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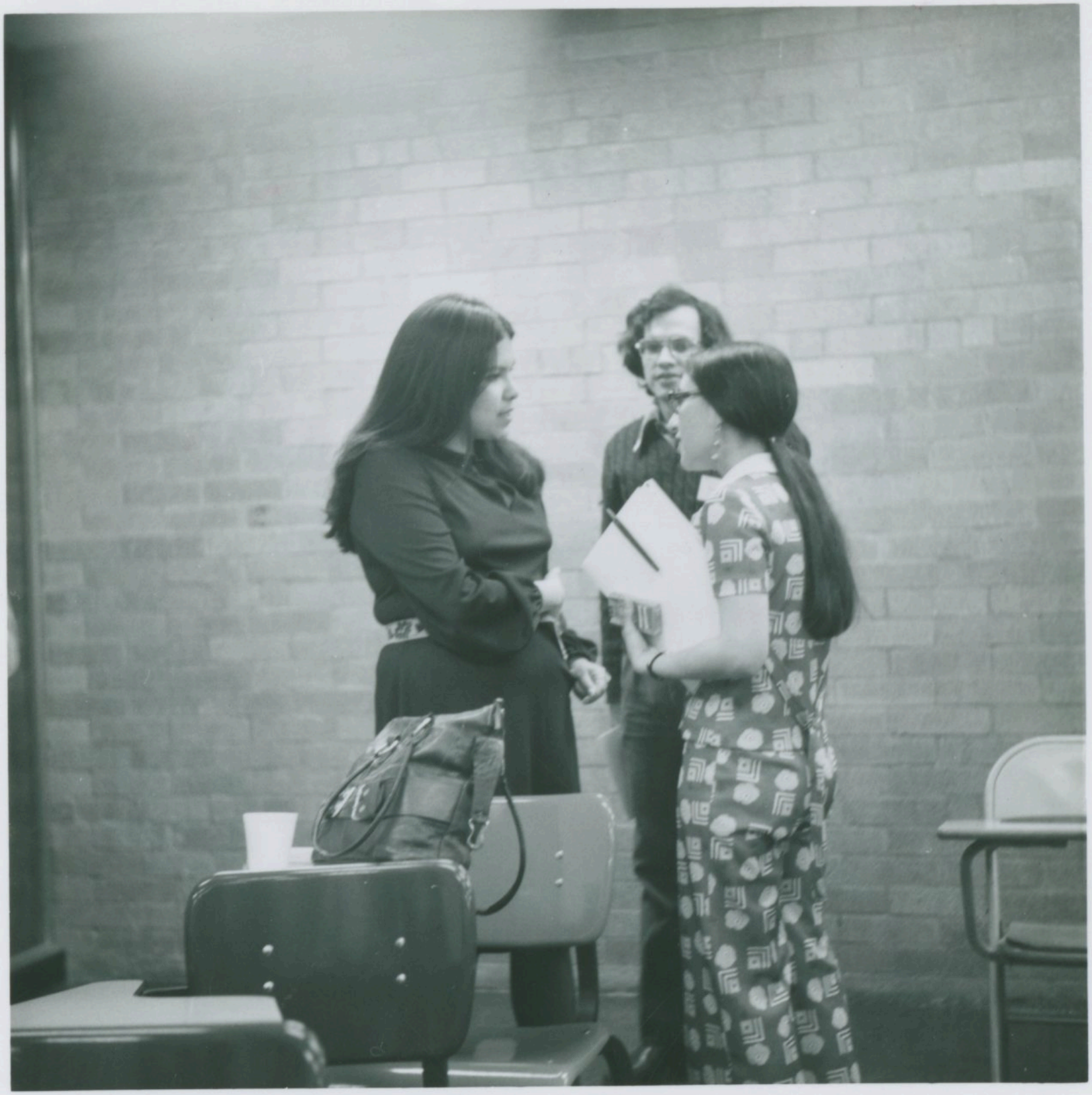

