Project HAPPIER (Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility) is assembling a consortium of representatives from departments of education in Minnesota, Arizona, Massachusetts, Georgia, Texas, Washington, Florida, California, and Puerto Rico to develop curriculum units for migrant children for teaching health information. The report summarizes results of a survey administered to samples of migrant health center staffs and consortium members and 40 state directors of migrant education to determine entry level knowledge of participating audiences to ensure that curriculum units will meet needs of migrant health staff, migrant education staff, and migrant parents. Respondents indicated migrant "wellness" and disease prevention should be a coordinated effort, led by migrant health projects and migrant education programs. Barriers to adequate health care are cost and inaccessibility, coupled with migrant life styles and lack of information. Since the family is seen as highly influential, any materials development should include materials for parents. The greatest needs for materials are in the areas of nutrition, human growth and development, disease control, and dental health. A knowledge of migrant designed to be integrated with existing curricula. A project overview and a list of objectives are provided in both English and Spanish. The appendices, which form the bulk of the document, include survey forms, comments, and item by item responses. (Author/NEC)
EVALUATION OF PROJECT HAPPIER SURVEY

Joseph F. Haenn

February 15, 1984
HAPPIER OVERVIEW

The Pennsylvania Department of Education administers Project HAPPIER, funded through discretionary funds by the United States Department of Education, Office of Migrant Education. The project coordinates an intra/intestate and intra/interagency effort to develop and disseminate curriculum units on the health awareness patterns that prevent illnesses and promote wellness for Migrant children.

Funded in September 1983, the Project assembled a consortium of representatives from the state departments of education of Minnesota, Arizona, Massachusetts, Georgia, Texas, Washington, Florida, California, and Puerto Rico. Represented as a part of the Consortium is Migrant Education, the United States Department of Education, Migrant Health, the United States Department of Health and Human Services. Also represented are various Health Management experts who will be used as sources of information on specific preventative and holistic health techniques. This Project will be developed cooperatively between health and education persons throughout the nation and at state and federal levels.

Each of these organizations will contribute to the development of materials for Migrant children from preschool to grade 12 for the teaching of core information concerning health practices which promote wellness and the development of a Resource Guide to health education materials.

The materials will be designed to be used as a separate curriculum unit on preventative health or to be integrated into a regular math and reading curriculum booklet for parents (English/Spanish); and a Resource Guide to existing health education materials, listing them by skill level.

Field testing of the materials involving administrators, teachers, and health personnel of Migrant children is being planned for California, Florida, Texas, and Puerto Rico in five pilot sites. It is anticipated that the project scope will be expanded to allow further refinement of the materials, Resource Guide, training strategies, overall dissemination of the project materials, and the training of Migrant teachers and health personnel in additional states.

Project HAPPIER will bring together for the first time the joint expertise of the United States Education Department (Migrant Education) and the Department of Health and Human Services (Migrant Health) whose primary concern will be the delivery of an effective preventative health curriculum for the benefit of migrant families.
El Departamento de Educación the Pensilvania administra el Proyecto HAPPIER, subvencionado mediante fondos arbitrarios, por el Departamento de Educación de los Estados Unidos, Oficina de Educación Migrante. El proyecto coordina un esfuerzo intra/interestatal e intra/iteragencias para desarrollar y diseminar unas unidades didácticas relacionadas con los principios de salud, para prevenir enfermedades y promocionar un sano bienestar para los niños Migrantes.

Consolidado en septiembre de 1983, el Proyecto ha reunido un consorcio de representantes de los departamentos de educación de los estados de Minnesota, Massachusetts, Georgia, Texas, Washington, Florida, California y Puerto Rico. Como parte del consorcio están: Educación Migrante, Departamento de Educación de los Estados Unidos, Salud Migrante y Departamento de Salud y Servicios Humanos de los Estados Unidos. Como representantes del consorcio también hay varios expertos y directivos de Sanidad y Salud que servirán como fuentes de información en asuntos técnicos y específicos, sobre cómo mantener una vida sana. El Proyecto será llevado a cabo, conjuntamente, por personal de salud y educación a lo largo y ancho de la nación y a niveles estatales y federales.

Cada una de estas organizaciones contribuirá al desarrollo de materiales para niños migrantes, desde edad preescolar hasta el grado 12, para la enseñanza de una información correcta, concerniente a prácticas sanas, que promocionan el sano bienestar y el desarrollo de una Guía de Investigación para materiales educativos de salud.

Los materiales estarán ideados para que puedan usarse separadamente para salud preventiva o puedan ser integrados en un curso normal de matemáticas y lectura. Un folleto para los padres (inglés-español), y una Guía de Investigación sobre los materiales de salud educativa ya existentes, enumerados según el grado o nivel de destreza.

Experimentar los materiales entre administradores, maestros, y personal de salud para niños Migrantes, en California, Florida, Texas y Puerto Rico, como estados piloto. Podemos anticipar que el punto de mira del proyecto será ampliado para obtener unos materiales más refinados, Guía de Investigación, estrategias de enseñanza, diseminación de todos los materiales del proyecto y cursos de adiestramiento para los maestros Migrantes y personal de salud en estados adicionales.

El Proyecto HAPPIER, por primera vez, unirá los conocimientos y habilidades del Departamento de Educación de los Estados Unidos (Educación Migrante) y del Departamento de Salud y Servicios Humanos (Salud Migrante) cuyo interés primario será la presentación de una unidad de salud efectiva y preventiva, para beneficio de las familias Migrantes.
HAPPIER OBJECTIVES

1. Establish a consortium which will be intra/interagency and intra/interstate and be representative of health personnel and educational personnel throughout the nation.

2. Determine entry level knowledge of Migrant Health staff, Migrant Education staff and Migrant children and parents pertaining to health patterns.

3. Create an awareness for all audiences of individual health patterns and the corresponding materials to meet those needs.

4. Create an awareness for all audiences of health patterns presently existing in Migrant families and individualized for specific geographic regions.

5. Design and develop a Resource Guide of health education materials by skill and addressing selected topics through body systems.

6. Design and develop materials that can be used by Migrant Health staff, Migrant Education staff, and Migrant children and parents to teach an awareness of health patterns that prevent illnesses and encourage responsibility toward promoting wellness, while teaching the basic reading and math skills normally taught to Migrant children.

7. Field test the curriculum units in California, Texas, Puerto Rico, and Florida involving Migrant Health staff, Migrant Education staff, and Migrant children and parents.
OBJETIVOS DE HAPPIER

1. Establecer un consorcio que será intra/interagencias e intra/interestatal, que estará representado por el personal de sanidad o salud y personal educativo de toda la nación.

2. Determinar el primer grado o nivel por personal de Salud Migrante, Educación Migrante y niños y padres migrantes sobre principios concernientes a la salud.

3. Crear un interés y temas para todas las audiencias sobre principios de salud individual y los materiales correspondientes para conocer estas necesidades.

4. Crear un interés para todas las audiencias acerca de los principios de salud que actualmente existen entre las familias migrantes, individualizados según regiones geográficas específicas.

5. Trazar y desarrollar una Guía de Investigación sobre materiales educativos de salud según destrezas, tomando tópicos seleccionados y relacionados con los sistemas del cuerpo humano.

6. Trazar y desarrollar materiales que puedan ser usados por el personal de Salud Migrante, Educación Migrante y por los niños y padres migrantes, para enseñar unos conceptos de salud para prevenir enfermedades y procurar inculcar responsabilidad hacia la promoción del bienestar, mientras se enseñan las destrezas básicas de lectura y matemáticas, que normalmente se enseñan a los Niños Migrantes.

EXECUTIVE SUMMARY

Evaluation of Project HAPPIER Survey

Project HAPPIER is funded by the Office of Migrant Education of the United States Department of Education. Administered by the Pennsylvania Department of Education, the project is assembling a consortium of representatives from state departments of education to develop curriculum units for migrant children for the teaching of current information concerning health. This report summarizes the results of a survey to determine entry level knowledge of the various participating audiences to ensure the curriculum unit will meet the needs of migrant health staff, migrant education staff, and migrant parents.

Respondents indicated migrant "wellness" and disease prevention should be a coordinated effort, led by migrant health projects and migrant education programs. Barriers to adequate health care are cost and inaccessibility, coupled with migrant life styles and lack of information. Since the family is seen as highly influential, any materials development should include materials for parents. The greatest needs for materials are in the areas of nutrition, human growth and development, disease control and dental health. A knowledge of migrant peoples is essential to the teaching process. Materials should be designed to be integrated with existing curriculae.
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Evaluation of Project HAPPIER Survey

Project HAPPIER (Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility) is funded with discretionary funds by the Office of Migrant Education of the United States Department of Education. Administered by the Pennsylvania Department of Education, the Project coordinates an intra/interstate and intra/interagency effort to develop and disseminate curriculum units on the health awareness patterns preventing illnesses and encouraging responsibility to migrant children.

Initially funded in September of 1983, the project is assembling a consortium of representatives from the state departments of education of California, Florida, Minnesota, New Hampshire, Puerto Rico, Texas, and Washington. Represented as a part of the Consortium is the Office of Migrant Education of the United States Department of Education and the Office of Migrant Health of the Department of Health and Human Services. Also represented are various State Health Directors. This project will be developed cooperatively between health and education persons throughout the nation and at state and federal levels.

Each of these organizations will contribute to the development of curriculum units for migrant children from pre-kindergarten to grade 12 for the teaching of correct information concerning health. The unit will be designed to be used as a separate curriculum unit on health or to be integrated into the regular math and reading curriculum. It will be skill-sequenced and usable by teachers, health personnel, and parents in any instructional setting, both in English and Spanish. The primary parts of the curriculum will be a Planned Course for Instruction (English/Spanish), the actual tool for instruction; a Guide for Health (English/Spanish), the staff development instrument for training teachers and health staff; and a booklet for parents (English/Spanish).

Field testing of the curriculum unit involving administrators, teachers, and health personnel of migrant children is being planned for California, Florida, Texas, and Puerto Rico. It is anticipated that the project scope will be expanded to allow further refinement of both the curriculum unit, training strategies, overall dissemination of the project materials and the training of migrant teachers in additional states.

Survey of Migrant Education Programs

A survey was developed to determine entry level knowledge of the various participating audiences in order to
ensure that the curriculum unit will meet the needs of migrant health staff, migrant education staff, and migrant parents. It assesses the current health needs of migrants and the availability of educational materials to assist the efforts of local migrant education programs.

Two forms of the survey were used. One form, presented in Appendix A, was administered to samples of the staff of Migrant Health Centers and the Consortium Members. The other form, presented in Appendix B, was administered to State Directors of Migrant Education. The results of the administration of these surveys are the subject of this report.

Limitations of the Survey

The survey was developed independently of this evaluation and before an evaluation plan was established. This resulted in a format which was problematic for some survey items.

