

MINNESOTA'S HEALTH

AUG 28 1964 - 9 AM

June-July, 1964

MINNESOTA DEPARTMENT OF HEALTH, University Campus, Minneapolis 14, Minn.

Vol. 18, No. 6

Published monthly except bi-monthly June-July, August-September

Made Possible by USPHS Grants

Expansion of Migrant Health Services Underway in State

Two one-year grants totaling \$42,110 from the U.S. Public Health Service are enabling the Minnesota Department of Health to improve and expand health service programs for migrants.

A \$35,555 grant has made it possible for the department to employ several public health nurses to devote full time to migrant workers and their families. The second grant for \$6,555 is being used to carry forward the greatly expanded sanitary survey program of migrant housing which was launched last year with a similar USPHS grant.

In past years, the influx of migrants into Minnesota during the peak crop season has placed a heavy burden on local public health nursing services. In some of these areas the ratio of public health nurse to population is less than the state average, which is one public health nurse per 16,000 population. In certain other migrant areas there are no existing public health nursing services.

Nurses are providing health counseling and nursing care, including rehabilitation services to migrants and their families. Efforts are also being made to explore and experiment with new methods and techniques to improve health services. All public health nursing services are being carried out with the approval of local physicians.

Public health nurses employed by the state health department are free to move with the migrants around the state without regard to political boundaries. Nurses are assigned to local public health nursing services where they are available. Where they are not, nurses are assigned to the department's District VII Office, Fergus Falls. Nursing supervision is provided by the district nursing consultant for the state health department.

A project coordinator has been appointed to mobilize and coordinate the many health services now being pro-

vided by a number of state, county, and community migrant committees, official and voluntary health and welfare agencies, church groups, and professional organizations. Co-directors of the project are D. S. Fleming, M.D., director of the division of disease prevention and control and William C. Harrison, M.D., director of the division of local health administration.

The \$6,555 grant has made it possible for the division of environmental sanitation under the direction of Frank L. Woodward to employ three sanitarians during the summer and assign them to the migrant housing survey program. Last year a USPHS grant of \$5,924 enabled the department to conduct 704 initial camp surveys and 174 re-inspections. Sanitary surveys conducted by the full-time camp sanitarian during the spring and fall brought the total to 817. There are a total of 823 migrant camps in the state. In the past, due to limitations of funds and personnel, only about 100 surveys were made a year.

Where a survey is made, a written report of findings is sent to the operator or owner of the camp. Where necessary, personal consultation is also given. Major deficiencies revealed in the 1963 survey included unscreened windows and doors, leaky roofs, broken windows, inadequate sewage disposal facilities, and unsafe water supplies.

Minnesota is one of 22 states with laws governing migrant housing. Power to alter and enforce regulations rests with the state board of health.

Between 60 and 70 per cent of all migrant housing facilities in the state are in the Red River Valley area. Housing ranges from specially constructed facilities to abandoned houses and one-room cottages. Most of the migrant housing facilities in the state (808) are of the family type. Employers do not charge rent for housing facilities.

During the entire growing season,

approximately 7,000 migrant workers come to Minnesota to help cultivate and harvest crops. With the workers come about 2,500 family dependents. The majority are from Texas of Mexican descent.

The heaviest concentrations of agricultural migrants are found in Clay, Freeborn, Kandiyohi, Norman, Polk, Renville, Redwood, and Steele counties. Migrants in lesser numbers also come to Anoka, Big Stone, Carver, Chippewa, Faribault, Kittson, Lac Qui Parle, Marshall, Martin, McLeod, Meeker, Mower, Nicollet, Sibley, Swift, Waseca, Watonwan, Wilkin, and Yellow Medicine counties.

Cultural differences, language barriers, low educational levels, mobility, low economic status, isolation from stable community life, lack of resident status, and environmental factors all contribute to the health and welfare problems of the migrants.

Migrants have all the social problems of any low income group, but these problems are aggravated by the uncertainty of weather that determines the timing of the harvest. Resident laws bar them from welfare assistance beyond emergency medical care and treatment. Their isolation and mobility make it difficult to provide essential health services by orthodox means, but gains have been, and are being made in meeting the health needs of these workers and their families.

Federal grants to the state health department were made under the Migrant Health Program authorized by Congress in 1962. The purpose of the federal program is to assist state and local health departments as well as non-profit organizations in improving health conditions and in planning, expanding, and developing health services for domestic migratory workers and their families. The federal grant program has one more year to run.