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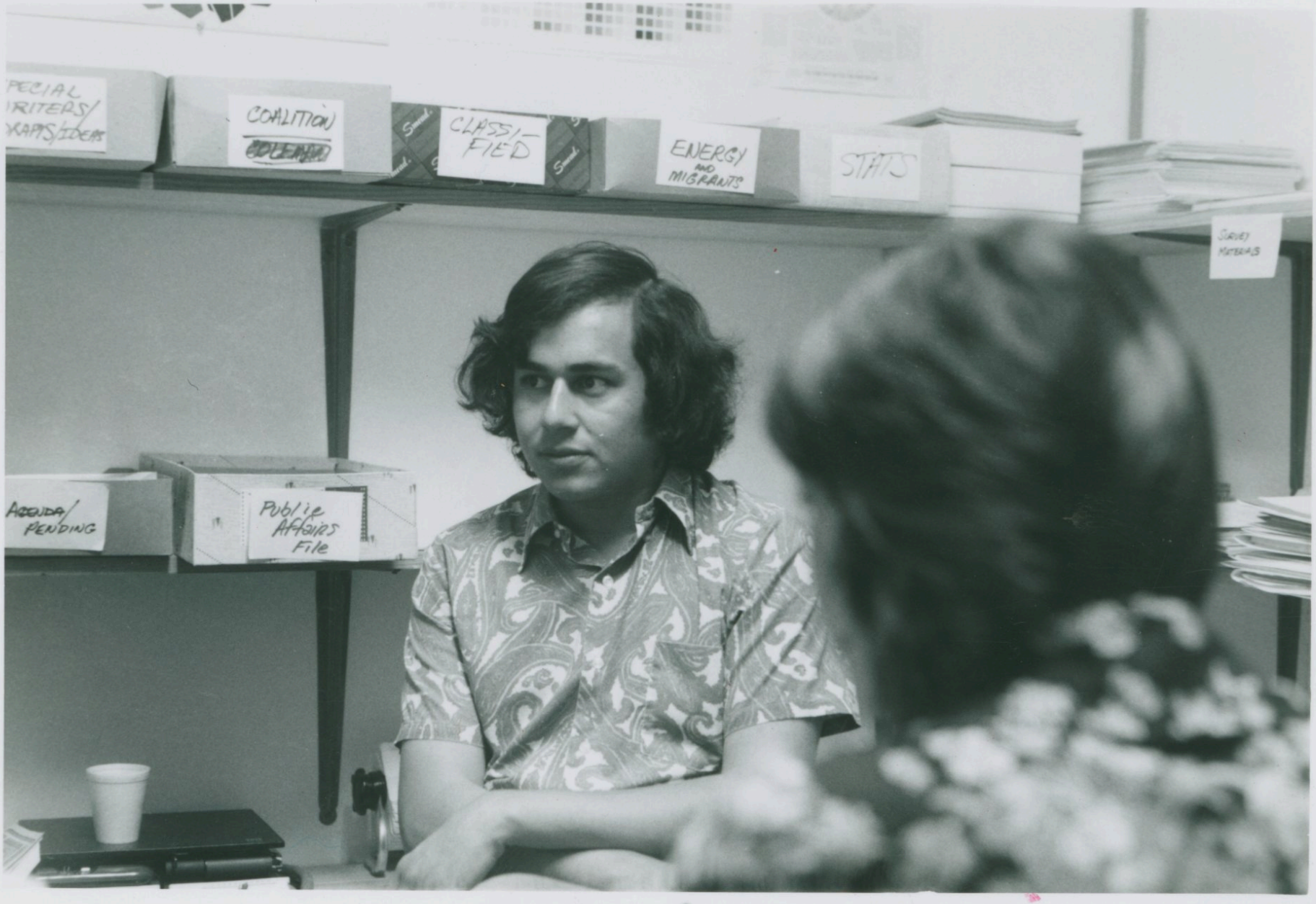
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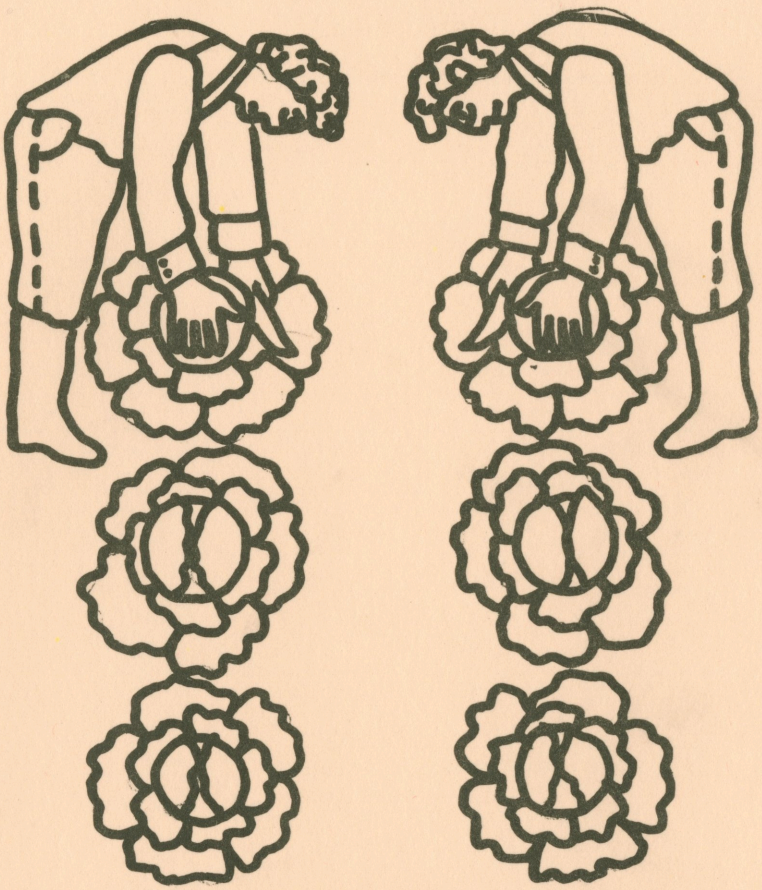
JUAREZ LINCOLN UNIVERSITY