Item 3 called for a single response, but more often than not this item generated multiple responses. These multiple responses are included in this report.

Items 5 through 10 called for rankings of responses. Although the directions were worded differently on the two forms, about a third of the respondents checked their responses rather than ranking them. Therefore, each type of response mode will be reported separately in the discussion of each of these items. In some instances respondents ranked some of the responses, but left others blank. For the purposes of this evaluation, the remaining responses were ranked randomly if over half of the responses were ranked, but were treated as checked responses if half or fewer of the responses were ranked.

Finally, the last five items on the survey, especially the last two items, were answered by only a small proportion of the respondents. Therefore, the representativeness of these responses must be questioned.

RESULTS

This evaluation report summarizes the responses across the three respondent groups by survey item. In other words, for each item the responses of the three respondent groups are compared. Numerous comments to the "other (please specify)" alternatives or to the items in general are used to extend these results. Complete comments are included as Appendices C (Migrant Health Center respondents), D (HAPPIER Consortium Members), and E (Migrant Education State Directors).
Item U. Do you need any health educational materials and training in order to implement a disease prevention and/or health promotion program for your migrant families?

This item appears only on the survey administered to the State Directors of Migrant Education (Appendix B). Five of the 40 respondents omitted this item. Of the remainder, 24 respondents (69 percent) indicated they need health educational materials and/or training.

Twenty-five respondents provided written comments. These comments are presented as part of Appendix E. Of these comments, six were explanations of their response. Another respondent said more funds would be needed to implement such programs.

One respondent requested the development of audio-visual materials. Six respondents need more (or any!) materials of this type, and three respondents said they could use the training.

Five respondents indicated a need for materials which are appropriate for the family, parents, and/or children. Four requested Spanish materials while one said the materials should be culturally appropriate.

The areas in which materials are needed according to these comments are:

- Dental hygiene (4 respondents)
- Hygiene (3)
- Nutrition (3)
- Early childhood development (2)
- Sex education (2)
- Adolescent pregnancy
- Communicable disease control
- Cross-cultural awareness
- Family planning
- First aid
- General health awareness
- Health awareness patterns
- Herpes Simplex II
- Home safety
- Immunizations
- Impetigo
- Infant care
- Lead toxicity
- Pesticides
- Proper diet
- Substance abuse
Item 1. What groups in a community should promote wellness and disease prevention in migrant children and their families?

Responses to this item for each of the three groups of respondents is presented in Table 1. A "coordination of efforts" was checked most often, followed by "Migrant Health Staff" and "Migrant Education Program Staff." Only about half of the respondents checked "Head Start Program Staff." There was very little difference in response across the three groups.

There were 11 specified responses in the "other" category. These included: public/county health officials (3 respondents), state department of health (2), school nurses (2), employers, hospitals, mental hygiene staff, legal aid, social services, the Growers Association, and the name of a specific person.

Item 2. In your community have agencies and organizations cooperated, in the past, to provide disease prevention and health promotion programs for migrant children and their families?

A summary of responses to this item are presented in Table 2. More than 80 percent of the respondents answered affirmatively, although 4 respondents in each group omitted this item. Of the 17 written comments, 2 respondents indicated this item was not applicable while another did not know. Ten other respondents indicated such cooperation was not adequate, but did exist to some extent.

Item 3. Which organization in your community could most effectively coordinate health promotion programs for migrant families?

The response checked most often was "Migrant Health Projects" (36 respondents), followed by "Migrant Education Programs" and "other" (10 respondents each). These responses are summarized in Table 3.

As mentioned previously, many respondents (about half of them) checked more than one response to this item. Most often checked in combination were "Migrant Health Projects" and "Migrant Education Programs" or one or both of these in combination with the "other" category.

There were a total of 32 respondents (or about 27 percent) who checked the "other" category. Most frequently indicated others were: public, county and/or state health departments (9 respondents); special migrant or rural health councils or agencies (8); community or non-profit groups or organizations (4); clinics (3); and public, migrant or school...
TABLE 1
ITEM 1 RESPONSES

<table>
<thead>
<tr>
<th>Responses Checked</th>
<th>Health Centers</th>
<th>State Directors</th>
<th>Consortium Members</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>Migrant Health Staff</td>
<td>47</td>
<td>67</td>
<td>26</td>
</tr>
<tr>
<td>Migrant Ed. Program Staff</td>
<td>46</td>
<td>66</td>
<td>20</td>
</tr>
<tr>
<td>Head Start Program Staff</td>
<td>36</td>
<td>51</td>
<td>14</td>
</tr>
<tr>
<td>Coordination of efforts...</td>
<td>58</td>
<td>83</td>
<td>36</td>
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<tr>
<td>(other)</td>
<td>12</td>
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</tr>
</tbody>
</table>

TABLE 2
ITEM 2 RESPONSES

<table>
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<tr>
<th>Response Checked</th>
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<th>Consortium Members</th>
</tr>
</thead>
<tbody>
<tr>
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<td>%</td>
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</tr>
<tr>
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<td>53</td>
<td>80</td>
<td>30</td>
</tr>
<tr>
<td>No</td>
<td>13</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>(Number of omits)</td>
<td>(4)</td>
<td>(4)</td>
<td>(4)</td>
</tr>
</tbody>
</table>
Item 4. Check one or more definitions that best describe your view of "Holistic Health".

The results of this item are presented in Table 4. The most frequently checked response was "Viewing a person's wellness from a variety of perspectives", which was checked by about three-quarters of the respondents. About two-thirds of the respondents checked "Treating the person not the 'disease'" and "Promoting unity of body, mind and spirit." About half of the respondents checked "Bringing together concepts and skills to enhance a person's growth towards harmony and balance." Less than one-fourth of the respondents checked any of the other four responses.

There was little difference in responding among the three groups, although the State Directors tended to rank the most popular responses somewhat lower.

There were six written comments to this item. One person indicated he/she didn't "have a clue" as to which one to choose. Another thought "all of the above (were acceptable) dependent on the individual." A third respondent did not like any of the responses, but could have chosen the last response if "unsound" was changed to "sound." Another person provided his/her own definition: "Treating the person in the environment including the body, mind and spirit." Finally, one respondent indicated that an article (probably describing holistic health) was attached, but this evaluator did not receive the article.

<table>
<thead>
<tr>
<th>Responses Checked</th>
<th>Health Centers</th>
<th>State Directors</th>
<th>Consortium Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viewing person's wellness...</td>
<td>50 74</td>
<td>28 70</td>
<td>8 89</td>
</tr>
<tr>
<td>Bringing together concepts...</td>
<td>36 53</td>
<td>17 43</td>
<td>5 56</td>
</tr>
<tr>
<td>Treating &quot;person&quot; not disease...</td>
<td>47 69</td>
<td>10 25</td>
<td>6 67</td>
</tr>
<tr>
<td>Promoting unity of body, mind...</td>
<td>45 66</td>
<td>19 48</td>
<td>6 67</td>
</tr>
<tr>
<td>Alternative to conventional...</td>
<td>5 7</td>
<td>9 23</td>
<td>3 33</td>
</tr>
<tr>
<td>Combining with best health...</td>
<td>6 9</td>
<td>5 13</td>
<td>2 22</td>
</tr>
<tr>
<td>A popular, but unscientific...</td>
<td>4 6</td>
<td>2 5</td>
<td>0 0</td>
</tr>
<tr>
<td>Unsound set of principles...</td>
<td>3 4</td>
<td>1 3</td>
<td>0 0</td>
</tr>
<tr>
<td>(number of omits)</td>
<td>( 2)</td>
<td>( 0)</td>
<td>( 2)</td>
</tr>
</tbody>
</table>
As stated previously, these items were to collect a ranking of responses. However, some respondents ranked only a few of the responses while others simply checked responses. Therefore, both types of responses are included in the following discussions of these items.

A summary of the number and percentage of respondents who ranked and checked the responses to items 5 through 10 are presented in Table 5 for each of the three groups of respondents. For most items, 60 to 80 percent of the respondents used rankings.

<table>
<thead>
<tr>
<th>Item</th>
<th>Health Centers</th>
<th>State Directors</th>
<th>Consortium Members</th>
</tr>
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<tbody>
<tr>
<td>No.</td>
<td>Ranking</td>
<td>Checking</td>
<td>No. of</td>
</tr>
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<td>5</td>
<td>41</td>
<td>60</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
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<td>24</td>
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<td>9</td>
<td>41</td>
<td>61</td>
<td>26</td>
</tr>
<tr>
<td>10</td>
<td>40</td>
<td>57</td>
<td>30</td>
</tr>
</tbody>
</table>

Item 5. What are the barriers that prevent migrant children and their parents from obtaining health care?

The results for this item are presented in Tables 6-8, separately for each of the respondent groups. Although most respondents did not check or rank the "Other" response, the minimum and maximum values given are for those respondents who did rank this response. The mean of the "Other" response is only for those respondents who did rank this response. Because of the limited numbers of respondents ranking this response, the mean will not be discussed in the following sections.

"High cost" and "inaccessibility" were indicated as the primary barriers to obtaining health care. Migrant State Directors ranked "high cost" highest and checked it more often, while the respondents in Migrant Health Centers rated "inaccessibility" highest. These were followed, in order, by "unavailability," "discrimination," and "poor quality of care."

There were 30 comments to the "Other" category. They
### TABLE 6
**ITEM 5 RESPONSES (MIGRANT HEALTH CENTERS)**

<table>
<thead>
<tr>
<th>Response</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>S.D.</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inaccessibility</td>
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### TABLE 7
**ITEM 5 RESPONSES (MIGRANT STATE DIRECTORS)**

<table>
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<th>S.D.</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
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<td>14</td>
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### TABLE 8
**ITEM 5 RESPONSES (MIGRANT CONSORTIUM MEMBERS)**

<table>
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<th>Response</th>
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<th>S.D.</th>
<th>Number</th>
<th>Percent</th>
</tr>
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<tr>
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<td>67</td>
</tr>
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<td>Discrimination</td>
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<td>6</td>
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<td>1.33</td>
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<td>0</td>
</tr>
<tr>
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<td>1.41</td>
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<td>67</td>
</tr>
</tbody>
</table>
fall into the following groupings:

- Lack of general health knowledge (6 respondents)
- Lack of awareness of services (5)
- Cultural bias against health care
- Language barriers (4)
- Fear due to alien status (3)
- Lack of transportation (3)
- Lack of agency outreach, insensitivity (3)
- Regulations; fear of the system (3)
- Lack of adequate income (2)
- Work scheduling, timing (1)

Item 6. What are the barriers that prevent migrant children and their parents from using health practices that promote "wellness"?

These results are presented in Tables 9 through 11. "Lack of information" was cited as the principal cause, with "cultural beliefs," "lack of motivation," and "fatalistic attitude," in that order, falling a considerable distance behind.

