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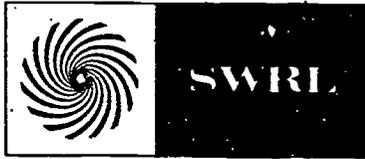
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ABSTRACT This report describes the procedures followed in developing classroom observation procedures for use in evaluating the First Year Communication Skills Program (FYCSP) and Instructional Concepts Program (ICP) training systems. The procedures cover the identification of the variables to be measured, development of scales to measure these variables, and the training of observers in the use of these scales. (Author)

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TITLE: THE DEVELOPMENT OF CLASSROOM OBSERVATION PROCEDURES FOR EVALUATING TRAINING

AUTHOR: Ralph Hanson, Jerry Bailey, and Mike Monteiro

ABSTRACT

This report describes the procedures followed in developing classroom observation procedures for use in evaluating the FYCSP and ICP training systems. The procedures cover the identification of the variables to be measured, development of scales to measure these variables, and the training of observers in the use of these scales.

TM004 789

THE DEVELOPMENT OF CLASSROOM OBSERVATION PROCEDURES FOR EVALUATING TRAINING

Introduction

Prior to using the First Year Communication Skills Program (FYCSP) and Instructional Concepts Program (ICP) in their classrooms, teachers attend training sessions, where they are provided information on the rationale, structure, procedures, and materials of the program. They are also given procedures that will be needed throughout the school year for effective operation of their program.

In developing training systems, prespecified levels of performance are stated. The effectiveness of the training systems is evaluated in terms of these criteria. Based on such evaluations, revisions are made until the acceptable levels of performance are obtained. One procedure used to evaluate training systems is the observation of personnel using SWRL programs in the classroom.

This report discusses the procedures followed in developing measures to observe and record classroom performance of teachers and tutors and the training of observers.

Planning Classroom Observations

There are three basic steps followed in preparation of the classroom observation procedures. These steps are:

1. reviewing the training system materials to obtain a list of specified classroom procedures teachers are asked to follow,
2. devising scales to measure the specified classroom procedures, and
3. training observers to observe and record classroom behavior.

Review of the Training System

The first step in planning for the classroom observations is to review the content and objectives of each specific training system. The purpose of this review is to formulate a precise list of behaviors that have been recommended for use by teachers in conducting each aspect of the program (i.e., Class Record Sheets, assessment procedures, etc.). As part of this review, notations were made of the frequency with which each behavior appears and its location in the training system. This list is then presented for review to staff members involved in developing the training systems in order to resolve any contradictions or ambiguities identified in the behaviors specified. Upon completion of the review by the training system development staff, the list is revised and finalized. Those behaviors related to each aspect of program training along with their location in the training system materials and their frequency of occurrence are specified. An example of this final list of teacher behaviors for ICP is included in Appendix A.

Development of Scales

The next step in the development of classroom observations is to devise scales that will be used to indicate whether or not a procedure is being followed. For the observation of FYCSP and ICP classrooms, three scales were developed: (1) Sequence Scale, (2) Check Off Scale, and (3) Dispersion Scale. These three scales were considered sufficient to measure the majority of the classroom behaviors specified for these programs.

1. Sequence Scale

For both the ICP and FYCSP, certain general instructional procedures are stressed throughout the training systems. These procedures are used during the presentation of most instructional materials. After some experimentation with different measurement procedures, a simple shorthand coding procedure was devised to measure them. These codes are incorporated into the Sequence Scale which records all pupil/teacher interactions (see Table 1).

This scale works in the following manner. Every time one of the behaviors occurs during the presentation of instruction, the observer records the appropriate symbol. These include both the teachers' and pupils' behaviors. For example, when the teacher presents a stimulus for her students to respond to, the observer would write the letter "S" for stimulus. If a student responds with the correct answer, the observer would write the letter "C" for correct response. Using the entire scale results in a sequence of symbols which can be decoded. From this sequence it can be determined not only if the teacher was following the specified behaviors but the proportion of times she does so in the appropriate situation.

Table 1

ICP CLASSROOM OBSERVATION

SEQUENCE SCALE

This scale is a shorthand method for recording the frequency of ten instructional behaviors which may occur during a SWRL lesson. It consists simply of the ten symbols listed and defined below:

- S Stimulus--request a response
- R Repeat stimulus--a stimulus that had just been presented to the same pupil(s) or the previous pupil(s)
- D Designate respondent(s)--teacher specifies who is to respond to the stimulus.
- G Group (more than 1 pupil) response
- C Correct individual response
- I Incorrect individual response
- F Feedback (positive)--verbal confirmation of a correct response
- N Negative feedback--informing the pupil that his response was incorrect
- A Answer--giving the correct response (by teacher)
- H Hint--giving additional information designed to elicit a correct response

1. At the top of the page indicate:
 - a. district
 - b. school
 - c. teacher
 - d. class
 - e. aide
 - f. unit
 - g. activity or lesson
 - h. observer
 - i. starting time
 - j. ending time
2. For each type of instruction observed, indicate:
 - a. start time
 - b. type of instruction
 - c. end time
3. Every time one of the ten behaviors occurs, record the appropriate symbol.
4. Each time a new individual or group is called upon, make a slash (/) or leave a space.
5. Record symbols horizontally across the page from left to right.

2. Check Off Scale

The Check Off Scale was designed to determine when those procedures which have a low frequency of occurrence are observed during the observation period. These are usually procedural behaviors which are program specific as opposed to those included on the Sequence Scale which measure the general instructional behaviors used in both programs.

The Check Off form varies for each program, but basically consists of the procedures grouped according to specific instructional activities (e.g., flashcard lesson or daily assessment). The description of each procedure is followed by two response positions where the observer can indicate whether or not the prescribed procedure was followed. An example of this type of form is included in Appendix B.

This particular form was used with the Instructional Concepts Program.

3. Dispersion Scale

A Dispersion Scale was devised to measure the relative frequency and distribution of pupil responses across various pupil subgroups in the FYCSP and ICP. The teacher is asked to call on all pupils an equal number of times, call on boys as often as girls, and each pupil between 3 and 6 times during a lesson. These behaviors were measured by drawing a set of circles indicating the seating positions of the pupils. A mark was then made in the appropriate

circle whenever a pupil was called on during the observation. Blue circles were used to indicate boys and red circles to indicate girls. An equal number of marks in each circle with the total number for each student between 3 and 6 would indicate that the teacher was following the suggested procedures.

Training Observers

The importance of training observers to correctly use the observation scales developed is an important but often disregarded part of the measurement process. An earlier paper by Hylton and Quellmalz¹ has discussed this problem and some of the procedures followed at the Laboratory in training observers. The procedures developed to train Laboratory personnel to use each observation scale developed are discussed in the following sections:

1. Check Off Scale

The Check Off Scale provided no particular problems in observer training. All that was required of the observers was that they be familiar with the training system of the program being observed and thus know when each procedure should be used and when it was used correctly. Most of the observers had participated in the development of the training systems and were familiar with them. Those that had not were familiarized with the correct procedures through simulated teacher training sessions conducted at

¹ John Hylton and Edys Quellmalz, "Development of an Observer Training Video Tape Sequence," Educational Technology, Vol. 10, December, 1970, pp 53-55.

the Laboratory. In these simulated training sessions the observer played the role of the teacher.

2. Sequence Scale

Training observers in the use of the Sequence Scale was a much more elaborate effort involving the use of video tapes of simulated FYCSP and ICP lessons. Scripts were prepared for each program using actual lesson materials. These scripts simulated instructor/pupil interactions and were developed with three criteria in mind:

1. To include all behaviors to be observed using the Sequence Scale.
2. To introduce the behaviors slowly, progressing from less to more complex behavior sequences.
3. To provide much practice on a variety of behavior sequences.

Appendix C contains examples of the scripts used to simulate classrooms using SWRL programs.

Video taping was done using Laboratory staff members.

The staff members simply followed the scripts with one member taking the role of "teacher" and the others taking the roles of the "students." In this way, the tapes were developed showing a "class" behaving in a predetermined manner.

The scripts ranged in complexity. They progressed from the presentation of a few specific behaviors, presented at a slow pace, to more elaborate arrangements of behaviors occurring at a faster rate.

The observers were trained by first showing them the tape that displayed the simple behavior sequences. The coding system was explained as the behaviors occurred. The tape was stopped, started, and rewound as necessary to familiarize the observers with all the behaviors and related symbols. Once the observers were familiar with the symbols, the tape was played with fewer stops. At this point, the observers started working with the tapes that demanded faster responses and more complex symbol arrangements. Because the content and sequence of behaviors on the tape was known and fixed, the observers had a standard against which to compare their own recording of what took place. The observers were provided with this information and were, therefore, able to practice until their recording was perfect.

3. Dispersion Scale

The same video tapes described above were used to train observers in the use of the dispersion scale. The observers were told how to prepare the circles on the recording form indicating the pupils' seating positions as well as how to mark the appropriate circle whenever the teachers call on

a pupil. The slower paced tapes were shown first. After the observers learned to use this scale, they proceeded directly to the faster paced tapes. Once again, the observers had a correctly prepared form to use as a standard for comparison.

Data Analysis Procedures

Once the observations were completed, the raw data had to be decoded and analyzed. Each of the scales required slightly different analyses.

1. Check Off Scale

The analysis of the Check Off Scale data is quite simple and consisted of a tally of the number of "Yes" and the number of "No" checked on all forms turned in for a given program. The extent to which specified procedures were being followed was indicated by the percentage of classes observed in which the prescribed procedure was followed.

2. Dispersion Scale

The analysis of the data found on the Dispersion Scale is also straightforward. Means, range, and standard deviations of the number of responses across pupils provided a measure of the teacher's adherence to the program specifications. Combining the responses across categories (i.e., boys or girls, group vs. individual) provided a measure of the use of the prescribed procedures by each teacher.

3. Sequence Scale

Decoding the classroom observation required several steps. The first step was to formulate a list of what individual behavior sequences were to be tallied (see Table 2). Then the number of times each sequence occurs and the number of situations in which it should have occurred are counted. Using these numbers the percent of time the appropriate behavior occurred during the observed lesson is calculated.

The following example illustrates these steps for the procedure teachers should follow after receiving an incorrect answer or a non-response. In this situation, the teacher is to tell the student the correct answer and then repeat the stimulus to the same student. To obtain the percentage of times the teacher performed this procedure, two counts are made: (1) the number of times the behavior/procedure had the opportunity to occur, i.e., the number of times a student failed to answer or did so incorrectly, and (2) the number of times after it occurred that she followed the prescribed behavior sequence.

The number of incorrect answers (indicated by the symbol "I") after a stimulus and the number of non-responses (indicated by no symbol of response after a stimulus) give the number of opportunities the teacher had to perform the behavior. Giving the answer and repeating the stimulus (indicated by the symbol "AR") indicated the specified behavior sequence was given after an incorrect answer or non-response. Thus, four symbol sets must be counted:

Table 2

A	Time - start to finish
B	Number of Sequences
C	Number of S
D	Number of D
E	Number of C
F	Number of G
G	Number of I
H	Number of N
I	Number of H
J	Number of V
K	Number of D after S or D after SV
L	Number of F after C before S, R, or /
M	Number of AR after I before S, or /
N	Number of FA or AF after G before S, R, or /
O	Number of R (initially)
P	Number of D following R
Q	Number of R (total)
R	Number of S (initially)
S	Number of ?
T	Number of non-responses
U	Number of AR after a non-response

- A. Number of I's
- B. Number of non-responses
- C. Number of AR's after I
- D. Number of AR's after non-responses

A and B indicate the number of potential occurrences of the behavior A. C and D indicate the actual number of times the behavior AR occurred. Dividing C + D by A + B and multiplying by 100 gives the percent of times the teacher exhibited appropriate behavior after an incorrect answer or non-response. The same procedures are followed for the other behaviors utilizing the following general formula:

$$\frac{\text{Number of times behavior occurred} \times 100}{\text{Number of opportunities for behavior to occur}} = \text{Percent of behavior occurrence}$$

A tally sheet to record the number of occurrences of a behavior or behavior sequence was prepared (see Figure 1). Each symbol or sequence of symbols on the list was given a letter which corresponds to a letter on the tally sheet and a box to record the number of occurrences of that symbol or sequence of symbols.

Interpreting Results

The summary data on specific variables which the classroom observations yield were interpreted and further analyzed in several ways. Certain variables corresponding to specific aspects of classroom behavior drawn from each of the three instruments were evaluated relative to a fixed standard or criterion. For example a pupil response rate of 6 or more per minute was suggested for the FYCSP. Using this criterion, the

ICP Classroom Observation Tally

DISTRICT	SCHOOL	TEACHER	CLASS	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
	Bluen Alto	Marian	AM	7	36	27	16	16	19	2	1	1	1	5	8	0	5	8	1	11
	Cast- man Road Avenue way	Paula	PM	9	34	31	11	16	19	2	1	0	3	6	15	0	5	3	1	6
	Cast- man Lane Avenue	Jane	AM	5	13	12	5	0	13	0	0	0	0	0	0	0	3	1	0	2
	Darton Hill	Barbara	AM	18	39	35	11	11	26	3	0	2	0	1	11	0	7	4	0	6
	Darton Hill	Mik Truce	AM	15	44	42	10	9	33	1	1	1	1	6	7	0	2	2	0	2
	Dr. Dora do	Bilder	AM	10	8	8	2	2	6	0	0	0	0	0	2	0	0	0	0	0
	Furche Crows- Fly	Ellen	PM	18	28	22	21	12	3	1	0	3	12	11	5	0	0	6	5	7
	Furche Burg	Burg	PM	10	22	17	21	15	6	4	0	4	10	12	9	0	0	4	3	12

Figure 1

ICP Classroom Observation Tally

DISTRICT	School	TEACHER	CLASS	R	S	T	U	V
		Miller		11	0	3	0	0
		Railway		14	0	0	0	0
		Tate		0	0	0	0	0
		Proctor		11	1	0	0	0
		Shivers		9	0	2	0	0
		Gilder		2	0	0	0	0
		Gonally		19	10	4	0	0
		Berg		12	3	3	0	0

Figure 1
(continued)



proportion of teachers who reached or exceeded this level could be determined. Based on the proportion considered acceptable, decisions were made as to the acceptability of the performance observed.

In other situations where fixed criteria were not available for a variable, the variable was described and interpreted using norm referenced procedures. The mean and standard deviation for the variable within and across classrooms was obtained and evaluated.