1976-1977 CATALOG

MIGRANT HEALTH

LEGISLATION AND PROGRAMS



JUÁREZ-LINCOLN CENTER
National Migrant
Information Clearinghouse

M I G R A N T H E A L T H

LEGISLATION AND PROGRAMS

Written and Compiled by:

Juarez-Lincoln Center
3001 South Congress
Austin, Texas 78704

WHAT ARE MIGRANT HEALTH PROGRAMS?

In September 1962, the Public Health Servi Act was amended to authorize expenditures of funds as grants for the establishment of family health service clinics for domestic agricultural migratory workers, and to improve the health conditions of such workers and their families.

Currently, there are approximately 100 programs providing health services to migrants in the U.S. They provide a variety of services which have been classified according to seven major categories by the Health Services and Mental Health Administration, U.S. Department of Health, Education and Welfare. By no means are the classifications all inclusive, but they do give a general description of the types of services migrants can receive. Each program receiving funds can provide either one single service or a combination of the services described below.

Full-time Comprehensive Services - diagnostic, therapeutic and follow-up medical services offered on a daily and year round basis by full-time medical staff. Dental care, health counseling and outreach services are also provided.

Scheduled Comprehensive Services - diagnostic, therapeutic and follow-up medical services provided

intermittently through scheduled clinics. Dental care, health counseling and outreach services are provided with referrals on a free for service basis.

Scheduled Medical Services - diagnostic, therapeutic and follow-up medical services through intermittently scheduled clinics with referrals. Dental care, health counseling and outreach services are not necessarily provided.

Scheduled Categorical Health Services - specific disease or categorical emphasis on preventive medicine are provided by clinics. Could include clinics for Tuberculosis control, immunizations, maternal and child health, etc.

Non-Scheduled Health Service - general health care provided by project on a referral system of fee for service. Nursing services provided as part of outreach and follow-up.

Limited Categorical Services - focus on environmental health activities, such as camp inspections, state code enforcement and coordination of local sanitation programs.

Administrative Consultative Services - consultation for and coordination of direct health care activities of other groups.

Less than half of the projects currently funded provide scheduled comprehensive services while only about 15 projects provide full-time comprehensive services.

LEGISLATIVE HISTORY

(Excerpts from "A directory of Migrant Health Projects", U.S.D.H.E.W.)

