190,000 migrant workers and dependents are included in project areas covered by hospital service.

3,000 migrant workers and dependents have had bills paid under the program. (This is an underestimate due to the time-lag in getting paid bills in for processing.)

$1,307,836 has been obliated thus far (1967 and 1968 funds) for in-hospital services, including hospitalization ($946,576) and physician's services ($361,260).

Program Needs.—

441 more counties need to be covered with personal health care and 286 more counties with sanitation services in order to meet the needs in all 726 counties with an annual influx of migrants.

Approximately 700,000 additional migrant people need to be brought into contact with services.

Medical and dental services need to be expanded. At present migrants in project areas are using medical services at about one-fifth and dental services at about one-twenty-fifth the rate for the general population.

Undiagnosed and untreated conditions among migrants as the result of inadequate access to care need to be brought under treatment. Present estimates indicate that among migrants outside project areas there are—

5,600 with diabetes;

5,000 with tuberculosis;

9,800 children with iron deficiency anemia;

3,000 children under 18 with cardiac damage as a result of rheumatic fever; and

many thousands of children and adults with visual, hearing, dental, and other uncorrected defects.

A Directory of Migrant Health Projects Assisted by Public Health Service Grants

INTRODUCTION

The Migrant Health Act of 1962, as amended in 1965, authorizes the Public Health Service to make grants to assist communities in extending local health services to migrants. After local plans are approved, grants are made to public or private nonprofit organizations to pay part of the cost of health services for migrant farmworkers and family members.

The 115 projects listed here were receiving grant assistance from the Public Health Service in August 1967. Located in 36 States and Puerto Rico, these projects provide both sanitation services and personal health care in some 330 counties and sanitation services alone in 150 additional counties. The information for each project is from the project's application and report.

PURPOSE

The directory can assist project staff members and others concerned with migrants in identifying places where projects offer services to migrants along the major migratory streams. It can also facilitate intrastate and interstate patient referrals, as well as interproject communication for the exchange of information and ideas.

Each project description includes a reference to the duration of the migrant season. Projects in the northern work area are operational only during the months shown. However, many have one or two key staff members available throughout the year to answer questions between seasons, and to do the necessary postseason followup and preseason planning and negotiation.

ARRANGEMENT

The States are arranged alphabetically, and the projects are listed numerically by project grant number within the State.

The location of family health service centers is included in the description of projects which operate one or more such centers. Typically the centers are temporary facilities, open periodically at times and places conveniently accessible to migrants. At the centers, physicians provide medical treatment, immunizations, and other health services with the assistance of project staff members.