Conclusions

The procedures followed in developing classroom observation procedures yield useful information for evaluating teachers' classroom behaviors in using the FYCSP and ICP. Further, many of the procedures developed and described may be adapted for use with other instructional programs. The information provided by the classroom observations coupled with other evaluation data can provide a basis for meaningful revisions to teacher training systems.

APPENDIX A

General Teaching Procedures

1. Call on as many different children as possible during each activity and keep the pace moving rapidly. A good rule is "maximize participation and minimize explanation," since young children learn well from practice followed by information on the accuracy of their performance.
2. Call on boys as often as girls.
3. Call on non-volunteers at least as often as volunteers.
4. Call on individual children much more frequently than on groups of children. Call on groups (e.g., the entire class, all boys, all girls, or other sub-groups of the class) primarily when the children are first learning a new concept.
5. Call on the child who is having some difficulty in learning a concept at least as often as the child who is having no difficulty.
6. Ask the question before calling upon a child name. For example, "What color is the ball---Freddy." This increases the chances that all children will listen to the question and think of the answer, since they don't know who will be called on until the question is asked.
7. Each time a child answers a question correctly, make a brief positive remark (e.g., "Good;" "That's right;" "Very good, Johnny;" etc.) to let him know that he has responded correctly.
8. When a child gives an incorrect answer to a question, do not tell him directly that his answer was incorrect. Instead, tell him the correct answer and then repeat the question and have him answer it correctly.
9. When a child can not answer, simply have him look at the object, tell him the answer, and immediately ask him to repeat it.
10. Changing answers should not be encouraged. If an answer is changed, a circle should be placed around the box that is not wanted and an X in the one that is chosen as the answer.
11. When administering Criterion Exercises, give instructions clearly one time only.

Teacher's Manual	General Instructional Procedures - Tape	Teacher's Workbook for General Instructional Procedures	Manual and Material Overview	Assessment and Evaluation Lesson - Tape	Procedure Card - Program Review
App. Frame A 22					
App. A					
App. A					
App. A					
App. A					Frame 30
App. A					
App. Frame A 23					
App. Frame A 42	Pg. 5				
App. Frame A 48	Pg. 6				
App. Frame A 50	Pg. 6				
					Frame 17
					Frame 18

Daily Instructional Procedures

Activity 1 Story Reading

23. Read the story to the class. When you read an underlined section, call attention to the appropriate portion of the Story Illustration Poster.

24. After the story, ask individual children to: Name the concept. (What color is the balloon?) Find on the Illustration Poster examples of the concept you state. ("What is yellow?")

Activity 2 Concept Books

25. Ask pupils to turn to the double page illustration for the day's lesson.

26. Ask the questions printed on the back of the story card.

Activity 3 Daily Assessment

27. The Daily Assessment Sheet indicates which children to access.

28. Assess each child individually by asking each of the questions on the Daily Assessment Card for the lesson.

29. If two or more children miss any of the questions, provide one additional activity that day for the entire class.

Flashcards

30. Ask individual pupils to tell you the name of the object which illustrates the concept you state. ("What object is red?")

31. Ask individual children to name the concept. ("What color is the wagon?")

Teacher's Manual	General Instructional Procedures - Tape	Teacher's Workbook for General Instructional Procedures	Manual and Material Overview	Assessment and Review Lesson - Tape	Procedure Card - Program Resource Kit
App. B					Card 1
					Card 1
					Card 1
App. B					Card
App. B					Card
App. B					Card
App. B					Card
					Card 1
					Card 1

APPENDIX B

District _____ Teacher _____ School _____ Class _____
 Observer _____ Aide _____ Start time _____ End time _____
 Unit _____ Lesson _____ Date _____

- A. Was more than one lesson given? Yes ___ No ___
- B. STORY BOOK (+sequence) start time _____ end time _____
1. Did the teacher point to the concept every time or almost every time she came to an underlined portion in the story book? Yes ___ No ___
 2. After the story, did the teacher ask the pupils to:
 - a. name the concepts? Yes ___ No ___
 - b. point to the concepts on the storyboard? Yes ___ No ___
- C. CONCEPT BOOK (+sequence) start time _____ end time _____
1. Did the teacher use all or most all the questions on the back of the story card (or in the back of the concept book)? Yes ___ No ___
- D. DAILY ASSESSMENT start time _____ end time _____
1. Did the teacher use the Daily Assessment Sheet? Yes ___ No ___
 2. Were the pupils assessed individually? Yes ___ No ___
 3. Did the questions come from the Daily Assessment Card? Yes ___ No ___
 4. a. Did more than 1 pupil miss more than 1 item? Yes ___ No ___
 - b. If yes, was additional activity provided? Yes ___ No ___
- E. FLASHCARDS (+sequence) start time _____ end time _____
1. Did pupils name the object which illustrated the concept? Yes ___ No ___
 2. Did pupils name the concept? Yes ___ No ___
- F. CONCEPT CARDS (+sequence) start time _____ end time _____
1. Did pupils name the concept pointed to? Yes ___ No ___
 2. Did pupils name several concepts in succession as they were pointed to? Yes ___ No ___
- G. CRITERION EXERCISE start time _____ end time _____
- Did the teacher:
1. Direct the pupils to find the first page? Yes ___ No ___
 2. Direct the pupils to find the first row? Yes ___ No ___
 3. Read the questions from the Criterion Exercise Direction Card? Yes ___ No ___
 4. Give clues or hints? Yes ___ No ___
 5. Write the scores on the Class Record Sheet? Yes ___ No ___
 6. Gives stars to those with scores of 10 or more? Yes ___ No ___

H. PRACTICE EXERCISE (+sequence) start time _____ end time _____

1. Administered individually? Yes ___ No ___
 If no, did the teacher: (questions 2a-2e)
- 2a. Ask the pupils to point to the question number? Yes ___ No ___
- 2b. Check to see that pupils were pointing to the correct question number? Yes ___ No ___
- 2c. Read the directions to the pupils? Yes ___ No ___
- 2d. when pupils were asked to point:
- (1) tell the pupils which object they should be pointing to? Yes ___ No ___
- (2) ask a pupil to name the object he is pointing to? Yes ___ No ___
- 2e. at the end of the page, request an individual response to each question on the page? Yes ___ No ___
3. Did the teacher indicate that the P.E. had been completed by placing a check by the pupil's name on the Criterion Exercise Record Sheet? Yes ___ No ___

I. GAME (+sequence) name start time end time

J. OTHER (sequence?) start time _____ end time _____

description: _____

K. IF THE TEACHER USLD UNUSUAL OR NON-SWRL PROCEDURES DURING THE LESSON, DESCRIBE THESE PROCEDURES BELOW AND/OR ON THE BACK OF THIS PAGE.

APPENDIX C

TEACHER: Class, turn in your Concept Books to page 2 and 3. (Class opens books).
Altogether now, -- point to the back of the train (Class points to the
back of train). That's right. Point to the front of the train. (Class
points to front of train). Good. Now point to the mouse. (Class points
to the mouse) Very Good. Is the mouse at the front or back of the train -
-----Sam?

SAM: At the front of the train

TEACHER: That's right.
Everyone, point to the cars in the middle of the train. (Everyone points).
That's right. Point to the bug. (Class points to the bug). Good. Is
the bug at the front, the middle, or the back of the train -----
----- Carol?

CAROL: The bug is at the end of the train.

TEACHER: That's right Carol, the bug is at the end of the train.
Point to the monkey -----Michael.

Michael: (Points to the monkey)

TEACHER: That's right. This is the monkey (Point to the monkey). Is the monkey
at the front, the middle, or the back of the train ----- John?

JOHN: The monkey is in the middle of the train.

TEACHER: Good. The monkey is in the middle of the train. Kay, point to something
at the back of the train. What is it?

KAY: (Points to the duck) It's a duck.

TEACHER: Good. Point to something at the front of the train Sharon. What is it?

SHARON: (Points to the smoke) It's smoke.

TEACHER: That's good Sharon. Now, turn to page 4 and 5 (Class turns the page).
Point to the top of the fish bowl ----- Sam.

SAM: (Points to the bottom of the fish bowl)

TEACHER: Point to the bottom of the fish bowl ----- Carol.

CAROL: (Points to the top of fish bowl.)

TEACHER: Point to the sand ----- Michael.

MICHAEL: (Points to the sand)

TEACHER: Very good. This is the sand (Points to the sand). Is the sand at the top or the bottom of the fish bowl ----- John?

JOHN: It's at the top of the fish bowl.

TEACHER: John, the sand is at the bottom of the fish bowl (Points to the sand). Now you point to the sand and tell me if it's at the top or bottom of the fish bowl.

JOHN: (Points to sand) It's at the bottom.

TEACHER: That's right, John. Point to the turtle ----- Kay.

KAY: (Points to a fish)

TEACHER: Kay, this is a turtle (Points to the turtle). The animal you have pointed to is a fish. Now Kay, point to the turtle.

KAY: (Points to the turtle)

TEACHER: That's right Kay. Is the turtle at the top or bottom of the fish bowl ----- Kay.

KAY: It's at the bottom of the fish bowl.

TEACHER: That is wrong Kay. Sam, tell Kay the correct answer. (?)

SAM: The turtle is at the top of the fishbowl.

TEACHER: That's right. It's at the top of the fishbowl. Now, point to the cat ----- Sharon.

SHARON: (Points to the bug)

TEACHER: No, that's not the cat. Show Sharon which animal is the cat ----- Carol.

CAROL: (Points to the cat)

TEACHER: Yes, that's right Carol. Sharon ----- this the cat (Points to cat). Is the cat at the top, bottom or the side of the fishbowl ---- Michael?

MICHAEL: It's at the bottom.

TEACHER: No, it's not at the bottom of the fishbowl, Michael. The cat is on the side of the fishbowl. Now Michael, tell us if the cat is at the top, bottom, or the side of the bowl.

MICHAEL: The cat is on the side of the fishbowl.

TEACHER: Good Michael. Point to something on the side of the bowl, ----- Class.

CLASS: (Points to something on side of bowl.)

TEACHER: (Looks to see response of class) You should either be pointing to the cat or the ladder which are on the side of the bowl. Good. Now, let's turn our books to page 6 and 7. (Class turns) Point to the man who is behind the post-office window ----- John.

JOHN: (Points to man behind window)

TEACHER: That's right. Point to the man standing in front of the boy ----- (Class raises their hands) ----- Kay.

KAY: (Points to boy in front of man).

TEACHER: Good. Is the boy in front of or behind the woman? (Class raises their hands) ----- Sharon.

SHARON: He's in front of the woman.

TEACHER: That's right, Sharon. He is in front of the woman. Everybody point to the house.

CLASS: (Points to the house)

TEACHER: Good. This is the house. Is it in front of the bug or behind the bug? (All raise their hands) ----- Sam.

SAM: The bug is in front of the house.

TEACHER: That's right. Is the house in front of the bug, or behind the bug? ----- Carol.

CAROL: (No response)

TEACHER: Carol.----- I am in front of you. Look at the house ----- is it in front of the bug, or behind?

CAROL: The house is in front of the bug.

TEACHER: Good Carol. Name something that is behind the bushes ----- Michael.

MICHAEL: A bathroom.

TEACHER: No. Name something that is in front of the man in the window -----
----- John.

JOHN: Bars.

TEACHER: Good John. Name something that is behind the bug ----- Sharon.

SHARON: The door.

TEACHER: (That's an interesting answer look crops upon the teacher's face). Good.
Sharon, what else is behind the bug?

SHARON: (Points to the top of the house).

TEACHER: What is it?

SHARON: An umbrella.

TEACHER: (Starts to say something, but.....) Yes. Good.

Point to something in front of the man ----- Kay.

KAY: (Points to the man)

TEACHER: That's right. The man is in front of the boy. Point to something behind the man ----- Sam.

SAM: (Points to the man behind the window)

TEACHER: No Sam. The boy and the woman are behind the man. Now Sam, point to something behind the man.

SAM: (Points to the boy and the woman).

TEACHER: That's right. Good.

in the Johnson area only briefly, completion of needed dental work suffered.

Another aspect of our program is providing needed medication for the patient. At clinics this is done by the physician from office supplies. Most patients are provided with a slip to present to the druggist with their prescription. The drugstore then bills the Project for the medication. During the past year the Project provided 848 prescriptions at a cost of \$5,056.



SUMMARY OF RESTORATIVE AND CORRECTIVE WORK COMPLETED ON CHILDREN

PERMANENT

PRIMARY

Town	Number									
	Treated	Amal	Adaptic	Ext.	Crowns	Amal	Adaptic	Ext.	Crowns	Crowns
Garden City	44	78		1		70	3	6		6
Goodland	40	111	3			104	3	9		
Johnson	34	28				21		2		2
Lakin	60	16			2	69	2	18		13
Leoti	56	132	12	1		58	31	3		20
Sharon Springs	24	74		1		28		6		
St. Francis	9	16				2		6		
Sublette	67	65		3		57	3	3		8
Ulysses	75	97	6		1	71	18	7		5
GRAND TOTALS	409	617	21	6	3	480	60	60	60	54

KEY: Amal = Silver alloy filling
 Adaptic = White resin filling
 Ext. = Extraction

PREVENTIVE DENTAL SERVICES SUMMARY

	Prophy	Fissure Sealant	Fluoride Treatment	Cavitron	Smoothing Grooves
Leoti	50	33	1		
Sublette	24		45		
Lakin	7	16	46		
Garden City	37		31		
Johnson	20		1	7	7
Ulysses	59	1	2	24	12
GRAND TOTALS	197	50	126	31	19

VII. HOSPITAL SERVICE

Hospital services have been offered by the Project since July, 1967 when the Department of Health, Education, and Welfare made additional funds available for this purpose. No other single service has presented the Project such a constant problem in funding and continuity of service. Yet no other service can be as financially catastrophic to the family as meeting hospital expenses unaided.

The Project has agreements with 20 area hospitals at the present time. However, 79 of 86 patient episodes were handled by the following area hospitals: Bob Wilson Memorial Hospital, Ulysses; Greeley County Hospital, Tribune; Kearny County Hospital, Lakin; Northwest Kansas Medical Center, Goodland; and St. Catherine Hospital, Garden City.

