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REPORT ON SELECTED ASPECTS OF THE MIGRANT HEALTH ACTIVITIES

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Office of the Surgeon General
Office of Administrative Management
Division of Internal Audit

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The Migrant

Prior to enactment of the Migrant Health Act in September 1962, there was little coordinated effort put forth to meet the health needs of the migrant families. Counties and states were either unable or unwilling to cope with the problem of supplying health protection and services that are generally available to other U. S. citizens.

There are estimates ranging from one to three million persons who move along fairly well defined routes at fairly predictable times of the year to work in the fields and at the factories associated with America's agricultural industry. While the migrant worker may earn sizeable sums for a brief period of time on a piecemeal basis, unpredictable variations in crop production places these workers in a very low annual income category.

The majority of the migrant agricultural workers reside in the southern part of the country during the winter, within their so called "home-base" areas. As the warmer months approach, and the growing season changes to the northern States the migrant travels, by most any means possible, usually paying his own way, in one of three major routes: east coast, mid-continent and west coast streams orginating predominately in Florida, Texas, and the Southwest. Some of the east coast migrants maintain their homes in Puerto Rico, coming to the mainland either through contracts with growers or on their own.

In the fall, the migrants return to their homes where they become indistinguishable from their non-migratory neighbors who are usually of the same ethnic or racial group.

This transient way of life adversely affects the migrants and their families and the establishment of a normal home life or permanent residence, qualifying for local welfare benefits, continuity of education, and general living and working conditions. This group of people is usually in greater need of health care than most people.

The Migrant Health Act

The Migrant Health Act (Public Law 87-692) was passed by Congress on September 25, 1962, empowering the Public Health Service for a period not to exceed three years to make grants to public and other non-profit agencies, institutions and organizations to pay part of the cost of establishing and operating family health clinics for domestic agricultural migratory workers and their families, and for special projects to improve the health services for and health conditions of this population group. Public Law 89-109, enacted on August 5, 1965, extended the provisions of the Migrant Health Act for three additional years through June 30, 1968, and amended the Act by specifically authorizing payment for necessary hospital care, a provision which was originally excluded. The new authority for the in-patient care component was not implemented until early calendar year 1967.

The Migrant Health Branch, Division of Community Health Services, Bureau of State Services (CH) was assigned the responsibilities of administering the Migrant Health Act. On January 1, 1967, the Migrant Health Branch was transferred to the Bureau of Health Services as part of the PHS reorganization and is presently within the Division of Community Health of that Bureau.

The Migrant Health Branch is primarily responsible for providing project grant assistance to public or nonprofit agencies for establishing and conducting migrant family health service clinics and other health activities; consultation on migrant health problems and programs to various individuals and organizations; maintenance and dissemination of current information on a variety of programs and activities which relate to migrant health program development.

To implement its program responsibilities, the Migrant Health Branch presently has a headquarters staff of consultants in nursing, sanitary engineering, health education, hospital administration, and public administration, and support personnel in grants management, and statistical analysis. In addition, Migrant Health Representatives are assigned to eight Regional Offices with the responsibility for overall migrant health program development in the Region. They are to act as regional coordinators of the project proposals and serve as liaison with state, public, and voluntary organizations in promoting improvement in health services to migrant workers and their families.

As of March 31, 1967, there were 22 people on the headquarters staff and eight representatives in the Regional Offices. There were additional part-time secretarial staffs at the Regional Offices. Several vacancies exist at the headquarters level. An undetermined number of personnel employed by the State health departments performed some review and coordinating functions at this level.

During Fiscal Year 1966, $3,000,000 was appropriated for Migrant Health project grants and additional $500,000 for direct operations of the program. In Fiscal Year 1967, $7,200,000 was appropriated for project grants and $800,000 for direct operations. For Fiscal Year 1968,$8,100,000 was requested for grants and $811,000 for direct operations.

The Migrant Health Branch utilizes contracts and agreements with other organizations and Federal agencies. Through contracts with schools of public health, an evaluation was made of health education materials in use with east coast migrants as well as a similar project in relation to materials for use with Spanish-speaking migrants. The study will be the basis for a guide to be used in preparing, testing, and using health education materials and methods. Under a contract with the Western Branch of the American Public Health Association an evaluation was made in 1964 of the migrant labor health program, its effectiveness in meeting migrant health needs, and the larger problems of health and health care in a rural setting, especially among low-income rural people. Contractural arrangements have been made with the Department of Agriculture covering various espects of migrant housing, and with the National Communicable Disease Center for the preparation of several discussion type health education

Branch which includes, in addition to other related data, information on how grant applications are evaluated, purposes of the Migrant Health Act, allowable costs, and requirements to be complied with for project approval.

The Surgeon General appoints a Project Review Committee to assist the Migrant Health Branch in the consideration of grant applications. The Committee is limited to 14 members, appointed for a four year term, from the fields of public health, medicine, agriculture, social science, ~~employment~~, and community organizations. Members are further qualified by specific knowledge of migrants and their health problems throughout the United States. The Committee meets three times a year, usually in February, May, and October.

Requests for grants may be reviewed by the following organizations, before actual submission to the Review Committee:

1. State Health Department;
2. Regional Office;
3. Migrant Health Branch; and
4. Other DHEW or PHS organizations

After discussion in the Project Review Committee, an application is either approved, approved with modification, disapproved, or deferred. Applications which have been approved or approved with modification are given a numerical priority rating by the Committee and then if necessary, are negotiated for acceptance with the applicant by the Migrant Health Branch ~~and~~ the Regional representatives. Another method for the review

of applications is by means of an ad hoc committee through mail or telephonic polling of selected members of the Review Committee.

