

# Let’s Talk: Bright Futures for Migrant Children

*A Project of the CA Department of Education Migrant Education Office
& The Children’s Partnership*

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## Overview and Assessment of Program Outcomes

The goal of Let’s Talk: Bright Futures for Migrant Children, a project supported by the California Department of Education’s Migrant Education Office (MEO) and carried out by The Children’s Partnership (TCP), was to support improvement of the oral and nutritional health of students involved in the Migrant Education Program (MEP).

Discussions with the MEO staff determined that an important first step in this process was to engage MEP staff, who are trusted and committed sources of support for migrant students and their families, to identify migrant students’ health needs.

Therefore, it was established that the most strategic approach would be to facilitate an open and meaningful dialogue between various stakeholders. Based on this assessment, it was determined that one major program goal or output would be three regional workshops held for MEP staff in California. These workshops offered MEP staff a space to discuss existing needs, barriers, and opportunities surrounding the improvement of their migrant students’ oral and nutritional health. Furthermore, these workshops provided new resources and information about oral and nutritional health through connections with community partners and the sharing of new information and resources. To achieve this, workshops were structured to provide space for MEP program staff to share their perspectives on the biggest oral and nutritional health issues facing their students, a space for MEP program staff and community partners to connect and share, and a space to learn new information about oral health and nutrition through a presentation conducted by the Latino Coalition for a Healthy California, a trusted and valued partner of TCP.

Originally, eight target MEP subgrantees were identified for these workshops, with Los Angeles County Office of Education (Region 10), Butte County Office of Education (Region 2), and Tulare (Region 8) established as the three “host” regions. However, after the first workshop, which was held in Downey, CA (Los Angeles County of Office of Education), it was decided that a fourth workshop would be added in order to reach a broader group of MEP staff in the Southern California. It was also decided that subsequent workshop invitations would be shared with a wider group of MEP subgrantees beyond the original eight identified.

This adjustment allowed for a larger MEP staff participation in the workshops resulting in undoubtedly richer discussions because of this added attendance. Over the course of all four workshops, a total of 35 MEP staff participated and were able to connect with a total of 19 community partners. Furthermore, each workshop was followed by an email communication from TCP sharing information about how to access all the resources discussed during the workshops, and provided contact information for all attendees, in order to facilitate and encourage a continued conversation and building of community connections.

An additional program output or goal identified was the creation of new resources for migrant families. These would provide the families of migrant students with important information about oral health and nutrition, health coverage, and related resources available in their communities. Based on the robust discussion that took place over the course of the four workshops, TCP gained insight into what kinds of resources would be most valuable for MEP staff in providing the right information to their migrant families.

As a result, two colorful and informative brochures geared towards parents – one on oral health and one on nutrition – were created to provide basic education on positive oral health and nutrition practices as well as important practical information about coverage options and available assistance programs.

## Barriers to Oral and Nutritional Health

Each of the discussions at the four workshops provided valuable insights into the barriers facing migrant families in achieving optimal oral and nutritional health. Despite varied and unique discussions during each workshop, some major themes emerged across all four:

### Access

Access to oral health and nutrition sources takes many forms, and accordingly migrant families face a varied set of barriers when it comes to accessing oral health care and the resources needed to eat and drink healthfully. During all four workshops, MEP staff consistently identified the common experience of living in isolated areas as a major barrier. Migrant families often live in rural areas far away from resources, including dentists and grocery stores that provide a variety of foods. Living in these areas and lacking access to reliable transportation creates an even more complicated situation.

MEP staff shared that many migrant families rely on public or shared transportation to access services, which requires additional time and coordination for migrant families. This issue arose in discussions held during all 4 workshops. For the Woodland and Visalia workshops, there was an emphasis on access issues experienced by families living in more isolated and rural areas. For the workshops held in Southern California, these issues were communicated as well, along with conversation around the challenges associated with reliance on public transportation.

Specific to oral health, insurance coverage and the availability of dental providers that accept different types of coverage is a common barrier to access. Many migrant students qualify for full-scope Medi-Cal, which means they have access to dental coverage, or Denti-Cal. Related to this is a common lack of understanding that dental coverage is included with full-scope Medi-Cal coverage.

This unfortunately leads to a lack of utilization of services. Finally, as is evident across the program, many dentists do not accept Medi-Cal coverage. A common challenge shared by MEP staff is the lack of dental providers accepting Denti-Cal in the communities where migrant families live and work.

