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ABSTRACT

A comparative evaluation involving two instructional programs is given, although the approach can easily serve to compare more than two programs. The steps involved in conducting a program fair evaluation of two instructional programs are: (1) Identify objectives (a) common to both programs, (b) unique to one program, and (c) unique to the other program; (2) Collect or construct test items based on the three sets of objectives; (3) Combine the test items into a three-part examination; (4) Assign estimates of importance, as explicitly as possible, to the three sets of objectives; (5) Administer each of the instructional programs to one of two randomly selected groups of appropriate learners; (6) Administer the three-part examination to both groups; and (7) Appraise results and reach a decision regarding the preferred program. The summative evaluation scheme described here is relatively straightforward and can, therefore, be carried out with little difficulty. It can be applied to the evaluation of short-duration instructional sequences or to programs of much greater magnitude. While conceptually simple, it provides the evaluator with opportunities to employ sophisticated quantification schemes to deal with such problems as value weightings of objectives. The major purpose of the procedure is to make evaluators attentive to the differential consequences of employing instructional programs which were designed with different intentions. (Author/BJG)

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PROGRAM FAIR EVALUATION--SUMMATIVE APPRAISAL OF INSTRUCTIONAL SEQUENCES WITH DISSIMILAR OBJECTIVES

W. James Popham

Even as today's educational evaluators acquire increasing sophistication in appraising instructional programs, they encounter classes of evaluation problems which tax their expertise. Some of these problems are associated with relatively new issues, while others have been with us for many years. One question receiving considerable attention in the 1960's pertains to comparative evaluation of two or more instructional sequences which have some objectives that are the same but some that are different.

At first glance this would seem to be an age-old evaluation problem, since educators for many years have had to choose among competing instructional sequences. Yet, only recently has it been possible to apply vigor to the task. This stems from a development in the field of instruction, namely, the tendency to prepare instructional sequences which are essentially replicable and which take responsibility for promoting specified changes in appropriate learners. In earlier days curriculum specialists usually designed what they hoped was an optimal instructional program, then evaluated it. Rarely did they have an opportunity to choose among competing instructional sequences. It was

tough enough just to get one into operation. But today, due in part to the impact of the programmed instruction movement, more and more replicable instructional products are appearing on the educational market. These products range from short, one-lesson programs to elaborate, year-long packages. The replicability of these products makes it possible for school people to select one with the assurance that it will be effective in the local situation. Local curriculum workers need not put up their own instructional preserves, they can now buy them at the market.

Comparative Evaluation

But as any housewife will tell you, comparative shopping is difficult. It's hard to decide which of two roasts to purchase when there are several differences between them, e.g., quality (prime versus choice), weight (4 lbs., 6 ozs, versus 5 lbs., 2 ozs.), bone content ("not much" versus "mostly marrow"). Decisions are particularly difficult when such differences do not uniformly favor one of the potential purchases. In the same way, a consumer of educational products faces a complex problem when he is obliged to choose among sets of instructional materials which, among other differences, are designed to promote goals that are--at least to some extent--dissimilar.

Let us consider, for example, an increasingly common kind of educational dilemma. A local school district curriculum committee has been commissioned to select a set of biology materials. There are now several sets of such materials on the market, each with its own texts, work books, and teacher manuals. Because of careful structuring of the materials, it can be said they are essentially replicable, that is, can probably be used in roughly the same way by various biology instructors. Each of the three most eligible sets of materials has been field-tested to the point where data are available on the degree to which each program promotes achievement of its objectives. However, the objectives of the three programs differ, so even with a wealth of performance data on each program, the committee must still somehow discriminate among the programs with respect to intended outcomes.

Selecting a program is a summative evaluation task.[1] Such tasks will be presented to educators with increasing frequency as a consequence of the expanding availability of replicable instructional products. How should such tasks best be handled?

Inadequate Strategies

Approaches range from the crude to the complex. An approach will be advocated here which, it is hoped, is (1) sufficiently practicable

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[1] M. Scriven, "The Methodology of Evaluation." in B. O. Smith (Ed.) Perspectives of Curriculum Evaluation. Chicago: Rand McNally, 1967.

that it can be readily used and (2) sufficiently sensitive that it yields the appropriate information for evaluative decisions. But first let's dispense with some of the more simplistic evaluation strategies which have, unfortunately, been used all too often in comparing instructional sequences with differing objectives.

It should be noted at the outset that this discussion pertains to comparative evaluations (i.e., judging which contender is best) among instructional sequences that employ replicable methods and yield replicable results. For example, this includes sets of self-instruction programs in which a "live" teacher plays little or no role; and instructional sequences in which teachers are heavily involved but are also heavily influenced as to the form of the instruction they produce. It obviously doesn't make much sense to devote intense efforts to evaluating non-replicable instruction, such as that spontaneously generated by "off-the-cuff" teachers whose teaching is so variable that generalizations regarding their future performances are risky. So we are talking here about comparative evaluations of such entities as long-term national curriculum projects which yield fairly reliable instruction (perhaps because they are largely material-based) or short-term instructional sequences such as the teacher's use of highly prescriptive lesson plans and unit plans.

Some evaluators respond exclusively to "presentation" stimuli which may or may not be related to student attainment of instructional objectives. For instance, educators often choose one set of reading materials over another because of packaging: illustrations, covers, and page make-up. Such things are not necessarily irrelevant to learner achievements but they usually have not been demonstrated to be germane. Again, we find some educators preferring one program to another primarily because they are impressed with an author's style or with the way he treats a particular concept. Such approaches never raise the only truly important question: "What happens to the learner as a consequence of his encounter with the instructional sequence?" Of course style and treatment of content may be critically related to learner post-instructional behavior. But such relationships are rarely, if ever, verified. Instead, the evaluator trusts his intuition, and intuitively derived evaluations such as these are difficult to defend.

A more reasonable approach to cross-program evaluation involves use of learner performance measures. A common practice has been to administer either a standardized achievement test or a specially constructed achievement test to learners who have completed different instructional sequences, then compare their performances. The weakness with this approach, however, is that these tests often lack relevance to the objectives of the different instructional sequences. A standardized test, for example, is usually developed in a norm-referenced[2]

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[2] R. Glaser. "Instructional Technology and the Measurement of Learning Outcomes: Some Questions." American Psychologist, XVIII, 1963, 519-521.

context where the primary purpose of the test is to differentiate among individuals, rather than in a criterion-referenced context where the primary purpose of the test is to assess the degree to which an individual meets a criterion. Because of procedures associated with the development and refinement of norm-referenced measures (e.g., item analysis and the quest for highly variant scores) such tests often fail to retain items which assess truly important intended outcomes of given instructional programs. Therefore, to use these tests as a principal basis for judgment may obscure the true effectiveness of the program in question.

In somewhat the same way a test specially designed to assess the merits of two or more discrete instructional programs often suffers from attempting to serve multiple masters. By trying to cover fairly the objectives of more than one program, the resulting test is often a watered-down instrument which tells the evaluator little. Even worse, such a test may inadvertently place greater emphasis on the objectives of one program, thereby favoring it when learner performance is evaluated.

Although these two approaches--use of criteria other than learner behavior and use of a single test--have been the most widely employed procedures for comparing two or more instructional programs with different objectives, there are other less common strategies. Wolf[3] recently described some of these and identified weaknesses in each.

Program Fair Evaluation

The proposed scheme for avoiding some of the previously identified weaknesses is both conceptually simple and easy to implement. For ease of exposition, a comparative evaluation involving only two instructional sequences will be considered, although the approach can easily serve to compare more than two programs. For a hypothetical case, consider the problem faced by an evaluator who must choose between Program X and Program Y which have some objectives that are the same and some that are different.

First, the evaluator should isolate the instructional objectives of each program. If the objectives are not presented by the programs' developers, it may be necessary to infer them from the programs' criterion tests or, lacking these, from the programs[4] themselves. For the

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[3] R. Wolf, "Program Free Testing," Research Memorandum, Southwest Regional Laboratory for Educational Research and Development, Inglewood, California, May 16, 1968.

[4] W. J. Popham, "A Comparison of 'Rough and Dirty' Methods of Evaluating Self-Instruction Programs," Working Paper, UCLA Program Effectiveness Project, October, 1964.

evaluator's purposes, such objectives must be stated operationally (e.g., in terms of intended learner behavior changes). Loose, global objectives are of little utility to the evaluator.

Each program's objectives should then be grouped, as indicated in Figure 1, into those common to both programs, those unique to Program X, and those unique to Program Y.

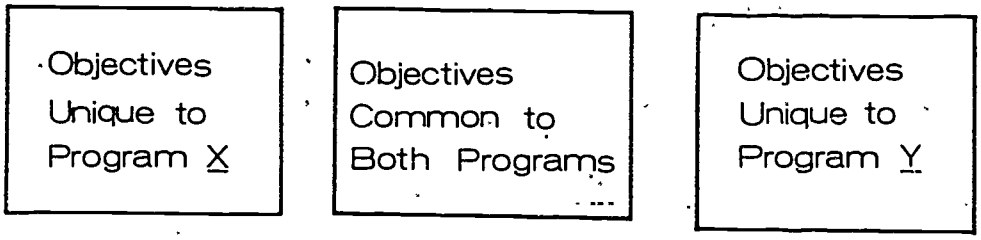

Figure 1. A classification of objectives for Program X and Program Y.

In isolating the unique and the common objectives, it may be possible to work exclusively from test items rather than objectives. Doubtless, however, it is advantageous to delineate objectives clearly since by examining them (1) the class of test items covered is more easily seen, and (2) the appropriateness of a given test item to a particular program is more easily determined.

Next, representative tests of each of the three sets of objectives must be generated. And "test" here is used broadly, in the sense that one could generate written and non-written measures for objectives in the affective domain as well as the cognitive. An ideal proportion should be sought between number of test items and number of objectives. If the situation presented in Figure 2 prevailed, for example, where one set of unique objectives was much larger than the other, about twice as many test items would be prepared for objectives unique to Program X as for objectives unique to Program Y. This is complicated, unfortunately, because measuring performance of one objective may take

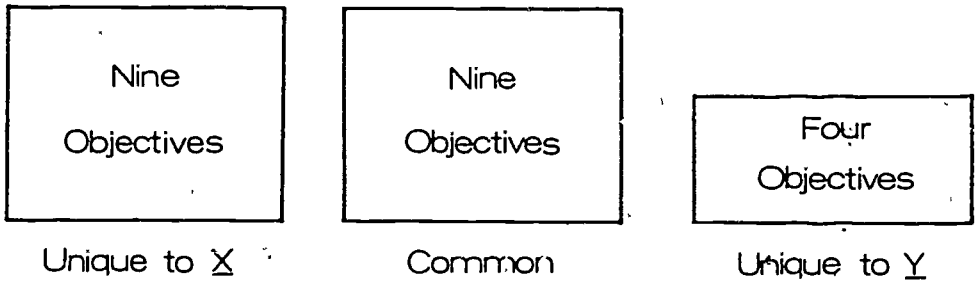

Figure 2. A hypothetical classification of program objectives.

whether common or unique. But it would be helpful at this stage even to make a gross commitment where the evaluator might assert: "Objectives unique to Program X are more important than the common objectives. Further, the common objectives are more important than those unique to Program Y."

Next, a sample of appropriate learners is randomly assigned to one of two instructional treatments and, after they have completed their respective sequences, they are given the three-part criterion test. We are assuming that the average time taken to complete each program is comparable, although adjustments could be made in criterion test scores if one program took much longer to complete than the other.

Finally, one of the two programs is selected based on the performance of the two groups of learners on the three subtests and on the previously judged worth of each set of objectives. In Figure 3, for example, it would seem that because the objectives unique to Program Y were considered so important (8 points on a 10-point scale), that Program Y would be selected here. Both programs yield learner performance on the other two sets of objectives which, though favoring Program X, are roughly comparable. Program Y produces clearly superior results on objectives unique to itself while doing almost as well as Program X on the other two dimensions.

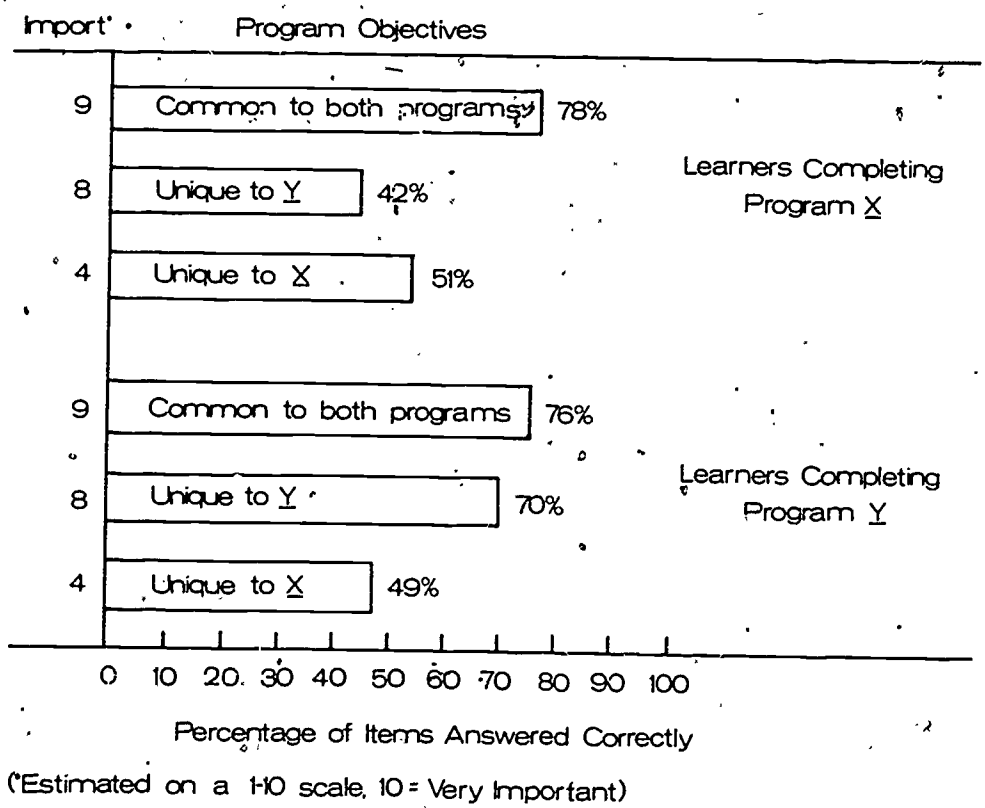

Figure 3. Hypothetical results of two groups of learners completing two different programs.

Of course, one could generate other fictitious sets of results where the decision-maker would face a more difficult choice. Considering value weightings and relative success of learners on the three sets of objectives, situations might be presented wherein the evaluator would resort to a coin flip. But even the most elaborate evaluation scheme will occasionally yield such impasses. The value of the procedure described here is that it can sharpen the evaluator's awareness of the degree to which different instructional sequences perform different kinds of jobs.

Results on such an examination must be weighed, of course, along with other important factors such as cost, re-usability of materials, and teacher attitudes toward the programs. But assuming such factors are relatively equal, appraisal of results such as those included in Figure 3 should aid the evaluator.

Seven Steps

Recapitulating, then, here are the steps involved in conducting a program fair evaluation of two instructional programs:

1. Identify objectives (a) common to both programs, (b) unique to one program, and (c) unique to the other program.
2. Collect or construct test items based on the three sets of objectives.
3. Combine the test items into a three-part examination.
4. Assign estimates of importance, as explicitly as possible, to the three sets of objectives.
5. Administer each of the instructional programs to one of two randomly selected groups of appropriate learners.
6. Administer the three-part examination to both groups.
7. Appraise results and reach a decision regarding the preferred program.

The summative evaluation scheme described here for comparing programs with dissimilar objectives is relatively straightforward and can, therefore, be carried out with little difficulty. It can be applied to the evaluation of short-duration instructional sequences or to programs of much greater magnitude.[5] While conceptually simple, it provides

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[5] One of the best examples of this approach has been conducted in Britain: W. A. Brownell "Two Recent Studies of Arithmetical Learning in British Schools", Address presented to the California Educational Research Association, March 16, 1968, Berkeley, California.

the evaluator with opportunities, if he wishes, to employ sophisticated quantification schemes to deal with such problems as value weightings of objectives. The major purpose of the procedure, of course, is to make evaluators attentive to the differential consequences of employing instructional programs which were designed with different intentions.

his name has an either famous or infamous ring. The Council is composed of local councils in Garden City, Goodland, Leoti, and Ulysses. Each local council elects its own officers as well as six board members who represent the local group on the 24-member state board. Programs now in operation include four Head Start Programs and an area-wide Health Start Program focusing on health education and assistance for the low-income family into the health care delivery system. An emergency food program and legal aid are also available. Housing programs, vocational training, and education programs to reduce the astounding number of Chicano dropouts are goals of the future.

The emergence of the KCAW-LIF and publicity surrounding the Council and Manny Fierro have not been happily embraced by all residents of the area. Unfortunately, many do not understand the goals of the Council. Some who do understand feel threatened. And still there are those in each of the various communities who do actively support the Council. The Council, like any new organization, has experienced many growing pains and has had to deal with various factions. Despite many problems the Council, comprised of agricultural workers and low-income families as its name implies, has jelled into an organization and is attempting to find solutions to the problems of its members. The combined concept of a consumer administered self-help program is in itself significant.

Another historic accomplishment was the formation of the Select Legislative Committee on Migrant and Low-Income Workers. This committee studied at length the problems of the migrant and farm worker through a series of hearings and on site visits throughout the state. Numerous recommendations have been made by the committee including controls to prevent the hiring of illegal aliens. Not only was the establishment of this committee a first for the study of the problems of the farm worker, but it is the first time in Kansas history that a legislative committee has been formed to deal with any problems involving people. The initial request for the formation of the committee was made by Manuel Fierro.

The Migrant Health Advisory Board met monthly throughout the winter and spring and resumed meetings in the fall. The consensus of the group was that it was impossible to meet during June and July. The fact that the Project Coordinator was disabled for a ten-week period was also a factor in the delay in resuming post-July meetings. It is our hope that the Advisory Policy Board will become a more viable, productive group in coming months.

The following is a brief summary of services of the Project which have not been reviewed up to this point.

Clinic attendance showed a slight increase over 1970 despite a smaller migrant population. Total attendance was 1247. Thirty-three family clinics were held during June and July. Nine additional clinics were held to provide physical examinations for children attending the various Title I migrant programs. The Project also paid on a fee-for-service basis for 1134 office visits in physicians' offices and 89 emergency room visits. Family clinics are held on the peak season of June and July. The fee-for-service practice allows us to assist families with medical care during the off season and with emergency and follow-up care between clinics. Thus, in total the Project paid for 2470 patient visits, an increase of 114 visits over 1970.

All children attending the Title I migrant programs were screened for vision, hearing, and dental problems. Children at five of eight Title I programs were screened for hemoglobin deficiencies.

Dental services continued to increase. Of the 632 children screened 352 required dental treatment. Of these 313 or 89% were completed. It should be noted that in screening in most communities the effects of our dental program in past years were very obvious. In five communities 72% required no work and what work was needed was minimal. However, in Ulysses where many families were coming to western Kansas for the first time, nearly 80% of the children required work of a major nature. Twenty-six adults also received dental services. In total the Project paid for 974 fillings, 172 extractions, and 51 crowns. Five appliances were also provided. Additionally, 125 children had fissure sealant applications and 71 had fluoride treatment. Ninety-seven other preventative services were provided. It is our hope that these preventative services will reduce the need for restoration in the future.

Group health education efforts were largely in the areas of nutrition education and family planning. Monthly nutrition education, recipe idea sessions to make maximum use of food items distributed through the Supplemental Food Program were held in Ulysses, Johnson, Leoti, Garden City and more recently in Scott City. A total of 33 such sessions were held.

Family planning education was offered at 18 family clinics. Many women were also referred to monthly family planning clinics held in five area communities. A total of 96 women received family planning services.

While the need for hospital services continues to grow, and hospital costs increase, funds available for hospital services do not. As of December 1, 1971 all hospital funds for inpatient services have been exhausted for this fiscal year. Since December 1, 1970, 141 patients have required 578 days of hospital care. Total cost to the Project was $30,258.97. Average stay was 4.1 days at a cost of $52.35 per day. With the present Welfare Department crisis in Kansas and reduced payments to vendors a real threat of the future, the prognosis for hospital care for the migrant for the remainder of the fiscal year is not good. Denial of services in the future is not just a remote possibility.