Migrant Health project grant applications are approved by the Surgeon General ~~or his designee~~. Determination as to which projects are to be funded is made on the basis of the total grant funds available, the priority ratings, and general program considerations. When a new application is approved and will be funded, a letter of notification is sent to the applicant requesting official acceptance of the grant award.

Control and examination of performance and progress of projects are exercised primarily by means of site visits by Branch personnel and Regional representatives, and the review of preliminary report due 60 days after a grant award period starts, 1/ the annual progress report, and periodic expenditure reports.

The Migrant Health Branch was funding over 95 projects in 36 states and Puerto Rico as of June 30, 1967. The projects vary in the nature and scope of their services ranging from those providing comprehensive health services to those providing a single service and those providing consultation. Grantees include State, county, and city health departments; county commissioner's courts; county medical societies; a city council; church organizations; universities; ~~and~~ a housing corporation;

1/ This reporting requirement has been dropped by the Program. [illegible] field visit is scheduled shortly after the program receives

The review of the migrant health program represents a management survey of the activities of the Migrant Health Branch, Division of Community Health Services, BHS, and an examination of those functions, responsibilities, and services of other units which are closely involved in migrant health activities and project grants. Division officials and employees cooperated in the review of the migrant health program, and generously gave of their time to furnish the details of the program.

The preliminary survey and fact-finding part of the study were carried out from July 1, 1966 to March 31, 1967. It included a review of existing reports; an examination of laws, regulations, and manual issuances; interviews with personnel of the Migrant Health Branch, Regional Offices, and grantees to determine organization, procedures, and supervisory and operating relationships; attendance at an orientation course for two new Migrant Health Regional Representatives; attendance at two Project Review Committee meetings; partial attendance at a meeting for all Migrant Health Regional Representatives; a review of the majority of grant files; and interviews with officials of selected grantee organizations. The field work of the survey extended into five DHEW Regional Offices and ten states including at least 25 grantees.

Emphasis was placed upon the following matters during the review: adequacy of policy and procedure for the administration of the migrant health program; population statistics of migratory workers and the effect

velopment of a national referral system to make possible the provision of continuity of health services for migratory agricultural workers and their families; role of the Regional Office in the administration of the program; supervision and direction of projects; grantee coordination with State and local health agencies; administration of the review of grant applications; and adequacy of program reporting and financial status.

In addition to the survey work done by the PHS Division of Internal Audit, the HEW Audit Agency conducted audits of 11 selected grantees in seven Regions. Their findings were used in the preparation of this report where appropriate. The HEW Audit Agency reports were submitted to the Bureau of Health Services for their comments and necessary actions.

SUMMARY OF SIGNIFICANT FINDINGS AND RECOMMENDATIONS

The Migrant Health program in the Public Health Service is directed by dedicated and enthusiastic officials and other personnel; nevertheless, this survey disclosed significant program management areas which need to be improved. A summary of the significant survey findings and recommendations are as follows.

1. There are no published regulations for administration of the program, and the policies and procedures governing the application for and the awarding of Migrant Health project grants are deficient. It is recommended that the Bureau of Health Services initiate steps to develop, formalize, and publish adequate policies, procedures, and regulations governing the application for and the awarding of Migrant Health project grants, and for the administration of the program. (See pages 15 to 16.)
2. There is no adequate officially published and uniformly applied definition of migratory agricultural workers and their families. Therefore, there is a lack of identification of who is eligible to be serviced with grant funds and a difficulty in evaluating the amount of progress made by the program. It is recommended that the Bureau of Health Services initiate steps to provide a workable definition of domestic agricultural migratory workers and their families and publish the definition in the

Federal Register so that all applicants and grantees may be apprised of this definition for use in planning projects and carrying them out. (See pages 17 to 18.)

3. Reasonably accurate migratory workers and dependants population figures are not developed and documented by the grant applicants. Therefore, there cannot be an adequate evaluation of applications or an equitable allocation of grant funds. It is recommended that the Bureau of Health Services develop policies and procedures to obtain more accurate population figures of domestic agricultural migratory workers and their families. (See pages 19 to 20.)

4. There is no definition of or criteria for establishing contributions to be made by the grantee for the cost of operating the project. The extent of local support could not be determined because of the lack of supporting documentation and the lack of reporting the contributions. It is recommended that the Bureau of Health Services:

   (1) promulgate a definition of the term "paying part of the cost," which should include consideration of the proportion of project costs to be borne by the grantee or obtained from others;

   (2) develop a criteria for establishing values for "in-kind" contributions;

(3) require that grantee "in-kind" and financial contributions be reported; and

(4) require the grantees to maintain documentation supporting the use of financial and "in-kind" contributions until such time as the project has been audited, and that this requirement be incorporated into the Health Services Project Grants Manual. (See pages 21 to 24.)

5. There is no effective referral system for the continuity of health services to the migrant and his family. The migrant may, therefore, be deprived of adequate health services. It is recommended that Migrant Health projects be approved and evaluated from the standpoint of the complementary health services available to the migrants within the counties and States in the migrant stream. It is further recommended that the Bureau of Health Services, in cooperation with the States, exercise leadership to develop an effective referral system which should as a minimum eliminate duplication of services, assure the availability of health services, and provide for follow-up on referrals and feed-back of information to the referring agency. (See pages 25 to 26 .)

6. The Regional Offices have not been issued guidelines for effective program management at their level. As a result, there are different degrees of review and evaluation given

operated migrant health or federal projects. It is recommended that the Bureau of Health Services develop and issue guidelines and delegations of authority to cover migrant health program management at the Regional level to increase the effectiveness and coordination of the program and uniformity of review and evaluation. (See pages 27 to 28 .)

