

MIGRANT HEALTH PROGRAM OPERATION IN RELATION TO ECONOMIC  
OPPORTUNITY ACT (Response to August 12, 1964 request  
from Dr. Mabel Ross, Acting Chairman, Health Develop-  
ment Group, to Dr. Davis for attention of Dr. Cashman)

1. Formula for allocation of grant funds

No formula is used in the allocation of funds for migrant health projects. Instead, the Migrant Health Act (PL 87-692) authorizes a project grant approach enabling the Public Health Service to pay part of the cost of migrant health projects. Up to June 30, 1964, the contributions (in cash and in kind) from other than grant sources amounted to 40 percent of total project costs.

2. Type of plan requested

Public or voluntary agency applicants are requested to submit a clear and concise statement of the project for which assistance is requested, including the following information:

- A. Project objectives - Specific objectives to be achieved within the project period.
- B. Project need and background - Estimated number of migrants in area to be served, evidence of need for health care, capacity of existing community resources to meet need.
- C. Specific procedures to be followed by project in achieving objectives in order to meet identified need. (Who will do what, when, where, and how.)
- D. Staff and facilities to be used.
- E. Cooperation of other public and voluntary groups.
- F. Evaluation plan - Brief description of information which will be collected to determine how well the project achieves its objectives, and to serve as a basis for future program development.

- G. Continuation - Tentative plans for continued implementation of plan beyond period of grant support.
- H. Explanation of budget - How amounts were determined and justification of need for each budget item.
- I. Other pertinent information.

### 3. Review procedure

#### a. Criteria for review include:

- Evidence of health need and potential contribution of project to provision of services to meet need.
- Comprehensiveness of health care to be provided.
- Evidence that health services will be adapted to migrants' circumstances and background.
- Coordination of services within and between geographic areas along the same migratory route.
- Commitment of resources by appropriate public and voluntary groups, including contributions of services, facilities, equipment, etc.
- Provision for orientation of those working with the project to unique factors in migrant situation.
- Evidence that services will be continued beyond the period of grant support.
- Evidence that, in addition to providing health care to migrants, the project may yield results, or provide training opportunities, which will be useful to other interested persons and groups.

#### b. The review process is as follows:

State health department - Comments on such matters as needs in the State and effect of project on meeting need; compatibility of project with general State health department objectives, policy and intra-state relationships; extent to which State health department has been involved in planning and will assist in carrying out project; whether or not appropriate State and local resources will be utilized fully; etc.

Regional Office - Public Health Service and other appropriate agencies of the Department comment on State or local factors that affect the feasibility and chances for success or failure of project, completeness of application, etc.

Central Office - Public Health Service and other appropriate DHEW agencies comment on relationship of project to ongoing or forthcoming programs of these agencies, technical aspects, possibilities for improved coordination of effort, consistency of project with Congressional intent, reasonableness of budget, etc.

External Review Committee comprised of persons with a long-term knowledge of and interest in the health of migratory farm families recommends action on project applications, taking into consideration the application itself and the comments of previous reviewers. The Committee's recommendations and the availability of funds are among the key factors which determine whether or not a particular project will be funded.

#### 4. State agencies involved

The State health department is the agency chiefly involved. Other public and voluntary groups involved in some of the existing projects include church-related organizations, medical societies (or individual members), welfare departments, hospitals, civic organizations, universities, agricultural extension service, Travelers Aid, Tuberculosis and Health Associations, and others.

#### 5. Consultative philosophy and techniques

a. Philosophy - The philosophy which governs consultation stems from the purposes of Congress under the Migrant Health Act: specifically to help overcome the handicaps of migrants in seeking and of communities in providing them with health care. Congress did not propose a new group of Federal beneficiaries. Rather it assumed that the immediate responsibility for planning and conducting migrant health programs rests at the community and State levels, with the Federal government providing financial and technical assistance as needed. This need was recognized especially in coordinating the efforts of different geographic areas serving essentially the same migrants.

Serving human need is the program's goal. Wide flexibility is permitted in the determination of who shall do the job, and how it shall be done, provided that project plans are sound and show promise of effectiveness.

Encouragement is given to the full involvement of public and voluntary community groups with a potential contribution to make to planning and conducting projects. This includes the involvement of migrants themselves.

b. Techniques - A central office staff is comprised of a team representing medicine, nursing, health education, sanitary engineering, rural health and community organization interests, and public administration. A field staff consists of eight persons, designated as Migrant Health Representatives. One serves in each of the DHEW Regional Offices except the office in Boston which is served by the New York representative.

Central and Regional office staff members carry on public information and educational effort directed at interested individuals and groups--local, State and national--through individual and group conferences; preparation of exhibits, movies, articles and speeches, informational flyers, reports, and other material; correspondence; setting up committees and other mechanisms for inter-agency exchange of information and experience. Educational effort includes providing information about migrants and their needs, ways of working with migrants, community resources which can help, etc.

Efforts to coordinate the service activities which are conducted in different areas include requiring projects to identify major sources and destinations of the migrants served locally as a basis for contact with other areas as needed to provide migrants continuity of care; providing a "stream consultant" in health education to serve one of the major migratory streams on an experimental basis; holding conferences to bring together project directors and other key

personnel involved along major migratory routes; and encouragement of the provision and use of a personal health record to be carried by migrants.

The staff also tries to identify needs shared by a number of actual or potential project areas and to find ways to meet these needs. For example, it is currently working on a compilation of the service and financing arrangements made by projects for the provision of medical care.

6. How migrant health project grants and the related consultative process might assist the kind of community action programs which might profitably be funded under the Economic Opportunity Act

- a. Community action programs funded under the Economic Opportunity Act could provide for logical extensions of existing community-based migrant health projects in order to (a) serve the needs of the larger indigent rural population resident in many migrant home-base and work areas; (b) serve health and related needs which cannot be met under the existing grant program (e.g., needs for hospital care, needs for food during emergency periods when work is not available, needs for improved sanitation facilities and housing, needs for training of migrant youth and adults in other types of work, etc.).
- b. Consultation on such an expanded program would be a logical extension of the effort of the present central and regional office staff. This staff already has information about localities where interest in an expanded community program would be likely to exist. It also has cooperative working relationships with other agencies (public and private) which would need to be involved. Its primary need in order to prepare for expanded effort would be for information as to the purposes, criteria, and machinery to be used for project grants under the Economic Opportunity Act.