### Cost

MEP staff consistently identified cost as a barrier to receiving all the oral health services migrant students need and to being able to access an adequate amount and variety of healthy foods.

While cost is a barrier to access, it emerged as a major theme in every workshop because of the additional challenges associated with oral health care. Many oral health services are covered by Medi-Cal, but many procedures are not, and finding providers who offer free or low-cost services is a difficult challenge for migrant families.

An unfortunate reality is that many fresh fruits and vegetables are more expensive than less nutritious foods. MEP staff shared that migrant families often have to consider the volume of food and drink they will be able to get with their money as well as how much of it they will have to store in a refrigerator or freezer. Lack of access to adequate amounts of this type of storage as well as equipment to prepare cooked meals can lead to the purchase of non-perishable and oftentimes less nutritious foods.

Cost is also associated with economic status for many migrant families. Many MEP staff shared that a common feeling for migrant families is equating the ability to purchase fast food and other typically unhealthy foods, like meat, with a higher social status since many migrant families may not be able to afford such foods in their home countries.

Similarly, MEP staff shared that many migrant families place importance on having soda and other less healthy items available in their homes for guests believing it is rude not to be able to offer it.

Time is an opportunity cost that MEP staff consistently raised as a significant issue for migrant families. In many migrant families the time dedicated to seeking oral health services or nutritious foods means missing work. For many families missing work is not an option because of the loss of valuable pay. Given their often-isolated living conditions, families typically travel long distances to access oral health services and major grocery stores. An appointment at a crowded clinic with long wait times can mean sacrificing a whole day of work in order to account for travel and waiting times. This is a major and common barrier to receiving care, especially preventive care.

### Fear

Another major theme that emerged across workshops was fear. Given the increase in immigration enforcement activities and the negative rhetoric directed towards immigrant families, migrant families are fearful. In addition, discussions around [changing the definition of public charge](http://www.childrenspartnership.org/priorities/public-charge/) to include utilization of a variety of public benefits has created confusion and exacerbated the fear in these communities. This policy change would essentially force families, including those with citizen children, to choose between getting the help they need to prosper – including programs that provide medical care and food assistance – and reuniting with those they love. In doing so, the policy change will have damaging consequences for families. Further, a chilling effect is already evident in families’ concerns with enrollment and utilization of services. As a result, children in these families are at special risk for negative health and learning outcomes. MEP staff shared stories of parents keeping their children home from school after a local ICE raid and establishing an emergency plan in case they were deported while their children were at school. Parents are consistently asking MEP staff to be taken off of lists and how they can be removed from the rolls for a number of public benefits because of the fear that their information will be used for immigration enforcement purposes. This fear and desire to stay out of sight and not participate in programs that provide important services and support is a troubling and real barrier to receiving timely care and resources.

Beyond the response to the national climate, many migrant families have a long- standing fear of seeing a dentist. Many families wait until an oral health issue is severe and often debilitating to seek assistance. As a result, the necessary services are more painful, laborious, and expensive. Parents are hesitant to put their children through that experience, or children are fearful based on their memories of past visits. This common and shared fear is a real barrier and difficult to navigate as well as highlights the need for basic oral health education amongst migrant families.

### Knowledge

Accordingly, MEP staff consistently shared that basic knowledge about the importance of oral health and good nutrition is a prominent need among migrant parents.

Specifically, MEP staff shared that migrant parents need more information about the importance of prevention and about the consequences of not prioritizing oral health and healthy eating and drinking. As mentioned above, MEP staff shared that many parents wait until they or their children are experiencing pain before they go to the dentist.

Additionally, the concept of fatalism emerged as a factor limiting the knowledge level of migrant families and acting as a barrier to prevention.

Many migrant parents and students have accepted that a chronic disease like diabetes runs in their family and it is inevitable they will be diagnosed as opposed to it being a disease that can be prevented. MEP staff identified a need for resources that focus on how and why prevention is so important as well as what can happen when oral health and nutrition are not prioritized.

## Beyond Oral Health and Nutrition

It is important to note that while these workshops were designed to focus on oral health and nutrition, discussion highlighted additional issues impacting migrant students’ health. In the spirit of acknowledging that ensuring a student’s health means focusing on the whole student and the variety of factors that influence their well-being, MEP staff in all four workshops highlighted the need for more mental health resources and better access to mental health care to support migrant students. MEP staff consistently see a need for more access to mental health resources in their schools as well as in their communities and a high need among migrant families for education around identifying and accepting mental health issues as a reality.