7. The directors of some of the projects are not trained in medicine or public health nor are the same projects under the guidance or supervision of someone trained in these fields. This could adversely affect the adequacy of direction and supervision of projects designed to improve health conditions or services for the migrants. It is recommended that the project directors designated for health service projects should preferably be a person trained in medicine or public health. In addition, the project director should utilize to the extent appropriate technical assistence of the county and State health departments. (See pages 29 to 30.)

8. There are no guidelines for State health departments to follow in the review of Migrant Health Project applications. Therefore, submission of applications to the State may represent only a routing procedure. It is recommended that the Bureau of Health Services initiate steps to notify State health departments of their expected roles in the review, documentation and approval of Migrant Health project grant

9. Regional Office and headquarters staffs have not adequately documented their grant review actions. It is recommended that the Bureau of Health Services require the issuance of procedures to Regional Office and headquarters, Migrant Health program personnel instructing them as to what documentation is required for grant application review, evaluation, comments, and conclusions. (See pages 33 to 35 .)

10. Minutes of the Migrant Health Project Review Committee contain inadequate and ambiguous information. It is recommended that the Bureau of Health Services require that written instructions be issued stipulating what is expected in the way of preparation, content, quality, review, distribution, and use of minutes of Review Committee meetings. (See pages 36 to 38 .)

11. The preliminary report is not submitted by some projects and no follow-up is made to obtain this report. In addition, many due dates fall in the peak-season or during off-season; consequently, the data is not complementary nor reflective of project activities. The Bureau of Health Services should have the requirement for submission of the preliminary progress report modified to the extent necessary to obtain timely, complementary and meaningful information and statistics.

12. The annual progress report requirements result in costly and time consuming preparation, and do not provide for adequate

information to evaluate progress of the project. It is recommended that the Bureau of Health Services require the issuance of adequate reporting guides for preparation of the Migrant Health annual progress report. (See pages 44 to 45 .)

13. Some Annual Reports of Expenditures are incomplete and many are considerably past due when submitted to the Migrant Health Branch. It is recommended that the Bureau of Health Services require that procedures be instituted to be assured that complete and accurate reports of expenditures are received on time. (See pages 46 to 47 .)

14. Fund balances of grantees are not determined on a timely or complete enough basis for meeting fund requests of grantees. It is recommended that the Bureau of Health Services require a more adequate and complete review of fund balances of and fund requests for Migrant Health grants. In addition, the reporting and evaluation of program progress should be related to fund status so that adequate funding is provided for the projects. (See pages 48 to 49 .)

15. Delays have occurred in disbursing funds for approved grants. It is recommended that the Division of Grants and Contracts and the Division of Finance initiate a joint study to determine reasons for project grant payment delays, so as to eliminate the delays where possible. (See page 50.)

There is a need to develop and formalize adequate policies, procedures and regulations governing the application for and the awarding of migrant health project grants and the administration of the program. The present policies and procedures are inadequate and regulations have not been formally published.

Development and Publication of Policy and Procedures

The Migrant Health Branch has issued an Information Statement and instructions covering the preparation of grant applications. The Statement indicates that migrant health project grants "are available to pay part of the cost of projects to establish and operate family health service clinics and projects to provide other services to improve health conditions or services for domestic agricultural migratory workers and their families." The Statement does not define "migratory workers"; who are to be included as "their families"; nor does it provide criteria for the applicant to use in making a determination as to what is allowable and acceptable as "part of the cost". The legislation permits payment by the PHS of part of the specific cost. No guidelines exist in the Information Statement or the Health Services Project Grants Manual to cover requirements for documentation and support of the grantees portion of operating the project.

The Information Statement provides that applicants should secure consultation and assistance from the State health agency or agencies in the State or States in which the project will be carried out, but does not provide guidelines for use by the State in evaluating the applications.

Agency have criticized the lack of adequate written directives for management of the program. The findings of this survey also support the need for written policy and procedures.

The current or potential effects of inadequate policy and procedures and the lack of published regulations are significant: for example, applicants and grantees are subject to receiving counsel from different sources who may furnish different personal interpretations of the governing legislation, policy, and procedures; possible non-compliance with legislative intent; and limited or no basis for evaluation of the policies and procedures by appropriate organizational units.

RECOMMENDATION

The Bureau of Health Services should initiate steps to develop, formalize, and have published adequate policy, procedures, and regulations governing the application for and the awarding of Migrant Health project grants, and for the administration of the program.

Families"

Congress did not define the term "domestic agricultural migratory workers and their families" in the Migrant Health Act. The Branch has developed an inadequate definition of only migrants--not their families --and the definition has not been officially published nor uniformly applied. Consequently, some grantees have developed different criteria to classify migrant workers and their families. For example, some differences are home-based seasonal agricultural workers who are permanent residents of the area; seasonal domestic workers; and seasonal farm workers.

The following adverse effects have resulted because of the absence of a uniformly interpreted, accepted, and applied definition: lack of identification of who are eligible to health services under the Migrant Health Act; use of grant funds to finance services to non-migrants; lack of uniform and accurate population statistics; and lack of uniform and accurate program reporting.

A 1964 Evaluatory Study by the American Public Health Association on operations of the Migrant Health Program states there is "general confusion surrounding a workable definition of 'migrant agricultural worker'." Based on the review of the program, this confusion still exists and is one of the underlying causes for the inaccuracies and non-uniformity of population statistics, inability to determine cost per migrant served, and a general difficulty in accurately evaluating the amount of progress made since the inception of this program.