Housing continues to be a crucial problem. Several communities have applied for Federal loans to construct low-income housing. A HUD project is now under construction in Ulysses. The Garden City Company recently destroyed some 30 units used for migrant housing for years. While hardly dream homes, these houses were far more adequate than most rental housing available to migrants and low-income families. A state housing code is badly needed to upgrade housing now available. Much of this housing is not acceptable by any standards.

And so a year ends and another begins. Each year we seem to put out an increasingly exhaustive effort and accomplish more. And yet each year it seems like we're just skimming the surface. How much there remains still to be done!

II. REMEDIAL SCHOOLS and DAY CARE CENTERS

Eight Kansas communities again sponsored Remedial School Day Care Centers for the migrant child. These "migrant schools" were funded through Title I Migrant Education Funds applied for by each of the individual school districts involved. These programs were located in Goodland, Holcomb, Lakin, Leoti, St. Francis, Sublette, Sharon Springs, and Ulysses. Johnson, the only remaining community with a significant number of migrants, has yet to apply for Title I Migrant Education Funds. Hoxie, with a far smaller number of children, plans to have a migrant school next summer.

Most programs ran for a six-week period. The Leoti program however, lasted eight weeks.

Several community groups sponsored day care programs for children under three years of age. Programs of this type were held in Johnson, Ulysses, Goodland, Leoti, and Sublette. (See Community Action Section.) Since there was no other program for older children in Johnson, their day care program cared for children up to six years of age. Project Read again was held in Johnson for older children with remedial problems.

Three programs for children in Ulysses were sponsored for the 3rd year by Concerned Citizens. These included day care for children under three, day care for children three to five years of age for children who needed care afternoons and later in the summer when the Title I program was closed, and a recreation program to provide activities for the older children. Since the Ulysses migrant school has a half day program, many children would be on their own or have to go to the scorching fields if these programs were not available.

Most schools offered programs from early morning until late afternoon. Breakfast, lunch, and snacks were provided. Transportation was provided by all programs.

The St. Francis program also offered adult basic education classes in the evenings for adults. The goal of each program is to assist the Spanish speaking migrant child in attaining and maintaining his proper grade level. Migrant children in our area are not only handicapped by their economic background and interrupted educational experiences, but by their language barrier as well. The preschool programs are especially useful in assisting the Spanish-speaking child in making a smoother transition into an English-speaking world of strange foods, sights, and sounds.

Summer Head Start programs were offered late in the summer in Goodland, Ulysses, and Garden City. These programs were conducted by the Kansas Council of Agricultural Workers and Low-Income Families. Full-year Head Start programs are now in operation in Goodland, Garden City (2), Leoti, and Ulysses. One Garden City program is under the auspices of U.S.D. 457. All others are KCAW-LIF programs.

The Migrant Transfer Record was in use for the first time this year. This record relays educational information to the schools lacking important facts on a specific child. A data bank has been established for this purpose in Little Rock, Arkansas. Some health

information such as immunization histories are also included in the Migrant Transfer Record. While the data bank obviously after two years cannot have a record on every child, it will undoubtedly prove invaluable in future years.

It should appear at this point that many programs have been established to guide the migrant child away from the once inevitable course of junior high drop out. Improvements are obvious each year. It is our belief that The Title I Programs, Head Start, and other programs will ultimately succeed in helping the migrant child to attain his rightful productive place in society.

III. HEALTH EDUCATION

In contrast to past years the Project staff was directly involved in very few of the educational programs presented at the Title I centers. This year we asked each program to order films directly from the Division of Health Education of the Kansas State Department of Health. In the past films were ordered by the Project and distributed to and collected from each program weekly. Staff members had shown films and conducted discussions at several of the centers. With numerous additional demands on all staff members it seemed logical to ask the various centers to take full responsibility for this aspect of their program.

Formal health education endeavors were largely concerned with two areas: family planning and nutrition education. Paula Leaser, R. N. and Rita Pickett, L. P. N., Southwest Area Family Planning Nurses, were on hand for most clinics in Garden City, Leoti and Ulysses to provide family planning counselling and services as explained in the Nursing Services Section. Many women were also counseled by Project staff throughout the year and referred to Family Planning Clinics held in Garden City, Leoti, Scott City and Ulysses. These clinics are a project of the Division of Maternal and Child Health, Kansas State Department of Health. Recently family planning clinics have begun in Lakin. Throughout the year family planning services were provided for 96 women.

Last December nutrition education classes were started in Ulysses. Beginning in January monthly classes were held in Johnson also. In February classes were initiated in Garden City, and in March classes began in Leoti. By April classes were being held once a month in each of these four locations. Similar sessions began in Scott City in September. In all, 33 nutrition classes were held in the various areas from December 1970 through November 1971.

These classes are popularly called "cooking classes" by the ladies who participate in them. They seem anxious to learn what constitutes good nutrition and how they can improve the nutrition of their families. They are interested in learning new ways to prepare and serve food tastefully and economically. The sessions serve not only as instructional periods, but also as opportunities for idea exchange on many facets of homemaking and family living. Occasionally an entire meeting may be devoted to a food-related topic such as budgeting.

In the beginning it was our hope that ultimately a local community agency or agencies might gradually assume responsibility for classes in the individual areas. This has worked beautifully in Ulysses. Since May, Jessie Schibbelhut, Homemaker Aide associated with the County Extension Office, has provided interesting instructional materials as well as demonstrations and activities on a monthly basis. The classes are supplemented by work on a one-to-one basis with individual women and families in their own homes.

In Ulysses, Johnson, Leoti, and Scott City the distribution of the supplemental food commodities takes place on the same day as the monthly nutrition class. It was necessary to solicit the use of a suitable facility in each of these towns where the classes and commodity distribution might take place. We are most grateful for the free use of the following buildings: St. Mary's Catholic School in Ulysses; the United Methodist Church in Johnson; St. Anthony's Catholic Church, the Presbyterian Church, and the Assembly of

1971 KANSAS TITLE 1 DAY CARE CENTERS AND REMEDIAL SCHOOL TOTALS

KANSAS TOWN	COUNTY	CHILDREN IN DAY CARE CENTER	REMEDIAL SCHOOL	GRAND TOTAL
Holcomb	Finney	20	92	112
Lakin	Kearny	17	50	67
Leoti	Wichita	21	36	57
Ulysses	Grant	39	104	143
Goodland	Sherman	45	129	174
Sharon Springs	Wallace	40	91	131
Sublette	Haskell	15	45	60
St. Francis	Cheyenne	4	33	37
GRAND TOTALS:		201	580	781

God Church in Leoti; and the United Methodist Church in Scott City. In Leoti it seems as though we move from church to church. We have no funds to pay the $10.00 the Catholic Church now charges for each use of its kitchen facilities. Because the Presbyterian Church does not have a janitor at the present time, it is limiting the use of the church-to-church services and related activities. For the past two months we have encountered conflicting scheduling at the Assembly of God Church. In Scott City we were referred to two ideal public facilities. However, upon inquiring we were informed that these would be inadequate and unsatisfactory for our needs. The United Methodist Church in Scott City has been most cooperative and has made us feel very welcome. In Garden City the commodities are distributed from the office, and the cooking classes are held in the home of a staff member.

As stated previously, all the classes in Ulysses are conducted by Jessie Schibbelhut. Others who have conducted single classes are Mr. Roy D. Ford (County Extension Agricultural Agent of Stanton County) in Johnson and Martha Smith (Coordinator of Homemaker Aides Program of Dodge City) in Garden City. Since August Stanton County has had a new Extension Home Economist, Miss Joyce Park. Miss Park has attended several of the cooking classes in Johnson. The remainder of the classes have been planned and conducted by Genevieve Musquiz and Mary Schlecht of the Migrant Health staff.

Efforts are presently underway in Garden City to provide a course in homemaker-health aide training in January and February. Those who complete the course will be qualified to assist in areas such as: Child care, first-aid, home nursing practices, nutrition helps, family relations, drug and narcotic abuses, fire safety, mental and emotional health, and use of leisure time activities.

A grant of the Child Welfare Department to Catholic Social Service is enabling this agency to develop the program. Sister Malachy Stockemer and Sister Bertilla Brungardt are setting up the program and providing limited homemaker services to some of the migrant and former migrant families in Garden City and the immediate area.

IV. HOUSING AND SANITATION

Even the most casual of observers is unlikely not to notice that housing is a critical problem in western Kansas. All residents of our area are affected by this problem: permanent and seasonal, low-income and middle-income, large families and small. However, the low-income family is bound to suffer more from lack of adequate housing and the migrant must take whatever he can find.

Not all migrant housing is substandard, but much of the housing available to the migrant and former migrant is not acceptable by any standards. Such statements as "It's better than what they have in Texas" somehow do not magically transform pathetic units into split-level, Better Homes and Gardens dream homes.

All types of housing are in short supply in western Kansas, but especially low-income housing. Discontinuing use of some units does not help the shortage problem. And in reverse, the use of makeshift accommodation achieves little more than putting a roof over some heads.

Some interests in the area have approached the problem of substandard housing by taking some units out of use. Migrant housing has received a great deal of publicity, and owners are understandably sensitive about the criticism they have received. The Garden City Company, a corporation that owns much of the land and migrant housing in Finney and Kearny counties, this fall destroyed all but a handful of the housing units used for migrant labor for the last 20 years. Reason? Manny Fierro was responsible because he made charges that housing was substandard.

It should be noted that there was an estimated 26% reduction in beet acreage since 1969. Mechanical thinners and herbicides are being used by some growers, but most beet growers are far from satisfied with the result. However, reducing the number of acres of sugar beets and the need for seasonal farm workers does not insure that migrants will cease coming to Kansas in search of work. If the need exists, they will come looking for work regardless of how slim the prospects may be. The outlook for the future seems to suggest that in subsequent years the migrant not only will not find a great need for his skills, but he will not find any place to live either.

A greater threat to seasonal labor in western Kansas than mechanization and chemicals seems to be the retreat of sugar beets from the agricultural picture. Area growers absorbed disastrous losses in 1969 when weather conditions formed a coalition to all but destroy the beet grower. In 1970, although weather conditions were average and sugar content of beets was about 13%, many growers still realized losses. Some just broke even. Soaring production costs have resulted in marginal or non-existent profits for the beet grower. Although some farmers joke that farming is a "hobby" that they support by holding down another job, sugar beets are continually becoming a more expensive "hobby". It seems very likely that the beet growers will find more security in grain crops in future years.

In the past some migrants and settled-out migrants have been furnished with housing by their employers. However, many workers must rent their own housing at absurdly inflated prices. In most communities the most substandard units are rental properties.

Local housing codes in most communities are non-existent, inadequate, or the mechanism for enforcing the code is lacking. Kearny county is the only county that has ever adopted a workable code which includes jurisdiction over both the county and the city. Most communities have codes which apply to housing only within the city limits of the county seat.

The story of outdoor pumps, backyard privies, leaking roofs, rats and roaches, collapsing furniture, and uphill floors have been told all too often. We can add little to this sad saga.

Several optimistic notes do exist, however.

1) Ulysses: Completion of five self-help FmHA financed homes. These houses were constructed by the families with the assistance of a construction supervisor. VISTAs, Neal and Marilyn Bierling, were instrumental in this first self-help project in Kansas becoming a reality.

2) Ulysses: Construction nearing completion of 40 individual low-income units. This housing project is sponsored by the City of Ulysses and financed through a HUD grant. Although the loan application for this project was approved in the fall of 1969, funds did not arrive and construction did not begin until late 1970.

3) Leoti: Completion of six contractor-built FmHA financed houses for low-income families. This project was the result of a 15-month effort by VISTAs Bob and Ellen Frickson.

4) Applications of the cities of Leoti and Lakin for HUD loans to construct low-income housing in 1970. Monies have not yet become available.

5) Garden City: Construction completed on numerous FHA 235 homes. This program allows a family with an income under $9,000.00 to purchase a home for $200.00 down and 20% of their gross adjusted income.

6) Goodland: Completion of a ten unit low-income housing project.

7) Restoration of some low-income housing in most communities.

8) Application of KCAW-LIF for housing grants for future projects throughout the area.

Although progress is evident, the credits are not far ahead of the debits at this point. One essential ingredient that is now lacking is a Kansas State Housing Code and the mechanics for enforcing it. Individual communities left to assume this responsibility on their own have done little. Decent housing costs money, and city and county officials don't like to bruise the toes of their taxpayers. It is our hope that a State Housing Code will be presented to the coming session of the Kansas Legislature that will insure decent housing for all citizens of Kansas, migrant and non-migrant alike. Until such time as a state housing code becomes law the safety and health of thousands of Kansas residents will be solely at the mercy of the conscience of the landlord. Thus far the consciences of some landlords seem to be out to lunch. When will they return?

V. NURSING SERVICES

By Connie Hernandez, R.N.

Migrant Health Family Clinics are scheduled each summer from the first part of June until the middle of July in Grant, Stanton, Haskell, Finney, Wichita and Sherman Counties. Clinics are scheduled once a week in each area where there is a substantial migrant population. This year two clinics were scheduled each week in Goodland.

Two unexpected changes occurred shortly before clinics began. In Grant County our clinic schedule was changed from Monday evening to Saturday morning. Clinics were held from 9:00 a.m. to 11:00 a.m. with each doctor working on alternating Saturdays. In Grant County with the cooperation of the medical profession the migrant family received good health care services. However, clinics were poorly attended because of the time change.

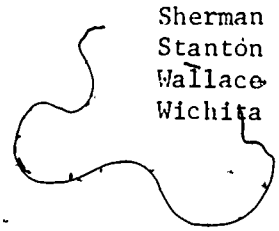
In Haskell County clinics were scheduled in Satanta with Dr. Pratt. Dr. Thiemann was unable to help with migrant clinics because of summer commitments.

Family planning services were conducted by Paula Leaser, Area Family Planning Nurse, at the migrant family clinics in Garden City, Leoti, and Ulysses. Services include educational films; answering of questions on family planning, examination by the doctor, and method of choice prescribed.

Routine visits to the communities with Title I Remedial School Day Care Centers were made weekly. Many health problems were referred by county nurses, school nurses, doctors, hospitals, schools, and concerned citizens in the areas. Screening was done in the community day care centers and Title I programs. Title I Centers are served by public health nurses and school nurses in some localities. Nurses assisting in the Title I schools were: Jerri Menzie, R.N., Grant County; Doris King, R.N., Finney County; Claire Fawcett, R.N., Kearny County; Kathy Lane, R.N., Wichita County. Screening programs include audio, visual, tuberculin skin testing, immunizations, assisting the doctors with physicals, hemoglobins, urinalysis, and dental checks. Hygiene and health education are included in the curriculum.

Physicians assisting in various locations with physicals and clinics were:

Finney County	Frank Fichhorn, M.D.
Grant County	M. A. Brewer, M.D.
	Don Tillotson, M.D.
Haskell County	Carl Pratt, D.O.
Sherman County	Lawrence Bair, M.D.
Stanton County	Ronald Bailey, M.D.
Wallace County	John Chung, M.D.
Wichita County	Robert Ward, M.D.
	Willard Werner, M.D.



p. 12 nonreproducible photos

Most migrant families had arrived by the last of May and work had begun in fields. Many home visits were made to inform the families of migrant clinics and to impress the importance of health care offered. Histories were gathered on new families and updated for families who had returned again for another year. Immunization records were checked and the need for immunizations was explained to parents. Health problems were screened, and those needing care were referred immediately to a physician.

In summary, most of the migrant clinics were well attended. Many times the entire family of seven or more members will attend the clinic. Reasons for visits to health clinics are for care for all types of illness: upper respiratory infections, skin disease, injuries due to accidents such as cuts and bruises, physicals for children and adults, prenatal and postpartum visits, diarrhea in small children, and immunizations. Each year we see progress and improvement in health.

Referrals to the Texas State Department of Health were as follows:

Goodland - Sharon Springs	24
Garden City Area	2
Ulysses	3
Johnson	2
Sublette	1
Leoti	1
TOTAL	33

I wish to express my sincere thanks for all the help which I have received from the communities and local health departments. We all share the goal of giving the best health services that we can provide by working together and helping each other.

JOHNSON - STANTON COUNTY

This farming community has a large population of migrant workers with their families arriving early in May and leaving before the end of July. The Concerned Citizens of Stanton County operate a group day care center for migrant children each year. This year it was in operation from June 7 until July 30 with an enrollment of 43 children. Mary Pena was supervisor of the day care center. She is bilingual and had previous experience with the center last year. The day care center was well staffed with volunteers from the community and Junior High students and adults. Tuberculin testing was done on all personnel. Physicals and immunizations were given at the migrant health clinics by Dr. Dailey, M.D. Sister Genevieve Kessler and Sister Clara Smith volunteered their services to help with the day care center. All the children were happy and well cared for.

A total of four clinics were scheduled with Dr. Dailey, M.D. A total of 81 attended. Follow up was done by the Migrant Health Nurse and staff.

ULYSSES - GRANT COUNTY

During the summer months a large number of migrant workers with their families are found in this area. They come to work in the beets and cantaloupe, and as truck drivers during the harvest. Ulysses has a Title I Migrant Program sponsored by the Unified School District. There is also a Community Day Care Center and Migrant Nursery sponsored by the Concerned Citizens. Screening was done by Jerri Menzie. Summary is as follows:

Hearing	54	no referrals
Vision	93	14 referrals 1 amblyopia which was corrected with glasses A total of 6 pairs of glasses were purchased with Title I funds.
Hemoglobin	96	Approximately 11 were rechecked and given hematinic therapy by Dr. Tillotson.
Tuberculin testing (Stern)	74	2 referred for physical testing.
Physicals	100	These children were examined by Dr. Tillotson

Referrals:

A seven year old girl was found to have a harsh grade III systolic murmur Dr. Tillotson referred her to a cardiologist in Wichita. Appointment and arrangement for transportation were made by the Migrant Health Services.

An eight-year old boy was diagnosed by Dr. Tillotson as having a right inguinal hernia, and recommended surgical repair. Family left the area the following day, and this boy was referred to the Texas State Department of Health.

A total of seven clinics were scheduled in Grant County. A total of 94 attended the health clinics.

One case is as follows: A 35-year old female was hospitalized three days in Grant County with severe abdominal pain. She came to the clinic, was depressed, and complained of wanting to commit suicide. She was referred by the physician to the Mental Health Center. Appointments were scheduled and follow up was done by the Grant County Nurse.

GARDEN CITY - HOLCOMB - FINNEY COUNTY

This summer many home visits were made in the rural areas of Finney County. Migrant Health Clinics were held at the Eichhorn Clinic in Garden City. A total of 152 migrants received services at six clinics. Lakin was without a doctor from May till July. Therefore, a number of Kearny County migrants attended the Garden City Clinics.

The school screening conducted by Doris King, R.N., Holcomb Title I Program nurse with assistance of the project nurse and Council Health Aides was as follows:

Vision Screening

71 children were checked
0 referrals

Hearing Screening

61 children were checked
0 referrals

Hematocrits

44 children were checked
21 children were started on Hematinic Therapy

Physical Examinations

86 children were examined by Dr. Eichhorn
10 children required follow-up treatment

Epilepsy - 5 cases under treatment
Tonsillitis - 2 cases
Impaired use of right upper and lower extremities. Child had a past history of polio. Physical therapy sessions were scheduled at the hospital. Family left area before therapy could be initiated, however.
Mental Retardation - Mongoloid child had previously been evaluated and is enrolled in special education classes.
Impetigo - 1 case

Case History

Sandy is a 16-month old child. For the past six months the child had been having 20-30 seizures daily.

The child was of a term pregnancy and normal delivery. However, she had never been active, has a large head, never had crawled, and barely lifted her head off the bed. Some medication had been tried four months ago, which apparently helped. However, it is not known how regularly she took the medicine.

The child was hospitalized and immediately referred by a local physician to the University of Kansas Medical Center for further evaluation. Sandy was hospitalized at the Center from 4-21-71 to 5-6-71. During hospitalization this child's development changed markedly. She became interested in her surroundings and responded with a smile. Diagnosis: Grand Mal Seizures - Developmental Retardation. The follow up on this child is teaching and explaining to the parents not to bottle feed and not to hold the child when she cries, to encourage and assist with crawling motion and sitting position for balance.

