

SUGGESTIONS FOR MODEL ECONOMIC OPPORTUNITY PROJECT DEVELOPMENT
BASED ON EXISTING MIGRANT HEALTH PROGRAM

1. Background

Domestic migratory farm workers and families are among the needy groups which are the target of the Economic Opportunity Act. These people usually work in the South in the winter and move northward each spring to northern farm-labor demand areas.

The Migrant Health Branch, Division of Community Health Services, is in the third year of a community action program focussed on the health care of domestic farm migrants. Fifty-five projects assisted by migrant health project grants operated in 28 States during the 1964 crop season (see attached list). The majority are sponsored by public agencies, but a wide range of public and voluntary agencies are involved in nearly all, regardless of their sponsorship. The projects are planned and conducted by the community with consultation, technical assistance, and financial aid from the Public Health Service. A number of projects involve migrants as volunteers or paid workers.

The projects are focussed on specific problems of obtaining health care when people are sick or injured--problems which are real and understandable to the migrants served. Prevention of disease and promotion of health are added to this problem-solving approach. Service schedules and other arrangements are adjusted to the group, rather than expecting the migrants to adjust to fixed local patterns of providing service set in advance and differing

The review of project plans takes into consideration:

Evidence of need and the potential contribution of the project plan.

Comprehensiveness of the health services to be provided.

Evidence that the 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 volunteered services, equipment, etc.

Orientation of those working with the project to the unique factors in the migrant situation.

Evidence that the services will continue 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.

Most of the present projects combine family clinic, nursing, health education and sanitation services. The clinics are usually scheduled at night in improvised space such as church basements, labor camp housing units, or school rooms. Illnesses are treated, immunizations and other preventive care provided, and referrals made for follow-up care if needed. Nurses not only work in the night clinics but also visit labor camps to advise families on health matters, supervise the health of migrant children in day care centers and schools, and carry out numerous other activities. Project health workers, camp owners, and migrants work together to clean up camp premises and repair buildings. Education about health and health care is built into every aspect of project activity whether the services are those of a physician splinting a broken arm, a nurse advising an

The groups involved in the present service projects range from health departments and local physicians to the agricultural extension service, church groups, TB and Health Associations, Salvation Army, and Lions Clubs. Persons from the/migrant group served as volunteers and as paid workers in the capacity of health aides working in clinics or in family visiting, interpreters for migrants who speak Spanish and have limited or no facility in English, clean-up and maintenance workers, and provision of other project services.

2. Unmet Needs

The migrant health projects have taken an important first step, but they are limited in the population group they can reach in relation to the total rural population group which has similar health need but may not migrate. They are also limited in the services they can offer in relation to recognized needs of the group served, some of which are only indirectly related to health.

Specifically, as an outcome of migrant health projects, local communities have become more aware than before of a much larger group of low-income rural residents, almost as isolated as migrants from local communities and their services. The focus of the migrant health act on service to migrants has made it impossible to serve the needs of this larger group.

In addition, projects have become more keenly aware of specific health and health-related needs that the present limitations on the use of migrant health project grant funds make it impossible to serve. Using a broad definition of health, these include:

Lack of hospital care.

Lack of recreation facilities and services or other productive means of using leisure time for adults, which leads to alcoholism and violence.

Lack of day care, educational opportunity, and recreation services for migrant children.

Need for basic literacy training for adults whose education has been limited, and whose inability to read makes the use of simple health education materials valueless.

Need for food when unavoidable periods of unemployment make families destitute.

Need for improved housing and environment, including the establishment of appropriate camp sites for overnight stay between work locations.

Need for alternative work opportunity and work-training opportunity for both youth and adults now engaged in migratory farm work where machines may replace them in the future.

3. Purposes

The over-all purposes of expanded activities to take advantage of new opportunities under the poverty program would build on existing projects focussed on extending health care to migrant farm workers and their families and ~~to~~ supplement present health efforts in order to:

- (1) Serve the needs of the larger indigent rural population resident in migrant home-base and work areas;
- (2) Serve the health and health-related needs of this entire rural indigent group, going beyond the services that can now be provided under the migrant health project grant program;
- (3) Expand present efforts to reach new communities.

The following is an example of an existing project, its services and its broader interests, and how an expanded program might be developed on this base utilizing the new opportunities under the Economic Opportunity Act:

Project title: Assistance to _____ County Migrants

Sponsor: _____ County Health Department

Services: Mobile clinic to provide medical care at evening sessions close to where workers are concentrated.
Well-child supervision for preschool children through the same mobile unit.
Nursing visits to families to identify those who are ill; make referrals and follow-up to see that care is obtained; and ~~to~~ teach better personal and family health practices.
Education in nutrition and food preparation, based on limited income for food purchasing and limited facilities for its preparation.
Work with Migrant Ministry, agricultural extension service, and volunteers to improve the effectiveness of the health aspects of their effort.

Staff: Full-time nurse and nutritionist at grant expense plus social work services under contract with local university. Part-time services of physicians and dentist, project director and other supporting staff at local expense, plus numerous volunteers who provide transportation of patients, donations of needed materials, temporary clinic facilities, and other types of assistance.

Accomplishments: Up to the present time the accomplishments include not only the provision of health care to needy people but also better identification of existing need and the discovery and referral of potential candidates among the people served for training by the Manpower Training and Development program for later employment as nurses' aides and medical orderlies.

Broader needs are recognized by project staff and enumerated in the project's first report. Health care is a basic service to help people move out of a poverty class but other needed services include much that could be helped through Economic Opportunity Act assistance. The following is quoted from the project's report:

"These people have been dumped into an area by virtue of a mechanical cotton picker, which has left them without income, with squalid housing, without transportation, and lack of employment opportunities.

