

EVALUATION OF THE EAST COAST GUIDE TO

HEALTH SERVICES IN MAJOR MIGRANT WORK AREAS - 1956

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HEALTH SERVICES IN MAJOR MIGRANT WORK AREAS-  
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1. Purpose of the Guide

The primary purpose of the Guide was to assist local health department workers in referring migrants to health services at their next work location, thus facilitating continuity of care. The secondary purpose of the Guide was for use by Farm Placement Service representatives, church workers, welfare workers, school teachers, county agents, and others who are in a position to refer a migrant to a health department or hospital in case of need.

2. Background Information

Participants in the May 1954 East Coast Migrant Conference in Washington, D.C., saw the lack of information about what health services are available to agricultural migrants as a serious obstacle to the use of these services by migrants. Nurses from local health departments said that one of their serious drawbacks in serving migrants was lack of information as to sources of health services in locations to which migrants were going, on the basis of which referrals could be made. The nurses also needed this information in order to send inquiries to places where migrants had obtained services previously and thus find out what services they had received.

The health group at the May 1954 East Coast Conference suggested that a detailed listing of local and State health resources be prepared by each State health department. These statements would be distributed to other East Coast States either directly or through a central agency such as the Department of Health, Education and Welfare. Conference participants further suggested that folders, pamphlets, or other types of material based on State compilations of resources should be prepared in forms suitable for use within the State by three different groups:

- A. Official and voluntary agencies;
- B. Employers and others who work closely with migrants;
- C. Migrants themselves.

Visits to State and local areas confirmed this need and suggested that the Public Health Service and Children's Bureau obtain information from health agencies serving each of the major counties employing 100 or more migrants in the 10 East Coast States concerning health services available to migrants and located near enough to where migrants live and work to be reached easily.

This information included:

- A. Hospitals or other sources of emergency care where migrants can obtain help at any hour of the day or night if they get hurt, become suddenly sick, or require obstetrical care.
- B. Local health units and branches where health services or information can be obtained during much of the work week. Part-time clinics were specifically excluded.

Preliminary drafts of the East Coast Guide were distributed in January 1956 through DHEW Regional Offices to State health departments, who in turn sent copies to local health departments that were listed in the Guide. Copies were also sent to Farm Placement Service representatives, church workers, welfare workers, school teachers, and other interested persons. In addition, numerous DHEW personnel were given copies for review. Comments, suggestions, criticism, and corrections were to be noted and returned to the PHS as soon as possible to permit a revised or final draft to be put into circulation early in the 1956 crop season.

Many suggestions on the preliminary draft were received and these were incorporated to the fullest extent possible. Some of the suggestions were mutually contradictory and a few would have required rather extensive revision.

The final version of the East Coast Guide was ready for distribution by July 1956. Copies of the Guide were then distributed to State and local health jurisdictions in major migrant work areas at the northern end of the East Coast migrant stream through the Regional Offices of the PHS.

Simultaneous distribution in these States was made by the Children's Bureau, Office of Education, Bureau of Public Assistance, Farm Placement Service, and Home Missions Division of the National Council of Churches to their local representatives.

In August 1956, copies were distributed in the same manner to the States at the southern end of the East Coast migrant stream. A few additional copies have been distributed on request in the East Coast States and elsewhere.

### 3. Evaluation Plan

Several requests for copies of the Guide could not be filled as the supply was exhausted. There was some interest in having a guide prepared for other geographic regions. Very little contact had been made with the people who have had actual experience with the use of the Guide, although the general impression was that the type of information in the Guide was useful.

Therefore, before ordering an additional supply of the East Coast Guide, or preparing similar guides for other parts of the U.S., it was decided to evaluate the usefulness of the East Coast Guide.