When funds are available, the Project pays 100% of physician fees and 61% of hospital charges. Percentages are determined by federal formulas. We say "when funds are available" because the Project has been plagued by insufficient funds for hospital services for the past five years. Frozen federal funds for this category as well as spiraling hospital costs have been prime factors in lapses of service. Most years we have fortunately been able to procure other federal funds to continue the programs. However, in both 1970 and 1973 there were long lapses in hospital service because of the unavailability of federal funds. This past year hospital funds were exhausted in early December. Because of the realities in Washington, including the veto of the HEW bill and the operation of HEW on a continuing resolution, no additional grants were forthcoming. However, five days before the end of the fiscal year we received word from Topeka that an \$8,000.00 surplus in maternal and child health funds existed in a county health department and the funds could be diverted to our program. Migrant hospital bills for which no other source of payment could be located were processed. Needless to say, the staff did some scrambling in order to process bills for 35 patients in five days.

During the interim when the Project was without funds for hospital service, other sources of payment were utilized with great fervor. Medicaid paid a number of migrant hospital bills. These included a number of expensive episodes. However, the fact remains that property restrictions and income guidelines are too confining to make Medicaid a valid resource for most of our low-income families. This is especially true for the small family with a meager income. An additional problem is that many Kansas counties have interpreted a late 1972 revision in the Public Assistance Manual as meaning migrants are ineligible. Although the Supreme Court ruled five years ago that state residency requirements for welfare assistance were unconstitutional, many states have found ways to get around this ruling.

The Project assisted three families in making appeals. These families had been denied medical assistance. Two applications were rejected

because of the fact the families had resided in Kansas only a few months, and the other because they were making payments on a truck which exceeded property value restrictions. However, the equity in the truck was minimal and the truck was used as a tool necessary to their livelihood. Considerable delay ensues before appeals are heard. Two of the families had left the state and could not appear for their appeals. The third family signed a release after what they felt was great harassment from a county welfare department.

At this writing the Kansas welfare system is in the process of becoming totally state operated. This writer has barely begun to absorb the reams of materials dealing with these changes. However, officials on the state level feel that the change will create improved quality of social services as well as more efficient handling of applications and paperwork. It is our hope that the new system will result in fair treatment for all citizens of the state.

Since the last Project Report (December 1, 1973) the Project assisted with payment for 86 hospital episodes. Total cost to the Project was \$25,020.11. Total number of days hospitalized was 368.5. The average number of days per patient was 4.3. The average cost per day was \$67.88. The average cost per patient episode was \$290.93.

The following comparison indicates rising costs in hospital care in our area.

	1969	1970	1971	1972	1973
No. of Patients	113	117	141	119	86
No. of Hospital Days	565	499	578	465	368.5
Cost per Day	\$42.78	\$49.45	\$52.35	\$63.94	\$67.80
Cost per Episode	\$213.93	\$210.29	\$220.91	\$249.88	\$290.93
Average Days/Patient	5.0	4.25	4.1	3.9	4.3
Total Cost	\$24,174	\$24,604	\$30,259	\$29,736	\$25,020

The total number of patients served this past year may be misleading. Because of insufficient funds, not all patients qualifying for services and not having any other avenue of assistance could be helped. When additional funds were received, unpaid bills were processed in chronological order. This left six unpaid bills. A number of deliveries for Mexican nationals sans visas also could not be paid because of program rules and regulations. Additionally Medicaid paid for twelve other migrant hospital episodes. These included two C-sections, two tubal ligations, and two cases requiring gallbladder surgery. The latter figure compares favorably with Health Maintenance Organization figures and is well below average for major carriers such as Blue Cross-Blue Shield.

We feel that much progress has been made in providing preventative care. Early diagnosis and treatment coupled with changing attitudes have been instrumental in reducing the number of days required per patient.

As usual, expenses for deliveries and newborn accounted for the lion's share of hospital episodes: 48 of 86 episodes. However, in terms of dollars, expenses for 14 patients requiring treatment for conditions of the digestive system weren't far behind.

For the Project it indeed seemed like the year of the gallbladder and the C-section. In addition to the episodes already mentioned paid for by Medicaid, the Project assisted with payment for four other episodes involving gallbladder surgery (a fifth was scheduled, but postponed) and four Caesarean Sections involving three tubal ligations. All of the patients electing to have tubal ligations had had two or more C-sections.

Because of the abundance of surgical patients our average hospital stay per patient increased from 3.9 a year ago to 4.3. It should be noted that at this point in the present fiscal year, our hospital program is in better financial shape than it has been in years. Recently, \$8766 not spent last year was returned to our budget for hospital services. One of the ironies of federal budgets is that frozen categories can remain depleted even when surpluses exist in other categories within the same budget. Since the hospital category is no longer frozen, it would appear that other transfers will be possible if funds are depleted. The idea of a \$300 maximum once considered by HEW has apparently been discarded.

We anticipate a year with the best possible harmony between inpatient and outpatient services resulting in improved continuity of care for the patient.

HOSPITAL SERVICES SUMMARY

<u>Diagnosis</u>	<u>No. of Patient Episodes</u>	<u>No. of Days</u>	<u>Physician Fees</u>	<u>Hospital Costs (61%)</u>	<u>Total</u>
Deliveries	24	108	\$5,309.00	\$4,675.43	\$9,984.43
Newborn	24	90	1,207.35	1,207.35	1,342.35
Conditions of the Digestive System	14	105	2,912.40	5,642.50	8,554.90
Gyn Conditions and Complications of Pregnancy	8	15.5	273.50	888.05	1,161.55
Respiratory Infections	6	24	309.64	1,035.50	1,345.14
Injuries	2	4	163.00	331.22	494.22
Other	8	22	753.00	1,384.52	2,137.52
TOTALS	86	368.5	\$9,855.54	\$15,164.57	\$25,020.11

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In 1970 the Project Advisory Board was first established. Federal guidelines, new at that time, called for the creation of such a board with the Project appointing consumer and consultant members. This board met once per month for about a year and a half. More recent guidelines gave all migrant health projects a mandate to establish a policy making board. Later Projects were given specifics for the size, composition, and other requirements of the Board.

Elections to elect members to the Project Policy Board began in August, 1972. Members were elected in four basic areas: Garden City, Goodland, Leoti and Ulysses. Efforts were made to have persons from surrounding towns and counties present at the elections held in the above communities. The Project Policy Board first met as a group in December, 1972 after getting snowed out in November. Getting people together for an election is extremely difficult since many people work very late. Many farmworkers work seven days a week which poses additional problems.

The functions of the board are defined in the most recent draft of federal guidelines prepared in May, 1973 as follows and are similar to previous drafts.

Functions of the Board:

- a) The board shall have the authority to establish, amend, and revise general policy to include, but not be limited to, the following:
 - (1) Establishing personnel policies which include recruitment, selection and dismissal, qualifications, salary and benefits, and grievance procedures.
 - (2) Selecting and eliminating health care services.
 - (3) Creating criteria for service eligibility and developing fee schedules as appropriate.
 - (4) Establishing hours and locations of services.
 - (5) Setting priorities for allocation of project funds among services.
 - (6) Establishing methods of evaluating the project.
- b) In addition the board should:
 - (1) Adopt articles of incorporation, by-laws, and administrative policies; and

shall not:

- (1) Establish any policy which is inconsistent with the Migrant Health Act or the regulations set forth in Part 1 of this document or which prevents the fulfillment of obligations imposed under the grant.
- (2) Involve itself in the hiring and firing of any personnel except the project director, who shall be hired or fired only with the approval of the board. If a project has a director prior to the creation of a policy board, he should be designated "acting director" or "interim director" for no longer than 90 days, during which time the board should formally vote to approve or disapprove his appointment. If a project has no director, the policy board should be actively involved in the entire process of recruiting, interviewing, and selecting candidates for the position.

Selections of these guidelines dealing with personnel policies and hiring and firing of the project director raised certain conflicts between the functions of the Project Policy Board and the Kansas State Board of Health. The specific point of conflict was that personnel policies including salaries and annual raises were already determined by the state civil service system. In February, 1973 the Project Board voted to accept the state personnel system into their by-laws, thus eliminating any further conflict.

Numerous difficulties have been encountered in filling board vacancies caused by members leaving the state or otherwise being unable to serve. Several special elections have been necessary to fill vacancies and to elect alternates. Yearly elections were again held in the fall.

Since the Project area encompasses such a large area, additional difficulties are always present in getting the group together. For several months meetings were rotated between the four major areas. In the spring the Board voted to establish Leoti, the most central location, as its regular meeting place. Meetings are held on the first Sunday of the month at 3:00 p.m., Central Time (The Project area is divided by the Mountain and Central Time zones.). Goodland and Garden City are nearly 150 miles apart. On more than one occasion Goodland has had a blizzard when it's fine in Garden City.

Much of the past year has been spent familiarizing the board with Project guidelines, functions of the Board, and basics of parliamentary procedure. Two days of board training were provided by

Inter-America Research Associates in May. Presently the Board is in the process of writing its by-laws and establishing a consumer grievance committee. A Project evaluation committee will also be established in the near future.

One very knotty problem dealt with by the board concerned providing services to illegal aliens. Many Mexican nationals come into the area without visas or working permits. Many are sent back to Mexico by immigration officials only to return again within a few days or weeks. The situation is akin to robbing Peter to pay Paul. The so called "wetback" takes many jobs that would otherwise be available to the migrant. Often he works for less than the migrant. He is an employer's dream. Because he doesn't want to attract attention he rarely complains about anything. The illegal alien problem is complicated by the fact that most often families are comprised of citizen and noncitizen sans papers members.

- The Board reached the following decisions regarding routine services: assistance be given to domestic families and non-domestic families where one or both parents are citizens and/or have visas allowing them to work in the U.S. It was also decided that routine services be provided to children born in the U.S. regardless of the status of their parents. Persons having an illegal alien status should be provided with medical and dental services only on an emergency basis when no other avenue of payment exists. The Board also voted to provide screening services to all children enrolled in Title I Migrant Programs. It is the responsibility of such programs to determine eligibility for enrollees.

Despite many difficulties the Board has grown considerably within the past year. We look forward to a year of continued growth and increased consumer involvement.

IX. SUPPLEMENTAL FOOD PROGRAM

Despite various ever present difficulties and problems, the Supplemental Food Program has been able to survive throughout another year. Due to bureaucratic and political manipulation as well as national shortages, at times one or more items were unavailable for distribution. Also, an unexpected change of location of the Project Office in Garden City meant the temporary lack of an adequate storage area. Consequently, during this time we were able to keep enough commodities on hand to meet emergency situations, but we were not able to continue routine distribution to all eligible families.

Nevertheless, distribution of the available items continued much the same as in previous years. Three shipments totaling 67,157 pounds of supplemental foods were received and stored at the Project Offices in Goodland and Garden City. Distribution to the families in Goodland, Sharon Springs, St. Francis, and the entire northwest area is made through the Goodland office. Garden City, Holcomb, Deerfield, Lakin, Johnson, Ulysses, Satanta, Sublette, Copeland, Leoti, Scott City, Lakin, and all the southwest area are served through the Garden City office. Families in the northwest counties pick up their commodities at the Migrant Health Office in Goodland. If they are not able to do this, the commodities are delivered to the families by the staff. Families living in Garden City, Holcomb, and Deerfield pick up their commodities at the Garden City office. Commodities are transported from Garden City and distributed to eligible families at the monthly cooking and nutrition classes in Ulysses, Johnson, Leoti, and Satanta. When eligible families are unable to attend the cooking classes or when commodities are needed in an emergency situation, these are delivered to the families by the staff. Commodities for families in the Lakin area are transported to Lakin, and distribution is made by the county health nurse through her office.

Throughout the year much of the routine work involved in preparation of the monthly issue and receipt forms and in the actual physical preparation of allotments was done by a senior Neighborhood Youth Corps worker. Assistance in these very time consuming routine procedures enabled the Health Educator to concentrate at least 50% more of her time in personal contacts with families and in health education. Complete family histories as well as active and inactive card files are maintained on all commodity recipients. Also, each family is regularly provided with an identification card and an authorization form which enables them to designate some one else to pick up their allotment for them if they are unable to do so. A running inventory indicates exactly what and how many food items are on hand, and monthly reports are completed for the USDA office in Dallas and the

Division of Food Programs in Topeka.

Approximately 61,500 pounds or almost 31 tons of supplemental food were distributed to an average of 164.58 infants, preschool children, and prenatal and postpartum mothers during the past year. Without a doubt the most important food item is the milk. Yet, starting in January 1974 only infants up to thirteen months will be eligible to receive the evaporated milk due to a shortage of this item. Children ages three to five and prenatal and postpartum mothers will continue to receive a four-pound box of instant nonfat dry milk each month, and this is a very minimal allotment. However, worse than this is the fate of toddlers and preschoolers ages fourteen months to three years who will receive no supplemental milk whatsoever during this critical period of their growth and development. This is but another in a growing list of examples that United States Food Programs are determined more by our nation's agricultural policy and budgetary constraints than the actual manifest needs of the millions of Americans affected by hunger and malnutrition increasing in severity from year to year.

This is one of the steps leading to the phasing out of the Supplemental Food Program sometime during the coming year. Already all the Kansas counties having a donated foods program through the local welfare offices have converted to the food stamp program. The Migrant Health Service will receive a final commodity shipment in early 1974 which will enable distribution of supplemental food items to continue for possibly nine additional months. The worst part about the discontinuance of this program is that there is no suitable replacement for it. Supposedly it has been replaced by the Women, Infants and Children Program, a "Phase II" variety of the regular Supplemental Food Program. However, WIC provides fewer items and smaller allotment and will serve children only to age five rather than age six. Furthermore, funds have been furnished for WIC only to June 30. Further funding will be available if initial data can substantiate the validity of the program. However, at this writing few notice of grant awards for this program have been made and no programs are in operation.

An application to participate in the WIC Program has been submitted. Hopefully, we will be able to implement this program when the regular Supplemental Food Program is terminated.

Perhaps one of the greatest benefits of the Supplemental Food Program has been not merely the distribution of food, as important at this has been in supplementing dietary requirements particularly of protein and iron; but the existence and operation of this program has provided easy access to the area of nutrition education. Hopefully the providing of the supplemental food items has not been merely a band-aid approach to the problems of hunger and malnutrition. Through systematic planned efforts basic concepts of nutrition have been presented both on an individual basis and in group settings. This will continue with or without the Supplemental Food Program, and possibly be the greatest accomplishment of the program.

