

SEASONAL FARM WORKER HEALTH PROJECT

MG 06 B

Kern County Health Department

MARCH, 1964

P.O. Box 997, Bakersfield

PROGRESS REPORT

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Seasonal Farm Worker Health Project

PROGRESS REPORT
SEASONAL FARM WORKER HEALTH PROJECT

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I. INTRODUCTION

A. The Setting

Kern County lies at the southern end of San Joaquin Valley. Third largest of California's counties geographically, it covers a land area of 8,172 square miles, sprawling across more than 5,000,000 acres. It compares in size to the State of Massachusetts, or is larger than Rhode Island, Delaware, and Connecticut combined.

Approximately 312,000 people populate the county at present. The present vigorous and dynamic growth leads us to anticipate that the population will exceed one-half million within the next 20 years. Bakersfield, located 110 miles north of Los Angeles, is the county seat and has a population of nearly 60,000 people.

Primarily an agricultural and oil-producing area, Kern County is also known for its industry and mining. It is one of the five leading agricultural produce counties in the entire United States. Due to its warm, dry climate, it is possible to carry on agricultural activity year-round. Thus, the Department of Labor rates Kern County as a 12-month agricultural area.

B. The Farm Workers

With an agricultural production worth some \$260,000,000 per year, Kern County depends heavily upon the full-time and seasonal farm workers to handle the crops. Every year thousands of farm workers are employed in farm work in the county.

Some of these are migrant workers in the truest sense, i.e., coming into the county for a few weeks or months during the peak of the harvest season and then moving out of the county to other areas after their pattern of following the crops. During the year an estimated 15-20,000 true migrants spend some time working in Kern County.

Others call Kern County their home, but leave the county for varying periods of time to seek employment elsewhere as farm workers, returning to their homes in the county for at least part of the year.

Finally, there are those who live permanently or semi-permanently in the communities of Kern County, often in the urban fringe areas, who work full-time or part-time in the fields. Many

of this latter group shift back and forth between industrial employment and seasonal agriculture. It is estimated that approximately 30,000 persons, other than migrants, spend some time during the year working in some form of seasonal farm work in the county.

Mexicans, Negroes, Caucasians, and Filipinos comprise the major racial groups in the farm worker force in Kern County, with the workers of Mexican descent forming the largest group. Generally speaking, these workers have fairly large families. (A survey of over 150 new families interviewed in 1963 by the community health aides indicated an average family size of 5.5 members [see attachment No. 9]. Another survey involving an analysis of the records of one of the public camps for 1962, and involving a total of 233 families, showed an average family size of 5.4 members.)

The seasonal farm workers in Kern County, as elsewhere, are faced with tremendous problems of housing, health, finances, and education. Contributing to, and compounding these problems, are low annual income due to sporadic work, differences in cultural background, language barriers, mobility, poor understanding of good health practices, lack of knowledge of existing community health services, etc. In addition, many of these workers are not eligible for certain health and welfare services normally available to residents of the county due to their inability to meet the residency requirements established.

II. The Seasonal Farm Workers Health Education Project

A. Background

The health of farm workers and their families has long been of concern to public health agencies - national, state, and local. Efforts have been made many times in the past by these agencies to bring to the fore the problems of this segment of our population and to secure community support and interest to take steps to solve or alleviate these problems.

Kern County has long known the health problems of the seasonal farm workers and their families. Ever since the early 1930's, this county has been host to large numbers of seasonal farm workers, and its personnel have seen and dealt with the problems of these people at first hand. Over the years many services have been developed and have been made available to this group. Today our health department offers all of the basic public health services including sanitation, laboratory, communicable disease control, maternal and child health, vital statistics, and health education. The department offers a generalized public health nursing program which includes many services for the farm workers.

Although our public health staff had been engaged in health education activities with farm workers and their families for many years, the staff was interested in ways in which services could be improved. Prevailing public opinion was that sufficient services were available, and that our task was to help farm workers to make the best use of these services. Also, as a large, rural county, we were continually handicapped by shortages of staff, especially public health nurses and sanitarians. On the other hand, our staff were well aware that many of the severe problems facing them in carrying out their programs were the result of the wall of socio-cultural barriers which hindered effective communication between our department and the farm labor community. These were more than just language difference barriers. More deeply, they included differences in knowledge, beliefs, and attitudes on the part of the farm worker and the professional health worker.

A concept that was not new was the use of people selected right from the target group itself who, with adequate training and supervision, could help overcome these socio-cultural barriers. In India, Pakistan, and other countries, village workers had been trained and used for many years to help others to learn ways of improving their health and welfare. In our own country programs had been developed with American Indian groups using "Community Workers", "Community Health Aides", and "Health Visitors". These people all brought to the programs an understanding of the cultural group concerned - their knowledge, attitudes, beliefs, ways of thinking. Given adequate training and guidance, they have proved of immense value in bridging-the-gap between modern public health concepts and the socio-cultural heritage of their own people.

Thus, in 1961, when the California State Legislature passed legislation (S.B. 282) which authorized the State Health Department to establish a program to help improve the health status of farm workers, and provided limited grants to local health departments for new projects or extension of present services to seasonal farm workers, Kern County applied for and received a small grant to develop a pilot health education project. This project involved the hiring, training, and use of people selected from the farm workers group themselves who would help their own people to learn and accept good health practices, and to help bring about a better understanding, and effective use of existing health services. The people hired and prepared to do this task were called Community Health Aides.

Since 1961, this project has continued to develop and grow and has become an important part of the total public health program of the Kern County Health Department. As of July 1, 1963, a very sizable increase in the budget has allowed for considerable expansion of this program in order to better provide health education services to farm worker groups throughout the county.

Our progress report will cover the developments that have occurred since July 1, 1963.

B. Objectives of Project

As stated in our project plan, the overall objective of this project is to extend the services of the Health Department to the migrant and his family and to thereby bring their health needs into effective and practical relationships with local health resources. This implies that through effective health education programs and methods the migrant and his family will gain an improved health status.

More specifically the objectives include: (1) Reducing significantly the number of preventable illnesses and accidents associated with low standards of sanitation, nutrition, and child care among farm labor families; (2) to raise significantly the level of knowledge of these families about (a) the various community health resources, such as the county hospital, health department, and private medical resources, and (b) the generally recommended health practices in sanitation, nutrition, and child care so that they may live healthier lives; (3) to stimulate community awareness of the health problems of these families so that more constructive action can be taken to meet them.

III. Developments During Fiscal Year 1963-64.

A. General

1. Staffing

- a. A total of 12 community health aides are presently employed in the project. Three experienced aides who were employed last fiscal year were rehired in September, 1963, and have been working in the communities of Wasco and Shafter. Nine new community health aides were employed on February 3, 1964. This group has completed their initial month's training and are now assigned to work in communities as follows: Arvin - 1; Lamont - 2; McFarland - 1; Wasco - 2; Shafter - 2; and Bakersfield - 1. (See attachment No. 1, 2 .)
- b. On October 1, 1963, a full-time project director and a full-time steno-clerk were employed.
- c. Public health nurses, one full-time and one half-time, have been employed by the Department from project funds, and will be working in activities related to migrant health. The Sanitation Division is continuing its

recruitment efforts to fill the full-time position set up in the project budget.

2. Recruitment

We believe that the initial selection of aides is of utmost importance for the success of this program. Consequently, considerable time was spent in planning for and conducting interviews of prospective aide candidates during the second and third quarters of this fiscal year.

During the month of November, 1963, the new Project Director spent a significant portion of his time with local public health nurses and sanitarians in the communities where aides were to be employed for the purpose of discussing the program and securing from them the names of potential aide candidates. The Project Director met with many other persons in these communities (ministers, doctors, school personnel, local businessmen, labor camp managers, etc.) to also discuss the program, and to secure names of good candidates. The three community health aides who were already on the job also provided valuable assistance in suggesting persons to contact regarding employment.

Actual interviewing was undertaken mainly during December, 1963, and January, 1964. A total of 48 persons were interviewed. (This included several interviews with Anglo and Negro persons who are to be considered for employment in the near future.) In many instances follow-up interviews were made to a number of the candidates in order to secure additional information or to further discuss and clarify questions the interviewees may have had regarding the program and/or the role and function of the aides.

An interview form was prepared in consultation with other health education staff and this form was used to document the results of each interview. (See attached No. 3) This form includes specific biographical data regarding each candidate, as well as subjective appraisal on the part of the interviewer regarding certain qualities considered important. A copy of this interview form is placed in the personal folder of each aide employed. The others are kept on file for consideration for future employment.

Although the Project Director was ultimately responsible for the final selection of aides employed in this project, all local public health staff in the areas concerned were consulted prior to active employment. It was felt extremely important that these staff be involved as much as possible in this matter.