At present there has been no reoccurrence of seizures. Medication of Phenobarbital 30mg. tablets twice daily is given. Follow up is being done by project nurse. Due to the expense involved assistance was provided by the Department of Social Welfare.

SUBLETTE - HASKELL COUNTY

Most of the migrants in this area are found scattered in the rural area surrounding Sublette.

Sublette has a Title I migrant program sponsored by the Unified School District. Robert Gutierrez works every year with the Title I Migrant School and has been of great assistance to the Project staff. Robert is bilingual and is employed by the school as a Liaison Officer.

This summer Haskell County Service, Inc. opened a Day Care Nursery for the migrant children. Good care and supervision were given. TB skin tests, physicals, and immunizations were conducted by Dr. Pratt, D.O..

Three clinics were scheduled at the Satanta Clinic with Dr. Pratt, D.O.. A total of 78 attended.

Screening was done by the project nurse with the assistance of Robert Gutierrez and Council Aides as follows:

Vision	42	no referrals
Hearing	43	no referrals
Tuberculin testing (Stern) ...	40	2 referrals
Hemoglobin Screening	43	8 children required Hematinic therapy
Physical examinations	46	children were examined by Dr. Pratt, D.O. All findings were normal with one exception. One 9 year old girl with a previous fracture of the upper humerus, distal radius, ulna under care of physican in Grant County.

LEOTI - WICHITA COUNTY

A large number of the migrant families in this area arrived late in July. Our clinics were poorly attended. Immunization clinics were scheduled on a monthly basis for preschool children and students at the Leoti Grade School. This was done with the cooperation of the County Health Office, School Nurse, and Dr. Stuart, Leoti Grade School principal. A total of five clinics was scheduled in Wichita County with Dr. Robert Ward. A total of 50 attended. Report of screening done by Kathy Lane, R.N., School Nurse, follows:

Eighty-one children were enrolled at one time or another in the summer migrant session at Leoti Grade School. Our school began on June 7th and ended on July 30th. I believe ours was the only school open for an eight-week session. Other summer migrant schools had six-week sessions.

The following health services were offered to our children:

1. Dental Screening ..... 74 children were checked by Charles Purma, D.D.S.
   6-11-61 ..... 41 children received dental care from Dr. Purma, Dr. Parsons, or Dr. Wheat.

2. Physical Examinations .....46 children were examined by W. F. Werner, M.D.
   7-2-71 ..... 14 children had conditions requiring treatment.

   Various conditions found were ear infections, impacted ear wax, weight problems, post nasal drainage, red throats and later in the summer a 12-year old girl had had a condition causing hoarseness for a long period of time. R.L. Ward, M.D., referred her to Wichita Clinic in Wichita, Kansas. The physician examined her and asked her to return in a few weeks, but the family left Leoti before she could be seen again at the Wichita Clinic.

3. Hearing Screening ..... 42 children were screened
   6-29-71 ..... 2 children referred. Dr. R.L. Ward treated both children for chronic otitis media and treated with medication.

4. Tuberculin Testing (Mantoux) 41 children were tested
   6-22-71 ..... 0 positives

5. Hemoglobin Screening ..... 57 children were checked
   7-8-71 ..... 3 below normal level. Iron therapy was implemented. Each year we see less anemia. I believe food programs such as the school lunch are invaluable.

6. Vision Screening	46	children screened
6-18-71	0	referrals, glasses bought for 3 children in serious need of them.
7. Health checks		Periodic health checks through the summer help me to evaluate the personal health of all the children. Good personal hygiene can be stressed all summer with these health checks. I also am able to find any head lice that may be present by these health checks. Children remind each other and help one another, because each room wishes to be the cleanest.

I enjoyed very much during the summer the sessions spent with the day care and teacher aides in in-service training. My participation was to present meaningful health instruction. Areas covered included drug education, Pap Smear, cancer, self breast examination, anemia, venereal diseases, importance of immunizations, and caring for a child with a high temperature.

Floriene Whisnants report of nursing services in the Northwestern counties appears in XIII Northwest Counties Report.

Services for Kearny County are summarized below by Kearny County Nurse, Claire Faucett, R.N.

LAKIN - KEARNY COUNTY

Visits to migrant families were started on May 20, 1971. A total of twenty-five families were visited. Families were informed of the school program along with the health program and all health benefits offered to them. At this time health problems of the families were noted and discussed. Immunization records were checked and families appeared anxious to keep them up to date.

All homes visited were found to be well-kept and adequate. All members appeared to be well-nourished and happy.

The health program was initiated on May 24, 1971. The health education class consisted of a program emphasizing nutrition, safety, personal hygiene, dental health, and body functions. Audio-visual aids were used along with classroom discussions. Each student received a personal health kit, and this kit was used daily to emphasize the importance of good hygiene.

Vision testing using a Snellen chart was done on all students from age four. Eleven referrals were rechecked by an optometrist and corrective lenses were purchased by the school for ten students. One student was found to have a 25± diopter of astigmatism and special lenses were purchased.

Physicals on all students were done by Dr. Donald Tillotson of Ulysses. Only two students were found to have medical problems. One was a six-year-old

female child with a chronic otitis media. She was placed on chemotherapy. The other was a grade 2 systolic murmur on a ten-year-old male student. This condition had been previously discussed with the parents, and arrangements are being made to have him seen by a cardiologist.

Hearing screening using a Maico Audiometer checked all students along with four and five year olds from Day Care. One child was found to have a slight hearing loss in his left ear.

Dental screening by Dr. Mankin of the State Department of Health was done on June 3, 1971. A total of forty-nine students were checked. Sixty-seven percent of those checked were found to be in good condition. The remaining thirty-three percent were treated by Dr. Jon Wheat of Lakin. All dental work has been completed. All students' teeth were cleaned and treated with epoxylite fissure sealant and fluoride.

Immunizations including D.P.T., D.T., Polio, measles vaccine, and rubella were given as needed. It was found that the following was necessary:

30% needed D.P.T.

11% needed D.T.

42% needed polio

34% needed measles vaccine

25% needed rubella

Smallpox was not given due to the summer weather.

The Day Care students were also screened with the Denver Developmental Screening Test. No referrals were necessary.

During the seven week program many minor injuries were sustained, and first aid was administered as necessary.

Home visits were made periodically to families. Among these were two prenatals. One of these young mothers delivered at a local hospital.

Several families with medical problems were sent to medical clinics for treatment. Jane Perez, our bilingual health aide, was most valuable throughout the program. I feel that the entire program was most successful, because of both student and family participation. Much progress in health has been noted, and families are more aware of good health habits.

1971 NURSING SERVICES SUMMARY

Name of Town	County	Hearing Screening		Snellen Vision Screening		Immunizations	Physicals	TB Screenings	
		Total	Referred	Total	Referred	Total	Total	Total	Referrals
Holcomb	Finney	61	0	76	0	31	86	44	1
Lakin	Kearny	41	1	38	11	35	43	0	0
Leoti	Wichita	42	2	46	0	227	46	41	0
Johnson	Stanton	0	0	0	0	33	76	35	1
Goodland	Sherman	90	0	90	0	250	84	167	0
Ulysses	Grant	54	0	93	0	30	100	74	0
Sublette	Haskell	43	0	42	2	26	96	54	1
Sharon Springs	Wallace	70	3	60	3	0	85	73	3
St. Francis	Cheyenne	30	0	30	0	0	31	33	0
Grand Totals		431	6	475	16	632	647	521	6

VI. MEDICAL AND DENTAL SERVICES

During June and July a total of 33 family clinics were held. Nine clinics were also held to provide physical examination for children attending the various Title I migrant programs. In total 1247 patients were seen at all clinics.

In addition to clinic visits, the Project paid on a fee-for-service basis for 1134 office visits in physicians' offices and 89 emergency room out-patient treatments. Thus, the project provided for 2470 patient visits.

Clinic attendance was down in Leoti and Ulysses. As has been mentioned previously, the Ulysses clinic schedule was changed by the physicians to Saturday morning. This time was not convenient for most area migrants who usually work on Saturday morning. Consequently, clinic attendence was disappointing and much lower than in previous years.

Clinic attendance also decreased in Leoti. No significant reason could be found for this decrease other than the fact that no one was sick on Wednesday. Unless a definite need can be established for an evening clinic, this clinic may be eliminated next year. It would be well to mention however, that Dr. Robert Ward recently left Leoti to establish his practice in another community. Presently Leoti has no physician, and because of this no hospital services.

Clinics were held in Goodland for the first time since 1968. Attendance at the Haskell County Clinic and the Garden City Clinic was improved compared to the previous year. Larger attendance at some clinics and smaller attendance at others resulted in a total number of patient visits roughly the same as 1970. Clinic totals for 1970 were 1212 compared to 1247 in 1971.

The health aides employed by the Council were of great assistance in reminding people about the clinics and interpreting for doctors at the clinics.

A number of patients were referred to specialists for out-patient services. Four patients required the services of an ophthalmologist and six patients were referred to the Area Mental Health Center. Several children were referred for evaluation of congenital heart defects.

Nursing and medical services necessarily intertwine. Additional information may be found in V. NURSING SERVICES.

Dental surveys were conducted at each of the Title I migrant programs during the first two weeks of June. Dr. James Mankin, Chief of the Dental Health Section, Kansas State Department of Health, conducted the surveys for Goodland, Holcomb, Lakin, Sharon Springs, and Goodland children. Surveys in the other areas were conducted by local dentists as follows: Leoti, Dr. Charles Purma; St. Francis, Dr. Haberbosch; Ulysses and Johnson, Dr. Lewis Palmer.

A summary of the dental surveys is included in this section. The purpose of the dental survey was to determine the number of children requiring treatment, and the dental caries experience of migrant children.

1971 CLINIC TOTALS

Town and County	No. of Clinics	Hours-Doctor	Cost	Hours-Nurses	Cost	Grand Total	Persons Seen at the Clinic
Garden City Finney County	8	20½	$780.00	20½	$100.00	$880.00	238
Lakin Kearny County	1	2	$80.00	-	-	$80.00	41
Leoti Wichita County	5	7	$280.00	-	-	$280.00	96
Ulysses Grant County	7	17	$680.00	17	$85.00	$765.00	94
Johnson Stanton County	4	8	$320.00	-	-	$320.00	157
Satanta Haskell County	4	9	$360.00	-	-	$360.00	173
Goodland Sherman County	11	20	$770.00	-	-	$770.00	220
Sharon Springs Wallace County	1	3	$295.00	6	$30.00	$325.00	85
St. Francis Cheyenne County	1	5	$200.00	-	-	$200.00	31
Grand Total	42	91½	$3765.00	43½	$215.00	$3980.00	1135

Dental Caries Experience - Children of Migrant Workers

Five Day Care Centers

June 3-4, 1971

Day Care Center	Age	Number of Children Examined	Children Requiring No Dental Treatment		Dental Caries Experience							
					Deciduous				Permanent			
			Number	Percent	d	e	f	def	D	M	F	DMF
Lakin	3-5	17	11	65%	0.65	0.00	0.65	1.30	-	-	-	-
	6-13	32	23	72%	0.69	0.00	1.00	1.69	0.16	0.07	0.69	0.92
Holcomb	3-5	20	12	60%	0.75	0.00	0.50	1.25	-	-	-	-
	6-13	53	34	64%	0.81	0.00	1.25	2.06	0.15	0.04	0.23	0.42
Sublette	3-5	14	11	79%	0.79	0.07	0.50	1.36	-	-	-	-
	6-13	17	11	65%	0.24	0.00	0.18	0.42	0.25	0.00	0.12	0.37
Sharon Springs	3-5	9	7	78%	0.67	0.00	0.00	0.67	-	-	-	-
	6-13	30	22	73%	1.03	0.00	1.03	2.06	0.00	0.00	0.53	0.53
Goodland	3-5	27	23	85%	0.30	0.00	0.22	0.52	-	-	-	-
	6-13	56	44	79%	0.43	0.00	0.64	1.07	0.04	0.02	0.36	0.41
TOTAL		275	198	72%	0.64	0.01	0.73	1.38	0.07	0.02	0.26	0.35

The criteria used for determining the dental caries experience was the usual classification of DMF (decayed, missing, filled) for permanent teeth and def (decayed, extracted, filled) for deciduous teeth.

Dentists participating in the program were:

Holcomb, Lakin, Sublette	Dr. Jon Wheat
Johnson, Ulysses	Dr. Lewis Palmer
Leoti	Dr. Charles Purma
Leoti, Scott City	Dr. Dennis Parsons
Goodland, Sharon Springs	Dr. J. L. Beynon
	Dr. N. F. Hirsch
St. Francis	Dr. Haberbosch

Use of nitrous oxide units by Dr. Palmer, Dr. Parsons, and Dr. Wheat were of infinite value in treating smaller children.

A preventative program was initiated this year using a commercial fissure sealant. By effectively sealing the pits and fissures on the occlusal surfaces of teeth where decay initially begins, a substantial decrease in the number of new cavities can be expected. It is hoped that by beginning fissure sealant treatment together with routine flouride application, prophylaxis, and education, we can substitute prevention for much of the restoration and extraction usually required. Preventative services provided in pursuit of the above included: prophylaxis - 179; fissure sealant - 125; fluoride treatment - 71; and cavitron - 45. These services were provided for children requiring other treatment. It is our hope that a larger number of children can receive and benefit from these services in the future.

In all 352 children received dental services. Only 39 cases were not completed. Twenty-nine adults were treated on an emergency basis. These 29 patients required 41 amalgam fillings, 41 extractions, one crown and 7 root tip extractions. In total the project paid for 974 fillings, 172 extractions (not including the removal of root tips), and 51 crowns. Appliances were also provided for five children.

Many of the summer programs provided transportation for children requiring dental treatment in their programs. The health aides also assisted with some transportation. However, a large part of the transportation was borne by the staff. This burden was further complicated by the project director trading a couple dozen fractures and a hospital bed for the care-free existence of a dental services coordinator. Some families were able to transport their own children to the dentist, especially where long distances were not involved. Besides transportation, a considerable amount of staff time was spent reminding parents of appointments, as well as explaining what work had been completed and what still needed to be done.

In late spring it was learned that it might be possible to obtain an O.E.O. owned dental van. Requests were made by the Kansas Regional

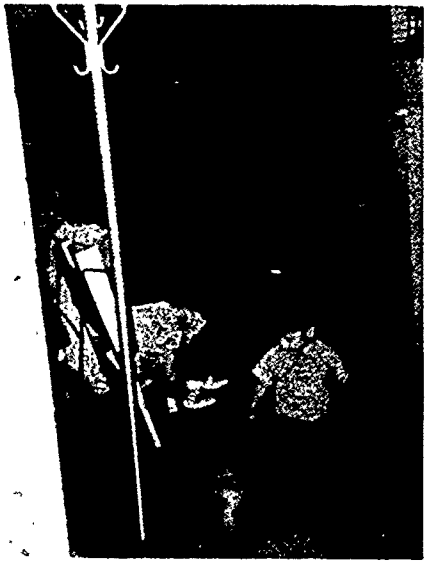
SUMMARY OF RESTORATIVE WORK COMPLETED ON CHILDREN

Town	Number Treated	Permanent				Primary			
		Amal	Adaptic	Ext.	Crowns	Amal	Adaptic	Ext.	Crowns
Holcomb	34	19	1	1	-	49	1	24	7
Johnson	46	72	4	6	4	48	3	12	8
Goodland	51	53	-	-	-	71	-	20	2
Lakin	14	11	-	-	-	14	4	16	5
Sublette	25	22	-	-	-	15	-	3	2
Sharon Springs	20	52	-	-	-	59	4	12	-
Scott City	9	14	-	-	-	6	1	1	1
Ulysses	100	95	10	4	-	125	12	19	13
Leoti	43	76	2	-	-	49	7	10	8
St. Francis	16	19	-	1	-	12	-	2	-
Grand Totals:	358	433	17	12	4	451	32	119	46

PREVENTATIVE DENTAL SERVICES SUMMARY

	Prophylaxis	Fissure Sealant	Fluoride Treatment	Cavitron
Holcomb	25	22	22	18
Johnson	20	8	1	-
Lakin	13	13	13	-
Leoti	35	20	9	-
Scott City	6	5	5	-
Sublette	19	19	19	27
Ulysses	59	38	2	-
TOTAL	177	125	71	45

Medical Program, Kansas Human Needs Corporation, KCAW-LIF, and the Project. The van arrived in June on a loan arrangement to the Council. Several problems prevented immediate use of the van. These included immediately essential repairs to the plumbing system, air conditioning units, and suction equipment, as well as replacing of hand pieces that had apparently disappeared at some previous stop. A pedodontist was recruited from the Kansas City area. This was necessary as we had not had sufficient notice to arrange for the services of a local dentist for long time segments. An additional problem was a motor vehicle that could haul a trailer 22 feet long. Originally we had believed the van to be a self-contained unit. Expenses for equipping the van and repairs were shared by KRMP and KCAW-LIF. The Project shared in expenses for the services of the dentist. Because of the numerous problems encountered, the van only saw use on a limited basis in Holcomb and Ulysses during the peak season. Thirty migrant children were treated in the van. The Council has since made use of the van for Head Start children. Hopefully, the van can be used more effectively in the future in communities that do not have a dentist.



SUMMARY OF CHILDREN'S DENTAL SERVICES

Town	No. Checked*	No. Requiring Work	No. Completed	No. Partially Completed	No. Not Started	% Completed
Goodland	118	51	41	10	-	80.4
Holcomb	88	34	32	2	-	94.1
Johnson	53	46	39	7	-	84.8
Lakin	49	15	14	1	-	93.3
Leoti	74	41	38	3	0	92.7
St. Francis	37	16	16	0	0	100.0
Scott	15	9	9	0	-	100.0
Sharon Springs	49	20	20	0	-	100.0
Sublette	43	21	20	1	0	95.2
Ulysses	110	99	84	15	-	84.8
TOTALS:	636	352	313	39	0	88.9%

*Note: Additional children were screened in local dentist offices that were absent for initial surveys.

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VII. HOSPITAL SERVICES

Hospital services have been offered by the Project since July 1967 when Migrant Health Funds first became available for this purpose. The Project pays 61% of inpatient hospital charges and 100% of inpatient physician fees.

The project has agreements with 18 area hospitals at this time although most patients receive services at six area hospitals.

Since the last Project Report (December (1970) the project has paid for a total of 141 hospital episodes. Fees paid to hospitals were $19,360.50, while fees paid to physicians for inpatient care totaled $10,898.50. Total cost was $30,258.97 for 578 days of hospital care. The average number of days per hospital stay was 4.22. Average cost per day was $52.35.

As of December 1, 1971 all hospital funds have been exhausted. A reduction of federal funds available combined with the factor of rising hospital costs brought about this result. Presently we are seeking additional funds, but thus far have no assurances that any will be forthcoming.

What follows is a comparison of four factors involved in costs of hospital services over a three-year period plus a breakdown of the last six months.

	1969 Progress Report	1970 Progress Report	1971 Progress Report	July 1 Dec. 1971
No. of Patients	113	117	141	71
No. of Hospital Days	565	499	578	307
Cost Per Day	$42.78	$49.45	$52.35	$58.56
Average Hospital Stay	5.0 Days	4.25 Days	4.1 Days	4.22 Days

It should be noted that hospital funds were exhausted in the late spring of 1970. Therefore, there was a lapse in hospital services during the period covered by the 1970 Project Report.

Despite this lapse several trends seem to be evident:

1) The number of patients increases each year. Factors are a larger number of migrants and availability of services. In the past migrants coming from Texas often would not seek hospital care until their condition became life threatening. This was sometimes because, lacking resources, they had been denied services in the past both in Texas and other areas. Despite the fact that many migrants now receive medical care (including inpatient services) through

Medicaid, the number of patients requiring inpatient services through the Project has continued to rise.

2) The average number of days per hospital episode has decreased. Availability of services has allowed migrants to seek care before a specific condition has become critical, thus decreasing the number of extremely long hospital stays. A second factor here is that of the remaining serious episodes, Medicaid has paid for a number.

3) Cost per day has risen from $42.78 to $58.57. This represents an increase of 36%.

Despite the fact that every available resource is utilized in the case of each hospitalization, the above factors, specifically a larger migrant population and higher hospital costs, have resulted in spiraling expenditures for the project.

