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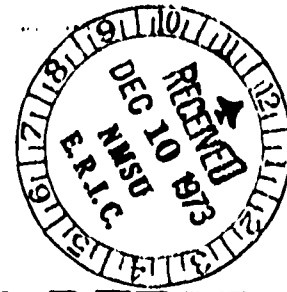
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SPONS AGENCY Community Health Service (DHEW/PHS), Bethesda, Md.
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ABSTRACT

Information about the Palm Beach County Health Department Migrant Project for 1972 is presented in this annual progress report. Information on services provided by the Project as prescribed by the Migrant Health Branch is included. Major topics include program objectives, relationships and contributions, staff orientation and training, a general appraisal of the year's achievements, medical services, dental services, nursing and outreach services, environmental health services, health education services, the Consumer Policy Board, and Third Party Reimbursement. The evaluation section of the report notes that there were increases in the number of migrants receiving service in clinics and private physicians' offices, in dental services, in the number of camp inspections made by the Environmental Health Services, and in the number of services provided by the Health Education staff. (PS)

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PALM BEACH COUNTY HEALTH DEPARTMENT

ED 085161

MIGRANT PROJECT

Annual Progress Report

1972 - 1973

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PALM BEACH COUNTY HEALTH DEPARTMENT

MIGRANT HEALTH PROJECT
ANNUAL PROGRESS REPORT

1972 - 1973



04-H-000213-09-0

Division of Community Health Services

Migrant Health Branch

C.L. Brumback, M.D., M.P.H.
Director, Palm Beach County Health Department

This project made possible by the financial support and cooperation of the
U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service - Health Services and Mental Health Administration
Community Health Service

826 Evernia Street
West Palm Beach, Florida

April 1973

MIGRANT HEALTH PROJECT GRANT
04-11-000213-09-0

ANNUAL PROGRESS REPORT

PALM BEACH COUNTY HEALTH SERVICES
MIGRANTS AND RURAL POOR

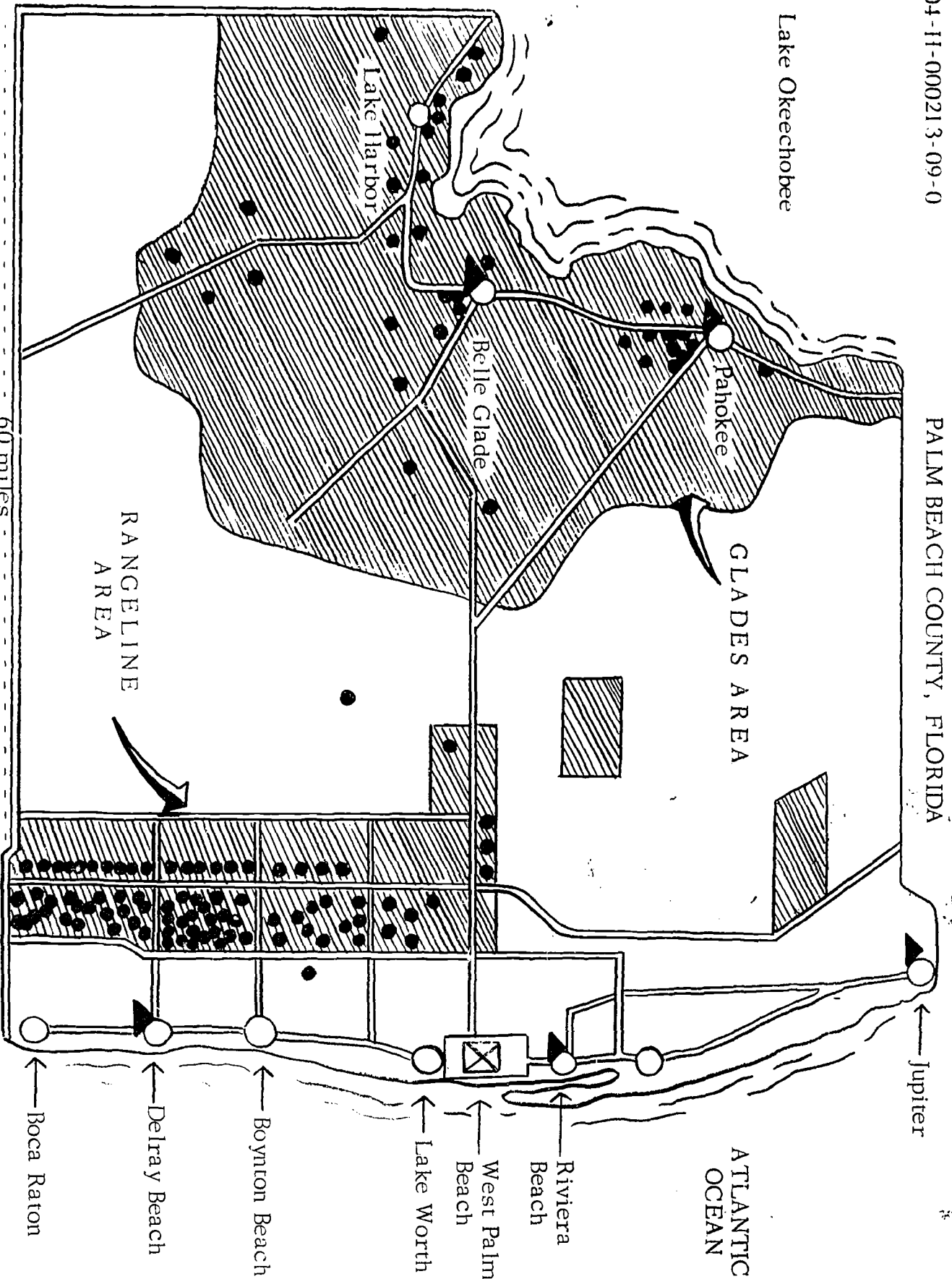
INTRODUCTION



This Migrant Project Progress Report is for the period Feb. 1, 1972 to Jan. 31, 1973. The Project application for July 1970 through June 30, 1973 has been approved by the U. S. Public Health Service, Department of Health, Education, and Welfare.




This Annual Progress Report includes information on services provided by the Project as prescribed by the Migrant Health Branch.

The Migrant Health Project in Palm Beach County functions in close cooperation with the Maternal and Infant Care Project, Tuberculosis and Venereal Disease Projects, and with local health resources.

PALM BEACH COUNTY, FLORIDA



 Farming Areas
 Labor Camps

 Main Office - West Palm Beach
 Clinic Locations - serving Migrants
 50% of Agricultural Workers now live in Urban areas.

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED

April 1973

PERIOD COVERED BY THIS REPORT

FROM THROUGH

2/1/72

1/31/73

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE
Palm Beach County Health Services - Migrants and Rural Poor

2. GRANT NUMBER (Use number shown on the last Grant Award Notice)

04-H-000213-09-0

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 MIGRANTS	OUT MIGRANTS
JAN	38,000	12,000	26,000
FEB	29,000	9,000	20,000
MAR	27,000	8,000	19,000
APRIL	22,000	7,000	15,000
MAY	15,000	3,000	12,000
JUNE	13,000	1,000	12,000
JULY	12,000	800	11,200
AUG	13,000	1,000	12,000
SEPT	17,000	2,000	15,000
OCT	26,000	7,000	19,000
NOV	34,000	9,000	25,000
DEC	37,000	10,000	27,000
TOTALS	283,000	69,800	213,200

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT MIGRANTS:			
TOTAL	26,000	14,000	12,000
UNDER 1 YEAR	1,000	400	600
1 - 4 YEARS	3,000	1,600	1,400
5 - 14 YEARS	6,000	3,500	2,500
15 - 44 YEARS	12,000	6,500	5,500
45 - 64 YEARS	3,000	2,000	1,000
65 AND OLDER	1,000	600	400
(2) IN-MIGRANTS:			
TOTAL	12,000	7,000	5,000
UNDER 1 YEAR	200	80	120
1 - 4 YEARS	700	400	800
5 - 14 YEARS	2,000	1,200	800
15 - 44 YEARS	8,000	5,000	3,000
45 - 64 YEARS	1,000	600	400
65 AND OLDER	100	40	60

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT MIGRANTS	39	September	May
IN MIGRANTS	26	November	April

d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR 5a.

