

DOCUMENT RESUME

ED 110 517

TM 004 790

AUTHOR Leonard, Ann
 TITLE Teacher Reaction to ICP Quality Assurance Procedures.
 INSTITUTION Southwest Regional Laboratory for Educational Research and Development, Los Alamitos, Calif.
 REPORT NO SWRL-TN-5-72-62
 PUB DATE 15 Dec 72
 NOTE 23p.; For related documents, see TM 004 782-784 and 789

EDRS PRICE MF-\$0.76 HC-\$1.58 PLUS POSTAGE
 DESCRIPTORS *Examiners; Interviews; Kindergarten; Primary Education; *Program Evaluation; Student Evaluation; *Teacher Attitudes; *Testing; *Tests
 IDENTIFIERS ICP; *Instructional Concepts Program

ABSTRACT

An integral part of the Quality Assurance Manual developed by Southwest Regional Laboratory (SWRL) to accompany the Kindergarten Program is the end-of-program assessment of the Instructional Concepts Program (ICP). Following completion of ICP Quality Assurance assessment, four teachers were interviewed in order to gather information pertinent to the clarity of instructions, the amount of time required, the difficulties in administration, and the application of the pupil performance and summarization procedures related to use of the end-of-program assessment. (Author/BJG)

 * Documents acquired by ERIC include many informal unpublished *
 * materials not available from other sources. ERIC makes every effort *
 * to obtain the best copy available. nevertheless, items of marginal *
 * reproducibility are often encountered and this affects the quality *
 * of the microfiche and hardcopy reproductions ERIC makes available *
 * via the ERIC Document Reproduction Service (EDRS). EDRS is not *
 * responsible for the quality of the original document. Reproductions *
 * supplied by EDRS are the best that can be made from the original. *

ED110517



SOUTHWEST REGIONAL LABORATORY
TECHNICAL NOTE

JUN. 26 1975

DATE: December 15, 1972

NO: TN 5-72-62

PERMISSION TO REPRODUCE THIS COPY-
RIGHTED MATERIAL HAS BEEN GRANTED BY

SWRL

TO ERIC AND ORGANIZATIONS OPERATING
UNDER AGREEMENTS WITH THE NATIONAL IN-
STITUTE OF EDUCATION. FURTHER REPRO-
DUCTION OUTSIDE THE ERIC SYSTEM RE-
QUIRES PERMISSION OF THE COPYRIGHT
OWNER

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRO-
DUCED EXACTLY AS RECEIVED FROM
THE PERSON OR ORGANIZATION ORIGIN-
ATING IT. POINTS OF VIEW OR OPINIONS
STATED DO NOT NECESSARILY REPRESENT
OFFICIAL NATIONAL INSTITUTE OF
EDUCATION POSITION OR POLICY

SCOPE OF INTEREST NOTICE

The ERIC Facility has assigned
this document for processing
to:

TM

PS

In our judgement, this document
is also of interest to the clearing-
houses noted to the right. Index-
ing should reflect their special
points of view.

TITLE: TEACHER REACTION TO ICP QUALITY ASSURANCE PROCEDURES

AUTHOR: Ann Leonard

ABSTRACT

Following completion of ICP Quality Assurance assessment, four teachers were interviewed in order to gather information pertinent to the clarity of instructions, the amount of time required, the difficulties in administration, and the application of the pupil performance and summarization procedures related to use of the end-of-program assessment.

TM004 790

TEACHER EVALUATION OF THE ICP QUALITY ASSURANCE ASSESSMENT PROCEDURES

An integral part of the Quality Assurance Manual developed by SWRL to accompany the Kindergarten Program is the end-of-program assessment for the Instructional Concepts Program (ICP). Following a field tryout of the materials and procedures developed for this assessment, teachers were interviewed in order to obtain information about test administration, such as: clarity of directions, time requirements, use of pupil performance and summarization procedures and any difficulties that were encountered.

ICP testing procedures are designed so that the specific items included in the assessment may be selected by the program user at the district level. The District Coordinator, using the instructions for test construction included in the Quality Assurance Manual, selects individual items from the item pools provided in the Manual. These item pools cover all concepts taught in the program, with items arranged according to unit and coded to appropriate flashcards in the Program Resource Kit. The District Coordinator pre-prints pupil response forms using the selected items and distributes these to participating classes. The teachers then select appropriate flashcards corresponding to the items on the response sheet. Pupils are shown each card while the teacher reads the test item from the response sheet. The pupil's answer is recorded on this sheet by circling a "+" or "-".

After the test has been administered to all the pupils, the teacher records the pupil scores on a Test Tally Sheet which converts the raw scores to percentages. The final step in the recording process is transferring these percentage scores to an Assessment Summary Sheet which may then be transmitted to a principal or program coordinator.

Tryout Procedures

Tryout of the ICP end-of-program assessment protocol was conducted in eight kindergarten classes that were participating in a related year long program tryout. In order to test the validity of all items in the item pool, four test forms (A,B,C,D) were systematically constructed to include every item. Kindergarten pupils in each class were randomly assigned to receive one of the four test forms. Individual pupil response sheets for each test form were provided with identifying information already filled in.

As previously indicated, normal preparation for testing requires the teacher to select an appropriate flashcard from her ICP file box to use with each item on the test. Since this tryout required four separate pre-constructed list forms and four sets of flashcards, SWRL provided teachers with three of the four sets of cards. However, the teachers were asked to pull their own cards for one of the forms (Form A) so that the amount of time required by the procedure might be determined and an indication of the teachers' reaction to the process obtained. Teachers were then asked to complete the Test Tallies and Assessment Summaries using the directions that appear in the Quality Assurance Manual.

Materials for the tryout were delivered to the school approximately two weeks prior to the close of the school year. Instructions for using the materials were given to the teachers by a staff member at this time (although an introductory letter and printed direction sheets were included in the test packets). When testing was completed, two staff members returned to the school to pick up the test materials and to interview the four participating teachers. A copy of the interview schedule used, including the responses of the teachers to each item, is included in the appendix along with a copy of the ICP assessment materials.

Information from Teacher Interviews

The purpose of the teacher interviews was to solicit reactions and gather pertinent information about the use of the materials and procedures: directions, organization, testing time, test administration, individual test items, and summary procedures.

Use of Directions

Teachers reported no particular problems with any of the directions, although two teachers indicated they needed to read through the instructions for completing the tally and summary forms twice.

Organizing for Testing

Teachers spent an average of 14 minutes organizing the stimulus cards to be used with Form A (cards for Forms B, C and D were provided). They expressed some displeasure at having to pull the cards from their filebox, however, it seems possible that the task appeared more onerous to them because cards for the other three forms were provided by SWRL.

Test Items

Teachers listed problems they encountered with particular test items on a special form provided with the test materials (See Appendix B). Of the 109 items in the pool, only 8 presented any difficulty in administration (See Interview Summary, Appendix A, for identification of items, and specification of difficulties and Appendix B for actual test items). It was noted that on the longer items pupils frequently responded before the teacher had finished reading the question.

Testing Time

Actual testing time averaged 5 minutes per pupil and 1 hour and 46 minutes per class. The forty minute range between an hour and 20 minutes for the fastest class and two hours for the slowest class seems to reflect a difference between teachers in classroom organization for the individual test format, rather than a difference in time spent per pupil.

Administration Difficulties

The only real complaint voiced by teachers about the assessment administration concerned the task of retrieving the stimulus cards (flashcards selected from their ICP filebox). In several cases a single stimulus card is used with more than one question. Since no duplicate cards are included with the program it is sometimes necessary for the teacher to retrieve a card she has already used for another item. This means that she can not simply "flip through" the stack of cards but has to check to be sure the card corresponds to the test item. The teachers felt this was time consuming and confusing.

Use of Summarization Procedures

No problems were encountered in completing either the Test Tally Sheets or the Assessment Summary Sheets. As stated above, two teachers indicated that they needed to read the directions through more than once before they felt they were able to proceed. Forty-five minutes was the average time spent completing the tally and summary sheets--- individual responses were 30, 45, 60 minutes and "my husband did it."

All four teachers felt that the tests provided them with valuable information and were well worth the time and effort involved. This was particularly encouraging considering the fact that they were asked to administer them during the final weeks of school. Also, the assessment was not given at an optimal point for their classes since all had completed ICP much earlier in the year and were presently using the Beginning Reading Program (BRP). Understandably, all teachers mentioned that the assessment would have been much more useful if it had been given immediately after ICP was completed.

Appendix A

ICP Assessment Tryout Teacher Interview

Teacher	(Summary of responses from four kindergarten teachers at Stoddard Elementary School, Anaheim)		Response Frequency	
	Test package collected	AM Class	PM Class	
	response sheets	<u>X</u>	<u>X</u>	4
	tally sheet	<u>X</u>	<u>X</u>	4
	summary sheet	<u>X</u>	<u>X</u>	4
	Any difficulties apparent on the summary sheet (return sheet to teacher after checking)? <u>no</u>			4
<hr/>				
	Approximate time spent organizing cards for one test form?	15 min		3
		10 min		1
	Approximate testing time per pupil?	5 min		3
		6 min		1
	Approximate testing time for entire class?	1 hr. 20 min		1
		1 hr. 42 min		1
		2 hrs.		2
	Approximate time to complete tally and summary sheets?	30 min		1
		45 min		1
		1 hr.		1
		husband did it		1
	What difficulties were encountered in:			
	organizing stimulus cards?	none		3
		missing 2 cards		1
	organizing class for individual testing?	none		4
	presenting items?	none		1
		using a card more than once		3
	marking test?	none		4
	scoring test?	none		4
	completing tally?	none		4
	completing summary sheet?	none		4

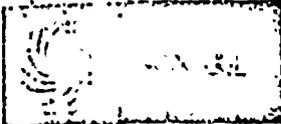
Which items seemed to be inappropriate, badly worded, ambiguous, exceptionally difficult, or had other problems associated with them?

* Form	Unit	Item	Comments	Frequency
A	6	211	<u>wording of question was confusing</u>	1
B,C,D	6	235	<u>wording of question was confusing</u>	2
B,D	7	259	<u>needs clarification (tree makes sound too)</u>	2
C	6	203	<u>confusing - "not equal" and "unequal" back to back</u>	4
B,C	7	254	<u>children point to single letter in word instead of isolated word</u>	2
C,D	3	97-98	<u>takes children more than 10 secs. to respond</u>	1
D	6	238	<u>directions are too long</u>	1

(Affect question: Try to draw out the teacher to get her to express any negative (or positive) feelings concerning the assessment. Where appropriate give explanations as to why particular procedures were chosen and report any resultant modification in feelings.) Do you feel that information made available through ICP assessment procedures was worth the time and effort required to do the testing:

Aust	Tally was more useful than summary form. Would like to have diagnostic materials provided with program. Feels this type of testing would be too difficult if all pupils were in a self-contained classroom.
Beck	Test would be more beneficial if given at the end of the program although a retest at end of year might be a good idea. Individual test format is time consuming. Would like similar assessment for FYCSP.
Anderson	Would have been better if given right after program. Would like SWRL to provide workbooks or ditto sheets to accompany program. (She has the highest group of pupils)
Calderelli	Pupils tended to respond to question before she finished reading it. Would like to have entire alphabet presented at the beginning of the program. Found the entire process time consuming.

* See Technical Report (Ozenne & Staff, in progress) for a complete analysis of assessment results.



SOUTHWEST REGIONAL LABORATORY FOR EDUCATIONAL RESEARCH & DEVELOPMENT
4665 LAMPSON AVENUE • LOS ALAMITOS, CALIFORNIA 90720 • TELEPHONE 598-7661 AREA CODE 213

Dear

This spring we are asking you to help us conduct an evaluation of ICP test materials and procedures by administering a posttest to pupils in your classes. The attached test packets contain everything you will need with the exception of the ICP File Box which you will provide from your program materials.

There are four different test forms (A, B, C, D). Students in each class have been divided into four corresponding groups. Names of pupils and the test form they are to be given are found on the "Test Assignment Sheet" included in each test packet. Identifying information has already been entered on the test response forms for your convenience. It is suggested that you administer one test form at a time. Pupils who are absent at the time the test is given can be dropped from the list.

When all four test forms have been administered to the class, complete the "ICP Test Tally Sheet" and the "ICP Summary Forms" according to the directions on the page labeled, "Instructions to Teachers: ICP Assessment Summary." You are to complete only one tally sheet using all the tests even though there are four test forms. The fact that there are four forms will not be a problem because only the total scores for a unit which appear in the black boxes are used.

A SWRL staff member will be scheduled to visit you at your school after the testing has been completed. She will collect the test materials and talk to you about your experiences using the testing and scoring procedures. We will be interested in the amount of time required for test preparation, administration, and summarization and any difficulties which you encountered with the items or procedures. The attached form has been provided to assist you in recording this information.

Thank you very much for assisting us in this evaluation effort.

Sincerely,

Notes Regarding ICP Assessment

Approximate time spent organizing cards for one test form _____

Approximate testing time: per pupil _____ entire class _____

Approximate time to complete tally and summary sheets _____

Problem Items

Form	Unit	Item	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ICP Assessment Directions

1. To prepare for testing, select the appropriate stimulus cards from the ICP file box. The stimulus card numbers on the ICP Assessment sheet indicate which cards to select. As nearly as possible, the cards should be arranged in the order that the items are to be given. However, because some cards may be used more than once, it will not always be possible. In cases where a card is to be used more than once a mark on the back of it to alert you during testing is helpful. This card can be put aside to be used again. Also, notice that when a stimulus card has a black border on the top, that the back side of the card (i.e., the side without the number), is to be presented to the pupil.
2. Select a testing area that is appropriate for individual testing. The area should be relatively quiet.
3. Record the identifying information for a pupil in the appropriate spaces at the top of the assessment sheet.
4. Seat the pupil at a table which is low enough for him to see the stimulus cards.
5. Briefly establish rapport with the pupil by telling him that he is going to play a game with you, and that you are going to show him some pictures. Before beginning, make every effort to insure that the pupil is comfortable and free from anxiety.
6. Using the assessment sheet, present the items in sequence. For each item follow the steps listed below:
 - a. show the pupil the appropriate stimulus card;
 - b. follow the direction, if any, given in parentheses on the assessment sheet;
 - c. say aloud the directions not in parentheses;
 - d. take care to avoid giving hints either verbally or by gesture.
7. Allow the pupil about 10 seconds to respond and record his first response. Circle the "+" for a correct response or the "-" for an incorrect response. If the pupil makes no response after 10 seconds, circle the "-" and go to the next item.
8. Whether or not the pupil gives a correct response, say "O.K." and go on to the next item.
9. The score for each unit is the number of correct answers for that unit. For each unit, count the number of plus signs ("+") circled and record this number in the box provided at the bottom of each unit.

