

Migrant Education and Health Services for Migrant Children and Youth

Interstate Migrant Education Council

March 31, 2010

I. Background

The Interstate Migrant Education Council (IMEC) began in the summer of 2007 to examine the question, What are the appropriate health activities in which state migrant education programs should engage either through coordination or direct services?

We have heard presentations by the National Association of Community Health Centers, the Office of Migrant Health, a health care professional who has worked in migrant education for over 20 years and the president of a foundation that provides funds for emergency needs of migrant families. We also held a meeting in Las Cruces, New Mexico to learn about health problems on the Mexican-U.S. border from the U.S. Mexico Border Health Commission and educators from New Mexico and Arizona.

Each IMEC state outlined the current health services they provide. Through work group discussions several issues, problems and possible solutions were discussed.

This paper summarizes IMEC's work to this date. The paper starts with a list of general observations. From the observations recommendations are made for state migrant education programs, the U.S. Office of Migrant Education, the consortium on out-of-school youth funded by the Office of Migrant Education and the U.S. Office of Migrant Health.

The overwhelming attitude of the IMEC membership is there needs to be a national focus on the variety of issues that have been raised. This could be accomplished through a national forum or summit that involves educators and health personnel, a forum that just focuses on migrant education and health issues or a consortium grant from the Office of Migrant Education (OME) to examine the various issues.

Regardless of the format, IMEC believes these issues are beyond the capabilities of most state migrant education programs to handle individually. There is a significant need for gathering and sharing information and developing policy issues in a coordinated manner between states and OME.

II. General Observations

A. Leadership

1. There is a need at the national level for leadership and coordination concerning the provision of health services by state migrant education programs.
2. States worry that requesting advice from OME will mean a “no” answer or stringent requirements and monitoring.
3. The process in solving various health issues must be a collaborative one between states and OME and not a compliance process.

B. Information Needs

1. Some states are not fully aware of current health services available from a variety of sources for migrant students in their state; and the income and residency requirements for such services from federal, state or other providers.
2. In determining available services, every state is different in their requirements; therefore state migrant education programs must seek this information themselves.
3. Many states, especially smaller states with few personnel, may need help in determining available health services in their state.
4. State MEPs do not know the health services and activities that other states provide through their migrant education programs.
5. It would be helpful if there was a suggested amount of minimum services or activities for health services for each state migrant education program.
6. It would be helpful to provide suggestions for possible services above the recommended minimum.
7. There are probably significant differences of needs between in-school youth and out-of-school youth, but there is not information available to determine the differences.
8. It is important for state migrant education programs and health service providers to have access to health records of migrant students.

C. State Issues and Activities

1. There seems to be a wide difference among states in the health services they provide from practically none to a significant amount of services.
2. Eleven states self reported that health services were not in their service delivery plan. It is possible services are given by other providers. To determine actual services, a more in-depth study is needed.
3. State migrant education programs focus on obvious education issues such as those associated with ELL students or lack of specific course credit for graduation rather than health issues which are often less obvious in causing learning deficits.
4. State migrant education programs are wary of high expenditures for health services that may take away from education services.
5. There is considerable uncertainty as to what health expenditures by migrant education programs are allowable.
6. In regard to the issue of supplement/supplant, the question has been raised as to the obligation of a state MEP in determining all available health services from other sources before they expend migrant education funds on direct services.

D. Other Issues

1. There is a need for a general definition of the nexus between health maladies and learning. This has particular importance to ensure that migrant funds are expended for educational purposes if there are any questions raised about providing health services to undocumented persons.
2. There is evidence that the availability of a “medical home” for migrant students and families could have significant benefits. The federal and state supported school-based health clinics could provide such a home for many migrant students.
3. For migrant students in school, school-based health centers could address a significant number of health issues.
4. There does not seem to be available, for easy access, information on public health issues that might affect states due to the migration of workers and students.

III. Recommendations to State Migrant Education Programs

- A. The state director of migrant education and/or regional program personnel should be responsible for interfacing with other state agencies (such as health, social services, etc.) that might provide services to the migrant population.
- B. Determination of services available prior to expending MEP funds -
 - 1. Each state MEP should determine health services that may serve migrant students through federal, state and local government programs and all possible services that might be provided pro bono or at reduced cost by providers.
 - 2. A document should be published that lists these services with contact information and financial documentation and residency requirements.
 - 3. Local and regional MEPs should add to this document programs unique to their area.
 - 4. The document should be periodically updated.
- C. Each state MEP should design a minimum health screening profile for each migrant student that would include 1) general health, 2) visions, and 3) hearing.
- D. Screening costs should be paid by the migrant education program only if such services are not available from LEAs or other sources.
- E. Each local MEP should have personnel available that understand the screening profile and are both able to interpret results and to refer students based on the screening information.
- F. State MEPs should consider using broad-based health surveys that give a profile of possible maladies in the general school-aged population that could affect migrant children and youth.
- G. State MEPs should consider the following:
 - 1. Include health information in parent involvement programs;
 - 2. Hire nurses or other health professionals at sites;
 - 3. Utilize health voucher programs for emergency circumstances;
 - 4. Develop a program to aid families in transferring health records.

IV. Recommendations to the U.S. Office of Migrant Education (OME)

From the discussions IMEC representatives had about health services and Migrant Education, we have observed there are several needs of states that could be best accomplished at the national level through the Office of Migrant Education. The following are our recommendations:

- A. Gather from all states and make available on-line all the health services state migrant education programs provide with information about the numbers served, costs and contact information.
- B. Consider developing a recommendation (not law, regulations or guidance) on the minimum type of health services state MEPs might offer.
- C. Develop recommendations on other reasonable services that might be offered above the minimum.
- D. OME should not be prescriptive in the recommendation under B and C. States should be permitted to determine the services they offer based on their comprehensive needs assessment and service delivery plan.
- E. Gather information and make available on-line all materials that are used by state MEPs in providing health education and information to students and to parents in parent involvement programs.
- F. Help define the question, What is the nexus between health maladies and learning?
- G. Review the previous efforts to have a memorandum of understanding between OME and the U.S. Office of Migrant Health.
- H. Be an advocate for federally funded and state supported school –based health centers.
- I. Develop recommended procedures for families to transfer health records, beyond the information on MSIX, as they move from one area to another area.
- J. In order to accomplish these recommendations consider developing either:
 1. a task force supported with MEP funds;
 2. a national forum focused on these issues;
 3. a consortium grant among states.

IV. Recommendations to the Out-of-School Youth Consortium (funded by OME)

- A. Develop a health needs assessment profile for out-of-school youth.
- B. Develop specific health materials for out-of-school youth to help states serve this population.

V. Recommendations to the U.S. Office of Migrant Health (OMH)

- A. Facilitate relationships between OMH's regional migrant health coordinators and state migrant education directors in each region.
- B. Help define the question, What is the nexus between health maladies and learning?
- C. Review the previous efforts to develop a memorandum of understanding between OMH and the Office of Migrant Education (OME).
- D. Be an advocate for federally funded and state supported school-based health centers.
- E. Develop an easy access method to inform state directors of migrant education of public health issues that might affect migrant students and families in their states.