While the Migrant Health Act was initiated in 1962, the authorizing legislation extended for only three years. In August 1965, the Migrant Health program was extended for an additional three years and added necessary hospital care as an available health service under this program. In October of 1968, the Migrant Health Program was extended for another three years with a broadened scope. The 1970 version included the seasonal agricultural worker and his family under the services covering the migratory agricultural worker. The table on the following page illustrates the expansion of the funds available to migrant health programs since its inception.

FEDERAL MIGRANT HEALTH FUNDS *

Fiscal Year	Authorization (000's)	Appropriation (000's)
1963	$ 3,000	$ 750
1964	3,000	1,500
1965	3,000	2,500
1966	7,000	3,000
1967	8.000	7,200
1968	9,000	7,200
1969	9,000	7,200
1970	15,000	15,000
1971	20,000	15,000
1972	25,000	17,900
1973	30,000	23,700 - (Requested)

MIGRANT HEALTH LEGISLATION

In June 1973, the legislation authorizing grants for migrant health will expire. Legislation has been introduced to continue the migrant health program, yet the outcome is uncertain.

The uncertainty stems from activity in Congress. Some U.S. Legislators have reported that Migrant Health is one of several services which the Department of Health, Education and Welfare is considering consolidating into a health revenue sharing package, allowing the individual state to decide how health monies will be spent and placing the responsibility of maintaining migrant health

* The authorization figures differ from appropriations because authorized funds are the total sum which Congress authorized to be spent. Appropriation is the amount of money that Congress has given to the program to be spent.

programs on the individual states. However, individual states have neither been able nor willing to provide adequate health services to migrant and seasonal farmworkers in the past. In spite of the services provided under migrant health, the situation of the migrant and seasonal agricultural farmworkers have improved minimally.

The State of Texas serves as an example. In 1970, the Field Foundation conducted a study in Hidalgo County on the health status of Mexican-American migrants. The following table illustrates their findings.

FINDINGS IN FIELD FOUNDATION STUDY, HIDALGO COUNTY

1970

TOTAL EXAMINATIONS:	
ADULTS	502
CHILDREN	731
TOTAL FAMILY GROUPS WITH ABNORMAL FINDINGS:	
FAILURE TO THRIVE	23
TUBERCULOSIS (BY X-RAY)	13
SPECIFIC VITAMIN SIGNS	35
PROTEIN DEFICIENCY SIGNS	5
GOITRE	7
RICKETS	4
PELLAGRA	1
ANEMIA (BY LAB)	21

has been eliminated as a requirement for Medicaid, it has been of little use to the migrant."

According to HEW there are approximately 1,000,000 migrants and dependents. Also there are approximately three million seasonal farm workers who are eligible for service under the Migrant Health Program. HEW estimated that the budget request for fiscal 73 would reach approximately 284,000 farm workers, or less than 10 per cent of the target population.

Although in 1972 the Migrant Health Act authorized allocation of $25 million, the actual appropriation of funds was only $19 million. The DHEW indicated that the total cost of providing both comprehensive care and hospital services to the farm worker population eligible under the Act was $600 million, some twenty times greater than the 1973 authorization of funds.

As a result of this low level of funding, it was administratively determined by HEW that hospital care costs would not be covered by the Migrant Health Program. The result has been virtually no hospital care for migrants. With the exception of the State of Michigan, which pays for migrant hospitalization through State funds, no Federal, State or local payment programs have been identifiable. Although it was "hoped" that Medicaid

would assist migrants in obtaining hospital care, all investigations have revealed that few states provide any medical assistance under Medicaid for migrants. An OEO report in 1971 indicated that in a survey of migrants in Florida, only 3.2 per cent were covered by Medicaid. When migrants leave their home base states they are faced with the problem that they are not residents of the states in which they are temporarily working, and thus are excluded as non-residents from that state's Medicaid program, despite the fact that it is partially funded with the Federal dollar. Under revenue sharing, when the Federal dollar is not earmarked, but is given to the states to spend at their absolute discretion, it can reasonably be expected that migrants will not be included. They have not been in the past.

Furthermore, inadequate funding has resulted in the fact that most projects have found it difficult, if not impossible, to provide services that are considered essential to a comprehensive care facility. Transportation for an effective outreach program is not developed, projects close before the migrants leave an area, approved projects never receive funds, and geographic areas with seasonal workers never obtain Migrant Health projects. In the testimony before the Committee on Labor and

Public Welfare on the extension of the Migrant Health Act, August 1972, Sister Cecilia Abhold, S.P., Administrator of the East Coast Migrant Health Project, testified that out of 94,000 migrants covered by that project, the project was only able to deal with 20,000 workers. She also stated that according to HEW, there are almost 900 counties that have a seasonal migrant impact; some 700 of these counties are not covered by the current program.