MONTHLY ALLOTMENTS OF SUPPLEMENTAL FOODS

	<u>Infants</u> <u>0-6 months</u>	<u>Infants</u> <u>7-12 months</u>	<u>Children</u> <u>1-5 years</u>	<u>Women Prenatal and</u> <u>Postpartum</u>
1. Evaporated Milk	30	30	-	-
2. Instant Milk	-	-	0 (1-2 Years) 1 (3-5 Years)	1
3. Farina	3	3	3	1
4. Corn Syrup	3	3	-	-
5. Juice	1	2	3	3
6. Vegetable	-	-	4	7
7. Meat	-	-	1	1
8. Egg Mix	-	2	4	2
9. Peanut Butter	-	-	1 (Every 2 months)	1 (Every 2 months)

The expansion of the Food Stamp Program to all Kansas counties is intended to be an improvement over the previous county commodity programs. However, the Food Stamp Program does not meet the needs of the majority of our families or of any poor families. Our records over the past year indicate that of families receiving the supplemental food commodities the average participation in the food stamp program was 20%. The highest participation in any single month was 53%, and during three months the participation was 0%. The chief reason for lack of participation is the ever increasing cost of the stamps. Effective January 1, 1974 monthly stamp allotments will be increased 18% to 22% for most families. However, many families will find the increased allotments all but wiped out by the increased prices of the stamps. The increase in cost will be felt most by large families. In fact, some households of ten or more persons (Most of our families are large families.) will actually lose money because the increase in cost will be greater than the increase in the value of the stamps.

The increased cost of the food stamps will force many of the working poor families to withdraw from the program. Many others will be able to purchase only a portion of the monthly stamp allotment because they will not be able to afford the full monthly allotment. Families not participating in the program will be too discouraged even to apply. Actually what is happening is that USDA is forcing the poor to pay increasingly larger percentages of their meager incomes for the same amounts of food. As a result there is less money available for other increasingly costly necessities.

COMMODITY DISTRIBUTION

Individuals Served

		<u>Finney</u>	<u>Sherman</u>	<u>Total</u>
December	1972	217	15	232
January	1973	213	24	237
February	1973	236	17	253
March	1973	235	31	266
April	1973	212	22	234
May	1973	205	35	240
June	1973	40	64	104
July	1973	29	37	66
August	1973	41	18	59
September	1973	6	23	29
October	1973	103	28	131
November	1973	<u>107</u>	<u>17</u>	<u>124</u>
		1644	331	1975

Commodities distributed December 1972 through November 1973 were approximately 61,500 pounds or almost 31 tons of food.

Average number of recipients per month was 164.58 persons, including infants, preschool children, and prenatal and postpartum mothers.

COOKING CLASSES

		<u>Classes</u>	<u>Attendance</u>
December	1972	5	39
January	1973	4	36
February	1973	6	41
March	1973	5	40
April	1973	5	44
May	1973	4	42
June	1973	0	0
July	1973	0	0
August	1973	0	0
September	1973	3	23
October	1973	3	28
November	1973	<u>8</u>	<u>50</u>
Totals		43	343

Average cooking class attendance was 7.97 individuals (not including the months of June, July, and August).

X. COMMUNITY ACTION AND SUPPORT

Migrant day care programs were held in only two areas this year. Fewer centers than in past years may be due to the difficulty of acquiring funds and local support as well as the fact that by now the novelty of having these programs has worn off. Only those directly and personally involved in such a program are aware of the long hours of plain hard work which go into the successful operation of a migrant day care program.

Some concerned individuals in Scott City began early in the spring to plan and arrange for a summer day care program to be held in that area. However, they were unable to overcome local obstacles, and the program never became a reality.

Johnson's Concerned Citizens of Stanton County again sponsored their day care center. It lasted approximately one month. Due to a complete turnover in the migrant population of Johnson this year there was a much smaller number of infants and children needing care. Actually in early June when the center was due to open, there were only eight children up to two years of age, no children ages two to four years, and only seven children ages five to ten years. However, there were about twice as many teenagers as usual.

The Grant County Day Care Center again sponsored both a migrant nursery and a migrant day care program. Barbara Palmer is the Director of the Grant County Day Care Center. Additional summer directors were Virginia Boepple for the nursery and David Wine for the day care center. Average daily attendance was 7 for the nursery and 16 for the day care center. The day care center served a total of 59 children from the ages of two to six years old. The nursery cared for children from two weeks up to three years of age. Both programs were open an average of twelve hours per day.

Despite many problems, not the least of which is funding, Ulysses is planning to provide migrant day care again during the coming migrant season.

The Project receives a great deal of support from many organizations and individuals within the community. Countless donations of used clothing, household items, bedding, baby bundles, and quilts are received throughout the year. Several church groups and organizations sponsor annual projects to provide Christmas baskets, clothes, and toys to needy families in the area. Several pharmaceutical companies have supplied the Project with many educational materials and supplies including regular and soy infant formula. Area Rotary and Lion's Clubs have purchased glasses for a number of low-income children. Most communities have made meeting places and kitchen facilities available to the Project free of charge for nutritional classes and other educational endeavors. Area extension office staff have been extremely helpful in assisting with nutrition classes and supplying audio-visual

aides and other materials. Extension office staff have also sponsored sewing classes, budgeting sessions, and "workshops" for making all sorts of household items out of things usually thrown away.

A need still exists for more assistance with social security problems, obtaining birth certificates, driver's licenses, help with tax returns, workman's compensation problems, and filling out applications of all sorts. Project staff assists with many of these problems, but must take time from other endeavors to do so. For the staff our most precious commodity is time. There is never enough to go around.

The Kansas Council of Agricultural Workers and Low-Income Families has been of considerable benefit to area families. However, with the strangulation of O.E.O. the migrant up-grading and adult education components of the program have been phased out due to lack of funds. Headstart programs operated by KCAW-LIF, provided opportunities for low-income youngsters in four communities. A legal aid program also sponsored by the Council provided services for migrants and low-income families during the summer. This program was set up with the assistance of local attorneys and the Kansas University Law School.

The remainder of this section will deal with another Council endeavor: the VISTA Project.

DE RERUM VISTAE COUNCILII

Glen Gavin
VISTA Supervisor



The Kansas Council of Agricultural Workers and Low-Income Families, Inc., 205 W. Chestnut in Garden City, became sponsor in 1973 of a VISTA project for western Kansas. (This project is successor to one sponsored by Migrant Health several years back.) The chief concern of the VISTA workers here has been housing: improvement of substandard housing; construction of new housing; formation of interest groups to lobby for better housing conditions for lower-income families and persons; development of alternative housing delivery systems; referral and counseling services. Areas served by the KCAW/VISTA project are Garden City, Ulysses, Liberal, Leoti and Goodland.

VISTA is new to Liberal: David Baldwin and Marge Cowan began their trail-blazing effort there in March, 1973. During their tenure they have organized the "Concerned Citizens Coalition," a grass-roots group, and have secured a fair degree of cooperation from the "power structure" as well. The housing redevelopment program proposal, drafted by the VISTA team (with some technical assistance provided by the state), outlines a community-sponsored housing delivery system which will furnish better housing for 100 moderate and low-income families. Redevelopment will occur in the northeast neighborhood, a clearly defined poverty sector marked by the community's greatest concentration of substandard housing. The salient features of the proposal are an industry-sponsored loan guarantee fund, a city-administered land grant system and low-cost construction methods (possibly involving a manpower

training program). The Liberal VISTAs' main auxiliary project is the Big Brother-Big Sister program, which they have been instrumental in organizing and directing; they have also worked a good deal in the area of civil rights. The VISTA office is located at 412 N. Washington (telephone: 624-5432).

Ulysses is Kansas' pioneer VISTA-organized, FmHA-financed self-help housing project. (Five homes were constructed there by participating families during Migrant Health's sponsorship of VISTA.) Tom Myers has been working to organize a new self-help project in Ulysses --- pre-construction meetings and fund-raising activities are part of member families' agenda, as they proceed along the course which, it is hoped, will lead to a second set of dwellings built cooperatively by participating families themselves. The Farmers' Home Administration enables eligible families to obtain low-interest loans for building and land costs, and it supplies the services of a construction supervisor once building actually begins. The VISTA office is located in the Grant county courthouse (telephone: 356-4854).

Garden City VISTAs Laurie Eager and Leslie Hawkins are trying to get a self-help project off the ground for Garden City-Holcomb. They have been counseling families for several months, and have been scouting about for land in Holcomb (FmHA offers direct services to towns of no more than 10,000 inhabitants.). They have, additionally, helped the local school system in the designing of bilingual education plans, and the junior college on adult education. They are collaborating with ex-VISTA Lanell Hays, Father Rich Kolega and others from the community (including a hefty contingent from migrant Health) on the "Garden City Coalition for Better Housing," an interest group whose aims are parallel to those of the Liberal coalition. The VISTA office is at 205 W. Chestnut (telephone: 275-4123).

Pam Collins and Kerry Harms, in Goodland, are attempting to form a self-help group there --- so far without much success, owing to the Goodland target population's high incidence of transience and general volatility, they explain. The Goodland team perseveres. Supplemental projects include: "Meals-on-Wheels" and a recycling center, both of which they helped inaugurate, referral, counseling and tutoring services. The Goodland VISTA office is in the municipal building (telephone: 899-5761).

The KCAW/VISTA project is slated to continue at least through 1975; Volunteer replacements are scheduled to arrive at regular intervals (theoretically, anyhow). For example, VISTA should be returning to the Leoti fold soon. Though most Volunteers (who serve at subsistence wages, normally for one year) come from other parts of the country (in our experience, mostly from the east and west coast regions), "locally-recruited-Volunteer" candidates are invited to apply from target areas. See your local VISTA worker for further information, or write to the KCAW office in Garden City.

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April 1, 1974

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

PERIOD COVERED BY THIS REPORT

FROM THROUGH

December 1972 November 30, 1973

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE Western Kansas Migrant Health Project	2. GRANT NUMBER (Use number shown on the last Grant Award Notice) 07-H-000018-10-0 CS-H20-C-0
3. GRANTEE ORGANIZATION (Name & address) Kansas State Department of Health 535 Kansas Avenue Topeka, Kansas 66603	4. PROJECT DIRECTOR Evalyn S. Gendel, M.D.

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	640	640	N.A.
FEB.	648	619	29
MAR.	656	656	N.A.
APRIL	741	731	10
MAY	3185	3185	N.A.
JUNE	4435	4424	11
JULY	4763	4763	N.A.
AUG.	3885	3885	N.A.
SEPT.	2222	2196	26
OCT.	1780	1745	35
NOV.	1084	1076	8
DEC.	812	812	N.A.
TOTAL			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	32	14	18
UNDER 1 YEAR	2	1	1
1 - 4 YEARS	7	3	4
5 - 14 YEARS	8	3	5
15 - 44 YEARS	15	7	8
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	5466	2599	2867
UNDER 1 YEAR	80	34	49
1 - 4 YEARS	437	208	229
5 - 14 YEARS	1150	526	624
15 - 44 YEARS	3582	1739	1843
45 - 64 YEARS	202	85	117
65 AND OLDER	15	7	8

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	14	February	June
IN-MIGRANTS	12	May	August

d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR 5a.

Project records, migrant school enrollment, employment lists.

(2) DESCRIBE BRIEFLY HOW PROPORTIONS FOR SEX AND AGE FOR 5b WERE DERIVED.

Current files of the Project plus past experience.

NOTE: Peak population does not occur at the same time in each county. Peak month total does not include all migrants. Total estimated population was 6107

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	1	51
51 - 100 PERSONS	1	58
MORE THAN 100 PERSONS	1	181
TOTAL*	3	290

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)
Rural	267	2145
"Urban"	389	3031
TOTAL*	656	5176

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

7. MAP OF PROJECT AREA - Append map showing location of camps, roads, clinics, and other places important to project.

0951

INSTRUCTIONS Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5 POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH				b. NUMBER OF MIGRANTS DURING PEAK MONTH			
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS	(1) OUT-MIGRANTS:	TOTAL	MALE	FEMALE
JAN.	72	72	N.A.		TOTAL	N.A.	N.A.
FEB.	72	72	N.A.	UNDER 1 YEAR	N.A.	N.A.	N.A.
MAR.	72	72	N.A.	1 - 4 YEARS	N.A.	N.A.	N.A.
APRIL	81	81	N.A.	5 - 14 YEARS	N.A.	N.A.	N.A.
MAY	260	260	N.A.	15 - 44 YEARS	N.A.	N.A.	N.A.
JUNE	321	321	N.A.	45 - 64 YEARS	N.A.	N.A.	N.A.
JULY	270	270	N.A.	65 AND OLDER	N.A.	N.A.	N.A.
AUG.	200	200	N.A.	(2) IN-MIGRANTS:			
SEPT.	108	108	N.A.	TOTAL	321	149	172
OCT.	92	92	N.A.	UNDER 1 YEAR	4	1	3
NOV.	80	80	N.A.	1 - 4 YEARS	23	12	11
DEC.	64	64	N.A.	5 - 14 YEARS	83	38	45
TOTALS				15 - 44 YEARS	189	91	98
c. AVERAGE STAY OF MIGRANTS IN COUNTY				45 - 64 YEARS	21	7	14
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	65 AND OLDER	1	0	1
OUT-MIGRANTS	N.A.	N.A.	N.A.				
IN-MIGRANTS	12	May	August				