There were 19 written responses for the "Other" category. These were similar to the previous item, but also somewhat different. In summary, they were:

- Life style/habits (4 respondents)
- Poverty (4)
- Lack of health care continuity, migratory status (3)
- Language barrier (3)
- Social isolation, way they are treated (2)
- Lack of transportation (1)
- Cannot read (1)
- Health care not a priority (1)
- Lack of assertiveness (1)
- Ignorance (1)
- Attitudes (1)
- Lack of time (1)

Item 7. What contributes most to the health status of an individual?

"Life style" was indicated to be the most important factor in determining the health status of an individual, followed by "environment" (Tables 12 through 14). Less important were the "human biological factors" and the "health care delivery system." There was almost no difference in response across the three respondent groups.

Only eight respondents chose the "Other" category. The indicated responses can be summarized as:
### TABLE 9
**ITEM 6 RESPONSES (MIGRANT HEALTH CENTERS)**

<table>
<thead>
<tr>
<th>Response</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>S.D.</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>5</td>
<td>2.6</td>
<td>.88</td>
<td>18</td>
<td>69</td>
</tr>
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<td>5</td>
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<td>42</td>
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<td>35</td>
</tr>
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<td>5</td>
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<td>1.18</td>
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</table>

### TABLE 10
**ITEM 6 RESPONSES (MIGRANT STATE DIRECTORS)**

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<th>Mean</th>
<th>S.D.</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
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<td>8</td>
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<td>5</td>
<td>2.9</td>
<td>1.18</td>
<td>2</td>
<td>17</td>
</tr>
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<td>3.0</td>
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<td>0</td>
</tr>
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<td>1.06</td>
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<td>75</td>
</tr>
<tr>
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<td>2.8</td>
<td>1.83</td>
<td>5</td>
<td>42</td>
</tr>
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</table>

### TABLE 11
**ITEM 6 RESPONSES (MIGRANT CONSORTIUM MEMBERS)**

<table>
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<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>S.D.</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
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<td>.67</td>
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<td>0</td>
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<td>67</td>
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<td>0.00</td>
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### TABLE 12
ITEM 7 RESPONSES (MIGRANT HEALTH CENTERS)

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</tr>
<tr>
<td>Life styles</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Environment</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Human biological</td>
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<td>5</td>
</tr>
<tr>
<td>(Other)</td>
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<td>3</td>
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</table>

### TABLE 13
ITEM 7 RESPONSES (MIGRANT STATE DIRECTORS)

<table>
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<td>Delivery system</td>
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<td>4</td>
</tr>
<tr>
<td>Life styles</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Environment</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Human biological</td>
<td>1</td>
<td>5</td>
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<tr>
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### TABLE 14
ITEM 7 RESPONSES (MIGRANT CONSORTIUM MEMBERS)

<table>
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<td>Delivery system</td>
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<td>4</td>
</tr>
<tr>
<td>Life styles</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Environment</td>
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<td>3</td>
</tr>
<tr>
<td>Human biological</td>
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<td>4</td>
</tr>
<tr>
<td>(Other)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Education (2 respondents)
Economic constraints (2)
Health self perception, attitude (2)
Transportation (1) and Friendships (1)

Item B. Who has the most influence and credibility in promoting good health practices among migrant children and their parents?

The results for item B are presented in Tables 15 through 17. The family was seen as the most influential by Health Center and Consortium Member respondents, while outreach workers and teachers were indicated as most influential by Migrant State Directors. Church and the media were seen as the least influential by all three groups.

There were fourteen responses to the "Other" category. These can be summarized as:

Local health education efforts (3 respondents)
Migrant Health Education program, staff (2)
Public schools (2)
Peers, family tradition (2)
Employers (1) and Parents- for children (1)
Anyone who speaks Spanish (1)

Item 9. Who should provide health education for migrant children and their parents?

Responses to this question are summarized in Tables 18 through 20. Teachers, nurses and outreach workers were indicated as those individuals who should provide health education for migrant children and their parents. Again, the church and media were rated as least important.

There were 19 written responses to the "Other" category. They can be summarized as:

All of the listed groups (3 respondents)
School or public health nurse (3)
Public school education programs (3)
Migrant Education Programs (3)
Public health clinics, educators (2)
Peer group trained in health practices (2)
Anyone who has the confidence of the migrants (1)

Item 10. Which Health Instruction areas are most important in meeting the immediate and long-term health needs of migrant children and their families?

The responses to Item 10 are summarized in Tables 21 through 23. The instructional area deemed most important, by
### TABLE 15
**ITEM 8 RESPONSES (MIGRANT HEALTH CENTERS)**

<table>
<thead>
<tr>
<th>Response</th>
<th>Min</th>
<th>Max</th>
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<th>S.D.</th>
<th>Number</th>
<th>Percent</th>
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<td>Doctors</td>
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<td>3.6</td>
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<td>3.7</td>
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<td>3.9</td>
<td>1.79</td>
<td>13</td>
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### TABLE 16
**ITEM 8 RESPONSES (MIGRANT STATE DIRECTORS)**

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<th>S.D.</th>
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<td>3.7</td>
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* [Number of omits = 3]*

### TABLE 17
**ITEM 8 RESPONSES (MIGRANT CONSORTIUM MEMBERS)**

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<th>Mean</th>
<th>S.D.</th>
<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
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<td>6</td>
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<td>3.2</td>
<td>1.17</td>
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<td>67</td>
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<tr>
<td>Teachers</td>
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<td>5</td>
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<td>1.67</td>
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<td>67</td>
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<td>1.97</td>
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<td>67</td>
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### TABLE 18
**ITEM 9 RESPONSES (MIGRANT HEALTH CENTERS)**

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</tr>
<tr>
<td>Teachers</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Out-reach wkr.</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Family</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
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</table>

### TABLE 19
**ITEM 9 RESPONSES (MIGRANT STATE DIRECTORS)**

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</tr>
<tr>
<td>Teachers</td>
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<td>7</td>
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</tr>
<tr>
<td>Family</td>
<td>1</td>
<td>8</td>
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<tr>
<td>Church</td>
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<tr>
<td>Media</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>(Other)</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

(Number of Omits = 2)

### TABLE 20
**ITEM 9 RESPONSES (MIGRANT CONSORTIUM MEMBERS)**

<table>
<thead>
<tr>
<th>Response</th>
<th>Respondents Ranking (N=4)</th>
<th>Respondents Checking (N=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Min</td>
<td>Max</td>
</tr>
<tr>
<td>Doctors</td>
<td>4</td>
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<tr>
<td>Nurses</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Teachers</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Out-reach wkr.</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Family</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Church</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Media</td>
<td>4</td>
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</tr>
<tr>
<td>(Other)</td>
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<td>1</td>
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### TABLE 21
**ITEM 10 RESPONSES (MIGRANT HEALTH CENTERS)**

<table>
<thead>
<tr>
<th>Response</th>
<th>Respondents Ranking (N=40)</th>
<th>Respondents Checking (N=30)</th>
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<tbody>
<tr>
<td></td>
<td>Min</td>
<td>Max</td>
</tr>
<tr>
<td>Nutrition</td>
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<tr>
<td>Fitness</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Dental health</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Human G&amp;D</td>
<td>1</td>
<td>11</td>
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<tr>
<td>Mental health</td>
<td>3</td>
<td>11</td>
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<tr>
<td>Substance abuse</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Disease control</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Anatomy</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Physiology</td>
<td>3</td>
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<td>Safety</td>
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</tr>
<tr>
<td>(Other)</td>
<td>1</td>
<td>12</td>
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### TABLE 22
**ITEM 10 RESPONSES (MIGRANT STATE DIRECTORS)**

<table>
<thead>
<tr>
<th>Response</th>
<th>Respondents Ranking (N=19)</th>
<th>Respondents Checking (N=20)</th>
</tr>
</thead>
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<tr>
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<td>Min</td>
<td>Max</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1</td>
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<td>Fitness</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Dental health</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Human G&amp;D</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Mental health</td>
<td>2</td>
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<tr>
<td>Substance abuse</td>
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<td>11</td>
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<tr>
<td>Disease control</td>
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<td>11</td>
</tr>
<tr>
<td>Anatomy</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Physiology</td>
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<td>11</td>
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<td>1</td>
<td>11</td>
</tr>
<tr>
<td>(Other)</td>
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<td>12</td>
</tr>
</tbody>
</table>
### TABLE 23
**ITEM 10 RESPONSES (MIGRANT CONSORTIUM MEMBERS)**

<table>
<thead>
<tr>
<th>Response</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>S.D.</th>
<th>Number</th>
<th>Percent</th>
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<tr>
<td>Nutrition</td>
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<td>3</td>
<td>2.0</td>
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<td>Fitness</td>
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<td>10</td>
<td>6.4</td>
<td>3.65</td>
<td>2</td>
<td>50</td>
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<tr>
<td>Dental health</td>
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<td>8</td>
<td>5.4</td>
<td>1.82</td>
<td>3</td>
<td>75</td>
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<tr>
<td>Human G&amp;D</td>
<td>4</td>
<td>8</td>
<td>5.6</td>
<td>1.67</td>
<td>4</td>
<td>100</td>
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<tr>
<td>Mental health</td>
<td>1</td>
<td>9</td>
<td>5.2</td>
<td>3.03</td>
<td>2</td>
<td>50</td>
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<tr>
<td>Substance abuse</td>
<td>1</td>
<td>9</td>
<td>6.0</td>
<td>3.46</td>
<td>3</td>
<td>75</td>
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<td>7</td>
<td>4.2</td>
<td>2.28</td>
<td>3</td>
<td>75</td>
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<tr>
<td>Anatomy</td>
<td>6</td>
<td>11</td>
<td>9.8</td>
<td>2.17</td>
<td>2</td>
<td>50</td>
</tr>
<tr>
<td>Physiology</td>
<td>7</td>
<td>11</td>
<td>9.6</td>
<td>1.52</td>
<td>2</td>
<td>50</td>
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<td>4.6</td>
<td>2.41</td>
<td>3</td>
<td>75</td>
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<td>Consumer health</td>
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<td>11</td>
<td>7.2</td>
<td>3.77</td>
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<td>75</td>
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<tr>
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<td>0</td>
<td>0.0</td>
<td>0.00</td>
<td>1</td>
<td>25</td>
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</table>

### TABLE 24
**ITEM 11 RESPONSES**

<table>
<thead>
<tr>
<th>Responses Checked</th>
<th>Health Centers</th>
<th>Consortium Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>Basic health information</td>
<td>50</td>
<td>71</td>
</tr>
<tr>
<td>Importance of folk medicine</td>
<td>48</td>
<td>69</td>
</tr>
<tr>
<td>Parents' health values, beliefs...</td>
<td>61</td>
<td>87</td>
</tr>
<tr>
<td>Good health habit barriers</td>
<td>64</td>
<td>91</td>
</tr>
<tr>
<td>Families' present health knowledge</td>
<td>49</td>
<td>70</td>
</tr>
</tbody>
</table>

### TABLE 25
**ITEM 12 RESPONSES**

<table>
<thead>
<tr>
<th>Responses Checked</th>
<th>Health Centers</th>
<th>Consortium Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>Teacher's guide</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Health skills list</td>
<td>26</td>
<td>37</td>
</tr>
<tr>
<td>Health concepts correlated to skills</td>
<td>30</td>
<td>43</td>
</tr>
<tr>
<td>Strategies of integrating health</td>
<td>49</td>
<td>70</td>
</tr>
<tr>
<td>Materials and activities</td>
<td>51</td>
<td>73</td>
</tr>
<tr>
<td>Health resource guide</td>
<td>21</td>
<td>30</td>
</tr>
<tr>
<td>Health ed. needs assessment instr.</td>
<td>30</td>
<td>43</td>
</tr>
</tbody>
</table>
far and by all groups, is Nutrition. Human Growth and Development was rated next followed closely by Disease Control and Dental Health. Fitness and Mental Health also were rated highly. The lowest rated areas were Anatomy and Physiology. There was considerable agreement amongst the three groups in their ratings.