The following characteristics seem to be important and were generally given careful consideration in the selection of the new aides employed during the third quarter of Fiscal Year 1963-64:

Educational Level: 8th to 12th grade.

Age: 25+. (Average age of present new group is 35.5 years.)

Sex: Female. (All of the aides employed during this fiscal year were female. Future plans call for the employment of at least one male aide. We feel a male aide could contribute a great deal to the program in carrying out educational programs with the male farm workers, especially with the single men in the camps.)

Marital Status: With only one exception, all of the aides employed this fiscal year have been married. This is important in the Spanish-American culture since an unmarried woman faces difficulty in attempting to carry on educational programs related to prenatal care and child care with married women.

Family: Most of our aides have large families with an average of 5 children each.

On or Off Welfare: A number of our aides receive welfare assistance under the ADC program. In these instances their welfare assistance payments are reduced by a proportionate amount of their earnings. This is an important point since it certainly does indicate high motivation on the part of these aides for their work.

Experience - Farm Labor Activities and People: All of our aides but one were farm workers, or have been employed as such in the past. All are aware of the problems experienced in field work and have an appreciation for these problems. Several of our aides will work again in the fields at the completion of their current employment.

Language: All of the aides employed so far this fiscal year are bilingual (English and Spanish). This has been a requirement for employment up to this time since our largest cultural group of farm workers in Kern County is Spanish, and presents some of our most immediate and difficult problems in communication. It is anticipated that additional Anglo and Negro aides will be employed this fiscal year, and these aides will not necessarily be bilingual.

Writing: All of our aides are able to read and write in English and Spanish with varying degrees of proficiency, with the majority being proficient in both.

3. Training

A training session for the 9 new community health aides employed this fiscal year was held during the month of February.

The training period covered the four weeks from February 3 - 28, 1964. (See attachment No. 4)

In planning for the training, several important factors were considered. First of all, careful consideration was given to the background and experiences of the aides prior to employment. The aides bring to the job a basic understanding of the attitudes, beliefs, and mores of their own cultural group. Because they, too, have been farm workers at one time, they are familiar with many of the problems of farm workers and their families. On the other hand, those of us responsible for training aides must also be aware of the levels of education of the farm workers with whom they will work. Finally, we must face the reality of the limited amount of time we have for their initial formal training period.

Taking these factors into consideration, along with a knowledge of the kinds of health problems that exist in our farm labor groups, we have felt that the initial training of the aides should be in the basic concepts of public health, focussing primarily on sanitation, nutrition, child care, community health resources, and health education methods.

The involvement of local public health staff in the training of aides is considered essential, both in the planning and in the conduct of the training program. Consequently, we have developed a training schedule that utilizes local public health nurses and sanitarians as well as central office staff. This year the participation of experienced community health aides in training occurred for the first time, and this has proven to be a very valuable asset to the program.

In addition to public health staff, other community organizations were involved in the training of the aides, including the County Welfare Department, Kern General Hospital, and the University of California Extension Service.

In carrying out the training program, a variety of methods were used, including group discussions, field visits, observations, role playing, film showings, and some actual participation in health education programs set-up by our experienced aides.

This year we incorporated into the training program weekly summary and evaluation sessions. Involved in these sessions, usually held each Friday, were the aides, the staff who had participated in the training program during the week, and the project coordinator. The main purpose of these sessions was to review the week's training content and activities, to provide an opportunity for the aides to ask

questions for further clarification regarding any aspect of the training, and to offer the aides and the staff a chance to discuss and evaluate the training progress to date. A final session was held at the end of the four weeks to evaluate the total training program. All of these sessions were tape recorded.

Finally, it should be emphasized that the initial four week period of formal training is considered only the first step in a continuous training process for the aides. Continued inservice training will be carried out by means of regularly scheduled conferences with all the aides in Bakersfield or at the local health center, through periodic refresher courses, and through continuous consultation and supervision by the project director.

4. Supervision

The project director is ultimately responsible for the supervision of the community health aides. Adequate supervision, once the aides are on the job, is essential if they are to function properly and effectively in carrying out their assigned roles and responsibilities.

It is planned that for the next few weeks, the project director will meet with the new community aides at least twice a week. These meetings will be divided as to location - some of the sessions will be held at the main office with the total group, and some in the field health centers with the individual aides. The purposes of these meetings will be for program planning, clarification of role and responsibility, discussion of problems, etc. Other department staff will be requested to participate in these sessions as necessary.

It is anticipated that providing supervision to the nine new aides will result in considerable time and travel on the part of the project director, especially during the early stages, but this is considered essential. As the new aides gain experience, self-confidence, initiative, and understanding of their role and function, the actual amount of direct contact by the supervisor may be reduced. This has proven to be the case with the three experienced aides now employed. Presently, weekly conferences have proven adequate with these aides.

In addition to personal supervision, each aide submits a weekly activity report (see attachment No. 5) which is helpful in interpreting and analyzing existing educational efforts, and gives guidelines for consultation and planning for future educational programs in the area.

Since the aides do work closely with the local public health nurses and sanitarians, it has been necessary to define the supervisory relationships in those situations when the task involves primarily public health nursing or sanitation. In these instances, the public health nurse or the sanitarian is directly responsible for providing the technical supervision of the aide, and the project director then serves primarily as a consultant and advisor to both the professional staff member and the community health aide. This requires considerable planning and role definition on the part of the professional staff involved in order to not place the aide in the intolerable situation whereby she is receiving conflicting advice and instruction.

B. Services and Activities

During the period from July 1 to September, 1963, the Director of the Division of Health Education and the staff health educator spent a great deal of time in planning for the expansion of the program and in recruiting a person qualified to serve as the full time project director. Following the rehiring of 3 experienced community health aides in September and the employment of a full-time project director and a full-time stenoclerk in October, a number of activities and services have been planned and carried out, with other health department staff, to raise the level of basic health knowledge of farm labor families in the Shafter and Wasco area and also to stimulate community awareness of their health problems.

1. "Health Hostess" Visits

One very important activity of the community health aides has been the continuation of the visits to newly arrived farm worker families in the community. Information on who these new families are and where they live is obtained by the aides from a variety of sources. Because of the good relationships our aides and other staff have developed with the local school people, information is made available to us from school records regarding the names and addresses of parents of newly enrolled school children. Another source of information regarding the arrival of new farm families comes from the managers of the public farm labor camps. Since the aides are well established and known in their communities, they are in on the network of informal communication that exists among the farm worker element of the community, and they often learn about new arrivals through this "grapevine".

Once a newly arrived family is located, the aides call upon the family to welcome them to the community and to provide them with information on health department and other community services. Each family is given a Directory of Local Health Resources which lists the local community

resources (private medical doctors, dentists, local health center, etc.) as well as resources in Bakersfield, including the public health clinic, Kern General Hospital, and public transportation information from their community to Bakersfield. These directories were prepared by our public health staff, including the aides, in cooperation with the Kern County Farm Bureau. (See attachment No. 6 .) Although printed in both English and Spanish, the aides review the information with the families at the time of the visit in order that the family understands its purpose and content. (We are well aware that many of our Spanish-speaking farm workers are not able to read either Spanish or English - thus the need for the aides to explain the content of these directories to these people.)

A family health record booklet is also given to each family at the time of this visit, and its use is carefully explained by the aide. (See attachment No. 7 .)

During the visit the aides secure basic information regarding the family, and this information is recorded on a card. (See attachment No. 8 .) At the time of the visit the aide attempts to find out from the family whether or not they have any health problems that should be referred to the public health nurse. If such problems are expressed by the family or are observed by the aide at the time of her visit, they are noted on the card. The cards are then given to the public health nurse for review and necessary follow-up action.

An analysis of Health Hostess Visit Cards completed during the months aides were employed in 1963 - January, February, March, April, September, October, and November (reports for December were not completed in time for this report) - showed that over 50% of the new families visited required a referral of some sort to the public health nurse. (See attachment No. 9 .) A further breakdown of the referrals (See attachment No. 10 .) indicates that while the majority of referrals were for preventive services such as CHC and/or immunization, a number of other problems were referred including medical, AP's, etc. (Note - the discrepancy between the number of referrals indicated an attachment No. 9 (80), and on attachment No. 10 (76) was probably due to differences in interpretation of the problem indicated and its disposition.)

2. CHC's and Home Visits with Staff

During this reporting period the aides have played an important role in helping to extend and increase the effectiveness of public health services offered by our professional

staff through their participation and assistance at Child Health Conferences. Volunteers from the community, usually members of the local PTA units, serve at the clinics. It is not our purpose that the aides replace the volunteers at such clinics. The major and most important role of the aides is that of serving as an interpreter for the doctors and public health nurses during the clinic and to help assure that effective communication is established between the professional staff person and the client.

