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ABSTRACT

Information about the Western Kansas Migrant Health Project for 1974 is presented in this annual progress report. The Project provides: (1) migrant education programs; (2) health education; (3) nursing services; (4) medical and dental services; (5) hospital services; and (6) supplemental food programs. Since August 1974, the western Kansas VISTA Housing Project has been under the legal auspices of the Western Kansas Migrant Health Service. Purpose of the VISTA Project is to deal with the lack of adequate housing in western Kansas for persons at all income levels. This progress report covers the Project's activities from December 1973 through November 1974. Services provided by the Project are briefly summarized. Other topics discussed are the: (1) VISTA Housing Project; (2) Migrant Health Policy Board; and (3) community action and support. Statistical data are given for the migrant population and the medical, dental, hospital, nursing, and health education services. (NQ)

11TH ANNUAL PROGRESS REPORT

western kansas migrant health project

1974

NATIONAL REPORTING

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VISTA

ACTION

third party reimbursement

MANPOWER

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USDA

MIGRANT HEALTH

dental program

IMMUNIZATIONS

OUT PATIENT

health education

WORK PROGRAM

TITLE XIX

Kansas Department of Health and Environment

ANNUAL PROGRESS REPORT

WESTERN KANSAS MIGRANT HEALTH PROJECT
KANSAS STATE DEPARTMENT OF HEALTH AND ENVIRONMENT

1974

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Margarito Ortiz	Leoti

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Glenn Gavin	Garden City

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1974

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	Nancy Schmalbeck....	(8/74-8/75)

*Terminated during the fiscal year.

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GRATEFUL ACKNOWLEDGEMENT

To Marshall Finley for designing the cover.

and

Kerry Harms, VISTA Volunteer, for many of the photographs.

I. SUMMARY

I wonder if the ground has anything to say . . . anything to say about inflation, recession, unemployment, sugar prices, and the search for new energy sources. Surely what she hears and sees causes her great pain. Some mortals do not bear their pain so silently.

1974 seemed to be a poor sequel to the mediocre novel of 1973. The redundant themes of soaring prices, energy shortages, and future uncertainty abounded. And yet there were a few surprises like five-dollar-a-bag sugar and a presidential resignation.

For the agricultural migrant and seasonal farmworker uncertainty is normal fare. Most such families are used to making do with whatever fate hands out. Yet for the low-income families the past year dealt disaster in terms of escalating prices of previously inexpensive staples and significant increases in utility rates and gasoline.

Each year several thousand migrants travel to western Kansas in search of work in the fields. Most hope to find work hoeing and thinning sugar beets. Many find work rogueing milo, harvesting vegetables, picking melons, hauling ensilage, beets and grain or whatever comes along. The work is mostly short-term, and most families stay in the area less than ten weeks. Some go on to work in other states. Others return to their home base to seek work there. As many as 10% of the migrant population attempt to settle-out in a given year. Some make it. Some do not. A number of families travel to an adjoining state to work in the late summer and early fall and return to Kansas in October to stay until December when the work is exhausted and then return to Texas. Most of the agricultural migrants coming to this state come from either the panhandle or south Texas. A small number also come from Colorado, New Mexico, Florida and other states. Almost all of the families are Spanish-speaking Mexican Americans. Some speak only Spanish while some are bilingual.

Mechanical sugar beet thinners have enjoyed an increased popularity in western Kansas in recent years. However, this past year a number of growers who had used thinners almost entirely in 1973 reversed their course and opted for using hand labor instead of or in addition to the thinners. Because of this development the numbers of workers in some counties was greater than had been the case in several years. In Stanton county for example the number of migrants was up 25% from 1973 although most did not stay in the area very long.

What the trend will be in future years is anyone's guess. The controversy of thinners and herbicides versus hand labor is an ongoing one. Costwise there is little difference. Perhaps the controversy is really one of machines versus human beings. Machines do not require housing, crew leaders, paychecks, social security and the like.

The number of acres devoted to sugar beet production was increased

in 1974 due to the substantial increase in the price of raw sugar. In fact one area growers' association this year advertised widely attempting to recruit additional growers. It can be assumed that sugar beets will remain a "golden" crop at least through 1975. However, area growers can't forget the disastrous losses of 1968. Rising production costs have caused beet growers only marginal profits in the past few years. Unless raw sugar prices stay up, growers will probably begin thinking in terms of alternative crops once again. Of course the difference between the price of a ton of sugar beets, the price of raw sugar and the price of a sack of sugar in the grocery store is another story.

1974 also saw the end of the sugar act. This act has received wide coverage in the media in terms of the subsidies it provided for growers. However, another facet of the act was to guarantee wages either per acre or per hour for workers employed in sugar beet fields. It remains to be seen what changes if any in wages will take place in 1975.

The Project Policy Board is now beginning its third year. Federal guidelines require that each migrant health project have an active policy board of which 51% must be elected by the people served by the project. During 1974 by-laws were finally adopted and several key committees established. Board training sessions were held in March and December. The Board has grown a great deal in the past year. Members have achieved a growing rapport with each other and now approach the serious business of decision-making with enthusiasm and determination.

Two other federal changes have been the subject of considerable staff effort and planning during the past year. These are the establishment of a third party reimbursement system and an implementation of new national reporting requirements.

Funds received in fiscal 1974 included monies earmarked for a contract to explore the possibilities of establishing a third party reimbursement system. Potential contractors were identified. Bids and proposals were solicited from three contractors. Systems Assisted Management, Inc. was awarded the contract late in the fiscal year. Essential elements of the contract include: identification of third party reimbursement sources, development of acceptable health service rates, legislative review, third party agreements, contracts and related stategies, financial planning, patient payment status system, billing and accounts receivable system, and system of provider productivity. At this writing it seems probable that the project will enter into an agreement with the Department of Social and Rehabilitation Services to provide Title XIX physical assessments in the near future. The possibilities of contracting to provide Head Start physicals, health services for Title I programs and being certified as a home health agency are also being explored. Since the project employs no physicians or dentists, the number of possibilities is rather limited and must

out of necessity be linked to nursing services.

For the past ten years the only reporting requirement for migrants health projects has been the annual progress report. Concern has been mounting in Washington regarding the fact that allowing for the 12 month reporting period, time consumed in preparation, printing, and distribution, the information contained in the report is often obsolete. Therefore, a new reporting system is being launched that requires the project to fill out an encounter form for every face to face meeting between the project and consumer which results in a medical or dental service. Patients are identified by code numbers indicating family unit and relationship of the patient to the family. Providers are also coded as to speciality and individual number. Other information is also recorded concerning who initiated the referral, where the service took place, the source of payment for the service, and race and ethnicity of the patient. Forms are mailed weekly to Hagerstown, Maryland where they are compiled into a quarterly printout which is eventually returned to the project. Other cost accounting information is compiled by the project. Quarterly and yearly reports will then later be filed with the regional office.

Another new requirement is the filing of an annual work program or plan. This plan is often referred to as management by objectives. The project is required to outline goals and objectives for the coming year with the milestones and action steps delineated for each. A time frame must be indicated for each. The work plan was a condition of this year's grant and was submitted in late August.

1974 also saw a return of the VISTA sponsorship to the migrant health project. The VISTAs were previously sponsored by the Kansas Council of Agricultural Workers and Low-Income Families. There are presently 11 VISTA Volunteers assigned to Garden City, Goodland, Liberal and Ulysses. All are working in the general area of housing. Specific ventures have included formation of housing coalitions in Garden City and Liberal, identifying federal loans and grants which can be utilized to make basic improvements in existing housing and allow sewer hook-up, and resolving various problems in the area of tenants' rights. Side projects have included the establishment of a day care center in Goodland and the first monthly bilingual newspaper in western Kansas.

The project administered the USDA Supplemental Food Program for nearly five years. During this time nearly 200 tons of food were distributed to children 0-5 years of age and prenatal and postpartum mothers. In 1974 an average of 137 persons received supplemental foods each month. A year ago it became apparent that the regular SFP, ever a political football, was on the way out. At this time the project applied for WIC funding. WIC (Women, Infants, Children) is an outgrowth of the regular Supplemental Food Program. Instead of providing commodities, vouchers are issued which can be exchanged at a participating grocery store for formula, milk, cheese, juice, eggs and cereal. Children are eligible for WIC up to age four. Pregnant mothers and postpartum mothers up to six weeks after delivery are eligible. If a mother is

nursing her child, she is eligible up to one year after delivery. Eligibility criteria also includes nutritional need such as anemia, irregular growth patterns and other conditions requiring improved nutrition. The last shipment of commodities was received in January. We phased out the program in September.

Legislation for the regular Supplemental Food Program was due to expire on June 30, 1974. However, in a final coup the legislation was extended. For this project and Kansas this move had little significance since Kansas already had dismantled the machinery for all commodity distribution statewide.

In the meantime action was delayed on our WIC application pending termination of our regular SFP, that is exhaustion of all supplemental food items. Word was received in October that the project would be funded for seven months in the present fiscal year beginning December 1, 1974. November was spent explaining the program to grocery stores and potential recipients, getting agreements signed, doing clinical assessments and preparing to launch the program in early December.

The remainder of this summary will deal with a review of services provided during the past year.

Outpatient services included 837 services provided in physicians' offices, 127 emergency room treatments, 83 X-rays, 271 lab services, 539 physical assessments, 83 WIC evaluations and 47 persons evaluated at hypertension clinics. Total cost was $17,080. No family clinics were held this past year because of a general shortage of physicians in the area. Physicians simply could not find time to staff a special clinic, but were most cooperative about seeing patients in their offices and emergency room settings.

Children attending summer Title I Migrant Education Programs received a physical examination as noted above and were also screened for vision, hearing and dental problems as well as urine abnormalities and hemoglobin deficiencies. Follow-up was provided whenever possible. Immunization clinics were held on a monthly basis in Leoti, Goodland, and the Satanta-Sublette area. In other communities immunizations were provided through county health departments.

A total of 654 children were screened for dental problems. Of the 407 requiring work 372 were completed before leaving the area. An additional ten children had their work partially completed before leaving and 25 "escaped" before treatment could be started. Eighteen adults were treated on an emergency basis. In total the project provided 1088 fillings, 92 crowns and 127 extractions. A small number of space maintainers and corrective appliances were also provided. The level of services was approximately the same as in 1973. Slightly fewer fillings were provided and slightly more extractions and crowns were necessary.

The following preventative dental services were also provided: phophylaxis 257, fissure sealant 24, cavitron 38 and fluoride treatment 120. Total cost of the dental program was $17,313.41 or an average cost per patient of $38.81.

Inpatient services were provided for 72 patients. Other avenues of payment were utilized whenever possible. Total cost to the project was $21.059.48. Total number of hospital days was 299. Average number of days per patient stay was 3.18. The average cost per patient episode was $292.49. Average cost per day was $91.97.

Housing conditions in western Kansas have not been helped by the economy. For the most part the shortage of housing is acute. Freezes on federal housing programs and rising interest rates have hampered both the construction of new low-income housing and upgrading of existing housing. The state of Kansas still lacks any comprehensive housing code.

Health education activities for the most part were expanded during the past year. The primary emphasis was again nutrition and dental education with a variety of other subjects being covered. A total of 38 evening sessions were held during peak season. Attendance for these sessions was 1156. Monthly classes serving resident seasonal farmworkers numbered 58. Total attendance for these classes was 419.

A milestone for the project was achieved this past year when a sub-office was opened in Ulysses. The office is housed in the basement of the Grant County Courthouse. This space is being provided to the project at a minimal cost. The office is staffed with a nurse and a program worker both of whom are bilingual. A part-time staff person was also added to the staff this year to better serve the Leoti area.

The health of the migrant has shown much improvement during the past years. Health education and prevention have done much to reduce the number of episodes requiring medical care especially inpatient care. Nursing services including nurse clinician training have enabled the project to provide more comprehensive screening services and expand services actually provided at project sites: Prevention and health maintenance remain the keys to containing health care costs here and nationally.

II. MIGRANT EDUCATION PROGRAMS

For many migrant children formal education begins with attendance at a Migrant School, Head Start Center, or Day Care Program. Migrant education programs have goals and objectives in common with other preschools, elementary schools, and junior high schools. However, migrant education programs have added goals such as: filling the gaps resulting from irregular school attendance necessitated by the migrant way of life, creating worthwhile self-images for children who have been discriminated against and put down by an Anglo society too many times, helping with the transition from a Spanish-speaking world to an English-speaking world, and providing the motivation to transform the children of today into the Chicano leaders of tomorrow.

Two very practical purposes of the Title I Migrant Schools are to provide an educational curriculum which will assist the migrant child to achieve academically up to his grade level and to provide a healthful and comfortable environment during the long hours when he would otherwise be in the field or home unsupervised or on the streets.

This year Title I Migrant Schools were held in: Goodland, Sharon Springs, St. Francis, Garden City, Lakin, Sublette, Ulysses, and Leoti. Children from Johnson attended the Ulysses Migrant School. These schools usually operate for a period of six weeks (or longer if needed) during the peak migrant season. All the schools were operated by the public school districts except the schools in Leoti and Ulysses which were operated by the Kansas Council of Agricultural Workers and Low-Income Families, Inc.

A day at Migrant School is a very long day for pupils, teachers, aides, bus drivers, cooks, outreach workers, liaison personnel, and administrators alike. However, formal instruction is interspersed with field trips, swimming, and outdoor sports and games as well as appetizing, nutritious meals and snacks, and for the younger children a rest period every afternoon.

The school day is also often interspersed with health screening and medical and dental services. Migrant Health Service provided or assisted with health screening and services for children in all the Migrant Schools. Multiphasic screening for the migrant school children included: physicals, hearing, vision, dental, hemoglobin, urinalysis, heights and weights. When the need was indicated, referrals were made to doctors, dentists, or specialists.

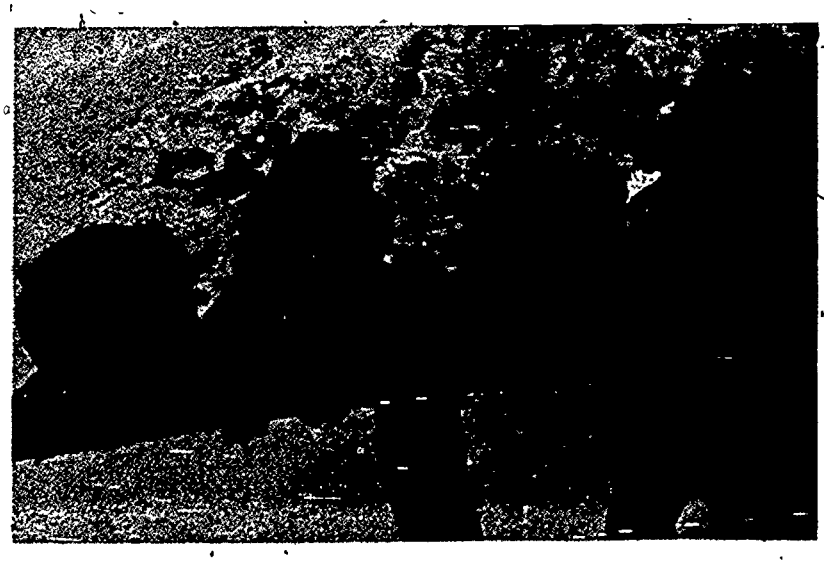
Although each Migrant School was primarily responsible for its own health education program, some schools consulted with us regarding different facets of their health program. Some schools borrowed health or health-related films and other materials from our office. Also, two health educators made presentations and gave demonstrations of the Bass technique in most of the Migrant Schools. The American Dental Association and most dentists feel that this is the most effective preventive type of dental hygiene. This method of brushing

6 + 7 nonreproducible photos

and flossing the teeth was reinforced by presentations and demonstrations at the migrant camps in the evenings. Many of the children were able to attend the weekly family health education sessions described in III. Health Education.

The Kansas Council of Agricultural Workers and Low-Income Families, Inc. continues to direct Head Start Centers in Garden City, Ulysses, Leoti, and Goodland. This is the first year of the bilingual-bicultural program of Garden City's USD 457. The importance of bilingual-bicultural programs cannot be overstressed, especially for Mexican-American children, and more especially for Mexican-American children who speak only Spanish. However, language is not the only problem encountered by Mexican-American children entering an Anglo-oriented school. They may become confused and culturally disoriented. They must be given an understanding and awareness of their history and culture, and most of all a deep self-confidence in themselves and in their raza.

This does not go without saying that each of these migrant education programs has had its peculiar problems. None have been 100% successful. However, all have contributed in a great degree toward making a better life for today's children. Much time and energy have gone into these programs, and many resources have been utilized to bring about creative migrant education in western Kansas.



III. HEALTH EDUCATION

One of the most exciting and challenging facets of the Migrant Health Project is the whole area of health education. Its ultimate goal is to interest people in health and to develop within them the necessary motivation and skills to achieve good health by their own efforts. It begins with an interest by the person to improve his condition of health and of living, and aims at developing within him a sense of responsibility for his own health and that of his family and society.

By now the monthly group meetings have become somewhat of a tradition as we are ready to begin our fifth year. The content of the classes has been expanded to include various health topics in addition to basic nutrition which has received primary emphasis for three years. All nutrition education is based upon the fundamental concept of the Four Food Groups. Some other topics in the area of nutrition or related to it which were featured in the classes are: calcium, iron, vitamin A, vitamin C, meal planning, food budgeting, grocery shopping, food preservation (including home canning), gardening, food stamps, and a good breakfast. Some health related topics which were presented in monthly sessions are fire safety and automobile safety, as well as hypertension clinics which include a film presentation and a discussion followed by the opportunity for all present to have their blood pressure checked. Referrals to a physician were made when necessary. In the next few months sessions are scheduled devoted to prenatal care, postpartum care, tuberculosis, and consumer education.

The monthly classes are planned with a view toward being of help to settled migrants, seasonal farmworkers, and other low-income families. The sessions were held once a month, September through May in Ulysses, Johnson, Garden City, Leoti, and Satanta. During May an extra meeting in Ulysses on food preservation was conducted by the County Extension Home Economist and the Expanded Nutrition Program Aide. During October two additional nutrition sessions were held at Drakes Migrant Camp in Ulysses.