Visits were to be made in selected counties to representatives of the groups to whom the Guide was originally distributed. Six counties and two health districts were selected in cooperation with Regional Office personnel in Regions II, III, and IV, from among those that are important demand areas for migrant labor in the 10 East Coast States. The ease with which counties could be reached and the time required for travel were considered in making the selection. Areas visited by a staff member of the Public Health Service were:

New Jersey Southern State Health District

Virginia - Accomack - Northampton Health District

Dorchester County, Maryland - Wicomico County, Maryland

Worcester County, Maryland - Suffolk County, New York

Dade County, Florida - Kent County, Delaware

#### 4. Results of the Evaluation

##### A. Distribution of the Guide

Health officers in 7 of the 8 areas visited stated that they had received copies of both the preliminary and final versions of the East Coast Guide. One of these 7 health officers asserted that he had not received the final version of the Guide, but his secretary informed him that the Guide with the green cover had been received and had been distributed to the appropriate personnel throughout the district. One health officer had 10 or 15 copies of the Guide sitting uselessly on a shelf and another health officer said that he had received only one copy of the Guide. The health officer who hadn't received either the preliminary or the final draft of the East Coast Guide, said that he had not been given the opportunity to offer his advice or suggestions on the Guide.

In one county, the public health nurses had never been informed that a final copy of the Guide had been published, although the health officer had received copies of it. These nurses were still using the preliminary draft for the occasional cases that necessitated a referral.

Farm Placement representatives in 4 counties were interviewed. One of them had received the East Coast Guide, but the other three had never heard of it. Only one county welfare department was visited and in this case the commissioner was not familiar with the East Coast Guide, and stated that he had no knowledge of such a Guide coming into the office.

A school superintendent in one county and a school principal in another had not received copies of the Guide.

Visits were made with Home Missions Division workers or their local counterpart in 5 counties. They had neither seen a copy of the East Coast Guide nor had they ever heard of it.

#### E. Actual Use of the Guide

Four health officers said that the Guide had not been used very often. Two others admitted that they had not used the Guide because few migrants ever came to the health department for care. In one county, the Guide had not been used because there was little need for the type of assistance the Guide provides. For example, some migrants, upon leaving the county, travel to areas not covered by the Guide, while others return to their home town and thus referrals are not necessary. Those who go back to the same work areas along the East Coast year after year are already familiar with local health agencies.

Several public health nurses felt that few migrants headed directly for the next work area, but usually detoured elsewhere for varying periods of time. In the few cases where migrants were referred to health services at their next work location, there was no way of knowing whether they actually went there.

The reason that little use had been made of the Guide in one of the counties may have been that it was received late in the crop season.

The Farm Placement representative who had received the Guide expressed the opinion that they had enough to do without referring migrants to the health department in some other work area. He thought that the Guide should be placed on bulletin boards in all of the labor camps.

The main uses of the Guide were in referring tuberculosis cases back to their home State and in referring maternity cases to the next work area. The only migrant cases that normally come to the attention of the health department are tuberculosis, venereal disease, and maternity cases. Migrants usually receive the prenatal care at the health department, and then go to the county hospital for the delivery. In the majority of cases, the hospital bill was never paid. In one county, the unpaid hospital bills for migrants amounted to \$20,000.

#### C. Miscellaneous Findings

In three counties, the section in the back of the Guide for listing clinics and other local services had not been filled in. The health officers explained that the nurses were already familiar with these local services. Two of the health officers had stapled a mimeographed listing of all local clinics, midwives, and physicians in the back of the Guide. One health officer explained that the county

publishes its own guide which lists all local services, including health services. Each department or agency is consulted and requested to supply a list of all the services they provide. In another county, a pamphlet has been printed as a supplement to the East Coast Guide. This pamphlet instructs migrants on some of the specific State laws they must adhere to and also informs them how to obtain information on the health clinics throughout the county.