When making home visits with the public health nurses and sanitarians, the main function of the aide again is to assure that communication is established between the professional staff person and the patient or client. The aides have also been quite helpful to the staff in carrying out follow-up services when requested. The aides will often visit families at the request of the nurses to find out why conference appointments were not kept, to give additional information to families, to encourage problem families to carry out the recommendations made by staff, etc. For example, in one of the large public labor camps the public health nurse was having difficulty in convincing the parents of a family with several small children of the necessity of proper immunization. At the request of the public health nurse, the aide made several visits to this family over a period of weeks to inform them of the value of immunization and how it would prevent serious illness on the part of the children. Finally the parents were convinced and all the children were brought to the CHC for their immunizations. This example is not an unusual one. The aides are often called upon by staff to work with recalcitrant families such as this.

3. General Educational Activities

Since September a number of community education programs have been held in the Wasco Labor Camp. The Management of this camp had previously agreed to allow the aides to take over one of the housing units for demonstration purposes. Last year, in cooperation with the Home Advisor from the University of California Agriculture Extension Division, the aides completely renovated the unit. They cleaned it up, painted, made curtains, and room dividers, installed shelves and other storage space, replaced screens, etc. This required considerable elbow grease, but little money. The cabin was then used to demonstrate to the residents of the camp how they could also fix up their living quarters so that they would be more attractive and sanitary. At the same time, the demonstration unit was used for other health education programs.

In September, when the three aides from Wasco and Shafter were rehired, they again renovated this unit and have carried out a number of educational-demonstration programs there. During the holiday season a number of requests were made to the aides by residents of the camp for help in learning how to make cookies and other treats for the holidays. The three aides contacted the Home Advisor for assistance and a number of demonstrations were planned and carried out at the camp showing the mothers how to prepare nutritious cookies, etc., using inexpensive ingredients that did not require baking in an oven since the units in the camp are equipped only with two-burner hot plates. The aides also arranged for a person from the community to demonstrate to the camp residents ways in which simple but attractive Christmas decorations could be prepared using common items found in the home.

The above demonstration programs were arranged on a weekly basis during the first three weeks in December. The public health nurse participated in this program by coming to the camp on the days the demonstrations were planned in order to talk to any of the mothers present regarding health problems and to make appointments for the child health conferences.

In January and February of this year another series of educational programs were held in the demonstration cabin on Nutrition. During the winter months work in the fields falls way down and many of the farm workers are out of work and suffer greatly from lack of income. During these months many farm worker families receive surplus food commodities from the County Welfare Department, including such food items as powdered milk, dry beans, rice, rolled wheat, canned meat, lard, butter, corn meal, cheese, flour, etc. These commodities are designed to provide families in need with basic foods during times of severe financial hardship. A major problem has been the improper use of these foods by the families receiving them.

Working in cooperation with the County Welfare Department, the Home Advisor, and members of the health department staff, the community health aides planned and carried out a series of educational programs designed to help the women in the camp and from the community to better understand the nutritional value of these foods and to learn about different ways of preparing the foods which would result in more effective use of the items as well as more attractive menus for the family.

The Home Advisor felt that the aides themselves would be more effective in teaching the women in the camp, so she

held training sessions for the aides on preparing the commodities. For example, since the stoves in the cabins do not have ovens, she showed the aides how cornbread could be prepared using a covered skillet. She also demonstrated a variety of ways in which powdered milk could be used in cooking, both in dry and in reconstituted form. Similar methods were demonstrated for the other commodities.

With commodities supplied by the Welfare Department, the aides have carried out several demonstrations in the camp. At the same time the aides have stressed the importance of personal hygiene and proper food handling and storage practices. The turnout for these programs has been very good, and we feel the farm worker families in the camp are now making better use of these commodities and have learned about proper food handling techniques.

In addition to the planned educational activities as described above, the aides have continuously carried out educational activities with individuals, families, and small groups in their areas. For example, the community health aide at the Wasco Labor Camp has met frequently, on an informal basis, with women at the community laundry and bathing facilities and has talked to them about the importance of rinsing off the baby's diapers before they are washed, about the need for proper use of the toilet and shower facilities, washing the hands after changing the baby or going to the toilet before handling or preparing food, etc. In the Shafter Camp, the aide has emphasized the importance of keeping the home and yard clean and free of accident hazards. All the aides are continually emphasizing fly and insect control in the home. These and many other similar activities are continually being carried out by the aides as part of their continuous educational efforts in their areas.

4. Data Collection

During this reporting period we have begun to gather additional data regarding the health needs of the seasonal farm workers in our county. We have already mentioned the "health hostess" visits and the fact that over 50 percent of the families visited required referral to the public health nurse for some type of health problem or service needed.

Through the cooperation of the manager of the Wasco Labor Camp, one of the aides has recently completed a review of the camp records for 1962. A preliminary analysis

of this data has been made regarding the number of families occupying the camp during the year, where they came from, and where they planned to go when they left the camp. (See attachment No. 11 .) The records for 228 families indicated that all of the families came to the camp from the West and Southwest, with by far the greatest number coming immediately from other locations in California, and from Texas and Arizona. Also, the records showed that most of these families planned to migrate to other California communities when they left the camp. The rest planned to either move on to other states or they didn't know for sure where they would be going. Also, this analysis indicated that the families were of fairly large size (average of 5.4 members) and were mostly Spanish.

At the present time one of the aides who is working in Bakersfield is developing a questionnaire which can be used in the communities to give us information regarding how much farm worker families know about basic health concepts, what they feel are their major health problems, their attitudes and practices toward community health resources, and how effectively are they using them. Previous surveys were conducted early in the project and the results gave valuable and useful information which provided some guideline for the development of the project. We feel now the need for securing additional data along these lines in all the communities where aides are now employed. As soon as the questionnaire has been completed and pre-tested, surveys will be carried out by the aides. Hopefully, the resulting data will give us information upon which to continue to develop our educational programs and will serve as a baseline to evaluate more effectively our educational efforts in the farm worker communities.

5. Preparation and Screening of Health Materials

The aides have continued to screen pamphlets, leaflets, films, etc., suitable for use with the farm workers. This often involves simplifying and translating material from English into Spanish. At the present time the aides are screening and preparing in Spanish information on basic first aid. Also, all the new aides are currently working on directories of health resources for their own communities - either revising and bringing up-to-date existing directories, or preparing new directories.

6. Other Activities

In attempting to keep the public informed of our program and to secure the support and cooperation of the people in the communities, the aides and the project director have met with many community groups and organizations including local farm bureau units, city councils, service clubs, ministerial groups

PTA's, Welfare Department, Lamont Health Council, school personnel, labor contractors, and many other individuals and groups throughout the county. We have also received good support from the press and other media in publicizing activities and developments of our program.

The aides were all involved in the Fourth Annual Conference on Families Who Follow the Crops which was held in Bakersfield late in February. The three experienced aides participated in planning for the Conference and served as panelists and resource persons for several of the sessions. The new aides were all assigned specific tasks during the Conference and attended the sessions.

The formation and development of local community advisory committees has and will continue to receive high priority during the coming months on the part of the project director. Local advisory committees had been previously established in Wasco and Shafter, but will be expanded to include broader representation from the community. New advisory committees are in the process of being formed in Lamont, Arvin, and McFarland. These local advisory committees function to help us in our recruitment efforts, in providing advice and consultation regarding local program development, and serve to inform others in the community about our programs, and to increase community awareness, understanding, and involvement in the problems of farm workers and their families.

IV. EVALUATION

In attempts to assess educational programs, evaluation must usually be carried on continuously and at two levels. First of all, there is the progress towards program objectives that can be measured objectively and supported by facts and figures. In any program this objective evaluation is desired and continually strived for. On the other hand, we also must be aware of the fact that educational programs directed toward bringing about changes on the part of people in health knowledge, attitudes toward illness and use of health services and facilities, and beliefs held regarding the causes, treatment, and prevention of diseases which will result in changes in behavior, do take time. Quite often the results of our educational endeavors are not immediately observable. In many instances, therefore, in attempting to assess our progress toward specific objectives we find that we must rely on subjective evaluation based on our impressions and the impressions of others about the progress that is being made.

A. Meeting Project Objectives

In terms of the objectives of the project, we feel that considerable progress has been made and is continuing during this reporting period. The focus of the program has been on the

extension of existing services to the farm workers and their families in order to help them improve their health status. This is being accomplished through the combined educational efforts of the aides and other public health staff which are directed towards helping the farm workers become more aware of existing health services and, through better understanding, more effective use of these services.

This project has demonstrated that the community health aides have played a key role in helping to extend our public health services. As a member of the public health team they have helped overcome many of the barriers which in the past have prevented or hindered effective communication between our professional staff members and the farm worker group. Many of the public health nurses and sanitarians have commented not only on the value of the aides in overcoming language problems which have blocked communication, but also the helpful role they have served in providing information about the community and the people. Since the aides were recruited from the farm worker group and since most of them have resided in the community for many years, they are often quite familiar with family situations, extended family relationships, and other factors that can be most helpful to the professional staff in carrying out their programs and services with the farm workers and their families.

