 14 | 14 | |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 677 | 599 | 78 |
| | 080 | Acute Nasopharyngitis (Common cold) | 133 | 132 | 1 |
| | 081 | Acute Pharyngitis | 249 | 204 | 45 |
| | 082 | Tonsillitis | 48 | 47 | 1 |
| | 083 | Bronchitis | 79 | 67 | 12 |
| | 084 | Tracheitis/Laryngitis | 47 | 44 | 3 |
| | 085 | Influenza | 38 | 38 | |
| | 086 | Pneumonia | 25 | 17 | 8 |
| | 087 | Asthma, Hay Fever | 33 | 27 | 6 |
| | 088 | Chronic Lung Disease (Emphysema) | 8 | 6 | 2 |
| | 089 | Other Conditions | 17 | 17 | |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 93 | 89 | 4 |
| | 090 | Caries and other Dental Problems | 30 | 28 | 2 |
| | 091 | Peptic Ulces | 9 | 9 | |
| | 092 | Appendicitis | 1 | 1 | |
| | 093 | Hernia | 6 | 6 | |
| | 094 | Cholecystic Disease | 18 | 17 | 1 |
| | 099 | Other Conditions | 29 | 28 | 1 |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 186 | 166 | 20 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 44 | 36 | 8 |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | 1 | 1 | |
| | 102 | Other Diseases of Male Genital Organs | | | |
| | 103 | Disorders of Menstruation | 42 | 39 | 3 |
| | 104 | Menopausal Symptoms | 12 | 8 | 4 |
| | 105 | Other Diseases of Female Genital Organs | 85 | 80 | 5 |
| | 109 | Other Conditions | 2 | 2 | |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 121 | 101 | 20 |
| | 110 | Infections of Genitourinary Tract during Preg. | 14 | 12 | 2 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | 57 | 39 | 18 |
| | 112 | Spontaneous Abortion | 1 | 1 | |
| | 113 | Referred for Delivery | | | |
| | 114 | Complications of the Puerperium | 2 | 2 | |
| | 119 | Other Conditions | 47 | 47 | |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 222 | 200 | 22 |
| | 120 | Soft Tissue Abcess or Cellulitis | 37 | 31 | 6 |
| | 121 | Impetigo or Other Pyoderma | 98 | 82 | 16 |
| | 122 | Seborrheic Dermatitis | 2 | 2 | |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | 47 | 47 | |
| | 124 | Acne | 1 | 1 | |
| | 129 | Other Conditions | 9 | 9 | |
| | | Creeping Eruption | 28 | 28 | |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 29 | 27 | 2 |
| | 130 | Rheumatoid Arthritis | 1 | 1 | |
| | 131 | Osteoarthritis | 7 | 7 | |
| | 132 | Arthritis, Unspecified | 16 | 14 | 2 |
| | 139 | Other Conditions | 5 | 5 | |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | 20 | 14 | 6 |
| | 140 | Congenital Anomalies of Circulatory System | | | |
| | 149 | Other Conditions | 12 | 11 | 1 |
| | | Hemangiona | 8 | 3 | 5 |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | 7 | 7 | |
| | 150 | Birth Injury | | | |
| | 151 | Immaturity | | | |
| | 159 | Other Conditions | 7 | 7 | |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 70 | 66 | 4 |
| | 160 | Symptoms of Senility | | | |
| | 161 | Backache | 12 | 10 | 2 |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 15 | 15 | |
| | 163 | Headache | 5 | 5 | |
| | 169 | Other Conditions | 38 | 36 | 2 |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 220 | 203 | 17 |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | 109 | 94 | 15 |
| | 171 | Burns | 4 | 4 | |
| | 172 | Fractures | 15 | 15 | |
| | 173 | Sprains, Strains, Dislocations | 43 | 41 | 2 |
| | 174 | Poison Ingestion | 25 | 25 | |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | 24 | 24 | |

| PART II. | | | Grant Number MG-18F (69) |
|---|---|---|---|
| | | | Number of Individuals |
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | 5,000 |
| | 200 | Family Planning Services | 88 |
| | 201 | Well Child Care | 143 |
| | 202 | Prenatal Care | 671 |
| | 203 | Postpartum Care | 132 |
| | 204 | Tuberculosis: Follow-up of inactive case | 19 |
| | 205 | Medical and Surgical Aftercare | 64 |
| | 206 | General Physical Examination | 122 |
| | 207 | Papanicolaou Smears | 440 |
| | 208 | Tuberculin Testing | 1,100 |
| | 209 | Serology Screening | 850 |
| | 210 | Vision Screening | 735 |
| | 211 | Auditory Screening | 81 |
| | 212 | Screening Chest X-rays | 423 |
| | 213 | General Health Counselling | 20 |
| | 219 | Other Services: | |
| | | Specify Intrauterine Devices | 65 |
| | | | 47 |
| | | | |
| | | | |
| | | | |

| PART III. - NURSING SERVICE | Grant No. MG-18F (69) |
|---|---|
| Type of Service | Number |
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 575 |
| b. Number of Individuals Served - Total | 6,449 |
| 2. FIELD NURSING: | |
| a. Visits to Households | 755 |
| b. Total Households Served | 861 |
| c. Total Individuals served in Households | 1,701 |
| d. Visits to Schools, Day Care Centers | 780 |
| e. Total Individuals Served in Schools and Day Care Centers | 3,389 |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | 1,290 |
| (1) Within Area | 564 |
| (Total Completed 564) | |
| (2) Out of Area | 726 |
| (Total Completed 726) | |
| b. Referrals Made For Dental Care: Total | 130 |
| (Total Completed 130) | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | 52 |
| (Total Completed 34) | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | 202 |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | 6,000 plus |
| (1) Number presenting health record | 184 |
| (2) Number given health record | 1,800 |
| 4. OTHER ACTIVITIES (Specify): | |

REMARKS 3. CONTINUITY OF CARE:
a. (1) and (2) We have counted all referrals complete when they are seen by agency or physician referred to.
f. (1) This represents the number of migrants presenting health records from other areas.

PART IV. SANITATION SERVICES | Grant Number MG-18F (69)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 127 | 5,913 | 16 | 1,067 |
| Other locations | 2,425 | 13,587 | 0 | 0 |
| Housing Units - Family: | | | | |
| In camps | 1,195 | 4,396 | 12 | 735 |
| In other locations | 2,115 | 10,797 | 0 | 0 |
| Housing Units - Single: | | | | |
| In camps | 529 | 1,517 | 4 | 332 |
| In other locations | 310 | 2,790 | 0 | 0 |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 127 | 57 | 226 | 54 | 38 | 26 | 65 | 26 |
| b. Sewage | 127 | 143 | 226 | 216 | 38 | 8 | 4 | 8 |
| c. Garbage and Refuse | 127 | 45 | 226 | 112 | 118 | 12 | 16 | 12 |
| d. Housing | 127 | 755 | 226 | 755 | 451 | ? | 24 | ? |
| e. Safety | 127 | 0 | 127 | 0 | 83 | 10 | 23 | 7 |
| f. Food Handling | 127 | 18 | 226 | 23 | 34 | ? | 26 | ? |
| g. Insects and Rodents | 127 | 0 | 226 | 0 | 12 | ? | 3 | ? |
| h. Recreational facilities | 127 | 2 | 226 | 5 | 127 | ? | 0 | ? |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | 12 | xxxxx | 17 | xxxxx | 10 | xxxxx | 3 |
| b. Toilet facilities | xxxxx | 12 | xxxxx | 17 | xxxxx | 10 | xxxxx | 5 |
| c. Other | xxxxx | - | xxxxx | - | xxxxx | - | xxxxx | - |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physicians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | Nutrition |
| (1) Individual counselling | | 2,456 | 7,704 | | 76 | 200 |
| (2) Group counselling | | | 2 | | | 900 |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | | | 42 | | | 15 |
| (2) Direct services | | | | | | 20 |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | | | 3 | | | |
| (2) Group counselling | | | | | | |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | | | 176 | | | 21 |
| (2) Consultation with groups | | | 1 | | | 40 |
| (3) Direct services | | | | | | 28 |
| E. Health Education Meetings | | | 45 | | 6 | 13 |

(*) Aides - other than Health Ed.

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## COLLIER COUNTY, FLORIDA

### A. SUMMARY FOR THE ANNUAL PROGRESS REPORT

The period covered by this report is May 1, 1968, through April 30, 1969. The objectives, as listed in the last approved application, are as follows:

(1) To see that all work areas are provided a potable water supply and to upgrade substandard housing in the camps and in private homes, wherever possible.

Immokalee proper did build and put into operation a public water purification plant. This system now supplies potable water to all packing houses. Some of the substandard housing was upgraded, but shortly after last year's report it was decided that a comprehensive survey of all migrant housing was required before we could systematically upgrade the housing or prosecute those camp operators who refuse to comply with the requirements.

(2) To increase direct medical services to the migrant farm worker and his family and to improve the continuity of medical care by employing a full-time clinician in the Immokalee Clinic.

Direct medical services were increased by more frequent clinics with a licensed physician in attendance in the Naples, Everglades, and Immokalee clinics. We were unable to employ a full-time clinician for the Immokalee Clinic because of an unrealistic salary offer.

(3) To increase both dental and x-ray services to the migrants by providing facilities for these services in the Immokalee area.

The dental services remained much the same as they were last year. Transportation of patients to the Naples Clinic remains a problem. We were hesitant to install a dental unit in Immokalee because the Florida State Board of Dentistry has decided that the Dental Preceptor Program is to be discontinued. Practically all dental work was done by the dental preceptee.

(4) To motivate the community to provide increased support to the Migrant Health Project.

Much attention was focused upon the migrant situation in Collier County by the investigation in March of this year by the "Senate Committee on Hunger and Human Needs" in Immokalee. The community

Further details concerning this will be found in the Environmental Health Section. Most of the migrants plan to go from here to Louisiana and Alabama in the South; the Carolinas and states on the upper east coast; Indiana, Ohio, Michigan in the Midwest; and to Arkansas, Idaho and other areas of the West.

The growing season was longer this year due to prolonged cold and wet weather conditions. This resulted in a shortage of labor during the period of peak production. Importation of foreign-grown tomatoes affected the market unfavorably. It is believed that the kinds of crop and the yields were approximately the same as in 1968. There was no notable change in farming practices. Mechanization does not, as yet, play a major role in the labor situation in this area.

The above factors prolonged the harvest and consequently the need for health services remained greater longer although many workers departed, in spite of the long peak demand for labor, to fill commitments upstream. The demand for health services is increasing. An extensive program expansion in both facilities and personnel is greatly needed to meet this demand. Our facilities and the numbers of personnel are woefully inadequate at this time.

Our relationships with the migrant worker and his family have been, unfortunately, on a predominately nurse-patient and doctor-patient basis due to the afore-mentioned paucity of personnel and the enormous load of morbidity cases in our clinics. An attempt at health education by the nurses and physician is made during the clinic sessions. There is a dire need for a professional health educator, trained in migrant health matters here. Much has been accomplished in the area of nutrition by Mr. Joseph T. Williasm, Public Health Nutritionist, who has labored long and diligently to aid us in this endeavor. We are deeply grateful to him. Most of our contact with growers, crew leaders, extension agents, etc., has been in matters concerned with migrant housing and sanitation. We have not been invited to any of their meetings other than the Migrant Labor Conference in Orlando, Florida, in July, 1968. It is doubtful that we would be able to attend their meetings, even if an invitation was proffered, because of our inordinate workload.

The members of the Collier County Medical Society, Collier County School personnel, and the Naples Community Hospital have contributed greatly to planning, implemen-



a full-time, qualified professional public health educator on the county staff. We will continue our efforts to impress upon everyone concerned that legal assistance is mandatory at the county level if we are expected to obtain substantial improvement in the migrant environment.

B. One Sanitarian II and one Sanitarian I are employed on the migrant project. Employees on the county payroll include a Sanitation Director I, a Sanitarian II, two Sanitarians I, two Sanitation Aides, and a Clerk-Typist II.

C. We have a good personal relationship with growers, agricultural officials, government officials, civic groups, labor contractors, camp operators, business men, church groups, and individual citizens. We feel that more involvement of our staff with agricultural organizations and other group activities is necessary.

D. We obtain assistance from consultants of the Florida State Board of Health, law enforcement personnel, agricultural personnel, government officials, and county employees.

E. We urgently need communication directly with legal advisors and public health educator.

F. The information compiled and reported is the result of a survey of 131 camps and 604 individual houses, plus interpolation of our Florida State Board of Health coding for the 12 months covered.

II. Housing consists of 80 camps at present under Hotel and Restaurant Commission license or deemed to be jointly under their regulations and ours, 47 other camps, 600-plus known residences, and four sub-standard areas at one time used as labor camps.

A. Housing is of both frame and concrete block construction and their condition varies from good to dilapidated. The trend is toward individual ownership and some positive degree of improvement in conditions is

Fort Myers, Florida

(5) Tuberculosis Control Conference sponsored by the Florida State Board of Health in Jacksonville, Florida

(6) Southeast Migrant Health Conference in Orlando, Florida

(7) Migrant Labor Conference in Orlando, Florida

I feel that our achievement for the year has fallen short of our stated objectives. However, this did not happen without justifiable cause. The backlog of existing problems that demanded immediate attention, especially in the Environmental Health area, contributed greatly to the seemingly slow progress in migrant housing and sanitation. The now complete and very comprehensive survey will accelerate progress in these areas considerably. Access to prompt and effective legal counsel and assistance will be a constant requirement during the coming year. The increased morbidity load along with a shortage of personnel worked a great hardship on our nursing section in the past year. Caring for the great number of acutely ill patients limited our ability to provide adequate health consultation, preventive measures, and health education services. The lack of qualified and trained personnel in all segments of the project is probably our most pressing problem. The Director of the Collier County Heath Department must, at present, hold most of the clinic sessions where diagnosis and treatment are offered. This is an almost impossible undertaking. Other problems encountered are language barriers, lack of dependable intra-county transportation, ignorance and indifference of some patients, lack of legal assistance, and the great need for additional space. All of these adverse conditions contributed to the shortcomings of our program.

The strong points in our achievement have been a hard working, dedicated staff, a very cooperative and genuinely interested Board of County Commissioners, a very helpful Medical Society, unselfish contributing individual physicians, and the very accommodating Naples Community Hospital.

Our plans for overcoming weaknesses in the future consist of the following:



for permitting. County Building and Zoning Regulations are in effect.

2. Factors contributing to improvement in housing are: Competition for better type labor, results of investigations by various agencies, trend of migrants toward ownership of housing, genuine interest of The Board of County Commissioners in solving the housing shortage, enforcement of requirements for inside water, bathrooms, kitchens (including refrigerators and cook stoves in new units), and the Self-Help Housing Project. Unsatisfactory progress is caused by our inability to prevent the occupancy of illegal camps, the growth of agricultural acreage (except this year) which increases the need for housing and the county being unable to qualify for Farmers Home Administration housing loans.

C. Table "B" includes all survey information plus reinspections and services to individual houses. This includes interpolation of our Florida State Board of Health coding records. During the period when the Migrant Labor Camp Survey was conducted, each of the "living environment" items were inspected and the findings recorded. The total number of camp locations inspected was 127, or the number of migrant camps in Collier County. Each of the camps were inspected once or more times as evidenced by the "total number of inspections." The "number of defects" represents totals of all inspections.

1. Public water is available in over 80 per cent of all migrant housing. Sewage disposal is mainly by septic tanks with less than 10 per cent on sewage treatment. Garbage and refuse disposal service is available in Immokalee to 80 per cent of the migrants. Most of them do not use it. The farm locations usually utilize open pits. The majority of camps have refrigeration available.

2. Food handling practices vary from good to very poor, depending upon the individual family. Central messes are satisfactory. Recreational facilities are generally not provided. General maintenance and

(1) Employment of additional qualified personnel in all segments of the project.

(2) Procurement of continuous, effective, aggressive legal services for the Environmental Health Section.

(3) Employment of a professionally trained health educator, knowledgeable in migrant health problems.

(4) Employment of a full-time, well rounded, licensed clinician for the project.

(5) Enlargement of the facility in Immokalee with the addition of laboratory, dental, and x-ray services.

(6) Improvement of intra-county transportation for patients.

We feel that with continued improvement in our Migrant Health Project the advantages of this program will be more widely recognized and appreciated. This, in all probability, will convince the people and the County government that as much of the project as possible should be retained and financed on a local basis. It would be impractical to abandon a successful program and its personnel because of the withdrawal of Federal support. We feel that the Migrant Health Program can be blended into the regular County Health Program. We are working toward this goal.

Please do not be misled into believing that the Migrant Health Project in Collier County has been a complete failure during the past year. We are merely admitting that we have shortcomings that must be eliminated by hard work, increased training, increased experience, and by innovations in the delivery of health services to the migrant farm worker. The Migrant Health problems here demand immediate attention and aggressive action. A "don't rock the boat" attitude cannot be tolerated.

## B. MEDICAL AND DENTAL SERVICES

General medical service is offered by scheduled clinics in the three health units in the county; Immokalee, Everglades, and Naples. (See clinic schedule) In these designated clinics, treatment and simple procedures are carried out. For specific procedures, diagnosis or treatment, patients are then referred to appropriate agencies, specializing physicians, and/or the hospital.

Patients referred to Mount Sinai Hospital tumor clinic caused it to become so overloaded that one of the attending physicians offered to hold a clinic one day per month in the Immokalee Health Clinic to obtain better follow-up on patients that had been seen in the tumor clinic. This has been so well received that plans have been made to extend this service to two per month. Not only suspect tumor patients are being seen and referred, but other complicated pathology.

On the first of February of this year well baby clinics were initiated to include two half-days in Naples and two half-days in Immokalee per month.

Due to adverse publicity and the inability to obtain a project physician, the assistance of a project physician from Palm Beach County's Health Department was obtained on loan for two days per week for three weeks in April. This gave us an opportunity to offer a night medical clinic for family services. These have been well attended as well as the Nurses Conference Clinic one night weekly.

Our maternity service has maintained its high rate of attendance. We have continued to have the consultation services of the two O.B.-Gyn. physicians in the county, with them giving one day per month volunteer services to the clinic in Immokalee. For this reporting year, no migrant was delivered by a midwife. Forty-eight (48) tubal ligations were done on post-partum women. The County Welfare assisted in paying physicians fees for 28 of these.

With the planning of the O.B.-Gyn. physicians, we have used the maternity forms the hospital uses and at the eighth month of pregnancy a copy of this record is sent to the Naples Hospital to be filed in the O.B. Department, along with a previous form sent in with all laboratory findings. After delivery the attending physician completes a referral form (provided by the health department) and the mother and infant receive follow-up care according to instructions. This procedure has allowed the physicians to reduce their fees to the very minimum.

This past year has seen the Migrant Dental Program plagued by two overwhelming problems:

(1) Reduced productivity and waste of professional manpower due to the necessity of busing the children back and forth between Immokalee and Naples;

(2) Very poor cooperation in preventive dentistry programs on the part of the patient, due to generalized parental indifference. Suggested solutions to these problems are the establishment of a dental clinic in Immokalee and the education of parents by the dissemination of preventive dentistry information by professional and lay workers.

## PATIENT TRANSPORTATION FOR MEDICAL SERVICE

Transportation is furnished by the Migrant Health Project Ford Falcon bus and operator to physicians outside Collier County. Miami area trips averaged 250 miles per trip. Immokalee to Naples trips averaged 90 miles per trip. The following is an outline of the services rendered by our bus transportation:

| | Children | Adults |
|---|---|---|
| Anti-Convulsive Clinic/Dade County Health Department Neurological Clinic/Jackson Memorial Hospital | 23 | 14 |
| Mount Sinai Hospital, Outpatient clinics | 18 | 407 |
| Crippled Children's Clinic, Varieth Children's Hospital | 83 | 0 |
| Bascolm Palmer Eye Clinic, Jackson Memorial Hospital | 38 | 32 |
| Outpatient Clinic, Variety Children's Hospital | 25 | 0 |
| National Children's Cardiac Hospital | 4 | 0 |

| | Children | Adults |
|---|---|---|
| Vocational Rehabilitation (Medical) - Physicians | 0 | 59 |
| U. S. Veterans' Administration Hospital | 0 | 13 |
| Rehabilitation Center for Crippled Children and Adults | 10 | 0 |
| | 201 | 525 |

Total patients: 726

County bus to Naples area, total of 17 patients; all adults:

| | |
|---|---|
| Dentist | 1 |
| Psychiatrist | 0 |
| Chest x-ray | 8 |
| Private physicians | 7 |
| Naples Hospital | 1 |
| (Not including school dental bus) | 17 patients |

Other transportation to Naples from Immokalee, not including school dental bus:

| | |
|---|---|
| Dentist | 112 |
| Chest x-ray | 69 |
| Naples Hospital | 23 |
| Private physician | 97 |
| Psychiatrist, County Health Department | 7 |
| Medical Clinic, County Health Department | 1 |
| | 309 patients |

Other transportation to Lantana State T.B. Hospital 250 miles per trip:

25 patients

## C. HOSPITAL SERVICES

The hospital service program has been well used and well accepted by hospital personnel. We have worked closely with the designated hospital personnel to set up a good working plan on the verification of migrants. A verification form is made out on any migrant seen in the health department who might be a potential hospital case. This form is placed in a file box at the hospital for the convenience of the public health nurse who makes daily visits to the hospital for a report on admissions, patient verifications, and counseling when indicated. The attending physician is contacted for discharge plans. Referral forms are made available for each patient's record and the physician writes his follow-up care plan on these. This system has been used 100 per cent in the maternity and infant care patients. Referrals are collected daily by the hospital nurse coordinator.

This system has worked well but is very time consuming and has taken the time of a non-project public health nurse in the Naples area which is badly needed for other services. We have an agreement with the Naples Community Hospital and with

one in Lee County. The Lee Memorial Hospital is in Fort Myers. We have tried to obtain an agreement with Mount Sinai Hospital in Miami Beach, but this has not been consumated. Ten patients were hospitalized at Mount Sinai resulting in 114 hospital days. Figures are not available to show how many children were hospitalized at Variety Children's Hospital in Miami, through the Cripped Children's Commission, or in other hospitals. One child was in the Naples Community Hospital for possible Muscular Dystrophy and that organization will support payment for diagnostic tests. The Florida Council for the Blind hospitalized one case of congenital cataract for surgery. Under Title I, ESEA, there were nine hospitalizations; seven hernia repairs and two T & A's. These children were in the Headstart and Kindergarten Programs. This will be an ongoing program.

Workman's Compensation Insurance has been available for a few who worked directly for a farmer and were payed by him. Six cases were hospitalized as a result of a car accident and their bills were payed by a private insurance company.

Private physicians have been the only consultation. A nurse consultant is needed or someone to evaluate the services, plus a full-time project nurse to be a hospital coordinator.

## D. NURSING SERVICES

I. General Description

All nurses work as a team in the public health nursing program offering services to migrants, including clinic services in: family health, family planning, sick referrals, health appriasals, immunizations, V.D., tuberculosis control, maternity, infant and pre-school, home nursing services, school, kindergarten, and day care center visits; and also referrals to other agencies. Emphasis is placed on prenatal home visits for family evaluation and teaching and postpartum home visits to follow-up mother and infant care and health education.

A. Specific objectives for May 1, 1969, through April 30, 1970

1. To increase health education services to the migrant population.

   a. By procuring funds to hire a health educator to give direct service.

   b. By procuring funds to hire three or four community health workers to give direct service and assist nurses.

   c. By procuring funds to hire two medical social workers to give direct service.

2. To increase nursing services to the area and outlying camps.

   a. By procuring funds to hire three or four nurses.

   b. By procuring funds to hire two clerks to relieve the present clerks and nurses.

3. To broaden the nursing staff knowledge of effective operational techniques.

   a. By bi-monthly staff conferences involving exchange of information relative to patient problems and their possible solutions, plus individual presentations of recent innovations in the field of nursing and medicine.

   b. By scheduling field trips to other counties participating in the Migrant Health Project.

4. Objectives of the present reporting period:

   a. Health education services were increased to the maximum, considering the time available.

   b. Nursing clinic services were increased by additional medical clinics. Home visits of a full-time community health worker and school social workers brought more patients to clinics for nursing and medical services.

   c. Nursing staff knowledge was broadened by staff conferences, in-service meetings, and the exchange of information relative to patient problems and their possible solutions. Each project nurse visited another project county health department and benefited mutually.

B. Staff involved

| | |
|---|---|
| Supervisor of Nurses | 50 per cent |
| 3 full-time Project Nurses | 100 per cent |
| 1 part-time Project Nurse | 100 per cent |
| 6 full-time Non-Project Nurses | 15 per cent |
| 1 full-time Project Clinic Aide/Interpreter | 100 per cent |
| 1 full-time Non-Project Community Health Worker | 50 per cent |
| *2 full-time Non-Project Social Workers | 100 per cent |
| *1 full-time Project Nurse | 100 per cent |
| *1 full-time L.P.N. | 100 percent |
| *1 full-time Non-Project Clinic Aide | 100 per cent |

C. *Social workers are employed by the school board and are under their supervision, but work closely with the health department and the project nurses in referring school children to the nurse and referring and transporting them to the clinic for medical care and follow-up. The social workers visit homes and camps constantly and tell families of project services and refer and transport patients to clinics; consequently, the clinics are overloaded and this prevents the staff from getting to homes and camps to visit as desired and needed. The R.N., L.P.N., and Clinic Aide are funded under Title I, ESEA, but are assigned to the health department full-time.

D. Consultation received from outside the project

1. State Nursing Consultant
2. Crippled Children's Nurse Consultant, Miami
3. Crippled Children's and Adult Rehabilitation Center, Miami
4. Tumor Clinic, Mount Sinai Hospital, Miami Beach; Secretary and Physician
5. Anti-Convulsive Clinic, Dade County
6. Florida Council for the Blind, Counselor - Tampa area
7. Children's Variety Hospital (Outpatient Department), Miami
8. Vocational Rehabilitation Counselor, Miami
9. United States Veterans' Hospital, Miami
10. Cardiac Hospital, Miami
11. Tuberculosis Hospital, Lantana and Tampa
12. Naples Community Hospital
13. Child Care Centers - two in Immokalee
14. Lee Memorial Hospital, Fort Myers (Lee County)
15. Collier County School System - Principals, Teachers, Social Workers, and Psychologist
16. Collier County Medical Society
17. Collier County Sheriff's Department, Juvenile Officer
18. Visiting Nurses Council, Collier County
19. Mental Health, Collier County and State
20. State Tuberculosis Association, Fort Myers
21. Muscular Dystrophy

E. Consultation needed from outside

Nursing Home

Mental retardation institutional service

Foster Home Care

II. Services provided to migrants

A. General description of system for providing nursing services to migrants, including policies and procedures: Manual - Florida State Board of Health Public Health Nursing Manual, including local policies and standing orders by the county health director. Hospitalization follow-up by written orders of private physicians. Services to migrants are the same as services to other persons by the county health department, with a few changes:

1. Communicable disease control

2. Venereal disease control

3. Tuberculosis control

4. Maternal and child health services

5. School health

6. Dental health

7. Adult: acute and chronic diseases, curative and preventive services

8. Mental health services

CLINIC SCHEDULE: Health Department, Naples

Monday

8:30 a.m. to 12:00 noon
Medical clinic (Prenatal and Family service) - Health Officer
1:00 p.m. to 4:00 p.m.
Immunization, Family Planning, Health Cards - Nurses
V. D. Clinic - Health Officer
1:00 p.m. to 4:00 p.m.
Well Baby Clinic (each first and third Monday) - Dr. Trygstad

Tuesday

8:00 a.m. 9:00 a.m.
4:00 p.m. to 5:00 p.m.
Medical screening - Nurse
Family planning - Nurse

Wednesday

9:00 a.m. to 12:00 noon
X-ray clinic - Nurse

CLINIC SCHEDULE: Health Department, Everglades

Tuesday

10:00 a.m. to 4:00 p.m.
General Nurse Conference
Immunizations
Family Planning

Thursday

General Medical Clinic - Health Officer
Family Planning

CLINIC SCHEDULE: Health Department, Immokalee

Monday

8:30 a.m. to 12:00 noon
Prenatal - Nurse
7:00 p.m. to 9:00 p.m. (Night Clinic)
Medical screening, sick - Nurse
Family Planning
Immunization
8:30 a.m. to 4:00 p.m.
Medical screening, sick - Nurse
Family Planning

Tuesday

10:00 a.m. to 12:00 noon
First Tuesday of the month, Tumor Clinic - Dr. Fix (volunteer)
1:00 p.m. to 4:00 p.m.
Medical screening, sick - Nurse
Family Planning

Wednesday

9:00 a.m. to 12:00 noon
MCH - Health Officer
Family Planning
1:00 p.m. to 3:30 p.m.
General Medical - Health Officer
Family Planning

Thursday

9:00 a.m. to 12:00 noon
Well-Baby Clinic - Dr. Trygstad (each second and fourth Thursday)
8:30 a.m. to 4:00 p.m.
Immunization, Family Planning
Medical Screening, sick - Nurse

CLINIC SCHEDULE: Health Department, Immokalee, Continued

Friday

8:30 a.m. to 4:00 p.m.
Medical Screening, sick - Nurse
10:00 a.m. to 2:00 p.m.
General Medical - Health Officer

Other types of Clinics - Miami - Various hospitals and other services daily. (See patient transportation for medical services.)

Home visits to homes and camps when urgent and time allows.

School visits - regular basis - once each week to each school, including kindergarten.

Day Care Centers - Routine visits as time permits and when requested. Due to a scarlet fever case in a child care center, follow-up and prophylactic treatment was provided to 40 children.

B. Health education has been narrated under the Health Education Services Section.

C. Local referrals are received and given by letter, the patient delivering a written note, or a personal health record, and the physician's care plan. Patients are seen by a public health nurse or doctor and, if necessary, given written referrals to private physician or standard application forms to other agencies. The referral methods are successful to the degree of cooperation by patient, transportation complications by the distance of 45 miles from Immokalee to Naples and 125 miles from Immokalee to Miami, and the patient leaving the area before service is completed.

D. Out-of-state referrals are received and given with much success. Incomplete referrals are due to patients not knowing where they will live when they leave and not being able to get to service due to lack of transportation (when service is available), or lack of ability or cooperation from the family afraid to lose a day of work. In receiving out-of-state referrals, the public health nurse has a problem locating persons and completing referrals due to the lack of sufficient home addresses or the name of the patient or crew leader.

E. Staff training consisted of monthly in-service meetings. One project nurse went to a one-day seminar on T.B. Control and another seminar for family planning, for three days. Another project nurse attended a five-day workshop at Chapel Hill, North Carolina. Two project nurses attended a cancer seminar. All project nurses attended the annual State Migrant Health Conference and quarterly Gulf Coast Conference. All nurses on the project are the same as last year. Plans for the future are indefinite. If more nurses are hired, orientation and training will be planned.

F. Discussion of statistics, Part III.

The number of migrants receiving medical services in family health clinics will differ in count from the data on medical conditions treated by physicians in clinic, private physicians' and hospital outpatient service because many patients had multi-diagnosis and treatment.

Incomplete immunization will show a high number because we have no accurate method established to determine if some counted "incomplete" were "complete" later.

Under Part II, Remarks, a table has been inserted to show the breakdown on patients transported to Dade County for medical care. The category of diagnosis will be stated in the report under "Transportation for Medical Service," but this count was not included in medical conditions treated by physicians and hospital outpatient service as no definite diagnosis was reported back to the health department

Nursing statistical data is very difficult and time consuming as it seems impossible to devise a form that meets the reporting needs. The project needs a simplified and unified reporting form.

School and day care center visits include all nurses and all schools in the county as all schools have some migrants.

The number of nursing clinics includes all nursing clinics in the county as migrants are served in each unit. The number of individuals served does not include immunizations. A clinic session has been counted as a four-hour-session, therefore a complete working day of clinics would be counted as two sessions and a night clinic as one session.

All migrants receiving maternity service and immunizations are issued a Personal Health Record and on each visit they are asked to present this card. For this reason, the number asked to present health records will be much greater than the number given. The number presenting health cards is undetermined because no accurate record was kept.

Referrals made for medical care shows all completed. Each referral was counted "complete" when the patient had been seen by an agency, physician, or outpatient service to which he was referred.

The number of serologies done was a result of a screening program by the V.D. Control personnel. A complete breakdown is not available but the report will show the number of cases treated.

III. With an approximate population of 22,000 migrants in the county, most of the season there is a need for more nurses. Since one county has 2,500 migrants at its peak and only for a short season, compared to Collier, the ratio of their one nurse would indicate a need for eight or nine nurses on the Collier Project. The nursing job is overwhelming for the present staff. (See general description for more appraisal) Last year the nurse's efforts were praised by the Review Committee. With the impact of outpatient medical service and in-patient hospitalization, there is not adequate project personnel to carry out a

full, planned health project. Too much nursing time is involved in clinic activity and referrals to other agencies, coordinating duties to permit desired time for home visits, school health, and health education. The staff is well organized and works effectively under present conditions. The county supervisor of nurses helps to coordinate nursing and clinics and hospital activities.

Some of the frustrations have been the inability to see accomplishment in patient motivation and preventive health improvements. Clinics have been so overloaded with sick people that it is difficult to evaluate accomplishments.

The project feels that the family planning and maternity services are the strongest services of the program, plus morbidity service. Emphasis is being stressed to increase infant and child health services; including the school-age child as indicated by the addition of the well-baby clinics.

IV. Plans for the future have been previously mentioned in objectives and the budget. Since the employment of a full-time clinician is still an objective, it becomes all the more imperative for the addition of more nurses to assist in clinics, do follow-up, and provide extended services to the worthy migrant population in dire need of help.

CASE HISTORY: (1) On January 13, 1969, the Immokalee Health Department received a referral from the state health center, Scranton, Pennsylvania, on a ten-year-old Texas migrant boy. This child had surgery in September, 1968, at St. Christopher's Children's Hospital in Philadelphia for repair of a perineal hypospadic condition. It was recommended that he be re-evaluated for an undescended right testicle. The public health nurse located this child by calling the elementary schools and on January 17, 1969, he was examined in the health department clinic. He was referred to Mount Sinai Hospital in Miami for service. On February 17, 1969, he required surgery. He was scheduled to have the second stage of surgery on May 1, 1969, but was unable to have it done due to lack of hospital beds at that time and the family planned to leave the area soon. The mother was informed that she could have surgery done in Pennsylvania where he had the first surgery, or return to Mount Sinai next season. The mother decided that she had been so pleased with the care and attention they had received sho would prefer to return to Mount Sinai and will let the health department know as soon as they return to this area. This patient also had an eye examination at Palmer Eye Clinic in Miami and we are awaiting a report on this. If the report is not received before the family departs, a referral will be sent to their new location, if desired.

CASE HISTORY: (2) During a visit to a migrant camp by the sanitarian and public health nurse to get water tested from a pitcher pump and an appraisal of health needs, a 12-year-old girl was found keeping three pre-school siblings. Later that day, in the late evening after the parents returned from the field, the public health nurse contacted the parents regarding child care center services and took them to the director's home to discuss plans for enrollment and showed them the center. In follow-up, the public health nurse learned that the children went to the field with the parents since the parents said they did not have the money to pay for child care. Weeks later, when the parents worked piece work in the fields, they sent the children to the center.

CASE HISTORY: (3) A nine-year-old boy was referred to the Florida Council for the Blind for cataract surgery in March, 1968. The parents left the area before service could be given and were instructed to contact the health department as soon as they returned in the fall. The patient was sought out by a public health nurse through the school. The Florida Council for the Blind was notified and surgery was provided in Jackson Memorial Hospital, Miami. The usual transportation via project bus was cancelled due to the driver's illness the day the patient was to be admitted, as a volunteer driver was sought and found since the family had no other transportation (one of the problems encountered so often).

CASE HISTORY: (4) A referral was received from North Carolina on a nine-year-old boy having seizures, possible heart trouble, and tonsil infection. The public health nurse sought the patient for four months and finally found him by another referral from a speech therapist in a school due to his need for a medical examination for a possible abnormal tongue frenum. The child lived in an outlying camp (Edward Groves Camp) and our public health nurse was unable to find time to make a home visit. A teacher made the home visit after no results from several notes sent home. Later our public health nurse made two home visits to the camp to invite the mother to the new medical night clinic in April. A neighbor mother and crew leader's wife came to the medical night clinic and they were urged to have the referred mother and child attend the next week's medical night clinic, with the threat that if she was not cooperative, the juvenile officer would be notified. The mother and child kept that appointment and the physician found no abnormal physical conditions, but referred him for psychological evaluation. The public health nurse notified the school psychologist and re-referred him to the speech therapist.

V. Proposals

A. Referral addresses needed in West coast and middle states where some of our migrants go to work.

B. More simplified literature for health education and more literature without regulations limiting the amount to order.

## E. SANITATION SERVICES

I. Migrants in the area covered by this report are given complete environmental services which include planning, inspection, consultation, enforcement, and evaluation.

A. Specific objectives include incorporation of information gained from a migrant survey into our policies and procedures so that better services may be rendered to the migrants. We intend to continue to expand and supplement the knowledge of our staff, public officials, the general public, the migrants themselves, and others about the migrant services and problems. We will continue to obtain Florida State Board of Health permits for all properly designated camps which meet the requirements and criterion for permitting; to work on the upgrading of those camps that may be brought up to standards, and to try to eliminate those camps that are public health hazards. We will continue our efforts to obtain a housing code. We will continue our cooperation with "Visiting Firemen," both for their benefit and for ours. We will continue to battle for basic environmental education by requesting

Correction of defects is by individual consultation after inspection. The small migrant project staff limits the number of inspections, contacts, and consultations. Some of the problems encountered are the extremely large area of Collier County, the difficulty of locating individual housing, the lack of a health educator, the lack of legal consultation, the expansion of agricultural activities, the necessity of providing complete environmental sanitation services to a county population of 30,000, plus 30,000 winter tourists.

VI. If we are able to obtain two additional full-time sanitarians and a clerk-typist (full-time) on the Migrant Health Project, we plan to do monthly inspections of all permitted camps. If not, we will cooperate with whatever agency assumes the responsibility for migrant environmental services. We will utilize any legal consultants provided, continue the migrant housing survey, and will transfer Migrant Health Project personnel to the Collier County staff when they are phased out.

NOTE: For information from the Collier County Agricultural Department and information on the Environmental Survey of Migrant Labor Camps, pertaining to the Sanitation Section of this report; see appendix data immediately following Section G of the Collier County Report.

## F. HEALTH EDUCATION SERVICES

This project or county does not have a health educator. Some of our objectives were:

1. To increase the use of visual aids. This has been accomplished by project nurses providing schools with health films, poster displays in the health department, and other available places such as camps, stores, and post offices.

2. To increase the use of health literature. The nurses have had the help of the community health worker, clinic aides, and volunteers to distribute and explain health literature.

Most health education has been by person-to-person contact with the migrants. The farm labor office was given schedules of clinics and informed of health services for migrants. Clinic schedules were distributed to camps, given to migrant school children, and used by social workers in the schools. Local radio stations have been a source of patient information concerning clinic services and hours.

The project nurses visited other project areas to review their services to migrants. County-wide nursing staff in-service education every two months was started but discontinued during the heavy part of the season. This included nutrition by the Migrant Health Project Nutritionist, review of policies, standing orders and other subjects pertinent to needs. Monthly in-service meetings (a five-county group) was attended by part of the staff each month. The subjects covered a broad range of topics.

The staff has felt that this has been a minimum in staff education but the maximum

time that could be allowed.

A full-time health educator is needed to train and assist clinic aides, community health workers and other personnel in health educatorn for direct service. More services are desired in the camps and community. Maximum use of the present personnel is being utilized.

Migrants inform eacn other as to health services available as health department personnel do not have to seek them out. They come seeking service.

## G. OTHER SERVICES

NUTRITION: Hunger and malnutrition among the migrants has been an explosive issue in Collier County for the past few years. Nutrition services were provided by a nutritionist assigned by the Division of Nutrition of the State Board of Health to Collier and Lee counties from January to July, 1966, and then from January, 1967, through August, 1968. She provided service to the health department clinic, counseling prenatal patients about their diets, making home visits to other patients and families upon request of the health officer, and public health nurses, and carrying on a nutrition program in the schools in adult education and for the migrant aides. As a result, some families have very definitely improved their eating practices while others are not as yet receptive. The regional nutrition consultant who serves Collier County and seven other counties supervised the nutritionist since February, 1968. The junior nutritionist departed for graduate school in August, 1968, and since then the consultant has offered direct and consultative nutrition services to Collier County approximately four days a month.

To further the nutrition knowledge of the county health department nurses on how to improve the food habits of this migrant population, the regional nutrition consultant taught a series of classes to the nurses on the nutritional needs and problems of infants, children, teenagers, pregnant mothers and the older, rural poor. These classes, acting as a foundation, further equipped the nurses to increase the quantity and quality of nutrition counseling they can do as they see patients at the health department clinic and students in school. Since these classes, the nurses have demonstrated increased concern in diet counseling to recipients of health department services.

Consultation was also given by the regional nutrition consultant to the principal migrant day care centers in Immokalee. This consisted of guidance and meal planning, instruction on how to use donated food, and further explanation of the nutritional needs of these children. In addition, the parents of these children and the parents of a group of 23 children examined at Variety Children's Hospital, have been participants in food demonstrations on the preparation of culturally realistic and economical foods. These classes are held monthly to help improve the food habits of these families.

Nutrition education classes were also taught to the 250 summer Headstart children of Collier County, their teachers and aides, during the summer program. This valid cross-section sample of preschool children was given medical examinations and of 128 Immokalee children, 71 had a hemoglobin of 11.5 or better; 51 were below this level and were given iron medication. Of these, 28 had a hemoglobin of 11.0;

15 had a hemoglobin of 10.5; and 10 had a hemoglobin of 10.0. Three had a hemoglobin of 9.5 and one had a hemoglobin of 9.0 (10.0 is considered the acceptable minimum).

A report of the food habit survey of 667 students in the middle school and high school of Immokalee was also prepared by the nutritionist. A summary on the findings of a representative 50 migrant and 50 non-migrant children is included (Attachment A). Essentially the distribution of desirable, acceptable, and not acceptable food intakes were parallel. The school lunch program doubtless plays an important role in the food intake of these children. These findings have been reported to the teaching staff, public health nurses, and an active nutrition education program has been initiated in the school and in the community as a result.

Over 1,100 migrant parents and children received this kind of direct nutrition education during the past year.

During the past year the 23 children previously mentioned and cited in "Hunger U.S.A." who come from ten families of the Immokalee community, were followed and provided services by the nutritionist and nurses. We have noted the improvement in the food habits in most of these families, as it is noted in changes in food selection, increased growth in height and weight of the children, and improved hemoglobin levels. See the included summary (Attachment B).

In March, 1969, the Select Senate Investigation Committee into Nutrition and Human Needs, toured Collier County. Testimony as to the present nutrition services being offered was given to the senators and the following recommendations were made:

1. The primary problem appears to be the widespread lack of knowledge among the mothers about how to spend their limited funds to meet the nutritional needs of their families. Nutrition education efforts need to be greatly enlarged. A public health nutritionist position should be established for Collier and Lee counties. A wider audience must be reached with practical nutrition, with information based upon current research findings. This means that the nutrition education effort must be directed by a qualified nutritionist working with a trained public health staff. Aides working with the nutritionist could be trained.

2. The State Board of Health, with the county health departments, should undertake a carefully planned nutrition and health status study on the population or representative sample to document existing problems and suggest direction for future health programming. Sounder documentation is needed on the nutrition and health problems in the county, with a comparison between migrants and non-migrants and between various cultural groupings.

3. County agencies, the Migrant Committee, O.E.O., legal services, and other interested groups should try to assist the county commissioners to implement the distribution of a food program. A commodity food program, or a food stamp program is greatlu needed in this county

and the residents would benefit from it in a significant measure. Limited community resources of the Migrant Committee and other community groups would then be freed to assist with adequate day care education and other local needs.

The regional nutritionist has assisted the county health officer in trying to establish a supplemental food program for pregnant mothers of low-income and their children through five years of age. Explorations were made to find out if the community Migrant Committee would assist in the administration of such a program. With an affirmative answer, the county health officer approached the County Commissiners and gained their approval for such a program to be established; provided it would be directed by the health officer and operated through the Migrant Committee. It is hoped that this program will soon be activated over the State of Florida.

4. Interested agencies should work cooperatively to expand and develop a suitable day care program for all preschool children.

This should be planned to meet the needs of all children of mothers who work. Such a program would include an adequate feeding program; including serving two or more nutritious meals and snacks. An eudcation program for parents, including nutrition education, should be a part of the day care program.

ATTACHMENT A

COMPARATIVE RATING OF FOOD INTAKES OF 50 MIGRANT SCHOOL CHILDREN WITH 50 RESIDENT SCHOOL CHILDREN IN THE MIDDLE SCHOOL AND HIGH SCHOOL OF IMMOKALEE, FLORIDA, 1968:

| | MIGRANT SCHOOL 30 S 10 W 10 C | | RESIDENT SCHOOL 36 W 7 S 7 C | |
|---|---|---|---|---|
| DESIRABLE FOOD INTAKE (1) | SSSSSSSSSSSSSSSSS (18)<br>WWW (3)<br>CC (2) | TOTAL: 23 | WWWWWWWWWWWWWWWWWW (18)<br>CCCCCC (6)<br>S (1) | TOTAL: 25 |
| ACCEPTABLE FOOD INTAKE (2) | SSSS (4)<br>WWWW (4)<br>CCCC (4) | TOTAL: 12 | WWWWWWWWWWW (11)<br>SSS (3) | TOTAL: 14 |
| NOT ACCEPTABLE FOOD INTAKE (3) | SSSSSSSS (8)<br>CCCC (4)<br>WWW (3) | TOTAL: 15 | WWWWWWW (7)<br>SSS (3)<br>C (1) | TOTAL: 11 |

(1) Meets Recommended Teenage Food Intake as Established by U.S.D.A. Daily Food Guide Leaflet #424, 1964
(2) Substantially Complies with above Criteria
(3) Food Intake Below ½ of above Criteria

CODE

S - Spanish
W - White
C - Colored

ATTACHMENT B

NUTRITION RELATED IMPROVEMENTS AMONG THE 23 CHILDREN SINCE FIRST EXAMINATION

| NAME | AGE | WEIGHT | | HEIGHT | | IRON IN BLOOD (hemoglobin)* | |
|---|---|---|---|---|---|---|---|
| | | 2/68 | 2/69 | 2/68 | 2/69 | 2/68 | 2/69 |
| WALTER B. | 4 yr. | 45½ | 53½ | 42 | 46 | 11.3 | 10.5 |
| BARBARA B. | 3 yr. | 35 | 39 | 37 | 43 | 9.9 | 11.5 |
| RICHARD B. | 2 yr. | 22 | 26½ | N.A. | 33 | 7.6 | 10.5 |
| MICHAEL B. | 3 mo. | 14 | 24½ | 24 | 32 | 11.9 | 10.5 |
| DWAYNE F. | 3 yr. | 38 | 45 | 39½ | 43½ | 12.3 | 11.0 |
| STEVEN F. | 2 yr. | 34 | 42 | 34 | 39½ | 12.3 | 11.0 |
| LISA F. | 11 mo. | 20 | 28 | N.A. | 34-3/4 | 10.6 | 11.0 |
| CHRISTAL G. | 4 yr. | 34 | 39½ | 38 | 44½ | 9.0 | 10.5 |
| DEBRA M. | 2 yr. | 24 | 31 | 33 | 38 | 10.6 | 10.5 |
| HERMAN M. | 6 mo. | 21-3/4 | 31½ | N.A. | 35 | 7.3 | 10.5 |
| ANN P. | 14 mo. | 20½ | 26½ | N.A. | 35¼ | 8.7 | N.A. |
| VINCENT L. | 4 yr. | 27 | 39 | 36 | 40-3/4 | 11.9 | N.A. |
| WATSON L. | 3 yr. | 24 | 33 | 33 | 38 | N.A. | N.A. |
| THURSTON L. | 1 yr. | 20½ | 27 | N.A. | 34 | 9.0 | N.A. |
| SHARON H. | 3 yr. | 32 | | 35 (Family moved child North soon aft. first visit.) | | | |
| VERNON J. | 2 yr. | 25 | 30 | 30 | 36 | 7.3 | 12.0 |
| LINDA J. | 5 mo. | 16½ | 24½ | N.A. | 30½ | 9.6 | 12.0 |
| CARRIE J. | 6 yr. | 42 | 50¼ | 44½ | 50¼ | 11.3 | N.A. |
| ELIZABETH J. | 14 mo. | 18 | 24½ | 28 | 33 | 10.9 | 11.5 |
| GARY J. | | Children living with relatives in Quincy, Florida. | | | | | |
| DAVID J. | | Referrals of follow-up sent to their health dept. | | | | | |
| RICKY C. | 3 yr. | 34 | 37½ | 35 | 39½ | 9.9 | 9.5 |
| LINDA C. | 7 mo. | 14½ | 25½ | N.A. | 31¼ | 9.3 | 6.5(1) |

(*) 10.0 grams of iron per 100 cc is considered the acceptable minimum for a hemoglobin.
N.A. - Not Available: The information was not obtained at time of examination or the test was not made.
(1) Being diagnosed for Sickle Cell Anemia, in which case such a low hemoglobin is not abnormal.

IMPROVEMENTS IN FAMILY FOOD HABITS

The nutritionist has frequently counseled the mothers of these children on purchasing & and the preparation of low cost, nutritious meals, high in iron. To know what changes in food intake occur, the nutritionist, as part of the clinic & home counseling recorded the foods the mother served her family during the last 24-hour period. When we compare the first food intakes of the first 6 families (14 children) taken soon after their medical exams, and the food intakes taken in early 1969, we see definite improvements. The fruit & vegetable intake increased from 10 to 15 servings, meat products from 14 to 17 servings, milk from 6 to 7 servings, & bread & cereal remained the same at 22. Other nutrition related improvements in this group are: Two of the families have increased their food purchases, one mother received instruction & followed very well a special diet for her baby, & several are using skim milk powder.

Food intake on 2/27/69 was acceptable. Suggested foods to give baby-sitter for children while the mother works. Child has a desirable food intake at home & participates in the school lunch. Child eats good meals at Immokalee Day Care Center while parents work & also eats well at home.

Food intakes on 1/19 & 2/27/69 indicate mother is feeding children an accepted diet.

Nutrition services will be extended and expanded by:

(1) Providing group and individual nutrition instruction to selected maternal, well-child, and general medical clinics.

(2) Providing intensive in-service nutrition education for the county nursing staff and project nursing staff to strengthen their knowledge of nutrition and expand their diet counseling efforts.

(3) With the health officer and community agencies, work towards the implementation of a commodity food distribution program and a supplemental food program for pregnant mothers and needy children through age five.

(4) Provide nutrition education classes to groups of migrant women who are leaders and parents of children who participate in the day care centers in Immokalee.

(5) Survey food habits and provide intensive nutrition education for the students of the middle school and high school in Immokalee.

(6) Provide nutrition consultation to the migrant day care centers as well as teachers in the county Headstart Program; teacher aides and parents.

(7) Teach nutrition education to participants in the Title III Adult Migrant Education Program.

(8) Continue an intensive nutrition education program to mothers of a selected group of 23 children who were examined at Variety Children's Hospital for the Citizen's Board of Inquiry into Hunger and Malnutrition and reported in 'Hunger U.S.A.' Document changes in food habits, growth in height and weight, and the medical course of these children to illustrate what adequate nutrition counseling and health care can do for migrant families.

(9) Train community health workers and family food aides in family nutrition and food selection and preparation.

(10) Provide appropriate nutrition education materials to health department staffs and community agencies having a nutrition component in their programs.

COMMUNITY MENTAL HEALTH SERVICES PROVIDED TO AGRICULTURAL MIGRANTS: Mental health services in Collier County are provided under a cooperative program involving the local Collier County Health Department, The Florida State Division of Mental Health in Tallahassee, and local participating physicians in Naples, Florida. Under this arrangement, the Florida State Division of Mental Health finances the services of a consulting psychiatrist and a full-time mental health representative (social work background), plus a drug program which provides free distirbution of medication to indigent psychiatric patients. Office space and operating expenses for the mental health program and personnel is financed by the Collier County Health Department. Major medical management and ongoing supervision of psychiatric patients while in the county or awaiting hospitalization in State Hospital is provided by local physicians.

The mental health personnel provide consultation services to the school psychologist on a regular basis since the local public school system has several programs specifically designed for migrant children and their families.

VOLUNTARY SERVICE: Dr. Fix: 8 hours . . . once a month
Dr. McCree 8 hours . . . once a month
Other clinic volunteer help . 60 hours per month

Groups assisting with migrant health:

(1) United Church Women

(a) Money for infant, children, and adult vitamins
Approximately $100 per year

(b) Approximately $150 to $200 per year for clothing to aid children for school attendance

(c) Approximately $1,800 contributed towards the upkeep of day care centers for migrant children

(2) Episcopal Church Women - five complete new layettes monthly

(3) Methodist Church Women - bed pads and dressings

(4) Lutheran Church Women - limited amount of layettes and preschool clothing

(5) An interested women's group (The Friday Girls) - 12 dozen layettes
All new material furnished by them

(6) Sample medicines given by physicians of Collier County
Amount or value undetermined

(7) County Welfare - Tuberculosis: Transportation, Clothes, Hospital, Physician fees for indicated tubal ligations, postpartum women

(8) Presbyterian Church Senior Class - with assistance of a private physician from the Naples area, did 105 physical examinations on migrant preschool and school children with all defects referred to the health department.

(9) Salvation Army - has furnished transportation for migrants back to their family when health conditions were so they could not work. They have also assisted in buying food for needy migrants when necessary.

(10) Florida Migrant Ministry - provides the facilities for a child care center and the Mennonite Church provides the staff. Donated clothing is given out or sold at 10¢/piece and the proceeds used to feed and pay rent for emergency needs of migrants and upkeep of nursery, at Christmas time, an article of new clothing and toy was given to each

child in the community of Immokalee as contributed from the Migrant Ministry.

(11) Other individuals from the community - donated food, clothing, and toys, as well as assistance of food and needs not provided by the project.

(12) United Fund - $3,000 to Migrant Day Care Center.

OFFICES:
COLLIER COUNTY GOVERNMENT CENTER, NAPLES
IMMOKALEE STATE FARMERS MARKET

PHONES:
NAPLES MIDWAY 2-6953
MIDWAY 2-6954
MIDWAY 2-6955
IMMOKALEE OLDFIELD 4-4781

APPENDIX DATA - SANITATION SECT.

# Collier County Agricultural Department

COOPERATIVE EXTENSION WORK IN AGRICULTURE AND HOME ECONOMICS
STATE OF FLORIDA

NAPLES, FLORIDA
33940

Don Lander, County Agent
Ruth Kinney, Secretary

Dallas Townsend, Asst. Agent
Joe Whitesell, Asst. Agent
Barbara Westberry, Lab. Tech.

## INFORMATION FOR COLLIER COUNTY ANNUAL MIGRANT REPORT

Agriculture, the leading industry in Collier County, is very dependent upon migrant labor to help produce and harvest its crops. Fall planting is started around the first of August with harvesting beginning the middle of October. From then until the last of May, a large labor force is needed. There is usually a slack period from the middle of January until the latter part of February. Some harvesting is carried on during this slack period, unless adverse weather conditions cause serious losses.

Collier County must compete with the citrus industry and other vegetable production areas in the labor market for migrant workers. This competition includes wages, child care, schools, health; and most important, living conditions. Agriculture feels that the Collier County Health Department, along with its related agencies, has improved conditions so as to make this a desirable place for migrant workers. Following is a brief table on the growth of agriculture in this county:

| | |
|---|---|
| 1946-47 | 866 Acres |
| 1950-51 | 2,232 Acres |
| 1960-61 | 15,000 Acres |
| 1966-67 | 35,000 Acres |

Following is 1967-68 Season:

| | |
|---|---|
| Tomatoes | 9,000 Acres |
| Peppers | 5,000 Acres |
| Cucumbers | 4,000 Acres |
| Melons | 5,000 Acres |
| Potatoes | 1,200 Acres |
| Squash | 1,500 Acres |
| Glads | 1,500 Acres |
| Corn | 600 Acres |
| Citrus | 6,000 Acres |
| Mescellaneous | 500 Acres |
| Total | 34,300 Acres |

Mechanical harvesting, though a reality, is still somewhere in the future. Very little produce is planted for processing. Our trade is a fresh market where quality is a premium and this does not adapt itself to mechanical harvesting.

The long-range report for agriculture in this county is tremendous. The recently completed DARE REPORT (Developing Agriculture Resources Effectively), indiacted by 1975 this acreage will be doubled. This certainly will increase the need for migrant workers.

Don W. Lander, County Agent
Collier County, Florida

## APPENDIX DATA - SANITATION SECTION

### ENVIRONMENTAL SURVEY OF MIGRANT LABOR CAMPS

By: Edward L. King, Migrant Sanitarian
Robert R. Wheeler, R. S., Director
Environmental Health Section

We can establish, by records, that 284 migrant labor camps have been listed, by name, in Collier County. Fifteen camps are listed prior to 1961. We started our present program in 1964 and up to May 1, 1969, we have closed 48 camps, ten were not completed, two became trailer parks, seven became private homes, four combined with other camps, one became a motel, fifteen were planned but not constructed, and 17 have less than 15 occupants. Four are now sub-standard housing areas. This is a total of 123 labor camps no longer operated as such. Sixty-eight changes of name have been recorded. During 1967-1968 season we listed 127 camps with 99 permitted by the Florida State Board of Health, plus four sub-standard housing areas. The migrant labor camp program has been the subject of much discussion, several investigations, considerable talk, a lot of work, and many recommendations over the years. This year we decided that we must survey the migrant labor camps in Collier County.

We started by an analysis of Chapter 170C-32 of the Florida State Sanitary Code. From this we developed a Survey Information Sheet and a Survey Inspection Form. We worked out a survey procedure based on the use of these two forms. (Exhibits B & C) The survey was conducted by a Sanitarian II and Sanitarian I trainee, working together. Actual measurements of buildings and a complete inspection was made at each of the locations. A sketch, not to scale, was made of each site showing important features. The work was given the following priorities:

First - Camps where the Farm Labor Department requested clearance for interstate labor (See Exhibit D).

Second - Camps from which an application for a Florida State Board of Health permit had been received - the the order received.

Third - All other camps.

We had delays due to personnel problems and demand duties, such as rabies investigations, nuisance complaints and school inspections. One sanitarian resigned. His reasons were concern for his personal estate due to the threat of legal action by camp operators. Another sanitarian was hired. After his training and orientation were completed, we proceeded. During the survey we discovered one new camp, built without permit in 1968-69. An injunction has been obtained and legal proceedings are in process.

We have certified four camps to the labor department. We have permitted 16 camps by the Florida State Board of Health. We have applications for 31 additional camps. We have 77 camps with no applications received.

We have set an arbitrary rating based on good sanitation precepts and "major" and

"minor" has been assigned to violations. It is felt that a criterion has been evolved from this rating method whereby a migrant labor camp may be considered for possible early permitting or more individual attention and time should be allocated to upgrading the camp.

It is planned to contact each of the camp operators by means of an inspection setting forth in detail the violations. A meeting in person will be arranged with each of them to discuss thenecessary steps to be taken to make their camp eligible for permitting. A vigorous follow-up is planned to accomplish the desired results.

With five inspections per day (that number reflects a good days work) it would take five weeks to complete the inspections. This time is for inspections alone and allows little time for remedial action. This remedial action would concern itself with discussions with camp managers and in camps where major violations existed, the owner or grower would be involved in conference.

In light of the above, it would seem to be feasible, inasmuch as the United States Public Health funds may be in prospects of being withdrawn from the sanitation aspects of the Migrant Project, that each camp within a district become the responsibility of the supervising sanitarian for that district with one sanitarian being designated as coordinator for the county. This would have the effect of allowing the sanitarians in the Immokalee district to give more time to the corrections of general sanitation conditions.

We have included the tables of tabulations of the violations found. It will be noted that 20 violations were found in one camp with seven camps having two violations. Thirty-four of the camps house single occupants, 93 of the camps are family-type, but they may change single to family during the season. There is a complete population turnover several times a season in some camps. We also located 604 single-family residences occupied by migrants, plus 141 sub-standard buildings in four areas.

We have begun to use the survey results by applying the priority ratings to inspections. A, B, C, D, will be first; with I, J, AND H following - in that order. Monthly re-inspections are planned.

Every camp operator who does not submit an application for a permit prior to opening will be subject to legal action. We will set up a time table for improvements if and when we receive cooperation from the responsible persons, but we are not going to do their work for them. They have to assume their share of the responsibility by advising us in advance when they plan to open. Inspections can be scheduled if we are given this notice.

We have observed that the act of making the survey has resulted in some improvement. Strict, intelligent enforcement should give the migrants much better environmental surroundings.

EXHIBIT A - SECTION I.

Identification Key to Camp Numbers

| Camp Number | Camp Name | Camp Number | Camp Name |
|---|---|---|---|
| 11 | Ben Barnhart | 90 | Hastings |
| 12 | E. Barnhart | 234 | Hernandez |
| 13 | Phil Barnhart | 233 | Herrera |
| 14 | Bass Apartments | 235 | Spanish Hi-Fi |
| 15 | Bass Cottages | 93 | HLH I |
| 23 | Bethune | 236 | HLH II |
| 24 | Blocker Cabins | 237 | HLH III (Burned) |
| 25 | Blocker, C. | 91 | Houston I |
| 26 | Blocker, J. D. | 92 | Houston II |
| 27 | Brown, M. E. | 94 | Howell's Trailer |
| 28 | Brown's Rooms | 95 | Howe |
| 30 | Carmo, Tony | 96 | Hull |
| 31 | Carter, J. R. | 99 | Immokalee Drive Inn |
| 32 | Carter, H. L. Trailer | 100 | Immokalee Rooms |
| 33 | Conde | 104 | Johnson Trailer |
| 34 | Cox, Willie | 105 | Johnnie Johnson |
| 35 | Crawford I | 232 | Johnson, Dick Mrs. |
| 36 | Crawford II | 107 | Jones, C. T. |
| 37 | Crawford III | 108 | June-Shell |
| 38 | Crawford IV | 109 | Kemp's Trailer |
| 39 | Crawford & Sons | 110 | Lake Trafford Cabins |
| 47 | Helen Davis I | 111 | Kale Trafford Rooms |
| 48 | Helen Davis II | 113 | Lee & Chambers |
| 49 | Helen Davis III | 114 | Joe Lee Rooms |
| 50 | Helen Davis IV | 239 | Last Frontier |
| 53 | Davis, Henry | 118 | McKinney |
| 55 | Davis, Jim | 119 | Melson |
| 246 | Dimas Apartments | 121 | Manatee Fruit |
| 58 | Dimas Rooms | 240 | Moody-Rosbough |
| 59 | Duda I | 127 | Naples Tomatoe Growers |
| 60 | Duda II | 125 | Novella's Rooms |
| 230 | Duda III | 131 | Odell's Apartments |
| 231 | Duda IV | 129 | Oliver |
| 283 | Duda VI | 130 | Olroyd |
| 64 | Edwards | 134 | Padgett Trailer |
| 66 | El Morroco | 135 | Palmetto Camp |
| 67 | Elsberry | 137 | Palmetto Trailer |
| 68 | Eureka Rooms | 282 | Ferryman |
| 70 | Flint I | 138 | Pine Grove |
| 71 | Flint II | 280 | Pine Ridge |
| 73 | Freemsn's Rooms | 139 | Plantation |
| 74 | Fuller I | 140 | RCM |
| 75 | Fuller II | 141 | Ray and Bernice |
| 277 | Garza Trailer | 142 | Red Star Bar & Rooms |
| 76 | Getty's Trailer | 143 | Roberts, Vern |

EXHIBIT A - SECTION I.
(Continued)

| Camp Number | Camp Name |
|---|---|
| 78 | Gomez, H. |
| 80 | Gonzalez, M. |
| 81 | Gonzalez, G. |
| 82 | Graham |
| 85 | Green Acres |
| 247 | Guerry's Apartments |
| 228 | Happy |

Sub-Standard Housing

| | |
|---|---|
| 43 | Cummer's |
| 202 | Lee Cypress |
| 200 | Jerome |
| 269 | Tin Top |

| Camp Number | Camp Name |
|---|---|
| 144 | Rollon |
| 145 | Rubin Apartments |
| 241 | Landsburg |
| 279 | Sanchez |
| 242 | Sandy Ridge |
| 243 | Sentell |
| 278 | Simpkin's |
| 155 | Six L's I |
| 274 | Six L's II |
| 281 | Six L's III |
| 158 | Smith Trailer |
| 159 | Smith, Mizelle |
| 160 | Smithville |
| 161 | Stephens' Rooms |
| 162 | Sunset Inn & Rooms |
| 163 | Tomatoe Patch |
| 164 | Turner-Boom Rooms |
| 165 | Turner Rooms |
| 244 | Uncle George's |
| 166 | Utopia Apartments |
| 167 | Walker Rentals |
| 168 | Wall's |
| 171 | Washington, Carl |
| 172 | Well's Rooms |
| 157 | Shockley (*) |
| 174 | Wiggins |
| 175 | Williams, B. B. |
| 176 | Williams, Harvey |
| 245 | Williams, Idella |
| 177 | Williams, John |
| 183 | Zanzibar |
| 182 | Yoder |

(*) Surveyed also as Camp No. 278 - Simpkin's

## EXHIBIT A - SECTION II.

### Key to Tabulations

Column 1: Camp Number

Column 2: Date Surveyed

Column 3: Population - Maximum permitted population or actual permitted population.
Status (15) - Less than 15 persons
N/A - Not Active
Pvt. - Private Houses

Column 4: Actual number of violations or defects

Column 5: "Exposure Index" - Population multiplied by violations gives us "Health Risk" or "Sanitation Hazard"

Column 6: Date received Application for Florida State Board of health permit

Column 7: Florida State Board of Health Permit Number

Column 8: Florida State Hotel & Restaurant License Numbers

Column 9: Inspection Priority:

A. Exposure Index over 1,000. Farm location with Florida State Board of Health permit.

B. Exposure Index over 500. Farm location and application for Florida State Board of Health permit.

C. Eight (8) or more violations. Farm location and no application for Florida State Board of Health permit.

D. Farm location - (Not in A, B, or C)

J. Should have H. & R. Commission license

H. Hotel & Restaurant Commission license

I. Less than 15 persons, N/A, etc. (Surveillance only)

X. Private housing, etc. (no inspection)

Sub - Sub-Standard Housing

EXHIBIT A - Section III.

Recap of Survey Findings

| CAMP NO. | SURVEY DATE | POPULATION OR STATUS | NO. OF VIOLATIONS | EXPOSURE INDEX | F.S.B.H. APPLIC. DATE | F.S.B.H. PERMIT | H. & R. LICENSE | INSPECTION PRIORITY |
|---|---|---|---|---|---|---|---|---|
| 11 | 9/12/68 | 18 | 3 | 54 | 8/20/68 | 11-12 | F-91 | H |
| 12 | 7/23/68 | (15) | | | 8/28/68 | | | I |
| 13 | 12/30/68 | 23 | 5 | 115 | 8/20/68 | 11-11 | F-235 | H |
| 14 | 4/18/69 | 28 | 8 | 224 | | | F-135 | H |
| 15 | 4/11/69 | 60 | 2 | 120 | | | F-137 | H |
| 23 | 7/31/68 | 63 | 12 | 756 | 9/10/68 | | F-331<br>F-332 | H |
| 24 | 1/20/69 | 36 | 5 | 180 | | | F-158 | H |
| 26 | 1/13/69 | 100 | 12 | 1,200 | | | Farm | A |
| 27 | 2/10/69 | 100 | 17 | 1,700 | | | Farm | A |
| 28 | 9/12/68 | 24 | 6 | 144 | 8/09/68 | 11-9 | F-13 | H |
| 30 | 9/16/68 | 20 | 6 | 120 | | | F-240 | H |
| 31 | 2/04/69 | (15) | | | | | | I |
| 32 | 12/05/68 | 40 | 5 | 200 | | | | J |
| 33 | 4/14/69 | 48 | 7 | 336 | 9/05/68 | | | J |
| 34 | 9/24/68 | 48 | 9 | 432 | 8/25/68 | | F-223 | H |
| 35 | 2/11/69 | X | | | | | | X |
| 36 | 2/11/69 | X | | | | | | X |
| 37 | 4/22/69 | 25 | 9 | 225 | | | | J |
| 38 | 8/26/68 | X | | | | | | X |
| 39 | 7/23/68 | X | | | | | | X |
| 47 | 4/14/69 | 45 | 5 | 225 | | | F-194 | H |
| 48 | 4/14/69 | 45 | 6 | 270 | | | F-76 | H |
| 49 | 4/14/69 | 27 | 4 | 108 | | | F-35 | H |
| 50 | 4/21/69 | N/A | | | | | | I |
| 53 | 12/10/68 | 35 | 5 | 175 | 8/27/68 | | | J |
| 55 | 8/12/68 | 21 | 4 | 84 | | | F-209 | H |
| 246 | 4/22/69 | 120 | 4 | 480 | | | | J |
| 58 | 4/22/69 | 18 | 5 | 90 | 8/30/68 | | F-302 | H |
| 59 | 8/26/68 | 128 | 4 | 512 | 8/16/68 | 11-5 | Farm | B |
| 60 | 8/26/68 | 30 | 3 | 90 | 8/16/68 | 11-6 | Farm | D |
| 230 | 11/28/68 | 20 | 8 | 160 | | | Farm | C |
| 231 | 11/22/68 | 20 | 9 | 180 | | | Farm | C |
| 283* | 4/17/69 | 56 | 7 | 392 | | | Farm | C |
| 64 | 2/03/69 | 65 | 12 | 780 | | | Farm | B |
| 66 | 9/09/68 | 20 | 3 | 60 | 8/28/68 | | F-59 | H |
| 67 | 1/28/69 | 30 | 10 | 300 | 11/05/68 | | Farm | C |
| 68 | 9/12/68 | (15) | | | 8/09/68 | | | I |
| 70 | 4/18/69 | 68 | 9 | 612 | | | F-47 | H |
| 71 | 4/18/69 | 78 | 9 | 702 | | | F-300<br>F-231 | H |
| 73 | 2/17/69 | 51 | 2 | 102 | | | F-309 | H |

* New Camp

## Recap of Summary Findings - Continued

| CAMP NO. | SURVEY DATE | POPULATION OR STATUS | NO. OF VIOLATIONS | EXPOSURE INDEX | F.S.B.H. APPLIC. DATE | F.S.B.H. PERMIT | H. & R. LICENSE | INSPECTION PRIORITY |
|---|---|---|---|---|---|---|---|---|
| 74 | 8/12/68 | (15) | | | | | | I |
| 75 | 8/12/68 | N/A | 5 | | 9/09/68 | | | I |
| 277 | 8/07/68 | 20 | 10 | 200 | | | | J |
| 76 | 1/28/69 | 40 | 2 | 80 | 8/26/68 | | F-273 | H |
| 78 | 2/03/69 | 74 | 3 | 222 | 8/27/68 | | | J |
| 80 | 4/01/69 | 75 | 4 | 300 | | | F-74 | H |
| 81 | 12/05/68 | (15) | | | | | | I |
| 82 | 9/09/68 | 20 | 4 | 80 | 9/12/68 | | F.320 | H |
| 85 | 2/26/69 | 80 | 4 | 320 | | | | J |
| 247 | 4/22/69 | 30 | 6 | 180 | | | | J |
| 228 | 10/18/68 | 260 | 5 | 1,300 | 8/19/68 | 11-2 | Farm | A |
| 90 | 9/09/68 | X | | | | | | X |
| 234 | 1/14/69 | 21 | 8 | 168 | 8/27/68 | | | J |
| 233 | 8/05/68 | 80 | 20 | 1,600 | | | | J |
| 235 | 2/17/69 | 26 | 11 | 286 | | | F-4 | H |
| 93 | 2/17/69 | 40 | 9 | 360 | | | | J |
| 236 | 10/14/68 | 100 | 3 | 300 | 10/11/68 | | | J |
| 237 | 1/13/69 | N/A | | | | | | I |
| 91 | 2/25/69 | 80 | 8 | 640 | | | F-230 | H |
| 92 | 8/09/68 | X* | | | | | | X |
| 94 | 4/11/69 | 60 | 2 | 120 | | | F-224 | H |
| 95 | 4/16/69 | 38 | 6 | 228 | 10/11/68 | | F-166 | H |
| 96 | 1/06/69 | 30 | 9 | 270 | | | | C |
| 99 | 1/28/69 | 21 | 4 | 84 | 9/25/68 | | F-100 | H |
| 100 | 2/07/69 | 46 | 6 | 276 | | | F-213 | H |
| 104 | 4/23/69 | (15) | | | | | | I |
| 105 | 2/26/69 | (15) | | | | | | I |
| 232 | 8/22/68 | 55 | 12 | 660 | | | F-190 | H |
| 107 | 4/21/69 | 44 | 12 | 528 | | | F-222 | H |
| 108 | 9/20/68 | 32 | 7 | 224 | 8/23/68 | 11-13 | F-266 | H |
| 109 | 1/28/69 | 27 | 2 | 54 | 8/27/68 | | F-369 | H |
| 110 | 9/18/68 | 36 | 4 | 144 | 8/26/68 | 11-7 | F-156 | H |
| 111 | 9/20/68 | 16 | 7 | 112 | 8/10/68 | 11-10 | F-195 | H |
| 113 | 1/27/69 | 26 | 6 | 156 | 9/06/68 | | F-34 | H |
| 114 | 1/27/69 | 20 | 4 | 80 | 9/06/68 | | F-251 | H |
| 239 | 1/21/69 | Motel | | | | | | J |
| 118 | 8/09/68 | 44 | 7 | 308 | | | F-253 | H |
| 119 | 11/01/68 | 24 | 7 | 168 | 8/26/68 | | F-268 | H |
| 121 | 4/15/69 | N/A | | | | | Farm | I |
| 240 | 4/22/69 | 256 | 6 | 1,536 | 9/10/68 | | F-333 | H |
| 127 | 8/19/68 | 40 | 6 | 240 | 8/19/68 | 11-3 | Farm | D |
| 125 | 8/14/68 | 28 | 5 | 140 | 8/26/68 | | F-199 | H |
| 131 | 2/15/69 | N/A | | | | | | I |
| 129 | 8/14/68 | 52 | 5 | 260 | 8/26/68 | 11-14 | F-107 | H |
| 130 | 4/23/69 | N/A | | | | | | I |
| 134 | 2/17/69 | 150 | 4 | 600 | | | | J |
| 136 | 7/31/68 | 80 | 14 | 1,120 | | | F-334 | H |

X* - Sold as a private house

Recap of Summary Findings - Continued

| CAMP NO. | SURVEY DATE | POPULATION OR STATUS | NO. OF VIOLATIONS | EXPOSURE INDEX | F.S.B.H. APPLIC. DATE | F.S.B.H. PERMIT | H. & R. LICENSE | INSPECTION PRIORITY |
|---|---|---|---|---|---|---|---|---|
| 137 | 7/31/68 | 30 | 10 | 300 | | | | J |
| 282 | 10/29/68 | 44 | 9 | 396 | 10/31/68 | | F-84 | H |
| 138 | 8/12/68 | 52 | 9 | 468 | 9/09/68 | | F-99 | H |
| 280 | 1/03/69 | 56 | 3 | 168 | 8/30/68 | 11-16 | Farm | A |
| 139 | 4/21/69 | 84 | 4 | 336 | | | F- 56 | |
| | | | | | | | F-118 | H |
| | | | | | | | F-192 | |
| 140 | 2/19/69 | 240 | 7 | 1,680 | | | F-324 | |
| | | | | | | | F-325 | H |
| 141 | 2/04/69 | 54 | 6 | 324 | | | F-228 | H |
| 142 | 4/21/69 | 42 | 15 | 630 | | | F-25 | H |
| 143 | 8/20/68 | 140 | 14 | 1,960 | | | F-227 | |
| | | | | | | | F-368 | H |
| 144 | 4/24/69 | 20 | 10 | 200 | | | | C |
| 145 | 12/10/68 | (15) | | | | | | I |
| 241 | 1/13/69 | 30 | 7 | 210 | | | Farm | D |
| 279 | 4/18/69 | 27 | 9 | 243 | | | | J |
| 242 | 10/31/68 | 200 | 2 | 400 | 4/18/68 | 11-1 | Farm | A |
| 243 | 11/22/68 | (15) | | | | | Farm | I |
| 278 | 8/12/68 | 32 | 7 | 224 | 10/29/68 | 11-15 | F-193 | H |
| 155 | 2/12/69 | 255 | 14 | 3,570 | | | Farm | A |
| 274 | 1/13/69 | N/A | | | | | Farm | I |
| 281 | 11/22/68 | 108 | 15 | 1,620 | | | Farm | A |
| 158 | 9/16/68 | 63 | 4 | 252 | | | F-318 | H |
| 159 | 8/07/68 | X | | | | | | X |
| 160 | 12/06/68 | 54 | 15 | 810 | 9/06/68 | | | B |
| 161 | 4/22/69 | N/A | | | 8/21/68 | | F-96 | H |
| 162 | 1/11/69 | 21 | 11 | 231 | 8/20/68 | | F-232 | |
| | | | | | | | F-281 | H |
| 163 | 2/11/69 | 22 | 3 | 66 | | | F-316 | H |
| 284 | 8/21/68 | 77 | 13 | 1,001 | 8/20/68 | | F-307 | |
| | | | | | | | F-2 | H |
| | | | | | | | F-138 | |
| 182 | 4/22/69 | (15) | | | | | | I |
| 244 | 8/14/68 | 48 | 11 | 528 | | | | J |
| 166 | 7/23/68 | 100 | 7 | 700 | | | F-264 | H |
| 167 | 12/05/68 | (15) | | | | | | I |
| 168 | 9/18/68 | 20 | 6 | 120 | 8/14/68 | 11-8 | F-239 | H |
| 171 | 9/16/68 | (15) | | | | | | I |
| 172 | 12/05/68 | 30 | 7 | 210 | 8/23/68 | | | J |
| 174 | 4/22/69 | 20 | 8 | 160 | | | | J |
| 175 | 10/11/68 | 28 | 10 | 280 | 9/25/68 | | | J |
| 176 | 9/16/68 | 30 | 7 | 210 | | | F-191 | H |
| 245 | 8/05/68 | 25 | 9 | 225 | | | | C |
| 177 | 1/13/69 | 20 | 8 | 160 | | | Farm | C |
| 183 | 1/21/69 | (15) | | | | | F-97 | H |
| | | | | | | | F-23 | |
| 25 | 2/10/69 | (15) | | | | | | I |

## Recap of Summary Findings - Continued

| CAMP NO. | SURVEY DATE | POPULATION OR STATUS | NO. OF VIOLATIONS | EXPOSURE INDEX | F.S.B.H. APPLIC. DATE | F.S.B.H. PERMIT | H. & R. LICENSE | INSPECTION PRIORITY |
|---|---|---|---|---|---|---|---|---|
| | | | SUB-STANDARD HOUSING (Non-Migrant) | | | | | |
| | | | | | Buildings | | | |
| 43 | 4/25/69 | 144 | | | 36 | | | SUB |
| 202 | 4/24/69 | 300 | | | 77 | | | SUB |
| 200 | 4/24/69 | 100 | | | 25 | | | SUB |
| 269 | 4/24/69 | (15) | | | 3 | | | SUB |

INSPECTION FORM-CAMPS DATE_____ PERMIT NO._____ OCCUPANT_____

NAME_____ LOCATION_____

OWNER & ADDRESS_____ PHONE_____

PERSON IN CHARGE & ADDRESS_____ PHONE_____

| | PAGE | PARAGRAPH | REMARKS |
|---|---|---|---|
| 1. CAMP SITE | | | |
| Drainage | 182 | 32.07(1) | 200' natural surface water-or mosquito control |
| Size | 182 | 32.07(5) | Minimize fire? Fire Marshal? Building code. |
| Location | 182 | 32.07(2) | Safety of site |
| Location | 182 | 32.07(3) | Not on water shed |
| 2. SHELTER | | | |
| Structural | 182 | 32.08(1) | Structurally sound-protect against element (If necessary obtain inspection County Building Department) |
| Screens | 183 | 32.11(4) | Windows and openings - 16 mesh |
| Floor Elev. & Const. | 182 | 32.08(1)(2) | Wood tight, 18" elev. (conch. 12" elev.) |
| Floor space | 182 | 32.08(3) | Tr. 20 sq. ft. clear area |
| Floor space | 182 | 32.08(4) | 70 sq. ft. for first & 50 sg. ft. for ea add. |
| Ceiling height | 182 | 32.08(1) | ½ of floor area 7' |
| Ventilation | 183 | 32.08(6) | 1 easily opened-45% of min. jal. dr. count, except Mechve |
| Window area | 183 | 32.08(6) | 1 window-10% of floor area-skylight 15% floor area |
| Air volume | 182 | 32.08(3) | Sleeping rooms 300 cu. ft. per bed space, ceiling not less than 6' & can't count more than i' |
| Adequate beds | 185 | 32.19(1) | Bed ea. occupant, wash between uses, springs, mattress |
| Bed design | 186 | 32.19(4) | 12" from fl., 36" from ceiling, 27" between lower mattress & upper bottom, no trp. dk. |
| Bed design | 186 | 32.19(5) | Single beds-30" all dirs., double 36", 4' aisle space |
| Bed maintained | 185 | 32.19(2) | Maintained, sanitary by occupany |
| Bed maintained | 185 | 32.19(3) | Inspect beds & exterminators on rout. basis |
| 3. HEATING & LIGHT | | | |
| Adequate | 183 | 32.12(1) | Shall be installed |
| Properly installed | 183 | 32.12(2) | Vented to outside, stove slab 18" beyond base, fire resistent within 24" or metal, chimney 2' above peak. Metal collar through wall or ceiling. |
| Properly installed | 183 | 32.12(3) | Autom. heat safety feat. (fire marshal) |
| Approved wiring | 184 | 32.13 | National Elect. Code (Elec. Insp. Coll. Co.) (If necessary obtain inspection County Electrical Inspector) |
| Adeq. illumin. | 184 | 32.13 | One ceiling light, each rm. plus duplex outlet |
| 4. FIRE PROTECTION | | | |
| Fire protection | 186 | 32.20 | State law and Fire Marshal |
| 5. FOOD SERVICE | | | |
| Central Mess and/or field kitchen | | | No, or write which it is |
| Central mess | 185 | 32.18(4) | Chapter 170C-16 |
| Field kitchen | 185 | 32.18(5)-a | Easily cleaned, safe, sanitary conditions |
| Field kitchen | 185 | 32.18(5)-b | Cleaning & bacteriological-Chapter 16 |
| Field kitchen | 185 | 32.18(5)-c | 16 mesh screen, self-clos. screen door,open out |
| Field kitchen | 185 | 32.18(5)-d | Sanitary storage of food - refr. 50° |
| Kitchen screening | 185 | 32.18(5c) | 16 mesh |
| Stove adequate | 185 | 32.18(1) | See 32.12(2) |
| Stove adequate | 183 | 32.12(2) | Vented, slab 18" out, 24" from wall & ceiling unless fire resis., vented collar walls & ceil. |

EXHIBIT B

| | | | | |
|---|---|---|---|---|
| | Stove adequate | 185 | 32.18(2) | One stove/10 pers. or one stove/two famil. |
| | Sink adequate | 185 | 32.18(1) | One sink/lo pers. or one skik/two families |
| | Adequate water | 183 | 32.09(1) | Chapter I |
| | Adequate water | 185 | 32.18(1)(2) | Hot and cold under pressure |
| | Adequate water | 183 | 32.09(6) | 2½ timex the av. hourly rate-normal pressure |
| | Safe food & refrig. | 185 | 32.18(1) | Family quarters, safe storage & refrig. |
| | Safe food & refrig. | 185 | 32.18(2) | Common cooking, safe storage & refrig. |
| | Safe food & refrig. | 185 | 32.18(3) | New-family refrig. - 50⁰ |
| | Proper maintained | 185 | 32.18(4) | Chapter 16 |
| | Proper maintained | 185 | 32.18(5a) | Safe & sanitary cond. (field kitchens) |
| | Indiv. Fam. Kit. ad. | 185 | | ?? size table, chairs, cabinets? |
| 6. | WATER SUPPLY | | | |
| | Adequate approved | 183 | 32.09(1) | Chapter I |
| | Adequate approved | 183 | 32.09(2) | 35 gallons per person per day |
| | Adequate approved | 183 | 32.09(4) | 100' from sheltered door (existing) |
| | Adequate approved | 183 | 32.09(5) | New construction inside |
| | Adequate approved | 183 | 32.09(6) | 2½ times hourly demand plus normal press. |
| | Adequate hot water | 183 | 32.09(3) | It says so (what is adequate?) |
| | Adequate hot water | 185 | 32.17(3) | It says so (what temperature is hot?) |
| 7. | SANITARY FACILITIES | 184 | 32.14(1)2) | Chapter VI |
| | Location | 184 | 32.16(2) | Not pass thru sleeping area,except own, not in sleep |
| | Location | 184 | 32.16(3) | Not exceed 200' from door of room |
| | Location | 184 | 32.16(7) | New construction, must have toilet room |
| | Adequate toilets | 184 | 32.16(6) | One fixt. to 15 women,1 to 20 men,minim. 2 |
| | Adequate toilets | 185 | 32.17(6) | Smooth, impervious, slope to drain |
| | Adequate uriners | 184 | 32.16(6) | 1 to 25 men (non-ab. mat)4' above 1'ea side and on floor |
| | Adequate lavratory | 185 | 32.17(3) | 1 for ea. 20 (hot and cold water) |
| | Adequate showers | 185 | 32.17(3) | 1 for 25 (hot and cold water) |
| | Adequate showers | 185 | 32.17(6) | Floor drains & traps-walls smooth & imperv. |
| | Separate sex | 184 | 32.16(4) | Must be provided - solid wall between |
| | Sep. sex cent. uts. | 184 | 32.16(2) | More than 1 fam. or non-fam. gp. (solid wall) |
| | Properly identif. | 184 | 32.16(4) | English and other language |
| | Properly identif. | 184 | 32.17(2) | For men and for women |
| | Window area | 184 | 32.16(3) | 6 sq. ft. per bathroom |
| | Cleaned & maintained | 186 | 32.21 | Chapter VI |
| | Privy Chapt. 170C-4 | 184 | 32.16(3) | Privy 50' min. all other uses-Chapter IV |
| | Sat. laundry | 185 | 32.17(4) | 2 comp. tubs or other for ea. 25 families, cold water disp., Chap. VI-FSBH San.Eng. |
| 8. | PLUMBING | 184 | 32.15 | Local code (require inspection) |
| | | (If necessary require insp. County Building Inspector) | | |
| | Operating & Maint. | 184 | 32.15 | Common sense (leaking, etc.) |
| 9. | SEWAGE | | | |
| | Design cap. | 184 | 32.14(1) | Exist. S/T o.k. (Ind. sewage treatment FSBH-San. Eng.) |
| | Satisfactory oper. | 184 | 32.14(2) | Chapter VI (FSBH San. Eng.) |
| 10. | GARBAGE & TRASH | | | |
| | Adequate cans | 183 | 32.10(1) | Metal, 20 gal., sufficient number |
| | Collect & disp. | 183 | 32.10(2) | Empty and clean as necessary |
| | Collect & disp. | 183 | 32.10(3) | Incineration, grinding, burial (approved site) San. Land fill |
| 11. | PEST CONTROL | 183 | 32.11(1) | Eff. measures-rats, flies, mosq. bed bugs |
| | Pest control | 183 | 32.11(2) | No standing water, premises clear of cans or rubbish |
| | Pest control | 183 | 32.11(3) | No material to allow fly breeding |

EXHIBIT B - continued

| | | | | |
|---|---|---|---|---|
| | Pest control | 183 | 32.11(4) | Screen, 16 mesh |
| 12. | GENERAL | | | |
| | Premises maintained | 186 | 32.21 | Buildings and premises (no rubbish, paper, garbage, refuse) |
| | Daily inspection | 186 | 32.27(3) | Camp operator inspect daily - EVERYTHING |
| | Resident superv. | 186 | 32.22 | 50 or more persons, resident required |
| | Med. & nurse care | 186 | 32.22(6) | At or available to all camps (yes) health department |
| | Comm. dis. control knowledge | 186 | 32.22(4) | Camp operator responsible |
| | Comm. dis. control knowledge | 186 | 32.22(5) | Camp operator report communicable disease |
| | Comm. dis. control knowledge | 186 | 32.22(7) | Not employed person with communicable disease |

EXHIBIT B - continued

EXHIBIT C

COLLIER COUNTY HEALTH DEPT., P.O. BOX 925, IMMOKALEE, FLORIDA - TELEPHONE OL 7-3408

Camp Name:_____ Date:_____ San.:_____

| No. | Reference Inspection Sheet 435 | Page | Paragraph | Explanation |
|---|---|---|---|---|
| 1. | SITE | | | |
| | Drainage | 182 | 32.07-1 | |
| | Size | 182 | 32.07-5 | |
| | Location | 182 | 32.07-2 | |
| | Location | 182 | 32.07-3 | |
| | Location | 182 | 32.07-4 | |
| 2. | SHELTER | | | |
| | Structurally sound | 182 | 32.08-1 | |
| | Openings screened | 183 | 32.11-4 | |
| | Floor elevated & construction | 182 | 32.08-1 | |
| | Floor elevated & construction | 182 | 32.08-2 | |
| | Floor space adequate | 182 | 32.08-3 | |
| | Floor space adequate | 182 | 32.08-4 | |
| | Approved ceiling height | 182 | 32.08-1 | |
| | Adequate ventilation | 183 | 32.08-6 | |
| | Window area adequate | 183 | 32.08-6 | |
| | Air volume, sleeping quarters | 182 | 32.08-3 | |
| | Adequate beds | 185 | 32.19-1 | |
| | Beds proper design and space | 186 | 32.19-4 | |
| | Beds proper design and space | 186 | 32.19-5 | |
| | Beds and bedding maintained | 185 | 32.19-1 | |
| | Beds and bedding maintained | 185 | 32.19-2 | |
| | Beds and bedding maintained | 185 | 32.19-3 | |
| 3. | HEATING AND LIGHTING | | | |
| | Heating adequate | 183 | 32.12-1 | |
| | Heating properly installed | 183 | 32.12-2 | |
| | Heating properly installed | 183 | 32.12-3 | |
| | Approved wiring | 184 | 32.13 | |
| | Adequate illumination | 184 | 32.13 | |
| 4. | FIRE PROTECTION | | | |
| | Fire protection | 186 | 32.20 | |
| 5. | FOOD SERVICE | | | |
| | Central mess/field kitchen | | | |
| | Central mess (Chapter 170C-16) | 185 | 32.18-4 | |
| | Field kitchen | 185 | 32.18-5(a) | |
| | Field kitchen (Chapter 170C-16) | 185 | 32.18-5(b) | |
| | Field kitchen | 185 | 32.18-5(c) | |
| | Field kitchen | 185 | 32.18-5(d) | |
| | Common kitchen screened | 185 | 32.18-5(c) | |
| | Stoves and skins adequate | 185 | 32.18-1 | |
| | Stoves adequate | 183 | 32.12-2 | |
| | Stoves adequate | 185 | 32.18-2 | |
| | Adequate hot and cold water | 183 | 32.09-1 | |
| | Adequate hot (Chapter 170C-1) | 185 | 32.18-1 | |
| | Adequate hot and cold water | 185 | 32.18-2 | |
| | Adequate hot and cold water | 183 | 32.09-6 | |
| | Safe storage food, refrigeration | 185 | 32.18-1 | |
| | Safe storage food, refrigeration | 185 | 32.18-2 | |
| | Safe storage food, refrigeration | 185 | 32.18-3 | |
| | Properly maintained (Chapter 16) | 185 | 32.18-4 | |
| | Indiv. or family kitchen adequate | 185 | | |

EXHIBIT C - continued

| | | |
|---|---|---|
| 6. | WATER SUPPLY (Chapter 170C-1)--------183 | 32.09-1 |
| | Adequate app. supply and distribution-183 | 32.09-2 |
| | Adequate app. supply and distribution-183 | 32.09-4 |
| | Adequate app. supply and distribution-183 | 32.09-5 |
| | Adequate hot for bath and dish.-------183 | 32.09-3 |
| | Adequate hot for bath and dish.-------185 | 32.17-3 |
| 7. | SANITARY FACILITIES | |
| | Properly located----------184 | 32.16-2 |
| | Properly located----------184 | 32.16-3 |
| | Properly located----------184 | 32.16-7 |
| | Properly located----------185 | 32.17-2 |
| | Adequate toilets----------184 | 32.16-5 |
| | Adequate toilets----------185 | 32.17-6 |
| | Adequate urinals----------184 | 32.16-6 |
| | Adequate lavatories----------185 | 32.17-3 |
| | Adequate showers----------185 | 32.17-3 |
| | Adequate showers----------185 | 32.17-6 |
| | Separate sexes, central unit----------184 | 32.16-4 |
| | Separate sexes, central unit----------184 | 32.17-2 |
| | Properly identified----------184 | 32.16-4 |
| | Properly identified----------184 | 32.17-2 |
| | Adequate window area----------184 | 32.16-3 |
| | Area & fixtures clean & maint. prop.--184 | 32.14-1 |
| | Area & fixtures clean & maint. prop.--184 | 32.14-2 |
| | Area & fixtures clean & maint. prop.--186 | 32.21 |
| | Privies comply Chapter 170C-4---------184 | 32.16-3 |
| | Satisfactory laundry facility---------185 | 32.17-4 |
| | (Chapter 170C-6 FSBH San. Eng.) | |
| 8. | PLUMBING | |
| | Comply with Chapter 170C-7----------184 | 32.15 |
| | Prop. operated & maintained | |
| 9. | SEWAGE DISPOSAL | |
| | Chapter 170C-6 FSBH San. Eng. | |
| | Approved design and capacity----------184 | 32.14-1 |
| | Approved design and capacity----------184 | 32.14-2 |
| | Satisfactory operation----------184 | 32.14-2 |
| 10. | GARBAGE & TRASH DISPOSAL | |
| | Adequate no. approved cans----------183 | 32.10-1 |
| | Collection and disposal o.k.----------183 | 32.10-2 |
| | Collection and disposal o.k.----------183 | 32.10-3 |
| 11. | PEST CONTROL | |
| | Satisfactory rodent & insect control--183 | 32.11-1 |
| | Satisfactory rodent & insect control--183 | 32.11-2 |
| | Satisfactory rodent & insect control--183 | 32.11-3 |
| | Satisfactory rodent & insect control--183 | 32.11-4 |
| 12. | GENERAL | |
| | Premises maintained----------186 | 32.21 |
| | Daily inspection----------186 | 32.27-3 |
| | Resident supervisor----------186 | 32.22 |
| | Medical & nursing care----------186 | 32.22-6 |
| | Communicable disease knowhow----------186 | 32.22-4 |
| | Communicable disease knowhow----------186 | 32.22-5 |
| | Communicable disease knowhow----------186 | 32.22-7 |

EXHIBIT D

FROM: Robert R. Wheeler, k.S., Director
Environmental Health Section

SUBJECT: POLICY MIGRANT PROGRAM
Confirmation of Verbal Instructions

I. We must continue the survey, as planned, with this priority:

Priority A. Inspect camps as requestea by the labor department - per memo 9/18/67 from Dr. Ford, F.S.B.H.

Priority B. Inspect camps that submit applications in order of the date the applications were received.

Furnish me with a list of the camps that have made application with the date received by our office.

Priority C. Inspect camps that have not submitted applications.

Priority D. Post "No Occupancy Signs" at Crawford II or any others as necessary.

Priority E. List all camps that need Hotel and Restaurant Commission inspections and refer them to the Hotel and Restaurant Commission and to me.

Priority F. The inspection of closed camps where entry to buildings is not possible, should not be part of this survey.

Priority G. Continue to use the evaluation sheet and work sheet for the survey and make out a regular inspection sheet for the operator when an application is processed.

Priority H. If it appears that an application may be possible, you should get the information necessary to process this application, at least three signe! blank applications, plus three signed Camp Inspection Forms; at the time of the survey.

## EXHIBIT E - SECTION I.

The number of defects per camp varied from twenty down to two:

| Defects | # Camps | Defects | # Camps | Defects | # Camps |
|---|---|---|---|---|---|
| 20 | 1 | 12 | 5 | 7 | 12 |
| 17 | 1 | 11 | 3 | 6 | 11 |
| 15 | 3 | 10 | 5 | 5 | 10 |
| 14 | 3 | 9 | 11 | 4 | 13 |
| 13 | 2 | 8 | 6 | 3 | 7 |
| | | | | 2 | 6 |

99 camps with 725 violations, or an average of 7.32 defects per camp.
28 camps not recorded for defects as not active, for various reasons.

| Violations by Categories | | Specific Violations |
|---|---|---|
| 1. Site | 30 | Drainage - 17 |
| 2. Sturcture | 168 | Screen - 59, Floor Elev. - 25<br>Window area - 32 |
| 3. Heating & lighting | 37 | Adequate - 27 |
| 4. Fire protection | 38 | None - 42 |
| 5. Food service | 30 | Hot water - 11 |
| 6. Water | 35 | Hot - 26 |
| 7. Sanitary facilities | 231 | Urinal - 38, Window area - 64<br>Laundry - 61 |
| 8. Plumbing | 12 | Operating & maintained - 11 |
| 9. Sewage disposal | 22 | Satisfactory operation - 20 |
| 10. Garbage and trash | 51 | Cans - 37 |
| 11. Pest control | 12 | Satisfactory - 8 |
| 12. General | 59 | Premises maintained - 28<br>Daily inspections - 26 |

## EXHIBIT E - SECTION II.

### NUMBER OF DEFECTS OR VIOLATIONS FOUND

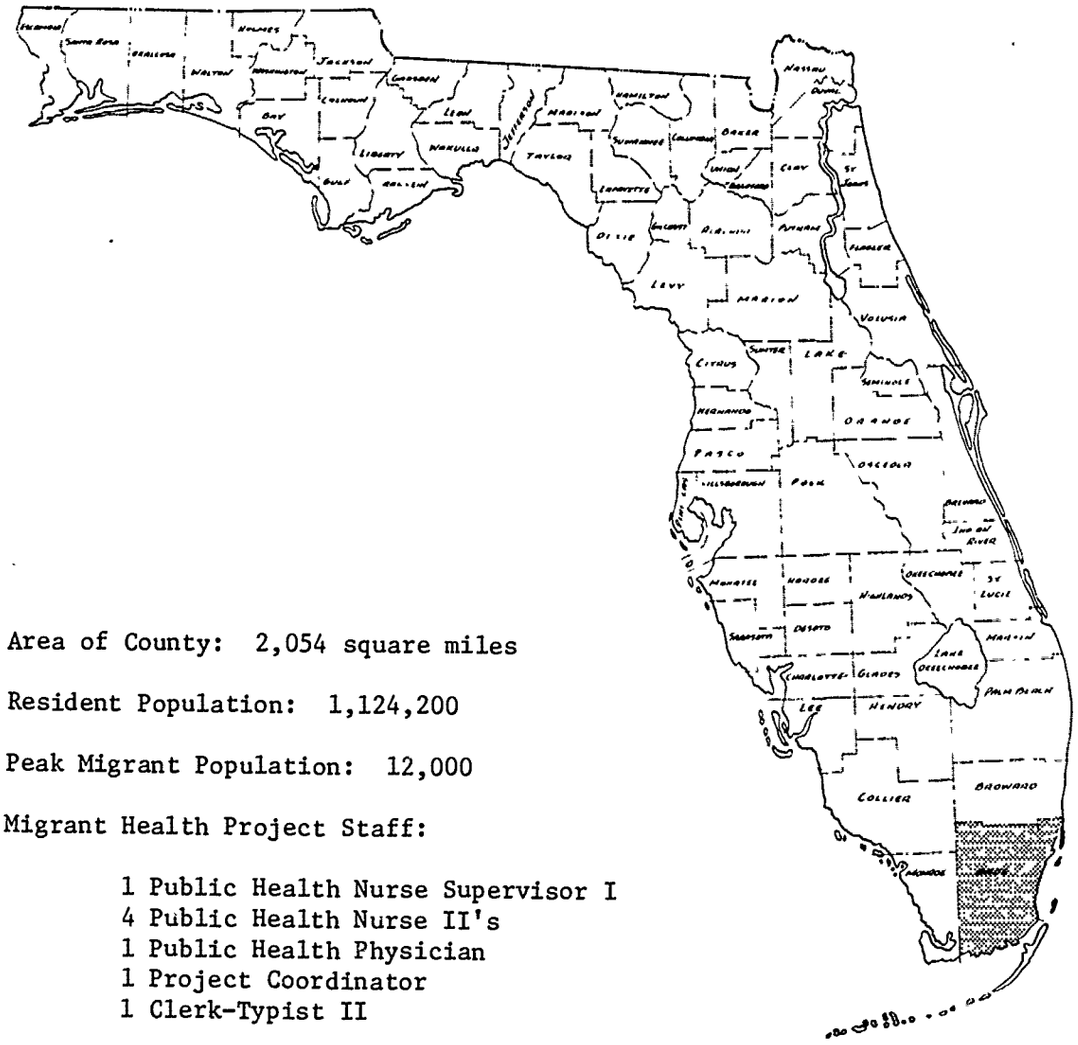
| Defects Not Recorded | Two Defs. | Three Defs. | Four Defs. | Five Defs. | Six Defs. | Seven Defs. | Eight Defs. | Nine Defs. | Ten Defs. |
|---|---|---|---|---|---|---|---|---|---|
| 12 | 15 | 11 | 49 | 13 | 168 | 33 | 14 | 34 | 67 |
| 31 | 73 | 60 | 55 | 24 | 28 | 281 | 230 | 37 | 277 |
| 35 | 76 | 66 | 246 | 32 | 30 | 108 | 234 | 231 | 137 |
| 36 | 94 | 78 | 59 | 47 | 48 | 111 | 91 | 70 | 175 |
| 38 | 109 | 236 | 80 | 53 | 247 | 118 | 174 | 71 | 144 |
| 39 | 242 | 280 | 82 | 58 | 95 | 119 | 177 | 93 | |
| 50 | | 163 | 85 | 75* | 100 | 140 | | 96 | |
| 68 | | | 99 | 228 | 113 | 241 | | 282 | |
| 74 | | | 110 | 125 | 240 | 278 | | 138 | |
| 81 | | | 114 | 129 | 127 | 166 | | 279 | |
| 237 | | | 134 | | 141 | 172 | | 245 | |
| 92 | | | 139 | | | 176 | | | |
| 104 | | | 158 | | | | | | |
| 105 | | | | | | | | | |
| 239 | 6 | 7 | 13 | 10 | 11 | 12 | 6 | 11 | 5 |
| 121 | | | | | | | | | |
| 131 | | | | | | | | | |
| 130 | | | | | | | | | |
| 145 | | | | | | | | | |
| 243 | | | | | | | | | |
| 274 | | | | | | | | | |
| 159 | Sub- | | | | | | | | |
| 161 | Std. | | 11 | 12 | 13 | 14 | 15 | 17 | 20 |
| 182 | Hous. | | Defs. | Defs. | Defs. | Defs. | Defs. | Defs. | Defs. |
| 167 | | | | | | | | | |
| 171 | 43 | | 235 | 23 | 284 | 136 | 142 | 27 | 233 |
| 183 | 202 | | 162 | 26 | 30* | 143 | 281 | | |
| 25 | 200 | | 244 | 64 | | 155 | 160 | | |
| | 269 | | | 232 | | | | | |
| 28 | | | | 107 | | | | | |
| | 4 | | 3 | 5 | 2 | 3 | 3 | 1 | 1 |

NOTE: Camps are listed under number of defects found, by camp number. The total represents the number of camps with the indicated number of defects found.