It is concluded that there is a need to develop and officially publish an adequate definition of "domestic agricultural migratory workers and their families" as used in conjunction with implementation of the Migrant Health Act.

RECOMMENDATION

The Bureau of Health Services should initiate steps to provide a workable definition of domestic agricultural migratory workers and their families and publish the definition in the Federal Register so that all applicants and grantees may be apprised of this definition for use in planning projects and carrying them out.

Families

Population figures used by the Public Health Service and those used by applicants and grantees to indicate the number of migrant agricultural workers and their families in a particular area usually do not agree. It is not known which figures come the closest to being accurate./ Reasonably Accurate population figures are necessary to evaluate grant applications and to allocate funds.

One of the criteria used in the review of a grant is the estimated number of migrants to be served. The Public Health Service and Bureau of Employment Security, U. S. Department of Labor, have prepared a map, "Domestic Agricultural Migrants in the United States", the purpose of which is to identify areas of in-migrant labor concentration so that county health agencies can plan adjustments in their programs as necessary to meet seasonal needs for service. Grantees usually do not use the figures on the map, but rather their own figures which differ. The various reviewers involved in processing a grant application have repeatedly commented on this discrepancy.

Figures on the map represent only in-migrants registered by the State Employment Office plus an estimated number of dependents. The grantees' figures, however, include combinations of in-migrants, out-migrants, home-based migrants, and transient migrants. The Migrant Health Branch is aware of some of these differences, but does not take affirmative action on a uniform basis in all cases.

Since one of the criteria used in the review of a grant and funding is the number of migrants to be served, a reasonably accurate estimate of migrants is necessary for an adequate evaluation of applications and equitable allocation of funds. Therefore, an effort should be made to obtain and utilize the most accurate set of population figures of domestic agricultural migratory workers and their families.

RECOMMENDATION

The Bureau of Health Services should develop policies and procedures to obtain more accurate population figures of domestic agricultural migratory workers and their families.

Good!! How?!

Uniform criteria arbitrarily applied funds for direct services and/or projects grants.

Grantee Contributions to Migrant Health Projects

The Migrant Health Act indicates that grants may be made "for paying part of the cost of (i) establishing and operating family health service clinics...and (ii) special projects to improve health services for and the health conditions of domestic agricultural migratory workers and their families...." However, no formula or formal matching requirements with respect to the amount or kind of grantee contribution are specified in the legislation nor by PHS. Thus while the PHS grant can cover only a part of the cost of the project, definitive instructions are lacking on how the remaining cost is to be met.

Depends from local situation

There is a need to establish policies and procedures covering various aspects concerning funds from other than the Public Health Service, called contributions. Areas requiring coverage include:

a) defining the term "paying part of the cost," which should include consideration of the proportion of project costs to be borne by the grantee or from other then PHS funds;

b) developing criteria for establishing the value of contributions when they are contributed in kind; and

c) accounting, reporting, and documenting expenditures and use of such funds.

Not required by PHS

One of the review criteria listed in the Migrant Health Branch Information Statement is the proportion of project costs to be borne by the applicant. A review of project applications shows a wide

no requirement that contributions in-kind be verified by the Public Health Service. Examples of items listed as contributions include: vaccines supplied by a State health department; services of a Bishop and priest to a project; services of nuns; rent for clinics; rent for two buildings given to the county by the Federal Government and renovated with Migrant Health project grant funds; unpaid hospital and physician's bills; salaries and wages. Other contributions included: burials paid by a Welfare Department; clothing supplied by lay groups, private citizens, missions, and Salvation Army; lunches supplied by the county schools; optical services and glasses supplied by the Lion's Club; volunteer services; and free drug samples from physicians and pharmaceutical companies.

In the area of accountability of contributions, the following observations were made. The requirement for reporting contributions is not enforced. Of 125 annual expenditure reports reviewed covering 64 projects, 53 reports covering grants totaling $1,843,145 indicated no expenditure of contributions by the project. Some grantees reported expenditures of contributions which reportedly could not be documented, and others-- perhaps due to the fact that the annual expenditure report is not designed for reporting in-kind contributions--do not report these items. In addition, no criteria has been established for determining the value of in-kind contributions. Contributions claimed such as rent are not based on an official appraisal. The effect is that contributions claimed may be overestimated or underestimated.

for those grant periods beginning Fiscal Years 1963-1965, and where the grantee has submitted an annual report of expenditures, 72 percent of these reports have shown a lower contribution than was originally proposed on the application. For these years, the reported contributions were 52.5 percent of the amount proposed. In most cases the grant amount awarded is less than that requested. No documentation was found to show the effect on contributions of the reduction on the awarded grant amount.

No evaluation can be made of the influence of awards upon contributions in these instances. The establishment of written policies and procedures covering contributions of grantees could furnish the basis for evaluating the extent of contributions required and furnished.

RECOMMENDATIONS

The Bureau of Health Services should:

(1) promulgate a definition of the term "paying part of the cost," which should include consideration of the proportion of project costs to be borne by the grantee or obtained from others;

(2) develop a criteria for establishing values for "in-kind" contributions;

(3) require that grantee "in-kind" and financial contributions be reported; and

(4) require the grantees to maintain documentation supporting the expenditures of financial and "in-kind" contributions until such time as the project has been audited, and that this requirement be incorporated into the Health Services Project Grants Manual.

The following findings relate to areas deserving improvement in management by headquarters, Regional Offices and grantees. The absence of such management prevents or makes difficult the attainment of the program objectives.

