STATIONARY FAMILY HEALTH CLINIC OFFERED COMPREHENSIVE SERVICES TO MIGRANT WORKERS IN MONMOUTH COUNTY

I. Clinic Service

It seems that every year there is a change or a new approach to clinic service, but this year was exceptional in that we took a complete departure from the former pattern of Mobile Health Clinic, devoted primarily to screening, to a stationary Family Health Clinic, offering more comprehensive services to the family as a whole. The change came about for a number of reasons. Chief among these was, perhaps, that an ideal stationary facility became available. The Freehold office of the Monmouth County Organization for Social Service moved to new quarters with adequate space to truly house and accommodate a variety of new services. It seemed inexcusable not to use this available space. The practicality of a Family Health Clinic had been discussed with the New Jersey State Department of Health previously and, primarily due to the housing problem, had not been attempted before. An added incentive was the fact that this type of set-up would eliminate problems of weather and space, always to be considered in using the mobile unit.

The staff involved in pre-planning entered into the project enthusiastically, as this effort would seem to focus on total family care which has long been a basic philosophy of the Monmouth County Organization for Social Service. The Family Health Clinic connotes a comprehensive health program for all members of the family. In pre-planning conference, the services the Monmouth County Organization for Social Service would attempt to develop were outlined as follows:

A. Physical examinations for children up to 14 years of age with provision for treatment within the limited facilities of the clinic and referral to hospital clinics where necessary.

B. Physical examinations for adults over 14 years of age, including treatment if possible and referral where necessary.

C. Pre-natal examinations for pregnant women with appropriate referral to local hospitals and/or referral to the health agency in their home area, depending on delivery date.

D. Immunizations

1. For adults to include diphtheria, tetanus, and polio to 18 years.
2. For children to include diphtheria, pertussis, tetanus, oral poliomyelitis, smallpox, and measles.

E. Screening

1. Blood testing for venereal disease by the New Jersey State Department of Health with treatment and/or referral where indicated.
2. Tine testing for tuberculosis and chest x-rays for positive reactors to Tine.
3. Dental examinations by the New Jersey State Department of Health with referral.

Interagency cooperation was very much in evidence this year again. The Family and Children's Service was invited and attended each session of the clinic and was active in interviewing and counseling. Early in the year, the Planned Parenthood Association indicated interest in again conducting a clinic concurrent with that of the Monmouth County Organization for Social Service. This was agreed upon and was an on-going part of the total clinic operation. In addition, a representative of the Social Security Administration was invited, as in the past, and this agency was quick to accept the opportunity to reach the migrant workers.

Implementing the outlined services went rather smoothly. Because of the increased services, it was recognized that two physicians would be essential. A local obstetrician in the Freehold area responded readily and assumed responsibility for all adult physicals, in spite of his specialty. Fortunately, we were again able to obtain the services of the pediatrician who has served so faithfully and well for the two prior years. Nursing personnel consisted of the two nurses hired specifically for the migrant program, and two additional nurses from the agency staff. The four nurses assigned to clinic functioned in the following manner: one nurse (with previous experience in the migrant program) assumed the responsibility of the evening clinics, acting to provide continuity within the clinic and coordinate all efforts; two of the nurses were assigned to assist the two physicians in each of the examining rooms; and the fourth nurse administered immunizations and tuberculosis screening tests. Volunteers of the Monmouth County Organization for Social Service again came forward to supplement staff and assist with clinics. Two volunteers attended each clinic, one to assist with the weighing and measuring of children and one to assist with registration at the x-ray clinic. Because of the nature and complexity of registration and recording caused by a more comprehensive service, the secretary of the health center was pressed into service for the evening clinics. The New Jer-

If they did not wish to avail themselves of the full service they were invited in for the available screening only. As mentioned before, 28 percent did do just exactly this. Some came to see Family and Children representatives, some came just for the planned Parenthood clinic. The freedom of choice of services inherent in this type of clinic appears very basic and provides for true individuality of service. There was no compulsion involved in participation, but rather attempts to explain and advise of services. As there was, on occasion, a wait to see the physician, the fact that people felt the wait worthwhile was an indication of the value placed on the service. (It might be mentioned here that appointments were made for the various farm groups to eliminate waiting, but it quite surprised us that the migrants appeared able to arrive even earlier at this clinic, which involved considerably more travel, than when we took the mobile unit outlying areas. Perhaps this is another indication of the value placed on service offered).

"It is difficult for us to involve migrants in preplanning for the migrant program. The stay for many migrants in Monmouth County is short—three to four weeks. Also, many arrive in mid-August when we are half way through our total operation."

One of the disappointments in the program this year was again the numbers receiving x-rays. There were 349 people who attended clinic, 176 were referred by field nurses for x-ray and only 118 were x-rayed. Some persons attending clinic felt it was too late when they left clinic to go for their x-ray at a different location. As soon as we realized this was a problem, we suggested attendance at the x-ray unit first followed by attendance at clinic. This worked much better but the numbers would seem to indicate an x-ray unit on the premises might have resulted in a better percentage x-rayed.