Third party reimbursement study figures and previous sampling during peak months.

(2) DESCRIBE BRIEFLY HOW PROPORTIONS FOR SEX AND AGE FOR 5b WERE DERIVED.

Random sampling.

G. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS	9	162
10 - 25 PERSONS	28	963
26 - 50 PERSONS	21	1,250
51 - 100 PERSONS	41	9,875
MORE THAN 100 PERSONS		
TOTAL*	99	12,250

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (PEAK)
Farms	117	1,043
Rooming Houses	414	8,030
Other	2,300	16,000
TOTAL*	2,831	25,073

* 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 map showing location of camps, roads, clinics, and other places important to project.

GRANT NUMBER

04-H-000213-09-0

DATE SUBMITTED

April 1973

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES					2. MIGRANTS RECEIVING DENTAL SERVICES			
TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS ETC.					ITEM	TOTAL	UNDER 15	15 AND OLDER
AGE	NUMBER OF PATIENTS			NUMBER OF VISITS				
	TOTAL	MALE	FEMALE					
TOTAL	5,756	1,799	3,957	13,067	g. NO. MIGRANTS EXAMINED - TOTAL	555	450	105
UNDER 1 YEAR	669	339	330	1,661	(1) NO. DECAYED, MISSING, FILLED FORTH	2,119	910	1,209
1-4 YEARS	369	186	183	925	(2) AVERAGE IMP PER PERSON	3.8	2.0	11.5
5-14 YEARS	593	213	380	1,027	b. INDIVIDUALS REQUIRING SERVICES - TOTAL	819	647	172
15-44 YEARS	3,247	623	2,624	5,980	(1) CASES COMPLETED	252	177	75
45-64 YEARS	801	398	403	3,090	(2) CASES PARTIALLY COMPLETED	569	470	99
65 AND OLDER	77	40	37	384	(3) CASES NOT STARTED	1	1	-
b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:					c. SERVICES PROVIDED - TOTAL	1,540	1,126	414
(1) SERVED IN FAMILY HEALTH SERVICE CLINIC					(1) PREVENTIVE	313	292	21
4,765					(2) CORRECTIVE - TOTAL	1,227	834	393
(2) SERVED IN PHYSICIANS' OFFICE, ON FEE FOR SERVICE ARRANGEMENT (INCLUDE REFERRALS)					(a) Extraction	494	265	229
991					(b) Other	733	569	164
(3) Seen in hospital emergency room					d. PATIENT VISITS - TOTAL	826	654	172
101								
3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment):								
No. of Patients (exclude newborn)								
399								
No. of Hospital Days								
4,280								

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1-4	5-14	15 AND OLDER		
TOTAL ALL TYPES	8,711	3,528	2,549	1,270	103		1,161
SMALLPOX	4	--	--	--	--		4
DIPHTHERIA	1,740	942	352	164	--		282
PERTUSSIS	1,740	942	352	164	--		282
TETANUS	1,779	942	352	189	10		286
POLIO	1,541	681	384	194	5		307
TYPHOID	--	--	--	--	--		--
MEASLES	877	21	590	260	6		--
OTHER (Specify)							
Rubella	858		590	260	8		--
Gamma Globulin	142		29	39	74		--

REMARKS

PART II (continued) 5 MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES

GRANT NUMBER
04-H-000213-09-0

ICD CLASS CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	TOTAL ALL CONDITIONS	6,724	2,421	4,303
I.	01- INFECTIVE AND PARASITIC DISEASES TOTAL	1,830	560	1,270
	010 TUBERCULOSIS	965	285	680
	011 SYPHILIS	181	36	145
	012 GONORRHEA AND OTHER VENEREAL DISEASES	462	102	360
	013 INTESTINAL PARASITES	55	37	18
	DIARRHEAL DISEASE (infectious or unknown origin):			
	014 Children under 1 year of age	78	48	30
	015 All other	28	16	12
	016 CHILDHOOD DISEASES - mumps, measles, chickenpox	10	9	1
	017 FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	11	5	6
	019 OTHER INFECTIVE DISEASES (Give examples):			
	Creeping Eruptions	16	11	5
	Virus & Other Infections	17	8	9
	Scalp Infections; Ringworm	7	3	4
II.	02 NEOPLASMS TOTAL	41	13	28
	020 MALIGNANT NEOPLASMS (give examples):			
	Skin	6	--	6
	Larynx	9	1	8
	Lung	5	1	4
	025 BENIGN NEOPLASMS	10	4	6
	029 NEOPLASMS OF UNCERTAIN NATURE	11	7	4
III.	03 ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	562	118	444
	030 DISEASES OF THYROID GLAND	12	5	7
	031 DIABETES MELLITUS	322	55	267
	032 DISEASES of Other Endocrine Glands	8	1	7
	033 NUTRITIONAL DEFICIENCY	9	5	4
	034 OBESITY	183	43	140
	039 OTHER CONDITIONS	28	9	19
IV.	04 DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	303	95	208
	040 IRON DEFICIENCY ANEMIA	277	92	185
	049 OTHER CONDITIONS	26	3	23
V.	05 MENTAL DISORDERS TOTAL	153	42	111
	050 PSYCHOSES	19	9	10
	051 NEUROSES and Personality Disorders	70	10	60
	052 ALCOHOLISM	40	17	23
	053 MENTAL RETARDATION	4	2	2
	059 OTHER CONDITIONS	20	4	16
VI.	06 DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS: TOTAL	343	152	191
	060 PERIPHERAL NEURITIS	5	1	4
	061 EPILEPSY	54	10	44
	062 CONJUNCTIVITIS and other Eye Infections	83	46	37
	063 REFRACTIVE ERRORS of Vision	11	8	3
	064 OTITIS MEDIA	135	73	62
	069 OTHER CONDITIONS <u>Herpes Zoster; Thrush</u>	55	14	41

PART II - 5. (Continued)