There were ten written comments to the "Other" response for this item. Three respondents recommend Personal Hygiene and Cleanliness. Two others suggest Prevention Techniques, such as reading a thermometer and knowing the basic danger signals. Other instructional areas suggested are first aid, genetic counseling, home medical care, pesticides, pre or perinatal care, recreational sport for girls, and health social issues. One respondent suggested materials which would result in a "targeted education on specific common diseases to migrants."

Item 11. What do you need to know in order to teach good health practices to migrant children and their parents?

The results for Item 11 are presented in Table 24 for respondents from the Health Centers and the Consortium Members. This item did not appear on the survey mailed to Migrant State Directors.

The most frequently checked response was "barriers that prevent the practice of good health habits." This was followed, in order, by "parents' values, beliefs and attitudes toward health," "basic health information," "the families present knowledge of good health practices," and "the importance of folk medicines in the lives of migrant farmworkers." Each response was checked by at least half of the respondents. The only comment to this item was the use of "basic common sense."

Item 12. What types of materials do you need to promote sound health concepts?

Table 25 presents the results for Item 12. This item also was only on the survey form completed by the Migrant Health Center personnel and the Consortium Members.

"Strategies and techniques of integrating health concepts into existing curriculums" and "materials and activities to present health concepts" were checked most frequently. No other response was checked by at least half of the respondents. A "health education needs assessment instrument" and "health concepts correlated to the skills list" were the next most checked responses. Less than one-quarter of the respondents checked "a teacher's guide."

17
There were four comments to this item. Two respondents believe "common sense and imagination" are needed to teach these health concepts; "most migrant families do not learn comfortably by reading, but by talking 1 to 1." Another respondent included a list of items on the back of the page, but this list was not included with the photocopy given to the evaluator. Finally, one respondent said what is needed is "a national priority list of immediate and long term Health Education priorities that will be reinforced North and South."

Item 13. Do you know of anyone who has been involved with Migrant populations in determining health patterns, beliefs, attitudes, and/or needs?

The response to the Yes/No portion of this item is presented in Table 26. This item appeared as Item 11 on the survey used with the Migrant State Directors. Respondents who answered "Yes" but did not provide any names and addresses or who omitted this item was counted as having answered "No." The same procedure was used for the next two items.

About 45 percent of the respondents answered affirmatively. A listing of the over 60 individuals and organizations, along with addresses, is presented in Appendix F.

Item 14. Do you know of any instruments that have been used to survey health patterns, beliefs, attitudes and/or needs of migrant populations?

The response to the Yes/No portion of this item is presented in Table 27. This item appeared as Item 12 on the survey used with the Migrant State Directors.

Less than one-quarter of the respondents answered this item affirmatively. There were sixteen leads regarding materials which are known to be available, most of which were in the form of the name of the actual material. Two other respondents indicated they had sent, or would be sending, some materials. Three other respondents made references back to individuals identified in the previous item.

A complete listing of these responses is provided in Appendix G.

Item 15. Do you know of any health educational materials appropriate for migrant children and their parents?

The response to the Yes/No portion of this item is presented in Table 28. This item appeared as Item 13 on the survey used with the Migrant State Directors.
TABLE 26
ITEM 13 RESPONSES

<table>
<thead>
<tr>
<th>Response</th>
<th>Health Centers</th>
<th>State Directors</th>
<th>Consortium Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>31</td>
<td>44</td>
<td>18</td>
</tr>
<tr>
<td>No</td>
<td>39</td>
<td>56</td>
<td>22</td>
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</tbody>
</table>

TABLE 27
ITEM 14 RESPONSES

<table>
<thead>
<tr>
<th>Response</th>
<th>Health Centers</th>
<th>State Directors</th>
<th>Consortium Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
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</tr>
<tr>
<td>Yes</td>
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<td>8</td>
</tr>
<tr>
<td>No</td>
<td>55</td>
<td>79</td>
<td>32</td>
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</tbody>
</table>

TABLE 28
ITEM 15 RESPONSES

<table>
<thead>
<tr>
<th>Response</th>
<th>Health Centers</th>
<th>State Directors</th>
<th>Consortium Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>22</td>
<td>31</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>48</td>
<td>69</td>
<td>25</td>
</tr>
</tbody>
</table>
Only about one-third of the respondents answered this item affirmatively. There were nineteen leads regarding materials which are known to be available, most of which were in the form of the name of the actual material. Two other respondents indicated they had sent, or would be sending, some materials. One respondent made reference back to the individual identified in Item 13. Seven other respondents made references to general materials such as those published by the Dairy Council, American Dental Association, American Cancer Society, pharmaceutical laboratories and the like.

A complete listing of the responses to this item is presented in Appendix H.

Item 16. What are the most frequently diagnosed health problems in migrant families:

There were four age groupings to use in responding to this item: 0-1 years, 1-5 years, 6-18 years, and 18 years and over. Respondents were to answer this item only if they had accurate data. Therefore, only about twenty percent of the respondents answered any part of this item, and there were only 12 responses for the upper age group.

Complete responses to this item are presented in Appendix I. However, the results are summarized below for those responses noted by at least two or more respondents:

0-1 years

Upper respiratory infections, including sore throats and bronchitis (11 respondents)
Anemia (6)
Otitis media (5)
Gastro-intestinal upsets, incl. gastroenteritis (5)
Other nutritional deficiencies incl. weight prob. (4)
Dermatological problems, including skin rashes (3)
Intestinal infections, including parasites (3)
Diarrhea (2)

1-5 years

Upper respiratory infections (12)
Anemia (7)
Otitis media (6)
Dermatological problems (4)
Dental problems (4)
Nutritional deficiencies (4)
Immunization problems (3)
Acute contagious communicable diseases (2)
Intestinal infections (2)
Lice (2)
Allergies (2)
Ear infections (2)
6-18 years

Dental problems (13)
Anemia (8)
Upper respiratory infections (8)
Other nutritional deficiencies (5)
Lice (4)
Pregnancy (4)
Immunization problems (3)
Intestinal infections (3)
Visual problems (3)
Family planning (3)
Dermatological problems (2)
Pediculosis (2)
Accidents (2)
Influenza (2)

18 years and over

Hypertension (4)
Female infections (3)
Nutritional problems (3)
Diabetes mellitus (3)
Pregnancy (3)
Alcohol problems (2)
Dental problems (2)
Musculo-skeletal disorders (2)
Substance abuse (2)
Anemia (2)
Accidents (2)

Item 17. What are the leading causes of death in migrants?

The same four age groupings were used in responding to this item as in the previous item: 0-1 years, 1-5 years, 6-18 years, and 18 years and over. Respondents also were to answer this item only if they had accurate data. Therefore, less than nine percent of the respondents answered any part of this item.

Complete responses to this item are presented in Appendix J. Because of the limited number of respondents, these responses must be viewed as very tentative. However, the results are summarized below for those responses noted by at least two or more respondents:

0-1 years

Dehydration (4 respondents)
Diarrhea (3)
Neglect, esp. by high risk prenatal patients (2)
Accidents (2)
1-5 years
    Accidents (4)

6-18 years
    Accidents, including drownings, homicides, farm
    and automobile accidents (9)

18 years and over
    Accidents and trauma (6)
    Cardiovascular disease (3)
    Chronic respiratory and other diseases (3)
    Hypertension (2)
    Malignancies (2)
APPENDIX A

HAPPIER Survey Form Used for Migrant Health Centers and Consortium Members
Survey - Migrant Health Programs

Questions for Migrant Health Care Providers/Migrant Education

1. What groups in a community should promote wellness and disease prevention in migrant children and their families? Check one or more of the following:

   - Migrant Health Staff
   - Migrant Education Program Staff
   - Head Start Program Staff
   - Coordination of efforts of all agencies and persons in a community that have an impact on the health status of an individual.
   - Other (Please Specify)

2. In your community have agencies and organizations cooperated, in the past, to provide disease prevention and health promotion programs for migrant children and their families?

   - YES
   - NO

3. Which organization or agency in your community could most effectively coordinate health promotion programs for migrant families?

   - Migrant Health Projects
   - Migrant Education Programs
   - Planned Parenthood
   - Churches
   - Hospitals
   - Other (Please Specify)

4. Check one or more definitions that best describe your view of "Holistic Health".

   - Viewing a person's wellness from a variety of perspectives.
   - Bringing together concepts and skills to enhance a person's growth towards harmony and balance.
   - Treating the "person" not the "disease".
   - Promoting the unity of body, mind, and spirit.
   - An alternative to conventional medical practices.
   - Combining with the best health practices from both the east and the west.
   - A popular, but unscientific, "self-help" program.
   - An unsound set of principles that could delay or prevent necessary medical treatment.
Please rank your responses for questions 5 through 10.

5. What are the barriers that prevent migrant children and their parents from obtaining health care?

- Inaccessibility of health care delivery systems
- Unavailability of health care delivery systems
- High cost of care
- Discrimination by the health care delivery system
- Poor quality of care received
- Other (Please Specify)

6. What are the barriers that may prevent migrant children and their parents from using health practices that promote "wellness"?

- Cultural beliefs
- Lack of motivation to change
- Fatalistic attitude (feel they have no control of their destiny)
- Lack necessary information to promote "wellness"
- Other (Please Specify)

7. What contributes most to the health status of an individual?

- Health Care Delivery System (restoration curative)
- Life styles (leisure activity, consumption patterns, employment, and occupational risk)
- Environment (social, psychological, physical)
- Human biological factors
- Other (Please Specify)

8. Who has the most influence and credibility in promoting good health practices among migrant children and their parents?