ICP ASSESSMENT

School _____

Pupil _____

Teacher _____

Date _____

Unit	Stimulus		Directions	Answer	
	Card #			Correct	Incorrect
1	33		Point to something that is purple	+	-
	34		Point to something that is orange	+	-
	34		Point to something that is brown	+	-
	34		Point to something that is green	+	-
	36		Point to something that is white	+	-
				Total Correct	<input type="checkbox"/>
2	51 back		Point to the smallest chicken	+	-
	61		Point to the longest snake	+	-
	64		Point to the tallest flower	+	-
	51 back		Point to the larger egg	+	-
	51 back		Point to the smaller egg	+	-
				Total Correct	<input type="checkbox"/>
3	84		Point to the side with 4 animals	+	-
	97		Point to the side with 8 children	+	-
	114		Point to the shovel with less sand	+	-
	92		How many scissors are on the card	+	-
	107		Point to the side with some black birds	+	-
				Total Correct	<input type="checkbox"/>
4	130		Point to the straight line	+	-
	121		Point to the circle	+	-
	134		Point to the triangle	+	-
	121		Point to the square	+	-
	130		Point to the curved line	+	-
				Total Correct	<input type="checkbox"/>

Unit	Stimulus Card #	Directions	Answer	
			Correct	Incorrect
5	178	Point to the animal next to the doghouse	+	-
	171	Point to the object above the cloud	+	-
	149	Point to the bee on the bottom of the box	+	-
	178	Point to something in front of the doghouse	+	-
	196	(Point to the bear) This bear is first in line. Point to the second animal	+	-
	196	(Point to the bear) This bear is first in line. Point to the fourth animal	+	-
	176 back	Point to the animal inside the cage	+	-
Total Correct			<input type="checkbox"/>	
6	211	Point to two circles that are not the same	+	-
	203	Are the number of legs on each side of the ladybug equal or unequal	+	-
	213	Point to a green circle	+	-
	229	Point to the smaller circle	+	-
	229	Point to the larger black object	+	-
	235	Point to the curved line below the line	+	-
	230	Point to the larger frog above the lily pad	+	-
Total Correct			<input type="checkbox"/>	
7	254	Point to the letter	+	-
	243 back	(Point to each picture in turn and say) These pictures show a boy standing by a bike, getting on a bike and riding away. Point to the last thing the boy did	+	-
	259 back	Point to something that makes a sound	+	-
	254	Point to the word	+	-
	248 back	(Point to each picture in turn and say) See the boy buying a balloon from the man. Here he is playing with the balloon. Now he has lost the balloon. Point to the picture that shows the boy before he played with the balloon.	+	-
Total Correct			<input type="checkbox"/>	

ICP ASSESSMENT

School _____
 Teacher _____

Pupil _____
 Date _____

Unit	Stimulus Card #	Directions	Answer	
			Correct	Incorrect
1	35	Point to something that is pink	+	-
	35	Point to something that is red	+	-
	36	Point to something that is yellow	+	-
	37	Point to something that is black	+	-
	33	Point to something that is blue	+	-
			Total Correct	<input type="checkbox"/>
2	75	Point to the longer pencil	+	-
	75	Point to the thinner pencil	+	-
	61	Point to the shortest snake	+	-
		Point to the shorter building	+	-
	66	Point to the taller building	+	-
			Total Correct	<input type="checkbox"/>
3	114	Point to the shovel with more sand	+	-
	106	Point to the side with no black shoes	+	-
	113	Point to the sheelbarrow with the most sand	+	-
	83	Point to the side with 1 animal	+	-
	107	Point to the side with all white birds	+	-
			Total Correct	<input type="checkbox"/>
4	134	Point to the rectangle	+	-
	130	Point to the straight line	+	-
	134	Point to the triangle	+	-
	130	Point to the curved line	+	-
	121	Point to the circle	+	-
			Total Correct	<input type="checkbox"/>

Unit	Stimulus Card #	Directions	Answer	
			Correct	Incorrect
5	142	Point to the front of the car	+	-
	171	Point to the object below the cloud	+	-
	176 back	Point to the animal outside the cage	+	-
	181 back	Point to the balloon to the right of the cloud	+	-
	181 back	Point to the balloon to the left of the cloud	+	-
	189	Point to the first duck in line	+	-
	159	Point to the bear between the other bears	+	-
Total Correct			<input type="checkbox"/>	
6	211	Point to two circles that are the same	+	-
	211	Point to two circles that are different	+	-
	213	Point to an orange circle	+	-
	229	Point to the larger square	+	-
	229	Point to the smaller black object	+	-
	235	Point to the curved line below the line	+	-
	236	Point to the larger circle on the bottom	+	-
Total Correct			<input type="checkbox"/>	
7	254	Point to the letter	+	-
	261	(Point to the dog) What is the name of this animal	+	-
	248 back	(Point to each picture in turn and say) See the boy buying a balloon from the man. Here he is playing with the balloon. Now he has lost the balloon. Point to the picture that shows the boy after he played with the balloon	+	-
	243 back	(Point to each picture in turn and say) These pictures show a boy standing by a bike, getting on a bike and riding away. Point to the first thing the boy did	+	-
	259 back	Point to something that makes a sound	+	-
Total Correct			<input type="checkbox"/>	

ICP ASSESSMENT

School _____
 Teacher _____

Pupil _____
 Date _____

Unit	Stimulus		Answer	
	Card #	Directions	Correct	Incorrect
1	33	Point to something that is purple	+	-
	34	Point to something that is brown	+	-
	36	Point to something that is white	+	-
	35	Point to something that is red	+	-
	37	Point to something that is black	+	-
			Total Correct	<input type="checkbox"/>
2	51 back	Point to the largest chicken	+	-
	76	Point to the thicker sandwich	+	-
	51 back	Point to the smallest chicken	+	-
	64	Point to the tallest flower	+	-
	51 back	Point to the smaller egg	+	-
			Total Correct	<input type="checkbox"/>
3	98	Point to the side with 9 animals	+	-
	90	Point to the side with 5 objects	+	-
	84	Point to the side with 3 animals	+	-
	83	Point to the side with 2 animals	+	-
	116	One of the glasses has water, Point to the glass which has none	+	-
			Total Correct	<input type="checkbox"/>
4	134	Point to the square	+	-
	121	Point to the circle	+	-
	130	Point to the curved line	+	-
	130	Point to the straight line	+	-
	134	Point to the rectangle	+	-
			Total Correct	<input type="checkbox"/>

Unit	Stimulus Card #.	Directions	Answer	
			Correct	Incorrect
5	163	Point to the animal beside the chair	+	-
	189	Point to the last duck in line	+	-
	149	Point to the bee on the side of the box	+	-
	171	Point to the object under the cloud	+	-
	142	Point to the back of the car	+	-
	164	Point to something that is around the house	+	-
	158	Point to something behind the car	+	-
Total Correct			<input type="checkbox"/>	
6	203	Are the number of spots on each side of the ladybug equal or not equal	+	-
	203	Are the number of spots on each side of the ladybug equal or unequal	+	-
	213	Point to a white triangle	+	-
	229	Point to the larger circle	+	-
	229	Point to the smaller white object	+	-
	235	Point to the straight line above the line	+	-
	236	Point to the larger circle on the right	+	-
Total Correct			<input type="checkbox"/>	
7	248 back	(Point to each picture in turn and say) See the boy buying a balloon from the man. Here he is playing with the balloon. Now he has lost the balloon. Point to the picture that shows the boy before he played with the balloon	+	-
	261	(Point to the dog) What is the name of this animal	+	-
	243 back	(Point to each picture in turn and say) These pictures show a boy standing by a bike, getting on a bike and riding away. Point to the last thing the boy did	+	-
	254	Point to the word	+	-
	254	Point to the letter	+	-
Total Correct			<input type="checkbox"/>	

ICP ASSESSMENT

School _____

Pupil _____

Teacher _____

Date _____

Unit	Stimulus Card #	Directions	Answer	
			Correct	Incorrect
1	34	Point to something that is orange	+	-
	34	Point to something that is green	+	-
	35	Point to something that is pink	+	-
	35	Point to something that is yellow	+	-
	33	Point to something that is blue	+	-
			Total Correct	<input type="checkbox"/>
2	75	Point to the thinner pencil	+	-
	66	Point to the shorter building	+	-
	51 back	Point to the largest chicken	+	-
	61	Point to the longest snake	+	-
	51 back	Point to the larger egg	+	-
			Total Correct	<input type="checkbox"/>
3	90	Point to the side with 6 objects	+	-
	97	Point to the side with 10 children	+	-
	113	Point to the wheelbarrow with the least sand	+	-
	97	Point to the side with 8 children	+	-
	92	How many scissors are on the card	+	-
			Total Correct	<input type="checkbox"/>
4	134	Point to the triangle	+	-
	134	Point to the rectangle	+	-
	121	Point to the square	+	-
	130	Point to the curved line	+	-
	130	Point to the straight	+	-
			Total Correct	<input type="checkbox"/>

Form D

Unit	Stimulus Card #	Directions	Answer	
			Correct	Incorrect
5	159	Point to the bear in the middle	+	-
	196	(Point to the bear) This bear is first in line. Point to the third animal	+	-
	190	Point to the child at the beginning of the line	+	-
	171	Point to the object over the cloud	+	-
	149	Point to the bee on the top of the box	+	-
	190	Point to the child at the end of the line	+	-
	178	Point to the animal next to the doghouse	+	-
Total Correct			<input type="checkbox"/>	
6	238	Point to the smaller frog on the right of the lily pad	+	-
	229	Point to the smaller square	+	-
	221	Point to the black triangle	+	-
	228	Point to the shorter rectangle	+	-
	220	Point to the larger white object	+	-
	235	Point to the straight line below the line	+	=
	236	Point to the smaller circle on the left	+	-
Total Correct			<input type="checkbox"/>	
7	248	(Point to each picture in turn and say) See the boy buying a balloon from the man. Here he is playing with the balloon. Now he has lost the balloon. Point to the picture that shows the boy after he played with the balloon	+	-
	261	(Point to the dog) What is the name of this animal	+	-
	259	Point to something that makes a sound	+	-
	254	Point to the word	+	-
	243 back	(Point to each picture in turn and say) These pictures show a boy standing by a bike, getting on a bike and riding away. Point to the first thing the boy did	+	-
Total Correct			<input type="checkbox"/>	

Instructions to Teachers: ICP Assessment Summary

The ICP Tally Sheet and Summary is to be completed after any ICP Assessment has been administered and scored. The procedures for completing them are as follows:

1. Complete the identification information at the top of the Tally Sheet giving school name, teacher, class designation (AM or PM) and number of completed tests.
2. Tally the scores for each of the seven (or less) unit outcomes in the following manner.
 - a. For each pupils' unit outcome score make a mark in the "Tally" section of the row that corresponds to it. Repeat for each of the seven outcomes (units).
 - b. When all pupils' scores have been tallied on all outcomes count the marks in each row and enter this number in the "Number" column.
3. Divide each entry in the "Number" column by the total number of pupils, multiply by 100, move the decimal two places to the right, and enter the results in the "Percent" column. This is the percentage of pupils who attained each score.
4. Complete the Instructional Concepts Test Summary in the following manner:
 - a. Complete the identifying information at the top of the sheet.
 - b. For each unit copy the numbers and percents from the "Tally" sheet into the corresponding locations on the "Summary" sheet.
 - c. Make a horizontal line across each column at the level indicated by the "Percent" figure.

INSTRUCTIONAL CONCEPTS

ASSESSMENT SUMMARY

Teacher _____
 Class _____

	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7
	Color	Sizes	Amount	Shapes	Positions	Pre-Mathematics	Pre-Reading
100%							
90%							
80%							
70%							
60%							
50%							
40%							
30%							
20%							
10%							
0%							
Score	0-2 3 4 5	0-2 3 4 5	0-2 3 4 5	0-2 3 4 5	0-4 5 6 7	0-4 5 6 7	0-2 3 4 5
Number							
Percent							

INSTRUCTIONAL CONCEPTS ASSESSMENT

TEST TALLY

School _____

Teacher _____

Class _____

Completion Date _____

Total Number of Tests _____

Unit	Score	Tally	Number	Percent
1 Color	0-2			
	3			
	4			
	5			
2 Sizes	0-2			
	3			
	4			
	5			
3 Amount	0-2			
	3			
	4			
	5			
4 Shapes	0-2			
	3			
	4			
	5			
5 Positions	0-4			
	5			
	6			
	7			
6 Pre-Mathematics	0-4			
	5			
	6			
	7			
7 Pre-Reading	0-2			
	3			
	4			
	5			

much of their attention to the development of the Concerned Citizens Coalition as an independent, self-determining grass roots citizens' participation organization and to the fulfillment of the terms of the Liberal Housing Redevelopment Proposal. The CCC has acquired a private Liberal attorney to provide necessary legal services for incorporation for \$175 including tax negotiations with IRS, and CCC committees are involved with a fund raising campaign and a membership drive. The LHRP was designed in a coordinated effort by the 1973 Liberal VISTA team, Kansas LHPR Housing Specialist Everett Tomlin and the CCC to establish a course of action the community might pursue to meet defined needs, which consist of upgrading substandard housing and providing additional housing for a potentially expansive population. In the form of a petition signed by over 300 northeast neighborhood residents, the following request was made of the city: that the Liberal Public Housing Authority rent 25 units of the Section 23 Leased Housing Project (Parklane Towers) now under construction to applicants from the northeast neighborhood who demonstrate the greatest need in terms of their present housing conditions and financial status. The units which are vacated by these applicants should then be processed under the Uniform Building Code if warranted. A comprehensive VISTA/CCC campaign resulted in 35 target applicants being accepted for occupancy. Plans are now in the making to proceed with a 4-step follow-up effort to: encourage more elderly and disabled persons to apply for the many unfilled units designated for them; promote a second-hand furniture drive to assist needy persons moving to Parklane Towers due to open on March 1, provide general counseling for relocated families moving into a different physical living environment than they have known before; and, encourage the city to continue with their agreement to enforce building and health codes on vacated units if warranted. The Liberal VISTA's have also worked on several auxiliary projects throughout the year including a summer recreation program for the children in the northeast neighborhood, several neighborhood clean-up campaigns and a Human Resources Development workshop.

V. NURSING SERVICES

Last summer arrived with its familiar hot days, and so did the migrant families.

Home contacts were made by the project staff to inform the families of the services that were available to them through the project.

With a sub-office in Ulysses the project nursing staff has increased to three registered nurses, two of whom are bi-lingual. Nursing skills also have increased.

All three nurses in the project have received necessary training to do physical assessments on children and adults.

The training sessions are coordinated by the Bureau of Maternal and Child Health, Kansas State Department of Health and Environment. The physical assessment program available to the project nurses is conducted in form of workshops which include lectures, group discussions, demonstrations, and practicum.

The physical assessment program is divided into four phases. The nurses in the project have had three phases and are in the process of phase four.

Phase I

Part I

Screening skills 0-6 years of age
Evaluation criteria
Referral techniques

Part II

Growth and development
Family dynamics
Positive health maintenance
Nursing role

Phase II

Part I

Screening skills 6-12 years of age
Appraisal skills
Nursing action
Professional referrals

Part II

Interpersonal relationships
Identifying family needs
Intervention skills
Motivation skills

Phase III

Part I

Screening skills 21 years of age through adulthood
Assessment process
Nursing diagnosis
Health care follow through.

Part II

Identifying specific health needs in age and development sequence
Personal - need oriented
Counseling help programs

Phase IV

Part I

Family assessments
Nursing diagnosis
Family counseling
Getting the most out of life

Part II

The growing years - the years of integration, years of fulfillment.

Physical assessments on 664 children were conducted in migrant schools, Head Start schools and within the project clinics.

The screening tools used are:

Hearing Screening

Per audiometers in which electrically produced sounds are conveyed by wires to a receiver applied to the subject's ear. Intensity and pitch of sound can be altered and indicated on dials.

Vision Screening

The space within which an object can be seen while the eye remains fixed, on some point using Snellen scale 20 or 10 feet equivalent.

Urinalysis

Using Reagent Strips test for Ph, protein, glucose, ketones and blood in urine.

Hemoglobin

Test done with the use of hemoglobin meter which determines amount of hemoglobin in the blood.

Physicals

Examination of ears, nose and throat. Listening to lungs and heart sounds --- palpation of abdomen, etc.

Immunizations histories were taken and immunizations given as recommended by immunizations schedule of Kansas State Department of Health and Environment.

Vaccine available:

- DPT - (diphtheria, pertussis and tetanus)
- TD - (tetanus and diphtheria)
- Oral Polio (trivalent)
- Measles (rubeola)
- Rubella (German measles)
- Mumps (was not available last year)

Growth and development is screened with the use of Denver Developmental Screening test and use of Growth, Development and Plan Guide Charts. Height and weights are taken and compared to measurement charts.

Any abnormal findings found after screening are referred to a physician or specialist.

Physical examinations were also done by the physicians within the project area.