Conventional hospital insurance rates are barely within the means of a middle-income family. For a low-income family they are out of the question. Since agricultural workers rarely get such fringe benefits as group health insurance, they simply must do without or hope for some assistance from a federally financed medical assistance program. Indeed, it is a paradox of our society that middle and upper-income America takes paid hospitalization plans for granted in any employment situation, while the low man on the totem pole must dig into his own empty pocket or do without. One could wonder still more about the "professional discount" or "no charge" code often used when one professional renders service to another or to his dependents.

At present only one of the two sugar companies operating in the area offers any sort of hospitalization plan. This company is Great Western Sugar Company. Only workers contracted prior to arriving in Kansas are covered by this plan. Since it is a short term coverage, it obviously does not cover deliveries and expenses of the newborn or complications of pregnancy. Most conventional hospitalization insurance plans require that the insured be participating in the plan prior to pregnancy in order to receive benefits for delivery and/or complications. Nearly half of the patients receiving hospital services through the project each year are in-patients because of pregnancy (complications, deliveries, newborn).

The prognosis for hospital services for the remainder of the year is not good. Many migrants are not eligible for

medical benefits through the Welfare Program because they own a motor vehicle exceeding the value of $750.00 or less than four years old. The present Welfare crisis in Kansas has resulted in the slowing of the wheels in obtaining medical assistance in some areas. The threat of pro-rating payment to vendors in the future if realized, may result in denial of services by some vendors.

Our hospital services have met a great need. Until such time as a realistic national health insurance is available to every citizen, some way must be found to meet adequately this need.

VIII. NORTHWEST COUNTIES REPORT

By Floriene Whisnant, R.N.

In Cheyenne, Sherman, and Wallace Counties served by the Goodland Migrant Health Service Office, home visits were started in late April.

We had been told by Great Western Sugar Company and the growers of the area that the need for migrant labor would be much less this year due to less sugar beets planted and mechanization. This proved to be true, yet the need for our services increased. A number of workers came to this area after hearing that there was plenty of work here, only to find this an untruth. They then needed help with medical services, housing, food, clothing, or gas to move on. We tried to aid them by tapping all resources as follows:

1) Referred them to or called the Employment Service to see if any work was available in the area.

2) Contacted the Social Welfare Department for monetary help and/or commodities. (An emergency commodity program was set up locally.)

3) Referred them to the Clothing House that had been established by VISTA Volunteers Joe Blackford and Dale Himebaugh. Use of a building for this purpose was donated by Caldwell's Inc.

4) Attempted to locate housing.

Growers in the area usually furnished housing, but for the workers that came in on their own, housing was scarce. Caldwell's Inc. usually let people move in with the promise to pay. Occasionally these promises were not kept. Some of the housing would not have met any housing code, but it was a roof over the head at night. Great Western Sugar Company tried to urge their growers to meet the minimum housing standards of the Colorado Housing Code. This request was made to western Kansas growers as well as to Colorado Growers. Many growers made an effort to comply with the request.

VISTA Volunteers Joe Blackford and Dale Himebaugh worked with local concerned citizens and established a Day Care Nursery for infants under three years of age. This was greatly appreciated by the families. Sixteen little ones were enrolled. Our office did the TB skin testing, immunizations, and provided medical services when needed. The nursery was granted a temporary license and operated for a period of 6 weeks during the peak of migrant season.

Also during this period the Kansas Council of Agricultural Workers and Low-Income Families was organized and initiated programs. We work

closely with them. Low-income housing is one of their goals. They now have a house which is a "home away from home" for those who become stranded here. The Council Staff has provided assistance in finding work and housing; and has furnished gas to move on to another area. They also have begun a Health Start Program. This program is growing. We have assisted with the program by doing TB skin testing, immunizations, and providing medical services where no other resource existed. Tooth brushes and tooth paste were provided for each child and teacher, as well as posters on good dental hygiene and coloring books in Spanish on "Good Food to Eat". The local Head Start Program has been granted a provisional license by the Licensing Section of the Kansas State Department of Health.

During the peak of the migrant season 106 patients were seen at nine evening clinics. These clinics were staffed by Dr. Bare and the project staff. Four family planning education sessions were also held. These were not very well attended. The women seemed to prefer to talk to me personally rather than in a group. Thirty women requested some form of family planning; most used birth control pills.

As in the past we worked closely with the schools. Dental screening was done in Sherman and Wallace Counties by Dr. Mankin, K.S.D.H., and in Cheyenne County by Dr. F. N. Haberbosch. Dental work was done by Dr. Beynon and Dr. Hirsch for Sherman and Wallace Counties. Children from Wallace County were bused to Goodland for dental work. Dr. Haberbosch did the dental work for children in Cheyenne County. TB skin testing, immunizations, vision and screening were done on all students enrolled in the summer migrant schools. Physicals were done by Dr. John Chung and staff for Sharon Springs School. Since the school allowed funds for medical services and also carried accident insurance, we were called on rarely to help with services for school connected injuries or illnesses. I believe that I'm safe in saying that this is one of the few schools in this area that offer services. In the Goodland school Mrs. Norma J. Yarger, R.N., school nurse, and Dolores Manzo, bilingual Attendence Director, assisted our staff and Dr. L. E. Bare with physicals and with vision and hearing screening. In St. Francis Dr. Lucille Stephenson did physicals on those enrolled in the Title I Program and in the adult Basic Education evening classes. We appreciate the help given us by all the people mentioned above. Without their help much of our work would not have been accomplished. The number of physicals, TB skin testing, immunizations, vision-hearing screening, home visits, and referrals sent and answered are enumerated in V.NURSING SERVICES and in the statistical tables elsewhere in this report.

Patients leaving the area were provided with a health record if they did not have one with latest medical information including medication. Patients were also given the addresses of public health and/or Migrant Health Service in the area where they were going. All in all, it was a pretty good year except for the fact that in-patient hospital funds were exhausted. This was due to a larger case load, reduction of anticipated funds, and an increase in cost of medical care. We feel that at times we are skimming the top.

If it were not for my bi-lingual co-worker, Tom Woodward, much of the above work would not have been accomplished.

OTHER COMMENTS

By Tom Woodward, Sanitarian

The 1971 migrant stream into northwestern Kansas was smaller this year than in the past. With funds being reduced and prices inflated the program relied more heavily on other social programs. In return most benefits reaped demonstrated collaboration with permanent service organizations.

1) The VISTA Volunteers aided in continuing interest and a final inplementation of a migrant council as well as work in housing, clothing, and adult basic education classes.

2) Welfare, more than ever before, focused a greater concern on migrant needs.

3) The local churches sponsored or loaned their talents in forming a summer day care center.

4) The Employment Office sponsored an adult manpower training course and facilitated placement of resident migrants.

5) The City of Goodland constructed low-income housing in which some resident migrants now live.

6) The local migrant school actually employed family heads of minority children to work in the summer program - a sore spot with migrants in past years.

7) A new organization called the Kansas Council of Agricultural Workers and Low-Income Families composed of those with whom it deals has started to delve into solving in their own way some of their own problems. It is early to detect how permanently this organization will function, but suffice it to say it is refreshing to see the migrant community involving itself in its own problems. KCAW-LIF, as it is called, is presently sponsoring a Head Start Program for all low income family children and a rudimentary out-reach health program.

For our part (Migrant Health Service, K.S.D.H.), Floriene Whisnant and I continued extensive home visits, immunizations, distribution of commodities, recommendations for hospitalization, birth control clinics and information, and of course, health cooperation with the migrant summer schools in Sharon Springs, St. Francis, and Goodland. Seemingly a migrant school will be held in Hoxie this next summer, and we will have still an additional area to cover.

The Goodland Office continues to be a known acceptable focal place for migrants to visit. We have had to do less home visiting this year as the returning families now know where to come, and of course pass the word to others. We always post, publish, or broadcast in Spanish any announcement of interest to the migrant - especially during the summer months. Our clinic success was due in a great part to this service offered by local stations and newspapers. In fact, our coverage is so complete we now draw some people from Colorado. They contend services are better on this side of the border. We have yet to turn any away.

Being involved with people's health has resulted in involement in other not-so-closely-related problems. This year I have dealt in several quasi-litigations covering discrimination in its various sundry forms-meal tickets, fines, divorces, and wages. Hopefully legal aid can be sponsored by VISTA or another service organization for those who (like myself) do not understand legalities and cannot afford such incurred costs. Health is not really so far removed from legal aid or other factors intertwined with daily living. It is a load we really can't handle either by expertise or time. For my part, I would prefer to see the Migrant Health Service devote its labors to the basic concept of health. Although progress is now evident, we too still have a long row to hoe.

IX. SUPPLEMENTAL FOOD PROGRAM

United States Department of Agriculture donated foods are provided through the Supplemental Food Program to make available a high protein supplement to the diets of infants, pre-school children, pregnant women, and nursing mothers (up to twelve months after birth) of low income families suffering from nutritional inadequacies.

The first step consists in identification and certification of nutritionally needy families. Many individuals present themselves and indicate their need. It is the task of office personnel to locate and identify the many others who either are not aware of the benefits of the program or who are hesitant to admit their need. Then certification of nutritional need is made by a registered nurse or a doctor.

Items currently available for distribution are: evaporated milk, instant non-fat dry milk, farina, corn syrup, canned juice, canned vegetables, and canned meat. These foods are furnished to individuals who need them to prevent or to correct nutritional deficiencies. Since September 1, 1971 the juice allotment has been decreased from three cans to one can per month each for pre-school children and for prenatal and postpartum mothers. Recipients may request less than the full allotment of commodities or they may request only some of the available foods. Sometimes only milk is needed for a baby or small child. However, usually the nutritional need is such that the complete allotment is required. There have been a few incidents of nutritionally needy families rejecting some of the foods either because they don't know how to use the foods or because they tire of eating the same foods prepared the same way. Much effort has been made in nutrition education and in suggesting variety in food preparation and serving. This has been done both on an individual basis and in group sessions as described in III Health Education.

During the past year over fifty-six tons of donated foods have been received in three shipments to Garden City and two shipments to Goodland. This appears to be an enormous amount of food, but the supply is currently low, and a shipment of 23,230 pounds is due to arrive in January 1972.

All commodities are stored in the Migrant Health Offices in Garden City and in Goodland. Distribution in the northwest counties is from the Goodland office. Distribution to families in Garden City, Holcomb, Deerfield, and Sublette is from the Garden City office. Generally the people in these areas come into the office to pick up their commodities. However, if they are unable to do so, the staff makes arrangements for commodity delivery. Once a month on a regularly appointed day commodities from the Garden City storage are transported by the staff to a central location in Ulysses, Johnson, Leoti, and Scott City. The families pick up their food from the central location in their respective area. Commodities from the Garden City storage are delivered directly to families in Copeland and Satanta. In Lakin commodities are distributed from the office of the county nurse. These are transported to the nurse's office from the Garden City storage by the staff. Although commodities are routinely distributed on only one day per month, commodities are always available for emergencies, which seem to occur almost daily.

MONTHLY ALLOTMENTS OF SUPPLEMENTAL FOODS

	Infants 0-6 Months	Infants 7-12 Months	Children 1-5 years	Women Prenatal and Postpartum
1. Evaporated Milk	30	30	30 (1-2 years) 10 (3-5 years)	2
2. Instant Milk	-	-	0 (1-2 years) 1 (3-5 years)	1
3. Farina	2	2	2	1
4. Corn Syrup	3	3	-	-
5. Juice	1	2	1	1
6. Vegetables	-	-	4	7
7. Meat	-	-	1	1

Commodity distribution requires no small amount of staff time. However, the time involved in actual distribution is perhaps not even one-third of the time involved in the total administration of the food program. More time is required for counting and boxing items for individuals and families, and for the infinite amount of paper work involved. For each family receiving commodities we have a complete family history. We also maintain both in Goodland and in Garden City active and inactive master files of all commodity recipients. Each family is supplied annually with an identification card (proof of eligibility) and an authorization form which enables the recipient to authorize a relative or friend to pick up his commodities if he is unable to do so. The issue and receipt form is completed monthly and signed by the recipient upon receiving the food. A running inventory indicates the amount of food on hand. Then there are detailed monthly reports to be completed for the Division of Food Programs in Topeka and the USDA office in Dallas.

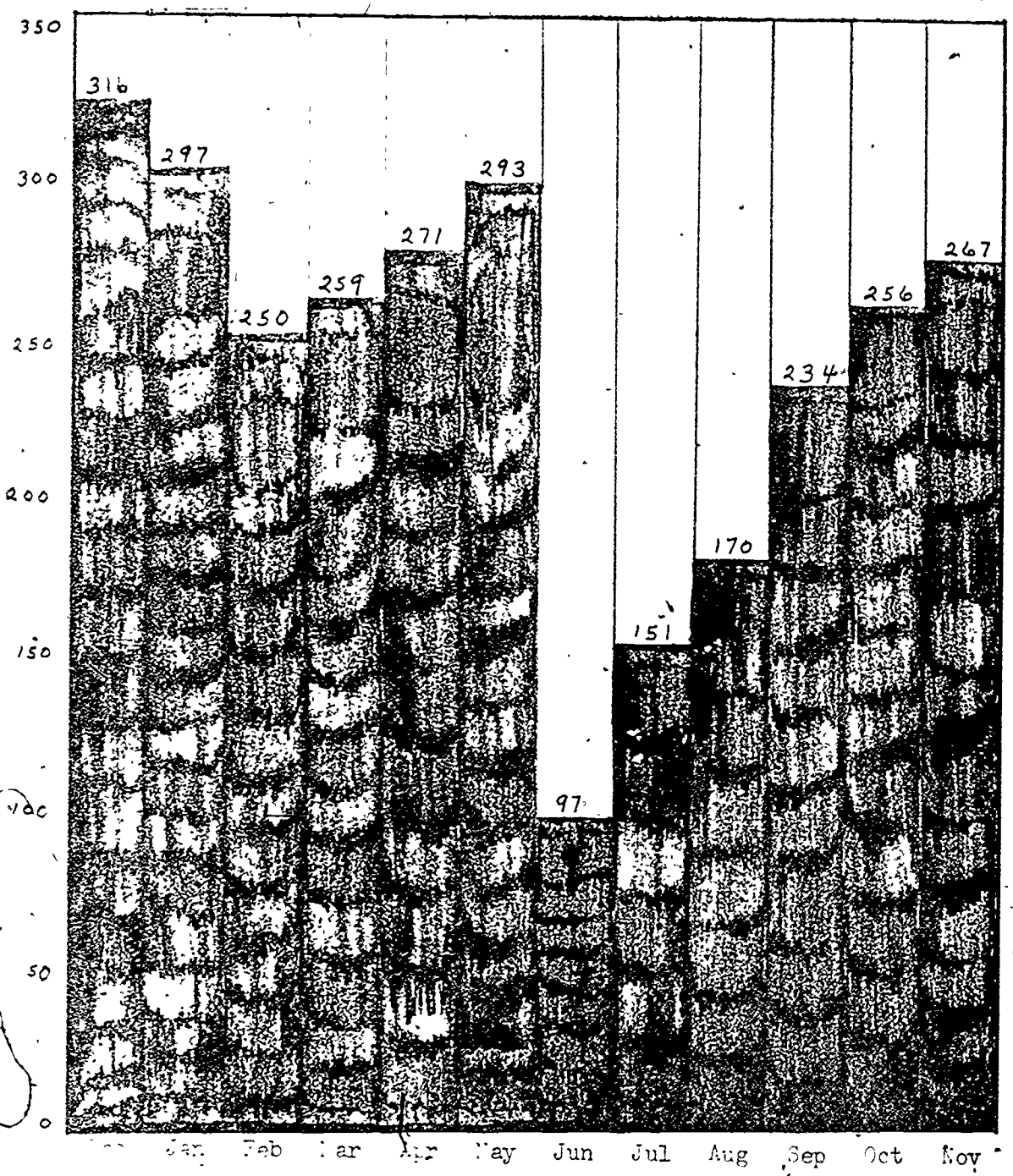
Various minor problems and inconveniences have always been associated with the Supplemental Food Program. Perhaps the most significant at the moment is the lack of a suitable vehicle for transporting the food in the southwest counties. State-owned passenger cars are hardly ideal for this purpose, and privately owned staff cars are less ideal. Valuable mileage and staff time are necessarily used in making multiple trips to a single town or area.

An additional problem is the unloading of commodities at the time of delivery. Freight charges include "door-step delivery" only. Shipments usually weigh 17 tons or more. Usually we try to schedule unloading for after school hours so that more volunteers can be recruited. Upon one occasion when it was essential that unloading be done in the morning, we were ably assisted by some men provided by the local sheriff's department. After any one individual has assisted once in this Charles Atlas body building endeavor, the only way to recruit him a second time is through the sheriff's office.

Despite the large expenditure of staff time, to say nothing of the new muscles we have all developed, the Supplemental Food Program has helped to meet a very great need. Many families eligible to participate in the USDA Food Stamp Program simply do not have enough money to purchase the stamps. Many families, though poor, do not meet Kansas eligiblity requirements which in general favor the super-poor and very large families. Therefore, the Supplemental Food Program has partially filled the gap between need and limitations of other existing programs. This program has also been helpful in establishing improved dietary patterns. Nutritionally, the curative and preventative aspects of the program are unlimited.

COMMODITY DISTRIBUTION 1970 - 1971

NUMBER OF RECIPIENTS



X. COMMUNITY ACTION and SUPPORT

This past summer witnessed the emergence and successful operation of several new day care programs as well as the expansion and improvement of previously existing programs. It is most heartening and encouraging to see the growing community interest and concern for the migrant family and his total situation, not least of which is his children. While those concerned are still definitely in the minority, their enthusiasm has done much to compensate for their lack of numbers.

The first three summaries which follow are of areas in which no infant care program existed previous to this summer.

GOODLAND

Perhaps Goodland was the first community to begin organizing and making plans for a new day care program for the summer of 1971. This program was aimed at providing care for the infants and toddlers of migrant workers. As early as December and January Joe Blackford and Dale Himebaugh (VISTA Volunteers) were verifying the need for such a program and making preliminary contacts and plans. By March community meetings were being held and plans were becoming finalized. Extensive preparations were underway by May. The Migrant Day Care Nursery opened its doors on June 7 at 6 a.m. under the sponsorship of the Ministerial Alliance and the able direction of Mrs. Cliff Becker. Twenty-one children ranging in age from one month to three years received loving care in the nursery. As many as 16 infants and toddlers were in attendance on a given day. Four paid workers and approximately 20 volunteers gave actual care to the children during the four weeks the program was in operation. Because of excessive rain work days were few and far between, and consequently the number of children in the nursery was much smaller than had been anticipated. This was no small disappointment for the eager workers involved. However, the success of the program is measured not only by the number of individuals served, but also, and more especially, by the quality of service, and this was certainly commendable.

SUBLETTE

In early spring some interested people of Haskell County met to discuss the possibility of providing care for the small children of migrant laborers in that community. In a short time additonal members

joined the group which subsequently incorporated as Haskell County Service. The proposed day care nursery materialized and began operation at 6 a.m. on June 1 at the Faithway Revival Center in Sublette. Under the leadership of Bob Orth and the direction of Mrs. L. W. Harrison the nursery continued to care for the children of the field workers for six weeks. Average daily attendance at the center was ten. Three paid workers and 25 volunteers worked in the child care facility. Sisters Corona Boyer and Celestine Henning and Mrs. Harrison were the first on the scene each morning and the last to leave each evening. Much of the success of the program is due to their untiring efforts and limitless patience.

LEOTI

A number of concerned mothers in Leoti were the first to delve into the problem of lack of migrant infant care in that community. VISTA Volunteer Ellen Erickson and Community Worker Mabel Linder provided much assistance to the group. Many problems were encountered in initiating an infant care program in Leoti. Not least of these was the location of an available and suitable facility. Finally Bob and Ellen Erickson relinquished their home for this purpose. However, because of its size only nine children could adequately be cared for at a given time. Despite various difficulties The Happy Baby Center under the direction of Mary Jaramillo operated from 7 a.m. to 5 p.m. for eight weeks. A total of 24 children were loved and cared for in the Happy Baby Center. Leoti is to be commended for its admirable efforts to improve the quality of child care in Wichita County.