GRANT NUMBER

04-H-000213-09-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII	07	DISEASES OF THE CIRCULATORY SYSTEM TOTAL	713	135	578
	070	RHEUMATIC FEVER	8	3	15
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	56	14	42
	072	CEREBROVASCULAR DISEASE (Stroke)	12	3	9
	073	OTHER DISEASES of the Heart	70	17	53
	074	HYPERTENSION	503	75	428
	075	VARICOSE VEINS	2	1	1
	079	OTHER CONDITIONS <u>Edema</u>	62	22	40
VIII	08	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	1,306	630	676
	080	ACUTE NASOPHARYNGITIS (Common Cold)	652	319	333
	081	ACUTE PHARYNGITIS	95	46	49
	082	TONSILLITIS	55	31	24
	083	BRONCHITIS	185	89	96
	084	TRACHEITIS; LARYNGITIS	15	11	4
	085	INFLUENZA	6	6	--
	086	PNEUMONIA	117	56	61
	087	ASTHMA, HAY FEVER	83	29	54
	088	CHRONIC LUNG DISEASE (Emphysema)	26	8	18
	089	OTHER CONDITIONS <u>Cough, Rhinitis, Respiratory Infect.</u>	72	35	37
IX	09	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	430	171	259
	090	CARIES and Other Dental Problems	23	14	9
	091	PEPTIC ULCER	33	13	20
	092	APPENDICITIS	1	1	--
	093	HEKRNIA	35	5	30
	094	CHOLECYSTIC DISEASE	12	4	8
	099	OTHER CONDITIONS <u>Gastroenteritis, Constipation & Liver</u>	326	134	192
X.	10	DISEASES OF THE GENITOURINARY SYSTEM TOTAL	212	95	117
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	63	25	38
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	15	6	9
	102	OTHER DISEASES of Male Genital Organs	15	10	5
	103	DISORDERS of Menstruation	15	10	5
	104	MENOPAUSAL SYMPTOMS	3	1	2
	105	OTHER DISEASES of Female Genital Organs	80	54	26
	109	OTHER CONDITIONS <u>P.ID.; Kidneys</u>	21	11	10
XI	11	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	30	13	17
	110	INFECTIONS of Genitourinary Tract during Pregnancy	7	3	4
	111	TOXEMIAS of Pregnancy	--	--	--
	112	SPONTANEOUS ABORTION	3	3	--
	113	REFERRED FOR DELIVERY	--	--	--
	114	COMPLICATIONS of the Puerperium	--	--	--
	119	OTHER CONDITIONS <u>Undefined; Retained Placenta</u>	23	10	13
XII.	12	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	348	187	161
	120	SOFT TISSUE ABSCESS OR CELLULITIS	60	27	33
	121	IMPETIGO OR OTHER PYODERMA	78	54	24
	122	SEBORRHEIC DERMATITIS	20	12	8
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	107	47	60
	124	ACNE	1	1	--
	129	OTHER CONDITIONS <u>Ringworm</u>	83	47	36

PART II - 5. (Continued)

GRANT NUMBER

04-H-000213-09-0

CLASS	MM CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13.	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	135	40	95
	130	RHEUMATOID ARTHRITIS	11	2	9
	131	OSTEOARTHRITIS	30	11	19
	132	ARTHRITIS, unspecified	31	6	25
	139	OTHER CONDITIONS <u>Bursitis; Rheumatism</u>	63	21	42
XIV.	14.	CONGENITAL ANOMALIES: TOTAL	16	10	6
	140	CONGENITAL ANOMALIES of Circulatory System	7	3	4
	149	OTHER CONDITIONS	9	7	2
XV.	15.	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	16	13	3
	150	BIRTH INJURY	1	1	--
	151	IMMATURITY	6	5	1
	159	OTHER CONDITIONS <u>Undetermined</u>	9	7	2
XVI.	16.	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	167	72	95
	160	SYMPTOMS OF SENILITY	1	--	1
	161	BACCHACHE	8	2	6
	162	OTHER SYMPTOMS REFERABLE TO LIMBS AND JOINTS	17	10	7
	163	HEADACHE	29	15	14
	169	OTHER CONDITIONS <u>Chest Pains, Fever, etc.</u>	112	45	67
XVII.	17.	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	119	75	44
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	77	49	28
	171	BURNS	8	4	4
	172	FRACTURE	13	8	5
	173	SPRAINS, STRAINS, DISLOCATIONS	12	8	4
	174	POISON INGESTION	--	--	--
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	9	6	3
6.	2.	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	NUMBER OF INDIVIDUALS		
			19,271		
	200	FAMILY PLANNING SERVICES	1,014		
	201	WELL CHILD CARE	329		
	202	PRENATAL CARE	437		
	203	POSTPARTUM CARE	129		
	204	TUBERCULOSIS - Follow up of inactive case	96		
	205	MEDICAL AND SURGICAL AFTERCARE	37		
	206	GENERAL PHYSICAL EXAMINATION	3,112		
	207	PAPANICOLAOU SMEARS	976		
	208	TUBERCULIN TESTING	1,098		
	209	SERUM BILIRUBIN SCREENING	3,328		
	210	VISION SCREENING	1,390		
	211	AUDITORY SCREENING	655		
	212	SCREENING CHEST X-RAYS	5,190		
	213	GENERAL HEALTH COUNSELLING	1,100		
	219	OTHER SERVICES <u>P.K.U.</u>	380		
		(Specify)			

PART III - NURSING SERVICE

GRANT NO.

04-H-000213-09-0

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS	
a. NUMBER OF CLINICS _____	574
b. NUMBER OF INDIVIDUALS SERVED - TOTAL _____	2,735
2. FIELD NURSING	
a. VISITS TO HOUSEHOLDS _____	4,015
b. TOTAL HOUSEHOLDS SERVED _____	900
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS _____	1,823
d. VISITS TO SCHOOLS & DAY CARE CENTERS _____	670
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS _____	Count not available in # of migrants.
3. CONTINUITY OF CARE	
a. REFERRALS MADE FOR MEDICAL CARE TOTAL _____	
(1) Within Area _____	210
(Total Completed _____)	
(2) Out of Area _____	18
(Total Completed _____ 6)	
b. REFERRALS MADE FOR DENTAL CARE TOTAL _____	102
(Total Completed _____ 89)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA TOTAL _____	110
(Total Completed _____ 75)	
(Total Active Not Completed _____)	
d. FOLLOW UP SERVICES FOR MIGRANTS who were treated.	
IN PHYSICIANS OFFICES (Fee for Service) _____ Hospital Emergency Room _____	189
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES _____	62
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC TOTAL _____	4,024
(1) Number presenting health record _____	1,618
(2) Number given health record _____	760
4. OTHER ACTIVITIES (Specify) _____	

REMARKS

PART IV - SANITATION SERVICES

GRANT NUMBER
04-H-000213-09-0

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS	99	17,535	96	16,834
OTHER LOCATIONS	2,300	16,000	414	8,030
HOUSING UNITS - Family				
IN CAMPS	949	6,723	904	6,543
IN OTHER LOCATIONS	2,710	14,320	1,175	4,652
HOUSING UNITS - Single				
IN CAMPS	582	10,812	582	10,812
IN OTHER LOCATIONS	3,420	6,800	1,125	3,378

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	
	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
LIVING ENVIRONMENT								
a. WATER	99	578	1,143	1,636	29	30	8	13
b. SEWAGE					82	194	37	104
c. SOIL WALL AND FLOOR					256	202	81	99
d. HOUSING					696	1,221	335	431
e. SAFETY					101	13	9	10
f. FOOD HANDLING					256	106	57	30
g. INSECTS AND RODENTS					128	99	28	50
h. RECREATIONAL FACILITIES					11	-	-	-
WORKING ENVIRONMENT								
a. WATER	XXXX	118	XXXX	118	XXXX	12	XXXX	9
b. TOILET FACILITIES	XXXX	118	XXXX	118	XXXX	62	XXXX	30
c. OTHER	XXXX	118	XXXX	118	XXXX	84	XXXX	28

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

PART V - HEALTH EDUCATION SERVICES (By type of service, personnel involved, and number of sessions.)

TYPE OF HEALTH EDUCATION SERVICE	NUMBER OF SESSIONS					OTHER (Specify)
	HEALTH EDUCATION STAFF	PHYSICIANS	NURSES	SANITARIANS	AIDES (other than Health Ed.)	
A. SERVICES TO MIGRANTS						Dental
(1) Individual counseling	7,736	2,200	10,112	382		812
(2) Group counseling	960	30	85	17		42
B. SERVICES TO OTHER PROJECT STAFF						
(1) Consultation	112	234	310	37		169
(2) Direct services	218			0		
C. SERVICES TO GROWERS						
(1) Individual counseling	118		18	539		
(2) Group counseling				0		
D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS						
(1) Consultation with individuals	212	22	204	11		64
(2) Consultation with groups	120	40	52	0		23
(3) Direct services	42			1		
E. HEALTH EDUCATION MEETINGS	512	10	212	2		72

SUMMARY FOR ANNUAL PROGRESS REPORT

I. General Information

- A. Period covered by narrative report: February 1, 1972 -- January 31, 1973.
- B. Objectives as listed in last approved application.