Although the nurses in the project have had phase II and phase III, most pelvic examinations are still done by the physicians in the project area. There are three family planning clinics in the project area and one in a neighboring county where the project nurses assist or do the pap smears, along with contraceptive counseling, breast examinations and pregnancy testing.

The family planning clinics are sponsored by the Bureau of Maternal and Child Health, Kansas State Department of Health and Environment. Family planning services for the project were primarily provided through the family planning clinics. In project areas where there is no family planning service the women are referred to the physicians. A total of 75 women received family planning services through the project.

The most prevalent health problems seen this year were the communicable diseases. Pink eye, ringworm, skin infections, athlete's foot and diarrheal disease. Upper respiratory infections, Herpes Simplex, and some childhood diseases were also diagnosed. One of the biggest problems in all the areas was that of pediculosis. Six cases of active tuberculosis were diagnosed and treated. A special thanks to all the physicians who made time to see the migrant families. A big smile and thanks to the dentists, and last but not least to the nurses in the physicians' offices, county departments, and migrant schools, thank you.

County Nurses

Grant County.....	Jerri Menzie, R.N.
Finney County.....	Carolyn Davis, R.N.
Kearny County.....	Claire Fawcett, R.N.
Sherman County.....	Joan Hoffman, R.N.
Stanton County.....	Margaret Bartel, R.N.

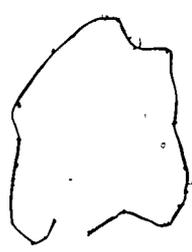
Migrant Schools

Finney County..... Lupe Lopez, R.N.
Sherman County..... Floriène Whisnant, R.N.
Cheyenne County..... Jean Miller, R.N.

Since Haskell and Wichita counties have no county nurses, the project nurses spend as much time as permitted in these counties.

A monthly immunization clinic is held in Leoti. Where there is a county nurse, the migrant families are encouraged to attend their immunization clinics.

The nurses in the project also attended workshops on lung and heart diseases, sickle cell, hearing conservation, family planning, and the Nursing Leadership Conference. The nurses also are active members of Kansas Public Health Association and the American Nurses Association.



GOODLAND AREA -- NORTHWEST KANSAS

This area did not have quite as large a number of migrants as last year. Most of the families had arrived by the last of May. Many home visits were made to inform the families of the migrant clinic and services that we had to offer. Histories were gathered on new families and updated for families who had returned again for another year.

Contact was made with the area doctors, county health nurses, school nurses, and dentists. Contact was also made across the state line with Nancy Monroe, the Kit Carson County Nurse for transfer of information and coordination of care.

Nursing assessment and screening was done in the three migrant schools. Each child was given a physical examination, including height, weight, urine analysis, hemoglobin, vision and hearing. T. B. skin testing and review immunization histories were done. LaDonna Kolman, R.N., with the assistance of Gayle Turner, a student nurse working for the project for the summer did the physicals in Sharon Springs. Floriene Whisnant, R.N., who was employed by the Goodland Migrant School did the physicals in Goodland. In St. Francis, Jean Miller, Cheyenne County Nurse took care of the physicals on the children there. Any abnormalities or questionable findings were referred to local doctors. Home visits were made to those families to explain the findings and monitor treatment.

One of the problems found during the screening at the migrant school in Sharon Springs was in a multiple family unit, in which all the children had impetigo and the family refused medical care for religious reasons. The three year old child's feet were so infected that he could not walk. A home visit was made to convince the family to take the child to a doctor, but we were unsuccessful. On the next attempt to visit they had left the area.

Special clinics were planned and held with the health educator and nurse. Some of the clinics consisted of: screening for hypertension, anemia, diabetes and tuberculosis. Programs were held once a week for the children. These were held in the evenings at the office, with films being shown. These films consisted of topics such as "Girl to Women", "Boy to Man", hygiene, etc. Refreshments were served. These turned out to be a great success as did the clinics for the adults. Several multi-phasic screening clinics were also held.

The immunization clinics are staffed jointly by the Sherman County Health Department and the project. Joan Hoffman, County Health Nurse helps with these clinics. Findings seem to indicate that the younger mothers are more concerned about keeping up the immunizations on their children than the older mothers.

With the new WIC Program starting we will be doing physicals on the pregnant women, infants, and children. This will also help detect any early potential problems. As time goes along we plan on doing physicals on the older children also.

Family Planning Clinics have been started and sponsored by the Sherman County Health Department since August. The number of migrant or seasonal workers attending these clinics ranges from 50 to 75%. These clinics consist of an educational program telling about the different birth control methods, the importance of a pelvic examination with a pap smear and self breast examination monthly. When requested a pelvic examination, pap smear and breast examination is done.

We hope to continue and improve our rapport with the migrant people so that we can be more effective in teaching them proper and preventative care via education and clinics. Awareness and understanding of one's own health problems is a fundamental ingredient of prevention and correction of a given condition. The people seem very eager and willing to learn.

LAKIN MIGRANT SCHOOL HEALTH SUMMARY 1974

Home visits were made to approximately twenty-eight families during the last week in May. Several families had already moved in from Texas and Oklahoma. Mr. Frank Tamez, home coordinator for the Lakin Migrant Program, accompanied me and health histories were compiled. Most of the families were anxious to enroll their children in the program. Immunizations were discussed and it was noted that most of the children had received their immunization in previous programs or health departments. Family planning was also discussed with several families and they were informed of the services available by the state and local health departments. Information concerning hospital and medical benefits was also made known to these people.

The housing was found to be adequate and clean. Very few sanitation problems were noted.

Migrant school started on June third in the Lakin Grade School building with an average of eighty-five students enrolled.

Height and weight were done and recorded during the first few days and most were found to be within normal range for their age group. Each child was furnished with a health kit consisting of soap, toothbrush, paste and comb. Towels and washcloths were furnished daily by the school. Students showered and shampooed their hair daily.

Dental screening was under the supervision of Jon Wheat, D.D.S., of Lakin. A total of seventy-nine students were checked and it was found that 49% of the students teeth checked were without caries. All students received fluoride treatment. Dental work needed by the children was completed.

Vision screening using a Snellen Chart revealed that fourteen students were in need of referral. Appointments were made with an optometrist and nine were fitted with corrective lenses. This expense was assumed by the school.

Hearing tests were done by using Maico Audiometer and all students were checked with the exception of three years olds. No hearing problems were evident.

Hemoglobins and urinalysis were also done on all students. It was found that .057% of the students checked were found to have hemoglobins lower than 12 grams. No anemia was found. Daily hematinic program was introduced to these students.

Denver Development Screening Tests were done on children from age three to five years of age. With the exception of a few, all performed fairly well. I feel that once this test is offered in Spanish the children will do much better.

Complete physical assessments were also done on all students. Conditions found were enlarged tonsils, cerumen in ears, post nasal discharge, and several infected ear lobes due to earlier piercing. One child had fluid on the tympanic membrane and was referred for treatment. Several also suffered from nasopharyngitis and were treated by the local physician. Several injuries were sustained including sprains and lacerations; and these were also referred for treatment.

Migrant families also were treated by referral to the local doctor.

In summary, thirty-six families participated in the program. The program helped the students and I feel that they will benefit from their varied experiences. In general, the health problems were few and this is partially due to the parents being aware of the importance of healthful living and good health practices.

The entire program was most successful and I feel it was a privilege to have been part of it.

Claire Fawcett, R.N.

NURSING SERVICES SUMMARY
MIGRANT SCHOOLS
1974

Name of County	Hearing Screening		Snellen Vision		Immunizations		Physicals		TB Screening		UA Screening		Hgb Screening	
	Total	Referred	Total	Referred	Total	Referred	Total	Referred	Total	Referred	Total	Referred	Total	Referred
Garden City	75	0	75	11	*NA	*NA	60	1	27	1	60	1	60	4
Lakin	85	0	85	14	25	0	85	5	85	0	85	0	85	0
Leoti	23	0	26	3	8	0	29	3	20	2	33	2	39	1
Goodland	130	2	131	1	0	0	120	3	145	3	110	0	110	1
Ulysses	52	5	77	5	10	0	72	2	34	3	79	0	75	0
Sublette	47	1	54	3	12	0	83	5	11	0	83	0	90	3
Sharon Springs	189	0	189	4	*		150	0	37	2	98	1	83	14
St. Francis	22	0	22	2	25	0	23	1	25	5	23	0	23	1
TOTALS	623	8	659	43	70	0	622	20	384	16	570	4	565	23

* Given at local clinics, count included under immunizations provided
* Information not available

VI. MEDICAL AND DENTAL SERVICES

Medical services include a full spectrum of outpatient services such as clinics, office calls in physicians' offices, emergency room treatment, X-rays, lab work and other ancillary services. The project reimburses physicians on a fee for service basis on an hourly rate. No physicians are employed by the project.

No family clinics were held in 1974. The primary factor preventing the scheduling of clinics is an area-wide manpower shortage. In addition to the general shortage three counties had no fulltime physician residing in the county at the beginning of the peak season. A fourth county was without any physician for nearly ten months during 1973 and 1974.

The lack of physicians has been a chronic problem for western Kansas. This is especially true for the smaller counties. Kearny, Stanton, and Wichita counties for example have experienced a rapid turn-over of physicians and have at several times found themselves without any physician for periods of a few months to nearly a year. This situation has compounded the burden of physicians in adjoining counties who were already overloaded.

Although no evening clinics were held, most physicians were very cooperative about seeing migrant patients during office hours which in some communities extend into the early evening.

Physical assessments were provided for 622 children enrolled in area Title I Migrant Education Programs. In addition to the physical examination children were also screened for vision, hearing, and dental problems as well as hemoglobin deficiencies and urine abnormalities. Additionally 83 persons received WIC evaluations and 47 persons attended hypertension screening clinics. In addition to the clinic services 1318 other outpatient services were provided as follows:

Office calls.....	837
Emergency room.....	127
X-rays.....	83
Lab work.....	271

Total cost for 1987 outpatient services were \$17,080.00.

Dental surveys were conducted in early June by area dentists at each of the Title I Migrant Programs. A total of 654 children were examined.

Many of the children came from areas in Texas where the fluoride content of the water is naturally high. Many communities in western Kansas have nearly ideal fluoride levels in their water supplies. Children who have received dental services from the

*pp 32 + 33 nonreproducible
photos*

project in the past usually require minimal treatment when returning to the area. Due to a large number of families coming to the area for the first time the number of those requiring treatment was high.

Dental providers for the program were:

Lakin	Dr. Jon Wheat
Johnson, Ulysses	Dr. Lewis Palmer
Leoti	Dr. Charles Purma
Garden City, Sublette	Dr. Michael Harris,
	Dr. John Meschke,
	Dr. Dennis Parsons
Godland, Sharon Springs...	Dr. J. L. Haymon
	Dr. N. R. Hirsch
St. Francis	Dr. F. N. Haberbosch

During the past year 382 children received restorative dental services through the project. This is nearly identical to the number receiving such services in 1973. Of the 407 children needing treatment 372 had all necessary work completed before leaving the area. An additional ten were partially completed and 25 "escaped" before treatment could be initiated. In summary 91.4% of the children needing treatment had their work completed. There were 18 adults treated on an emergency basis requiring 54 fillings, one crown and ten extractions. In total the project provided 1088 fillings, 92 crowns and 127 extractions. In addition ten space maintainers, nine corrective appliances, and one partial were provided.

The number of fillings provided this year was 90 less than those required in 1973. Conversely 52 more extractions and 35 more crowns were indicated. However, it should be noted that 20 of the above extractions were necessary to correct overcrowding problems.

In addition to the restorative and corrective services already reviewed the following preventative services were provided.

Prophylaxis	257
Fissure Sealant.....	24
Cavitron.....	38
Fluoride Treatment	120

Total cost for the dental program was \$17,313.41 or an average of 38.81 per person receiving services.

The project provides much of the transportation for the children from the Title I centers to the dentists' offices. Project staff provided all necessary transportation for the children in the Sublette (including Satanta and Copeland), Johnson, and Ulysses areas. In the remainder of the communities Title I staff provided the transportation. A number of parents also provided transportation.

At this writing a dentist new to the area is about to open offices in Sublette. The staff gleefully looks forward to a summer when Sublette area children will not have to be transported to Garden City 37 miles away. Besides the staff time involved in transporting children considerable hours are spent keeping the lines of communication open regarding each child's individual treatment plan. It is vital that parents understand their children's problems, what needs to be done and why. Because of our efforts in this area very few misunderstandings occur, and most parents are eager to cooperate. Dental education efforts of the staff and dental providers increased during the past year. With the help of additional summer staff dental education presentations were made at all Title I programs in the area. The Bass technique was used which stresses flossing in addition to a modified brushing method. School aides and teachers cooperated in stressing this method between staff visits. The staff has also emphasized this method with parent groups and will provide follow-up in the coming year. It is our hope that this method will reduce the dental caries experience of both children and adults in the future.



SUMMARY OF RESTORATIVE AND CORRECTIVE WORK COMPLETED ON CHILDREN

PERMANENT

PRIMARY

Town	Number Treated	PERMANENT			PRIMARY				
		Amal	Adaptic	Ext.	Crowns	Amal	Adaptic	Ext.	Crowns
Garden City	54	31	6		2	37	2	12	25
Goodland	46	69		2		93		32	
Johnson	46	43	1		1	50	3	8	5
Lakin	36	43		2	2	41		15	7
Leoti	16	62	4			19		1	2
Sharon Springs	35	81		1		70		20	4
St. Francis	7	19		1		2		5	
Sublette	54	34			1	70	2	9	21
Ulysses	95	123	16	2	5	98	15	7	16
GRAND TOTALS	389	505	27	8	11	480	22	109	80

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



PREVENTIVE DENTAL SERVICES SUMMARY

	Cavitron	Prophy	Fissure Sealant	Fluoride Treatment
Leoti	--	16	---	--
Sublette	--	24	--	14
Lakin	--	73	--	72
Garden City	--	45	--	31
Johnson	14	32	5	--
Ulysses	24	67	19	3
GRAND TOTALS	38	257	24	120

SUMMARY OF CHILDREN'S DENTAL SERVICES

	No. Screened	No. Requiring Work	No. Completed	No. Partially Completed	No. Not Started	% Completed
Garden City	54	54	51	3		94.7%
Goodland	114	59	46		13	77.9%
Johnson	48	46	40	1	5	86.9%
Lakin	87	37	37			100%
Leoti	25	16	16			100%
St. Francis	12	7	6	1		85.7%
Sharon Springs	87	39	35		4	89.7%
Sublette	112	54	51	3		94.4%
Ulysses	115	95	90	2	3	94.7%
TOTALS	654	407	372	10	25	91.4%

VII. HOSPITAL SERVICES

Inpatient services have been provided by the project for the past seven years. Continuity in funding for this service has been a major problem for most of the years this service has been available. Migrant Health Program freezes compounded with soaring hospital costs have resulted in lapses in hospital services. In most instances the project was able to "bail-out" with funds from other federal sources.

The project has agreements with 20 area and regional hospitals. Several agreements have never been utilized because migrants are not employed in the counties involved. Originally agreements were solicited with hospitals in non-migrant counties anticipating possible future trends which never materialized. Most of the 72 patients utilizing inpatient service last year were hospitalized at five area hospitals in Garden City, Goodland, Lakin, Tribune and Ulysses.

The Project is authorized by federal guidelines to pay a maximum of 61% of hospital charges and 100% of physician fees. In a number of cases the patient elects to pay more than the 39% he is required to pay and may pay some of the physician's fee as well. The staff encourages the patient to pay whatever his individual situation will allow. Most families do endeavor to pay most or all of the 39% the project cannot pick up. Some do not and such action does not endear the project to area hospitals. However, the relationship between the project and area hospitals in general is very good.

The project endeavors to identify and utilize other sources of payment whenever possible. Medicaid and workmen's compensation are used frequently. However, income guidelines and spend-downs for families whose income is borderline often serve to make Medicaid a valid resource for only the most destitute.