JOHNSON

The Stanton County Concerned Citizens for the third year operated the Johnson Day Care Center. As many as 38 children ranging in age from 21 days to six years attended daily. Because there is still no summer migrant school in Stanton County, the day care program necessarily extends beyond care for infants and toddlers to include older children as well. Project Read assisted 91 children K-4 in reading improvement. Some music and remedial arithmetic were also included in the program. This summer a class in arts and crafts was provided for the older children who were not enrolled in Project Read. Fifteen children participated in the arts and crafts class. These three programs were under the sponsorship of the Concerned Citizens of Stanton County, of which Mrs. Joan Horton is chairman. Mrs. Mary Pena served as Director of the Center. Full-time workers besides Mrs. Pena were Sisters Clara Smith and Genevieve Kessler. Mrs. Connie Badillo also worked regularly.

COMMUNITY SPONSORED DAY CARE PROGRAMS

	Goodland	Johnson Day Care	Johnson Project Read & Arts & Crafts	Leoti	Sublette	Ulysses Nursery	Ulysses Day Care	Ulysses Recreation
Total Number Served	21	42	126	24	16	22	48	133
Largest Attendance	16	38	119	9	15	12	30	84
Average Daily Attendance	13	21	72	5	10	7	16	59
Age Group	0-2	0-6	4-14	0-2	0-2	0-2	3-5	6-13
Daily Hours of Operation	12 hrs.	10 hrs.	3 hrs.	10 hrs.	12 hrs.	11 hrs.	10½ hrs.	4 hrs.
Length of Program	4 wks.	7 wks.	4 wks.	8 wks.	6 wks.	10 wks.	10 wks.	8 wks.
Sponsor	Ministerial Alliance	Concerned Citizens Inc.	Concerned Citizens Inc.	Concerned Mothers	Haskell County Service, Inc.	Day Care Center Board	Day Care Center Board	Day Care Center Board

These ladies were assisted by approximately 25 volunteers. Project Read was organized and directed by Mrs. Roberta Brewer. The arts and crafts class was taught by Mrs. Mary Lea. Many workers, volunteers, contributors, and advisors are responsible for the successful operation of the Johnson summer program for the third consecutive year.

ULYSSES

The Ulysses summer program included care for infants and preschool children as in previous years, but it was expanded to include also a recreation program for children ages 6-13. These programs were sponsored by Concerned Citizens Inc. and administered by the Board of Directors of the Community Day Care Center, of which the chairman is Pearle Dial. The individual directors are: Sister June Horning for the nursery, Sister Denise Schwartz for the Day Care Center, and Jeanette Kuhns for the Recreation Program. Seventeen other individuals held salaried positions in the programs. Among the full time workers were Sisters Eileen Scanlan, R.N., Kathleeen Schiffler, and Josepha Dwyer. VISTA Volunteer Marilyn Bierling and Mrs. Jan Konrade, Catholic Social Service worker, were responsible for much of the preliminary planning and also worked intensely in the various programs, especially in the Recreation Program. The nursery and day care center were in operation for ten weeks, and the Recreation Program lasted eight weeks. During these periods of time 22 infants and toddlers, 48 preschool children, and 133 children ages 6-13 benefited from these three programs. The many people who worked, contributed, or advised and encouraged these programs are to be congratulated for their successful efforts in the area of child care. Ulysses may boast of the most inclusive migrant child care program in the Project area. Additionally, Ulysses is attempting to look at the total picture of the needs of <u>all</u> children. In this they may serve as an example for other communities in western Kansas.

SUMMARY

The child care programs listed above are similar in many respects. First of all, they represent heroic efforts of interested and concerned individuals who are determined to do their part in insuring a positive atmosphere in which our children may live, grow, develop, and mature. One who has had the privilege of witnessing the love and attention present in the various centers does not easily forget this experience.

All the programs were licensed jointly by the Department of Social Welfare and the Kansas State Department of Health. All were eligible for food reimbursement through the School Lunch Section of the Department of Education. Each of the programs was substantially assisted monetarily

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by the Department of Social Welfare through the untiring interest and efforts of Miss Faith Spencer of the Child Welfare Division. Without this assistance some of the programs would have been unable to function. It cannot be repeated too often that the success of each program was due to the combined efforts and talents of many individuals too numerous to mention. As soon as the programs came to an end, most of them immediately began to think towards next summer. All tentatively plan to have similar programs next summer. In Goodland the Committee for the Migrant Day Care Nursery may collaborate with the KCAW-LIF to sponsor next summer's nursery. Leoti is searching for a larger and more adequate facility. Since the peak of migrant labor in Wichita County is later in the summer, the nursery will probably operate in July and August instead of June and July. There is a definite need for an infant-toddler care center in the Holcomb-Garden City area. Perhaps next summer may bring the establishment of yet another child care facility to serve the migrant children of western Kansas.

Numerous references to KCAWLIF can be found throughout this report. The first meeting held to discuss a possible "Council" for Kansas was held in August, 1970 in Topeka. At that meeting Manuel Fierro was elected temporary chairman of a committee to establish a Migrant Council for Kansas. Manny, then Director for Kansas Human Needs Corporation, arrived in western Kansas in the fall, and by October, 1970 initial meetings had been held to establish local councils in Ulysses and Goodland. Although Manny was the catalyst in the organization of the council, he undoubtedly would be the first to acknowledge the assistance of countless individuals in explaining the purpose of the council and recruiting individuals to attend meetings. The VISTA Volunteers and Project Staff were only a few among many who spent innumerable hours in this pursuit, as well as in attending meetings. Local Councils were organized in Leoti and Garden City in January of this year.

It would be impossible to describe accurately all of the many activities, programs, and goals of the Council in anything less than a major volume. Some of the specifics as especially related to the Health Services Program of KCAWLIF follow in the next pages.

Briefly the programs of the Council to date have been as follows:

1. Operation of four summer Head Start Programs in Goodland, Garden City, Leoti, and Ulysses.
2. Five full year Head Start classes in Garden City, Goodland, Leoti, and Ulysses.
3. A Health Services Program employing bi-lingual health aides in each of the four areas to assist in health education, health-related needs, and entry of the low-income person into the health care delivery system.
4. Legal aid.
5. Emergency food programs.

Future programs include pending application for federal housing grants; technical and vocational training, and youth programs. It also seems probable that the Council may become the VISTA Sponsor for volunteers in western Kansas in the near future.

The KCAWLIF and the Project have coordinated on many efforts. A special effort has been made by both agencies to coordinate health programs, to avoid overlapping and duplication, and to render maximum benefits to a maximum number of individuals.

It is with regret that we note the resignation of Mae Gonzales, Council Health-Services Program Director, effective January 1, 1972. We feel that our working relationship has been a good one. We hope that it will continue to be as productive in the future.

Although many problems have hampered the Council since its beginning, tremendous progress has been made. Survival of the Council is essential to the low-income individual in western Kansas. For the Chicano the KCAWLIF offers not only an opportunity for self-development and self-help in the full range of needs and problems, but also the ultimate message of self-worth and accomplishment.

PUBLIC PULSE

This Is For The Birds

After building a high rise apartment house for Purple Martins who come all the way from Brazil, the Sparrows will not let them (the Martins) move in, and this is out and out discrimination.

Is there an agency or bureau who makes a study of these inequities? Don't you think there should be a detailed report on a congressional study made of this discrimination? I am willing to sacrifice my time to make a complete finding for a small retainer fee of say $15,000 to $20,000 a year and a Van would be necessary for my travels. Could you help because this is for the birds. — CHARLES WALTER, 1601 Old Manor

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Background information:

The Kansas Council of Agricultural Workers and Low Income Families was incorporated in February at a conference attended by over three hundred families and agricultural workers from western Kansas, together with representatives of state, regional, and federal agencies concerned about the condition and needs of the poor in this location. The members of the Council were primarily Chicano, and its intent was that it be recognized as a Chicano organization since this minority group comprised the majority of the poor in western Kansas. The twenty-four member State Board of the Council was established with representatives of each of four local councils located in Garden City, Ulysses, Leoti, and Goodland. As a result of the conference, needs (including health) were identified and a course of action was agreed upon (See attached Position Paper on Health Programs.).

With assistance from the Kansas Regional Medical Program, Western Kansas Migrant Health Services, and the State Department of Health, a conference was held in April at which representatives of welfare departments, health professionals, migrants, council members, health teams from other states, staff of health departments, and concerned community people were in attendance. The Position Paper was used as the basis for presentations and discussions. Priorities were established, one of which was to train bi-lingual, bi-cultural (Chicano) health aides who could also serve as out-reach workers for the Council.

A proposal for a Health Start project was submitted by the Council to the Office of Child Development and approved; concurrently a Kansas Regional Medical Program project was funded to supplement the Council's project. Western Kansas Migrant Health Services participated in development of the projects, assuring coordination of the three agencies to be involved in provision of services aimed at helping the thousands of migrants entering the area in the summer.

The next step taken was for each local council to choose three of their members who they believed could relate to the poor and who were willing to be trained and work as health aides in their community. Of the Health Start projects approved nation-wide, this approach was innovative in that it provided for training of health aides who represented those whom they would serve and scattered over a fifteen-county area.

The health start project was started June 10, 1971, after having been funded for a 2 3/4 month period. The additional funds from Kansas Regional Medical Programs, together with STEP support of ten health aides for a ten week period made it possible to plan on extending the project over a longer period. The first two and one-half weeks were spent in an intensive training program conducted at a local hospital temporarily not in use. The coordinator; the professional nursing students provided through the KRMP grant; consultants including a

nutritionist from Illinois, a dentist and dental assistant from Kansas City, child development specialist from Topeka, an emergency medical care training specialist from the University of Kansas Medical Center; and two members of a Colorado Migrant Health team, knowledgable in folk medicines served as resources for the training. Immediately after completion of the course, the health aides returned to their local community and a professional nursing student accompanied them to serve as a team leader and to supervise their application of the knowledge and skills gained in the training program.

Although the target group of Health Start was the children of migrants who were not receiving health services through head start, their role was expanded to include working with the children's family and other low-income families, migrants, and other adults. They organized Health Start classes, learned to administer screening tests, transported children to health facilities including a dental van that had been acquired by the Council, worked in clinics conducted by Migrant Health Services, became involved in working with other agencies and health professionals who had services needed by migrants and low-income families, and became more sensitive to and began to learn to deal with some of the numerous problems of the poor. They found that health needs usually cannot be separated from related areas such as finding a place for a family to live that has been sleeping in their car; finding a job for the father when the beet crop has been hailed out; finding a source of money for food, medicine, or hospitalization; or providing interpretation in stress situations complicated by the lack of understanding of Spanish on the part of the involved agency representative. They assisted a family who were involved in an automobile accident not only to receive needed health care, but also legal help in collecting insurance and a job for the father while the family was recovering. They are tutoring children who are having difficulty in school and subsequent emotional problems due to problems such as the language barrier and being classified as "dumb" because they could not speak and read English fluently. (See attached job Description).

As outreach workers the health aides have established that the Council is responsive to the needs of poor people, no matter what that need may be and no matter when they are called upon for assistance. Many times the health aides are the first contact a poor person has with the Council.

They are viewed by some established community members as examples of how the Council provides opportunities for education, training, and employment for the poor. Because of these factors the health aides' work has become an integral part of all the Council's activities and projects. Their work must continue so that the gap that has existed will not widen again between poor people as recipients of their services and other agencies who can alleviate their problems.

JOB DESCRIPTION

Health Service Aide

Duties:

1. Explain basic health maintenance, basic health problems, and nutritional values in foods to pregnant women, mothers, families, or anyone else who needs or wants this information.

2. Teach the health curriculum to the children enrolled in Head Start and to the parents. Health aides must be at the Head Start Center fifteen minutes before he/she is scheduled to teach.

3. Determine if the Head Start children are ill or in need of medical treatment by checking the children every morning before school starts.

4. Provide for health screening tests for the Head Start children including TB skin test, hemoglobin test, urinalysis, Denver Developmental Screening Test, physical exam, dental exam, vision and hearing tests.

5. Make home visits to families of Head Start children and to other low-income families.

6. Assist the cook for Head Start to understand and plan the menu.

7. Assist the Head Start Staff with enrollment.

8. Assist in recruiting volunteers for Head Start.

9. Assist in making reports on children enrolled in Head Start.

10. Keep all health records filed and up-to-date on Head Start children and all families that have been contacted.

11. Assist low-income people with transportation in town or out of town to reach a doctor, hospital, clinic, or other health services.

12. Assist in helping low-income people relative to legal matters, welfare, housing, employment, etc.

13. Assist in interviewing people requesting emergency food money and interpreting their need to the authorizing agent.

14. Provide interpretation for individuals whenever and wherever necessary to meet their health and health related needs.

15. Assist people in writing letters concerning problems such as payments, records, welfare or medical assistance, etc.

16. Provide basic first aid assistance to anyone who needs it.

17. Participate in pre-service and in-service training.

18. Attend all local council meetings (and others) as required.

0056

QUALIFICATIONS:

1. Bilingual and Bicultural.

2. Some appropriate experience or training in the health field desired.

3. Be at least 18 years of age.

4. Possess a current, valid driver's license.

5. Own or have a car available for use in fulfilling the responsibilities as a health services aide.

PERSONAL QUALIFICATIONS:

1. Ability to understand the value, interests, and needs of low income people.

2. Ability to abide by a code of ethics appropriate for this health field.

3. Ability to understand that when a health aide works in the community, he/she should be ready and willing to provide for services to low income people whatever they may be, however time-comsuming, and at any time of the day or night, any day of the week.

PERSONAL APPEARANCE:

Should dress to maintain the best of his/her personal health and in pleasing and unpretentious apparel.

SALARY:

Two dollars ($2.00) an hour based on a forty (40) hour week.

POSITION PAPER

on

HEALTH PROGRAMS

(Excerpted from WESTERN KANSAS, A CRITICAL REPORT. (A preliminary overlook) submitted by the Kansas Council of Agricultural Workers and Low-Income Families, Inc., and the Kansas Human Needs Corporation.)

One factor generalizing the health situation in western Kansas is a wide gap between the people as recipients of health care and those health professionals who must deliver it. This does not conclude that the health professional and recipient are never able to get together, but it does say that much time in the delivery of health care is wasted, or even lost, because of breakdown in communication between the two. It also points out that there is a lack of understanding on both parts. For the professional there is a need to learn the customs, folk medicine practices, attitiudes, and overall situation of poor people (particularly the Mexican-American and migrant). For the poor, they need to learn and gain confidence in modern medicine practices like appointment systems, health insurance programs, and preventive health care. An intense education program in both of these areas should be initiated. It must be done in a practical, not sophisticated or complicated manner. It must involve both the professional and poor, and the Council is the proposed vehicle by which this shall be accomplished. The first step can be to develop a common ground upon which both poor and professional can meet. The second step can be to break down the barriers of misunderstanding of health care by the professional and the poor. The third step can be to educate and involve the poor in basic health skills that will allow them to participate in the planning, operation, administration, and delivery of health care programs (both primary and preventive). Simultaneously, the agencies must open up slots and staff positions to the poor, so that they will establish bi-lingual and bi-cultural involvement in their operations that can better relate to the needs of the poor.

A second factor generalizing the health situation in western Kansas is the striking lack of health professionals, paraprofessionals, resources, and facilities. This is most exemplified by the fact that there are only thirty (30) doctors in a ten plus county area. In Grant County alone, there are three doctors, while in Sherman County there are only four doctors. Finney County has around twelve doctors, but the most obvious deficiency is that there are no pediatricians, and virtually no specialists at all. In all of western Kansas, there is one pediatrician who resides in Liberal, which ranges from seventy (70) to two-hundred and fifty (250) miles from the impact areas. To obtain the services of an ear specialist, one has to go as far as Amarillo, Texas, or Denver, Colorado, or Salina, Kansas - an average distance of three hundred (300) miles. There are three full-time

county nurses, along with two full-time migrant nurses to cover the ten to fifteen county area. This is year round, but during the peak season of migrant workers, when the population rises to around 9,000 each year, there is no increase of public health staff, other than two medical students and one nursing student. The closest major hospital facility is four hundred miles away. Only $128,000 was appropriated to the State Health Department this last year for migrant health, which averages about $14.20 per statistic person.

An obvious problem resulting from this lack of resources (brought out in the workshop) is the unavailability of doctors during off- hours, on weekends, and in cases of emergency. It also rises from this that we do not have the availability of choosing a doctor of our choice. Clinics, visitations by limited public health staff, are held only once a week or not at all in most areas of western Kansas. Because of all of these factors, it is cited by this workshop that it shall be the goal of the council to establish more money, resources, facilities, and professional and paraprofessional staff into programs which will have real impact and delivery capability.

A third factor, and a general problem that does not just relate to health, is that we want the agencies themselves to explain what is happening in terms of services and resources available; we want to participate more in the planning and implementation of programs, and mostly, we want to be trained and given jobs so that we too can find new avenues of employment, and at the same time, be able to help ourselves.

It is on this position that the health workshop proposes for the Kansas Council of Agricultural Workers and Low-Income Families, Inc., to address itself. The following fifteen points outline the areas of problem and need that are the most concern to us right now:

1. The development of a central place (clinic or multiservice center for all to go to for their health needs: dental, eye, and medical. This place shall be staffed with bi-lingual and bi-cultural people who can relate to the poor.

2. Develop more health services, programs, and money to serve the residents of western Kansas who live here year round.

3. Develop more Mexican-American staff and aides to work in the schools, health, welfare, home extension, and other agencies.

4. Bring in more full-time migrant and regular public health nurses, particularly in the Ulysses area.

5. Bring in and develop more emergency food, medical, and prescription monies for those of us who cannot pay for them.

6. Create and develop a transportation system that will assist all people (poor), particularly the field workers and those who live in the outlying areas, in reaching the doctors, hospitals, clinics, and health services when needed.

7. Develop a means by which the people can reach a doctor and/or health services 24 hours a day, seven days a week.

8. Investigate and develop a health insurance program, or payment program, that poor people can afford.

9. Extend clinic and health services to more than one day a week (as in Garden City) preferably seven days a week.

10. Develop an educational and orientation program so that all the people can better understand the programs and services available to us. This will include a booklet to be published listing all services, available resources, and how to reach them.

11. Create more preventive health care classes in first-aid, prenatal care, nutrition, and appointment systems for the entire family, including the fathers.

12. Develop an educational program for the health professionals in the areas of the customs, needs, and folk medicine of the Mexican-American so that communication between the professional and the people improve, and there is less time wasted or lost in the delivery of health services.

13. Hold a meeting of all doctors, nurses, hospital personnel, migrants, agency representatives, and community Council people to discuss health problems and their solutions.

14. To recruit people from the communities to go to medical schools and health training programs.

COMMENTS ON VISTA AND THE PROJECT

It was ten years ago this summer that the reality of seasonal agricultural workers in western Kansas surfaced to the conscience of the State Department of Health. During that summer, a team from the Department, including physicians, nurses, sanitarians, engineers and health educators fanned out through western Kansas locating and counting migrants, inspecting housing, water and sanitary facilities, observing the physical condition of the children and talking with migrants, growers and citizens. At that time, the only evidence of services for the migrants was a day care center held in a packing shed and staffed by volunteers using materials left from the community summer church schools.

The progress which has been made from that beginning and the multiplicity of services and concerns now available is evident, but perhaps more so to those of us who have been involved from the beginning of the Western Kansas Migrant Project than to those who have joined it recently. But on the other hand, perhaps they see more clearly what yet remains to be done!

There are some statements and comments in this report which may be abrasive but we most sincerely hope not! We thought briefly about omitting some sections, but after all, that is what the establishment is often accused by the young of doing. The young people who have been intensely involved with this project are "telling it like it is"... Perhaps we should recognize their impatience as evidence of their belief that our system is good and capable of accomplishing the dream of equality promised to our people for so long.

From the beginning, this project has been staffed by young people whose common characteristic has been an intense concern for the migrant and his family, a concern which has made them willing to work 18 hours a day during the blinding heat of our western Kansas summers. But more important, it has made them willing to risk censor from the community, from this Department and from the federal and state funding agencies to accomplish what they see so clearly must be done and can be done. Who can fault this kind of concern for others! Without it the world would not be nearly so nice.

XI. VISTA PROJECT

VISTA Volunteers first arrived on the Project in March 1970 in the form of two young couples. Other volunteers arrived in May and in August of the same year. One person transferred from an Arizona project in March, 1971 but remained only until May when he returned to school.

The VISTA Project has now been phased out. All volunteers assigned to the Project were due to terminate between June and October. No additional Volunteers have been assigned to the Project.