(*) Not active at the time of survey, but suspected of early operation - violations recorded.

## DADE COUNTY DEPARTMENT OF PUBLIC HEALTH

William R. Stinger, M.D., Acting Director




Area of County: 2,054 square miles

Resident Population: 1,124,200

Peak Migrant Population: 12,000

Migrant Health Project Staff:

1 Public Health Nurse Supervisor I
4 Public Health Nurse II's
1 Public Health Physician
1 Project Coordinator
1 Clerk-Typist II

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted June 9, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report: From May 15, 1968 Through May 15, 1969

PART I. GENERAL PROJECT INFORMATION

1. Project Title: Comprehensive Health Care for Migrant Farm Workers in Dade County

2. Grant Number (Use no. shown on the Grant Award Notice): MG-34 D & E

3. Grantee Organization (Name & Address):
Dade County Department of Public Health
1350 N. W. Fourteenth Street
Miami, Florida 33125

4. Project Director: Hunter B. Rogers, M. D.

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | | 10,000 | ** |
| Feb. | | 11,125 | |
| Mar. | | 11,000 | |
| Apr. | | 8,750 | |
| May | | 3,000 | |
| June | | 1,500 | |
| July | | 500 | |
| Aug. | | 300 | |
| Sep. | | 500 | |
| Oct. | | 2,000 | |
| Nov. | | 5,000 | |
| Dec. | | 8,000 | |
| TOTALS | | 61,675 | |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | ** NOT RECORDED | | |
| Under 1 year | | | |
| 1 - 4 years | Eligible for County and | | |
| 5 - 14 years | State care | | |
| 15 - 44 years | | | |
| 45 - 64 years | | | |
| 65 + older | | | |
| (2) IN-MIGRANTS TOTAL: | 11,125 | | |
| Under 1 year | 498 | No Breakdown | |
| 1 - 4 years | 934 | " | " |
| 5 - 14 years | 2,494 | 914 | 1,580 |
| 15 - 44 years | 6,181 | 4,141 | 2,040 |
| 45 - 64 years | 1,018 | 676 | 342 |
| 65 + older | | | |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | Not Recorded ** | | |
| In-Migs. | 14-16 | Dec. 15 | April 15 |

d. (1) Indicate sources of information and/or basis of estimates for 5a. Migrant Health Project Clinic records, Schools, and other agencies.

(2) Describe briefly how proportions for sex and age for 5b were derived. Family door-to-door census by Migrant Health Project staff, family records in the health centers. These promotions were then extended through the balance of the in-migrant population

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | | |
| 10 - 25 persons | 1 | 17 |
| 26 - 50 persons | 7 | 295 |
| 51 - 100 persons | 4 | 259 |
| More than 100 pers. | 8 | 4,330 |
| TOTAL* | 20 | 4,901 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| | | |
| Private Housing | ? | 6,000 - 7,000 |
| Under supervision of Fla. Hotel & Restaurant | | |
| Commission & County Minimum Housing Authority | | |
| | | |
| TOTAL* | 6,250 | 6,250 |

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

7. MAP OF PRC.ECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project. See Chart "B"

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Form approved:
Budget Bureau No. 68-R1005

** The majority of the seasonal and out-migrant farm workers live in the Florida City-Homestead areas and along South Dixie Highway (US 1), as indicated on Chart "B". The indigent in this group are eligible for County and State care.

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

GRANT NUMBER MG-34 D & E

DATE SUBMITTED June 9, 1969

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 2,759 | 1,486 | 1,273 | 5,776 |
| Under 1 year | 202 | 108 | 94 | 427 |
| 1 - 4 years | 355 | 180 | 175 | 744 |
| 5 - 14 years | 499 | 251 | 248 | 1,039 |
| 15 - 44 years | 1,308 | 676 | 632 | 2,719 |
| 45 - 64 years | 362 | 245 | 117 | 779 |
| 65 + older | 33 | 26 | 7 | 68 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? 2,547

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 470

3. MIGRANT PATIENTS HOSPITALIZED *
(Regardless of arrangements for payment)

No. of patients (exclude newborn) 127

No. of hospital days 1,612

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 157 | 17 | 140 |
| (1) No. Decayed, missing, filled teeth | | | |
| (2) Avg. DMF per person | | | |
| b. Individuals Requiring Services - Total: | 157 | 17 | 140 |
| (1) Cases completed | 95 | 10 | 85 |
| (2) Cases partially completed | 62 | 7 | 55 |
| (3) Cases not start. | | | |
| c. Services Provided - Total: | 487 | 58 | 429 |
| (1) Preventive | 16 | 8 | 8 |
| (2) Corrective-Total | 471 | 50 | 421 |
| (a) Extraction | 334 | 12 | 322 |
| (b) Other | 137 | 38 | 99 |
| d. Patient Visits - Total: | 288 | 24 | 264 |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series ** | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | *** Total | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 370 | 39 | 249 | 82 | | 358 | 231 |
| Smallpox | 35 | 0 | 29 | 6 | | 31 | 5 |
| Diphtheria | 69 | 9 | 46 | 14 | | 81 | 48 |
| Pertussis | 49 | 9 | 34 | 6 | | 81 | 48 |
| Tetanus | 71 | 9 | 44 | 18 | | 90 | 104 |
| Polio | 74 | 12 | 50 | 12 | | 62 | 26 |
| Typhoid | | | | | | | |
| Measles | 72 | 0 | 46 | 26 | | 13 | 0 |
| Other (Spec.) | | | | | | | |

REMARKS: * This figure does not include those patients who were hospitalized on the Maternity & Infant Care Project or the Children & Youth Project. Figures on these are not available.

** Figures regarding incomplete immunizations are subject to question because many of these children have had partial immunization in many places so have probably had a series. We cannot document this so consider them complete.

*** This figure does not include incomplete series or boosters and/or revaccinations.

PART II (Continued)
5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-34 D & E

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 6,212 | 5,361 | 851 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 779 | 696 | 83 |
| | 010 | Tuberculosis | 22 | 21 | 1 |
| | 011 | Syphilis | 41 | 30 | 11 |
| | 012 | Gonorrhea and Other Venereal Diseases | 216 | 197 | 19 |
| | 013 | Intestinal Parasites | 60 | 54 | 6 |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | 83 | 79 | 4 |
| | 015 | All other | 118 | 108 | 10 |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | 50 | 43 | 7 |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | 110 | 98 | 12 |
| | 019 | Other Infectious Diseases (give examples): _____ | 79 | 66 | 13 |
| II. | 02- | NEOPLASMS: TOTAL | 18 | 14 | 4 |
| | 020 | Malignant Neoplasms (give examples): _____ | 1 | 1 | |
| | 025 | Benign Neoplasms | 17 | 13 | 4 |
| | 029 | Neoplasms of uncertain nature | | | |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 164 | 83 | 81 |
| | 030 | Diseases of Thyroid Gland | 2 | 2 | |
| | 031 | Diabetes Mellitus | 111 | 34 | 77 |
| | 032 | Diseases of Other Endocrine Glands | 5 | 2 | 3 |
| | 033 | Nutritional Deficiency | 24 | 24 | |
| | 034 | Obesity | 20 | 19 | 1 |
| | 039 | Other Conditions _____ | 2 | 2 | |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 294 | 230 | 64 |
| | 040 | Iron Deficiency Anemia | 292 | 228 | 64 |
| | 049 | Other Conditions _____ | 2 | 2 | |
| V. | 05- | MENTAL DISORDERS: TOTAL | 113 | 97 | 16 |
| | 050 | Psychoses | 6 | 5 | 1 |
| | 051 | Neuroses and Personality Disorders | 5 | 5 | |
| | 052 | Alcoholism | 33 | 25 | 8 |
| | 053 | Mental Retardation | 1 | 1 | |
| | 059 | Other Conditions _____ | 68 | 61 | 7 |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 414 | 354 | 60 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-34 D & E

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | 72 | 57 | 15 |
| | 061 | Epilepsy | 51 | 37 | 14 |
| | 062 | Conjunctivities and other Eye Infections | 154 | 136 | 18 |
| | 063 | Refractive Errors of Vision | | | |
| | 064 | Otitis Media | 144 | 102 | 12 |
| | 069 | Other Conditions | 23 | 22 | 1 |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 311 | 162 | 149 |
| | 070 | Rheumatic Fever | 14 | 10 | 4 |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 11 | 11 | |
| | 072 | Cerebrovascular Disease (Stroke) | 4 | 4 | |
| | 073 | Other Diseases of the Heart | 14 | 13 | 1 |
| | 074 | Hypertension | 254 | 113 | 141 |
| | 075 | Varicose Veins | | | |
| | 079 | Other Conditions | 14 | 11 | 3 |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 1,932 | 1,798 | 134 |
| | 080 | Acute Nasopharyngitis (Common cold) | 768 | 737 | 31 |
| | 081 | Acute Pharyngitis | 141 | 128 | 13 |
| | 082 | Tonsillitis | 217 | 206 | 11 |
| | 083 | Bronchitis | 19 | 12 | 7 |
| | 084 | Tracheitis/Laryngitis | 458 | 429 | 29 |
| | 085 | Influenza | 214 | 196 | 18 |
| | 086 | Pneumonia | 26 | 24 | 2 |
| | 087 | Asthma, Hay Fever | 37 | 29 | 8 |
| | 088 | Chronic Lung Disease (Emphysema) | 9 | 5 | 4 |
| | 089 | Other Conditions | 43 | 32 | 11 |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 612 | 562 | 50 |
| | 090 | Caries and other Dental Problems | 290 | 287 | 3 |
| | 091 | Peptic Ulces | 15 | 13 | 2 |
| | 092 | Appendicitis | 20 | 15 | 5 |
| | 093 | Hernia | 8 | 5 | 3 |
| | 094 | Cholecystic Disease | 25 | 21 | 4 |
| | 099 | Other Conditions | 254 | 221 | 33 |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 222 | 195 | 27 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 73 | 64 | 9 |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | | | |
| | 102 | Other Diseases of Male Genital Organs | 14 | 12 | 2 |
| | 103 | Disorders of Menstruation | 83 | 78 | 5 |
| | 104 | Menopausal Symptoms | 3 | 3 | |
| | 105 | Other Diseases of Female Genital Organs | 48 | 37 | 11 |
| | 109 | Other Conditions | 1 | 1 | |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 0 | 0 | 0 |
| | 110 | Infections of Genitourinary Tract during Preg. | | | |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-34 D & E

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | | | |
| | 112 | Spontaneous Abortion | | | |
| | 113 | Referred for Delivery | | | |
| | 114 | Complications of the Puerperium | | | |
| | 119 | Other Conditions | | | |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 419 | 383 | 36 |
| | 120 | Soft Tissue Abcess or Cellulitis | 72 | 62 | 10 |
| | 121 | Impetigo or Other Pyoderma | 195 | 177 | 18 |
| | 122 | Seborrheic Dermatitis | 1 | 1 | |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | 145 | 137 | 8 |
| | 124 | Acne | 1 | 1 | |
| | 129 | Other Conditions | 5 | 5 | |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 263 | 217 | 46 |
| | 130 | Rheumatoid Arthritis | 12 | 11 | 1 |
| | 131 | Osteoarthritis | | | |
| | 132 | Arthritis, Unspecified | 139 | 104 | 35 |
| | 139 | Other Conditions | 111 | 101 | 10 |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | 1 | 1 | |
| | 140 | Congenital Anomalies of Circulatory System | 1 | 1 | |
| | 149 | Other Conditions | | | |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | 0 | 0 | 0 |
| | 150 | Birth Injury | | | |
| | 151 | Immaturity | | | |
| | 159 | Other Conditions | | | |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 131 | 117 | 16 |
| | 160 | Symptoms of Senility | | | |
| | 161 | Backache | 61 | 52 | 9 |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 11 | 10 | 1 |
| | 163 | Headache | 42 | 38 | 4 |
| | 169 | Other Conditions | 17 | 17 | |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 539 | 452 | 87 |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | 352 | 294 | 58 |
| | 171 | Burns | 32 | 22 | 10 |
| | 172 | Fractures | 55 | 39 | 16 |
| | 173 | Sprains, Strains, Dislocations | 53 | 51 | 2 |
| | 174 | Poison Ingestion | 8 | 7 | 1 |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | 39 | 39 | |

| PART II. | | | Grant Number MG-34 D & E |
|---|---|---|---|
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | Number of Individuals 287 |
| | 200 | Family Planning Services | 110 * |
| | 201 | Well Child Care | 24 * |
| | 202 | Prenatal Care | 32 * |
| | 203 | Postpartum Care | 4 * |
| | 204 | Tuberculosis: Follow-up of inactive case | 21 |
| | 205 | Medical and Surgical Aftercare | 5 |
| | 206 | General Physical Examination | 55 |
| | 207 | Papanicolaou Smears | 9 * |
| | 208 | Tuberculin Testing | 1 |
| | 209 | Serology Screening | 3 ** |
| | 210 | Vision Screening | 2 |
| | 211 | Auditory Screening | 21 |
| | 212 | Screening Chest X-rays | ** |
| | 213 | General Health Counselling | |
| | 219 | Other Services: Specify | |

* The majority of these services are provided in the General Health Department Clinics where specialists are available. Totals follow:

| | |
|---|---|
| Family Planning | 308 |
| Well Child Care | 382 |
| Prenatal Care | 645 |
| Post Partum Care | 96 |
| Papanicolaou Smears | 348 |

** Serology Screen Survey 1,100
Chest x-ray Survey 3,952
Large x-rays 90

The chest x-ray survey is done at many convenient locations in the field by the State Unit during the height of the harvest season. It is operated at each clinic location during at least two clinic sessions.

| PART III. - NURSING SERVICE | Grant No. MG-34 D & E |
|---|---|

| Type of Service | | Number |
|---|---|---|
| 1. NURSING CLINICS: | | |
| a. Number of Clinics | | 0 |
| b. Number of Individuals Served - Total | | 0 |
| 2. FIELD NURSING: | | |
| a. Visits to Households | | 2,791 |
| b. Total Households Served | | 780 |
| c. Total Individuals served in Households | | 1,285 |
| d. Visits to Schools, Day Care Centers | | ) |
| e. Total Individuals Served in Schools and Day Care Centers | | ) * See Note A |
| 3. CONTINUITY OF CARE: | | |
| a. Referrals Made For Medical Care: Total | | 339 |
| (1) Within Area | 138 | |
| (Total Completed | 91 ) | |
| (2) Out of Area | 65 | |
| (Total Completed | 45 ) | |
| b. Referrals Made For Dental Care: Total | 223 | |
| (Total Completed | 144 ) | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | | 67 |
| (Total Completed | 44 ) | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | | |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | | 28 |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | | 2,900 |
| (1) Number presenting health record | 16 | 16 |
| (2) Number given health record | 999 ** See Note B | 999 |
| 4. OTHER ACTIVITIES (Specify): | | |

* NOTE A: There are 12 schools and five day care centers in this area that migrant children attend. Each is visited weekly by a PHN. While in the schools, PHN's screened 185 migrant children for such problems as vision, dental defects, impetigo pediculosis, etc.; of these 123 were referred for care and 90 of these referrals were completed. Nurses held 107 conferences with teachers about migrant children. Physical examinations were given to 385 school and pre-school children.

** NOTE B: In addition to the 894 Personal Health Records (PHS 3652) given in Migrant Family Clinics, 105 copies of this record were given in Maternity & Family Planning clinics or in immunization clinics.

Please note, under Health Education in the narrative, the details and precedures in preparing the Health Cards in the Family Clinics.

REMARKS

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PART IV. SANITATION SERVICES | Grant Number MG-34 D & E

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 21 | 6,175 | 20 | 4,375* |
| Other locations | No records (highly urbanized areas in the vicinity.) | | | |
| Housing Units - Family: | | | | |
| In camps | 1,310 | 5,795 | 1,110 | 3,995 |
| In other locations | No records. See note above. | | | |
| Housing Units - Single: | | | | |
| In camps | 4 | 380 | 4 | 380 |
| In other locations | See note above | | | |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 29 | | 225 | | 42 | | 42 | |
| b. Sewage | 29 | | 750 | | 250 | | 250 | |
| c. Garbage and Refuse | 29 | | 750 | | 100 | | 100 | |
| d. Housing | 29 | | 750 | | 350 | | 350 | |
| e. Safety | 29 | | 750 | | 15 | | 15 | |
| f. Food Handling | 29 | | 340 | | 55 | | 55 | |
| g. Insects and Rodents | 29 | | 750 | | 15 | | 15 | |
| h. Recreational facilities | 29 | | 750 | | 3 | | 3 | |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | | xxxxx | | xxxxx | | xxxxx | |
| b. Toilet facilities | xxxxx | | xxxxx | | xxxxx | | xxxxx | |
| c. Other | xxxxx | | xxxxx | | xxxxx | | xxxxx | |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physicians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | |
| (1) Individual counselling | | | | 50 | | |
| (2) Group counselling | | | | | | |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | | | | | | |
| (2) Direct services | | | | | | |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | | | | 75 | | |
| (2) Group counselling | | | | | | |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | | | 5 | 15 | | |
| (2) Consultation with groups | | | 3 | 8 | | |
| (3) Direct services | | | | | | |
| E. Health Education Meetings | | | | | | |

(*) Aides - other than Health Ed.

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* The largest camp with a normal capacity (Krome Avenue) of 1,800 had a peak population of about 800, but was not officially permitted for the 1968-69 season.

** Each of the 2,791 home visits and 4,993 visits to Migrant Family Clinics includes counseling by a public health nurse.

DADE COUNTY DEPARTMENT OF PUBLIC HEALTH

A. SUMMARY FOR THE ANNUAL PROGRESS REPORT

I. A. This report covers twelve months, beginning May 1, 1968, and it is the sixth such report since this project began on January 1, 1964. The Migrant Health Branch of the United States Public Health Service continued the project on January 1, 1969.

B. The primary objective is to continue to provide a comprehensive and coordinated program of clinical, nursing, and sanitation services to migrant farm workers and their dependents in Dade County. The following information related to this primary objective.

The diagnostic and treatment services available at the temporary clinics are similar to those furnished by private physicians in the average general practitioner's office. In addition to prescribing; however, a supply of certain commonly used drugs and other expendible medical supplies are maintained. There is no charge for any preventive or diagnostic procedure nor is there any charge for drugs or immunization material. To handle emergencies and other situations that may arise when the field clinics are not in operation, and to furnish out-patient diagnostic and treatment services beyond the scope of the clinic facilities and staff, arrangements are made for these patients at Kendall Clinic and Jackson Memorial Hospital, which are owned and operated by the Dade County Department of Hospitals. Based on statistics supplied by the Department of Hospitals, approximately 1,200 such out-patient visits can be anticipated during a twelve-month period. Based on cost that is related to the out-patient medical care program, conducted by the Dade County Department of Public Health and Cuban Refugees, the all-inclusive cost for out-patient visits in Dade County is much greater than when the Migrant Health Project program started in 1964 at $7 per visit. The Project is now paying $10 per visit. Jackson Memorial Hospital's present out-patient visit cost is estimated at $16.

The staff and physical facilities of the Dade County Department of Public Health are used for the project. Indirect expenses incurred through the use of currently employed personnel and existing facilities are assumed by the grantee. Dr. W. R. Stinger, Acting Director of the Department, is also a Diplomate of the American Board of Preventive Medicine and is Associate Professor of Medicine at the University of Miami. He has had considerable experience in the administration of medical care programs, having served as Director of the Florida Crippled Children's Commission for eight years. Dr. E. L. Matta, Director of the Department's Division of Maternal and Child Health, is a Diplomate of the American Board of Pediatrics and also holds a Masters Degree in Public Health. He has had public health experience in Florida and Puerto Rico and is particularly well qualified to deal with the problems of Spanish-speaking migrants.

Although the above-named individuals are the only medical specialists spe-

cifically listed in the project, it should be understood that personnel from practically all divisions of the health department are devoting a portion of their time to this project, including administrative and clerical personnel. The health department staff now totals nearly 800.

Within the limitations of staff, facilities and mobility, preventive or health maintenance services are offered to migrant workers and their families.

Examples of the procedures it includes are:

(1) History and physical examination: All significant variations from normal are noted.

(2) Laboratory procedures such as urinalysis, hemoglobins and serology. The "dip-stick" tests are used freely.

(3) Chest x-rays. Mobile units supplied by State and local TB associations.

(4) Health examination, cervical cytology, family planning, etc., are referred to the nearest county health center for the initial examination. This includes examinations where special equipment is needed for any member of the family.

(5) All types of immunizations are stressed. Where permissible, immunization schedules and doses are varied to fit the conditions of the workers. This approach has been found to be effective in tailoring immunization programs to the needs of hard-to-reach groups. There was a total of 4,968 visits to 222 clinic sessions during the 1968-69 season.

The secondary objectives include the following:

(1) Determination of the health needs of agricultural migrants in this area.

(2) Meeting these needs with existing community resources when possible, and filling some of the remaining unmet needs through services provided by this project.

(3) Identification of other factors which affect health services for agricultural migrant workers in Dade County.

(4) Establishment of standardized records and procedures to facilitate follow-up care through improved interstate and intrastate cooperation and communication.

(5) Publication of results which may be deemed useful elsewhere.

(6) Afford training opportunities for persons interested in the development of similar activities in other areas.

C. There are no plans for any significant changes, but it is intended to keep the program flexible in order to meet any changing needs.

D. (1) There are no significant changes in the migrant situation from the previous year. The peak population continues about 12,000, with approximately half with Spanish background.

(2) In attempting to identify the size and other characteristics of migrant population in Dade County, it should be stressed that the data compiled by this department is incomplete, since up-to-date statistics are not available regarding migrant workers who find individual housing in the community; i.e., rented rooms, apartments, houses, and trailers. Estimates from sources such as the Florida State Employment Service, County Agriculture Agency, the growers, and the public schools, indicate that a considerable number of migrant workers and their families are in this category; as much as 50 per cent or 60 per cent of the total migrant population.

(3) The spectacular growth of the urban area of Dade County is recognized, but few people realize that Dade County's acreage devoted to agriculture has continued to have a high level of 50 - 60,000 a year, despite the steady advance of the urban areas. This is because, primarily, sub-marginal land has been conditioned through modern methods and large management capital. Large growers, for example, can pulverize the soft limestone of the terrain, add fertilizer, irrigate, and put in 2,000 or more acres of tomatoes at one planting. Others working out to the fringes of the Everglades prepare thousand-acre sections from the organic mulch of that area.

(4) It is almost certain that agriculture will continue to prosper in Dade County and that the inherent seasonal demand for migrant farm workers will also increase, or at least continue at the present level.

II. A number of agencies and individuals, directly concerned with migrant health and welfare services, are represented on an active Migrant Health Advisor Committee in Dade County. The Dade County Medical Association has a long uninterrupted history of cooperation with the health department. The State Board of Health will be coordinating local migrant health activities with similar intrastate programs. In the past several months, other organizations which have taken an interest in our work are the South Dade Resource Council, Community Relations Board, Migrant Legal Aid, and the Committee for Better Housing for Migrants. (Please note enclosures a and b, a paper read before the Community Relations Board.)

III. The Migrant Health Project staff has been intact for two seasons. The nurses and physicians have had an opportunity to develop an excellent rapport with the patients. They attend the workshops and training conferences to the extent that it does not conflict with the established hours. The health department has an excellent instructor in the nursing division. The project supervisor works very closely with the staff on duty and with the area supervisor and staff.

IV. It is generally believed that no objectives have been achieved and maintained.

The number of home visits has not been what might be expected without the additional nurse that is authorized. There is a continued effort to recruit a suitable public health nurse for this position. Every avenue is being explored to locate a unique health educator for the project, even though that position is no longer authorized. There are no plans to make any dramatic changes in procedures or objectives.

V. The Health Planning Council of South Florida has launched a comprehensive, descriptive study of the health care system of Dade County. The overall objective is to describe the local health care system in depth. The Migrant Health Project is, of course, included in this study. This work is being done in seriousness and all concerned are awaiting this report.

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Enclosure A:

PRESENTED TO DADE COUNTY COMMUNITY RELATIONS BOARD ON MAY 1, 1969, BY J. E. CAMPBELL, REPRESENTING THE COMMITTEE FOR BETTER HOUSING FOR MIGRANTS.

I think much of the criticism about the inadequacy of migrant housing in South Dade can be best answered by a short review of the people, the industry, the housing, and most important, some possible solutions on the way.

First, the people and the industry.

From 7,000 to 10,000 migrant agriculture workers come into the area each year to work in Dade County's $75,000,000 annual crop production. This generates a total of agri-business of over $250,000,000 in Dade County, a major industry by anyone's standards.

The migrant workers supplement local agriculture workers for a total employment of over 20,000 workers in Dade County.

The migrant force consists of:

1. Mostly Mexican-Americans
2. Mostly large family groups
3. Poorly educated with some language difficulties
4. Controlled to a large degree by crew leaders
5. From the recently completed University of Miami Survey, we get the following information:

   a. Workers per family..... 2.8
   b. Income per family.....$137.00 per week
   c. Those that favor Dade County over other areas..... 73 per cent

These people stay in the area for about five months each season. These are self-supporting, productive people, independent and very much deserving of our full support. They are people whose primary problem is housing. They are in a constant struggle to find shelter, much less good living accommodations.

Much of the problem lies in the nature of the migrant himself and his seasonal work.

These people meet all of the criteria of the unprofitable tenant. A real landlord's nightmare.

1. They are short-term, temporary renters, many are in the area for only three or four months.
2. They have a tendency to crowd more than one family into a house.
3. They are very fluid in their living habits. Families may move from crew to crew within the same camp.
4. Large families are the rule. Many families with over six children.
5. They are poorly educated; difficult to communicate with.
6. They are destructive of property. This is usually the case where large numbers of children reside in a small area.

So the profit motive for building houses for these people does not properly apply. This, I think, is one of the big problems in getting housing for these people.

Now, let us look at the housing.

In the late 50's there were over 70 migrant labor camps in Dade County. In 1969 this has been reduced to less than 20. The economics of farm labor housing was just too much for farmers, especially in the light of the cost price squeeze and the increasing Mexican competition. The farmers literally could not afford to house their people.

Some of the larger farmers like Mr. John W. Campbell have had the courage and the financial ability to maintain aging housing, despite economic loss and academic abuse. There are some well-meaning but naive people who would even close down what little is left.

The answer is to replace what we have or build new housing, and then close down these old camps.

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Enclosure B:

SOME THINGS MR. JOHN W. CAMPBELL HAS DONE TO TRY TO ALLEVIATE AN IMPOSSIBLE SITUATION HAVE BEEN:

1. Opened Mexico City Labor Camp, after it had been closed for a number of years by the old B & L Farms. This was done to eliminate a critical housing shortage of the late 50's and early 60's when families were sleeping and living on canal banks and in trucks; literally by the hundreds. (Remember the newspaper stories during this period?) Since this camp was opened, despite the criticism about it, none of this outrageous condition has since shamed Dade County. However, this very well could happen again.

2. We have made available buildings to the health department for clinics at below our costs involved.

3. A few years ago we spent over $10,000 on architecture, engineering fees, etc. on a program to replace our present camps with modern facilities on a non-profit foundation basis, under the Housing Act of 1964. We got plenty of promises, praises, and guarantees from Government agencies, but alas, no loan.

4. We started a program of inside plumbing for the camps, but ran into septic tank non-allowance.

So here we are with 20 to 30 year-old labor camps, no way to substantially improve them, no way to replace them. What to do with the people? Under constant harassment by people that have no understanding of the economics of the situation, people who run on emotion rather than logic. A loss to operate by farmers, and of course embarrassing to all concerned.

Let us now look hopefully to some help on the way.

1. The Homestead Housing Authority camps will soon be replaced with fine modern housing. Thanks to five years of dedicated work by Mr. Eicher and others on the Housing Board. That is quite a story in itself.

2. HUD is interested in possibly involvement in low-cost housing in South Dade, bless them. Mr. Hardie is working hard on this.

3. Work of the Dade County Committee for Better Housing for Farm Workers is showing progress.

If I may deviate for just a moment.

With the planned expansion of day care service by the Redland Christian Migrant Association and their hard-working Menonite and volunteer groups, I understand that with the possibility of this effective group participating in the United Fund, a much expanded program is contemplated.

N The Dade County Health Department and their health clinics and programs are
O second to none in the nation. You know these people have done much to upgrade
T Dade's existing migrant housing to the best in the State of Florida, and better
E than most around the country.

The hard-working church groups and civic organizations and their numerous programs that you never hear much about, but that have done much to make life a little less difficult for our American Gypsies. Remember that 73 per cent of the migrants still prefer Dade County, with all of our faults, than any of the other areas in which they work.

I think all of us, working together, (farmers, County, State, Federal, business, church, and civic groups) can do much to overcome many of the problems encountered by these people that visit us each year. They are people so necessary to Dade County's economy and much in need of our efforts.

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## B. MEDICAL AND DENTAL SERVICES

Family health service field clinics are operated in four locations; two of these are in large migrant camps and the other two are in areas near large concentrations

of migrant housing. (See Tables B & C). With the exception of the Perrine Clinic, an afternoon clinic is held in each location. The South Dade Farm Labor Camp Clinic was open two night each week because of the heavy attendance; the other locations have one night clinic weekly. Immunization clinics were held at the end of the afternoon clinics, two sessions each month.

Comparisons between the 1968-69 Family Health Service clinic caseload and the previous seasons are as follows:

| | 1968-69 | 1967-68 | 1966-67 | 1965-66 | 1964-65 |
|---|---|---|---|---|---|
| Total Attendance | 4,968 | 4,947 | 3,497 | 4,557 | 3,410 |
| Total Clinic Sessions | [illegible] | 218 | 152 | 268 | 225 |
| Avg. Attendance per session | 22.4 | 22.6 | 23.0 | 17.0 | 15.1 |

The migrant dental clinic is held two nights each week. By scheduling more patients than can be conveniently cared for, the dentist is kept busy. Also, the problem of broken appointments is much improved.

The staff of the Migrant Health Project consists of a director, one full-time medical doctor, one part-time dentist, one coordinator, one nursing supervisor, three staff nurses, and a clerk. One PHN II position was vacant for the past season. Please read (Part D) "Nursing Services" for more details.

During the busy season, we still have the two faithful women who each volunteered three hours a week to serve as registrar in a clinic. They are both bilingual, so are of inestimable value to the project. These volunteers gave a total of 166 hours. The clerk on the Migrant Health Project serves as registrar at two clinic sessions. The search for volunteers for these clinics continues. The fact that they are night clinics for three rural areas makes this difficult.

The annual x-ray survey was conducted with the mobile unit visiting 13 camps and many other locations in South Dade during the 1968-69 season. There were at least two visits to each clinic location. The following table represents a six-year comparison of these surveys:

| | 1969 | 1968 | 1967 | 1966 | 1965 | 1964 |
|---|---|---|---|---|---|---|
| No. of x-rays | 3,952 | 4,687 | 3,428 | 4,415 | 4,796 | 4,741 |
| No. of camps | 13 | 22 | 22 | 23 | 16 | 26 |
| No. of new TB cases discovered | 6 | 17 | 3 | 4 | 4 | 5 |

These totals are not reflected in any other part of this report, except for the 1969 totals which are also shown on Page 5 (Continued) of PHS 4202-7.

The Migrant Legal Service continues to be a valuable resource to us this year.

They have been of assistance in helping patients get emergency welfare funds, in answering migrant legal questions. There have been cases where this service has helped workers recover auto liability and workman's compensation benefits. In at lease one case, this saved the Migrant Health Project a large hospital bill.

## C. HOSPITAL SERVICES

In addition to migrant family clinics, the Migrant Health Project has contracts with hospitals to see patients on an inpatient and outpatient basis. Patients seen in family clinics who are in need of x-ray or more extensive laboratory procedures than we are equipped to do or who require hospitalization, are referred to one of these hospitals. One hundred, thirty-eight (138) such referrals were made. With few exceptions, all the adult migrant inpatients are hospitalized at Jackson Memorial Hospital. This is one of the outstanding hospitals of the Southeast, and is the teaching hospital for the University of Miami Medical School. If, of course, has a complete social service department. Due to his way of living, the average migrant patient cannot be released from the hospital until he can care for himself. Frequently, there are cast cases, etc., who could be given the needed care at nursing home facilities. There have been several cast cases who remained in the hospital for the full 30 days, at approximately $50 per day, who could have been as well cared for at a nursing facility at $15 to $20 per day. The savings in these cases is obvious.

The Maternity and Infant Care Project gives prenatal, postnatal, and infant care to certain migrant families. This includes up to total care for the mother and covers the first year of the infant. Migrant families are referred to this service to start family planning. They are then continued under supervision of the Migrant Health Project physician and nurses in their homes and the project clinics. (Total visits may be found on recap. pages #2 and #5-continued) Children and Youth Project covers 99 per cent of the migrant area and includes children for hospital care through the sixth year of age.

## D. NURSING SERVICES

The primary objective of the Migrant Health Project is to provide a comprehensive and coordinated program of clinical and nursing service to migrant farm workers and their families.

The nursing staff consists of a Supervisor and three staff nurses. There is an additional staff nurse position which has been vacant for more than a year. The fact the nurses are expected to work in the Migrant Family Clinics, which are at night and are in isolated areas, coupled with a low salary scale, has made it most difficult to fill this position. The Migrant Health Project nursing staff is supplemented by 15 nurses on the general program. We are also fortunate to have three dedicated volunteers who have given a total of 166 hours to the project. These women are used to register patients in the clinics and two are bilingual. Since over half of our patients are Spanish-speaking, this is invaluable.

In an attempt to provide for continuity of care, all of the migrant nursing staff is assigned to the Maternity and Family Planning Clinic and the "Well Child" clinic

at the health department center that serves the majority of migrants. Each Migrant Health Project nurse is also assigned to one or more large migrant camps and to the Migrant Family Clinics which serve these camps. This had made "follow-up" of clinic care simple when it was indicated. It has also given the nurse an opportunity to reinforce the instructions which were given in clinics. All of the resources of the Dade County Department of Public Health are available to the Migrant Health Project staff. The nutritionist of the Department of Adult Health has been especially helpful in developing diets for diabetic patients.

The migrant and his family, in this project area, has at his disposal a migrant family clinic that is, in most cases, within walking distance of his home. All of these clinics are operated by the health department; including maternity, family planning, well child, Tuberculosis, Venereal Disease, etc.* and a public health nurse visits in his home. The public health nurse gives care, is a health teacher, and makes referrals as needed.

The state provides a mobile x-ray unit which makes an annual survey at the height of the migrant season. Those migrants who have suspicious x-rays are referred to a special x-ray clinic for 14 by 17 x-rays, PPD and Aerosol sputum tests. During the current survey, six cases of active pulmonary tuberculosis were found and hospitalized. All of the suspicious small x-rays had followup, except three who left the area with no forwarding address, when given the appointment for large x-rays. All contacts with positive skin test are given prophylactic INH for one year.

In an attempt to increase the number of children immunized, it was decided to offer immunizations at the end of each afternoon clinic. In one large camp, where there is no facility for a family clinic, a special immunization clinic was held the third Monday of each month. In spite of active support from a day care center and an adult education project, the results were disappointing.

Because the Migrant Health Project has no health educator, each public health nurse makes extra effort as a health teacher. Educational bulletin boards enjoyed little success. It is nurse/patient teaching on a one-to-one basis, reinforced by appropriate literature, that has been most effective. The story of Ophelia M. (under Health Education Services) shows something of the scope of the public health nurse as a counselor.

We continue to use the Migrant Health Service Referral that is common to many of the Eastern states. Our success with it is limited for several reasons:

(1) We are unable to locate the patient due to insufficient address.

(2) We are unable to give adequate instructions for patient location.

(3) The migrant leaves this area for another Florida area for a short two or three week period and does not know his itinerary after that.

Because of the frustrations caused by this, we have relied heavily upon the PHS 3652 Personal Health Record and over 1,000 have been given in clinics and in the home.

(*) See note, page 5-Continued

This is described in detail in another part of this report. A comparison of the number of home visits made by the public health nurse for the past two years shows a decrease of over 100 visits. This, I am sure, reflects the staff vacancy. The ethnic character of the families has not changed over the past several years, with more than half being of Mexican extraction and the next greatest number Negro, with a few Puerto Rican and Caucausians. As in the past, the majority of home visits were in behalf of child health supervision and maternity and family planning.

Each year small changes are made in nursing assignments but no major changes are planned at this time; nor do we plan to alter our objectives because we feel that the migrant farm worker continues to need a comprehensive and coordinated program of health care that is, at this time, available only through the Migrant Health Project.

## E. SANITATION SERVICES

Section I.

A. Sanitation services were provided by one sanitarian on a full-time basis and two sanitarians on a part-time basis during the period covered by this report. No volunteers have been involved thus far and the "project staff" is still unable to initiate a part-time health aide program.

B. The location and population of migrant camps in Dade County is presented in Tables A and B.

C. The Homestead Housing Authority's efforts to modernize the Redlands and South Dade Farm Labor Camps have met with success. Their plans to rebuild these facilities for the ground up have been approved by local and Federal authorities. Funds are expected to be authorized at any moment now, and groundbreaking will start immediately. This would increase their combined facilities by about 1,000 beds. Indications are that two existing camps will not be approved for next season. For future improvements in housing and sanitation in migrant labor camps, additional legislation will be needed to upgrade the Florida State Sanitary Code.

Close cooperation between the health department and the Florida Industrial Commission Farm Labor Office in the certification of migrant farm labor camps has continued to be highly valuable.

Periodic visits by the U. S. Public Health Service regional migrant representatives have proved helpful in initiating some changes by promoting new ideas.

Section II.

A. The condition of camp housing is considered from acceptable up to very good. All houses must be weather-tight to be approved. Many of these are frame

houses with some form of composition siding, such as composition covered paper, composition shingles and weather boarding. Others are of cement block. All living units must be within 200 feet of flush toilets, hot and cold water, and facilities for washing clothes. All central facilities are so located that very few living units are as far away as 200 feet. Cold water outlets are available from five to 25 feet from each living unit.

B. All applications for permits to operate these camps must be approved by the Florida State Board of Health. It will be noted from past reports that the total number of these permitted camps continues to decrease. There are several factors involved. A major one is the health department's continued pressure on operators to upgrade their facilities. This results in many of the workers being over crowded in private housing. Private housing is the responsibility of the Florida Hotel and Restaurant Commission and other housing authorities. It would take a very large staff of field workers for the responsible agencies to keep track of this situation. Nevertheless, our sanitarians investigate any sanitation complaint in all areas. Many of these situations in the south part of the county involve migrants, but the department does not tabulate them separately.

A comparison of camp statistics for the last six seasons reveals the following:

| | 1968-69 | 1967-68 | 1966-67 | 1965-66 | 1964-65 | 1963-64 |
|---|---|---|---|---|---|---|
| Maximum Census | 4,926 | 5,760 | 4,885 | 4,741 | 5,732 | 6,355 |
| Number of Camps | 21 | 22 | 25 | 26 | 28 | 41 |

(Note that there is a decrease in population, and one less camp)

The decrease of approximately 800 in population from the preceding season is still not considered a change in the trend away from camps due to their own choice, but because fewer camps are available.

C. 1. All plumbing facilities are modern pressure-water systems and flush toilets. Two of the larger camps have municipal type sewage systems. All other camps have septic tanks. Garbage is kept in approved garbage cans and collected two or three times per week. Refrigeration has been a difficult problem due to the migrants' unwillingness to share facilities.

2. Food handling practices run from poor to excellent. They are usually good to excellent where there are no family groups, but it is almost impossible to get the family groups to use the facilities especially provided for the preparation of food. All openings are well screened at the start of the season, but many of the occupants either break the screens out or prop the doors and windows open.

3. Legal action has been started to enforce the use of chemical toilets in the field.

## F. HEALTH EDUCATION SERVICES

Individual counseling by all of the public health nurses, sanitarians, and other staff personnel associated with the project continues to be the major educational program.

A new phase of health education was stressed in the Dade County Migrant Health Project this season. Eight hundred, ninety-four (894) health cards (PHS-3652) were issued. The significant aspect of this project was that all cards were typed and 98 per cent had Social Security numbers. In the case of children, the mother or father's number was used. The local address, and in most cases a home address, was included with the other basic information. All cards had the local address of the Migrant Health Project included, plus the usual information that is normally included. This card was then enclosed in a very nice card case with the following embossed in gold: "Department of Public Health, Dade County, Florida Migrant Health Project." The card cases created a real interest and many who did not have Social Security numbers made an effort to get one so that they could have a health card and case. Each clinic had a supply of Social Security number application cards with self-addressed envelopes. It was surprising the number who completed applications for replacement of lost cards, or applied for the first time for a card. There were also about 150 cards completed, in maternity clinics, that did not always have Social Security numbers. The card cases were furnished from local contributions. From this experience, we believe that a sincere effort to promote the use of these cards will be a great help to the projects throughout the country.

The few cases where cards were issued without Social Security numbers were the patients with serious, chronic ills; i.e., cardiac, etc. The importance of showing this card when seeking medical help, even if the card is not requested, was explained in great detail. To further insure understanding of these details, instructions in Spanish and English were placed inside the card.

The following story of Ophelia M. shows something of the scope of the public health nurse as a counselor:

> Ophelia M. is a 17-year-old girl of Mexican descent who, in January, 1968, was found by the migrant x-ray survey, to have far advanced, active pulmonary tuberculosis. She was sent to the State Tuberculosis Hospital at Lantana where she stayed until November 16, 1968. She was discharged as "active improved," and was told she could return to school. As is customary, the public health nurse visited in the home to see that the patient had medication and was taking it as directed. She found that Ophelia was not in school and that her father had no plans for sending her. Ophelia was not physically strong enough for field work so that employment was a problem. Through the Neighborhood Youth Corp she was employed in the day care center in the labor camp. Because Ophelia is bilingual she frequently acted as interpreter for the nurse. Both the Social Service Department at the Tuberculosis Hospital and the nurse felt that she had tremendous potential and should continue her education. Many avenues were explored unsuccessfully and the family left the area for Virginia. Later the nurse was talking to Mr. Glickman,

of the University of Miami's "High School Equivalency Program" for young migrant school dropouts, about Ophelia and he was interested in having her apply. An application, together with descriptive literature, was sent to Dr. Fears in Northampton County, Virginia, with a plea for her assistance. Since the H.E.P. had agreed to pay for transportation back to Miami, we felt encouraged.

We have since heard from Dr. Fears that the family and Ophelia are interested and the application has been returned. Mr. Glickman reports that Ophelia has been accepted in the program and the bus ticket for her return has been purchased. The last step is for the family to bid her goodbye and take her to the bus. We realize that these people have very close family ties and that separation will be difficult for them, but we are hopeful that, before long, we will again have a very promising young woman in school.

## G. OTHER

There is nothing significant to report.

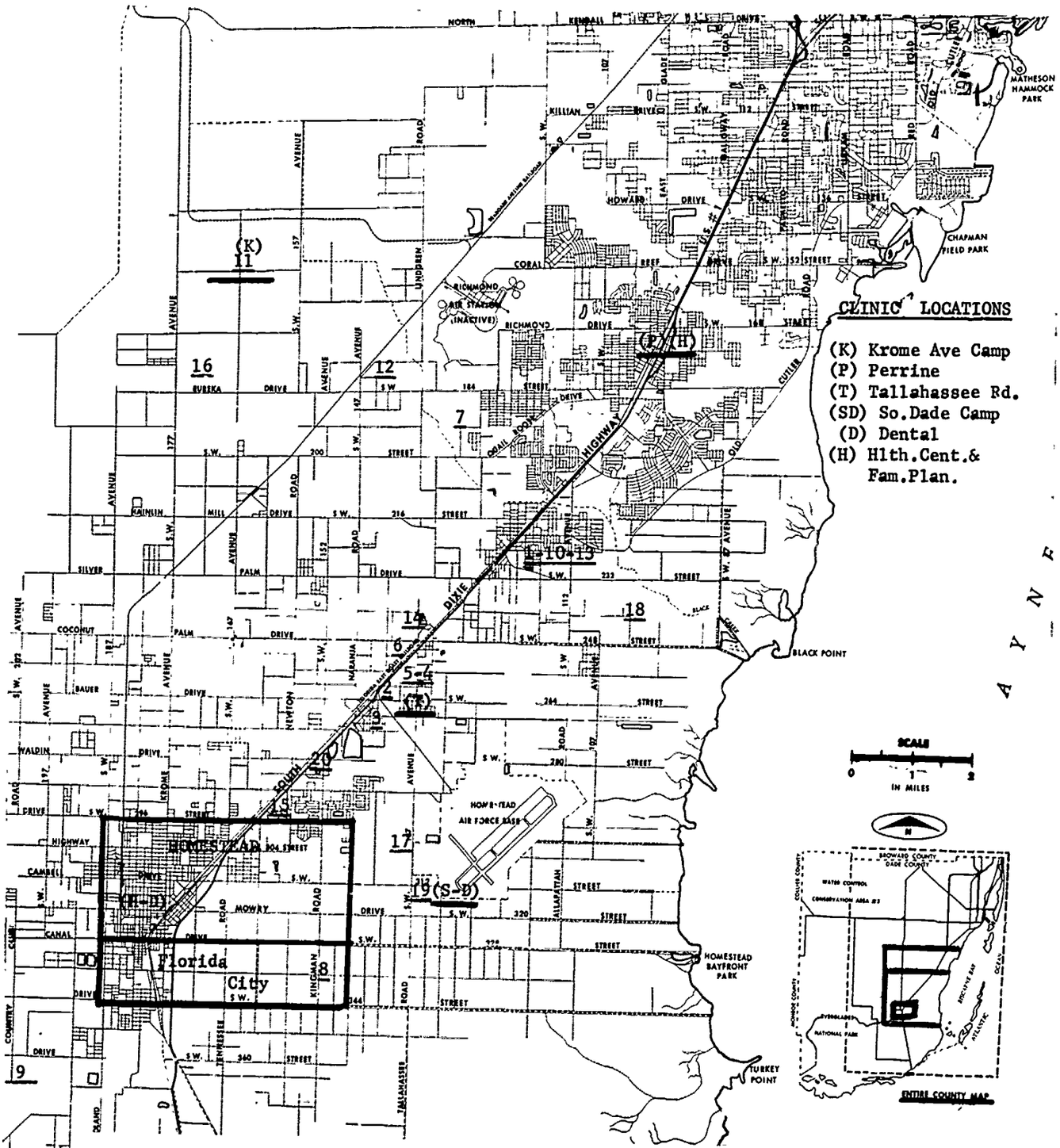
| | NAME OF CAMP | POPULATION BY ETHNIC GROUP AW | N | M | PR | | TOTAL POPULATION Total Peak Pop. | Auth. Capac. |
|---|---|---|---|---|---|---|---|---|
| 1. | Bailes Road Labor Camp | | 20 | | | F | 20 | 41 |
| 2. | Borinquin Farm Labor Center | | | | 140 | B | 140 | 204 |
| 3. | Brook's Labor Camp | | 42 | | | F | 42 | 48 |
| 4. | Campbell's, J. W., Camp - East | 4 | | 325 | 55 | B | 384 | 415 |
| 5. | Campbell's, J. W., Camp - West | | 149 | 50 | | B | 199 | 235 |
| 6. | Cox, H. L. & Sons Labor Camp | | 83 | | | B | 83 | 80 |
| 7. | Cross, H. D. Farm Labor Camp | | | | 40 | B | 40 | 37 |
| 8. | Douberly, Everett Labor Camp | | 25 | | | B | 25 | 32 |
| 9. | Far South Farm Labor Camp | | 103 | | | B | 103 | 150 |
| 10. | Kettles Labor Camps 1 & 2 | | 90 | | | B | 90 | 50 |
| 11. | Krome Ave. Farm Housing Center | 16 | 376 | 435 | | B | 827 | 1,800 |
| 12. | Lyttons (Mason Algers) Camp | | 77 | | | B | 77 | 60 |
| 13. | Markham's Farm Labor Camp | | | | 38 | M | 38 | 80 |
| 14. | Prince Housing Develop. - Bulls | 8 | 375 | 494 | | B | 877 | 586 |
| 15. | Redland Labor Camp | 185 | | 565 | | F | 750 | 747 |
| 16. | Sanders Labor Camp #2 | 1 | 60 | | | B | 61 | 76 |
| 17. | Shaw, Martin Labor Camp | | 17 | | | B | 17 | 12 |
| 18. | Sickles, C. Labor Camp | | | | 20 | M | 20 | 30 |
| 19. | South Dade Farm Labor Camp | | 327 | 749 | | B | 1,076 | 1,450 |
| 20. | Williams, Dan Farm Labor Camp | | 2 | 55 | | F | 57 | 42 |
| | TOTALS | 214 | 1746 | 2673 | 293 | | 4,926 | 6,142 |

NOTE: The totals indicate all occupants, including infants.

Abbreviations: AW - American White
N - Negro
M - Mexican Extraction
PR - Puerto Rican

M - Housing for men only
F - Housing for families only
B - Housing for both men and families

TABLE "A"




1. Bailes Rd.Farm L/C
2. Borinquen Farm Lbr.Cent
3. Brooks Labor Camp
4. Campbell's Farm L/C-East
5. " " " -West
6. Cox,H.L.' & Son Farm L/C
7. Cross, H.D. Farm L/C
8. Douberly,Everett Farm L/C
9. Far South Farm L/C
10. Kettles Farm L/Cs 1 & 2
11. Krome Ave.Farm Hous.Cent.
12. Lytton's(Mason-Alger) L/C
13. Markham's Farm L/C
14. Princeton Hous.Dev.(Balls)
15. Redland Farm L/C
16. Sanders Farm L/C #2
17. Shaw,Marvin, L/C
18. Sickles Farm L/C
19. So.Dade Farm L/C
20. Williams,Dan, L/C

LOCATION OF CAMPS SERVICED, AND CLINICS FOR THE 1968-1969 SEASON

C H A R T - B

TABLE "C"

1968-1969 MID-SEASON SCHEDULE - THROUGH MARCH

Medical and Dental Clinics for Migrant Farm Workers and their Families
Clinicas Medicas Y Dentales para Trabajadores Agricolas Y Sus Famila

PERRINE CENTER - 9879 East Fern St.
Across from the Fire Dept.

Wednesday (Miercoles) 6:00 p.m. to 8:00 p.m.

TALLAHASSEE CLINIC - Tallahassee & Bauer Dr.
26410 S.W. 137th. Avenue, Naranja

Wednesday (Miercoles)---------- 1:30 p.m. to 3:30 p.m.
Friday (Viernes)---------- 6:00 p.m. to 8:00 p.m.
(Immunizations each afternoon clinic------ 3:30 p.m. to 4:30 p.m.)

SOUTH DADE CLINIC - South Dade Labor Camp
S.W. 312th. Street & 137th Ave., Homestead

Monday (Lunes)---------- 1:30 p.m. to 3:30 p.m.
Tuesday (Martes)---------- 6:00 p.m. to 8:00 p.m.
Thursday (Jueves)---------- 6:00 p.m. to 8:00 p.m.
(Immunizations each afternoon clinic------ 3:30 p.m. to 4:30 p.m.)

KROME AVE. CLINIC - Krome Ave. Labor Camp
S.W. 162nd. Ave. & 152nd. Street

Monday (Lunes)---------- 6:00 p.m. to 8:00 p.m.
Friday (Viernes)---------- 1:30 p.m. to 3:30 p.m.
(Immunizations each afternoon clinic------ 3:30 p.m. to 4:30 p.m.)

DENTAL CLINIC - Homestead
49 W. Mowry Street

Tuesday (Martes)---------- Appointments through the
Thursday (Jueves)---------- medical clinic only

MATERNITY AND CHILD HEALTH CLINICS
9879 East Fern St., Perrine
By Appointment Only - MO 6-2538

Monday (Lunes)--------Child Health - Infants---------- 1:00 p.m. to 3:00 p.m.
Thursday (Jueves)-----Child Health - Infants---------- 1:00 p.m. to 3:00 p.m.
Wednesday (Miercoles)-Maternity and Family Planning------ 1:00 p.m. to 3:00 p.m.
Thursday (Jueves)-----Family Planning---------- 6:00 p.m. to 8:00 p.m.
Friday (Viernes)------Maternity and Family Planning------ 8:00 a.m. to 10:00 a.m.
Friday (Viernes)------Immunization---------- 1:00 p.m. to 4:00 p.m.

MATERNITY AND CHILD HEALTH CLINICS
177 West Mowry St., Homestead
For other information: 247-2231

Wednesday (Miercoles)-Child Health Care---------- 8:00 a.m. to 10:00 a.m.
Thursday (Jueves)-----Maternity and Family Planning------ 8:00 a.m. to 10:00 a.m.
------12:30 p.m. to 2:00 p.m.
Friday (Viernes)------Immunization---------- 1:00 p.m. to 4:00 p.m.

THERE WILL BE NO CHARGE FOR ANY SERVICE
(USTED NO TENDRA QUE PAGAR NADA PARA SERVICIOS)

THESE HEALTH SERVICES ARE MADE POSSIBLE BY THE DADE COUNTY DEPARTMENT OF PUBLIC HEALTH, THE FLORIDA STATE BOARD OF HEALTH, AND THE UNITED STATES PUBLIC HEALTH SERVICE.

TABLE "D"

Number of Patient Visits and Number of Clinic Sessions Conducted at the Four Family Health Service Field Clinics During the 1968-1969 Migrant Season, by Monty, by Location, and by Day or Night Sessions:

| | Oct. | | Nov. | | Dec. | | Jan. | | Feb. | | Mar. | | Apr. | | May | | Total | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | (1) | (2) | (1) | (2) | (1) | (2) | (1) | (2) | (1) | (2) | (1) | (2) | (1) | (2) | (1) | (2) | Visits | Sessions |
| KROME | | | | | | | | | | | | | | | | | | |
| 2-4 p.m. | N/C | 0 | N/C | 0 | 34 | 2 | 95 | 5 | 124 | 4 | 95 | 3 | 118 | 5 | 37 | 3 | 503 | 22 |
| 6-8 p.m. | N/C | 0 | 30 | 3 | 93 | 4 | 237 | 5 | 171 | 4 | 167 | 4 | 132 | 4 | 35 | 3 | 865 | 27 |
| TOTAL | 0 | 0 | 30 | 3 | 127 | 6 | 332 | 10 | 295 | 8 | 262 | 7 | 250 | 9 | 72 | 6 | 1,368 | 49 |
| PERRINE | | | | | | | | | | | | | | | | | | |
| 2-4 p.m. | N/C | 0 | N/C | 0 | N/C | 0 | N/C | 0 | N/C | 0 | N/C | 0 | N/C | 0 | N/C | 0 | 0 | 0 |
| 6-8 p.m. | 2 | 2 | 7 | 4 | 17 | 3 | 25 | 2 | 66 | 5 | 56 | 4 | 56 | 4 | 30 | 4 | 257 | 28 |
| TOTAL | 2 | 2 | 7 | 4 | 17 | 3 | 25 | 2 | 66 | 5 | 56 | 4 | 56 | 4 | 30 | 4 | 257 | 28 |
| SOUTH DADE | | | | | | | | | | | | | | | | | | |
| 2-4 p.m. | N/C | 0 | 43 | 3 | 87 | 4 | 127 | 5 | 96 | 4 | 69 | 4 | 89 | 4 | 58 | 4 | 579 | 28 |
| 6-8 p.m. | 90 | 3 | 215 | 5 | 245 | 6 | 276 | 7 | 386 | 10 | 268 | 8 | 221 | 8 | 125 | 8 | 1,830 | 55 |
| TOTAL | 90 | 3 | 258 | 8 | 332 | 10 | 403 | 12 | 482 | 14 | 337 | 12 | 310 | 12 | 183 | 12 | 2,409 | 83 |
| TALLAHASSEE | | | | | | | | | | | | | | | | | | |
| 2-4 p.m. | N/C | 9 | N/C | 0 | 33 | 4 | 18 | 2 | 72 | 5 | 41 | 4 | 37 | 4 | 23 | 4 | 242 | 23 |
| 6-8 p.m. | 36 | 3 | 78 | 4 | 86 | 3 | 144 | 5 | 99 | 4 | 84 | 3 | 120 | 5 | 50 | 4 | 715 | 31 |
| TOTAL | 36 | 3 | 78 | 4 | 119 | 7 | 162 | 7 | 171 | 9 | 125 | 7 | 157 | 9 | 73 | 8 | 957 | 54 |
| TOTAL | | | | | | | | | | | | | | | | | | |
| 2-4 p.m. | N/C | 0 | 43 | 3 | 154 | 10 | 240 | 12 | 292 | 13 | 205 | 11 | 244 | 13 | 118 | 11 | 1,310 | 73 |
| TOTAL | | | | | | | | | | | | | | | | | | |
| 6-8 p.m. | 128 | 8 | 330 | 16 | 441 | 16 | 682 | 19 | 722 | 23 | 575 | 19 | 529 | 21 | 240 | 19 | 3,658 | 141 |
| GRAND | | | | | | | | | | | | | | | | | | |
| TOTAL | 128 | 8 | 373 | 19 | 595 | 26 | 922 | 31 | 1014 | 36 | 780 | 30 | 733 | 34 | 358 | 30 | 4,968* | 222* |

NOTE: (1) Ref. to number of patient visits; (2) Ref. to number of clinic sessions. N/C - No Clinic

* Totals include 25 visits and 8 clinic sessions for the last ten days of May, 1968.

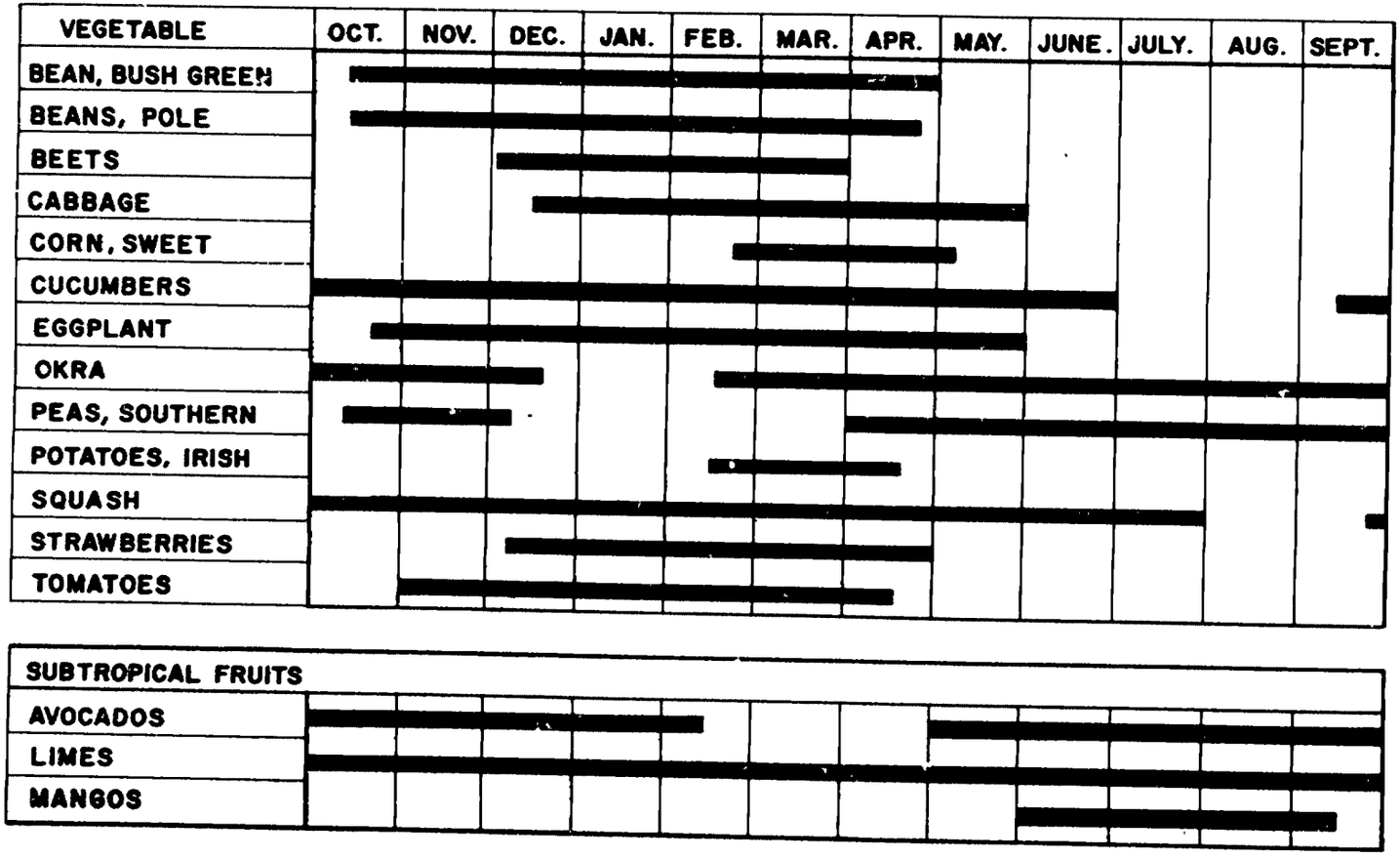



Table E

**The year 'round harvest times for fruits and vegetables in Dade County is illustrated by the dark lines on the above chart.**

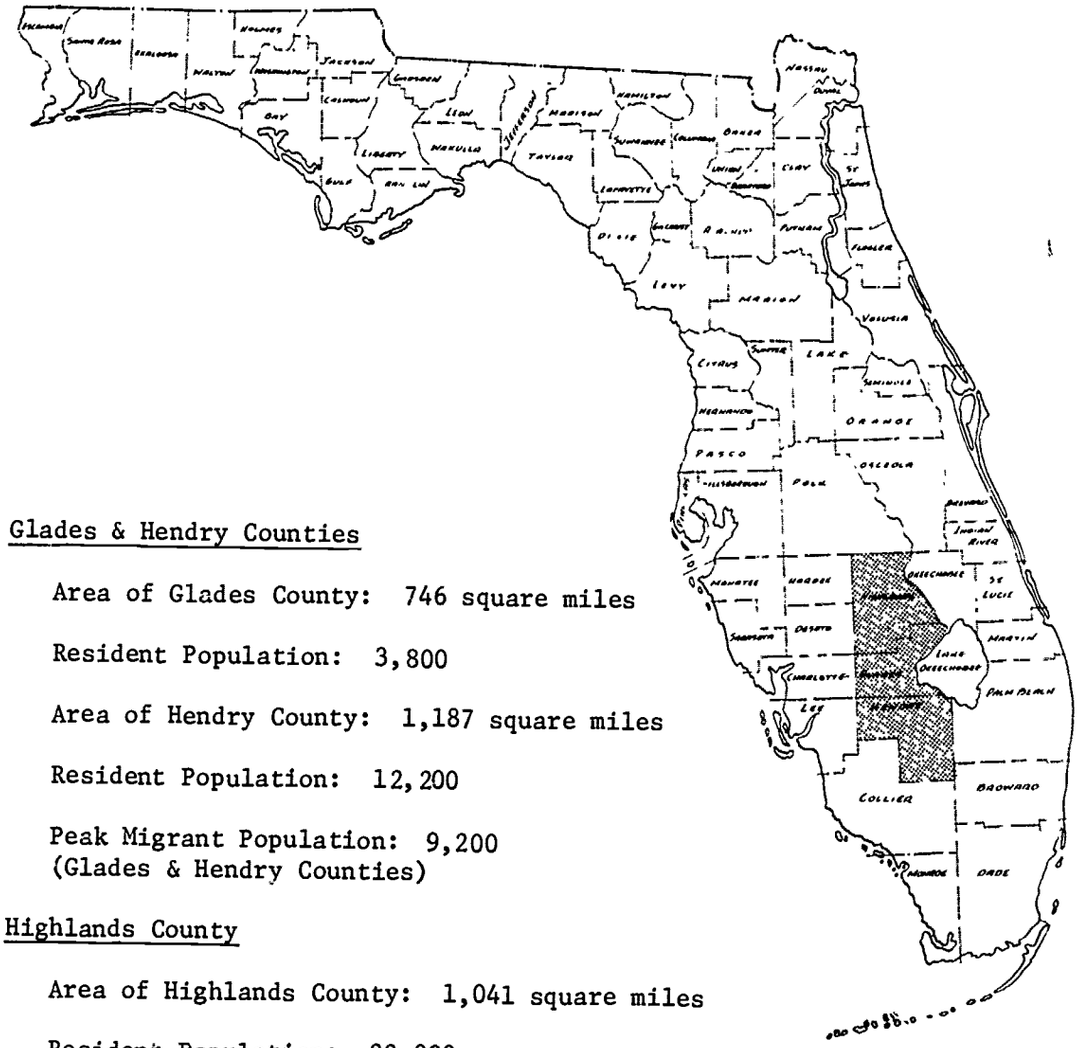
TABLE "F"

THE ACREAGE AND VALUE OF FRUITS AND VEGETABLES HARVESTED IN DADE COUNTY, FLORIDA, FOR EICHT SEASONS

| | FRUITS | | VEGETABLES | |
|---|---|---|---|---|
| Season Ending | Acreage Planted | Value ($1,000) | Acreage Planted | Value ($1,000) |
| 1959 - 60 | 16,600 | 1,952 | 40,565 | 22,921 |
| 1960 - 61 | 16,000 | 1,817 | 40,158 | 28,156 |
| 1961 - 62 | 13,595 | 2,955 | 37,540 | 30,643 |
| 1962 - 63 | 13,500 | 4,032 | 41,625 | 31,782 |
| 1963 - 64 | 13,020 | 5,196 | 49,170 | 37,354 |
| 1964 - 65 | 10,690 | 5,187 | 52,250 | 33,907 |
| 1965 - 66 | 10,750 | 4,059 | 44,680 | 33,723 |
| 1966 - 67 | 11,145 | 4,144 | 43,920 | 44,333 |

## GLADES, HENDRY & HIGHLANDS COUNTY HEALTH DEPARTMENTS

J. D. Workman, M. D., Director (Tri-County Unit)




Glades & Hendry Counties

Area of Glades County: 746 square miles

Resident Population: 3,800

Area of Hendry County: 1,187 square miles

Resident Population: 12,200

Peak Migrant Population: 9,200
(Glades & Hendry Counties)

Highlands County

Area of Highlands County: 1,041 square miles

Resident Population: 22,000

Peak Migrant Population: 3,480

Migrant Health Project Staff (Combined):

1 Public Health Nurse III
1 Public Health Nurse II
1 Physician II
1 Sanitarian II
1 Clerk-Typist I
1 Community Health Worker

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted May 28, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report
From May 1, 1968 Through April 30, 1969

PART I. GENERAL PROJECT INFORMATION

1. Project Title: A project to develop a State-Wide Program of Health Services for Migrant farm workers and their dependents in Florida.

2. Grant Number (Use no. shown on the Grant Award Notice): MG 18F 69

3. Grantee Organization (Name & Address):
Glades / Hendry Unit
Glades Co. HD, P.O. Box 274, Moore Haven, Fla. 33471
Hendry Co. HD, P.O. Box 278, LaBelle, Fla. 33935

4. Project Director:
J. D. Workman, M.D., M.P.H.
Glades / Hendry CHD
P.O. Box 278, LaBelle, Fla. 33935

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 7200 | 5140 | 2060 |
| Feb. | 6000 | 3940 | 2060 |
| Mar. | 5900 | 3840 | 2060 |
| Apr. | 8100 | 6040 | 2060 |
| May | 9200 | 7140 | 2060 |
| June | 2500 | 900 | 1600 |
| July | 2300 | 900 | 1400 |
| Aug. | 2200 | 700 | 1500 |
| Sep. | 3700 | 1800 | 1900 |
| Oct. | 5400 | 3340 | 2060 |
| Nov. | 6800 | 4740 | 2060 |
| Dec. | 7200 | 5140 | 2060 |
| TOTALS | 66,500 | 43,620 | 22,880 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 2060 | 1215 | 845 |
| Under 1 year | 100 | 60 | 40 |
| 1 - 4 years | 300 | 100 | 200 |
| 5 - 14 years | 300 | 150 | 150 |
| 15 - 44 years | 1250 | 850 | 400 |
| 45 - 64 years | 80 | 40 | 40 |
| 65 + older | 30 | 15 | 15 |
| (2) IN-MIGRANTS TOTAL: | 7200 | 4900 | 2300 |
| Under 1 year | 300 | 150 | 150 |
| 1 - 4 years | 400 | 150 | 250 |
| 5 - 14 years | 400 | 200 | 200 |
| 15 - 44 years | 6000 | 4340 | 1660 |
| 45 - 64 years | 75 | 50 | 25 |
| 65 + older | 25 | 10 | 15 |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 32 | October | May |
| In-Migs. | 16 | October | May |

d. (1) Indicate sources of information and/or basis of estimates for 5a.
Employment Service - Crew Chiefs - Agricultural Representatives - Growers - Camp Operators, Etc.

(2) Describe briefly how proportions for sex and age for 5b were derived.
Schools - Clinic Records - Headcount - Labor Contractors, Etc.

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | 80 | 740 |
| 10 - 25 persons | 15 | 300 |
| 26 - 50 persons | 5 | 160 |
| 51 - 100 persons | 2 | 164 |
| More than 100 pers. | 6 | 1455 |
| TOTAL* | 108 | 2819 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Farms | 200 | 1800 |
| Other Locations (Rooms, Apts,, Motels, Private Homes, Etc.) | 600 | 3200 |
| TOTAL* | 800 | 5000 |

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year. Approx. 1200 to 1500 workers are day-haul from adjoining county areas.

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.

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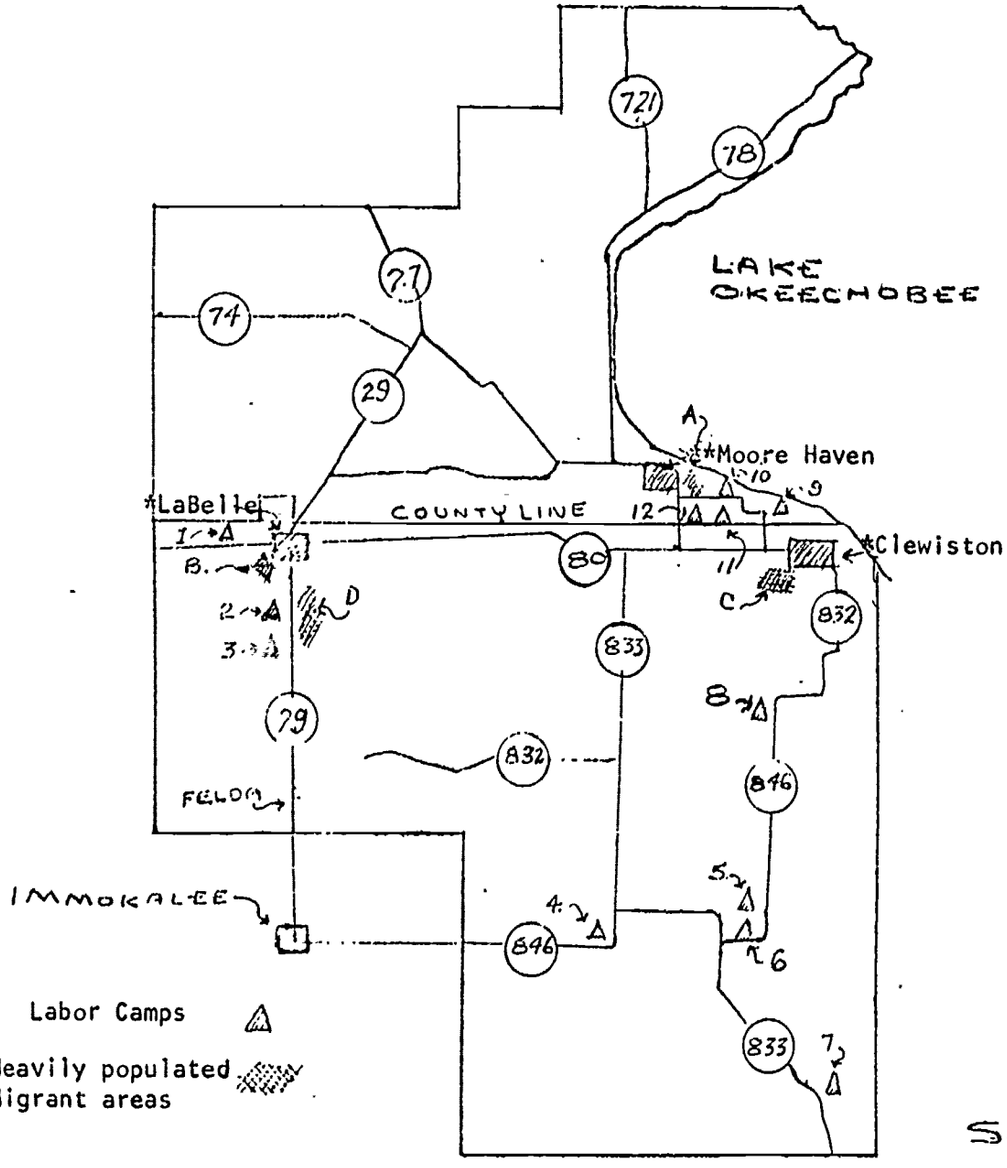
7-68

Form approved:
Budget Bureau No. 68-R1005

# GLADES — HENDRY COUNTIES




1-Austin Labor Camp
2-Bob Paul Trailer Camp
3-Bob Paul Motel Camp
*4-6 L;s Labor Camp
*5-S & M #3 Labov Camp
6-S & M #2 Labor Camp
7-S & M #1 Labor Camp
8-Saunders Camp
*9-Shawnee Labor Camp

10- Benbow (U.S. Sugar Camp
11- Click Farms Camp
12- Glades Sugar Co-op
A- Moore Haven Migrant ARea
B- LaBelle Migrant ARea
C-Clewiston Migrant Area
D- Highway 29S LaBelle

* Indicated clinics

GRANT NUMBER MG 18F 69

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

DATE SUBMITTED May 28, 1969

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 1088 | 376 | 712 | 4109 |
| Under 1 year | 65 | 36 | 29 | 303 |
| 1 - 4 years | 242 | 97 | 145 | 927 |
| 5 - 14 years | 235 | 112 | 123 | 879 |
| 15 - 44 years | 478 | 95 | 383 | 1751 |
| 45 - 64 years | 55 | 30 | 25 | 220 |
| 65 + older | 13 | 6 | 7 | 29 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? 653

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 256

3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment)

No. of patients (exclude newborn) 89

No. of hospital days 477

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined - Total: | 183 | 48 | 135 |
| (1) No. Decayed, missing, filled teeth | | | |
| (2) Avg. DMF per person | | | |
| b. Individuals Requiring Services - Total: | 103 | 10 | 93 |
| (1) Cases completed | 80 | 10 | 70 |
| (2) Cases partially completed | 23 | 0 | 23 |
| (3) Cases not start. | | | |
| c. Services Provided - Total: | 107 | 27 | 80 |
| (1) Preventive | 24 | 14 | 80 |
| (2) Corrective-Total | 83 | 13 | 70 |
| (a) Extraction | 48 | 6 | 42 |
| (b) Other | 35 | 7 | 28 |
| d. Patient Visits - Total: | 183 | 48 | 135 |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total* | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 421 | 81 | 144 | 154 | 42 | 243 | 307 |
| Smallpox | 30 | | 11 | 16 | 3 | | 10 |
| Diphtheria | 89 | 20 | 19 | 38 | 12 | 47 | 92 |
| Pertussis | 50 | 20 | 19 | 11 | | 42 | 50 |
| Tetanus | 89 | 20 | 19 | 38 | 12 | 47 | 102 |
| Polio | 49 | 21 | 17 | 11 | | 45 | 18 |
| Typhoid | 50 | | 22 | 15 | 13 | 62 | 35 |
| Measles | 64 | | 37 | 25 | 2 | | |
| Other (Spec.) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS:

(*) This figure does not include Incomplete Series or Boosters and Revaccinations.

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG 18 E 69

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 2498 | 1818 | 680 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 306 | 277 | 29 |
| | 010 | Tuberculosis | 8 | 6 | 2 |
| | 011 | Syphilis | 6 | 5 | 1 |
| | 012 | Gonorrhea and Other Venereal Diseases | 26 | 21 | 5 |
| | 013 | Intestinal Parasites | 148 | 138 | 10 |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | 16 | 14 | 2 |
| | 015 | All other | 47 | 41 | 6 |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | 13 | 12 | 1 |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | 25 | 23 | 2 |
| | 019 | Other Infectious Diseases (give examples): | | | |
| | | Hepatitis | 8 | 8 | |
| | | Scabies | 4 | 4 | |
| | | Ringworm of scalp | 5 | 5 | |
| | | | | | |
| II. | 02- | NEOPLASMS: TOTAL | 15 | 3 | 12 |
| | 020 | Malignant Neoplasms (give examples): | | | |
| | | Cancer of Larynx with Metastasis to Lungs | 12 | 1 | 11 |
| | | | | | |
| | | | | | |
| | | | | | |
| | 025 | Benign Neoplasms | | | |
| | 029 | Neoplasms of uncertain nature | 3 | 2 | 1 |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 294 | 123 | 171 |
| | 030 | Diseases of Thyroid Gland | 3 | 3 | |
| | 031 | Diabetes Mellitus | 78 | 10 | 68 |
| | 032 | Diseases of Other Endocrine Glands | | | |
| | 033 | Nutritional Deficiency | 108 | 73 | 35 |
| | 034 | Obesity | 105 | 37 | 68 |
| | 039 | Other Conditions | | | |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 57 | 28 | 29 |
| | 040 | Iron Deficiency Anemia | 57 | 28 | 29 |
| | 049 | Other Conditions | | | |
| V. | 05- | MENTAL DISORDERS: TOTAL | 31 | 17 | 14 |
| | 050 | Psychoses | 2 | 2 | |
| | 051 | Neuroses and Personality Disorders | 9 | 5 | 4 |
| | 052 | Alcoholism | | | |
| | 053 | Mental Retardation | 15 | 7 | 8 |
| | 059 | Other Conditions | 5 | 3 | 2 |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 147 | 75 | 72 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG 18F 69

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | 147 | 75 | 72 |
| | 061 | Epilepsy | 19 | 5 | 14 |
| | 062 | Conjunctivities and other Eye Infections | 62 | 38 | 24 |
| | 063 | Refractive Errors of Vision | 2 | 2 | |
| | 064 | Otitis Media | 51 | 24 | 27 |
| | 069 | Other Conditions | 3 | 3 | |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 121 | 38 | 83 |
| | 070 | Rheumatic Fever | 10 | 2 | 8 |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 3 | 1 | 2 |
| | 072 | Cerebrovascular Disease (Stroke) | | | |
| | 073 | Other Diseases of the Heart | 6 | 4 | 2 |
| | 074 | Hypertension | 97 | 27 | 70 |
| | 075 | Varicose Veins | 4 | 3 | 1 |
| | 079 | Other Conditions | 1 | 1 | |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 663 | 550 | 113 |
| | 080 | Acute Nasopharyngitis (Common cold) | 454 | 385 | 69 |
| | 081 | Acute Pharyngitis | 10 | 9 | 1 |
| | 082 | Tonsillitis | 76 | 64 | 12 |
| | 083 | Bronchitis | 39 | 34 | 5 |
| | 084 | Tracheitis/Laryngitis | 3 | 3 | |
| | 085 | Influenza | 24 | 20 | 4 |
| | 086 | Pneumonia | 13 | 11 | 2 |
| | 087 | Asthma, Hay Fever | 29 | 11 | 18 |
| | 088 | Chronic Lung Disease (Emphysema) | 1 | 1 | |
| | 089 | Other Conditions | 14 | 12 | 2 |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 157 | 126 | 31 |
| | 090 | Caries and other Dental Problems | 91 | 73 | 18 |
| | 091 | Peptic Ulces | 18 | 11 | 7 |
| | 092 | Appendicitis | 2 | 2 | |
| | 093 | Hernia | 3 | 1 | 2 |
| | 094 | Cholecystic Disease | 8 | 7 | 1 |
| | 099 | Other Conditions | 35 | 32 | 3 |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 68 | 54 | 14 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 29 | 21 | 8 |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | | | |
| | 102 | Other Diseases of Male Genital Organs | | | |
| | 103 | Disorders of Menstruation | 9 | 6 | 3 |
| | 104 | Menopausal Symptoms | 6 | 6 | |
| | 105 | Other Diseases of Female Genital Organs | 22 | 19 | 3 |
| | 109 | Other Conditions | 2 | 2 | |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 24 | 23 | 1 |
| | 110 | Infections of Genitourinary Tract during Preg. | 2 | 2 | |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG 18F 69

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | 3 | 2 | 1 |
| | 112 | Spontaneous Abortion | 4 | 4 | |
| | 113 | Referred for Delivery | 6 | 6 | |
| | 114 | Complications of the Puerperium | 2 | 2 | |
| | 119 | Other Conditions | 7 | 7 | |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 252 | 200 | 52 |
| | 120 | Soft Tissue Abcess or Cellulitis | 14 | 12 | 2 |
| | 121 | Impetigo or Other Pyoderma | 101 | 73 | 28 |
| | 122 | Seborrheic Dermatitis | 5 | 5 | |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | 88 | 68 | 20 |
| | 124 | Acne | 2 | 2 | |
| | 129 | Other Conditions | 42 | 40 | 2 |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 44 | 38 | 6 |
| | 130 | Rheumatoid Arthritis | 5 | 4 | 1 |
| | 131 | Osteoarthritis | 6 | 6 | |
| | 132 | Arthritis, Unspecified | 9 | 8 | 1 |
| | 139 | Other Conditions | 24 | 20 | 4 |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | 2 | 2 | |
| | 140 | Congenital Anomalies of Circulatory System | | | |
| | 149 | Other Conditions | 2 | 2 | |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | 5 | 5 | |
| | 150 | Birth Injury | | | |
| | 151 | Immaturity | 3 | 3 | |
| | 159 | Other Conditions | 2 | 2 | |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 125 | 100 | 25 |
| | 160 | Symptoms of Senility | 8 | 6 | 2 |
| | 161 | Backache | 40 | 29 | 11 |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 13 | 10 | 3 |
| | 163 | Headache | 29 | 25 | 4 |
| | 169 | Other Conditions | 35 | 30 | 5 |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 187 | 159 | 28 |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | 148 | 123 | 25 |
| | 171 | Burns | 13 | 12 | 1 |
| | 172 | Fractures | 4 | 3 | 1 |
| | 173 | Sprains, Strains, Dislocations | 15 | 14 | 1 |
| | 174 | Poison Ingestion | 1 | 1 | |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | 6 | 6 | |

| PART II. | | | Grant Number MG 18F 69 |
|---|---|---|---|
| | | | Number of Individuals |
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | 1976 |
| | 200 | Family Planning Services | 124 |
| | 201 | Well Child Care | 50 |
| | 202 | Prenatal Care | 82 |
| | 203 | Postpartum Care | 3 |
| | 204 | Tuberculosis: Follow-up of inactive case & Suspects | 175 |
| | 205 | Medical and Surgical Aftercare | 6 |
| | 206 | General Physical Examination | 104 |
| | 207 | Papanicolaou Smears | 76 |
| | 208 | Tuberculin Testing | 240 |
| | 209 | Serology Screening | 146 |
| | 210 | Vision Screening | 92 |
| | 211 | Auditory Screening | 87 |
| | 212 | Screening Chest X-rays | 610 |
| | 213 | General Health Counselling | 153 |
| | 219 | Other Services: | |
| | | Specify Pediculosis Screening | 28 |

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Rev. 7-68

| PART III. - NURSING SERVICE | Grant No. MG 18F 69 |
|---|---|
| Type of Service | Number |
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 15 |
| b. Number of Individuals Served - Total | 328 |
| 2. FIELD NURSING: | |
| a. Visits to Households | 490 |
| b. Total Households Served | 367 |
| c. Total Individuals served in Households | 739 |
| d. Visits to Schools, Day Care Centers | 198 |
| e. Total Individuals Served in Schools and Day Care Centers | 150 |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | 259 |
| (1) Within Area | 183 |
| (Total Completed 183 ) | |
| (2) Out of Area | 76 |
| (Total Completed 59 ) | |
| b. Referrals Made For Dental Care: Total | 63 |
| (Total Completed 61 ) | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | 6 |
| (Total Completed 4 ) | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | 10 |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | 71 |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | 266 |
| (1) Number presenting health record | 50 |
| (2) Number given health record | 216 |
| 4. OTHER ACTIVITIES (Specify): | |

REMARKS

PHS-4202-7 (Page 6)
Rev. 7-68

PART IV. SANITATION SERVICES | Grant Number MG 18F 69

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps 170C-32 Definition (15 or more) | 28 | 2100 | 8 | 1345 |
| Other locations | 800 | Unkown | Hotel & R. | Comm.or none |
| Housing Units - Family: | | | | |
| In camps | 156 | 500 | 65 | 425 |
| In other locations | 300 | Unkown | Hotel & R. | Comm.or none |
| Housing Units - Single: | | | | |
| In camps | 21 | 920 | 21 | 920 |
| In other locations | 500 | Unkown | Hotel & R. | Comm.or none |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 28 | Drive | 246 | Drive | Not broken down individually | | | |
| b. Sewage | 28 | thru | 246 | thru | Estimated average of three | | | |
| c. Garbage and Refuse | 28 | survey | 246 | survey | defects per inspection. | | | |
| d. Housing | 28 | Not | 246 | Not | Most defects are corrected | | | |
| e. Safety | 28 | broken | 39 | broken | but re-occur consistently. | | | |
| f. Food Handling | 9 | down | 30 | down | | | | |
| g. Insects and Rodents | 28 | | 246 | | | | | |
| h. Recreational facilities | 5 | | 20 | | | | | |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | 17 | xxxxx | 31 | xxxxx | 14 | xxxxx | 5 |
| b. Toilet facilities | xxxxx | 17 | xxxxx | 31 | xxxxx | 17 | xxxxx | 0 |
| c. Other | xxxxx | 17 | xxxxx | 31 | xxxxx | 17 | xxxxx | 0 |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physi-cians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | Clerks |
| (1) Individual counselling | | 42 | 266 | 437 | | |
| (2) Group counselling | | 3 | 10 | 29 | | |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | | 6 | 15 | 150 | | |
| (2) Direct services | | 2 | 15 | | | |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | | 5 | 8 | 73 | | |
| (2) Group counselling | | | | | | |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | | | 16 | 21 | | |
| (2) Consultation with groups | | | | 4 | | |
| (3) Direct services | | | | | | |
| E. Health Education Meetings | | | 8 | 15 | | 5 |

(*) Aides - other than Health Ed.

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ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

GLADES AND HENDRY COUNTIES

PERIOD COVERED: May 1, 1968 - April 30, 1969

## A. SUMMARY

Objectives:

1. To continue to improve the environmental health aspects of the migrants' existence.

2. To extend health education and general education to migrants.

3. To compile information on the migrant population through the use of liaison workers.

4. To inform the general public and certain groups of the project's aims and migrant problems.

5. To extend the use of the referral system.

6. To offer more comprehensive medical and dental treatment to migrants. Many are in need of dental prostheses. This is an especially serious problem with young women - not only because of nutrition, but also because of cosmetic factors.

7. To extend family planning services to migrants.

There were no changes in objectives. The migrant continues to become more community-oriented, purchasing homesites and taking a more active part in community life. The growing seasons remain the same. Farmers continue to expand, citrus groves planted in the beginning of the project period are now producing, thus creating more demand for labor. Housing and health education are continuing needs.

Objective achievements:

1. Improvements have been made in environmental health aspects. Program development was hampered by the lack of a project sanitarian during the first five months of the report year.

2. Health education and general education efforts of the entire staff continue to be important in each contact with the migrant.

3. Liaison workers are no longer available to assist in a migrant census.

4. Migrant problems are now being publicized widely.

5. The out-of-county referral system is operating satisfactorily. A referral system for non-project services has been adopted to serve local needs.

6. The medical and dental programs are adequate, except for the lack of dental prostheses.

7. Greater acceptance of family planning services is noted.

## B. MEDICAL AND DENTAL SERVICES

The migrant population of Glades and Hendry Counties consists of in-migrants from Illinois, Indiana, Kentucky, and other mid-central and mid-eastern states and Texas; plus out-migrants who travel mainly to Georgia, New Jersey, New York, Indiana, and Michigan. Many families remain here sending one or two members up the stream. The total migrant population is estimated at 8,000 to 10,000. Some of the migrants find housing in our three urban areas and environs, but a fair amount live in camps 30 or more miles from the nearest shopping and medical centers. Distances make it necessary for patients or health personnel to be transported many miles.

Our migrant population consists of mainly single men and young families with large numbers of pre-school and school-age children. They are Negro and Mexican, some of the latter born in the United States and many Mexican born. There are a few Whites. Many speak only Spanish and only a few can read and write Spanish and/or English. Many organizations help with x-ray surveys and they responded overwhelmingly to our tornado disaster when two migrants were killed and several injured. A camp clinic building was demolished. Many records and medical supplies and equipment were lost. The doctor and nurse continued to hold "clinic" out of the trunks of cars for almost two months.

We are able to pay part of the in-patient hospital costs except for the physicians' services. Project funds also pay out-patient fees for patients and for laboratory work and x-rays. We have found it necessary to help pay for transportation as the great distances make it impossible for the patient to pay these costs especially when he is out of work because of illness.

Weekly clinics are held in four rural areas where growers supply adequate facilities. Our "in-town" clinics are well attended by the migrants. The counties provide two excellent clinic facilities and one which is fair. The non-project nurses and clerical help contribute many hours to the success of these. Health education is an integral part of all our work and is accomplished by untiring efforts by all project and non-project personnel. The language barrier plus the low education level aggravates our problems with the migrants.

A bilingual community health worker, who will begin work soon, will help surmount some of these difficulties. The warm climate makes skin diseases and intestinal infestations an ever-present problem. High standards of personal hygiene and environmental sanitation are necessary to eradicate these diseases. We have notices during the last couple of years that our patients are noticeably cleaner and worm infestations definitely reduced. The children receive free worm medications, furnished by the state, and vitamins donated by the drug companies.

Antibiotics procured through project funds have prevented the complications associated with upper respiratory conditions. Only one child had to be sent to an otologist. The health department relationship with the local private physicians is good. Some will accept pay from the project, some do not, but continue to care for the migrants on the "pay-if-you-can" basis. We still need funds to pay for in-patient hospital care. One teaching hospital has offered free surgical services, except for tonsillectomies. Emergency surgery is never denied by the private physicians. Dental care is limited to emergency extractions. Preventive dentistry is out of the question on our budget. Dentures for young adults would be desirable. Nutrition is fair. Puerto Ricans continue to keep their infants on an all milk diet too long. Intestinal parasites plus poor dietary habits are revealed in low hemoglobins attained in many blood tests.

Our tuberculosis cases are bound through diligent screening processes, are treated with drugs, and their hospitalization provided by the state. A frequent new source of infection comes from the migrant recruit brought in from the ghettoes of the cities and other poverty areas of the northern states. Overcrowding hastens the spread of this disease. One camp produced six active cases. The men were sleeping on bare mattresses in eight hour shifts. This situation was eliminated. The common drinking cup is all too common. One farm manager eliminated the common cup and bought paper cups and as the result of a discussion period at a P.T.A. meeting, led by the project physician.

The young children lack supervision and frequently are seen playing among the abandoned autos. The young adolescent is a frequent truant from school and an early dropout. The schools do not appear to make any noticeable effort to track down truants except very recently they began demanding excuses from clinic physicians. Some migrants make little effort to send their children to school. When the fields are checked for school-age children, they appear in the camps having been forewarned that the fields were under observation.

Although a few entire families have been seen regularly by the health department since the project started, many others come and go, staying only short intervals, which makes the follow-up work exceedingly difficult. Our referral system, however, works suprisingly well and most of the migrants know where to get help on their way up and down the stream. The overall health of the migrant has definitely improved over the past few years, but efforts by the dedicated health personnel will continue to be needed.

CASE HISTORIES: Alejandro - first admitted to the Glades County Health Department at the age of one week. Routine well-baby examination revealed eyelids that did not open properly. Referral was made to the Florida Council for the Blind where surgery was recommended for ptosis to be done at a later date. After being followed for three years, successful surgery was performed at Bascom Palmer Eye Institute in Miami this year.

Clarence III - Eye enucleation was performed on this 11 months old at Shands Teaching Hospital because of retina blastoma. When a suspicious area was discovered on the other eye prior to discharge, referral was made to Columbia Presbyterian Medical Center, New York, for radiation therapy.

The American Cancer Society cooperated with the health department in arranging transportation. Medical care was sponsored by Knights Templar.

Clinic Schedules

Health Department, Clewiston:

| | | | |
|---|---|---|---|
| Mondays | 9:00 a.m. - 12:00 noon | Prenatals | 1 Physician, 1 Nurse<br>1 LPN, 1 Clerk |
| | 1:00 a.m. - 1:30 p.m. | General | Same staff as above |
| Tuesdays | 9:00 a.m. - 12:00 noon | I.U.D. | Same staff as above |

S & M Camp, State Road 833:

| | | | |
|---|---|---|---|
| Tuesdays | 9:30 a.m. - 12:00 noon | Prenatal & Gen. | 1 Physician, 1 Nurse<br>1 Clerk |
| Fridays | 9:30 a.m. - 12:00 noon | Same | Same staff as above |

Six L's Camp, State Road 832:

| | | | |
|---|---|---|---|
| Tuesdays | 1:00 p.m. - 3:00 p.m. | Same | Same staff as above |
| Fridays | 1:00 p.m. - 3:00 p.m. | Same | Same staff as above |

Shawnee Farms, State Road 720:

| | | | |
|---|---|---|---|
| Wednesdays | 8:30 a.m. - 10:30 a.m. | Prenatal & Gen. | 1 Physician, 1 Nurse<br>1 LPN |

Health Department, Moore Haven:

| | | | |
|---|---|---|---|
| Wednesdays | 9:00 a.m. - 12:00 noon | Prenatal | 1 Nurse, 1 Clerk |
| | 1:00 a.m. - 3:30 p.m. | General | 1 Physician, 1 Nurse<br>1 LPN, 1 Clerk |

Health Department, LaBelle:

| | | | |
|---|---|---|---|
| Thursdays | 9:30 a.m. - 12:00 noon | Prenatal | 1 Physician, 1 Nurse<br>1 LPN, 1 Clerk |
| | 1:00 p.m. - 3:00 p.m. | General | Same staff as above |

## C. HOSPITAL SERVICES

In addition to care provided for migrants on an outpatient basis, contracts have been negotiated with local hospitals to provide medical care on an inpatient basis. Patients are admitted for inpatient care on the recommendation of hospital staff physicians. The project nurse is contacted as soon as feasible after the patient's admission for verification of migrant status. The patient is visited in the hospital when possible and necessary plans made for follow-up care after discharge.

There is still a great need for funds to reimburse physicians for inpatient care. Hospital care is never refused and the few private physicians in the counties have

contributed many hours to migrant care. A total of 89 patients were hospitalized this report year for a total of 477 days. Funds budgeted were depleted before the end of the budget year; however, transfers of funds from other areas were arranged and all bills were paid.

## D. NURSING SERVICES

Objectives and Duties:

1. To render the best nursing service possible in a generalized program with a limited staff.
2. To continue to promote and assist with complete medical services.
3. Assist in general and prenatal clinics.
4. Be alert to patients' problems, both social and economic.
5. Verify all patients receiving in-service care and follow-up.
6. Home visits on routine public health services on medical service patients.
7. Offer consultive services to migrant children in Hendry/Glades schools.
8. Order all drugs and supplies for clinic operation.
9. Serve as a liaison between migrant and the community.

The nursing staff of Hendry/Glades counties consists of one project nurse, one full-time registered nure, one part-time registered nurse, and one L.P.N. Good cooperation on the part of the entire staff of the health departments has contributed to the effectiveness of the program. Staff meetings are held once monthly to promote better understanding among personnel and to forestall any breakdown of communications which might affect the widely scattered personnel and clinics. Cooperation with managers and labor bosses of the migrants has been good. Various agencies and individuals have contributed to the program. Transportation for x-rays, mass skin testing, to hospitals and special clinics is sometimes a problem. Individuals and agencies have contributed time and money for this service.

Referral and voluntary agencies include:

1. Florida Council for the Blind
2. Vocational Rehabilitation
3. Florida Crippled Children's Commission
4. State Welfare
5. American Cancer Society
6. Tuberculosis and Respiratory Disease Association
7. American Red Cross Grey Ladies

8. Anti-Convulsive Clinic (Miami)

9. Speech and Hearing Clinic of Miami

10. Kiwanis Club (Clewiston)

11. Beta Sigma Phi Soroity

12. Church groups and Partnt-Teacher Association

13. Girl Scouts (toys)

14. Southwest Florida Society for Crippled Children and Adults

Clinic services included:

Communicable disease

Tuberculosis, V.D., Intestinal Parasite control

Maternal and child health care

Child spacing

School physical examinations

General medical care

Clinic services also include immunizations, P.P.D. skin testing, laboratory tests taken for serologies, hemoglobins, Rh typing, and blood sugard. Dextro-stix, labstix, and Stat test are also done on all medical care patients. Pap smears are done routinely on child spacing patients but are not limited to this type of patient.

Transportation is arranged for patients who are referred to specialists or local physicians for follow-up or possible hospital admission. Home or field visits are basically generalized public health nursing, health education, and supervision of maternal and child health and child spacing, tuberculosis casefinding, and also school health follow-up.

The Hendry/Glades health department participated in the Teacher Health Education Project during July-August, 1968. Much emphasis was placed on migrant health care and problems. Schools were visited weekly and more often if necessary. Annual vision and audio screening is done on the first, seventh, and ninth grades; and all teacher referrals during screening and throughout the year. Grey Laides conduct the mass screen and assist the public health nurse with rechecking the failures. Follow-up on failures is done as quickly as possible by home visits. The School Migrant Program will place corrective lens in their budget for the coming year. Films on menstruation and personal hygiene are shown to the fifth and sixth grade students. Tuberculin testing on the first and ninth grades was arranged by the Tuberculosis Association and in one locality a retired physician, nurse, and a local organization of women assisted the project nurse with the screening. Routine follow-up by the public health nurse was made on all positive reactors and their contacts. Prophylactic tuberculosis drugs are started on positive reactors after

a chest x-ray is taken. Yearly 70 mm x-rays are taken on reactors (on the mobile unit) as long as they are in school.

The mobile x-ray unit visited all migrant areas. Our local TB Association arranged for survey spots and clerical help on the x-ray trailer in the mass survey. Other organizations assisting were the Kiwanis Club and sorority. The mobile unit was scheduled after work hours for migrant camps some 50 miles from town.

Late afternoon and night hours at local "bus depots" were scheduled with the migrant in mind. Early in the season an acutely ill, elderly migrant male was brought to clinic. He was immediately hospitalized and diagnosed as having active tuberculosis. Follow-up of contacts revealed eight active tuberculosis cases. These people had been sleeping in eight hour shifts and in the same bed. Special afternoon and night PPD clinics were held after work for contacts. Reading was done in the field as they "forgot" to come in for reading. Positive reactors were x-rayed at a special diagnostic clinic. Special skin testing clinics were held in several instances on Tbc follow-up patients. Since local facilities are limited in some areas, transportation must be arranged for chest x-rays. The local Tuberculosis Association pays for the chest x-rays and project funds for transportation.

A tornado in November destroyed a camp clinic building along with most of the other buildings located some 50 miles from home base. Staff personnel went immediately to the area to salvage equipment and medications. Clinics were held in a hallway with boxes and card tables where the families had been relocated. As trailers gradually replaced the buildings destroyed, clinics were held from car trunk in the open until a second hand trailer was donated by the farm manager for clinic purposes. Project funds paid for a septic tank for sanitary facilities. This was certainly an improvement. Previously, department personnel were without sanitary facilities for the entire day clinics were held in the camps.

Project inpatient hospitalization has been a great asset to the program. Patients are visited by the nursing staff and plans are made for future care.

Referrals to local physicians and specialists are made on a special form. The migrant carries this form to the doctor and his office mails the completed form to the health department with his bill.

The Interstate Referral is used when necessary, but much difficulty is still encountered in migrant location. The use of the Personal Health Record and attempts to educate the migrant to seek out health departments wherever he locates has proven helpful. Almost all referrals initiated here were returned except from one town in Ohio. When the migrants returned, they told us the health department had been closed.

Orientation of the staff is on a local basis and from state level. We hope in the future to be able to attend In-service Nursing Meetings and Migrant Health Conferences.

Plans are being formulated with a Dade County Hospital for surgical care of patients. Applications are being taken for a Spanish-speaking community health worker. This should help immeasurably as many times it is difficult to determine

if the Spanish-speaking migrants understand directions. Another clerk will be added to the staff in June. There is still a great need for day care centers, particularly in camp areas and local Negro areas. Needed also are recreation areas for adults and children. We are grateful for "M" project and the medical service it has made available to the migrants. We will continue to give the best possible nursing service through every means at our disposal.

## E. SANITATION SERVICES

I. A. Objectives

1. To continue to improve general sanitation by regular camp area visits.

2. To establish better relations with growers.

3. To assist operators and growers in formulating plans for new structures.

4. To begin an extensive program of health education, using small group meetings at each camp and to utilize Spanish-speaking visual aids.

B. Sanitation services were provided by one full-time project sanitarian during the period October, 1968, through May, 1969. Two non-project sanitarians contributed approximately 10% of their time to the project.

C. Relatively good working relations were maintained with all organizations involved in the overall program. Some of these (aside from migrants and growers) are:

Florida Hotel and Restaurant Commission; Florida Self-Help Housing, Inc.; Florida Development Commission; Farm Labor Division; and the County Zoning and Building.

D. Members of all of the above agencies and groups were consulted from time to time as needed. Other sources of consultation were divisions of the Florida State Board of Health; such as Sanitation, Sanitary Engineering, Health Education, and the Legal Staff; Clewiston Housing Authority, City Building Inspectors, City and County Attorney, and other County Projects and County Commissioners.

E. We will continue to need consultation and assistance from all previously listed sources. Also, as we embark on a program of more stringent enforcement of applicable regulations, we will definitely require more legal assistance and guidance from state health educators so that we, at the local level, may become more effective.

II. A. In general, private and commercial housing utilized by the migrants runs the gamut from poor (bus bodies and shacks) to excellent (modern CBS units). However, most units are frame and can be classed as fair.