## Best Practices

Each workshop provided not only an opportunity to discuss barriers facing migrant families and the gaps in access to resources that they face, but also to share where opportunities exist and where MEP staff have been successful in prioritizing oral and nutritional health for their students. In addition, each workshop’s community partners were able to share information about services they provide, resources they have available, and ideas for collaboration.

These best practices can serve as ideas for MEP staff across the state and provide replicable recommendations for improving access to oral health and nutrition resources for migrant students:

### Bringing Services to the Community

First, MEP staff made mention of holding health fairs for their migrant families in all four workshops held. These fairs are typically held once a year and organized in collaboration with local health providers, health departments, and other community- based organizations. Examples of extensive and successful health fairs incorporated many different services at once – oral health and diabetes screenings were offered as well as mobile dental vans offering limited dental services. Some examples of fun activities focused on health include providing a bike-powered blender that makes smoothies and demonstrations showing how many tablespoons of sugar are in a can of soda. Organizations like [Rock the Bike](https://rockthebike.com/services/) in the Bay Area offer daily rentals of bike-powered blenders for community events like health fairs.

These health fairs bring the community together and create a one stop shop for busy migrant families.

MEP staff shared that partnering with community organizations and making exhibiting booths available for purchase were important aspects of a successful and well-funded health fair. Families not only received services and resources but also learned about available providers in that community.

Outside of health fairs, many MEP staff shared information about how they facilitated the provision of oral health screenings for migrant students at their schools. There are a number of ways in which oral health screenings can be facilitated at a school, but partnering with a local community clinic or school of dentistry are common practices.

Bringing this important aspect of preventive dental care to students while they are in school is a successful way to ensure students receive timely screenings and learn early if they need additional services before a problem becomes critical. MEP staff shared that this practice requires a good deal of administrative work, a well-coordinated team, and excellent communication with parents, emphasizing that planning and structure are important.

Nutrition best practices centered on involving the whole family, making healthy eating fun and identifying schools as critical partners. In the Costa Mesa workshop, MEP staff shared information about a program held in the past where families came to the school in the summer for fun exercise classes, like Zumba, followed by healthy eating and cooking workshops. Students and parents were able to participate in these activities together and learn hands-on information about the dangers of sugar, different healthy foods, and how to make healthy and nutritious recipes. Identifying stable resources for a program like this can be challenging, but the results are overwhelmingly positive. In addition, during the workshop in Visalia, [community partner Cultiva la Salud](http://www.cultivalasalud.org/) shared information about a promising and replicable activity done in partnership with local schools, called School Farm Stands. This program involved partnering with local farmers to bring produce to schools for a farmer’s market on school grounds. Prices were set at affordable levels and CalFresh and WIC were accepted. In addition to making produce available to parents, students were excited to be involved as well, picking out produce they wanted to buy for their family and getting to be part of the transaction. This activity, shared by a local community partner, requires outreach, coordination, and relationship-building with local partners, but helps get students excited about healthy foods and involves families in an exciting and fun activity.

### Establishing Trust

Across all the workshops, a major theme around trust emerged as an important best practice. Every workshop discussion underlined the importance of establishing trust with migrant families. Many workshop discussions pointed to the tireless and compassionate work of MEP recruiters in establishing this bond and relationship with families. This important piece of the MEP puzzle appears to be an opportunity to make important connections with migrant families and provide valuable information and resources about the importance of oral and nutritional health.

Focusing on the trust built between family and recruiter is a clear best practice carried out by many MEP offices and should be emphasized and replicated whenever possible.

### Engaging Families

Finally, the importance of engaging parents and encouraging their involvement was expressed across all workshops. MEP staff expressed how valuable it was to have migrant parents involved not only in activities targeted specifically to migrant parents, like the migrant parent advisory committees, but also in schoolwide parent organizations. This involvement allows for important advocacy on behalf of migrant students and their unique needs.

## Resources

There are a number of resources available locally and statewide that can help MEP staff support their migrant students and families as they navigate the health care system, access health and nutrition services, and seek out tools to help care and feed their families. Many of the following resources mentioned were discussed during the workshops and shared with participants following the workshop. In addition, TCP is developing two new resources as a part of this project, to help address common resource needs discussed during the four workshops.

## Oral Health

First, [TCP](http://www.childrenspartnership.org/) has a number of helpful resources available. In addition to our flyer on dental coverage available to children through Medi-Cal and Covered California, we also have a number of resources available through our All In for Health and All in for Safe Schools campaigns. All In for Health brings new tools and information about health coverage and care opportunities to communities through partnerships with schools, health centers, and other community partners. All in for Safe Schools is a partnership- based initiative that aims to help foster a safe and inclusive learning environment in California’s PreK-12 schools by offering materials that educate students and their families, particularly immigrant families, about their education rights.