The aides have also been effective in helping the farm workers become more aware of local health resources and, through their educational efforts with the people, have helped them to better understand how to use these services. The "health hostess" visits to new families moving into the community and the distribution of Directories of Local Health and Welfare Services have been valuable methods used by the aides to accomplish this objective.

The "health hostess" visits have also resulted in discovering many health problems or needs for preventive health services. Over 50% of the families contacted during this report period were referred to the public health nurses. This is significant, since these were new families moving into the communities, and it is reasonable to assume that many of these cases may not have come to the attention of our staff were it not for the visits by the aides.

The educational activities carried out by the aides during this reporting period have been directed towards raising the level of knowledge of the farm workers and their families about the generally recommended health practices in sanitation, nutrition, and child care.

The nutrition programs carried on in the Wasco Labor Camp have resulted in many of the farm worker families learning how to better use the surplus food commodities so that the nutritional status of these families will be improved.

The continuing effort of the aides in helping farm workers to understand the importance of basic sanitation practices is beginning to show results, both in observable improvements in some of the camps, especially in Wasco and Shafter, and in the general interest expressed by the people. In Wasco some of the residents of the camp have recently requested a program on insects and vermin control in the home. This will be arranged and carried out in cooperation with the local sanitarians.

In terms of stimulating community awareness, several events have occurred which lead us to believe that this objective of our project is being attained. Several community organizations and groups have requested the project director and the aides to attend their meetings and talk to them about the program. Most of these groups have been very enthusiastic about our program and have promised their support and cooperation. At a recent meeting with a group of farmers the comment was made that "this method of helping the farm workers help themselves using community health aides was the most logical thing that could be done and wondered why this approach had not been started years ago!"

The formation of local community advisory committees in each area where aides are employed is a basic part of this program. Our efforts to secure representatives from the community to serve on these advisory committees are meeting with a great deal of success, indicating that there is increasing awareness on the part of the people in our farm communities of the problems of the farm workers and increasing willingness on the part of the community to want to do something about these problems.

One very interesting development has occurred which indicates the value of our program as seen by others. Because our aides are employed under an extra-help category of County employment regulations, they can work a maximum of six months and then they must go off the County payroll for at least 60 days. At the end of 60 days they can be re-employed for another six-month period. The manager of one of our large public farm labor camps has agreed to pay the salary of one of our aides during the 60-day period in order that she may remain on the job and provide continuous service in the camp!

Our project has not only received local recognition and support, but has stimulated interest in the use of community health aides in other areas in California and in many other states and communities throughout the United States. During this report period we have received many requests for information and background materials regarding the development of this program from individuals and agencies all over the country.

Finally, we are quite pleased that the report made by the Health Section to the Fourth Annual Conference on Families Who Follow the Crops held in Bakersfield on February 27-28, 1964, included the recognition of the value of Community Health Aides in carrying out health programs with farm workers, and recommended that

the community health aides concept be expanded and used in other areas of the state.

B. Changes in the Community Health Aides

In addition to evaluation of the project in terms of the stated objectives, an important aspect to be considered are the changes that have occurred in the aides themselves - their own health knowledge, their own health practices, and their effectiveness in carrying out their responsibilities as part of the health team.

Just prior to the formal training program, a questionnaire was given to the aides designed to test their general knowledge in the field of health and hygiene. This information was used to help guide us in terms of training content as well as to serve as a baseline to measure changes in health knowledge that occurred as a result of the training program. The questionnaire was given again at the end of the one-month period of formal training and a comparison of the results indicated an increase in knowledge in such areas as basic sanitation, fly control, personal hygiene and child health.

During the formal training period, weekly evaluation sessions were held with the aides and the staff. These sessions proved to be of real value in that they provided an opportunity for the aides to seek further clarification and information regarding the subjects covered in training. Discussions were lively and helpful in making the training a worthwhile and valuable experience for both the aides and the staff. The summary and evaluation sessions were tape recorded.

Throughout the training session the project director noted a marked improvement in the health knowledge and attitudes of the group. Several times the aides verbalized things which supported this. For example, one of the aides commented on how much she found herself thinking about germs and their spread. She stated that she herself had changed many practices related to personal hygiene and basic sanitation in her own home. Others stated that they, too, found themselves much more aware of good health practices and had encouraged members of their own families to practice good health habits.

As the aides gain experience in working with the staff and the people in their communities, their effectiveness in carrying out their responsibilities increases greatly. The three aides who have worked for us for nearly two years clearly demonstrate this fact. Each of these women has developed good relationships with the local public health nurse and sanitarian. As these relationships have developed over time, the aides and the staff have gotten to know one another well and have learned how they can best function together. Many of the problems that may have

existed earlier in their relationship regarding role and responsibility have been worked out so that now there is a great deal of mutual understanding and support.

A review and analysis of the health hostess cards for 1962 and 1963 indicates that both the quantity and quality of referrals to the public health nurses has improved a great deal over time. This undoubtedly is due to the fact that the aides have developed an increased awareness of health problems and a better understanding of the kinds of problems which should be referred.

The aides have related well with other agencies and groups in their communities, both official and non-official. They work well with the school personnel, Welfare Department representatives, private physicians and dentists, service clubs and organizations, ministers, farmers, etc. This has resulted in mutual support and cooperation in programs and activities carried out with the farm workers in the area. It has also resulted in more efficient referral of problems to the proper agency or group.

Finally, many of the aides, when first employed, have difficulty in remaining at ease in front of groups of people. However, this, too, improves over time. The three experienced aides now have little problem with addressing groups - large or small.

C. Staff Relationships

In any program such as this which involves the working together of different disciplines to accomplish common program goals, the relationships that develop between the various staff members is an important factor. We feel that this project has helped members of the health department staff to greatly increase their ability to communicate and work together with each other and the community which they serve.

During this report period several events have occurred which have helped to continue the development of good staff relationships. First of all, the project director has met with all the division directors for cooperative planning and general program direction. In terms of more specific planning, however, the public health nursing division and the sanitation division have each assigned a supervisory level person to work intensively with the project director. These staff members have been of great assistance in planning for training and for local program development. Joint visits have been made with these staff members to the local centers to plan with local staff for the addition of new community health aides, as well as to work out guidelines regarding the role and function of the aides in relation to the nurses and sanitarians. It is felt that these visits have resulted in better understanding and cooperation on the part of all concerned.

As was mentioned earlier in this report, the project director felt it extremely important to involve the local staff in both the selection of aides as well as in the training. This has been done and has resulted in the local staff feeling more involved and committed in the development of the program. Also, it is felt that this involvement has helped the local staff understand better the role and function of the aides and has answered many of the questions previously raised by nurses and sanitarians in terms of role relationships.

V. UNMET NEEDS AND PROBLEMS

In our attempts to improve health programs and services for farm workers, many problems face us. Some of these have been solved, others are in the process of solution, and still others remain unsolved. In terms of this project, the following appear to be significant.

A. Eligibility for Services

One of the major problems we face in attempting to extend our health services to the farm workers and their families is the fact that migrant workers are not eligible for many of the services provided by the County Hospital due to residency requirements. Consequently, such services as pre-natal care are not available to many farm workers in this county except through private medical care. This has created problems in that many pregnant wives of farm workers do not see a doctor until ready to deliver. Also, the exclusion of the migrant family from such services has often created problems for our public health nurses and other staff in establishing rapport with this group.

B. Transportation

Although we are attempting to provide more and more public health services at the grass roots, or local community level, many health services are still not decentralized. Transportation from the rural areas into Bakersfield is very difficult for many farm workers and undoubtedly prevents many from securing adequate health care. This problem exists at the local level, too. Even the distance from some of the camps and other residences of the farm workers to the local health center is such that it prevents the fullest use of local services. Public transportation is non-existent in most of our rural communities, and if the families have no transportation of their own, they must rely on friends or neighbors. Often this can cause considerable inconvenience as well as run into considerable expense.

C. Inadequate Data

We need to know more about the farm worker population we are attempting to reach if our services are to be most effective. For example, we need to know more about their health problems, their health knowledge, attitudes and beliefs, their movement patterns,

where they stay when in our County, etc. Answers to these and other questions are necessary if we are to plan and carry out the most effective public health programs with this group. Therefore, we need to continually document all possible information about the farm worker groups we are dealing with. This also means that adequate forms and records must be developed for this purpose.

D. Educational Materials

There is a need for more and better educational materials and films which can be used with farm workers and their families. There is also a need to share materials that are developed locally for use with farm workers.