B. 1. The Sanitary Code of Florida, Chapter 170C-32, is the basic authority for the issuance of permits for labor camps. Other applic-

able chapters, for example those relating to water supply, waste disposal, etc., are also utilized.

2. Factors contributing to improvements: More stringent enforcement, worker desire, grower interests (competative labor). Reasons for unsatisfactory progress: Leased land operations limit investment by the grower, indecision as to what some governmental agencies plan for the area's agriculture, (example; if off-shore labor will be allowed for other than sugarcane operations.) Lack of program continuity in 1968 due to the lack of a project sanitarian during the off-season period when maintenance, repair, and new construction is most feasible.

C. 1. All permitted camps and most other units have a water supply under pressure. However, some may be shallow, unprotected wells and may be contaminated. Sewage disposal facilities utilize all types from privies and septic tanks to package treatment plants or municipal sewerage systems. Garbage and refuse disposal is a continuing problem at most all locations. Disposal methods vary from none to burning in drums or disposal in landfills. Refrigeration in camps having central food preparation facilities is satisfactory. The same can be said for most of the newer units. However, the majority of the migrants in the area either have inadequate equipment or none at all.

2. Food handling in central mess facilities is satisfactory, but in individual facilities it often leaves much to be desired. The same comment applies to insect and rodent control measures. Except for the larger camps, recreation areas or equipment are left up to the initiative of the workers themselves. This usually means they "go to town" for their recreation. General cleanliness in permitted camps is fair to good. In most other areas, it is poor to fair.

III. Work environment or field sanitation is almost non-existent and is an area we hope to become involved in during the coming grant period. Drinking water supplied in the fields is usually from barrels with a common cup. Portable privies, at this time, are generally confined to grading and loading areas with very few in the fields. Water for handwashing is usually ditch water.

IV. Health education is one of the most important phases of the program if we expect to secure permanent improvement in the environment and living habits of the migrant. To date our health education efforts have been informal and provided by all members of the staff as opportunities arise. Now that the project has been authorized to employ a community health worker, we hope to do more individual and group health and sanitation education.

V. As previously stated, lack of continuity of the program and staff turnover contributed to a much lower degree of accomplishment than anticipated. The majority of time available was devoted to upgrading our camps and covering emergency situations. There have been some positive, measurable achievements. One camp operation expended over $300,000 on an improvement program. They constructed 18 new, modern, CBS duplex houses, a recreation hall, three supervisory houses, a completely new sewage collection and treatment system, and a new water distribution system; as well as improved roads and drainage. Three other camps

(unpermitted) have plans for upgrading to meet minimum requirements or are to cease operations.

VI. Our previously stated objectives are still pertinent and applicable as objectives for the coming year. Some changes in procedure, however, are indicated, such as spending less time on permitted camps so as to allot more time to the individual housing areas. Application of new county zoning and building codes should enable us to make more headway in these areas. Field sanitation is a "must" and requires condierable time to be expended on it.

This is practically the only way we can provide services to our numerous "day haul" workers, many of whom come from non-project areas. Continuence of the project and its programs is essential to the basic health and well-being of our total population, both migrant and non-migrant.

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted May 13, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report: From May 1, 1968 Through April 30, 1969

PART I. GENERAL PROJECT INFORMATION

1. Project Title: A Project to Develop A Statewide Program of Health Services for Migrant Farm Workers and their Dependents in Florida.

2. Grant Number (Use no. shown on the Grant Award Notice): MG-18F (69)

3. Grantee Organization (Name & Address)
Highlands County Health Department
Courthouse Annex
Sebring, Florida 33870

4. Project Director
J. D. Workman, M.D., M.P.H.
Director

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 3,480 | 525 | 2,955 |
| Feb. | 3,260 | 400 | 2,860 |
| Mar. | 3,085 | 360 | 2,725 |
| Apr. | 2,950 | 250 | 2,700 |
| May | 2,610 | 200 | 2,410 |
| June | 2,215 | 175 | 2,040 |
| July | 2,000 | 150 | 1,850 |
| Aug. | 1,735 | 75 | 1,660 |
| Sep. | 1,750 | 50 | 1,700 |
| Oct. | 2,260 | 200 | 2,060 |
| Nov. | 3,140 | 350 | 2,790 |
| Dec. | 3,480 | 525 | 2,955 |
| TOTALS | 31,965 | 3,260 | 28,705 |

b. Number of Migrants during Peak Month.

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 2,955 | 1,721 | 1,234 |
| Under 1 year | 244 | 125 | 119 |
| 1 - 4 years | 388 | 200 | 188 |
| 5 - 14 years | 648 | 380 | 318 |
| 15 - 44 years | 1,333 | 786 | 547 |
| 45 - 64 years | 342 | 280 | 62 |
| 65 + older | 0 | 0 | 0 |
| (2) IN-MIGRANTS TOTAL: | 535 | 394 | 141 |
| Under 1 year | 12 | 7 | 5 |
| 1 - 4 years | 52 | 27 | 25 |
| 5 - 14 years | 120 | 62 | 58 |
| 15 - 44 years | 250 | 200 | 50 |
| 45 - 64 years | 101 | 98 | 3 |
| 65 + older | 0 | 0 | 0 |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 32 | Oct.-Nov. | June-May |
| In-Migs. | 22 | Oct.-Dec. | Feb.-June |

d. (1) Indicate sources of information and/or basis of estimates for 5a.
Agricultural Extension Service
Board of Public Instruction, Crew Leaders, Grove Owners

(2) Describe briefly how proportions for sex and age for 5b were derived.
Family Folder Records and Migrant Hospitalization Records

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | | |
| 10 - 25 persons | | |
| 26 - 50 persons | 4 | 104 |
| 51 - 100 persons | 2 | 160 |
| More than 100 pers. | | |
| TOTAL* | 6 | 264 |

b. Other Housing Accommodations

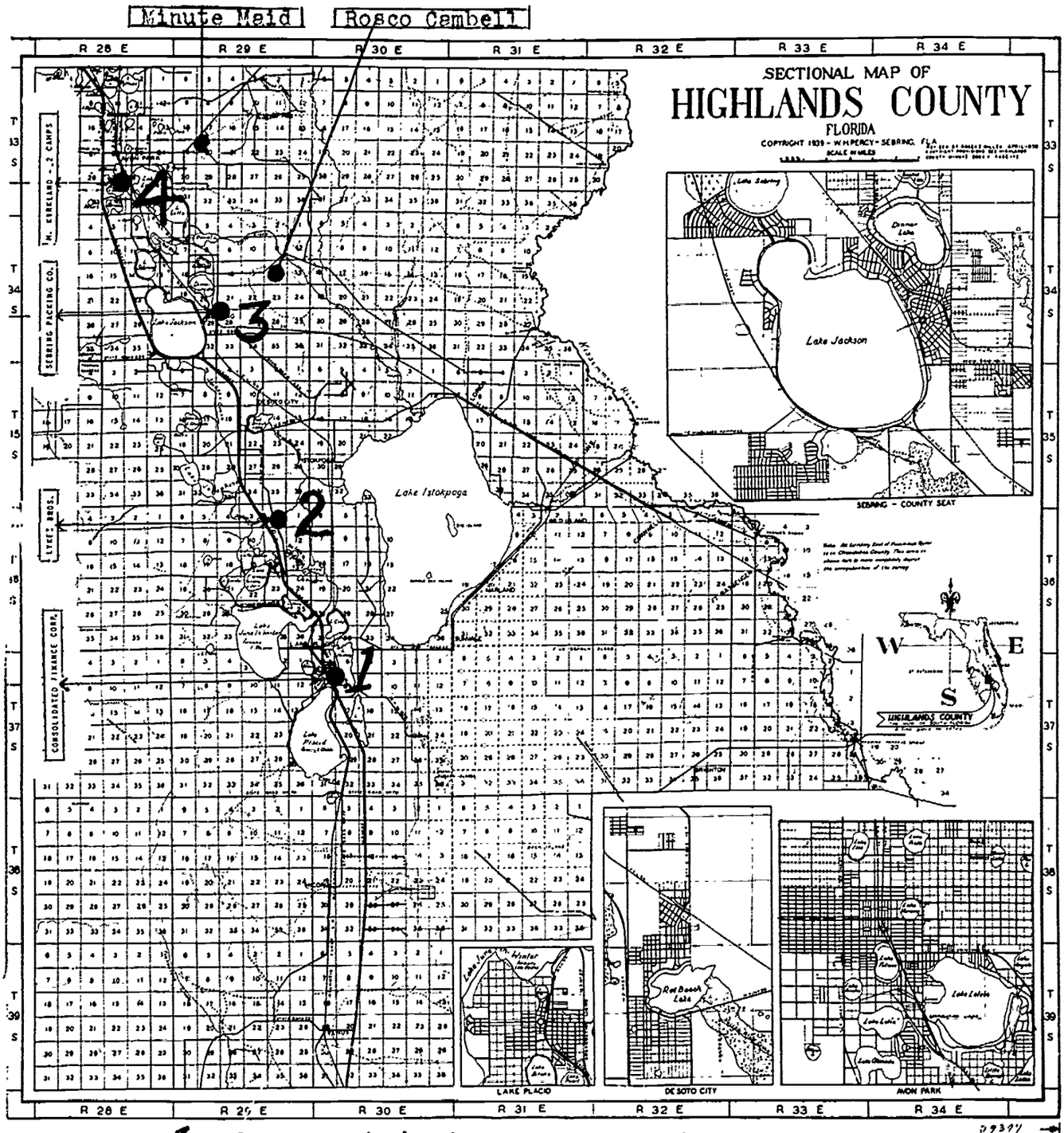
| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| General Population Housing | 696 | 3,216 |
| | | |
| | | |
| | | |
| TOTAL* | 696 | 3,216 |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.



Form approved:
Budget Bureau No. 68-R1005




1.=Consolidated Finance Co. Camp
2.=Lykes Bros.
3.=Sebring Packing Co. Camp
4.=M. Kirkland

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

GRANT NUMBER MG-18F (69)
DATE SUBMITTED May 13, 1969

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 696 | 216 | 480 | 752 |
| Under 1 year | 104 | 47 | 57 | 115 |
| 1 - 4 years | 155 | 71 | 84 | 170 |
| 5 - 14 years | 129 | 61 | 68 | 140 |
| 15 - 44 years | 298 | 29 | 269 | 315 |
| 45 - 64 years | 10 | 8 | 2 | 12 |
| 65 + older | 0 | 0 | 0 | 0 |

b. Of Total Migrants Receiving Medical Services, How Many were:
(1) Served in Family Health Service Clinic? 666
(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 30

3. MIGRANT PATIENTS HOSPITALIZED
(Regardless of arrangements for payment)
No. of patients (exclude newborn) 75
No. of hospital days 297

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 0 | 0 | 0 |
| (1) No. Decayed, missing, filled teeth | 0 | 0 | 0 |
| (2) Avg. DMF per person | 0 | 0 | 0 |
| b. Individuals Requiring Services - Total: | 0 | 0 | 0 |
| (1) Cases completed | 0 | 0 | 0 |
| (2) Cases partially completed | 0 | 0 | 0 |
| (3) Cases not start. | 0 | 0 | 0 |
| c. Services Provided - Total: | 0 | 0 | 0 |
| (1) Preventive | 0 | 0 | 0 |
| (2) Corrective-Total | 0 | 0 | 0 |
| (a) Extraction | 0 | 0 | 0 |
| (b) Other | 0 | 0 | 0 |
| d. Patient Visits - Total: | 0 | 0 | 0 |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total * | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 279 | 32 | 172 | 60 | 15 | 124 | 143 |
| Smallpox | 42 | 0 | 34 | 6 | 2 | 0 | 1 |
| Diphtheria | 60 | 9 | 32 | 14 | 5 | 31 | 52 |
| Pertussis | 55 | 9 | 32 | 14 | 0 | 31 | 34 |
| Tetanus | 60 | 9 | 32 | 11 | 8 | 31 | 51 |
| Polio | 39 | 5 | 19 | 15 | 0 | 31 | 5 |
| Typhoid | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Measles | 23 | 0 | 23 | 0 | 0 | 0 | 0 |
| Other (Spec.) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS:

* This figure does not include Incomplete Series or Boosters and Revaccinations.

PART II (Continued)
5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 357 | 220 | 137 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 148 | 90 | 58 |
| | 010 | Tuberculosis | 22 | 5 | 17 |
| | 011 | Syphilis | 4 | 3 | 1 |
| | 012 | Gonorrhea and Other Venereal Diseases | 12 | 8 | 4 |
| | 013 | Intestinal Parasites | 76 | 40 | 36 |
| | | Diarrheal Disease (infectious or unk. origs.): | 0 | 0 | 0 |
| | 014 | Children under 1 year of age | 0 | 0 | 0 |
| | 015 | All other | 1 | 1 | 0 |
| | 016 | "Childhood Diseases"-Mumps, Measles, Chickenpox | 0 | 0 | 0 |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | 0 | 0 | 0 |
| | 019 | Other Infectious Diseases (give examples): Meningitis Contacts | 33 | 33 | 0 |
| II. | 02- | NEOPLASMS: TOTAL | 23 | 2 | 21 |
| | 020 | Malignant Neoplasms (give examples): Intrauterine Carcinoma | 23 | 2 | 21 |
| | 025 | Benign Neoplasms | 0 | 0 | 0 |
| | 029 | Neoplasms of uncertain nature | 0 | 0 | 0 |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 15 | 1 | 14 |
| | 030 | Diseases of Thyroid Gland | 0 | 0 | 0 |
| | 031 | Diabetes Mellitus | 15 | 1 | 14 |
| | 032 | Diseases of Other Endocrine Glands | 0 | 0 | 0 |
| | 033 | Nutritional Deficiency | 0 | 0 | 0 |
| | 034 | Obesity | 0 | 0 | 0 |
| | 039 | Other Conditions | 0 | 0 | 0 |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 1 | 1 | 0 |
| | 040 | Iron Deficiency Anemia | 1 | 1 | 0 |
| | 049 | Other Conditions | 0 | 0 | 0 |
| V. | 05- | MENTAL DISORDERS: TOTAL | 34 | 15 | 19 |
| | 050 | Psychoses | 0 | 0 | 0 |
| | 051 | Neuroses and Personality Disorders | 0 | 0 | 0 |
| | 052 | Alcoholism | 1 | 1 | 0 |
| | 053 | Mental Retardation | 33 | 14 | 19 |
| | 059 | Other Conditions | 0 | 0 | 0 |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 11 | 11 | 0 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (1969)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | 0 | 0 | 0 |
| | 061 | Epilepsy | 1 | 1 | 0 |
| | 062 | Conjunctivities and other Eye Infections | 3 | 3 | 0 |
| | 063 | Refractive Errors of Vision | 1 | 1 | 0 |
| | 064 | Otitis Media | 6 | 6 | 0 |
| | 069 | Other Conditions _____ | 0 | 0 | 0 |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 7 | 4 | 3 |
| | 070 | Rheumatic Fever | 0 | 0 | 0 |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 0 | 0 | 0 |
| | 072 | Cerebrovascular Disease (Stroke) | 0 | 0 | 0 |
| | 073 | Other Diseases of the Heart | 4 | 3 | 1 |
| | 074 | Hypertension | 3 | 1 | 2 |
| | 075 | Varicose Veins | 0 | 0 | 0 |
| | 079 | Other Conditions _____ | 0 | 0 | 0 |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 24 | 23 | 1 |
| | 080 | Acute Nasopharyngitis (Common cold) | 17 | 16 | 1 |
| | 081 | Acute Pharyngitis | 1 | 1 | 0 |
| | 082 | Tonsillitis | 0 | 0 | 0 |
| | 083 | Bronchitis | 0 | 0 | 0 |
| | 084 | Tracheitis/Laryngitis | 0 | 0 | 0 |
| | 085 | Influenza | 0 | 0 | 0 |
| | 086 | Pneumonia | 0 | 0 | 0 |
| | 087 | Asthma, Hay Fever | 4 | 4 | 0 |
| | 088 | Chronic Lung Disease (Emphysema) | 2 | 2 | 0 |
| | 089 | Other Conditions _____ | 0 | 0 | 0 |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 6 | 5 | 1 |
| | 090 | Caries and other Dental Problems | 0 | 0 | 0 |
| | 091 | Peptic Ulces | 0 | 0 | 0 |
| | 092 | Appendicitis | 0 | 0 | 0 |
| | 093 | Hernia | 1 | 1 | 0 |
| | 094 | Cholecystic Disease | 0 | 0 | 0 |
| | 099 | Other Conditions _____ | 5 | 4 | 1 |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 7 | 7 | 0 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 4 | 4 | 0 |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | 0 | 0 | 0 |
| | 102 | Other Diseases of Male Genital Organs | 0 | 0 | 0 |
| | 103 | Disorders of Menstruation | 2 | 2 | 0 |
| | 104 | Menopausal Symptoms | 0 | 0 | 0 |
| | 105 | Other Diseases of Female Genital Organs | 1 | 1 | 0 |
| | 109 | Other Conditions _____ | 0 | 0 | 0 |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 15 | 15 | 0 |
| | 110 | Infections of Genitourinary Tract during Preg. | 1 | 1 | 0 |

PART II (Continued)

5.• Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | 0 | 0 | 0 |
| | 112 | Spontaneous Abortion | 0 | 0 | 0 |
| | 113 | Referred for Delivery | 13 | 13 | 0 |
| | 114 | Complications of the Puerperium | 0 | 0 | 0 |
| | 119 | Other Conditions | 1 | 1 | 0 |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 16 | 16 | 0 |
| | 120 | Soft Tissue Abcess or Cellulitis | 2 | 2 | 0 |
| | 121 | Impetigo or Other Pyoderma | 13 | 13 | 0 |
| | 122 | Seborrheic Dermatitis | 0 | 0 | 0 |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | 1 | 1 | 0 |
| | 124 | Acne | 0 | 0 | 0 |
| | 129 | Other Conditions | 0 | 0 | 0 |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 3 | 2 | 1 |
| | 130 | Rheumatoid Arthritis | 0 | 0 | 0 |
| | 131 | Osteoarthritis | 0 | 0 | 0 |
| | 132 | Arthritis, Unspecified | 2 | 1 | 1 |
| | 139 | Other Conditions | 1 | 1 | 0 |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | 32 | 20 | 12 |
| | 140 | Congenital Anomalies of Circulatory System | 0 | 0 | 0 |
| | 149 | Other Conditions | 32 | 20 | 12 |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | 7 | 1 | 6 |
| | 150 | Birth Injury | 7 | 1 | 6 |
| | 151 | Immaturity | 0 | 0 | 0 |
| | 159 | Other Conditions | 0 | 0 | 0 |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 0 | 0 | 0 |
| | 160 | Symptoms of Senility | 0 | 0 | 0 |
| | 161 | Backache | 0 | 0 | 0 |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 0 | 0 | 0 |
| | 163 | Headache | 0 | 0 | 0 |
| | 169 | Other Conditions | 0 | 0 | 0 |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 8 | 7 | 1 |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | 0 | 0 | 0 |
| | 171 | Burns | 1 | 1 | 0 |
| | 172 | Fractures | 3 | 2 | 1 |
| | 173 | Sprains, Strains, Dislocations | 4 | 4 | 0 |
| | 174 | Poison Ingestion | 0 | 0 | 0 |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | 0 | 0 | 0 |

| PART II. | | | Grant Number MG-18F (69) |
|---|---|---|---|
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | Number of Individuals 1,101 |
| | 200 | Family Planning Services | 36 |
| | 201 | Well Child Care | 29 |
| | 202 | Prenatal Care | 13 |
| | 203 | Postpartum Care | 10 |
| | 204 | Tuberculosis: Follow-up of inactive case | 20 |
| | 205 | Medical and Surgical Aftercare | 90 |
| | 206 | General Physical Examination | 18 |
| | 207 | Papanicolaou Smears | 49 |
| | 208 | Tuberculin Testing | 76 |
| | 209 | Serology Screening | 50 |
| | 210 | Vision Screening | 164 |
| | 211 | Auditory Screening | 59 |
| | 212 | Screening Chest X-rays | 283 |
| | 213 | General Health Counselling | 204 |
| | 219 | Other Services: Specify _____ | |

| PART III. - NURSING SERVICE | Grant No. MG-18F (69) |
|---|---|
| Type of Service | Number |
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 277 |
| b. Number of Individuals Served - Total | 561 |
| 2. FIELD NURSING: | |
| a. Visits to Households | 170 |
| b. Total Households Served | 155 |
| c. Total Individuals served in Households | 54 |
| d. Visits to Schools, Day Care Centers | 362 |
| e. Total Individuals Served in Schools and Day Care Centers | 395 |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | 30 |
| (1) Within Area | 9 |
| (Total Completed _____) | |
| (2) Out of Area | 9 |
| (Total Completed _____) | |
| b. Referrals Made For Dental Care: Total | 0 |
| (Total Completed _____) | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | 12 |
| (Total Completed _____) | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | 24 |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | 75 |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | 666 |
| (1) Number presenting health record | 220 |
| (2) Number given health record | 446 |
| 4. OTHER ACTIVITIES (Specify): | |

REMARKS

PART IV. SANITATION SERVICES | Grant Number MG-18F (69)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 6 | 264 | 3 | 132 |
| Other locations | 696 | 3,216 | General Pop. Housing | |
| Housing Units - Family: | | | | |
| In camps | 0 | | | |
| In other locations | 696 | | General Pop. Housing | |
| Housing Units - Single: | | | | |
| In camps | 6 | 264 | 3 | 132 |
| In other locations | 0 | | | |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 6 | 25 | 20 | 35 | 6 | 4 | 4 | 2 |
| b. Sewage | 6 | 5 | 21 | 8 | 2 | 0 | 2 | 0 |
| c. Garbage and Refuse | 6 | 75 | 24 | 94 | 19 | 16 | 11 | 9 |
| d. Housing | 6 | 74 | 19 | 100 | 40 | 15 | 25 | 5 |
| e. Safety | 6 | 73 | 20 | 104 | 15 | 5 | 10 | 2 |
| f. Food Handling | 4 | 0 | 8 | 0 | 15 | 0 | 10 | 0 |
| g. Insects and Rodents | 6 | 74 | 23 | 102 | 40 | 15 | 30 | 4 |
| h. Recreational facilities | 0 | 3 | 0 | 7 | 0 | 0 | 0 | 0 |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | | xxxxx | | xxxxx | | xxxxx | |
| b. Toilet facilities | xxxxx | | xxxxx | | xxxxx | | xxxxx | |
| c. Other | xxxxx | | xxxxx | | xxxxx | | xxxxx | |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physicians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | |
| (1) Individual counselling | | 249 | 752 | 84 | | |
| (2) Group counselling | | 0 | 15 | 0 | | |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | | 24 | 54 | 23 | | |
| (2) Direct services | | 10 | 13 | 16 | | |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | | 16 | 11 | 18 | | |
| (2) Group counselling | | 12 | 94 | 16 | | |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | | 28 | 113 | 20 | | |
| (2) Consultation with groups | | 14 | 0 | 0 | | |
| (3) Direct services | | 12 | 94 | 16 | | |
| E. Health Education Meetings | | 16 | 23 | 20 | | |

(*) Aides - other than Health Ed.

## HIGHLANDS COUNTY, FLORIDA

### A. SUMMARY FOR ANNUAL PROGRESS REPORT

This report covers the period from May 1, 1968, to April 30, 1969. Our main objective in the Migrant Health Program in this county was to move forward in our efforts in identifying the migrants in the area, both out-migrants and in-migrants. We have made progress toward this though we have some difficulty where in-migrants are working for small operators. The majority of the migrants in Highlands County are out-migrants and are residents of the county. We have attempted to improve our services to them by encouraging them to attend our general clinics for services and our prenatal and family planning clinics. We visit the maternity cases that have received hospitalization under the Migrant Project and inform them of services offered in our planned parenthood clinic and have had good response from many of these patients. At the same time, we encourage the mothers to bring their babies and other children to the general clinics for immunization.

We find the migrants themselves requesting services and have noticed that they are becoming aware of the project and what it can mean healthwise to receive these services.

We have had excellent cooperation from local physicians, County Welfare, and others involved in helping the migrant. The County Welfare Department pays the physicians who care for patients hospitalized under the Migrant Project and also supplies commodities for those needing them. School personnel have helped identify migrants and lists of migrants in the area have been obtained from crew leaders.

There has been little change in the dates that the migrants leave this area or return in the fall. We find in some cases that, due to inclement weather and other reasons, some return home after a short stay in the North, but the more dependable workers (who return to the same farms and orchards year after year) stay the season.

Conferences on migrant programs have been attended by personnel on the Migrant Project as well as others on the regular staff. Funds for out-of-county mileage were cut considerably last year by the county, which curtailed the attendance at some of these conferences. We have almost daily contact with the County Welfare office regarding the migrant and his problems.

We feel that this project should be continued as it gives help to many who need it and we hope to improve our services to the migrants in our area. We plan to improve our referrals of migrants to other areas. When we know that one of our tuberculosis cases is going North, we provide him with medication for the time he will be gone. This is also done for the planned parenthood cases. We expect to follow the hospital cases with pre-discharge planning.

## B. MEDICAL AND DENTAL SERVICES

Family health service clinics are held once a week in Avon Park, Sebring, and Lake Placid. These clinics are staffed by a physician, a public health nurse, and a clerk. The clinics are held in permanent health department units in each of these communities. They are centrally located and easily accessible to the migrant population. The patient's migrant status is determined by the clinic clerk and he is then referred to the nurse or physician for service. These services include immunizations, medical treatment, and health education. Visual and tuberculin screening are also provided in the family health service clinics. Some laboratory services are provided in the clinics while others are performed by our two local hospitals and a private laboratory in Fort Myers, Florida. All physicians in Highlands County participate in service to the migrant for a fee provided for such services by the Migrant Project fund, and aid in more definitive care and consultation. Further care and consultation is provided out of the project area by state and voluntary agencies previously mentioned in the nursing narrative.

The physican who conducts our prenatal and planned parenthood clinic is paid for by MCH funds. This clinic is held weekly in the Sebring health department office. The physician who serves the child health clinics is also paid for by MCH funds. This clinic is held once a month in Sebring and Avon Park and Lake Placid. We have a tuberculosis consultation clinic that is held once every two months and this physician is paid by the Division of Tuberculosis Control, Florida State Board of Health.

No arrangements for dental services have been made. The local dentists request their full fee for any dental work referred. The Dental Preceptor position has been unfilled during this report year.

There is no need for phasing any service in or out as our clinics are year-round clinics.

Sources of support for medical services are stated above. Health Education is a part of every visit made to a migrant, whether it be in the home, the office, or clinic.

The general appraisal of the adequacy of our services in relation to project objectives, needs, etc. is good; however, there is always room for improvement in our program for the migrant. We are pleased to state the migrants in our area are becoming more aware of our services and are requesting these services, in many cases. We would say that our main weakness is in being unable to get all the staff workers as interested in the Migrant Health Program as they might be.

We hope for better communication with other members of the staff and other agencies regarding the migrant and his problems in the future.

## C. HOSPITAL SERVICES

Migrants needing hospitalization are referred from several sources. Some are re-

ferred through health department clinics and some from local physicians. Referrals are also received from the two local hospitals. The cooperation between the health department staff and hospital staff is excellent and both are working well together on behalf of any migrant needing hospital care. We are trying to visit all post-hospital cases and, when indicated, pre-discharge conferences are held for the purpose of continuity of care of the patient. There is also a good relationship between the health department and local physicians and the County Welfare Director. Without the help of the Welfare Department paying the physicians for hospital care, we would have real problems.

During the period that this report covers, we had the following type cases:

| | | | |
|---|---|---|---|
| Maternity cases* | 30 | Sickle Cell Anemia | 1 |
| Cardiac | 1 | Urticaria | 1 |
| Hernia (Inguinal) | 2 | Gyn | 7 |
| Bronchial Pneumonia | 2 | Cancer | 2 |
| Hypertension | 1 | Lymphanitis | 1 |
| Myelitis | 1 | Choleystitis | 1 |
| Inf. Hepatitis | 1 | Gynecomastis | 1 |
| Gunshot Wounds | 1 | Stab wounds | 1 |
| Auto Accident | 1 | Gastritis | 1 |
| Circumcision | 1 | Fractured Clavicle | 1 |
| Tonsillectomy | 2 | | |

* Several of the maternity cases were admitted to the hospital with a diagnosis of "false labor."

There is not a Title XIX program in Highlands County and our Crippled Children's program is conducted through the Polk County Crippled Children's Commission clinic in Lakeland. Since Polk County does not participate in a Migrant Project, the children are hospitalized in Lakeland and the expense paid for by the Crippled Children's Commission. Most of the resource (outside) funds given for aid to the migrant program are provided by County Welfare Department. Arrangements for care and procedures can always be improved and this we will strive to do. Special efforts are being made to get post-partum patients into our family planning clinics and get the infants and other children into Child Health clinics. We attend migrant meetings, when possible, to gain knowledge of better ways to help the migrants in our area. We plan to improve our follow-up on post-hospital patients and improve our referral system on migrants going North on the season.

## D. NURSING SERVICES

This year, as in the past, the nursing staff of the Highlands County Health Department has striven to identify the migrant workers in our communities and encourage them to avail themselves of the services of the Migrant Health Project. Our staff includes one full-time nursing supervisor and three full-time staff nurses.

We receive a number of consultation services outside the project, including the following: Florida Crippled Children;s Commission, Florida Council for the Blind, Florida Tumor Clinic, and the Florida Division of Vocational Rehabilitation. Our greatest need for outside consultation would be in dental services. We have been without a dental preceptor for the past year and have not had a dentist to man the

dental unit in our dental office located in the halth department.

Because our migrant population is intermingled with the residents of the county, they are served in the same manner as our general population using the Manuel of Policies and Procedures of the Florida State Board of Health for Public Health Nurses. All migrants in family health service clinics are screened and treated, whenever possible. If further consultation is needed, the patients are either referred to a private physician on a fee-for-service basis or referred to one of the previously mentioned state health agencies.

All migrants may be seen in our well child conferences, tuberculosis consultation clinics, and our prenatal and planned parenthood clinics. Our prenatals are followed in clinic for the entire nine months, but are advised on their first visit to our clinic that it is their responsibility to make arrangements for delivery, with one of the local physicians. As of this past Octiber (1968) the Highlands County Board of County Commissioners passed a resolution whereby they would no longer pay for deliveries of any of the population.

Regularly scheduled visits are made by the nurses to the schools and day care centers housing migrant children.

Health education is an integral part of all of our nursing services; the nursing service is frequently called upon by the local schools to consult on health education programs in the schools.

We have a standardized form for intra-county referrals which requests a report from the provider on completion of services. We have had a great deal of success in completing local referrals.

The Migrant Health Service Referral Form furnished by the Florida State Board of Health is used for out-of-state referrals. We do our best to provide as much medical care as possible to our migrants while they are in the area in order to avoid incomplete referrals. Our biggest difficulty is in finding out exactly where our migrants are going when they leave the area.

Weekly nursing staff meetings are held to keep the staff abreast of changes in local policies and procedures and monthly nursing in-service education meetings are attended in Fort Myers.

Only one staff nursing position is budgeted under the Project, but all other nursing personnel contribute a great deal in order that the best service may be provided.

The mobile unit was here this past January (1969) and as a result we were able to diagnose and hospitalize four active cases of tuberculosis from our migrant labor group.

## E. SANITATION SERVICES

There are four labor camps in the county. One in Avon Park, one in Sebring, and two in the Lake Placid area. Of these, only two are permitted at the present time. Two labor camps did not ask for permits this year.

Three professional sanitarians are working part-time on this project. Most of the work involves grower and farm labor representatives.

In the two camps permitted, there were a total of 86 male migrants. These camps were inspected between two to five times each from Manuary to July, 1968. Corrections were made in deficiencies in the areas of water, sewerage, garbage, refuse control. safety, housing, and food preparation including general sanitation in the camps.

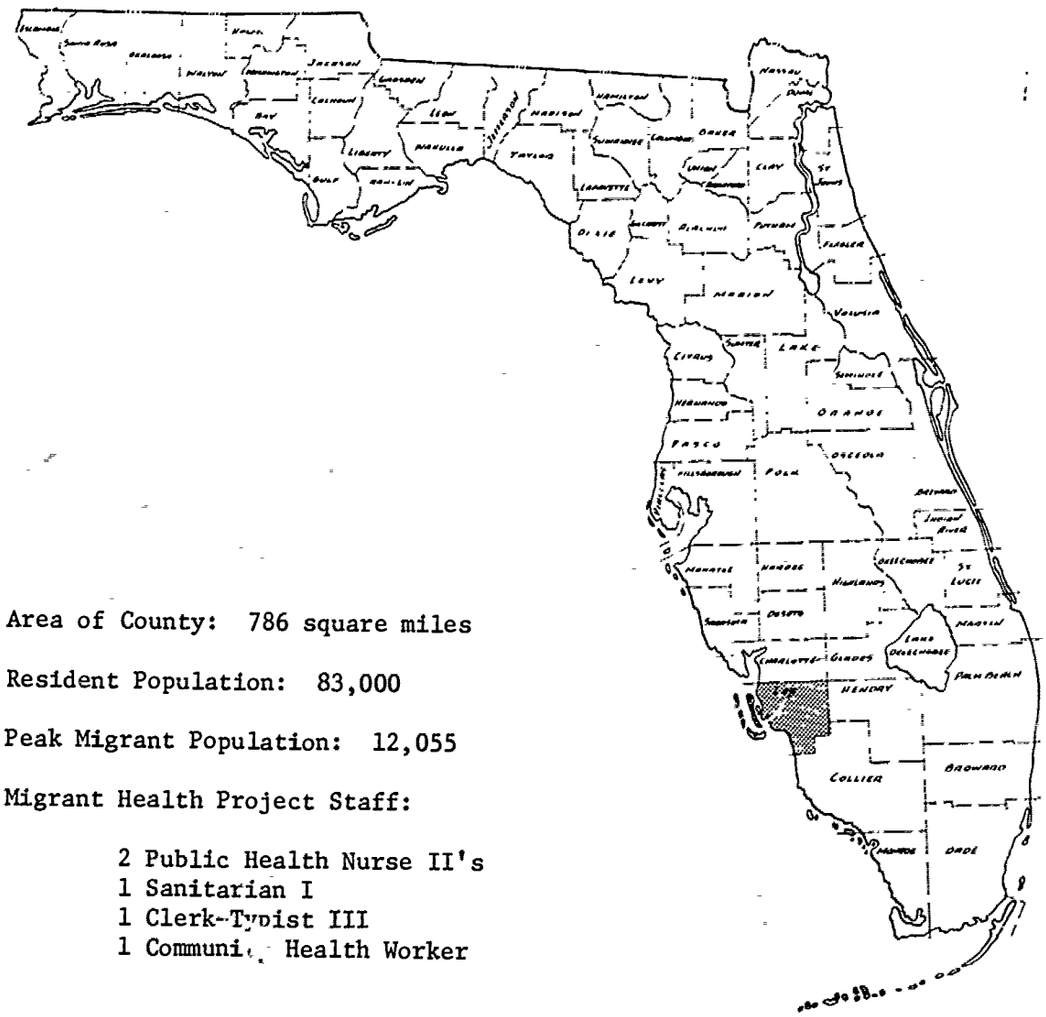
No toilet facilities are provided in the groves where the work is done.

We consulted with the owners of each camp and with the Farm Labor Board in order to permit in-migrants to occupy the Sebring Packing Company Labor Camp in Sebring and the Consolidated Financial Labor Camp in the Lake Placid area.

The out-migrants here have continued to settle in with the rest of the community and not segregate themselves in certain areas or locales. Due to this fact, it is difficult to separate the migrant from other citizens as far as sanitation services are concerned.

## LEE COUNTY HEALTH DEPARTMENT

Joseph W. Lawrence, M.D., Director




Area of County: 786 square miles

Resident Population: 83,000

Peak Migrant Population: 12,055

Migrant Health Project Staff:

2 Public Health Nurse II's
1 Sanitarian I
1 Clerk-Typist III
1 Community Health Worker

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted May 19, 1969

Period Covered by this Report
From May 1, 1968 Through April 30, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

PART I. GENERAL PROJECT INFORMATION

1. Project Title A program to Develop a Statewide Program of Health Services for Migrant Farm Workers and Their Dependents in Florida.

2. Grant Number (Use no. shown on the Grant Award Notice) MG-18F (69)

3. Grantee Organization (Name & Address)
Lee County Health Department
Post Office Box 1226
Fort Myers, Florida 33902

4. Project Director
Joseph W. Lawrence, M. D.

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 11,500 | 4,500 | 7,000 |
| Feb. | 12,055 | 5,030 | 7,025 |
| Mar. | 11,000 | 4,000 | 7,000 |
| Apr. | 9,000 | 2,000 | 7,000 |
| May | 8,750 | 2,750 | 6,000 |
| June | 6,000 | | 6,000 |
| July | 5,550 | | 5,550 |
| Aug. | 5,250 | | 5,250 |
| Sep. | 6,000 | 500 | 5,500 |
| Oct. | 8,000 | 1,500 | 6,500 |
| Nov. | 9,500 | 2,500 | 7,000 |
| Dec. | 10,500 | 3,500 | 7,000 |
| TOTALS | 103,105 | 26,280 | 76,825 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 7,025 | 4,500 | 2,525 |
| Under 1 year | 300 | 200 | 100 |
| 1 - 4 years | 2,000 | 1,250 | 750 |
| 5 - 14 years | 680 | 500 | 180 |
| 15 - 44 years | 3,585 | 2,220 | 1,365 |
| 45 - 64 years | 400 | 310 | 90 |
| 65 + older | 60 | 20 | 40 |
| (2) IN-MIGRANTS TOTAL: | 5,030 | 2,845 | 2,185 |
| Under 1 year | 495 | 230 | 265 |
| 1 - 4 years | 400 | 200 | 200 |
| 5 - 14 years | 800 | 400 | 400 |
| 15 - 44 years | 2,800 | 1,600 | 1,200 |
| 45 - 64 years | 500 | 400 | 100 |
| 65 + older | 35 | 15 | 20 |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 38 | September | May |
| In-Migs. | 32 | October | May |

d. (1) Indicate sources of information and/or basis of estimates for 5a.
Population estimates are from: Migrant Health Project (health department), Community Action Fund, State Farm Bureau, Farmers Market, Local Growers, Camp Owners, South Fla. Migrant Legal Service; etc

(2) Describe briefly how proportions for sex and age for 5b were derived.
This information is the result of nursing home visits, Migrant medical and dental clinic visits and from billings received from the hospital and local physicians. Each migrant served is coded by sex and age group.

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | 0 | 0 |
| 10 - 25 persons | 0 | 0 |
| 26 - 50 persons | 4 | 165 |
| 51 - 100 persons | 2 | 155 |
| More than 100 pers. | 1 | 500 |
| TOTAL* | 7 | 820 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Rural: Charleston P. | 1 | 150 |
| Harlem Heights | 1 | 1,500 |
| Pine Island | 1 | 50 |
| Urban: Dunbar | 1 | 8,480 |
| Harlem Lake | 1 | 1,000 |
| TOTAL* | 5 | 11,180 |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.

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Form approved:
Budget Bureau No. 68-R1005

GRANT NUMBER MG-18F (69)

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

DATE SUBMITTED May 19, 1969

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 3,101 | 1,373 | 1,728 | 6,580 |
| Under 1 year | 267 | 108 | 159 | 481 |
| 1 - 4 years | 480 | 227 | 253 | 1,310 |
| 5 - 14 years | 586 | 238 | 348 | 1,097 |
| 15 - 44 years | 1,345 | 633 | 712 | 3,210 |
| 45 - 64 years | 376 | 148 | 228 | 417 |
| 65 + older | 47 | 19 | 28 | 65 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? 2,611

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 182

3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment)

No. of patients (exclude newborn) 101*

No. of hospital days 558

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 192 | 56 | 136 |
| (1) No. Decayed, missing, filled teeth | 1,507 | 215 | 1,292 |
| (2) Avg. DMF per person | 7.8 | 3.8 | 9.5 |
| b. Individuals Requiring Services - Total: | 154 | 48 | 106 |
| (1) Cases completed | 45 | 22 | 23 |
| (2) Cases partially completed | 109 | 26 | 83 |
| (3) Cases not start. | 38 | 8 | 30 |
| c. Services Provided - Total: | 676 | 228 | 448 |
| (1) Preventive | 97 | 17 | 80 |
| (2) Corrective-Total | 295 | 138 | 157 |
| (a) Extraction | 284 | 73 | 211 |
| (b) Other | | | |
| d. Patient Visits - Total: | 688 | 336 | 352 |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 480* | 121 | 187 | ** | 172 | | |
| Smallpox | 59 | | 36 | | 23 | 14 | 36 |
| Diphtheria | 117 | 23 | 30 | | 64 | 24 | 51 |
| Pertussis | 64 | 27 | 29 | | 8 | 14 | 47 |
| Tetanus | 66 | 24 | 26 | | 16 | 24 | 63 |
| Polio | 78 | 45 | 22 | | 11 | 64 | 59 |
| Typhoid | | | | | | | |
| Measles | 63 | | 23 | | 40 | 13 | |
| Other (Spec.) | | | | | | | |
| Gamma Globulin | 33 | 2 | 21 | | 10 | | |

* This figure does not include incomplete series or boosters & revaccinations.

** Florida State Board of Health immunization coding has no 5 - 14 category. This, plus the fact that many migrant children are seen in the regular immunization clinic by non-project nurses, results in the lack of figures for the 5 - 14 year category.

REMARKS: 1A. Total includes those seen in outpatient emergency room at hospital, seen in private physicians' offices (walk-in and fee-for-service), seen in health department clinics, hospital inpatients, and those referred to other State agencies.

2A(2). Adult - D 7 M 11 F 1 per person average

3. Not included in the 101 total: 12 to the State TB Hospital (one child under 1 year of age.) 1 male 54 years old to mental hospital.

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 7,796 | 3,741 | 4,055 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 2,022 | 831 | 1,191 |
| | 010 | Tuberculosis | 660 | 150 | 510 |
| | 011 | Syphilis | 49 | 24 | 25 |
| | 012 | Gonorrhea and Other Venereal Diseases | 120 | 30 | 90 |
| | 013 | Intestinal Parasites | 745 | 453 | 292 |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | 30 | 10 | 20 |
| | 015 | All other | 68 | 18 | 50 |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | 68 | 26 | 42 |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | 237 | 86 | 151 |
| | 019 | Other Infectious Diseases (give examples): | | | |
| | | Hepatitis | 12 | 1 | 11 |
| | | contacts | 33 | 33 | 0 |
| | | 12 New Tuberculosis Cases | | | |
| | | Bacterial Meningitis | 34 | 1 | 33 |
| II. | 02- | NEOPLASMS: TOTAL | 49 | 3 | 46 |
| | 020 | Malignant Neoplasms (give examples): | | | |
| | | | 21 | 1 | 20 |
| | | Malignant Neoplasm of Cervix-uterus | 26 | 1 | 25 |
| | | | | | |
| | | | | | |
| | 025 | Benign Neoplasms | 2 | 1 | 1 |
| | 029 | Neoplasms of uncertain nature | | | |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 172 | 39 | 133 |
| | 030 | Diseases of Thyroid Gland | 10 | 3 | 7 |
| | 031 | Diabetes Mellitus | 37 | 8 | 29 |
| | 032 | Diseases of Other Endocrine Glands | | | |
| | 033 | Nutritional Deficiency | 48 | 12 | 36 |
| | 034 | Obesity | 69 | 15 | 54 |
| | 039 | Other Conditions pyloric stenosis | 8 | 1 | 7 |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 74 | 20 | 54 |
| | 040 | Iron Deficiency Anemia | 66 | 18 | 48 |
| | 049 | Other Conditions cirrhosis of liver | 8 | 2 | 6 |
| V. | 05- | MENTAL DISORDERS: TOTAL | 81 | 19 | 62 |
| | 050 | Psychoses | | | |
| | 051 | Neuroses and Personality Disorders | 36 | 10 | 26 |
| | 052 | Alcoholism | 4 | 4 | |
| | 053 | Mental Retardation | 41 | 5 | 36 |
| | 059 | Other Conditions | | | |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 420 | 120 | 300 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | | | |
| | 061 | Epilepsy | 32 | 10 | 22 |
| | 062 | Conjunctivities and other Eye Infections | 368 | 92 | 276 |
| | 063 | Refractive Errors of Vision | 17 | 17 | |
| | 064 | Otitis Media | | | |
| | 069 | Other Conditions corneal abrasion | 3 | 1 | 2 |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 249 | 72 | 177 |
| | 070 | Rheumatic Fever | 37 | 4 | 33 |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 48 | 12 | 36 |
| | 072 | Cerebrovascular Disease (Stroke) | 12 | 1 | 11 |
| | 073 | Other Diseases of the Heart | | | |
| | 074 | Hypertension | 73 | 24 | 49 |
| | 075 | Varicose Veins | 58 | 26 | 32 |
| | 079 | Other Conditions leg ulcer | 21 | 5 | 16 |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 1,560 | 731 | 829 |
| | 080 | Acute Nasopharyngitis (Common cold) | 506 | 167 | 339 |
| | 081 | Acute Pharyngitis | 150 | 53 | 97 |
| | 082 | Tonsillitis | 42 | 24 | 18 |
| | 083 | Bronchitis | 51 | 30 | 21 |
| | 084 | Tracheitis/Laryngitis | 50 | 30 | 20 |
| | 085 | Influenza | 162 | 114 | 48 |
| | 086 | Pneumonia | | | |
| | 087 | Asthma, Hay Fever | 55 | 19 | 36 |
| | 088 | Chronic Lung Disease (Emphysema) | | | |
| | 089 | Other Conditions upper respiratory | 538 | 293 | 245 |
| | | pulmonary embolism | 6 | 1 | 5 |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 2,528 | 1,615 | 913 |
| | 090 | Caries and other Dental Problems | 2,195 | 1,507 | 688 |
| | 091 | Peptic Ulces | 126 | 40 | 86 |
| | 092 | Appendicitis | 6 | 1 | 5 |
| | 093 | Hernia | 30 | 12 | 18 |
| | 094 | Cholecystic Disease | 64 | 28 | 36 |
| | 099 | Other Conditions gall bladder | 8 | 1 | 7 |
| | | dehydration & gastroen. | 99 | 26 | 73 |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 186 | 77 | 109 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 40 | 18 | 22 |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | | | |
| | 102 | Other Diseases of Male Genital Organs | 12 | 7 | 5 |
| | 103 | Disorders of Menstruation | 37 | 20 | 17 |
| | 104 | Menopausal Symptoms | 97 | 32 | 65 |
| | 105 | Other Diseases of Female Genital Organs | | | |
| | 109 | Other Conditions | | | |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 84 | 36 | 48 |
| | 110 | Infections of Genitourinary Tract during Preg. | 14 | 4 | 10 |

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PART II (Continued)
5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | | | |
| | 112 | Spontaneous Abortion | 6 | 3 | 3 |
| | 113 | Referred for Delivery | 64 | 29 | 35 |
| | 114 | Complications of the Puerperium | | | |
| | 119 | Other Conditions | | | |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 154 | 64 | 90 |
| | 120 | Soft Tissue Abcess or Cellulitis | 24 | 6 | 18 |
| | 121 | Impetigo or Other Pyoderma | 130 | 58 | 72 |
| | 122 | Seborrheic Dermatitis | | | |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | | | |
| | 124 | Acne | | | |
| | 129 | Other Conditions | | | |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | | | |
| | 130 | Rheumatoid Arthritis | | | |
| | 131 | Osteoarthritis | | | |
| | 132 | Arthritis, Unspecified | | | |
| | 139 | Other Conditions | | | |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | | | |
| | 140 | Congenital Anomalies of Circulatory System | | | |
| | 149 | Other Conditions | | | |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | | | |
| | 150 | Birth Injury | | | |
| | 151 | Immaturity | | | |
| | 159 | Other Conditions | | | |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 124 | 89 | 35 |
| | 160 | Symptoms of Senility | | | |
| | 161 | Backache | 10 | 10 | |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 31 | 13 | 18 |
| | 163 | Headache | 72 | 65 | 7 |
| | 169 | Other Conditions Nerves & Insomnia | 11 | 1 | 10 |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 93 | 25 | 68 |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | 24 | 8 | 16 |
| | 171 | Burns | 11 | 1 | 10 |
| | 172 | Fractures | 20 | 4 | 16 |
| | 173 | Sprains, Strains, Dislocations | | | |
| | 174 | Poison Ingestion Knife | | | |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence Gun Shot | 30<br>8 | 10<br>2 | 20<br>6 |

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PART II.

Grant Number MG-18F (69)

| | | | Number of Individuals |
|---|---|---|---|
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | 6,063 |
| | 200 | Family Planning Services | 913 |
| | 201 | Well Child Care | 93 |
| | 202 | Prenatal Care | 101 |
| | 203 | Postpartum Care | 93 |
| | 204 | Tuberculosis: Follow-up of inactive case | 6 |
| | 205 | Medical and Surgical Aftercare | 600 |
| | 206 | General Physical Examination | 300 |
| | 2 , | Papanicolaou Smears | 52 |
| | 208 | Tuberculin Testing | 600 |
| | 209 | Serology Screening | 215 |
| | 210 | Vision Screening | 300 |
| | 211 | Auditory Screening | 300 |
| | 212 | Screening Chest X-rays | 1,898 |
| | 213 | General Health Counselling | 400 |
| | 219 | Other Services: | |
| | | Specify dental survey | 192 |

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| PART III. - NURSING SERVICE | Grant No. MG-18F (69) |
|---|---|
| Type of Service | Number |
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 91* |
| b. Number of Individuals Served - Total | 3,420 |
| 2. FIELD NURSING: | |
| a. Visits to Households | 646 |
| b. Total Households Served | 210 |
| c. Total Individuals served in Households | 2,055 |
| d. Visits to Schools, Day Care Centers | 266 |
| e. Total Individuals Served in Schools and Day Care Centers | 400 |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | 182 |
| (1) Within Area | 165 |
| (Total Completed 153 ) | |
| (2) Out of Area (17 fee-for-service; 78 Migrant Health Referrals to | 95 |
| (Total Completed 11 to other counties or states) | |
| b. Referrals Made For Dental Care: Total (to clinics) | 154 |
| (Total Completed 45 (fee-for service referrals 54 ) | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | 30 |
| (Total Completed 16 ) | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | 44 |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | 68 |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | 230 |
| (1) Number presenting health record | 37 |
| (2) Number given health record | 258 |
| 4. OTHER ACTIVITIES (Specify): Doctor Family Medical Clinics - Evening | 251 |
| Dental Clinics - Evening | 44 |
| Family Planning Clinics - Evening | 20 |
| Nutritional Consultation (ind. served) | 400 |

REMARKS *1.a. 91 migrant nursing clinics - however, migrants attended any general health department clinic in addition to outlying clinics. Health department has six day clinics weekly.

PART IV. SANITATION SERVICES | Grant Number MG-18F (69)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 9 | 820 | 4 | 185 |
| Other locations 2 Rural/3 Urban | 5 | 11,180 | 0 | 0 |
| Housing Units - Family: | | | | |
| In camps | 116 | 580 | 10 | 30 |
| In other locations | 1,200 | 10,600 | 0 | 0 |
| Housing Units - Single: | | | | |
| In camps (*Rooming houses | 8 | 141 | 6 | 135 |
| In other locations (Hotel & Rest. Com. Lic. | *10 | 125 | X | 175 |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 9 | 20 | 24 | 24 | 0 | 0 | 0 | 0 |
| b. Sewage | 9 | 355 | 265 | 1,230 | 6 | 21 | 6 | 21 |
| c. Garbage and Refuse | 9 | 355 | 265 | 1,230 | 26 | 31 | 26 | 31 |
| d. Housing | 9 | 355 | 265 | 1,230 | 36 | 62 | 3 | 18 |
| e. Safety | 9 | 355 | 265 | 1,230 | 40 | 41 | 7 | 26 |
| f. Food Handling | 3 | | 31 | | 8 | | 8 | |
| g. Insects and Rodents | 9 | | 265 | | 7 | | 7 | |
| h. Recreational facilities | 9 | 2 | 165 | 10 | 0 | 2 | 0 | 1 |
| Working Environment: | | (areas) | | | | | | |
| a. Water | xxxxx | 3 | xxxxx | 3 | xxxxx | 3 | xxxxx | 0 |
| b. Toilet facilities | xxxxx | 3 | xxxxx | 3 | xxxxx | 2 | xxxxx | +0 |
| c. Other | xxxxx | 3 | xxxxx | 3 | xxxxx | 0 | xxxxx | 0 |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physicians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | |
| (1) Individual counselling | | | 3,420 | 1,230 | | *400 |
| (2) Group counselling | | | 3 | | | |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | | | | 20 | | |
| (2) Direct services | 1 | | | 1 | | |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | | | | 30 | | |
| (2) Group counselling | | | | | | |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | | 5 | 2 | 82 | | |
| (2) Consultation with groups | | | 3 | 36 | | |
| (3) Direct services | | | | 8 | | * 2 |
| E. Health Education Meetings | | 7 | 68 | 27 | | 50 |

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(*) Aides - other than Health Ed.

(+) Table B(# of corrections made) Bonita Farms use male workers & both migrants & grower feel that field toilets would not be used, if provided.

Part V-A.1 (Sans.) 1,230 total visits to private premises during which counseling was given either with individuals or groups. (Nurs.) Each visit or pat. seen is given health educational counseling. (Other) *400-nutritionists; D.3. (Other) *2-nutritionists and clerk presented skit on nutrition to group.

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

LEE COUNTY, FLORIDA

I. General Information

A. This report covers twelve months beginning May 1, 1968, and ending April 30, 1969.

B. Objectives for this year (1969) were:

1. To continue to improve the health and living conditions of the migrants.

2. To find a workable solution to the housing and boarding problem for the migrant discharged from the hospital, with no place to go and unable to return to work.

3. To increase services in the urban Negro area and seek out the migrant living in this community.

4. To expand family planning services.

5. To increase diabetic screening activities.

6. To increase environmental sanitation services.

C. We have endeavored to meet these objectives but so far some have proved insurmountable. Services to the White migrant have increased considerably. Since more night clinics, dental services, and other benefits are offered, we find that the White migrant is identifying himself. Our clinics continue to be very well attended and, in fact, we had to add another night clinic in Harlem Heights during the peak of the season to serve the heavy attendance there.

D. 1. The number of migrants is practically the same as in the previous report, approximately 11,500 to 12,000 during the peak months of January and February.

As far as ages is concerned, little change has been noted, although it appears that fewer school-age children are functioning as workers because of the more strict state, school, and employment laws. The migrant also makes more of an effort to keep his children in school as he becomes aware of the benefits of education for them.

Their cultural background and place of origin remain about the same as in the previous years, with a continuing upsurge of White migrants which makes our figures 65% Negro, 5% White, 8% Texas-Mexican, and 22% Puerto Rican.

In the main, they plan to follow the East Coast Migrant Stream with a few going to Michigan and Ohio and some dropping out of the stream to become permanent residents.

2. The migrants' economic situation is improving somewhat in the field of wages, hospitalization, and workmen's compensation benefits as the growers realize the benefits acruing to them by improving the migrants' lot. One big grower is offering year round employment, free hospitalization, and Workmen's Compensation, transportation to and from work, and better wages. He has also hired an industrial nurse who contacted the health department to see what services we had to offer and to cooperate in seeing that the workers availed themselves of these services.

   There are no changes in the dates of the season except that more migrants are arriving in early September and leaving in late May. Interest in their children's education accounts for this to some extent. The crops and market conditions remain essentially the same. No increase in mechanization has been noted.

3. As the number of home-based migrants increases, our migrant season lengthens, necessitating the need for services over a longer period of time. This means night clinics for a longer period of time, more staff to run them, more funds for hospitalization, and a generally increased budget for all items.

   There is still a need for medical clinics at Charleston Park and Bonita Springs, but so far these needs are unmet. The nursing clinic at Charleston Park is well patronized but the lack of transportation to the medical clinic locations prevents the migrants from taking advantage of all the services available.

II. We continue to cooperate with all agencies serving migrants and in return enjoy excellent rapport. This is essential to a well rounded program and helps ensure continuity of service.

The community is becoming increasingly cognizant of the migrant and his needs and more individuals are volunteering to assist in all fields, such as fund raising, helping in clothing centers, and acting as interpreters in our clinics. The minister's wife at Harlem Heights, who has been of inestimable help all these years, became seriously ill in January and many people have volunteered to take her place, including a winter resident of Spanish descent who drives from Cape Coral to the Harlem Clinic every Tuesday evening to act as interpreter. She has become so interested in the project that she has transported many

patients to and from doctor's offices and next year expects to become even more involved. A nun, on leave from the convent because of illness in her family, has been acting as aide and clerk at our Teeter Road evening clinic.

More migrants are availing themselves of the opportunity to obtain "self-help housing" and are taking great pride in their new homes. The Vista volunteers have worked long hours to achieve this. The mobile x-ray unit, during its annual tour, again visited the densly populated migrant areas, working closely with the project staff to reach as many of the migrants as possible. While working during the evening hours, 28 new suspects were found and of these, six were new migrant cases that were sent to a state tuberculosis hospital. A total of 1,898 x-rays were taken. The home economist has 12 community aides working in the consumers' homes teaching nutrition, better sanitation, wiser use of commodity foods, and informing the people about the various agencies and how to apply for benefits. The aides work very closely with us and refer many patients, especially in the field of family planning.

The South Florida Migrant Legal Service has also referred many patients to us for service and we have reciprocated, thereby helping to relieve the plight of the workers. All the Welfare agencies have given us their utmost cooperation.

The cooperation of the crew chiefs continues to improve. They have learned the the better migrant is atrracted to the chief who really tries to get the best living and working conditions for his crew. One of our crew chiefs attended the Migrant Health Project Review Committee meetings at Washington in February. He returned very enthusiastic and it is hoped that he will be an even better leader because of this.

III. Project personnel have attended all the conferences pertaining to migrants when they could be spared to do so. This is an invaluable help to our migrant program. It is especially interesting for the nurses to meet the people to whom they send referrals and to discuss various problems first hand. Lee County is one of the counties that gives in-service training to personnel from other migrant project counties in the state and several project nurses, sanitarians, and clerks have benefited from their visits here.

IV. General appraisal of year's achievements.

We have achieved several of our objectives. Motivating the migrant to take advantage of services we had to offer was one major problem. Two big problems remain:

A doctor for the Charleston Park clinic and lack of extended facilities for boarding single sick migrants.

Achievement of some objectives was due to the growing cooperation on the part of crew chiefs, growers, and volunteer agencies and also by making known our needs. Further the dedication and hard work of all our project and regular staff working together as a team for the betterment of the consumer was responsible for substantial accomplishments. We plan to overcome future weaknesses by continued expansion of our program and by educating the migrant to his health needs. We are presently concentrating on the school-age migrants who are most impressionable.

The nutritionist plans to demonstrate the cooking of commodity foods at the night clinics when possible. He is doing an excellent job. However, he has so many counties to cover that he can only give Lee County a limited amount of time. There is a real need for education in this field. The project staff was amazed at the nutritious and tasty dishes he cooked quickly over a camp stove. Our commodity storehouse has recently started staying open two evenings a week to enable more migrants to avail themselves of this valuable supplement to their income.

The Wee Care Center for migrant children at Harlem Heights has been started, as has the Day Care Center for migrant children in the Dunbar area. Recently a migrant kindergarten was initiated by the Board of Public Instruction. The project extends services to all of these centers.

The Jones Walker Migrant Clinic was moved into the main health department due to the closing of that facility by the owners of the building who are about to have it demolished. Family planning services have been greatly expanded and another night clinic for this purpose has been initiated. We are continually stressing family planning to all patients we meet, with special emphasis on the teenager.

Our community doctors who serve our night clinics with so much dedication and enthusiasm are doing an outstanding job. One did not want to cancel his clinics when they happened to fall on Christmas Eve and New Year's Eve but substituted another night instead as he did not want to leave that area without service for such a long period.

More family-type recreational facilities for migrants are urgently needed, with emphasis on family involvement. This would probably reduce the number of bar-room brawls with resultant financial loss to families and to our hospitalization fund as many of the highest bills are for this type of case.

Diabetic screening was not done at the State Fair this year as there were no funds available for Dextrostixs. We continue, however, to seek out the diabetics in the migrant population in Lee County.

V. Plans for the coming year.

We are taking applications for a Community Health Worker and hope to employ one in the near future. This person will be most helpful in getting to better know the problems of the consumer and to act as a liaison between the consumer and the staff. Also the health worker will work quite a few nights at hours suitable to reach more of the migrant population and be of assistance in the night clinics.

A model migrant community pilot project has been approved for construction in Fort Myers. When this is completed it will draw more migrants to Lee County. It is our belief that the area offering the best wages, working and living conditions, and the best health services will get the most response and the better quality of migrant.

We shall continue to extend our services to the migrant, depending in large part on education and motivation. The project personnel give much thought on how to help the migrant help himself.

The nurses will continue to emphasize family planning in all of their contacts with the migrants and provide the information for those who seek it as well as those who want it but have not sought it.

The staff will attempt to obtain greater consumer participation and will listen to what the migrant thinks his need are.

We hope to receive more financial help to enable us to expand our program to reach as many migrants as we can find who need help; continually seeking out the White and Negro migrant who, we feel, is in our community in greater numbers than we have counted.

## MIGRANT CLINIC SCHEDULE

| | |
|---|---|
| NURSING | Monday Morning: Second and Fourth - Teeter Road 9:00 till 12:00 (located at Migrant Camp in Teeter Road - House renovated as clinic.) |
| | Monday Morning: First and Third - Charleston Park 9:00 till 12:00 (Located at Charleston Park which is in the Alva vicinity - mostly Negro migrant. The clinic is a trailer.) |
| | Tuesday Afternoon: Every Tuesday, year round - 2:00 till 4:00 - Harlem Heights (Held at Good Shepherd Mission.) |
| DENTAL CLINICS * | BY APPOINTMENT (Through Nursing and Mrs. Perry) |
| (*Emergency dental work is referred out-patient can usually get in to see dentist same day.) | Monday Evening: 7:00 till 9:00 Held at alternating dentists' officer during October through April. Every Monday night May through September. Bi-monthly every middle two Monday nights. |
| GENERAL MEDICAL | Monday Evening: Dr. Ritrosky (2 Migrant Project nurses) 6:00 till --- Held at Harlem Heights at Good Shepherd Mission. (During Season) |
| | Tuesday Evening: Dr. Ritrosky (2 Migrant Project nurses) 6:00 till --- Held at Harlem Heights at Good Shepherd Mission. (All Year) |
| | Wednesday Evening: Dr. Purvis and nurses at Teeter Road Camp during season October through May - 7:00 till --- |

| | |
|---|---|
| GENERAL MEDICAL (Continued) | Thursday Evening: Health department clinic - Dr. Plummer and nurses 7:00 till --- (All Year) |
| FAMILY PLANNING MCH Funds | Third Wednesday Night and First Tuesday Night-7:00 till 9:00 Held at health department Dr. Howington and Dr. Hinkle BY APPOINTMENT - contact health department PHN's |

## GENERAL HEALTH DEPARTMENT SCHEDULE

Migrant people may come to these clinics at any time for services.

| | | |
|---|---|---|
| MONDAY | 8:30 - 11:00 a.m. | Immunization Clinic |
| | 1:00 p.m. | Maternity Clinic (Nursing) Appointment |
| TUESDAY | 8:30 a.m. | V.D. Clinic |
| WEDNESDAY | 8:00 a.m. | Maternity Clinic (Doctors and Nurses) |
| | 1:00 p.m. | Pap Clinic (Doctors and Nurses) |
| THURSDAY | 8:30 a.m. | V.D. Clinic |
| | 1:00 - 4:00 p.m. | Immunization Clinic |

Chest x-rays are done (free of charge) daily, available to all -
8:30 - 11:00 a.m.
1:00 - 4:00 p.m.

Chest Clinic - Third Monday — 9:00 a.m. (by appointment)

## MEDICAL SERVICES

I. A. For our various clinics and services, refer to attached schedules.

B. In addition to this we refer patients on a fee-for-service basis but try to keep this at a minimum. We refer, by this method, to laboratory and x-ray work also. Most of the local doctors have been very cooperative. Our many night clinics serve most of our needs, except for emergencies and specialized service.

C. The Teeter Road Clinic is the only one closed from the end of May until Fall. The rest operate the year round as we have enough home-based migrant dependents to warrant this.

D. The health department is coordinating a program for migrant school physicals and complete follow-up; also, dental work, vision screening, and audiometric testing under Project No. 69036. We also have Operation Head Start and Title 19 funds available to migrants as well as other recipients. This project refers children to the Dental Preceptor and in addition pays for an Optometrist examination and glasses when needed.

E. We have no health educator, per se, but the project staff is continually stressing health education in their numerous clinics and home visits.

II. We may still refer patients to the Florida Crippled Children's Commission and Florida Council for the Blind and also enjoy good cooperation from them when they have funds available.

III. The Florida Crippled Children's Commission and Florida Council for the Blind have had their budgets reduced and are not able to service our patients as aoon as they have previously. As a result, some of our migrants leave the area while awaiting this needed service. Transportation to and from these various satellite agencies is urgently needed, as well as interpreters for the migrants when they arrive. Most of the agencies are quite a distance from the migrants' homes.

IV. Our referral system to our local resources is working very well. We still need money to pay doctors for inpatient care. Physicians are not reimbursed in Florida for inpatient hospital care of migrants and this has caused some problems. Our surgery is limited to emergency instead of elective for this reason. Also, some financial assistance for maternity care is needed as many migrants arrive in the area ready to deliver, but with no money to pay for doctor or hospital care - or even a midwife fee. This is a drain on our hospitalization funds as they end up as "walk-ins" at the local hospitals; causing strained relations with the OB and GYN doctors.

As previously stated, we need some solution for our maternity walk-ins. We also need money for prosthesis in dental care. Funds are badly needed for glasses for adults, hearing aids, prostheses such as legs, arms, etc.

## DENTAL SERVICES

Lee County began dental clinics in January, 1968. At that time we were granted funds for bi-monthly dental clinics. Two local dentists agreed to staff these clinics and furnish their office, most of the supplies and drugs. Each dentists' assistant works with him. Because of the need for dental services, we increased our clinics to each week during the growing season and bi-monthly for the four off-season months. The necessity for dental care in the migrant population cannot be overly stressed. At this report, we have gone almost one-half of the way through our second year and we are just finishing the patients we admitted in January, 1968. The clinics are held at night and we try to see mainly the adult migrants as their teeth usually are so badly decayed that their entire mouth is in need of care. No actual orthodontic services have been provided, (such as straightening teeth, correcting bite, etc.) because only the most desperately needed work has been performed in the time available and with the funds allotted. This has been:

(1) Extractions (because of decay, broken teeth, or pyorrhea)

(2) Fillings (when able)

(3) Gum treatment for pyorrhea

(4) Cleaning and

(5) Health education - how and why to care for teeth and instruction in brushing. Toothbrushes are furnished at the patient's first visit.

Very few children have been seen as we have been operating with a dental preceptor program in Lee County. Many of the migrant children are screened in the schools by the prectptor and then scheduled for follow up in the preceptor's office. However, by working more closely this year with the school board's Federal program, and by our nurses consulting the teachers who teach migrant children, we have found that there are many unmet dental needs.

Although the dental preceptor has been of a great assistance in seeing our migrant children and our maternity patients, we have been informed by the State Board of Dentistry that the program is being discontinued, so we will not have this added help available next year. We will need to increase our fee-for-service budget for dental care to see the emergency cases. Without the preceptor program we will hardly be able to scratch the surface of providing care to those in need. In fant, we have barely touched the migrant population with the services we are now providing in dental health as the demand outweighs time and manpower. The response to the clinics has been wonderful. Even though most people have a fear of the dentist, we rarely have a broken appointment at our clinics and most of the patients want the dentist to see their husband, wife, or children, but we are scheduled so far in advance it has been impossible to see all we need to reach and all who request our help.

## HOSPITAL SERVICES

I. We have out-patient service and most of the patients availing themselves of this service are emergency walk-ins during the hours the health department is closed. Some are referred by the project staff, when necessary.

II. We have a good working relationship with our local hospital and they have our Migrant Hospitalization forms signed and notify the project staff promptly of the patient's arrival. A nurse goes to the hospital to verify the patient and arrange for follow-up upon discharge.

III. We encounter transportation problems upon discharge in some cases and have to arrange to have these patients transported. Our hospitalization funds are exhausted before the end of our project year so more money in this category is needed. Elective surgery is eliminated because of lack of money for payment to doctors for inpatient care. Whenever possible we encourage patients to pay doctors, no matter how little, on a weekly or monthly basis.

IV. Maternity care is not adequate. When our migrants arrive in Fort Myers ready for delivery, they become walk-ins at the hospital, exhausting our hospitalization funds and annyoing our over-worked obstetricians. The OB men will not take these patients as private patients at this late date without most of the payment being made and our midwives will not take them without the entire fee. We can do prenatal and postpartum examinations and home visits, but for the actual delivery they have no other alternative but to appear at the emergency room in active labor. They are never turned away when they do this and the PHN does follow up, but we know this is not a good praftice. We furnish the hospital with a monthly maternity roster which gives the physician some information as to lab work, migrant status, and progress on all patients seen by us. However, some patients have never been seen in our clinic.

The hospital is very cooperative in notifying us of these cases, especially in the premature births so that we can educate the mother to prepare the home and to care for the high risk infant.

We are hoping for a better financial arrangement with our OB doctors and the hospital to eliminate these walk-ins and high infant mortality rate, but as yet have no workable solution.

## NURSING SERVICE

This report covers 12 months, beginning May 1, 1968, and ending April 30, 1969.

I. General description

A. Objectives were as follows:

1. To continue to bring health services to the migrant and his family and to expand these services.

2. To replace Jones Walker Clinic building.

3. To devise better methods of providing continuity of service.

4. To put more emphasis on family planning.

5. To continue to seek a workable solution to the housing and boarding problem for the migrant discharged from the hospital with no place to go and unable to return to work.

6. To continue to increase environmental sanitation and safety.

B. Staff consists of the following persons:

Project personnel: 2 Public Health Nurse II's
1 Clerk-Typist
1 Senior Sanitarian

Non-Project personnel: 1 Public Health Nurse III (paid by the county)
1 Gray Lady (Volunteer, Non-Professional)
2 Interpreters (Volunteer, Non-Professional)

C. All personnel in the health department cooperate to help in the night clinics to serve migrants and in the general clinics. The project has excellent cooperation with the Welfare agencies, Board of Public Instruction, Community Action Fund, South Florida Migrant Legal Service, and all other organizations serving migrants. We exchange ideas and information to prevent duplication of service and to ensure a smooth-running program to best serve the consumer.

D. Many of the local doctors are willing to have patients referred to them on a fee-for-service basis in emergencies. The specialists accept referrals from the clinic doctors, as do the pathologist and radiologist. The Florida Crippled Children's Commission and the Florida Council for the Blind perform examinations and operations for our migrants, as well as other medical indigents.

E. We need some assistance with maternity deliveries that arrive in the area in far advanced pregnancy and whose only recourse now is to walk into the emergency room in active labor. Also, money is needed to pay doctors for elective surgery when a patient is admitted to the hospital.

II. Services provided to migrants (clinic schedules attached)

A. We see a great many of our patients in our numerous night medical clinics and in the weekly evening dental clinics.

The project staff and the regular staff members also serve migrants in the general clinics, the two monthly family planning clinics, and during home visits.

Home visits are made for a number of reasons and on each visit we try to make it worthwhile by reaching the patient something. Family planning is continually stressed as are sanitation, mother and baby care, prenatal instructions, etc. While there we evaluate home conditions and seek ways to eliminate undesirable situations and instigate patient involvement in improving his health and environment.

The nurses visit the various day care centers and give the children PPD's and immunizations. They help arrange for physical exams for these children. Presently they are engaged in doing school examinations for 300 migrant school children from ages 5 - 17 in cooperation with the Board of Public Instruction Migrant Project No. 69036. The Board of Public Instruction has provided money for this purpose and the halth department is arranging for the program and the follow-ups. With the relatively small amount of money we have for follow-ups ($3,000) we can only do a limited amount of this type work, including some elective surgery.

Title 19 money is used for Head Start which includes migrant children.

Also Title I money is used for eye examinations and glasses for migrant school children, as well as other indigents.

B. We have no health educator, but all the project and non-project staff nurses are constantly stressing health education during every home and clinic visit.

C. We send and receive referrals from various agencies such as; County and State Welfare, South Florida Migrant Legal Service, Community Action Fund, and the Board of Public Instruction. Usually referrals are direct telephone contact, including the various medical specialists with whom we arrange appointments. We have a high degree of success in completed referrals. When they are incomplete, it is usually due to a lack of transportation or the need for someone to keep the younger children while the patient keeps his appointment.

The staff has been asked to speak at various clubs and church groups to explain the functions of the Migrant Project. We receive an enthusiastic response whenever our needs and objectives are explained. These group meetings range from 20 to 100 people. Community involvement is increasing as we improve our public relations; the different church groups continue to make layettes for the newborn and one large group had a "migrant tea" which resulted in many layettes and sufficient money to buy three vaporizers, starting the nucleous of a loan service. We have found that many of the infants require a vaporizer as respiratory infections are one of the most common complaints. Since we can loan them, the child receives needed relief from a device that the migrant parent could not afford to purchase.

D. We are using the migrant referral form furnished by the State of Florida for intrastate and interstate referrals. It is successful when the patient knows his next address and goes there, but fails when his plans are changed due to crop failures or various other reasons. This form has been in effect for several years now and the other states are getting more familiar with it and try to seek out the person referred with a higher degree of success. The nurses instruct the migrants leaving this area to seek out the health department in the area to which he is going, especially if their plans change.

There has been a greater use of personal health records since more emphasis was placed on their use. (This was a noticeable result of the East Coast Migrant Health Conference discussions in March, 1968).

E. Project staff has frequent meetings among themselves. We have a weekly staff meeting with the nursing director and entire staff and monthly in-service meetings with a number of other counties. Other project staff members, as well as various government personnel, have visited our county to observe our operation. We hope next year to find the time for reciprocal visits. This was not possible this year because of the numerous evening clinics and limited staff.

III. Our main obstacles to a really adequate nursing service are:

(1) Lack of transportation for the migrant to get and and from our various agencies and clinics to avail himself of all our services. We can pay some transportation but this is not always the answer as sometimes we can't find any one to transport them even for a fee.

(2) Lack of adequate maternity care at the time of delivery. We are trying to prevent walk-ins in active labor.

(3) No extended care facilit[illegible]r the single sick migrant with no family to care for him until he can return to work. (County Welfare is cooperating with us by placing these migrants in the County Home for the Aged but this is not the place for them. At present there are three there. These facilities are over crowded and have long waiting lists so we can only place a limited number at best). We need some expansion of service in this area. If the residency law was relaxed so that the patient was eligible for welfare, this might solve some of our problems, but placing a patient in a private boarding home, with no money, is almost impossible.

IV. Specific plans for the future:

(1) We are going to concentrate on our records to make them more workable and make data more useful and the gathering easier.

(2) We are going to try to find some solution to our maternity care.

(3) We will continue to stress family planning to improve the economy of our migrants with special emphasis on reaching the teenager.

(4) We will concentrate on the Charleston Park area as we feel this is one area not adequately covered due to distance and lack of transportation.

(5) We will strive to achieve uniformity of records to provide continuity of service.

(6) We expect to widen our area of Mental Health and Alcoholism involvement. We hope to have an outpatient clinic in Fort Myers soon. At present adequate mental health facilities are lacking.

(7) We plan to continue our excellent working relationship with all agencies, volunteer and official, and to publicize our needs and goals involving more community and consumer participation.

(8) We hope, through continuing health education and improved understanding, to help the migrant help himself.

(9) We shall strive to have better communication with other agencies involved with migrants to utilize more fully existing programs, such as the well-funded education program utilizing more Title I money and

special project programs and the Health Start programs.

(10) We will try to work out a system of monthly conferences with all other involved agencies to prevent duplications of service and to have knowledge of all programs aiding migrants.

LYNN BABY: The Collier County Health Department received a notification of contacts from Tennessee of a positive tuberculosis case. They were unable to locate this family until a telephone call was received from the Naples hospital asking them to make a verification on a migrant child with the same name. After finding the family lived in Lee County, the referrals were sent to the Lee County Health Department with good directions on finding this White migrant family.

The nurse made a home visit and PPD's were done with negative results. On examining the child who had been discharged from the Naples Hospital, she was found to have been badly burned by the mother using a defective electric blanket, burning both legs and the abdomen.

This was an unbelievably dirty home. Three other children under four years of age were all sick with colds. The mother had no idea of cleanliness, much less the knowledge of how to use sterile techniques in redressing the burns three times a day as the doctor had ordered.

The nurse discussed the care this baby should be receiving. It was obviously impossible to receive adequate care under these conditions. The mother was told about the Shrine Hospital for burned children in Texas and the help they give to needy people. She was willing for a home visit to be made by the chairman from the Shrine Club who was contacted after talking with the doctor who had cared for this child. The chairman visited this home and immediately called the hospital in Texas for this child to be admitted.

On making another home visit the nurse found the baby had developed diarrhea. The dressings were covered with fecal matter and the child had become dehydrated. This condition was reported to the doctor in Naples and she was readmitted to the hospital. With proper care for five more weeks, her burns healed, although one leg was severely scarred. If the family stays in this area and the doctor recommends skin grafting, this will be done in the Shrine Hospital for Burned Children in Houston, Texas.

MARTINEZ BABY: The migrant nurse was trying to locate a family for verification of hospitalization with Pine Island Road the only known address. She never did find that family, but in one home found a very under-nourished little boy being cared for by a sitter (who did not know the child's age or last name) while the mother worked in the fields.

The sitter thought he was a year old but he did not walk, would not eat solid foods and had diarrhea. An appointment was given to bring the child into a migrant health clinic being held that night. This appointment was not kept.

The nurse called the crew chief's wife to accompany her to make another home visit on the family. Again the mother was working. This child evidnetly needed immediate

care and a telephone call was made to Dr. Lawrence, Director, Lee County Health Department. The condition of the child and home was reported to him. Permission was given for the nurses to transport the child to Lee Memorial Hospital emergency room for examination.

The child was found to weigh only 10½ pounds and after being examined was admitted to the hospital for observation. Many tests were made and all were negative. After two weeks he developed a hospital virus and lost the two pounds he had gained. As of today, after a month of care, he weighs in at 13 pounds, 2 ounces.

This child will be discharged from the hospital soon and plans are being made with the pediatrician for close follow-up, home visits will be made and help will be given in planning diets and care for this child.

VIRGINIA: A nineteen-year-old unmarried Mexican girl walked into Lee Memorial Hospital in active labor. She was delivered of a normal female; without complications. She had not had any prenatal care, and because of a history of a cough of five weeks duration, a chest x-ray and also sputum examinations were ordered by the attending physician. She was told after the films were read that she had pulmonary tuberculosis and arrangements were made to transfer her to Southeast Florida Tuberculosis Hospital.

The baby was kept in the hospital under observation and tests were made which were all negative. She was discharged after two weeks to her grandmother and is presently doing well; gaining weight and eating well. She will be given INH syrup - one half a teaspoon for a year.

Twenty-eight contacts were skin tested and x-rayed. Seventeen of these had positive reaction and are on chemotherapy treatment.

Had this girl received prenatal care, this condition would have been discovered and treatment started in the early stages of the disease.

## E. SANITATION SERVICES

Sanitation services provided for migrants are basically the same services provided for the rest of the community. This consists of a complete environmental health program with emphasis on the educational approach instead of the old inspection and enforcement routine used in the past.

The specific objectives of the sanitation program are:

(1) To continue to visit all farm labor camps in the Lee County area on a regular basis.

(2) To attempt to improve unpermitted camps so that they can be permitted in the future.

(3) To strive for more than just the basic facilities in farm labor camps, especially in the area of recreational facilities that can be used after work hours and on weekends.

(4) To obtain more involvement of the migrant in his problems in order to create interest on his part and to impart a lasting effect to our efforts.

(5) To upgrade the substandard housing in Lee County that is presently used for migrant farm laborers. (This is in the field of privately owned housing rather than farm camps.)

(6) To continue to work with farmers, growers, and other interested parties for the betterment of the farm worker' especially in the fields of housing and sanitation.

The staff involved in the sanitation program dealing with migrant farm workers is:

1 Full-time Sanitarian paid by project funds
1 Part-time Sanitarian Supervisor (non-project)
1 Director of Sanitation (non-project)
1 Medical Director (non-project)
2 Clerk- Typists (non-project, in the sanitation department; part-time on Migrant Health Project duties)

It should be pointed out that the entire staff of the Environmental Health Section works, to some degree, with migrants and their problems. The migrant population in Lee County is not confined to one area, but is wide-spread over the county. Although the migrant sanitarian works full-time with migrants, it is not always feasible for him to make a special trip to a remote area where another sanitarian may already be going on some other business. Department cooperation on matters of this type has been excellent and has resulted in all department personnel doing some migrant work.

The relationships with other organizations dealing with farm workers have been very good, especially with the Home Economist of the Extension Service, the Farm Labor Office, VISTA volunteers living in the migrant farm communities, South Florida Migrant Legal Service, Southwest Florida Self-Help Housing, Inc., and the various Community Improvement Associations which we have encouraged and helped to develop.

Relationships with farmers and growers have continued to improve and we look for more progress in this direction. By the development of Community Improvement Associations the migrant has become more involved with his problems. In many cases this involvement, along with wanting a better home and better way of life, has led the migrant out of the migrant stream into being a permanent member of the community.

Other organizations which have cooperated to a certain extent have been: Mission Board, Florida Christian Migrant Ministry, Board of Education, Florida Hotel and Restaurant Commission, the County Commission, County Building and Zoning Departments, County and City Recreation Departments, and the Lee County Clothing Center.

All of the above-mentioned departments and organizations are of value as the need arises for consultation and advice.

The most needed consultation, at present, is in the field of health education.

There are few trained people qualified by both experience and education to help in this field. There is one sanitarian supervisor who is qualified to do this work, but he has only a limited amount of time to devote to the Migrant Program.

The statistical information from Part IV of the Statistical Report was obtained from the daily work sheets of all the environmental health personnel. The clerks know that all of the work records of the full-time migrant sanitarian deal with migrant workers and they record this information for later compiling into the annual report. Other personnel dealing with migrants use a specially devised coding system when they are recording their daily activities and this is also tabulated by the clerical staff. As a result of this simple but effective system, we are able to give an accurate statistical report as to the activities dealing specifically with sanitation services rendered. In general, the migrant farm worker is found in one of the following types of housing: Permitted farm labor camp, non-permitted farm labor camp, his own house or a rental from a private landlord.

The permitted labor camps are either of masonry or frame construction. The emphasis on new construction is masonry for lower maintenance costs.

The non-permitted farm labor camps consist of masonry and frame construction and lately quite a few trailer settlements are showing up to house migrant families. The individual housing and rentals are of either frame or masonry construction. Again, the new construction is mainly masonry because of the lower cost.

Reference to Table A, in Part IV, shows that a relatively small percentage of our migrant population lives in camps, most of them reside in private or rental-type housing. It is our opinion that the trend will continue toward the private and rental housing instead of the labor camp in this area. Our experience shows that the migrant does not like to live in a camp far from town, but will seek housing in town or in the county areas adjacent to the City of Fort Myers.

Labor camp permits are issued by the State of Florida only after a camp has been properly inspected and recommended for permitting by the local health department. This is one of the duties of the migrant sanitarian. The county and city building and zoning departments have their own minimum standards for certain types of housing and this is enforced accordingly by them. At present, the city code is more strict and a more positive attitude is being taken against poor housing than in the county.

In general, the housing conditions have greatly improved over the last few years, both in the migrant farm labor camps and also in other housing used by migrants. This can be attributed to:

(1) Hiring a migrant sanitarian

(2) Community sponsored clean-up campaigns

(3) Health department housing surveys of substandard housing conditions in the city and county in 1965, and in 1966, which brought to the attention of our local government the conditions that existed in some of the areas.

(4) Better education of migrants on how to take care of their own property as well as that of others.

(5) Development of community improvement associations

(6) Development of government sponsored housing programs which not only provided better housing, but forced landlords to fix up their own property in order to keep tenants.

(7) More rigid enforcement of building and zoning codes, especially in the city.

A quick analysis of Table B, in Part IV, of the Statistical Report shows, again, that the facilities provided in the permitted camps are good and most of the defects listed are either in non-permitted labor camps or in private housing. Briefly summarizing, we find the following to be true:

A. Water: In permitted camps and within the City of Fort Myers, the supply is good. In non-permitted camps and outside of the city, the water supply ranges from excellent to very poor.

B. Sewage Disposal: This is mainly by septic tanks and has been adequate except in cases where there has been poor drainage. Within the City of Fort Myers, there has been no problem as there are public sewers available.

C. Garbage and refuse disposal: This has been no problem except in some of the areas not serviced by public pick-up service. The biggest problem area has been the county adjacent to the city, which is not serviced by a regular pick-up service, but by a franchised garbage pick-up. This service has not been entirely satisfactory.

D. Refrigeration: This has been no problem since expansion of electrical service to all parts of the county. Almost 100 per cent of refrigeration is electrical.

E. thru H.: Safety, food handling practices, insect and rodent control, recreational facilities and general cleanliness in the labor camps - satisfactory; especially in those permitted. There are some deficiencies in these conditions existing in the non-permitted camps and in private housing. These are receiving our attention and progress toward correction is being made.

The work environment for migrant farm workers and other farm workers in this area is generally good. The water supply and hand washing facilities are generally good throughout the area. There could be some improvement in food handling in the fields, as well as in toilet facilities in the fields, but even here we can see a definite improvement over the last five years. There have been many factors involved in upgrading the working environment such as; farmer and grower cooperation, more strict enforcement of health codes, better education among the migrants, etc. Perhaps the main reason has been that due to a shortage of labor at the height of the growing season, some farmers and growers have had to provide a better work environment or face the loss of help to other growers who had already improved working conditions for the migrants.

One of the weakest links in the Lee County program has been the problem of health education. There are very few qualified people who can do this work and there seems to have been little done to encourage qualified personnel to come into this field. In Lee County we have tended to stress health education in preference to an inspection and enforcement routine which is satisfactory, to some extent, but does not give lasting results.

In appraising any program there is a tendency to try for form an opinion over too short a period of time in order to impress certain governmental officials and to justify the program. In appraising this program, we like to look over the results of the last five years as they give us a better overall picture of where we were, what has been done, and where we are going.

Most of the specific objectives, either have been accomplished or are still in the process of being worked on. Among these would be: (1) The development of the Community Improvement Associations, which have obtained the involvement of the migrant not only in his own welfare but in that of the community, (2) Upgrading of substandard housing, (3) Permitting of qualified labor camps and working with others that can soon be permitted, (4) Better working relations among all agencies working with the migrant problem, (5) Better understanding by the general public of the migrant farm worker and his problems (see statement and news clippings which follow) and (6) most important, a better understanding by the migrant himself of what we are trying to do for him.

Most corrections accomplished and successes in meeting specific objectives have been the result of mutual cooperation by all concerned. As mentioned previously, the old method of inspection and enforcement still will work but will not give a lasting effect because the migrants do not understand "why" and they tend to resent enforcement procedures. The biggest factor contributing to our success has been the close cooperation with those concerned and the gentle educational approach - point out the problem, show why it is a problem, (it could be health or any other), offer a solution, and help them with the solution.

The plans for the coming year are basically the same as last. We hope to accomplish our specific objectives as outlined in the beginning of this report. We expect to accomplish this by using the educational approach and involving the migrant as much as possible in order to give meaning and lasting effect to our efforts. As a result of finishing the summary of our 1965 to 1969 housing cleanup within the City of Fort Myers, and viewing the results, we plan to push on into the county and try to obtain the same results. There are some problems to overcome in this area which we did not have within the city, but we hope to get something started that will show improvement and have lasting effects that the same project had in the city.

This section of the report will close with the following two paragraphs which are not exclusively related to sanitation, but are, we feel, of some importance and are not divorced entirely or unconnected with the sanitation facet of our total migrant health project.

We have had many outside groups and individuals interested in the migrant this year. Two students at our local Edison Junior College wrote their term papers on public health; one emphasizing the Migrant Health Project and the other strictly on the Migrant Health Project. The entire project staff gave time and information, as well as gained from the privilege of visiting with these students. (The paper

on Migrant Health was awarded two A's in grade.) This might seem insignificant, but we were satisfied to know that the college was informing the students of the health department in its program of education and of the interest of the students in our being.

The "outside group" with the most impact this year was the Senate Select Committee on Nutrition and Related Human Needs. From these hearings in Lee and Collier counties, both migrant health projects were praised for their efforts in aiding the migrant. The Lee County Project was especially cited by the South Florida Migrant Legal Service as being most cooperative with them in all efforts to serve the migrant. The "Committee" did tour the very worst areas of the county and stated that this was their knoen intention. From the most of the results we have gathered from news articles and other such publcity, Lee County has benefited from the experience. The community has become aware of the job the sanitarians and medical staff have been doing, with special attention focused on housing problems. The State of Florida has become aware and involved and several bills to aid in our work have been introduced to the State and National legislatures this session. This has all been a harbinger of good for us and has certainly given publicity to what we have done, as well as has been a tool to back us in all of our recent services to the migrant.

## NUTRITION SERVICES

Nutrition services have been extended to the migrant population of Lee County through direct and consultative services.

Eight Community Action Fund Migrant Aides were trained by the Migrant nutritionist in family food management. These aides come from the migrant stream and have been trained to work with migrant families in solving some of their basic problems. Training in family food management was in the following areas: The certification, application, and preparation of donated commodity foods; infant and pre-school feeding; meal planning; food buying; and storage and finally learing how to use the health department resources. These outreach workers are making a contribution in working on a one-to-one basis with the migrant families and several have moved on to more responsible positions in directing day care programs for migrant children.

The adult migrants participating in the Title 3b program were trained in food buying and family meal planning. Nutrition services have been offered through the migrant clinics, especially when the nutritionist position for Lee and Collier counties was filled.

Nutrition in-service education for the county nursing staff and project staff have been extended to strengthen the nurse's knowledge of nutrition and allow her to do more diet counseling. Classes have been held in the application, certification, and preparation of commodity foods and on prenatal nutrition.

During the last year, 400 migrants received direct assistance from the nutritionist.

In March the Senate Select Committee on Hunger and Human Needs toured Lee County. The regional nutrition consultant was invited to testify before this committee. Focus of discussion in Lee County was on the county problems of the commodity food distribution program. The regional nutritionist presented a prepared statement of our State Health Officer and a report on the nutrition services to Lee and Collier counties. Under questioning, he stated the need and plans for a statewide

nutrition status study, the need for an expanded food distribution program, and the extensive need for nutrition education in the county. Recommendations made were:

A. Enlargement of nutrition education efforts through the establishment of a nutritionist position for Lee and Collier counties and training of indigenous aides in family food management; further in-service education of all health department staff to extend nutrition services.

B. Implementation of a nutrition status study in these counties to determine the nature and extent of nutrition related health problems; present dietary patterns, relationship of nutrient intakes to outcome, food use and money expenditures.

C. Assistance from the regional nutrition consultant to help the department staff in encouraging an application for a food distribution program for Collier County and improvement of the existing program in Lee County. Implementation of a supplemental food program for high risk pregnant women, infants, and preschool children as rapidly as the State Department of Public Welfare makes this possible.

Public health nurses should be thoroughly oriented to food programs and referral procedures.

D. Close cooperation with the regional nutrition consultant and health department staff with other interested agencies to expand and develop day care for preschool children with programs including adequate feeding and nutrition education programs.

Nutrition services in Lee County, it is expected, will be expanded and extended by:

(1) Providing group and individual nutrition instruction at selected general migrant medical clinics.

(2) Providing nutrition education to the county nursing staff to expand their knowledge of nutrition and multiply their nutrition counseling to migrant patients.

(3) Increasing the percentage of participation of those eligible to receive commodity foods by explaining to the health department staff eligibility, application, and food value of these commodity foods.

(4) Demonstrating the use of commodity foods at selected migrant health clinics.

(5) Training of the O.E.O. migrant aides in family nutrition so that these aides may work on nutrition problems with migrant families in the community.

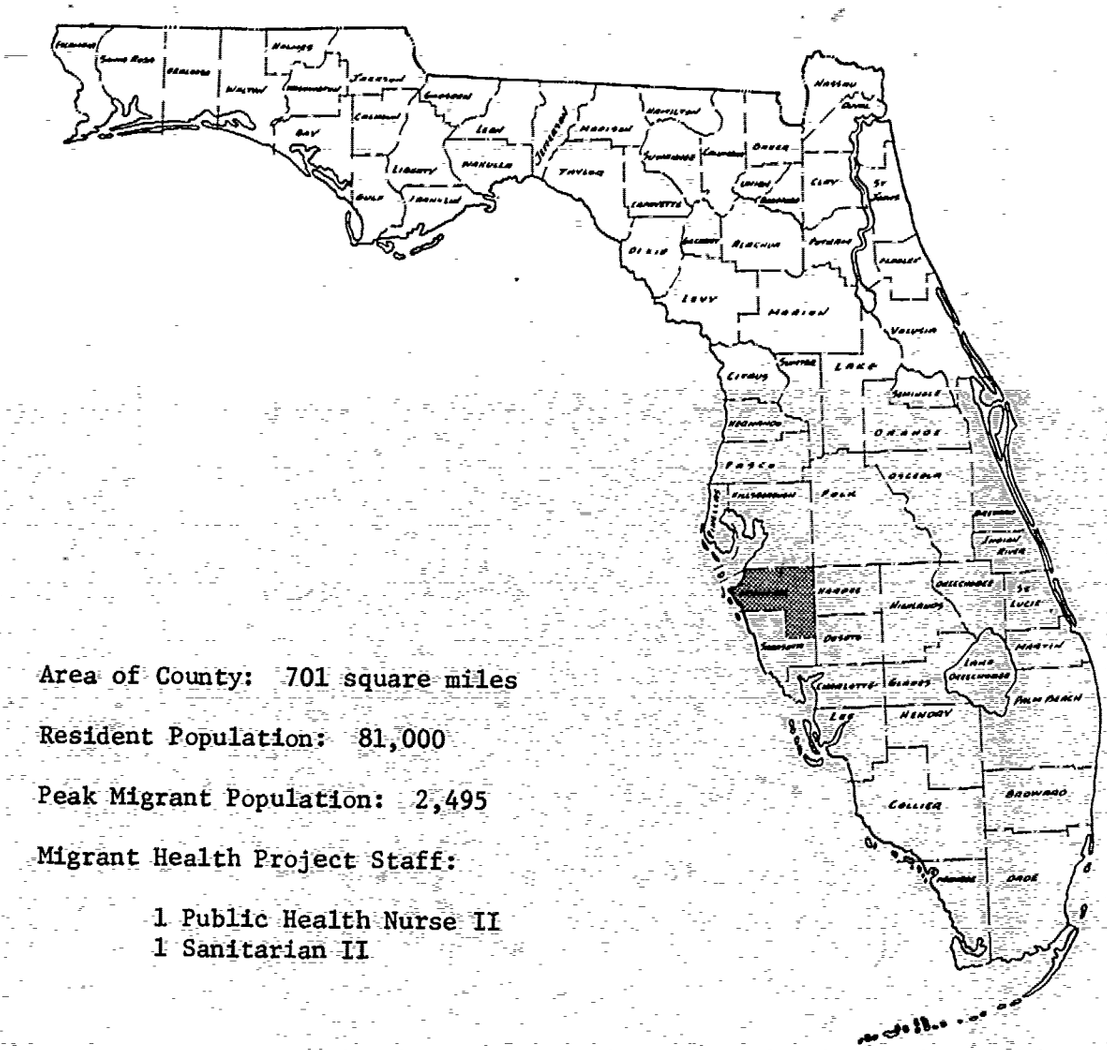
(6) Participating in nutrition education of the adults attending the Title 3b Adult Migrant Education Program.

(7) Providing nutrition counseling to the migrant day care centers.

(8) Assisting the county health department to implement a supplemental food program for needy mothers and children through five years of age.

## MANATEE COUNTY HEALTH DEPARTMENT

George M. Dame, M.D., Director




Area of County: 701 square miles

Resident Population: 81,000

Peak Migrant Population: 2,495

Migrant Health Project Staff:

1 Public Health Nurse II
1 Sanitarian II

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted June 17, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report
From May 1, 1968 Through October 31, 1968

PART I. GENERAL PROJECT INFORMATION

1. Project Title A Project to Develop a Statewide Program of Health Services for Migrant Farm Workers and their Dependents in Florida.

2. Grant Number (Use no. shown on the Grant Award Notice)
MG-18E (68)

3. Grantee Organization (Name & Address)
Manatee County Health Department
202 Sixth Avenue, East
Bradenton, Florida 33505

4. Project Director
George M. Dame, M.D., Director

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 1,400 | 200 | 1,200 |
| Feb. | 1,800 | 200 | 1,600 |
| Mar. | 3,000 | 300 | 2,700 |
| Apr. | 4,550 | 550 | 4,000 |
| May | 2,495 | 595 | 1,900 |
| June | 375 | 50 | 325 |
| July | 0 | 0 | 0 |
| Aug. | 0 | 0 | 0 |
| Sep. | 400 | 50 | 350 |
| Oct. | 1,600 | 1,100 | 500 |
| Nov. | 2,000 | 1,200 | 800 |
| Dec. | 1,350 | 250 | 1,100 |
| TOTALS | 18,970 | 4,495 | 14,475 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | | | |
| Under 1 year | | | |
| 1 - 4 years | | | |
| 5 - 14 years | | | |
| 15 - 44 years | | | |
| 45 - 64 years | | | |
| 65 + older | | | |
| (2) IN-MIGRANTS TOTAL: | | | |
| Under 1 year | | | |
| 1 - 4 years | | | |
| 5 - 14 years | | | |
| 15 - 44 years | | | |
| 45 - 64 years | | | |
| 65 + older | | | |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 32 | Sept. | May |
| In-Migs.* | 10 | | |

d. (1) Indicate sources of information and/or basis of estimates for 5a.
School records, previous reports

(2) Describe briefly how proportions for sex and age for 5b were derived.

* Two crop seasons involved; October - November and April - May

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | 0 | 0 |
| 10 - 25 persons | 1 | 20 |
| 26 - 50 persons | 4 | 179 |
| 51 - 100 persons | 4 | 213 |
| More than 100 pers. | 1 | 138 |
| TOTAL* | 10 | 750 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Palmento (East of 8th Ave.) | 500 | 1,500 |
| Bradenton | 600 | 2,000 |
| | | |
| TOTAL* | 1,100 | 3,500 |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.

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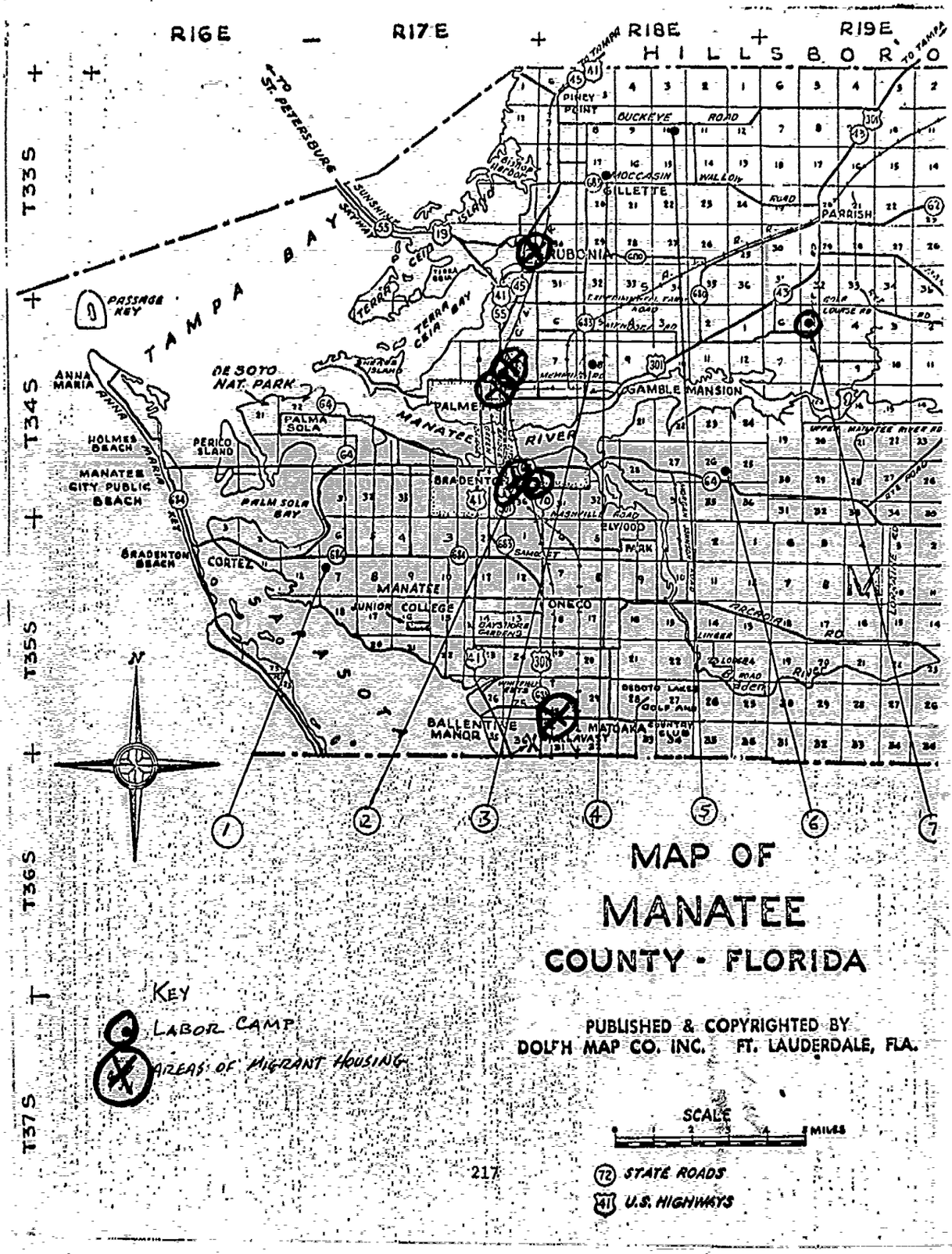
7-68

Form approved:
Budget Bureau No. 68-R1005




# MAP OF MANATEE COUNTY · FLORIDA

KEY

LABOR CAMP

AREAS OF MIGRANT HOUSING

PUBLISHED & COPYRIGHTED BY
DOLPH MAP CO. INC. FT. LAUDERDALE, FLA.

SCALE 1 2 3 4 MILES

(72) STATE ROADS

(41) U.S. HIGHWAYS

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

GRANT NUMBER MG-18E (68)
DATE SUBMITTED June 17, 1969

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | | | | |
| Under 1 year | | | | |
| 1 - 4 years | | | | |
| 5 - 14 years | | | | |
| 15 - 44 years | | | | |
| 45 - 64 years | | | | |
| 65 + older | | | | |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic?