6. HOUSING ACCOMMODATIONS

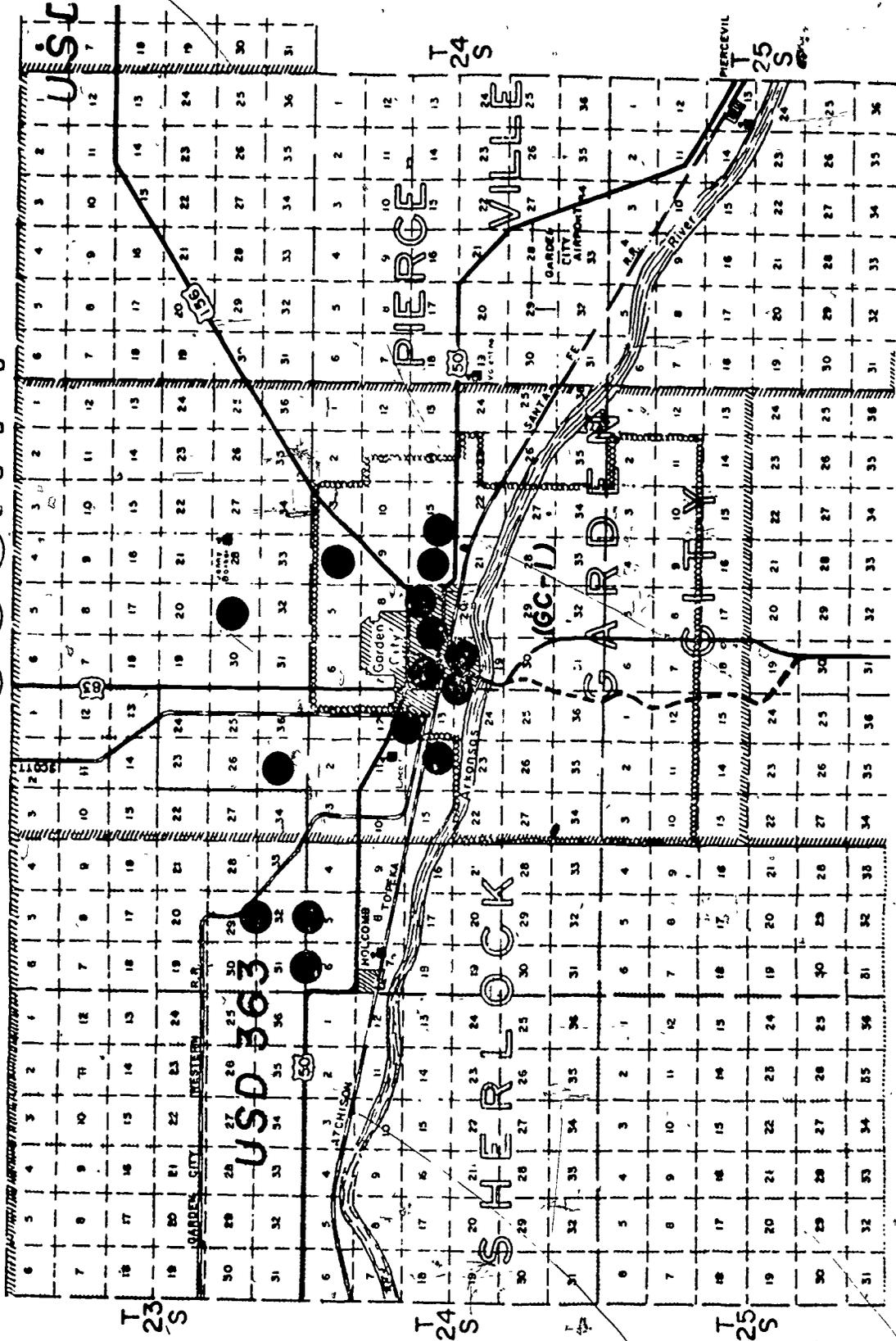
a. CAMPS			b. OTHER HOUSING ACCOMMODATIONS		
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	N.A.		Scattered Rural	12	42
10 - 25 PERSONS			"Urban"	50	279
26 - 50 PERSONS					
51 - 100 PERSONS					
MORE THAN 100 PERSONS					
TOTAL*			TOTAL*	62	321

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS



FINNEY COUNTY



● Location Migrant Housing
 ★ Clinic

47
 0358

INSTRUCTIONS. Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH			
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	203	203	N.A.
FEB.	203	203	N.A.
MAR.	228	228	N.A.
APRIL	270	270	N.A.
MAY	601	601	N.A.
JUNE	756	756	N.A.
JULY	607	607	N.A.
AUG.	570	570	N.A.
SEPT	549	549	N.A.
OCT.	580	580	N.A.
NOV.	421	421	N.A.
DEC.	243	243	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH			
	4		
	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS			
TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR	N.A.	N.A.	N.A.
1 - 4 YEARS	N.A.	N.A.	N.A.
5 - 14 YEARS	N.A.	N.A.	N.A.
15 - 44 YEARS	N.A.	N.A.	N.A.
45 - 64 YEARS	N.A.	N.A.	N.A.
65 AND OLDER	N.A.	N.A.	N.A.

c. AVERAGE STAY OF MIGRANTS IN COUNTY			
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
	OUT-MIGRANTS	N.A.	N.A.
IN-MIGRANTS	16	May	Sept.

(2) IN-MIGRANTS			
TOTAL	756	368	388
UNDER 1 YEAR	8	3	5
1 - 4 YEARS	56	23	33
5 - 14 YEARS	117	56	61
15 - 44 YEARS	528	265	263
45 - 64 YEARS	45	21	24
65 AND OLDER	2	0	2

6. HOUSING ACCOMMODATIONS

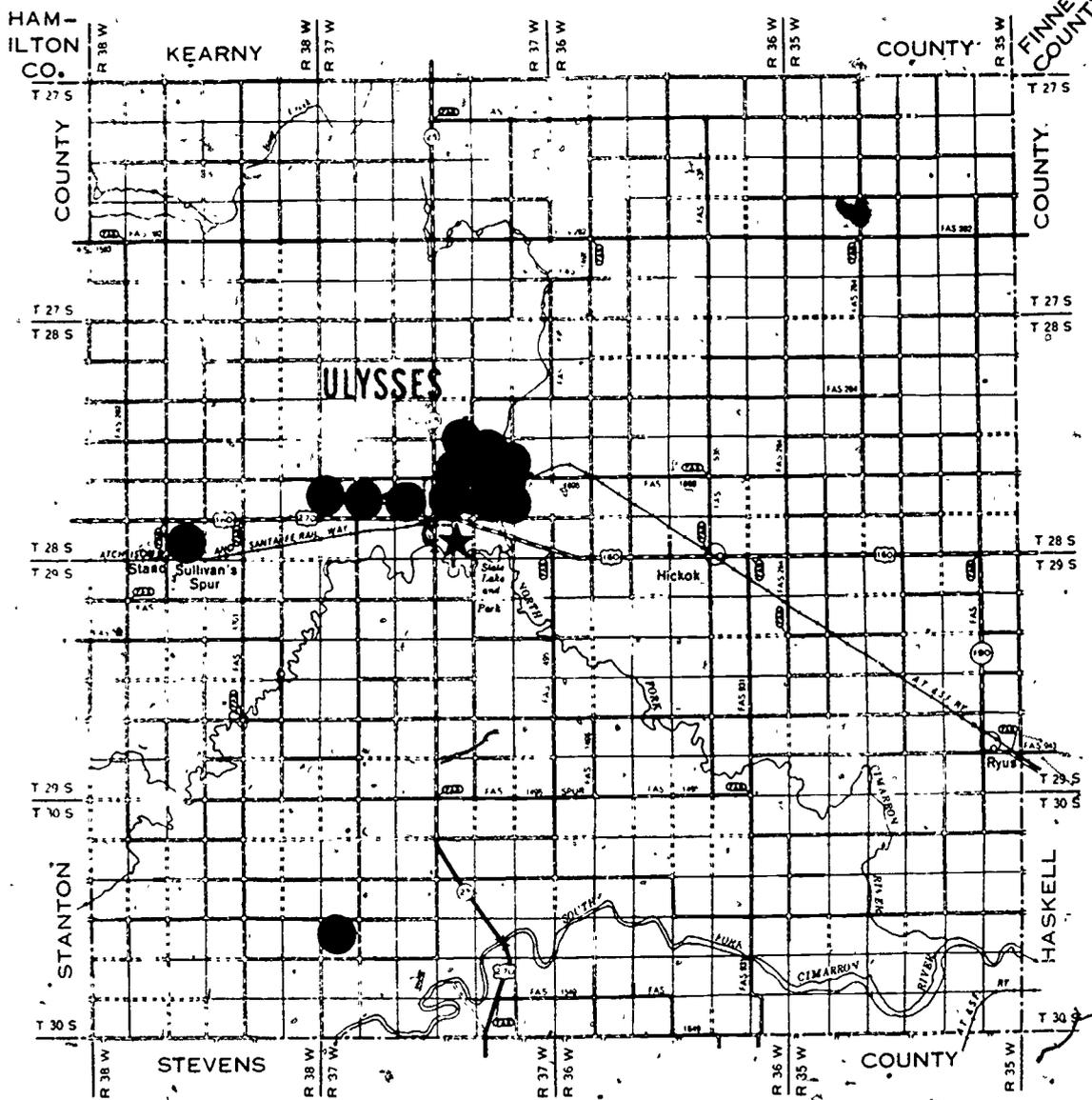
a. CAMPS		
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS	1	58
MORE THAN 100 PERSONS		
TOTAL*	1	58

b. OTHER HOUSING ACCOMMODATIONS		
LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	15	75
"Urban"	104	623
TOTAL*	119	698

*NOTE The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS

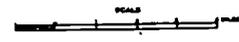




● Location Migrant Housing
 ★ Clinic

GRANT COUNTY
 KANSAS

1961



0055

POPULATION AND HOUSING DATA
FOR Gray-Haskell COUNTY.

GRANT NUMBER

07-H-000018-10-0 CS-H20-C-0

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	52	52	N.A.
FEB.	52	52	N.A.
MAR.	61	61	N.A.
APRIL	67	67	N.A.
MAY	250	250	N.A.
JUNE	420	420	N.A.
JULY	390	390	N.A.
AUG.	150	150	N.A.
SEPT.	140	140	N.A.
OCT.	96	96	N.A.
NOV.	65	65	N.A.
DEC.	65	65	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	N.A.	N.A.	N.A.
UNDER 1 YEAR	N.A.	N.A.	N.A.
1 - 4 YEARS	N.A.	N.A.	N.A.
5 - 14 YEARS	N.A.	N.A.	N.A.
15 - 44 YEARS	N.A.	N.A.	N.A.
45 - 64 YEARS	N.A.	N.A.	N.A.
65 AND OLDER	N.A.	N.A.	N.A.
(2) IN-MIGRANTS:			
TOTAL	420	205	215
UNDER 1 YEAR	8	2	6
1 - 4 YEARS	65	35	30
5 - 14 YEARS	120	57	63
15 - 44 YEARS	206	100	106
45 - 64 YEARS	21	11	10
65 AND OLDER	0	0	0

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	12	May	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

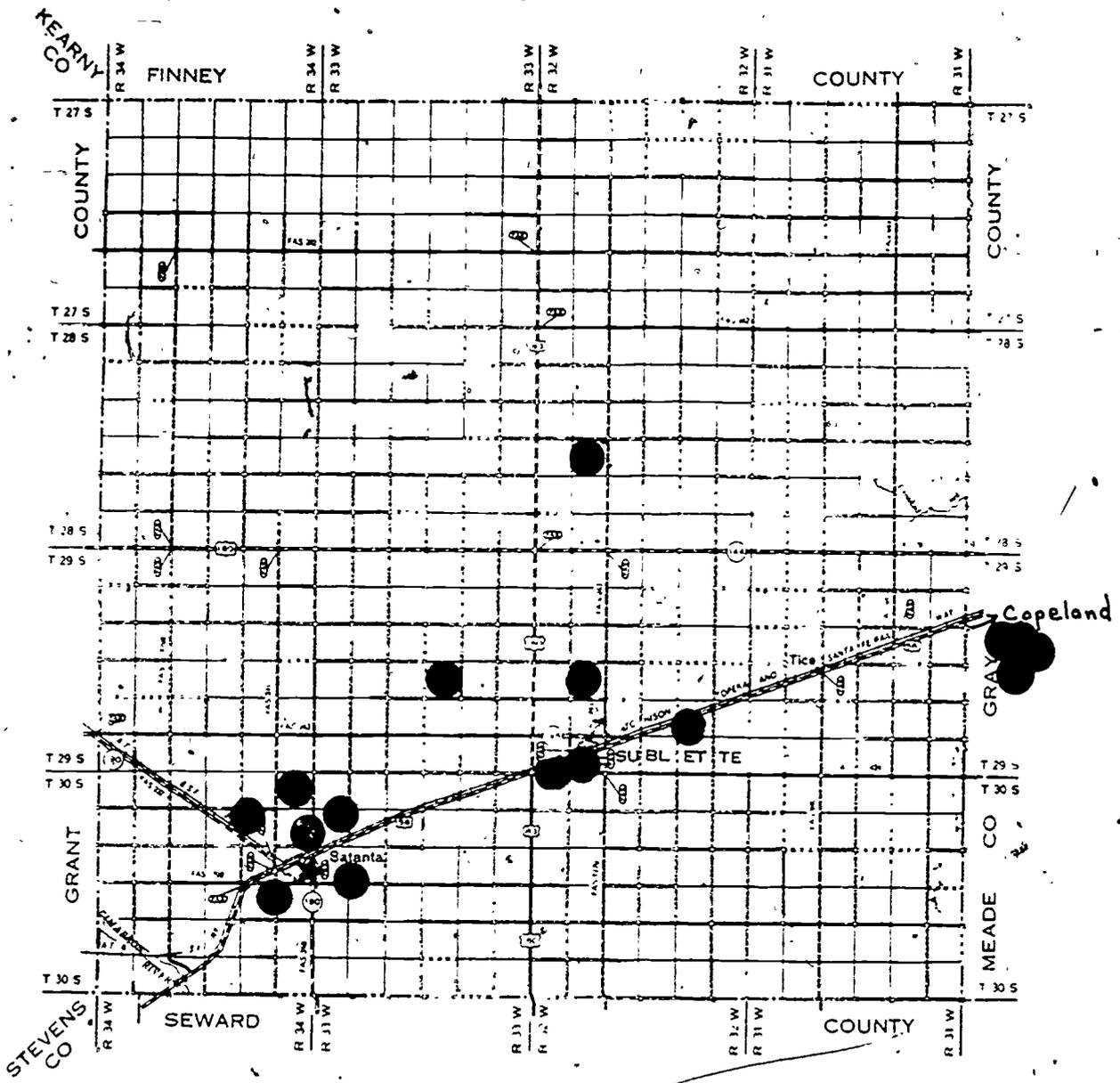
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	1	51
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	1	51

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	26	271
"Urban"	13	98
TOTAL*	39	369

*NOTE The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS



- Location Migrant Housing
- ★ Clinic

HASKELL COUNTY
KANSAS

POPULATION AND HOUSING DATA

GRANT NUMBER

FOR Kearny COUNTY.