The moral issue of services for the illegal alien continues to plague the staff. The illegal alien is eligible neither for migrant health services nor Medicaid services. Coupled with his language problem such a patient procures services with difficulty and a multitude of hassles.

Since the last project report the project assisted with payment of 72 hospital episodes. Total cost to the project was \$21,059.48. The total number of days was 229. The average number of days per patient was 3.18. The average cost to the project per hospital day was \$91.96. The average cost per patient episode was \$292.49.

The following indicates trends in the project inpatient program in recent years.

	1970	1971	1972	1973	1974
No. of Patients	117	141	119	86	72
No. of Hospital Days	499	578	465	368	229
Cost per Day	\$49.45	\$52.35	\$63.94	\$67.80	\$91.96
Cost per Episode	\$210.29	\$220.91	\$249.88	\$290.93	\$292.49
Average Days/Patient	4.25	4.1	3.9	4.3	3.18
Total Cost	\$24,604	\$30,259	\$29,736	\$25,020	\$21,059

Several trends seem to be evident. The cost per day has risen at a steady and sometimes alarming rate. The number of patients needing services has declined as has the number of days per patient episode. The combination of these factors has resulted in holding the line on costs to the project and even a reduction in total costs in the past two years.

In 1974 36 of the 72 patient episodes were for term deliveries or care of the newborn. This compares to 48 in 1973 and 55 in 1972. Expenses for complications of pregnancy usually follow close behind expenses for deliveries and the newborn. In 1974 expenses for complications of pregnancy exceeded expenses for deliveries. However nearly half of the expenses for the former were incurred for one patient who experienced a ruptured uterus prior to the date she was scheduled for a C-section.

Much progress has been made in providing preventative care at the project level. Early diagnosis and treatment have been a significant factor in reducing the number of days per patient episode. Changing attitudes have also been a factor in shorter hospital stays. Changing attitudes toward family planning have resulted in fewer patient episodes.

We are hopeful that recent trends will enable us to hold the line on total inpatient cost to the project despite rising hospital care expenses.

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	17	51	\$2,287.00	\$2,722.89	\$5,009.89
Newborn	19*	55	928.34	183.50	1,111.84
Gyn Conditions and Complications of Pregnancy	12	41	3,296.69	2,047.00	5,343.69
Hemophilia	4	11	978.46	271.00	1,249.46
Upper Respiratory Infections	3	9	448.14	140.00	588.14
Conditions of the Digestive System	4	20	2,236.47	1,151.50	3,387.97
Other	13	42	2,712.49	1,656.00	4,368.49
TOTALS	72	229	\$12,887.59	\$8,171.89	\$21,059.48

* One set of twins, one episode in which mother's expenses were paid by other resources.

VIII. THE PROJECT POLICY BOARD

The Project Policy Board has been meeting monthly since December 1972. Prior to that time an advisory board composed of appointed members met for two years.

The first elections to elect Policy Board Members were held in August 1972. Since that time elections have taken place annually. Federal guidelines state that board members can be elected for only a one year term. They can serve successive terms, however. Guidelines further stipulate that no less than 51% of the board members must be elected by the people being served. The remainder of the board can be appointed.

The element of consumer participation is critical to any viable service. Perhaps the history of the Project Policy Board could best be summed up in the phrase "we didn't say it would be easy, we said it's "essential." Except for the winter months most migrants and seasonal farm workers put in exceptionally long hours often working till dark. Most work six days a week and many work seven. It is no small sacrifice for a person to give up a significant portion of his spare time no matter how important the cause.

Board meetings are usually held on the first Sunday of the month in Leoti which is the most central community to the project area. Elections were held in September this past year as the by-laws specify that the terms of board members begin in October. Elections took place in the evening for the most part although one was held on a Sunday. Two board members and two alternates were elected from each of the following areas which include adjoining counties: Garden City, Goodland, Leoti and Ulysses. A Ulysses dentist serves as a consultant board member. The board lacks a medical consultant at this time.

When board vacancies occur due to members leaving the project area or not being able to serve for other reasons, replacements are appointed. Appointed members cannot exceed 49%, so should the turnover be excessive a special election will be necessary.

The specific functions of the board as outlined in the May 1973 regulations and Program Guidelines, Health Services for Domestic Agricultural Migrants follow.

Functions of the Board:

- a. The board shall have the authority to establish, amend, and revise general policy to include, but not 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 services eligibility and developing fee schedules as appropriate.
 - 4) Establishing hours and locations of service.
 - 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
 - 2) Create committees and describe their activities.
- c. The board in establishing the above mentioned policies, shall not:
- 1) Establish any policy which is inconsistent with the Migrant Health Act or the regulations set forth in Part I of this document or which prevents the fulfillment of obligations imposed under this grant.
 - 2) Involve itself in the hiring or 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 board has no director the policy board should be actively involved in the entire process of recruiting, interviewing, and selecting candidates for the position.

During the past year the Board has written and adopted by-laws. Additionally the following committees have been established, executive finance and personnel, and grievance and evaluation. The board has been actively involved in setting priorities for allocation of funds within the budget and the addition of new programs such as WIC and VISTA. They have also been actively involved in the recruitment of a new director.

Despite the problems of an ever mobile population making board vacancies inevitable, a core of enthusiastic dedicated board members has been established. We are confident that the board will continue to grow and flourish in the coming year.

The following pages reflect the growing pains of the board as seen by Co-Chairman, Pete Sandoval. Pete's contributions have been numerous. His personal concern for the campesino add a dimension of warmth which is sadly lacking on many policy boards.

Yo Me Acuerdo (I Remember)

Two years ago when I was elected to the Migrant Health Policy Board, I took some time to put my thoughts together and started reflecting back to the times when I was a young man and my family and others were struggling for a better way of life. After I sat in on a couple of meetings, it didn't take long for me to recapture that part of my past history. It convinced me that the old struggle for survival still existed even after the many years gone by.

I could see and sense the lack of confidence, the humility and despair, the anxiety and the unrelaxed feelings when board members tried to speak or make a point. They would depend on one another to speak up or start it off and still there were a lot of hesitations. Also, when making board decisions, it was a case of everyone going along with whatever "so-and-so says," or "I'll vote the way the majority votes!"

Realizing that the majority of the migrant Mexican-Americans have never had to play any other role other than one of survival, I felt that my goal as a board member could be three-fold: to instill confidence, to initiate feelings of self-importance, and above all to start learning how to become a part of the "American Dream."

The first thing to work on was to gain their trust and friendship, to give them a sense of importance and then responsibility. Next I tried to create a relaxed atmosphere, to make them feel comfortable by speaking to them in their mother-tongue as someone from the same cultural background can do.

One of the first priorities that I had was to have an understanding with all members and alternates, welcomed each and everyone, and explained to them their importance to the board and their function as a board member. The program was designed for them and their needs, and no one is in a better position than they to make the board aware of what their needs are.

Things started rolling and more members were added to meet the requirements and fill vacancies which constantly are occurring due to migrants moving in and out of the area. This will continue to be a problem. A solution in the near future is not likely.

The whole Policy Board, as I view it in its entirety, is an educational process-education in the manner of conducting a meeting following to some extent Robert's Rules of Order, following the agenda, and being prepared to be called out of order when the meeting is going by the wayside, learning to speak out to bring up business, to make motions, and to participate in general.

In the early part of 1974, the board members were instrumental in appointing different committees and writing by-laws that would govern the Board.

I feel it is of the utmost importance that from time to time the people need to be given a lot of assurance and confidence, a real "pat on the back" to make them feel beautiful, which they are.

I try to give them the opportunity to confide in me in any small or large problem. Also from time to time I dictate a personal letter to each board member letting them know how important they are to the whole program.

In the last two years I have been with this program I have attended board training both years. The training has been provided by IRA. In my opinion this is a tremendous service. It is educational and informative, and it brings the members closer together and gives us incentive.

In this type of program as well as others dealing with migrants, minorities and low-income families, the problems are many due to cultural and language difference. I see a constant demand for more materials oriented towards the Spanish-speaking. I would also like to recommend that better screening be done on all applicants taking part in programs dealing with Spanish-speaking. So much time is lost when a monolingual has to resort to an interpreter and much is lost in the translation. We also have a lack of cultural awareness of people who aren't sensitive enough to the program or to its people.

I fully realize that all federal and state programs have their limitations and restrictions as to how much money will be allocated. I can only see the great need of such programs as we need to take care of our harvest reapers who help put food on our tables.

Pete Sandoval,
Co-Chairman

BY-LAWS

WESTERN KANSAS MIGRANT HEALTH PROJECT POLICY BOARD

Approved April 28, 1974

ARTICLE I: Purpose and Composition

Section 1: This organization will be known as the Western Kansas Migrant Health Project Policy Board.

Section 2: These rules and regulations will comply with the present Kansas State Department of Health rules and regulations; there shall be no conflicts.

Section 3: The purpose of the Western Kansas Migrant Health Project is to render services and to make provision for services as the governing body.

Section 4: The Western Kansas Migrant Health Project will be governed by a Board made up of no less than nine and no more than 19 members.

ARTICLE II: Committees

Section 1: A. The co-chairmen of the Board may appoint a committee with the consent of the Board.
B. Each committee shall have a chairman.
C. Members of a committee may be appointed for a period of one year.
D. Any member may resign or be removed from his position.
E. If removed from his position before his term of office expires, a vote of two-thirds of the Board is necessary.

Section 2: This Board shall have the authority and responsibility to examine all aspects or works of the Project provided that no board member involve himself in the day to day administration of the Project.

Section 3: Any member of the Board who misses three consecutive meetings for any reason other than illness and/or family emergency will be removed by a two-thirds vote at a regular meeting unless a written notice stating the reason the board member is unable to attend is received two days prior to the meeting.

Section 4: A quorum shall consist of 51% of the Board. If a quorum is not present official business will not be transacted.

ARTICLE III: Election of Officers

- Section 1: A. The officers of the Board will be elected for a period of one year from October to October. The co-chairmen will be elected for only one year to give others the experience to serve in a leadership role.
- B. The officers will consist of two co-chairmen and a secretary.
- Section 2: A. The co-chairmen will appoint a nominating committee.
- B. The nominating committee will present a list of names of candidates to the Board.
- C. Nominations can be made from the floor.
- D. A secret ballot or show of hands will be used for elections.
- E. In case of the absence of both co-chairmen, someone may be appointed to chair the meeting.

ARTICLE IV. Duties of Officers and Members of Committees

- Section 1: A. The co-chairmen will preside at the Board Meetings.
- B. The co-chairmen will have the authority to act on routine matters.
- C. The co-chairmen may not make policies in respect to the operating program, nor may they act for the Board unless by majority of the vote.
- D. The secretary shall take and keep the minutes of all meetings and write authorized letters for the co-chairmen.

ARTICLE V. Board Meetings

- Section 1: The Board shall meet once a month with the agenda planned by the co-chairmen or according to the need.
- Section 2: Special meetings will be called by co-chairmen.
- Section 3: The business of this board shall be conducted both in English and in Spanish.
- Section 4: All Board meetings will be conducted using a simplified form of parliamentary procedure.

ARTICLE VI: Amendments

- Section 1: The rules governing this organization or any part of them may be amended or removed in the following way. A copy

of the change will be sent to the board members not less than five days before the next meeting at which time they will be discussed and voted upon. A vote of two-thirds of the board members present will be necessary.

ARTICLE VII: Election and Composition

- Section 1:
- A. At least 51% of the board members shall be chosen by democratic process by the population to be served. Since this program is designed primarily to meet migrant farmworker health needs, migrant representation should be no less than the proportion which the migrant and farmworker population bears to the total population to be served. Efforts should be made to solicit consumer representation from all areas.
 - B. The balance of the board, whether elected or appointed by the applicant agency, may include non-consumers. No fewer than three members shall be representatives of the community with knowledge of the health needs of the population to be served and experience in the delivery of health care services.
 - C. Project employees should not serve on the board. No more than one member of a family related by blood or marriage should serve on the board.
 - D. Board members who are temporarily out of the Project area may be reimbursed for travel in order to attend board meetings if practical.
 - E. Alternates should be elected at the same time as the Policy Board members to serve in the absence of board members. Every alternate board member should make every effort to attend every board meeting making him equally knowledgeable as regular board members.
 - F. In case of a vacancy the Project will appoint members to be approved by 2/3 of the board members present. Members appointed in this way should not exceed 49% of the Board. If the elected membership becomes less than 51% a special election will be held.

AGENDA SHOULD INCLUDE THE FOLLOWING:

1. Roll call
2. Declaration that a quorum is present
3. Reading and approval of the minutes
4. Reports of officers, committees, or staff
5. Persons asking to be heard from the floor
6. Persons asking to be on agenda

IX. SUPPLEMENTAL FOOD PROGRAM

In April the Children's Foundation of Washington, D.C. called for the continuation and expansion of the threatened USDA Supplemental Food Program for infants, preschool children, and prenatal and postpartum mothers. Their report, "One Child-One Chance", was a desperate attempt to rally sufficient support to insure the continuation of the Supplemental Food Program. Among other things the report termed the program a "vital aspect of comprehensive health care" since it attracted thousands of low-income mothers and children into health clinics for the first time and started their involvement in "regular preventive health care activity." According to the report maternal and infant mortality rates have decreased markedly in areas where the program has operated. However, ominous clouds were already gathering over the Supplemental Food Program. Since 1971 USDA had begun to terminate programs located in counties having commodity distribution programs when these counties switched to food stamps. Legislation passed in 1973 required all commodity counties in the country to switch to food stamps by June 30, 1974.

The inevitable finally happened. Our last bulk shipment of commodity foods had been received in February. At this time some items had already been discontinued. We were authorized to continue food distribution until our supply was depleted. We were able to distribute the supplemental foods from the Garden City office through July although supplies of certain items were exhausted before then. The Goodland office was able to distribute available foods for another three months.

The complete list of food items available for distribution through the Supplemental Food Program includes: evaporated milk, instant non-fat dry milk, farina cereal, corn syrup, canned juice, canned vegetables, canned meat, dry egg mix, and peanut butter. All or part of these items (depending upon availability and supply) were distributed to an average of 137 infants, preschool children, and prenatal and postpartum mothers per month.

The supplemental commodity foods were stored in the Goodland project office and in a storage area separate from the project office in Garden City. Commodities were issued from the Goodland office for the northwest counties including the towns of Goodland, Sharon Springs, St. Francis, and Kanorado. The Garden City Office issued commodities for the southwest area. The main distribution points here were: Ulysses, Johnson, Garden City, Leoti, Lakin, and Satanta. Other towns that were served include: Deerfield, Holcomb, Scott City, Sublette, Copeland, and Big Bow.

Health education and nutrition education were a vital component of the Supplemental Food Program. The educational component was avail-

able on either a group or individual basis for all women whose families were participating in the Supplemental Food Program. Details of the health education program may be found in III. Health Education.

When the future of the Supplemental Food Program was still in doubt, thoughts began to turn toward an application for USDA's new pilot program for women, infants, and children (WIC). Localities with no supplemental feeding program had nothing to lose by applying for a WIC grant. However, projects like ours who were operating a Supplemental Food Program had to decide whether or not to switch from Supplemental feeding to WIC and take the risk of the possible early termination of the WIC pilot program. Since WIC is a pilot program agencies had the option of applying for a WIC project while retaining the supplemental feeding program. However, such agencies would be last in line for WIC funding, since their demonstration of need would presumably be less than that of localities with no supplemental feeding. The project made a WIC application.

The final rules and regulations for the Special Supplemental Program for Women, Infants, and Children (WIC) were published in the Federal Register July 11, 1973. Applications for participation in the pilot WIC program were accepted immediately.