(NOTE: The objectives listed here are the General Objectives and a summarization of the major Specific Objectives contained in the Project application for July 1970 through June 1973. The same general objectives apply to the continuation request. The same specific objectives apply with minor changes in wording which have been underlined below.)

General Objectives:

1. To improve the state of health of agricultural migrants, and to elevate the quality of their living and working environment.
2. To assist the migrants to be aware of health needs, to make decisions regarding their personal health and environment, and to participate in planning and implementation of health services.
3. To raise migrants' level of understanding, acceptance, and practice of effective health measures, with emphasis on prevention.
4. To increase the community's understanding and responsiveness to migrant health needs.

Specific Objectives:

1. To increase the availability of personal health services by increasing the numbers of clinics, hours of operation, and capability to provide related services.
2. To increase the accessibility of personal health services by strengthening outreach activities and making itineraries and schedules in accordance with policies set by the Consumer Policy Board.
3. To increase the acceptability of personal health services by working with a Consumer Board to represent the migrants in program policy decisions and to convey information of available services to the migrants, and to establish an appointment system.
4. To improve the comprehensiveness of medical services provided to the migrants by changing specialty clinics to family health service clinics, enlarging the capability to provide a broad spectrum of services, strengthening referral techniques, and assisting in the provision of

full time emergency outpatient care in the Glades area.

5. To improve the quality of medical care provided in all clinics by an emphasis on professional qualification, completeness of work and records, and formalization of procedures. Also, laboratory and pharmaceutical capabilities will be increased.
6. The quality of the living and working environment will be improved by involvement of the migrants through the use of outreach personnel and members of the Consumer Board in conjunction with the members of the Environmental Services Division staff.
7. The educational program will be expanded and improved through Consumer Board activities, in-service training and community involvement.
8. Administration of the project will be strengthened by frequent planning and evaluation staff meetings, and utilization of community agencies through planned cooperative efforts.

C. Changes in objectives from preceeding project period, and reasons:

Aside from the deletion of certain specific objectives that have been completed during the past year, the major changes in the project will be the expansion of the Belle Glade Clinic hours by the addition of a National Health Service Corps physician who is scheduled to be assigned to the Health Department prior to July 1, 1973.

D. Significant changes in migrant situations from previous year:

1. The migrants themselves.

There have been few changes in the migrant population during this period. The population at the peak of the season remains at approximately 40,000 with early pregnancies continuing to be a growing problem.

Working migrants range in age from the teens up to forty-five. The nature of the work screens out the elderly. Numbers of male and female are approximately equal.

Educational levels of the migrants and their children continues to be below the normal for a more stable population and cultural patterns in diet, recreation, living habits and social interaction separate the various ethnic groups from one another and from the more permanent rural population.

The majority of Palm Beach County's migrants spend seven to eight months of each year in this vicinity so, they consider this as their home. They follow the "stream" along the Atlantic seaboard to New York, New Jersey, and other northern states during the summer months, and return to Florida in the fall.

2. The economic situation:

Palm Beach County's weather lends itself to year round agricultural activities; however, the prime season for migrant labor starts in October and ends in May. Major crops continue to be corn, beans, tomatoes, celery and sugar cane.

3. Effect on labor situation and the need for health services:

A growing stable population in Palm Beach County continues to absorb the time and attention of private doctors and dentists and to place more strain on the hospitals. It becomes more and more important that public health clinics be provided, staffed and equipped to offer comprehensive, preventive, ambulatory, and emergency health care to the migrant population. In addition, they must provide referral and be an advocate for the patient in cases requiring specialist care or hospitalization. Educational processes which relate environmental conditions to personal health become important preventive measures.

II. Relationships and Contributions:

The Consumer Policy Board has become a valuable adjunct for the planning and implementing portions of the Migrant Project. As indicated by their recommendations for the 1973-74 continuation request, they have developed an in-depth understanding of migrant health problems and a realistic appraisal of what can be done to improve the situation. The Board's contributions to implementation of the project take the form of promotion of community awareness, individual contacts and reminders to project staff of community reaction and attitudes toward the project.

The staff has continued to work closely with F.M. Radio Station for migrant children at the Hagen Road School. Reminders of health services and health services available are continually broadcast. Steady stimulus for improved housing is maintained. Members of the Environmental Services staff are active with the Palm Beach County Housing Authority and with American Friends and their special housing committee.

Members of the Health Department staff have attended meetings of the Rural Health Committee in the Glades area and have measurably contributed to their understanding of problems of delivery of health services.

III. Staff orientation and training:

In addition to attendance of the annual statewide Migrant Health Conference and other specially called meetings pertaining to particular subjects, the staff has provided extensive orientation and on-the-job training for new personnel hired for the "third party reimbursement study".

Both the staff and the Consumer Policy Board have been involved in providing

orientation for visiting dignitaries, board members from other projects, consultants who are developing training programs and groups representing civic and religious organizations interested in migrant problems.

IV General Appraisal of the Year's Achievements.

The period of this report has been notable for the increase in dental services provided to migrants, particularly in the Glades area, the initiation of the "third party reimbursement study", the effectiveness of the Consumer Board and the increase in the number of adult migrants utilizing project services.

The considerable increase in dental services and the number of migrants served may be attributed to two factors. Having a full-time National Health Service Corps dentist assigned to the Belle Glade clinic was a major influence; however, the equipping and opening of a second operatory at Delray Beach also had a bearing on the number of migrants served.

The "third party study", although only in its beginning phase, has produced valuable information in the areas of cost analysis, demographic description and consumer attitudes. The results of this study will have a resounding impact on record keeping and data analysis.

At a special meeting of the project's Consumer Policy Board, held on a Sunday afternoon in February and again at their regular meeting the first Thursday in March; several recommendations were made which are included in this continuation request. Throughout the year the Board has been kept informed of the status of project activities. It is on the basis of this information plus their own observations and study that the Board developed their recommendations.

The fourth notable area is the increase in the number of adult patients receiving service in clinics and the corresponding increase in referrals to physicians' offices for specialty care. The fact that more adults are seeking service indicated a degree of success in educating the community with reference to what services are available and the desirability of maintaining good health.

Traditional programs of the Health Department would be continued beyond the period of migrant health grant assistance; however, comprehensive health services would be greatly curtailed. State and local funds could not support the outreach portion of the present program, nor could the transportation and educational programs be continued. The desire to provide health services to all exists in the community but other demands on the local budget would preclude the funding of a program which would meet the needs of the migrants.

MEDICAL SERVICES

During the period covered by this annual report, continual efforts were made to upgrade the quality and expand the medical services available to agricultural migrants and their families. Among the notable accomplishments include the association with the project of a private pediatrician in Belle Glade. This newly-arrived physician in the area now provides us with a mechanism of referral and in-hospital care coordination that was previously lacking. Although he operates a one-night clinic a week in the Belle Glade area, children have been readily referred to his office who need acute care at other times. His office is approximately 2 miles from the clinic. He has staff privileges at the Glades General Hospital, which enables him to follow the patient from primary care to hospital and back to the ambulatory care setting.