Referral for Continuity of Health Services

The need exists to provide for the continuity of health services for domestic agricultural migratory workers and their families, and to develop an effective referral system. The need for both continuity and a referral system is illustrated by the following facts concerning migrant workers, the operation of the migrant health program, and the general operation of a health program:

1. The health service needs of migrants do not usually change when the migrant migrates;
2. Several projects may service the same migrant during his period of migration;
3. The types of services provided by the projects vary from project to project, State to State, and county to county;
4. To provide adequate health care to an individual while not duplicating previous services and cost requires knowing what care he has previously received;
5. It is necessary to control the spread of disease carried by a mobile population;

7. The effectiveness of the program cannot be evaluated without knowledge of the effectiveness of the training and care previously furnished;

8. Duplication of service, such as x-rays, and the development of resistance to drugs could be harmful to the migrant.

Several states have been and are presently experimenting with referral systems which they have developed. Their evaluations have indicated that such a system is feasible. Some problems associated with developing and carrying out a referral system could be reduced or eliminated through proper training of health personnel, the use of an area, regional or national referral system, and assurance that referral will be to an area or project that can provide the necessary health services. To ensure health service continuity, projects must complement each other in their services provided. An effective referral system should be established to provide the needed migrant health services.

RECOMMENDATIONS

The Bureau of Health Services in cooperation with the States, should exercise leadership to develop an effective referral system which should as a minimum eliminate duplication of services, assure the availability of health services, and provide for follow-up on referrals and feed-back of information to the referring agency.

Migrant health projects should be approved and evaluated from the standpoint of the complementary health services available to the migrants within the counties and States in the migrant stream.

There is a need for the Migrant Health Branch to strengthen the role of the Regional Office in the approval and administration of Migrant Health grant projects. Incomplete delegations, lack of guidelines covering the role of the Regional Office, and centralized clearance of decisions is not conducive to effective, timely, and economical operations of the Migrant Health program.

To assist the Migrant Health Branch in the implementation of the Migrant Health program, Migrant Health Representatives have been assigned to all Regional Offices except Boston which is serviced by the Migrant Health Representative assigned to the New York Regional Office. The Migrant Health Branch, however, has not developed nor issued guidelines, nor specific authorities covering the management of the program at the Regional level.

The absence of guidelines and of delegations of authority has resulted in diversified review and evaluation of projects by the Regional Offices. For example, there are no instructions to the Regional Offices covering the following:

1. Evaluation of applications for initial, continuation, or renewal grants;
2. Evaluation of operation of local projects;
3. Coordinating the projects with other locally operated Federal projects, as Office of Economic Opportunity; Children's Bureau; and Tuberculosis Control and Veneral Disease Control project grants;

coordinating migrant health projects with others in the same State, same Region, or across regions in the same migrant stream; and

5. Recommending payment of additional grant funds.

The Regional Offices are not authorized to act on certain matters since they are required to be submitted to the Migrant Health Branch. Examples of these are: requests from grantees covering such items as transfer of funds between budget categories; grantee staffing pattern changes; changes in scope of projects; adjustments in grant award amounts; restoration of lapse factor; and changes in Project Directors. Many of these items could be handled by the Regional Office.

Because of the above, there is a need to issue definitive guidelines and delegations of authority for the use of the Regional Office in reviewing and administering Migrant Health grants. Such guidelines and delegations of authority should be designed to increase effectiveness and uniformity of program operations at the grantee and Regional Office levels.

RECOMMENDATION

The Bureau of Health Services should develop and issue guidelines and delegations of authority to cover migrant health program management at the Regional level to increase the effectiveness and coordination of the program and uniformity of review and evaluation.

Supervision and direction of projects

The directors of some of the migrant health projects are not trained in medicine or public health nor are the projects under the guidance or supervision of someone trained in these fields. This could adversely affect the adequacy of the direction and supervision of projects designed to improve health conditions or services for the migrants.

The Health Services Project Grants Manual provides that "the project director designated on a project grant application should be the person who is to be actively responsible for the over-all conduct, direction, and supervision of the project." Further it states that if a change of project director must occur, the PHS is to be notified and continuation of support is contingent upon the acceptability of the proposed new project director to the Public Health Service.

The review of project files raises doubts as to whether the background of some of the project directors is adequate to direct the project. Regional Office and State health department reviewers have indicated the necessity for sound medical and public health direction by the project director. Applications, however, have been approved where direction is to be by a minister, a school teacher, a postmistress, or a county judge, all of whom devoted only part time to the operation of the project and without coordinating by them with a local or State health department. Applications have also been approved without any project director being named in the application.

A project that is to provide health services should be under the professional direction of a qualified person trained in medicine or public

health. In addition, the project director should utilize to the extent appropriate, technical assistance of the county and State health departments. Any other course of action places the grantee at a disadvantage in attempting to develop and provide necessary health services.

RECOMMENDATION

The project directors designated for health service projects should preferably be a person trained in medicine or public health. In addition, the project director should utilize, to the extent appropriate, technical assistance of the county and State health departments.

On the basis of the examination of project files, observation of Review Committee meetings and other work, the following findings were noted. Adequate documentation is lacking of the extent and nature of reviews by the State health departments, PHS Regional and headquarters offices, and the Review Committee. The minutes of Committee meetings contain some ambiguous information. In addition, some minor improvements are needed relating to the grant application form. Details pertaining to these findings are presented below.

State Health Department Role

There is a need to apprise State health departments of the expected roles they should carry out in the review and approval of Migrant Health project grant applications. Routing instructions for submission of an application direct that it should be transmitted through the State health department to the PHS Regional Health Director and then to the Migrant Health Branch. However, an analysis of the instructions and the Information Statement issued by the Migrant Health Branch governing submission of these applications reveals there are no guidelines for the State health departments to follow in the review process.