Why was the VISTA Project discontinued? Frankly, we wish we knew. The bizarre series of events which interrupted VISTA involvement in Western Kansas are perplexing to say the least. The sequence of events is briefly as follows:

During an April visit of the newly assigned VISTA Program Officer, a vague reference was made by him to the fact that a more suitable sponsor for VISTAs might be found in western Kansas. The main point of his brief commentary was that a "sponsor" shouldn't be either entirely establishment or entirely consumer based. Our response was that the Volunteers and the target population should be involved in any decision to change sponsorship, and that perhaps the most suitable alternative as sponsor might be the Kansas Council of Agricultural Workers and Low-Income Families. The Program officer's response was that any change was entirely his decision. His suggestion for the ideal "legal-umbrella" sponsor was the Episcopal Church of western Kansas based in Salina some 200 miles from the project area.

The official issue for change of sponsorship was the problem of the supervision grant. A VISTA supervisor was employed from July, 1970 to June 30, 1971. Her salary and travel were provided through a VISTA supervision grant. When it was learned that the supervision grant must be channeled through the parent agency of the sponsor, or in our case the Kansas State Department of Health, the original Program officer made contacts in Topeka to make the appropriate arrangements. It was learned that the Department of Health had no position in the specific salary range of the VISTA grant. Since getting such a position approved would involve considerable delays, a request was made of the Kansas O.E.O. Office to channel the grant through their office. This request was granted. However, due to unexplainable delays, "lost" papers, and other mysterious disappearances of everything except the state O.E.O. Office, the VISTA supervisor did not receive her first pay check until four and a half months after assuming her duties. She did not receive travel reimbursement until much later. Such absurd delays boggle the mind to say the least. Requesting and gaining approval for a new position through the Health Department could have undoubtedly been accomplished much more quickly and easily. No official explanation of the O.E.O. delays was ever made.

During a telephone conversation with the new Program Officer prior to his visit in April, a request was made for salary figures for the new fiscal year so that appropriate arrangement could be made through the Department of Health to avoid any repeat of the above disaster. Although this request was made on three occasions, no figures were ever supplied. Thus, no attempt

was made by VISTA to channel the supervision grant through the Health Department other than the initial inquiry made by the original Program officer a year previously.

The Migrant Health Project was never informed officially or unofficially that the sponsorship was to be changed or discontinued. When inquiries were made of the VISTA Regional Director, we were assured that six Volunteers could remain on the Project without a full time supervisor. (The VISTA supervisor had previously made the decision to leave western Kansas at the end of her existing contract.) However, theVolunteers were informed individually by the new supervisor that there would be no Volunteers in western Kansas after August. (The last Volunteer left in October.)

One couple was due to terminate on June 11, but had requested authorization to extend for an additional three months. This request was not approved. The fourth week of June another volunteer learned that he was terminating on June 30th, when the new supervisor arrived to pick up his GSA car. No written request was made to end his volunteer service early. Another volunteer who wished to remain for another year was transferred to California.

It should be obvious by this point why the phasing out of the VISTA project and the manner in which it was done was confusing.

The Volunteers wrote a letter to the Regional VISTA Director at the end of May protesting and outlining their reasons against the proposed change of sponsorship. Nine of the ten Volunteers on the Project signed the letter. Unfortunately one of the Volunteers signed on the right side while the others signed on the left. Consequently, that Volunteer received the credit or blame for writing the letter which was really drafted by another Volunteer.

At any rate, there are no Volunteers in western Kansas at this time. It appears likely that the Kansas Council of Agricultural Workers and Low-Income Families may be the sponsoring agency for VISTAs in western Kansas in the near future.

While some of the various programs begun by the Volunteers are being continued by other individuals and organizations, the interruption of VISTA involvement in western Kansas has removed a very vital catalyst from the scene. This is an injustice both to the poor and to the Volunteers.

The reports of most of the Volunteers follow. Three reports are missing. One Volunteer left the Project in February. Another, as mentioned previously, was here only three months and not really long enough to accomplish a great deal. Another who extended for an additonal year in VISTA, is now serving in Scottsbluff, Nebraska. While in western Kansas, she tutored adults in English and assisted with a juvenile probation study hall sponsored by the Probate Court. Like the other Volunteers, she was involved in organizing the Council.

The accomplishments of the Volunteers are varied and many. Perhaps the biggest single breakthrough was the completion of two Farmers Home-Administration financed housing projects. Five homes were constructed as a Mutual Self-Help Housing Project in Ulysses, the first project of its kind in Kansas. Six contractor built houses have been completed in Leoti. Two couples were the first Volunteers to arrive on the Project and the last to leave. (They were employed by the Council after completing their VISTA service.)

Knowing each of the Volunteers has been a rare privilege. Many of their accomplishments are obvious. Time will recognize still more.

XII. HOBBIES OF THE PROJECT

Mention has been made throughout this report of the fact that one can not really separate health needs of the individual from his total needs and problems. Education, employment, health care, nutrition, housing, and other factors are all interrelated. Should one domino fall, (con permiso John Foster Dulles) the whole row will tumble.

So out of necessity, the Project has, over the years, found itself involved with many seemingly non-health problems which, in reality, can not be divorced from health needs at all.

Such problem areas include: applying for social security numbers and benefits; obtaining birth certificates; assistance with tax returns (Take note, tax payers - migrants pay taxes too.); and assistance with welfare, Medicaid, and food stamp applications (Even the Project secretary is an expert at this.).

Coping with the system can be terribly complicated for the person who knows little English and has been duped out of an education by the system and lack of education of his parents. Thus, the individual who tries to comply with the everyday problems often makes serious errors, i.e., writing the mother's maiden name last as is done in Mexico, so that the mother's name instead of the father's or actual surname is recorded on employment records, social security cards, etc. Correcting such an error can be grossly complicated. Applying for a second social security card when the first is lost and so on, only yields a collection of different social security numbers and a jumbled mess when one attempts to apply for benefits. Another popular practice is when several friends or relatives may decide to use the same number. The interpretation here is often that one needs a social security number to apply for a job, and therefore, any one will do - sort of like guessing at the password. Many persons do not realize they are building an account for future benefits. Perhaps the most bizarre interpretation of the social security system was that several children used their mother's social security number so that her benefits would increase. When it was learned that this fantastic woman of 73 had earned $25,000 during one calender year (Seemingly she had also held 12 jobs during that year, many simultaneously), monthly social security checks ceased coming. No one could understand why.

Passing a driver's exam has always been a problem for the person with a limited command of the English language and practically no reading ability, who had to pass a written exam in English. A year ago the Kansas Motor Vehicle Department finally took action on making Driver's Handbook and examinations available in Spanish. Genevieve Musquiz, Project Health Educator, translated much of this material. The Motor Vehicle Department's official policy had traditionally been, "this has never been a problem state wide", although the law says nothing about an applicant being able to read, write, or understand English. The law's only concern has been that applicants be able to recognize signs and obey the rules of the road.

Since Genevieve has been with the Project longer than any other staff member, she has become the "consumer appointed expert" on dealing with the problems mentioned here. Some of the mix-ups and red-tape involved in sorting them out defy the immagination. She also spends a considerable amount of her free time assisting with visa problems and adult basic education.

Genevieve has over the years developed excellent rapport with individuals at several area radio stations. She, therefore, assumes responsibility for the southwest counties for taping announcements publicizing family clinics and spot announcements promoting basic health messages, such as the benefits of immunizations and other topics. Tom Woodward does the honors for the northwest counties. Clinics are also publicized by means of letters and pamphlets to growers.

Dealing with other problems such as finding employment, housing, transportation, clothing, and feeding the family are daily emergencies. Finding at least temporary solutions to these problems often involves other agencies, organizations, and individuals.

We would be amiss if we failed to note the excellent cooperation we receive from most welfare departments. Unfortunately, some of the smaller counties still persist in making peculiar interpretations of eligibility standards. However, cooperation is, in general, rather good.

Support from various organizations and individuals has also been considerable. Clothing is donated in abundance and channelled through the office clothing bank. Furniture and appliances are also donated periodically and channelled to the needy families through the Project. Community support and participation in day care programs and unloading of food shipments has previously been mentioned. Numerous churches and organizations, such as the Garden City Jaycees, devote considerable time, effort, and money to providing Christmas baskets, toys, trees, and clothing to families who whould have no Christmas otherwise. Many, many individuals do more than their part in helping us all to forget for a while that "Lady Apathy" still is very real.

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

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

April 1972

PERIOD COVERED BY THIS REPORT

FROM	THROUGH
December 1970	November 1971

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)
C7-H-000018-08-0 CS -H20 -C-0

3. GRANTEE ORGANIZATION (Name & address)
Kansas State Department of Health
State Office Building
Topeka, Kansas 66612

4 PROJECT DIRECTOR
Evalyn S. Gendel, MD

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	720	690	30
FEB	643	643	0
MAR	690	680	10
APRIL	829	829	0
MAY	3215	3205	10
JUNE	4749	4749	0
JULY	4796	4796	0
AUG	3779	3717	62
SEPT	2409	2409	0
OCT	1860	1860	-
NOV	1200	1200	-
DEC.	982	982	-
TOTALS	25,872	25,760	112

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

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

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS			
TOTAL	N.A.		
UNDER 1 YEAR	0		
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS.			
TOTAL	5370*	2555	2815
UNDER 1 YEAR	132	63	69
1 - 4 YEARS	321	145	176
5 - 14 YEARS	1079	492	587
15 - 44 YEARS	3639	1772	1867
45 - 54 YEARS	191	82	109
65 AND OLDER	8	1	7

d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR 5a.
Migrant school enrollment, Great Western Sugar Co Work lists, home visits, family histories, crew leaders, employment service, etc.

(2) DESCRIBE BRIEFLY HOW PROPORTIONS FOR SEX AND AGE FOR 5b WERE DERIVED.
* This number does not correspond with the peak population total because Cheyenne, Wallace, Sherman and Wichita counties had peak populations in July while other counties had peak populations in June. An additional 500 (approx.) migrants were in the area for three weeks or less and are not included in this breakdown.

6 HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	5	190
51 - 100 PERSONS	3	175
MORE THAN 100 PERSONS	4	550
TOTAL*	12	915

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (PEAK)
Urban	258	2326
Rural	257	2129
TOTAL*	515	4455

*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.

Form approved:
Budget Bureau No. 68-R1005

FOR Cheyenne Wallace COUNTY. District

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	171	171	-
FEB	154	124	30
MAR.	132	132	-
APRIL	119	109	10
MAY	1,460	1,460	-
JUNE	1,910	1,900	10
JULY	2,402	2,402	-
AUG.	2,107	2,107	-
SEPT	1,073	1,011	62
OCT	746	746	-
NOV.	329	329	-
DEC	264	264	-
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	14 weeks	Feb.	June
IN-MIGRANTS	12 Weeks	May	August

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS			
TOTAL	30	13	17
UNDER 1 YEAR	4	2	2
1 - 4 YEARS	5	2	3
5 - 14 YEARS	7	2	5
15 - 44 YEARS	14	7	7
45 - 64 YEARS	-	-	-
65 AND OLDER	-	-	-
(2) IN-MIGRANTS			
TOTAL	2,402	1126	1,276
UNDER 1 YEAR	53	22	31
1 - 4 YEARS	142	61	81
5 - 14 YEARS	459	200	259
15 - 44 YEARS	1,728	840	888
45 - 64 YEARS	20	3	17
65 AND OLDER			

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

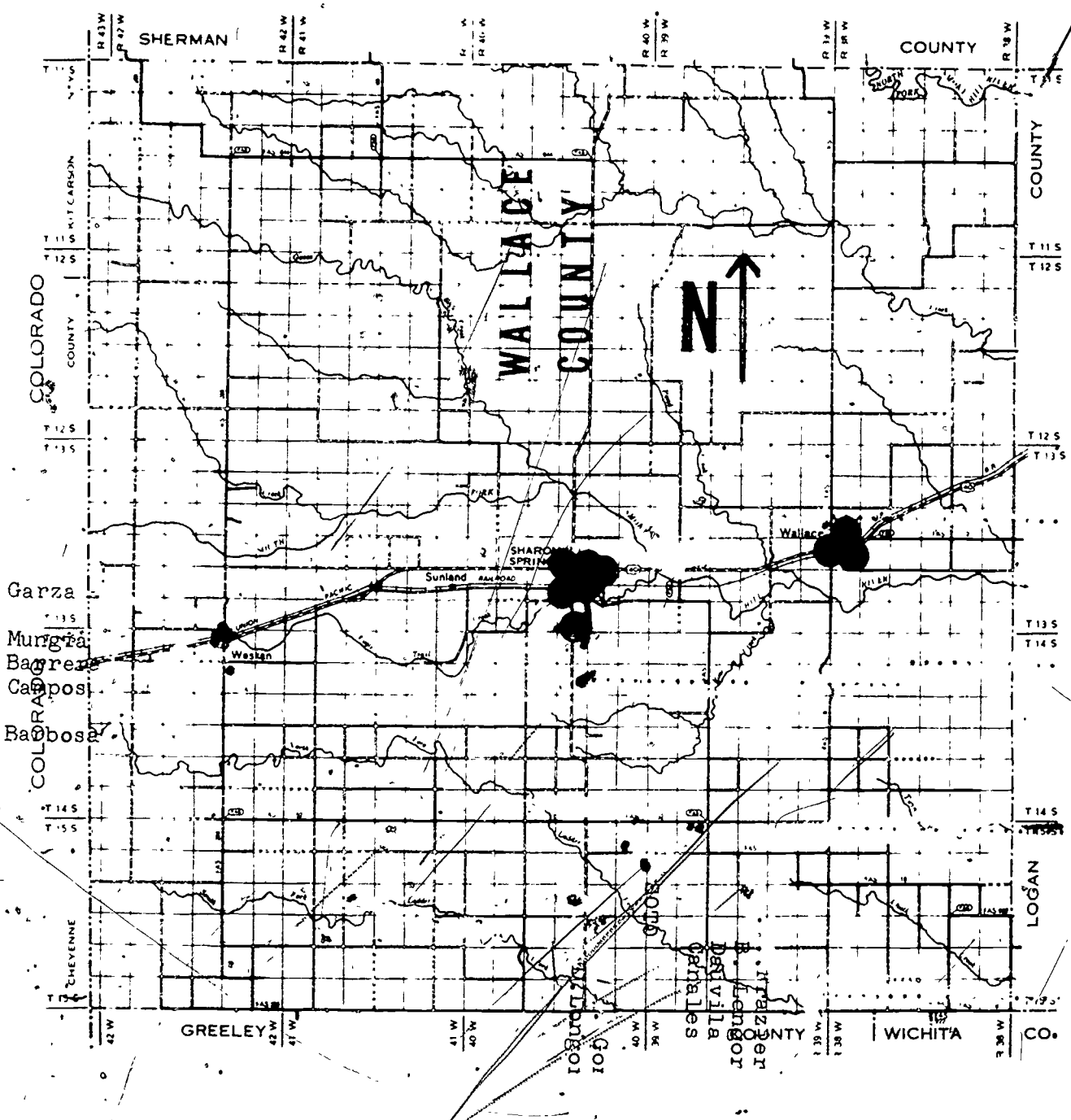
LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
Rural	169	1,402
Urban	154	1,000
TOTAL*	323	2,402

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

REMARKS

GRANT NUMBER

SHERMAN
COUNTY
GOODLAND
EDSON
ST FRANCIS
TO SHARON
RULETON
G W SUGAR CO
TO BURLINGTON
★ Clinic.
● Location Migrant Housing.



● Location Migrant Housing

POPULATION AND HOUSING DATA

FOR Finney COUNTY.

GRANT NUMBER: 07-H-000018-08-0 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.	70	70	N.A.
FEB	70	70	N.A.
MAR.	70	70	N.A.
APRIL	90	90	N.A.
MAY	350	350	N.A.
JUNE	608	608	N.A.
JULY	502	502	N.A.
AUG.	315	315	N.A.
SEPT.	300	300	N.A.
OCT	125	125	N.A.
NOV.	100	100	N.A.
DEC	94	94	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	608	292	316
UNDER 1 YEAR	10	6	4
1 - 4 YEARS	22	10	12
5 - 14 YEARS	120	58	62
15 - 44 YEARS	435	210	225
45 - 64 YEARS	20	8	12
65 AND OLDER	1	--	1

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.		
IN-MIGRANTS	12	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	1	75
MORE THAN 100 PERSONS		
TOTAL*	1	75

b. OTHER HOUSING ACCOMMODATIONS

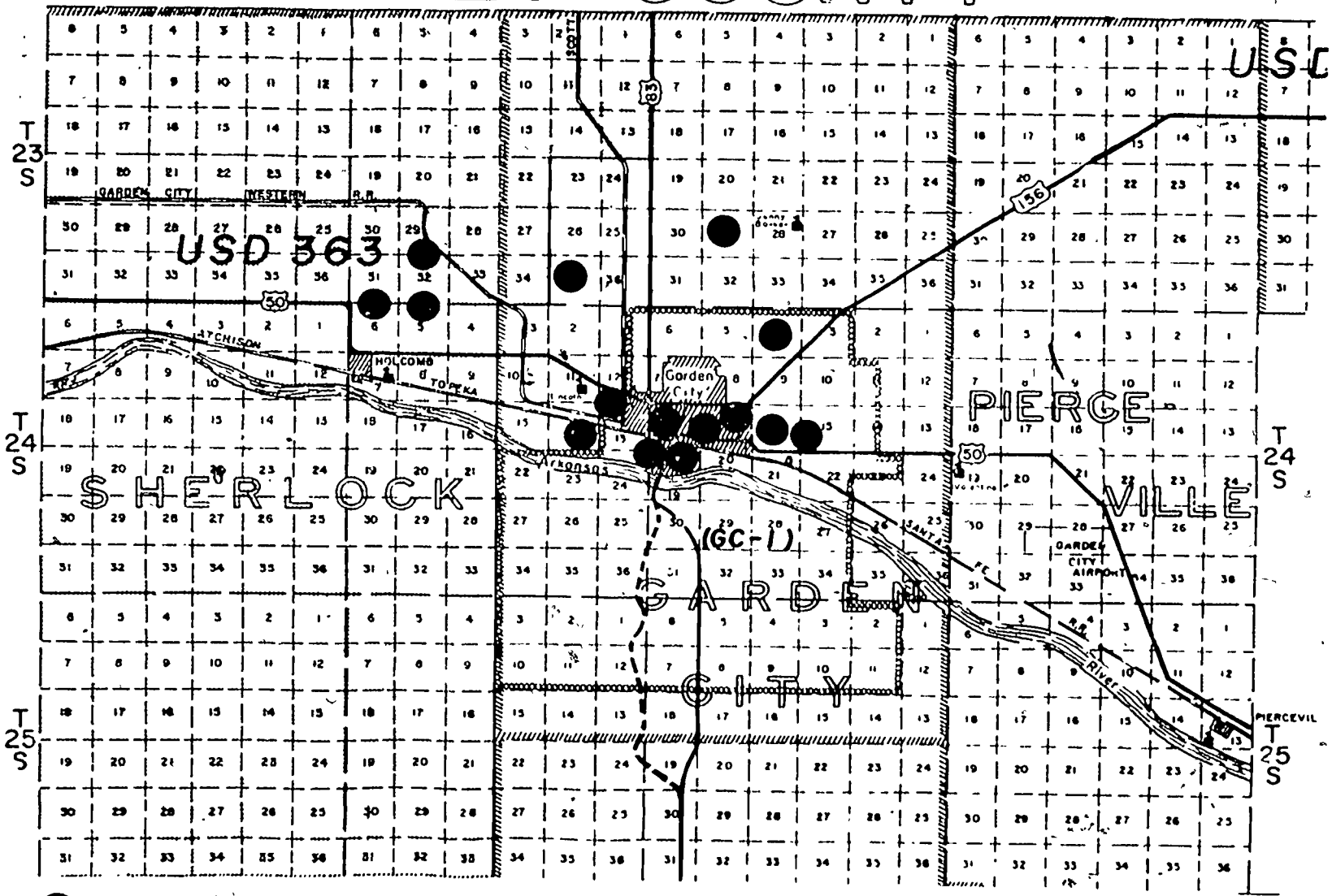
LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
*Scattered Rural	47	393
Urban	18	140
TOTAL*	65	533