The purpose of WIC is for the Department of Agriculture to provide cash grants to state health departments to make nutritionally desirable foods available to infants, children, prenatal and postpartum women through local public or nonprofit private health agencies. USDA collects data to evaluate the effect of food intervention upon populations of nutritional risk. WIC program operations are also evaluated for administrative effectiveness and efficiency. WIC funds may be used either to purchase supplemental foods for participants in the program or to redeem vouchers issued to purchase the foods at local stores. Not more than 10% of the funds may be spent for administrative costs. Our decision to use the voucher system was in large measure based upon our experiences and problems relative to storage, transportation, and distribution of the commodities.

Pregnant or lactating women (all women for six weeks postpartum and women who are breast-feeding an infant up to one year of age), infants (under one year of age), and children (one to four years of age inclusive) are eligible for the WIC program if: they reside in an approved project area; and they are determined by a competent professional on the staff of the local agency to need the supplemental foods.

In our program eligibility will be determined by the project nurses who have established specific criteria for determining individual eligibility. A pregnant or lactating woman must have or have a history of: nutritional anemia (hemoglobin of 65% and below or 10.5 grams and below); inadequate diet (evaluated with the aid of the basic four food groups and their present food pattern); inadequate pattern of growth (underweight, obesity, stunting); or high-risk

pregnancy (any woman less than age 21 or more than age 35, any woman with three or more children who are nine months to one year apart, or any woman with a metabolic disorder such as diabetes, hypertension, hypotension, et al.). Infants and children with nutritional anemia (hemoglobin of 65% and below or 10.5 grams and below); inadequate diet (evaluated with the aid of the basic four food groups, their present food pattern, and clinical manifestations); or a deficient pattern of growth (evaluated with the aid of observations, growth charts, and the Denver Developmental Screening Test) are eligible. Additionally, any mother or infant belonging to a family with an income of \$6,000 per year for a family of four + \$600 for each additional infant, or child is also eligible. This last criteria was established by the project nurses and is not found in the general WIC guidelines.

The supplemental foods available for infants are: iron fortified infant formula with at least 10 milligrams of iron per liter of formula, infant cereal which contains a minimum of 90 milligrams of iron per 100 grams of dry cereal, and fruit juice which contains at least 30 milligrams of vitamin C per 100 milliliters. Whole milk fortified with 400 International Units of vitamin D per quart or evaporated milk fortified with 400 International Units of vitamin D per reconstituted quart may be substituted for infants after six months of age. The foods available for children and pregnant or lactating women include: whole fluid milk fortified with 400 International Units of vitamin D per quart or evaporated milk or skim milk or low fat milk or non-fat dry milk; cereal (hot or cold) which contains a minimum of 30 milligrams of iron per 100 grams of dry cereal; fruit juice which contains a minimum of 30 milligrams of vitamin C per 100 milliliters; natural cheddar or pasteurized processed American cheese; and Grade A eggs. All milk products other than whole fluid milk must be fortified with 400 International Units of vitamin D and at least 1500 International Units of vitamin A per fluid quart.

In September it seemed quite certain that our WIC application would be approved. Accordingly letters to local grocers explaining the WIC program were composed and delivered. Most of those contacted endorsed the program and were willing to cooperate with the voucher system. They signed an agreement of intent to participate in the WIC program. As anticipated our application was approved in October for a seven-month period beginning December 1, 1974 and ending June 30, 1975. Final arrangements and plans were made to initiate the program. Evaluation and certification of individuals were processed so that actual distribution of food vouchers could begin December 1, 1974.

From all indications it may be expected that the WIC program will prove to be a real nutritional boon to some of our families. Up to date we have enrolled 115 individuals. However, it cannot be

forgotten that many nutritionally needy individuals and families do not meet WIC eligibility requirements, mainly because of age. Also, for a period of several months we have had no supplemental food program. Whenever possible we have referred families to the Kansas Council of Agricultural Workers and Low-Income Families, Inc. for emergency food grocery orders or to Social and Rehabilitation Services for food stamps.

There are many problems associated with the food stamp program, especially for migrants and seasonal farmworkers. First of all, the stamps are too expensive. Usually the food stamp department has no Spanish-speaking personnel, much less any Chicanos. The forms are long (time consuming), complicated, and irrelevant to hunger. There is little or no outreach directed toward migrants or farmworkers. Numerous trips are often necessary to obtain the stamps. Waiting for appointments and then setting dates can result in a week or more of delay. The stamps are eventually mailed, and sometimes this involves further delay or the stamps may actually be lost in the mail.

Virtually no food stamp outreach is being done throughout most of the nation, although over 60% of those eligible for food stamps are not participating in the program. In January 1974 only 15.7% of eligible persons in Kansas were receiving food stamps. USDA pays 62.5% outreach costs of state and local food stamp departments. Yet 30 of the 49 states operating food stamp programs during the first half of 1974 it appears, did not choose to utilize the federal funds available for outreach work. Kansas was one of these states.

Anticipating migrants' incomes in advance results in the denial of food stamps to thousands of destitute migrant families each year. USDA procedures require eligibility of migrant households to be based on predicted future income which is usually determined from information provided by local growers. Under these conditions especially when a family has just arrived in the area and is without work or when field work is impossible due to the weather or other conditions, they are denied food stamps or are charged exorbitant prices for them because their eligibility was determined by projected income rather than actual income. In one case a family of ten was denied food stamps because their projected income for the coming month was \$800. Their actual income that month was \$7. Some families had very little food for periods as long as two weeks until they received their first pay check because they were denied food stamps or the cost to purchase them was prohibitive.

Bureaucracies and corporations speak of "social peace". Does "social peace" include the quiet hunger of people who don't get three square meals a day? Can "social peace" be based upon the suppression of man's desire for life with dignity? Ultimately food programs can do little about the reasons why people are

hungry. They cannot provide incomes, opportunities, or the power to transform their lives. Food programs cannot end poverty, and most people who are hungry are hungry because they are poor. Abject poverty results from a very inequitable distribution of income. In our country the wealthiest 1% possess more than eight times the wealth of the bottom 50%. The percentage of national income going to the lowest fifth of the population has not changed for the past 45 years. The only real solution in a nation of 40 million poor people is a fairer distribution of income. However, since this is unlikely, at least in the near future, in the meantime efforts must go in the direction of food assistance programs and optimum utilization of them.

COMMODITY DISTRIBUTION

Individuals Served

	*Finney	*Sherman	Total
December 1973	103	21	124
January 1974	113	16	129
February 1974	109	15	124
March 1974	112	7	119
April 1974	104	17	121
May 1974	117	23	140
June 1974	103	54	157
July 1974	115	68	183
August 1974	0	23	23
September 1974	0	18	18
October 1974	0	82	82
November 1974	0	0	0
Total	876	344	1,220

Average number of recipients per month (through July) was 137 persons, including infants, preschool children, and prenatal and postpartum mothers.

* Distribution Center

MONTHLY ALLOTMENTS OF SUPPLEMENTAL COMMODITY FOODS

	Infants (0-6 months)	Infants (7-12 months)	Children (1-5 years)	Women Prenatal and Postpartum
Evaporated Milk	30	30	-	-
Instant Milk	-	-	0 (1-2 years) 1 (3-5 years)	1
Farina	3	3	3	1
Corn Syrup	3	3	-	-
Juice	1	2	3	3
Vegetable	--	--	4	7
Meat	--	--	1	1
Egg Mix	--	2	4	2
Peanut Butter	--	--	1 (Every 2 Months)	1 (Every 2 Months)



X. COMMUNITY ACTION AND SUPPORT

An often quoted VISTA motto reads "If you aren't a part of the solution you're part of the problem." For the low-income family the "problem" is often composed of many lesser problems which result in an overwhelming final product. Often many resources outside of the project are needed to even begin to solve the dilemma.

Many individuals and programs coordinate efforts in attempting to alleviate needs and find realistic solutions. Several such efforts are noted here.

Each summer Title I Migrant Education Programs are held in several western Kansas communities. These programs are geared to giving the migrant child the extra help he needs to catch up to his grade level and to close the gaps that sometimes occur in the regular school system.

Administrators and teachers are very cooperative in helping the project emphasize health education. Their assistance in helping the staff get children to medical and dental follow-up appointments is invaluable. This is true both of summer programs and the regular school session.

The Kansas Council of Agricultural Workers and Low-Income Families sponsors several programs which are designed to boost the learning experience of the child. These efforts include four Head Start programs and this year included Title I programs in Ulysses and Leoti. Both programs are bilingual and bicultural in format and scope. Chicano and Anglo children learn together about each other and share in each other's heritage.

Individuals and organizations in every community have made an admirable effort to provide clothing which is donated to the project for distribution. A number of church groups keep us well supplied with "baby bundles" composed of blankets, clothing, diapers and other essential items for the newborn. Surely this effort boosts the spirits of the mother who otherwise would have to fall-back on a small assortment of very well worn items preowned by her children or the children of relatives or friends. Bedding is also an item which is in constant demand. Blankets, sheets and quilts are often supplied by area organizations. Used clothing and household items of all kinds are donated in abundance by countless individuals and groups.

Other community efforts are the Christmas project which usually includes a food basket, clothing, and toys for the children; and the purchase of glasses by the Lions, Rotary, and other civic organizations.

Two other projects which augment health and consumer education efforts also deserve mention. Grocery store managers have been most cooperative about arranging tours through their respective stores. Tours include information directed toward unit pricing, house brands, what to look for in selecting produce, store displaying techniques, and so on. For example, almost all grocery stores display name brands at eye level. House brands of comparable quality but lower price are usually displayed below eye level closer to the floor. An unaware shopper might miss noticing these items altogether.

The second project involves area extension personnel who sponsor nutrition classes in Garden City and Ulysses which are well attended by migrants and settled-out migrants. In Ulysses several sessions have been held at a camp 14 miles from town. These classes have been very popular and most appreciated by the participants. Extension workers have also been most cooperative about holding "how to plant a garden" sessions each spring. This past year many of our families planted a garden for the first time.

Volunteers and organizations have also helped us solve transportation problems on numerous occasions. Cars or gasoline money has been provided to enable patients to make necessary trips to specialists several hundred miles away. On a few occasions air transportation has even been provided.

Interest in learning Spanish has soared among local residents in the past few years. Many persons already employed in the health care field have made beginning efforts to learn Spanish. One area pharmacist was successful enough to be able now to write instructions in Spanish on the prescriptions of his Spanish-speaking customers.

Ulysses again had a migrant nursery and day care program. Both of these operated under the sponsorship of the Grant County Day Care Center, Inc. The day care age children were included in the regular day care program. The infant nursery was held at the United Methodist Church. Johnson also attempted to have a migrant day care program, but it never really got off the ground. Through the efforts of VISTA volunteers and community people Goodland now has a new community day care program, and it is hoped that this program can be expanded during peak season to include migrant children. The need for migrant day care has not ceased to exist, and we regret that there were not more programs in the area. The communities supporting quality day care are to be congratulated heartily.

Community support balances out many project endeavors. Without it our job would be much more grim and less meaningful.

DEPARTMENT OF
HEALTH, EDUCATION AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED	April 1, 1975	
PERIOD COVERED BY THIS REPORT	FROM	THROUGH
	December 1973	November 1974
2. GRANT NUMBER (Use number shown on the last Grant Award Notice)	07-H-000018-11-0 CS-H20-C-0	
4. PROJECT DIRECTOR	Dr. Evalyn S. Gendel, M.D.	

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE	Western Kansas Migrant Health Project
3. GRANTEE ORGANIZATION (Name & address)	Kansas State Department of Health and Environment Topeka, Kansas 66603

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

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		TOTAL	MALE	FEMALE
JAN	650	650	0	(1) OUT-MIGRANTS:			
FEB	633	591	42	TOTAL	80	34	46
MAR	689	689	0	UNDER 1 YEAR	0	0	0
APRIL	792	782	10	1-4 YEARS	11	5	6
MAY	2,708	2,708	0	5-14 YEARS	29	13	16
JUNE	4,370	4,370	0	15-44 YEARS	37	14	23
JULY	3,880	3,880	0	45-64 YEARS	3	2	1
AUG.	3,031	3,031	0	65 AND OLDER	0	0	0
SEPT.	2,030	2,015	15	(2) IN-MIGRANTS:			
OCT	1,411	1,398	13	TOTAL	4,389	2,276	2,113
NOV.	992	992	0	UNDER 1 YEAR	63	33	30
DEC.	746	746	0	1-4 YEARS	450	227	223
TOTALS				5-14 YEARS	1,084	556	528
				15-44 YEARS	2,506	1,308	1,198
				45-64 YEARS	273	147	126
				65 AND OLDER	13	5	8

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	14	February	June
IN-MIGRANTS	16	May	September

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

Peak month total does not reflect total population because of monthly in-out migration. Total migrant population is estimated at 5623.

6. HOUSING ACCOMMODATIONS

a. CAMPS			b. OTHER HOUSING ACCOMMODATIONS		
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)	LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS			Rural	220	1,782
10 - 25 PERSONS			"Urban"	325	2,395
26 - 50 PERSONS	1	72			
51 - 100 PERSONS	1	140			
MORE THAN 100 PERSONS					
TOTAL*	2	212	TOTAL*	545	4,177

*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.



0059

POPULATION AND HOUSING DATA
FOR Finney COUNTY.

GRANT NUMBER

07-H-000018-11-0 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				b. NUMBER OF MIGRANTS DURING PEAK MONTH			
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS		TOTAL	MALE	FEMALE
JAN	63	63	N.A.	1) OUT-MIGRANTS	N.A.	N.A.	N.A.
FEB	63	63	N.A.	TOTAL	N.A.	N.A.	N.A.
MAR	63	63	N.A.	UNDER 1 YEAR	N.A.	N.A.	N.A.
APRIL	91	91	N.A.	1 - 4 YEARS	N.A.	N.A.	N.A.
MAY	255	255	N.A.	5 - 14 YEARS	N.A.	N.A.	N.A.
JUNE	310	310	N.A.	15 - 44 YEARS	N.A.	N.A.	N.A.
JULY	269	269	N.A.	45 - 64 YEARS	N.A.	N.A.	N.A.
AUG	188	188	N.A.	65 AND OLDER	N.A.	N.A.	N.A.
SEPT	96	96	N.A.				
OCT	84	84	N.A.	2) IN-MIGRANTS			
NOV	72	72	N.A.	TOTAL	310	160	150
DEC	72	72	N.A.	UNDER 1 YEAR	5	2	3
TOTALS				1 - 4 YEARS	23	10	13
c. AVERAGE STAY OF MIGRANTS IN COUNTY				5 - 14 YEARS	85	41	44
	NO OF WEEKS	FROM (MO.)	THROUGH (MO.)	15 - 44 YEARS	174	95	79
OUT-MIGRANTS	N.A.	N.A.	N.A.	45 - 64 YEARS	22	11	11
IN-MIGRANTS	12	May	August	65 AND OLDER	1	0	5

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.	N.A.	Scattered Rural	9	36
11 - 25 PERSONS			"Urban"	45	274
26 - 50 PERSONS					
51 - 100 PERSONS					
MORE THAN 100 PERSONS					
TOTAL*			TOTAL*	54	310

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

REMARKS

POPULATION AND HOUSING DATA

FOR Grant COUNTY.