In the absence of guidelines, submission of applications through State health departments may represent only a routing procedure. It is appropriate that State evaluation be made and the documentation of this should be included as a part of the grant application submission.

RECOMMENDATION

The Bureau of Health Services should initiate steps to notify State health departments of their expected roles in the review, documentation and approval of Migrant Health project grant applications.

Regional Office and Headquarters Reviews of Grant Applications

The Migrant Health Information Statement provides that grant applications are to be reviewed by the PHS Regional Office and headquarters staffs for completeness, adherence to grant policies, consistency with the intent of Congress and objectives of the Migrant Health Program, and their relative merit. After this processing, the applications are to be presented to the Migrant Health Review Committee. To aid the Committee in reviewing the project, the Regional Office, on the basis of its knowledge of local factors affecting the project such as feasibility and practicality, are supposed to submit comments on the proposed program, budget and their adequacy. The headquarters staff is expected to comment on the project purpose, budget and coordination.

A review of the project files, observation of two Committee meetings, and a review of the Regional and headquarters comments, indicates that the procedures are either inadequate, not complied with, or documentation of compliance is not made.

One example of the above weakness is the omission of information in the files or on the application which requires the identification of sources of funds from the applicant or others. In addition, those funds which are not currently available are to be separately indicated. No applications examined showed any indication that funds were not currently available, and in some cases, the grantees did not report any fund sources.

The applicants do not always follow the instructions for completion of the application, nor does PHS always obtain the information. The lack of information would prevent a comprehensive review of the project. For

Simply instructions request that annual salary and percentage of time or effort the employee will spend on the project be specified in appropriate spaces. This was not furnished in several cases and one grantee has not supplied this information for four years.

Another example of a weakness in the grant application review process at Regional Offices and headquarters is the overlooking of pertinent information about the continuation of services if Federal assistance is terminated. One of the criteria listed for review of applications is the applicant's plans to continue the activity as an ongoing service after termination of Federal assistance. However, several projects have stated that they could not continue without Federal aid, yet these applications are nevertheless approved. Few times does the documentation in the file bring out the extent of consideration given to this important matter by the reviewing bodies.

At the time the Review Committee meets it is usually faced with comments and unanswered questions raised by headquarters and the Regional Office. One example was the review of the Florida State project in October 1966 by the Branch which listed dozens of questions, but didn't document any answers to the questions. The extent of participation and coordination by the Regional Office is also questionable because of the lack of documentation.

The adequate review and documentation of the grant applications by Regional Offices and headquarters is a necessary step that must be accomplished. In the absence of documentation it is difficult to justify actions taken, and the people associated with the program are vulnerable to possible criticism.

RECOMMENDATION

The Bureau of Health Services should require the issuance of procedures to Regional Office and headquarters Migrant Health program personnel instructing them as to what documentation is required for grant application review and evaluation.

The printed "minutes" of the Migrant Health Project Review Committee meetings are supposed to represent a summary of actual discussions and are to be used by the Regional Representative in his negotiation or discussions with the grantee. In addition, these summaries serve as a record for use by others at a future date. Deficiencies were noted in some of the minutes. The significant deficiency of the minutes is their ambiguity, as illustrated by the following excerpts.

The minutes covering the review of one project ending its first year, list the only strength as the project was successful, but then continued to list several weaknesses including: the budget seems high and should be reduced; the project has been used as a mechanism to find people; and more emphasis should be placed on services. The final recommendation for approval provided for reducing by negotiation the grant amount, since the number of migrants was small and the resources of the State were large. The following year, the minutes listed as a strength that this seemed like a good project underway and appears to be a sophisticated endeavor aimed in part at learning more about Puerto Rican culture and teaching the Puerto Ricans more about Americans. As a weakness, the minutes contained the comments that the budget seems to be somewhat padded throughout, and that the project does not serve migrants in such numbers as to require so high a budget in comparison with states such as Forida and California.

In another project, the Branch raised the question as to what sanitation services are provided by the health department as an ongoing part of this project (completing its second year). The Review Committee summary made no comment on this question.

year the Regional Office recommended disapproval of the renewal request since support of the project meant support of a rural health rather than a migrant health program and there was some question whether authorizing legislation permits this. The Branch commented that the entire rural agricultural working community within the project area is the target population and that variations in estimates of migrants within project area vary considerably from year to year. The Review Committee "minutes" simply noted that there should be some new documentation of the number of migrants and recommended approval for one year with the possibility of submitting a renewal application next year if documentation of number of migrants is established. No comment was made in the minutes with regard to the servicing of rural or non-migrant population.

At the Review Committee meeting held in February 1967, minutes were recorded by the Acting Chief, Migrant Health Branch, who acted as Chairwoman and Executive Secretary for the majority of the meeting. This procedure was contrary to requirements which provide that the Division Director should sit as Chairman and his Deputy should be the Executive Secretary. It should be recognized, although not provided for, that in cases where the designees cannot participate, alternates are required. However, it should also be recognized that the alternates should be persons not connected with the detailed processing and preparation of documents subsequently reviewed by the Review Committee.

Such comments as those presented above can only confuse those who need to know the facts about the projects. The comments should serve

management by conveying information about the plans and results of the program. To help accomplish this, the minutes must represent an accurate and clear summary of the Review Committee discussions. In addition, it is advisable to have the minutes prepared by someone who is not directly responsible for reviewing the migrant health grant applications.

RECOMMENDATION

The Bureau of Health Services should require that written instructions be issued stipulating what is expected in the way of preparation, content, quality, review, distribution, and use of minutes of Review Committee meetings.