Another valuable tool for understanding where care is available in any community is the [Find a Health Center tool](https://findahealthcenter.hrsa.gov/). These tools allow families, or MEP staff, to search by zip code to see where the nearest available community health center sites and migrant health center sites are located. These health centers provide affordable primary care services, often including dental, for individuals regardless of insurance or documentation status. These health centers focus on providing comprehensive and culturally and linguistically competent care. This tool can be helpful when looking for a new source of care after a recent move, or when a new type of service is needed.

Questions about specific services offered at each site can be answered by visiting the website or calling the phone number shared in this tool’s search results.

In addition, one of the new resources TCP is producing as a part of this project is focused on oral health. This brochure helps provide valuable information for parents about the importance of oral health, tips for taking care of children’s oral health, and information about accessing coverage and care for oral health services.

## Nutrition

The California Departments of Public Health (CDPH) and Social Services provide helpful information regarding access to different nutrition assistance programs, which help increase access to healthy foods for families. The [Women, Infants, and Children (WIC) program](https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/FarmersMarkets.aspx) and [CalFresh](http://www.cdss.ca.gov/food-nutrition/calfresh), known as SNAP nationally, are two such programs. Websites and phone numbers are available to find out where local WIC offices are located and how to sign up for each program. In addition, a [list of WIC-approved farmer’s markets](https://www.cdph.ca.gov/Programs/CFH/DWICSN/CDPH%20Document%20Library/FarmersMarkets/WICAuthorizedMarkets.pdf) throughout the state is available.

Many farmer’s markets also offer incentives to utilize WIC and CalFresh dollars at the farmer’s market, providing families an additional opportunity to access healthy foods. A helpful search engine related to this can be found with the [Farmers’ Market Finder](https://ecologycenter.org/fmfinder/).

Food insecurity is also a challenge for many migrant families. Recognizing that migrant families may need assistance getting access to food regularly, food banks can be a helpful resource. The [California Association of Food Banks](http://www.cafoodbanks.org/) provides a search tool by zip code to help families and MEP staff locate the nearest food bank available.

TCP is producing a brochure focused on nutrition. This brochure will provide valuable information on the importance of nutrition and eating and drinking healthy, tips for how to help parents encourage healthy choices for their children, and information about programs that help families access healthy food.

## Community Resources

In addition to these statewide resources, the variety of community partners that attended each workshop provided information about resources and services available to the local communities they serve. These community partners included:

*Workshop #1 (Downey)*

* [Community Health Association Inland Southern Region](http://chaisr.org/)
* [AltaMed Health Services](http://www.altamed.org/)

*Workshop #2 (Tulare)*

* [Altura Centers for Health](https://altura.org/)
* [Community Action Partnership of Kern (CAPK), Migrant Childcare Alternative Payment (MCAP)](http://www.capk.org/)
* [Cultiva La Salud](http://www.cultivalasalud.org/)
* [Centro Binacional](http://centrobinacional.org/)

*Workshop #3 (Woodland)*

* [Ampla Health](http://www.amplahealth.org/)
* [Yolo County Children’s Alliance](https://www.yolokids.org/)

*Workshop #4 (Costa Mesa)*

* [Denti-Cal](https://www.denti-cal.ca.gov/)

As mentioned, the [Latino Coalition for a Healthy California](http://www.lchc.org/) was a partner throughout this project, helping provide an informative presentation on oral health and nutrition from a health justice lens for workshop participants. Connections to their resources were provided for participants after each workshop as well.

## Evaluations

Workshop evaluations were implemented halfway through the project in Woodland and Costa Mesa. Although evaluations were not done for all workshops, these still provided valuable feedback about the success of the workshops held and the value they brought to MEP staff’s daily work supporting migrant families.

All of the respondents rated the workshops as either Excellent or Good, with the majority rating them as Excellent. The majority of respondents also indicated that the workshops met their expectations and provided content, resources, and information relevant to their work. A majority also agreed that the workshops allowed them to make new connections with organizations doing work in their communities and said they would recommend the workshops to others. MEP staff shared that some highlights of the workshop were receiving resources and being able to connect with others. When asked how they will apply the information shared, many respondents pointed to parent engagement and sharing the resources and information provided at the workshop with the families they support.