- Doctors
- Nurses
- Teachers
- Community out-reach worker
- Family
- Church
- Media
- Other (Please Specify)

9. Who should provide health education for migrant children and their parents?

- Doctors
- Nurses
- Teachers
- Community out-reach worker
- Family
- Church
- Media
- Other (Please Specify)
10. Which Health Instruction areas are most important in meeting the immediate and long-term health needs of migrant children and their families?

- Nutrition
- Fitness
- Dental Health
- Human Growth and Development (Family Relationships, Human Sexuality, Heredity, and Environment)
- Mental Health
- Substance Abuse
- Disease Control
- Anatomy
- Physiology
- Safety
- Consumer Health
- Other

11. What do you need to know in order to teach good health practices to migrant children and their parents? Check one or more of the following:

- Basic health information
- The importance of folk-medicines in the lives of migrant farmworkers
- Barriers that prevent the practice of good health habits
- The families present knowledge of good health practices

12. What types of materials do you need to promote sound health concepts?

- A teacher's guide
- A health skills list
- Health concepts correlated to the skills list
- Strategies and techniques of integrating health concepts into existing curriculums
- Materials and activities to present health concepts
- Health resource guide
- Health education needs assessment instrument

13. Do you know of anyone who has been involved with Migrant populations in determining health patterns, beliefs, attitudes, and/or needs? (If you answer YES, please list the names and addresses below.)

- YES
- NO
14. Do you know of any instruments that have been used to survey health patterns, beliefs, attitudes and/or needs of migrant populations? (If you answer YES, Please list below and forward if possible.)

   YES            NO


15. Do you know of any health educational materials appropriate for migrant children and their parents? (If you answer YES, please list below how they can be obtained.)

   YES            NO


Answer these questions only if you have accurate data.

16. What are the most frequently diagnosed health problems in migrant families:

   0-1 years

   1-5 years

   6-18

   18 years and over
APPENDIX B

HAPPIER Survey Form Used For Migrant State Directors
Survey - Migrant Education Programs

Do you need any health educational materials and training in order to implement a disease prevention and/or health promotion program for your migrant families?  
___ Yes  ___ No  
Please specify:  ____________________________________________  
 ____________________________________________  

1. What groups in a community should promote wellness and disease prevention in migrant children and their families? Check one or more of the following:  
   ____ Migrant Health Staff  
   ____ Migrant Education Program Staff  
   ____ Head Start Program Staff  
   ____ Coordination of efforts of all agencies and persons in a community that have an impact on the health status of an individual.  
   ____ Other (Please Specify)  

2. In your community have agencies and organizations cooperated, in the past, to provide disease prevention and health promotion programs for migrant children and their families?  
___ Yes  ___ No  

3. Which organization or agency in your community could most effectively coordinate health promotion programs for migrant families?  
   ____ Migrant Health Projects  
   ____ Migrant Education Programs  
   ____ Planned Parenthood  
   ____ Churches  
   ____ Hospitals  
   ____ Other (Please Specify)
4. Check one or more definitions that best describe your view of "Holistic Health".

   ___ Viewing a person's wellness from a variety of perspectives.
   ___ Bringing together concepts and skills to enhance a person's growth towards harmony and balance.
   ___ Treating the "person" not the "disease".
   ___ Promoting the unity of body, mind and spirit.
   ___ An alternative to conventional medical practices.
   ___ Combining with the best health practices from both the east and the west.
   ___ A popular, but unscientific, "self-help" program.
   ___ An unsound set of principles that could delay or prevent necessary medical treatment.

5. What are the barriers that prevent migrant children and their parents from obtaining health care? (Number your choices - number 1 most significant)

   ___ Inaccessibility of health care delivery systems
   ___ Unavailability of health care delivery systems
   ___ High cost of care
   ___ Discrimination by the health care delivery system
   ___ Poor quality of care received
   ___ Other (Please Specify)

6. What are the barriers that may prevent migrant children and their parents from using health practices that promote "wellness"? (Number your choices - number 1 most significant)

   ___ Cultural beliefs
   ___ Lack of motivation to change
   ___ Fatalistic attitude (feel they have no control of their destiny)
   ___ Lack necessary information to promote "wellness"
   ___ Other (Please Specify)

7. What contributes most to the health status of an individual? (Number your choices - number 1 most significant)

   ___ Health Care Delivery System (restoration curative)
   ___ Life styles (leisure activity, consumption patterns, employment and occupational risk)
   ___ Environment (social, psychological, physical)
   ___ Human biological factors
   ___ Other (Please Specify)
8. Who has the most influence and credibility in promoting good health practices among migrant children and their parents? (Number your choices - number 1 most significant)

- Doctors
- Nurses
- Teachers
- Community out-reach worker
- Family
- Church
- Media
- Other (Please Specify)

9. Who should provide health education for migrant children and their parents? (Number your choices - number 1 most significant)

- Doctors
- Nurses
- Teachers
- Community out-reach worker
- Family
- Church
- Media
- Other (Please Specify)

10. Which Health Instruction areas are most important in meeting the immediate and long-term health needs of migrant children and their families? (Number your choices - number 1 most significant)

- Nutrition
- Fitness
- Dental Health
- Human Growth and Development (Family Relationships, Human Sexuality, and Heredity and Environment)
- Mental Health
- Substance Abuse
- Disease Control
- Anatomy
- Physiology
- Safety
- Consumer Health
- Other

11. Do you know of anyone who has been involved with Migrant populations in determining health patterns, beliefs, attitudes, and/or needs? (If you answer Yes, please list the names and addresses below.)

- Yes
- No
12. Do you know of any instruments that have been used to survey health patterns, beliefs, attitudes and/or needs of migrant populations? (If you answer Yes, please list below and forward if possible.)

___ Yes ___ No

13. Do you know of any health educational materials appropriate for migrant children and their parents? (If you answer Yes, please list below how they can be obtained.)

___ Yes ___ No

Answer these questions only if you have accurate data.

14. What are the most frequently diagnosed health problems in migrant families:

0-1 years

1-5 years

6-18 years

18 years and over
15. What are the leading causes of death in migrants:

0-1 years


1-5 years


6-18 years


18 years and over


Please complete the form and return to Jim M. Sheffer, 333 Market Street, 8th Floor, Harrisburg, Pennsylvania 17108, in the self-addressed, stamped envelope no later than December 19, 1983.

Your cooperation is sincerely appreciated.
APPENDIX C

Survey Comments by Health Center Respondents
### Listing of Health Center Respondents
**Identification Numbers by State**

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C-1
Item 1
I.D QU COMMENT
1 1 Dr. Augusta Ortiz, M.D., Family and Community Medicine, Univ. of Arizona
2 1 Legal aid

Item 2
I.D QU COMMENT
11 2 Limited
13 2 Somewhat within resources
20 2 No real joint effort
24 2 Level of cooperation has not been intense
27 2 Not enough
29 2 Very little
32 2 Only partially

Item 3
I.D QU COMMENT
1 3 Project PPEP (Portable, Practical Educational Preparation)
4 3 An Interagency Rural Health Council
5 3 Local health departments
16 3 Migrant Health Projects and Migrant Education Programs
17 3 Public school system
20 3 Rural Health Agency
24 3 Health Department
25 3 Public Health Departments
28 3 Local Health Departments, VNA
31 3 Area Council of Agencies serving migrants
36 3 Special HE/RR funded project

Item 4
I.D QU COMMENT
6 4 See attached article
13 4 Treating the person in their environment include the body, mind & spirit
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<td>Migrant Health Education Project and Migrant Education Programs</td>
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<td>Public school system</td>
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<td>This is highly subjective as usually one individual professional is the point of contact &amp; credibility a client has w/ health care system</td>
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I.D OU COMMENT

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<td>Acceptability of available care; information availability</td>
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<td>Lack of motivation/ education to learn</td>
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<td>Migrant families attitudes &amp; perception of &quot;health&quot;</td>
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<td>Lack of awareness of their right to health care</td>
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<td>Health care systems which are insensitive to the life style of their patients</td>
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<td>Lack of knowledge, transportation, motivation, funds</td>
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<td>Knowledge of the ways of the system. How to take the first step.</td>
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<td>The &quot;migrating&quot; often prevents follow-up</td>
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<td>Fear of immigration</td>
</tr>
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<td>Language barrier</td>
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<td>Crisis oriented living, leaving minor problems to become major ones</td>
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<td>Culturally insensitive health care plans</td>
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I.D OU COMMENT

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<td>Financial inability</td>
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<td>Uninformed beliefs, i.e., ignorance (this appears to be cultural, but isn't)</td>
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<td>Attitudes and perception of wellness</td>
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<tr>
<td>12</td>
<td>Lack of time- some families do well just to survive by food/shelter needs</td>
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<tr>
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<td>Life stability is required to think about health</td>
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<td>Their &quot;migrating&quot;</td>
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<td>Lifestyle- insufficient funds to eat properly, poor housing due to transient life</td>
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<td>Lack of tailor made and appropriate to camp living health practices</td>
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I.D OU COMMENT

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<td>Self perception concerning health and wellness</td>
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<td>Education</td>
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<td>Economic constraints &amp; inadequate education</td>
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I.D OU COMMENT

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<td>Curanperas (???) or family traditional practices</td>
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Item 9

1. D. QU COMMENT
1 9 Peer group trained by doctors & other health care professionals
6 9 Anyone who has their confidence
10 9 As determined by direct research in migrant community
16 9 Migrant Education Programs and Migrant Health Education Project
17 9 Public school system
28 9 All, of course
29 9 Teach migrant leaders to provide health ed. to migrants themselves
32 9 All of the above

Item 10

1. D. QU COMMENT
10 10 Targeted education of specific common diseases to migrants
17 10 Recreational sport for girls
18 10 Hygiene as a means of prevention
32 10 Basic health prevention concepts- like reading thermometers, recognizing danger signals.

Item 11

(No Comments)

Item 12

DATASET HAPPIERC

1. D. QU COMMENT
6 12 See back for specific comments (not available on photocopy given to evaluator)
13 12 A national priority list of immediate & long term Health Education priorities that will be reinforced North & South
28 12 Added "Common sense and imagination"
APPENDIX D

Survey Comments by HAPPIER Consortium Members
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Item 1

1. D QU COMMENT
73 1 This should include other agencies as well- i.e., Grower Assoc.
78 1 Employers; county health officials

Item 2

1. D QU COMMENT
73 2 Somewhat but not as much as they could
74 2 Don't know
79 2 Now? Yes!

Item 3

1. D QU COMMENT
72 3 All have cooperated but sometimes the degree of cooperation has been
72 3 limited
73 3 Community-based organizations and private non-profit groups
79 3 Comprehensive Perinatal Program- University Hospital (contact me for
79 3 info.

Item 4

1. D QU COMMENT
74 4 "east and west ??" indicated after Combining with the best...
75 4 I don't like any of these. (In the last definition) if "unsound" was
75 4 "sound" that would be my choice.