Before the publication of the East Coast Guide, one health officer finding it necessary to refer migrants, had simply told them to get in touch with the local health department as soon as they got settled in a new work area. Several health officers had previously been using the Directory of Full-Time Local Health Units for referring migrants and they continued to do so even after the publication of the East Coast Guide. Several others complained that they often had to refer to an Atlas to locate a particular town. They seemed to feel that a longer list of towns should be included in the index of the East Coast Guide and that the county should be listed after the name of the town. This would eliminate much extra work for the health officers and might put them in a more receptive mood towards the Guide. They would either mail a copy of the migrant health record to next health department or give a copy to the migrant to carry with him.

#### D. Comments of the Users

Many persons made the comment that unpaid medical bills for migrants were a terrific burden on the county. Finding a solution to this problem seemed to be their greatest concern. Attempts to send the more serious cases to their home State have often been unsuccessful because the relatives refuse to accept responsibility for them. In other cases, it is difficult to verify their residence since many migrants are constantly on the move and do not have legal residence anywhere.



There was interest in the idea of providing some type of health insurance for migrants. Several people stated that a clause providing maternity benefits would have to be included in any insurance program to make it acceptable to the migrants. In one area a medical insurance plan failed because the migrant workers were unwilling to pay the premium rate.

A common complaint in five counties was that there weren't enough public health nurses to give adequate service to the migrant problem. There were as few as two nurses in one of the counties that has a large seasonal influx of migrants.

Health officers and nurses alike seemed to feel that cheap labor caused many problems. It was claimed in two of the counties that there were many local people who are unemployed because they can't compete with the migrant workers. One health officer said that the farmer doesn't want to have to bother about procuring local labor. It is much easier for the farmer to make arrangements through a crew leader or farm placement representative. In another area, it was suggested that high school children be utilized during the summer crop season. A cooperative arrangement providing year-round employment was made in one county between an oyster industry and a canning industry. During the summer months the people would work for the canning industry and in the winter months, they would be employed by the oyster industry. This was a successful way of eliminating the need for migrant workers.

It was the general opinion that migrants were not concerned over whether or not they continued their medical care at the next work location. Frequently in the middle of treatment, they would decide to move to another area and forget to notify the health department. The health officers seemed to think that the migrant workers were not interested in the type of services that the health

department provides. The main concern of the migrant is not in prevention but only in immediate medical care for acute problems like cuts, wounds, broken bones, and other injuries or illnesses. One health officer criticized the East Coast Guide for referring migrants to the health department, since in many cases the health department has to refer the migrant to a private physician. He felt that a statement should be put in the Guide suggesting that migrants look in the yellow pages of the telephone directory for a listing of private physicians.

Another opinion that seemed to be prevalent was that many migrants go to private physicians because of the inaccessibility of the health department except during the working day. Either the migrants refuse to take time off from work or they cannot find transportation into town during the day.

Several Farm Placement representatives commented on the large amount of literature that came into the office and admitted that possibly some worthwhile material gets overlooked. They felt that a pamphlet like the East Coast Guide would be better received if it were distributed by a representative who could explain its purpose and use, and could answer any questions that might arise.

##### 5. Summary

Information concerning interest in the East Coast Guide and the actual usefulness of the Guide was compiled in three different ways: by conferences, correspondence, and personal contacts. Participants at the May 1954 Washington, D.C. Conference and the May 1956 Palm Beach Conference displayed avid enthusiasm in the East Coast Guide as a means of providing continuity of health services to migrants. In the limited correspondence that has been received on the Guide, the

general impression seemed to be that the Guide was exactly what the local people were looking for and that it would be very helpful to them. However, information obtained through personal contacts with people to whom the Guide was distributed presents a different story.

In four counties, the East Coast Guide had been used a few times, while in the other three counties, the Guide had not been used at all. Typical reasons why the Guide was not used are:

1. Some migrants travel to areas not covered by the Guide.
2. There is no need in some counties for the type of assistance the Guide provides.
3. Some migrants return to their home town and referrals are not necessary.
4. Others go back to the same work areas year after year and are already familiar with local health agencies.
5. Migrants detour from their scheduled routes for varying periods of time.
6. The Guide had been received too late in the crop season to be used.