07-H-000018-10-0 CS-H20-C-0

INSTRUCTIONS Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

3. POPULATION DATA - MIGRANTS (Workers and dependents)

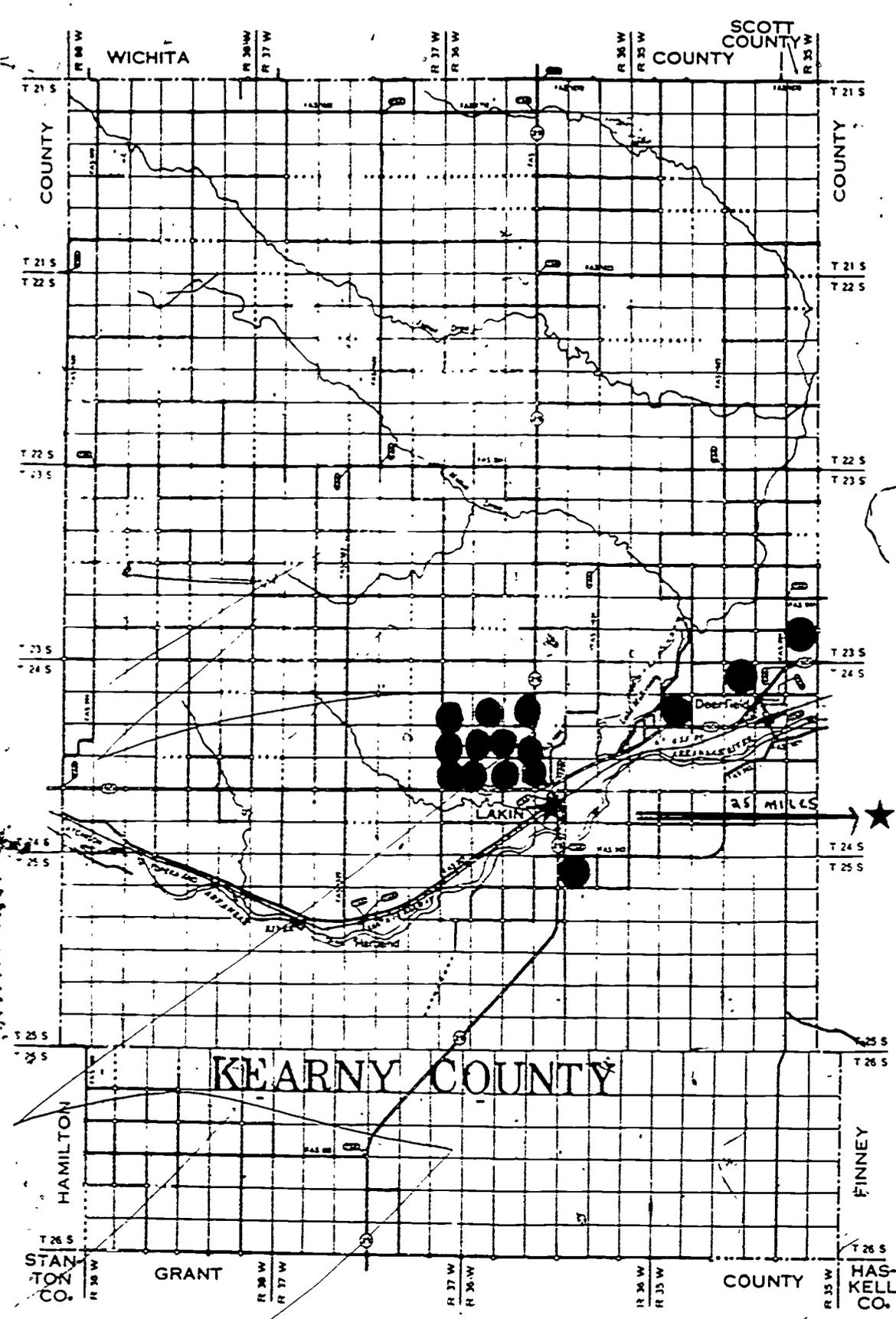
a. NUMBER OF MIGRANTS BY MONTH				b. NUMBER OF MIGRANTS DURING PEAK MONTH					
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS		TOTAL	MALE	FEMALE		
JAN.	62	62	N.A.	(1) OUT-MIGRANTS	N.A.	N.A.	N.A.		
FEB.	62	62	N.A.		TOTAL				
MAR.	62	62	N.A.		UNDER 1 YEAR	N.A.	N.A.	N.A.	
APRIL	65	65	N.A.		1 - 4 YEARS	N.A.	N.A.	N.A.	
MAY	480	480	N.A.		5 - 14 YEARS	N.A.	N.A.	N.A.	
JUNE	516	516	N.A.		15 - 44 YEARS	N.A.	N.A.	N.A.	
JULY	450	450	N.A.		45 - 64 YEARS	N.A.	N.A.	N.A.	
AUG.	350	350	N.A.		65 AND OLDER	N.A.	N.A.	N.A.	
SEPT.	98	98	N.A.		(2) IN-MIGRANTS	TOTAL	516	236	280
OCT.	73	73	N.A.			UNDER 1 YEAR	9	4	5
NOV.	73	73	N.A.	1 - 4 YEARS		48	22	26	
DEC.	69	69	N.A.	5 - 14 YEARS		120	55	65	
TOTALS				15 - 44 YEARS		301	140	161	
c. AVERAGE STAY OF MIGRANTS IN COUNTY				45 - 64 YEARS		3	15	22	
	NO OF WEEKS	FROM (MO)	THROUGH (MO)	65 AND OLDER				1	
OUT-MIGRANTS	N.A.	N.A.	N.A.						
IN-MIGRANTS	12	May	August						

6. HOUSING ACCOMMODATIONS

a. CAMPS			b. OTHER HOUSING ACCOMMODATIONS		
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (County)	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS			Rural	25	270
10 - 25 PERSONS			"Urban"	18	246
26 - 50 PERSONS					
51 - 100 PERSONS					
MORE THAN 100 PERSONS					
TOTAL*			TOTAL*	43	516

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS



● Location Migrant Housing
 ★ Clinic

1973

POPULATION AND HOUSING DATA
 Sherman - Cheyenne
 FOR Wallace COUNTY.

GRANT NUMBER

07-H-000018-10-0 CS-H20-C-0,

INSTRUCTIONS Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.	173	173	
FEB.	152	123	29
MAR.	130	130	
APRIL	128	118	10
MAY	1470	1470	
JUNE	1930	1919	11
JULY	2430	2430	
AUG.	2132	2132	
SEPT.	1083	1057	26
OCT.	785	752	33
NOV	341	333	8
DEC	274	274	
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	32	14	18
UNDER 1 YEAR	2	1	1
1 - 4 YEARS	7	3	4
5 - 14 YEARS	8	3	5
15 - 44 YEARS	15	7	8
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	2430	1140	1290
UNDER 1 YEAR	46	21	25
1 - 4 YEARS	148	72	76
5 - 14 YEARS	465	204	261
15 - 44 YEARS	1733	835	898
45 - 64 YEARS	31	5	26
65 AND OLDER	7	3	4

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	14	February	June
IN-MIGRANTS	12	May	August

6. HOUSING ACCOMMODATIONS

a. CAMPS

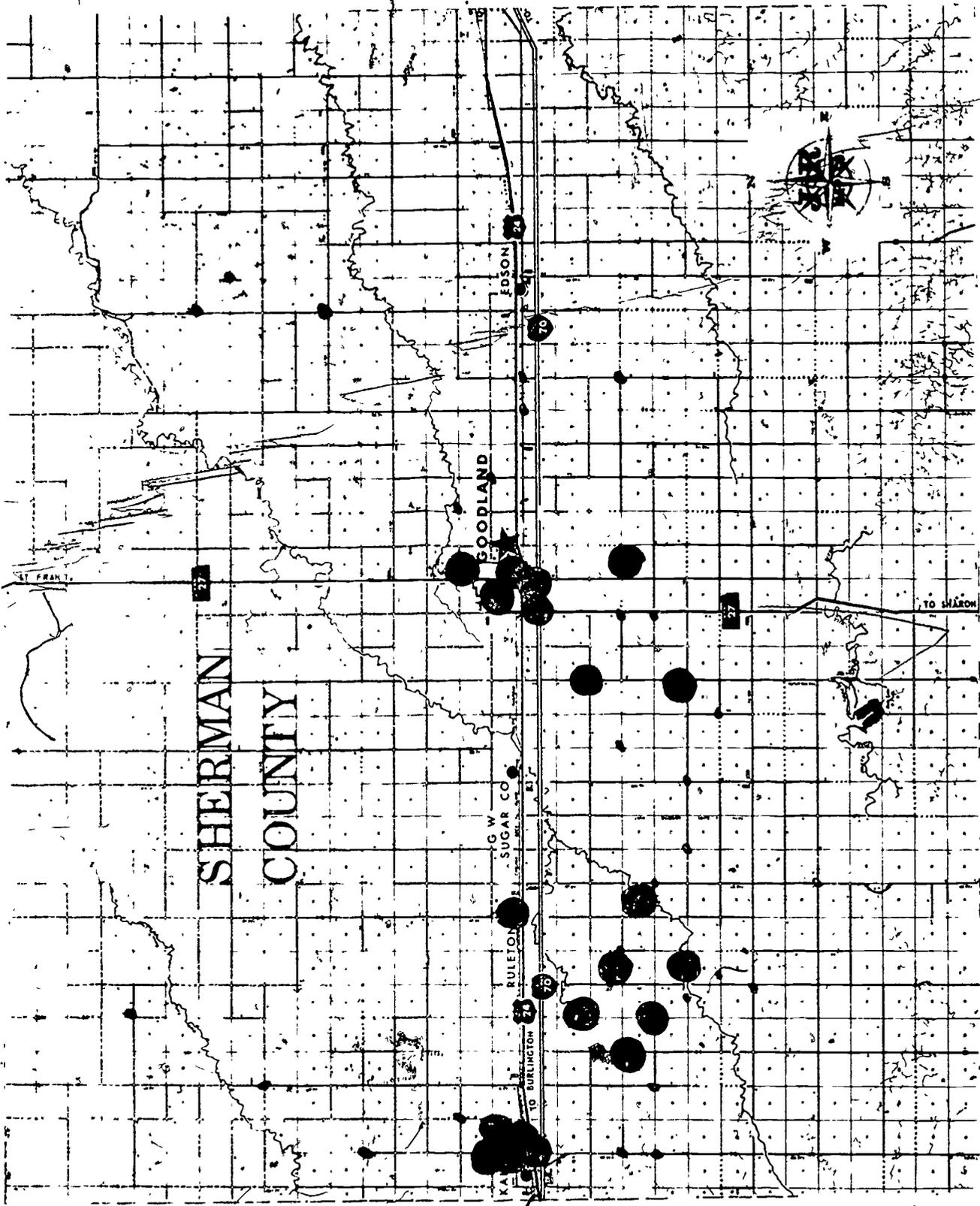
MAX NUM CAPACITY	NUMBER	OCCUPANCY (Per.)
LESS THAN 10 PERSONS	N.A.	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

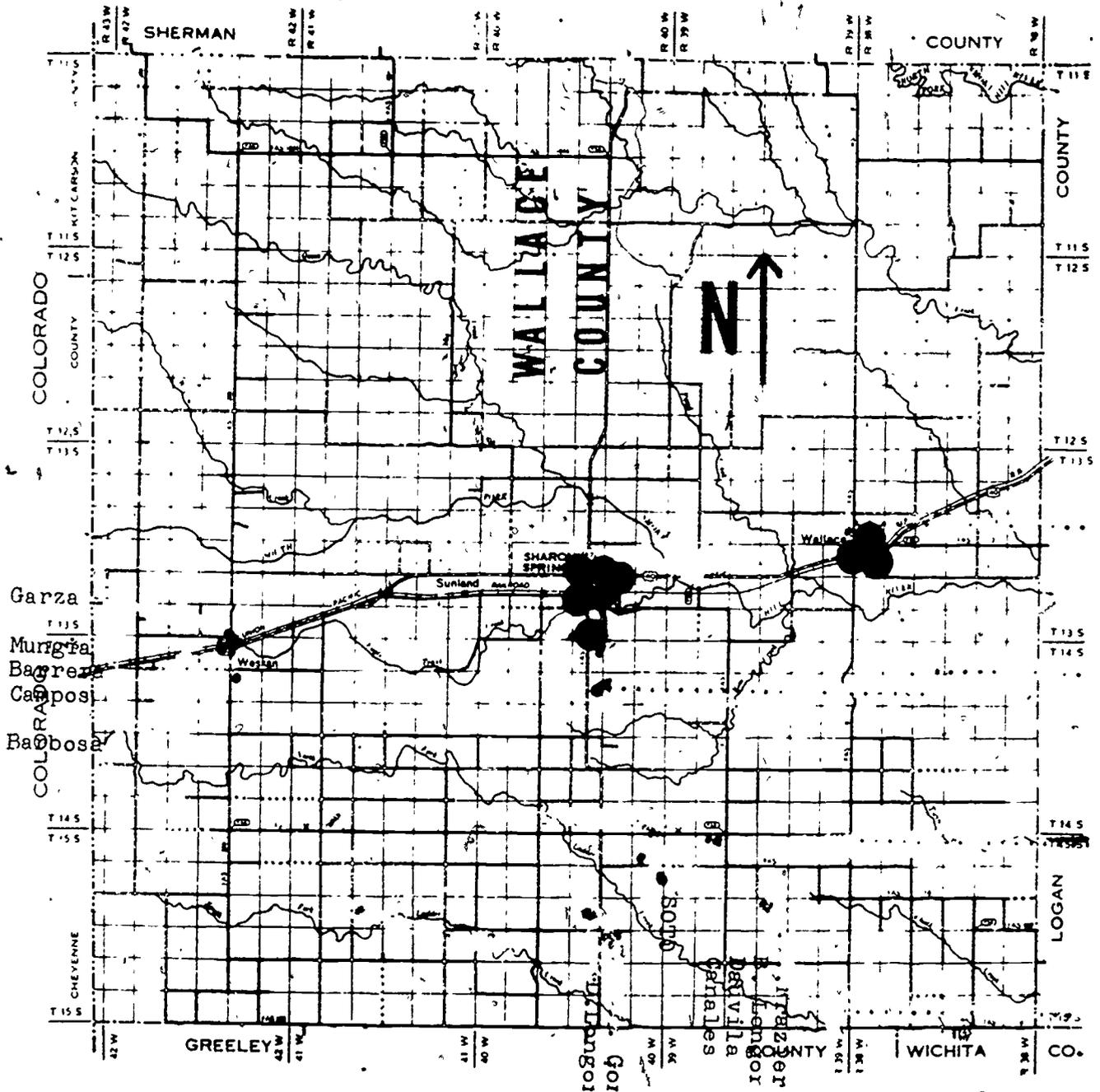
LOCATION (Specify)	NUMBER	OCCUPANCY (Per.)
Rural	169	1362
Urban	144	1068
TOTAL*	313	2430