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals

3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment)

No. of patients (exclude newborn)

No. of hospital days

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | | | |
| (1) No. Decayed, missing, filled teeth | | | |
| (2) Avg. DMF per person | | | |
| b. Individuals Requiring Services - Total: | | | |
| (1) Cases completed | | | |
| (2) Cases partially completed | | | |
| (3) Cases not start. | | | |
| c. Services Provided - Total: | | | |
| (1) Preventive | | | |
| (2) Corrective-Total | | | |
| (a) Extraction | | | |
| (b) Other | | | |
| d. Patient Visits - Total: | | | |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | | | | | | | |
| Smallpox | | | | | | | |
| Diphtheria | | | | | | | |
| Pertussis | | | | | | | |
| Tetanus | | | | | | | |
| Polio | | | | | | | |
| Typhoid | | | | | | | |
| Measles | | | | | | | |
| Other (Spec.) | | | | | | | |
| Individuals treated with sulfa - Meningitis contacts: | 530 | | | 350 | 180 | | |

REMARKS:

We have no way of knowing items 1, 2, 3.

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18E (68)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | | | |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | | | |
| | 010 | Tuberculosis | | | |
| | 011 | Syphilis | | | |
| | 012 | Gonorrhea and Other Venereal Diseases | | | |
| | 013 | Intestinal Parasites | | | |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | | | |
| | 015 | All other | | | |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | | | |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | | | |
| | 019 | Other Infectious Diseases (give examples): _____ | | | |
| II. | 02- | NEOPLASMS: TOTAL | | | |
| | 020 | Malignant Neoplasms (give examples): _____ | | | |
| | 025 | Benign Neoplasms | | | |
| | 029 | Neoplasms of uncertain nature | | | |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | | | |
| | 030 | Diseases of Thyroid Gland | | | |
| | 031 | Diabetes Mellitus | | | |
| | 032 | Diseases of Other Endocrine Glands | | | |
| | 033 | Nutritional Deficiency | | | |
| | 034 | Obesity | | | |
| | 039 | Other Conditions _____ | | | |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | | | |
| | 040 | Iron Deficiency Anemia | | | |
| | 049 | Other Conditions _____ | | | |
| V. | 05- | MENTAL DISORDERS: TOTAL | | | |
| | 050 | Psychoses | | | |
| | 051 | Neuroses and Personality Disorders | | | |
| | 052 | Alcoholism | | | |
| | 053 | Mental Retardation | | | |
| | 059 | Other Conditions _____ | | | |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | | | |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18E (68)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | | | |
| | 061 | Epilepsy | | | |
| | 062 | Conjunctivities and other Eye Infections | | | |
| | 063 | Refractive Errors of Vision | | | |
| | 064 | Otitis Media | | | |
| | 069 | Other Conditions _____ | | | |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | | | |
| | 070 | Rheumatic Fever | | | |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | | | |
| | 072 | Cerebrovascular Disease (Stroke) | | | |
| | 073 | Other Diseases of the Heart | | | |
| | 074 | Hypertension | | | |
| | 075 | Varicose Veins | | | |
| | 079 | Other Conditions _____ | | | |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | | | |
| | 080 | Acute Nasopharyngitis (Common cold) | | | |
| | 081 | Acute Pharyngitis | | | |
| | 082 | Tonsillitis | | | |
| | 083 | Bronchitis | | | |
| | 084 | Tracheitis/Laryngitis | | | |
| | 085 | Influenza | | | |
| | 086 | Pneumonia | | | |
| | 087 | Asthma, Hay Fever | | | |
| | 088 | Chronic Lung Disease (Emphysema) | | | |
| | 089 | Other Conditions _____ | | | |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | | | |
| | 090 | Caries and other Dental Problems | | | |
| | 091 | Peptic Ulces | | | |
| | 092 | Appendicitis | | | |
| | 093 | Hernia | | | |
| | 094 | Cholecystic Disease | | | |
| | 099 | Other Conditions _____ | | | |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | | | |
| | 100 | Urinary Tract Infection (Pyelonephritis, Cystitis) | | | |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | | | |
| | 102 | Other Diseases of Male Genital Organs | | | |
| | 103 | Disorders of Menstruation | | | |
| | 104 | Menopausal Symptoms | | | |
| | 105 | Other Diseases of Female Genital Organs | | | |
| | 109 | Other Conditions _____ | | | |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | | | |
| | 110 | Infections of Genitourinary Tract during Preg. | | | |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18E (68)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | | | |
| | 112 | Spontaneous Abortion | | | |
| | 113 | Referred for Delivery | | | |
| | 114 | Complications of the Puerperium | | | |
| | 119 | Other Conditions | | | |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | | | |
| | 120 | Soft Tissue Abcess or Cellulitis | | | |
| | 121 | Impetigo or Other Pyoderma | | | |
| | 122 | Seborrheic Dermatitis | | | |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | | | |
| | 124 | Acne | | | |
| | 129 | Other Conditions | | | |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | | | |
| | 130 | Rheumatoid Arthritis | | | |
| | 131 | Osteoarthritis | | | |
| | 132 | Arthritis, Unspecified | | | |
| | 139 | Other Conditions | | | |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | | | |
| | 140 | Congenital Anomalies of Circulatory System | | | |
| | 149 | Other Conditions | | | |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | | | |
| | 150 | Birth Injury | | | |
| | 151 | Immaturity | | | |
| | 159 | Other Conditions | | | |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | | | |
| | 160 | Symptoms of Senility | | | |
| | 161 | Backache | | | |
| | 162 | Other Symptoms Referrable to Limbs & Joints | | | |
| | 163 | Headache | | | |
| | 169 | Other Conditions | | | |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | | | |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | | | |
| | 171 | Burns | | | |
| | 172 | Fractures | | | |
| | 173 | Sprains, Strains, Dislocations | | | |
| | 174 | Poison Ingestion | | | |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | | | |

| PART II. | | | Grant Number MG-18E (68) |
|---|---|---|---|
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | Number of Individuals |
| | 200 | Family Planning Services | |
| | 201 | Well Child Care | |
| | 202 | Prenatal Care | |
| | 203 | Postpartum Care | |
| | 204 | Tuberculosis: Follow-up of inactive case | |
| | 205 | Medical and Surgical Aftercare | |
| | 206 | General Physical Examination | |
| | 207 | Papanicolaou Smears | |
| | 208 | Tuberculin Testing | |
| | 209 | Serology Screening | |
| | 210 | Vision Screening | |
| | 211 | Auditory Screening | |
| | 212 | Screening Chest X-rays | |
| | 213 | General Health Counselling | |
| | 219 | Other Services: | |
| | | Specify _____ | |

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| PART III. - NURSING SERVICE | Grant No. MG-18E (68) |
|---|---|

| Type of Service | Number |
|---|---|
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 12 |
| b. Number of Individuals Served - Total | 500 |
| 2. FIELD NURSING: | |
| a. Visits to Households | 100 |
| b. Total Households Served | 25 |
| c. Total Individuals served in Households | 250 |
| d. Visits to Schools, Day Care Centers | 35 |
| e. Total Individuals Served in Schools and Day Care Centers | 440 |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | |
| (1) Within Area | |
| (Total Completed _____) | |
| (2) Out of Area | |
| (Total Completed _____) | |
| b. Referrals 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 In Physicians' Offices (Fee-for-Service) | |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | |
| (1) Number presenting health record | |
| (2) Number given health record | |

4. OTHER ACTIVITIES (Specify):

The entire summer was spent in following up cases of meningitis which came through the camps into the public school system. Camps were investigated and all treated with sulfa. The enclosed clipping will illustrate this.

REMARKS

PART IV. SANITATION SERVICES | Grant Number MG-18E (68)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 10 | 750 | 8 | 630 |
| Other locations | | | | |
| Housing Units - Family: | | | | |
| In camps | 76 | | | |
| In other locations | | | | |
| Housing Units - Single: | | | | |
| In camps | 36 | | | |
| In other locations | | | | |

Table B.* Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 10 | 1 | 11 | 1 | 1 | 0 | 1 | 0 |
| b. Sewage | 10 | 44 | 80 | 48 | 1 | 4 | 1 | 3 |
| c. Garbage and Refuse | 10 | 54 | 90 | 76 | 15 | 32 | 10 | 15 |
| d. Housing | 10 | 44 | 80 | 59 | 16 | 3 | 12 | 2 |
| e. Safety | 10 | 47 | 80 | 3 | 2 | 3 | 2 | 3 |
| f. Food Handling | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 |
| g. Insects and Rodents | 10 | 0 | 10 | 0 | 12 | | 10 | 0 |
| h. Recreational facilities | | | | | | | | |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | | xxxxx | | xxxxx | | xxxxx | |
| b. Toilet facilities | xxxxx | | xxxxx | | xxxxx | | xxxxx | |
| c. Other | xxxxx | | xxxxx | | xxxxx | | xxxxx | |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physicians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | |
| (1) Individual counselling | | | | 22 | | |
| (2) Group counselling | | | | 14 | | |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | | | | 15 | | |
| (2) Direct services | | | | 25 | | |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | | | | 20 | | |
| (2) Group counselling | | | | 0 | | |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | | | | 20 | | |
| (2) Consultation with groups | | | | 5 | | |
| (3) Direct services | | | | 7 | | |
| E. Health Education Meetings | | | | 3 | | |

(*) Aides - other than Health Ed.

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* From daily reports

MANATEE COUNTY HEALTH DEPARTMENT

ANNUAL PROGRESS REPORT

A. SUMMARY

I. General information

a. Period covered by narrative report: May 1, 1968 - October 31, 1968

b. Objectives as listed in last approved application: To improve the environmental health conditions of the migrants.

c. Changes in objectives from preceding project period and reasons: no changes.

d. Significant changes in migrant situation from previous year: no changes.

1. The migrants themselves: Their number, age and sex composition, cultural background, places of origin, where they plan to go next: no change.

2. The economic situation: Changes in beginning and ending dates of season; other seasonal changes as result of weather, market conditions, etc.; changes in crops - type or yield; changes in farm practices - mechanization, type labor needed: no change.

3. Comments on effect of above elements on migrant labor situation and need for health services - for report year and near future: no change.

II. Relationships with and specific planned involvement of migrants and others such as growers, crew leaders, extension agents, official or private agencies, etc.: no change.

III. Staff orientation and training: Special workshops and conferences; in-service training: Cannot find information on special workshops and conferences; however, there was, no doubt, attendance at several. In-service training continued with C.D.C. correspondence courses.

IV. General appraisal of year's achievement, etc.: Some progress made, however, the major problem continues to be the economics of the short residence (short employment need), coupled with the lack of responsibility to the environment as exhibited by many of the migrants. Considerable improvement indicated in housing conditions in outlying areas thru continuing cooperative effort with county substandard housing inspector. Majority of homes now have flush toilets; however, for barracks-type housing at the camps, for singles, and with very short-time occupancy, specification sanitary pit privies are still believed to be the most sanitary unit.

## B. MEDICAL AND DENTAL SERVICES

I. General description of system for providing medical and dental services to migrants and families:

a. Family health service clinics were held primarily in two camps. Complete screening of all residents of these two particular camps was done for epidemiological follow-up in several cases of meningococcal meningitis. The mobile health unit was used, accompanied by nurses, sanitarians, and a physician. Referrals were made for more definite care as needed.

One full-time clinic is held year round at a local Multi-Service Center which also houses Headstart and Adult Education. Migrant children are welcomed at this clinic for immunizations and referrals, if needed.

b. Various doctors in Manatee County have volunteered to care for the migrants and their families upon referral from either social workers or the health department. Since quite a few of the migrants are economically deprived they are only expected to pay what they can afford. The public health nurses made appointments for them, giving them directions and educating them along the lines of their responsibility to the physician in keeping their appointments.

c. The arrangement for phasing-in and phasing-out of service is not necessary at this time due to the termination of our Migrant Health Project.

d. Under Title 19, nursing service is provided to those schools which contain economically deprived children which includes the migrant child. Immunizations were given to these children along with dental screening and health education. Volunteer funds were often utilized from a lay group which is interested in the migrant child. The churches in Manatee County have also supplied volunteer help at a migrant day care center which was initiated approximately one year ago. A nominal fee is charged to all migrants using the day care center if they are able to pay. Both nursing service and sanitarian service has been provided to the center by the health department. A well-child immunization clinic has been held at the day care center once a month since its initiation.

e. Health education was included in all phases of nursing service. Formal instruction was given by our T.B. Project nurse in the migrant adult school and by the nurses in their every-day visits.

f. Most of the work done in the migrant program related to the cases of meningococcal meningitis found in the camps. A large amount of screening and treatment of contacts and suspects with sulfa was done. This included one entire school, the enrollment of which was 350; among these were many migrant children and one first grade in a separate school which also contained migrant children.

II. Consultation was received and centered chiefly in the project area.

III. It was felt that nursing services were more than adequate in relation to the project objectives and needs. It was felt that the program was stronger since there was available physicians who would care for those migrants referred by the public health nurses.

IV. A great change has taken place as we are no longer participating in the Migrant Health Project, as of September, 1968.

## C. HOSPITAL SERVICES

I. At the present time all migrants are responsible for their own hospitalization and physicians care.

Most of the migrants have utilized the emergency room as a doctor's office and upon home visits and education, the public health nurses have encouraged the migrants to utilize the private physicians' offices instead.

II. Applicable for II., III, and IV.

## D. NURSING SERVICES

I. General description

a. The objectives of the nursing program were to give the best possible public health nursing to all patients involved. This included casefinding, health education, physical evaluation, and referrals. Visits were made in the field, in the clinic, the day care centers, and the home.

b. Although there is only one staff member technically assigned to this program, a great many other persons are involved in the Migrant Health Project. This includes registered nurses, customarily four or five at one time, accompanied by clerical assistants. The nursing director is responsible for the administration of the Migrant Health Program. All staff is employed by the Manatee County Health Department.

c. Working relations within the health department were excellent. It was felt that the working relations were the very best this year between the Medical Society and the health department, due to the realization of private physicians' care for the migrant.

d. No outside consultation had been received. The nursing director and the director of Environmental Health did all the consultation that was necessary.

e. Outside consultation is needed in planning regarding the effective utilization of personnel.

II. Services provided to migrants

a. Public health nursing services were provided to migrants and families on the same basis as those provided to all the residents of Manatee County. Policies and procedures are standard and compiled in a manual. All procedures are reviewed by the Public Health Advisory Committee of the Manatee County Medical Society.

1. General screening has been accomplished in all of our clinics; referral, if indicated, is made.

2. Same as above

3. Two camps of migrants were treated with sulfa due to meningococcal meningitis. One school was also treated and one kindergarten class. Complete evaluation of all visits to the field and day care centers are made.

b. Health education was implemented as a part of every nursing visit.

c. Referrals to various agencies were made by the public health nurses, usually in a personal and direct manner. Incomplete referrals are usually a consequence of economic insecurity. The referrals that were most successful were usually those where the migrant himself had made an endeavor to keep an appointment and made partial payments for service rendered.

d. The referral system utilized is the one recommended by the State Board of Health. They are about fifty per cent successful. It is felt that this modest percentage can be attributed to no one in particular because most migrants only know the general area where they are going and not a specific address.

e. Orientation and staff training was done on the job and at our in-service programs. Since more than one nurse is utilized on the migrant project during the year, experience has been the greatest teacher.

f. The statistical information contained in Part 3 of the Statistical Report is self-explanatory. There is no way in which information is available regarding the amount of patients seen in physicians' offices or in the hospital.

III. General appraisal of the nursing program

Nursing service for the migrants and their families has been the best that could be provided in our particular county. All available resources were used. One of the greatest weaknesses of the service was that related to the lack of finances of the migrant. They could be seen by a physician and yet most of them could not afford to pay for prescriptions which might be necessary in order to complete the referral. Hospital services were expensive and the average migrant could not afford to utilize the hospital unless in an emergency situation.

Staffing has been more than adequate and several nurses have been utilized on the project. This is the easiest method as the migrants are concentrated here in Manatee County during a certain time of every year. The months of May and June are the busiest contrasting with December and January when there are absolutely no migrants in the area.

IV. Service will still be given to all migrants in Manatee County as is given to all other residents within our geographical limits. Although Manatee County is no longer participating in the Migrant Health Project, the staff will still fulfill any recognized need of any of our patients.

## E. SANITATION SERVICES

I. General description of system for providing sanitation services: The system for providing sanitation services is of necessity dependent upon the individual and can be specific only for specific cases; there are too many factors involved. The overall picture is rather nebulous and must be separated into the individual factors and then all of the skills of salesmanship employed on a realistic basis. Unfortunately the trend usually reverts into a social welfare phase in which sanitation becomes secondary.

a. Specific objectives: unchanged.

b. Staff involved, etc.:

1. Professional: one senior sanitarian, full-time.

2. Other (specify): Do not know.

c. Relationships established with and involvement of migrants, growers, farm labor representatives, extension agents, Farmers' Home Administration, other project staff members, community groups, etc.: Do not know.

d. Consultation obtained from outside project; type and source: Do not know.

e. Consultation needed: Do not believe so.

f. Discussion of statistical information from Part IV of statistical report: none.

II. General description and condition of housing accommodations for migrants.

a. Type (frame, tent, adobe, etc.): condition of housing; trends in housing migrants: Both frame and concrete block construction. Overall condition could be termed as fair; however, there are many substandard units in use.

b. Analysis of Table A: none.

1. Authority for issuance of permits - legal or other standards: Building permits are required for all construction in Manatee County. Issuance procedure requires health department clearance on sanitary facilities. Construction follows southern standard codes.

2. Factors contributing to improvements in overall housing situations or reasons for unsatisfactory progress: The main factor is the present economic condition as indicated in the generally overall improvements in the housing situation and the greater selectivity being displayed by the migrant and the property owner.

c. Analysis of Table B: none.

1. Describe generally the following factors in Table B, giving range in availability by type and general condition of facilities; water, sewage disposal, garbage and refuse disposal, refrigeration: The

general condition of facilities is about the same as they are in non-migrant areas; sewers, central water and refuse collection in municipal limits, septic tanks, and wells in the non-incorporated areas. Franchised garbage disposal service is available in most of the populated areas of the county; however, is not subscribed to by most of this socio-economic group. Accordingly, solid waste disposal (uncontrolled dumping) is one of the county's major problems. The only solution to this presently appears to be compulsory pick-up.

2. Comment on the adequacy of food handling practices, insect and rodent control, recreational facilities, and general cleanliness in camps: Fair - food handling has evolved from central mess facilities to family group or individual kitchen operation in the labor camps, reducing a number of problems.

III. General description of work environment, giving range in availability and adequacy of: water supply; hand-washing facilities; food handling; toilet facilities: fair.

IV. Efforts in health education (plan, and method of implementation): no report.

V. General appraisal of sanitation program

a. Extent of success in meeting specific objectives - work to be done and proportion accomplished - special innovations introduced: Fair - there was much effort expended which did not materialize in anything; however, due to the assumed magnitude of the situation and the lack of experience, in being able to reduce it to workable facets.

b. Description of ways in which corrections of defects were obtained; factors contributing to success and problems encountered: Persistance is the only apparent method.

VI. Plans for future with special reference to changes in objectives, procedures, staffing innovations, relationships, etc. based on this year's experience: To place the program on a more realistic basis.

## F. HEALTH EDUCATION SERVICES

No report submitted.

## G. OTHER SERVICES

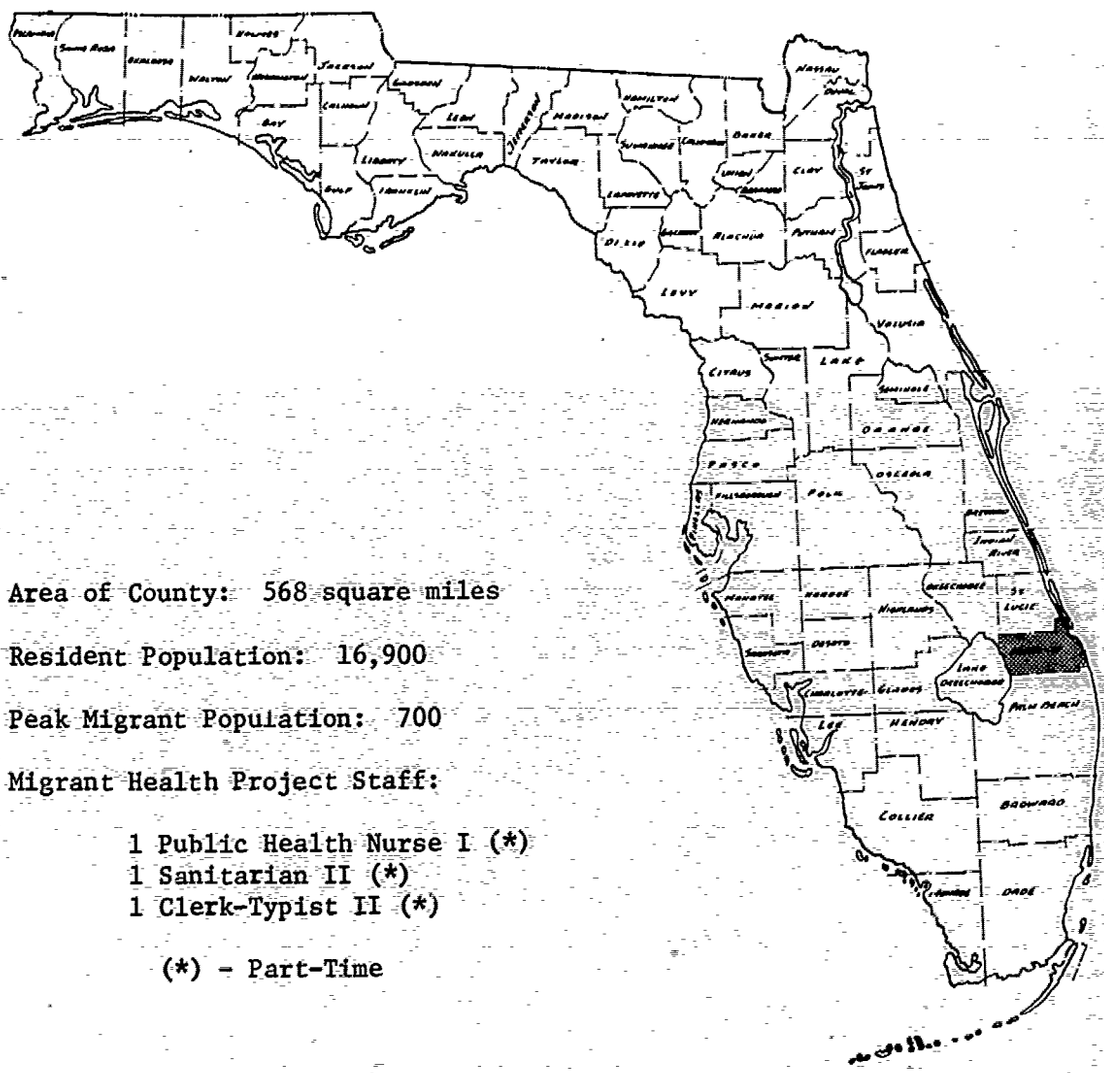
No report submitted.

## LABOR CAMPS
## in
## MANATEE COUNTY

| | NAME OF CAMP | LOCATION | OWNER AND MAIL ADDRESS | POPULATION |
|---|---|---|---|---|
| 1. | Jackson Field Camp | West Cortez Road<br>Sec. 7, Tws. 35S, Rg. 17E | Manatee Fruit Company | 32 |
| 2. | Andrew Hatcher Labor Camp | 306 - 11th Ave. East<br>Bradenton<br>Sec. 36, Tws. 34S, Rg. 18E | Mrs. Andrew Hatcher<br>306 - 11th Ave. East<br>Bradenton | 72 |
| 3. | Warren L. Edwards Labor Camp | East of Ellenton<br>Gillette Road, Ellenton<br>Sec. 8, Tws. 34S, Rg. 18E | Warren L. Edwards<br>Route 2, Box 78<br>Bradenton | 65 |
| 4. | Gillette Labor Camp | Gillette Road, Ellenton<br>Sec. 17, Tws. 33S, Rg. 18E | J.N. & D.P. McClure<br>1215 51st. Street West<br>Bradenton | 47 |
| 5. | C. R. Burnett Farms | Tyson Blvd. off Buckeye Road<br>Sec. 10, Tws. 33S, Rg. 18E | C. R. Burnett<br>2118 - 7th Street, Palmetto | 50 |
| 6. | Valley Farm Labor Camp | S.R. 64 East of Bradenton<br>Sec. 26, Tws. 34S, Rg. 18E | Harllee Farms<br>P. O. Box 8, Palmetto | 100 |
| 7. | Foy Farms Labor Camp | Old Tampa Road, Parrish<br>Sec. 5, Tws. 34S, Rg. 19E | J. R. Foy & Sons<br>412 - 31st Street, West<br>Bradenton | 66 |
| 8. | Whisenant Farm Labor Camp | S.R. 62, Parrish<br>East of Parrish<br>Sec. 19, Tws. 33S, Rg. 20E | Blake Whisenant<br>Box 146<br>Palmetto | 138 |

## MARTIN COUNTY HEALTH DEPARTMENT

Neill D. Miller, M.D., Director




Area of County: 568 square miles

Resident Population: 16,900

Peak Migrant Population: 700

Migrant Health Project Staff:

1 Public Health Nurse I (*)
1 Sanitarian II (*)
1 Clerk-Typist II (*)

(*) - Part-Time

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted May 22, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report
From May 1, 1968 Through April 30, 1969

PART I. GENERAL PROJECT INFORMATION

1. Project Title
A program to Develop a Statewide Program of Health Services for Migrant Farm Workers and Their Dependents in Florida.

2. Grant Number (Use no. shown on the Grant Award Notice)
MG-18F (69)

3. Grantee Organization (Name & Address)
Martin County Health Department
Post Office Box 1846
Stuart, Florida 33494

4. Project Director
Neill D. Miller, M. D., Dir.

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| **Jan. | 500 | 325 | 175 |
| Feb. | 500 | 325 | 175 |
| Mar. | 700 | 525 | 175 |
| Apr. | 700 | 525 | 175 |
| May | 700 | 525 | 175 |
| June | 75 | 0 | 75 |
| July | 75 | 0 | 75 |
| Aug. | 75 | 0 | 75 |
| Sep. | 200 | 25 | 175 |
| Oct. | 250 | 75 | 175 |
| Nov. | 350 | 175 | 175 |
| Dec. | 450 | 275 | 175 |
| TOTALS | 4,575 | 2,775 | 1,800 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 174 | 90 | 84 |
| Under 1 year | 8 | 4 | 4 |
| 1 - 4 years | 36 | 16 | 20 |
| 5 - 14 years | 42 | 22 | 20 |
| 15 - 44 years | 84 | 46 | 38 |
| 45 - 64 years | 4 | 2 | 2 |
| 65 + older | 0 | 0 | 0 |
| (2) IN-MIGRANTS TOTAL: | 545 | 342 | 203 |
| Under 1 year | 15 | 10 | 5 |
| 1 - 4 years | 90 | 54 | 36 |
| 5 - 14 years | 129 | 59 | 70 |
| 15 - 44 years | 286 | 210 | 76 |
| 45 - 64 years | 15 | 5 | 10 |
| 65 + older | 10 | 4 | 6 |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 35-40 | September | May |
| In-Migs. | 8-20 | January | May |

d. (1) Indicate sources of information and/or basis of estimates for 5a. House-to-house survey in Booker Park, clinic records, discussions with growers; inspection of labor camps. Figures listed in 5(a) determined by sanitarian as stated above.

(2) Describe briefly how proportions for sex and age for 5b were derived.
By house-to-house survey of Booker Park; clinic records population count at six labor centers; percentages of each group then projected to total estimated population.

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | 0 | 0 |
| 10 - 25 persons | 0 | 0 |
| 26 - 50 persons | 0 | 0 |
| 51 - 100 persons | 3 | 100 |
| More than 100 pers. | 3 | 310 |
| TOTAL* | 6 | 410 |

b. Other Housing Accommodations

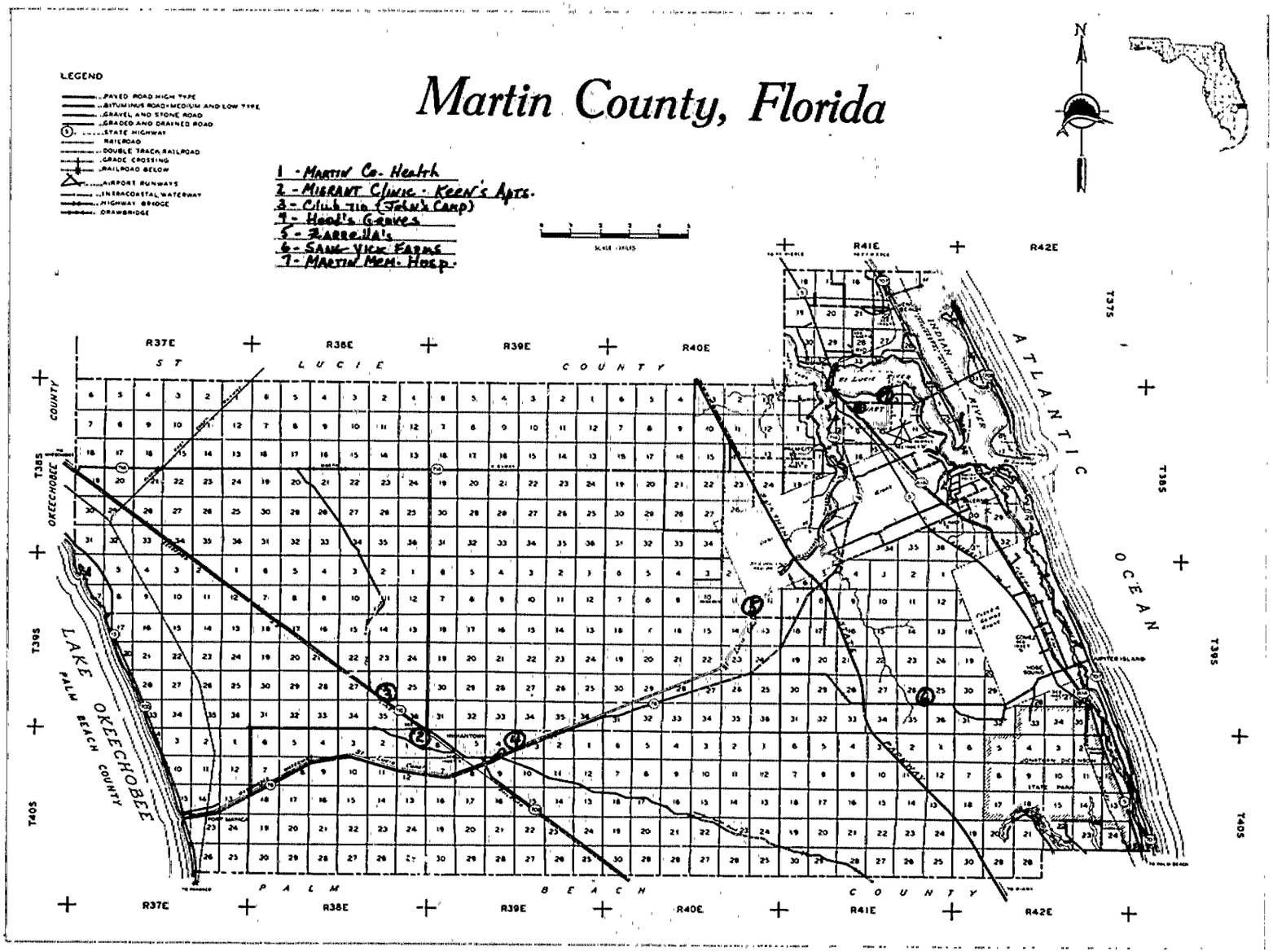
| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Booker Park ) | | |
| Indiantown ) | 36 | 180 |
| Salerno, Gomez, Port | ( These areas not yet all | |
| Mayaca, East Stuart | ( surveyed 110 est. | |
| Flower Farms | ( | |
| TOTAL* | | 290 |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.

PHS-4207-7 (Page 1)
7-68

Form approved:
Budget Bureau No. 68-R1005


Martin County, Florida
LEGEND
PAVED ROAD HIGH TYPE
BITUMINUS ROAD-MEDIUM AND LOW TYPE
GRAVEL AND STONE ROAD
GRADED AND DRAINED ROAD
STATE HIGHWAY
RAILROAD
DOUBLE TRACK RAILROAD
GRADE CROSSING
RAILROAD BELOW
AIRPORT RUNWAYS
INTRACOASTAL WATERWAY
HIGHWAY BRIDGE
DRAWBRIDGE
1 - Martin Co. Health
2 - Migrant Clinic - Keen's Apts.
3 - Club 710 (John's Camp)
4 - Hood's Groves
5 - Barrella's
6 - Sauls-Vick Farms
7 - Martin Mem. Hosp.
N
R37E
R38E
R39E
R40E
R41E
R42E
T37S
T38S
T39S
T40S
ST LUCIE COUNTY
OKEECHOBEE COUNTY
PALM BEACH COUNTY
LAKE OKEECHOBEE
ATLANTIC OCEAN
INDIAN RIVER
St Lucie River
HUTCHINSON ISLAND
JUPITER ISLAND
JONATHAN DICKINSON STATE PARK

GRANT NUMBER MG-18F (69)

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

DATE SUBMITTED May 22, 1969

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 269 | 113 | 156 | 476 |
| Under 1 year | 31 | 18 | 13 | 42 |
| 1 - 4 years | 55 | 29 | 26 | 77 |
| 5 - 14 years | 60 | 26 | 34 | 78 |
| 15 - 44 years | 96 | 25 | 71 | 195 |
| 45 - 64 years | 27 | 15 | 12 | 84 |
| 65 + older | 0 | 0 | 0 | 0 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? 167

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 50

3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment)

No. of patients (exclude newborn) 20

No. of hospital days 76

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 64 | 20 | 44 |
| (1) No. Decayed, missing, filled teeth | 106 | 33 | 73 |
| (2) Avg. DMF per person | 1.66 | 1.65 | 1.66 |
| b. Individuals Requiring Services - Total: | 61 | 21 | 42 |
| (1) Cases completed | 2 | 1 | 1 |
| (2) Cases partially completed | 52 | 20 | 32 |
| (3) Cases not start. | 9 | 0 | 9 |
| c. Services Provided - Total: | 85 | 37 | 48 |
| (1) Preventive | 0 | 0 | 0 |
| (2) Corrective-Total | 85 | 37 | 48 |
| (a) Extraction | 42 | 11 | 31 |
| (b) Other | 43 | 26 | 17 |
| d. Patient Visits - Total: | 105 | 44 | 61 |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 61* | 13 | 39 | 9 | | 24 | 10 |
| Smallpox | | | | | | | |
| Diphtheria | 14 | 4 | 8 | 2 | | 8 | 3 |
| Pertussis | 14 | 4 | 8 | 2 | | 8 | 1 |
| Tetanus | 14 | 4 | 8 | 2 | | 8 | 3 |
| Polio | 13 | 1 | 9 | 3 | | | 3 |
| Typhoid | 6 | | 6 | | | | |
| Measles | | | | | | | |
| Other (Spec.) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS:

* This figure does not include boosters or revaccinations or incomplete series.

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 419 | 254 | 165 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 37 | 30 | 7 |
| | 010 | Tuberculosis | 3 | 1 | 2 |
| | 011 | Syphilis | 4 | 3 | 1 |
| | 012 | Gonorrhea and Other Venereal Diseases | 1 | 1 | |
| | 013 | Intestinal Parasites | 11 | 11 | |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | 10 | 7 | 3 |
| | 015 | All other | 6 | 5 | 1 |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | 2 | 2 | |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | | | |
| | 019 | Other Infectious Diseases (give examples): | | | |
| | | _____ | 2 | 2 | |
| | | _____ | | | |
| | | _____ | 1 | 1 | |
| | | _____ | 1 | 1 | |
| II. | 02- | NEOPLASMS: TOTAL | | | |
| | 020 | Malignant Neoplasms (give examples): | | | |
| | | _____ | | | |
| | | _____ | | | |
| | | _____ | | | |
| | | _____ | | | |
| | 025 | Benign Neoplasms | | | |
| | 029 | Neoplasms of uncertain nature | | | |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 25 | 15 | 10 |
| | 030 | Diseases of Thyroid Gland | | | |
| | 031 | Diabetes Mellitus | 4 | 2 | 2 |
| | 032 | Diseases of Other Endocrine Glands | | | |
| | 033 | Nutritional Deficiency | 3 | 1 | 2 |
| | 034 | Obesity | 18 | 12 | 6 |
| | 039 | Other Conditions _____ | | | |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 3 | 2 | 1 |
| | 040 | Iron Deficiency Anemia | 3 | 2 | 1 |
| | 049 | Other Conditions _____ | | | |
| V. | 05- | MENTAL DISORDERS: TOTAL | | | |
| | 050 | Psychoses | | | |
| | 051 | Neuroses and Personality Disorders | | | |
| | 052 | Alcoholism | | | |
| | 053 | Mental Retardation | | | |
| | 059 | Other Conditions _____ | | | |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 39 | 17 | 22 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | | | |
| | 061 | Epilepsy | | | |
| | 062 | Conjunctivities and other Eye Infections | 9 | 1 | 8 |
| | 063 | Refractive Errors of Vision | 10 | 5 | 5 |
| | 064 | Otitis Media | | | |
| | 069 | Other Conditions | 15 | 7 | 8 |
| | | | 5 | 4 | 1 |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 33 | 4 | 29 |
| | 070 | Rheumatic Fever | | | |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 13 | 2 | 11 |
| | 072 | Cerebrovascular Disease (Stroke) | | | |
| | 073 | Other Diseases of the Heart | | | |
| | 074 | Hypertension | 9 | 1 | 8 |
| | 075 | Varicose Veins | | | |
| | 079 | Other Conditions congenital heart disease | 11 | 1 | 10 |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 62 | 44 | 18 |
| | 080 | Acute Nasopharyngitis (Common cold) | 39 | 28 | 11 |
| | 081 | Acute Pharyngitis | 1 | 1 | |
| | 082 | Tonsillitis | 17 | 12 | 5 |
| | 083 | Bronchitis | | | |
| | 084 | Tracheitis/Laryngitis | | | |
| | 085 | Influenza | | | |
| | 086 | Pneumonia | | | |
| | 087 | Asthma, Hay Fever | 5 | 3 | 2 |
| | 088 | Chronic Lung Disease (Emphysema) | | | |
| | 089 | Other Conditions | | | |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 116 | 67 | 49 |
| | 090 | Caries and other Dental Problems | 105 | 64 | 41 |
| | 091 | Peptic Ulces | 7 | 2 | 5 |
| | 092 | Appendicitis | | | |
| | 093 | Hernia | 4 | 1 | 3 |
| | 094 | Cholecystic Disease | | | |
| | 099 | Other Conditions | | | |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 11 | 6 | 5 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 7 | 4 | 3 |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | | | |
| | 102 | Other Diseases of Male Genital Organs | | | |
| | 103 | Disorders of Menstruation | 2 | 1 | 1 |
| | 104 | Menopausal Symptoms | 2 | 1 | 1 |
| | 105 | Other Diseases of Female Genital Organs | | | |
| | 109 | Other Conditions | | | |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 4 | 3 | 1 |
| | 110 | Infections of Genitourinary Tract during Preg. | | | |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | | | |
| | 112 | Spontaneous Abortion | 4 | 3 | 1 |
| | 113 | Referred for Delivery | | | |
| | 114 | Complications of the Puerperium | | | |
| | 119 | Other Conditions | | | |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 33 | 29 | 4 |
| | 12D | Soft Tissue Abcess or Cellulitis | 3 | 3 | |
| | 121 | Impetigo or Other Pyoderma | 30 | 26 | 4 |
| | 122 | Seborrheic Dermatitis | | | |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | | | |
| | 124 | Acne | | | |
| | 129 | Other Conditions | | | |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 9 | 5 | 4 |
| | 130 | Rheumatoid Arthritis | 6 | 2 | 4 |
| | 131 | Osteoarthritis | | | |
| | 132 | Arthritis, Unspecified | 3 | 3 | |
| | 139 | Other Conditions | | | |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | 6 | 1 | 5 |
| | 140 | Congenital Anomalies of Circulatory System | | | |
| | 149 | Other Conditions Mongoloid | 6 | 1 | 5 |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | | | |
| | 150 | Birth Injury | | | |
| | 151 | Immaturity | | | |
| | 159 | Other Conditions | | | |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 24 | 20 | 4 |
| | 160 | Symptoms of Senility | | | |
| | 161 | Backache | 6 | 6 | |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 11 | 8 | 3 |
| | 163 | Headache | 7 | 6 | 1 |
| | 169 | Other Conditions | | | |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 15 | 9 | 6 |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | 10 | 7 | 3 |
| | 171 | Burns | | | |
| | 172 | Fractures | | | |
| | 173 | Sprains, Strains, Dislocations | | | |
| | 174 | Poison Ingestion | | | |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | 5 | 2 | 3 |

| PART II. | | | Grant Number MG-18F (69) |
|---|---|---|---|
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | Number of Individuals 313 |
| | 200 | Family Planning Services | 22 |
| | 201 | Well Child Care | 3 |
| | 202 | Prenatal Care | 40 |
| | 203 | Postpartum Care | 1 |
| | 204 | Tuberculosis: Follow-up of inactive case | 1 |
| | 205 | Medical and Surgical Aftercare | |
| | 206 | General Physical Examination | |
| | 207 | Papanicolaou Smears | 2 |
| | 208 | Tuberculin Testing | 41 |
| | 209 | Serology Screening | 114 |
| | 210 | Vision Screening | 43 |
| | 211 | Auditory Screening | 46 |
| | 212 | Screening Chest X-rays | |
| | 213 | General Health Counselling | |
| | 219 | Other Services: Specify _____ | |

| PART III. - NURSING SERVICE | Grant No. MG-18F (69) |
|---|---|

| Type of Service | Number |
|---|---|
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 32 |
| b. Number of Individuals Served - Total | 340 |
| 2. FIELD NURSING: | |
| a. Visits to Households | 108 |
| b. Total Households Served | 50 |
| c. Total Individuals served in Households | 186 |
| d. Visits to Schools, Day Care Centers | 15 |
| e. Total Individuals Served in Schools and Day Care Centers | 110 |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | 16 |
| (1) Within Area | 11 |
| (Total Completed 11 ) | |
| (2) Out of Area | 5 |
| (Total Completed 5 ) | |
| b. Referrals Made For Dental Care: Total | 2 |
| (Total Completed 2 ) | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | 4 |
| (Total Completed 3 ) | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | 20 |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | 14 |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | 4 |
| (1) Number presenting health record | 0 |
| (2) Number given health record | 0 |
| 4. OTHER ACTIVITIES (Specify): | |

REMARKS

PART IV. SANITATION SERVICES | Grant Number MG-18F (69)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 6 | 650 | 0 | 0 |
| Other locations | 36 | 360 | 0 | 0 |
| Housing Units - Family: | | | | |
| In camps | 5 | 625 | 0 | 0 |
| In other locations | 36 | 360 | 0 | 0 |
| Housing Units - Single: | | | | |
| In camps | 1 | 25 | 0 | 0 |
| In other locations | Unknown | 25 | 0 | 0 |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 6 | 36 | 15 | 360 | 0 | 1 | 0 | 0 |
| b. Sewage | 6 | 36 | 15 | 360 | 1 | 1 | 0 | 0 |
| c. Garbage and Refuse | 6 | 36 | 15 | 360 | 2 | 2 | 0 | 2 |
| d. Housing | 6 | 36 | 15 | 360 | 5 | 5 | 0 | 1 |
| e. Safety | 6 | 36 | 15 | 360 | 2 | 2 | 0 | 0 |
| f. Food Handling | 6 | 36 | 15 | 360 | 1 | 1 | 0 | 0 |
| g. Insects and Rodents | 6 | 36 | 15 | 360 | 2 | 2 | 0 | 1 |
| h. Recreational facilities | 6 | 36 | 15 | 360 | 0 | 0 | 0 | 0 |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | 0 | xxxxx | 0 | xxxxx | 0 | xxxxx | 0 |
| b. Toilet facilities | xxxxx | 0 | xxxxx | 0 | xxxxx | 0 | xxxxx | 0 |
| c. Other | xxxxx | 0 | xxxxx | 0 | xxxxx | 0 | xxxxx | 0 |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physi-cians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | Nutrition |
| (1) Individual counselling | | | | 30 | | 28 |
| (2) Group counselling | | | | 0 | | 286 |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | | | | 0 | | 8 |
| (2) Direct services | | | | 0 | | 4 |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | | | | 1 | | |
| (2) Group counselling | | | | 0 | | |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | | | | 1 | | 3 |
| (2) Consultation with groups | | | | 0 | | 4 |
| (3) Direct services | | | | | | 67 |
| E. Health Education Meetings | | | 23 | 2 | | 5 |

(*) Aides - other than Health Ed.

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## MARTIN COUNTY, FLORIDA

### A. SUMMARY

PERIOD COVERED BY THIS REPORT: May 1, 1968, to April 30, 1969

The objectives for the reporting year as stated in the previous annual progress report were as follows:

(1) To make comprehensive medical care available to the migrant population.

(2) To make dental services, primarily emergency care, available to the migrant population.

(3) To increase existing nursing services.

(4) To upgrade the environmental health of the migrant population.

Being a relatively new program, these objectives had not changed from the preceding year. A new migrant nurse was employed on a 24-hour-per-week basis in September, 1968, and a senior sanitarian was employed on a two-day-per-week basis, beginning in December, 1968, making the Migrant Project staff complete for the first time since the project began in 1967.

There were no significant changes in the migrant situation from the previous year. With the hiring of a sanitarian, however, a much more accurate picture was obtained for the first time.

The majority of the Martin County migrants are of Mexican origin, generally calling Texas their home. During the peak season, about 250 migrants are housed in the Keen's Apartment building in Booker Park where the project migrant clinic is located. Over a dozen Mexican families were visited in Indiantown proper. These families have bought their homes and are gradually leaving the migrant stream and securing full-time jobs locally.

The sanitarian made a house-to-house survey of the Booker Park section of Indiantown, finding the resident Negro out-migrants to approximate 125 persons. He discovered in Booker Park the housing accommodations for the migrant and his family were generally better than those of the resident Negro population. It becomes increasingly difficult to justify the exclusion of the rural poor, most of whom are agricultural workers from the migrant program, when in many areas they are more indigent than the migrant population. This is certainly the case in Booker Park.

The usual influx of Negro in-migrants at the Club 710 (John's Camp), located one mile west of Indiantown, was not experienced this year and while several crews were expected, none ever came.

In addition to the Mexican and Negro migrants, a relatively high percentage of Puerto Rican migrants were found to be employed throughout the county. One farm, specializing in Chinese vegetables, houses approximately 30 males. A large tomato grower, located west of Stuart, houses approximately 50 males. It was also found that at least one flower farm housed Puerto Rican males during the season.

Due to his recent employment and then only on a two-day-per-week basis, it was impossible for the sanitarian to survey other areas of the county where some migrants are known to live. These areas will be surveyed during the coming year so an even more accurate picture can be obtained.

With both the nurse and sanitarian now calling on the migrants, and the sanitarian inspecting camps and surveying areas all over the county, more migrants will become aware of the clinic and the services it offers and undoubtedly greater participation in the clinic will be evidenced in the coming year.

The Migrant Project staff worked with a number of individuals and agencies throughout the year, such as State and County Welfare Departments, the American Cancer Society, the Tuberculosis and Respiratory Disease Association, and others. The sanitarian met with a number of grove and farm owners and managers, the County Agricultural Agent, and other interested persons.

The sanitarian employed in December attended the annual Migrant Health Conference held at Sarasita in November as an employee of the St. Lucie Project. The migrant nurse attended the annual Migrant Health Conference in Sarasota and in-service training programs on nutrition, tuberculosis, etc.

Generally the objectives outlined for the project were accomplished during the year. Operating on a part-time basis often leaves little time to do the extra things, such as additional home visits and individual counseling that needs to be done and that the staff wants to do.

Staffing problems were encountered during the year with both the medical and dental clinicians. The dental clinic is stable now, but problems continue with the staffing of the medical clinic because of the health of one of the only two physicians available.

Our objectives for the coming year are:

(1) To continue to provide comprehensive and emergency medical and dental care to the migrant and his family:

   (a) by continuing operation of the medical and the dental clinics,

   (b) by direct referral to physicians on a fee-for-service basis.

(2) To continue to provide nursing services to the migrant.

(3) To upgrade the housing and environmental conditions of the migrant population:

(a) by environmental health investigations of migrant housing,

(b) by continuing health education on a home visit basis.

(4) To develop and implement a formal health education program, breaking the sanitarian away from the more-or-less traditional approach of inspection of housing for housing's sake and expanding his duties into the field of health education as outlined in the Sanitation Section of this report.

As we gain a clearer insight into the problems of the target population, the objectives and goals of the program will be continually reappraised and re-evaluate as circumstances may dictate to better serve their needs on a practical basis.

## B. MEDICAL AND DENTAL SERVICES

At the present time we have one part-time nurse, one part-time clerk-typist, one part-time sanitarian, two physicians, and one dentist that staff the medical and dental clinics.

During the season we have three night medical clinics and three night dental clinics per month. From June until October (off season), we hold two medical clinics and one dental clinic per month. As mentioned in the summary, we have had many problems with our medical clinic. Many clinics have been changed or cancelled due to the health of one of the physicians who serves our clinic.

The clinics are held in a converted apartment at Keen's Apartment Building where a large segment of the migrants live. There is one medical examining room, a dental room with x-ray equipment, a bathroom-darkroom, and a reception room.

Serologies are done on patients coming to the clinic as time permits and on all obstetrical patients. Family planning is encouraged and fairly well received in the young adult population.

The Lion's Club assists in payments for eye examinations. Referrals to the Tumor Clinic, Heart Clinic, and Florida Crippled Children's Commission have been made with a high degree of follow-through. Other referrals are made to specializing doctors in this and surrounding counties as the need arises. Special laboratory services that cannot be done through the clinic are provided through the local hospital.

When it becomes necessary for a patient to be seen in a private practitioner's office, the doctor is paid on a fee-for-service basis.

Health education is presently done in the clinic and during home visits. School children are very receptive to health education which is presently being done by

both the migrant nurse and the health department personnel.

During the past year there were 32 night medical clinics and 27 night dental clinics held. There were 11.4 patients seen per medical clinic and 3.9 patients seen per dental clinic. A total of 364 visits were made to the medical clinic and 105 visits to the dental clinic.

Upon appraising our services we have found our medical and dental services fairly adequate, but we certainly need to put more emphasis on health education. The immunization program has improved in relation to the number of migrants. One of our main concerns last year was to improve our method of keeping records. This still needs much improvement so that it will be in line with the needs of the annual report. A majority of the migrants are aware of the program but those who can afford to go to their own doctor will not come to the clinic for free care.

Our program, as presently outlined, is adequate but unfortunately it does not include those who have a far more desperate need, primarily the Negro agricultural worker who makes less money because he is slower and lives in the county year round.

## C. HOSPITAL SERVICES

Referrals are made for hospital care from the clinic, private doctors, and those seen in the emergency room. The hospital notifies the clinic within 24 hours of admission and a migrant verification is done. The hospital is required to submit the bill to the health department within 30 days after discharge. It might be appropriate to mention here that the hospital is located in Stuart and the migrant clinic is located in Indiantown (22 miles from Stuart).

When the patient is known to the clinic, pre-discharge planning is done with good results. Unfortunately, many patients have short-term care and are not in the hospital when the nurse is in the clinic. When this is the case, a home visit follow-up is made as soon as possible.

One 20 year old pregmant female was seen in the medical clinic with enlarged nodes and was referred to the dentist. The dentist in turn decided it was not a dental problem, but rather tuberculosis of the lymph nodes. The next day she was referred by the medical doctor to a surgeon for node biopsy. She was admitted to the Southeast Florida Tuberculosis Hospital. Upon discharge from the hospital she was again admitted to the local hospital for delivery of her baby.

This case history certainly illustrates how closely the hospital, clinic, and private physicians work in order to provide the best care possible for migrant workers.

## D. NURSING SERVICES

Objectives:

(1) Increase nursing services in the school and upgrade immunization

programs.

(2) Change method of keeping records to be in accord with the annual report.

(3) Work closely with the sanitarian in order to make more migrants aware of the program.

The staff consists of a nurse, clerk-typist, and sanitarian employed on a part-time basis (20 hours per week).

The migrant staff works in close relationship with the Warfield School and all growers who employ migrants in our area. The clerk notifies school officials and growers each time there is a medical or dental clinic. When the need arises, special groups such as the local churches and clubs donate food, clothing, money, and their time to aid needy persons.

There are three medical clinics per month. Family planning services are provided at these clinics. Monday afternoons are set aside for immunizations, although they are given any time the nurse is in the clinic. The day after medical clinics is spent delivering prescription medication with detailed instructions and follow-up of patients. Transportation is provided to the hospital and private doctors' offices as needed. The secretary is available at the clinic to direct migrants to the proper places to receive care and to set up appointments and transportation as needed.

Visits to the fields are almost non-existent due to the limited time of the nurse. However, visits to the camps and schools are done almost daily.

Health education is presently being done in the medical and dental clinics, schools, and on all home visits. The clerk has proved very beneficial by giving printed materials to all persons who come into the clinic.

Local referrals are made through the clinic to the various doctors and agencies in this area. The person is reminded of the appointment on the day preceding and follow-up is done the day after the appointment. Because of this system and the fact that we provide transportation, we have been very successful with referrals. Unfortunately, we have little success with out-of-state referrals. We constantly remind them to tell us when they are leaving and where they are going. The reason for this failure is due to several factors which are listed below:

(1) Migrants leave on short notice and there is no time to come to the clinic.

(2) They do not know where they are going.

(3) The clinic is open Monday through Wednesday and there is no one here at the end of the week when they are ready to leave.

The nurse and the clerk attended the Florida Migrant Health Conference in Sarasota. The nurse attends programs on tuberculosis, nutrition, mental health, etc. Periodically a meeting is held with the director of the project, the supervising sani-

tarian, and all project personnel to evaluate progress and solve any problems that have arisen.

As previously mentioned, home visits and school visits take up the majority of the nurse's time after medical and clinics and record keeping. Work done in this area is never adequate, but with the help of the regular health department personnel, it has been brought up to an acceptable level. Our major weakness is the limited time that can be spent in actual nursing services after the two night clinics per week. Record keeping was improved last year and we intend to improve further in this area in the coming year by changing the method to be more in line with the needs of the annual report. Since September, 1968, the nurse has lived in the area. This has cut down on travel time and increased her availability during off-duty time when an emergency arises. All migrants in the area either call the nurse or clerk at home should the need arise and arrangements are made for them to see a doctor or information is given concerning the next scheduled clinic.

In view of this past year's experience, we plan to continue much the same as the previous year with the changes as outlined above.

## E. SANITATION SERVICES

A full-time sanitarian position had been planned for this program; however, as efforts to secure such a person had proven fruitless, it was finally agreed to split the services of the St. Lucie County Migrant Project sanitarian who, as of December 1, 1968, began working in Martin County on a two-day-per-week basis, operating out of both the Stuart office and the Indiantown Migrant Clinic.

The first objectives of the sanitarian were:

(1) To determine as accurately as possible the number of migrants residing in Martin County.

(2) To determine where they lived and the general overall condition of migrant housing accommodations.

(3) To determine the extent of the general environmental health problems confronting the migrant and his family.

The sanitarian began with a house-to-house survey of the Booker Park area of Indiantown. This survey was just recently completed and it showed the resident Negro out-migrant population to approximate 125 persons. In addition, while the resident rural poor in Booker Park live under rather primitive conditions, the target migrant population was found to be somewhat better off and generally housed in basically satisfactory dwellings.

The largest group of migrants, primarily of Mexican origin, live in Keen's Apartments in Booker Park. This is a 98 unit building of masonry construction, built with a Federally guaranteed loan. The peak population at this building approximated 250 persons. As with any building of this type housing this many persons, maintenance was a continuous problem. However, by cleaning and fixing up as needed on

a daily basis, generally satisfactory conditions were maintained throughout the season.

In Indiantown proper, over a dozen Migrant families were visited who have purchased homes there and plan to become permanent residents. Some migrants still go up the road though many have been able to procure year round employment and have left the migratory stream.

In order to obtain a clearer picture of the migrant situation, contacts were made with various grove managers and employers of migrant labor. The largest single employer of migrant labor is Flavor Pict Corporation which leases the greater portion of Keen's Apartments rather than providing their own migrant housing.

John's Camp, or Club 710, as it is also known, which normally houses several Negro crews for a two to three month period during peak season, had no migrants this year. For one or more unknown reasons, the expected crews never showed up.

Hood's Grove operates a small camp, housing approximately 70 Mexicans for about two months during the peak of the season. This camp appears to be well maintained and the trailers with porch additions are quite satisfactory.

Zarella employs a number of migrants, most of whom are bussed out of Fort Pierce daily, but housing for approximately 50 Puerto Rican males is provided for a several month interval.

Another concentration of migrants was found to be in Hobe Sound at the Sang Yick Farm which specialized in raising Chinese vegetables for the New York - New England market. At the peak of the season, about 30 Puerto Rican males are housed at this camp.

It is reasonable to assume that some migrants are living in other areas of Martin County such as Hobe Sound, East Stuart, Gomez, and Port Salerno. However, it is the opinion of most persons consulted that this would consist of a small number of persons scattered throughout these areas and would not represent a significant number of migrants.

Due to his recent employment, and then only on a two-day-per-week basis, the sanitarian's time has been limited almost entirely to the initial survey of the Booker Park area and the several migrant labor camps in the county, involving some 350 sit. inspections.

Certain facts regarding the Migrant County migrant population are now evident. This group, largely of Mexican origin, will not exceed 700 persons this season. The peak season lasts only for a comparatively short period, generally through March and April. The target population from May to October, as nearly as can be determined, will drop off to as low as 75 persons. It might be appropriate to mention here for purposes of clarification that the figures listed in tables 5a and 5b refer to migrants actually living in Martin County on a temporary basis and do not include the many migrant workers daily hauled into the county.

In addition, the majority of the migrants are housed in Keen's Apartments in Booker Park, John's Camp (Club 710), Zarella's Camp, Hood's Groves, and Sang Yick Farm,

whose facilities are considered as being basically satisfactory.

We are strong exponents of health education and for this reason we are proposing that the project sanitarian's duties be broadened to include the following health education activities:

(1) During visits to migrants' homes and camps, the sanitarian will discuss the medical, dental and other services which are provided by the project and the health department for this target population. The migrants are located in various areas throughout the county, thus making it difficult for the part-time migrant nurse to contact all of them with any frequency. Thus, contact by the sanitarian should acquaint many more of the migrants with the availability of the services. It is questionable at this time if many migrants outside Indiantown (especially Booker Park) have any knowledge of the services being offered.

(2) During the visits to migrants' homes, the sanitarian will discuss primarily problems of personal hygiene and basic environmental health (screening, insect and rodent control, food handling, etc.) rather than limit himself to a routine inspection of housing for housing's sake, as it were. On certain occasions it will doubtless be desirable for the project nurse and sanitarian to make joint visits to a migrant family or camp.

(3) The sanitarian will attend evening clinic sessions in which he will make use of visual aids (movies, alides, flip charts, etc.), designed to improve the migrants' awareness of good health practices. There will be a number of pertinent topics of interest to the migrant.

(4) By attending evening clinics, the sanitarian will have an opportunity to meet with and get to know the migrants thus, hopefully, establishing a rapport with the migrant which will enable him to discuss more freely their various problems with them.

(5) The sanitarian will invite guest speakers from a number of agencies to discuss such problems as Social Security, Medicare, nutrition, welfare, and other practical topics which are of interest to the migrant workers and their families.

It should be stated here that it is our desire to include the rural poor, who are residents, in the services of both the nurse and the sanitarian. We feel that many of the migrants, especially those in Booker Park, could be considered in better shape than the rural poor in Martin County, even though they are ineligible for certain county benefits. We believe that the rural poor should not be excluded from the services of the sanitarian who will also function as a health educator. As he establishes rapport with both the migrants and rural poor, he will gain an insight into the problems of both groups which should benefit both the health department, the Migrant Health Project, and the people to be served.

Finally, the activities of the sanitarian will be evaluated periodically by the county health department director and the assistant to the project director and pertinent suggestions designed to improve the health education facet of the program from both these individuals and certain migrants will be incorporated into the responsibilities of the sanitarian/health educator.

## F. HEALTH EDUCATION SERVICES

The Migrant Health Project does not employ any professional health educator or health education staff. We intend to expand the duties of the project sanitarian into the field of health education as outlined in the Sanitation Section of this report.

We intend to use the services of the recently employed State Migrant Health Educator in setting up and implementing a formal health education program.

## G. NUTRITION SERVICES

The Migrant Nutrition services to migrant families have been expanded during the past year. The migrant nutrition consultant was able to participate in some of the Indiantown clinics, the Adult Migrant 3b Education Program, and provide nutrition instructions in the elementary schools in Stuart and Indiantown. Family food counseling, food buying demonstrations, preparation demonstrations on culturally acceptable low-cost meals, and classes in teenage nutrition, growth, and development were offered. In addition, individual diet counseling was provided for migrant patients at the clinic having health problems with obesity, anemia, cardiac, ulcer, and diabetes. 286 adult and teenage migrants participated in these instructions.

To strengthen the nurse's knowledge of nutrition, the nutritionist taught a series of in-service classes for the nursing staff. Subject areas were nutritional needs of prenatal patients, infant and preschool nutrition, diet counseling, and chronic diseases, the use of nutrition materials and nutrition aids, and how to assist families in the areas of family food management.

The Migrant Nutrition Program Plan will be extended and expanded by:

(1) Providing group and individual nutrition instruction at selected general migrant medical clinics, emphasis to be placed on prenatal diet counseling, counseling on feeding and food habits of infants and preschool children.

(2) Providing nutrition education in-service classes to the county and project nursing staff to increase their knowledge of nutrition and provide them with nutritional education materials to expand their diet counseling.

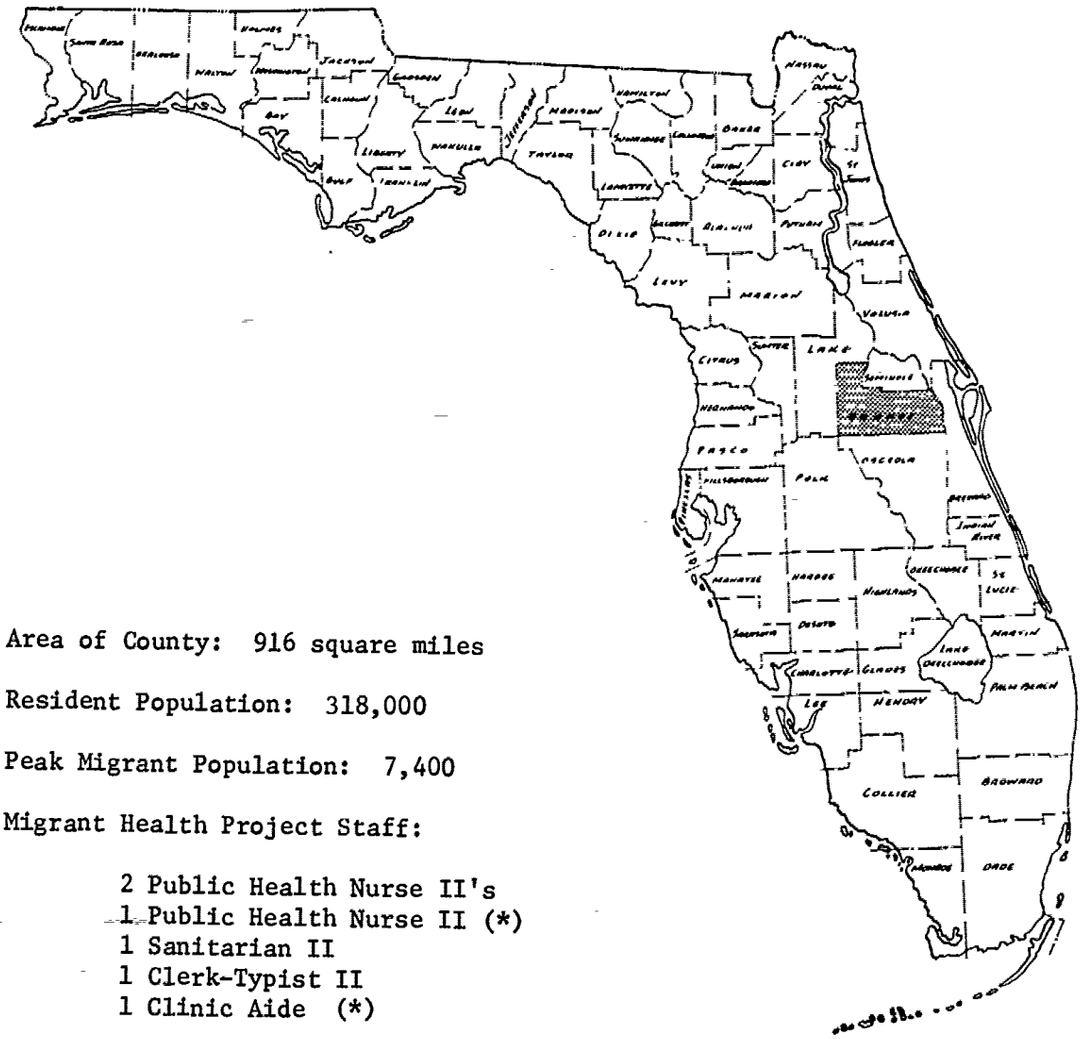
(3) Holding nutrition classes to be taught to a select group who participate in the adult migrant Title 3b Education Classes in Indiantown.

(4) Offering nutrition education to select groups of migrants and non-migrant teenage girls in Indiantown and Stuart to improve the food habits of these students during the period of rapid growth and development.

(5) Cooperating with the project sanitarian to provide a combined health education program to migrants of the major camps of Indiantown, consisting of demonstrations in the area of family meal planning.

## ORANGE COUNTY HEALTH DEPARTMENT

Wilfred N. Sisk, M.D., Director




Area of County: 916 square miles

Resident Population: 318,000

Peak Migrant Population: 7,400

Migrant Health Project Staff:

2 Public Health Nurse II's
1 Public Health Nurse II (*)
1 Sanitarian II
1 Clerk-Typist II
1 Clinic Aide (*)

(*) - Part-Time

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted June 19, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report
From May 1, 1968 Through April 30, 1969

PART I. GENERAL PROJECT INFORMATION

1. Project Title A Project to Develop a Statewide Program of Health Services for Migrnat Farm Workers and their Dependents in Florida.

2. Grant Number (Use no. shown on the Grant Award Notice)
MG-18F (69)

3. Grantee Organization (Name & Address)
Orange County Health Department
Post Office Box 3187
Orlando, Florida 32805

4. Project Director
Wilfred N. Sisk, M. D.
Director

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 7,200 | 2,300 | 4,900 |
| Feb. | 6,740 | 2,250 | 4,490 |
| Mar. | 4,050 | 1,350 | 2,700 |
| Apr. | 3,800 | 1,270 | 2,530 |
| May | 3,450 | 1,150 | 2,300 |
| June | 2,700 | 900 | 1,800 |
| July | | | |
| Aug. | | | |
| Sep. | 900 | 700 | 200 |
| Oct. | 4,500 | 1,800 | 2,700 |
| Nov. | 5,950 | 2,000 | 3,950 |
| Dec. | 7,400 | 2,200 | 5,200 |
| TOTALS | 46,690 | 15,920 | 30,770 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 8,082 | 4,500 | 3,582 |
| Under 1 year | 112 | | |
| 1 - 4 years | 850 | | |
| 5 - 14 years | 1,270 | | |
| 15 - 44 years | 3,870 | | |
| 45 - 64 years | 1,590 | | |
| 65 + older | 390 | | |
| (2) IN-MIGRANTS TOTAL: | 2,700 | 1,700 | 1,000 |
| Under 1 year | 45 | | |
| 1 - 4 years | 225 | | |
| 5 - 14 years | 360 | | |
| 15 - 44 years | 1,270 | | |
| 45 - 64 years | 650 | | |
| 65 + older | 150 | | |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 40 | Sept. | June |
| In-Migs. | 21 | Nov. | May |

d. (1) Indicate sources of information and/or basis of estimates for 5a.

(2) Describe briefly how proportions for sex and age for 5b were derived.

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | | |
| 10 - 25 persons | | |
| 26 - 50 persons | 30 | 90 |
| 51 - 100 persons | 2 | 120 |
| More than 100 pers. | 3 | 950 |
| TOTAL* | 35 | 1,160 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| In Community Homes | 1,050 | 5,100 |
| In Rooming Houses | 120 | 1,100 |
| | | |
| | | |
| | | |
| TOTAL* | 1,170 | 6,200 |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.

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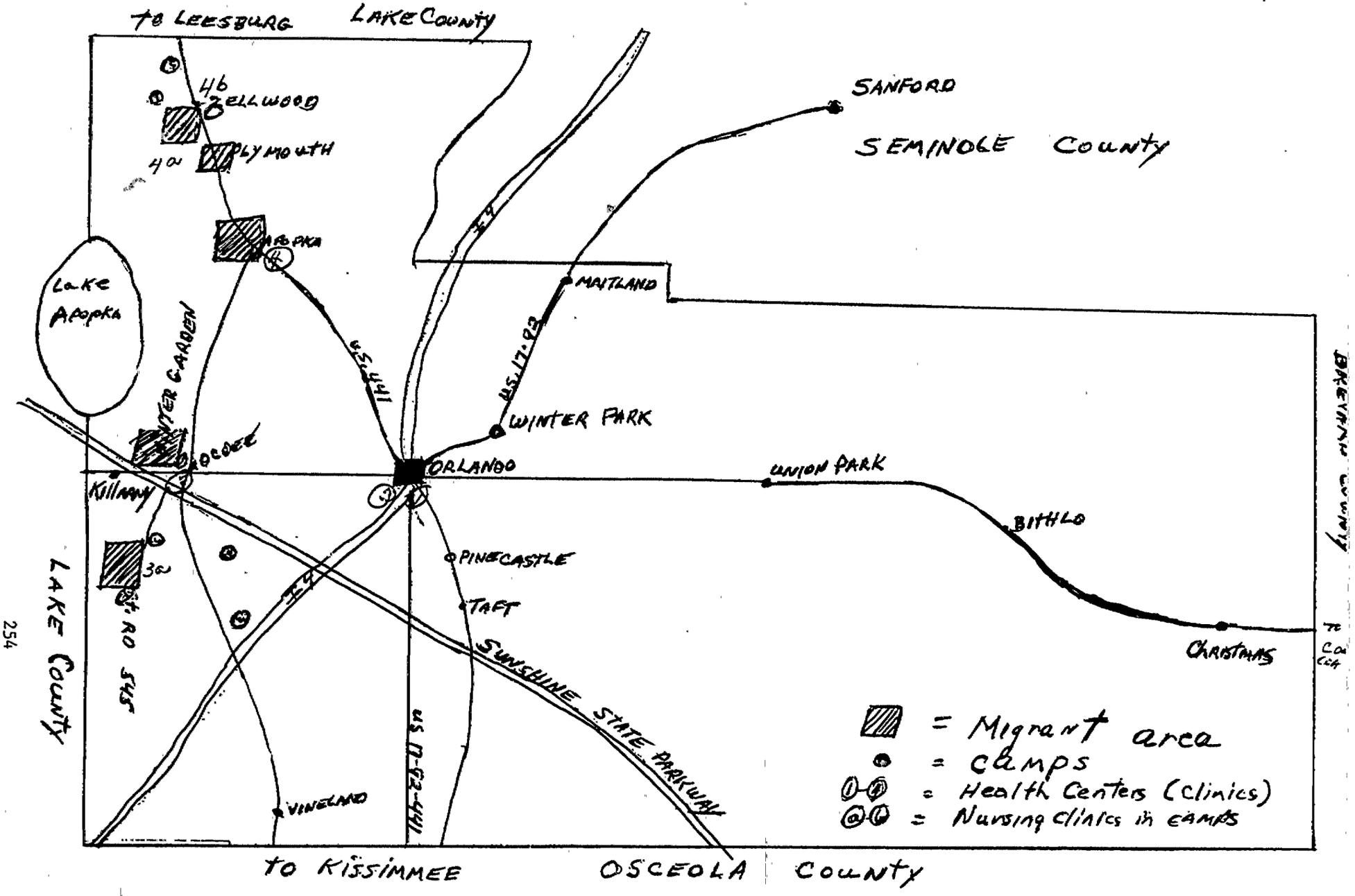
Form approved:
Budget Bureau No. 68-R1005


TO LEESBURG
LAKE COUNTY
SANFORD
SEMINOLE COUNTY
46
ZELLWOOD
PLYMOUTH
APOPKA
LAKE APOPKA
WINTER GARDEN
OCOEE
KILLARNY
ORLANDO
MAITLAND
WINTER PARK
US 441
US 17-92
UNION PARK
BITHLO
CHRISTMAS
BREVARD COUNTY
PINECASTLE
TAFT
SUNSHINE STATE PARKWAY
LAKE COUNTY
VINELAND
US 17-92-441
TO KISSIMMEE
OSCEOLA COUNTY
= Migrant area
= camps
= Health Centers (clinics)
= Nursing clinics in CAMPS

GRANT NUMBER MG-18F (69)

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES — DATE SUBMITTED June 19, 1969

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients Total | Male | Female | Number of Visits |
|---|---|---|---|---|
| Total | 1,346* | 473 | 873 | 6,210** |
| Under 1 year | 168 | 79 | 89 | 364 |
| 1 - 4 years | 188 | 92 | 96 | 325 |
| 5 - 14 years | 267 | 148 | 119 | 478 |
| 15 - 44 years | 670 | 120 | 550 | 2,192 |
| 45 - 64 years | 47 | 29 | 18 | 119 |
| 65 + older | 6 | 5 | 1 | 25 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? 1,346

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 1,992***

3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment)

No. of patients (exclude newborn) Orange Mem. Hosp 190 Mercy Hospital 2916 Tot. 3,106

No. of hospital days No data provided

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 160 | 75 | 85 |
| (1) No. Decayed, missing, filled teeth | | | |
| (2) Avg. DMF per person | | | |
| b. Individuals Requiring Services - Total: | 788 | SCHOOL | SURVEY |
| (1) Cases completed | 149 | | |
| (2) Cases partially completed | 15 | | |
| (3) Cases not start. | 500 | | |
| c. Services Provided - Total: | 778 | | |
| (1) Preventive | 212 | | |
| (2) Corrective-Total | 139 | | |
| (a) Extraction | | | |
| (b) Other | | | |
| d. Patient Visits - Total: | 33 | | |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age **** Total | Under 1 year | 1 - 4 | 5 & Over 15 + older | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| TOTAL - ALL TYPES | 1,521 | 145 | 257 | 717 | | | 402 |
| Smallpox | 52 | | 26 | 21 | | | 5 |
| Diphtheria | 235 | 37 | 36 | 56 | | | 106 |
| Pertussis | 125 | 36 | 34 | 11 | | | 44 |
| Tetanus | 238 | 37 | 36 | 56 | | | 109 |
| Polio | 211 | 34 | 43 | 48 | | | 86 |
| Typhoid | 101 | | 20 | 29 | | | 52 |
| Measles | 559 | 1 | 62 | 496 | | | 52 |
| Other (Spec.) | | | | | | | |

REMARKS:

* Represents Orange County Health Department Clinic Service Patients.

** Represents Oranch CHD visits, plus number of patients seen by private physicians, plus physicians in two hospital emergency rooms, plus out-pat. dept. Finance Officer of Mercy Hospital estimated that 8% to 10% of emergency room patients are migrants and 16% to 20% of inpatients are migrants. Our estimates are based on their figures of monthly averages x 6 months. (ER average = 1000 a month; hospital average = 2700 a month).

*** Represents private physicians without pay and those paid by the North Orange Emergency League and also emergency room physicians without pay. Not all of this is included in Part II-1.b2. We were unable to get a breakdown from private physicians for what these patients were treated.

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Rev. 1-69 **** This figure does not include incomplete series or boosters & revaccinations.

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 1,662 | 1,186 | 476 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 434 | 323 | 111 |
| | 010 | Tuberculosis | 52 | 4 | 48 |
| | 011 | Syphilis | 66 | 38 | 28 |
| | 012 | Gonorrhea and Other Venereal Diseases | 74 | 66 | 8 |
| | 013 | Intestinal Parasites | 209 | 185 | 24 |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | 3 | 3 | |
| | 015 | All other | 6 | 6 | |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | 2 | 2 | |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | 18 | 16 | 2 |
| | 019 | Other Infectious Diseases (give examples): | | | |
| | | Abscess of the knee | 1 | 1 | |
| | | Hepatitis, Inf. | 2 | 1 | 1 |
| | | Infected Hair Follicle | 1 | 1 | |
| | | | | | |
| II. | 02- | NEOPLASMS: TOTAL | 2 | 2 | |
| | 020 | Malignant Neoplasms (give examples): | | | |
| | | Spleen, Cag. | 1 | 1 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 025 | Benign Neoplasms | 1 | 1 | |
| | 029 | Neoplasms of uncertain nature | | | |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 30 | 20 | 10 |
| | 030 | Diseases of Thyroid Gland | 3 | 2 | 1 |
| | 031 | Diabetes Mellitus | 8 | 4 | 4 |
| | 032 | Diseases of Other Endocrine Glands | | | |
| | 033 | Nutritional Deficiency | 11 | 10 | 1 |
| | 034 | Obesity | 5 | 3 | 2 |
| | 039 | Other Conditions | 3 | 1 | 2 |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 88 | 66 | 22 |
| | 040 | Iron Deficiency Anemia | 58 | 42 | 16 |
| | 049 | Other Conditions | 30 | 24 | 6 |
| V. | 05- | MENTAL DISORDERS: TOTAL | 44 | 18 | 26 |
| | 050 | Psychoses | 2 | | 2 |
| | 051 | Neuroses and Personality Disorders | 7 | 5 | 2 |
| | 052 | Alcoholism | | | |
| | 053 | Mental Retardation | 5 | 1 | 4 |
| | 059 | Other Conditions | 30 | 12 | 18 |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 125 | 96 | 29 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | | | |
| | 061 | Epilepsy | 10 | 4 | 6 |
| | 062 | Conjunctivities and other Eye Infections | 52 | 47 | 5 |
| | 063 | Refractive Errors of Vision | 2 | 2 | |
| | 064 | Otitis Media | 55 | 39 | 16 |
| | 069 | Other Conditions | 6 | 4 | 2 |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 92 | 45 | 47 |
| | 070 | Rheumatic Fever | 24 | 7 | 17 |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 1 | 1 | |
| | 072 | Cerebrovascular Disease (Stroke) | 4 | 2 | 2 |
| | 073 | Other Diseases of the Heart | 3 | 2 | 1 |
| | 074 | Hypertension | 48 | 23 | 25 |
| | 075 | Varicose Veins | 5 | 3 | 2 |
| | 079 | Other Conditions | 7 | 7 | |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 337 | 258 | 79 |
| | 080 | Acute Nasopharyngitis (Common cold) | 139 | 117 | 22 |
| | 081 | Acute Pharyngitis | 40 | 28 | 12 |
| | 082 | Tonsillitis | 40 | 28 | 12 |
| | 083 | Bronchitis | 28 | 21 | 7 |
| | 084 | Tracheitis/Laryngitis | 14 | 8 | 6 |
| | 085 | Influenza | 27 | 22 | 5 |
| | 086 | Pneumonia | 2 | 1 | 1 |
| | 087 | Asthma, Hay Fever | 27 | 14 | 13 |
| | 088 | Chronic Lung Disease (Emphysema) | 1 | 1 | |
| | 089 | Other Conditions | 19 | 18 | 1 |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 112 | 85 | 27 |
| | 090 | Caries and other Dental Problems | 16 | 15 | 1 |
| | 091 | Peptic Ulces | 5 | 3 | 2 |
| | 092 | Appendicitis | 1 | 1 | |
| | 093 | Hernia | 17 | 11 | 6 |
| | 094 | Cholecystic Disease | 6 | 6 | |
| | 099 | Other Conditions | 67 | 49 | 18 |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 89 | 58 | 31 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 38 | 27 | 11 |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | 1 | | 1 |
| | 102 | Other Diseases of Male Genital Organs | | | |
| | 103 | Disorders of Menstruation | 7 | 5 | 2 |
| | 104 | Menopausal Symptoms | 9 | 4 | 5 |
| | 105 | Other Diseases of Female Genital Organs | 23 | 13 | 10 |
| | 109 | Other Conditions | 11 | 9 | 2 |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 4 | 3 | 1 |
| | 110 | Infections of Genitourinary Tract during Preg. | | | |

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PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | | | |
| | 112 | Spontaneous Abortion | | | |
| | 113 | Referred for Delivery | | | |
| | 114 | Complications of the Puerperium | 1 | 1 | |
| | 119 | Other Conditions | 3 | 2 | 1 |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 186 | 126 | 60 |
| | 120 | Soft Tissue Abcess or Cellulitis | 21 | 13 | 8 |
| | 121 | Impetigo or Other Pyoderma | 78 | 56 | 22 |
| | 122 | Seborrheic Dermatitis | 21 | 10 | 11 |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | 19 | 11 | 8 |
| | 124 | Acne | | | |
| | 129 | Other Conditions | 47 | 36 | 11 |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 43 | 18 | 25 |
| | 130 | Rheumatoid Arthritis | 5 | 1 | 4 |
| | 131 | Osteoarthritis | 1 | 1 | |
| | 132 | Arthritis, Unspecified | 12 | 3 | 9 |
| | 139 | Other Conditions | 25 | 13 | 12 |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | | | |
| | 140 | Congenital Anomalies of Circulatory System | | | |
| | 149 | Other Conditions | | | |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | 3 | 3 | |
| | 150 | Birth Injury | | | |
| | 151 | Immaturity | 1 | 1 | |
| | 159 | Other Conditions | 2 | 2 | |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 17 | 13 | 4 |
| | 160 | Symptoms of Senility | 1 | | 1 |
| | 161 | Backache | 3 | 1 | 2 |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 2 | 2 | |
| | 163 | Headache | 4 | 4 | |
| | 169 | Other Conditions | 7 | 6 | 1 |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 56 | 52 | 4 |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | 25 | 23 | 2 |
| | 171 | Burns | 3 | 3 | |
| | 172 | Fractures | 9 | 7 | 2 |
| | 173 | Sprains, Strains, Dislocations | 12 | 12 | |
| | 174 | Poison Ingestion | 3 | 3 | |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | 4 | 4 | |

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| PART II. | | | Grant Number MG-18F (69) |
|---|---|---|---|
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | Number of Individuals |
| | 200 | Family Planning Services | 453 |
| | 201 | Well Child Care | 508 |
| | 202 | Prenatal Care | 390 |
| | 203 | Postpartum Care | 145 |
| | 204 | Tuberculosis: Follow-up of inactive case | 6 |
| | 205 | Medical and Surgical Aftercare | 9 |
| | 206 | General Physical Examination | 413 |
| | 207 | Papanicolaou Smears | 366 |
| | 208 | Tuberculin Testing | 670 |
| | 209 | Serology Screening | 1,852 |
| | 210 | Vision Screening | 669 |
| | 211 | Auditory Screening | 270 |
| | 212 | Screening Chest X-rays | 472 |
| | 213 | General Health Counselling | See remarks * |
| | 219 | Other Services: | |
| | | Specify | |
| | | P.K.U. (Guthrie) | 182 |
| | | Hemoglobin | 652 |
| | | Blood Sugar | 586 |
| | | Urinalysis | 1,262 |
| | | Intestinal Parasite Screening | 324 |

* Remarks: Every individual that is seen by a public health nurse is counseled regarding nutrition, immunizations, intestinal parasites, etc. even though they may not be opened to nursing service.

Discussion of Table C; Comparison of Morbidity Report by Condition and Report Year.

TABLE C

Comparison of Conditions Diagnosed and Treated in Orange County Migrant Clinics by Condition and Report Year:

| Conditions Diagnosed | 1967 1968 | 1968 1969 | Difference | % Increase |
|---|---|---|---|---|
| Total | 852 | 1,662 | 810 | 95.00 |
| 1. Infective & Parasitic Diseases | 256 | 434 | 178 | 70.00 |
| 2. Neoplasms | 0 | 2 | 2 | |
| 3. Endocrine, Nutritional & Metabolic Diseases | 8 | 30 | 22 | 275.00 |
| 4. Diseases of Blood & Blood Forming Organs | 41 | 132 | 91 | 221.91 |
| 5. Mental Disorders | 47 | 44 | -3 | -6.37 |
| 6. Disease of the Nervous System and Sense Organs | 70 | 125 | 55 | 78.67 |
| 7. Disease of the Circulatory System | 65 | 92 | 27 | 41.55 |
| 8. Diseases of the Respiratory System | 175 | 337 | 162 | 92.56 |
| 9. Diseases of the Digestive System | 47 | 112 | 65 | 38.29 |
| 10. Disease of the Genito-urinary System | 18 | 89 | 71 | 399.44 |
| 11. Complications of Pregnancy, Childbirth, and the Puerperium | | 4 | 4 | |
| 12. Diseases of the Skin and Subcutaneous Tissue | 113 | 186 | 76 | 67.25 |
| 13. Disease of the Musculoskeletal System | 0 | 43 | 43 | |
| 14. Congenital Anomalies | 0 | 0 | 0 | |
| 15. Certain Causes of Perinatal Morbidity and Mortality | | 3 | 3 | |
| 16. Symptons and Ill-defined Conditions | 0 | 17 | 17 | |
| 17. Accidents, Poisonings, and Violence | 12 | 56 | 44 | 366.66 |

Although many other diagnoses currently recorded do not appear on earlier reports, a trend is still apparent in the health of migrants in Orange County.

The data in Table C indicates that the greatest increase in reported conditions appeared in genito-urinary diseases which showed an increase of 399.0%. Closely following this; accidents, poisonings and violence showed a 366.6% increase. Next in order comes the diseases of endocrine, nutritional, and metabolism disturbances with 275.0% and diseases of the blood-forming organs which showed 221.9% increase.

Dropping behind the above which still shows large increases are diseases of the digestive system (with 138.3%) and those of the respiratory tract which showed (92.7%) increase. The increase of the nervous system diseases (78.7%) is followed by infective and parasitic diseases (70%).

The lowest percentages of increases were observed in diseases of the skin (67.3%) and those of the circulatory system (41.5%).

The decrease of 6.4% found in mental disorders may indicate a positive factor if this represents a trend; however, there is not sufficient evidence to substantiate this.

Some of the categories not represented last year but shown here without discussion will require further observation before a conclusion can be reached.

| PART III. - NURSING SERVICE | Grant No. MG-18F (69) |
|---|---|

| Type of Service | Number |
|---|---|
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 255 |
| b. Number of Individuals Served - Total | 1,346 |
| 2. FIELD NURSING: | |
| a. Visits to Households | 2,710 |
| b. Total Households Served | 754 |
| c. Total Individuals served in Households | 1,596 |
| d. Visits to Schools, Day Care Centers | 106 |
| e. Total Individuals Served in Schools and Day Care Centers | 1,410 |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | 168 |
| (1) Within Area | 109 |
| (Total Completed 69 ) | |
| (2) Out of Area | 59 |
| (Total Completed 36 ) | |
| b. Referrals Made For Dental Care: Total | 778* |
| (Total Completed 149 ) | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | 70 |
| (Total Completed 64 ) | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | 9 |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | 165 |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | |
| (1) Number presenting health record | 250 |
| (2) Number given health record | 2,425 |
| 4. OTHER ACTIVITIES (Specify): | |

* 273 Maternity patients given referrals.

REMARKS

PART IV. SANITATION SERVICES | Grant Number MG-18F (69)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 12 | 1,185 | 7 | 725 |
| Other locations | | | | |
| Housing Units - Family: | | | | |
| In camps | 210 | 810 | 7 | 810 |
| In other locations | 120 | 1,100 | | |
| Housing Units - Single: | | | | |
| In camps | 1 | 300 | 1 | 300 |
| In other locations | 1,450 | 6,400 | | |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 10 | 4 | 23 | | 5 | | 4 | |
| b. Sewage | 12 | 32 | 10 | 54 | 1 | 7 | 1 | 7 |
| c. Garbage and Refuse | 12 | 70 | 40 | 180 | 10 | 18 | 9 | 18 |
| d. Housing | 12 | 17 | 30 | 21 | 2 | 7 | 2 | 4 |
| e. Safety | 12 | 20 | 60 | 25 | 12 | 5 | 9 | 4 |
| f. Food Handling | 12 | 220 | 78 | 300 | various | various | various | various |
| g. Insects and Rodents | 12 | 65 | 175 | 85 | | | | |
| h. Recreational facilities | 12 | 10 | 3 | 32 | | | | |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | 19 | xxxxx | 54 | xxxxx | 4 | xxxxx | 3 |
| b. Toilet facilities | xxxxx | 15 | xxxxx | 37 | xxxxx | 9 | xxxxx | 6 |
| c. Other | xxxxx | | xxxxx | | xxxxx | | xxxxx | |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physicians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | |
| (1) Individual counselling | MIC: 90 | | 145 | 62 | | |
| (2) Group counselling | MIC: 56 | | 47 | 5 | | |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | | | | | | |
| (2) Direct services | | | 26 | | | |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | | | 4 | | | |
| (2) Group counselling | | | 4 | | | |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | | | 118 | | | |
| (2) Consultation with groups | | | 20 | | | |
| (3) Direct services | | | 39 | | | |
| E. Health Education Meetings | | | 9 | | | |

(*) Aides - other than Health Ed.

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ORANGE COUNTY HEALTH DEPARTMENT
MIGRANT HEALTH PROJECT

## INTRODUCTION

In the current project year we corrected or eliminated the weaknesses of the program as expressed in the October 1968 "Summary of the Project Review." Additional clinical services were provided, including a greatly expanded hospitalization program.

The special educational facilities for pregnant school age children were undertaken and the county-wide immunization program was expanded.

Special nutritional educational services were established which broadened our total coverage in the migrant areas. Additional emphasis is being placed upon the nutritional services in the forthcoming year.

Dental health services were expanded considerably covering primarily the school age children.

There are additional services in the environmental sanitation field as the sanitarian attends various clinics to discuss environmental problems with the migrants.

All of these services are not only being continued, but plans are being made for expansion of each in the coming year.

## A. SUMMARY FOR ANNUAL PROGRESS REPORT

Part 1. General Information

A. This report covers the twelve month period between May 1, 1968, through April 30, 1969.

B. The objectives for the last report year were as follows:

1. To provide more medical services for migrants and their families.
2. To increase dental services for migrants and their families.
3. To motivate the agricultural workers to improve their environment and health habits.
4. To continue to improve the environmental health aspects of the migrants' environment.

5. To improve the medical and clinic services already in operation, thus giving nurses the opportunity for more individual counseling.

6. To encourage better attendance in family planning (child spacing), maternity and child health clinics.

7. To obtain the services of another physician for child health clinics.

8. To increase the number of home visits to determine the health needs of the migrants and make known to them the medical and other community resources available to meet their needs.

9. To extend the use of:

   a. The referral system

   b. Standardization of reports, records, and communications

10. To cooperate with volunteers, migrant teacher aides, migrant ministry, Vista, and other interested groups to inform the general public of the migrant problems and encourage groups to assist where needed.

11. To extend family planning evening clinics to include other services; such as immunizations, screening for intestinal parasites, tuberculosis, etc.

12. To refer patients for hospital care and outpatient services.

13. To increase community action to start more day care centers for the migrant children.

C. Changes in objectives and the reasons for these changes:

The changed objectives reflect the refinement of the original objectives more than outright changes. A few objectives which more adequately express current needs have been substituted.

Changed objectives for this period (1969-1970):

1. Long range objectives:

   a. To improve the health of the migrant agricultural worker and his family.

   b. To raise the living standards of the migrant.

2. Short range objectives:

   a. To stimulate the migrant to assume more responsibility for his health.

   b. To make easily accessible and available all health services.

   c. Eliminate duplication of health services.

   d. Upgrade camps for licensure by means of education of the migrant

to provide better care for his environment and obtain cooperation of camp owners in providing an improved environment.

D. Significant changes in the migrant situation from previous years:

1. The migrants themselves: The number of migrants in the area has been estimated at approximately 7,500 to 8,000. This information, obtained from Federal and state agricultural labor bureau offices, through principals, welfare agencies, and migrant ministries, indicates a slight decrease in the number of migrants.

   Their age and sex composition has shown a change, in that family groups are now following the migrant stream, whereas prior to this time, single males composed the bulk of the migrant workers. This is due primarily to the rulings of the labor department and following the barring of off-shore farm help. It was discovered that the trend in the local or the native Negroes was to move as a family unit. One of the office managers from the Farm Labor Bureau has estimated that approximately 2,000 of the off-shore workers will be brought in to work the Valencia crops and these will be young males traveling without their families.

   The cultural background of these people is showing a slightly changed pattern. A higher percentage of Mexicans coming into the area to work in the vegetable fields has been noted. Minute Maid Corporation has brought in Indians from Mississippi to work.

   Approximately 1,000 migrants live in the greater Orlando area and have their homes here. They leave only during July, August, and September. These Florida migrants go to North Carolina, South Carolina, Virginia, Michigan, and New York with a few going into the New England states to pick apples.

   We have many migrants who are factory workers or construction workers in the northern areas and come south during October, November and December to work in citrus when the construction work has ceased in the North because of the weather.

   Migrants in Orange County come primarily from Texas, Arkansas, Missouri, and Louisiana and a few come from Georgia. The number of migrants who were brought into the area by the Farm Labor Bureau does not reflect the total migrant population. A great many of these people come into the area on their own, as they have been doing for a great many years.

   Gradual changes have been observed in the trend toward urban living by migrants. This year it is estimated that urban Orlando houses approximately 1,000 of the migrants. These people are not in camps and without their group identity, they are frequently missed by the public health nurses and others who are oriented toward providing health services for them. In this way, we fail to reach many needy and eligible migrants.

2. The economic situation this year seems to have been a good one for growers and workers. The season starts in November and hits a peak in the latter part of December and January and ends in April or May. While some employ-

ment remains, many of the workers or heads of the households have left the area to contract for work in other states. There is a lapse of approximately two to six weeks between the regular citrus season and the beginning of the Valencia orange season, and those people unable to remain must seek work elsewhere. For this reason, the off-shore labor is brought in to fill the gap.

To date, no mechanical harvester has affected the citrus industry, but the mechanical harvester has been used quite extensively in vegetable farming. The vegetable harvest season in this area is in May and June. Since many migrants have left the area by this time, few are directly affected by mechanization. A factor affecting the future demand for migrant farm labor is the conversion of land from farm use to residential and business use.

3. The above factors influence the migrant labor situation and needs for health services for this report and for programs in the near future. The overall total number of persons needing help and care places a strain on Already heavily burdened personnel. The improved outreach with emphasis on family centered health services, increased scope of services, extended clinic hours, and dissimulation of information to the migrant population are now beginning to show the effects of improved planning and coordination of activities. Clinic centers are limited particularly in the Winter Garden Center; however, plans for the future involve a larger building which is to include dental facilities.

4. The number of adult males seeking assistance has increased slightly; however, now that services are available at night, we anticipate a greater increase as the news gets around. The overall family planning clinics continue to increase in size, reflecting the growing population and although the birth rates continue to remain at approximately the same level, we feel that progress is being made. To maintain this level in the future, we anticipate more clinics and hopefully to extend the hours to meet the criteria of accessibility and availability.

II. Relationship of the Orange County Health Department Migrant Health Project personnel with the migrants seems to be fairly satisfactory. The plans for the future indicate a greater interest (more than "just a job" on the part of the migrant team) and the fact that the migrants are actively seeking assistance before an emergency-type problem arises, suggests that the migrants are beginning to understand that poor health is not necessarily the only way of life. Public health nurses have contacted crew leaders individually and in groups, topublicize the clinic services. Patients are reached via home visits, impromptu talks in towns and in the fields. Relationship with some of the people in management has been less satisfactory, in that some of these people resent "Government medicine" and fail to recognize the need for services.

Intra-agency relationships are at an all-time high with planning sessions organized to provide improved services. Involved in this multi-disciplinary approach are personnel of the Headstart Program, graduate sutdents at Rollins College School of Social Work, civic organizations, social workers from hospitals and welfare agencies, local school teachers, private physicians, private dentists, agents for the Florida Farm Labor Bureau, growers, managers of packing houses, nursery operators, and crew leaders as well as workers of the Migrant Ministry.

At this point, meetings and conferences have been held between four groups of these service representatives but until larger, more inclusive conferences are a matter of fact, the program in Orange County will lack the impetous needed for a truly adequate health program.

Contributions of most of the non-service agencies has been in time and planning, however teachers, church workers, and other civic organizations have volunteered services and time devoted to group education. Materials for clothing and sewing instructions have been made available to migrant women seeking to better themselves. Layettes and children's clothing have been contirbuted funds. Some have supported health programs and have financed eye medical examinations and bought glasses. One organization provided a bicycle to enable a migrant boy to attend a school far from his home.

Five physicians and dentists in the communities of Winter Garden and Apopka have donated time and services to the care of migrants who pay if they are able. Some reporting on the number of patients and type of services have taken place in Apopka, but some of the physicians feel that it should suffice that they accept the indigent migrant for care without having to take additional time to report these activities. Unfortunately, some of the physicians in the Winter Garden area do not feel that it is necessary for them to participate in the Migrant Program work.

Some growers and owners of nurseries and packing houses realize that the public health nurses' repeated theme of "a health migrant is a better worker" is true. To prevent loss on the job, some of the people in management provided nursing and medical care on the premises. These services, welcome as they are, serve only the worker and fail to benefit the families. This fragmentation leaves much to be desired, but indicates that progress is being made.

Hospitals have provided care for many migrants. One administrator in west Orange County estimated that one-in-seventeen patients is a migrant. Another administrator felt that this figure was too great, while a third stated that the estimate was too conservative. Figures are being compiled to clarify this point; however, one of our major weaknesses lies in the fact that the largest hospital with the greatest number of services and personnel is least accessible to the migrants. Social workers in the hospitals are cooperative and sympathetic toward the migrants. Improvement in relationship with the welfare agencies is desirable; however, the hope of much change toward greater assistance is a feeble one for these agencies' restrictions are inflexible. Some progress has been made, however, in that migrants may now be referred via County Welfare to the Tumor Detection Clinic on a one-time basis.

Conferences have been held between public health nurses and social workers to develop an improved method of referral and screening for eligibility of service. Discussions have been held to work out means for patients to arrange to pay something for their care, if only a token payment.

Agreements are pending with hospitals nearer the migrants to provide medical care on an in and outpatient basis.

There is a very great need for a half-way house for migrants' needing care following hospital discharge and also for migrants who have no homes and no

place to go. This project has been brought to the attention of the Salvation Army. Progress on this remains to be seen but we still have hope. In the Winter Garden area, a number of the businessmen representing growers, packing house operators, and nursery operators have combined to provide funds for migrants needing this type of service. It is not a formally structured organization; however, and much remains to be done in this area. Some of the men in management have provided on-the-job medical care for the workers.

III. Staff Orientation and Training:

A. Special workshops and conferences (8)

1. Annual Farm Labor Conference: Langford Hotel, Winter Park

2. East Coast Migrant Health Conference: Statler Hilton Hotel, Orlando

3. Florida Migrant Annual Health Conference: Lido Beach

4. Atlantic Coast Interstate Migrant Conference: Statler Hilton Hotel, Orlando

5. West Orange County Educational Migrant Workshop: Maxey Elementary School; public health nurse gave a talk on health department facilities and was a member of a panel discussion

6. Orange County State Welfare Family Planning Training Session: Three-days, eight counties participated; three public health nurses gave talks

7. Orange County Health Department Educational Migrant Conference: Orange Center School; public health nurse gave talk

8. University of Southern Mississippi: Workshop on supervision and team nursing; public health nurse attended (now being organized in Winter Garden

B. In-service, our own group

Twice a month, all public health nursing personnel have migrant in-service meetings. Usually, an employee of the Orange County Health Department talks; i.e., Sanitarian on Water and Air Pollution; Dr. Collins on new techniques in maternity and family planning; Dr. Silvert on drugs and drug abuse.

IV. The objectives were almost 100 per cent achieved. The following indicates the areas in which progress was made:

1. Nursing services

a. Increased number of home visits by nurses

b. Improved record system

c. Organization of structured in-service staff education

d. Establishment of channels of communication

e. Appointment of a coordinating supervisor

f. Appointment of senior nurses in Apopka and Winter Garden offices and in Winter Park

g. Addition to the team of an innovative staff nurse

h. Assignment of other staff members to contribute to migrant clinic staffing

i. Conferences held by nurses with growers, plant managers, crew leaders, and crew foremen

2. Medical services

a. Extended outreach to male patients

b. Increased emphasis of family-centered services

c. Increased scope of clinic services

d. Multiplicity of services to and for patients

e. Greater community participation

f. Provision of Family Planning services

g. Increased number of physicians and nurses to staff clinics

3. Coordination of services with mutual exchange of information between inter-agency projects, MIC, immunization, tuberculosis, and with other agencies such as Vocational Rehabilitation, Crippled Children's Commission, Council for the Blind, local civic organizations, and local farm bureau personnel. Exchanges may be verbal, but a report of contact, agreements reached, or information exchanged is typed and filed for reference.

4. Plans for the future of the program must necessarily involve two levels of organization.

a. For the staff - scheduling of early pre-planning sessions involving the migrant team. Conferences will be scheduled with other agencies and program disciplines, to work out plans to eliminate any communication breakdown.

b. For the migrant - plans are in the discussion stage with hospital and social workers, growers, and many of the agency personnel and representatives of civic organizations to sponsor increased health services.

## B. MEDICAL AND DENTAL SERVICES

I. General description of system for providing medical and dental services to migrants and families.

A. Family Health Service Clinics are offered to the migrants in the health departments in Winter Park, Winter Garden, and Apopka. They are established so that the patients can be seen at any of the clinics at any time during the day for three days each week. Migrant night clinics are held once a week at each of the centers. These clinics extend as late as 10:00 or 11:00 in the evening, if necessary. (A schedule of migrant clinics is appended.) At present, with the camps so wide spreak, it is not feasible to take the clinic services to the patients in the camps and they are therefore held in the centers. Patients are processed by nurses and clerks in the usual intake interview, and nurses turn away no patients who meet eligibility criteria for migrant aid.

B. Many laboratory services are available in clinics and referrals are made to local laboratories for those not available from the State Board of Health resources. Arrangements have been made for patients requiring medical help during non-clinic hours to see local physicians. Some of the physicians perform this work gratis, while others demand fees in keeping with area fees.

The dentist and his assistant have visited a total of 50 schools in the county, and have inspected teeth of many of the migrant children. Dental assistance is more difficult to arrange than medical; however, one of the team nurses arranged to have a dentist perform some dental work at the cost of material used.

C. Phasing in and out of clinic services causes little problem for our agency other than arranging to have medical coverage when needed. Arrangements are in process now to provide for physicians in the next report year.