This was the first year that the monthly nutrition and educational sessions for the residents were continued through the summer months of June, July, and August. This was done on an experimental basis in Ulysses and Johnson, and was made possible through the work of the Nutrition Program Aide in Ulysses and two additional summer staff health educators. The experiment proved that there is sufficient motivation and interest to warrant the continuation of monthly health education sessions on a year-round basis (at least in these two areas) since attendance during the summer months exceeded the yearly average.

Our summer evening educational sessions for the migrants increased

pp. 10 and 11 nonreproducible photos

and multiplied this year mainly through the efforts of two additional health educators who were employed for the peak season. Thirty-eight sessions were held with a total attendance of 1,156. Some topics included in the sessions were: general health, basic nutrition, dental hygiene, sanitation, disease prevention, safety, physical fitness, and consumer education. Educational sessions and screenings for hypertension, diabetes, and tuberculosis were also held. Several film presentations and discussions were held on the colorful history and culture of the Mexican-American people. The chairman of the Project Policy Board also made presentations familiarizing the migrants with the existence of the Board, as well as its purpose and function.

These evening sessions during June, July and August were among the most rewarding of the year. The migrants are highly motivated, anxious to learn, and quick to respond to sincerity with sincerity. The time and effort spent with them seem to be doubly effective in terms of modification of behavior when this is economically and culturally possible. It should be kept in mind that all the migrant educational sessions and clinics were held at the end of a day spent under the broiling western Kansas sun-usually in a beet field at the end of a hoe or in a field composed of unending rows of milo to be rogued. The sessions were held at places most convenient for the people, such as the migrant camps in Ulysses and Johnson and the Sugar Motel in Goodland. Other sessions were held in private homes, garages, and yards where it was convenient and spacious enough to accommodate a group. Some clinics and educational sessions were held at the Goodland Migrant Health Office.

The evening health education session which produced the most visible and immediately tangible results was a session on sanitation and creating a healthy environment in a migrant camp setting. Films depicting migrants improving their living conditions inspired the families at Johnson's Akagi Camp to organize a clean-up and fix-up day. Actually only three hours of work on a Saturday afternoon were needed to produce remarkable results. Everyone from preschool children to adults pitched in to help. It would be impossible to measure their pride and satisfaction in a job well done. This does not mean that all problems were solved. There were still plumbing and electrical problems and major repairs needed on the buildings, but while others were quibbling over who is responsible for the upkeep of the camp, the migrants demonstrated their desire for better living conditions and their ability to work together.

Because of the lack of migrants in the Leoti area no health education activities were held there this summer. However, the lack of formal health education sessions in the Sublette-Satanta area may not be attributed to the same cause. There are two main reasons why it was not feasible or even possible to have evening sessions in this area. First of all, the people work in the fields much later than in the other areas. It is not at all unusual for

a family to be coming home from the fields at 8:00 p.m. or 9:00 p.m. or even later. Secondly, there is no central housing such as a migrant camp. The families are scattered over two counties. This makes it almost an impossible request for them to travel to a central location late at night after a hard day's work for a meeting. Possibly some compromise can be worked out for next summer such as a few Sunday afternoon or evening sessions. Meanwhile, this summer the health educator attempted to fill the gaps as best as possible through more individual and family contacts, more home visits, and individualized health education whenever opportunities for this were present.

Perhaps the one area which received most emphasis during the summer health education program was preventive dental hygiene. The two most important points stressed were home care according to the Bass technique and improved eating habits, restricting the consumption of refined sugars. Teaching was implemented by the use of "The Toothkeeper" film and flip chart. Presentations were made in the evening sessions and also in the migrant schools. Limited follow-up was done in the schools by the teaching staff and in families where there was special need by the health educators and the Ulysses program aide.

The hope for improvement lies with the youth, and here we have barely touched the surface, except for what is being done through the Title I Migrant Schools. This summer several sessions were held for the young people on personal hygiene, sex education, venereal disease, alcohol and drug abuse. The young chicanos "are in pursuit of a wider and fuller life. They don't want to be assimilated or acculturated. They want to be themselves, to enjoy the good and help eliminate the bad that is in this country, the country where they were born, where they live, and where they expect to die." (Albert S. Herrera)

Last year it was noted in our report that our greatest deficiencies were the lack of sufficient bilingual staff and bilingual films and other materials. During the past year a bilingual-bicultural program aide and a bilingual nurse have been employed for the Ulysses area. During the summer two additional health educators were employed, one of whom is bilingual. More and better audio-visual aids are available and accessible to the staff. The project has purchased an additional seven films, five of which are in Spanish. The health education program benefits in no small measure from insights and learning resulting from attendance and sharing at the Texas Child Migrant Workshop held in the Rio Grande Valley annually. The program aide and the health educator participated in this conference, October 10, 11, and 12; 1974.

Although some definite advances have been made in the areas of bilingual staff and suitable bilingual teaching materials, we cannot be content with this. Our goal in health education is for 100% bilingual staff and the best quality and sufficient

Family Health Education Sessions for Migrants

Month	Location	Sessions	Attendance
May 1974	Ulysses	4	110
May 1974	Johnson	1	27
June 1974	Ulysses	4	103
June 1974	Johnson	3	97
June 1974	Goodland	1	50
July 1974	Ulysses	8	203
July 1974	Johnson	3	112
July 1974	Goodland	6	203
July 1974	Kanorado	2	105
August 1974	Ulysses	6	146
Totals	All Areas	38	1,156

Average attendance at sessions was 30 individuals.

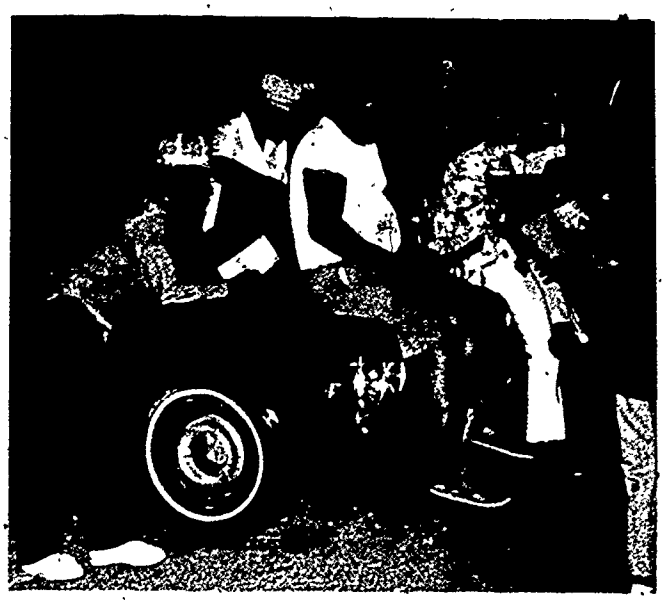
Health Education Classes For Settled Migrants And Seasonal Farmworkers

Month	Classes	Attendance
December 1973	5	30
January 1974	5	33
February 1974	5	43
March 1974	5	45
April 1974	6	43
May 1974	7	55
June 1974	2	25
July 1974	2	17
August 1974	2	18
September 1974	5	27
October 1974	8	31
November 1974	6	52
Totals	58	419

Average class attendance was 7 individuals.

quantity of teaching materials. Other pressing concerns are for more health education opportunities geared toward the youth and for a continuation of the work presently being done by nutrition program aides since funding for this program will be restricted to heavily populated metropolitan areas at the end of this fiscal year. The program aides in Ulysses and Garden City conduct the monthly nutrition classes in these areas September through May. In addition, the program aide in Ulysses conducted monthly classes during the summer months as well as several sessions held at Drakes Migrant Camp. The expanded Nutrition Program has served a real need with migrant and other low-income families, and its loss will be felt. Hopefully, when the time comes, we can help to carry on and continue nutrition education among the families served by this program.

Regular monthly group meetings are now being held in Goodland and Kanorado, and much emphasis will be placed on developing fundamental health and nutrition concepts. Another area where classes will be initiated in the near future is Kearny County. Meanwhile, as health education is scarcely beginning in some localities, the old stomping grounds must not be neglected.



IV. VISTA HOUSING PROJECT

The western Kansas VISTA Housing Project has been under the legal auspices of the Western Kansas Migrant Health Service since August 1974. There are now 11 volunteers in western Kansas: Goodland (2); Garden City (4); Ulysses (3); and Liberal (2). There are plans to assign volunteers to Leoti in the near future when such a move seems feasible.

The problem area the VISTA Project proposes to address is the complex of concerns stemming from the lack of adequate housing in western Kansas for persons at all income levels. Of course, most seriously affected by this shortage are low and moderate income persons, especially the elderly and minority groups. Most substandard housing is rental, though many units are owner occupied. The market is a sellers' market; housing codes are largely ignored except for a new construction. The concept of tenants' rights has yet to enter into the public consciousness, and low-income owner-occupants usually cannot meet the criteria for home improvement loans established by conventional lending institutions. Therefore, in the four towns we serve, 20 to 30 percent of all housing is either deteriorating or dilapidated, and the majority of these units are marketed at high rents ($85 to $125 per month); but target population members have no alternatives.

In Liberal, a town of about 15,000 inhabitants, nearly 25 per cent of the town's 4,615 dwelling units are substandard. Most of the substandard housing is found in the northeast neighborhood (where virtually all of the town's approximately 800 blacks live.) Of roughly 600 units in the neighborhood, about 400 are deteriorating or dilapidated, according to data supplied by 1973 Liberal and VISTA housing surveys. In Garden City comparable figures obtained out of 4,820 dwelling units (for a town of about 18,500) a little more than 27 per cent of the units are substandard, though of those, fewer are dilapidated. In Goodland, a town of about 6,000 out of 1,979 units nearly 1/5th are substandard; in Ulysses (population about 5,000) fully 1/3 of the town's 1,283 units are dilapidated or deteriorating. (Figures obtained through public and VISTA surveys.)

Major causes of the problem include rapid expansion of population along with industrial and agricultural development (oil and gas field development, light manufacturing, agribusiness) in the years 1950 to present. Liberal's population nearly doubled in the decade 1950-60; Garden City's has increased by more than 50 per cent since 1960, for two examples. Agricultural migrants are settling down in the area because of increased mechanization. Inflation and tight money have contributed significantly to the discrepancy between housing needs and housing availability. Local governments have not enforced building and health code requirements for existing housing and have not been attuned to the needs of the poor and minority group members. The Kansas Act Against Discrimination is not enforced with regard to housing (among other things). In addition, the 1973 moratorim of most federal housing programs for low in-

p 17 nonreproducible photo

come people was a crucial development; and recent housing projects in this area have been aimed more at middle-income rather than moderate and low-income persons. Among the major consequences of the problem is a meager rate of housing availability between 1.5 and 4 per cent in the region. Rent is high, $85 to $125 per month for a substandard two-bedroom house. Construction and interest costs, together with discriminatory lending practices, make ownership of new homes impossible for most low to moderate-income persons; similar high costs make it difficult for this income group to buy older homes or renovate their present substandard living units, the high cost of labor and interest and scarcity of loans for rehabilitation of owner-occupied substandard units particularly affect the elderly. The emergence of ghetto-like concentrations of bad housing generate social problems such as racial and ethnic tension, crime and delinquency and decay of family structure as middle-income families move from older neighborhoods into new residential areas. Statistically, fewer than 5 per cent of homes for sale are in the under $10,000 range anyway.

The overall goal of the Project is to significantly reduce dilapidated housing and to upgrade deteriorating housing in Goodland, Garden City, Ulysses, Liberal and possibly Leoti, through code enforcement and relocation of low-income owner-occupants (with locally recruited volunteer task forces, low-interest guaranteed loans - FmHA or local private business and industry, low-cost building techniques) and when possible through new construction of dwellings for low to moderate income persons. For the rest we hope to have developed community awareness of tenants' needs so that housing and health code enforcement will become a reality, to have fostered community pride so that neighborhood beautification becomes an on-going enterprise, to have promoted long-term planning in such a way that private business recognizes its need to help deliver better and more housing to insure continued economic growth. We see the Project, moreover, as a vehicle for initiating dialogue and collaboration between the poor and local power structures, a means of consolidating our communities and helping them use their resources for the good of all.

In its present form the VISTA Project Proposal does not specifically address itself to the special needs and concerns of the migrant families and seasonal workers of western Kansas with whom VISTA Sponsor Migrant Health is primarily concerned. However, efforts are now underway officially to modify the proposal so that VISTA will direct a significant portion of time and energy to migrant and seasonal workers, especially with regard to problems of housing, health and community relations. As it stands, the VISTA Project effectively complements the work of Migrant Health Service (as well as other local social service agencies-SRS and the Settled-Out Migrant Program, for examples) as a logical and beneficial extension of Migrant Health's community development and educational services program.

To achieve our goals and objectives the VISTA volunteers in each project site will help moderate and low-income persons mobilize local resources and form citizens' participation organizations to deal with matters of housing and community development. Already functioning VISTA generated

grass roots organizations in Liberal and Garden City - the Concerned Citizens Coalition (CCC) and Reform Our Community (ROC), respectively are the chief instruments of dialogue and collaboration for the redevelopment project. In coordination with these grass roots organizations, local governments and private business, the VISTA volunteers determine the extent of housing problems and the special concerns of the target population through such mechanisms as door-to-door surveys and community meetings. It is necessary to design a realistic yet challenging time-phased work plan for each project site.

In Goodland we have our most recent VISTA recruits, Kathleen Carey and Martha Paterson, who are presently coordinating efforts with the Goodland City Administrator and Housing Inspector in preparation for an extensive housing survey to identify housing needs. The survey form has been drafted and is now in printing. Survey completion is projected for June 1975. Kathy and Martha have nearly completed a housing directory in which they have listed all rental units in Goodland with the name and phone number of each landlord and a description of each unit. This should prove a great assist to moderate, and low-income persons seeking habitable living quarters. The Goodland VISTA volunteers are also working with the City Attorney to organize a "municipal housing committee" to meet defined housing needs. As well they are lending assistance to the Goodland Ministerial Alliance to compile a bilingual directory of local services; to the Sherman County Day Care Center (largely a result of the organizing efforts of VISTA Kerry Harms who preceded Kathy and Martha in Goodland) to raise funds; to families participating in the Migrant Health WIC program to understand eligibility requirements and to select appropriate foods in local grocery stores; to the Goodland Recreation Commission as volunteer drivers of the transportation van for the elderly.

We have four volunteers in Garden City, John and Jill McCausland, Jan Saper and Pam Vincent, who are working closely with ROC in the following concern areas: tenants' rights, housing rehabilitation, community development and loan guarantee. They offer counseling to families and individuals involved in tenant/landlord negotiations, especially eviction cases. Many tenants in Garden City are Spanish-speaking Chicanos, so to accommodate the language differences, they are translating into Spanish (with the help of the Ulysses VISTA's and local volunteers) the Tenants' Rights Handbook, originally compiled by the (VISTA) Topeka Legal Aid Society, for distribution in western Kansas. VISTA and ROC have combined forces to help low-income owner-occupants with home repair. Most recently they assisted Merced Aguileras, 78, and his 76 year old wife, Josefina, replace their 70 year old wood-burning stove with two modern natural gas heating units. The couple has attempted for some three years to purchase a gas stove. Although other organizations had begun assistance, nothing was completed until the Aguilera's approached ROC, which raised the necessary $400 through community contributions and advised the mainly Spanish-speaking couple on technical matters. The VISTA volunteers in Garden City are particularly interested in informing low-income residents (as well as the general public) about the "citizens' participation" requirement of the Housing and Community

Development Act of 1974, since Garden City is the only community in the western Kansas region with a real chance of getting C.D. "hold harmless" funds; workshops and public hearings have been coordinated with ROC and the city administrators. ROC just recently announced its endorsement of a proposal that C.D. monies be used to establish a loan-interest revolving rehabilitation loan fund for low-income home-owners of substandard dwellings. Finally VISTA and ROC are conducting an outreach program to acquaint the local "power establishment" and upper income community with project goals and objectives, seeking moral and financial support, particularly in the form of a locally financed loan guarantee fund for "high-risk" home ownership and rehabilitation loans.

Since June 1974, VISTA Pam Vincent has been chiefly responsible for coordinating El Periodico Bilingue, a bilingual newspaper with copy in both Spanish and English compiled specifically with the bi-cultural population of western Kansas in mind. EPB was initially inspired by VISTA Laurie Eager who nearly single handedly published her first issue in April 1974. EPB has proved a very successful mechanism for surmounting cultural and linguistic barriers in western Kansas between the predominant Anglo population and the sizable Chicano population (including both permanent residents and agricultural/industrial migrants). EPB has been a valuable tool assisting the VISTA's in western Kansas with their organizing efforts, particularly in the areas of housing, community development and health education. EPB is self-supporting solely by local advertising and donations. The 2,500 copies of each 8-page monthly issue are printed by the Garden City Telegram and distributed by VISTA's and local volunteers free of charge to the public.

VISTA volunteers Sue Bell, Jan Peterson and Nancy Schmalbeck have also concentrated their efforts on matters of housing and community development in Ulysses. Statistics gathered in a VISTA housing study contributed to a decision made by Ulysses city administrators to build a 54-unit housing project scheduled for completion by mid-summer 1975. The VISTAs hope to devise a redevelopment plan for moderate and low-income families as housing is vacated by middle-income families relocated to the new project. In the meantime efforts are being made to compile a housing directory with a listing of all rentals in Ulysses. Sue, Jan and Nancy have initiated a youth employment service, the purpose being to coordinate the needs of both possible employers and interested high school students. The job positions involved range from steady part-time employment with local businesses to occasional odd jobs in private homes. Attempts are being made to establish a summer program in which high school students seeking vacation employment will be paid possibly with city and/or private business funding to work on limited housing rehabilitation tasks (e.g. interior and exterior painting, roofing, light construction) under experienced supervision for low-income elderly home-owners. The Ulysses VISTA team has also devoted much time and energy to a local adult bilingual education night class program, working closely with Joe Olivas of the Ulysses Office of Mexican-American Ministries.