In the Delray Health Center, a Board-certified pediatrician has been employed half-time on the Migrant Project. This enables the migrant children of this area to have comprehensive and continuous medical care. The Delray Health Center now also has an area Assistant Health Director, who has further improved and coordinated the services. Further expansion of the nurse's role in triage, physical examination and detailed history taking has been accomplished at each facility. A National Health Service doctor's services have been successfully obtained, to begin early in July 1973. This will enable the Glades area of the county to have a full health team -- doctor, nurses, community health workers, etc

Laboratory services were contracted with a large clinical laboratory in Dade County. This has lowered the cost of these services and increased the efficiency. All laboratory specimens are picked up daily at the health centers, and laboratory results are back to the health centers within 48 hours. Emergency laboratory work can be obtained from the local hospitals.

Sickle cell screening has been initiated in all clinics. At first the Sickledex (solubility tests) were used, however; the health facilities are now planning to go into primary screening with electrophoresis.

The Delray Health Center is the most highly evolved comprehensive health care program that exists for migrants in Palm Beach County. In addition to Migrant Project services, maternity, infant care, family planning, V.D. and tuberculosis control are all available in this facility. Approximately 20 hours a week of general medical clinic time is available, and approximately 28 hours' time of pediatric care by a physician. Nurses have taken graduate courses in pediatric care, and are available during the intervening hours at the health center. In addition to this, approximately 12 hours of family planning, 8 hours of maternity care, 8 hours of V.D., and 4 hours of chest clinic are available at that site, in addition to environmental services and health screening.

In the Belle Glade area, 16 hours a week of general medical care are available for agricultural migrants and their families, and 4 hours a week of pediatric care clinics. However, this latter deficiency has been somewhat compensated by working relationships, as noted above, with the newly arrived, Board-eligible pediatrician. Both areas will be greatly strengthened by the addition of the National Health Service Corp physician. Eight hours of family planning services and 4 hours of maternity and infant care are also available, in addition to 4 hours of venereal disease control and 4 hours of chest and tuberculosis control. It is hoped that in the future, with the addition of staff, many of these clinics will become more general medical clinics in structure and nature.

The basic problems seen in the clinical medical services area includes first, lack of funds to accomplish adequate comprehensive medical care, and, second, inadequate staff. The health team concept is well recognized and understood by the staff. The mechanisms of administration and record keeping, are far evolved. The Health Department has had the benefit of a computer analyst in the past year, and is well along the road of streamlining records that will be more efficient, more accessible, and will lead to much more objective analytical material.

Comprehensive Services Delivery System, a rehabilitation oriented project of the Health and Rehabilitation Services, is immediately adjacent to the Belle Glade Health Center, in which is housed a County Welfare, a Division of Family Services, Youth Services, Parole and Corrections, Division of Vocational Rehabilitation, etc. A similar center is several miles from the Delray Beach Health Center, and this has led to greatly increased social and medical services for our clients.

DENTAL SERVICES

The five dental clinics in the county were staffed full-time by three full-time staff dentists (including a National Health Service Corps dentist) and five part-time private practitioners. Three oral surgeons also provided specialty services in the program, each of them spending a day per week in three separate locations. One orthodontist participated in the program strictly as a consultant. Two four hour migrant night dental clinics per week again were conducted in the Belle Glade dental van. Each of the county dental clinics was staffed by two full-time auxiliaries and a part-time dental hygienist. The hygienist was a full-time staff employee, who spent one day per week in each clinic when she was not engaged in teaching, research, or other program activities.

The health department clinics continued to be official field training centers for the schools of Dental Hygiene and Dental Assisting of the Palm Beach Junior College. Again, a portion of our patient care was contributed by these students. The local Army Reserve Unit continued to supply a measure of patient care during their two drills per month.

Sources of support for dental care used include:

1. Maternity and Infant Care Project
2. Title I, Elementary and Secondary Education Act
3. Migrant Health Project, MG-11G
4. Ad valorem taxes via Board of County Commissioners
5. State Division of Health
6. Kiwanis Club
7. Medicaid
8. Migrant Education Health Program
9. County Welfare Department
10. Other voluntary agency contributions

A pilot dental health education program was readied for implementation early in 1973. The project will involve 500 kindergarten children, 250 experimental, and 250 control children in each group. If after careful evaluation, the program proves to be effective in improving the oral health of the children in the experimental group, it will be implemented in an incremental fashion throughout the county school system. This research study was made possible by the addition of a research oriented dental public health resident who became the first of only two such residents in the State of Florida. This residency program is a very highly-structured high-level type of educational program - one which promises to be of great value to the total county dental program.

Health education (dental, nutritional, medical) is, of course, included as an integral part of each regular dental patient's clinical experience.

From an analysis of the statistical data from the migrant dental program of 1972, as compared to the same type data from 1971, it is evident that the number of migrants requiring services increased by approximately sixty seven per cent. The number of cases completed was more than two and one half times greater. The total number of services provided was almost double those provided in 1971. The entire service increased significantly during 1972. The increased patient load and services probably can be attributed to several changes which came about last year. The Migrant Consumer Board became very active and spread the word that dental services were available to the migrants in the county; and were reasonably accessible. With the operation of two night migrant dental clinics in the Belle Glade area in addition to the services provided five days per week in the Delray and Belle Glade clinics, much more dental service capability was realized. The dental hygienist also, of course, increased the number of preventive services provided.

The State of Florida's Division of Health, Bureau of Dental Health, furnishes the state with three dental consultants who have master's degrees in public health. We have the benefit of the state consultant who covers south Florida. We also use consultants from the U.S. Public Health Service and from our local dental societies. The assistant dental director has a master's degree in public health.

This year, as has been noted above, there was a very significant increase in the number of migrants served, and in the number of services provided. A new dental health education pilot study was planned, to be instituted early in 1973. The dental program became even more integrated into the total program than before. Work began on a new system for complex data collection involving epidemiology, cost analysis, cost projection, and a number of other important factors to the building and maintaining of a successful public health dental program.

NURSING AND OUTREACH SERVICES

Nursing and allied service personnel including project and non-project staff provide services to the seasonal agricultural migrant in the entire County. The Nursing Division administratively coordinates public health nursing, nutrition, physical therapy and social services. Services are rendered in clinics, outreach, homes, schools and the community.

The objectives of the Nursing Division are an integral part of the total program objectives covered at the beginning of the narrative.

Personnel are assigned to the two area offices which serve the largest segment of the migrant population. The following positions are divided between the Rangeling and the Glades Area: One Public Health Nurse Supervisor I, one Public Health Nurse Supervisor II, two Public Health Nurse III (top level staff), two Public Health Nurse II, seven aides, two clerk typists, one driver, and a nurse from the National Health Service Corps.

Regular planned meetings and conferences at various levels were utilized to maintain both horizontal and vertical channels of communication.

1. Monthly staff meetings served to keep the health department administrative personnel and project supervisory staff abreast of program and policy changes.
2. Through regular planned conferences to review work assignments and continue education, a close working relationship has been maintained between the nurse and the aide. This also applies to the staff that functions on the outreach team.
3. One of the project nursing supervisors represents the division and serves as Secretary of the Consumer Policy Board. A supervisor also serves as a service coordinator for the Glades Area.
4. Nurses attend all staffing committee meetings in schools with migrants enrolled. Services provided under the Migrant Education and Health Program are coordinated by the nursing staff to provide continuity of care. The aide is also an integral part of the school team, assisting the nurse with follow-up.