*NOTE. The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS



● Location Migrant Housing ★ Clinic



● Location Migrant Housing

INSTRUCTIONS Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

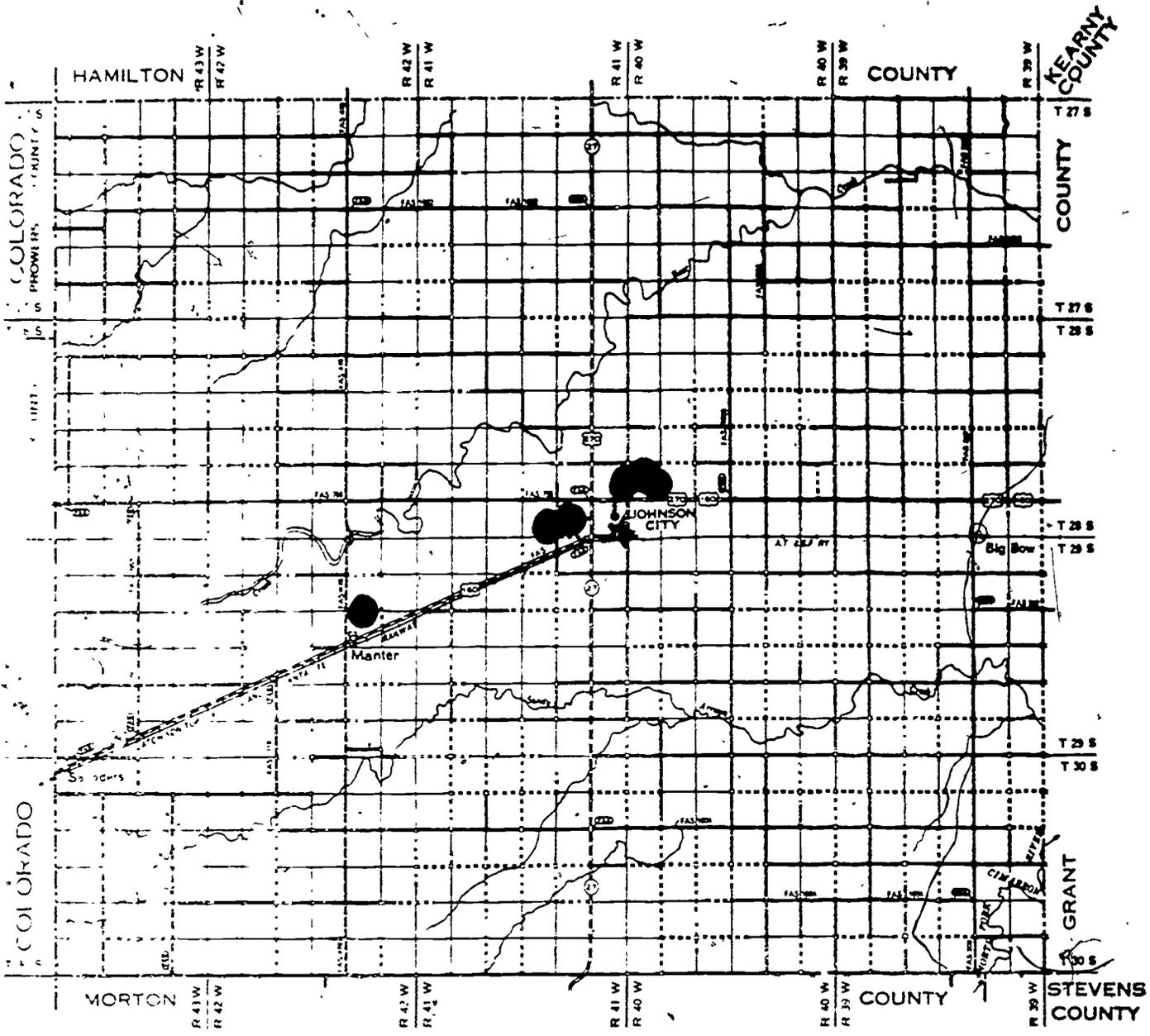
a. NUMBER OF MIGRANTS BY MONTH				b. NUMBER OF MIGRANTS DURING PEAK MONTH			
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS	(1) OUT-MIGRANTS TOTAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS 15 - 44 YEARS 45 - 64 YEARS 65 AND OLDER	TOTAL	MALE	FEMALE
JAN.	69	69	N.A.		(2) IN-MIGRANTS. TOTAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS 15 - 44 YEARS 45 - 64 YEARS 65 AND OLDER	N.A.	N.A.
FEB.	69	69	N.A.	507		253	254
MAR.	73	73	N.A.	2		2	0
APRIL	76	76	N.A.	30		17	13
MAY	200	200	N.A.	98		44	54
JUNE	507	507	N.A.	346		171	175
JULY	406	406	N.A.	31		19	12
AUG.	193	193	N.A.	0		0	0
SEPT.	123	123	N.A.				
OCT.	139	139	N.A.				
NOV.	54	54	N.A.				
DEC.	54	54	N.A.				
TOTALS							
c. AVERAGE STAY OF MIGRANTS IN COUNTY							
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)				
OUT-MIGRANTS	N.A.	N.A.	N.A.				
IN-MIGRANTS	12	June	September				

6. HOUSING ACCOMMODATIONS

a. CAMPS			b. OTHER HOUSING ACCOMMODATIONS		
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS			Rural	9	54
10 - 25 PERSONS			"Urban"	22	272
26 - 50 PERSONS					
51 - 100 PERSONS					
MORE THAN 100 PERSONS	1	181			
TOTAL*	1	181	TOTAL*	31	326

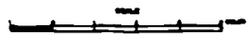
*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

REMARKS



- Location Migrant Housing
- ★ Clinic

STANTON COUNTY
KANSAS



INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS (Workers and dependents)

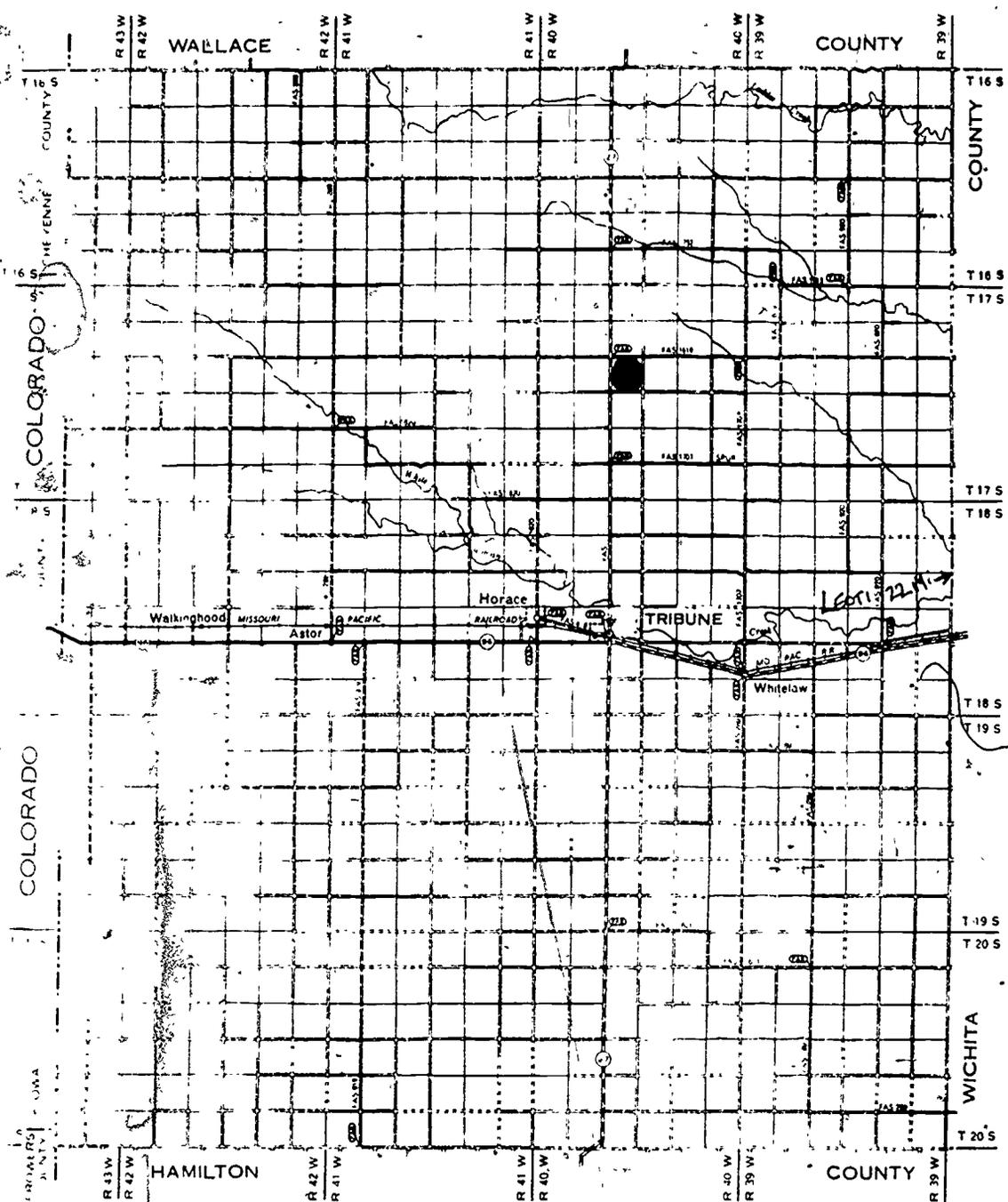
a. NUMBER OF MIGRANTS BY MONTH				b. NUMBER OF MIGRANTS DURING PEAK MONTH			
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS	OUT-MIGRANTS: TOTAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS 15 - 44 YEARS 45 - 64 YEARS 65 AND OLDER	TOTAL	MALE	FEMALE
JAN.	78	78	N.A.		(1) OUT-MIGRANTS: TOTAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS 15 - 44 YEARS 45 - 64 YEARS 65 AND OLDER	N.A.	N.A.
FEB.	78	78	N.A.				
MAR.	103	103	N.A.				
APRIL	120	120	N.A.				
MAY	124	124	N.A.				
JUNE	481	481	N.A.				
JULY	516	516	N.A.				
AUG.	483	483	N.A.				
SEPT.	218	218	N.A.				
OCT.	119	119	N.A.				
NOV.	96	96	N.A.				
DEC.	97	97	N.A.				
TOTALS				(2) IN-MIGRANTS: TOTAL UNDER 1 YEAR 1 - 4 YEARS 5 - 14 YEARS 15 - 44 YEARS 45 - 64 YEARS 65 AND OLDER		516 3 67 147 279 16 4	248 1 27 72 137 7 4
c. AVERAGE STAY OF MIGRANTS IN COUNTY							
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)				
OUT-MIGRANTS	N.A.	N.A.	N.A.				
IN-MIGRANTS	14	May	August				

6. HOUSING ACCOMMODATIONS

a. CAMPS			b. OTHER HOUSING ACCOMMODATIONS		
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS			Rural	11	71
10 - 25 PERSONS			"Urban"	38	445
26 - 50 PERSONS					
51 - 100 PERSONS					
MORE THAN 100 PERSONS					
TOTAL*			TOTAL	49	516

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

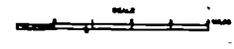
REMARKS

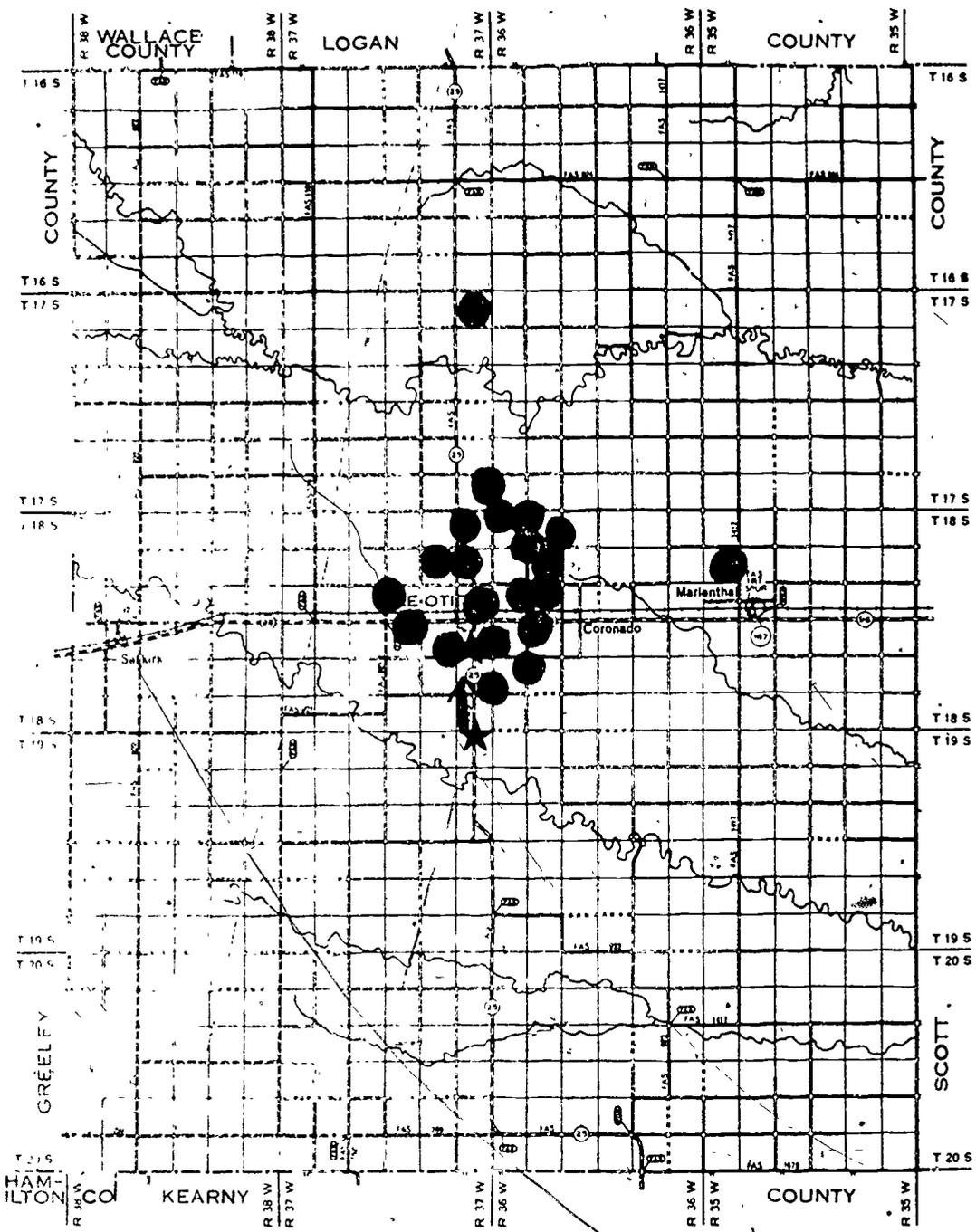


- Location Migrant Housing
- ★ Clinic

GREELEY COUNTY
KANSAS

1961



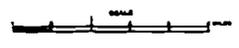


● Location Migrant Housing
 ★ Clinic

WICHITA COUNTY
 KANSAS

1961

61



102

0037

April 1, 1974

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	1121	519	652	1471
UNDER 1 YEAR	175	59	116	215
1 - 4 YEARS	460	210	250	500
5 - 14 YEARS	158	73	85	170
15 - 44 YEARS	223	95	128	416
45 - 64 YEARS	120	60	60	127
65 AND OLDER	35	22	13	43