Our job would then be to get these people back into productive capacity, either by more suitable agricultural employment, or by getting back into the normal work community. Health will be the entering wedge so that we can proceed with these objectives. We shall be examining such things as the dropping out in schools, the possibilities of re-training because of their displacement by automation, and whether physical re-location giving them better job opportunities would be feasible. We believe that our interests in these directions will be shared by a number of other agencies and by the ranchers and settlers. Our knowledge of these migrants indicates to us that the vast majority are ready to avail themselves of such opportunities, but cannot get over the hurdle of being stranded on the desert with little employment and no means of transportation."

Specific opportunities to meet needs identified in this community project exist under the various titles of the Economic Opportunity Act. For example:

TITLE I -

Job Corps - Help to identify, inform and recruit migrant and other low-income rural youth who may be hard to reach for job corps recruitment through the usual channels.

Work-training - Carry out activities similar to those above in relation to work-training programs. In addition, help to identify needs for workers in the health field toward which training can be directed, places where training can be given, etc.

Work-study - Help to identify localities, and service needs, which college students can help to meet among migrant and other rural low-income groups. This would be primarily for vacation employment. (Several existing migrant projects furnish a prototype for this use of college students.)

TITLE II

Part A - Community Action Programs in Rural Communities - Continue to apply the principles embodied in the migrant health program in the expansion of the existing project to reach other needy rural people in the local area; in the expansion of project services to meet other health and health-related needs; and in the expansion of project activities to new geographic areas.

TITLE III

Part A - Lending to low-income residents - Encourage consideration of a community action program to undergird the lending program by providing the basic health care needed to enable low-income borrowers to

Part B - Assistance to migrants - Incorporate improvement of housing and sanitation facilities and provision of education and day care for migrant children into migrant projects wherever need exists.

TITLE IV - Work Experience Programs - Help identify, inform and recruit unemployed and underemployed migrant farm workers.

Volunteers in Service to America - Assist in identifying places where volunteers who could provide specific services might be assigned; in establishing criteria for selection, training and placement to work with low-income rural people including migrants; in identifying and recruiting migrants as part of the volunteer force either in projects to serve migrants and other low-income rural people or in other projects.

4. Implementation

A few key migrant health projects would be ready to undertake expansion immediately--both to reach the larger needy rural population of the area, and to add new health and health-related services to those already being extended to migrants. Other projects would move more slowly, but the majority could be expected to have an interest in at least some expansion of their existing programs. The community organization base already exists in the project areas. New services to new people could be readily added if funds for these purposes were available.

The central and regional office staff mechanism of the migrant health project grant program could also be readily geared to provide information and consultation to the project sponsors now receiving grants and to other groups which might be more interested in a fairly inclusive program, rather than in one limited solely to meeting health needs primarily among migrants. This staff has ready-made working relationships with such other interested agencies as the Children's Bureau and the Office of Education in DHEW; Bureau of Labor Standards and Bureau of Employment Security in the

others. It also has working relationships with the Bishop's Committee for Migrants, Migrant Ministry, and a host of other national, State and local voluntary and official groups.

For the sake of showing quick accomplishment, it would be essential to start where both need and interest exist. Within this framework, priority in migrant activities should be placed first on expanded project development in local areas of Florida, Texas, California, Arizona, and other States which migrants consider "home" (home-base) and where they may stay for longer periods than elsewhere. Second in priority would be northern crop-work areas requiring relatively large numbers for relatively long periods of time.

MIGRANT HEALTH
PROJECTS ASSISTED BY GRANTS
FROM THE PUBLIC HEALTH SERVICE, AUGUST 1961

State and applicant

Arizona	Maricopa County Health Department Pima County Health Department Yuma County Health Department
Arkansas	Northwest Arkansas Migrant Committee
California	State Department of Public Health
Colorado	State Department of Public Health
Connecticut	State Department of Health
Delaware	Delaware State Council of Churches
Florida	Hade County Health Department Palm Beach County Health Department State Board of Health
Indiana	Indiana State Board of Health (Originally 2 projects--these were combined into one)
Iowa	Muscatine Migrant Council
Kansas	Kansas State Board of Health Wyandotte County Health Department
Louisiana	Tangipahoa Migrant Committee
Maryland	Frederick County Migrant Health Council
Massachusetts	Health Research Committee
Michigan	Michigan Department of Health Michigan State University (Agricultural Engineering Department) Monroe County Health Department Ottawa County Health Department

Minnesota	State Department of Health (Division of Environmental Sanitation) State Department of Health (Divisions of Disease Prevention and Control and of Local Health Administration)
New Jersey	State Department of Health
New Mexico	Las Cruces Committee on Migrant Ministry
New York	Genesee County Department of Health State Department of Health, Utica District Office Suffolk County Department of Health
North Carolina	Carteret County Migrant Commission District Health Department, Elizabeth City Henderson County Migrant Council State Board of Health
Ohio	Barke County Health Department Lucas County Health Department Ohio Department of Health (Dental Health) Ohio Department of Health (Health Education) Ohio Department of Health (Sanitary Engineering) Putnam County General Health District Sandusky County - Fremont City General Health District Stark County Health Department
Oregon	State Board of Health University of Oregon (Associated Students) Wasill County Health Department
Pennsylvania	Pennsylvania Department of Health

South Carolina	State Board of Health
Texas	Laredo-Sabb County Health Department Lubbock City-County Health Department Plainview-Hale County Health District Southwestern Texas Health Department State Department of Health
Virginia	Accomack-Norfolk Health Department
Washington	Okanogan County Health Department Tacoma-Pierce County Health Department
Wisconsin	<u>Catholic Diocese of Madison</u>