Project Grant Application Form

The Health Services Project Grant initial and renewal applications contain certain information which is not on a continuation grant application. This information which is required for initial and renewal application, is also considered as important for the continuation years.

Specifically, the information in question is found on page 4a of the Health Services Project Grant application. It includes reporting estimates of future requirements for twelve month periods of the project and for listing other grant support by the Public Health Service or other granting agencies made to the project director, projects to which the project director will give time, and grants made to the applicant organization directly related to the project grant being considered.

Availability of this information to reviewers is essential for consideration of the acceptability of the continuation grant proposal. For this reason, continuation applications should include the above presently missing information.

RECOMMENDATION

The Bureau of Health Services should require the inclusion of Page 4a of the Health Services Project Grant Application as part of the continuation grant application for all health service project grants.

Project Titles

Instructions for initial and renewal Migrant Health grants state that the project title should be short, but descriptive and identify the project. Renewal applications should bear the title used on the initially approved application. The instructions for continuation grants state that the title should be exactly as shown on the Notice of Award for the current grant period. Following these instructions has not always provided a descriptive title of the grant project. Examples of some non-descriptive titles are as follows:

1) "Northwest Arkansas Area Migrant Committee Project to Establish Springdale Family Health Service Clinic for Providing Health Services to Migrant Workers in Benton and Washington Counties, Arkansas;"

   (This project was making application for a grant to begin its fifth year of operation and yet its title still indicates it is "to establish" a clinic.)

2) "Technical assistance in developing techniques and approaches to health problems associated with seasonal farm labor in public health education, sanitation, and public health nursing, county wide;"

   (Of note in this title is the fact that the title does not indicate it will serve migrants and in fact the objectives indicate it will serve seasonal farm laborers. This project is now entering its fourth year. In April, 1963 when the first application was made, the Regional Office commented that the title, "Technical Assistance" was a "misnomer" and was not a part of the project at all. However, the title has never been changed.)

3) Spur-Dickens County Health Service Project;

(This title likewise does not give any indication of service to migrants.)

4) "A Project to Develop a Statewide Program of Health Services for Migrant Farm Workers and their Dependents in Florida."

(This project is presently entering its fourth year of operation and apparently is still going "to Develop" a program.)

In order to provide more meaningful titles of the projects, in their various stages of development, the titles should be changed as appropriate.

RECOMMENDATION

The Bureau of Health Services should require that a revision of Migrant Health project grant instructions be made with respect to titling project grants. The instruction should provide that meaningful titles be used and revised as circumstances warrant.

The present progress reporting requirements are costly and time-consuming to develop, difficult to read and interpret; untimely in receipt; and in many cases lack necessary information to determine progress and to evaluate accomplishments of the project. The financial reports are incomplete and are not submitted timely. In addition, the financial requirements of some projects are not adequately determined, and in some cases the funds are not provided expeditiously.

Preliminary Progress Report

The preliminary progress report is not submitted by some projects and no follow-up is made to obtain this report. The report is required from each project each year to indicate current status of project development and problems that have been encountered. The report is to be submitted not later than 60 days after the start of the grant award period. For a short-term operation -- 3 months or less -- the report is due 30 days after the grant award period starts. On the basis of the following findings the value of the information obtained in this report is questionable. In addition, since some projects do not submit reports, the needs for the report could be questioned.

One Migrant Health Regional Representative stated that he requests such a report for the first year of operation, but thereafter he does not request it. He felt that in the first year, the project should be encouraged to put in a little extra effort. Of nine projects operating in this region, three had not submitted any report as of March 1967 (two be-

report after the first year of operation although three of these are presently in their fourth year of operation.

The preliminary report of one project for the first two years of operation was exactly the same -- word for word -- except to indicate that a different secretary had been hired for the second year. The project director was changed in the third year of operation and no report was submitted.

For those long-term projects beginning on a July 1 date, a preliminary report would be due on September 1. This would be toward the end of the migrant season for many of the northern projects and consequently the report would not be received during the project's period of operation. Therefore, any assistance which the State health agency or the Regional PHS staff may be able to provide would be untimely or of no benefit for the current period. In long-term operations, grants awarded 60 days or more prior to the beginning of the migrant season, the preliminary report would cover the off-season period. In addition, many due dates fall in the peak season and during off-season, thus the data submitted is not complementary nor reflective of project activities. Because of non-receipt of some preliminary reports and the inadequate timing of others, data covering all project activities is incomplete and is not complementary.

RECOMMENDATION

The Bureau of Health Services should have the requirement for submission of the preliminary progress report modified to the extent necessary to obtain timely, complementary and meaningful information and statistics.

The annual progress report requirements result in costly and time consuming preparation, and do not provide for adequate information to evaluate progress of the project. This report is used for justification for continued grant support.

Although guides or data sheets are supplied by the Migrant Health Branch to assist in the preparation of the report, their use is time consuming and complex. Reviewers have had difficulty in interpreting the report and rendering judgment on the achievements of the project. The reports are often excessively long with some reports containing as many as 240 pages,

Specific statistical data is not required, thus the projects can not be compared, nor is it possible to determine the effectiveness of some of the projects, such as determining exactly how many people were served. At the February 1967 Review Committee meeting, one reviewer expressed the need for this statistical information.