Item 5

1. D QU COMMENT
76 5 Knowledge concerning health in general
77 5 Lack of awareness
78 5 Illegal status- fear of officials
79 5 Migration patterns, fear, cultural bias toward not taking resp. for
79 5 health care, esp. preventative health care

Item 6

(No comments)

Item 7

1. D QU COMMENT
79 7 Friendships
Item 8
1.D QU COMMENT
78 8 Employers
79 8 Health education efforts in CHC

Item 9
1.D QU COMMENT
71 9 School nurse
73 9 School educational programs
78 9 Employers
79 9 CHC Health Educators

Item 10
1.D QU COMMENT
79 10 Pre or perinatal care/ social issues; dealing undocumented status

Item 11
1.D QU COMMENT
79 11 Basic common sense

Item 12
1.D QU COMMENT
79 12 Basic common sense; most migrant families do not learn comfortably by
79 12 reading, but by talking 1:1.
APPENDIX E

Survey Comments by Migrant Education State Directors
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1.1) Qu Comment

Materials for families—???, to be helpful to families

Health Education curriculum in Spanish

We can always use materials, information others may have found effective with working with migrant families (1) many materials are not culturally appropriate (2) time available for instruction is limited,

(3) some materials to be effective, should be in Spanish.

We would need funds for additional personnel as well in order to implement such a program.

The identified migrant population in the District of Columbia are the formerly migrant, Status 3 children...and most of them qualify for use the city community health clinics.

Available from private and public agencies

LEA's have some but always on the lookout for improvement

For training for local health educators (school nurses) within the migrant programs

In Maryland, Migrant Education has conducted cross-cultural health awareness training for instructional staff and school health providers. In 1983, the Governor earmarked special funds channelled through the State Department of Health and Mental Hygiene for local departments of health to implement disease prevention and health promotion for migrant families. Our needs include: cross-cultural awareness materials, nutrition, communicable disease control, and general health awareness for children and adults.

Awareness patterns to prevent illnesses are needed—also hygiene

We do not "need" materials, but we are always open to receive anything that is new or different. Our Migrant Health Program keeps us quite well supplied.

Specialist is to ??? to have this information

Parental inservice type

We have no such programs in place or available. Having no experience in the field, it's difficult to identify what would be needed.

Lead toxicity, herpes simplex II

Our local health programs would find excellent use for such training.

Educational packets designed for children and parents would be beneficial to our programs. Areas of top priority to us include: nutrition, dental health, adolescent pregnancy, sex education, infant care and early childhood development, substance abuse.

Individual has not been hired yet. Is to be hired in the spring.

Training for Migrant Education Staff, health educational materials that are geared for children & those geared for the adults in Spanish & English.

Any health educational materials that a resource teacher or teacher-aide may use in a tutoring situation.

Our program is new, and presently in recruitment and identification stages. We are eager to receive materials pertinent to migrant families. Health educational materials and training would certainly be helpful in implementing a health promotion program.

Dental hygiene & practices

Materials explaining impetigo, the cause and cure. Materials explaining the need for immunizations and the importance of record keeping.

Promotion program explaining the need for a proper diet and dental care.

Audio-visals on hygiene & sex ed.

Spanish language materials on the following: nutrition, preventive dental care, pesticides, basic child development, hygiene, home safety, family planning, first aid
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</tr>
<tr>
<td>36</td>
<td>VA</td>
</tr>
<tr>
<td>37</td>
<td>VT</td>
</tr>
<tr>
<td>38</td>
<td>WV</td>
</tr>
<tr>
<td>39</td>
<td>WY</td>
</tr>
<tr>
<td>40</td>
<td>CA</td>
</tr>
</tbody>
</table>
Materials for families-?? to be helpful to families
We can always use materials, information others may have found effective with working with migrant families (1) many materials are not culturally appropriate (2) time available for instruction is limited, (3) some materials to be effective, should be in Spanish. We would need funds for additional personnel as well in order to implement such a program.
The identified migrant population in the District of Columbia are the formerly migrant, Status 3 children...and most of them qualify for use the city community health clinics.
Available from private and public agencies
LEA's have some but always on the lookout for improvement
Training for local health educators (school nurses) within the migrant programs
In Maryland, Migrant Education has conducted cross-cultural health awareness training for instructional staff and school health providers. In 1993, the Governor earmarked special funds channelled through the State Department of Health and Mental Hygiene for local departments of health to implement disease prevention and health promotion for migrant families. Our needs include: cross-cultural awareness materials, nutrition, communicable disease control, and general health awareness for children and adults.
Awareness patterns to present illnesses are needed- also hygiene We do not "need" materials, but we are always open to receive anything that is new or different. Our Migrant Health Program keeps us quite well supplied.
Specialist is to ??? to have this information
Parental inservice type
We have no such programs in place or available. Having no experience in the field, it's difficult to identify what would be needed.
Lead toxicity, herpes simplex II.
Our local health programs would find excellent use for such training.
Educational packets designed for children and parents would be beneficial to our programs. Areas of top priority to us include: nutrition, dental health, adolescent pregnancy, sex education, infant care and early childhood development, substance abuse.
Individual has not been hired yet. Is to be hired in the spring.
Training for Migrant Education Staff, health educational materials that are geared for children & those geared for the adults in Spanish & English.
Any health educational materials that a resource teacher or teacher aide may use in a tutoring situation.
Our program is new, and presently in recruitment and identification stages. We are eager to receive materials pertinent to migrant families. Health educational materials and training would certainly be helpful in implementing a health promotion program.
Dental hygiene & practices
Materials explaining impetigo, the cause and cure. Materials explaining the need for immunizations and the importance of record keeping. Promotion program explaining the need for a proper diet and dental care.
Audio-visuals on hygiene & sex ed.
Spanish language materials on the following: nutrition, preventive dental care, pesticides, basic child development, hygiene, home safety, family planning, first aid.
Item 1

I.D Qu Comment
1 1 Public Health Department
2 1 County Health- hospitals- social services
3 1 County Health Dept.
5 1 School nurses
15 1 State Department of Health and Mental Hygiene staff
24 1 Our students are distributed throughout the state; it’s impossible to
24 1 identify one group. Individuals vary- but school nurses are most
24 1 likely.
34 1 State Dept. of Health

Item 2

I.D Qu Comment
6 2 Colo. has a coalition of agencies working together for many years.
8 2 N/A
10 2 N/A few migrants in metro area
18 2 Very much so!
20 2 Billings (MT)
22 2 Not totally however
33 2 Cooperation in treatment only

Item 3

I.D Qu Comment
1 3 Public Health
2 3 Social services
3 3 State & County Health Depts.
4 3 United health centers
6 3 We [Colo. Dept. of Health and Migrant Ed. Programs] work together very
6 3 closely
7 3 Clinics, migrant nurses, Hispanic radio stations, school nurses
8 3 Public Clinics
10 3 Health departments
14 3 Local health clinics- rural areas
15 3 State Department of Health and Mental Hygiene
17 3 Migrant Interagency Health Subcommittee
23 3 Migrant health clinic
24 3 NE Farmworkers Assoc. Manchester NH (We’re the only migrant program
24 3 with one exception- a program for ??? adults
26 3 Social clubs
31 3 Public & school health nurses
33 3 Public health dept.
34 3 Local & state health depts.
38 3 Local Health Departments

Item 4

I.D Qu Comment
23 4 All of the above- dependent on the individuals
24 4 I really don’t have a clue. If I marked this- it would be what I would
24 4 prefer- not what H.H. is.
Item 5

I.D Qu Comment
2 5 Lack of knowledge
3 5 Lack of Transportation
4 5 Family attitudes towards health care
7 5 Lack of motivation probably because of misunderstanding knowledge
10 5 1. Lack of migrant awareness of available services 2. Lack of outreach by existing health agencies
14 5 Lack of knowledge of availability
18 5 1. Work schedule (timing); 2. Low income
30 5 Language barriers.
33 5 Poor communication
34 5 Parents lack of know how to secure these services
35 5 In some rural areas transportation to and from health care delivery system.
37 5 Lack of confidence & know how in approaching system
40 5 Regulations excluding undocumented persons from health care programs; i.e. Medical, Medicare, CCS

Item 6

I.D Qu Comment
3 6 Lack of transportation
7 6 Can't read notices or other information, many are talked down to and not taught- they are not treated & hence do not feel like worthy individuals
10 6 1. Poverty 2. Social isolation
13 6 Lack of continuity in health care
18 6 1. Preventive practices are not a high priority- money is used for other "more important things."
30 6 Language barrier
34 6 Lack assertiveness
35 6 Language barriers
37 6 Inability to change old habits (Lack of belief that dif. habits will improve health)
40 6 Living, housing conditions and/or economic situations which constitute a threat to basic health

Item 7

I.D Qu Comment
3 7 Lack of transportation
7 7 Attitude
7 7 Statistically, I believe, poor people have the most & worst health problems
40 7 Economic status which allows basic physical needs to be met; i.e. ade-
40 7 quate shelter, clothing, nutrition & preventive care.
Item 8

I.D Qu Comment
6 8 PARENTS. For children, their parents are most influential. CURANDER A
7 8 Any of these who speak their language (mostly Spanish) and treat them
7 8 well.
27 8 Migrant Education Staff
31 8 School or community health
35 8 Schools
39 8 Local health clinics

Item 9

I.D Qu Comment
7 9 All, of course, if possible, but some have other priorities—rightfully
12 9 Migrant Education Program
27 9 Migrant Education Staff
31 9 Community or school health nurse
35 9 Schools
36 9 Public Health Nurse
38 9 Local health clinics

Item 10

I.D Qu Comment
6 10 Personal hygiene
7 10 Genetic counseling
29 10 Prevention techniques—taking care of a problem before it gets worse
36 10 Personal cleanliness
40 10 Pesticides, first aid & home medical care
APPENDIX F

Survey Responses to Item 13
State Director Responses

I.D Qu Comment

2 11 Ark. migrant program nurses and teachers

6 11 Mr. Chuck Stout, Dir., Migrant Prog., Colo. Dept. of Health, 4210 E.
11th Ave., Den., CO 80220 Ph: (303) 320-6137; Ex. 261; Ms. Terri
Swanson, Dental Hygienist, Migrant Prog., Colo. Dept. of Health,
Address & Ph. Same as Mr. Stout; Ms. Diane Velazquez, Denver Mental
Health Clinic, 1960 High, Denver, CO 80218. Ph: (303) 388-3627 (Ex-
cellent well known, working with Medical); Ms. Chris Herrera,
Nursing Instructor, Metropolitan State College, 1006-11th, Den. CO
80204 (Has supervised statewide summer site nurses for Migrant Ed.,
Cc J0.)