In Liberal, VISTA volunteers Marsha Bower and Ned Murray have devoted

much of their attention to the development of the Concerned Citizens Coalition as an independent, self-determining grass roots citizens' participation organization and to the fulfillment of the terms of the Liberal Housing Redevelopment Proposal. The CCC has acquired a private Liberal attorney to provide necessary legal services for incorporation for $175 including tax negotiations with IRS, and CCC committees are involved with a fund raising campaign and a membership drive. The LHRP was designed in a coordinated effort by the 1973 Liberal VISTA team, Kansas LHPR Housing Specialist Everett Tomlin and the CCC to establish a course of action the community might pursue to meet defined needs, which consist of upgrading substandard housing and providing additional housing for a potentially expansive population. In the form of a petition signed by over 300 northeast neighborhood residents, the following request was made of the city: that the Liberal Public Housing Authority rent 25 units of the Section 23 Leased Housing Project (Parklane Towers) now under construction to applicants from the northeast neighborhood who demonstrate the greatest need in terms of their present housing conditions and financial status. The units which are vacated by these applicants should then be processed under the Uniform Building Code if warranted. A comprehensive VISTA/CCC campaign resulted in 35 target applicants being accepted for occupancy. Plans are now in the making to proceed with a 4-step follow-up effort to: encourage more elderly and disabled persons to apply for the many unfilled units designated for them; promote a second-hand furniture drive to assist needy persons moving to Parklane Towers due to open on March 1, provide general counseling for relocated families moving into a different physical living environment than they have known before; and, encourage the city to continue with their agreement to enforce building and health codes on vacated units if warranted. The Liberal VISTA's have also worked on several auxiliary projects throughout the year including a summer recreation program for the children in the northeast neighborhood, several neighborhood clean-up campaigns and a Human Resources Development workshop.

V. NURSING SERVICES

Last summer arrived with its familiar hot days, and so did the migrant families.

Home contacts were made by the project staff to inform the families of the services that were available to them through the project.

With a sub-office in Ulysses the project nursing staff has increased to three registered nurses, two of whom are bi-lingual. Nursing skills also have increased.

All three nurses in the project have received necessary training to do physical assessments on children and adults.

The training sessions are coordinated by the Bureau of Maternal and Child Health, Kansas State Department of Health and Environment. The physical assessment program available to the project nurses is conducted in form of workshops which include lectures, group discussions, demonstrations, and practicum.

The physical assessment program is divided into four phases. The nurses in the project have had three phases and are in the process of phase four.

Phase I

Part I
- Screening skills 0-6 years of age
- Evaluation criteria
- Referral techniques

Part II
- Growth and development
- Family dynamics
- Positive health maintenance
- Nursing role

Phase II

Part I
- Screening skills 6-12 years of age
- Appraisal skills
- Nursing action
- Professional referrals

Part II
- Interpersonal relationships
- Identifying family needs
- Intervention skills
- Motivation skills

Phase III

Part I

Screening skills 21 years of age through adulthood
Assessment process
Nursing diagnosis
Health care follow through

Part II

Identifying specific health needs in age and development sequence
Personal - need oriented
Counseling help programs

Phase IV

Part I

Family assessments
Nursing diagnosis
Family counseling
Getting the most out of life

Part II

The growing years - the years of integration, years of fulfillment.

Physical assessments on 664 children were conducted in migrant schools, Head Start schools and within the project clinics.

The screening tools used are:

Hearing Screening

Per audiometers in which electrically produced sounds are conveyed by wires to a receiver applied to the subject's ear. Intensity and pitch of sound can be altered and indicated on dials.

Vision Screening

The space within which an object can be seen while the eye remains fixed, on some point using Snellen scale 20 or 10 feet equivalent.

Urinalysis

Using Reagent Strips to test for Ph, protein, glucose, ketones and blood in urine.

Hemoglobin

Test done with the use of hemoglobin meter which determines amount of hemoglobin in the blood.

Physicals

Examination of ears, nose and throat. Listening to lungs and heart sounds --- palpation of abdomen, etc.

Immunizations histories were taken and immunizations given as recommended by immunizations schedule of Kansas State Department of Health and Environment.

Vaccine available:

- DPT - (diphtheria, pertussis and tetanus)
- TD - (tetanus and diphtheria)
- Oral Polio (trivalent)
- Measles (rubeola)
- Rubella (German measles)
- Mumps (was not available last year)

Growth and development is screened with the use of Denver Developmental Screening test and use of Growth, Development and Plan Guide Charts. Height and weights are taken and compared to measurement charts.

Any abnormal findings found after screening are referred to a physican or specialist.

Physical examinations were also done by the physicians within the project area.

Although the nurses in the project have had phase II and phase III, most pelvic examinations are still done by the physicians in the project area. There are three family planning clinics in the project area and one in a neighboring county where the project nurses assist or do the pap smears, along with contraceptive counseling, breast examinations and pregnancy testing.

The family planning clinics are sponsored by the Bureau of Maternal and Child Health, Kansas State Department of Health and Environment. Family planning services for the project were primarily provided through the family planning clinics. In project areas where there is no family planning service the women are referred to the physicans. A total of 75 women received family planning services through the project.

The most prevalent health problems seen this year were the communicable diseases. Pink eye, ringworm, skin infections, athlete's foot and diarrheal disease. Upper respiratory infections, Herpes Simplex, and some childhood diseases were also diagnosed. One of the biggest problems in all the areas was that of pediculosis. Six cases of active tuberculosis were diagnosed and treated. A special thanks to all the physicans who made time to see the migrant families. A big smile and thanks to the dentists, and last but not least to the nurses in the physicians' offices, county departments, and migrant schools, thank you.

County Nurses

Grant County.....	Jerri Menzie, R.N.
Finney County.....	Carolyn Davis, R.N.
Kearny County.....	Claire Fawcett, R.N.
Sherman County.....	Joan Hoffman, R.N.
Stanton County.....	Margaret Bartel, R.N.

Migrant Schools

Finney County..... Lupe Lopez, R.N.
Sherman County..... Floriene Whisnant, R.N.
Cheyenne County..... Jean Miller, R.N.

Since Haskell and Wichita counties have no county nurses, the project nurses spend as much time as permitted in these counties.

A monthly immunization clinic is held in Leoti. Where there is a county nurse, the migrant families are encouraged to attend their immunization clinics.

The nurses in the project also attended workshops on lung and heart diseases, sickle cell, hearing conservation, family planning, and the Nursing Leadership Conference. The nurses also are active members of Kansas Public Health Association and the American Nurses Association.

GOODLAND AREA -- NORTHWEST KANSAS

This area did not have quite as large a number of migrants as last year. Most of the families had arrived by the last of May. Many home visits were made to inform the families of the migrant clinic and services that we had to offer. Histories were gathered on new families and updated for families who had returned again for another year.

Contact was made with the area doctors, county health nurses, school nurses, and dentists. Contact was also made across the state line with Nancy Monroe, the Kit Carson County Nurse for transfer of information and coordination of care.

Nursing assessment and screening was done in the three migrant schools. Each child was given a physical examination, including height, weight, urine analysis, hemoglobin, vision and hearing. T. B. skin testing and review immunization histories were done. LaDonna Kolman, R.N., with the assistance of Gayle Turner, a student nurse working for the project for the summer did the physicals in Sharon Springs. Floriene Whisnant, R.N., who was employed by the Goodland Migrant School did the physicals in Goodland. In St. Francis, Jean Miller, Cheyenne County Nurse took care of the physicals on the children there. Any abnormalities or questionable findings were referred to local doctors. Home visits were made to those families to explain the findings and monitor treatment.

One of the problems found during the screening at the migrant school in Sharon Springs was in a multiple family unit, in which all the children had impetigo and the family refused medical care for religious reasons. The three year old child's feet were so infected that he could not walk. A home visit was made to convince the family to take the child to a doctor, but we were unsuccessful. On the next attempt to visit they had left the area.

Special clinics were planned and held with the health educator and nurse. Some of the clinics consisted of: screening for hypertension, anemia, diabetes and tuberculosis. Programs were held once a week for the children. These were held in the evenings at the office, with films being shown. These films consisted of topics such as "Girl to Women", "Boy to Man", hygiene, etc. Refreshments were served. These turned out to be a great success as did the clinics for the adults. Several multi-phasic screening clinics were also held.

The immunization clinics are staffed jointly by the Sherman County Health Department and the project. Joan Hoffman, County Health Nurse helps with these clinics. Findings seem to indicate that the younger mothers are more concerned about keeping up the immunizations on their children than the older mothers.

With the new WIC Program starting we will be doing physicals on the pregnant women, infants, and children. This will also help detect any early potential problems. As time goes along we plan on doing physicals on the older children also.

Family Planning Clinics have been started and sponsored by the Sherman County Health Department since August. The number of migrant or seasonal workers attending these clinics ranges from 50 to 75%. These clinics consist of an educational program telling about the different birth control methods, the importance of a pelvic examination with a pap smear and self breast examination monthly. When requested a pelvic examination, pap smear and breast examination is done.

We hope to continue and improve our rapport with the migrant people so that we can be more effective in teaching them proper and preventative care via education and clinics. Awareness and understanding of one's own health problems is a fundamental ingredient of prevention and correction of a given condition. The people seem very eager and willing to learn.

LAKIN MIGRANT SCHOOL HEALTH SUMMARY 1974

Home visits were made to approximately twenty-eight families during the last week in May. Several families had already moved in from Texas and Oklahoma. Mr. Frank Tamez, home coordinator for the Lakin Migrant Program, accompanied me and health histories were compiled. Most of the families were anxious to enroll their children in the program. Immunizations were discussed and it was noted that most of the children had received their immunization in previous programs or health departments. Family planning was also discussed with several families and they were informed of the services available by the state and local health departments. Information concerning hospital and medical benefits was also made known to these people.

The housing was found to be adequate and clean. Very few sanitation problems were noted.

Migrant school started on June third in the Lakin Grade School building with an average of eighty-five students enrolled.

Height and weight were done and recorded during the first few days and most were found to be within normal range for their age group. Each child was furnished with a health kit consisting of soap, toothbrush, paste and comb. Towels and washcloths were furnished daily by the school. Students showered and shampooed their hair daily.

Dental screening was under the supervision of Jon Wheat, D.D.S., of Lakin. A total of seventy-nine students were checked and it was found that 49% of the students teeth checked were without caries. All students received fluoride treatment. Dental work needed by the children was completed.

Vision screening using a Snellen Chart revealed that fourteen students were in need of referral. Appointments were made with an optometrist and nine were fitted with corrective lenses. This expense was assumed by the school.

Hearing tests were done by using Maico Audiometer and all students were checked with the exception of three years olds. No hearing problems were evident.

Hemoglobins and urinalysis were also done on all students. It was found that .057% of the students checked were found to have hemoglobins lower than 12 grams. No anemia was found. Daily hematinic program was introduced to these students.

Denver Development Screening Tests were done on children from age three to five years of age. With the exception of a few, all performed fairly well. I feel that once this test is offered in Spanish the children will do much better.

Complete physical assessments were also done on all students. Conditions found were enlarged tonsils, cerumen in ears, post nasal discharge, and several infected ear lobes due to earlier piercing. One child had fluid on the tympanic membrane and was referred for treatment. Several also suffered from nasopharangytis and were treated by the local physician. Several injuries were sustained including sprains and lacerations; and these were also referred for treatment.

Migrant families also were treated by referral to the local doctor.

In summary, thirty-six families participated in the program. The program helped the students and I feel that they will benefit from their varied experiences. In general, the health problems were few and this is partially due to the parents being aware of the importance of healthful living and good health practices.

The entire program was most successful and I feel it was a privilege to have been part of it.

Claire Fawcett, R.N.

NURSING SERVICES SUMMARY
MIGRANT SCHOOLS
1974

Name of	County	Hearing Screening		Snellen Vision		Immuniza-tions		Physicals		TB Screening		UA Screening		Hgb Screening	
		Total	Referred	Total	Referred	Total	Referred	Total	Referred	Total	Referred	Total	Referred	Total	Referred
Garden City	Finney	75	0	75	11	*NA	*NA	60	1	27	1	60	1	60	4
Lakin	Kearny	85	0	85	14	25	0	85	5	85	0	85	0	85	0
Leoti	Wichita	23	0	26	3	8	0	29	3	20	2	33	2	39	1
Goodland	Sherman	130	2	131	1	0	0	120	3	145	3	110	0	110	1
Ulysses	Grant	52	5	77	5	10	0	72	2	34	3	79	0	75	0
Sublette	Haskell	47	1	54	3	12	0	83	5	11	0	83	0	90	3
Sharon Springs	Wallace	189	0	189	4	*		150	0	37	2	98	1	83	14
St. Francis	Cheyene	22	0	22	2	25	0	23	1	25	5	23	0	23	1
TOTALS		623	8	659	43	70	0	622	20	384	16	570	4	565	23

* Given at local clinics, count included under immunizations provided
* Information not available

VI. MEDICAL AND DENTAL SERVICES

Medical services include a full spectrum of outpatient services such as clinics, office calls in physicians' offices, emergency room treatment, X-rays, lab work and other ancillary services. The project reimburses physicians on a fee for service basis on an hourly rate. No physicians are employed by the project.

No family clinics were held in 1974. The primary factor preventing the scheduling of clinics is an area-wide manpower shortage. In addition to the general shortage three counties had no fulltime physician residing in the county at the beginning of the peak season. A fourth county was without any physician for nearly ten months during 1973 and 1974.

The lack of physicians has been a chronic problem for western Kansas. This is especially true for the smaller counties. Kearny, Stanton, and Wichita counties for example have experienced a rapid turn-over of physicians and have at several times found themselves without any physician for periods of a few months to nearly a year. This situation has compounded the burden of physicians in adjoining counties who were already overloaded.

Although no evening clinics were held, most physicians were very cooperative about seeing migrant patients during office hours which in some communities extend into the early evening.

Physical assessments were provided for 622 children enrolled in area Title I Migrant Education Programs. In addition to the physical examination children were also screened for vision, hearing, and dental problems as well as hemoglobin deficiencies and urine abnormalities. Additionally 83 persons received WIC evaluations and 47 persons attended hypertension screening clinics. In addition to the clinic services 1318 other outpatient services were provided as follows:

Office calls	837
Emergency room	127
X-rays	83
Lab work	271

Total cost for 1987 outpatient services were $17,080.00.

Dental surveys were conducted in early June by area dentists at each of the Title I Migrant Programs. A total of 654 children were examined.

Many of the children came from areas in Texas where the fluoride content of the water is naturally high. Many communities in western Kansas have nearly ideal fluoride levels in their water supplies. Children who have received dental services from the

project in the past usually require minimal treatment when returning to the area. Due to a large number of families coming to the area for the first time the number of those requiring treatment was high.

Dental providers for the program were:

Lakin	Dr. Jon Wheat
Johnson, Ulysses	Dr. Lewis Palmer
Leoti	Dr. Charles Purma
Garden City, Sublette	Dr. Michael Harris
	Dr. John Meschke
	Dr. Dennis Parsons
Goodland, Sharon Springs...	Dr. J. L. Haymon
	Dr. N. R. Hirsch
St. Francis	Dr. F. N. Haberbosch

During the past year 382 children received restorative dental services through the project. This is nearly identical to the number receiving such services in 1973. Of the 407 children needing treatment 372 had all necessary work completed before leaving the area. An additional ten were partially completed and 25 "escaped" before treatment could be initiated. In summary 91.4% of the children needing treatment had their work completed. There were 18 adults treated on an emergency basis requiring 54 fillings, one crown and ten extractions. In total the project provided 1088 fillings, 92 crowns and 172 extractions. In addition ten space maintainers, nine corrective appliances, and one partial were provided.

The number of fillings provided this year was 90 less than those required in 1973. Conversely 52 more extractions and 35 more crowns were indicated. However, it should be noted that 20 of the above extractions were necessary to correct overcrowding problems.

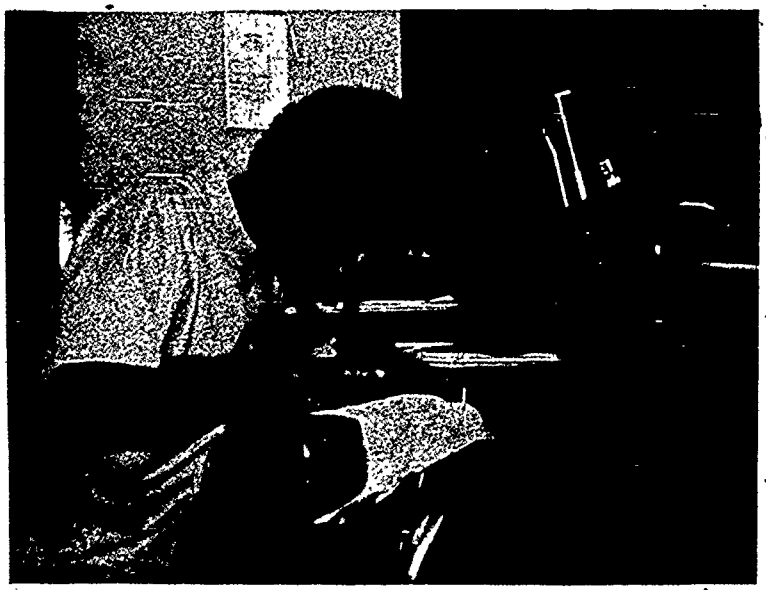
In addition to the restorative and corrective services already reviewed the following preventative services were provided,

Prophylaxis	257
Fissure Sealant.....	24
Cavitron	38
Fluoride Treatment	120

Total cost for the dental program was $17,313.41 or an average of 38.81 per person receiving services.

The project provides much of the transportation for the children from the Title I centers to the dentists' offices. Project staff provided all necessary transportation for the children in the Sublette (including Satanta and Copeland), Johnson, and Ulysses areas. In the remainder of the communities Title I staff provided the transportation. A number of parents also provided transportation.