In 1964, three working conferences sponsored by the Migrant Health Branch were held in Washington, Kansas City, and San Francisco, with participants from the current and potential projects, State health departments, Migrant Health Branch and other Federal agencies. At each of them the subject of reporting was discussed with the general comment that the reporting system must be standardized and simplified with less duplication. Following these meetings, projects were asked to comment specifically on the reporting kit, and submit suggestions to the Branch. In April 1966, a revised draft of the reporting kit was prepared. As of August 1967, no

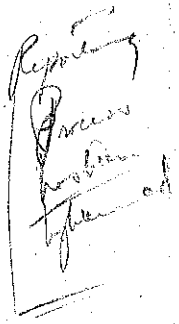
The absence of adequate guides places the grantee in the position of not reporting enough information for program purposes or reporting unnecessary information in the annual progress report.

RECOMMENDATION

The Bureau of Health Services should require the issuance of adequate reporting guides for preparation of the Migrant Health annual progress report.

Some Annual Reports of Expenditures are incomplete and many are considerably past due when submitted to the Migrant Health Branch. A quarterly report of expenditures is required 30 days after each quarter and an Annual Report of Expenditures is required 120 days after the project period is concluded.

A review of all grantee files on February 28, 1967 indicated that 25 Annual Expenditure Reports for 22 grantees were missing, 16 of them were due October 30, 1966. Also noted in the review of 125 individual Annual Reports of Expenditures received since the program began, was the fact that 53 reports indicated no contributions made by the project.



Instructions for completing the Report of Expenditure request information of the name and title of professional employees and their salaries, titles of non-professional employees, and expenditures for consultant fees. One grantee filed the Annual Report of Expenditures ofr his project 244 days after the grant period ended. He stated that disbursing documents for FY 1965 had been retired to files, and that the effort (related to number of personnel and hours required) to reactivate the file was considered prohibitive and permission was requested to report only the cumulative and final disbursed amounts as indicated. The amount of personnel costs was $32,984. For the following year, no expenditure report was received by the Regional Office 167 days after the grant period ended and the grantee was informed by the Grants Management Office that his request for additional funds could not be honored until the report was

mended payment. Less than one month later the request was approved and paid, however, no report was in the grantee files in the Branch 258 days after the period ended. This report, when received in the Branch, did not contain any title or indication of the duties of the employees.

An official of the Migrant Health Branch acknowledged that Annual Reports of Expenditures are received late and, in fact, stated that quarterly cumulative reports are likewise received late. These financial reports, which are necessary, should be timely and accurate. The Branch should, therefore, ensure the receipt of all such reports on time with all requested information, so that a complete, accurate, and timely analysis and evaluation of all projects may be made.

RECOMMENDATION

The Bureau of Health Services should require that procedures be instituted to be assured that complete and accurate reports of expenditures and contributions in-kind are received on time.

During Fiscal Year 1966 at least 41 projects were reviewed that contained a request for hospitalization, but all were denied on the grounds that there was not enough money. However, a review of 14 Migrant Health projects which received funds during this period indicated that $234,293 (in refunds to the PHS and end-of-year balances) represented excess funds to the grantees. Most of this money was subsequently used for funding of other projects or other services, but it should be pointed out that this money was in the grantees possession and, therefore, not available to the Branch for periods of up to one year.

It was suggested in 1963 by the Office of Grants Management, BSS (CH), that the Divisions, in order to make more effective use of grant funds, apply a suitable lapse factor to personnel and personnel-related costs of first-year grants since the grantee's actual expenditures were less than the amount originally estimated and awarded. The Migrant Health Branch began a practice in 1964 of withholding a lapse amount of 20 percent on first year grants. This procedure has since been expanded to include virtually all Migrant Health grants, regardless of their year of operation.

The fact that 20 percent of personnel and personnel-related costs are withheld on all grants, and there still remains a substantial balance of excess funds in the possession of grantees indicates one or more of the following inadequacies inthe financial management of this program:

1) The review of the application proposed budget is inadequate;

2) There is inadequate and delayed financial reporting; or

3) There is an inadequate follow-up by the Regional Office and headquarters on program progress and related financial status.

The grantee is told that the lapse amount is held in reserve to meet possible needs and that if the needs are demonstrated all or part of the reserve may be obtained by the project upon request near the end of the budget period. However, the money withheld is obligated to fund other projects or services. It is, therefore, probable that if many grantees requested the lapse amounts all of them would not obtain funds. Despite this situation most grantees do not request the money; in fact, most grantees end the year with a balance or refund large amounts to the Branch prior to the end of the year.

In the absence of adequate and timely reviews of budgets, financial reports, and program progress and related financial status, the financial management of the Migrant Health program is deficient. Improvements in these areas are, therefore, necessary to effect better financial management.

RECOMMENDATION

The Bureau of Health Services should require a more adequate and complete review of fund balances of and fund requests for Migrant Health grants. In addition, the reporting and evaluation of program progress should be related to fund status so that adequate funding is provided for the projects.

Payment of Grant Funds to Grantees

Several of the Migrant Health projects have experienced delays in receiving payment of grant award funds. These delays have caused some hardships because the objectives of the projects could not be accomplished timely. The reasons for the delays were not determined during this review, however, an indepth study is considered necessary.

The unavailability of funds within what might be considered a reasonable length of time has necessitated phone calls, telegrams, and letters to and from the PHS, and has required grantees to borrow money in order to begin operations at the time the migrants are in the area. In one region, at DIA's request in November 1966, the Grants Management Representative sent a form letter questionnaire to nine grantees to find out when they received their last two payments. The replies showed that the minimum time was 29 days and the maximum 81 days (average 54 days) between the time a request for payment was submitted and the date the check was received.

It is often difficult for grantees to understand or appreciate the slow process of receiving funds, when they must deny services to a segment of the population that the Public Health Service intends to assist.

RECOMMENDATION

The Division of Grants and Contracts and the Division of Finance should initiate a joint study to determine reasons for project grant payment delays, so as to eliminate the delays where possible.