The Senate Committee on Labor and Public Welfare, in reporting out the bill in the Summer of 1972, affirming the belief in the need for continuation and expansion of the Migrant Health Act, found that four areas needed legislative attention:

1) The inadequacy of the funding level;
2) The need for earmarked hospital funds;
3) The need to reaffirm Congressional commitment to consumer participation;
4) The need to develop a strategy for integrating migrant workers into a larger health care delivery system if such should develop.

In June 1973, provisions for funding Migrant Health programs will expire. The Legislative preoccupation cited above is still valid; however, the time frame is different. In 1972 migrant health programs were a reality for at least one year. This year they are being closed down as their program year ends.

715 East 1st Street Austin, Texas 78701 512/474-5061

BACHELOR OF ARTS IN LIBERAL STUDIES
OFFERED BY ANTIOCH COLLEGE/JUAREZ LINCOLN UNIVERSITY

The program of Antioch/Juarez Lincoln's Bachelor of Arts in Liberal Studies operates on a four-quarters-per-year model which enables (but does not require) students who do not have transfer or prior learning credit to graduate after three calendar years of full time study. Full time study is based on a model of 15 credits per quarter, toward a minimum requirement of 180 credits for graduation. The degree curriculum is designed to integrate theoretical knowledge with practical experiences through a combination of required and elective classroom courses, seminars, supervised individual study, field experiences, and job-related projects. Wherever possible, course work is made available to students in their dominant language, Spanish or English. All students, however, are required by the time of graduation to demonstrate competency in the English language.

The Bachelor's Degree is offered in Liberal Studies without traditional "major" or "minor." This design has been adopted to concentrate programmatic resources toward a curriculum focusing on interdisciplinary critical thinking and problem solving. Basic interdisciplinary themes have been identified to prepare the student to serve as a social change agent for the Chicano community and as preparation for professional careers and social mobility. When students can demonstrate that they possess appropriate knowledge and/or skills which they could have learned in institutions of higher education, but which they acquired in other ways, they can be credited for such prior learning.

Within this context, basic thematic areas have been developed to integrate traditional disciplines into areas of study which can be made relevant to a student's living environment. To foster learning autonomy, students will first undertake structured group learning activities in each of the thematic areas, and then will progress to individual supervised study and, finally, to field experiences.

Juarez Lincoln recognizes that much learning takes place in settings other than classrooms. Up to 60 quarter credits from prior learning can be applied to a student's degree requirements.

In the process of meeting their credit and distribution requirements, students must engage in the following learning activities:

1. Satisfactorily complete a project in the study of minority groups, particularly involving Mexican-Americans.
2. Engage in a non-reimbursed project of service to the community which emphasizes problem solving.
3. Undertake at least one substantive supervised practicum or internship.
4. Take at least one core course, and engage in individual supervised study, in each thematic area.

JUAREZ LINCOLN UNIVERSITY LEARNING NETWORKS

Austin, Tex.

San Antonio, Tex.

Corpus Christi, Tex.

Rio Grande Valley, Mission, Tex.

Denver, Co.

In order to be admitted to the program, prospective students must meet the following requirements:

1. Be at least 25 years of age (although the Admission Committee may waive this requirement for exceptional applicants).

2. Be regularly employed or consistently engaged in significant community work.

3. Demonstrate self-direction and self-motivation as well as have a specific need for attaining the degree.

4. Have graduated from an accredited high school or earned a high school equivalency certificate.

5. Have completed all required application procedures.

Undergraduate tuition for the Bachelor of Arts in Liberal Education programs is $500 per quarter. An enrolling student is required to remit 40% of his/her tuition at the beginning of each quarter. The balance of the tuition fee must be paid prior to the last two months of the quarter in two equal installments, each equal to 30% of his/her tuition.