At this writing a dentist new to the area is about to open offices in Sublette. The staff gleefully looks forward to a summer when Sublette area children will not have to be transported to Garden City 37 miles away. Besides the staff time involved in transporting children considerable hours are spent keeping the lines of communication open regarding each child's individual treatment plan. It is vital that parents understand their children's problems, what needs to be done and why. Because of our efforts in this area very few misunderstandings occur, and most parents are eager to cooperate. Dental education efforts of the staff and dental providers increased during the past year. With the help of additional summer staff dental education presentations were made at all Title I programs in the area. The Bass technique was used which stresses flossing in addition to a modified brushing method. School aides and teachers cooperated in stressing this method between staff visits. The staff has also emphasized this method with parent groups and will provide follow-up in the coming year. It is our hope that this method will reduce the dental caries experience of both children and adults in the future.



SUMMARY OF RESTORATIVE AND CORRECTIVE WORK COMPLETED ON CHILDREN

Town	Number Treated	PERMANENT Amal	PERMANENT Adaptic	PERMANENT Ext.	PERMANENT Crowns	PRIMARY Amal	PRIMARY Adaptic	PRIMARY Ext.	PRIMARY Crowns
Garden City	54	31	6		2	37	2	12	25
Goodland	46	69		2		93		32	
Johnson	46	43	1		1	50	3	8	5
Lakin	36	48		2	2	41		15	7
Leoti	16	62	4			19		1	2
Sharon Springs	35	81		1		70		20	4
St. Francis	7	19		1		2		5	
Sublette	54	34			1	70	2	9	21
Ulysses	95	123	16	2	5	98	15	7	16
GRAND TOTALS	389	505	27	8	11	480	22	109	80

KEY: Amal = Silver Alloy filling
Adaptic = White resin filling
Ext. = Extraction

PREVENTIVE DENTAL SERVICES SUMMARY

	Cavitron	Prophy	Fissure Sealant	Fluoride Treatment
Leoti	--	16	--	--
Sublette	--	24	--	14
Lakin	--	73	--	72
Garden City	--	45	--	31
Johnson	14	32	5	--
Ulysses	24	67	19	3
GRAND TOTALS	38	257	24	120

SUMMARY OF CHILDREN'S DENTAL SERVICES

	No. Screened	No. Requiring Work	No. Completed	No. Partially Completed	No. Not Started	% Completed
Garden City	54	54	51	3		94.7%
Goodland	114	59	46		13	77.9%
Johnson	48	46	40	1	5	86.9%
Lakin	87	37	37			100%
Leoti	25	16	16			100%
St. Francis	12	7	6	1		85.7%
Sharon Springs	87	39	35		4	89.7%
Sublette	112	54	51	3		94.4%
Ulysses	115	95	90	2	3	94.7%
TOTALS	654	407	372	10	25	91.4%

VII. HOSPITAL SERVICES

Inpatient services have been provided by the project for the past seven years. Continuity in funding for this service has been a major problem for most of the years this service has been available. Migrant Health Program freezes compounded with soaring hospital costs have resulted in lapses in hospital services. In most instances the project was able to "bail-out" with funds from other federal sources.

The project has agreements with 20 area and regional hospitals. Several agreements have never been utilized because migrants are not employed in the counties involved. Originally agreements were solicited with hospitals in non-migrant counties anticipating possible future trends which never materialized. Most of the 72 patients utilizing inpatient service last year were hospitalized at five area hospitals in Garden City, Goodland, Lakin, Tribune and Ulysses.

The Project is authorized by federal guidelines to pay a maximum of 61% of hospital charges and 100% of physician fees. In a number of cases the patient elects to pay more than the 39% he is required to pay and may pay some of the physician's fee as well. The staff encourages the patient to pay whatever his individual situation will allow. Most families do endeavor to pay most or all of the 39% the project cannot pick up. Some do not and such action does not endear the project to area hospitals. However, the relationship between the project and area hospitals in general is very good.

The project endeavors to identify and utilize other sources of payment whenever possible. Medicaid and workmen's compensation are used frequently. However, income guidelines and spend-downs for families whose income is borderline often serve to make Medicaid a valid resource for only the most destitute.

The moral issue of services for the illegal alien continues to plague the staff. The illegal alien is eligible neither for migrant health services nor Medicaid services. Coupled with his language problem such a patient procures services with difficulty and a multitude of hassles.

Since the last project report the project assisted with payment of 72 hospital episodes. Total cost to the project was $21,059.48. The total number of days was 229. The average number of days per patient was 3.18. The average cost to the project per hospital day was $91.96. The average cost per patient episode was $292.49.

The following indicates trends in the project inpatient program in recent years.

	1970	1971	1972	1973	1974
No. of Patients	117	141	119	86	72
No. of Hospital Days	499	578	465	368	229
Cost per Day	$49.45	$52.35	$63.94	$67.80	$91.96
Cost per Episode	$210.29	$220.91	$249.88	$290.93	$292.49
Average Days/Patient	4.25	4.1	3.9	4.3	3.18
Total Cost	$24,604	$30,259	$29,736	$25,020	$21,059

Several trends seem to be evident. The cost per day has risen at a steady and sometimes alarming rate. The number of patients needing services has declined as has the number of days per patient episode. The combination of these factors has resulted in holding the line on costs to the project and even a reduction in total costs in the past two years.

In 1974 36 of the 72 patient episodes were for term deliveries or care of the newborn. This compares to 48 in 1973 and 55 in 1972. Expenses for complications of pregnancy usually follow close behind expenses for deliveries and the newborn. In 1974 expenses for complications of pregnancy exceeded expenses for deliveries. However nearly half of the expenses for the former were incurred for one patient who experienced a ruptured uterus prior to the date she was scheduled for a C-section.

Much progress has been made in providing preventative care at the project level. Early diagnosis and treatment have been a significant factor in reducing the number of days per patient episode. Changing attitudes have also been a factor in shorter hospital stays. Changing attitudes toward family planning have resulted in fewer patient episodes.

We are hopeful that recent trends will enable us to hold the line on total inpatient cost to the project despite rising hospital care expenses.

HOSPITAL SERVICES SUMMARY

Diagnosis	No. of Patient Episodes	No. of Days	Physician Fees	Hospital Costs (61%)	Total
Deliveries	17	51	$2,287.00	$2,722.89	$5,009.89
Newborn	19*	55	928.34	183.50	1,111.84
Gyn Conditions and Complications of Pregnancy	12	41	3,296.69	2,047.00	5,343.69
Hemophilia	4	11	978.46	271.00	1,249.46
Upper Respiratory Infections	3	9	448.14	140.00	588.14
Conditions of the Digestive System	4	20	2,236.47	1,151.50	3,387.97
Other	13	42	2,712.49	1,656.00	4,368.49
TOTALS	72	229	$12,887.59	$8,171.89	$21,059.48

* One set of twins, one episode in which mother's expenses were paid by other resources.

VIII. THE PROJECT POLICY BOARD

The Project Policy Board has been meeting monthly since December 1972. Prior to that time an advisory board composed of appointed members met for two years.

The first elections to elect Policy Board Members were held in August 1972. Since that time elections have taken place annually. Federal guidelines state that board members can be elected for only a one year term. They can serve successive terms, however. Guidelines further stipulate that no less than 51% of the board members must be elected by the people being served. The remainder of the board can be appointed.

The element of consumer participation is critical to any viable service. Perhaps the history of the Project Policy Board could best be summed up in the phrase "we didn't say it would be easy, we said it's "essential." Except for the winter months most migrants and seasonal farm workers put in exceptionally long hours often working till dark. Most work six days a week and many work seven. It is no small sacrifice for a person to give up a significant portion of his spare time no matter how important the cause.

Board meetings are usually held on the first Sunday of the month in Leoti which is the most central community to the project area. Elections were held in September this past year as the by-laws specify that the terms of board members begin in October. Elections took place in the evening for the most part although one was held on a Sunday. Two board members and two alternates were elected from each of the following areas which include adjoining counties: Garden City, Goodland, Leoti and Ulysses. A Ulysses dentist serves as a consultant board member. The board lacks a medical consultant at this time.

When board vacancies occur due to members leaving the project area or not being able to serve for other reasons, replacements are appointed. Appointed members cannot exceed 49%, so should the turnover be excessive a special election will be necessary.

The specific functions of the board as outlined in the May 1973 regulations and Program Guidelines, Health Services for Domestic Agricultural Migrants follow.

Functions of the Board:

a. The board shall have the authority to establish, amend, and revise general policy to include, but not limited to the following:

1) Establishing personnel policies which include recruitment, selection and dismissal, qualifications, salary and benefits and grievance procedures.

2) Selecting and eliminating health care services.

3) Creating criteria for services eligibility and developing fee schedules as appropriate.

4) Establishing hours and locations of service.

5) Setting priorities for allocation of project funds among services.

6) Establishing methods of evaluating the project.

b. In addition the board should:

1) Adopt articles of incorporation, by-laws and administrative policies, and

2) Create committees and describe their activities.

c. The board in establishing the above mentioned policies, shall not:

1) Establish any policy which is inconsistent with the Migrant Health Act or the regulations set forth in Part I of this document or which prevents the fulfillment of obligations imposed under this grant.

2) Involve itself in the hiring or firing of any personnel except the project director who shall be hired or fired only with the approval of the board. If a project has a director prior to the creation of a policy board he should be designated "acting director" or "interim director" for no longer than 90 days during which time the board should formally vote to approve or disapprove his appointment. If a board has no director the policy board should be actively involved in the entire process of recruiting, interviewing, and selecting candidates for the position.

During the past year the Board has written and adopted by-laws. Additionally the following committees have been established, executive finance and personnel, and grievance and evaluation. The board has been actively involved in setting priorities for allocation of funds within the budget and the addition of new programs such as WIC and VISTA. They have also been actively involved in the recruitment of a new director.

Despite the problems of an ever mobile population making board vacancies inevitable, a core of enthusiastic dedicated board members has been established. We are confident that the board will continue to grow and flourish in the coming year.

The following pages reflect the growing pains of the board as seen by Co-Chairman, Pete Sandoval. Pete's contributions have been numerous. His personal concern for the campesino add a dimension of warmth which is sadly lacking on many policy boards.

Yo Me Acuerdo (I Remember)

Two years ago when I was elected to the Migrant Health Policy Board, I took some time to put my thoughts together and started reflecting back to the times when I was a young man and my family and others were struggling for a better way of life. After I sat in on a couple of meetings, it didn't take long for me to recapture that part of my past history. It convinced me that the old struggle for survival still existed even after the many years gone by.

I could see and sense the lack of confidence, the humility and despair, the anxiety and the unrelaxed feelings when board members tried to speak or make a point. They would depend on one another to speak up or start it off and still there were a lot of hesitations. Also, when making board decisions, it was a case of everyone going along with whatever "so-and-so says," or "I'll vote the way the majority votes!"

Realizing that the majority of the migrant Mexican-Americans have never had to play any other role other than one of survival, I felt that my goal as a board member could be three-fold: to instill confidence, to initiate feelings of self-importance, and above all to start learning how to become a part of the "American Dream."

The first thing to work on was to gain their trust and friendship, to give them a sense of importance and then responsibility. Next I tried to create a relaxed atmosphere, to make them feel comfortable by speaking to them in their mother-tongue as someone from the same cultural background can do.

One of the first priorities that I had was to have an understanding with all members and alternates, welcomed each and everyone, and explained to them their importance to the board and their function as a board member. The program was designed for them and their needs, and no one is in a better position than they to make the board aware of what their needs are.

Things started rolling and more members were added to meet the requirements and fill vacancies which constantly are occuring due to migrants moving in and out of the area. This will continue to be a problem. A solution in the near future is not likely.

The whole Policy Board, as I view it in its entirety, is an educational process-education in the manner of conducting a meeting following to some extent Robert's Rules of Order, following the agenda, and being prepared to be called out of order when the meeting is going by the wayside, learning to speak out to bring up business, to make motions, and to participate in general..

In the early part of 1974, the board members were instrumental in appointing different committees and writing by-laws that would govern the Board.

I feel it is of the utmost importance that from time to time the people need to be given a lot of assurance and confidence, a real "pat on the back" to make them feel beautiful, which they are.

I try to give them the opportunity to confide in me in any small or large problem. Also from time to time I dictate a personal letter to each board member letting them know how important they are to the whole program.

In the last two years I have been with this program I have attended board training both years. The training has been provided by IRA. In my opinion this is a tremendous service. It is educational and informative, and it brings the members closer together and gives us incentive.

In this type of program as well as others dealing with migrants, minorities and low-income families, the problems are many due to cultural and language difference. I see a constant demand for more materials oriented towards the Spanish-speaking. I would also like to recommend that better screening be done on all applicants taking part in programs dealing with Spanish-speaking. So much time is lost when a monolingual has to resort to an interpreter and much is lost in the translation. We also have a lack of cultural awareness of people who aren't sensitive enough to the program or to its people.

I fully realize that all federal and state programs have their limitations and restrictions as to how much money will be allocated. I can only see the great need of such programs as we need to take care of our harvest reapers who help put food on our tables.

Pete Sandoval
Co-Chairman

BY-LAWS

WESTERN KANSAS MIGRANT HEALTH PROJECT POLICY BOARD

Approved April 28, 1974

ARTICLE I: Purpose and Composition

Section 1: This organization will be known as the Western Kansas Migrant Health Project Policy Board.

Section 2: These rules and regulations will comply with the present Kansas State Department of Health rules and regulations; there shall be no conflicts.

Section 3: The purpose of the Western Kansas Migrant Health Project is to render services and to make provision for services as the governing body.

Section 4: The Western Kansas Migrant Health Project will be governed by a Board made up of no less than nine and no more than 19 members.

ARTICLE II: Committees

Section 1:
A. The co-chairmen of the Board may appoint a committee with the consent of the Board.
B. Each committee shall have a chairman.
C. Members of a committee may be appointed for a period of one year.
D. Any member may resign or be removed from his position.
E. If removed from his position before his term of office expires, a vote of two-thirds of the Board is necessary.

Section 2: This Board shall have the authority and responsibility to examine all aspects or works of the Project provided that no board member involve himself in the day to day administration of the Project.

Section 3: Any member of the Board who misses three consecutive meetings for any reason other than illness and/or family emergency will be removed by a two-thirds vote at a regular meeting unless a written notice stating the reason the board member is unable to attend is received two days prior to the meeting.

Section 4: A quorum shall consist of 51% of the Board. If a quorum is not present official business will not be transacted.

ARTICLE III: Election of Officers

Section 1: A. The officers of the Board will be elected for a period of one year from October to October. The co-chairmen will be elected for only one year to give others the experience to serve in a leadership role.
B. The officers will consist of two co-chairmen and a secretary.

Section 2: A. The co-chairmen will appoint a nominating committee.
B. The nominating committee will present a list of names of candidates to the Board.
C. Nominations can be made from the floor.
D. A secret ballot or show of hands will be used for elections.
E. In case of the absence of both co-chairmen, someone may be appointed to chair the meeting.

ARTICLE IV. Duties of Officers and Members of Committees

Section 1: A. The co-chairmen will preside at the Board Meetings.
B. The co-chairmen will have the authority to act on routine matters.
C. The co-chairmen may not make policies in respect to the operating program, nor may they act for the Board unless by majority of the vote.
D. The secretary shall take and keep the minutes of all meetings and write authorized letters for the co-chairmen.

ARTICLE V. Board Meetings

Section 1: This Board shall meet once a month with the agenda planned by the co-chairmen or according to the need.

Section 2: Special meetings will be called by co-chairmen.

Section 3: The business of this board shall be conducted both in English and in Spanish.

Section 4: All Board meetings will be conducted using a simplified form of parliamentary procedure.

ARTICLE VI: Amendments

Section 1: The rules governing this organization or any part of them may be amended or removed in the following way. A copy

of the changes will be sent to the board members not less than five days before the next meeting at which time they will be discussed and voted upon. A vote of two-thirds of the board members present will be necessary.

ARTICLE VII: Election and Composition

Section 1:

A. At least 51% of the board members shall be chosen by democratic process by the population to be served. Since this program is designed primarily to meet migrant farmworker health needs, migrant representation should be no less than the proportion which the migrant and farmworker population bears to the total population to be served. Efforts should be made to solicit consumer representation from all areas.

B. The balance of the board, whether elected or appointed by the applicant agency, may include non-consumers. No fewer than three members shall be representatives of the community with knowledge of the health needs of the population to be served and experience in the delivery of health care services.

C. Project employees should not serve on the board. No more than one member of a family related by blood or marriage should serve on the board.

D. Board members who are temporarily out of the Project area may be reimbursed for travel in order to attend board meetings if practical.

E. Alternates should be elected at the same time as the Policy Board members to serve in the absence of board members. Every alternate board member should make every effort to attend every board meeting making him equally knowledgeable as regular board members.

F. In case of a vacancy the Project will appoint members to be approved by 2/3 of the board members present. Members appointed in this way should not exceed 49% of the Board. If the elected membership becomes less than 51% a special election will be held.

AGENDA SHOULD INCLUDE THE FOLLOWING:

1. Roll call
2. Declaration that a quorum is present
3. Reading and approval of the minutes
4. Reports of officers, committees, or staff
5. Persons asking to be heard from the floor
6. Persons asking to be on agenda

IX. SUPPLEMENTAL FOOD PROGRAM

In April the Children's Foundation of Washington, D.C. called for the continuation and expansion of the threatened USDA Supplemental Food Program for infants, preschool children, and prenatal and postpartum mothers. Their report, "One Child-One Chance", was a desperate attempt to rally sufficient support to insure the continuation of the Supplemental Food Program. Among other things the report termed the program a "vital aspect of comprehensive health care" since it attracted thousands of low-income mothers and children into health clinics for the first time and started their involvement in "regular preventive health care activity." According to the report maternal and infant mortality rates have decreased markedly in areas where the program has operated. However, ominous clouds were already gathering over the Supplemental Food Program. Since 1971 USDA had begun to terminate programs located in counties having commodity distribution programs when these counties switched to food stamps. Legislation passed in 1973 required all commodity counties in the country to switch to food stamps by June 30, 1974.