D. Health education as a part of the service has two aspects. Group and individuals are recipients of these services which are carried out by public health nurses and by the health educator of the MIC staff. The latter holds formal instruction classes on nutrition, growth and development, personal hygiene, healthy living, child care, etc. at each Maternity and Child Health Conference. Public health nurses conduct classes in schools, talk to clubs and organizations, growers' associations and talks with crew leaders and agricultural workers. Pamphlets and brochures are prepared by the nurses and distributed. Health education will continue to be provided by team nurses, physicians, and sanitarians. Services of the MIC health educator, regional nutrition consultant, and the state migrant health education consultant will be incorporated as schedules permit.

E. In Table "A", a comparison of the total number of patients of all ages shows an increase of only 105 visits, suggesting that a greater number of patients this year have been seen on a one-time basis.

TABLE A

COMPARISON OF TOTAL NUMBERS OF PATIENTS: BY SEX, AGE, AND REPORT YEAR:

| Age | REPORT YEAR: 1967-1968 Total | Male | Female | REPORT YEAR: 1968-1969 Total | Male | Female |
|---|---|---|---|---|---|---|
| Under 1 | 196 | 104 | 92 | 168 | 79 | 89 |
| 1 - 4 | 152 | 71 | 81 | 188 | 92 | 96 |
| 5 - 14 | 149 | 76 | 83 | 267 | 148 | 119 |
| 15 - 44 | 551 | 71 | 480 | 670 | 120 | 550 |
| 45 - 64 | 73 | 28 | 45 | 47 | 29 | 18 |
| 65 + | | | | 6 | 5 | 1 |
| TOTAL | 1,121 | 350 | 781 | 1,346 | 473 | 873 |

Migrant Patients Receiving Medical Care in Orange County, Florida.

TABLE B

COMPARISON OF TOTAL NUMBER OF VISITS, AGE GROUP, AND REPORT YEAR:

| Age | Report Year: 1967-68 | Report year: 1968-69 |
|---|---|---|
| Under 1 | 396 | 364 |
| 1 - 4 | 269 | 325 |
| 5 - 14 | 287 | 478 |
| 15 - 44 | 2,259 | 2,192 |
| 45 - 64 | 134 | 79 |
| 65 + | 0 | 11 |
| TOTAL | 3,345 | 3,449 |

Visits to clinics by Migrant Patients in Orange County, Florida.

In breaking down the age groups, it is found that this years' statistics show an increase of patients in the under 1 to 14 age groups in both sexes. This report year also shows an increase of 78 males in the 14 and under, while females have a greater increase of 148. Similar increases are observed in the males and females in the 15 to 44 age group. Both of these facts tend to support the observation that greater numbers of family units are being served in clinics.

would be that females who were previously reached and placed on a family planning drug would not necessarily visit clinics as frequently, thus the reduction in the average number of visits. The lower number of infants under 1 year for this report year also supports this theory. An alternative might be that patients, due to clinic services in this area, arrive later and have fewer visits.

A marked drop occurs in the 45 - 64 age group. During the last report year, 73 patients made a total of 134 visits, while in this report year 47 patients made 79 visits, averaging less than two visits per person in both years. This year's report shows that six patients in the 65+ age group made 11 visits, averaging less than two visits per person.

In conclusion, our statistics tend to bear out our observations regarding greater numbers of family units traveling in the migrant stream.

II. Consultation

Consultation received in migrant clinics included the traditional maternal and child health consultation and arrangements were made to include surgical and medical consultations for patients in these categories, also exmaination in cancer detection clinics has been made within the last few months. Additional services are needed in this field.

Dental services and consultation for adult non-pregnant migrants seems to be the greatest weakness of the program. In general, services are somewhat inadequate by reason of insufficient time and personnel. A gross inadequacy is found in the provision for hospitalization and outpatient care of individuals when clinic is not the answer. Lack of funds for dental care remains the primary deficiency in the program.

Venereal disease consultation has been available to this program. (See Section G).

Consultation needed includes that by social workers and physicians. Consultation in the future might include pre-discharge consultation with floor nurses for better continuity of patient care.



## APPENDIX I

TO ALL OUR MIGRANTS:
(ANYONE WHO WORKS IN AGRICULTURE AND GOES OUT OF THE COUNTY)

IS ANYONE IN YOUR FAMILY SICK? DO YOU KNOW WE HAVE A DOCTOR TO SEE YOU OR ANYONE IN YOUR FAMILY?

EVERY THURSDAY EVENING FROM 3:30 to 8:00 p.m.

APOPKA HEALTH CENTER
25 WEST FIFTH STREET
PHONE: 889-2871 OR 889-2640

DO YOU KNOW THAT WE ALSO HAVE FOR YOU:

MATERNITY CLINIC: (Are you going to have a baby?)
Every Tuesday from 8:00 to 11:00 a.m.

FAMILY PLANNING CLINIC: (Child spacing; birth control)
(Are you having too many babies too fast?)
Every Tuesday at 12:30
(Also at night: First and Third Thursday at 6:00 p.m.)

IMMUNIZATION CLINIC: (Are your children "up" on their "shots"?)
Every Monday from 8:00 a.m. to 3:00 p.m.
(Also at night: First and Third Thursday at 6:00 p.m.)

FOR BABIES UNDER ONE YEAR OF AGE: (Check-ups by baby doctor)
Every Monday at 8:00 a.m.
(Ask your nurse for information)

CHILDREN'S CHECK-UPS BY THE DOCTOR:
Second and Fourth Tuesday at 12:30

(West Section of County)
Clinic Schedule

| | Hours | | Staff |
|---|---|---|---|
| **Health Center** | | | |
| Every Monday | 1:30 - 4:00 | Immunizations | 1 Supervisor |
| | 8:00 - 4:30 | (General Clinic | 3 PHN's ( 4 for 9 mos.) |
| | | (Parasite Control | 2 Clerks |
| | 1:30 - 4:00 | Child Health Conf. | 1 Clinic Aide |
| | 8:00 - 11:30 | Maternity | 2 Physicians |
| | 1:30 - 4:00 | Family Planning (IUCD & Oral) | |
| | 1:30 - 4:00 | New Maternity | |
| **Health Center** | | | |
| Every Tuesday | 8:00 - 12:00 | General Clinic | 4 PHN's (for 9 mos.) |
| | 8:00 - 12:00 | Immunizations | 2 Clerks |
| | 10:00 - 12:00 | Venereal Disease Cl. | 1 Clinic Aide |
| 1st & 3rd | 9:00 - 12:00 | Child Health Conf. (Pediatric) | 2 Physicians |
| | 10:00 - 12:00 | Conference (Mental Health Patient by Physician) | |
| **Health Center** | | | |
| Every Tuesday | 1:00 - 5:30 | Migrant Morbidity | 2 Physicians |
| Winter Season | 6:00 - 9:00 continues sometimes to 10:30 | Veneral Disease | 2 PHN's, 1 Clerk, 1 Aide, or 3 PHN's, 1 Clerk, 1 M.D. |
| **Health Center** | | | |
| Every Wednesday | 8:00 - 12:30 | Tuberculosis Clinic<br>New Maternity<br>Immunizations | 1 PHN<br>1 Clerk<br>1 Clinic Aide |



PALM BEACH COUNTY HEALTH DEPARTMENT

C. L. Brumback, M. D., Director




Area of County: 2,700 square miles

Resident Population: 228,106

Peak Migrant Population: 38,720

Migrant Health Project Staff:

1 Public Health Nurse Supervisor II

| | | | |
|---|---|---|---|
| **Health Center** | | | |
| Thursday | 6:00 - 9:00 | Family Planning | 1 Physician |
| 2nd Only | | (IUCD & Oral) | 2 PHN's |
| | | Immunizations | 1 Clerk |
| **Tildenville** | | | |
| Thursday | | | |
| 2nd & 4th until 2/1/69 | | | |
| 2nd Only | 10:30 - 12:00 | Immunizations | 1 PHN |
| **Oakland** | | | |
| Thursday | | | |
| 2nd & 4th until 2/1/69 | | | |
| 2nd | 8:00 - 10:30 | Immunization | 1 PHN |
| **Baptist Church** | | | |
| Friday, 1st | 9:00 - 11:00 | Immunization | 1 PHN |
| Discontinued in February, 1969 | | | |
| **Ocoee Deneef Camp** | | | |
| Wednesday | | | |
| 2nd Only | 9:00 - 11:00 | Immunization | 1 PHN |
| **Ocoee Women's Club** | | | |
| Wednesday | | | |
| 1st & 3rd until 2/1/69 | | | |
| 1st Only | 9:00 - 11:00 | Immunization | 1 PHN |

APOPKA
(Northwest Section)
Clinic Schedule

| | | | |
|---|---|---|---|
| **Health Center** | | | |
| Every Monday | 8:00 - 4:30 | General Clinic | 4 PHN's |
| | | Parasita Control | 2 Clerks |
| | | New Maternity | 1 Clinic Aide |
| | | Immunization | |
| | 8:00 - 11:00 | Tuberculosis Clinic | 1 TBC Project PHN |
| | | | 1 Physician |
| | 1:00 - 4:00 | Child Health Conf. | 4 PHN's |
| | | | 1 Physician |
| | | | 2 Clerks |
| | | | 1 Clinic Aide |
| **Health Center** | | | |
| Every Tuesday | 8:00 - 12:00 | Maternity Clinic | 4 PHN's |
| | | Family Planning | |
| | | (IUCD & Oral) | 2 Clerks |
| 2nd, 3rd, 4th | 1:00 - 4:00 | Child Health Conf. | 1 Clinic Aide |
| | | Immunizations | 1 Supervisor |
| | 1:00 - 3:00 | Venereal Disease Cl. | |
| | | New Maternity Clinic | |

| Health Center | | | |
|---|---|---|---|
| Every Thursday | 3:00 - 10:00 | Migrant Morbidity<br>Venereal Disease | 2 PHN's<br>2 Physicians |
| 3rd | 5:30 - 8:30 | Family Planning<br>(IUCD & Oral) | 1 Clerk<br>2 PHN's - migrant<br>2 Physicians<br>1 Clerk |
| 2nd & 4th | 5:30 - 8:30 | Immunizations | 1 PHN<br>1 Clerk |

## C. HOSPITAL SERVICES

I. The system for hospital referrals was developed and coordinated with Orange Memorial Hospital primarily, but also with West Orange Memorial Hospital and Holiday Hospital. The steps of the referral are as follows:

A. Patient is seen in the clinic (migrant) and if an emergency case, he is sent with a special form to Orange Memorial Hospital*. Official verification of migrant status is sent to the hospital by Orange County Health Department within 48 hours.

B. If a case of elective surgery, the doctor in the migrant clinic calls one of several physicians with whom previous arrangements have been made. The physician gives an appointment for the patient and then makes all the arrangements for hospitalization.

C. Form PHS 4964 is completed by the health department and given to the patient to take to the hospital. Form PHS 4965 is supplies to the hospital.

D. Walk-in migrant patients requiring emergency treatment may go to, or be taken, to the Orange Memorial Emergency Room. The hospital Social Service Department will contact the Orange County Health Department within 48 hours to begin processing the forms for reimbursement.

Procedures for pre-discharge planning are still in the developmental stages, but have been put into practice successfully. Prior to discharge of patients, the social worker at Orange Memorial Hospital calls the coordinating supervisor to give the information regarding discharge, diagnosis, and date. Data regarding follow-up care is discussed and the supervisor transmits this information to the public health nurse in whose district the patient will go after discharge. When possible, the public health nurse contacts the family, or friends, acquaintances, or co-workers of the patient to ascertain that the patient will have a place to live. When possible, arrangements for follow-up are discussed. At this time nurses are limited in

* Orange Memorial Hospital was the only hospital serving patients under contract agreement until March, when Holiday Hospital agreed to accept one child for surgery.

the family contacts that can be made successfully because of the work patterns of the migrants.

Relatively few hospital patients' services have been paid by the Migrant Project. A number of reasons enter into this, one of them being the fact that many of the hospitals and physicians are unaware of the migrant services which are available and do not avail themselves of this resource. Other factors include lack of arrangement by contract agreement prior to the need.

An additional reason is that a great many of the hospitalization figures represent migrant-maternity patients who delivered in the hospital and whose hospitalization was paid by the Maternal-Infant Care (MIC) Project. In other instances hospitals bore the costs of the care.

II. Source of support for migrant care used, potentially available under Title 19, Crippled Children's Program, etc. are plans for tapping these resources should be taken over by Mr. Doyle.

## D. NURSING SERVICES

I. General description

A. Specific objectives

1. Long range objectives

a. Improve the health of the migrant agricultural worker and his family.

b. Raise living standards of the migrant.

2. Short range objectives

a. Increase the number of migrants receiving health services:

(1) Increase the number of clinics.

(2) Extend evening clinic hours.

(3) Provide increased scope of services.

(4) Provide a less complicated, more accurate record system.

(5) Increase the number of visits by public health nurses to home, school, day care centers of observation, evaluation and referral.

(6) Extend knowledge of clinic services to public health nurse contacts with growers, nursery and packing houses, operators, Federal and Florida Agriculture Labor Bureau agents, crew

leaders, school teachers, ministers, and individual migrants.

(7) Arrange for private physicians and dentists to see patients, gratis, or for a set fee when necessary.

b. Provide additional health education for the migrant:

(1) Use health educator for classes on nutrition, child care, personal hygiene.

(2) Through the public health nurses' talks to patients and school children.

(3) Use of audio-visual aids.

c. Eliminate the duplication of health services in the area by coordinating services of such agencies as Vista, O.E.O., Headstart, County Welfare, and State resources such as the Florida Council for the Blind, and the Florida Crippled Children's Commission.

(1) Schedule a multi-disciplinary conference early in the summer to refine the referral system.

(2) Develop mutually satisfactory systems of recording and exchanging information.

d. Provide education opportunities for the migrant staff:

(1) By visits to other counties having Migrant Health Programs.

(2) By in-service education of Orange County Health Department personnel, by speakers from other agencies, and other means.

e. Stimulate the migrant to assume responsibility for seeking care:

(1) Make easily accessible and available all health services.

B. Staff involved - two full-time public health nurses, one part-time public health nurse, two clinic physicians (paid by clinic session), one clinic aide, and one clerk.

C. Other health department personnel contribute time to this program. The Migrant Health Project personnel work closely with other project staff including TBC, V.D., immunization, family planning, maternity project, and groups such as migrant teachers, Salvation Army, Lions Club, police department, Welfare League, and other civic organizations.

D. We have required and received consultation services from Dr. Carter at the Sunland Training Center for psychological and neurological evaluations; Orange Memorial Hospital for laboratory services; the County Tumor Clinic; County Mental Health Clinic; Florida Crippled Children's Commission for

evaluations regarding cardio-vascular diseases in children; and local ophthalmologists for eye evaluations. Migrant children in need of dental care are referred to a public health nurse who makes a home visit and takes a dental application for an appointment. A public health nurse does all immunizations in Headstart and day care centers. We have discovered several cases of tuberculosis in the nurseries and citrus groves.

II. A. Generally speaking, the admission to service, interviewing, and counseling of migrant patients follows the same policies and procedures established for the entire agency. Clerks and nurses serve as interviewers, with clinic aides assisting when and where appropriate.

A procedure manual conforming with State Board of Health regulations is followed in a migrant health clinic. (A specific manual of operations has been initiated but is incomplete.) The State Health Department and our local agency established the criteria for medical orders.

1. Services provided to migrants

a. The mobile x-ray unit will go to the labor camps or nurseries and set up clinic to do PPD skin testing and x-rays the same day. The public health nurse and principal of each school work closely to coordinate health services. The principal will call the public health nurse and make an appointment at the medical clinic for a child, if necessary, and then notify the parents of the appointment. The public health nurse does visual and audio screening in each school. This year we gave measles vaccine to all children and PPD skin testing. The migrant school clinic aides work closely with the public health nurse regarding medical services and they usually provide transportation to the clinics. Immunization clinics are held in the migrant labor camps twice monthly. The migrant patient can be seen and counseled any time five days a week at the health center by a public health nurse. Patients with possible malignancies or mental health problems are referred to the County Tumor or Mental Health Clinics.

B. Health education

1. Our health educator shows films to our family planning, maternity and child-health patients. She counsels each new maternity patient on pre and post-partum conditions, nutrition, personal hygiene, etc. She gives talks and demonstrations at child health conferences and displays attractive posters and materials. She has devised interesting test materials for use with the patients.

Project nurses have prepared posters and notices for use in publicizing the clinic services. (See Annendix I and Appendix II.)

C. Channels of communication for referrals

1. Local referrals

a. Inter-agency project team

(1) Standard forms

(2) Telephone

b. Inter-agency

(1) Hospital forms

(2) Standard application forms

(3) Telephone

c. Community

(1) Telephone

(2) Standard forms

Our local referrals are approximately 90 per cent successful, 10 per cent of incomplete referrals are usually due to transportation difficulties or lack of interest by the individual migrant.

D. Out-of-state referrals - success and incomplete referrals

1. Public health nurses always impress on migrants attend our clinics the importance of letting them know when they are ready to migrate and where they intend to go. A migrant referral form properly filled out is sent directly to the health department in the area where the patient is going. Sixty-five per cent (65%) of our referrals are completed. The remainder are lost due to personnel unable to locate the patient. Perhaps the patient has not gone to the address given to the public health nurse.

E. Plans for future orientation, continuing education, and staff training as indicated in our short-range objectives.

F. Statistical information

Home visits increased by 300 per cent. Households served showed a decrease of 39.8 per cent. Visits to schools and day care centers increased 17.7 per cent. Out-of-area referrals completed increased 40.8 per cent. Dental referrals increased 8.84 per cent. Completed dental referrals increased 2.72 per cent. Number presenting health records increased .09 per cent. Number receiving health records increased 100 per cent.

III. General appraisal of nursing program.

The general adequacy of nursing services, in terms of organization, is good. We need more space in Winter Garden and are in the process of obtaining new quarters at present.

A. Strengths

1. Team interest and spirit.

2. Good working relationship with growers, the community and other agencies.

B. Weaknesses

1. Insufficient staff to do the work.

2. Insufficient time to do the work.

3. Over-work on records the first six months.

4. Insufficient pre-planning.

IV. Plans for the future.

Our specific nursing objectives indicate our nursing plans.

## E. SANITATION SERVICES

In the five years since the start of the Migrant Health Project in Orange County, there have been many changes in the execution of the program and also in the class and type of person receiving assistance.

In the first years the emphasis of the sanitarian assigned to the program was on migrant camp conditions. This included improving sanitary conditions, making all water safe for drinking, proper disposal of garbage, dog and rabies control, fire and safety hazards, and upgrading general housing conditions. This was during a period of time when our camps were occupied by both domestic and foreign labor and were occupied by men in a barracks-type operation with 15 to 20 men in each unit. We are pleased to report that in all licensed camps that above basic health standards have been achieved.

During this span of time the government stopped the import of foreign help in order to give our domestic help the available jobs in farm and citrus work. When this happened the migrant workers started moving as a family unit and family housing was needed. The g wers wanted typs type labor as the family man and woman tended to be more stable and dependable than the single domestic migrant. This created a great need for rooms and for apartments to house these family units. The camp owners responded by converting the barracks into one and two bedroom apartments designed for family living. These partments normally included a refrigerator and stove in each unit. They discovered that even the single men preferred to group themselves together into groups of from two to four persons and rent apartments. They were willing to spend a few extra dollars per person per week to obtain convenience and privacy. This trend toward apartments has virtually eliminated the demand for barracks in our camps.

However, this new family housing community concept has created many new problems

which affect the aims of not only the sanitarian, but the nurse, the doctor, the social worker, and all people involved in public health work. Some of the new problems that the above people must face in working with the migrant population follow:

A. Children

1. Day care needed.

2. Vandalism.

3. Safety hazards.

4. Health hazards (disease, sanitation, rabies control, etc.).

B. Family problems.

C. Safety factors.

D. General sanitation.

E. Communicable disease.

F. Abandoned automobiles.

The growers, the camp owners, community civic groups, and all involved agencies have seen the problems and are making progress to combat them. The migrant personnel and the general health personnel are doing many things to improve conditions. Examples of these follow:

A. Project doctors and nurses are holding clinics (day and night) at health department clinics in the area and in some larger camps.

B. Project sanitarians and health educators are having health education sessions, including films and pass out pamphlets in conjunction with these clinics.

C. Churches and other civic groups are contributing spiritually and physically to these people.

D. Headstart centers, close to these camps, have not only been instrumental in molding the thinking of pre-school age children, but are filling a dual need as a child care agency.

E. The growers and camp owners are realizing the contribution of these people to our society and to them and are genuinely interested in giving them the basic human needs in our present-day society.

In our county the migrant sanitarian responsible for licensing labor camps has achieved at least minimum sanitation standards in the camps and is attempting to upgrade them where possible. The other health department personnel and interested agencies are helping because they know where to help. These camps have identity, they are migrant labor camps and help can be focused toward them. It is felt that we are making real, measurable progress in helping this group of people in our

society that are living in camps. Our main question is what progress are we making with the great majority of migrants that come into the area and are not living in camps but are swallowed up and lost in the poverty areas of our community.

From statistics available we know that the great majority of migrant workers coming into the area in the past three or four years have been family units or entire labor crews finding their own housing in the agriculture areas and poverty pockets of the towns. Since these people are part of the community for a particular season of the year only, they have no roots in the community and the local people do not realize their problems or have much interest in their welfare. These people do not take advantage of or even realize that there are many services available to them through the various agencies. The sanitarian or nurse often discovers these migrants in an area through a nuisance complaint or a disease complaint or a visit to a clinic.

Once these people have been discovered to be migrants, the services available from the Migrant Project and health department in general can be taken to them. In the past several years the health department sanitarians have been condemning many of the houses in which these people have been living. These houses in many cases have been one room shacks with leaking roofs, no sanitary facilities, no running water, and in some cases no electricity. Rats constantly run through the holes in the houses from the surrounding garbage heaps and outside privies.

Since these people could not find other housing or could not afford other housing they were never evicted from the shacks. After several months of sun and rain, the once bright, red condemned signs turned to a light pink and the writing was hardly legible. Until the community is alerted to these conditions and aroused emotionally to really want to help, the situation cannot be changed.

About this time (which was roughly 18 months ago) a labor shortage developed in the citrus industry. The need for fruit pickers and the newspapers brought the problem to the attention of the people and they began to realize the importance of these people to our society.

One of the local television stations ran a series of hour-long documentaries portraying the life and living conditions of the migrants. The series was well presented and was effective in showing the problems without a condemnation of landlords, grove owners, governmental agencies, or even the migrants. This started the public thinking and wondering about what was happening in our own county.

At this point, a newspaper began to print some articles and show pictures depicting the living conditions in these (migrant and poverty) communities. Naturally they zeroed in on the Zellwood area which was probably the worst poverty pocket in the county, but only one of several such areas. These articles gave a vivid description of the daily lives of these people and the squalor in which they had lived for many years.

This created more interest and many church groups began to wonder what could be done to help improve the plight of these people. Volunteers with the Florida Migrant Ministry and the Orange County Migrant Ministry were among the many concerned groups. This publicity resulted in the problem being presented to the County Commission. They discussed the county's role in helping these people.

They decided that the main road in the Zellwood area should be paved and that a lake-side area should be cleared and used for a recreation area. The County Commission is organizing a ten-man committee to investigate the migrant and slum problems in the county.

Simultaneously the governmental agencies and local civic groups brought pressure to determine why the condemned signs had been ignored. The health department issued 30-day notices that sanitary facilities must be installed or tenants moved. Some of the shacks were not worth the cost of the facilities and were to be torn down.

At this point the ever-present financial aspect of the problem entered the picture. Some of these people were on welfare and new quarters could not be found for them with the money available. An extension was given on the 30-day eviction notice. This is a temporary setback as welfare is finding new places for people daily.

Builders have come forward and have presented ideas on various types of low-cost housing that can meet the needs of these people and that they can afford with their small incomes. These homes can be financed with Federal Housing Administration money.

Many students from Florida Tech University have donated time to clear the area of garbage and trash and the county has provided trucks to remove the debris.

Progress is being made and we have alerted the general public to the problems that these people have. The public realizes that this group of our society is very vital to our food supply. The health department can locate these people through crews and crew leaders by obtaining their addresses through the Farm Labor Bureau.

Now that we know what areas the migrant families are living in and have the support of much of the community, we expect much progress in the coming year toward solving the plight of the migrant worker and his family.

## F. HEALTH EDUCATION SERVICES

The health education information is written throughout the nursing, sanitation and other sections of this report.

## G. OTHER SERVICES

Venereal Disease Control

From May 1, 1968 to April 30, 1969, the Venereal Disease Control Program has been directly involved in syphilis control among the migrants. In this period we found 15 cases of primary and secondary syphilis with six cases of early latent syphilis. From these 15 cases of P and S syphilis we obtained 51 contacts and 93 suspects and associates. From the six early latent cases we obtained 22 contacts and 52 suspects and associates. In connection with this, we made 678 field visits in regard to total epidemiology. During the same time period we have drawn 1,800 serologies with an 8.5 per cent reaction rate. These serologies have been drawn within specific areas and groups, having established priority areas with a special migrant team last year.

In fiscal 1967, there was a special migrant team, consisting of four men and a coordinator, that worked in syphilis control. They found a large reservoir of syphilis within the migrant population and related groups. This special migrant team was instrumental in bringing migrant syphilis down to a decreasing level for the first time since the venereal disease control program started directing activity toward this area.

In fiscal 1970 we are hoping, with additional funds, to begin gonorrhea control. Orange County morbidity has increased 1,840 per cent within the past five years in gonorrhea cases reported. We feel it may be even more prevalent within the migrant group for we have already established them as a venereal disease prone group. However, additional money will have to be allocated in this area as we need to increase our clinics by over 1,600 persons if total epidemiology is to be applied in each gonorrhea case.

CASE HISTORY: In August of last year, the husband left for south Florida to work in agriculture. From August to November he would work in south Florida and commute home on weekends. In mid-September, he noticed a penile lesion and, hoping it would go away, did nothing. After about three weeks it seemed to be getting worse so he went to a private physician who told him he had syphilis and treated him, not reporting this to the health department.

In the meantime, his wife, who was five months pregnant, went into the migrant clinic, received a pre-natal blood test which was negative, and she was declared O.K. Within a week she noticed a small sore but it did not hurt and soon went away.

November came and the husband returned to work in the citrus grove. The wife noticed a rash all over her but she thought it was an allergic rash and it soon went away.

On her next visit to the clinic she mentioned the rash; they, too, thought it an allergic reaction and left it at that. No serology was done because she had a negative reaction at five months.

In mid-January we became aware of the case through a reactive serology 1:64 from the hospital where the woman had delivered a still-born child. Diagnosis was congenital syphilis.

The woman was treated and interviewed. The husband was examined and found to have primary syphilis. He was interviewed and his contacts sent to other Florida counties and to other states.

The sad thing about this case history is it should have been prevented. The doctor who did not report and the blood test that was not done, contributed the the loss of a life. Syphilis can be controlled but only if more money is allocated to control the incidence. Syphilis can be controlled but we must remember that we must increase our surveillance as morbidity decreases. Let us remember to eradicate the disease first . . . and not the program.

Nutrition Services

I. Purpose

To improve the nutritional status of agricultural migrants and their families by promoting improved nutritional practices and thereby promoting better health.

II. Objectives for 1969 - 1970

A. Provide nutrition information relating to the needs of the migrant worker to the public health nurses through in-service education programs in order to expand nutrition education to migrants through their home visits and clinics.

Schedule additional classes and conferences for nurses working in migrant programs to plan for nutrition education that meets the specialized needs of the migrant.

B. Provide nutrition education for migrants through group instruction and individual diet counseling at maternal, family planning, and well-child conferences.

C. Work toward the implementation of a supplemental food program.

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted July 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report: From 5/1/68 Through 4/30/69

PART I. GENERAL PROJECT INFORMATION

1. Project Title
Comprehensive Health Services for Domestic Agricultural Migrants in Palm Beach County

2. Grant Number (Use no. shown on the Grant Award Notice)
MG-11 F (69)

3. Grantee Organization (Name & Address)
Palm Beach County Health Department
826 Evernia Street - P.O. Box 29
West Palm Beach, Florida 33402

4. Project Director
C.L. Brumback, M.D., M.P.H.

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGS. | OUT-MIGS. | OFF-SHORE |
|---|---|---|---|---|
| Jan. | 36,123 | 10,000 | 20,115 | 6,008 |
| Feb. | 38,720 | 9,950 | 23,105 | 5,665 |
| Mar. | 31,866 | 9,270 | 22,596 | |
| Apr. | 27,400 | 4,500 | 22,900 | |
| May | 20,622 | 1,000 | 19,622 | |
| June | 13,057 | 720 | 12,337 | |
| July | 11,950 | 110 | 11,840 | |
| Aug. | 12,482 | 320 | 12,162 | |
| Sep. | 15,058 | 730 | 14,328 | |
| Oct. | 22,179 | 3,000 | 16,756 | 2,423 |
| Nov. | 28,259 | 4,900 | 15,812 | 7,547 |
| Dec. | 35,996 | 5,100 | 22,135 | 8,761 |
| TOTALS | 293,712 | 49,600 | 213,708 | 30,404 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 20,115 | 10,935 | 9,180 |
| Under 1 year | 662 | 301 | 361 |
| 1 - 4 years | 2,492 | 1,286 | 1,206 |
| 5 - 14 years | 5,086 | 2,875 | 2,211 |
| 15 - 44 years | 8,399 | 4,423 | 3,976 |
| 45 - 64 years | 2,753 | 1,568 | 1,185 |
| 65 + older | 723 | 482 | 241 |
| (2) IN-MIGRANTS TOTAL: | 10,000 | 6,120 | 3,880 |
| Under 1 year | 178 | 68 | 110 |
| 1 - 4 years | 660 | 381 | 279 |
| 5 - 14 years | 1,640 | 990 | 650 |
| 15 - 44 years | 6,555 | 4,130 | 2,425 |
| 45 - 64 years | 906 | 527 | 379 |
| 65 + older | 61 | 24 | 37 |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 39 | September | May |
| In-Migs. | 26 | November | April |

d. (1) Indicate sources of information and/or basis of estimates for 5a.

25% random sampling of migrant population during the peak months. (See Health Education Section.)

(2) Describe briefly how proportions for sex and age for 5b were derived.

Random sampling.

6. HOUSING ACCOMMODATIONS *Includes off-shore workers.

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | | |
| 10 - 25 persons | 7 | 102 |
| 26 - 50 persons | 40 | 1,027 |
| 51 - 100 persons | 35 | 1,512 |
| More than 100 pers. | 57 | 16,368 |
| TOTAL* | 139 | 19,009 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY* (Peak) |
|---|---|---|
| Farms | 92 | 863 |
| Rooming Houses | 415 | 8,067 |
| Other | 1,540 | 10,781 |
| | | |
| TOTAL* | 2,047 | 19,711 |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.

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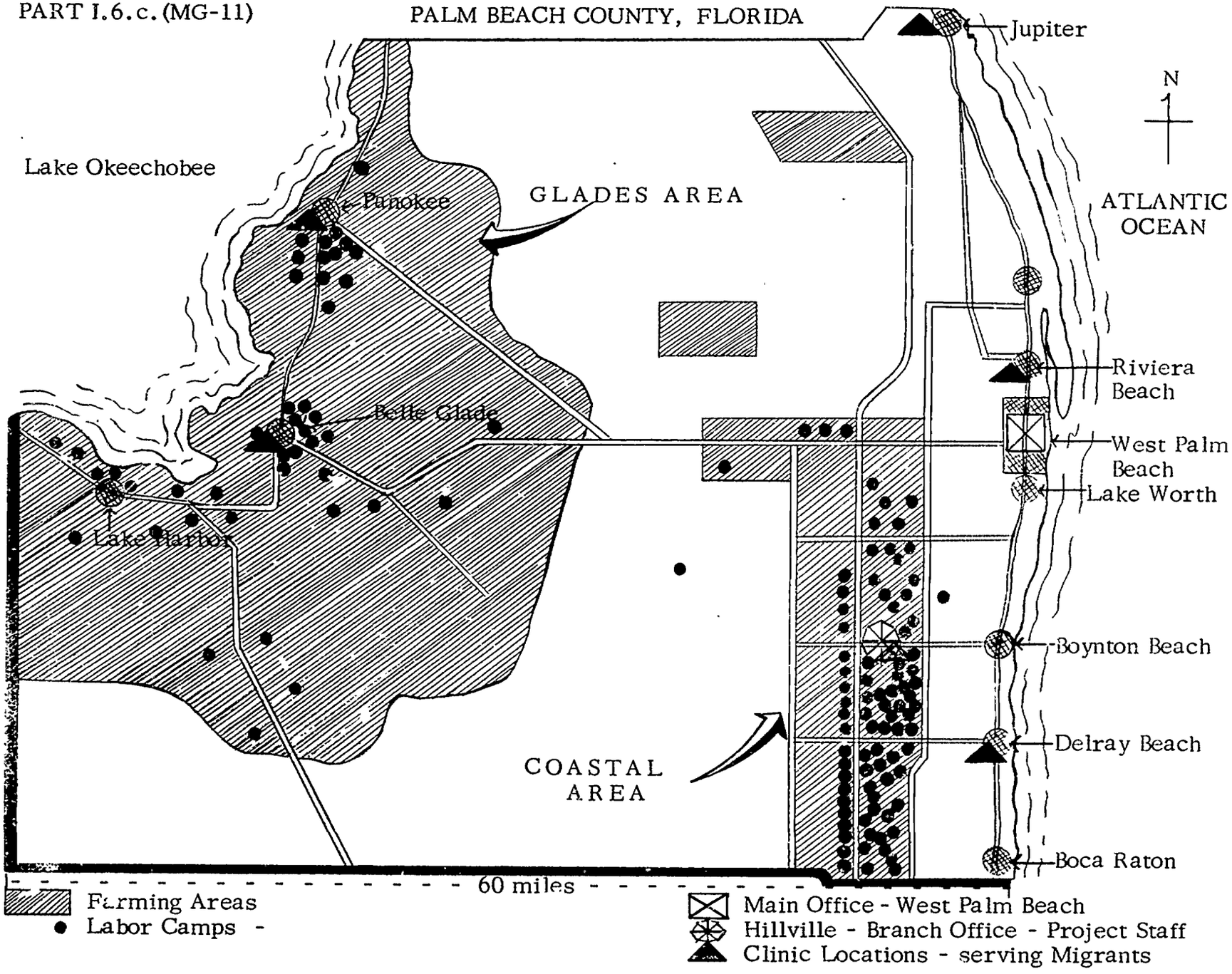
Form approved:
Budget Bureau No. 68-R1005

PART I.6.c. (MG-11)



GRANT NUMBER MG-11 F (69)

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

DATE SUBMITTED July 1969

1.* MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 1,075 | 393 | 682 | 3,258 |
| Under 1 year | 115 | 61 | 54 | 391 |
| 1 - 4 years | 182 | 75 | 107 | 472 |
| 5 - 14 years | 204 | 90 | 114 | 370 |
| 15 - 44 years | 436 | 93 | 343 | 1,717 |
| 45 - 64 years | 130 | 68 | 62 | 297 |
| 65 + older | 8 | 6 | 2 | 11 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? 1,075

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 850

3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment)

No. of patients (exclude newborn) 140

No. of hospital days 1,985

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 720 | 496 | 224 |
| (1) No. Decayed, missing, filled teeth | 3,307 | 2,141 | 1,166 |
| (2) Avg. DMF per person | 4.6 | 4.3 | 5.2 |
| b. Individuals Requiring Services - Total | 908 | 689 | 219 |
| (1) Cases completed | 381 | 370 | 11 |
| (2) Cases partially completed | 519 | 316 | 200 |
| (3) Cases not start. | 8 | 0 | 8 |
| c. Services Provided - Total: | 2,472 | 1,732 | 740 |
| (1) Preventive | 1,166 | 841 | 325 |
| (2) Corrective-Total | 1,306 | 891 | 415 |
| (a) Extraction | 757 | 430 | 327 |
| (b) Other | 549 | 461 | 88 |
| d. Patient Visits - Total: | 1,424 | 1,011 | 413 |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 2,086 | 174 | 463 | 501 | | | 948 |
| Smallpox | 117 | 2 | 36 | 71 | | | 8 |
| Diphtheria | 540 | 43 | 100 | 85 | | | 312 |
| Pertussis | 365 | 43 | 100 | 52 | | | 170 |
| Tetanus | 540 | 43 | 100 | 93 | | | 304 |
| Polio | 421 | 43 | 66 | 158 | | | 154 |
| Typhoid | | | | | | | |
| Measles | 97 | | 59 | 38 | | | |
| Other (Spec.): | | | | | | | |
| Gamma Globulin | 6 | | 2 | 4 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

* Of the 1075 patients served in Family Health Service Clinics, 850 were referred to private physicians. No figures are available to indicate the number of migrants receiving treatment in physicians' offices or hospital emergency rooms unless they were subsequently hospitalized or were originally referred by the clinic.

PART II (Continued)
5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-11 F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | R - Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 2,295 | 1,473 | 822 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 381 | 300 | 81 |
| | 010 | Tuberculosis | 3 | 3 | |
| | 011 | Syphilis | 36 | 24 | 12 |
| | 012 | Gonorrhea and Other Venereal Diseases | 31 | 21 | 10 |
| | 013 | Intestinal Parasites | 141 | 98 | 43 |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | 23 | 23 | |
| | 015 | All other | 46 | 46 | |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | 18 | 18 | |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | 52 | 36 | 16 |
| | 019 | Other Infectious Diseases (give examples): | | | |
| | | Creeping Eruption | 31 | 31 | |
| II. | 02- | NEOPLASMS: TOTAL | 16 | 10 | 6 |
| | 020 | Malignant Neoplasms (give examples): | | | |
| | | Ca of Cervix | 1 | 1 | |
| | | Ca of Lung | 4 | 3 | 1 |
| | | Ca of Mouth | 2 | 1 | 1 |
| | | Ca of Throat | 4 | 1 | 3 |
| | 025 | Benign Neoplasms | 3 | 2 | 1 |
| | 029 | Neoplasms of uncertain nature | 2 | 2 | |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 160 | 60 | 100 |
| | 030 | Diseases of Thyroid Gland | | | |
| | 031 | Diabetes Mellitus | 102 | 31 | 71 |
| | 032 | Diseases of Other Endocrine Glands | | | |
| | 033 | Nutritional Deficiency | 17 | 13 | 4 |
| | 034 | Obesity | 41 | 16 | 25 |
| | 039 | Other Conditions | | | |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 40 | 30 | 10 |
| | 040 | Iron Deficiency Anemia | 40 | 30 | 10 |
| | 049 | Other Conditions | | | |
| V. | 05- | MENTAL DISORDERS: TOTAL | 54 | 41 | 13 |
| | 050 | Psychoses | 10 | 5 | 5 |
| | 051 | Neuroses and Personality Disorders | 28 | 22 | 6 |
| | 052 | Alcoholism | 5 | 5 | |
| | 053 | Mental Retardation | 11 | 9 | 2 |
| | 059 | Other Conditions | | | |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 150 | 90 | 60 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-11 F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | 2 | 2 | |
| | 061 | Epilepsy | 23 | 10 | 13 |
| | 062 | Conjunctivities and other Eye Infections | 43 | 41 | 2 |
| | 063 | Refractive Errors of Vision | 5 | 5 | |
| | 064 | Otitis Media | 76 | 31 | 45 |
| | 069 | Other Conditions Glaucoma | 1 | 1 | |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 168 | 71 | 97 |
| | 070 | Rheumatic Fever | 7 | 4 | 3 |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 40 | 16 | 24 |
| | 072 | Cerebrovascular Disease (Stroke) | 13 | 6 | 7 |
| | 073 | Other Diseases of the Heart | 1 | 1 | |
| | 074 | Hypertension | 107 | 44 | 63 |
| | 075 | Varicose Veins | | | |
| | 079 | Other Conditions | | | |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 698 | 345 | 353 |
| | 080 | Acute Nasopharyngitis (Common cold) | 10 | 10 | |
| | 081 | Acute Pharyngitis | 35 | 25 | 10 |
| | 082 | Tonsillitis | 31 | 21 | 10 |
| | 083 | Bronchitis | 143 | 66 | 77 |
| | 084 | Tracheitis/Laryngitis | | | |
| | 085 | Influenza | 36 | 33 | 3 |
| | 086 | Pneumonia | 63 | 45 | 18 |
| | 087 | Asthma, Hay Fever | 35 | 24 | 11 |
| | 088 | Chronic Lung Disease (Emphysema) | 5 | 2 | 3 |
| | 089 | Other Conditions URI | 340 | 119 | 221 |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 46 | 36 | 10 |
| | 090 | Caries and other Dental Problems | 10 | 9 | 1 |
| | 091 | Peptic Ulces | 11 | 9 | 2 |
| | 092 | Appendicitis | 3 | 2 | 1 |
| | 093 | Hernia | 7 | 6 | 1 |
| | 094 | Cholecystic Disease | 6 | 5 | 1 |
| | 099 | Other Conditions | 9 | 5 | 4 |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 78 | 53 | 25 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 45 | 25 | 20 |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | 5 | 3 | 2 |
| | 102 | Other Diseases of Male Genital Organs | | | |
| | 103 | Disorders of Menstruation | 17 | 14 | 3 |
| | 104 | Menopausal Symptoms | 5 | 5 | |
| | 105 | Other Diseases of Female Genital Organs | | | |
| | 109 | Other Conditions Kidney Stone - Nephrosis | 6 | 6 | |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 231 | 225 | 6 |
| | 110 | Infections of Genitourinary Tract during Preg. | 16 | 10 | 6 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-11 F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | 4 | 4 | |
| | 112 | Spontaneous Abortion | | | |
| | 113 | Referred for Delivery | 205 | 205 | |
| | 114 | Complications of the Puerperium | 6 | 6 | |
| | 119 | Other Conditions | | | |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 155 | 118 | 37 |
| | 120 | Soft Tissue Abcess or Cellulitis | 35 | 28 | 7 |
| | 121 | Impetigo or Other Pyoderma | 68 | 44 | 24 |
| | 122 | Seborrheic Dermatitis | 6 | 4 | 2 |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | 36 | 32 | 4 |
| | 124 | Acne | 10 | 10 | |
| | 129 | Other Conditions | | | |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 22 | 14 | 8 |
| | 130 | Rheumatoid Arthritis | 3 | 3 | |
| | 131 | Osteoarthritis | 4 | 2 | 2 |
| | 132 | Arthritis, Unspecified | 15 | 9 | 6 |
| | 139 | Other Conditions | | | |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | 11 | 7 | 4 |
| | 140 | Congenital Anomalies of Circulatory System | 6 | 6 | |
| | 149 | Other Conditions Macrocephalia | 5 | 1 | 4 |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | 5 | 4 | 1 |
| | 150 | Birth Injury | 5 | 4 | 1 |
| | 151 | Immaturity | | | |
| | 159 | Other Conditions | | | |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 21 | 17 | 4 |
| | 160 | Symptoms of Senility | | | |
| | 161 | Backache | 5 | 4 | 1 |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 3 | 3 | |
| | 163 | Headache | 13 | 10 | 3 |
| | 169 | Other Conditions | | | |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 59 | 52 | 7 |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | 24 | 23 | 1 |
| | 171 | Burns | 8 | 7 | 1 |
| | 172 | Fractures | 5 | 5 | |
| | 173 | Sprains, Strains, Dislocations | 19 | 15 | 4 |
| | 174 | Poison Ingestion | | | |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | 3 | 2 | 1 |

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| PART II. | | | Grant Number MG-11 F (69) |
|---|---|---|---|
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | Number of Individuals 3,434 |
| | 200 | Family Planning Services | 139 |
| | 201 | Well Child Care | 113 |
| | 202 | Prenatal Care | 205 |
| | 203 | Postpartum Care | 69 |
| | 204 | Tuberculosis: Follow-up of inactive case | |
| | 205 | Medical and Surgical Aftercare | 15 |
| | 206 | General Physical Examination | 704 |
| | 207 | Papanicolaou Smears | 457 |
| | 208 | Tuberculin Testing | 352 |
| | 209 | Serology Screening | 803 |
| | 210 | Vision Screening | 335 |
| | 211 | Auditory Screening | 242 |
| | 212 | Screening Chest X-rays | |
| | 213 | General Health Counselling | |
| | 219 | Other Services: Specify _____ | |

| PART III. - NURSING SERVICE | Grant No. MG-11 F (69) |
|---|---|

| Type of Service | Number |
|---|---|
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 316 |
| b. Number of Individuals Served - Total | 3,541 |
| 2. FIELD NURSING: | |
| a. Visits to Households | NA |
| b. Total Households Served | 402 |
| c. Total Individuals served in Households | 1,400 |
| d. Visits to Schools, Day Care Centers | 120+ |
| e. Total Individuals Served in Schools and Day Care Centers | 500+ |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | 175+ |
| (1) Within Area | 150 |
| (Total Completed 60 ) | |
| (2) Out of Area | 25 |
| (Total Completed 10 ) | |
| b. Referrals Made For Dental Care: Total | 78 |
| (Total Completed NA ) | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | 74+ |
| (Total Completed 25+ ) | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | None |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | 147 |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | 1,502 |
| (1) Number presenting health record | 861 |
| (2) Number given health record | 641 |
| 4. OTHER ACTIVITIES (Specify): | |
| A Triage clinic in the "Glades" area, staffed by a public health nurse, an aide, and clerk has screened and referred a total of 850 out-migrants to private doctors or clinics. Total visits were 1579. Most of these patients meet residency requirements and are eligible for welfare service. | |

REMARKS Home Health Aides made 261 home visits for referrals and follow-up of broken appointments. The bilingual aide worked with Spanish speaking patients and served as interpretor for staff.

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PART IV. SANITATION SERVICES | Grant Number MG-11 F (69)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 139 | 27,485 | 115 | 22,783 |
| Other locations | 2,047 | 19,711 | 415** | 9,652 |
| Housing Units - Family: | | | | |
| In camps | 1,958 | 11,081 | 1,485 | 8,524 |
| In other locations | 2,567 | 13,586 | 935 | 2,805 |
| Housing Units - Single: | | | | |
| In camps | 1,230 | 16,404 | 980 | 14,650 |
| In other locations | 3,891 | 7,782 | 3,891** | 7,782 |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 139 | 825 | 1,654 | 1,114 | 79 | 66 | 47 | 39 |
| b. Sewage | | | | | 424 | 307 | 235 | 224 |
| c. Garbage and Refuse | | | | | 154 | 112 | 81 | 92 |
| d. Housing | | | | | 238 | 303 | 127 | 201 |
| e. Safety | | | | | 94 | 68 | 41 | 29 |
| f. Food Handling | | | | | 172 | 116 | 92 | 50 |
| g. Insects and Rodents | | | | | 79 | 65 | 44 | 50 |
| h. Recreational facilities | | | | | 143 | 146 | 67 | 79 |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | 176 | xxxxx | 184 | xxxxx | 44 | xxxxx | 16 |
| b. Toilet facilities | xxxxx | 176 | xxxxx | 184 | xxxxx | 98 | xxxxx | 20 |
| c. Other | xxxxx | 176 | xxxxx | 184 | xxxxx | 190 | xxxxx | 32 |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physicians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | |
| (1) Individual counselling | 190 | 692 | 3,541 | 1,596 | | Dental 720 |
| (2) Group counselling | 15 | 14 | | 28 | | 8 |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | 10 | 100 | 25 | 58 | | 22 |
| (2) Direct services | 12 | 0 | 10 | 11 | | 0 |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | 5 | 0 | 10 | 462 | | 0 |
| (2) Group counselling | 0 | 0 | | 0 | | 0 |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | 15 | 6 | 60 | 78 | | 23 |
| (2) Consultation with groups | 5 | 3 | 53 | 14 | | 14 |
| (3) Direct services | 10 | 0 | | 9 | | 0 |
| E. Health Education Meetings | 30 | 12 | 53 | 12 | | 18 |

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(*) Aides - other than Health Ed. Included in totals for nurses & sanitarians.

(**) Licensed by the Florida Hotel & Restaurant Commission.

## SUMMARY FOR ANNUAL PROGRESS REPORT

I. General Information.

A. Period covered by narrative report: May 1, 1968 through April 30, 1969

B. Objectives as listed in last approved application:

1. To continue to provide family health service clinics in the eastern agricultural area of Palm Beach County, utilizing the multi-disciplinary team approach to outpatient medical care with emphasis on preventive medicine.

2. To begin a migrant family health service clinic in the Pahokee area of Palm Beach County for general outpatient medical care with an emphasis on preventive medicine.

3. To develop and operate a hospitalization plan for domestic agricultural migrants whereby the area hospitals provide necessary inpatient medical care on a cost reimbursement, reasonable fee basis.

4. To provide total family oriented public health nursing services to the migrant population in Palm Beach County in cooperation with existing Health Department programs and the Maternity & Infant Care Project.

5. To develop and operate a dental care program for domestic agricultural migrants of all ages.

6. To conduct a migrant housing program covering all types of housing used by migrants and using all available resources to achieve maximum standards of environmental sanitation.

7. To continue to define the health education needs of migrants, and based on these needs, to provide a program of health education for the improvement of personal and environmental health of migrants.

8. To solicit the cooperation of and to provide assistance to all official groups providing services to migrants.

9. To expand and intensify the orientation and inservice training for project and non-project personnel involved in migrant services.

10. To inform the general public of the health needs and services for domestic agricultural migrants.

C. Changes in objectives from preceding project period and reasons: No changes.

D. Significant changes in migrant situation from previous year:

1. The migrants themselves.

There were no significant changes from last year. A month-by-month census for the year indicates a peak population in February in the "Glades" area of 19,520, and an estimated 19,200 in the "Rangeline" area; a total of 38,720 migrants in Palm Beach County.

The highest percentage of migrants were in the 15 to 44 age bracket, with total numbers of male and female averaging near the same. The largest proportion of migrants are Negro, 55%, followed by Puerto Rican, Mexican, and Anglo, in that order.

A 25% random sampling census of the county was taken during the peak months of the season. The results of this census, shown on another page, give the breakdown in percentage of the male and female in and out migrant by age group.

The average educational level attained by the migrant is the sixth grade. Most of the children are from two to three years retarded in school.

The first pregnancy for girls is commonly between the ages of 14 and 16.

The Spanish migrant, on the average, is more aggressive in seeking health services than the Negro, many of whom combat illness with hand-down remedies.

As a rule, the Negroes, Puerto Ricans, and Mexicans are self-segregated, with fighting prevalent between members of one group and the other.

The majority of migrants (66%) consider Palm Beach County as home for they spend seven to eight months of the year in this county.

Most Negro migrants originally came from various southeastern states, with Georgia and Mississippi having the greatest representation.

The Mexican Americans consider Texas their home, regardless of where they come from. The Puerto Ricans, who migrate to Florida by way of New York and New Jersey, consider their native land as home, and they usually return there.

Most migrants continue to follow the "stream" along the Atlantic seaboard to New York, New Jersey, and other northern states, with some crews branching off to Michigan and other midwestern states.

2. The economic situation.

The beginning and ending dates of the season have remained as in the past years, with the season starting in November and ending in May. A poor crop in December, caused by freeze, created a temporary underemployment situation, as did the intermittent cold weather throughout the early season. Crop prices were relatively high, except for tomatoes, which, because of the imports from Mexico, suffered a drop in price and market demand. Generally, the demand for and supply of hand labor was good and nearly matched that of the year before.

There was no change in type of crop. Corn, beans, tomatoes, celery, and cane continue as the major produce grown in the county.

Hand labor continues to be plentiful and in demand. Mechanization on any large scale is only anticipated in the event of a labor shortage or a sharp decline in the prices of produce.

3. Effect on labor situation and need for health services.

It seems certain that the need for migrant agricultural workers will continue at the same level. The mechanization used to date appears to have had no effect upon the numbers of workers required. As mechanization becomes more sophisticated, the type of labor required may shift from pickers to mechanics, equipment maintenance men, drivers, and others.

The need for health services continues to be one of high priority. Private medical care is geared to the more stable, better financed, individual. The migrant will usually seek aid only at the public health clinic, where he knows he will be accepted. There has been a steady rise in migrant clinic patients and visits over the past few years.

II. Relationships and contributions.

The improved acceptance by migrants of health services and increased cooperation from growers and crew leaders are indicative of the relationships achieved by the migrant project staff. Official agencies such as the Florida Industrial Commission and the Farmers' Home Administration cooperated in providing labor data, survey and certification of housing, and location and financing of low-cost housing. VISTA workers and seminarians from St. Vincent de Paul Seminary have been utilized to good advantage during family service clinics and camp visits. The American Friends Society has contributed by attending meetings and assisting in locating missing persons.

Through discussion and participation in voluntary clean-up campaigns, migrants have become involved in the identification of health problems and the partial solution of those problems.

III. Staff orientation and training.

A. Key members of the migrant project staff attended workshops and conferences, as follows:

Florida State Migrant Health Conference, Sarasota, Florida.

Florida Migratory Child Comprehensive Program Conference, Sebring, Florida.

Health Education Orientation, Arlington, Virginia.

Health Education Workshop, Redington Beach, Florida.

B. Inservice training for migrant staff members is provided by regular staff meetings, special meetings with consultants from outside the Project, formal inservice training and orientation programs conducted for all new employees of the health department, and occasional meetings with representatives of other agencies involved with migrants.

IV. General appraisal of the year's achievements.

A. The overall objectives of providing comprehensive health services with a primary emphasis on prevention were achieved within the limits imposed by budgetary considerations. Probably the greatest improvement has been made in the area of relationship with the migrants and with growers, camp operators, crew leaders, and others who have a direct bearing on migrant health problems. Clinic services to migrants increased in quantity and showed a great improvement in quality due to more detailed medical histories and laboratory examinations being performed. Dental services were provided to a substantially larger number of migrants this year and nursing service shows an increase in the number of individuals receiving health supervision and counseling. Migrant housing showed definite improvements in both "camp" and "non-camp" maintenance and upgrading.

B. Inadequate facilities and shortages of personnel continue to hamper efforts to provide truly comprehensive and complete health services. The fact that funds are available for the hospitalization of only a relatively small number of patients and that there are no funds for physicians' fees nor for post-hospitalization care detracts from the effectiveness of the hospitalization program.

C. Each year of experience in the migrant project adds to the understanding of problems, motivation amd methods of working with migrants, growers, and camp operators. Continuity of key staff members is an important adjunct to experience in developing improved relationships in all areas. Specific strong points in this year's program are the Public Health Service physician assigned to the Palm Beach County Health Department for work with the Migrant Project, the establishment of an adult medical clinic in the "Glades" area and the utilization of a dentist who, as

Dental Director of Palm Beach County, will develop a total dental care program which will include the migrant population. On all areas of endeavor, the continued emphasis on education has had a salutory effect on achievements.

D. Plans for overcoming weaknesses in the future include renovation and modification of afcilities at the Hillville clinic and the addition of another clinic session each week. This will provide for better personal health service and allow additional educational effort during clinic sessions. Additional sanitation aides will broaden the inspection and educational efforts during the coming year and the addition of a dental clinic in Delray will expand dental services. The basic objective of the Migrant Project will remain to extend the best possible comprehensive health service to the migrants in Palm Beach County.

V. Plans for continuation.

Health services for agricultural migrants have become an integral part of comprehensive community health services in this area. They would be continued beyond the period of migrant health grant assistance through a combination of such local, State, and Federal funds as may be available. However, with a total migrant population in excess of 35,000, services would probably be curtailed to fit the resources available.

The long experience with special programs for agricultural migrants has created a community awareness of migrant needs and willingness to do all that is possible to take care of these needs. It is hoped, however, that these problems will continue to be recognized as shared local, State, and Federal responsibilities.

## MEDICAL SERVICES

Medical services to migrant workers are organized around the Hillville Rural Clinic in the eastern or "Rangeline" area of the county and the Belle Glade Medical Clinic in the western area near Lake Okeechobee.

I. General description of system.

A. Clinics.

In the winter season, two clinic sessions are held at Hillville every week, two physicians being in attendance, a pediatrician seeing patients below age 15, and a generalist seeing all other patients. This year we also have a young U. S. Public Health Service physician who attended each migrant clinic. An examining room was partitioned off for him in the rented building in Hillville. He was able to see all new patients, perform a complete physical exzmination, and prepare a health profile, and follow-up on each patient. Thus, the clinic became more than just a morbidity clinic.

The "Glades" area migrants in the western part of the county had received medical services in private physicians' offices until this year,

when a migrant medical clinic was established in the branch health office in Belle Glade. The clinic was immediately successful, requiring a physician's attendance for both a morning and afternoon clinic each Friday.

B. Services.

Services offered in both clinics include the following: Medical, pediatric, prenatal, gyneco[illegible] [illegible]ereal disease, and family planning. Patients with tuberculosis [illegible] e[illegible] or acute emergency problems are referred directly to nearby resource clinics or hospitals.

Strong support to the migrant health clinic services is given by the County Health Department district office in Delray Beach. Migrants are referred to this clinic for treatment of venereal disease, tuberculosis, pediatric care, prenatal and family planning services on days when these services are not provided in Hillville. Similar services are given in the Belle Glade area, affording migrants comprehensive health care.

In the "Glades" area, another source of health care is through private physicians' offices. The public health nurse refers patients with acute illnesses or emergencies to their local physician when the migrant clinic physician is not available.

C. Objectives and policies.

The goal of the medical service program is comprehensive, quality health care based on accurate diagnosis, specific therapy, and follow-up until improvement is achieved. Upon admission to the clinics, every patient has a blood sample taken for VDRA and hemoglobin, urine for sugar and protein determination, and an intermediate strength PPD (tuberculin test) performed. Every patient on the initial visit received a complete physical examination of the eyes (including fundoscopy when indicated), ears, nose, skin, throat, neck, chest, heart, abdomen, genitalia, rectum, and extremities. Women receive pelvic examinations, including a Papanicolau smear, and examination of the breasts. This initial work-up is performed no matter how insignificant the patient's companint, and many unexpected conditions have been found, including primary syphilis, hernias, and a carcinoma of the cervix.

A formulary stocked at each location with an adequate supply of medication assures that the patient will have proper medicines and that neither economic or transportation problems will interfere with the required drug therapy.

D. Laboratory services.

| Performed in Clinic | Performed by State Lab | Performed by Hosp. Lab |
|---|---|---|
| Stool for occult blood. Urine for sugar, protein, occult blood, pH, bile, acetone & pregnancy test. Blood for hemoglobin. Estimation of blood glucose and BUN. | Blood-Hemoglobin, hematocrit, RH Type, Coombs Test, VDRL, blood sugar. Urine-urinalysis, colony count, culture & sensitivity. Stool-ova and parasite examination, enteric pathogens. Cultures also performed on throat swabs and wound exudates. | Blood chemistries. X-ray examinations. Specialized hematological examinations. |

E Hospital coordination.

Patients are referred chiefly to either Bethesda Memorial Hospital or Glades General Hospital when, in the opinion of the clinician, their condition requires such care. While in the hospital they are under the care of private local physicians. Upon discharge from the hospital they return to clinic, their records are obtained, and their care continued. Because of the reluctance of the local hospitals to admit patients with incapacitating but not immediately life-threatening conditions, funds must be promised to the hospitals to insure admission of patient with such conditions as neglected burns and chronic skin ulcers.

F. Other sources of support.

| | |
|---|---|
| MIC Project | Chest Clinic (TB) |
| Vocational Rehabilitation | Heart Clinic at Good Samaritan Hospital |
| Florida Council for the Blind | Florida Crippled Children's Commission |
| Tumor Clinic | Venereal Disease Personnel |
| | Veterans' Administration |

Title XIX has not yet been implemented, but the State Legislature is expected to act on this in 1969. Initial implementation will probably be limited to basic medical support for the categorically indigent.

G. Evaluation of statistics.

Although there were fewer total visits in the present year compared to the past season, the number of migrants served actually increased from 1,002 to 1,075. Use of intrauterine devices has greatly reduced the number of visits required for a family planning patient. The detailed report of conditions treated shows a high incidence of conditions revealed by careful history and laboratory examinations, such as diabetes, intestinal parasites, and anemia.

II. Consultation received.

The clinics provide primarily general medical care, with special emphasis on pediatrics. Patients present themselves with every complaint seen in a

general practitioner's office. Consultation with specialists is often needed, particularly in orthopedics, general surgery, urology, and OB-Gyn. Excellent liaison with local specialists ensures prompt consultation and treatment. Consultation is needed in about 10 per cent of the cases seen in the clinics.

Consultation with local specialists is usually arranged personally by telephone by the clinic physician.

III. General appriasal.

Comprehensive health care is being provided within limitations of staff and funds. The quality of care received by migrant patients is generally euqal to that which they would receive in private physicians' offices. The health survey on all new patients is comprehensive in scope and designed to detect acute and chronic health problems.

The inadequacies or needs can be listed primarily as follows:

(1) The need for funds to hospitalize patients with non-emergency, remedial conditions. This includes money for physicians as well as hospitals.

(2) Funds for extended care for longer term illnesses.

(3) Expansion of outpatient services, especially an extra night clinic, is needed.

## DENTAL SERVICES

The fact that over 30,000 migrants are employed in the farming sections of Palm Beach County every year points up a tremendous need for dental care for these people. They are, for the most part, in an indigent classification, and could not receive dental services if it were not for the Federal, State, and County programs which have been set up for this purpose.

I. General description of system for providing dental services to migrants and families.

A. Description of operation.

1. Due to screening and referral by public health nurses, a large number of migrant children and pregnant women (Manternity and Infant Care Program) received dental care in the two health department dental clinics and in the mobile dental unit provided by the Palm Beach County School Board under project Title I, Elementary and Secondary Education Act. The Palm Beach County Health Department is responsible for staffing and operating this mobile dental clinic, and funds for dental care in the project budget were used for this purpose. The unit was not moved from the "Glades" to the "Rangeline" area as was originally planned. This was due to the fact that it is needed year around in Belle Glade. Also, of course, plans have materialized for an additional

Palm Beach County Health Department dental clinic in the Delray "Rangeline" area.

2. The health department has employed, in addition to its consultant dentist, a dentist who is training for the position of Dental Director of Palm Beach County. The Dental Director will be responsible for developing a total dental care program for all patients, including migrants, utilizing all the dental resources available to the department.

3. A "position paper" has been drawn up by the Palm Beach County Dental Society. The purpose of this report is to express the position of the Palm Beach County Dental Society with regard to what it considers a deairable program of public health endeavor in the field of dentistry in Palm Beach County. This paper establishes the guidelines for a harmonious working relation between the Palm Beach County Dental Society and the Palm Beach County Health Department.

B. Other arrangements for dental care.

The School Board, through Title I, Elementary and Secondary Education Act, again this year provided intensive education services to approximately 200 migrant kindergarten school children.

Dental care for these youngsters was provided by the public health dentist in the migrant dental trailer in Belle Glade, and by private practitioners in the Delray area.

C. Health education as part of the service.

1. The dental consultant is now actively working to obtain a unified understanding in all dental programs with the various agencies in the county, such as the Board of Education, the Board of County Commissioners, and the Areawide Health Planning Council.

2. Considerable attention is being placed on planning in the area of preventive dentistry and dental health education, which are, of course, the primary objectives of Public Health Dentistry. The plans involve not only a clinical program, but a very extensive project of dental health education throughout the county school system. This project would be instituted by dentists, well-trained auxiliary personnel, and school teachers.

D. Discussion of statistical information in Part II of statistical section.

As can be noted from the chart, a large number of services were performed on the under 15 age group. The significant number of services provided the over 15 age group were comprised mostly of Maternity and Infant Care patients' services.

II. Consultation received - type and source; consultation needed.

The employment of both a consultant dentist and a dentist for the directorship of the Palm Beach County Health Department dental services, along with adequate staffing of the existing clinics, should greatly aid the department in achieving its goals.

III. General appraisal of adequacy of services in relation to project objectives, needs, etc.

A. Objective, as listed in last approved application.

To develop and operate a dental care program for domestic agricultural migrants of all ages.

B. Success achieved.

A very impressive amount of success has been achieved as far as the treatment of migrant kindergarten children is concerned. Also, a substantial number of older children benefited from this year's dental program. However, the department's limited resources did not allow for the treatment of adults, except on an emergency basis.

IV. Changes needed in future and reasons.

A. Adequate physical space must be allocated for the dental facilities of the Palm Beach County Health Department. A minimum of 1,000 square feet will probably be required at the main office, as the two existing health department clinics are to be combined into one large clinic. The two present clinics are inadequate and in different locations - combining these facilities would considerably increase efficience.

B. Establishment of a public health dental facility in the Delray area would eliminate the necessity for moving the dental trailer from the Belle Glade area where it is needed year around.

C. Facilities should, wherever possible, be equipped to operate the basis of "four handed" dentistry, and to offer the most modern concept of patient education.

D. The Dental Director position in the Palm Beach County Health Department, when filled, will undoubtedly enable the department to develop and implement its countywide dental care program to provide dental services to all migrant and non-migrant indigents.

E. Plans are being developed to provide the training of an intern or interns in an internship program approved by the American Dental Association and coordinated with the Palm Beach County Dental Society. These interns would also provide dental care for migrant and non-migrant indigents.

## HOSPITAL SERVICES

I. General description of system for hospital referrals.

A. Procedure.

The health field worker in charge of migrant status verification is notified by the hospital when patients are admitted, and by the Palm Beach County Health Department migrant clinics when patients are referred to hospital admission. The patients or relatives are then referred for hospital admission. The patients or relatives are then interviewed, and their migrant status determined. The possibility of financial resources, such as insurance, etc., is explored. Both the public health nursing section and the social work service of the health department are notified of each case. The migrant verification form (4964) is completed and sent to the hospital, which takes responsibility for completing the admission and charges report (4965) and having it signed by the patient. Copies of both forms are returned by the hospital to the health department. After necessary information is added and amount of payment determined, copies of the forms are forwarded to the State Board of Health in Jacksonville and to the Public Health Service Regional Office. The State Board of Health then issues a warrant for the amount of payment and sends it to the Palm Beach County Health Department's business office, which forwards the warrant to the hospital.

B. Relationship between hospital and project.

Excellent cooperation has been established with the participating hospitals, resulting in prompt notification of patient admissions, assistance in gathering necessary information about the patient, and mutual assistance in planning for discharged patients requiring extended care.

C. Procedure for planning and follow-up.

The Palm Beach County Health Department Nursing Division provides public health nursing coordination in all participating hospitals. Their services include pre-discharge planning and post-hospital follow-up. Plans are made for the individual patient, based on need, with follow-up in migrant clinic when indicated, or referral to other community resources.

D. Problems encountered and solutions.

The most pressing and frustrating problem is the absence of funds and facilities for the post-hospital care of patients. Local, State, and County facilities require residency, although in many instances the County Home has waived this requirement and accepted migrant patients even though already overburdened. Community service agencies and volunteers have cooperated to the extent of their resources, but in most instances the patient, after discharge, is inadequately cared for. There is definite and urgent need for post-hospital care and funds to provide such care.

E. Discussion of statistical information in Part II of statistical report.

There has been a decline in the total number of migrant hospital admissions

reported to the project this year, although there has been no decrease in migrant population. Limited funds have forced hospitals to provide care without payment. The Maternity & Infant Care Project has assumed more responsibility for care of maternity and infant patients.

There are no statistics available as to the number of migrant patients seen or treated at physicians' offices or hospital emergency rooms inasmuch as there normally is no reason for them to distinguish one group of persons from another. The statistics given are, therefore, only for those migrants receiving service at or through health clinics, and for those that have been hospitalized.

II. Sources of support for migrant care.

All community resources, when available, have been used as needed for migrant care.

Programs used as sources of support for inpatient care are: Crippled Children's Program, Maternal & Infant Care Program, Council for the Blind, State and County Welfare Agencies (when eligible), Veterans' Hospital, and Vocational Rehabilitation Service.

Other programs used for migrant care are: The American Friends Service Committee, Vista Volunteers, Palm Beach Habilitation Center, Faith Farm, and St. Vincent de Paul Seminary.

Insurance as a source of payment for migrant care is rare. Many migrants purchase insurance, but because of their mobility, and perhaps ignorance, policies lapse by the time of need. It appears that some insurance agents thrive on this kind of situation.

Florida does not participate in Title XIX at this time. It is programmed to go into operation in 1970, with minimal implementation.

III. General appariasal.

The need for adequate funds to reimburse hospitals and physicians for inpatient care of migrants continues to be a major pressing need in Florida. Funds available through the Migrant Project have been of great help even though they have paid for only a small part of the hospital care given. Patients with emergency conditions are usually admitted to the hospitals, but those needing elective preventive care are commonly refused. The funds available through the Migrant Project have been particularly useful in obtaining care for patients requiring non-emergency diagnostic or treatment procedures.

Nurse coordinators in the hospitals have been most helpful in improving continuity of care. Planning for discharge is facilitated, and communication between hospitals and community resources has been strengthened. There has been some improvement in hospital resources available to migrants during the past year due to limited increase in funds and better coordination of services.

IV. Consultation received and needed.

There has been excellent cooperation between the project and the regional and state office personnel. General and specific information on problems arising from time to time has been given promptly by phone, and as necessary, by personal visit to the project area.

## NURSING SERVICE

I. General Description.

A. Speficic Objectives.

1. To provide total family oriented public health nursing service to the migrant population in Palm Beach County in cooperation with existing health department programs and the Maternity & Infant Care Project.

Public health nursing to include:

a. Public health nurse field visits for health supervision and casefinding on a regularly scheduled basis to:

(1) Migrant camp area.

(2) Non-camp, migrant housing within municipalities.

b. Home health care under medical direction for acutely or chronically ill on referral by area hospitals, physicians, and clinics.

c. Intensive public health nursing services to schools with high migrant student enrollment.

d. Planning and implementation of group health educational activities adapted to migrants.

e. Regular public health nurse visits to all area hospitals serving migrant patients to coordinate services and plan for continuity of care.

B. Staff.

1. Professional.

a. Public Health Nursing Supervisor II

b. Public Health Nurse III (3)

2. Non-Professional.

a. Home Health Aide (3)

b. Clerk-Typist (2)

c. Equipment Operator

All are full-time employees.

3. Volunteers.

a. Vista Workers - A Vista worker has attended all family service clinics, participating in the clinic routine and supervising children. During her visits to camps she has been alert to health problems, and has made referrals to the health clinic. She has also provided transportation for patients.

b. Seminarians (10) from St. Vincent de Paul Seminary. Two or three young men attend the night clinic. They supervise small children, direct patients, and serve as translators.

C. Working relationship on planned basis with other project staff members and with other individuals and groups.

1. Project staff members meet monthly to exchange information, and consider problem solving.

2. The supervisor meets regularly with health department supervisory staff, and channels information and interprets policy to the project nursing staff. She is a member of the Marymount Advisory Council for Migrant Education and the Community Services Council.

3. A public health staff nurse serves on the Steering Committee of the local Migrant School and functions as a consultant for the School Health Education Program.

D. Consultation received from outside project.

1. Administration - Nursing Director and Assisting Nursing Director, Division of Nursing.

2. In-service Education - Educational Director, Division of Nursing.

3. Clinic Services - Nursing Supervisor of Clinic Services.

4. Maternity & Infant Care, Family Planning - Nurse Coordinator of Maternal & Infant Care Project.

5. Social services.

a. Social Worker and case worker for Maternity & Infant Care Project.

b. County and State Welfare Social Workers.

6. Nutrition - Nutritionist on the Maternity & Infant Care Project.

7. Physical Therapy Evaluation and Consultation by the Physical Therapist, Division of Nursing.

8. Other community services are used as needed.

E. Consultation needed.

1. Data collection procedures.

II. Services provided to migrants.

A. Generalized public health nursing is provided with emphasis on health supervision, prevention of disease, maternal and infant care, family planning, and nursing care of the sick at home. The existing policies and procedures for the health department are applicable to project nursing activities.

1. In the family health service clinics patients are screened and counseled by the public health nurses who interpret the physicians' orders, instruct patients in nutrition, family planning, other health needs, and make necessary referrals to other agencies.

2. Patients may be referred to other health department and community clinics, including Chest, Tumor, Dental, V.D., Heart, and Florida Crippled Children's Commission. Specific referrals are made, directions given, and arrangements for transportation planned when necessary.

3. a. Nursing clinics have been provided on a regularly scheduled basis in the rural health center and in the migrant camps for health education, health counseling, and referral when indicated. Patients who are seen by the public health nurse in these clinics frequently have their needs met without coming to clinic.

b. Only emergency calls are made to migrants during their working hours. Contacts are made during lunch breaks or after working hours. Growers have expressed objections to work interruptions.

c. Weekly visits are made to the schools. The public health nurse schedules regular conferences with the teacher for casefinding and referral of children with health problems. Specialized health department technicians do vision and hearing screening. Home visits are made when a health problem is identified. The public health nurse is responsible for referrals to the migrant clinic or to other community resources. Emphasis is placed on family involvement and responsibility in meeting the health needs of the child. The public health nurse works colsely with school personnel, and attends weekly staffing sessions.

d. Migrant kindergarten students in the schools are provided the same services as the school child. Day care centers serving migrant children have regularly scheduled visits by the public health nurse for health consultation and supervision.

B. Health education is an integral part of all nursing contacts with patients. Simple pamphlets are used to illustrate healthy daily living.

C. Local Referrals.

Agencies who have no residency requirement will accept migrants upon submission of regular application form; e.g. Florida Crippled Children's Commission, Florida Council for the Blind, and Vocational Rehabilitation. Other services which require residency certification are provided by having a Welfare caseworker attend one clinic each week; patients may also be referred directly to the County and State Welfare offices. Migrants are also referred to the County Welfare for application for surplus foods.

Other referrals are made by telephone and the patient is given a written referral. Transportation and an interpreter are provided when necessary. Examples of completed referrals are surgical intervention for cancer of the cervix, cobalt treatment of cancer of the throat, cleft palate repair, and welfare aid for a blind patient.

Referrals are often incompleted because of mobility patients who cannot be located for follow-up, failure to comprehend need, and lack of transportation. Every effort is made to complete referrals.

D. The Zip Code Referral System is used for out-of-state referrals.

When a referral is made to an area which does not participate in the system, a letter is written to the local health agency or the State Health Department. The U.S.P.H.S. Migrant Health Record, which is given to the migrant, has been the most satisfactory method for the out-going worker, but forgotten or lost records continue to be a problem. The migrants leave the area suddenly with little knowledge of destination. Inadequate, incomplete addresses, misspelling, change of name are most common reasons for incomplete in-coming referrals; however, many have been located by our perserving personnel.

E. 1. The professional staff are Public Health Nurse III's, selected for their interest, initiative and ability to function independently. They participate in the Health Department's Orientation Program and monthly in-service educational programs. They attend conferences and seminars to keep informed concerning new concepts and skills in providing health services. They are encouraged to participate in community activities relating to the agricultural worker. Enrollment in local educational institutions for special work-related classes is encouraged.

2. The Home Health Aide is required to complete a two-week Home Health Aide Training Program or the Manpower Development Training Act Nurses' Aide Course. Special training is provided as the need arises. Daily supervision is provided by the team approach under the direction of the nursing supervisor. Duties include:

a. Clinic.

(1) Set up and dismantle clinics.

(2) Assist physicians with physical examinations.

(3) Interpret for Spanish-speaking patients.

b. Schools.

(1) They assist the public health nurse with school health activities such as immunization clinics and screening for specific health problems as tuberculosis testing. They function as resource people in interpretation of cultural mores, and serve as Spanish interpretors.

c. Field and Home Activities.

(1) Pre-planned home visits for specific purposes, such as follow-up on broken clinic appointments, giving directions and interpreting plans for referrals, follow-up on family planning patients to reinforce instructions.

(2) Assisting the public health nurse in planned nursing clinics in migrant camps.

(3) Visits to camp areas to explain available health services.

d. Plans for expansion of the home health aide functions in family planning are in process. It is felt that this level of worker can function effectively in the family planning program. The equipment operator, and ex-agricultural worker, is being trained to participate in the Family Planning Program and will work with the migrant male. Improved acceptance by the male will help insure a more successful family planning experience for the family.

F. The statistical report, Part III, Nursing Services, substantiates the statements in this report that the migrant is seeking service. A one-third increase in clinic time made it possible to double the number of migrants receiving care. Home visiting was based on high priority needs such as home health care, communicable disease follow-up, newborn supervision, and emergency health problems. The referrals from the public health nurse hospital coordinator to the project nurses resulted in post-hospital home services for 147 patients.

A more efficient system of collecting statistical data concurrently with service is needed; data collection forms are being tested at this time.

III. General Appraisal of Nursing Program.

A. Public health nursing field visits have been made primarily for health supervision of new mothers and their infants, immediately following discharge from hospital, communicable disease control, follow-up of contacts of tuberculosis patients, home health care, and emergency referrals. Case

findings is inherent in all field contacts.

The public health nurses made weekly visits to schools with high migrant enrollment. In one school, completely migrant, the nurse spent a full day weekly, and an immunization clinic was held monthly in the school during the school year. Communicable disease health problems such as pediculosis and ringworm were treated in the school following parental consent. The nurses worked closely with school personnel and attended a weekly staffing conference. They also served as resource persons in health education. The home health aide assisted the public health nurse in the school clinic, and functioned as a Spanish translator and interpreter of cultural mores. Children with health problems were referred to the migrant clinic and other community resources.

The Home Health Aide functions in clinics, home, field, school, and related activities as an assistant to the public health nurse. This has made possible the expansion of public health nursing services to more migrants. The Home Health Aide works under the direct supervision of the public health nurse and all activities are preplanned. Aides who are recruited from the consumer group have been well accepted and have proven effective in their work with the migrant.

The public health nurses worked with the health educator in selecting health education materials, including films, for group activities in the community. Health education sessions concurrently with the clinic have not been successful because of crowding and poor acoustics in the building.

Public health nursing coordinators are assigned to all hospitals in the county. The coordinators who are non-project nurses initiate planning for care before the patient is discharged from the hospital. They also obtain information regarding outpatients who have sought care in the hospital emergency room. Follow-up by the project nurses is based on the health problem and referral is made to the migrant clinic or other community resources. The coordinators have educated the hospital emergency room nurses to make referrals directly to migrant health services.

B. Strong points.

1. The health center centrally located in the "Rangeline" migrant area has made it easier for patients to obtain health care.

2. Nursing clinics in migrant camps have provided a counseling, screening, and referral service and has frequently replaced a visit to the clinic.

3. Medical and nursing personnel have concentrated on quality services. Outside medical consultations and hospitalizations for treatment of health problems increased. More referrals were completed this year.

4. The clinic records were combined with health department records to eliminate duplication.

5. A method to identify migrants receiving health services in all health

department clinics was developed and is presently being tested.

C. Weak Points.

1. Cultural barriers between migrant groups continue to exist. An example is the non-acceptance of a Puerto Rican aide by the Texas Mexican migrant.

2. The number of home nursing visits has decreased as the demands of the clinic service has increased. It is possible that this trend is a result of past years' education of the migrant to assume personal responsibility for his health care.

3. The male migrant continues to distrust the health services and seeks help only when his problem becomes a crisis such as far advanced tuberculosis or cardiac failure.

4. Long waiting time for patients at clinic sessions is a problem.

5. Crowding and poor acoustics in the building have forced discontinuation of health education programs during clinic sessions.

6. There has been difficulty in identifying migrants in other health department services.

7. Migrant mobility and inability to provide specific personal information is a continuing problem.

8. Illness and personnel changes have affected the program this year.

IV. Plans for the future.

A. An additional night family clinic will provide a more satisfactory service to the migrant and will decrease the long waiting time in the clinic. A weekly intake clinic for maternity patients staffed by the public health nurse, the Maternal and Infant Care social worker, and the home health aide is planned for a time other than the family clinic and will also decrease waiting time. The use of the trailer for special clinics or multiphasic screening will provide increased services to the migrant.

B. Rotation of staff work assignments will make services available when the migrant is not working. An example would be a work day different from the routine, such as 11:00 a.m. - 7:00 p.m.

C. Public health nursing clinics in the camp areas will be increased.

D. Consolidation of all health services inside the rural health center on the "Rangeline" will increase the efficiency of clinic services to patients and allow better utilization of staff.

E. Collection of accurate statistical information concurrently with service is planned.

The migrants are no longer confined to specific agricultural areas. They are moving into urban centers over the entire county, andare receiving services in seven health centers. The migrant is becoming an integral part of the total community.

## SANITATION SERVICES

I. A. Specific objectives and duties.

To conduct a migrant housing program covering all types of housing used by migrants using all available resources to achieve maxi-standards of environmental sanitation. These services will include:

1. Consultation and guidance to growers, health department staff members, personnel of other agencies, and others concerned with migrant sanitation.

2. Inspection, consultation and evaluation of findings on periodic visits to migrant labor camps, rooming houses and other migrant housing, making recommendations for improvements as indicated.

3. Consultation to growers and others in regard to migrant housing design and construction.

4. Advisory and instructional services to migrant workers and families in all types of housing to improve their standards of environmental health.

B. Staff.

Sanitation services were provided by a sanitarian supervisor, four sanitarians, and one sanitation aide, all of whom devoted 100 per cent of their time to the migrant project. Other professional services were provided by the general staff as shown in the following table:

LIST OF PERSONNEL AND PER CENT OF TIME ON PROJECT

| | |
|---|---|
| 1 Sanitarian Supervisor | 100% |
| 4 Sanitarians II | 100% |
| 1 Sanitation Aide | 100% |
| 1 Sanitation Director | 25% |
| 1 Sanitarian Supervisor II | 20% |
| 1 Sanitarian Supervisor I | 50% |
| 2 Sanitarians I | 50% |
| 1 Sanitarian I | 20% |
| 1 Sanitation Aide | 10% |
| 1 Public Health Engineer III | 10% |
| 2 Public Health Engineers II | 15% |
| 1 Biologist II | 15% |

C. Relationships with and involvement of others.

1. Migrants -

   a. Personal contact on field visits

      (1) Instruction and advice on environmental needs.

      (2) Opinion seeking on adequacy of housing facilities and priorities for environmental needs.

      (3) Observance of living habits.

      (4) Encouragement to express a desire for better living conditions.

2. Crew leaders -

   a. Encouragement to use their bargaining power for improved living and working conditions for their crews.

3. Florida Industrial Commission, Farm Labor Office -

   a. Cooperation in the survey and certification of housing for workers recruited through farm labor office.

   b. Exchange of data on labor and housing trends.

4. Farmers Home Administration -

   a. Close working relationship in the design, location, and financing of low-cost housing.

   b. Cooperation in the maintenance and operation of existing FHA financed projects.

5. Project staff -

   a. Frequent meetings to exchange ideas and information.

   b. Consultation on individual problems.

   c. Coordination of efforts.

6. Community groups -

   a. Orientation to migrant problems.

   b. Encouragement to participate in specific areas.

7. Official agencies -

   a. Referral of specific problems.

   b. Consultation on rules and regulations.

D. Consultation from outside project

1. State Board of Health

a. Sanitation

(1) Advice on sanitation standards.

(2) Comparative data from other areas.

(3) Program planning.

b. Legal

(1) Advice on legal procedures.

(2) Interpretation of rules and regulations.

c. Health Education

(1) Consultation on Health Education problems and teaching aids.

2. County Government

a. Building and zoning requirements.

b. Legal problems.

E. Consultation needed

1. Health Education

a. Training of staff.

b. Use of visual aid materials.

c. Dissemination of information.

d. Use of motivation techniques in working with migrants.

2. Statistical

a, Gathering and documentation of information.

F. Discussion of statistical information from Part IV of statistical report.

1. All camps and rooming houses were visited this season plus 410 other locations where migrants are living.

2. The total inspections shown were made by project personnel. Inspections by general staff personnel are shown in Table II of

narrative report.

3. Camps are defined by law as housing 15 or more persons. Camps of less than this capacity are considered non-camp housing.

4. The 415 rooming houses, in the category of "covered by permits," are licensed by the Florida Hotel and Restaurant Commission.

II. General description of housing for migrants.

A. Out of a total of 38,720 migrants in the county this season, 19,009 lived in labor camps and 19,711 lived in non-camp housing. It is estimated that 75% of the non-camp housing is constructed of cement block and 25% frame.

Economic necessity forces migrants to seek marginal housing in the poorer neighborhoods. This housing is typically in need of many structural repairs and overcrowding is a major problem.

Table I indicates the housing facilities by type, at labor camps.

In the coastal area of the county most of the farming land has been purchased by large companies for speculative purposes in urban development. This land is leased by the growers and they are reluctant to construct permanent housing facilities and spend the money necessary to upgrade existing camps. Partly due to this trend, the following facts are becoming evident:

1. An increasing number of migrant families are seeking housing in urban areas rather than camps.

2. Growers are recruiting more labor from urban areas in the form of "day haul" crews.

3. Mobile homes are more often used at farm locations.

4. Growers are searching for rental facilities to house their labor crews.

B. Analysis of Table A.

1. Authority for issuance of permits - legal standards.

a. Florida statutes enable the State Board of Health to adopt regulations pertaining to labor camps and to issue annual permits for their operation.

b. The above regulations and other requirements set forth in the State Sanitary Code are used as standards for the construction and operation of labor camps.

c. The State Hotel and Restaurant Commission issue licenses and

set standards for rooming houses and apartments.

d. County Building and Zoning Regulations apply to all new construction.

2. The following factors have contributed to improvements in the overall housing situation:

a. Growers and operators are responding to educational efforts aimed at improving maintenance and the general environment.

b. The concentration of effort by sanitation personnel in determining underlying factors in housing situations.

c. Migrants are becoming aware of the relationship between environment and personal health.

d. Better working relationships have been established between project personnel, growers, and migrants.

3. Some of the factors contributing to unsatisfactory progress are:

a. Lack of effective supervision at many of the camps and rooming houses.

b. Lack of aide personnel to work directly with migrants and maintenance workers.

c. The communications gap between sanitation personnel and Spanish-speaking migrants.

C. Analysis ot Table B.

1. General description of facilities.

a. Water - Well water in this area is bacteriologically safe, however, the chemical quality of untreated water is generally unsatisfactory for laundry purposes and stains kitchen utensils and toilet fixtures.

b Sewage - Table I indicates the type of toilet facilities and sewage disposal methods used at labor camps. Septic tank systems have proven satisfactory for the small isolated camps. The sandy soil is suitable for subsurface drainfields, although they are generally elevated to keep above the high water table. This presents a problem with gravity collection lines, many of which must be installed above the ground. Approximately 60% of all non-camp housing is served by municipal sewers and the remainder by treatment plants and septic tank systems. There are practically no privies serving non-camp housing and they are no longer accepted as a safe and practical method of sewage disposal. The remaining privies at labor camps are being eliminated.

c. Garbage and refuse - Table I reflects the type of garbage disposal at camps. All urban and farm areas are served by municipal or franchised garbage collection. The high cost for these services, in isolated areas, tempt the operators and tenants to haul or dispose of their own garbage. Numerous fly and insect problems are observed due to these unsatisfactory storage and collection practices. Considerable effort is directed at solving these problems.

2. Adequacy of food handling practices, insect and rodent control, recreational facilities, and general cleanliness in camps.

a. Food handling practices - Camps providing dormitory facilities have a central mess which meets the same requirements as restaurants serving the public. Camps providing family quarters must furnish a kitchen sink with hot and cold running water. Approximately 50% of camps having family quarters also have other kitchen equipment, including a stove and refrigerator. Occupants provide their own equipment in the remainder of these camps, resulting in the use of kerosene burners which are generally inadequate and pose a fire hazard.

Rooming houses continue to be a problem in reference to food preparation. The following table shows a breakdown of rooming house units:

| | |
|---|---|
| Total units | 5,085 |
| Units equipped for cooking | 1,194 |
| Units not equipped | 3,891 |
| Units not equipped and cooking conducted | 2,000 |
| Units used for sleeping only | 1,891 |

This season 297 sleeping units were converted to family units with adequate cooking facilities, leaving 2,000 units to be converted.

Food handling practices and personal hygiene are poor, especially where adequate facilities are not provided. An intensive effort to teach good food handling practices and the use of proper foods is needed.

b. Insect and Rodent Control - The problem of improper storage and handling and poor food handling practices naturally leads to heavy insect and rodent infestations. Roaches are extremely prevalent in this area and are difficult to control. Agricultural insecticides, many of which are extremely hazardous, are frequently used by migrants to control insects and rodents in the home.

Control and preventive measures are being taught to maintenance personnel and migrants with emphasis on the storage and disposal of garbage, use of pesticides, and general cleanliness in the home.

c. Recreational facilities - Of the 139 labor camps, 89 now provide recreation facilities consisting of at least a recreation room. These areas are generally provided with pool tables and a juke box. All camps have outdoor areas suitable for recreation, however, in very few cases are formal recreation programs conducted. Planning for proper recreation facilities is emphasized by sanitarians in conferences with growers. A major selling point for recreational facilities if the noticable difference in damage and misuse of housing facilities where children, as well as adults, are given a way of occupying their spare time.

d. General cleanliness in camps - By far the most difficult problem in camps is maintaining an acceptable level of maintenance and general cleanliness. Migrants do not participate in maintaining a clean environment, probably because of their temporary occupancy. Another problem is the lack of effective supervision in many of the camps. Growers are hesitant to enforce camp rules too strictly for fear of losing their workers. Sanitarians are finding that frequent visits, coupled with personal interviews with migrant leaders, is accomplishing more than badgering the camp operators and maintenance personnel. Satisfactory camp supervision includes gaining the cooperation of the occupants; therefore the number of camps with satisfactory maintenance (87%) parallels the number of camps with effective supervision.

III. Working Environment.

A total of 176 field locations were visited this season. Memorandums stating the desired standards for field sanitary facilities were distributed and discussed with individual growers. Response to these efforts has been poor, in general, although the more progressive growers are realizing the necessity of providing sanitary facilities in order to keep good work crews. Contrary to the expressed belief by most growers, it has been found that field workers will make use of toilets if they are provided at convenient locations. Handwashing facilities that are provided on large harvesting machines are seldom used.

At long term crop locations, such as stake tomatoes and pepper, toilets are being provided in increasing number; however, at short term locations such as beans and corn, toilets are seldom provided.

Drinking water was provided at 90% of the locations visited. Water dispensing was unsatisfactory at 20% of these.

A key to obtaining sanitary facilities at field locations is in getting workers and crew leaders to express a desire for them. Three crew leaders this season stated that they would not take a crew to a field unless drinking water, toilet facilities, and food were available. Good labor crews are in a strong bargaining position with growers at the present time; therefore, effort is being directed at these groups to promote adequate facilities.

IV. Health Education.

The use of educational techniques is standard procedure in working toward an improved environment. It is estimated that 90% of the total effort of project sanitation personnel is in the area of health education.

The following plan is being implemented at the present time:

A. Development of an overall understanding of the current migrant situation through:

   1. Contacts with growers, crew leaders, farm workers, farm labor representatives, and others involved in migrant affairs.

   2. Surveys of housing and work situations.

   3. Project staff meetings and conference with staff members.

B. Individual situations are evaluated as to conformance with current stnadards.

C. All interested parties are informed as to improvements or changes needed, such as:

   1. The necessity for change as it applies to the health and well-being of the persons involved.

   2. The economic value of changes and improvements.

   3. The installation of sense of pride and responsibility on the part of growers, supervisors, and labor force alike.

D. Continuity of effort is essential to a workable program in health education. All parties concerned, especially migrants, must be convinced of the sincere and continued interest of project personnel. To accomplish this, sanitarians make frequent visits to housing locations and contact as many occupants as possible to explain the purpose of the visit and to promote improvements in environmental health practices.

   The following table reflects the visits of this type made by sanitarians:

VISITS RELATED TO HEALTH EDUCATION BY TYPE

| | |
|---|---|
| Campsite | 56 |
| Shelter | 160 |
| Heating and Lighting | 64 |
| Fire Protection | 216 |
| Food Service | 221 |
| Water Supply | 241 |
| Sanitary Facilities | 282 |
| Plumbing | 134 |
| Sewage Disposal | 222 |
| Garbage and Trash | 254 |
| Pest Control | 126 |
| Recreation | 362 |
| General | 68 |
| Total | 2,406 |

V. General appraisal of sanitation program.

A. Extent of success in meeting objectives:

1. Repport has been established with growers whereby problems can be discussed in an informal, friendly manner. This has promoted closer cooperation in the planning and operation of housing facilities. Area growers have accepted the fact that minimum standards for housing must be met. Better supervision and maintenance of camps is evident as a result of improved working relationships between camp operators and project staff.

2. This season 115 of the 139 labor camps (83%) were permitted as compared to 79% last year and 32% five years ago. Of the remaining 24 camps, 5 were not in operation this season and 19 are completing work toward meeting standards.

3. Continued progress is being made toward the provision of sanitary facilities at work locations. Again through a cooperative attitude on the part of an increasing number of growers, project sanitarians are convincing them, that toilet facilities are as necessary at field locations as they are at other places of employment. (See item III)

4. Effort to upgrade rooming houses has resulted in noticeable improvements, especially in routine maintenance. The conversion of these "rooming houses" to apartments is gradually taking place which should eliminate many hazardous conditions related to improper cooking facilities. The project sanitation aide did an outstanding job in the rooming house program.

5. Pilot programs with individual camps and rooming houses have been initiated, attempting to solve the perplexing problems of misuse of facilities and lack of cooperation. The major work to be done toward improving this living and working environment will involve a close working relationship with migrants and will require the use of additional aide personnel.

B. Methods used to obtain corrections of defects, factors contributing to success, and problems encountered.

1. The correction of routine defects are obtained through frequent inspections and conferences with housing supervisors and maintenance personnel. In approximately 50% of the camps, the growers have instructed camp personnel to proceed with corrections of minor defects as they occur or when requested by sanitarians. In other camps, delays occur when corrective measures must be cleared through channels

or maintenance personnel are not readily available.

Major defects are discussed in detail with growers and/or owners. In the majority of cases the owners prefer to postpone corrections until the end of the growing season. This is usually allowed except where defects of major public health significance are involved.

Sewerage and water treatment problems are referred to the engineering division of the health department.

2. A major factor contributing to success in securing improvements has been the sanitarians' ability to obtain rapport with growers. This has created an atmosphere of cooperation, without which, little in the way of realistic improvements could be obtained.

   The project sanitation aide worked closely with rooming house occupants and maintenance personnel in a program designed to promote general cleanliness in multi-family dwellings. It was found that a direct approach involving occupants in a self-help improvement program is successful if enough time can be spent in follow-up work to maintain the interest of the persons involved. Four large rooming houses where general cleanliness was a major problem, dramatized these efforts in that a tremendous improvement was noted in general appearance and maintenance procedures. Overall improvements are evident at other locations due to these efforts; however, the aide's time was spread too thinly to make a dent in the total number of locations.

3. The lack of aide personnel has restricted efforts to work directly with migrants in improvement programs. With the large number of migrants (38,000) dispersed throughout the country, it is difficult to reach the percentage necessary to evaluate results.

   Another problem, as mentioned previously in this report, is the leased-land factor which prohibits growers from making extensive structural improvements needed.

VI. Plans for future.

A. Change in objectives - Objectives have been restated to spell out more specifically the concentration of educational techniques as the primary method of providing environmental health services to migrants. With 83% of the camps now permitted and the remainder working toward compliance, more of the project sanitarians' time will be devoted to nontraditional methods of promoting environmental health improvements as stated in project objectives.

B. Procedures - Traditional sanitation services involving routeine inspections of facilities related to migrant housing such as food service, food outlets, sewage disposal, water supplies, etc. will continue to be shifted to non-project enivronmental health staff members (see Table II).

Project staff members will promote improvement programs in all types of housing used by migrants through theuse of educational techniques. Pilot programs in selected housing will be used to test educational efforts and innovations in procedure. A VISTA worker is assigned to the project environmental health staff to assist. He resides in one of the large labor camps and confers with project sanitarians three days each week. It is hoped that more assistance of this type can be recruited to provide better liaison with migrants.

C. Staffing - Three additional sanitation aides are requested to carry out an expanded health education program in environmental health. Other project staff will remain the same.

D. Innovations -

1. The project health educator and a VISTA worker were assigned the task of finding the underlying causes for misuse and improper care of housing facilities. The feed-back of information to the sanitarians is proving valuable in program planning.

2. Project sanitarians know the location and availability of housing in the farming areas. This season eight crews were assisted in finding appropriate quarters. The crew leaders responded by making a sincere effort to maintain an acceptable level of sanitation during the season. The sanitarians gained an insight into the priorities that migrants place on environmental factors.

3. Spanish lessons are being given to project sanitarians by a VISTA worker from South America who is assigned part-time to the migrant project. Three one-hour sessions per week are now in progress. The immediate goal is to learn how to ask questions of Spanish-speaking migrants and ultimately to gain their acceptance and trust.

4. Project sanitarians have assisted 25 camp operators in mixing a low-cost paint (approximately twenty cents per gallon) for use inside and outside of labor quarters. The major ingredients are quick lime, lard, and parrafin. The results have been amazing in that many other improvements such as landscaping have come about as the result of the improved appearance of the structures. Due to the response on the part of the occupants, a plan is being developed whereby this paint can be made available to individuals on a self-help basis.

TABLE I

CAMP FACILITIES

| Facility | No. of Camps | % of Camps | Number of Occupants | % of Occupants |
|---|---|---|---|---|
| Concrete Block Construction..... | 102 | 74% | 15,384 | 80% |
| Frame Construction..... | 27 | 19% | 3,186 | 16% |
| Mobile Homes..... | 6 | 4% | 350 | 3% |
| Metal Construction..... | 4 | 3% | 235 | 1% |
| Central Sewage Treatments..... | 37 | 26% | 13,535 | 70% |
| Septic Tanks..... | 86 | 61% | 5,139 | 27% |
| Privies..... | 16 | 13% | 481 | 3% |
| Kitchen Facilities (adequate)..... | 115 | 83% | 16,618 | 86% |
| Kitchen Facilities (inadequate)..... | 24 | 17% | 2,537 | 14% |
| Recreation Facilities Provided..... | 89 | 64% | 16,707 | 86% |
| Recreation Facilities (not provided). | 50 | 36% | 2,443 | 14% |
| Central Water Treated..... | 52 | 37% | 15,634 | 81% |
| Well (untreated)..... | 87 | 63% | 3,521 | 19% |
| Garbage Disposal (satisfactory)..... | 122 | 86% | 17,381 | 91% |
| Garbage Disposal (unsatisfactory).... | 17 | 14% | 1,774 | 9% |
| Camp Supervision (satisfactory)..... | 121 | 87% | 17,034 | 88% |
| Camp Supervision (unsatisfactory).... | 18 | 13% | 2,121 | 12% |

TOTAL CAMPS..... 139
TOTAL OCCUPANCY....19,155

TABLE II

ACTIVITIES OF NON-PROJECT PERSONNEL

| TYPE | NUMBER OF INSPECTIONS |
|---|---|
| Housing | 502 |
| Water Supply | 50 |
| Sewage Disposal | 120 |
| Food Service | 571 |
| Food Outlet | 362 |
| Complaints | 170 |
| Animal Bites | 131 |
| Accidents and Poisoning | 7 |
| Other | 118 |
| TOTAL | 2,031 |

The above table reflects the efforts of non-project personnel in providing services to migrants.

The engineering staff of the county health department provides consultant services, plans reviews and inspections regarding water treatment and sewage disposal systems at labor camps and multi-family housing used by migrants.

The general program sanitation staff provided inspectional services to restaurants, grocery stores, and non-camp housing in migrant areas. They also investigated complaints and animal bites and assisted project staff in accident and poisoning investigations and surveys.

The total percentage of time devoted by non-project personnel has increased from the last reporting period.

## HEALTH EDUCATION SERVICES

I. General description of health services.

A. Specific objectives, enumerated in the last progress report, in support of the general project objectives were:

1. To stress the importance of good health habits and personal hygiene through educational process.

2. To strive to create an awareness among the migrants of their responsibility in proper use and care of sanitary facilities.

3. To continue to define the health education needs of migrants and, based on these needs, to provide a program of health education for the improvement of personal and environmental health of migrants.

4. To inform the general public of the health needs and services for domestic agricultural migrants.

Additional objectives proposed for this project year were:

5. To attempt to involve more migrants in educational programs by taking the program to the migrants.

6. To develop health education programs to meet the needs of migrants in cooperation with the project staff and to evaluate the educational material being developed by Florida Atlantic University and other research facilities that are located in the county.

B. All members of the migrant project staff can be considered to be involved in health education efforts. Each consultation, each piece of advice, and each question answered contributes to the migrant's understanding of services available and to his awareness of good or bad health practices. The health educator assigned to the Migrant Project staff works under the supervision of the Project Director and the Sanitarian Supervisor. He assists the clinic physicians, nurses, and sanitarians in planning and developing specific programs for migrant education. He assisted various individuals and groups involved in providing educational services to migrants. These included:

1. The American Friend Society.

2. Baptist Aid to Migrants.

3. Community Action Fund, Inc.

4. Christian Ministry to Migrants.

5. Adult Education to Migrants.

6. Human Resources Development.

7. Migrant Legal Aid Services.

8. Vista Volunteers.

C. Health education consultation or other assistance from outside the project.

1. Health department personnel:

a. Assistant Health Officer: Provided consultation and guidance to all project personnel with reference to professional aspects of personal health.

b. Nutritionist: Provided advice on nutritional concepts and diets.

c. Medical Social Worker: Provided information on various social programs available to the migrants.

d. Librarian: Assisted with the selection and preparation of pamphlets and audio-visual aids.

2. Consultation and assistance from personnel from other agencies:

a. County Welfare Worker: Provided advice concerning surplus commodities and other welfare benefits available to the migrants.

b. U.S.P.H.S. Health Educator, Arlington, Va.: Provided consultation concerning educational techniques and developments in migrant education from other sections of the United States.

c. The Division of Health Education and the Migrant Project Coordinator with the Florida State Board of Health provided assistance and direction with regard to educational materials and methods.

D. Orientation and in-service training in health education to personnel involved.

1. The health educator assisted in preparing and selecting pamphlets and audio-visual aids for training programs for nurses, action groups, and school personnel.

2. The Migrant Project staff established monthly conference for in-service training and exchange of ideas.

3. The health educator attended educational conferences and workshops in the interest of the Migrant Project. These included:

a. Health Education Orientation (two days), Arlingron, Va.

b. Health Education Workshop (two days), Redington Beach, Fla.

c. Florida State Migrant Health Conference (two days), Sarasota, Fla.

4. The health educator provided health educational material, individual sharing of experience as indicated, on-the-spot training and program interpretation for clinic volunteers.

5. Visits to Palm Beach County by Miss Cherry Tsutsumida, U.S.P.H.S. Health Educator, provided key members of the Migrant Project staff an excellent opportunity to compare local educational methods and experiences with other migrant projects throughout the nation. This type of in-service training is most effective in broadening the educational outlook of staff members.

II. Identified needs and problems - by staff, by migrants, by others.

A. The Migrant Project requires continued consultation and assistance in developing / obtaining educational materials designed to reach the migrant on his level of understanding.

B. Elementary level films, in both Spanish and English, are needed for explanation of venereal disease, tuberculosis, general sanitation, and good health habits.

C. The additional sanitation aides requested for the project will be utilized to provide wider and more complete contact with individual migrant families.