9 11 Dr. Catherine Eastwood, 1025 S.W. 1st Ave., Ocala, FL, Women, Infants
and Children (WIC) Program; Redlands (??) Christian Migrant Associa-
tion, Immokales, Florida; Ruskin Health Center, Ruskin, Florida

10 11 Beverly Norton, Fred Cervantes, Corpus Christi University; Richard
Morrison, Eastern Shore Interagency Council on Migrant Services; See:
Shenkin, Bud. Health Care for Migrant Workers; Policies and Politics.

11 11 Department of Health, Education, and Welfare, Region III Human Ser-

13 11 Ms. Lynn Clothier, Indiana Hlth Centers, IN 129 E Market, Indpls, IN
46204; National Migrant Referral Project, 55 N. IH 3rd - Suite 207

13 11 Austin, TX.

14 11 Janet Garza, 143 Project, Georgia State Univ., Atlanta, GA

15 11 Dr. Edith Wilson, Chief, Migrant and Refugee Health Branch, Maryland

15 11 Department of Health and Mental Hygiene, 201 W. Preston Street,
Baltimore, Maryland 20202; Susan Canning, Delmar Migrant Health
Program, Blue Hen Mall, Dover, Delaware 19901; Linda Breland, P.O.
Box 146, Federalsburg, Maryland 21632 (Maryland Migrant Health);

15 11 Sister Geraldine O'Brien, East Coast Migrant Head Start, 1401 Wilson
Blvd., Suite 207, Arlington, Virginia

18 11 Mrs. June Kragness, Migrant Health Services, Inc., Towsite Centre, B10
4th Ave. So., Moorhead, MN 56560

21 11 Joan Taylor, Harnett County Board of Education, Lillington, NC 27546

21 11 Caroline Roper, Camden County Board of Education, Camden, NC 27921

23 11 Migrant health clinic, Scottsbluff, Nebraska

25 11 Henry Gerding, Dept. Health (N.J.), 1012 Haddonfield Rd., Haddonfield,
New Jersey; Marian Bault, N.J. Dept. Education (Migrant Education),

25 11 225 West State St., Trenton, N.J. 08625, 609-292-8463 (phone)

27 11 Beverly Norton, 12 Herber Avenue, Delmar, New York 12054

29 11 Ms. Sue Campos, Director, E.O.P.A. Migrant Division, 1814 Madison,
Tols., Ohio 43624

34 11 Health staff of the Utah Rural Development Corp. in Salt Lake City

35 11 Delmarva Rural Ministries, Nassawadox, VA 23413

37 11 Myself- Bill Watson, R.N., Rural Ed. Ctr., 500 Dorset St., So. Burl.,
Vt. 05401

38 11 InterCounty Health, Inc., P.O. Box 3236, Martinsburg, WV 25401

40 11 Mercedes Padilla, Health Liaison, No. Monterey County VBD, Migrant
Education, 11161 Merritt St., Castroville, CA 95012; Dr. Antonio

40 11 Velasco, 1326 Natividad Rd., Salinas, CA

F-2
Health Center Responses

I.D. OL COMMENT
1 Dr. Augusto Ortiz, M.D., Family & Community Medicine, Univ. of Arizona,
Tucson, Arizona
2 Staff and Board Members of AWHC, Inc., 230 North California Street,
Stockton, CA 95202
3 (myself) Tony Salazar, M.P.H., 476 East Washington Avenue, P.O. Box H,
Earlimart, CA 93219 (I cover 900 sq. miles)
4 Migrant Education through Superintendent of Schools, Local Public
Health Department
5 Sarah Gomez Erlach, RN, MPH, Chief, Farmworkers Health Branch, Rural
Health Division, Department of Health, Room 750, 714 "P" Street,
Sacramento, CA 95814 (916/322-4704)
6 Noel Chavez, 3530 Laclede Blvd., 3806 W. St. Louis, Mo 63103
7 Louie Campos, Sunrise CHC, Greeley, CO; Jerry Brosher, Plan de Solred,
Ft. Lupton, CO; Chuck Stant, CO Health Department, Migrant Program;
Denver, CO
8 Dr. Alan Ackerman, P.O. Box 1870, Sunrise Community Health Center,
Greeley, CO; Dr. Robert Trotter, Pan American University, Edinburgh,
TX; Mr. Frank Sorvilla, L.A. County Department of Health
9 Dr. Carla Littlefield, CO Department of Health- Migrant Health;
Dr. Gloria Mattera, BOLES Geneseo Migrant Center Director, Geneseo, NY
10 Dr. Robert Tidwell, M.D.; Dr. Boyd Shenkin, M.D.; Dr. Bob Trotter
11 Health patterns, beliefs, attitudes and needs; 1. Operation Concern,
Inc., Bldg. S330, P.O. Box 2149, West Palm Beach, FL 33402;
2. South Palm Beach County Migrant Coordinating Council, Inc., Rt. 1,
Box N, Delray Beach, FL 33446;
3. Florida Farm Workers Council,
Inc., Central Adm. Office, 1975 East Sunrise Boulevard, Ft. Lauderdale,
FL 33304; 4. Hispanic Human Resources- Data Bank, 820 Belvedere
Road, West Palm Beach, FL 33405
12 Mr. Cipriano Garza, Migrant Project, 520 NW 1 Avenue, Homestead, FL
33030; Ms. Terry Jimenez, Redland Christian Migrant Association,
16085 SW 293 Drive, Homestead, FL 33030
13 Margarita Simms, Farm Workers Self-Help, Inc., Loch Street, Dade City,
FL 33325
14 Charles R. Stark, M.D.; Minerva Rodriguez, Outreach Worker
15 All members of this agency
16 Linda Budnick, RN, P.O. Box 130, Bangor, MI 49013; Virginia Morales,
RN, 285 James Street, Holland, MI
17 Margaret Fanfalone, 1137 Dallim Street, Lansing, MI 48912

Consortium Member Responses

I.D. OL COMMENT
1 Could obtain name & information on what has been done
2 Tidwell Foundation- Wash. State
3 I already gave you the names- Dr. Trotter
4 Jean Podgeny- doctoral dissertation on most frequent presenting health
problems in migrant population, Howard University- data available
5 through Mass:Mig:Ed:Prog.
6 Linda Billings, unpublished EPA studies
7 Have names & addresses- call me
APPENDIX 6

Survey Responses to Item 14
Health Center Responses

I.D Qu Comment
1 14 Nutrition survey done as Master's thesis by Ivy Valle, on record with
1 14 Dr. Chuck Weber, Nutrition & Food Science, Department of Agriculture,
1 14 University of Arizona, Tucson, AZ
2 14 Survey for Pesticide Exposure (attached)
3 14 "The Health of Tulare County Farmworkers" Report 1981, Funded by Rural
3 14 Health Division of the CA Department of Health Services. For copy
3 14 call Sylvia Aguirre, M.P.H. at (916) 322-1373 (tell her I sent you)
6 14 Available through (person indicated in) #13
7 14 Same (as #13)
9 14 Louie Campos, Jerry Brosheb, Chuck Stant (addresses same as #13)
10 14 Migrant/local health status assessment form (modified from HANES Quest-
10 14 ionnaires used in enclosed report form attached; Contact also Dr.
10 14 Robert Trotter, Frank Sorvilia for Azarcon Greta use assessment forms
14 14 (No) other than revised health histories
13 14 Wisconsin Study, 1978, Migrant Health Project.
16 14 East Coast Migrant Health Project, Palm Beach County Health Department
16 14 (1976); Florida Migrant Nutrition Study (1970) CDC

Consortium Member Responses

I.D Qu Comment
72 14 Historical study by Sondra Porteus
77 14 See previous question
78 14 HANES Hispanic Study (HHS) underway may catch some; although, focus is
78 14 on urban population
79 14 Will forward

State Director Responses

I.D Qu Comment
2 12 Health data (survey of present & past patient & family illnesses &
2 12 immunization data); mini-physicals; MSHTB health record
6 12 Mr. Chuck Stout, Dir., Migrant Program, Colo. Dept. of Health
9 12 The Association of Migrant Organizations
10 12 Health Opinion Survey by Dorothea C Leighton, and Nora F. Cline. "The
10 12 Public Health Nurse as a Mental Health Resource." In ThomasWeave.
12 12 ed. Essays in Medical Anthropology. Athens, Georgia: University of
12 12 Georgia Press, 1966. Also used in survey of farmworkers. See Sub-
12 12 stance Use Among Migrant and Seasonal Farmworkers in Central Florida,
12 12 Arnow (ERIC: ED164 190)
14 12 Contact Janet Garza
15 12 Johns Hopkins University; Focus on Health Practices among migrant women
15 12 and children. Contact Jane Cutler (301) 366-6138
25 12 New York State- Migrant Program, Health Component
27 12 "I HELP" (a 143 project in New York State- 1982) conducted an extensive
27 12 nationwide health survey. The results of that survey are stored in
27 12 the computer in Little Rock, Arkansas.
APPENDIX H

Survey Responses to Item 15
Health Center Responses

I.D Q\U COMMENT
1 15 West Final Family Health Center on Florence Blvd., Casa Grande, AZ
2 15 Check with Elizabeth Aghbashina, Nutritionist, AWHC, Inc., 230 North
2 15 California Street, Stockton, CA 95202
3 15 There is a lot but not with me
4 15 Farmworker Health Division, CA State Health Department
6 15 Available through (person indicated in) #13
10 15 Posters & material on Azarcon/Greta lead poisoning from Dr. Alan Acker-
11 15 man, Sunrise Community Health Center, P.O. Box 1870, Greeley, CO
10 15 80632
12 15 (No) not that I have seen, but I have not researched all the materials
12 15 available
13 15 We have done some dental films in our clinic regarding school aged
13 15 children
18 15 Pamphlets and booklets from various health related agencies, i.e.
18 15 American Cancer Society, Lung Association, March of Dimes, Drug
18 15 Companies, etc.
20 15 Numerous pamphlets and literature in Spanish & English on various sub-
26 15 We cannot think of examples at this time other than some Dairy Council
26 15 materials in Spanish for nutrition. Some dental materials from ADA.
26 15 We know there are more but we are just building our resources.
28 15 Aqui Se Habla Espanol- a guide to Spanish language health and patient
28 15 information, DHHS Publication No. (HSA) S-1-7006, 5600 Fishers Lane,
28 15 Rockville, MD 20857
30 15 Write State Department of Health and Environment, Forbes Field, Topeka,
30 15 KA 66620
31 15 Nutrition for OB- March of Dimes; How to Take a Temperature- McNeil &
31 15 Products Company
34 15 We have a wide variety of materials

Consortium Member Responses

I.D Q\U COMMENT
72 15 California Department of Education has many materials translated in
72 15 Spanish
73 15 Wash. State
78 15 EPA Pesticides Safety slide show
79 15 You have our MCAPP stuff; will send stuff when I get home. Once again,
79 15 we rely on 1:1 verbal communication- private intimacy.
State Director Responses