E. Improved Evaluation Techniques

One serious problem facing us is the difficulty in attempting to measure adequately the results of our educational programs and other services with a mobile population. Often the migrants are with us for a relatively short period of time and then they move on to another area when the local harvest is done. We need to develop more effective ways of evaluating our work with this extremely mobile group.

F. Supervision of the Aides

With a growing number of community health aides located in different areas of the county, the matter of providing adequate supervision becomes a problem of concern. The project director plans to spend considerable time in the field with each of the aides, especially during the early stages of their employment. A possible way of providing more continuous and effective supervision would be the assignment of some of our more experienced aides to serve in a consulting capacity to some of the newer aides.

G. Office Space

Additional office space is needed for the project staff. Presently the project staff is sharing space with the staff of the health education division. However, space is limited throughout the health department, and if the existing health education positions are filled, and if proposed additional health education positions are set up, the whole matter of office space will become very critical. At the present time we are negotiating for additional space in which to house the project staff.

VI. FUTURE PLANS

- A. Continue the development and expansion of educational programs and services in the five communities where aides are currently

employed - Wasco, Shafter, Lamont, Arvin, and Bakersfield.

1. The "health hostess" visits will be continued in order to contact new families moving into the communities. The purposes for the visits will be to inform the families of existing local health resources and programs, and to learn about health problems and medical care needs that these families may have. When problems are found, referral will be made to the public health nurse or other health personnel for follow-up. The "health hostess" visit report form will be revised so that referrals and follow-up services can be more adequately documented. This revision will be done with the assistance of the public health nursing supervisor.
 2. Basic fact-finding surveys will be done by the aides with the farm worker groups in their communities. In addition to other information, these surveys will include concrete efforts to ascertain needs for medical care services.

(In two major areas of planned activities of the aides, the "health hostess" visits and the community surveys, efforts are being made to learn more about the medical care needs for farm workers and their families.)
 3. The Directories of Local Health and Welfare Resources will be revised and brought up-to-date for the communities of Wasco, Shafter, Arvin and Lamont. A new directory will be prepared for McFarland.
 4. The community health aides will continue to assist the local public health staff in making home visits and in providing follow-up contacts with families when requested. The aides will also continue to assist staff in interpreting at child health conferences.
 5. Community health education programs will be planned and carried out with the farm workers in the communities. Specific plans are being made to focus on insect and vermin control in the home in Shafter and Wasco as a result of requests made by farm workers in these communities. Other programs planned include those related to nutrition, general home sanitation, personal hygiene, and child health.
- B. Recruitment and training of additional community health aides will continue. Priority will be given to the recruitment and training of both Anglo and Negro aides to serve in areas where concentrations of these two groups exist. Spanish-speaking aides will be recruited and trained as needed.

- C. Emphasis will be placed by the project director on the development of local community advisory committees in all areas where aides are or will be employed.
- D. Continued efforts will be made to better assess the effectiveness of both the training program for community health aides and the educational programs carried out in the communities with farm workers and their families.
 - 1. A follow-up evaluation session of the recently completed training session is planned in about 6 weeks. This will allow the new aides the opportunity to assess their basic-training in terms of their on-the-job experiences. Adjustments in future training sessions will be made if indicated.
 - 2. Consultation will be sought from University personnel and others in order to explore more effective methods and techniques for evaluating educational programs conducted with a mobile population.
- E. Consideration will be given to the feasibility of assigning a community health aide to work closely with the County Welfare Department, Medical-Social Division in the Out-Patient Department of the County Hospital. The assignment of an experienced aide to this position would be for the purpose of assisting both farm workers and hospital staff in ways that would result in more effective and efficient service.

COMMUNITY HEALTH AIDES

Employed March 1, 1964

ARVIN

Mrs. Eleanor Sierra
317 North Derby
Arvin, California
Phone: None

WASCO

Mrs. Anita Arciniega
901 "E" Street
Wasco, California
Phone: PLateau 8-6684

BAKERSFIELD

Miss Julie Iger
2712 20th Street
Bakersfield, California
Phone: FAirview 7-0715

Mrs. Connie Garcia
547 6th Street
Wasco, California

Mrs. Elvira Perez
909 "G" Street
Wasco, California
Phone: None

LAMONT

Mrs. Mary Lopez
1004 Myrtle Avenue
Lamont, California
Phone: THornwall 5-2638

Mrs. Dolores Renteria
1025 "G" Street
Wasco, California
Phone: PLateau 8-6200

Mrs. Lea Mary Ramos
9708 Waco Avenue
Lamont, California
Phone: None

MC FARLAND

Mrs. Josephine Hiriart
Route 1, Box 102
McFarland, California
Phone: EXport 9-3867

SHAFTER

Mrs. Antonia Beltran
30715 Martinez
Shafter, California
Phone: PIONEER 6-6805

Mrs. Julia Escalante
128 West Stone
Shafter, California
Phone: PIONEER 6-6359

Mrs. Alice Arreola
30711 Burbank
Shafter, California
Phone: PIONEER 6-4721

COMMUNITY AIDE INTERVIEW DATA SHEET

Name _____ Age _____ Race _____ Sex _____

Address _____ Phone _____ S.S.# _____

Marital Status _____

Transportation _____

Living with _____ Kern County (yrs.) _____

Originally from _____

Education _____

Occupation _____

Related Health Experience Background _____

LANGUAGES	READ	WRITE	SPEAK	COMPREHENSION

QUALITIES	GOOD	FAIR	POOR	UNSATISFACTORY	COMMENT
Knowledge	()	()	()	()	()
Maturity	()	()	()	()	()
Ability to Express	()	()	()	()	()
Appearance	()	()	()	()	()
Interest	()	()	()	()	()
Physical Ability & Health	()	()	()	()	()

Referred by _____ References _____

Disposition: Employed _____ Not Employed _____ Letter Sent _____ Comment _____

Remarks _____

Interviewer _____ Date _____

Re-interviewer _____ Date _____

TRAINING SCHEDULE FOR COMMUNITY HEALTH AIDES

1st WEEK

ATTACHMENT NO. 1

DATE & PLACE	MORNINGS 10 - 12	AFTERNOONS 1 - 4	INSTRUCTORS
<p><u>Monday, Feb. 3</u> Bakersfield (Health Dept.)</p>	<p>1) Registration 2) Evaluation a) Health Info. b) Pictures</p>	<p>1) Introductions 2) Project Orientation 3) County Government 4) County Health Dept.</p>	<p>Dr. Boyd Cliff Nagel "Sunny" Lee Carl Miller</p>
<p><u>Tuesday, Feb. 4</u> Bakersfield (Health Dept.)</p>	<p>H. E. Programs, Services and Activities</p>	<p>H. E. Programs (cont.) Community Health Aide Functions</p>	<p>H. E. Staff Community Health Aides</p>
<p><u>Wednesday, Feb. 5</u> * Bakersfield (Kern General Hospital, F Ward Basement)</p>	<p>O P F</p>	<p>Communicable Diseases</p>	<p>Dr. Kearns</p>
<p><u>Thursday, Feb. 6</u> * Bakersfield (Kern General Hospital, F Ward, Basement)</p>	<p>Public Relations Confidentiality, etc.</p>	<p>PHN Services Sanitation Services</p>	<p>Dorothy Fötts Dr. DeHaven Charles Starbuck Carl Miller</p>
<p><u>Friday, Feb. 7</u> * Bakersfield (Kern General Hospital, F Ward, Basement)</p>	<p>9 & A, and summary of 1st week's training, Plan for next week's field visits</p>	<p>O P F</p>	<p>H. E. and other staff</p>

* The sessions for Wednesday, Thursday and Friday (February 5, 6 and 7) will be held in the volunteer training classroom located in the basement of F Ward, Kern General Hospital

Feb., 1964

TRAINING SCHEDULE FOR COMMUNITY HEALTH AIDES

2nd WEEK

ATTACHMENT NO. 4 (C... - p. 2)

22

DATE & PLACE	MORNING 10 - 12	AFTERNOON 1 - 4	INSTRUCTORS
<u>Monday, Feb. 10</u> Bakersfield (Health Dept.)	General discussion with CHA's (role, functions, etc.)	(1:00 - 1:00 P.M.) Interviewing techniques (3:00 - 4:00 P.M.) Materials Preparation	H. E. Staff Henry Raub
<u>Tuesday, Feb. 11</u> Field	Sanitation Field Visits	Sanitation Field Visits	Ron White (1 aide) Max Siltor (2 aides) Bill Smith (2 ") Herbert Harrison (1 ") Bud Waters (2 ")
<u>Wednesday, Feb. 12</u>	HOLIDAY	HOLIDAY	
<u>Thursday, Feb. 13</u> Field	Shafter CHC (5 aides from Shafter, Wasco, & McFarland)	PHN Visits: (4 aides from Shafter, Wasco)	Shirley Harrington (2 aides) Louise Maupin (2 aides)
<u>Friday, Feb. 14</u> Health Dept.	CHA Visits - (3 aides from Arvin & Lamont)	CHA Visits (cont'd) - (3 aides from Lamont, # Arvin) H. D. Staff Meeting Summary of weeks' activities & plans for next week	Aides H. E. Staff PHN's Sanitarians