III. Description of system of providing services and the services provided.

A. As indicated by the table in Part V, health education is an integral part of the work of all personnel involved in the migrant project. Whereas many of the efforts are informal or secondary to the primary task of providing personal or environmental health service, the educational objective is achieved when individual migrants acquire a better understanding of why they should eat more balanced diets, take immunizations, keep their surroundings clean and plan their families.

1. Individual and group counseling is, of course, the most used method of education. Advice and guidance provided cover such subjects as:

a. Personal Hygiene

b. Medical Care

c. Social Security

d. Home Safety

e. Venereal Disease

f. Tuberculosis

g. Child Care

h. Environmental Health

(1) Proper use of toilet

(2) Proper garbage and trash handling

(3) Maintenance of individual housing unit

i. Family Planning

j. Good Health

2. Services to other project staff represents a cross fertilization of ideas and actions by suggestion, discussion, demonstration, and assistance. Direct services provided by the health educator are:

a. Talks and selected films that were shown in schools and camps. These films show how people can live better and why it is important to keep themselves and family clean.

b. Films on sanitation, nutrition, dental health, the common cold, and hookworm were shown to migrants during clinic sessions.

c. Birth control literature and film strips for use in the FAmily Planning Clinic were obtained.

d. Attendance at community meetings to explain the conditions under which migrants live, their health problems, and the migrant project and its objectives.

e. Assistance to sanitarians in the Environmental Health Programs for migrants.

f. Assistance to growers and camp managers in providing recreation facilities for migrant workers.

3. Group meetings:

a. The health educator and migrant staff held discussions with various community groups to explain the services available to migrant workers. Audio-visual aids were used to illustrate and explain the migrant project ofjective and main subject matter . . . The approximate size of groups were 10 - 50.

b. The health educator attended monthly interagency meetings which provided each agency the opportunity to discuss program objectives and services available to migrants.

B. Involvement of migrants in health education activities.

1. The crew leader, who is in the position to bargain for migrants, represents probably the strongest single source of influencing

migrant behavior. Among the migrants themselves, the mother of the family represents a rallying point (particularly for the younger members). Both the crew leader and the mother represent traditionally accepted and easily identified leaders. More casual or situational leadership may be identified by observation of who speaks up at group meetings or to which member do others turn for advice.

2. Migrant participation in health education activities was principally passive in nature; however, their response to questions and their participation in discussions and in directed clean-up campaigns represented, at least, a positive attitude when they could identify with the subject.

   a. Meetings were held with migrants to determine their desires and needs.

   b. Educational programs were set up in several camps where problems existed. Films were shown and instructions were provided involving proper disposal of trash, storage of food, proper use of toilet facilities, and bed cleanliness.

   c. Both male and female migrants participated in family planning counseling during clinic sessions. Film strips, records, and literature were used during these sessions.

   d. Friendly visits with workers were made so as to gain their confidence and attempt to influence their living habits. Available educational material was utilized and posted in camps.

C. Activities.

1. The health educator devoted time to helping other staff members in screening printed materials and audio-visual aids for use in individual and group instruction for migrants.

2. Assisted the nurses and sanitarians in preparation of slides for use in orientation and educational programs.

3. Served as liaison and resource in the contact investigation of migrants in intimate contact with active tuberculosis cases.

4. The health educator was assigned the task of coordinating the random sampling of the migrant population. This was a particularly worthwhile project since it provided the health educator with a deeper insight into the age grouping and family structure of the people with whom he is concerned.

IV. Appraisal of effectiveness of educational effort.

A. Extent to which proposed objectives were achieved.

In a general sense, the narrative portions of the other sections of this report indicate the effectiveness of educational efforts. Migrants seem to be more aware of good health practices, both personal and environmental,

and recognize that they too have a personal responsibility in maintaining good health. They are more receptive to the services being provided and in certain instances have exhibited a degree of pride in the way they maintain themselves and their surroundings.

Much has been done but more remains to be done in defining the educational needs and determining motivational factors which will assist in developing methods and materials to be used in health education of the migrants.

As reported in the Sanitation Services section, growers and operators are responding to educational efforts by providing better supervision and maintenance of living areas and recreational facilities for migrants.

B. Problems which hindered effectiveness of health education efforts.

1. Lack of adequate space was one of the main obstacles encountered. A health education program utilizing films, slides, and discussion in conjunction with clinic sessions was started but discontinued due to space and acoustical limitations.

2. Such a large number of migrants come into the area each year that it is possible to reach only a small percentage.

3. A continued difficulty in obtaining volunteers from among the migrants themselves to improve their living conditions.

4. The wide-spread locations where migrants live precludes full coverage.

5. No transportation is available to bring migrants to a central location for educational programs.

6. The long hours of employment in the fields, causing physical fatigue and late return to migrant quarters, preclude acceptance of educational programs on scheduled basis.

7. The language barrier has been lessened by having bilingual physicians and home health aides.

8. The communication gap has been reduced by the health educator being of the same ethnic group.

9. Constant explaining to camp operators and crew leaders has improved the utilization of services available to migrants.

| TYPE ACTIVITIES | NO. | AVERAGE NUMBER OF PERSONS PER SESSION |
|---|---|---|
| 1. Meetings attended: spectator | 18 | 25 |
| 2. Meetings attended: participant | 23 | 10 |
| 3. Talks made | 5 | 10 - 25 |
| 4. Conference | 75 | 1 - 3 |
| 5. Programs using audio-visual aids | 14 | 10 - 50 |
| 6. Radio, TV programs: participant | 0 | |
| 7. News articles: preparation | 0 | |
| 8. Exhibits prepared and/or set up | 1 | |

| | |
|---|---|
| Individual counseling | 190 |
| Group counseling | 15 |
| Family counseling | 11 |
| Group education | 2 |

PALM BEACH COUNTY HEALTH DEPARTMENT - MG-11

RANDOM SAMPLING RESULTS OF MIGRANT POPULATION
As of January, 1969

MALE IN-MIGRANT

| Age Group | 0 - 1 | 1 - 4 | 5 - 14 | 15 - 44 | 45 - 64 | 65+ |
|---|---|---|---|---|---|---|
| % Total Counted | .7% | 3.81% | 9.9% | 41.3% | 5.3% | .24% |
| No. Counted | 26 | 146 | 380 | 1,582 | 202 | 9 |
| Projected est.* | 178 | 660 | 1,640 | 4,130 | 906 | 61 |
| | | | | | Total number counted | 2,345 |

MALE OUT-MIGRANT

| Age Group | 0 - 1 | 1 - 4 | 5 - 14 | 15 - 44 | 45 - 64 | 65+ |
|---|---|---|---|---|---|---|
| % Total Counted | 1.5% | 6.4% | 14.3% | 22.0% | 7.8% | 2.4% |
| No. Counted | 81 | 346 | 736 | 1,178 | 419 | 133 |
| Projected est.** | 301 | 1,286 | 2,875 | 4,423 | 1,568 | 482 |
| | | | | | Total number counted | 2,893 |

FEMALE IN-MIGRANT

| Age Group | 0 - 1 | 1 - 4 | 5 - 14 | 15 - 44 | 45 - 64 | 65+ |
|---|---|---|---|---|---|---|
| % Total Counted | 1.1% | 2.79% | 6.5% | 24.2% | 3.79% | .37% |
| No. Counted | 44 | 107 | 249 | 920 | 149 | 14 |
| Projected est.* | 110 | 279 | 650 | 2,425 | 379 | 37 |
| | | | | | Total number counted | 1,483 |

FEMALE OUT-MIGRANT

| Age Group | 0 - 1 | 1 - 4 | 5 - 14 | 15 - 44 | 45 - 64 | 65+ |
|---|---|---|---|---|---|---|
| % Total Counted | 1.8% | 6.0% | 11.0% | 20.0% | 5.6% | 1.2% |
| No. Counted | 97 | 323 | 615 | 1,090 | 303 | 66 |
| Projected est.** | 361 | 1,206 | 2,211 | 3,976 | 1,185 | 241 |
| | | | | | Total number counted | 2,494 |

Grand Total Counted - Random Sampling 9,215

Total In-Migrants Counted: 3,828
Representing 41.5% of total migrants counted;
which represents 38.3% of 10,000 total in-migrants.*

Total Out-Migrants Counted: 5,387
Representing 58.5% of total migrants counted;
which represents 26.8% of 20,115 total out-migrants.**

## OTHER SERVICES

Services available through the Palm Beach County Health Department.

## MATERNAL & INFANT CARE SERVICES

The Maternal & Infant Care family planning clinic service and public health nurse counseling are available in seven areas of Palm Beach County. All contraceptive methods are included in this program. Patients are encouraged to plan child-spacing for conservation of maternal and infant health. Voluntary limitation of the size of families is recommended in the interest of physical, emotional, and economic integrity of the family. Women who attend prenatal clinics are given individual counseling by physician and nurse to assist them in the selection of an appropriate method; those who have no prenatal care are followed after delivery.

## NUTRITION SERVICES

Nutrition services in the Migrant Project were rendered by the Maternal and Infant Care Nutritionist to maternity patients, female diabetics, and mothers with children in the clinic. These services included counseling prenatal patients, giving diet instruction from physician's orders, counseling mothers with babies having special feeding problems, providing nutrition education programs for migrants using commodity foods, and in-service education for nurses and migrant project staff.

## SOCIAL SERVICE

Social Service is available to all maternity patients who attend the migrant clinics and the social worker is present at each clinic not only for obtaining social data on women for receiving maternity services, but also for referral of these patients to other health and welfare agencies, as indicated. Assistance is given in arrangement for the hospitalization and delivery. In addition, new born infants requiring additional hospitalization due to prematurity or other conditions are cleared for hospitalization under the Maternal and Infant Care Project. Many infants, too, up to the age of one year, require hospitalization and surgery which is authorized by the social service worker. A copy of the social service interview is filed in the patient's family record and is available to other professional personnel in the Migrant Project.

## VENEREAL DISEASE CONTROL

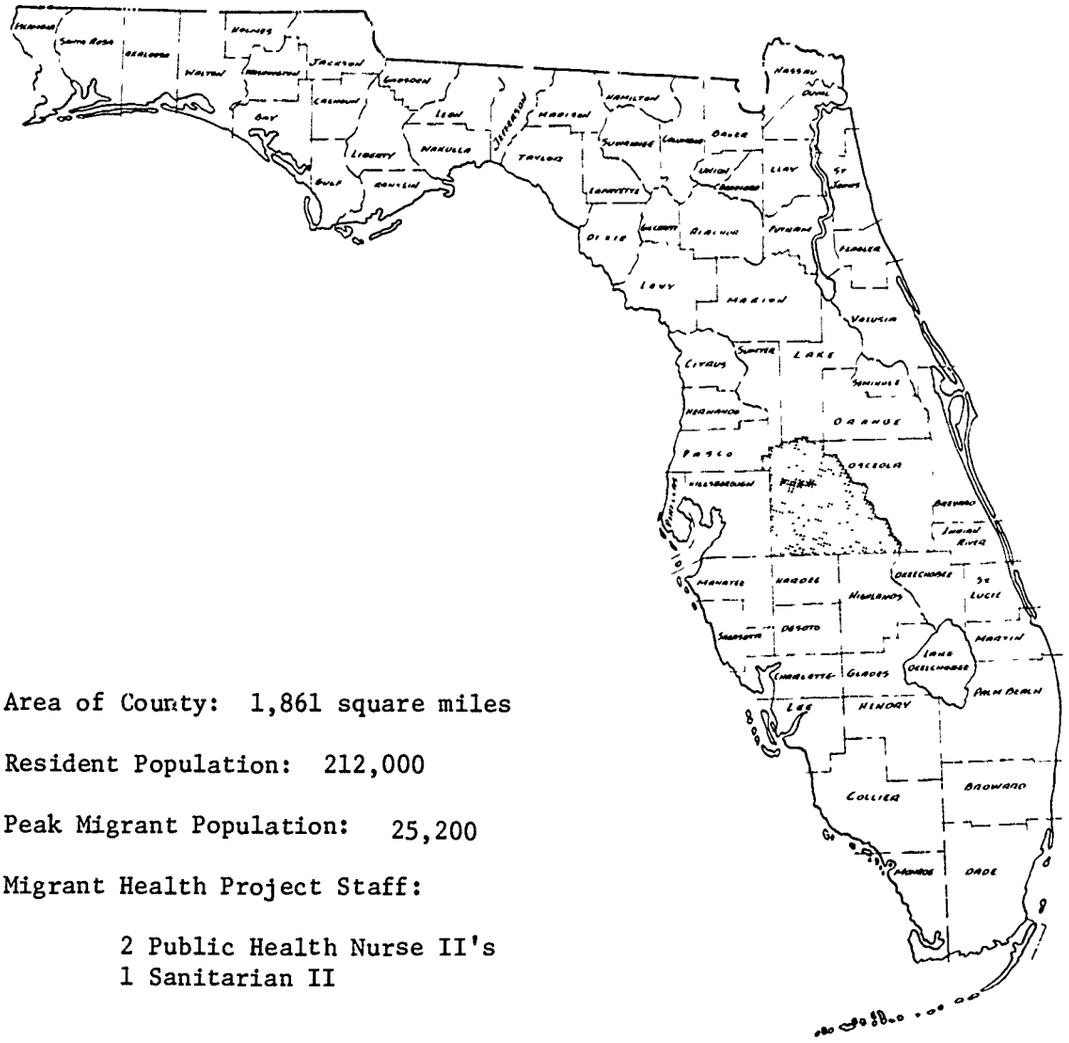
The Palm Beach County Health Department reported 63 early syphilis cases from migrant sources, or approximately 28% of all early syphilis reported in Palm Beach County. Approximately 35% were reported from private sources. The remainder were treated in public facilities in West Palm Beach, Delray Beach, Belle Glade, and Hillville Migrant Health Clinic, which offers a total of six clinic sessions per week.

One half of the migrant morbidity were brought to treatment as named suspects to early syphilis.

A total of 2,430 migrants were tested in serologic screening surveys. Two-hundred, four (204) reactors were reported with the resultant reactor rate of .085. Twenty-three (23) new syphilis cases were reported as a result of this activity, a yield of 11 per cent from reactor.

POLK COUNTY HEALTH DEPARTMENT

William F. Hill, Jr., M. D., Director




Area of County: 1,861 square miles

Resident Population: 212,000

Peak Migrant Population: 25,200

Migrant Health Project Staff:

2 Public Health Nurse II's
1 Sanitarian II

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report
From May 1, 1968 Through Dec. 31, 1968

PART I. GENERAL PROJECT INFORMATION

1. Project Title A Project to Develop a Statewide Program of Health Services for Migrant Farm Workers and their Dependents in Florida.

2. Grant Number (Use no. shown on the Grant Award Notice)
MG-18E (68)

3. Grantee Organization (Name & Address)
Polk County Health Department
229 Avenue D., N.W.; P. O. Box 1480
Winter Haven, Florida 33880

4. Project Director
W. F. Hill, Jr., M.D., Director

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 25,000 | 11,00 | 14,000 |
| Feb. | 25,200 | 11,000 | 14,200 |
| Mar. | 22,000 | 10,000 | 12,000 |
| Apr. | 21,200 | 10,000 | 11,200 |
| May | | | |
| June | | | |
| July | | | |
| Aug. | | | |
| Sep. | | | |
| Oct. | 10,000 | 10,000 | |
| Nov. | 14,000 | 10,000 | 4,000 |
| Dec. | 15,000 | 10,500 | 4,500 |
| TOTALS | 132,400 | 72,500 | 59,900 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 14,000 | 6,720 | 7,280 |
| Under 1 year | | | |
| 1 - 4 years | | | |
| 5 - 14 years | | | |
| 15 - 44 years | | | |
| 45 - 64 years | | | |
| 65 + older | | | |
| (2) IN-MIGRANTS TOTAL: | 11,000 | 5,280 | 5,720 |
| Under 1 year | | | |
| 1 - 4 years | | | |
| 5 - 14 years | | | |
| 15 - 44 years | | | |
| 45 - 64 years | | | |
| 65 + older | | | |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 36 | September | May |
| In-Migs. | 28 | November | May |

d. (1) Indicate sources of information and/or basis of estimates for 5a.

(2) Describe briefly how proportions for sex and age for 5b were derived.

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | 0 | |
| 10 - 25 persons | 3 | 54 |
| 26 - 50 persons | 2 | 72 |
| 51 - 100 persons | 6 | 1,637 |
| More than 100 pers. | 5 | 1,238 |
| TOTAL* | 16 | 3,001 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Farming | | |
| Other Locations | 14 | 775 |
| | | |
| | | |
| | | |
| TOTAL* | 14 | 775 |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.



Form approved:
Budget Bureau No. 68-R1005

GRANT NUMBER MG-18E (68)

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

DATE SUBMITTED

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 1,416 | | | 1,730 |
| Under 1 year | 144 | | | 180 |
| 1 - 4 years | 195 | | | 252 |
| 5 - 14 years | 230 | | | 285 |
| 15 - 44 years | 819 | | | 1,024 |
| 45 - 64 years | 26 | | | 33 |
| 65 + older | 2 | | | 6 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? _____

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals _____

3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment)

No. of patients (exclude newborn) 107

No. of hospital days 345

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 20 | 20 | |
| (1) No. Decayed, missing, filled teeth | | | |
| (2) Avg. DMF per person | | | |
| b. Individuals Requiring Services - Total: | 20 | 20 | |
| (1) Cases completed | 18 | 19 | |
| (2) Cases partially completed | 2 | 2 | |
| (3) Cases not start. | | | |
| c. Services Provided - Total: | | | |
| (1) Preventive | 31 | 31 | |
| (2) Corrective-Total | 15 | 15 | |
| (a) Extraction | 16 | 16 | |
| (b) Other | 20 | 20 | |
| d. Patient Visits - Total: | | | |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 204* | 52 | 66 | 86 | | 223 | 99 |
| Smallpox | 8 | | 2 | 6 | | | 3 |
| Diphtheria | 54 | 14 | 15 | 25 | | | 24 |
| Pertussis | 37 | 12 | 15 | 10 | | | 13 |
| Tetanus | 54 | 14 | 15 | 25 | | | 39 |
| Polio | 44 | 10 | 15 | 19 | | | 20 |
| Typhoid | | | | | | | |
| Measles | 7 | 2 | 4 | 1 | | | |
| Other (Spec.) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS:

* This figure does not include boosters and revaccinations or incomplete series.

PART II (Continued)
5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18E (68)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 186 | | |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 41 | | |
| | 010 | Tuberculosis | 2 | | |
| | 011 | Syphilis | | | |
| | 012 | Gonorrhea and Other Venereal Diseases | 4 | | |
| | 013 | Intestinal Parasites | 26 | | |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | | | |
| | 015 | All other | | | |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | | | |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | 2 | | |
| | 019 | Other Infectious Diseases (give examples): _____ | 7 | | |
| II. | 02- | NEOPLASMS: TOTAL | | | |
| | 020 | Malignant Neoplasms (give examples): _____ | | | |
| | 025 | Benign Neoplasms | | | |
| | 029 | Neoplasms of uncertain nature | | | |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | | | |
| | 030 | Diseases of Thyroid Gland | | | |
| | 031 | Diabetes Mellitus | | | |
| | 032 | Diseases of Other Endocrine Glands | | | |
| | 033 | Nutritional Deficiency | | | |
| | 034 | Obesity | | | |
| | 039 | Other Conditions _____ | | | |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 2 | | |
| | 040 | Iron Deficiency Anemia | 2 | | |
| | 049 | Other Conditions _____ | | | |
| V. | 05- | MENTAL DISORDERS: TOTAL | 1 | | |
| | 050 | Psychoses | | | |
| | 051 | Neuroses and Personality Disorders | | | |
| | 052 | Alcoholism | | | |
| | 053 | Mental Retardation | | | |
| | 059 | Other Conditions _____ | | | |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 11 | | |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18E (68)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | | | |
| | 061 | Epilepsy | | | |
| | 062 | Conjunctivities and other Eye Infections | 6 | | |
| | 063 | Refractive Errors of Vision | | | |
| | 064 | Otitis Media | 4 | | |
| | 069 | Other Conditions | 1 | | |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 13 | | |
| | 070 | Rheumatic Fever | 4 | | |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 2 | | |
| | 072 | Cerebrovascular Disease (Stroke) | 1 | | |
| | 073 | Other Diseases of the Heart | | | |
| | 074 | Hypertension | 6 | | |
| | 075 | Varicose Veins | | | |
| | 079 | Other Conditions | | | |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 22 | | |
| | 080 | Acute Nasopharyngitis (Common cold) | | | |
| | 081 | Acute Pharyngitis | | | |
| | 082 | Tonsillitis | | | |
| | 083 | Bronchitis | | | |
| | 084 | Tracheitis/Laryngitis | | | |
| | 085 | Influenza | | | |
| | 086 | Pneumonia | | | |
| | 087 | Asthma, Hay Fever | | | |
| | 088 | Chronic Lung Disease (Emphysema) | | | |
| | 089 | Other Conditions | | | |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 25 | | |
| | 090 | Caries and other Dental Problems | 20 | | |
| | 091 | Peptic Ulces | | | |
| | 092 | Appendicitis | | | |
| | 093 | Hernia | | | |
| | 094 | Cholecystic Disease | 2 | | |
| | 099 | Other Conditions | 3 | | |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 14 | | |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 11 | | |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | | | |
| | 102 | Other Diseases of Male Genital Organs | | | |
| | 103 | Disorders of Menstruation | | | |
| | 104 | Menopausal Symptoms | | | |
| | 105 | Other Diseases of Female Genital Organs | 3 | | |
| | 109 | Other Conditions | | | |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 6 | | |
| | 110 | Infections of Genitourinary Tract during Preg. | | | |

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PART II (Continued)
5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number
MG-18E (68)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | | | |
| | 112 | Spontaneous Abortion | | | |
| | 113 | Referred for Delivery | | | |
| | 114 | Complications of the Puerperium | | | |
| | 119 | Other Conditions | | | |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 27 | | |
| | 120 | Soft Tissue Abcess or Cellulitis | | | |
| | 121 | Impetigo or Other Pyoderma | 10 | | |
| | 122 | Seborrheic Dermatitis | | | |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | | | |
| | 124 | Acne | | | |
| | 129 | Other Conditions | 17 | | |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 4 | | |
| | 130 | Rheumatoid Arthritis | | | |
| | 131 | Osteoarthritis | | | |
| | 132 | Arthritis, Unspecified | | | |
| | 139 | Other Conditions | | | |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | 5 | | |
| | 140 | Congenital Anomalies of Circulatory System | | | |
| | 149 | Other Conditions | | | |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | | | |
| | 150 | Birth Injury | | | |
| | 151 | Immaturity | | | |
| | 159 | Other Conditions | | | |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | | | |
| | 160 | Symptoms of Senility | | | |
| | 161 | Backache | | | |
| | 162 | Other Symptoms Referrable to Limbs & Joints | | | |
| | 163 | Headache | | | |
| | 169 | Other Conditions | | | |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 15 | | |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | | | |
| | 171 | Burns | | | |
| | 172 | Fractures | | | |
| | 173 | Sprains, Strains, Dislocations | | | |
| | 174 | Poison Ingestion | | | |
| | 175 | Other Conditions due to Accidents, Poisoning, or Violence | | | |

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| PART II. | | | Grant Number MG-18E (68) |
|---|---|---|---|
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | Number of Individuals |
| | 200 | Family Planning Services | 271 |
| | 201 | Well Child Care | |
| | 202 | Prenatal Care | 397 |
| | 203 | Postpartum Care | |
| | 204 | Tuberculosis: Follow-up of inactive case | |
| | 205 | Medical and Surgical Aftercare | 228 |
| | 206 | General Physical Examination | 104 |
| | 207 | Papanicolaou Smears | |
| | 208 | Tuberculin Testing | 74 |
| | 209 | Serology Screening | |
| | 210 | Vision Screening | |
| | 211 | Auditory Screening | |
| | 212 | Screening Chest X-rays | |
| | 213 | General Health Counselling | |
| | 219 | Other Services: Specify Immunizations | 256 |

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| PART III. - NURSING SERVICE | Grant No. MG-18E (68) |
|---|---|
| Type of Service | Number |
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 495 |
| b. Number of Individuals Served - Total | |
| 2. FIELD NURSING: | |
| a. Visits to Households | 904 |
| b. Total Households Served | 600 |
| c. Total Individuals served in Households | 880 |
| d. Visits to Schools, Day Care Centers | 1,095 |
| e. Total Individuals Served in Schools and Day Care Centers | |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | 118 |
| (1) Within Area | 117 |
| (Total Completed 97 ) | |
| (2) Out of Area | 1 |
| (Total Completed 1 ) | |
| b. Referrals 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 In Physicians' Offices (Fee-for-Service) | |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | |
| (1) Number presenting health record | 202 |
| (2) Number given health record | 118 |
| 4. OTHER ACTIVITIES (Specify): | |

REMARKS

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PART IV. SANITATION SERVICES | Grant Number MG-18E (68)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 16 | | 16 | |
| Other locations | 14 | | | |
| Housing Units - Family: | | | | |
| In camps | 97 | 175 | 25 | 65 |
| In other locations | | 149 | | |
| Housing Units - Single: | | | | |
| In camps | 32 | 1,186 | 28 | 557 |
| In other locations | 4 | 240 | | |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 19 | | 53 | | 77 | | 77 | |
| b. Sewage | 62 | | 47 | | 31 | | 25 | |
| c. Garbage and Refuse | 31 | | 77 | | 144 | | 62 | |
| d. Housing | 187 | | 237 | | 948 | | 312 | |
| e. Safety | 61 | | 118 | | 305 | | 247 | |
| f. Food Handling | 24 | | 29 | | 22 | | 16 | |
| g. Insects and Rodents | 9 | | 9 | | 4 | | 1 | |
| h. Recreational facilities | | | | | | | | |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | | xxxxx | | xxxxx | | xxxxx | |
| b. Toilet facilities | xxxxx | | xxxxx | | xxxxx | | xxxxx | |
| c. Other | xxxxx | | xxxxx | | xxxxx | | xxxxx | |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physicians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | |
| (1) Individual counselling | | | | | | |
| (2) Group counselling | | | | | | |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | | | | | | |
| (2) Direct services | | | | | | |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | | | | | | |
| (2) Group counselling | | | | | | |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | | | | | | |
| (2) Consultation with groups | | | | | | |
| (3) Direct services | | | | | | |
| E. Health Education Meetings | | | | | | |

(*) Aides - other than Health Ed.

## POLK COUNTY MIGRANT HEALTH PROJECT

### A. SUMMARY FOR ANNUAL PROGRESS REPORT

I. The objectives are broad enough so that there has been no change in the stated objectives which are:

A. To improve preventive and medical care services to agricultural migrants and their dependents.

B. To improve and upgrade general sanitation and housing.

C. To coordinate and cooperate with community agencies in assisting with programs for the betterment of agricultural migrants and their families.

The ethnicity of the migrants remains unchanged. We continue to see the increase of Spanish-speaking people with some tendency to make Polk County their home base. The citrus season was late in starting this year and we had a two-day freeze in mid-December. This will reduce the citrus yield and thus will produce a decrease in total working time for migrants. Vegetable crops which are minor in acreage were pretty well destroyed. The corn crop harvested during the summer was a success and plans are under way for increasing above the 7,200 acre potential reported last year. There has been an increase in upper respiratory illness and an influenza epidemic which increases need for medical services and hospitalization. There has been an increase in the number of cases of infectious hepatitis this fall. Gammaglobulin was furnished for prevention by the American Red Cross Blood Bank Program.

II. General Project Description

Preventive and medical services to migrants are provided in nine (neighborhood like) widely distributed health centers, in two general hospitals, in private physicians' and dentists' offices, and various specialty clinics within Polk County. Examples of the latter are the Children's Rehabilitation Ranch (hearing and speech), Florida Crippled Children's Clinic, Marion Lee Training School for Retarded, United Cerebral Palsy and others. The two general hospitals maintain an intern and residency program and many of the attending staff of one hospital and all of the staff of the county-owned hospital are involved in patient care to migrants; we also have Red Cross and Lions Club volunteers working in specialty clinics. We have done several thousand tuberculin tests on school children and most positive reactors have been placed on chemoprophylaxis following a negative chest x-ray. We are finally making progress with our arrangement for tuberculin testing picking crews and citrus plant workers. Contacts have been made with several large processing firms and they are cooperating in planning the testing. We now have over 400 on chemoprophylaxis.

Hospital care remains a problem as to eligibility and funding. About ten to

twelve thousand migrants are eligible for all medical services rendered at Polk General Hospital. The other eight to ten thousand are eligible for emergency outpatient care and hospitalization. Ways and means are being explored to overcome the outpatient problem. There will be no change in hospitalization of non-residents until some workable financial program is a reality. The county does pay for non-resident migrant hospitalization in the State tuberculosis hospitals.

In cooperation with our community resources, we have two clinic aides, audometrists (masters degree) and nurses doing vision screening, hearing screening, speech therapy, and glaucoma screening. The speech therapy is new this year.

Our relationships with all community resources, growers, O.E.O., etc. remains cooperative and productive. There has been an increase in the cooperation of growers toward health programs. Adequate consultation in health education and nutrition was available and used. Our health educator provided consultation to the State Department of Education in several of their migrant services seminars. There is a strong need for personnel at the state level to get a specific overview of program and results of the individual projects.

As a part of its continuing in-service education program, the various disciplines discuss problems relating to migrants and attend out-of-the-county meetings pertaining to migrant problems. The Polk County Health Department is approved by the Florida State Board of Health as an orientation center for nurses beginning in public health. Migrant health is a part of this curriculum.

III. General Appraisal of Achievements

From a meager beginning we expanded a number of medical services, improved our health education program, both for the migrants and the general public, environmental health has been upgraded through enforcement cooperation and persuasion. We have established several night clinics and through limited in-service offered, they may be a rallying point for expanded services, the use of home health aides to extend and improve services, and the approval of the Florida Board of Medical Examiners to use interns and residents in family service clinics. We will continue to try to fill the gaps in providing needed services.

## B. REPORT OF DENTAL SERVICES

This report is a summary of dental care rendered migrants in Polk County for the period May 1, 1968, through December 31, 1968. In addition to the summary of dental care, I have expressed some of my ideas as regards to this program. The majority of those migrants seen for treatment were school-age (elementary level). The scope of treatment being limited to necessary restorations, extractions, palliative treatment and diagnosis.

Response to seek needed dental treatment is very poor in this group. This, I feel, can be attributed to a number of factors. Among these factors, and probably most apparent, is general apathy based on lack of knowledge. Linked with this factor, and closely related, is the factor of fear, again, due to lack of knowledge; fear of the unknown so to speak. Lastly, I feel that general indifference for seeking needed care is also a very definite factor for what appears a very meager effort

to provide care.

Based on the three above-mentioned factors, I feel that the only solution, or perhaps most important solution is one of education. This education is needed by the parents more than anyone else. I feel that before a more meaningful contribution in terms of chairside dentistry can be made, the educational level must be elevated.

I feel the need for educational personnel is greatly needed. I would recommend the employment of a dental hygienist for this purpose. The need for education is not limited to the migrant population exclusively. The greatest shortcoming of the dental profession today is the failure to provide a basic understanding which would motivate many persons to seek dental care.

The following resume' is statistics of those persons treated during this period:

| | |
|---|---|
| Total number of patients | 19 |
| Total number of patients age 5 - 11 years | 17 |
| Total number of adult patients | 2 |
| Total number of restorations | 15 |
| Total number of extractions | 16 |
| Other treatment | 6 |

These figures look pretty anemic I will agree. Some migrants seen, undoubtedly, were not recorded as such, contributing also to the lack of activity. However, the reason primarily for this poor showing is due to what I have stated previously in this report.

## C. HOSPITAL SERVICES

No narrative report was submitted on this section.

## D. NURSING SERVICES

The Nursing Section of the Polk County write-up was unfortunately not complete and included some extraneous material which it was felt necessary to eliminate. The following three paragraphs are germane to the information which is requested in the directions of the Nursing Section of the Narrative Report:

During 1968 Dr. Hill was able to arrange, through the School Migrant Program, for $5,000 to be put at the disposal of the health department for corrective work for school children. These funds did not become available until May and had to be either used or committed by July 1, 1968.

By reviewing school and health department records, talking with teachers before they left school for the summer, and making numerous contacts with other interested parties, the funds were utilized for several children who needed surgery; many who needed glasses, and several who needed complete otologic examinations and treatment.

Funds that could not be used for corrective work before the end of the fiscal year were used for Tine testing material for screening secondary school children for Tuberculosis. As a result of screening secondary school children, family follow-up

and testing of associates, as well as testing low-income labor groups, 867 positive reactors were put on chemoprophylaxis during 1968 as a means of preventing tuberculosis.

## E. SANITATION SERVICES

In order to have a better understanding of the migrant situation in the project area, we need to consider the background of our labor problems. Figures are endlessly being presented which point out the tremendous increase in the production of citrus. The United States Department of Agriculture estimates approximately 45,000,000 box crops to be harvested in Polk County during the 1968 - 1969 season.[1] Couple this with the recruitment program set up by the Citrus Industrial Council and the Florida State Employment Service in the seven southeastern states, and you begin to see a varied array of environmental problems for all ethnic groups. We administered to the needs of the migrants as they became evident.

As indicated in the previous annual report, the project objectives are to assist the migrant toward better community health. An objective outline follows:

(1) Instill some aspects of community pride to stabilize their environment.

(2) Assist in the development of a housing program, obtaining conformance to state statutes.

(3) Provide guidance and consultation to growers and other agencies concerned with migrant sanitation.

(4) Inspect, consult, and evaluate findings on periodic visits to camps, food establishments, child care centers, and other places of concern.

(5) Provide consultation to industry in the development of model housing projects.

(6) Provide orientation and in-service training to interested groups.

(7) Assist in the development of a generalized program of health education for migrants.

Considerable time was spent in coordinating the enforcement of the newly adopted urban renewal program within the confines of the City of Winter Haven. City authorities hired new personnel as the program gathered momentum. Plans were made for sanitary surveys beginning in the Negro section of Florence Villa. One hundred, forty-three (143) living units were replaced or brought up to minimum housing standards. A clean-up campaign was begun by the public works department with additional trucks scheduled for trash pickup at specific points. A total of 550 tons of debris has already been removed with the program still in action. This has been the most significant project in the sanitation program.

1. From the Polk County Labor Market Trends, October, 1968.

Sanitarians attended numerous group meetings with civic clubs, agricultural extension agents, red cross representatives, the tuberculosis association, and other community groups, all of whom were involved in helping to identify and assist in the information and the formation of specific programs aimed at improving the environmental health of the migrants.

Polk County labor camps began to show significant changes in operation and management. Three large labor camps formerly operated by large citrus co-ops were subleased to crew leaders as individuals, who then became entirely responsible for operation and maintenance. These crew leaders are now in the process of obtaining permits to operate these camps. This action on the part of the large citrus co-ops has presented a completely new set of problems from a sanitary standpoint. Crew leaders are not used to maintaining sanitary standards set forth in Florida Statutes. Physical or structural violations now take longer to correct due to inherent "chain of command." Food service has deteriorated since the withdrawal of catering companies in camp kitchens. Food is now being prepared usually by the wife of the crew leader. We have repeatedly pointed out in past reports the difficulties in the natural habitats of these people. Now consider this in the light of what has just been stated above. How do you take a group of Mexican or illiterate Negroes, put them in a kitchen with modern facilities, and expect them to operate and use such facilities as they were intended. Obviously, these problems and the appropriate counse of action will vary widely.

The assignment of priorities began with food service. The migrant had to be oriented to basic food service practices. There is no single blueprint to follow. We are presently developing an entirely different approach to problem solving. Through cooperation of the County Agent's office, Home Economics Agents are working with group leaders in quantity cooking. Home health aides are being instructed by home economics agents in the proper use of commodity foods. Sanitarians are explaining sanitation programs to youth in the community, seeking their assistance to spread the word and let the migrant know of the services available to him.

Many camp defects seemingly are not corrected because they recur at such a rapid rate. The over-consumption of alcoholic beverages results in wanton destruction of facilities provided.

An analysis of the living and working conditions indicates the following: There were 27 defects noted regarding water supplies. These consist principally of:

(1) Private wells lacking sanitary seals.

(2) Insanitary pitcher pumps.

(3) No running water.

(4) No sinks.

(5) Wells constructed too close to sewage facilities.

(6) Illegal cross-connections.

These defects were all corrected by having the wells properly sealed, installing sinks, and running water. Pitcher pumps were removed and in some cases where the well was too close to the sewage disposal system, these wells were sealed and abandoned.

The 31 defects incident to sewage disposal were involved with the extensive use of pit privies and inoperative septic tank drain fields. The corrections were obtained by the construction of new drain fields and by the installation of modern facilities.

Garbage disposal in migrant areas continues to be a severe problem. Improper storage, collection, and disposal resulted in the 144 defects. Oil drums are used as containers and little, if any collection presented severe problems. Only by continued perseverance by the sanitarian can this problem be resolved. We have tried to educate the migrant in the association of disease with improper garbage disposal. Make-shift collections and serious illegal dumping were practiced. Many approved garbage cans have been secured and used to store garbage. Responsible persons have improved garbage collection with regard to frequency and regular schedules. This has resulted in eliminating some of the illegal dumping areas and improved the sanitation condition on the private premises. There must be consistent supervision for any permanent solution.

One thousand, one hundred, thirteen (1,113) defects were noted regarding housing and safety. These were items such as improper heating, poor lighting, no screens, no windows, no steps, leaking roofs, broken windows, rotten boards, defective electrical appliances, and extension cords. Overloaded electrical circuits were also noted.

Through close association with municipal building inspectors, the sanitarians not only corrected these defects but also obtained a vast knowledge of construction technology. This information was conveyed to the migrant so that in many instances they themselves were able to correct physical discrepancies. Window glass was installed, new porches and steps were constructed, roofs were repaired and heating systems were properly vented. Much work remains to be done with the migrants and crew leaders with regard to respect, and to improve and better maintain the facilities provided for them.

Camp owners and operators were seemingly unaware that they were responsible for providing some type of recreational facilities. The nine camps observed had the least that should be provided. Some playground equipment was in poor repair and the grounds were sadly neglected. We were able to have the play areas cleaned of debris, but the operators were reluctant to repair the equipment because intoxicated adults would soon have it back in a state of disrepair.

Many problems relating to unsatisfactory waste disposal at field locations were noted. The field worker is highly mobile and it appears that only increased emphasis by sanitarians to require growers or harvesting companies to provide adequate facilities will produce results.

The drinking water for field crews is provided by portable coolers, usually from sanitary sources. The use of the common cup was the major cause of the 106 defects found. Food service in the field was not a major problem; most workers bring their

lunch. The 290 defects noted in this area were mostly lack of refrigeration of perishable products carried by the migrant. Many common drinking cups have been replaced by a paper cup.

Efforts to improve these services are being reviewed. In general, new guidelines are being formulated to be presented to the citrus industry council. Their assistance in planning and developing better community health programs will assure them a more stable labor force.

STAFF: One full-time sanitarian: Central Polk County area
One part-time sanitarian: N.W. Polk County area
One part-time sanitarian: S.W. Polk County area
One part-time sanitarian: Roving assistant

In outlining the environmental health factors concerning the migrants, Table I and Table II reflect the services offered by the sanitation staff. We feel our assistance has provided the migrant a better way of life, a more healthful environment for both him and his family, and instilled in him an added measure of self-respect which he will take with him wherever he goes. Planning for long-term evaluation of accomplishments, along with periodic reassessment of our objectives, has shown the need for continued service. It is regrettable that the migrant program was not refunded.

## F. HEALTH EDUCATION SERVICES

I. General description of health education services.

During this report period, the health educator for the county health department coordinated health education activities to migrant workers and their dependents One of the goals underway was to hire health education aides to go into the camps and housing areas during the evening hours to provide education to families, if funds were made available.

From the migrant program's beginning, progress was being made and it is difficult for this staff member to understand why Polk County's Migrant Health Program was not refunded. For example, in the directory of Migrant Health Projects, U.S.P.H.S. September, 1967, page 27, Polk County is reported as having no family health service centers, when in reality there are nine serving migrant families. This year most other Polk County agencies have increased services to migrants. Some are the Board of Public Instruction with 14 visiting aides and record specialists, the Extension Home Economics program with 20 nutrition aides, the Polk County Migrant Ministry with two paid workers. Each year the need was reported for another public health educator for Polk County's migrant citrus workers. This was never funded.

II. Relationship with others

The health educator worked with the health officer, nurses, and the sanitarians in planning specific projects for migrants. Coordination of work was also with county public school migrant coordinator and other school personnel, labor offices,

public agencies, and industry.

III. Services

Perhaps one of the most important single achievements of the four-year program has been the increased awareness and concern for the migrant and his family by the health department's staff and the local residents.

The health educator served as a health resource person for the State Department of Education's Florida Migratory Child Compensatory Drive-In Conference at Lake Trafford Elementary School in Immokalee, Florida on May 7. In addition to this, she attended an all-day orientation for the conference at Winter Park on May 6. This was followed by another state conference on November 12, 13, and 14, where the health educator served as one of 21 consultants to 150 school migrant project leaders from various Florida counties at Winter Park.

Other activities included regular news releases to radio stations which serve migrants. Some releases were about immunizations, especially tetanus. The reason being that the workers are sometimes injured on the job with scratches from the trees and skinned areas on the legs and arms from the ladders. Information on the tine test for tuberculosis control was also broadcast as well as other health spots.

The health educator arranged for the state nutritionist, who is with the Migrant Health Project, to speak to new public health nurses in May and to speak to approximately 50 teachers on June 26 at the training session for kindergarten and preschool teachers. His topic was "Characteristics of Migrant Families and Children in Polk County Kindergarten Program."

Films were shown to migrants at several health centers. In Haines City a bingo game was used to teach prenatal patients the value of good nutrition for their health and their families'. The game helped the patients talk about some of their nutrition and child-care problems.

On another occasion, the film "A Healthier Place to Live" was shown at the Auburndale clinic. Afterwards, two public health workers were talking with some patients who had seen the film. A citrus worker commented after seeing this film, which showed bean pickers, "I've picked everything but cotton. In New York I picked apples where we had to treat them just like eggs. They could not be bruised and the boss wanted just one size. You had to spot pick them. I have picked here for eight seasons; but since I have gotten out of the hospital, I am not much good." (He is a tuberculosis patient.) He added, "This citrus business, I guess it is the hardest of all." When questioned about specific health-related problems, he mentioned the ladder had to be placed just right, even if the wind almost blew the picker over. He told how one of his fellow workers had been sent back home to Mississippi with a broken back. He said, "I tried to tell him, you cannot lean the ladder too much, for it will break with your weight and the heavy bag of fruit too. Another problem is 'dew poisoning.' If you do not put iodine or turpentine on those cuts and scratches at night, you will get 'dew poisoning' for sure." He said, "It is something in the dew. When I first started picking in Florida, it took me a while to learn why some workers would not pick until the trees dried off in the mornings, but I soon caught on. There was one fellow

who got 'blood poisoning' from it. The rain just is not like dew." The conversation pointed out to the health workers a few of the health needs of the men who work in the groves. Some of these are wounds received from getting scratched by the thorny tree limbs which have probably been sprayed with a pesticide; injurys from falls; and the high incidence of respiratory diseases.

In July, four school teachers from the Florence Villa area which serves a large migrant population, participated in three weeks of field work with the county health department staff. Some of the field work included home visits with the nurse and clinic visits. Also, the teachers reached other community agencies which offer health services to children. The teachers received college credit for the course and the health educator coordinated the project.

In September the health educator worked with another teacher from this area and the health department sanitarian with a program on housing. During November, the health educator was invited to show a film to volunteers of the Polk County Migrant Ministry at a benefit tea. An exhibit was also set up where leaflets on health services and health information were distributed.

Library resource files were kept up-to-date during the entire time the health department has been participating in the program. Many of these publications will be kept for reference material for use by other agencies or institutions.

The health educator will continue to be interested in teaching and reaching the migrant agricultural workers and most especially their children with health information, because as one migrant was said to have remarked, "We ain't unteachable, just unteached."

OUT PATIENT CLINIC
POLK GENERAL HOSPITAL

MAY 1968

| | |
|---|---|
| General Practice | 1424 |
| OB-GYN | 203 |
| Pediatric | 373 |
| Surgery | 324 |
| Internal Medicine | 0 |

JUNE 1968

| | |
|---|---|
| General Practice | 1239 |
| OB-GYN | 212 |
| Pediatric | 328 |
| Surgery | 334 |
| Internal Medicine | 2 |

JULY 1968

| | |
|---|---|
| General Practice | 1421 |
| OB-GYN | 162 |
| Pediatric | 427 |
| Surgery | 366 |
| Internal Medicine | 4 |

AUGUST 1968

| | |
|---|---|
| General Practice | 1383 |
| OB-GYN | 213 |
| Pediatric | 412 |
| Surgery | 370 |
| Internal Medicine | 2 |

SEPTEMBER 1968

| | |
|---|---|
| General Practice | 1417 |
| OB-GYN | 183 |
| Pediatric | 358 |
| Surgery | 349 |
| Internal Medicine | 3 |

OCTOBER 1968

| | |
|---|---|
| General Practice | 1460 |
| OB-GYN | 178 |
| Pediatric | 381 |
| Surgery | 375 |
| Internal Medicine | 0 |

NOVEMBER 1968

DECEMBER 1968

| | |
|---|---|
| General Practice | 1364 |
| OB-GYN | 158 |
| Pediatric | 460 |
| Surgery | 365 |
| Internal Medicine | 3 |

This is total county outpatient. Based on social service figures approximately 10% of these are migrant.

POLK COUNTY HEALTH DEPARTMENT
Revised May 22, 1968
Clinic Schedule

| LOCATION | TYPE OF CLINIC | DAY | HOUR |
|---|---|---|---|
| Auburndale | X-ray & Health Card | Wed. (2 & 4th full week) | 9:00 - 11:30 |
| | Immunization | Wed. | 1:00 - 4:00 |
| | General & Nurse Conf. | Thur. | 8:00 - 10:00 |
| Bartow | Immunization | Tues. | 1:00 - 3:00 |
| | Maternity - Nurse Conf. | Wed. | 9:00 - 11:00 |
| | General Medical | Wed. | 1:00 - 3:00 |
| | IUD (Polk Gen. Hosp.) | Wed. (3rd) | 6:00 - 9:00 |
| | X-ray & Health Card | Fri. (2 & 4th full week) | 9:00 - 11:30 |
| Frostproof | General Medical | Mon. (2 & 4th) | 9:30 - 11:30 |
| | Immunization & Nurse Conf. | Tues. | 1:30 - 4:00 |
| | X-ray & Health Card | Wed. (2nd full week) | 1:30 - 3:30 |
| Haines City | General Clinic | Tues. | 8:00 - 10:30 |
| | Well Baby | Tues. | 1:00 - 3:00 |
| | IUD (night) | Tues. (3rd) | 6:00 - 9:00 |
| | New Maternity | Wed. | 8:00 - 11:30 |
| | Maternity & IUD (Private MD's) | Wed. | 8:00 - 10:00 |
| | Immunization | Wed. | 1:00 - 4:00 |
| | X-ray & Health Card | Thur. (alternating) | 9:00 - 11:30 |
| Lake Wales | X-ray & Health Card | Tues. (2 & 4th full week) | 9:00 - 11:30 |
| | IUD (Dr. Hardman) | Tues. (3rd) | 6:00 - 9:00 |
| | General Medical | Wed. | 9:00 - 11:30 |
| | Immunization & Nurse Conf. | Wed. | 1:00 - 4:00 |
| | Maternity (Dr. Hardman) | Thur. (2 & 4th) | 1:00 - 3:00 |
| Lakeland | 14 x 17 x-rays | Mon. | 8:00 - 9:30 |
| | 14 x 17 x-rays | Mon. | 3:00 - 4:00 |
| | X-ray & Health Card | Mon. | 1:30 - 4:00 |
| | Maternity - Nurse Conf. | Tues. | 8:00 - 11:30 |
| | General Med. & Well Child | Tues. | 1:00 - 4:00 |
| | Maternity - Medical | Wed. | 8:00 - 11:00 |
| | IUD (by appointment) | Wed. (1 & 3rd) | 1:00 - 2:00 |
| | IUD (night) | Wed. (3rd) | 6:00 - 9:00 |
| | Immunization | Thur. | 9:30 - 12:00 |
| | Immunization | Thur. | 1:00 - 4:00 |
| | Chest Clinic (reading x-rays) | Fri. | 9:00 - 11:30 |
| | General Clinic | Fri. | 9:30 - 12:00 |
| Mulberry | Immunization & Nurse Conf. | Tues. | 1:00 - 4:00 |
| | X-ray & Health Card | Wed. (4th) | 1:00 - 3:30 |
| | General Medical | Fri. | 1:00 - 3:00 |
| Winter Haven | Well Baby & Post Partum | Mon. | 12:30 - 2:30 |
| | IUD (night) | Mon. (3rd) | 6:00 - 9:00 |
| | Orthopedic (Dr. Jahn) | Tues. (1st) | 8:00 - |
| | X-ray & Health Card | Tues. | 1:30 - 4:00 |
| | Immunization | Wed. | 12:30 - 4:00 |
| | Maternity & IUD (Dr. Keith) | Thur. | 8:00 - 10:00 |
| | General Medical | Thur. | 12:30 - 2:30 |
| Waverly | Immunization | Mon. (1 & 3rd) | 2:00 - 4:00 |
| | General Medical | Mon. (2 & 4th) | 1:00 - 3:00 |

# TABLE I

County Polk-Migrant Period May 1968 - December 1968 

| CODE NUMBER | ACTIVITIES |
|---|---|

## J. MENTAL HEALTH Cont'd

| Type of Service | COUNTY HEALTH DEPARTMENT | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Physician (a) | | P. H. Nurse (b) | | Mental Health Worker (c) | | Mental Health Clinic (d) | |
| | Total this month | Total to date this year | Total this month | Total to date this year | Total this month | Total to date this year | Total this month | Total to date this year |
| 4. Field Visits — With Patients | | | | | | | | |
| 5 Field Visits — About Patients | | | | | | | | |
| 6 Office Visits — With Patients | | | | | | | | |
| 7 Office Visits — About Patients | | | | | | | | |
| 8 Mental Health Conferences | | | | | | | | |

| K. MISCELLANEOUS | UNDER 65 (a) | | OVER 65 (b) | | TOTAL | |
|---|---|---|---|---|---|---|
| | Total this month | Total to date this year | Total this month | Total to date this year | Total this month | Total to date this year |
| 1 Admissions to Morbidity Service | | | | | | |
| 2 Field Visits | | | | | | |
| 3 Office Visits | | | | | | |
| 4 General Medical Examinations | X X X | X X X | X X X | X X X | | |
| 5 Health Cards Issued | X X X | X X X | X X X | X X X | | |
| 6 Visits in the Interest of Vital Statistics | | | | | | |
| 7 Conferences or Visits in the Interest of Civil Defense | | | | | | 8 |
| 8 Visits in the Interest of Reported Accidents, Including Poisoning | | | | | | 14 |

| M. NURSING HOMES | | |
|---|---|---|
| 1. Number of Nursing Homes Admitted to Service | | 5 |
| 2 Visits to Nursing Homes (Field) | | 23 |
| 3 Nursing Home Conferences (Office) | | 1 |

## P. SANITATION

| | Admitted this month "X" | Admitted to date | Visits this month | Visits to date |
|---|---|---|---|---|
| Water | | | | |
| 1. Public Water Systems | | | | 3 |
| 2. Private Water Plants | | 33 | | 115 |
| 3. Bottled Water Plants | | | | |
| Sewage | | | | |
| 4. Public Sewerage System | | | | 5 |
| 5. Private Sewerage Systems | | 2 | | 2 |
| 6. New Specification Septic Tanks Installed | | 52 | | 60 |
| 7. New Specification Privies Installed | | 11 | | 11 |
| Miscellaneous | | | | |
| 8. Garbage Disposal Systems | | 1 | | 21 |
| 9. Subdivision Analysis | X X X X X | X X X X X | | |
| 10. Percolation and Soil Log Test | X X X X X | X X X X X | | 29 |
| 11. Pollution Survey | | 1 | | 16 |
| 12. Bathing Areas Surveyed | | 6 | | 11 |
| 13. Public Swimming Pools | | 3 | | 3 |
| 14. Schools | | 25 | | 60 |
| 15. Mobile Home Parks | | 7 | | 36 |
| 16. Camps | | 17 | | 79 |
| 17. Tourist Courts or Motels | | | | 2 |
| 18. Child Care Centers | | 11 | | 63 |
| 19. Complaints Investigated | | 128 | | 239 |

TABLE I. Continued

County Polk Migrant Period May through December 1968 Page 5

| CODE NUMBER | ACTIVITIES | Admitted this month | Admitted to date | Visits this month | Visits to date |
|---|---|---|---|---|---|
| P. | SANITATION Cont'd | | | | |
| 20. | Nuisances Corrected | X X X X X | X X X X X | | 94 |
| 21. | Plumbing | | | | 1 |
| 22. | Rabies — Animal Bites | 154 | | | 281 |
| | Protection of Food and Milk | | | | |
| 23. | Eating and Drinking Establishments | 32 | | | 457 |
| 24. | Food Processing Plants | | | | 35 |
| 25. | Abattoirs | 1 | | | |
| 26. | Shellfish and Crustacea | | | | |
| 27 | Grocery and Meat Markets | 43 | | | 150 |
| 28. | Other Food Establishments | | | | |
| 29. | Number Foodhandlers Trained | X X X X X | X X X X X | | 36 |
| 30. | Dairy Farms | 1 | | | 1 |
| 31. | Milk and Milk Products Plants | | | | |
| 32. | Cows Bangs Tested | X X X X X | X X X X X | | |
| 33. | Cows Tuberculin Tested | X X X X X | X X X X X | | |
| 34. | Dairy Farms under Mastitis Control Program | X X X X X | X X X X X | | |
| | FIELD VISITS | | | | |
| 35. | Private Premises | 20 | | | 49 |
| 36. | Public Premises | 6 | | | 8 |

V. HEALTH EDUCATION

| Type of Service | COUNTY HEALTH DEPARTMENT | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | HEALTH OFFICER | | P. H. NURSE | | SANITARIAN | | OTHER | |
| | Total this month | Total to date this year | Total this month | Total to date this year | Total this month | Total to date this year | Total this month | Total to date this year |
| 1. Meetings Attended, Spectator | | | | | | 16 | | |
| 2. Meetings Attended, Participant | | | | | | 36 | | |
| 3. Talks Made | | | | | | 36 | | |
| 4. Conferences | | | | | | 74 | | |
| 5. Programs Using Audio-Visual Aids | | | | | | 32 | | |
| 6. Radio and TV Programs, Participant | | | | | | 1 | | |
| 7. News Articles, Preparation and/or Publication | | | | | | | | |
| 8. Exhibits Prepared and/or Publication | | | | | | 4 | | |

X. LABORATORY - SPECIMENS EXAMINED

| CODE NUMBER | ACTIVITIES | Total this month | Total to date this year | CODE NUMBER | ACTIVITIES | Total this month | Total to date this year |
|---|---|---|---|---|---|---|---|
| | SEROLOGY | | | | PARASITOLOGY | | |
| 1. | Syphilis | | | 17. | Enteric | | |
| 2. | Agglutination | | | 18. | Other (Specify) | | |
| 3. | Rh | | | | VIROLOGY | | |
| 4. | Other (Specify) | | | 19. | CNS-Enteric (Central Nervous System) | | |
| | DIAGNOSTIC BACTERIOLOGY — MYCOLOGY | | | 20. | Respiratory | | |
| 5. | Tuberculosis | | | 21. | Rabies | | 9 |
| 6. | Diphtheria & Associated Infections | | | 22. | Other (Specify) | | |
| 7. | Enteric | | | | CHEMISTRY | | |
| 8. | Darkfield | | | 23. | Blood Sugar | | |
| 9. | Gonorrhea | | | 24. | Hemoglobin | | |
| 10. | Other (Specify) | | | 25. | Water — Chemical | | |
| | ENVIRONMENTAL BACTERIOLOGY | | | 26. | Radiological | | |
| 11. | Dairy Products | | 32 | 27. | Other (Specify) | | |
| 12. | Water (Drinking and Swimming Pools) | | 181 | | MISCELLANEOUS | | |
| 13. | Water (Pollution) | | 62 | 28. | Cell Count-CSF (Cerebrospinal Fluid) or blood | | |
| 14. | Utensils (Swabs) | | | 29. | Urinalysis | | |
| 15. | Food | | | 30. | Other (Specify) | | |
| 16. | Other (Specify) | | | | | | |



Director

Florida State Board of Health

Monthly Report of Activities A-2
Revised 10/67

TABLE II.

County:

| a. Camps | | | b. Other housing accommodations | | |
|---|---|---|---|---|---|
| Maximum Capacity | Number | Occupancy (peak) | Type | Number | Occupancy (peak) |
| Less than 10 persons | 0 | 0 | Farms | | |
| 10 - 25 persons | 3 | 54 | Other locations | 14 | 715 |
| 26 - 50 persons | 2 | 112 | | | |
| 51 - 100 persons | 6 | 1131 | | | |
| More than 100 persons | 5 | 1283 | | | |

2. Sanitation services

Table A. Survey of housing accommodations of migrants

| Housing accommodations | Total number | Number with Permits | Housing units | | | Dormitories | | |
|---|---|---|---|---|---|---|---|---|
| | | | Total number | Covered by permits | | Total number | Covered by permits | |
| | | | | Number | Maximum capacity | | Number | Maximum capacity |
| Camps | 16 | 16 | 97 | 35 | 175 | 32 | 28 | 1186 |
| Urban or other locations | 14 | 0 | 149 | 0 | | 4 | 0 | 240 |

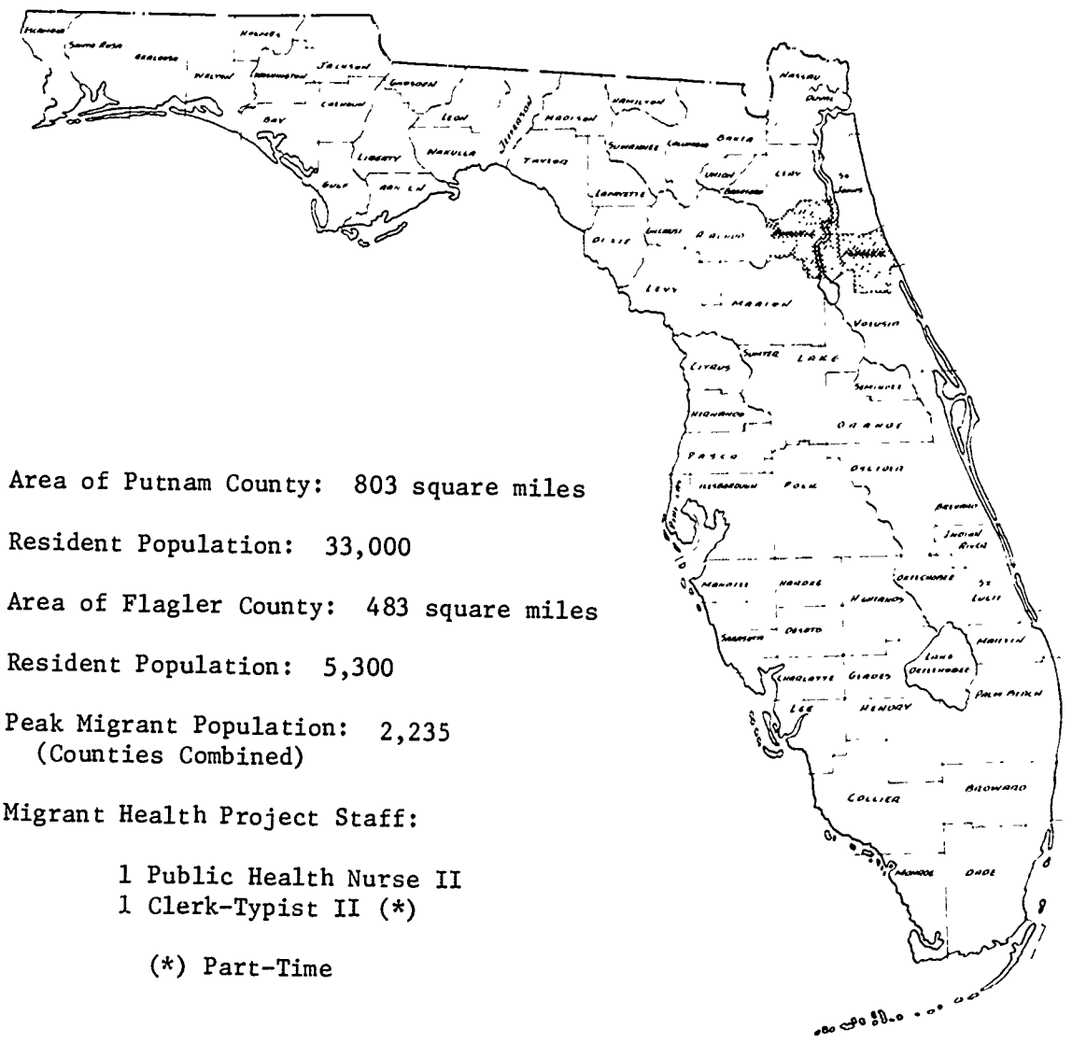
Table B. Inspection of living and working environment of migrants

| Item | Number of locations inspected* | Total number of inspections | Number of defects found | Number of corrections made |
|---|---|---|---|---|
| Living environment | | | | |
| a. Water | 19 | 33 | 77 | 77 |
| b. Sewage | 62 | 47 | 31 | 25 |
| c. Garbage and refuse | 31 | 77 | 144 | 62 |
| d. Housing | 187 | 237 | 948 | 312 |
| e. Safety | 187 | 237 | 165 | 81 |
| f. Food handling | 61 | 118 | 305 | 247 |
| g. Insects and rodents | 24 | 29 | 32 | 16 |
| h. Recreational facilities | 9 | 9 | 4 | 1 |
| Working environment | | | | |
| a. Water | 17 | 34 | 68 | 59 |
| b. Toilet facilities | 17 | 34 | 136 | 102 |
| c. Other | 17 | 34 | 170 | 93 |

* Locations - camps or other locations where migrants work or are housed

## PUTNAM & FLAGLER COUNTY HEALTH DEPARTMENTS

J. C. Brooks, Jr., M. D., Director




Area of Putnam County: 803 square miles

Resident Population: 33,000

Area of Flagler County: 483 square miles

Resident Population: 5,300

Peak Migrant Population: 2,235
(Counties Combined)

Migrant Health Project Staff:

1 Public Health Nurse II
1 Clerk-Typist II (*)

(*) Part-Time

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted June 23, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report
From May 1, 1968 Through April 30, 1969

PART I. GENERAL PROJECT INFORMATION

1. Project Title: A Program to Develop a Statewide Program of Health Services for Migrant Farm Workers and their Dependents in Florida

2. Grant Number (Use no. shown on the Grant Award Notice): MG-18F (69)

3. Grantee Organization (Name & Address):
PUTNAM & FLAGLER COUNTY HEALTH DEPARTMENTS
Putnam - P. O. Drawer 1070, Palatka, Florida 32077
Flagler - P. O. Box 57, Bunnell, Florida 32010

4. Project Director:
Peter G. Kroll, M. D.,
Acting Director

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 1887 | 777 | 1110 |
| Feb. | 2015 | 757 | 1258 |
| Mar. | 2235 | 977 | 1258 |
| Apr. | 2235 | 977 | 1258 |
| May | 2235 | 977 | 1258 |
| June | 1327 | 547 | 780 |
| July | 364 | 72 | 292 |
| Aug. | 364 | 72 | 292 |
| Sep. | 452 | 160 | 292 |
| Oct. | 1025 | 275 | 750 |
| Nov. | 1575 | 382 | 1193 |
| Dec. | 1220 | 616 | 604 |
| TOTALS | 16934 | 6589 | 10345 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 2784 | 1608 | 1176 |
| Under 1 year | 81 | 46 | 35 |
| 1 - 4 years | 101 | 55 | 46 |
| 5 - 14 years | 198 | 110 | 88 |
| 15 - 44 years | 975 | 533 | 442 |
| 45 - 64 years | 1199 | 762 | 437 |
| 65 + older | 230 | 102 | 128 |
| (2) IN-MIGRANTS TOTAL: | 1886 | 1243 | 643 |
| Under 1 year | 49 | 16 | 33 |
| 1 - 4 years | 76 | 29 | 47 |
| 5 - 14 years | 94 | 35 | 59 |
| 15 - 44 years | 723 | 509 | 214 |
| 45 - 64 years | 695 | 482 | 213 |
| 65 + older | 249 | 172 | 77 |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 46 | Jan. | June |
| In-Migs. | 58 | Nov. | June |

d. (1) Indicate sources of information and/or basis of estimates for 5a.
Reports from crew leaders, project records, and information from Farm Labor representatives and school principals.

(2) Describe briefly how proportions for sex and age for 5b were derived.
Project records and observations of migrants in their homes and camps.

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | 7 | 68 |
| 10 - 25 persons | 7 | 200 |
| 26 - 50 persons | 3 | 135 |
| 51 - 100 persons | 1 | 60 |
| More than 100 pers. | 0 | 0 |
| TOTAL* | 18 | 463 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Private Homes & Boarding Houses (Pal., Pomona Pk. Welaka, Crescent City & Bunnell | 451 | 1298 |
| TOTAL* | 451 | 1298 |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.

PHS-4207-7 (Page 1)
7-68

Form approved:
Budget Bureau No. 68-R1005

| POPULATION AND HOUSING DATA FOR PUTNAM COUNTY. | GRANT NUMBER MG-18F (69) |
|---|---|

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1__) for each county and summarize all of 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)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 1348 | 521 | 827 |
| Feb. | 1476 | 501 | 975 |
| Mar. | 1501 | 526 | 975 |
| Apr. | 1501 | 526 | 975 |
| May | 1501 | 526 | 975 |
| June | 818 | 321 | 497 |
| July | 337 | 62 | 275 |
| Aug. | 337 | 62 | 275 |
| Sep. | 425 | 150 | 275 |
| Oct. | 762 | 265 | 497 |
| Nov. | 1298 | 372 | 926 |
| Dec. | 681 | 360 | 321 |
| TOTALS | 11985 | 4192 | 7793 |

c. AVERAGE STAY OF MIGRANTS IN COUNTY

| | # Weeks | From (Mo.) | Through (Mo.) |
|---|---|---|---|
| IN-MIGS. | 27 | Jan. | June |
| OUT-MIGS. | 30 | Nov. | June |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS: TOTAL | 1893 | 1024 | 869 |
| Under 1 year | 57 | 36 | 21 |
| 1 - 4 years | 85 | 48 | 37 |
| 5 - 14 years | 151 | 89 | 62 |
| 15 - 44 years | 668 | 327 | 341 |
| 45 - 64 years | 766 | 465 | 301 |
| 65 + older | 166 | 59 | 107 |
| (2) IN-MIGRANTS: TOTAL | 980 | 643 | 337 |
| Under 1 year | 38 | 12 | 26 |
| 1 - 4 years | 60 | 23 | 37 |
| 5 - 14 years | 63 | 21 | 42 |
| 15 - 44 years | 265 | 203 | 62 |
| 45 - 64 years | 353 | 241 | 112 |
| 65 + older | 201 | 143 | 58 |

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | 2 | 18 |
| 10 - 25 pers. | | |
| 26 - 50 pers. | 2 | 95 |
| 51 - 100 pers. | 1 | 60 |
| More than 100 pers. | | |
| TOTAL* | 5 | 173 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Private Homes & Boarding Houses (Palatka, Pomona Park, Welaka & Crescent City) | 415 | 879 |
| TOTAL* | 415 | 879 |

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

REMARKS:

POPULATION AND HOUSING DATA
FOR FLAGLER COUNTY.

GRANT NUMBER
MG-18F (69)

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1__) for each county and summarize all of 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)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 539 | 256 | 283 |
| Feb. | 539 | 256 | 283 |
| Mar. | 734 | 451 | 283 |
| Apr. | 734 | 451 | 283 |
| May | 734 | 451 | 283 |
| June | 509 | 226 | 283 |
| July | 27 | 10 | 17 |
| Aug. | 27 | 10 | 17 |
| Sep. | 27 | 10 | 17 |
| Oct. | 263 | 10 | 253 |
| Nov. | 277 | 10 | 267 |
| Dec. | 539 | 256 | 283 |
| TOTALS | 4949 | 2397 | 2552 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS: | | | |
| TOTAL | 891 | 584 | 307 |
| Under 1 year | 24 | 10 | 14 |
| 1 - 4 years | 16 | 7 | 9 |
| 5 - 14 years | 47 | 21 | 26 |
| 15 - 44 years | 307 | 206 | 101 |
| 45 - 64 years | 433 | 297 | 136 |
| 65 + older | 64 | 43 | 21 |
| (2) IN-MIGRANTS: | | | |
| TOTAL | 906 | 600 | 306 |
| Under 1 year | 11 | 4 | 7 |
| 1 - 4 years | 16 | 6 | 10 |
| 5 - 14 years | 31 | 14 | 17 |
| 15 - 44 years | 458 | 306 | 152 |
| 45 - 64 years | 342 | 241 | 101 |
| 65 + older | 48 | 29 | 19 |

c. AVERAGE STAY OF MIGRANTS IN COUNTY

| | # Weeks | From (Mo.) | Through (Mo.) |
|---|---|---|---|
| IN-MIGS. | 19 | Feb. | June |
| OUT-MIGS. | 28 | Dec. | June |

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | 5 | 50 |
| 10 - 25 pers. | 7 | 200 |
| 26 - 50 pers. | 1 | 40 |
| 51 - 100 pers. | 0 | 0 |
| More than 100 pers. | 0 | 0 |
| TOTAL* | 13 | 290 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Private Homes & Boarding Houses | 26 | 362 |
| | 10 | 57 |
| | | |
| | | |
| | | |
| TOTAL* | 36 | 419 |

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

REMARKS: Many of the workers do not live in this county but go in to work by day-haul.

GRANT NUMBER MG-18F (69)

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

DATE SUBMITTED June 23, 1969

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 780 | 284 | 496 | 951 |
| Under 1 year | 62 | 25 | 37 | 82 |
| 1 - 4 years | 106 | 57 | 49 | 167 |
| 5 - 14 years | 85 | 41 | 44 | 121 |
| 15 - 44 years | 441 | 92 | 349 | 466 |
| 45 - 64 years | 79 | 62 | 17 | 105 |
| 65 + older | 7 | 7 | 0 | 10 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? 633

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 147

3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment)

No. of patients (exclude newborn) 19

No. of hospital days 87

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 19 | 4 | 15 |
| (1) No. Decayed, missing, filled teeth | 45 | 8 | 37 |
| (2) Avg. DMF per person | 8 | 2 | 6 |
| b. Individuals Requiring Services - Total: | | | |
| (1) Cases completed | 5 | 1 | 4 |
| (2) Cases partially completed | 14 | 6 | 8 |
| (3) Cases not start. | 3 | | 3 |
| c. Services Provided - Total: | 22 | 0 | 22 |
| (1) Preventive | 1 | 0 | 1 |
| (2) Corrective-Total | 7 | 0 | 7 |
| (a) Extraction | 14 | 0 | 14 |
| (b) Other | 0 | 0 | 0 |
| d. Patient Visits - Total: | 53 | 16 | 37 |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 322 * | 115 | 110 | 58 | 39 | 105 | 39 |
| Smallpox | 21 | 0 | 11 | 7 | 3 | 0 | 0 |
| Diphtheria | 85 | 36 | 24 | 12 | 13 | 31 | 8 |
| Pertussis | 72 | 36 | 24 | 12 | 0 | 31 | 8 |
| Tetanus | 85 | 36 | 24 | 12 | 13 | 31 | 9 |
| Polio | 44 | 6 | 18 | 10 | 10 | 12 | 3 |
| Typhoid | 2 | 0 | 0 | 2 | 0 | 0 | 7 |
| Measles | 13 | 1 | 9 | 3 | 0 | 0 | 0 |
| Other (Spec.) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS:

* NOTE: This figure does not include boosters and revaccinations or incomplete series.

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 2753 | 968 | 1785 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 420 | 166 | 254 |
| | 010 | Tuberculosis | 14 | 6 | 8 |
| | 011 | Syphilis | 13 | 3 | 10 |
| | 012 | Gonorrhea and Other Venereal Diseases | 61 | 18 | 43 |
| | 013 | Intestinal Parasites | 177 | 76 | 101 |
| | | Diarrheal Disease (infectious or unk. origs.): | 47 | 17 | 30 |
| | 014 | Children under 1 year of age | 29 | 10 | 19 |
| | 015 | All other | 35 | 14 | 21 |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | 22 | 12 | 10 |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | 22 | 10 | 12 |
| | 019 | Other Infectious Diseases (give examples): | | | |
| | | _____ | 0 | 0 | 0 |
| | | _____ | 0 | 0 | 0 |
| | | _____ | 0 | 0 | 0 |
| | | _____ | 0 | 0 | 0 |
| II. | 02- | NEOPLASMS: TOTAL | 0 | 0 | 0 |
| | 020 | Malignant Neoplasms (give examples): | 0 | 0 | 0 |
| | | _____ | 0 | 0 | 0 |
| | | _____ | 0 | 0 | 0 |
| | | _____ | 0 | 0 | 0 |
| | | _____ | 0 | 0 | 0 |
| | 025 | Benign Neoplasms | 0 | 0 | 0 |
| | 029 | Neoplasms of uncertain nature | 0 | 0 | 0 |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 123 | 38 | 85 |
| | 030 | Diseases of Thyroid Gland | 7 | 2 | 5 |
| | 031 | Diabetes Mellitus | 25 | 8 | 17 |
| | 032 | Diseases of Other Endocrine Glands | 12 | 5 | 7 |
| | 033 | Nutritional Deficiency | 39 | 13 | 26 |
| | 034 | Obesity | 40 | 10 | 30 |
| | 039 | Other Conditions _____ | 0 | 0 | 0 |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 56 | 14 | 42 |
| | 040 | Iron Deficiency Anemia . | 56 | 14 | 42 |
| | 049 | Other Conditions _____ | 0 | 0 | 0 |
| V. | 05- | MENTAL DISORDERS: TOTAL | 46 | 11 | 35 |
| | 050 | Psychoses | 5 | 1 | 4 |
| | 051 | Neuroses and Personality Disorders | 33 | 7 | 26 |
| | 052 | Alcoholism | 1 | 1 | 0 |
| | 053 | Mental Retardation | 7 | 2 | 5 |
| | 059 | Other Conditions _____ | 0 | 0 | 0 |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 94 | 44 | 50 |

PART II (Continued)
5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | 6 | 3 | 3 |
| | 061 | Epilepsy | 25 | 8 | 17 |
| | 062 | Conjunctivities and other Eye Infections | 24 | 11 | 13 |
| | 063 | Refractive Errors of Vision | 0 | 0 | 0 |
| | 064 | Otitis Media | 37 | 21 | 16 |
| | 069 | Other Conditions Guillian-Barie Syndrome | 2 | 1 | 1 |
| VII. | 07·· | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 185 | 53 | 132 |
| | 070 | Rheumatic Fever | 28 | 5 | 23 |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 56 | 15 | 41 |
| | 072 | Cerebrovascular Disease (Stroke) | 14 | 4 | 10 |
| | 073 | Other Diseases of the Heart | 3 | 2 | 1 |
| | 074 | Hypertension | 67 | 21 | 46 |
| | 075 | Varicose Veins | 17 | 6 | 11 |
| | 079 | Other Conditions | 0 | 0 | 0 |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 576 | 184 | 392 |
| | 080 | Acute Nasopharyngitis (Common cold) | 276 | 69 | 207 |
| | 081 | Acute Pharyngitis | 20 | 7 | 13 |
| | 082 | Tonsillitis | 39 | 12 | 27 |
| | 083 | Bronchitis | 8 | 4 | 4 |
| | 084 | Tracheitis/Laryngitis | 13 | 7 | 6 |
| | 085 | Influenza | 73 | 47 | 26 |
| | 086 | Pneumonia | 30 | 9 | 21 |
| | 087 | Asthma, Hay Fever | 49 | 12 | 37 |
| | 088 | Chronic Lung Disease (Emphysema) | 62 | 15 | 47 |
| | 089 | Other Conditions Pleurisy | 6 | 2 | 4 |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 62 | 34 | 28 |
| | 090 | Caries and other Dental Problems | 24 | 19 | 5 |
| | 091 | Peptic Ulces | 20 | 4 | 16 |
| | 092 | Appendicitis | 6 | 3 | 3 |
| | 093 | Hernia | 1 | 1 | 0 |
| | 094 | Cholecystic Disease | 10 | 6 | 4 |
| | 099 | Other Conditions Small Bowel Obstruction | 1 | 1 | 0 |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 155 | 51 | 104 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 47 | 16 | 31 |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | 9 | 5 | 4 |
| | 102 | Other Diseases of Male Genital Organs | 10 | 3 | 7 |
| | 103 | Disorders of Menstruation | 27 | 8 | 19 |
| | 104 | Menopausal Symptoms | 54 | 17 | 37 |
| | 105 | Other Diseases of Female Genital Organs | 8 | 2 | 6 |
| | 109 | Other Conditions | 0 | 0 | 0 |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 164 | 56 | 108 |
| | 110 | Infections of Genitourinary Tract during Preg. | 30 | 9 | 21 |

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PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | 40 | 10 | 30 |
| | 112 | Spontaneous Abortion | 19 | 6 | 13 |
| | 113 | Referred for Delivery | 16 | 16 | 0 |
| | 114 | Complications of the Puerperium | 30 | 9 | 21 |
| | 119 | Other Conditions | 29 | 6 | 23 |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 336 | 122 | 214 |
| | 120 | Soft Tissue Abcess or Cellulitis | 41 | 12 | 29 |
| | 121 | Impetigo or Other Pyoderma | 159 | 56 | 103 |
| | 122 | Seborrheic Dermatitis | 24 | 10 | 14 |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | 68 | 26 | 42 |
| | 124 | Acne | 42 | 16 | 26 |
| | 129 | Other Conditions | 2 | 2 | 0 |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 51 | 17 | 34 |
| | 130 | Rheumatoid Arthritis | 31 | 10 | 21 |
| | 131 | Osteoarthritis | 8 | 2 | 6 |
| | 132 | Arthritis, Unspecified | 12 | 5 | 7 |
| | 139 | Other Conditions | 0 | 0 | 0 |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | 9 | 2 | 7 |
| | 140 | Congenital Anomalies of Circulatory System | 9 | 2 | 7 |
| | 149 | Other Conditions | 0 | 0 | 0 |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | 44 | 11 | 33 |
| | 150 | Birth Injury | 0 | 0 | 0 |
| | 151 | Immaturity | 30 | 6 | 24 |
| | 159 | Other Conditions | 14 | 5 | 9 |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 206 | 91 | 115 |
| | 160 | Symptoms of Senility | 31 | 10 | 21 |
| | 161 | Backache | 68 | 27 | 41 |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 9 | 7 | 2 |
| | 163 | Headache | 43 | 14 | 29 |
| | 169 | Other Conditions | 55 | 33 | 22 |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 226 | 74 | 152 |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | 95 | 30 | 65 |
| | 171 | Burns | 10 | 4 | 6 |
| | 172 | Fractures | 56 | 17 | 39 |
| | 173 | Sprains, Strains, Dislocations | 34 | 14 | 20 |
| | 174 | Poison Ingestion | 10 | 4 | 6 |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | 21 | 5 | 16 |

| PART II. | | | Grant Number MG-18F (69) |
|---|---|---|---|
| | | | Number of Individuals |
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | 813 |
| | 200 | Family Planning Services | 51 |
| | 201 | Well Child Care | 43 |
| | 202 | Prenatal Care | 39 |
| | 203 | Postpartum Care | 17 |
| | 204 | Tuberculosis: Follow-up of inactive case | 11 |
| | 205 | Medical and Surgical Aftercare | 25 |
| | 206 | General Physical Examination | 4 |
| | 207 | Papanicolaou Smears | 7 |
| | 208 | Tuberculin Testing | 51 |
| | 209 | Serology Screening | 57 |
| | 210 | Vision Screening | 6 |
| | 211 | Auditory Screening | 0 |
| | 212 | Screening Chest X-rays | 61 |
| | 213 | General Health Counselling | 421 |
| | 219 | Other Services: | |
| | | Specify Referred to Rehabilitation | 5 |
| | | Referred to Crippled Children | 9 |
| | | Mental Health | 4 |
| | | Hemorrhoid - acute | 1 |
| | | Extra digit on left hand removed | 1 |

| PART III. - NURSING SERVICE | Grant No. MG-18F (69) |
|---|---|

| Type of Service | Number Day | Number Night |
|---|---|---|
| 1. NURSING CLINICS: | | |
| a. Number of Clinics | 104 | 13 |
| b. Number of Individuals Served - Total | 641 | 139 |
| 2. FIELD NURSING: | | |
| a. Visits to Households | 341 | |
| b. Total Households Served | 276 | |
| c. Total Individuals served in Households | 753 | |
| d. Visits to Schools, Day Care Centers | 19 | |
| e. Total Individuals Served in Schools and Day Care Centers | 19 | |
| 3. CONTINUITY OF CARE: | | |
| a. Referrals Made For Medical Care: Total | 205 | |
| (1) Within Area | 136 | |
| (Total Completed 136) | | |
| (2) Out of Area | 56 | |
| (Total Completed 56) | | |
| b. Referrals Made For Dental Care: Total | 13 | |
| (Total Completed 13) | | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | 49 | |
| (Total Completed 49) | | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | 26 | |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | 38 | |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | 198 | |
| (1) Number presenting health record | 12 | |
| (2) Number given health record | 41 | |
| 4. OTHER ACTIVITIES (Specify): | | |

REMARKS

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PART IV. SANITATION SERVICES | Grant Number MG-18F (69)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 18 | 594 | 4 | 190 |
| Other locations | 532 | 1384 | 0 | 0 |
| Housing Units - Family: | | | | |
| In camps | 30 | 90 | 16 | 60 |
| In other locations | 300 | 1008 | 0 | 0 |
| Housing Units - Single: | | | | |
| In camps | 20 | 200 | 0 | 0 |
| In other locations | 263 | 446 | 0 | 0 |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 25 | 11 | 33 | 20 | 2 | 6 | 2 | 6 |
| b. Sewage | 25 | 7 | 40 | 16 | 6 | 5 | 5 | 4 |
| c. Garbage and Refuse | 20 | 3 | 31 | 18 | 15 | 9 | 10 | 5 |
| d. Housing | 41 | 8 | 52 | 8 | 22 | 3 | 7 | 3 |
| e. Safety | 15 | 7 | 21 | 7 | 13 | 3 | 9 | 2 |
| f. Food Handling | 20 | 4 | 42 | 18 | 24 | 11 | 18 | 8 |
| g. Insects and Rodents | 18 | 7 | 38 | 14 | 17 | 8 | 11 | 5 |
| h. Recreational facilities | 2 | 0 | 27 | 0 | 1 | 0 | 0 | 0 |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | | xxxxx | | xxxxx | | xxxxx | |
| b. Toilet facilities | xxxxx | | xxxxx | | xxxxx | | xxxxx | |
| c. Other | xxxxx | | xxxxx | | xxxxx | | xxxxx | |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physicians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | |
| (1) Individual counselling | 0 | 51 | 341 | 0 | 0 | 0 |
| (2) Group counselling | 0 | 6 | 19 | 0 | 0 | 0 |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | 0 | 0 | 0 | 0 | 0 | 0 |
| (2) Direct services | 0 | 0 | 0 | 0 | 0 | 0 |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | 0 | 0 | 26 | 0 | 0 | 0 |
| (2) Group counselling | 0 | 0 | 0 | 0 | 0 | 0 |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | 0 | 0 | 0 | 0 | 0 | 0 |
| (2) Consultation with groups | 0 | 0 | 0 | 0 | 0 | 0 |
| (3) Direct services | 0 | 0 | 0 | 0 | 0 | 0 |
| E. Health Education Meetings | 0 | 0 | 0 | 0 | 0 | 0 |

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(*) Aides - other than Health Ed.

PUTNAM AND FLAGLER COUNTIES

MIGRANT HEALTH PROJECT ANNUAL REPORT

A. SUMMARY FOR ANNUAL PROGRESS REPORT

I. a. Period covered: May 1, 1968 through April 30, 1969.

The past twelve months have been essentially busy ones for the project. With the exception of the 3 - 4 months the majority of the migrant population has been working in other areas, the remaining months the laborers have been busy with the harvesting of fruit, cabbage, potatoes, gladiolus, and iris. With no freeze, and good growing conditions, workers have been much in demand.

b. Objectives listed in the last approved budget follow:

(1) To continue to improve the health and living conditions of the migrants by establishing night clinics and enlarging existing clinics.

(2) To increase services to the urban Negro and seek out migrants living in this area.

(3) Expanding family planning services.

(4) To continue with V. D. and T. B. screening and to increase diabetic screening.

(5) Increase environmental sanitation services.

(6) To utilize all available facilities and material for health education.

c. Objectives from year to year have, thus far, been virtually the same. The added objective this year of a night migrant clinic was stressed and it was finally established because of the growing need for this type service. We were fortunate in finding an available clinician and facilities to bring this most important objective to fruition.

d. Each year the migrants are becoming more aware of the services available to them. Many of the workers are from New York, New Jersey, Virginia, South Carolina, and Texas. There has been a decided change in the attitude and dress of many of them. This is especially true as regards the females. They are more aware of the importance of cleanliness and improving their health in general. This has been especially noted in a group from Charleston, South Carolina. The majority of the migrants, upon leaving this area,

will go to North Carolina, Virginia, New Jersey, Delaware, and New York. Most of them travel in groups of from 12 to 300 persons. The vast majority of our migrants are Negroes. Regarding the economic situation, this has been an excellent season. The workers started in fruit in November, continuing on to cabbage and flowers, and are now finishing up with the potato crop. The yield has been good; as have prices on the market. The changes in farm practices have not changed notably in the past years. Machinery is used where it can be; but laborers are still much in demand.

Health services seem to vary from year to year for the migrant. During the past year many were seriously ill, a number of them requiring hospitalization. During another year this may not be true.

We have had many migrants referred to us from an adjoining county where there is no Migrant Health Project. Most of these have been in dire need of medical attention and we have been able to meet these needs. Our night clinics and inpatient hospitalization have been real answers in many situations.

II. The relationships between the migrants and growers along with the crew leaders have been about the same as in past years. Some of the migrants look to the crew leader for leadership and assistance. Others are very independent. The grower usually deals with the crew leaders and has little contact with the workers.

This past year the Community Action Program, through their multi-service centers, have worked with the migrants in sewing and cooking classes. Many of the younger women have taken a great deal of pride in being able to make dresses. Through the program of the multi-service centers, family planning groups have been organized. Much interest and participation has taken place here. Various church groups have given clothes and household items to needy workers. These articles are placed in the multi-service center and distributed there.

III. Monthly staff conferences are held to keep the department personnel up to date on the project. The health officer, project nurse and clerk, and the sanitarian who contributes time and effort to the program attended the annual State Migrant Health Conference in Sarasota.

IV. We have achieved and would generally appraise our previously listed objectives as follows:

(1) This goal was further realized in February, 1969, by establishment of a weekly night clinic held in a building provided by the Community Action Program. Patients and their conditions will be listed elsewhere. More migrants are seen in our general clinics. Prior to this period many were referred to private physicians.

(2) Individual contact was made with crew leaders and they, along with the growers, were told of the specific services we offer and how they could be helpful in assisting their crews in taking advantage of them.

More migrants were contacted on an individual basis, in the field, home, and the clinics.

(3) This was done on an individual basis, as well as showing films and having discussions in clinics, and multi-service centers. Many are using the "pill", and a surprising number have requested and received intrauterine devices.

(4) This has not been done to the extent we anticipated, but we plan to implement this in the coming year. There has been much V. D. and T. B. screening carried out, with positive findings.

(5) Even though we do not have a project sanitarian, the staff sanitarians continue to do a commendable job.

(6) We have not done as much in this area as we would like to, but are continuing with films, discussions, and informal classes on subjects of interest to the migrant. With the addition of a health educator to the State project staff, plans are in the making for additional services in this area.

## B. MEDICAL AND DENTAL SERVICES

The establishing of a weekly night migrant clinic was the greatest achievement of the year. It began on February 3, 1969, and during the remaining three months of the report year a substantial number of migrants were seen. All of the patients were definitely in need of medical attention and quite possibly would not have received care had it not been for this facility.

In providing medical services to migrant workers and their families, they are seen in our regular health department clinics, in as well as our weekly night clinics. This clinic is staffed by a local retired physician, a clerk, and a staff nurse. The clinic is held each Monday night from 8:00 p.m. till 10:00 p.m. The regular clinic in Palatka is held each Tuesday and Wednesday and in Bunnell on each Wednesday afternoon. There are also two clinics in Crescent City weekly, Monday morning and Wednesday afternoon, and in Interlachen the first and third Thursday afternoons. Health department facilities are used for these clinics. Migrant patients may be referred to a local physician or dentist on a fee-for-service basis. The dental program needs to be strengthened; perhaps this will be implemented with the help of the project (state) health educator.

Through experience, we have found that the workers do not request dental care, or services, unless they are having a great deal of dental trouble.

The medical services have been strong because of the numerous clinics available, the cooperation of private physicians, and in-service hospital arrangement with one hospital in the project area.

Special emphasis needs to be placed on increasing dental services for the coming year.

## C. HOSPITAL SERVICES

Patients are referred to the participating hospital by a physician. The nurse usually knows a patient is going into the hospital, or is informed of this within 24 hours of admission. There is a good working relationship between the personnel of the hospital and the project. When the patient is discharged from the hospital, follow-up is made by the project nurse. One problem encountered is that the discharged patients do not always go to the home, or address, they give us before leaving the hospital. This has caused concern on the part of the nurse and has happened in four cases this year. As stated elsewhere, the in-service hospital arrangement has solved many problems this year. At least there was a place the migrants could be referred when necessary for deliveries, emergencies (including operations) and many serious ailments which afflict them. Two migrant workers seen this year had their own hospital insurance. We felt this was unusual.

Crippled children's services have been used, county and state welfare have helped, the community action program has contributed faci-ities, and volunteer help.

We feel that we have a very good working relationship with the hospital and all agencies through which we have worked this year.

## D. NURSING SERVICES

I. The specific objectives of the nurses are to encourage mothers to have their children immunized, to convince prenatal and postpartum patients to attend clinic, to plan health programs for schools, to encourage child-spacing, and encourage good nutrition and follow-up on T.B., V.D., and mental health patients.

There is one full-time nurse and a part-time secretary paid by the project, and they alone could not carry on the migrant program without the other very capable members of the health department staff; including five nurses and four sanitarians.

We work very well with the welfare departments and the Community ACtion Program.

Consultation may be received from any member of the State Board of Health in the area we feel help is needed.

At this time we are looking forward to a meeting with the Migrant Health Project health educa r to plan for the implementation of a concrete program for the coming year.

Any migrant worker (or his dependents) are eligible for services in our clinics. This is determined by talking with the patient to find out who he works for and when he last went up the stream to work. We follow the policies and procedures set forth by the project, the State Board of Health, and the local health officer.

Patients may be referred for care to a local physician on a fee-for-service basis or may be seen in the hospital's emergency room and then a check is made

with the project nurse to determine eligibility when there is doubt. Local referrals are made by a staff nurse or the health officer. We are very successful in receiving completed referrals from the physicians.

The project-approved referral form is used for out-of-state referrals. Most of these are completed and returned. The main reason for this success, I believe, is that a complete address and telephone number (when possible) is listed on each referral.

Attendance in both day and night clinics has increased. Many home visits have been made, particularly to those with premature babies; sick, elderly migrants; and any others we felt were in need of close supervision, especially in the areas of medication and nutrition.

II. This project year has been most reqarding. More migrants have been seen and treated because of the night clinic. More workers have followed instructions, especially as far as returning to clinic for check-ups is concerned. They do not come in for services unless they are actually sick. More emphasis needs to be placed on health education. This is being planned through our schools, night clinic, and multi-service centers; as well as home and camp visits.

III. Essentially the same objectives will be given priority again for the coming year.

CASE HISTORY: Baby Girl Armstrong

In January, 1969, a premature infant female, weighing four pounds, three ounces, was born to a 17-year-old Negro girl in the home of a mid-wife. She was taken back to the labor camp the following day. The project nurse was there to help the mother with the baby. A card-board box with a small pillow and several pieces of cloth were used to make a bed for the baby. Heat was supplied by filling glass jars with hot water and placing them in the box. Feeding instructions were given to the mother, including a schedule to wake the infant and feed her every two hours. The nurse visited the baby every day for a week; then three times a week for three weeks. After feeling the mother was adequately caring for the infant, visits were made periodically. The baby now weighs 12 pounds and is doing fine.

## E. SANITATION SERVICES

The specific objective is to provide a general and continuing improvement in the environment of the migrant laborer and his family. The staff includes two full-time professional sanitarians (county health department) who are seldom able to contribute more than five per cent of their time in any month to migrant work. There is no project sanitarian, although this would be highly desirable.

Relationships vary considerably. It is sad, but true, that the great majority of migrants are still unknown to the sanitarian. Many migrants are friendly and cooperative; others hostile, but most are simply apathetic.

Putnam County vegetable growers are fading from their original basic place in the migrant picture, as they no longer provide housing and usually deal by contract directly with a crew leader. In this locale there is still field and packing-house sanitation to consider as a grower responsibility. There has been considerable improvement in packing-house sanitation since the project began, especially in the last two years. Field sanitation is quite another story and will be a problem for some years to come. Some growers have at least partially met this problem by providing toilet facilities in barns or storage sheds at the field.

There are three camps in southern Putnam County owned by citrus growers which are in fair shape. Many Flagler County growers continue to provide migrant housing of a sort. Most are too small to qualify for permits under state code definitions and most are in such a state of disrepair they could not be permitted anyway. There has been no involvement in regard to sanitation with farm labor representatives, extension agents, F.H.A., or community groups.

The project nurse is an eagle-eyed "whip" who notes deficiencies everywhere and expects corrections immediately.

A visit from representatives of the Research Service of the Department of Agriculture resulted in agreement as to deplorable conditions in some housing areas, apathy of people involved and difficulty in inspiring grower expenditures for labor housing improvements. These people recognize the problem and are eager to cooperate, but their program is not designed to be of much direct help. There has been no other consultation except for the Annual Migrant Health Conference.

Consultation is particularly needed with the growers in Flagler County. This is primarily a matter of "not enough time" to push this program along with all the other demands on a sanitarian's time.

Camps are generally of concrete block construction and range from very good to very poor. A high percentage of migrants live in private housing which also ranges from good to very poor. Many are in Jim Walter-type shell homes which have never been finished. There seems to be no appreciable trend except for one camp which continues to expand.

Authority for issuance of permits: State Code, San. 434 - Rev. 5/62 (Application for Permit), San. 435 - Rev. 5/62 (Inspection Form - Camps), San. 413 - Rev. 7/63 (Inspection Form - Food Service Establishment).

In general, the following factors govern importance:

In the East Palatka vegetable area, there are three camps; (only one large enough to permit) owned by crew leaders. These individuals have all come to understand the basic reasoning behind our requirements, are cooperative, and provide repairs and improvements as finances permit.

In the Crescent City area the camps are owned by large citrus growers. Here the problem is one of contacting the owner, who is usually an absentee owner, or gaining approval of expenditures through some chain of corporate command.

In Flagler County there seems to be some feeling of hostility from the growers. This arises in part as defensiveness over financial inability to make the major improvements needed. There is also some age-old callous attitude toward the hired

help. There is apt to be distrust for any "government man" as well as bitter experiences through the year with a labor force that tends to drunkenness and deplorable carelessness with property and equipment. There is one well built camp in Flagler County which in two seasons has experienced breakage of everything except the outer walls and roof. The camp has also suffered stopped-up and overflowing sewage and continually scattered garbage and shower stalls stuffed full of mattresses. A grower is naturally reluctant to pay for repairs or replace appliances and furniture under these conditions.

Water: Most camps provide water under pressure and hot water. A few still are dependent on water piped from flowing wells with no water heater.

Sewage disposal: Most camps are provided with septic tanks. There is a high incidence of related problems due in large part to the use of toilets as dispose-alls for cans, bottles, and old clothes. Broken toilets are a major and continuing problem.

Garbage and refuse disposal: Migrants are by nature a "litter bug" type and this is naturally reflected in their surroundings. The degree of control exercised by the camp manager is the dominant factor here. Refrigeration is generally satisfactory in camp kitchens.

Food handling practices are all too frequently well below acceptable standards. Personal hygiene has improved considerably, apparently due to the efforts of the project nurse, but good kitchen practices are virtually impossible to teach. The "keep food hot or cold" theory is apt to be considered something of a joke by those who think of proper storage as some place the ants cannot get in. There may be some logical base for this disinterest, as there appears to be an innate resistance, or even immunity of a sort, to food-borne illness among Negroes.

Insect control is no more effective than sporadic aerosal or spray can treatment will allow. In the best of camps there is usually at least one door or window screen broken.

Rodent control is practically non-existent, except as related to such garbage disposal as is carried out, but there is no indication that rodents are a problem. Only one camp provides any recreation - a pool table and "juke box" in the dining room. The others rely on "juke joints," usually nearby, and fishing areas, which in most cases, are also nearby.

General cleanliness suffers from personal habits of the tenants, and again the degree of control expected by the camp manager is most obviously indicated in this area.

Water supplies in work areas seem to be adequate. In the field there is usually a flowing well. Most of the packing houses provide water fountains. Hand washing facilities are usually satisfactory around the packing houses, but are still very primitive in the field. Food handling in the field is primarily an individual responsibility as most provide themselves with sandwiches or a bowl of chicken or fish and rice shoved into a used paper sack. These lunches stay in a truck or hang out of reach of dogs in a shed or under a tree. This practice serves only to

strengthen the supposition of some divinely endowed type of immunity for which health departments and the project can take no credit.

There has been little improvement in toilet facilities in the field, although there has been some installation of toilets in barns or field headquarters. Most fields are still provided with privies, usually unapproved. The packing houses are, in general, provided with flush toilets.

Health education in regard to sanitation is limited to individual contacts, usually with crew leaders or growers. There have been gains and improvements each year, but results have been, in general, disappointing. No plan is practical until the growers will listen to it, the crew leaders will accept it, and the migrants want it. Only the second of these conditions is now partially met.

The success of the sanitation program may be measured in two ways: One, to judge the general condition of the camps and work areas now as against their condition when the program started, which would produce quite some satisfaction at the many accomplishments. The other, to judge against accepted standards which would force an acknowledgement of a monumental task yet to be done and absolute frustration as to how to go about it. The three geographic divisions brought out previously must be considered here, as they are in three distinct phases or levels.

Connections are obtained by personal contact with owners or managers. Personal contact is the key to success of this program and is probably the main limiting factor since there is so little time devoted to it.

There are no plans to change our original objective: Improvement of the environment. This may sound like an over-simplification of a many-sided problem, but does, in fact, include all the multitude of facets in a sanitation program. There are no changes in procedure envisioned, but this does not preclude the adaption of suggestions, from the project staff or others, which may be practical.

## F. HEALTH EDUCATION SERVICES

Please refer to the foregoing sections for information relating to this subject.

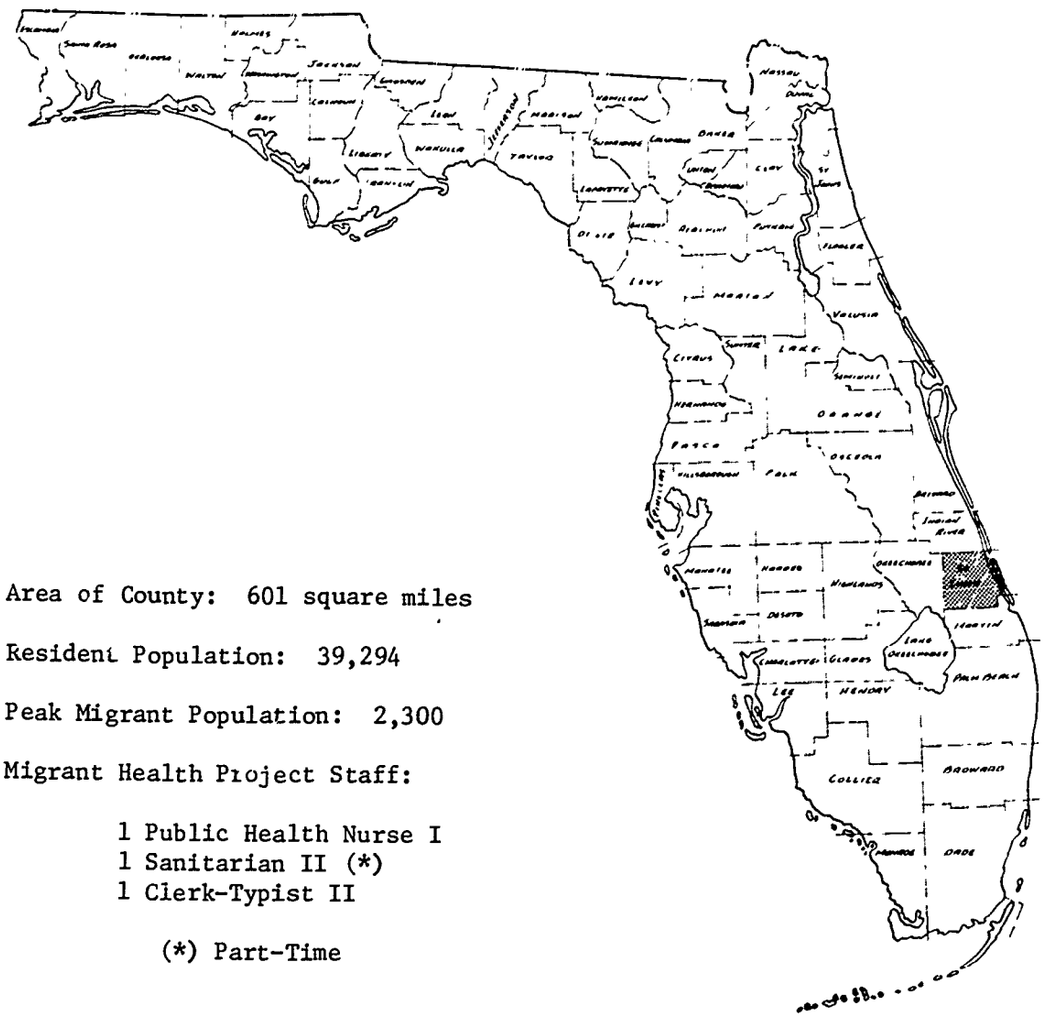
## G. OTHER SERVICES

Emphasis in the migrant nutrition section or education program has been through individual and group conferences with health department staff members who participate in the Migrant Health Program in clinics, on visits in the home, and in camps. Individual diet counseling in the area of maternal, child, and family health and therapeutic diets have been provided to migrants who attend general medical clinics.

Information on nutritional needs of children with specific mention of problems of the migrant children was given to the county health, education, and welfare committee.