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

REMARKS

* 30 odd units were destroyed after the peak season

FINNEY COUNTY



● Location Migrant Housing

★ Clinic

POPULATION AND HOUSING DATA

FOR Grant COUNTY

GRANT NUMBER

07-H-000018-08-0 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	215	215	N.A.
FEB	215	215	N.A.
MAR	200	200	N.A.
APRIL	280	280	N.A.
MAY	600	600	N.A.
JUNE	750	750	N.A.
JULY	600	600	N.A.
AUG	500	500	N.A.
SEPT	550	550	N.A.
OCT	560	560	N.A.
NOV	450	450	N.A.
DEC	350	350	N.A.
TOTALS			

b NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
OUT MIGRANTS			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
IN MIGRANTS			
TOTAL	750	365	385
UNDER 1 YEAR	20	9	11
1 - 4 YEARS	42	20	22
5 - 14 YEARS	120	56	64
15 - 44 YEARS	516	256	260
45 - 64 YEARS	50	24	26
65 AND OLDER	2	0	2

c AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM MO.	TO MO.
OUT MIGRANTS	N.A.		
IN MIGRANTS	16	May	September

6 HOUSING ACCOMMODATIONS

a CAMPS

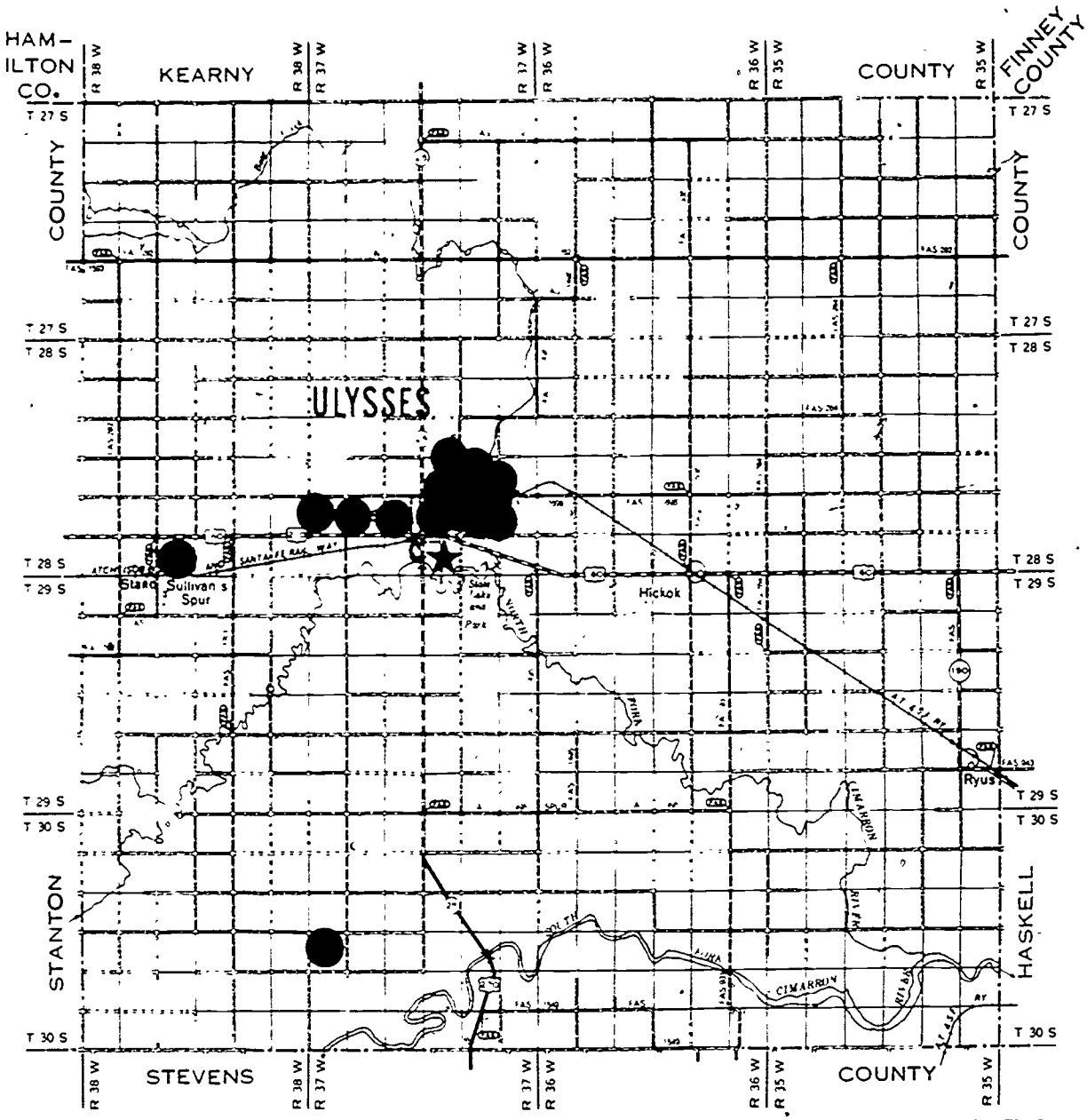
	MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 25 PERSONS			
25 - 50 PERSONS			
51 - 100 PERSONS	1	0	
MORE THAN 100 PERSONS	3	350	
TOTAL*	4	350	

b OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Urban	15	400
TOTAL*	15	400

*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 Gray-Haskell COUNTY.

GRANT NUMBER
07-H-000018-08-0 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 - M GRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANT	OUT-MIGRANT
JAN	25	25	N.A.
FEB	25	25	N.A.
MAR.	39	39	N.A.
APRIL	75	75	N.A.
MAY	200	200	N.A.
JUNE	280	280	N.A.
JULY	198	198	N.A.
AUG	125	125	N.A.
SEPT	101	101	N.A.
OCT	90	90	N.A.
NOV	60	60	N.A.
DEC	45	45	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
1. OUT-MIGRANTS	N.A.		
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
2. IN-MIGRANTS			
TOTAL	280	133	147
UNDER 1 YEAR	16	9	7
1 - 4 YEARS	20	9	11
5 - 14 YEARS	75	35	40
15 - 44 YEARS	163	78	85
45 - 64 YEARS	6	2	4
65 AND OLDER	0	0	0

c. AVERAGE STAY OF MIGRANTS IN COUNTY

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

6. HOUSING ACCOMMODATIONS

a. CAMPS

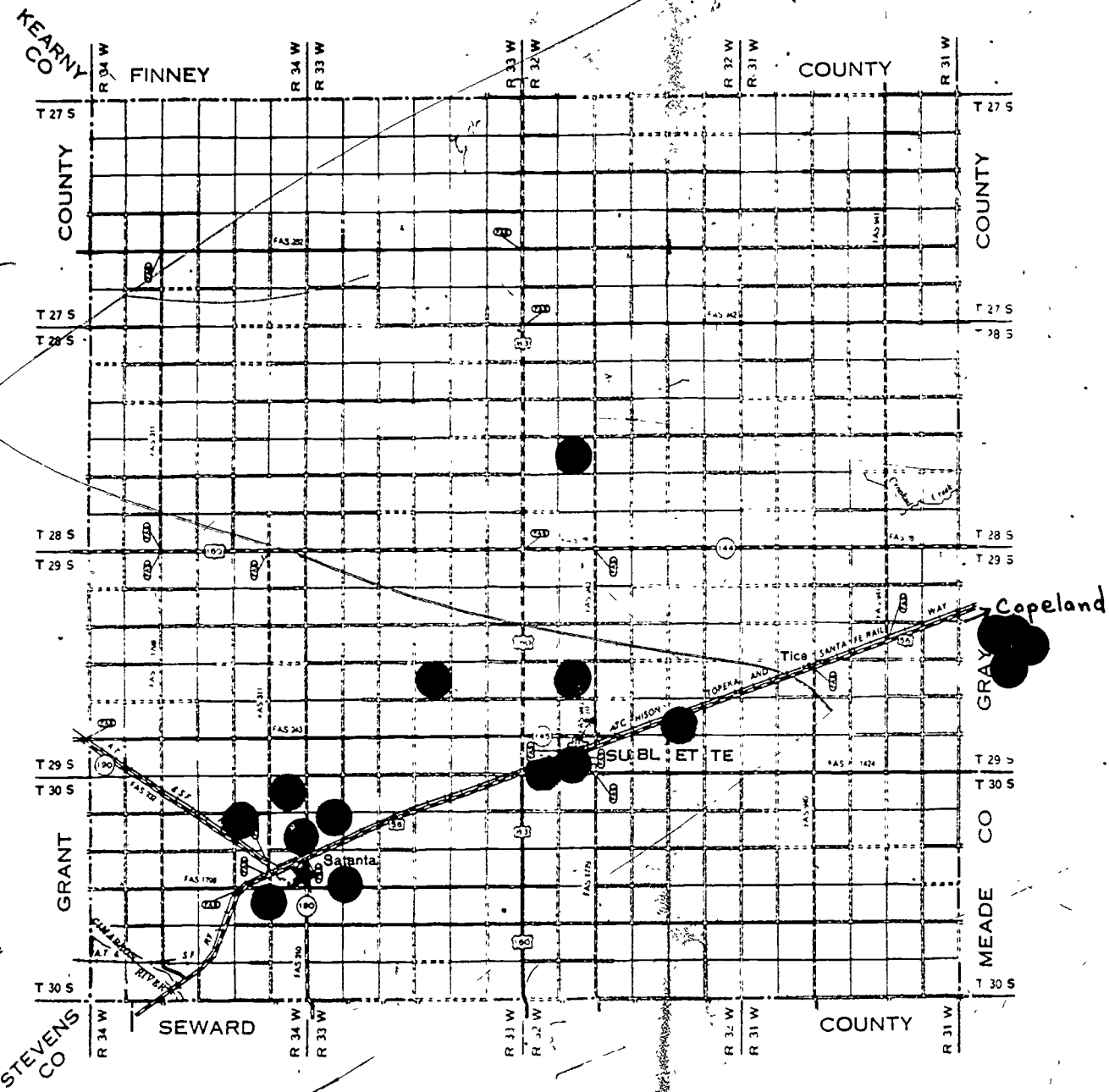
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	1	40
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	1	40

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	21	195
Urban	7	45
TOTAL*	28	240

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

REMARKS


KEARNY CO
FINNEY COUNTY
GRANT COUNTY
GRAY CO
MEADE CO
STEVENS CO
SEWARD COUNTY
HASKELL COUNTY
T 27 S
T 28 S
T 29 S
T 30 S
R 34 W
R 33 W
R 32 W
R 31 W
Copeland
Tice
SUBLETTE
Satanta
CIMARRON RIVER
SANTA FE RAILWAY
ATSF
Location Migrant Housing
Clinic
HASKELL COUNTY
KANSAS

POPULATION AND HOUSING DATA

FOR Kearny COUNTY.

GRANT NUMBER

07-H-000018-08-0 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	25	25	N.A.
FEB	25	25	N.A.
MAR.	25	25	N.A.
APRIL	31	31	N.A.
MAY	220	220	N.A.
JUNE	271	271	N.A.
JULY	220	220	N.A.
AUG	100	100	N.A.
SEPT.	75	75	N.A.
OCT.	75	75	N.A.
NOV.	57	57	N.A.
DEC.	25	25	N.A.
TOTALS			

b NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
1) OUT-MIGRANTS	N.A.	N.A.	N.A.
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
2) IN-MIGRANTS.			
TOTAL	271	131	140
UNDER 1 YEAR	10	6	4
1 - 4 YEARS	19	9	10
5 - 14 YEARS	60	28	32
15 - 44 YEARS	150	74	76
45 - 64 YEARS	30	14	16
65 AND OLDER	2	--	2

c. AVERAGE STAY OF MIGRANTS IN COUNTY

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

6 HOUSING ACCOMMODATIONS

a. CAMPS

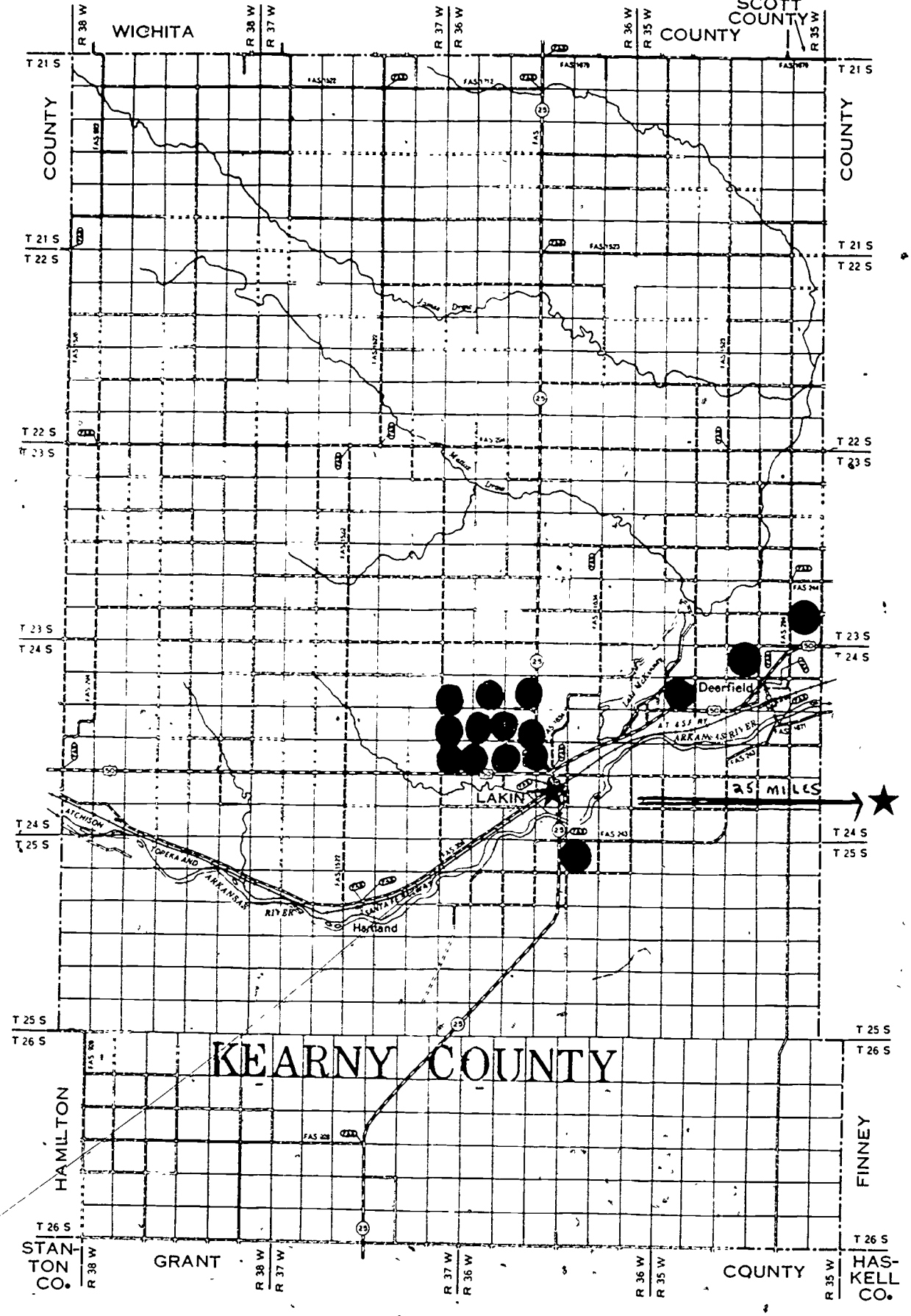
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 25 PERSONS		
25 - 50 PERSONS		
51 - 100 PERSONS	2	100
MORE THAN 100 PERSONS		
TOTAL*	2	100

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Urban	12	116
Scattered Rural	8	55
TOTAL*	20	171

*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

77

POPULATION AND HOUSING DATA

FOR Scott COUNTY

07-H-000018-08-0 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	34	34	N.A.
FEB	34	34	N.A.
MAR	34	34	N.A.
APRIL	34	34	N.A.
MAY	50	50	N.A.
JUNE	90	90	N.A.
JULY	75	75	N.A.
AUG	60	60	N.A.
SEPT	52	52	N.A.
OCT	44	44	N.A.
NOV	44	44	N.A.
DEC	44	44	N.A.
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

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

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
OUT-MIGRANTS	N.A.		
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
IN-MIGRANTS			
TOTAL	90	43	47
UNDER 1 YEAR	3	2	1
1 - 4 YEARS	11	5	6
5 - 14 YEARS	35	17	18
15 - 44 YEARS	29	14	15
45 - 64 YEARS	12	5	7
65 AND OLDER	0	0	0

6 HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	AVG. OCCUPANCY (Peak)
LESS THAN 10 PERSONS	N.A.	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL	0	

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Urban	13	90
TOTAL*	13	90

*NOTE The combined occupancy totals for 6a and 6b should equal approximately the total peak migrant population for the year.

REMARKS

POPULATION AND HOUSING DATA

FOR Stanton COUNTY.

07-H-000018-08-0 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	70	70	N.A.
FEB	70	70	N.A.
MAR.	80	80	N.A.
APRIL	90	90	N.A.
MAY	150	150	N.A.
JUNE	570	570	N.A.
JULY	400	400	N.A.
AUG	190	190	N.A.
SEPT	170	170	N.A.
OCT	110	110	N.A.
NOV.	75	75	N.A.
DEC	75	75	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
1) OUT-MIGRANTS	N.A.		
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
2) IN-MIGRANTS			
TOTAL	570	279	291
UNDER 1 YEAR	10	5	5
1 - 4 YEARS	40	19	21
5 - 14 YEARS	120	58	62
15 - 44 YEARS	368	180	188
45 - 64 YEARS	30	16	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.		
IN-MIGRANTS	12	June	September

6 HOUSING ACCOMMODATIONS

a CAMPS

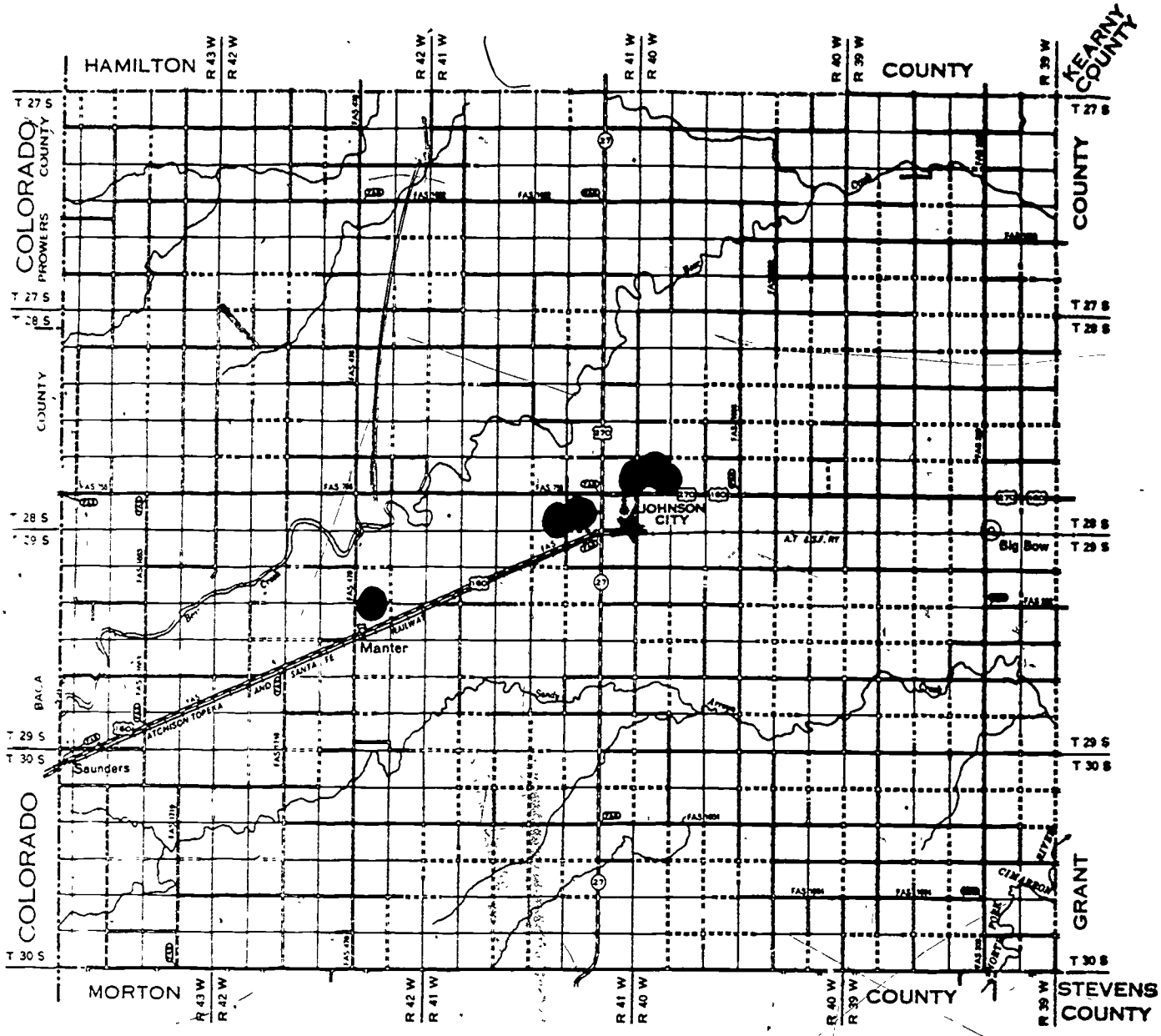
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS	1	200
TOTAL*	1	200

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Urban	21	335
Rural	5	35
TOTAL*	26	370

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

REMARKS


HAMILTON COUNTY
KEARNY COUNTY
COLORADO
PROWLERS
COUNTY
Manter
JOHNSON CITY
Big Bow
Saunders
COLORADO
MORTON COUNTY
GRANT COUNTY
STEVENS COUNTY
Location Migrant Housing
Clinic
STANTON COUNTY
KANSAS
1961

FOR Greeley COUNTY.