Feb., 1964

* McFarland Aide Off

TRAINING SCHEDULE FOR COMMUNITY HEALTH AIDES

ATTACHMENT NO. 4 (Cont. - p

3rd WEEK



DATE & PLACE	MORNING 10 - 12	AFTERNOON 1 - 4	INSTRUCTOR
Monday, Feb. 17 Field	Arvin CHC Prep. (Arvin aide) PHN Visits (Lamont Aides) CHA Visits (Shafter, Masco, McFarland aides)	Arvin CHC (Arvin Aides) PHN Visits (cont.) - Lamont aides CHA Visits (cont.) - (Shafter, Masco and McFarland aides)	PHN's CHA's
Tues., Feb. 18 Health Dept.	10:00 - 11:00 Weight Reduction 11:00 - 12:00 Personal Hygiene, handwashing, etc.	O F F	Laura Bolt, Nutritionist Dorothy Potts, PHN
Wed., Feb. 19 Field	Sanitation Field Visits	Sanitation Field Visits	Ron White (1 aide) Max Siltor (2 aides) Bill Smith (2 ") Homer Harrison (1 aide) Charles Starbuck (2 aides)
Thurs., Feb. 20 Health Dept.	9:00 - 11:00 A.M. Nutrition and Family Budgeting	O F F	Charlotte Buslaeff, Farm & Home Advisor
Friday, Feb. 21 Field	Lamont CHC (Lamont aides) PHN Visits (Arvin aide) CHA Field Visits (Shafter, Masco, McFarland aides)	Summary Session, Arvin and Lamont Aides & PHN's CHA Field Visits (cont.) (Shafter, Masco and McFarland aides)	PHN's CHA's

Feb. 1964

TRAINING SCHEDULE FOR COMMUNITY HEALTH AIDES

4th WEEK

ATTACHMENT NO. B (C) - p. 4

DATE & PLACE	MORNING 10 - 12	AFTERNOON 1 - 4	INSTRUCTOR
<u>Monday, Feb. 24</u> Kern General Hospital	PHN Field Visits	PHN Field Visits	PHN's from Arvin, Lamont, Wasco, Shafter, Butternut, McFarland
<u>Tues., Feb. 25</u> Kern General Hospital	O F F * McFarland Aide at CHC	Kern General Hospital Orientation (Lamont, Arvin, Shafter & Wasco Aides)	Mr. Glenn Lee, KGH
<u>Wed., Feb. 26</u> Health Dept.	Welfare Dept. Orientation	Final Summary and Evaluation Session	Mrs. Martha Krigbaum, County Welfare Dept. H. E. Staff and other Public Health Staff
<u>Thurs., Feb. 27</u> Bakersfield Hacienda Motel	4th Annual Conference of Families Who Follow the Crops - 9:00 A.M. - 9:00 P.M.		
<u>Friday, Feb. 28</u> Bakersfield Hacienda Motel	4th Annual Conference of Families Who Follow the Crops - 9:00 A.M. - 5:00 P.M.		

WEEKLY ACTIVITY REPORT FOR COMMUNITY HEALTH AIDES

ATTACHMENT NO. 5

NAME _____

For week of _____

DAY	ACTIVITY	NO. OF HOURS	WHERE	NUMBER OF PERSONS SEEN	COMMENTS
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Weekend					

Key to code number:

- 1 -- Home visit (with staff)
- 2 -- Home visit (alone)
- 3 -- CHC
- 4 -- Conference
- 5 -- Promote program
- 6 -- Attend program
- 7 -- Survey
- 8 -- Health directory
- 9 -- Other (specify)

directory



HEALTH AND WELFARE SERVICES

SHAFTER

MEXICAN COLONY

SHAFTER LABOR CAMP

WASCO

WASCO LABOR CAMP

Prepared and Distributed by
Kern County Farm Bureau
Kern County Health Department

EMERGENCY SERVICES

SERVICIO DE EMERGENCIA

F I R E SHAFTEK AREA -- Phone: PI 6-4378
 WASCO AREA -- Phone: PL 8-6345

S H E R I F F SHAFTEK AREA -- Phone: PI 6-6341
 WASCO AREA -- Phone: PL 8-6686
 Main Office -- Phone: FA 7-3392

P O L I C E WASCO AREA -- Phone: PL 8-5166

H O S P I T A L KERN GENERAL HOSPITAL
 1830 Flower Street, Bakersfield.
 Phone: FA 3-7651

Emergency services are available to all persons regardless of race, creed, or residence. This includes accident and serious illness. Routine hospital services, either in-patient or out-patient, are available only to clinic card holders. The Medical Social Service Department of the hospital must screen and approve all clinic cards. Except for emergency care, a person must meet residency qualifications: Must have lived in the state for three years, and in the county for one year.

Tratamiento Medico de Emergencia

Servicio de emergencia en el Hospital General del Condado de Kern esta disponible a toda gente sin distincion a raza, credo, o residencia. Esto incluya victimas de accidente y casos de enfermedad seria. Servicio rutina en el hospital esta disponible solamente a los que tienen su tarjeta de clinica, o con paga, ya sea gente que se queda en el hospital o gente que viene por tratamiento. El departamento de servicio Social Medico del Hospital es responsable para llenar las tarjetas clinicas. Dando sir aprobacion; Con la excepcion de servicios de emergencia, la persona debe ser residente en el Estado de California por 3 anos, y en el Condado de Kern por 1 ano para recibir una tarjeta de clinica, para servicios medicos de el hospital.

En Hospital General del Condado de Kern esta localizado: 1830 Calle Flower en Bakersfield.

HOSPITAL CLINIC APPOINTMENTS CAN BE CHANGED THROUGH SPECIAL ARRANGEMENTS WITH THE LOCAL PUBLIC HEALTH NURSE.

MEDICAL SERVICES

SERVICIO MEDICO

MEDICAL SERVICES The following listing of area physicians, optometrists, and dentists has been taken from the Kern County Telephone Directory.

SERVICIO MEDICO La siguiente lista de doctores, optometristas y dentistas de la area fue tomada del Directorio de Telefono del Condado de Kern.

<u>SHAFTER</u>	PHYSICIANS (M.D.)	<u>WASCO</u>
H. C. Freedman, M.D. 406 James St., PI 6-4066		Lynn Gair, M.D. 1410 7th St., PL 8-6982
Virginus F. Gontero, M.D. 30945 E. Lerdo, PI 6-2785		Mary L. Griset, M.D. 1025 7th Place, PL 8-6413
Ryland M. Jacobus, M.D. 406 James St., PI 6-4066		William A. Hagen, M.D. 1241 7th St., PL 8-6455
Russel E. Kodet, M.D. 406 James St., PI 6-4066		Glenn C. Hallock, M.D. 1024 A 7th St., PL 8-2013
O. G. Ohlsson, M.D. 541 James St., PI 6-4524		Max D. Henricks, M.D. 1025 7th Place, PL 8-6413
Henry W. Voth, M.D. 565 Kern St., PI 6-2051		Melvin H. McDaniel, M.D. 440 "E" St., PL 8-5343
Rodney F. Wook, M.D. 555 Kern St., PI 6-4524		North Kern Hospital (24-hour emergency) 7th & Palm Sts., PL 8-5123

DENTISTS (D.D.S.)

<u>SHAFTER</u>	<u>WASCO</u>
Robert M. Bongberg, D.D.S. 550 Central Ave., PI 6-2241	Warren Hawkins, D.D.S. 1245 7th St., PL 8-5343
John H. Revell, D.D.S. 422 James St., PI 6-4067	Harry W. Planck, D.D.S. 1245 7th St., PL 8-5343
James L. Sullivan, D.D.S. 337 Central, PI 6-2006	William S. Seibly, D.D.S. 1073 7th St., 758-5106
	Roland D. Walter, D.D.S. 1408 7th St., PL 8-6443

OPTOMETRISTS (O.D.)