## SAINT LUCIE COUNTY HEALTH DEPARTMENT

Neill D. Miller, M. D., Director



Area of County: 601 square miles

Resident Population: 39,294

Peak Migrant Population: 2,300

Migrant Health Project Staff:

1 Public Health Nurse I
1 Sanitarian II (*)
1 Clerk-Typist II

(*) Part-Time

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted May 23, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report: From May 1, 1968 Through April 30, 1969

PART I. GENERAL PROJECT INFORMATION

1. Project Title: A program to develop a statewide program of health services for migrant farm workers and their dependents in Florida

2. Grant Number (Use no. shown on the Grant Award Notice): MG-18F (69)

3. Grantee Organization (Name & Address)
St. Lucie County Health Department
Post Office Box 580
Fort Pierce, Florida 33450

4. Project Director
N. D. Miller, M. D., Director

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 2,200 | 100 | 2,100 |
| Feb. | 2,300 | 200 | 2,100 |
| Mar. | 2,300 | 200 | 2,100 |
| Apr. | 2,300 | 200 | 2,100 |
| May | 1,700 | 0 | 1,700 |
| June | 620 | 0 | 620 |
| July | 425 | 0 | 425 |
| Aug. | 350 | 0 | 350 |
| Sep. | 375 | 0 | 375 |
| Oct. | 1,320 | 0 | 1,320 |
| Nov. | 1,930 | 0 | 1,930 |
| Dec. | 2,150 | 50 | 2,100 |
| TOTALS | 17,970 | 750 | 17,220 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 2,123 | 1,097 | 1,026 |
| Under 1 year | 42 | 22 | 20 |
| 1 - 4 years | 359 | 199 | 160 |
| 5 - 14 years | 655 | 320 | 335 |
| 15 - 44 years | 1,010 | 530 | 480 |
| 45 - 64 years | 47 | 22 | 25 |
| 65 + older | 10 | 4 | 6 |
| (2) IN-MIGRANTS TOTAL: | 197 | 111 | 86 |
| Under 1 year | 4 | 2 | 2 |
| 1 - 4 years | 30 | 16 | 14 |
| 5 - 14 years | 56 | 30 | 26 |
| 15 - 44 years | 103 | 61 | 42 |
| 45 - 64 years | 4 | 2 | 2 |
| 65 + older | 0 | 0 | 0 |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 36 | Oct./Nov. | June |
| In-Migs. | 18 | December | May |

d. (1) Indicate sources of information and/or basis of estimates for 5a.
Survey of several hundred homes in the Lincoln Park area of Ft. Pierce; clinic records; conferences with crew leaders; inspection of labor camps.

(2) Describe briefly how proportions for sex and age for 5b were derived.
Lincoln Park survey; clinic records - projection percentages to estimated population.

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | | |
| 10 - 25 persons | | |
| 26 - 50 persons | 1 | 26 |
| 51 - 100 persons | 1 | 15 |
| More than 100 pers. | 1 | 97 |
| TOTAL* | 3 | 148 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Lincoln Park area of Ft. Pierce | 500+ | 2,150 |
| | | |
| | | |
| | | |
| TOTAL* | 500+ | 2,150 |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.



Form approved:
Budget Bureau No. 68-R1005

PART II - MEDICAL, DENTAL, AND PITAL SERVICES

GRANT NUMBER MG-18F (69)

DATE SUBMITTED

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. T al Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 1,145 | 478 | 667 | 1,509 |
| Under 1 year | 112 | 30 | 82 | 141 |
| 1 - 4 years | 290 | 125 | 165 | 347 |
| 5 - 14 years | 166 | 80 | 86 | 212 |
| 15 - 44 years | 407 | 117 | 290 | 526 |
| 45 - 64 years | 159 | 118 | 41 | 238 |
| 65 + older | 11 | 8 | 3 | 18 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? 1,145

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 93

3. MIGRANT PATIENTS HOSPITALIZED

X SEE BELOW (Regardless of arrangements for payment)

No. of patients (exclude newborn) 36

No. of hospital days 236

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 418 | 77 | 341 |
| (1) No. Decayed, missing, filled teeth | 1,854 | 411 | 1,443 |
| (2) Avg. DMF per person | 4+ | 5 | 4 |
| b. Individuals Requiring Services - Total: | 418 | 77 | 341 |
| (1) Cases completed | 12 | 5 | 7 |
| (2) Cases partially completed | 406 | 72 | 334 |
| (3) Cases not start.. | 93 | 7 | 86 |
| c. Services Provided - Total: | 401 | 56 | 345 |
| (1) Preventive | 3 | 2 | 3 |
| (2) Corrective-Total | 393 | 54 | 339 |
| (a) Extraction | | | |
| (b) Other | | | |
| d. Patient Visits - Total: | 511 | 84 | 427 |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 747** | 108 | 299 | 290 | 50 | 324 | 13 |
| Smallpox | 97 | 9 | 38 | 40 | 10 | 0 | 5 |
| Diphtheria | 179 | 19 | 85 | 75 | 0 | 107 | 0 |
| Pertussis | 56 | 19 | 37 | 0 | 0 | 75 | 0 |
| Tetanus | 238 | 19 | 89 | 90 | 40 | 107 | 8 |
| Polio | 114 | 19 | 35 | 60 | 0 | 35 | 0 |
| Typhoid | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Measles | 63 | 23 | 15 | 25 | 0 | 0 | 0 |
| Other (Spec.) | | | | | | | |

REMARKS:

*X PART II - Emergency room patient visits - 91

** This figure does not include incomplete series or boosters and revaccinations.

PART II (Continued)
5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F(69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 1,584 | 885 | 699 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 287 | 156 | 131 |
| | 010 | Tuberculosis | 11 | 7 | 4 |
| | 011 | Syphilis | 7 | 4 | 3 |
| | 012 | Gonorrhea and Other Venereal Diseases | 31 | 25 | 6 |
| | 013 | Intestinal Parasites | 67 | 34 | 33 |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | 7 | 7 | |
| | 015 | All other | 44 | 15 | 29 |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | 12 | 6 | 6 |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | 85 | 39 | 46 |
| | 019 | Other Infectious Diseases (give examples): | | | |
| | | Sores of skin, ulcer of skin | 17 | 14 | 3 |
| | | Cellulitis meningitis | 5 | 4 | 1 |
| | | Whooping cough | 1 | 1 | |
| | | | | | |
| II. | 02- | NEOPLASMS: TOTAL | 21 | 4 | 17 |
| | 020 | Malignant Neoplasms (give examples): | 13 | 3 | 10 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 025 | Benign Neoplasms | 8 | 1 | 7 |
| | 029 | Neoplasms of uncertain nature | | | |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 160 | 49 | 111 |
| | 030 | Diseases of Thyroid Gland | 3 | 1 | 2 |
| | 031 | Diabetes Mellitus | 5 | 3 | 2 |
| | 032 | Diseases of Other Endocrine Glands | 6 | 3 | 3 |
| | 033 | Nutritional Deficiency | 83 | 16 | 67 |
| | 034 | Obesity | 26 | 8 | 18 |
| | 039 | Other Conditions | 37 | 18 | 19 |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 3 | 2 | 1 |
| | 040 | Iron Deficiency Anemia | 3 | 2 | 1 |
| | 049 | Other Conditions | | | |
| V. | 05- | MENTAL DISORDERS: TOTAL | 4 | 3 | 1 |
| | 050 | Psychoses | | | |
| | 051 | Neuroses and Personality Disorders | 1 | 1 | |
| | 052 | Alcoholism | 1 | 1 | |
| | 053 | Mental Retardation | 2 | 1 | 1 |
| | 059 | Other Conditions | | | |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 82 | 30 | 52 |

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PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | 5 | 1 | 4 |
| | 061 | Epilepsy | 17 | 6 | 11 |
| | 062 | Conjunctivities and other Eye Infections | 32 | 13 | 19 |
| | 063 | Refractive Errors of Vision | 28 | 10 | 18 |
| | 064 | Otitis Media | | | |
| | 069 | Other Conditions | | | |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 105 | 34 | 71 |
| | 070 | Rheumatic Fever | 6 | 1 | 5 |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 32 | 11 | 21 |
| | 072 | Cerebrovascular Disease (Stroke) | 1 | 1 | |
| | 073 | Other Diseases of the Heart | 4 | 1 | 3 |
| | 074 | Hypertension | 56 | 17 | 39 |
| | 075 | Varicose Veins | 5 | 2 | 3 |
| | 079 | Other Conditions | 1 | 1 | |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 465 | 413 | 52 |
| | 080 | Acute Nasopharyngitis (Common cold) | 337 | 337 | |
| | 081 | Acute Pharyngitis | 3 | 1 | 2 |
| | 082 | Tonsillitis | 36 | 22 | 14 |
| | 083 | Bronchitis | 36 | 20 | 16 |
| | 084 | Tracheitis/Laryngitis | | | |
| | 085 | Influenza | 8 | 7 | 1 |
| | 086 | Pneumonia | | | |
| | 087 | Asthma, Hay Fever | 36 | 17 | 19 |
| | 088 | Chronic Lung Disease (Emphysema) | 2 | 2 | |
| | 089 | Other Conditions Sinusitis | 7 | 7 | |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 45 | 19 | 26 |
| | 090 | Caries and other Dental Problems | 17 | 10 | 7 |
| | 091 | Peptic Ulces | 7 | 3 | 4 |
| | 092 | Appendicitis | | | |
| | 093 | Hernia | 2 | 1 | 1 |
| | 094 | Cholecystic Disease | | | |
| | 099 | Other Conditions Constipation, vomiting | 19 | 5 | 14 |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 56 | 25 | 31 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 8 | 2 | 6 |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | 2 | 1 | 1 |
| | 102 | Other Diseases of Male Genital Organs | | | |
| | 103 | Disorders of Menstruation | 4 | 2 | 2 |
| | 104 | Menopausal Symptoms | 2 | 1 | 1 |
| | 105 | Other Diseases of Female Genital Organs | 40 | 19 | 21 |
| | 109 | Other Conditions | | | |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 7 | 7 | |
| | 110 | Infections of Genitourinary Tract during Preg. | | | |

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PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | | | |
| | 112 | Spontaneous Abortion | | | |
| | 113 | Referred for Delivery | 7 | 7 | |
| | 114 | Complications of the Puerperium | | | |
| | 119 | Other Conditions | | | |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 170 | 55 | 115 |
| | 120 | Soft Tissue Abcess or Cellulitis | 16 | 7 | 9 |
| | 121 | Impetigo or Other Pyoderma | 59 | 23 | 36 |
| | 122 | Seborrheic Dermatitis | 16 | 5 | 11 |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | 68 | 18 | 50 |
| | 124 | Acne | 11 | 2 | 9 |
| | 129 | Other Conditions | | | |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 66 | 31 | 35 |
| | 130 | Rheumatoid Arthritis | | | |
| | 131 | Osteoarthritis | | | |
| | 132 | Arthritis, Unspecified | 12 | 6 | 6 |
| | 139 | Other Conditions | 54 | 25 | 29 |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | 4 | 2 | 2 |
| | 140 | Congenital Anomalies of Circulatory System | 2 | 1 | 1 |
| | 149 | Other Conditions | 2 | 1 | 1 |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | 2 | 1 | 1 |
| | 150 | Birth Injury | | | |
| | 151 | Immaturity | | | |
| | 159 | Other Conditions | 2 | 1 | 1 |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 65 | 30 | 35 |
| | 160 | Symptoms of Senility | | | |
| | 161 | Backache | 19 | 5 | 14 |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 15 | 9 | 6 |
| | 163 | Headache | 27 | 15 | 12 |
| | 169 | Other Conditions | 4 | 1 | 3 |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 42 | 24 | 18 |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | 25 | 14 | 11 |
| | 171 | Burns | 3 | 1 | 2 |
| | 172 | Fractures | 4 | 3 | 1 |
| | 173 | Sprains, Strains, Dislocations | 1 | 1 | |
| | 174 | Poison Ingestion | | | |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | 9 | 5 | 4 |

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5

| PART II. | | | Grant Number MG-18F (69) |
|---|---|---|---|
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | Number of Individuals 73 |
| | 200 | Family Planning Services | 150 |
| | 201 | Well Child Care | 19 |
| | 202 | Prenatal Care | 28 |
| | 203 | Postpartum Care | 0 |
| | 204 | Tuberculosis: Follow-up of inactive case | 15 |
| | 205 | Medical and Surgical Aftercare | 2 |
| | 206 | General Physical Examination | 0 |
| | 207 | Papanicolaou Smears | 49 |
| | 208 | Tuberculin Testing | 350 |
| | 209 | Serology Screening | 125 |
| | 210 | Vision Screening | 500 |
| | 211 | Auditory Screening | 500 |
| | 212 | Screening Chest X-rays | 40 |
| | 213 | General Health Counselling | 100 |
| | 219 | Other Services: Specify _____ | |

| PART III. - NURSING SERVICE | Grant No. MG-18F (69) |
|---|---|
| Type of Service | Number |
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 0 |
| b. Number of Individuals Served - Total | 0 |
| 2. FIELD NURSING: | |
| a. Visits to Households | 422 |
| b. Total Households Served | 302 |
| c. Total Individuals served in Households | 559 |
| d. Visits to Schools, Day Care Centers | 1 |
| e. Total Individuals Served in Schools and Day Care Centers | 3 |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | 132 |
| (1) Within Area | 117 |
| (Total Completed 93 ) | |
| (2) Out of Area | 15 |
| (Total Completed 1 ) | |
| b. Referrals Made For Dental Care: Total | 1 |
| (Total Completed 1 ) | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | 86 |
| (Total Completed 44 ) | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | 5 |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | 0 |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | 50 |
| (1) Number presenting health record | 15 |
| (2) Number given health record | 577 |
| 4. OTHER ACTIVITIES (Specify): | |

REMARKS Part III, 2. Continued - Visits to hospital patients regarding migrant status: 41
Visits to crew leaders: 20

*3. Many of these referrals are by the Monday clinician to his office for planned parenthood (the spring), which he does free of charge. We have no way of knowing how many are completed.

PART IV. SANITATION SERVICES | Grant Number MG-18F (69)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 3 | 250 | 2 | 220 |
| Other locations | 500+ | 4,000+ | 0 | |
| Housing Units - Family: | | | | |
| In camps | 2 | 118 | 1 | 88 |
| In other locations | 350+ | 2,500+ | 0 | |
| Housing Units - Single: | | | | |
| In camps | 1 | 132 | 1 | 132 |
| In other locations (Rooming houses) | 150+ | 1,500+ | 0 | |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 3 | 350 | 22 | 1,015 | 1 | 1 | 1 | 0 |
| b. Sewage | 3 | 350 | 22 | 1,015 | 1 | 7 | 1 | 4 |
| c. Garbage and Refuse | 3 | 350 | 22 | 1,015 | 0 | 10 | 0 | 10 |
| d. Housing | 3 | 350 | 22 | 1,015 | 0 | 85 | 0 | 20 |
| e. Safety | 3 | 350 | 22 | 1,015 | 0 | 22 | 0 | 12 |
| f. Food Handling | 3 | 350 | 22 | 1,015 | 0 | 10 | 0 | 5 |
| g. Insects and Rodents | 3 | 350 | 22 | 1,015 | 0 | 39 | 0 | 20 |
| h. Recreational facilities | 3 | 350 | 22 | 1,015 | 0 | 1 | 0 | 0 |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | 0 | xxxxx | 0 | xxxxx | 0 | xxxxx | 0 |
| b. Toilet facilities | xxxxx | 0 | xxxxx | 0 | xxxxx | 0 | xxxxx | 0 |
| c. Other | xxxxx | 0 | xxxxx | 0 | xxxxx | 0 | xxxxx | 0 |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physicians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | |
| (1) Individual counselling | | | 300 | 103 | | Nutrit. 150 |
| (2) Group counselling | | | 50 | 6 | | 300 |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | | | 4 | 0 | | 4 |
| (2) Direct services | | | 10 | 0 | | 2 |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | | | 27 | 0 | | 0 |
| (2) Group counselling | | | | | | |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | | | 25 | 0 | | 10 |
| (2) Consultation with groups | | | | | | 3 |
| (3) Direct services | | | | | | |
| E. Health Education Meetings | | | 12 | 0 | | 4 |

(*) Aides - other than Health Ed.

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## ST. LUCIE COUNTY, FLORIDA

### A. SUMMARY

PERIOD COVERED BY THIS REPORT: May 1, 1968 to April 30, 1969

The objectives of the St. Lucie County Migrant Health Project for this reporting year, as stated in the previous progress report, were as follows:

(1) To make medical and hospital care available to the migrant and his family.

(2) To provide comprehensive and emergency dental care for the migrant population.

(3) To increase our nursing service to the migrant.

(4) To upgrade the environmental health conditions of the migrant population.

(5) To develop and implement a health education program, especially making the migrant aware of the medical and dental services available to him and his family, and teaching him to use these services to provide better health and living conditions.

These objectives were basically the same as during the previous reporting year. It should be pointed out that the St. Lucie project is a relatively new program. The first clinic session was held in June, 1967, and project staffing was not completed until a sanitarian was employed in May, 1968. With very limited experience and an incomplete staff, it was necessary that program objectives be brief and basic. With additional experience and a full staff we are in a better position to evaluate the needs of the migrant and to direct our efforts more accurately towards the solution of his problems.

Clinic attendance increased considerably during this reporting year. The medical clinic attendance increased 70 per cent per clinic session with a 200 per cent per session increase noted for dental clinic attendance. This was due, in part, to the many home visits and visits to crew leaders and labor contractors by the nurse and the sanitarian. Perhaps even more important to the increase was the fact that the migrants receiving clinic services told other migrants of the clinic program. The sanitarian attended clinic sessions for the primary purpose of meeting the migrants and discussing, individually and in groups, their problems relating to both the living and the working environment. The nurse and the sanitarian made joint home visits on a number of occasions where the team educational approach appeared to be desirable. Our records indicate that during the past two years of operation about 50 per cent of the migrant population have had some direct contact with the migrant clinic.

The migrant sanitarian began his duties on May 1, 1968. His first objectives were to survey the county to determine as accurately as possible the number of migrants, the condition of their housing accommodations, and the extent of their general environmental health problems. Recognizing that complete accuracy when dealing with a fluid migrant population is impossible, the sanitarian's findings are based, none the less upon scientifically gathered information with an honest effort being made to obtain as accurate and reliable data as possible. This information was obtained by use of clinic records, by a survey of several hundred homes in the Lincoln Park area of Fort Pierce, by attending evening clinic sessions to become acquainted with the migrants, by contacting all known crew leaders and labor contractors, by a thorough survey of the grove areas, and by discussions with many individuals, groups, and agencies dealing with migrant and agricultural workers.

Certain facts relating to the target population, some in direct contrast with previously reported data, are now evident. The total number of migrants during the peak season approximated 2,300 persons. The migrants of St. Lucie County are primarily resident, Negro out-migrants who live in the Lincoln Park area of Ft. Pierce. In 1968, over 50 resident crew leaders carried over 1,600 persons to the east coast of South Carolina, Virginia, and on into Pennsylvania and New York. Exhibit "A" gives details as to where each crew leader went "up the road" in 1968. This information was supplied entirely by the individual crew leader who was not always sure of the name or the spelling of the farm where he worked, but instead would know it by the name of the farm foreman or other individual under whom he worked.

Housing conditions in the Lincoln Park area are being continually improved due to the adoption of a minimum housing code by the City of Ft. Pierce and through several Federal housing projects and improvement loan programs in effect. One such program, Improvement Project I, so called, takes in a 23-block area and the total cost of this project alone will approximate $1,000,000 of Federal and local funds. The sanitarian found over 80 per cent of the several hundred homes inspected to be satisfactory.

In an attempt to include the migrant as an integral part of the program, the migrant nurse and sanitarian contacted all known crew leaders. In general this proved quite ineffectual as few ever referred any of their crew members to the clinic for medical or dental assistance. Also an organization of the crew leaders' wives was contacted on several occasions and the services of the migrant staff offered, but a request for these services was never received. Continued effort will be made to include the migrant insofar as possible in various activities of the program, especially those relating to the needs of the migrant.

Liaison was maintained with the state and county welfare agencies, TB and Respiratory Association of Southeast Florida, the American Cancer Society (who also paid airplane fare for one migrant to the Cancer Home in Atlanta, Ga.), the Florida Council for the Blind, the Farm Labor Employment office, the County Agent, the City of Ft. Pierce Building Department, and the Federal Housing Authority. Significant help in the field of nutrition was received from the regional nutritionist who put on many food demonstrations and gave several talks to various groups. He also gave

individual counseling to a number of migrants referred by the medical clinician. Migrants referred to the County Welfare Department by the migrant nurse to determine their eligibility for commodity foods were screened and in each case the migrant family was found to be eligible and they are now receiving commodity foods. Assistance was also provided the project staff on several occasions by the Assistant to the State Migrant Health Project Director.

The migrant sanitarian visited several participating county health departments for orientation in May and June which provided him with an insight into many of the problems confronting migrant sanitarians in other areas of the state. The migrant staff attended the Farm Labor Conference in Orlando late in August and the Annual Migrant Health Conference held in Sarasota early in November. The migrant nurse spent a very rewarding eight weeks of public health orientation with the Palm Beach County Health Department from September 15 through November 15.

The greatest problem confronting the clinic staff for the coming year is that while it will be our goal to inform as many migrants as possible of the clinic and its various services, the clinic from November through June is already operating over capacity. A continued increase in attendance as experienced this year will be impossible to handle without additional nursing and clerical personnel.

Probably the most significant change in our objectives for the coming year will be the expansion of the sanitarian's duties into the field of health education. These objectives are:

(1) To continue to make medical and hospital care available to the migrant and his family through the medical clinic and referrals to physicians on a fee-for-service basis.

(2) To continue to provide comprehensive and emergency dental care for the migrant population through the dental clinics.

(3) To continue to provide nursing services to the migrant. A further increase in this service is impossible without additional nursing personnel.

(4) To upgrade the housing and general environmental health conditions of the target population through individual home visits and group health education.

(5) To develop and implement a formal health education program to be headed by the sanitarian. This program is already being implemented and is outlined in detail in the Sanitation Section of this report.

## B. MEDICAL AND DENTAL SERVICES

Clinic sessions are held in the evening at 813-A North Thirteenth Street, which is centrally located in the area where most of the migrants live. The staff consists of a Public Health Nurse I and a Clerk-Typist II.

Two medical clinicians staff the Monday and Wednesday evening clinics, November through May. Our Wednesday clinician stays until all patients have been seen, regardless of the time. If it were not for this, we could not care for all the patients seeking care on many Wednesdays. The Monday night clinician is very much interested in the Planned Parenthood Program. He uses the "spring" -- an interuterine device not used in the St. Lucie County Health Department Planned Parenthood Clinic. He talks to each woman of child-bearing years who has had a pregnancy and explains the device to her. In his own office, free-of-charge for all migrant patients, he inserts and will also remove the "spring" if the patient is not satisfied. The clinicians take turns staffing the Wednesday clinic June through October.

One dentist staffs the dental clinic held every Tuesday evening November through May, and the second and fourth Tuesday evenings June through October.

All clinicians work on a set fee per clinic session, regardless of the number of patients seen. The clinic consists of a waiting room, two examining rooms, a storeroom where medical and clerical supplies are kept, a dental room with the usual dental equipment, two bathrooms, a storeroom for housekeeping supplies, and a darkroom.

Patients are questioned as to their Social Security number, address, crew leader, and place of work upstream; and also their place of work and crew leader here. If the migrant has no Social Security number, an application card is given to him and, if he desires, help is provided in completing the application.

Patients are seen by the physician in either of the two examining rooms. Medications are ordered by the doctor and dispensed by the nurse under the doctor's supervision. If the needed drug is not in stock, the patient is given a prescription to be filled at a local drug store of his choice. Drugs are stocked as doctors order them, since several persons can be treated for the same amount as the price of one prescription. Patients are treated symptomatically and special care is taken to explain each treatment or medication carefully so that the patient will understand. Milk and vitamins, which have been donated to the Migrant Project, are given when ordered by the physician - milk for the young babies and vitamins for the larger children as well. Many of these children are vitamin deficient due to poor eating habits. An appointment is made when laboratory services are indicated and the patient goes there for the tests ordered.

Referrals are made by the doctors and the public health nurse makes appointments for x-rays, laboratory tests, or services of a specialist. The patient is advised by phone (or home visit if necessary) of the time of his appointment. Dental referrals are made to one of the medical clinics when the dentist finds a condition he believes needs medical attention.

Doctors treat patients in their offices on a fee-for-service basis. Most of these are referred by one of the clinicians or the nurse. We have no dentist working on a fee-for-service basis in this area as our dentists have a backlog of regular patients who have to wait three or four months for a routine dental examination.

Our clinic sessions are reduced in the off-season but, due to the number of families

of migrants who do not follow the season, our home visits number about the same.

The resources of the Migrant Education Project have been utilized when feasible to provide payment to the physician for in-hospital care when migrant children are hospitalized as funds are not available for this purpose through our program.

Health education is given by the clinicians as they see the patients, as well as by the nurse, sanitarian, and nutritionist while patients are waiting to be seen by the doctor. Posters and pamphlets are readily available and on display.

The nutritionist has given lectures on nutrition and food preparation demonstrations on the use of commodity foods (foods prepared are then enjoyed by the audience). This has proven very beneficial to persons receiving commodity foods, as many of them had not known how to use these foods effectively in a variety of ways.

One of our clinicians is especially interested in planned parenthood. He speaks to every young woman who has had a child and to other mothers when they come to the clinic, telling them of the need and practical reasons for spacing children.

The increased success of both the medical and dental clinics is readily evident by an analysis of Part II of the Statistical Section. Last year there were 19 dental clinics attended by 151 patients; while during this reporting year, 511 patient visits were made to 22 clinics. This shows an increase per clinic from eight persons to 23 persons; an increase of almost 200 percent. In addition, it was necessary at almost every dental clinic session to refuse services to upwards of ten persons per session because of a lack of time. (A number of dental clinics had to be cancelled due to the unavailability, on occasion, of the one participating clinician.) The majority of the patients served experienced their first dental care, necessitating extractions - as pointed out in table two (c2), many of which were most difficult.

During the 1967-1968 reporting year, 54 medical clinics served 581 patients, an average of 10+ per clinic session. During the 1968-1969 year, 67 clinics served 1,145 patients, or 17+ patients per clinic session. This shows a 70 per cent increase per clinic session, even with an increased number of clinics. Part II (5) (VIII) shows quite clearly that acute nasopharyngitis (common cold) took precedence over all other illnesses, with intestinal parasites, hypertension and impetigo following, in that order. Ninety-three patients were treated in doctors' offices on a fee-for-service basis. The majority of these patients were referrals from the clinic by a clinician, though some referrals were sent by the public health nurse in off-clinic hours when the situation warranted immediate action. Ninety-one patients were seen in the hospital emergency room, most of whom went of their own accord, without any referral. In some instances, wrong addresses or incomplete information resulted in lost revenue for the hospital as the public health nurse was unable to locate these patients and consequently, could not verify their eligibility for service under project auspices.

Thirty-six patients received hospitalization during the year. The hospital would notify the migrant project of a patient thought to be a migrant. The public health nurse would then make a visit to the hospital to interview the patient in order to ascertain migrant status. The public health nurse would then, in addition, contact the crew leader involved (if the patient was unknown to the public health nurse)

for verification of information received.

The migrant nurse received public health orientation for two months which was most helpful in dealing with the migrant situation, as well as the routine part of public health nursing. Consultation is readily available with the supervisors in the county health department and consultation was received from the Assistant to the Migrant Health Project Director in Jacksonville. In-service programs and workshops given in the area were attended by the public health nurse. The Migrant Health Project and its nursing service policies have been discussed with the public health nursing consultant.

The migrant nurse does not feel the nursing services are as adequate as they might be due to the number of patients seen and the speed with which they must be handled in order to care for all the patients who come to the clinic. A sincere attempt is made to give each patient some personal attention, but it is most difficult with the time being so limited. Our clinicians are interested in the project and do all in their power to expedite care for the migrants.

CASE STUDY NO. ONE: On May 6, 1968, a 56-year-old male patient came to the clinic with a large lump on the right side of his neck; he was referred to the tumor clinic. He was seen at the tumor clinic and was also seen by a local physician in his office. Palliative treatment was given when the patient came to the migrant clinic in severe pain.

An appointment was made at the University Hospital Cancer Clinic in Gainesville. The patient was diagnosed "cancer lateral pharyngeal wall metastatic to neck." The patient received two cobalt treatments for possible palliation of advanced cancer.

He had another chest x-ray on June 28, 1968 which showed very little change. The patient lived in a rooming house by himself. Other roomers looked after him and helped him to some degree.

The Director of County Welfare gave money for the patient so he could have nourishment on his bus trips to Gainesville. The local cancer society paid for his bus fare.

The patient was getting weaker and the Director of the Tumor Clinic recommended that the patient go to Our Lady of Perpetual Help Hospital in Atlanta, Georgia, for proper care. A phone call was made to the hospital and arrangements confirmed. The patient was desirous of going, and one of the clinicians personally paid his way there.

CASE STUDY NO. TWO: A seven-month-old child was referred to us by the Migrant Camp Nurse in 1967. The public health nurse went to the address given but the family had not returned from "up the road." The family finally returned and the mother took the child to the doctor (project clinician), who referred her to the migrant clinic.

The clinician placed the child on a meat-base formula and topical medication. This cleared the skin up some, but did not cure the condition. The family could not afford the formula and so the public health nurse

sent the patient to the County Welfare office to see if they could help. They not only aided in getting the formula but also found this family of eight eligible for commodity foods. A referral was given when the family went up north for the summer. The mother took the child to a pediatric clinic in Sodus, New York. The child had eczema and second degree infection and was put on Soyalac formula as she couldn't get meat-base formula. The mother had trouble finding the clinic and took the child to a private doctor using Medicaid in New York state. The doctor advised continuing the salve being used. The child was admitted to the Sodus Hospital in October, 1968, as the eczema became worse. The child was hospitalized for 15 days and some improvement was noted. The family returned home in November and came to the clinic. The clinician kept her on topical medication and the condition would improve and regress. The clinician referred the child to Shand's Teaching Hospital in Gainesville. They changed the medication and her condition is the best it has been, although there is regression at times. The child is on a restricted diet - still no milk. She still runs a temperature when the skin condition flares up. She is still under the care of Shand's Teaching Hospital and we supply the medicine needed.

## C. HOSPITAL SERVICES

The majority of our hospital patients are admitted to the hospital after beind treated in the emergency room. A few are admitted by a private doctor and, of course, if one of our clinicians feels a person is in need of hospitalization, he will admit him. After the patient has been interviewed by the credit manager, the hospital notifies the Migrant Health Project. The public health nurse makes a hospital visit to ascertain if the patient is a migrant, obtains the crew leader's name, and checks with the crew leader for verification.

The hospital system for determining whether or not a person is a migrant could be improved. Many migrants come into the migrant clinic and tell the public health nurse they have been in the hospital or to the emergency room, even though the public health nurse was never notified. In some instances the public health nurse hears of a person being in the hospital whom she knows is a migrant, and after checking with the hospital (indigent clerk), makes a routine visit to establish definite migrant status. Some migrant patients are treated in the emergency room if they have the cash and many are not treated because they have no money and no one asks them whether or not they are migrants.

CASE STUDY: A 54-year-old male patient was brought to the medical clinic in January, actuely ill with the flu. He was treated, given medication, and told to remain in bed. We saw nothing of this patient for five weeks, when he came back to the clinic, still acutely ill, coughing and very weak. The clinician ordered a chest x-ray to rule out possible tuberculosis. The x-ray was taken, the patient found to have pneumonia and admitted to the hospital as an inpatient. The crew leader in this instance took the patient for x-rays and to the hospital for admission.

## D. NURSING SERVICE

The nursing objectives are: to care for the sick migrant, to try to educate and treat him symptomatically so he will be able to remain in a condition of better health; to have migrant children immunized, and to inform the migrant of the family planning and other clinics available to him at the county health department.

We have a full-time Public Health Nurse I and a full-time Clerk-Typist II, The Regional Nutritionist attended several clinics and gave individual help to patients when requested by the doctor.

There are no Vista workers in this area at present, so we have no volunteer workers.

The public health nurses of the St. Lucie County Health Department have some contact with the migrants as they attend the various clinics at the health department.

The other health and welfare agencies in town have been most cooperative when called on and we have tried to cooperate with them in the same manner. The County Welfare Agency has been most helpful in screening migrants referred by the public health nurse for eligibility for commodity foods. This has been a big help to our patients, especially during the slack season.

One of the pharmacists in town has been most helpful in answering questions and even donated a tray for counting pills. Of course, clinic patients are free to go to any pharmacy they desire to have prescriptions filled.

Consultation and guidance was given by the County Nursing Director on a routine ongoing basis.

When a patient comes to the clinic, his eligibility is determined on the first visit and then at the beginning of the season each successive year. He is seen by the doctor and treated. Drugs are dispensed by the nurse under the doctor's supervision. (All policies are carried out under the regulations of the County Health Department.)

Our clinics are the family type and have been described previously in this narrative.

Migrants are eligible for the crippled children's clinics, the tuberculosis program, mental health, and the Florida Council for the Blind assistance. The Migrant Education Project has fees for doctors and is always seeking out migrant children needing special attention. The names of a large number of migrant children attending special kindergartens were obtained through utilization of migrant clinic records. Terminal cancer patients are accepted at Our Lady of Perpetual Help Cancer Home in Atlanta, Georgia, without charge. Our patients attend the tumor clinic, can be seen by doctors staffing the tumor clinic and can be referred by them to Shand's Teaching Hospital in Gainesville, Florida, for further treatment.

We have only a few labor camps in this area and their occupants have been informed of the clinic and its services and do attend the clinic when necessary.

The public health nurse assisted the nutritionist in a program, "Buying More for Your Money," at the Partent-Teachers group meeting of one of the local day nurseries. The group seemed interested and said they would welcome further nutritional help in the Fall. Health education is carried on by the public health nurse an an integral part of [illegible], both in the clinic setting and during home visits on a variety of t[illegible]cluding: the need for immunization of children, planned parenthood for mothers, and other pertinent subjects.

Referrals to the physicians, surgeons, or other specialists are made by clinicians and is described earlier in the narrative. However, the return of information to be filed with the patient's migrant clinic record is very poor.

The nurse and the clerk are generally available to the migrant as the clinic is open and attended during many hours of the day, as well as during the evening clinic sessions. As rapport is esta blished with the migrants, they come to discuss many problems with the project staff. If a person is ill at a time other than on a clinic day, arrangements are made for him to either see a physician or go to the emergency room as the need indicates.

We use the standard referral forms on migrancy, issue health cards where necessary, and otherwise issue a small I.D. card.

Crew leaders were individually notified of our clinic services offered by the public health nurse and sanitarian. Two crew leaders who did get to know us well last year have been most cooperative in getting their crews in for necessary care and seeing that they return for checkups when ordered by the doctor.

Most referrals "out" were completed. Few of our patients let us know when or where they were going so it was not always possible to send a referral. We reminded them at every clinic to let us know when they were leaving. Most patients who receive continuous treatment have a health card listing same. In addition, the nurse tells new patients in the hospital of the services offered by the project. Many more home visits were completed this past year and the patients are becoming much more trusting of the staff and the clinic. On the home visits immunization was stressed probably more than any other subject.

Migrant referrals "in" were slow to be processed due mainly to incorrect or vague addresses and use of aliases.

Staff training is provided by means of in-service training programs. Reading literature is available on assorted topics.

Nursing services are not really adequate due to the number of patients cared for by one public health nurse. With additional personnel, much more nursing service could be available to the migrants.

CASE STUDY: A 14-year-old boy with six digits on each hand was brought

here with a crew after his mother had abandoned him in New Jersey. He was seen by our clinician who referred him to a surgeon. The surgeon set up time for surgery. The Migrant Education Program was going to pay for the surgery and the Migrant Health Project for the hospital. At this point we became cognizant of the fact that there was no legal guardian for the boy, so surgery could not be performed. The mother is supposedly still "up the road" and the crew leader has agreed to do what he can in an attempt to locate the mother and have the boy taken care of while they are "up the road" this summer. If successful, this points out another way the crew leaders can be of invaluable assistance to the project.

## E. SANITATION SERVICES

On May 1, 1968, a full-time senior sanitarian was employed by the St. Lucie County Health Department and was assigned to the migrant program. One of his first functions was to outline in writing his objectives and duties for the 1968-1969 season. These objectives were forwarded to the State Board of Health where favorable comment was obtained on them. Briefly stated, they were as follows:

(1) To determine as accurately as possible the number of migrants by the month in St. Lucie County.

(2) To determine where they lived and to document the overall condition of migrant housing accommodations.

(3) To determine the extent of environmental health and other problems confronting migrants who live in, or come for a period of time, to St. Lucie County.

During the initial phase of the sanitarian's survey it became clear that, unlike many other areas, the migrants in St. Lucie County were primarily out-migrants - residents of Ft. Pierce who lived not in labor camps but in the Lincoln Park area of the city. The sanitarian therefore devised a survey card which proved quite successful in documenting necessary and desired information. To date, over 450 migrant housing accommodations in Ft. Pierce have been surveyed.

As the sanitarian proceeded with his survey, certain facts became increasingly evident. The number of migrants in St. Lucie County previously estimated (information obtained through other agencies dealing with the migrant population and by using other available resource information) had been over-estimated. It has now been determined that the peak migrant population for the 1968-1969 season approximated 2,300 persons. Of these, over 1,600 went "up the road" with local crew leaders in 1968.

Table I shows that 70 per cent of the crews left Ft. Pierce in June, the majority of them returning in October.

TABLE I.

| CREWS LEFT FORT PIERCE | | | CREWS RETURNED TO FORT PIERCE | | |
|---|---|---|---|---|---|
| MONTH | NO. CREWS | NO. PERSONS | MONTH | NO. CREWS | NO. PERSONS |
| May | 5 | 184 | August | 1 | 25 |
| June | 35 | 1,137 | September | 4 | 111 |
| July | 3 | 36 | October | 30 | 935 |
| August | 4 | 78 | November | 15 | 492 |
| September | 3 | 103 | | | |

Sketch 1 shows the three main migratory paths followed by the Ft. Pierce crews. The crews that left Ft. Pierce in May and early June went first to the Beaufort, Frogmore, Johns Island area of South Carolina, then to the Cape Charles area of Virginia and finally on to Pennsylvania and New York as shown in Path A. Other crews, Path B, went a little later in the season directly to Virginia and then on to the Pennsylvania - New York area. The remainder left in July, August, and September, Path C, and migrated directly to Pennsylvania and New York, chiefly for apples and potatoes.

Exhibit "A" breaks this information down by individual crew leaders indicating the exact areas of migration. The information in Exhibit "A" was supplied in toto by the crew leaders themselves.

As has been previously stated, the majority of migrants reside in the Lincoln Park area of Ft. Pierce. A certain percentage of migrants move around rather rapidly, the great majority appear to be quite stable. Housing in the Lincoln Park area is being continually upgraded due chiefly to two factors:

(1) The adoption of a minimum housing code by the City of Ft. Pierce - cooperation was good with the building department and referrals for the purpose of condemnation and upgrading of housing were made many times during the year.

(2) Since July, 1967, over $250,000 Federal monies have been spent on the rehabilitation of a 23 block area (Project I). Total cost of the project is estimated at $940,000 and includes rehabilitation of 307 residences, street paving, lighting, sidewalks, and other public improvements. This project is scheduled for completion in March, 1970. Further, new Federally-sponosred housing and lease-housing programs in effect have provided new housing for hundreds of low-income families. The sanitarian received good cooperation from the housing authority who placed approximately 20 migrant families into project housing when such requests were made by the migrant project staff.

During the year, over 450 residences in the Lincoln Park area were surveyed. At the present time, the "active file" contains about 330 dwellings housing migrants. Of these, 63 families own their own homes, generally three bedroom single homes of cement block construction. It should be pointed out in all fairness that <u>most</u> of these 63 families are crew leaders and not the average migrant

family. The great majority rent their dwellings on a seasonal basis, fewer on a more-or-less permanent basis. About 50 per cent of the rental units are duplexes, about 25 per cent single homes, and the remainder are of the multi or rooming house category. Over half of these are of cement block construction and have all modern conveniences. No migrant families in the Lincoln Park area were found who did not have flush toilets. Of the 331 residences presently active (this represents approximately 60 per cent of the estimated total migrant housing), 246 were classified by the sanitarian as good; 54 fair; and 31 poor. General environmental health conditions were about the same - 257 good, 54 fair, and 20 poor. These figures do not include about 30 substandard dwellings which originally housed migrants who either moved on their own or to the project, or those buildings which were condemned during the year.

Approximately 150 in-migrants were housed in three labor camps. Two of these camps are under permit and in very good condition. The third camp is generally satisfactory but the future use of this camp is questionable at this time. If it operates next year, efforts will be made to bring it under permit. Two other labor camps are permitted, but these house permanent employees and housed no migrants during the reporting year.

In order to establish a repport with the migrant population, the sanitarian attended evening clinic sessions through the summer and fall months of 1968. This enabled him to meet with and get to know the migrants and their problems and to talk with them individually and in a group on a varied number of topics. While done on an informal basis, the attendance at these clinics provided an excellent opportunity for the sanitarian to become known by the migrants and aided considerably in getting reliable information on follow-up home visits.

We are cognizant of, and in full accord with, the tenent recently proposed by the United States Public Health Service that innovative approaches be attempted in the field of migrant health and we feel that this should especially apply to the heretofore traditional duties of a sanitarian. Accordingly, we are proposing that the project sanitarian's duties be broadened during the coming year to include the following health education activities:

(1) During visits to homes and camps, the sanitarian will discuss with the migrant families the medical, dental, and other services which are provided by the project and the health department for their benefit. During these home visits the sanitarian will discuss with the migrants problems of personal hygiene and basic environmental health (screening, insect and rodent control, food handling, etc.) rather than limit himself to a routine inspection of housing for housing's sake, as it were. On certain occasions, it will doubtless be desirable for the project nurse and sanitarian to make joint home visits.

(2) The sanitarian will attend evening clinic sessions, making use of visual aids (movies, slides, flip charts, etc.) covering a number of pertinent topics of interest to the migrant and designed to improve his awareness of good health practices. Three joint sessions with the Migrant Health Educator and the Regional Nutritionist have already been

set up for early in May, 1969. By attending evening clinics, the sanitarian will have an opportunity to meet with and get to know more of the migrants, hopefully establishing a rapport with them which will allow a freer discussion of their various problems. This approach proved very beneficial during the 1968 season.

(3) The sanitarian will invite guest speakers from a number of agencies to discuss such problems as Social Security, Medicare, nutrition, welfare, and other pertinent topics which are of practical interest to the migrant worker and his family.

Finally, the activities of the sanitarian will be evaluated periodically and changes will be made as deemed desirable in an attempt to upgrade the health and general well-being of the target population.

## F. HEALTH EDUCATION SERVICES

The St. Lucie County Migrant Health Project does not employ a professional health educator. Health education for the reporting year was carried out primarily by the project nurse and sanitarian on an informal basis as an integral part of their duties. Demonstrations and discussions were presented several times throughout the year by the Regional Nutritionist.

Formal health education programs will be carried out during the coming year by the sanitarian as outlined in the Sanitation Section of this report.

Consultation will be sought from the recently employed State Migrant Health Project Health Educator as needed.

## G. NUTRITION SERVICES

Nutrition services to migrant families have been expanded during the past year. The nutrition consultant has participated on a regularly scheduled basis offering family food counseling, food demonstrations on the preparation of culturally acceptable low-cost meals, classes on how to use commodity foods, and classes in food buying. Individual diet instruction was also provided to migrant patients having health problems with obesity, anemia, cardiac, ulcer, and diabetes. In addition, nutrition classes were offered to migrants at the Family Migrant Clinic, health department maternity clinic, selected classes of school children (in which a high percentage were migrant children) and the county commodity food distribution center.

Four hundred, fifty (450) adult and teenage migrants participated in these instructions.

To strengthen the nurses' knowledge of nutrition, the nutritionist taught a series of in-service classes for the nursing staff. Subject areas were the nutritional needs of prenatal patients, infants, and pre-school nutrition; diet counseling in chronic diseases, how to use nutrition materials and nutrition aides and how to assist migrant families in the determination of eligibility, the certification,

and the use of commodity foods.

Nutrition services will be extended and expanded to migrant families by the following migrant nutrition program plan:

(1) Provide group and individual instruction at selected migrant medical clinics. Emphasis to be placed on maternal, infant, and family nutrition; weight control and diet-related aspects of chronic disease control.

(2) Nutrition education in-service classes to be provided to the county and project nursing staff to strengthen their knowledge of nutrition and provide nutrition education materials needed to expand their diet counseling.

(3) Nutrition classes to be taught to adults participating in the adult migrant Title 3b Education classes.

(4) With the migrant health educator to provide a combined health education program to selected groups of migrants. Areas of nutrition instruction to consist of family meal planning, food buying, storage and food preparation of low-cost foods, usage of commodity foods, formula preparation, and food for infant and pre-school children.

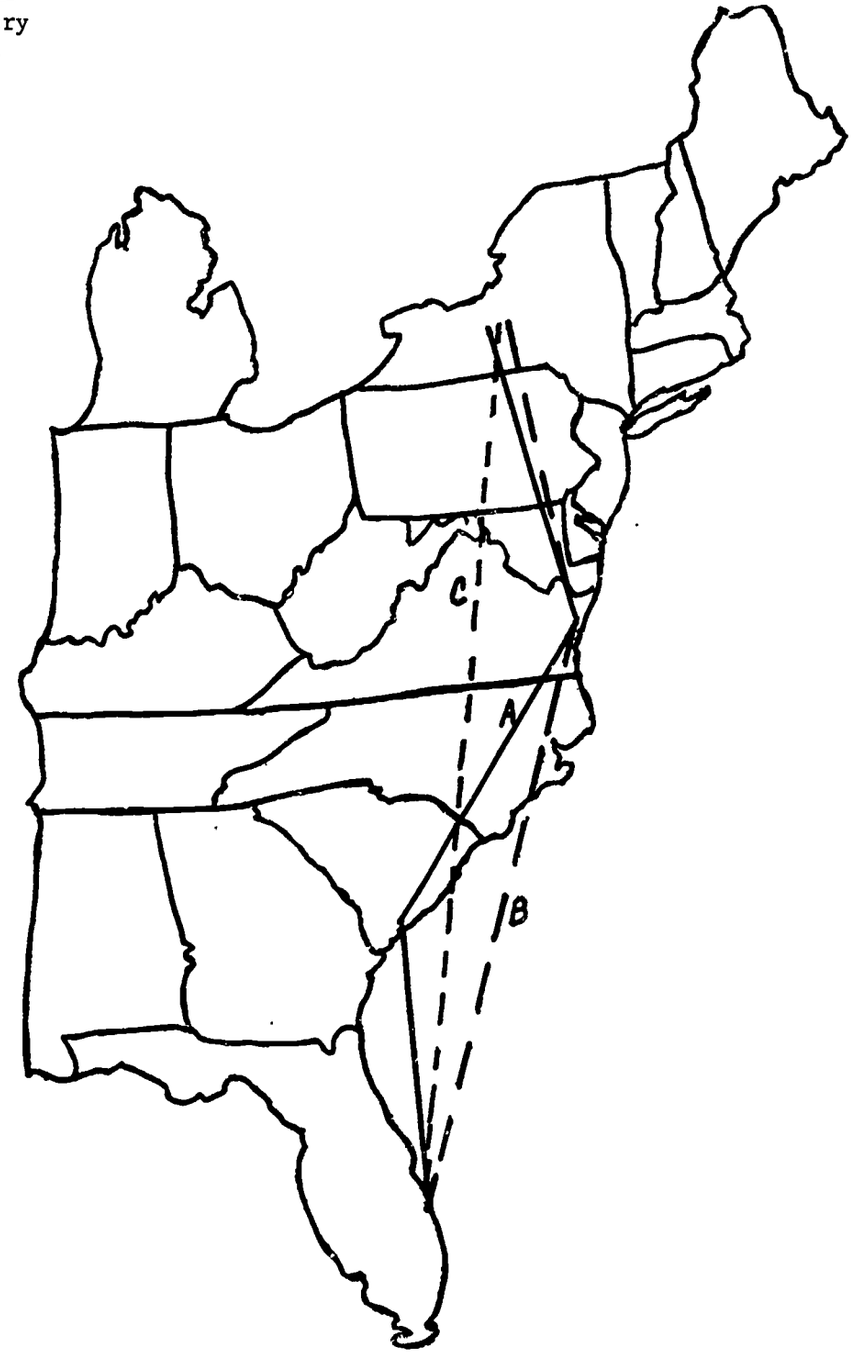
(5) Nutrition to be taught to children in schools that have a high percentage of migrant children.

(6) Food demonstrations on the preparation and use of commodity foods to be offered to recipients at the commodity food distribution center and the Lincoln Park Migrant Clinic.

(7) Group and individual diet instructions to the patients at the health department maternity clinic.

MIGRANT STREAM - Sketch 1:

The three primary migratory paths followed by the St. Lucie County migrants annually.




KEY

PATH A: Crews leave Ft. Pierce in May and early June, go first to the Beaufort, Frogmore, Johns Island area of South Carolina; then on to Cape Charles, Va.; finally to Pennsylvania and New York.

PATH B: Crews leave a little later in the season and go directly to Virginia; then on to Pennsylvania and New York.

PATH C: Remaining crews leave in July, August, and September and migrate directly to New York and Pennsylvania, chiefly for applies and potatoes.

## RESIDENT CREW LEADERS (EXHIBIT "A")

| NAME | ADDRESS | SIZE CREW THAT LEFT FT. PIERCE IN 1968 | MONTH LEFT | MONTH RETURNED | WHERE MIGRATED CITY | STATE | NAME OF FARM |
|---|---|---|---|---|---|---|---|
| Adams, Robert | 2506 Avenue H | 20 | Sept. | late Oct. | Chazy | N.Y. | Don Green |
| Albert, John | 515 N. 15th. | 38 | June | October | Eastville | Va. | Killam |
| | | | | | Brocton | N.Y. | Alvin Dean |
| Anderson, John | 1412 N. 24th. | 35 | June | October | Sumter | S.C. | Barnett |
| | | | | | Cohocton | N.Y. | Heffernan |
| | | | | | Wayland | N.Y. | Heffernan |
| Beasley, Harvey | 707 N. 27th. | 32 | Sept. | mid Oct. | Slate Hill | N.Y. | Telligator |
| Bowe, Harcourt | 2209 Ave. E | 40 | May | late Oct. | Frogmore | S.C. | D. E. Jones |
| | | | | | Hallwood | Va. | Fred Hall |
| | | | | | Weatherly | Pa. | Wm. Gregory |
| Bowe, Vernol | 1709 Ave. I | 27 | June | late Oct. | Frogmore | S.C. | D. E. Jones |
| | | | | | Hallwood | Va. | Fred Hall |
| | | | | | Kempton | Pa. | Charles Snyder |
| Brunson, Walter | 2305 Ave. D | 40 | May | Sept. | Hilton Head Island | S.C. | Roy Neal |
| | | | | | Onancock | Va. | Jack Harris |
| Campbell, Hardie | 1901 Ave. M | 40 | June | Oct. | Beaufort | S.C. | N.A. (*) |
| | | | | | Nelsonia | Va. | Ross |
| Chaney, Nathaniel | 2509 Ave. R | 75 | June | Oct. | Avoca | N.Y. | McGonnegal |
| Chavers, Robert | 1711 Ave. E | 40 | June | Oct. | Frogmore | S.C. | Bishop |
| | | | | | Snow Hill | Md. | W. T. Onley Co. |
| Coe, Archie | 1411 N. 24th | 25 | June | Oct. | Hilton Head Island | S.C. | Roy Neal |
| | | | | | Gadsden | Ala. | C. E. Ryan |
| Coe, Willie | 522 N. 26th | 45 | July | Oct. | Snow Hill | Md. | W. T. Onley Co. |
| Crutchfield, Henry | 2109 Ave. K | 70 | Operates inter-state year round | | | | |

## RESIDENT CREW LEADERS (EXHIBIT "A")

| NAME | ADDRESS | SIZE CREW THAT LEFT FT. PIERCE IN 1968 | MONTH LEFT | MONTH RETURNED | WHERE MIGRATED CITY | STATE | NAME OF FARM |
|---|---|---|---|---|---|---|---|
| Davis, P. A. | 2208 Ave. D | 25 | June | Oct. | Sheldon | S.C. | John Taylor |
| | | | | | Showell | Md. | Holloway |
| Dorsey, Matilda | 1746 Ave. K | N.A.* | | | | | |
| Dunham, Corrine | 815 N. 14th | 15 | June | Nov. | Medina | N.Y. | Yartzti |
| Durn, John | 1907 N. 16th Ct. | 50 | June | late Nov. | Mt. Pleasant | S.C. | |
| | | | | | Nelsonia | Va. | Blosson |
| | | | | | Worthington | Mass. | Benny Albert |
| Ellison, John | 2707 Ave. J | 20 | June | Nov. | Johnston | S.C. | G. C. Horns |
| | | | | | Sodus | N.Y. | Gayland |
| Freeman, Melvin | 3102 Ave. K | 36 | June | Sept. | Johns Island | S.C. | Milton |
| | | | | | Parksley | Va. | Taylor |
| Gardner, Wm. & Esther | 810 N. 20th | 20 | June | Oct. | Capeville | Va. | Goffigon |
| | | | | | Pitman | Pa. | Brosius |
| Gordon, Dorothy | 607 N. 19th | 20 | June | Sept. | Faison | N.C. | O. S. King |
| | | | | | Cape Charles | Va. | Dixon |
| Gordon, Raymond | 2309 Ave. E | 30 | June | Oct. | Cape Charles | Va. | Scott Bros. |
| | | | | | Pitman | Pa. | Adams |
| Hamilton, Major | 1008 Ave. F | 20 | Aug. | Oct. | Red Hook | N.Y. | O. T. Cookingham |
| Harper, Mack | 912 N. 17th | 25 | June | Nov. | Hilton Head Island | S.C. | T & N Farms |
| | | | | | Gadsden | Ala. | A. V. Harvey |
| Holmes, Emmet | 806 N. 24th | 60 | June | Oct. | Frogmore | S.C. | John Trash |
| | | | | | Westover | Md. | Long Bros. |
| | | | | | Gainesville | N.Y. | Carmichael |
| Houston, H. G. | 1510 Ave. H | 25 | July | Oct. | Cape Charles | Va. | Webster |
| | | | | | Arkport | N.Y. | Huffman |

## RESIDENT CREW LEADERS (EXHIBIT "A")

| NAME | ADDRESS | SIZE CREW THAT LEFT FT. PIERCE IN 1968 | MONTH LEFT | MONTH RETURNED | WHERE MIGRATED CITY | STATE | NAME OF FARM |
|---|---|---|---|---|---|---|---|
| Howard, Lester | 1704 N. 20th | 41 | May | Oct. | Beaufort | S.C. | Henry |
| | | | | | Rockingham | N.C. | P. D. Archie |
| | | | | | Pitman | Pa. | Marshall |
| Howard, Willie Joe | 1610 N. 18th | 35 | Aug. | Oct. | Timberville | Va. | National Fruit |
| Ingram, Josh | 1003 Ave. C | 25 | June | Nov. | Timberville | Va. | Chester |
| | | | | | Muncy | Pa. | Williams & Sons |
| Johnson, Willie | 1609 N. 16th | 42 | June | late Oct. | Dale | S.C. | McCharles |
| | | | | | Spartanburg | S.C. | Gramling |
| | | | | | Warsaw | N.Y. | Geoleski |
| King, Dorothy | 1503½ Ave. H | 6 | July | Oct. | Williamsburg | Md. | N.A.* |
| | | | | | Peru | N.Y. | N.A.* |
| King, Shade | 1204 N. 32nd | N.A.* | | | | | |
| Lee, John | 1209 Ave. I | N.A.* | | | | | |
| Lowery, Willie J. | 2805 Ave. Q | 51 | Sept. | Oct. | Mt. Jackson | Va. | Turkey Knob Farm |
| McCoy, Clint | 2704 Ave. S. | 20 | June | Oct. | Gainesville | N.Y. | Carmichael |
| Merriweather, W.J. | 602 N. 10th | 5 | July | Oct. | Bent Mt. | Va. | Cole |
| Mitchell, James | 1901 Ave. O | 12 | June | Oct. | Frogmore | S.C. | Jones |
| | | | | | Westover | Md. | Green |
| | | | | | Danville | Pa. | Chef Boy-Ar-Dee |
| Moore, Fannie | 715 N. 10th | 13 | June | Nov. | Frogmore | S.C. | Jones |
| | | | | | Berlin | Md. | Baker |
| Neal, Robert | 2803 Dunbar | 30 | June | Oct. | Johns Island | S.C. | N.A.* |
| | | | | | Westover | Md. | Long Bros. |
| | | | | | Brocton | N.Y. | Alvin Dean |
| Nickerson, Walter | 2002 Ave. P | 40 | June | Nov. | Johns Island | S.C. | T. W. Hill |
| | | | | | Ellerbe | N.C. | McCray |
| | | | | | Bliss | N.Y. | Merle |

## RESIDENT CREW LEADERS (EXHIBIT "A")

| NAME | ADDRESS | SIZE CREW THAT LEFT FT. PIERCE IN 1968 | MONTH LEFT | MONTH RETURNED | WHERE MIGRATED CITY | STATE | NAME OF FARM |
|---|---|---|---|---|---|---|---|
| Perkins, Theodore | 2513 Ave. H | 43 | June | Nov. | Hall | N.Y. | Robson Seed Farm |
| Phillips, Lee | 1312 A Ave. I | 5 | June | Nov. | Federalsburg | Md. | Coolidge |
| Reaves, Charlie Jr. | 1114 N. 17th | 40 | June | Nov. | Hancock | Md. | Locher Orchards |
| | | | | | Johns Is. | S.C. | N.A.* |
| | | | | | Trappe | Md. | Findlay Packing Co. |
| Roberson, Willie | 804 N. 19th | 23 | May | Nov. | Cato | N.Y. | Schuber |
| | | | | | Rosenhayn | N.J. | Tony Pipitone |
| Robinson, Cleo | 908 N. 25th | 70 | June | Oct. | Johns Is. | S.C. | Jack Harris |
| | | | | | Parksley | Va. | Brooks Johnson |
| Robinson, Henry and Duke | 1103 N. 13th | 40 | May | Oct. | Wayland | N.Y. | Wm. Justice |
| | | | | | Beaufort | S.C. | N.A.* |
| | | | | | New Chester | Va. | N.A.* |
| | | | | | Clarks Sumt. | Pa. | N.A.* |
| Sandlin, Leo Jr. | 2710 Dunbar | 25 | June | Nov. | Faison | N.C. | N.A.* |
| | | | | | Clement | N.C. | Williams |
| Sandlin, Leo Sr. | 1903 Ave. E | 25 | June | Nov. | Dunn | N.C. | Odell Jackson |
| Sandlin, Luke | 1105 Ave I | 25 | June | Nov. | Germantown | N.Y. | Bartlett |
| Seymour, Garfield | 1214 Ave. G | 31 | June | Oct. | Frogmore | S.C. | Sanders |
| | | | | | Assawoman | Va. | N.A.* |
| | | | | | Herndon | Pa. | Rebuck |
| Snow, William and Juanita | 1610 Ave. Q | 80 | June | Nov. | Berlin | Md. | Dinges |
| | | | | | Pocomoke C. | Md. | Mason's Cannery |
| Stevens, Estella | 1908 Ave. O | 15 | June | Sept. | Faison | N.C. | Dalton |
| | | | | | Eastville | Va. | N.A.* |
| | | | | | Pitman | Pa. | Marshall |
| Taylor, Robert (Rev.) | 1605 N. 24th | 18 | Aug. | Nov. | Roanoke | Va. | Hunt |

## RESIDENT CREW LEADERS (EXHIBIT "A")

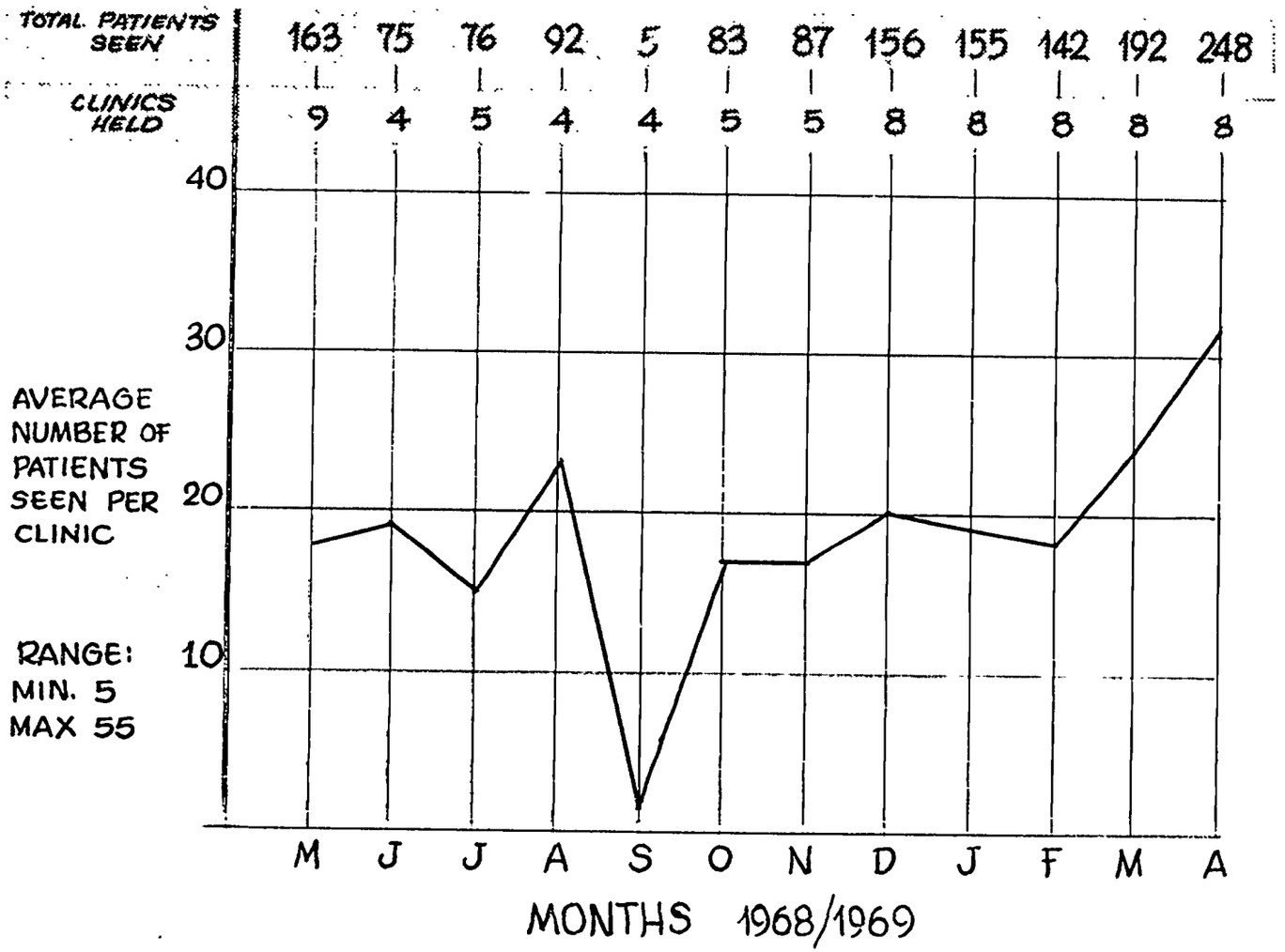
| NAME | ADDRESS | SIZE CREW THAT LEFT FT. PIERCE IN 1968 | MONTH LEFT | MONTH RETURNED | WHERE MIGRATED CITY | STATE | NAME OF FARM |
|---|---|---|---|---|---|---|---|
| Washington, John | 1605 N. 15th | 5 | Aug. | late Oct. | Wayland | N.Y. | Riemels |
| Wiggins, Mildred | 1602 N. 16th | 25 | June | Aug. | Temperan-ceville | Va. | Chester |
| Williams, Hardie | North 9th | N.A.* | | | | | |
| Wright, Levi | 1103 N. 22nd | N.A.* | | | | | |



NOTE: N.A.* - Not Available

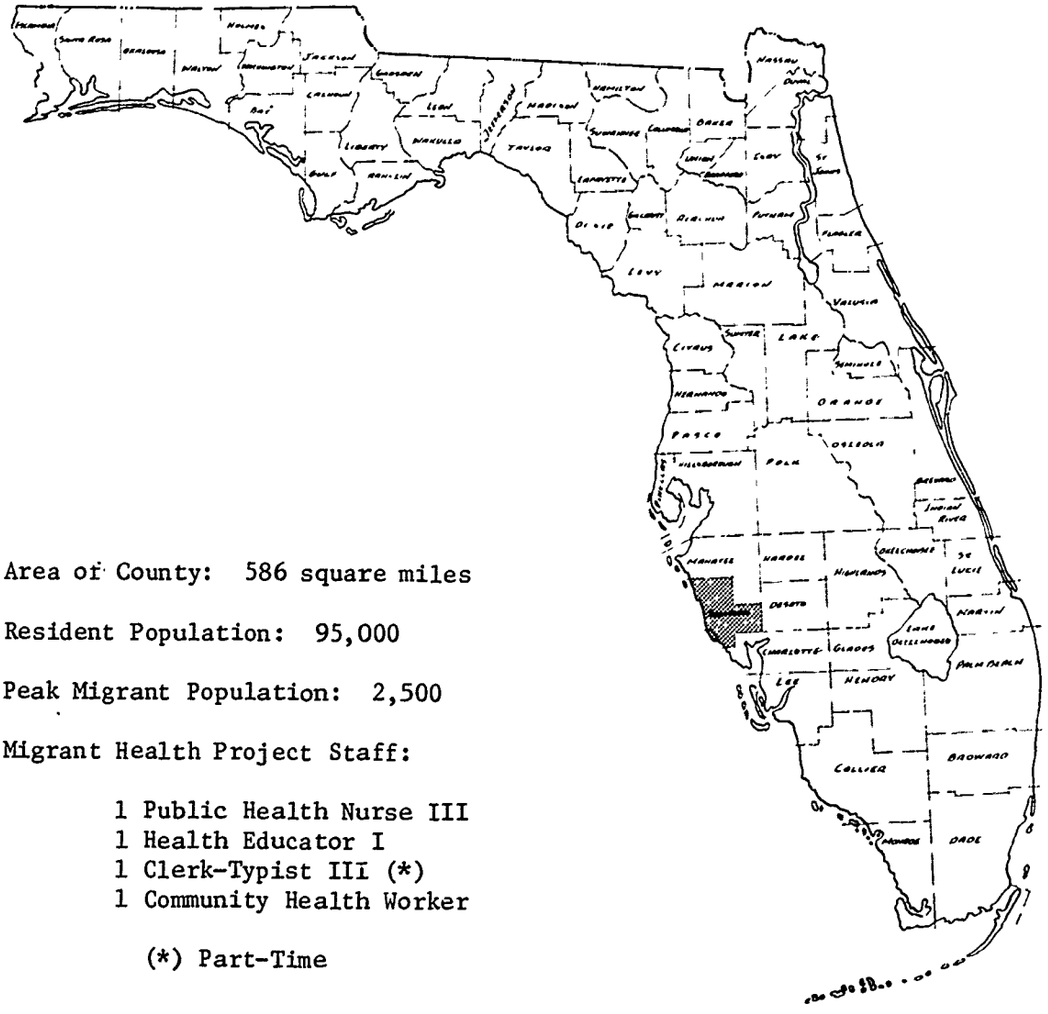
# MIGRANT MEDICAL CLINICS

ST. LUCIE COUNTY, FLORIDA



SARASOTA COUNTY HEALTH DEPARTMENT

David L. Crane, M. D., Director




Area of County: 586 square miles

Resident Population: 95,000

Peak Migrant Population: 2,500

Migrant Health Project Staff:

1 Public Health Nurse III
1 Health Educator I
1 Clerk-Typist III (*)
1 Community Health Worker

(*) Part-Time

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted May 20, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report: From 5/1/68 Through 4/30/69

PART I. GENERAL PROJECT INFORMATION

1. Project Title
A Project to Develop a Statewide Program of Health Services for Migrants and their Dependents in Florida.

2. Grant Number (Use no. shown on the Grant Award Notice)
MG-18F (69)

3. Grantee Organization (Name & Address)
Sarasota County Health Department
Post Office Box 2658
Saraosta, Florida 33578

4. Project Director
David L. Crane, M.D., Director
Sarasota County Health Dept.
Sarasota, Florida 33578

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 2,500 | 2,000 | 500 |
| Feb. | 2,500 | 2,000 | 500 |
| Mar. | 2,500 | 2,000 | 500 |
| Apr. | 1,750 | 1,250 | 500 |
| May | 1,650 | 1,250 | 400 |
| June | 1,200 | 850 | 350 |
| July | 900 | 550 | 350 |
| Aug. | 750 | 400 | 350 |
| Sep. | 750 | 350 | 400 |
| Oct. | 1,000 | 500 | 500 |
| Nov. | 1,300 | 800 | 500 |
| Dec. | 1,750 | 1,250 | 500 |
| TOTALS | 18,550 | 13,200 | 5,350 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 500 | 254 | 246 |
| Under 1 year | 25 | 11 | 14 |
| 1 - 4 years | 48 | 28 | 20 |
| 5 - 14 years | 210 | 85 | 125 |
| 15 - 44 years | 140 | 80 | 60 |
| 45 - 64 years | 60 | 40 | 20 |
| 65 + older | 17 | 10 | 7 |
| (2) IN-MIGRANTS TOTAL: | 2000 | 1109 | 891 |
| Under 1 year | 30 | 14 | 16 |
| 1 - 4 years | 79 | 35 | 44 |
| 5 - 14 years | 98 | 47 | 51 |
| 15 - 44 years | 1200 | 650 | 550 |
| 45 - 64 years | 500 | 300 | 200 |
| 65 + older | 93 | 63 | 30 |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 16 | June | Sept. |
| In-Migs. | 24 | January | June |

d. (1) Indicate sources of information and/or basis of estimates for 5a.

Clinic, pay rolls, and personal contact by personnel and volunteer.

(2) Describe briefly how proportions for sex and age for 5b were derived.

Clinic records, personal contact by professional and volunteer personnel.

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | 1 | 15 |
| 10 - 25 persons | 1 | 40 |
| 26 - 50 persons | 1 | 60 |
| 51 - 100 persons | 2 | 20 + |
| More than 100 pers. | | |
| TOTAL* | 5 | 135 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Family dwellings | 30 | 2200 |
| Mango Community | | |
| | | |
| | | |
| | | |
| TOTAL* | 30 | 2200 |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.

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7-68

Form approved:
Budget Bureau No. 68-R1005

GRANT NUMBER MG-18F (69)

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

DATE SUBMITTED May 20, 1969

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 282 | 142 | 140 | 565 |
| Under 1 year | 22 | 5 | 17 | 38 |
| 1 - 4 years | 67 | 41 | 26 | 155 |
| 5 - 14 years | 75 | 38 | 37 | 126 |
| 15 - 44 years | 84 | 39 | 45 | 159 |
| 45 - 64 years | 29 | 16 | 13 | 75 |
| 65 + older | 5 | 3 | 2 | 12 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? 282

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 46*

3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment)

No. of patients (exclude newborn) 6

No. of hospital days 26

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 9 | 4 | 5 |
| (1) No. Decayed, missing, filled teeth | ** | | |
| (2) Avg. DMF per person | | | |
| b. Individuals Requiring Services - Total: | 9 | 4 | 5 |
| (1) Cases completed | 2 | 1 | 1 |
| (2) Cases partially completed | 6 | 2 | 4 |
| (3) Cases not start. | 1 | 1 | 0 |
| c. Services Provided - Total: | 8 | 4 | 4 |
| (1) Preventive | | | |
| (2) Corrective-Total | | | |
| (a) Extraction | 1 | 1 | 0 |
| (b) Other | 7 | 3 | 4 |
| d. Patient Visits - Total: | 8 | 4 | 4 |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 205*** | 14 | 86 | 105 | | 50 | 121 |
| Smallpox | 32 | 0 | 9 | 23 | | | 2 |
| Diphtheria | 31 | 3 | 14 | 14 | | 14 | 38 |
| Pertussis | 35 | 3 | 16 | 16 | | 14 | 15 |
| Tetanus | 39 | 3 | 20 | 16 | | 14 | 60 |
| Polio | 34 | 5 | 17 | 12 | | 8 | 6 |
| Typhoid | | | | | | | |
| Measles | 28 | | 9 | 19 | | | |
| Other (Spec.) | | | | | | | |
| Rabies (human) | 6 | | 1 | 5 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS: * This number not included in total figure of 282. Age and sex breakdown not available from private physicians at this time.

** This information not furnished by the dentists.

*** This figure does not include Incomplete Series or Boosters & Revaccinations.

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 415 | 351 | 64 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 31 | 31 | |
| | 010 | Tuberculosis | | | |
| | 011 | Syphilis | | | |
| | 012 | Gonorrhea and Other Venereal Diseases | 2 | 2 | |
| | 013 | Intestinal Parasites | 4 | 4 | |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | 2 | 2 | |
| | 015 | All other | 4 | 4 | |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | 1 | 1 | |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | 11 | 11 | |
| | 019 | Other Infectious Diseases (give examples): | | | |
| | | Intestinal flu | 6 | 6 | |
| | | Parasitic infection of skin | 1 | 1 | |
| | | | | | |
| | | | | | |
| II. | 02- | NEOPLASMS: TOTAL | 5 | 4 | 1 |
| | 020 | Malignant Neoplasms (give examples): | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 025 | Benign Neoplasms | 4 | 3 | 1 |
| | 029 | Neoplasms of uncertain nature | 1 | 1 | |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 5 | 2 | 3 |
| | 030 | Diseases of Thyroid Gland | 2 | 1 | 1 |
| | 031 | Diabetes Mellitus | | | |
| | 032 | Diseases of Other Endocrine Glands | | | |
| | 033 | Nutritional Deficiency | | | |
| | 034 | Obesity | 3 | 1 | 2 |
| | 039 | Other Conditions | | | |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 72 | 52 | 20 |
| | 040 | Iron Deficiency Anemia | 68 | 51 | 17 |
| | 049 | Other Conditions | 4 | 1 | 3 |
| V. | 05- | MENTAL DISORDERS: TOTAL | 3 | 3 | |
| | 050 | Psychoses | | | |
| | 051 | Neuroses and Personality Disorders | | | |
| | 052 | Alcoholism | | | |
| | 053 | Mental Retardation | | | |
| | 059 | Other Conditions | 3 | 3 | |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 33 | 28 | 5 |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | | | |
| | 061 | Epilepsy | | | |
| | 062 | Conjunctivities and other Eye Infections | 9 | 8 | 1 |
| | 063 | Refractive Errors of Vision | | | |
| | 064 | Otitis Media | 17 | 13 | 4 |
| | 069 | Other Conditions _____ | 7 | 7 | |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 33 | 17 | 16 |
| | 070 | Rheumatic Fever | | | |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | | | |
| | 072 | Cerebrovascular Disease (Stroke) | | | |
| | 073 | Other Diseases of the Heart | 8 | 5 | 3 |
| | 074 | Hypertension | 23 | 11 | 12 |
| | 075 | Varicose Veins | | | |
| | 079 | Other Conditions _____ | 2 | 1 | 1 |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 151 | 141 | 10 |
| | 080 | Acute Nasopharyngitis (Common cold) | 80 | 73 | 7 |
| | 081 | Acute Pharyngitis | 16 | 16 | |
| | 082 | Tonsillitis | 11 | 11 | |
| | 083 | Bronchitis | 28 | 27 | 1 |
| | 084 | Tracheitis/Laryngitis | 4 | 4 | |
| | 085 | Influenza | | | |
| | 086 | Pneumonia | | | |
| | 087 | Asthma, Hay Fever | 5 | 5 | |
| | 088 | Chronic Lung Disease (Emphysema) | 1 | | 1 |
| | 089 | Other Conditions _____ | 6 | 5 | 1 |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 17 | 17 | |
| | 090 | Caries and other Dental Problems | 7 | 7 | |
| | 091 | Peptic Ulces | | | |
| | 092 | Appendicitis | | | |
| | 093 | Hernia | 4 | 4 | |
| | 094 | Cholecystic Disease | 2 | 2 | |
| | 099 | Other Conditions _____ | 4 | 4 | |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 15 | 14 | 1 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 3 | 3 | |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | 1 | 1 | |
| | 102 | Other Diseases of Male Genital Organs | 1 | 1 | |
| | 103 | Disorders of Menstruation | 3 | 3 | |
| | 104 | Menopausal Symptoms | 1 | 1 | |
| | 105 | Other Diseases of Female Genital Organs | 3 | 2 | 1 |
| | 109 | Other Conditions _____ | 3 | 3 | |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 1 | 1 | |
| | 110 | Infections of Genitourinary Tract during Preg. | | | |

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PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | | | |
| | 112 | Spontaneous Abortion | 1 | 1 | |
| | 113 | Referred for Delivery | | | |
| | 114 | Complications of the Puerperium | | | |
| | 119 | Other Conditions | | | |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 10 | 10 | |
| | 120 | Soft Tissue Abcess or Cellulitis | | | |
| | 121 | Impetigo or Other Pyoderma | 4 | 4 | |
| | 122 | Seborrheic Dermatitis | | | |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | 1 | 1 | |
| | 124 | Acne | | | |
| | 129 | Other Conditions | 5 | 5 | |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 15 | 8 | 7 |
| | 130 | Rheumatoid Arthritis | 6 | 1 | 5 |
| | 131 | Osteoarthritis | 2 | 1 | 1 |
| | 132 | Arthritis, Unspecified | 1 | 1 | |
| | 139 | Other Conditions | 6 | 5 | 1 |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | 1 | 1 | |
| | 140 | Congenital Anomalies of Circulatory System | | | |
| | 149 | Other Conditions | 1 | 1 | |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | | | |
| | 150 | Birth Injury | | | |
| | 151 | Immaturity | | | |
| | 159 | Other Conditions | | | |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 11 | 10 | 1 |
| | 160 | Symptoms of Senility | | | |
| | 161 | Backache | 2 | 2 | |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 3 | 2 | 1 |
| | 163 | Headache | 1 | 1 | |
| | 169 | Other Conditions | 5 | 5 | |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 12 | 12 | |
| | 170 | Lacerations, abrasions, and Other Soft Tissue Injuries | 5 | 5 | |
| | 171 | Burns | 3 | 3 | |
| | 172 | Fractures | | | |
| | 173 | Sprains, Strains, Dislocations | 3 | 3 | |
| | 174 | Poison Ingestion | | | |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | 1 | 1 | |

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| PART II. | | | Grant Number MG-18F (69) |
|---|---|---|---|
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | Number of Individuals 769 |
| | 200 | Family Planning Services | 28 |
| | 201 | Well Child Care | 5 |
| | 202 | Prenatal Care | 3 |
| | 203 | Postpartum Care | 1 |
| | 204 | Tuberculosis: Follow-up of inactive case | 2 |
| | 205 | Medical and Surgical Aftercare | |
| | 206 | General Physical Examination | 127 |
| | 207 | Papanicolaou Smears | 3 |
| | 208 | Tuberculin Testing | 132 |
| | 209 | Serology Screening | 67 |
| | 210 | Vision Screening | |
| | 211 | Auditory Screening | 14 |
| | 212 | Screening Chest X-rays | |
| | 213 | General Health Counselling | |
| | 219 | Other Services: | |
| | | Specify Dextrostix | 81 |
| | | Hemoglobin | 251 |
| | | School physicals | 55 |

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| PART III. - NURSING SERVICE | Grant No. MG-18F (69) |
|---|---|

| Type of Service | Number |
|---|---|
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 26 |
| b. Number of Individuals Served - Total | 282 |
| 2. FIELD NURSING: | |
| a. Visits to Households | 763 |
| b. Total Households Served | 93 |
| c. Total Individuals served in Households | 670 |
| d. Visits to Schools, Day Care Centers | 117 |
| e. Total Individuals Served in Schools and Day Care Centers | 65 |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | 52 |
| (1) Within Area | 46 |
| (Total Completed 46 ) | |
| (2) Out of Area | 6 |
| (Total Completed Unknown ) | |
| b. Referrals Made For Dental Care: Total | 9 |
| (Total Completed 8 ) | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | 6 |
| (Total Completed 6 ) | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | 5 |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | 5 |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | |
| (1) Number presenting health record | 99 |
| (2) Number given health record | 90 |
| 4. OTHER ACTIVITIES (Specify): | |

REMARKS

PART IV. SANITATION SERVICES | Grant Number MG-18F (69)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 4 | 420 | 3 | 300 |
| Other locations | | | | |
| Housing Units - Family: | | | | |
| In camps | 78 | | | |
| In other locations | | | | |
| Housing Units - Single: | | | | |
| In camps | | | | |
| In other locations | | | | |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | 4 | | 8 | | | | | |
| b. Sewage | 4 | | 12 | | 3 | | 3 | |
| c. Garbage and Refuse | 4 | | 12 | | 2 | | 2 | |
| d. Housing | 4 | | 8 | | 2 | | 2 | |
| e. Safety | | | | | | | | |
| f. Food Handling | 4 | | 8 | | 3 | | 3 | |
| g. Insects and Rodents | | | | | | | | |
| h. Recreational facilities | | | | | | | | |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | | xxxxx | | xxxxx | | xxxxx | |
| b. Toilet facilities | xxxxx | | xxxxx | | xxxxx | | xxxxx | |
| c. Other | xxxxx | | xxxxx | | xxxxx | | xxxxx | |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | |
|---|---|---|---|---|---|---|
| | H.E. Staff | Physi-cians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | | | | | | |
| (1) Individual counselling | | 103 | 40 | 18 | | Nutritst. 10 |
| (2) Group counselling | | | 15 | | | 3 |
| B. Services to Other Project Staff: | | | | | | |
| (1) Consultation | 5 | 18 | 10 | 10 | | 12 |
| (2) Direct services | | | 5 | | | |
| C. Services to Growers: | | | | | | |
| (1) Individual counselling | | | 5 | 6 | | |
| (2) Group counselling | | | 1 | | | |
| D. Services to Other Agencies or Organizations: | | | | | | |
| (1) Consultation with individuals | | 5 | 4 | 5 | | 7 |
| (2) Consultation with groups | | 1 | 6 | 2 | | 3 |
| (3) Direct services | | 2 | 1 | 3 | | 1 |
| E. Health Education Meetings | 2 | 5 | 46 | 4 | | 10 |

(*) Aides - other than Health Ed.

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SARASOTA COUNTY HEALTH DEPARTMENT

MIGRANT HEALTH PROJECT ANNUAL PROGRESS REPORT

May 1, 1968 - April 30, 1969

## INTRODUCTION

The Sarasota County Health Department initiated a local program for domestic migratory agricultural workers and their dependents in the fall of 1965. A Public Health Nurse was assigned to the project to refer needy patients to local physicians. A few months later a part-time clerical employee was added and finally, in March 1966, a sanitarian was employed.

The first season, concerted efforts were made to improve sanitary conditions, remove substandard housing and refer all who were in need of medical care to local physicians, dentists, and hospitals.

It was obvious that this program was simply not adequate to the migrants' needs! The 1966-1967 season saw the inauguration of an evening medical clinic at the Fruitville Area Medical and Education (F.A.M.E.) Center. This service, combined with a forceful environmental sanitation program and a volunteer, church-sponsored day care service, saw a real impact on the major problems our migratory workers were facing.

During the 1967-1968 season the program was consolidated, most of our initial goals were wholly, or in major part, achieved and we attempted to provide additional services through use of local O.E.O. project personnel. We felt confident that another two years of project support would bring us to a point where we could take over the project, entirely, under local finances. This would permit the State and Federal offices to utilize these funds to assist some other needy area to develop a program.

Then the gremlins began to work on our machinery and things deteriorated rapidly. First, our sanitarian, who was due to be reassigned as project health educator, was forced to leave and take over his father's business, due to his father's ill health. Next, our Assistant Nursing Director, who had taken special interest in the project and who was spending about 25 per cent of her time working in the project, resigned from the health department for personal reasons. The clerk-typist then decided to return to college to further her education and she resigned before Christmas. Consequently, we were down to the single public health nurse with whom we started and a busy growing season getting well underway.

Our program, has of course, continued as we adjusted to these setbacks with

as much grace as we could muster. However, we are not as near to a phase-out of Federal resources as was true one year ago.

We are recruiting for a health educator and hope to employ an aide, from the migrant group, in the near future. Our Church Volunteer Organization (Sarasota Community Services, Inc.) is now constructing their new, enlarged child care facility near the FAME Center. Next project year (1970) we plan to move the medical clinic into the child care facility, where all overhead expenses will be eliminated. All services directed to the migrant and his family will be coordinated and issued from the new center which is expected to take the name FAME Center, already know and trusted by the people.

The information which follows, in written or tabular form, is a summary of the project objectives, accomplishments, and problems faced by the project during the year 1968:

## PROJECT OBJECTIVES

(1) To continue to provide opportunity for state and local public health officials and others to evaluate the program for migrants and to plan for its improvement.

Sarasota County was privileged and honored by its choice as site for the Annual Statewide Migrant Conference. The program was held at the Statler-Hilton Motel, Lido Key, November 6, 7, and 8, 1969. Representatives from nearly every county in Florida, as well as many out-of-state dignitaries attended and the program was well received by the participants. These yearly conferences provide an excellent opportunity to exchange ideas and information toward broadened and improved services for migrants in the various areas.

(2) To implement the basic services on a statewide basis.

Sarasota County, in addition to providing as complete a service program as possible, assists in this state objective by serving as an observation and training area for personnel from other migrant projects, both in and outside Florida. Several such visits were made to Sarasota during the year.

(3) To prepare and print fifteen (15) pamphlets in English and ten (10) in Spanish suitable for use with migrants.

Sarasota County utilized all educational materials provided by the state. We entertain a fairly sizeable group of Spanish-speaking migrants and have utilized the Spanish health education materials with success.

(4) To offer comprehensive medical treatment, including hospitalization.

Our combined service includes family medical care for illness or accident, physical examinations, laboratory tests, medication for illnesses diagnosed, X-ray evaluation for tuberculosis following tine testing, and similar routine medical service. Through the home nursing visits we are able to follow-up on medical care services locally and use of the interstate referral form permits follow-up by project personnel in other areas both in Florida and elsewhere. We also refer patients with acute illness, injury or major diagnostic problems to emergency rooms or to local physicians. Special health problems are likewise referred (dental care). Thus a complete basic health service is available through clinic, home nursing, and referrals. The Sarasota Memorial Hospital does not participate in the paid hospital care program but patients needing hospital services are admitted when necessary. We are able to identify from 20 - 30 cases annually who receive inpatient hospital care at a cost to the county of $2,000 - $3,000 annually.

(5) To offer specified types of dental care.

We refer all cases picked up in the clinic program, or who complain of dental problems to the nurse, to local participating dentists. They provide dental care at approved Veteran's Administration rates.

(6) To help solve the migrant's problem of transportation.

Our clinic location being in the heart of the camp areas overcomes these problems, to a major degree. For referrals to Sarasota for hospital or physician care, the growers usually provide transportation. Volunteers will help out when needed as will our nurses, in real emergency situations.

(7) To revise and make use of the referral system.

As indicated earlier, we make full use of the referral system and find it very effective, both in Florida and to the northern states.

Since initiation of the project, several new objectives have been added as follows:

I. To continue to improve the environmental health aspects of the migrant's existence through -

a. Stricter enforcement of camp regulations.

We still have one substandard camp which houses about 30 families. Only about half of these are migrants, the remainder stay in the area year-

around. We continue to attempt to improve this camp but always meet the same answer, "Destroy the whole camp if you wish, but find alternate quarters for the present inhabitants." The owner gets little or no rent from the shacks and refuses to be responsible for them. He views the migrants as squatters and is willing to have them removed if the county will provide other housing. There being none, we are at a standoff. Some new motel-type housing is now being constructed in the farming area. If it proves adequate to the need, we still may be able to get this substandard camp removed.

b. Encourage growers to provide field sanitation facilities.

This was begun last year and the major growers are now using a unit they constructed and transport by truck. However, the workers make poor use of it and then only when in the fields near to the highways, housing and packing house. When in the "out-back" they use nature's facilities.

II. To develop, utilize and revise, when advisable, a uniform system of records and forms for all project counties.

Due to new records developed at the federal level, with project advice and participation, it has not been necessary to spend further time on uniform records. The existing uniform records provided by the Federal office have proven most helpful and efficient.

III. To test a procedure for extending health education to migrants and compiling information on the migrant population through the use of liaison workers.

This objective has not been met to date. We have hopes that we will be able to recruit and employ an effective liaison worker shortly.

IV. To continue to inform the general public and certain groups of the project's aims and the migrants' problems.

We have continued an active program of public education on the problems and status of the migrant in our community Specific results have been the establishment of Sarasota Community Services, Inc., an agency made up of church people who are providing services to the migrant and his family. They are now building a day care center for such programs and will expand services as time goes by.

One of the migrant workers in our area was recently elected to serve as a member of the Board of Directors of Sarasota United Need, Inc. - the official agent for poverty programs in this county.

The community is well aware of the conditions under which migrants live and work in the county and many groups are volunteering increasingly to assist these people with their many problems. The school board is increasing its programs and services to migrants, adults, and children. Most of these developments have resulted from community awareness of the problems with which it is now conversant.

Our migrant population has changed little in character. Each year more migrants move into the urban area and become year-around residents. Certain family members still travel the stream but more stability is developing as a result of settling out. Such migrants are somewhat more difficult to identify and serve, but at the same time they are more familiar with other community services and resources and are thus less dependent on our program.

Due to our severe housing shortage in Sarasota County, larger percentages of our migrants are day-haul people who are actually living in Manatee and Hillsborough counties. These families are much harder to serve and follow-up due to the lack of migrant services in the other counties. We are now surrounded by five counties where there are no other migrant service programs. It is thus more difficult for our personnel to relate to the migrants who day-haul from these areas.

Crops produced have not changed remarkably but areas further away from the Fruitville Center are under cultivation. As the city and county grows to the East (the only direction to go with the Gulf of Mexico to the West and Bradenton melting with Sarasota to the north), close-in farm land becomes more valuable for development purposes and agriculture must move east. It may be that the future will see new migrant camp areas developing to the east of the current sites. If we are alert and energetic this may present an opportunity to get nicer housing facilities established in these newer areas.

The past 12 months have produced more rainfall than the previous two years combined, thus our crop yields should be good.

## PROJECT OPERATIONS

Our family health service clinic has continued to operate weekly - on Tuesday evening - during January, February, and March. This is the peak of our season and the time when the most migrants plus the coolest weather combine to create the greatest need for medical care. During November, December, and April the clinic is held every other Tuesday evening. The mobile medical clinic of the local O.E.O. program (Sarasota United Need, Inc. - SUN) is stationed at the center on alternate Thursday afternoons, year-around, to serve the migrants as well as other poverty stricken families. This clinic also serves many migrants who live in the Newtown (Sarasota Negro housing ghetto) area, on a day-to-day basis, during the entire year.

Since we do not have a record of these visits we are not able to provide accurate figures on the number of migrants actually cared for. Our records are only for those cared for at our regular clinic sessions. We do expect that the next three to five years will see all medical care services available equally to all poor people who are in Sarasota County part or all of the year. At that point we will phase-out our special clinic.

We have had more local physicians volunteer to staff our night clinics this year, so that our use of funds provided to pay clinicians has been reserved for those sessions we were unable to fill from volunteer sources. Our pediatrician volunteered to attend clinic every other week to provide special care to children with serious illness or unusual diagnostic problems. This new service has been eagerly received and utilized. Patient visits continue to run 25 to 30 per clinic session, as was true last year. If the load increases materially, we will need to schedule two physicians for each session as no doctor can do justice to more than 30 patients in an average evening.

A review of the medical statistics will reveal the magnitude and types of services offered at the clinic. In summary, it may be said that the clinic offers a broad variety of health care services limited only by the space, capability of the doctor and the equipment available. Minor surgery is possible and on several occasions has been done. Most common illnesses not requiring sophisticated laboratory work are cared for at the clinic. Dental care, x-ray studies, complex diagnostic cases, or cases requiring major laboratory studies must be referred to the local physician, dentist, and/or hospital.

In general, the level and types of medical care offered is commensurate with that provided by the average general practitioner in the community. It is not quite as fancy, but it is accessible, adequate, and free to the migrant. The areas of migrant service which are still not covered, in this area, are not those of medical care. Income levels, housing, dietary intake, recreation, and education are all problems which need increasing attention while medical care is on a suitable basis in this county. We hope, and expect, to concentrate more effort on these areas through our new health educator, when employed, and through more active community efforts.

Volunteers continue to exert a major effect upon our program. They are performing yeoman service in clinics, day care programs, and other activities of importance.

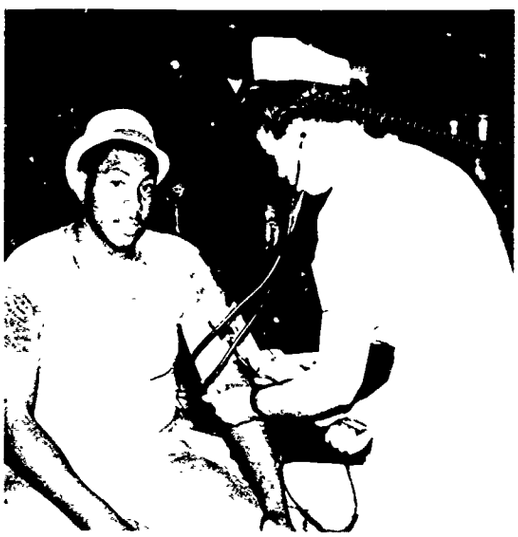
Our programs appear to be well accepted in the community, among the migrants and with growers. We have experienced no problems, disputes, or difficulties with any of these groups and in fact all seem to be working together for the greater good of all. In general, our growers favor our program and feel it has improved their employee relationships. We have full cooperation with all, except in the matter of one substandard camp already mentioned. This grower feels his attitude is logical and fair and therefore we see little evidence or hope for change. We continue to hope that the local housing will increase to the point where these people can be moved and the shacks destroyed.

The public health nurse assigned to this program, one of our best and most

conscientious nurses, hopes to attend the University of North Carolina in the fall for her M.P.H. degree. She has applied for a State scholarship and we have hopes that she will have the opportunity of participating in this year of study. Replacing her, even for a year, will be difficult - to say the least.

The church-sponsored day care program operated in the FAME Center is now in its third successful year. It is better organized and financed and is providing a very valuable service to the 45 or more migrant children who are cared for, five days a week in the center.

## NURSING



The nurses spend a substantial amount of time in field work. UPPER LEFT: The project nurse checks a migrant worker at a buyer's shed. UPPER RIGHT: Nurses visit a school which has migrant pupils enrolled.

After three years of working directly with the migrants, the relationship that has developed between the migrants and project health workers is indeed gratifying. Because of this relationship, the migrants have accepted the nurses as friends and counselors.

At the present time, we have only one full-time public health nurse on the project. However, our team approach to nursing initiated last year has been continued in this year's program with great success. The nursing team consists of the nursing supervisor, three district nurses, and the migrant project nurse. Team nursing conferences are held regularly during which time the nurses participate in a general discussion regarding their patients' needs and make plans together for working out solutions to their health problems.

The project nurse arranges her working hours so that she may call on the

entire family or crew. Home visitation varies according to the patients' needs. We still have a few reluctant patients, but they become fewer each year. It is obvious that more migrants are trying to help themselves than ever before. Because of our daily association with them, they are constantly reminded of their health needs and seek solutions for them.

The evening clinics for the entire season are scheduled by the project director. The staff, volunteers, and crew leaders are all alerted to the forthcoming clinic sessions and are advised of transportation available, etc. Many patients are attending the clinics on referral, but more and more are doing so on their own.

> CASE HISTORY: A 57-year-old Negro female reported to the evening clinic. Asked what was her complaint, patient replied, "I don't know - the nurse as. me to come." The nurse overheard the conversation and asked that the routine tests be given the patient. After they were completed, the nurse questioned her about her reddened eye. The patient explained that she had a cold in her eye from riding in the wind each day. The nurse quickly took this opportunity to have the doctor check the eye. Upon examination, a cinder was found pierced into the right cornea. The patient was referred to an ophthalmologist, and treatment was given for severe infection. Because of close cooperation with the grower, he provided transportation for the migrant to the specialist's office; and, once again, was compensated by having a healthy worker able to do a good day's work.

Children who attend the FAME Child Care Center are visited by the project nurse three times weekly. All the migrant children are encouraged to attend the child care center while the parents are at work.

> CASE HISTORY: A 19-month-old Spanish-American child was seen at the child care center. The child had only been bottle fed. His emotional and physical growth appeared normal to his parents. He was a typical case of obesity and anemia, with no desire for solid food. The child was referred to FAME family clinic with a hemoglobin of 4 grams. He was examined by the pediatrician. Parents never attempted any dietary practices with the child. Individual nutrition coultation was given at family clinic, camp, field, and day care center. Volunteers also assisted. Feeding time is now a pleasure for the entire family. Substantial progress has been made in establishing sound nutrition habits and particularly in reducing the incidence of severe anemia.

Volunteers have greatly assisted in the wider development and implementation of quality medical care to migrant families and have supplemented the much needed manpower in producing a dignified human service.

Because of a sincere commitment to assist with the community's migrant project, we have a consistency in volunteer service. Day-by-day we become increasingly aware of the results of the community voluntters' services. Migrant health in Sarasota County is becoming more and more a community project. Volunteers and community groups help the migrants to utilize available community resources.

Several migrant children are at present receiving care from Florida Crippled Children's Commission. Glasses have been provided by the Lions Club; one child has received corrective surgery from the Florida Council for the Blind; another child will be admitted to the University of Florida Teaching Hospital, Gainesville, Florida, for heart surgery.

Volunteers are our right arm. They transport patients to our local medical center, laboratory, clinics, physicians, and follow-up most cases. Migrants have learned much regarding the value of time. Appointments are now kept. It is interesting to see that more and more migrants have clocks in their homes. The local physicians and other citizens are showing more and more interest by volunteering their time to helping these workers.

> CASE HISTORY: A five-year-old female Negro child attending FAME Child Care Center was seen at the family clinic. The child was referred to a local surgeon for surgical evaluation and he diagnosed an umbilical hernia. Hospitalization was ordered and the surgeon contributed his service to complete the surgery and a volunteer worker paid for the hospitalization. The child convalesced at another volunteer's home because of the substandard condition of her own home.

> CASE HISTORY: A Spanigh-American child, eight-years-old, was diagnosed as neglected Post Polio. He was found crawling under the house, dirty, frightened, and caring for smaller children. Mike is at resent attending the FAME migrant kindergarten and his improvement has been rewarding to all of us. This child is the spokesman for any Spanish-American family in his community regarding the health and welfare of his peers. This child realizes and enjoys his new awareness of the health services available to him and others.

It is obvious that we are seeing progress since the beginning of our Migrant Health Project. We have been trying to help the migrant realize his role in society and as an individual. They are looking upward. Camps are neater, children are cleaner, more are attending school, and they will seek medial care - not only when they have been injured, but will say "I need to see a doctor" for other health problems. More are offering to help pay for personal medical service through realization of its value.

Truly, life is better for the migrant. Thanks to the Migrant Health Service Project.

The clinic secretary plays an important role in the efficiency of the clinic functions. Many times it is she who sets the patient at ease and calms the children.

## SANITATION

Two labor camps of CBS type are shown in the two above photos.

There was no full-time migrant sanitarian in the program this past year. However, a sanitarian from the Environmental Health Section assumed the duties of covering the labor camps as a part of his regular work.

The sanitarian's main objectives were:

(1) To see that all camps were permitted in accordance with Chapter 170C-32 of the Florida State Sanitary Code. The three camps that submitted applications were permitted.

(2) To assure the continuation of programs which were implanted in the project in previous years.

The implementations mentioned above were accomplished by the combined efforts of a number of community organizations and civic groups. However, through the efforts of the health department, these accomplishments were kept near the intended standards. A brief summary follows:

(1) Garbage and trash collection has continued on a bi-weekly basis.

(2) A good supply of potable water has been available and regular checks have proven to be bacteriologically satisfactory.

(3) Rodent and rabies control programs have been maintained and no

bites have been reported.

(4) Sewage disposal has been handled through the use of chemical toilets.

Relationships with growers, crew leaders, and migrants continued as good. The migrants are beginning to help themselves in the utilization of services extended them by the growers. In many instances, the migrant looks forward to their return to this area due to the increasing contact between migrants and staff members. They are beginning to accept the educational efforts toward better environmental sanitation.

Progress toward a hopeful future housing development has somewhat dwindled because of the fact that no full-time personnel were working in this area. However, with the ever increasing trend toward single-dwelling housing, the future is very optimistic.

The three camps permitted are of cement block with metal roofs. All are in good structual condition, although a great majority are overcrowded during peak season. This fact alone tends to promote unsanitary conditions. However, there is still one exception which has been confronting us for some time, Johnson's Camp. This camp is made of wood entirely with tin tops and is a direct fire and health hazard.

Health Department Authority for issuing permits is found in Chapter 170C-32 of the Florida State Sanitary Code. The sanitarian makes regular inspections to insure that these standards are met and maintained.

Housing conditions have continued to improve although not as speedily as in previous years due to insufficient staffing. However, this has been accomplished mainly because of resident camp supervisors. A more important factor is that the migrants have accepted and are using the knowledge imparted to them.

Field sanitation has not yet improved in proportion to other advances in the program due to grower resistance to provide facilities in the actual growing areas. Pit privies are still in use in some areas. There is no food handling procedures except for the small lunch or soft drink and sandwich purchased by the migrants.

Health education through instruction in sanitary methods and constant check and re-check has been an important phase of the sanitarians duties. The greatest improvement has been the attitude of the migrant and the ever increasing awareness, understanding and acceptance of the assistance being offered him.

There are migrants occupying other types of housing in the migrant community. However, our main concern is the elimination of Johnson's Camp. This, and a few other situations, if eliminated, will meet our most important objective.

I feel, however, that health education is the most urgent need of these people and direct contact is the most desirable way to accomplish this objective.

## HEALTH EDUCATION

The Project nurse and a Consultant on Planned Parenthood visit a family in a labor camp.

Our health educator, Mr. Moses Carey, was finally employed just three weeks before the close of the reporting period. Consequently, we do not have a great deal to report regarding his specific activities. Most of his time was spent getting acquainted with the project, the area, and the migrants who remain in our community.

This does not signify the lack of health education activities in the project as these have continued through the nurses, sanitarian, and volunteers. In this project, as in all other health department activities, education toward improved health is always an integral portion of our program.

Each nursing visit, in the home or clinic, is regarded as an opportunity to point out health facts and suggestions which permit the person visited to act in the best interest of improved individual and family hygiene. Likewise, each visit made by the sanitarian includes helpful suggestions and a description of methodology required to improve environmental health conditions.