Consultation is provided by various Health Department personnel: Nursing Administration, Physicians, Health Educators, Social Service Staff, Physical Therapist and Nutrition Consultant. A close working relationship exists between project personnel and personnel of Health and Rehabilitative Service, Palm Beach County Welfare Department, Community Action Council, Community Action Migrant Program, Migrant Education and Health Program, Consumer Policy Board, Florida Rural Legal Services and area physicians.

Nursing provides comprehensive services to Seasonal Agricultural Workers in a variety of settings within the parameters of the Health Department. In the Rangeline Area, family centered clinics are held daily at a time convenient for the consumer. Medical services are available daily in the Glades area. Specialty clinics: Maternity, Family Planning, Venereal Disease, Pediatric, Mental Health and Chest are held weekly in both areas. Public Health Nursing clinics are held daily. Pediatric services were expanded in the Rangeline area by the addition of a Pediatric Nurse Associate. Glaucoma screening clinics are available on a scheduled basis.

The Outreach Mobile Health teams operative in the Glades and Rangeline Areas continues to be a productive method of identifying and meeting consumer needs "on the spot". The mobile unit is staffed by a Public Health Nurse, Health Educator, Health Education Aide, Home Health Aide and an Equipment Operator. Staff are selected for their ability to establish rapport with Seasonal Agricultural Workers and to function effectively in varied settings; camps, farms and "street corners". Spanish speaking team members are included as needed. The Outreach team has followed the trend for Migrant immigration into urban areas. Schedules are based on consumer need for services. Public Health Nursing Clinics and Outreach Primary care activities are governed by written protocol: POLICIES FOR PUBLIC HEALTH NURSES WORKING IN PRIMARY CARE.

The hospital coordinator initiates pre-hospital discharge planning and coordination of care with health department facilities. Emphasis is placed upon identification and referral of "walk-in" maternity patients and children not currently under care.

Nursing services are provided to Day Care Centers caring for migrant children. Approximately four hundred children, participating in the Migrant Education and Health Program, received physical examinations, immunizations, primary care and referral services. Frequent conferences are held between Day Care Center operators and project personnel.

A variety of approaches to patient education, structured classes, individual counselling and lively discussions with much consumer participation, have been implemented in Maternity, Family Planning and Pediatric Clinics.

Nurses participate as a member of the health team in assessing the needs of the consumer and the available community resources. In her unique role she provides direct services, guides and assists the individual to develop an awareness of healthful living and increased independence in health matters.

A close working relationship is maintained with local official and voluntary agencies so that the migrant receives services as needed with appropriate feedback to the nurse. Such agencies include all of the Health and Rehabilitative Service agencies, Community Action Council, local Lion's Clubs, church and civic groups and local physicians. Inter-county referrals are made by phone or utilization of the Migrant Service Referral System. Intra-county referrals

is primarily from inadequate identifying information to assist in location of the migrant

Nurses receive on-the-job orientation as well as a planned structured orientation which covers about six weeks. These in-service education programs are planned for nurses each year. In the intervening months in-service programs are planned according to offices and the specific needs of staff. Next year the orientation of nurses new to public health will be done in one week with a follow-up session of one day about one month later. Conferences and planned educational programs outside the agency are also used for orientation and continuing education

Community workers receive on-the-job orientation and attend conferences. Emphasis is placed on technical training and communication skills. In-service programs are conducted for this group.

In comparing Part III with the previous year an increase is noted in the numbers of nursing clinics. Nursing clinics in offices and outreach have successfully met many of the migrant's problems "on the spot".

OUTREACH STATISTICS

February 1972 through January 1973

Note: These statistics reflect the activities of the mobile outreach effort in the Rangeline area only. They are not included in the statistical section of this report.

Personal Health Outreach

Number of visits: 253

Migrants seen: Age

0 - 1	366
1 - 4	1,317
5 - 14	1,558
15 - 44	689
45 - 64	182
65+	33

Total 4,145

Number referred to clinics & other services.

Dental	16
Well Baby	27
Child Health	5
Family Planning	6
General Medical	10
Chest	2
Bureau of Crippled Children	2
Bureau of Blind Services	4
Maternity Intake	1
County Welfare	3
Division of Family Services	-
Other - Private Physicians	18
Mental Health	1
Total	95

Conditions treated at location:

Colds and Uri's	529
Internal Parasites	139
Ringworm and other skin problems	99
Impetigo	211
Conjunctivitis	49
Anemia	27

Conditions treated at location (continued):

Diarrhea	28
Family Planning	341
Dietary Counseling	24
Well Child Evaluation	556
General Morbidity	204
Maternity	9
Trauma	44
Communicable Disease	35
Other - Allergy, Rash, Sores, Infection	<u>109</u>
Total	2,404

Laboratory Services:

HGB	59
VDRL	31
PKU	-
Throat cultures	<u>-</u>
Total	90

Number of U.S. Public Health Forms Issued 187

Immunizations 2,598

ENVIRONMENTAL HEALTH SERVICES

The sanitation program in the Migrant Health Project is an ongoing function of the Bureau of Environmental Sanitation in the Palm Beach County Health Department. Inspections are made to determine compliance with Chapter 10 D - 25, Florida Administrative Code which regulates camps housing fifteen or more persons. Rooming houses and other non-camp housing can be inspected and regulated only under the "Sanitary Nuisance" regulations in the Administrative Code.

The County Health Officer's Minimum Program Guide suggests monthly inspections of labor camps. It has not been possible to inspect all camps on a monthly basis.

Problem labor camps are inspected monthly, if possible, while those close to compliance are inspected less frequently, usually quarterly. More frequent visits are desirable due to the extensive damage and recurring maintenance problems resulting from the living patterns of migrant workers.

Approximately 30% of the migrant population live in 99 camps. Ninety-six camps were issued permits; 2 were under court orders to comply and the other is being taken over by the Palm Beach County Housing Authority to be remodeled.

The sanitation staff involved with migrant housing and field sanitation consists of the Housing Sanitation Section of the Bureau of Environmental Sanitation. A sanitarian supervisor, two sanitarians and one aide in the Rangline area and two sanitarians in the Glades area are charged with the inspection and monitoring of labor camps, field sanitation (for which no regulations exist) and multi-family urban housing. One other sanitarian devotes approximately 20% of his time inspecting housing used by migrants in the West Palm Beach and North area.

Through personal contact on field visits, migrants and crew leaders have been encouraged to seek out and use their bargaining power to obtain better living and working conditions. Cooperation has been obtained from the Florida Industrial Commission, the Farmers' Home Administration, and the American Friends Service Committee in obtaining improvement in migrant housing. Members of the Project staff have met with migrant groups, community organizations and other official agencies to promote better understanding of environmental problems. The sanitation staff is working closely with the Palm Beach County Housing Authority in their efforts to take over and remodel two large labor camps (total capacity approximately 1,000) dormitory rooms will be converted to apartments.

Consultation was obtained from the State Department of Health & Rehabilitative Services, Division of Health concerning sanitation standards, program

planning, comparative data from other areas, legal procedures, interpretation of rules and regulations and educational techniques and materials. County Officials provided consultation and assistance on building and zoning requirements and on legal matters.

During this period 2,779 inspections were conducted at camps and other living areas. At the peak of the season, 12,250 migrants lived in labor camps and the balance 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.

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.

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. Approximately 60% of all non-camp housing is served by municipal sewers and the remainder by treatment plants and septic tank systems.

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.

Camps providing dormitory facilities have central messes which meet the same requirements as restaurants serving the public. Camps providing 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.

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.

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. Sanitarians are finding that frequent visits coupled with personal interviews with migrant leaders is accomplishing more than badgering the camp operators and maintenance personnel.

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.

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.