George W. Collins, O.D. 426 James St., Shafter PI 6-4576	James B. Hahn, O.D. 1444 7th St, Wasco, PL 8-6320
	Fred Kirkwood, Jr., O.D. 1101 7th St., Wasco 758-2572-evening appointments

HEALTH SERVICES

SERVICIO SALUD

HEALTH DEPARTMENT SERVICES

MAIN OFFICE: 1700 Flower Street, Bakersfield
Fairview 5-5051

SHAFTER OFFICE: County Building
336 Pacific Avenue
PI 6-4587

Sanitarian: Mr. Max Slitor, R.S.
Hours: 8:00 A.M. - 9:00 A.M.
daily except second Friday

Nurse: Mrs. Marguerite Mansfield, PHN
Hours: 8:00 A.M. - 9:00 A.M.
2:30 P.M. - 3:00 P.M.
Tuesday, Wednesday, Thursday

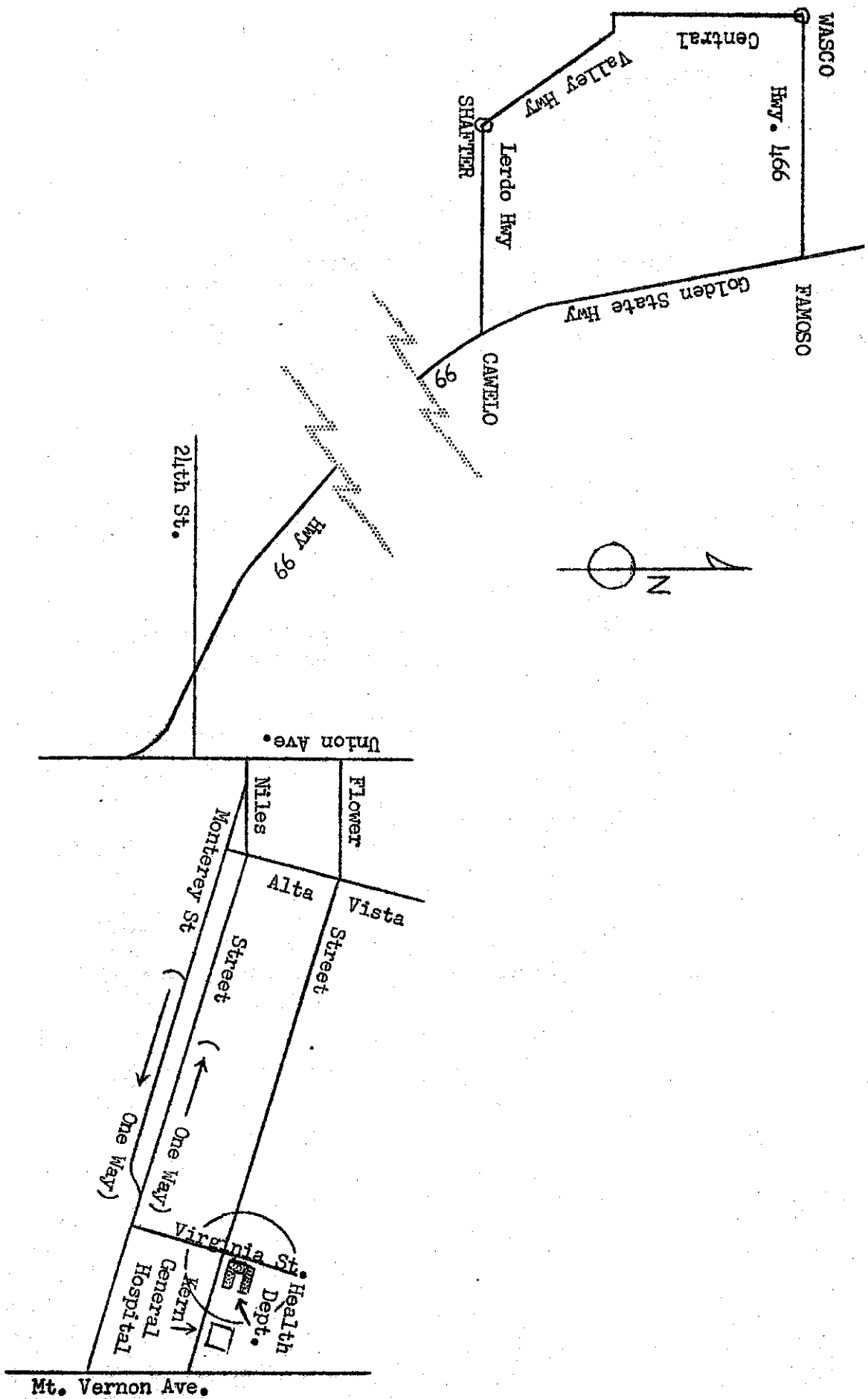
WASCO OFFICE: County Building
8th and F Streets
FL 8-2562

Sanitarian: Mr. Max Slitor, R.S.
1:00 P.M. - 2:00 P.M.
Monday and Thursday

Nurses: Mrs. Shirley Harrington, PHN
Mrs. Mary Jacobus, PHN
Hours: 8:30 A.M. - 9:00 A.M.
3:30 P.M. - 4:00 P.M.
daily except second Friday

Child health conferences are held at Shafter and Wasco. These are by appointment only. Arrangements must be made in advance by calling the above offices. Well babies are brought to these clinics where they are weighed, checked by a doctor, and given inoculations. Immunization clinics for children are offered each Friday from 2 to 4 P.M. and on the 2nd Thursday of each month from 5 to 7 P.M. at the Main office in Bakersfield.

La clinica de niños sanos esta localizada en Shafter y Wasco. Estos son por cita solamente, y arreglos deben ser hechos adelantado por las oficinas en la lista sobre esto, Niños sanos son traídos a estas clinicas donde los pesan, reciben inmunizacion, son examinados por doctor y las madres reciben consejo de las enfermeras de sanidad publica. Clinicas inmunizacion para niños se ofrece cada viernes de 2 a 4 P.M. en la officina en Bakersfield y el 2nd Jueves de cada mez de 5 a 7 P.M.



B U S S C H E D U L E S

FARES:

Wasco to Bakersfield: 85¢ one way
 Bakersfield to Wasco: \$1.53 round trip

Shafter to Bakersfield: 55¢ one way
 Bakersfield to Shafter: \$1.00 round trip
 (Mexican Colony same)

TIME SCHEDULE:

WASCO (Hoyett's Sandwich Shop, 727-6th St.) 8:15 A.M.	SHAFTER (Shafter Drug) 8:35 A.M.	MEXICAN COLONY (will stop if flagged down) 8:45 A.M.	BAKERSFIELD (18th & F Streets) 9:30 A.M.

BAKERSFIELD 5:40 P.M.	MEXICAN COLONY 6:20 P.M.	SHAFTER 6:25 P.M.	WASCO 6:45 P.M.
* * * * *			

CITY BUS CONNECTION:

From Greyhound Bus Depot to Kern General Hospital:
Buses leave from corner of 19th and F Streets (One block north of depot)
 at approximately 3 minutes and 33 minutes after each hour
 and.

Buses arrive at Kern General Hospital at approximately 25 minutes and
 55 minutes after each hour

TAKE BUS NUMBER 5 - - - - Fare is 20¢ per person each way

T R A I N S C H E D U L E
 (SHAFTER & WASCO)

SHAFTER STATION: CENTRAL VALLEY AND LERDO HIGHWAYS

Shafter to Bakersfield: leaves 1:45 P.M. - arrives 2:10 P.M.
 Bakersfield to Shafter: leaves 2:45 and 9:20 P.M. - arrives 3:04 & 9:39 P.M.
 Fare: 54¢ one way, \$1.00 round trip

WASCO STATION: G AND 7TH STREETS

Wasco to Bakersfield: leaves 1:30 P.M.
 Bakersfield to Wasco: leaves 2:45 P.M. and 8:15 P.M.
 Fare: 75¢ one way, \$1.35 round trip

SOME IMPORTANT COMMUNITY AGENCIES

<u>AGENCY</u>	<u>ADDRESS</u>	<u>PHONE</u>
County Welfare Department	1115 26th Street, (B)	FA 7-3351
Legal Aid Society	1522 18th Street, Room 300 (B)	FA 7-3663
Red Cross	1314 17th Street, (B)	FA 4-6427
Catholic Welfare	310 Baker Street, (B)	FA 2-2769
County Health Department	1700 Flower Street, (B)	FA 5-5051
County Medical Society	2603 G Street, (B)	FA 7-7581
Houchin Community Blood Bank	2601 G Street, (B)	FA 7-8541
Social Security Administration	2619 F Street, (B)	FA 3-7953
State Employment Office	1924 Q Street, (B)	FA 4-6041
Agricultural Extension Service	2610 M Street, (B)	FA 7-2111
Farm Labor Office	1000 Golden State Highway, (B)	FA 4-6041

THIS DIRECTORY WAS DEVELOPED TO ASSIST
NEWCOMERS TO KERN COUNTY WITH SOME OF
THE HEALTH AND WELFARE SERVICES. IT IS
MEANT TO SERVE AS A GUIDE ONLY, AND IS
NOT A COMPREHENSIVE LIST.