GRANT NUMBER

07-H-000018-11-0 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)

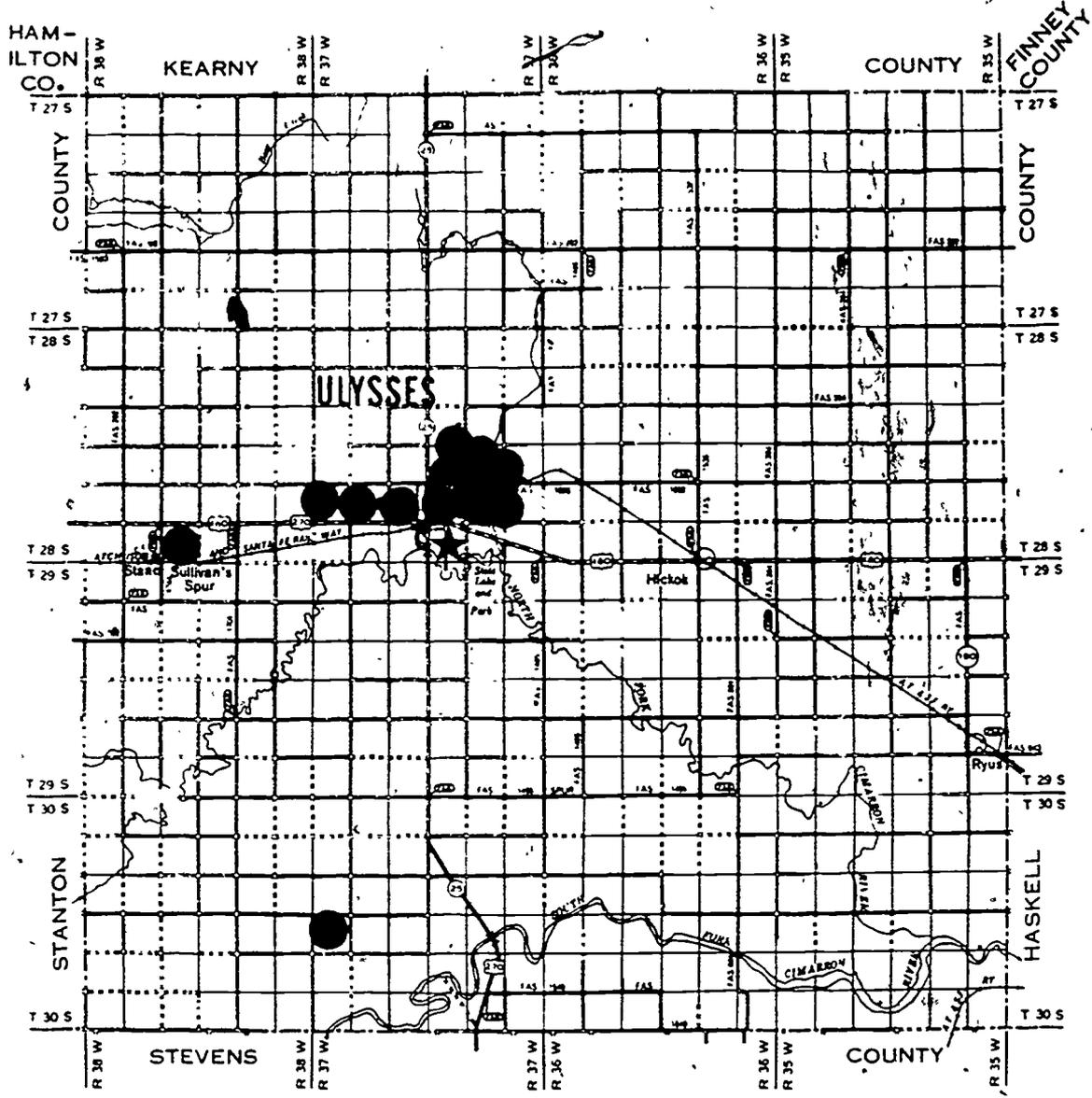
a. NUMBER OF MIGRANTS BY MONTH				b. NUMBER OF MIGRANTS DURING PEAK MONTH			
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS		TOTAL	MALE	FEMALE
JAN.	213	213	N.A.	(1) OUT-MIGRANTS	N.A.	N.A.	N.A.
FEB.	213	213	N.A.	TOTAL	N.A.	N.A.	N.A.
MAR.	232	232	N.A.	UNDER 1 YEAR	N.A.	N.A.	N.A.
APRIL	291	291	N.A.	1 - 4 YEARS	N.A.	N.A.	N.A.
MAY	544	544	N.A.	5 - 14 YEARS	N.A.	N.A.	N.A.
JUNE	787	787	N.A.	15 - 44 YEARS	N.A.	N.A.	N.A.
JULY	698	698	N.A.	45 - 64 YEARS	N.A.	N.A.	N.A.
AUG.	550	550	N.A.	65 AND OLDER	N.A.	N.A.	N.A.
SEPT.	473	473	N.A.	(2) IN-MIGRANTS			
OCT.	536	536	N.A.	TOTAL	787	417	370
NOV.	411	411	N.A.	UNDER 1 YEAR	9	3	6
DEC.	275	275	N.A.	1 - 4 YEARS	55	28	27
TOTALS				5 - 14 YEARS	125	59	66
c. AVERAGE STAY OF MIGRANTS IN COUNTY				15 - 44 YEARS	546	303	243
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	45 - 64 YEARS	50	24	26
OUT-MIGRANTS	N.A.	N.A.	N.A.	65 AND OLDER	2	0	2
IN-MIGRANTS	16 1/2	May	September				

6. HOUSING ACCOMMODATIONS

a. FLATS			b. OTHER HOUSING ACCOMMODATIONS		
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS			Rural	15	90
10 - 25 PERSONS			"Urban"	104	625
25 - 50 PERSONS					
51 - 100 PERSONS	1	72			
MORE THAN 100 PERSONS					
TOTAL*	1	72	TOTAL*	119	715

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

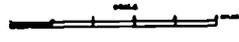
REMARKS



● Location Migrant Housing
 ★ Clinic

GRANT COUNTY
 KANSAS

1961



POPULATION AND HOUSING DATA
FOR Haskell-Gray COUNTY.

GRANT NUMBER
07-H-000018-11-0 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				b. NUMBER OF MIGRANTS DURING PEAK MONTH			
MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS		TOTAL	MALE	FEMALE
JAN.	68	68	N.A.	(1) OUT-MIGRANTS	N.A.	N.A.	N.A.
FEB	68	68	N.A.	TOTAL	N.A.	N.A.	N.A.
MAR	90	90	N.A.	UNDER 1 YEAR	N.A.	N.A.	N.A.
APRIL	95	95	N.A.	1 - 4 YEARS	N.A.	N.A.	N.A.
MAY	301	301	N.A.	5 - 14 YEARS	N.A.	N.A.	N.A.
JUNE	469	469	N.A.	15 - 44 YEARS	N.A.	N.A.	N.A.
JULY	389	389	N.A.	45 - 64 YEARS	N.A.	N.A.	N.A.
AUG.	270	270	N.A.	65 AND OLDER	N.A.	N.A.	N.A.
SEPT	150	150	N.A.	(2) IN-MIGRANTS			
OCT	98	98	N.A.	TOTAL	469	243	226
NOV	98	98	N.A.	UNDER 1 YEAR	8	3	5
DEC	96	96	N.A.	1 - 4 YEARS	70	34	36
TOTALS				5 - 14 YEARS	123	64	59
				15 - 44 YEARS	234	123	111
				45 - 64 YEARS	32	18	14
				65 AND OLDER	2	1	1

c. AVERAGE STAY OF MIGRANTS IN COUNTY

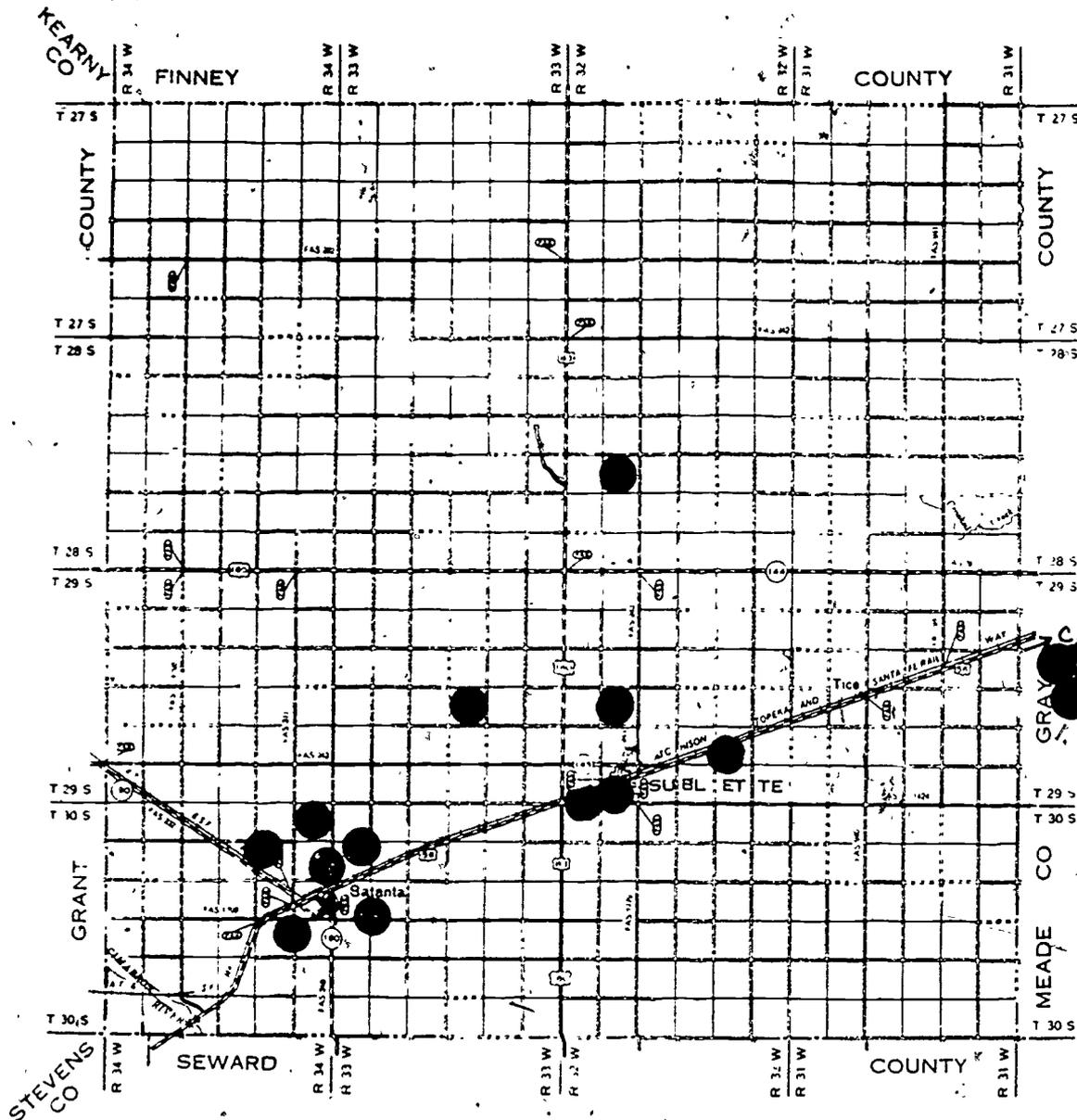
	NO OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	N.A.	N.A.	N.A.
IN-MIGRANTS	12	May	August

6 HOUSING ACCOMMODATIONS

a. CAMPS			b. OTHER HOUSING ACCOMMODATIONS		
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	N.A.	N.A.	Rural	31	279
10 - 25 PERSONS			"Urban"	24	190
25 - 50 PERSONS					
51 - 100 PERSONS					
MORE THAN 100 PERSONS					
TOTAL*			TOTAL*	55	469

*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
FOR Keatty COUNTY.

GRANT NUMBER
07-H-000018-11-0 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.	62	62	N.A.
FEB.	65	65	N.A.
MAR.	65	65	N.A.
APRIL	71	71	N.A.
MAY	302	302	N.A.
JUNE	467	467	N.A.
JULY	410	410	N.A.
AUG.	349	349	N.A.
SEPT	198	198	N.A.
OCT.	75	75	N.A.
NOV.	75	75	N.A.
DEC.	69	69	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS	N.A.	N.A.	N.A.
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	467	247	220
UNDER 1 YEAR	7	4	3
1 - 4 YEARS	33	15	18
5 - 14 YEARS	105	55	50
15 - 44 YEARS	286	154	132
45 - 64 YEARS	35	19	16
65 AND OLDER	1	0	1

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

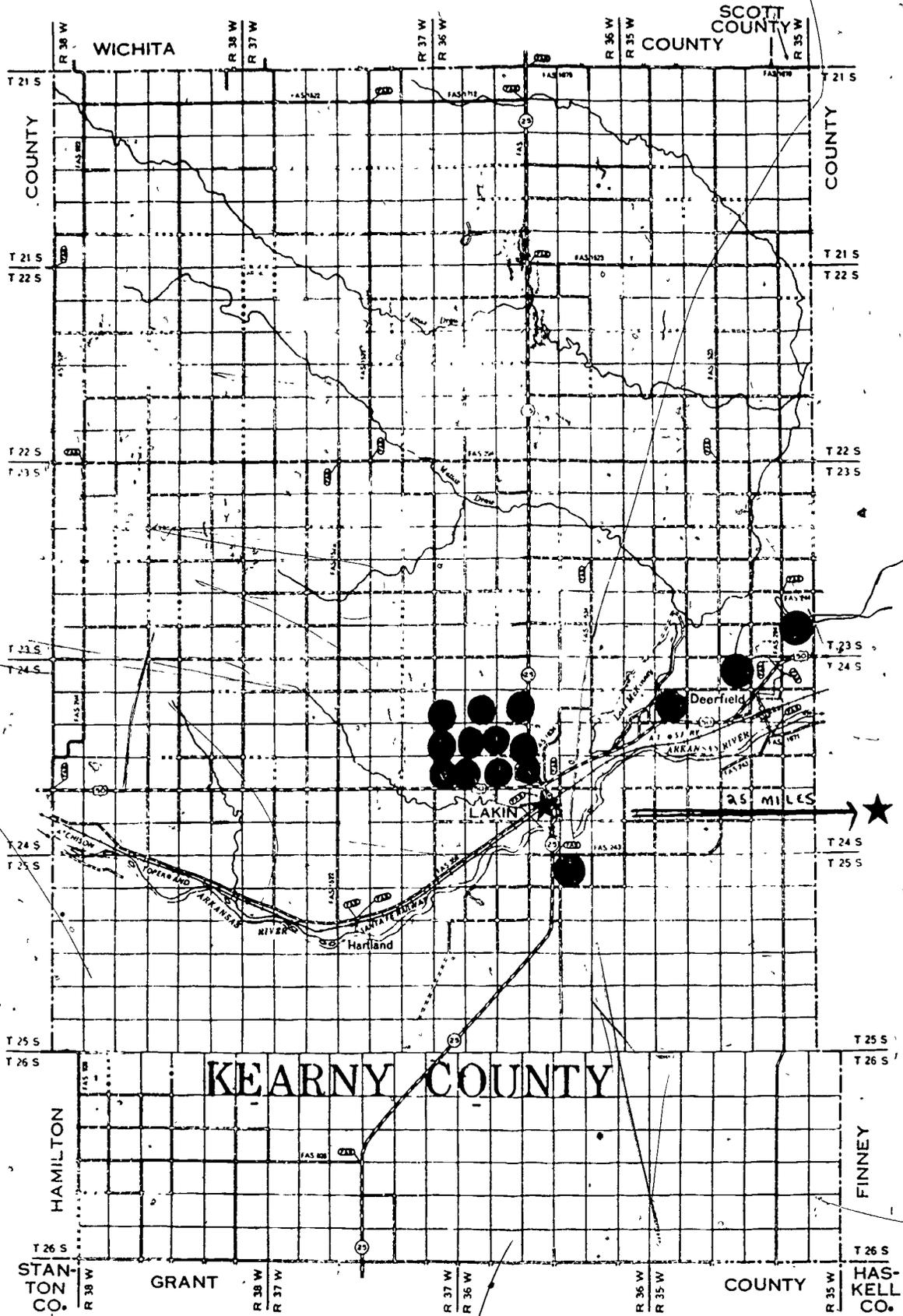
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	N.A.	N.A.
10 - 25 PERSONS		
25 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*		

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	21	232
"Urban"	17	235
TOTAL*	38	467

*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

POPULATION AND HOUSING DATA
 Sherman - Cheyenne
 FOR Wallace COUNTY.