We regard the advent of our health educator an an opportunity to concentrate, full-time, on an organized program utilizing the latest and best techniques to sell health to the migrant as a vital part of his daily living pattern. These activities will not replace those of the nurse and sanitarian, but will standardize and organize such educational efforts under professional leadership.

## NUTRITION SERVICES

Nutrition services to migrant families have been expanded during the past year. The migrant nutritionist participated in some of the FAME clinics, the adult Title 3b Adult Migrant Education Program, and offered consultation to professional and voluntary community groups who provided nutrition assistance to the migrant population. Two hundred, forty (240) migrants were reached with these services.

At the migrant clinic, guidance in family feeding and individual diet counseling were offered. The adult education migrants were taught food buying and meal preparation. Assistance was also given to a graduate nutrition student from Penn State who is doing her thesis on the food values of the southern Negro migrants.

The Sarasota Nutrition Council, volunteer school students and agriculture extension aides were informed of the migrant's nutritional needs and were invited to assist in providing family feeding information to migrant families in the county. Menu planning and buying consultation were provided the migrant child day care center.

Nutrition services will be extended and expanded by:

(1) Providing group and individual nutrition instruction at selected general migrant medical clinics.

(2) Instructing adults who participate in Title 3b Adult Migrant Education Program.

(3) Working with the county health officer and other community agencies to implement a commodity food distribution program and a supplemental program in Sarasota County.

(4) Demonstrations on the preparation and use of low-cost foods to families at the migrant camp.

(5) Nutrition consultation to the larger migrant day care centers.

(6) Training community health workers in family nutrition.

(7) A series of nutrition education workshops is planned for the operators of day care centers serving migrant, as well as non-migrant, children.

(8) Prenatal and infant nutrition education is to be presented weekly to the migrant and non-migrant students attending special classes for pregnant school girls.

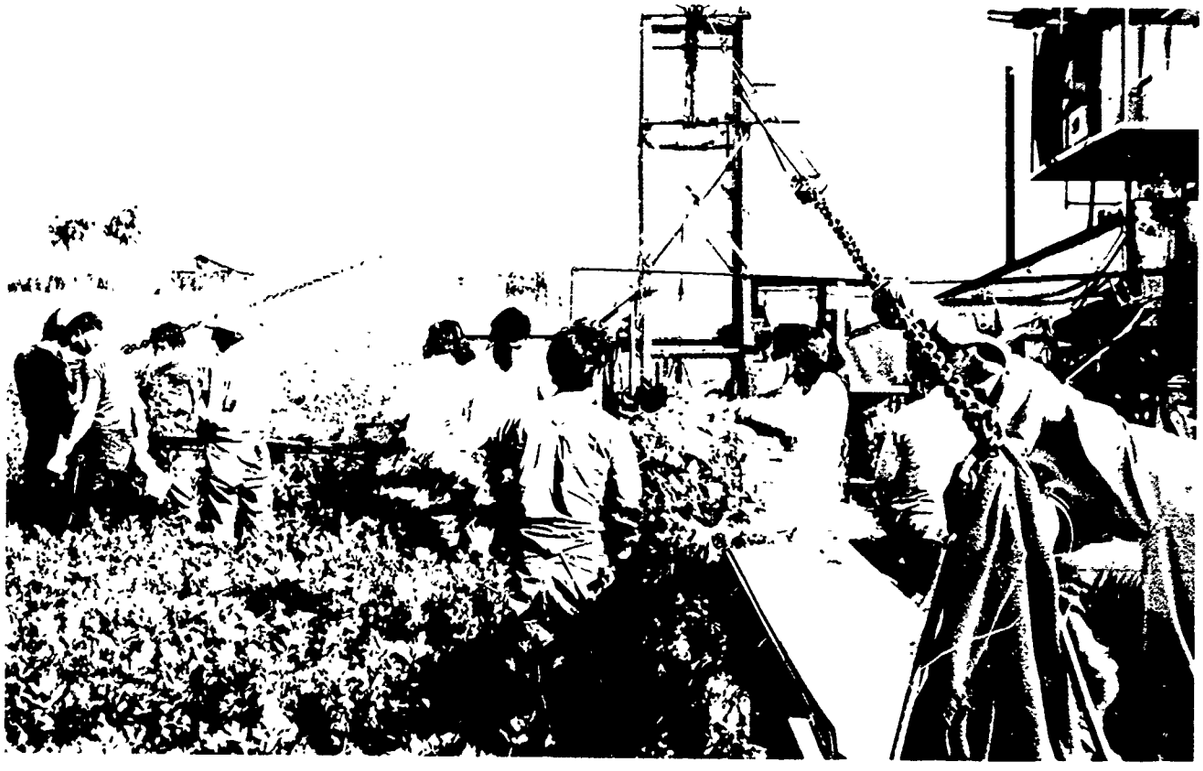
(9) Diet counseling and group teaching is to be offered at the volunteer pediatric health clinic beginning May, 1969.

## APPRAISAL OF THE YEAR'S ACHIEVEMENTS

The majority of our established goals have been met and are being met on a continuing basis, through the aegis of the project.

Related services and activities carried on in and around the FAME Center are providing for many of the needs of the migrant and his family.

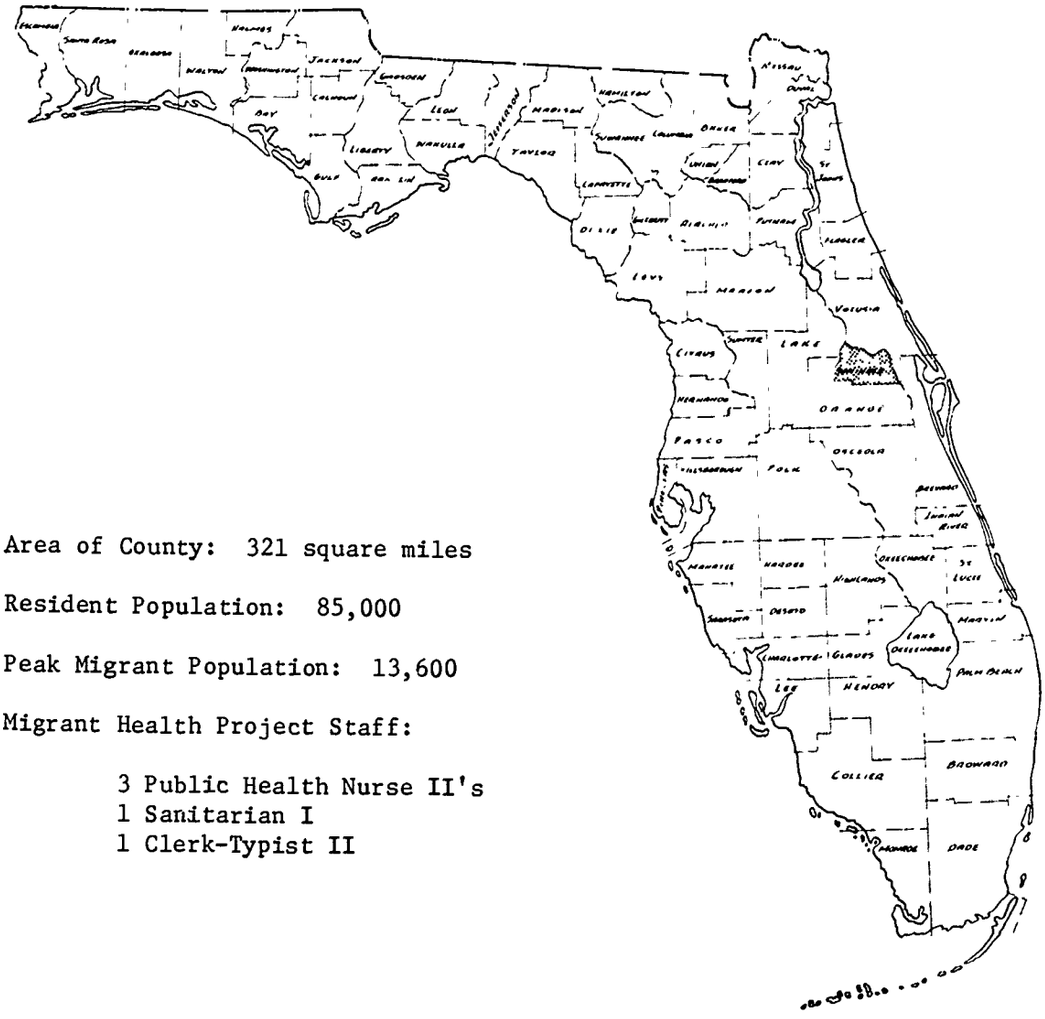
While we recognize that there are more problems to be solved than those that have been solved, we feel that sufficient progress has been made, to date, toward improving the lot of the migratory agricultural worker to give us real encouragement for further improvement to come. Our primary responsibility must be for the health of the migrant and his family. Thereafter, whatever else we can accomplish through stimulation of the community, volunteer assistance, donations, etc., are serendipitous We are anxious to develop broader services, to attack new problems, and to overcome existing handicaps; but these must be kept in perspective with the major emphasis continued toward health improvement, health education, prevention of disease and improved environmental conditions which are direct responsibilities of the public health agency. Our future role in this program lies along the lines of continuing and broadening the impact of these traditional services in the lives of this specific target group in our society.



Mechanization is important in the harvesting of some Sarasota crops.

## SEMINOLE COUNTY HEALTH DEPARTMENT

Frank Leone, M.D., Director




Area of County: 321 square miles

Resident Population: 85,000

Peak Migrant Population: 13,600

Migrant Health Project Staff:

3 Public Health Nurse II's
1 Sanitarian I
1 Clerk-Typist II

Department of
Health, Education, and Welfare
Health Services and Mental Health Administration

Date Submitted May 13, 1969

ANNUAL PROGRESS REPORT - Migrant Health Project

Period Covered by this Report
From May 1, 1968 Through April 30, 1969

PART I. GENERAL PROJECT INFORMATION

1. Project Title A Project to develop a Statew[illegible] Program of Health Services for Migrant Farm Workers and Their Dependents in Florida.

2. Grant Number (Use no. shown on the Grant Award Notice) MG-18F (69)

3. Grantee Organization (Name & Address)
Seminole County Health Department
Post Office Box 1856
Sanford, Florida 32771

4. Project Director
Frank Leone, M.D., Director

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. Population Data - Migrants (workers and dependents)

a. Number of Migrants by Month

| MONTH | TOTAL | IN-MIGRANTS | OUT-MIGRANTS |
|---|---|---|---|
| Jan. | 13,100 | 620 | 12,480 |
| Feb. | 13,600 | 650 | 12,950 |
| Mar. | 10,250 | 575 | 9,675 |
| Apr. | 9,375 | 425 | 8,950 |
| May | 9,025 | | 9,025 |
| June | 7,200 | | 7,200 |
| July | 6,800 | | 6,800 |
| Aug. | 6,550 | | 6,550 |
| Sep. | 6,725 | | 6,725 |
| Oct. | 9,075 | | 9,075 |
| Nov. | 11,415 | | 11,415 |
| Dec. | 12,660 | | 12,660 |
| TOTALS | 115,775 | 2,270 | 113,505 |

b. Number of Migrants during Peak Month

| | TOTAL | MALE | FEMALE |
|---|---|---|---|
| (1) OUT-MIGRANTS TOTAL: | 12,950 | 6,365 | 6,585 |
| Under 1 year | 387 | 183 | 204 |
| 1 - 4 years | 1,521 | 809 | 712 |
| 5 - 14 years | 3,141 | 1,545 | 1,596 |
| 15 - 44 years | 4,461 | 2,210 | 2,251 |
| 45 - 64 years | 2,413 | 1,134 | 1,279 |
| 65 + older | 1,027 | 484 | 543 |
| (2) IN-MIGRANTS TOTAL: | 650 | 557 | 93 |
| Under 1 year | 2 | 1 | 1 |
| 1 - 4 years | 13 | 5 | 8 |
| 5 - 14 years | 37 | 26 | 11 |
| 15 - 44 years | 490 | 435 | 55 |
| 45 - 64 years | 110 | 90 | 18 |
| 65 + older | 0 | 0 | 0 |

c. Average Stay of Migrants in County

| | # Weeks | From (mo.) | Through (Mo.) |
|---|---|---|---|
| Out-Migs. | 34 | October | May |
| In-Migs. | 17 | January | April |

d. (1) Indicate sources of information and/or basis of estimates for 5a.

Seminole County Agricultura Bureau, U.S. Department of Commerce, Growers.

(2) Describe briefly how proportions for sex and age for 5b were derived.
School records, Growers, Seminole County Agriculture Bureau, and the United States Department of Commerce

6. HOUSING ACCOMMODATIONS

a. Camps

| MAXIMUM CAPACITY | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Less than 10 per. | | |
| 10 - 25 persons | | |
| 26 - 50 persons | | |
| 51 - 100 persons | | |
| More than 100 pers. | 1 | 120 |
| TOTAL* | 1 | 120 |

b. Other Housing Accommodations

| LOCATION (Spec.) | NUMBER | OCCUPANCY (Peak) |
|---|---|---|
| Rooming Houses | 53 | 1,600 |
| Homes | 2,245 | 11,880 |
| Most of our migrants live in rented houses, or own their homes. | | |
| TOTAL* | 2,298 | 13,480 |

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

7. MAP OF PROJECT AREA - Append a map showing location of camps, roads, clinics, and other places important to project.

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Form approved:
Budget Bureau No. 68-R1005

GRANT NUMBER MG-18F (69)

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

DATE SUBMITTED May 13, 1969

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. Total Migrants Receiving Medical Services at Family Health Clinics, Physicians Offices, Hospital Emergency Rooms, etc.

| Age | Number of Patients | | | Number of Visits |
|---|---|---|---|---|
| | Total | Male | Female | |
| Total | 10,387 | 4,766 | 5,621 | 29,678 |
| Under 1 year | 473 | 241 | 232 | 1,892 |
| 1 - 4 years | 695 | 368 | 327 | 2,780 |
| 5 - 14 years | 2,319 | 1,287 | 1,032 | 5,955 |
| 15 - 44 years | 5,107 | 2,096 | 3,011 | 15,861 |
| 45 - 64 years | 1,678 | 725 | 953 | 3,045 |
| 65 + older | 115 | 49 | 66 | 145 |

b. Of Total Migrants Receiving Medical Services, How Many were:

(1) Served in Family Health Service Clinic? 10,387

(2) Served in Physicians' Office, on Fee-for-Service Arrangement (include referrals 47

3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment)

No. of patients (exclude newborn) 110

No. of hospital days 706

2. MIGRANTS RECEIVING DENTAL SERVICES

| Item | Total | Under 15 | 15 + Older |
|---|---|---|---|
| a. No. Migrants Examined Total: | 1,370 | 1,239 | 131 |
| (1) No. Decayed, missing, filled teeth | 4,624 | 3,705 | 919 |
| (2) Avg. DMF per person | 3.4 | 3 | 7 |
| b. Individuals Requiring Services - Total: | 1,022 | 1,009 | 113 |
| (1) Cases completed | 448 | 347 | 101 |
| (2) Cases partially completed | 95 | 95 | |
| (3) Cases not start. | 585 | 567 | 18 |
| c. Services Provided - Total: | 352 | Infor- | 352 |
| (1) Preventive | 26 | mation | 26 |
| (2) Corrective-Total | 176 | | 176 |
| (a) Extraction | 150 | not | 150 |
| (b) Other | | | |
| d. Patient Visits - Total: | 1,370 | available. | |

4. IMMUNIZATIONS PROVIDED

| Type | Completed Immunizations - By Age | | | | | In-Complete Series | Boosters Revaccinations |
|---|---|---|---|---|---|---|---|
| | Total | Under 1 year | 1 - 4 | 5 - 14 | 15 + older | | |
| TOTAL - ALL TYPES | 2,671* | 507 | 978 | 1,021 | 165 | 301 | 1,432 |
| Smallpox | 206 | 10 | 70 | 99 | 27 | | 90 |
| Diphtheria | 424 | 111 | 176 | 137 | | 115 | 292 |
| Pertussis | 413 | 111 | 170 | 132 | | 136 | 282 |
| Tetanus | 464 | 113 | 186 | 132 | 33 | 27 | 369 |
| Polio | 422 | 106 | 151 | 126 | 39 | 13 | 252 |
| Typhoid | 151 | 4 | 64 | 64 | 19 | 10 | 147 |
| Measles | 545 | 52 | 161 | 309 | 23 | | |
| Other (Spec.) | | | | | | | |
| Flu | 46 | | | 22 | 24 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS: Referrals made for dental care for the migrant school child are incomplete. The referrals were made to the migrant teacher and the program will continue through the summer.

(*) This figure does not include boosters and revaccinations or incomplete series.

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| I.-XVII. | | TOTAL ALL CONDITIONS | 26,826 | 9,292 | 17,534 |
| I. | 01- | INFECTIVE AND PARASITIC DISEASES: TOTAL | 9,425 | 2,848 | 6,577 |
| | 010 | Tuberculosis | 153 | 51 | 102 |
| | 011 | Syphilis | 134 | 36 | 98 |
| | 012 | Gonorrhea and Other Venereal Diseases | 302 | 114 | 188 |
| | 013 | Intestinal Parasites | 3,546 | 1,182 | 2,364 |
| | | Diarrheal Disease (infectious or unk. origs.): | | | |
| | 014 | Children under 1 year of age | 257 | 102 | 155 |
| | 015 | All other | 210 | 147 | 63 |
| | 016 | "Childhood Diseases"-Mumphs, Measles, Chickenpox | 7 | 7 | |
| | 017 | Fungus Infections of Skin (Dermatophytoses) | 4,816 | 1,209 | 3,607 |
| | 019 | Other Infectious Diseases (give examples): | | | |
| | | _____ | | | |
| | | _____ | | | |
| | | _____ | | | |
| | | _____ | | | |
| II. | 02- | NEOPLASMS: TOTAL | 93 | 41 | 52 |
| | 020 | Malignant Neoplasms (give examples): | | | |
| | | Cancer of Cervix (in situ) | 17 | 17 | |
| | | Cancer of Cervix (invasive) | 1 | 1 | |
| | | _____ | | | |
| | | _____ | | | |
| | 025 | Benign Neoplasms | 75 | 23 | 52 |
| | 029 | Neoplasms of uncertain nature | | | |
| III. | 03- | ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES: TOTAL | 1,685 | 525 | 1,160 |
| | 030 | Diseases of Thyroid Gland | 33 | 3 | 30 |
| | 031 | Diabetes Mellitus | 45 | 10 | 35 |
| | 032 | Diseases of Other Endocrine Glands | | | |
| | 033 | Nutritional Deficiency | 626 | 257 | 369 |
| | 034 | Obesity | 981 | 255 | 726 |
| | 039 | Other Conditions _____ | | | |
| IV. | 04- | DISEASES OF BLOOD & BLOOD FORMING ORGANS: TOTAL | 1,582 | 635 | 947 |
| | 040 | Iron Deficiency Anemia | 1,582 | 635 | 947 |
| | 049 | Other Conditions _____ | | | |
| V. | 05- | MENTAL DISORDERS: TOTAL | 749 | 172 | 577 |
| | 050 | Psychoses | 211 | 42 | 169 |
| | 051 | Neuroses and Personality Disorders | 332 | 73 | 259 |
| | 052 | Alcoholism | 62 | 15 | 47 |
| | 053 | Mental Retardation | 44 | 19 | 25 |
| | 059 | Other Conditions Schizophreniac | 100 | 23 | 77 |
| VI. | 06- | DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL | 2,132 | 935 | 1,197 |

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PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| VI. | 060 | Peripheral Neuritis | | | |
| | 061 | Epilepsy | 68 | 5 | 63 |
| | 062 | Conjunctivities and other Eye Infections | 202 | 49 | 153 |
| | 063 | Refractive Errors of Vision | 758 | 403 | 355 |
| | 064 | Otitis Media | 922 | 303 | 619 |
| | 069 | Other Conditions Glaucoma Screening | 182 | 175 | 7 |
| VII. | 07- | DISEASES OF THE CIRCULATORY SYSTEM: TOTAL | 792 | 128 | 664 |
| | 070 | Rheumatic Fever *Heart Condition | 73 | 18 | 55 |
| | 071 | Arteriosclerotic and Degenerative Heart Dis. | 54 | 11 | 43 |
| | 072 | Cerebrovascular Disease (Stroke) | 23 | 5 | 18 |
| | 073 | Other Diseases of the Heart | 600 | 71 | 529 |
| | 074 | Hypertension | 42 | 23 | 19 |
| | 075 | Varicose Veins | | | |
| | 079 | Other Conditions | | | |
| VIII. | 08- | DISEASES OF THE RESPIRATORY SYSTEM: TOTAL | 1,528 | 883 | 645 |
| | 080 | Acute Nasopharyngitis (Common cold) | 844 | 637 | 207 |
| | 081 | Acute Pharyngitis | 60 | 19 | 41 |
| | 082 | Tonsillitis | 210 | 97 | 113 |
| | 083 | Bronchitis | 85 | 39 | 46 |
| | 084 | Tracheitis/Laryngitis | 68 | 17 | 51 |
| | 085 | Influenza | 90 | 27 | 63 |
| | 086 | Pneumonia | 35 | 8 | 27 |
| | 087 | Asthma, Hay Fever | 136 | 39 | 97 |
| | 088 | Chronic Lung Disease (Emphysema) | | | |
| | 089 | Other Conditions | | | |
| IX. | 09- | DISEASES OF THE DIGESTIVE SYSTEM: TOTAL | 766 | 270 | 496 |
| | 090 | Caries and other Dental Problems | 214 | 113 | 101 |
| | 091 | Peptic Ulces | 436 | 109 | 327 |
| | 092 | Appendicitis | | | |
| | 093 | Hernia | 30 | 11 | 19 |
| | 094 | Cholecystic Disease | | | |
| | 099 | Other Conditions Constipation | 86 | 37 | 49 |
| X. | 10- | DISEASES OF THE GENITOURINARY SYSTEM: TOTAL | 495 | 149 | 346 |
| | 100 | Urinary Tract Infection (Pyelonephritis, Systitis) | 166 | 49 | 117 |
| | 101 | Diseases of Prostate Gland (excluding Carcinoma) | 24 | 1 | 23 |
| | 102 | Other Diseases of Male Genital Organs | | | |
| | 103 | Disorders of Menstruation | 62 | 43 | 19 |
| | 104 | Menopausal Symptoms | 21 | 4 | 17 |
| | 105 | Other Diseases of Female Genital Organs | 164 | 41 | 123 |
| | 109 | Other Conditions Hemorrhoids | 58 | 11 | 47 |
| XI. | 11- | COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL | 34 | 18 | 16 |
| | 110 | Infections of Genitourinary Tract during Preg. | 7 | 7 | |

PART II (Continued)

5. Medical Conditions Treated by Physicians in Family Clinics, Hospital Outpatient Departments, and Physicians' Offices.

Grant Number MG-18F (69)

| ICD CLASS | MH CODE | Diagnosis or Condition | Total Visits | First Visits | Re-Visits |
|---|---|---|---|---|---|
| XI. | 111 | Toxemias of Pregnancy | 4 | 2 | 2 |
| | 112 | Spontaneous Abortion | 8 | 4 | 4 |
| | 113 | Referred for Delivery | 15 | 5 | 10 |
| | 114 | Complications of the Puerperium | | | |
| | 119 | Other Conditions | | | |
| XII. | 12- | DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE: TOTAL | 1,649 | 555 | 1,094 |
| | 120 | Soft Tissue Abcess or Cellulitis | 272 | 69 | 203 |
| | 121 | Impetigo or Other Pyoderma | 337 | 106 | 231 |
| | 122 | Seborrheic Dermatitis | 14 | 14 | |
| | 123 | Eczema, Contact Dermatitis, or Neurodermatitis | 398 | 97 | 301 |
| | 124 | Acne | 65 | 38 | 27 |
| | 129 | Other Conditions: Dry skin, Ringworm (Body,Sc.) Pityriasis Rosea, Rosacea, Warts | 399 164 | 170 61 | 229 103 |
| XIII. | 13- | DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL | 1,845 | 501 | 1,344 |
| | 130 | Rheumatoid Arthritis | 20 | 1 | 19 |
| | 131 | Osteoarthritis | 19 | 2 | 17 |
| | 132 | Arthritis, Unspecified | 1,630 | 427 | 1,203 |
| | 139 | Other Conditions: Muscle spasms | 176 | 71 | 105 |
| XIV. | 14- | CONGENITAL ANOMALIES: TOTAL | | | |
| | 140 | Congenital Anomalies of Circulatory System | | | |
| | 149 | Other Conditions | | | |
| XV. | 15- | CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL | 54 | 11 | 43 |
| | 150 | Birth Injury | | | |
| | 151 | Immaturity | 54 | 11 | 43 |
| | 159 | Other Conditions | | | |
| XVI. | 16- | SYMPTOMS & ILL-DEFINED CONDITIONS: TOTAL | 2,278 | 1,079 | 1,199 |
| | 160 | Symptoms of Senility | 1,380 | 609 | 771 |
| | 161 | Backache | 94 | 41 | 53 |
| | 162 | Other Symptoms Referrable to Limbs & Joints | 82 | 26 | 56 |
| | 163 | Headache | 722 | 403 | 319 |
| | 169 | Other Conditions | | | |
| XVII. | 17- | ACCIDENTS, POISONINGS, & VIOLENCE: TOTAL | 1,719 | 542 | 1,177 |
| | 170 | Lacerations, Abrasions, and Other Soft Tissue Injuries | 692 | 239 | 453 |
| | 171 | Burns | 334 | 105 | 229 |
| | 172 | Fractures | 88 | 27 | 61 |
| | 173 | Sprains, Strains, Dislocations | 312 | 85 | 227 |
| | 174 | Poison Ingestion | 60 | 39 | 21 |
| | 179 | Other Conditions due to Accidents, Poisoning, or Violence | 233 | 47 | 186 |

PART II.

Grant Number MG-18F (69)

| | | | Number of Individuals |
|---|---|---|---|
| 6. | 2- | SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL | 11,148 |
| | 200 | Family Planning Services | 327 |
| | 201 | Well Child Care | 227 |
| | 202 | Prenatal Care | 310 |
| | 203 | Postpartum Care | 69 |
| | 204 | Tuberculosis: Follow-up of inactive case | 32 |
| | 205 | Medical and Surgical Aftercare | 101 |
| | 206 | General Physical Examination | 39 |
| | 207 | Papanicolaou Smears | 112 |
| | 208 | Tuberculin Testing | 603 |
| | 209 | Serology Screening | 743 |
| | 210 | Vision Screening | 1,112 |
| | 211 | Auditory Screening | 138 |
| | 212 | Screening Chest X-rays | 1,972 |
| | 213 | General Health Counselling | 1,563 |
| | 219 | Other Services: | |
| | | Specify 14 x 17 chest x-rays; follow-up on Tuberculosis screening program | 232 |
| | | Intestinal Parasite treatments given to families of infected cases | 3,527 |
| | | Health Cards | 41 |

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| PART III. - NURSING SERVICE | Grant No. MG-18F (69) |
|---|---|

| Type of Service | Number |
|---|---|
| 1. NURSING CLINICS: | |
| a. Number of Clinics | 436 |
| b. Number of Individuals Served - Total | 15,718 |
| 2. FIELD NURSING: | |
| a. Visits to Households | 2,807 |
| b. Total Households Served | 705 |
| c. Total Individuals served in Households | 7,971 |
| d. Visits to Schools, Day Care Centers | 366 |
| e. Total Individuals Served in Schools and Day Care Centers | 2,627 |
| 3. CONTINUITY OF CARE: | |
| a. Referrals Made For Medical Care: Total | 740 |
| (1) Within Area | 497 |
| (Total Completed 497 ) | |
| (2) Out of Area | 119 |
| (Total Completed 119 ) | |
| b. Referrals Made For Dental Care: Total | 355 |
| (Total Completed 305 ) | |
| c. Referrals Received For Medical or Dental Care From Out-Of-Area: Total | 71 |
| (Total Completed 71 ) | |
| d. Follow-Up Services For Migrants, not originally referred by project, Who Were Treated In Physicians' Offices (Fee-for-Service) | 69 |
| e. Migrants Provided Pre-Discharge Planning and Post-Hospital Services | 126 |
| f. Migrants Asked to Present Health Record (Form PHS-3652 or Similar Form) In Field or Clinic: Total | 159 |
| (1) Number presenting health record | 15 |
| (2) Number given health record | 452 |
| 4. OTHER ACTIVITIES (Specify): | |
| Educational films shown-----205 Attendance: 3,212 | |
| Talks made to schools------- 82 Attendance: 2,945 migrant child. | |
| Nutritionist conferences with individuals and groups---------- 62 | |
| For Florida Council for the Blind---------- 7 | |
| For Florida Crippled Children---------- 21 | |
| To Sunland Hospital--------- 2 | |

REMARKS

Extra space is needed in our Migrant Health Clinics to show films and other educational material to patients unable to attend day clinics.

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PART IV. SANITATION SERVICES | Grant Number MG-18F (69)

Table A. Survey of Housing Accommodations

| Housing Accommodations | Total | | Covered by Permits | |
|---|---|---|---|---|
| | Number | Maximum Capacity | Number | Maximum Capacity |
| Camps | 1 | 120 | 0 | 0 |
| Other locations | | | | |
| Housing Units - Family: | | | | |
| In camps | | | | |
| In other locations | 53 | 1,600 | | |
| Housing Units - Single: | | | | |
| In camps | | | | |
| In other locations | 2,245 | 11,880 | | |

Table B. Inspection of Living and Working Environment of Migrants

| Item | Number of Locations Inspected* | | Total Number of Inspections | | Number of Defects Found | | Number of Corrections Made | |
|---|---|---|---|---|---|---|---|---|
| Living Environment: | Camps | Other | Camps | Other | Camps | Other | Camps | Other |
| a. Water | | 75 | | 106 | | 48 | | 41 |
| b. Sewage | | 82 | | 179 | | 34 | | 34 |
| c. Garbage and Refuse | | 110 | | 170 | | 64 | | 64 |
| d. Housing | | 326 | | 504 | | 105 | | 90 |
| e. Safety | | 14 | | 32 | | 6 | | 6 |
| f. Food Handling | | 52 | | 208 | | 11 | | 11 |
| g. Insects and Rodents | | 44 | | 65 | | 15 | | 9 |
| h. Recreational facilities | | 14 | | 52 | | 6 | | 5 |
| Working Environment: | | | | | | | | |
| a. Water | xxxxx | 30 | xxxxx | 90 | xxxxx | 12 | xxxxx | 12 |
| b. Toilet facilities | xxxxx | 30 | xxxxx | 65 | xxxxx | 9 | xxxxx | 9 |
| c. Other | xxxxx | 12 | xxxxx | 36 | xxxxx | 3 | xxxxx | 3 |

* Locations - camps or other locations where migrants work or are housed.

PART V. HEALTH EDUCATION SERVICES (By type of service, personnel involved, & no. of sessions)

| Type of Health Education Service | Number of Sessions | | | | | | |
|---|---|---|---|---|---|---|---|
| | /N/E// /Staff | Physi-cians | Nurses | Sans. | Aides(*) | Other (Spec.) |
| A. Services to Migrants: | T.B. | V.D. | | | | | Nutrit. |
| (1) Individual counselling | 110 | 135 | 1,150 | 1,592 | 120 | 355 | 210 |
| (2) Group counselling | 17 | 19 | 290 | 314 | 14 | 110 | 63 |
| B. Services to Other Project Staff: | | | | | | | |
| (1) Consultation | 15 | 12 | 54 | 67 | 6 | 14 | 40 |
| (2) Direct services | | 25 | 65 | 14 | | 75 | 22 |
| C. Services to Growers: | | | | | | | |
| (1) Individual counselling | 8 | 5 | 18 | 10 | 40 | 28 | 4 |
| (2) Group counselling | | | | | | | |
| D. Services to Other Agencies or Organizations: | | | | | | | |
| (1) Consultation with individuals | 37 | 8 | 45 | 159 | 30 | 55 | 53 |
| (2) Consultation with groups | 6 | 18 | 20 | 16 | 9 | 11 | 34 |
| (3) Direct services | 52 | 9 | 14 | 13 | | 35 | 27 |
| E. Health Education Meetings | 36 | 20 | 37 | 22 | 16 | 24 | 44 |

(*) Aides - other than Health Ed.

N - Nutritionist
VD - Epidemiologist
TB - Specialist & Staff

SEMINOLE COUNTY HEALTH DEPARTMENT

MIGRANT HEALTH PROJECT

## A. SUMMARY FOR ANNUAL PROGRESS REPORT

I. General Information

A. The period covered by this report extends from May 1, 1968, to April 30, 1969.

B. The goal of this health program is to raise the health status of these farm workers and their families to that of the general population by providing comprehensive services with continuity as they follow the season.

In spite of the difficulties of providing services to a whole target population, we must make every effort to assure high quality of health care. Some of the problems are mobility of the migrant; community apathy; lack of facilities and manpower; distances and lack of transportation; and educational barriers.

We are striving toward complete health screening to detect defects, etc., early in order to avoid chronic disability. Educating the migrant to assume responsibility for his own follow-up care is absolutely essential for efficient care but a very persevering procedure. Furthermore, a healthy worker is a much better worker.

C. There has been no definite change in our objectives, except to stress certain facts. That is the establishment of a system to deliver comprehensive health services of a high quality. Services to prevent illness or disability, to treat these cases which do occur and to help rehabilitate handicapped individuals. Education and motivation to self-help could be the answer to many of their problems.

To achieve continuity of care for migrants requires assumption of responsibility by the migrant himself. As with the personal health record, the use of inter-area referral forms also requires assumption of responsibility by the migrant, as well as by the health workers.

To date, the program has demonstrated that listening to the wants and desires of the people to be served has helped to achieve efficient and effective care.

Help the migrant help himself; establish continuity of care as people move. The purpose is to help migrants identify and develop solutions to their own

health problems. The eventual goal should be to give as many of these people as possible roots in a local community where they can make their own place, gain community acceptance, and become eligible for benefits available to other citizens. To help migrants help themsevles by developing within them the ability to assume more responsibility for meeting their health problems.

D. Changes in the migrant situation:

1. There is very little variation in the type of migrant from last year. Most of our farm workers live in Seminole County and either rent or own the house they live in. As such, they have, to some extent, become part of community life through their own activity. Their age and sex composition varies little, except that the women do outnumber the men to a small degree. Many remain in Seminole where they live; others travel south for a while and a goodly number follow the season north in June, July, and August.

2. The economic situation is improving considerably. There has been quite an increase in non-farm employment. Furthermore, due to an increase in industry coming in to the county, there has been a steady demand for inside workers. Many farm workers are taking advantage of this job training in order to leave the farms. There has been a change in crop planting, in that more acreage is giving way to cabbage and less to celery. Mechanization has shown some increase with beginning use of such in citrus groves in the Oviedo area. There has been a definite interest in increasing mechanization for next year.

   We had a small increase in in-migrant labor this past season, due to late maturity of citrus and many of our local farm persons going into other employment. They are after a better and more dependable salary which is now attainable with the influx of industry, etc.

3. The need for health services will be necessary for some time to come yet, because we expect to have large numbers of migrants in the county during the season for the forseeable future.

II. Relationships - Involvement

We are funneling the resources of many local public and private agencies to migrants. A few examples are: The Lions Club provides eyeglasses for migrant children and financially sponsor the glaucoma screening clinics. Some local churches now provide volunteers for clinics. The Pink Ladies assist with the glaucoma clinic. The health department provides many direct services. Local physicians, dentists, and hospitals provide care at reduced, and in many cases, no cost. Business and professional women's clubs assist us financially with the dental clinic. Migrants themselves assist, as aides, in brining patients to the clinics that are in need of medical services. The vocational rehabilitation and crippled children's programs accept referred patients for care. The nutritionist assists in homemaking and nutrition education classes. The State

Cancer Society pays the cancer smear bills. Local growers encourage their workers and families to use project services.

Special classes are being held at Midway school two evenings a week for adults who are doing farm work and may have left school but want to continue learning.

A visit by education officials to three schools was recently made in the interest of selecting a possible school for field testing and evaluating supplementary instructional material for the Migratory Child Compensatory Program.

Through the O.E.O. and Community Action Fund, six day care centers have been opened, each with 35 to 40 children, mostly migrants. Also, several Head-start Centers with preschool children have been setup. All have had a medical examination, including dental work, visual and hearing screening. All immunizations and tuberculin testing is done also.

The current migrant program has been upgraded to include two teacher aides this year. Emphasis is being placed on language arts in this project, stressing basic learning skills and language development. Teachers will also carryout home visits to improve the home/school relations and to promote regular school attendance. The program also includes orientation in the world of work, pointing out the responsibilities in grooming, personal hygiene, and personal guidance to improve self-concept.

In addition to field trips for cultural enrichment, officials work closely with local health agencies in obtaining medical and dental care for the migrant children. The migrant students are concentrated at various elementary, junior, and senior schools. Peak enrollment of the students identified as migratory is expected in the near future.

Migrant tots received yule gifts. The United Church Women of Florida and the Florida Christian Migrant Ministry helped make Christmas a day of joy and sharing among migrant and seasonal farm workers and their families. They provided toys, clothing, special programs, and food for the children and adults in the migrant communities. A film was shown "The Migrant Worker." After the film, each woman tied her gift of money on the Christmas tree and in this way, the money will be used to help make Christmas a little brighter for the migrant children.

III. Staff Orientation and Training

The project staff has learned a great deal from experiences in serving the poor farm workers and citrus pickers. Attending the migrant meetings were very helpful in orientation of staff to problems of migrants, approach to their solutions and what they think.

The migrant project staff holds regular conferences discussing any new problems that may have arisen because of behavior of clients, their demands, special services, improving health care by more education, and general evaluation.

In-service training is held to recognize migrants' needs for understanding,

respect, and treatment as fellow human beings. This may be the most important since the personal touch seems to be the magic wand that wins migrants over to the use of modern health care, once it has been made accessible in other respects.

IV. General Appraisal of Year's Achievements

We feel we have done better this past year than heretofore. We are striving to improve each facet of the program. The project staff holds periodic conferences to evaluate program content and progress. We have established a multi-discipline approach to migrants' problems. Physicians, nurses, sanitarians, health educators, and other health workers (aides) all have a part in the team effort.

We have noted an increasing number of migrants coming to us with their problems, instead of waiting for the nurse to seek them out. Many are aware that good medical care is not out of their reach. They appreciate that the nurse is someone who will listen to their problems and make every effort to help them. The migrant program is still the key mechanism which will assure that the needs of migrants will be met. They are isolated from communities, many are only transitory residents anywhere. They work in an agricultural setting in which the extension of fringe benefits, including health care, is almost impossible. They are the people most likely to be overlooked in community health planning. Their health needs are so compelling that the task the Migrant Health Program has undertaken must not be abandoned for the very near future, as yet. Our task as health workers now is to assure migrants that they and their health needs will not be forgotten.

We have been able to open a third medical clinic in the Lake Monroe area, a critically neglected area.

With the help of trained aides (volunteers) we have reached many more people than heretofore, as our statistics will show.

There has been an increase in the number of services rendered in all clinics; a more comprehensive service.

Sanitation services have been greatly increased with great benefits to these people.

The number of migrants reached by our health projects grew greatly during the past year with more neighborhood health clinics.

Problems to achievement are insufficient money, personnel, and time.

The foremost public health problems presented by migrants are chronic illness and disability. Frequently they are accompanied by emotional, social and financial difficulties. Comprehensive medical care means total health care under competent medical direction from prevention and early detection of disease, etc. to rehabilitation and restoration of maximum health and productivity.

There was an increase in requests for special services, such as pap smears for cancer of the cervix, blood tests, intrauterine devices and oral contraceptives. Also, increased number of clinic hours and clinic services.

More laboratory and x-rays were done. More individual and group nutritional counseling was accomplished. Better cooperation from outside resources as Welfare, Office of Economic Opportunity, Volunteers, Department of Education, Growers, etc. was noted.

We now operate night clinics in three locations in Seminole County to provide comprehensive medical care for the many migrant farm workers who work late hours in these areas.

There have been continued improvements in the services rendered to these people through the project, though many obstacles have also been present. What really impresses these people is that someone cares for them. They are real helpful and tell us their problems. When the doctor asks that they return to the clinic, most of them do because, as they say, "we know that you really are trying to help us." They often thank the doctor and nurse.

A list of our needs would include:

> An increase in project staff, more money for dental care, greater involvement of the migrants themselves, more education, greater emphasis on family planning, better cooperation from crew leaders.

Some migrants are finding new job opportunities following training programs in adult education classes set up for them.

Due to the recent influx of industry into the county and the need for help in these plants, many of these farm workers, especially the younger ones, are making inquiries for returning to school and arrangements to leave the seasonal farm work.

The Department of Education has set up classes with teachers to assist persons to finish school and receive a certificate. Also, the factories are training men and women in order to employ them. The work is steady and the pay better. Hence, more money, better living, better health, and less government dole.

We have enlarged our public health clinics and hope with more money and personnel we may be able to accomplish more for these people in time to come.

With planned health education for these people concerning prevention of illness by seeking early medical attention, better nutrition and living environment, family planning, etc., poverty can be reduced. By limiting unwanted children also, more money can be used for the essentials of life.

More of these people are seeking to remain in school now and returning to finish up, than heretofore.

Day care services for migrant children enabled parents to work or enroll in education programs. The High School Equivalency Program (HEP) prepared high school droupouts who are children of migrants to take the exam to obtain high school equivalency diplomas.

If you help people to do things for themselves, you don't have to call upon government to do so much for them. Abraham Lincoln had a more polished statement: 'Government should do for the people only those things they cannot do better for themselves.'

Poverty itself, with all its concomitants; including inadequate education and infrequent employment, is a major factor contributing to the plight of these people. Its effects are rendered more serious by lack of adequate coordination among health services.

We must motivate these people to do for themselves all that they can do. We must encourage them more and more to feel a responsibility to work with us instead of expecting us to do things for them. We alone cannot solve their problems without their participation. We must work on today's health problems with people if they are to benefit. The challenge of the health problems these people present demands the team approach for their solution.

## B. MEDICAL AND DENTAL SERVICES

I. Midway Clinic, Sipes Avenue, Sanford

Immunization and general clinic, including family planning, with nurses and secretary: Monday, 8:00 - 11:00 a.m.; Friday 1:00 - 3:00 p.m.

General medical clinic Tuesday and Thursday: 7:00 - 9:30 p.m., with doctor, nurses, aide, and secretary.

Well baby clinic, second Friday of each month: 1:00 - 3:00 p.m., with pediatrician, nurses, aide, and secretary.

Pap smear, family planning, postOpartum, etc. bi-monthly, third Thursday: 8:00 - 11:00 a.m., by medical director (Dr. Leone), nurses, and secretary.

Oviedo Clinic, Oviedo

Immunization and general clinic with nurses and aide, Tuesday: 1:00 - 4:00 p.m.; Thursday: 9:00 - 11:00 a.m.

General medical clinic, Monday: 7:00 - 9:30 p.m., with doctor and nurse and secretary.

Well baby clinic, first Thursday: 1:00 - 3:00 p.m., with pediatrician, nurses, and aide.

Pap smear, family planning, post-partum, etc. bi-monthly, second Thursday, with medical director (Dr. Leone) and nurses.

Lake Monroe (new clinic opened April 7, 1969, in Lake Monroe area.)

Immunization, general clinic and counseling, Monday: 8:00 - 11:00 a.m. with

nurse and aide.

Immunization, general clinic and counseling, Thursday: 2:00 - 4:00 p.m., with nurse and aide.

General medical clinic, Monday: 7:00 - 9:30 p.m. with doctor, nurse, and secretary.

Main Health Department (French Avenue and 9th Street, Sanford)

Venereal disease clinic, Monday and Thursday: 1:00 - 4:00 p.m., with medical director (Dr. Leone), nurses, and V.D. investigator.

I.U.D. clinic, second Monday: 8:00 - 10:00 a.m., with medical director and nurses.

I.U.D. recheck clinic, third Monday: 8:00 - 10:00 a.m., with medical director and nurses.

I.U.D. clinic, fourth Monday: 10:00 - 12:00 a.m., with gynecologist, medical director, and nurses.

Well baby clinic, third Monday: 1:00 - 3:00 p.m., with pediatrician and nurses.

Immunization clinics, Tuesday and Friday: 9:00 - 11:00 a.m., with nurses.

Health card clinics, first and third Tuesday, second and fourty Wednesday: 2:00 - 4:00 p.m., with medical director, nurses, and x-ray technician.

Glaucoma clinic, first Wednesday and third Thursday: 2:00 - 4:00 p.m. with Dr. Leone, nurses, and volunteers.

Maternity clinic, first, second, and fourth Wednesday: 8:00 - 11:00 a.m. with medical director, nurses, clinic aide, and volunteers.

Pap smear, post-partum, and family planning clinic, third Wednesday: 8:00 to 11:00 a.m. with medical director, clinic aide, and nurses.

Diagnostic x-ray clinic, fourth Thursday: 1:00 - 4:00 p.m. with nurses, secretary, and x-ray technician, volunteers.

Tuberculosis clinic, second and third Friday: 1:00 - 4:00 p.m. with T.B. specialist, T.B. nurse, and T.B. secretary.

Referrals are made from each clinic to private physicians and/or evening migrant clinics for more extensive services and follow-up.

a. Local dentists volunteer their time to assist us in dental education programs to our schools. This is not a regular scheduled activity as it has to be arranged according to the convenience of the dentist and schools. Private physicians and the emergency room of the hospital are often contacted by migrant personnel when patients are referred from our clinics who require further extensive treatment.

b. We offer a comprehensive health program to our migrant families as most of our migrant population includes the out-migrant and many of their dependents are left behind for the year. We offer a referral to their next destination if the dental or medical work has not been completed.

c. Head Start - Provides dental and medical care for pre-school children before enrolling in the first grade.

Maternal & Infant Care Project - Provides dental care for prenatals on a fee-for-service basis with local dentists.

Migrant School Program - Dental inspections are made by migrant project nurses and referrals are given to the migrant teachers. Many defects have been corrected and the program will be continued through the summer months. The migrant teacher thinks most of the dental needs can be provided for the school-age child through this program.

d. We include health education as a part of all programs. Films are shown to groups where space is available. Literature and counseling are employed by all personnel in each clinic. The nutritionist, psychiatric social worker and other specialists are used in group teaching and individual counseling for special problems.

In-service training is compulsory for all migrant project nurses.

e. During the reporting period from May 1, 1968, through April 30, 1969, a total of 10,387 patients were rendered service by the migrant project personnel. 7,341 patients were seen in general medical clinics; 29,678 visits were made to the clinics. The numbers receiving service according to classification of conditions found are as follows:

| | |
|---|---|
| Infective and parasitic diseases | 2,848 |
| Neoplasms | 41 |
| Endocrine, nutritional, & metabolic disease | 525 |
| Diseases of the blood & blood-forming organs | 635 |
| Mental disorders | 172 |
| Diseases of the nervous system & sense organs | 935 |
| Diseases of the respiratory system | 883 |
| Diseases of the circulatory system | 128 |
| Diseases of the digestive system | 270 |
| Diseases of the genito-urinary system | 149 |
| Complications of pregnancy, childbirth, & puerperium | 18 |

Diseases of skin & subcutaneous tissue ---------- 555

Diseases of the musculoskeletal system and connective tissue - 501

Causes of perinatal morbidity and mortality ---------- 11

Symptoms of ill-defined conditions ---------- 1,079

Accidents, poisonings and violence ---------- 542

110 patients received hospitalization. 47 patients were seen by private physicians. Family planning clinics provided service to 327 females; 11,148 visits were made to the clinic for this service. 64 prenatals made a total of 310 visits to our maternity clinic.

227 infants were under the supervision of our well baby clinic. 2,671 children and adults received completed immunizations.

1,022 migrant children and adults were referred for dental corrections.

Ten active cases and 32 inactive cases of tuberculosis were followed in our tuberculosis clinic. Of 19 cases of active tuberculosis found in 1968, in Seminole County, ten were migrants; of the ten, eight were males, two females. All were hospitalized and under treatment. What does this do to the earnings of the respective families?

There has been ample evidence for some time that tuberculosis is an especially stubborn and destructive problem among these people. We are making many earnest efforts to reach these "unresponsive" and "underprivileged" groups. While tuberculosis has declined sharply everywhere, it has remained stubbornly high among migrant workers and other areas where poverty is the keynote. The rates of this disease in Seminole County are consistently higher among non-whites (Migrants) as compared with whites.

175 migrant patients received a glaucoma test and seven cases were referred for treatment.

The incidence rate f cancer of the cervix among this population appears to be increasing. Of a total of 400 pap smears done, there were 20 abnormal smears, all confirmed on biopsy. Of these 20, 18 were migrants. Low socioeconomic, multiparous, disadvantaged, females with many problems, medically, socially and economic. These patients were hospitalized, operated on, and so far are doing well.

II. We consult frequently with our medical director, local dentists, clinic physicians, pediatrician, nutritionist, psychiatric advisor, Head Start, and Migrant school personnel. We have compiled our statistics from records kept on a daily basis from our clinics in various locations and the other health department clinics.

III. We think we are carrying on a good comprehensive health program, but many

services could be improved. Our health education should reach the workers unable to attend daytime activities in clinics where visual aids can be used.

Dental funds are inadequate to meet the dental needs of the migrant and his family. We could use the services of a full-time or part-time dentist. Many remedial defects such as umbilical hernia on both male and female children and circumcision on males could be corrected if funds were available.

IV. More consideration and emphasis with financial support should be given to oral hygiene since very little is accomplished with the present meager allowance. Also many chronic conditions have their origin in the oral cavity.

Accumulated and multiple dental problems characterize far too many migrant children as dental cripples. Parents are counseled on good oral hygiene and dietary habits. Educational presentations on the children's level are conducted in the classrooms. Tooth brushing kits are distributed. Much more money is needed for dental attention to these children.

The need for dental attention is great, but funds are woefully inadequate to meet the needs. All that can be provided is emergency dental care. Five private dentists render treatment in their own offices one morning a month to needful indigent children, mostly migrants. Dental health should be considered a high priority in health care. In order to provide comprehensive health care, dental services must be included. Increased budget allotments will be needed to provide these services.

Dental services need to be expanded. We need to appropriate more money to give more and better dental attention and treatment. Dental health should be considered a high priority but it is far from it.

## C. HOSPITAL SERVICES

I. Our local hospital assists us in providing medical fare for our families. The patients seen in our medical clinics who are in need of more extensive service or require hospitalization are referred to the emergency room of the hospital when necessary. In other instances they are referred with a note and previous telephone call to the admitting office of the hospital. Many of our private physicians are also referring patients to the hospital. The migrant workers are given a schedule of our clinics. They report directly to the emergency room for serious illness or accidents occuring when we do not have a clinic in session.

Verification of the migrant is done by the project nurses. The hospital administration office has been very cooperative in helping us establish the migrant status of the patient and his own resources toward payment for his care. The head of the family is interviewed and the eligibility is determined. Visits are also made to the patient in the hospital to see what is needed in the follow-up care and to inform the patient of services available through the project.

II. The main sources for hospital support have been insurance carried by the patient and workmen's compensation insurance.

III. Our arrangements and procedures with hospitalization appears to be quite

adequate and efficient. However, a real weakness is that there is need of a fee schedule to pay the physician for emergency room and hospital services. Hospitalized migrant patients usurp a good deal of the doctor's time and energy for which he receives no remuneration. I have received several complaints from local physicians who state that everyone else receives payment. The doctor's services are necessary, otherwise inhospital admissions of migrants would be useless. Please give this some consideration.

IV. The Migrant Health Project personnel consult with the physician on needs and care of post-discharge patients. The project nurses work with the family and make visits for follow-up care at home.

## D. NURSING SERVICES

I. General Description

The annual report for 1968 - 1969 ends the third year of operation of the Migrant Health Program in Seminole County. We have experienced a change in our nursing personnel - resignation and replacement of one of our members. We now have three clinics in operation in addition to our main health department. A comprehensive health program is carried on by each clinic. The Oviedo clinic serves the southeastern section of the county and makes the service much more accessible to many more families. It provides the area with one evening medical clinic weekly from 7:00 to 9:30 p.m., two day clinics for immunizations, and general service to members of the family not working in the fields. A local pediatrician conducts well baby clinics once each month. We like to keep our infant and preschool children under our supervision. Our director conducts a general medical clinic every other month in each outlying clinic, doing cervical smears to detect cancer on all female patients over 21. Another clinic in Midway has been in operation since the program began in the county. It is centrally located and accessible to the greatest number of families. It offers two evening medical clinics weekly in addition to our routine daytime general clinics twice weekly, plus a well baby clinic each month and general clinic by the director every other month with cervical smears. Our new clinic in Lake Monroe opened April 7, 1969, and will serve a great number of neglected families in the northern section of the county. It offers one evening medical clinic each week in addition to the routine daytime general clinics for immunizations, family planning, counseling, education, well baby, cancer detection, etc.

A. Specific Objectives

We are aware our objectives can never be fully realized, but we do feel great strides have been made toward meeting them. As nurses, our main objectives will continue to be:

1. Promote health, education, and welfare to the migrant family.

2. Encourage a more wholesome family environment by improving sanitation and personal hygiene.

3. Assist migrants to orient themselves to community living and active participation in community activities. We encourage them to become associated with church groups - membership in parent-teacher organizations - other civic and social organizations. We want them to learn how to make a contribution to the community as well as receiving from it.

4. Strengthen our comprehensive health program and services to reach more families.

5. Continuity of care. Education of the migrant family to all services available in other areas and his responsibility in following through with the medical advice given. Many conditions need continuation under medical supervision when they leave our area. Our family planning patients are given a two months supply of contraceptives so as to allow them time to locate the clinic offering this service in their new location.

6. Immediate referrals of all patients leaving our area and personal health records given to each. Many of our families leave our area and we are unable to send the referrals as promptly as we would like to. We hope their personal health records will become a necessary record for them.

B. Staff Involved

1. Our staff consists of three full-time nurses, a secretary, and a sanitarian.

2. We have three fee-for-service clinicians paid for attending evening clinics.

3. All nursing personnel in the county health unit assist us, when needed, in our clinics.

C. Working relationships on a planned basis with other project staff members and with other individuals and groups.

Our State Assistant to the Director of the Migrant Program visits as many clinics as possible when he is in the area and makes helpful suggestions as well as offering whatever help he can in meeting our problems.

Our crew leaders are very helpful in our transportation problems. Many of our migrants live alone and need personal care during their illness. Our crew leaders arrange with neighbors to care for them and assume responsibility towards seeing that they take their medication when necessary. Many of our local community organizations provide us with wheel chairs, crutches, and other sickroom equipment. Our local Lions Club provides us with Titmus eye machines to check vision and many times assists us in procuring glasses for our migrant school children. We also receive assistance from many patients. We ask someone riding each bus to tell these farm workers to check with us and also to explain services available

to them. This is especially helpful for migrants that are only with us for a short time and will leave before their out-of-state referrals arrive.

We have many competent family planning patients that have had previous service through most of our clinics such as maternity, well baby, etc., that are very helpful in contacting new families that need this service. We have conferences with our pediatrician to discuss problems and referrals of conditions found in well baby clinic and also routines he would like us to follow in supervising and teaching mothers in caring for their children. There are many brands of milk and foods on the market and we like to know the most beneficial as well as the economical ones for the mothers to buy.

We have conferences with our clinicians so as to know what patients they wish us to follow with nursing visits, from our medical clinics.

D. Consultation received from outside project - by type and source.

We received no consultation from outside as our clinicians are specialists in their own fields of medicine and cooperate with each other.

II. Services Provided to Migrants

We do follow-up work on patients from our medical clinic and carry out the orders of the clinicians.

A. 1. Dental screening is done by a local dentist on children entering the first grade of school. We notify parents of the defects found and ask them to contact us for further information. We make home visits when necessary.

2. Patients make their own arrangements for delivery, usually with midwives. A prenatal with complications is referred to a local physician and if hospitalization is necessary, she is admitted and paid for by the Migrant Health Project.

B. Health education

Health education is a part of every phase of our work. We use films and talks to groups and individual counseling. Literature on all subjects pertaining to health is used in teaching and demonstrating nutrition, family planning, personal hygiene, and care of the newborn. The nutritionist attends many of our clinics and advises parents on feeding their families. Private conferences are arranged for special problems such as obesity, diabetes, heart conditions, etc.

C. Describe channels used for local referrals.

Our local referrals are made by migrant nurses, clinicians, and the medical director. Many of our dental referrals are incomplete because their toothache subsides and patients neglect following through with their referrals and appointments.

D. Describe system used for out-of-state referrals.

We receive a few out-of-state referrals from nurses in various projects; but we often write for medical reports necessary in treating different conditions that come to us. It would be helpful if all information pertaining to a patient could follow, especially to the home base of our migrant families. We have had cooperation in receiving reports from various hospitals and physicians upon request from us.

E. Describe amount and kind of staff training - orientation, etc.

Our nursing staff has had previous experience in public health nursing and are able to understand most of the problems of the migrant family. We have in-service training each Wednesday afternoon. We meet with all nursing personnel of the local county health unit and discuss many migrant problems seen by them in their work. Films and other educational material are previewed and selected for use in our educational programs. We listen to lectures from our nutritionist, psychiatrist, social worker, director, T.B. group, and sanitarians from whom we receive many new ideas in helping these people. Our medical director and nursing director meet with us and bring us up to date on information from state and local levels as well as suggestions to improve our procedures in our clinic work. They want the migrant personnel to be well informed on all resources available to enable them to render the best service possible to these migrant families. Our personnel are required to attend all local meetings possible.

F. Discussion of statistical information in Part III of statistical report. Our statistical report is made from daily tabulation of each nurse's activities. We spend much time in clinics as we see a much greater number of families here. We attempt to give home supervision to our most needy problems and establish a priority on homes with young children.

III. General appraisal of nursing program.

A. We would like to give more time to visiting patients in their homes.

B. Stress education for the migrant. We need space in our medical clinics to show films and other demonstrations to the group working in the fields and unable to attend daytime general clinics. Consideration is being given to making arrangements with a nearby school to use their auditorium as a room for film projection, etc.

C. Continue our objectives to reach all families among our migrant population.

D. Closer contact with our hospital-admitted patients.

IV. Specific plans for future with reference to any modification of objectives, etc.

We hope to continue our objectives and always keep an open and well-informed mind toward improvement in our procedures and approach to ways and means of helping the migrant family. We find many problems we do not have adequate solutions for, especially among our chronically ill patients. We have a special problem with our tuberculosis patient that has no home base or family and is

unable to meet residency requirements of our county or state. We have serious heart conditions that are unable to work and their only resource for assistance is the Migrant Health Project. We find our crew leaders very helpful in arringing for their care, but we know that this is only a temporary relief of their problem.

Changes in the migrant situation from the previous year:

1. We find a better informed migrant and one more responsive to teaching. They appear more interested and eager to learn. They have a better sense of security, are friendly toward the community with better acceptance from the community toward them. We could always recognize a migrant patient on the street because he would usually be alone, but now, as a part of the community, we find it more difficult to separate him from the local citizens.

2. We have more families attending our clinics and more males than in previous years.

3. Our families are mainly out-migrants. Many maintain homes here and leave in early spring and return in late fall - May to October. Our crops change very little as vegetables and citrus are mainly grown and a migrant can plan his work ahead of schedule.

Migrant labor will be needed in our area for many years and their needs will always be present because of low income. We see many improvements in their way of life, but they are not prepared to be entirely dependent upon themselves as yet.

## E. SANITATION SERVICES

I. Within this report year we have increased direct service to the migrants in both quality and quantity. We have also rendered improvements throughout our programs effecting them less directly. Enforcement of the State Sanitary Code and the County Building Safety Code has been carried out in conducting surveys of the areas where migrants live and work. Enforcement of the codes, together with education and assistance from llied agencies and organizations, has resulted in the program progressing toward the desired goals.

We carry a staff of one full-time project sanitarian. Our remaining complement of three health department sanitarians participate directly on a part-time basis.

Relationship and working agreements have been established with many groups and officials with joint cooperation to provide improvement of sanitary conditions for migrants. Some of the agencies are as follows:

A. Sheriff's Office, Constables and all city police officers.

B. Florida Hotel and Restaurant Commission.

C. Seminole County Zoning and Building Department.

D. Office of Economic Opportunity.

E. Local Fire Departments.

The law enforcement agencies visit the migrant areas frequently and note many sanitation problems which are brought to the attention of the health department and then cooperate with us in securing compliance with and from landlords and the migrants themselves.

The Hotel and Restaurant Commission has been helpful in upgrading rooming and boarding homes where migrants live. Many of these will become overcrowded if not kept under surveillance. Ten rooming houses were condemned during the year and 22 rooming houses were served notices and brought up to minimum standards. The Hotel and Restaurant Commission rendered considerable assistance in this endeavor.

The Building and Zoning Department has joined with the Health Department in condemning residences unfit for human habitation. We still do not have legal authority to demolish sub-standard houses; however, if they are vacated, the owner usually clears the property in time. Thirty-two homes have been condemned and vacated during the year.

The Office of Economic Opportunity provided considerable assistance with our clean-up campaigns conducted in the migrant areas. Clean-up campaigns were carried out in each migrant community with fair success. There is still poor response from the migrants toward cleaning up their premises; however, as a result of the campaigns, 100 loads of garbage and rubbish were removed from these areas.

The local fire departments have assisted in the clean-up campaigns. Also the fire officials support us in condemnations and educational programs.

II. Concerning direct service, we are carrying on sanitary surver work on an individual home basis, concentration on a non-corporate area west of Sanford called Bookertown and in the corporate community of Oviedo. In investigating conditions at hand, a prime interest is to check for serious insanitary disorders such as improper sewage disposal or open garbage retention. A second is to introduce an aspect of health education concerning such disorders as fly infestation, rat harborage, and the diseases that can accompany them. We handle nuisance conditions we find, as well as those which we are apprised of by complaints.

As the Bookertown area remains without a public water system, we have been taking water samples for testing, when making field visits. Wells throughout this area are frequently too shallow, too close to drainfields, or both. Of the numerous health hazards in such an area, we believe that water can be of the greatest import.

Water systems are operating in Altamonte Springs, Oviedo, and Midway, leaving only Bookertown without one. None of the four have sewer service.

We encourage any professional or non-professional person or agency to report

particularly serious insanitary conditions; our nursing staff and welfare employees frequently do.

As our statistics reflect, migrants in our county occupy private housing completely. There are landlords with considerable holdings, but migrant ownership is quite heavy also.

III. Our migrant program and complete range of other programs has been aided in this past year by acquiring the services of a thoroughly skilled sanitarian. With a particular specilization in food service, he has accomplished a record of excellent work in bars and restaurants serving migrants. He has handled many difficult cases involving the migrants' welfare.

We anticipate devoting an increased amount of time to our migrant program with the rabies control worker now handling bite cases, previously handled by our regular staff. The rabies control worker visits every migrant community each week, investigating dogs running at large without vaccinations and tags. Warning notices are issued for a first offense, then the dog is picked up if, on the second visit, it is untagged. Routine visits are made to school bus stops and pick-up stations for migrant workers, to apprehend dogs without tags. Sixty-two stray dogs have been removed from migrant areas. The incidence of dog bite cases has been reduced by 15 per cent since this program began and we expect greater reduction as the program continues and also relief from other problems creased by stray and diseased dogs.

IV. Health education of the migrants concerning sanitation and safety is a slow process and is frustrating at times. It appears difficult to overcome the indifference migrants have toward improving the sanitation around their premises. During the year residents were grouped together by city blocks. In these small groups, sanitarians explained clean-up campaigns and why the area should be free of garbage and debris. Since the program met with little success, a more direct approach will be made.

We plan legal action to effect changes, when necessary, but it is our plan to continue a strong emphasis on health education in our dealing with migrants. When this is done at his residence, it can reflect a condition actually present and clearly a danger. In many cases, improvements can be made without particular expense whether or not he owns his home. Additionally it affords the resident a chance to ask questions concerning it. Most important of all, that it is the greatest means of motivation to create a demand for something better.

Films and lectures on water supplies, sewage disposal, garbage disposal, rodent and insect control, and safety were presented at churches and community centers. We estimate a total of 400 parents of migrant families were present at these meetings.

V. The overall progress of sanitation has been significant. The extent of success has been partially recorded above in the matter of education, housing and clean-up campaigns. As a direct result of the migrant program, 100 structures occupied by migrants have been connected to a public water system and the individual wells abandoned. There were approximately 50 privies replaced with

flush toilets and approved septic tanks. The county has undertaken a five year plan to provide complete recreation facilities in every community. Two communities where migrants live were included in this year's budget. The facilities were constructed adjacent to schools in the area and are easily accessible to all the children. The facilities include baseball, tennis courts, volley ball courts, basketball, and facilities for small children. The improvements secured in sanitation are a result of education, awareness of the problems by officials, sanitary code enforcement, and cooperation of allied agencies. Contrary to widely published reports of police brutality in dealing with minority groups, we find the exact opposite attitude among law enforcement agencies in this county. These officials have been of great assistance to us. A number of police and deputies have spent time with sanitarians, on their days off duty, to work in migrant areas. They show us conditions they have noted during routine duty and assist in locating landlords, crew foremen and others we need to contact to secure improvements in sanitation.

VI. Future plans are to continue the efforts in all phases of sanitation utilizing the staff and agencies which have provided considerable assistance and have been effective during this year. As for additional outside assistance, we propose to work with the mayors' association. The mayors from Seminole County's six municipalities have recently organized and met on a monthly basis. We plan to meet with them periodically to discuss the sanitation program for the migrant population and solicit their support and assistance. There appears to be a need for some changes or different approaches in the educational program. Too many migrants feel their health and welfare is a government problem and they have no individual responsibility in the matter. It is hoped that through our contacts this year, we can begin to develop and motivate some pride in these people to be desirous of a healthy and safe environment.

## F. HEALTH EDUCATION

Health care for migrant farm workers poses certain difficulties; however, when migrant workers have access to adequate health and education programs, many gradually accept responsibility for health care for their families and help to raise the general health level of the community.

Through effective health education programs, a number of health concerns can be alleviated. Increased efforts are needed to disseminate information on chronic and communicable diseases, control of environment, preventive measures; such as immunizations and proper diet, school health, dental health, and health careers. Health education can keep the people alert to medical developments and develop the willingness to accept personal responsibility for one's own health and to share in promoting community health.

An educated person understands the basic facts concerning health and disease, protects his own health and that of his dependents and works to improve the health of the community.

Our work continues with the aim of helping each individual help himself to better health.

Various associations, Tuberculosis and Respiratory Disease, Cancer, Heart groups, etc. cooperated with other community agencies in action programs to help solve the health problems of these minority groups, including the illiterate and unemployed.

Whether they are sufficiently educated or earn an adequate living, we are trying to make them understand that they must take responsibility for their health needs by participating in health services planning. Neighborhood community action meetings are held weekly or bi-weekly to better help themselves and their community.

We are trying to utilize fully all available local resources with the hope that communities will recognize the plight and problems of the migrants and thus include them in community life and planning. We are striving for community acceptance.

The thing common to all people is that they love their children. One way to convince the migrant of the value of preventive care is through children. Have them realize that it will benefit their children. We dramatize this. Whenever you want to do anything educational, convince people by showing them it will be good for their children. You cannot beat the person-to-person approach. There is an urgent need to educate the migrant to assume some responsibility for his health to develop a better understanding of the total health picture. In addition, project staffs should often meet together for in-service education and evaluation.

We show movies and slides; sanitarians and nurses give short talks on different phases of sanitation. The health officer and the nutritionist also take part.

The literate will observe posters and read the newspapers. The illiterate respond best to a person-to-person approach.

However, more thorough health education, by giving family planning, social behavior, comprehensive health care, etc. could better be provided at their home base rather than trying to push it all during the harvest time. When they are on the move, they are preoccupied with other problems, they are tired, they are in unfamiliar surroundings.

We believe and practice everyday that everyone on the health team is basically a health educator. As our goals, we have the early detection or, better yet, the prevention of disease.

Health education is of tremendous importance and every person in the program from the physicians to the aides should be health educators. Actually, every time you wash your hands in front of a patient, it is health education. It is a matter of attitude as much as preaching. We use our clinics with our captive audiences for health education.

The nutritionist discussed foods, calories, nutrient values, contents of, how to buy, read labels, demonstrations in mixing, menus, etc. for individual prenatals and groups, baby foods. Also counseled with individual migrants on obesity, diabetes, heart condition, pregnancy, etc. Classes contained from ten to 25 individuals. Also spoke to large audiences and at a food and nutrition meeting held with representatives from other counties of the state at our local hospital.

The venereal disease epidemiologist spoke to large parent audiences, schools, and individuals on prevention and consequences of venereal disease infection. Also to seek medical attention early and avoid quack treatments. Used films and posters with questions and answers.

The tuberculosis group (doctor, nurse, and secretary) discussed tuberculosis with and without live patients, utilizing x-rays. Talks held on tuberculin reactions, treatment, and prevention.

Nurses hold classes weekly on family planning, well baby, maternal care, showing films and demonstrations.

Sanitarians discuss environmental sanitation, garbage, flies, mosquitoes, privies, etc. individually and groups with audio-visual.

The aides, with some training from the project staff, discuss, explain, and show what is the right and wrong way to indoor and outdoor sanitation; help these migrants to understand leaflets and posters, discuss family planning, early medical treatment, and proper child care, etc.

Our plan for the future is to utilize the services of a newly employed State Migrant Health Educator to assist us in planning an educational program.

## G. OTHER SERVICES

Nutrition: Nutrition counseling is done because of the inadequate food habits of these people and to teach the poor to prepare more nutritious meals. These people fail to budget their limited incomes to provide children with milk, orange juice, and other special food needs. Many of these mothers cannot read enough to learn from package directions how to mix dry milk or make a tasty meal from powdered scrambled eggs.

It is a tragic fact that many of the workers who reap our harvest cannot afford to buy the product for themselves. Many of the people, their children and parents, suffer from malnutrition - also because they do not know about proper diet. They must be assured of a better diet and how and what to purchase.

Poor dietary practices, inadequate use of surplus commodities, and unwise utilization of money available to purchase foods are primary causes of obesity, anemia, gastritis, and failure to thrive among migrant infants and pre-school children. Substantial progress has been made in establishing sound nutrition habits and particularly in reducing the incidence of severe anemia. Progress resulting from individual nutrition consultation, vitamins, iron tablets, programs and demonstrations, nutrition education in schools, and with migrant pre-school children in Head Start programs has been attained.

There is no actual hunger (starvation) among these farm workers; but there is hunger for essential elements that are lacking because of their diet which produces malnutrition. Of course, malnutrition (potential starvation) can and does cause damage to the body and brain in these low-income families. There must be a change in the present system for feeding these people or we will see much damage, especially to the children of these disadvantaged. It is not the quantity of the food that counts, but the quality; i.e., the necessary nutrients in the foods that is vital.

There is a great need for continuous nutrition education for the migrant worker and the members of his family. In addition to the problems the poor face in obtaining a good diet, the migrant has many more problems which hinder his having an adequate diet.

The employed members of the family work long hours in the field, often traveling quite a distance to and from work. They return home late and often have to buy and prepare food after work. The meal hour is late and the family is too hungry and too tired to enjoy their food.

Shopping has to be done on a daily basis at the nearest store because there is inadequate food storage space in their living quarters and also they are paid at the end of each day.

Cooking is limited because of time and little cooking equipment and consists of what can be prepared quickly. This means the food is more expensive and often less nutritious. The noon meal is a problem because it has to be brought with them and often there is no satisfactory place to store it until lunch time. One young pregnant girl reported to the nutritionist, who was taking her diet history, that she had to leave very early in the morning to go to work so she had a skimpy breakfast, took a bag of Oreo cookies for lunch, and has a soft drink as the water had an undesirable taste.

On the way home the truck stopped at a small store and she bought a candy bar or potato chips and a soft drink. By the time she reached home, she was too tired to fix much supper.

The migrant needs special help in knowing what foods are needed for a good diet, how to buy wisely, and how to prepare foods with the equipment and time available. It is useless to tell them to use the vegetables that they can bring home from the fields if there is no one at home to prepare the vegetables during the day. It takes too long after returning home from the field to do this.

One way of reaching this group with nutrition education is through the pregnant woman at the maternity clinic. In the clinic she is taught what foods are important for her health and the health of her family. She is told how to buy and use the economical foods that are high in nutrients. If she has a special problem that requires a modified diet, she is given individual diet counseling. The same assistance is given through the family planning clinic.

Nutrition education can be effective when the mother brings the infant to well baby clinic. At this time the mother is taught what to feed her baby as well as the rest of the family and canned baby food provides a safe and suitable food for infants but the great variety available presents a problem to the mother. She feels that as long as it is labeled "Baby Food" it is good for the baby. Mothers of infants need help in choosing baby foods that provide the nutrients needed by the baby. Some mothers are feeding two-month-old babies pudding and desserts thinking that as long as it is in a baby-food jar, this is what is good for the baby.

Mothers are urged to continue feeding babies infant-prepared dry cereal through the second year because of the iron content. Often this cereal is not given to the baby when table food is started. These mothers are taught as a group and

individually.

A great deal of emphasis is put on not feeding infants and pre-school children sodas, candy, and too many cookies and urging the mother to teach their children to eat more vegetables, fruit, and drink fruit juices.

Patients attending the migrant medical clinic on special diets receive individual diet counseling at the health department or the nutritionist makes a home visit to instruct them.

The nutritionist has given assistance to the Head Start program, where there are children from migrant families, through an evaluation of their food preparation and nutrition education programs. Also nutrition education materials, suitable for the children and for parent education have been discussed with the staff.

Family Planning: All patients requesting contraceptive services have the advantage of an individual conference with a public health nurse. Sex education, reproduction, and contraceptive methods are discussed in group sessions with flip-charts, models, and literature. The staff attempts to use words and terms familiar to the patient and discuss them in the patient's language. Examples of misunderstanding are many. One way we reduce misinterpretation is to let the patient explain the selected method and how it is used to the nurses.

This is a valuable contribution to the welfare of the migrants, offering them a chance to control the size of their families, thus helping to reduce poverty.

The mother, a primary key to family stability, is the target of considerable attention from the time she comes to the clinic in pregnancy to the time she is ready for family planning.

Fifty per cent of school girl droupouts are pregnant. When these are given family planning advice, services, and supplies during prenatal and post-partum care, the repeat pregnancy rate falls to two or three per cent. Without family planning, the repeat pregnancy rate within eighteen months is fifty to sixty per cent.

The Family Planning Folk Song
Composed by folk-singer Robert Edwin

He's gotta be wanted
He's gotta be needed
He's gotta be cared for (chorus)
He's gotta be loved

Did you think of the new left
before it began?
Did you plan for his future
to make him a man?

An unwanted baby
Unloved and unnamed
Born into this cold world
Of sorrow and shame

He's gotta be wanted
He's gotta be needed
He's gotta be cared for (chorus)
He's gotta be loved.

"Do you want to have any more children?" This is a question that should be added to every patient's routine history.

The post-partum period is critical in family planning. It is a time when motivation is highest; when a new mother needs expert advice in the future spacing and limitations of her family. It is a time when those mothers particularly in need of contraceptive advice are very likely to become pregnant again. But it is also a time when these mothers are physically present in the hospital and midwife facilities, etc., to receive both instructions and the pills.

Family planning is explained and offered and the mother, if she desires, is given a choice of contraceptives; including intra-uterine devices. Our child spacing program is growing rapidly and is well received. All mothers and females of age are given opportunity to secure family planning information and services in all of our clinics.

Mental Health Services: We have a community mental health clinic staffed by a mental health worker and a part-time psychiatrist. This clinic offers a complete diagnostic and treatment service for emotional problems. This clinic is available to all migrants in the county. There are some self-referrals; patients who have learned of the service through those who have received it.

Aides: Community aides have helped to make the migrant more receptive. To make services available to migrants without making them fully acceptable is a waste of effort and money. Attendance in our clinics is almost a social event. Health aides and volunteers have made a significant contribution to this.

Auxiliary health workers can function in many ways. Aides from the target population used by us are extremely effective in overcoming language and cultural barriers. They assist us in communication, home visitation, and educational programs. They are members of our health team.

The community health education aide is an important avenue of communication between the migrant farm worker and his family and the medical resources available in the community. By informing the migrants of the services available; by encouraging them to seek and use such services; and by assisting in follow-up services.

Persons who volunteer and serve in a community are important and need to be recognized and supported. They demonstrate community responsibility.

The scope, magnitude, and complexity of migrant problems require a multi-discipline team approach.

To reach these people, we must be able to overcome racial, cultural, social, economic, religious, political, and psychological barriers. These can be overcome if we use the right approach. Understanding is the first step toward reaching people. If we in the local health department possess leadership and understanding, then we

should take the first step and move out to the migrant rather than wait for the migrant to seek our services. We must learn to do things with people rather than for people.

The success of our program is due to a dedicated, well-qualified staff and a cooperative health department team with coordination of available community resources to migrants who have been recipients of our services.

We have spurred interest in using community aides in our migrant project program as a means of improving communications with disadvantaged families. They are used as aides in home service, child service, health education, etc. They can serve as a vital function as the bridge between patients or potential patients and needed health services.

Both men and women with varying degress of formal education worked as community aides. They are useful not only in discussing the health project with their people, but helped the project staff to learn more about the people's fears, hopes, and hostilities. Since mothers and children form such a large part of health activities, mothers are valuable aides.

Three achievements through the use of aides have been the provision of better health services to more of the people who need them most, the promotion of greater understanding between the people served and the health professionals, and the more productive use of staff time. Aides turn up many cases needing services which include children and adults. We feel that much of the increase in attendance at the clinics is a result of the use of these aides. They often succeed where a public health nurse has failed to bring them into care.

## FUTURE PLANS

During the remaining months of this project year (calendar year 1969) we expect to continue project activities and expand on them wherever possible.

The health educator position on the project was vacant from July, 1968, until April, 1969, when the position was filled by an individual with experience in both health education and agriculture. Consequently, we expect the health education facet of the overall program to be strengthened. We anticipate increasing our slide and film library and reaching more migrants with the message of the importance of good health practices on the part of this target population and also seasonal farm workers. In addition, the general public will be contacted for the dual purpose of informing them of the importance of the agricultural migrants and the activities and importance of the Migrant Health Project. The health educator's activities will be supplemented by other project personnel; especially the community health workers and sanitarians. We expect the latter discipline to henceforth devote a substantial portion of thir time to health education activities.

The nutrition component of the project has been, we consider, singularily successful considering the fact that there is only one nutritionist carried on the Migrant Health Project payroll. This success must be attributed to the zeal of the energetic individual who has so capably filled this position. Hopefully the nutrition activities will be increased during the coming year, but this will be dependent upon the employment of an additional nutritionist to the project staff in the coming year. The plan for nutrition services follows:

### PLAN FOR NUTRITION SERVICES FOR THE STATEWIDE MIGRANT HEALTH PROJECT DURING 1970

I. PURPOSE:

To improve the health and nutritional status of agricultural migrant workers and their families by promoting improved food practices and eating habits.

II. OBJECTIVES:

A. To identify the nutrition needs and problems of the seasonal farm workers and their families.

B. To improve nutritionally inadequate diets to help decrease any maternal mortality, morbidity, prematurity, mental retardation, retarded child growth and development, and chronic diseases that may be related to poor nutritional status.

C. To develop baseline data on nutritional status from which to measure progress.

D. To provide maximum appropriate nutritional services to families through the county health department migrant health services and to provide nutrition education through day care centers, schools, migrant community groups, professional groups, and commodity food distribution agencies.

III. PROBLEM AND NEED:

The types and degrees of hunger and malnutrition that exist among the migrant population today is an explosive issue. However, no uptodate, comprehensive nutritional status studies have been done on this population. While the pieces of existing information and observation through medical care indicates some degree of malnutrition, a comprehensive picture is not available. The major nutrition problems observed in migrant families are iron deficiency anemia; especially among pre-school children and the pregnant mothers, and obesity; especially among the middle-aged women.

Evaluation of migrant family food intakes indicates that some of the groups observed consumed below one-half of the recommended daily dietary allowances for nutrients as established by the Food and Nutrition Board of the National Research Council. Review of diet histories of prenatal patients attending health department clinics reflect insufficient intake of food sources of important nutrients including calcium, iron, vitamins A and C. Many of the patients, however, did eat two or more servings of meat each day - the most expensive food in the diet. In Collier County, a one-day food intake survey comparing migrant children and resident children in grades 6 through 12, showed both group's nutrient intakes to be similar. Seventy-five per cent (75%) did have an acceptable nutrient intake. This survey may reflect the excellent county school food service program. Dietary deficiences, when observed, are generally due to poor facilities for food preparation and available housing, the inaccessibility to competitively priced food markets, undependable incomes, frequent unavailability of commodity foods, food stamps or some community assistance available to migrant families in need, mobility, fatigue after a long day's work in the field, lack of food preparation and home management skills and a lack of education and motivation.

IV. PLAN FOR NUTRITION SERVICES:

A. Program at the state level: The nutrition coordinator at the state level is responsible for coordination of services within the Statewide Migrant Health Project and with other agencies, such as the State Department of Education, Community Action Fund Program, State Universities, and Federal agencies who have a migrant education component in their services. Responsibilities also include:

1. Development and evaluation of the nutrition component of the project by planning the Annual Statewide Migrant Nutrition Program, in cooperation with the Director of the Statewide Migrant Health Project and the Director of the Division of Nutrition.

2. Documentation of nutrition services provided by the participating nutritionists through time and effort and statistical reports.

3. With the other staff of the Division of Nutrition, developing, experimenting, and evaluating innovative ways of disseminating nutrition education to migrant families.

4. Taking leadership in the development of culturally realistic nutrition education materials that can be used with migrant families.

5. Preparation of the nutrition chapter of the annual report.

6. Participation by presentations and reports at statewide meetings on migrant health, grower's conferences, migrant teacher workshops, day care operator courses, special migrant education programs.

7. Providing consultation on project matters and migrant health to other nutritionists.

The nutrition coordinator spends twenty-five percent of his time in providing these state level services.

B. Program at the county level: Nutrition services are delivered to the participating counties by the nutrition coordinator, three regional nutrition consultants and any other nutritionists employed by or assigned to the county health departments participating in the Statewide Migramt Health Project. The nutrition coordinator serves, Sarasota, Lee, Collier, Broward, St. Lucis, and Martin Counties. One regional nutrition consultant serves Highland, Glades and Hendry Counties. Another regional nutrition consultant serves Seminole and Orange Counties and a third. serves Putnam and Flagler Counties. Two public health nutrition consultants are needed for assignment to Lee, Collier, Broward, Hendry and Glades Counties to provide more intensive nutrition services to these counties with concentrated migrant populations. These nutritionists would receive guidance and supervision from the nutrition coordinator.

The nutrition coordinator spends forty-five percent of his time in providing local services to migrants in these counties. The three other regional nutrition consultants each provide approximately ten percent of their time. This seventy-five percent and the nutrition coordinator's twenty-five percent doing statewide work in coordinating and providing consultation for the nutrition program equals one hundred percent or the equivalency of one full time nutritionist.

The nutritionists with the respective county health officers, annually plan the nutrition component of the county migrant health project and are also responsible for writing the nutrition component of each county's annual migrant report. Objectives are to implement as far reaching and intensive nutrition education program as possible to the migrant families in these counties with the resources available. Specific program plans for the participating counties follow.

BROWARD COUNTY

Broward County has a migrant population from September through April of approximately 13,000 to 16,500. Many families of migrants stay in the county while the adults travel upstream, and so clinic services are offered year round. As a result, a continuous nutrition education program is needed. To provide more comprehensive nutrition services, especially to pregnant mothers and their children, the migrant nutritionist and project staff, coordinate their efforts with the Broward County Maternity and Infant Care Project and its nutrition consultant. Services will be expanded when the migrant health project nutrition consultant position for Broward, Hendry and Glades Counties is budgeted and recruited. In the interim, the migrant nutrition coordinator will cooperatively work with the migrant project staff, health department and maternity and infant care project. The nutritionist will be expected to provide these services in the coming year:

1. Participate in selected migrant medical clinics, providing group and individual diet counseling every month.

2. Instruct the adult migrants who participate in the (Title 3-B) adult migrant education program.

3. Explain the commodity food program to the project and health department staff to increase participation in the use of commodity foods by migrant families.

4. Assist the county health department to implement the supplemental food program for needy pregnant mothers and children through five years of age.

5. Provide food demonstrations in the use of commodity and low cost foods to selected groups of migrants.

6. Strengthen the nutrition knowledge of the nursing staff through in-service education and by supplying them with nutrition materials.

7. Participate in a series of nutrition education workshops for the operators of day care centers serving migrant and non-migrant children.

COLLIER COUNTY

Collier County has a migrant population from September through May of from 14,000 to 22,000 migrants. To provide an intensive nutrition education program, a full time nutritionist position needs to be budgeted for Collier and Lee Counties to share. Directive and consultative assistance will be provided by the regional nutrition consultant. The county nutritionist will provide the direct services. The nutrition program this year will concentrate on individual and group counseling of maternity patients, the migrant teenage population and migrant women who are leaders.

Services offered by the county migrant nutritionist in the coming year will be:

1. Provide group and individual nutrition instruction and selected maternal, well child and general medical clinics on a weekley basis in Immokalee.

2. Provide intensive in-service nutrition education for the county nursing staff and project nursing staff, to strengthen their knowledge of nutrition and expand their diet counseling efforts.

3. Work with the health officer and staff of other community agencies, toward the implementation of a commodity food distribution program for pregnant mothers and needy children through age five.

4. Provide nutrition education classes to groups of migrant women who are leaders and also parents of children who participate in the day care center in Immokalee.

5. Survey food habits and provide intensive nutrition education for the students of the middle school and high school in Immokalee.

6. Provide nutrition consultation to the staff of the migrant day care center, head start projects and the parents of both groups.

7. Continue in intensive nutrition education program to mothers of the selected groups of children who were examined at the Variety Children's Hospital for the Citizen's Board of Inquiry into hunger and malnutrition and reported in "Hunger U. S. A.", document changes in food habits, growth in height and weight and the medical course of these children to illustrate what adequate nutrition counseling and health care can do for migrant families with identified nutrition problems.

8. Train community health workers and family food aides in family nutrition and food selection and preparation.

9. Provide appropriate nutrition education materials to staff of the health department and community agencies, having a nutrition component in their program.

HENDRY AND GLADES COUNTIES

Hendry and Glades Counties have two migrant seasons one from October to December with 6,300 to 7,100 migrants and another from March through May with 5,300 to 8,100 migrants. The regional nutritionist will provide the following services through the project clinics during the coming year, and expand services accordingly when the proposed position of migrant nutrition consultant for Broward, Hendry and Glades is filled.

1. Offer individual and group nutrition instruction to migrant patients participating in the clinics on a bi-weekly basis.

2. Assist the health officer in implementing the supplement food program for pregnant mothers and children through age five.

3. Strengthen the project and health department nursing staff knowledge of nutrition by providing in-service education and appropriate nutrition material.

4. Offer culturally realistic low cost food preparation and buying demonstrations to migrant families in the clinics, in their camps and in their homes.

5. Provide consultation to the migrant day care centers.

6. Train community health workers, volunteers and other interested individuals and groups in family nutrition so they may assist in the upgrading of the food habits of migrant families.

HIGHLANDS COUNTY

Highlands County has a migrant season from October through May with a migrant population varying from 2,400 to 2,800 at this time. Many families who work on the crops in this county are essentially home-based and have integrated into the community. As such, they receive medical services offered to the migrants through the county health department by the regional nutrition consultant during the coming year will be:

1. Individual and group nutrition counseling through the general medical clinics on a bi-weekly basis.

2. Assist the county health officer to implement the supplemental food program for low income pregnant mothers and children through age five.

3. Instruct adult migrants who participate in the Title 3-B Adult Migrant Education Program.

4. Strengthen the nutrition knowledge of the nursing staff through in-service education, supplying them with appropriate nutrition materials.

5. Provide nutrition consultation to the migrant day care centers of the community.

LEE COUNTY

Lee County's migrant season extends from January through May with 5,800 to 11,000 migrants during this time. Nutrition services in this county are concentrated on training the community action fund program, migrant aides, through food demonstrations emphasizing the use of commodity foods and participating in selective migrant medical clinics, and assisting the health department staff to increase the participation of eligible poor to receive the commodity foods. Lee County has 32% of its population, (26,000) with incomes of $3,000 or less, but only 1,594 of those eligible are receiving commodity foods. To provide an intensive nutrition education program, a full-time nutrition position needs to be budgeted for Lee and Collier Counties to share. Directive and consultative assistance will be provided by the regional nutrition consultant. The county nutritionist will provide the direct services. Nutrition services in the coming year will be:

1. Provide group and individual nutrition counseling at selected migrant family medical clinics on a weekly basis.

2. Provide nutrition education to the county nursing staff to expand their knowledge of nutrition and multiply their nutrition counseling to migrant patients.

3. Explain to the health department staff the eligibility application and certification for commodity foods and the food value of these foods to increase the participation of those eligible to receive commodity foods.

4. Demonstrate the use of commodity foods at selected migrant health clinics and other centers in the community.

5. Train the project community health workers and community action fund migrant aides in family nutrition so that these aides may work on nutrition problems with migrant families in the community.

6. Present nutrition education to the adult migrants participating in the Migrant Education Program.

7. Provide nutrition consultation to the migrant day care centers.

8. Assist the county health department to implement the supplemental food program for needy mothers and children through five years of age.

PUTNAM AND FLAGLER COUNTIES

The migrant season in Putnam and Flagler Counties runs from November through June, with 2,000 to 3,000 migrants in these counties during this time. The Regional Nutrition Consultant will provide nutrition services. The migrant health program objectives in nutrition for Putnam County are:

Putnam and Flagler Counties (cont.)

1. Provide nutrition education through group and individual instruction at the general medical clinics in Palatka, migrant clinic held at night at East Palatka and other clinics as the need arises.

2. Explore needs and formulate plans for conducting and continuing in-service nutrition education programs for nursing staff to facilitate their nutrition services to migrants.

3. Work with the health officer and nursing staff to interest community agencies in the need for implementation of commodity food programs, plus the supplemental food program for pregnant mothers and needy children through five years of age.

4. Continue to acquaint participants of teacher projects in health education and other local groups working with children, as to the nutritional needs and food habits of migrant children.

5. Schedule periodic consultation and evaluation of the migrant nutrition education program with the migrant project nurse and nutrition coordinator and adopt the program to current needs of migrants.

Nutrition services to Flagler County will be:

1. Provide nutrition education through individual instruction at the general medical clinic in Bunnell.

2. Continue conferences with the health team to provide nutrition education information and material for dissemination to migrants as a health care service.

3. Supply appropriate nutrition education materials to health department staffs for use in teaching migrants.

4. Work with the health officer and staff to interest the community in the need for implementing a commodity food program plus a supplemental food program for pregnant mothers and needy children through five years of age.

5. Schedule periodic consultation and evaluation of the migrant nutrition education program with the county project nurse and the project nutrition coordinator to adapt the program to current needs.

ORANGE COUNTY

Orange County has a migrant season from October through March with 4,500 to 8,200 migrants at this time.

The nutrition services through the Orange County Migrant Health Project by the Regional Nutrition Consultant in the coming year will be:

Orange County (cont.)

1. Provide nutrition information relating to the needs of the migrant workers to the public nurses through in-service education program so that they will expand nutrition education to migrants through their home visits and clinics. Schedule additional classes and conferences for nurses working with migrant programs to plan for nutrition education that meets the specialized needs of the migrants.

2. Provide nutrition education for migrants through group instruction and individual diet counseling at the maternity and family planning clinics and well child conferences.

3. Work toward the implementation of the supplemental food program for low income pregnant mothers and children through five years of age.

4. Offer consultation on food service and nutrition education to day care centers for children of migrant workers.

5. Train volunteers to develop and coordinate nutrition education programs.

MARTIN COUNTY

Martin County has a migrant season from November through April with 800 to 1,200 migrants during this time. Nutrition services to the Migrant Health Project will concentrate on maternal and child health, teenage migrants and family nutrition. Services offered by the Regional Nutrition Consultant in the coming year will be:

1. Provide group and individual nutrition instruction at selected general migrant medical clinics in Indiantown every three weeks. Emphasize prenatal diet counseling, counseling on feeding infants and preschool children.

2. Provide nutrition education classes to the county and project nursing staff to increase their knowledge of nutrition and provide them with nutritional education materials to expand their diet counseling.

3. Teach nutrition classes to the group who participate in the Adult Migrant Education classes (Title 3-B) in Indiantown.

4. Offer nutrition education to select groups of migrant and non-migrant teenage girls in Indiantown and Stewart to improve the food habits of these students during a period of rapid growth and development.

5. To assist the county in implementing a commodity food distribution program and to help prepare the county health department to implement the supplemental food program for pregnant and needy mothers and children through age five.

6. To provide, with the project sanitarian, a combined health education

Martin County (cont.)

program to migrants of the major camps of Indiantown, consisting of demonstrations in the area of family meal planning, food buying, storage of foods, preparation of low cost foods, formula preparation and food for the infants and preschool children.

SEMINOLE COUNTY

Seminole County has a migrant season from November through February with 11,700 to 15,300 migrants. Nutrition services by the Regional Nutrition Consultant to the migrants in Seminole County will be:

1. Provide nutrition education relating to the special needs of the migrant worker through county public health nurses in-service education programs in order to expand nutrition education to migrants by public health nurses. Additional classes and conferences for nurses working in migrant programs to plan for nutrition education that meets the specialized need of the migrants.

2. Provide nutrition education through group instruction and individual diet counseling at maternity and family planning clinics and well child conferences for migrants.

    a. Provide individual diet counseling for patients referred from medical clinics of the health department clinic or through home visits.

    b. Provide classes and demonstrations on food buying and preparation for migrants.

3. Through classes and conferences, provide nutrition education to volunteer migrant aides so they can help migrants have a better diet.

4. Work toward the implementation of a commodity food distribution program, through the county nutrition council and county health director.

5. Provide nutrition consultation to head start programs.

SARASOTA COUNTY

Sarasota County has a migrant season from November through April with 1,750 to 2,500 migrants during this time. The emphasis in the migrant nutrition education program is to train the nurses who staff the migrant clinic to participate in selected migrant clinics and to offer food demonstrations in the migrant camps. Intensive efforts are being made to implement a commondity food distribution program in this county, where 27.6% or 27,000 people have incomes of $3,000 or less and there is now no commodity food distribution program to assist these people. Nutrition services by the Regional Nutrition Consultant to the migrant health project will be:

1. Provide group and individual nutrition instruction at the F.A.M.E. general migrant medical clinic on a bi-weekly basis.

Sarasota County (cont.)

2. Instruct adults who participate in the (Title 3-B) Adult Migrant Education Program.

3. Work with the county health officer and other community agencies to implement a commodity food distribution program and a supplemental food program for pregnant mothers and needy children through five years of age.

4. Demonstrate preparation and use of low cost food to families at migrant camps.

5. Provide nutrition consultation to the larger migrant day care centers.

6. Train community health workers in family nutrition.

7. Plan and conduct a series of nutrition education workshops for the operators of day care centers serving migrant, as well as non-migrant children.

8. Prenatal and infant nutrition education to be presented weekly to the migrant and non-migrant students attending the special classes for pregnant school girls.

9. Offer diet counseling and group teaching to the volunteer pediatric health clinic beginning in June, 1969.

ST. LUCIE COUNTY

St. Lucie County has a migrant season from January through May with 4,000 to 7,500 migrants at this time. The nutrition services to the migrant health project will concentrate in the areas of maternal and child health and family nutrition. Nutrition services to be offered in the coming year by the Regional Nutrition Consultant are:

1. Provide group and individual nutrition instruction at the Lincoln Park Migrant Medical clinics on a bi-weekly basis. Emphasis to be placed on maternal, infant and family nutrition, weight control and diet related aspects of chronic disease control.

2. Provide nutrition in-service education classes to the county project nursing staff to strengthen their knowledge of nutrition and provide nutritional education materials needed to expand their diet counseling.

3. Teach nutrition classes to adults participating in the Adult Migrant Title 3-B education classes.

4. Instruct the county health department staff on eligibility, application and the use of commodity food in order to increase the participation of eligible families, especially migrants.

St. Lucie County (cont.)

5. To work with the county health department staff to implement the supplemental food program for pregnant needy mothers and children through five years of age.

6. With the St. Lucie County sanitarian, to provide a combined health education program to groups of migrants. Areas of instruction to consist of family meal planning, food buying, storage and preparation of low cost foods, use of commodity foods, formula preparation and food for infants and preschool children.

7. To teach nutrition to children in schools that have a high percentage of migrant children.

8. To offer food demonstrations on the preparation and use of commodity foods to recipients at the commodity food distribution center in the Lincoln Park Migrant Clinic.

9. Group and individual diet instruction to patients at the health department maternity clinic.

V. EVALUATION

Planning, review and evaluation of nutrition services will be done by the nutrition coordinator with the assistance of the Director, Division of Nutrition and the Director of The Bureau of Maternal and Child Health. Services given will be evaluated as to suitability, kind, amount and impact on migrant health. Impact on migrant health will be evaluated through on-going studies, clinical observations and impressions and the observations of other health workers.

Various project counties have been subjected to some criticism by certain organizations during the past year for alledged failure to enforce the State sanitary code as it relat to migrant housing. Several of the counties have indicated by word and deed that more stringent enforcement of the code can be expected during the remainder of 1969 and in the future. In connection with this it might be added that we hope for increased cooperation on the part of county officials to help achieve the goal of upgrading some of the existing sub-standard migrant housing.

Before the end of this year the revised migrant health referral forms and health service indexes will be distributed to the states participating in the referral system. The new form is an improvement over its predecessor and should result in an increase in the number of migrants receiving services. Similarily, the revised indexes which will be condensed into one volume should contribute to the increase as the volume will be up to date and be easier for personnel to use thus facilitating referrals.

The distribution by staff personnel and the use of the Personal Health records (PHS 3652) by migrants should increase during this year and next as we intend to strongly encourage the staff to issue the cards to all migrant

(cont.)

patients who do not possess them. Also we plan on purchasing inexpensive plastic folders to give to the migrants to keep the cards in.

As in previous years we anticipate that quite a few of the project staff will attend the annual Farm Labor Conference to be held this fall. We expect an attendance of approximately 225 persons at the annual Florida Migrant Health Conference which will also be held in the fall. This two day conference, which is part of our in-service training program for project staff members, will include the following topics: Survey of Florida's Migrants, Agriculture Outlook for 1970, Use of the New Referral Forms, Future of the Migrant Project (state and national), Field Sanitation, Use and Misuse of Community Health Workers, An Analyses of the Referral System, The Sanitarian as a Health Educator, etc. The visits by project personnel to various project counties for the purpose of in-service training will be continued.

The following are objectives that State-level project personnel hope to accomplish during the coming year:

I. TO INCREASE HEALTH EDUCATION SERVICES TO THE COUNTIES:

(a) By having the Health Educator work closely with all of the project staff members to develop meaningful programs for clinics and group meetings of migrants.

(b) By giving talks for local civic organizations to make them more aware of the problems and needs of the migrants.

(c) By obtaining news release concerning migrants and seasonal farm workers, and the migrant project, to keep the general public informed.

(d) By the Health Educator and Nutrition Consultant acting as resource people and giving assistance to other agencies in projects that will aid the migrants.

(e) By aiding in the development, procurement and distribution of health education literature.

(f) By procuring films and slides necessary for a good health education program.

II. TO INCREASE THE NUMBER OF COUNTIES PARTICIPATING IN THE MIGRANT PROJECT.

III. TO ACHIEVE THE OBJECTIVES LISTED IN THE PRECEDING SEGMENT OF THIS REPORT SECTION DEVOTED TO NUTRITION PLANS FOR 1970.

PROJECT GRANT NUMBER: MG-18F (69)

PROJECT TITLE: A Project to Develope a Statewide Program of Health Services for Migrant Farm Workers and their Dependents in Florida.

PERIOD COVERED: May 1, 1968 through April 30, 1969

## SUMMARY

The sixth year or grant period of the Florida State Migrant Grant Health Project began in January 1969, with thirteen (13) county health departments participating and ends on the last day of this year. The period covered in this present Annual Progress Report extends from May 1, 1968, through April 30, 1969. During this report period two of the participating counties (Polk and Manatee) were separated from the project during the fall of 1968 leaving thirteen county health departments to carry on under the project.

As the statistical sections of the report show, there was an increase in the number of services rendered in all categories and an increase in the number of migrants seen or brought into contact with public health workers. We expect this upward trend to continue in the future.

Migrant workers begin arriving back in Florida during the latter portion of the summer and leave in late spring for the north. A steady rise in the number of workers was noted from August 1968 to January 1969 when the peak of the season arrived with an estimated 78,000 agricultural workers employed. A freeze during December caused damage to fruit and vegetables destroying some of the latter crops. The freeze resulted in a sudden spurt of employment for citrus workers but a decrease in the number of vegetable workers employed.

Mechanization increased slightly during the 1968-69 growing season but only in the degree to which it was used, no new mechanical devices were introduced. There is presently a real need for a successful citrus harvesting machine and this need will increase in a few years when thousands of acres of new citrus planted during this growing season start bearing fruit. There was little change in the total vegetable acreage and sugarcane acreage was reduced by five per cent. Wages were higher during this season than in previous years. It is anticipated that the labor requirements for the 1969 season will be approximately the same as for this past year.

There were 1060 Migrant Health Service Referrals made during this reporting period , a decrease of over 300 compared with last year's figure. This could be partially explained by the fact that both the supply of indexes was expended and the forms on hand were depleted, and a new supply had to be printed. We had hoped to start using a revised form during the 1968-69 report period but were unsuccessful in this. The revised form and a one-volume index will be printed and distributed to many states (including the 11 states participating in this referral system) by the fall of 1969. An analysis done on 4000 referrals disclosed that 61.2% of the patients were placed in contact with agencies to which they had been referred for service

and that 84.0% of these patients received direct health services.

The various project counties substantially achieved the objectives that they hoped to attain during the report period. Some new night clinics were initiated to meet additional needs on the part of the consumers. The number of Community Health Workers employed was increased which should result in more outreach. The dental preceptor program was abolished in the state of Florida which will result in a reduction in the number of migrant children receiving needed dental service.

The nutrition facet of the project was sucessfully carried on during the year and will hopefully be expanded during the coming year. More stress needs to be placed on the nutrition aspect of migrant health but an increased program will necessitate additional personnel. A Senate Committee visited two project counties during the report period and evinced a great deal of interest in the migrants environment, especially their eating patterns and housing. A Health Educator was employed in April of 1969 who should be instrumental in strengthening the health education component of the project.

The fourth annual Migrant Health Conference for in-service training of project personnel was held at Sarasota (Lido Beach) during November of 1968. Approximately 200 persons attended the two day meeting several of them from states outside Florida. We plan on holding another such conference during September of 1969, the same month that the annual Farm Labor Conference will be held in Florida. We expect that quite a few of the project personnel will attend the Farm Labor Conference and that the entire project staff will attend the Migrant Health Conference.