The inevitable finally happened. Our last bulk shipment of commodity foods had been received in February. At this time some items had already been discontinued. We were authorized to continue food distribution until our supply was depleted. We were able to distribute the supplemental foods from the Garden City office through July although supplies of certain items were exhausted before then. The Goodland office was able to distribute available foods for another three months.

The complete list of food items available for distribution through the Supplemental Food Program includes: evaporated milk, instant non-fat dry milk, farina cereal, corn syrup, canned juice, canned vegetables, canned meat, dry egg mix, and peanut butter. All or part of these items (depending upon availabilty and supply) were distributed to an average of 137 infants, preschool children, and prenatal and postpartum mothers per month.

The supplemental commodity foods were stored in the Goodland project office and in a storage area separate from the project office in Garden City. Commodities were issued from the Goodland office for the northwest counties including the towns of Goodland, Sharon Springs, St. Francis, and Kanorado. The Garden City Office issued commodities for the southwest area. The main distribution points here were: Ulysses, Johnson, Garden City, Leoti, Lakin, and Satanta. Other towns that were served include: Deerfield, Holcomb, Scott City, Sublette, Copeland, and Big Bow.

Health education and nutrition education were a vital component of the Supplemental Food Program. The educational component was avail-

able on either a group or individual basis for all women whose families were participating in the Supplemental Food Program. Details of the health education program may be found in III. Health Education.

When the future of the Supplemental Food Program was still in doubt, thoughts began to turn toward an application for USDA's new pilot program for women, infants, and children (WIC). Localities with no supplemental feeding program had nothing to lose by applying for a WIC grant. However, projects like ours who were operating a Supplemental Food Program had to decide whether or not to switch from Supplemental feeding to WIC and take the risk of the possible early termination of the WIC pilot program. Since WIC is a pilot program agencies had the option of applying for a WIC project while retaining the supplemental feeding program. However, such agencies would be last in line for WIC funding, since their demonstration of need would presumably be less than that of localities with no supplemental feeding. The project made a WIC application.

The final rules and regulations for the Special Supplemental Program for Women, Infants, and Children (WIC) were published in the Federal Register July 11, 1973. Applications for participation in the pilot WIC program were accepted immediately.

The purpose of WIC is for the Department of Agriculture to provide cash grants to state health departments to make nutritionally desirable foods available to infants, children, prenatal and postpartum women through local public or nonprofit private health agencies. USDA collects data to evaluate the effect of food intervention upon populations of nutritional risk. WIC program operations are also evaluated for administrative effectiveness and efficiency. WIC funds may be used either to purchase supplemental foods for participants in the program or to redeem vouchers issued to purchase the foods at local stores. Not more than 10% of the funds may be spent for administrative costs. Our decision to use the voucher system was in large measure based upon our experiences and problems relative to storage, transportation, and distribution of the commodities.

Pregnant or lactating women (all women for six weeks postpartum and women who are breast-feeding an infant up to one year of age), infants (under one year of age), and children (one to four years of age inclusive) are eligible for the WIC program if: they reside in an approved project area; and they are determined by a competent professional on the staff of the local agency to need the supplemental foods.

In our program eligibility will be determined by the project nurses who have established specific criteria for determining individual eligibility. A pregnant or lactating woman must have or have a history of: nutritional anemia (hemoglobin of 65% and below or 10.5 grams and below); inadequate diet (evaluated with the aid of the basic four food groups and their present food pattern); inadequate pattern of growth (underweight, obesity, stunting); or high-risk

pregnancy (any woman less than age 21 or more than age 35, any woman with three or more children who are nine months to one year apart, or any woman with a metabolic disorder such as diabetes, hypertension, hypotension, et al.). Infants and children with nutritional anemia (hemoglobin of 65% and below or 10.5 grams and below); inadequate diet (evaluated with the aid of the basic four food groups, their present food pattern, and clinical manifestations); or a deficient pattern of growth (evaluated with the aid of observations, growth charts, and the Denver Developmental Screening Test) are eligible. Additionally, any mother or infant belonging to a family with an income of $6,000 per year for a family of four + $600 for each additional infant, or child is also eligible. This last criteria was established by the project nurses and is not found in the general WIC guidelines.

The supplemental foods available for infants are: iron fortified infant formula with at least 10 milligrams of iron per liter of formula, infant cereal which contains a minimum of 90 milligrams of iron per 100 grams of dry cereal, and fruit juice which contains at least 30 milligrams of vitamin C per 100 milliliters. Whole milk fortified with 400 International Units of vitamin D per quart or evaporated milk fortified with 400 International Units of vitamin D per reconstituted quart may be substituted for infants after six months of age. The foods available for children and pregnant or lactating women include: whole fluid milk fortified with 400 International Units of vitamin D per quart or evaporated milk or skim milk or low fat milk or non-fat dry milk; cereal (hot or cold) which contains a minimum of 30 milligrams of iron per 100 grams of dry cereal; fruit juice which contains a minimum of 30 milligrams of vitamin C per 100 milliliters; natural cheddar or pasteurized processed American cheese; and Grade A eggs. All milk products other than whole fluid milk must be fortified with 400 International Units of vitamin D and at least 1500 International Units of vitamin A per fluid quart.

In September it seemed quite certain that our WIC application would be approved. Accordingly letters to local grocers explaining the WIC program were composed and delivered. Most of those contacted endorsed the program and were willing to cooperate with the voucher system. They signed an agreement of intent to participate in the WIC program. As anticipated our application was approved in October for a seven-month period beginning December 1, 1974 and ending June 30, 1975. Final arrangements and plans were made to initiate the program. Evaluation and certification of individuals were processed so that actual distribution of food vouchers could begin December 1, 1974.

From all indications it may be expected that the WIC program will prove to be a real nutritional boon to some of our families. Up to date we have enrolled 115 individuals. However, it cannot be

forgotten that many nutritionally needy individuals and families do not meet WIC eligibility requirements, mainly because of age. Also, for a period of several months we have had no supplemental food program. Whenever possible we have referred families to the Kansas Council of Agricultural Workers and Low-Income Families, Inc. for emergency food grocery orders or to Social and Rehabilitation Services for food stamps.

There are many problems associated with the food stamp program, especially for migrants and seasonal farmworkers. First of all, the stamps are too expensive. Usually the food stamp department has no Spanish-speaking personnel, much less any Chicanos. The forms are long (time consuming), complicated, and irrelevant to hunger. There is little or no outreach directed toward migrants or farmworkers. Numerous trips are often necessary to obtain the stamps. Waiting for appointments and then setting dates can result in a week or more of delay. The stamps are eventually mailed, and sometimes this involves further delay or the stamps may actually be lost in the mail.

Virtually no food stamp outreach is being done throughout most of the nation, although over 60% of those eligible for food stamps are not participating in the program. In January 1974 only 15.7% of eligible persons in Kansas were receiving food stamps. USDA pays 62.5% outreach costs of state and local food stamp departments. Yet 30 of the 49 states operating food stamp programs during the first half of 1974 it appears, did not choose to utilize the federal funds available for outreach work. Kansas was one of these states.

Anticipating migrants' incomes in advance results in the denial of food stamps to thousands of destitute migrant families each year. USDA procedures require eligibility of migrant households to be based on predicted future income which is usually determined from information provided by local growers. Under these conditions especially when a family has just arrived in the area and is without work or when field work is impossible due to the weather or other conditions, they are denied food stamps or are charged exorbitant prices for them because their eligibility was determined by projected income rather than actual income. In one case a family of ten was denied food stamps because their projected income for the coming month was $800. Their actual income that month was $7. Some families had very little food for periods as long as two weeks until they received their first pay check becuase they were denied food stamps or the cost to purchase them was prohibitive.

Bureaucracies and corporations speak of "social peace". Does "social peace" include the quiet hunger of people who don't get three square meals a day? Can "social peace" be based upon the suppression of man's desire for life with dignity? Ultimately food programs can do little about the reasons why people are

hungry. They cannot provide incomes, opportunities, or the power to transform their lives. Food programs cannot end poverty, and most people who are hungry are hungry because they are poor. Abject proverty results from a very inequitable distribution of income. In our country the wealthiest 1% possess more than eight time's the wealth of the bottom 50%. The percentage of national income going to the lowest fifth of the population has not changed for the past 45 years. The only real solution in a nation of 40 million poor people is a fairer distribution of income. However, since this is unlikely, at least in the near future, in the meantime efforts must go in the direction of food assistance programs and optimum utilization of them.

COMMODITY DISTRIBUTION

Individuals Served

		*Finney	*Sherman	Total
December	1973	103	21	124
January	1974	113	16	129
February	1974	109	15	124
March	1974	112	7	119
April	1974	104	17	121
May	1974	117	23	140
June	1974	103	54	157
July	1974	115	68	183
August	1974	0	23	23
September	1974	0	18	18
October	1974	0	82	82
November	1974	0	0	0
Total		876	344	1,220

Average number of recipients per month (through July) was 137 persons, including infants, preschool children, and prenatal and postpartum mothers.

* Distribution Center

MONTHLY ALLOTMENTS OF SUPPLEMENTAL COMMODITY FOODS

	Infants (0-6 months)	Infants (7-12 months)	Children (1-5 years)	Women Prenatal and Postpartum
Evaporated Milk	30	30	-	-
Instant Milk	-	-	0 (1-2 years) 1 (3-5 years)	1
Farina	3	3	3	1
Corn Syrup	3	3	-	-
Juice	1	2	3	3
Vegetable	--	--	4	7
Meat	--	--	1	1
Egg Mix	--	2	4	2
Peanut Butter	--	--	1 (Every 2 Months)	1 (Every 2 Months)

X. COMMUNITY ACTION AND SUPPORT

An often quoted VISTA motto reads "If you aren't a part of the solution you're part of the problem." For the low-income family the "problem" is often composed of many lesser problems which result in an overwhelming final product. Often many resources outside of the project are needed to even begin to solve the dilemma.

Many individuals and programs coordinate efforts in attempting to alleviate needs and find realistic solutions. Several such efforts are noted here.

Each summer Title I Migrant Education Programs are held in several western Kansas communities. These programs are geared to giving the migrant child the extra help he needs to catch up to his grade level and to close the gaps that sometimes occur in the regular school system.

Administrators and teachers are very cooperative in helping the project emphasize health education. Their assistance in helping the staff get children to medical and dental follow-up appointments is invaluable. This is true both of summer programs and the regular school session.

The Kansas Council of Agricultural Workers and Low-Income Families sponsors several programs which are designed to boost the learning experience of the child. These efforts include four Head Start programs and this year included Title I programs in Ulysses and Leoti. Both programs are bilingual and bicultural in format and scope. Chicano and Anglo children learn together about each other and share in each other's heritage.

Individuals and organizations in every community have made an admirable effort to provide clothing which is donated to the project for distribution. A number of church groups keep us well supplied with "baby bundles" composed of blankets, clothing, diapers and other essential items for the newborn. Surely this effort boosts the spirits of the mother who otherwise would have to fall-back on a small assortment of very well worn items preowned by her children or the children of relatives or friends. Bedding is also an item which is in constant demand. Blankets, sheets and quilts are often supplied by area organizations. Used clothing and household items of all kinds are donated in abundance by countless individuals and groups.

Other community efforts are the Christmas project which usually includes a food basket, clothing, and toys for the children; and the purchase of glasses by the Lions, Rotary, and other civic organizations.

Two other projects which augment health and consumer education efforts also deserve mention. Grocery store managers have been most cooperative about arranging tours through their respective stores. Tours include information directed toward unit pricing, house brands, what to look for in selecting produce, store displaying techniques, and so on. For example, almost all grocery stores display name brands at eye level. House brands of comparable quality but lower price are usually displayed below eye level closer to the floor. An unaware shopper might miss noticing these items altogether.

The second project involves area extension personnel who sponsor nutrition classes in Garden City and Ulysses which are well attended by migrants and settled-out migrants. In Ulysses several sessions have been held at a camp 15 miles from town. These classes have been very popular and most appreciated by the participants. Extension workers have also been most cooperative about holding "how to plant a garden" sessions each spring. This past year many of our families planted a garden for the first time.

Volunteers and organizations have also helped us solve transportation problems on numerous occasions. Cars or gasoline money has been provided to enable patients to make necessary trips to specialists several hundred miles away. On a few occasions air transportation has even been provided.

Interest in learning Spanish has soared among local residents in the past few years. Many persons already employed in the health care field have made beginning efforts to learn Spanish. One area pharmacist was successful enough to be able now to write instructions in Spanish on the prescriptions of his Spanish-speaking customers.

Ulysses again had a migrant nursery and day care program. Both of these operated under the sponsorship of the Grant County Day Care Center, Inc. The day care age children were included in the regular day care program. The infant nursery was held at the United Methodist Church. Johnson also attempted to have a migrant day care program, but it never really got off the ground. Through the efforts of VISTA volunteers and community people Goodland now has a new community day care program, and it is hoped that this program can be expanded during peak season to include migrant children. The need for migrant day care has not ceased to exist, and we regret that there were not more programs in the area. The communities supporting quality day care are to be congratulated heartily.

Community support balances out many project endeavors. Without it our job would be much more grim and less meaningful.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED: April 1, 1975

PERIOD COVERED BY THIS REPORT: FROM December 1973 THROUGH November 1974

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE: Western Kansas Migrant Health Project

2. GRANT NUMBER (Use number shown on the last Grant Award Notice): 07-H-000018-11-0 CS-H20-C-0

3. GRANTEE ORGANIZATION (Name & address): Kansas State Department of Health and Environment, Topeka, Kansas 66603

4. PROJECT DIRECTOR: Dr. Evalyn S. Gendel, 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.	650	650	0
FEB.	633	591	42
MAR.	689	689	0
APRIL	792	782	10
MAY	2,708	2,708	0
JUNE	4,370	4,370	0
JULY	3,880	3,880	0
AUG.	3,031	3,031	0
SEPT.	2,030	2,015	15
OCT.	1,411	1,398	13
NOV.	992	992	0
DEC.	746	746	0
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	80	34	46
UNDER 1 YEAR	0	0	0
1 - 4 YEARS	11	5	6
5 - 14 YEARS	29	13	16
15 - 44 YEARS	37	14	23
45 - 64 YEARS	3	2	1
65 AND OLDER	0	0	0
(2) IN-MIGRANTS:			
TOTAL	4,389	2,276	2,113
UNDER 1 YEAR	63	33	30
1 - 4 YEARS	450	227	223
5 - 14 YEARS	1,084	556	528
15 - 44 YEARS	2,506	1,308	1,198
45 - 64 YEARS	273	147	126
65 AND OLDER	13	5	8

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	14	February	June
IN-MIGRANTS	16	May	September

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

Project records, migrant school enrollment, employment lists

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

Current files of the Project plus past experience

Peak month total does not reflect total population because of monthly in-out migration. Total migrant population is estimated at 5623.

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS	1	72
MORE THAN 100 PERSONS	1	140
TOTAL*	2	212

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)
Rural	220	1,782
"Urban"	325	2,395
TOTAL*	545	4,177

*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.

POPULATION AND HOUSING DATA

FOR Finney COUNTY.

GRANT NUMBER: 07-H-000018-11-Q CS-H20-C-0

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

5 POPULATION DATA - MIGRANTS (*Workers and dependents*)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	63	63	N.A.
FEB	63	63	N.A.
MAR.	63	63	N.A.
APRIL	91	91	N.A.
MAY	255	255	N.A.
JUNE	310	310	N.A.
JULY	269	269	N.A
AUG.	188	188	N.A.
SEPT.	96	96	N.A.
OCT	84	84	N.A.
NOV	72	72	N.A.
DEC	72	72	N.A.
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	12	May	August

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS	N.A.	N.A.	N.A.
TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR	N.A.	N.A.	N.A.
1 - 4 YEARS	N.A.	N.A.	N.A.
5 - 14 YEARS	N.A.	N.A.	N.A.
15 - 44 YEARS	N.A.	N.A.	N.A.
45 - 64 YEARS	N.A.	N.A.	N.A.
65 AND OLDER	N.A.	N.A.	N.A.
(2) IN-MIGRANTS			
TOTAL	310	160	150
UNDER 1 YEAR	5	2	3
1 - 4 YEARS	23	10	13
5 - 14 YEARS	85	41	44
15 - 44 YEARS	174	95	79
45 - 64 YEARS	22	11	11
65 AND OLDER	1	0	5

6 HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (*Peak*)
LESS THAN 10 PERSONS	N.A.	N.A.
25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (*Specify*)	NUMBER	OCCUPANCY (*Peak*)
Scattered Rural	9	36
"Urban"	45	274
TOTAL*	54	310