## Recommendations

As discussed, the workshops held throughout the project period provided space for MEP staff to discuss the oral health and nutritional barriers, needs, and opportunities facing their students, connect with community partners, and receive new information and resources. This productive conversation also helped reveal some tangible recommendations for subsequent and ongoing MEP services. The sample of best practices discussed in this summary document provide an overview of a number of promising and successful activities that MEP regions should be encouraged and supported to implement throughout the state and throughout the year.

First, establishing the infrastructure to support more sustained activities in MEP regions throughout California will translate into more consistent and coordinated services for migrant families. Based on the feedback received, certain successful and innovative past activities, like the aforementioned exercise and healthy eating summer program for families, were discontinued because of competing priorities or reliance on external partners. Addressing this challenge, particularly for a defined set of initiatives, offers MEP staff the opportunity to better coordinate services for families. For example, health fairs have been successful in connecting families to services and encouraging collaboration and partnerships between MEP staff and local community-based organizations. At the workshop held in Visalia, MEP staff shared that health fairs were successful in connecting families with providers in the community, helping them sign up for health coverage, and giving them an opportunity to learn about and focus on the importance of healthy eating and exercise. Additionally, a community health center attending the workshop expressed similar stories of success regarding health fairs they had attended in the past – citing the opportunity it gave them to help connect families to an available source of consistent care and conduct important screenings to make them aware of their health needs. Support for every MEP region to hold a health fair at a strategic time during the year for their families, every year, would help establish a more consistent and reliable connection to information and services for migrant students and their families as they move throughout the year.

MEP staff also discussed the great extent to which they work closely with families to ensure they are connected to the services they need and able to navigate the many systems with which they come into contact. This support continues as families move and MEP maintains a source of consistency for students. However, families still struggle to achieve a manageable continuum of care when it comes to oral health.

MEP staff expressed that if families have successfully established a dental home – an ongoing relationship between dentist and patient that is comprehensive, continuously accessible, coordinated, and family-centered – or consistent source of dental care, often it is only present in one of the communities they live in throughout the year, and families prefer to try and drive the long distance back to that provider rather than find a new source of care when they are working elsewhere. While finding a trusted and consistent dental provider is an important and valuable step, relying on that care when living far away creates inevitable barriers. Helping to connect families to services they can come back to in the different communities they live and work in throughout the year will help prepare them for the unexpected and will help encourage preventive care throughout the year. This can be done by prioritizing the sharing of information about local community health centers and similar providers with families during recruitment and when students begin their time at a new school. By encouraging families to make a connection with a provider in any community they come back to during the year, and to make appointments in advance based on where they will be throughout the year, MEP staff can help families focus on prevention and avoid expensive emergencies.

Additionally, encouraging and facilitating parent involvement not only in migrant parent activities, but in parent groups schoolwide, is an important effort that should be sustained and expanded. MEP staff expressed the major impact made when migrant parents are actively involved in school groups and initiatives, making sure to advocate specifically for the needs of migrant students. However, migrant parents cannot always make meetings at the times they are held and do not always feel comfortable participating despite the important impact it has. Efforts to advocate for more feasible times for meetings and to make migrant parents feel welcomed and energized by this involvement will help elevate the specific needs of migrant students.

Finally, the importance of supporting the mental health of migrant students and their families came up frequently in workshop discussions. Migrant students face many barriers to getting timely and needed mental health services and awareness of mental health needs is lacking in schools and among families. Furthermore, the climate of fear discussed earlier plays a direct role in the mental and emotional wellbeing of students and has been found to have a direct effect on children’s overall health and development. A targeted focus on expanding awareness, resources, and services around mental health for migrant students should be a priority as health services are expanded and optimized in the MEP. To summarize:

* + - Prioritize support for activities that can occur consistently year to year, especially health fairs, which would be a valuable activity to have available to families in every region
		- Support families in efforts to establish continuous care and access to health resources, in each of the communities they live in throughout the year
		- Encourage and facilitate parent involvement
		- Prioritize support and resources for mental health

## Conclusion

TCP greatly values the partnership of the MEO and the MEP in this project. Through the availability of the workshops, an important conversation has begun helping provide busy MEP staff to focus on aspects of health that need more attention and resources in order to best serve migrant students. We are inspired and thankful for the tireless work of the MEP in supporting these students and their families and look forward to continued collaboration in supporting migrant students to lead healthy lives. We hope these workshops and the resulting resources help enhance the exceptional work being done by the MEP to support migrant families throughout the state.

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