Many Antioch/Juarez Lincoln students are elibible for financial aid. All inquiries concerning financial aid whould be addressed to:

Juarez Lincoln University
Financial Aid Office
715 East 1st Street
Austin, Texas 78701

Antioch/Juarez Lincoln has financial resources available to students in the form of grants, loans, and a limited scholarship fund.

For futher information contact:

Registrar
Juarez Lincoln University
715 East 1st Street
Austin, Texas 78701

Juárez Lincoln Center

1972-73 Annual Report

National Migrant Information Clearinghouse

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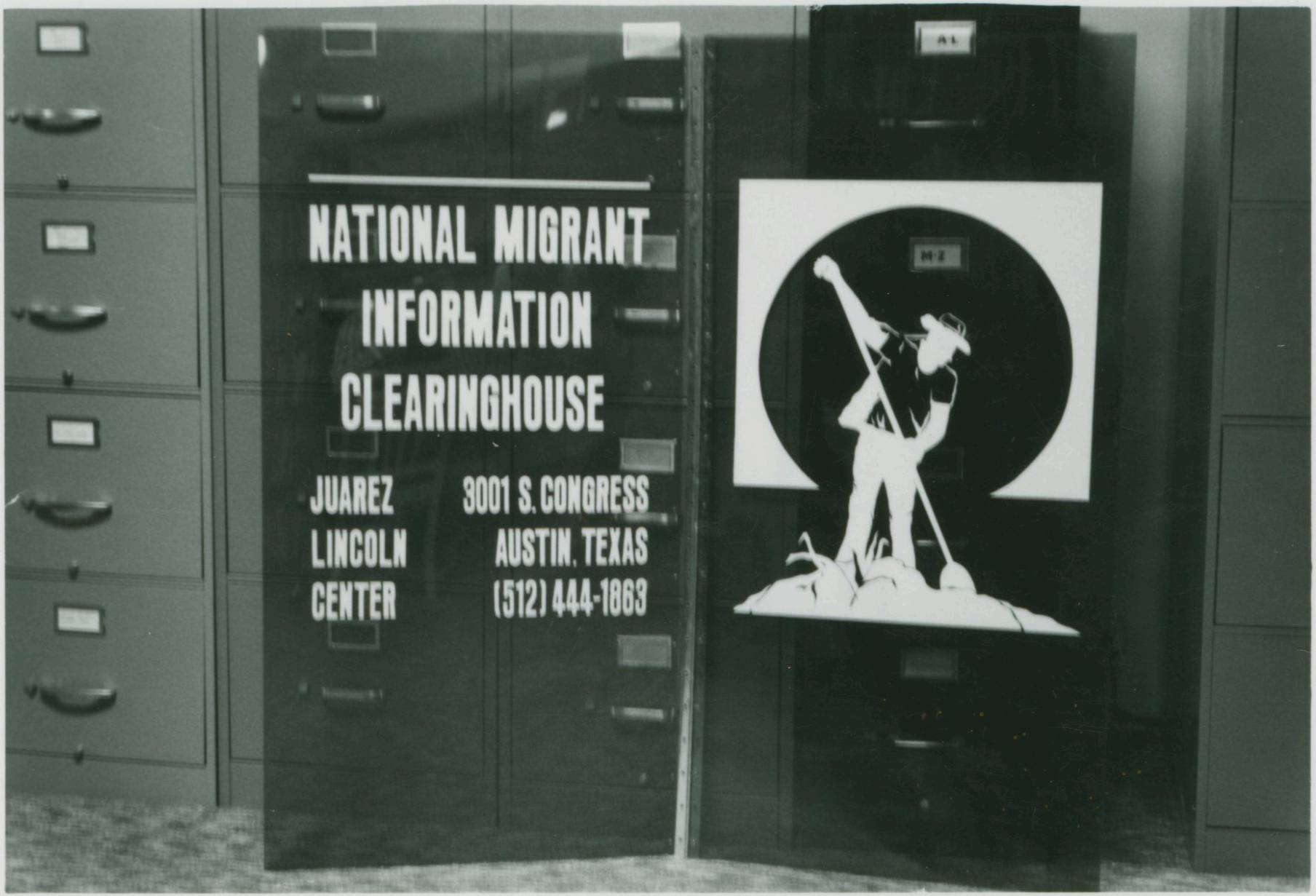
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