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

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

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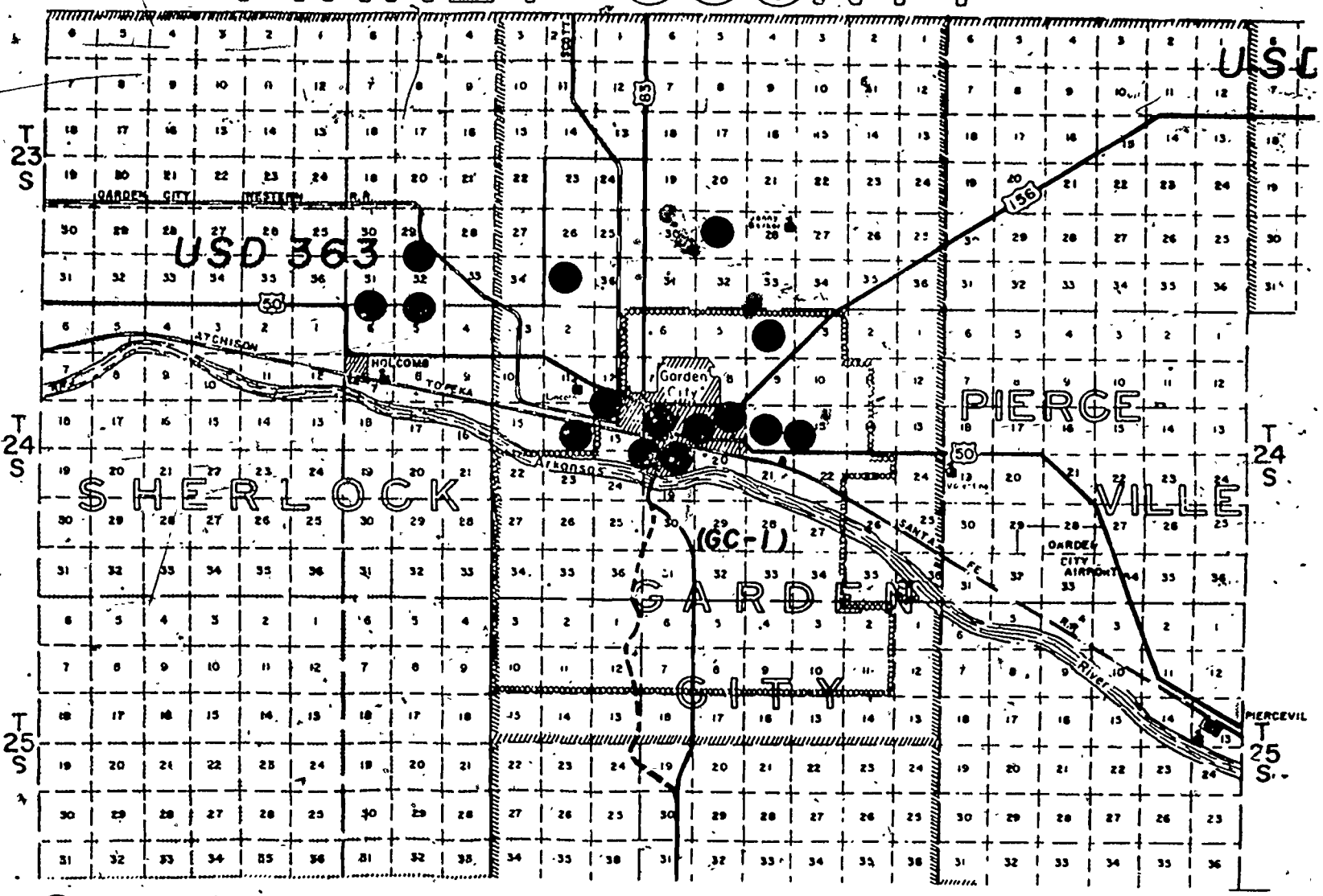
FINNEY COUNTY



POPULATION AND HOUSING DATA	GRANT NUMBER
FOR Grant COUNTY	07-H-000018-11-0 CS-H20-C-0

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

5 POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	213	213	N.A.
FEB	213	213	N.A.
MAR.	232	232	N.A.
APRIL	291	291	N.A.
MAY	544	544	N.A.
JUNE	787	787	N.A.
JULY	698	698	N.A.
AUG.	550	550	N.A.
SEPT.	473	473	N.A.
OCT.	536	536	N.A.
NOV.	411	411	N.A.
DEC	275	275	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS	N.A.	N.A.	N.A.
TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR	N.A.	N.A.	N.A.
1 - 4 YEARS	N.A.	N.A.	N.A.
5 - 14 YEARS	N.A.	N.A.	N.A.
15 - 44 YEARS	N.A.	N.A.	N.A.
45 - 64 YEARS	N.A.	N.A.	N.A.
65 AND OLDER	N.A.	N.A.	N.A.
(2) IN-MIGRANTS			
TOTAL	787	417	370
UNDER 1 YEAR	9	3	6
1 - 4 YEARS	55	28	27
5 - 14 YEARS	125	59	66
15 - 44 YEARS	546	303	243
45 - 64 YEARS	50	24	26
65 AND OLDER	2	0	2

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	16	May	September

6. HOUSING ACCOMMODATIONS

a. CAMPS

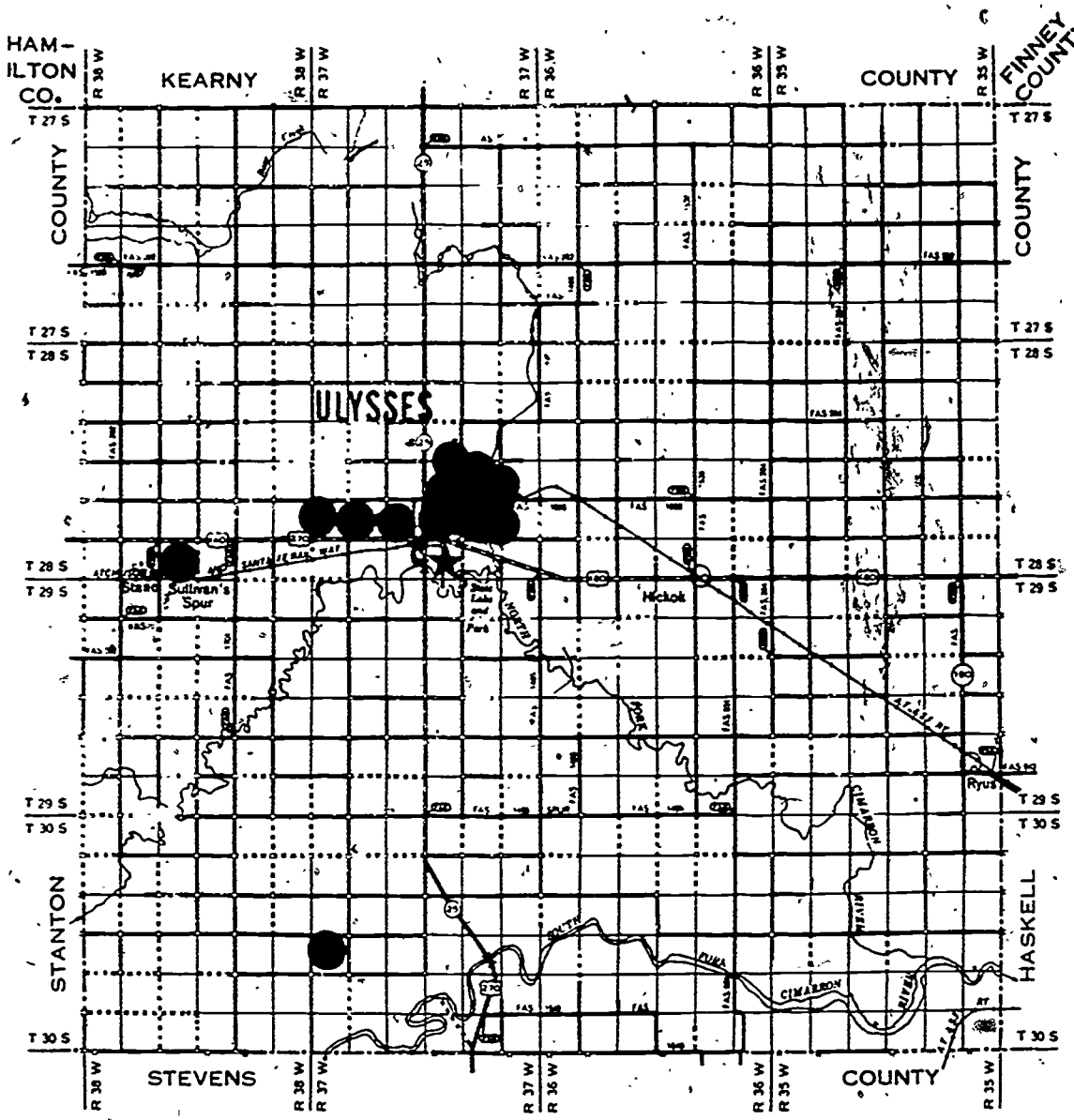
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS	1	72
MORE THAN 100 PERSONS		
TOTAL*	1	72

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	15	90
"Urban"	104	625
TOTAL*	119	715

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

REMARKS



● Location Migrant Housing

★ Clinic

GRANT COUNTY
KANSAS

1961

POPULATION AND HOUSING DATA FOR Haskell-Gray COUNTY	GRANT NUMBER 07-H-000018-11-0 CS-H20-C-0

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

5 POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	68	68	N.A.
FEB	68	68	N.A.
MAR.	90	90	N.A.
APRIL	95	95	N.A.
MAY	301	301	N.A.
JUNE	469	469	N.A.
JULY	389	389	N.A.
AUG.	270	270	N.A.
SEPT.	150	150	N.A.
OCT	98	98	N.A.
NOV.	98	98	N.A.
DEC	96	96	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS	N.A.	N.A.	N.A.
TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR	N.A.	N.A.	N.A.
1 - 4 YEARS	N.A.	N.A.	N.A.
5 - 14 YEARS	N.A.	N.A.	N.A.
15 - 44 YEARS	N.A.	N.A.	N.A.
45 - 64 YEARS	N.A.	N.A.	N.A.
65 AND OLDER	N.A.	N.A.	N.A.
(2) IN-MIGRANTS			
TOTAL	469	243	226
UNDER 1 YEAR	8	3	5
1 - 4 YEARS	70	34	36
5 - 14 YEARS	123	64	59
15 - 44 YEARS	234	123	111
45 - 64 YEARS	32	18	14
65 AND OLDER	2	1	1

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	12	May	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

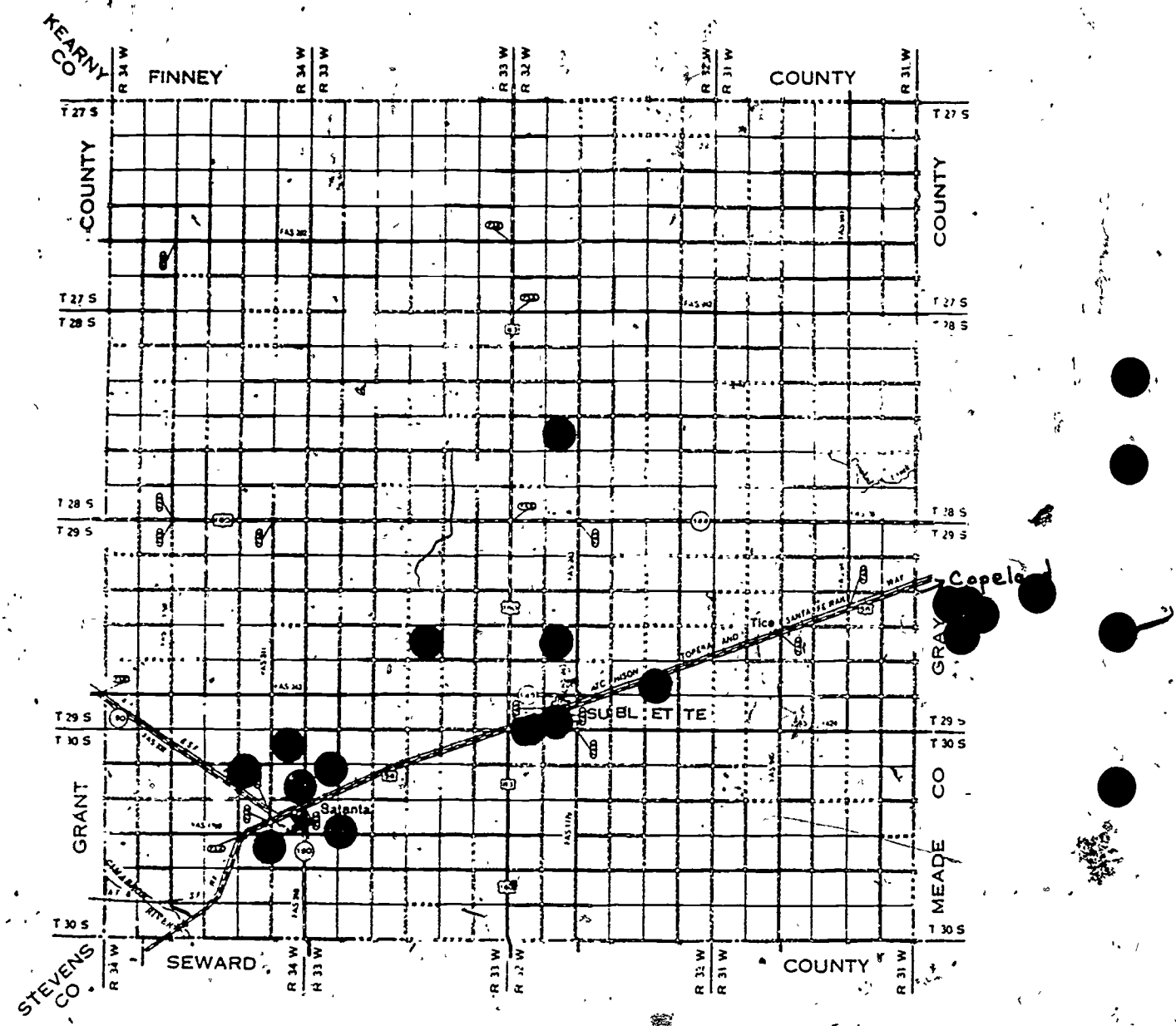
MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	N.A.	N.A.
10 - 25 PERSONS		
25 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
Rural	31	279
"Urban"	24	190
TOTAL*	55	469

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

REMARKS



● Location Migrant Housing

★ Clinic

HASKELL COUNTY
KANSAS

POPULATION AND HOUSING DATA

FOR Kearny COUNTY.

GRANT NUMBER: 07-H-000018-11-0 CS-H20-C-0

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

5 POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	62	62	N.A.
FEB	65	65	N.A.
MAR.	65	65	N.A.
APRIL	71	71	N.A.
MAY	302	302	N.A.
JUNE	467	467	N.A.
JULY	410	410	N.A.
AUG.	349	349	N.A.
SEPT.	198	198	N.A.
OCT.	75	75	N.A.
NOV.	75	75	N.A.
DEC	69	69	N.A.
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	12	May	August

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS	N.A.	N.A.	N.A.
TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR	N.A.	N.A.	N.A.
1 - 4 YEARS	N.A.	N.A.	N.A.
5 - 14 YEARS	N.A.	N.A.	N.A.
15 - 44 YEARS	N.A.	N.A.	N.A.
45 - 64 YEARS	N.A.	N.A.	N.A.
65 AND OLDER	N.A.	N.A.	N.A.
(2) IN-MIGRANTS			
TOTAL	467	247	220
UNDER 1 YEAR	7	4	3
1 - 4 YEARS	33	15	18
5 - 14 YEARS	105	55	50
15 - 44 YEARS	286	154	132
45 - 64 YEARS	35	19	16
65 AND OLDER	1	0	1

6 HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	N.A.	N.A.
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
Rural	21	232
"Urban"	17	235
TOTAL*	38	467

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

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)

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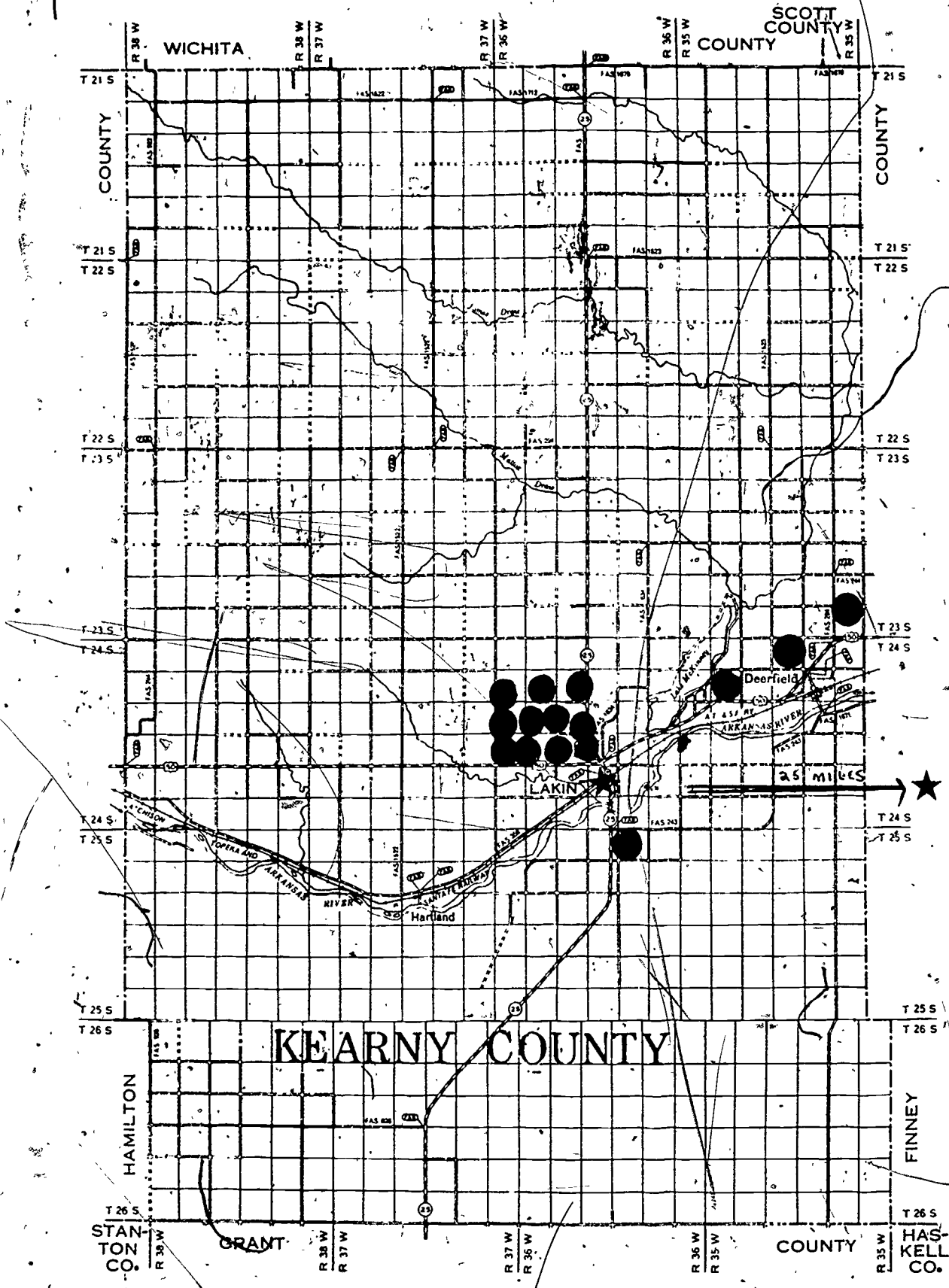

WICHITA COUNTY
SCOTT COUNTY
COUNTY
COUNTY
KEARNY COUNTY
HAMILTON
FINNEY
STANTON CO.
GRANT
COUNTY
HASKELL CO.
Deerfield
LAKIN
Hartland
25 MILES
ARKANSAS RIVER
Location Migrant Housing
Clinic

POPULATION AND HOUSING DATA
Sherman - Cheyenne
FOR Wallace COUNTY.