Of those farms visited, only three crews failed to avail themselves of any clinic services, although they were cooperative with work done in the camps. Truly no one reason could be found for the lack of cooperation. Although very often, we find, the crew leader's attitude is the most important. It appears few migrant workers will act on their own without the crew leader's encouragement or sanction.

Clinic attendance averaged about 44 person per clinic. This was, of course, not consistent, some clinics being much better attended than others. Attendance at the clinics was as follows:

July 22nd	—32	August 19th	—53
July 29th	—35	August 26th	—60
August 5th	—63	September 9th	—51
August 12th	—28	September 16th	—27

II. Nursing Service

The type of clinic approach to the migrant program this year had a direct effect on the plans for nursing service. The two are so closely allied it is difficult to separate them for reporting purposes, as in practice they are truly one.

Because we were attempting a totally new clinic program, it was felt that the comprehensive nature of the program would preclude our reaching all farms and still perform in the manner we wished. Arbitrarily we chose the farms having the larger crews with families. These groups have, in the past, presented the largest percentage of health problems as they are usually traveling independently with crew leaders in family groups and not through a contract agency. Although we regretted limiting the service in this way, we felt it a necessity.

Because of this, a letter of explanation regarding the new program was prepared and sent to all farms that would not be visited in the routine course of the project. An invitation was extended to call in if the offered services were desired and we assured the farmer of a public health nurse visit in response to all calls. In conducting this type of opproach, we eliminated many of the workers who came through the Farmers and Growers Association in Keyport as they are employed mainly on the smaller farms. With unlimited funds and personnel, this problem of selection for service could, of course, be overcome.

When the farm populations were examined, based on 1965 figures, there were 30 farms with large crews of over 20. All of the other farms had far less migrants than this, so selection was not difficult.

As a result of the above, it was felt that two nurses, rather than three, could carry out the prescribed program. Fortunately, one of the nurses who had worked in the program last year was available and worked for four months, including the planning performance, and reporting of the program. An additional nurse was hired for a 10 week period to assist.

It was planned that the nurse would contact the farmers involved personnally at the beginning of the season by phone to get the date of arrival of the crew and make plans for an initial visit. The initial visit included, in addition to the general health assessment of the group as a whole, time for explanation of services and individual Tine testing. The visit to read the Tine test was used to further reinforce information given on the first visit and for further health observation. Field referrals to resources other than the Monmouth County Organization for Social Service Clinic could also be made on either of these planned visits and plans made for follow-up visits for purposes of health promotion.

whole, the response from the farmers was good and working relationships pleasant.

Perhaps some of the difficulty with the farmers reflects the general unrest and questionable future of the "small farm" in the economy. We can certainly appreciate both sides of the question but only hope for a more coordinated approach in the future or more educational efforts directed to the farmer to explain the felt-need for more programs.

In general, it was our feeling again this year that the migrant population was less than in previous years. We have no figures to substantiate this, but we know that the sale of farms to developers and mechanization of harvesting techniques are making inroads on the job opportunities. We also understand from several farmers that they had great difficulty in obtaining the migrant crews needed and wonder if this is due to people moving out of the migrant stream.

Summary

We were pleased with the results of the Family Health Clinic this year. The satisfactions of being able to offer more comprehensive services are many, to both nurse and migrant. We will certainly plan to continue this effort in 1967.

Discussion has begun with the New Jersey State Department of Health nutritionist for the possibility of including some demonstrations of basic foods and the preparation of them at clinic sessions next year. We hope to pursue this with our own diet consultant in 1967.

We will also hope to continue intensive efforts to improve the numbers of x-rays done through the program.

We will hope to continue with close cooperation with the Family and Children's Service again in 1967. Truly, we cannot speak too highly of their excellent efforts in the migrant program.

Because of the comprehensive nature of the program in 1966, we found it to be the most challenging and satisfying to date. Response of staff and patients alike was more enthusiatic than we could have hoped.

Attached are statistical figures compiled as of October 7th, 1966.

PLANNED PARENTHOOD DATA, 1966

(Provided by Planned Parenthood Association of Monmouth County)

Field Interview	*Referred to Clinic*	*Treatment Prescribed*
58	30	15

NUMBER AND PERCENT OF MIGRANTS USING SPECIFIC SERVICE AMONG 349 WORKERS ATTENDING FAMILY CLINIC, 1966

Clinic Service	*Total*	*Percent*
Attendance	349	100
Screened by Nurse	349	100
Examined by Physician	252	72
Dental Inspection	189	54
Prenatal Exam	16	

DISTRIBUTION OF REFERRALS MADE FROM MIGRANT FAMILY CLINICS ACCORDING TO KIND OF PROBLEMS, 1966

Referrals	*Total*	*Completed*	*Not Completed*
	92	75	17
Dental	58	48	10
Venereal— Disease	2	2	—
Skin	1	1	—
Medical	16	14	2
Orthopedic	1	1	—
Surgical	7	4	3
Pediatric	2	1	1
Eye	4	2	2
Diabetic	1	1	—

ACTIVITIES BY FIELD NURSES IN BEHALF OF MIGRANT WORKERS SELECTED ITEMS OF SERVICE, 1966

Field— Services	*Camp Visits*	*Persons Visited*	*Farms Serviced*	*Referrals Made*
Total	1426	586	30	354