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	80	80	N.A.
FEB	80	80	N.A.
MAR.	100	100	N.A.
APRIL	120	120	N.A.
MAY	175	175	N.A.
JUNE	280	280	N.A.
JULY	399	399	N.A.
AUG.	320	320	N.A.
SEPT.	150	150	N.A.
OCT.	110	110	N.A.
NOV.	85	85	N.A.
DEC	85	85	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
1) OUT-MIGRANTS	N.A.		
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
2) IN-MIGRANTS			
TOTAL	399	186	213
UNDER 1 YEAR	10	4	6
1 - 4 YEARS	25	12	13
5 - 14 YEARS	90	40	50
15 - 44 YEARS	250	120	130
45 - 64 YEARS	23	10	13
65 AND OLDER	1	0	1

c. AVERAGE STAY OF MIGRANTS IN COUNTY

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

6. HOUSING ACCOMMODATIONS

a. CAMPS

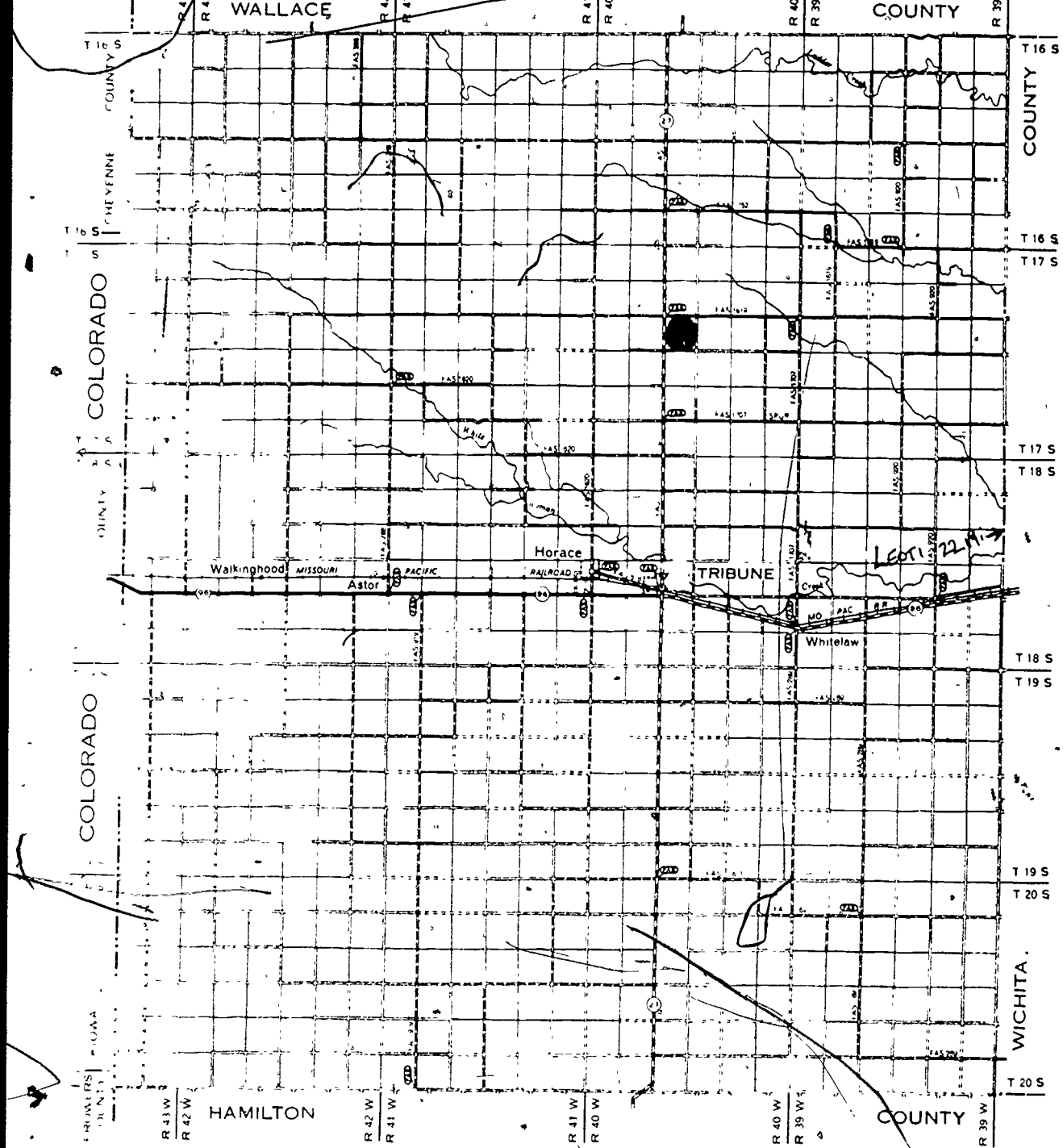
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 6 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	3	150
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	3	150

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Urban	18	200
Rural	7	49
TOTAL*	25	249

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

REMARKS

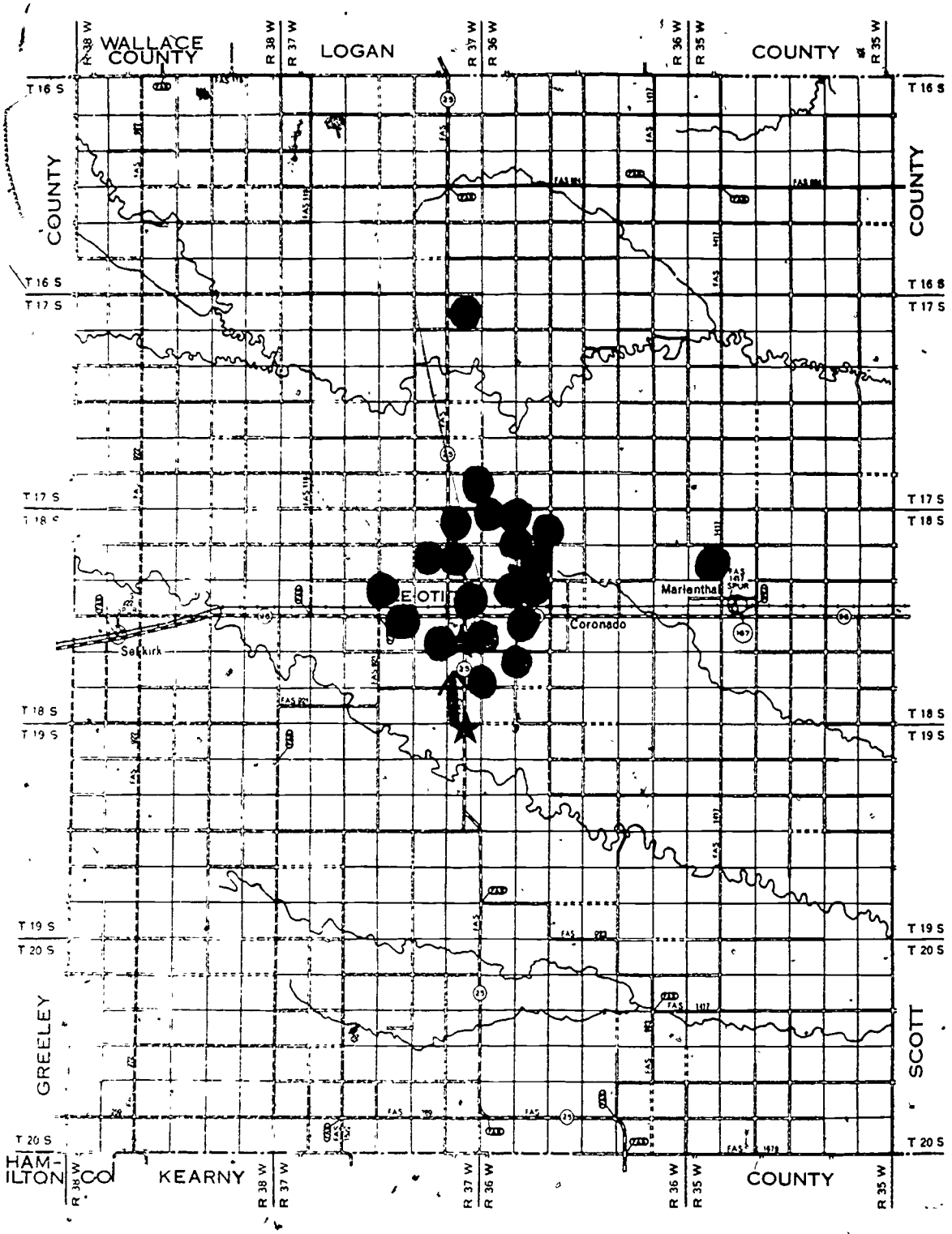


● Location Migrant Housing

★ Clinic

GREELEY COUNTY
KANSAS

1961



● Location Migrant Housing

★ Clinic

WICHITA COUNTY
KANSAS

1961

77

0983

GRANT NUMBER
07-H-000018-08-0 CS-H20-C-0

DATE SUBMITTED
1972

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				
UNDER 1 YEAR	601	347	254	601
1 - 4 YEARS	158	58	100	158
5 - 14 YEARS	500	260	240	500
15 - 44 YEARS	844	257	587	844
45 - 64 YEARS	136	54	82	136
65 AND OLDER	201	124	77	201

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

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 1247

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 1223

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

No of Patients (exclude newborn) 139

No of Hospital Days 599

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL	665	636	29
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON			
b. INDIVIDUALS REQUIRING SERVICES - TOTAL	381	352	29
(1) CASES COMPLETED	317	313	4
(2) CASES PARTIALLY COMPLETED	64	39	25
(3) CASES NOT STARTED	-	-	-
c. SERVICES PROVIDED - TOTAL	1622	1537	85
(1) PREVENTIVE	418	418	
(2) CORRECTIVE-TOTAL			
(a) Extraction	172	131	41
(b) Other	1032	988	44
d. PATIENT VISITS - TOTAL	381	366	15
	hrs.	hrs.	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	632	67	221	231	3	30	80
SMALLPOX	53		29	18	3		3
DIPHTHERIA	210	38	75	51		20	26
PERTUSSIS							
TETANUS							
POLIO	242	19	74	88		10	51
TYPHOID							
MEASLES	49		20	29			
OTHER (Specify)							
TD	31			31			
Rubella	30	10	10	10			
Mumps	4		4				
REMARKS MMR	8		4	4			
MR	5		5				

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

GRANT NUMBER 07-H-000018-08-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
I-XVII.		TOTAL ALL CONDITIONS	1258	905	353
I.	01-	INFECTIVE AND PARASITIC DISEASES TOTAL	(123)	(87)	(36)
	010	TUBERCULOSIS	12	4	8
	011	SYPHILIS			
	012	GONORRHEA AND OTHER VENEREAL DISEASES	4	1	3
	013	INTESTINAL PARASITES	26	20	6
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	38	28	10
	015	All other	20	20	
	016	"CHILDHOOD-DISEASES" - mumps, measles, chickenpox			
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	21	12	9
	019	OTHER INFECTIVE DISEASES (*Give examples*): Thrush	2	2	
II.	02-	NEOPLASMS TOTAL	(6)	(2)	(4)
	020	MALIGNANT NEOPLASMS (*give examples*)			
	025	BENIGN NEOPLASMS	6	2	4
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES TOTAL	(44)	(28)	(16)
	030	DISEASES OF THYROID GLAND	3	1	2
	031	DIABETES MELLITUS	13	7	6
	032	DISEASES of Other Endocrine Glands	4	3	1
	033	NUTRITIONAL DEFICIENCY			
	034	OBESITY	6	4	2
	039	OTHER CONDITIONS	18	13	5
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS TOTAL	(39)	(25)	(14)
	040	IRON DEFICIENCY ANEMIA	34	22	12
	049	OTHER CONDITIONS	5	3	2
V.	05-	MENTAL DISORDERS TOTAL	(15)	(7)	(8)
	050	PSYCHOSES			
	051	NEUROSES and Personality Disorders	6	3	3
	052	ALCOHOLISM	1	1	0
	053	MENTAL RETARDATION	8	3	5
	059	OTHER CONDITIONS			
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	(96)	(58)	(38)
	060	PERIPHERAL NEURITIS			
	061	EPILEPSY	20	6	14
	062	CONJUNCTIVITIS and other Eye Infections	19	12	7
	063	REFRACTIVE ERRORS of Vision	7	5	2
	064	OTITIS MEDIA	48	34	14
	069	OTHER CONDITIONS			
		Abrasion of Sclara	2	1	1

PART II - 5. *(Continued)*

GRANT NUMBER
07-H-000018-08-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM TOTAL	(80)	(37)	(43)
	070	RHEUMATIC FEVER	3	2	1
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	8	3	5
	072	CEREBROVASCULAR DISEASE (Stroke)	6	3	3
	073	OTHER DISEASES of the Heart	9	5	4
	074	HYPERTENSION	24	8	16
	075	VARICOSE VEINS	12	6	6
	079	OTHER CONDITIONS	18	10	8
VIII	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	(268)	(192)	(76)
	080	ACUTE NASOPHARYNGITIS (Common Cold)	43	34	9
	081	ACUTE PHARYNGITIS	96	66	30
	082	TONSILLITIS	50	40	10
	083	BRONCHITIS	37	29	8
	084	TRACHEITIS/LARYNGITIS			
	085	INFLUENZA	12	9	3
	086	PNEUMONIA	3	2	1
	087	ASTHMA, HAY FEVER	27	12	15
	088	CHRONIC LUNG DISEASE (Emphysema)			
	089	OTHER CONDITIONS			
IX	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	(41)	(27)	(14)
	090	CARIES and Other Dental Problems	6	4	2
	091	PEPTIC ULCER	4	3	1
	092	APPENDICITIS	6	4	2
	093	HERNIA	11	6	5
	094	CHOLECYSTIC DISEASE	11	8	3
	099	OTHER CONDITIONS	3	2	1
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	(161)	(137)	(24)
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	100	85	15
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	1	1	
	102	OTHER DISEASES of Male Genital Organs			
	103	DISORDERS of Menstruation	26	19	7
	104	MENOPAUSAL SYMPTOMS			
	105	OTHER DISEASES of Female Genital Organs	4	2	2
	109	OTHER CONDITIONS	30	30	
XI	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	(88)	(61)	(27)
	110	INFECTIONS of Genitourinary Tract during Pregnancy	8	4	4
	111	TOXEMIAS of Pregnancy			
	112	SPONTANEOUS ABORTION	20	17	3
	113	REFERRED FOR DELIVERY	47	31	16
	114	COMPLICATIONS of the Puerperium	13	9	4
	119	OTHER CONDITIONS			
XII	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	(111)	(89)	(22)
	120	SOFT TISSUE ABSCESS OR CELLULITIS	10	6	4
	121	IMPETIGO OR OTHER PYODERMA	36	24	12
	122	SEBORRHEIC DERMATITIS	5	3	2
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	16	16	
	124	ACNE	28	24	4
	129	OTHER CONDITIONS	16	16	

PART II - 5. (Continued)

GRANT NUMBER 07-H-000018-08-0-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	(23)	(16)	(7)
	130	RHEUMATOID ARTHRITIS	6	6	
	131	OSTEOARTHRITIS			
	132	ARTHRITIS, Unspecified	17	10	7
	139	OTHER CONDITIONS			
XIV.	14-	CONGENITAL ANOMALIES TOTAL	1	1	
	140	CONGENITAL ANOMALIES of Circulatory System	1	1	
	149	OTHER CONDITIONS			
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY TOTAL	0	0	0
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS TOTAL	(28)	(26)	(2)
	160	SYMPTOMS OF SENILITY	3	3	
	161	BACKACHE	15	13	2
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS			
	163	HEADACHE	10	10	
	169	OTHER CONDITIONS			
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE TOTAL	(134)	(112)	(22)
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	62	57	5
	171	BURNS	4	2	2
	172	FRACTURES	36	21	15
	173	SPRAINS, STRAINS, DISLOCATIONS	14	14	
	174	POISON INGESTION			
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	18	18	

			NUMBER OF INDIVIDUALS
6	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS TOTAL	2332
	200	FAMILY PLANNING SERVICES	96
	201	WELL CHILD CARE	37
	202	PRENATAL CARE	61
	203	POSTPARTUM CARE	48
	204	TUBERCULOSIS Follow-up of inactive case	5
	205	MEDICAL AND SURGICAL AFTERCARE	3
	206	GENERAL PHYSICAL EXAMINATION	647
	207	PAPANICOLAOU SMEARS	15
	208	TUBERCULIN TESTING	521
	209	SEROLOGY SCREENING	
	210	VISION SCREENING	475
	211	AUDITORY SCREENING	431
	212	SCREENING CHEST X-RAYS	3
	213	GENERAL HEALTH COUNSELLING	
	219	OTHER SERVICES	
		(Specify)	

PART III - NURSING SERVICE

GRANT NO. 07-H-000018-08-0 CS-H20-C-0

TYPE OF SERVICE	NUMBER
1 NURSING CLINICS	
a. NUMBER OF CLINICS	
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	591
2 FIELD NURSING:	
a. VISITS TO HOUSEHOLDS	1564
b. TOTAL HOUSEHOLDS SERVED	417
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	807
d. VISITS TO SCHOOLS DAY CARE CENTERS	40
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	647
3 CONTINUITY OF CARE	
a. REFERRALS MADE FOR MEDICAL CARE TOTAL	33
(1) Within Area	
(Total Completed)	
(2) Out of Area	
(Total Completed)	
b. REFERRALS MADE FOR DENTAL CARE TOTAL	
(Total Completed)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA TOTAL	
(Total Completed)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS OFFICES (Fee-for-Service)	150
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	450
(1) Number presenting health record	300
(2) Number given health record	150) 100
4 OTHER ACTIVITIES *(Specify)*	

REMARKS

PART IV - SANITATION SERVICES

GRANT NUMBER: 07-H-000018-08-0 CS-H20-C-0

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS	12	84	N.A.	N.A.
OTHER LOCATIONS	157	942		
HOUSING UNITS - Family				
IN CAMPS				
IN OTHER LOCATIONS				
HOUSING UNITS - Single				
IN CAMPS				
IN OTHER LOCATIONS	14	51	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	
	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
LIVING ENVIRONMENT								
a. WATER	12	157			1,000,000		NONE	
b. SEWAGE								
c. GARBAGE AND REFUSE								
d. HOUSING								
e. SAFETY								
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	2500		1500	90		10
(2) Group counselling	251		37	54		
B SERVICES TO OTHER PROJECT STAFF						
(1) Consultation	12		14			
(2) Direct services						
C SERVICES TO GROWERS						
(1) Individual counselling	77		69	79		
(2) Group counselling			8			
D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS						
(1) Consultation with individuals	302		14			
(2) Consultation with groups	25		9			
(3) Direct services	10					
E. HEALTH EDUCATION MEETINGS	44		11			