GRANT NUMBER
07-H-000018-11-0 CS-H20-C

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

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	125	125	0
FEB.	102	60	42
MAR.	84	84	0
APRIL	80	70	10
MAY	868	868	0
JUNE	1,337	1,337	0
JULY	1,287	1,287	0
AUG.	1,050	1,050	0
SEPT.	850	835	15
OCT.	410	397	13
NOV.	200	200	0
DEC.	100	100	0
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	80	34	46
UNDER 1 YEAR	0	0	0
1 - 4 YEARS	11	5	6
5 - 14 YEARS	29	13	16
15 - 44 YEARS	37	14	23
45 - 64 YEARS	3	2	1
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	1,337	694	643
UNDER 1 YEAR	24	16	8
1 - 4 YEARS	178	97	81
5 - 14 YEARS	414	216	198
15 - 44 YEARS	638	317	321
45 - 64 YEARS	80	45	35
65 AND OLDER	3	3	0

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	14	Feb.	June
IN-MIGRANTS	16	May	Sept.

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	N.A.	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

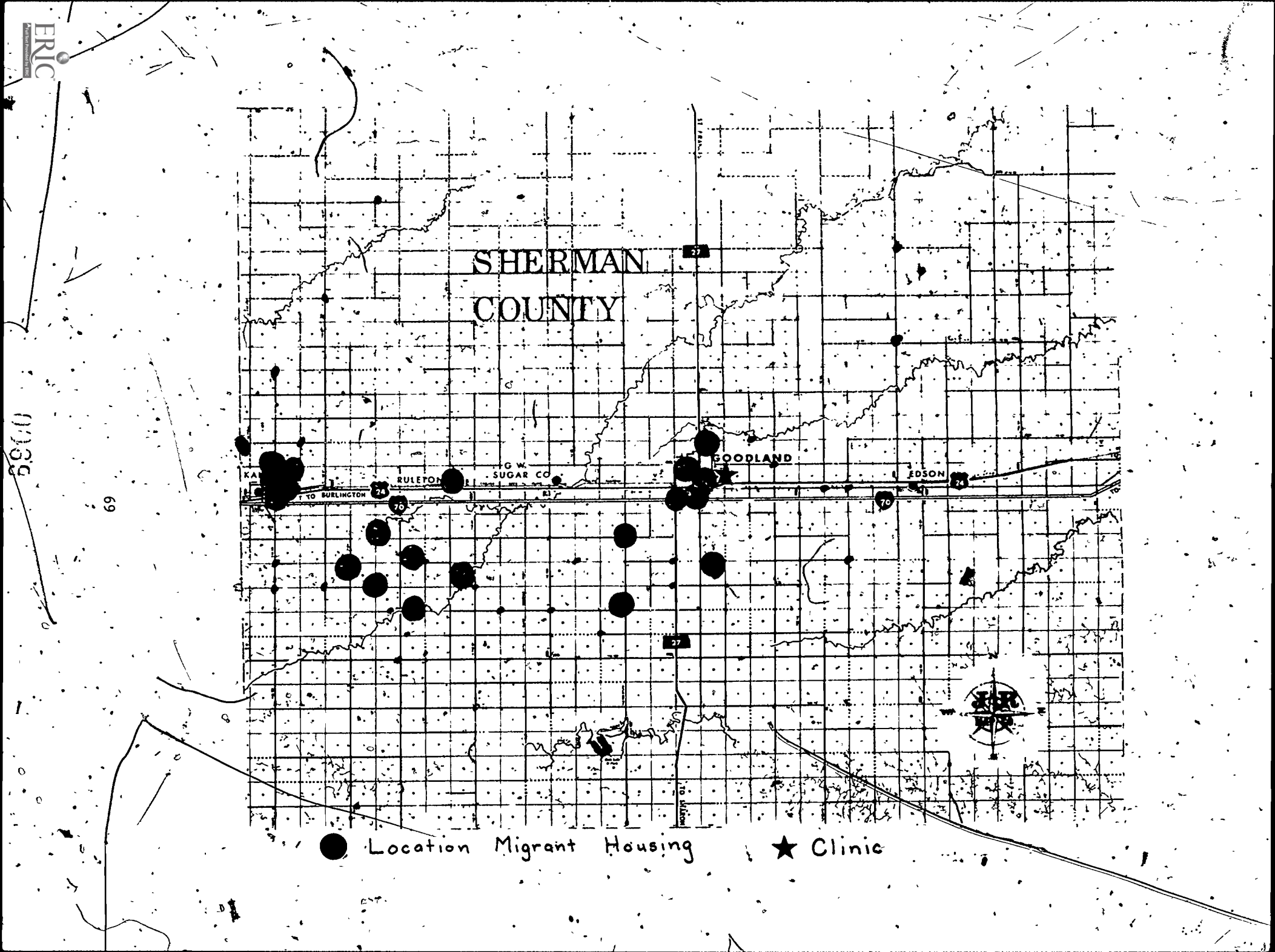
LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	115	850
Urban	76	487
TOTAL*	191	1337

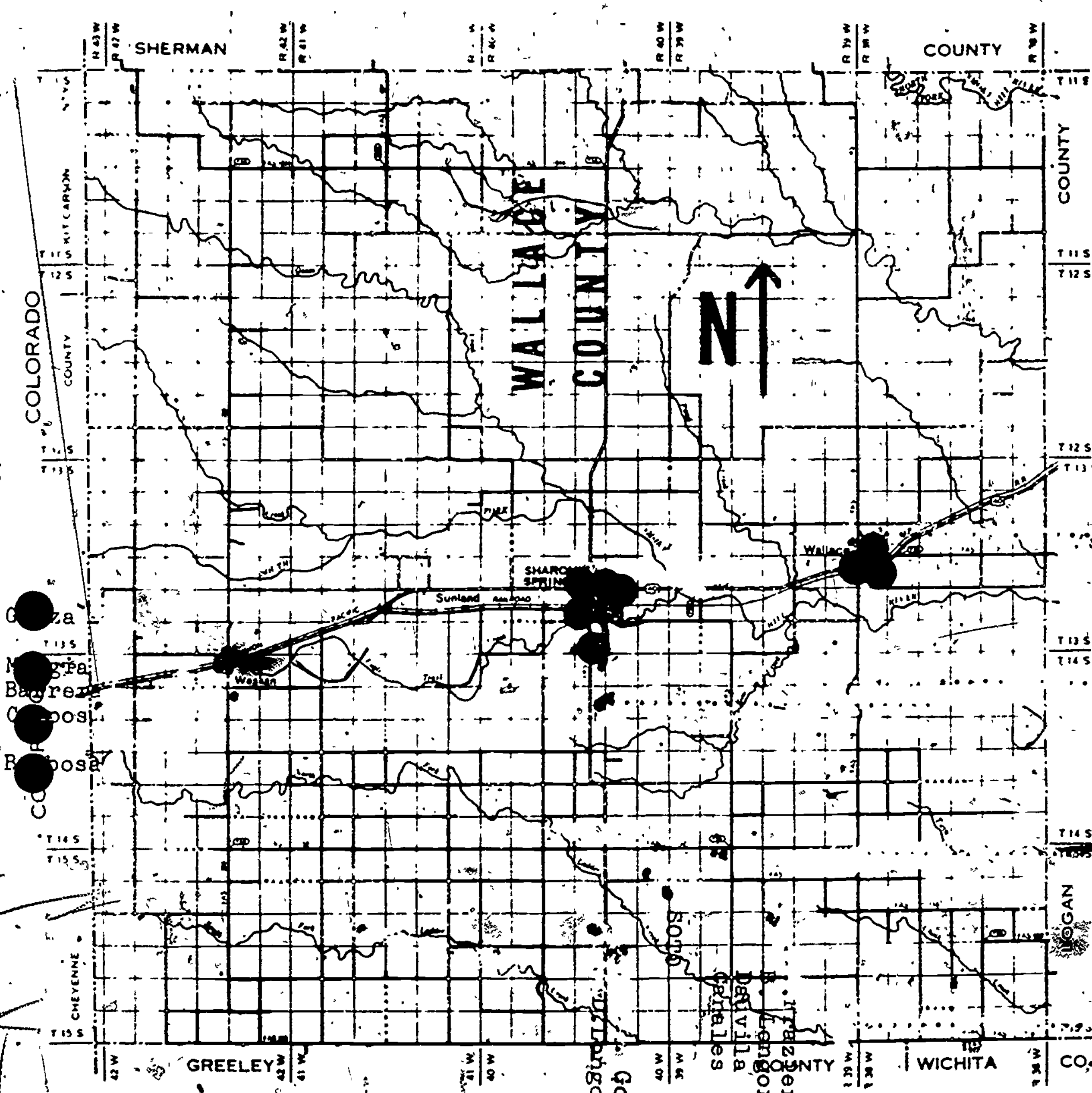
*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

PHS-4202-7 (PAGE 1 ___)
REV. 1-69

(CONTINUATION PAGE FOR PART I)


SHERMAN
COUNTY
GOODLAND
RULETON
G.W. SUGAR CO
EDSON
TO BURLINGTON
TO LEOTA
27
24
70
Location Migrant Housing
Clinic



● Location Migrant Housing

POPULATION AND HOUSING DATA

FOR Stanton COUNTY.

GRANT NUMBER

07-H-000018-11-0 CS-H20-C-0

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

5 POPULATION DATA - MIGRANTS (*Workers and dependents*)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	65	65	N.A.
FEB	65	65	N.A.
MAR.	69	69	N.A.
APRIL	73	73	N.A.
MAY	314	314	N.A.
JUNE	642	642	N.A.
JULY	450	450	N.A.
AUG.	263	263	N.A.
SEPT.	117	117	N.A.
OCT.	126	126	N.A.
NOV.	74	74	N.A.
DEC.	74	74	N.A.
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	12	May	August

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS.	N.A.	N.A.	N.A.
TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR	N.A.	N.A.	N.A.
1 - 4 YEARS	N.A.	N.A.	N.A.
5 - 14 YEARS	N.A.	N.A.	N.A.
15 - 44 YEARS	N.A.	N.A.	N.A.
45 - 64 YEARS	N.A.	N.A.	N.A.
65 AND OLDER	N.A.	N.A.	N.A.
(2) IN-MIGRANTS.			
TOTAL	642	325	317
UNDER 1 YEAR	5	2	3
1 - 4 YEARS	38	21	17
5 - 14 YEARS	125	68	57
15 - 44 YEARS	433	210	223
45 - 64 YEARS	40	24	16
65 AND OLDER	1	0	1

6. HOUSING ACCOMMODATIONS

a. CAMPS

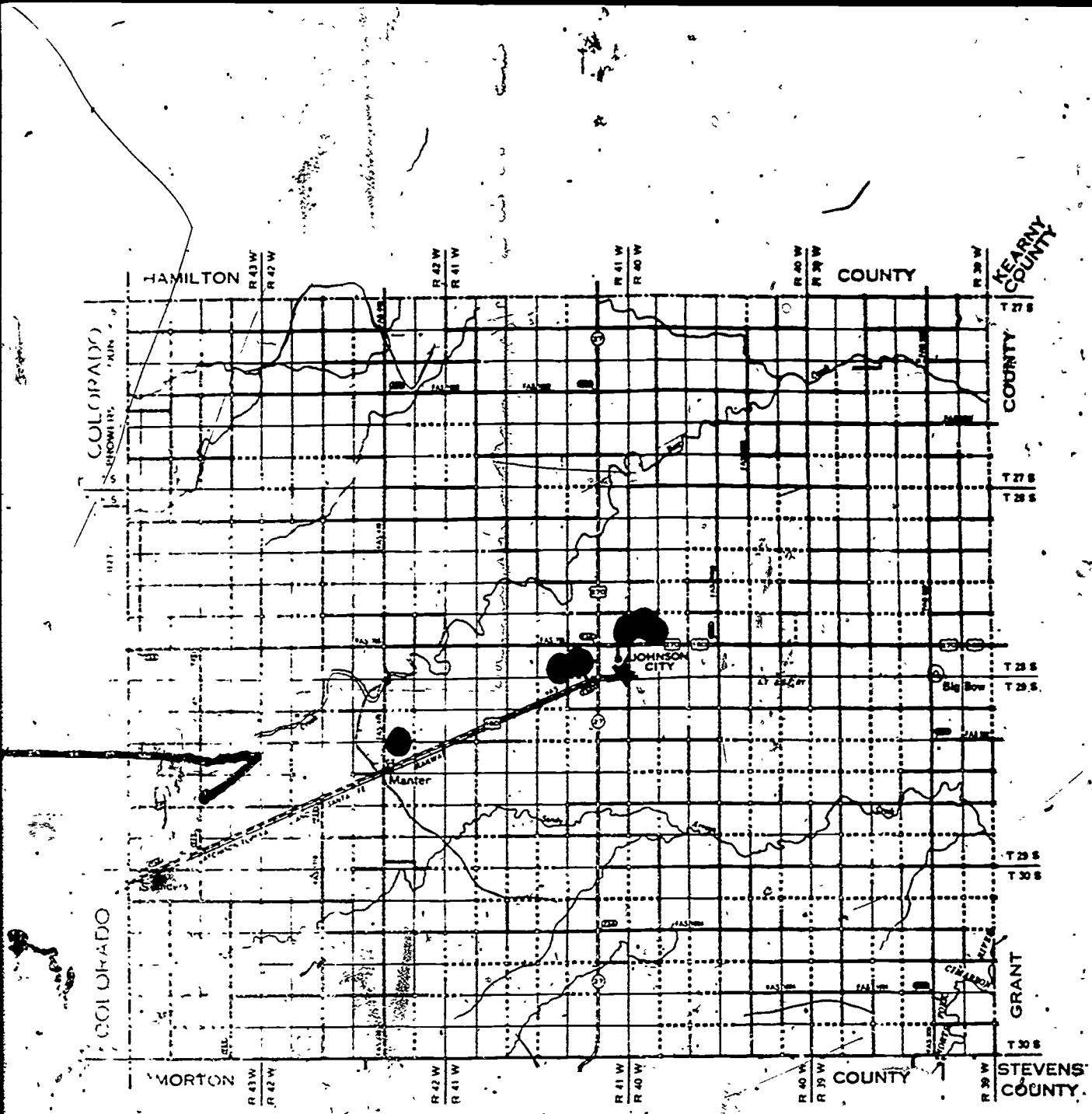
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS	1	140
TOTAL*	1	140

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	17	187
"Urban"	27	315
TOTAL*	44	502

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

REMARKS



STANTON COUNTY
KANSAS

POPULATION AND HOUSING DATA
FOR Scott and Greeley and Wichita COUNTY.

GRANT NUMBER
07-H-000018-11-0 CS-H20-C-0

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

5. POPULATION DATA - MIGRANTS (*Workers and dependents*)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	54	54	N.A.
FEB	57	57	N.A.
MAR.	86	86	N.A.
APRIL	91	91	N.A.
MAY	124	124	N.A.
JUNE	358	358	N.A.
JULY	377	377	N.A.
AUG.	361	361	N.A.
SEPT.	146	146	N.A.
OCT.	82	82	N.A.
NOV.	62	62	N.A.
DEC.	60	60	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR	N.A.	N.A.	N.A.
1 - 4 YEARS	N.A.	N.A.	N.A.
5 - 14 YEARS	N.A.	N.A.	N.A.
15 - 44 YEARS	N.A.	N.A.	N.A.
45 - 64 YEARS	N.A.	N.A.	N.A.
65 AND OLDER	N.A.	N.A.	N.A.
(2) IN-MIGRANTS:			
TOTAL	377	190	187
UNDER 1 YEAR	5	3	2
1 - 4 YEARS	53	22	31
5 - 14 YEARS	107	53	54
15 - 44 YEARS	195	106	89
45 - 64 YEARS	14	6	8
65 AND OLDER	3	0	3

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	14	MAY	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (*Peak*)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (*Specify*)	NUMBER	OCCUPANCY (*Peak*)
Rural	12	108
"Urban"	32	269
TOTAL*	44	377