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC 716

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE FOR SERVICE ARRANGEMENT (INCLUDE REFERRALS) 1492

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients (exclude newborn) 80

No. of Hospital Days 368.5

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL	645	634	11
(1) NO. DECAYED, MISSING, FILLED TEETH	See Section VII		
(2) AVERAGE DMF PER PERSON	1.39	1.39	?
b. INDIVIDUALS REQUIRING SERVICES-TOTAL	423	412	11
(1) CASES COMPLETED	367	367	0
(2) CASES PARTIALLY COMPLETED	36	25	11
(3) CASES NOT STARTED	20	20	0
c. SERVICES PROVIDED - TOTAL			
(1) PREVENTIVE	423	423	0
(2) CORRECTIVE-TOTAL			
(a) Extraction	75	66	9
(b) Other	1258	1256	2
d. PATIENT VISITS - TOTAL	314	304Hrs.	10 Hrs.
Dental Hygienist	20 Hrs.	20Hrs.	

4. IMMUNIZATIONS PROVIDED

(Most Preventive Services)

TYPE	COMPLETED IMMUNIZATIONS BY AGE					IN. COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	*634	198	222	87	11	40	76
SMALLPOX	3						3
DIPHTHERIA	141	52	65	9	3	12	
PERTUSSIS	122	52	42	9		4	5
TETANUS	120	52	42	20	3		3
POLIO	174	29	49	42		14	40
TYPHOID							
MEASLES	9	2	2	1	4		
OTHER (Specify)							
MR	54	11	11	6	1		25
DT	5		5				
TB	6		6				

REMARKS

* Includes Immunizations from all areas.

PART II (Continued) - 5 MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

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ICD CLASS	NH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
I. XVII.		TOTAL ALL CONDITIONS	523	290	233
I.	01-	INFECTIVE AND PARASITIC DISEASES TOTAL	6	6	6
	010	TUBERCULOSIS			
	011	SYPHILIS			
	012	GONORRHEA AND OTHER VENEREAL DISEASES			
	013	INTESTINAL PARASITES			
		DIARRHEAL DISEASE (infectious or unknown origins)			
	014	Children under 1 year of age			
	015	All other			
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	4	4	
	017	FUNGUS INFECTIONS OF SKIN (Dermatophyroses)			
	019	OTHER INFECTIVE DISEASES (Give examples): Animal bites	2	2	
II.	02-	NEOPLASMS TOTAL	1	1	
	020	MALIGNANT NEOPLASMS (give examples)			
	025	BENIGN NEOPLASMS	1	1	
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES TOTAL	30	10	20
	030	DISEASES OF THYROID GLAND	2	1	1
	031	DIABETES MELLITUS	15	2	13
	032	DISEASES of Other Endocrine Glands			
	033	NUTRITIONAL DEFICIENCY	2	2	
	034	OBESITY	3	3	
	039	OTHER CONDITIONS Gallbladder	8	2	6
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS TOTAL	45	38	7
	040	IRON DEFICIENCY ANEMIA	43	36	7
	049	OTHER CONDITIONS Epistaxis	2	2	
V.	05-	MENTAL DISORDERS TOTAL	9	4	5
	050	PSYCHOSES	2	2	
	051	NEUROSES and Personality Disorders			
	052	ALCOHOLISM			
	053	MENTAL RETARDATION			
	059	OTHER CONDITIONS Nervous Condition	7	2	5
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	38	27	11
	060	PERIPHERAL NEURITIS			
	061	EPILEPSY	4	1	3
	062	CONJUNCTIVITIS and other Eye Infections	6	6	
	063	REFRACTIVE ERRORS of Vision	7	7	
	064	OTITIS MEDIA	2	13	8
	069	OTHER CONDITIONS			

PART II - 5. (Continued)

CHART NUMBER

07-H-000018-10-0 CS-H20-C-0

ICD CLASS	ICD CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	<u>DISEASES OF THE CIRCULATORY SYSTEM</u> TOTAL	13	10	3
	070	RHEUMATIC FEVER	1	1	
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	3	2	1
	072	CEREBROVASCULAR DISEASE (Stroke)			
	073	OTHER DISEASES of the Heart	2	2	
	074	HYPERTENSION	5	3	2
	075	VARICOSE VEINS	2	2	
	079	OTHER CONDITIONS			
VIII	08-	<u>DISEASES OF THE RESPIRATORY SYSTEM</u> TOTAL	102	89	73
	080	ACUTE NASOPHARYNGITIS (Common Cold)	5	5	
	081	ACUTE PHARYNGITIS	6	4	2
	082	TONSILLITIS	47	12	35
	083	BRONCHITIS	13	9	4
	084	TRACHEITIS/LARYNGITIS	4	4	
	085	INFLUENZA	36	25	11
	086	PNEUMONIA	6	4	2
	087	ASTHMA, HAY FEVER	6	3	3
	088	CHRONIC LUNG DISEASE (Emphysema)	2		2
	089	OTHER CONDITIONS <u>URI Upper respiratory infection</u>	37	23	14
IX.	09-	<u>DISEASES OF THE DIGESTIVE SYSTEM</u> TOTAL	29	12	17
	090	CARIES and Other Dental Problems	3	3	
	091	PEPTIC ULCER	12	4	8
	092	APPENDICITIS			
	093	HERNIA	3	2	1
	094	CHOLECYSTIC DISEASE	5	1	4
	099	OTHER CONDITIONS <u>Hepatitis</u>	3	1	2
		<u>Fistula</u>	3	1	2
X.	10-	<u>DISEASES OF THE GENITOURINARY SYSTEM</u> TOTAL	20	11	9
	100	URINARY TRACT INFECTION (Pylonephritis, Cystitis)	7	5	2
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)			
	102	OTHER DISEASES of Male Genital Organs			
	103	DISORDERS of Menstruation			
	104	MENOPAUSAL SYMPTOMS	5	2	3
	105	OTHER DISEASES of Female Genital Organs	6	3	3
	109	OTHER CONDITIONS <u>Hematuria</u>	2	1	1
XI	11-	<u>COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM:</u>			
		TOTAL	83	25	58
	110	INFECTIONS of Genitourinary Tract during Pregnancy	6	5	1
	111	TOXEMIAS of Pregnancy			
	112	SPONTANEOUS ABORTION			
	113	REFERRED FOR DELIVERY	73	16	57
	114	COMPLICATIONS of the Puerperium	2	2	
	119	OTHER CONDITIONS <u>Premature</u>	2	2	
XII	12-	<u>DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE:</u> TOTAL	17	11	6
	120	SOFT TISSUE ABSCESS OR CELLULITIS			
	121	IMPETIGO OR OTHER PYODERMA	5	4	1
	122	SEBORRHEIC DERMATITIS	4	2	2
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	1	1	
	124	ACNE			
	129	OTHER CONDITIONS <u>Warts</u>	3	3	
		<u>Allergies</u>	4	1	3

ICD CLASS	IH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	<u>DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE</u> TOTAL	15	8	7
	130	RHEUMATOID ARTHRITIS	9	2	7
	131	XXXXXXXXXX Muscle Spasm	2	2	
	132	ARTHRITIS, Unspecified	2	2	
	139	OTHER CONDITIONS <u>Bone Growth</u>	1	1	
		<u>Thoracic fusion</u>	1	1	
XIV.	14-	<u>CONGENITAL ANOMALIES</u> TOTAL	0	0	0
	140	CONGENITAL ANOMALIES of Circulatory System			
	149	OTHER CONDITIONS			
XV.	15-	<u>CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY</u> TOTAL	0	0	0
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
XVI.	16-	<u>SYMPTOMS AND ILL-DEFINED CONDITIONS</u> TOTAL	26	16	10
	160	SYMPTOMS OF SENILITY			
	161	BACKACHE	5	2	3
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS			
	163	HEADACHE	6	6	
	169	OTHER CONDITIONS <u>Stomachache</u>	15	8	7
XVII.	17-	<u>ACCIDENTS, POISONINGS, AND VIOLENCE</u> TOTAL	29	22	7
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	12	12	
	171	BURNS	2	1	1
	172	FRACTURES			
	173	SPRAINS, STRAINS, DISLOCATIONS	8	2	6
	174	POISON INGESTION			
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	7	7	

		NUMBER OF INDIVIDUALS
6.	2--	<u>SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS</u> TOTAL
		2,916
	200	FAMILY PLANNING SERVICES
		98
	201	WELL CHILD CARE
		285
	202	PRENATAL CARE
		21
	203	POSTPARTUM CARE
		9
	204	TUBERCULOSIS Follow-up of inactive case
		5
	205	MEDICAL AND SURGICAL AFTERCARE
		3
	206	GENERAL PHYSICAL EXAMINATION
		585
	207	PAPANICOLAOU SMEARS
		10
	208	TUBERCULIN TESTING
		209
	209	SEROLOGY SCREENING
		13
	210	VISION SCREENING
		431
	211	AUDITORY SCREENING
		438
	212	SCREENING CHEST X-RAYS
		2
	213	GENERAL HEALTH COUNSELLING <u>Health Promotion</u>
		192
	219	OTHER SERVICES
		<u>Immunizations</u>
		315

PART III - NURSING SERVICE

GRANT NO
07-H-000018-10-0 CS-H20-C-0

TYPE OF SERVICE	NUMBER
1. NURSING CLINICS:	
a. NUMBER OF CLINICS _____	93
b. NUMBER OF INDIVIDUALS SERVED - TOTAL _____	1,318
2. FIELD NURSING:	
a. VISITS TO HOUSEHOLDS _____	237
b. TOTAL HOUSEHOLDS SERVED _____	210
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS _____	800
d. VISITS TO SCHOOLS DAY CARE CENTERS _____	33
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS _____	1,120
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE TOTAL _____	817
(1) Within Area _____	210
(Total Completed _____)	
(2) Out of Area _____	600
(Total Completed _____)	
b. REFERRALS MADE FOR DENTAL CARE TOTAL _____	
(Total Completed _____)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL _____	
(Total Completed _____)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service) _____	150
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES _____	
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD (Form PMS-3652 or Similar Form) IN FIELD OR CLINIC TOTAL _____	
(1) Number presenting health record. _____	
(2) Number given health record _____	
4. OTHER ACTIVITIES (Specify):	

REMARKS

* Total of office calls include work and X-rays

PART IV - SANITATION SERVICES

GRANT NUMBER

07-H-000018-10-0 CS-H20-C-0

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS	N.A.	N.A.	N.A.	N.A.
OTHER LOCATIONS	N.A.	N.A.	N.A.	N.A.
HOUSING UNITS - Family:				
IN CAMPS	N.A.	N.A.	N.A.	N.A.
IN OTHER LOCATIONS	N.A.	N.A.	N.A.	N.A.
HOUSING UNITS - Single:				
IN CAMPS	N.A.	N.A.	N.A.	N.A.
IN OTHER LOCATIONS	N.A.	N.A.	N.A.	N.A.

TABLE B. INSPECTION OF LIVING AND WORKING ENVIRONMENT OF MIGRANTS

ITEM	NUMBER OF LOCATIONS INSPECTED		TOTAL NUMBER OF INSPECTIONS		NUMBER OF DEFECTS FOUND		NUMBER OF CORRECTIONS MADE	
	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
LIVING ENVIRONMENT								
a. WATER	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
b. SEWAGE								
c. GARBAGE AND REFUSE								
d. HOUSING	The Project does not have a sanitarian.							
e. SAFETY								
f. FOOD HANDLING								
g. INSECTS AND RODENTS								
h. RECREATIONAL FACILITIES								
WORKING ENVIRONMENT								
a. WATER	XXXX		XXXX		XXXX		XXXX	
b. TOILET FACILITIES	XXXX		XXXX		XXXX		XXXX	
c. OTHER	XXXX		XXXX		XXXX		XXXX	

* Locations - camps or other locations where migrants work or are housed

PART V - HEALTH EDUCATION SERVICES (By type of service, personnel involved, and number of sessions.)

TYPE OF HEALTH EDUCATION SERVICE	NUMBER OF SESSIONS					
	HEALTH EDUCATION STAFF	PHYSICIANS	NURSES	SANITARIANS	AIDES (other than Health Ed)	OTHER (Specify Dentist)
A. SERVICES TO MIGRANTS						
(1) Individual counselling	2416	150	1521	N.A.	410	310
(2) Group counselling	250	2		N.A.	6	3
B. SERVICES TO OTHER PROJECT STAFF						
(1) Consultation	10	N.A.	12	N.A.	N.A.	N.A.
(2) Direct services	N.A.	10	4	N.A.	N.A.	N.A.
C. SERVICES TO GROWERS						
(1) Individual counselling	N.A.	N.A.	15	N.A.	N.A.	N.A.
(2) Group counselling	N.A.	3	N.A.	N.A.	N.A.	N.A.
D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS:						
(1) Consultation with individuals	423	N.A.	50	N.A.	N.A.	N.A.
(2) Consultation with groups	56	N.A.	25	N.A.	N.A.	N.A.
(3) Direct services	9	N.A.	52	N.A.	N.A.	N.A.
E. HEALTH EDUCATION MEETINGS						
	58	N.A.	15	N.A.	N.A.	N.A.