GRANT NUMBER

07-H-000018-11-0 CS-H20-C

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.	125	125	0
FEB.	102	60	42
MAR.	84	84	0
APRIL	80	70	10
MAY	868	868	0
JUNE	1,337	1,337	0
JULY	1,287	1,287	0
AUG.	1,050	1,050	0
SEPT.	850	835	15
OCT.	410	397	13
NOV.	200	200	0
DEC.	100	100	0
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	80	34	46
UNDER 1 YEAR	0	0	0
1 - 4 YEARS	11	5	6
5 - 14 YEARS	29	13	16
15 - 44 YEARS	37	14	23
45 - 64 YEARS	3	2	1
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	1,337	694	643
UNDER 1 YEAR	24	16	8
1 - 4 YEARS	178	97	81
5 - 14 YEARS	414	216	198
15 - 44 YEARS	638	317	321
45 - 64 YEARS	80	45	35
65 AND OLDER	3	3	0

c. AVERAGE STAY OF MIGRANTS IN COUNTY

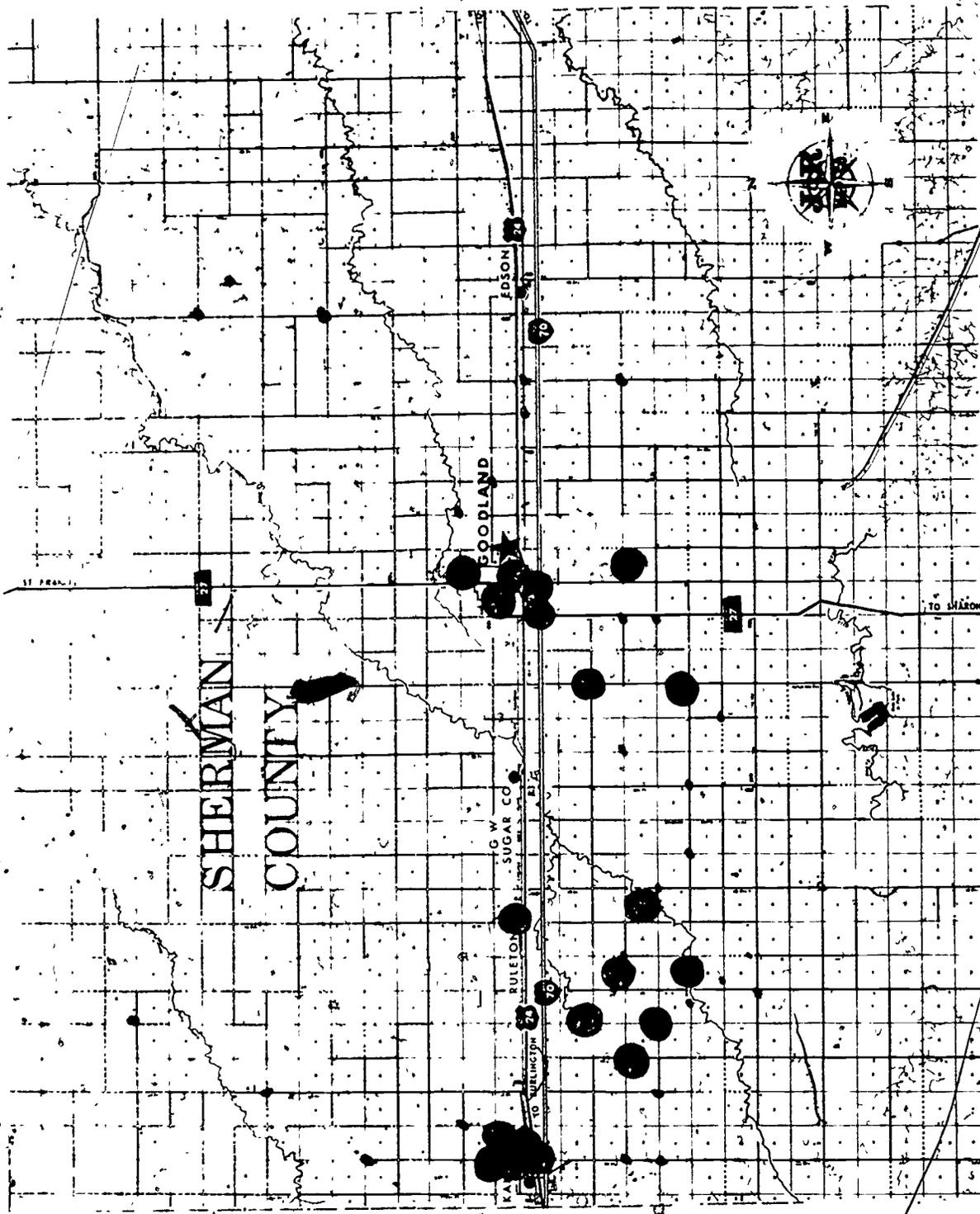
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	14	Feb.	June
IN-MIGRANTS	16	May	Sept.

6. HOUSING ACCOMMODATIONS

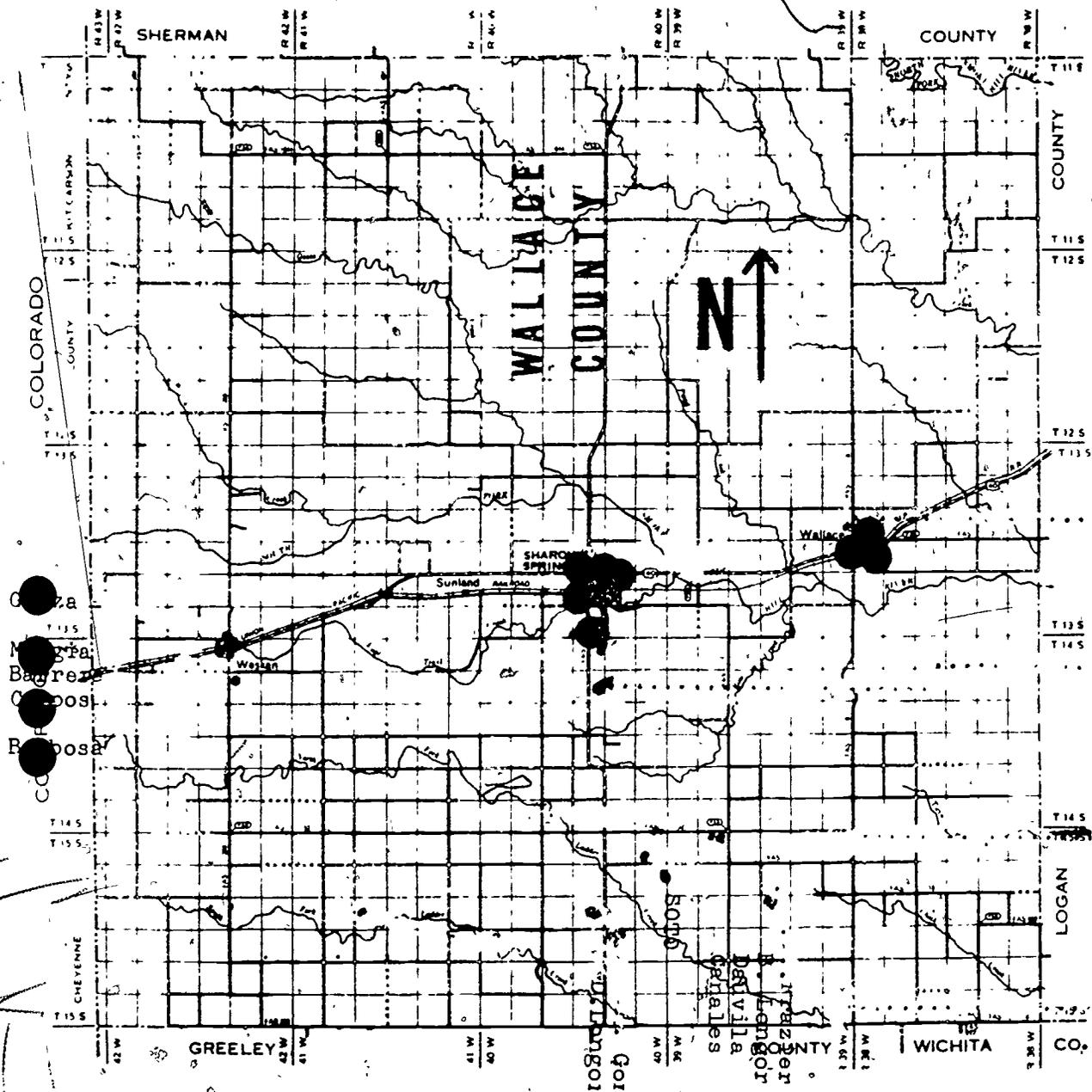
a. CAMPS			b. OTHER HOUSING ACCOMMODATIONS		
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)	LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS	N.A.		Rural	115	850
10 - 25 PERSONS					
26 - 50 PERSONS					
51 - 100 PERSONS					
MORE THAN 100 PERSONS					
TOTAL*			Urban	76	487
			TOTAL*	191	1337

*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

POPULATION AND HOUSING DATA
FOR Stanton COUNTY.

GRANT NUMBER

07-H-000018-11-0 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.	65	65	N.A.
FEB	65	65	N.A.
MAR.	69	69	N.A.
APRIL	73	73	N.A.
MAY	314	314	N.A.
JUNE	642	642	N.A.
JULY	450	450	N.A.
AUG.	263	263	N.A.
SEPT.	117	117	N.A.
OCT.	126	126	N.A.
NOV.	74	74	N.A.
DEC.	74	74	N.A.
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS*	N.A.	N.A.	N.A.
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	642	325	317
UNDER 1 YEAR	5	2	3
1 - 4 YEARS	38	21	17
5 - 14 YEARS	125	68	57
15 - 44 YEARS	433	210	223
45 - 64 YEARS	40	24	16
65 AND OLDER	1	0	1

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

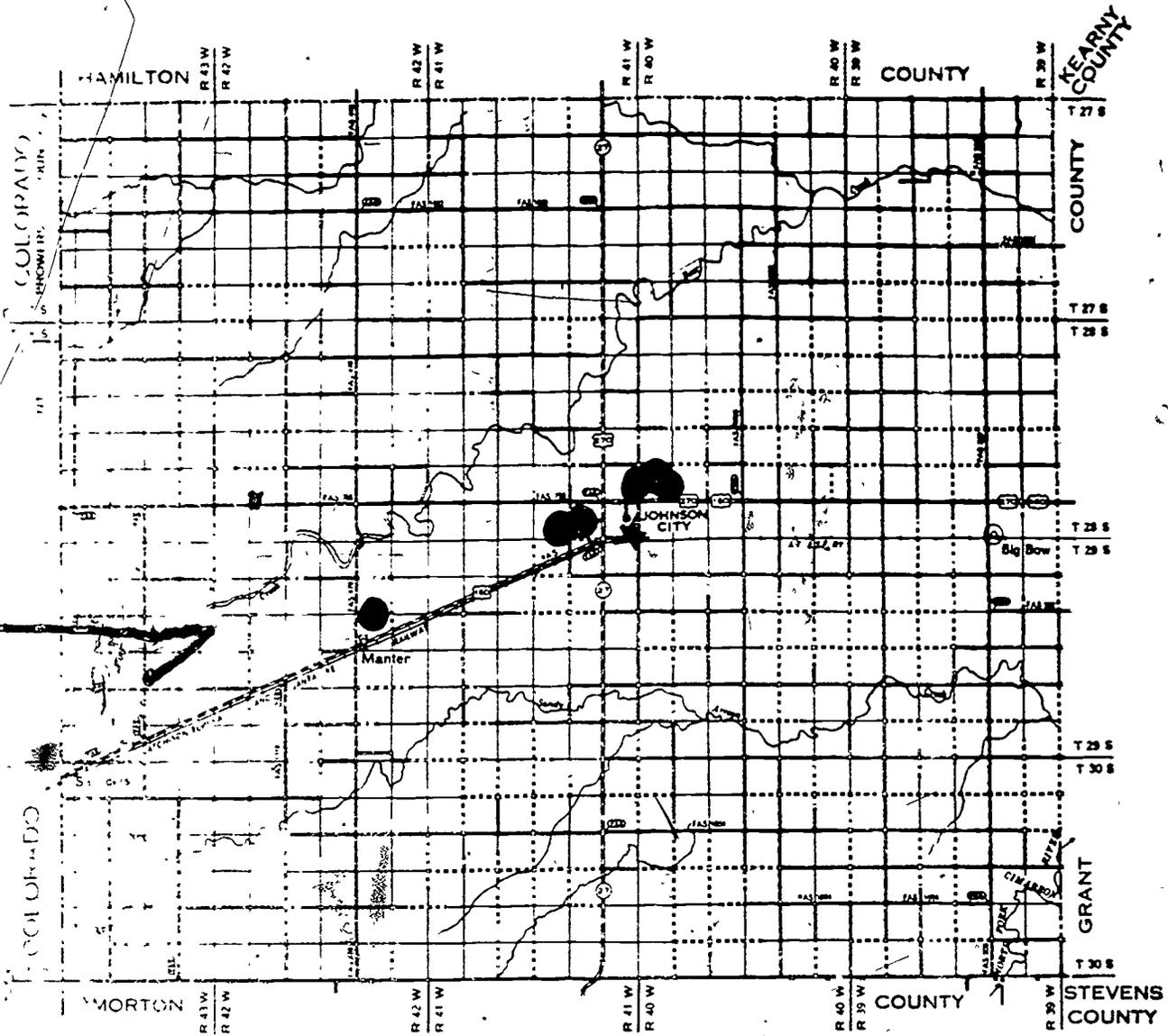
MAXIMUM CAPACITY	NUMBER	OCCUPANCY (Peak)
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
25 - 50 PERSONS		
50 - 100 PERSONS		
MORE THAN 100 PERSONS	1	140
TOTAL*	1	140

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify)	NUMBER	OCCUPANCY (Peak)
Rural	17	187
"Urban"	27	315
TOTAL*	44	502

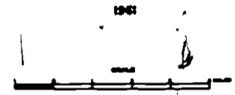
*NOTE The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

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)