Programs with individual camps and rooming houses have been continued in attempting to solve the perplexing problems of misuse of facilities and lack of cooperation. The major work being done toward improving the living and working environment involves a close working relationship with the migrants. The community health workers are providing the liaison and feed-back necessary for the success of the program.

The correction of routine defects are obtained through frequent inspections and conferences with housing supervisors and maintenance personnel. In many of the camps, the growers have instructed camp personnel to proceed with corrections of minor defects as they occur or when corrective measures must be cleared through channels or maintenance personnel are not readily available.

Recommendations have been made to members of State Legislative Committees studying migrant problems and even to the Governor of the State that a statewide minimum housing code and a State Housing Authority be created to deal with the critical housing problems confronting seasonal agricultural workers.

As mentioned previously, the Environmental Control Hearing Board has proved to be an effective means in achieving corrections when other efforts failed.

HEALTH EDUCATION SERVICES

The goal of Health Education Services, as stated in the General Objectives of the Project Request, is to "Assist the migrants to be aware of health needs. . . , to raise migrants' level of understanding, acceptance, and practice of effective health measures. . . and to increase the community's understanding and responsiveness to migrant health needs." Health education is considered an integral part of responsibilities to the total Health Department staff. It is a comprehensive program involving all activities that contribute to the understanding, medical care, and environmental health of the migrant population.

The Health Education staff consists of the Director of Health Education who spends at least 50% of his time in the planning, development and coordination of the Migrant Health Project and the Project Health Educator who is primarily responsible for scheduling and coordinating outreach team visits and for supervision of the activities of two Community Health Workers assigned to the Health Education function. Physicians, nurses, sanitarians and other aide personnel provide educational guidance and counselling in the course of their normal activities. Other agencies and organizations involved in educational efforts were:

1. Our Lady Queen of Peace
2. Vista Volunteers
3. Florida Migrant Legal Services (FMLS)
4. Adult Education to Migrants
5. Migrant FM Radio Station (PB County School Board)
6. American Friends Society
7. St. Vincent DePaul Seminary
8. Manpower Training Program (Employment Service)
9. Community Action Migrant Program
10. Operation Concern, Inc.
11. Rural Health Committee
12. Community Action Council, Inc.
13. Extension Home Economic, Agricultural Service
14. Florida State Department of Health & Rehabilitative Service
15. Social Security Administration
16. Baptist Aid to Migrants
17. Rural Improvement Council, Inc.
18. Florida Atlantic University
19. Migrant Education Health Project
20. Organized Migrants in Community Action (OMICA)
21. United Farm Workers
22. Wee Care (Day Care Center, Belle Glade, Fla.)
23. County Welfare

Utilization of members of the Consumer Board and of indigenous

Community Health Workers has greatly enhanced the Project staff's capability to identify educational needs and to communicate with the migrant population. Influential crew leaders have been identified and their cooperation is sought to bring about helpful change in the health related behavior of their crew members.

Consultation and assistance is obtained from all the disciplines represented in the Health Department and from other agencies such as:

1. Florida Atlantic University, Boca Raton, Fla.
2. Division of Migrant Health, Jacksonville, Fla.
3. Palm Beach County School Board, West Palm Beach, Fla.
4. Division of Health Education, Jacksonville, Fla.
5. The U. S. P. H. S. Regional Representative, Atlanta, Georgia.
6. Community Action Council, Palm Beach County.
7. National Health Service Corps, Rockville, Maryland.
8. Florida International University, Miami, Florida.
9. Community Health Service, Rockville, Maryland.
10. County and State Welfare.
11. Social Dynamics, Inc., Berkley, California.

Orientation and in-service training has been provided for the Consumer Policy Board, Project Staff personnel, and members of the Health Department staff. Orientation and training sessions have been conducted in individual and group settings by the Project Health Educator, Clinic Director, Nursing Supervisor, Sanitarian Supervisor, and other members of the Department staff.

The Health Education Staff attended educational conferences and workshops in the interest of the Migrant Project. These included:

1. Florida State Migrant Health Conf., Tampa, Fla.
2. The Florida Citizen Committee on Agricultural Labor, Belle Glade, Florida.
3. Nutrition Workshop, Clewiston, Florida
4. Health Education Workshop, St. Petersburg, Florida
5. East Coast Migrant Health Project, New York, N. Y.
6. The Florida Citizens Committee on Agricultural Labor

The Health Education Staff assisted in preparing & selecting pamphlets and audio-visual aids for training programs for nurses, action groups and school personnel. Other direct services include:

1. Community Health work: establish rapport and give reassurance to patients. They motivate people with health problems to attend family health clinic and use other services.
2. Prepare health information materials, translating these materials into language and culture of the community.

3. Assist in audio-visual programing.
4. Identify and refer patients with problems and act as a liaison between the patient and the community.
5. Assist in planning, implementing and evaluating program.
6. Make referrals to community agencies, such as welfare, etc.
7. The Health Education staff assist in third party sources studies.
8. Posters and pictures were placed in all clinics. These were of various health subjects and pictorially stressed good health habits.
9. Pamphlets, printed both in Spanish and English, on various subjects concerning health were distributed to the migrants.
10. The Health Educator assists in the coordination of outreach activities.
11. The Health Educator assists in the supervision of Health Education aids (Community Health Workers).
12. Films on sanitation, nutrition, dental health, etc. were shown to migrants during clinic sessions and in camps.
13. The Health Educator provides individual and group counseling, personal and environmental health during mobile team visits.
14. Local referrals are made to all agencies which provide services.
15. Assists in arrangement and acheduling of the state mobile x-ray unit.

The main thrust of the health education effort has been to establish and maintain channels of communication with the migrant community. Direct contact in the field has been the primary effort of the two community health workers under the direction of the project health educator. In conjunction with their everyday efforts health education personnel have had a considerable input in the "third party reimbursement" field survey effort. Their knowledge of the area and understanding of the people have been valuable assets to the study.

Whereas, most evaluation of effectiveness of health education effort must be subjective, the increased number of adult migrants utilizing services provides an indication that health education does influence the behavior of this target group.

CONSUMER POLICY BOARD

Primary efforts of the Consumer Policy Board during this period were devoted to the development of in-depth understanding of administrative and budgetary aspects of the project and to board organization and membership matters. Periodic reports were received by the board concerning status of expenditures and services provided and outside speakers were invited to board meetings to explain Social Security and Division of Family Services benefits.

On April 6, 1972 newly elected members of the Lee County Migrant Project Consumer Board, accompanied by staff members from Lee County Health Department and a training consultant attended the regular meeting of the board at the Health Center in Belle Glade to observe an "older" board in action and to exchange ideas.

On May 4, Johnny Johnson and Sarah Jane Velez presented a report of the East Coast Migrant Project Consumer Board meeting and on Aug. 3 Mr. Johnson presented a report concerning his testimony before the Senate Sub-committee on Migrant Health.

Membership problems continued to plague the board throughout the year; however, a number of old and regular members continue to provide the continuity of understanding necessary to enable the board to evaluate activities and make realistic recommendations. As a result of a special Sunday afternoon meeting on Feb. 18 and the regular meeting on March 1, the board recommended that the 1973-74 budget request should include funds to provide for:

1. Full-time physicians at the clinics in both migrant areas.
2. Hospitalization for elective surgery.
3. Continuation of maternal and infant care.
4. Continuation of dental care.
5. Full time outreach teams for each area.
6. Emergency and specialist care.