I.D Qu Comment
2 13 State health department
4 13 An Early Start to Good Health; Health Network (both available from the
4 13 American Cancer Society)
5 13 Bea Roppe
6 13 Summer 1983 Colorado Dept. of Education/Colorado Dept. of Health Teach-
6 13 er Units in Nutrition, Dental and Safety. May be obtained by con-
6 13 tacting Mr. Chuck Stout or Ms. Terri Swanson (Dept. of Health) or
7 13 Local & state dept. pamphlets on nutrition, eyecare, hearing- in Span-
7 13 ish; we can send if you need samples
9 13 Materials available through health depts.
13 13 National Migrant Referal Project, 55 N. IH 35- Suite 207 Austin, TX;
13 13 National Health Info Clearing House, P.O. Box 1133 Washington, DC
13 13 1983
14 13 Free materials from American Cancer Society
18 13 Write to Migrant Health Services, Inc.- address on previous page
24 13 Mr. Gary Guzovskas, Safety & Driver Education, NH Dept. of Ed.,
24 13 64 North Main Street, Concord NH 03301
25 13 TB, VD, Head Lice, Nutrition, Eye care, Dental health- c/o Dept. Health
25 13 John Fitch Plaza C08625 609-292-7937
36 13 See enclosed material.
37-13 (nutrition)
38 13 Children are exposed to a variety of materials in school
40 13 1. Slide/cassette program re: family planning available from Planned
40 13 Parenthood of San Mateo County, 2211 Palm Ave., San Mateo, CA. 94403;
40 13 2. Student materials, teachers' guides (Sp., Eng.) re: accident pre-
40 13 vention, diseases, dental hygiene, nutrition, personal hygiene from
40 13 Educational Factors, Inc., 1261 Lincoln Ave., P.O. Box 6389,
40 13 San Jose, CA 95150

H-2
APPENDIX I

Survey Responses to Item 16
### 0-1 Years

#### Health Center Responses

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<thead>
<tr>
<th>ID</th>
<th>Comment</th>
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<tr>
<td>1</td>
<td>Anemia, otitis media, respiratory infections, intestinal infections</td>
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<tr>
<td>2</td>
<td>including parasites</td>
</tr>
<tr>
<td>3</td>
<td>Anemia, diarrhoea, nutritional deficiencies, dermatological problems</td>
</tr>
<tr>
<td>5</td>
<td>Upper respiratory tract infections, gastroenteritis</td>
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<tr>
<td>7</td>
<td>Upper respiratory infections, sore throats, parasites (intestinal)</td>
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<td>12</td>
<td>Ear infections, anemia, nutrition (poor development), staph infections</td>
</tr>
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<td>13</td>
<td>Otitis media, gastrointestinal problems ex. diarrhea</td>
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<tr>
<td>20</td>
<td>Upper respiratory infections</td>
</tr>
<tr>
<td>23</td>
<td>Anemia and intestinal parasites</td>
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<td>26</td>
<td>Otitis media, upper respiratory infections</td>
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<tr>
<td>32</td>
<td>U.R.I., gastro int.</td>
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#### Consortium Member Responses

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<th>ID</th>
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<tbody>
<tr>
<td>1</td>
<td>Anemia, URI, G.I. upsets</td>
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#### State Director Responses

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<tr>
<td>15</td>
<td>Immunizations, bronchitis, skin rashes, gastro-enteritis, acute conta-</td>
</tr>
<tr>
<td>15</td>
<td>gious communicable problems</td>
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<tr>
<td>18</td>
<td>Respiratory</td>
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<td>22</td>
<td>Anemia</td>
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<td>26</td>
<td>Colds, overweight, underweight</td>
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<tr>
<td>27</td>
<td>Nutrition related problems</td>
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</tbody>
</table>

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I-1
1-5 Years
Health Center Responses

1.0 Qu Comment
1 17 Anemia, otitis media, respiratory infections, intestinal infections,
2 17 skin infections
4 17 Anemia, upper respiratory infections, ear infections, immunization,
4 17 accidents, bottle mouth syndrome
5 17 Tonsillitis, Otitis Media
7 17 Dental, parasites, contagious diseases, skin allergies, sore throats &
7 17 colds, immunizations not up to date, anemia, poor nutrition
12 17 Ear infections, malnutrition, dental, dysentary, skin infections
13 17 Otitis media
20 17 Impetigo, head lice, upper respiratory infections
23 17 Anemia and intestinal parasites
26 17 Otitis media, upper respiratory infections
30 17 Anemia, dental carries
33 17 Dental carries, conjunctivitis, Otitis, pediculosis, diarrhea

Consortium Member Responses
(No Responses)

State Director Responses

1.0 Qu Comment
2 15 URI - otitis - asthma - allergies - lice - V & D
7 15 Asthma - bronchitis; also, many heart problems, congenital defects
14 15 Unknown
15 15 same as above
18 15 Respiratory infections
22 15 Anemia, pediculosis - head and body, scabies
26 15 Same
27 15 Nutrition related problems, immunizations
30 15 Childhood diseases (i.e. chicken pox, measles, etc.)
6-18 Years

Health Center Responses

1. D Qu ClUent
2. 18 Anemia, respiratory infections, diabetes mellitus, family planning
3. 18 Anemia, upper respiratory infections (asthma, sore throats), accidents
4. 18 Pregnancy, irregular menses
5. 18 Family planning, anemia, poor nutrition
6. 18 Dental, upper respiratory, virus, immunizations not up to date, lack of
7. 18 Nutrition (over/under weight), dental, pregnancy
8. 18 Upper respiratory infections
9. 18 Venereal disease, pregnancies, poor nutrition, anemia
10. 18 Anemia and intestinal parasites
11. 18 Lower level - upper respiratory infections. Upper level female - pregnancy
12. 18 Anemia and intestinal parasites
13. 18 Dental problems, head lice detected by Migrant School Nurses
14. 18 Skin problems, family planning, anemia, intestinal parasites, occupation
15. 18 Dental and other accidents
16. 18 Dental
17. 18 Anemia, pediculosis, head and body lice, dental, and scabies
18. 18 Glasses, teeth, tumors, cancer, overweight
19. 18 Dental health, immunization records
20. 18 Pediculosis, skin problems - rashes, & dental needs.
21. 18 Dental caries, need for immunizations, impetigo
22. 18 Head lice, tooth decay & periodontal disease
23. 18 Childhood diseases (as above), colds, flu

Consortium Member Responses

(No Responses)

State Director Responses

I. D Qu ClUent
2. 18 Asthma - allergies - URI - V & D - VD - visual disturbances - lice
3. 18 Dental health
4. 18 Chronic otitis media, iron deficiency or nutritional anemia, intestinal
4. 18 parasites
5. 18 Dental problems, vision
6. 18 Dental problems, head lice - detected by Migrant School Nurses
7. 18 Skin problems, family planning, anemia, intestinal parasites, occupation
8. 18 Dental
9. 18 Anemia, pediculosis, head and body lice, dental, and scabies
10. 18 Glasses, teeth, tumors, cancer, overweight
11. 18 Dental health, immunization records
12. 18 Pediculosis, skin problems - rashes, & dental needs.
13. 18 Dental caries, need for immunizations, impetigo
14. 18 Head lice, tooth decay & periodontal disease
15. 18 Childhood diseases (as above), colds, flu
18 Years and Over

Health Center Responses

1. D Qu Comment
2. 19 Obesity, diabetes mellitus, hypertension, musculo skeletal disorders,
4. 19 Substance abuse
5. 19 Accidents, pregnancy, STD's, communicable diseases
7. 19 Pregnancy, vaginal infections
9. 19 Pesticides, dental, alcohol, pregnancy, family planning, anemia, poor
11. 19 Hypertension, diabetes, back problems (bone disorders)
13. 19 Work related injuries or camp related injuries
20. 19 Substance abuse, injuries, venereal disease
23. 19 Anemia and intestinal parasites
26. 19 Urinary tract infections. In female population- vaginal infection.
26. 19 Above age 35- diabetes and hypertension. Age 25 and some younger-
26. 19 we are seeing more ulcer and midepigastric pain.

Consortium Member Responses

(No Responses)

State Director Responses

I.D Qu Comment
2. 17 No data
14. 17 Unknown
15. 17 Hypertension, alcoholism
18. 17 ?
22. 17 We do not serve these children in North Dakota
26. 17 Female infection, breast tumors, overweight
27. 17 Dental health
APPENDIX J

Survey Responses to Item 17
0-1 Years

Health Center Responses

I.D Qu Comment
2 20 Infection, diarrhea and dehydration
7 20 Pneumonia
12 20 Diarrhea, dysentary, dehydration, unattended medical problems
13 20 Illnesses related to diarrhea and dehydration
20 20 Neglect (physical)
23 20 Accidents
26 20 Accidents, children born to high risk prenatal patients who are born with problems or do not receive adequate care.

Consortium Member Responses

(No Responses)

State Director Responses

I.D Qu Comment
2 18 Sids (??) - dehydration - untreated congenital defects
14 18 Unknown
15 18 Gastr-enteritis
18 18 ?
22 18 We have very few incidents of death in any of our migrant children. We are a summer program and therefore we do not have the migrant children for long periods of time.
1-5 Years

Health Center Responses

1. DU COMMENT
2. Trauma, including child abuse, poisonings
12 1. Pneumonias, childhood injuries (burns)
13 1. Accidents
20 1. Abuse--due to no supervision
23 1. Accidents
26 1. Accidents (field & auto)

Consortium Member Responses

(No Responses)

State Director Responses

I.D Qu Comment
2 19 Accidents-- ???
14 19 Unknown
15 19 Gastro-enteritis
18 19 ?

6-18 Years

Health Center Responses

I.D QU COMMENT
2 22 Trauma--car accidents, drowning and homicides
12 22 Accidental deaths
13 22 Accidents--drownings
20 22 Lack of medical help until situation is beyond control
23 22 Accidents
26 22 Accidents

Consortium Member Responses

(No Responses)

State Director Responses

I.D Qu Comment
2 20 Accidents--suicides
4 20 Accidents
14 20 Unknown
15 20 Accidents
18 20 Farm accidents
18 Years and Over

Health Center Responses

1. D Qu Comment
23 Cardiovascular disease, chronic respiratory disease and malignancy
7 23 Drinking, accidents, hypertension, pesticides
12 23 Undetected cancers, cardiovascular, violence (stabbings)
13 23 Accidents, illnesses related to the cardiovascular system
20 23 Substance abuse—leading to fatalities, lack of seeking medical attention when needed.
24 23 Accidents
26 23 Over 35—untreated chronic disease. Kidney problems

Consolidation Member Responses

(No Responses)

State Director Responses

1. D Qu Comment
2 21 Accidents & suicides
14 21 Unknown
15 21 Accidents, hypertension, chronic diseases (See attached chart)
18 21 ?