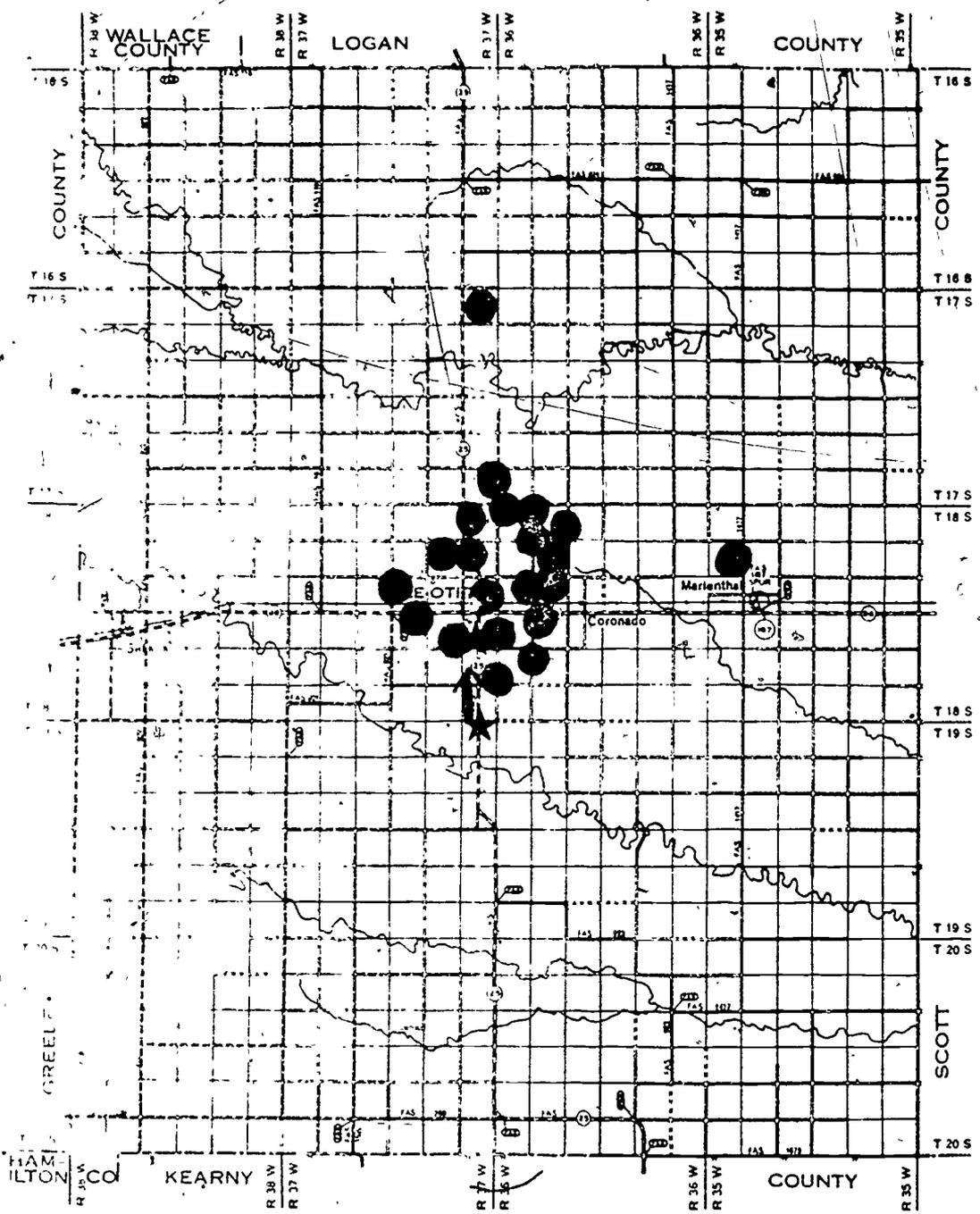
a. NUMBER OF MIGRANTS BY MONTH				b. NUMBER OF MIGRANTS DURING PEAK MONTH			
MONTH	TOTAL	IN-MIGRANTS*	OUT-MIGRANTS		TOTAL	MALE	FEMALE
JAN.	54	54	N.A.	(1) OUT-MIGRANTS.	N.A.	N.A.	N.A.
FEB	57	57	N.A.	TOTAL	N.A.	N.A.	N.A.
MAR.	86	86	N.A.	UNDER 1 YEAR	N.A.	N.A.	N.A.
APRIL	91	91	N.A.	1 - 4 YEARS	N.A.	N.A.	N.A.
MAY	124	124	N.A.	5 - 14 YEARS	N.A.	N.A.	N.A.
JUNE	358	358	N.A.	15 - 44 YEARS	N.A.	N.A.	N.A.
JULY	377	377	N.A.	45 - 64 YEARS	N.A.	N.A.	N.A.
AUG.	361	361	N.A.	65 AND OLDER	N.A.	N.A.	N.A.
SEPT.	146	146	N.A.	(2) IN-MIGRANTS			
OCT.	82	82	N.A.	TOTAL	377	190	187
NOV.	60	60	N.A.	UNDER 1 YEAR	5	3	2
DEC	60	60	N.A.	1 - 4 YEARS	53	22	31
TOTALS				5 - 14 YEARS	107	53	54
c. AVERAGE STAY OF MIGRANTS IN COUNTY				15 - 44 YEARS	195	106	89
	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)	45 - 64 YEARS	14	6	8
OUT-MIGRANTS	N.A.	N.A.	N.A.	65 AND OLDER	3	0	3
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	12	108
10 - 25 PERSONS			"Urban"	32	269
25 - 50 PERSONS					
51 - 100 PERSONS					
MORE THAN 100 PERSONS					
TOTAL*			TOTAL*	44	377

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

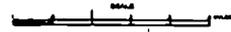
REMARKS



● Location Migrant Housing
 ★ Clinic

WICHITA COUNTY
 KANSAS

1961



0074

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES.

1. MIGRANTS RECEIVING MEDICAL SERVICES					2. MIGRANTS RECEIVING DENTAL SERVICES			
a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC					ITEM	TOTAL	UNDER 15	15 AND OLDER
AGE	NUMBER OF PATIENTS			NUMBER OF VISITS				
TOTAL	1,930	612	1,318	2,330	(1) NO DECAYED, MISSING, FILLED TEETH			
UNDER 1 YEAR	249	72	117	302	(2) AVERAGE DMF PER PERSON			
1 - 4 YEARS	679	287	392	729	b. INDIVIDUAL'S REQUIRING SERVICES TOTAL	425	407	18
5 - 14 YEARS	319	103	216	369	(1) CASES COMPLETED	390	372	18
15 - 44 YEARS	552	158	394	711	(2) CASES PARTIALLY COMPLETED	10	10	0
45 - 64 YEARS	115	39	76	185	(3) CASES NOT STARTED	25	25	0
65 AND OLDER	16	6	10	34	c. SERVICES PROVIDED - TOTAL			
b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:					(1) PREVENTIVE	439	439	0
(1) SERVED IN FAMILY HEALTH SERVICE CLINIC 570					(2) CORRECTIVE-TOTAL			
(2) SERVED IN PHYSICIANS' OFFICE ON FEE FOR SERVICE ARRANGEMENT (INCLUDE REFERRALS) 1,360					(a) Extraction	127	117	-10
3. MIGRANT PATIENTS HOSPITALIZED (Regardless of arrangements for payment) 53					(b) Other	1,180	1,125	55
No. of Patients (exclude newborn) 53					d. PATIENT VISITS - TOTAL	270 Hrs	257 Hrs	13 Hrs.
No. of Hospital Days 174					Dental Hygienst	102 Hrs	102 Hrs	

TYPE	COMPLETED IMMUNIZATIONS BY AGE					IN-COMplete SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	*784	76	291	278	6		133
SMALLPOX							
DIPHTHERIA	169	19	49	67	1		33
PERTUSSIS	161	19	91	24			27
TETANUS	169	19	49	67	2		33
POLIO	170	19	51	56	1		40
TYPHOID							
MEASLES	15		7	8			
OTHER (Specify)							
MR	55		27	28			
TB	34		14	20	1		
Rubellen	11		3	8	1		

REMARKS

* Immunization count includes all areas. But does not include immunizations and T.B. screening in Migrant Schools.

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

GRANT NUMBER
07-H-000018-11-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
I.	XVII.	TOTAL ALL CONDITIONS	430	286	144
I.	01-	INFECTIVE AND PARASITIC DISEASES TOTAL	142	81	61
	010	TUBERCULOSIS	1	1	
	011	SYPHILIS			
	012	GONORRHEA AND OTHER VENEREAL DISEASES	4	4	
	013	INTESTINAL PARASITES	1	1	
	014	DIARRHEAL DISEASE (infectious or unknown origins):			
		Children under 1 year of age			
	015	All other	20	14	6
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	1	1	
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	15	8	7
	019	OTHER INFECTIVE DISEASES (Give examples)			
		Animal Bite	1	1	
II.	02-	NEOPLASMS TOTAL			
	020	MALIGNANT NEOPLASMS (give examples)			
		Histocytosis of bone marrow	3	1	2
	025	BENIGN NEOPLASMS	2	1	1
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES TOTAL			
	030	DISEASES OF THYROID GLAND	4	2	2
	031	DIABETES MELLITUS	11	5	6
	032	DISEASES of Other Endocrine Glands	1	1	
	033	NUTRITIONAL DEFICIENCY	2	1	1
	034	OBESITY	7	4	3
	039	OTHER CONDITIONS Gallbladder	3	1	2
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS TOTAL			
	040	IRON DEFICIENCY ANEMIA	10	8	2
	049	OTHER CONDITIONS Hemophilia	14	2	12
		Epistaxis	1	1	
V.	05-	MENTAL DISORDERS TOTAL			
	050	PSYCHOSES			
	051	NEUROSES and Personality Disorders	8	3	5
	052	ALCOHOLISM	3	2	1
	053	MENTAL RETARDATION	2	1	1
	059	OTHER CONDITIONS Nerves	3	2	1
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL			
	060	PERIPHERAL NEURITIS			
	061	EPILEPSY	2	2	
	062	CONJUNCTIVITIS and other Eye Infections	2	2	
	063	REFRACTIVE ERRORS of Vision			
	064	OTITIS MEDIA	16	10	6
	069	OTHER CONDITIONS Ear infections	5	2	3

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII	07-	<u>DISEASES OF THE CIRCULATORY SYSTEM</u> TOTAL	230	164	66
	070	RHEUMATIC FEVER	3	2	1
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	2	2	
	072	CEREBROVASCULAR DISEASE (Stroke)			
	073	OTHER DISEASES of the Heart	2	1	1
	074	HYPERTENSION	11	8	3
	075	VARICOSE VEINS	1	1	
	079	OTHER CONDITIONS <u>Chest pain</u>	1	1	
VIII	08-	<u>DISEASES OF THE RESPIRATORY SYSTEM</u> TOTAL	31	26	5
	080	ACUTE NASOPHARYNGITIS (Common Cold)	2	2	
	081	ACUTE PHARYNGITIS	25	17	8
	082	TONSILLITIS	11	5	6
	083	BRONCHITIS			
	084	TRACHEITIS LARYNGITIS			
	085	INFLUENZA	10	7	3
	086	PNEUMONIA	1	1	
	087	ASTHMA MAY FEVER	15	2	13
	088	CHRONIC LUNG DISEASE (Emphysema)			
	089	OTHER CONDITIONS <u>Pleurisy</u>	3	3	
IX	09-	<u>DISEASES OF THE DIGESTIVE SYSTEM</u> TOTAL	3	2	1
	090	CARIES and Other Dental Problems	12	4	8
	091	PEPTIC ULCER	1	1	
	092	APPENDICITIS	2	2	
	093	HERNIA	1	1	
	094	CHOLECYSTIC DISEASE	1	1	
	099	OTHER CONDITIONS <u>Gastroenteritis</u>	2	2	
X	10	<u>DISEASES OF THE GENITOURINARY SYSTEM</u> TOTAL	10	8	2
	100	URINARY TRACT INFECTIONS (Pyelonephritis, Cystitis)	1	1	
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	5	4	1
	102	OTHER DISEASES of Male Genital Organs	2	3	
	103	DISORDERS of Menstruation	9	7	2
	104	MENOPAUSAL SYMPTOMS			
	105	OTHER DISEASES of Female Genital Organs			
	109	OTHER CONDITIONS			
XI	11-	<u>COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM:</u>			
		TOTAL	4	3	1
	110	INFECTIONS of Genitourinary Tract during Pregnancy	1	1	
	111	TOXEMIAS of Pregnancy	3	3	
	112	SPONTANEOUS ABORTION	19	17	2
	113	REFERRED FOR DELIVERY	4	4	
	114	COMPLICATIONS of the Puerperium	2	2	
	119	OTHER CONDITIONS <u>Edema</u>			
XII	12-	<u>DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE:</u> TOTAL	1	1	
	120	SOFT TISSUE ABSCESS OR CELLULITIS	23	15	8
	121	IMPETIGO OR OTHER PYODERMA	1	1	
	122	SEBORRHEIC DERMATITIS	4	3	1
	123	ECZEMA CONTACT DERMATITIS, OR NEURODERMATITIS			
	124	ACNE			
	129	OTHER CONDITIONS <u>Fissured heels</u>	1	1	

PART II - 5. (Continued)

GRANT NUMBER

07-H-000018-11-0 CS-H20-C-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	<u>DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE</u> TOTAL	58	41	17
	130	RHEUMATOID ARTHRITIS	1	1	
	131	OSTEOARTHRITIS			
	132	ARTHRITIS, Unspecified	4	3	1
	139	OTHER CONDITIONS			
XIV.	14-	<u>CONGENITAL ANOMALIES</u> TOTAL			
	140	CONGENITAL ANOMALIES of Circulatory System	2	1	1
	149	OTHER CONDITIONS			
XV.	15-	<u>CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY</u> TOTAL			
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS			
XVI.	16-	<u>SYMPTOMS AND ILL-DEFINED CONDITIONS</u> TOTAL			
	160	SYMPTOMS OF SENILITY	1	1	
	161	BACKACHE	4	3	1
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	2	2	
	163	HEADACHE	8	5	3
	169	OTHER CONDITIONS <u>Abdominal pain</u> <u>Fainting</u>	2 4	2 3	 1
XVII.	17-	<u>ACCIDENTS, POISONINGS, AND VIOLENCE</u> TOTAL			
	170	LACERATIONS ABRASIONS, and Other Soft Tissue Injuries	9	5	4
	171	BURNS	3	2	1
	172	FRACTURES	7	7	
	173	SPRAINS, STRAINS, DISLOCATIONS	7	4	3
	174	POISON-INGESTION			
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	4	2	2

NUMBER OF INDIVIDUALS

6.	2-	<u>SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS</u> TOTAL		2,014	
	200	FAMILY PLANNING SERVICES		120	
	201	WELL CHILD CARE		39	
	202	PRENATAL CARE		58	
	203	POSTPARTUM CARE		14	
	204	TUBERCULOSIS Follow-up of inactive case		6	
	205	MEDICAL AND SURGICAL AFTERCARE		3	
	206	GENERAL PHYSICAL EXAMINATION		725	
	207	PAPANICOLAOU SMEARS		12	
	208	TUBERCULIN TESTING		4	
	209	SEROLOGY SCREENING		9	
	210	VISION SCREENING		659	
	211	AUDITORY SCREENING		124	
	212	SCREENING CHEST X-RAYS		9	
	213	GENERAL HEALTH COUNSELLING <u>Health promotion</u>		212	
	219	OTHER SERVICES <u>Immunizations</u>		20	
		(Specify) <u>Polio 8</u>			
		<u>DPT 7</u>			
		<u>Tetanus 5</u>			

PART III - NURSING SERVICE

GRANT NO.

TYPE OF SERVICE	NUMBER
1 NURSING CLINICS	
a. NUMBER OF CLINICS _____	80
b. NUMBER OF INDIVIDUALS SERVED - TOTAL _____	1,633
2 FIELD NURSING:	
a. VISITS TO HOUSEHOLDS _____	1,163
b. TOTAL HOUSEHOLDS SERVED _____	290
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS _____	2,306
d. VISITS TO SCHOOLS, DAY CARE CENTERS _____	42
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS _____	1,009
3 CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE TOTAL _____	837
(1) Within Area _____	214
(Total Completed _____)	
(2) Out of Area _____	623
(Total Completed _____)	
b. REFERRALS MADE FOR DENTAL CARE TOTAL _____	
(Total Completed _____)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL _____	2
(Total Completed _____)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee for-Service) _____	130
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):	
<p>35 different meetings and training sessions were attended. Transportation to physicians office or clinic were provided when absolutely necessary.</p>	

REMARKS

PART IV - SANITATION SERVICES

GRANT NUMBER

07-H-000018-11-0 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 POUND		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								
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 (Special)
A SERVICES TO MIGRANTS						
(1) Individual counselling	1,718	175	988	N.A.	1,438	350
(2) Group counselling	270	N.A.	6	N.A.	24	N.A.
B SERVICES TO OTHER PROJECT STAFF						
(1) Consultation	82	N.A.	23	N.A.	N.A.	6
(2) Direct services	N.A.	N.A.	10	N.A.	N.A.	N.A.
C SERVICES TO GROWERS						
(1) Individual counselling	N.A.			N.A.	N.A.	N.A.
(2) Group counselling	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
D SERVICES TO OTHER AGENCIES OR ORGANIZATIONS						
(1) Consultation with individuals	10	N.A.	15	N.A.	N.A.	N.A.
(2) Consultation with groups	N.A.	N.A.	10	N.A.	N.A.	N.A.
(3) Direct services	5	N.A.	654	N.A.	N.A.	N.A.
E HEALTH EDUCATION MEETINGS	94	N.A.	N.A.	N.A.	50	N.A.