THIRD PARTY RE-IMBURSEMENT

The Third Party Reimbursement supplemental study program of the Migrant Project was instituted and approved as a three year program designed to determine method and approach in converting the present grant system of financing to an alternative system. This alternative system would begin with inclusion of a comprehensive health care delivery package, and would be altered on the basis of study results. Initially presented in the concept of a prepayment plan, the primary considerations were for increased health care with associated additional costs to be covered by new funding sources. The project supplemental study, therefore, set up its first year objectives to be the following:

1. Complete a Market and Actuarial study.
2. Determine Cost Benefit package.
3. Evaluate physician and community attitudes.

Conversion tasks set up for completion in the subsequent two years were itemized as follows:

1. Identify sources of revenue.
2. Design a health delivery system (developed from the present system, to include any added services).
3. Develop agreements with any state and federal health service programs.
4. Develop a market strategy.
5. Develop an enrollment methodology.

The prepayment concept as initially presented has assumed more the nature of a third party payment concept for developing funding. This has had some effect on the operating procedures and on the priorities in conducting studies for the program.

However, with the first year objectives as an overall operational guide, the Third Party Reimbursement study staff have worked toward obtaining the information necessary in planning any type of program change. The manner in which the first year objectives have been met are outlined below.

Meeting the Objectives

1. Market and Actuarial Study. Recognizing the variance in living and working conditions - and, indeed, in the people themselves - between the Glades Area and the Coastal or Rangeline Area, all studies conducted were conducted as separate entities in the two separate areas. In addition, a significant number of workers living in urban areas indicated a need for separate urban and rural studies. Thus, the target population for the project is

divided into two major groups, which in turn are either urban or rural:

Glades Area	
Urban	891
Rural	3,170
Rangeline Area	
Urban	1,151
Rural	<u>1,022</u>
Total Rural	4,192
Total Urban	2,042

These are head-of-household counts. The Manpower, Evaluation and Development Institute, Inc., found that nationally the migrant and other seasonal farmworker family size is 6.4. The target migrant population is therefore calculated as follows:

$$\begin{aligned} \text{Rural Areas} & 6.4 \times 4,192 = 26,829 \\ \text{Urban Areas} & 6.4 \times 2,042 = 13,069 \end{aligned}$$

The Urban count in this study is not from census reports except for two tracts in Belle Glade and one in Pahokee. The count is from a composite of information from the Department of Commerce, a C.A.M.P. survey in the Delray area, and Project-conducted house-to-house survey.

In a separate sampling study, the project has determined that the percentage of true migrants now on Medicaid is 15.6%, while the percentage of those apparently eligible, but not on Medicaid, is 45.2%. It is presumed the percentage of those seasonal agricultural workers and rural poor who do not migrate are utilizing Medicaid in higher proportion than the true migrants. The total eligible or apparently eligible, however, would be about the same - 60.8%. These conclusions are based on a sampling which would indicate accuracy within approximately 10%, and are based on an average 12 month population as previously stated, of 23,839 true migrants. The sampling assumes a family size factor of 6.4 per head of household.

Incomplete information in a project study currently being conducted indicates a very low regard by this population for health insurance. On the contrary, however, there is a high regard for ordinary life insurance coverage for the children in the family. This fact seems to indicate an extremely low average return - or insurance payoff - on the insurance dollar expended. Additionally, at present attitudes indicate little interest in a program involving the purchase of

health care insurance. There is, however, a general attitude of acceptance toward a voluntary fee system, should one be established.

Cost Benefit Package

2. The Palm Beach County Health Department Migrant Project provides all day clinic services in five clinic sites and one satellite clinic site, with selected evening clinics available. Two mobile clinics operate in various areas on a scheduled basis. The project provides payment for emergency room care at area hospitals to supplement and augment clinic service and in lieu of clinic service at times when clinics are not open.

The project provides out-patient and emergency room treatment, and referral to physicians' offices for consultation and care not provided or available at the clinic. Diagnostic and laboratory services are provided as necessary; and prescriptions for clinic patients, filled at the County Welfare Pharmacy, are paid for on a cost basis by the project.

Dental care is provided in Health Department dental clinics. The cost of dental care is exempted from patient cost calculations for the purpose of separating this phase of health care. Per patient costs for dental care are not available at present, and will depend upon a determination of extent of such care to be provided. Clinic costs, excluding dental costs, and excluding "overhead" for equipment and building, are as follows for the 6 months period July 1, 1972, through December 31, 1972:

Patient Service Cost

Clinic Per Patient, M. D. attending	\$12.15
Clinic Per Patient, Nursing, No M. D.	7.80
Referral to physicians, average (Included above)	7.37
Emergency Room treatment, average (Included above)	17.23
Combined total, per patient, all clinics	9.81

It is estimated the overhead cost would add as much as 40% to this cost.

During the 12 month period covered by this report, the Palm Beach County Welfare Department bore the cost of hospital in-patient care for 399 welfare-eligible patients who were migrant workers or rural poor. These patients were all project-eligible for clinic and related services. Cost to the Welfare Department for hospital expenses alone for these patients was \$331,656 - an average of \$831 per patient.

Evaluate Physician and Community Attitudes

3. The true migrant population at peak season is upwards of 38,000 which is more than 10% of the population of the county. Add to this figure a like number of other seasonal agricultural workers and rural poor, and the target population becomes a very visible segment of the community. The health problems of this segment are constantly before the community through the various clinic sites and the hospitals throughout the county. The community and the physicians in it face up to and accept the problems, and, though not always pleased with the situation which produces the problems, provide necessary care. At the same time medical groups, civic organizations, churches, schools and other groups are willing to expend time, energy, and money in efforts to improve general health and conditions affecting it among the migrant and seasonal agricultural workers and rural poor of the county.

EVALUATION

Table 1a, Part II of the statistical section of this report indicates that more migrants received services in clinics and private physicians' offices than were previously reported. The fact that the number of adults served increased over last year is an encouraging indication that community awareness of available health services is improving. The increased number of adult conditions treated could also account for the large increase in the number served in private physicians' offices. The decrease in the number of children served could indicate some improvement in the general health status of younger migrants or it might indicate a lowering of the numbers of children in the migrant population. By the end of the next reporting period the "third party reimbursement study" should provide more precise data as the basis for opinion.

The significant increase in dental services may be attributed to two factors: first, the assignment of a National Health Service Corps dentist to the Belle Glade area provided the services of a full-time dentist in addition to the evening clinics and the oral surgery clinics provided under contract arrangements and, second, the equipping and operation of a second operatory at the Delray Beach facility had a significant impact on the number of migrants served in that area. The preventive dentistry program for pre-kindergarten and kindergarten children and the pit and fissure research program in Belle Glade are reflections of the aggressive efforts of the dental staff to have a long-range impact on the problem of dental disease among migrants.

Again this year, the increase in hospitalization paid for by County Welfare probably represents a refinement of data gathering as well as an actual increase in the number of migrants hospitalized for emergency conditions. Elective surgery, particularly for the correction of problems in children, continues to be a major concern to both the staff and the Consumer Board as reflected in the continuation request for 1973-74.

Personnel shortages in the nursing division and the necessity to maintain adequate clinic staffing resulted in fewer than desired outreach visits and fewer nursing clinics than last year; however, more people were served in the clinics and a great increase was seen in household visits and numbers of households served.

Environmental Health Services received added emphasis during this period by an additional sanitarian devoting part of his efforts to camp inspections. Although the number of camps decreased the number of inspections increased. The typhoid epidemic in Dade County very dramatically points up the necessity to maintain close liaison between the Personal Health and Environmental Health personnel.

The increased number of services provided by the Health Education staff indicated in Part V reflect better scheduling of time, experience gained

through having a stable personnel structure and better reporting procedures. In a general sense, it is felt that the overall increases in service throughout the project reflect the success of health education efforts by all members of the Health Department staff.