Date of visit _____ Name of Hostess _____

Address _____

Name of Household head _____ Spouse _____

Number in family _____ Adults _____ Children _____

Number of pre-school children _____ Age of youngest child _____

Where from? _____

Breadwinner's occupation _____

Other comments _____

SUMMARY

HEALTH HOSTESS VISITS

January, February, March, April, September, October, November

1 9 6 3

Total Number Families.....151

Total Number People.....831

Total number adults.....346

Total number children.....485
(including approximately
178 pre-schoolers)

Total number PHN Referrals.....80

Average family size - 5.5

Approximately 37% of children are pre-schoolers.

JANUARY, 1963

I. Total number families 20

II. Total number people 100

Adults 46

Children 54

(Pre-school - 24)

III. Total number PHN Referrals 9

Where from	# Fam.	# People	# Adults	# Children	# Pre-sch.	# PHN Ref.
Arizona	5	27	10	17	7	3
California						
Kern Co.	4	18	11	7	6	2
Other	1	3	2	1	0	0
Oklahoma	3	15	6	9	1	2
Texas	6	35	15	20	10	1
?	1	2	2	0	0	1
TOTAL	20	100	46	54	24	9

FEBRUARY, 1963

I. Total number families 10

II. Total number people 52

Adults 22

Children 30

(Pre-school - 13)

III. Total number PHN Referrals 6

Where from	# Fam.	# People	# Adults	# Children	# Pre-Sch.	# PHN Ref.
Arizona	1	9	2	7	2	0
California						
Kern Co.	6	27	13	14	6	4
Other	0	0	0	0	0	0
Mexico	1	4	3	1	0	0
Oklahoma	1	9	2	7	4	1
Texas	1	3	2	1	1	1
TOTAL	10	52	22	30	13	6

MARCH, 1963

I. Total number families 18

II. Total number people 114

Adults 43

Children 71

(Pre-school - 26)

III. Total number PHN Referrals 5

Where from	# Fam.	# People	# Adults	# Children	# Pre-Sch.	# PHN Ref.
Arizona	2	14	4	10	4	0
California						
Kern Co.	1	3	3	0	0	0
Other	0	0	0	0	0	0
Mexico	2	8	4	4	1	0
Texas	13	89	32	57	21	5
TOTAL	18	114	43	71	26	5

APRIL, 1963

- I. Total number families 52
- II. Total number people 285
 - Adults 135
 - Children 150
 - (Pre-school - 52)
- III. Total number PHN Referrals 24

Where from	# Fam.	# People	# Adults	# Children	# Pre-Sch.	# PHN Ref.
Arizona	2	12	8	4	3	0
California						
Kern Co.	1	3	2	1	0	0
Other	1	5	2	3	3	1
Mexico	21	121	53	68	23	15
Texas	27	144	70	74	23	8
TOTAL	52	285	135	150	52	24

SEPTEMBER, 1963

I.	Total number families	16
II.	Total number people	93
	Adults	31
	Children	62
	(Pre-school - 19)	
III.	Total number PHN Referrals	10

Where from	# Fam.	# People	# Adults	# Children	# Pre-Sch.	PHN Ref.
Arizona	1	7	2	5	0	0
California						
Kern Co.	9	52	17	35	15	5
Other	0	0	0	0	0	0
Texas	6	34	12	22	4	5
TOTAL	16	93	31	62	19	10

OCTOBER, 1963

I. Total Number Families 17

II. Total Number People 85

Adults 33

Children 52

(Pre-School - 23)

III. Total Number PHN Referrals 14

Where from	# Fam.	# People	# Adults	# Children	# Pre-Sch.	# PHN Ref.
Arizona	1	5	2	3	0	1
California						
Kern Co.	2	8	4	4	1	1
Other	2	12	4	8	2	1
Texas	12	60	23	37	20	11
TOTAL	17	85	33	52	23	14

16

NOVEMBER, 1963

I. Total number families 18

II. Total number people 102

Adults 36

Children 66

(Pre-School - 22)

III. Total number PHN Referrals 12

Where from	# Fam.	# People	# Adults	# Children	# Pre-Sch.	# PHN Ref
Alabama	1	5	2	3	2	0
Arkansas	2	8	4	4	0	0
California						
Kern Co.	4	25	8	17	2	4
Other	4	31	8	23	11	3
Texas	6	30	12	18	6	4
?	1	3	2	1	1	1
TOTAL	18	102	36	66	22	12

From Health Hostess Referral Cards - 1963

# Referred	Reason	Disposition
51	CHC and/or Immunization	36 - attended 6 - moved 2 - referred but didn't attend 7 - not known
10	Medical Problems (Arthritis, asthma, diabetes, ulcers, G.C., Hemorrhoids, "felt sick" or "wanted med. care")	5 - received care at KCGH 3 - already under care 1 - moved 1 - not known
7	AP	7 - received care at KCGH
4	Eye Problems	1 - returned to Texas for care 3 - not known
3	Ortho Problems (club foot - 2 not walking)	1 - referred to CCS 2 - moved
1	Draining ears	1 - PMD
76 TOTAL		54 - received or were under care 9 - moved 2 - referred but didn't go 11 - not known

MOVEMENT PATTERNS IN AND OUT OF WASCO LABOR CAMP

Summary of Camp Records for Calendar Year, 1962

Total Number of Families	228
Total Number of People	1,232
Average Family Size	5.4

Where Families Came From Immediately Prior to Moving into Camp:

California	96
Texas	61
Arizona	41
Mexico	11
Washington	7
Oklahoma	6
Arkansas	2
Idaho	1
Oregon	1
Utah	1
?	1
<hr/>	
TOTAL	228

Where Families Reported They Were Going After Leaving Camp:

California	155
Texas	18
Arizona	10
Mexico	9
Oregon	5
Oklahoma	3
Nevada	2
Utah	1
Washington	1
?	24
TOTAL	228

Breakdown of Movement In and Out of Camp:

<u>Came from:</u>	<u>Will go to:</u>	<u>Total</u>
Arkansas	Wasco	1
	Texas	1
		<hr/> 2
Arizona	Other California	21
	Arizona	6
	Stay in Wasco	4
	?	4
	Texas	3
	Mexico	2
	Oregon	1
		<hr/> 41

<u>Came from:</u>	<u>Will go to:</u>	<u>Total</u>
California	Calif. community came from	38
	Other California	26
	Stay in Wasco	12
	?	10
	Arizona	3
	Oregon	3
	Texas	2
	Utah	1
	Washington	1
		<hr/> 96
Idaho	?	1
	<hr/> 1	
Mexico	Other California	6
	Mexico	4
	?	1
	<hr/> 11	
Oklahoma	Oklahoma	3
	Stay in Wasco	2
	?	1
	<hr/> 6	
Oregon	?	1
	<hr/> 1	
Texas	Other California	37
	Texas	12
	?	5
	Nevada	2
	Stay in Wasco	2
	Mexico	2
	Oregon	1
		<hr/> 61

<u>Came From:</u>	<u>Will go to:</u>	<u>Total</u>
Utah	Arizona	<u>1</u>
		1
Washington	Other California	5
	Mexico	1
	?	<u>1</u>
		7
?	Other California	<u>1</u>
		1
GRAND TOTAL.....		228

NUMBER OF PATIENTS SEEN AT SELECTED CHILD HEALTH CONFERENCES **

JANUARY - NOVEMBER 1963

MONTH	LAMONT			SHAFTER			SUNSET CAMP			WASCO		
	Total Patients	CHC Pt.	Clinic Pt.	Total Patients	CHC Pt.	Clinic Pt.	Total Patients	CHC Pt.	Clinic Pt.	Total Patients	CHC Pt.	Clinic Pt.
January	108	69	39	247	53	194	51	12	39	154	51	103
February	49	38	11	280	70	210	37	18	19	105	48	57
March	132	79	53	133	35	98	47	19	28	188	52	136
April	84	53	31	173	52	121	56	21	35	236	65	171
May	129	61	68	187	67	120	77	22	55	237	61	176
June	116	61	56	159	61	98	45	14	31	159	42	117
July	*	*	*	*	*	*	*	*	*	*	*	*
August	114	48	66	116	37	79	*	*	*	144	51	93
September	79	38	41	196	48	148	*	*	*	88	36	52
October	153	67	86	240	68	172	42	15	27	188	55	133
November	172	71	101	83	33	50	36	15	21	177	48	129
TOTAL	1136	585	552	1814	524	1290	391	136	255	1676	509	1167

* CHC not held during the month.

** These are child health conferences held in communities with large numbers of farm workers. It is estimated by the public health nurses that approximately 90% of the patients seen at the Wasco CHC's were farm worker families, over 50% at the Shafter CHC's, and approximately 100% at the Lamont and Sunset CHC's.

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Kern County Health Department

Material not Reproduced:

Attachment No. 1 - Map showing staffing of project

Attachment No. 7 - Family Health Record