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

REMARKS

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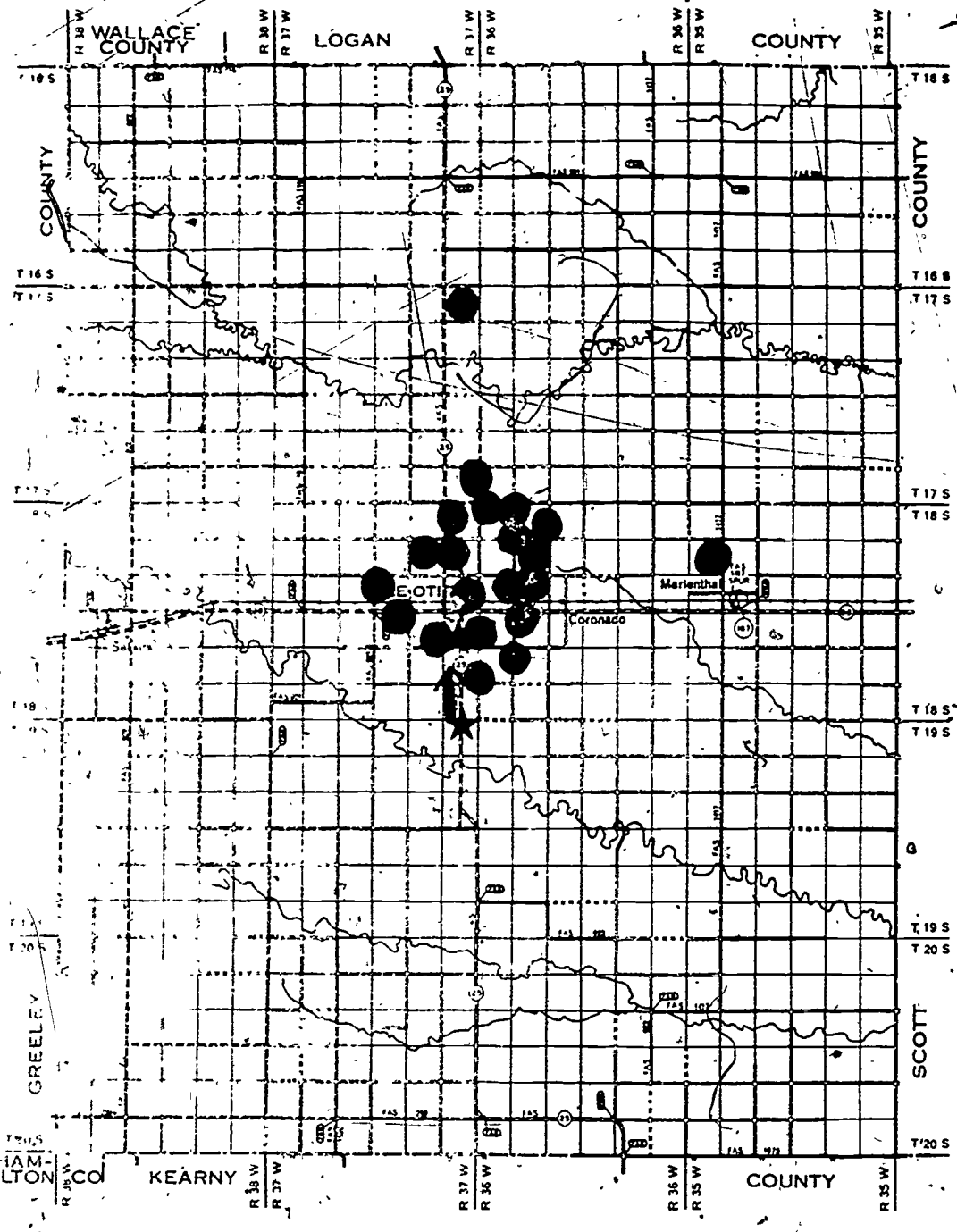
REV. 1-69

(CONTINUATION PAGE FOR PART I)



● Location Migrant Housing

★ Clinic

WICHITA · COUNTY
KANSAS

1961

SCALE

102

0074

GRANT NUMBER 07-H-000018-11-0 CS-H20-C-0

DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

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	1,930	612	1,318	2,330
UNDER 1 YEAR	249	72	117	302
1 - 4 YEARS	679	287	392	729
5 - 14 YEARS	319	103	216	369
15 - 44 YEARS	552	158	394	711
45 - 64 YEARS	115	39	76	185
65 AND OLDER	16	6	10	34

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC* 570

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 1,360

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

No. of Patients (exclude newborn) 53

No. of Hospital Days 174

2. MIGRANTS RECEIVING DENTAL SERVICES*

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL	672	654	18
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES TOTAL	425	407	18
(1) CASES COMPLETED	390	372	18
(2) CASES PARTIALLY COMPLETED	10	10	0
(3) CASES NOT STARTED	25	25	0
c. SERVICES PROVIDED - TOTAL	439	439	0
(1) PREVENTIVE			
(2) CORRECTIVE-TOTAL			
(a) Extraction	127	117	10
(b) Other	1,180	1,125	55
d. PATIENT VISITS - TOTAL	270 Hrs	257 Hrs	13 Hrs.
Dental Hygienst	102 Hrs	102 Hrs	

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					INCOMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	*784	76	291	278	6		133
SMALLPOX							
DIPHTHERIA	169	19	49	67	1		33
PERTUSSIS	161	19	91	24			27
TETANUS	169	19	49	67	2		33
POLIO	170	19	51	56	1		40
TYPHOID							
MEASLES	15		7	8			
OTHER (Specify)							
MR	55		27	28			
TB	34		14	20	1		
Rubellen	11		3	8	1		

REMARKS

* Immunization count includes all areas. But does not include immunizations and T.B. screening in Migrant Schools.

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

GRANT NUMBER: 07-H-000018-11-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
I. XVII.		TOTAL ALL CONDITIONS	430	286	144
I.	01-	INFECTIVE AND PARASITIC DISEASES TOTAL	142	81	61
	010	TUBERCULOSIS	1	1	
	011	SYPHILIS			
	012	GONORRHEA AND OTHER VENEREAL DISEASES	4	4	
	013	INTESTINAL PARASITES	1	1	
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age			
	015	All other	20	14	6
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	1	1	
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	15	8	7
	019	OTHER INFECTIVE DISEASES (Give examples): Animal Bite	1	1	
II.	02-	NEOPLASMS TOTAL			
	020	MALIGNANT NEOPLASMS (give examples) Histocytosis of bone marrow	3	1	2
	025	BENIGN NEOPLASMS	2	1	1
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES TOTAL			
	030	DISEASES OF THYROID GLAND	4	2	2
	031	DIABETES MELLITUS	11	5	6
	032	DISEASES of Other Endocrine Glands	1	1	
	033	NUTRITIONAL DEFICIENCY	2	1	1
	034	OBESITY	7	4	3
	039	OTHER CONDITIONS Gallbladder	3	1	2
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS TOTAL			
	040	IRON DEFICIENCY ANEMIA	10	8	2
	049	OTHER CONDITIONS Hemophilia	14	2	12
		Epistaxis	1	1	
V	05-	MENTAL DISORDERS TOTAL			
	050	PSYCHOSES			
	051	NEUROSES and Personality Disorders	8	3	5
	052	ALCOHOLISM	3	2	1
	053	MENTAL RETARDATION	2	1	1
	059	OTHER CONDITIONS Nerves	3	2	1
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL			
	060	PERIPHERAL NEURITIS			
	061	EPILEPSY	2	2	
	062	CONJUNCTIVITIS and other Eye Infections	2	2	
	063	REFRACTIVE ERRORS of Vision			
	064	OTITIS MEDIA	16	10	6
	069	OTHER CONDITIONS Ear infections	5	2	3

PART II – 5. (Continued)

GRANT NUMBER

07-H-000018-11-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM TOTAL	230	164	66
	070	RHEUMATIC FEVER	3	2	1
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	2	2	
	072	CEREBROVASCULAR DISEASE (Stroke)			
	073	OTHER DISEASES of the Heart	2	1	1
	074	HYPERTENSION	11	8	3
	075	VARICOSE VEINS	1	1	
	079	OTHER CONDITIONS Chest pain	1	1	
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL			
	080	ACUTE NASOPHARYNGITIS (Common Cold)	31	26	5
	081	ACUTE PHARYNGITIS	2	2	
	082	TONSILLITIS	25	17	8
	083	BRONCHITIS	11	5	6
	084	TRACHEITIS LARYNGITIS			
	085	INFLUENZA	10	7	3
	086	PNEUMONIA	1	1	
	087	ASTHMA, HAY FEVER	15	2	13
	088	CHRONIC LUNG DISEASE (Emphysema)			
	089	OTHER CONDITIONS Pleurisy	3	3	
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL			
	090	CARIES and Other Dental Problems	3	2	1
	091	PEPTIC ULCER	12	4	8
	092	APPENDICITIS	1	1	
	093	HERNIA	2	2	
	094	CHOLECYSTIC DISEASE	1	1	
	099	OTHER CONDITIONS Gastroenteritis	2	2	
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL			
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	10	8	2
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)			
	102	OTHER DISEASES of Male Genital Organs	1	1	
	103	DISORDERS of Menstruation	5	4	1
	104	MENOPAUSAL SYMPTOMS	3	3	
	105	OTHER DISEASES of Female Genital Organs	9	7	2
	109	OTHER CONDITIONS			
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL			
	110	INFECTIONS of Genitourinary Tract during Pregnancy	4	3	1
	111	TOXEMIAS of Pregnancy	1	1	
	112	SPONTANEOUS ABORTION	3	3	
	113	REFERRED FOR DELIVERY	19	17	2
	114	COMPLICATIONS of the Puerperium	4	4	
	119	OTHER CONDITIONS Edema	2	2	
XII	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL			
	120	SOFT TISSUE ABSCESS OR CELLULITIS	1	1	
	121	IMPETIGO OR OTHER PYODERMA	23	15	8
	122	SEBORRHEIC DERMATITIS	1	1	
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	4	3	1
	124	ACNE			
	129	OTHER CONDITIONS Fissured heels	1	1	

PART II - 5. (Continued)

GRANT NUMBER
07-H-000018-11-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE TOTAL	58	41	17
	130	RHEUMATOID ARTHRITIS	1	1	
	131	OSTEOARTHRITIS			
	132	ARTHRITIS, Unspecified	4	3	1
	139	OTHER CONDITIONS			
XIV.	14-	CONGENITAL ANOMALIES TOTAL			
	140	CONGENITAL ANOMALIES of Circulatory System	2	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 AND ILL-DEFINED CONDITIONS TOTAL			
	160	SYMPTOMS OF SENILITY	1	1	
	161	BACKACHE	4	3	1
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	2	2	
	163	HEADACHE	8	5	3
	169	OTHER CONDITIONS Abdominal pain	2	2	
		Fainting	4	3	1
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE TOTAL			
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	9	5	4
	171	BURNS	3	2	1
	172	FRACTURES	7	7	
	173	SPRAINS, STRAINS, DISLOCATIONS	7	4	3
	174	POISON INGESTION			
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	4	2	2

			NUMBER OF INDIVIDUALS
6	2-	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS TOTAL	2,014
	200	FAMILY PLANNING SERVICES	120
	201	WELL CHILD CARE	39
	202	PRENATAL CARE	58
	203	POSTPARTUM CARE	14
	204	TUBERCULOSIS Follow-up of inactive case	6
	205	MEDICAL AND SURGICAL AFTERCARE	3
	206	GENERAL PHYSICAL EXAMINATION	725
	207	PAPANICOLAOU SMEARS	12
	208	TUBERCULIN TESTING	4
	209	SEROLOGY SCREENING	9
	210	VISION SCREENING	659
	211	AUDITORY SCREENING	124
	212	SCREENING CHEST X-RAYS	9
	213	GENERAL HEALTH COUNSELLING Health promotion	212
	219	OTHER SERVICES Immunizations	20
		(Specify) Polio 8	
		DPT 7	
		Tetnuas 5	

PART III - NURSING SERVICE

GRANT NO.

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS	80
b. NUMBER OF INDIVIDUALS SERVED TOTAL	1,633
2 FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	1,163
b. TOTAL HOUSEHOLDS SERVED	290
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	2,306
d. VISITS TO SCHOOLS, DAY CARE CENTERS	42
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	1,009
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE TOTAL	837
(1) Within Area	214
(Total Completed)	
(2) Out of Area	623
(Total Completed)	
b. REFERRALS MADE FOR DENTAL CARE TOTAL	
(Total Completed)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	2
(Total Completed)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	130
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD (Form PMS-3652 or Similar Form) IN FIELD OR CLINIC TOTAL	
(1) Number presenting health record.	
(2) Number given health record	
4 OTHER ACTIVITIES (*Specify*):	
35 different meetings and training sessions were attended. Transportation to physicians office or clinic were provided when absolutely necessary.	

REMARKS

PART IV - SANITATION SERVICES

GRANT NUMBER 07-H-000018-11-0 CS-H20-C-0

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS	N.A.	N.A.	N.A.	N.A.
OTHER LOCATIONS	N.A.	N.A.	N.A.	N.A.
HOUSING UNITS - Family:				
IN CAMPS	N.A.	N.A.	N.A.	N.A.
IN OTHER LOCATIONS	N.A.	N.A.	N.A.	N.A.
HOUSING UNITS - Single				
IN CAMPS	N.A.	N.A.	N.A.	N.A.
IN OTHER LOCATIONS	N.A.	N.A.	N.A.	N.A.

TABLE B. INSPECTION OF LIVING AND WORKING ENVIRONMENT OF MIGRANTS

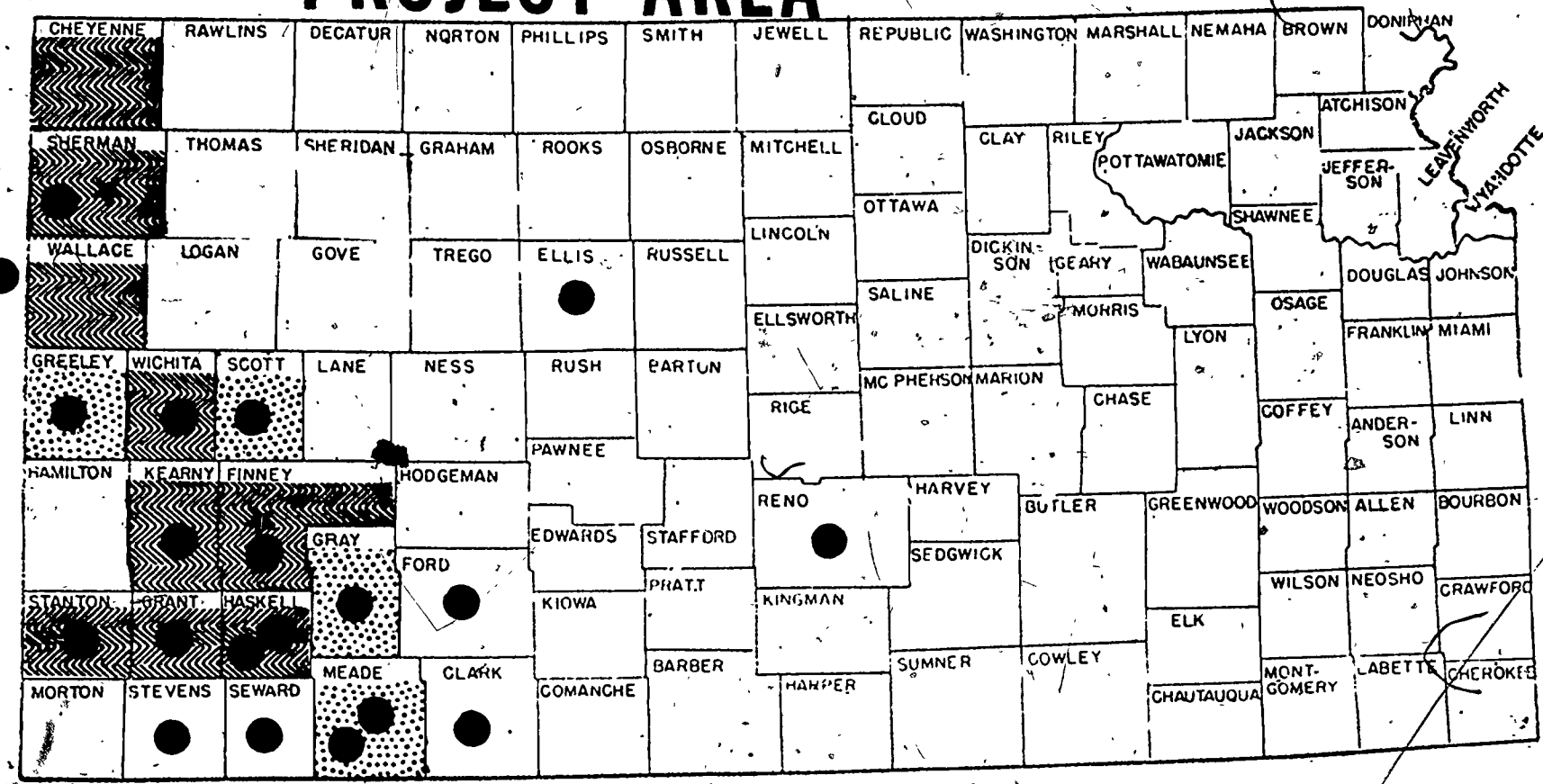
ITEM	NUMBER OF LOCATIONS INSPECTED*		TOTAL NUMBER OF INSPECTIONS		NUMBER OF DEFECTS FOUND		NUMBER OF CORRECTIONS MADE	
LIVING ENVIRONMENT	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
a. WATER	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
b. SEWAGE								
c. GARBAGE AND REFUSE								
d. HOUSING								
e. SAFETY	The Project does not have a Sanitarian.							
f. FOOD HANDLING								
g. INSECTS AND RODENTS								
h. RECREATIONAL FACILITIES								
WORKING ENVIRONMENT								
a. WATER	XXXX		XXXX		XXXX		XXXX	
b. TOILET FACILITIES	XXXX		XXXX		XXXX		XXXX	
c. OTHER	XXXX		XXXX		XXXX		XXXX	

* 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					
	HEALTH EDUCATION STAFF	PHYSICIANS	NURSES	SANITARIANS	AIDES (other than Health Ed.)	OTHER (Specify)
A. SERVICES TO MIGRANTS						
(1) Individual counselling	1,718	175	988	N.A.	1,438	350
(2) Group counselling	270	N.A.	6	N.A.	24	N.A.
B. SERVICES TO OTHER PROJECT STAFF						
(1) Consultation	82	N.A.	23	N.A.	N.A.	6
(2) Direct services	N.A.	N.A.	10	N.A.	N.A.	N.A.
C. SERVICES TO GROWERS						
(1) Individual counselling	N.A.			N.A.	N.A.	N.A.
(2) Group counselling	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS:						
(1) Consultation with individuals	10	N.A.	15	N.A.	N.A.	N.A.
(2) Consultation with groups	N.A.	N.A.	10	N.A.	N.A.	N.A.
(3) Direct services	5	N.A.	654	N.A.	N.A.	N.A.
E. HEALTH EDUCATION MEETINGS	94	N.A.	N.A.	N.A.	50	N.A.

PROJECT AREA



Medical, Dental and Health Education Services

Services provided through adjacent Counties

Hospitals having agreements with project

Project Office

81
0031